National Centre for Social Research

Trends in children and young people's mental health in England

Findings from the Mental Health of Children and Young People (MHCYP) survey series

Franziska Marcheselli

18th April 2024

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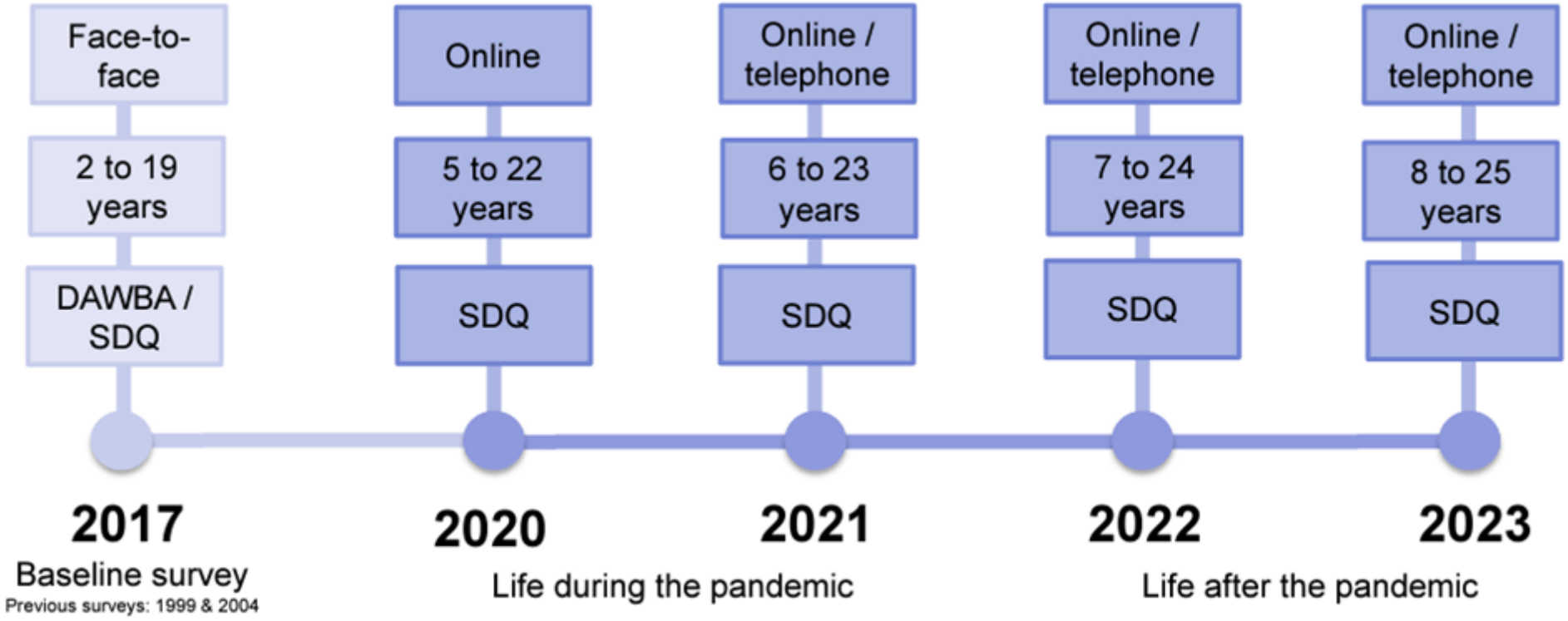
Introduction

- England's Official Statistics into children and young people's mental health
- Survey findings are weighted and calibrated so representative of all children and young people in England



Strengths of the MHCYP survey series

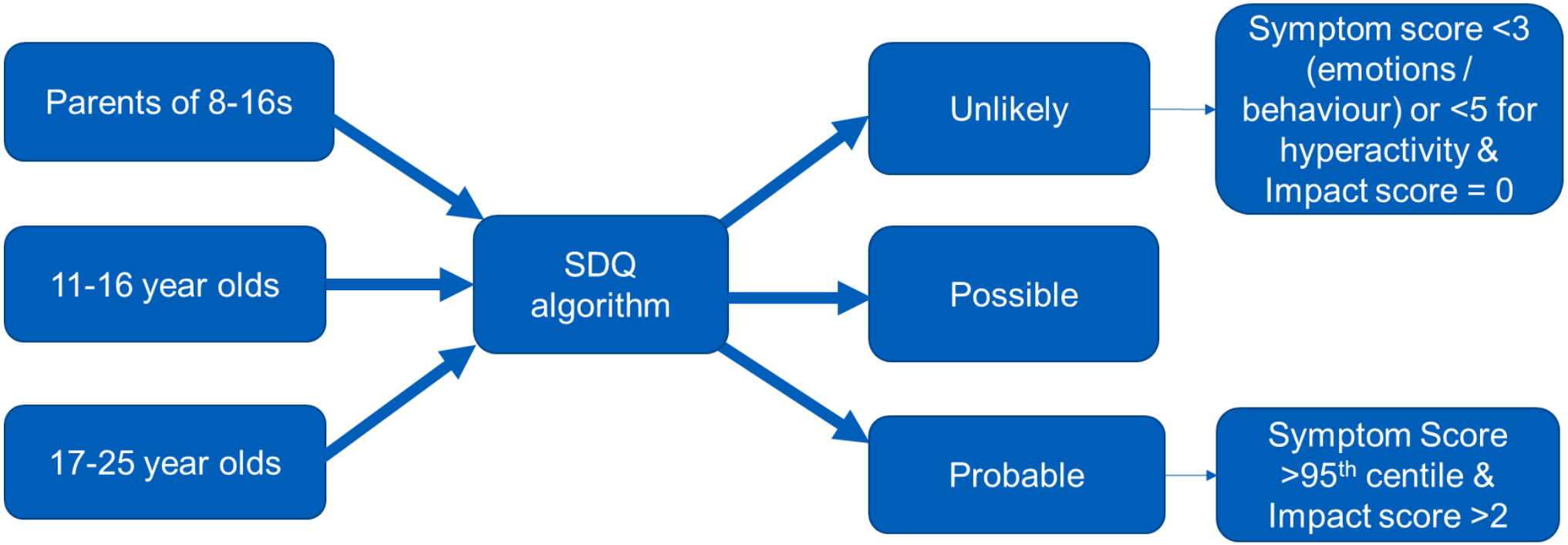
- Pre-pandemic baseline data (from 2017) using the same, validated mental health measure (SDQ) – we can measure **change in mental health over time**
- One of the only studies in the world that uses a **national probability sample** of children – national and global importance
- Sample spans childhood, adolescence and emerging adulthood
- Huge range of data collected, covering different relevant topics year on year
- Provides **evidence** to inform policy, commissioning and practice response
- **Potential** for longitudinal analyses and linkage of survey responses to administrative records e.g., National Pupil Database for even richer data
- Published reports available: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england

Background

1,203 children and young people have participated in all five surveys

	2017 main survey	2020 follow up	2021 follow up	2022 follow up	2023 follow up
Mode	Face-to-face	Online	Online with some telephone interviews	Online with some telephone interviews	Online with some telephone interviews
Age of participants	2 to 19 years old	Same participants now 5 to 22 years	Same participants now 6 to 23 years	Same participants now 7 to 24 years	Same participants now 8 to 25 years
Data collection period	Data collected between Jan and Sep 2017	Data collected in July 2020	Data collected in Feb/March 2021	Data collected in April/May 2022	Data collected in Feb-April 2023
Participant type	Data collected from children, young people, parents and teachers	Data collected from children, young people and parents	Data collected from children, young people and parents	Data collected from children, young people and parents	Data collected from children, young people and parents
Achieved sample size	9,117 CYP	3,570 CYP	3,667 CYP	2,866 CYP	2,370 CYP
Response rate	52%	45%	48%	40%	35%
Mental health measure	DAWBA and SDQ	SDQ only	SDQ only	SDQ only	SDQ only

How mental health in children and young people is measured

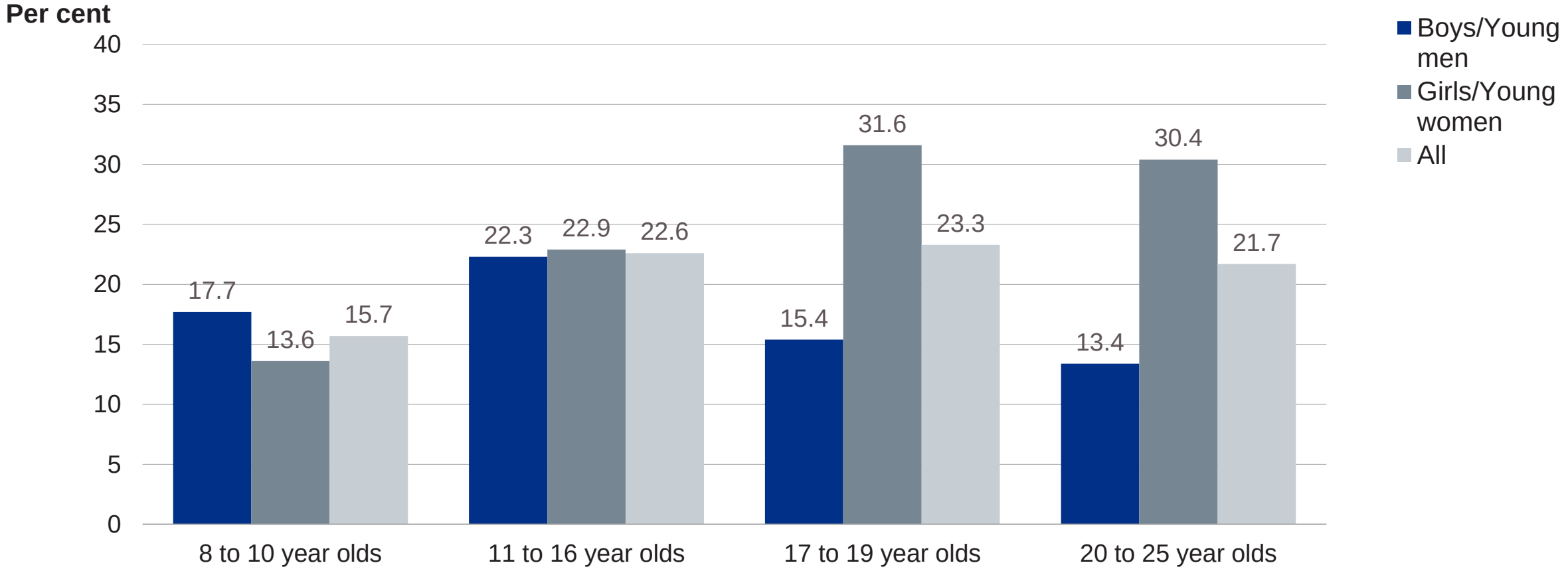


https://www.sdqinfo.org/

Findings

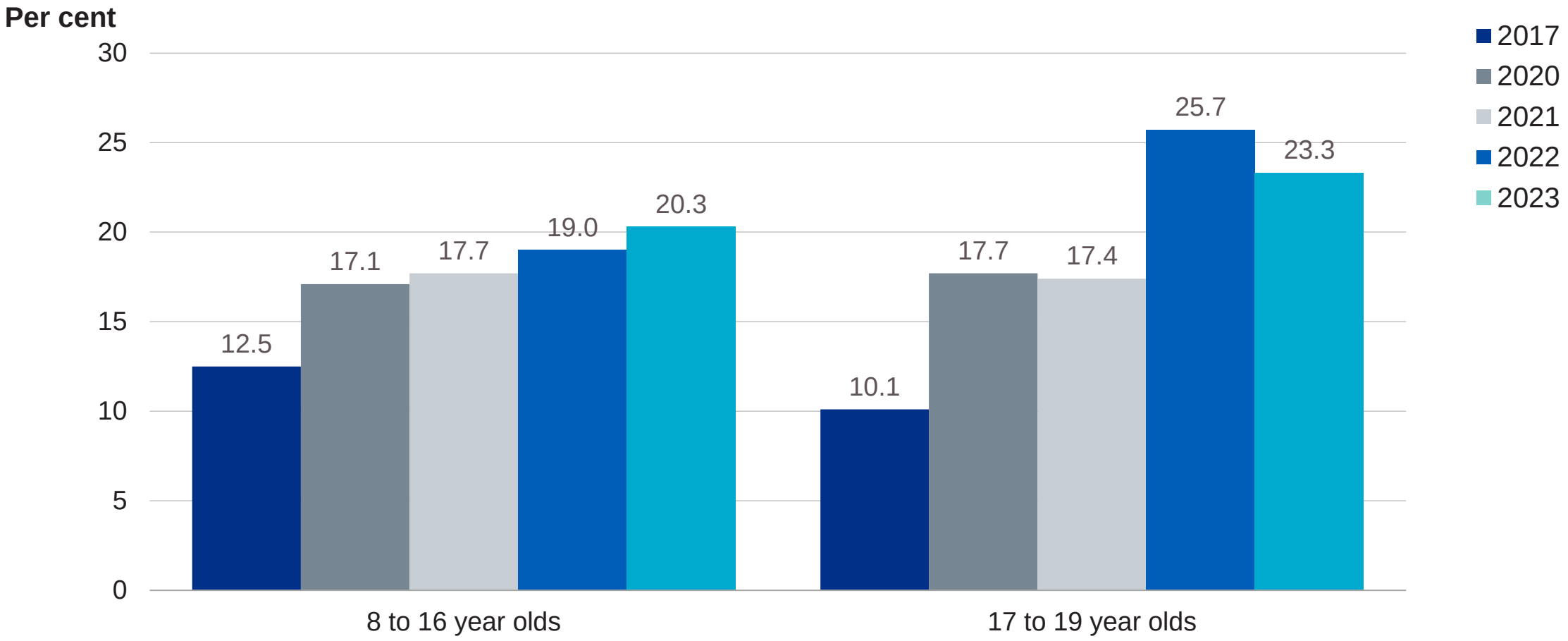
Rates of probable mental disorder in children and young people

In 2023, about 1 in 5 children and young people aged 8 to 25 years had a probable mental disorder. Rates of probable mental disorder for 8 to 16 year olds were similar for boys and girls, while for 17 to 25 year olds, rates were twice as high for young women than young men



Source: NHS England. 8 to 25 year olds, England, 2023. Figure 1.1 in the Wave 4 report.

After a rise in prevalence between 2017 and 2020, rates of probable mental disorder remained stable in all age groups between 2022 and 2023



Source: NHS England. 8 to 25 year olds, England, 2023. Figure 1.2 in the Wave 4 report.

Findings

Eating problems and disorders

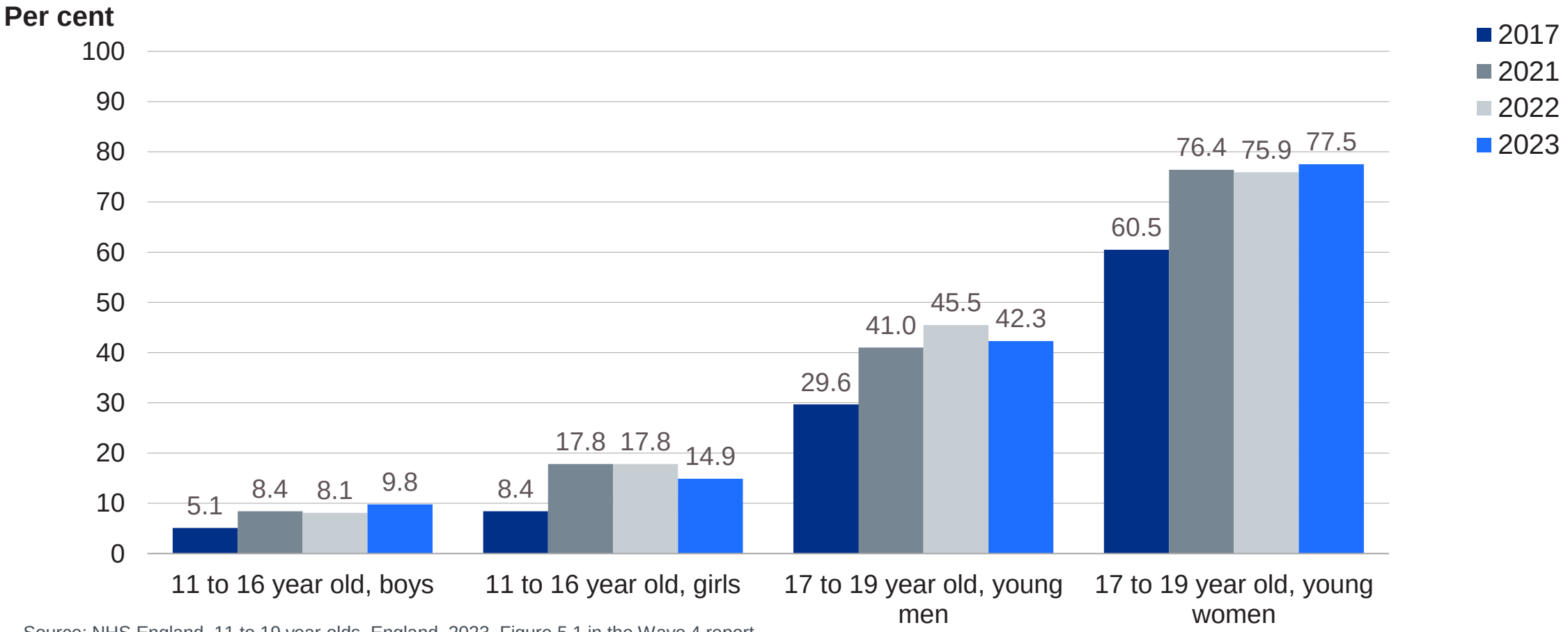
Possible eating problems

- Young people aged 11 to 25 years and parents of children aged 8 to 16 years completed the **5 screening questions** from the **Development and Well-Being Assessment (DAWBA) Eating Disorders module**

- ‘Screening positive’ for a possible eating problem was defined as scoring above the threshold (answering yes to 2 or more items where a parent is reporting on a child and answering yes to 1 or more items where a young person is reporting on themselves)

- ‘Screening positive’ on the DAWBA Eating Disorders module **does not mean that the child or young person had a clinically impairing eating disorder** such as anorexia or bulimia but indicates an increased likelihood of broader problems or difficulties with eating, which we refer to as ‘possible eating problems’

The prevalence of possible eating problems rose between 2017 and 2021. Rates remained stable over subsequent waves (2022 and 2023)



Source: NHS England. 11 to 19 year olds, England, 2023. Figure 5.1 in the Wave 4 report.

Eating disorders

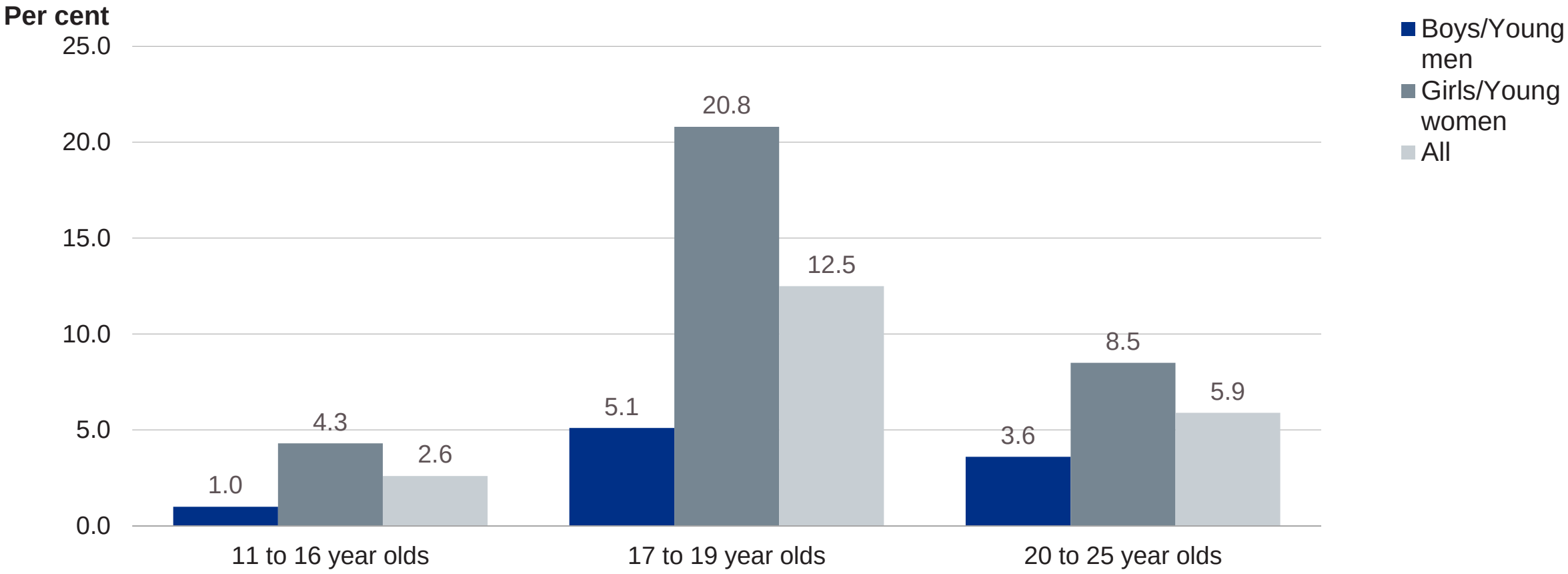
- Eating disorders refers to those who had a **clinically impairing eating disorder** such as anorexia or bulimia or another eating disorder according to the International Classification of Disease version 10 (ICD-10)

- Children aged 11 to 16 years and their parents, and young people aged 17 to 25 years who were ‘screen positive’ on the Development and Well-being Assessment (DAWBA) eating disorder screening questions section were invited to complete the full DAWBA eating disorder module as part of the second stage of the study

- The DAWBA is a multi-informant standardised diagnostic assessment covering common mental health conditions, which was also included in the MHCYP 2017 survey

- Responses from parents, young people and children to the DAWBA eating disorder module were reviewed by a small team of clinical raters who then assigned diagnoses of eating disorder according to ICD-10 criteria

In 2023, eating disorders were identified in 2.6% of 11 to 16 year olds and 12.5% of 17 to 19 year olds, with rates 4 times higher in girls than boys and in young women than young men. Rates of eating disorders were 5.9% in 20 to 25 year olds with no difference between women and men



Source: NHS England. 11 to 25 year olds, England, 2023. Figure 5.4 in the Wave 4 report.

Types of eating disorder in 2023

- Report presents the prevalence of children and young people meeting criteria for **any** eating disorder
- Estimates of the prevalence of anorexia, bulimia, and other eating disorders also provided
- ‘Other eating disorders’ was used as the category for children and young people who had clinically significant and impairing eating difficulties but who did not meet criteria for anorexia or bulimia. This includes disorders such as atypical anorexia or atypical bulimia, where some, but not all, of the features of anorexia or bulimia are present
- Categories of eating disorder were mutually exclusive

Caveats when comparing change over time

While the study design aimed to mirror the 2017 survey as far as possible, caution should be taken when comparing over time due to some unavoidable differences in the methods:

- **Mode** – 2017 took place face-to-face whereas the 2023 study was online/telephone
- **How it was completed** – in 2017 the eating disorders DAWBA module was completed as part of the main survey whereas in 2023 it was completed as part of a second stage to the study
- **What was completed** – in 2017 respondents completed the full DAWBA, whereas in 2023 they completed the eating disorder module only

Published report and Technical Appendix provides further details.

Eating disorder rates rose between 2017 and 2023

For 11 to 16 year olds this rise was evident in girls but not in boys, whilst for 17 to 19 year olds rates rose for both young women and young men

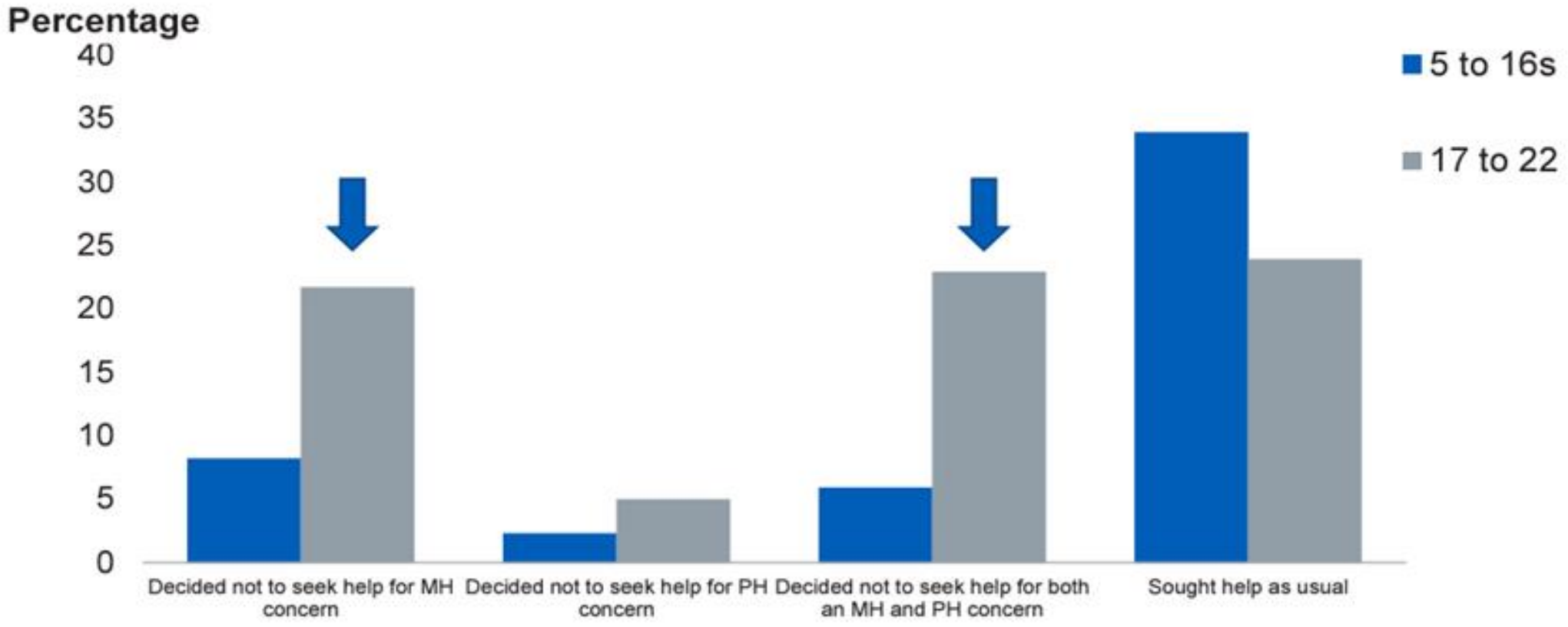
	2017			2023		
	LCL	**Estimate**	UCL	LCL	**Estimate**	UCL
11 to 16 years						
All	0.3	**0.5**	0.8	1.5	**2.6**	3.7
Boys	0.0	**0.2**	0.4	0.0	**1.0**	2.1
Girls	0.3	**0.9**	1.4	2.4	**4.3**	6.1
17 to 19 years						
All	0.2	**0.8**	1.4	8.3	**12.5**	16.7
Young men	0.0	**0.0**	0.0	0.7	**5.1**	9.5
Young women	0.4	**1.6**	2.8	13.5	**20.8**	28.2

Statistically significant change over time

Findings

Seeking help or advice
Sources of help or advice

In 2020: more than a fifth of young people with a probable disorder reported deciding <u>not</u> to seek help due to the pandemic



Source: NHS England. 5 to 22 year olds, England.

In 2023: help or advice was sought for 3 in 4 (76.2%) 8 to 16 year olds with a parent concerned for their mental health, and by 1 in 2 (55.4%) 17 to 24 year olds concerned about their own mental health

Parents more likely to seek help or advice if their child had a probable mental disorder

Common sources of help or advice for parents of 8 to 16 year olds:

- education services (31.9%)
- friends or family (19.2%)
- health services (15.9%)

Common sources of help or advice for young people aged 17 to 24 years:

- friends or family (44.9%)
- online or telephone support (22.5%)
- health services (19.4%)
- education services (13.3%)

Summary

Summary

- Many more findings and methodology information available in published reports: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england
- 2017 and 2020 datasets are available on UK Data Service to request access through DARS
- 2021, 2022 and 2023 datasets will shortly be archived as well
- Activity is currently paused on the Mental Health of Children and Young People surveys

National Centre for Social Research

Thank you

T. 020 7549 7171
E. Franziska.Marcheselli@natcen.ac.uk
W. www.natcen.ac.uk

Registered Office

35 Northampton Square
London EC1V 0AX