



## Study examines self-reported mental health of children in contact with child protection services

### What is the study about?

The study **Self-reported mental health of children known to child protection services: an Australian population-based record linkage study** (O'Hare et al. 2021) examines the associations between increasing levels of child protection contact before the ages of 10 years and self-reported mental health at age 11 years.

The research uses data from the New South Wales Child Development Study (NSW-CDS), a longitudinal population study of the mental health and wellbeing of a cohort of children born in NSW between 2000 and 2006. It links administrative records from multiple NSW agencies spanning health, education, child protection and criminal justice collected in early and middle childhood.

This peer-reviewed study led by the University of New South Wales analysed data from a subset of 26,960 children who had completed the Middle Childhood Survey in Grade 6, at age 11 years. The study investigated relationships between self-reported mental health difficulties and four stages of child protection contact: non-threshold Risk of Significant Harm (ROSH) reports, unsubstantiated ROSH reports, substantiated ROSH reports and children placed in out-of-home care (OOHC).

### What did the study find?

- Children with substantiated ROSH reports and children who had been placed in OOHC were the most likely to report clinical levels of mental health difficulties.
- Children with unsubstantiated or non-ROSH reports were also at increased risk of mental health difficulties in middle childhood compared to children with no child protection contact.

### The proportion of children that have abnormal levels (top 10%) of difficulties in at least one of the mental health domains:



- Of the children with any contact with child protection services ( $n=5,742$ ), 41.2% were categorised as having abnormal levels of difficulties in at least one of the mental health domains measured compared to 28.1% of children with no child protection contact.
- The largest associations between child protection contact and mental health difficulties were for conduct problems and peer-relationship problems, relative to the smaller associations with emotional symptoms, prosocial behaviours, hyperactivity-inattention, and psychotic-like experiences of hallucinations and/or delusions.
- Children with substantiated ROSH reports or in OOHC were more than three times more likely to be categorised in the ‘abnormal’ band (top 10%) on the overall (total) difficulties Strengths and Difficulties Questionnaire (SDQ) score than children with no child protection contact.

## What do these findings mean?

The study highlights children’s difficulties with mental health with varying levels of contact with child protection services. The findings should not be interpreted as implying that contact with child protection services causes mental health problems. Rather, the factors that led to contact with child protection services, such as maltreatment, are likely to be associated with mental health difficulties.

The key finding that children with unsubstantiated ROSH and non-ROSH reports are more likely to have mental health difficulties than children without any child protection contact indicates a potentially under-served population who would benefit from early intervention, preventative efforts and appropriate support. Given the high rates of self-reported mental health difficulties among children in OOHC, it should be a priority to ensure they all have a NSW Out of Home Care Health Pathway plan developed which addresses any health concerns.

### About the NSW Child Development Study

The [NSW-CDS](#) is a longitudinal study of the mental health and wellbeing of a cohort of NSW children who started kindergarten in 2009. It aims to obtain good quality information about the development of these children to map patterns of resilience and vulnerability for later mental health, education, employment, and other outcomes. The NSW-CDS will follow these children from birth into early adulthood via successive waves of record linkage.

In the current study, self-reported mental health was divided into six domains. Information was obtained from children who completed the:

- Self-report version of the Strengths and Difficulties Questionnaire (SDQ) – this assesses internalising and externalising difficulties over five domains: emotional symptoms, conduct problems, hyperactivity-inattention, peer relationship problems, and prosocial behaviour.
- Psychotic-Like Experiences Questionnaire for Children (PLEQ-C) – which includes hallucination and seven delusion items.

The original research paper is:

O’Hare, K, Hussain, A, Laurens, KR, Hindmarsh, G, Carr, JV, Tzoumakis, S, Harris, F & Green, MJ 2021, ‘Self-reported mental health of children known to child protection services: an Australian population-based record linkage study’, *European Child & Adolescent Psychiatry*, DOI [10.1007/s00787-021-01841-3](https://doi.org/10.1007/s00787-021-01841-3).



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