CORRESPONDENCE

Mental Health Problems in a School Setting in Children and Adolescents

by Prof. Dr. med. Gerd Schulte-Körne in issue 11/2016

Cooperation Between Schools and Hospitals

We would like to thank Dr. Schulte-Körne for this review article (1). We have been wondering whether schools have been able to adapt to the altered requirements of "postmodern society." Despite assistance with homework, school meals, and all-day school, teaching methods and concepts seem not to keep up with the current pedagogic knowledge. Lecturing or small-group project work remain the standard methods, face-to-face teaching remains the standard model in schools, and new media are not used consistently. Students therefore do not have opportunities to contribute their skills, resources and real-life experience in everyday school life. Although we are not uncritical of reformed approaches to teaching, it is an open question whether schools should adapt to the changed reality in society and current medical knowledge. Therefore, we think, for example, the daily routine of adolescents whose performance peaks at a different time of day should also be adapted to their requirements. Despite this, school starts early in the morning, perhaps too early, partly so that parents can meet their own work-related obligations.

To the best of our knowledge, there is almost no cooperation between education authorities and child and adolescent mental health institutions beyond regaining fitness for school and the selection of appropriate schools ("reallocation"). In the Zollernalb district in the federal state of Baden-Württemberg, common pediatric and adolescent psychiatric disorders are reported in cooperation between the Mariaberg Hospital for Child and Adolescent Psychiatry and the district public school board, as part of a 2-year structured professional development program for learning support teachers.
This does not only increase the understanding of psychological disorders but has also made it possible to develop ways of giving children and adolescents faster access to outpatient or inpatient care.

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The authors declare that no conflict of interest exists.

Binocular Vision Should Be Examined

Prof. Schulte-Körne's review article mentions the disastrous situation of school students with learning/behavioral disorders and psychological abnormalities and suggests ways to tackle this dilemma. However, unfortunately he does not investigate their somatic causes (1). In my ophthalmology practice, which specializes in binocular disorders, I deal on a daily basis with adolescents with the learning disorders dyslexia or legasthenia who manifest both aggression and depression, ranging up to the threat of suicide, as a result of their problems at school. After correcting visual defects, it has often been possible to improve dyslexia and school performance to such an extent that their psychological state has improved and they have remained in the same class, referral to a special school has been avoided, and many have been able to advance to further education with a normal school career. A majority of these adolescents had already tried every conceivable aid, and their parents were desperate and grasping at straws. In general they had already undergone occupational therapy, speech therapy, psychological treatments, and psychiatric treatments, but success was elusive until the visual defect, usually uncorrected astigmatism and uncorrected associated heterophoria, was corrected with glasses and prisms. Only this has put an end to excessive demand on the visual system—as well as the resulting severe exhaustion, usually also accompanied by chronic headaches—and made normal life possible (2, 3).

Before psychotherapeutic measures, I therefore recommend careful examination of binocular vision, preferably following associating measurement and correction methods according to H.J. Haase using the Polatest (4). The usual written certificate of 20/20 vision is not sufficient in these cases, as this does not reveal eye strain caused by fusion.

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Dr. Gorzny has received reimbursement of conference fees and travel and accommodation expenses, and fees for lectures given at scientific continuing professional development events, from the International Association for Binocular Vision (IVBS).

In Reply:

Prof. Maurer is quite right to highlight the issue of how more recent knowledge from empirical educational research, medicine, and psychology is incorporated into teacher training. In the first place, the universities responsible for training teachers for the various types of schools must play a role in this. The requirement that new knowledge must be integrated into teacher training can be unreservedly supported (1). Germany's Federal Ministry of Education and Research has recently started promoting a pilot scheme to improve teacher training, as part of a "Teacher Training Quality Offensive," identifying psychological stresses and possibilities for support and intervention in schools (2) (www.uni-muenchen.de/aktuelles/news/2015/lehrerausbildung.html). This training meets the requirement of being highly accessible and widely disseminated, as it is modular and available online.

Because the effects of changes to teacher training are not felt by students until many years later, Prof. Maurer's second requirement—improving teachers' continuing professional development—is vital. The cooperation project mentioned for professional development of learning support teachers is very welcome. There are also other examples, such as the cooperation between the Bavarian State Ministry for Education and Cultural Affairs and pediatric and adolescent psychiatrists in Landshut, Regensburg, Würzburg, and Munich for the continuing professional development of teachers in special schools on dealing with children and adolescents experiencing psychological stress (http://www.kjp.med.uni-muenchen.de/lehre/weiterb_lehrer.php; NB: This continuing professional development opportunity is currently no longer on offer due to a lack of funds). The problem with pilot schemes is rolling them out into new areas and making them permanent.

Both Prof. Maurer and Dr. Gorzny indicate the importance of medical knowledge for schools. Even where there is a correlation between what is known as the chronotype and psychological state, or between chronotype and individual learning capacity (3), this knowledge is often not applied when structuring the school day. Exceptions to this include the Jack Steinberger School in Bad Kissingen, in which great importance is attached to exposure to daylight and classwork is written only from the third period onwards. This is intended to allow later chronotypes to work in conditions which are better suited to them. In Alsfeld, near Aachen, there is even a pilot scheme allowing students to arrive at school later, so that they can be taught according to their own chronotypes.

Close observation of school students when reading is very important, as is establishing when reading problems are caused by eyesight problems, as stated in the recently published S3 Guideline on Diagnosing and Treating Reading and/or Writing Disorders (4). All students with reading problems should therefore undergo ophthalmological examination if they report relevant symptoms, as the guideline recommends.

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