

# Understanding mental health and allied professionals' awareness

## Understanding and attitudes towards supporting and working with children with special education needs in Pakistan

**Fareeha Syeda Ziyar**  
University of East London

### ABSTRACT

The intersection of Special Education Needs (SEN) and Mental Health and Allied Professionals (MHaAP) in Pakistan is largely unexplored, prompting the researcher's need to investigate MHaAP's understanding, awareness, and attitudes towards working with children with SEN. Through a questionnaire, quantitative and qualitative data from MHaAP across 2 provinces were gathered and analysed via descriptive statistics and thematic analysis, revealing five key factors influencing MHaAP attitudes and awareness: education and training, policies and legislation, resource availability, cultural beliefs, and collaboration with parents. In light of these findings, strategies were identified by the researcher to enhance the quality of support and care for SEN children in Pakistan. Future research should include qualitative interviews and representation from all provinces, and should address language barriers for a more comprehensive understanding of MHaAP attitudes and awareness towards children with SEN in Pakistan.

### INTRODUCTION

Special Education Needs (SEN) are defined as difficulties that present challenges in a learner's ability to learn at a level comparable with most children and young people of the same age or grade level (UCLES,

2017). Generally, challenges under the following areas fall under the category of SEN: behavioural and social skills, communication and language, concentration, executive function, literacy and language and mental health, along with impairments such as hearing impairments,

physical or neurological impairments and visual impairments (*ibid.*). The inclusion of children with SEN was brought to the forefront of global discussion in the World Conference on Special Needs Education, formed in June 1994 in Salamanca, Spain in a gathering of ambassadors from

### KEYWORDS

**SPECIAL EDUCATIONAL NEEDS (SEN)**

**MENTAL HEALTH AND ALLIED PROFESSIONALS (MHAAP)**

**PAKISTAN**

92 governments and representatives from 25 global organisations (CSIE, 2020), including Pakistan. Pakistan is a parliamentary federal republic with Islam as the state religion and it embraces cultural diversity and traditional Islamic values. It encompasses four provinces – Sindh, Punjab, Balochistan and Khyber-Pakhtunkhwa (Mohiuddin, 2007). The education system of Pakistan from its independence in 1947 till today has faced a multitude of challenges in terms of its accessibility and standard (Amir *et al.*, 2020). Despite the initiation of a National Education Policy in 1947, and subsequent re-evaluations of the policy from 1951 till 2018, there are still glaring issues in terms of access, quality, infrastructure and inequality of opportunity (*ibid.*). Additionally, despite 2.49% of Pakistan's population being disabled, with 14% of this group possessing intellectual disabilities (Bano & Anjum, 2013), awareness of how to integrate and support this population into society – particularly, the education system – is inadequate. Compared to other countries in the Asian subcontinent, Pakistan has weaker awareness and implementation of practices to support SEN, as reported by Hameed and Manzoor (2019). The insufficient awareness of SEN in Pakistan is worsened by a lack of training opportunities for educators on inclusion and SEN (Ismail *et al.*, 2016). Research asserts that in educational settings, significant teacher training is necessary for Pakistani educators to learn how to incorporate inclusive practices into their teaching (*ibid.*).

The fields of mental health and allied practice are relatively new in Pakistan and are not as prevalent as other healthcare services (Javed *et al.*, 2020). Mental health professionals encompass a wide range of practitioners, including psychologists, psychotherapists, counsellors, psychiatrists and clinical social workers, whose collective aim is to provide services aimed at enhancing the mental wellbeing or treating mental disorders of their clients (*ibid.*). Allied professionals refer to specialists that provide services

to help regain movement or mobility, enhance communication skills and rebuild confidence in everyday functioning, etc., such as occupational therapists and speech therapists (Department of Health, 2016).

One of the main focuses of research on the population of MHaAP in Pakistan is regarding their access to professional development opportunities to enhance their practice. There is a high need for local training opportunities for MHaAP to improve upon their knowledge in SEN (Shafiqat, 2020). Despite this, there is a lack of integration between the subjects of SEN and MHaAP in research done in Pakistan. Hence, this research paper aimed to bring light to this subject by engaging a multitude of MHaAP across Pakistan who have had experience working with children with SEN, with the intention to create a conversation about the understanding, attitudes and awareness of Pakistani MHaAP regarding children with SEN, the factors impacting the same and how those factors could be addressed.

## METHOD

The interpretivist paradigm was chosen by the researcher due to its capacity to explore the unique perspectives and experiences of the participants (Khan, 2014). Specifically, a phenomenological approach was used – this refers to the exploration and understanding of human experiences from the participants' perspective and experiences, focusing on uncovering the meaning within them to gain deeper insights into the phenomenon under study (Pringle *et al.*, 2011). The researcher, being Pakistani, shared cultural and contextual understanding with the participants, benefiting from an insider perspective crucial for building trust and authentic responses (Kelly, 2014; Bukamal, 2022). Working in a multidisciplinary therapy centre alongside MHaAP further deepened this insider perspective. However, as a special educator, the researcher lacked training in mental health or allied professions,

assuming an outsider role in those areas (Bukamal, 2022). This outsider perspective can offer fresh insights (Kelly, 2014), particularly valuable in Pakistan's context of limited MHaAP training on SEN (Bano & Anjum, 2013; Naeem *et al.*, 2021).

A questionnaire incorporating a mixed-methods approach was used as the primary data collection method, including questions with multiple-choice options, drop-down menus, checkboxes and the Likert Scale, as well as open-ended questions to systematically gather detailed, qualitative data. This approach facilitated the identification of patterns and associations within the data (Cohen *et al.*, 2013), allowing for descriptive statistics and thematic analysis to address the main research question and sub-question. The questionnaire was developed using Google Forms, a free platform known for its safety, security and user-friendly interface (Vasanth & Harinarayana, 2016). This method was chosen to facilitate reaching a larger group of participants (Ha, 2022) across the four provinces of Pakistan, which would otherwise have been challenging for the researcher to achieve. Using a questionnaire offers several advantages, such as enhanced reliability and a greater likelihood of respondents being candid due to the anonymity it provides, decreasing the level of social desirability bias (Cohen *et al.*, 2013; Ha, 2022). Cultural sensitivity and language were also considered during the questionnaire design process – two aspects which have been highlighted as barriers to research if not addressed (Squires *et al.*, 2020). The questions were reviewed to ensure that they were culturally appropriate as well as linguistically accessible to the target population – an effort taken to increase the cultural validity of the research (Cohen *et al.*, 2013).

To ensure ethical practices, the research adhered to the Ethical Guidelines for Educational Research provided by BERA (2018). Participants received an invitation letter outlining the research's topic

and purpose, emphasising voluntary participation, with a link to the Google Form Questionnaire, ensuring only invited participants' access. Informed consent was integrated into the questionnaire, covering the research's purpose, potential risks and confidentiality, with contact details of the researcher provided for clarification.

The researcher employed purposive sampling to recruit participants for the questionnaire, involving deliberately selecting participants based on specific qualities relevant to the research, ensuring they possess the necessary knowledge and experience (Etikan *et al.*, 2016). This method was chosen to ensure participants had experience with SEN children, crucial for accurate research outcomes. 20 therapy centres nationwide, including the researcher's own place of employment, were contacted via email – only four centres across two provinces agreed to participate, broadening the questionnaire's reach but falling short of expectations, a common challenge in questionnaire-based research (Giorgi, 2021). To extend recruitment, a

LinkedIn post targeting the researcher's professional network was made.

## FINDINGS

### PARTICIPANT DEMOGRAPHICS

29 participants responded to the questionnaire, the majority being Mental Health Professionals (55%), followed by Speech Therapists (28%) and Occupational Therapists (17%) – the latter two categories representing the Allied Professions. 66% of participants were within the age group 26–35, reflecting an evolving societal focus on mental health and allied professions in Pakistan (Javed *et al.*, 2020). Female participants predominated, 86%, highlighting their prominent representation in the mental health and allied professions in Pakistan. The majority hailed from the province of Sindh (69%), with Punjab contributing the remaining 31% – with no responses from the provinces of Balochistan or Khyber Pakhtunkhwa, possibly due to higher rates of job opportunities in mental health and allied fields in the former two provinces compared to the latter two (Government of Sindh, 2020; Government of the Punjab,

2020). Over half of the participants (59%) had 2–4 years of experience in their respective fields, 51% held a Master's degree and 90% completed their education in Pakistan. Therapy centres, closely followed by educational institutions and private practice, were the primary workplaces of the respondents, with literature corroborating this trend (Bano & Anjum, 2013; Hameed & Manzoor, 2019; Iftikhar *et al.*, 2019). A significant number of respondents (82%) had personal connections to individuals with SEN, such as family members or acquaintances, potentially influencing their perceptions and experiences.

### THE AWARENESS AND UNDERSTANDING OF SEN

Participants exhibited a diverse understanding of SEN, with 68% of participants defining it as a mode of support and provision, 18% viewing it as a characteristic or 'state of being' and 14% describing it as a set of 'challenges' or 'difficulties'.

While all the participants stated an overall confidence (from moderately to extremely

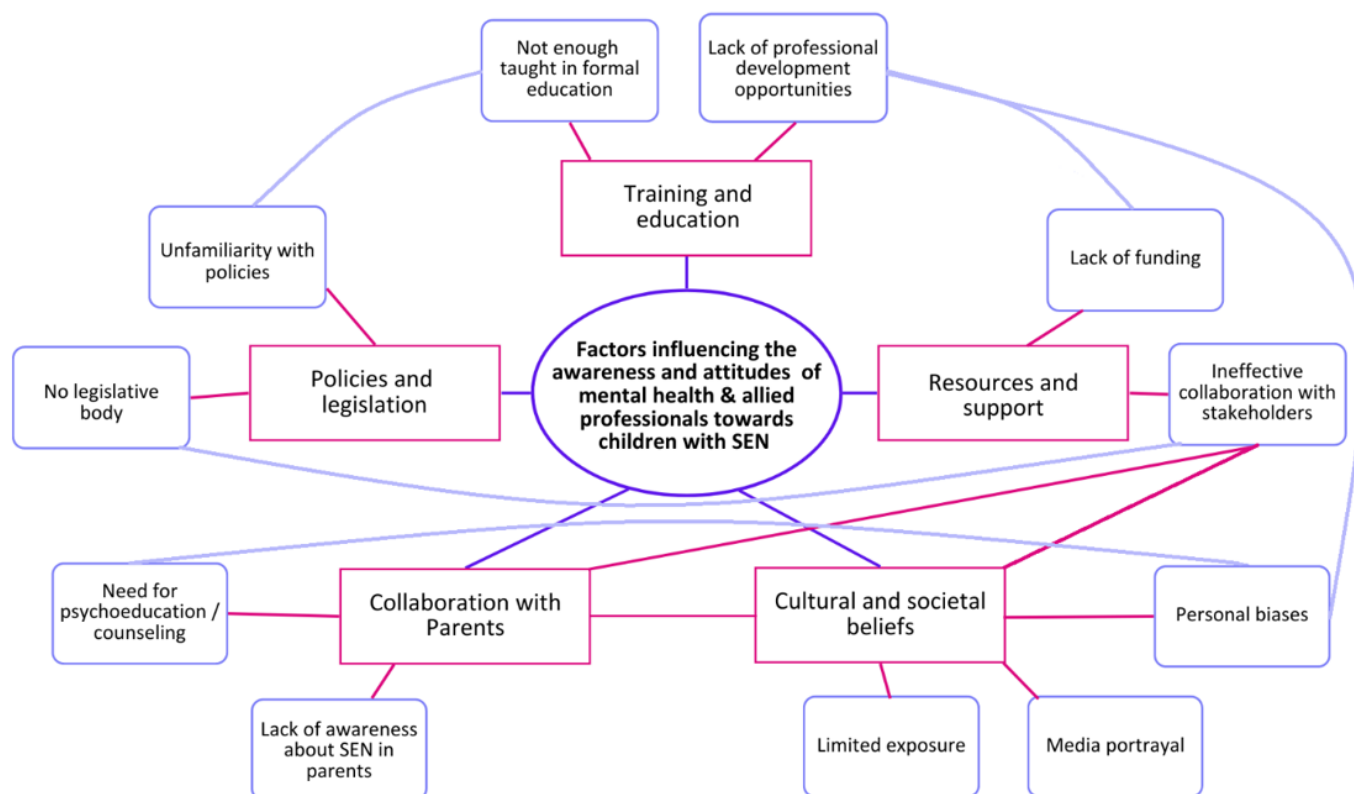


Figure 1: Thematic analysis

confident) towards the topic of SEN, their self-reported confidence decreased significantly when it came to specific types of SEN, leading to the assumption that MHaAP in Pakistan possess a non-uniform awareness and understanding of SEN, supporting earlier research by Imran and Azeem (2014).

### ATTITUDES TOWARDS SEN AND HOW THEY IMPACT PROFESSIONAL PRACTICES

The investigation into attitudes of MHaAP towards children with SEN revealed varying degrees of personal attitude influence on professional practices. Among the participants, a majority of 62% acknowledged their attitudes impacting care approaches, often leading to increased effort and positive engagement, which stood in contrast to recent research indicating limited support for children with SEN (Malik *et al.*, 2022). In terms of delivering unbiased care, a nearly balanced distribution emerged, with some participants facing challenges (52%) while others did not (48%). Overall, while attitudes were observed to affect treatment approaches, they did not necessarily hinder the provision of unbiased care for children with SEN. This was a fresh perspective on the interaction between professionals' attitudes and the quality of care provided to children with SEN that surfaced through this research.

### FACTORS THAT INFLUENCE AWARENESS OF AND ATTITUDES TOWARDS SEN

Using thematic analysis to examine the responses, it became evident that five distinct factors influenced the awareness and attitudes of MHaAP towards children with SEN (Figure 1). The first factor was training and education, emphasising the significance of equipping professionals with the necessary knowledge and skills to address the needs of children with SEN. While this factor was specified in prior studies (Begum *et al.*, 2020; Karim *et al.*, 2021), the research uncovered a previously uninvestigated domain of mental health and allied practice in terms

of SEN in Pakistan through highlighting the effects of training on the attitudes of MHaAP. Specifically, 52% of MHaAP felt that training on the topic of SEN had a positive impact on their awareness and attitudes towards children with SEN; 24% mentioned an enhancement in their confidence towards working with children with SEN; and 24% shared that training encouraged them to participate in advocacy of SEN and inclusive practices at a greater frequency than before. Additionally, 97% of participants felt the need to attend additional professional development opportunities to work with children with SEN, demonstrating a proactive stance amongst MHaAP towards staying current with best practices and strategies in SEN and a desire to fill gaps in knowledge and expertise.

*I feel more confident and capable to work with children with special needs when I am provided with the relevant training.* – Participant 1

Secondly, policies and legislation emerged as critical influencers, highlighting the vital role of legal frameworks in establishing a supportive environment for SEN-related practices, supporting the findings posited by Azeem *et al.* (2021). The research also revealed an overall unfamiliarity of MHaAP towards the available policies – with an average of 55% of participants identifying themselves as 'Not Familiar' with any of the federal or provincial educational policies in Pakistan – which raises the need for creating more awareness.

*...sadly, most of us including me are not aware about existing government policies in place, government initiatives regarding courses etc. are much needed.* – Participant 7

The third factor, resources and support, underscored the importance of collaboration with stakeholders to facilitate effective care and support for children with SEN, also suggested by Zaeem (2020). 86% of MHaAP respondents endorsed the view that advocacy and collaboration amongst stakeholders was 'Extremely Important'. Interestingly,

despite a thorough investigation, the researcher was unable to find prior research which directly implicated a lack of funding or a lack of a legislative body as factors in the deficiency of resources and support for children with SEN in Pakistan – particularly in the context of MHaAP. However, it was surprisingly one of the main themes that emerged amongst the participants' responses regarding the factors that impact attitudes and awareness, and what is specifically needed to improve those areas, as mentioned by the respondents:

*Funding for specialized infrastructure and support.* – Participant 14

*A legislation body to keep a check on the therapist and professionals and the techniques they apply to SEN children.* – Participant 15

Cultural and societal beliefs constituted the fourth factor, showcasing how prevailing misconceptions and personal biases could hinder positive attitudes towards SEN – supporting the findings of prior research in this domain (Furrukh & Anjum, 2020; Patka *et al.*, 2020). When asked about the misconceptions and stereotypes attributed to children with SEN in Pakistan, 41% of participants noted the widespread 'underestimation of intellect' regarding children with SEN.

*... they can't work independently, they are not smart enough, they can't comprehend instructions and tasks.* – Participant 15

35% of respondents mentioned the misconception of 'paranormality' being linked to children with SEN, a key indication of the cultural beliefs influencing attitudes:

*A portion [of society] looks down on them as mishaps while another looks at them as divine gifts that increase a family's wealth.* – Participant 8

24% of responses highlighted the misconception of 'challenging behaviour' as a common assumption about SEN children.



*That they might not do things like the other kids. They are really difficult to manage. Must be a challenge for their parents. – Participant 19*

Lastly, the fifth factor, collaboration with parents, emphasised the need for an indispensable partnership between professionals and parents in ensuring the holistic well-being of children with SEN, also highlighted by Jamall and Masood (2015) in prior research. Specifically, challenges were identified by MHaAP regarding working with parents of children with SEN; professionals expressed concerns about parents' lack of awareness regarding SEN, limited involvement in the child's education/therapies, and a misalignment in the goals and expectations between parents and professionals. However, there was also an acknowledgement of the lack of training available for professionals to equip themselves with the skills required to effectively collaborate with parents. These challenges resonate with existing research trends, emphasising the necessity of awareness sessions (Qayyum *et al.*, 2015), psychoeducation (Khalid & Anjum, 2019) and parental support (Hassan *et al.*, 2023) to bridge gaps between professionals and parents to foster better collaboration for the benefit of children with SEN.

**ADDRESSING THE FACTORS INFLUENCING AWARENESS OF AND ATTITUDES TOWARDS SEN**

In order to address the factors influencing awareness and attitudes and improve the quality of care disseminated to children with SEN, five strategies were identified. These were training, awareness campaigns, collaboration and communication with stakeholders, government and legislation and resource allocation (Table 1).

These strategies collectively encompass a holistic approach to reshape the landscape of support provided by MHaAP for children with SEN.

**CONCLUSION**

The findings contribute to filling a gap in

**Table 1: Strategies to address factors influencing awareness and attitudes towards SEN**

Strategies/ Initiatives	Frequency of being mentioned in responses	Participant Quotes
Training	19 times	<i>Enhanced training and education on SEN-specific interventions and strategies.</i> Participant 5
Awareness Campaigns	12 times	<i>Providing awareness sessions, free camps, making opportunities for the parents to reach out to the professionals.</i> Participant 16
Collaboration & Communication with Stakeholders	11 times	<i>Clear communication and better collaboration between parents, teachers and other professionals involved in child's care.</i> Participant 19
Government and Legislation	6 times	<i>Provision of funds by the government.</i> Participant 18
Resource Allocation	3 times	<i>Technology integration and effective teaching strategies.</i> Participant 29

the research regarding the intersection of SEN and MHaAP in Pakistan. Responses exhibit a diverse understanding of SEN amongst MHaAP, with their awareness and attitudes on the subject influencing their care approaches and practice when working with children with SEN. Five factors influencing awareness and attitudes were identified: education and training, policies and legislation, resources and support, cultural and societal beliefs and collaboration with parents. Strategies to address these factors include an increase in training, awareness campaigns, collaboration with stakeholders, government support and resource allocation. Implementation of these strategies can enhance services provided by MHaAP and contribute to a brighter future for children with SEN in Pakistan.

Three limitations emerged in the research process. Firstly, the absence of qualitative data, particularly interviews, limited the acquisition of a richer contextual insight into the understanding, awareness and attitudes of MHaAP towards children with SEN in Pakistan (Cohen *et al.*, 2013). Secondly, participants from Khyber Pakhtunkhwa and Balochistan were missing. Their inclusion could have yielded more extensive data, potentially offering deeper insights into the perspectives of MHaAP in those regions. Consequently,

the findings of this research may have limited generalisability to professionals in these two unrepresented provinces. Lastly, the English-only questionnaire might have excluded professionals proficient in other languages, restricting generalisability to an English-speaking subset.

Considering these limitations, future research endeavours concerning MHaAP's awareness and attitudes towards children with SEN in Pakistan could be enriched by incorporating qualitative interviews to gather more comprehensive data. Moreover, researchers intending to achieve a more inclusive representation of Pakistani professionals' perspectives should strive to include participants from all provinces – this larger sampling could potentially provide a more holistic understanding of MHaAP attitudes across different regions. To address language barriers, future studies should consider providing translated research materials in multiple languages, ensuring broader participation by non-English speakers. Moreover, further exploration of the five themes that emerged in this research could deepen the understanding of how various factors impact awareness and attitudes towards SEN children in Pakistan within the context of mental health and allied professions. ■

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