

July 27th, 2011

To Whom it May Concern,

1976 was when I began teaching and I have worked at High schools both Public and Private in both Victoria and NSW since that time. Always I have been invested in Special Education and Teaching Reading. Always I have taught students with Moderate to Mild and now sometimes Severe Intellectual Disabilities. These are the things that stand out:

- Many students with intellectual and physical disabilities have multiple diagnoses (more than 1 disability/syndrome) – one of our students has 5;
- Many have severe health problems as a result of or separate to their disabilities;
- Nearly all come from a home environment in which conflict and tension are the norm;
- Many do not have healthy diets or lifestyles;
- Students with an intellectual disability all have difficulty accessing their emotions, identifying them and dealing with them and sometimes displaying them appropriately in given situations;
- They all suffer from high anxiety (even though they may not be able to identify this themselves); hence they cannot cope with change or conflict;
- Passing through puberty in particular they have difficulty understanding the changes within their bodies and within their emotional states as a result of hormonal input;
- Many have difficulty moving out of a negative to a positive state of mind.

As you discern from this then Mental Health within young people (12-18) with intellectual disabilities is of serious concern within the Educational Environment and of course then in the Home and Community Environment.

Certainly, I am not a professional in the Psychiatric states of my students. I do not have a degree in Psychiatry but I am intelligent enough to discern the rising emotional and mental needs of my students. Within our Unit of 22 students we have 11 who demonstrate observable Mental Health needs. To my knowledge 5 of these students have been diagnosed with difficulties. Only one of those diagnosed has a diagnosis that I have been given to give me some direction in my teaching. None of them at this time see any Counsellor or Psychiatrist to support them in working through their significant difficulties. Their parents are either in denial or do not know how to seek support. The parents of the 5 students who remain undiagnosed also do not know how to seek support or are in denial. They need accurate, ongoing support from professionals who understand disabilities. The School Counsellor can and has referred students, none of those students has gained support. The School Counsellor has not the time, nor is her role, to give ongoing therapy.

In the past, my teaching colleague and I have sought support for students only to be denied it for the following reasons:

- The student's disability was perceived to be the problem (not Mental Health) – a fact which we begged to differ;
- The student could not communicate out in a mainstream functional way and so diagnosis was put on hold;
- The student's family was seen to be in crisis and so diagnosis was put on hold until the family became functional (as if). It was the impact of the family on the child that was in fact the cause of the Mental Health. The student has since left school (asked to leave because of influential behaviours on others) and is now addicted to drugs and alcohol;
- Not enough proof that there was something amiss. This student came from a family with multiple familial Mental Health problems – Manic Depression and Personality Disorder were two I knew of. This student too has left school at the start of Year 11. She immediately moved in with a man who abused her physically and put her in hospital, became pregnant and is now addicted to drugs).

These students do not know how to cry out for help themselves. They do not recognize that they have difficulties managing the world. They need support to just exist from day to day in this world with the simple things like cleaning themselves, wearing clean clothes, using a polite and positive tone etc. We, as their Educational Support System, can and do recognize and work on these needs. But their supports need to be holistically met for us even to achieve in ours. **Other, Health and Mental Health support systems need to be trained and functional in working with people with disabilities and not only recognizing their Health and Mental Health needs but working through them;** primarily for their sake, but also for the sake of their parents and carers, for the sake of other support systems who work so hard to help them achieve and for the wider community who see them only after they become addicts and criminals or a death statistic.

Support Class Teacher
Name withheld