Office for Health Improvement and Disparities
England

Official Statistics

Methodology and supporting information: children living with parents in emotional distress, 2021 update

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Purpose

Children living with parents in emotional distress is an annual official statistic. It provides an estimate of the number of children living with parents who may need support to supplement the care and parenting of this official statistic. It includes:

- a summary of relevant background literature
- overview of survey used
- how the survey measure emotional distress
- method used to calculate the statistic

It aims to ensure transparency of terminology, definition and method used. It also outlines limitations and makes should consider when using these statistics.

The indicators within this statistic look at common mental disorders (CMD). This includes conditions such as anxiety or depression.

Background

Poor parental mental health

Studies estimated that between 2014 and 2015 around one in 8 adults aged 16 to 64 years in England had a common mental disorder (CMD) in comparison of other mental health conditions is less common. For example, severe psychotic disorders are:

- 1 in 100 adults with a schizophrenia
- 1 in 100 adults with affective psychosis
- 1 in 50 adults with bipolar disorder

Common mental health problems are more likely to occur in women than men. Since 2000, the prevalence of CMDs in women has increased, while for men it remained stable. Evidence suggests mental disorders make their parenting difficult, contributing to the development of poor outcomes for children.

Parenting is a key determinant of outcomes of your parental mental health exist. The prevalence depend on severity of the mental health conditions and definition applied. Studies report that around 50% of women and 30% of men with mental health problems are parents. In 1,000 women giving birth, it is estimated that throughout the perinatal period:

- 2 women will experience postpartum psychosis
- 3 women mental disorder (25%)
- 30 women depression
- between 50 and 100 to moderate depressive illness and anxiety states
- 20 post traumatic stress disorder (PTSD)
- between 100 and 200 depressed disorders and distress.

A study found that 38% of first-time fathers are concerned about their mental health. Between 5% and 10% of partners report mental health difficulties in the perinatal period.

Role of employment and worklessness

Common mental problems are also common in employment than unemployed or economically inactive adults. Data from the 2014 Adult Psychiatric Morbidity Survey shows that common mental health problems are at:

- around 14% for adults in full-time employment
- 25% for economically inactive adults
- 33% for economically inactive adults

Employment can positively affect mental health. Employment provides financial security, social status, identity, and social interaction. Poor working environment and insecure employment can negatively impact on mental health. There is also some evidence of a causal relationship between employment status and psychological distress.

Longitudinal studies can repeated measures to follow individuals over prolonged periods allows for a better analysis of the Biro's Psychiatric Morbidity Survey for the period 1991 to 2007 examined the role of employment on psychological wellbeing. It concluded that there was a causal relationship between employment and psychological wellbeing. This impact was influenced after accounting for health status.

Moving from employment or seeking work into permanent sickness also predicted lower psychological wellbeing. This effect was stronger than permanent sickness as the seen. This analysis also reported that moving into employment from unemployment improved psychological wellbeing. However, the change is less than the negative effect of wellbeing.

A 2004 survey of the mental health of children and young people (OYP) in Great Britain examined the role of family and social factors on OYP mental health. The prevalence of mental disorders was higher in OYP in families with neither parent working compared to where both parents worked.

Impact on child outcomes

Studies confirm the link between insecure and anxious depression and an increased risk of poor mental health in children and young people.

Results of longitudinal study show that children of mothers with repeated mental health problems were more likely to have poorer relations when they reached age of 7. This was compared with children whose mothers remained mentally well or who had only brief episodes of poor mental health.

A study of fathers with persistent depression (or the antenatal and postnatal periods) found that:

- children had a higher risk of emotional and behavioural problems at ages 3.5 years and 5.5 years compared with
- the associations between fathers' mental health and child behavioural outcomes were no longer statistically significant at age 7

The period and frequency of parental mental health problems will differently impact on children wellbeing. Evidence suggest that children of mothers with poor mental health where:

- adverse emotional and cognitive outcomes where mother reported mental health problems at 3 months and 3 years, but not when mother reported later
- further adverse behavioural outcomes where mother reported persistent occurrence of mental health problems over several years (defined as a prolonged exposure)

Research suggests that poor mental mothers and fathers have different impacts on outcomes in middle childhood. Children whose mothers experienced high levels of mental ill-health were more likely to have poor behavioural outcomes and emotional problems at age 11. A longitudinal research investigating how parental mental health relates to adolescent child happiness found that that maternal and paternal mental distress predicts unhappiness in girls but not boys.

Potential transmission mechanisms

Current evidence on the mechanisms involved in the transmission of mental health problems by parent outcomes in children is mixed. Some children of parents with mental health problems are at increased risk of poorer cognitive, emotional and social outcomes. Research suggests that children of parents with mental health problems are at risk of poor relations in their lives further and even extends across the life. They may also differ depending on the age of the child. Evidence on the impact on boys and girls is mixed. Some studies find that the effect is more on girls. Whether the father or mother has experienced difficulties also plays a role.

Different biological characteristics, sociocultural contexts and psychological processes are likely to interact. Factors such as protective or risk factors in the child, parent, and children's mental health. Some of the possible mechanisms by which parental mental health may impact on children include:

- direct exposure to symptoms such as experience of unpredictable, irrational behaviour
- the influence of mediating factors such as disrupted parental or couple relationship and domestic violence
- disruptions to parenting
- parental genetic factors
- the interaction of genetic and environmental influences

The emotional environment within the home affects child's development. This includes:

- the quality of relationships between parents
- the support available to the family
- the health and wellbeing of their parents

Research shows a strong link between children's behavioural problems and parents' mental health. Children's behavioural problems can be a stressful experience, especially among children in lower families. For parents therefore, parenting can be a challenging and stressful experience. Being happily married or in a stable relationship has been found to be a protective factor against mental ill-health.

Some evidence suggests that depressed mothers may be less responsive to their children's needs and demands. Research on the role of paternal mental health in child development is the development of attachment behaviour and parenting are important to babies and young children. They play an important role in their wellbeing and development. Poor attachment is related to impaired cognitive functioning at 18 months.

There is limited research on how parental mental health affects children. Some studies suggest that fathers with depression spend less time with their children and undertake fewer activities, so the quality of time is also reduced. Other studies found that children of fathers with depression are more likely to have behavioural difficulties. This includes decreased sociability and increased negative parenting behaviours in fathers.

Older children may have a greater ability to understand some aspects of a parent's mental health problems. Therefore, they might be more sensitive to their parent's behaviour and mood. Research in 2004 found that children of depressed fathers had behavioural difficulty to cope with. Some children may take on a caretaking role to support their parents mental health needs.

Data source and screening tool

Understanding Society Longitudinal Study

Understanding Society study is a nationally representative study. It follows 40,000 households across the UK from 2009 to 2010 onwards. The survey:

- captures important information about adult and children's economic circumstances
- collects data on their attitudes, behaviours and their health
- provides a rich picture on families and their circumstances over time

Participants are assessed over an extended period. Repeated evaluations spread across multiple years allows for a better understanding of how people's lives are changing especially among children on disadvantage and worklessness.

Understanding Society Study household members aged 16 or older are interviewed to take part in the study. Their children aged 10 or younger are interviewed to understand how their lives change. Individuals become eligible for a full interview once they reach the age of 16 years. The study also tracks people who move out of their original sample (survey) - movers-out, samples from the main sample. Full questionnaires of current survey samples can be found online.

The Understanding Society fieldwork within each wave is conducted over a 2 calendar year period. Participants are interviewed around the same time each year. It is important to bear in mind when using the survey data.

Attrition (losses to sets of study participants from the study) occurs in Understanding Society sample size over time. This is common issue with most longitudinal surveys.

General Health Questionnaire

The Understanding Society survey uses the self-completed 12-item General Health Questionnaire (GHQ12). The GHQ12 is a condensed version of the GHQ. It is commonly used in social research and features in many household surveys.

The GHQ12 is the most extensively used screening instrument for common mental disorders. It is a self-completed questionnaire. It measures the extent to which people have the respondent is feeling relative to normal. This includes levels of mental functioning rather than life-long traits. Therefore, it covers disorders or patterns of behaviour that are recent in onset.

The GHQ12 asks questions about the way an individual has been feeling over the last few weeks. This includes questions on sleep, self-confidence, worry, and concentration. Each question has a choice of a 4-point scale: 2 responses are negative (where the score is 0 or 1) and 2 responses are positive (where the score is 2 or 3). The overall score is obtained by summing the 12 responses. A score of 0 is the best possible response. These 12 scores are added together so that each individual's overall score which ranges from 0 to 12. A score of 4 or more has been shown to indicate that the individual is at risk of a common mental disorder.

A high score on this scale does not necessarily indicate severe mental disorders. Severe mental disorders are characterised by deterioration of normal social functioning. This score is likely to indicate common mental health problems such as anxiety and depression.

The common use of GHQ12 in research enables further comparison and analysis. For these purposes, using a self-reported scale such as the GHQ12 is better than using questions that concentrate on whether a respondent has or had a diagnosis of mental ill-health. The GHQ12 also avoids the problem of the stigma of poor mental health in the population due to under diagnosis and under reporting.

Wave 1 (2009 to 2010) income information

There are some issues with the income information in the first Understanding Society Survey (Wave 1 2009 to 2010). The income data in the first wave of Understanding Society are not comparable with later waves. It is also likely to be of lower quality. Therefore, the first wave is largely excluded from the analysis in this publication. The income information in the first wave is also not comparable because the underlying sample is not. The first wave of data on parental separation is considered of sufficient quality.

Waves 2 to 8 (2010 to 2017) retrospective changes

The Understanding Society wave 8 data release (November 2018) included some minor changes to the data from previous waves. These changes were made after the last publication using the wave cluster data. The changes to the indicator values from 2010 to 2017 are negligible. There were no same differences to the previously published figures.

Wave 8 (2016 to 2017) methodological changes

From 2016 to 2017 seven amounts, a mixed mode interview approach was used. This means that a larger proportion of interviews were administered through online interviews. The change in interview administration may affect how parents responded to the GHQ12.

Some individuals may be less likely to answer honestly depending on the setting. The change in interview administration from wave 8 onwards may have had a small or significant impact on the indicators in this publication. However, the impact is unclear. Consider this when looking at the observed changes between 2016 to 2017 values and those in previous years.

Methodology

Terminology within the statistics

For the purpose of this official statistic. Public Health England (PHE) uses the following terminology to define parental disadvantages and the relevant indicators:

1. Poor parental mental health - defined as a measure of the proportion of children living with at least one parent reporting poor mental health in the survey.
2. Emotional distress - which is a composite measure which looks at the proportion of children aged 10-15. This indicates minor psychiatric morbidity, such as anxiety or depression.
3. Worklessness family - used where no adult (neither parent nor guardian) in the family was in employment.
4. Lone parent - used to describe where only one parent is living in the household with the child or children.

The terminologies are based on Understanding Society's study definitions. It aligns with Improving Lives: Helping Workless Families publications.

Underlying sample population

For the poor parental mental health indicator, the sample used for the analysis includes children living with at least one parent who completed the survey. The GHQ12 analysis includes only children of each parent has responsibility for the GHQ12.

For specific sub-varieties, the analysis only includes children who have parents that make up the relevant measure. For example, only those children with parents within the household are included when calculating the proportion of fathers with emotional distress.

The analysis could construct the statistics from the perspective of:

- the parents, this measures the proportion of parents reporting symptoms of emotional distress
- the child, this measures the proportion of children living with at least one parent reporting symptoms of emotional distress

As the analysis is interested in how many children are affected by poor parental mental health, the latter is used. A parent based indicator would count every parent - even if the same child was affected twice. Consequence of both approaches shows that trends are consistent over time.

For some CMD indicators, a single survey information was taken from one of the two parents. This analysis could include children where both parents provide responses to the GHQ12. Research suggests that mothers and fathers report similar levels of mental ill-health. Excluding any children with at least one parent who provided a response to the GHQ12 would reduce the sample size. This would also reduce the precision of our estimates. Lone parents are more likely to report symptoms of emotional distress. This construction would underestimate the overall prevalence of poor parental mental health.

Alternatively, including all children where at least one parent is known to be under report prevalence. This is because this approach is assuming that the 'unknown' parent does not have poor parental mental health.

Analysis conducted by PHE found that there is around 4% points difference between the 2 measures. This is very similar for both.

In conclusion, it was decided to base the total parental distress measure on where at least one parent provided a response to the GHQ12. This approach is independent of whether the relevant parents, fathers, and both parents provided a response. These measures exclude children if the relevant parent was missing.

The approach is methods designed to reduce the bias in the more precise breakdowns. It also gives more relevant representation of emotional distress and poor parental mental health.

Weights used and attrition

To assess changes in the prevalence over time this analysis uses cross-sectional weights. The use of weights ensures that the results are representative of the UK population. Self-completion weights were also considered. Self-completion weights are used for analysis of the GHQ12 data. However, the self-completion weights are not suitable for use in GHQ12. Self-completion weights are not appropriate for the indicators in this official statistic. This is because this statistic reports parental characteristics. The self-completion weights are for the adult sample. Using cross-sectional and self-completion weights for indicators from the perspective of the parents. There was no significant difference between results using the different weights.

Rounding and suppression

This official statistic applies rounding to one decimal point for all indicators. As a result, differences may not seem exactly due to rounding. PHE suppresses any proportions based on a sample population of 50 or less.

Limitations

This section outlines some of the limitations to this analysis. These are issues common to most survey based longitudinal analysis. We are confident that the findings are robust to any of the issues outlined here.

Standard limitations of using survey data

Survey gather information from a sample rather than from the whole population. The data from a survey is subject to sampling variation and other uncertainties. Survey also considers practical limitations such as time and cost constraints. Results from sample all surveys are estimates. This means that they are subject to a margin of error. Results from a survey are not 100% accurate and are affected by sampling variation. Therefore, year-on-year movements in results should be treated with caution.

Surveys are also at risk from a systematic bias due to non-response or missing values. This is because:

- households invited for interviews do not respond to the survey
- some individuals within households may not respond when asked to
- a respondent gives a full interview but refuses or gives a 'don't know' answer to a question leading to a missing value

To correct for these biases, results are generally weighted to adjust for non-response. This ensures that the survey results are representative of the population. However, Such biases include inappropriate definition of the population, inconsistency between data bias or handling errors. Non-sampling errors are difficult to control for and measure in any survey.

Careful application of more appropriate survey techniques can overcome this. This should be considered from the questionnaire and sample design stages through to analysis of results. Non-sampling errors are more likely to be a cause for concern if they to be related to some underlying characteristics of the individuals interviewed.

Definition of a family in longitudinal analysis

In this longitudinal analysis, the changes in children's lives are followed and analysed over time. However, the composition of families may change over time and children experiences. Following families would be too complex, because they tend to diverge over time.

The definition of family is based around the adults (parents) that are living with the child in each wave. This means it is possible that a child could be living with completely different families across the survey waves. For example, a child living with a lone parent that became workless could have been living with working parents or guardians, and then moved to live with a different set of workers parents or guardians. Indicating and tracking the impact of the parent's mental health status on the child's mental health is difficult in this situation and also not logical to most children in the survey.

Definition of worklessness

The definition of worklessness family is based on whether a child is living in a family where no adult is in paid employment. This is a binary indicator, and the analysis has not considered the number of hours worked or the type of employment. Worklessness families reduced the proportion of development children in worklessness family by around 0.5%. This did not affect the nature of the findings.

Transitions between waves

Survey respondents are interviewed annually. Which there is some information on changes in their circumstances between waves. However, this is not sufficient to capture all change indicators for example, employment transitions, and relationship changes. Including this information added further uncertainty and complexity to the analysis. For example, it increased the number of permutations. This change did not change results or the nature of the findings.