

PART 3

Service use

Services used and those felt to be needed by children and adolescents for emotional or behavioural problems and their families, and barriers to seeking and receiving help

A key aim of the survey was to determine the services used by children and adolescents to assist them with their emotional or behavioural problems. Questions were specifically tailored to the current Australian health care environment.

Health services across the full range of settings and by different providers are identified and information on services provided by schools is also provided in recognition of the important role that the education sector plays in providing support for children and adolescents with problems.

Service use by young people with mental disorders is examined in detail, and those who did and did not use services further explored.

The survey also measured perceived need for care. Specifically this identified whether parents and carers felt that their children needed any help with emotional or behavioural problems and, if so, whether their needs have been fully or partially met by the services they received. Where needs were not fully met information was collected on the barriers to seeking help or receiving more of the help they felt their children needed.

Parents and carers were asked about the services they had received and their need for help for themselves and other family members to deal with the emotional and behavioural problems affecting their children.

7 SERVICE USE

This chapter presents data provided by parents and carers on the services used by their children and adolescents for emotional or behavioural problems. This reflects service use for a range of emotional and behavioural problems and for specific mental disorders.

Children and adolescents use a wide variety of services to support and assist them with emotional or behavioural problems. These include health services, school services, telephone counselling and online services. A summary measure of 'service use' was created that includes all of these services, but online services were limited to those providing structured or personalised assistance. While valuable in their own right, online services where information is accessed on the internet but no other service is provided were excluded from this composite measure.

The data presented in this chapter on telephone and online services do not provide a particularly accurate picture of the use of telephone and online services. Parents and carers often reported that they did not know services of these types that their child or adolescent had used. These data have, however, been included with those on health and school services, as together they provide the most complete picture of services used by children and adolescents.

Young people aged 13 years and over were asked directly about the services they used. Their responses are reported in Chapter 13 which provides a more accurate picture of young people's use of telephone and online services, not only for counselling and support, but also as an important source of information on their emotional and behavioural problems. Young people also reported on the informal support for their emotional and behavioural problems that they received from family, friends and other significant people in their lives. This is also reported in Chapter 13.

7.1 Service use by all children and adolescents

'Services' comprise the following:

- i. health services — any service provided by a qualified health professional regardless of where that service was provided including in the community, hospital inpatient, outpatient and emergency, and private rooms;
- ii. school services — any service provided by the school or other educational institution that a young person was attending;
- iii. telephone counselling services; and
- iv. online services that provided personalised assessment, support, counselling or structured self-help programs.

One sixth (17.0%) of all children and adolescents aged 4-17 years had used services for emotional or behavioural problems in the previous 12 months (Table 7-1). One in seven (14.8%) of all 4-17 year-olds had used services in the health sector, and one in nine (11.5%) had used services provided by schools in the previous 12 months for emotional or behavioural problems. According to parents and carers, very few had used a telephone counselling service (0.5%) or online personal support or counselling (0.1%) for emotional or behavioural problems.

Table 7-1: Service use for emotional or behavioural problems in past 12 months among all 4-17 year-olds by type of service

Type of services	Proportion (%)
Health services	14.8
School services	11.5
Telephone counselling service	0.5
Online personal support or counselling	0.1
Any service (a)	17.0

The proportion using school services is based on those who were at school at the time of the survey.

(a) Any service is not equal to the sum of individual services because adolescents may have used more than one type of service.

Just over half (53.5%) of 4-17 year-olds who had used services for emotional or behavioural problems in the previous 12 months had used both health and school services. About one third (34.5%) had only used health services and just under one in eight (12.0%) had only used school services.

The proportion of males and females using services for emotional and behavioural problems was similar, but the proportion was higher among adolescents than children (21.4% for 12-17 year-olds compared with 13.7% for 4-11 year-olds) (Table 7-2).

Table 7-2: Service use for emotional or behavioural problems in past 12 months among all 4-17 year-olds by sex and age group

Age group	Males (%)	Females (%)	Persons (%)
4-11 years	15.3	12.0	13.7
12-17 years	20.5	22.4	21.4
4-17 years	17.5	16.4	17.0

7.2 Service use by children and adolescents with mental disorders

Just over half (56.0%) of children and adolescents with mental disorders had used services for emotional or behavioural problems in the previous 12 months (Table 7-3).

7.2.1 Sex and age group

Service use was similar for males and females with mental disorders. However, there was a difference between age groups, with two thirds (65.1%) of adolescents aged 12-17 years with mental disorders having used services compared with half (48.9%) of children aged 4-11 years (Table 7-3).

Table 7-3: Service use in past 12 months among 4-17 year-olds with mental disorders by sex and age group

Age group	Males (%)	Females (%)	Persons (%)
4-11 years	49.8	47.5	48.9
12-17 years	63.5	67.2	65.1
4-17 years	55.5	56.7	56.0

7.2.2 Family type

As discussed in Chapter 2, the prevalence of mental disorders among 4-17 year-olds in families with one parent or carer was twice that in families with two parents or carers. However, service use for emotional and behavioural problems in the previous 12 months was also higher among children or adolescents with mental disorders in families with one parent or carer (65.6%) compared with families with two parents or carers (51.3%) (Table 7-4). Children and adolescents with mental disorders living in blended families were more likely to use services (63.3%) than those living in original (49.4%) or step families (44.2%).

Table 7-4: Service use in past 12 months among 4-17 year-olds with mental disorders by family type

Family type	Proportion (%)
Families with two parents or carers	51.3
Original family	49.4
Step family	44.2
Blended family	63.3
Other family (a)	66.3
Families with one parent or carer	65.6

'Original family' has at least one child living with their natural, adoptive or foster parents, and no step children.

'Other family' is where all children are not the natural, adopted, foster or step child of one or both carers.

(a) Data to be treated with caution due to low respondent numbers in this category.

7.2.3 Household income

As reported in Chapter 2, the prevalence of mental disorders among children and adolescents living in the lowest income bracket (less than \$52,000 per year) was almost double that of those in the highest income bracket (\$130,000 or more per year).

Among children and adolescents with mental disorders, service use in the previous 12 months for emotional or behavioural problems was higher in the lowest income bracket than the highest income bracket (61.9% compared with 50.6% respectively) (Table 7-5).

Table 7-5: Service use in past 12 months among 4-17 year-olds with mental disorders by household income

Household income before tax	Proportion (%)
\$130,000 or more per year	50.6
\$52,000-\$129,999 per year	53.0
Less than \$52,000 per year	61.9

Household income includes the combined income for the 2011-12 financial year of everyone living in the household before tax and other deductions are taken out.

7.2.4 Parent and carer education

Rates of mental disorders among 4-17 year-olds were highest when they lived in a family in which the highest level of education for either the parent or carer was Year 10 or below as reported in Chapter 2. Service use for emotional and behavioural problems in the previous 12 months was also highest in these families (62.2%). However, differences in service use by education level of parents and carers should be treated with caution as they are not statistically significant (Table 7-6).

Table 7-6: Service use in past 12 months among 4-17 year-olds with mental disorders by parent or carer education

Highest level of education of either primary or secondary parent or carer	Proportion (%)
Bachelor degree or higher	55.5
Diploma or certificate III/IV	56.3
Year 11 or 12	51.4
Year 10 or below	62.2

7.2.5 Parent and carer labour force status

As presented in Chapter 2, children and adolescents living in households with no parents or carers in employment had higher rates of mental disorders than those living in households with one or both parents or carers in employment. Table 7-7 shows rates of service use for emotional or behavioural problems by the labour force status of the young person's parents or carers.

About two thirds of children and adolescents with mental disorders in families without an employed parent or carer (65.0% with both parents or carers not employed and 64.0% in families with a sole parent or carer not employed) or in a family where the sole parent or carer was employed (65.4%) had used services for emotional or behavioural problems in the previous 12 months.

Service use was lower among children and adolescents with mental disorders living in families where both parents and carers were employed (50.8%), or where one parent or carer was employed (51.5%). Differences in service use within two parent or carer families by employment status should be treated with caution as they are not statistically significant.

Table 7-7: Service use in past 12 months among 4-17 year-olds with mental disorders by parent or carer labour force status

Parent or carer labour force status	Proportion (%)
Both parents or carers employed	50.8
One parent or carer employed, one parent or carer not in employment	51.5
Both parents or carers not in employment	65.0
Sole parent or carer employed	65.4
Sole parent or carer not in employment	64.0

'Not in employment' combines unemployed and not in the labour force.

7.2.6 Area of residence

Rates of mental disorders were higher among those living outside of greater capital cities but service use for emotional and behavioural problems among 4-17 year-olds with mental disorders was similar in greater capital cities and other areas (Table 7-8).

Table 7-8: Service use in past 12 months among 4-17 year-olds with mental disorders by area of residence

Area of residence	Proportion (%)
Greater capital cities	56.7
Rest of state	55.1

Based on the ABS classification Greater Capital City Statistical Area (GCCSA).

7.2.7 Type of mental disorder

Service use was highest among children and adolescents with a major depressive disorder, with four fifths (79.6%) of these children and adolescents having used services in the previous 12 months. Just over two thirds (68.8%) of those with a conduct disorder, 61.4% of those with anxiety disorders and half (52.7%) of children and adolescents with ADHD had used services. Service use was consistently higher among adolescents than children for each type of disorder (Table 7-9).

Table 7-9: Service use in past 12 months among 4-17 year-olds with mental disorders by disorder type and age group

Disorder	4-11 years (%)	12-17 years (%)	4-17 years (%)
Anxiety disorders	53.6	71.7	61.4
Major depressive disorder	73.2	81.6	79.6
ADHD	48.9	59.3	52.7
Conduct disorder	66.4	72.0	68.8
Any mental disorder	48.9	65.1	56.0

7.2.8 Severity of disorders

Service use varied markedly with the level of severity of the disorders, ranging from two fifths (41.2%) of those with mild disorders to 72.5% of those with moderate disorders, and up to 87.6% of those with severe disorders having used services in the previous 12 months (Table 7-10).

Table 7-10: Service use in past 12 months among 4-17 year-olds with mental disorders by severity of impact and age group

Severity	4-11 years (%)	12-17 years (%)	4-17 years (%)
Mild	39.9	43.9	41.2
Moderate	67.5	76.3	72.5
Severe	83.3	89.6	87.6
Any mental disorder	48.9	65.1	56.0

7.3 Health service use by children and adolescents with mental disorders

This section reports on the use of services provided by health professionals in the community, hospital inpatient, outpatient or emergency departments, private rooms and at headspace centres.

7.3.1 Type and severity of disorders

Just over half (53.0%) of 4-17 year-olds with mental disorders had used a health service for emotional or behavioural problems in the previous 12 months, with the highest level of health service use among those with a major depressive disorder (77.0%) (Table 7-11).

Most children and adolescents (86.6%) with severe disorders had used health services in the previous 12 months. Whereas two thirds (68.5%) of those with moderate disorders and 38.1% of those with mild disorders had done so.

The proportion of young people using health services in the previous 12 months was, no matter what the type of disorder, consistently high when the disorder was severe, ranging from 90.1% of those with severe conduct disorders down to 86.4% of those with severe major depressive disorder. Service use by those with moderate disorders was also relatively high, ranging between 72.0% and 80.2% in the previous 12 months. There was, however, more variation for mild disorders, with health service use in the previous 12 months being lowest for mild ADHD (37.0%) and mild anxiety disorders (40.2%), but up to 57.1% for those with mild major depressive disorder.

Table 7-11: Health service use in past 12 months among 4-17 year-olds with mental disorders by disorder type and severity of impact

Disorder	Mild (%)	Moderate (%)	Severe (%)	Total (%)
Anxiety disorders	40.2	75.6	87.5	58.8
Major depressive disorder	57.1	77.8	86.4	77.0
ADHD	37.0	72.0	88.1	50.7
Conduct disorder	49.0	80.2	90.1	63.8
Any mental disorder	38.1	68.5	86.6	53.0

Where the child or adolescent had more than one disorder, service use has been counted under each disorder. The severity of any mental disorder is based on the most severe disorder if the child or adolescent has more than one disorder.

7.3.2 Health service providers

Just over half (52.6%) of children and adolescents with mental disorders had seen a health service provider in the previous 12 months for emotional or behavioural problems (Table 7-12).

Just over one third (35.0%) of children and adolescents with mental disorders had seen a general practitioner for their emotional and behavioural problems. However, only 4.3% had seen only a general practitioner and no other health service provider for their emotional and behavioural problems. Almost one quarter (23.9%) had seen a psychologist and 7.1% had seen a psychiatrist.

General practitioners are the most common source of referrals to other health professionals. More particularly, they are responsible for the development of mental health care plans that allow access to Medicare-funded specialised mental health care, notably psychological services. This is reflected in

the survey data, which shows that one fifth (20.6%) of young people had seen a general practitioner and either a psychologist or psychiatrist in the previous 12 months for their emotional and behavioural problems. In addition, 15.4% had seen a general practitioner and paediatrician.

There were some differences between the types of health service providers seen by children and adolescents. A higher proportion of adolescents had seen a psychologist compared with 4-11 year-olds (29.1% compared with 19.8%) and twice as many adolescents had seen a counsellor or family therapist (29.0% compared with 14.1%). They were also more likely to have seen a general practitioner, a psychiatrist or a social worker. While children were more likely to have seen an occupational therapist (10.9% for 4-11 year-olds compared with 4.2% for 12-17 year-olds) (Table 7-12).

Similar proportions of children and adolescents with mental disorders had seen a paediatrician in the previous 12 months (22.5% and 19.2% respectively). However, the proportion seeing a paediatrician for emotional or behavioural problems out of those who had seen any health service provider was higher among children (48.6% for 4-11 year-olds compared with 31.6% of 12-17 year-olds).

Table 7-12: Service use in past 12 months among 4-17 year-olds with mental disorders by health service provider and age group

Health service provider	4-11 years (%)	12-17 years (%)	4-17 years (%)
General practitioner	29.8	41.6	35.0
Paediatrician	22.5	19.2	21.0
Psychiatrist	4.9	10.0	7.1
Psychologist	19.8	29.1	23.9
Nurse	0.9	4.5	2.5
Social worker	6.2	13.4	9.3
Occupational therapist	10.9	4.2	7.9
Counsellor or family therapist	14.1	29.0	20.7
Other or unsure about profession	8.2	8.1	8.2
Any health service provider (a)	46.3	60.7	52.6

(a) The total proportion that had seen any health service provider (52.6%) is slightly lower than the proportion reported in Table 7-11 as it does not include overnight stays in hospital or visits to headspace where the type of health service provider is unknown.

7.3.3 Visits to health service providers

General practitioners and paediatricians were the health service providers most likely to have been seen only once by children and adolescents with mental disorders for emotional and behavioural problems, with 41.7% having seen a general practitioner only once and 31.7% a paediatrician only once in the previous 12 months (Table 7-13).

Occupational therapists, counsellors or family therapists and psychologists were seen the most number of times, with 31.2%, 29.5% and 24.4% respectively of young people with mental disorders having seen these health service providers ten times or more in the previous 12 months. In addition

almost one fifth of young people with mental disorders saw psychiatrists (19.1%) and social workers (19.9%) on ten or more occasions.

Table 7-13: Visits to health service providers in past 12 months among 4-17 year-olds with mental disorders by type of provider

Health service provider	Once (%)	Two to four times (%)	Five to nine times (%)	Ten or more times (%)
General practitioner	41.7	39.6	13.7	5.0
Paediatrician	31.7	55.6	8.8	3.9
Psychiatrist	21.3	39.8	19.8	19.1
Psychologist	17.2	32.5	25.9	24.4
Social worker	16.8	45.4	18.0	19.9
Occupational therapist	23.8	24.3	20.7	31.2
Counsellor or family therapist	17.3	35.7	17.6	29.5

7.3.4 Hospital, drug and alcohol and specialist mental health services

One in sixteen (6.2%) children and adolescents with mental disorders had attended a hospital emergency or outpatient department or been admitted to hospital due to their emotional or behavioural problems in the previous 12 months (Table 7-14).

Specialist child and adolescent mental health services were seen by 3.3% of children and adolescents (5.7% of 12-17 year-olds) with mental disorders for emotional or behavioural problems in the previous 12 months. This was restricted to those seen by a paediatrician, psychiatrist, psychologist or nurse in these specialist services.

Table 7-14: Hospital and specialist mental health service use in past 12 months by age group and type of service

Type of service	4-11 years (%)	12-17 years (%)	4-17 years (%)
Hospital emergency, outpatient or inpatient service	4.7	8.1	6.2
Specialist mental health service	1.5	5.7	3.3

Some adolescents with mental disorders had spoken to a counsellor or attended a program at a drug or alcohol treatment unit or clinic, with 2.7% of 13-17 year-olds having done so in the previous 12 months.

7.3.5 headspace

Since 2006, the Australian Government has funded headspace — Australia's National Youth Mental Health Foundation, a national service for young people aged 12-25 years.

Half (50.7%) of all parents and carers of 12-17 year-olds had heard about headspace and two thirds (64.6%) of those with an adolescent who had a mental disorder had heard about headspace.

Parents and carers reported that 7.3% of young people with mental disorders had visited a headspace centre in the previous 12 months. Another 3.4% of parents and carers whose 12-17 year-olds had a mental disorder didn't know if their adolescent had visited a headspace centre.

Data from adolescent reports of the use of headspace services are presented in Chapter 13.

7.3.6 Medication

One in eight (12.8%) children and adolescents with mental disorders had taken a medication for emotional or behavioural problem in the previous two weeks. The proportion of adolescents taking medications for emotional or behavioural problems in the previous two weeks was higher than for children (16.7% for 12-17 year-olds compared with 9.8% for 4-11 year-olds) (Table 7-15).

Medication use was marginally higher among those with conduct disorder and major depressive disorder (19.5% and 18.2% respectively for 4-17 year-olds). It was also higher among adolescents than children for any type of mental disorder. The greatest difference between the two age groups was for those with ADHD, with 21.5% of 12-17 year-olds taking medication for emotional and behavioural problems in the previous 12 months compared with 14.3% of 4-11 year-olds.

Table 7-15: Medication use for emotional or behavioural problems in past 12 months among 4-17 year-olds with mental disorders by disorder type and age group

Disorder	4-11 years (%)	12-17 years (%)	4-17 years (%)
Anxiety disorders	10.4	16.8	13.1
Major depressive disorder	17.4	18.4	18.2
ADHD	14.3	21.5	16.9
Conduct disorder	17.4	22.3	19.5
Any mental disorder	9.8	16.7	12.8

Where the child or adolescent had more than one disorder, medication use has been counted under each disorder, because the exact reason for the prescribed medication is unknown.

7.4 School service use by children and adolescents with mental disorders

Two fifths (40.2%) of children and adolescents with mental disorders had used or attended services provided by their school for emotional or behavioural problems in the previous 12 months. Almost three in ten (28.4%) young people with mental disorders had used individual counselling services and almost one in ten (9.2%) had participated in group counselling or a support program (Table 7-16).

Adolescents with mental disorders were more likely to have used or attended a service at school than children (48.7% for 12-17 year-olds compared with 33.5% for 4-11 year-olds). In particular, adolescents were twice as likely to have used individual counselling services at school (38.8% for 12-17 year-olds compared with 20.3% for 4-11 year-olds) and participated in group counselling or a support program (12.6% for 12-17 year-olds compared with 6.5% for 4-11 year-olds).

Table 7-16: School service use in past 12 months among 4-17 year-olds with mental disorders by age group and type of service

Type of service	4-11 years (%)	12-17 years (%)	4-17 years (%)
Individual counselling	20.3	38.8	28.4
Group counselling or support program	6.5	12.6	9.2
Special class or school	13.1	13.2	13.1
School nurse	3.5	8.3	5.6
Other school services	13.9	21.1	17.1
Any service at school	33.5	48.7	40.2

The majority (85.1%) of children and adolescents with mental disorders who had used individual counselling services at school in the previous 12 months had been more than once, and nearly a third (31.4%) had been ten times or more (Table 7-17).

Table 7-17: School individual counselling services in past 12 months among 4-17 year-olds with mental disorders

Number of counselling sessions	Proportion (%)
Once	14.9
Two to four times	38.0
Five to nine times	15.7
Ten or more times	31.4

7.4.1 Type and severity of mental disorders

The highest level of school service use was by those with a major depressive disorder, with three fifths (61.9%) of 4-17 year-olds having used these services. This was followed by those with conduct disorder (53.8%), anxiety disorders (44.1%) and then ADHD (37.0%) (Table 7-18).

Just over seven out of ten young people (72.6%) with severe disorders had used school services in the previous 12 months. This was one and a half times higher than for those with moderate disorders (52.5%) and about two and a half times higher than for those with mild disorders (27.2%).

Nine out of ten (90.1%) children and adolescents with a severe conduct disorder had used school services in the previous 12 months. Comparisons in the use of school services among those with severe disorders by disorder type should be treated with caution as the differences are not statistically significant.

Table 7-18: School service use in past 12 months among 4-17 year-olds with mental disorders by disorder type and severity of impact

Disorder	Mild (%)	Moderate (%)	Severe (%)	Total (%)
Anxiety disorder	26.1	58.4	75.4	44.1
Major depressive disorder	40.2	63.0	72.1	61.9
ADHD	24.9	56.5	70.6	37.0
Conduct disorder	35.6	70.2	90.1	53.8
Any mental disorder	27.2	52.5	72.6	40.2

Where the child or adolescent had more than one disorder, service use has been counted under each disorder. The severity of any mental disorder is based on the most severe disorder if the child or adolescent has more than one disorder.

7.5 Telephone counselling and online service use by children and adolescents with mental disorders

An ever increasing range of telephone and online information, assessment tools, support and counselling services are available to young people to assist them with their emotional and behavioural problems. Given that these services can be accessed directly by young people, and without parental or carer permission, it is more difficult for parents or carers to know whether their children have used these services. Very few children under the age of 12 years had used telephone or online services and so results are reported for 12-17 year-olds only.

Just 3.6% of 12-17 year-olds with mental disorders had used a telephone counselling service in the previous 12 months. The parents and carers of another 12.8% of 12-17 year-olds said that they didn't know whether their adolescent had used these services or not.

Parents and carers reported that 10.9% of 12-17 year-olds with mental disorders had used online services, including services provided by headspace, Reachout and Youth beyondblue, to get help or information about emotional or behavioural problems in the previous 12 months. Another 17.0% didn't know whether their adolescent had used these online services.

7.6 Use of services by parents and carers

Apart from young people directly receiving services for their emotional or behavioural problems, parents and carers (and other family members) may use a variety of services to help them manage their child's or adolescent's problems. This section describes use of health service providers and online services by parents and carers for this purpose.

7.6.1 Service use

Other than when they had taken the child to see someone, almost one third of parents and carers (29.5%) of children and adolescents with mental disorders reported that they or other family members had used services in the past 12 months to help manage their child's or adolescent's problems. One fifth or 6.1% of these reported that they had used these services, but that their child or adolescent had not used any services for emotional and behavioural problems in the previous 12 months.

7.6.2 Health service use

Overall 27.3% of parents and carers of children and adolescents with mental disorders had used a health service in the past 12 months to help them with their child's or adolescent's problems. Parents and carers most commonly used the services of general practitioners (17.7%), psychologists (12.4%) and counsellors or family therapists (11.0%) to help them with their child's or adolescent's problems (Table 7-19).

Table 7-19: Service use in past 12 months by parents or carers of 4-17 year-olds with mental disorders for help with managing child's problems

Health service provider	Proportion (%)
General practitioner	17.7
Paediatrician	6.9
Psychiatrist	4.8
Psychologist	12.4
Nurse	1.8
Social worker	6.7
Occupational therapist	3.1
Counsellor or family therapist	11.0
Other or unsure about profession	5.3
Any health service provider	27.3

Parents and carers may also have spoken to a general practitioner about their child's or adolescent's problems in the course of a consultation primarily for some other purpose. Two fifths of parents and carers (42.6%) had spoken to a general practitioner about their child's problems in the previous 12 months. Of those that had spoken to a general practitioner, nearly three quarters (73.3%) had done this on more than one occasion, and one fifth (20.3%) had done so five or more times.

7.6.2 Online service use

Almost two fifths (37.6%) of parents and carers of children and adolescents with mental disorders had used an online service in the previous 12 months for help or information about their child's or adolescent's problems (Table 7-20).

Most of these parents and carers had used online services for information about mental health issues or services in the community and about half had used another type of online service such as an assessment tool, personal support or counselling (32.6% and 18.4% respectively).

Table 7-20: Online service use in past 12 months by parents or carers of 4-17 year-olds with mental disorders by type of service

Type of online service	Proportion (%)
Information about mental health issues and services in the community	32.6
Assessment tool, self-help, chat room or support group, personal support or counselling	18.4
Any online service	37.6

7.7 Understanding who does and does not use services

The majority of young people using services were assessed as having one or more of the four types of mental disorders (anxiety disorder, major depressive disorder, ADHD and conduct disorder), however, many did not. Information was collected in the survey on a number of factors that provide further insight into who else was using services for emotional and behavioural problems and what might have contributed to their service use. The other indicators of mental health problems or distress were as follows:

- A clinically sub-threshold level of mental disorder, in which symptoms are present but not at a level of severity and/or for a sufficient time for diagnosis of the disorder, as indicated on one or more of the DISC-IV diagnostic modules completed by parents and carers and/or the major depressive disorder module completed by 11-17 year-olds;
- A score in the 'abnormal' range on the Strengths and Difficulties Questionnaire (SDQ), indicating a substantial risk of clinically significant problems;
- A 'very high' level of psychological distress as indicated by the Kessler 10 Psychological Distress Scale; and
- Suicide attempt or attempts ever in their lifetime as reported by 12-17 year-olds.

7.7.1 Any service

Half (50.4%) of children and adolescents who had used services for emotional or behavioural problems in the previous 12 months were assessed on the basis of information provided by their parents and carers, or themselves in the case of adolescents, as having a mental disorder according to DSM-IV diagnostic criteria (Table 7-21).

Another 40.0% of those using services had symptoms of a mental disorder but at a clinically sub-threshold level based on the DISC-IV responses, an abnormal SDQ score, a Kessler 10 score indicating distress at a very high level and/or had ever attempted suicide. A little under one in ten (9.7%) children and adolescents who had used a service did not appear to have significant mental health problems based on any of these indicators.

Table 7-21: Service use in past 12 months among 4-17 year-olds by indicators of significant problems

Factor indicating significant problems	Proportion (%)	Population estimate
Mental disorder based on DISC-IV	50.4	343,000
Sub-threshold level on DISC-IV or other indicators of significant mental ill-health (a)	40.0	272,000
None of the above	9.7	66,000
Total	100.0	681,000

(a) Other indicators are SDQ in 'abnormal' range, Kessler 10 in 'very high' distress range and/or suicide attempt.

7.7.2 Health services

Just over half (54.3%) of 4-17 year-olds who had used health services for emotional or behavioural problems in the previous 12 months had mental disorders based upon DISC-IV. Another 37.1% had a sub-threshold level of mental disorder or other indicators of significant mental ill-health. The

remaining 8.6% of those using health services for emotional or behavioural problems did not appear to have significant mental health problems based on these indicators (Table 7-22).

Table 7-22: Health service use in past 12 months among 4-17 year-olds by indicators of significant problems

Factor indicating significant problems	Proportion (%)	Population estimate
Mental disorder based on DISC-IV diagnosis	54.3	323,000
Sub-threshold level on DISC-IV or other indicators of significant mental ill-health (a)	37.1	221,000
None of above	8.6	51,000
Total	100.0	595,000

(a) Other indicators are SDQ in 'abnormal' range, Kessler 10 in 'very high' distress range and/or suicide attempt.

7.8 Young people with mental disorders who did not use services

Overall, 44.0% or an estimated 246,000 children and adolescents who were assessed as having a mental disorder had not used services in the previous 12 months. This is the equivalent of 5.9% of all 4-17 year-olds.

Four fifths (79.9%) of children and adolescents aged 4-17 years with a mental disorder who did not use services had mild disorders, however, 15.9% had moderate disorders and 4.2% had severe disorders. Four fifths (81.9%) of 4-17 year-olds with a mental disorder who did not use services had one type of mental disorder, 15.4% had two disorders and 2.7% had three disorders.

Children with mental disorders were less likely to have used services than adolescents. Two thirds (65.2%) of those with mental disorders who had not used services were aged 4-11 years and one third (34.8%) were aged 12-17 years.

Of those 4-17 year-olds who had a mental disorder in the past 12 months and who did not use services in that period, almost three in ten (28.5%) had used a service for emotional or behavioural problems at some point prior to the 12-month period covered by the survey. However, the remaining 71.5% had never used any service for emotional or behavioural problems. This corresponds to 30.2% of all 4-17 year-olds with a mental disorder.

Chapter 8 reports on parents and carers perception of their children's and adolescents' needs for services and provides important insights as to why many of these young people did not use services.

8 PERCEIVED NEED AND BARRIERS TO RECEIVING MENTAL HEALTH CARE

There are several factors that determine whether young people receive services for their emotional and behavioural problems. Firstly, the young person or their parents and carers or another significant person in their lives must recognise that there is a problem and that the problem requires assistance. Secondly, they or people close to them need to know that there are effective services to deal with these problems and these must be accessible. Lastly, parents and carers, and young people themselves particularly when they are older, must feel able to receive care and be willing to use services.

This chapter reports on the need for services and barriers to care for young people as perceived by their parents and carers.

8.1 Perceived need for mental health care

Parents and carers were asked about the help their child or adolescent needed with their emotional or behavioural problems and whether their needs for these had been met. The help was categorised into four types:

- Information about emotional or behavioural problems, treatment and available services;
- Prescribed medication for emotional or behavioural problems;
- Counselling or a talking therapy about problems or difficulties (either one-on-one, as a family or in a group); and
- Courses or other counselling for life skills, self-esteem or motivation.

8.1.1 Perceived need for help for all children and adolescents

Just over a quarter (26.8%) of all parents and carers reported that in the previous 12 months their child or adolescent had some need for help for emotional or behavioural problems. Seven out of ten parents and carers (70.2%) who indicated a need for help reported their child's or adolescent's needs were met either fully (42.9%) or partially (27.3%). The remainder (29.8%) indicated their needs were not met at all (Table 8-1).

The most common type of help parents and carers felt their children needed was counselling or a talking therapy, with one fifth of all parents (21.6%) reporting a need for such services in the previous 12 months. Of the 4-17 year-olds whose parents indicated a need for counselling or talking therapy, two thirds (66.8%) reported that their needs were met either fully (42.7%) or partially (24.1%).

One in ten parents and carers of 4-17 year-olds (10.3%) indicated a need for courses or other counselling for life skills, self-esteem or motivation in the previous 12 months, of which less than half (43.1%) indicated the need was met either fully (29.0%) or partially (14.1%). Similarly, about one in ten (12.1%) parents and carers identified a need for information, of which 62.4% reported that the need was met either fully (44.3%) or partially (18.1%). Relatively few (4.2%) parents and carers identified a need for medication.

Table 8-1: Perceived need for help in past 12 months for 4-17 year-olds

Level of perceived need	Information (%)	Medication (%)	Counselling (%)	Life skills (%)	Any type of help (%) (b)
No need	87.9	95.8	78.4	89.7	73.2
Any need—	12.1	4.2	21.6	10.3	26.8
Needs fully met (a)	44.3	54.4	42.7	29.0	42.9
Needs partially met (a)	18.1	18.7	24.1	14.1	27.3
Needs unmet (a)	37.7	27.0	33.2	56.9	29.8

(a) The proportion of those reporting any need whose needs were fully met, partially met or unmet.

(b) Where need for more than one type of help was identified, level of perceived need for any type of help has been derived from the level of perceived need for each type of help needed (see glossary for details).

8.1.2 Perceived need for help for young people with mental disorders

Almost four fifths (78.6%) of parents and carers of children and adolescents with mental disorders identified that their children had a need for some type of help with their emotional and behavioural problems in the previous 12 months. Almost three quarters (73.8%) of these parents and carers reported that their children's need for help in the previous 12 months had been either fully (34.9%) or partially met (38.9%). However, one quarter (26.2%) reported that they had unmet need (Table 8-2).

Almost double the proportion of parents and carers of 4-11 year-olds with mental disorders than of 12-17 year-olds with mental disorders felt that their children had no need for help (26.8% compared to 14.6%).

Table 8-2: Perceived need for any type of help in past 12 months for 4-17 year-olds with mental disorders by age group

Level of perceived need	4-11 years (%)	12-17 years (%)	4-17 years (%)
No need	26.8	14.6	21.4
Any need—	73.2	85.4	78.6
Needs fully met (a)	35.2	34.6	34.9
Needs partially met (a)	33.7	44.7	38.9
Needs unmet (a)	31.2	20.7	26.2

(a) The proportion of those reporting any need whose needs were fully met, partially met or unmet.

Counselling was the type of help most often reported as needed. Two thirds (68.1%) of parents and carers of children and adolescents with mental disorders reported that their child or adolescent needed counselling. Of these, just over two thirds (67.7%) indicated that their needs were met either fully (36.8%) or partially (30.9%) (Table 8-3).

Two fifths of parents and carers (41.7%) of children and adolescents with mental disorders reported a need for information, and this need was met fully (39.4%) or partially (25.0%) in about two thirds of cases. Just over one fifth (22.3%) of parents and carers reported a need for medication for their child or adolescent in the previous 12 months and this need was met in 76.5% of cases, either fully (54.5%) or partially (22.0%).

One third (36.0%) of parents and carers of children and adolescents with mental disorders reported that the young person needed life skills training. A relatively low proportion (39.1%) reported that this need was met either fully (20.6%) or partially (18.5%). The majority (60.9%) of parents reporting a need for life skills training indicated the need was not met.

Table 8-3: Perceived need for help in past 12 months for 4-17 year-olds with mental disorders by type of help

Level of perceived need	Information (%)	Medication (%)	Counselling (%)	Life skills (%)	Any type of help (%) (b)
No need	58.3	77.7	31.9	64.0	21.4
Any need—	41.7	22.3	68.1	36.0	78.6
Needs fully met (a)	39.4	54.5	36.8	20.6	34.9
Needs partially met (a)	25.0	22.0	30.9	18.5	38.9
Needs unmet (a)	35.5	23.5	32.3	60.9	26.2

- (a) The proportion of those reporting any need whose needs were fully met, partially met or unmet.
- (b) Where need for more than one type of help was identified, level of perceived need for any type of help has been derived from the level of perceived need for each type of help needed (see glossary for details).

The extent to which parents perceived a need for help varied with the severity of the young person’s disorder (Table 8-4). Two thirds (68.3%) of parents and carers of 4-17 year-olds with mild mental disorders felt that their child or adolescent needed help, and in 65.6% of cases these needs were met either fully (40.2%) or partially (25.4%). By contrast, all or nearly all parents of children or adolescents with a moderate or severe mental disorder (91.8% and 100.0% respectively) reported that they needed some form of help. A higher proportion of parents of children and adolescents with moderate and severe disorders (81.8% and 84.2% respectively) reported that their needs were met fully or partially than did those parents of 4-17 year-olds with mild mental disorders (65.6%).

Parents and carers of three quarters (73.6%) of those with severe disorders, one half (51.6%) of those with moderate disorders and less than one third (29.6%) of those with mild disorders identified a need for information. The need for information was unmet in about one third of cases (34.6% in those with severe disorders, 31.5% for moderate disorders, and 39.1% for mild disorders).

Parents and carers reported that half (52.4%) of children and adolescents with severe disorders, one third (36.7%) of those with moderate disorders and less than one in ten (8.7%) of those with mild disorders had a need for prescribed medication. This need was unmet for around one quarter of those with severe disorders (23.3%) and moderate disorders (28.4%).

Counselling or talking therapies were the type of help most often reported by parents and carers as being needed, with 87.0% of those with severe disorders, 85.8% of those with moderate disorders and 55.9% of those with mild disorders identifying a need for this type of help. According to parents and carers, four fifths (84.9%) of children and adolescents with severe disorders needing counselling had their needs met either fully (30.9%) or partially (54.0%) with the remainder (15.1%) reporting their needs were unmet. Unlike other types of help, unmet need for counselling was strongly associated with severity, increasing for those with moderate disorders and again for those with mild disorders (28.7% and 41.3% respectively).

Two thirds (66.0%) of parents and carers of children and adolescents with severe disorders identified a need for courses or other counselling for life skills, self-esteem or motivation as did 38.3% of those with moderate disorders and 27.6% of those with mild disorders. Need for courses or other counselling for life skills, self-esteem or motivation was unmet in three fifths of cases with 58.5% of those with severe disorders, 64.9% of those with moderate disorders and 60.0% of those with mild disorders having unmet need.

Table 8-4: Perceived need for help in past 12 months for 4-17 year-olds with mental disorders by severity of disorder and type of help

Severity	Level of perceived need	Information (%)	Medication (%)	Counselling (%)	Life skills (%)	Any type of help (%) (b)
Mild	No need	70.4	91.3	44.1	72.4	31.7
	Any need—	29.6	8.7	55.9	27.6	68.3
	Needs fully met (a)	41.8	71.2	39.7	23.3	40.2
	Needs partially met (a)	19.1	np	19.0	16.6	25.4
	Needs unmet (a)	39.1	np	41.3	60.0	34.4
Moderate	No need	48.4	63.3	14.2	61.7	8.2
	Any need—	51.6	36.7	85.8	38.3	91.8
	Needs fully met (a)	44.8	51.3	35.9	17.2	31.3
	Needs partially met (a)	23.7	20.4	35.4	17.9	50.5
	Needs unmet (a)	31.5	28.4	28.7	64.9	18.2
Severe	No need	26.4	47.6	13.0	34.0	0.0
	Any need—	73.6	52.4	87.0	66.0	100.0
	Needs fully met (a)	29.2	47.1	30.9	19.3	25.6
	Needs partially met (a)	36.2	29.6	54.0	22.2	58.6
	Needs unmet (a)	34.6	23.3	15.1	58.5	15.8

(a) The proportion of those reporting any need whose needs were fully met, partially met or unmet.

(b) Where need for more than one type of help was identified, level of perceived need for any type of help has been derived from the level of perceived need for each type of help needed (see glossary for details).

np Not available for publication because of small cell size, but included in totals where applicable.

8.1.3 Differences in perceived need between those using and not using services

As reported in Chapter 7, just over half (56.0%) of children and adolescents with mental disorders had used services for emotional and behavioural problems in the previous 12 months. Conversely, 44.0% had not used any services.

Virtually all (97.1%) parents and carers of children and adolescents with mental disorders who had used services in the previous 12 months reported that their child or adolescent had a need for some type of help (Table 8-5). Of these, only a small proportion (6.2%) reported that these needs were unmet. In terms of the particular types of help needed by those who had used services in the previous 12 months, the greatest area of need reported by parents was for counselling (87.0%).

By contrast, just over half (54.9%) of parents and carers of children and adolescents with mental disorders who had not used services in the previous 12 months reported that their child or adolescent had a need for some type of help (Table 8-5). Almost three quarters (71.1%) of those with needs reported that their child’s or adolescent’s needs were not met. In terms of the particular types of help needed by those who had not used services in the previous 12 months, the greatest area of need reported by parents and carers was for counselling (44.1%).

Table 8-5: Perceived need for help in past 12 months for 4-17 year-olds with mental disorders by service use and type of help

Service use	Level of perceived need	Information (%)	Medication (%)	Counselling (%)	Life skills (%)	Any type of help (%) (b)
Used services	No need	43.7	63.7	13.0	53.9	2.9
	Any need—	56.3	36.3	87.0	46.1	97.1
	Needs fully met (a)	46.4	59.7	47.2	24.9	44.5
	Needs partially met (a)	29.7	24.1	39.2	21.2	49.3
	Needs unmet (a)	23.9	16.2	13.6	53.8	6.2
No service use	No need	76.9	95.6	55.9	76.9	45.1
	Any need—	23.1	4.4	44.1	23.1	54.9
	Needs fully met (a)	17.8	0.0	10.6	9.5	13.2
	Needs partially met (a)	10.7	0.0	10.0	11.5	15.7
	Needs unmet (a)	71.6	100.0	79.4	79.1	71.1

(a) The proportion of those reporting any need whose needs were fully met, partially met or unmet.
 (b) Where need for more than one type of help was identified, level of perceived need for any type of help has been derived from the level of perceived need for each type of help needed (see glossary for details).

8.2 Barriers to seeking and receiving help

Table 8-6 shows all the reasons given by parents and carers of children and adolescents with mental disorders for not seeking help or receiving more help when needs were not fully met. The most commonly identified reasons were not being sure where to get help (39.6%), not being able to afford help (37.0%) and preferring to handle the problem by themselves or with help from family or friends (31.1%). Being concerned with what other people might think was identified as a barrier by only 5.3% of parents and carers.

Table 8-6: Barriers to seeking help or receiving more help in past 12 months for 4-17 year-olds with mental disorders by age group

Barrier	4-11 years (%)	12-17 years (%)	4-17 years (%)
Preferred to handle by self or with family/friends	36.5	24.5	31.1
Concerned about what people might think	5.2	5.4	5.3
Not sure if child or adolescent needed help	33.5	19.8	27.3
Not sure where to get help	39.9	39.3	39.6
Thought problem would get better by itself	30.1	21.9	26.4
Problem getting to a service that could help	31.8	25.3	28.9
Couldn't afford it	40.5	32.9	37.0
Couldn't get an appointment	29.5	28.8	29.2
Child or adolescent refused help, didn't turn up for appointment or didn't think they had a problem	6.2	48.4	25.4

Some reasons for not seeking help or receiving more help were more common among children than adolescents with mental disorders (Table 8-6). These included parents and carers preferring to handle the problem by themselves or with the help of family or friends (36.5% for 4-11 year-olds compared with 24.5% for 12-17 year-olds), and not being sure if help was needed (33.5% for 4-11 year-olds compared with 19.8% for 12-17 year-olds). In comparison, the most commonly identified reasons for not seeking help or receiving more help for 12-17 year-olds were related to the adolescent themselves, including the young person refusing help, not turning up for an appointment or thinking that they did not have a problem (48.4% compared with 6.2% of 4-11 year-olds).

If parents and carers reported more than one reason, they were also asked about the main reason for not seeking help or receiving more help. About one third (30.9%) of parents and carers identified issues to do with the accessibility of services, specifically problems in getting to a service, not being able to afford it, or not being able to get an appointment. For about another third of parents and carers (36.4%), the most common main reasons for not seeking help or not receiving more help were being unsure if their child or adolescent needed help, where to get help, or thinking the problem would get better by itself, issues that could be broadly considered as mental health literacy (Table 8-7).

Just under one fifth (17.3%) reported that the main reason was related to the child or adolescent not wanting to seek help, and 15.4% of parents and carers reported that the main reason was related to them wanting to manage the problems themselves.

The main barriers to seeking help or receiving more help differed between the age groups. The reasons most commonly identified as the main barriers for 4-11 year-olds were issues primarily related to mental health literacy (43.6%) or accessibility (36.2%). In contrast, the main barrier to adolescents seeking help or receiving more help was identified by about one third (34.8%) of parents as the young person refusing help, not turning up for appointments or because they did not think they had a problem.

Table 8-7: Main barrier to seeking help or receiving more help in past 12 months for 4-17 year-olds with mental disorders by age group

Main barrier	4-11 years (%)	12-17 years (%)	4-17 years (%)
Self-management/stigma	18.3	12.1	15.4
Mental health literacy	43.6	28.2	36.4
Accessibility	36.2	24.9	30.9
Child-related	np	34.8	17.3

np Not available for publication because of small cell size, but included in totals where applicable.

8.3 Perceived need for help for parents and carers of children and adolescents with mental disorders

Parents and carers of children and adolescents with emotional and behavioural problems were also asked about whether they themselves or another family member had received any help to deal with their children's problems, whether their own needs had been met and, if not, what types of help they felt that they needed. Two fifths (39.0%) of parents and carers reported that they had no need for any type of help (Table 8-8).

Of those who reported a need for any type of help (61.0%), four fifths (78.1%) indicated their needs were met either fully (37.3%) or in part (40.8%) (Table 8-9). Conversely, around one fifth (21.9%) reported unmet need.

The type of help for which there was greatest need was counselling, not only on how to manage the child's problems, but also to help family relationships and to deal with parents' and carers' own problems, worries or stresses as a result of their child's problems. Counselling was identified by 86.5% of parents and carers who indicated some need for help. While this need was either fully or partially met for nearly two thirds of parents and carers (64.4%), 45.6% of parents and carers reported their needs for counselling on how to manage their children's problems were not being met at all, 44.8% had unmet need for counselling to help family relationships, and 38.7% had unmet need for counselling for their own problems, worries or stresses as a result of their child's problems.

In terms of information about their child's problems, treatments and services, 41.0% had any need of which one third (32.6%) had unmet need. About one fifth (18.4%) of parents and carers reported some need for a parenting skills course of which over half (52.4%) did not have these needs met.

Table 8-8: Perceived need for help in past 12 months for parents and carers to deal with problems of 4-17 year-olds with mental disorders

Type of help	Any need (%)
Information about child's problems, treatments and services	41.0
Counselling on how to manage child's problems	44.4
Counselling to help family relationships	30.0
Counselling for own problems, worries or stresses	36.1
Parenting skills course	18.4
Respite care	11.3
Support group	13.6
Help to meet people for support or company	10.3
Any type of help	61.0

Table 8-9: Level of perceived need for help in past 12 months among parents and carers reporting any need for help to deal with problems of 4-17 year-olds with mental disorders

Type of help	Fully met need (%)	Partially met need (%)	Unmet need (%)
Information about child's problems, treatments and services	40.6	26.8	32.6
Counselling on how to manage child's problems	30.3	24.2	45.6
Counselling to help family relationships	27.9	27.3	44.8
Counselling for own problems, worries or stresses	37.2	24.1	38.7
Parenting skills course	35.0	12.6	52.4
Respite care	18.2	18.2	63.6
Support group	25.3	16.7	58.0
Help to meet people for support or company	15.9	11.8	72.3
Any type of help	37.3	40.8	21.9

9 THE ROLE OF SCHOOLS AND IMPACT ON EDUCATION

Schools and other educational institutions play a significant role in providing services to young people with mental disorders and are sometimes where emotional and behavioural problems are first identified.

This chapter provides an overview of the role played by teachers and other school staff in providing support and other services, and referring young people with emotional and behavioural problems to health service providers. The relationship between mental disorders and school attendance, functioning at school and academic performance is also reported.

Data are presented for the 95.9% of young people participating in the survey who were either attending school or another educational institution or had attended in the past 12 months and are based on parent and carer reports. This includes children who were attending part-time or full-time schooling prior to Year 1.

9.1 Identification of young people with emotional or behavioural problems by school staff

Where parents had acknowledged that their child or adolescent had ever experienced emotional or behavioural problems that were significant enough to need help, they were asked who it was that thought that their child needed help including school staff.

Two fifths (40.5%) of parents and carers reported that a school staff member was among those to suggest that their child may need help for emotional or behavioural problems. Just over a third (35.6%) of parents and carers reported that a school teacher or principal was among those to suggest that their child needed some help for emotional or behavioural problems and 12.0% said that either the school counsellor, psychologist or nurse were among those to identify emotional or behavioural problems in their child or adolescent (Table 9-1).

Table 9-1: Proportion of parents or carers who reported that their child's emotional or behavioural problems were identified by school staff

Staff member identifying problem	Students who have ever had emotional or behavioural problems (%)
School teacher or principal	35.6
School counsellor, psychologist or nurse	12.0
Any school staff	40.5

9.2 School contact with families

One eighth (12.8%) of parents and carers had been contacted in the previous 12 months by the school about a range of emotional or behavioural issues, including bullying (both as perpetrator or victim), aggressive behaviour and conduct issues (Table 9-2).

It was more common that schools contacted families about emotional or behavioural issues when the student was male (16.2%) rather than female (9.3%). It was also more common that families were contacted by the school about emotional or behavioural issues when students were older (15.4% of 12-17 year-olds compared with 10.8% of 4-11 year-olds).

Contact by the school in respect of emotional or behavioural issues was over four times more common for those students who were identified in the survey as having mental disorders (39.7% compared to 8.3% of students without a disorder). The proportion contacted was higher for older students (45.3%) with a mental disorder than younger students with mental disorders (35.4%). The proportion was also higher for males with mental disorders (43.4%), than for females with mental disorders (34.3%) especially in the 4-11 year-olds age group (40.2% of males compared with 27.6% of females).

Table 9-2: School contact in past 12 months by sex, age group and mental disorder status

Sex	Age group	Mental disorder (%)	No disorder (%)	All students (%)
Males	4-11 years	40.2	9.4	14.6
	12-17 years	47.8	12.5	18.1
	4-17 years	43.4	10.8	16.2
Females	4-11 years	27.6	4.2	6.8
	12-17 years	41.9	8.3	12.5
	4-17 years	34.3	6.0	9.3
Persons	4-11 years	35.4	6.7	10.8
	12-17 years	45.3	10.4	15.4
	4-17 years	39.7	8.3	12.8

9.3 Services used at school

Just over one in ten (11.5%) students had used a school service for emotional or behavioural problems in the previous 12 months, with a higher proportion of older students (14.2% of 12-17 year-olds) than younger students (9.4% of 4-11 year-olds) using services (Table 9-3).

Individual counselling was the most commonly used type of school service in the previous 12 months (8.0% of students). Twice as many older students (11.0%) as younger students (5.6%) used individual counselling services at school.

Table 9-3: School service use for emotional or behavioural problems in past 12 months among 4-17 year-olds by type of service and age group

Type of school service	4-11 years (%)	12-17 years (%)	4-17 years (%)
Individual counselling	5.6	11.0	8.0
Group counselling or support program	2.2	3.2	2.7
Special class or school	2.7	2.8	2.7
School nurse	0.8	2.0	1.4
Other school services	3.3	5.2	4.1
Any service at school	9.4	14.2	11.5

9.3.1 Referral from school to health service providers

When parents and carers reported that the child or adolescent had used the services of particular health service providers in the previous 12 months for emotional or behavioural problems, they were asked if the recommendation or advice to see the provider came from the school.

Of those children or adolescents who had seen a paediatrician, one quarter (25.3%) had been recommended or advised to see the paediatrician by their school. About one in six children and adolescents who used the services of a general practitioner, psychiatrist or psychologist in the previous 12 months (15.8%, 17.0% and 16.9% respectively) had seen the health service provider following recommendation or advice from the school (Table 9-4).

Table 9-4: Proportion of students using health services in past 12 months who were referred by their school by provider type

Health service provider	All students (%)
General practitioner	15.8
Paediatrician	25.3
Psychiatrist	17.0
Psychologist	16.9
Any health service provider	22.6

9.4 Informal support from teachers and other school staff

One in five students (18.9%) had received informal support for emotional or behavioural problems from a school staff member in the previous 12 months. Of those that had received informal support from school staff nearly three fifths (57.2%) had not used formal school services in the previous 12 months as reported in the previous section. One in six students (15.7%) had received informal support from their teachers and one eighth (12.2%) had received informal support for emotional or behavioural problems from other school staff (Table 9-5).

Informal support was around four times higher for young people with a mental disorder, with around half of students with a mental disorder (51.0%) receiving informal support from their teacher and/or other school staff in the previous 12 months compared with 13.6% of those without a mental disorder.

Table 9-5: Proportion of students receiving school-based informal support in past 12 months by mental disorder status

Staff member providing support	Mental disorder (%)	No disorder (%)	All students (%)
His or her teacher	43.2	11.4	15.7
Other school staff	38.6	7.9	12.2
Any school staff	51.0	13.6	18.9

9.5 Relationship between mental disorders and schooling

This section reports on the relationship between mental disorders and school-related outcomes, including days absent from school, impact on functioning at school due to symptoms of mental disorder, school performance in different learning areas and enjoyment of school.

9.5.1 Days absent from school

The average days absent from school due to symptoms of the mental disorder were greatest for those with major depressive disorder and anxiety disorders (on average 20 and 12 days in the previous 12 months respectively). The days absent were far higher among older students for all disorders, with 12-17 year-olds with major depressive disorder being absent 23 days and those with anxiety disorders absent 20 days on average in the previous 12 months. Although adolescents with conduct disorder did not have as many days absent from school, the difference between the two age groups was greatest, with 12-17 year-olds absent 17 days and 4-11 year olds absent just 2 days on average in the previous 12 months due to the symptoms of their disorder (Table 9-6).

Table 9-6: Average days absent in past 12 months due to symptoms of mental disorder by age group and disorder type

Age group	Anxiety disorders (days)	Major depressive disorder (days)	ADHD (days)	Conduct disorder (days)
4-11 years	6	14	4	2
12-17 years	20	23	9	17
4-17 years	12	20	5	8

9.5.2 Impact on functioning at school

The level of impact on functioning at school varied with the type of mental disorder. The greatest impact was due to symptoms of major depressive disorder, with this having had a severe impact on school function for one third (34.3%) of students with this disorder. The symptoms of ADHD had the least impact for most students, with this having mild impact on schooling for 40.0% of students. One third (35.6%) of those with conduct disorder and 20.0% with anxiety disorders experienced no impact on schooling according to parents and carers (Table 9-7).

The level of impact on schooling differed between the age groups for all types of mental disorders. In particular, severe impact on functioning at school due to symptoms of anxiety or ADHD was more common among 12-17 year-old students than 4-11 year-old students (29.1% compared with 12.6% for anxiety disorders and 20.4% compared with 8.5% for ADHD). The greatest difference was for conduct disorders, with the impact being severe for 22.8% of 12-17 year olds and moderate for another 43.6% compared with 10.3% with severe impact and 11.0% with moderate impact for 4-11 year-olds.

Table 9-7: Impact on functioning at school in past 12 months among 4-17 year-olds with mental disorders by age group and mental disorder type

Age group	Level of impact on functioning	Anxiety disorders (%)	Major depressive disorder (%)	ADHD (%)	Conduct disorder (%)
4-11 years	None	27.1	np	16.9	46.2
	Mild	36.9	15.7	42.2	26.7
	Moderate	19.5	27.3	29.9	11.0
	Severe	12.6	45.4	8.5	10.3
	Does not go to school	4.0	np	2.6	np
12-17 years	None	10.7	8.9	7.0	21.8
	Mild	24.7	17.8	36.2	6.9
	Moderate	29.9	36.1	33.2	43.6
	Severe	29.1	30.8	20.4	22.8
	Does not go to school	5.7	6.3	3.3	np
4-17 years	None	20.0	9.6	13.3	35.6
	Mild	31.7	17.3	40.0	18.1
	Moderate	23.9	34.1	31.1	25.2
	Severe	19.7	34.3	12.8	15.8
	Does not go to school	4.7	4.8	2.8	5.4

np Not available for publication because of small cell size, but included in totals where applicable.

9.5.3 School performance by mental disorder status

Table 9-8 shows parent and carer ratings of students' performance across five different learning areas for those with and without a mental disorder. Given the different ages at which learning areas are introduced, performance in Maths, English, Art and Sports is reported for children aged six and older, and performance in Science is reported for children aged 11 and over.

School performance in all subjects was markedly poorer for those with a mental disorder. In particular there was a greater difference in the core learning areas. In Maths 37.0% of students with mental disorders were rated below average compared with 10.5% of those with no disorder. In English 39.4% of students with mental disorders were rated below average compared with 10.8% of those with no disorder. In Science 33.7% of students with mental disorders were rated below average compared with 8.8% of those with no disorder. The same was true for Art and Sports learning areas, but the differences were somewhat less.

Table 9-8: School performance in past 12 months by mental disorder status and school subject

Mental disorder status	Subject	Far above average (%)	Somewhat above average (%)	Average (%)	Somewhat below average (%)	Far below average (%)
Any disorder	Maths	9.1	18.3	35.6	24.5	12.5
	English, reading or writing	12.2	19.1	29.2	25.0	14.4
	Science	5.7	15.7	45.0	21.9	11.8
	Art or drawing	11.2	26.2	44.3	12.7	5.6
	Sports or physical education	14.3	23.5	38.8	16.0	7.3
No disorder	Maths	17.1	33.5	38.8	9.0	1.5
	English, reading or writing	20.2	33.8	35.2	9.3	1.5
	Science	13.2	32.5	45.6	7.7	1.1
	Art or drawing	15.2	34.6	43.9	5.3	1.0
	Sports or physical education	21.5	30.7	38.9	7.7	1.2

Note: Performance in Maths, English, Art and Sports is reported for children aged six and older, while performance in Science is reported for children aged 11 and over.

The survey also gathered data from parents and carers concerning how much their children liked school. A higher proportion of children and adolescents with a mental disorder than those without a mental disorder somewhat disliked or very much disliked school (21.6% compared with 5.1%) (Table 9-9).

Table 9-9: Rating of how much students liked school in past 12 months by mental disorder status

Level of liking	Mental disorder (%)	No disorder (%)	All students (%)
Very much likes school	31.3	59.3	55.3
Somewhat likes school	37.4	29.5	30.6
Neither likes nor dislikes school	9.7	6.1	6.6
Somewhat dislikes school	12.1	3.9	5.1
Very much dislikes school	9.5	1.2	2.4