



Mental ill-health and wellbeing at age 14

Initial findings from the Millennium Cohort Study Age 14 Survey

Introduction

Recent evidence has shown that similar rates of boys and girls experience symptoms of depression and anxiety during childhood, up until around the age of 11. As children move into adolescence, however, the proportion suffering from poor mental health increases significantly among girls, but not among boys.

Early adolescence is a time of transition for most children as

they move from primary to secondary school, and experience physiological changes before and during puberty. Policymakers and health practitioners consider this a pivotal time for intervention and prevention for public health issues such as obesity and substance use. However, despite the fact that half of all cases of adult mental illness are estimated to start by age 14, until recently there has been limited policy focus on this age group.

In response to growing concerns about child and adolescent mental health and wellbeing, the Government issued a Green Paper in late 2017, setting out its proposals to improve mental health support for children and young people. It focuses on earlier intervention and prevention, especially in schools and colleges.

This briefing paper examines the predictors of mental ill-health in young people taking part in the Millennium Cohort Study (MCS), which is a representative group of children born in the UK at the turn of the millennium.

At age 14, almost one in four (24%) girls and one in ten (9%) boys reported experiencing high levels of depressive symptoms. This briefing also examines how a range of childhood factors, including family, health, school and friendships, relate to high depressive symptoms at age 14. It also examines the relationship between high depressive symptoms and wellbeing at age 14.

This briefing is part of a series on different topics, based on the most recent data from the Millennium Cohort Study.

MCS Age 14 Survey

The most recent survey of the Millennium Cohort Study was the Age 14 Sweep, which took place between January 2015 and March 2016. The participants were interviewed face to face and completed a questionnaire.

You can find out more about the data collected from the Age 14 Sweep on our website. The data from this and all previous sweeps are available from the UK Data Service.

**CENTRE FOR
LONGITUDINAL
STUDIES**

Key findings

- Certain factors, such as being overweight, not getting along with peers and being bullied, were associated with high depressive symptoms for boys and girls at age 14.
- Accounting for mental health in childhood, at age 14 girls from homes with lower family income were more likely to report poorer mental health and lower wellbeing than their better-off peers. However, family income did not appear to be a significant factor in predicting boys' mental health or wellbeing at this age.
- Girls who reported enjoying primary school and being engaged in their studies were less likely to have higher depressive symptoms at age 14.
- Mental ill-health and poor wellbeing do not always go hand in hand: we find a large proportion of young people experience low wellbeing despite not having high depressive symptoms; and a very small proportion of individuals, mainly boys, experience good wellbeing in the presence of mental ill-health.

Method overview

At age 14, cohort members answered questions about their mental health difficulties for the first time. They completed the Short Moods and Feelings Questionnaire (SMFQ) which assesses symptoms of depression. The measure assesses feelings or behaviours in the previous fortnight (e.g. I felt miserable or unhappy), and a higher score indicates greater levels of depressive symptoms. A score of 12 or above is indicative of high levels of depressive symptoms and is used as a cutoff to identify cohort members with high depressive symptoms in this report. Previously, at age 11, children's mental ill-health was reported by parents.

Mental wellbeing at ages 11 and 14 was assessed using a six-item measure assessing satisfaction with different aspects of life appropriate to this age group, including school, family, friends, appearance, and life as a whole. Cohort members responded by indicating their level of happiness with each aspect of their lives on a 7-point scale, ranging from 'not at all happy' to 'extremely happy'. The score is aggregated to represent overall wellbeing, with higher scores indicating greater wellbeing.

In the current investigation, 9,553 cohort members who had available all mental health measures at ages 11 and 14 years are included in the analysed sample. We investigated a range of childhood predictors of high depressive symptoms at age 14, taking into account prior mental health (both wellbeing and mental ill-health) as measured at age 11.

Factors associated with high depressive symptoms at age 14

We investigated a range of individual, household, school and wider environmental factors measured in childhood (to age 11) and how they predicted high depressive symptoms reported by the young person at age 14 (factors are based on Patalay & Fitzsimons, 2016¹; analysis of further correlates will be the topic of future work).

Several factors were associated with mental health at age 14, even after taking into account the influence of mental health at age 11.

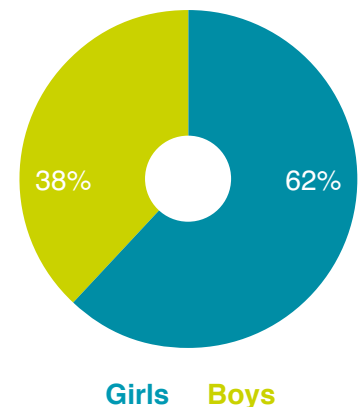
Gender was strongly associated with poor mental health at age 14, with girls 16 percentage points more likely than boys to develop symptoms of mental ill-health by age 14.

Common factors for both boys and girls included: being overweight, not getting along with peers, and having been bullied by peers. Common protective factors for both genders included having better wellbeing in childhood. Furthermore, boys and girls of Asian ethnicity were significantly less likely (4 and 6 percentage points, respectively) than White adolescents to suffer from high depressive symptoms.

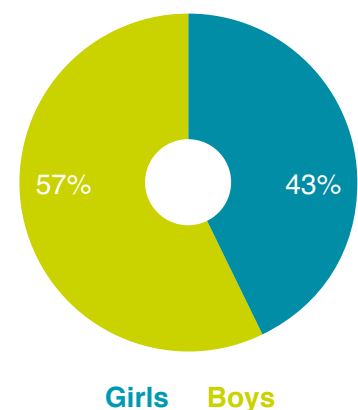
Some factors relating to mental ill-health were gender-specific. For instance, risk factors for girls but not boys included: low family income, higher childhood cognitive scores and greater parent mental health difficulties. School connectedness in childhood, Black ethnicity and living in Northern Ireland were linked with lower likelihood of high depressive symptoms in girls at 14. We did not identify many predictors of high depressive symptoms unique to boys, with the exception of experience of sibling bullying.

“Risk factors for girls but not boys included: low family income, higher childhood cognitive scores and greater parent mental health difficulties.”

Proportion of young people with lowest wellbeing



Proportion of young people with highest wellbeing



The relationship between mental ill-health and wellbeing

Respondents also evaluated how satisfied they were with different aspects of their lives – providing a measure of their wellbeing. This provides a more complete picture of young people’s mental health, and affords us the unique opportunity to study how adolescent wellbeing relates to symptoms of mental disorder.

By age 14, we also observed stark sex differences in wellbeing, with girls significantly more likely to report lower wellbeing than boys. For instance, when we categorise the wellbeing score into thirds, corresponding to high, medium and low wellbeing, we see that the lowest third consists of 62 per cent girls and 38 per cent boys, in contrast to the highest wellbeing group which has 43 per cent girls and 57 per cent boys.

Wellbeing and mental ill-health were associated moderately at age 14 (-.58). However, when investigating separately by sex, we found that the association is stronger in girls (-.63), compared to boys (-.47). This means that girls were more likely than boys to report both mental ill-health and lower wellbeing.

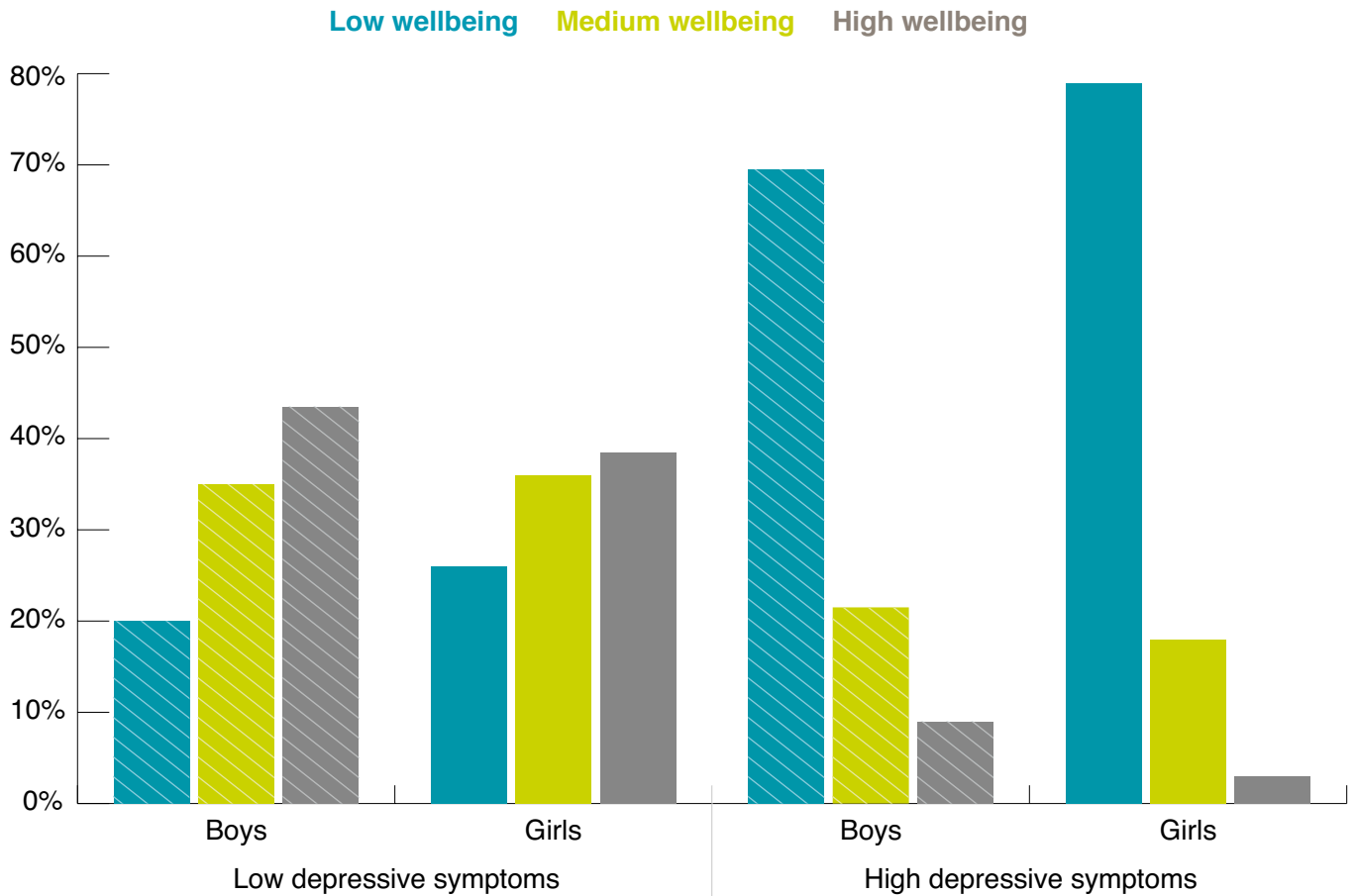
We investigated the wellbeing reported by 14-year-olds by whether or not they have depressive symptoms. Findings are illustrated in Figure 1 below.

We see from the right hand panel that the vast majority of those suffering high depressive symptoms also report low wellbeing, so this is indeed a high risk group reporting poor mental health on both domains.

However, the wellbeing of the majority group without high depressive symptoms does not mirror this – the vast majority are not necessarily reporting high wellbeing. Rather, among those without depression (left hand panel), reported levels of wellbeing are variable – 20 per cent of boys, and 25 per cent of girls, report low levels of wellbeing, and for a further 35 per cent of boys and girls, their reported wellbeing is in the middle third.

For a substantial proportion of young people, not suffering from depression is not synonymous with high wellbeing; moreover, a small proportion of those suffering from depression also report good wellbeing. This illustrates the multi-dimensional nature of mental health and how looking at one aspect alone may not capture the full picture.

FIGURE 1



About the Millennium Cohort Study

The Millennium Cohort Study (MCS) has been following the lives of 19,517 children since they were born in the UK at the turn of the new century. It's one of four longitudinal studies managed by the Centre for Longitudinal Studies (CLS) at the UCL Institute of Education.

CLS carries out regular surveys (known as 'sweeps') to collect information about study participants' physical, socio-emotional, cognitive and behavioural development over time, alongside detailed information on their daily life, behaviour and experiences. The data collected is a rich and unique resource for researchers across a range of disciplines.

The MCS has had a significant impact on UK policy, in areas such as breastfeeding, immunisation and child poverty. It will continue to provide a vital source of evidence for policymakers addressing social challenges for many years to come.

The next sweep is taking place in 2018 when the cohort members are aged 17.

Footnote:

- 1 Patalay, P., & Fitzsimons, E. (2016). Correlates of Mental Illness and Wellbeing in Children: Are They the Same? Results From the UK Millennium Cohort Study. *JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY*, 55 (9), 771-783. doi:10.1016/j.jaac.2016.05.019

Conclusions

This briefing provides the latest findings on the mental health and wellbeing of children born at the turn of the millennium. The evidence highlights that many children, especially girls, experienced worsening mental health and wellbeing during this transitional period, between ages 11 and 14.

There were gender differences in how family income was associated with changes in mental health from childhood. Girls from less well-off families were more likely to

experience high depressive symptoms at age 14 when accounting for mental health at age 11, while this did not seem to be the case for boys.

Age 14 was the first time that a substantial difference was seen between the mental health and wellbeing of boys and girls, as girls experienced poorer mental health and lower wellbeing than boys. The relationship between mental ill-health and wellbeing also seems to be stronger in girls than in boys.

Implications

With this research providing evidence to reveal a stark divide between the mental health and wellbeing of boys and girls at age 14, policymakers must identify the differing needs and pressures experienced by boys and girls in early adolescence.

The relationship between mental ill-health and wellbeing also differs in boys and girls. Negative wellbeing is more closely linked with mental ill-health in girls – very few girls reported positive wellbeing while suffering from high depressive symptoms.

In improving mental health among young people, policymakers and education practitioners should consider strategies that take into account children's wider circumstances, including school connectedness and peer relationships. The findings reveal that girls from poorer homes are more likely to have mental health problems than their wealthier peers. The findings also highlight that better integration with school in childhood might be protective against worsening mental health in early adolescence.

Acknowledgements

The Millennium Cohort Study is supported by the Economic and Social Research Council and a consortium of government departments. This research would not have been possible without the important contributions of the Millennium Cohort Study cohort members and their families. We would also like to acknowledge the input of colleagues who contribute to the study and the teams collecting the data.

Contact

Centre for Longitudinal Studies
UCL Institute of Education
20 Bedford Way
London WC1H 0AL
Tel: +44 (0)20 7612 6875
Email: clsfeedback@ucl.ac.uk
Web: www.cls.ioe.ac.uk
Twitter: [@CLScohorts](https://twitter.com/CLScohorts)

To cite this briefing: Patalay P & Fitzsimons E. Mental ill-health and wellbeing at age 14 – Initial findings from the Millennium Cohort Study Age 14 Survey. May 2018. Centre for Longitudinal Studies: London