Announcement of methodological change:

Mental Health of Children and Young People in England: 2017 and follow up surveys

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Contents

Introduction

This paper announces and describes changes relevant to making comparisons between the Mental Health of Children and Young People in England, 2017 main report, published in 2018 with its related follow-up (Wave 1) 2020 publication released in October 2020, the forthcoming follow-up (Wave 2) 2021 publication planned to be released on 30 September 2021 and any subsequent follow-up publications. There are plans for another follow up survey in 2022 (Wave 3).

Background

The Mental Health of Children and Young People (MHCYP) survey series provides England's Official Statistics on trends in child mental health.

Major surveys of the mental health of children and young people in England were carried out in 1999, 2004, and 2017.

The 2020 follow up report was the first in a series of follow up reports to the Mental Health and Young People Survey (MHCYP) 2017, exploring the mental health of children and young people in July 2020, during the Coronavirus (COVID-19) pandemic and changes since 2017. Experiences of family life, education and services, and worries and anxieties during the COVID-19 pandemic were also examined. The 2021 follow-up report also examines these themes.

Although the same target sample was contacted/recontacted (consent permitting) for each survey, the survey findings are based on different survey samples achieved for each survey. As part of the 2021 follow-up report, we have needed to review the survey samples used for 2017, 2020 and 2021 to base these time series of estimates. This is described within this paper.

Description of changes

The most recent face to face survey in the series took place in 2017 and involved interviews with a random sample of 9,117 children and young people (aged 2 to 19 years) and their parents. Those who took part in the 2017 survey and provided consent for follow-up surveys, were invited to take part in the 2020 follow-up survey and subsequent follow-up surveys. Children and young people (then aged 5 to 22 years) made up an achieved sample of 3,570 respondents in the 2020 follow-up survey. The 2021 online follow up survey achieved a sample of 3,667 respondents with children and young people aged between 6 and 23 years at that time. The cross-sectional analyses comparing 2017, 2020 and 2021 in the 2021 follow-up report will be based on those aged 6 to 10, 11 to 16 and 17 to 19 years, as these age groups were present in every survey. Comparisons between 2020 and 2021 are also available for those aged 20 to 22 years where appropriate. The 2021 survey was the only one to capture 23 year olds; therefore, some standalone estimates for 17-23 year olds will also be included in the 2021 report where appropriate. It can be seen that the 11-16 age group has been reported for each survey report. The age groups are summarised below for how the mental disorder prevalence estimates are constructed for each report:

Table 1: Age groups used to report mental disorder prevalence in each survey report

Age groups	2017 report (2017 DAWBA estimates)	2020 report (2017 and 2020 SDQ estimates)	2021 report (2017,2020 and 2021 SDQ estimates)
Age group 1	5-10	5-10	6-10
Age group 2	**11-16**	**11-16**	**11-16**
Age group 3	17-19	17-22 (for 2020 only)	17-19
Age group 4	-	-	20-22 (for 2020 and 2021 only)

Note: We also have estimates for 2-4year olds in 2017, but all of that age group were 5 years and over in 2020, therefore no comparisons available.

SDQ = Strengths and Difficulties Questionnaire. See Note 1 below. DAWBA = Development and Well-Being Assessment. See subsequent note 2.

The 2017 survey and the 2020 and 2021 follow-ups used the Strengths and Difficulties Questionnaire (SDQ) [1] to assess different aspects of mental health, including problems with emotions, behaviour, relationships, and hyperactivity. Responses from parents, children and young people were used to estimate the likelihood that a child might have a mental disorder, this was classified as either ‘unlikely’, ‘possible’ or ‘probable’.

It is important to note that although the SDQ was used in MHCYP 2017, the mental disorder prevalence estimates in the initial MHCYP 2017 survey report drew on the Development and Well=being Assessment (DAWBA) which is more detailed diagnostic assessment of mental disorder which drew on reports from young people, parents, and teachers and involved

[1] More information on the Strengths and Difficulties questionnaire can be found at https://www.sdqinfo.org/

clinical consensus rating.[2] When the 2020 report was produced comparable SDQ measures were produced for 2017 and 2020 for mental disorder prevalence estimates and this will be similar again for the 2021 report covering 2017, 2020 and 2021.

Estimates in the MHCYP 2020 report were based on the 3,570 children and young people who took part in both the 2017 and 2020 surveys with estimates for both 2017 and 2020 based on this to allow like-for-like comparisons. This was seen as a strength in the survey methodology at the time. Now that we have the results of the 2021 follow-up survey, this methodology was in need of a review.

For the MHCYP 2021 report the full 2017 sample of 9,117 children and young people is used for the 2017 estimates. The decision to use the full 2017 sample for 2017 estimates in the MHCYP 2021 report was taken after assessing alternative options whilst considering the sample size to be used for 2021 estimates. These are listed in Appendix A with preferred option 2 highlighted in bold.

Agreed sample sizes

The following table provides an overview of the sample sizes used to base estimates for each report:

Table 2: Sample sizes used to base estimates for each survey report

Sample sizes	2017 report	2020 report	2021 report
2017 estimates	9,117	3,570	9,117
2020 estimates	-	3,570	3,570
2021 estimates	-	-	3,667

Impact

Some sensitivity analysis on age groups 1-3 has been conducted and will be available within the published report on 30 September 2021. This will show how the change described above impacts on the 2017 estimates previously published for age group 2 in the 2020 report for mental disorder prevalence, i.e. from moving to estimates being based on a sample of 3,570 respondents to 9,117 respondents in the 2021 report. Although, figures for age groups 1 and 3 were not reported in 2020, the sensitivity analysis is based on these age groupings to help assess the full impact.

Switching back to the 2017 base sizes does not alter the previously estimates for age group 2 to a great degree and has a negligible impact on age groups 1 and 3. Therefore, the figures published on 30 September 2021 for 2017 will supersede the previous estimates for mental disorder prevalence in the 2020 report.

[2] More information can be found at: https://dawba.info/

Other measures

The sensitivity analysis shows that the switch in the sample sizes for 2017 estimates in the 2021 report has a negligible impact on previously published 2017 estimates in the 2020 report for mental disorder prevalence. Therefore, it is assumed that whichever sample sizes are used, this will have a similar impact on any other estimates produced for 2017 in this 2021 report, such as Eating Disorders.

Further information

Key resources

The MHCYP survey report series can be found here: Mental Health of Children and Young People Surveys - NHS Digital

Appendix A: Options for basing the estimates in the 2021 report

Option	Pros	Cons	Future Proof
1. Continue to use 2020 cases for 2017 and 2020 estimates, but use 2021 cases for 2021 estimates	2017 and 2020 estimates will be consistent with those in the 2020 publication Accounts for attrition bias between 2017 and 2020 No additional 2017 or 2020 cross-sectional weight is needed, just 2021 cross-sectional weight required	2017 estimates are restricted to cases in the 2020 dataset – not making full use of 2017 data 2021 estimates would be based on a different sample	Yes - for any future follow-up, we would use all cases for that survey, i.e. all 2022 cases if a 2022 survey is conducted
2. Use all 2017 cases for 2017 estimates. Use all 2020 cases for 2020 estimates and all 2021 cases for 2021 estimates.	**Each year's estimates are using all cases – full use of the data** **No additional 2017 or 2020 cross-sectional weight is needed, just 2021 cross-sectional weight required**	**2017 estimates will be different to those in the 2020 publication** **Estimates may be affected by attrition bias (but this would be accounted for as far as possible in the weighting)**	**Yes - for any future follow-up, we would use all cases for that survey, i.e. all 2022 cases if a 2022 survey is conducted**
3. Use cases that were in either 2020 or 2021 for the 2017	2017 estimates are using more cases – potentially better use of the	2017 estimates will be different to those in the 2020 publication	No, if additional cases from the latest survey were included in 2017 estimates each time, then

estimates. Use all 2020 cases for 2020 estimates and all 2021 cases for 2021 estimates	data than just using those in 2020 or just using those in 2021	2017 estimates are restricted to cases in the 2020 or 2021 dataset – not making full use of 2017 data Weighting becomes more complex. An additional 2017 cross-sectional weight would be needed in addition to a 2021 cross-sectional weight	2017 estimates would need to be revised again (and additional 2017 cross-sectional weights required)
4. Use cases that are in 2021 for the 2017 estimates. Use all 2020 cases for 2020 estimates and all 2021 cases for 2021 estimates	Accounts for attrition bias between 2017 and 2021	2017 estimates will be different to those in the 2020 publication 2017 estimates are restricted to cases in the 2021 dataset – not making full use of 2017 data Weighting becomes more complex. An additional 2017 cross-sectional weight will be needed in addition to a 2021 cross-sectional weight	No, if continued using all cases in the latest survey, then 2017 estimates would need to be revised again (and additional 2017 cross-sectional weights required)
5. Use cases in all three years for the 2017, 2020 and 2021 estimates	Similar approach used to 2020 in that estimates for each year are on the same bases – the sample for	2017 and 2020 estimates will be different to those in the 2020 publication	No, the sample would continue to reduce over time, estimates would be revised each time and

	each year will contain the same children/young people Accounts for attrition bias	Reduced sample size - losing new entrants in 2021 and not making full use of 2017, 2020 or 2021 data 3 additional cross-sectional weights will be needed (1 for 2021, 1 for 2020 and 1 for 2017)	additional cross-sectional weights required