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**Coverage**  
Great Britain  
**Theme**  
Health and Care

## One in ten children has a mental disorder

In 2004, one in ten children and young people aged 5-16 had a clinically recognisable mental disorder, according to a new survey\* by the Office for National Statistics. The 2004 figures confirm the findings from the first national survey of children's mental health in 1999 which recorded the same proportion of children and young people with a mental disorder.

In 2004, four per cent of children had an emotional disorder (anxiety or depression), six per cent had a conduct disorder, two per cent had a hyperkinetic disorder, and one per cent had a less common disorder (including autism, tics, eating disorders and selective mutism). Some children (two per cent) had more than one type of disorder.

The main aims of the survey were to examine whether there were any changes between 1999 and 2004 in the prevalence of the three main categories of mental disorder: conduct disorders, emotional disorders and hyperkinetic disorders; to describe the characteristics and behaviour patterns of children and young people in each main disorder category and subgroups within those categories; and to look in more detail at children with autistic spectrum disorder.

The survey was carried out for the Department of Health and the Scottish Executive.

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***\*Mental health of children and young people in Great Britain***  
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**Available free on the National Statistics website:**  
[www.statistics.gov.uk/statbase/Product.asp?vlnk=14116](http://www.statistics.gov.uk/statbase/Product.asp?vlnk=14116)

Other key findings from the 2004 survey include:

Boys were more likely to have a mental disorder than girls. Among 5-10 year olds, 10 per cent of boys and five per cent of girls had a mental disorder. Among 11-16 year olds, the proportions were 13 per cent for boys and 10 per cent for girls.

The prevalence of mental disorders was greater among children and young people in certain family-types, such as:

- in lone parent families (16 per cent) compared with two-parent families (eight per cent);
- in reconstituted families (14 per cent) compared with those containing no stepchildren (nine per cent);
- in families whose interviewed parent had no educational qualifications (17 per cent) compared with those who had a degree level qualification (four per cent);
- in families with neither parent working (20 per cent) compared with those in which both parents worked (eight per cent);
- in families with a gross weekly household income of less than £100 (16 per cent) compared with those with an income of £600 or more (five per cent);
- in families where the household reference person was in a routine occupational group, such as unskilled manual workers (15 per cent) compared with those with a reference person in the higher professional group, for example, doctors and lawyers (four per cent);
- living in the social or privately rented sector (17 per cent and 14 per cent) compared with those who owned their accommodation (seven per cent);
- living in low income, high unemployment areas (15 per cent) compared with affluent areas (seven per cent).

These variations show a similar pattern to those observed in the previous survey in 1999.

Several new topics were introduced in the 2004 survey:

#### *Medication*

The use of psychotropic drugs was largely confined to children with a hyperkinetic disorder of whom 43 per cent were taking some kind of medication, mainly Methylphenidate. Only seven per cent of the children with an emotional disorder and nine per cent of those with a conduct disorder were taking some form of medication and many of these had a hyperkinetic disorder as well. The very limited use of medication for children with non-hyperkinetic disorders suggests that clinicians are mainly using non-pharmacological approaches with these families.

#### *Absence from school*

Children with mental disorders were much more likely than other children to have had time off school: 17 per cent of those with emotional disorders, 14 per cent of those with conduct disorders and 11 per cent of those with hyperkinetic disorders had been away from school for over 15 days in the previous term. Among other children, the proportion was just five per cent.

#### *Social aptitude*

Parents were asked to assess the child's social aptitude to provide a measure of his or her ability to empathise with others. Children in all three of the main disorder groups had much lower scores than other children on this scale indicating poor ability to empathise.

#### *Social networks and social support*

The 2004 survey showed that the relationship between availability of social support and mental health, which is well established for adults, also existed for young people. For example, 42 per cent of children and young people with emotional disorders and 54 per cent of those with conduct or hyperkinetic disorders scored in the bottom quartile on a scale measuring the extent of the network of family and friends to whom the child felt close.

The 2004 survey also provided more detailed information about the characteristics of children with autistic spectrum disorder.



One per cent of children aged 5-16 had autistic spectrum disorder. The majority of these children were boys, 82 per cent.

Unlike children with the more common disorders, autistic children tended to have more highly qualified parents than other children: 46 per cent had parents with qualifications above GCSE compared with 35 per cent of other children. Similarly, autistic children were less likely to live in low income families: only nine per cent compared with 20 per cent of other children lived in households with a gross weekly income of less than £200 per week.

Autistic children were, however, similar to children with other types of disorder in that a relatively high proportion lived in families in which neither parent worked (30 per cent compared with 14 per cent of other children). The unusual combination of high educational status and low economic activity rate among the parents of autistic children probably reflects their heavy caring responsibilities.

The parents of children with autistic spectrum disorder were much more likely than the parents of other children to say that their child's health was fair or bad (24 per cent compared with seven per cent) and almost all the children had a physical complaint as well (89 per cent compared with 54 per cent of other children).

Just under one third (30 per cent) of autistic children had another clinically recognisable mental disorder: 16 per cent had an emotional disorder, usually an anxiety disorder; and 19 per cent had an additional diagnosis of conduct disorder, often made on the basis of severely challenging behaviour.

Almost all children with autistic spectrum disorder were reported to have special educational needs (97 per cent compared with 16 per cent of other children).

## BACKGROUND NOTES

1. The surveyed population consisted of children and young people aged 5-16 living in private households in England, Scotland and Wales. Fieldwork for the survey took place between March and June 2004.
2. This report uses the term 'mental disorders', as defined by the International Classification of Diseases (ICD-10), to imply a clinically recognisable set of symptoms or behaviour associated in most cases with considerable distress and substantial interference with personal functions.
3. **Emotional disorders** include Separation anxiety, Specific phobias, Social phobias, Panic disorder, Agoraphobia, Post traumatic stress disorder, Obsessive-compulsive disorder and Depression. **Conduct disorders** are characterised by aggressive, disruptive or antisocial behaviour. **Hyperkinetic disorder** is characterised by hyperactive, impulsive and inattentive behaviours. This type of disorder is sometimes referred to as Attention Deficit Hyperactivity Disorder (ADHD), which is the name for a broader (and therefore commoner but milder) disorder defined by the American Psychiatric Association.
4. The assessment of mental disorder was based on both structured and open-ended questions. When definite symptoms were identified by the structured questions, interviewers used open-ended questions and supplementary prompts to get informants to describe the child's problems in their own words.
5. Data collection included information gathered from parents, teachers and the children themselves (if aged 11-16). A case vignette approach was used for analysing the survey data in which clinicians reviewed the responses to the precoded questions and the transcripts of informants' comments, particularly those which asked about the child's significant problems.
6. The sample was drawn from Child Benefit Records held by the Child Benefit Centre (CBC). 12,294 opt out letters were despatched by the Child Benefit Centre on behalf of ONS. After removing those addresses that opted out or were ineligible, 10,496 addresses were allocated to ONS interviewers. Information was collected for 76 per cent of the children approached, resulting in 7,977 achieved interviews. Among the co-operating families, almost all the parents and most of the children took part. Teacher questionnaires were obtained for 78 per cent of the children interviewed.
7. Differences cited in the text are statistically significant ( $p < 0.05$ ) unless otherwise stated.
8. Details of the policy governing the release of new data are available from the press office.
9. **National Statistics** are produced to high professional standards set out in the National Statistics Code of Practice. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference. © Crown copyright 2005.