

PART 1

Introduction

The second Australian Child and Adolescent Survey of Mental Health and Wellbeing (Young Minds Matter) 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 main aims of the survey were to determine:

1. How many children and adolescents have which 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.

1 INTRODUCTION

Young Minds Matter: The second Australian Child and Adolescent Survey of Mental Health and Wellbeing is part of the National Survey of Mental Health and Wellbeing initiative. This is an Australian Government Department of Health funded initiative comprising national surveys of adults in the general population in 1997 and 2007, those with psychotic illnesses in 1997-98 and 2010, and the first national child and adolescent survey.

The 1998 Australian Child and Adolescent Survey of Mental Health and Wellbeing was the first national survey anywhere in the world to focus on the mental health of children and adolescents. The survey found that mental health problems were relatively common, with approximately 14% of children and adolescents having mental health problems based on scores obtained from the Child Behaviour Checklist (CBCL). It also found that only one in four children and adolescents with mental health problems had attended professional services in the six months prior to the survey.

Since 1998 there have been substantial changes in the way mental health care is provided in Australia. There have been significant changes in people's understanding of mental health. A range of new programmes and services has been developed in the education and health sectors that provide information, support, and specialist help for young people and their families. Programmes such as *KidsMatter* and *Mind Matters* promote mental health through the school environment. While each jurisdiction has taken its own approach, schools are generally providing higher levels of support, including access to specialist counselling. Through the Australian Government's *Better Access* programme introduced in November 2006, more general practitioners have been trained in supporting the mental health needs of children and adolescents and their families, and children and families now have access to Medicare-subsidised psychological therapy. Also launched in 2006, *headspace* has rapidly expanded and provides a range of support services for young people aged 12-25 years with emotional and behavioural problems and substance use problems. Additionally, several counselling services are now available by telephone, and a range of internet-based services has also been created that provide information and counselling support online.

A second national adult survey of mental health and wellbeing was conducted in 2007. The survey found approximately one in five adults had experienced a mental health problem in the preceding year, and for a substantial proportion of these adults, their problems first started in childhood or adolescence. While access to mental health services has improved considerably, it is recognised that for many people there can still be substantial delays in seeking help, at the time when early interventions may have the greatest impact.

The second Australian Child and Adolescent Survey not only provides data that complements other national surveys, but also presents a contemporary picture of mental disorders and services used by those young people who have mental health problems.

1.1 *Young Minds Matter*

The Second Australian Child and Adolescent Survey of Mental Health and Wellbeing (*Young Minds Matter*) 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 main aims of the survey were to determine:

1. How many children and adolescents have which 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.

In order to fulfil these aims a broad range of information was collected from parents and carers, and adolescents themselves. This included diagnostic modules, questions specifically tailored for the Australian health care environment and schools, and sections dealing with current practices, including the use of the internet. Background information about the environment in which young people live and develop, including the functioning of families and mental health of their parents and carers, and their experiences at school and online, was also collected.

Mental disorders were assessed using specific diagnostic modules from the Diagnostic Interview Schedule for Children Version IV (DISC-IV) and a specifically developed Impact on Functioning module. 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 survey:

- 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.

1.2 Who conducted the survey?

The Australian Government Department of Health funded *Young Minds Matter* and commissioned The University of Western Australia to undertake the survey through the Telethon Kids Institute in partnership with Roy Morgan Research. Data were collected between June 2013 and April 2014 by trained interviewers.

The survey was developed with guidance from a Survey Reference Group, comprising over 20 experts in mental health for children and adolescents (spanning the health, education and community sectors), as well as consumer and community representatives.

1.3 Who was surveyed?

The survey aimed to collect information from 5,500 randomly sampled families who had children and adolescents aged 4-17 years from across the country, with the exception of very remote areas. An additional random sample of 800 families with adolescents aged 16-17 years was also undertaken to enable specific estimates to be produced for this age group. In total 76,606 households were approached and those eligible households with children in the age range were visited up to a maximum of six times to make contact with the household.

Area based sampling was used to select both samples and where there was more than one child in a household, a child was selected at random by a computer.

In total 6,310 parents and carers or 55% of eligible households responded and 2,967 or 89% young people aged 11-17 years in those households for whom their parents or carers had given permission also completed a questionnaire.

Analyses showed the sample to be representative of Australian children and adolescents aged 4-17 years on the basis of the age and sex of the child, family structure, parental education, income and employment, housing tenure and country of birth of both children and adolescents and their parents and carers.

1.4 What were they asked?

The survey was based on a face-to-face interview with the parent or primary carer for each selected child. When the selected child was aged 11 years or older, they were also invited to complete a confidential questionnaire on a tablet computer.

The parent and carer interview comprised the following modules:

- Demographics;
- Diagnostic Interview Schedule for Children (DISC-IV) modules;
- Level of functional impairment;
- Strengths and Difficulties Questionnaire (SDQ);
- Use of services and perceived need for services;
- Education; and
- Family characteristics, including measures of parental mental health and family functioning.

The youth questionnaire comprised the following modules:

- DISC-IV major depressive disorder module;
- Presence of symptoms of psychosis;
- Strengths and Difficulties Questionnaire (SDQ);

- An enhanced version of the Kessler 10 Psychological Distress Scale (K10+);
- Use of services and perceived need for services;
- Use of internet and electronic games;
- Youth health-risk behaviours, including self-harm, suicidal behaviours, substance use, problem eating behaviours and sexual behaviour;
- Experience of bullying;
- Level of education; and
- Level of self-esteem.

1.5 Strengths and limitations of the survey

The survey provides estimates of the prevalence of mental disorders in children and adolescents in Australia using a methodology that assesses these against the DSM-IV diagnostic criteria used in most clinical settings. For the purposes of the survey seven DISC-IV modules were used, assessing seven mental disorders. The most recent version of the DISC-IV, however, is able to address more than 30 psychiatric diagnoses. This has had a three-fold effect. Firstly, prevalence data are not available for less common mental disorders. Secondly, there is an underestimation of the comorbidity of disorders, as some young people who participated in the survey may have had other mental disorders not covered. Finally, the overall prevalence of mental disorders among children and adolescents is an underestimate. From evidence of other surveys both in Australia and internationally, these seven disorders are the most common disorders. So, while the exact level of this underestimation is unable to be determined, it is considered to be small in relation to the overall prevalence.

International, standardised instruments for the assessment of mental disorders and mental health problems have been used whenever possible. These include the DISC-IV, the Strengths and Difficulties Questionnaire (SDQ) and the Kessler 10. This will facilitate international comparability of the results, and will allow for the data to be analysed together with that of other Australian surveys and data collections.

Additional questions have been added to the survey to improve its applicability to the Australian context, particularly in relation to use of services. These questions have been written specifically for this survey to be relevant to the Australian health and education context.

While it is possible to provide data on primary and secondary school-aged children, the sample was not large enough to provide prevalence data or support further disaggregation of data for single year age groups.

In spite of systematic efforts to improve approaches to households, reduce refusals and provide incentives for participation, the 55% response rate was lower than expected, and lower than the 70% achieved in the 1998 survey. However, there is little evidence of any systematic biases and the results are considered to be statistically representative of Australian children and adolescents aged 4-17 years.

1.6 Presentation of data and scope of the report

This report provides the main summary results from *Young Minds Matter*.

Standard statistical and reporting protocols have been observed throughout the report, and the data processed, analysed and presented as follows:

- Data from both the main sample and oversample of 16 and 17 year-olds have been combined into a single data set and weighted appropriately to represent the population of children and adolescents aged 4-17 years in Australia.
- The data have been collated from the responses by parents and carers, and adolescents aged 11-17 years. When they are from adolescent self-reports this has been noted.
- Where table cells were based on less than five individuals, the data have been suppressed.
- The 95% confidence intervals for all data have been examined and only those differences that are statistically significant (i.e. not likely to be due to chance) with this level of confidence have been highlighted in the text.

The report includes estimates of the number of children and adolescents who have mental disorders and social and emotional problems. The primary findings on the prevalence of mental disorders presented in Chapter 2 and data on the four specific types of disorders covered in Chapters 3 to 6 are based on the reports of the parent or primary carer for each child. Prevalence of major depressive disorder based on the reports of young people themselves is included in Chapter 10.

A particular focus of the survey was on the use of services in the health and education sectors. Service use, by health service providers, in schools, telephone and online services are covered in Chapter 7 and Chapter 13 presents what young people reported about what they used, also including informal supports. Further information on the role of schools is provided in Chapter 9.

The survey included an assessment by each primary carer of whether they felt their child needed help or support for any emotional or behavioural problems, what support or services they received, and whether they felt the support met their children's needs. Where parents or carers identified needs that were not being met, the survey sought to identify the reasons or barriers for not seeking or receiving further services. This information on perceived need is covered in Chapter 8.

Self-harm and suicidality, and the use of alcohol and other drugs, and problem eating behaviours, as reported by young people themselves, are covered in Chapters 11 and 12.

The Appendix provides more detailed information on the methodology and technical issues, as well as further information on access to online tables and the Confidentialised Unit Record File, which is available subject to the necessary approvals through the Australian Data Archive.

A Glossary of terms used in the survey and this report is also appended.

