

Mental Health of Children and Young People in England, 2017

Background Data Quality Statement

This report highlights aspects of quality and methodology that users may consider when interpreting results of the Mental Health of Children and Young People (MHCYP) survey 2017. The MHCYP survey 2017 is the third in a series of national surveys exploring the mental health of children and young people. Information contained within this report should be considered alongside the Survey Design and Methods Report.

Contents

This is an Official Statistics publication	3
Background	4
Relevance	5
Accuracy and reliability	6
Timeliness and punctuality	8
Accessibility and clarity	9
Coherence and comparability	9
Trade-offs between output quality components	9
Assessment of user needs and perceptions	10
Performance, cost and respondent burden	10
Confidentiality, transparency and security	11

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 mental 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.

Background

The Survey of the Mental Health of Children and Young People 2017 (MHCYP) is the third in a series of national surveys of the mental health of children and young people. Each survey involved interviewing a large stratified probability sample of children and young people, and their parents and teachers. In the 2017 survey, children and young people were eligible if they were aged 2 to 19, lived in England, and were registered with a GP.

For 2 to 10 year olds, an interview was conducted with the parent or legal guardian only (referred to as parents throughout this report). For 11 to 16 year olds an initial interview with the parent or legal guardian was followed by an interview with the child. Young people aged 17 to 19 were interviewed directly; as was their parent if the young person and parent agreed. Teachers also completed an online or paper questionnaire about 5 to 16 year olds, where consent was provided.

The detailed and comprehensive Development and Well-Being Assessment (DAWBA) (Goodman et al., 2000) was used to assess a range of mental health conditions, including emotional, hyperactivity, behavioural and less common disorders, like autism. After interviews had been completed, trained clinical raters reviewed the data collected to assess for a range of mental disorders for each participant.

The questionnaire also covered many aspects of people's lives that are linked to mental health, and this information can be used to profile the circumstances of children and young people with mental disorders.

This report provides users with an evidence based assessment of the quality of the statistical output of the Mental Health of Children and Young People in England, 2017 publication by reporting against those of the nine European Statistical System (ESS) quality dimensions and principles¹. In addition to being appropriate to this output, these dimensions and principles are also consistent with the UK Statistics Authority (UKSA) Code of Practice for Official Statistics.

This section briefly describes how each of the nine quality dimensions applies to the publication. We will continue to provide clear and comprehensive information about the methods used in our analysis and the quality of the data to assist users in interpreting our reports.

¹ The original quality dimensions are: relevance, accuracy and reliability, timeliness and punctuality, accessibility and clarity, and coherence and comparability; these are set out in Eurostat Statistical Law. However more recent quality guidance from Eurostat includes some additional quality principles on: output quality trade-offs, user needs and perceptions, performance cost and respondent burden, and confidentiality, transparency and security.

Relevance

This dimension covers the degree to which the statistical product meets user needs in both coverage and content.

From our engagement with customers, we know that there are many users of these statistics. They are used by the Department of Health and Social Care (DHSC), Public Health England (PHE), the Department for Education (DfE), NHS organisations, charities, academics, educators, the public and the media. Uses of the data include: informing and monitoring policy; monitoring the prevalence of health or illness and changes in health or health related behaviours in children and young people; informing the planning of services for this age group; and writing media articles. Universities, charities and the commercial sector use the data for health and social research.

User needs have been gathered and considered at all points in the collection and publication of this information. This has been guided by a steering group consisting of representatives from NHS Digital, DHSC, PHE, DfE, NHS England, Anna Freud National Centre for Children and Families, academic leads in Child and Adolescent Mental Health, and academic leads in Contemporary Psychoanalysis and Developmental Science.

All information used in this publication is taken from MHCYP respondents. All surveys are subject to bias. Some people, for example those who live in an institution, could not have been selected to take part. Non-response means that some selected households or individuals could either not be contacted or refused to take part. Others may not have been well enough or may have lacked the cognitive capabilities to complete a long survey interview. Social desirability biases may mean some people, especially in the face-to-face section of the interview, did not answer fully or honestly. These limitations, while ameliorated to some extent with use of validated measures, self-completion data entry, weights, understanding of the population they relate to and how the data should appropriately be applied, should be acknowledged. The strengths and limitations of this information, detailed information on the survey methodology, and how the statistics in this report should be interpreted in light of this methodology can be found in more detail in the Survey Design and Methods Report. Quality issues particular to individual topics covered in this publication can be found in the relevant topic report.

Descriptions of concepts and terms used in this publication can be found in the Definitions section of each topic report. More detailed definitions can be found in the Survey Design and Methods Report.

The purposes of the survey, agreed following user engagement and guided by the steering group, were:

- To collect robust data on a range of topics relating to the mental health of children and young people

- To estimate what proportion of children and young people in England are living with a mental disorder (and the types of mental disorders experienced)
- Produce trends in disorders through comparisons with previous surveys in the series
- Enable the circumstances of children and young people with different mental disorders to be compared with those of children and young people without
- Improve understanding of the state of children and young people's mental health and wellbeing
- Inform the design of mental health services for children and young people

We try to engage with people to gain a better understanding of the uses and users of these statistics and to ensure they remain relevant and informative. On 26 November 2015, an online consultation was launched about the content for the 2017 survey, in order to understand:

- Which existing topic areas the survey should continue to cover
- Whether there were new topics that should be included
- Where new topics were suggested, which existing topics these could replace

The consultation was hosted on the NatCen and ONS websites, and received 225 responses from academic, clinical, public, private and the voluntary sector representatives, as well as members of the public.

Most of the topics included in the 2004 survey were considered important to include again in 2017, and a range of new topics were also proposed². Topics recommended for inclusion included: social media, gaming and caring responsibilities.

Feedback is very welcome at any time via enquiries@nhsdigital.nhs.uk (please quote 'Mental Health of Children and Young People in England, 2017' in the subject line).

Accuracy and reliability

This dimension covers, with respect to the statistics, their proximity between an estimate and the unknown true value.

As the data are based on a sample (rather than a census) of the population, the estimates are subject to sampling error. For the 2017 survey a stratified multistage random probability sample of 18,029 children was drawn from the 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. The sample was designed to be representative of the population of children and young people aged 2 to 19 living in England.

² A response to the consultation on survey content can be found at: http://www.natcen.ac.uk/media/1431140/mhcyp-2016_consultation-report.pdf

One of the effects of using the complex design and weighting is that standard errors for survey estimates are generally higher than the standard errors that would be derived from an unweighted simple random sample of the same size. The calculation of standard errors and comments on statistical significance has been included in the report, all of which have taken into account the clustering, stratification and weighting of the data.

Details of the sample design, response rates, survey methods, design effects, sampling errors, measurement errors and activities undertaken to understand and address sources of error, including piloting and cognitive testing of individual survey elements, are available in the Survey Design and Methods Report.

For some of the low prevalence disorders the uncertainty in how reflective the estimates produced are of the resident population is relatively large compared to size of the estimate. For these disorders particularly the prevalence estimate must be understood to sit inside confidence intervals, giving a range of likely true prevalence values for the population. Confidence intervals are included for key estimates within each topic report. Estimates which may be less precise are noted within each topic report. See the Survey Design and Methods Report for relative standard errors (RSEs) for key estimates, which provide further detail about the likely precision of these results.

Given the small number of respondents screening positive for certain low prevalence disorders from certain groups within the population (for example, as being within a certain ethnic group) the results of the survey may not find significant differences between estimates for these groups if the true differences are relatively small.

Methods used to limit the likelihood of errors being introduced in the data capture, preparation and analysis stages of the production of this publication are detailed in the 'Quality, Value and Trustworthiness' section of the Survey Design and Methods Report. Further information regarding NatCen's quality assurance policies can be found at:

<http://natcen.ac.uk/about-us/commitment-to-quality/>

As with all NHS Digital publications this publication has been subject to the NHS Digital Statistical Governance Policy³, section 8 'Policy on Principle 4: Sound Methods and assured Quality' of which details NHS Digital's roles and responsibilities in quality assuring the methods and results of this publication. Quality assurance of methods and production standards began at the procurement stage with detailed quality standards and requirements being included in a detailed specification. Following the award of the contract to NatCen, the Office for National Statistics and Youth*im*mind ongoing quality assurance of methods was incorporated into regular contract management meetings and engagement with NHS Digital. Methods were also informed by the MHCYP Steering Group and drew upon a range of statistical and clinical expertise. Further details on the quality assurance of the methods used in this publication can be found in the 'Questionnaire development and piloting' section of the Survey Design and Methods Report.

Prior to publication results were subject to further quality assurance by NHS Digital, for example in checking for internal consistency, spotting any errors, ensuring that the report is clear and understandable and describes the data appropriately and objectively. This involved NHS Digital being provided with at least three draft versions of each report within the publication alongside associated reference tables, and having the opportunity to comment on all aspects of the report at each stage. Statistical analysis within the publication was reviewed by Grade 7-equivalent members of the Government Statistician Group⁴ within NHS Digital to ensure that the statistical methods used are appropriate and that results of these analyses are discussed correctly. All aspects of the publications were reviewed and approved by the Responsible Statistician for this publication prior to release.

Timeliness and punctuality

Timeliness refers to the time gap between publication and the reference period.

Punctuality refers to the gap between planned and actual publication dates.

Fieldwork for this survey took place during 2017 with these results made available as soon as practicable after the data collection.

³ <https://digital.nhs.uk/binaries/content/assets/website-assets/publications/publications-admin-pages/related-documents/statistical-governance-policy.pdf>

⁴ <https://gss.civilservice.gov.uk/about/>

Accessibility and clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

The report is published online and is available free of charge. Excel tables are included with associated reference data. OpenDocument Spreadsheet (.ods) versions of the MS Excel files are available from NHS Digital on request. Approved researchers seeking to undertake secondary analysis of the 2017 survey will be able to apply for access via NHS Digital's Data Access Request Service (DARS)⁵. Access will be made available from 2019. Users interested in accessing data should contact enquiries@nhsdigital.nhs.uk.

Information on how users should interpret the results within this publication can be found in the Survey Design and Methods Report, and in the individual topic reports (for topic-specific guidance). Also within the individual topic reports are numerous references to other sources of information where users can find more information on the topics covered.

Coherence and comparability

Coherence is the degree to which data which have been derived from different sources or methods but refer to the same topic are similar. Comparability is the degree to which data can be compared over time and domain.

This is the third survey in the MHCYP series. Certain core themes and methodologies have been kept consistent or comparable throughout the survey series in order to provide a consistent time series for core mental disorders. Full details of the content of the 2014 survey and its comparability with previous surveys can be found in the 'Topic coverage' section of the Survey Design and Methods Report, particularly within the 'Comparability with 1999 and 2004 MHCYP interviews' sub-section.

The comparability of the results in this publication with other studies conducted nationally and internationally, where such studies are available, is discussed in each topic report. These comparisons are mainly outlined in the Introduction and Discussion sections of each topic report.

Trade-offs between output quality components

This dimension describes the extent to which different aspects of quality are balanced against each other.

Within this publication different aspects of quality have been balanced against each other in order to best meet the aims of the survey. For example, in order to best

⁵ <https://digital.nhs.uk/services/data-access-request-service-dars>

understand the prevalence of common and rare mental disorders in the population a survey of the resident population has been used. This allows for the results of this survey to be used to examine the 'treatment gap'. That is, the survey data can be used to explore what proportion of children and young with a condition are not in contact with services nor in receipt of any treatment, or who are in receipt of inappropriate treatment. This information would not be available if other methods of collection were used, such as sampling from lists of patients in contact with mental health services, or patients registered with a general practitioner.

This approach has quality implications for other survey aims. For example, a survey of the resident population excludes those who were living in a care home (for example mental health units and young offender institutions). As discussed in this publication, people living in such settings are likely to have worse mental health than those living in private households, which may have an effect on the quality of the prevalence estimates produced by this survey. However, the proportion of the overall population not living in private households is so small that this would have little (or no significant) impact on the prevalence estimates for the disorders examined, as such the decision was made that the improvement in the survey's ability to provide an estimate of the treatment gap justified this trade-off between these two survey outcomes. Details of the strengths and limitations of the results of this survey are detailed in full in the Survey Design and Methods Report.

Assessment of user needs and perceptions

This dimension covers the processes for finding out about uses and users, and their views on the statistical products.

From our engagement with customers, we know that there are many users and uses of these statistics. Details of these uses and users have been included in the 'Relevance' section of this Data Quality Statement, along with details of previous consultations on this survey series. Regular consultation with customers and stakeholders is undertaken to ensure that developments introduced to this publication and other NHS Digital publications meet their requirements.

Performance, cost and respondent burden

This dimension describes the effectiveness, efficiency and economy of the statistical output.

The 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 the 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 participants 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).. Full details of the survey methodology and associated burden can be found in the Survey Design and Methods Report.

Confidentiality, transparency and security

The procedures and policy used to ensure sound confidentiality, security and transparent practices.

No personal/individual level information is received by NHS Digital or contained in the report. Information is presented at a high level of aggregation. As for all NHS Digital publications the risk of disclosing an individual's identity in this publication series has been assessed and the data are published in line with a Disclosure Control Method for the dataset.

Please see links below to relevant NHS Digital policies:

Statistical Governance Policy (see link in 'user documents' on right hand side of page)

<https://digital.nhs.uk/data-and-information/find-data-and-publications/statement-of-administrative-sources/a-z-of-nhs-digital-official-and-national-statistics-publications>

Freedom of Information Process

content.digital.nhs.uk/foi

A Guide to Confidentiality in Health and Social Care

<https://digital.nhs.uk/about-nhs-digital/our-work/keeping-patient-data-safe>

Privacy and Data Protection

content.digital.nhs.uk/privacy

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;