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School Refusal and Mental Health:

Submission to the Inquiry on "The national trend of school refusal and related matters"

Black Dog Institute, December 2022

Black Dog Institute

Summary

Mental ill-health is depriving an increasing number of Australian children and young people of their fundamental human right to education. Examination of national trends and the decreasing number of students attending school **must** encompass the impact of mental health. Significant changes to the mental health and education system are needed to cope with increasing mental health needs of Australian students. As Australia's only medical research institute focused on mental health across the lifespan, Black Dog Institute is the voice of mental health science. We urge the Inquiry into 'The National Trends of School Refusal and Related Matters' to prioritise mental health to ensure that the education and mental health of Australian students is safeguarded through the long tail of the pandemic.

Overview

National and state-wide data on the proportion of Australian students with school attendance problems (i.e., attendance less than 90% of the year) has increased since the COVID-19 pandemic (1). The increase has occurred in both explained and unexplained absences (2). Unfortunately, we do not have nationally representative data that fully explains the observed decrease in school attendance. Although attendance rates have likely been affected by COVID isolation requirements and continued infections, this does not completely explain the national trend. A conversation about the decreasing number of students attending school must critically include a conversation about mental health. The terms of reference for the current government inquiry fail to mention mental health. This is a significant oversight, given the known link between school refusal and mental health.

There is a misconception that students unable to attend school do so because of behavioural issues such as conduct or oppositional problems. The current education system is designed to respond to children who won't go to school, not those who cannot. In contrast, global and Australian data suggests that most students who do not attend school are unable to do so because of elevated anxiety and depression (3-4).

The Productivity Commission commenced a comprehensive review of Australia's Mental Health system which highlighted the exorbitant burden of mental illness and suicide in Australia (5). This review, along with the National Child Mental Health Strategy (6), identified a need for substantial and coordinated system reform to ensure that the child and youth mental health system is fit-for-purpose. Workforce shortages and maldistribution, inequity of access, and lack of data and evaluation are all major issues. Reforms to both the health and education system are required to address decreasing school attendance. The pandemic and other recent disasters have put additional pressure on an already strained health and education system and significant urgent change is required.

A strategic focus on child and youth mental health is needed. Primary and secondary school settings provide an ideal context to reach young people in which early detection and prevention can and should occur. Australia's National Children's Mental Health and Wellbeing Strategy as also recognised the importance of education settings as a means for addressing children's mental health (6).

Recommendations

Intervening early in life and early in illness should be a priority to improve outcomes for young people throughout their lives. There is overwhelming evidence that early access to good quality treatment allows young people's mental health problems to be addressed quickly, avoiding prolonged disruption to their educational and social development (7). The Black Dog Institute urges the Inquiry to recommend immediate actions to ensure that our children and young people who have been hardest hit by the pandemic receive the support that they need across both the education and health systems. **Investing in mental health must be at the forefront of a solution to the trend of decreasing school attendance.**

We need to:

1. Acknowledge and address the significant impact of mental disorders such as anxiety and depression on school refusal
2. Deliver system reform in mental health and education using a collaborative model of care to support students to return to school, as well as to support students struggling to engage in school because of mental ill-health.
3. Improve national data collection on school absences, school refusal as well child and youth mental health.
4. Include First Nations voices in understanding and developing solutions to national trends.
5. Use culturally appropriate methodologies
6. Improve mental health training and support for schools, teachers and parents

School Refusal and Mental Health

The reasons children and young people are unable to attend school are multifaceted (8). Unquestionably, most students who do not attend school have significant mental health problems (9-12). In a recent study of primary and high school students, emotional health problems such as anxiety, somatic complaints and depression were the strongest predictors of school absences the following school year (13). A solution to the growing school attendance concerns must include a focus on mental health in particular, anxiety disorders and depression.

In the wake of COVID-19, we have witnessed a doubling of the rate of anxiety and depressive symptoms globally (14). Data from our research teams at the Black Dog Institute have shown that this global increase is mirrored in data reported by Australian children and adolescents (15-16). Our Future Proofing trial, the largest mental health school-based research study in Australia, has revealed 75% of year 8 students reported a worsening of mental health following COVID (15). In another COVID-specific study, our researchers showed that one in three children and adolescents reported very high levels of emotion symptoms and one in five reported clinically significant anxiety and depressive symptoms during the initial stages of COVID (16).

Prior to the pandemic, the prevalence of anxiety and depressive symptoms in young people was already increasing. Our report in collaboration with Mission Australia revealed that 27% of Australian students aged 15-19 experienced psychological distress in 2020, compared to 19% in 2012 (17). Increasing prevalence of psychological distress was also evident in children and younger teenagers. For example, the number of Australian children diagnosed with anxiety by paediatricians nearly doubled from 2008 to 2013 (4.4% vs 7.6%) (18). Understanding the relationship between school attendance and mental health disorders like anxiety and depression is critical to the solution.

Anxiety Disorders and School Attendance

Anxiety Disorders, by definition, lead to significant impairment in a range of domains including school, and have a negative impact on a child's educational, social and health outcomes as well as an increased risk for mental disorders in adulthood. A core symptom of anxiety disorders is significant avoidance of feared situations (19). For many children and teenagers with anxiety disorders, school represents an overwhelming multitude of feared situations such as separating from caregivers, reading/speaking in front of others, uncontrollable worry about things like school performance, getting into trouble, friendships, being good enough or negative evaluation from others. Children and young people with anxiety disorders experience difficulties getting to school, engaging in school and staying at school.

Nationally representative data from prior to the COVID-19 pandemic, showed that Australian children with an anxiety disorder missed more than twice the number of school days than other children, with this difference being greater in high school students compared to primary school students (3,20). For example, a child with generalised anxiety disorder, was absent on average three weeks of school per year. NAPLAN data shows that academic achievement in literacy and numeracy is impacted by every day a child is absent from school (21). Australian students with anxiety disorders are missing out on critical pieces of their education.

Depression and School Attendance

Nationally representative data from prior to the COVID-19 pandemic showed that major depressive disorder has the greatest impact of all the measured mental disorders on school attendance, with students on average missing four weeks of school in a year (3). This is likely a result of one of the core symptoms of depression – withdrawal. Young people with depression episodically withdraw from activities they once enjoyed and were able to participate in. This has a cumulative effect; the longer the child is away from school in a single episode, the more difficult it is to "catch-up" both academically and socially. Children with depression, typically hold an unfounded belief they are inadequate and incompetent. Because of extended school absences, being unable to understand the schoolwork and keep up with their peers on return to school, reinforces and maintains these beliefs. Depression also includes several other symptoms inconsistent with being able to attend or function at school such as irritability, poor sleep, tiredness, lethargy, and attention difficulties. As a result, students with depression have difficulties getting to school, engaging in school and staying at school.

Depression more likely occurs in combination with increased anxiety, with 57% of Australian students with major depression also meeting criteria for an anxiety disorder(3). Students with depression who have been absent from school for significant periods of time, are likely to experience increased anxiety when required to return to school. As mentioned above, a natural response to anxiety is to stay away from anxiety-provoking situations. Thus, elevated anxiety in combination with depressed mood can make it extremely difficult for students to return to school following extended absences.

Self-Harm and School Attendance

Young people who self-harm are also more likely to experience problems attending school (22). Importantly, the timing of when young people self-harm is linked to school attendance. For example, for Australian 10–17-year-olds, presentation to emergency departments due to self-harm or suicidal ideation is strongly linked to the school term (23). Students are much less likely to self-harm during days they are not attending school such as holidays and weekends. Attending school, although critical to a young person's education, is associated with increased distress for those people with mental health concerns.

COVID-19 Impacts on Mental Health and School Attendance

We have witnessed a significant increase in anxiety and depressive symptoms in Australian children and teenagers following the COVID-19 pandemic (14). Data from our research shows that this deterioration was worse for children with a pre-existing mental health condition (16).

The pandemic impacted on factors known to be associated with increased mental health problems in children, such as increased parental stress, financial hardship, reduced exercise, changes in sleep and diet, increased technology use, social isolation, and loneliness (14-16). For many children with anxiety and depressive disorders, the lockdowns and isolation meant they were successfully able to avoid or withdraw from situations that typically led to distress, namely school. Avoidance of situations that are anxiety-provoking is a key mechanism in maintaining and increasing anxiety. Current theories suggest that this is because avoidance strengthens the fear memories and does not allow new, less fearful, memories to be established (24). Thus, returning to school after long periods of absence, made it extremely difficult for many children to return to school.

School Attendance and Bullying

Being bullied at school also has a significant impact not only on mental health but on school attendance and educational outcomes (25). The greatest likelihood for a young person to experience victimisation through bullying is between the ages of 11-14 years, a critical period of development (26). Being bullied significantly predicts later academic achievement (27). Further, there is a well-established link between bullying and mental health, with unique, prospective and bidirectional relationships between depression, anxiety and victimisation, with each factor also uniquely predicting poorer functioning in the future (25). Social networking platforms provide an increased audience for bullying behaviours, and therefore an increased capacity for wide-spread reputational damage. As a result, there is significant evidence of a link between being bullied online and a greater likelihood of later school attendance problems(28).

School Attendance and Social and Emotional Wellbeing in First Nations Youth

To understand the relationship between school attendance and social and emotional wellbeing in First Nations children and young people, we must grasp the extent to which the pervasive role of colonisation has played, and continues to play, on their lived experience of the education system. Colonisation dictates all of what is accepted and therefore known in western countries, particularly within the school setting (29). Curriculum, research, legislation, policy, law, diagnoses, and health are all influenced by colonial thinking. This factor continues to have an indelible impact on the lives of First Nations children and young peoples (30). Conversations on school refusal among First Nations young people would be neglectful to ignore issues directly associated with colonisation such as intergenerational trauma, significantly higher rates of ongoing loss and grief, and constant experiences of both personal and systemic racism. These can and do all lead to school refusal and poor engagement.

There is a multitude of factors that can negatively influence social and emotional wellbeing and that are not accounted for through a western lens or that may be foreign to western rationales. Issues of systemic bias and discrimination that lead to poor experiences with education systems and institutions must be explored. Furthermore, light needs to be drawn to the social determinants of social and emotional wellbeing that exist for First Nations young people that have been derived from First Nations perspectives. This will assist in establishing more culturally responsive and localised responses to improve school attendance, wellbeing, and learning. Some of the determinants of social and emotional wellbeing that undoubtedly impact on school attendance which warrant further exploration are:

- Being removed as a child or having a family member removed across the lifespan
- Being incarcerated or having a family member incarcerated
- Having the opportunity to learn, speak and share one's original language
- Having access to education that reflects one's cultural values and context

It is well established that there exists a significant shortage of First Nations teachers and specialised child and youth mental health practitioners. Similarly, there are few non-Indigenous teachers and practitioners who are equipped to work within the complex contexts of First Nations communities or in schools with high populations of First Nations young people, many of which experience learning concerns driven by trauma, Fetal Alcohol Spectrum Disorder, ongoing loss and grief, poverty, oppression and often a loss of a sense of hope and impeded levels of trust in western schooling. Significant investment is therefore needed in

building and retaining the health and education workforce to ensure adequate, appropriate, and culturally responsive service provision for First Nations peoples and communities.

The child and youth targets within the Closing the Gap initiative, while pertaining to come from a holistic approach towards improving the lives of First Nations peoples, including young people, are still driven from systems that have been developed by and are predominately run by non-Indigenous people and institutions. There is limited evidence to demonstrate that the current measures will or even, can, lead to improved lives for First Nations young people. Standalone measures such as reduced over-representation within the child protection system or increased school attendance – while undeniably important – fail to address the intergenerational complexities required to achieve such goals. The child and youth targets are also flawed in their individualistic approaches. They fail to consider targets relevant to a broadly collectivist yet culturally and contextually diverse population. Such a framework is crucial to First Nations peoples' ways of knowing, being and doing, and would integrate family and community wellbeing with individual wellbeing. These considerations also apply to measures relating to engagement with the education system, and to diversion from incarceration in youth detention. For instance, no evidence exists suggesting that merely improved attendance at school will lead to improved educational attainment nor a stronger sense of positive self-identity and wellbeing for First Nations young people. Again, a siloed focus on targets that fail to integrate First Nations perspectives guarantees a lack of positive progress in these areas. The latest report on the National Agreement indicates that little positive improvement has occurred across the child and youth targets beyond the simplified metrics of bums-on-seats. It would therefore be difficult to argue that social and emotional wellbeing is improving for First Nations peoples.

Improved data is also needed to inform decision making. First Nations peoples are often under-sampled in nationally representative surveys, making meaningful analysis challenging. For example, the most recent National Mental Health and Wellbeing Survey of Australian Children and Adolescents excluded remote parts of Australia and discrete Aboriginal and Torres Strait Islander communities in sampling (3). Even when sampling is representative, mainstream data collection efforts underestimate the prevalence of disturbed social and emotional wellbeing for First Nations peoples.

Further, mainstream surveys often ask the wrong questions, and use suboptimal methodologies for First Nations communities. Often the information or data that is collected around questions of school attendance and mental health in First Nations young people is inherently flawed due to different conceptualisations of wellbeing. Greater use of culturally appropriate qualitative methodologies (e.g., yarning circles) should be considered to enhance insights from population surveys, in addition to longitudinal data collection. If we are to make any positive progress in improving learning and wellbeing, First Nations voices must be heard. This includes ensuring appropriate methodologies and approaches to data collection.

School Refusal and Parents

Parents are often forgotten when calculating the significant burden of school refusal. Many parents whose children struggle to attend school experience heightened parenting stress (31). They are forced into substantial absences from, or lateness to, work to look after their child or they may be unable to hold down a job at all. Given the moderate heritability of anxiety and depression, parents of children with anxiety and depression unable to attend school are also more likely to experience anxiety and depression, adding further complexity to the difficult task of encouraging their children to attend school(19).

Parents often experience significant blame from the community including the school, friends and family, for their child's non-attendance and for not being "tough enough." This negative and harsh response does not take into consideration the substantial difficulty these parents experience daily. Parents witness extreme and extended levels of distress in their children, often starting at bedtime the night before school. As children age, it becomes increasingly difficult for parents to enforce school.

Support for parents and carers is crucial to improving school attendance and mental health in students. Evidence-based parenting programs should be routinely offered at key developmental milestones and transitional periods such as commencement of primary school and high school. Engagement with parenting programs and support could also be improved through linkage with existing touchpoints such as schools. Often the parents and children who could benefit most from parenting programs may also be facing additional barriers to accessing and completing these programs, including financial and geographic barriers. Incentives could be explored to improve engagement, such as connection to and from other social welfare programs and with family payment programs like the Family Tax benefit.

School Refusal and Educators

Teacher training: Teachers are often the first place students and parents seek help for problems with school attendance, anxiety, or depression, yet most classroom teachers have limited training in understanding mental health. Our research shows that teachers want to be able to support their students (32) but have concerns about their competence to provide mental health assistance and the limited availability of evidence-based training in Australia (33). Teachers and school personnel often respond to students with anxiety and/or depression with the best of intentions, wanting to reduce the student's distress. This often results in removing the student from the difficult situation and, although immediate reduction in distress occurs, in the absence of adequate support to assist the student to return to the activity, the student's capacity to develop long-term coping strategies is reduced. This has led to wide-spread systemic maintenance and worsening of mental ill-health.

To support teachers in responding to increased levels of anxiety in primary school students, our team has developed a new mental health training program for primary school teachers, in collaboration with Everymind - a national Institute dedicated to reducing mental ill-health, reducing suicide and improving wellbeing - and the Prevention Hub - Australia's first collaboration focusing on preventive research in depression and anxiety. The training program is designed to build the capacity of primary school teachers in preventing and responding to anxiety in students. The program is an online resource for primary school teachers supporting children with elevated anxiety. We have conducted a feasibility and acceptability trial in several Sydney metropolitan and Newcastle schools in 2022 with significant increases in teacher understanding and response to anxiety, along with reductions in stigma (36).

Teacher mental health: The mental health and wellbeing of educators and school staff should also form a key pillar of upstream preventative actions to reduce the unacceptable burden of school refusal and mental ill-health in Australian students, families, and schools. School teaching is consistently rated as one of the most stressful occupations internationally. Symptoms of burnout, stress, physical and emotional distress, fatigue, reduced self-confidence, and self-esteem have become common place within the teaching profession (37).

Research suggests teacher mental health and wellbeing has worsened throughout the COVID-19 pandemic, with significant demands placed on teachers over the past three years (38).

Researchers at the Black Dog Institute have recently completed a systematic review and meta-analysis of the field which found that existing teacher wellbeing programs are usually created without consultation, using a top-down approach, and are not tailored specifically to the needs of teachers. Working collaboratively with teachers, the Black Dog Institute is developing a wellbeing program tailored to teachers' needs and preferences, increasing the likelihood that it is engaging, acceptable, and feasible for teachers to use. National rollout of evidence-based teacher wellbeing programs will address the significant burnout facing Australian teachers following the COVID-19 pandemic.

Current Evidence for Mental Health Interventions for School Refusal

There is overwhelming evidence that early access to good quality treatment allows young people's mental health problems to be addressed quickly, avoiding prolonged disruption to their educational and social development (7,19). When school refusal occurs because of mental health problems, a multipronged and coordinated approach involving the school, the parents, the student, and mental health professionals is key to a successful return to school (39-41). Our current system, however, is fragmented and set up to respond to students who are absent because of behavioural problems not because of anxiety or depression. Using a restricted lens - one that is designed to address school refusal resulting from behavioural problems - leads to significant omissions in understanding of the young person's experience and a response that is likely to lead to greater, rather than less, school refusal.

Australia's existing child and youth mental health services both within and outside of schools are unable to meet the current demand. Despite many children seeking informal support from their teachers, only one third of children with mental illness receive professional help at school, reflecting system fragmentation and workforce shortages. Only 4% of primary schools have a counsellor on site on a daily basis in NSW (34). Further, although there are about 3,000 psychologists of the Australian workforce of 27,000 employed in school settings (35), there are substantial variations in the ratios of psychologists to children across states and territories. Access to clinical psychologists and evidence-based care also faces equity issues between private and public schools. With regards to support outside of school, availability of suitable services is further affected by long waiting times. For high school students, waiting times to see a clinician at headspace are often 8-12 weeks (42) and waitlists for private clinical psychologists and psychiatrists are frequently closed. Further, only 50% of children aged 4-11 with a mental illness have received any form of treatment (3) and both children and young people in Australia are unlikely to receive evidence-based care when they do seek help (43). Better access to care is needed in and out of schools around the country, such that students who need clinical support do not face long waits due to insufficient workforce.

Currently, there is a lack of coordination within the existing mental health and education system, with services in schools often disconnected from those in the community that provide assessment and treatment. A pivot towards a collaborative model of care that involves structured management of cases by a multidisciplinary team of education and health care professionals is needed. Collaborative care models have been demonstrated to result in more positive outcomes and are also showing benefits to children and teens with school attendance problems, compared to routine types of care (39-42, 45-47).

Collaborative care models also can capitalise on digital technology at all stages, beyond including telehealth options for youth mental health care. Digital technology should be explored as a service delivery mechanism to improve outreach and student choice, and to reduce other barriers experienced by students unable to attend school or leave home. We know that digital mental health services and programs can be effective (48), and COVID-19 has shown that people are willing to engage services through new methods that go beyond traditional face-to-face. Digital technology can support collaborative care by providing a key entry pathway for triage to services and resources, access to blended care (that reaps benefits from technology and a clinician's expertise), and appropriate referral mechanisms.

Schools are an ideal and untapped setting for supporting child and youth mental health and will have a vital role in post-pandemic recovery. Schools play a key part in shaping their social, mental, and physical development – all of which are foundational to children's ability to adapt, adjust, and thrive across their lifespan. Schools are already doing a considerable amount to support the wellbeing of children. The Productivity Commission and Royal Commission have highlighted the incoherent policy frameworks for wellbeing in schools, the barriers to accessing the right supports, and overwhelming demand on school counsellors and psychologists (5). Education settings were also identified as a key focus area within Australia's first National Child Mental Health and Wellbeing Strategy (6). The government must prioritise mental health and suicide prevention in both primary and secondary schools. Currently, there is no national strategy or evidence-based approach to mental health in primary or secondary schools, and no consistency in how mental health is addressed within curriculums. This is no longer acceptable. We know what approaches work in these settings, but they are not currently being implemented. Effective mental health action within school settings has been a missing piece in Australia's proactive approach around youth mental health. A new model of care is needed that provides evidence-based mental health and wellbeing checks in school settings, connected to multidisciplinary collaborative care. The model will identify children with mental health needs early and offer an efficient model for early and effective treatment, connecting families to needs-based matched services. This model should also provide immediate support and evidence-based resources while on the wait list for professional help.

When to Intervene

A common misconception is that mental illness emerges for the first time in adolescence. However, we know that mental health struggles often begin in childhood. As a result, Australian children aged 4-11 who experience a mental health disorder are much less likely to receive help and even less likely to receive adequate evidence based care, compared to teenagers (3). As school refusal worsens with age, prevention of school refusal could be addressed through early mental health intervention delivered in the primary school years, rather than waiting until the problem becomes more severe.

Despite recent investments in youth mental health in Australia, the potential for prevention and early intervention of mental illness in childhood has been largely overlooked. Children whose mental health challenges are identified early and addressed effectively see immediate and long-term benefits across their lifespan (7). Not only can preventative and early intervention approaches significantly improve the lives of children and their families, intervening early in life and early in illness has significant economic benefits. The Productivity Commission Inquiry into Mental Health categorised investment in population mental health during childhood and through schools as "very cost effective" (5).

References

1. Australian Curriculum, Assessment and Reporting Authority (ACARA) 2022 National Report on Schooling in Australia 2020. Available from national-report-on-schooling-in-australia-2020a9662f404c94637ead88ff00003e0139.pdf (acara.edu.au)
2. NSW Department of Education (2022). 2021 Semester 1 Student attendance factsheet. Available from: 2021 Semester 1 student attendance factsheet (nsw.gov.au)
3. Lawrence, D., et al., The mental health of children and adolescents. Report on the second Australian child and adolescent survey of mental health and wellbeing., 2015. Canberra. Available from: https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-pubsm-child2
4. Lomholt, J.J., Arendt, J.N., Bolvig, I., Thastum, M., 2022. Children with School Absenteeism: Comparing Risk Factors Individually and in Domains. Scandinavian Journal of Educational Research 66, 411–426. doi:10.1080/00313831.2020.1869085
5. Productivity Commission, Mental health, Report no.95. Chapter 3: The cost of mental ill-health and suicide, 2020. Canberra. Available from: https://www.pc.gov.au/inquiries/completed/mental-health#report
6. Australian Government. (2021). The national children's mental health and wellbeing strategy. https://www.mentalhealthcommission.gov.au/Mental-health-Reform/Childrens-Mental-Health-and-Wellbeing-Strategy
7. Hudson, J.L., Prevention of anxiety disorders across the lifespan. JAMA Psychiatry, 2017. 74(10): p. 1029-1030. DOI: 10.1001/jamapsychiatry.2017.2430.
8. Heyne, D., Kearney, C., & Finning, K. (2022). Mental Health and Attendance at School: Setting the Scene. In K. Finning, T. Ford, & D. Moore (Eds.), Mental Health and Attendance at School (pp. 1-21). Cambridge: Cambridge University Press. doi:10.1017/9781911623151.002
9. Askeland KG, Boe T, Lundervold AJ, Stormark KM, Hysing M: The Association Between Symptoms of Depression and School Absence in a Population-Based Study of Late Adolescents. Frontiers in Psychology 2020, 11.
10. Egger HL, Costello EJ, Angold A: School refusal and psychiatric disorders: a community study. J Am Acad Child Adolesc Psychiatry 2003, 42(7):797-807.
11. Finning K, Ukoumunne OC, Ford T, Danielson-Waters E, Shaw L, De Jager IR, Stentiford L, Moore DA: Review: The association between anxiety and poor attendance at school - a systematic review. Child and Adolescent Mental Health 2019, 24(3):205-216.
12. Vaughn MG, Maynard BR, Salas-Wright CP, Perron BE, Abdon A: Prevalence and correlates of truancy in the US: Results from a national sample. Journal of Adolescence 2013, 36(4):767-776.
13. Lomholt, J.J., Arendt, J.N., Bolvig, I., Thastum, M., 2022. Children with School Absenteeism: Comparing Risk Factors Individually and in Domains. Scandinavian Journal of Educational Research 66, 411–426.. doi:10.1080/00313831.2020.1869085
14. Racine, N., et al., Global prevalence of depressive and anxiety symptoms in children and adolescents during COVID-19: A meta-analysis. JAMA Pediatrics, 2021. 175(11): p. 1142-1150. DOI: https://doi.org/10.1001/jamapediatrics.2021.2482
15. Li, S., et al., The impact of COVID-19 on the lives and mental health of Australian adolescents. European Child & Adolescent Psychiatry, 2020. DOI: https://doi. org/10.1007/s00787-021-01790-x
16. Sicouri, G., March, S., Pellicano, E., De Young, A. C., Donovan, C. L., Cobham, V. E., ... & Hudson, J. L. (2022). Mental health symptoms in children and adolescents during COVID-19 in Australia. Australian & New Zealand Journal of Psychiatry, 00048674221090174.
17. Brennan, N., Beames, J. R., Kos, A., Reily, N., Connell, C., Hall, S., ... & Christie, R. (2021). psychological distress in young people in Australia fifth biennial youth mental health report: 2012–2020. Mission Australia: Sydney, NSW.
18. Danchin, M., et al., Trends in Prevalence and Management of Childhood Anxiety by Australian Pediatricians. Academic Pediatrics, 2019. 19(1): p. 35-43
19. Creswell, C., P. Waite, and J. Hudson, Practitioner Review: Anxiety disorders in children and young people – assessment and treatment. Journal of Child Psychology and Psychiatry and Allied Disciplines, 2020. 61(6): p. 628-643
20. Spence, S.H., Zubrick, S.R., Lawrence, D., 2018. A profile of social, separation and generalized anxiety disorders in an Australian nationally representative sample of children and adolescents: Prevalence, comorbidity and correlates. Australian & New Zealand Journal of Psychiatry 52, 446–460.. doi:10.1177/0004867417741981
21. Hancock, K. J., Shepherd, C. C. J., Lawrence, D., & Zubrick, S. R. (2013). Student attendance and educational outcomes: Every day counts. Report for the Department of Education, Employment and Workplace Relations, Canberra.
22. Epstein, S., Roberts, E., Sedgwick, R., Polling, C., Finning, K., Ford, T., Dutta, R., & Downs, J. (2020). School absenteeism as a risk factor for self-harm and suicidal ideation in children and adolescents: a systematic review and meta-analysis. European

child & adolescent psychiatry, 29(9), 1175–1194. https://doi.org/10.1007/s00787-019-01327-3

23. Sara, G., Wu, J., Uesi, J., Jong, N., Perkes, I., Knight, K., O'Leary, F., Trudgett, C., Bowden, M., 2022. Growth in emergency department self-harm or suicidal ideation presentations in young people: Comparing trends before and since the COVID-19 first wave in New South Wales, Australia. Australian & New Zealand Journal of Psychiatry 000486742210825.. doi:10.1177/00048674221082518
24. Teunisse, A. K., Pembroke, L., O'Gradey-Lee, M., Sy, M., Rapee, R. M., Wuthrich, V. M., ... & Hudson, J. L. (2022). A scoping review investigating the use of exposure for the treatment and targeted prevention of anxiety and related disorders in young people. JCPP Advances, e12080.
25. Forbes, M.K., Fitzpatrick, S., Magson, N.R., Rapee, R.M., 2019. Depression, Anxiety, and Peer Victimization: Bidirectional Relationships and Associated Outcomes Transitioning from Childhood to Adolescence. Journal of Youth and Adolescence 48, 692–702.. doi:10.1007/s10964-018-0922-6
26. Hymel, S., & Swearer, S. M. (2015). Four decades of research onschool bullying: An introduction.American Psychologist,70,293–299
27. Wolke, D., Woods, S., Stanford, K., & Schulz, H. (2001). Bullying and victimization of primary school children in England and Germany: Prevalence and school factors. *British journal of psychology*, *92*(4), 673-696.
28. Grinshteyn, E., & Tony Yang, Y. (2017). The association between electronic bullying and school absenteeism among high school students in the United States. *Journal of School Health*, *87*(2), 142-149.Woods, S., & Wolke, D. (2004). Direct and relational bullying among primary school children and academic achievement. *Journal of school psychology*, *42*(2), 135-155.
29. Datta, R. (2018). Decolonizing both researcher and research and its effectiveness in Indigenous research. Research Ethics, 14(2), 1–24.
30. Narasimhan, S., & Chandanabhumma, P. P. (2021). A scoping review of decolonization in Indigenous-focused health education and behavior research. Health Education & Behavior, 48(3), 306-319.
31. Zhang, S., Hong, J. S., Garthe, R. C., Espelage, D. L., & Schacter, H. L. (2021). Parental stress and adolescent bullying perpetration and victimization: The mediating role of adolescent anxiety and family resilience. *Journal of affective disorders*, *290*, 284-291.
32. Beames, J.R., et al., Addressing the mental health of school students: Perspectives of secondary school teachers and counselors. International Journal of School & Educational Psychology, 2020: p. 1-16. DOI: 10.1080/21683603.2020.1838367.
33. Anderson, M., et al., Mental health training programs for secondary school teachers: a systematic review. School Mental Health, 2019. 11(3): p. 489-508. DOI: 10.1007/s12310-018-9291-2.
34. New South Wales Teachers Federation. Students at risk due to a lack of school counsellors. 2020; Available from: https://news.nswtf.org.au/blog/media-release/2020/10/students-risk-due-lack-school-counsellors.
35. Australian Institute of Health and Welfare, Mental health services in Australia, 2021. Available from: https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/mental-health-workforce/psychologist-workforce
36. Hudson, J.L., Kafer, K., Croguennec, J., Vaughan, J., Pires,j., Butler,B., Fitzpatrick, S. (2022).Supporting Anxiety in Primary School Students: A pilot study. Presented at the 'Leading the Way to Mentally Healthier Schools conference, Sydney, Australia.
37. García-Carmona, M., Marín, M. D., & Aguayo, R. (2019). Burnout syndrome in secondary school teachers: A systematic review and meta-analysis. Social Psychology of Education, 22(1), 189-208.
38. Beames, J. R., Christensen, H., & Werner-Seidler, A. (2021). School teachers: The forgotten frontline workers of COVID-19. Australasian Psychiatry, 29(4), 420-422.
39. Kearney, C.A., Graczyk, P., 2014. A Response to Intervention Model to Promote School Attendance and Decrease School Absenteeism. Child & Youth Care Forum 43, 1–25.. doi:10.1007/s10566-013-9222-1
40. Heyne, D., Gentle-Genitty, C., Gren Landell, M., Melvin, G., Chu, B., Gallé-Tessonneau, M., Askeland, K.G., Gonzálvez, C., Havik, T., Ingul, J.M., Johnsen, D.B., Keppens, G., Knollmann, M., Lyon, A.R., Maeda, N., Reissner, V., Sauter, F., Silverman, W.K., Thastum, M., Tnge, B.J., Kearney, C.A., 2020. Improving school attendance by enhancing communication among stakeholders: establishment of the International Network for School Attendance (INSA). European Child & Adolescent Psychiatry 29, 1023–1030.. doi:10.1007/s00787-019-01380-y
41. Thastum, M., Johnsen, D. B., Silverman, W. K., Jeppesen, P., Heyne, D. A., & Lomholt, J. J. (2019). The Back2School modular cognitive behavioral intervention for youths with problematic school absenteeism: study protocol for a randomized controlled trial. Trials, 20(1), 1-12.
42. Mulraney, M., et al., How long and how much? Wait times and costs for initial private child mental health appointments. Journal of Paediatrics and Child Health, 2021. 57(4): p. 526-532. DOI: https://doi.org/10.1111/jpc.15253
43. Gandhi, E., et al., *Receipt of evidence-based care for children and adolescents with anxiety in Australia*. . Australian & New Zealand Journal of Psychiatry, 2022: p. 000486742110687.
44. O'Dea, B., Subotic-Kerry, M., King, C., Mackinnon, A.J., Achilles, M.R., Anderson, M., Parker, B., Werner-Seidler, A., Torok, M., Cockayne, N., Baker, S.T.E., Christensen, H., 2021. A cluster randomised

controlled trial of a web-based youth mental health service in Australian schools. The Lancet Regional Health - Western Pacific 12, 100178.. doi:10.1016/j.lanwpc.2021.100178

45. Archer, J., et al., Collaborative care for depression and anxiety problems. Cochrane Database of Systematic Reviews, 2012(10). DOI: https://doi.org/10.1002/14651858.CD006525.pub2
46. Unützer, J., A.D. Carlo, and P.Y. Collins, Leveraging collaborative care to improve access to mental health care on a global scale. World Psychiatry, 2020. 19(1): p. 36. DOI: 10.1002/wps.20696.
47. Ramanuj, P.P. and H.A. Pincus, Collaborative care: Enough of the why; what about the how? The British Journal of Psychiatry, 2019. 215(4): p. 573-576. DOI: https://doi.org/10.1192/bjp.2019.99.
48. Grist, R., Croker, A., Denne, M. et al. Technology Delivered Interventions for Depression and Anxiety in Children and Adolescents: A Systematic Review and Meta-analysis. Clin Child Fam Psychol Rev 22, 147–171 (2019). https://doi.org/10.1007/s10567-018-0271-8

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