SESSION ONE: FOCUS ON PEOPLE (SDG 1, 2, 3, 4, 5, and 6)

1. Facilitating Mental Health Education of Children with Special Needs To Reduce Poverty And Foster Sustainable Development Goals

Samuel Olusola OYEDOKUN and Babajide Gboyega ABIDOGUN

Department of Educational Foundations and Counselling Psychology, Faculty of Education, Lagos State University, Ojo

Email: babajide.abidogun@lasu.edu.ng

Abstract

Poverty and mental problems are intimately related to one another, those living in poverty are more likely to develop mental health problems leading to a downward spiral of economic marginalisation. Indeed, mental and psychosocial well-being is one of the most neglected areas in our country. People with mental health problems frequently experience stigma and discrimination which act as barriers to participation in social and economic activities. The sustainable development goal is to bring about a holistically healthy individual to engage in productive activities that enhance fulfilling relationships with others and display the capacity to adapt to change and cope with adversity. This paper focuses on mental health education for children with special needs, education for sustainable development goals, the effect of poverty on mental health, cognitive restructuring and positive mental health education, and parental roles in facilitating mental health education among children with special needs.

Keywords: Mental Health Education, Children with Special Needs, Sustainable Development Goals

Introduction

Mental, physical, and social health are essential and interconnected aspects of life. As our understanding of their relationship deepens, it becomes increasingly clear that mental health plays a vital role in the overall well-being of individuals, communities, and nations (World Health Organization, 2003). Mental health can be described as a state of well-being that allows people to recognize their potential, handle everyday challenges, work efficiently, and contribute positively to society. Unfortunately, in many parts of the world, mental health and mental illnesses do not receive the same level of attention or importance as physical health and are often overlooked or neglected (WHO, 2003).

Mental health is just as vital as physical health, yet individuals with disabilities often encounter obstacles in accessing mental health services. These challenges may include limited awareness, inexperience among healthcare providers, and transportation difficulties (Apigh.com). Recognising how disabilities affect mental well-being is crucial. People with disabilities face distinct stressors, such as stigma, discrimination, accessibility barriers, and struggles with daily activities (Alvarado Parkway Institute, 2022). These difficulties can result in feelings of isolation, frustration, and anxiety, which may develop into more severe mental health problems. The link between poverty and disability is well-recognized, as disability can both lead to and result from poverty



(Mitra, Posarac, and Vick, 2013). Approximately 15 per cent of the world's population, around one billion

people—are estimated to live with disabilities. Poverty and disability are interconnected, often perpetuating each other. Factors such as poor health and nutrition, inadequate living conditions, limited access to healthcare, environmental hazards, and injuries among those in poverty can contribute to the development of disabilities. Similarly, the emergence of a disability can negatively impact education, employment opportunities, and income, while increasing living expenses, ultimately leading to higher poverty rates (Groce *et al.*, 2011; Mitra, Posarac, and Vick, 2013; WHO, 2011; Yeo and Moore, 2003). This paper focuses on Sustainable Development Goal 3, which emphasises ensuring healthy lives and promoting well-being for people of all ages. Health and well-being are essential throughout every stage of life, starting from the earliest years. This position paper aims to highlight how promoting mental health education for children with special needs can help alleviate poverty by enhancing their awareness and empowerment, ultimately advancing the achievement of sustainable development goals.

Mental Health Education of Children with Special Needs

The brain, a vital part of the central nervous system located within the cranial cavity and protected by three membranes, is essential for thoughts and emotions (Romanes, 1986). Known as the seat of mental faculties, it is the body's most intricate organ. Like other organs, the brain can suffer from illnesses or disorders. When this happens, an individual may lose control of their mental functions, compromising their overall mental health. Cicero (2018) emphasised in *Grief of Mind* that mental illnesses are often more devastating than physical ones, as untreated mental health issues can become significantly more challenging than physical disabilities.

Children with visual impairments often encounter challenges that can lead to emotional disturbances. These difficulties may arise from various factors, including limited mobility (Kef, Hox, and Habekothe, 2000), feelings of loneliness (Hadidi and Al-Khateeb, 2013), fewer chances to develop social skills (Hatlen, 2004), and a higher level of dependence on others for assistance (Sacks, Kekelis, and Gaylord-Ross, 1992). Additionally, reduced participation in leisure activities can increase the likelihood of mood disorders in these children (Augestad & Jiang, 2015; Brunes, Flanders, and Augestad, 2015). Furthermore, they may struggle to anticipate others' behaviours and reactions due to difficulties in interpreting facial expressions of emotions (Pinquart and Pfeiffer, 2013). Promoting positive mental health and preventing mood disorders is essential for all children, including those with visual impairments (Grønmo and Augestad, 2007).

Hearing loss is closely linked to mental health challenges, largely due to the communication barriers it creates (Dalton, Cruickshands, Klein, Wiley, and Nondahl, 2003). The inability to hear speech disrupts communication, significantly impacting relationships with close connections, such as family members and spouses. This difficulty has been associated with various negative outcomes, including reduced social interactions, mood disturbances, and dissatisfaction (Barker, Leighton, and Ferguson, 2017). Moreover, communication struggles can influence stress management strategies; for instance, avoidance behaviours, such as withdrawing from conversations, have been linked to the development of depression (Williams, Falkum, and Martinsen, 2015).

According to the World Health Organization (WHO), health is defined as a holistic state of physical, mental, and social well-being, not simply the absence of disease (WHO, 1947). Similarly, the European Network on Mental Health Policy describes health as a balance between the individual and their environment, emphasising that mental health is integral to overall health-there is no true health without mental well-being (Lahtinen, Lehtinen,

Riikoren and Ahon, 1999). Mental health, as defined by the WHO, is a state in which individuals recognise their potential, handle everyday stress effectively, work productively, and contribute to their community (WHO, 2005). It is considered a key dimension of overall health, ranging from optimal wellness to severe illness (WHO, 2013). Promoting mental health involves taking action to create supportive living environments and conditions that encourage mental well-being, enabling individuals, families, and communities to maintain healthy lifestyles, enhance emotional functioning, and foster social inclusion (O'Reilly *et al.*, 2018).

Mental health challenges can be categorized as either externalizing or internalizing problems (Boylan *et al.*, 2012; Stone *et al.*, 2015). Common externalizing issues, which can emerge as early as preschool, include disruptive behaviours, attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder, and conduct disorder (Tremblay *et al.*, 2004). Internalizing disorders primarily consist of conditions such as depression, anxiety, panic disorder, mood disorders, social phobia, specific phobias, and obsessive-compulsive disorder (Baranne and Falissard, 2018; Ogundele, 2018). Over the past decade, there has been a notable increase in self-harm, suicide attempts, eating disorders, depression, and addictive behaviours among young people (Burstein *et al.*, 2019; Keyes *et al.*, 2019; Twenge, 2020; Twenge *et al.*, 2018).

Education for Sustainable Development Goals

Given the current state of special needs education in Nigeria and its numerous challenges, there is a pressing need to focus on education for sustainable development (ESD). ESD is broadly defined as an approach to education that fosters changes in knowledge, skills, values, and attitudes to support the creation of a more equitable and sustainable society. Its goal is to empower and prepare both current and future generations to address their needs through a balanced integration of economic, social, and environmental aspects of sustainable development (Leicht, Heiss and Byun, 2018). Similarly, the United Nations Educational, Scientific and Cultural Organization (UNESCO, 2014b) emphasises that ESD is a holistic and transformative form of education that encompasses learning content, outcomes, teaching methods, and the learning environment.

The adoption of the 2030 Agenda for Sustainable Development has undoubtedly revitalized efforts toward education for sustainable development (ESD), creating a favourable environment to expand its implementation (Leicht, Heiss and Byun, 2018). Central to this agenda is Sustainable Development Goal 4, which aspires to "ensure inclusive and equitable quality education and promote lifelong learning opportunities for all" (UN, 2015). Within this goal, one of the most ambitious and complex targets is Target 4. It seeks to ensure that by 2030, all learners gain the knowledge and skills necessary to foster sustainable lifestyles, uphold human rights, achieve gender equality, encourage a culture of peace and nonviolence, embrace global citizenship, and appreciate cultural diversity and the role of culture in sustainable development.

According to UNESCO (2015), education for sustainable development (ESD) involves integrating critical sustainability topics into teaching and learning, such as climate change, disaster risk reduction, biodiversity, poverty reduction, disabilities, and sustainable consumption. It also emphasizes participatory teaching methods that inspire and empower learners to adopt sustainable behaviours and act for sustainable development. As a result, ESD fosters essential skills such as critical thinking, envisioning future scenarios, and collaborative decision-making (United Nations Educational, Scientific and Cultural Organization, 2014b).

Effect of Poverty on Children's Mental Wellbeing

Poverty extends beyond a lack of financial resources in families; it encompasses a shortage of essential assets such as emotional, mental, spiritual, and physical resources, support systems, role models, and knowledge (Boatwright and Midcalf, 2019). Financial resources are crucial for families to afford necessary goods and services. Poverty can also impact emotional regulation, particularly in how individuals handle difficult situations. Limited mental resources make it challenging to cope with the demands of daily life. Many students living in poverty lacks most, if not all, of these critical resources, which are vital for being prepared to succeed in school (Boatwright and Midcalf, 2019).

Poverty is a significant issue, particularly for school-aged children, who often face numerous challenges impacting their education. Children living in poverty are more likely to attend school irregularly, achieve less academically, experience higher dropout or push-out rates, and suffer from poor health and inadequate nutrition (Shields, 2014). As a result, the social and academic disparity between children from high-income and low-income families continues to grow (Lancker and Parolin, 2020). Rice (2017) highlights that poverty in children can lead to poor educational outcomes, low future income, maternal depression, and negative behaviours. Furthermore, these children often receive little empathy from parents or caregivers, which in turn makes them less likely to show empathy toward their peers.

Research indicates that poverty has a significant impact on mental health, with physical and biological factors being the primary pathways through which this effect occurs (Simon, 2018). Environments where poverty is geographically concentrated, particularly in urban areas, are among the most detrimental to mental well-being. Individuals living in such conditions may exhibit social disorders as a consequence of poverty-induced mental health issues (Simon, 2018). Murali and Oyebode (2004) support Simon's findings, noting that psychiatric conditions are more prevalent in poverty-stricken areas. However, they emphasize that a lack of financial resources does not directly cause mental health issues. Instead, poverty can act as both a contributing factor to and a consequence of poor mental health, leading to conditions such as emotional disturbances, anxiety, obsessive-compulsive disorders, and depression (Murali and Oyebode, 2004).

Poverty is devastating in any form, but child poverty is particularly heartbreaking. Children are the most vulnerable, facing risks such as malnutrition, disease, abuse, and exploitation. The impact of poverty on children is profound, often stunting their physical and mental development, shortening their life expectancy, and trapping them in cycles of hardship.

Poverty prevents individuals from achieving their full potential, whether in the United States or the world's poorest nations. It represents a persistent state of deprivation in one or more essential aspects of a grave injustice. Poverty denies sufficiency, causing suffering, impeding progress, and creating a ripple effect of brokenness that impacts individuals, families, communities, and the global society.

Poverty can have profound and lasting effects on children's psychological and physical development. Malnutrition and insufficient healthcare during early childhood often result in severe consequences for their growth and overall well-being (Brooks-Gunn & Duncan, 1997; Nandy *et al.*, 2005; Seccombe, 2000; Simich, 2006). Factors such as protein-energy malnutrition leading to structural brain abnormalities, deficiencies in essential dietary micronutrients, exposure to environmental toxins, lack of early sensory stimulation, anaemia caused by parasitic infections, and complications from infectious diseases contribute to the higher rates of

neurodevelopmental disabilities and lower educational outcomes observed among children experiencing extreme poverty (Bergen, 2008).

A significant amount of research on the effects of child poverty on mental health has focused on children in developed countries who experience relative poverty and social deprivation. The findings suggest that poverty raises the likelihood of behavioural and emotional issues in children and may also have long-term negative effects on mental health in adolescence and adulthood. For instance, a study involving 5,000 low-income families across 20 large cities in the U.S. found that homelessness or unstable housing was linked to higher levels of both internalizing and externalizing problems in three-year-old children compared to those in more stable housing situations (Park et al., 2011).

Cognitive Restructuring and Positive Mental Health Education

Positive mental health is inherently valuable. Individuals with strong mental health typically exhibit positive emotions and personality traits, which serve as valuable resources. They often possess high self-esteem, a strong sense of mastery, coherence (experiencing life as meaningful and manageable), and self-efficacy. This concept can be viewed as an individual's capacity to handle adversity effectively and avoid breakdowns or health challenges when faced with difficult circumstances. For children with special needs, rebuilding confidence and fostering an intrinsic drive for achievement is crucial. Therefore, it becomes essential to explore whether cognitive structuring can enhance positive mental health, contributing to the attainment of sustainable development goals.

Cognitive restructuring is a method aimed at challenging and correcting cognitive distortions or flawed patterns of thinking, intending to replace irrational, counterproductive beliefs with more accurate and constructive ones (Au, Chan, Li, Leung, Li, and Chan, as cited in Akaneme, 2012). Joseph (2003) describes cognitive restructuring as a technique that empowers individuals to better manage their thoughts, emotions, and behaviours. It involves learning to think in new ways by transforming faulty thought patterns into more rational, realistic, and positive ones. Similarly, Ekeh and Obi (2012) define cognitive restructuring as the process of substituting distorted thoughts with more logical, accurate, and practical ones. The approach focuses on helping individuals gain greater control over their mental and emotional states, rather than eradicating all negative feelings.

In this paper, cognitive restructuring is described as a process aimed at helping individuals address and correct negative or flawed beliefs about a particular task, which may hinder their ability to perform well. Wolpe (1996) explains cognitive restructuring as the practice of learning to think in new ways by replacing faulty, irrational thought patterns with more rational, realistic, and positive ones. The core steps involved in cognitive restructuring include identifying the thoughts and beliefs that contribute to negative emotions, assessing their accuracy and relevance using logic and evidence, and, if necessary, modifying or replacing distorted thoughts with more accurate and constructive alternatives.

The fundamental principle behind cognitive restructuring is that individuals' emotions and behaviours are significantly influenced by their self-talk and mental imagery. By altering these, they can enhance their happiness, kindness, and productivity, and achieve various positive outcomes (Beck, 1999). Consequently, cognitive restructuring is considered an effective tool for fostering achievement-oriented behaviour, which can contribute to the realization of sustainable development goals.

Parental Roles in Facilitating Mental Health among Children with Special Needs

Mental health is a crucial component of overall health and well-being. Parents play an essential role in fostering mental health among children with special needs, which can contribute to reducing poverty.

- 1. Providing nurturing and loving care establishes a strong foundation for children with special needs, enabling them to develop the social and emotional skills necessary for leading happy, healthy, and fulfilling lives.
- 2. A mentally healthy child with special needs is better equipped to handle stress in various situations, whether attending school, playing at home, or interacting in the community, without feelings of anger, anxiety, or depression. Sound mental health during childhood is essential for their growth and achieving their full potential.
- 3. Parents should encourage children with special needs to learn new activities, such as games, to foster curiosity and engagement with their surroundings. Allowing them to explore and play safely, while offering reassurance through smiles and conversations, helps build their self-confidence and self-esteem.
- 4. Parents have a responsibility to guide children with special needs in setting realistic goals aligned with their ambitions and choosing activities that challenge their abilities, ultimately boosting their self-confidence.
- 5. Parents must provide guidance and constructive discipline, allowing children with special needs opportunities to explore, develop new skills, and gain independence. At the same time, children should understand that certain behaviors are unacceptable and that they are accountable for their actions. Parents must model self-control and self-discipline, as these behaviors cannot be expected from children if they are not demonstrated by caregivers.

Conclusion

The Nigerian government is making concerted efforts to tackle poverty and its associated impacts, particularly on children with special needs. This aligns with the recognition of 2021–2030 as the United Nations Decade of Action for accelerating the achievement of the Sustainable Development Goals (SDGs). This paper highlights the importance of mental health education for children with special needs, the role of education in achieving the SDGs, the effects of poverty on children's mental health, the significance of cognitive restructuring for fostering positive mental health, and the critical role of parents in promoting mental well-being.

References

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th Edition). Washington, DC: American Psychiatric Association https://doi.org/10.1176/appi.books.9780890425596

Aneshensel, C. S., Phelan, J. C., and Bierman, A. (2013). Handbook of the sociology of mental health (2nd ed.,): XXI – 636. Springer Netherlands. Retrieved from https://doi.org/10.1007/978-94-007-4276-5.

Augestad, L. B., and Jiang, L. (2015). Physical activity, physical fitness, and body composition among children and young adults with visual impairment. *The British Journal of Visual Impairment*, 33(3), 167–182. doi:10.1177/0264619615599813



- Baranne, M. L. and Fallissard, B. (2018). Global burden of Mental disorders among Children aged 5- 14 years. *Child and Adolescent Psychiatry and Mental Health*, 12(1).
- Barker, A. B., Leighton, P. and Ferguson, M. A. (2017). Coping together with hearing loss: A qualitative metasynthesis of the psychosocial experiences of people with hearing loss and their communication partners. *International Journal of Audiology*. 56(5):297-305
- Bergen, D. C. (2008). Effects of poverty on cognitive function: a hidden neurologic epidemic. Neurology, 71:447-451
- Boyle, A. (2011). Mental health and you. Retrieved from http://empowher.com/mental-health/content/mental-healthand-you?page=0,1
- Brooks-Gunn J, and Duncan, G.J. (1997). The effects of poverty on children. The Future of Children, 7:55-71.
- Brunes, A., Flanders, W. D., and Augestad, L. B. (2015). The effect of physical activity on mental health among adolescents with and without self-reported visual impairment: The Young-HUNT study. *British Journal of Visual Impairment*, 33(3), 189–199. doi:10.1177/0264619615602298
- Burstein B., Agostino, H. and Greenfield, B. (2019). Suicidal Attempts and Ideation among Children and Adolescents in US Emergency Departments. *JAMA Pediatrics* 173(6),598-600
- Chanfraeu, J. Lloyd, C.; Byron, C, Roberts, C.; Craig, R. and De Feo (2013). Predicting Wellbeing. Prepared by Nat Cen Social Research for the Department of Health. Available at: www.natcen.ac.uk/media/205352/predictors-of-wellbeing.pdf
- Dalton, D.S., Cruickshands, K.L., Klein, B. E., Wiley, T. L. and Nondahl, D. M. (2003). The impact of hearing loss on quality of life in Older Adults. *The Gerontologist*. 43(5): 661–668.
- Emerson E., Honey A., Madden R., and Llewellyn G., (2009.) The well-being of Australian adolescents and young adults with self-reported long-term health conditions impairments and disabilities: 2001 and 2006. *Australian Journal of Social Issues* 44:37–51.
- Grantham-McGregor, S. Cheung, Y.B. Cueto, S. Glewwe, P. Richter, L. and Strupp, B. (2007). International Child Development Steering Group. Developmental potential in the first 5 years for children in developing countries. *Lancet*. 369: 60-70
- Groce, N. Kett, M. Lang, R. and Jean-Francois, T. (2011): Disability and Poverty: the need for a more nuanced understanding of implications for development policy and practice, *Third World Quarterly*. 32:8, 1493-1513
- Grønmo, S. J., and Augestad, L. B. (2007). Physical activity, self-concept, and global self-worth of blind youths in Norway and France. *Journal of Visual Impairment & Blindness*, 94(8), 522–527.
- Hadidi, M. S., and Al Khateeb, J. M. (2013). Loneliness among students with blindness and sighted students in Jordan: A brief report. *International Journal of Disability, Development and Education*, 60(2), 167–172. Retrieved from http://dx.doi.org/10.1080/1034912X.2012.723949
- Hatlen, P. H. (2004). Is social isolation a predictable outcome of inclusive education? *Journal of Visual Impairment & Blindness*, 98(11), 676–724.
- Kef, S., Hox, J. J., and Habekothe, H. T. (2000). Social networks of visually impaired and blind adolescents: Structure and effect on well-being. *Social Networks*, 22, 73–91
- Keyes, K. M., Gary, D., O'Malley, P.M., Hamilton, A. and Schulenberg, J. (2019). Recent increases in depressive symptoms among US Adolescents: trends from 1991 to 2018. *Social Psychiatry Epidemiology*. (2019) 54(8): 987-996.



- Kozier, B., Harvey, S. and Morgan-Samuel, H. (2012). Fundamentals of Nursing: Concepts, Process and Practice. Pearson, 2012; ISBN: 9780273739081, 872 Pages
- Kuruvilla, A. and Jacob, K.S. (2007). Poverty, Social Stress and Mental Health. *Indian J Med Res*, 126: 273-278
- Mitra, S.; Posarac, A. and Vick, B. (2013). Disability and Poverty in Developing Countries: A multidimensional study. *World Development* 41(1):1-18
- Nordqvist, C. (2009). What is mental health? What is mental disorder? Medical news today. Retrieved from http://www.medicalnewstoday.com/articles/154543.php,
- O'Reilly, M., Svirydzenka, N., Adams, S., and Dogra, N. (2018). Review of mental health promotion interventions in schools. *Social Psychiatry and Psychiatric Epidemiology*, 53, 647-662. https://doi.org/10.1007/s00127-018-1530-1
- Ogundele, M. O. (2018). Behavioural and emotional disorders in childhood: A brief overview for paediatricians. *World Journal of Clinical Pediatrics*, 7(1), 9-26
- Park, J. M, Fertig, A. R. and Allison, P. D. (2011). Physical and mental health, cognitive development, and health care use by housing status of low-income young children in 20 American cities: a prospective cohort study. *American Journal of Public Health*, 101(Suppl 1): S255-261.
- Pinquart, M., and Pfeiffer J. P. (2013). Identity development in German adolescents with and without visual impairments. *Journal of Visual Impairment & Blindness*, 107(5), 338–349. ISSN: 0145482X
- Rose-Jacobs, R. Black, M.M. Casey, P. H. Cook, J.T. Cutts, D.B. and Chilton, M. (2008). Household food insecurity: association with at-risk infant and toddler development. *Pediatrics*. 121: 65-72
- Sacks, S. Z., and Reardon, M. P. (1992). *Maximising social integration for visually impaired students: Applications and practice*. In S. Z. Sacks, L. S. Kekelis & R. J. GaylordRoss (Eds.), *The development of social skills by blind and vision impaired students* (pp. 151-170). New York: AFB Press.
- Sarkar, R. (2023). Understanding Mental Health Related Issues of Students with Disabilities. International Journal of Indian Psychology, 11(3), 4221–4231.
- Seccombe, K. (2000). Families in poverty in the 1990s: trends, causes, consequences, and lessons learned. *Journal of Marriage and Family*, 62:1094-1113.
- Simich, L. (2006). Hidden meanings of health security: migration experiences and systemic barriers to mental well-being among non-status migrants in Canada. *International Journal of Migration, Health and Social Care*, 2 (3/4):16-27.
- Williams, K. C., Falkum E. and Martinsen, E. W. (2015). Fear of negative evaluation, avoidance and mental distress among hearing-impaired employees. *Rehabilitation Psychology*.2015; 60(1):51
- World Health Organization (1994). ICD-10 International Statistical Classification of Diseases and Related Health Problems, Geneva: World Health Organization
- Yeo, R. and Moore, K. 2003. "Including Disabled People in Poverty Reduction Work: "Nothing About Us, Without Us"," World Development, Elsevier, vol. 31(3), pages 571-59