

Supporting mental health in the classrooms

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Inclusive education

- Inclusive education means such education that provides full development of one's potentials
- The arguments for inclusive education are based on ethics, human rights and social justice (Underwood, 2008).
- Inclusive education means not only to put children with disabilities in regular schools, children have to be accepted and feel as a members of the group (Underwood, 2008).
- There are many of examples of regular schools in which there are also children with disabilities but feel there isolated (CCSD; Underwood, 2008).

Inclusion in Croatia

- Studies in Croatia show that children with disabilities are less accepted in their classrooms in regular schools than their typical peers (Igrić, Kiš-Glavaš 1998, Igrić 2007) what negatively influence their self-concept, social competence that can lead to anxiety and depression (Bender, 2004).
- Initial assessments of school-aged children show:
 1. low to middle rate of tolerance towards differences in general,
 2. lower level of self-perception of sixth-grade pupils is related to lower satisfaction of pupils and lower level of tolerance for other pupils.
- This findings show that we are still on the way toward inclusion.

Research aims:

- This presentation is part of the scientific project* “Intervention program and some environmental factors of inclusive education”.
- The **aim** is to create, conduct and evaluate the program that promotes tolerance and acceptance between all children in classroom **“Tolerance as a key to a school for all”**
- Program for peers
- Program for teachers and
- Program for parents of school peers
- It is assumed that supporting and accepting classroom climate would also improve the status of students with disabilities.

* Project is conducted by Faculty of Education and Rehabilitation Sciences, University of Zagreb and Ministry of Science, Education and Sport, Republic of Croatia

Methods

- **The sample:**

two six grade classrooms (A,B) in two different regular primary schools in two different parts of town Zagreb

- The criterion of choice was presence of children with disabilities in classrooms.

- **Classroom A:** 23 pupils, 3 with learning disabilities (LD), low SES, national minorities, often changes of class-master.
- **Classroom B:** 24 pupils, 3- one with ADHD, one with LD (reading disability), one with intellectual disability. New neighborhood, all pupils came one year ago from different schools in a brand new school.

Collecting and analysis of data:

1. Quantitative:

Initial and final assesment:

- **Tolerancy towards differences (pupils, teachers)**
- **Family Enviroment (parents, pupils)**
- **Self-concept (pupils, teachers, pupils)**
- **competency , locus of control and social anxiety (teachers, parents)**

Collecting and analysis of data:

2. Qualitative:

- Video-recording during workshops with pupils in school
 - Tape-recording workshops with teachers and parents
 - Interviews (teachers)
 - Focus group (pupils, teachers, parents), moderated by a psychologist/ therapist
 - Analysis of documentation and tape –recorded material
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- In this paper the preliminary results of focus groups with children will be presented

Workshops with pupils

- Children were engaged with each topic through personal experience that was facilitated by two experts (at least one of them was psychotherapist) and classmaster.
- There were 10 workshops, duration of each was 45 minutes
- The program was conducted once a week over three month period.

Workshops with pupils

- Each workshop was focused on one topic. Topics were group cohesion, self-concept, emotions, communication, and conflict-solving - prerequisites for development of tolerance.
- Topics were conducted through different activities: role playing, projective techniques, discussions, games, creative expression.
- Workshop topics were, in general, same for both classes but similar contents were implemented in different ways depending on classroom structure.

Similarities and differences between class A and B

- **Class A**

Structure: boys were more dominant (active, loud, aggressive..) in comparison with girls, especially one particular group of boys. To be a part of this group members of the group were supposed to think and react on the similar way.

Similarities and differences between class A and B

- **Class A**

Workshops methods: activities were conducted in small groups. Groups were created by class-master with purpose to challenge the “ boys group “ and to influence friendship and cooperation not only between boys and girls but also between children with disabilities and their typical peers.

Activities influence competitions between all groups and each group gained points for quality of cooperation. At the end of all workshops the group with most points (with highest level of cooperation) was rewarded.

Similarities and differences between class A and B

■ Class B

Structure: In this class some children were rejected by their peers (they were sensible, a little bit overweight, withdrawn, new in class). There were few strong groups in classrooms what is in contrary with class A where was one dominant group.

Boy with ADHD was member of one of the main group of boys as well as girl with LD who was in a strong “girl’s group”. Boy with ID was not openly rejected, he was more “invisible”.

Similarities and differences between class A and B

- **Class B**

Workshops methods:

small groups,

each time members of groups were different but they were always mixed in the way that members of different “clans” had chance to get know each other better.

That was in contrary with class A where small groups were compact from the start to the end of the process.

Results :

After 10 workshops some reflections from children were collected through focus groups with pupils:

- Both groups of pupils from class A and B found workshops interesting, amusing and usefull (except some particular activities that were more or less interesting or understandable for them).

Results

- Children from class A stated that they raised their tolerance of different level of speed and skills of pupils and they supported that statement with examples (one of the example: their reaction on real event when one boy shoot auto-goal on football game and other children conformed him what is in contrary with their reactions of rejection on such event from the period that preceeded workshops).

Results

- In class B there were physical conflicts between two boys, one of them was this ignored and rejected child and this was not the first situation that children are solving conflict with him through fighting him. That situation became “a hot potato” in this class. Class-master was very confused, did not able to manage that situation in front of children and parents. Researchers advised and support teacher in managing such situations and she took initiative and action in solving that relation and giving children clear message about not accepting violence in her class.
- Researchers suppose that intervention of experts towards class-master indirectly support children because teacher took after that stronger role and leadership what influence childrens feeling of security.

Results

- After finishing workshops that lead experts, class-masters conducted three more workshops independently but with supervision of experts.
- **Second focus group** was implemented only in class B due to some problems in organisations of research with class A.
- Children from focus group in class B stated that they get know each other better after whole process, that they think such activities are usefull. Those children who were on the margin of the social life of class seemed to be stronger they found some friends .
- **But** one alarmant thing appears and researchers heard it from the kids during focus group. Boy with ID did not attend school because of connstant stress he felt. Only one boy was visiting him, other children as well as teacher did not pay attention to the fact that boy is not attending class for a long period of time.
- This shows that there is still not provided adeqaute level of care and acceptance for all children.

Conclusion:

- There are evidence (based on the preliminary results) of benefits of some benefits of this experimental program- there are more cohesion and tolerance in both classes, more feelings of security in class B
- The level of care and acceptance for all children is still insufficient
- A need for longer period of duration, few months are not enough for more substantial changes
- Further analysis of data that will give more conclusions of impact of this program on mental health are in the progress

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Thank you for Your attention!