

Highlights

SECOND AUSTRALIAN CHILD AND ADOLESCENT SURVEY OF MENTAL HEALTH AND WELLBEING HIGHLIGHTS

A second national survey of the mental health and wellbeing of Australian children and adolescents was conducted by the Telethon Kids Institute at The University of Western Australia in partnership with Roy Morgan Research in 2013-14.

- The second national child and adolescent survey was a household survey of parents and carers of 4-17 year-olds in the general population and 11-17 year-olds themselves.

Aims of the survey

- The main aims were to determine:
 1. How many children and adolescents had which mental health problems and disorders.
 2. The nature and impact of these.
 3. How many children and adolescents had used services for mental health problems.
 4. The role of the education sector in providing these services.

Diagnostic assessment of mental disorders

- The Diagnostic Interview Schedule for Children Version IV (DISC-IV) was used to assess young people against the Diagnostic and Statistical Manual of Mental Disorders Version IV (DSM-IV) criteria.
- Disorders that were most common and had the greatest impact on children and adolescents were assessed. These were:
 1. Anxiety disorders
 - Social phobia
 - Separation anxiety disorder
 - Generalised anxiety disorder
 - Obsessive-compulsive disorder
 2. Major depressive disorder
 3. Attention-Deficit/Hyperactivity Disorder (ADHD)
 4. Conduct disorder.

What participants were asked

- Parents and carers took on average 60 minutes to complete a questionnaire with a trained interviewer. This included the following:
 - 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;
 - School attendance and performance; and
 - Family characteristics, life stressor events, and parent/carer mental health measures.
- Young people aged 11-17 years completed a questionnaire in private on a tablet computer, taking on average 35 minutes to do so. This included the following:
 - DISC-IV Major depressive disorder module;
 - Strengths and Difficulties Questionnaire;
 - Kessler Psychological Distress Scale;
 - Service use in past 12 months and perceived need for help;
 - Use of internet and informal supports;
 - Self-harm and suicidal behaviours;
 - Experience of bullying; and
 - Health-risk behaviours, including substance use and problem eating behaviours.

Who participated

- In total 76,606 households were approached and visited up to 6 times each between June 2013 and April 2014.
- This resulted in 6,310 or 55% of eligible households and 2,967 or 89% of eligible young people responding.

PREVALENCE OF MENTAL DISORDERS IN AUSTRALIAN CHILDREN AND ADOLESCENTS

The Australian Child and Adolescent Survey of Mental Health and Wellbeing provides information on the prevalence of mental disorders in children and adolescents in Australia. The prevalence of mental disorders is the proportion of children and adolescents in the population who meet DSM-IV criteria for a diagnosis of a mental disorder within the 12 months prior to the survey.

- Almost one in seven (13.9%) 4-17 year-olds were assessed as having mental disorders in the previous 12 months. This is equivalent to 560,000 Australian children and adolescents.
- Males were more likely than females to have experienced mental disorders in the 12 months prior to the survey (16.3% compared with 11.5%).
- ADHD was the most common mental disorder in children and adolescents (7.4%), followed by anxiety disorders (6.9%), major depressive disorder (2.8%) and conduct disorder (2.1%).
- Based on these prevalence rates it is estimated that in the previous 12 months 298,000 Australian children and adolescents aged 4-17 years would have had ADHD, 278,000 had anxiety disorders, 112,000 had major depressive disorder and 83,600 had conduct disorder.
- Almost one third (30.0% or 4.2% of all 4-17 year-olds) of children and adolescents with a disorder had two or more mental disorders at some time in the previous 12 months.
- Prevalence did not differ significantly with age for males (16.5% for 4-11 year-olds and 15.9% for 12-17 year-olds), but was slightly higher in older females than younger females (10.6% for 4-11 year-olds and 12.8% for 12-17 year-olds).

Figure 1: Prevalence of mental disorders in 4-17 year-olds in the past 12 months

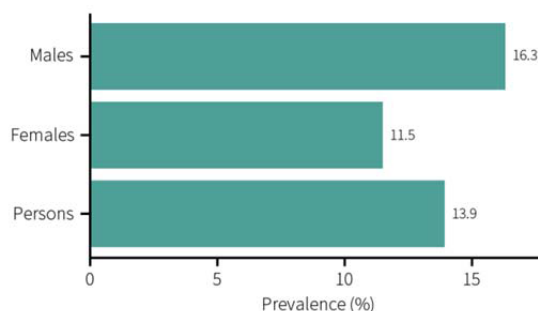


Figure 2: Prevalence of different types of mental disorders in the past 12 months in 4-17 year-olds

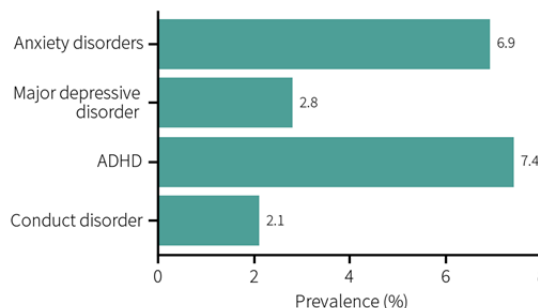
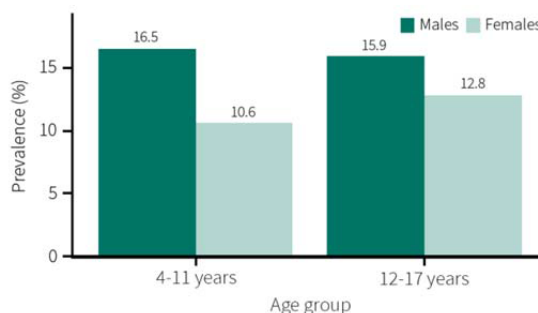


Figure 3: Prevalence of mental disorders in the past 12 months in 4-17 year-olds by sex and age group



IMPACT OF MENTAL DISORDERS

Mental disorders impact on individuals in a wide variety of ways and to varying extents. Assessment of the impact on functioning at school, with family and with friends, and the personal distress symptoms caused was used as the basis for determining the severity of disorders.

- Three fifths (59.8%) of 4-17 year-olds with a mental disorder or 8.3% of all children and adolescents had a mild disorder.
- One quarter (25.4%) of 4-17 year-olds with mental disorders or 3.5% of all children and adolescents had a moderate disorder.
- Just over one in seven (14.7%) 4-17 year-olds with a mental disorder were assessed as having a severe mental disorder. This is equivalent to one in 50 (2.1%) or approximately 82,000 Australian children and adolescents.
- Adolescents were almost three times more likely to experience a severe mental disorder – 23.1% of 12-17 year-olds with a mental disorder had a severe disorder compared with 8.2% of 4-11 year-olds with a mental disorder.
- Major depressive disorder had a greater impact on functioning than the other disorders, with two fifths or 42.8% of cases being severe and another 35.8% assessed as moderate.
- The majority of anxiety disorders, ADHD and conduct disorder cases were mild. Two thirds (65.7%) of 4-17 year-olds with ADHD, 53.8% with anxiety disorders and 58.7% with conduct disorder were assessed as having a mild disorder.
- 3.3% of 12-17 year-olds had a severe mental disorder compared with 1.1% of 4-11 year-olds.

Figure 4: Severity of mental disorders experienced by 4-17 year-olds in the past 12 months

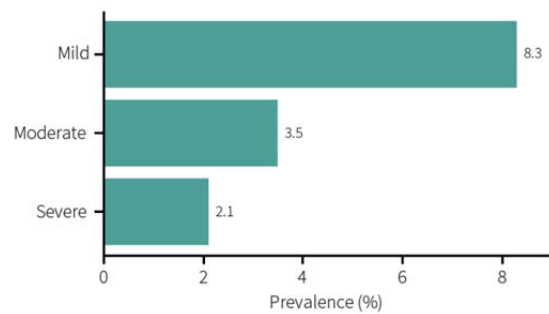


Figure 5: Severity of different types of mental disorders experienced by 4-17 year-olds in the past 12 months

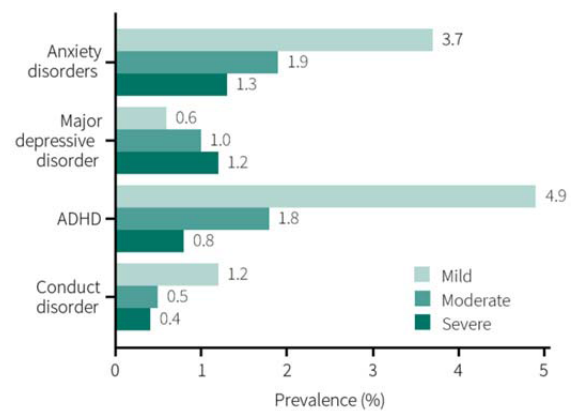
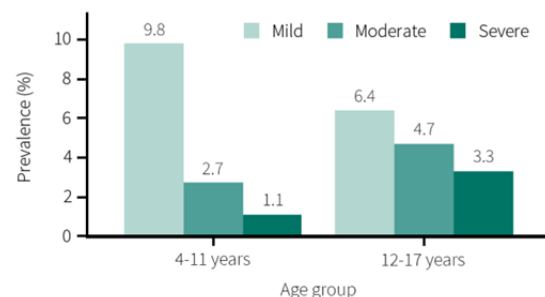


Figure 6: Severity of mental disorders experienced by 4-17 year-olds in the past 12 months by age group



SERVICE USE FOR EMOTIONAL AND BEHAVIOURAL PROBLEMS

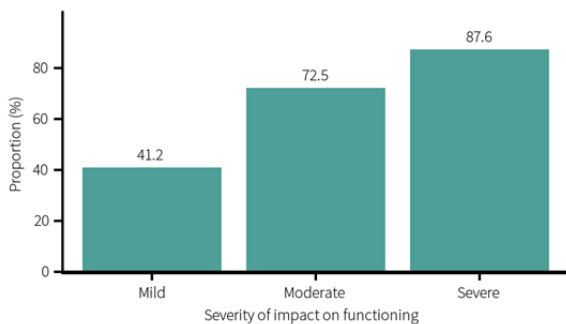
A wide range of services are available to assist young people with emotional and behavioural problems. Parents and carers reported on the health, school, telephone counselling and online services used by young people, as well as any medication taken.

- One in six (17.0%) children and adolescents aged 4-17 years had used services for emotional or behavioural problems in the previous 12 months.
 - One in seven (14.8%) used health services.
 - One in nine (11.5%) used school services.
 - Just over half (53.5%) of 4-17 year-olds using services used both health and school services.

Services for young people with disorders

- Just over half (56.0%) of 4-17 year-olds with mental disorders had used services for emotional and behavioural problems in the previous 12 months.
- Service use was higher among children and adolescents with more severe disorders.
 - Two fifths (41.2%) of those with mild disorders, 72.5% of those with moderate disorders and 87.6% of those with severe disorders had used services.

Figure 7: Service use in the past 12 months by 4-17 year-olds with mental disorders by severity of the disorder



- One in eight (12.8%) children and adolescents with mental disorders had taken a medication for emotional or behavioural problems in the previous two weeks.
- The majority (94.6%) of young people with mental disorders using services in the previous 12 months had used health services.
 - Just over one third (35.0%) of 4-17 year-olds had seen a general practitioner.
 - Almost a quarter (23.9%) had seen a psychologist.
 - One fifth (21.0%) had seen a paediatrician.
 - One fifth (20.7%) had seen a counsellor or a family therapist.
- One in sixteen (6.2%) 4-17 year-olds with mental disorders were admitted to hospital, or attended an emergency or outpatient department in the previous 12 months.
- Specialist child and adolescent mental health services were used by 3.3% of 4-17 year-olds with mental disorders in the previous 12 months.
- Parents and carers reported that 7.3% of 12-17 year-olds with mental disorders visited a headspace centre in the previous 12 months.
- Schools provided services to 40.2% of the children and adolescents with mental disorders who attended them:
 - 28.4% received individual counselling;
 - 9.2% attended a group counselling or support program;
 - 13.1% used a special class or school;
 - 5.6% had seen a school nurse; and
 - 17.1% received other school services.

PERCEIVED NEED FOR SERVICES

Parents and carers were asked about whether their children received the services they needed for emotional and behavioural problems, and whether they had unmet needs or they had no need for services. They were also asked about the barriers to seeking help or receiving more help where their needs were not fully met.

- Just over one quarter (26.8%) of parents and carers reported that their child or adolescent needed help for emotional or behavioural problems in the previous 12 months.
- Of those who had a need for help, four out of ten (42.9%) had their needs fully met and 27.3% partially met.

Service needs of young people with mental disorders

- Nearly four fifths (78.6%) of 4-17 year-olds with mental disorders were reported as needing help in the previous 12 months. Three quarters (73.8%) of these had their needs for help fully or partially met.
- Counselling was identified as being needed more often, with two thirds (68.1%) of 4-17 year-olds needing counselling and two thirds of these (67.7%) having their needs fully or partially met.
- One third (36.0%) of 4-17 year-olds needed life skills training, but for the majority (60.9%) this need was not met.
- Met need increased with severity, with parents and carers reporting that 84.2% of those with severe disorders and 81.8% of those with moderate had their needs for help fully or partially met.
- Parents and carers received a variety of help themselves to assist them with dealing with their children's problems. This included information, counselling, parenting courses, respite care and support groups — 61.0% reported they needed this kind of help and for 78.1% their needs were fully or partially met.

Figure 8: Perceived need for help for emotional and behavioural problems in the past 12 months in 4-17 year-olds with mental disorder

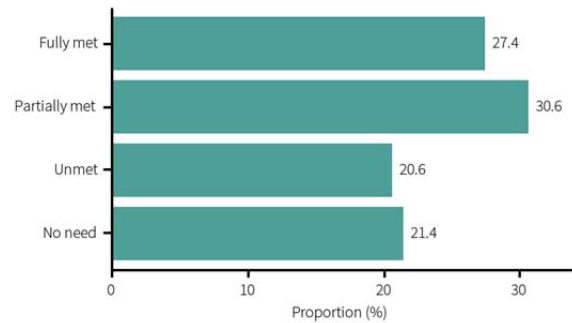


Figure 9: Need for different types of help in the past 12 months in 4-17 year-olds with mental disorder

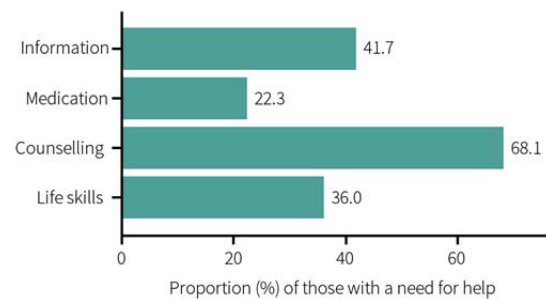
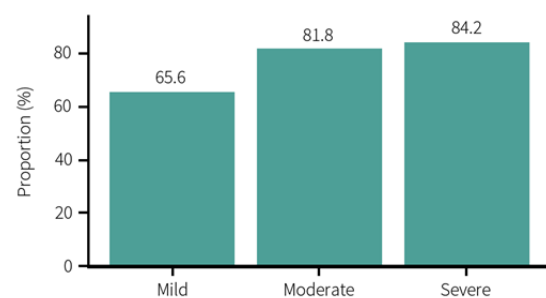


Figure 10: Fully or partially met need for help in the past 12 months in 4-17 year-olds with need for help for mental disorders by severity



SCHOOL SERVICES AND SUPPORTS, AND THE IMPACT OF PROBLEMS ON YOUNG PEOPLE’S SCHOOLING

Schools play a major role in supporting young people with emotional and behavioural problems and are often where symptoms of mental disorders are first identified.

Data are for the 95.9% of 4-17 year-olds attending school or another educational institution.

- A school staff member was among those to suggest that some help for emotional or behavioural problems was needed in two fifths (40.5%) of cases.
- One in nine (11.5%) students had used a school service for emotional or behavioural problems in the previous 12 months.
 - 8.0% received individual counselling.
 - 2.7% received group counselling or participated in a support program.
- Just over one fifth (22.6%) of young people who used health services had been referred by their school.
- Teachers and other school staff provided 18.9% of students with informal support for emotional and behavioural problems. This was higher (51.0%) for students assessed as having a mental disorder.
- Of the four types of disorder, major depressive disorder had the greatest impact on school attendance. Students with this disorder averaged 20 days absent from school in the previous 12 months due to its symptoms.
- Major depressive disorder had the greatest impact on functioning at school, with one third (34.3%) of students experiencing severe impact and another 34.1% a moderate impact due to this disorder.
- For adolescents, conduct disorders had almost the same level of impact (22.8% severe and 43.6% moderate), but conversely also had the highest proportion (21.8%) for whom the disorder had no impact.

Figure 11: Proportion of students identified with problems by school staff

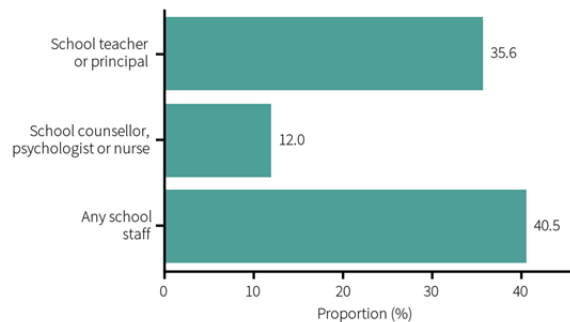


Figure 12: Students using health service provider services in the past 12 months who were referred by their school

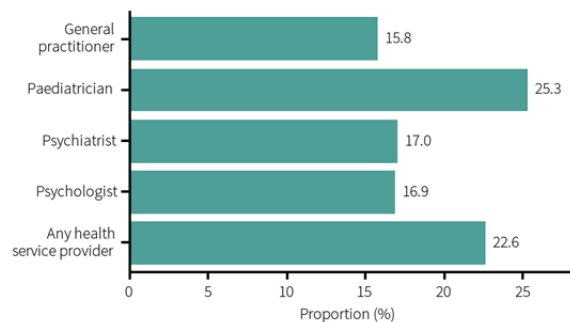
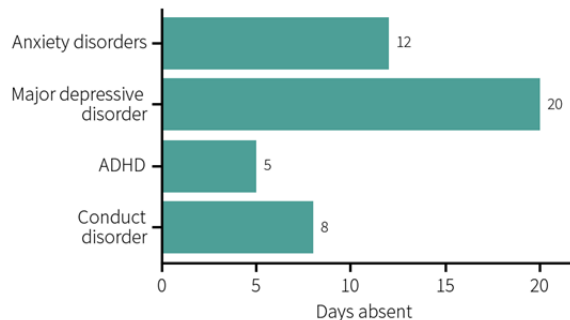


Figure 13: Days absent from school in the past 12 months due to mental disorder symptoms



WHAT ADOLESCENTS TOLD US ABOUT THEIR MENTAL HEALTH

Young people aged 11 years and older were asked, with their parents and carers consent, to complete a questionnaire in private on a tablet computer – 89% did so. This included various measures of their mental health, as well as the same DISC-IV major depressive disorder diagnostic module completed by their parents and carers to assess if they had a major depressive disorder based on DSM-IV criteria.

Major depressive disorder based on adolescent self-report

- One in thirteen (7.7%) adolescents aged 11-17 years met the DSM-IV diagnostic criteria for major depressive disorder in the previous 12 months.
- Major depressive disorder was more common in females and older adolescents, affecting 7.2% of males and 19.6% of females aged 16-17 years.

Differences between youth reports and parent or carer reports of the same mental disorder

- The prevalence of major depressive disorder was far higher when young people provided the information themselves than when their parents and carers did so (7.7% compared with 4.7% of 11-17 year-olds).
- There was low agreement on the prevalence of major depressive disorder when comparing adolescent and parent or carer reported information (1.9%).

Psychological distress

- One fifth (19.9%) of adolescents had very high or high levels of psychological distress.
 - This was almost twice as high for females (25.9% and 14.8% for males).
 - This was four times higher (80.7%) for those with major depressive disorder based on self-report.

Figure 14: Prevalence of major depressive disorder in the past 12 months based on self-reports in 11-17 year-olds

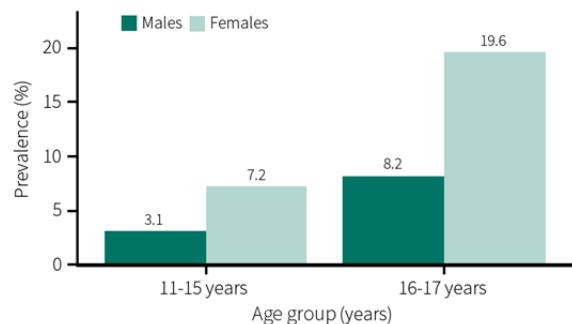


Figure 15: Prevalence of major depressive disorder in the past 12 months in 11-17 year-olds based on self-report and/or parent/carer reports

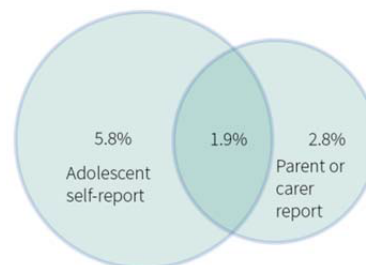
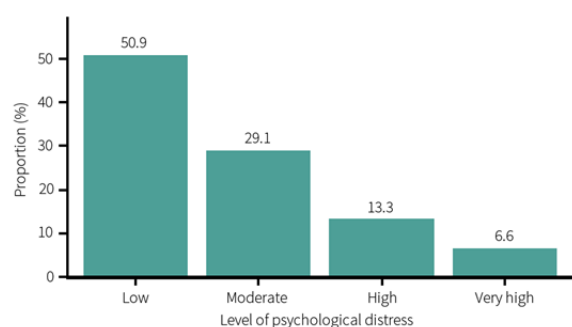


Figure 16: Psychological distress levels in 11-17 year-olds



WHAT ADOLESCENTS TOLD US ABOUT SERVICES THEY USED, OTHER SOURCES OF SUPPORT AND WHAT ELSE THEY DID TO HELP THEMSELVES

Young people aged 13 years and older were asked to provide information on the health, school and telephone counselling services that they used, as well as if they had used the internet to help them with emotional and behavioural problems. They also provided their perspective on whether their needs for help were met, as well as barriers to seeking help.

Services and support

- In addition to receiving health and school services, young people used a variety of other sources of support for their emotional and behavioural problems.
- Of all young people aged 13-17 years 3.6% reported using telephone counselling.
- Just over a fifth (22.2%) of 13-17 year-olds had used internet services.
 - 10.0% used online assessment tools.
 - 4.4% used online self-help.
 - 3.1% participated in a chat room or online support group.
 - 1.7% received online personal support or counselling.
- Three fifths (62.9%) of adolescents reported receiving informal help or support for emotional and behavioural problems, most often from parents and friends. The proportion was much higher at 93.9% for adolescents with major depressive disorder based on self-report.

Behaviours to assist with mental health

- Two thirds (66.4%) of adolescents reported other strategies to help them manage any emotional or behavioural problems that they may have had or to avoid having problems.
- More often they did positive things, such as doing more exercise or taking up a sport (37.9%), doing more activities they enjoyed (45.1%), seeking support from friends (24.4%) and improving their diet (23.2%).

- Just under one in 12 (7.9%) reported smoking cigarettes, or using alcohol or drugs to help. The proportion was much higher at 31.5% for adolescents with major depressive disorder based on self-report.

Perceived need for help

- Four fifths (82.4%) of 13-17 year-olds reported needing some type of help for emotional and behavioural problems in the previous 12 months. Of these, three quarters (76.8%) had their needs fully or partially met.
- The proportions needing help and whose needs were met were far higher for those with more severe disorders, with 90.6% of 13-17 year-olds with major depressive disorder based on self-report indicating they had needed help and 88.0% that these needs were met in the previous 12 months.

Barriers to seeking help or receiving more help

- The most common reasons for not seeking help or receiving more help given by 13-17 year-old adolescents with major depressive disorder based on self-report were related to stigma or poor mental health literacy.
 - 62.9% worried what other people might think or not want to talk to a stranger.
 - 61.7% thought the problem would get better by itself.
 - 57.1% wanted to work out the problem on their own or with help from family or friends.

WHAT ADOLESCENTS TOLD US ABOUT SELF-HARM

The term self-harm refers to deliberately hurting or injuring yourself without trying to end your life. It is often done secretly.

- Around one in 10 12-17 year-olds (10.9%) reported having ever self-harmed.
 - This is equivalent to 186,000 young people aged 12-17 years who had deliberately injured themselves.
 - About three quarters (73.5%) of these adolescents had harmed themselves in the previous 12 months.
- Self-harm was roughly twice as high in females compared with males and also in older compared with younger adolescents.
- Females aged 16-17 years had the highest rates of self-harm, with 16.8% having harmed themselves in the previous 12 months.
- Self-harm was markedly higher in young people with major depressive disorder. One quarter (25.8%) of males and just over half (54.9%) of females with major depressive disorder (based on self-report) had harmed themselves in the previous 12 months.
- Self-harm can result in serious injuries and 0.8% of young people had been admitted to hospital as a direct result of these injuries.

Figure 17: Self harm in the past 12 months in 12-17 year-olds by sex and age group

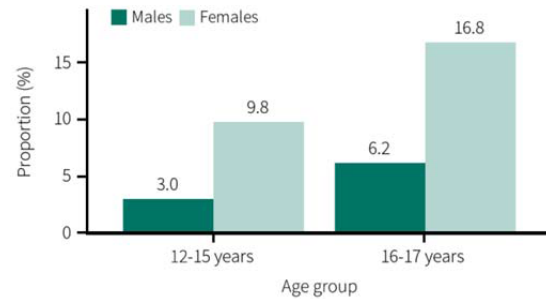
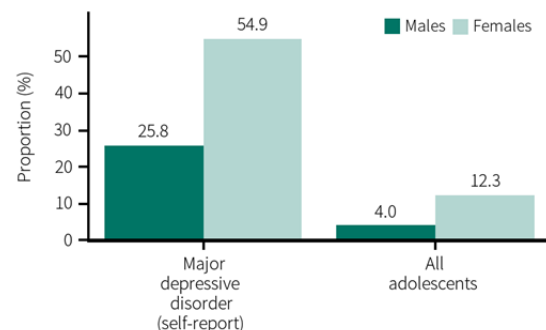


Figure 18: Self-harm in the past 12 months in 12-17 year-olds with major depressive disorder based on self-report and for all adolescents by sex



WHAT ADOLESCENTS TOLD US ABOUT SUICIDAL BEHAVIOURS

Suicidal behaviours include suicidal ideation (serious thoughts about taking one’s own life), suicide plans and suicide attempts. These differ from self-harm in that the self-injury is intended to end in death.

- About one in thirteen (7.5%) 12-17 year-olds had seriously considered attempting suicide in the previous 12 months. This is equivalent to around 128,000 young people aged 12-17 years.
- One in twenty (5.2%) had made a plan.
- One in forty (2.4%) or around 41,000 12-17 year-olds reported having attempted suicide in the previous 12 months. One quarter or 0.6% received medical treatment as a result of their injuries.
- Suicidal behaviours were more common in females than males and in 16-17 year-olds compared with younger adolescents.
- Around one in seven (15.4%) females aged 16-17 years had seriously considered attempting suicide and one in twenty (4.7%) had attempted suicide in the previous 12 months.
- The rates of all suicidal behaviours were markedly higher in young people with major depressive disorder. These were even higher for young females with major depressive disorder.
 - Approximately half (56.4%) of females aged 12-17 years with major depressive disorder (based on self-report) had seriously considered suicide and just over a fifth (22.1%) had attempted suicide in the previous 12 months.
 - 13.8% of males aged 12-17 years with major depressive disorder (based on self-report) had attempted suicide in the previous 12 months.

Figure 19: Suicidal behaviours in the past 12 months among 12-17 year-olds by sex and age group

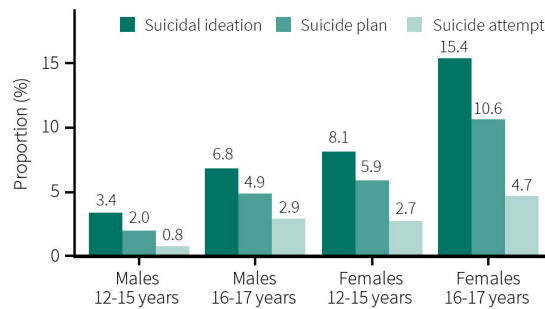
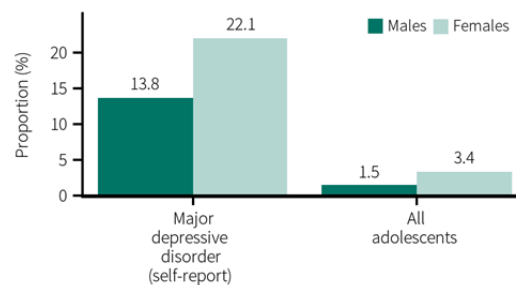


Figure 20: Suicide attempts in the past 12 months in 12-17 year-olds with major depressive disorder based on self-report and for all adolescents by sex



WHAT ADOLESCENTS TOLD US ABOUT BEHAVIOURS THAT COULD PUT THEM AT RISK

Young people aged 11 years and older provided information on face-to-face and cyber bullying, problem eating behaviours and other behaviours that could put them at risk physically and/or mentally.

Bullying

- One third (34.3%) of 11-17 year-olds had been bullied in the previous 12 months. 11.3% felt a lot or extremely upset when bullied.
- Three fifths (62.8%) of young people with major depressive disorder based on self-report had been bullied in the previous 12 months, and they were bullied more often.
 - Three times as many (28.3% compared with 10.0% of all adolescents) were bullied every few weeks or more often.
 - Two fifths (39.4%) felt a lot or extremely upset when bullied.
- One in eight (12.7%) young people bullied someone else every few months or less and 2.0% did so every few weeks or more often in the previous 12 months. Young people with major depressive disorder were roughly twice as likely (22.5%) to bully someone else.
- Just over one in six (18.1%) young people had drunk alcohol in the last 30 days and 12.5% had drunk more than four drinks in a row in the last 30 days.
- Alcohol consumption was higher among young people with major depressive disorder based on self-report, with 27.6% having drunk more than four drinks in a row in the last 30 days.
- One in twenty (5.0%) young people had used cannabis and 1.6% had used other drugs in the last 30 days.
- Use was far higher for young people with major depressive disorder based on self-report, with 13.1% having used cannabis and 6.1% other drugs in the last 30 days.

Problem eating behaviours

- Low weight problem eating behaviours (underweight on the age-adjusted BMI and practising weight controlling behaviours) were reported by 1.1% of 11-17 year-olds
- Binge eating and purging were reported by 1.3% of 11-17 year-olds.

Smoking, alcohol and other substance use

- One in fourteen (7.2%) 13-17 year-olds had smoked in the last 30 days.
- Smoking was higher for young people with major depressive disorder, with one quarter (24.4%) having smoked in the last 30 days.

Internet use and electronic gaming

- One quarter (24.9%) of 11-17 year-olds spent 3-4 hours a day on weekdays on the internet, while 17.6% spent 5-8 hours and 10.3% spent 9 hours or more. Use was similar on the weekend (25.9%, 23.7% and 12.1%).
- One eighth (12.2%) of 11-17 year-olds spent 3-4 hours a day on weekdays playing electronic games, while 6.9% spent 5-8 hours and 2.5% spent 9 hours or more. Use almost doubled on the weekend (19.7%, 12.3% and 4.7%).
- Internet use and/or electronic gaming were highly problematic for 3.9% of 11-17 year-olds, affecting their ability to eat, sleep, and spend time with family, friends and doing homework.

COMPARISONS BETWEEN THE FIRST AND SECOND SURVEYS

The first national survey of the mental health of children and adolescent was undertaken in 1998. This produced the first evidence of the prevalence of mental disorders in Australian young people and their use of services for these problems. While the second survey has the same focus and was designed to enable comparisons to be made, there are some significant differences in the mental disorders assessed, and the service use timeframe and scope.

Prevalence of disorders

- The DISC-IV was used in both the first and second surveys to assess whether young people had mental disorders according to the standard DSM-IV diagnostic criteria.
- In 1998 major depressive disorder, dysthymic disorder, attention-deficit/hyperactivity disorder, conduct disorder and eating disorders were assessed.
- In 2013-14 the dysthymic and eating disorders modules were not included, as the prevalences for these were found to be too low for reporting in 1998.
- Four types of anxiety disorder (social phobia, separation anxiety, generalised anxiety and obsessive-compulsive disorder) were also included in 2013-14. These were found to affect 6.9% of children and adolescents, with the majority only experiencing anxiety disorders. This has a significant impact on comparisons between surveys of the overall prevalence of mental disorders.
- Comparison of prevalence data from 1998 and 2013-14 did not reveal a great deal of change overall, however, there were significant changes in the prevalence of each of those mental disorders covered by both surveys.
 - The prevalence of major depressive disorder increased from 2.1% to 3.2% in 2013-14.
 - The prevalence of ADHD decreased from 9.8% to 7.8%.
 - Conduct disorder decreased slightly from 2.7% to 2.1%.

Service use

- The service use module was redesigned for the second survey, both to ensure its relevance to the current mental health care environment, particularly the development of online information and services, and to better capture the role of schools in providing services, referrals and support.
- The first survey produced evidence of service use in the previous 6 months, and found that only 31.2% of 6-17 year olds with mental disorders used services in 1998. By contrast the second survey found 68.3% of this population used services, but this was measured over a 12-month period.
- While differences in survey content and time periods covered make comparisons difficult, the increase in use of services is higher than is likely to be attributable to changes in methodology alone. On balance, the data suggest that there has been a significant increase in service use by children and adolescents with mental disorders in Australia between 1998 and 2013-14.

Figure 21: 12-month prevalence of selected mental disorders among 6-17 year-olds in 1998 and 2013-14

