

PART 5

Changes over time

Changes in the prevalence of mental disorders and service use among children and adolescents since 1998

Young Minds Matter was the second national child and adolescent survey of mental health and wellbeing conducted in Australia. The first survey was conducted in 1998. It was led by a consortium from the University of Adelaide and provided the first national data on the prevalence of mental disorders and service use in Australian children and adolescents.

Although there are a number of significant differences between the first and second surveys, many of the essential elements remain the same. Both surveys used the *Diagnostic Interview Schedule for Children Version IV* (DISC-IV) to assess mental disorders. Three disorders were common to both surveys and data on the prevalence of these disorders are compared.

Each survey determined the use of services by children and adolescents for their emotional and behavioural problems and, more specifically, the use by young people with mental disorders. The timeframe over which this was collected differed between the surveys and make comparisons difficult, but these data are explored further.

14 COMPARISON WITH 1998 NATIONAL SURVEY OF MENTAL HEALTH AND WELLBEING

Young Minds Matter was the second national Child and Adolescent Survey of Mental Health and Wellbeing conducted in Australia. The first survey was conducted in 1998.

While it is possible to make some comparisons between the 1998 and 2013-14 surveys, these need to take into account the similarities and differences between the two surveys.

When the 1998 Child and Adolescent Survey of Mental Health and Wellbeing was conducted it was the first national survey of its type conducted anywhere in the world. The survey assessed five common disorders using the DISC version IV, namely — major depressive disorder, dysthymic disorder, attention-deficit /hyperactivity disorder, conduct disorder, and eating disorders. The DISC-IV was a recognised diagnostic tool developed under the auspices of the National Institute of Mental Health in the United States to assess whether children and adolescents had mental disorders according to the criteria of the standard diagnostic classification, the DSM-IV. In addition mental health problems were assessed using the *Child Behavior Checklist* (CBCL).

Young Minds Matter also used the DISC-IV to assess mental disorders. However, there were some changes to the list of disorders that were assessed. Major depressive disorder, ADHD, and conduct disorder were assessed as well as four anxiety disorders, that is — social phobia, separation anxiety, generalised anxiety and obsessive-compulsive disorder. In addition, the Strengths and Difficulties Questionnaire (SDQ) was used in *Young Minds Matter* rather than the *Child Behavior Checklist*.

This chapter reports on changes in prevalence of mental disorders between 1998 and 2013-14 for the three mental disorders common to both surveys (major depressive disorder, ADHD, and conduct disorder). Comparisons were restricted to children and adolescents aged 6-17 years as the first survey did not administer the DISC-IV modules to parents and carers of children aged 4-5 years. This chapter also makes some comparison between use of services in 1998 and 2013-14, although this comparison needs to be interpreted with caution as the 1998 survey collected information on use of services in the 6 months prior to the survey while the 2013-14 survey collected information on use of services in the 12 months prior to the survey.

14.1 Prevalence of selected mental disorders by sex and age group

Between 1998 and 2013-14, the prevalence of major depressive disorder increased (from 2.1% to 3.2%), while the prevalence of conduct disorder and ADHD decreased (from 2.7% to 2.1% for conduct disorder and from 9.8% to 7.8% for ADHD). The proportion of 6-17 year-olds who had any of these three disorders decreased slightly from 12.2% to 11.1% (Table 14-1).

Although there was very little difference between the two surveys in the prevalence of the three disorders for females, the prevalences of ADHD and conduct disorders were somewhat lower for males in 2013-14 than in 1998. Among males aged from 6 to 17 years the prevalence of ADHD declined from 13.8% to 11.0% and the prevalence of conduct disorder declined from 4.0% to 2.6% (Table 14-2).

There were changes in the prevalence of the three disorders concentrated in particular age groups. There was no change in the prevalence of major depressive disorder between 1998 and 2013-14 among children aged 6-11 years. However, the prevalence of major depressive disorder among 12-17 year-olds increased from 2.9% to 5.0% (Table 14-1).

For ADHD, the decrease in prevalence overall was due to the decrease in prevalence among children aged 6-11 years, from 16.7% to 12.3% in males and from 8.3% to 5.9% in females. The decrease in the prevalence of conduct disorder was predominantly due to a decrease in males aged 6-11 years from 4.6% to 2.6% (Table 14-2).

In summary, comparison of the three disorders included in both the 1998 and 2013-14 surveys suggests that overall prevalence has remained relatively stable, with modest declines in prevalence of ADHD and conduct disorder and a modest increase in the prevalence of major depressive disorder.

Table 14-1: 12-month prevalence of mental disorders among 6-17 year-olds in 1998 and 2013-14 by age group

Age group	Disorder	1998 (%)	2013-14 (%)
6-11 years	Major depressive disorder	1.4	1.4
	ADHD	12.6	9.2
	Conduct disorder	3.2	2.2
	Any of the above 3 disorders	14.2	10.9
12-17 years	Major depressive disorder	2.9	5.0
	ADHD	7.1	6.3
	Conduct disorder	2.2	2.1
	Any of the above 3 disorders	10.2	11.3
6-17 years	Major depressive disorder	2.1	3.2
	ADHD	9.8	7.8
	Conduct disorder	2.7	2.1
	Any of the above 3 disorders	12.2	11.1

Table 14-2: 12-month prevalence of mental disorders among 6-17 year-olds in 1998 and 2013-14 by sex and age group

Sex	Age group	Disorder	1998 (%)	2013-14 (%)
Males	6-11 years	Major depressive disorder	1.4	1.2
		ADHD	16.7	12.3
		Conduct disorder	4.6	2.6
		Any of the above 3 disorders	18.4	13.7
	12-17 years	Major depressive disorder	2.7	4.3
		ADHD	10.9	9.8
		Conduct disorder	3.3	2.6
		Any of the above 3 disorders	13.6	13.6
	6-17 years	Major depressive disorder	2.1	2.8
		ADHD	13.8	11.0
		Conduct disorder	4.0	2.6
		Any of the above 3 disorders	16.0	13.6
Females	6-11 years	Major depressive disorder	1.3	1.6
		ADHD	8.3	5.9
		Conduct disorder	1.8	1.8
		Any of the above 3 disorders	9.8	8.1
	12-17 years	Major depressive disorder	3.1	5.8
		ADHD	3.1	2.7
		Conduct disorder	0.9	1.6
		Any of the above 3 disorders	6.6	8.8
	6-17 years	Major depressive disorder	2.2	3.6
		ADHD	5.7	4.3
		Conduct disorder	1.3	1.7
		Any of the above 3 disorders	8.2	8.5

14.2 Use of services

Information on service use is not directly comparable between the two surveys. In 1998, parents and carers were asked about use of services in the previous 6 months, while in *Young Minds Matter* they were asked about use of services in the previous 12 months. The service use module was completely rewritten for *Young Minds Matter* based on the current Australian health care environment and there were several differences in the types of services included in both surveys.

In order to provide some comparison of service use between 1998 and 2013-14, services common to both surveys were identified. These included school services (counselling, a place in a special class or school or other school or education-based service for emotional or behavioural problems) and health services (GP, psychologist, psychiatrist, paediatrician, overnight stay in a hospital or longer, hospital outpatient or emergency services, community mental health clinic, or telephone counselling service).

Among children and adolescents aged 6-17 years with either major depressive disorder, ADHD or conduct disorder, 31.2% had used services in the six months prior to the 1998 survey, while 68.3% had used services in the 12 months prior to the 2013-14 survey. There was a greater apparent change in use of school services for emotional or behavioural problems. In the six months prior to the 1998 survey 19.2% of children or adolescents with one of the three mental disorders common to both surveys had used a school service, while 54.0% of children or adolescents had used a school service in the 12 months prior to the 2013-14 survey.

While differences in questions and time period make comparisons difficult, the increase in use of services is higher than is likely to be attributable to changes in methodology alone. On balance, the data suggest that there has been a significant increase in service use by children and adolescents with mental disorders in Australia between 1998 and 2013-14.

Table 14-3: Use of services for emotional or behavioural problems in 6-17 year-olds with major depressive disorder, ADHD or conduct disorder, 1998 and 2013-14 by age group and type of service

Type of service	Age group	1998 (%)	2013-14 (%)
School-based service	6-11 years	17.2	50.3
	12-17 years	22.1	57.5
	6-17 years	19.2	54.0
Health service	6-11 years	23.3	44.3
	12-17 years	28.9	57.2
	6-17 years	25.7	50.9
Any service	6-11 years	27.8	63.6
	12-17 years	35.8	72.8
	6-17 years	31.2	68.3