

Good afternoon, my name is Stephan Collishaw and I'm a researcher at Cardiff University, and I'm going to talk to you today about children's mental health, why it's important, how mental health is assessed in the most recent SHRN school surveys, and how the feedback that you'll be getting in your school reports should be interpreted when we think about young peoples' mental health in schools.

Children's mental health

- Emotional problems
 - Anxiety
 - Depression
- Neurodevelopmental problems
 - Hyperactivity, inattention, impulsivity
 - Autism spectrum problems
- Behavioural problems
 - Disruptive behaviour
 - Aggression or violence



The first thing to say is that mental health is everyone's business - everyone has mental health just as we all have physical health and it's important that families, young people themselves, schools, and doctors pay attention to mental health, just as we pay attention to physical health when difficulties can arise.

When thinking about the common types of difficulties that young people might experience with their mental health, one can think of three broad categories of the most common types of difficulties.

The first is what we call emotional difficulties and can include feelings of anxiety and fears, as well as feeling depressed or down.

The second common type of problem area that many children and young people might experience, include neurodevelopmental problems; so this includes symptoms of hyperactivity, inattention, impulsivity, as well as social and communication difficulties, which can be a part of

an autism spectrum type presentation. Very often, ADHD type symptoms and autism spectrum type symptoms go hand-in-hand with other types of difficulties that effect children's' learning.

The third category of problem that we think about when we assess children's mental health relates to children's behaviour, whether that be disruptive behaviour or conduct-type problems such as aggression or violence.

Why important

- Mental health problems are a major source of distress
- Substantial impacts on
 - Education: learning, qualifications, truancy, exclusion
 - Friendships and peer relationships
 - Family life
 - Physical health
- For some, long-lasting effects on health and development
- Impact on others – at home and at school



So why is mental health important? Mental health problems are a major source of distress to children and young people and can have major impacts on their life satisfaction as well as substantial impact on other areas of children's lives.

This includes their education, with children with mental health problems finding it more difficult to learn, to achieve their full potential in terms of qualifications, and having an increased risk of truancy and school exclusion.


Children with mental health problems also very often face difficulties in their friendships and peer relationships, finding it more difficult sometimes to make friends, to enjoy the friendships that they do have, and also increasing the risk and the likelihood of being bullied by other children.

Mental health problems in children and young people can be a burden, and can have an impact on family life, on relationships with parents and siblings, and it's knowing that mental health problems and physical health problems can very often co-occur.

Now for some children, mental health problems can be short-lived and resolved by themselves; but for other children there can be longer-lasting effects on health and development. We know that the majority (over 75%) of adult mental health problems have their roots in mental health problems seen in childhood and adolescence. Mental health problems are not only important for young people themselves; they can have impact on those around them, on families, as well as on children and teachers in the classroom at school. So, it's important to really get an early sense of who is experiencing mental health difficulties and what can be done to help those children.

**Some facts and figures
(MHCYP survey 2017, England)**

- 1 in 7 secondary school age children (11-16 years)
- Anxiety and depression increase during adolescence
- Mental health a particular concern for vulnerable groups
 - Children who are bullied
 - Children with LGBT+ identities
 - Children with special educational needs
 - Children with physical health problems
 - Children from low income households
- Teachers and schools most common source of support
(typically viewed by young people as helpful)




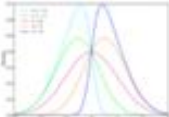
So I'll start by giving you some facts and figures from a very large English survey that was carried out two years ago by experts in the area of child and adolescent mental health. Using detailed clinical assessments and ratings by clinicians, the survey found that 1 in 7 secondary school-aged children, in this age group (11 to 16), experienced not only the symptoms but impairments associated with these common types of mental health problems. An important


observation in this survey, that is seen in other surveys around the world, is that particularly anxiety and depression, show a marked increase over adolescence.

From 11 through to 16 and beyond, anxiety and depression can become more common concerns amongst young people. It's also true that mental health difficulties aren't evenly distributed across the population of young people and it can be of particular concern for some vulnerable groups. For example, children who are bullied, or children with special educational needs, or children from socially disadvantaged households. In this survey, children and young people were also asked who they sought help from when they experienced problems with their mental health.

Surprisingly, perhaps, the most common source of support that young people reported was from teachers and others in the school setting. Importantly, the vast majority of young people rated that support in school as very helpful.

How can we measure mental health?

- Mental health lies on a continuum (bit like blood pressure)

- Important to use validated assessments
 - National norms and benchmarks
 - Validated against clinical assessments
- Important to capture range of mental health difficulties




So how do we measure mental health? Well it's important to recognise that mental health lies on a continuum, a bit like blood pressure, and the way that we think of and the support that we provide to young people who are experiencing difficulties with their mental health, needs to be matched against the severity of difficulties that they are experiencing.

When we assess mental health, it's important that we use validated normative assessments; so measures where we have solid benchmarks and national norms against which we can compare the scores that we receive on these questionnaires. Good measures will also have been validated against more detailed clinical assessments of mental health.

As I've explained, there are a whole range of different difficulties that children and young people can experience in their behaviour. So it's important that measures of mental health capture that range of different types of difficulties that young people can experience.

What is the SDQ?

- Strengths and Difficulties Questionnaire
- Used across the world to assess children's mental health
- Assesses five domains using five questions each
 - Emotional problems
 - Hyperactivity/inattention
 - Behavioural problems
 - Peer problems
 - Prosocial behaviour
- Validated against gold standard clinical interviews in large representative population samples




In the 2019 SHRN survey, for the first time, we included a measure called the Strengths and Difficulties Questionnaire. It's a measure that we often refer to as the SDQ for short and it's used across the world to assess children's mental health. The SDQ is now being used in representative samples in over 50 different countries and at the latest count has been translated into more than 80 different languages. The SDQ is a brief screening questionnaire which includes five questions each, assessing five domains of children's mental health:

- Their emotional mental health e.g. feelings of fear, anxiety, depression.
- Hyperactivity and inattention is the second domain.

- The third domain relates to behavioural difficulties, things like stealing, lying, aggression.
- The fourth domain relates to how well children are able to get on with those around them, for example the quality of their friendships.
- The fifth domain relates to areas of strength, broadly speaking, pro-social behaviour.

Interpreting the SDQ scores

- School report: summary for each domain (by KS3 & KS4)
- In each domain: percent in following groups:
 - 'close to average', 'slightly raised', 'high', or 'very high'
- Not a diagnostic tool
- But can identify particular areas of concern
- Report benchmarked against national average
- In future: track progress in improving mental health

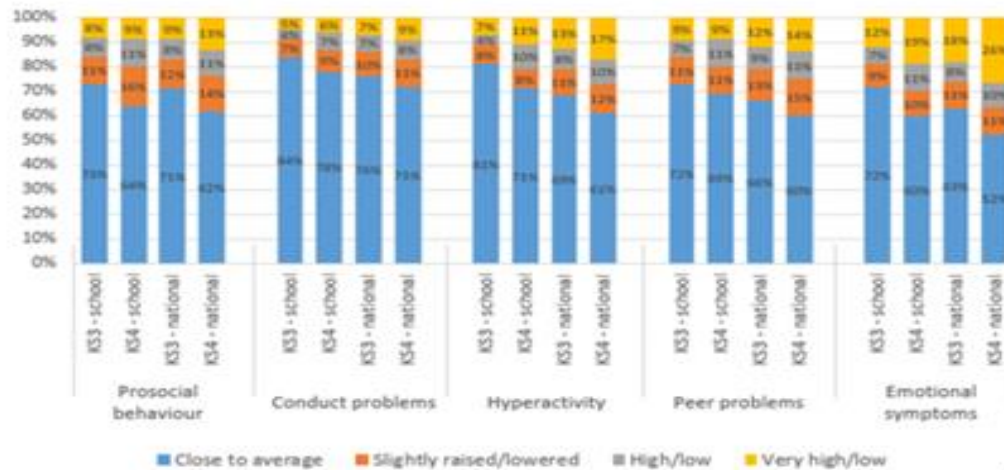


Importantly, the SDQ has now been validated many times against gold-standard, clinical interviews in large representative population samples. In the school reports that you will receive you'll get a summary report, at a group level, for how children completed the SDQ. That summary report will be split for each of the five different domains that I mentioned, as well as by Key Stage 3 and 4. In each of the domains, for example in terms of emotional problems, the report will highlight the percentage of children who are scoring close to average, the percentage who have slightly raised scores, those that have high scores and for some, those who have very high scores.

It's important to remember that at an individual level for any given child, the SDQ is not a diagnostic tool, but it can be used to identify particular areas of strength or concern for children or for groups of children. The report will also provide benchmarks against the national average in Wales and, importantly, in the future will allow schools to track their progress in improving children's mental health.

Interpreting the SDQ scores

Fig. 11 Sample School: Strengths and Difficulties Scores for students in key stages 3 and 4



This is what the school report will look like, and this is an example figure. It looks quite complicated, but I'll talk you through it.

You'll see that the figure provides ratings for each of the five different domains that I talked about (prosocial behaviour, behavioural problems, which we call conduct problems, hyperactivity and attention, peer problems, as well as emotional symptoms of anxiety and depression). For each of these domains you will see that there will be four bars. The first bar provides scores for Key Stage 3 in the school; the second bar provides scores for Key Stage 4. The third and fourth bar in each block provide the national averages in Key Stage 3 and 4. If we look, for example, at the right-hand block for emotional symptoms (anxiety, depression etc) we can see that 73% (in this example) of children in KS3 had scores that were close to average. 9% had slightly raised scores, 7% had high scores, and 12% had very high scores. You can see against the national average that this school had a better rating for mental health, and problems were perhaps more prevalent at the national level.

This is one way to interpret the reports that you've been given. It's important to recognise however that this data shouldn't just be taken in isolation; there are a whole range of other measures and figures that are included in the report that are relevant in terms of thinking about children's mental health and wellbeing. For example, ratings of life satisfaction, ratings

and reports on friendships, experiences of bullying and so forth. The other thing to add is that the appendix at the back of the report will provide more detailed information about the questions that map on to each of the different five domains and are captured by the SDQ.

With that I want to say thank you for listening to me.