

The Mental Health of Children & Parents in Northern Ireland

Executive Summary
of the Youth Wellbeing
Prevalence Survey

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Youth Wellbeing NI

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Executive Summary

Background

The planning and commissioning of health and social care services should always proceed on the basis of the best available evidence. There are many forms of relevant evidence but an accurate assessment of the scale and nature of mental health problems in the community is key. The Youth Wellbeing NI Survey provides, for the first time in Northern Ireland, estimates of rates of a range of mental health problems based on a representative sample of children and young people and their parents. Uniquely, it also reports on the first ever prevalence estimates of both post-traumatic stress disorder and complex post-traumatic stress disorder, as well the prevalence of psychotic like experiences, using a general population sample of children and young people.

It will enable in-depth explorations of some of the wider, complex and emerging issues relevant to the mental health of children and young people both in Northern Ireland and internationally. These findings will aid policy makers, service delivery organisations and practitioners in all sectors in the years to come.

Methodology

The Youth Wellbeing NI Survey was carefully designed and conducted to provide comprehensive information on all of the common and some of the less common mental health problems. In order to achieve maximum clarity, the study team has attempted to carefully differentiate between mental health problems, diagnosable mental health conditions, and groups of symptoms which may predict the future emergence of serious mental health conditions. Standardised measures were employed to accurately assess each participant's mental health, and to allow comparison with other populations where possible.

Key Findings

This study provides data on more than 3,000 children and young people in Northern Ireland, and on more than 2,800 parents and caregivers.

Emotional & Behavioural Problems

- One in eight children and young people in Northern Ireland experienced emotional difficulties, one in ten had conduct problems and one in seven problems with hyperactivity.
- Boys aged 5-10 years had higher levels of emotional problems than girls in the same age group (19.3% vs 15.3%) and females aged 16-19 years had higher levels than males (19.7% vs 6.7%).
- When the 20% most deprived areas were compared to the 20% least deprived areas, there were higher overall rates of emotional and behavioural problems (16.5% vs 7.8%), emotional symptoms (18.1% vs 10.6%), conduct problems (13.3% vs 6.0%), hyperactivity (19.6% vs 9.9%) and peer problems (5.1% vs 3.7%).

Oppositional Defiant & Conduct Disorders

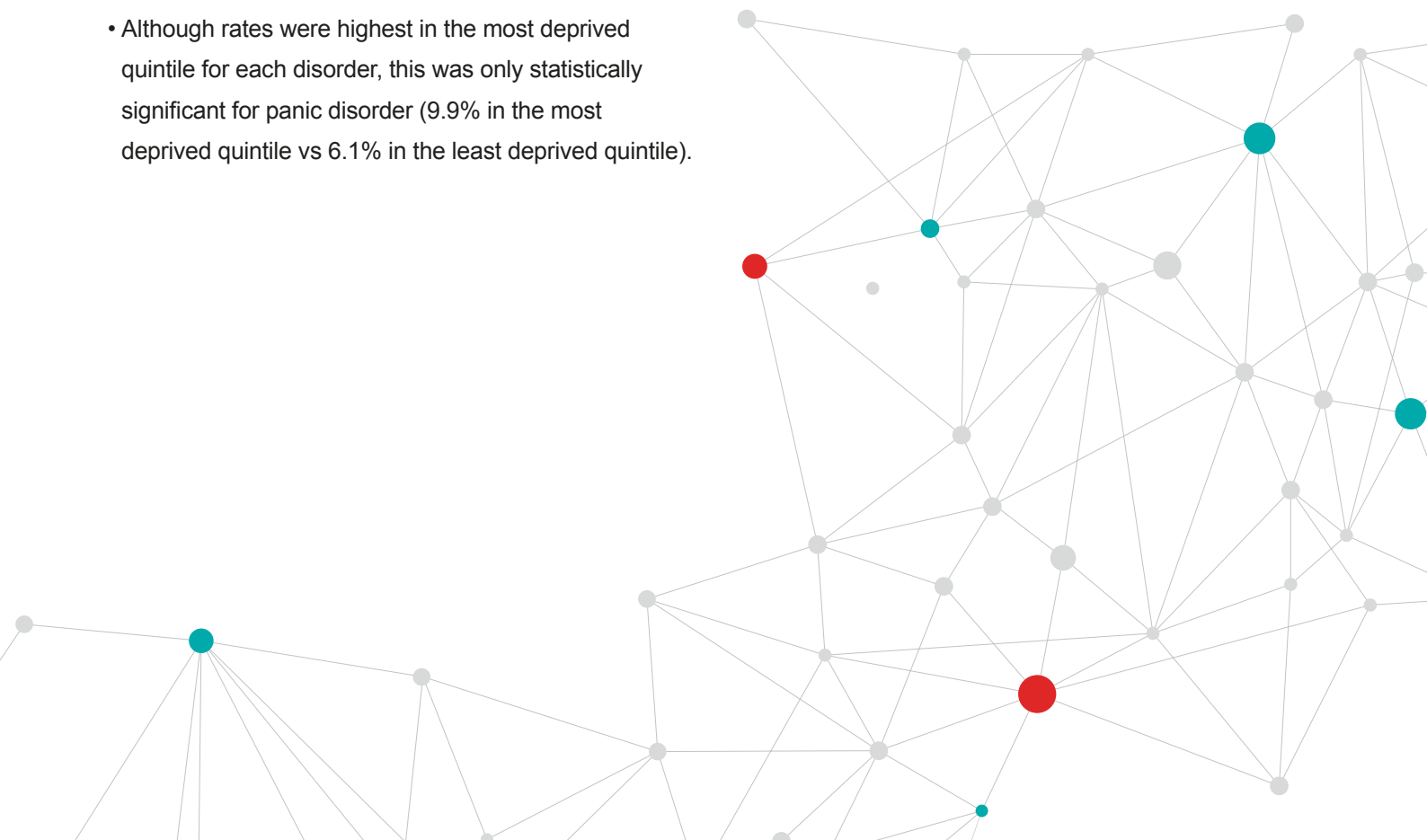
- It is estimated that one in ten young people have an oppositional defiant disorder (9.9%) and one in 20 have a conduct disorder (5.5%).
- Rates were higher for males than females across both disorders (oppositional defiant disorder, 12% vs 7.3%; conduct disorder, 6.9% vs 4.1%).
- Rates of oppositional defiant disorder decrease with age: 11.7% of 5-10 year olds had oppositional defiant disorder compared to 7.3% of 16-19 year olds.
- There were no statistically significant differences by deprivation quintile for lifetime prevalence of either oppositional defiant disorder or conduct disorder, although there was a downward trend as deprivation decreased, particularly in relation to oppositional defiant disorder.

Mood & Anxiety Disorders

- One in eight young people (12.6%) met criteria for any mood or anxiety disorder.
- Rates were similar for boys (12.0%) and girls (13.1%).
- Panic disorder was the most common diagnosis (6.8%), followed by separation anxiety disorder (5.2%), major depressive disorder (5.0%), social phobia (3.8%), obsessive compulsive disorder (3.1%) and generalised anxiety disorder (2.7%).
- Boys aged 5-10 years had significantly higher levels of major depressive disorder (8.5% vs 2.8%), separation anxiety disorder (7.8% vs 4.4%), social anxiety disorder (5.7% vs 3.4%), generalised anxiety disorder (4.3% vs 3.0%), panic disorder (10.4% vs 2.7%) and obsessive compulsive disorder (5.3% vs 1.9%) than girls in the same age group.
- Rates of social anxiety disorder were higher for girls aged 16-19 years compared to boys in the same age group (9.0% vs 3.2%).
- Although rates were highest in the most deprived quintile for each disorder, this was only statistically significant for panic disorder (9.9% in the most deprived quintile vs 6.1% in the least deprived quintile).

Stress Related Disorders

- The most commonly reported traumas by adolescents were witnessing violence (17.0%), having a serious accident (16.8%), and sudden death of a loved one (10.7%).
- The prevalence of any stress related disorder was 4.9%, for Post-Traumatic Stress Disorder (PTSD) it was 1.5%, and for Complex PTSD (CPTSD) it was 3.4%.
- The prevalence of PTSD was higher for males (1.8%) than females (1.1%), whereas the prevalence for CPTSD was higher for females (4.6%) than males (2.3%).
- Experience of sexual trauma and familial violence was strongly associated with CPTSD, while exposure to 'war' and interpersonal violence was associated with PTSD.



Young People at Risk of other Mental Health Problems

Autistic Spectrum Disorders

- 7.7% of children and young people had scores on a screening tool for autism spectrum disorder which suggested that further assessment was indicated.
- Prevalence estimates were significantly higher for males than females (9.2% vs 6.1%).
- Rates were highest for the 11-15 year old age group (16.3% of males; 12.5% of females).
- There was no statistically significant relationship with deprivation and risk of autism, although rates trended downward as deprivation decreased.

Psychotic Disorders

- Nearly one in five (18.7%) adolescents reported six or more symptoms on a screening questionnaire for psychotic like experiences. Although relatively high in Northern Ireland, this was broadly comparable to other international studies, confirming that such experiences are fairly common.
- While only a minority are likely go on to develop a psychotic disorder, psychotic experiences also often act as markers for non-psychotic mental health disorders such as depression and anxiety, suggesting the need for further assessment.
- There were no significant differences by age (19.9% of 11-15 year olds vs 17.5% of 16-19 year olds) or gender (17.2% of males vs 20.3% of females).
- There was no clear relationship with area level deprivation.

Eating Disorders

- One in six young people (16.2%) engaged in a pattern of disordered eating and associated behaviours that might indicate the need for further clinical assessment.
- Females were more likely than males to be at risk of an eating disorder (22.9% vs 10.0%).
- Screening positive on the eating disorder measure was not significantly associated with area-level deprivation.

Self-Injury & Suicidal Thoughts or Attempts

- Almost one in ten (9.4%) 11-19 year olds reported self-injurious behaviour and close to one in eight (12.1%) reporting thinking about or attempting suicide.
- Rates of self-injury (13.2% vs 5.5%) and suicidal thoughts or attempts were higher among girls than boys (14.2% vs 10.0%), with girls aged 16-19 years having the highest rates of suicidal thoughts or attempts of any group (22.7%).
- Screening positive for self-injury, suicidal thoughts or attempts was not significantly associated with area-level deprivation.

Behaviours & Experiences

Adverse Childhood Experiences (ACEs)

- Close to one in two young people aged 11-19 years (47.5%) have experienced at least one ACE: one ACE (33.2%), two ACEs (8.6%) and three or more ACEs (5.7%).
- Parental separation (35.8%), parental mental health problems (10.7%), emotional neglect (5.7%), domestic violence (4.4%) and parental alcohol or substance use problems (4.3%) were the most commonly reported ACEs.
- Females were significantly more likely than males to report 3+ ACEs (7.0% vs 4.6%).
- There was a clear association with deprivation, with young people in the least deprived areas more likely to have experienced no ACEs compared to those in the most deprived (59.9% vs 36.0%).

Social Media Use

- 4.7% of 11-19 year olds in NI met the criteria for problematic social media use.
- Problematic social media use was more common among males aged 11-15 years (3.3%) than among males aged 16-19 years (2.9%).
- However problematic social media use was more common among older females (6.9%) than among younger females (5.8%).
- Problematic social media use was higher among female children and adolescents in Northern Ireland (5.8-6.9%) than among male children and adolescents (2.9-3.3%).

Bullying and Cyberbullying

- 16.8% of 11-19 year olds have experienced 'traditional' bullying and 14.9% have experienced cyberbullying.
- Rates of 'traditional' bullying were higher for males than females (20.7% vs 13.0%).
- Rates of cyberbullying were higher for females than males (17.9% vs 11.9%).

Use of Tobacco, Alcohol & Drugs

- One in five young people aged 11-19 years have smoked a cigarette (21.5%) and almost one in nine (11.7%) have used cigarettes in the past month, primarily those aged 16-19 years.
- Almost 1 in 5 children aged 11-15 years (19.2%) reported having had an alcoholic drink and, while few young people aged 11-15 years met the criteria for problematic drinking (2.5%), roughly 2 in 5 young people aged 16-19 years (40.9%) did.
- One in ten 11-19 year olds have used drugs with males significantly more likely than females to have done so (7.0% vs 3.1%).
- The most common type of drug used was cannabis (63.8%), followed by cocaine (18.1%) and Ecstasy (16.4%).
- Neither recent tobacco use, problematic drinking or drug use were associated with area-level deprivation, although rates of tobacco use trended downwards as area level deprivation decreased.

Parental Mental Health

- One in five (22%) parents or care-givers reported a previous diagnosis of any mental health disorder. Anxiety and depression were the most commonly diagnosed disorders.
- Parents in the most deprived areas in NI had higher rates of self-reported mental health problems (31.9%) than those in the least deprived areas (17.2%).
- Children whose parents had current mental health problems (as measured by the General Health Questionnaire (GHQ-12)) were twice as likely to have an anxiety or depressive disorder themselves, highlighting the importance of the survey findings for both adult and children's service providers.

Predicting Mental Health Problems

- Having three or more Adverse Childhood Experiences increased the rate of any mood or anxiety disorder by a ratio of 8.
- Young people aged 16-19 years were almost 5 times more likely to have any mood or anxiety disorder than the youngest age group.
- Special educational need related to emotions, behaviour, concentration or getting along with people increased the rate of any mood or anxiety disorder by a ratio of 3.
- Deprivation (as determined by being in receipt of benefits) increased the rate of any mood or anxiety disorder by a ratio of 1.7.
- The presence of parental mental health problems increased the rate of any mood or anxiety disorder by a ratio of 1.4.

Conclusions & Implications of Study Findings

A significant proportion of children and young people in Northern Ireland experience mental health problems, including diagnosable mental health conditions. A 2017 survey of the Mental Health of Children and Young People in England found that one in eight (12.8%) 5-19 year olds had at least one clinically diagnosable mental health disorder, with one in 12 (8.1%) having an emotional disorder such as anxiety or depression and one in 20 (5.5%) having a behavioural or 'conduct' disorder. In the Youth Wellbeing NI Survey, one in eight children and young people (12.6%) had an emotional disorder such as anxiety or depression. Studies of adult populations indicate that Northern Ireland has 25% higher rates of common mental health disorders than England, Scotland and Wales (Bunting, Murphy, O'Neill & Ferry, 2012; McManus, Bebbington, Jenkins, & Brugha, 2016), and, bearing in mind methodological differences, it appears that the picture is similar for young people. Lifetime rates of common behaviour disorders such as oppositional defiant disorder (9.9%) and conduct disorder (5.5%), while not directly comparable with UK research, were in keeping with international estimates.

Young people and their families reasonably expect appropriate services to be available when they develop distressing mental health difficulties. The study findings will help to inform mental health policy and shape the configuration of services. In many cases, intervention from mental health services will not be required and good information and the support of family and friends will be sufficient. Other young people will benefit from increased resources for Child and Adolescent Mental Health Services (CAMHS) and sometimes a combination of forms of support will be needed.

We know that more than 50% of adult mental disorders have their onset before the age of 18 (Kessler et al., 2007). The study has identified links between the wellbeing of children and young people and parental experiences of mental ill-health, and lifestyle and environmental factors, including adverse childhood experiences. Further analysis of the results will provide more detailed information on the causes of mental health difficulties in young people. Societal-wide measures, based on our increased understanding of the pathways to mental health problems, will in the future allow us to usher in a new era of screening, prevention, early intervention, and improvements in the mental health of everyone.

