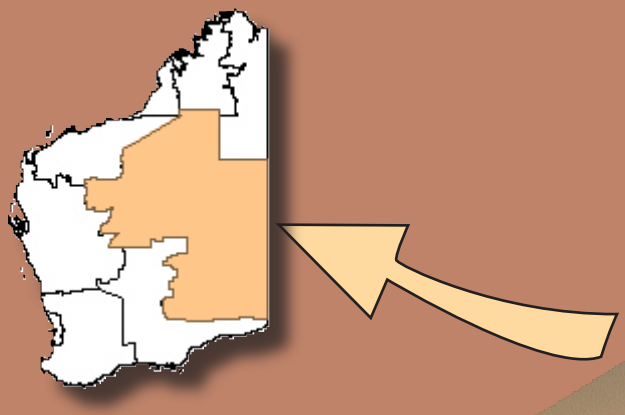
# THE SOCIAL AND EMOTIONAL WELLBEING OF ABORIGINAL CHILDREN AND YOUNG PEOPLE

# WESTERN DESERT (WARBURTON) ATSIC REGION



SUMMARY OF FINDINGS FROM VOLUME TWO OF THE WESTERN AUSTRALIAN ABORIGINAL CHILD HEALTH SURVEY

**This booklet summarises information from the second volume of the Western Australian Aboriginal Child Health Survey: *The Social and Emotional Wellbeing of Aboriginal Children and Young People*. The purpose of this profile is to provide data and information specific to the ATSIC region of Warburton.**

**To protect the confidentiality of individuals and families, the information provided in this profile can only be given at the Warburton ATSIC regional level. Unless otherwise stated, data in this publication refer to Aboriginal or Torres Strait Islander children in the Warburton ATSIC region.**

## About the survey

THE Telethon Institute for Child Health Research (the Institute) conducted the survey in conjunction with the Kulunga Research Network to obtain information about Aboriginal and Torres Strait Islander children aged from 0–17 years. The aim of the survey was to provide evidence to develop strategies that promote and maintain healthy development and the social, emotional, academic, and vocational wellbeing of Aboriginal and Torres Strait Islander children.

To obtain this information about these children the survey was divided into three parts:

- Household survey that visited 2,000 households and obtained information on 5,300 Aboriginal and Torres Strait Islander children aged 0–17 years, as well as information about their carers and other relatives living in the homes
- Youth self report survey for young people aged 12–17 years
- Schools survey where information about children was obtained from school teachers and principals.

In Volume Two, analysis was focussed on describing the social and emotional wellbeing of children aged 4–17 years. At the time of the survey, there were 1,430 4–17 year-olds in the Warburton ATSIC region representing 6% of 4–17 year-olds in WA. The majority (79%) of these children were living in areas of extreme isolation. Approximately 7% of the state's 9,100 Aboriginal young people aged 12–17 years were living in the Warburton ATSIC region.

## Consultation

ALL phases of the survey, including its development, design and implementation, were under the direction of the Western Australian Aboriginal Child Health Survey Steering Committee. The Steering Committee comprises senior Aboriginal officers from a cross section of agencies and settings, and has the ongoing responsibility to control and maintain:

- the cultural integrity of the survey methods and processes
- employment opportunities for Aboriginal people
- data access issues and communication of the findings to the Aboriginal and general community and
- appropriate and respectful relations within the study team, with participants and communities, with stakeholders and funding agencies and with the governments of the day.

## Measuring social and emotional wellbeing

CARERS were asked about any difficulties their children might have with emotions, feelings and behaviours, specific episodes of self-harm or attempted suicide, cultural and spiritual engagement and family experiences of grief, loss and trauma. As well as these issues a version of the Strengths and Difficulties Questionnaire (SDQ) was used to measure emotional and behavioural difficulties. This version was adapted for Aboriginal children in the WAACHS.

### Strengths and Difficulties Questionnaire (SDQ)

The Strengths and Difficulties Questionnaire comprises 25 questions looking into five areas of emotional and behavioural difficulties: Emotional symptoms, Conduct problems, Hyperactivity, Peer problems and Prosocial behaviour. Responses from the 20 questions related to the first four of these areas are combined to produce a Strengths and Difficulties Total Score which can range from zero to a maximum of 40. For the Western Australian Aboriginal Child Health Survey the maximum score was 38 and the average was 11.

The Strengths and Difficulties Total Score was grouped into three ranges to indicate the risk of mental health problems:

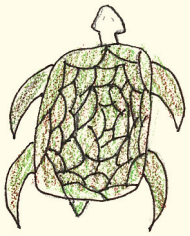
- Low risk (score 0–13)
- Moderate risk (score 14–16)
- High risk (score 17–40)

Therefore, children scoring in the range 17 to 40 are referred to as being at *high risk of mental health problems*.

### Prosocial Behaviour

The prosocial behaviour score, which was not included in the total difficulties score, is a measure of problems with social skills. A very small proportion of 4–17 year-olds in WA were assessed from their carer reports as being at high risk of problems with prosocial behaviour (4%). In the Warburton ATSIC region, 2% were at high risk of such problems.

## Accuracy of the estimates



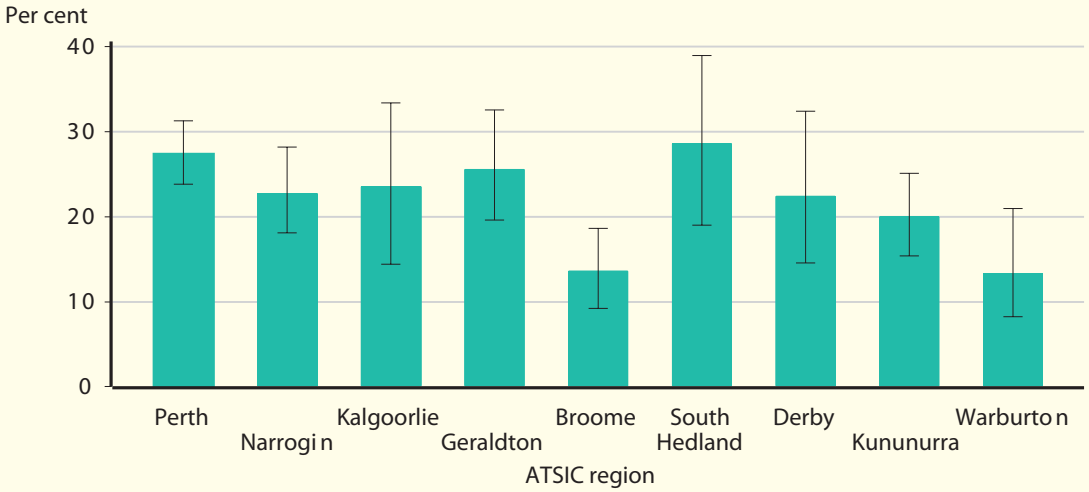
ALL figures in this booklet are approximations because not all families in the region were included in the survey. As such they may be different from figures that would have been obtained if everyone had been included in the survey. The data have been calculated at a 95% level of confidence. This means that there is a 95% chance that the full population figures would be within the range shown by the confidence interval. In a graph the extent of confidence in an estimate is presented by means of vertical confidence interval bars ( ⌶ ). The bars show that there is a 95% chance for the true value for a data item to lie between the upper and lower limits. Sometimes, where the populations might be very small it may not be possible for accurate estimates to be made. In this case, bars in the graph will have very large confidence interval bars. The smaller the confidence interval bar the better the estimate.

Furthermore, when comparing two data items in a graph it may appear that there is a sizeable difference between the two. However if the confidence interval bars for these items overlap, no true difference can be assumed. A difference can only real if there is no overlap of confidence interval bars.

## Emotional and behavioural wellbeing

At the time of the survey there were 22,900 Aboriginal children in WA aged 4–17 years. One quarter (24%) of these children were at high risk of mental health problems. In the Warburton ATSIC region far fewer (13%) children were at high risk. This was similar to the proportion in the WA non-Aboriginal population (15%).

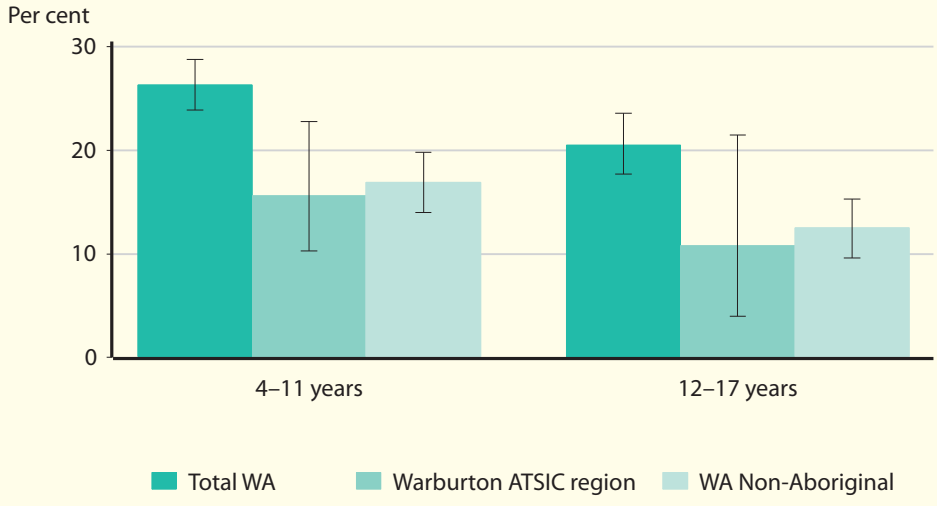
### Children aged 4–17 years — Proportion at high risk of mental health problems, by ATSIC region




### Age

In the Warburton ATSIC region, 16% of 4–11 year-olds and 11% of 12–17 year-olds were at high risk of mental health problems. In comparison, for the whole state 26% of 4–11 year-olds and 21% of 12–17 year-olds were at high risk. Among WA's non-Aboriginal population being at high risk of mental health problems was similar to the Warburton ATSIC region for both age groups (17% and 13% respectively).

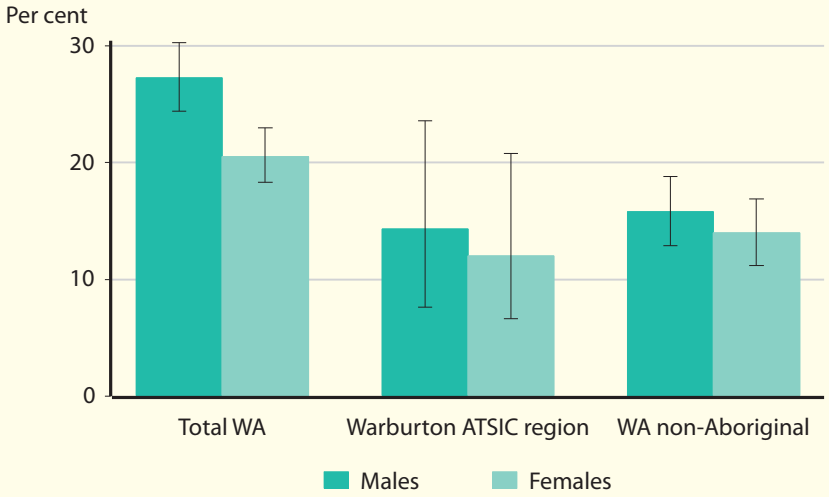
### Children aged 4–17 years — Proportion at high risk of mental health problems, by age group



## Sex

In WA over one quarter of males (27%) were at high risk of mental health problems and this was much higher than for females (21%). In the Warburton ATSIC region and in the non-Aboriginal population there was little difference between males and females.

### Children aged 4–17 years — Proportion at high risk of mental health problems, by sex




The table below shows how many children were at high risk difficulties in each of the items of the total difficulties score (mental health problems) and problems with prosocial behaviour. These items include emotional symptoms, conduct problems, hyperactivity, peer problems. In each item fewer children in the Warburton ATSIC region were at high risk of difficulties than for the whole state. For example in Warburton, (22% of males were at high risk conduct problems compared with 39% of males in WA.

### Children aged 4–17 years — Proportion at high risk mental health problems, Warburton ATSIC region compared with total WA

| | Warburton ATSIC region | | | Total WA | | |
|---|---|---|---|---|---|---|
| | Males (%) | Females (%) | Total (%) | Males (%) | Females (%) | Total (%) |
| High risk of clinically significant — | | | | | | |
| total difficulties | 14 | 12 | 13 | 27 | 21 | 24 |
| emotional symptoms | 18 | 20 | 19 | 23 | 24 | 23 |
| conduct problems | 22 | 15 | 19 | 39 | 29 | 34 |
| hyperactivity | 2 | 5 | 4 | 18 | 12 | 15 |
| peer problems | 17 | 28 | 21 | 28 | 28 | 28 |
| problems with prosocial behaviour | 3 | 2 | 2 | 5 | 3 | 4 |

# Factors associated with mental health problems in Aboriginal children and young people

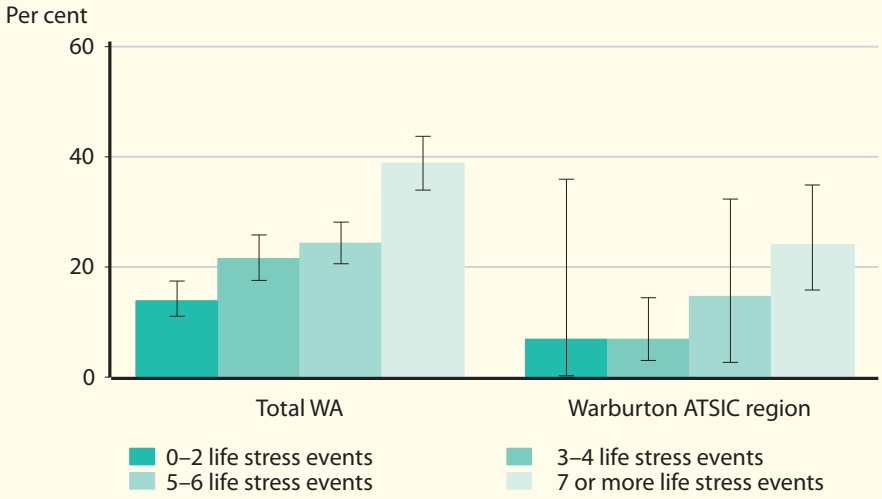
THERE are many social circumstances, health conditions and lifestyles experienced by children, their carers and families that may be linked to mental health problems.

## Life stress events

Children living in homes where there have been many life stress events are at greater risk of mental health problems. Some of the events that can affect families are chronic illness, family break-up, arrests or financial difficulties. The WAACHS found that in WA as the number of life stress events increased, so did the number of children at high risk of mental health problems.

In WA, the carers of over one-fifth (22%) of children said that their families had had 7 or more life stress events. Four out of ten (39%) of these children were at high risk of mental health problems. In the Warburton ATSIC region carers of 29% of children reported 7 or more life stress events affecting their families with 24% of these children being at high risk of mental health problems.

**Children aged 4–17 years —Proportion at high risk of mental health problems, by number of life stress events**




## Quality of parenting

Carers were asked in the survey how often they hit or smack their children and how often they laugh together with their children and how often they praise their children. From their answers to these question carers were grouped into four equal sized categories of parenting quality. These were labelled: poor, fair, good and very good.

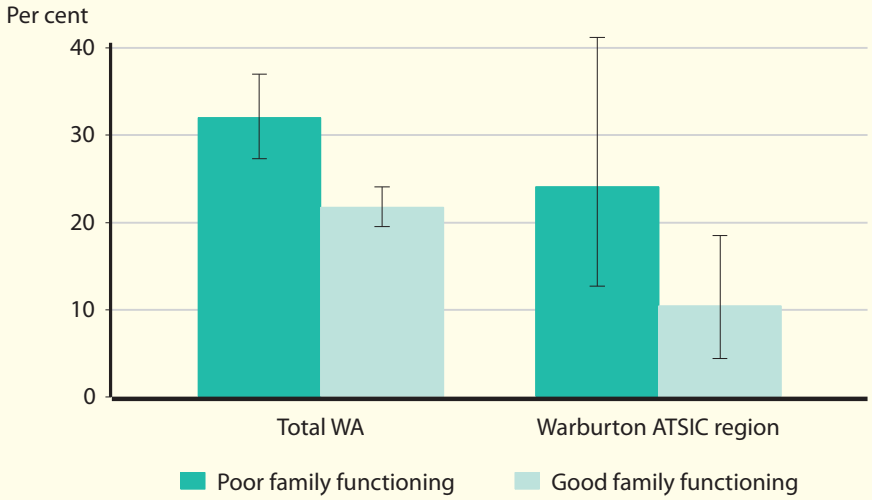
Children living in families with poor quality of parenting were almost four times as likely to be at high risk of mental health problems than children living in families with very good quality of parenting. Around one in four children (25%) in WA were living in families with poor quality of parenting compared with 30% in the Warburton ATSIC region.

## Family functioning

Family disharmony is associated with poorer child development outcomes. Children exposed to family disharmony are less likely to have a good sense of emotional wellbeing. Responses to the nine questions used to determine how well families functioned were split into four categories: poor, fair, good and very good.

About one-fifth (21%) of children in WA live in families where family functioning is poor and one-third (32%) of these children were at high risk of mental health problems. In the Warburton ATSIC region approximately 22% of children live in families with poor family functioning with 24% of these children at high risk of mental health problems.

**Children aged 4–17 years — Proportion at high risk mental health problemss, by quality of family functioning**




## Family care arrangements

Children cared for by a sole parent were almost twice as likely to be at high risk of mental health problems than children living with both their original parents. At the time of the survey, 34% of children in WA were cared for by a sole parent. In the Warburton ATSIC region a much lower 17% of children were looked after by a sole parent.

Children cared for by a person other than an original parent (such as aunts and uncles or grandparents) were over twice as likely to be at high risk of mental health problems. In the Warburton ATSIC region, 23% of children were in the care of someone other than an original parent compared to 14% in WA.

## Mobility

Children who had lived in 5 or more different homes since they were born were one and a half times as likely to be at high risk of mental health problems than children who had lived in less than 5 homes. In the Warburton ATSIC region 13% of children had lived in 5 or more different homes since they were born. This was much lower than for the whole state where 27% had lived in 5 or more different homes.

## Speech impairment in the child

There were 2,240 Aboriginal children in WA who had difficulty saying certain sounds and almost half (45%) of these children were at high risk of mental health problems. In the Warburton ATSIC region, 80 children had difficulty saying certain sounds and of these children one quarter (25%) were at high risk of mental health problems.

### Children with runny ears

Throughout the state, children who have had runny ears have a much higher percentage at high risk of mental health problems (32%) than those who had never had runny ears (22%). In the Warburton ATSIC region there was no real difference between those who had ever had runny ears (20%) and those that had not (11%).

### Physical health of the carer

Children living with a primary carer who has a limiting health condition were three and a half times more likely to be at high risk of mental health problems. In the Warburton ATSIC region one-quarter (25%) of children were living with a primary carer who had a limiting health condition. This was much higher than for the whole state where only 15% were living with a primary carer who had a limiting health condition.

## Forced separation from natural family, forced relocation from traditional country or homelands, and social and emotional wellbeing of Aboriginal children and young people

THE survey found associations between the social and emotional wellbeing of children aged 4–17 years and the effects of past policies and practices of forced separation of Aboriginal people from their natural families on their carers and on their children. At the time of the survey, the carers of about 2,800 children in WA had been forcibly separated from their natural family by a mission, the government or welfare. In the Warburton ATSIC region the carers of 110 children had been forcibly separated.

Aboriginal carers who were forcibly separated from their natural family were more likely to live in households where alcohol or gambling caused problems. They were twice as likely to have been arrested or charged with an offence and less likely to have someone with whom they could discuss their problems. These carers were also one and a half times more likely to have had contact with Mental Health Services. These events contribute to life stress events that have been shown to have a negative effect on the emotional and behavioural wellbeing of children and young people.

Among children in WA whose primary carers had been forcibly separated from their natural family, one-third (33%) were at high risk of mental health problems than for children whose primary carer had not been separated (22%). In the Warburton ATSIC region however, no difference was found between children whose primary carer had been forcibly separated and those whose carer had not been forcibly separated.

Children whose carers had been forcibly separated from their natural family

- were more than twice as likely to be at high risk of mental health problems after adjusting for age, sex, LORI and whether the primary carer is the birth mother of the child
- were more likely to be at high risk of emotional symptoms, conduct problems and hyperactivity
- had levels of both alcohol and other drug use about twice as high as children whose Aboriginal primary carer had not been forcibly separated from their natural family.

## Youth Risk Factors – self reported by 12–17 year-olds

YOUNG people aged 12–17 years were asked to complete a Youth Self Report (YSR) questionnaire which contained a range of questions about activities and behaviours, including whether they had used alcohol, tobacco and other drugs, their sexual knowledge and experience, whether they had done any physical exercise or participated in organised sports, or whether they had been bullied at school or treated badly because they were Aboriginal.

### Smoking

Over one-third (35%) of young people in WA smoke regularly compared with 27% in the Warburton ATSIC region. In the Warburton ATSIC 47% of males and 13% of females smoked regularly, compared with 30% of males and 40% of females in WA.

Young people were almost twice as likely to smoke regularly if their parents smoked. In WA, the parents of two-thirds (66%) of 12–17 year-olds smoke and in the Warburton ATSIC region the parents of 52% of 12–17 year-olds smoke.

In WA smoking was found to be linked to being at high risk of mental health problems with 18% of young people who smoke regularly being at high risk compared to only 7% of young people who did not smoke. In the Warburton ATSIC region however, no link was found between smoking and mental health problems.

### Alcohol consumption

Alcohol had been drunk by 27% of Aboriginal young people aged 12–17 years with 12% who had drunk to excess (had drunk so much that they had vomited at least once in the past six months). In the Warburton ATSIC region, only 8% of 12–17 year-olds had drunk alcohol and 2% had drunk to excess. As with the whole state, there was little difference in Warburton ATSIC region in males and females who had drunk alcohol.

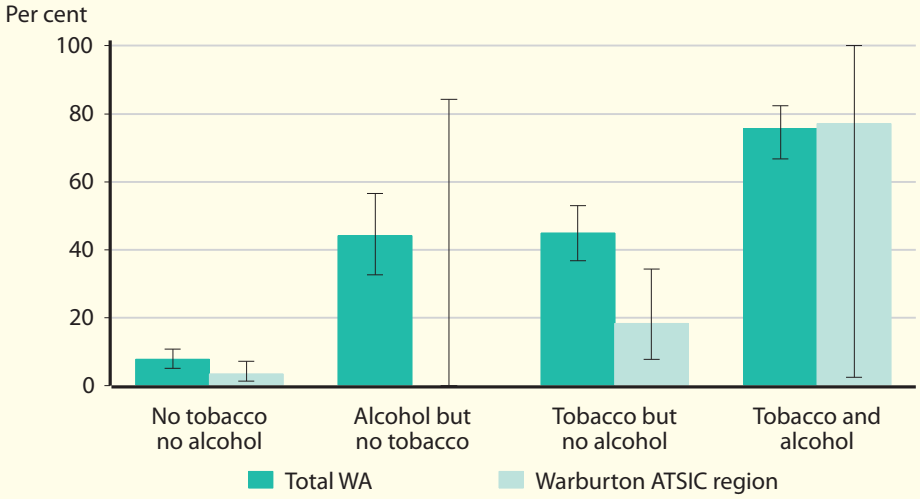
### Marijuana use

In the Warburton ATSIC region, 10% of young people had used marijuana at some time. This was much lower than for the whole state where 30% had used marijuana.

### Combined drug use

The combined use of marijuana, tobacco and alcohol was very much lower in the Warburton ATSIC region (1%) than in the state as a whole (11%).

**Young people aged 12–17 years — Proportion who use marijuana, by use of alcohol and tobacco**




## Physical activity and organised sport

In WA, 28% of young people had *not* done strenuous physical exercise in the week prior to the survey compared with 22% in the Warburton ATSIC region. Throughout WA, many more females (36%) than males (20%) did *not* do any strenuous exercise. However, in the Warburton ATSIC region where 13% of males and 36% of females had *not* doing any strenuous exercise there was no real difference.

In WA, almost two-thirds (63%) of young people had taken part in organised sports in the 12 months prior to the survey. This was similar to the figures for the Warburton ATSIC region where 67% participated in organised sports. In WA and in the Warburton ATSIC region more males than females participated in organised sports. In WA 70% of males and 56% of females participated in organised sports. This was similar in the Warburton ATSIC region where 76% of males and 53% of females had participated in organised sports.

## Bullying

Almost one-third (31%) of young people in WA who still went to school had been bullied at school. This was similar in the Warburton ATSIC region where 27% of young people who still went to school had been bullied. Students who smoked cigarettes regularly were over twice as likely to have been bullied. Over one quarter (28%) of young people in WA who still go to school also smoke regularly compared with 15% in the Warburton ATSIC region.

## Racism

Over one in five (22%) Aboriginal young people in WA and 10% in the Warburton ATSIC region had been treated badly or refused service because they were Aboriginal.

## Sexual knowledge and experience

In WA, over one-quarter (28%) of 12–17 year-olds have had sex and three-quarters (75%) of 17 year-olds have had sex. In the Warburton ATSIC region 18% of all 12–17 year-olds and half (50%) of 17 year-olds had had sex. One in five (20%) of young people who had had sex were found to have a limited understanding of sexual health and contraception.

Young people were six times more likely to have had sex if they were no longer attending school, four times more likely if they smoked regularly and four times more likely if they drink alcohol. They were also over six times more likely to have had sex if they used marijuana weekly or daily than those who had never used marijuana.

## Youth self reported self-esteem and suicidal behaviour

THE following sections apply only to 12–17 year-olds (young people) who completed a youth self report.

### Self-esteem

Low self-esteem is a risk factor for health risk behaviours, as well as for mental health problems. In WA, more females (32%) had low self-esteem than males (21%). In the Warburton ATSIC region the proportion was the same with 26% of both males and females having low self-esteem.

Young people who do a lot of physical exercise tend to have higher self-esteem than those who do very little exercise. Throughout the state, one-third (35%) of young people who had not done strenuous exercise had low self-esteem compared with a much lower 24% with low self-esteem among those who had done exercise. In the Warburton ATSIC region however no real difference in the percentage having low self-esteem was found between those who had not done strenuous exercise (35%) and those who had (23%).

Smoking cigarettes was also linked to low self esteem. In WA 32% of young people who smoked cigarettes had low self-esteem compared with 24% who did not smoke. In the Warburton ATSIC region 29% of young people who smoked regularly had low self-esteem compared with 25% who did not smoke.

### Suicidal behaviour

A particular concern to Aboriginal people, communities and health professionals is the prevention, early intervention and clinical management of children with suicidal tendencies.

Throughout WA 16% of young people said that in the 12 months before to the survey, they had seriously thought about ending their own life with 39% of these actually attempting suicide. In the Warburton ATSIC region this was much lower with only 4% having thought about ending their own life and 18% of these made a suicide attempt.

## Discussion

THE WAACHS is the most comprehensive study ever conducted describing the many factors that contribute to the social and emotional wellbeing of Aboriginal children and their families. The survey findings highlight the magnitude and urgency of the mental health problems faced by many Aboriginal children and families. In the Warburton region 13% of children were at high risk of mental health problems.

A number of factors were related to mental health problems in children, the most significant of which were the number of life stress events experienced by the household, level of family functioning and quality of parenting. These inter-related factors highlight the degree to which the wellbeing of children is influenced by the environment in which they live. This suggests that a key to preventing emotional and behavioural difficulties lies in developing strong, positive and supportive family and community environments to reduce the negative effects of multiple family life stress events.

The survey data also demonstrate the negative effects that the past practices of forcibly separating children from their families are now having on the children of those people who were separated.

Also documented in the WAACHS was the extent to which young people are participating in a range of health risk behaviours including smoking and other substance abuse, sexual knowledge and experience, and suicidal behaviour. The survey found that in the Warburton ATSIC region 27% of young people smoke, 8% drank alcohol and 10% used marijuana. Some 18% of young people have had sex. Of particular concern is that 20% of these have indicated a limited understanding of sexual health and contraception. About 4% of young people had seriously thought of ending their own life in the year prior to the survey. The survey also found that the proportion of children living with carers who have a limiting health condition was higher in the Warburton ATSIC region than in the state as a whole.

The survey has demonstrated that physical health, of both the child and of the carers, affects social and emotional wellbeing. Actions taken to address the disparities in physical health in both Aboriginal children and adults can have important flow-on benefits for the social and emotional wellbeing of children. These data indicate that significant benefits could also be achieved by further actions to foster and support parenting skills in carers.

In terms of mental health, children and young people in the Warburton ATSIC region are generally in a better position that their counterparts in the state overall. What affects the emotional wellbeing of these children seem to be less of a problem in Warburton. The percentage of children in the care of sole parents is lower, and there is also less household mobility. For young people, the remoteness of the Warburton ATSIC region has proved to be a protective factor – use of marijuana is lower and young people have less exposure to racism.

The WAACHS data suggest that future programs and strategies should seek to extend the benefits for children which derive from lower levels of the family and community risk factors mentioned above. Additionally, for young people aged 12–17 years, efforts are needed to reduce the high levels of tobacco, alcohol and marijuana use and early sexual activity. Strategies to buffer children from the effects of multiple stresses affecting the family (especially chronic illness) and reducing bullying and racism in schools and the community are also likely to bring significant benefits for the social and emotional wellbeing of Aboriginal children and young people.

## Proportion at high risk of mental health problems and specific difficulties, by carer report and youth self report — Warburton ATSIC region compared with Total WA

| | Carer report | | Youth self report | |
|---|---|---|---|---|
| | Warburton ATSIC region (%) | Total WA (%) | Warburton ATSIC region (%) | Total WA (%) |
| **Proportion at high risk of clinically significant —** | | | | |
| total difficulties | 13 | 24 | 3 | 11 |
| emotional symptoms | 19 | 23 | 11 | 11 |
| conduct problems | 19 | 34 | 15 | 23 |
| hyperactivity | 4 | 15 | 9 | 15 |
| peer problems | 21 | 28 | 7 | 5 |
| problems with prosocial behaviour | 2 | 4 | 4 | 6 |

## Carer reported factors affecting the emotional or behavioural wellbeing of children and young people — Warburton ATSIC region compared with total WA

| | Warburton ATSIC region (%) | Total WA (%) |
|---|---|---|
| 7 or more family stress events | 29 | 22 |
| Quality of parenting — | | |
| Very good | 32 | 34 |
| Good | 25 | 26 |
| Fair | 13 | 15 |
| Poor | 30 | 25 |
| Family functioning | | |
| Poor | 22 | 21 |
| Good | 77 | 76 |
| Family care arrangements | | |
| Both original parents | 49 | 42 |
| Sole parent | 17 | 34 |
| One parent and new partner | 10 | 9 |
| Other (aunts uncles etc) | 23 | 14 |
| Lived in 5 or more houses since birth | 13 | 27 |
| Difficulty saying certain sounds | 6 | 10 |
| Runny ears | 29 | 22 |
| Vision problems | 4 | 8 |
| Carer health – limiting health condition | 25 | 15 |
| Household occupancy – High | 58 | 29 |
| Primary carer separated from family | 8 | 12 |

## Youth reported factors affecting the emotional or behavioural wellbeing of children and young people — Warburton ATSIC region compared with total WA

| | Warburton ATSIC region (%) | Total WA (%) |
|---|---|---|
| Still attending school | 76 | 74 |
| Strenuous Exercise - lack of | 22 | 28 |
| Organised sport | 67 | 63 |
| Smoking | 27 | 35 |
| Alcohol - had drunk to excess | 2 | 12 |
| Marijuana - used weekly or more often | < 1 | 12 |
| Ever had sex | 18 | 28 |
| Bullied at school (school attendees only) | 27 | 31 |
| Racism experiences | 10 | 22 |
| Suicidal thoughts | 4 | 16 |
| Attempted suicide | 2 | 7 |

## How to obtain a copy of the main report

A copy of the report *The Social and Emotional Wellbeing of Aboriginal Children and Young People* can be purchased for $80 (plus postage & handling) from:

Telethon Institute for Child Health Research
Telephone: (08) 9489 7777.

A PDF version of the main publication can also be downloaded from our website:

www.ichr.uwa.edu.au

## Further information

If you would like further information about the Western Australian Aboriginal Child Health Survey:

call our information line on (08) 9489 7777, OR

email: waachs@ichr.uwa.edu.au

**The Western Australian Aboriginal Child Health Survey was made possible by funding from:**

**Australian Government**

**Department of Health and Ageing (Coordinated through the Office for Aboriginal and Torres Strait Islander Health)**

**Department of Education, Science and Training**

**Aboriginal and Torres Strait Islander Services**

**Attorney-General's Department**

**Department of Family and Community Services**

Department of the Premier and Cabinet
Department of Education and Training
Department of Health
Department for Community Development
Disability Services Commission
West Australian Drug Strategy
Department of Justice
Department of Housing and Works
Western Australia Police Service

Healthway

lotterywest supported

Business with communities™ RIO TINTO Aboriginal Foundation