

YOUNG MINDS MATTER.

The Mental Health of Australian
Children and Adolescents

EDUCATIONAL OUTCOMES



The second Australian Child and Adolescent
Survey of Mental Health and Wellbeing



How to obtain a copy of the full report

A copy of the report *Child and Adolescent Mental Health and Educational Outcomes, An analysis of educational outcomes from Young Minds Matter, the second Australian Child and Adolescent Survey of Mental Health and Wellbeing* can be downloaded in PDF format from our web site:

www.youngmindsmatter.org.au

Additional information

This booklet contains a brief summary of findings from *Young Minds Matter*. Further information about the survey including some short videos, detailed papers on specific topics, and an interactive Survey Results Query Tool can also be accessed through our web site.



If you would like any additional information about *Young Minds Matter*, please email us at:

youngmindsmatter.smb@telethonkids.org.au

About the survey

Young Minds Matter was funded by the Australian Government Department of Health. The survey was conducted in 2013-14 by the Telethon Kids Institute at The University of Western Australia in partnership with Roy Morgan Research. This analysis of educational outcomes was funded by the Australian Government Department of Education and Training.





Foreword

Mental disorders are among the most common and disabling health conditions affecting children and adolescents today. They can significantly impact family life, and adversely affect students' learning and development.

Young Minds Matter was the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. The survey was conducted in 2013-14 with over 6,000 families participating from across Australia. Most families also gave permission to access NAPLAN results.

This booklet presents an overview of results from Young Minds Matter related to educational outcomes, and the impact mental disorders can have on students' attendance, connectedness, engagement and performance at school.

MENTAL DISORDERS
CAN SIGNIFICANTLY
IMPACT FAMILY LIFE,
AND ADVERSELY AFFECT
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AND DEVELOPMENT.



Key findings

- **Mental disorders are common in Australian school students.** Mental disorders affected 1 in 7 students in the previous 12 months.
- **Students with mental disorders have poorer NAPLAN results.** Students with mental disorders scored lower on average than students with no mental disorder in every test domain and Year level.
- **Gaps in achievement increase from Year 3 to Year 9.** On average students with a mental disorder in Year 3 were 7 to 11 months behind students with no mental disorder, but by Year 9 students with a mental disorder were on average 1.5 - 2.8 years behind students with no mental disorder. By Year 9 students with ADHD or conduct disorder were up to 5 years behind.
- **Students accessing services for mental disorders benefit but the gaps do not fully close.** On average, students who used services improved over time compared to students with a mental disorder who did not receive support services, but did not fully overcome the differences in academic performance due to their mental disorder compared to students who did not have a mental disorder.



- **Students with mental disorders have more absences from school.** In Years 1-6 students with a mental disorder missed an average 11.8 days per year compared with 8.2 days per year for students without a mental disorder. In Years 7-12 students with a mental disorder missed an average 23.8 days per year compared with 11.0 days per year for students without a mental disorder.
- **Students with mental disorders have lower levels of connectedness to school and engagement with school work.** Poor connectedness and poor engagement were more common in students with mental disorders, as well as in students who have self-harmed or who have suicidal thoughts or behaviours.
- **The combination of mental disorders and socio-economic disadvantage compounds the impact on academic achievement.** Mental disorders are more common in students living in families experiencing various forms of socio-economic disadvantage including low household income, parental unemployment and family breakup. The impact of both socio-economic factors and mental disorders compound, meaning that in general, students with no mental disorder in better socio-economic situations achieved the highest NAPLAN results, and students with mental disorders and in lower socio-economic situations scored the lowest.





INTRODUCTION



Information about Young Minds Matter and NAPLAN analysis

Young Minds Matter was a survey of the mental health and wellbeing of Australian children and adolescents. It was conducted in 2013-14 and surveyed 6,310 families with children and adolescents aged 4-17 years. The survey included a face-to-face diagnostic interview with the parents or carers and a self-report on a tablet computer from 2,967 young people aged 11-17 years. In addition 5,051 families gave consent to accessing their child's NAPLAN results between 2008 and 2016. Each state or territory testing authority provided the scaled scores, bands and categories (whether below, at, or above the National Minimum Standard).



Assessing mental disorders

The Diagnostic Interview Schedule for Children Version IV (DISC-IV) was used to determine whether children had mental disorders in the previous 12 months, including:

- Anxiety disorders (Social phobia, Separation anxiety disorder, Generalised anxiety disorder, and Obsessive-compulsive disorder)
- Major depressive disorder
- Attention-Deficit/Hyperactivity Disorder (ADHD)
- Conduct disorder.

The survey also assessed oppositional problem behaviours.

Aims

Key questions that were addressed in the analysis were:

- How many students with low connectedness or engagement at school have mental health problems or disorders?
- Is a current mental health problem associated with poorer academic outcomes? How does this vary by type of mental disorder?
- How much of the association between mental health problems and disorders and academic outcomes can be attributed to differences in attendance, and to socio-economic factors that are associated with mental disorders?
- Does onset of mental disorder alter trajectories of academic achievement?
- Do students receiving services for mental health problems either within schools or within the health sector have different trajectories of academic achievement?





STUDENTS WITH MENTAL
DISORDERS ARE LESS
CONNECTED AND ENGAGED
WITH THEIR SCHOOLING,
ATTEND SCHOOL LESS OFTEN,
AND HAVE POORER ACADEMIC
OUTCOMES THAN THEIR PEERS





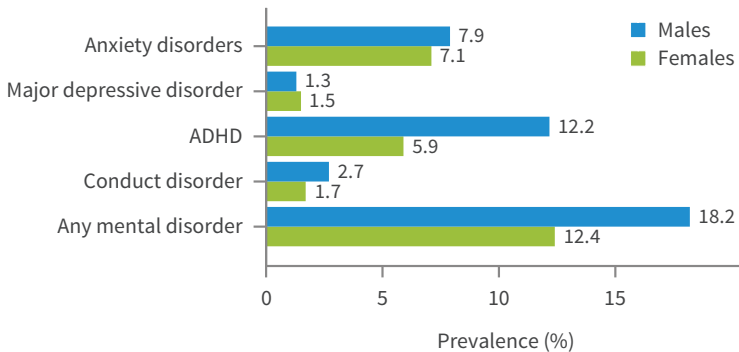
PREVALENCE



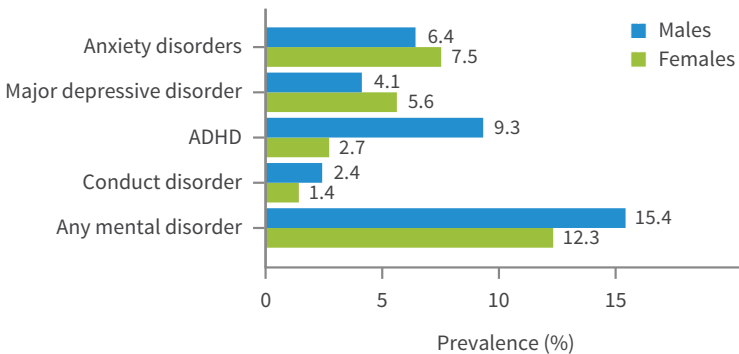
Prevalence of mental disorders in the student population

While the first *Young Minds Matter* report focused on all children and adolescents, this report focuses on students (Kindergarten - Year 12) only. Mental disorders affected 1 in 7 school students, with slightly higher prevalence in males than females. ADHD was the most common emotional or behavioural disorder in Australian school students, and was more common in males than females. ADHD affected 1 in 10 males but fewer than 1 in 20 females. After ADHD, the most prevalent disorders affecting students were anxiety disorders, and oppositional problem behaviours. Major depressive disorder was uncommon in children aged 4-11 years, but was more common in adolescents 12-17 years, affecting almost 1 in 20 adolescents, and was also the most common disorder in older adolescent girls.

PREVALENCE OF MENTAL DISORDERS IN STUDENTS IN YEARS 1-6, BY DISORDER AND SEX



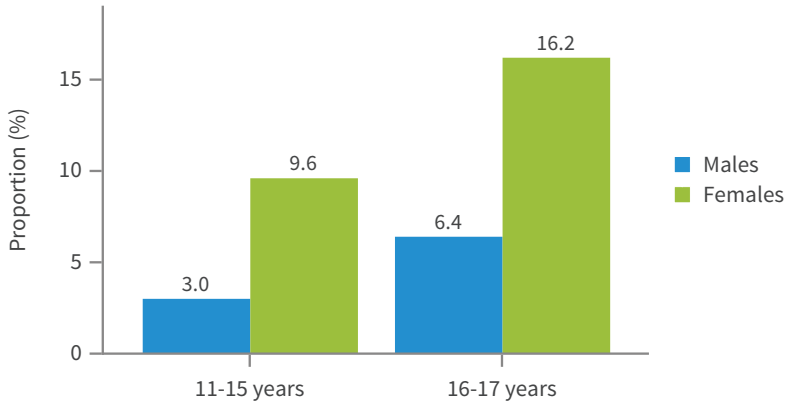
PREVALENCE OF MENTAL DISORDERS IN STUDENTS IN YEARS 7-12, BY DISORDER AND SEX



Self-harming and suicidal behaviour

Self-harming behaviour by students includes deliberately hurting or injuring oneself without intending to end one's own life. Approximately 1 in 10 (11.1%) students reported having self-harmed at some point in their life, and approximately 1 in 12 (8.4%) had self-harmed in the previous 12 months. Young people had the option of not answering the questions on self-harm and about 5% chose not to answer. As such, the proportion of young people who have ever self-harmed may be higher than indicated in these estimates. Self-harming was more common in females (15.6%) than males (6.7%) and more common in older adolescents than younger adolescents.

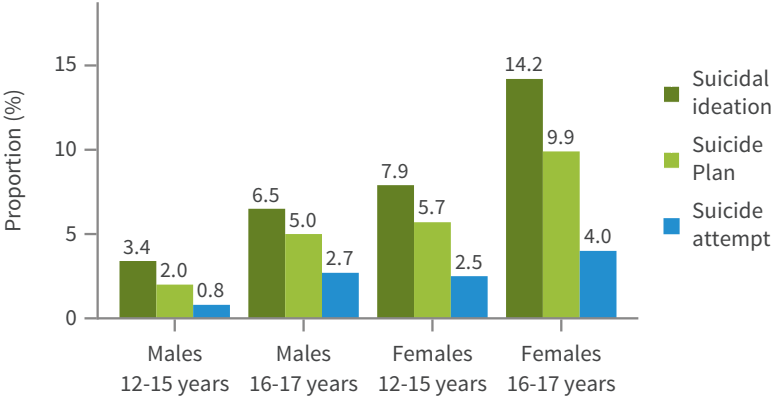
PROPORTION OF 12-17 YEAR-OLDS ATTENDING SCHOOL WHO HAVE SELF-HARMED IN THE PREVIOUS 12 MONTHS



APPROXIMATELY 1 IN 10 STUDENTS
HAVE SELF-HARMED AT SOME
POINT IN THEIR LIFE

During the previous 12 months, 1 in 13 students aged 12-17 years had seriously considered suicide, and one-third of those had attempted suicide. Suicidal behaviours were more common among females than males and more common in older adolescents than younger adolescents

SUICIDAL BEHAVIOURS IN THE PREVIOUS 12 MONTHS AMONG 12-17 YEAR-OLD STUDENTS





IMPACT



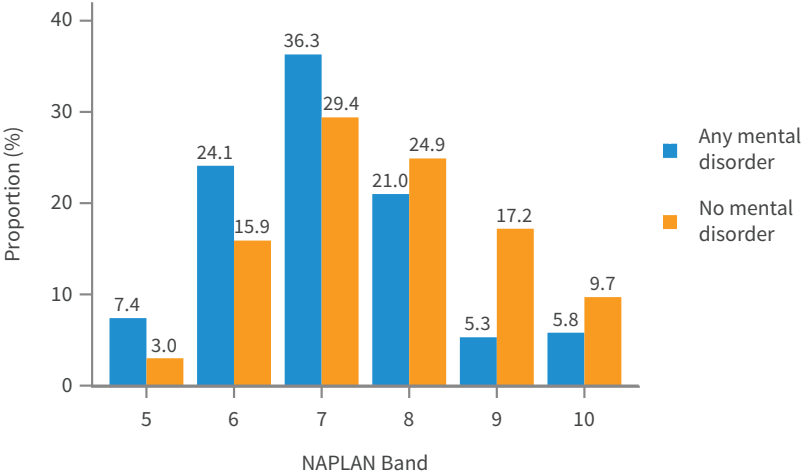
Impact of mental disorders on academic performance

NAPLAN tests take place in Years 3, 5, 7 and 9, over five different domains: grammar, reading, spelling, writing and numeracy. NAPLAN scores are converted into band values, and these band values are then used to assess whether students are above, at, or below the national minimum standard. On average, students with mental disorders scored lower than students with no mental disorders in all test domains and Year levels. The proportion of students with mental disorders who were above the national minimum standard was also lower. Students with an anxiety disorder, and major depressive disorder scored on average lower than students with no mental disorder, but better than students with ADHD, oppositional problem behaviours, or conduct disorder. Students with ADHD or conduct disorder were the lowest scoring students, with the proportion of students above the national minimum standard less than 50% for some test domains and Year levels.

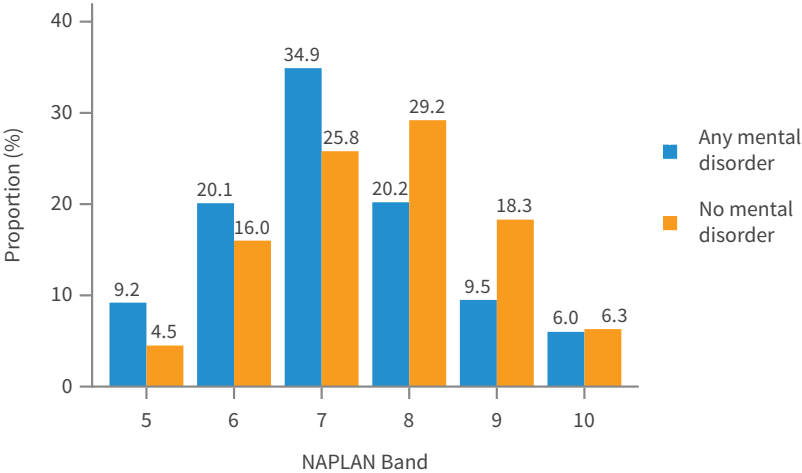
STUDENTS WITH MENTAL DISORDERS SCORED LOWER THAN STUDENTS WITH NO MENTAL DISORDER IN ALL TEST DOMAINS AND YEAR LEVELS.



PROPORTION OF STUDENTS IN EACH NAPLAN BAND FOR NUMERACY IN YEAR 9 BY MENTAL DISORDER STATUS



PROPORTION OF STUDENTS IN EACH NAPLAN BAND FOR READING IN YEAR 9 BY MENTAL DISORDER STATUS



Impact of socio-economic disadvantage

Mental disorders are more common in students living in families experiencing various forms of socio-economic disadvantage including low household income, parental unemployment and family breakup. In general, students from lower socio-economic status backgrounds had lower test scores, for both students with and without mental disorders. Similarly, students with a mental disorder generally had lower test scores than students without a mental disorder, irrespective of their socio-economic status. The impact of both socio-economic factors and mental disorders compound, meaning that in general, students with no mental disorder in better socio-economic situations scored the highest, and students with mental disorders and in lower socio-economic situations scored the lowest.

- Students performed best in two parent or carer families. Within two parent or carer families, those living with their original biological parents performed best. This was the same for students with and without a mental disorder.
- Students with no mental disorder performed better in higher-income households than those living in lower income households.
- For parent or carer education, students with no mental disorder performed better in families where their parents or carers had higher education. On average this was the same for students with a mental disorder.
- For parent or carer labour force status, students with no mental health disorder performed better in families where all parents or carers were employed. For students with a mental disorder, results varied by disorder.
- Students with no mental disorder who lived in a family with a very good level of functioning had the highest test scores for most domains and Year levels. Conversely, and on average, students with a mental disorder did not perform as well in families with a very good level of family functioning.

On average, students living in families experiencing socio-economic disadvantage had lower test scores than other students, regardless of the presence or absence of mental disorders. As well, students with mental disorders had lower test scores than those without mental disorders, regardless of their socio-economic situation.





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Progress over time

The difference between test scores for those with and without mental disorders remained consistent from year to year. For all students, the fastest period of test score growth was in earlier years, moving from Year 3 to Year 5, after this, test score growth slowed. Variation existed for certain students, depending on the specific type of mental disorder they had. For example the test score of students with ADHD and conduct disorder fell further behind students with no mental disorder, year on year.



STUDENTS WITH NO MENTAL DISORDER CONSISTENTLY PERFORMED AHEAD OF STUDENTS WITH MENTAL DISORDERS AT EACH YEAR LEVEL.

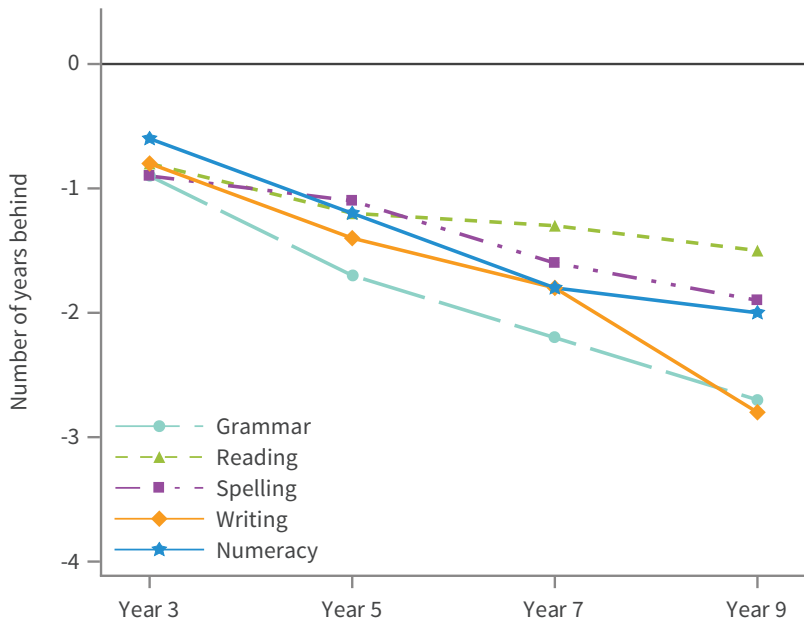
NAPLAN scores can also be converted into an equivalent year level. This is an alternative measure that can be used to give an indication of the average number of years of schooling typically required for students to make a certain level of progress. Students with no mental disorder consistently performed ahead of students with mental disorders at each Year level. The average number of years that a student with a mental disorder is



PROGRESS

behind a student with no mental disorder increased from Year 3 to Year 9. Students with mental disorders in Year 3 were 7 to 11 months behind students with no mental disorder, but by Year 9 students with a mental disorder were on average 1.5 - 2.8 years behind students with no mental disorder. Worst outcomes were seen in students with ADHD or conduct disorder, where they could be up to 5 years behind for certain tests by Year 9.

AVERAGE NUMBER OF YEARS THAT STUDENTS WITH A MENTAL DISORDER WERE BEHIND THEIR PEERS



Getting help

Students with more severe mental disorders were more likely to access support services for their mental disorder. As such, students who used a service were often achieving lower test scores compared to those who did not use a service at a given point in time. Over time students who did not access support services fell further behind when compared to students receiving support services. On average, students who used services improved over time compared to students with a mental disorder who did not receive support services, but did not fully overcome the differences in academic performance due to their mental disorder compared to students who did not have a mental disorder.



IN YEAR 3, STUDENTS WITH MENTAL DISORDERS WERE ON AVERAGE 7-11 MONTHS BEHIND THEIR PEERS. BY YEAR 9 THE ACHIEVEMENT GAP INCREASED TO 1.5-3 YEARS ON AVERAGE.



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ATTENDANCE



Attendance at school

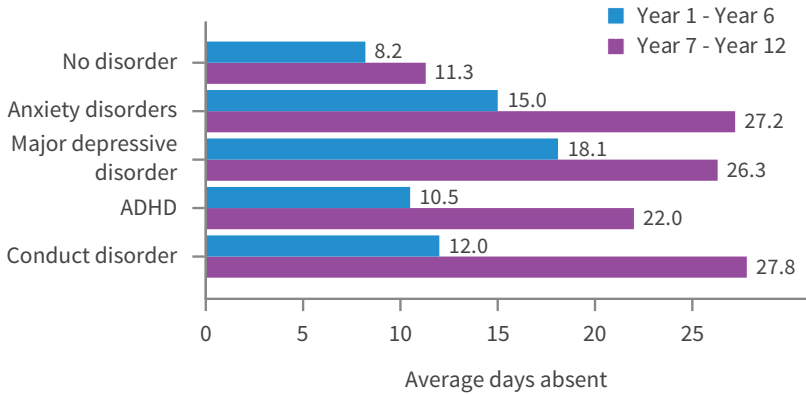
Students with mental disorders were absent from school for significantly more days per year than students without a mental disorder. This was particularly so in the secondary school years. In Years 1-6 students with a mental disorder missed an average 11.8 days per year compared with 8.2 days per year for students without a mental disorder. In Years 7-12 students with a mental disorder missed an average 23.8 days per year compared with 11.0 days per year for students without a mental disorder.

All mental disorders were associated with higher rates of absence from school. While externalising disorders such as ADHD and conduct disorder can be disruptive to both school and home environments, internalising disorders, specifically anxiety and major depressive disorder, were associated with as high or higher rates of absence from school. Students with ADHD missed an average 10.5 days in Years 1-6 and 22.0 days in Years 7-12. Students with anxiety disorders, major depressive disorder and conduct disorder had similar rates of absence—27.2 days, 26.3 days and 27.8 days respectively in Years 7-12.

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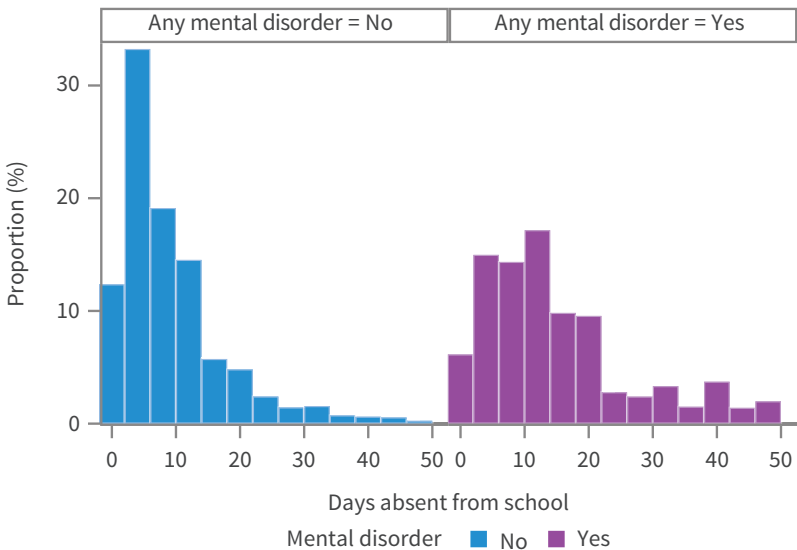


AVERAGE DAYS ABSENT FROM SCHOOL OVER THE SCHOOL YEAR BY TYPE OF MENTAL DISORDER AND YEAR IN SCHOOL



Particularly in the secondary school years, among students with a mental disorder the average number of days absent from school was higher, there were fewer students with no days absent from school, and more students with absences of greater than 20 or 30 days over the course of the school year.

DISTRIBUTION OF DAYS ABSENT FROM SCHOOL FOR STUDENTS IN YEAR 7-12 BY MENTAL DISORDER STATUS

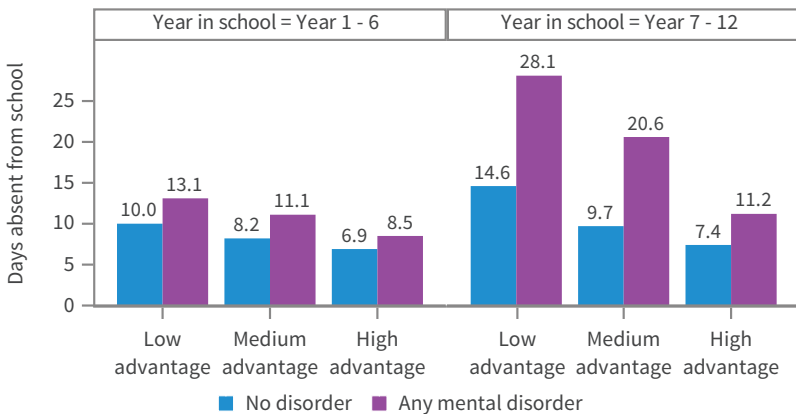


Both mental disorders and absences from school were more common in disadvantaged families. The Index of Community Socio-Educational Advantage (ICSEA) is a scale of socio-educational advantage that is computed for each school. It allows for comparison between schools based on the level of educational advantage or disadvantage that students bring

STUDENTS ATTENDING LOWER ICSEA SCHOOLS HAVE POORER ATTENDANCE RATES THAN STUDENTS IN HIGHER ICSEA SCHOOLS.

to their academic studies. Students attending lower ICSEA schools have poorer attendance rates than students in higher ICSEA schools. In each ICSEA band students with a mental disorder had higher absence rates than students with no mental disorder.

AVERAGE DAYS ABSENT FROM SCHOOL BY MENTAL DISORDER STATUS, SCHOOL ICSEA AND YEAR IN SCHOOL



Attitudes towards school

Connectedness and engagement were assessed using scales administered to adolescents aged 11-17 years. Most students aged 11- 17 years had good connectedness (how much students liked the people at school and the school environment) and engagement (how much students liked the learning environment, quality of teaching, and learning content) with school. Poor connectedness and poor engagement were more common in students with mental disorders, as well as in students who have self-harmed or who have suicidal thoughts or behaviours.

For students without a mental disorder, good connectedness was better, with only 1 in 9 (11.3%) students not experiencing good connectedness with their school. Approximately 1 in 5 (19.8%) didn't experience good engagement if they didn't have a mental disorder. For students with a mental disorder, more than 1 in 4 (28.4%) students didn't experience good connectedness, and almost 1 in 3 (32.1%) students didn't experience good engagement.

POOR CONNECTEDNESS
AND POOR ENGAGEMENT
WERE MORE COMMON
IN STUDENTS WITH
MENTAL DISORDERS





IN THE SECONDARY SCHOOL YEARS, STUDENTS WITH MENTAL DISORDERS WERE ABSENT ON AVERAGE MORE THAN AN ADDITIONAL TWO WEEKS PER YEAR.



ATTENDANCE



CONCLUSION



Gaps & Recommendations

Young Minds Matter has found that mental disorders are among the most common and burdensome health conditions in Australian students, and they have significant adverse impacts on academic outcomes. Students with mental disorders are less connected and engaged with their schooling, attend school less often, and have poorer academic outcomes than their peers. Over time, students with mental disorders fall further behind such that by Year 9 they are, on average, several years behind their peers.

The findings highlight the extent to which good student mental health is an essential prerequisite for the successful achievement of educational goals. Improving the mental health and wellbeing of students at the population level is likely to be one of the most important prerequisites to improving the academic performance of Australian students.

These findings have a number of policy implications. If we can implement better strategies for preventing and treating mental disorders in students, then there is the potential to improve academic performance, attendance, and attitudes towards school.

Findings from our analysis suggest a number of specific measures could be implemented to better support the academic performance of students with mental disorders.

First, there is a need to improve early childhood interventions as a way to close initial gaps in academic performance between students with and without a mental disorder. Many mental disorders, including ADHD, conduct disorder, and anxiety disorders, often start early in life and persist for many years. Many students with mental disorders are already below their peers in academic achievement in Year 3 and then fall further behind as they progress through school.

Second, there is a need to improve the effectiveness of interventions aimed at reducing the prevalence of mental disorders in children experiencing socio-economic disadvantage. Mental disorders are more common in children whose families experience socio-economic disadvantage. Furthermore, mental disorders and socio-economic disadvantage interact with each other to compound the harm associated with each in school attendance and academic performance.

IMPROVING THE MENTAL
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ACADEMIC PERFORMANCE
OF AUSTRALIAN STUDENTS.



Third, there is a need to improve the effectiveness of programs designed to help students, and the extent to which students engage with such programs. Students using health or educational support services for mental health problems show improved performance compared with students not accessing services. There are still substantial gaps in the numbers of students accessing services when they need them.

Fourth, regular evaluation and continual improvement of mental health support programs should be implemented. Schools and education systems currently offer a large number of programs and resources targeted at helping students with mental disorders. However, there is a lack of consistency of implementation across schools. It is not clear that the schools and the students with the greatest need are participating in these programs. Few programs have been rigorously evaluated and there is little evidence of iterative improvement in the effectiveness of programs based on a strategy of 'plan, do, check, adjust' cycles of continual improvement. It is important to regularly monitor the delivery and uptake of programs and services, and their impact, both to identify ways to improve the reach of programs and services and to improve their effectiveness.

Finally, consideration should be given to a larger role for "school counsellors". Teachers are not mental health professionals and should not be expected to diagnose and treat mental disorders. Schools will not be able to achieve their educational goals unless their students are healthy, both physically and mentally. Specialist mental health services such as Child and Adolescent Mental Health Services (CAMHS) clinics, psychologists and psychiatrists have an important role to play, particularly with children with severe disorders. However, there is insufficient capacity available within specialist services to support all students with mental disorders. Thus primary supports such as General Practitioners and school counsellors will continue to play key roles in supporting students and their families, and to direct referral pathways. The role of school-based counsellors in Australian schools should be supported to become a critical component of prevention and early intervention services for children and adolescents with a mental disorder.

The results of this study suggest that if more effective interventions are developed to reduce the prevalence of student mental disorders there is a strong likelihood that there will be significant improvements in school attendance, positive attitudes to schooling and academic performance in Australia.



If you or your child needs help with a mental health problem, you can visit your regular GP or contact any of the following services:

Lifeline:

24/7 crisis support service
13 11 14

Kids Helpline:

24/7 crisis support service for young people
1800 55 1800 or online text chat at www.kidshelp.com.au

headspace:

24/7 support service for young people
1800 650 890 or online text chat at www.headspace.org.au

Reach Out:

online youth mental health service
www.reachout.com

beyondblue:

online information on depression and anxiety
1300 22 4636 or www.beyondblue.org.au

Relationships Australia:

1300 364 277 or www.relationships.org.au



www.youngmindsmatter.org.au



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