Mental Health of Children and Young People in England, 2020

Wave 1 follow up to the 2017 survey

This report looks at the mental health of children and young people in England in July 2020, and changes since 2017. Experiences of family life, education and services, and worries and anxieties during the coronavirus pandemic are also examined. The findings draw on a sample of 3,570 children and young people interviewed face to face in 2017 and followed up online in July 2020, now aged between 5 and 22 years.

Key findings

- Rates of probable mental disorder have increased since 2017. In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017. The increase was evident in both boys and girls
- The likelihood of a probable mental disorder increased with age with a noticeable difference in gender for the older age group (17 to 22 years); 27.2% of young women and 13.3% of young men were identified as having a probable mental disorder in 2020

In 2020:

- Among 11 to 16 year old girls, 63.8% with a probable mental disorder had seen or heard an argument among adults in the household, compared with 46.8% of those unlikely to have a mental disorder. The association was not evident in boys
- Among those aged 5 to 22 years, 58.9% with a probable mental disorder reported having sleep problems. Young people aged 17 to 22 years with a probable mental disorder were more likely to report sleep problems (69.6%) than those aged 11 to 16 (50.5%) and 5 to 10 (52.5%)
- About six in ten (62.6%) children aged 5 to 16 years with a probable mental disorder had regular support from their school or college, compared with 76.4% of children unlikely to have a mental disorder
- Children aged 5 to 16 years with a probable mental disorder were more than twice as likely to live in a household that had fallen behind with payments (16.3%) than children unlikely to have a mental disorder (6.4%)
- Children and young people with a probable mental disorder were more likely to say that lockdown had made their life worse (54.1% of 11 to 16 year olds, and 59.0% of 17 to 22 year olds), than those unlikely to have a mental disorder (39.2% and 37.3% respectively)

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Contents

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This report may be of interest to people working with children and young people in mental health, social care or educational settings, as well as to policy officials, commissioners of health and care services, and parents, young people and the general public.

Acknowledgements

Firstly, we thank all the children, young people and parents who so generously gave their time to participate in this survey.

Running a national survey relies on the expertise of many people. We thank the professional and committed team based at the Office for National Statistics (ONS), the National Centre for Social Research (NatCen) and NHS Digital for all their work on this report.

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Introduction

Background

Since the onset of the Coronavirus (COVID-19) pandemic in the UK in March 2020, children and young people have experienced major changes in their lives. These have affected their family situation as well as their access to education, leisure and other services. While a number of surveys have examined what these changes have meant for adults, there has been less research on children.

The survey series

The Mental Health of Children and Young People (MHCYP) survey series provides England's Official Statistics on trends in child mental health. The most recent face to face survey in the series took place in 2017 and involved interviews with a random sample of children and young people (aged 2 to 19 years old) and their parents. In July 2020, young people (now aged 11 to 22 years old) and parents (of those aged 5 to 16) who had agreed to future research were invited to take part in an online follow up survey[1].

Assessing mental health

Both the 2017 survey and this 2020 follow-up used the Strengths and Difficulties Questionnaire (SDQ)[2] to assess different aspects of mental health, including problems with emotions, behaviour, relationships, hyperactivity and concentration. Responses from parents, children and young people were used to estimate the likelihood that a child might have a mental disorder, this was classified as either 'unlikely', 'possible' or 'probable'.

Report aims

This report draws on data from the 3,570 children and young people who took part in both 2017 and 2020[3], as well as information provided by their parents, (and in MHCYP 2017 also from their teachers). Cross-sectional analyses are presented, addressing two primary aims:

[1] See the Survey Design and Methods Report for methodological details, including the change in survey mode and design of sample weights to ensure the study population remained representative between surveys.
[2] More information on the Strengths and Difficulties questionnaire can be found at https://www.sdqinfo.org/
[3] Sample characteristics achieved in the 2017 and 2020 MHCYP surveys can be found in Table A in the Excel data tables.

Aim 1: Comparing mental health in 2017 and 2020

Compare the likelihood of probable mental disorder in 5 to 16 year olds in 2017 with that of 5 to 16 year olds in 2020, overall and by subgroup (age, sex, ethnic group, neighbourhood deprivation, region, and the presence of parental psychological distress).

It is important to note that although the SDQ was used in MHCYP 2017, the mental disorder prevalence estimates in the initial MHCYP 2017 survey[4] reported on a different and more detailed diagnostic assessment of mental disorder[5] and drew on a larger sample (9,117 children and young people, aged 2 to 19 years old). For the 2020 follow-up survey, this was replaced with the SDQ. This was mainly due to the shift towards an online survey during the pandemic so a shorter, simpler questionnaire was deemed more suitable, whilst still producing robust estimates.

Therefore, any comparisons between 2017 and 2020 must draw on the results presented in this report, which are based on a comparable measure of the SDQ using children that were aged between 5 to 16 at the time of each survey.

Furthermore, comparisons with the MHCYP 2017 estimates may be affected by changes in survey design, such as the 2017 survey was conducted face to face while the 2020 follow-up was online[6].

[4] (2018) The 2017 Mental Health of Children and Young People survey, NHS Digital.
[5] The Development and Well-being Assessment (DAWBA), which drew on reports from young people, parents, and teachers and involved clinical consensus rating. More information can be found at https://dawba.info/
[6] See the Survey Design and Methods Report for further details on the differences in the methodology used for the 2020 and 2017 survey and the limitations for comparability, including information on the change to the measure of mental health used.

Aim 2: Describing life during the COVID-19 pandemic

Describe the circumstances of 5 to 22 year olds and their families during the COVID-19 pandemic.

The circumstances and experiences of children and young people in July 2020 and the preceding months are described, covering:

- Family dynamics (Topic 2)
- Parent and child anxieties about COVID-19, and well-being (Topic 3)
- Access to education and health services (Topic 4)
- Changes in circumstances and activities (Topic 5)

Estimates are presented separately for 5 to 16 year olds (sometimes with breakdowns for 5 to 10 and 11 to 16 year olds) and 17 to 22 year olds to reflect differences in questions asked of these age groups.

Further information

This study was funded by the Department of Health and Social Care, commissioned by NHS Digital, and carried out by the Office for National Statistics, the National Centre for Social Research, University of Cambridge and University of Exeter.

Alongside this report, the following documents are available on the NHS Digital website[7]:

- **Excel data tables** providing detailed breakdowns of estimates and confidence intervals for key results
- **Background data quality report** which describes the data quality of the estimates, reported against the dimensions of the National Statistics Code of Practice
- **Survey Design and Methods Report** summarising the methods for the 2020 follow up study
- **Survey materials and questionnaire** used in 2020

[7] http://digital.nhs.uk/pubs/mhcypsurvey2020w1

Main findings

The following main findings relate to 5 to 16 year old children, unless otherwise specified.

Prevalence of probable mental disorders in 2017 and 2020

- Rates of probable mental disorder have increased since 2017. In 2020, one in six (16.0%) children were identified as having a probable mental disorder, increasing from one in nine (10.8%) children in 2017. The increase was evident in both boys and girls
- Amongst 17 to 22 year olds, 20.0% were identified as having a probable mental disorder in 2020. There is a clear difference between young women (27.2%) and young men (13.3%) of having a probable mental disorder.
- In 2020, 30.2% of children whose parent experienced psychological distress had a probable mental disorder, compared with 9.3% of children whose parent was not experiencing psychological distress

Family dynamics

- In 2020, children with a probable mental disorder were more likely to be living in a family who reported problems with family functioning (28.3%) compared with children unlikely to have a mental disorder (11.7%)
- Children whose parent experienced psychological distress were more likely to be living in families who reported problems with functioning (25.3%) than those whose parent showed little to no evidence of psychological distress (11.1%)
- In 2020, 63.8% of 11 to 16 year old girls with a probable mental disorder had seen or heard an argument among adults in the household, compared with 46.8% of those unlikely to have a mental disorder

Parent and child anxieties about COVID-19, and well-being

- Children with a probable mental disorder were more likely to have a parent that thought that they were worried about; catching COVID-19 (36.1%), family and friends catching COVID-19 (50.2%), leaving the house (18.0%), and transmitting the infection (23.8%), than children unlikely to have a mental disorder (18.6%, 33.2%, 5.1% and 14.6% respectively).
- Among those aged 5 to 22 years, 58.9% with a probable mental disorder reported having sleep problems. Young people aged 17 to 22 years with a probable mental disorder were more likely to report sleep problems (69.6%) than those aged 11 to 16 (50.5%) and 5 to 10 (52.5%)
- One in ten (10.1%) children and young people aged 11 to 22 years said that they often or always felt lonely. This was more common in girls (13.8%) than boys (6.5%), and prevalence again was higher for those with a probable mental disorder

Access to education and health services

- Just under half (47.0%) of children did not attend school between late March and July 2020 because their school was closed. A further 30.0% returned to attending in June or July 2020, either on a full or part time basis, and 6.8% attended school throughout this time due to their parent/carer being a keyworker, being considered vulnerable or for other reasons. The remaining 16.1% did not attend school even though it was open/reopened. There were no differences between those unlikely to have a mental disorder and those with a probable mental disorder
- About six in ten (62.6%) children with a probable mental disorder had regular support from their school or college, compared with 76.4% of children unlikely to have a mental disorder
- About one in twelve (8.2%) children with a probable mental disorder had parents who decided not to seek help for a concern regarding their child's mental health. A further 5.9% of children with a probable mental disorder had parents who decided not to seek help for concerns regarding both their child's mental and physical health
- More than one in five (21.7%) 17 to 22 year olds with a probable mental disorder reported that they had decided not to seek help

for a mental health concern due to the pandemic and a further 22.9% reported that they had decided not to seek help for both a mental and physical health concern

Changes in circumstances and activities

- Nearly half (46.7%) of children had a parent who reported working from home more often since the pandemic began, while one in five (20.5%) children had a parent who reported working more hours or having taken on additional work. More than one in four (28.7%) children had a parent who had been furloughed or made use of the self-employed support scheme

- Children with a probable mental disorder were more than twice as likely to live in a household that had fallen behind with payments (16.3%) than children unlikely to have a mental disorder (6.4%)
- Children and young people with a probable mental disorder were more likely to say that lockdown had made their life worse (54.1% of 11 to 16 year olds, and 59.0% of 17 to 22 year olds), than those unlikely to have a mental disorder (39.2% and 37.3% respectively)
- Children with a probable mental disorder were about five times more likely not to have eaten a family meal all week (4.8%), and not to have spent time together with their family (6.0%) than those unlikely to have a mental disorder (0.9% and 1.0%, respectively). This pattern was evident for most activities

Topic 1: Prevalence of probable mental disorders in 2017 and 2020

This section describes the mental health of children aged 5 to 16 years living in England in July 2020, compared with the mental health of 5 to 16 year olds in 2017. The Strengths and Difficulties Questionnaire (SDQ)[8] was used to identify children who may have had problems with aspects of their mental health to such an extent that it impacted on their daily lives. These include difficulties with their emotions, behaviour, relationships, hyperactivity, or concentration. Some estimates for prevalence in 2020 are also presented for 17 to 22 year olds. The analyses are cross-sectional, and no conclusions about causality can be drawn from the associations presented.

1.1 Change in mental health, 2017 and 2020

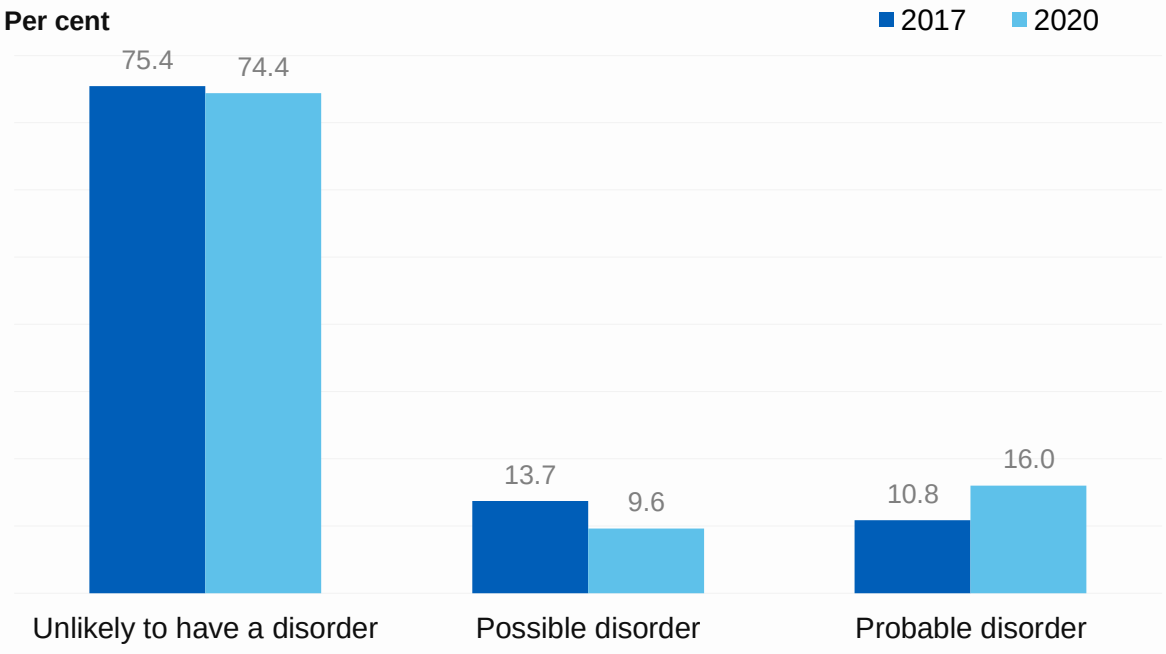
In both 2017 and 2020, about three quarters of children aged 5 to 16 years were identified as unlikely to have a mental disorder. In 2020, one in six (16.0%) children of the same age in England were identified as having a probable mental disorder. This was an increase from one in nine (10.8%) children in 2017, which has been offset by a decrease in the proportion identified as having a possible mental disorder between the two periods (13.7% in 2017 to 9.6% in 2020).

(Table 1.1, Figure 1.1)

[8] See Survey Design and Methods Report for further information.

Figure 1.1: Percentage of children with an unlikely, possible and probable mental disorder, 2017 and 2020

Base: 5 to 16 year olds



Source: NHS Digital

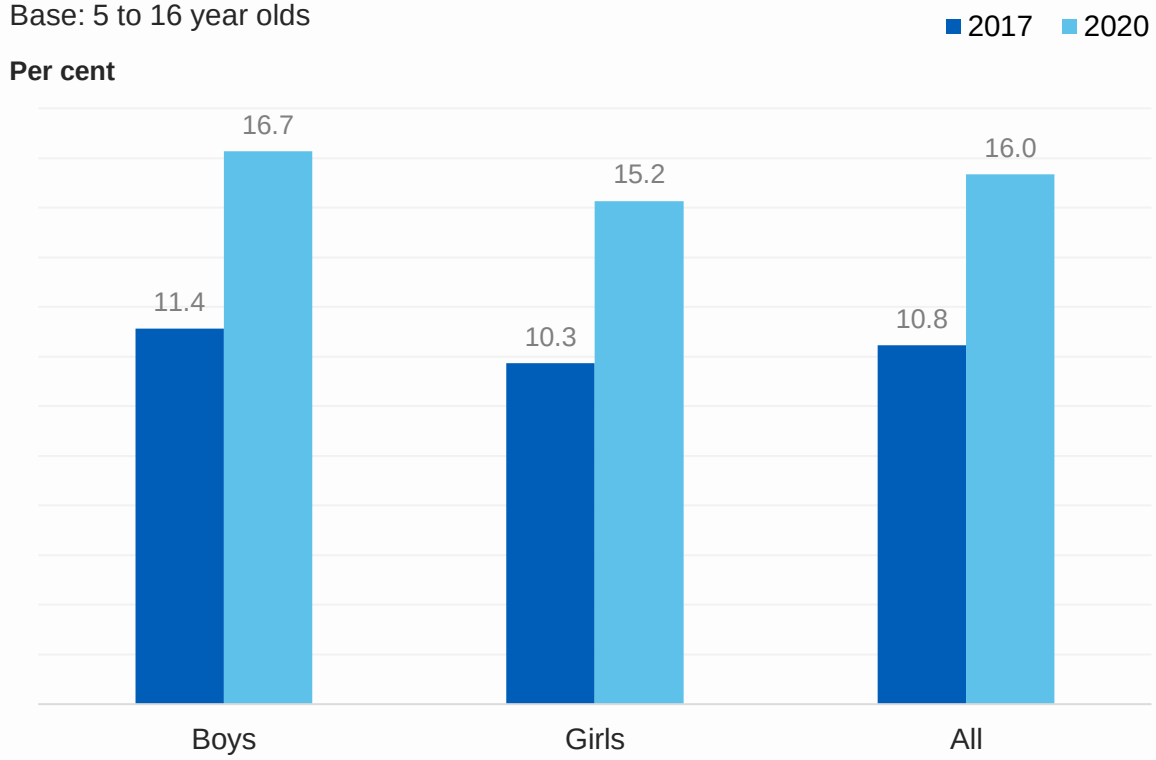
1.2 Change in mental health by sex

The increase in probable mental disorders was evident both in boys and girls aged 5 to 16 years. In boys, the rate increased from 11.4% in 2017 to 16.7% in 2020. In girls, it increased from 10.3% in 2017 to 15.2% in 2020.

(Table 1.1, Figure 1.2)

Figure 1.2: Percentage of children with a probable mental disorder, by sex, 2017 and 2020

Base: 5 to 16 year olds



Source: NHS Digital

1.3 Change in mental health by age and sex

5 to 10 year olds

Among children of primary school age (5 to 10 year olds), 14.4% had a probable mental disorder in 2020, an increase from 9.4% in 2017. This increase was evident in boys, with the rate rising from 11.5% in 2017 to 17.9% in 2020. The increase observed for girls was not statistically significant[9].

11 to 16 year olds

Among secondary school aged children (11 to 16 year olds), 17.6% were identified with a probable mental disorder in 2020, an increase from 12.6% in 2017. The increase was not found to be statistically significant for boys or girls.

17 to 22 year olds

Among young people (17 to 22 year olds), one in five (20.0%) were identified with a probable mental disorder in 2020. About one in four (27.2%) young women were identified with a probable mental disorder,

[9] For an explanation on statistical significance, please see the Glossary.

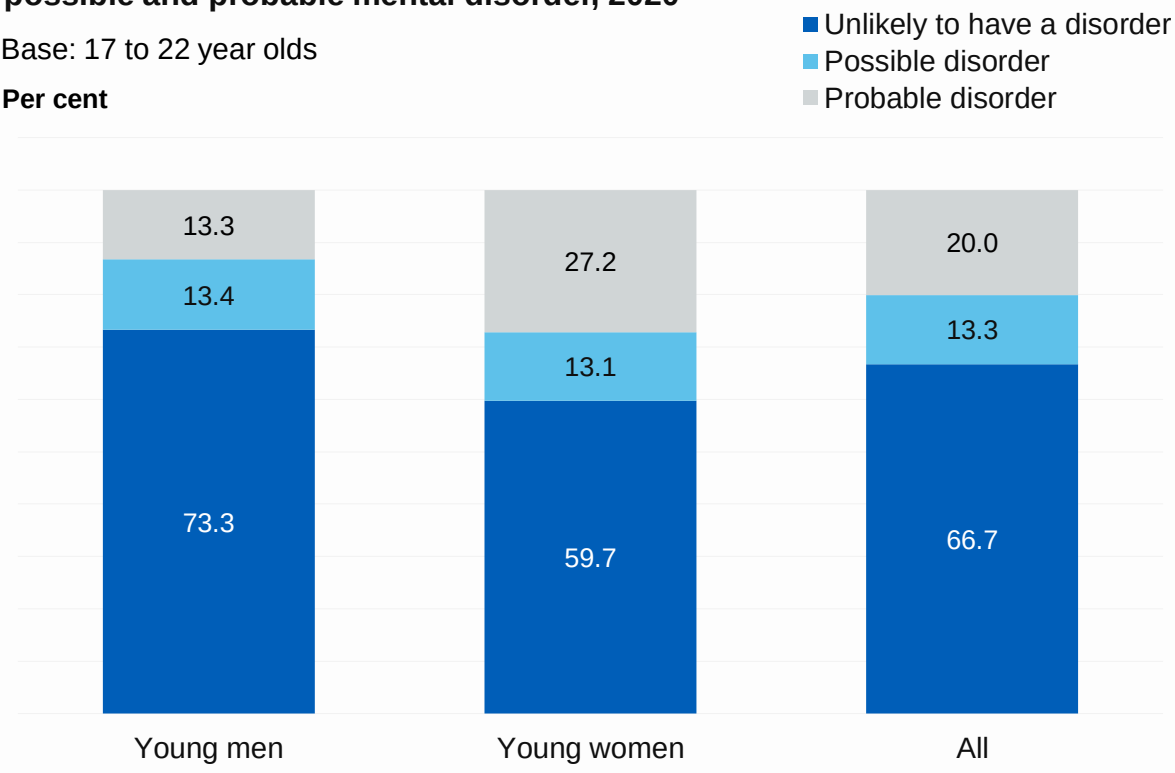
compared with one in eight (13.3%) young men. Comparison with 2017 is not possible due to the different age groups covered in the surveys.

(Table 1.1, Figure 1.3)

Figure 1.3: Percentage of young people with an unlikely, possible and probable mental disorder, 2020

Base: 17 to 22 year olds

Per cent



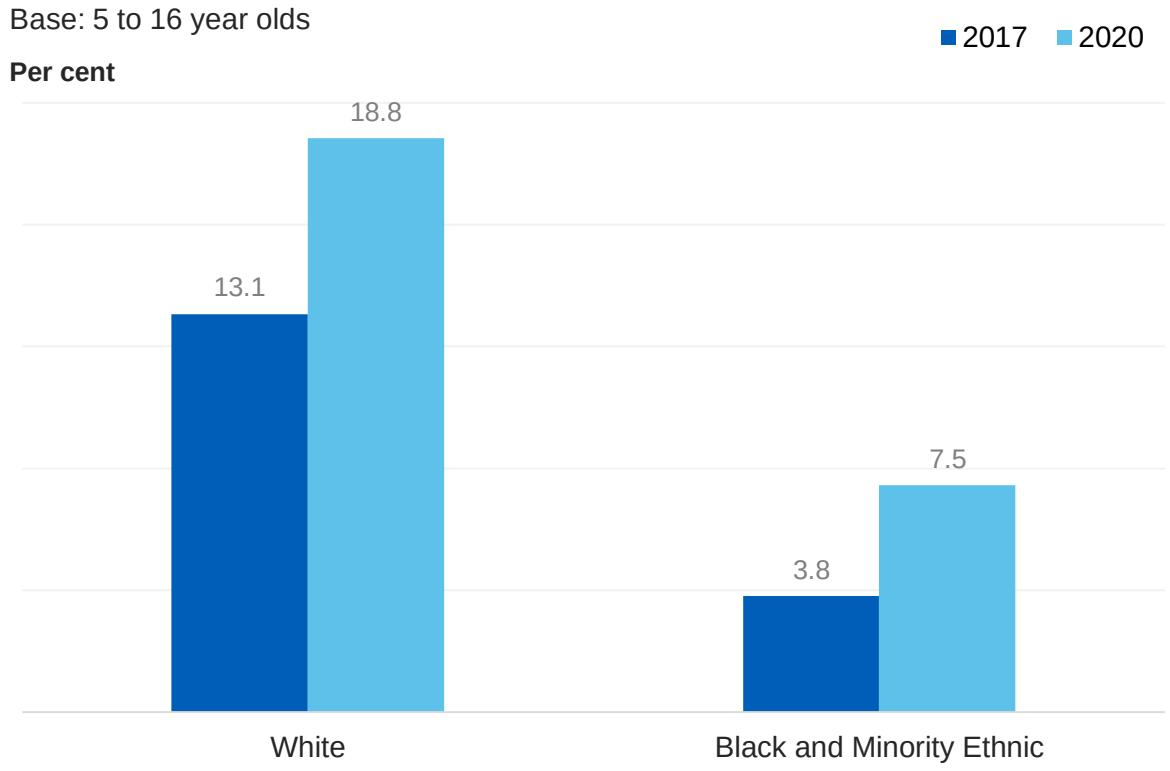
Source: NHS Digital

1.4 Change in mental health by ethnic group

For 5 to 16 year olds, 18.8% of children of White ethnic backgrounds had a probable mental disorder in 2020, compared with 7.5% of children of Black and Minority Ethnic (BME) backgrounds. Rates of probable mental disorder increased for children of White ethnic backgrounds since 2017 (from 13.1%). Although rates appeared to also increase for children of BME background, this increase was not statistically significant.

(Table 1.2, Figure 1.4)

Figure 1.4: Percentage of children with a probable mental disorder, by ethnic group, 2017 and 2020



Source: NHS Digital

1.5 Change in mental health by neighbourhood deprivation

There were no significant differences in the presence of probable mental disorders in 5 to 16 year old children by neighbourhood-level deprivation[10] between 2017 and 2020.

(Table 1.3)

1.6 Change in mental health by region

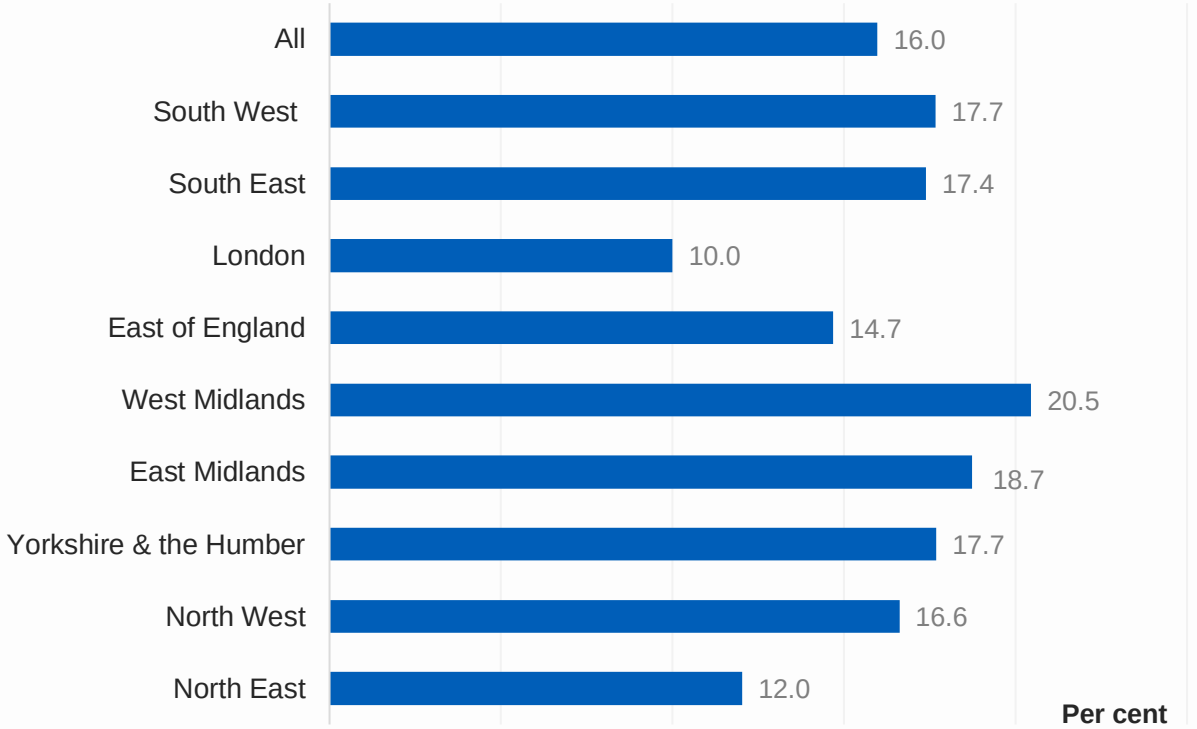
In 2020, rates of probable mental disorder in children aged 5 to 16 years ranged from 10.0% in London to 20.5% in the West Midlands. The increased rates of probable mental disorder in most regions between 2017 and 2020 were not found to be statistically significant.

(Table 1.4, Figure 1.5)

[10] For more information on how neighbourhood deprivation is defined and measured, see the Glossary.

Figure 1.5: Percentage of children with a probable mental disorder, by region, 2020

Base: 5 to 16 year olds



Source: NHS Digital

1.7 Change in mental health by parental psychological distress

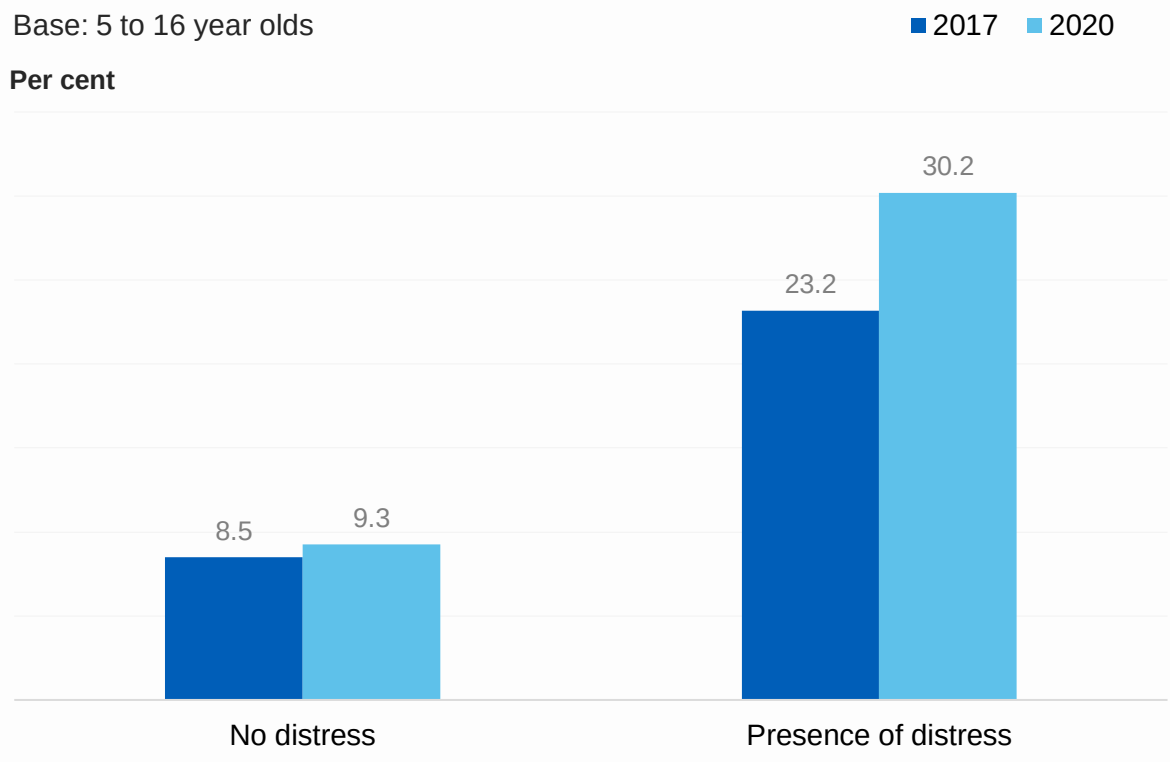
Psychological distress in parents was assessed by the General Health Questionnaire (GHQ-12) administered in both 2017 and 2020 with one parent for each 5 to 16 year old. It was not necessarily the same parent who responded each time. Scores can range between 0 (no psychological distress) and 12 (severe psychological distress), where a score of four or more is generally considered indicative of the presence of psychological distress[11].

In 2017, 23.2% of 5 to 16 year olds with a responding parent experiencing psychological distress had a probable mental disorder, compared with 8.5% of children whose parent showed no distress. In 2020, the proportion of children with a probable mental disorder increased to 30.2% for children whose parent showed psychological distress, compared with 9.3% of children whose parent showed no distress.

(Table 1.5, Figure 1.6)

[11] For more information on the 12-item General Health Questionnaire (GHQ-12), see the Glossary.

Figure 1.6: Percentage of children with a probable mental disorder, by parental psychological distress, 2017 and 2020



Source: NHS Digital

As a type of cross-sectional analysis, these associations cannot explain causality. For example, while the presence of psychological distress in parents may contribute to the development of mental disorders in children, the presence of a probable mental disorder in children may also affect the mental health of parents. Research has identified parents as one of the groups in whom mental distress increased most steeply during the COVID-19 pandemic[12]. Investigating this further was beyond the scope of this study.

[12] Pierce M, Hope H, Ford T, Hatch S, Hotopf M, John A, Kontopantelis E, Webb R, Wessely S, McManus S, Abel KM. Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population. The Lancet Psychiatry. 2020 Jul 21. 7:10, 883-887,

Topic 2: Family dynamics

With the closure of schools and many workplaces and restrictions on face to face contact within services, many families have spent more time together in close proximity in the home. For some, this may have had a positive impact on relationships and for others it could have had a negative impact. This section describes how well families were getting on in July 2020, and compares with 2017.

2.1 Family functioning

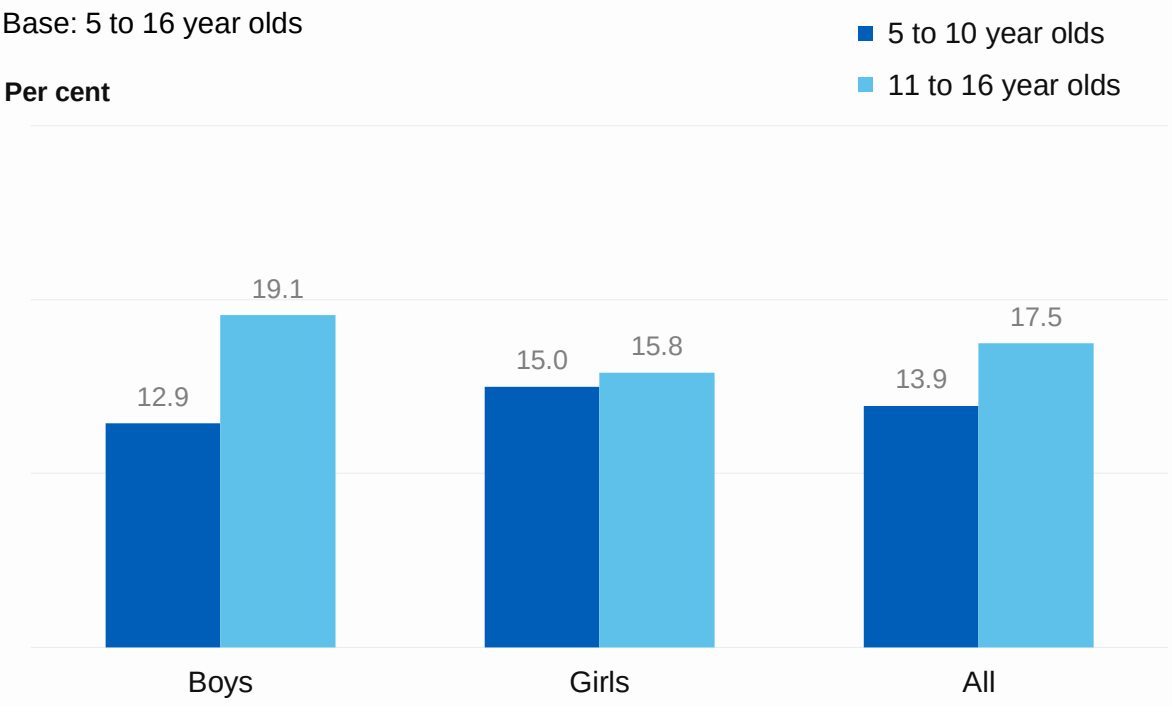
Items from the General Functioning Scale of the McMaster Family Assessment Device (FAD)[13] were used to assess family functioning. Due to the lack of space to ask questions on family functioning in the 2020 online survey, a subset of four statements (from the full 12 statements) were asked to parents of 5 to 16 year olds, and used to assess whether problems with family functioning were reported[14].

Of all children aged 5 to 16 years in 2020, 15.6% were reported to have problems with family functioning. This was a similar proportion for both boys (15.9%) and girls (15.4%). Parents reported problems with family functioning for 13.9% of 5 to 10 year olds, while 17.5% of 11 to 16 year olds had a parent who reported such problems, although this difference was not statistically significant. There were also no statistically significant differences between age groups for boys or girls.

(Table 2.1, Figure 2.1)

[13] Further information on how family functioning is defined in this report can be found in the Glossary.
[14] 2017 estimates (based on 12 statements) are not presented here since they are not comparable to the 2020 estimates (based on 4 statements).

Figure 2.1: Problems with family functioning, by age and sex, 2020



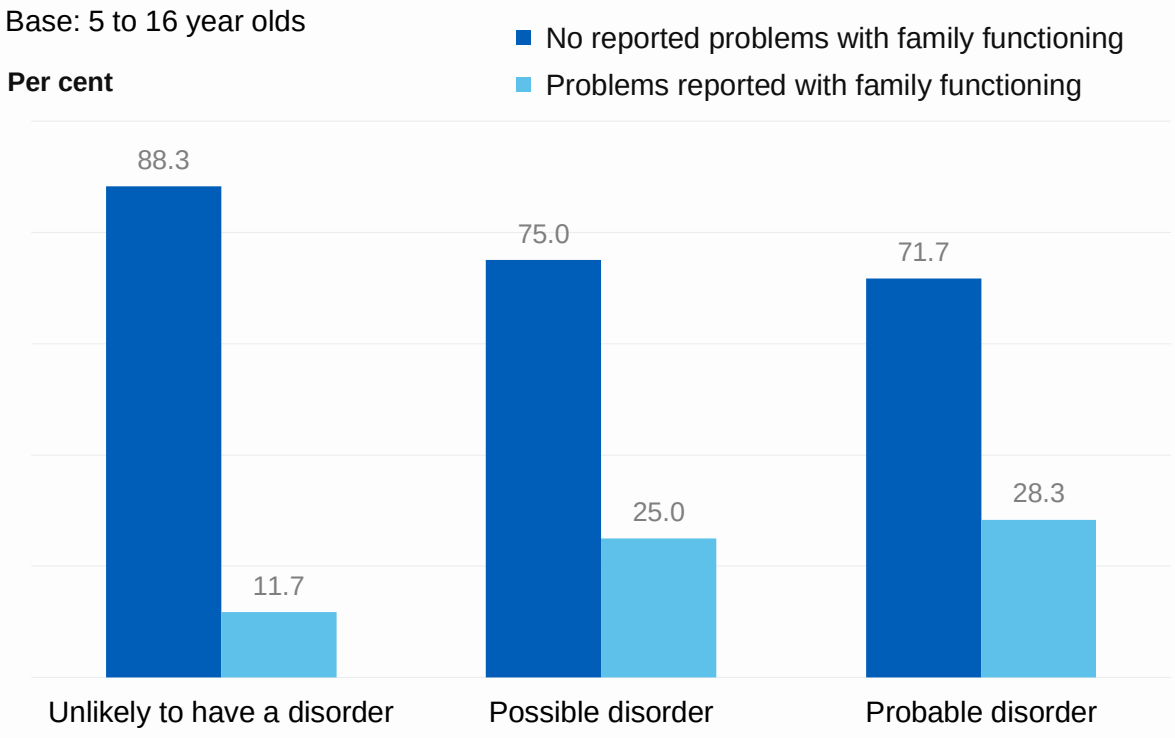
Source: NHS Digital

2.2 Family functioning by mental health of child

In 2020, children (aged 5 to 16 years) with a probable mental disorder were more likely to be living in a family who reported problems with family functioning (28.3%), compared to children who were unlikely to have a mental disorder (11.7%). This was found for both boys (30.0% and 11.3% respectively) and girls (26.3% and 12.1% respectively).

(Table 2.1, Figure 2.2)

Figure 2.2: Family functioning, by mental health of child, 2020



Source: NHS Digital

As a type of cross-sectional analysis, these associations cannot explain causality. While problems with family functioning may contribute to the onset of a probable mental disorder, the presence of a probable mental disorder could also lead to problems with family functioning.

2.3 Family functioning by parental psychological distress

Psychological distress in parents was assessed by the General Health Questionnaire (GHQ-12) administered in both 2017 and 2020 with one parent for each 5 to 16 year old. It was not necessarily the same parent who responded each time. Scores can range between 0 (no psychological distress) and 12 (severe psychological distress), where a score of four or more is generally considered indicative of the presence of psychological distress[15].

Children whose parent appeared to be experiencing psychological distress were more than twice as likely to be living in families who reported problems with functioning (25.3%) than those whose parents showed little to no evidence of psychological distress (11.1%). This

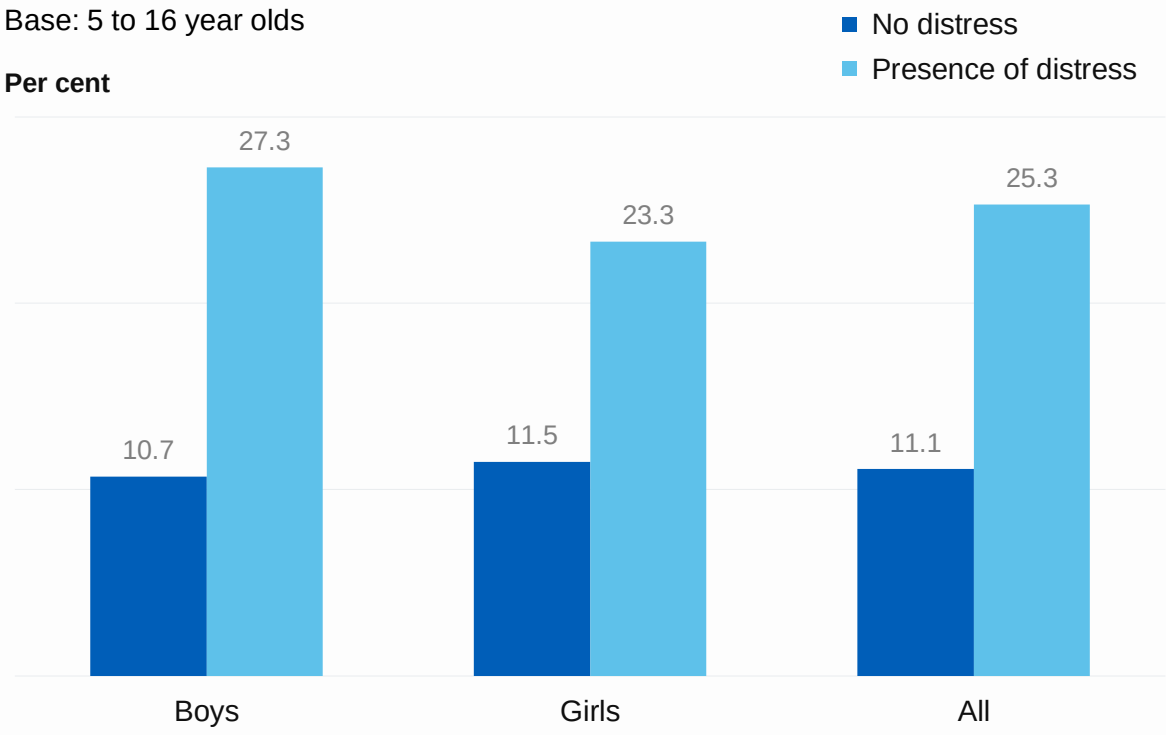
[15] For more information on the 12-item General Health Questionnaire (GHQ-12), see the Glossary.

was observed for both boys (27.3% and 10.7% respectively) and girls (23.3% and 11.5% respectively).

In particular, about one in three boys aged 11 to 16 years (36.2%) had a parent experiencing psychological distress who reported problems with family functioning. This was in comparison to one in five (20.8%) boys aged 5 to 10 years.

(Table 2.2, Figure 2.3)

Figure 2.3: Problems with family functioning, by parental psychological distress and sex, 2020



Source: NHS Digital

As covered in Section 1.5, the associations in this cross-sectional analysis cannot explain causality.

2.4 Family functioning in 2017 and 2020

The four statements from the FAD that were included in 2020 were compared to the same statements in 2017, in order to look at change over time. Intentionally, two statements were negatively phrased and two positively phrased.

For all statements the differences in agreement rates between 2017 and 2020 were not significant. There were also no statistically significant differences in agreement rates for boys and girls between these two periods.

However, 11 to 16 year olds boys were more likely in 2020 to have a parent strongly agree/agree with the statement that the family avoid discussing their fears and concerns than in 2017 (19.7% and 12.0% respectively). The difference in 11 to 16 year old girls between 2017 and 2020 was not significant.

For all other statements, all differences between 2017 and 2020 were not significant for age groups or between boys and girls.

(Table 2.3)

2.5 Family functioning in 2017 and 2020, by mental health of child

In 2020, 25.9% of children with a probable mental disorder had a parent who strongly agreed/agreed to the statement that the family avoids discussing their fears or concerns. This compares with 13.3% of children unlikely to have a mental disorder having a parent who reported strongly agreeing/agreeing to the statement.

In 2017 this pattern was the same, but differences between 2017 and 2020 were not significant.

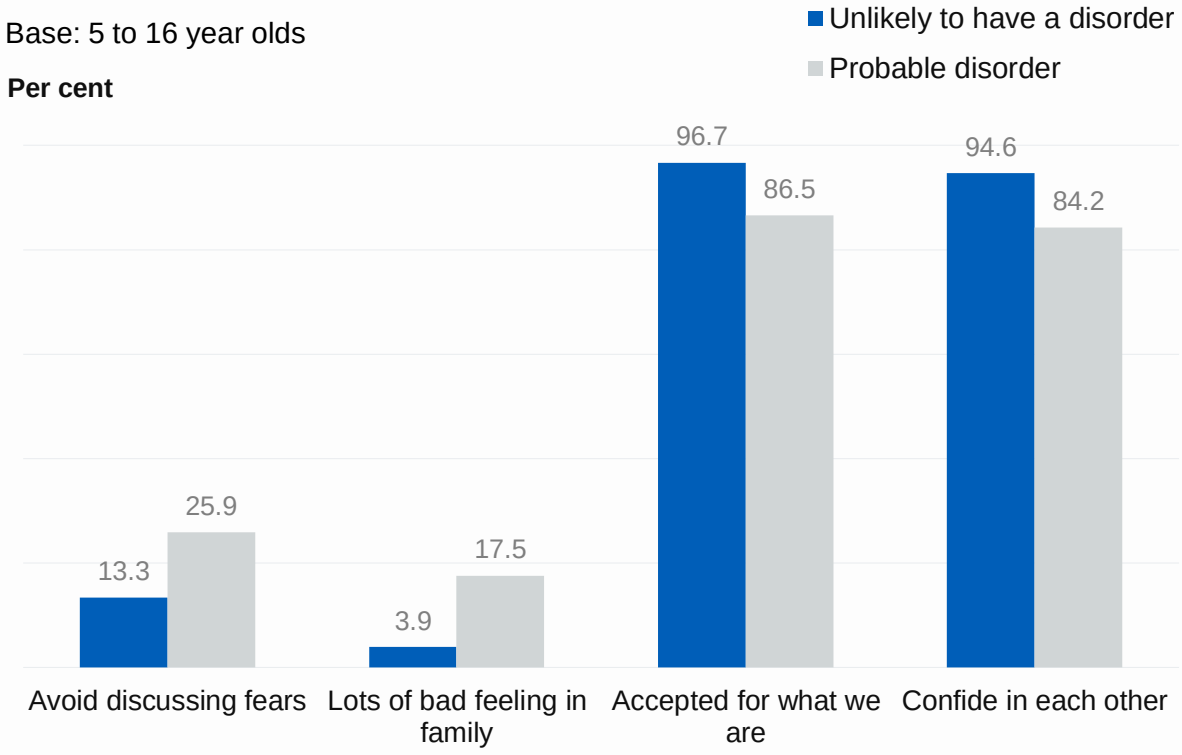
A similar pattern was observed when examining agreement to the other negative statement on whether there is lots of bad feeling in the family.

Rates of strongly agreeing/agreeing to whether the family confides in one another were higher for children unlikely to have a mental disorder, in both 2017 and 2020. In 2020, 94.6% of children unlikely to have a mental disorder had a parent who strongly agreed/agreed to the statement, in comparison to 84.2% of children with a probable mental disorder. In 2017, this was 93.6% and 87.4% respectively. The differences between 2017 and 2020 were not significant.

A similar pattern was observed for the other positive statement around feeling accepted.

(Table 2.4, Figure 2.4)

Figure 2.4: Agreement to family functioning statements, by mental health of child, 2020



Source: NHS Digital

2.6 Seen or heard adults in the household arguing

Parents of children aged 5 to 16 years were asked whether their child had seen or heard the adults in the household arguing. This question was only asked where there was more than one adult in the household.

Two in five (42.5%) 5 to 16 year olds had parents who reported that their child had seen or heard adults in the household arguing. This was a similar proportion for both boys (41.9%) and girls (43.1%).

Children aged 11 to 16 years were more likely to have a parent report that their child had seen or heard arguments (48.2%) than children aged 5 to 10 years (37.1%).

(Table 2.5)

2.7 Seen or heard adults arguing by mental health of child

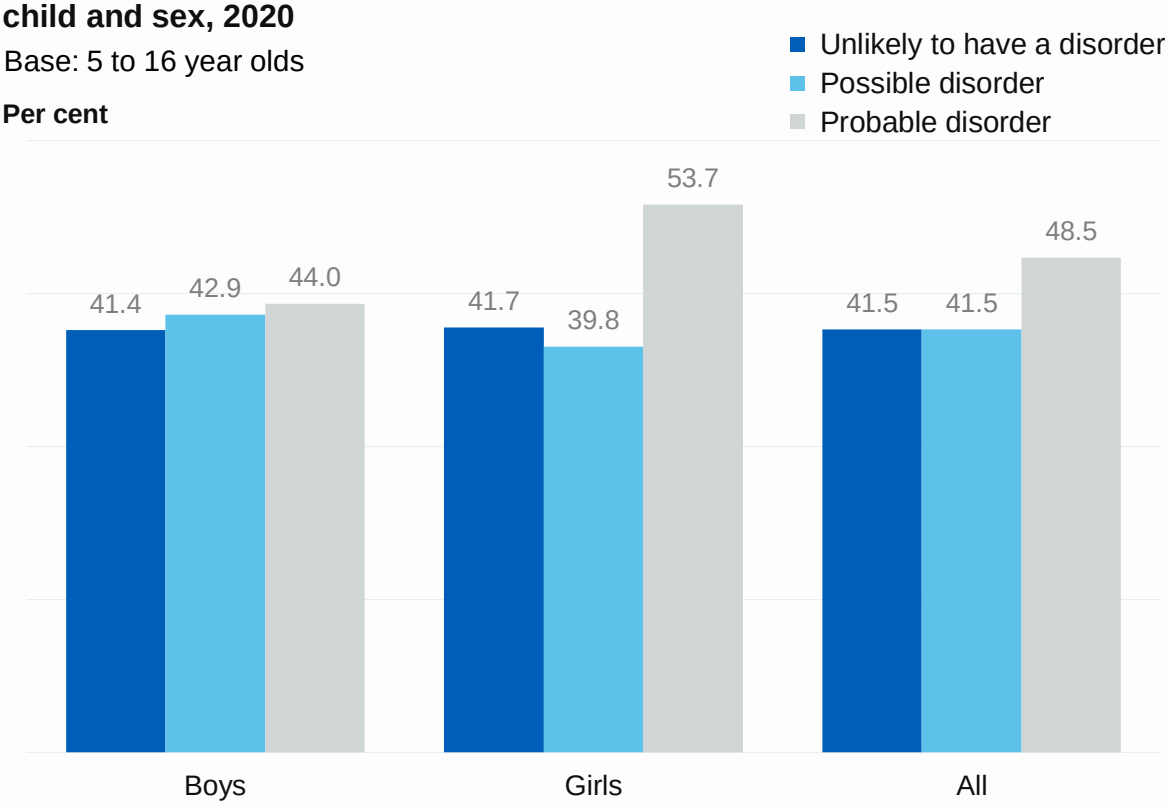
In 2020, just under half (48.5%) of children aged 5 to 16 years with a probable mental disorder had a parent who reported that they had seen or heard an argument. This was not significantly different to the proportion of children who were unlikely to have a mental disorder, with 41.5% having a parent who reported that they had seen or heard an argument.

Of girls aged 5 to 16 years, 53.7% with a probable mental disorder had seen or heard an argument in the household. This compares to 41.7% of girls who were unlikely to have a mental disorder, however this difference was not significant.

(Table 2.5, Figure 2.5)

Figure 2.5: Seen or heard adults arguing, by mental health of child and sex, 2020

Base: 5 to 16 year olds



Source: NHS Digital

This difference was greatest among 11 to 16 year old girls; 63.8% with a probable mental disorder had seen or heard an argument compared with 46.8% who were unlikely to have a mental disorder having seen or heard an argument. For 5 to 10 year old girls there was no difference between those with a probable mental disorder and those who were unlikely to have a mental disorder having seen or heard an argument (36.3% and 37.6% respectively).

2.8 Seen or heard adults arguing by parental psychological distress

Psychological distress in parents was assessed by the General Health Questionnaire (GHQ-12) administered in both 2017 and 2020 with one parent for each 5 to 16 year old. It was not necessarily the same parent who responded each time. Scores can range between 0 (no

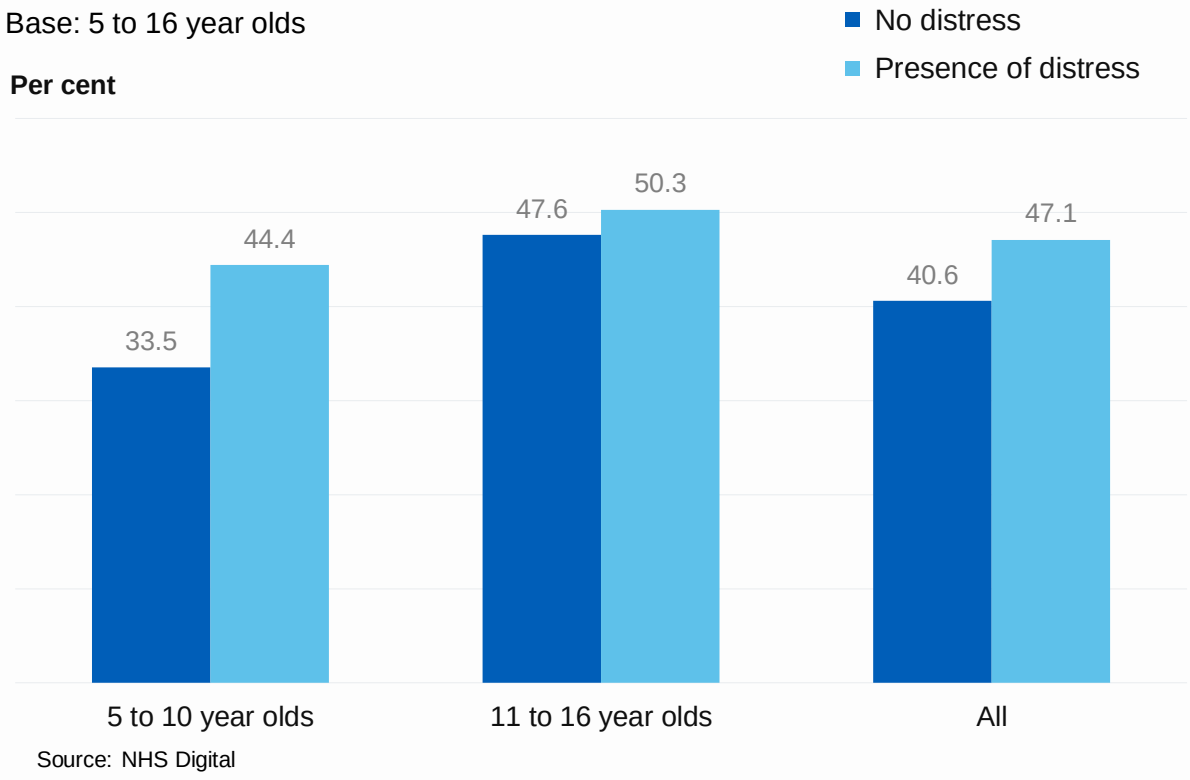
psychological distress) and 12 (severe psychological distress), where a score of four or more is generally considered indicative of the presence of psychological distress.

There were no significant differences between parental psychological distress and witnessing adults arguing.

However, children aged 5 to 10 years with a parent experiencing psychological distress were more likely to witness adults arguing in the home (44.4%) than children with a parent showing little to no evidence of psychological distress (33.5%). This difference was not observed for 11 to 16 year olds.

(Table 2.6, Figure 2.6)

Figure 2.6: Seen or heard adults arguing, by parental psychological distress and age, 2020



Source: NHS Digital

Topic 3: Parent and child anxieties about COVID-19, and well-being

This section examines child, young person and parental anxieties related to the COVID-19 pandemic – as measured by the Pandemic Anxiety Scale (PAS). Other well-being indicators among children and young people are also explored including mental well-being, sleep and loneliness[16].

3.1 Mean pandemic anxiety scores (child and young person report)

The PAS is a brief 7-item measure that captures pandemic-related anxieties. Items consist of a 5-point scale ranging from 'strongly disagree' to 'strongly agree'. The PAS produces two scores: 'disease anxiety' related to worries about catching or transmitting COVID-19, while 'consequence anxiety' is related to concerns about its impact (e.g. impact on jobs, missing school)[17]. For these measures of anxiety, a higher mean score indicates greater anxiety.

Mean scores are based on the child and young person self-report of the 7-item measure. Agreement rates for individual statements are explored using the parents report of children aged 5 to 16 (see Section 3.2 and 3.3).

3.1.1 Mean total PAS score (child and young person self-report)

Among 11 to 22 year olds, girls were more likely than boys to be anxious about COVID-19 (mean total PAS scores 13.4 and 11.3, respectively). The prevalence of anxieties varied with age; the mean score was lower among children aged 11 to 16 years (11.0) than young people aged 17 to 22 years (13.5).

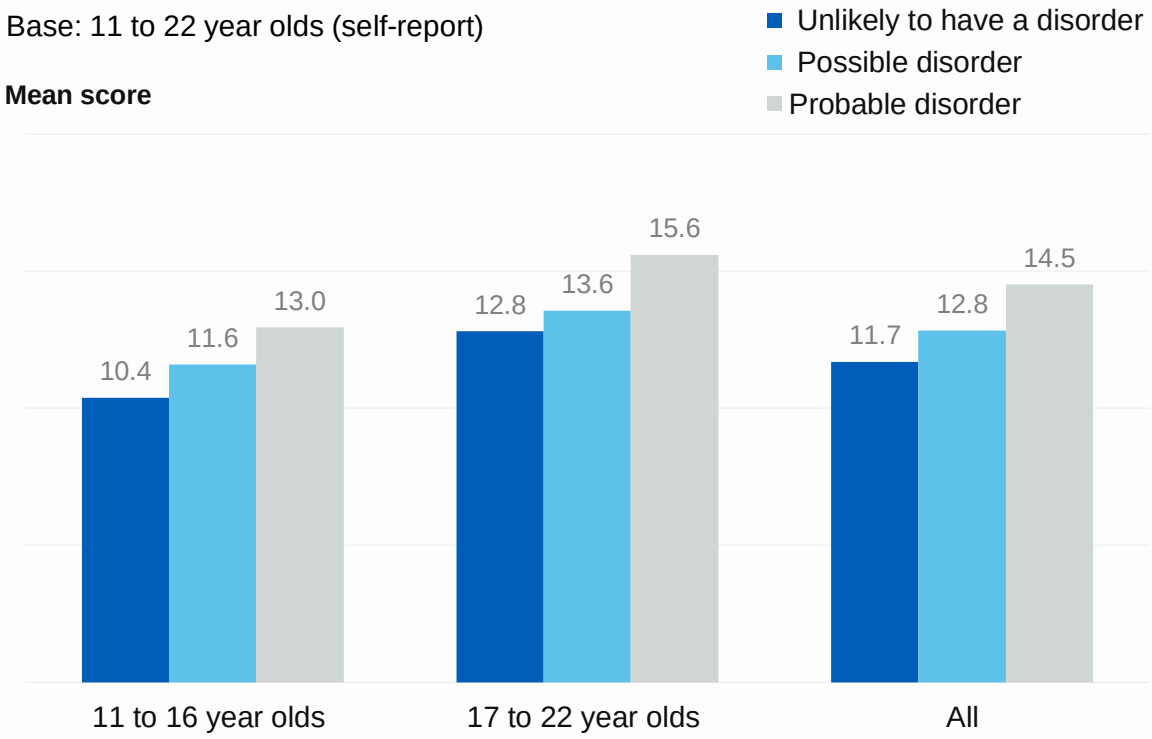
Children and young people with a probable mental disorder were more likely to experience anxieties about the pandemic than those unlikely to have a mental disorder. The mean anxiety score for children aged 11 to 16 years with a probable mental disorder was 13.0, compared with 10.4 for those unlikely to have a mental disorder. For young people aged 17 to 22 years, a similar difference was observed (15.6 and 12.8 respectively).

(Table 3.1, Figure 3.1)

[16] For further information on methodology see the Survey Design and Methods Report.

[17] https://onlinelibrary.wiley.com/doi/full/10.1111/bjhp.12470
McElroy E, Patalay P, Moltrecht B, Shevlin M, Shum A, Creswell C, Waite P. Demographic and health factors associated with pandemic anxiety in the context of COVID-19.

Figure 3.1: Mean total pandemic anxiety score, by mental health of child or young person, 2020



Source: NHS Digital

3.1.2 Mean disease and consequence PAS scores (child and young person self-report)

Overall, the mean disease anxiety score was 6.7 and mean consequence anxiety score was 5.7 for 11 to 22 year olds. Similar patterns were evident for boys and girls across the age groups and different disorder types. Children and young people were more anxious about COVID-19 itself than about its consequences. This pattern was observed across the age groups.

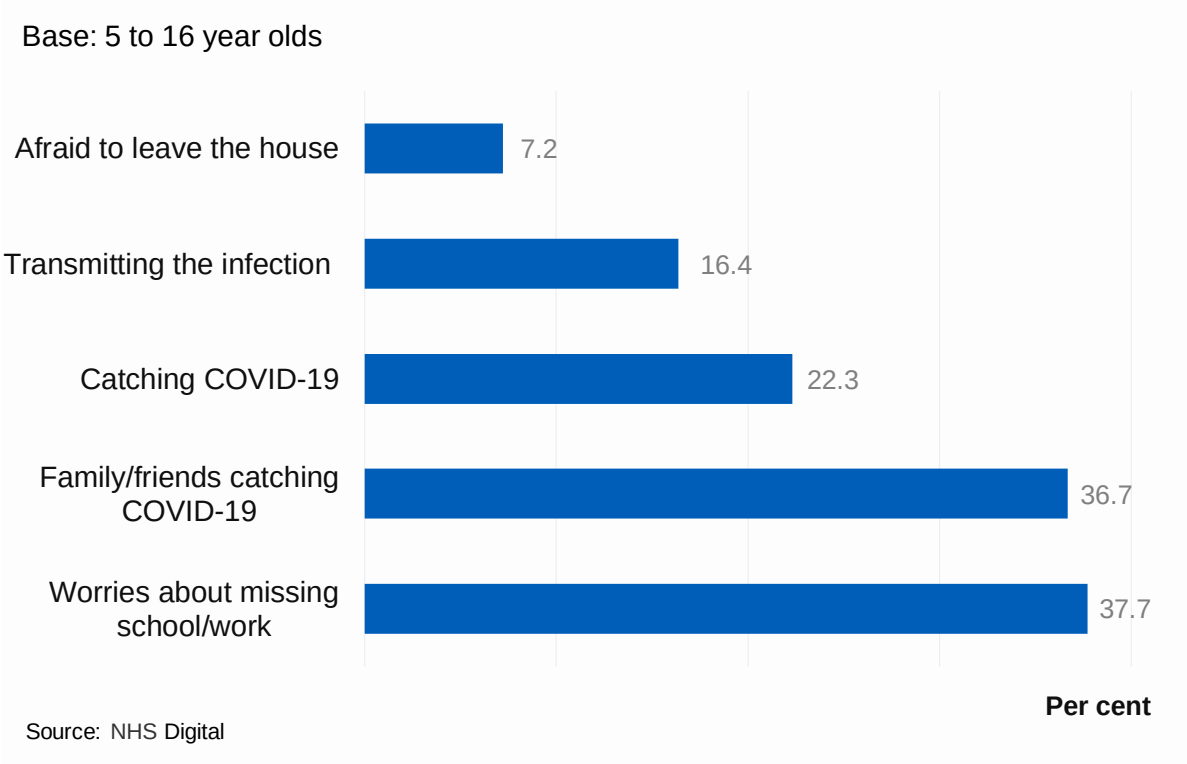
(Table 3.1)

3.2 Child anxieties about COVID-19 (parent report)

Parents of children aged 5 to 16 years were asked about their child's anxieties about COVID-19. This included worries around 5 different statements which have been ordered by where there was least agreement to most agreement. Over one third of children had a parent who felt their child was worried about their friends and family catching COVID-19 (36.7%), and about missing school/work (37.7%).

(Table 3.2, Figure 3.2)

Figure 3.2: Pandemic anxieties parent thought child had about COVID-19



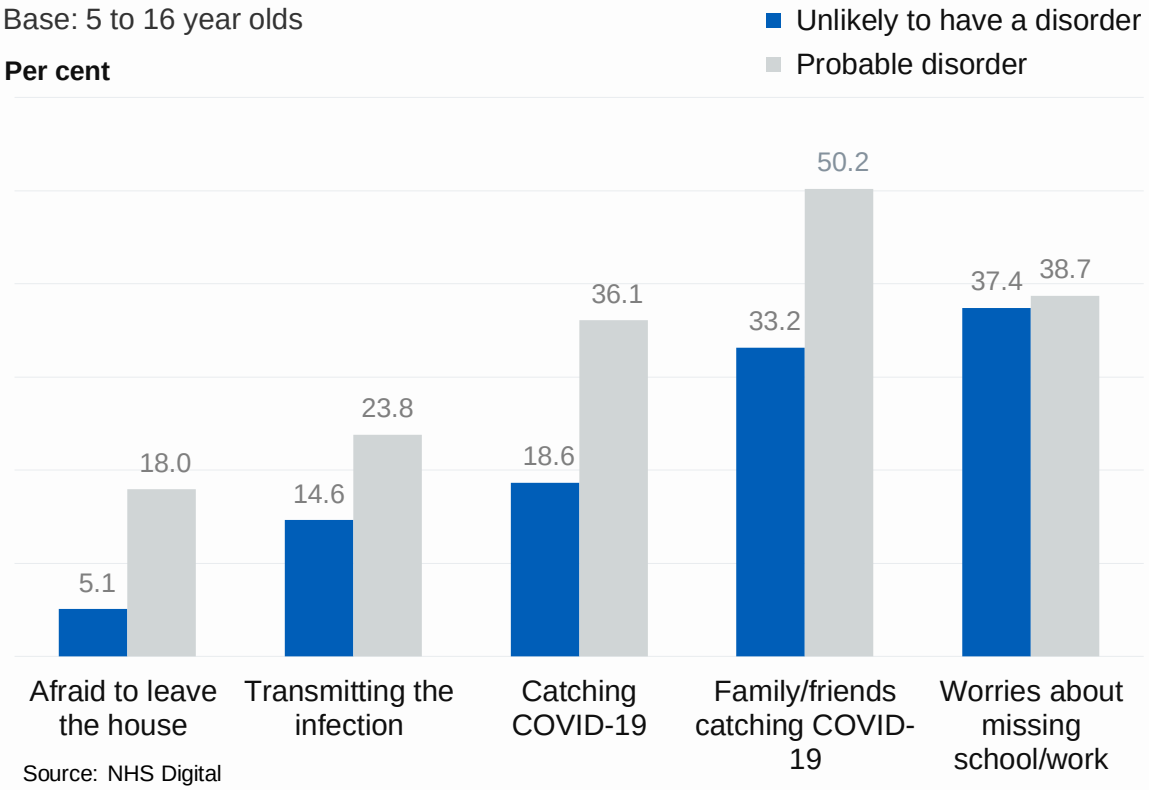
Children with a probable mental disorder had a parent who was more likely to think that their child felt afraid to leave the house (18.0%) than those unlikely to have a mental disorder (5.1%). Agreement rates were higher across all statements among parents of children with a probable mental disorder than unlikely to have a mental disorder.

Half (50.2%) of children with a probable mental disorder had a parent who strongly agreed/agreed with the statement that their child was worried friends and family will catch COVID-19, compared with 33.2% of children unlikely to have a mental disorder. Agreement rates were higher among parents of girls with a probable mental disorder than boys with a probable mental disorder (62.0% compared to 39.9%). This pattern was found across the statements, apart from two (the child being afraid to leave the house and being worried about catching COVID-19).

Among children with a probable mental disorder, almost a quarter (23.8%) had a parent who agreed to some degree that their child was worried about transmitting the infection to someone else, compared with 14.6% unlikely to have a mental disorder. Agreement rates were higher among parents of 11 to 16 year olds than parents of 5 to 10 year olds (20.6% and 12.5%).

(Table 3.2, Figure 3.3)

Figure 3.3: Pandemic anxieties parent thought child had about COVID-19, by mental health of child, 2020



Source: NHS Digital

3.3 Parent anxieties about COVID-19 (parent report)

Parents were also asked to rate four statements about their own worries about their child, as well as their own mental health using the General Health Questionnaire (GHQ-12)[18].

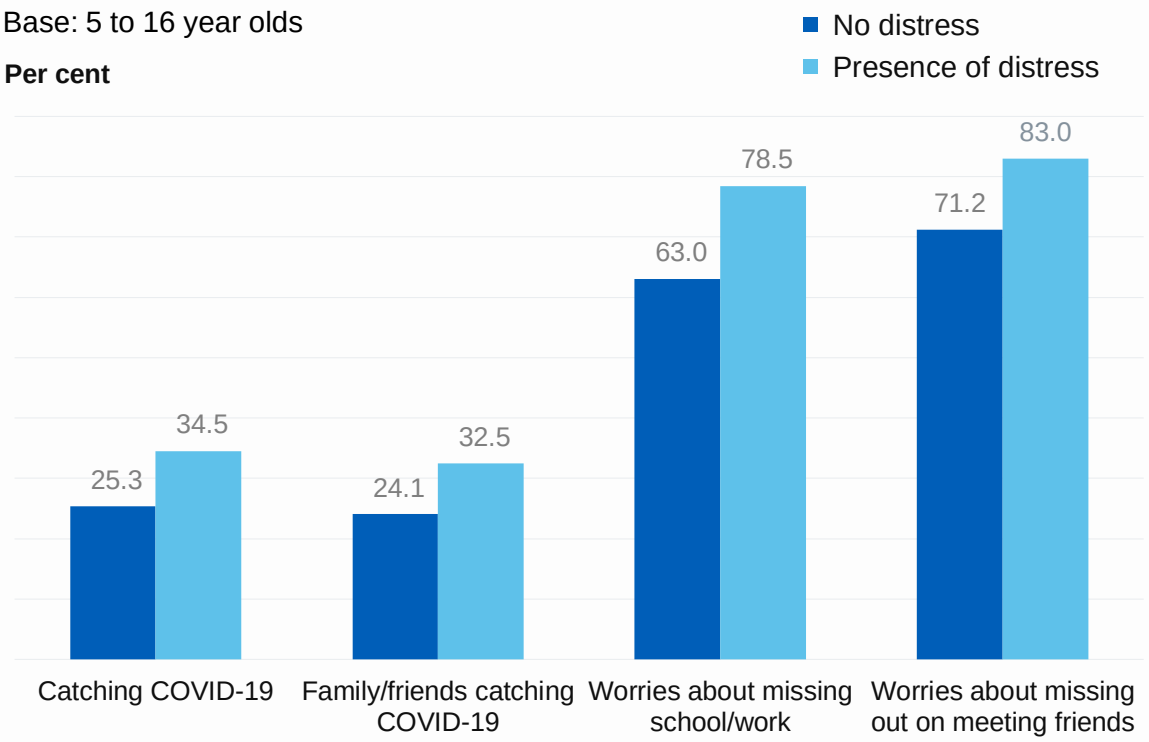
Three-quarters (75.0%) of children had a parent who said they felt worried about their child missing out on meeting their school friends, while 68.0% of children had a parent who reported feeling worried about their child missing school/work.

Children aged 5 to 16 years whose parent was experiencing psychological distress were more likely to have their parent report feeling worried about their child contracting COVID-19 (34.5%), than children whose parent showed little to no evidence of psychological distress (25.3%). This pattern was found across all statements.

(Table 3.3, Figure 3.4)

[18] For more information on the12-item General Health Questionnaire (GHQ-12), see the Glossary.

Figure 3.4: Pandemic anxieties parent had about child (PAS), by parental psychological distress, 2020



Source: NHS Digital

3.4 Children's mental well-being

3.4.1 Mental well-being (self-report)

Mental well-being of 11 to 16 year olds was assessed using the self-report Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS)[19]. SWEMWBS is a 7-item scale, summed to provide a single score ranging from 14 to 70. A higher score indicates better mental well-being, reflecting more positive thoughts, behaviours and feelings.

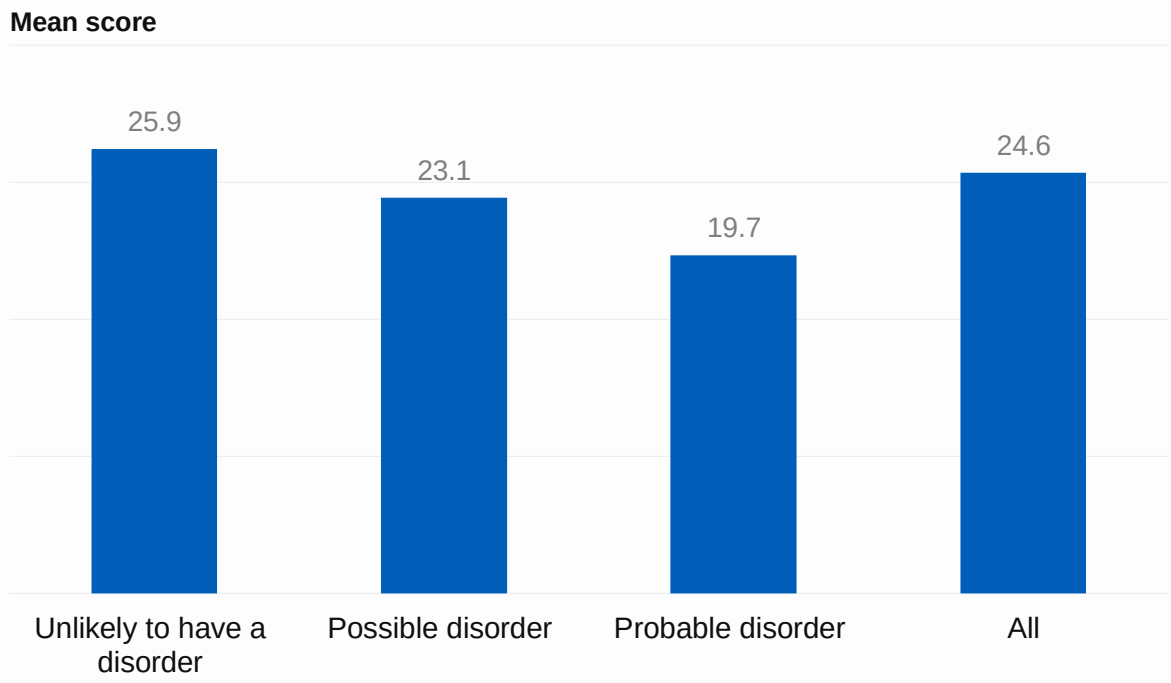
Overall, the mean well-being score for 11 to 16 year olds was 24.6. Mean well-being scores were higher for boys than girls (25.3 and 23.9). Children identified in the survey as having a probable mental disorder had lower mental well-being than children unlikely to have a mental disorder (mean scores were 19.7 and 25.9 respectively).

(Table 3.4, Figure 3.5)

[19] https://link.springer.com/content/pdf/10.1007/s11136-016-1454-8.pdf
Fat, L. N., Scholes, S., Boniface, S., Mindell, J., & Stewart-Brown, S. (2017). Evaluating and establishing national norms for mental wellbeing using the short Warwick–Edinburgh Mental Wellbeing Scale (SWEMWBS): findings from the Health Survey for England. *Quality of Life Research*, *26*(5), 1129-1144.

Figure 3.5: Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) mean score, by mental health of child, 2020

Base: 11 to 16 year olds (self-report)



Source: NHS Digital

3.4.2 Sleep problems

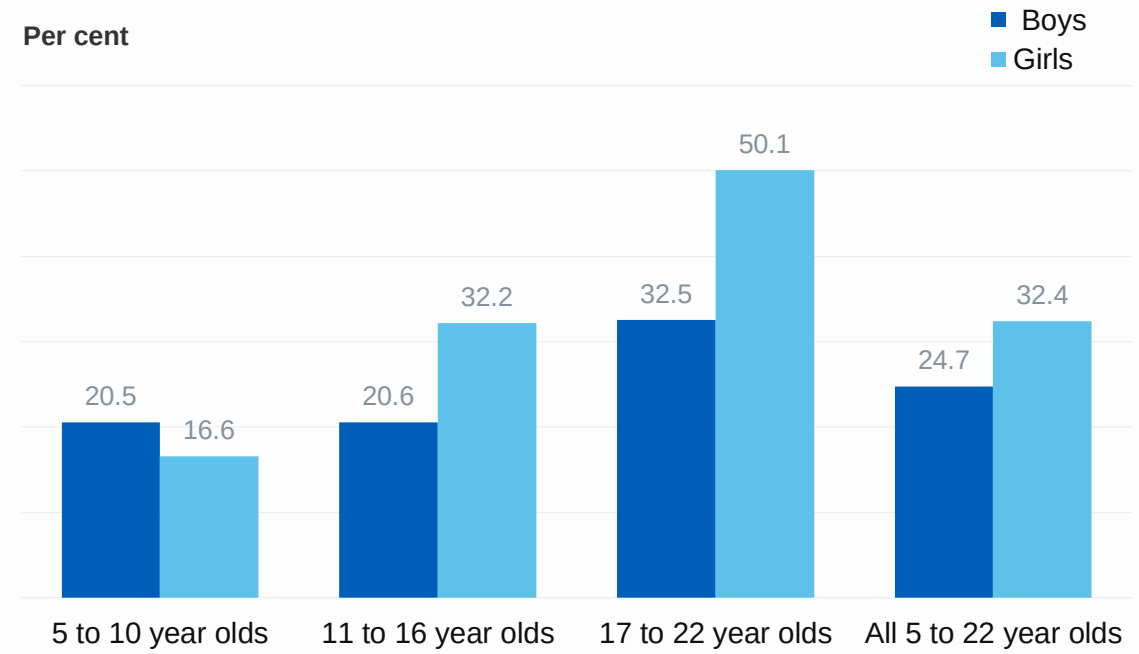
Parents of 5 to 10 year olds, and children and young people aged 11 to 22 years were asked about any sleep problems in the past seven days.

Overall, 28.5% of 5 to 22 year olds reported having had sleep problems in the past 7 days, with more girls than boys reporting them (32.4% and 24.7% respectively). Young people (aged 17 to 22 years) were more likely to experience sleep problems than younger children (41.0%, compared with 18.6% of 5 to 10 year olds and 26.4% of 11 to 16 year olds).

(Table 3.5, Figure 3.6)

Figure 3.6: Whether child or young person had sleep problems in the past 7 days, by age and sex, 2020

Base: 5 to 22 year olds (parent report 5-10 year olds: self report 11-22 year olds)



Source: NHS Digital

3.4.3 Sleep problems among 5 to 10 year olds (parent report)

Children aged 5 to 10 years with a probable mental disorder were more likely to have a parent report that their child had sleep problems than children unlikely to have a mental disorder (52.5% and 11.1%). This pattern was evident in boys (55.0% and 11.0%, respectively) and girls (48.3% and 11.3%, respectively).

(Table 3.5)

3.4.4 Sleep problems among 11 to 22 year olds (self-report)

Overall, girls aged 17 to 22 years were more likely to report experiencing sleep problems in the past seven days than boys (50.1%, compared with 32.5%). This pattern was also evident among girls and boys aged 11 to 16 years (32.2% and 20.6% respectively).

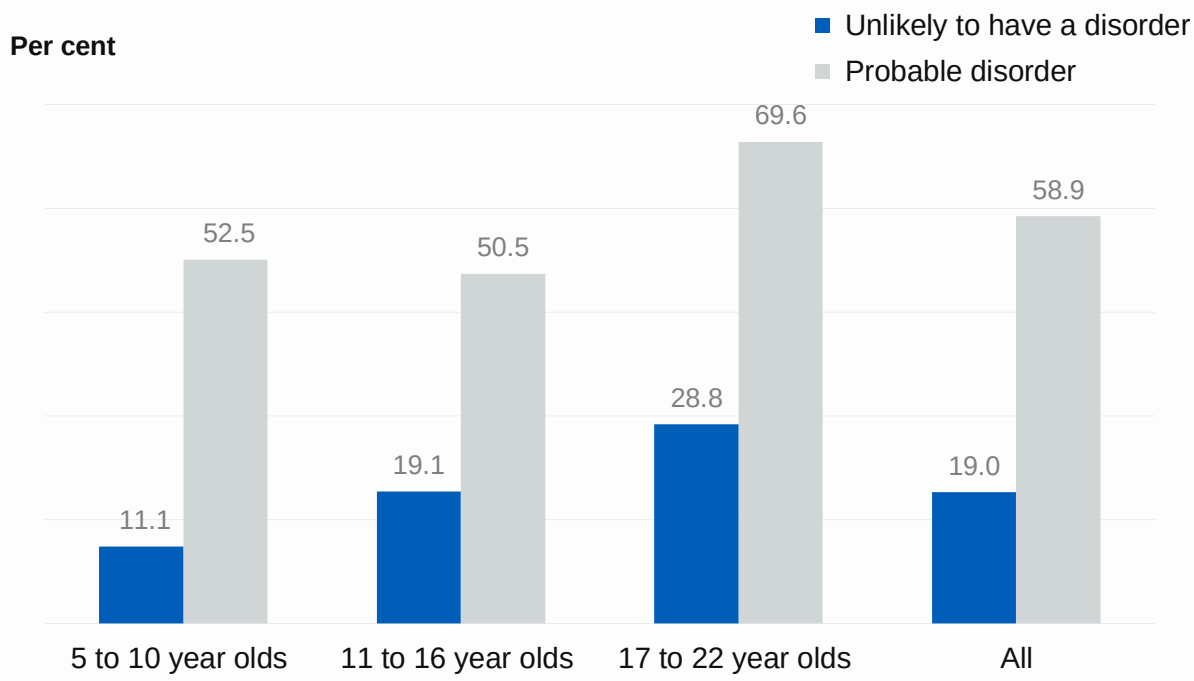
(Table 3.5)

Again, sleep problems were more common among children and young people with a probable mental disorder than those unlikely to have a mental disorder. Among 11 to 16 year olds with a probable mental disorder, 50.5% reported sleep problems compared with 19.1% of those unlikely to have a mental disorder. This pattern was also evident among 17 to 22 year olds: 69.6% and 28.8% respectively.

(Table 3.5, Figure 3.7)

Figure 3.7: Whether child or young person has had sleep problems in the past 7 days, by mental health of child, 2020

Base: 5 to 22 year olds (parent report 5-10 year olds; self-report 11-22 year olds)



Source: NHS Digital

3.4.5 Loneliness among 11 to 22 year olds (self-report)

Children and young people aged 11 to 22 years were asked how often they felt lonely. One in ten (10.1%) 11 to 22 year olds reported often or always feeling lonely, and 43.4% reported hardly or never feeling lonely.

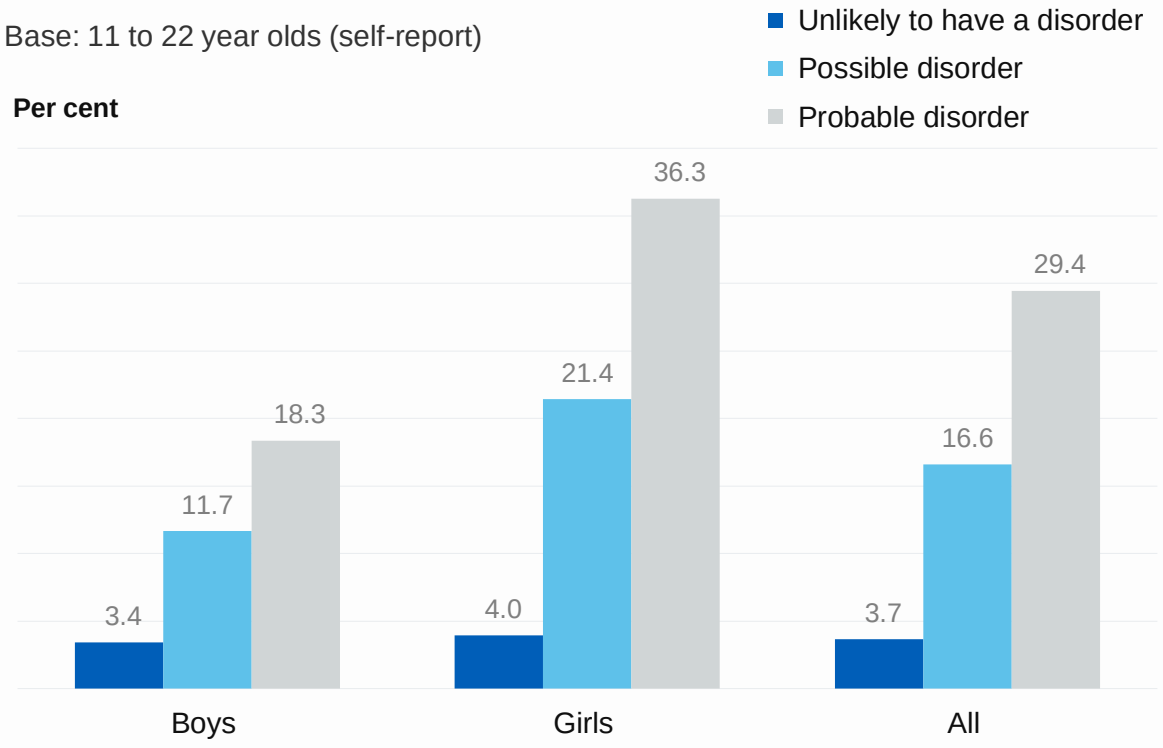
Overall, girls were more likely to feel lonely than boys (13.8%, compared with 6.5% of 11 to 22 year olds). This pattern was also found for those with a probable mental disorder. More than a third (36.3%) of girls with a probable mental disorder reported often or always feeling lonely, compared with 18.3% of boys with a probable mental disorder.

Young people aged 17 to 22 years were more likely to often or always feel lonely than those aged 11 to 16 years (13.8% and 5.4% respectively). Young people with a probable mental disorder were more likely to report often or always feeling lonely than those without a disorder (35.0% and 5.1% respectively); this difference was smaller for 11 to 16 year olds (21.4% compared to 2.0%).

(Table 3.6, Figure 3.8)

Figure 3.8: Percentage often or always feeling lonely, by mental health of child and sex, 2020

Base: 11 to 22 year olds (self-report)



Source: NHS Digital

Topic 4: Access to education and health services

This section explores children and young people's participation in education, in particular attendance at school and access to resources to support their learning during the COVID-19 pandemic. It also examines how the COVID-19 pandemic has affected children and young people's contact with services for mental health concerns and their decision to seek help for any mental or physical health problem.

4.1 Attending school during the pandemic

Parents of children aged 5 to 16 years were asked if their child had attended school between late March and July 2020.

Just under half (47.0%) of 5 to 16 year olds did not attend school during this time period because their school was closed[20]. A further 30.0% returned to school in June or July 2020, either on a full or part-time basis, and 6.8% attended school during this time due to their parent/carer being a keyworker, being considered vulnerable or for other reasons.

However, about one in six (16.1%) 5 to 16 year olds did not physically attend school at all between late March and July 2020, even though their school was open or had reopened for them.

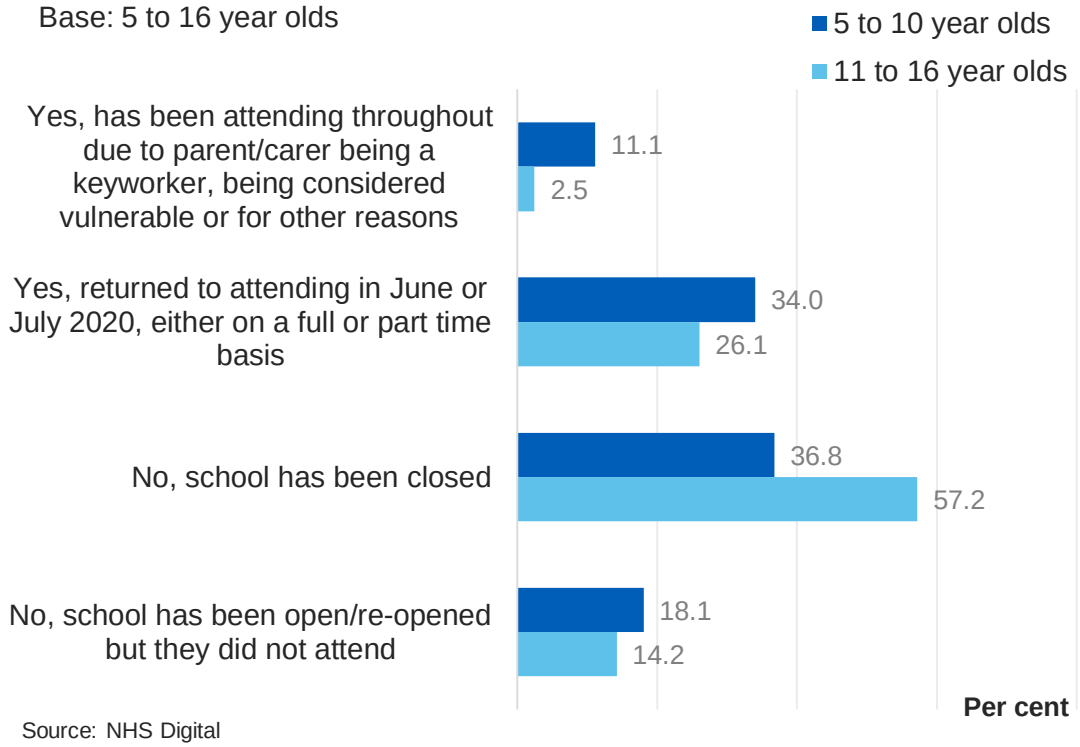
Children aged 5 to 10 years were more likely than older children to have attended school during this time due to their parent/carer being a keyworker, being considered vulnerable or for other reasons with 11.1% reporting this. This compared to 2.5% of 11 to 16 year olds.

More than half (57.2%) of older children aged 11 to 16 years did not attend school during this time because their school was closed compared with 36.8% of 5 to 10 year olds. This pattern was observed for both boys and girls.

(Table 4.1, Figure 4.1)

[20] This was not asked of the 18.5% of children whose parents said they were home educated on 1st March 2020; a date which was used to define the period before the coronavirus (COVID-19) pandemic. They have been excluded from the base for the analyses in this section.

Figure 4.1: Attendance at school between late March and July, by age, 2020



Source: NHS Digital

Girls aged 5 to 16 years who were unlikely to have a mental disorder were more likely than those with a probable mental disorder to have returned to school in June or July 2020, either on a full or part-time basis (32.5% compared to 21.4%). There was no significant difference for boys of the same age.

(Table 4.1)

4.2 Access to resources during the last school term

Parents of children aged 5 to 16 years were asked if their child had adequate access to a range of resources or support at home during the April to July 2020 school term.

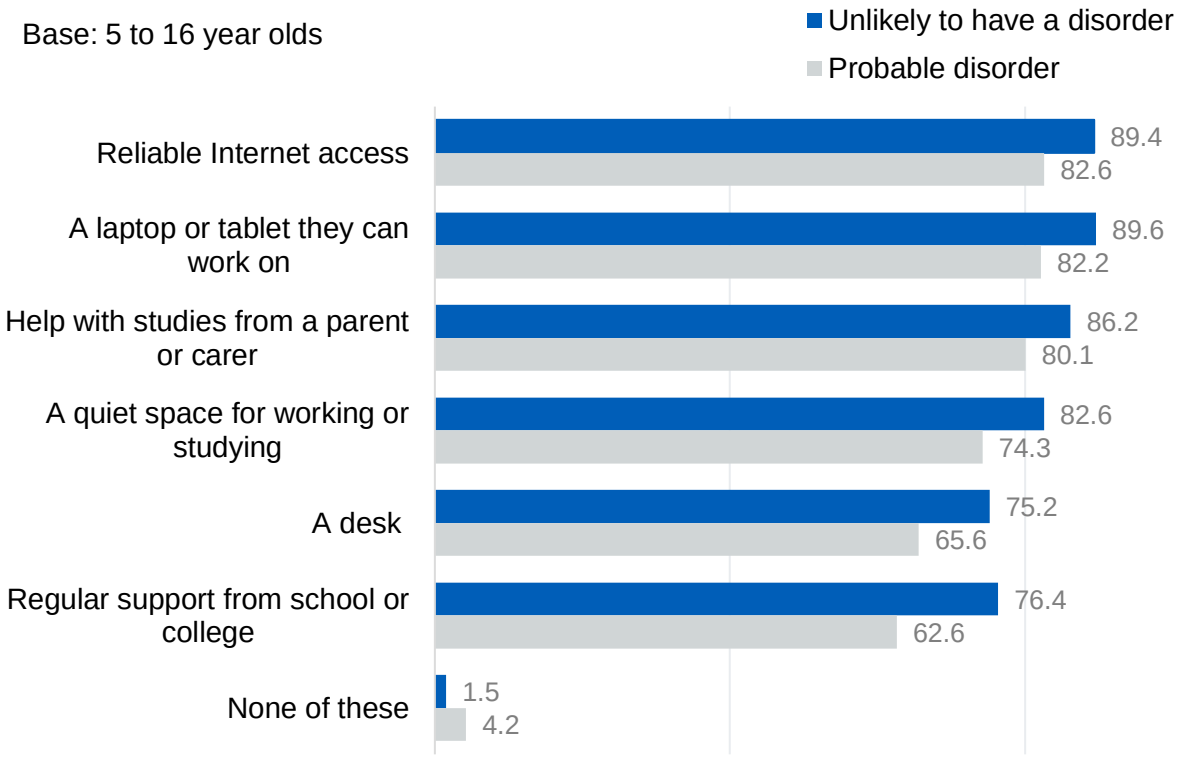
Almost three quarters (73.8%) of children aged 5 to 16 years had regular support from their school or college. Similar proportions were observed for children of primary school age (72.4%) and secondary school age (75.2%), and for boys and girls. Almost three quarters (75.4%) of boys aged 5 to 16 years received regular support from their school or college as did 72.0% of girls the same age.

About six in ten (62.6%) 5 to 16 year olds with a probable mental disorder had regular support from their school or college, compared with 76.4% of children unlikely to have a mental disorder. This pattern was similar for access to all resources and support asked about.

(Table 4.2, Figure 4.2)

Figure 4.2: Resources children had access to during the last school term, by mental health of child, 2020

Base: 5 to 16 year olds



Source: NHS Digital

A similar patten was observed for 17 to 22 year olds, who were asked directly about the resources and support available to them at home since the beginning of March 2020. Those who were unlikely to have a mental disorder (61.1%) were more likely than those with a probable mental disorder (36.1%) to say they had regular support from their educational institution or employer.

(Table 4.2)

4.3 Contact with services for mental health problems

The parents of 5 to 16 year old children were asked about their contact with services in relation to their child's mental health, emotional, behavioural or concentration problems between March and July 2020. Young people aged 17 to 22 years were asked directly about their contact with services in relation to these issues for this time period.

Children aged 5 to 16 years were less likely than 17 to 22 year olds to have needed contact with services regarding mental health issues, with 88.6% not needing to have contact with any services about mental health, according to their parents. This compared with 79.8% of 17 to 22 year olds.

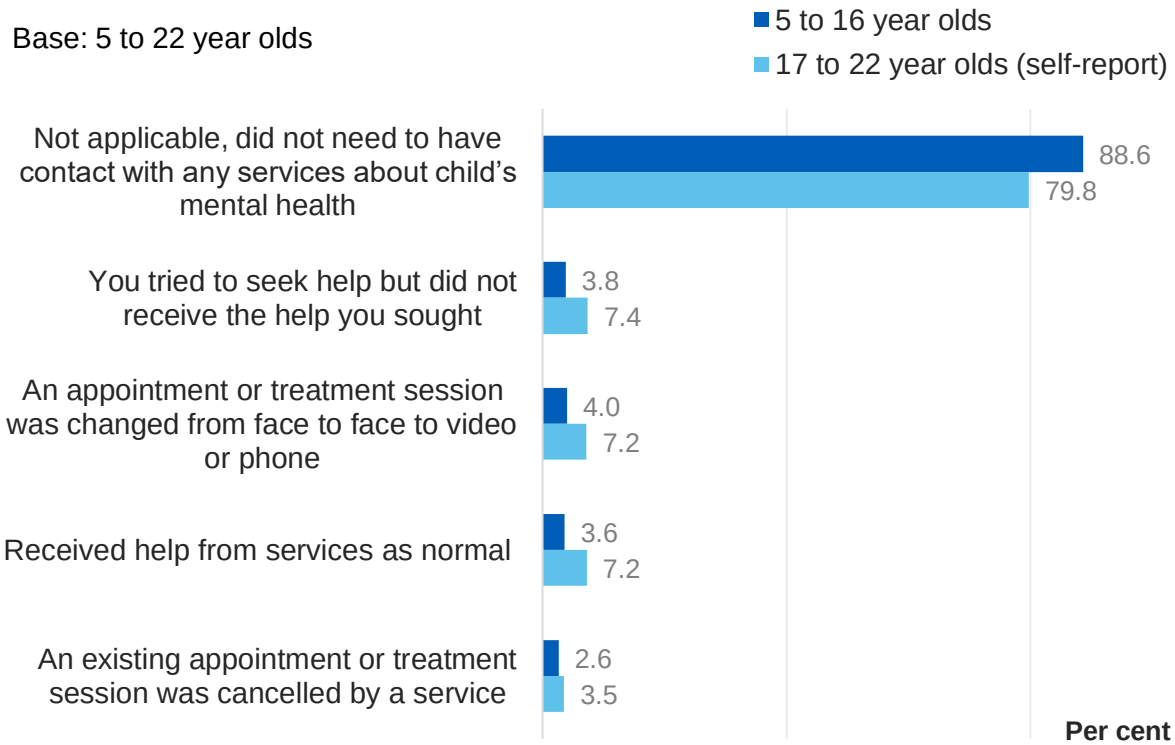
Girls aged 17 to 22 years were more likely than boys of the same age to report needing contact with services regarding mental health issues, with 73.3% not needing to have contact with any services compared with 85.9% of boys.

Young people aged 17 to 22 years were more likely to have received help from services as normal (7.2%) than 5 to 16 year olds (3.6%). Young people aged 17 to 22 years old were also more likely than younger children to have tried to seek help but to have not received the help sought, with 7.4% reporting this. This compared to 3.8% of 5 to 16 year olds.

(Table 4.3, Figure 4.3)

Figure 4.3: Contact with services regarding child's / young person's mental health problems between March and July, by age, 2020

Base: 5 to 22 year olds



Source: NHS Digital

4.4 Seeking help for a mental or physical health concern

4.4.1 Seeking help for a mental or physical health concern for 5 to 16 year olds (parent report)

Parents of 5 to 16 year old children were asked if between March and July 2020, the COVID-19 pandemic had affected them seeking help for

a concern over their child's mental or physical health. This concern could have been in relation to a new or existing concern or both.

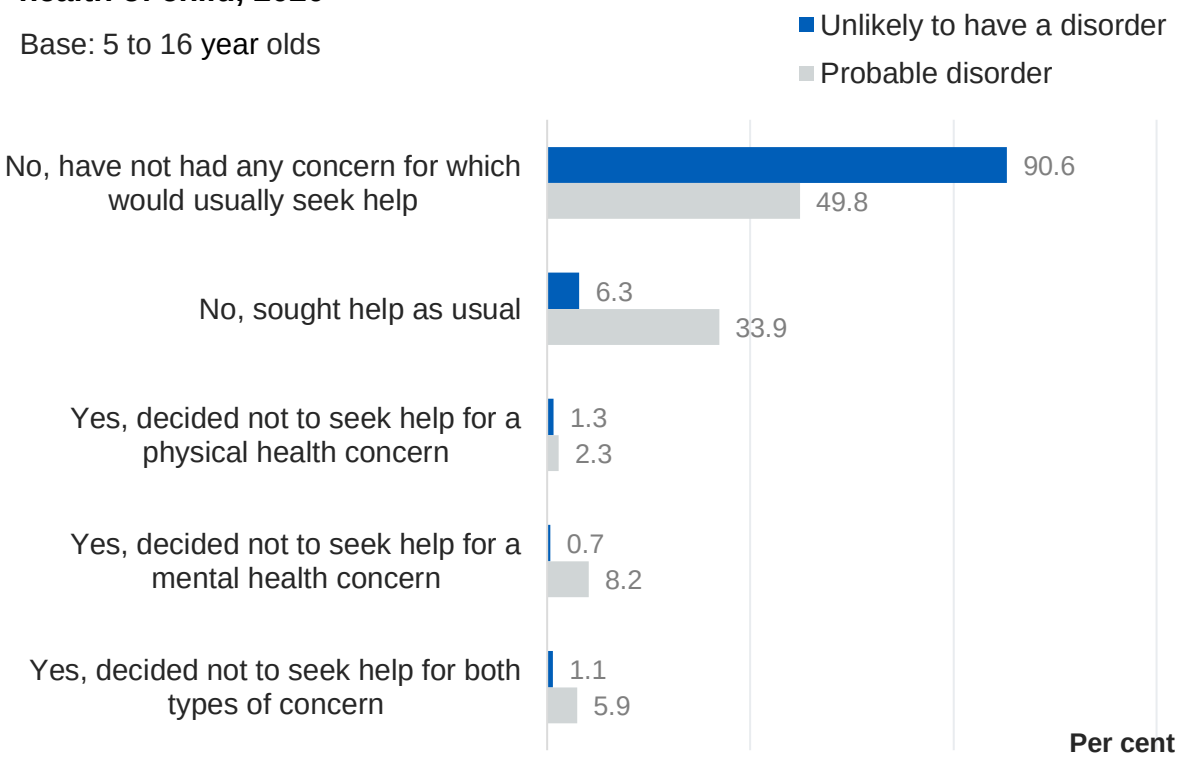
Of all 5 to 16 year old children with a probable mental disorder, almost half (49.8%) of parents said they did not have any concern about their child's mental or physical health for which they would usually seek help. This compared with over nine in ten (90.6%) children aged 5 to 16 years old who were unlikely to have a mental disorder.

One in twelve children (8.2%) aged 5 to 16 years who had a probable mental disorder had parents who decided not to seek help for a concern regarding their child's mental health, and a further 5.9% of parents decided not to seek help for concerns regarding both their child's mental and physical health. This was rarely found for children who were unlikely to have a mental disorder (0.7% and 1.1%, respectively).

(Table 4.4, Figure 4.4)

Figure 4.4: Whether the pandemic had affected seeking help over child's mental or physical health concern, by mental health of child, 2020

Base: 5 to 16 year olds



Source: NHS Digital

4.4.2 Seeking help for a mental or physical health concern for 17 to 22 year olds (self-report)

Young people aged 17 to 22 years were asked whether the pandemic had affected them seeking help for any mental or physical health concern between March and July 2020.

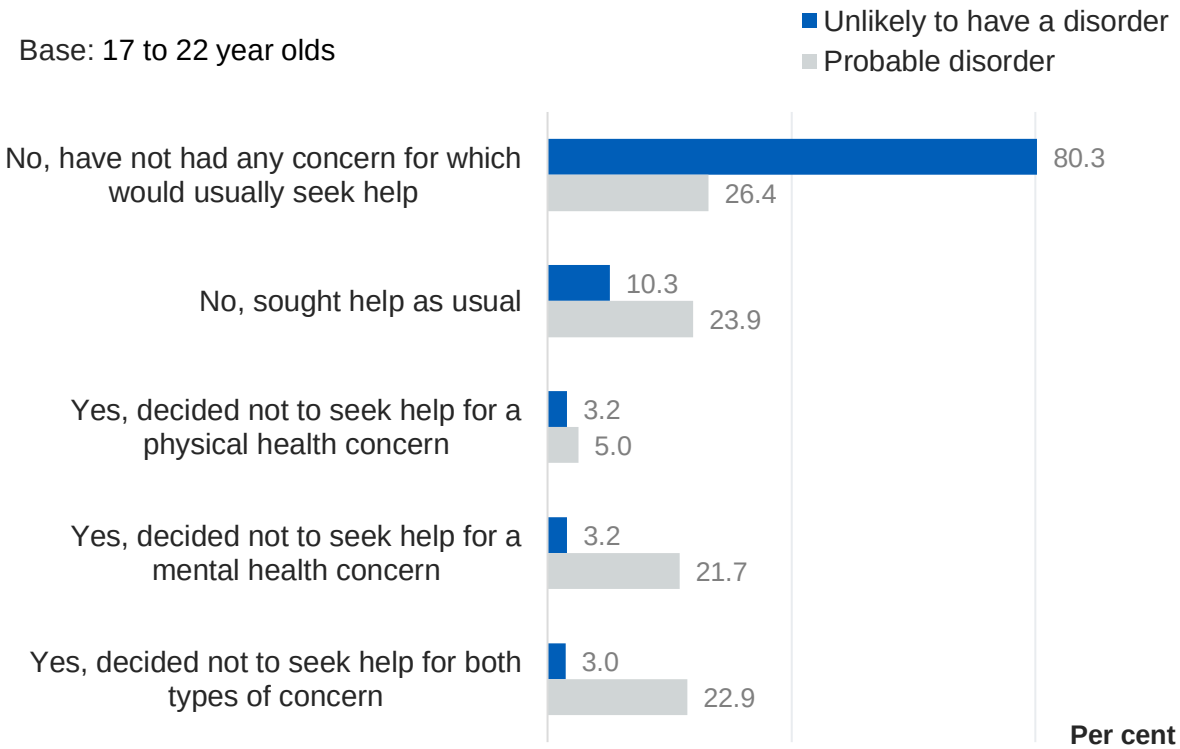
Just over a quarter (26.4%) of young people with a probable mental disorder said they had no concern about their mental or physical health for which they would usually seek help during this period. This compared with four in five (80.3%) young people who were unlikely to have a mental disorder.

Around one in five (21.7%) of 17 to 22 year olds with a probable mental disorder reported that they had decided not to seek help for a mental health concern due to the pandemic and a further 22.9% reported that they had decided not to seek help for both a mental and physical health concern. This was higher than for young people who were unlikely to have a mental disorder (3.2% and 3.0%, respectively).

(Table 4.4, Figure 4.5)

Figure 4.5: Whether the pandemic has affected seeking help for young person's mental or physical health concern, by mental health of young person, 2020

Base: 17 to 22 year olds



Source: NHS Digital

Topic 5: Changes in circumstances and activities

Circumstances have changed for many children and young people since March 2020, when lockdown measures were first introduced. This section examines household level changes related to finances, employment, social support and childcare between March and July 2020. Questions were asked of parents of children aged 5 to 16 years and directly to young people aged 17 to 22 years. Children and young people also answered questions about the sorts of activities they had engaged in during lockdown and what impact they felt lockdown had on their life overall.

5.1 Changes to household circumstances during the pandemic

5.1.1 Household changes experienced by 5 to 16 year olds (parent report)

Nearly half (46.7%) of children aged 5 to 16 years old lived with a parent who had worked more from home during the pandemic and a fifth (20.5%) had a parent whose working hours had increased during this period. More than one in four (28.7%) children had a parent in the household who had been furloughed or made use of the self-employed support scheme. Parental job loss occurred in 6.2% of children's households, and for 28.1%, the household experienced a reduction in income during the pandemic.

Nearly half of children (49.0%) unlikely to have a mental disorder had a parent who worked from home more often during the pandemic, compared with 39.1% of children with a probable mental disorder.

(Table 5.1)

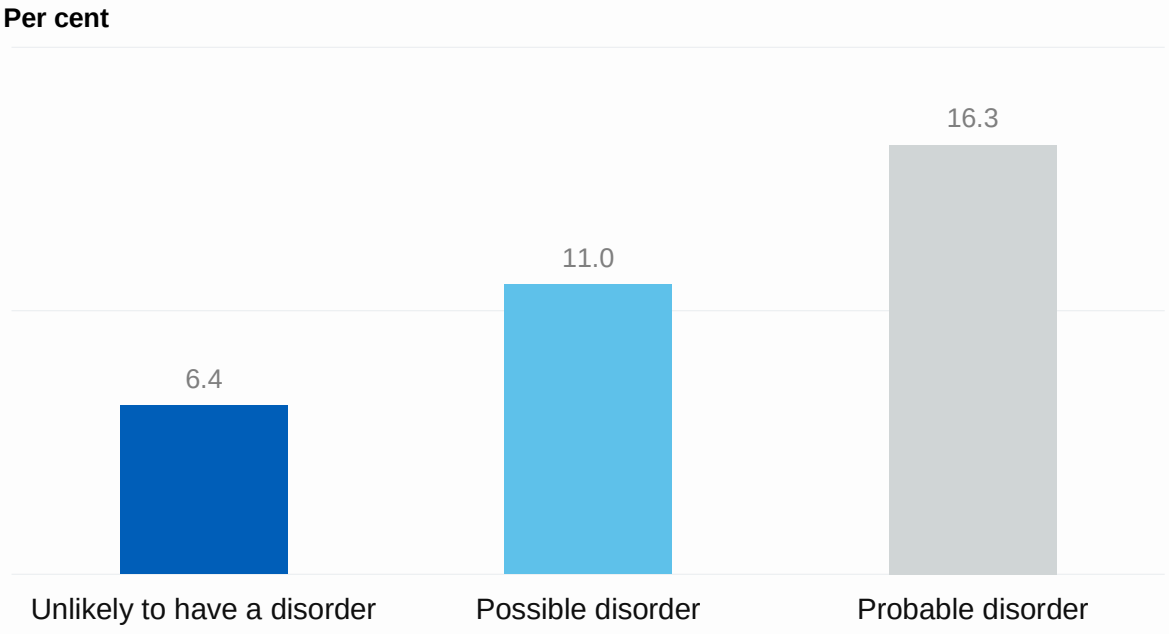
About one in 12 children (8.5%) lived in a household that had fallen behind with payments during the pandemic, and 2.4% reported struggling to afford food or having to use foodbanks.

Increased financial strain was strongly associated with child mental health. Children with a probable mental disorder were more than twice as likely to live in a household that had fallen behind with payments (16.3%) than children unlikely to have a mental disorder (6.4%).

(Table 5.1, Figure 5.1)

Figure 5.1: Percentage of children living in a household that fell behind with payments during the pandemic, by mental health of child, 2020

Base: 5 to 16 year olds



Source: NHS Digital

Although few children (2.5%) lived in a household that experienced reduced access to medication during the pandemic, this was more likely among children with a probable mental disorder (5.5%) than in those unlikely to have a mental disorder (1.8%).

(Table 5.1)

5.1.2 Household changes experienced by 17 to 22 year olds (self-report)

Young people, aged 17 to 22 years, were asked about changes in employment circumstances that they had experienced during the pandemic, as well as about household experiences of increased financial strain.

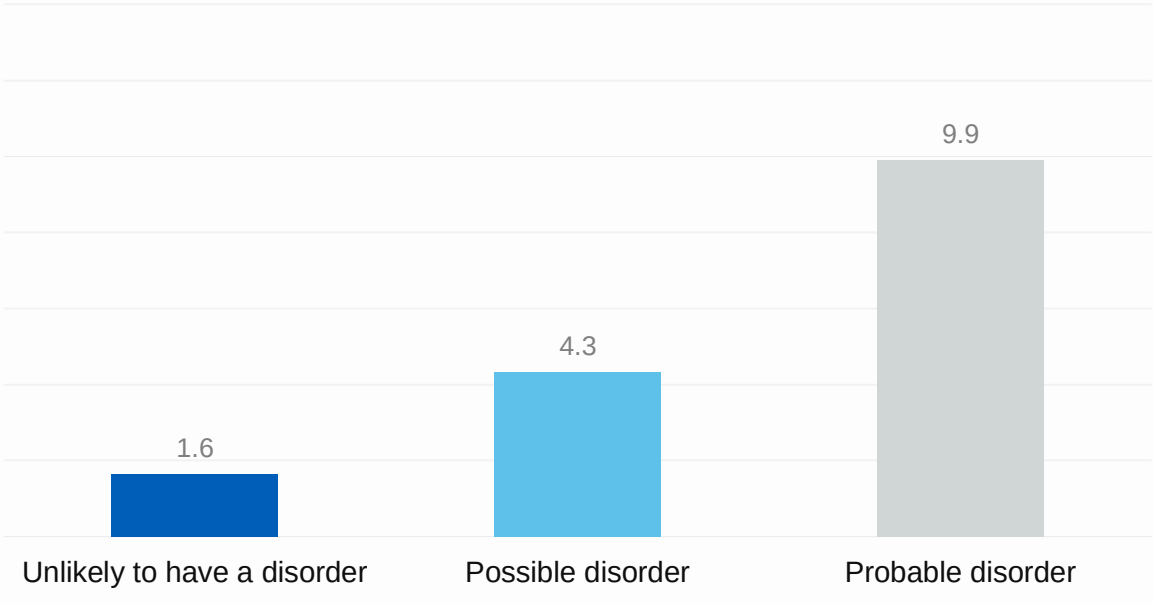
About one young person in twenty five (3.6%) reported that their household could not afford to buy enough food or had to use foodbanks. This was more likely to be reported by young people with a probable mental disorder (9.9%) than by those unlikely to have a mental disorder (1.6%).

(Table 5.2, Figure 5.2)

Figure 5.2: Percentage of young people living in a household that could not afford to buy enough food or had to use a foodbank, by mental health of young person, 2020

Base: 17 to 22 year olds

Per cent



Source: NHS Digital

5.2 Support from friends, family and other adults

Children and young people were asked whether there were people, at least one friend, one adult at school (or work), and one family member outside of the home, they could turn to for support during the pandemic.

Most children and young people reported that they did have support from others. However, among 5 to 16 year olds, 12.3% felt that they did not have a friend, 13.3% felt that they did not have an adult at school, and 9.8% felt there was no family member outside the home that they could turn to for support. For young adults aged 17 to 22 years, these were 6.6%, 17.9% and 14.8% respectively.

Children and young people with a probable mental disorder were more likely to report not having some form of social support, than those unlikely to have a mental disorder. For example, 21.6% of 5 to 16 year olds and 29.0% of 17 to 22 year olds with a probable mental disorder reported not having an adult at school or work that they could turn to, compared with 11.5% and 13.6% of those the same age who were unlikely to have a mental disorder. However, this difference may be related to those with a probable mental disorder being less likely to have had regular support from their school or college (5 to 16 year

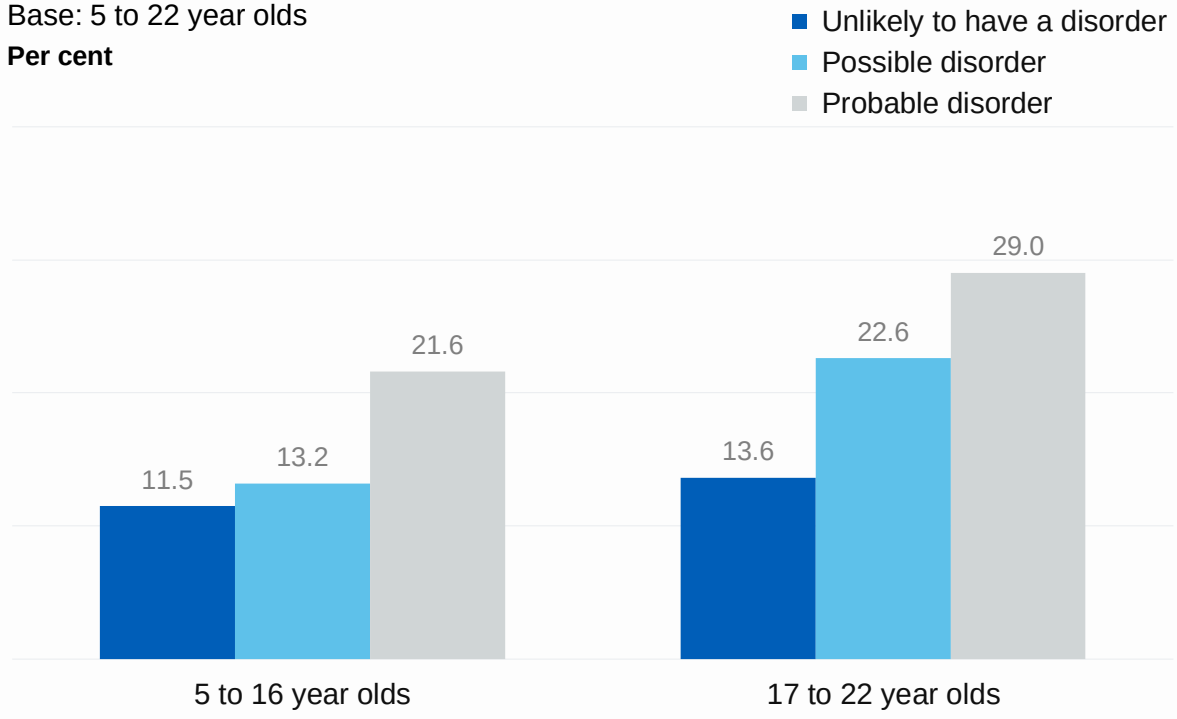
olds) or educational institution or employer (17 to 22 year olds) than those unlikely to have a mental disorder (see section 4.2 for more information).

(Table 5.3, Figure 5.3)

Figure 5.3: Percentage of children and young people without an adult at school or work they could turn to, by mental health of child or young person and age, 2020

Base: 5 to 22 year olds

Per cent



Source: NHS Digital

5.3 Whether lockdown made life better or worse

Children and young people aged 11 to 22 years were asked how lockdown had affected their life; whether it had made it better, worse, or if there had been no change.

Overall, most 11 to 16 year olds felt that lockdown had made their life worse (42.8%), with 29.6% reporting no change. The views of 17 to 22 year olds were similar, with 43.1% reporting that lockdown had made their life worse and 32.3% reporting no change.

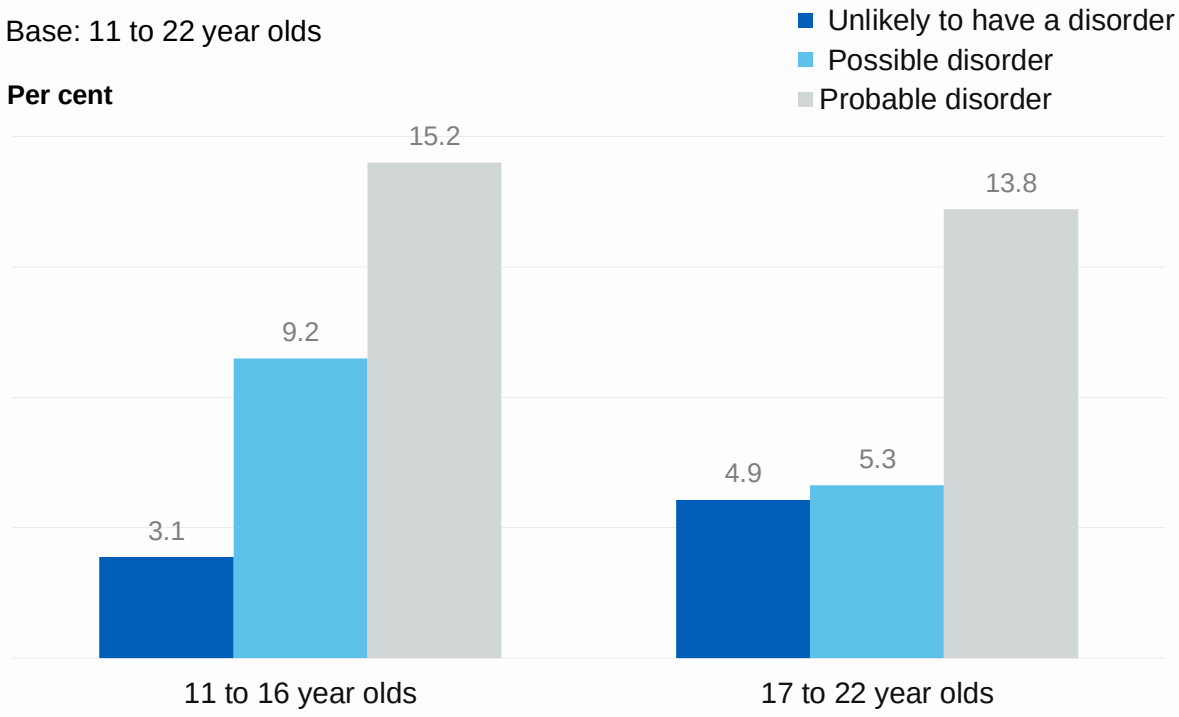
Children and young people with a probable mental disorder were more likely to say that lockdown had made their life worse, than those unlikely to have a mental disorder. More than half (54.1%) of 11 to 16 year olds and 59.0% of 17 to 22 year olds with a probable mental disorder said that life was worse under lockdown. This compared with

39.2% of 11 to 16 year olds and 37.3% of 17 to 22 year olds unlikely to have a mental disorder.

The differences were greater for those reporting that life had been 'much' worse under lockdown: 15.2% of 11 to 16 year olds and 13.8% of 17 to 22 year olds with a probable mental disorder reported this, compared with 3.1% of 11 to 16 year olds and 4.9% of 17 to 22 year olds unlikely to have a mental disorder.

(Table 5.4, Figure 5.4)

Figure 5.4: Percentage of children and young people who felt life got much worse under lockdown, by mental health of child or young person and age, 2020



Source: NHS Digital

5.4 Participation in activities during the coronavirus pandemic

Parents of 5 to 16 year olds were asked how often their child had participated in a range of activities in the previous seven days. Young people aged 17 to 22 years were asked about their participation in the same list of activities as the 5 to 16 year olds, plus some additional activities.

5.4.1 Activities undertaken by 5 to 16 year olds (parent report)

On at least four out of the preceding seven days of the week, the majority of children had spent time together with their family (83.3%) and eaten family meals together (88.7%). Other frequent activities included playing video games (63.7%), doing exercise outdoors

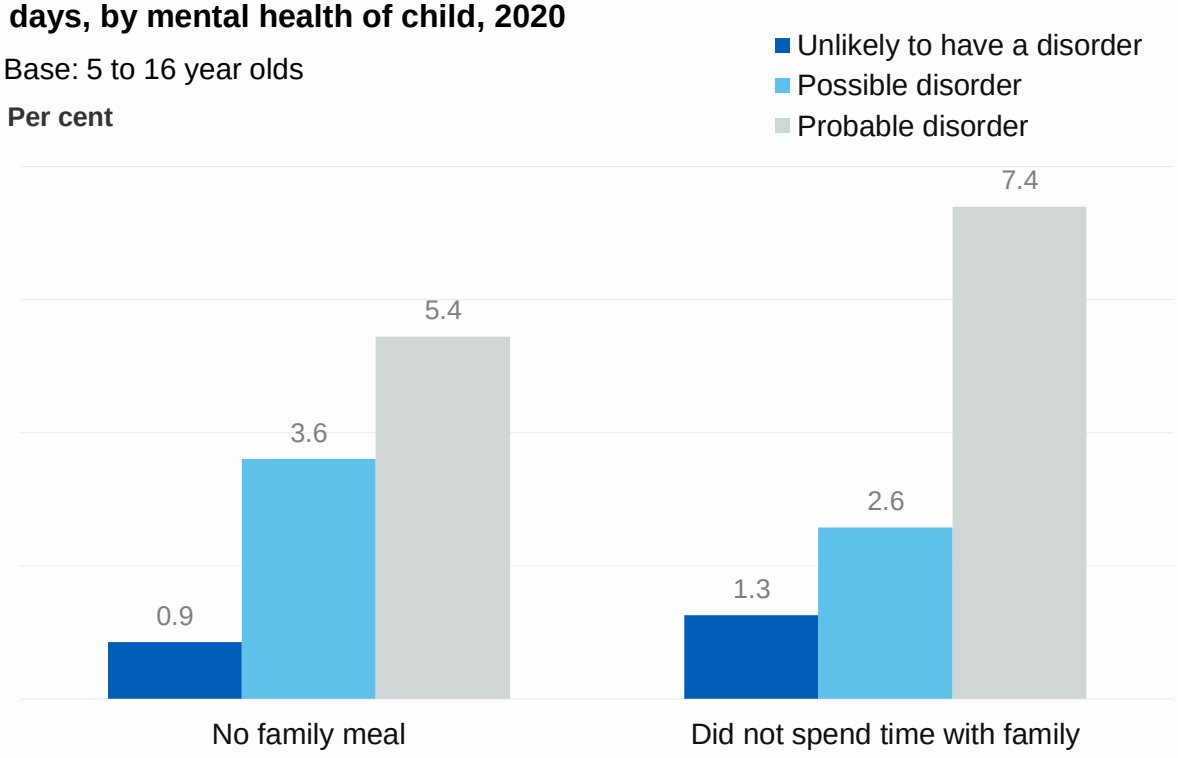
(52.9%), and homework (51.3%). Nearly half (48.2%) had spoken to friends and families on the phone (or via video call), over a third (36.6%) had read a book most days, and over a quarter had done arts, crafts or cooking (28.5%).

Children with a probable mental disorder were about five times more likely not to have eaten a family meal all week (4.8%), and not to have spent time together with their family (6.0%) than those unlikely to have a mental disorder (0.9% and 1.0%, respectively). This pattern was evident for most activities.

(Table 5.5, Figure 5.5)

Figure 5.5: Percentage of children who did not eat a family meal and did not spend time with their family in the past seven days, by mental health of child, 2020

Base: 5 to 16 year olds



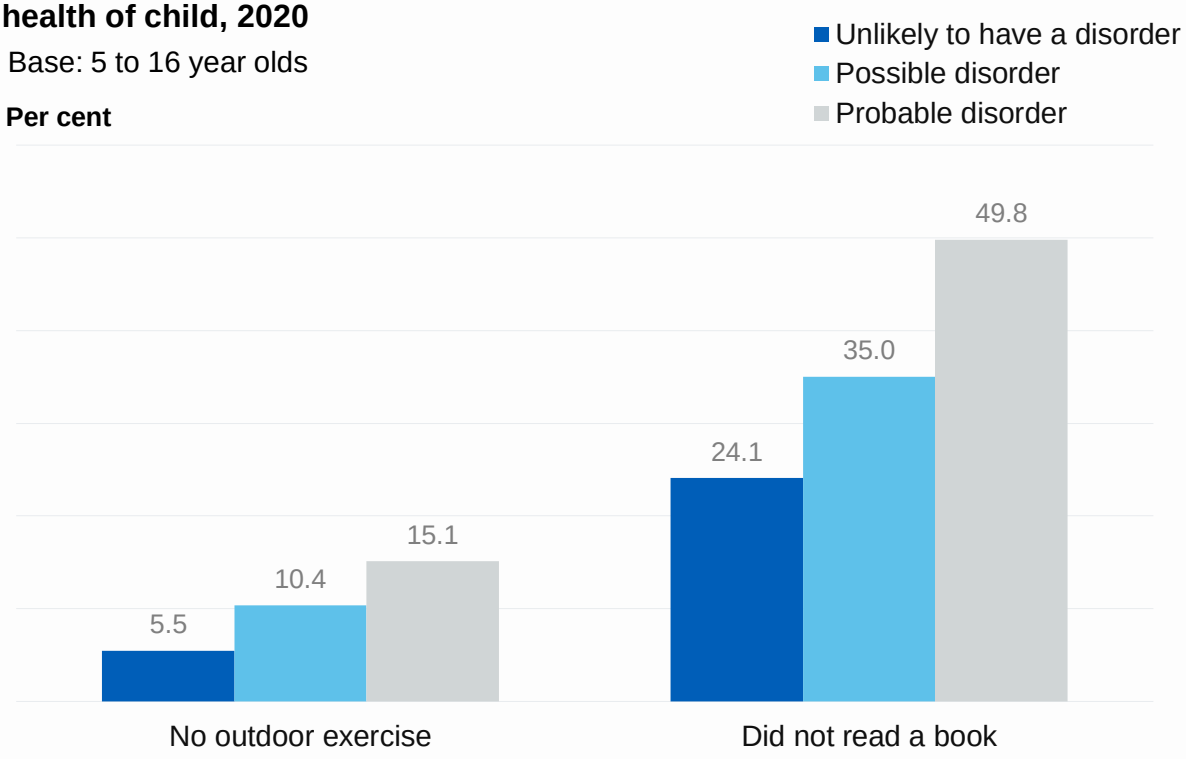
Source: NHS Digital

Furthermore, children with a probable mental disorder were also more than twice as likely to have not exercised outdoors at all (15.9%) and to not have read a book all week (47.8%), compared with those unlikely to have a mental disorder (6.4% and 22.3% respectively).

(Table 5.5, Figure 5.6)

Figure 5.6: Percentage of children who did no outdoor exercise and did not read a book in the past seven days, by mental health of child, 2020

Base: 5 to 16 year olds



Source: NHS Digital

5.4.2 Activities undertaken by young people: 17 to 22 year olds (self-report)

On at least four out of the preceding seven days of the week, the majority of young people had eaten a meal together with others they lived with (67.2%) and spent time with others they lived with (63.4%). Other activities included playing video games (46.3%), speaking to friends and families on the phone/video call (42.6%), and exercising outdoors (32.8%).

Young people with a probable mental disorder were about two times more likely not to have eaten a meal with others they lived with all week (22.2%), and not to have spent time together with others they lived with (20.4%) than those unlikely to have a mental disorder (10.0% and 6.3%, respectively). This pattern was also evident for exercising both indoors and outdoors, and spending time working or studying.

In addition to the activities asked of children by their parents (detailed in Table 5.5), 17 to 22 year olds were also asked about their frequency of engaging in a range of health risk behaviours in the preceding week.

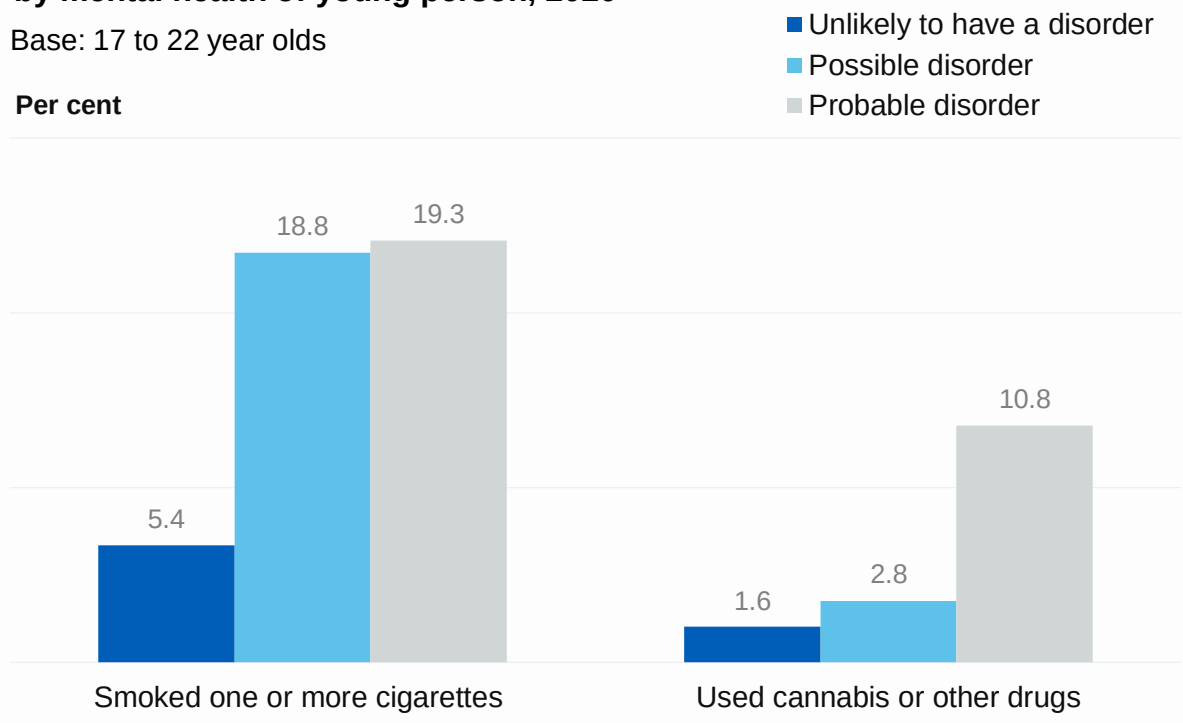
The majority of young people had not smoked cigarettes (84.9%), taken cannabis or other drugs (90.2%) or gambled online (94.1%) in the preceding week. Less than half (44.5%) had not drunk alcohol.

A higher proportion of young people with a probable mental disorder engaged in some of these health risk activities on four or more days in the past week, compared to young people unlikely to have a mental disorder. For example, 19.3% of young people with a probable mental disorder had smoked one or more cigarettes, while 10.8% had used cannabis or other drugs. This compares with 5.4% and 1.6% respectively for young people unlikely to have a mental disorder.

(Table 5.6, Figure 5.7)

Figure 5.7: Percentage of young people who smoked cigarettes and used cannabis or other drugs most days in the past week, by mental health of young person, 2020

Base: 17 to 22 year olds



Source: NHS Digital

Glossary

Anxiety

The Pandemic Anxiety Scale (PAS) was used to measure pandemic-related anxiety. The PAS is a brief 7-item measure that consists of a 5-point scale ranging from 'strongly disagree' to 'strongly agree'. The PAS produces two scores: 'disease anxiety' related to worries about catching or transmitting COVID-19, while 'consequence anxiety' is related to concerns about its impact (e.g. impact on jobs, missing school)[21]. For these measures of anxiety, a higher mean score indicated greater anxiety.

Mean scores are based on the child and young person self-report of the 7-item measure. Agreement rates for individual statements are explored using the parents report of children aged 5 to 16 (see Section 3.2 and 3.3).

Children and young people with a probable mental disorder

The Strengths and Difficulties Questionnaire (SDQ)[22] was used to identify children who may have had problems with aspects of their mental health to such an extent that it impacted on their daily lives. These include difficulties with their emotions, behaviour, relationships, hyperactivity, or concentration. Responses from parents, children and young people were used to estimate the likelihood that a child or young person might have a mental disorder, this was classified as either 'unlikely', 'possible' or 'probable'.

The initial MHCYP 2017 report[23] used a different and more detailed diagnostic assessment of mental disorder[24]. Any comparisons between 2017 and 2020 must therefore draw on the results presented in this report, which are based on a comparable measure (the SDQ).

Family functioning

Items from the General Functioning Scale of the McMaster Family Assessment Device (FAD) were used to assess family functioning. The FAD comprises 12 statements that parents rate on a four-point scale: strongly agree, agree, disagree and strongly disagree. Statements are

[21] https://onlinelibrary.wiley.com/doi/full/10.1111/bjhp.12470
McElroy E, Patalay P, Moltrecht B, Shevlin M, Shum A, Creswell C, Waite P. Demographic and health factors associated with pandemic anxiety in the context of COVID-19.
[22] See Survey Design and Methods Report for further information.
[23] (2018) The 2017 Mental Health of Children and Young People survey, NHS Digital.
[24] The Development and Well-Being Assessment (DAWBA), which drew on reports from young people, parents, and teachers and involved clinical consensus rating. Further information is available at https://dawba.info/.

a self-reported measure of perceived family functioning. A scoring system was used to calculate 'healthy' or 'problems with' family functioning.

The full 12 statements were used in the 2017 report. Due to lack of space in the 2020 online survey, the 2017 survey dataset was analysed in order to select a subset of four statements to use from the longer scale. Frequencies, correlation analyses, and linear regression models were run to select four items for inclusion on the 2020 survey. These four items were found to perform well together, explaining a large amount of the variance in total score (R^2=0.836)[25], as well as combining both positive and negative statements. The four statements chosen were:

- We confide in one another (positive statement)
- We feel accepted for what we are (positive statement)
- There is lots of bad feeling in the family (negative statement)
- We avoid discussing our fears and concerns (negative statement)

Scores for the four chosen statements were summed and divided by 4 to get an average family functioning score for each respondent. If the average score was between 0 and 2 family functioning was considered to be 'healthy', and a score of 2.01 or above was considered to indicate 'problems with' family functioning.

Mental well-being

Mental well-being of 11 to 16 year olds was assessed using the self-report Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)[26]. SWEMWBS is a 7-item scale, summed to provide a single score ranging from 14 to 70. A higher score indicates better mental well-being, reflecting more positive thoughts, behaviours and feelings.

Parental psychological distress

Psychological distress in the parent or guardian who completed the online survey (usually the mother) was assessed by the General Health Questionnaire (GHQ-12). This comprises of 12 statements each assessing the severity of a mental problem over the past few weeks using a 4-point scale. Scores range from 0 (no psychological distress) to 12 (severe psychological distress). A score of four or more is

[25] This can be any value between 0 (meaning there is no correlation) and 1 (meaning there is a strong correlation).

[26] https://link.springer.com/content/pdf/10.1007/s11136-016-1454-8.pdf
Fat, L. N., Scholes, S., Boniface, S., Mindell, J., & Stewart-Brown, S. (2017). Evaluating and establishing national norms for mental wellbeing using the short Warwick–Edinburgh Mental Wellbeing Scale (SWEMWBS): findings from the Health Survey for England. *Quality of Life Research*, *26*(5), 1129-1144.

generally considered indicative of the presence of psychological distress, else it is indicative of no psychological distress.

Neighbourhood deprivation

Neighbourhood deprivation is measured using Index of Multiple Deprivation[27] (IMD) 2015 quintiles. As a result of geographical changes between 2017 and 2020, the 2020 estimates for neighbourhood deprivation are based on the child or young person's residence in 2017.

Confidence interval

A measure of the statistical precision of an estimate and shows the range of uncertainty around the calculated estimate. Lower and upper 95% confidence intervals are provided in this report. At the 95% confidence level, over many repeats of a survey under the same conditions, one would expect that the confidence interval would contain the true population value 95 times out of 100. Narrower confidence intervals (difference between lower and upper interval) indicate a more precise estimate.

Statistical significance

The statistical significance of differences noted within the report are determined based on non-overlapping confidence intervals (see Confidence interval section).

[27] More information on IMD can be found at https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015

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