PREVALENCE OF INTERNALISING SYMPTOMS AND DISORDERS IN YEAR 4 CHILDREN FROM SOCIALLY DISADVANTAGED AND CULTURALLY DIVERSE BACKGROUNDS

INTRODUCTION

The point prevalence rates of internalising symptomatology were investigated in primary school children from socially disadvantaged and culturally and linguistically diverse backgrounds (CALD). Point prevalence of anxiety and depressive disorders were also explored in those with clinical levels of internalising symptoms. Few researchers have investigated internalising disorders in young children from CALD and disadvantaged backgrounds.

PARTICIPANTS

909 children (442 females, 467 males) from 22 low socioeconomic State primary schools in Perth, Western Australia participated. 639 parents (70%) completed demographic information. Participants were aged between 7.17 and 10.33 years (M = 8.7, SD = 0.35; M female = 8.73, SD female = 0.36; M male = 8.78, SD male = 0.34).

PROCEDURE

All students were administered the Child Depression Inventory (CDI) and Spence Children’s Anxiety Scale (SCAS) during class time. Children obtaining scores above the clinical cut-offs on either measure formed an at-risk sample and were administered the computerised Diagnostic Interview for Children and Adolescents, IV (DICA-IV). Point prevalence rates for internalising symptomology were obtained, as well as anxiety and depression diagnoses in the at-risk sample. Ethnic identity was provided by parents, and participants were allocated to Australian and CALD groups.

RESULTS

INTERNALISING SYMPTOMS

Boys scored significantly higher than girls (F(1, 907) = 22.113, p = .000) on the CDI while girls scored significantly higher than boys on the SCAS (F(1, 907) = 34.375, p = .000). There were no significant differences found for Australian students versus the CALD group in regards to CDI (F(1, 633) = 4.843, p = .050) or SCAS (F(1, 633) = 3.472, p = .063) total scores. 25.3% of children scored above the clinical cut-off on the CDI while 26.4% scored above cut-off on the SCAS. 344 children (37.84%) had scores in the clinical range for the CDI while 326 children (35.23%) had scores in the clinical range for the SCAS.

Externalising Diagnoses in the At-Risk Sample

Major Depressive Disorder (MDD) was more commonly reported by females (24%) than males (14.8%), (χ² (2, N = 326) = 4.477, p = .034) in the at-risk sample. Separation Anxiety Disorder (SAD) was also more common in females (13.4%) than males (4%), (χ² (1, N = 326) = 6.367, p = .012). There were no significant differences between males and females in the at-risk sample for any other diagnoses or for the reporting of suicidal ideation. There were no significant differences found for Australian students versus the CALD group for any depressive or anxiety diagnoses in the at-risk sample. However, a higher number of Australian children reported thoughts about death and dying (χ² (1, N = 326) = 4.843, p = .018) compared to the CALD group.

Distribution of Clinical Depression and Anxiety Scores in the At-Risk Sample

INTERNALISING SYMPTOMATOLOGY

Normal Range 42%
Clinical Range 38%

CDI 39%
SCAS 40%
Both 21%

Discussion

Significant gender differences in the prevalence of depression and anxiety were found. Boys reported higher rates of depressive symptoms whilst girls in the at-risk sample reported a higher rate of MDD. Girls reported higher rates of anxiety symptoms and girls in the at-risk sample had a significantly higher rate of SAD compared to males in this study. Contrary to expectations, children from CALD backgrounds did not appear to be at increased risk for depression or anxiety symptoms or diagnoses. However, Australian students in the present study reported higher rates of thoughts about death and dying than the CALD group. This result may be due to explanatory models relating to death and dying in particular CALD groups which are protective, or differences in the expression of suicidal thoughts and behaviors between Australian and CALD children. The reasons for the higher rates require further investigation in future research.

Conclusion

The rate of depression and anxiety are high in young children from low SES and CALD backgrounds. These findings highlight the need for greater awareness of internalising disorders in this age-group and increased mental health resources for young children and their families at this important developmental stage.