

# Young Minds Matter: the second Australian Child and Adolescent Survey of Mental Health and Wellbeing

Data Quality Statement



Australian Government  
Department of Health



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Roy Morgan  
— Research —

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## PURPOSE

This Data Quality Statement assesses Young Minds Matter - the second Australian Child and Adolescent Survey of Mental Health and Wellbeing (Young Minds Matter) against the seven dimensions of data quality as set out in the Australian Bureau of Statistics Data Quality Framework.

## QUALITY STATEMENT SUMMARY

### Key issues

- Young Minds Matter was a comprehensive survey, conducted in 2013-14, of the mental health and wellbeing of a representative sample of Australian children aged 4-17 years. The response rate was 55%.
- Data from this survey are available at a national level only. In order to protect the confidentiality of participants, no identifying information from the survey may be released.
- International, standardised instruments for the assessment of mental disorders and mental health problems were used in the survey. In addition, a number of measurement tools were developed specifically for the survey, while some measures were adapted from other surveys. As a result, not all results are comparable with those from other survey sources.
- Data was captured for a range of different time periods, ranging from the previous two weeks from the survey date to ever experienced, depending on the question.
- While the survey sample is considered representative of 4-17 year olds, some exclusions applied. For example, families in very remote areas, children who were homeless or in institutional care, and children living in households where the survey could not be conducted in English. No separate sample for Indigenous children was included.
- Due to some differences in the mental disorders assessed, and the service use timeframe and scope, the data from this survey are not always directly comparable to those collected in the first survey run in 1998.
- A wide range of material is available to assist researchers in understanding and interpreting the results from this survey. Most of it is available via the Young Minds Matter website. See <http://www.youngmindsmatter.org.au/information/for-researchers/>
- Data from the survey is available free of charge and has been released in a number of ways. The Data Access Statement lists all of the sources. See [Data Access Statement](#).

## DESCRIPTION

Young Minds Matter was a survey of the mental health and wellbeing of Australian children and adolescents. Some 6,310 families with children and adolescents aged 4-17 years across Australia participated. The survey collected a broad range of information, which included diagnostic mental disorder modules, and questions on service use specifically tailored for the Australian health care

environment and schools. Background information was also collected about the environment in which young people live and develop, including the functioning of their families, the mental health of their parents and carers, and their experiences at school and online.

Further information about YMM is available at [www.youngmindsmatter.org.au](http://www.youngmindsmatter.org.au).

## Institutional environment

Young Minds Matter was conducted in 2013-14 on behalf of the Australian Government Department of Health by the Telethon Kids Institute, The University of Western Australia in partnership with Roy Morgan Research. It was designed to provide current information about the mental health and wellbeing of children and adolescents in Australia and the extent to which they use health and education services to obtain help with problems.

The Telethon Kids Institute is an independent, not-for-profit medical research institute established in 1990. It is affiliated with all of the universities in Western Australia, and in particular, with The University of Western Australia. Its vision is to improve the health and wellbeing of children through excellence in research, which centres around four main research focus areas: Aboriginal Health; Brain & Behaviour; Chronic Diseases of Childhood; and Early Environment.

Young Minds Matter was conducted with the approval of the Australian Government Department of Health Human Research Ethics Committee (reference no. 17/2012) and The University of Western Australia's Human Research Ethics Office. Responses to the survey remain confidential and anonymous.

## Relevance

Young Minds Matter was conducted across Australia, with the exception of very remote regions. Data is available at the national level only. Information was collected from 6,310 families with children and adolescents aged 4-17 years using 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. The main aims of the survey were to determine:

1. How many children and adolescents have mental health problems and disorders.
2. The nature of these mental health problems and disorders.
3. The impact of these problems and disorders.
4. How many children and adolescents have used services for mental health problems and disorders.
5. The role of the education sector in providing services for children and adolescents with mental health problems and disorders.

The parent and carer questionnaire comprised the following modules:

- Family structure and socio-demographics;

- General health of child and disabilities;
- DISC-IV modules and functional impairment;
- Strengths and Difficulties Questionnaire;
- Service use in past 12 months and perceived need for help;
- Education, school attendance and performance; and
- Family characteristics, life stressor events, family functioning, and parent/carer mental health measures.

The youth questionnaire comprised the following modules:

- DISC-IV Major depressive disorder module;
- Presence of symptoms of psychosis;
- Strengths and Difficulties Questionnaire (SDQ);
- Child health utility-9D (CHU-9D);
- An enhanced version of the Kessler 10 Psychological Distress Scale;
- Service use in past 12 months, use of informal supports, and perceived need for help (13-17 years);
- Use of internet and electronic gaming;
- Youth health risk behaviours, including self-harm and suicidal behaviours (12-17 years), substance abuse, and problem eating behaviours;
- Experience of bullying;
- Level of education; and
- Level of self-esteem.

### Measures (instruments and questions used in YMM)

A mixture of International, standardised instruments as well as instruments especially adapted or created for the survey were used for the assessment of mental disorders and mental health problems. The survey also contained a number of other standardised and adapted measures together with new questions developed specifically for the survey as described below:

#### Standardised measures

Mental disorders were assessed using specific diagnostic modules from the Diagnostic Interview Schedule for Children Version IV (DISC-IV). The DISC-IV is a standardised diagnostic instrument developed under the auspices of the United States National Institute of Mental Health, which is used worldwide to assess mental disorders in large samples. Disorder status is determined according to the criteria of the Diagnostic and Statistical Manual of Mental Disorders Version IV (DSM-IV), which is the diagnostic classification system used clinically world-wide. DISC-IV modules for seven disorders were included in the parent/carer interview:

- Anxiety disorders: Social phobia, separation anxiety disorder, generalised anxiety disorder and obsessive-compulsive disorder;
- Major depressive disorder;
- Attention-Deficit/Hyperactivity Disorder (ADHD); and
- Conduct disorder.

*Youth-reported DISC-IV major depressive disorder module.* The youth module included in the youth self-report questionnaire was abbreviated to exclude questions that identify 30-day diagnostic status. Therefore, parent/carer responses can be compared with adolescent responses in respect to the 12-month prevalence but not the 30-day prevalence.

Other standardised instruments used to assess mental health problems in young people:

- *Emotional and behavioural problems.* YMM used the Strengths and Difficulties Questionnaire (SDQ) Parent Report Measure Baseline versions for Children (4-10 years) and for Youth (11-17 years). (Goodman, 1994) Young people were also administered the Youth self-report version of the SDQ. This measure is routinely used as a tool to assess young people receiving State/Territory-administered specialised child and adolescent mental health services. With approval from Robert Goodman, the SDQ was programmed for computer-based administration exactly as per the hard copies provided under copyright.
- *Psychological Distress.* Youth completed the Kessler Psychological Distress Scale (K10+) (Kessler, 2002) comprising the basic ten questions about how the child is feeling, together with four questions on days out of role sourced from the Mental Health National Outcomes and Casemix Collection, 2016, and additional questions on anger, control, concentration and feeling calm and peaceful sourced from the US National Comorbidity Survey Adolescent Supplement (NCS-A) (Green, 2010).
- *Oppositional Problem Behaviours.* The DISC-IV module for oppositional defiant disorder was included in the survey. However, unlike other disorders, the diagnosis for oppositional defiant disorder includes an element of clinical judgement that could not be implemented within the DISC-IV questions. As such it was not possible to identify all criteria for assigning the diagnosis of oppositional defiant disorder. For the purposes of YMM, the introduction to the module was modified to prompt parents and carers to think about whether their child gets angry or into trouble more than other children their age. In the main publication, these behaviours are referred to as oppositional problem behaviours to distinguish them from the diagnostic condition of oppositional defiant disorder. Therefore, this means that the ODD data is not directly comparable with results from the original DISC module.

Standardised instruments to measure mental health of primary carer:

- *Psychological distress.* Level of psychological distress of the primary caregivers was assessed using the 10-item Kessler Psychological Distress Scale including questions on days out of role and questions on positive mental health (K10+). Users should be aware that a programming error was made such that Question 7 in the K10 was not included for a large portion of the fieldwork. However, the problem was identified and rectified providing about 1,000 complete parent responses that enable the imputation of responses to the missing

Q7 for the other interviews. This should not have affected the quality of the K10 data for primary caregivers.

Other standardised instruments/questions:

- *Demographic questions.* Questions about marital status, country of birth, language spoken at home, household income, highest level of school education, employment status, work hours, job seeking, housing tenure, rental status and receipt of benefits were all taken directly from the Australian Bureau of Statistics (ABS) Census of Population and Housing and so data from these variables are comparable with national standards and are highly reliable. The derived post-school qualification was based on standard ABS coding although responses were based on a pre-determined list in YMM whereas the ABS use an open-field response which is then subsequently coded. This means that the post-school qualification variable in YMM may not be directly comparable to ABS figures due to variation in the interpretation of qualifications. Household income had the most amount of missing data (about 4% responded with don't know or refused to answer) but this is typical in survey data. A family relationship grid was administered and used to determine family type according to standard ABS methods.
- *Overall rating of child's health.* This consisted of a single universally used question providing an overall rating of health on a five-point Likert scale from excellent to poor.
- *Life stress events.* Questions about stressful life events were sourced from the Longitudinal Survey of Australian Children (LSAC) and reduced to a subset of 12 items. LSAC wording was retained and therefore responses in YMM are comparable.
- *Child health utility-9D (CHU-9D) (youth self-report).* The CHU-9D is composed of nine questions designed to measure quality of life for use in economic evaluation. (Stevens, 2012)

Adapted measures

Mental health

- *Presence of symptoms of psychosis.* A further set of questions was included in the youth self-report questionnaire to screen for psychotic symptoms. Six questions were selected from the screener items in the DISC-IV psychosis module with selection of items based on a validation study of screening instruments for psychotic-like behaviours. Responses to the questions cannot be used to provide a diagnosis, just to determine the presence of symptoms.

Other measures using adapted instruments:

- *Child's education and work status.* Questions about the child's education and work status were adapted from those used in the DISC-IV introduction module. Wording of questions about attendance at school was adapted to be relevant across States/Jurisdictions where different terms have been used to mean the same thing (e.g. prep, pre-primary or reception refers to any full-time schooling below Year 1). Due to the module being adapted for use in the Australian setting, responses are not directly comparable with other surveys.
- *Disability questions.* These were adapted from questions used in the ABS Census of Population and Housing. Unfortunately an error was made in adapting these questions for

the YMM, resulting in the omission of the question designed to determine if the need for carer assistance was long-term or short-term. As a result, survey and Census distributions of responses to these disability questions cannot be compared (see Survey Users Guide for more information). Caution should therefore be exercised if using these variables.

- *Family functioning*. This was measured using a shortened version of the McMaster Family Assessment Device (shortened from 12 to 6 items) (Boterhoven de Haan, 2014). In testing, the shortened instrument had almost identical psychometric properties as the 12-item scale and identified virtually all the same families with unhealthy levels of functioning.
- *Perceived need for help (parent/carer and youth self-report)*. This was measured in the survey by a separate module in the parent/carer interview that determined whether the child or adolescent had any need for help with emotional or behavioural problems and whether that need was met. The module was adapted from the instrument used in the 2007 adult survey. In contrast to the adult survey, this module was not linked to service use and therefore, it was possible that the respondent identified that some kind of help had been received at the same time as saying that no services had been received in the past 12 months.
  - The same set of questions was asked of adolescents. In contrast, all 13-17 year-olds were asked the questions and not filtered into the module in the same way as parents/carers. This does not affect the data quality but means that the derived variables of whether a need has been identified, and the degree to which needs have been met (fully, partially, unmet) are not directly comparable between parent/carer and adolescent reports.
- *Problem internet or electronic gaming behaviours (youth self-report)*. Questions were asked to determine if time spent on the internet or on electronic gaming interferes with the child's normal daily activities. These questions were sourced from the EU Kids Online Survey which measures five behaviours which can be indicative of problem behaviour with respect to internet use or electronic gaming. In the main YMM publication, the classification of a young person having problem Internet use or gaming behaviour was based on the young person exhibiting at least four out of the five of the individual indicators. This is inconsistent with the usual classification based on the questions from the EU survey, which is based on the young person having all five behaviours, meaning that YMM results are not comparable. In addition, YMM combined internet use with electronic gaming and most other studies treat these as two separate activities. As a result, this also had an impact on the comparability of YMM results with other studies examining problematic Internet use and/or electronic gaming behaviour separately.
- *School connectedness (youth self-report)*. Questions were sourced from two different scales. One measures connectedness and the other measures engagement at school. The first 6 items are sourced from the Resnick scale of school connectedness (Harris, 1994) and the other 5 items are others derived from the School Life Instrument (Ainley, 1992). Although the individual items from the Resnick scale were unaltered, the derived school connectedness variable available on the CURF is not directly comparable with other sources using the same instrument due to different coding (specifically Item D from the Resnick scale, about teachers treating students fairly, was used in the derived scale for school engagement).
- *Youth risk behaviours (youth self-report)*. The main source of items about youth risk behaviours was the Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System (YRBSS). Updates made to the YRBSS questionnaire since the first survey (2013 version) were reviewed by the YMM survey team and the following areas of content



based on modified questions from the YRBSS were included in the questionnaire: tobacco use, alcohol, and other drugs, suicide, and sexual behaviour. Different age restrictions applied. Questions about bullying and eating behaviours were sourced elsewhere while questions about self-harm were developed by the survey team. As all questions have been modified in some way, they are not directly comparable with studies based on source material.

- Smoking. Questions about smoking contain a mix of YRBSS questions (some with modified question wording) and new questions developed by the YMM team.
- Alcohol consumption. The YRBSS questions about alcohol consumption were modified for consistency with Australian standards. As the questions were being administered on a tablet computer, there was restricted capacity to present a graphical format as a prompt for what constitutes a standard drink. The type and quantity of drink questions were not seen to add value to the outcomes of the survey and were not implemented.
  - The survey also included an additional question on motives for drinking alcohol or drug use. This question was developed by the team using the Drinking Motivations Questionnaire as a guide and explored factors and reasons associated with drinking or using drugs such as a coping strategy, to have fun, to fit in, and to enhance enjoyment of social gatherings.
- Other drug use. Questions were asked of young people aged 13 years and older about other drug use including cannabis, illegal drugs and prescription drugs for non-medical purposes. On advice from the National Drug and Alcohol Research Centre, wording on some of the questions was modified to represent current Australian language. To align with other Australian surveys the response categories were also modified.
- Suicide. Questions were modified and an additional question added about mental state at the time of the attempt, and whether services were received following the attempt. In recognition of the sensitivity of the topic of suicide, an additional response category of 'prefer not to say' was included for questions related to those categories. This could have led to an under-estimation for suicidal behaviour reporting.
- Non suicidal self-harm. YRBSS did not include questions about self-harm and therefore new questions were developed by the survey team based broadly on a number of reviewed instruments. This included questions about the method of harming and if medical attention was sought. As with questions about suicide, an additional response category of 'prefer not to say' was added, and may have led to an underestimate for reporting of self-harming behaviour.
- Sexual behaviour. Three questions were used unchanged from the YRBSS (ever having sex, number of sexual partners, and use of alcohol or drugs at the last time). Two additional questions about prevention methods against pregnancy or STDs were based on questions from the 1993 West Australian Child Health Survey.
- *BMI and problem eating behaviours (youth self-report)*. Young people also self-reported their height and weight, and this was used to determine their Body Mass Index (BMI). Both height and weight were reported within categories and therefore it was necessary to estimate actual values for both using statistical methods. Standard BMI ranges specifically designed for children and adolescents were used to classify underweight or overweight status. Approximately 8% of young people did

not provide either their height or weight. These young people were excluded from the calculations of BMI.

- The survey did not assess DSM-IV criteria for eating disorders. Instead, the survey sought to identify eating behaviours that may be on the pathway to eating disorders. These were eating behaviours associated with low weight, and binge eating and purging. Questions were taken from the Avon Longitudinal Study of Parents and Children (ALSPAC) to assess a range of activities young people may have undertaken to control their weight in the past 12 months. The ALSPAC used an extensive list of questions exploring in-depth eating patterns and body attitudes. Using the ALSPAC questions as the basis, the survey team developed a shortened version.
- *Bullying (parent and youth self-report)*. Questions were based on those developed by Prof. Donna Cross from the Cyber Friendly Schools Project (based at the Edith Cowan University at the time of the survey). They were modified to incorporate cyber bullying and questions to the youth regarding them being the bully. The youth self-report questionnaire explores incidents of bullying, method, severity, impact on the child and if they sought help.
- *Protective factors*. Questions about social support were sourced from the National Comorbidity Survey – Adolescent Supplement and modified. Questions about parental knowledge and sleep were developed by the YMM team.

#### New measures

- *Impact on functioning and severity of mental disorder (parent/carer and youth self-report)*. A new instrument was developed by the survey team to assess the level of impact on functioning of mental disorders on children and their families. The measure was based on the original items from the DISC-IV used to establish impairment and expanded to include questions in four domains of functioning (school or work, family, friendships and self). These questions were used to derive a new measure of disorder severity. These questions were administered in the parent/carer interview and in the youth questionnaire in respect to the impact of major depressive disorder. The creation of these items is described in a separate technical report ([Zubrick et al., 2015](#)). The measure of severity was internally validated against other survey questions such as the SDQ, service use and perceived need for help. However, neither an independently collected clinical sample nor a gold standard reference tool was available to use for benchmarking and setting categories of severity. The measure of severity can be used with confidence, although it is not possible to tell the degree to which a clinician would have made the same assessment of severity of the disorder.
- *Service use (parent/carer and youth self-report)*. The service use module was developed specifically for the survey, and tailored both for use with young people and to the current Australian health care environment. All respondents were asked questions about service use. The term ‘for emotional or behavioural problems’ was used to capture service use for a broader range of mental health problems, not just by those with a mental disorder. This phrase was therefore open to interpretation by respondents and did not mean that the child had attended services for mental disorders or problems identified in the survey. In order that the module could be nationally applicable, it was not possible to name specific services and so services were labelled generically. For example, it is not possible to tell who had provided the “individual counselling” referred to in the question about school-based services. Responses to questions in the service use module and derived variables can be interpreted as

the child or adolescent having contact with a particular service but cannot provide information about the appropriateness or adequacy of services provided.

- *Medication use.* Specific information about prescribed medication use was collected if the child had taken medication in the past two weeks but not if they had taken medication in the previous 12 months but longer than two weeks ago. The number and name of medications taken in the past two weeks could only be recorded by the interviewer if the respondent had the medication, or its packaging or labelling, or a script available at the time of the interview.
- *Youth self-report* — health, school, telephone counselling and online services, self-help strategies and informal supports (13 years and older). Questions about service use were only asked of young people 13 years and older as cognitive testing identified that younger children (11-12 years) were having difficulty understanding the questions, and knowing what health professional they had seen and where. There was an exception with questions about *headspace* which were asked of 12-17 year-olds.
- *Child's health*
  - *Chronic health conditions.* A list of problems was presented as a showcard to the respondent who was asked if the child has had any of the problems in the last year. Responses to these items do not necessarily mean that the child had the problem diagnosed by a health professional.
  - *Child's mental health conditions.* A list of problems was presented as a showcard to the respondent who was asked if they had ever been told by a doctor or mental health professional that the child has had any psychological, emotional or behavioural problems.
  - *Head injury.* New questions were added to determine if the child had ever suffered a blow to the head resulting in a concussion or black out or ever had any other head injury.
- *School performance in core subjects (parent/carer and youth self-report).* The survey team developed a set of questions capturing performance compared with other children in the same year on core subject areas for children aged six or over. Responses to these questions need to be interpreted as a subjective assessment that depended on how well the parent knew about the average performance of other students in the same year. The team also developed a question to determine how much the child liked school.
- *Impact of separation on the child.* An additional set of questions were developed by the survey team to assess the effect on the child of a family breakup which could have occurred any number of years ago.
- *Mental health of parents and carers.* Questions were asked about whether the primary carer (or secondary carer, if applicable) had been told by a doctor or mental health professional that they have any mental health problems, as prompted by a showcard. As it is self-report, they may not have received a formal diagnosis and it is not possible to tell at what time in their life they had experienced such mental health problems or whether they were still current. Further questions asked if the primary carer's mental health problems (or secondary carer if applicable) interfered with daily activities.

- *Parent substance abuse.* A review of existing surveys such as the National Drug Strategy Household Survey revealed measures that were long and detailed with the intent to capture comprehensive information for each specific substance used. The limited time constraints of this survey restricted the use of such items. As the interest in substance use for this survey was in how it relates to children's mental health and wellbeing, it was decided that the survey would not attempt to replicate prevalence estimates of use of individual substances that are available from other collections. Instead, a small number of questions about smoking and alcohol use were included and asked of primary and secondary caregivers (if relevant). They are therefore not comparable with other surveys.
- *Self-esteem (youth self-report).* Self-esteem was assessed via the Adolescent Self Esteem Questionnaire. This short questionnaire, targeted specifically to adolescents, was developed by the YMM survey team and replaced the Child Health Questionnaire which was used to measure self-esteem in the first survey.
- *Time use of internet and electronic games.* New questions were developed by the YMM team and are not comparable with similar measures.
- *Social inclusion.* After a review of several instruments, questions were developed by the YMM team and therefore are unique to the survey.

For more information about the survey questions, please see [Survey Content](#). For more information about the instruments used in the survey, please see the [Survey User's Guide](#).

## Timeliness

The reference period for this survey is 2013-14. Questions were asked in respect of the survey date as well as the previous two weeks, 30 days, six months, 12 months, or ever, depending on the question.

First results from the survey were released in August 2015 in two ways:

1. The report "The Mental Health of Children and Adolescents" released by the Australian Minister for Health, Sussan Ley.
2. Via the Young Minds Matter website [Survey Results Query Tool](#)

In February 2016 more detailed data was made available to researchers via a Confidentialised Unit Record File which is housed with the Australian Data Archive.

## Accuracy

The scope of the survey was children aged 4-17 years (up to but not including the age of 18) who were usually resident in private dwellings in Australia, excluding very remote areas. Private dwellings were houses, flats, home units and any other structures used as private places of residence at the time of the survey. Usual residents were those children who usually lived in the household at least

50% of the time, including those children usually living in the household but away at the time such as at boarding school, hospital, on holiday, or staying with another parent or relative. Children who usually spent 50% or more of their time in another household and less than 50% in the selected household were only in scope for selection in the household where they spent at least 50% of their time.

Specific exclusions were:-

- *The one percent most remote SA1s in Australia.*
- *Children who were homeless or in institutional care.*
- *Children in families where the interview could not be conducted in English*

The survey sample was selected in two components: a main sample of households with children aged 4-17 years and an oversample of households with children aged 16-17 years. This latter component was in recognition of the increased risks for a range of emotional and behavioural problems in the older teenage years. The survey data were weighted to represent the Australian estimated resident population of children and adolescents aged 4-17 years as at 30 June 2013 according to the Australian Bureau of Statistics. Weighting was adjusted to take account of the additional sample of 16-17 year olds.

The survey cannot produce estimates of mental disorders and service use for Indigenous peoples, as the number of participants was not considered sufficient for generation of these data within acceptable confidence intervals. A separate Indigenous sample was not included as there are important cultural issues in appropriately measuring mental health and wellbeing in Aboriginal and Torres Strait Islander children that could not be addressed within the framework of this survey.

In total, 6,310 parents and carers participated in the survey, presenting a household response rate of 55%. Self-report questionnaires were also collected from 2,967 children aged 11-17 years, representing an 89% response rate of eligible children.

Through comparison with the 2011 Australian Census of Population and Housing, the sample was judged to be representative of the normal Australian population distribution of 4-17 year olds, based on socio-economic status, family structure, country of birth, education status and labour force status of parents and carers, housing tenure, and household income. To identify patterns of non-response and bias in the data, small area modelling of response rates was conducted, as well as comparisons of the survey results with those from other surveys, such as the British Child and Adolescent Survey of Mental Health and Wellbeing. No systematic bias was found in the response rates.

Every attempt was made to avoid non-response bias through the use of extensive questionnaire testing, cognitive testing, a dress rehearsal, interviewer training, and careful editing of the data.

### Coherence

Young Minds Matter was the second national Child and Adolescent Survey of Mental Health and Wellbeing conducted in Australia. The first survey was conducted in 1998. Although many of the essential elements remain the same between the two surveys, there are a number of substantive methodological and content differences. While it is possible to make some comparisons between the two surveys, these need to take account of the similarities and the differences between the two.

## Diagnoses of mental disorders

The first survey used modules from the DISC-IV to assess four mental disorders — major depressive disorder, dysthymic disorder, attention-deficit/hyperactivity disorder (ADHD), and conduct disorder. These were completed by parents and carers.

The second survey used DISC-IV modules to assess only three of the same mental disorders – major depressive disorder, ADHD, and conduct disorder. In addition, the second survey also assessed four anxiety disorders, namely social phobia, separation anxiety, generalised anxiety and obsessive-compulsive disorder. Parents and carers completed DISC-IV modules for all seven disorders. Therefore direct comparisons of the overall 12-month prevalence of mental disorders cannot be made.

Comparisons are also restricted to children and adolescents aged 6-17 years as the first survey did not administer the DISC modules to parents and carers of children aged 4-5 years.

There have been minor changes to the scoring algorithms used in the DISC-IV since 1998. In the main publication of results, the 1998 survey results for major depressive disorder, ADHD and conduct disorder were recalculated using the latest algorithms to be comparable with the results from this second survey.

In the second survey, as well as their parents and carers, young people completed a youth version of the DISC-IV major depressive disorder module, providing an alternative perspective on whether they had the disorder.

The DISC-IV eating disorders module was included in the first survey. However, too few cases were identified for results to be published. For this reason the module was not included in the second survey, but rather problem eating behaviours were assessed in the youth self-report questionnaire using questions adapted from the Avon Longitudinal Study of Parents and Children.

Questions were also added to determine the impact of symptoms of particular mental disorders from which severity could be determined. This allows for comparison of the prevalence data by severity with the other National Surveys of Mental Health and Wellbeing. The first survey did not determine severity and thus it is not possible to compare prevalence data by severity between the first and second surveys.

## Mental health problems

In the first survey mental health problems were assessed using three tools:

- Child Behavior Checklist (CBCL) – a 113 item questionnaire designed to assess the emotional and behavioural problems in children and adolescents over the last six months, which is completed by parents and carers; (Achenbach, 1991)
- Youth Self-Report (YSR) – a 112 item questionnaire, which is derived from the CBCL for completion by young people aged 13-17 years; (Achenbach, 1991) and
- the Center for Epidemiologic Studies Depression Scale (CES-D) – a 20 item self-report scale designed to measure depressive symptomatology in the past week. (Radloff, 1977)

In the second survey, mental health problems were assessed using three different tools:

- Strengths and Difficulties Questionnaire (SDQ) Parent Report Measure Baseline versions for Children (4-10 years) and for Youth (11-17 years);
- Strengths and Difficulties Questionnaire (SDQ) Youth Self Report Baseline version.
- Kessler Psychological Distress Scale (K10+) (Kessler et al, 2002)

As a consequence, comparability of the prevalence of mental health problems across time is impacted by the decision to change instruments. The CBCL is calibrated so that approximately 14% of children and young people in a normal population would be classified in the clinical range (borderline + abnormal), while the SDQ is calibrated so that approximately 10% of children and young people would be classified in the abnormal range.

It is therefore not possible to compare the prevalence of mental health problems between the first and second surveys.

#### Service use

Questions on service use were completely redesigned for the second survey. The questions were based on the 2007 National Survey of Mental Health and Wellbeing of the Australian adult population.

The first survey asked about services used in the six months prior to the survey. In contrast, the reference period in the second survey was 12 months to match the period over which mental disorders were assessed using the DISC-IV and also to align with service data from the other National Survey of Mental Health and Wellbeing initiative surveys, including the 2007 adult survey. Direct comparison of service use over these two different timeframes is not possible and data presented on services used by young people with mental disorders is also not comparable due to the differences in disorders.

The types of services covered in the second survey were also broader than those asked about in the first, reflecting significant changes in the types of services available to young people in 2013-14 compared with 1998. Questions were added about new health services, online services and information, and additional information was collected about services used in schools.

For more detail regarding these differences, please see [Comparison between first and second surveys](#).

### Interpretability

A comprehensive range of material has been provided to assist researchers in understanding all aspects of the survey.

| Product/source   | Internet link  |
|--|--|
| Young Minds Matter website – information for researchers                   | <a href="http://www.youngmindsmatter.org.au/information/for-researchers/">http://www.youngmindsmatter.org.au/information/for-researchers/</a>                                |
| <i>The Mental Health of Children and Adolescents: Report on the second</i> | <a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-m-child2">www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-m-child2</a> |



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| <i>Australian Child and Adolescent Survey of Mental Health and Wellbeing</i>                              |   |
| Survey Results Query Tool   | <a href="http://www.youngmindsmatterresults.org.au">www.youngmindsmatterresults.org.au</a>  |
| Survey User's Guide   | <a href="http://www.youngmindsmatter.org.au/media/1406360/Survey-User-s-Guide-FINAL.pdf">http://www.youngmindsmatter.org.au/media/1406360/Survey-User-s-Guide-FINAL.pdf</a>   |
| Confidentialised Unit Record File (CURF), CURF Technical Manual, format library and Metadata Spreadsheets | <a href="http://www.ada.edu.au/social-science/acasmhw">www.ada.edu.au/social-science/acasmhw</a><br><a href="http://www.youngmindsmatter.org.au/media/1406363/CURF-Technical-Manual-FINAL.pdf">http://www.youngmindsmatter.org.au/media/1406363/CURF-Technical-Manual-FINAL.pdf</a> |
| Survey Questionnaires   | <a href="http://www.youngmindsmatter.org.au/information/for-researchers/">www.youngmindsmatter.org.au/information/for-researchers/</a>  |
| Consent booklets and brochures  | <a href="http://www.youngmindsmatter.org.au/information/for-researchers/">www.youngmindsmatter.org.au/information/for-researchers/</a>  |
| Field Report  | <a href="http://www.ada.edu.au/social-science/acasmhw">www.ada.edu.au/social-science/acasmhw</a>  |
| Measuring Severity of Mental Disorders with the YMM Parent/Carer-reported Impact Items: Technical Report  | <a href="http://www.youngmindsmatter.org.au/information/for-researchers/">www.youngmindsmatter.org.au/information/for-researchers/</a>  |
| Peer reviewed paper on methodology  | <a href="#">Methodology of Young Minds Matter: The second Australian Child and Adolescent Survey of Mental Health and Wellbeing</a> OR <a href="#">Final submitted version.</a>   |

## Accessibility

Data from Young Minds Matter has been made freely available in a number of formats. A comprehensive Data Access Statement, available from the YMM website, lists all of the ways data can be obtained from the survey. See [Data Access Statement](#). In addition, journal papers on specific aspects of the survey are being published progressively. Those produced by the Telethon Kids Institute are listed on the main YMM website. See <http://youngmindsmatter.org.au/>.

Apart from the YMM website, a Confidentialised Unit Record File has been made available via the Australian Data Archive, under the ADA Social Science sub-archive. See <http://www.ada.edu.au/social-science/acasmhw>. ADA access processes apply and restricted access conditions require researchers to have obtained ethics approval for their research.



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