

# The Role of Inclusive Communication Coping Skills in Improving the Mental Health Learners Living with Disabilities in the Era of COVID-19 in Selected Special Schools in Kenya

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## Abstract

The Kenya mental health taskforce 2020 urged the government to declare mental illness a national emergency of epidemic proportion and establish a mental health commission that would advise coordinate and continuously monitor the status of mental health and report on the annual national happiness index (UNICEF, 2020). The purpose of this study is to examine The role of inclusive communication coping skills in improving the mental health learners living with disabilities in the era of covid-19 in selected special schools in Kenya, especially those with difficulties in the domains of hearing, seeing and cognitive functioning. This category is disadvantaged in access to inclusive communication strategies, critical to mental health during Covid-19 era. The study objective is to identify and adapt inclusive communication coping skills in improving the mental health learners living with disabilities. The study was anchored on the biosocial theory of borderline personality disorder that emphasizes on emotions in treatment (Linehan, 1993). The study adopted a dialectical philosophy, a critical postmodern alternative, where researchers strive to continually balance and synthesize acceptance and change-oriented pandemic-focused dialectic behaviour therapy in managing mental health of learners. The study target population consisted of learners with visual impairments, hearing impairments and mental disorders in Western Kenya Region. Experimental and observational methods were used to collect data. The findings indicate that a communication lapse arose in schools due to Covid-19 containment measures that encouraged social distancing. This study has contributed significantly to the knowledge base in mental health and shall inform practitioners and students in special schools on use of dialectic behavior therapy.

**Keywords:** inclusive communication, mental health, dialectic behavior therapy, coping skills, pandemic.

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## 1.0 INTRODUCTION

It has been a long-standing political imperative to promote mental health and wellness of children and youth across the globe. The significance of prevention and early interventions to support children's and youth's mental wellness has been given emphasis. A study done in Britain indicated that the prevalence of mental health issues was one in 10 amongst, 5- to 15-year-olds, although data from a smaller, more recent survey suggest the figure is now one in nine (Sadler *et al.*, 2018). According to the United Kingdom's National Institute for Health and Care Excellence (NICE) (2016) 36% of children and youth experience learning disabilities and mental health problems at any point in time but the figure rise to 40% for adults.

Dialectical behavior therapy (DBT) is a modified type of Cognitive Behavioural therapy (CBT). According to Linehan (1993) the main goals of DBT are to teach people how to live in the moment, develop healthy ways to cope with stress, manage their emotions, and work on their association with others. DBT was originally aimed at tackling Borderline Personality Disorder (BPD) but it has been adapted to treat other mental health conditions. It can help people who have difficulty with emotional regulation or are showing self-destructive behaviors. This type of therapy is also sometimes used to treat post-traumatic stress disorder (PTSD). DBT has evolved to become an evidence-based psychotherapy approach that is used to treat many conditions (Linehan 1993). Settings in which DBT are effectively used include: group therapy in

which case the patients are taught behavioral skills in a group setting, individual therapy where a trained therapist capitalizes on the patient's learned behavioral skills and adapts to their personal life challenges among others.

Dialectical behavioral therapy (DBT) is an improvement of cognitive behavioral therapy, combined with the dialectical philosophy and is based on the principle of dialectics, where the dialectical orientation of the normal, abnormal psychology, behavior and the dialectical balance of acceptance and change, is given emphasis. DBT was initially used in the treatment of suicidal and borderline personality disorders. DBT also has been seen to have a good therapeutic effect on behavioural challenges like substance abuse, eating disorders, addiction and depression. DBT can help people use mindfulness skills so as to improve on psychological functions, recognize the self, work on disordered emotions, establish good interpersonal relationships, and aid clients to endure the inevitable pain in life.

The five major functions of DBT are: to motivate clients by reducing emotions, beliefs and reinforces conducive to dysfunctional behavior; to increase client's capabilities and skills; to ensure client's new behaviors generalize to the natural environment; to structure the environment to support both the therapist and the client; to improve therapist' motivation and capability for conducting effective therapy with treatment-resistant clients. These functions are implemented through the use of different treatment modalities described next.

Linehan (1993a) described seven levels of validation the therapist should follow sequentially. The first is active listening and observing in an effort to understand the client--the therapist is genuinely interested in hearing the client's story. The second level is reflective validation wherein the therapist reflects the client's feelings, thoughts, assumptions, and behaviors. The third level is "reading" the behavior to search for underlying functions. The therapist makes a link between the precipitating event and subsequent behavior and provides this explanation to the client. The therapist can articulate emotions and meanings of behavior the client cannot. The fourth level of validating the client understands his/her behavior in terms of causes. The therapist helps the client understand his/her behaviors are a result of contextual environmental factors, biological factors, and a combination of the two in the client's life. The fifth level of validation is communicating the client's behavior is justifiable, reasonable, and efficacious in his/her life as it is currently being lived. The sixth level of validation is recognizing and mirroring the clients as they are including acknowledging strengths in their capacities and areas of difficulties. The therapist does this without being taking an expert role or pathologizing

the client. The final level of validation is using cheerleading strategies. These acknowledge that the client is doing his/her best and providing hope that he/she will eventually overcome his/her difficulties. Through the therapeutic relationship, the therapist offers reassurance and highlights evidence of client improvement.

Although literature surrounding therapeutic provision for children and young people with learning difficulties is minimal, scholars argue that psychological support given to clients is paramount. NICE (2016) also pointed out psychological interventions that are most crucial in promoting the mental wellness of people with learning difficulties and recommended that these interventions could be adapted to meet the needs and preferences of the clients. Structured therapies that work for the general population should be expected to work for people with learning difficulties, unless proven otherwise. It is for this purpose that the researchers adapted the pandemic focused dialectic behavior therapies in order to address mental health challenges for learners living with disability in the era of Covid- 19 pandemic. In Kenya, reasonable adjustments were supposed to be made by all service providers especially institutions of learning in order to avoid putting students living with disability at a disadvantage, as outlined in the Kenya's Education Act of 2013 (Republic of Kenya, 2014). Having students with special needs access to education before, during, and after disasters promotes their resiliency and involvement in disaster management and recovery programs to benefit the Kenyan community. Empowering students with special needs depends on making education—physical and virtual—accessible to them and their families. The Kenya government's decision to confine citizens to limit the spread of COVID-19, which included school closure, meant that investing in virtual education was an alternative mode of learning is essential. The present study investigates the role of inclusive communication coping skills in improving the mental health learners living with disabilities in the era of covid-19 in selected special schools in Kenya.

## 1.2 Research Objective

The study will be guided by the following research objective: to identify and adapt inclusive communication coping skills in improving the mental health learners living with disabilities in the era of Covid-19.

## 1.3 Theoretical Framework

Dialectical behavior therapy (DBT) is based on dialectics--the continual synthesis of seemingly opposing forces. The most fundamental dialectic of DBT is the importance of understanding patients just as they are within a context of trying to teach them to change (Linehan, 1993). This theory was founded on Linehan's (1993) biosocial theory, which posited that

emotional dysregulation in persons with BPD resulted from the interaction between the biology of an individual and the social environment.

#### 1.4 RESEARCH DESIGN AND METHODOLOGY

The study will adopt a mixed methods approach, which provides a greater opportunity for presentation of diversity of divergent views. Creswell (2009) presents mixed methods design as a combination of quantitative and qualitative approaches that provide a better understanding of the problem being investigated. Mixed methods approach combines both qualitative and quantitative approaches. This goes beyond the collection and analysis of both kinds of data, to use of both approaches in tandem so that the overall strength of the research is more significant than it would have been with one approach. The study adopted a pragmatist view of reality that enabled the researchers to appreciate the multiple dimensions of the phenomenon of a pandemic-focused therapy from an interpretivist lens as well as use hypothetic deductive methods to test hypotheses. By use of a mixed methods design, the study generated both quantitative and qualitative data that helped shed light on the concept of a pandemic-focused DBT intervention on mental illness of learners with disability through an analysis that fits within the pragmatist paradigm.

Mixed methods research provided the researchers with an opportunity to present the divergent results of the use of a Dialectical Behaviour Therapy and its effect on the mental health of learners living with disability in the era of COVID-19. Both descriptive survey and experimental research designs were adopted to meet the different objectives of the study. Descriptive survey research design was used to describe pandemic-focused intervention measures put in place to mitigate against mental health challenges that could affect students with disability in the era of COVID-19 pandemic. The experimental research design, specifically, a

systematic and scientific approach to research was adopted in which the pandemic-focused Dialectical Behaviour Therapies were identified, tried, and adapted to measure its effect on the mental health of learners with disability in the era of COVID-19 pandemic.

#### 1.5 Area of Study

The study was done in selected special schools in the Western Kenya region. The regions included in the study were Uasin-Gishu, Kakamega, Kisumu, and Nandi counties of Kenya. The participating schools were purposively selected based on the disability challenges of the students. One school for each of the following disabilities was selected: hearing impaired, visually impaired, mentally challenged, and physically impaired.

Deciding the sample groups was by use of proportionate sampling technique and purposive sampling. In order to reduce sampling errors, the researchers adjusted the sample size to minimize the chances of random errors. Probability sampling was then adopted to give respondents an equal chance of being selected for participation in the study. A total of 300 respondents were subjected to data collection by use of questionnaires, out of which 8 were purposively selected to participate in a Dialectical Behaviour Therapy. Data collection instruments were done by use of questionnaires, DBT, and observations.

#### 1.6 Inclusive Communication Coping Skills and Mental Health

The research question sought data on how to identify and adapt inclusive communication coping skills in improving the mental health of learners living with disabilities in the era of COVID-19. The respondents were asked to rate their communication coping skills in a Likert format in order to assess its effect on the mental wellness of learners. The findings are presented in Table 1 below.

**Table 1: Inclusive Communication Coping Skills and Mental Health**

S/NO	Item	SA	A	U	D	SD
1	I feel frustrated when no one listens to me	126(42%)	67(22.3%)	21(7%)	48(16%)	38(12.7%)
2	Social Distancing in the era of Covid-19 has made me feel lonely	79(26.3%)	110(36.7%)	56(18.7%)	25(8.3%)	30(10%)
3	It is difficult to follow a speaker wearing a mask	109(36.3%)	81(27%)	48(16%)	38(12.7%)	24(8%)
4	Communication modes for persons with disability on Covid-19 are available and shared effectively with persons with disabilities	109(36.3%)	80(26.7%)	31(10.3%)	54(18%)	26(8.7%)
5	Posters on Covid-19 are effectively available for use by persons with disabilities	96(32%)	108(36%)	33(11%)	46(15.3%)	17(5.7%)
6	Water points and sanitizers are effectively placed and communicated to people with disabilities	132(44%)	92(30.7%)	32(10.7%)	23(7.7%)	21(7%)
7	I liked the way the teachers gave information on how to protect myself from Covid-19	125(41.7%)	73(24.3%)	44(14.7%)	25(8.3%)	33(11%)

Table 1 indicates that 126 (42%) of the learners with disability strongly agreed to feeling frustrated when no one listens to them, 67 (22.3%) agreed, 21 (7%) were undecided, 48 (16%) disagreed

while 38 (12.7%) strongly disagreed. Results show that majority of the learners with disabilities were frustrated during the COVID-19 era as a result of no one being able to listen to them. It is useful to pinpoint that these

learners were undergoing a number of challenges that need someone to listen to them. Therefore with majority indicating that there was no one to listen implies that there frustration may have been high.

Further information in Table 1 indicates that 79 (26.3%) of the respondents' strongly agreed that social distancing in the era of Covid-19 had made them feel lonely, 110 (36.7%) of them agreed 56 (18.7%) were undecided, 25 (8.3%) disagreed while 30 (10%) strongly disagreed. The results shows that majority of the learners felt lonely in regard to the pandemic focused dialectical behavior. There are two sides of interpretation that can be explained based on these results. The two sides can be explained in terms of the question is the social distances close enough or further apart? There are reasons to believe that probably the distance may have been further enough given the perception of the general public towards learners and peoples with disability. There may have been this tendency that the learners with disability were not keen enough with the containment measures that were there thus the distancing. On the flip side is that the learners with disability could have been missing the distance that they required thus making them uncomfortable. The distance may have been very close thus hampering the students' movement that requires space.

As further indicated in Table 1, 109 (36.3%) of the learners with disability had difficulties in following difficult to follow a speaker wearing a mask, 81 (27%) agreed, 48 (16%) were undecided, 38 (12.7%) disagreed while 24 (8%) strongly disagreed. The results show that majority of the learners with disability had problems in following up speakers in masks. The findings point to how children with special needs and their families are excluded from disaster management and recovery programs, as reflected in the governments' lack of a playbook and scarcity of information related to covid-19 pandemic during school closure (Muhumuza, 2020; United Nations Office for Disaster Risk Reduction-UNISDR, 2015). Education and relevant support is a critical component in the disaster management and recovery process (UNISDR, 2015). Having students with special needs access to education before, during, and after Covid-19 era can promote their resiliency and involvement in disaster management and recovery programs to benefit the Kenyan community. Empowering students with special needs is not just about accessibility to them and their families but also ensuring that their mental wellness is prioritized.

Table 1 indicated that 109 (36.3%) of the learners with disabilities strongly agreed that communication modes for persons with disability on Covid- 19 are available and shared effectively with persons with disabilities, 80 (26.7%) agreed, 31 (10.3%) were undecided, 54 (18%) disagreed while 26 (8.7%) strongly disagreed. These results shows that there were sufficient modes of communication therefore

information on Covid 19 was readily available to the learners.

Table 1 indicates 96 (32%) of the learners strongly agreed that posters on Covid- 19 were effectively availed for use by persons with disabilities, 108 (36%) agreed, 33 (11%) were undecided, 46 (15.3%) disagreed while 17 (5.7%) strongly disagreed. Findings indicate that majority of the learners felt that they were able to gather information on Covid -19. The COVID-19 mitigation measures, such as lockdowns, travel restrictions, quarantine, and isolations have contributed to job losses, social and daily living disruptions, and elevated levels of stress and anxiety, which have a profound effect on mental health. The overflow of COVID-19 related (mis) information in mainstream and social media platforms has been reported to trigger fear and panic, and negatively affecting the observance of COVID-19 measures. More importantly, there is the likelihood that some people may project excessive fear of having the coronavirus disease (also termed as pathological health anxiety), altering their behaviors by relentlessly concerning and being preoccupied with safety seeking behavior.

Table 1 indicates that 132 (44%) of the learners with disabilities strongly agreed that water points and sanitizers were effectively placed and communicated to people with disabilities, 92 (30.7%) agreed, 32 (10.7%) were undecided, 23 (7.7%) disagreed and 21 (7%) strongly disagreed. Results shows that majority of the learners with disabilities were able to easily access water points.

Lastly, Table 1 demonstrated that 132 (44%) of the learners strongly agreed that they liked the way the teachers gave information on how to protect themselves from Covid 19, 92 (30.7%) agreed, 32 (10.7%) were undecided, 23 (7.7%) disagreed while 21 (7%) strongly disagreed

## 1.7 CONCLUSIONS AND RECOMMENDATIONS

From the study, it is notable that inclusive communication coping skills helped to improve the mental health of learners living with disabilities. Effective communication incorporated by institutions f learning helped the learners with disability increase their awareness and acceptance of reality. Communication is an aspect of mindfulness of client's knowledge on Covid -19 which helped clients to participate actively in management of the crises in their lives, increase their awareness of self and the social environment, and focus on their mental wellness as well as day to day effectiveness.

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