

What has happened to Children's Wellbeing in the UK?

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“Modern life has been chipping away at children’s happiness over time”; that is the pessimistic conclusion of the 2020 “Good Childhood Report”¹ which focused on wellbeing between the ages of 10 and 15 years across the UK. The report highlights that children in the UK, especially girls, are among the most unhappy and least satisfied in Europe. UK children aged 15 years ranked lowest of 24 European countries in its proportion of children with high life satisfaction, lowest for having a positive sense of purpose in life and second for the highest proportion with high sadness levels. While happiness levels with family life and schoolwork have remained stable since 2017-18, unhappiness with life as a whole and with friends continued to deteriorate. Fear of failure was found to show the strongest connection with wellbeing across countries. There also was some evidence of a link over time with changes in child poverty but not with digital use. These findings have important education, social policy and public health implications as fear of failure and child poverty relate to areas where there have been changes in UK and devolved nation Government policy (e.g. austerity, schooling, the new curriculum, exam changes and the development of new academies).

Interestingly the report’s findings parallel results from epidemiological surveys of mental disorder in young people that have shown a very sharp rise in the rate of adolescent mental disorders, especially emotional disorders (depression and anxiety) among females^{2,3}. This supports the proposal that mental wellbeing and mental disorder are connected. Although the two constructs are correlated, there are differences in their predictors^{1,4} and those with a mental disorder can experience high levels of mental wellbeing.

The Good Childhood Report focuses on wellbeing, a social science and public health construct that is unfamiliar to many clinicians and mental health scientists. All agree that wellbeing, however measured is more than the absence of disorder/disease and most concur that it encompasses both feeling good (e.g. happiness, life satisfaction) and functioning well (e.g. relationships, purpose in

life). The WHO may define health as a state of wellbeing rather than the absence of disease or infirmity (WHO)⁵, but this definition is largely regarded as irrelevant to clinical practice. So why should scientists and practitioners in child and adolescent psychiatry be interested in wellbeing?

There are several potential reasons. First, it has been shown that people prefer their health to be measured with instruments focusing on the positive⁶ and such measures perform better for evaluating new clinical and public health approaches that focus on the positive. Second, wellbeing predicts important outcomes including health related lifestyles, mortality and poor physical health^{7,8}. Third it is a metric used across countries for whole populations and thereby enables evaluation of these populations and facilitates comparison across time and between countries. Finally, it is a metric favoured by government and thus is linked to policies that influence young people's mental health.

What needs to happen next? The Good Childhood Report coupled with other research highlight that there is an urgent need to address both young people's mental health and their wellbeing globally. More specifically, why is the UK doing so badly? Most mental disorders originate in childhood and adolescence and given their increasing prevalence they cannot be the remit of specialist mental health services alone. Public health and social policy approaches are essential, as is adequate funding of specialist services. Wellbeing studies suggest that it is important for policies to address the promotion of wellbeing as well as the prevention of mental disorder. Practically, mental health services can support these endeavours by recognising the concept of wellbeing as well as disorder. It also is important for child and adolescent mental health scientists to consider wellbeing as well as disorder remission as an outcome.

The Good Childhood Report offers some pointers to how this might be done but cross-sectional observational studies do not robustly inform us about causal factors or appropriate policy and practice solutions⁹. As it is not feasible to conduct randomised controlled trials for every intervention, quasi-experimental studies may help the field move ahead; for example investigating the impact of policy changes or differences in education or family and parenting support across different UK nations to identify what helps. Another priority is for future research to help bridge gaps around understanding of mental health and wellbeing not only between different disciplines but also between professionals and young people themselves. Finally, most of the report uses data that predate the Covid-19 pandemic. The newly published 2020 follow-up to the 2017 Mental Health of Children and Young People in England survey, shows a further rise in the rate of mental disorder with 1 in 6 young people now affected¹⁰. This further highlights the need to urgently address children's mental health and well-being in 2021.

References

1. The Good Childhood Report 2020: The Children's Society. 2020; <https://www.childrenssociety.org.uk/good-childhood> accessed 21 October 2020
2. The Mental Health of Children and Young People in England 2017. NHS Digital 2018; <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017> accessed 21 October 2020
3. Collishaw S. Annual research review: Secular trends in child and adolescent mental health. *J Child Psychol Psychiatry* 2015; 56(3):370-93.
4. Patalay P, Fitzsimons E. Correlates of Mental Illness and Wellbeing in Children: Are They the Same? Results From the UK Millennium Cohort Study. *J Am Acad Child Adolesc Psychiatry* 2016; 55(9):771-83.
5. WHO (World Health Organisation); <https://www.who.int/about/who-we-are/constitution> accessed 21 October 2020
6. Crawford MJ, Robotham D, Thana L, et al. Selecting outcome measures in mental health: the views of service users. *Journal of Mental Health* 2011; 20(4), 336-346.
7. Phillips-Howard, P.A., Bellis, M.A., Briant, L.B. *et al.* Wellbeing, alcohol use and sexual activity in young teenagers: findings from a cross-sectional survey in school children in North West England. *Subst Abuse Treat Prev Policy* 2010; 5:27.
8. Chida Y, Steptoe A. Positive psychological well-being and mortality: a quantitative review of prospective observational studies. *Psychosom Med* 2008;70(7):741-56.
9. Thapar A, Rutter M. Do natural experiments have an important future in the study of mental disorders? *Psychol Med* 2019; 49(7):1079-1088.
10. The Mental Health of Children and Young People in England 2020. NHS Digital 2020; <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>. Accessed 26th October 2020.