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### The complex nature of developmental milestones, mental ill-health and the transition to secondary school for adolescent boarding students

**David Mander**

University of Western Australia

[david.mander@uwa.edu.au](mailto:david.mander@uwa.edu.au)

**Penelope Hasking**

Curtin University

[Penelope.Hasking@curtin.edu.au](mailto:Penelope.Hasking@curtin.edu.au)

#### Introduction

*I have been informed that there has been a suicide in [name of remote community] this morning. 17-year-old [surname of young person]. There was also a suicide, 17-year-old last Friday in [name of community]. This is what our parents fear most. Absolutely MUST keep fighting the fight. Since the start of term, four separate parents have actually said to me '[name of staff member], I don't want my child to commit suicide'. Worked out that my work is half passion, the other half is fear (21<sup>st</sup> May 2018).*

The above quote is used with permission and illustrates the type of challenging issues faced by an Indigenous Liaison Officer at a boarding school in Perth, Western Australia. He was deeply worried about the impact this distressing news would have on the wellbeing and educational trajectory of a Year 10 Aboriginal boarding student whom he knew was already conflicted by schooling away from family, kin, and country.

In this paper, we present a developmental and mental-ill health perspective on the transition to secondary school for boarding students. The developmental sciences have been described as the study of behavioural, biological and neuro-cognitive changes and processes that occur as an individual matures and grows (Dahl, Allen, Wilbrecht & Ballonoff Suleiman, 2018). Whereas mental ill-health is a general term that refers to a range of sub-clinical problems that can impact on how individuals feel, think and behave. The terms mental illness or mental disorder refer to clinical conditions diagnosed according to standardised criteria and which significantly interfere with how a person functions in life (Commonwealth of Australia, 2020). Here, we highlight some of the distinctive maturational processes that take place during the developmental period of adolescence and the nuanced way these and mental ill-health can impact on boarding students during the transition to secondary school. We argue that it is imperative for educators and boarding schools, researchers and governments alike, to collaborate and overcome a significant gap in empirical and cultural knowledge in this area.

Mental ill-health tends to onset during the adolescent years, with 75 per cent of all mental health problems emerging before the age of 25 years, and affecting between 10-25% of school-aged children in Australia (Productivity Commission, 2019). Emotional disorders such as anxiety and depression are common during adolescence (Yourtown, 2019), as are body image problems and eating disorders (Rutter, 2007). Exposure to alcohol, anti-social behaviour, and recreational drug use rise markedly during the mid to late adolescent period (Rutter, 2007). Both suicidal thoughts and non-suicidal self-injury (NSSI), deliberate damage to one's body without suicidal intent such as burning or cutting body tissue, are also common (Hasking et al., 2016). An estimated one in five adolescents report NSSI as a means of regulating intense or unwanted psychological distress, and as a way to gain relief from feelings such as anger, anxiousness, emptiness, guilt, and sadness (Hasking et al., 2016). It is perhaps not unsurprising that those young people managing mental ill-health are also more likely to consolidate fewer literacy and numeracy fundamentals (Productivity Commission, 2019), an impact which can influence the trajectory of future educational attainment, post-school career options and economic success (Dahl et al., 2018).

Mental ill-health and notably suicide are particularly concerning in rural areas, among Aboriginal and Torres Strait Islander young people, and potentially among those students who attend boarding schools and away from the protective supports of family (Productivity Commission, 2019). Suicide remains the leading cause of premature death for young people aged 15 to 24 years in Australia (Australian Institute of Health and Welfare, AIHW, 2019). While no single factor leads to death by suicide (O'Grady, 2019), Aboriginal and Torres Strait Islander young people are overrepresented in national data related to death by suicide and accounted for nearly one quarter of all child suicide deaths from 2014 to 2018 (Australian Bureau of Statistics, ABS, 2018). The recent Western Australian Coroner's inquest into the deaths of 13 Aboriginal young people in the northern Kimberley region of the State found 12 of the 13 deaths were by way of suicide. It reported that five were of children aged between 10 and 13 years with a further three aged 16 to 17 years of age (State Coroner, Western Australia, 2019). The Kimberley has been described as having the highest rate of child and adolescent suicide in Australia (Dudgeon et al., 2016).

While awareness has grown, it has been estimated that less than a quarter of school-aged young people experiencing a mental health problem will receive any help from a professional (O'Grady, 2019), with even fewer receiving support from specialist child and adolescent mental health service (Productivity Commission, 2019). Children aged 14 years or younger are significantly less likely to seek professional help than older adolescents aged 15 to 19 years (Batchelor, 2017). An alarming lack of empirical knowledge continues to exist around the antecedents and prevalence of suicide, self-harm and the help-seeking behaviours of Aboriginal and Torres Strait Islander youth (Dickson, Cruise, McCall & Taylor, 2019), except that despite good intentions current efforts are not meeting the support needs of this population (State Coroner, Western Australia, 2019).

### **Adolescence and the transition to boarding school**

To work effectively with young people, it is crucial to understand key developmental milestones and pathways (Milroy, 2014; Sanson, 2007). The onset of puberty is often used to discern the beginning of adolescence which starts, on average, by age 10 in females and age 12 in males (Dahl et al., 2018). Its end point conversely, is less well defined but habitually designated somewhere between 24 to 25 years of age (Rutter, 2007). A wide range of neurobiological and physiological processes take place during this time, including but not limited to pronounced growth spurts, circadian, hormonal, and metabolic fluctuations, as well as sexual maturation (Dahl et al., 2018). However, the lived experience of these changes varies substantially between young people (Rutter, 2007). Complex changes in

brain connectivity and functioning also take place and are regularly linked with a re-orientation in motivational salience towards peer evaluation and learning, romantic and intimate relationships, as well as sensitivity to social status and prestige (Dahl et al., 2018). The acquisition of abstract thinking skills and an emerging adult identity also become more evident, as does the desire to fulfil psychological needs such as being causal agents in one's own life, experiencing a sense of mastery, and forging a more mature understanding of self and others (Rutter, 2007). Hence, adolescence is seen as a pivotal inflection point whereby to invest when seeking to promote healthy human development across the life course (Dahl et al., 2018).

The transition to secondary boarding school typically coincides with the onset of adolescence (Mander & Lester, 2017). Yet, there is remarkably little research exploring risk and protective factors that influence this transition experience for boarding students (Mander & Lester, 2019; McCalman et al., 2016). It is clear that schools can play a crucial role in supporting young people experiencing mental ill-health. Indeed, the identification of mental ill-health by school staff significantly increases the likelihood that young people engage with specialist child and adolescent mental health services (Productivity Commission, 2019). However, exposure to traumatic life events such as death, violence, racism, and familial dysfunction, as well as complex multifaceted co-morbidities like social and environmental factors (Dudgeon et al., 2016), and pre-existing disability or chronic health conditions, can make it hard for individuals working with young people to identify indicators of mental ill-health (Milroy, 2014).

Some research has reported few significant differences in psychological well-being between boarding and non-boarding students across a single academic year (Martin, Papworth, Ginns & Liem, 2014). Rather, noting modest positive growth, as measured by increases in self-reported life satisfaction, sense of meaning and purpose, as well as improved child-parent relationships, can take place for many boarding students (Martin et al., 2014). However, other research suggests this is not a universal lived experience had by all (Mander & Lester, 2017). Research in Western Australia found after the first-year schooling away from home, boarding students were more likely to report experiencing anxiousness and stress than non-boarders (Mander & Lester, 2017). A spike in the frequency of bullying perpetration has also been associated with the transition to boarding school (Lester & Mander, 2015). Higher levels of anxiousness and stress were linked with greater risk of bullying victimization, whereas boarding students reporting symptoms associated with conduct problems and emotional difficulties were at greater risk of engaging in bullying perpetration (Lester & Mander, 2015). Of concern, bullying victimisation at boarding school has been linked with physical and sexual abuse (see <https://www.childabuseroyalcommission.gov.au/schools>). Little is still known about the boarding experience of Aboriginal and Torres Strait Islander students (Benveniste, 2018; Mander, 2012; O'Bryan, 2016), and several government and independent reports have raised concern about gaps in understanding about the mental and physical health issues experienced by Aboriginal and Torres Strait Islander boarders (Commonwealth of Australia, 2017; Grant Thornton, 2019).

### **Where to from here?**

This paper is a call to action for educators and boarding schools, education sectors and government policymakers alike. There is consensus that the mental health of children and adolescents is a significant national priority (Productivity Commission, 2019). The National Mental Health Commission (NHMC) for example, is in the process of developing a National Children's Mental Health and Wellbeing Strategy for young people aged 0 to 12 years, and have launched the *Connections* project to create a shared national vision for mental health and suicide prevention (see <https://www.mentalhealthcommission.gov.au>). Yet, a notable dearth remains in knowledge about

the antecedents and types of risk factors that may contribute to mental ill-health among young people that school away from home and family, particularly among Aboriginal and Torres Strait Islander boarding students (Guenther et al., 2020). Even less empirical knowledge exists about how best to support the families of boarding students, often leaving families and boarding schools to navigate this space alone (Benveniste, 2018; Mander, 2012; O'Bryan, 2016).

Given that boarding school is likely to remain a feature in Australia's education system, it seems imperative that more is known about student help-seeking behaviours and the uptake of mental health support, treatment pathways and approaches to intervention and prevention during the boarding experience (Guenther et al., 2020). A compelling need equally exists to better understand the experience of mental ill-health and illness beyond mainstream and Westernised conceptualisations (Dickson et al., 2019), particularly for those young people from culturally and linguistically diverse backgrounds or with a disability (Hasking et al., 2016). Some exemplars do exist. Dr Tracy Westerman for example, has spent over two decades taking up the challenge of mental ill-health and youth suicide in Aboriginal communities (see <https://indigenoupsychservices.com.au>), while the Kimberley Aboriginal Medical Services has also tirelessly advocated and worked in this space.

While the research is far from definitive, as a starting point, it seems responsible for educators and boarding schools, education sectors and government policymakers to first adopt the stance that the impact of mental ill-health and illness among boarding students is likely to be underestimated, under-diagnosed and under-treated. In this context, early intervention, either early in life or early after the detection of symptoms associated with mental ill-health, is crucial to prevention or reducing the impact after onset and into later life (Productivity Commission, 2019). Like other children and youth initiatives that have understood this relationship (e.g., Headspace, Youth Beyond Blue), it is argued here that boarding students and schools would benefit greatly from the relevant stakeholders, particularly students and parents, coming together to prioritise the early adolescent years as a key point for mental health intervention and prevention. Specifically, to work on the development and integration of policy, processes and practices informed by empirical knowledge derived from the developmental sciences, but also cultural knowledge (Milroy, 2014; Sanson, 2007), especially as it relates to young people aged 11 to 14 years.

In the immediate term, the development of resources and strategies that promote the prevention of mental ill-health would be particularly important to prioritise. Whilst doing so, it would be helpful to foremost keep in mind that boarding students are negotiating a dynamic period of intense maturational growth and brain plasticity (and refinement), all while spending extended periods of time away from family-parent-child interactions which can buffer against future psychopathology (Dahl et al., 2018). Notably, that culturally informed and responsive practices are needed to guide understandings when working with Aboriginal and Torres Strait Islander young people (Milroy, 2014; Sanson, 2007). Put another way, a timely and compelling argument exists for a paradigm shift in boarding education (Guenther et al., 2020), towards embracing the enormous potential of early adolescence (Dahl et al., 2018) as a window of opportunity to offer positive intervention and prevention for young people experiencing or at risk of mental ill-health or mental illness.

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