Commissioner for Children and Young People
Western Australia

Policy brief
September 2018

Children and young people speak out about education and health in schools

"At my school teachers are extremely nice, they are very respectful and they care about our health."

Education is a key influence on a child's life. Early engagement with school and learning assists a child to develop skills to succeed academically as well as build and maintain social relationships.

Research shows poor engagement with school may result in poor educational outcomes, diminished employment prospects and, for some, adverse life outcomes including social exclusion, poverty and involvement with the justice system.[1]

The United Nations Convention on the Rights of the Child (UNCRC) states that children and young people have the right to accessible education and should be encouraged to reach the highest level of education of which they are capable.[2]

The UNCRC also stipulates that all children have the right to enjoy the highest attainable standard of health and facilities for the treatment of illness and rehabilitation of health.[3] Special regard must be given to children with a physical or mental disability, who have the right to enjoy a full and decent life in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community. Specifically, in regard to education, children with disability should be given the assistance they require to participate effectively in education and training and to be prepared for employment conducive to the child's individual development.[4]

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In Australia, this commitment is reinforced through the *Disability Discrimination Act 1992* (DDA) and the supporting Disability Standards for Education 2005 (the Standards). Under the Standards, schools are required to make reasonable adjustments for students with disability to enable them to participate in education on the same basis as other students.[5]

Physical and mental health affects all aspects of life and all areas of wellbeing. Positive physical and mental health provides a strong foundation for learning and student emotional, cognitive and behavioural engagement with school and learning. Student engagement with learning may also be affected by disability or a long-term condition. It is critical that student health is promoted and students with disability or a long-term health condition are appropriately supported to be able to engage with learning.

What do children and young people say about education and health in schools?

In 2016, the Commissioner for Children and Young People WA undertook a consultation with 1,812 Year 3 to Year 12 students enrolled in 98 government, Catholic and independent schools across WA. Student participation in the consultation was anonymous and voluntary. Active student and parent/guardian consent was required for participation in the consultation (opt-in approach). The key purpose of the consultation was to seek students' views on the positive and negative factors that influence their engagement in education.[6]

'Feeling physically and mentally well' was one of nine factors that were identified as having a strong influence on students' engagement with school and learning. Students across all year levels recognised that being healthy increased their ability to engage with school and learning. They adopted a holistic view of health, with being healthy including physical, mental and emotional health. To be healthy students needed to:

- have their **basic needs** met – food, water and sleep
- be provided with or have access to **healthy foods**
- be provided with **breaks** and opportunities to be **physically active**
- have **positive relationships** with peers, school staff and family members.

Being unhealthy or student ill-health negatively affected student learning and students wanted support and strategies to minimise the consequences of ill-health.

Students identified that schools and families have important roles to play in meeting these needs. Further, students explained that friends, school staff and family members contributed significantly to their mental health and wellbeing by providing guidance, friendship and support. Students in Year 7 to Year 12 in particular, felt schools could do more to support their health, particularly through the provision of breakfast programs, cheaper and healthier canteen food and altering school times to take account of their changing biology through adolescence.

> *"I wish school would start a bit later and finish later. Teenagers don't function well when they are tired so by making school start later this will help teenagers function and work to the best of their ability."*

Students across Year 3 to Year 12 identified that disabilities can make it difficult for some students to learn and to get the help and support they need for learning. Students suggested a range of supports that students with disability may require to like school and engage with education and learning. These supports are the same as those of all students, including having:

- **acknowledgement of learning needs** and subsequent support for learning
- someone to **talk/communicate** with
- someone to **trust**
- safety
- people to **support** them.

"Having a broader learning spectrum…Taking into account people's learning skills and disabilities."

Most students report good health

In the School and Learning Consultation survey, the **majority** of students rated their general health as 'excellent' or 'very good' (70%).

However, **8 per cent** of all Year 7 to Year 12 students and **23 per cent** of Aboriginal students described their health as 'fair' or 'poor'.

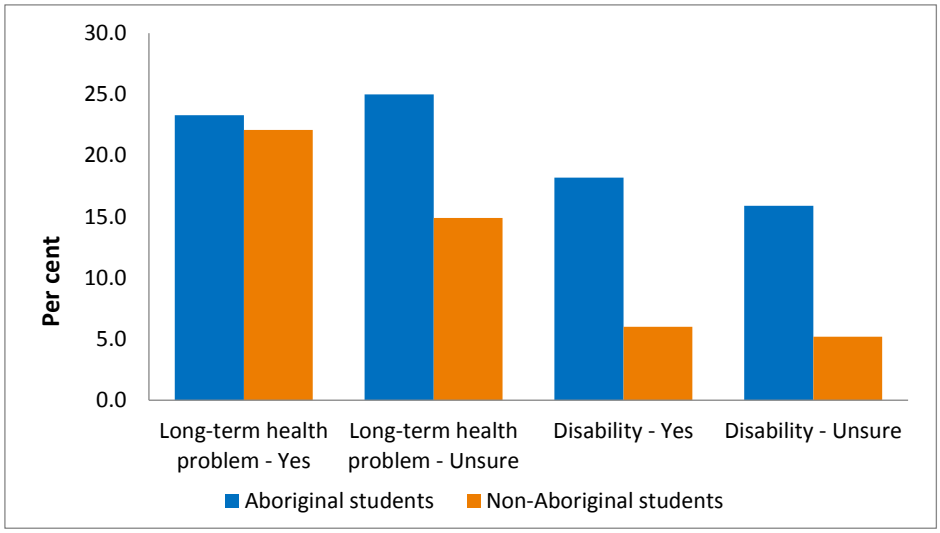
Further, **22 per cent** of Year 7 to Year 12 students reported having a long-term health problem (e.g. asthma, diabetes, depression) and **7 per cent** reported having a long-term disability (e.g. sensory impaired hearing, visual impairment, in a wheelchair, learning difficulties).

For Aboriginal students, **18 per cent** reported having a disability with a further 16 per cent saying they are unsure whether or not they do.

Proportion of Year 7 to Year 12 students saying their health is excellent, very good, good, fair, poor or student is unsure, by selected characteristics

	Male	Female	Metropolitan area	Regional area	Non-Aboriginal students	Aboriginal students	All
Excellent	28.4	22.3	25.2	24.0	25.7	11.4	24.8
Very good	42.8	46.2	42.3	49.5	44.8	38.6	44.5
Good	22.8	22.6	23.5	20.7	22.3	27.3	22.6
Fair	4.2	7.7	7.0	4.8	5.5	18.2	6.3
Poor	1.1	0.5	1.5	0.0	0.9	4.5	1.0
Unsure	0.7	0.8	0.6	1.0	0.7	0.0	0.7

Proportion of Year 7 to Year 12 students saying they have a long-term health problem or they are unsure and proportion of students saying they have a disability or they are unsure, by Aboriginal status



Of particular concern is the significant proportion of students reporting uncertainty about having a long-term health problem or disability. This indicates a possible under-diagnosis of physical and mental ill-health in schools, particularly for Aboriginal students, which warrants further investigation.

Students' mental health

41 per cent of Year 7 to Year 12 students reported having difficulties with concentration, behaviour, feelings or getting along with people.

Male students were more likely than female students to experience such health concerns as were Aboriginal students.

Overall three-quarters of all students with mental health concerns reported being upset or distressed by these difficulties. One-half of affected students felt that the difficulties interfered with their classroom learning and more than one-third said these difficulties interfered with friendships.

> *"I would make the school focus more on mental health issues such as anxiety and how the school can help people who are suffering with these things."*

> *"…sometimes one day of school is less important than your mental health."*

Cross tabulation of results showed that students with mental health concerns were more likely to also report a long-term health problem or poorer overall physical health. In addition, they were more likely to report not liking school, being unsure about feeling a part of their school, feeling that teachers don't care about them and feeling unsafe or afraid of being hurt or bullied.

Poor mental health affected students across all surveyed year levels, both genders and all geographic areas. Aboriginal students across WA were found to be significantly more likely than their non-Aboriginal peers to report difficulties with their mental health.

Proportion of Year 7 to Year 12 students saying they have a few, some, many or no difficulties with concentration, behaviour, feelings or being able to get along with other people, by selected characteristics

	Male	Female	Metropolitan area	Regional area	Non-Aboriginal students	Aboriginal students	All
A few difficulties	28.4	19.5	23.9	21.6	22.4	34.1	23.2
Some difficulties	13.0	15.6	14.2	15.9	13.8	29.5	14.7
Many difficulties	3.2	3.1	3.2	3.4	3.1	4.5	3.2
No difficulties	55.4	61.8	58.8	59.1	60.7	31.8	58.9

Students in Year 7 to Year 12 identified a need for more support in regard to their mental health. Requesting education about mental health issues and supports available, asking for understanding from teachers, family member and peers, and outlining how quality time with friends and family supported wellbeing were reported as different ways to support students.

"Less strictness on what we wear and more attention to our mood and mental health."

Learning and disability

Within the consultation, students across Year 3 to Year 12 **in mainstream schools** identified that disabilities can make it difficult for some students to learn and that having a disability can make it difficult to get support for learning. As such, students were mindful of the varying needs of other students. They identified that some students may require individualised and tailored support for learning and to be empowered to participate in classroom activities. This required schools to acknowledge the needs of all students, regardless of whether a diagnosis existed, and to support teaching staff in their roles.

Without appropriate support, students noted that their peers with disabilities experienced difficulties in accessing school, engaging in learning or getting support for learning or other concerns. Students expressed a clear desire to be able to engage with and support their peers with disability.

"Some kids with disabilities need helpers to help them."

"Teachers need to properly acknowledge and respect even the smallest of disabilities."

Students with disability **in mainstream schools** expressed largely the same attitudes and thoughts about school and learning as their peers without disability. The analysis however found a small number of indicators that were trending more negatively for students with disability in mainstream schools and these were:

- an increased likelihood to have changed schools more than once
- an increased likelihood of experiencing difficulties with mental health
- an increased likelihood to feel concerned or worried about being hurt or bullied at school.

This survey data also suggested that students with disability in mainstream schools were more likely than students without disability to have absconded from school in the last year and to have been suspended (both school suspension and in-school suspension). Further research with a larger sample of students with disability in mainstream schools is required to further investigate these trends.

A small sample of students in education support centres also participated in the consultation and the majority of these students exhibited a high level of enjoyment of school. Most of them reported feeling that teachers care about them, that mostly they receive the help and support they need for learning and that they get along well with other students.

When considered in more detail, three areas were found to stand out by trending more negatively for students in education support centres in comparison with students in the mainstream sample and these are:

- an increased likelihood to have changed schools more than once
- an increased likelihood of experiencing difficulties with a range of activities on account of their disability or long-term health condition
- an increased likelihood to feel concerned or worried about being hurt or bullied at school.

Overall however the students in education support centres provided a positive example of how students with disability who are well supported and show positive attitudes and thoughts about school and learning, can achieve the same engagement outcomes as their peers.

How does health influence engagement in school and learning?

Good physical and mental health provide a strong foundation for learning and positively influences student engagement across a range of indicators.

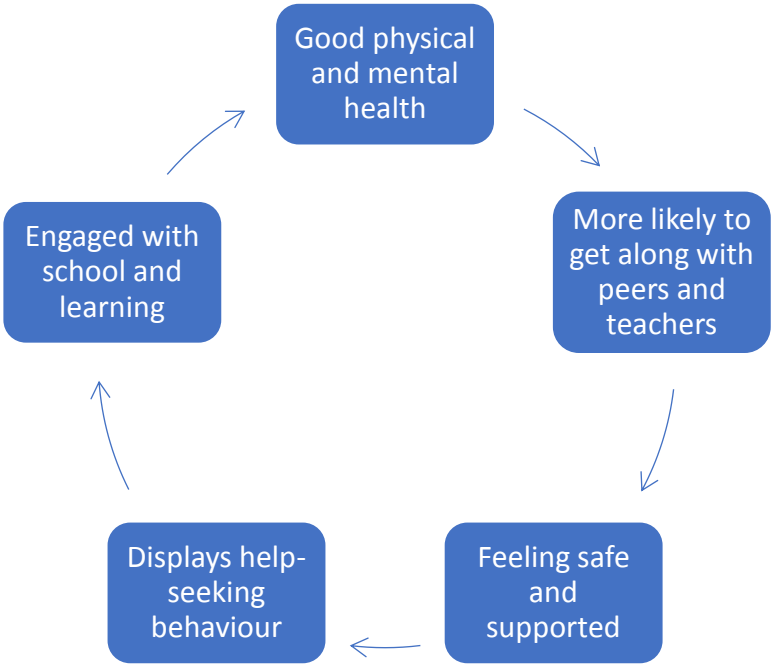
Good physical and mental health → more likely to be engaged with school and learning

Cross tabulation of survey results showed that students who described their health as very good or excellent were more likely to feel part of their school, to like school, to say being at school every day is important and to report academic achievement.

The same was found for students who reported no mental health concerns. Compared to students who reported some level of difficulty in this area, students with no difficulties were more likely to report high levels of engagement.

Feeling part of school, liking school, saying that regular attendance at school is important, and self-reported academic achievement are strong indicators of student engagement with school and learning.

Good physical and mental health also positively influenced the quality of students' relationships with peers and school staff, in particular teachers. Positive relationships at school further increased the likelihood of feeling supported and confident to ask for help if needed.



What does the research say about education and health in schools?

A large body of academic studies carried out over the last two decades has established positive links between physical, social and mental health and academic achievement.[7] The following is an overview of findings that relate to how good health benefits students in the school environment.

Research has shown that a healthy body and mind allows students to be more alert, engaged and better able to concentrate and learn, both in and out of the classroom.[8]
In this context, two factors have been identified as being vital to achieving and maintaining a healthy body and mind – physical activity and good nutrition.

Physical activity and good nutrition

Physical activity is generally promoted for its positive impact on children's physical and mental health. However, there is now robust evidence proving that increased participation in sport and other forms of physical activity also enhances cognitive functioning (information processing), memory, concentration, behaviour and academic achievement.[9] [10] Research in the field has also been able to show that the cognitive benefits are maintained in children over time and into

adulthood.[11] In addition, physical activity is associated with improved cardiovascular fitness, healthy body mass index and better mood.[12]

Conversely, sedentary behaviour has been found to negatively impact brain health and aspects of cognition known as executive control as well as decreased fitness and increased body mass index.[13]

Good nutrition is defined as eating foods containing a variety of nutrients including protein, carbohydrates, fat, water, vitamins and minerals. Recent studies have demonstrated that healthy eating positively affects students' thinking skills and cognitive functioning, mood and behaviour as well as physical health including cardiovascular fitness and a healthy immune system. Contrariwise, research suggests that diets high in trans and saturated fats can negatively impact learning, concentration and memory.[14] As a result, poorly nourished children are often tired, apathetic and unable to concentrate.[15] [16]

Healthy eating is central to the prevention and management of being overweight and obesity, which is a national health concern for children and young people in many western countries including Australia.[17]

The role of schools

Children spend a substantial amount of time at school, and because schools provide the opportunity to reach most children and young people, they have been identified by organisations worldwide as key sites for the promotion of healthy behaviours such as physical activity and healthy eating.[18] [19]

Most importantly, the World Health Organization (WHO), as part of its *Global Strategy on Diet, Physical Activity and Health*, has called for the development and implementation of school policies that promote physical activity and healthy eating.[20] Accordingly, WHO developed a school policy framework to help guide policy makers in developing and implementing such policies.[21]

However, despite this global mandate there is concern among researchers in Australia and internationally that the time spent on physical activity in schools has been steadily declining – supposedly as a result of the pressure on schools to ensure students achieve academic success – and that existing school policies addressing physical activity and nutrition do not always meet expert recommendations and lack rigorous implementation monitoring.[22]

A paper published in late 2017 summarised an academic assessment of Australian school physical activity and nutrition policies and found that to "improve school practices, policies are needed that are mandated and consistent with expert recommendations, use clear language, and specify monitoring and accountability mechanisms".[23]

Specifically, in regard to physical activity participation in schools, the 2016 Report Card on Physical Activity for Children and Young People identified a lack of data on physical activity in schools. While some data exists regarding how active students are during physical education, little to no data is available to show activity levels at other times such as during recess or class time.[24]

Mental health and education

The second Australian Child and Adolescent Survey of Mental Health and Wellbeing, the Young Minds Matter survey[25], specifically examined educational outcomes, and the impact mental disorders can have on students' attendance, connectedness, engagement and performance at school. It found that "students with mental disorders (such as ADHD, depression and anxiety) are less connected and engaged with their schooling, attend school less often, and have poorer academic outcomes than their peers".[26]

The Young Minds Matter survey also showed that while the majority of students in Australia (Kindergarten to Year 12) enjoy good mental health, mental disorders remain relatively common, with 560,000 or one in seven 4 to 17 year-olds assessed as having had mental disorders in the previous twelve months.[27]

Regarding the impact of mental disorders on educational outcomes, the findings delivered strong evidence that poor student mental health adversely impacts academic achievement, attendance and attitudes towards school.

Academic achievement

Students with mental disorders scored lower than students with no mental disorder in all NAPLAN test domains and year levels. For instance, in Year 9, students with mental disorders were on average 1.5 to 3 years behind their peers.[28]

Attendance

All mental disorders were associated with higher rates of absence from school. This was particularly evident in the secondary school years where students with a mental disorder missed an average 23.8 days per year compared with 11.0 days per year for students without a mental disorder.[29]

Attitudes towards school

Poor connectedness and poor engagement were more common in students with mental disorders. Among these students, more than 1 in 4 didn't experience good connectedness and almost 1 in 3 didn't experience good engagement.[30]

The relationship between ill mental health and educational outcomes, particularly during secondary school, has been examined in a range of other studies worldwide and a large body of evidence now exists confirming the adverse effects of mental disorders on educational attainment.[31] [32] [33]

The role of schools

Schools and the school life of children and young people are highly significant also in the context of mental health and wellbeing. A positive, rewarding school environment and a child's sense of connectedness to the school are protective against mental health problems and enhance children's mental health and wellbeing.[34] Conversely, experiencing school failure, isolation and bullying, or poor attachment to school puts a child at greater risk of mental health problems.[35]

The Royal Australian and New Zealand College of Psychiatrists argues that, for school-age children, formal schooling becomes relevant to prevention and early intervention of mental illness, as well as relevant to detecting and improving behavioural and emotional problems.[36]

The WHO also acknowledges the role of schools in influencing positive mental health outcomes and notes that universal programs provided to groups of students can assist in "achieving improved competence and self-worth, as well as decreasing emotional and behavioural problems".[37]

Disability and education

In Australia, 4 in 5 children and young people with disability attend school. In recent years, there has been a shift towards attending special schools and away from attending special classes in mainstream schools.[38] [39] Much research has been undertaken seeking to conceptualise and examine the inclusion or, depending on the side of the argument, exclusion, of children and young people with disability from mainstream education. The impact on educational outcomes comparative to their peers without disability and special needs has also been a focus for research.[40]

Despite strong national legislation supporting the inclusion of children with disability in an educational context,[41] research shows that in Australia children and young people with disability are less likely than their peers to be fully engaged in education, to attain a Year 12 or equivalent education[42] and to be given equal opportunity to achieve their full academic potential. While there have been some improvements in the last decade with regard to the highest level of educational attainment for people with disability, it is generally still lower than for people without disability.[43]

For a long time, the most evident issue with any assessment of the educational outcomes of Australians with disability has been the inconsistency of data about students with disability. Prior to the introduction of the Nationally Consistent Collection of Data on School Students with Disability in 2015, differing definitions used in different collections resulted in highly variable prevalence rates for students with disability being reported. As a result, the estimated number of children with disability who were attending school in Australia was typically significantly higher than the number of students with disability who were receiving targeted assistance in school.[44] This meant that many students who needed support were not receiving it.

Since 2015, schools and governments are reporting on students with disability in Australian schools in a nationally consistent way. It is recognised that it will take time for the data collection to mature and for results to become fully robust and comparable across states and territories.

In the meantime, there continues to be a significant proportion of students without a formal diagnosis who either self-identify problems with their physical or mental health and/or who have observed needs but who are not receiving targeted assistance.

What needs to be done about education and health in schools?

All students with a physical or mental health issue should have access to appropriate levels of support from schools to identify and manage the issue and reduce the impact of the issue on their educational attainment and engagement with school. Collaboration and formalised links between education and health services will assist schools in providing such support.

The Disability Allocation[45] is provided to schools to support students with disability and additional needs. It is widely recognised that more needs to be done to support students in a more collaborative and coordinated way. Schools' participation in the Nationally Consistent

Collection of Data on School Students with Disability is anticipated to be one way of improving schools' support for students with disability.

Schools have also recognised that student (and teacher, for that matter) mental health is vital to a healthy school environment and to students achieving their educational goals. Programs funded under the new National Education Initiative[46] (formerly KidsMatter and MindMatters), as well as the availability of school psychologists and counsellors, are important mental health initiatives aimed at improving the mental health and wellbeing of students.

Schools have also taken on an active role in promoting healthy food choices and physical activity.[47] [48]

Despite these interventions, students in the consultation have identified both physical and mental health as key issues that continue to impact on their ability to attend, participate and achieve at school. In their responses, students have highlighted an apparent under-diagnosis of physical and mental ill-health in schools, particularly for Aboriginal students, which warrants further investigation and action to address these issues.

Actions to address under-diagnosis of physical and mental ill-health

Firstly, school governing authorities must closely review existing resources, supports and allocations for students with disability. They must also investigate the apparent under-diagnosis of health conditions and the impact on students. A large number of students self-identified or spoke of suspected health conditions that had not been recognised or investigated by either their school or their family.

Secondly, school governing authorities must also review existing resources in the area of mental health and personal support for students, monitor the implementation of existing initiatives at an individual school level, and then assist schools in addressing any barriers. Schools should be resourced and supported to embed whole-of school approaches to supporting the mental health and wellbeing of students, with a specific focus on building resilience and supporting social and emotional learning.[49] This involves addressing a range of factors at different levels, from supports for individual students, staff training and capacity building within schools.

Teachers are not mental health professionals and should not be expected to diagnose and treat mental disorders. However, programs such as Mental Health First Aid,[50] Mental Health literacy for educators[51] and the initiatives for educators that have been proposed as part of the new National Education Initiative[52] may help ensure all teachers, student service providers and administrators can identify mental health problems when they occur and be supported to seek appropriate help. School counsellors and psychologists also play a critical role.

Student-specific programs aimed at improving supportive behaviours towards peers may also be helpful interventions, given that many children and young people reach out to their peers to seek help for their mental health.[53] A recent study of the teen Mental Health First Aid course suggested how valuable this program could be for schools and students in increasing mental health literacy, supportive behaviour and reducing stigma.[54] In previous consultations with this office, children and young people have expressed wanting more information about mental health issues and what supports are available to them if they are having problems, and have identified the important role that schools could play in providing this education.[55]

Thirdly, school governing authorities must also review their policies addressing physical activity and nutrition in schools and ensure that these are mandated, consistent with expert recommendations and specify monitoring and accountability mechanisms.

Recommendations

The Commissioner has made two recommendations regarding health and personal support in schools based on what students have said in the School and Learning Consultation.

Recommendation 13

Relevant governing authorities and key stakeholders work with the Commissioner for Children and Young People to review and develop a best practice model/s for implementation of social and personal support within schools.

Recommendation 14

The Department of Education commission a research project to investigate across all school sectors the apparent under-diagnosis of health conditions and the impact on students.

Priorities for policy and program development

Significant programs and initiatives addressing physical and mental health in schools are already being implemented across the WA school sector. The priority for future work in the area must be on ensuring that resources are evidence-based and used to their full potential so that schools have the capacity to successfully implement them and to measure their effectiveness.

Student participation is critical to effective program development and implementation. Giving students a voice and encouraging them to be involved in decisions affecting them can result in more effective strategies to address health concerns, better support students and achieve more effective and positive outcomes.

Through the consultation students provided a **range of suggestions** to improve their physical and mental health in relation to school and learning. These include:

- School staff and family members to acknowledge, understand and cater for the range of abilities of students, regardless of whether a diagnosis of disability has been made.
- Schools to promote avenues of support regarding students' mental health, providing a variety of options, so students are aware of the help available.
- Family members and school staff to proactively build relationships and 'check-in' with students and be approachable and available for students to raise concerns. This means these adults regularly talk with students and ask about their health and wellbeing, encourage help-seeking behaviour, listen when students raise concerns, assure and uphold confidentiality, and provide support, advice or take direct action as requested and as required, with students being involved in or informing responses.
- School staff to incorporate breaks from learning throughout the school day to increase concentration, motivation and engagement with learning. This included short breaks between lessons or classes, opportunities to move around or be active and longer lunch breaks.
- School to create functional, clean and welcoming built environments that promote physical activity and social interaction. Specific suggestions included café-style or shaded tables and

chairs within the school grounds, so students could sit and talk together, more stairs to increase physical activity and different or better use of recreational sports areas to support student fitness.

- Healthier and more affordable canteen food and regular breakfast clubs to be provided through schools.

Further information

For further information about these issues and the Commissioner's work, visit the website ccyp.wa.gov.au.

- Engagement in Education project – various reports and resources
- Mental health – various resources
- Disability – various resources

More information on education and health in schools:

- National Education Initiative
- Student Wellbeing Hub
- Australian Government's Students with disability resource
- WA Department of Health's resources and websites for promoting health in schools

Endnotes

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[45] The Disability Allocation is provided to schools to support students with disability and additional needs and comprises two components:

1. Educational adjustment allocation - for mainstream schools to implement programs and learning supports for students and additional learning needs.
2. Individual disability allocation – to support students with eligible disability based on application, approval and review.

More information is available from the Department of Education website at <http://det.wa.edu.au/studentsupport/detcms/navigation/disability-services-and-support/funding-for-students-with-disability/disability-allocation/>
[46] For more information on the new National Education Initiative see <https://www.beyondblue.org.au/about-us/about-our-work/childhood-and-education-program/the-beyondblue-national-education-initiative>
[47] The Department of Education published several fact sheets on the topic eg. *Healthy food and drink choices – tips for parents and carers* available at <https://www.education.wa.edu.au/healthy-food-choices> and *Physical activity begins at home* available at <https://www.education.wa.edu.au/physical-activity>

[48] Catholic Education WA has a policy on Healthy Food and Drink Choices (Policy No. 2-D4) available at <http://internet.ceo.wa.edu.au/AboutUs/Governance/Policies/Documents/Community/Policy%202D4%20Healthy%20Food%20and%20Drink%20Choices.pdf>

[49] Refer to Commissioner for Children and Young People 2015, *Our Children Can't Wait – Review of the implementation of recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in WA*, p. 68

[50] Mental Health First Aid Australia is a not-for-profit organisation focused on mental health training and research. Mental Health First Aid courses teach members of the public mental health first aid strategies. For more information see <https://mhfa.com.au/>

[51] The Mental Health Literacy for Educators training is designed for teachers, student service providers and administrators. Its purpose is to enhance the mental health literacy of educators who work with young people aged 13 to 25 years. For more information see <http://teenmentalhealth.org/product/mental-health-literacy-educators-training-evaluation-2/>

[52] The new National Education Initiative is designed to present a unified approach to mental health in education. For more information see <https://www.beyondblue.org.au/about-us/about-our-work/childhood-and-education-program/the-beyondblue-national-education-initiative>

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[54] Hart LM et al 2018, Helping adolescents to better support their peers with a mental health problem: A cluster-randomised crossover trial of teen MHFA, *Australian and New Zealand Journal of Psychiatry* 1-14, <http://journals.sagepub.com/doi/pdf/10.1177/0004867417753552>

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