

The Centre for Adolescent Health Policy Brief

Promoting wellbeing and learning in the middle years: an opportune time for intervention

The **middle years**, defined here from **8 to 14 years**, have not typically been a priority for childhood research or policy. This is a sensitive time of development when environmental effects are particularly strong, and the impact of intervention might be greatest. Puberty dominates this period, bringing a cascade of physical, biological, social and emotional growth. Children begin looking beyond their family groups and achieve great personal development during this phase of life. They form the behaviours and skills that promote lifelong health and wellbeing. But, for a significant number, this stage can be destabilising and can negatively impact their long-term health and learning.

This brief outlines why students in the middle years require attention and recommends methods for policy makers and educators to promote wellbeing and school engagement during this phase of development. A universal approach supporting young people is required across all primary school settings, as well as targeted programmes to support those most at risk.

Stages of puberty

Adrenarche: Starts at around 6-8 years of age. This is when the adrenal gland is activated, which produces adrenal androgen hormones. After the hormonal changes, physical changes occur including body hair, body odour and in some cases acne.

Gonadarche: Starts at around 11-12 years of age. Huge physical development occurs, and oestradiol and testosterone production increase. There are also major changes in brain structure and function.

Key messages

Half of all mental health problems are apparent by age 14 with symptoms beginning in primary school.

In a **typical classroom in mid primary school**, approximately **5 students will have emotional problems and 5 will have behavioural problems**. These students will begin secondary school a year behind their peers in numeracy skills.

Remote learning and physical distancing during COVID-19 may have a **disproportionate effect** on students' mental health and brain development during this sensitive phase.

Failure to proactively support children's social and emotional wellbeing across the middle years of schooling contributes to **long-term costs** - to the individual, to government and ultimately to society.

All states and territories require a health promoting framework aimed at strengthening curriculum around social and emotional learning, improving the primary to secondary school transition, and enabling more effective links between education and health services.

What does the research tell us?

The middle years are a time of great growth.

Aside from infancy, the middle years and the biological changes of puberty bring the greatest shifts in brain development.¹ There is marked growth in cognitive and social skills, as well as a changing engagement with the external world.^{1,2} As children establish closer engagement with peers, they are also beginning to construct a self-identity that is carried forward into later life.¹ The transition from primary to secondary school typically occurs at this time, bringing additional shifts in relationships with educators, curriculum, and the school social and organisational environment.³ Figure 1 highlights some of the major changes that occur throughout the middle years.

Students can disengage from school and learning.

This phase of life has been described as a 'developmental switch point' in which school engagement may dip, with consequences for learning.^{2,4,5} Problems with peer groups and difficulty adjusting to secondary school frequently cause further loss of learning and increase the risk of mental health problems.^{3,4,6} The consequences of this may continue into adulthood, affecting an individual's social adjustment and capacity to contribute to the community more broadly.¹

Mental health problems often emerge at this time.

The middle years are a time when many students experience new and sometimes difficult emotions. The prevalence of anxiety and depression increase,⁴ and half of all mental health problems are apparent by age 14.⁷ In a typical classroom in mid primary school,

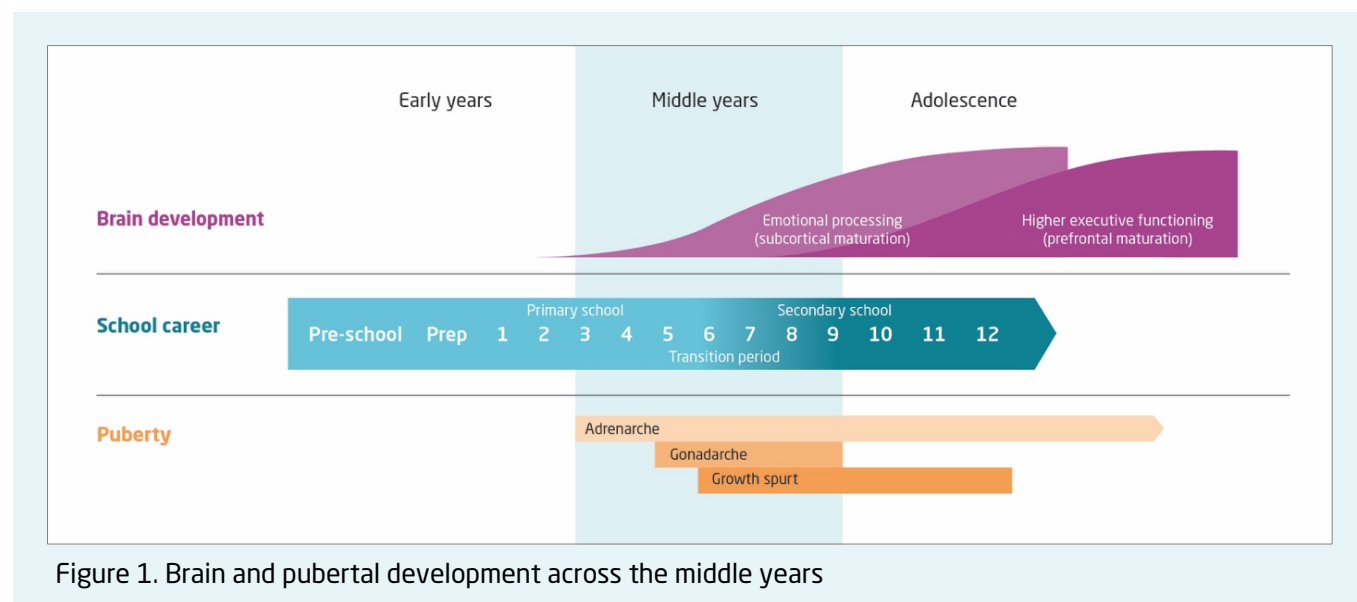
approximately 5 students have emotional problems and 5 have behavioural problems.⁴ Without strong wellbeing, students are at greater risk of adopting anti-school roles and disengaging from learning.⁸

Supporting healthy peer relationships is vital.

When considering the effects on brain and behaviour, relationships with peers are more important in the middle years than at any other life stage.⁹ Students renegotiate their relationship with parents and engage with peers more during these years.¹⁰ Therefore, it is concerning that ongoing bullying, continuing for multiple years, is an issue for more than 1 in 5 students aged 9 to 11 years.⁴

Wellbeing, school engagement and learning are linked, so they must all be fostered for optimal development.

Students affected by ongoing emotional, behavioural or bullying issues in primary school begin secondary school almost a year behind their peers in numeracy skills.⁴ Even students who have these issues during one year from age 9 to 11 experience a loss in learning.⁴ Becoming entrenched in poor wellbeing, disinterested in learning, or having mental health problems leaves students at higher risk for school drop-out.⁴ If this occurs, consequences include unemployment, lower income, poorer physical and mental health, and problem relationships later in life.¹¹ In the long-term, this places individuals at a disadvantage and puts a greater burden on society. Conversely, receiving ongoing support from peers can decrease the odds of disengagement in year 7 by 50%.⁴ This exemplifies the importance of fostering cognitive, social and emotional skills as a critical element of a quality education.¹²



Why act now?

This issue is timely.

Remote learning and physical distancing during COVID-19 may have a disproportionate effect on students' mental health and brain development during this sensitive phase.⁹ Virtual communication may be insufficient for some students to meaningfully connect with their peers, and the extra time online exposes students to passive uses of social media e.g. scrolling, which is likely to be detrimental.⁹ Remote learning could also cause greater disengagement and loss of learning, especially for students who have recently transitioned to secondary school. The adjustment to a new environment and expectations can be difficult, and with minimal face-to-face interaction, many students may not yet have established a strong routine and relationships with peers and educators. This may mean having to re-establish these as they move back to school. Students who fall behind during this period may find it very difficult to catch up without proper support.

A window to support the parent-child relationship.

There is a normal shift in parent-child relationships during the middle years, which should be seen as an opportunity. Stronger parent engagement in learning and parent-child communication aid in personal development, reduce risky behaviours and lead to fewer mental health problems.¹ Parents are also critical for a student's academic engagement and performance.^{13,14} The current rise in remote learning, and move to a COVID normal, is a chance for parents to become more actively involved with their child's learning.

Strong and constructive policy is needed.

The middle years provide a second critical developmental period in which to intervene and build on interventions in the early years because a number of problems arise later in childhood. The middle years are a time of reorientation to the external world and a time when a child is acutely sensitive to their social context.¹⁵ Poor wellbeing, school disengagement, bullying, and emotional and behavioural problems in students aged 9 to 11 are all predictors of loss of learning in year 7, independent of the presence of developmental vulnerabilities on school entry.¹⁶ This demonstrates the importance of sustained support across childhood rather than a one-off intervention. All states and territories require a health promoting framework, which is designed to strengthen curriculum to target social and emotional competencies, improve the primary to secondary school transition, and enable more effective links between education and health services.

School is a key platform for supporting wellbeing.

Beyond the family home, schools are the most important context for child development in the middle years. Children spend half their waking hours at school, so it is an ideal place to support their healthy growth. This support is important for all students. School educators represent a valuable resource in this setting because they are capable of successfully identifying students that are likely to encounter issues in year 7.⁴ Connection and familiarity of students with educators can improve emotional engagement with school.⁴ Above all, educators have an important role in providing a positive social environment for peer relationships and skill development.

Summary points

The **middle years are an important period of development** that has not always been a focus.

The concept of **'learning'** should encompass **all aspects of development** including cognitive, social and emotional development. Fostering these skills is a **critical element of a quality education as well as a responsibility to support child health**.

Many emotional and behavioural problems begin in the middle years. **Educators need support to help identify problems early**, in order to promote student engagement, learning and wellbeing.

Students require strong social and emotional support during their primary to secondary school transition. Facilitating positive student relationships with peers, teachers and parents is beneficial at this time.

The middle years are an **opportune time** for investing in cognitive, social and emotional growth. Schools offer an **invaluable public health platform** to support all students.

Considerations for policy and practice

A coordinated approach from government, educators and key stakeholders is recommended. By undertaking the recommendations below, outcomes will be improved for students, which will bring long-term benefits for individuals and society.

Government Policy:

Invest in educator capabilities through pre-service and in-service training. There is evidence that educator programs are successful in improving awareness of teaching approaches.¹⁷

- Improve educator knowledge of the developmental and psychological stages across the middle years.
- Provide practical advice on promoting peer relationships and strengthening student-educator relationships.
- Teach techniques to improve classroom climate and mindsets.¹⁸

Focus policy on creating positive physical and social environments in schools to promote optimal growth and development of students. This may include:

- Supporting school development of green spaces or integration of indoor and outdoor learning. This is shown to increase healthy wellbeing and development,¹⁹ and may assist in building prosocial skills.^{20, 21}
- Investing in classroom spatial design and furniture. Adaptable furniture, tables that favour group collaboration, open-plan classrooms with space for movement, and ergonomic and comfortable seating are some of the aspects that may help to improve student performance, engagement and wellbeing.^{21, 22}

Support integration of mental health services into the school system to ensure that students receive care when required.

- Support within school services, which can provide students with some level of care they might otherwise not receive.
- Support strong linkage of primary to secondary schools and to outside health services so that care can be continued if necessary.

Educator Practice:

Further integrate social and emotional skills into the curriculum for all year levels. Beyond Blue's Be You programme, is one initiative that provides helpful resources.²³

Strengthen support systems to assist students in all aspects of development. This could include investing in teacher aides and school counsellors.

Encourage parent/caregiver engagement in learning. This may include holding events that involve parents/caregivers or providing email updates about learning.

Encourage and support educators to voice concerns about students to the child, their parents and school counsellors. This is especially important in late primary school so that the secondary transition is adequately supported.

Increase primary to secondary school communication. Support during the transition should be provided by both parties and be a constructive and consistent approach.

Development of a health promoting framework for the middle years provides a structure to achieve the main goals of:

- strengthening curriculum around social and emotional learning
- improving the primary to secondary school transition
- enabling more effective links between education and health services

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About the Centre for Adolescent Health

The Centre for Adolescent Health is part of the Melbourne Children's campus in Parkville, Australia, which brings together three key partners for research and education: The Royal Children's Hospital, the Murdoch Children's Research Institute and the University of Melbourne, Department of Paediatrics.

Adolescence is a time of unique growth and opportunity. Good health and wellbeing in adolescence brings benefits across the life-course and into the next generation. The Centre for Adolescent Health generates knowledge and provides training for practitioners and policymakers about the best investments for healthy development during the adolescent years.

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