

REVIEW ARTICLE

MENTAL HEALTH: SPECIAL NEEDS AND EDUCATION

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Abstract

Objective: This review paper will be discussing on mental health of children and adolescents in Malaysia. Behavioural problems, academic failure and underachievement in school are common reasons for referral of children to the medical services. Epidemiological research has substantiated a possible seriously mismatch between the rates of child mental health problems across a broad spectrum and the number of children actually referred to existing services. These data suggest it is imperative in Malaysia to empirically investigate the present realities in the schools in regard to special education needs and their neglect. **Methods:** The present preliminary study is based on a literature review of epidemiological features of learning disorders and comorbidities using the Cochran library key word search. Available statistics for learning disorders from the WHO are compared with records for the year 2007 from the Ministry of Education in Malaysia. **Results:** Findings of this comparison with international prevalence rates of learning disorders and related diseases show a sizable gap between real existing needs in Malaysia, and their perception. Based on quantitative estimates, the findings suggest that some 1.4 million children in Malaysia have mental health difficulties that interfere with normal functioning and development, but adequate services for intervention are largely not available. **Conclusion:** The present undersupply of adequate service for children with learning difficulties is aggravated by the lack of systematic developmental screening in early childhood in Malaysia. This status affects the outcomes and development of the general education system in efforts to meet challenges in the new century. *ASEAN Journal of Psychiatry, Vol.11(1): Jan – June 2010: XX XX.*

Keywords: Mental health, special needs and education

Introduction

The term learning disorder comprises any neuro-developmental disorder that interferes with acquiring academic and/or social skills [1]. It refers to those with skill-specific disabilities, emotional disturbances and disruptive behaviours, as well as infants

with mental retardation, developmental delay and other health impairments [2]. Learning disorders affect how information is received, processed or communicated [3]. The expression “learning disorder” encompasses a broad and heterogeneous diagnostic category. As internationally recognized and consent disorders [4], there

is no scientific controversy regarding their validity and their adverse impact on quality of life without sufficient intervention. Undetected learning disorders influence the individual academic performance over the short term, but the entirety of learning disorders impact the effectiveness of the whole educational system in the long run [5]. The lack of clarity in conceptualising these disorders minimises the effectiveness of special education programs, especially when resources are limited [6]. It makes it even more difficult to meet the needs of different groups such as children at risk, children with diagnosable skill deficits, and children with multiple levels of impairment. For example, developmental disorders are confused with learning disorders and other related or underlying impairments such as attention deficit disorders. Longitudinal studies prove that the course and prognosis of learning disorders depend mainly on the availability of systematic interventional treatment programs [7].

Source of survey data

The “Regional Conference for Special Needs Education” in Kuala Lumpur (July 20-22, 2009) provided a platform for practitioners, professionals and researchers to share the latest findings related to special needs education and to discuss general implications for the educational system. The panel discussion at the Conference revealed that the last international demand analysis done by WHO dated back more than 10 years ago. In Malaysia, the latest statistics for learning disorders for the year 2008 are currently not available. Malaysia’s first attempt to address the problems of children with special requirements dated back to the year 2001. Since this time, a special education program has been addressing the needs of children with learning disorders, as well as children with hearing and vision impairments. This program is entitled

“Program Pendidikan Khas Kementerian Pendidikan Malaysia”. It offers special schools (“Sekolah Khas”) for students with vision and hearing disabilities. In addition, a special education integration program (“Program Pendidikan Khas Integrasi”) is provided for children with learning, hearing and vision disabilities. The programs are carried out in normal primary and secondary schools, as well as in technical/vocational secondary schools. The curriculum uses the withdrawal and partially inclusive approach to teach and learn. It is hypothesized here that these programs may be inadequate to meet the huge task of effective learning in especially at the start of a new century.

Methods

To acquire an empirical preliminary comparative picture of the situation in Malaysia, epidemiological statistics from WHO for learning disorders were compared with local rates given by the Ministry of Education (MOE) for the year 2007. This literature review comparing prevalence rates did not intend to cast doubts on the undeniable merits of the education system in Malaysia. Rather, it sought to help develop better awareness of any weaknesses in the system.

Incidence by international comparison

The following population parameters by age group are provided by the Department of Statistics in Malaysia: in 2007, Malaysia had a total of 27.17 million. The age group between 0-14 years old included 8.86 million children. In comparison with international rates of disorder prevalence from the WHO in 2007, the following picture emerged for Malaysia:

Table 1: Comparison of International and National Epidemiological Statistics for Learning Disorders

	W H O – International Prevalence	W H O – Estimation assigned to Malaysia (Age 0-14) (Absolute)	Malaysian numbers (Age 0-14) Year 2007
<i>Learning Disabilities</i>	6-10%	531 600 – 886 000	15 195
<i>Hearing Impairments</i>	4-5%	354 400 – 443 000	711
<i>Vision Impairments</i>	1-2%	88 600 – 177 200	119
<i>Dyslexia</i>	4-6%	354 400 – 531 600	306

According to WHO, the international prevalence rate of learning disorders varies between 6 to 10%. In view of 8.86 million children in Malaysia under the age of 15, the expected frequency amounts from 531,600 to 886,000 affected children. In 2007, the Ministry of Education merely recorded 15,195 students with learning disabilities, far less than the expected possible range. The rate of hearing impairments worldwide ranges between 4 to 5%. With regard to this prevalence, a number of 381 000 cases minimum would be calculated for this country, while 711 cases were noted. The incidence of vision impairment varies between 1 to 2%. Corresponding to this baseline, a number of 88,600 to 177,200 are expected. In 2007, only 119 cases were listed in Malaysia. Internationally, the frequency of dyslexia is agreed to be about 4 to 6%. Under this assumption, we could anticipate at least 354,400 affected children for this country compared with 306 recorded cases in 2007. The comparison points up a total estimated

population of approximately 1.4 million disadvantaged children without the opportunity for adequate treatment and intervention.

Survey data

Relevant data for improvement can be obtained by questioning practitioners, professionals and researchers, who are involved in the education system. To get data about the attitude of practitioners towards the present situation, a questionnaire was designed and administered in a semi-structured interview to the participants of the “Special Needs Conference”. The interview focussed on the awareness of weaknesses, the degree of confidence and satisfaction with the current education system. The participants were questioned about their own experiences with learning disorders inside the classroom and were asked for suggestions to initiate interventional programs, e.g. what kind of information is considered helpful for

practitioners in the education system. 62

participants responded to the questionnaire.

Table 2: Excerpt of Questionnaire

Selection of Questions	Results (%)
<i>Confident in managing future tasks</i>	<u>45 %</u>
<i>Satisfied with present learning outcomes</i>	<u>23 %</u>
<i>Increasing rate of learning disorders</i>	<u>84 %</u>
<i>Personal experience with misplaced children</i>	<u>96 %</u>
<i>Learning difficulties start in primary school</i>	<u>52 %</u>
<i>Learning problems start in early childhood</i>	<u>94 %</u>
<i>Learning problems will grow out over time</i>	<u>42 %</u>

As shown in the above table, 45% of the respondents were confident that the present education system could manage future challenges, but only 23% were satisfied with present learning outcomes; 84% of the participants were aware of an increasing rate of learning disorders in the present education system. Analogous with this result, 96% of the respondents had personal experience with children who were misplaced in the educational setting. Referring to the onset of difficulties half of the participants (52%) were of the opinion that learning difficulties start in primary school. However, 94% held the view that learning problems start in early childhood. Almost half of the participants (42%) believed that learning problems would be overcome with time as children grow older, without special intervention. The stated confidence in the present education system is inconsistent with the low level of satisfaction with present learning outcomes, although it corresponds with the recognition of the increasing rate of learning disorders. The finding, that 94% of the participants

had personal experience with misplaced children reflects a possible shortage of adequate programs to cater to the needs for children at risk. Interestingly, only half of the respondents (52%) assumed that learning difficulties start in primary school. However, the overwhelming majority of 94% believed that learning problems start in early childhood. Another significant result of the questionnaire was the finding that almost half of the participants (42%) speculated that learning problems would be overcome without intervention over time.

Discussion

The current and previous literature review has shown a mismatch between rates of child mental health problems identified in epidemiological studies and the number of children referred to adequate services in numerous different countries [8]. The approximate estimate of 1, 4 million disadvantaged children represents an enormous challenge for the education system. According to their needs, children

are exposed to difficult learning settings and they are unable to access essential, adequate intervention. Children with difficulties do not receive appropriate support to reduce their deficits and to build up their own potential. Such problems also have a social geography, where children in families with lower income and in rural settings may have a greater likelihood of having less access to proper intervention. So children with difficulties, urban and rural, lower income and more professional family backgrounds, may all exhibit an increasing rate of learning dysfunctions. Additionally, the children are at a higher risk of developing coexisting disorders which will decrease their possibilities to function well in adulthood. Furthermore, children without difficulties suffer from being taught in an environment where such difficulties among their classmates are not being properly addressed.

A common international picture

Referring back to the epidemiological findings, it is crucial to be aware that the dimension represents an underestimate due to the broader international standard baseline of population. Here it refers to an age group from 0 -18 years old, but the Malaysian figures range from 0-14. This affects daily teaching practise: in a hypothetical classroom, the common first grade starts with a normal developmental variation of about 3 years [6]. The average class size is 25-30 children. According to international prevalence rates, one can expect to find 4-5 children with special requirements in each and every classroom [9]. A teacher may have to provide instruction and pedagogical care for a classroom of children with more than three years difference in cognitive development. Additionally, the teacher has to find ways to assist 4-5 children with special risks for academic failure. With these unfavourable conditions, teachers are nonetheless expected to meet excellent academic performance outcomes. Hence, this

unbalanced situation exerts major pressure on teachers, parents and children. It can be assumed such pressure is at quite high levels in various schools and classrooms in Malaysia.

The phenomenon of “shadow teaching” represents the desperate attempt from parents to cope and compensate [10]. This situation is amplified by the observable and empirically demonstrable lack of systematic developmental screening services for early childhood in Malaysia, familiar to all teachers in the educational system. This deficit situation clashes with international recommendations which underscore the urgency of early assessment and intervention in childhood [11]. Understanding learning disorders requires a developmental perspective because these disorders have their origins in biological environmental factors. They affect the developmental course of children, especially in acquiring academic skills [12]. The first signs of risks for developmental delay should be diagnosed as early as possible, during infancy or early childhood [11]. Otherwise skills which are substantially below the expected appropriate developmental level are not recognized. As a result of the lack of early childhood assessment programs in Malaysia, it can be hypothesized that many children at primary school level have unrecognized mental health problems. These deficits interfere with normal functioning at school entry. Empirical research on this is badly needed.

Conclusion

This preliminary study suggests the high probability that the present conditions of the Special Needs Education Program in Malaysia and the lack of early childhood developmental screening programs negatively impact the daily education setting. One conclusion is that the programs of the present education system are not adequate to address the real situation in demands for special needs intervention,

especially at the primary level. As Levine (1992)[5] stresses, the lack of clarity in conceptualising these disorders undercuts the effectiveness of special education programs, especially when resources remain limited. Recent years have seen tremendous advances in understanding and furthering the education systems worldwide [13]. In the Asia Pacific region, especially Malaysia has put significant effort into the development of its educational system. But less attention has been given to a salient dimension, namely the related areas of child development, education and mental health. Child and adolescent disorders require a continuum of care over time and services, linking all settings such as hospitals, families and schools [14]. Only empirical research can shed light on the actual realities at the grassroots in the Malaysian setting. Currently the average education setting has to manage the complex task of identification and implementation of special need education programs without being prepared or having adequate tools. Identifying aspects of mental health deficits and a vigorous program of intervention represents a major challenge for educational reform and strengthening of the basic system of proper education for all in Malaysia in this new century. It calls for new avenues where experts in social pedagogy, special education and clinical and school psychology work together to better identify, understand and address the existing realities.

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