

The importance and utility of the English National Surveys of mental health in children and young people

les Rencontres de Santé publique France June
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Why bother?

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Universal Interventions: Fully Exploring Their Impacts and Potential to Produce Population-Level Impacts

Mark T. Greenberg and Rachel Abenavoli*

ABSTRACT

In this article we seek to promote a deeper understanding of the value of universal intervention research in education as well as other fields and to call for greater interdisciplinary learning and discourse. Our goal is to deepen the conversation regarding how to build a stronger research orientation toward longitudinal population-level outcomes in education and mental health. After highlighting the value of universal approaches targeting entire populations and their relevance to education, we raise issues regarding the traditional benchmarks of efficacy when applied to universal intervention trials and suggest alternative metrics for judging the impact of universal approaches. We conclude with lessons based on exemplar studies to help shape future research and policy regarding universal interventions.

KEYWORDS

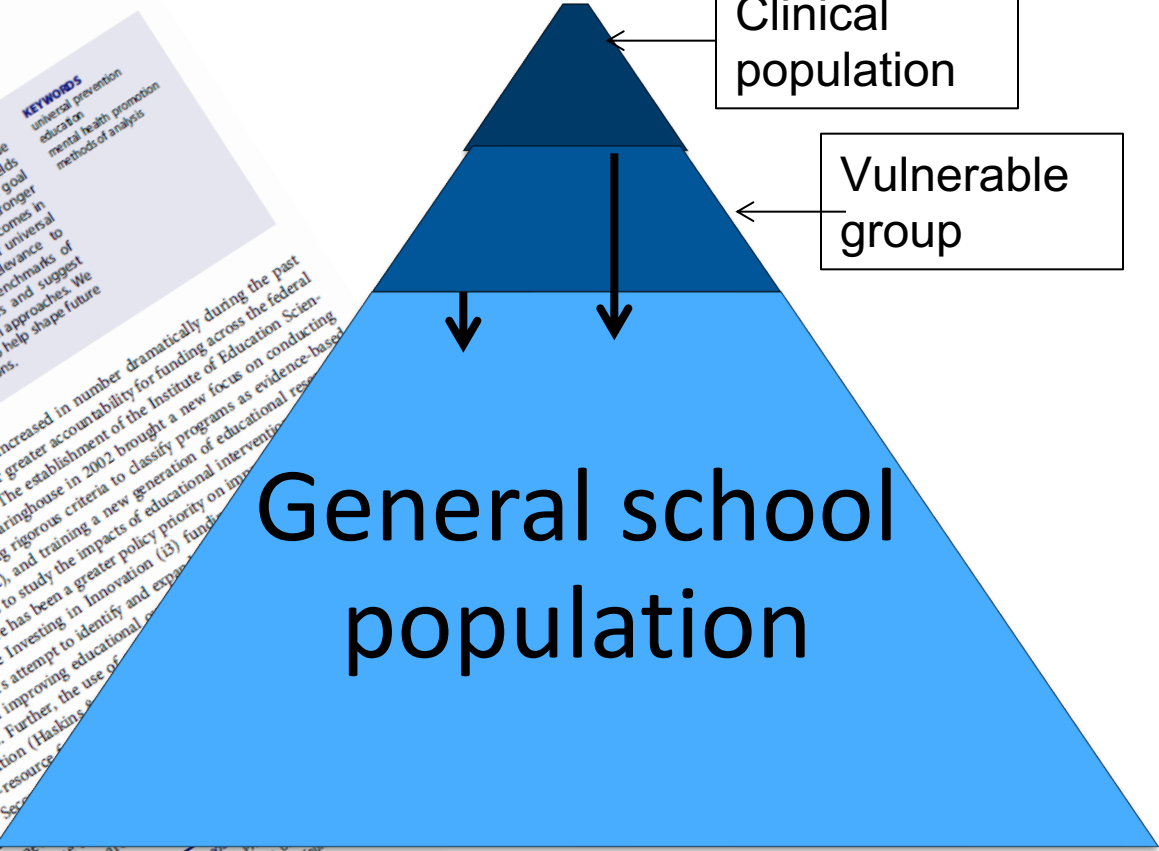
universal prevention
education
mental health promotion
methods of analysis

Trials of educational interventions have increased in number dramatically during the past two decades, driven in part by a push for greater accountability for funding across the federal and state governments (Cook, 2002). The establishment of the Institute of Education Sciences (IES) and the What Works Clearinghouse in 2002 brought a new focus on conducting experimental evaluations, applying rigorous criteria to classify programs as evidence-based (Slavin, 2002; Whitehurst, 2012), and training a new generation of educational researchers to learn and develop methods to study the impacts of educational interventions. Obama administration, there has been a greater policy priority on investing in evidence-based "what works," and the Investing in Innovation (I3) fund, an example of government's attempt to identify and expand on interventions that show promise in improving educational outcomes. Further, the use of academic outcomes, encoded in legislation (Haskins, 2010), as a basis for awarding visiting and secondary-level funding has increased the focus on evidence-based research. Given this new emphasis on evidence-based research, it is important to explore the value of rigorous outcome research in education and to call for greater interdisciplinary learning and discourse. Our goal is to deepen the conversation regarding how to build a stronger research orientation toward longitudinal population-level outcomes in education and mental health. After highlighting the value of universal approaches targeting entire populations and their relevance to education, we raise issues regarding the traditional benchmarks of efficacy when applied to universal intervention trials and suggest alternative metrics for judging the impact of universal approaches. We conclude with lessons based on exemplar studies to help shape future research and policy regarding universal interventions.

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Color versions of one or more of the figures in the article can be found at <http://dx.doi.org/10.1080/19345747.2016.1246632>
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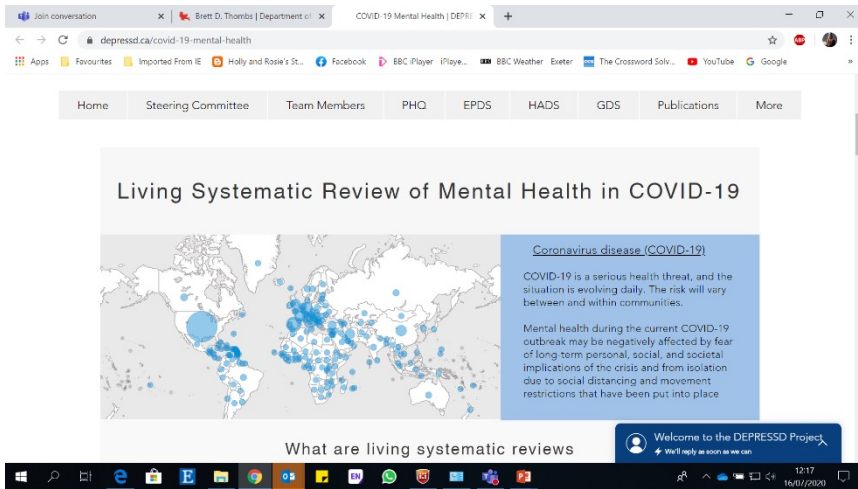
Clinical population

Vulnerable group



General school population

<https://www.depressd.ca/covid-19-mental-health>



141,168 abstracts and titles screened

403 trials registrations

Eligible studies (in CYP)

- Review 1 – changes in mental health
- Review 2 – factors associated with changes
- Review 3 intervention studies

• Review 1: 275 (35)

• Review 2: 43 @ 6/12 (x)

• Review 3: 156, 83 RCTs (0)

National child mental health survey programme

1999	2000	2001	2002	2003	2004	2005	2006	2007		2017		2020	2021	2022	2023
Base-line survey		Follow up SDQ	Follow-up survey												
					Base-line survey	Follow up SDQ	Follow up SDQ	Follow-up survey							
										Base-line survey		Follow up que	Follow up que	Follow up que	Follow up que

<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england>

<https://pubmed.ncbi.nlm.nih.gov/31953946/>



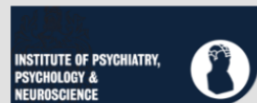
Commissioning department and data owner.



Agreed the survey content, respondent materials, fieldwork, processing the data, report writing and data archiving.



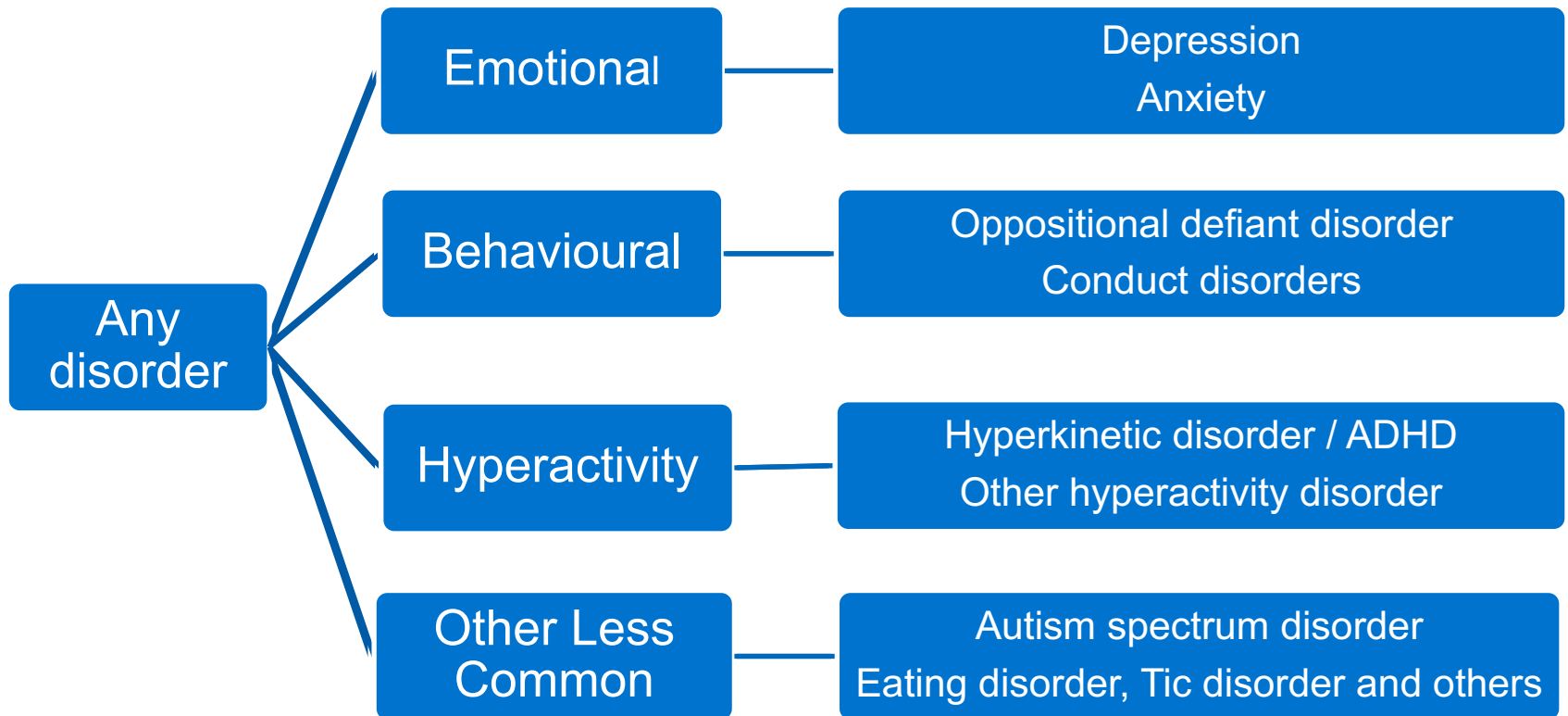
Sample design, questionnaire programming, fieldwork, weighting of the results and report writing.



Methods matter: BCAMHS & MHCYP

- Resident population of children and young people in England (all), Scotland and Wales (1999 and 2004)
- 10,438 Aged 5-15 in 1999
- 7,977 Aged 5-16 2004 => **Some of the largest surveys worldwide**
- 9117 Aged 2-19 2017
- **Sampling frame:** Child Benefit Register 1999 & 2004; GP register 2017
- **Complex survey design:** Stage 1 selection of post-code sectors

Stage 2 selection of children within these areas stratified by age & SES structure



The age of the child influences data collection (or mother knows best)

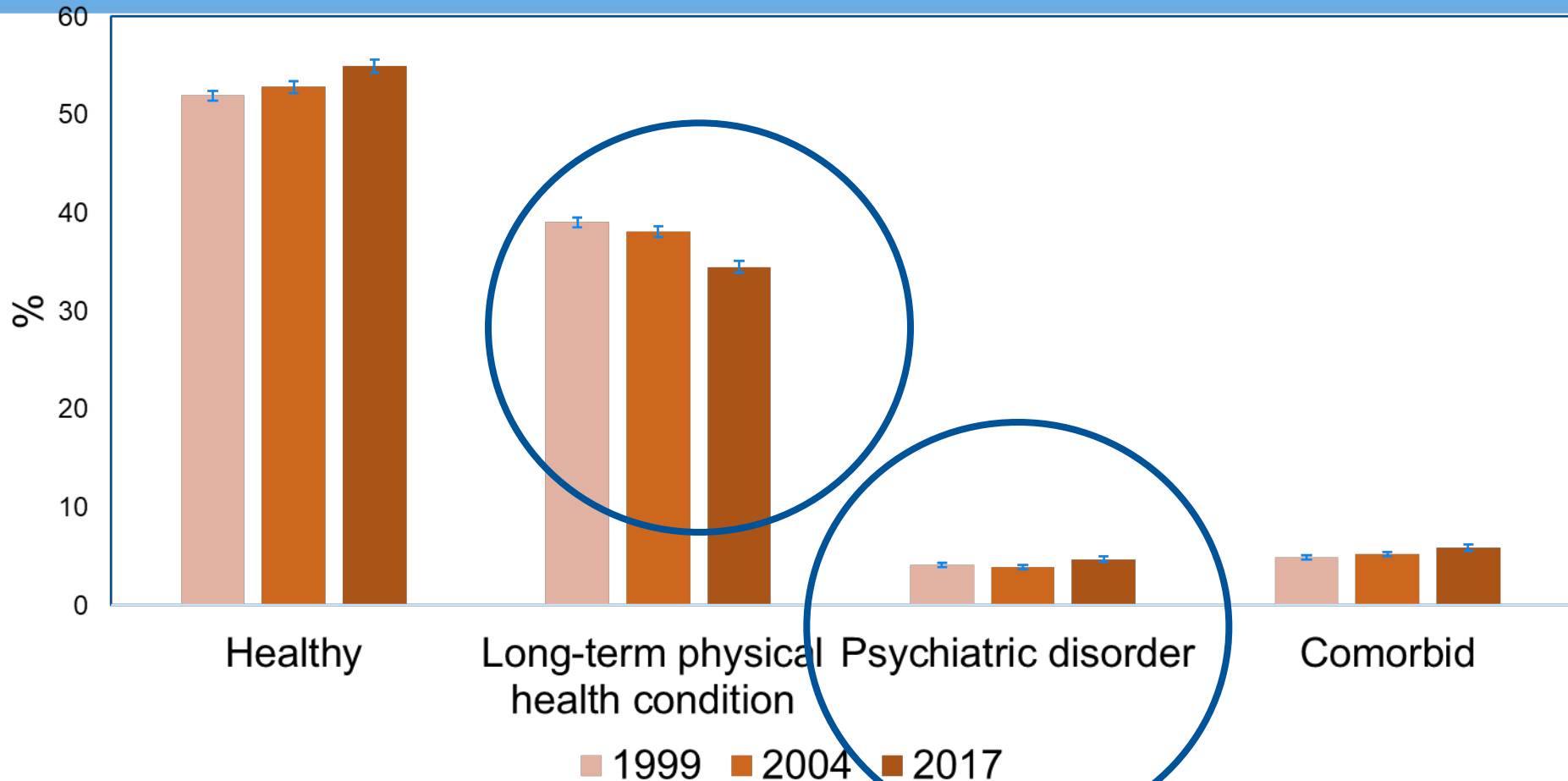
- 2-4 years => **Parent interview**
- 5-10 years => **Parent interview** and teacher questionnaire
- 11-16 years => **Parent interview**, young person interview and teacher questionnaire
- 17-19 years => **Young person interview**, parent interview

How you measure mental health matters

- **Highly structured questions** relating to diagnostic criteria (highly structured assessments are very **reliable** but not always valid)
- Informants prompted to provide qualitative data about difficulties, (**semi-structured data** is highly **valid** but not always reliable)
- **Disagreements** between informants; who is right?
- 2 clinical raters independently rated 500 children in the 1999 survey: $\kappa = 0.86$
- **Not otherwise specified diagnoses**
- <http://www.dawba.com/py/dawbainfo/b4.py>

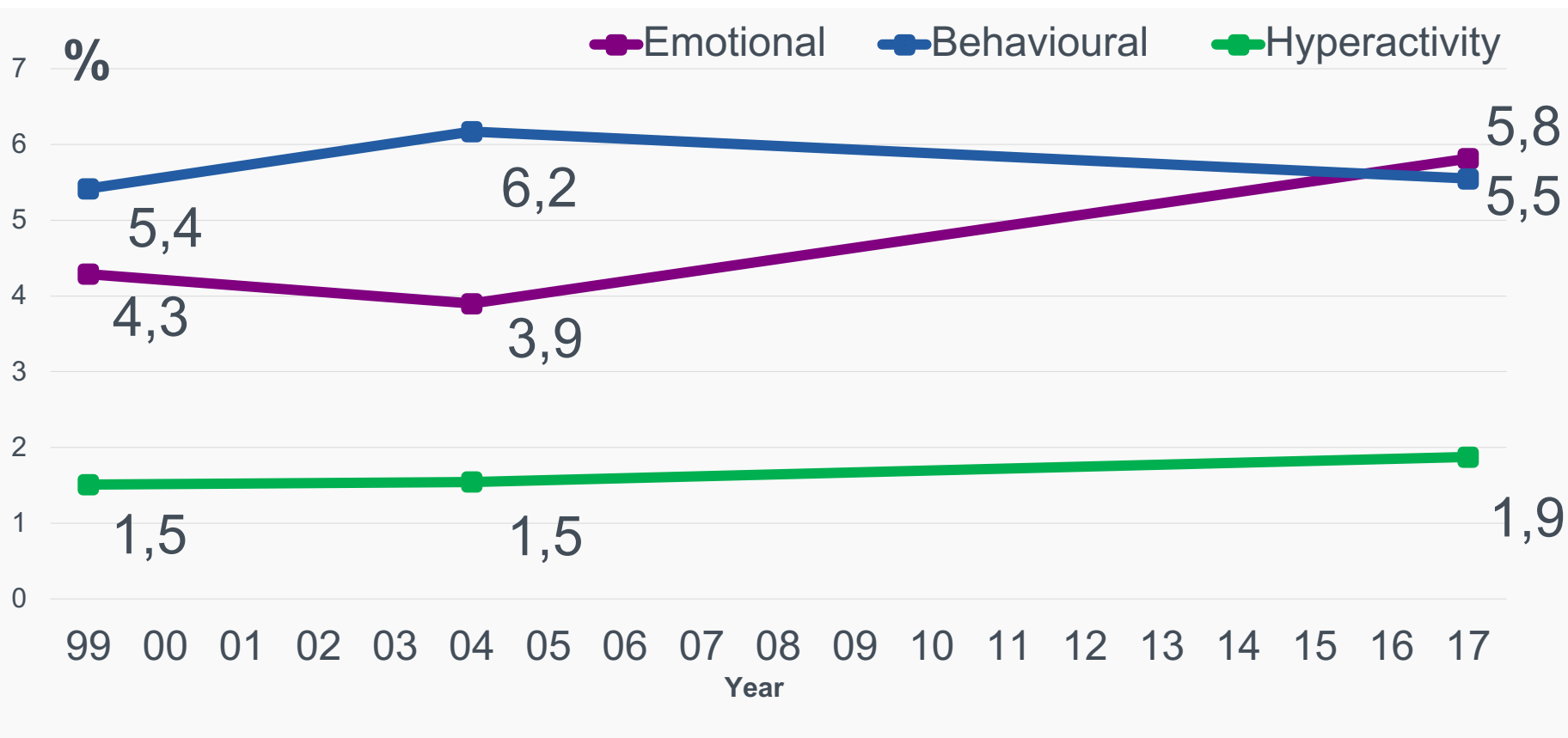


Trends in physical health & mental health conditions in 1999, 2004, & 2017

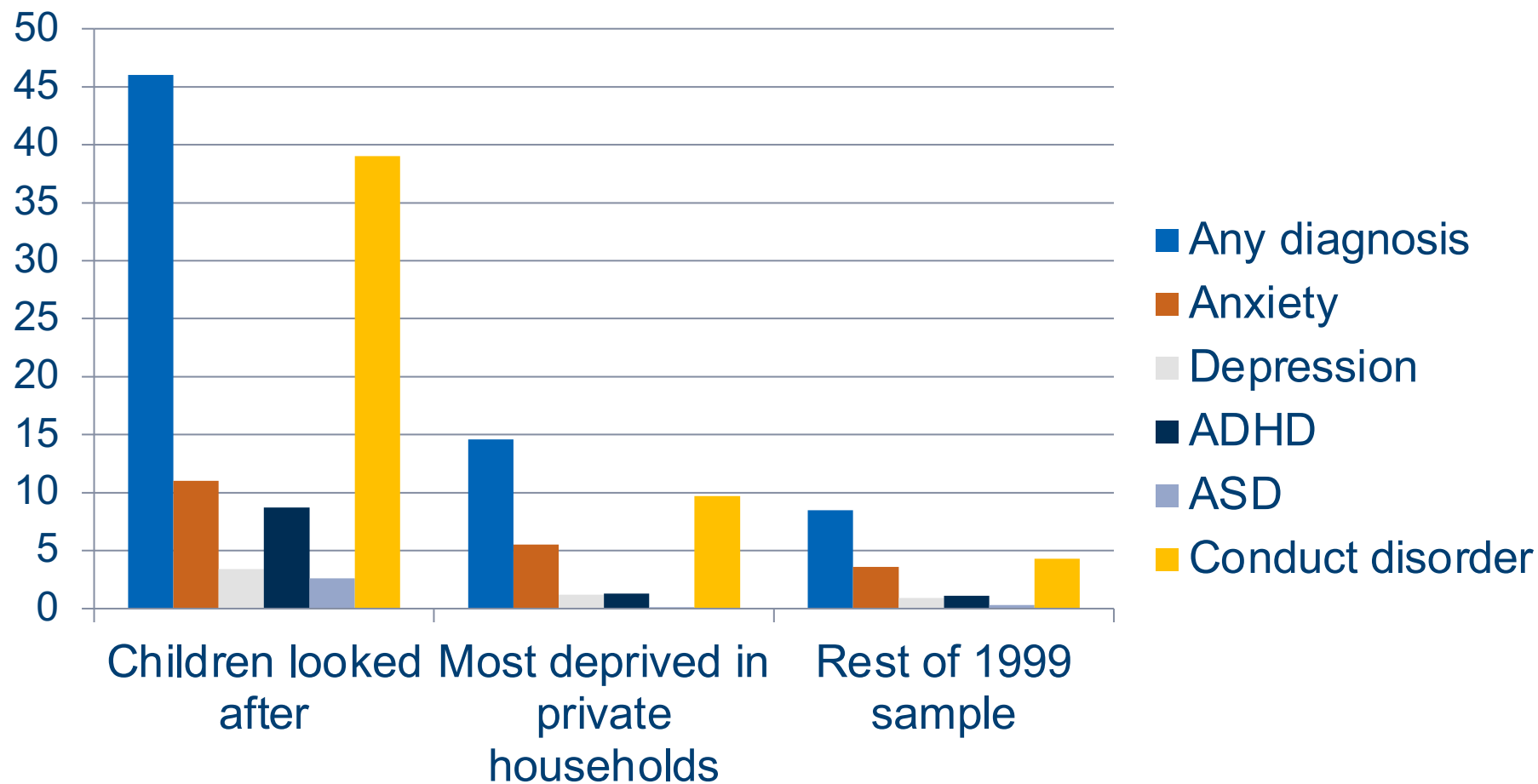


<https://link.springer.com/article/10.1007/s00787-022-02112-5>

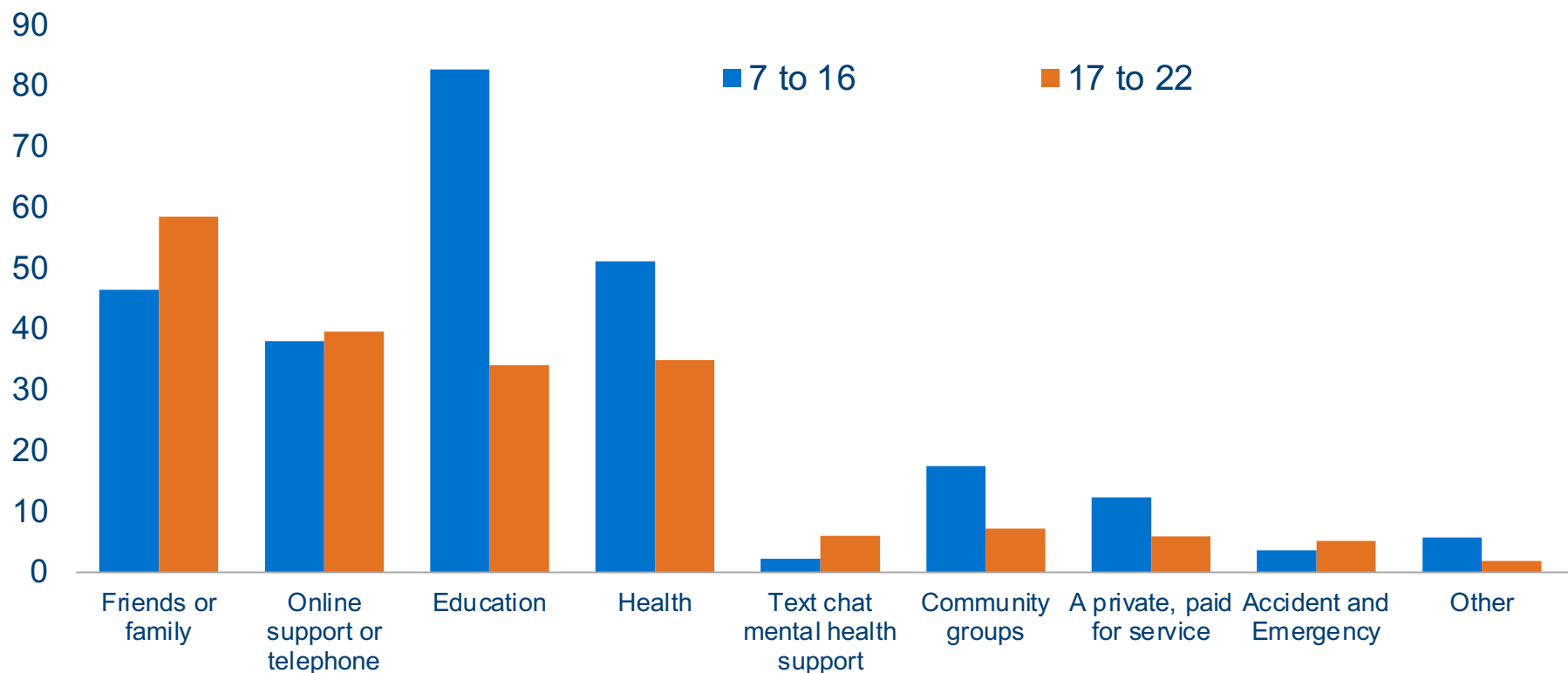
Trends in Disorders; ages 5 to 15 between 1999 & 2017



Vulnerable groups are really vulnerable – the proportion of children with psychiatric disorder by deprivation



Sources of mental health help / support among those with probable mental disorder 2022



“Persistence” of MHCs 1999 & 2004

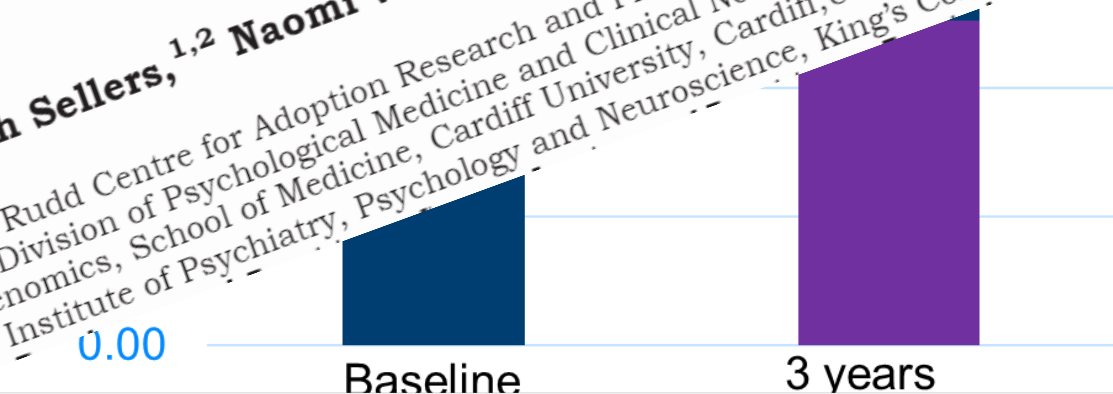
The Journal of Child Psychology and Psychiatry

Journal of Child Psychology and Psychiatry 60:7 (2019), pp 813–821

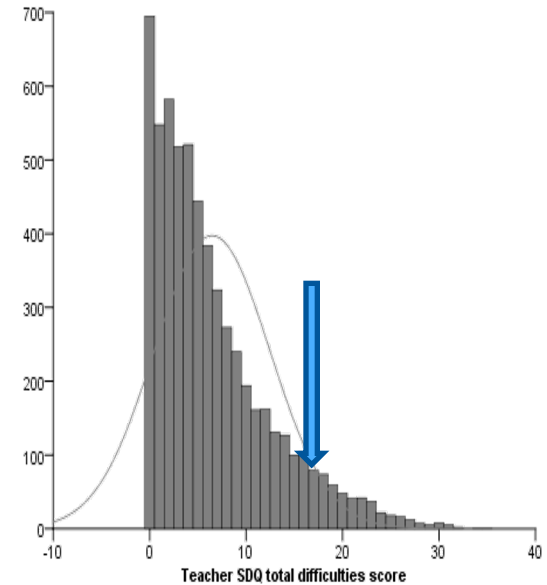
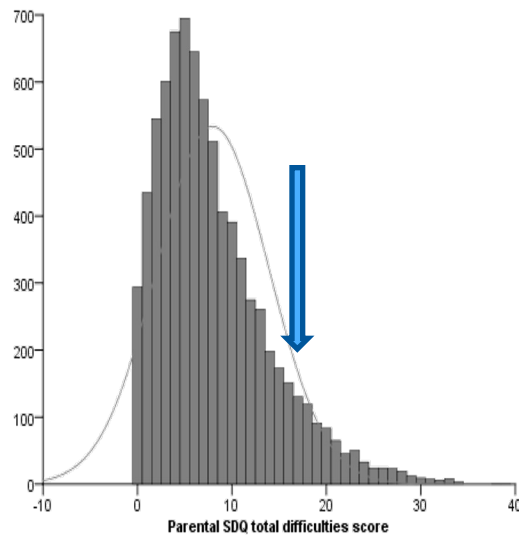
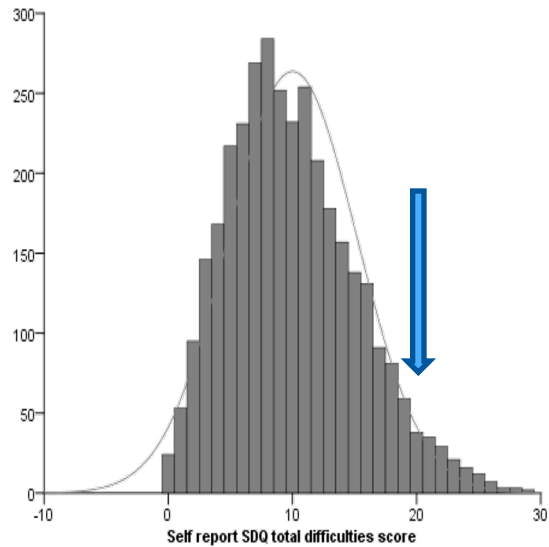
Cross-cohort change in adolescent outcomes for children with mental health problems

Ruth Sellers,^{1,2} Naomi Warne,² Andrew Pickles,³ Barbara Maughan,⁴ Anita Thapar,² and Stephan Collishaw²

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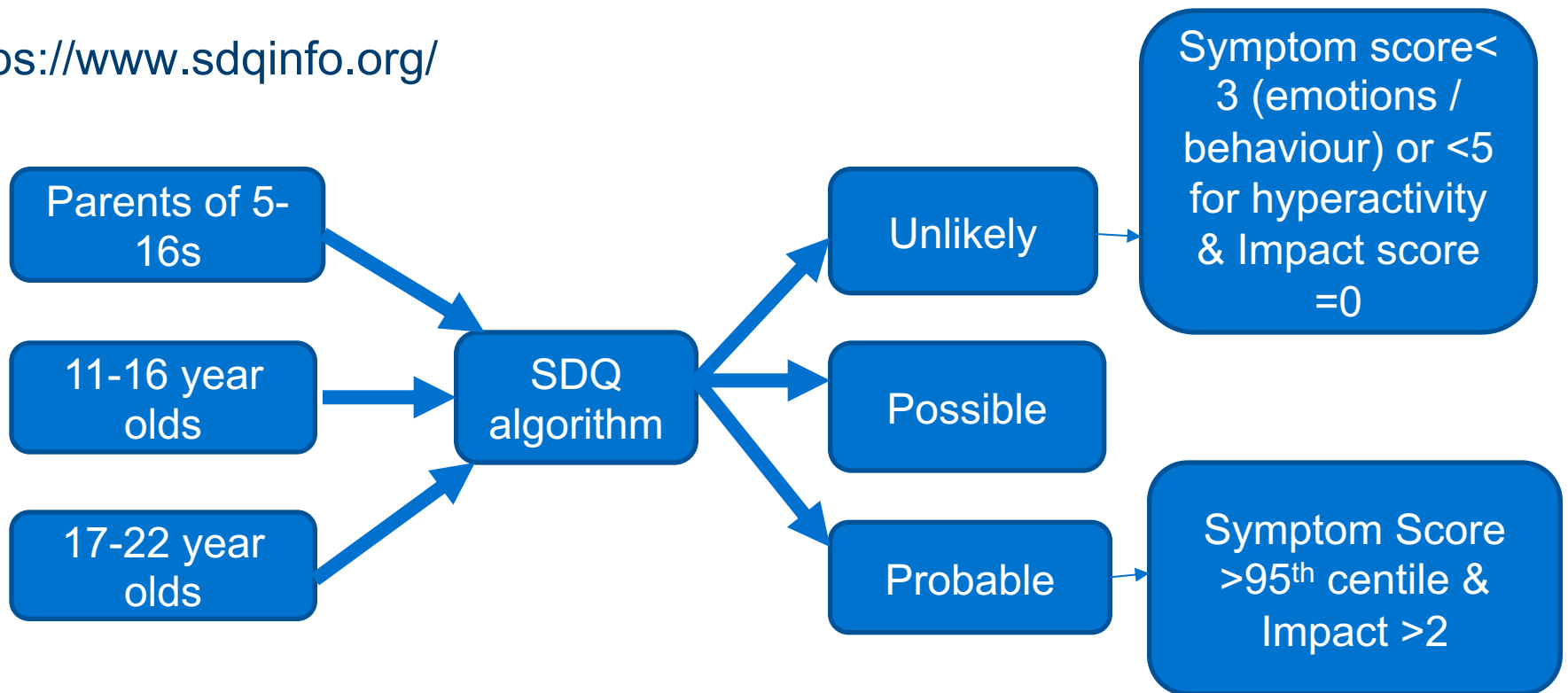


Impairment is not confined to those who meet diagnostic criteria

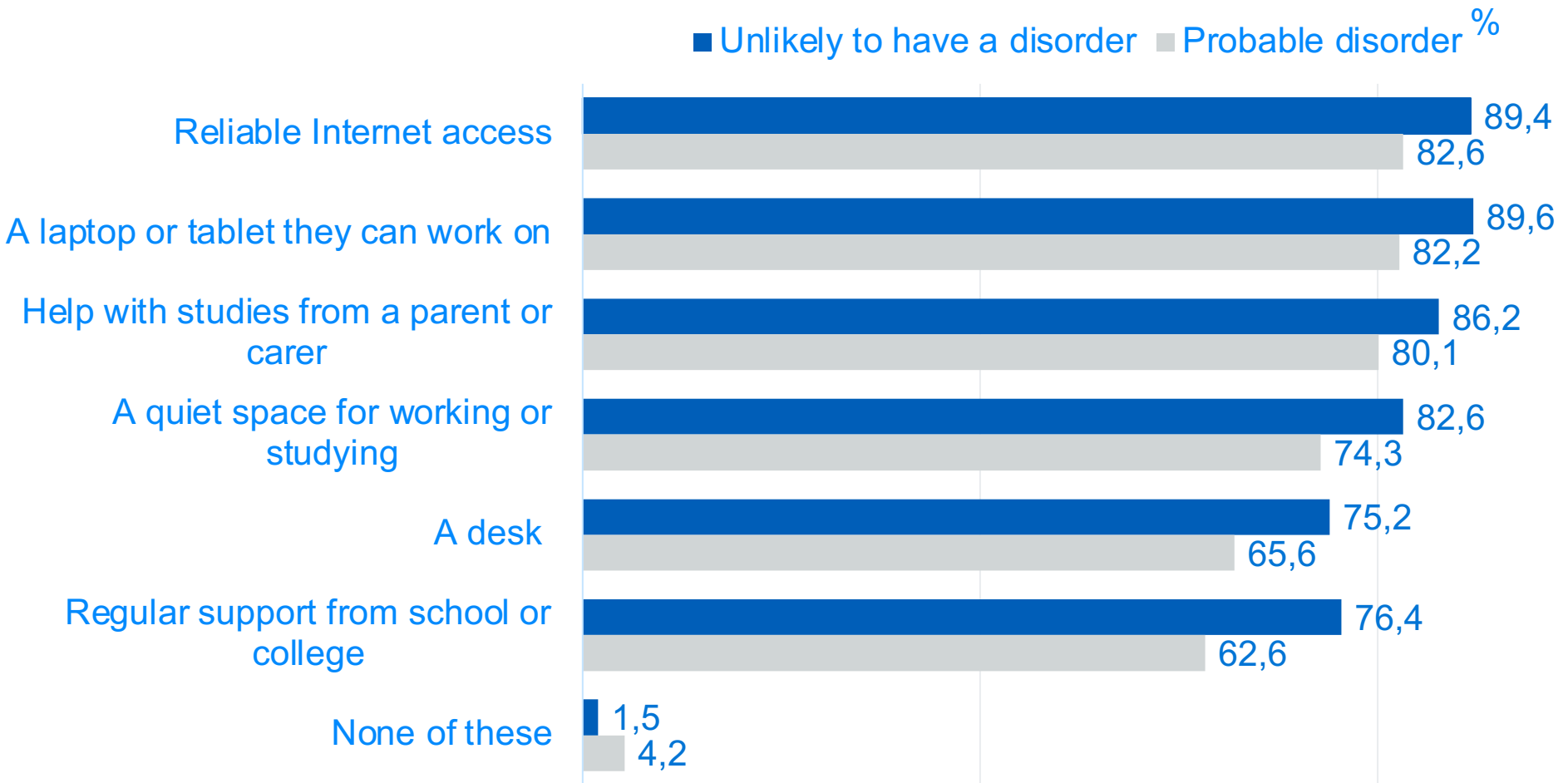


Probable Mental Disorders in children and young people 2020+

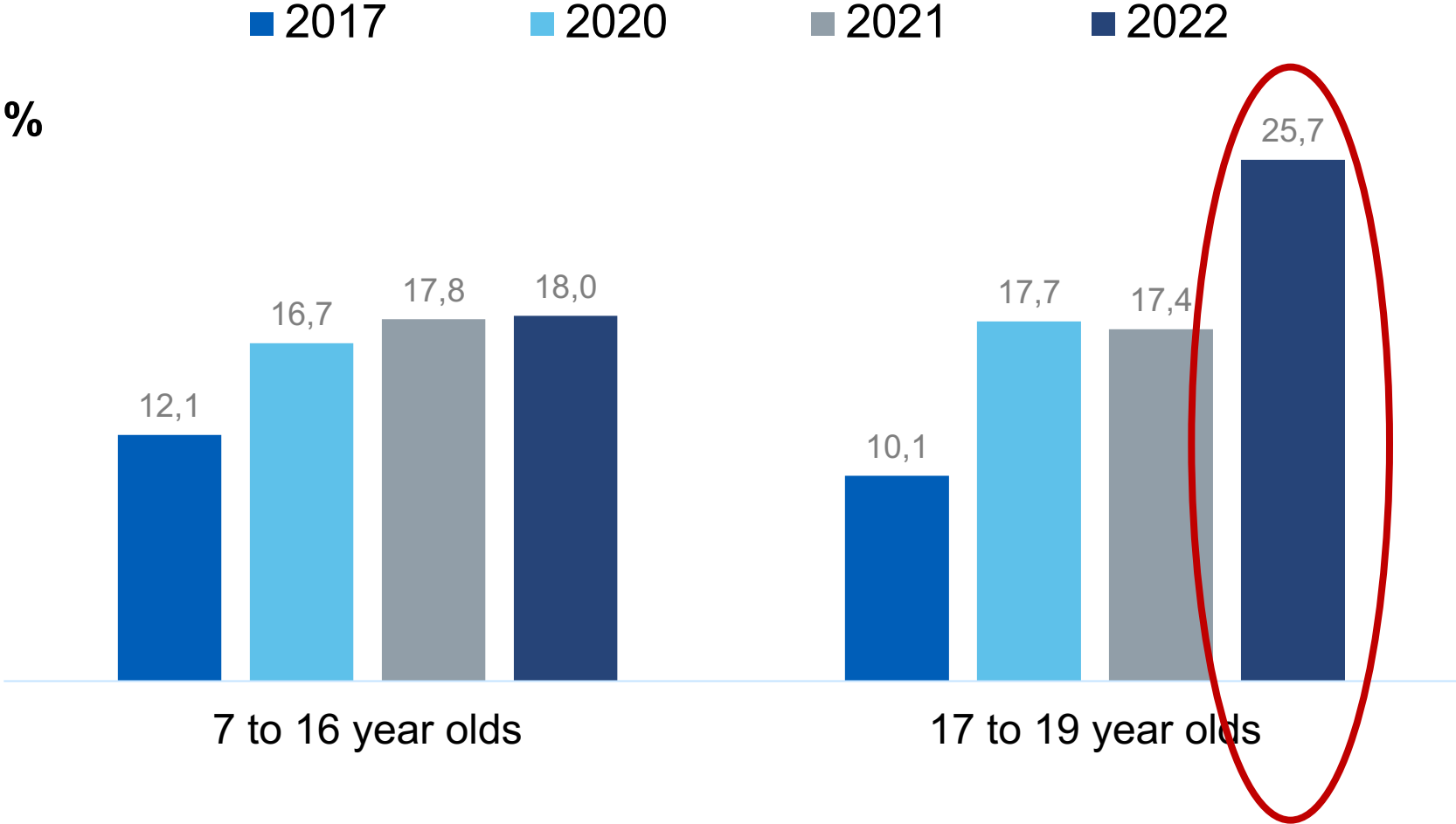
<https://www.sdqinfo.org/>



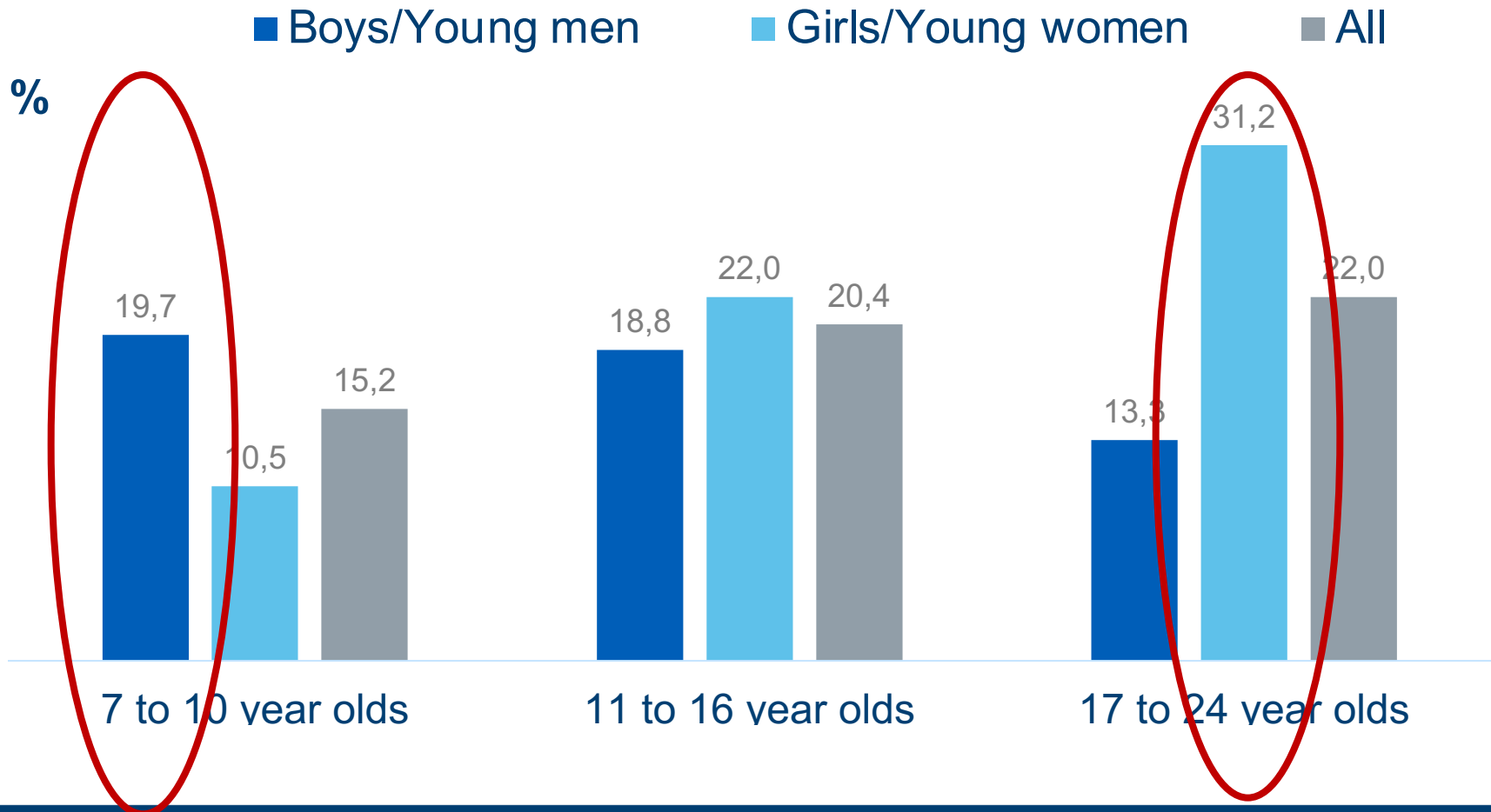
Stacking of risks



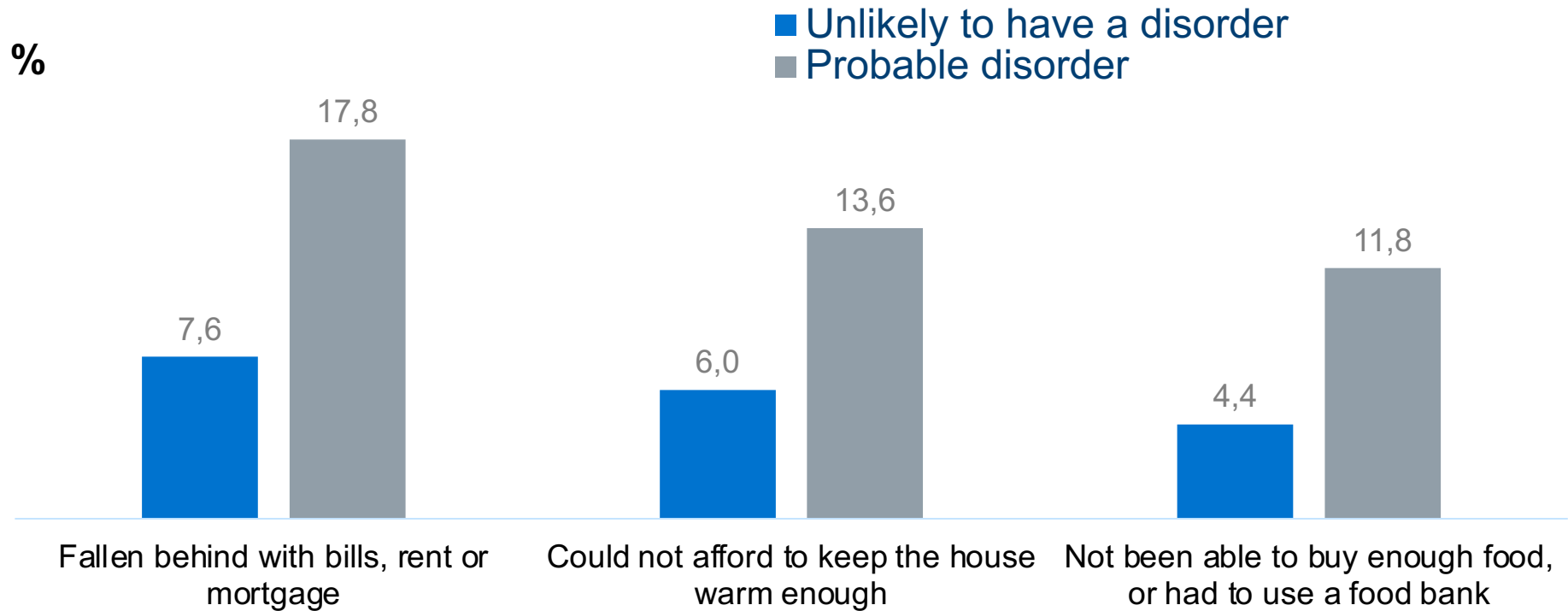
Rates of probable disorder between 2017 and 2022



Rates of probable mental disorder in 2022

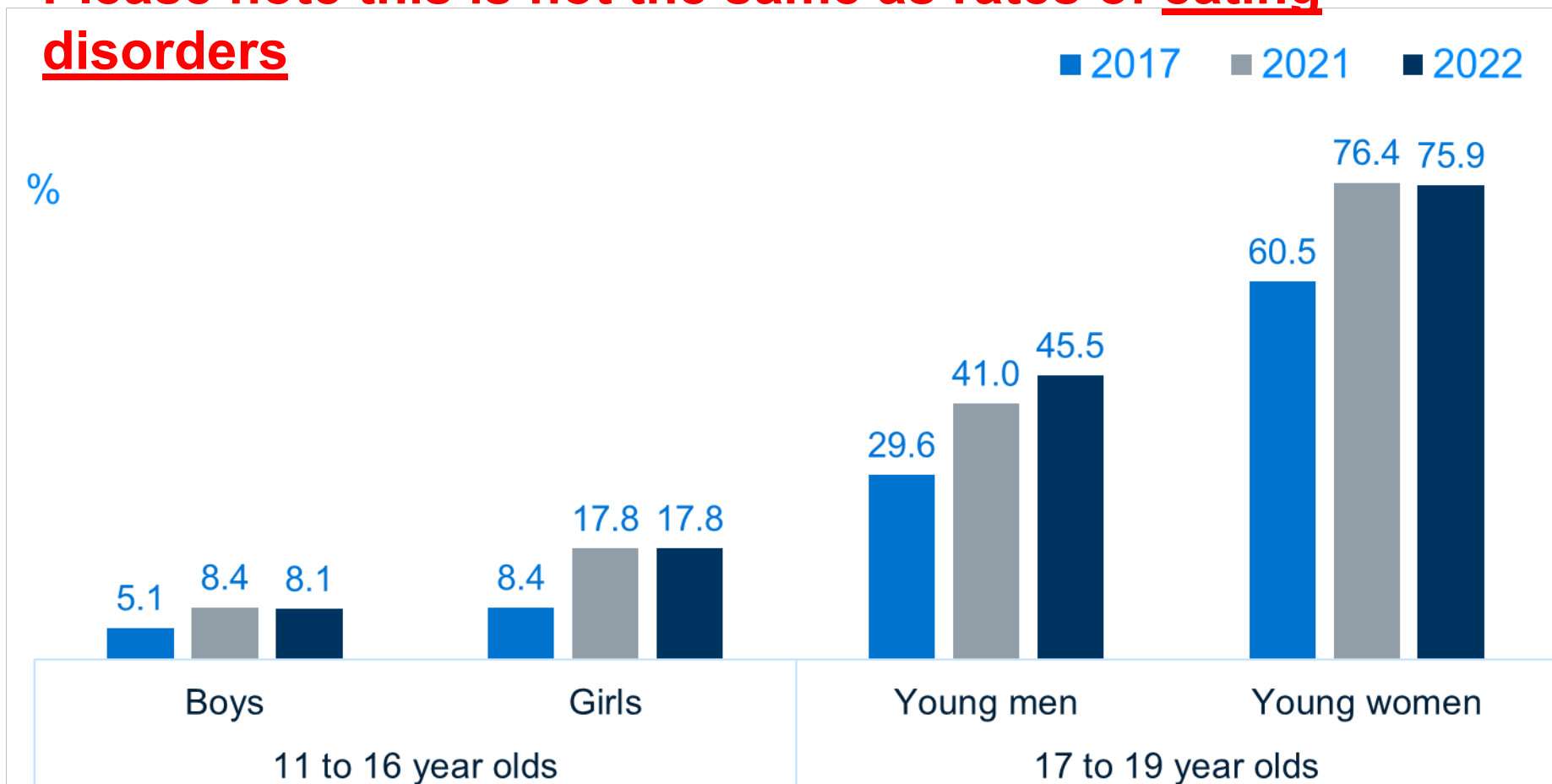


Children with a probable mental disorder were more likely to live in households facing financial, energy or food insecurity



Rates of possible eating problems between 2017 and 2022:

Please note this is not the same as rates of eating disorders



Eating disorder prevalence from PPV estimates (%), 2021

		Eating disorder 2017	Estimate	95% confidence interval	
11-16y (parent report)	All	0.6	0.6	0.2	1.0
	Girls	1.0	0.9	0.3	1.4
	Boys	0.2	0.4	0.2	0.7
17-19y (self-report)	All	0.8	1.0	0.5	1.7
	Girls	1.6	1.3	0.7	2.3
	Boys	0	0.7	0.4	1.2

Eating problems from DAWBA screening questions in 2017, 2021 and 2022

Has X ever **thought s/he was fat** when even when other people said s/he was very thin?

Would X be **ashamed** if other people knew how much s/he eats?

Has X ever **made themselves vomit** / throw up?

Do worries about eating, such as what to eat, where to eat and how much to eat, **really interfere with x's life**?

If X eats too much, does s/he **blame** himself / herself a lot?

If score 1 (young people) or 2 (parents) move onto more detailed questions to assess diagnosis

Questions designed to detect all children and young people who may be 'at risk' of broad problems or difficulties with eating