

27 June 2003

Coverage
Great Britain
Theme
Health and Care

Persistence and onset of childhood mental disorders

A three-year follow up study* of the 1999 *Mental health of children and adolescents in Great Britain* survey by the Office for National Statistics found that the persistence and onset of child mental disorders were linked to child, family, household and social characteristics.

A quarter of the children who had an emotional disorder when first interviewed were also assessed as having an emotional disorder three years later. Forty-three per cent of the children who were first assessed as having a conduct disorder were also rated as having a conduct disorder three years later.

The persistence of emotional disorders was particularly linked with mothers' poor mental health, whereas the persistence of conduct disorders was associated with the child having special educational needs, being frequently shouted at and mothers' poor mental health.

Among children with no mental disorder in 1999 four per cent were assessed as having developed an emotional disorder three years later, and four per cent were assessed as having developed a conduct disorder by 2002.

In terms of the onset of mental disorders, the child's age, physical illness and the number of stressful life events (such as family death or illness) were factors most closely associated with the onset of emotional disorders. Having special educational needs, having step-children in the family and mothers' poor mental health were factors linked to the onset of conduct disorders.

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****Persistence, onset, risk factors and outcomes of childhood mental disorders.***

The Stationery Office. £42.50. ISBN 0 11 621659 X

Available free on the National Statistics website:

www.statistics.gov.uk/statbase/Product.asp?vlnk=10498

The overall aim of the follow up survey, carried out for the Department of Health, was to present rates of persistence and onset of each main category of childhood mental disorder and identify the associated risk factors. It also looked at the use of mental health services and the educational profile of children with mental disorders. Fieldwork for the survey took place between January and March 2002.

Other key findings:

Persistence of mental disorders

Emotional disorders

Among children with emotional disorders at the 1999 survey whose mothers had poor mental health over the three years to 2002, 37 per cent still had an emotional disorder at the follow up compared with 14 per cent whose mothers had no mental health problems.

Almost a third, 30 per cent, of children who had experienced three or more stressful events at the first interview in 1999 had persistent emotional disorders compared with 21 per cent who had experienced just one stressful event and 14 per cent who had experienced none.

The mother's mental health was the only factor found to be significantly, independently associated with the persistence of emotional disorders among children, having controlled for socio-demographic and household characteristics.

Conduct disorders

Several child, family, household and social characteristics were associated with persistent conduct disorders. For example, among the children with conduct disorders who also had Special Educational Needs (SEN) in 1999, about a half (51 per cent) were rated as having a conduct disorder three years later compared with a third (32 per cent) of those without SEN.

Looking at family and household characteristics, the rates of persistence of conduct disorder were:

- 54 per cent of children with widowed, divorced or separated parents compared with 40 per cent of those with single or married parents.

- 50 per cent of children living in rented accommodation in contrast to 31 per cent of 8-18 year olds whose parents owned their properties (outright or with a mortgage).
- 48 per cent of the sample where the gross family income was less than £300 a week compared with 34 per cent of children where the corresponding income was at least £300.

Marked differences were found in the proportion of children with persistent conduct disorders among mothers whose psychological well-being remained poor over the three years (60 per cent) or became worse (47 per cent) compared with children whose mothers had no mental health problems at both interviews (30 per cent).

Sixty per cent of children whose parents reported a high degree of family discord at both the 1999 survey and the follow up had persistent conduct disorders.

If the child was frequently shouted at, there was also an increase in the likelihood of having a persistent conduct disorder (49 per cent compared with 34 per cent).

Onset of mental disorders

Emotional disorders

Children aged 13-15 years in 1999 (aged 16-18 at the follow up) were more likely to have developed an emotional disorder than those children aged 5-7 during the first interview: five per cent compared with three per cent.

Six per cent of the group with a physical illness in 1999 developed an emotional disorder compared with two per cent of the no physical illness group.

In terms of family characteristics, there was an increased likelihood of the onset of an emotional disorder among children:

- in families which had two parents in 1999 yet one parent three years later (eight per cent) in contrast to families with two parents on both occasions (four per cent).
- in families with step children (eight per cent) compared with no step children (four per cent).
- Whose mothers had no educational qualifications (six per cent) rather than some qualifications (four per cent).

Turning to household characteristics, there was an increased likelihood of the onset of an emotional disorder during the three years between surveys among children:

- where no parent in the household was working in 1999 (eight per cent) compared with all parents in employment three years later (four per cent);
- where there was a continuation of no parent working between the 1999 survey and follow up (seven per cent), or a change from a working to a non-working household (13 per cent), or conversely from a non-working to a working household (eight per cent) compared with parents being continually in work (three per cent).

Conduct disorders

Looking at child characteristics, there was an increased likelihood of the onset of conduct disorders among:

- boys (five per cent) compared with girls (two per cent);
- 11-12 year olds (five per cent) compared with 5-7 year olds (two per cent);
- children who had a physical illness at both the 1999 survey and the follow up (five per cent) in contrast to those who were reported to have no physical illness at both interviews (three per cent);
- the sample with Special Educational Needs (eight per cent) compared with those who needed no additional educational support (three per cent);

The likelihood of onset of a conduct disorder was increased for children in families which had two parents at the 1999 survey and one parent at the follow up (10 per cent) or one parent on both occasions (six per cent) in contrast to families with two parents on both occasions (three per cent).

Onset of conduct disorder was more likely among children in families with step children (10 per cent) compared with no step children (three per cent).

The likelihood of the onset of a conduct disorder was increased among children:

- where no parent in the household was working at the 1999 survey (seven per cent) compared with all parents in employment (three per cent);

- where there was a continuation of no parent working at the 1999 survey and the follow up (nine per cent), or a change from a working to a non-working household (10 per cent) compared with parents being continually in work (three per cent);

The frequent use of all three punishment regimes, being sent to room, being grounded and being shouted at by their parents, were all associated with the onset of conduct disorders. The percentages shown below compare the rates of onset of conduct disorders among children who were frequently punished compared with infrequently punished:

- sent to room (12 per cent; three per cent);
- grounded (16 per cent, three per cent);
- shouted at (five per cent, three per cent).

Service use for mental health problems

Results from the main face to face survey

About two-thirds of parents who had children with a persistent disorder or of those who developed a disorder had sought help or advice from a professional in the year prior to the follow up survey, and around a quarter overall, used specialist health services (for example, child mental health specialists).

Results from the telephone survey

A total of 474 parents were selected to take part in a telephone interview on service use if they had used specialist, education or primary care services in the year prior to the follow-up survey, or if they had reported that the child had significant problems at both the 1999 survey and the follow up survey but had not been in contact with any services. Eighty-five per cent (403 parents) participated in the telephone interview.

Twenty per cent of the children participating in the telephone survey had been in contact with specialist mental health services during the previous year.

The most common reasons parents gave for not contacting any services about their child's mental health problems were:

- they felt they would be branded a failure or blamed (29 per cent);
- they didn't know where to go for help for these kind of problems (17 per cent);

- they thought that intervention either would not be helpful or might actually make things worse (12 per cent).

Educational profile

The rates of school exclusion, both permanent and fixed term, among the survey sample were:

- 18 per cent of those with a persistent mental disorder;
- 11 per cent of children who had developed a disorder by the follow up survey;
- Four per cent of the those who had recovered from a disorder by the follow up;
- One per cent of children rated as having no mental disorder in either survey.

Children aged 15 or over with no mental disorder at the follow up survey were much more likely to still be in full time education than children with an emotional or conduct disorder (83 per cent compared with 67 per cent).

Children aged 15 or above who were rated as having a persistent mental disorder were the least likely to still be in full time education. Only 55 per cent of this group were still in education, considerably lower than the 85 per cent of those who had not developed a disorder.

Children aged 16 or over with a persistent mental disorder were twice as likely as those with no disorder to have no qualifications (36 per cent compared with 17 per cent). Children who had recovered from a disorder tended to obtain higher qualifications than those with persistent disorders but there were still 30 per cent of this group who obtained no qualifications.

BACKGROUND NOTES

1. This report uses the term 'mental disorders' as defined by the 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.



2. In the original survey, the sample comprised young people aged between 5 and 15 years. Three years later, just over half the children had passed through key transitional stages, from primary to secondary education or from childhood to adulthood, that is, aged 16 or over. The full report from the 1999 survey of the Mental Health of Children and Adolescents in Great Britain was published in March 2000.
3. Emotional disorders includes separation anxiety, specific phobias, social phobia, panic, agoraphobia, Post Traumatic Stress Disorder, Obsessive-Compulsive disorder and Depression.
4. Conduct disorders are characterised by aggressive, disruptive or antisocial behaviour. Physical aggression (usually initiated by the child) can take the form of bullying or cruelty to animals. Destruction of other people's property (possibly including fire-setting) and covert stealing is common. This can range from "borrowing" others' possessions to shoplifting, forgery, car theft and burglary. Children with conduct disorder are more likely to truant from school, cheat at their school work or display callous behaviour.
5. Hyperkinetic disorder is a diagnosable condition recognised by health professionals as Attention Deficit Hyperactivity Disorder (ADHD). It is one of the most common mental disorders among children, characterised by being unable to sit still, plan ahead or finish tasks, being easily distracted or inattentive.
6. Details of the policy governing the release of new data are available from the press office.
7. 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 2003.