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Mental Health of Children and Young People in England, 2021

Wave 2 follow up to the 2017 survey

Published 30 September 2021

This report examines the mental health of 6 to 23 year olds living in England in 2021 and describes their experiences of family life, education, and services during the coronavirus (COVID-19) pandemic. Comparisons are made with 2017 and 2020 (where possible), to monitor changes over time.

Key findings

- **Probable mental disorder:** Rates of probable mental disorder increased between 2017 and 2021; in 6 to 16 year olds from one in nine (11.6%) to one in six (17.4%), and in 17 to 19 year olds from one in ten (10.1%) to one in six (17.4%). Rates in both age groups remained similar between 2020 and 2021.
- **Change in mental health:** Looking at individual-level change, 39.2% of those aged 6 to 16 years in 2021 had experienced deterioration in mental health since 2017, and 21.8% experienced improvement. Among those aged 17 to 23 years in 2021, 52.5% experienced deterioration, and 15.2% experienced improvement.
- **Eating problems:** The proportion of children and young people with possible eating problems increased between 2017 and 2021, from 6.7% to 13.0% in 11 to 16 year olds and from 44.6% to 58.2% in 17 to 19 year olds.
- **Sleep problems:** In 2021, problems with sleep on three or more nights of the previous seven affected over a quarter (28.7%) of 6 to 10 year olds, over a third (38.4%) of 11 to 16 year olds, and over half (57.1%) of 17 to 23 year olds. Across all age groups figures were much higher in those with a probable mental disorder (59.5%, 74.2%, 86.7% respectively).
- **School absence:** Overall, 10.6% of 6 to 16 year olds missed more than 15 days of school during the 2020 Autumn term. Children with a probable mental disorder were twice as likely to have missed this much school (18.2%) as those unlikely to have a mental disorder (8.8%).
- **Learning resources:** The proportion of 6 to 16 year olds with a laptop or tablet they could work on at home, increased from 89.0% in 2020 to 94.4% in 2021. The proportion receiving regular support from school or college also increased, from 73.7% in 2020 to 79.9% in 2021.

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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.

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Introduction

Background

Since the onset of the coronavirus (COVID-19) pandemic in the UK in March 2020, children and young people have experienced major changes in their lives. These have affected their home life and family situation as well as their access to education, leisure, health, and other services. While a number of surveys have examined what these changes have meant for adults, there has been less research on children.

The survey series

The Mental Health of Children and Young People (MHCYP) survey series provides England's Official Statistics on trends in child mental health. The most recent face to face survey in the series took place in 2017 and involved interviews with a random sample of children and young people (aged 2 to 19 years) and their parents. In summer 2020, young people (then aged 11 to 22 years) and parents (of those then aged 5 to 16 years) who had agreed to future research were invited to take part in an online follow up survey¹. Those who consented to future research in 2017 (and in 2020, if they took part then) were contacted again in spring 2021 and invited to complete the wave 2 online follow up survey². The children and young people were aged between 6 and 23 years at that time. The cross-sectional analyses comparing 2017, 2020 and 2021 are based on those aged 6 to 16 years (6 to 10 and 11 to 16 year olds) and 17 to 19 years, as these age groups were present at every survey. Comparisons between 2020 and 2021 are also available for those aged 20 to 22 years where appropriate. The 2021 survey was the only one to capture 23 year olds; therefore, some standalone estimates for 17 to 23 year olds have been included for 2021 where appropriate. There were no 2 to 5 year olds in the 2021 sample; therefore, analyses in this report focus on those aged 6 years and over so that comparable age groups are analysed across each wave.

Assessing mental health

Both the 2017 survey and the 2020 and 2021 follow-ups used the Strengths and Difficulties Questionnaire (SDQ)³ to assess different aspects of mental health, including problems with emotions,

¹ See the [2020 Survey Design and Methods Report](#) for methodological details about that survey.

² See the [2021 Survey Design and Methods Report](#) for methodological details about that survey, including the change in survey mode and design of sample weights to ensure the study population remained representative.

³ More information on the Strengths and Difficulties questionnaire can be found at <https://www.sdqinfo.org/>

behaviour, relationships, and hyperactivity. Responses from parents, children and young people were used to estimate the likelihood that a child might have a mental disorder, this was classified as either 'unlikely', 'possible' or 'probable'. More information is provided in the accompanying Survey Design and Methods report.

Report aims

This report draws on data from the 9,117 children and young people who took part in 2017⁴, 3,570 who took part in 2020 and 3,667 who took part in 2021⁵, as well as information provided by their parents (and in MHCYP 2017 also from their teachers). Cross-sectional analyses are presented, addressing three primary aims:

Aim 1: Comparing mental health in 2017, 2020 and 2021

The report compares the likelihood of probable mental disorder in 6 to 16 and 17 to 19 year olds across the three surveys and provides information by subgroup (e.g. age, sex and ethnic group). The report also compares the likelihood of probable mental disorder in 20 to 22 year olds in 2020 and 2021 (there was no comparable age group in 2017). This information is presented in Topic 1.

It is important to note that although the SDQ was used in MHCYP 2017, the mental disorder prevalence estimates in the initial MHCYP 2017 survey report⁶ drew on a different and more detailed diagnostic assessment of mental disorder⁷. For the 2020 and 2021 follow-up surveys, only the SDQ was used. This was mainly due to the shift towards online data collection during the pandemic, so a shorter, simpler questionnaire was deemed more suitable, whilst still producing robust estimates.

Therefore, any comparisons between 2017, 2020 and 2021 must draw on the results presented in this report, which are based on a comparable measure: the SDQ.

Furthermore, comparisons with the MHCYP 2017 estimates may be affected by changes in survey design, such as the use of face to face

⁴ See the [Methodological Change Notice](#) for further information on how this differs to 2017 estimates included in the 2020 MHCYP report.

⁵ Sample characteristics achieved in the 2017, 2020 and 2021 MHCYP surveys can be found in Table A in the [Excel data tables](#).

⁶ (2018) [The 2017 Mental Health of Children and Young People survey](#), NHS Digital.

⁷ The Development and Well-being Assessment (DAWBA), which drew on reports from young people, parents, and teachers and involved clinical consensus rating. More information can be found at <https://dawba.info/>

interviews in the 2017 survey while the 2020 and 2021 follow-ups were online⁸.

The report also describes other aspects of children and young people's mental health in 2021, presenting comparisons with previous years (2017 and 2020) where comparable data were available. These are also presented in Topic 1 and include:

- Mental health of 6 to 16 year olds with Special Educational Needs and Disabilities (SEND) in 2017 and 2021
- Mental health of 6 to 23 year olds with long-term physical health conditions in 2021
- Children and young people with possible eating problems, using screening questions from the Development and Well-Being Assessment (DAWBA) which was used in both 2017 (for 11 to 19 year olds) and 2021 for (11 to 23 year olds)
- Sleep problems among 6 to 23 year olds in 2021
- Loneliness among 11 to 22 year olds in 2020 and 2021
- Substance use (alcohol, cigarettes, cannabis and other drugs) among 11 to 22 year olds in 2020 and 2021

Aim 2: Describing life during the coronavirus pandemic

The report aims to describe the wider circumstances and experiences of children and young people in February and March 2021 and preceding months. For some topics, respondents were asked about experiences during specific time periods (e.g. the six months since August 2020, or the Autumn school term of 2020). The time period is indicated in the commentary and accompanying tables.

Topic 2 includes the following:

- COVID-19 infection and symptoms in 6 to 23 year olds in 2021
- Feelings about social media use among 11 to 16 year olds in 2017 and 2021
- Family connectedness among 11 to 23 year olds in 2021
- Family functioning among 6 to 16 year olds in 2020 and 2021
- Education, including missed days of schooling, access to resources, and support for those with Special Educational Needs and Disabilities (SEND) in 6 to 16 year olds in 2021

⁸ See the [Survey Design and Methods Report](#) for further details on the differences in the methodology used for the 2021, 2020 and 2017 surveys and the limitations for comparability, including information on the change to the measure of mental health used.

- Changes in circumstances during the coronavirus pandemic in 6 to 22 year olds in 2020 and 2021
- How lockdown and restrictions have affected children and young people's lives among 11 to 23 year olds in 2021
- Seeking help for mental health concerns in relation to 6 to 23 year olds in 2021

Estimates are presented separately for 6 to 16 year olds (sometimes with breakdowns for 6 to 10 and 11 to 16 year olds) and 17 to 22 or 17 to 23 year olds (the former sometimes with breakdowns for 17 to 19 and 20 to 22 year olds), to reflect differences in questions asked of these age groups. Comparisons are presented with 2017 and 2020, where comparable data were available.

Aim 3: Focusing on ethnic group variations among children and young people

The report aims to present more detailed data on the mental health, circumstances and experiences of children and young people by ethnic group⁹ in 2021. Breakdowns by five ethnic groups were explored but as there were very few children and young people from some ethnic groups in the sample, these estimates were often imprecise, particularly for young people. Therefore, there were limitations in what could be examined. The report includes a breakdown by five ethnic groups in some key areas, where data allowed. These include:

- Mental health by sex and ethnic group (6 to 23 year olds)
- Mental health by ethnic group (6 to 16 year olds)
- Changes in circumstances during the coronavirus pandemic by ethnic group (6 to 16 year olds)
- Loneliness by ethnic group (11 to 23 year olds)

Further information

This study was funded by the Department of Health and Social Care and the UK Research and Innovation (Medical Research Council) as part of their "Ideas to address COVID-19" call, as well as by an NIHR Advanced Fellowship held by Tamsin Newlove-Delgado. It was commissioned by NHS Digital, and carried out by the Office for National Statistics, the National Centre for Social Research, University of Cambridge and University of Exeter.

⁹ Following recommended practice on terminology cited in 'The language of ethnicity', BMJ 2020;371:m4493. For further information see <https://www.bmj.com/content/371/bmj.m4493.full>

Alongside this report, the following documents are available on the NHS Digital website¹⁰:

- **Excel data tables** providing detailed breakdowns of estimates and confidence intervals for key results
- **Background data quality report** which describes the data quality of the estimates, reported against the dimensions of the National Statistics Code of Practice
- **Survey design and methods report** summarising the methods for the 2021 follow up study
- **Survey materials and questionnaire** used in 2021

Confidence intervals for each estimate are included in the Excel data tables. When comparing estimates, they are considered to be different (statistically significant) from each other when their confidence intervals do not overlap, indicating a real difference in the estimates being compared. When sample sizes are small, confidence intervals tend to be wide so there is more chance of overlap. Therefore, it is strongly advised to refer to the confidence intervals provided when comparing estimates over time or by group. An explanation of confidence intervals can be found in the [Glossary](#).

¹⁰ [http://digital.nhs.uk/pubs/mhcypsurvey2021w2](http://digital.nhs.uk/pubs/mhcypssurvey2021w2)

Main findings

The following main findings relate to children aged 6 to 16 years, unless otherwise specified.

Topic 1: Mental health, sleep and loneliness

Mental health: repeated cross-sections of the population

In 2021, 17.4% of children aged 6 to 16 years, and 16.9% of young people aged 17 to 23 years were identified with a probable mental disorder. This equates to about one in six children and young people.

- The proportion of 6 to 16 year olds with a probable mental disorder increased from 11.6% in 2017 to 17.4% in 2021. This increase was evident in boys and girls.
- Among 17 to 19 year olds, rates of probable mental disorder rose from 10.1% in 2017 to 17.4% in 2021. In young women, the prevalence increased from 13.4% to 24.8%, but there was no statistically significant¹¹ increase in young men.
- In 2021, one in five (19.1%) young people aged 20 to 22 years had a probable mental disorder. Change between 2017 and 2021 could not be examined for this age group, as 20 to 22 year olds were not interviewed in the 2017 survey.
- There were no statistically significant changes in prevalence of probable mental disorder between 2020 and 2021, in any age group.

Mental health: longitudinal change within individuals

- Looking at individual-level change, 39.2% of children aged 6 to 16 years in 2021 had experienced deterioration in mental health since 2017 (an increase in SDQ score of three or more), and 21.8% experienced improvement (a decrease in SDQ score of three or more).
- Among those aged 17 to 23 years in 2021, 52.5% experienced deterioration in mental health since 2017, and 15.2% experienced improvement.
- Girls (11 to 16 years) were more likely to have experienced deterioration in mental health (43.4%) than boys the same age (34.4%).
- Among 17 to 23 year olds, young women were more likely to have experienced deterioration (61.5%) than young men (43.7%).

¹¹ For an explanation of statistical significance, please see the Glossary.

Subgroup variation in mental health

- **Age and sex:** Boys aged 6 to 10 years were more likely to have a probable mental disorder (21.9%) than girls (12.0%). In 17 to 23 year olds, this pattern was reversed, with rates higher in young women (23.5%) than young men (10.7%).
- **Ethnic group:** Rates of probable mental disorder were higher among 6 to 23 year olds in the White British (18.9%) and the mixed or other (22.5%) groups, than in the Asian/Asian British (8.4%) and Black/Black British (8.3%) groups.
- **Special educational need or disability:** More than half of children with a special educational need or disability (SEND) had a probable mental disorder (56.7%), compared with 12.5% of those without SEND; this was an increase from 43.9% and 8.2% in 2017 for these respective groups.
- **Long-term physical health conditions:** In 2021, 6 to 16 year olds with a long-term physical health condition were twice as likely to have a probable mental disorder (29.6%) as those without a long-term physical health condition (14.9%).

Eating problems, sleep problems, loneliness and substance use

- **Eating problems:** The proportion of children and young people with possible eating problems increased between 2017 and 2021. In 11 to 16 year olds, this rose from 6.7% to 13.0%, and in 17 to 19 year olds from 44.6% to 58.2%.
- **Sleep problems:** In 2021, problems getting to sleep, waking in the night or waking early on three or more nights of the previous seven affected over a quarter (28.7%) of 6 to 10 year olds, over a third (38.4%) of 11 to 16 year olds, and over half (57.1%) of 17 to 23 year olds. Rates of sleep problems were higher in those with a probable mental disorder, compared with those unlikely to have one.
- **Loneliness:** In 2021, 4.9% of 11 to 16 year olds and 12.8% of 17 to 22 year olds reported feeling lonely often or always. Rates were higher in girls and young women (than in boys and young men), and in those with a probable mental disorder (compared with those unlikely to have one).
- **Substance use:** In 2021, most 11 to 16 year olds reported that they had not used alcohol (94.4%), cigarettes (98.4%), or cannabis or other drugs (99.2%) in the previous seven days.
- While rates of cigarette and drug use remained similar in 2020 and 2021, the proportion of 17 to 22 year olds who had had an alcoholic drink in the previous seven days fell from 55.5% in 2020 to 43.3% in 2021.

Topic 2: The coronavirus (COVID-19) context

- **COVID-19 infection:** About one in twenty 6 to 16 year olds (4.7%) and one in eight 17 to 23 year olds (12.5%) had tested positive or been diagnosed with COVID-19. Of these, 69.7% of 6 to 16 year olds (as reported by parents) and 83.3% of 17 to 23 year olds (self-report) experienced symptoms. According to parents, 1.2% of 6 to 16 year olds with symptoms experienced them for four or more weeks. In young people aged 17 to 23 years with symptoms, 3.9% reported symptoms lasting from four to eleven weeks, and a further 7.8% for 12 weeks or more.
- **Social media:** In 2021, 16.7% of 11 to 16 year olds using social media agreed that the number of likes, comments and shares they received had an impact on their mood, and half (50.7%) agreed that they spent more time on social media than they meant to. Girls were more likely to agree with both statements than boys. Responses were similar in 2017 and 2021.
- **Family connectedness:** Children and young people aged 11 to 23 years with a probable mental disorder had lower levels of family connectedness than those unlikely to have a mental disorder.
- **Family functioning:** In 2021, 15.6% of 6 to 16 year olds were living in a family with reported problems with functioning. Rates were similar in boys and girls and in younger (6 to 10 years) and older (11 to 16 years) children.
- **Special Educational Needs and Disabilities support:** In 2021, the parents of 46.2% of 6 to 16 year olds with SEND reported a reduction in the support their child received for special educational needs, due to the coronavirus pandemic.
- **School absence:** Overall, 10.6% of 6 to 16 year olds missed more than 15 days of school during the 2020 Autumn term. Children with a probable mental disorder were twice as likely to have missed this much school (18.2%) as those unlikely to have a mental disorder (8.8%).
- **Learning resources:** The proportion of 6 to 16 year olds with a laptop or tablet they could work on at home, increased from 89.0% in 2020 to 94.4% in 2021. The proportion receiving regular support from school or college also increased, from 73.7% in 2020 to 79.9% in 2021.
- **Household circumstances:** In 2021, 12.8% of 6 to 16 year olds with a probable mental disorder lived in households that had fallen behind with bills, rent or mortgage during the pandemic, and 9.1% had become more likely to be unable to afford to buy food, or had used a food bank. This compares with 6.7% and 2.8% respectively of those unlikely to have a mental disorder.
- **Ethnic group variation:** Black/Black British 6 to 16 year olds were about three times more likely to live in a household that

had recently fallen behind with bills, rent or mortgage (18.6%) than children in the White British group (6.5%).

- **Perceived impact of restrictions:** In 2021, 13.5% of 11 to 16 year olds and 23.9% of 17 to 23 year olds felt their lives had been made 'much worse' by coronavirus restrictions. In contrast, 4.4% of 11 to 16 year olds and 2.3% of 17 to 23 year olds felt these had made their lives 'much better'. Children and young people with a probable mental disorder were about twice as likely to report that restrictions made their lives much worse, compared with those unlikely to have a mental disorder.
- **Help-seeking:** For about a quarter (26.2%) of 6 to 16 year olds with a probable mental disorder, whose parents were concerned about their child's mental health, the parent had not sought help or advice between Summer 2020 and Spring 2021. In 17 to 23 year olds with a probable mental disorder, two-fifths (41.5%) of young people with mental health concerns had not sought help during this time.
- **Sources of help:** Help sought by parents for 6 to 16 year olds with a probable mental disorder was most likely to be from education services (68.3%), while help sought by 17 to 23 year olds with a probable mental disorder was most likely to be from friends and family (59.7%) or online or telephone support (44.1%).

Topic 1: Mental health, sleep, and loneliness

This section describes the mental health of children and young people aged 6 to 23 years living in England in February and March 2021. This was during a period when schools started to reopen following closure during the second wave of the coronavirus (COVID-19) pandemic in England. It compares the likelihood of probable mental disorder in 6 to 16 and 17 to 19 year olds in 2017, 2020 and 2021, and also compares the likelihood of probable mental disorder in 20 to 22 year olds in 2020 and 2021 (there was no comparable age group in 2017).

The Strengths and Difficulties Questionnaire (SDQ)¹² was used to identify children who may have had problems with aspects of their mental health to such an extent that it impacted on their daily lives. These include difficulties with their emotions, behaviour, relationships, or hyperactivity. This section also includes information on possible eating problems, sleep problems and substance use. Most of the analyses in this report are cross-sectional, so no conclusions about causality should be drawn from the associations presented. Longitudinal analyses looking at change in mental health within individual children and young people are presented in Section 1.10.

1.1: Mental health, 2021

In 2021, 17.4% of children aged 6 to 16 years had a probable mental disorder. Just over one in ten (11.1%) had a possible mental disorder, and nearly three-quarters (71.5%) were unlikely to have a mental disorder. Rates of probable mental disorder in young people aged 17 to 23 years were 16.9%.

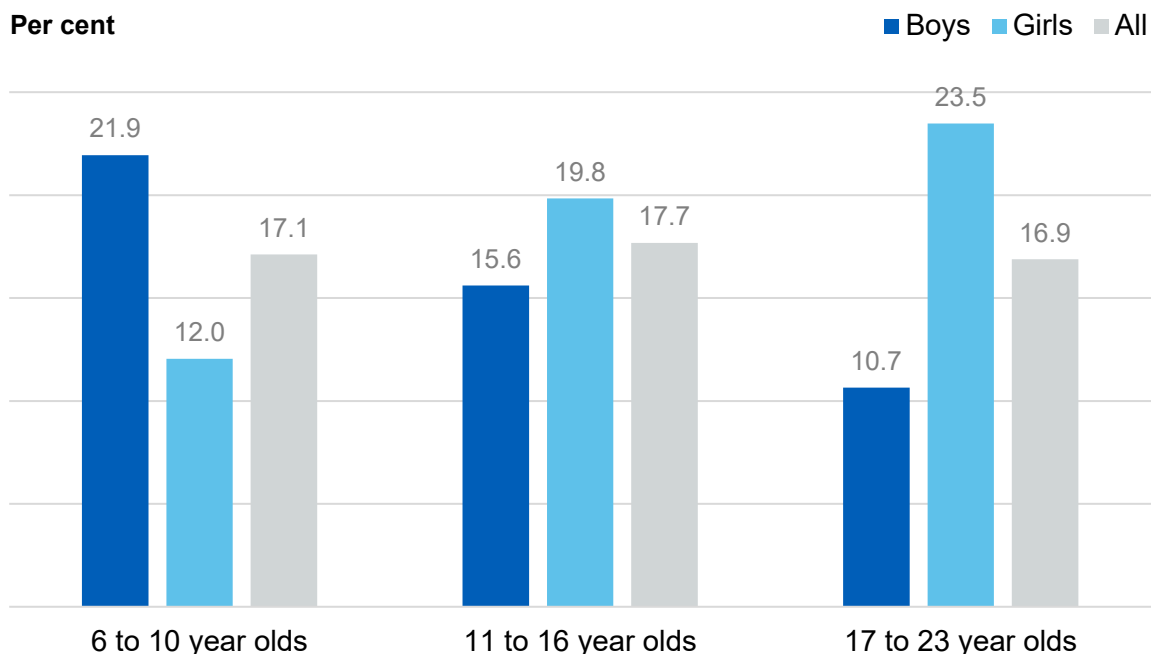
The prevalence of probable mental disorder in boys aged 6 to 10 years (21.9%) was nearly double that in girls (12.0%). In 17 to 23 year olds, the pattern in the youngest age group was reversed, with 10.7% of young men having a probable mental disorder compared with 23.5% of young women.

(Table 1.1, Figure 1.1)

¹² See [Survey Design and Methods Report](#) for further information.

Figure 1.1: Percentage of children or young people with a probable mental disorder, by age and sex, 2021

Base: 6 to 23 year olds



Source: NHS Digital

1.2: Mental health, 2017, 2020 and 2021

Rates of probable mental disorder in 6 to 16 year olds increased from 11.6% in 2017 to 17.4% in 2021. The increase was statistically significant in both boys and girls.

Amongst those aged 17 to 19 years, rates of probable mental disorder rose from 10.1% in 2017 to 17.4% in 2021. The increase was significant in young women of this age (from 13.4% in 2017 to 24.8% in 2021), but not in young men.

Change between 2017 and 2021 in rates of probable mental disorder could not be examined for those aged 20 to 22 years, for whom there was no 2017 data.

Rates of probable and possible mental disorder remained broadly similar in 2020 and 2021, with no statistically significant change identified in any age group or by sex.

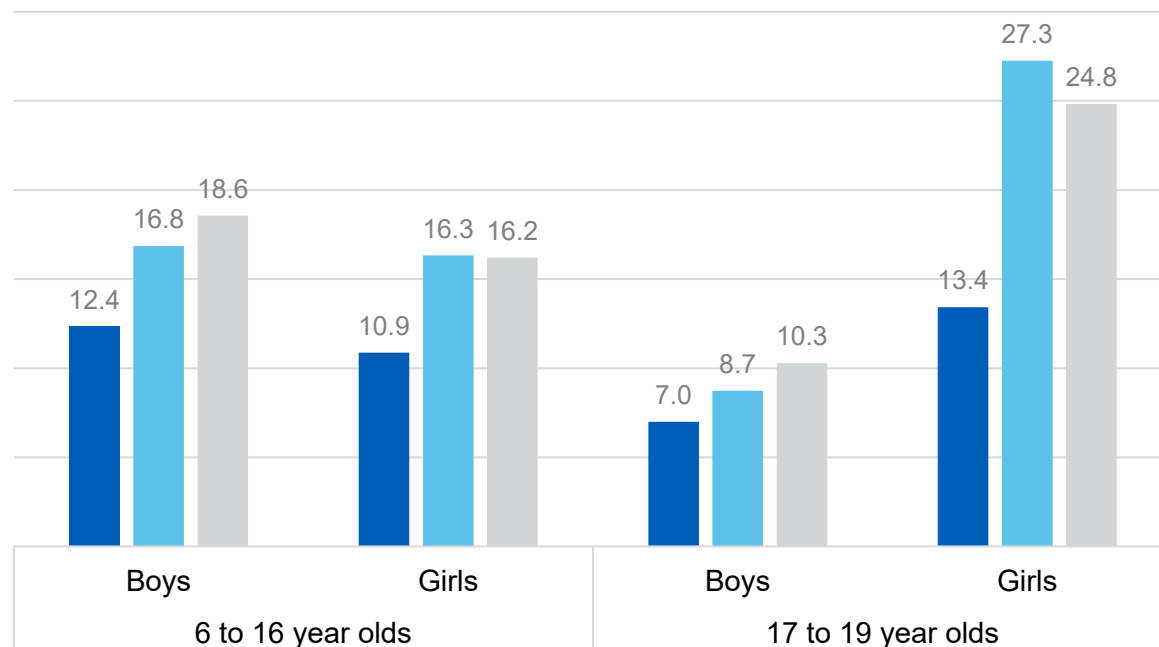
(Table 1.2, Figure 1.2)

Figure 1.2: Percentage of children or young people with a probable mental disorder, by sex, 2017, 2020 and 2021

Base: 6 to 19 year olds

■ 2017 ■ 2020 ■ 2021

Per cent



Source: NHS Digital

1.3a: Mental health of children by two-category ethnic group, 2017, 2020 and 2021

Due to the small number of ethnic minority children in the sample in the 2020 and 2021 follow-up waves, two groups were derived for analysis. A White ethnic group comprised of those in the White British and other White groups, and another highly heterogenous group consisting of all other ethnic minority groups.

Among 6 to 16 year olds in 2021, rates of probable mental disorder were higher in the White ethnic group (20.1%), than in the ethnic minority groups (9.7%). For girls, rates were 18.9% in the White ethnic group and 8.1% in the ethnic minority groups. For boys, corresponding figures were 21.2% and 11.1%.

Rates of probable mental disorder increased for children in the White ethnic group between 2017 and 2021 from 13.5% to 20.1%. There was no statistically significant change between 2020 and 2021. Rates of probable mental disorder among children in the ethnic minority groups were 5.8% in 2017, 7.5% in 2020, and 9.7% in 2021. Because there were few participants in the ethnic minority groups, the confidence intervals around estimates were wide and overlapping, meaning that we could not say with certainty that there were ‘true’ differences between these estimates. Further hypothesis testing was done which indicated that there may have been a ‘true’ increase in prevalence of

probable mental disorder between 2017 and 2021 among children in ethnic minority groups¹³. Please see an explanation of these terms in the [Glossary](#).

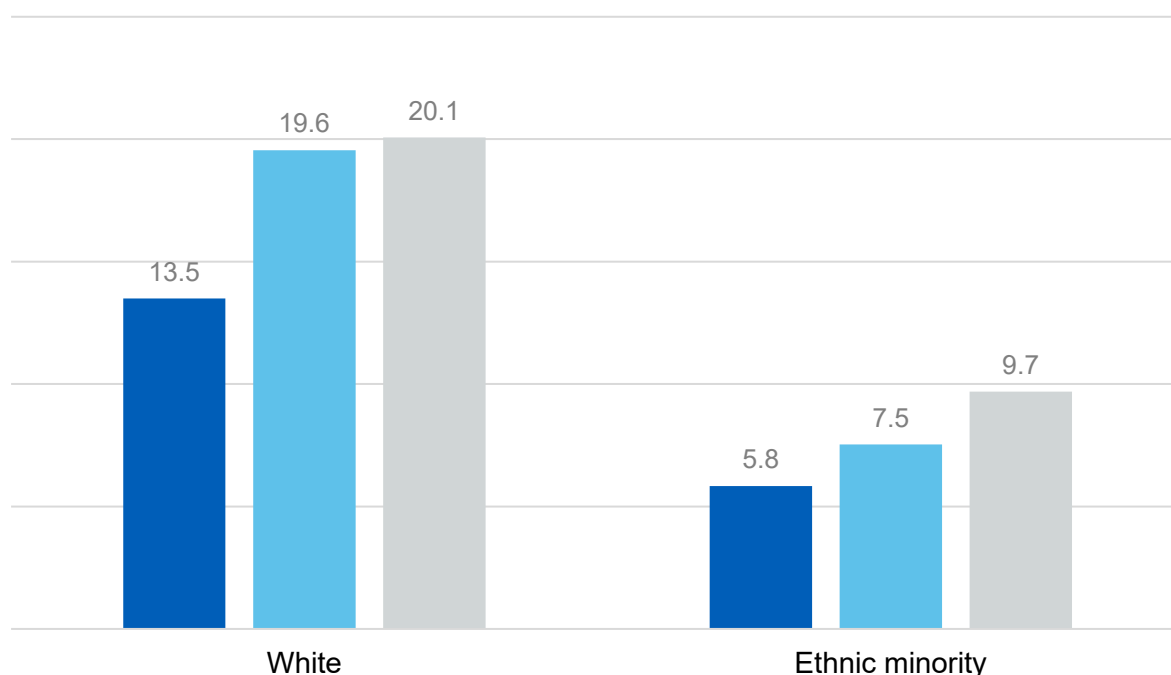
(Table 1.3a, Figure 1.3a)

Figure 1.3a: Percentage of children with a probable mental disorder, by ethnic group, 2017, 2020 and 2021

Base: 6 to 16 year olds

■ 2017 ■ 2020 ■ 2021

Per cent



Source: NHS Digital

1.3b: Mental health of young people by two-category ethnic group, 2017, 2020 and 2021

There were few ethnic minority 17 to 22 year olds in the sample in the 2020 and 2021 follow-up surveys, and so these estimates are imprecise and should be treated with caution. Comparisons between ethnic minority young men and women were not possible due to small sample sizes.

In 2021, 17.8% of 17 to 19 year olds in the White ethnic group had a probable mental disorder, compared with 15.9% of ethnic minority young people of the same age. This difference was not statistically significant. In 20 to 22 year olds, rates were very similar; 19.0% of

¹³ Additional statistical hypothesis testing was performed to identify whether there were differences between years. A difference was deemed statistically significant if the probability of observing the results, under the hypothesis that there is no difference between years, was less than 5%.

those in the White ethnic group, and 19.2% of those in the ethnic minority groups had a probable mental disorder.

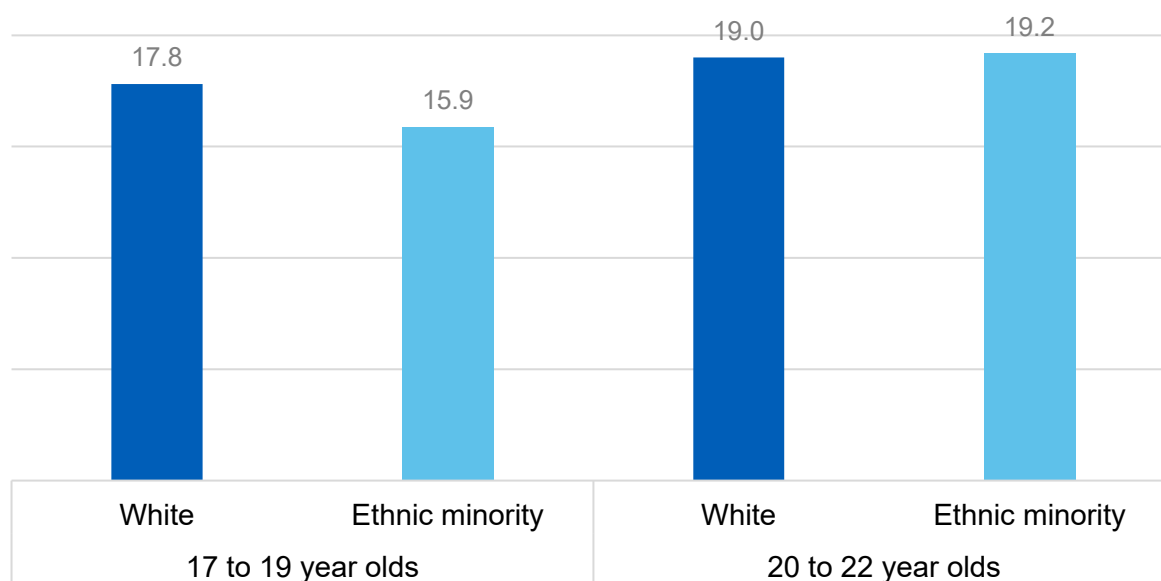
Rates of probable mental disorder increased for 17 to 19 year olds in the White ethnic group between 2017 and 2021. For young people in the ethnic minority groups, although the rate of probable mental disorder appeared to increase between 2017 (9.6%), and 2021 (15.9%), this was not found to be a statistically significant difference. Numbers were small and estimates consequently imprecise. There was no statistically significant change between 2020 and 2021 for either group.

(Table 1.3b, Figure 1.3b)

Figure 1.3b: Percentage of young people with a probable mental disorder, by ethnic group and age, 2021

Base: 17 to 22 year olds

Per Cent



Source: NHS Digital

1.3c: Mental health by five-category ethnic group, 2021

Mental health was also examined by ethnic group using a five-category grouping. There were very few children and young people from some ethnic groups in the sample, hence these estimates are often imprecise and should be treated with caution. Estimates are presented for children and young people aged 6 to 23 years, and also for 6 to 16 year olds separately, as sufficient numbers allowed exploration of mental health in this age group. Due to the small numbers of 17 to 23 year

olds in ethnic minority groups in the sample, this group could not be examined separately.

6 to 23 year olds

In 2021, for 6 to 23 year olds, the likelihood of having a mental disorder varied by ethnic group. Rates of probable mental disorder were higher among 6 to 23 year olds in the White British (18.9%) and the mixed or other (22.5%) groups, than in the Asian/Asian British (8.4%) and Black/Black British (8.3%) groups.

There were no statistically significant variations in the likelihood of mental disorder by sex within each ethnic group. However, the small sample size meant that estimates were imprecise, and real differences may not have been identified.

(Table 1.3c)

6 to 16 year olds

When focusing in on children aged 6 to 16 years, rates of probable mental disorder were higher among White British children (20.1%) than in Black/Black British (9.7%) and Asian/Asian British (5.2%) children.

(Table 1.3d)

1.4: Mental health by special educational needs and disability (SEND) status, 2017 and 2021

Identification of special educational needs and disabilities (SEND) was based on the parent interview.

In 2021, more than half of 6 to 16 year olds with SEND¹⁴ had a probable mental disorder (56.7%, compared with 12.5% of those without). This was an increase from 43.9% and 8.2% for these respective groups in 2017. Rates were similar in boys and girls with a special educational need or disability.

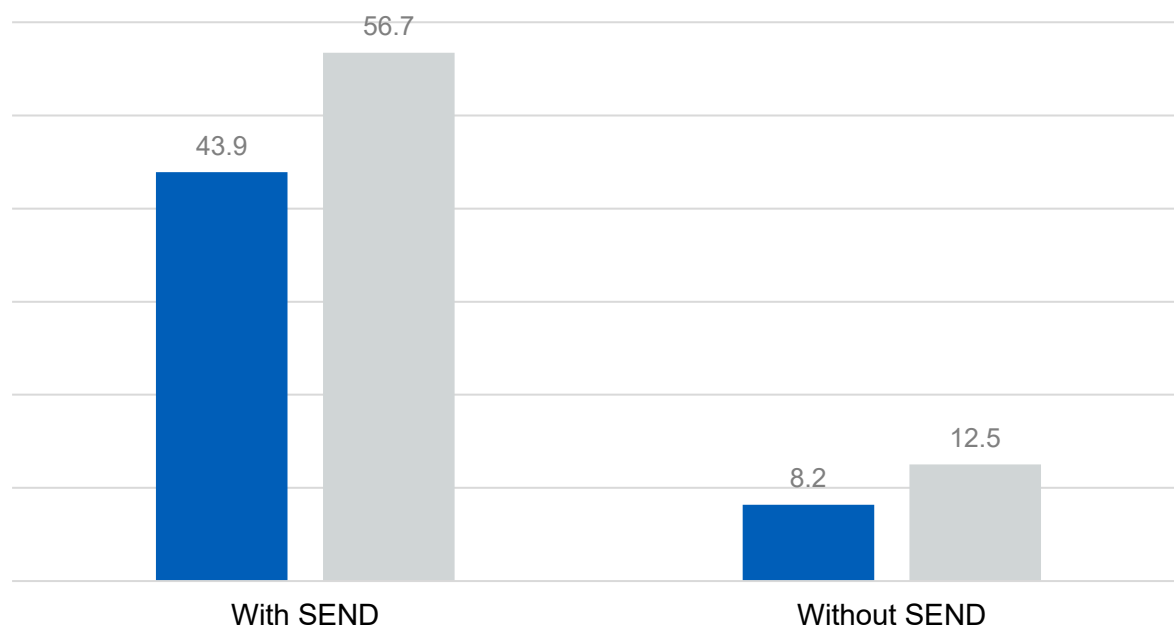
(Table 1.4, Figure 1.4)

¹⁴ Special educational needs and disabilities refer to the needs of a child who has a difficulty or disability which makes learning harder for them than for other children their age. It should be noted that the same condition might have been counted both as the special educational need and as the mental disorder present.

Figure 1.4: Percentage of children with a probable mental disorder, by special educational needs and disability (SEND) status, 2017 and 2021

Base: 6 to 16 year olds

Per cent



Source: NHS Digital

1.5: Possible eating problems, 2017 and 2021

Young people and parents completed the five screening questions from the Eating Disorders Development and Well-Being Assessment (DAWBA) module. 'Screening positive' was defined as scoring above the threshold (endorsing two or more items for children and endorsing one or more items for young people) on these questions¹⁵. This does not mean that the child or young person had an eating disorder but indicates an increased likelihood of problems with eating.

In 2021, 13.0% of children aged 11 to 16 years scored above this threshold. Among young people, 58.2% of 17 to 19 year olds and 62.5% of 20 to 23 year olds screened positive. Rates were higher in girls than boys across all age groups and were highest in young women aged 17 to 23 years, of whom about three-quarters (76.4% of 17 to 19 year olds and 75.9% of 20 to 23 year olds) screened positive for possible eating problems.

The proportion of children and young people scoring above the threshold increased between 2017 and 2021 across age groups, from 6.7% to 13.0% in 11 to 16 year olds and from 44.6% to 58.2% in 17 to 19 year olds.

(Table 1.5, Figure 1.5)

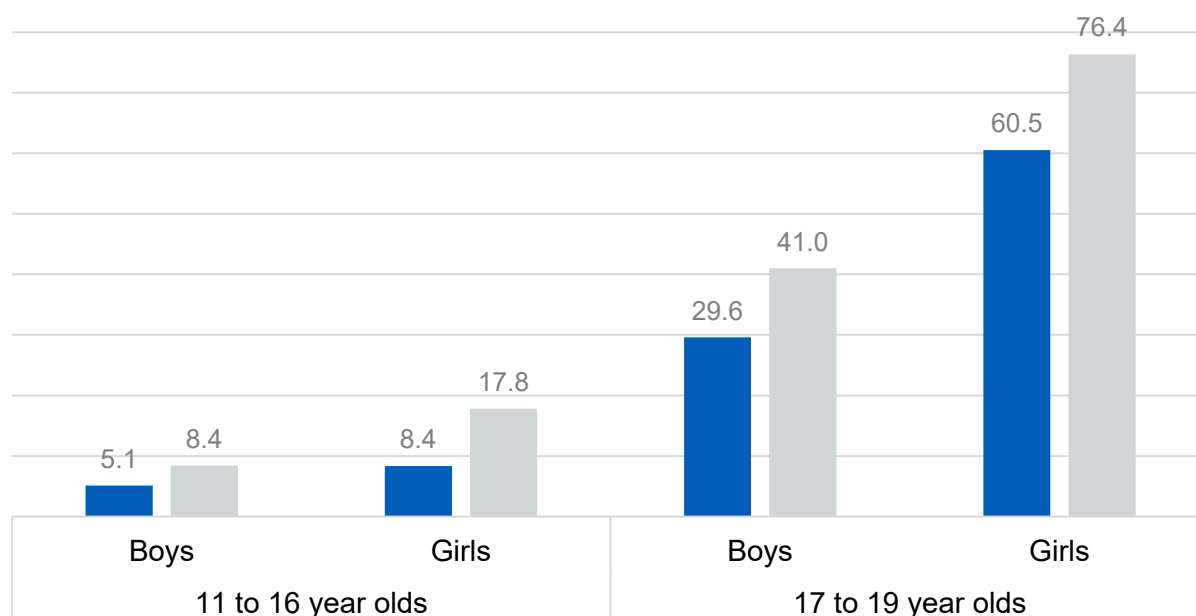
¹⁵ See [Survey Design and Methods Report](#) for further information.

Figure 1.5: Percentage of children or young people who screened positive for possible eating problems, by sex, 2017 and 2021

Base: 11 to 19 year olds

■ 2017 ■ 2021

Per cent



Source: NHS Digital

1.6: Mental health by long-term physical health conditions, 2021

Identification of long-term physical health conditions was based on the parent interview for 6 to 16 year olds and the young person interview for 17 to 23 year olds. In 2021, 29.6% of 6 to 16 year olds with a long-term physical health condition had a probable mental disorder, compared with 14.9% without a long-term physical health condition. Children with physical health conditions had higher mean SDQ scores than those without in terms of total difficulties, impact, and emotional, conduct, hyperactivity and peer problems.

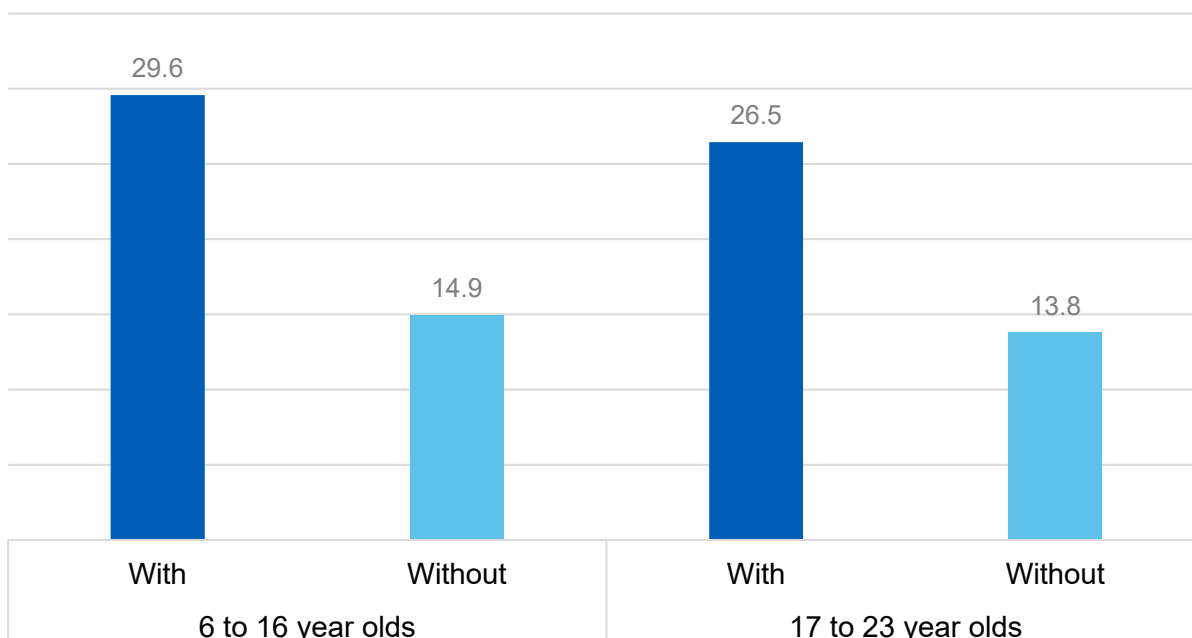
Patterns were similar in 17 to 23 year olds: 26.5% with a long-term physical health condition had a probable mental disorder, compared with 13.8% of young people without a condition.

(Table 1.6, Figure 1.6)

Figure 1.6: Percentage of children or young people with a probable mental disorder, by whether has any long-term physical health conditions, 2021

Base: 6 to 23 year olds

Per cent



Source: NHS Digital

1.7a: Sleep problems by mental health of child, 2021

Parents of 6 to 10 year olds were asked whether their child had problems getting to sleep, waking in the night, or waking early in the previous seven days. They were also asked on how many days their child had experienced each problem. Older children aged 11 to 16 years, and young people aged 17 to 23 years (reported in section 1.7b), were also asked these questions. For the purpose of reporting, having a sleep problem was defined as having any of these problems on three or more of the previous seven nights.

6 to 10 year olds

Over a quarter (28.7%) of children aged 6 to 10 years had a sleep problem on three or more of the previous seven nights. There was no statistically significant difference between boys and girls.

Children aged 6 to 10 years with a probable mental disorder were more likely to have had sleep problems than those unlikely to have a mental disorder. More than half (59.5%) of 6 to 10 year olds with a probable mental disorder had sleep problems on three or more nights out of the previous seven, compared with a fifth (20.4%) of children unlikely to have a mental disorder.

11 to 16 year olds

Sleep problems were more common in 11 to 16 year olds than in those aged 6 to 10 years. More than a third (38.4%) of 11 to 16 year olds had problems with sleep on three or more nights of the previous seven. Girls (43.2%) in this age group were more likely than boys (33.6%) to have had sleep problems.

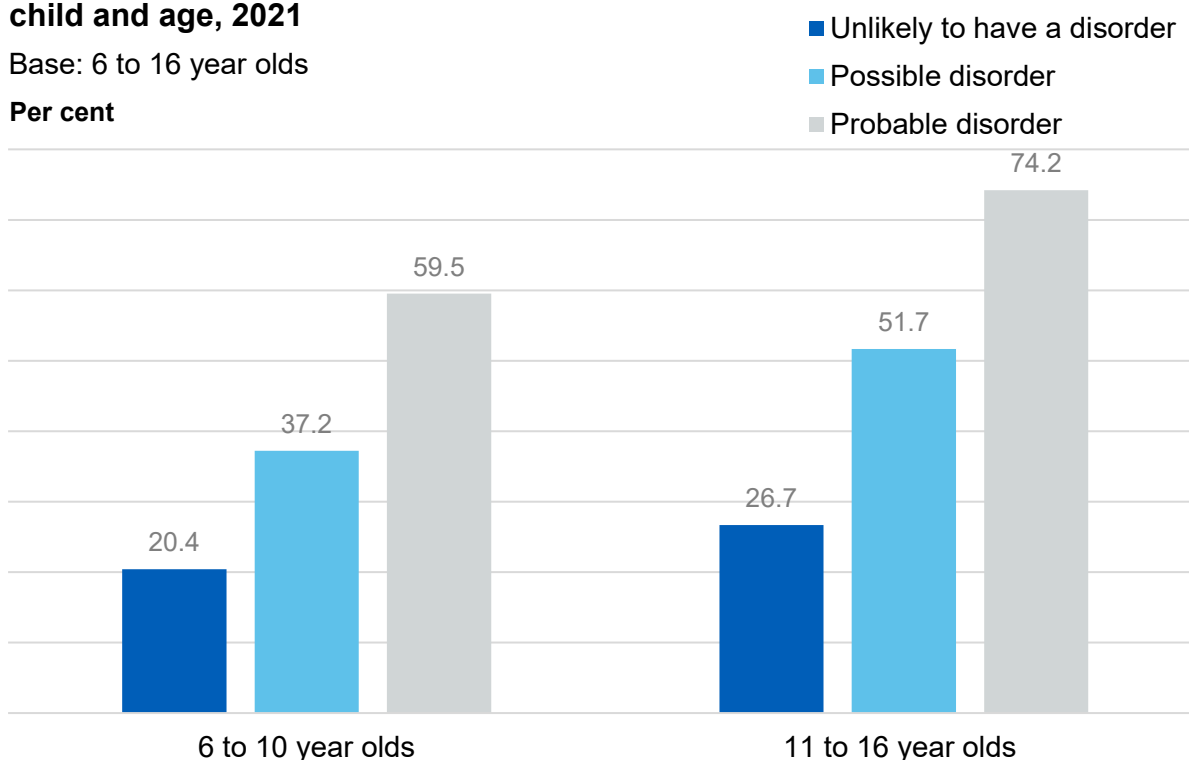
Sleep problems were even more common in those with a probable mental disorder. Three-quarters (74.2%) of 11 to 16 year olds with a probable mental disorder had a sleep problem on three or more nights in the previous week, compared with about a quarter (26.7%) of those unlikely to have a mental disorder.

(Table 1.7a, Figure 1.7a)

Figure 1.7a: Percentage of children with sleep problems on three or more nights of the previous seven, by mental health of child and age, 2021

Base: 6 to 16 year olds

Per cent



Source: NHS Digital

1.7b: Sleep problems by mental health of young person, 2021

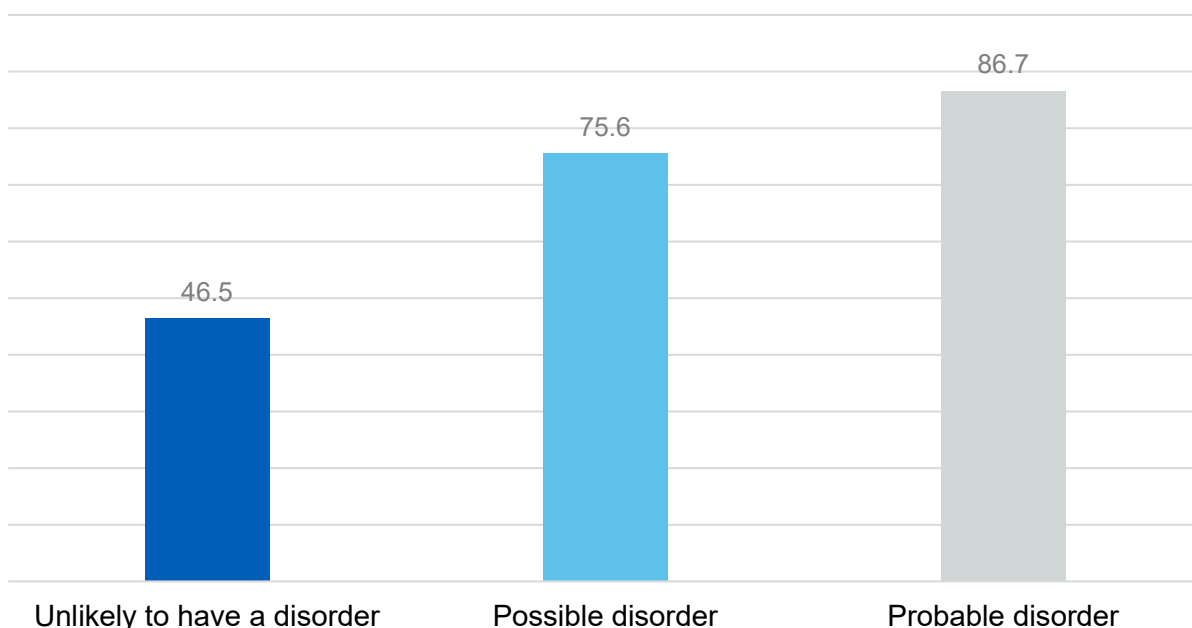
More than half (57.1%) of 17 to 23 year olds reported having sleep problems on three or more nights of the previous seven. Young women were more likely than young men to report problems with sleep (69.4% compared with 45.4% had problems on three or more nights). As in younger age groups, 17 to 23 year olds with a probable mental disorder

were more likely to report having had a sleep problem on three or more nights (86.7%) than those unlikely to have a mental disorder (46.5%).
(Table 1.7b, Figure 1.7b)

Figure 1.7b: Percentage of young people with sleep problems on three or more nights of the previous seven, by mental health of young person, 2021

Base: 17 to 23 year olds

Per cent



Source: NHS Digital

1.8a: Loneliness by mental health of child, 2020 and 2021

Children aged 11 to 16 years were asked how often they felt lonely. In 2021, one in twenty (4.9%) 11 to 16 year olds reported often or always feeling lonely. Girls (7.2%) were more likely to have often or always felt lonely than boys (2.7%).

Feeling often or always lonely was more common in children with a probable (17.1%) or possible (9.2%) mental disorder than in children unlikely to have a mental disorder (1.0%). For girls with a probable mental disorder, almost a quarter (23.3%) reported often or always feeling lonely, compared with 8.1% of boys with a probable mental disorder, however this was not a statistically significant difference.

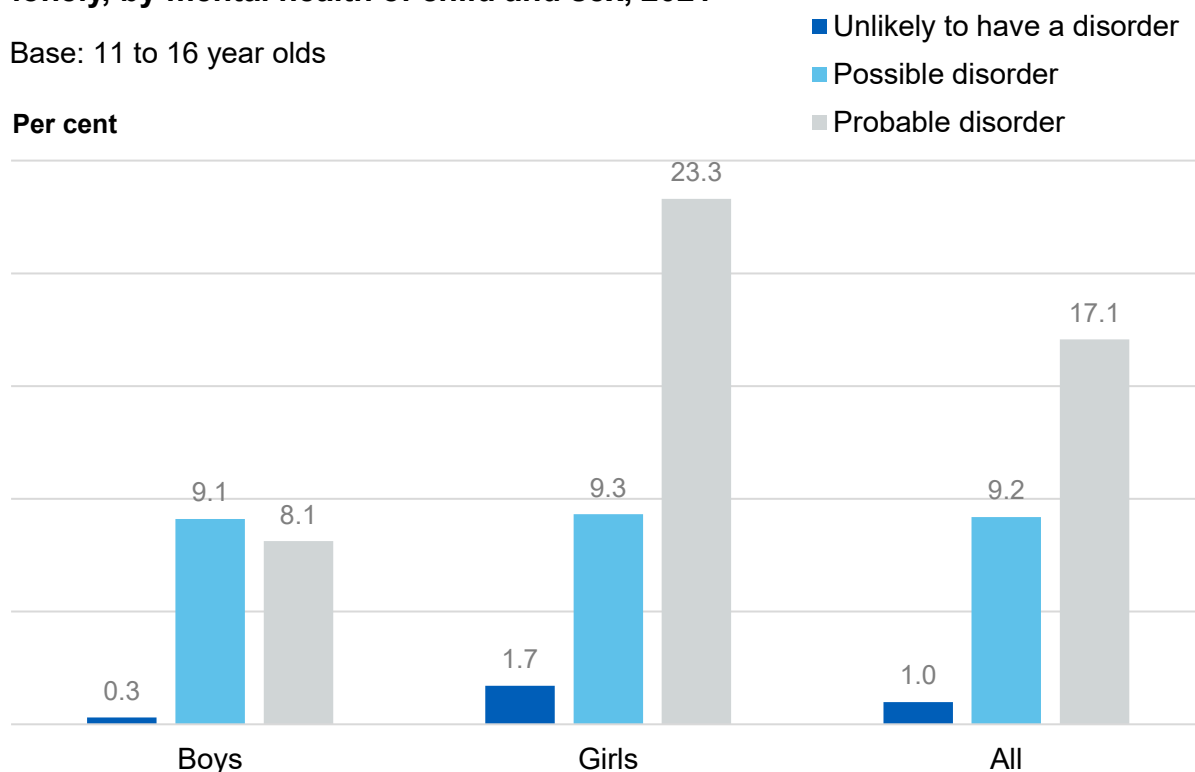
There were no statistically significant changes in levels of loneliness between 2020 and 2021.

(Table 1.8a, Figure 1.8a)

Figure 1.8a: Percentage of children often or always feeling lonely, by mental health of child and sex, 2021

Base: 11 to 16 year olds

Per cent



Source: NHS Digital

1.8b: Loneliness by mental health of young person, 2020 and 2021

Young people aged 17 to 22 years were also asked how often they felt lonely. Overall, young people aged 17 to 22 years had higher levels of loneliness than the 11 to 16 age group, with 12.8% feeling often or always lonely in 2021¹⁶.

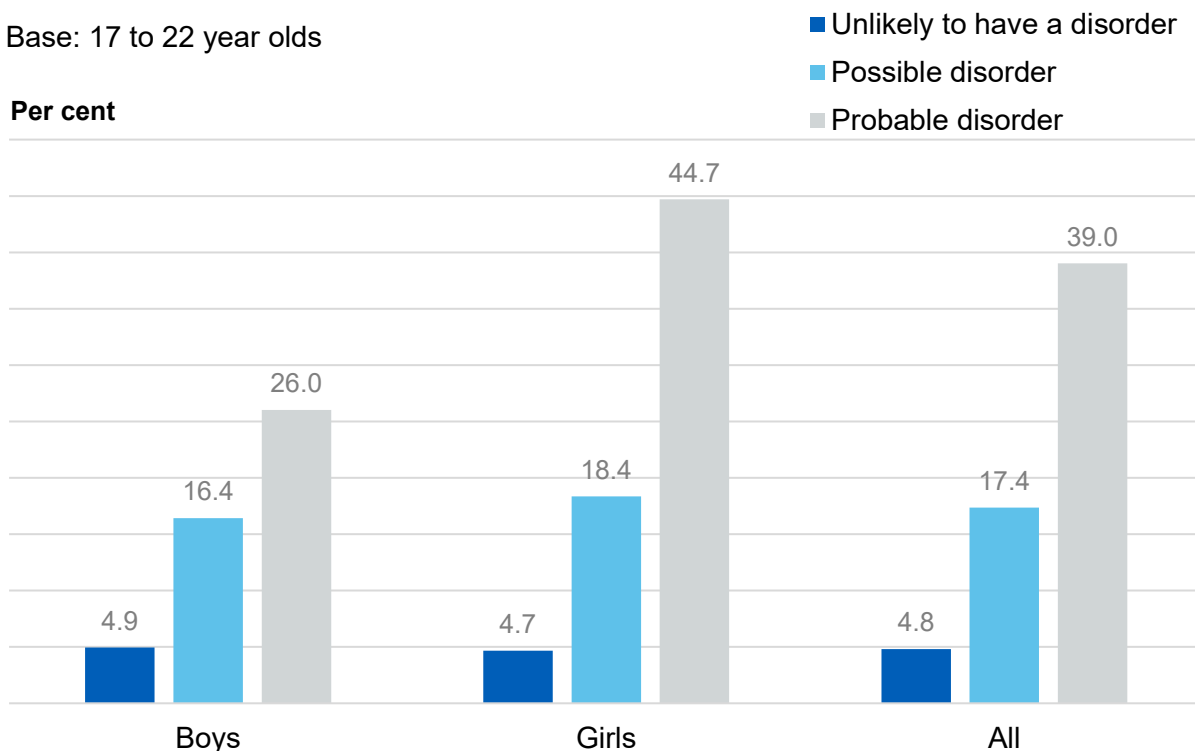
Again, young people with a probable mental disorder were more likely to report feeling often or always lonely than those unlikely to have a mental disorder (39.0% versus 4.8%). Young women with a probable mental disorder appeared to have higher levels of loneliness than young men (44.7% compared with 26.0%); however, this is not a statistically significant difference.

(Table 1.8b, Figure 1.8b)

¹⁶ These rates are consistent with results from ONS's Opinions and Lifestyles Survey. See: ONS (2021) Coronavirus and the social impacts on Great Britain <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/datasets/coronavirusandthesocialimpactsongreatbritaindata>

Figure 1.8b: Percentage of young people often or always feeling lonely, by mental health of young person and sex, 2021

Base: 17 to 22 year olds



Source: NHS Digital

1.8c: Loneliness by five-category ethnic group, 2021

Loneliness was also examined by five-category ethnic group in 2021. Due to small sample sizes children and young people aged 11 to 23 years were examined together. There were very few children and young people from some ethnic groups in the sample, hence these estimates are imprecise and should be treated with caution.

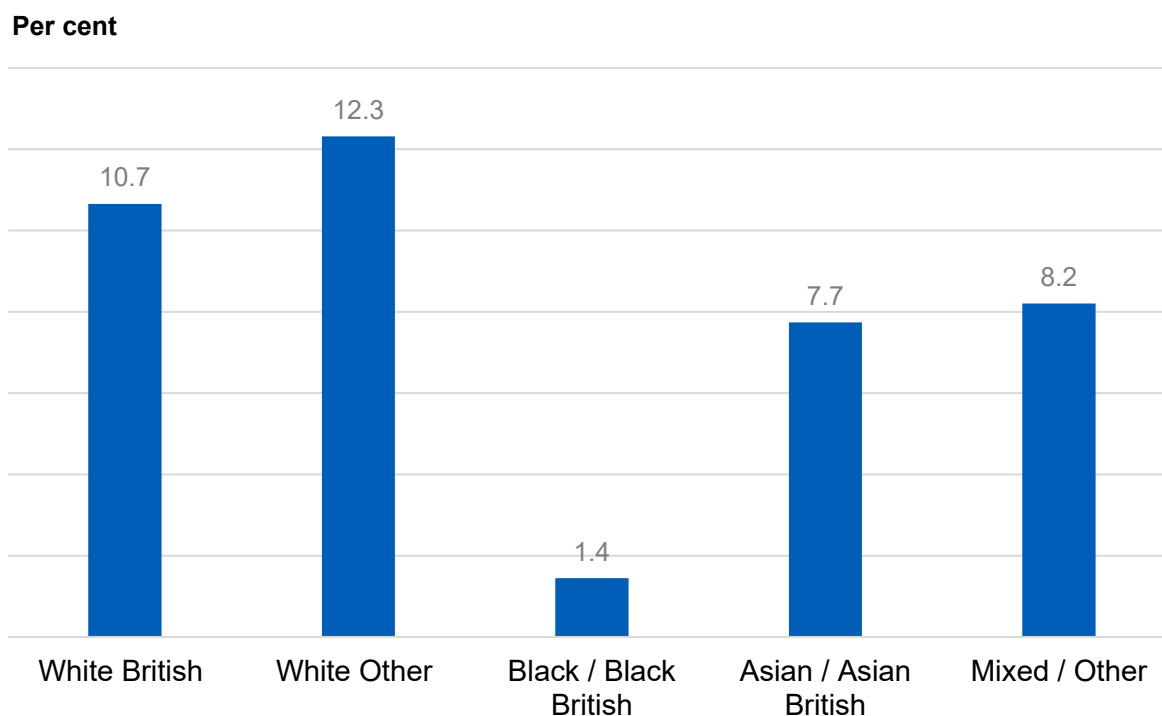
There were some differences in the prevalence of loneliness by ethnic group in 2021.

Feeling lonely often or always was reported by 10.7% of children and young people in the White British group and 12.3% of those in the White Other group, compared with 1.4% of 11 to 23 year olds in the Black/Black British group. Other rates by ethnic group were not significantly different.

(Table 1.8c, Figure 1.8c)

Figure 1.8c: Percentage of children or young people often or always feeling lonely, by ethnic group, 2021

Base: 11 to 23 year olds



Source: NHS Digital

1.9: Substance use by mental health of child or young person, 2020 and 2021

Older children and young people were asked whether they had used any substances including alcohol, tobacco or cannabis or other drugs in the previous seven days.

11 to 16 year olds

In 2021, most 11 to 16 year olds reported that they had not had alcohol (94.4%), cigarettes (98.4%), or cannabis or other drugs (99.2%) in the previous seven days. Rates were similar in boys and girls. There were no statistically significant differences between rates in 2020 and 2021 in this age group.

17 to 22 year olds

In 2021, most 17 to 22 year olds reported that they had not had alcohol (56.7%), cigarettes (86.9%), or used cannabis or other drugs (91.7%) in the previous seven days. Rates were generally similar in young men and women.

Young people with a probable mental disorder were more likely to have smoked cigarettes (23.7%) or used cannabis or other drugs (16.5%) than those unlikely to have a mental disorder (9.3% and 5.2% respectively). There was no statistically significant difference in alcohol use by mental health of young person.

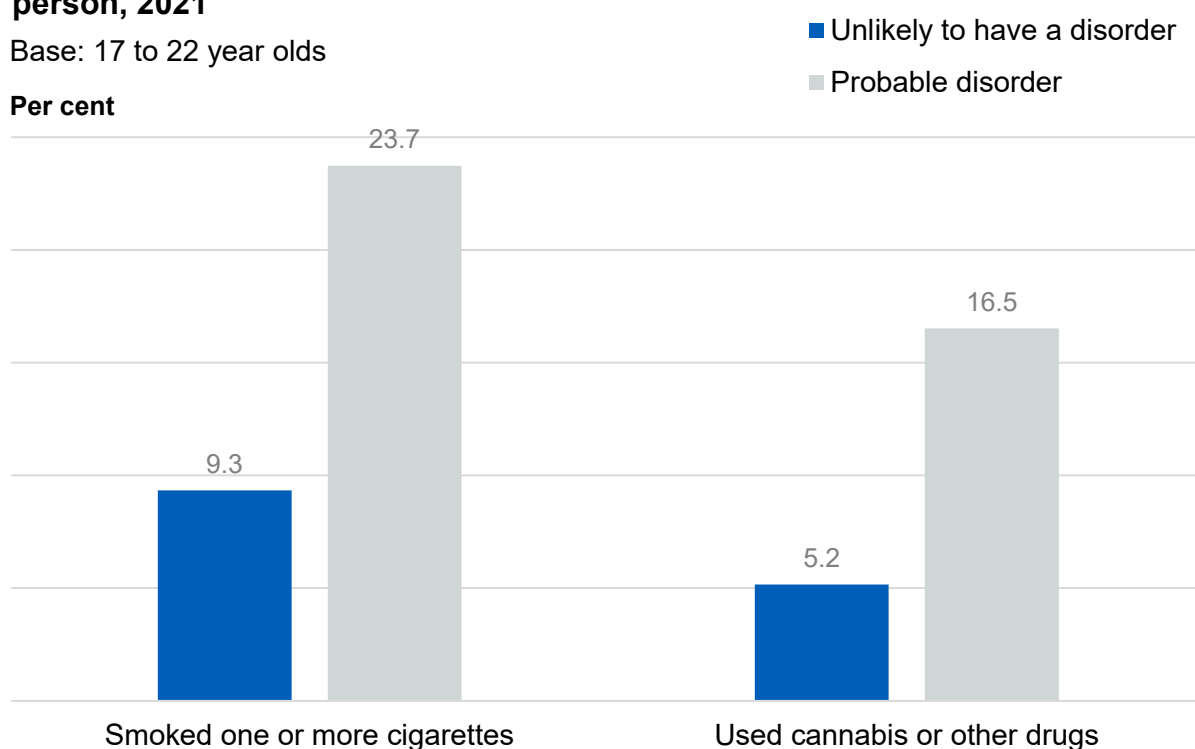
While rates of cigarette and cannabis or other drug use were similar in 2020 and 2021, the proportion of young people who had had an alcoholic drink in the previous seven days fell from 55.5% in 2020 to 43.3% in 2021.

(Table 1.9, Figure 1.9)

Figure 1.9: Percentage of young people who smoked cigarettes and used drugs in the past week, by mental health of young person, 2021

Base: 17 to 22 year olds

Per cent



Source: NHS Digital

1.10: Individual level change in mental health between 2017 and 2021

Longitudinal change in mental health within individual children and young people between two points in time was also examined. This involved determining whether there had been an improvement, deterioration or no change in the mental health of each child or young person between 2017 and 2021, based on responses to the Strengths and Difficulties Questionnaire (SDQ). For those aged 6 to 16 years in 2021, this was based on the SDQ scores derived from the parent interviews in 2017 and 2021. For those aged 17 to 23 years in 2021, this was based on the SDQ scores from the interviews directly with the young person.

By using change in score rather than change in the proportion with a probable mental disorder, deterioration or improvement across the whole population could be captured. An increase of three or more in the SDQ score was used to indicate deterioration between 2017 and 2021, and a decrease of three or more indicated improvement. If the 2021 SDQ score was no more than two points higher or lower than that in 2017, the child or young person was classified as having experienced 'no change' in their mental health. Note that this approach is based on change between two points in time, fluctuations between these points were not captured and increase in the age of the respondents may impact their mental health.

6 to 16 year olds

For children (aged 6 to 16 years in 2021), four in ten (39.2%) experienced a deterioration in their mental health between 2017 and 2021. A similar proportion (39.0%) saw no change in their mental health. About two in ten children (21.8%) saw an improvement to their mental health. Similar rates of change were found for children aged 6 to 10 years and 11 to 16 years.

Girls were also more likely to experience deterioration in their mental health than boys the same age. For girls aged 11 to 16 years, 43.4% experienced deterioration, compared with 34.4% of boys of this age.

17 to 23 year olds

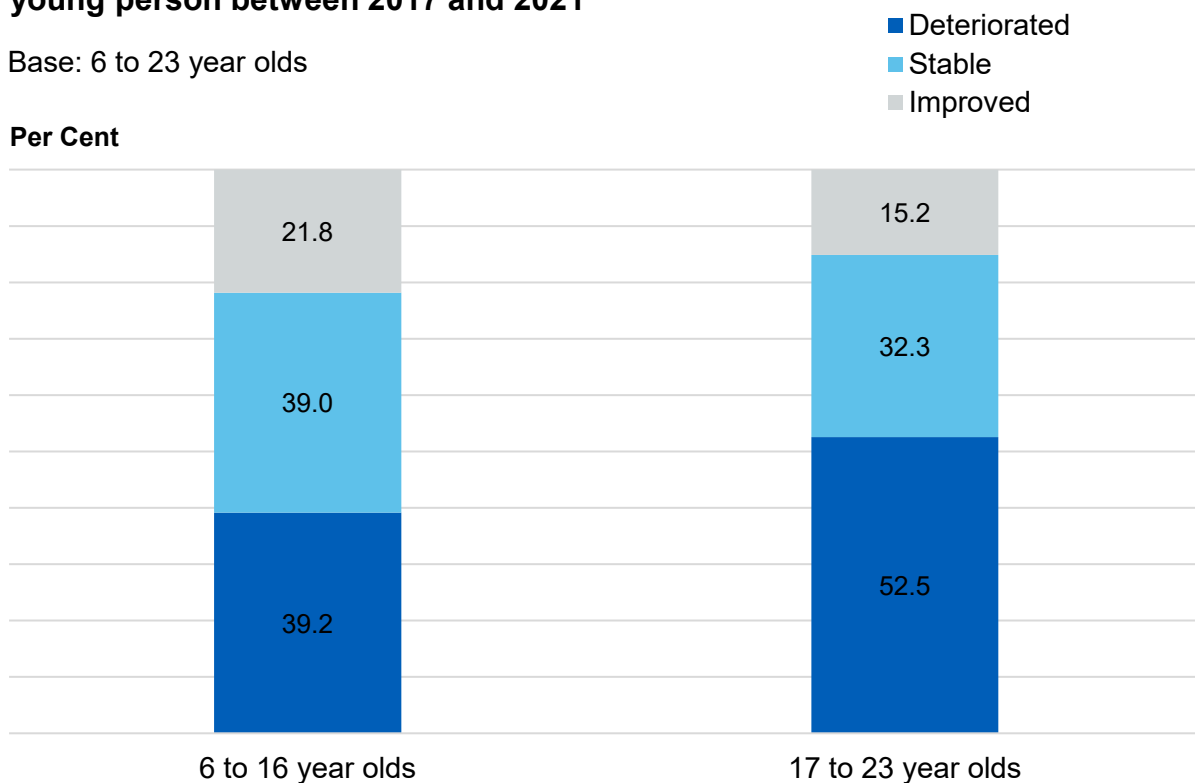
For young people (aged 17 to 23 years in 2021), over half (52.5%) experienced deterioration in their mental health between 2017 and 2021. About three in ten (32.3%) young people saw no change and 15.2% experienced an improvement.

Young women were also more likely to experience a deterioration to their mental health than young men. Among 17 to 23 year olds, 61.5% of young women experienced deterioration compared with 43.7% of young men.

(Table 1.10, Figure 1.10)

Figure 1.10: Individual level change in mental health of child or young person between 2017 and 2021

Base: 6 to 23 year olds



Source: NHS Digital

Topic 2: The coronavirus (COVID-19) context

This section describes the circumstances and experiences of children and young people in February and March 2021, as well as in the preceding months. For some topics, respondents were asked about experiences during specific time periods (e.g. the six months since August 2020, or the Autumn school term of 2020). This is indicated in the commentary and accompanying tables. Comparisons with 2017 or 2020 are presented where the data were available. Cross-sectional analyses are presented. This means that it is not possible to draw conclusions about causal relationships between the factors or measures reported.

2.1: COVID-19 infections and length of symptoms, 2021

Parents of 6 to 16 year olds were asked whether their child had ever tested positive for COVID-19 (using any test, the type of test was not specified) or been diagnosed with COVID-19 at any point since the pandemic began. Those reporting that their child had had COVID-19 were then asked whether their child had had any symptoms, including cough, fever, fatigue or tiredness, loss of taste or smell, shortness of breath, sore throat, or other symptoms (with a link to the NHS webpage¹⁷ on COVID-19 for further information on symptoms). They were also asked for how long any symptoms lasted. The questions were asked directly of those aged 17 to 23 years.

The data presented in this report are therefore based on self-reported COVID-19 infections and self-reported symptoms attributed by the respondent to COVID-19 infection and should be treated with caution. Many COVID-19 symptoms are common and non-specific, and we have no reports from those who did not report COVID-19 infection to compare these responses. We cannot assume that COVID-19 caused these symptoms. There were also very few children and young people in the sample who reported having had COVID-19, hence these estimates are often imprecise and should be treated with caution. Sample sizes are included in the accompanying [Excel data tables](#).

About one in twenty (4.7%), 6 to 16 year olds and one in eight (12.5%) 17 to 23 year olds were reported as ever having tested positive or been diagnosed with COVID-19. Of these, 69.7% of 6 to 16 year olds and 83.3% of 17 to 23 year olds reported experiencing symptoms. Symptoms persisting for a month or more were very rarely reported by parents of children aged 6 to 16 years, just 1.2% of all those with symptoms experienced them for between four and eleven weeks. No

¹⁷ <https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/>

parents reported symptoms lasting 12 weeks or more in this age group. In young people aged 17 to 23 years with symptoms, 3.9% reported that their symptoms lasted from four to eleven weeks, and a further 7.8% reported symptoms lasting for 12 weeks or more. In total, 11.7% of 17 to 23 year olds with symptoms experienced them for four weeks or more.

(Table 2.1)

2.2: Feelings about social media, 2017 and 2021

In 2021, social media users were identified by asking whether respondents used social media sites or apps, with some examples given. Identification of social media users was slightly different in 2017, where respondents were presented with a detailed list of sites and apps and asked if they used any.

Spent more time on social media than meant to

In 2021, half (50.7%) of 11 to 16 year old social media users reported spending more time than they meant to on social media. This figure was higher in girls (65.3%) than boys (35.7%).

Children aged 11 to 16 years with a probable mental disorder were particularly likely to spend more time on social media than they intended; almost two-thirds reported this (63.8%) compared with less than half of those unlikely to have a mental disorder (45.5%). Girls with a probable mental disorder were more likely than those unlikely to have a mental disorder to say they spent more time on social media than they meant to (79.1%, compared with 58.9%). There was no statistically significant difference for the corresponding figures for boys.

These patterns are similar to those reported in 2017, with no statistically significant changes between 2017 and 2021.

Number of likes, comments and shares impacted on mood

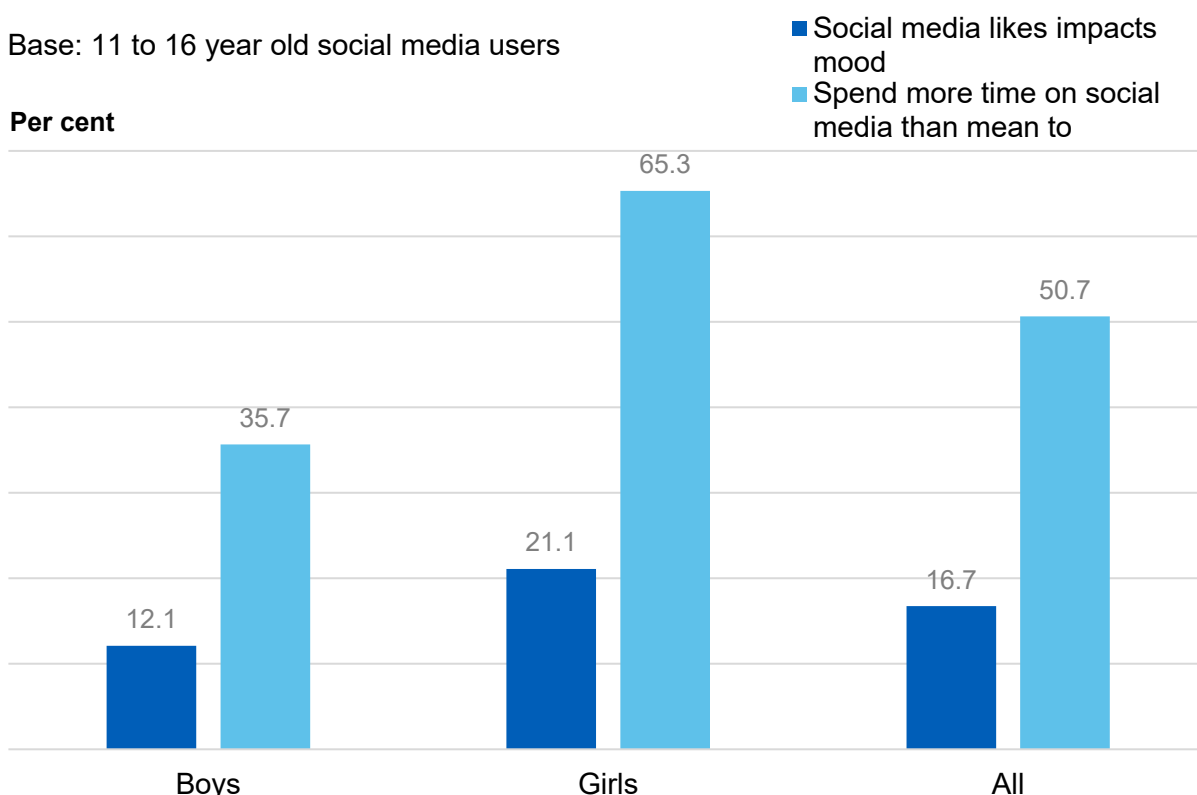
In 2021, 16.7% of 11 to 16 year olds using social media said that the number of likes, comments and shares they received had an impact on their mood. Girls were more likely to report this than boys (21.1%; versus 12.1%).

There were no statistically significant changes in the perceived impact of social media on mood between 2017 and 2021, or in the patterns of responses.

(Table 2.2, Figure 2.1)

Figure 2.1: Feelings about social media by sex, 2021

Base: 11 to 16 year old social media users



Source: NHS Digital

2.3: Family connectedness, 2021

Six questions were asked from the family connectedness scale and used to calculate a composite mean score. Higher scores indicate stronger family connectedness¹⁸. This was self-reported by 11 to 23 year olds.

In 2021, the mean family connectedness score in 11 to 23 year olds was 44.5. Children aged 11 to 16 years had a higher mean family connectedness score (45.9) than young people aged 17 to 23 years (43.6), indicating greater family connectedness in the younger age group. Mean scores were similar for both sexes and across the age bands.

Family connectedness was associated with mental disorder. In 11 to 16 year olds, those with probable mental disorder had a mean score of 41.4 compared with 47.5 among those unlikely to have a mental disorder. In 17 to 23 year olds the corresponding scores were 37.3 and 45.5.

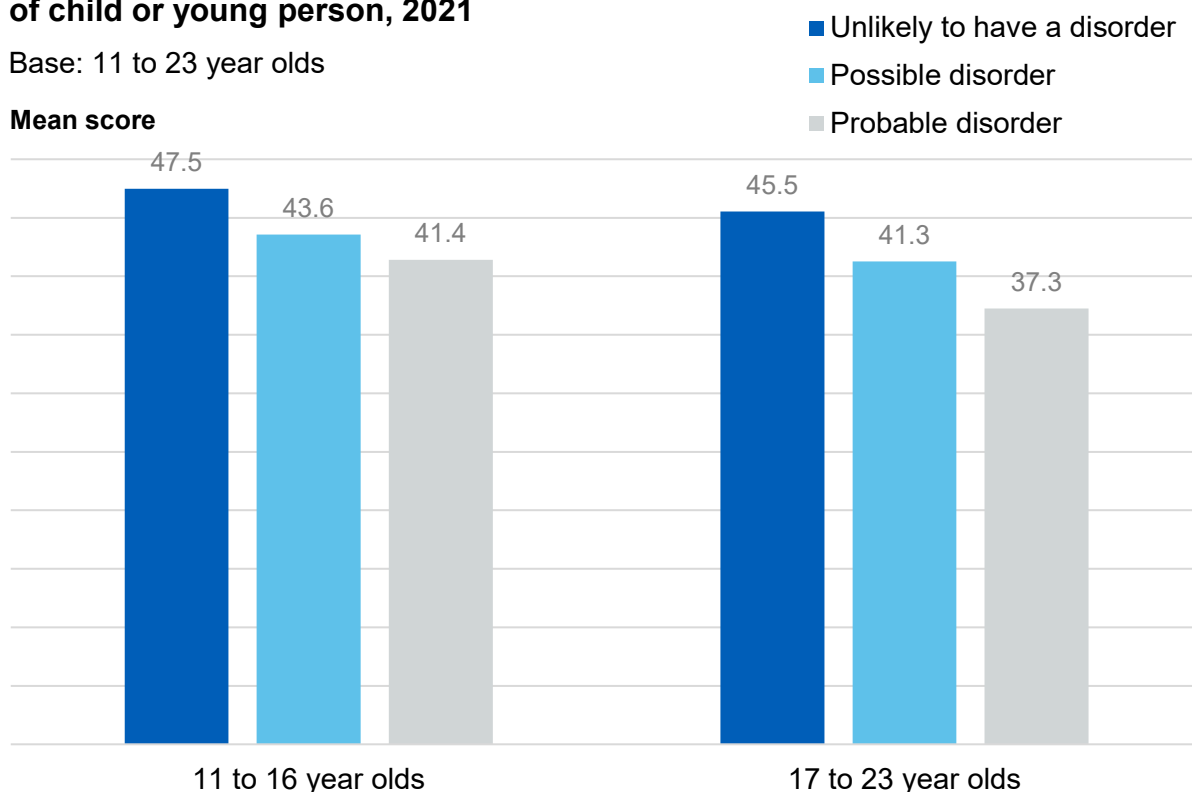
(Table 2.3, Figure 2.2)

¹⁸ Eisenberg, M. E., & Resnick, M. D. (2006). Suicidality among gay, lesbian and bisexual youth: The role of protective factors. *Journal of Adolescent Health, 39*(5), 662-668. Further information about the scale can be found here: <https://elcentro.sonhs.miami.edu/research/measures-library/fcs/index.html>

Figure 2.2: Mean family connectedness score, by mental health of child or young person, 2021

Base: 11 to 23 year olds

Mean score



Source: NHS Digital

2.4: Family functioning, 2020 and 2021

Items from the General Functioning Scale of the McMaster Family Assessment Device (FAD)¹⁹ were used to assess family functioning. Due to lack of space in the 2020 and 2021 follow-up surveys, a subset of four statements (from the original 12) were asked of parents of 6 to 16 year olds, to assess problems with family functioning.

In 2021, 15.6% of 6 to 16 year olds were living in a family that reported problems with functioning. Rates were similar in boys and girls and in younger (6 to 10 years) and older (11 to 16 years) children.

Family functioning was associated with mental disorder. In 2021, a quarter (24.7%) of 6 to 16 year olds with a probable mental disorder lived in a family where there were problems with functioning, compared with 11.5% of those unlikely to have a mental disorder.

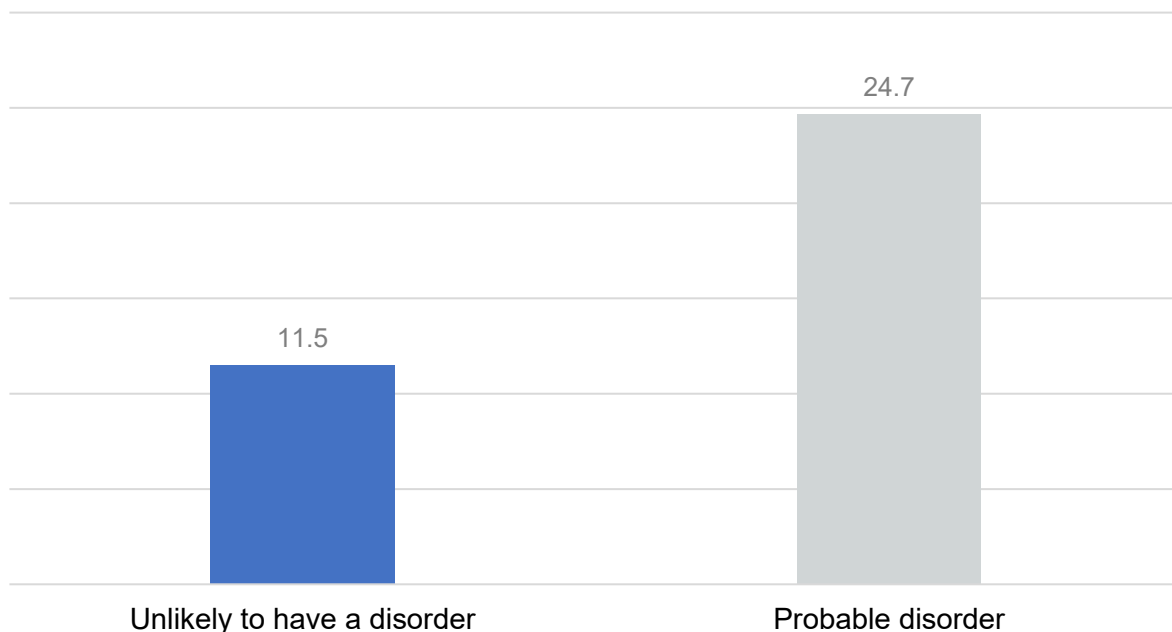
The prevalence of family functioning problems and patterns of association with family functioning were similar in 2020 and 2021. (Table 2.4, Figure 2.3)

¹⁹ Further information on how family functioning is defined in this report can be found in the Glossary.

Figure 2.3: Percentage of children living in a household that reported family functioning problems, by mental health of child, 2021

Base: 6 to 16 year olds

Per cent



Source: NHS Digital

2.5: Number of missed days of schooling, 2021

Parents of children aged 6 to 16 years were asked about the number of days of school their child had missed for any reason during the Autumn term (September to December) in 2020.

One in ten (10.6%) 6 to 16 year olds missed more than 15 days of school during the 2020 Autumn term, and nearly a quarter (22.8%) missed 6 to 15 days. Younger children were less likely than older children to have missed school: 7.0% of 6 to 10 year olds missed more than 15 days, compared with 13.7% of 11 to 16 year olds.

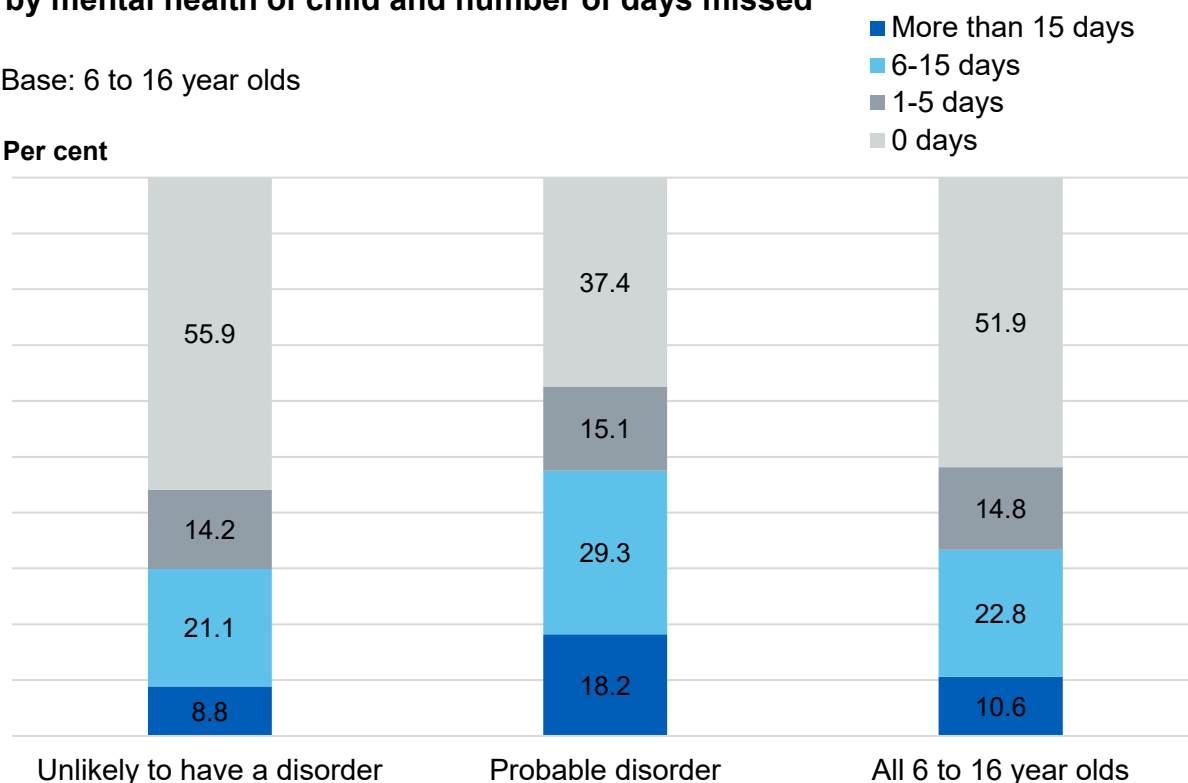
School absence was associated with mental disorder: 18.2% of 6 to 16 year olds with a probable mental disorder missed more than 15 days compared with 8.8% of those unlikely to have a mental disorder. The figures were similar for boys and girls. For children with a probable mental disorder, younger children aged 6 to 10 years were less likely than older children aged 11 to 16 years to have missed more than 15 days of school (12.1% compared with 23.5%). Whilst the confidence intervals for these overlap, further hypothesis testing indicates that these findings may be statistically significant.

(Table 2.5, Figure 2.4)

Figure 2.4: Missed days of schooling in the 2020 Autumn term, by mental health of child and number of days missed

Base: 6 to 16 year olds

Per cent



Source: NHS Digital

2.6: Access to learning resources, 2020 and 2021

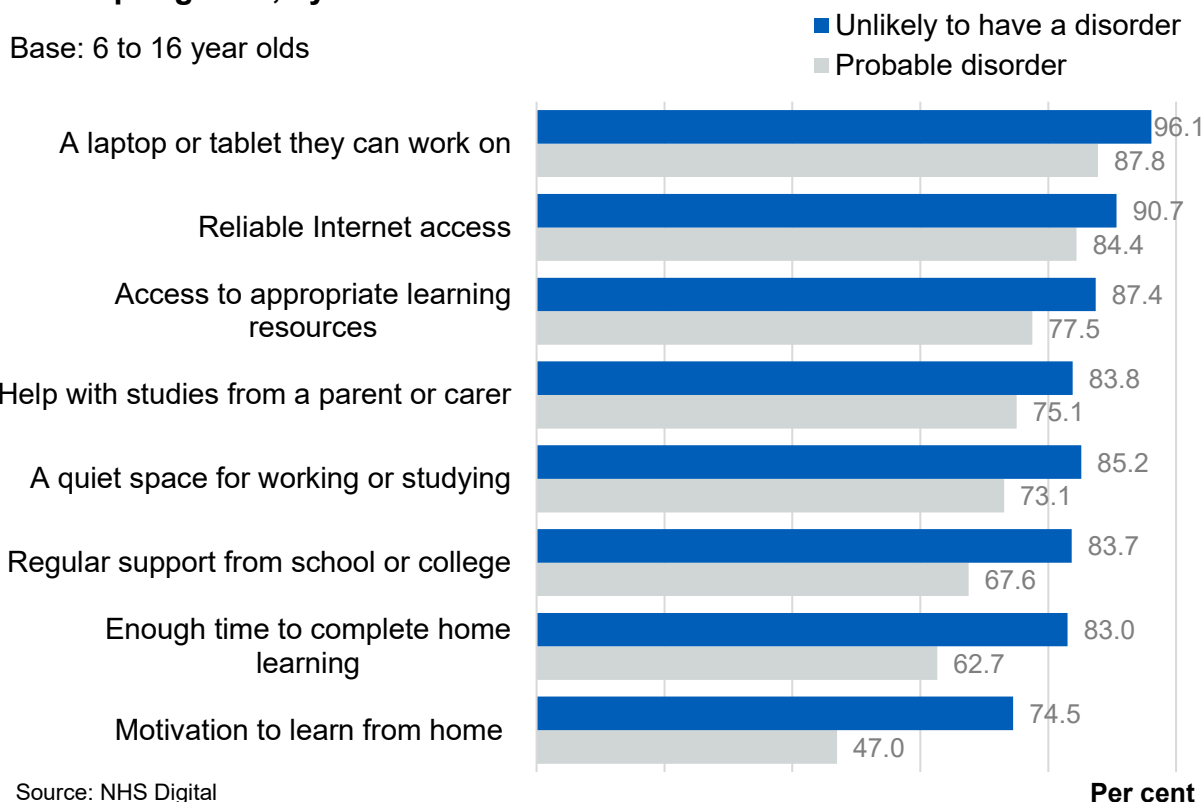
Parents were asked whether their child had access to various learning resources at home. In the 2021 Spring term (January to March), 1.4% of 6 to 16 year olds had no access at home to any of the resources listed. This rate was similar in boys and girls, and in older and younger children.

Overall, children with a probable mental disorder were less likely to have access to learning resources than children unlikely to have a mental disorder. In 2021, 87.8% of 6 to 16 year olds with a probable mental disorder had access to a laptop or tablet to work on, compared with 96.1% of children unlikely to have a mental disorder. Likewise, 67.6% of children with a probable mental disorder reported receiving regular support from their school or college, compared with 83.7% of children unlikely to have a mental disorder. Under half (47.0%) of those with a probable mental disorder were reported as having the motivation to learn from home, compared with three-quarters (74.5%) of 6 to 16 year olds unlikely to have a mental disorder.

There were some changes between the 2020 Summer term (which overlapped with the first lockdown) and the 2021 Spring term (which overlapped with the second lockdown). The proportion of 6 to 16 year olds with a laptop or tablet they could work on increased from 89.0% in

2020 to 94.4% in 2021. The proportion receiving regular support from school or college also increased, from 73.7% in 2020 to 79.9% in 2021. (Table 2.6, Figure 2.5)

Figure 2.5: Resources children had access to at home in the 2021 Spring term, by mental health of child



2.7: Change in level of support for children with special educational needs and disability (SEND), 2021

In 2021, parents were asked whether their child had experienced any changes in the level of support they received for SEND due to the coronavirus pandemic. The parents of 46.2% of 6 to 16 year olds with SEND reported a reduction in the support their child received for special educational needs due to the coronavirus pandemic. One in ten (10.7%) reported having received more support, and 43.2% reported no change. Changes in level of support did not differ significantly by age, sex or mental health, although estimates lacked precision due to small base sizes.

(Table 2.7)

2.8a: Changes in household circumstances for children, 2020 and 2021

The parents of 6 to 16 year olds were asked if their household had experienced any changes in circumstance since 1st August 2020. For three-quarters (75.2%) of children aged 6 to 16 years in 2021, there had been changes in their household circumstances between August 2020 and the time of taking part in the 2021 survey.

The most common changes involved a parent working more from home (45.2%), but other frequently reported changes included a parent being furloughed or using the self-employed support scheme (20.4%), working more hours or taking on additional work (22.9%), and reductions to household income (24.8%).

For 7.9% of children, parents reported having recently fallen behind with bills and for 4.1% of children, parents stated that they could not afford to buy enough food or had needed to use a food bank more. There were no statistically significant differences between boys and girls in the changes reported.

Children with a probable mental disorder were more likely to live in households that had fallen behind with bills, rent or mortgage during the pandemic. In 2021, 12.8% of those with probable mental disorder reported this, compared with 6.7% of those unlikely to have a mental disorder. Children with a probable mental disorder were also more likely to live in households that could not afford to buy food or had to use a food bank (9.1%) compared with 2.8% of those unlikely to have a mental disorder.

Whilst the findings were overall similar to 2020, there was a reduction from 2020 to 2021 in the proportion of children with parents who were furloughed or using the self-employed scheme, from 29.0% in 2020 to 20.4% in 2021.

(Table 2.8a, Figure 2.6a)

2.8b: Changes in household circumstances for young people, 2020 and 2021

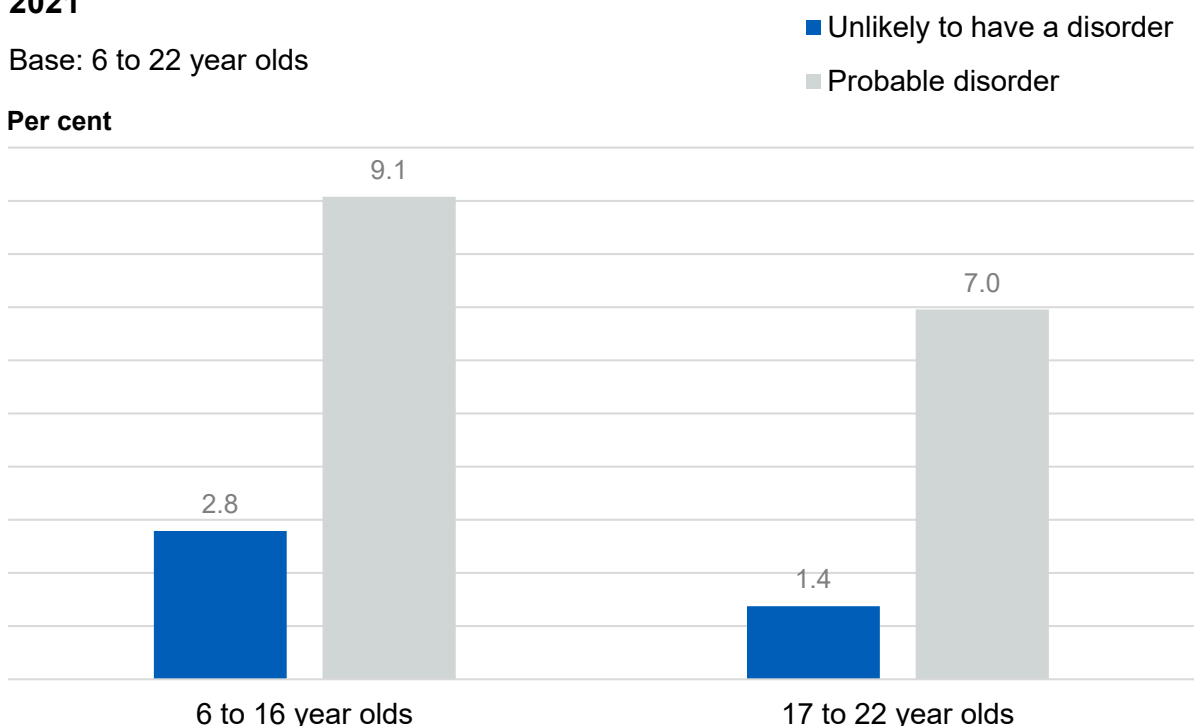
Young people aged 17 to 22 years were asked whether their household had experienced any of the changes since 1st August 2020. For three quarters (74.9%) of young people, there had been changes in their household circumstances between August 2020 and the time of taking part in the 2021 survey. This was similar to the proportion for 6 to 16 year olds.

Also similar to the pattern for children, young people with a probable mental disorder were more likely to have experienced not being able to afford enough food or using a food bank (7.0%) compared with 1.4% of those unlikely to have a mental disorder. Other changes in household circumstances were not associated with mental health.

(Table 2.8b, Figure 2.6a)

Figure 2.6a: Percentage of children or young people living in a household that could not afford to buy enough food or had to use a food bank, by mental health of child or young person, 2021

Base: 6 to 22 year olds



Source: NHS Digital

2.8c: Changes in household circumstances by ethnic group, 2021

Changes in household circumstances were also examined by five-category ethnic group for children aged 6 to 16 years. Due to small sample size for 17 to 23 year olds, this age group could not be examined by ethnic group. There were very few children from some ethnic groups in the sample, hence these estimates are often imprecise and should be treated with caution.

Across ethnic groups, a similar proportion of 6 to 16 year olds had parents who reported a reduction in household income during the coronavirus pandemic.

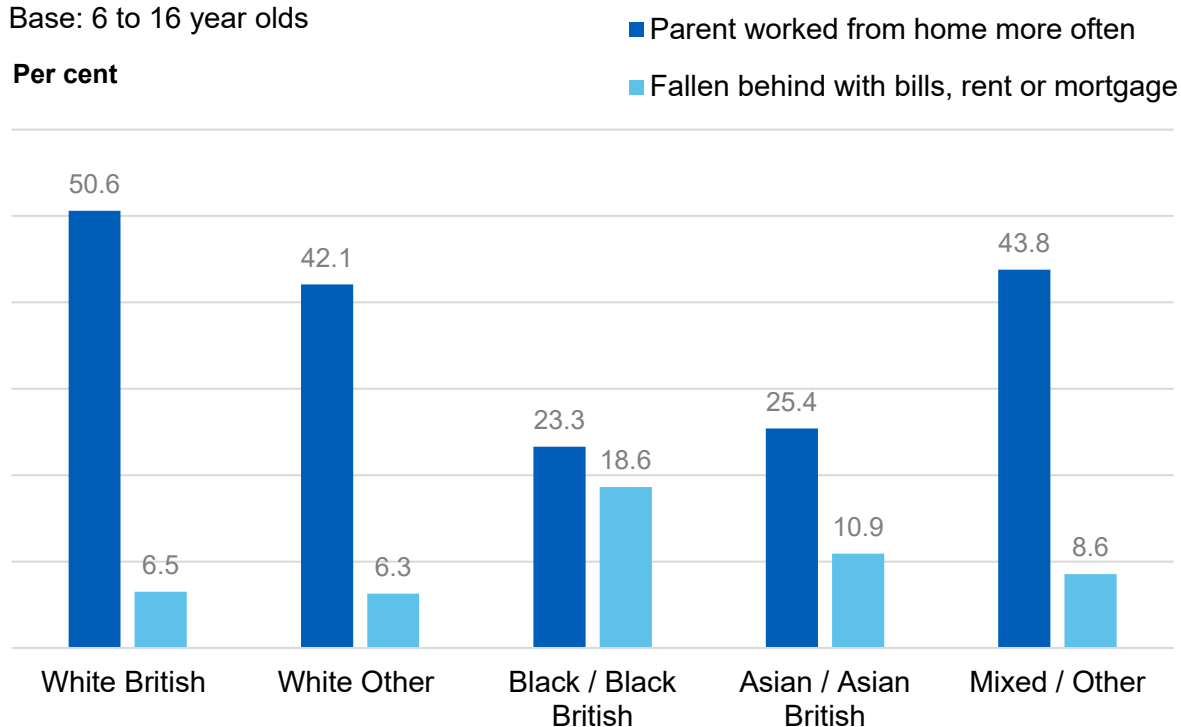
There were statistically significant differences between ethnic groups in the extent to which some other household circumstances changed between August 2020 and the time of taking part in the survey. Half (50.6%) of children aged 6 to 16 years from the White British group, and just under half of children from the Mixed/Other group (43.8%) had parents who had worked at home more often, compared with about a quarter of those from Black/Black British (23.3%) and Asian/Asian British (25.4%) groups. Children from the White British group were about three times less likely to live in a household that had fallen behind with bills, rent or mortgage (6.5%) than children in the Black/Black British group (18.6%).

(Table 2.8c, Figure 2.6b)

Figure 2.6b: Percentage of children with a parent that worked from home more often or living in a household that fell behind with bills, rent or mortgage, by ethnic group, 2021

Base: 6 to 16 year olds

Per cent



Source: NHS Digital

2.9: How restrictions have affected life, 2021

Children and young people aged 11 to 23 years were asked how coronavirus restrictions had affected their life; whether it had made it better, worse, or if there had been no change. This is a slightly different question from the one asked in the 2020 survey, where they were asked how lockdown had affected their life. Therefore, as the questions asked were slightly different, differences in response between 2020 and 2021 may be related to the change in phrasing, preventing useful comparisons.

11 to 16 year olds

In 2021, more than half of 11 to 16 year olds (55.8%) reported that restrictions had made their life a little worse or much worse. About a quarter (23.0%) said there had been no change, and 21.2% said it had made their lives a little or much better. More than one in ten (13.5%) said it had made their lives much worse.

In 2021, over a quarter (26.9%) of children with a probable mental disorder said restrictions had made their lives much worse, compared with one in ten children unlikely to have a mental disorder (9.7%).

Responses to this question were similar for boys and girls.

(Table 2.9, Figure 2.7)

17 to 23 year olds

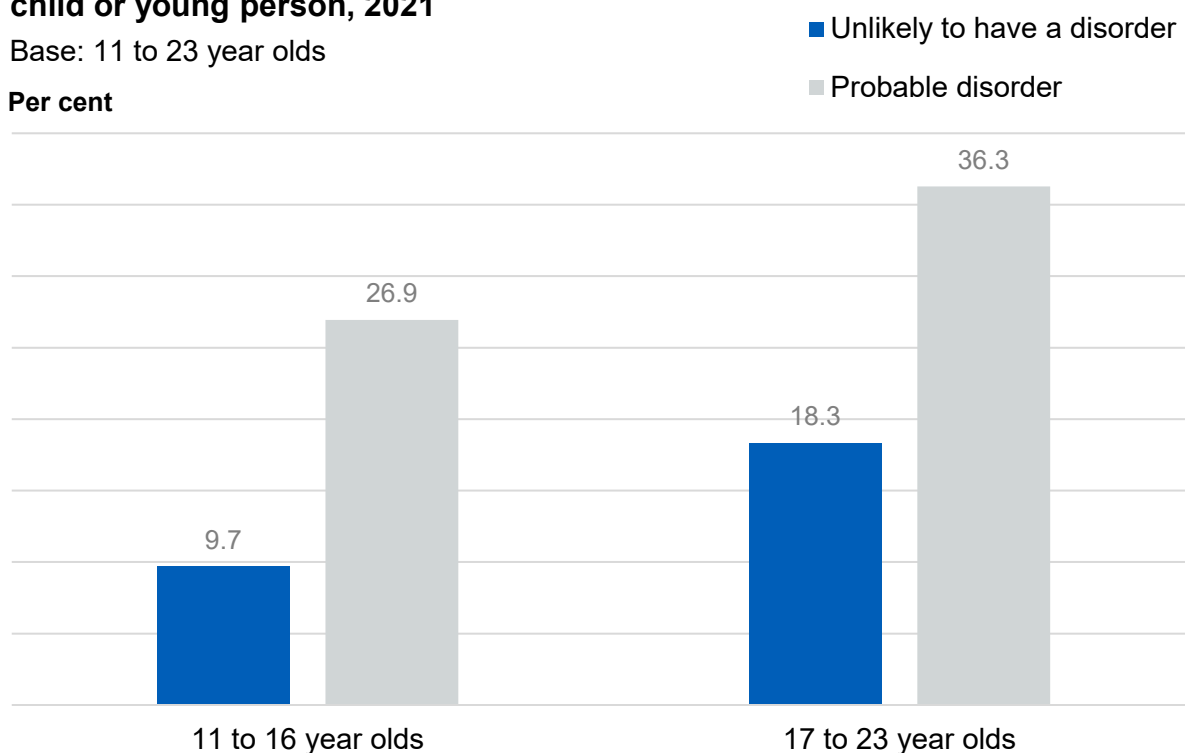
In 2021, young people aged 17 to 23 years were more likely than 11 to 16 year olds to report being adversely affected by restrictions, with 23.9% reporting their lives had been made much worse, compared with 13.5% of children. In contrast, 2.3% of 17 to 23 year olds said restrictions had made their lives much better. As with children, those with a probable mental disorder (36.3%) were more likely to have said restrictions had made their lives much worse than those unlikely to have a mental disorder (18.3%). Again, responses to this question were similar for young men and women.

(Table 2.9, Figure 2.7)

Figure 2.7: Percentage of children or young people who felt restrictions had made life much worse, by mental health of child or young person, 2021

Base: 11 to 23 year olds

Per cent



Source: NHS Digital

2.10: Whether sought help or advice for a mental health concern, 2021

6 to 16 year olds

Parents of 6 to 16 year olds who reported that they had a concern about the mental health of their child²⁰ were asked if they had sought

²⁰ This mental health concern could be unrelated to any possible or probable mental health problems identified in this survey.

help or advice for the concern since August 2020; 39.7% of children had a parent who said they had not. For children with a probable mental disorder, over a quarter (26.2%) had a parent who reported that they had not sought help or advice for their concern since August 2020. In comparison, for children unlikely to have a mental disorder, 53.9% had a parent who reported that they had not sought help or advice for their concern. There were no differences in reported help-seeking between parents of boys and girls.

17 to 23 year olds

Young people aged 17 to 23 years were less likely to seek help or advice for concerns than parents of 6 to 16 year olds. Overall, 58.1% of young people reporting they had a concern about their mental health said that they had not sought help or advice. Young men were more likely than young women to have not sought help for their concern (65.0% compared with 53.1%). Whilst the confidence intervals for these overlap, further hypothesis testing indicates a statistically significant difference. In 17 to 23 year olds with a probable mental disorder, two-fifths (41.5%) of those reporting concerns about their mental health said they had not sought help for the concern during this time. This compares with 67.1% for young people unlikely to have a mental disorder.

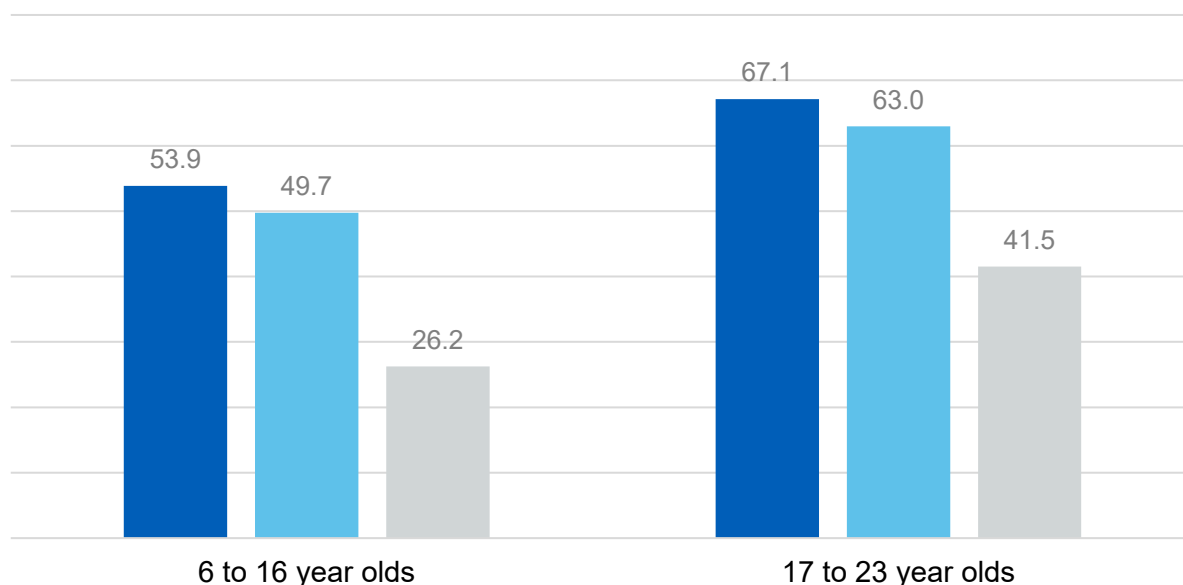
(Table 2.10, Figure 2.8)

Figure 2.8: Percentage of children or young people for whom help or advice was not sought for a mental health concern, by mental health of child or young person, 2021

Base: 6 to 23 year olds with a mental health concern

Per cent

- Unlikely to have a disorder
- Possible disorder
- Probable disorder



Source: NHS Digital

2.11: Sources of help or advice for a mental health concern, 2021

6 to 16 year olds

All parents of 6 to 16 year olds, regardless of whether or not they reported having concerns about the mental health of their child, were asked whether they had sought any help or advice about their child's mental health since August 2020 from a list of informal sources (such as family and friends) and services, which included health and education (such as teachers or other education professionals).

Among 6 to 16 year olds with a probable mental disorder, 68.3% had a parent who sought help from education services, 45.7% from friends and family, 37.9% from health services and 35.2% had used online or telephone support; 15.6% said they had not sought help from any of these sources. There were no statistically significant differences by sex.

17 to 23 year olds

Young people aged 17 to 23 years were also asked about sources of help and advice they had used. Among 17 to 23 year olds, young women were more likely to seek help from health services (18.4%) than young men (9.5%).

The most commonly reported source of help reported by 17 to 23 year olds with a probable mental disorder was friends or family (59.7%), followed by online or telephone support (44.1%), and health services (36.5%). Over a quarter (28.6%) of young people with a probable mental disorder sought help from education services, and one in five (19.9%) had not sought help or advice from any of the sources listed.

(Table 2.11)

Glossary

Children and young people with a probable mental disorder

The Strengths and Difficulties Questionnaire (SDQ)²¹ was used to identify children who may have had problems with aspects of their mental health to such an extent that it impacted on their daily lives. These include difficulties with their emotions, behaviour, relationships, hyperactivity, or concentration. Responses from parents, children and young people were used to estimate the likelihood that a child or young person might have a mental disorder, this was classified as either 'unlikely', 'possible' or 'probable'.

Change in SDQ score was also used to classify children and young people into whether their mental health in 2021 had deteriorated since 2017 (an SDQ score that had increased by three or more), remained similar (an SDQ score that was no more than two higher or lower), or improved (an SDQ score that had decreased by three or more).

The initial MHCYP 2017²² report used a different and more detailed diagnostic assessment of mental disorder²³. Any comparisons between 2017, 2020 and 2021 must therefore draw on the results presented in this report, which are based on a comparable measure (the SDQ).

Confidence interval

A measure of the statistical precision of an estimate and shows the range of uncertainty around the calculated estimate. Lower and upper 95% confidence intervals are provided in this report. At the 95% confidence level, over many repeats of a survey under the same conditions, one would expect that the confidence interval would contain the true population value 95 times out of 100. Narrower confidence intervals (difference between lower and upper interval) indicate a more precise estimate.

Ethnic group

Ethnic group was collected in the 2017 survey and was self-reported directly by children and young people aged 11 years and over at the time of the 2017 survey and reported by parents for children aged 10 years and under. The question used categories and terminology based on those in the 2011 Census²⁴. For the five-category breakdown, 'Mixed' and 'Other' have been grouped together due to small sample

²¹ See [Survey Design and Methods Report](#) for further information.

²² (2018) [The 2017 Mental Health of Children and Young People survey](#), NHS Digital.

²³ The Development and Well-Being Assessment (DAWBA), which drew on reports from young people, parents, and teachers and involved clinical consensus rating. Further information is available at <https://dawba.info/>.

²⁴ For further information on the ethnic groups used in the 2011 Census of England and Wales see: <https://www.ethnicity-facts-figures.service.gov.uk/style-guide/ethnic-groups#list-of-ethnic-groups>

sizes. 'White British' and 'White Other' are reported separately due to having larger sample sizes.

Family connectedness

Six questions were asked from the family connectedness scale and used to calculate a composite mean score. Composite values for the median, 25th centile, 75th centile and the interquartile range were also calculated (see the [Excel data tables](#)). Higher scores are indicative of stronger family connectedness²⁵. This was self-reported by 11 to 23 year olds.

Family functioning

Items from the General Functioning Scale of the McMaster Family Assessment Device (FAD) were used to assess family functioning. The FAD comprises 12 statements that parents rate on a four-point scale: strongly agree, agree, disagree and strongly disagree. Statements are a self-reported measure of perceived family functioning. A scoring system was used to calculate 'healthy' or 'problems with' family functioning.

The full 12 statements were used in the 2017 report. Due to lack of space in the 2020 and 2021 online surveys, the 2017 survey dataset was analysed in order to select a subset of four statements to use from the longer scale. Frequencies, correlation analyses, and linear regression models were run to select four items for inclusion on the 2020 and 2021 surveys. These four items were found to perform well together, explaining a large amount of the variance in total score ($R^2=0.836$)²⁶, as well as combining both positive and negative statements. The four statements chosen were:

- We confide in one another (positive statement)
- We feel accepted for what we are (positive statement)
- There is lots of bad feeling in the family (negative statement)
- We avoid discussing our fears and concerns (negative statement)

Scores for the four chosen statements were summed and divided by 4 to get an average family functioning score for each respondent. If the average score was between 0 and 2, family functioning was considered to be 'healthy', and a score of 2.01 or above was considered to indicate 'problems with' family functioning.

²⁵ Eisenberg, M. E., & Resnick, M. D. (2006). Suicidality among gay, lesbian and bisexual youth: The role of protective factors. *Journal of Adolescent Health, 39*(5), 662-668. Further information about the scale can be found here: <https://elcentro.sonhs.miami.edu/research/measures-library/fcs/index.html>

²⁶ This can be any value between 0 (meaning there is no correlation) and 1 (meaning there is a strong correlation).

Statistical significance

The statistical significance of differences noted within the report are determined based on non-overlapping confidence intervals (see Confidence interval section). In a few instances that are of particular interest and where the difference between estimates are large, but the confidence intervals are very wide, additional hypothesis testing has been completed (where bases sizes were larger than 100). A difference was determined as statistically significant if the probability of observing the results, under the hypothesis that there is no difference between years or groups, was less than 5%.

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