Australian Early Development Census
An Australian Government Initiative

Our Children
Our Communities
Our Future

Research Snapshot

The mental health of Australian children: A dual continuum

Background

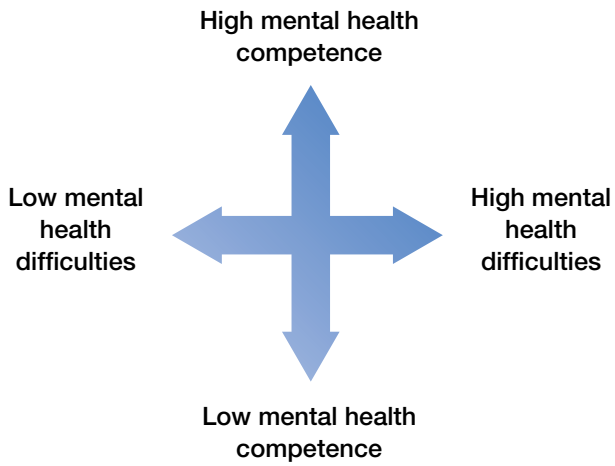
Traditionally, mental health interventions have focused on the important goal of alleviating symptoms of psychological disorders. However, newer thinking suggests that helping children experience good mental health requires that we understand both:

- 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.

Importantly, the absence of mental health difficulties does not necessarily equal the presence of mental health competence. For example, a child may have no symptoms of mental illness, yet nevertheless be languishing with less than optimal mental health. For this reason, competence and difficulties are considered a 'dual continuum': competence can range from low to high, and difficulties can range from low to high (see Figure 1).

Figure 1. The dual continuum of mental health

Both competence and difficulties can range from low to high, and a child who is low on one is not necessarily high on the other (or vice versa).



Research with adolescents and adults has found extensive support for thinking about mental health as a dual continuum of mental health difficulties and mental health competence. However, there is little research investigating whether the dual continuum applies when

ED16-0029

looking at children's mental health. In addition, it is not known what relationship socioeconomic disadvantage might have when considering the intersection of competence and difficulties in children.

Aim

This research aimed to examine whether the dual continuum of mental health applied in a full national sample of children as they entered school. Using the dual continuum model, we expected to see some groups of children with 'off diagonal' combinations of competence and difficulties, such as:

1. high competence and high difficulties
2. low competence and low difficulties.

In contrast, if all children with high competence had low difficulties, and all children with high difficulties had low competence, the dual continuum model would not be supported. In such a scenario we would consider child mental health as a single continuum: competence on one end, and difficulties on the other.

Key Findings

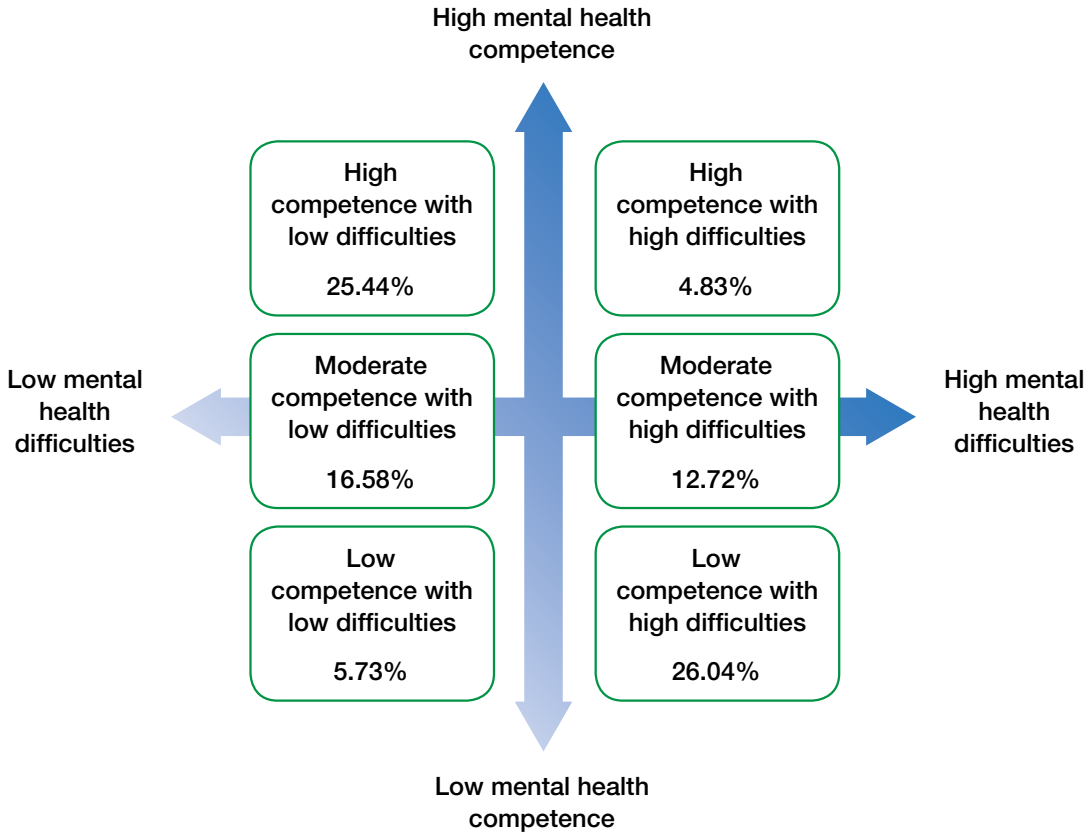
As expected, the majority of children experienced a combination of high mental health competence and low mental health difficulties, or high difficulties and low competence (see Figure 2).

In addition, a small number of children experienced 'off-diagonal' combinations of mental health competence and mental health difficulties, with either high levels of both competence and difficulties, or low levels of both competence and difficulties.

These 'off-diagonal' results support our hypothesis that competence and difficulties are distinct, and do not always perfectly correlate with one another. The absence of mental health difficulties does not necessarily imply the presence of mental health competence, and vice versa.

Next, the relationship between disadvantage and these different combinations of competence and difficulties was examined.

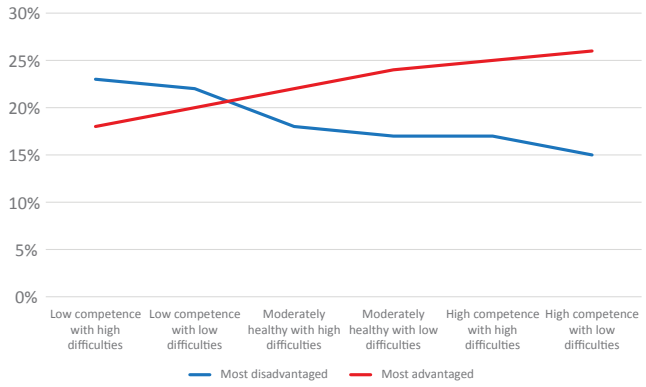
Figure 2. The dual continuum of mental health in Australian children



Source: 2012 AEDC data.

A higher proportion of children with low competence and high difficulties lived in the most disadvantaged neighbourhoods (see Figure 3). In contrast, a higher proportion of children with high competence (whether combined with high difficulties or not) lived in the most advantaged settings. These relationships held even when other demographic factors were accounted for.

Figure 3. Proportion of children living in the most advantaged and disadvantaged communities according to competence and difficulties



Implications

For policy and practice

Child mental health policies should include strategies that target both the promotion of mental health competence and the prevention of mental health difficulties, in order to ensure a comprehensive approach to children's mental health.

The results indicate that mental health profiles are sensitive to disadvantage, and hence may be highly amenable to public health intervention. These results suggest a more intensive approach will likely be needed in disadvantaged communities in order to reduce inequities in child mental health.

For research

It will be valuable for further research to examine whether different child mental health profiles are associated with differences in physical, educational and social functioning, as they have been shown to be in adolescents. This would shed new light on sources of developmental vulnerability and resilience in children.

Additionally, longitudinal research will be valuable for understanding how mental health competence and mental health difficulties impact each other over time, and their unique and overlapping social determinants.

Study detail

This study draws on data from the 2012 national Australian Early Development Index* (**www.aedc.gov.au**). During the period from 1 May until 31 July 2012, school teachers across Australia reported on the health and development of all children in their first year of formal full-time schooling. The AEDC measures five important domains of early childhood development: physical health and wellbeing; social competence; emotional maturity; language and cognitive skills (school-based); and communication skills and general knowledge.

* Now called the Australian Early Development Census (AEDC)

For further details

Details of the research paper

For full technical details of this research see: Goldfeld, S., Kvalsvig, A., O'Connor, M., O'Connor, E., Gray, S., Incledon, E. & Deery, A. (in preparation). Mental health competence and difficulties in a population cohort of Australian children.

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

About research snapshots

Research Snapshots provide a brief and accessible overview of research being undertaken in relation to the AEDC. This analysis was funded by the Australian Government under the AEDC program. For further up-to-date information consult the AEDC website and its many resources: **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 since 1994. CCCH is a department of The Royal Children's Hospital and a research centre of Murdoch Childrens Research Institute. 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, CCCH aims to influence early childhood policy and improve the capacity of communities to meet the needs of children and their families.

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.