

**Conclusions** Deriving causal treatment effects using observational health data has proven to be problematic. We demonstrate that in contrast to IV based estimates, conventional OLS methods fail to estimate casual effects as indicated by RCTs.

## Childhood and mental health

### 009 CHRONIC ILLNESS AND EMOTIONAL AND BEHAVIOURAL STRENGTHS AND DIFFICULTIES IN IRISH CHILDREN

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**Objective** Childhood chronic illness can have a high impact on the child's quality of life. The foundations of health are established in early life, and are shaped by biological, psychosocial, spiritual and environmental processes and influences. The objectives of this presentation are twofold: firstly to describe the prevalence of chronic illness in 9-year-olds in Ireland, secondly to illustrate how chronic illness influences the psychological and social development of the children.

**Methods** Analysis was based on data of 8570 9-year old children, and their families who participated in Growing Up in Ireland—the National Longitudinal Study of Children. The sample was generated through the primary school system. A representative sample of 910 schools participated; the sample of children and their families was randomly selected from within the schools. Questionnaires were administered in schools; and after completion of this phase, the project interviewers visited the families of the 9-year olds in their homes and administered core questionnaires to the Study Child and his/her carers who provided either home-based or centre-based care on a regular basis.

**Results** The overall prevalence of chronic illness reported by mothers among the 9-year old cohort was 11% (gender-specific prevalence for boys: 13%, and significantly lower for girls: 10%). Respiratory illnesses accounted for almost half (46%) of all chronic illnesses, followed by mental and behavioural conditions with 19% (high gender dysbalance: reported for boys in 24%, for girls in 12%). Children with a reported chronic illness had significantly more emotional, conduct, hyperactivity, peer-based and prosocial difficulties when compared with children without a reported chronic illness. Abnormal scores, based on the Strengths and Difficulties Questionnaire were found in 20% in children with a chronic disease, and in 5.5% in children without a chronic disease. Socio-economic Status was associated with poorer health outcomes. Furthermore, primary care givers' views and perceptions regarding the chronic illness of the child were found to be a significant factor on child strengths and difficulties in a multivariate model.

**Conclusions** The majority of 9-year old children can be assessed as healthy. The most common chronic illness in this large cohort was respiratory disease and overall, chronic conditions were found to have a negative impact on the child's emotional and social state.

### 010 PARENTAL SEPARATION AND PSYCHOLOGICAL DISTRESS IN EARLY ADULTHOOD: HAS THE EFFECT REDUCED OVER TIME? EVIDENCE FROM TWO BRITISH BIRTH COHORT STUDIES

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**Background** An association between parental separation occurring during childhood and psychological distress has been shown many

times. UK divorce rates have increased rapidly since the mid-twentieth century. The "reduced effect hypothesis" suggests that the effect of parental separation may have reduced over time as separation has become more common and consequently less stigmatising. Previous studies have looked at this using outcomes of educational attainment, psychological distress in mid-adulthood and receipt of welfare benefits, finding that the effect has not reduced over time; however the effect upon psychological distress in early adulthood has not yet been investigated.

**Objective** To examine whether the effect of parental separation occurring during childhood on psychological distress in early adulthood has reduced over time, and whether this differs for men and women.

**Data, participants and variables** This study uses data on 9064 and 6906 participants of the 1958 National Child Development Study (NCDS) and 1970 British Cohort Study (BCS70), respectively. Five sweeps of each study were used – birth, age 5/7, age 10/11, age 16 and age 23/26 years. Parental separation was measured from 0 to 16 years and psychological distress was measured using Rutter's Malaise Inventory at age 23 (NCDS) or age 26 (BCS70), treated as a binary variable (0–7=no distress, 8–24=distress). Mental illness in the family was treated as a confounder.

**Statistical methods** Logistic regression was used to test the association between parental separation and psychological distress in either cohort, both unadjusted and adjusted for confounders, using a pooled data set of both cohorts. Period changes were assessed by testing a cohort-separation interaction. Analyses were conducted separately for men and women.

**Results** 9.4% of NCDS participants experienced parental separation in comparison to 21.0% of BCS70 participants. After adjusting for confounders parental separation increased the odds of reporting psychological distress in NCDS men (OR 2.18, 95% CI 1.34 to 3.54) and women (OR 1.48, 95% CI 1.05 to 2.08) and this did not differ by gender ( $p=0.11$ ). Parental separation was not associated with psychological distress in BCS70 adjusted analyses for men or women. However cohort-separation interactions were not statistically significant (men:  $p=0.11$ , women:  $p=0.43$ ).

**Conclusions** Despite finding an effect of separation in the NCDS and not in the BCS70, the cohort-separation interactions tested were statistically insignificant. The findings of this study therefore imply that the impact of parental separation has not changed over time ("reduced effect hypothesis" is not supported) and that men and women are affected equally.

### 011 GENDER DIFFERENCES IN THE EFFECT OF BREAST FEEDING ON ADULT PSYCHOLOGICAL WELL-BEING

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**Objective** To examine the changes in the social distribution of breast feeding and its effect on the psychological well-being of adults via the pathway of childhood psychological health.

**Design** Prospective cohort study.

**Setting** We used two British Birth Cohort Studies: National Child Developmental Study (NCDS, born in 1958) and 1970 British Birth Cohort Study (BCS70, born in 1970).

**Participants** Those who completed information on childhood data (breast feeding, mother's educational level, parenthood at birth, presence of older sibling, and psychosocial adjustment) and mid-adulthood (psychological ill health and self-efficacy) were included in this study (NCDS: N=7750; BCS70: N=6492).

**Main outcome measure** Childhood psychosocial adjustment was measured by the Bristol Social Adjustment Guides for the NCDS (collected at age 11) and the Rutter scale graded by a teacher for the