

# YOUNG MINDS MATTER.

The Mental Health of Australian  
Children and Adolescents

## OVERVIEW



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

### How to obtain a copy of the main report

A copy of the report *The Mental Health of Children and Adolescents: Report on 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](http://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](mailto: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.





## Foreword

Mental disorders are one of the largest causes of disability and health burden in children and adolescents. They can be persistent and disabling. They can impact children's learning and development, and they can also significantly impact family life. Many adults with mental disorders have first onset of their problems in childhood or adolescence, and prevention and early intervention are important in reducing the burden of mental health problems throughout the life course.

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have first onset of their problems in  
childhood or adolescence...**

This booklet presents an overview of the results from *Young Minds Matter: the second Child and Adolescent Survey of Mental Health and Wellbeing (Young Minds Matter)*. The survey was conducted in 2013-14 and it is only the second time that a national survey of child and adolescent mental health and wellbeing has been conducted in Australia. The first survey was run in 1998. Findings from *Young Minds Matter*, in combination with findings from other National Survey of Mental Health and Wellbeing projects and other national and international data, provide valuable information for planning support services for children and their families, and for guiding continuing reform of mental health programs and services.



## Key findings

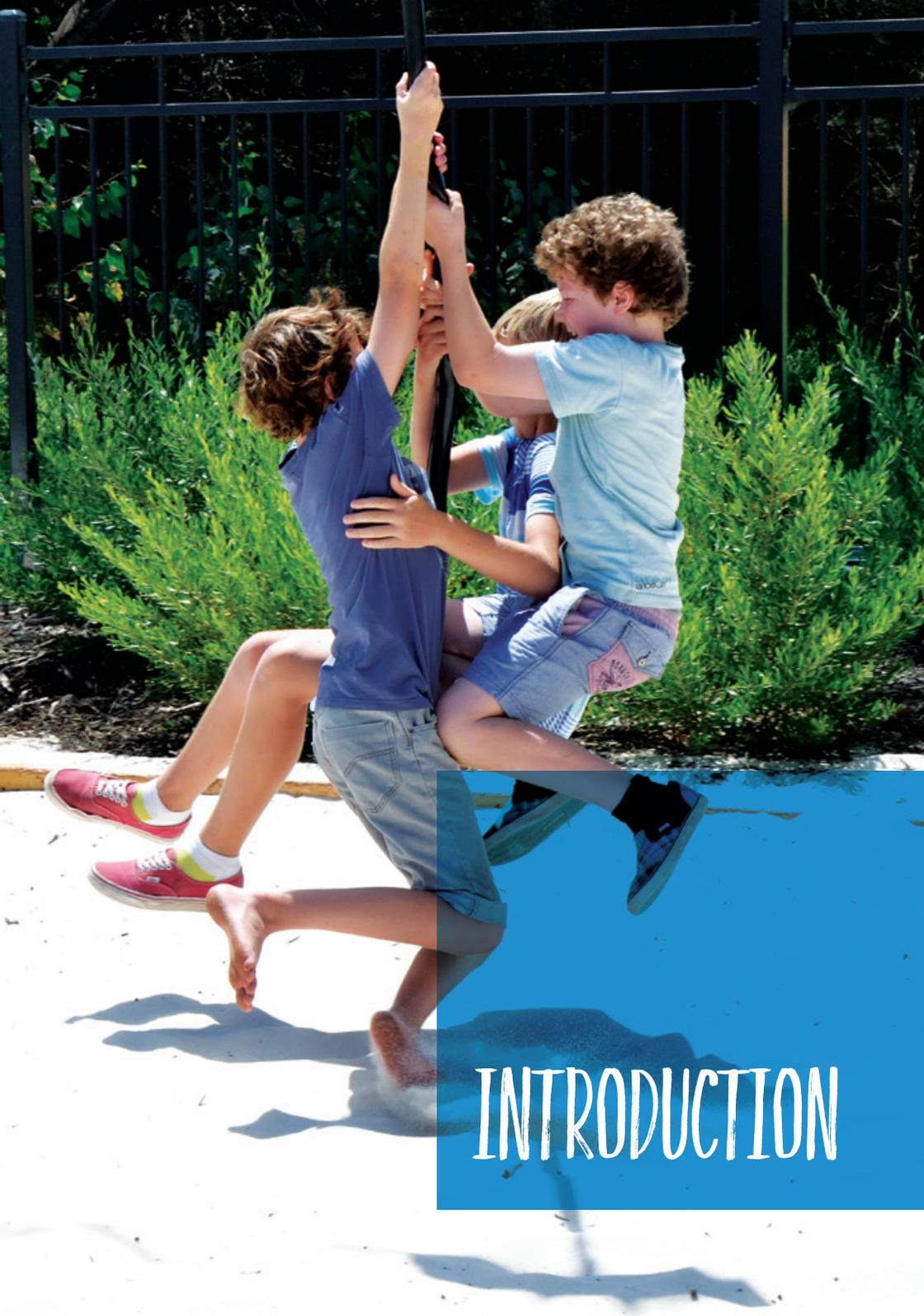
- In the face of major societal transformation, the prevalence of most mental disorders has remained stable since 1998. Mental disorders are still common in children and young people – one in seven or 560,000 children in Australia were assessed as having one or more mental disorders in the previous 12 months.
- The number of children and adolescents with Attention-Deficit/Hyperactivity Disorder (ADHD) and conduct disorder has decreased since 1998.
- There has been an increase in the number of adolescents with major depressive disorder. Based on self-reported information, one in thirteen 11-17 year-olds had major depressive disorder. The rate was highest in girls aged 16-17 years, with one in five having major depressive disorder.
- Major depressive disorder had the greatest impact of any disorder, with 42.8% of sufferers experiencing a severe impact on their lives.
- Mental disorders have major impacts on schooling. Those with major depressive disorder had the highest average number of days absent from school (20 days).
- Adolescents are more likely than younger children to suffer from mental disorders with a severe impact.
- Based on their self-reported information, one in five adolescents were estimated to be suffering from high to very high levels of psychological distress.
- One in twelve adolescents aged 12-17 years had self-harmed in the previous 12 months.





- Girls aged 16-17 years experience very high rates of distress, depression, self-harming and suicidal behaviour. Around one in 20 had attempted suicide in the previous 12 months.
- Mental disorders are more common in families already facing other challenges such as unemployment or family breakup.
- The number of children and adolescents with mental disorders who have used services in the health and education sectors has increased substantially from 1998 to 2013-14.
- Just over half (56.0%) of children with mental disorders had used services in the previous 12 months.
- Families of one in five children with a mental disorder, and who reported their child was adversely impacted by the disorder, did not feel their child needed formal help.
- Schools are front line for identifying mental disorders, providing services, and referring children to services.
- Although many families had their service needs met (nearly three quarters), there remained substantial numbers whose needs for help went unmet, either partially or fully.





# INTRODUCTION



## Early detection and treatment is vital

Mental illness often starts in childhood and adolescence, unlike many of the common chronic physical health conditions such as cardiovascular disease, cancers, musculoskeletal pain and diabetes. Estimates from the Global Burden of Disease project show that in 2013, across the developed world, mental illness was one of the major contributors to overall ill health, particularly among younger age groups. According to results from the 2010 adult Survey of Mental Health and Wellbeing, over half of adult mental disorders commenced before the age of 18 years. Therefore, identifying and treating mental disorders as they develop in childhood and adolescence is an important component in reducing the overall prevalence of mental disorders in Australian adults.



**It is critically important to detect and treat mental disorders as early as possible in order to reduce the impact they can have on children during key developmental stages of their lives.**

It is critically important to detect and treat mental disorders as early as possible in order to reduce the impact they can have on children during key developmental stages of their lives. Impacts from mental disorders can alter the course of a child's entire life, even if the mental illness does not persist into adulthood. For instance, mental disorders during the school years can affect children's attendance, engagement and learning at school. There is much evidence to show that if children fall substantially behind in their school work, it can be very difficult to catch up. Interrupted progress in school can result in children failing to achieve their full potential in life and limiting children's choices in adulthood.

# HOW MANY KIDS HAVE MENTAL HEALTH PROBLEMS?





## Information about *Young Minds Matter*

*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 participated in the survey, which 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.

### Survey aims

The main aims were to determine:

- How many children and adolescents had which mental health problems and disorders;
- The nature and impact of these problems and disorders;
- How many children and adolescents had used services for mental health problems; and
- The role of the education sector in providing these services.

### Assessing 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.

DISC-IV modules for seven disorders were assessed with respect to the previous 12 months, and they included:

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

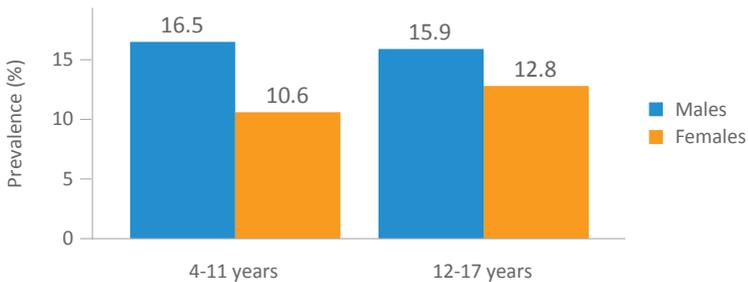
## Key findings

While the majority of young people in Australia enjoy good mental health, *Young Minds Matter* found that mental disorders in young people remain relatively common, with 560,000 or one in seven 4-17 year olds assessed as having had mental disorders in the previous 12 months.



Based on parent/carer-reported information, ADHD was the most common disorder (7.4%), followed by anxiety disorders (6.9%), major depressive disorder (2.8%), and conduct disorder (2.1%). Almost one third of children and adolescents with a disorder had experienced two or more disorders in the previous 12 months.

### PREVALENCE OF MENTAL DISORDERS AMONG 4-17 YEAR OLDS IN THE PAST 12 MONTHS BY SEX AND AGE GROUP

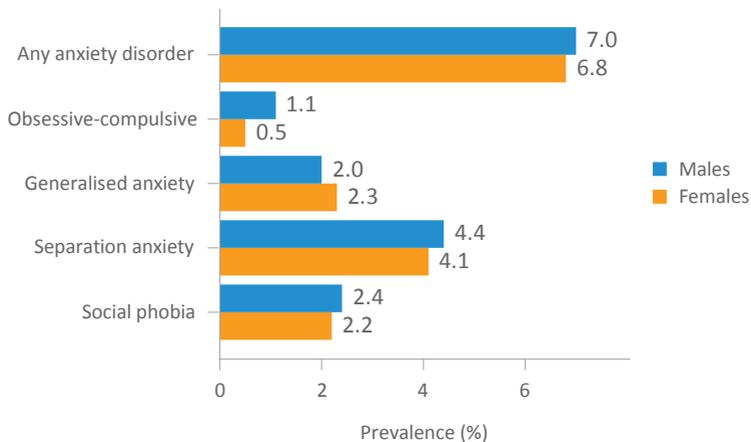




## Separation anxiety is the most common anxiety disorder

*Young Minds Matter* measured anxiety disorders where the affected child experienced persistent, excessive worry or fears which typically interfered with their ability to carry out their daily tasks or to take pleasure in day-to-day life. Some 278,000 children (or half of all 4-17 year olds with mental disorders) experienced an anxiety disorder. Separation anxiety disorder was the most common anxiety disorder in younger children (4.9% of those aged 4-11 years), while among adolescents, both social phobia and separation anxiety disorder were equally most common (3.4%).

### PREVALENCE OF DIFFERENT TYPES OF ANXIETY DISORDERS IN THE PAST 12 MONTHS IN 4-17 YEAR OLDS BY SEX

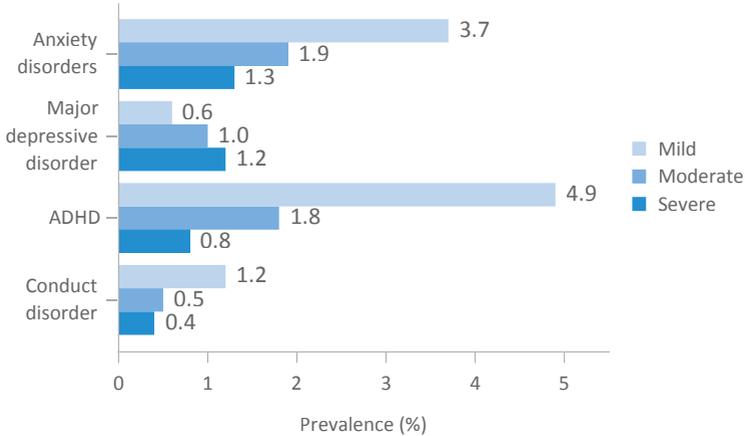


## Major depressive disorder has the greatest impact

Mental health is an essential part of a child's wellbeing and a key aim of *Young Minds Matter* was to determine the impact of mental disorders on how young people function in their daily lives. The impact of mental disorders was assessed in four key aspects of life: school, friends and social activities, family, and impact on self. Disorders were classified as having a mild, moderate or severe impact. Some 8.3% (335,000) of young people aged 4-17 years had disorders with mild severity of impact, 3.5% (142,000) had moderate severity disorders and 2.1% (83,000) had severe impact disorders.

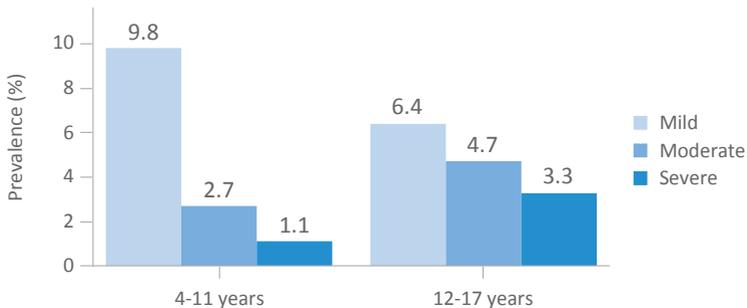
Major depressive disorder had the greatest impact of any disorder, with 42.8% of sufferers experiencing a severe impact on their lives and it was also associated with the highest average number of days absent from school (20 days), with adolescents absent for more days on average than younger children.

#### SEVERITY OF MENTAL DISORDERS IN PAST 12 MONTHS IN 4-17 YEAR OLDS



Older children were also more likely to suffer from severe disorders. Almost three times as many adolescents as children had disorders with severe impact (23.1% for 12-17 year olds compared with 8.2% for 4-11 year olds).

#### SEVERITY OF MENTAL DISORDERS EXPERIENCED BY ALL 4-17 YEAR OLDS IN THE PAST 12 MONTHS BY AGE GROUP





WHAT  
ADOLESCENTS  
TOLD US

Early prevention and treatment of childhood mental disorders is predicated on parents and carers recognizing the symptoms and then seeking and providing appropriate help. Acknowledging that parents do not always know how their adolescents are feeling, *Young Minds Matter* collected information about depressive symptoms both from young people and from their parent or carer. The survey identified more adolescents as having major depressive disorder based on the information reported by adolescents themselves (7.7%) than when based on the information provided by their parents (4.7%).

Two-thirds of adolescents diagnosed with major depressive disorder based on their self-reported information, but not identified as such by their parents or carers, said that their parents or carers knew only 'a little' or 'not at all' about how they were feeling. As young people may not always feel comfortable discussing their emotional wellbeing with their parents, it is important for schools and peers to be able to identify signs of distress in young people.

Older adolescent females (aged 16-17 years) experienced the highest rates (one in five) of major depressive disorder based on self-report.

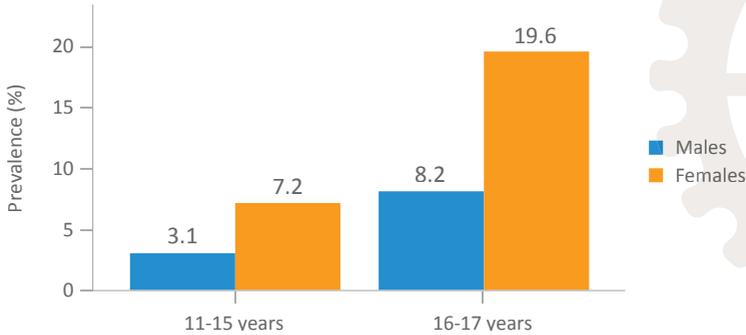


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## PREVALENCE OF YOUTH-REPORTED MAJOR DEPRESSIVE DISORDER IN THE PAST 12 MONTHS IN 11-17 YEAR OLDS BY SEX AND AGE GROUP



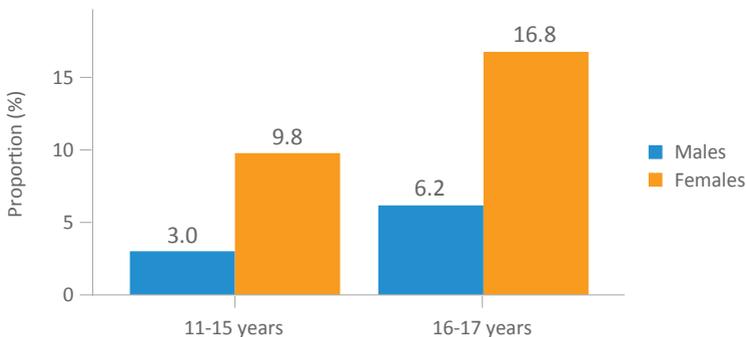
### Many teenagers are suffering very high levels of psychological distress

From their self-reported information, one in five (19.9%) adolescents aged 11-17 years were estimated to suffer from high or very high levels of psychological distress, and this was four times higher (80.7%) for those with major depressive disorder.

### Self-harming and suicidal behaviour is associated with major depressive disorder

*Young Minds Matter* captured information from 12-17 year olds about self-harming activity, which included deliberately hurting or injuring themselves without trying to end their lives. In the previous year, one in twelve (137,000) young people aged 12-17 years had self-harmed. Self-harm was much more common among girls and in older adolescents.

## SELF-HARM IN THE PAST 12 MONTHS FOR 12-17 YEAR OLDS BY SEX AND AGE GROUP

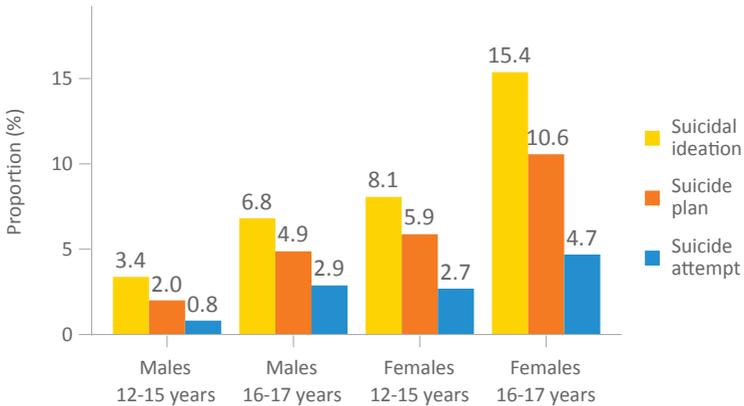


During the previous 12 months, one in thirteen (128,000) adolescents aged 12-17 years had seriously considered suicide, and one third of those (41,000) had actually attempted suicide.



Similar to patterns of self-harm, suicide attempts were more common among girls and older adolescents. There were no significant differences in rates of suicidal behaviours by socio-demographic characteristics.

**SUICIDAL BEHAVIOURS IN THE PAST 12 MONTHS AMONG 12-17 YEAR OLDS BY SEX AND AGE GROUP**



While self-harming behaviours and suicidal behaviours are sometimes considered to be different phenomena, *Young Minds Matter* found a very high overlap between young people who self-harmed and young people who had suicidal thoughts and behaviours, suggesting that these are related behaviours.





*Young Minds Matter* found that self-harming and suicidal thoughts and behaviours were strongly associated with major depressive disorder. Based on information contained in their self-report, a quarter of males (25.8%) and over half of females (54.9%)

with major depressive disorder had harmed themselves (without suicidal intent) in the 12 months prior to the survey.

About one-half (48.6%) of adolescents with major depressive disorder based

on self-reported information had seriously considered ending their own life, and about one in five had attempted suicide in the past 12 months (22.1% of females and 13.8% of males).

Estimates on self-harm and suicidal behaviours may be conservative because some young people answered “prefer not to say”. However, these results are consistent with other data on self-harming and suicidal behaviours in Australian young people which show that suicide is the leading cause of youth death in Australia, with mental illness thought to be linked to the majority of these deaths. Hospital statistics show an increase in hospital presentations related to self-harm in young people, highlighting this as an emerging social issue of considerable concern.

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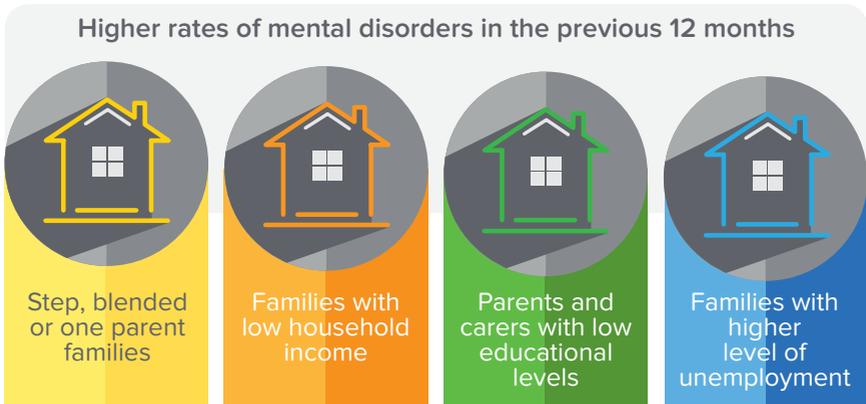


## Older adolescent girls are at most risk

Very high rates of distress, depression, and self-harming and suicidal behaviours in girls aged 16-17 years are of concern and underline the challenges faced in the transition to adulthood. In almost all instances, their rates of mental disorders and suicidal or self-harming behaviours are twice that for boys of the same age.

## Mental illness is linked with socio-economic disadvantage

The inequalities in mental health for children and adolescents have remained unchanged since 1998. This suggests that the changes in Australian society that have occurred since then, and the policies and programs that have been implemented to address health inequalities in Australia, have not been effective in reducing inequalities in child and adolescent mental illness. Many physical health problems occur more commonly in families that experience some form of socio-economic disadvantage. However, compared with many physical health problems, the differences in the proportions of children with mental disorders between disadvantaged and advantaged families are large.



*Young Minds Matter* found strong associations between the prevalence of mental disorders and key indicators of socio-economic disadvantage. There are a substantial number of families dealing with child mental illness while dealing with other challenges in their lives.

Young people from families with low household income, parents and carers with low education levels, higher level of unemployment, and those from step, blended and one parent or carer families had higher rates of mental disorders





in the previous 12 months. More than one in five children and adolescents had a mental disorder in families with household income less than \$1,000 per week, compared with one in ten children in families with household income over \$2,000 per week. Almost a third (30.0%) of children whose families live in public housing had a mental disorder. Over one in five children in two-carer families where both carers were unemployed had a mental illness and nearly 30% of children living in sole carer families where the sole carer was unemployed had a mental illness, compared with one in ten children in families where both carers were employed.

These findings have implications for the delivery of support services. Health and education support services for children with mental disorders need to acknowledge that a significant proportion of children needing help will be living in families that may require additional forms of support. While a range of social programs and services have been established to provide support for

**Integrated, holistic support services are most likely to be able to help families with multiple needs.**

families experiencing various types of disadvantage, not all of these are geared to helping children with mental health problems. Integrated, holistic support services are most likely to be able to help families with multiple needs.





SERVICE USE



When the first survey was conducted in 1998 only one in four children and young people with emotional or behavioural problems had received any formal help in the previous six months, either within the health system or in school, and even among those with the most severe problems, only half had received any form of professional help.



There is still a need to improve understanding in the general community about the types of help that are available for mental health problems, and at what stage it is appropriate to seek help.

The stigma associated with mental illness, and a lack of understanding in the community about mental illness has historically contributed to the low numbers of children with problems receiving help. *Young Minds Matter* results, in combination with other studies such as the *National Survey of Mental Health Literacy and Stigma* conducted by the University of Melbourne, identify encouraging signs of greater openness and awareness of mental health issues in the community, with more families willing to discuss mental health issues and to seek help when they need it. However, there is still room for improvement. *Young Minds Matter* found that the families of approximately one in five children who met all diagnostic criteria for a mental disorder, and who reported that their child was adversely impacted by the symptoms of mental disorder, felt that their child

did not need formal help. There is still a need to improve understanding in the general community about the types of help that are available for mental health problems, and at what stage it is appropriate to seek help.

Since the development of the *National Mental Health Strategy* there have been substantial changes to the services that are available to children with mental health problems and their families. For instance *headspace* was established in 2006 and now has almost 100 centres nationwide, as well as providing online and telephone support services. Also in 2006, the Medicare Benefits

Schedule was expanded through the Better Access scheme to provide access to psychological therapies.

*Young Minds Matter* found that, in the previous 12 months, an estimated 314,000 or 56.0% of young people aged 4-17 years with mental disorders (17.0% of all children) had used services in that time.

Although service use information is not directly comparable between the 1998 and 2013-14 surveys, the increase in service use (from 31.2% to 68.3%) for those aged 6-17 years is higher than is likely to be attributable to methodological changes alone.

Based on self-reported information, adolescents also used a variety of self-help strategies to deal with their mental problems such as, doing more exercise, getting support from friends, and doing more of the things they enjoy.

### **Schools provide a front-line role in servicing mental disorders**

Schools also play an important service role for children with emotional and behavioural problems. School services identify mental disorders, refer children to other services when necessary, and in-school programs such as KidsMatter and MindMatters promote positive mental health and wellbeing.

*Young Minds Matter* showed that just over one in ten (11.5%) of all students or an estimated 40.2% of those with mental disorders had used school services in the previous year.



Among many other new initiatives, many jurisdictions have developed new policies and programs around student wellbeing, and have provided additional counselling resources in schools, with *Young Minds Matter* finding that 28.4%





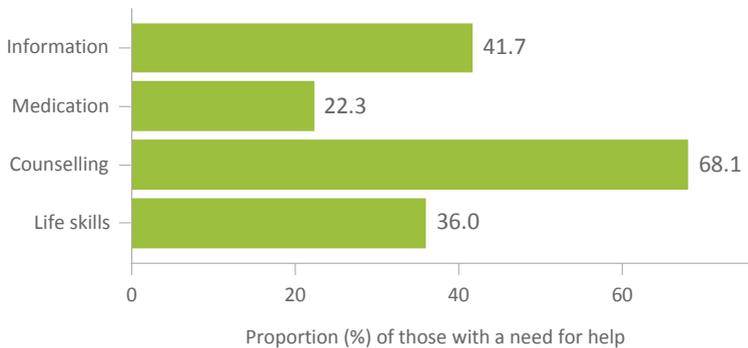
of young people with disorders had used individual counselling at school. However, the relatively high rate of mental health problems among the school population and the impact these can have on educational outcomes suggest a possible role for a national, coordinated approach to social and emotional wellbeing in schools.

### **There still remain families whose need for services go unmet**

Parents and children were asked about their need for mental health services and whether or not they were met, as well as what barriers they experienced to seeking or receiving help.

While nearly three quarters of those needing help had their needs met, either fully or partially, there remain substantial numbers of families whose needs for help went unmet or who received less help than they felt they needed. Around two out of five parents were not sure where to get help for their child's emotional or behavioural problems.

#### **NEED FOR DIFFERENT TYPES OF HELP IN THE PAST 12 MONTHS FOR 4-17 YEAR OLDS WITH A MENTAL DISORDER**



Counselling was the most needed service and two thirds of those requiring this service had their needs fully or partially met. In contrast, two thirds of those requiring life skills training did not have their needs met.

The most common reason (62.9%) for not seeking or receiving help reported by 13-17 year olds with major depressive disorder (based on self-reported information) was worry over what other people might think or that they did not want to talk to a stranger.



CHANGES  
OVER TIME



In 1998, Australia was the first country to conduct a national survey of mental health and wellbeing of its children. In 2013-14, *Young Minds Matter* built on the information collected in the 1998 survey, but covered a broader range of mental illnesses, including measuring the prevalence of anxiety disorders in Australian children and adolescents for the first time. Although *Young Minds Matter* was designed to allow for comparisons with the first survey, there are some differences in the mental disorders assessed as well as the service use timeframe and scope, all of which impact comparability.

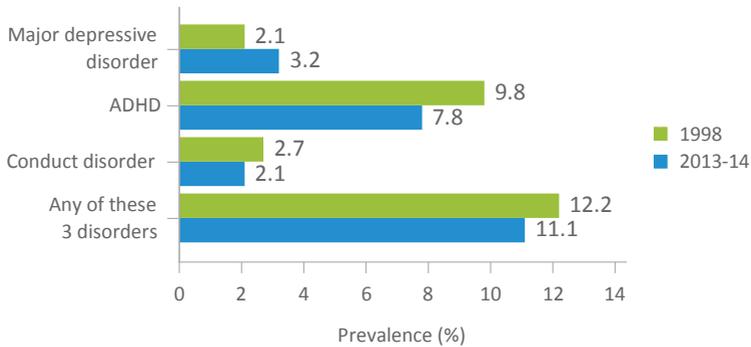
Looking at the disorders that were measured in both surveys, for the 6-17 year old age group (which is common across both surveys), the overall prevalence of mental disorders has remained relatively stable over time. While there have been modest reductions in the proportions of children and adolescents with ADHD and conduct disorder, there has been an increase in the proportion of adolescents experiencing major depressive disorder (up from 2.9% in 1998 to 5.0% in 2013-14).



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## TWELVE MONTH PREVALENCE OF SELECTED MENTAL DISORDERS AMONG 6-17 YEAR OLDS IN 1998 AND 2013-14



While the number of children and families receiving help for mental disorders has increased substantially since 1998, *Young Minds Matter* results show there has been little change in the proportion of children and adolescents with a mental disorder. Much of the health and education sector resources devoted to mental health problems are directed towards identifying and treating disorders, rather than at preventing disorders from occurring. Improved availability of services may decrease the overall severity and duration of disorders rather than reducing the onset of disorders. There have been several programs introduced over the last 15 years with the aim of reducing behavioural problems in children and adolescents. These include parenting programs such as Incredible Years and the

One particularly visible change has been in the use of technology, communications and the development of social media.

Positive Parenting Program, which are explicitly designed to reduce behavioural problems. Programs such as these may have had some effect as the survey results suggest that ADHD and conduct disorder have reduced in prevalence since 1998.

Results from two points in time, 15 years apart, are not sufficient to form judgements about whether services have had an impact on reducing the burden of mental disorders. While there have been many changes to the provision of support services during that time, there have been many changes in our society that may also have an impact on the wellbeing of children and adolescents. One particularly visible change has been in the use of technology, communications and the development of social media. These tools have





created new environments in which children can be bullied and cyber-bullied. Cyber-bullying can clearly have a negative impact on young people. These tools have also changed the way in which young people form and maintain social relationships, which may present both new challenges and new opportunities in interacting with others. There have also been significant structural changes in



the labour market and in expectations for performance at school. Now a higher proportion of available jobs require advanced education and the proportion of adolescents completing Year 12, and participating in post-school education, has increased substantially. This may have increased the number of young people feeling pressure to perform at a high level academically.

The continued high prevalence and burden of mental disorders in children and adolescents points to the need for continued investment in treatment and prevention, continuing mental health services reform at all levels, and further prioritising research into mental disorders in childhood and adolescence.



IMPLICATIONS  
FOR THE  
FUTURE



While providing adequate early intervention and treatment services is important in reducing the impact of mental disorders, preventing mental disorders in the first place has the potential to both reduce the burden of mental disorders and the cost of treating them. There is still much to be discovered about the causes of these disorders, and research into their development is an important social goal. There is an emerging body of



**Preventing mental disorders in the first place has the potential to both reduce the burden of mental disorders and the cost of treating them.**

evidence regarding the prevention of mental disorders. The recent review of mental health programs and services by the National Mental Health Commission has recommended greater investment in prevention, with the potential to save in the longer term on the costs of service provision. A challenge with moving resources to prevention has long been that resulting financial savings would accrue over a period of years, and it is difficult to take funding out of services that are currently not fully meeting demand.

Prevention of mental health problems is demanding because of the difficulties in addressing many of the factors known to be associated with their development, such as exposure to child abuse and domestic violence, the experience of dysfunctional

family environments due to alcohol or drug problems or other family discord, harsh or aversive parenting, family disruption due to separation or divorce, or the experience of other adverse events during childhood. While many of these issues remain challenging to society, it is critical to continue to discuss how they can be addressed or how children can be buffered from their effects.

## Conclusion

Mental disorders are one of the most common health conditions affecting children and young people. They can have significant impacts on children's education and development. Willingness to discuss mental issues, seek help and use services has been increasing. Many more families are now receiving help than was the case 15 years ago, but there remain significant opportunities to increase the availability and use of services when problems are first developing and services are most needed. While it is positive that most children with severe disorders are receiving help, the lower numbers seeking help among children with mild disorders may represent some missed opportunities to intervene at a time when interventions are likely to be most effective. Most mental illnesses develop over a period of time. While not all children with a mild mental disorder will go on to experience a more severe disorder, early intervention has the potential to reduce the burden of severe disorders. Effective treatments are now available for most mental disorders, and early access to treatment can result in shorter duration of disorders and reduced severity of disorder.

The emerging high rates of distress, major depressive disorder, self-harming behaviour and suicidal thoughts and behaviours in teenagers, particularly in 16-17 year old girls, are issues that families, schools and communities need to be aware of, and respond to, with urgency.





**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 or online text chat at [www.lifeline.org.au](http://www.lifeline.org.au)

**Kids Helpline:**

24/7 crisis support service for young people  
1800 55 1800 or online text chat at [www.kidshelp.com.au](http://www.kidshelp.com.au)

**headspace:**

24/7 support service for young people  
1800 650 890 or online text chat at [www.headspace.org.au](http://www.headspace.org.au)

**Reach Out:**

online youth mental health service  
[www.reachout.com](http://www.reachout.com)

**beyondblue:**

online information on depression and anxiety  
1300 22 4636 or [www.behondblue.org.au](http://www.behondblue.org.au)

**Relationships Australia:**

1300 364 277 or [www.relationships.org.au](http://www.relationships.org.au)



[www.youngmindsmatter.org.au](http://www.youngmindsmatter.org.au)



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**TELETHON  
KIDS  
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Discover. Prevent. Cure.



THE UNIVERSITY OF  
**WESTERN  
AUSTRALIA**