THE SOCIAL AND EMOTIONAL WELLBEING OF ABORIGINAL CHILDREN AND YOUNG PEOPLE

YAMATJI (GERALDTON) 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 Geraldton.

To protect the confidentiality of individuals and families, the information provided in this profile can only be given at the Geraldton ATSIC regional level. Unless otherwise stated, data in this publication refer to Aboriginal or Torres Strait Islander children in the Geraldton 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 2,260 4–17 year-olds in the Geraldton ATSIC region representing 10% of 4–17 year-olds in WA. Over half of these children (57%) were living in areas of low isolation and 29% were living in areas of moderate isolation. Approximately 9% of the state's 9,100 Aboriginal young people aged 12–17 years were living in the Geraldton 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:

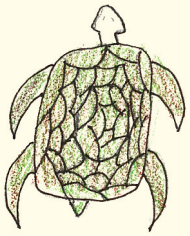
- Low risk (score 0–13)
- Moderate risk (score 14–16)
- High risk (score 17–40)

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 Geraldton ATSIC region, 6% were at high risk of such problems.

Accuracy of the estimates



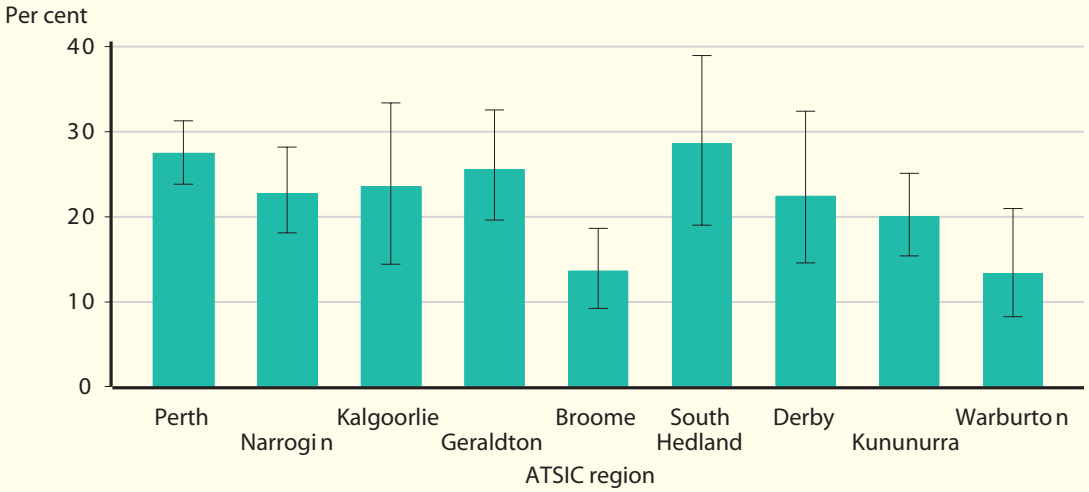
ALL figures in this booklet are approximations because not all families in the region were included in the survey. As such they may be different from figures that would have been obtained if everyone had been included in the survey. The data have been calculated at a 95% level of confidence. This means 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 Geraldton ATSIC region 26% of children were at high risk. This was higher than the WA non-Aboriginal population (15%).

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

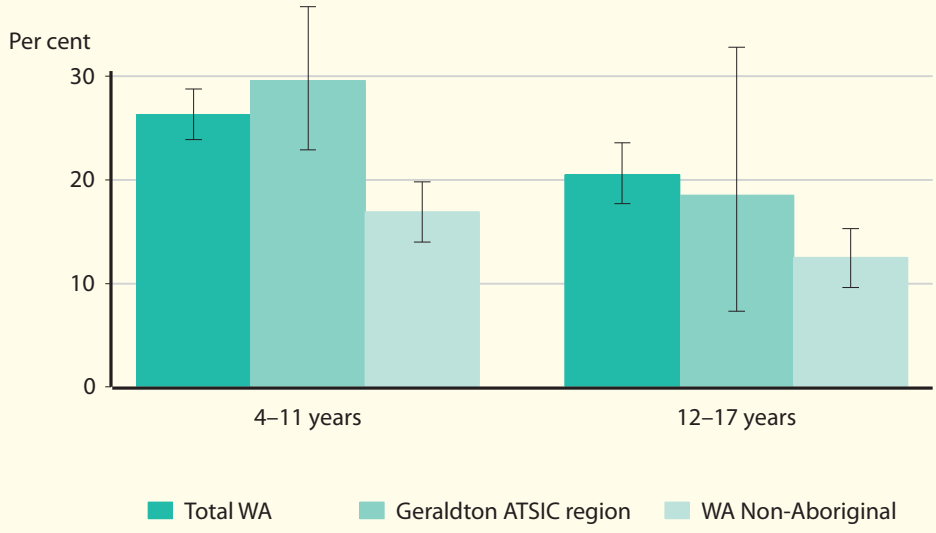


Age

In the Geraldton ATSIC region, 30% of children aged 4–11 years were at high risk of mental health problems. This was similar to the whole state where one-quarter (26%) of children were at high risk and very much higher than the WA's non-Aboriginal population at high risk (17%).

For teenagers (12–17 years), 21% were at high risk of mental health problems, compared with 13% of teenagers in the non-Aboriginal population. In the Geraldton ATSIC region 19% of teenagers were at high risk

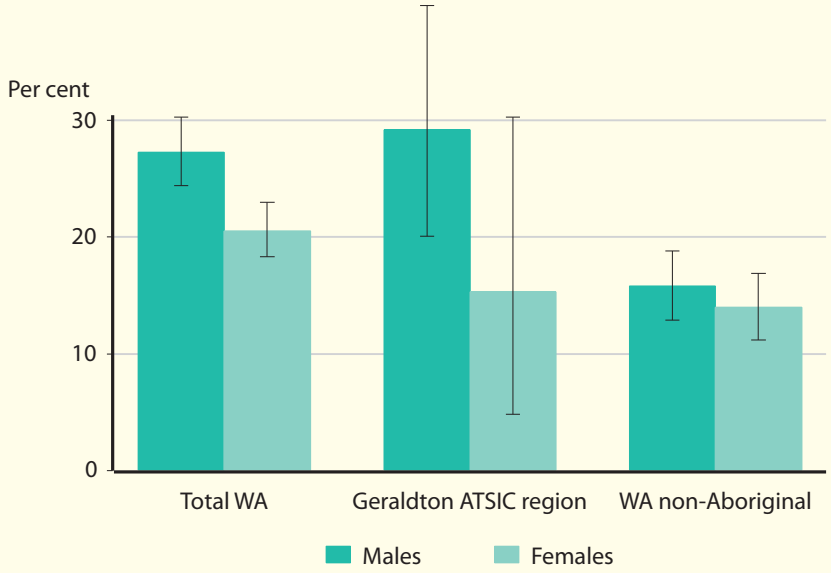
Children aged 4–17 years — Proportion at high risk of mental health problems, by age group



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%). This was similar to the Geraldton ATSIC region with 29% of males and 22% of females at high risk of mental health problems. 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 more children in the Geraldton ATSIC region were at high risk of difficulties than for the whole state. For example in Geraldton, 47% of males were at high risk of conduct problems compared with 39% of males in WA.

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

	Geraldton ATSIC region			Total WA		
	Males (%)	Females (%)	Total (%)	Males (%)	Females (%)	Total (%)
High risk of clinically significant —						
total difficulties	29	22	26	27	21	24
emotional symptoms	25	24	25	23	24	23
conduct problems	47	33	40	39	29	34
hyperactivity	20	15	17	18	12	15
peer problems	32	24	28	28	28	28
problems with prosocial behaviour	5	6	6	5	3	4

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

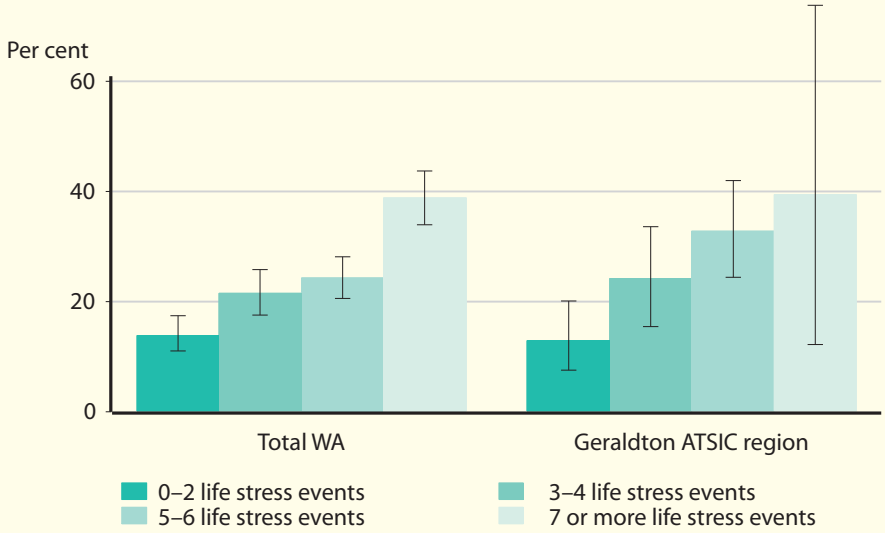
THERE are many social circumstances, health conditions and lifestyles experienced by children, their carers and families that may be linked to mental health problems.

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 Geraldton ATSIC region carers of 16% of children reported 7 or more life stress events affecting their families over one-third (39%) 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.

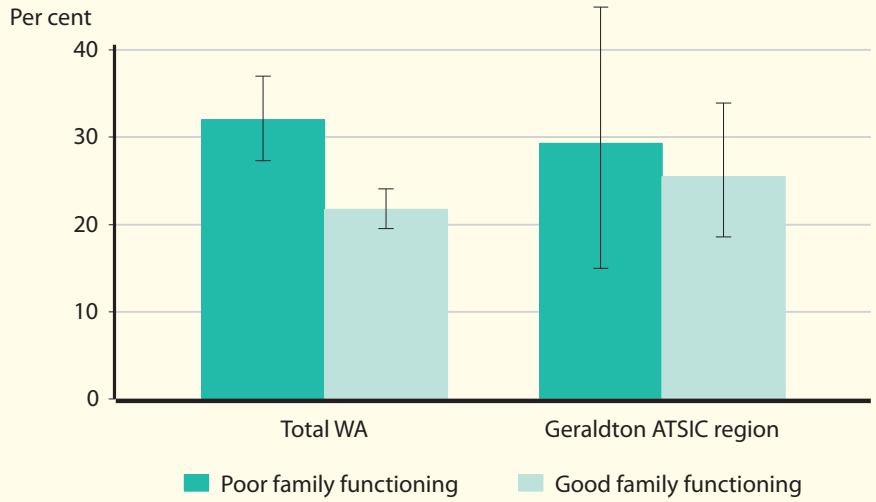
Children living in families with poor quality of parenting were almost four times as likely to be at high risk of mental health problems than children living in families with very good quality of parenting. Around one in four children (25%) in WA were living in families with poor quality of parenting compared with 23% in the Geraldton 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. Of these children, one-third (32%) were at high risk of mental health problems. In the Geraldton ATSIC region no real difference was found in the proportion at high risk of mental health problems between children in families with poor and good family functioning.

Children aged 4–17 years — Proportion at high risk mental health problems, 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 and 28% of children in the Geraldton ATSIC region were looked after by a sole parent.

Children cared for by a person other than an original parent (such as aunts and uncles) were over twice as likely to be at high risk of mental health problems. In the Geraldton ATSIC region 13% of children were in the care of someone other than an original parent, similar to the state figure of 14%.

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 Geraldton ATSIC region 29% of children had lived in 5 or more different homes since they were born compared with 27% of children throughout the state.

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 Geraldton ATSIC region, 240 children had difficulty saying certain sounds and of these children 44% 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%). This was similar in the Geraldton ATSIC region where 30% of children who had ever had runny ears had mental health problems, compared with 24% who had never had runny ears.

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. Throughout WA, 15% of children are living with a primary carer who has a limiting health condition compared with 13% in the Geraldton ATSIC region.

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 Geraldton ATSIC region the carers of 220 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 compared with one-fifth (22%) of those whose primary carer had not been separated. In the Geraldton ATSIC region no real difference was found for high risk of mental health problems between children whose primary carer had been forcibly separated and those whose carer had not been forcibly removed.

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 36% in the Geraldton ATSIC region. In the Geraldton ATSIC region 28% of males and 43% of females smoked regularly compared with 31% of males and 40% of females for the whole state.. None of these differences were significant.

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

Throughout the state, smoking was found to be related to being at high risk of mental health problems. However, in the Geraldton ATSIC region no differences were found between those who did smoke regularly and those who did not.

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 Geraldton ATSIC region, 26% had drunk alcohol and 13% had drunk to excess. One-fifth (22%) of females in the Geraldton ATSIC region had drunk alcohol compared with 32% of males. In WA, 27% of males and 27% of females had drunk alcohol.

Marijuana use

In the Geraldton ATSIC region, 29% of young people had used marijuana at some time, similar to the state figure of 30%. It was used at least weekly by 14% of young people in the Geraldton ATSIC region and 12% of young people state-wide.

Combined drug use

The combined use of marijuana, tobacco and alcohol was similar in the Geraldton ATSIC region (12%) to the state as a whole (11%). About 17% of males and 9% of females in the Geraldton ATSIC region used all three substances. In WA 11% males and females used all three substances.

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 32% in the Geraldton ATSIC region. Throughout WA, many more females (36%) than males (20%) did *not* do any strenuous exercise. This was the same for the Geraldton ATSIC region with 25% of males and 38% of females *not* doing any strenuous exercise.

In WA, almost two-thirds (63%) of young people had taken part in organised sports in the 12 months prior to the survey. Over half (54%) of young people in the Geraldton ATSIC region participated in organised sports. In WA, many more males (70%) than females (56%) participated in organised sports. In the Geraldton ATSIC region there was little difference between males and females (58% and 50% respectively).

Bullying

Almost one-third (31%) of young people in WA who still went to school had been bullied at school. In the Geraldton ATSIC region, 19% 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 the Geraldton ATSIC region who still go to school also smoke regularly, the same as for the whole state.

Racism

Over one in five Aboriginal young people (22%) in WA and one in five (20%) in the Geraldton 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 Geraldton ATSIC region 31% of all 12–17 year-olds and almost all 17 year-olds have had sex. Among those young people in the Geraldton ATSIC region who had had sex, 16% were found to have a limited understanding of sexual health and contraception compared with 14% for the whole state.

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%). This was similar in the Geraldton ATSIC region where 39% of females and 17% of males had 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 Geraldton ATSIC region 43% of young people who had not done any strenuous exercise had low self-esteem, compared with 22% of those who had done exercise

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 Geraldton ATSIC region 29% of young people had low self-esteem regardless of whether they smoked regularly.

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 Geraldton ATSIC region 12% thought about ending their own life and over half (52%) 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 Geraldton region 26% 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 building 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 Geraldton ATSIC region 36% of young people smoke, 26% drank alcohol, 29% used marijuana and 12% used all three. Some 31% of young people have had sex and 16% of these have indicated a limited understanding of sexual health and contraception. One in eight (12%) young people had seriously thought of ending their own life in the year prior to the survey.

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 a flow-on benefits for the social and emotional wellbeing of children. Further actions to foster and support parenting skills in carers are also clearly needed.

In terms of clinically significant emotional and behavioural difficulties, children and young people in the Geraldton ATSIC region have a similar prevalence of these difficulties as the state overall. The factors linked to the occurrence of these problems in the Geraldton ATSIC region are also very similar to those operating in the overall WA population of Aboriginal and Torres Strait Islander children and young people.

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 — Geraldton ATSIC region compared with Total WA

	Carer report		Youth self report	
	Geraldton ATSIC region (%)	Total WA (%)	Geraldton ATSIC region (%)	Total WA (%)
Proportion at high risk of clinically significant —				
total difficulties	26	24	10	11
emotional symptoms	25	23	9	11
conduct problems	40	34	18	23
hyperactivity	17	15	15	15
peer problems	28	28	3	5
problems with prosocial behaviour	6	4	4	6

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

	Geraldton ATSIC region (%)	Total WA (%)
7 or more family stress events	16	22
Quality of parenting —		
Very good	31	34
Good	29	26
Fair	17	15
Poor	23	25
Family functioning		
Poor	15	21
Good	81	76
Family care arrangements		
Both original parents	50	42
Sole parent	28	34
One parent and new partner	8	9
Other (aunts uncles etc)	13	14
Lived in 5 or more houses since birth	29	27
Difficulty saying certain sounds	11	10
Runny ears	25	22
Vision problems	8	8
Carer health – limiting health condition	13	15
Household occupancy – High	31	29
Primary carer separated from family	10	12

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

	Geraldton ATSIC region (%)	Total WA (%)
Still attending school	71	74
Strenuous Exercise - lack of	32	28
Organised sport	54	63
Smoking	36	35
Alcohol - had drunk to excess	13	12
Marijuana - used weekly or more often	14	12
Ever had sex	31	28
Bullied at school (school attendees only)	19	31
Racism experiences	20	22
Suicidal thoughts	12	16
Attempted suicide	8	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

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