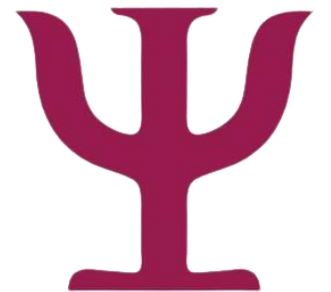


Evidence on the Lives of Children of the New Century

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Evidencing the lives of children of the new century

Emla Fitzsimons
17th May 2024

CENTRE FOR
LONGITUDINAL
STUDIES



National birth cohorts

**National Study of Health
and Development 1946**



National Child Development Study 1958



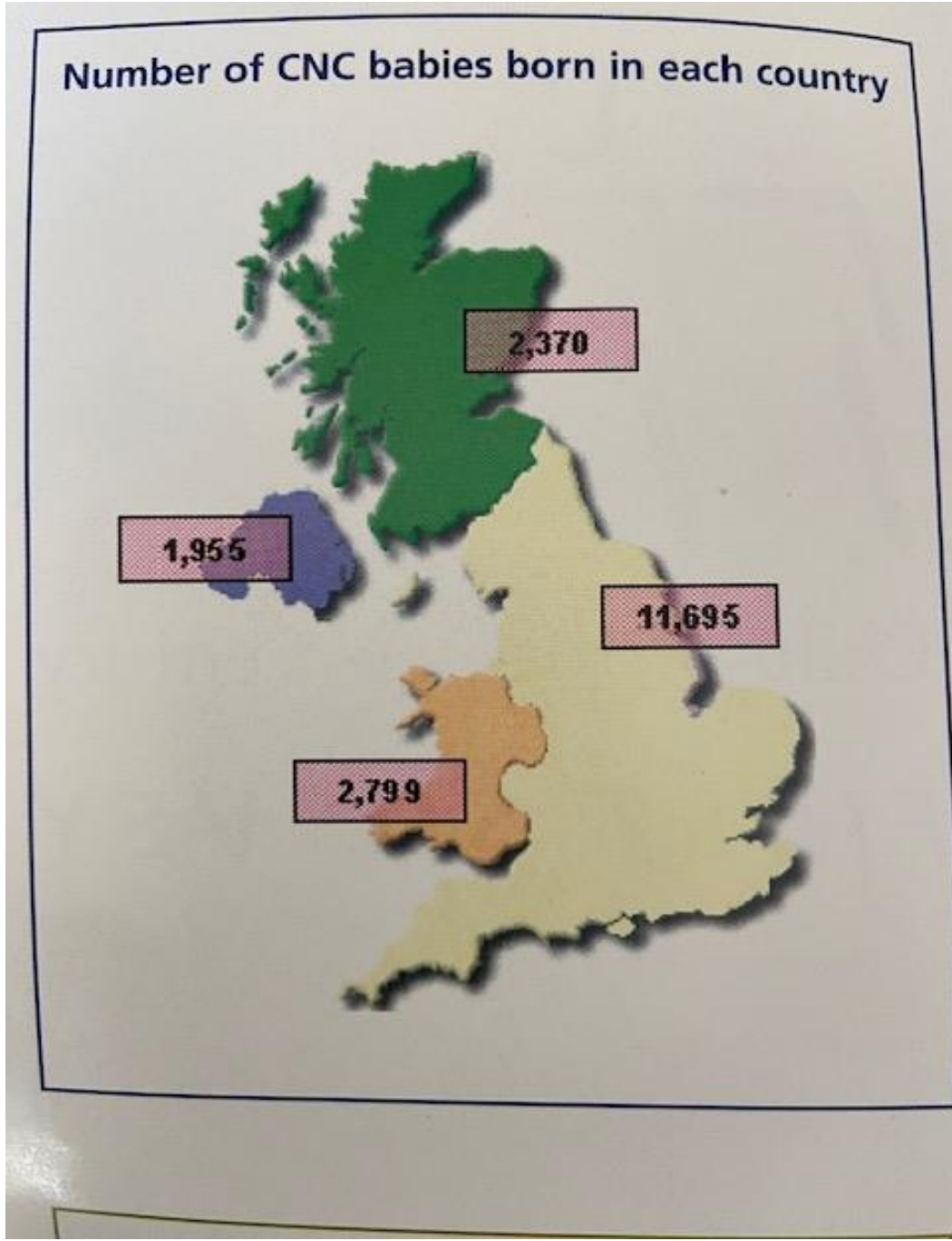
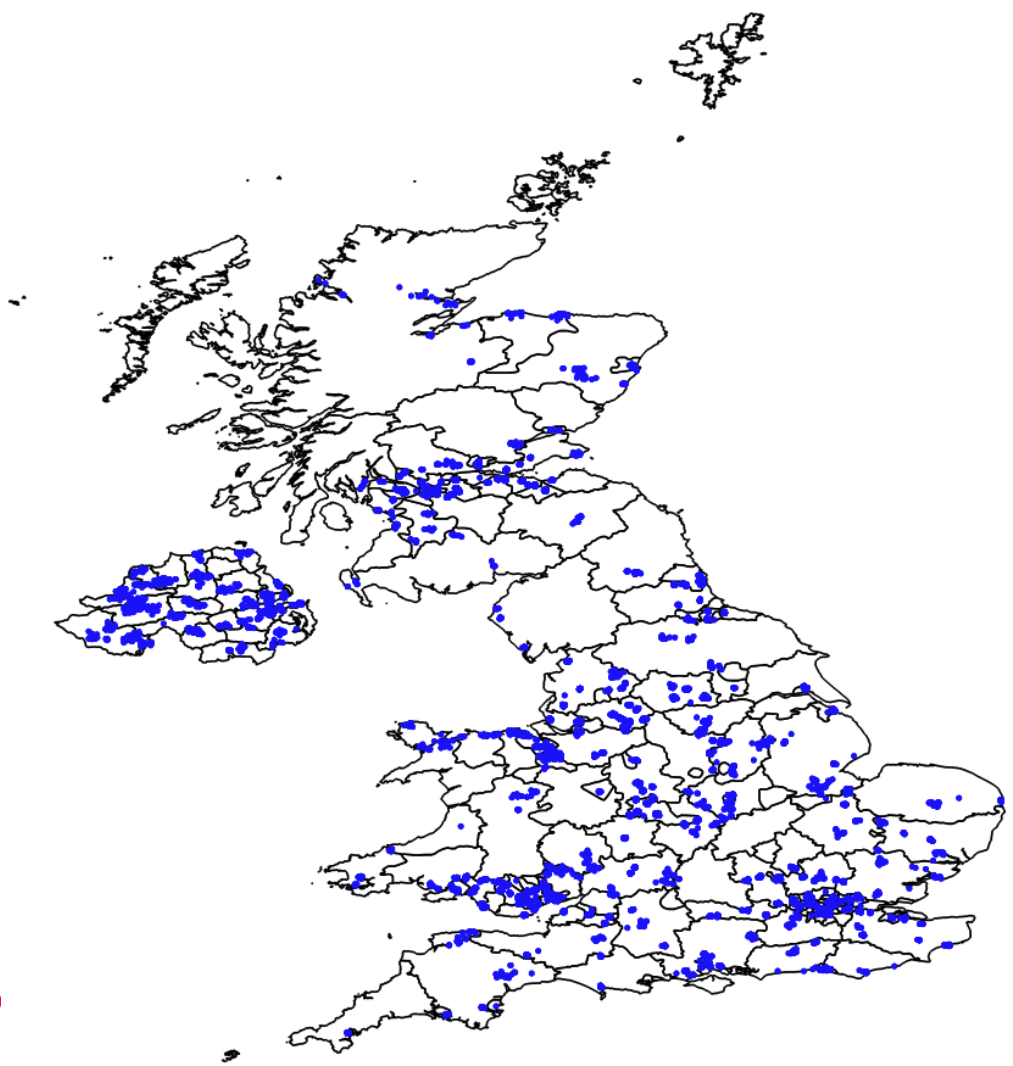
1970 British Cohort Study



Millennium Cohort Study (2000)



Sampling: electoral wards



First survey

Data collection in home by trained interviewers

- Pregnancy
- Labour & delivery
- Baby's health and development
- Parental physical and mental health
- Interests and time with baby, incl. father's involvement
- Parenting activities and beliefs
- Employment and income
- Childcare
- Housing and local area
- Relationships

Development of the MCS

Subsequent surveys: 3, 5, 7, 11, 14, 17, 23...

Centrality of the home and family

Rich data on parents and on parenting

Development of the MCS

Centrality of children's development

Cognitive and language

- Objective measures from age 3

Physical

- Anthropometrics from age 3
- Health data

Socio-emotional and behavioural

- Parent-reports from age 3, child from age 7

Voices of a generation



When is the interviewer coming to see me?

..... (interviewer)
 is coming to see (your name)
 at (time) (date)
 to ask you to answer some questions on your own, to see how you are growing and to measure your progress.

What are my measurements?

Your Name: Date: Time:

How tall am I?
 centimetres (..... foot inches)

How much do I weigh?
 kilograms (..... stones pounds)

What is my body fat percentage?
 %

What size is my waist?
 centimetres (..... inches)
 centimetres (..... inches)
 centimetres (..... inches)

NatCen
 National Centre for Social Research

**Child of the New Century
 Age 7 Survey**

What would you like me to do?

C C

Child of the new Century

Child leaflet

About you
 and your hobbies

About you
 and how you feel

About you
 and your school

About you
 and your friends

Answer some questions about my life. 30 minutes

The interviewer will give you a booklet of questions to fill in on your own. You can ask the interviewer for help if you find it difficult to do it on your own. You can also use headphones and have the questions read out to you. You do not have to show the interviewer or anyone else your answers.

The questions are about lots of different things. These things include your family and friends, school, the things you do outside school, the area you live in and how you feel. If there are any questions you don't want to answer, that is OK. You can just skip them. The booklet isn't a test. We just want to know what you think about things.



Be measured to find out how I am growing. 10 minutes



The interviewer will measure how tall you are. They will also see how much you weigh and how much of your body is made of fat. To do this they will use special scales. The interviewer will give you a copy of your measurements if you want. They will not tell anyone else your measurements.

What if I have questions? What will I have to do?

The interviewer will tell you more about these activities when they come to see you. They will ask you if you have any questions. They will also make sure you understand what you have to do before you start.

The interviewer will ask you to do some different things. You can decide whether or not you want to do each one.



Do I have to do these things?

You don't have to help us by doing these things if you don't want to. The interviewer will ask you about them one at a time and you can say yes or no to each. You can stop at any time.

Do three activities to find out how I think. 25 minutes

The interviewer will ask you to tell them how some words go together. They will also ask you to do two fun activities on a computer. The first computer activity will see how well you can remember things. The second is about how you make up your mind.



Will I get anything for doing it?

The interviewer will give you a small thank you present. We will also send you a special certificate to show that you have taken part. It will show that you have helped us to make lives better for children in the future.



Ipsos MORI

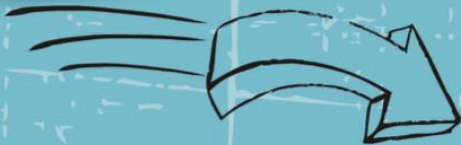
Child of the New Century



Child of the new Century



Question booklet



CENTRE FOR
LONGITUDINAL
STUDIES



A QUICK GUIDE TO THE AGE 14 SURVEY

ANSWER SOME QUESTIONS ABOUT YOUR LIFE (40 MINS)

- ✧ Tell us about different things - such as your family, friends, school and what you do for fun
- ✧ Do it on your own using a tablet
- ✧ No one will see your answers

BE MEASURED TO UNDERSTAND HOW YOU GROW (10 MINS)

- ✧ So we can see how tall you are, how much you weigh and your body fat percentage
- ✧ Stand on some scales and have your height measured using a height measure
- ✧ You won't be told your measurements unless you want them

DO SOME ACTIVITIES TO UNDERSTAND HOW YOU THINK (20 MINS)

- ✧ Show us how you understand the meaning of different words and how you make decisions
- ✧ On a tablet
- ✧ Not a test!

COMPLETE A TIME-USE RECORD AND WEAR AN ACTIVITY MONITOR

- ✧ So we can find out about young people's physical activity and how they spend their time
- ✧ By wearing a monitor on your wrist and a record of your time
- ✧ Completely secure and confidential

Only some young people will be asked to complete a time record and wear an activity monitor. We are not able to ask all young people to do this because we do not have enough equipment for everybody to use. We will choose some people at random to do these things - a bit like pulling names out of a hat. If you are selected the interviewer will send you more information before the visit.

Most young people enjoy the different parts of the survey. We will ask you whether you would like to take part. You can choose to do some things and not others.

Voice of your generation

IT'S YOUR DECISION

YOU MAKE A DIFFERENCE

THAT'S THE WAY

CENTRE FOR LONGITUDINAL STUDIES

COMPLETE A TIME-USE RECORD AND WEAR AN ACTIVITY MONITOR (ONLY SOME YOUNG PEOPLE)

- ✧ So we can find out about young people's physical activity and how they spend their time

GIVE A SALIVA SAMPLE FOR GENETIC RESEARCH (5 MINS)

- ✧ So we can see how young people develop
- ✧ By spitting in a small container
- ✧ They can do it on their own in private



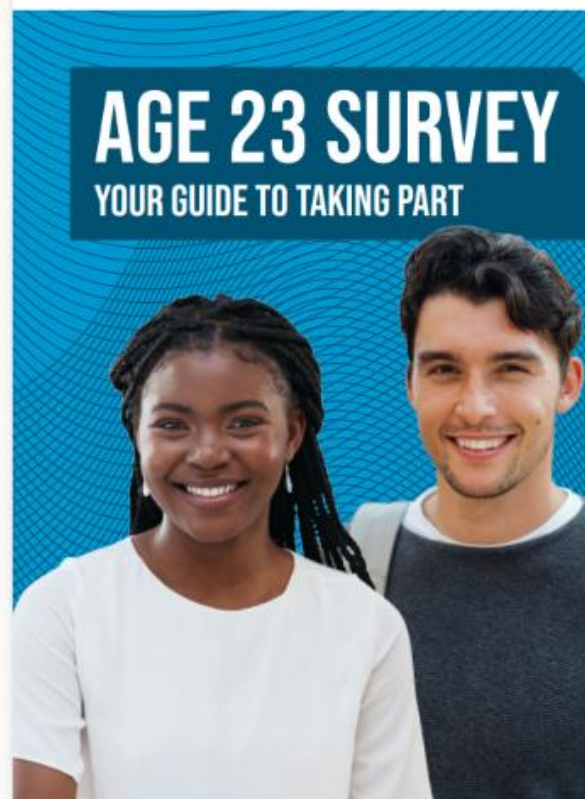
MCS6 Young P

Contents

Interviewer introduction.....	3
Activities module	7
Attitudes module	12
Education module.....	15
Identity module.....	21
Family, Friends and Relationships module	29
Victimisation and Risky Behaviours module	42
Health module	55
Personality and Well-being module.....	65

Age 23

CHILD OF THE
NEW CENTURY 

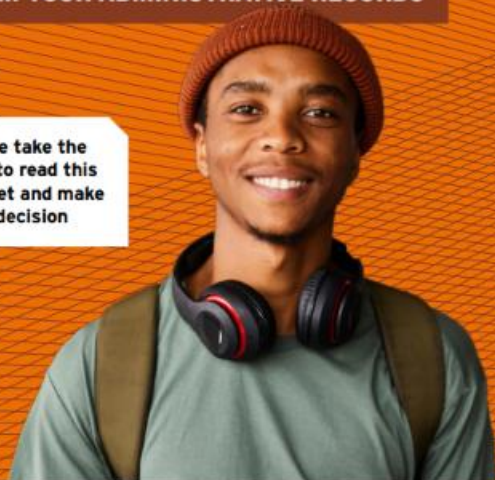


CHILD OF THE
NEW CENTURY 

**ADDING
INFORMATION**
FROM YOUR ADMINISTRATIVE RECORDS



Please take the
time to read this
booklet and make
your decision



CHILD OF THE
NEW CENTURY 

**ADDING
INFORMATION**
FROM YOUR CHILD'S EDUCATION
AND HEALTH RECORDS



Please take the
time to read this
booklet and make
your decision



CHILD OF THE
NEW CENTURY 

AGE 23 SURVEY
PARTNER'S GUIDE TO TAKING PART

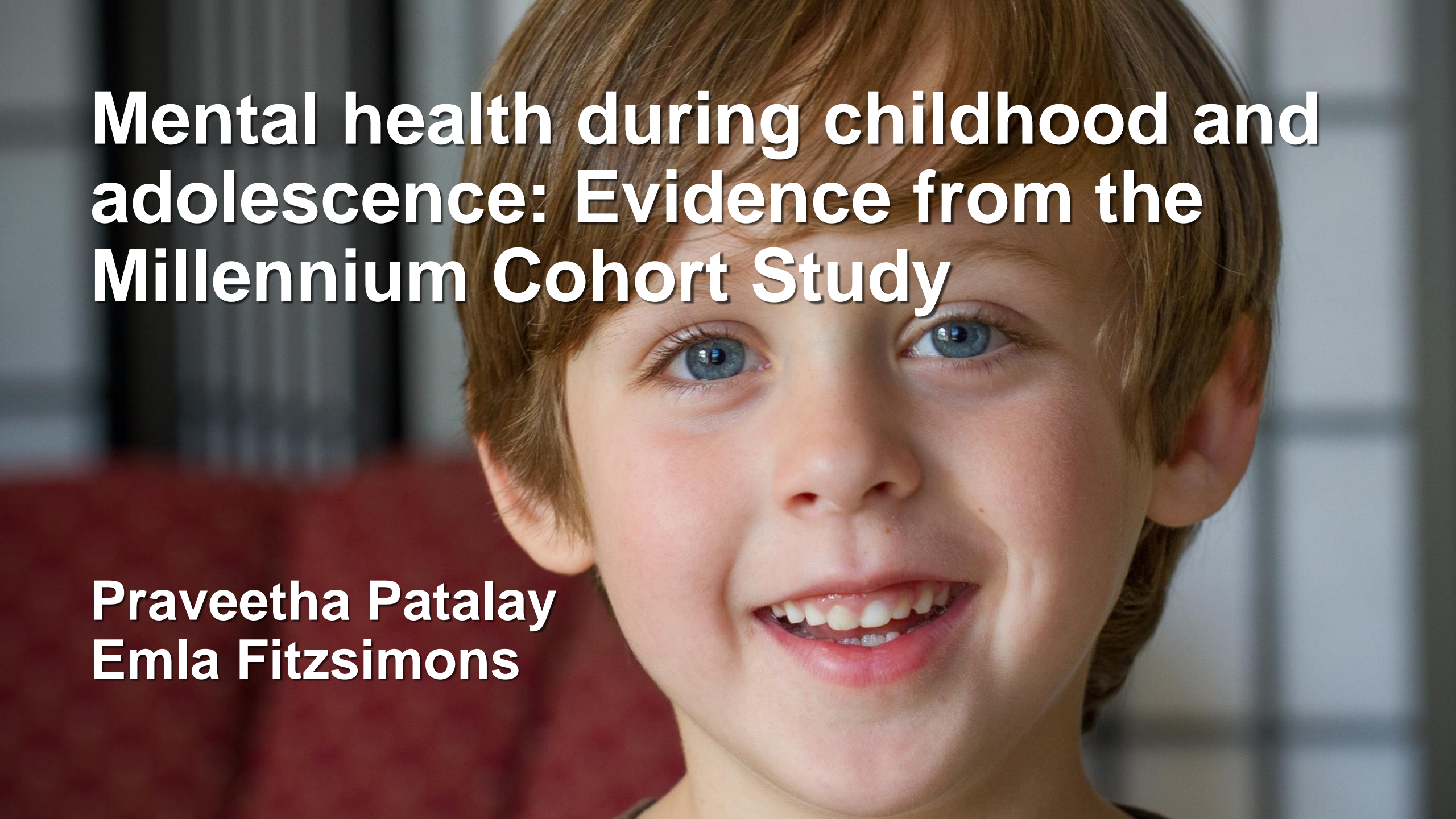


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STUDIES



Scientific questions these studies answer: the value of the life course

- Highlighting major social, economic and health trends at key life stages
- Long term effects of early life circumstances, and early origins of later inequalities
- Intergenerational transmission of advantage and disadvantage
- Mapping of lifetime trajectories – e.g. in development, and health
- Factors that contribute to risk and resilience at key life transitions/stages, and across life
- Changing experiences of different cohorts



**Mental health during childhood and
adolescence: Evidence from the
Millennium Cohort Study**

**Praveetha Patalay
Emla Fitzsimons**

Mental health

Extensive evidence that

(a) the majority of adult mental health problems start/are rooted in childhood

(b) long shadow is cast by childhood mental health problems on adult life, e.g. on:
education, employment and earnings, physical health, relationship stability,
social mobility...

Origins and consequences of mental ill-health are complex and multi-faceted → multi-disciplinary approach

Understanding the scale of the problem and how it changes over time is important

+

Having rich data on several aspects of life, and following people over time, key to understanding origins of developmental difficulties and lasting inequalities → large scale birth cohort studies unique

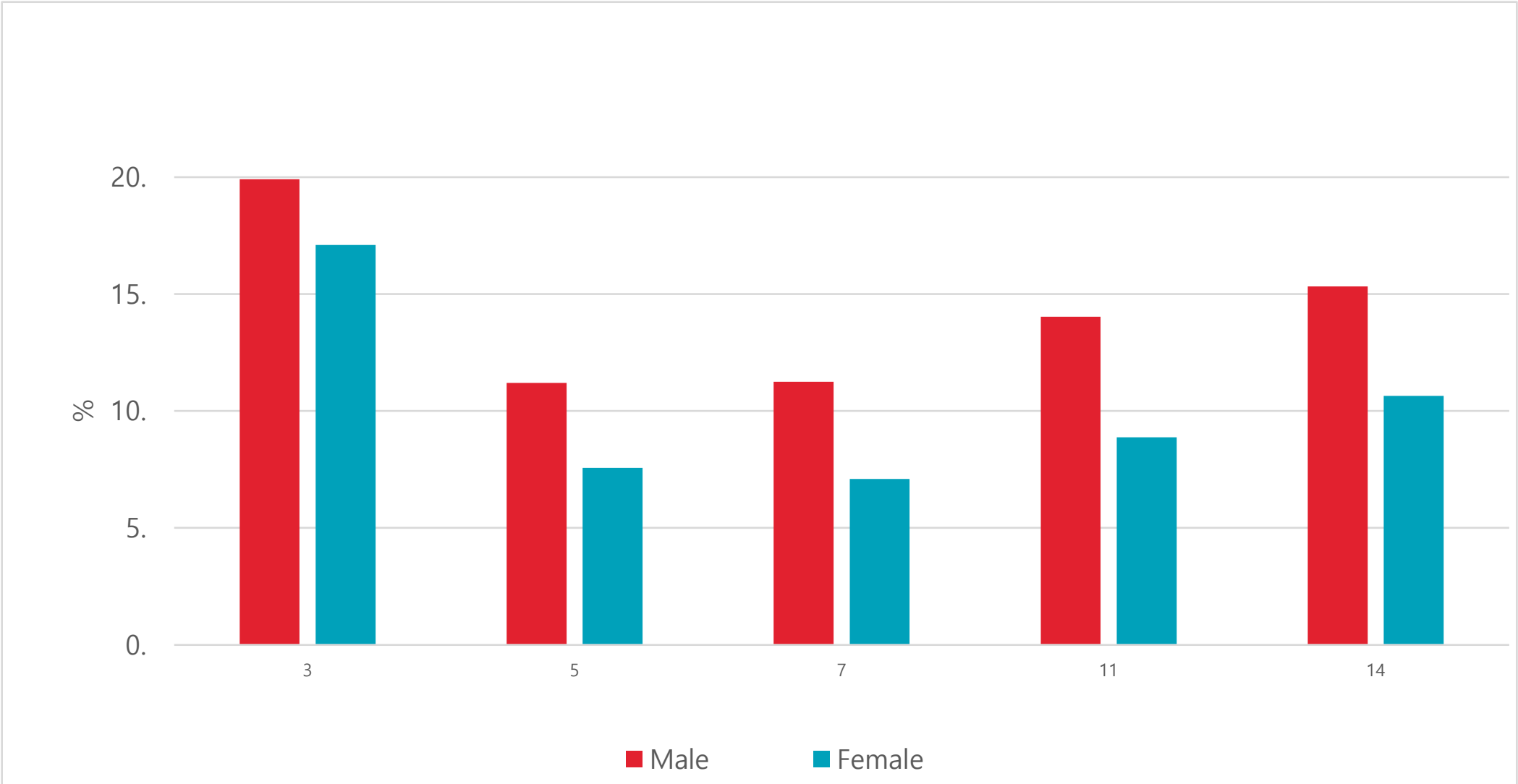
Childhood: 3-14

Prevalence of mental health problems: parent-reports

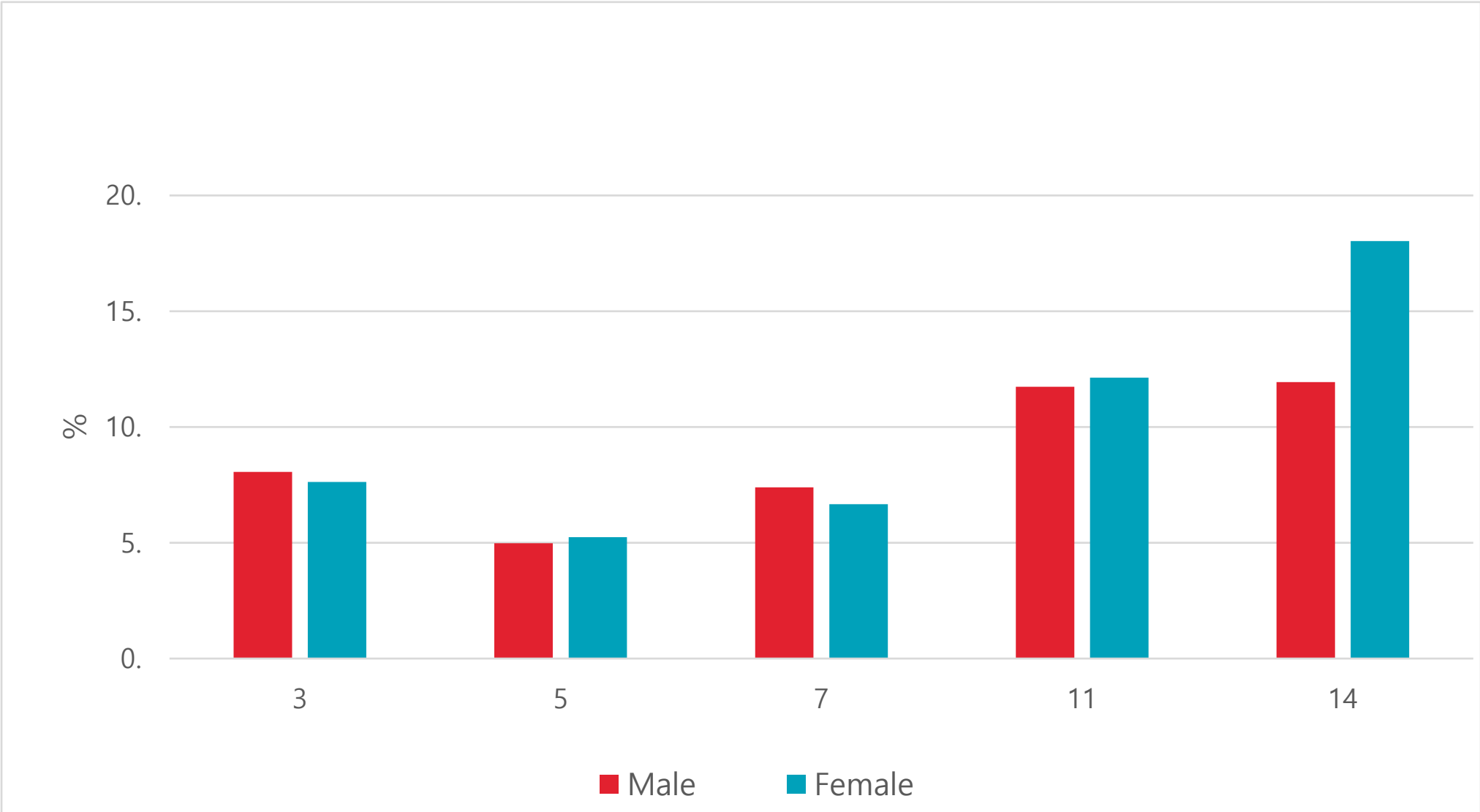
Parental reports on their children's difficulties in 4 areas, via Strengths and Difficulties Questionnaire

- emotional; conduct; hyperactivity; peer relationships
- score > a certain threshold is indicative of high levels of difficulty in the area

Behaviour problems, ages 3-14



Emotional problems, ages 3-14



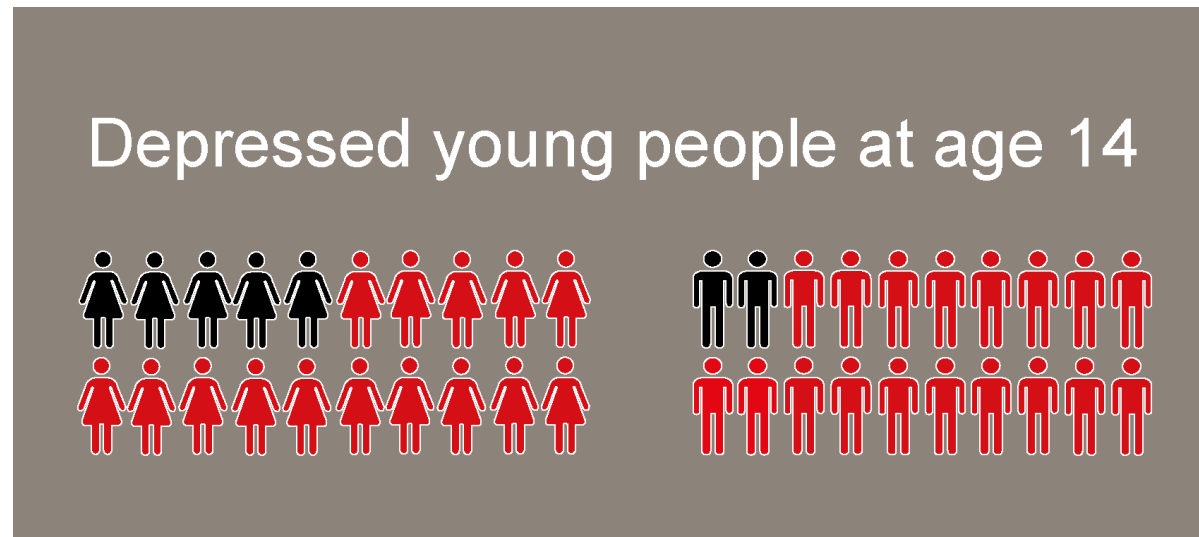
Focus on 14

Mental health at age 14: self-reports

- **Cohort members** answered questions about mental health difficulties for the first time @ age 14
- Short Moods and Feelings Questionnaire, which assesses symptoms of depression
 - assesses feelings or behaviours in previous fortnight (e.g. I felt miserable or unhappy)
 - score > established threshold is indicative of suffering from depression

Mental health at age 14

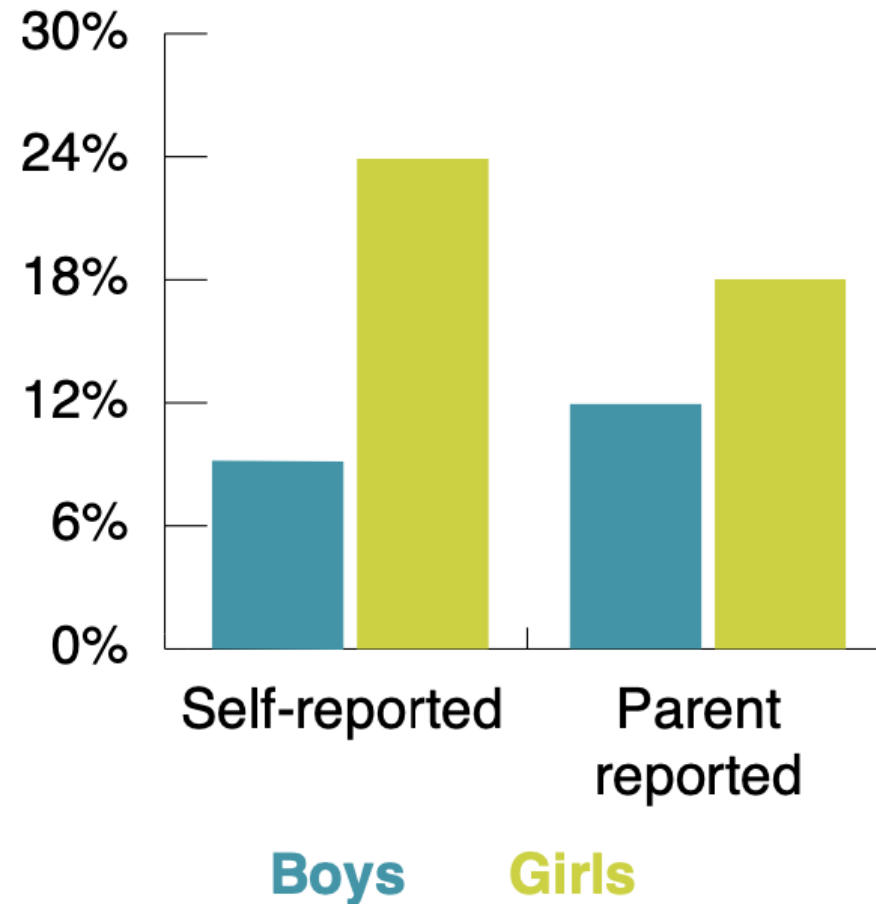
Almost 1 in every 4 girls (24%) at age 14 report high levels of depressive symptoms, compared with almost 1 in 10 (9%) boys



Equates to around 67,000 boys and 166,000 girls nationally

...of total population in this cohort of 730,000 boys and 696,000 girls

High depressive symptoms at age 14: parent and self-reported prevalences



Mental ill-health among children of the new century

Trends across childhood, with a focus on age 14

Introduction

In recent years, there has been a growing policy focus on children's mental health. The government has repeatedly stated its commitment to improving access to specialist mental health services. At the same time, there is widespread concern that staff at schools and colleges lack the resources and skills to help improve pupils' emotional wellbeing.¹ Demand for specialist services is growing with recent evidence that child and adolescent mental health services (CAMHS) are,

on average, turning away nearly a quarter of children referred to them for treatment by concerned parents, GPs, teachers and others.² Half of all cases of adult mental illness start by the age of 14³, meaning prevention and early support for children is vital.

This briefing paper summarises the prevalence of mental health problems among children taking part in the Millennium Cohort Study (MCS), which is a representative group of children born in the UK

at the start of this century. The report explores the prevalence of poor mental health amongst these children based on surveys of their parents at ages 3, 6, 7 and 14. It then examines in more detail, including by gender, income and ethnicity, the data on depressive symptoms reported by 14-year-olds themselves in the latest survey. The report also compares 14-year-olds' perceptions of their mental ill-health with their parents' perceptions.

Key findings

- Average levels of emotional symptoms, such as feeling depressed and anxious, increased from early childhood through to mid-adolescence. From ages 3 to 11 years similar proportions of girls and boys suffered from emotional problems as reported by their parents. However, between age 11 and 14 years prevalence in boys stayed the same (around 12%), but for girls it increased from 12% to 18%.
- Difficulties related to conduct and disruptive behaviour, reported by parents, decreased from infancy to mid-childhood and then slightly



- increased from mid-childhood to adolescence. At every age, prevalence of behaviour problems was slightly higher in boys than in girls.
- At age 14, when children reported their own symptoms, 24% of girls and 9% of boys were suffering from high symptoms of depression.

- 14-year-olds from poorer socioeconomic backgrounds were more likely to report greater symptoms compared to those from better-off families.
- Emotional symptoms of 14-year-olds often differed depending on whether they were reported by themselves or their parents.

Bumper barbecue special

Yotam Ottolenghi's charred seabass
Anna Jones's feta parcels
Felicity Cloake's sausage taste test

➔ *Feast*

The Guardian

Saturday 19 May 2018
 Issue No 53,413
 £2.90

Quarter of 14-year-old girls 'have signs of depression'

By Michelle Roberts
Health editor, BBC News online

September 2017 | Health | [f](#) [t](#) [b](#) [e](#) [Share](#)

One in four girls have depression by the time they hit 14, study reveals

Data from government-funded research prompts fresh questions about effect of social media and school stresses on young people's mental health



Depression risk for bright girls and those in poor families

Denis Campbell
Exclusive

Brighter girls and girls from poorer families are more likely to be depressed than other children by the time they enter adolescence, according to a new study, triggering fresh concern about soaring rates of teenage mental illness. The government-funded research has identified those two groups as being most at risk of displaying high symptoms of depression at the age of 14. In contrast, more intelligent boys and boys from the most deprived backgrounds appear not to suffer from the mental troubles that affect their female equivalents, the researchers discovered.

The findings are based on detailed questionnaires filled in by 9,553 boys and girls aged 14 across Britain as part of the Millennium Cohort Study (MCS), which is tracking the progress of young people born in 2000 into adulthood. They have added to the growing

evidence that teenage girls are particularly vulnerable to mental health difficulties. NHS figures show that there have been sharp increases in the number of girls under the age of 18 who were admitted to hospital in England between 2005-06 and 2015-16 because they had self-harmed after cutting (285%), poisoning (42%) or hanging themselves (31%).

The researchers, led by Dr Praveetha Patel, also found that being overweight, a history of being bullied and not getting on with peers are the three commonest causes of depression in boys or girls aged 14. Their previous finding - that 24% of 14-year-old girls and 9% of boys of that age are depressed - stirred widespread debate last year.

Dr Nihara Krause, a consultant clinical psychologist, said the findings about brighter and poorer girls were worrying, given the known links between depression and self-harm, and self-harm and risk of suicide.

"Some children who are depressed will self-harm. Some people say that physical pain is easier to tolerate than emotional pain.

"What's very concerning, in those who are depressed, is the link with suicide, because more and more studies show that self-harm is a predictor of suicide; that someone who self-harms is more likely to try to take their own life, especially if they are depressed. So these new findings are a concern from that point of view."

Girls from families in the bottom two quintiles of household income are 7.5% more likely



4 Meghan Markle and her mother Doria Ragland arrive at Cliveden House hotel yesterday evening
PHOTOGRAPH BY DYLAN MARTINEZ/REUTERS

Long Walk
By Carol Ann Duffy

It should be private, the long walk on bereavement's hard stones; and when people wave, their hands should not be mobile phones, nor their faces lenses; so your heart dressed in its uniform.

On. Then one blessed step and the long walk ended where love had always been aimed, her arrows of sweet flowers gifting the air among bells - yes, they all looked - and saying your name.

'On the eve of a wedding, whose run-up has been several shades of toxic, we must ask: what do we want of these people?'

Marina Hyde

After the week they've had, it's too fitting that Prince Harry and Meghan Markle are doing this thing in Windsor Castle's St George's Chapel, the official spiritual home to the Order of the Garter. The order was founded after the perceived embarrassment and shaming of a woman at court in 1348, through no fault of her own.

Legend has it (probably apocryphally) that Edward III's dance partner accidentally flashed her garter, to various looks askance, prompting Edward to take the garter upon himself and challenge the mockers with what would become his new order's motto: "Honi soit qui mal y pense". Shame on him who thinks badly of this. "Those who laugh at

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Impact

- No other national data source at that time that could provide nationally representative prevalence figures of this kind
- First evidence to emerge in UK in over a decade – and showed dramatic increase
- Embedding of information within a longitudinal study makes it all the more powerful for understanding drivers of mental health, including from very early in life
- Timed for release just ahead of Govt Green Paper on Children and Young People's Mental Health Provision

Evolution to 17

Psychological distress

- Kessler-6 item measure of psychological distress
- Asks respondents how often in the last 30 days they felt: so depressed that nothing could cheer you up, hopeless, restless or fidgety, everything was an effort, worthless, and nervous, with response options ranging from all of the time to none of the time
- Total scores range from 0-24, with higher scores indicating greater distress
- Score ≥ 13 indicative of serious levels of psychological distress or probable clinical diagnosis **16% overall**

Self-harm

Survey question:

“During the last year, have you hurt yourself on purpose in any of the following ways?": cut or stabbed, burned, bruised or pinched, overdosed, pulled out hair, other. We present 12-month prevalence of self-harming (yes or no)

and

“Have you ever hurt yourself on purpose in an attempt to end your life?" We present lifetime prevalence of self-harm with suicidal intent (yes or no)

Self-harm

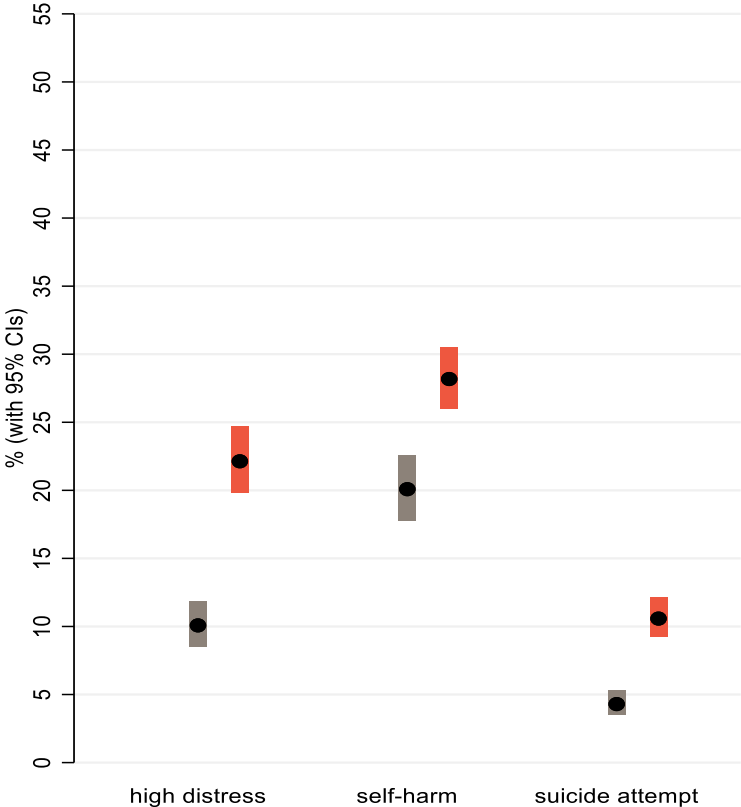
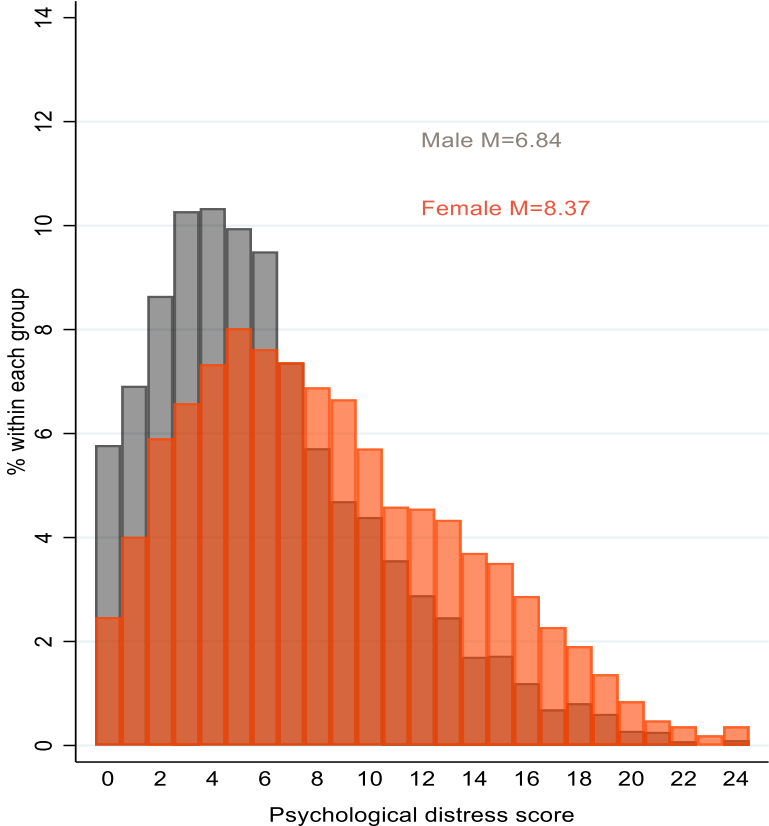
Survey question:

“During the last year, have you hurt yourself on purpose in any of the following ways?": cut or stabbed, burned, bruised or pinched, overdosed, pulled out hair, other. We present 12-month prevalence of self-harming (yes or no) **24% overall**

and

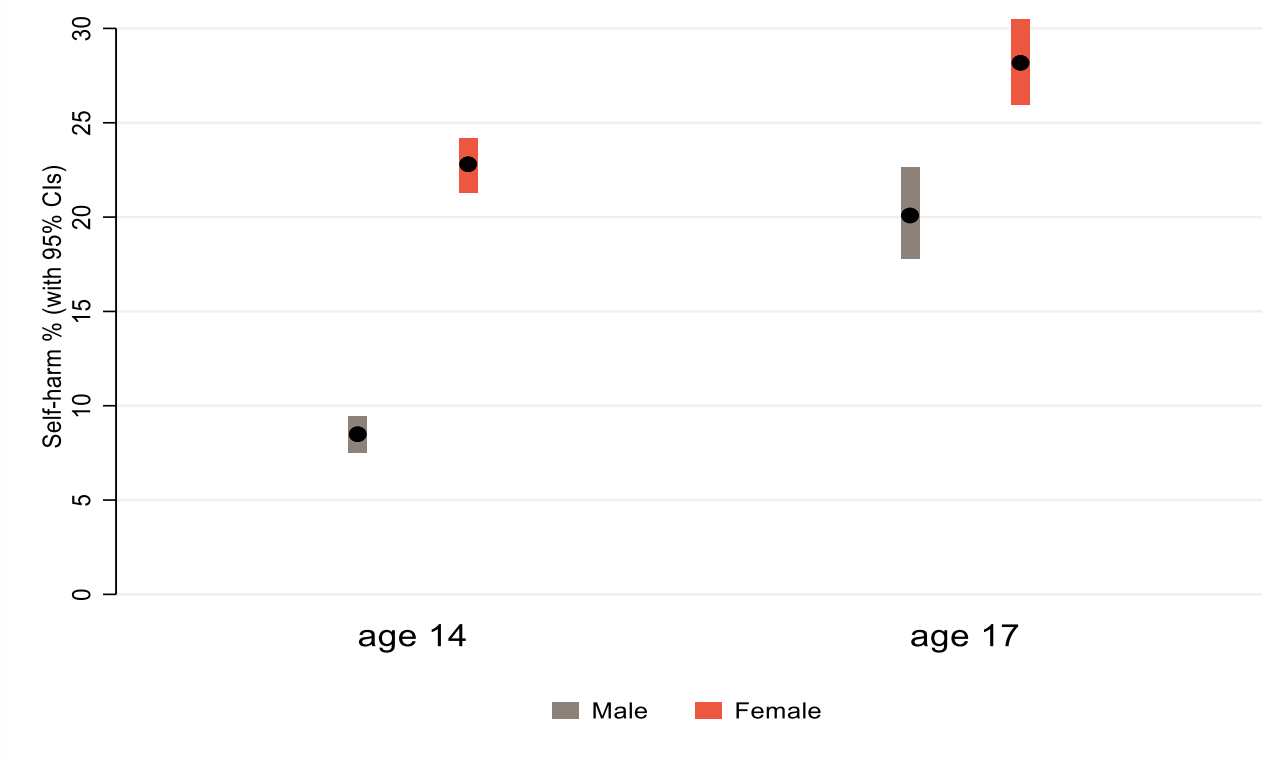
“Have you ever hurt yourself on purpose in an attempt to end your life?” We present lifetime prevalence of self-harm with suicidal intent (yes or no) **7% overall**

Sex differences



Male Female

Self-harm at 14 and 17



Gaps in self-harm behaviour by sex considerably narrower at 17 than at 14

→ reflects steeper increase in self-harm rates among males than females, b/w 14 and 17

Mental health and wellbeing



Mental health and wellbeing

Debate around whether mental ill-health and mental wellbeing represent two ends of same spectrum of mental health or two distinct domains that share some overlap

In MCS at age 11

- Study participants answered questions about their **wellbeing** for the first time
- Parents answered questions about their child's **mental health** (Strengths and Difficulties Questionnaire, SDQ)

Mental health and wellbeing

Findings

- Absence of mental health difficulties does not necessarily equate to positive wellbeing
 - important to measure both to get full picture and best support young people
- Parent and child reports of emotional / depressive symptoms have weak correlation
 - child-reports important

Drew attention to important yet much overlooked distinction between mental ill-health and mental wellbeing in young people

Mental health and wellbeing

- Also compared a wide range of predictors of children's mental ill-health and subjective wellbeing in the same sample [most previous work examined only mental illness]

→ and drew out similarities and differences

Mental health and wellbeing

Here's what we found

Correlates of Mental Illness and Wellbeing in Children: Are They the Same? Results From the UK Millennium Cohort Study

Praveetha Patalay¹, Emla Fitzsimons²

TABLE 1 Descriptives of Predictors and Results From the Final Regression Models Predicting Mental Illness and Wellbeing

Block	Predictor	Descriptives % or Mean (95% CI)	Mental Illness Coefficient (95% CI)	Wellbeing Coefficient (95% CI)
Sociodemographic factors				
Child demographics	sex (female)	49.1 (48.0, 50.2)	0.05 (0.01, 0.08)	-0.15 (-0.19, -0.11)
	ethnicity (White) ^c	85.9 (83.5, 88.4)		
	ethnicity (Asian)	6.1 (4.4, 7.9)	-0.12 (-0.20, -0.04)	0.08 (-0.01, 0.17)
	ethnicity (Black)	3.3 (2.1, 4.4)	-0.18 (-0.29, -0.08)	0.05 (-0.12, 0.22)
	ethnicity (mixed)	3.5 (2.9, 4.0)	0.00 (-0.12, 0.11)	0.09 (-0.01, 0.20)
	ethnicity (other)	1.2 (0.8, 1.6)	-0.21 (-0.36, -0.06)	0.10 (-0.12, 0.32)
	age ^a	11.2 (11.2, 11.2)	-0.06 (-0.11, -0.01)	0.06 (0.00, 0.12)
Socioeconomic characteristics				
	parent employment status (unemployed)	17.3 (16.0, 18.6)	-0.03 (-0.09, 0.03)	0.06 (-0.02, 0.13)
	income (lowest quintile) ^c	20.5 (18.5, 22.5)		
	income (second quintile)	21.8 (20.7, 22.9)	-0.05 (-0.13, 0.02)	-0.03 (-0.1, 0.05)
	income (third quintile)	19.8 (18.7, 21.0)	-0.12 (-0.19, -0.04)	-0.10 (-0.18, -0.02)
	income (fourth quintile)	19.0 (17.8, 20.2)	-0.15 (-0.24, -0.07)	-0.09 (-0.18, 0.00)
	income (highest quintile)	18.8 (17.0, 20.7)	-0.19 (-0.28, -0.09)	-0.14 (-0.24, -0.05)
	parent education (NVQ 1) ^c	8.1 (7.4, 8.9)		
	parent education (NVQ 2)	30.4 (28.9, 31.9)	-0.02 (-0.09, 0.04)	0.05 (-0.04, 0.14)
	parent education (NVQ 3)	8.0 (7.4, 8.6)	-0.05 (-0.13, 0.03)	0.04 (-0.07, 0.15)
	parent education (NVQ 4)	29.2 (27.7, 30.7)	-0.06 (-0.13, 0.02)	0.04 (-0.05, 0.14)
	parent education (NVQ 5)	11.4 (10.4, 12.4)	-0.06 (-0.14, 0.02)	0.05 (-0.06, 0.15)
	parent education (overseas/other)	2.5 (2.0, 2.9)	0.00 (-0.12, 0.11)	0.12 (-0.04, 0.28)
	parent education (none)	10.4 (9.4, 11.4)	0.01 (-0.10, 0.11)	0.06 (-0.06, 0.17)
	home ownership (not owned)	41.1 (39.1, 43.1)	-0.04 (-0.09, 0.02)	-0.05 (-0.11, 0.00)
Perceived SES				
	material position of family ^b	6.7 (6.6, 6.7)	0.02 (0.00, 0.03)	-0.03 (-0.05, -0.01)
	relative wealth (same) ^c	85.0 (84.2, 85.9)		
	relative wealth (poorer)	9.5 (8.8, 10.2)	0.01 (-0.05, 0.07)	-0.05 (-0.12, 0.03)
	relative wealth (richer)	5.5 (5.0, 6.1)	-0.05 (-0.14, 0.03)	-0.22 (-0.31, -0.13)

Table 1 contd.

Human capital factors				
Cognitive factors				
	cognitive ability ^b	0.5 (0.4, 0.7)	-0.07 (-0.09, -0.05)	0.02 (0.00, 0.04)
	special educational needs (yes)	4.7 (4.2, 5.2)	0.13 (0.02, 0.24)	0.07 (-0.04, 0.17)
	communication difficulties (yes)	7.2 (6.5, 7.9)	0.19 (0.10, 0.27)	-0.02 (-0.11, 0.07)
Health factors				
	chronic illness (yes)	14.1 (13.2, 15.0)	0.25 (0.19, 0.30)	0.00 (-0.06, 0.06)
	motor delay (yes)	10.8 (10.1, 11.6)	-0.04 (-0.09, 0.02)	0.03 (-0.03, 0.10)
	overweight (yes)	27.6 (26.6, 28.6)	-0.03 (-0.07, 0.01)	-0.07 (-0.12, -0.03)
Family factors				
Family structure				
	single-parent family (yes)	26.3 (25.0, 27.6)	0.10 (0.05, 0.15)	-0.08 (-0.14, -0.03)
	number of siblings (0) ^c	12.8 (12.0, 13.6)		
	number of siblings (1)	43.2 (41.7, 44.6)	0.12 (0.07, 0.17)	-0.02 (-0.08, 0.04)
	number of siblings (2)	27.4 (26.3, 28.4)	0.15 (0.09, 0.22)	-0.03 (-0.1, 0.05)
	number of siblings (≥3)	16.6 (15.4, 17.9)	0.12 (0.04, 0.19)	-0.04 (-0.13, 0.04)
	eldest sibling (yes)	42.5 (41.2, 43.7)	0.01 (-0.03, 0.04)	0.01 (-0.04, 0.05)
Home environment				
	argue with parent (yes)	37.7 (36.5, 38.8)	0.56 (0.52, 0.60)	-0.05 (-0.10, 0.00)
	talk with parent (yes)	91.4 (90.6, 92.1)	-0.05 (-0.11, 0.01)	0.06 (-0.02, 0.14)
	bullied by siblings (yes)	40.0 (38.9, 41.1)	0.06 (0.03, 0.10)	-0.06 (-0.11, -0.02)
	smoker in household (yes)	34.6 (33.1, 36.1)	0.04 (0.00, 0.08)	0.00 (-0.05, 0.05)
	safe home environment ^b	5.53 (5.5, 5.56)	0.00 (-0.02, 0.03)	0.00 (-0.02, 0.02)
Parent health				
	parent mental health ^b	4.39 (4.25, 4.52)	0.16 (0.14, 0.19)	0.00 (-0.02, 0.03)
	parent general health ^b	2.34 (2.31, 2.37)	0.03 (0.01, 0.05)	-0.01 (-0.03, 0.01)
	parent longstanding illness	33.9 (32.6, 35.3)	0.01 (-0.03, 0.05)	-0.01 (-0.05, 0.04)
	parent life satisfaction ^b	7.1 (7.0, 7.1)	-0.01 (-0.03, 0.01)	0.03 (0.00, 0.05)

And contd...

TABLE 1 Continued

Block	Predictor	Descriptives % or Mean (95% CI)	Mental Illness Coefficient (95% CI)	Wellbeing Coefficient (95% CI)
Social and environmental factors	Social relationships			
	peer problems ^b	1.4 (1.4, 1.5)	0.36 (0.34, 0.39)	-0.08 (-0.1, -0.06)
	argue with friends (yes)	15.6 (14.7, 16.5)	0.01 (-0.04, 0.07)	-0.11 (-0.17, -0.05)
Wider environment	bullied by peers (yes)	16.5 (15.6, 17.4)	0.02 (-0.03, 0.08)	-0.25 (-0.3, -0.19)
	spends time with friends (yes)	72.7 (71.5, 73.9)	0.02 (-0.02, 0.07)	0.10 (0.06, 0.15)
	school connectedness ^b	3.2 (3.2, 3.2)	-0.07 (-0.09, -0.04)	0.29 (0.26, 0.32)
	like school (yes)	46.1 (44.7, 47.4)	-0.03 (-0.07, 0.01)	0.28 (0.23, 0.32)
	safe neighborhood (no)	10.9 (10.0, 11.8)	0.04 (-0.02, 0.1)	-0.15 (-0.23, -0.08)
	urban-rural (rural)	19.7 (17.1, 22.4)	0.01 (-0.04, 0.06)	0.03 (-0.03, 0.09)
	country (England) ^c	82.0 (80.4, 83.6)		
	country (Scotland)	5.0 (4.2, 5.9)	0.01 (-0.04, 0.06)	0.03 (-0.02, 0.08)
country (Wales)	8.9 (7.8, 9.9)	-0.02 (-0.07, 0.03)	0.03 (-0.05, 0.10)	
country (Northern Ireland)	4.1 (3.6, 4.6)	0.03 (-0.03, 0.09)	0.10 (0.04, 0.15)	

Note: Coefficients in boldface are significant at (at least) the $p < .05$ level. NVQ = National Vocational Qualifications; SES = socioeconomic status.

^aAge is centered in the analysis.

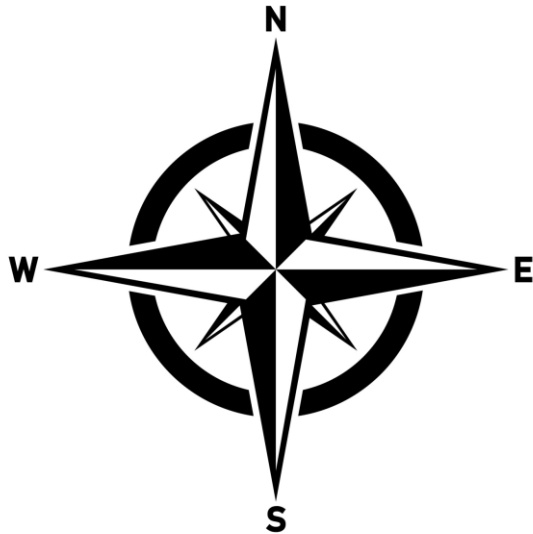
^bDescriptive statistic is the mean and standardized scores are used in the analysis.

^cReference group in the analysis.

Mental health and wellbeing

The table showed [us] that their risk and protective factors can differ, and set out concrete areas for policy action

....but perhaps a bit opaque?

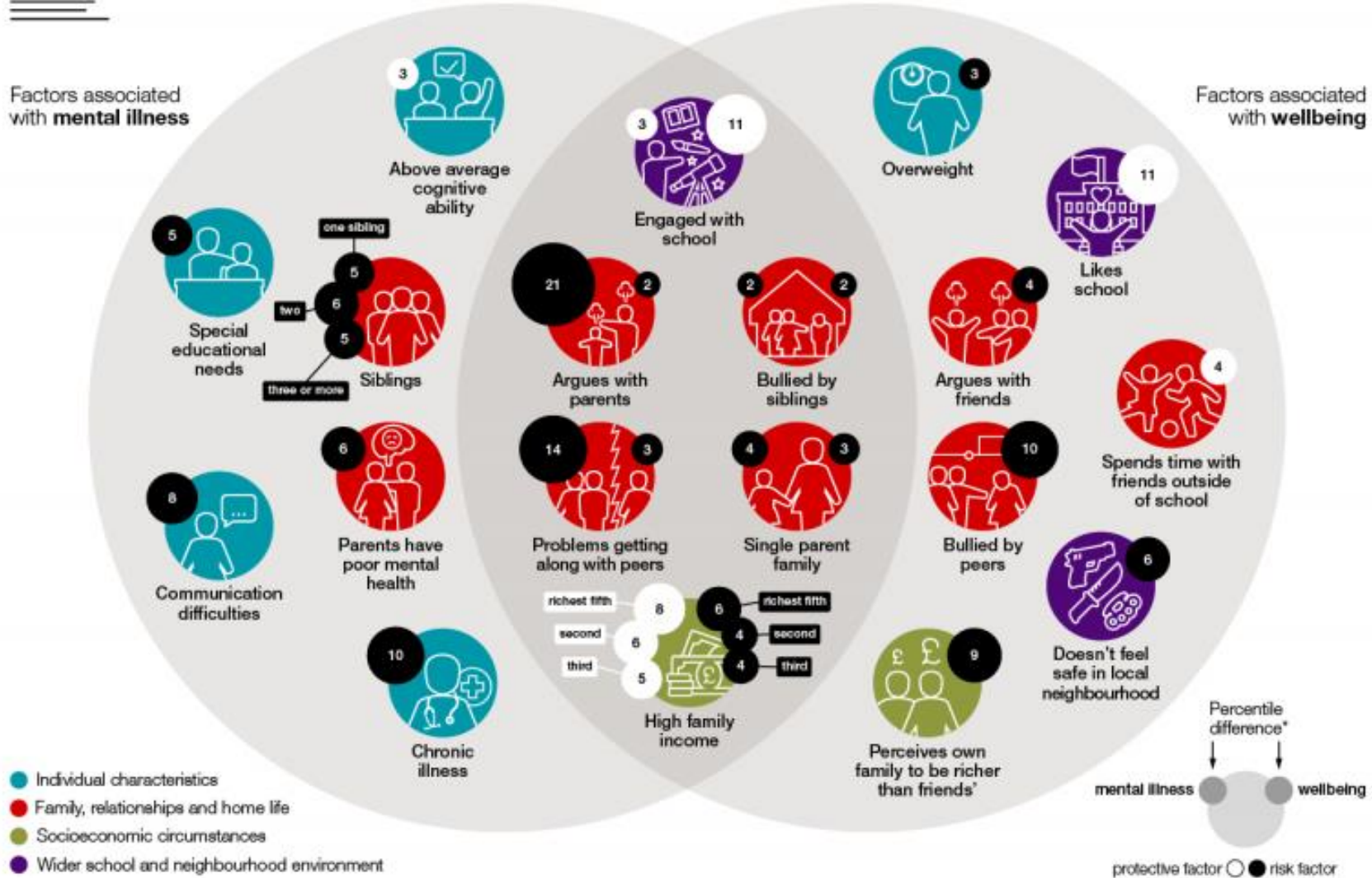


Children's mental illness and wellbeing at age 11

Findings from the Millennium Cohort Study

Factors associated with **mental illness**

Factors associated with **wellbeing**



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All factors included in the infographic are statistically significant at (at least) the 5% level. * Findings from Patalay, P. and Fitzsimons, E. (2016) Correlates of mental illness and wellbeing in children: are they the same? *Journal of the American Academy of Child and Adolescent Psychiatry* 55(9), pp. 771-783.

**Percentile difference* is the change in rank position between 1 and 100 away from the median or reference category.

Infographic

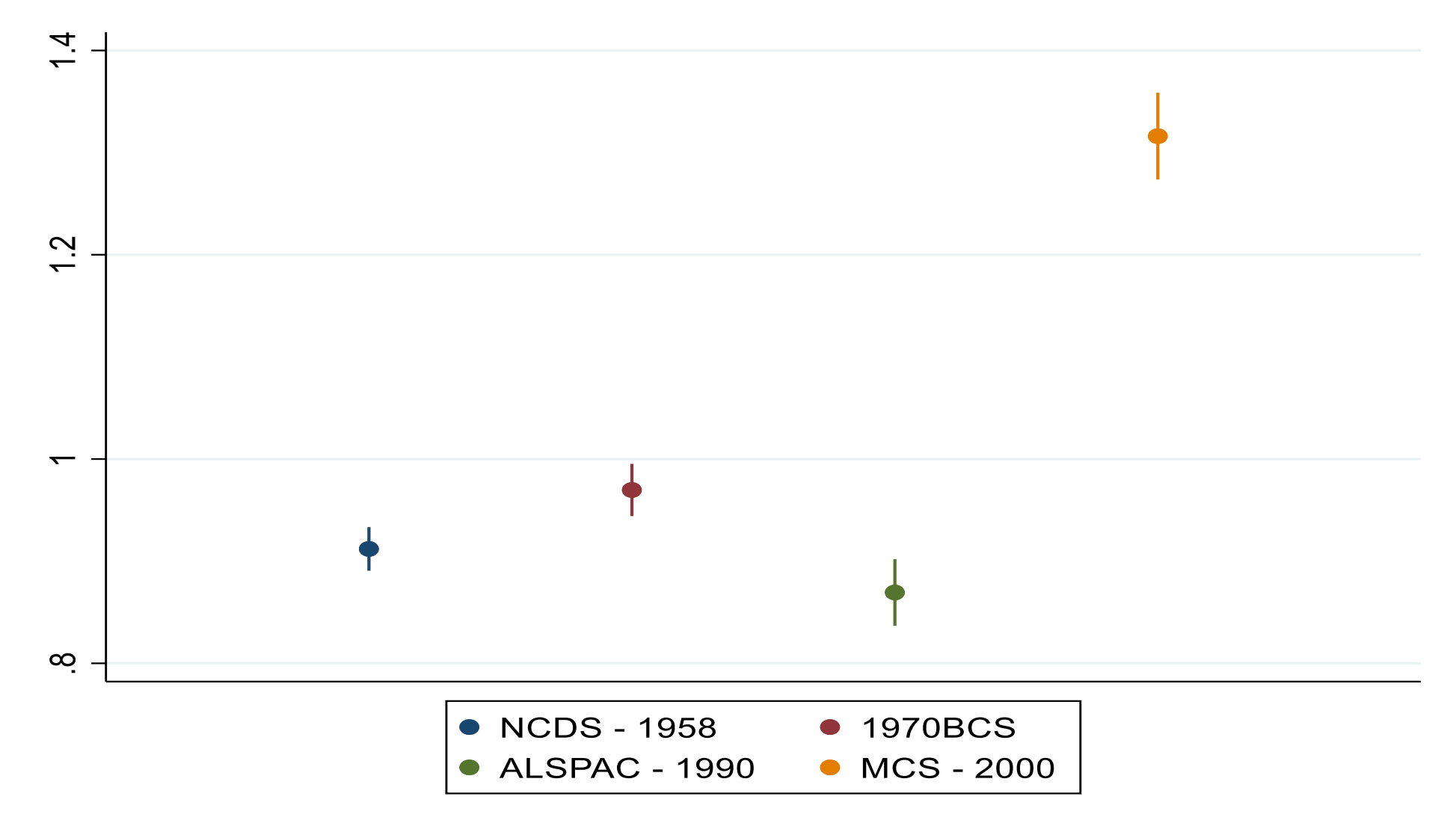
Described by Claire Robson, PHE Programme Manager, as
'pivotal in guiding its thinking in this area'

*"These findings helped to clearly
communicate the case for a whole
system response to children and
young people's mental health"* Public
Health England

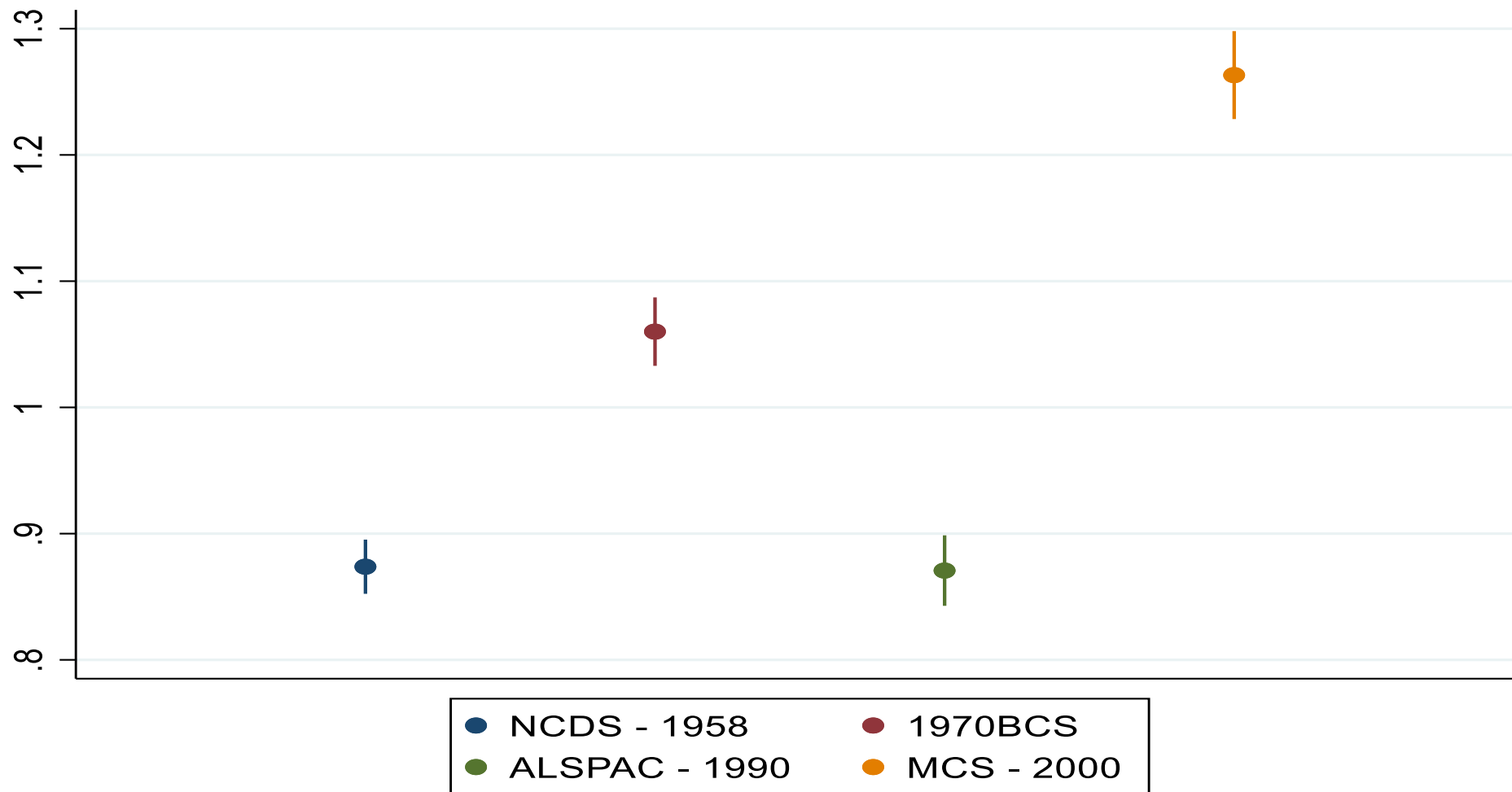
Changing experiences across generations



Trends across cohorts: Affective symptoms at age 14-16

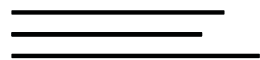


Trends across cohorts: Conduct problems at age 14-16





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Mental health during lockdown: evidence from four generations

Initial findings from the *COVID-19 Survey in
Five National Longitudinal Studies*

By Morag Henderson, Emla Fitzsimons,
George Ploubidis, Marcus Richards and
Praveetha Patalay

Mental health is assessed using a set of common measures across cohorts in May 2020:

MENTAL ILL-HEALTH

PHQ-2 for depressive symptoms (range 0-6; score ≥ 3 indicates high symptoms)

GAD-2 for anxiety symptoms (range 0-6; score ≥ 3 indicates high symptoms)

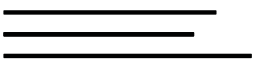
LONELINESS

UCLA Loneliness 3 item scale for loneliness (range 3-9; score ≥ 6 indicates high loneliness)

WELLBEING

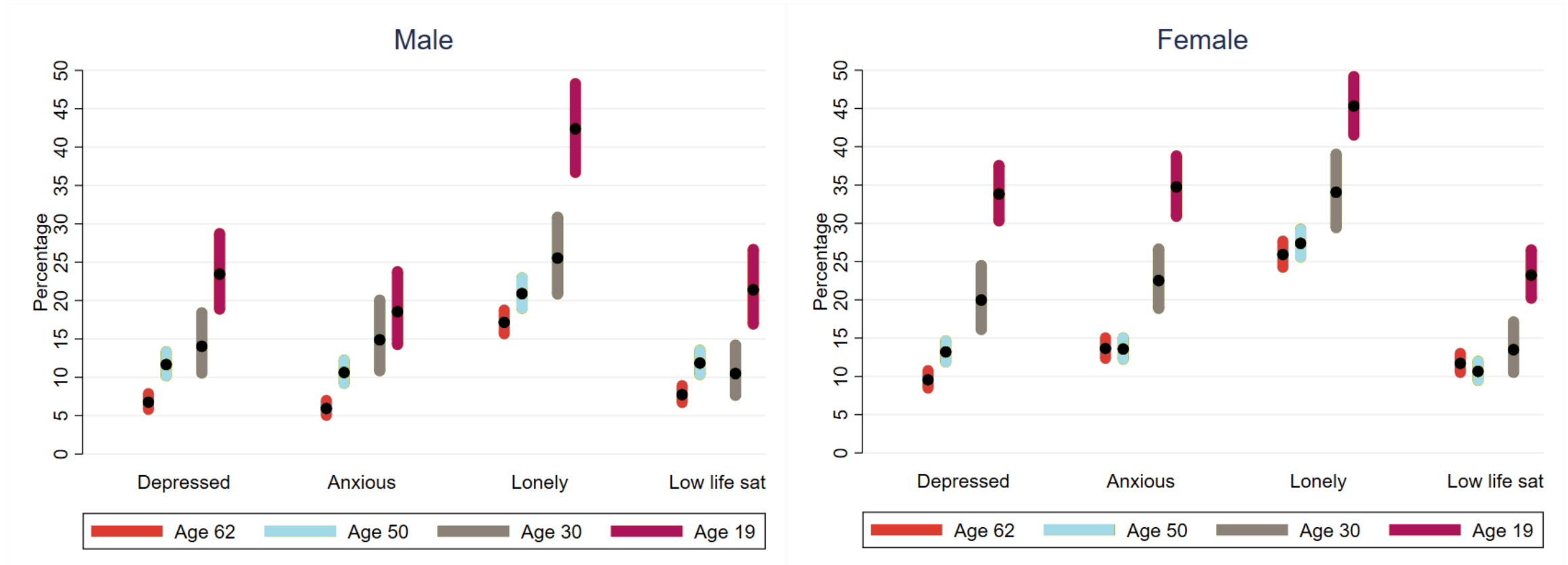
ONS life satisfaction question for life satisfaction (range 0-10; score ≤ 4 indicates low life satisfaction)

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Mental health outcomes by sex

Figure 1: Prevalence of depressive symptoms, anxiety symptoms, loneliness and low life satisfaction in May 2020 in the four cohorts



Note: Proportions based on weighted survey responses; the bars (whiskers) reflect 95% confidence intervals using the Agresti-Coull method.

What's next?



Current fieldwork

Study has reached major milestone, with transition to adulthood

Age 23 survey: Autumn 2023 – early 2025

Mixed mode for first time

Scientific Objectives

A period traditionally characterized by five role transitions

➤ **employment, education, partnerships, fertility and residence**

Aim to provide rich longitudinal data for study of above life-course transitions, along with other key areas of major scientific and policy importance including:

- Mental health and wellbeing
- Physical health and health behaviours
- Skills and cognitive processes
- Ongoing role of the family
- Identity and attitudes ...

Plus feasibility of collecting early data on children and parenting; resident partners ...

Questions

**How would you like to interrogate the data:
What evidence would be most useful in your own
leadership roles?**

Thanks to our funders and host institution



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