

Factors Affecting Mental Health and Wellbeing in Children and Young People in Northern Ireland

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Background

International evidence charts a decline in wellbeing in young people in the Western World over the past decade. In the Youth Wellbeing Prevalence Survey of children and young people (CYP) in Northern Ireland (NI) aged 2-19 years, 12.6% met the criteria for any mood or anxiety disorder. In keeping with the wider evidence on mental health, childhood adversities were associated with higher risk. Prevalence rates were higher among children living in an area of deprivation, children living in a single parent household, those living in urban areas and children living in households where an adult was in receipt of benefits. Higher rates of poor mental health were associated with having poor physical health and additional educational needs. The proportions reporting high-risk behaviour were also high, with one in six (aged 11-19) engaging in disordered eating. One in 10 reported self-harm, and one in eight said that they had thought about, or attempted, suicide. The prevalence of mental illness in the youth population in NI is broadly similar to that of other regions of the UK. The 2017 Mental Health of Children and Young People in England survey found that one in eight (12.8%) of 5-19 year-olds had at least one mental health disorder, one in 12 (8.1%) had an emotional disorder such as anxiety or depression, and one in 20 (4.6%) had a behavioural or 'conduct' disorder.

The data shows that after the Covid-19 pandemic the rates of poor mental health in young people in other regions increased, with the rates of probable mental health disorders rising to 16.7% in England, compared to the 2017 figure of 12.8%. There is an absence of comparable, detailed post-Covid data in NI. However a 2023 survey conducted by the NI Mental Health Foundation found that nearly four in ten (39%) young people (18–24-year-olds) reported that anxiety had affected their day-to-day life to a great or moderate extent. The proportion with anxiety was also higher in males (34%) compared with females (27%). Rates were also higher in those with a long-term health condition (51%) and in single parent households (46%).

The patterns of feelings and behaviours that characterise mental illness result from the individual's response to stress or distress over time. The amount or intensity of stress (the allostatic load) required to trigger the onset of a mental disorder, varies between individuals and is dependent on that person's vulnerabilities. There are critical periods of neurological, biological, social, and emotional development in early life that shape a person's vulnerabilities and their stress response across their lifetime. Trauma exposure and childhood adversities are important risk factors which affect the developing brain and stress activation processes. Positive early relationships and emotional literacy, being able to recognise and comprehend our emotional states, are protective and crucial for maintaining good mental health.

The Mental Health Champion is involved in the development of policy and services to meet the needs of young people in NI who have poor mental health. She is also concerned about the social determinants of mental health, including the social and structural factors which influence stress and wellbeing in NI's children and young people. To this end, the Mental Health Champion funded a module within the Kids' Life and Times (KLT) and Young Life and Times (YLT) 2023 surveys. The module questions were developed following series of engagement events with 89 young people (64% female, 36% male, ranging from 9-18 years) across NI. These were undertaken in collaboration with Youth Work Alliance and held with young people in the following areas

- @YesOurSpace Transition Youth Project (Derry City)
- St. Teresa Youth Club (Belfast)
- St. Peters Immaculata (Belfast)
- Townsend Youth Project (Belfast)
- Dungannon Youth Resource Centre (Dungannon)
- Roe Valley Residents Association (Limavady)
- St. John Bosco Youth Centre (Newry)

Methods

The Kids' Life and Times Survey (KLT) 2023 was undertaken with 5,577 (48.4% male, 48.5% female, 4.1% neither or prefer not to say) young people in Year Seven (11-years-old) across NI. The KIDSCREEN-10 is used annually in this survey to measure wellbeing over time. Data from 2016 onwards show that the levels of wellbeing have declined over the past seven years (Figure 1). Notwithstanding this, when asked how they would describe their mental health and wellbeing, over 50% of 11-year-olds said it was very good or excellent (Figure 2).

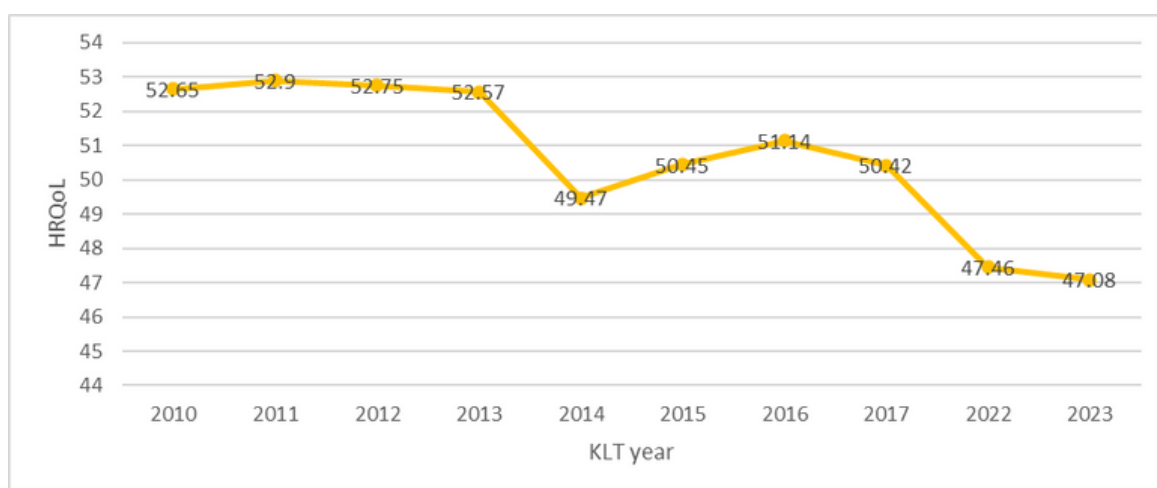


Figure 1: General Wellbeing Scores of Children Aged 11 in Northern Ireland 2010-2023 (KIDSCREEN-10)

*2022 is based on a 9-item scale due to survey error

The Young Life and Times Survey (YLT) 2023 was completed across two surveys; the Mental Health Champion’s module was included in Version 2 administered to 1,060 16-year-olds across NI (41% male; 55.7% female; 1.9% non-binary; 0.6% m to f trans; 0.7% f to m trans; 0.2% other). Respondents completed the General Health Questionnaire GHQ-12 (GHQ-12) where a score of 4 or more is indicative of probable mental ill-health. The YLT study found that 45.2% of 16-year-olds had a probable mental illness (GHQ>4) (32.8% of males and 52.9% of females p<0.001). Only 36.8% of 16-year-olds rated their mental health and wellbeing as very good or excellent (see Figure 2).

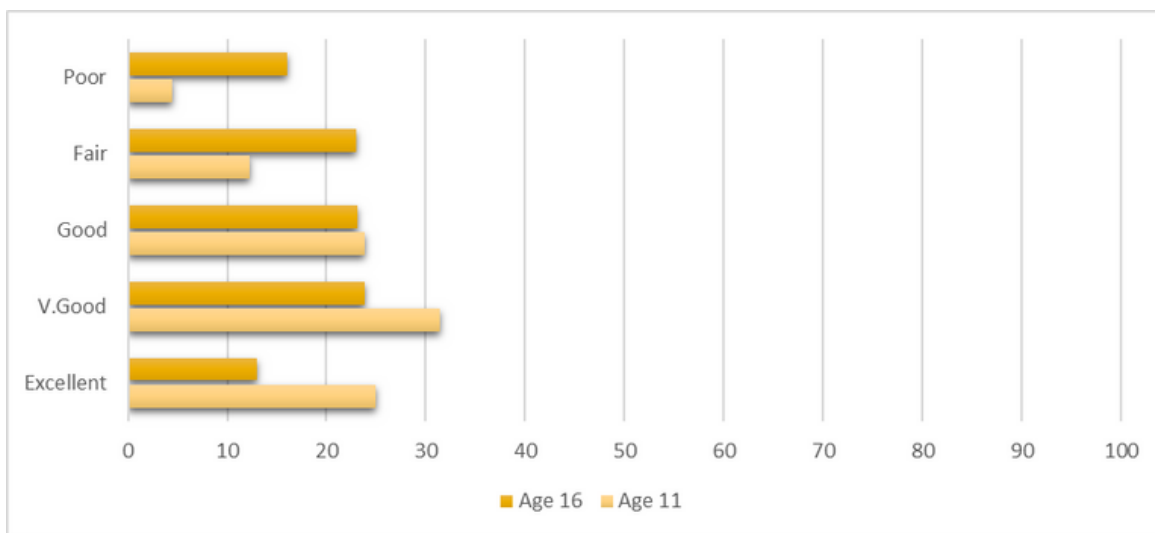


Figure 2: Self Reported Mental Health and Wellbeing in Young People aged 11 and 16 in Northern Ireland

Results

Causes of worry and stress for young people

Our survey asked young people to indicate which, if any, of a list of issues caused them worry or stress. Almost one in five (18.5%) 11-year-olds reported never feeling worried or stressed, compared with only 6.2% of 16-year-olds. The most common concerns for young people at both ages were problems or arguments with friends (age 11, 42.4%; age 16, 43.8%), problems or arguments at home (age 11, 36.4%; age 16, 39.8%), and pressure to do well at school (age 11, 39.1%; age 16, 80.4%). Under half of the young people reported these concerns in the two age groups, with the notable exception of pressure to do well at school, which was a worry for 80.4% of 16-year-olds. More than a fifth of 11-year-olds (21.7%), and a quarter of 16-year-olds (24.6%) worried about their family not having enough money. Around one in 20 (5.6%) 11-year-olds worried about not getting help with their disability or learning need at school; this figure was higher (7.9%) among 16-year-olds.

A smaller percentage of 16-year-olds (7.3%) stated that providing care for a family member caused worry or stress, compared to 11.6% of 11-year-olds. 13.4% of 11-year-olds reported feeling pressure to wear the latest trends, and this proportion increased to one in five (20.2%) 16-year-olds. A comparable percentage both age groups worried about not having safe spaces to hang out with friends (age 11, 13.6%; age 16, 13.7%). 7.6% of 11-year-olds and 12.4 % of 16-year-olds reported feeling under pressure to get positive comments on social media. 11.3% of 11-year-olds worried about getting sent unsuitable pictures or messages online, compared to 7.6% of 16-year-olds.

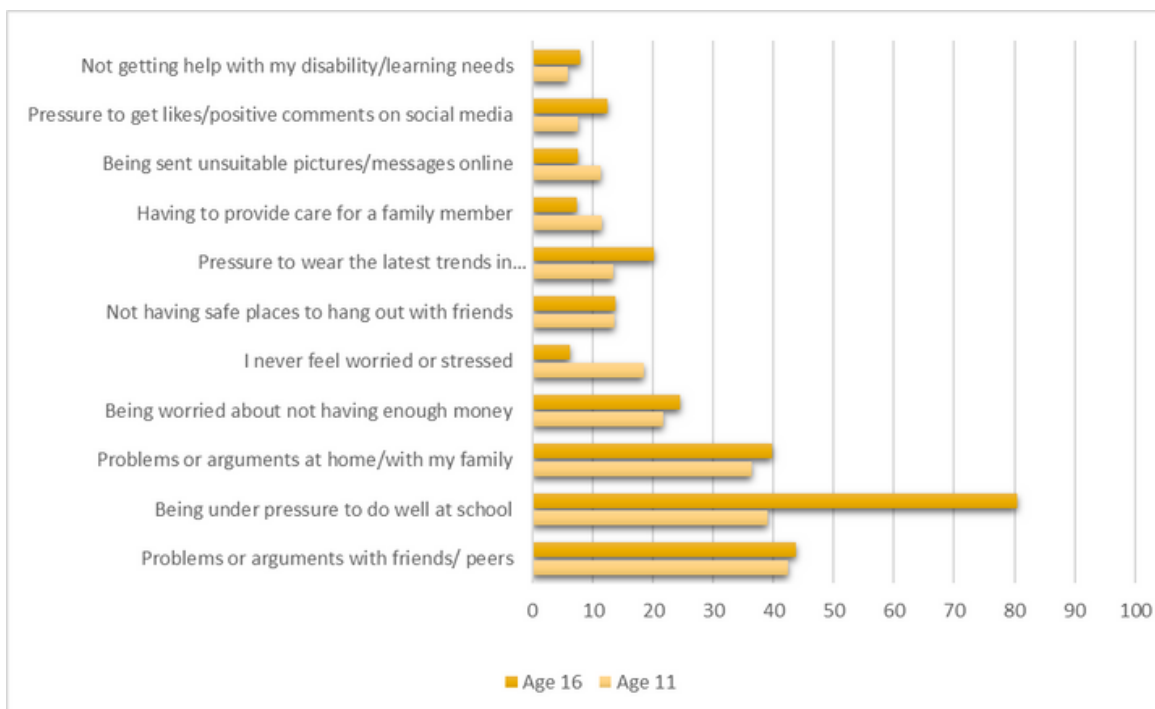


Figure 3: Causes of worry and stress for young people in Northern Ireland

Who would young people talk to about their worries?

The survey asked who young people were most likely to talk to about their worries. Among 11-year-olds, 69.5% would speak to a parent; 53.1% would speak to a friend; almost half (48.7%) would speak to another family member; and just over a third (35.3%) would speak to a teacher. Among 16-year-olds; 59.2% would talk to a parent, and two thirds would talk to a friend (66.8%). Just over a third (35.9%) would talk to a family member; and only 17.3%, a teacher. Less than 10% of young people in either survey would use helplines or counselling services, youth or community workers, the school nurse or a member of the clergy.

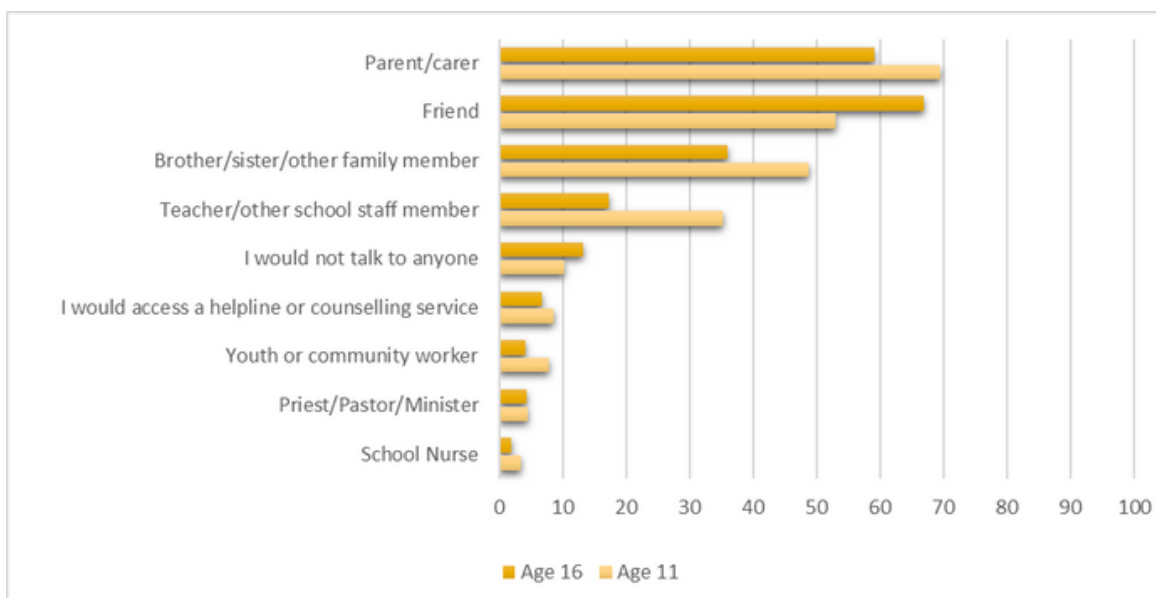


Figure 4: Who would young people in Northern Ireland talk to about their worries?

Factors that prevent young people in Northern Ireland from talking about their worries and stress

Talking about stress and worry is an important part of help seeking. However, as Figure 5 shows, more than one in five young people would not know who to talk to about stress and worry (22% of 11-year-olds; 21% of 16-year-olds); and more than a quarter (age 11, 26.2%; age 16, 31.2%) worried that their parents would find out. Almost a third of 11-year-olds (30.4%) and more than a third of 16-year-olds (35.7%) worried their friends would treat them differently if they knew that something was wrong. Almost a third of 11-year-olds (32.3%) would not want anyone to know that something was wrong; and this proportion rose to more than half (53.7%) of 16-year-olds.

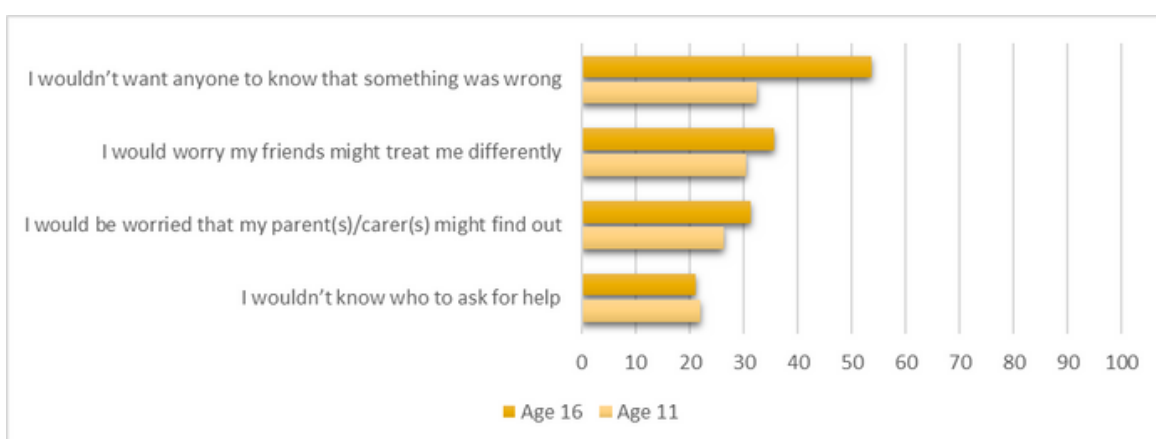


Figure 5: Factors that prevent young people in Northern Ireland from talking about their worries and stress

Discussion

These findings show that the wellbeing of 11-year-olds in NI has declined in recent years to its lowest ever score; and that a high proportion of 11-year-olds have worries relating to relationships with peers, relationships at home, and pressure to do well at school. Concern about the household finances was also a common source of stress. This study found that 45.2% of 16-year-olds (over half of females) had a probable mental illness (GHQ>4) (32.8% of males and 52.9% of females $p<0.001$). Despite this, only 18% of 16-year-olds in the current study reported they had a physical, mental, developmental, or sensory health condition/illness, that they expected to last 12 months or more. This finding could indicate that many 16-year-olds may not be aware that their symptoms could represent a mental illness, or perceived their symptoms to result from stress that would resolve over time.

The same worries, family and peer relationships, and financial worries, impacted similar proportions of 16-year-olds as the 11-year-olds; but an extremely high proportion, 80%, reported worrying about the pressure to do well at school. This is likely to reflect the impact of the formal exams that are undertaken in NI at age 16, but could also relate to how they feel toward the school environment, or relationships in the school setting. 2019 figures show that 16.8% of 11–19-year-olds have experienced ‘traditional’ bullying and 14.9% have experienced cyberbullying. A 2022 study showed that bullying impacted young people’s perceived level of stress. The current study found that over 40% of young people worried about problems or arguments with their peer group. Together these findings highlight the importance of teaching young people how to form and navigate healthy relationships. This is a key component of the Relationships and Sexuality Education (RSE) curriculum. Anti-Bullying policies are mandatory in NI schools and it is important that the quality of the provision is monitored. The implementation of the RSE curriculum is now also mandatory, and needs to be co-designed with parents and young people to ensure that the curriculum meets young people’s needs.

Over a third of young people in this study felt worried about problems or arguments at home, and there is strong evidence that parenting support and programmes, such as those offered by Parenting NI, are beneficial in addressing this. Although the surveys did not directly ask if respondents identified as carers, 7.3% of 16-year-olds stated that providing care for a family member caused them worry or stress, compared to 11.6% of 11-year-olds. The NI 2021 census data shows a population of 478,416 young people under the age of 19, and identifies that 8,335 (1.7%) provide unregistered care to someone. The additional responsibilities undertaken by young carers can impact wellbeing, and many young carers are unregistered. Despite this, there are supports available, and these should be highlighted to young people.

More than one in five young people in both age groups worried about family financial pressures. The 2021/22 Northern Ireland Poverty and Income Inequality Report shows that approximately 18% of children in NI lived in relative poverty, which is lower than the 22% reported for 2019/20. Worrying about not having money is not a direct measure of poverty, however the KLT and YLT figures appear comparable to the prevalence rate reported above. Whilst this may be attributed to the current “Cost of Living Crisis”, there are high proportions of the NI population living in relative and absolute poverty. Highlighting that one in four children here lived in poverty, the NI Commissioner for Children and Young People stated that these children have borne the effects of a 'Cost of Living Crisis' their whole lives. Area level deprivation is a consistent predictor of poor mental health, and poverty increases the risk of mental illness and suicide. Social policies which address poverty and inequality are therefore necessary to reduce the burden of suffering as well as the economic cost of mental ill-health in the longer term.

There is a strong body of evidence showing that the nature of these stressors, and the ways in which young people respond, can impact their overall health and wellbeing across the lifespan, and affect their educational outcomes and employment opportunities. It is important therefore that we recognise and address the structural factors that cause poor mental health, such as the pressure that young people are under at school, and the inequalities that result in financial pressure. It is also important that young people are equipped with the skills to manage relationships with peers and families, and coping skills so that they can regulate their response to stress.

Social connections are protective, and communication is an important element of coping and problem solving. It is therefore encouraging that most young people will talk to a parent, friend, or other family member, about how they are feeling. It is also important for young people to have a safe environment where they can connect with their friends, and it is therefore concerning that one in 10 young people worried about having safe spaces to socialise. Similarly, this study highlighted that young people worried about the safety of the online environment (specifically receiving inappropriate content), and further research is needed to understand the prevalence of young people in NI who experience inappropriate contact online and the impact this has on young people. Young people need skills to navigate such spaces in a safe manner, and emotional literacy skills to effectively communicate when such experiences negatively impact their wellbeing.

Despite the prominence of “pressure to do well at school” as a cause of concern, and the fact that young people spend a large proportion of time at school, only 17.3% of 16-year-olds felt they could talk to their teacher about their worries, compared to over a third of 11-year-olds. This probably reflects the nature of the primary and secondary school environment; nonetheless it points to the need for designated staff in the school setting

(or an alternative safe environment, such as in a youth work setting) that young people do feel comfortable to disclose these types of concerns.

Despite the high proportions of young people who would discuss their concerns, a significant percentage of 11 and 16-year-olds would not speak to anyone, or did not know who to speak to. Stigma refers to the range of attitudes or misconceptions we hold, or believe others hold, about those who experience mental health concerns. It has long been recognised as a barrier to accessing support and these findings suggest that stigma may prevent young people in NI from seeking mental health support. Intervention acceptance among peers and parents is crucial for their effectiveness. The impact of stigma was also evidenced in responses to the questions about barriers to asking for help. Over half of 16-year-olds stated that they would not want anyone to know that something was wrong, and over a third of 16-year-olds worried that friends might treat them differently as a result. Three in 10 16-year-olds would be worried that their parents would find out.

Recommended policy response

Mental ill-health is estimated to cost NI at least £3.4 billion annually, and the most cost effective approach to reducing the burden of suffering is through early intervention and prevention, particularly in relation to early years, parenting, psychological therapies and addressing bullying in schools. This study identifies the sources of stress and worry for children and young people and highlights the policy responses that would address these issues and improve young people's lives.

Parental mental health, family relationships and the social and economic circumstances of families and communities are fundamental to young people's mental health. A strong Programme for Government, which prioritises reducing social inequalities, and improving the wellbeing of all citizens, is therefore urgently required. The Children and Young People's Strategy 2020-2030 addresses eight areas of importance, including physical and mental health specifically. It also needs to be implemented in full. Together these findings highlight the work needed to address the negative impact of the school experience and the education system. The Independent Review of Education was established in 2020 following the New Decade New Approach agreement. Whilst the focus of the Review is on "efficiency" and "raising standards", the Review is also considering the barriers to positive outcomes, one of which is undeniably mental health and wellbeing. It is therefore imperative that the Review considers the ways in which the features of our education system, (for example, testing and academic selection at age 11, and the prioritisation of academic qualifications as the main outcome of interest), can harm the mental health of our young people.

These data also highlight the importance of implementing in full the Department of Education's Children and Young people's Emotional Health and Wellbeing Framework for

Schools. This Framework sets out the model for supporting young people's wellbeing in the school environment through a whole school approach. It also includes interventions to help young people build coping skills, and care pathways with Statutory and Non-Statutory services, to ensure that young people with mental ill-health receive timely intervention and treatment. The mandatory provision of Relationships and Sexuality Education is also a welcome development. These programmes, if implemented correctly, equip young people with the skills to manage their social, peer and romantic relationships in a way that improves their coping skills and promotes good mental health. Additionally, this data highlights the importance of the Fair Start report and the implementation of its recommendations, to ensure that young people, regardless of circumstances beyond their control such as financial pressures or caring responsibilities, have the same access to education.

In terms of health services, the Mental Health Strategy 2021-2031, particularly the Plan for Early Intervention and Prevention includes actions to improve support and services; however, there is concern that a deficit of funding may result in delays to the implementation of the Strategy. In the meantime, there has been a rise in the numbers of young people who need support and mental health services, and waiting lists have increased since 2020. Despite this, NI's Child and Adolescent Mental Health Services receive only 7.7% of the annual Health budget. This is notably less than the UK average (10%) and the Mental Health Strategy includes commitments to decrease the spending deficit. Whilst the Strategy and Framework are both welcome it remains unclear whether sufficient funding will be allocated for their full implementation.

Conclusion

Whilst stress and pressure are an unavoidable part of life, unbearable stress or pressure at a young age, that the person is unable to cope with, may increase the risk of mental illness. Sadly, this study shows that the wellbeing of children aged 11 in NI is at its lowest level since 2010, and that 45.2% of 16-year-olds have a probable mental illness. Childhood adversities create vulnerabilities, and we need to redouble our efforts to reduce trauma exposure and address the social determinants of poor mental health. The main stressors that contribute to poor mental health in the children and young people we surveyed were; relationships in families, in peer groups, financial pressure, and pressure to do well at school. These can be ameliorated by interventions at an individual, school, and community level, and much work is ongoing by committed individuals and groups on the ground. A Programme for Government that prioritises wellbeing and recognises the value of good mental health is now necessary to fast track the implementation of existing Strategies and policies; and reform the education system so that future generations can enjoy good mental health and flourish.

Acknowledgements

The Office of the Mental Health Champion for Northern Ireland funded questions on mental health, worries, supports and barriers to talking in both the 2023 Young Life and Times Survey (YLT) and the Kids' Life and Times Survey (KLT).

The Mental Health Champion would like to acknowledge the work of the ARK team in the development and implementation of the YLT and KLT studies. The dataset for the 2023 survey are available using the links below:

- ARK 2023 Young Life and Times Survey www.ark.ac.uk/ylt
- ARK 2023 Kids' Life and Times Survey www.ark.ac.uk/klt

