Mental health and wellbeing

OP61 UNDERSTANDING SOCIAL INEQUALITIES IN CHILD MENTAL HEALTH: FINDINGS FROM THE UK MILLENNIUM COHORT STUDY

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Background Child mental health is poor in the UK, with the most disadvantaged children experiencing worse outcomes and consequences over the course of their lives. Using a contemporary UK birth cohort, we therefore explored the social gradient in poor mental health and the extent to which it is explained by other known risk factors for adverse child mental health outcomes.

Methods Analysis of the U.K. Millennium Cohort Study (MCS), based on 9818 children who participated in five survey sweeps (9 months, 5, 7 and 11 years old). The main outcome was child socio-emotional behavioural problems using the Total Difficulties Score of the Strengths and Difficulties Questionnaire (SDQ), at age 11. Relative Risk (RRs) and 95% confidence intervals (CI) for socioemotional behavioural problems were estimated using Poisson regression, according to maternal education, which was used as a measure of socioeconomic circumstances at birth. Sequential models adjusted for risk factors for child mental health problems included demographic factors (sex, ethnicity and maternal age), family poverty, maternal mental health, and being bullied. Analyses were conducted using Stata/SE with svy commands to account for the sampling design and attrition.

Results By age 11, 10.4% (95% CI 9.6%–11.2%) of children had socioemotional behavioural problems. Children of mothers with no qualifications were more than five times as likely to have mental health problems compared to degree level (RR 5.4 [95%CI 4.0–7.4]). Male sex, younger maternal age, poor maternal mental health, family poverty and being bullied, were all independently associated with an increased risk of child mental health problems. Adjusting for maternal mental health, family poverty and being bullied attenuated the RR for mental health problems in the lowest maternal education group compared to the highest (4.2 [95%CI 3.0–5.9]); 4.0 (95%CI 2.8–5.7); and 4.9 (95%CI 3.5–6.8) respectively. Adjusting for all risk factors attenuated the RR to 3.4 (95%CI 2.3–5.0).

Conclusion In a representative U.K. cohort study, we found one in ten children faced socioemotional behavioural problems at age 11. The risk was much greater in disadvantaged children. This was partially explained by the social patterning of maternal mental health, family poverty, and being bullied. The self-reported outcome is a limitation of this study. Future research should investigate critical/sensitive periods for these exposures over the life-course. Efforts to reduce inequalities in child mental health problems should focus on reducing socioeconomic inequalities and action on risk factors such as maternal mental health, child poverty, and bullying.