Australian Early Development Census
An Australian Government Initiative

Our Children
Our Communities
Our Future

Research Snapshot

Does mental health competence promote children's academic achievement?

Background

Traditionally, mental health interventions have focused on the important goal of alleviating symptoms of psychological disorders. However, helping children experience good mental health requires an understanding of both:

- mental health **difficulties**, such as anxiety disorders, depression, and behaviour problems, *and*
- mental health **competence** (also termed positive mental health, thriving, flourishing, or wellbeing), which refers to healthy psychosocial functioning.

Competence is something that can be explicitly taught in schools. In Australia, there has been wide uptake of school-based initiatives that aim to enhance competence. The universal reach of schools makes them particularly attractive intervention sites because the promotion of competence is relevant for all children.

Of interest is whether promoting competence could also have follow-on benefits for improved academic achievement and educational attainment in the longer term. It seems likely and logical that improved competence could be beneficial for academic learning. There have been some interventions that aimed to promote children's social and emotional learning and also found that they affected children's academic development.

If competence can improve academic achievement, this would create a strong argument for investment in the universal promotion of mental health competence in schools. On the other hand, without such evidence, stakeholders may legitimately question whether using class time and school resources to focus on social and emotional skills may detract from academic learning and outcomes.

Aims

This study aimed to investigate whether mental health competence at school entry leads to improved academic outcomes in year three, taking into account the many other influences on children's academic skills (e.g. family circumstances).

ED17-0105

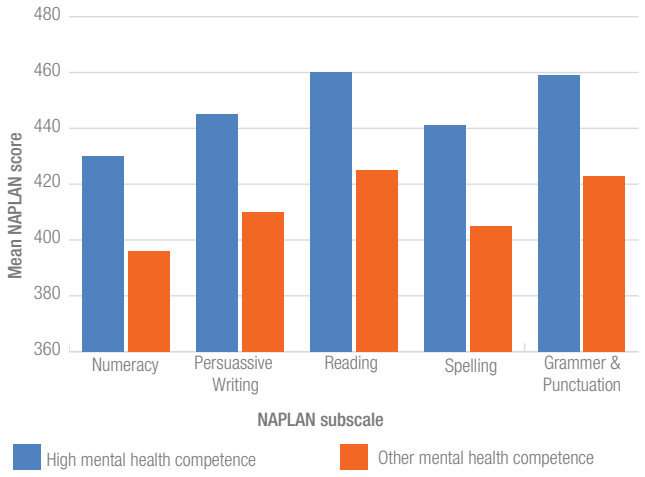
Study details

The Longitudinal Study of Australian Children (LSAC) is a nationally representative sample of two cohorts of Australian children which commenced in May 2004. The LSAC Birth (LSAC B) cohort is linked to results from National Assessment Program—Literacy and Numeracy (NAPLAN), a standardised direct assessment of academic skills conducted in Australian schools at years three (the focus of this study), five, seven, and nine. LSAC has also been linked to the Australian Early Development Census (AEDC; **www.aedc.gov.au**), a teacher-reported checklist of children's health and development in the first year of school, which includes an indicator of mental health competence. AEDC data was linked for those LSAC children who were in their first year of (compulsory) full-time schooling in 2009, coinciding with the three-yearly AEDC data collection.

Key findings

Children with high mental health competence at 4–5 years of age scored significantly higher across all NAPLAN subscales in year three (Numeracy, Persuasive Writing, Reading, Spelling, and Grammar and Punctuation). Mean NAPLAN scores for children according to their level of competence is shown in Figure 1.

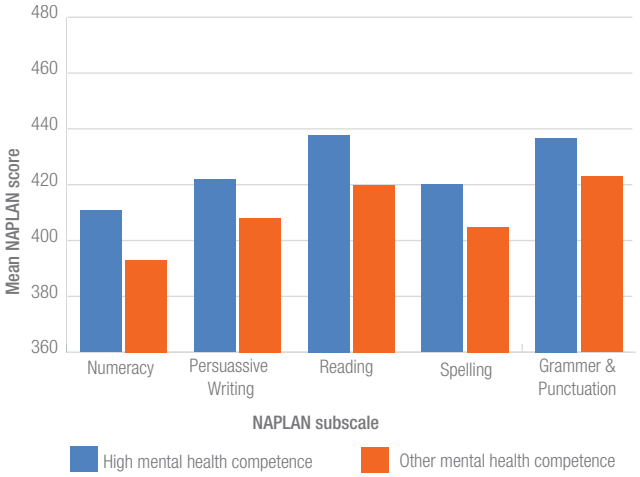
Figure 1. Mean NAPLAN subscale scores according to level of mental health competence.



It is important to know whether this relationship remains once other factors that relate to competence and academic skills are taken into consideration, including characteristics of the child, their family circumstances, home environment, and community socioeconomic status.

When these background factors are taken into account (Figure 2), the relationship between competence and academic skills was smaller than it initially appeared. Nevertheless, there was still a small positive effect for competence on academic outcomes that was maintained over four years. This relationship was statistically significant for all NAPLAN subscales, except Grammar and Punctuation.

Figure 2. Mean NAPLAN subscale scores according to level of mental health competence, after accounting for background characteristics.



Implications

These findings suggest that higher mental health competence can lead to small but positive improvements in children's academic achievement. This relationship is seen even when the many factors that are implicated in both the development of competence and academic skills are taken into account.

Competence had broad relevance across a range of academic skill areas, rather than specific domains of learning. It may be that students with greater positive mental health have stronger social skills that, in turn, allow them to engage more effectively with those around them, such as their teachers, who can support their learning across a number of areas.

It was also clear from the findings that children's own characteristics, family backgrounds, and community play a role in producing both academic achievement and positive mental health. So there may be strong common causes of both positive mental health and academic outcomes. If future research is able to identify these, those that are more modifiable could prove efficient targets for intervention. For example, attendance at high quality early education and care settings could be one such factor, given that these settings aim to foster both social and emotional wellbeing and academic learning.

For further details

Details of the research paper

For full technical details of this research see: O'Connor, M., Cloney, D., Kvalsvig, A. & Goldfeld, S. (in submission). Does positive mental health have a plausibly causal role in promoting academic achievement in the elementary school population? *Educational Researcher*.

A full list of references used in the development of this snapshot is available online **link**.

About research snapshots

Research Snapshots provide a brief and accessible overview of research being undertaken in relation to the AEDC. This project was funded by the Australian Government under the AEDC program. For further information and resources consult the AEDC website: **www.aedc.gov.au**.

About the organisation

The Centre for Community Child Health (CCCH) has been at the forefront of Australian research into early childhood and behaviour for over two decades. The CCCH conducts research into many conditions and common problems faced by children that are either preventable or can be improved if recognised and managed early. By working collaboratively with leaders in policy, research, education and service delivery, the Centre aims to influence early childhood policy and improve the capacity of communities to meet the needs of children and their families. CCCH is a department of The Royal Children's Hospital and a research group of the Murdoch Childrens Research Institute: **www.rch.org.au/ccch**.

Since 2002, the Australian Government has worked in partnership with eminent child health research institutes, Centre for Community Child Health, Royal Children's Hospital, Melbourne, and the Telethon Kids Institute, Perth to deliver the Australian Early Development Index programme to communities nationwide. On 1 July 2014, the Australian Early Development Index (AEDI) programme became known as the Australian Early Development Census (AEDC), and was launched through a new website www.aedc.gov.au. The Australian Government continues to work with its partners, and with state and territory governments to implement the AEDC.