

Mental Health of Children and Young People in England, 2017

Behaviours, lifestyles and identities

This topic report places the mental health of 11 to 19 year olds in England into wider social context. Social support, social networks, and engagement with social media and clubs are covered, as well as health risk behaviours and experiences such as being bullied, bereaved or having caring responsibilities.

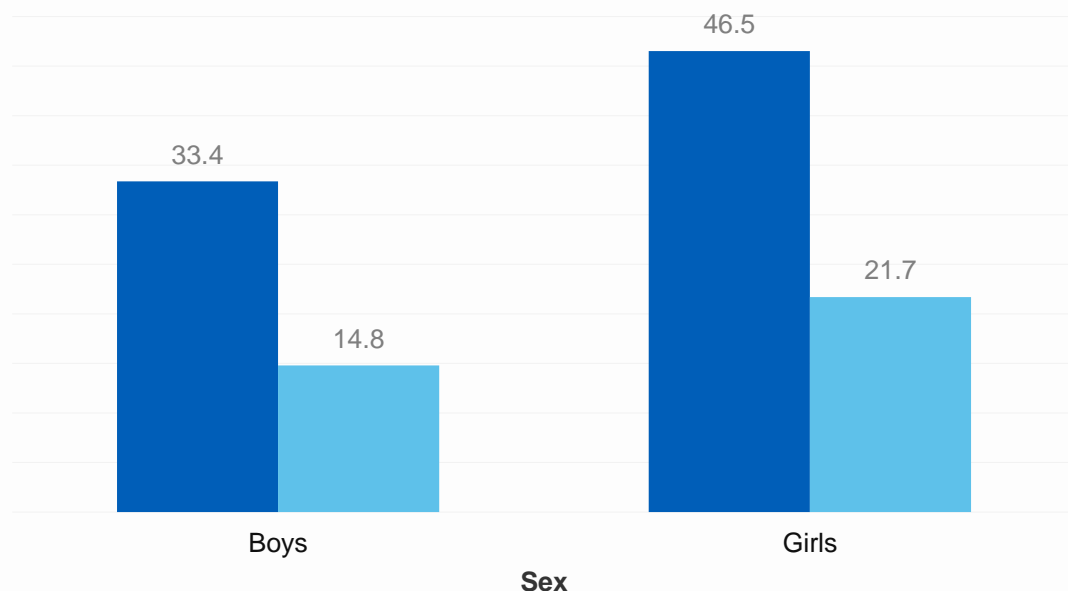
One in five 11 to 19 year olds had been bullied online in the past year, with rates higher in girls (25.8%) than boys (16.7%). Young people with a mental disorder were about twice as likely to have experienced this as those without a disorder.

Been cyberbullied in past year by any disorder and sex, 2017

Base: 11 to 19 year olds

■ Any disorder ■ No disorder

Per cent



Source: NHS Digital

Main findings

Social context of adolescence

Social media: Nearly all 11 to 19 year olds had used social media (95.1%), and eight in ten used it every day. A quarter agreed that they compared themselves with others when they were online. One in five (21.2%) had been bullied online in the past year.

Experiences: One in three (36.2%) 11 to 19 year olds was bullied offline in the past year. Most had experienced a stressful life event, with the most common being parental separation. About one in five (18.4%) had at least some responsibilities to provide care for other people.

Social networks: About one in a hundred 11 to 19 year olds felt that they had no one, or just one person, in their life that they were close to. About a quarter (23.1%) did not participate in any clubs or organisations, either in or out of school.

Behaviours: A minority of 11 to 16 year olds had tried alcohol (24.2%), an illicit drug (5.2%), or cigarettes (9.0%). One in eight (12.5%) had tried e-cigarettes, with boys more likely to try them than girls.

One in twenty 11 to 16 year olds, and one in seven 17 to 19 year olds, had self-harmed or attempted suicide at some point. Rates in girls were twice that of boys.

Identity: While most 14 to 19 year olds described themselves as heterosexual, one in ten identified as lesbian, gay, bisexual or other. Girls (13.2%) were more likely to do so than boys (7.1%).

Social context of mental health

Young people with a mental disorder were more likely than those without to have:

- Spent longer (four hours or more) on social media, compared themselves to others when online, and felt that the number of 'likes' they got affected their mood
- Been bullied and bullied others, both online and offline
- Experienced some types of adverse life events, like parental separation and financial crisis
- Low levels of social support and a smaller social network
- Self-harmed or attempted suicide both in the past four weeks and at some point in their life
- Not participated in clubs or organisations, in or out of school
- Tried alcohol, illicit drugs, tobacco and e-cigarettes
- Not identified as heterosexual.

Contents

Main findings	2
Acknowledgements	5
Introduction	6
Background	7
Terminology	8
Social media use	9
Cyberbullying	15
Bullying	18
Participation in clubs and organisations	21
Social support and social networks	23
Caring responsibilities	24
Self-harm and suicide attempt	25
Stressful life events	28
Smoking	29
Drinking	32
Drug Use	34
Sexual Identity	37
Discussion	38
Methods	41
Definitions	42
References	45

This is an Official Statistics publication



**This document is published by NHS Digital,
part of the Government Statistical Service.**

All official statistics should comply with the UK Statistics Authority's Code of Practice for Official Statistics which promotes the production and dissemination of official statistics that inform decision making.

Find out more about the Code of Practice for Official Statistics at <https://www.statisticsauthority.gov.uk/code-of-practice/>

This report may be of interest to people working with children and young people in 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. The behaviours, lifestyles and identities of 11 to 19 year olds are presented alongside associations with mental disorder.

Acknowledgements

First of all, we thank all the children, young people, parents and teachers 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 interviewers, operations department, computing, statistical, and survey and data management staff based at the National Centre for Social Research (NatCen) and the Office for National Statistics (ONS).

In NatCen, we would like to thank Dhriti Mandalia, Laura Brown, Nikki Leftly, Helen Henderson, Emma Fenn, Susan Corbett, Matt Jonas, Sally Bridges, Rachel Craig, Richard Boreham and Gillian Prior.

In ONS, this survey would not have taken place without the work of Nick Forbes, Jodie Davis, Charlotte Guinee, Steve Maurice, Simon Robinson, Mark Rowland, Adam White, Alexandra Pop, Salah Merad and Dean Fletcher.

We are also indebted to the team of ONS and NatCen interviewers who spent countless hours interviewing participants who took part in this survey.

Clinical raters undertook the enormous task of reviewing information on all the children and young people who took part. From the University of Exeter College of Medicine and Health these included Carmen Apostu, Pamela Bowman, Tamsin Newlove-Delgado, Oana Mitrofan and Eva Wooding. From Kings College London: Sophie Epstein, Andrew McWilliams, Helena Hamilton, Christine Kuhn. Thanks to Bruce Clark and the Body Dysmorphic Disorder team from South London and Maudsley Hospital for independently rating the BDD diagnoses.

The survey benefited from an expert steering group, we would like to thank Miranda Wolpert, Peter Fonagy, Catherine Newsome, Lucy Heyes, Helen Duncan, Jessica Sharp, David Lockwood, Jeremy Clark, Alexandra Lazaro, and Nilum Patel.

NHS Digital commissioned the survey series with funding from the Department of Health and Social Care. We are particularly grateful to Dan Collinson, Alison Neave, Steven Webster, Jane Town, Ben Osborne and Kate Croft for their thoughtful engagement throughout.

Introduction

Major surveys of the mental health of children and young people in England were carried out in 1999 (Meltzer et al., 2000), 2004 (Green et al., 2005), and 2017. The latest survey was funded by the Department of Health and Social Care, commissioned by NHS Digital, and carried out by the National Centre for Social Research, the Office for National Statistics and Youth*in*mind.

In each of the three surveys, the Development and Well-Being Assessment (DAWBA) was administered to a stratified probability sample of children and young people and their parents and teachers (Goodman et al., 2000). Cases were reviewed by clinically-trained raters and assessed according to International Classification of Disease (ICD-10) diagnostic criteria (WHO, 1992). In keeping with broadening definitions of adolescence (Sawyer et al., 2018) the 2017 sample was the first in the series to include 17 to 19 year olds. Children aged 2 to 4 were also included in the sample, offering a rare insight into the prevalence of mental disorders in preschool aged children.

This topic report describes the wider context of young people's social lives and presents associations with mental disorder. The following areas are examined:

- Use of social media
- Experience of bullying both offline and online (cyberbullying)
- Participation in clubs and organisations both within and outside school
- Social support and social networks
- Caring responsibilities
- Self-harm and suicide attempts
- Stressful life events
- Smoking, drinking and drug use behaviour
- Sexual identity (14 to 19 year olds).

As well as a Summary Report, other topic reports are available focusing on:

- Trends and characteristics
- Emotional disorders
- Behavioural disorders
- Hyperactivity disorders
- Autism spectrum, eating and other less common disorders
- Predictors of mental disorders
- Multiple conditions and wellbeing
- Professional services, informal support, and education
- Preschool children.

Further information about the survey and methods can be found in the Methods and Definitions sections at the end of this report, as well as in the Survey Design and Methods Report. All reports are available at:

<https://digital.nhs.uk/pubs/mhcypsurvey17>.

Background

The transition to adulthood is a crucial stage in a person's life, when they are developing a sense of their own identity, their social networks, and their place in wider society (Sawyer et al., 2018). 11 to 19 year olds in England are a diverse group in terms of their evolving identities, behaviours, responsibilities and experiences.

The wider social context of adolescence is changing. Since the previous survey, carried out in 2004, social media and smart technology have expanded. By 2017, 12 to 15 year olds were averaging 21 hours a week online (Ofcom, 2017). The 2017 survey focusses on one aspect of being online; how much time is spent on social media (websites and applications that facilitate the creation and sharing of content or participation in social networks). While both the 2004 and 2017 surveys asked about bullying, the latest survey also covered its newer form in cyberbullying; defined as 'the use of electronic communication to bully a person, typically by sending messages of an intimidating or threatening nature' (Stevenson, 2010).

A majority of the 11 to 15 year olds interviewed in 2004 had tried alcohol and smoked a cigarette (Green et al., 2005). While these have become minority behaviours among young people concerns remain, given growing evidence that engaging in these behaviours can impact on health across the life course (Deanfield et al., 2017). The newer practice of e-cigarette use is also raising concern given its potential role in increasing subsequent uptake of cigarette use (Byrne et al., 2018).

When the last survey was conducted identifying as other than heterosexual was rare (Hayes et al., 2012). Public discourse around sexual identity has changed, as has stigma around mental illness and self-harm (Henderson et al., 2017).

Other topic reports in this series have shown how context is closely related to the prevalence of mental disorder, with rates higher among young people living in low income households, poor physical health and in families with unhealthy functioning. This report examines mental disorder in an even wider social context, by looking at some aspects of the young person's individual experiences, such as how much social support they receive, what stressful life events they have experienced, and having responsibilities as a young carer.

Terminology

The other topic reports in this series include 5 to 10 year olds and refer to 'children'. This report mostly focuses on 11 to 19 year olds, and therefore also uses the term 'young people'. The term 'mental disorder' is used, although we are sensitive to the negative connotations this word can have. It is used because the survey did not just screen for general mental health problems, but applied operationalised diagnostic criteria for specific disorders (see the Survey Design and Methods Report for detail).

This report focuses on older children and young people, which has implications for the number of cases available for analysis. The base size for the hyperactivity disorders and/or less common disorder groups falls below 50 cases for some analyses, and so some of these disorders have been combined to form a 'neurodevelopmental disorder' group. This combines hyperactivity disorder, autism spectrum disorder (ASD), tic disorder, and stereotypic disorder. See the Definitions section for more details.

Social media use

A list of twenty one social media sites was presented and 11 to 19 year olds were asked which they had used, if any. Those that selected one or more were classified as social media users, and were asked how much time they spent online on a typical school day and non-school day. See the Definitions section at the end of this topic report for the list of sites asked about. Online games, such as Minecraft, Roblox and Fortnite, were not included in this list.

Social media use by age and sex

Nearly all 11 to 19 year olds used social media (95.1%) and the majority of 11 to 19 year olds used social media every day (79.1%). Social media usage was higher in older age groups, for example 88.7% of 11 to 13 year olds used social media users compared with 98.4% of 17 to 19 year olds. Using social media every day also was higher in older age groups, from 57.2% of 11 to 13 year olds to 91.8% of 17 to 19 year olds. Girls were more likely to use social media daily (82.5%) than boys (75.7%), across all age groups. (Table 1a)

Among young people who used social media daily, on a school day 39.2% used it for less than an hour and 14.6% used it for more than four hours. The proportion using social media for longer periods was higher at the weekend; with one in three (32.5%) daily users reporting four or more hours use each day. Being female and being older were both associated with spending longer amounts of time on social media, both on school days and at weekends.

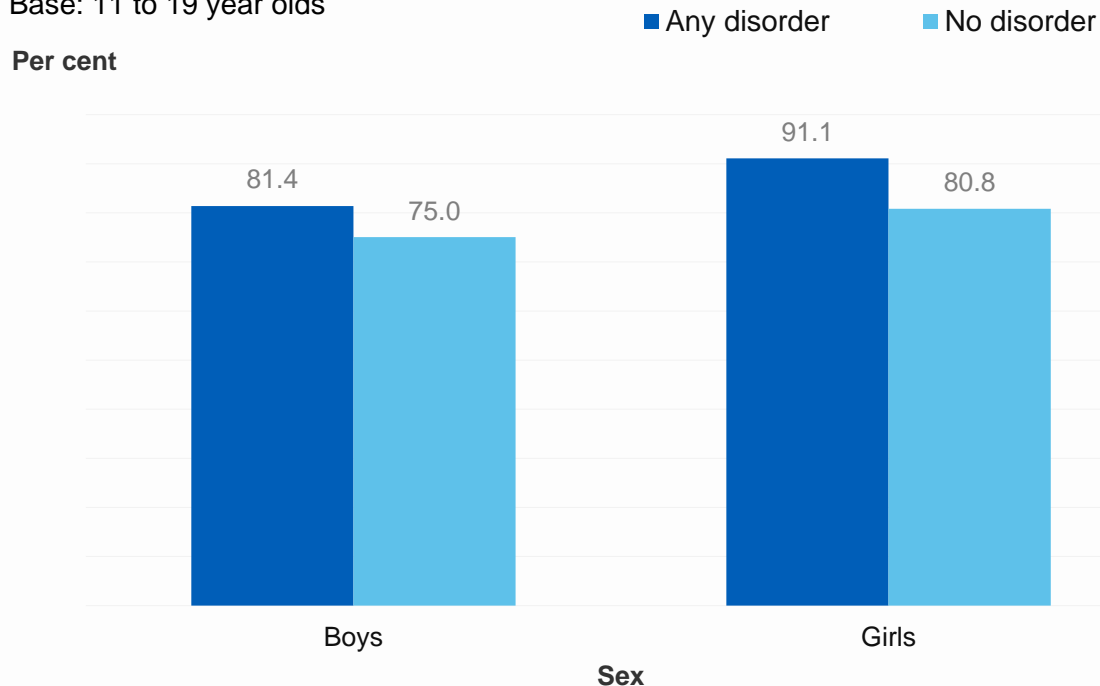
Social media use by disorder

Using social media at all, including just occasionally, was not associated with having a mental disorder. However, young people with a mental disorder were more likely to use social media every day (87.3%) than those without a disorder (77.8%). (Table 1b)

This pattern was evident for both boys and girls and in 11 to 16 year olds. Having a disorder and using social media every day was not associated for 17 to 19 year olds. (Figures 1 and 2; Table 1a)

Figure 1: Daily social media usage by any disorder and sex, 2017

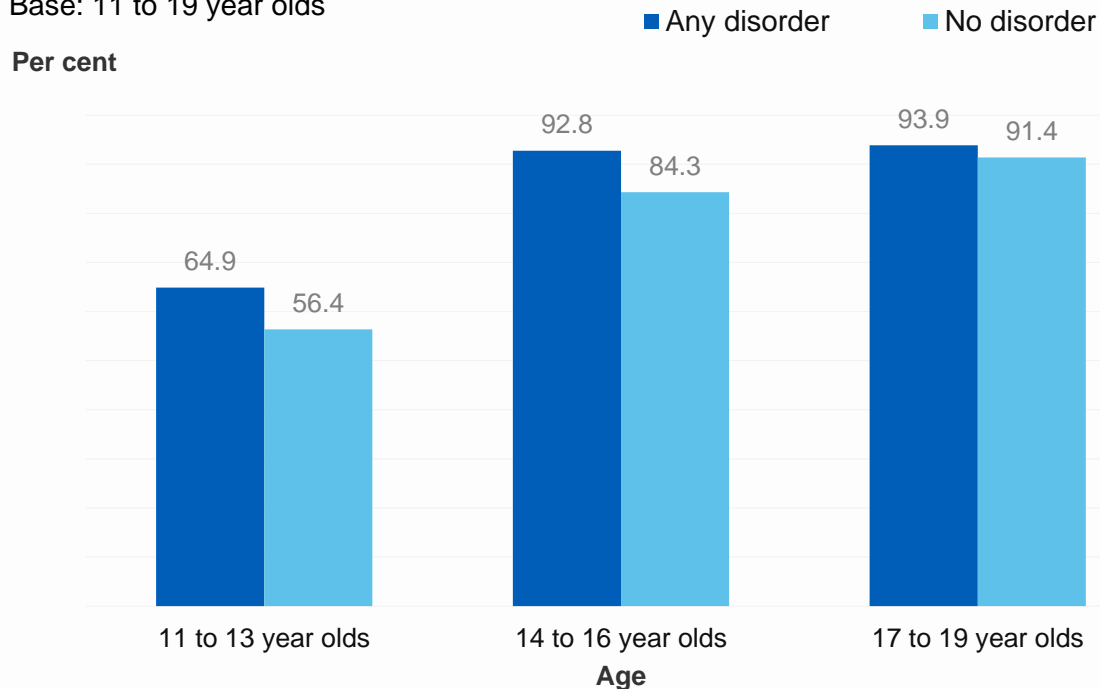
Base: 11 to 19 year olds



Source: NHS Digital

Figure 2: Daily social media usage by any disorder and age, 2017

Base: 11 to 19 year olds



Source: NHS Digital

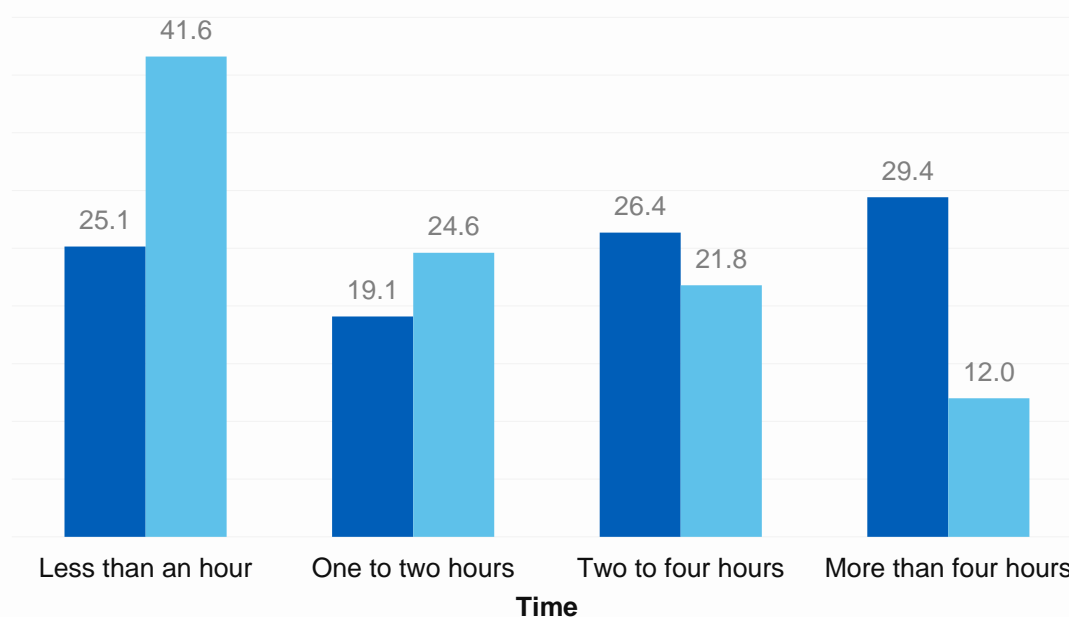
Among young people who used social media daily, those with a disorder tended to be on social media for longer. 29.4% of daily users with a disorder were on social media for more than four hours on a typical school day, compared with 12.0% of daily users without a disorder. The pattern was similar at weekends and during the holidays. This association in daily users between having a disorder and spending longer on social media was evident in boys and girls and across age groups. (Figures 3 and 4; Table 1b)

Figure 3: Time spent on social media on a typical school day by any disorder, 2017

Base: Daily social media users (11 to 19 year olds)

■ Any disorder ■ No disorder

Per cent



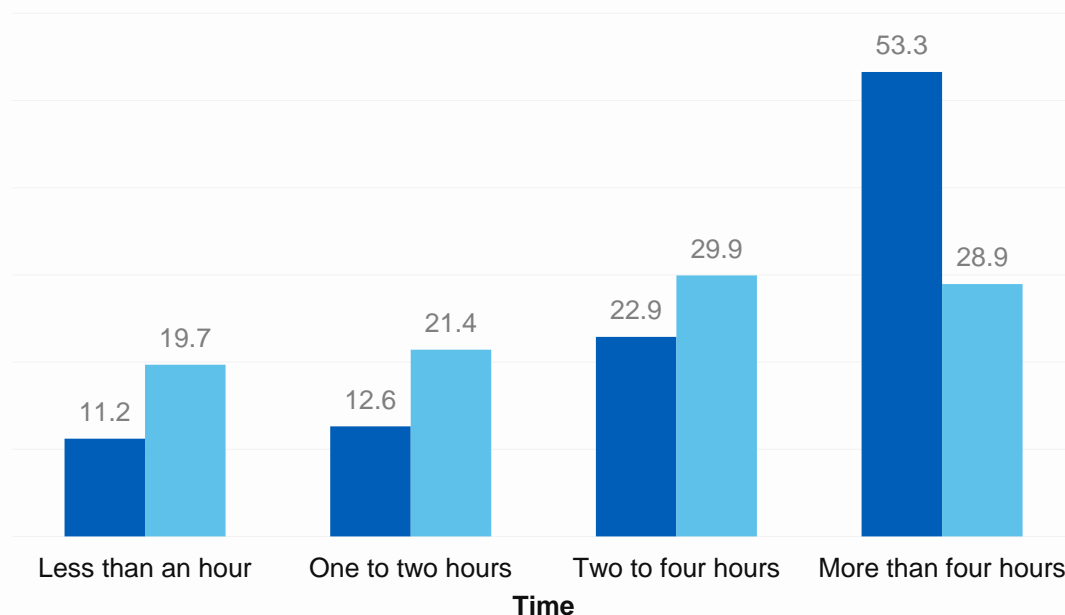
Source: NHS Digital

Figure 4: Time spent on social media on a typical non-school day by any disorder, 2017

Base: Daily social media users (11 to 19 year olds)

■ Any disorder ■ No disorder

Per cent



Source: NHS Digital

Social media use by type of disorder

Rates of daily social media usage varied by type of disorder and ranged from 90.4% of those with emotional disorders to 68.0% of those with neurodevelopmental disorders.¹ Children with neurodevelopmental disorders were the most likely group to not use social media at all (16.5%).

Views about social media use

Children aged 11 to 19 who had used at least one of the listed social media sites were asked to rate the extent to which they agreed with statements about how they felt on social media and the impact they felt it had on them.² For the full list of statements asked, please see Appendix B.

Social media: compare self to others

Over a quarter of children (27.3%) who used social media felt that they compared themselves to others while on social media. 11 to 19 year olds with a mental disorder

¹ The 'neurodevelopmental disorders' category combines hyperactivity disorder, autism spectrum disorder (ASD), tic disorder, and stereotypic disorder. See the Definitions section for more details.

² Seven statements were asked, four of these are reported on here and in the table. See Appendix B for the full list of statements.

were more likely to agree (41.9%) that they compared themselves to others on social media than those without a disorder (25.0%). This relationship was different for boys and girls. Among girls, those with a disorder (54.8%) were more likely than those without (31.7%) to compare themselves with others on social media. Among boys, however, there was no association between having a disorder and comparing themselves with others online.

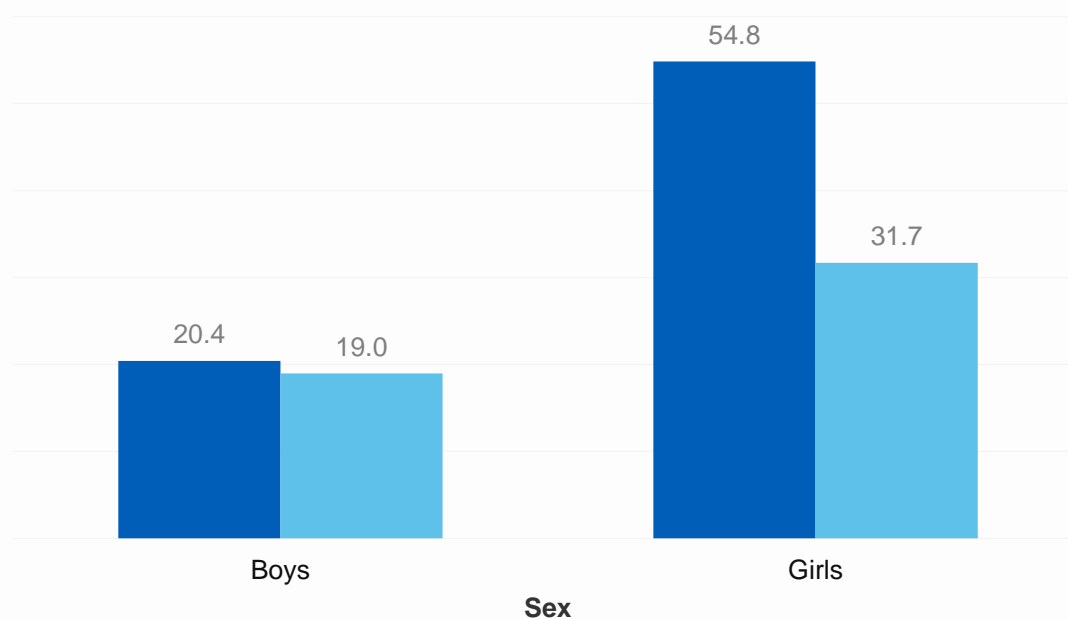
Rates varied by disorder type. Almost half of those with an emotional disorder felt that they compared themselves to others (48.3%), whereas the proportions for other types of disorders were lower (28.7% of those with behavioural disorders and 18.4% of those with neurodevelopmental disorders). This may partly be due to girls being more likely to have emotional disorders and boys more likely to have behavioural and neurodevelopmental disorders. (Figure 5; Table 1c)

Figure 5: Compare self to others on social media by any disorder and sex, 2017

Base: Social media users (11 to 19 year olds)

■ Any disorder ■ No disorder

Per cent



Source: NHS Digital

Social media: impact of responses on mood

One in six children (15.7%) who were social media users agreed that the number of likes, comments or shares that they received on social media had an impact on their mood. Social media users with a disorder (27.2%) were more likely than those without a disorder (13.9%) to feel this way. The rate varied by type of disorder, and was highest in those with an emotional disorder (29.0%).

Social media: spend more time than meant to

Over half (54.5%) of 11 to 19 year old social media users agreed that they spent more time on social media than they meant to. Of children with a mental disorder, two thirds felt that they spent more time than intended (66.6%), compared with half (52.6%) of children without a mental disorder.

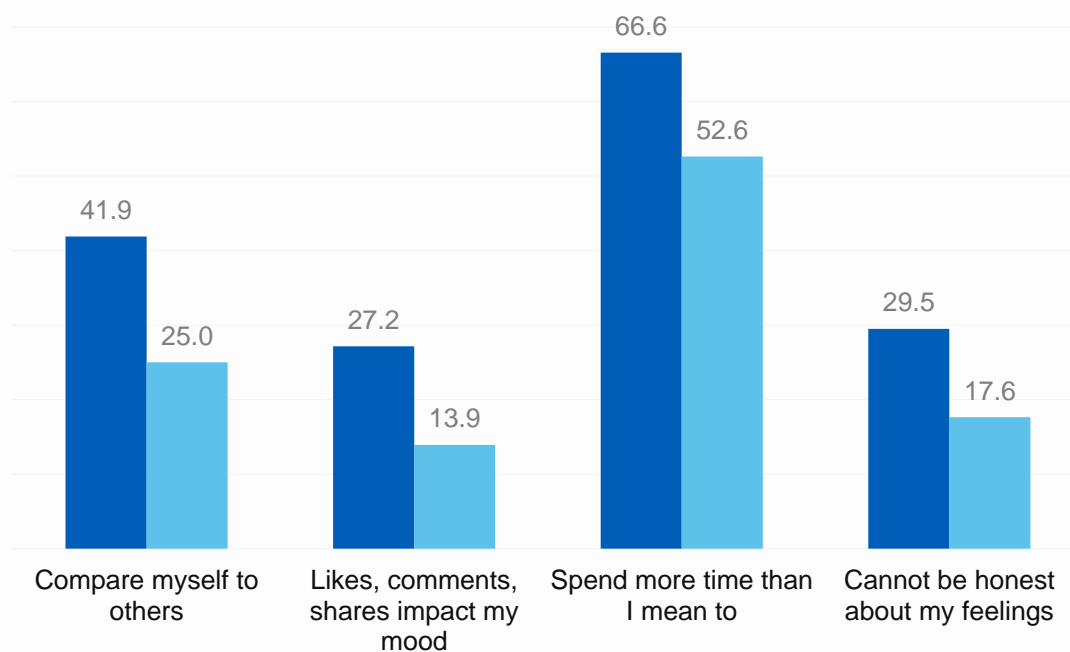
Social media: do not feel able to be honest

Of 11 to 19 year old social media users, one in five (19.3%) felt that they could not be honest on social media about how they were feeling. Children with a disorder were more likely to feel that they could not be honest on social media (29.5%) than children without a disorder (17.6%). (Figure 6; Table 1c)

Figure 6: Views about social media use by any disorder, 2017

Base: Social media users (11 to 19 year olds) ■ Any disorder ■ No disorder

Per cent



Source: NHS Digital

Agreement to impact statements

Cyberbullying

Children and young people were asked whether: they had received unwanted or nasty emails, texts or messages; someone had posted nasty things about them online; they had been ignored or left out of things online; or someone had posted inappropriate pictures of them online, without their permission. Cyberbullying was asked about in relation to the past year. Young people were asked whether they had been cyberbullied themselves, and whether they had cyberbullied others. Both are likely to be subject to social desirability biases in reporting and may represent underestimates.

Been cyberbullied by sex

One in five children aged 11 to 19 had experienced cyberbullying in the past year (21.2%). Girls were more likely than boys to have been cyberbullied: one in four girls experienced this (25.8%) compared with one in six boys (16.7%).

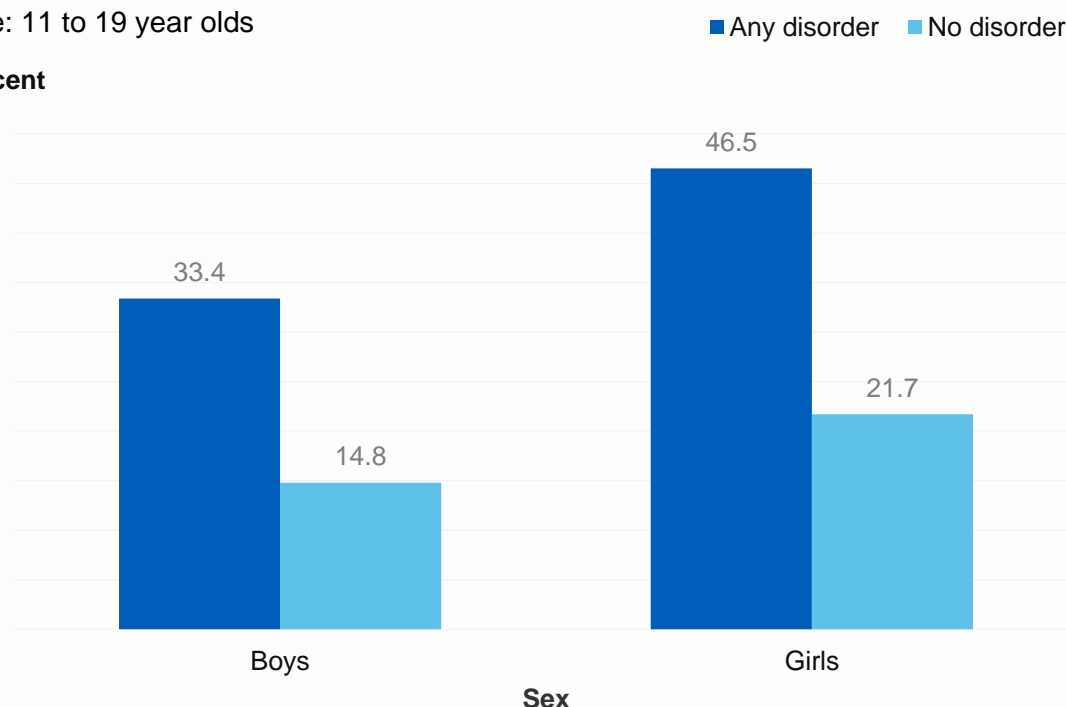
Been cyberbullied by disorder

Children with a mental disorder (41.5%) were more than twice as likely as children without a disorder (18.1%) to have been cyberbullied in the past year. This relationship was similar for boys and girls. (Figure 7; Table 2)

Figure 7: Been cyberbullied in past year by any disorder and sex, 2017

Base: 11 to 19 year olds

Per cent



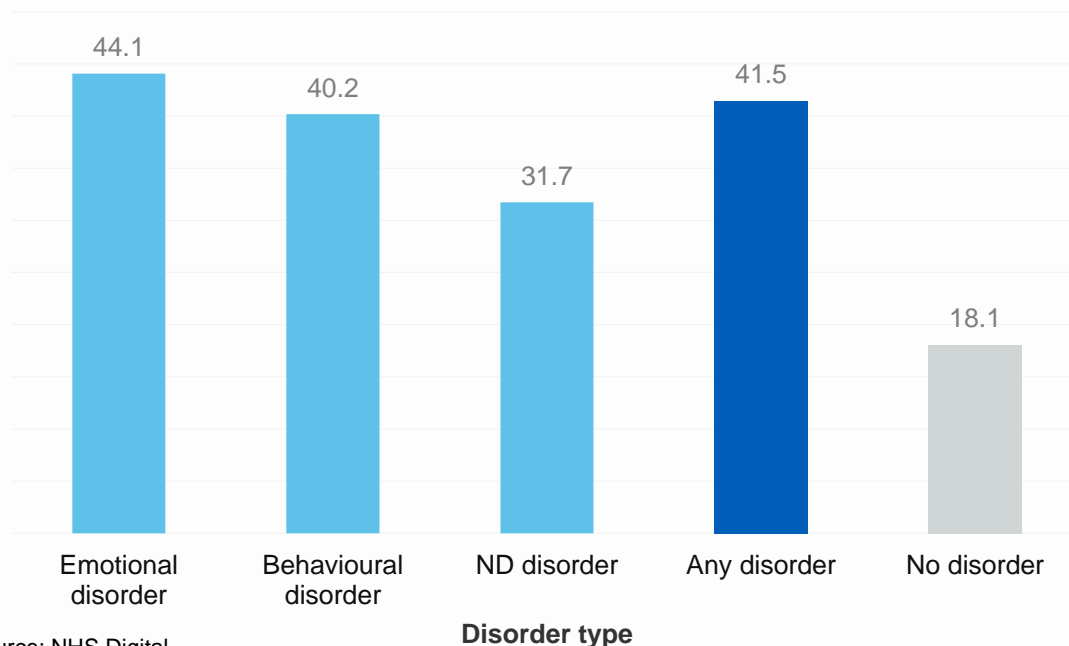
Source: NHS Digital

Rates of having been cyberbullied varied by the type of disorder present. Children with emotional disorders had the highest proportion to have experienced cyberbullying (44.1%). (Figure 8; Table 2)

Figure 8: Been cyberbullied in past year by type of disorder, 2017

Base: 11 to 19 year olds

Per cent



Footnotes: ‘ND’ refers to neurodevelopmental disorder.

Been cyberbullied: frequency

Very few young people reported having been cyberbullied daily (0.0%) - all of these were girls with an emotional disorder (0.6%).

Less than one in a hundred young people reported having been cyberbullied at least weekly (0.6%). The rate was higher in those with a disorder (2.4%) than in those without (0.3%) but did not vary by type of disorder.

Cyberbullied others by sex

Among all 11 to 19 year olds, 8.0% reported that they had cyberbullied others in the past year. About one in ten boys (9.5%) had cyberbullied others, and about one in sixteen girls had (6.4%).

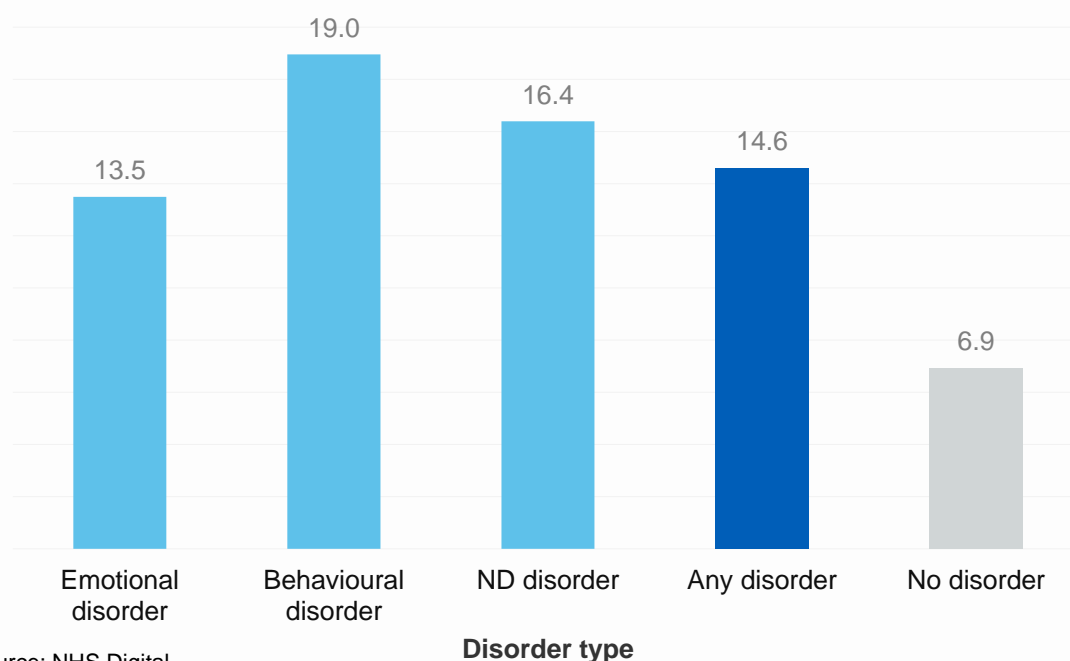
Cyberbullied others by disorder

Young people with a mental disorder were twice as likely to report having cyberbullied others (14.6%) as young people without a mental disorder (6.9%). This relationship was similar in boys and girls. Rates of cyberbullying others varied by type of disorder and were highest in those with behavioural disorders (19.0%). (Figure 9; Table 2)

Figure 9: Cyberbullied others in past year by type of disorder, 2017

Base: 11 to 19 year olds

Per cent



Source: NHS Digital

Footnotes: 'ND' refers to neurodevelopmental disorder.

Bullying

Children and young people were asked whether: they had been hit, kicked or pushed by someone; someone had stolen or destroyed their belongings in order to hurt them; they had been called mean names, been made fun of or teased by someone in a hurtful way; or been ignored or left out of things on purpose. Bullying was asked about in relation to the past year. 11 to 19 year olds were asked whether they had been bullied themselves, and whether they had bullied others. As with cyberbullying, both are likely to be subject to social desirability biases in reporting.

Been bullied by sex

More than one in three children aged 11 to 19 had experienced bullying in the past year (36.2%). Most experienced bullying monthly or less often³ (31.8%), with similar rates among boys (32.6%) and girls (31.0%).

Been bullied by disorder

Children with a mental disorder were nearly twice as likely to have been bullied in the past year (59.1%) as those without a disorder (32.7%). This association was true for both boys (57.7% compared to 34.1%) and girls (60.0% compared to 31.2%).

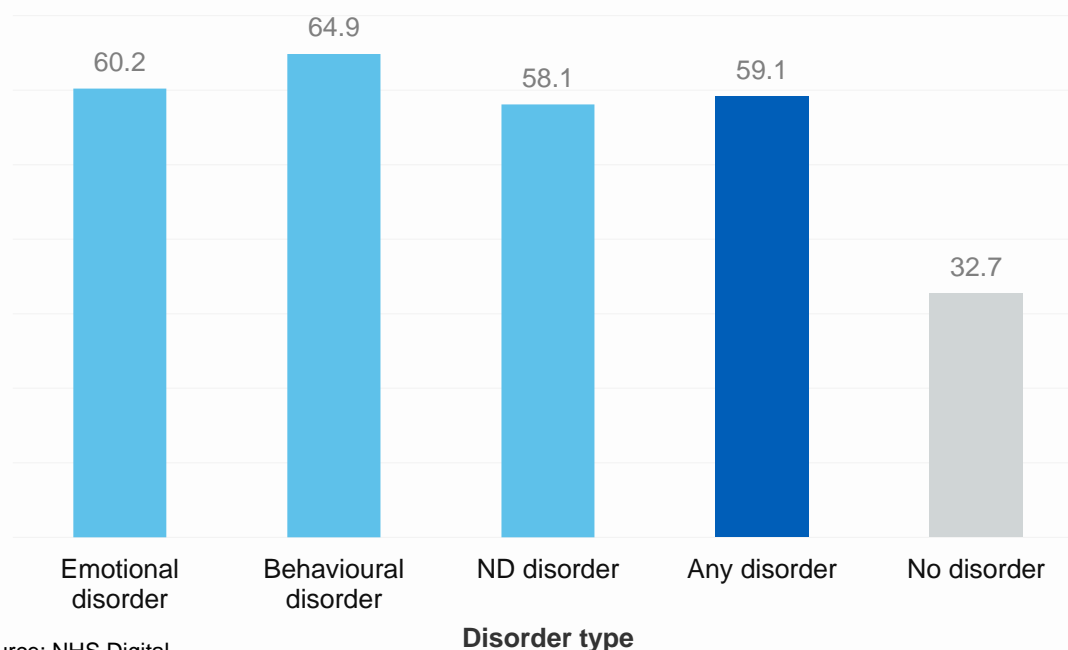
About one in ten children (9.3%) with a disorder had been bullied at least weekly over the past year, compared to one in thirty children (3.6%) with no disorder. This association was true for both boys and girls. Rates of having been bullied were broadly similar for children with different types of disorder, from 58.1% of those with neurodevelopmental disorders to 64.9% in those with behavioural disorders. (Figure 10; Table 3)

³ This includes '2 or 3 times in the past month', '2 or 3 times in the past year' and 'once or twice over the past year'.

Figure 10: Been bullied in past year by disorder type, 2017

Base: 11 to 19 year olds

Per cent



Source: NHS Digital

Footnotes: 'ND' refers to neurodevelopmental disorder.

Bullied others by sex

Among 11 to 19 year olds, 15.9% reported that they had bullied others in the past year. Boys were more likely to report having bullied others than girls – 19.9% compared to 11.8%.

Bullied others by disorder

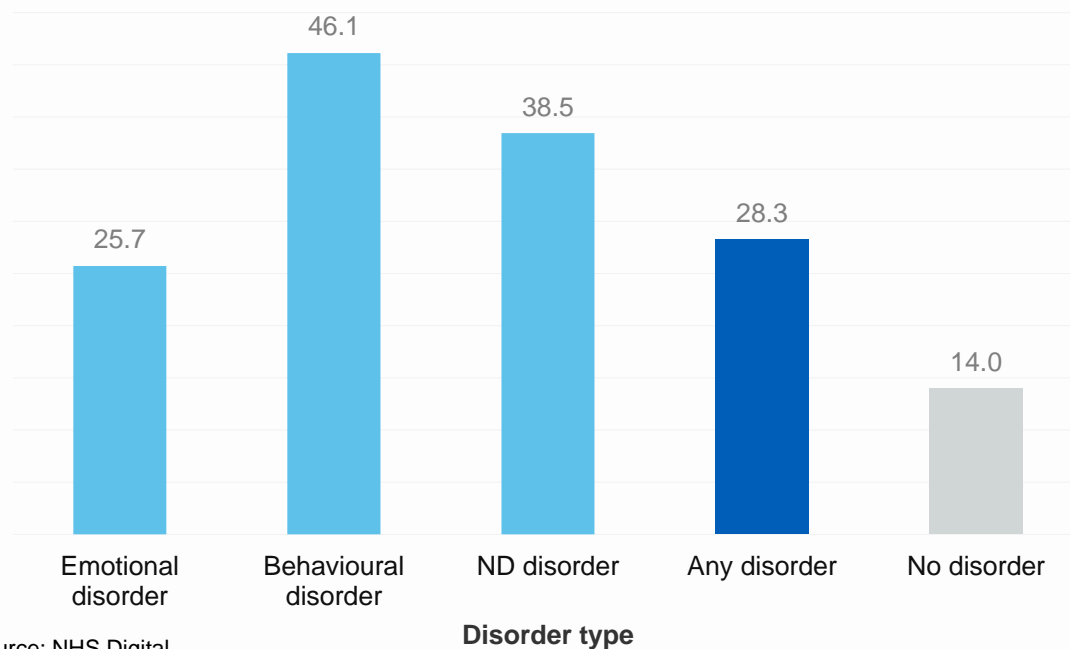
Children with a mental disorder were more likely to have bullied others in the past year than children with no disorder (28.3% and 14.0% respectively). This association was true for both boys (34.7% compared to 18.2%) and girls (24.2% compared to 9.4%).

The proportion of children who bullied others varied by disorder type, ranging from 25.7% of children with an emotional disorder to 46.1% of children with a behavioural disorder. (Figure 11; Table 3)

Figure 11: Bullied others in past year by disorder type, 2017

Base: 11 to 19 year olds

Per cent



Source: NHS Digital

Footnotes: 'ND' refers to neurodevelopmental disorder.

Participation in clubs and organisations

Children aged 11 to 19 were asked whether they had taken part in clubs in the past year. A list of eighteen types of clubs and organisations at school and another list of fifteen types outside of school were used. Clubs covered ranged from debating clubs and animal groups to religious organisations. See Tables 4a and 4b and Appendix B for the list of types of clubs asked about.

Participation in clubs

Overall, about three quarters (76.9%) of children had participated in a club in the past year. About two-thirds (68.2%) participated in a club at school and less than two thirds (60.9%) participated outside of school.

The most common type of school-based club cited was sports (40.9%). 26.6% mentioned afterschool clubs and 13.8% had additional teaching.

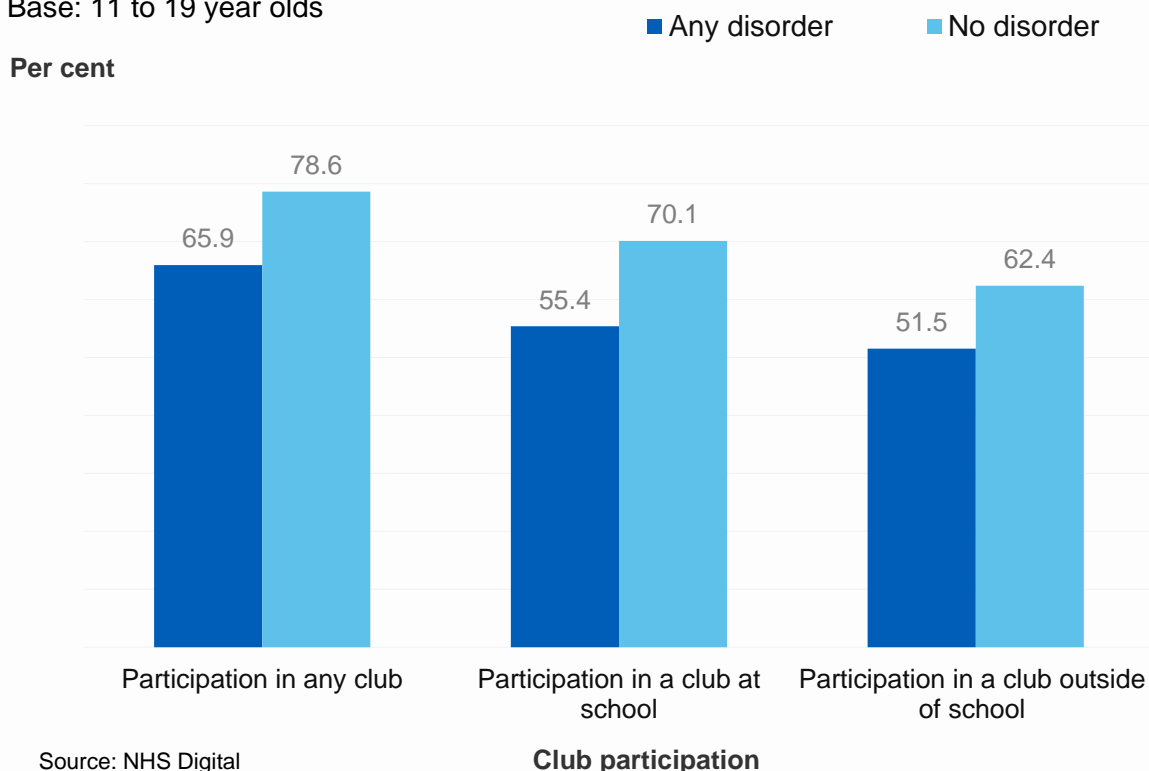
In relation to clubs outside school, sports were also the most commonly cited (37.5%), followed by arts, drama, dance or music (14.7%).

Participation in clubs by disorder

Children with a disorder were less likely to participate in clubs (65.9%) than children without a disorder (78.6%). This was true of both of schools-based clubs and of clubs outside of school. (Figure 12; Tables 4a and 4b)

Figure 12: Club participation in the past year by any disorder, 2017

Base: 11 to 19 year olds



Children with a disorder were about half as likely to participate in sports clubs as those without a disorder. This was the case for sports clubs in school (attended by 23.9% of children with a disorder, compared with 43.4% of children without) as well as for sports clubs outside of school (19.1%, compared with 40.4%).

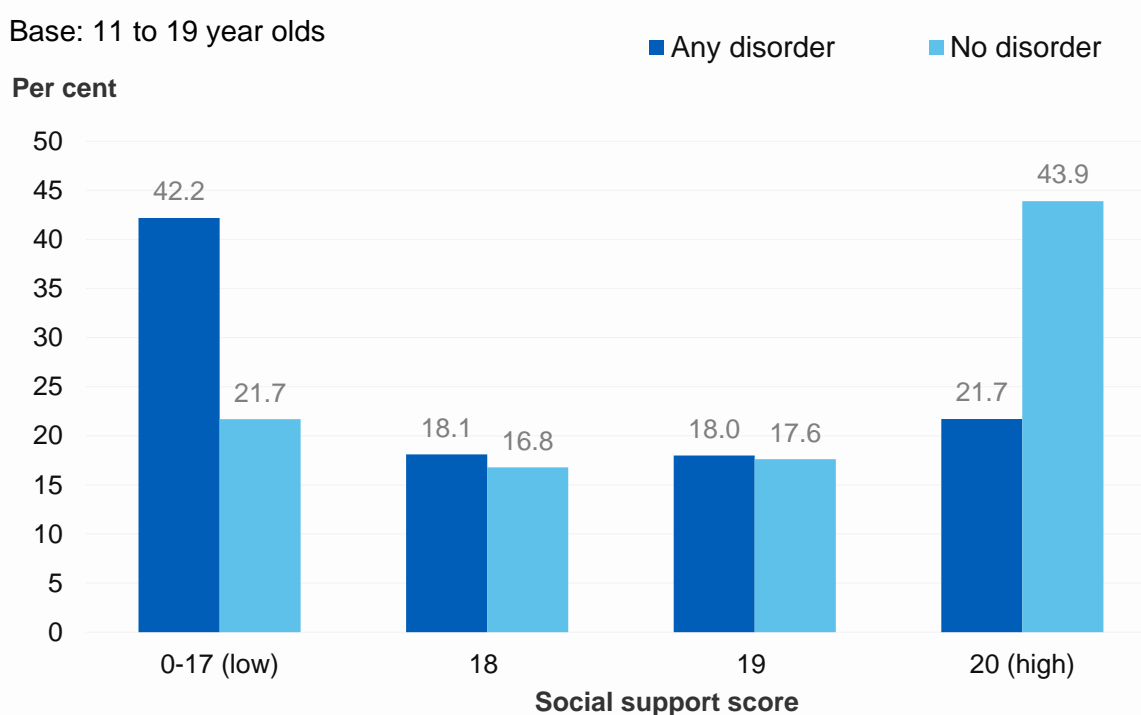
Social support and social networks

Two sets of questions were asked of 11 to 19 year olds to establish the **quality of social support** that they received and the **extent of their social support network**. Ten statements were scored and summed to create a social support scale ranging from 0 to 20. The scores were grouped into quartiles, with those scoring 0 to 17 forming the group with lowest levels of social support. Social network size was captured with three questions about the number of people 11 to 19 year olds felt close to who were relatives in the same household, relatives who lived elsewhere, or were good friends. Please see Appendix B for the list of questions.

Social support

Children with a mental disorder were more likely to have low levels of social support than those without a disorder. Two fifths (42.2%) of children with a mental disorder were in the lowest quartile compared to one fifth (21.7%) of children without. This was the reverse for children in the highest social support quartile; one fifth (21.7%) of those with a mental disorder were in this group, compared to two fifths (43.9%) of those without. The same relationship was evident for boys and girls. Rates of low social support were broadly similar across disorder types. (Figure 13; Table 5)

Figure 13: Social support score by any disorder, 2017



Source: NHS Digital

Social network size

Nearly all children felt close to at least two members of their family and friends (99.2%), less than one in a hundred did not. It was more likely for children with a mental disorder to feel close to no one, or just one family member or friend compared to children with no disorder (2.6% and 0.5%, respectively). (Table 5)

Caring responsibilities

Having caring responsibilities was defined as currently looking after or giving any regular help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health; or disability; or problems related to old age. This was apart from anything the child or young person may do as part of paid employment.

Caring responsibilities by sex

Almost one in five 11 to 19 year olds were identified with caring responsibilities (18.4%), with similar rates in boys and girls.

Caring responsibilities by disorder

Girls with a mental disorder were more likely to have caring responsibilities (24.2%) than girls without a disorder (17.1%). However, this association was not apparent in boys and overall the proportion of children to have caring responsibilities did not vary between those with a disorder and those without. (Figure 14; Table 6)

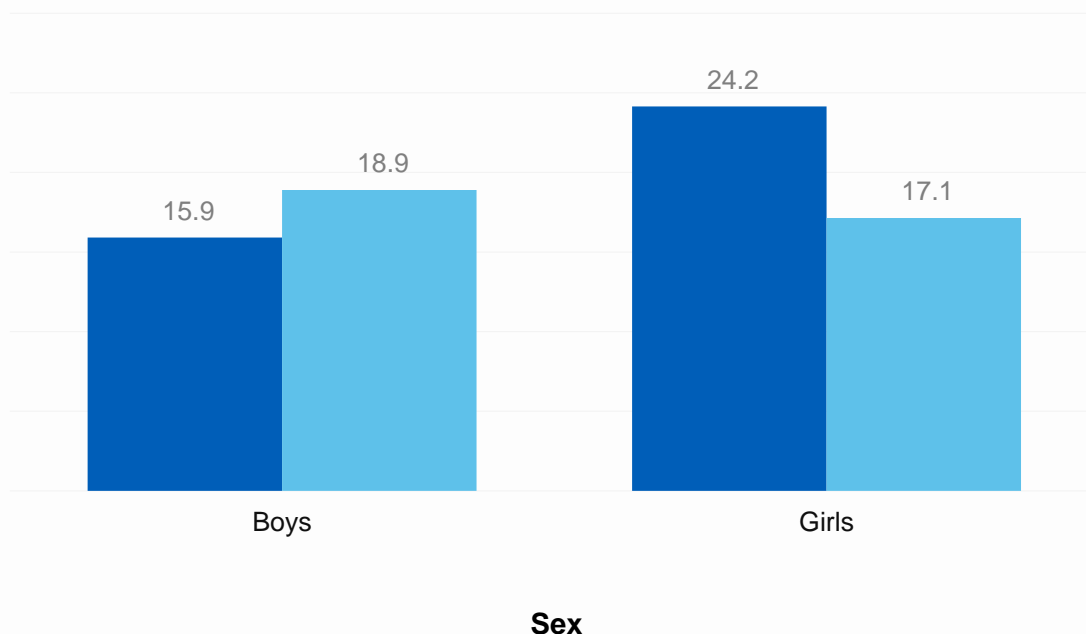
Caring responsibilities by type of disorder

The proportion of children to have caring responsibilities varied by type of disorder present. About one in four children with an emotional disorder (23.8%) had caring responsibilities compared to one in ten children with a neurodevelopmental disorder (10.7%).

Figure 14: Having caring responsibilities by any disorder and sex, 2017

Base: 11 to 19 year olds
Per cent

■ Any disorder ■ No disorder



Source: NHS Digital

Self-harm and suicide attempt

Self-harm and suicide attempt in the previous four weeks and ever were asked about directly with 11 to 19 year olds. Parents of 11 to 19 year olds were also asked whether they thought their child had self-harmed or attempted suicide. In addition, young people and their parents were asked whether 11 to 19 year olds had talked about self-harming or suicide in the past four weeks. Self-harm and suicide attempts were asked about together, and so separate rates for each cannot be produced. Some 11 to 16 year olds and some parents of 17 to 19 year olds did not complete an interview. The base sizes of self-report and parents' awareness therefore vary (see Survey Design and Methods Report for further details).

In this section the past four weeks are denoted as 'recent'.

Self-harm or suicide attempt in 11 to 16 year olds by sex

Overall, 5.5% of 11 to 16 year olds reported having self-harmed or attempted suicide at some point, with rates higher in girls (7.3%) than boys (3.6%). About one in sixty (1.7%) 11 to 16 year olds reported having recently self-harmed or attempted suicide (in the four weeks prior to interview), and one in thirty (3.1%) had spoken about self-harming or suicide during this time.

Girls were more likely to self-harm or attempt suicide in the past four weeks than boys (2.4% compared to 1.1%) and to have spoken about self-harming or suicide (3.7% compared to 2.5%).

Self-harm or suicide attempt in 11 to 16 year olds by disorder

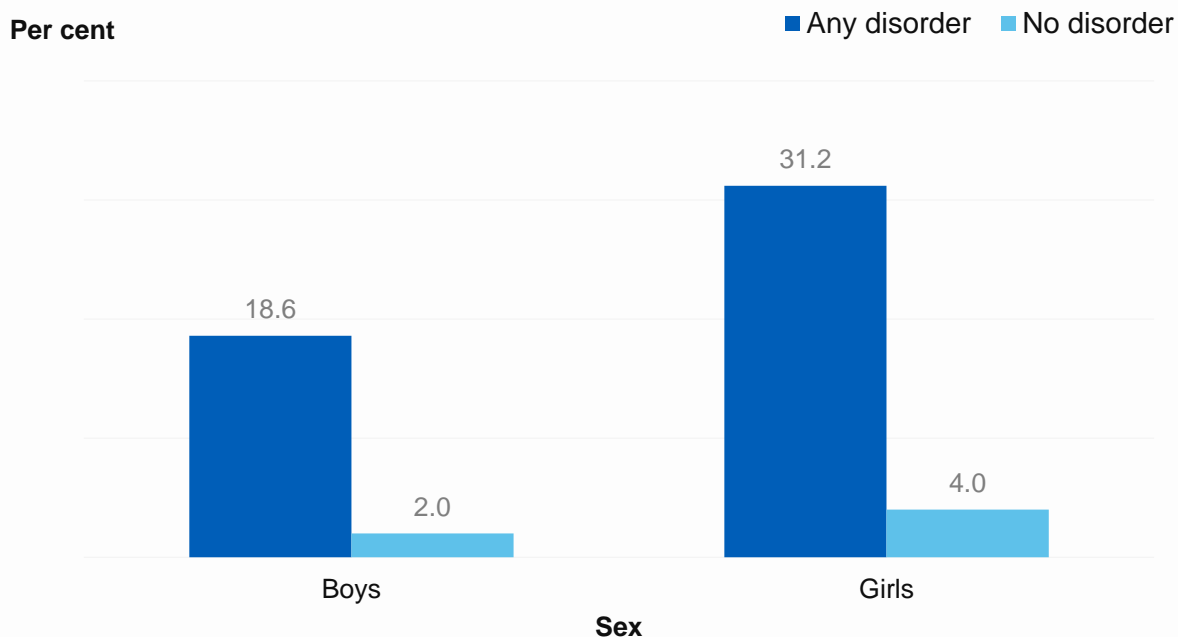
11 to 16 year olds with a mental disorder were more likely to have self-harmed or attempted suicide at some point than those without a disorder (25.5% compared to 3.0%). The association with mental disorder was evident in both boys and girls. (Figure 15; Table 7)

Those with a disorder were also more likely to have self-harmed or attempted suicide in the past four weeks (13.0%) than those without a disorder (0.3%), and to have spoken about self-harm or suicide (16.5%, compared with 1.4%).

Rates of having ever self-harmed or attempted suicide varied by the type of disorder present, and at one in three (34.0%) was highest in 11 to 16 year olds with an emotional disorder.

Figure 15: Ever reported self-harm or suicide attempt in 11 to 16 year olds by any disorder and sex, 2017

Base: 11 to 16 year olds



Source: NHS Digital

Parental reports of self-harm or suicide attempt in 11 to 16 year olds

The prevalence of self-harm and suicide attempt in 11 to 16 year olds can also be estimated based on questions asked of parents. The rate using this approach (4.4%) was lower than that based on direct reports from 11 to 16 year olds (5.5%). This suggests that some parents of young people who had self-harmed or attempted suicide were not aware that their child had done so. However, although parental reports provide a lower estimate than self-reports, the similarity in the reported rates suggests that parental awareness was quite high.

Levels of parental awareness appear to differ between boys and girls. In boys, the directly reported (3.6%) and parental reported (3.1%) rates of self-harm and attempted suicide were similar. While in girls, the directly reported rates (7.3%) were higher than those reported by parents (5.8%).

Self-harm or suicide attempt in 17 to 19 year olds by sex

Overall, 15.4% of 17 to 19 year olds reported that they had self-harmed or attempted suicide at some point, with rates twice as high in girls (21.5%) as boys (9.7%). 3.6% of 17 to 19 year olds reported having self-harmed or made a suicide attempt in the past four weeks, and 4.4% of 17 to 19 year olds had spoken about self-harm or suicide during this time. There was no significant difference in these rates between boys and girls.

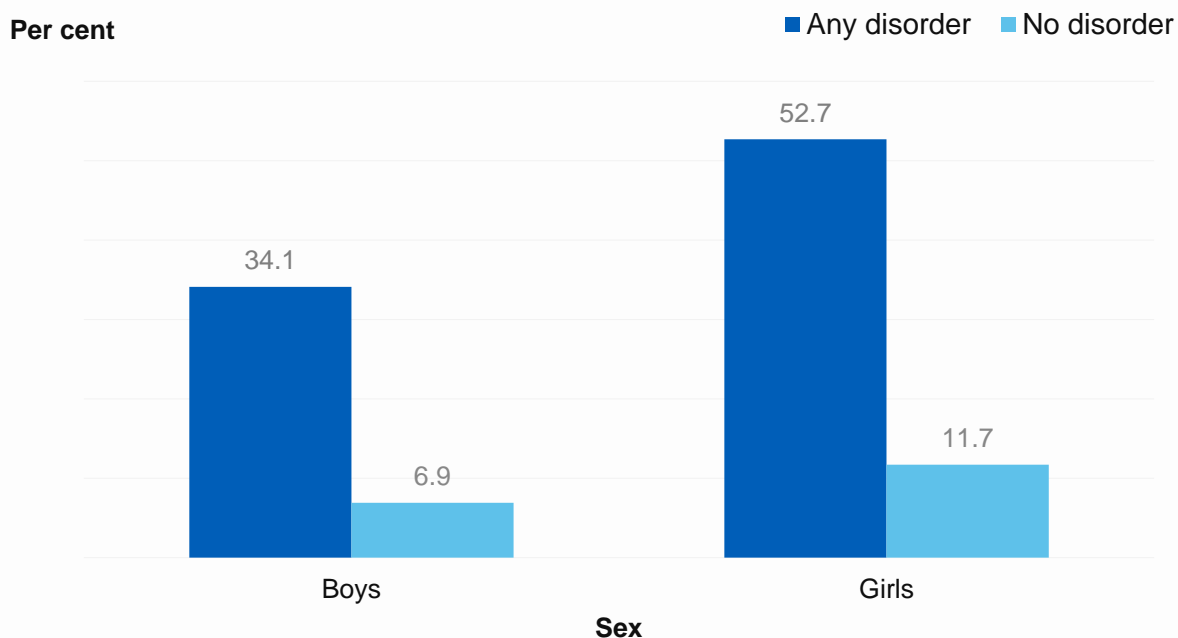
Self-harm or suicide attempt in 17 to 19 year olds by disorder

Rates of self-harm and attempted suicide in 17 to 19 year olds were five times higher in those with a mental disorder (46.8%) than in those without (9.0%). The association with mental disorder was more pronounced for rates of recent self-harm and attempted suicide (evident in 16.5% of 17 to 19 year olds with a disorder and 0.9% of those without) or for having recently spoken about self-harm or suicide (19.5% compared to 1.3%).

These associations were evident in both boys and girls. One in two (52.7%) 17 to 19 year old girls and one in three (34.1%) 17 to 19 year old boys with a disorder had ever self-harmed or attempted suicide. (Figure 16; Table 7)

Figure 16: Ever reported self-harm or suicide attempt in 17 to 19 year olds by any disorder and sex, 2017

Base: 17 to 19 year olds



Source: NHS Digital

Parental reports of self-harm or suicide attempt in 17 to 19 year olds

The prevalence of self-harm and suicide attempt in 17 to 19 year olds can also be estimated based on questions asked of parents, although it should be noted that parental reports were only obtained for about half this age group. The rate using this approach (10.1%) is lower than that based on direct reports from 17 to 19 year olds (15.4%). This suggests that some parents of young people who had self-harmed or attempted suicide were not aware that their child had done so.

Stressful life events

Parents of children aged 5 to 19 were asked about stressful life events experienced by their child since they were born. A list of eleven types of life events, ranging from parental separation and serious illness to the death of a close friend, was used. This list was also asked in previous surveys; see the Definitions section at the end of this topic report for the full list of stressful life events asked about.

Stressful life events by age

Overall, half (47.4%) of 5 to 16 year olds had experienced at least one of the stressful life events asked about in their lives; the rate was similar in boys and girls. Among 17 to 19 year olds, almost two thirds (64.9%) had experienced at least one stressful life event and the rate was similar in boys and girls of this age group. Parental separation was the most common stressful life experience for both age groups.

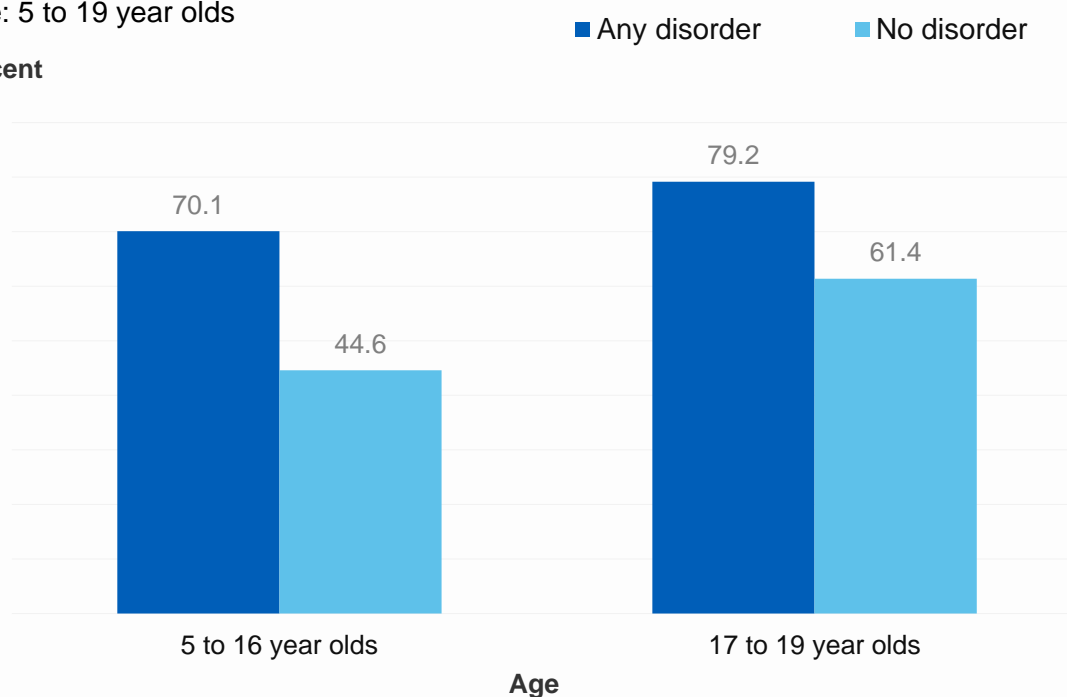
Stressful life events by disorder

Both children aged 5 to 16 and young people aged 17 to 19 with a disorder were more likely to have experienced at least one stressful life event than those without a disorder. For example, 70.1% of 5 to 16 year old with a disorder had experienced a stressful life event, compared with 44.6% of those without. In both age groups, those whose parent had had a serious mental illness were three times more likely to have a mental disorder. Children with a disorder (36.5%) were more than twice as likely to have experienced two or more stressful life events as those without a disorder (16.8%). (Figure 17; Table 8b)

Figure 17: Experienced at least one stressful life event by any disorder and age, 2017

Base: 5 to 19 year olds

Per cent



Source: NHS Digital

Smoking

Young people aged 11 to 19 were asked about smoking as part of the self-completion part of their interview. Children were classified as having smoked a cigarette or e-cigarette if they had tried it at least once. See the Survey Design and Methods Report for further details.

Smoking by age and sex

Just under one in ten (9.0%) 11 to 16 year olds had smoked or tried smoking a cigarette and one in eight (12.5%) had used an e-cigarette. While similar proportions of girls and boys aged 11 to 16 had smoked a cigarette, boys were more likely to have used an e-cigarette than girls (13.9% compared to 11.2%).

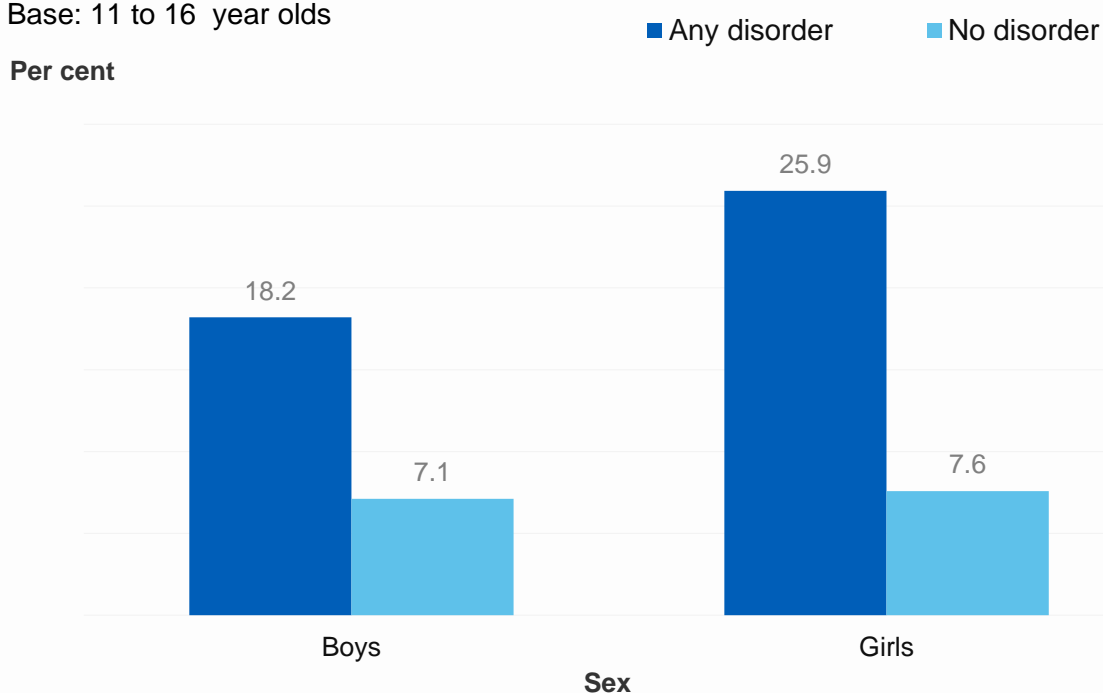
Half (52.1%) of 17 to 19 year olds had tried smoking a cigarette and 39.1% had tried an e-cigarette. Boys and girls aged 17 to 19 were equally likely to have smoked a cigarette but boys (45.5%) were more likely than girls (32.4%) to have used an e-cigarette.

Smoking by disorder

Smoking was associated with the presence of a mental disorder. 11 to 16 year olds with a disorder were three times more likely to have tried a cigarette (22.5%) than those without a disorder (7.3%). Boys aged 11 to 16 with a disorder were more likely to have tried smoking (18.2%) than boys without a disorder (7.1%); this was also true for girls aged 11 to 16 (25.9% compared to 7.6%). (Figure 18; Table 9)

Figure 18: Tried smoking a cigarette in 11 to 16 year olds by any disorder and sex, 2017

Base: 11 to 16 year olds



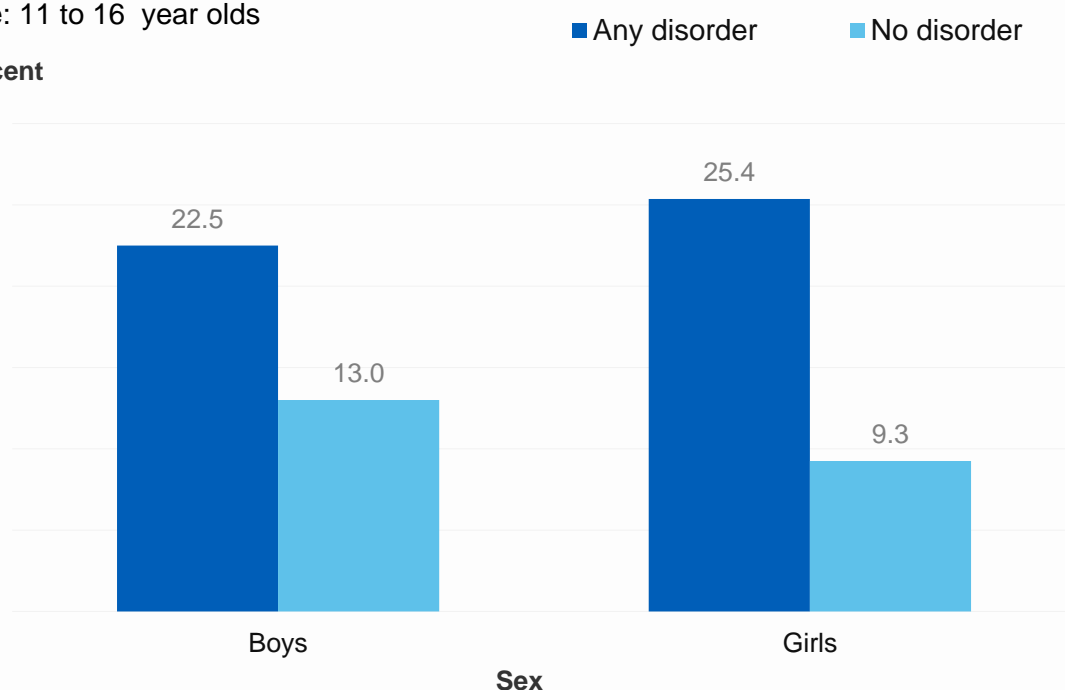
Source: NHS Digital

The pattern was similar for having tried an e-cigarette, with 24.1% of children with a mental disorder having used one compared to 11.2% of children without a disorder. Rates of having used an e-cigarette were higher in girls aged 11 to 16 with a disorder (25.4%) than boys with a disorder (22.5%). (Figure 19; Table 9)

Figure 19: Tried an e-cigarette in 11 to 16 year olds by disorder and sex, 2017

Base: 11 to 16 year olds

Per cent

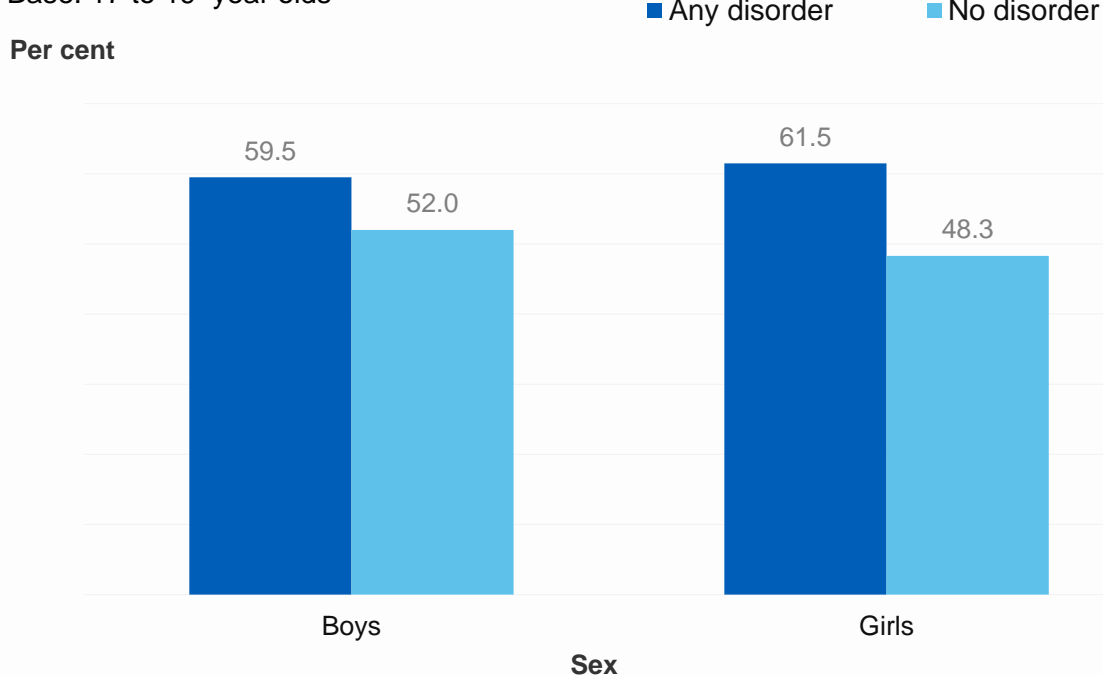


Source: NHS Digital

Most (60.9%) 17 to 19 year olds with a disorder had tried a cigarette compared with half (50.3%) of those who did not have a disorder. Girls aged 17 to 19 with a disorder were more likely to have tried a cigarette (61.5%) than girls without a disorder (48.3%), however in 17 to 19 year old boys there was no association between smoking and presence of disorder. Rates of having used an e-cigarette were similar in 17 to 19 year olds with a disorder (44.4%) and those without (38.0%). (Figure 20; Table 9)

Figure 20: Tried a cigarette in 17 to 19 year olds by any disorder and sex, 2017

Base: 17 to 19 year olds



Source: NHS Digital

Frequency of smoking cigarettes

Children aged 11 to 16 with a disorder were ten times more likely to smoke regularly⁴ than children without a disorder (6.9% and 0.7% respectively). They were also more likely to regularly use an e-cigarette (3.0%) than children without a disorder (0.4%).

17 to 19 year olds with a disorder were almost twice as likely to smoke regularly as those without a disorder (22.6% and 12.2% respectively). However, 17 to 19 year olds with a mental disorder were just as likely as those without to regularly use an e-cigarette (4.5% and 3.2% respectively). (Table 9)

⁴ Children were classified as a regular smoker if they reported smoking more than one cigarette a week, and as an occasional smoker if they reported that they sometimes smoke cigarettes but not every week.

Drinking

Young people aged 11 to 19 were asked about drinking as part of the self-completion part of their interview. Children were classified as having tried an alcoholic drink if they reported having had 'more than just a sip or two'. See the Survey Design and Methods Report for further details.

Drinking by age and sex

A quarter (24.2%) of 11 to 16 year olds had tried an alcoholic drink, with rates similar in boys and girls. 20.8% of 11 to 16 year olds reported drinking monthly or less often, making up the majority of those who had drunk.

Four out of five (79.6%) 17 to 19 year olds had tried an alcoholic drink, with similar rates in boys and girls. Just under half (46.0%) reported drinking monthly or less often and about one in three (31.6%) drank on a weekly or daily basis.

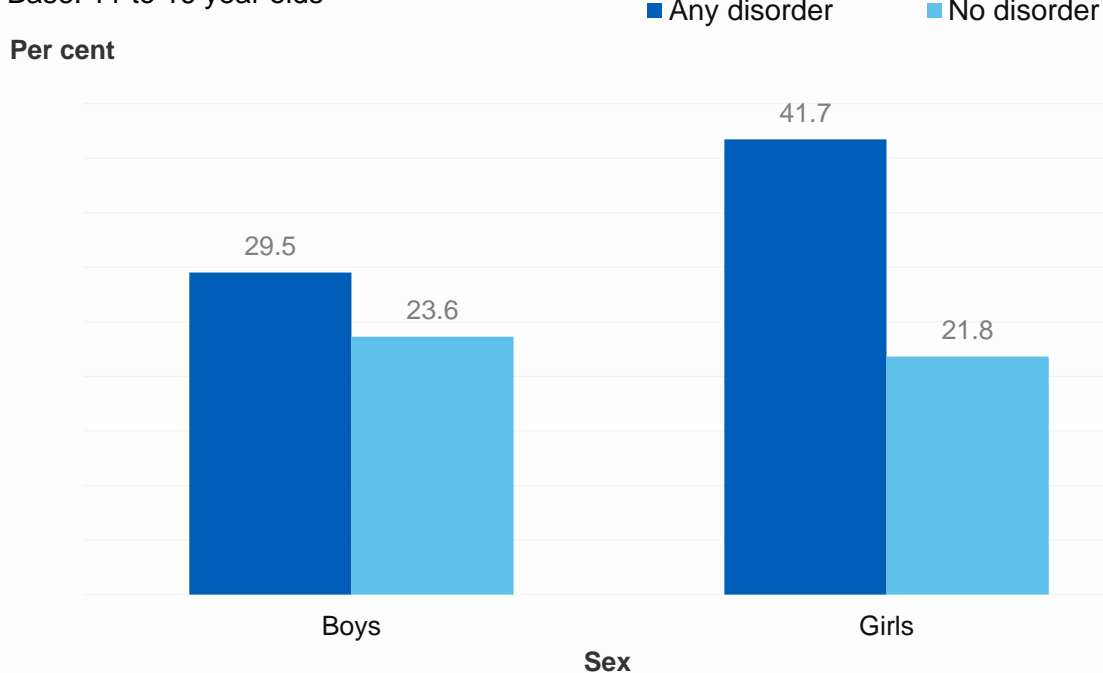
Drinking by disorder

Rates of drinking were higher in young people with a mental disorder. More than a third (36.3%) of 11 to 16 year olds with a disorder had tried an alcoholic drink compared to about a quarter (22.7%) with no disorder. The proportion to have tried an alcoholic drink was similar in boys with a disorder (29.5%) and boys without a disorder (23.6%). However, girls aged 11 to 16 with a disorder were more likely to have tried an alcoholic drink (41.7%) than girls without a disorder (21.8%). (Figure 21; Table 10)

Among 17 to 19 year olds the proportions to have ever tried an alcoholic drink were similar in those with and without a disorder and there was no difference between boys and girls.

Figure 21: Ever tried an alcoholic drink by any disorder and sex, 2017

Base: 11 to 16 year olds



Source: NHS Digital

Frequency of drinking alcohol

Children aged 11 to 16 with a disorder were more likely to drink on a monthly or less frequent basis (31.7%) than children without a disorder (19.4%), however they were not more likely to drink on a weekly basis. Girls aged 11 to 16 with a mental disorder were more likely to drink on a monthly or less frequent basis (38.2%) than girls without a disorder (19.7%), however this was not true for boys aged 11 to 16. (Table 10)

In 17 to 19 year olds, drinking on a weekly basis was not associated with a mental disorder nor was drinking on a monthly or less frequent basis; this was also true for boys and girls in this older age group. (Table 10)

Drug Use

As part of the self-completion part of their interview children and young people aged 11 to 19 were presented with a list of drugs and asked to select all the ones that they had ever tried. They were also asked which drugs they had used the last time they had taken drugs. See the Definitions Section at the end of this topic report for the list of drugs asked about. See the Survey Design and Methods Report for further details.

Illicit drug use by age and sex

About one in twenty (5.2%) 11 to 16 year olds had taken an illicit drug at some point. More boys aged 11 to 16 had tried illicit drugs than girls (6.4% compared to 4.0%).

One in three (33.9%) 17 to 19 year olds had taken an illicit drug at some point. More boys aged 17 to 19 had tried illicit drugs (37.1%) than girls (30.6%).

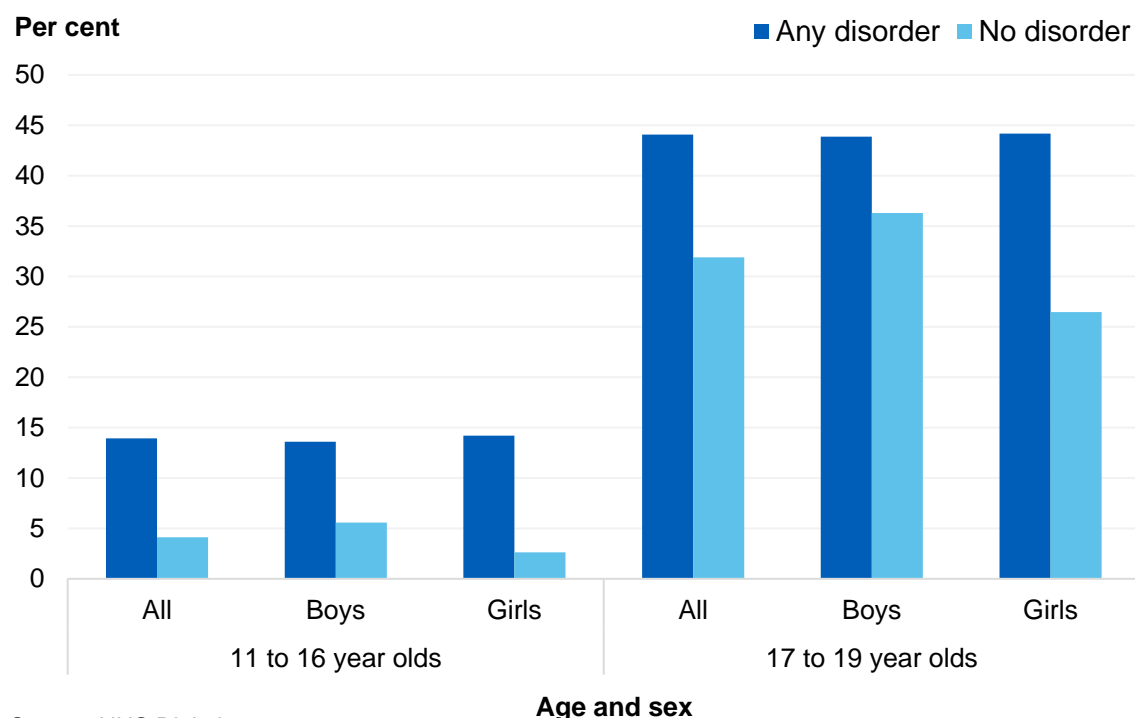
Illicit drug use by disorder

Rates of illicit drug use were three times higher in 11 to 16 year olds with a mental disorder (13.9%) than in those without a disorder (4.1%). Girls aged 11 to 16 with a disorder (14.2%) were five times more likely to have tried illicit drugs than girls without a disorder (2.6%). Boys aged 11 to 16 with a disorder (13.6%) were also more likely to have tried illicit drugs than boys with no disorder (5.6%).

Of 17 to 19 year olds with a disorder 44.1% had ever taken illicit drugs, compared to 31.9% with no disorder. Girls aged 17 to 19 with a disorder were more likely to have tried illicit drugs (44.2%) compared to girls without a disorder (26.5%). In boys aged 17 to 19 the rate of having tried illicit drugs was similar in boys with a disorder (43.9%) and boys without a disorder (36.3%). (Figure 22; Table 11a)

Figure 22: Use of illicit drugs by any disorder, sex and age, 2017

Base: 11 to 19 year olds



Source: NHS Digital

Types of illicit drugs used by age and sex

Cannabis was the most commonly used type of illicit drug, cited by 4.5% of 11 to 16 year olds and 33.3% of those aged 17 to 19. Nearly all young people who had used an illicit drug have reported having tried cannabis.

Stimulants - which include amphetamines, ecstasy, poppers, mephedrone, cocaine and other related drugs - were the next most commonly used type of drug, mentioned by 1.4% of 11 to 16 year olds and 4.8% of those aged 17 to 19.

Psychedelics (0.2%) and opiates (0.1%) were rarely cited by 11 to 16 year olds. Psychedelics were more common in 17 to 19 year olds (5.7%), but opiates remained rare in this age group (0.1%).

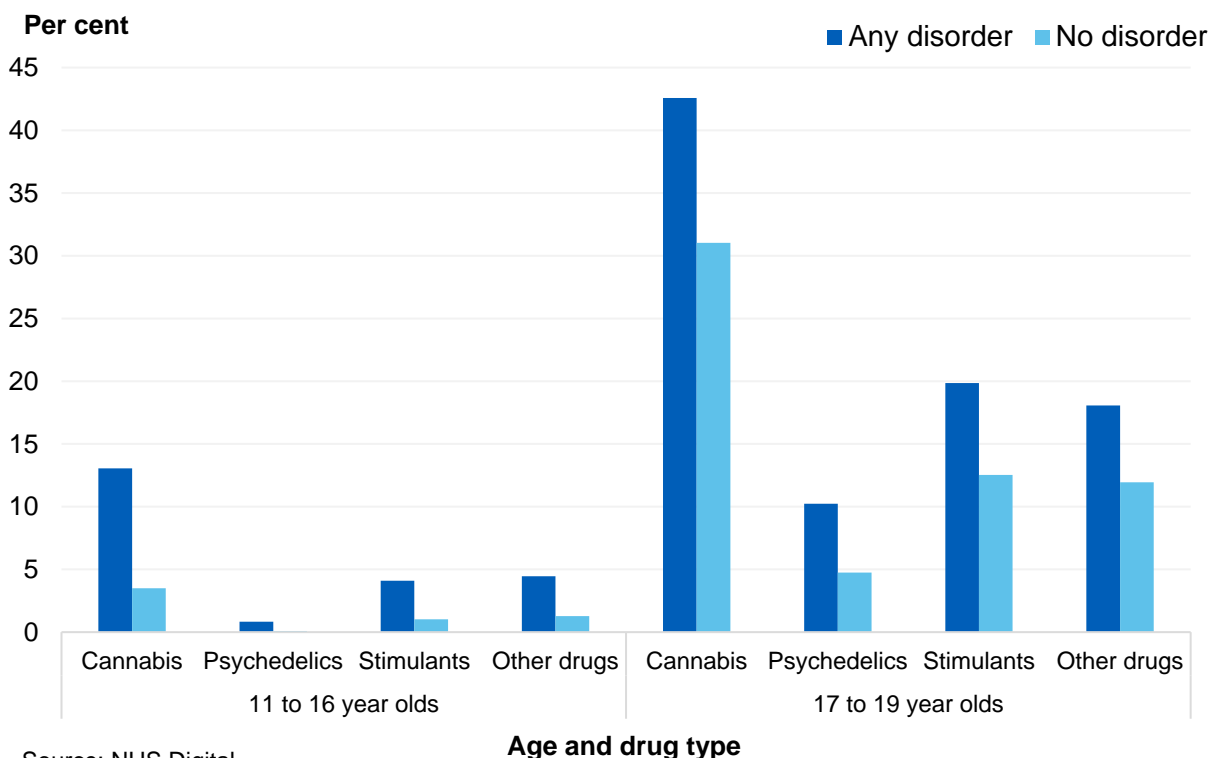
Types of illicit drugs used by disorder

Children aged 11 to 16 with a disorder were more likely to have tried cannabis (13.1%) than children without a disorder (3.5%). Children with a disorder were also more likely to have tried stimulants and other drugs.

More 17 to 19 year olds with a disorder had tried cannabis (44.1%) compared to young people without a disorder (31.9%). Young people with a disorder were also more likely to have tried stimulants than young people without a disorder. (Figure 23; Table 11a)

Figure 23: Illicit drugs used by any disorder and age, 2017

Base: 11 to 19 year olds



Source: NHS Digital

Footnotes: Rates for opiates are not shown due to small numbers.

Sexual Identity

Sexual identity was asked as part of the young person’s self-completion. 14 to 19 year olds were asked which of the following best described how they thought of themselves: heterosexual/straight; gay/lesbian, bisexual, and other. Because the number of participants to describe themselves as either lesbian or gay (39) or other (43) was small for robust analysis, estimates of the prevalence of disorder in these groups should be treated with caution.

Sexual identity by sex

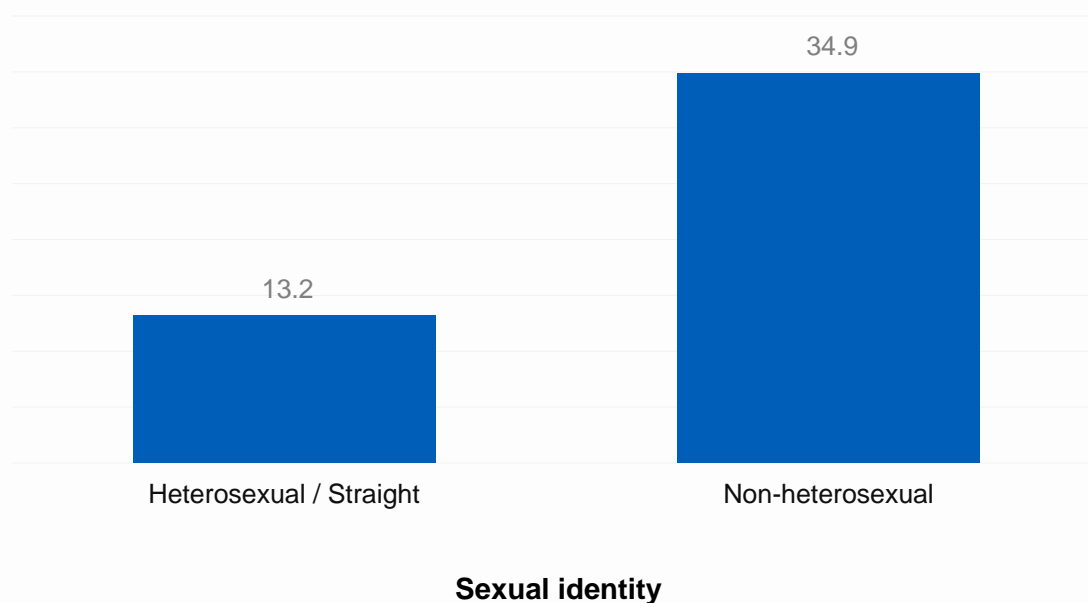
While most 14 to 19 year olds identified as heterosexual, one in ten (10.2%) described themselves as lesbian or gay (1.7%), bisexual (6.3%), or other (2.2%). Girls were more likely to identify with a non-heterosexual identity (13.2%) than boys (7.1%). (Table 12a)

Sexual identity by disorder

Young people who identified as lesbian, gay, bisexual or other were more likely to have a disorder than those who identified as heterosexual. A disorder was present in one in three (34.9%) young people who identified as non-heterosexual, compared to one in eight (13.2%) of those who identified as heterosexual. (Figure 24; Table 12b)

Figure 24: Any disorder by sexual identity, 2017

Base: 14 to 19 year olds
Per cent



Source: NHS Digital

Discussion

The effects of new technology and social media on overall health and wellbeing are still relatively unknown. Sampasa-Kanyinga and Lewis (2015) found an independent association between using social media sites for more than two hours per day and self-reported poor mental health, increased levels of psychological distress and suicidal ideation. This prevalence survey also found an association between mental disorders and spending more than four hours on social media per day, whether it was a school or non-school day. Young people with a disorder were also more likely to agree that they spend longer online than they intend to.

Spending large amounts of time on social media may have different effects on different children. Wellbeing for older adolescent girls has been associated with the amount of social media interaction they had at aged 10; although this was not found for boys. Booker et al. (2018) noted that as girls progress through adolescence there may be an increase in upward social comparison which leads to a decrease in wellbeing. This is consistent with the survey findings that over half of 11 to 19 year old girls with a mental disorder agreed that they compare themselves to others on social media.

Social media and technology can also be used as a platform for bullying online. A survey by The Children's Society and YoungMinds (2017) looked at the links between cyberbullying and children and young people's mental health. It found that 26% of young people aged 11 to 25 reported having personal experience of online bullying in the past year, similar to the 25% who reported experience of off-line bullying. These differ to our survey findings (covering those aged 11 to 19) which found more reporting offline bullying in the past year than online bullying (36.2% were bullied offline; 21.2% bullied online).

Our findings also demonstrate that offline bullying is still evident and experienced by a third of children. Bullying has been associated with both present and future mental health symptoms (Kumpulainen & Rasanen, 2000). Any participation in school bullying, whether as a bully or victim, was associated with an increased risk of mental disorders generally in children (Thomas et al., 2017) and suicidal thoughts or attempts in children (Lereya et al., 2013).

This report also looked at the different kinds of activities, caring responsibilities and support that children do and have. Our findings reflect the positive relationship between sport participation and lower rates of mental disorder for young people (Hagell, 2016). Research has shown that young people who took part in sports were more likely to have high levels of happiness than those who did not (Lakey et al., 2017).

Social support, and having someone you can confide in, has been shown to protect young people from the onset of serious mental illnesses, like psychosis, in their later life (Crush et al., 2018). *The Good Childhood Report 2017* explored the power of family support as well as other factors in explaining variations in children's subjective wellbeing. Their modelling found that family support explained 14.1% of the variation

and was the most important factor looked at (followed by bullying at 8.3%). Analysis of the Understanding Society longitudinal survey also found that the child quarrelling with their mother was significantly associated with subsequent mental health problems (The Children's Society and Barnardo's, 2018). This survey revealed that children with a mental disorder tended to have less social support than children without a disorder.

This report also showed that one in five children aged 11 to 19 had caring responsibilities. A study in the US (Shifren and Kachorek, 2003) found early caregiving was not associated with poor mental health in adulthood. Our survey did not detect an association between mental health and caregiving. However, our definition was an inclusive one which did not account for the level of caring that young people provided. The demands of a caring role can cause distress and may impact on mental health, particularly among children with extensive and sustained caring responsibilities (Carers Trust, 2016).

Self-harm and suicide attempts were also looked at in this survey. People who self-harm do so for a variety of reasons, with a variety of intentions; not always with suicidal intent (NHS Choices). In this study we asked about suicide attempts and non-suicidal self-harm in combination, and our prevalence estimates are likely to differ from surveys that examined these separately. The 2017 survey found that children with a mental health disorder were more likely than children without to self-harm or attempt suicide. This pattern was apparent in the previous survey too. Morgan et al. (2017) found a steep increase in self-harm rates among girls in the UK between 2011 and 2014. Other recent research, based on secondary analysis of the Understanding Society survey, also found that girls (aged 14) were twice as likely as boys to engage in nonsuicidal self-harm (The Children's Society, 2018). This is consistent with our findings that girls were more likely to self-harm than boys.

In this report, young people with a mental disorder were more likely to have experienced a stressful life event within their lifetime, than children without a mental disorder. This is supported by research that has shown that negative life events are associated with increased probability of developing emotional disorders (Goodyer et al., 1990). Our report also showed that children with a mental disorder were three times more likely to have had a parent who has had a serious mental illness, than children without a mental disorder, reflecting wider research (Foster, 2014).

Smoking, drinking and drug use was a minority behaviour among children and young people in this survey. The smoking and alcohol rates reported here are similar to other home-based surveys such as the Health Survey for England (NHS Digital, 2017). However, rates obtained from school-based surveys like the Smoking, Drinking and Drug Use among Young People (SDD) tend to generate higher estimates. For example, in SDD 2014, 3% of children aged 11 to 15 reported being regular smokers compared with 1% of children of the same age in HSE 2014-2015 (NHS Digital, 2016). There is a risk that children under-report smoking in home-based surveys because they are worried that parents might see their answers.

While this survey and others show that rates of smoking, drinking and drug use in young people are in decline (NHS Digital, 2018), these still remain important issues. Even relatively low levels of alcohol consumption in young adulthood are now known to have potentially lifelong consequences for health (Deanfield et al., 2017). The widespread use of e-cigarettes is relatively new and their use is increasing (NHS Digital, 2017). The findings in this report indicate that children under sixteen were more likely to have tried e-cigarettes than combustible tobacco. The longer-time implications of this have yet to emerge, however there is some evidence that e-cigarette use increases the risk that young people will subsequently go on to use combustible tobacco cigarettes (Byrne et al., 2018; McNeill et al., 2018).

Young people who identify as lesbian, gay, bisexual or other were more likely to have a disorder compared to those identifying as heterosexual or straight. This is consistent with the pattern identified in adults (Chakraborty et al., 2011), including with higher rates of mental disorder also extending to those identifying as bisexual (Barker et al., 2012). Mind (2013) posits that the reasons LGBTQ people have higher mental health rates are complex and multifaceted. It is likely to reflect higher levels of bullying (Guasp, 2012), experience of discrimination, issues with not conforming to norms and family rejection.

Methods

The Mental Health of Children and Young People (MHCYP) survey was conducted with 5 to 15 year olds living in Britain in 1999 and 5 to 16 year olds living in Britain in 2004. The 1999 and 2004 surveys sampled from child benefit records. For the 2017 survey a stratified multistage random probability sample of 18,029 children was drawn from NHS Patient Register in October 2016. Children and young people were eligible to take part if they were aged 2 to 19, lived in England, and were registered with a GP. Children, young people and their parents were interviewed face-to-face at home using a combination of Computer Assisted Personal Interview (CAPI) and Computer Assisted Self Interview (CASI), between January and October 2017. A short paper or online questionnaire was completed by a nominated teacher for children aged 5 to 16 years old. Data collection varied with the selected child's age:

- 2 to 4 year olds: parent interview
- 5 to 10 year olds: parent interview and teacher interview
- 11 to 16 year olds: parent interview, child interview and teacher interview
- 17 to 19 year olds: young person interview and parent interview (if parent present at the same address).

Productive interviews (involving one or more participant in each household) were achieved for 9,117 children (1,463 2 to 4 year olds; 3,597 5 to 10 year olds; 3,121 11 to 16 year olds; 936 17 to 19 year olds), and 3,595 teachers (54% of eligible children). The survey included the detailed and comprehensive Development and Well-Being Assessment (DAWBA). This allowed the assessment of emotional, hyperactivity, behavioural and less common disorders, like autism. After interviews were complete, eleven trained clinical raters reviewed the data to reach disorder codings for each participant. Raters applied the diagnostic criteria for specific disorders set out in the tenth International Classification of Disease (ICD-10) (WHO, 1992), and the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (APA, 2013) for BDD.

The 2017 survey was designed to be comparable with the 1999 and 2004 surveys. This included the continued use of the DAWBA, use of ICD-10, and consistent timing of data collection. However, some differences in design have taken place which may affect comparability with previous survey results, including that the 2017 survey:

- Sampled from the NHS Patient Register, whereas the 2004 and 1999 surveys sampled from Child Benefit records
- Includes 2 to 4 and 17 to 19 year olds for the first time
- Response rate (52%) is lower than that for the previous surveys
- Covered England, while previous surveys in the series covered Britain. Analyses of 1999 and 2004 data presented in this report have been run on participants aged 5 to 15 years old living in England only to maintain comparability in trends.

The 2017 interviews and analyses are based on participants' age at 31 August 2017, with participants grouped with their peers in terms of school year.

For further information on methodology, confidence interval and standard error information, see the Survey Design and Methods Report.

Definitions

Mental disorder

Mental disorders were identified on the survey according to the standardised diagnostic criteria in the tenth edition of the International Classification of Diseases (ICD-10). Specific mental disorders were grouped into four broad categories: emotional, behavioural, hyperactivity and other disorders. While some of the symptoms covered in this report may be present in many children, to count as a disorder they had to be sufficiently severe to cause distress to the child or impair their functioning (WHO, 1993).

Emotional disorders

Emotional disorders include a range of different types of **anxiety disorder** (characterised by fear and worry), **depressive disorder** (characterised by sadness, loss of interest and energy, and low self-esteem) and a small number of cases of **mania** and **bipolar affective disorder**.

Behavioural (conduct) disorders

A group of disorders characterised by repetitive and persistent patterns of disruptive and violent behaviour in which the rights of others, and social norms or rules, are violated. The umbrella term used in ICD-10 is conduct disorders, in this report we have used the term 'behavioural disorders' to avoid confusion with the sub-types of disorder included in the survey.

Neurodevelopmental disorders

Due to the base size for the hyperactivity disorders and/or less common disorder groups falling below 50 cases for some analyses, some of these disorders have been combined for some sections of this report. Practitioners often apply the term neurodevelopmental disorder to refer to the combination of hyperactivity disorders, autism spectrum disorder (ASD), tic disorder, and stereotypic disorder.

Eating disorder, selective mutism, psychosis, and attachment disorder are not considered neurodevelopmental disorders and not included in this combined category.

Hyperactivity disorders

These are characterised by developmentally inappropriate levels of inattention, impulsivity, and hyperactivity.

Less common disorders

A number of less common mental and neurodevelopmental conditions were also identified on the survey. These included: autism spectrum disorders (ASD), eating disorders, tic disorders, and a number of very low prevalence conditions such as psychosis, stereotypic movement disorder, selective mutism, and attachment disorders. Feeding, sleeping, and toileting disorders were also assessed in the preschool population.

Social media sites

Children and young people were presented with a list of twenty one social media sites and asked which they had used, if any. These were:

Ask.FM	Instagram
Bebo	Jabble
Blogger	MySpace
Facebook	Piczo
Flickr	Pinterest
Google Hangouts/Google+	SnapChat
hi5	Tumblr
Twitter	Vimeo
Vine	WhatsApp
YouTube	Skype
Musical.ly	Other ⁵

⁵ 'Other' was included to capture any social media sites that were not covered in the list, due to the quickly evolving nature of social media.

Stressful life events

Children and young people were presented with a list of stressful life events and asked which they had experienced, if any. These were:

- Parents had a separation due to marital difficulties or broken off a steady relationship
- Parent had a major financial crisis
- Parent had a problem with the police involving a court appearance
- Parent has had a serious physical illness
- Parent has had a serious mental illness
- A parent has died
- A brother or sister has died
- A close friend has died
- Child had a serious illness which required a stay in hospital
- Child had been in a serious accident or badly hurt in an accident
- Child or young person has broken off a steady relationship with a boy or girl (asked if aged 13 or above) / a close friendship has ended (asked if aged 5 to 12).

Questions about events or situations that are exceptionally stressful were also asked within the DAWBA. These were asked of parents of children aged 2 to 19 and of children aged 11 to 19 years old; for information on these questions, visit <http://dawba.info/>. These questions have not been included within this report.

Illicit drugs

Children and young people were presented with a list of drugs and asked which they had used, if any. These were:

- Cannabis
- Psychedelics (LSD, magic mushrooms, ketamine)
- Stimulants (cocaine, crack, ecstasy, amphetamines, poppers, mephedrone)
- Opiates (heroin, methadone)
- Other drugs (glue, gas, tranquilisers, legal highs, laughing gas, other).

References

- Barker M, Richards C, Jones R. (2012) *The Bisexuality Report: Bisexual inclusion in LGBT equality and diversity*. Open University Press.
http://www.open.ac.uk/ccig/sites/www.open.ac.uk.ccig/files/The%20BisexualityReport%20Feb.2012_0.pdf
- Booker C, Kelly Y, Sacker A. Gender differences in the associations between age trends of social media interactions and well-being among 10-15 year olds in the UK. *BMC Public Health*, 2018; 18(321).
- Byrne S, Brindal E, Williams G et al. (2018) *E-cigarettes, smoking and health. A Literature Review Update*. Australia, CSIRO.
- Carers Trust (2016) *Invisible and in distress: prioritising the mental health of England's young carers*.
https://carers.org/sites/default/files/invisibleandindistress_report.pdf
- Centre for Mental Health (2018). *Social media, young people and mental health*.
www.centreformentalhealth.org.uk/social-media-young-people-and-mental-health
- Chakraborty A, McManus S, Brugha T et al. Mental health of the non-heterosexual population of England. *The British Journal of Psychiatry*, 2011; 198(2): pp. 143-148.
- Chan MK, Bhatti H, Meader N et al. Predicting suicide following self-harm: systematic review of risk factors and risk scales. *The British Journal of Psychiatry*, 2016; 209(4): pp. 277-283.
- The Children's Society. (2017) *The Good Childhood Report 2017*. London: The Children's Society. https://www.childrenssociety.org.uk/sites/default/files/the-good-childhood-report-2017_full-report_0.pdf
- The Children's Society. (2018) *The Good Childhood Report 2018*. London: The Children's Society.
https://www.childrenssociety.org.uk/sites/default/files/the_good_childhood_report_full_2018.pdf
- The Children's Society and Barnardo's. (2018) *Factors affecting children's mental health over time*. <https://www.childrenssociety.org.uk/sites/default/files/usoc-mental-health-briefing-2018.pdf>
- Crush E, Arseneault L, Moffitt T et al. Protective factors for psychotic experiences amongst adolescents exposed to multiple forms of victimization. *Journal of Psychiatric Research*, 2018; 104: pp. 32-38.
- Foster K. One-third of children of parents with severe mental illness are at risk of developing severe mental illness. *Evidence-Based Mental Health*, 2014; 17(3).
- Goodman R, Ford T, Richards H et al. The Development and Wellbeing Assessment: description and initial validation of an integrated assessment of child and adolescent psychopathology. *The Journal of Child Psychology and Psychiatry*, 2000; 41(5): pp. 645-655.
- Goodyer I, Wright C and Altham P. The Friendships and Recent Life Events of Anxious and Depressed School-Age-Children. *British Journal of Psychiatry*, 1990; 156(5), pp. 689–698.

Green H, Maginnity A, Meltzer H et al. (2005) *Mental health of children and young people in Great Britain*. London, TSO. <https://digital.nhs.uk/catalogue/PUB06116>

Guasp A. (2012) *The School Report: The Experiences of Young Gay People in Britain's Schools*. Stonewall. https://www.stonewall.org.uk/sites/default/files/The_School_Report_2012_.pdf

Hagell A. (2016) *The connections between young people's mental health and sport participation: Scoping the evidence*. London: AYPH

Hawton K, James A. ABC of adolescence: Suicide and deliberate self-harm in young people. *British Medical Journal*, 2005; 330(7496): p. 891.

Hayes J, Chakraborty A, McManus S, Bebbington P, Brugha T, Nicholson S, King M. Prevalence of same-sex behavior and orientation in England: Results from a National Survey. *Archives of Sexual Behaviour*, 2012; 41: 631-639.

Henderson C, Robinson E, Evans-Lacko S et al. Relationships between anti-stigma programme awareness, disclosure comfort and intended help-seeking regarding a mental health problem. *British Journal of Psychiatry*, 2017; 211(5): pp. 316-322.

HM Government. (2012) *Preventing suicide in England: A cross-government outcomes strategy to save lives*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf

Kumpulainen K, Räsänen E. Children involved in bullying at elementary school age: their psychiatric symptoms and deviance in adolescence: an epidemiological sample. *Child Abuse & Neglect*, 2000; 24(12): pp. 1567-1577.

Lahey J, Smith N, Oskala A et al. (2017) *Culture, sport and wellbeing: Findings from the Understanding Society youth survey*. <http://www.natcen.ac.uk/our-research/research/culture-sport-and-wellbeing/>

Lereya ST, Winsper C, Heron J et al. Being bullied during childhood and the prospective pathways to self-harm in late adolescence. *Journal of the American Academy of Child & Adolescent Psychiatry*, 2013; 52(6): pp. 608-618.

McNeill A, Brose LS, Calder R, Bauld L, Robson D. (2018) *Evidence review of e-cigarettes and heated tobacco products 2018: A report commissioned by Public Health England*. London: Public Health England. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/684963/Evidence_review_of_e-cigarettes_and_heated_tobacco_products_2018.pdf

Mind. (2013) *LGBTQ mental health*. <https://www.mind.org.uk/information-support/guides-to-support-and-services/lgbtq-mental-health/about-lgbtq-mental-health>

Morgan C, Webb RT, Carr MJ, et al. Incidence, clinical management and mortality risk following self harm among children and adolescents: cohort study in primary care. *British Medical Journal*, 2017; 359.

NHS Digital. (2016) *Health Survey for England 2015*. Leeds, NHS Digital. <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/health-survey-for-england-2015>

- NHS Digital. (2017) *Health Survey for England 2016*. Leeds, NHS Digital. <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/health-survey-for-england-2016>
- NHS Digital. (2018) *Smoking, Drinking and Drug Use among Young People, 2016*. Leeds, NHS Digital. <https://digital.nhs.uk/data-and-information/areas-of-interest/public-health/smoking-drinking-and-drug-use-among-young-people-in-england>
- NHS Choices. *Overview: Self-harm*. <https://www.nhs.uk/conditions/self-harm/>
- Nitkowski D, Petermann F. Non-suicidal self-injury and comorbid mental disorders: a review. *Fortschritte der Neurologie-Psychiatrie*, 2011; 79(1): pp.9-20.
- Ofcom. (2017) *Children and parents: Media use and attitudes report 2017*. <https://www.ofcom.org.uk/research-and-data/media-literacy-research/childrens/children-parents-2017>
- Reijntjes A, Kamphuis JH, Prinzie P et al. Peer victimization and internalizing problems in children: A meta-analysis of longitudinal studies. *Child Abuse & Neglect*, 2010; 34(4): pp. 244-252.
- Rodway C, Tham SG, Ibrahim S et al. Suicide in children and young people in England: a consecutive case series. *The Lancet Psychiatry*, 2016; 3(8): pp. 751-759.
- Sampasa-Kanyinga H, Lewis R. Frequent use of social networking site is associated with poor psychological functioning among children and adolescents. *Cyberpsychology, Behavior, and Social Networking*. 2015; 18(7): pp. 380-385. <http://doi.org/10.1089/cyber.2015.0055>
- Sawyer SM, Azzopardi PS, Wickremarathne D et al. The Age of Adolescence. *The Lancet: Child and Adolescent Health*, 2018; 2(3): pp. 223-228.
- Shifren K, Kachorek L. Does early caregiving matter? The effects on young caregivers' adult mental health. *International Journal of Behavioral Development*, 2003; 27(4): pp. 338-346, DOI: [10.1080/01650250244000371](https://doi.org/10.1080/01650250244000371)
- Stevenson A. (ed.) (2010) *Oxford Dictionary of English*. Oxford University Press.
- Thomas HJ, Connor JP, Lawrence DM et al. Prevalence and correlates of bullying victimisation and perpetration in a nationally representative sample of Australian youth. *Australian & New Zealand Journal of Psychiatry*, 2017; 51(9): pp. 909-920.
- Tippett N, Lereya T, Wolke D. (2015) 'Individual and Social Determinants of Bullying and Cyberbullying' in Vollink T, Dehue F, McGuckin C. (eds). *Cyberbullying: From theory to intervention*. Routledge.
- University of Liverpool. (2016) *Traumatic life events biggest cause of anxiety, depression*. <https://www.sciencedaily.com/releases/2013/10/131016213223.htm>
- World Health Organization. (1993) *The ICD-10 classification of mental and behavioural disorders: diagnostic criteria for research* (Vol. 2).

Information and technology for better health and care

www.digital.nhs.uk

0300 303 5678

enquiries@nhsdigital.nhs.uk

 [@nhsdigital](https://twitter.com/nhsdigital)

This publication may be requested
in large print or other formats.

**Published by NHS Digital, part of the
Government Statistical Service**

Copyright © 2018 Health and Social Care Information Centre.
The Health and Social Care Information Centre is a non-departmental
body created by statute, also known as NHS Digital.



You may re-use this document/publication (not including logos)
free of charge in any format or medium, under the terms of the Open
Government Licence v3.0.

To view this licence visit

www.nationalarchives.gov.uk/doc/open-government-licence

or write to the Information Policy Team, The National Archives,
Kew, Richmond, Surrey, TW9 4DU;

or email: psi@nationalarchives.gsi.gov.uk