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The report of a survey carried out in 2002 by Social Survey Division of the Office for National Statistics on behalf of the Department of Health

The mental health of young people looked after by local authorities in England

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This report has been produced by the Social Survey Division of the Office for National Statistics in accordance with the Official Statistics Code of Practice.

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Notes to tables

1 Tables showing percentages

The row or column percentages may add to 99% or 101% because of rounding.

The varying positions of the percentage signs and bases in the tables denote the presentation of different types of information. Where there is a percentage sign at the head of a column and the base at the foot, the whole distribution is presented and the individual percentages add to between 99% and 101%. Where there is no percentage sign in the table and a note above the figures, the figures refer to the proportion of people who had the attribute being discussed, and the complementary proportion, to add to 100%, is not shown in the table.

The following conventions have been used within tables showing percentages:

-	no cases
0	values less than 0.5%

2 Small bases

Very small bases have been avoided wherever possible because of the relatively high sampling errors that attach to small numbers. Often where the numbers are not large enough to justify the use of all categories, classifications have been condensed. However, an item within a classification is occasionally shown separately, even though the base is small, because to combine it with another large category would detract from the value of the larger category. In general, percentage distributions are shown if the base is 30 or more. Where the base is lower, actual numbers are shown in square brackets

3 Significant differences

The bases for some sub-groups presented in the tables were small such that the standard errors around estimates for these groups are biased. Confidence intervals which take account of these biased standard errors were calculated and, although they are not presented in the tables, they were used in testing for statistically significant differences. Statistical significance is explained in Appendix B to this Report.

Authors' acknowledgements

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Summary of main findings

Background aims and coverage of the survey (Chapter 1)

- This report presents data from the first national survey of the mental health of young people looked after by local authorities in England.
- The primary purpose of the survey was to produce prevalence rates of three main categories of mental disorder: conduct disorder, hyperactivity and emotional disorders by child and placement characteristics.
- The second aim of the survey was to determine the *impact* and *burden* of children's mental health problems in terms of social impairment and adverse consequences for others.
- The third main purpose of the survey was to examine service utilisation. The examination of service use requires the measurement of contextual factors (lifestyle behaviours and risk factors).
- Fieldwork for the survey took place between October 2001 and June 2002.

Concepts and methods used in assessing mental disorders (Chapter 2)

- This report uses the term, mental disorders, as defined by the ICD-10, to imply a clinically recognisable set of symptoms or behaviour associated in most cases with considerable distress and substantial interference with personal functions.
- The methodological strategy for the survey was a one-stage design with all children eligible for a full interview, i.e., without a screening stage.
- The measures designed for the present study incorporated structured interviewing supplemented by open-ended questions. When definite symptoms were identified by the structured questions, interviewers used open-ended questions and supplementary prompts to get informants to describe the problems in their own words.
- Data collection included information gathered from carers (foster carers, parents, residential care workers), teachers, and the young people themselves (if aged 11–17).
- A case vignette approach was used for analysing the survey data – using clinicians to review the responses to the precoded questions and the transcripts of informants' comments, particularly those which asked about the child's significant problems.

Sampling and survey procedures (Chapter 3)

- A total sample of 2,500 child identifiers (approximately 1 in 18 of all looked after children) excluding those in short term placements, was drawn from the anonymised database of looked after children held by the Department of Health.

- The numbers of children selected was proportional to the number of children looked after in each authority. The sample was also selected to ensure representative proportions of boys and girls in each age band between 5 and 17 years.
- Overall, 134 of the 149 local authorities (90%) co-operated to some extent in the survey.
- 2,315 Child Summary Forms, requesting consent and the child's details, were sent out to the local authorities. After six months 1,796 (78%) were returned.
- Of the 1,796 returned forms, 672 (37%) were ineligible. The five main reasons for ineligibility were: carer refusal (26%), child going through adoption procedures (17%); the local authority refused access (14%); carer felt it was an inappropriate time (13%); summary forms arrived back too late to be allocated to interviewers (12%).
- Information was collected on 1,039 of the 1,134 children eligible for interview (91%) from up to three sources. Almost all the carers and most of the 11- to 17-year-olds took part.
- Although 1,039 carers of the looked after children were interviewed, the number of teacher questionnaires sent out was 861. The loss was due to children not being at school or having left school. 757 teachers (88%) returned their questionnaires.

Prevalence of mental disorders (Chapter 4)

- Among young people, aged 5–17 years, looked after by local authorities, 45% were assessed as having a mental disorder: 37% had clinically significant conduct disorders; 12% were assessed as having emotional disorders - anxiety and depression – and 7% were rated as hyperactive.
- The most common, specific, conduct disorders were socialised conduct disorder – 22% among 11- to 15-year-old boys; and Oppositional Defiant Disorder (ODD) – 18% among 5- to 10-year-old boys.
- The highest rate of hyperkinetic disorders, 16%, was also found among 5- to 10-year-old boys.
- The highest rate of the less common disorders was Pervasive Developmental Disorder (PDD) which was present among 8% of 11- to 15-year-old boys.
- Among 5- to 10-year-olds, the rates of disorders for looked after children compared with private household children were:
  - Emotional disorders: 11% compared with 3%.
  - Conduct disorders: 36% compared with 5%.
  - Hyperkinetic disorders: 11% compared with 2%.
  - Any childhood mental disorder: 42% compared with 8%.
- Among 11- to 15-year-olds, the prevalence of mental disorders for children looked after by local authorities compared with children from the private household survey were:
  - Emotional disorders: 12% compared with 6%.
  - Conduct disorders: 40% compared with 6%.
  - Hyperkinetic disorders: 7% compared with 1%.
  - Any childhood mental disorder: 49% compared with 11%.
- About two-thirds of children living in residential care were assessed as having a mental disorder, compared with a half of those living independently, and about four in ten of those placed with foster carers or with their natural parents.

- Children living with their natural parents or in residential care were at least twice as likely as those in foster care to have anxiety disorders (20% and 16% compared with 8%).
  - Children living with their natural parents or in residential care were about four times as likely as those in foster care to have depression (9% and 8% compared with 2%).
  - Children in residential care were far more likely than those in foster care or living with their natural parents to have conduct disorders (56% compared with 33% and 28%).
  - The prevalence of hyperkinetic disorders hardly varied by type of placement – between seven and eight per cent.
  - Less common disorders, particularly those in the autistic spectrum, were far more common among children in residential care than in other placements (11% compared with 2%).

- Among children in family placements, the prevalence of any childhood mental disorder among the children in foster care was 40%. This rate was similar to that found among children living with their parents, 42%, and slightly higher than the 32% for children placed with their own families or friends.

- Overall, nearly three quarters of the children in residential care, 72%, were clinically rated as having a mental disorder: 60% had conduct disorders, 18% were assessed as having emotional disorders, 8% hyperkinetic disorders, and 13% less common disorders.

Characteristics of the sample (Chapter 5)

- Overall, 466 children were assessed as having a mental disorder. The numbers of children with each type of disorder were: 122 with emotional disorders, 385 with conduct disorders, 76 with hyperkinetic disorders, and 39 children with less common disorders.

- Children with emotional disorders in contrast to those with no mental disorder were more likely to be 11-to 15-years-old, living in residential care and to have been in their placements for between one and four years.

- Children with conduct disorders were more likely than children without a mental disorder to be boys, aged 11–15, living in residential care and to have been in their current placement for less than a year.

- Children with hyperkinetic disorders were more likely than children without a mental disorder to be boys, aged 5–10, living in residential care and to have been in their placement for less than three years.

- Children with less common disorders were more likely than those without a mental disorder to be boys, aged 11–15-years and placed in residential care. They were also more likely to have been in their placement for a considerable time.

- Overall, children with a mental disorder, compared with other children, were more likely to be boys, aged 11–15, living in residential care and to have been in their current placement for less than three years.

General health and physical complaints (Chapter 6)

- Children living with foster carers were more likely to be rated by their carers as having very good health (69%) compared with children living in any other placement type, particularly those living in residential care (41%) or independently (31%).

- The general health of children seemed to improve as their placement became more secure. About two-thirds of children who had been in their placement for a year or more were assessed as having very good health, compared with just over half of those who had been in their placement for less than a year.

- Two-thirds of all looked after children were reported to have at least one physical complaint. The most commonly reported physical complaints were: eye and/or sight problems (16%), speech or language problems (14%), bed wetting (13%), difficulty with co-ordination (10%) and asthma (10%).

- Over three-quarters of children with a mental disorder had at least one physical complaint compared with just over half (57%) of the children who were assessed as not having a mental disorder.

- Only four per cent of the children surveyed were reported to be taking one of 14 types of medication commonly used in the treatment of childhood mental disorders. However, a fifth of those diagnosed as having hyperkinetic disorders were taking psycho-stimulants (Methylphenidate, Equasym, Ritalin)

- Among the children with a clinical rating on any of the three types of disorder, the vast majority of carers (88%) thought the child they looked after had a mental health problem. Only 12% of the children who were assessed as having a disorder were not reported by their carer to have any of the three problems.

- Conversely, over two-fifths (43%) of the children who were clinically assessed as not having any mental disorder were viewed by their carers as having emotional, behavioural or hyperactivity problems.

Use of services (Chapter 7)

- Overall, 10% of children looked after by local authorities were reported to have visited a GP in the *past two weeks*; a rate not significantly different from that of the general population.

- Children with any mental disorder were one and a half times more likely to have visited their GP in *the past two weeks* than those with no disorder (12% compared with 8%). Children with emotional disorders were the most likely to have seen their doctor in this time, 15%.

- Children with any mental disorder were almost twice as likely as those with no disorder to have visited an emergency department within *the past three months* (15% compared with 8%). Children with an emotional disorder were the most likely to have been to an A & E department with 21% having made such a visit.

- Over a quarter, 26%, of the children in residential care had had at least one day patient stay or outpatient visit to hospital in the *past three months* compared with between 15–19% of children in other placement types.

- Children with an emotional disorder were almost three times more likely than those with no disorder to have had a stay in hospital (8% compared with 3%).

- Specialist services were commonly used with over a third of children having been in touch with a specialist in child mental health, 34%, and 23% having had some contact with special education services (eg Special Educational Needs Co-ordinators and Education Welfare Officers).

- 44% of children with a mental disorder were in contact with child mental health specialists and a third accessed special education services.
- Children with hyperkinetic disorders or their carers were much more likely than those with any other disorder to have contacted a teacher for help, 68%, or seen a specialist in child mental health, 62%, and almost half, 47%, had been seen by professionals working in the special education services.
- 38% of independent living young people were reported to have been in trouble with the police and 30% of those in residential care. Only 8% of those living with their natural parents were reported to have been in trouble with the police in the past 12 months.
- Carers of children with a mental disorder were over five times more likely than carers of those with no disorder to report that the children had been in trouble with the police (26% compared with 5%). Children with a conduct disorder were the most likely to have had this experience (29%) and this group were also most frequently reported as having been in trouble three or more times, (14%).
- Contact with a youth justice worker was more prevalent among older children, those living independently or in residential care, those in a relatively recent placement and those with a conduct or emotional disorder.

Scholastic achievement and education (Chapter 8)

- About 60% of all looked after children had some difficulty or experienced marked difficulty with either reading, mathematics and spelling as assessed by their teachers.
- Difficulties in reading, maths and spelling were more prevalent among children in residential care than in any other placement: 82% had difficulties with maths, 78% had problems spelling and 70% had reading difficulties.
- Children with a mental disorder were nearly twice as likely as children with no disorder to have marked difficulties with each of the three abilities: reading (37% compared with 19%); mathematics (35% compared with 20%) and spelling (41% compared with 24%).
- Overall, 62% of all children were reported to be at least one year behind in their intellectual development. This comprised 38% of children who were one or two years behind and 24% who were three or more years below the level expected for their age.
- Among children with any mental disorder, about a third, 35%, were three or more years behind; twice the rate among the no disorder group, 17%.
- About two-thirds of children had recognised special educational needs, and half of these, 30%, had a statement issued by the local education authority. Among the children with a mental disorder, 42% had a statement of SEN, twice the proportion found among the sample with no mental disorder.
- Overall, 57% of all children had been absent from school for a day or more during the previous term. Thirty nine per cent had been away from school for up to a week and 18% had been away for more than a week.

- According to carers, 11% of the children had 'definitely' and 3% had 'perhaps' often played truant in the past year. Seventeen per cent of the young people reported that they had 'definitely' and 10% had 'perhaps' often played truant in the past year. According to the teachers 10% of children played truant.

- For each data source, young people with a disorder were more than twice as likely than other children to have played truant.

Social networks and lifestyle behaviours (Chapter 9)

All findings presented below relate to 11- to 17-year-olds who agreed to fill in a self-completion questionnaire.

- Children in residential care were more likely than those in foster care to report not spending any time with their friends (13% compared with 3%) and children who had been in their placement for less than a year were also the most likely to report spending no time at all with their friends (8% compared with 2%)

- Children with any mental disorder were four times more likely than those with no disorder to report not spending any time with their friends.

- Around a third of all children, 31%, had sought help because they had felt unhappy or worried. Girls were more likely than boys (36% compared with 25%) and older children were more likely than younger children (38% compared with 28%) to have sought help because of unhappiness or worry.

- The majority of children who had sought help, 69%, wanted a chance to talk things over, 6% required practical advice and a quarter were seeking both practical advice and a chance to talk things over.

- Overall, almost a third, 32%, of the young people aged 11–17 looked after by local authorities were current smokers and only 36% had never tried smoking. Sixty nine per cent of children in residential care were current smokers, reflecting the greater proportion of older children in these placements.

- Over a third, 34%, of all the children who smoked reported that they had started smoking at the age of ten years or under.

- 5% of children with a mental disorder reported that they drank alcohol almost every day compared with none of the children with no disorder. Six per cent of children with conduct disorder drank almostevery day and a quarter of children with an emotional disorder drank at least once or twice a week.

- 19% of all children who drink started doing so at the age of ten years or under.

- The most popular drug used by children looked after by local authorities was cannabis: 20% of all 11- to 17-year-olds had used it at some point in their lives. Of these children half, 11%, had used it in the past month.

- The next most popular drugs after cannabis were ecstasy and glue, gas or solvents. The pattern for use of these drugs was the same as that for cannabis use. The greatest proportions were found among boys, children in residential care, children who had been in their placement for a short period of time and children with a mental disorder.

Attachment disorders (Appendix C)

- Looked after children are thought to be at much greater risk than other children of having an attachment disorder. Inhibited attachment disorders are characterised by marked difficulties with social interactions that are usually attributed to early and severe abuse from 'attachment figures' such as parents. Disinhibited attachment disorders are characterised by diffuse attachments, as shown by indiscriminate sociability without the usual selectivity in choice of attachment figures – often attributed to frequent changes of caregiver in the early years.

- Attachment disorders are covered briefly in Appendix C but are not included in the main part of the report for two reasons. Firstly, attachment disorders were not assessed in the comparison group of children from private households. Secondly, given uncertainties about the most appropriate definition of attachment disorder, it would be misleading to generate a single prevalence rate.

- Using a standard definition, around 2.5% of looked after children had an attachment disorder, but this rate rose to around 20% using a broader definition. Since the overwhelming majority of children with attachment disorders also meet the diagnostic criteria for other psychiatric disorders, the inclusion of attachment disorders would make little difference to the overall prevalence, and does not affect the key finding that just under half of all looked after children have at least one psychiatric disorder.

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Background, aims and coverage of the survey

1.1 Background

The survey of the mental health of children and adolescents looked after by local authorities in England is the second, major, national survey focusing on the development and well-being of young people to be carried out by ONS. The first survey, carried out in 1999, obtained information about the mental health of 10,500 young people living in private households. (Meltzer *et al*, 2000). Both surveys were commissioned by the Department of Health.

In the mid-1990s when discussions between DH and ONS about the programme of research on children and adolescents were taking place, it was recognised that children looked after by local authorities were of key policy interest. However, it was felt that the survey among children in private households should take place first to establish the methodology and then adapt it for children looked after by local authorities – a vulnerable group often excluded from national surveys of children.

The rationale for a national survey of the mental health of children and adolescents looked after by local authorities was exactly the same as that for the private household population. In order to plan mental health services effectively it is necessary to know how many looked after children have mental health problems, what their diagnoses are and how far their needs for treatment are being met. The extent of the morbid population needs to be known so that the resources and planning can effectively take this into account.

The *Quality Protects* programme (Department of Health, 1998a) also highlighted the need for a co-ordinated approach in the provision of social services as well as Child and Adolescent Mental Health Services (CAMHS). The document *National Priorities Guidance* (Department of Health, 1998b) enhanced some of the objectives addressed by *Quality Protects* with the addition of specific targets.

Sir William Utting summarised the situation relating to the mental health of looked after children in his foreword to the publication, *The Mental Health Needs of Looked After Children* (Richardson and Joughin, 2000).

> 'Children who are looked after by local authorities suffer as a group because of the unthinking and cruel assumption that they are at fault rather than the adults whose crimes and failings are responsible. The stigma of being 'in care' handicaps these children in gaining access to the services to which all children are entitled.
>
> Many of them have moved so often between placements that their lives have lost the stability and rhythm which children need in order to thrive. They lag far behind their contemporaries in educational attainment and have serious health needs, which in the past have often not been met. In particular the Review (Children Safeguards Review, 1997) received evidence that 75% of looked after children had mental health problems, some of them complex and severe.'

Therefore, it was hoped that this first national survey looking at the mental health of children looked after by local authorities would be invaluable in taking forward a number of key policy initiatives:

- Strategic service planning with health agencies.
- Understanding the stresses on placements.
- Training and support requirements of carers with a view to improve placement stability.
- Work on health inequality targets.
- Improving the health outcomes of looked after children.

Review of previous research on the mental health of children looked after by local authorities

There have been few studies which have attempted to estimate the prevalence of mental disorder among looked after children and those which have been reported have concentrated on a particular geographical area and have relatively small samples. Nevertheless, they have been invaluable at drawing attention to the high rates of mental disorder among this group.

Bamford and Wolkind (1988) reported that the risk of psychiatric ill health was highest among children looked after by local authorities compared with any other group in society. Many of the children have behavioural problems. (Wolkind and Rushton, 1994).

A systematic study looking at the prevalence of psychiatric disorders of all children in one local authority, Oxfordshire, was carried out by McCann *et al*, (1996). She conducted interviews with 78 of the 134 adolescents, aged 13–17, living in foster and residential care using the Achenbach Child Behaviour Checklist (CBCL) and the youth self-report questionnaire as the screening instrument (Achenbach and Edelbrock, 1983) followed by K-SADS-P (Chambers *et al*, 1985) among the high scorers on the CBC. She found that 57% of the 13- to 17-year-olds in foster care and 96% of those in residential care had psychiatric disorders. Overall, the most common diagnoses were conduct disorder (28%), overanxious disorder (26%), major depressive disorder (23%), Attention Deficit Disorder (14%) and other depressive disorders (12%). Eight per cent were diagnosed as having a functional psychosis, with adolescents experiencing auditory hallucinations.

A study in which the social worker's views of the mental health of looked after children was the main focus of concern was conducted by Phillips (1997). She asked social workers to rate, inter alia, the level of perceived symptomotology of 44 children in foster care, using questions based on the Maudsley Item Sheet (Goodman and Simonoff, 1991). Only 5 of the 44 children (14%) were asymptomatic. The most frequently reported symptom groups were anxiety, conduct disorder and depression. Fifty-five per cent had anxiety: all were fearful that something awful was going to happen to them or their foster families and most of them had social anxiety – anxious about visitors to the foster home. Forty-six per cent had conduct disorders – fighting with siblings, stealing, truanting and being generally destructive. Social workers thought that 80% of all the assessed children should be receiving therapy of some sort from a mental health professional.

Dimigen *et al* (1999) took a slightly different focus from the previous researchers and concentrated on the prevalence of psychiatric disorder among children at the time of entering local authority care. Carers of seventy, 5- to 12-year-olds in Glasgow were interviewed using the Devereux scales of mental disorder (Naglieri *et al*, 1993). The commonest disorders among the children were conduct disorder and depression, the latter being more prevalent among children in residential accommodation than in foster care. Overall, 20% of the children had severe attention difficulties and 26% had autistic-like detachment.

Prevalence of mental disorders among children looked after by local authorities also emerge from intervention studies. For example, in a randomised trial, some children are offered a service and other are not and the principal before and after measure is childhood psychopathology. A study by Minnis *et al* (2001) involved 182 children in foster care in 17 Scottish local councils. They reported that 60% of children had measurable psychopathology at baseline.

Another indirect way of assessing prevalence is evident in studies which look at the use of psychotropic medication. In the US, Zima *et al* (1999) looked at the use of psychotropic medication and its relationship to severe psychiatric disorders among 302 six- to twelve-year-olds in foster care. They found 13% had taken psychotropic medication in the past year and a further 52% who merited medication had not received it. Another US study looking at claim for Medicaid insurance, (dosReis *et al*, 2001) revealed that the prevalence of mental disorders among 6- to 14-year-olds enrolled in foster care was 57%. ADHD, depression and developmental disorders were the most prevalent.

Implications of previous epidemiological studies for surveys of children looked after by local authorities

The lessons learnt from carrying out national surveys of the prevalence of mental disorders among children living in private households are also applicable to the interpretation of data from studies of children looked after by local authorities.

Defining psychiatric disorder solely in terms of psychiatric symptoms can result in implausibly high rates. For example, Bird *et al* (1988) estimated from their epidemiological study that about 50% of Puerto Rican children aged between 4 and 16 years met criteria for at least one DSM-III diagnosis. As Bird *et al* (1990) noted, many of the children who were eligible for DSM-III diagnoses were not significantly socially impaired by their symptoms,

did not seem in need of treatment, and did not correspond to what clinicians would normally recognise as 'cases'. This underlines the importance of defining psychiatric disorders not only in terms of symptom constellations, but also in terms of significant impact. Including impact criteria can dramatically alter prevalence estimates. For example, in the Virginia Twin Study, the population prevalence of DSM-III-R disorder was 42% as judged by symptoms alone, falling to 11% when impairment criteria were included (Simonoff *et al*, 1997).

In DSM-IV (American Psychiatric Association, 1994), most of the common child psychiatric disorders are now defined in terms of impact as well as symptoms; operational criteria stipulate that symptoms must result either in *substantial distress* for the child or in *significant impairment* in the child's ability to fulfil normal role expectations in everyday life. This same requirement for impact, in terms of significant distress or social incapacity, characterises the diagnostic criteria employed in the research version of ICD-10 (World Health Organisation, 1992).

These findings emphasise the need to use measures of psychiatric disorder that consider not only symptoms but also resultant distress and social incapacity. Failure to do so will result in unrealistically high prevalence rates and will mislead service planners by labelling many children with relatively innocuous symptoms as having psychiatric disorders.

While previous surveys have often used measures of psychiatric disorder that inappropriately included children with many symptoms but little resultant impairment, these same surveys have inappropriately failed to diagnose another group of children who do make considerable and appropriate use of child and adolescent mental health services. Despite having psychiatric symptoms that result in distress and social impairment, these children do not meet the full criteria for an operationalised diagnosis such as hyperkinesis, separation anxiety disorder or oppositional defiant disorder. With clinical judgement, these children can be assigned non-operationalised diagnoses, eg anxiety disorder, Not Otherwise Specified (NOS); disruptive behaviour disorder, NOS.

A substantial minority of children with psychiatric disorders seem to 'fall between the cracks' of the operationalised diagnostic categories because they have partial or undifferentiated syndromes (Goodman *et al*, 1996; Angold *et al*, 1999). This emphasises the need to incorporate clinical judgement into measures of psychiatric disorder so as not to miss children who are severely distressed or impaired by symptoms that do not meet current operationalised diagnostic criteria.

Does it matter if previous surveys have used measures of psychiatric disorder that are simultaneously over-inclusive and under-inclusive? As far as estimating prevalence is concerned, the problems of over-inclusiveness and under-inclusiveness will cancel out to some extent, though the number of children with symptoms but not much impact is substantially larger than the number with impact but relatively few symptoms. As far as examining the appropriateness of current service provision is concerned, the two types of error add rather than cancel out. Diagnosing children who have symptoms without much impact will make it look as if services are failing to see these children. At the same time, failing to diagnose children who fall between the cracks of the current diagnostic system will make it look as if services are inappropriately (rather than correctly) seeing these children.

1.2 Aims of the survey

Prevalence

The primary purpose of the survey was to produce prevalence rates of three main categories of mental disorder: conduct disorder, hyperactivity and emotional disorders (and their comorbidity), based on ICD-10 (International Classification of Diseases, tenth revision) and DSM-IV (Diagnostic and Statistical Manual, fourth revision) criteria. Where there were sufficient numbers, the survey also aimed to provide prevalence rates of type of problem (eg separation anxiety, social phobia etc.) and to investigate the comorbidity or co-occurrence of disorders.

Impact and burden

The second aim of the survey was to determine the *impact* and *burden* of children's mental health

problems in terms of social impairment and adverse consequences for others.

The measurement of *burden* and *impact* are essential parts of the survey as they fulfil several functions: forming an integral part of diagnostic assessment, acting as measures of severity of the disorder, and helping to describe the problem in its social context. Social impairment is measured by the extent to which each particular mental problem interferes with relations with others, forming and keeping friendships, participation in leisure activities, and scholastic achievement. More broadly, impact reflects distress to the child or disruption to others as well as social impairment.

The *burden* of the child's problem is a measure of the consequences of the symptoms in terms of whether they cause distress to adults: making the carers worried, depressed, tired or physically ill. Whereas *impact* covers the consequences for the child, *burden* reflects the consequences for others.

Services

The third main purpose of the survey was to examine service utilisation. The examination of service use requires the measurement of contextual factors (lifestyle behaviours and risk factors). These factors are alluded to in *The Health of the Nation: Key Area Handbook for Mental Illness* in describing children's use of and need for services (Sections 3.27, 3.12 and 3.13).

> 'Particular attention should be paid to identifying the current provision of services dedicated to the needs of children and adolescents.' (Section 3.27)

> 'The needs of children and adolescents are different from those of adults. Psychosocial factors which affect parents can also have distinct and separate effects on their children. In assessing needs, purchasers and providers will need to consider the child **and** the family, the school or college **and** the child's general social network.' (Section 3.12)

> 'Some particular issues to consider when assessing the need for services for children and adolescents are: the rate and effect of changes in family circumstances such as separation, divorce or death of a parent; the level of homelessness and poor living conditions; and drug addiction and alcohol misuse in both children/adolescents and their parents.' (Section 3.13)

1.3 Timetable

Carrying out a national survey of the development and well-being of children and adolescents looked after by local authorities required a considerable amount of feasibility and pilot work. In particular, great effort was put into establishing sampling and interviewing procedures that met strict ethical guidelines. The general strategy was to look at options to reduce burden on local authorities, interviewers and most importantly, the sampled children. Comments were sought from experts in child psychiatric epidemiology, as well as those involved in service policy and practice. Figure 1.1 summarises the timetable for whole programme of research.

1.4 Coverage of the survey

Age

The survey focused on the prevalence of mental health problems among young people aged 5–17. Although young people aged 16 and 17 were included in the previous adult surveys (Meltzer *et al*, 1995; Meltzer *et al*, 1996; Gill *et al*, 1996; Foster *et al*, 1996; Singleton *et al*, 2001), those looked after by local authorities were excluded from the previous surveys. These young adults are of particular interest in respect of the transition between the use of child and adult mental health services.

Children under the age of 5 were excluded primarily because the assessment instruments for these children are different and not so well developed as those for older children.

The feasibility study for the private household survey which took place in January to March 1997, included a questionnaire for parents of 3 and 4 year olds. The questions were based on the Richman questionnaire revised by Nicol for a study of pre-school children (Nichol *et al*, 1987). Fifty-seven families of 3- to 4-year-olds were interviewed.

The data were presented in terms of case studies which highlighted the areas where parents expressed concern about their children: eating

Figure 1.1 Timetable for survey

From	To	Activity
February 1998	June 1998	Review of the literature, looking at the practicalities and logistics of carrying out a national survey, and ONS submitting a costed research proposal to DH
April 1999	June 2000	Getting approval from the London MultiCentre Research Ethics Committee (MREC)
June 2000	December 2000	Obtaining clearance from the Local Research Ethics Committees (LRECs)
January 2001	March 2001	Fieldwork for pilot study
April 2001	May 2001	Analysis, interpretation and report writing of pilot study
June 2001	September 2001	Amending pilot questionnaires and accompanying documents for main stage survey
October 2001	June 2002	Main stage fieldwork
December 2001	June 2002	Distribution and collection of teachers' postal questionnaire
December 2001	August 2002	Clinical assessment of survey data
September 2002	March 2003	Analysis, interpretation and report writing of main survey.
June 2003	July 2003	Archiving survey to the ESRC data archive

habits, potty training, bedtime, indoor play etc. Discussions of the report on the feasibility study by an expert group recommended that 3 and 4 year olds should not be included in the main survey because of the problems in finding an appropriately sensitive instrument.

Childhood psychopathology

The survey concentrated on the three common groups of childhood mental disorders: emotional disorders such as anxiety, depression and obsessions; hyperactivity disorders involving inattention and overactivity; and conduct disorders characterised by awkward, troublesome, aggressive and antisocial behaviours. Some questions were included in the survey to look at the less common mental disorders: tics and twitches, pervasive developmental disorders such as those in the autistic spectrum, and eating disorders.

Placement (Type of accommodation)

The sampling design for the survey (see Chapter 3 and appendix A) involved taking a random sample of all children looked after by local authorities from a list stratified by placement code. Therefore, the results will show prevalence of disorders and service use by whether the child is in foster care, placed with parents or family members or in some sort of residential care facility – residential care home or school.

Region

The surveyed population comprised children and adolescents looked after by local authorities in England. Children looked after by local authorities in England but placed outside the local authority were included in the survey, even the few cases placed in Scotland and Wales. The corresponding surveys in Scotland and Wales will take place in early 2003.

1.5 Content of the survey

A brief summary of the sections of the questionnaire is shown below, subsumed under the headings of questionnaire content for carers, children and teachers. The rationale behind using three sources of information is described in Chapter 2.

Questionnaire content for carers

This interview schedule for carers was asked of one carer of all selected children. It included the following sections:

- Background characteristics.
- General Health.
- Strengths and Difficulties Questionnaire (SDQ).
- Separation anxiety.

- Attachment disorder.
- Specific Phobias.
- Social Phobia.
- Panic attacks and agoraphobia.
- Post Traumatic Stress Disorder (PTSD).
- Compulsions and Obsessions.
- Generalised Anxiety.
- Depression.
- Attention and activity.
- Awkward and troublesome behaviour.
- Less Common Disorders.
- Significant problems.
- Use of services for significant problems.
- Impact.
- Use of all types of services.
- Strengths.
- Reading, Mathematics and Spelling Ability.

Questionnaire content for children and adolescents

Questions for children aged 11–17, by face to face interview, included the following topics:

- Friendship.
- Strengths and Difficulties Questionnaire (SDQ).
- Separation anxiety.
- Attachment disorder.
- Specific Phobias.
- Social Phobia.
- Panic attacks and agoraphobia.
- Post Traumatic Stress Disorder (PTSD).
- Compulsions and Obsessions.
- Generalised Anxiety.
- Depression.
- Attention and activity.
- Awkward and troublesome behaviour.
- Chronic Fatigue.
- Friendships.
- Help-seeking behaviour.
- Significant problems.
- Strengths.

The self-completion element for the 11- to 17-year-olds included:

- Moods and Feelings Questionnaire.
- Awkward and troublesome behaviour.
- Smoking cigarettes.
- Use of alcohol.
- Experience with drugs.
- Sexual Behaviour.
- Exclusion from school.

Questionnaire content for teachers

A postal questionnaire was sent to teachers covering scholastic achievement as well as assessments of behaviour and emotional well-being.

- Scholastic achievement and special needs.
- Strengths and Difficulties Questionnaire (SDQ).
- Emotions.
- Attention, activity and impulsiveness.
- Awkward and troublesome behaviour.
- Social behaviour.
- Other concerns.
- Help from school.

1.6 Coverage of the report

One of the main purposes of this report is to present the prevalence of mental disorders among children and adolescents aged 5–17 looked after by local authorities in England during the first half of 2001. These are presented in Chapter 4. These rates are compared with those from the 1999 private household survey taking account of the placement of the looked after children and the age and sex distribution of both samples.

In order to interpret these results, it is important to have an understanding of the concepts and methods adopted for this study; these are described in Chapter 2. Chapter 3 describes the sampling and interview procedures.

The report contains four chapters on specific topics (eg physical complaints, service use, scholastic achievement and the social networks and lifestyle behaviours of children). In each chapter, profiles of children with childhood mental disorders are compared with (a) those with no clinically recognisable disorder, and (b) children with the same disorder identified in the 1999 private household survey.

The final part of the report contains the technical appendices and has five sections. The first gives details of the sampling design and shows how the data were weighted. Section 2 describes the statistical terms used in the report and their interpretation The last three sections comprise the survey documents, a commentary on our attempts to measure Attachment Disorder and, finally, a glossary of terms.

1.7 Access to the data

Anonymised data from the survey will be lodged with the ESRC Data Archive, University of Essex, within 3 months of the publication of this report. Independent researchers who wish to carry out their own analyses should apply to the Archive for access. For further information about archived data, please contact:

ESRC Data Archive
University of Essex
Wivenhoe Park
Colchester
Essex CO4 3SQ
Tel: (UK) 01206 872323
FAX: (UK) 01206 872003
Email: archive@:Essex.AC.UK.

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2 Concepts and methods used in assessing childhood mental disorders

2.1 Introduction

This chapter is divided into five sections. In the first of them, the use of the term, mental disorder, in relation to young people is discussed and the definitions of the terms used in this report are outlined. The second section aims to define concepts related to prevalence. This is followed by a discussion of methods of assessment, in particular the choice between one- and two-stage sampling designs and the selection of assessment instruments. The penultimate section examines the advantages of gathering information from multiple informants (carer, teacher and child) and the chapter ends with a description of how a clinical input was added to the interpretation of the survey data.

Estimates of the prevalence of childhood mental disorder depend on the choice of concepts as well as how they are operationalised. These, in turn, depend on the particular purposes and aims of the study. This point needs emphasising because it means that estimates from this survey may not necessarily be comparable with those obtained from other studies. They may have used different concepts and methods or selected samples which may not be representative of the total population of children and young people, aged 5–17, looked after by local authorities.

2.2 Definitions of mental disorder

Although this survey report uses the term, mental disorder, in relation to children, there is a recognition that this terminology can cause concern. (NHS Health Advisory Service, 1995)

> 'First such terms can be stigmatising, and mark the child as being different. However, unless children with mental health problems are recognised, and some attempt is made to understand and classify their problems, in the context of their social, educational and health needs, it is very difficult to organise helpful interventions for them. The second concern is that the term mental disorder may be taken to indicate that the problem is entirely within the child. In reality disorders may arise for a variety of reasons, often interacting. In certain circumstances, a mental or psychiatric disorder, which describes a constellation or syndrome of features, may indicate the reactions of a child or adolescent to external circumstances, which, if changed, could largely resolve the problem.'

'It is important to define terms relating to the mental health of children and adolescents because experience shows that lack of terminological clarity leads to confusion and uncertainty about the suffering involved, the treatability of problems and disorders and the need to allocate resources.'

The questionnaires used in this survey were based on ICD10 and DSM-IV diagnostic research criteria. Therefore, this report uses the terms mental disorders as defined by the ICD-10: to imply a clinically recognisable set of symptoms or behaviour associated in most cases with considerable distress and substantial interference with personal functions.

2.3 Methods of assessing mental disorders

A key decision had to be made in deciding how to measure the prevalence of mental disorders of children and adolescents looked after by local authorities: whether to adopt the same questionnaire used in the private household survey or create a new questionnaire. There were compelling reasons to use as far as possible the same questionnaire. Primarily, the questionnaire had been administered successfully on over ten thousand cases, systems had been set up to analyse the data from multiple sources, and comparisons could be made between the two samples. The rationale for using a one-stage sampling design and developing a new questionnaire for the initial survey is reiterated below.

One- versus two-stage designs

About half of the national surveys that have been carried out in other countries have used the multimethod-multistage approach of Rutter *et al*

(1970) to ascertain potential cases. In this approach, rating scales completed by children above a certain age and/or parents and/or teachers are used as first stage screening instruments. Subjects with scores above the cut-off score are identified as potential cases and further evaluated. A small sample of individuals with scores below the cut-off threshold are also selected for interview to assess the frequency of false negatives, i.e., those who have problems but whose rating scale scores were below the cut-off score.

In the second stage, children with scores above the cut-off score and a sample of those with scores below this value are interviewed using semi-structured or structured psychiatric interview instruments. At this stage categorical diagnoses are made. The overall prevalence of disorder is determined at the conclusion of this two-stage process.

The other method does not base caseness upon the multimethod-multistage approach. All children and adolescents identified through the initial sampling procedure are eligible for diagnostic assessment. There are many advantages of such an approach:

- Detailed information is collected on all children. A sample distribution can be produced on all subscales even though only those with above-threshold score will have psychopathology.
- Because the survey aims to investigate service use, social disabilities, risk factors and the use of tobacco, alcohol and drugs, it is also important to have this information for all children in order to compare those with and without disorder.
- A one-stage design is likely to increase the overall response rate compared with a two-stage (screening plus clinical assessment) design.
- A one stage design reduces the burden put on respondents. Ideally, a two stage design would require a screening questionnaire to be asked of a carer, a teacher as well as the child, followed up with an assessment interview administered to the child and the carer. A one-stage design only requires an interview with the carer and child and, if possible, the administration of a teacher questionnaire.
- One of the advantages of a one-stage over a two-stage design is that its implementation is cheaper and can be carried out in a far shorter time scale.

Screening instruments

Two rating scales have commonly been used for the first-stage, screening process in community-based studies of children: the Rutter Scales: A and B (Rutter *et al*, 1970) and the Child Behaviour Checklist (Achenbach and Edelbrock, 1983).

The Rutter Child Scale A and Rutter Child Scale B cover aspects of behavioural and emotional functioning within the past year. These scales were used either as first-stage screening instruments in their entirety (Connell *et al*, 1982), or in an abridged form (Vikan, 1985). The Rutter scales, along with additional items assessing attention deficit disorder and affective disorder, were used to gather supplementary information in the New Zealand study (Anderson *et al*, 1987).

The Child Behaviour Checklist (CBCL) describes symptoms of emotional and behavioural disturbance over the past 6 months. It is a 138-item scale for use with 4- to 16-year-olds and assesses a wide range of pathological behaviours (118 items) and the child's social competence (20 items). Parent and teacher forms were used to screen subjects in the Netherlands (Verhulst *et al*, 1985) and Puerto Rico (Bird *et al*, 1988).

However, the CBCL has often been criticised as being unnecessarily long, as having a negative perspective and may not be better than the more quickly-administered instrument like the Rutter scales.

The Strengths and Difficulties Questionnaire

Another brief alternative to the CBCL is the Strengths and Difficulties Questionnaire (SDQ), which is a brief behavioural screening questionnaire that can be administered to the parents and teachers of 4- to 17-year-olds and also to 11- to 17-year-olds themselves. It covers common areas of emotional and behavioural difficulties, also enquiring whether the informant thinks that the child has a problem in these areas, and if so asking about resultant distress and social impairment. It has been shown to be of acceptable reliability and validity, performing at least as well as the CBCL and Rutter questionnaires (Goodman, 1997; Goodman *et al*, 1998; Goodman and Scott, 1999; Goodman, 1999). Though originally

published in English, it is currently available in over 40 languages, including Welsh, Gaelic and the languages spoken by the main immigrant communities in Britain. The SDQ was used in the 1997 Health Survey for England (McMunn *et al*, 1998) and in the 1999 private household survey (Meltzer *et al*, 2000)

Diagnostic instruments

In his review of diagnostic instruments, Angold (1989) makes the distinction between fully-structured and semi-structured diagnostic interviews.

The semi-structured interviews which were reviewed either can not be undertaken by lay interviewers without extensive additional training or do not cover the desired age range:

K-SADS (Schedule for Affective Disorders and Schizophrenia) requires considerable clinical judgement. It is intended for administration by clinically sophisticated interviewers.

ISC (Interview Schedule for Children) requires extensive clinical experience and interview-specific training. The final diagnosis is arrived at in a group conference.

CAS (Child Assessment Schedule) has been used by lay interviewers but is only suitable for children aged 7–12.

CAPA (Child and Adolescent Psychiatric Assessment) requires substantial training to produce sufficient familiarity with the instrument especially for those who are clinically inexperienced. It applies to children aged 8–16. One of the advantages that it has over the previous three instruments is that it can produce ICD-10 diagnoses (as well as DSM-III-R).

The two, fully-structured, interview schedules reviewed by Angold (1989) were the DISC (Diagnostic Interview Schedule for Children) and the DICA (Diagnostic Interview for Children and Adolescents).

The **DISC** is applicable for children aged 6 and over. An interview with the child takes 40–60 minutes and the parent version about 60–70 minutes. Non-clinically trained interviewers require about 2–3 days training. It generates DSM-III-R diagnoses. Diagnostic algorithms for scoring the results of the interview are available.

The **DICA** is applicable to children aged 6 and over. It takes about 40–45 minutes to complete and exists for administration to parents or children. Only a short period of interviewing training is necessary, and interviewers do not need to have had clinical experience. It is can be scored for ICD diagnoses.

Hodges (1993) has also reviewed structured interviews for assessing psychiatric morbidity among children: CAPA, CAS, DICA, DISC, ISC, K-SADS. She looks at what lessons have been learnt from their use and reliability and validity data. Unfortunately, prevalence studies are not covered in the scope of her review.

The Development and Well-Being Assessment (DAWBA)

The DAWBA constructed for the private household survey among children was intended to combine some of the best features of structured and semi-structured measures. Using existing semi-structured measures for a large national survey would have been impractical and prohibitively expensive since it would have required recruiting a team of several hundred clinically trained interviewers or providing prolonged additional training and supervision to lay interviewers.

Given the practical and financial imperative to use lay interviewers with relatively little additional training, it was clear that the main interviewing would need to be fully structured. The disadvantage of relying entirely upon existing structured interviews is that the results are far less clinically convincing than the results of surveys based on semi-structured interviewing. When informants answer fully structured interviews, they often over-report rare symptoms and syndromes because they have not really understood the questions. (Brugha *et al* 1999) To circumvent this problem, the new measures use structured interviewing supplemented by open-ended questions. When definite symptoms are identified by the structured questions, interviewers use open-ended questions and supplementary prompts to get parents to describe the problems in their own words. The specific prompts used were:

Description of the problem
Specific examples
What happened the last time?

What sorts of things does s/he worry about?
How often does the problem occur?
Is it many times a day, most weeks, or just once or twice?
Is it still a problem?
How severe is the problem at it's worst?
How long has it been going on for?
Is the problem interfering with the child's quality of life?
If so, how?
Where appropriate, what does the family/child think the problem is due to and what have they done about it?

Answers to these questions and any other information given are transcribed verbatim by the interviewers but are not rated by them. Interviewers are also given the opportunity to make additional comments, where appropriate, on the respondents' understanding and motivation.

A small team of experienced clinicians review the transcripts and interviewers' comments to ensure that the answers to structured questions are not misleading. The same clinical reviewers can also consider clashes of information between different informants, deciding which account to prioritise. Furthermore, children with clinically relevant problems that do not quite meet the operationalised diagnostic criteria can be assigned suitable diagnoses by the clinical raters.

The new measures and their validity are described in more detail elsewhere. (Goodman *et al*, 2000)

2.4 Single versus multiple informants

While single-informant investigation characterised nearly all of the early epidemiological studies, more recent studies (within the multi-method multi-stage approach) have broadened data collection to include information gathered from parents/carers, teachers, and the subjects themselves. Hodges (1993) has pointed out that children and adolescents can respond to direct questions aimed at enquiring about their mental status and that there is no indication that asking these direct questions has any morbidity or mortality risks.

A well-established fact is that information from many sources is a better predictor of disorder than just one source. Many experienced clinicians and researchers in child psychiatry believe that information gleaned from multiple informants facilitates the best estimate of diagnosis in the individual case (Young *et al*, 1987). At the population level, information from multiple informants enhance the specificity of prevalence estimates.

Angold (1989) states:

> 'In general, parents often seem to have a limited knowledge of children's internal mental states and to report less in the way of depressive and anxiety symptoms than their children would report. On the other hand adults seem to be better informants about externalised or conduct disorder items such as fighting and disobedience. Teachers are good informants about school behaviour and performance, whilst parents are informative about home life.'

Hodges (1993) comments that agreement between child and parent has varied depending on type of pathology:

> 'There appears to be more agreement for behavioural symptoms, moderate agreement for depressive symptoms, and poor agreement for anxiety'

One of the problems of collecting information from various sources is finding the best way to integrate the information which may show a lack of agreement. One method has been to accept a diagnosis irrespective of its source (Bird *et al*, 1992). Others have promoted 'case vignette' assessments where clinical judgements are made on detailed case histories from several sources. (Goodman *et al*, 1996)

2.5 Case vignette assessment

This case vignette approach for analysing survey data uses clinician ratings based on a review of all the information of each subject. This information includes not only the questionnaires and structured interviews but also any additional comments made by the interviewers, and the transcripts of informants' comments to open-ended questions particularly those which ask about the child's significant problems. The case vignette approach was applied to the ten and a half thousand cases in the private household survey.

The clinical raters perform four major tasks. Firstly, they use the transcripts to check whether respondents appear to have understood the fully structured questions. This is particularly valuable for relatively unusual symptoms such as obsessions and compulsions – even when parents or young people say "yes" to items about such symptoms, their own description of the problem often makes it clear that they are not describing what a clinician would consider to be an obsession or compulsion.

Secondly, the clinical raters consider how to interpret conflicts of evidence between informants. Reviewing the transcripts and interviewers' comments often helps decide whose account to prioritise. Reviewing all of the evidence, it may be clear that one respondent gives a convincing account of symptoms, whereas the other respondent minimises all symptoms in a defensive way. Conversely, one respondent may clearly be exaggerating.

Thirdly, the clinical raters aim to catch those emotional, conduct and hyperactivity disorders that slip through the 'operationalised' net. When the child has a clinically significant problem that does not meet operationalised diagnostic criteria, the clinician can assign a 'not otherwise specified' diagnosis such as 'anxiety disorder, NOS' or 'disruptive behaviour disorder, NOS.'

Finally, the clinical raters rely primarily on the transcripts to diagnose less common disorders such as anorexia nervosa, Tourette syndrome, autistic disorders, agoraphobia or schizophrenia. The relevant symptoms are so distinctive that respondents' descriptions are often unmistakable.

The following three case vignettes from the private household survey provide illustrative examples of subjects where the clinical rating altered the diagnosis. In each case the 'computer-generated diagnosis' is the diagnosis arrived at by a computer algorithm based exclusively on the answers to fully structured questions. In these three illustrative instances, the computer-generated diagnoses were changed by the clinical raters.

Subject 1: overturning a computer-generated diagnosis. A 13-year-old boy was given a computer diagnosis of a specific phobia because he had a fear that resulted in significant distress and avoidance. In his open-ended description of the fear, he explained that boys from another school had threatened him on his way home on several occasions. Since then, he had been afraid of this gang and had taken a considerably longer route home every day in order to avoid them. The clinical rater judged his fear and avoidance to be appropriate responses to a realistic danger and not a phobia.

Subject 2: including a diagnosis not made by the computer. A 7-year-old girl fell just short of the computer algorithm's threshold for a diagnosis of ADHD because the teacher reported that the problems with restlessness and inattentiveness resulted in very little impairment in learning and peer relationships at school. A review of all the evidence showed that the girl had officially recognised special educational needs as a result of hyperactivity problems, could not concentrate in class for more than 2 minutes at a time even on activities she enjoyed, and had been offered a trial of medication. The clinician concluded that the teacher's report of minimal impairment was an understatement, allowing a clinical diagnosis of ADHD to be made.

Subject 3: both adding to and subtracting from computer generated diagnoses. A 14-year-old girl received computer-generated diagnoses of simple phobia, major depression and oppositional-defiant disorder. The transcripts of the open-ended comments provided by the girl and her mother included convincing descriptions not only of a depressive disorder but also of anorexia nervosa of one year's duration. The supposed phobia was an anorexic fear of food, and the oppositionality had only been present for a year and was primarily related to battles over food intake. Consequently, the clinical rater made the additional diagnosis of anorexia nervosa and overturned the diagnoses of simple phobia and oppositional-defiant disorder.

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3 Sampling and survey procedures

3.1 Introduction

This chapter covers methodological issues: the sampling design, the organisation of the survey and the survey response. The chapter concludes with a description of the special procedures relating to ethical concerns.

3.2 Sample design

Information relating to children looked after by local authorities is highly confidential and the issues surrounding consent to interview the carer and the child are also potentially sensitive. This meant going through quite a complex process in order to obtain a sample for this study.

Local authorities make annual returns to the Department of Health giving anonymised details of 1 in 3 of all looked after children. The sample for the survey has been drawn using this database to select a sample of children (identified on the database by a serial number only – known as the 'child identifier') from each local authority taking part in the survey. The database listed the child identifiers of children who were 'looked after' on 31st March 2001. A total sample of 2,500 children was drawn, (approximately 1 in 18 of all looked after children aged 5–17) with the numbers being proportional to the number of children 'looked after' in each authority. The sample was selected to ensure equal proportion of children in each age band between 5 and 17 years.

All directors of Local Authority Social Services Departments in England, excluding the Isles Of Scilly – a total of 149 – were contacted, informing them of the survey and asking for their participation. A letter was also sent to each Local Authority by the Department of Health stressing the importance of this research. Social Services Directors were then asked to nominate a contact within the Children's Department to whom details of the sample should be sent.

A letter was sent to the nominated contact in the Social Services Dept in each LA asking for details of each selected child eligible for the survey, i.e. aged between 5 and 17.

In each local authority, the contact person (usually the person responsible for the 'looked after children' section within Social Services) was sent all the 'Child Summary forms' for that local authority giving the children's serial numbers from the DH database. The contact then distributed the forms to the social workers responsible for the children concerned and asked them to complete the forms, having obtained whatever consents they felt were necessary (eg consent from the foster parent, residential care home, birth parent) and then to return them to ONS.

Child Summary forms were sent out to all participating Local Authorities in mid August. Although they were given a date in September for the return of completed forms, pilot experience had shown us that the rate of return was likely to be very variable. Some authorities had already told us that they were unable to participate in the survey at this time, although they were willing to do so early next year. Quotas of addresses were therefore issued to interviewers as the forms came in, and this continued on a monthly basis for the last 3 months of 2001 and into the first few months of 2002.

The Child Summary forms returned by the Local Authorities included a number of cases where no interview could be carried out:

- cases where the child was no longer 'looked after' by the local authority and where the social worker was no longer in touch with the family;
- cases where the family and child had moved away and no forwarding address was available;
- cases where the child had been adopted or was in the middle of adoption proceedings;
- cases where the child's social worker felt it was not an appropriate time for an interview, eg the child and foster family were going through a bad patch; and
- cases where the current carer did not give consent to an interview.

For the eligible cases each interviewer was issued with a contact sheet for each case which included:

- name and address of child and date of birth; and
- name and address of the 'primary carer', their relationship to the selected child (eg foster parent, birth parent, grandparent, residential care worker), a telephone number for contacting the carer.

Interviewers were also provided with photocopies of the Child Summary Form which gave them additional information:

- the name of the local authority 'looking after' the child;
- the name of the person completing the form;
- whether the child is still 'looked after';
- whether the local authority has 'parental control' for the child;
- what consents have been obtained by the social worker for the interview to be carried out;
- what type of placement the child is in;
- information about the best time to call ; and
- any other relevant information eg whether the child is likely to move in the near future.

A child that is 'looked after' by eg Birmingham may actually be living in another part of the country. For example, the child may be fostered with relatives who live in the North of England, or be placed in a residential school in Wales. Allocations were made on the basis of where the interview was to take place – where the child is currently living, not the 'originating' local authority.

Response from Local Authorities

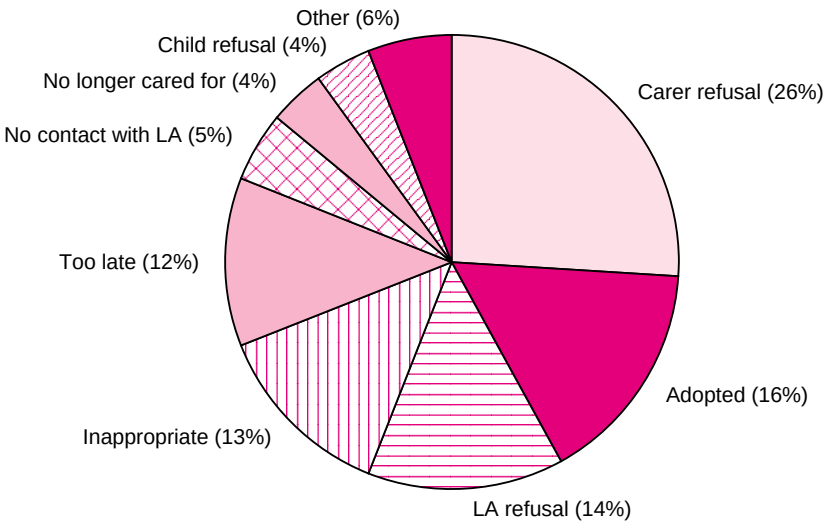
Overall, 134 of the 149 local authorities (90%) co-operated to some extent in the survey. Seven LAs refused co-operation at initial contact. Reasons for refusal were: too many research projects, workload too great, staff shortages and in the midst of restructuring. Seven LAs agreed to take part but did not send back any Child Summary Forms. One local authority did not have a chance to take part because a statistical return had not been sent back to DH and thus a sample could not be drawn.

Return of Child Summary Forms with consent and personal details

2,315 Child Summary Forms were sent out to 142 local authorities. After six months 1,796 (78%) were returned. These forms were scrutinised to check that all relevant information was properly recorded (eg the appropriate consent had been given, addresses were complete with postcode etc).

Figure 3.1 shows that of the 1,796 returned forms, 672 (37%) were ineligible. The five main reasons for ineligibility were: carer refusal (26%), child going through adoption procedures (17%), the local authority refused access (14%), carer felt it was an inappropriate time (13%), summary forms arrived back too late to be allocated to interviewers (12%).

Figure 3.1 Child summary forms: reasons for ineligibility



3.3 Survey procedures

Checking contact information

When the interviewers went to the address of the sampled child, their first task was to find out if the child was still placed there. Experience from the pilot survey indicated that children can move placements quite frequently. Attempts were made to trace the movers, and if found, the whole consent procedure was gone through again. The 'new' family was reallocated to another interviewer working in the vicinity of the new address.

Order of interview

The first stage of the interview was the completion of the face to face interview with the carer. In all cases the interview with the carer took place before that of the 11- to 17-year-olds. After the carer interview, permission was sought to ask questions of the sampled child. Children, aged 11–17, had a face to face interview and entered details of their smoking, drinking, drug-taking experiences and sexual behaviour via a self-completion questionnaire on laptop – the last topic only addressed to those aged 13 and over.

When the carer and child interviews were completed, carers were asked for written consent to contact the child's teacher. Carers were asked to nominate the teacher who they felt knew the child best. If the child had been expelled or excluded from school within the last few months, contact names for teachers were still sought.

Before the teachers' questionnaire was posted out, various steps were taken to maximise response:

- Chief Education Officers were notified of the plans for the survey and the extent of teachers' involvement.
- A week before any postal questionnaires were sent off to teachers, the head teachers in all schools of the sampled children were notified that some of their teachers would be sent a questionnaire to fill in.
- The sample design (a random sample drawn from all local authorities) was intended to reduce the burden on teachers so that most would not have to fill in more than two questionnaires.

Logistics of arranging interviews

The unpredictable length of the interview meant that interviewers had to make appointments when carers would have a clear 90–120 minutes. This was often difficult for those mothers who had several children with different 'pick-up' times from school and nursery, and mothers with full or part-time jobs. In some areas, this meant that the interviewer could arrange an interview in the morning, but could not start again until children were back from school and parents, if employed, were back from work. Interviewers reported that some of the children had even busier 'social calendars' than their carers and a lot of flexibility (on the interviewer's part) was needed to complete both the parent and the child interview.

Privacy

The need for privacy in the interviews (for both parent and child) also affected the logistics of appointment making. It was obviously easier for the carer if none of her charges were around (not just the selected child). Children's interviews, by definition, had to be done when the children were home from school, leading to the problems of excluding the rest of the family from the living room for a considerable period of time. Some carers were initially taken aback that the interviewer needed to see the child on his/her own, though the great majority were happy with the explanations given. A technique successfully used by interviewers when parents refused to leave the room was to sit side by side with the child, reading out the questions but then asking the child to key in their own answers into the laptop computer.

Use of laptop computers

The use of laptop computers to ask sensitive questions – awkward and troublesome behaviour and smoking, drinking and drug taking – of young people aged 11–17 worked successfully.

Language difficulties

In some circumstances, neither carer had a sufficient grasp of English to be interviewed, especially as some of the questions on the mental health of children, eg obsessions and compulsions were quite difficult to formulate in English. To overcome this difficulty, the two-page, Strengths and Difficulties Questionnaire was made available

in approximately 40 languages. This was used, in a self-completion format, instead of the face-to-face parent interview.

3.4 Survey response rates

Information was collected on 1,039 of the 1,134 children eligible for interview (91%) from up to three sources. Almost all the carers and most of the 11- to 17-year-olds took part.

Although 1,039 carers of the looked after children were interviewed, the number of teacher questionnaires sent out was 861. The loss was due to children not being at school or having left school. 757 teachers returned their questionnaires, a response rate of 88%, based on an initial mail out and two reminder letters.

3.5 Ethical issues

Carer interview

For the interview with the carer, the normal, ONS confidentiality rules applied. Whether interviewing the child's birth parent, grandmother or other relative, foster parent or residential care worker, nothing they said would be passed on to anyone else. This was extended to mean that nothing they said would be divulged to the child, the teacher, nor to the social worker or anyone else in the social services department. Interviewers were instructed that if they were told about problems with the child and were asked for help, the response was that the carer should talk to their social worker or to their GP or the child's teachers, as appropriate. A leaflet containing 'helpful contacts' was prepared to give to foster parents in this situation.

Revised pledge of confidentiality

For the child interview, ethical approval for the survey was only given on condition that, in the exceptional circumstances of a child reporting that s/he is being physically or sexually abused and is in a situation where serious harm is being done to him/her, ONS had an obligation to pass this information on. Exceptionally therefore, for this survey only, the confidentiality pledge was revised for the child.

This stated that:
'Nothing you say or write will be passed on to anyone else except if you mention that someone is harming you in some way. In such a case what you said will be passed to child health experts working on your behalf and concerned for your health and happiness.'

The child was reassured that answers to all the questions in the survey were confidential, i.e. that their answers would not be passed on to their carers, the local authority or school. It was only if the child reported serious harm being done to him/her that this information would be passed on to child health experts.

Tape recording the child interview

The child was asked to agree to the interview being taped. This procedure was followed very successfully at the pilot stage earlier in the year. There was just one case where the child did not want to be taped. In that instance, the interviewer read the questions while the child typed in the answers on the lap-top, and the child's carer was then able to sit in on the interview with the child's answers remaining confidential.

Child consent form

Both the revised confidentiality pledge and the request to tape the interview were included in the Child Consent form which needed to be signed by the child before starting the interview. If the child reported serious abuse, the comments would be on the tape and would be forwarded to child experts attached to the survey. They would listen to what was said and assess whether the information needed to be passed on to the Director of Social Services.

This procedure ensured that responsibility for reporting abuse rested with specially recruited experts and **not** with the lay interviewer. The interviewers' role was solely to send the tape back with a comment that it needs to be assessed. Interviewers were instructed not to contact the local authority nor the child's social worker themselves.

Tape erasure

The consent form for the child explained that he/she could ask for the tape to be erased after the

interview. However, if the child had reported abuse during the interview, the tape was not to be erased.

If allegations of abuse were made in an interview where no tape exists, because the child did not agree to taping in the first place, or if the child only talked about the abuse once the interview was over and the tape recorder has been switched off, interviewers were told to record a full account of what the child said on tape as soon as possible after the interview and send the tape in to ONS. This information would then ensure be passed to the experts for them to make their assessment.

Cases of abuse

Although we thought it unlikely that a case where the child reported on-going abuse would occur, there was a greater likelihood that the child might talk about abuse in the past which has led to the child's current difficulties. If any abuse was reported or if the child mentioned problems s/he was experiencing which s/he found difficult and distressing, interviewers asked whether they had been able to talk to anyone else about these problems. If they had, interviewers encouraged them to speak to this person again if the problems were still ongoing. Interviewers were also able to give the children a sheet containing a list of organisations which offer help to children in different circumstances.

Threat of immediate harm to self

Guidance agreed with the ethics committee also covered the possibility of the child reporting suicidal thoughts. In this case, the child was strongly encouraged to talk to their carer, social worker or other appropriate person about these thoughts. A list of helpline numbers was available to give to the child. However, if the child talked about plans to commit suicide and had thought about various options, the child's carer was told immediately. In such exceptional circumstances of an immediate threat to life, interviewers were acting as 'autonomous moral agents' as they would in other genuine emergencies (eg, a respondent being taken ill during an interview).

Fortunately, no case of current abuse or unreported past abuse or threats of immediate self harm came up in any of the interviews.

4 Prevalence of mental disorders

4.1 Introduction

The prevalence of mental disorders among children and adolescents looked after by local authorities was based on a clinical evaluation of carer, teacher and child data collected by lay, ONS interviewers from questionnaires designed by the Department of Child and Adolescent Psychiatry, Institute of Psychiatry in London. Chapter 2 of this report describes the assessment process in some detail and the questionnaire is reproduced in Appendix D.

Four broad categories of mental disorders were identified and specific disorders were subsumed under these headings.

Emotional disorders

Anxiety disorders
- Separation anxiety
- Specific phobia
- Social phobia
- Panic
- Agoraphobia
- Post traumatic stress disorder (PTSD)
- Obsessive-Compulsive Disorder (OCD)
- Generalised anxiety disorder (GAD)
- Other anxiety

Depression
- Depressive episode
- Other depressive episode

Conduct disorders
- Oppositional defiant disorder
- Conduct disorder (family context)
- Unsocialised conduct disorder
- Socialised conduct disorder
- Other conduct disorder

Hyperkinetic disorder
- Hyperkinesis
- Other hyperkinetic disorder

Less common disorders
- Pervasive developmental disorder
- Psychotic disorder
- Tic disorders
- Eating disorders
- Other psychiatric disorders

Prevalence rates for all disorders are shown in the tables as percentages to one decimal point. Therefore, rates per thousand of the population can be calculated by multiplying the percentages by ten. The percentages quoted in the text based on the tables are rounded to the nearest integer. Sampling errors around some of the key estimates are shown in Appendix C.

The figures in the tables in this chapter are based on data which have been weighted to take account of differences in marginal distributions of age, sex and placement of the population compared with the achieved sample. The weighting strategy is fully described in Appendix A.

4.2 Prevalence of mental disorders by personal characteristics

Among young people, aged 5–17 years, looked after by local authorities, 45% were assessed as having a mental disorder: 37% had clinically significant conduct disorders; 12% were assessed as having emotional disorders – anxiety and depression – and 7% were rated as hyperactive. As their name suggests, the less common disorders (pervasive developmental disorders, tics and eating disorders) were attributed to four per cent of the sampled population. The overall rate of 45% includes some children who had more than one type of disorder. *(Table 4.1)*

Among the specific emotional disorders, two rates stand out, both relating to 16- to 17-year-old girls: 10% were assessed as having a major depressive episode and 7% were suffering from Post traumatic stress disorder. *(Table 4.1)*

The most common, specific, conduct disorders were socialised conduct disorder – 22% among 11- to 15-year-old boys; and Oppositional Defiant Disorder

(Oppositional defiant disorder) – 18% among 5- to 10-year-old boys.

The highest rate of hyperkinetic disorders, 16%, was also found among 5- to 10-year-old boys. The highest rate of the less common disorders was pervasive developmental disorder (Pervasive developmental disorder) which was present among 8% of 11- to 15-year-old boys.

These rates are based on the diagnostic criteria for research using the ICD-10 Classification of Mental and Behavioural Disorders with strict impairment criteria – the disorder causes distress to the child or has a considerable impact on the child's day to day life.

Figures 4.1 and 4.2 illustrate how the prevalence of mental disorders differ between the survey of children looked after by local authorities and the 1999 survey of those living in private households (Meltzer H *et al*, 2000).

Concentrating first on the 5- to 10-year-olds, those looked after by local authorities were about five times more likely to have a mental disorder; 42% compared with 8%. For each type of disorder the rates for looked after children compared with private household children were:

- Emotional disorders: 11% compared with 3%.
- Conduct disorders: 36% compared with 5%.
- Hyperkinetic disorders: 11% compared with 2%.

The 11- to 15-year-olds looked after by local authorities were also four to five times more likely to have a mental disorder: 49% compared with 11%, and the rates for each broad category of disorder were:

- Emotional disorders: 12% compared with 6%.
- Conduct disorders: 40% compared with 6%.
- Hyperkinetic disorders: 7% compared with 1%.

Therefore, conduct disorders seem to contribute to the largest difference in childhood psychopathology between the local authority and private household populations.

(Figures 4.1 and 4.2)

The far higher rates of mental disorder among children looked after by local authorities than in private households is understandable if one looks at why the children were taken into care. The Department of Health statistics on children looked after at March 2001 by category of need show:

Figure 4.1 Prevalence of mental disorders among 5- to 10-year-olds: looked after and private household children

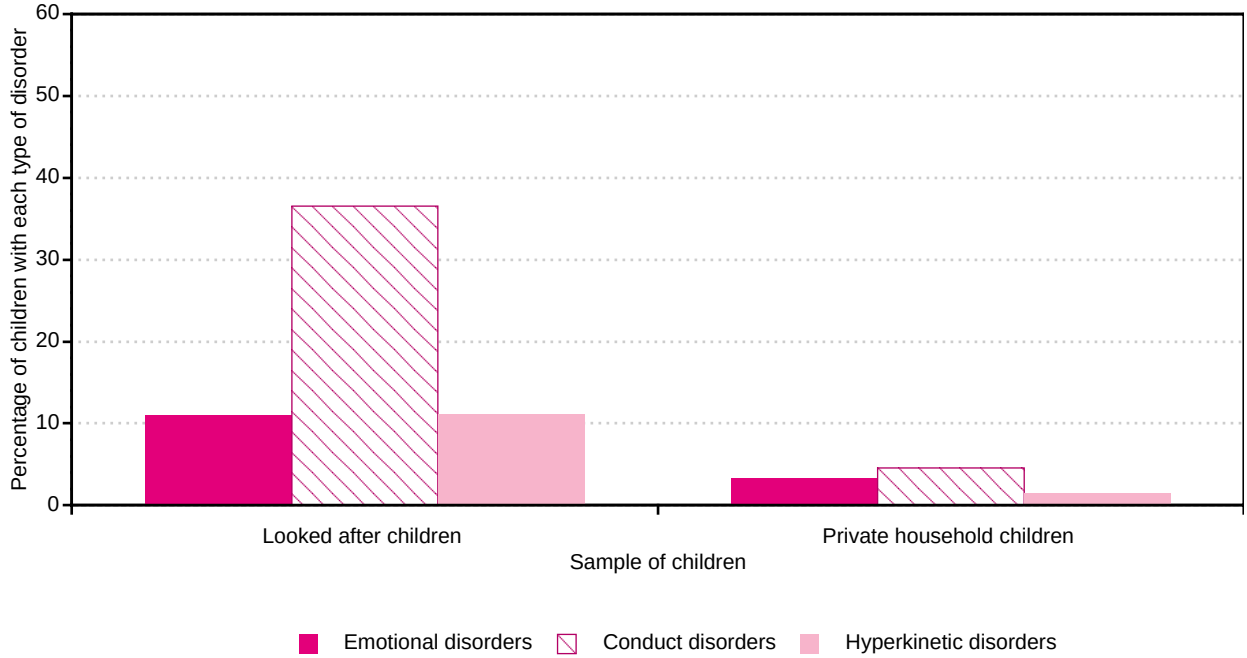
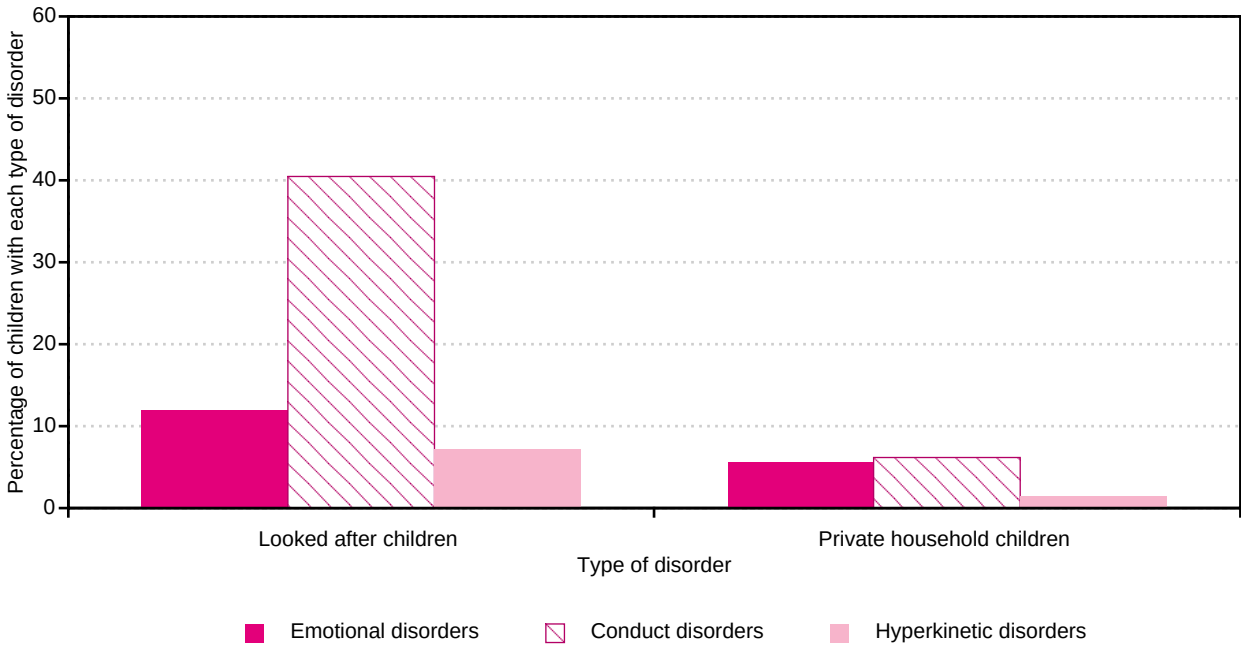


Figure 4.2 Prevalence of mental disorders among 11- to 15-year-olds: looked after and private household children



Abuse or neglect	62%
Family dysfunction	10%
Family in acute stress	7%
Parental illness or disability	6%
Absent parenting	6%
Child's disability	4%
Socially unacceptable behaviour	4%
Low income	1%

As the 16- and 17 year-olds were not covered in the private household survey of children and adolescents, comparisons can not be made.

The remaining part of this chapter focuses on the data from the looked after children survey.

Sex and age

All mental disorders

The proportion of children and adolescents with any mental disorder was greater among boys than girls: 49% compared with 39%. This disparity was evident in 5- to 15-year-olds but not among the older children. Among 5- to 10-year-olds, 50% of boys and 33% of girls had a mental disorder. In the middle age group, the 11- to 15-year-olds, the proportions of children with any mental disorder were 55% for boys and 43% for girls. However, the rate among the 16- and 17- year-olds for both boys and girls was around 40%.

However, in the private household survey the prevalence of any mental disorder was greater for boys than for girls across all age groups. *(Figure 4.3)*

Emotional disorders

Whereas the rates of emotional disorders were similar for boys and girls, 10% and 14% respectively, their prevalence tended to decrease with age among boys (13% of 5- to 10-year-olds compared with 8% of older children) yet to increase with age among girls (from 8% among the youngest girls to 20% of the 16- and 17-year-olds). *(Figure 4.4)*

Conduct disorders

Overall, 37% of the sampled children and adolescents looked after by local authorities were rated as having a conduct disorder: 42% of boys and 31% of girls. The highest proportions were found among the 11- to 15-year-olds: 45% of boys and 34% of girls. *(Figure 4.5)*

Hyperkinetic disorders

Seven percent of the 5- to 17-year-olds were assessed as having a hyperkinetic disorder. Rates of this disorder decreased with age. The highest rate, 16%, was found among 5- to 10-year-old boys,

Figure 4.3 Prevalence of any mental disorder by age and sex

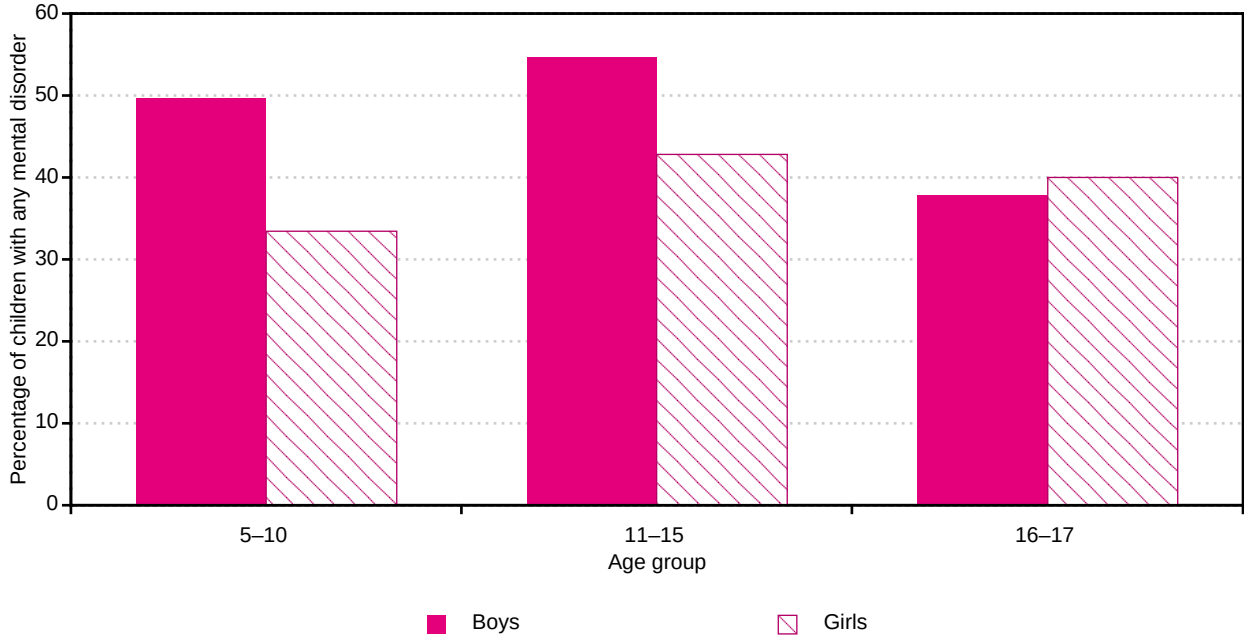


Figure 4.4 Prevalence of emotional disorders by age and sex

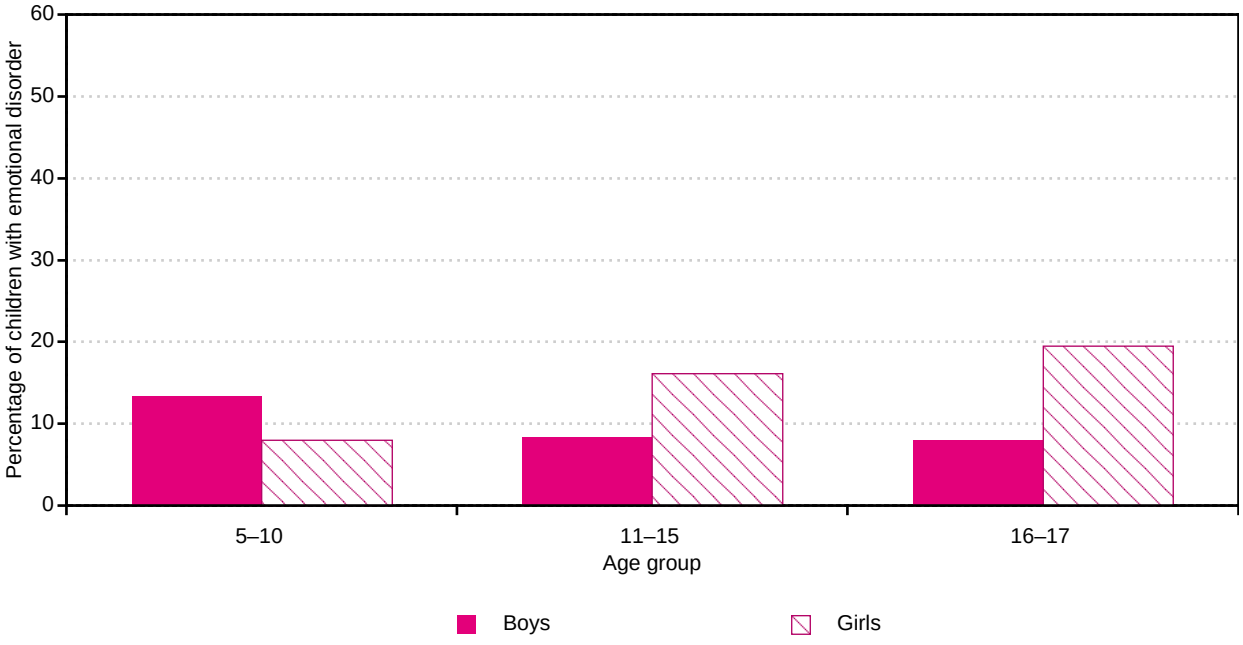
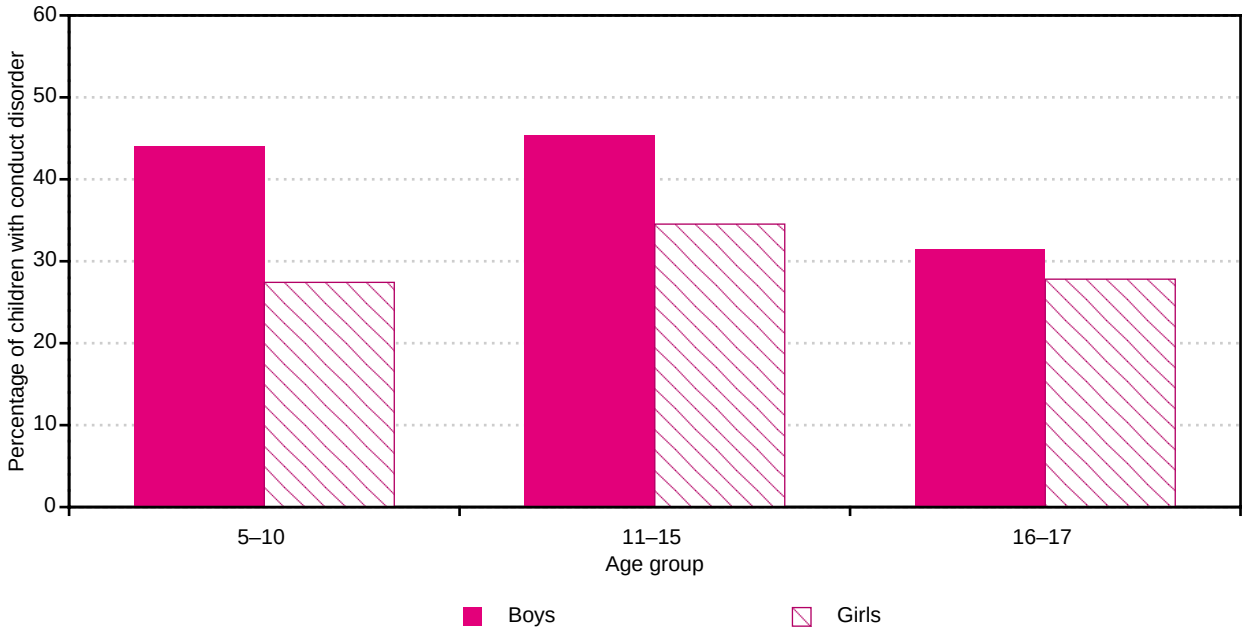


Figure 4.5 Prevalence of conduct disorder by age and sex

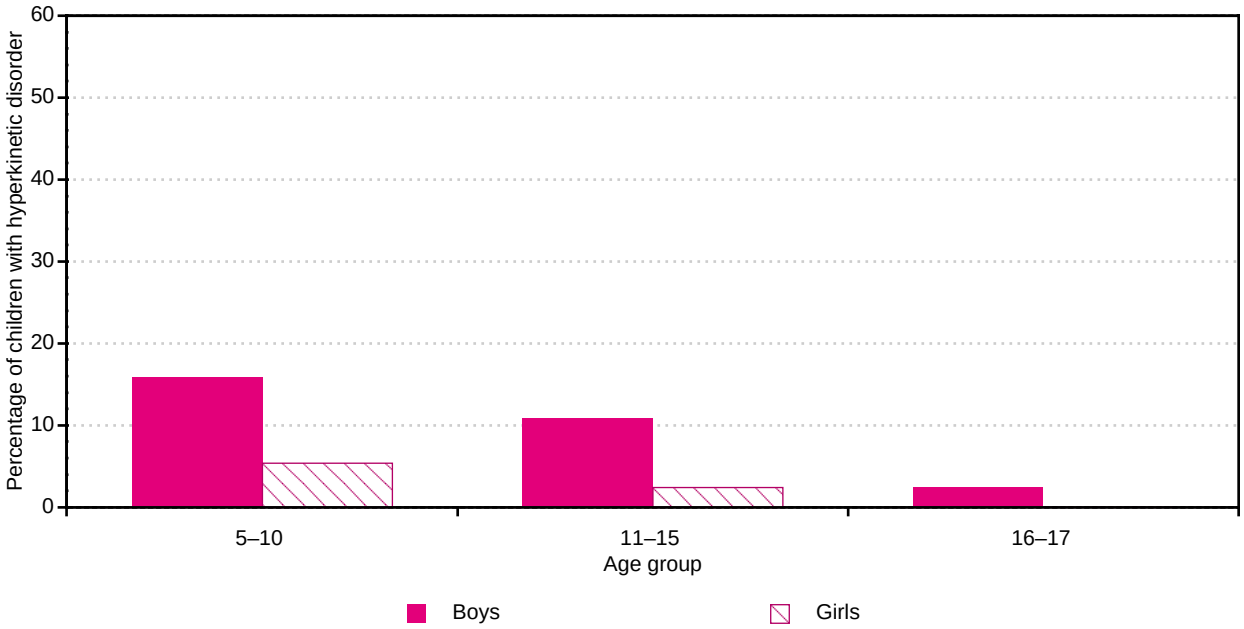


then fell to 11% among 11- to 15-year-olds and 2% among the oldest children. The equivalent percentages for girls were 5%, 2% with no cases among the oldest group of girls. *(Figure 4.6)*

Ethnicity

Of the 1,039 children included in the survey, 909 (88%) were white, 63 (6%) were black and 67 (6%) were from other ethnic groups (see Appendix E, Glossary of terms). Population statistics (Department of Health, 2001) on children looked after at 31 March 2001 by ethnic origin show 82% white, 7% black, 6% mixed and 5% from other ethnic groups (www.doh.gov.uk/public/stats1.htm). Although there appears to be some differences in the distribution of mental disorders by ethnicity, (eg white children being twice as likely as black children to have emotional disorders) none of the differences is statistically significant. Because of the large sampling errors around proportions based on small samples, apparently large differences often fail to reach statistical significance. *(Table 4.2)*

Figure 4.6 Prevalence of hyperkinetic disorder by age and sex



4.3 Prevalence of mental disorders by placement characteristics

Type of placement

Children looked after by local authorities were initially categorised into four types of placement:

- With foster carers.
- With their natural parents.
- In residential care.
- Living independently.

About two-thirds of children living in residential care were assessed as having a mental disorder, compared with a half of those living independently, and about four in ten of those placed with foster carers or with their natural parents. The distributions of all mental disorders were significantly different according to placement:

- Children living with their natural parents or in residential care were at least twice as likely as those in foster care to have anxiety disorders (19% and 16% compared with 8%).
- Children living with their natural parents or in residential care were about four times as likely as those in foster care to have depression (9% and 8% compared with 2%).
- Children in residential care were far more likely than those in foster care or living with their natural parents to have conduct disorders (56% compared with 33% and 28%).
- The prevalence of hyperkinetic disorders hardly varied by type of placement – between seven and eight per cent.
- Less common disorders, particularly those in the autistic spectrum, were far more common among children in residential care than in other placements (11% compared with 2%).

The survey sample only comprised 39 young people living independently, and by necessity, they were aged 16 or 17, hence the relatively low rate of hyperkinetic disorders among this group.

(Figure 4.7 and Table 4.3)

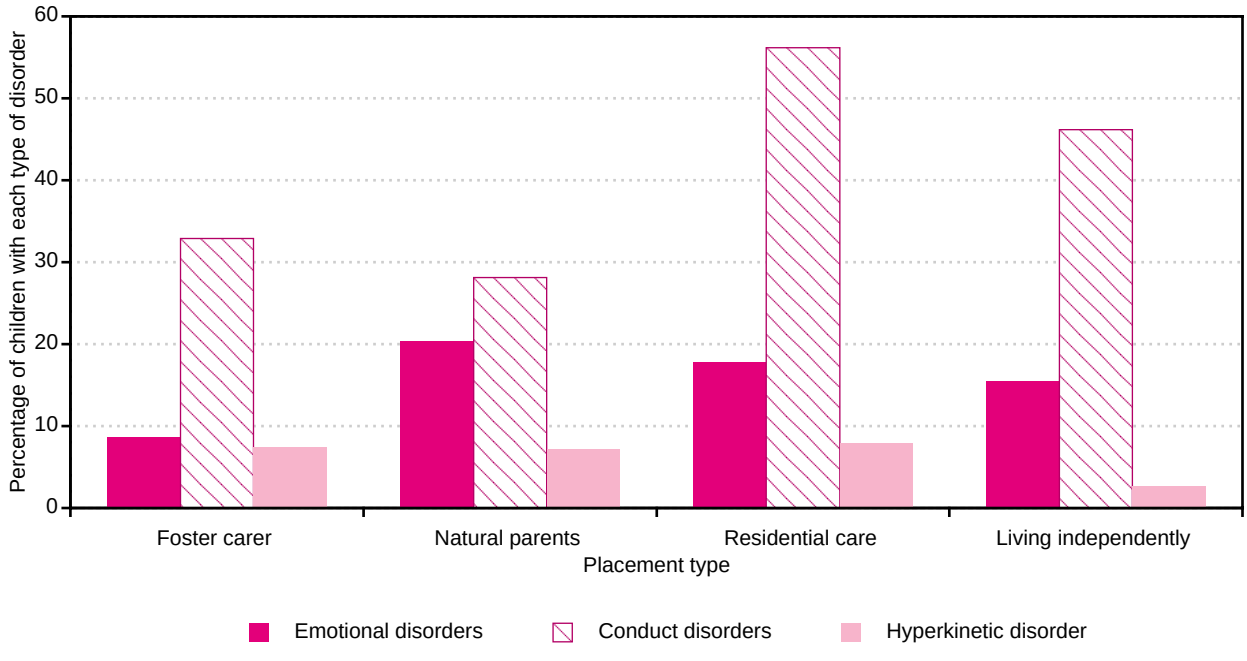
Range of family placements

Family placements can be divided into two categories: the child is placed with his/her own parents or a person with parental responsibility, or in foster care. For analytical purposes foster care can be further subdivided into three groups:

- Foster placement with relative or friend.
- Foster placement provided through the local authority.
- Other foster care arranged though an agency.

Nearly 800 children included in the survey were in a family placement. By far the largest group, 533, were in foster care provided by the local authority.

Figure 4.7 Prevalence of mental disorders by placement type



The prevalence of any childhood mental disorder among the children in this group was 40%. This rate was similar to that found among children living with their parents, 42%, and slightly higher than the 33% for children placed with their own families or friends.

Although the number of children in foster care arranged through fostering agencies was relatively small, 37 in total, the rate of disorder among this group was at least half that for other placements, 18%.

In terms of the four main categories of childhood disorder, the main difference between the type of family placements was in the prevalence of emotional disorders: 22% of children living with their parents had an anxiety or depressive disorder compared with 9% or less of children in foster placements. *(Table 4.4)*

Location of foster placement

Local authorities have different policies about placement of children in foster care. The vast majority of children throughout England are placed within the boundaries of the local authority. About 10% of children in the survey live outside the authority's boundaries. Table 4.5 shows that there were no significant differences in the proportions of children with emotional, conduct, and hyperkinetic disorders by location of foster placement. However, all the children with less common disorders, 2% overall were accommodated within the local authority boundary. *(Table 4.5)*

Residential placements

Among the 1,039 survey respondents, 185 were in residential placements which comprised:

- Residential care homes (83).
- Homes and hostels (57).
- Residential schools (21).
- Secure Unit (5).
- Residential accommodation not subject to children's home regulations (4).[1]
- Young Offenders Institution (3).
- Family centre (2).
- Other residential placements(9).

For analytical purposes, these types of residential accommodation were collapsed into three categories: residential care homes; homes and hostels and other. Overall nearly three-quarters of the children in residential care, 72%, were clinically rated as having a mental disorder: 60% had a conduct disorder, 18% were assessed as having an emotional disorder, 8% a hyperkinetic disorder, and 13% a less common disorder. Residential care homes, and homes and hostels, had very similar rates of emotional disorders (21–22%); conduct disorders (60%) and less common disorders (6–7%), however residential care home children were far more likely than the others to have hyperkinetic disorders (12% compared with 4%). About 5% of children in residential care homes and in 'homes and hostels' had pervasive developmental disorders compared with 29% of those in other types of residential placement. Nearly half of this latter group were in residential schools. *(Table 4.6)*

Residential care workers or heads of home who were interviewed about the sampled children were also asked to supply some details about their establishments: whether it specialised in children with particular problems, the number of children and the number of staff.

Specialism of residential placement

Of the 185 children in residential care, 110 (60%) were reported to be in placements which specialised in children with particular types of problems. Many of the descriptions had overlapping terms so it was not possible to subdivide this group into categories sufficient for meaningful, comparative analysis. Examples of the descriptions given were:

- Absconders and family breakdowns.
- Abused children.
- Attachment disorder problems.
- Autism.
- Behavioural problems.
- Challenging behaviour.
- Crisis intervention/placement.
- Emotional and behavioural problems.
- Learning difficulties/disabilities.
- Physical and mental disabilities.

Not surprisingly, children in residential care which specialised in particular problems were more likely than other children to have a mental disorder: 74% compared with 60%. However, the major difference was found in the prevalence of hyperkinetic and

less common disorders. In specialist residential care, 12% of the children had a hyperkinetic disorder (compared with 1% of those in generalist care) and 17% had less common disorders (compared with 3% among the other types of establishment). The less common disorders are almost all pervasive development disorders, mostly children with autism attending residential schools. *(Table 4.7)*

The final table in this section, compares the prevalence of childhood disorders by the child/staff ratio. Two groups were created for analysis purposes: children in residential care with at least one member of staff to one child and those with less than one staff member to one child. As one would expect, the group with at least a one to one staff/child ratio had children with higher rates of any disorder (72% compared with 55%) particularly among those with conduct disorder (61% compared with 37%) and hyperkinetic disorders (9% compared with 2%). *(Table 4.8)*

4.4 Prevalence of mental disorders by time in current placement

Many children come in and out of care and many of those who remain in care frequently change placements. Table 4.9 and Figure 4.8 show that the prevalence of childhood mental disorders decreases with the length of time in their *current placement*. These data exclude the 39 children living independently. The overall rate fell from 49% of those in their current placement for less than a year to 31% of children in their current placement for at least five years. *(Figure 4.8 and Table 4.9)*

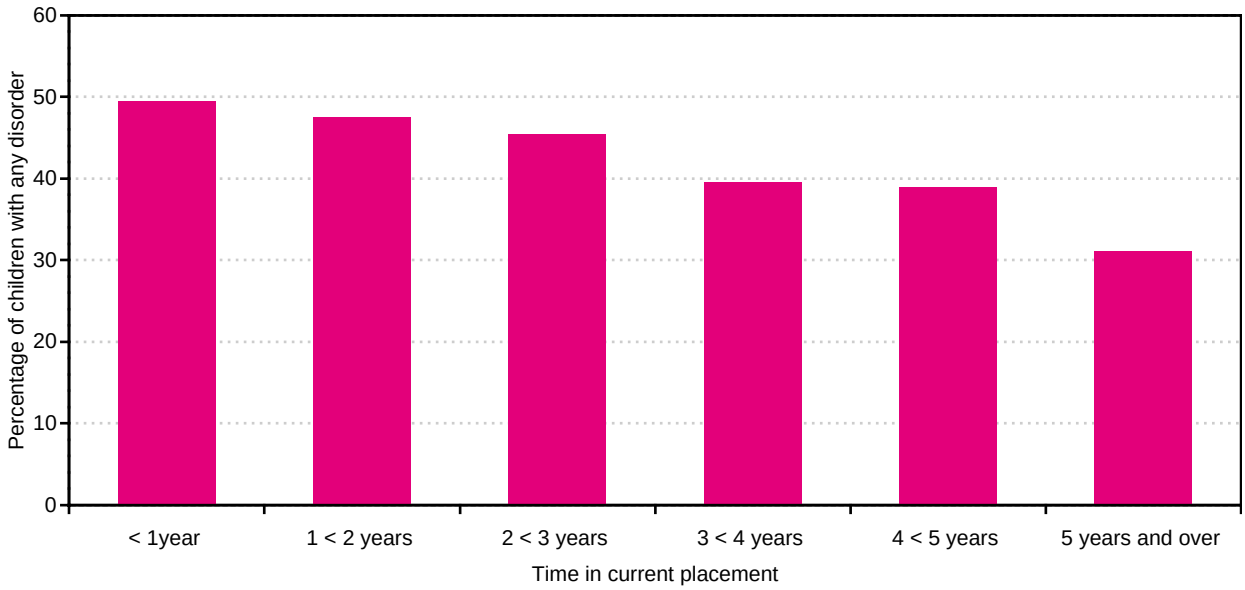
4.5 Socio-demographic and placement correlates of mental disorders

Logistic regression was used to produce odds ratios for the sociodemographic and placement correlates of any disorder and the four principal subgroups – conduct disorders, emotional disorders, hyperactivity and less common disorders.

Each odds ratio shows the increase or decrease in odds that a child has a particular disorder when in a particular group compared to a reference group. The variables entered in the model were age, sex, ethnicity, type of placement and length in current placement.

The significant odds ratios for the socio-demographic correlates of the child having a mental disorder (compared with no disorder) were: age, sex, type of placement and time in placement. The odds of having any mental disorder decreased by around a third: for girls compared with boys (OR=0.64); for 16- and 17-year-olds compared with younger children (OR=0.60), and for children in their placement for five or more years compared with less than a year (OR=0.61). The biggest increase in odds of having any mental disorder was

Figure 4.8 Prevalence of any mental disorder by time in current placement



for children in residential care compared with those in foster care (OR=3.36) having taken account of all the other factors. The one characteristic entered in the model which showed no significant odds ratios was ethnicity.

(Table 4.10)

The three broad categories of disorders

The odds ratios for the sociodemographic and placement correlates for any mental health problem of children and adolescents presented above changed when the three groups of disorders were looked at separately.

Whereas the odds of having any mental disorder for girls compared with boys was 0.64, the corresponding odds ratio was 0.22 for less common disorders, 0.24 for hyperactivity, 0.58 for conduct disorders, but 1.52 for emotional disorders. Similarly, the odds of having a mental disorder for 16- to 18-year-olds compared with 5- to 10-year-olds at 0.60 fell to 0.08 for hyperkinetic disorders.

The odds of having the less common disorders (autism, tic disorders and eating disorders) were significantly higher for those in residential care compared with any other type of placement (OR=7.25) and for those who had been in their current placement at least five years compared to those placed within the past year (OR=3.65).

(Table 4.10)

4.6 Odds Ratios for the co-occurrence of childhood mental disorders.

A standard way of comparing the strength of co-occurrence between pairs of events is by comparing their odds ratios. In this instance, the odds ratio for the co-occurrence of two disorders is the ratio of the frequency with which the two disorders are simultaneously present or absent to the frequency which one of the other appears alone. The formula is:

$$\frac{\text{(both present) x (both absent)}}{\text{(only the first present) x (only the second present)}}$$

Following the precedent set by the ECA study, odds ratios were taken to be significant when the ratio exceeded 10.00 and the lower bound of the 95% confidence interval exceeded 4.00. (Robins and Regier, 1991)

Conduct disorders were significantly comorbid with hyperkinetic disorders with an odds ratio of 37.38 (13.53–103.23) and any anxiety and any depressive episode frequently co-occurred having an odds ratio of 55.08 (24.78–122.43). The odds ratio of comorbid conduct and hyperkinetic disorder in the private household survey was almost the same as in the survey of looked after children: 38.43 (26.87–54.96). Odds ratios were not calculated for the comorbidity of specific disorders both within and across ICD-10 categories as the base numbers for children with each disorder were too small. *(No table)*

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Note

1 These have ceased to exist since new regulations came into force in April 2002.

Table 4.1 Prevalence of mental disorders by age and sex

All Children

	5- to 10-year-olds			11- to 15-year-olds			16- to 18-year-olds			All children		
	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
	Percentage of young people with each disorder											
Emotional disorders	**13.4**	**8.0**	**11.0**	**8.4**	**16.1**	**11.9**	**8.0**	**19.5**	**12.7**	**10.0**	**14.0**	**11.7**
Anxiety disorders	13.4	8.0	11.0	7.3	15.2	10.8	6.4	18.3	11.2	9.1	13.3	11.0
Separation anxiety	3.6	1.3	2.6	0.7	-	0.4	-	-	-	1.5	0.5	1.0
Specific phobia	3.1	2.0	2.6	0.4	0.5	0.4	0.8	-	0.5	1.4	0.9	1.2
Social phobia	-	0.7	0.3	0.7	0.5	0.6	-	-	-	0.3	0.5	0.4
Panic	-	-	-	-	-	-	-	-	-	-	-	-
Agoraphobia	-	-	-	-	-	-	-	-	-	-	-	-
Post Traumatic stress Disorder	0.5	0.7	0.6	1.1	4.5	2.6	0.8	7.4	3.5	0.8	3.7	2.1
Obsessive-Compulsive Disorder	0.5	-	0.3	-	-	-	-	1.2	0.5	0.2	0.2	0.2
Generalised Anxiety Disorder	2.1	2.0	2.0	2.3	2.0	2.1	0.8	3.6	2.0	1.9	2.3	2.1
Other anxiety	4.6	2.7	3.7	1.8	6.4	3.9	4.0	4.9	4.3	3.2	4.8	3.9
Depression	1.6	-	0.9	4.1	6.4	5.1	3.2	15.8	8.3	3.1	6.0	4.3
Depressive episode	1.0	-	0.6	2.6	3.5	3.0	3.2	9.8	5.9	2.2	3.5	2.8
Other depressive episode	0.5	-	0.3	1.4	2.9	2.1	-	6.0	2.5	0.8	2.5	1.6
Conduct disorders	**44.0**	**27.4**	**36.5**	**45.4**	**34.5**	**40.5**	**31.5**	**27.8**	**30.0**	**42.0**	**30.8**	**37.0**
Oppositional defiant disorder	18.4	12.7	15.8	9.5	10.6	10.0	6.3	8.4	7.1	11.7	10.9	11.4
Conduct disorder (family context)	-	1.4	0.6	-	0.5	0.2	-	-	-	-	0.7	0.3
Unsocialised conduct disorder	5.6	4.0	4.9	7.0	4.9	6.1	4.8	7.4	5.9	6.1	5.1	5.6
Socialised conduct disorder	12.9	5.4	9.5	22.3	13.7	18.4	15.0	9.6	12.8	17.6	10.1	14.3
Other conduct disorder	7.1	4.0	5.7	6.3	4.8	5.6	5.5	2.4	4.2	6.4	4.1	5.4
Hyperkinetic disorder	**15.9**	**5.4**	**11.1**	**10.9**	**2.4**	**7.1**	**2.4**	**-**	**1.4**	**10.7**	**3.0**	**7.3**
Hyperkinesis	14.9	4.7	10.3	9.8	2.4	6.5	2.4	-	1.4	9.9	2.7	6.7
Other hyperkinetic disorder	1.0	0.7	0.9	1.1	-	0.6	-	-	-	0.8	0.2	0.6
Less common disorders	**4.6**	**-**	**2.5**	**8.2**	**1.5**	**5.2**	**1.6**	**3.6**	**2.4**	**5.6**	**1.4**	**3.7**
Pervasive developmental disorder	3.1	-	1.7	7.5	1.0	4.6	1.6	-	0.9	4.8	0.5	2.9
Psychotic disorder	-	-	-	-	-	-	-	-	-	-	-	-
Tic disorders	1.5	-	0.8	0.4	-	0.2	-	-	-	0.7	-	0.4
Eating disorders	-	-	-	-	0.5	0.2	-	3.6	1.5	-	0.9	0.4
Other	-	-	-	0.4	-	0.2	-	-	-	0.2	-	0.1
Any disorder	**49.6**	**33.4**	**42.3**	**54.7**	**42.8**	**49.3**	**37.8**	**40.0**	**38.7**	**49.4**	**39.0**	**44.8**
Base	*191*	*157*	*348*	*265*	*216*	*480*	*125*	*86*	*211*	*580*	*459*	*1039*

Table 4.2 Prevalence of mental disorders by ethnicity

All children

	White	Black	Other*	All children
	Percentage of young people with each disorder			
Emotional disorders	**12.2**	**6.4**	**11.0**	**11.7**
Anxiety disorders	11.5	3.3	11.0	11.0
Separation anxiety	1.1	-	1.5	1.0
Specific phobia	1.3	-	-	1.2
Social phobia	0.4	-	-	0.4
Panic	-	-	-	-
Agoraphobia	-	-	-	-
Post Traumatic Stress Disorder	1.9	1.7	4.8	2.1
Obsessive-Compulsive Disorder	0.2	-	-	0.2
Generalised Anxiety Disorder	2.3	-	1.5	2.1
Other anxiety	4.0	1.5	4.6	3.9
Depression	4.4	3.1	4.8	4.3
Depressive episode	2.6	3.1	4.8	2.8
Other depressive episode	1.8	-	-	1.6
Conduct disorders	**37.9**	**38.4**	**23.9**	**37.0**
Oppositional defiant disorder	12.0	6.5	7.4	11.4
Conduct disorder (family context)	0.2	1.6	-	0.3
Unsocialised conduct disorder	6.1	1.6	3.0	5.6
Socialised conduct disorder	13.9	24.0	10.5	14.3
Other conduct disorder	5.6	4.7	2.9	5.4
Hyperkinetic disorder	**7.8**	**5.0**	**2.8**	**7.3**
Hyperkinesis	7.3	3.3	2.8	6.7
Other hyperkinetic disorder	0.5	1.7	-	0.6
Less common disorders	**3.8**	**1.5**	**4.8**	**3.7**
Pervasive developmental disorder	2.8	1.5	4.8	2.9
Psychotic disorder	-	-	-	-
Tic disorders	0.4	-	-	0.4
Eating disorders	0.5	-	-	0.4
Other	0.1	-	-	0.1
Any disorder	**45.8**	**39.9**	**36.5**	**44.8**
Base	*909*	*63*	*67*	*1039*

* Other includes 8 South Asians, 2 Chinese and 57 'none of the above'.

Table 4.3 Prevalence of mental disorders by type of placement

All children

	Foster carers	Natural parents	Residential care	Living independently	All placements
	Percentage of young people with each disorder				
Emotional disorders	**8.6**	**20.3**	**17.7**	**15.4**	**11.7**
Anxiety disorders	8.0	19.4	16.0	15.4	11.0
Separation anxiety	1.1	0.9	1.1	-	1.0
Specific phobia	1.0	2.7	0.6	2.6	1.2
Social phobia	0.3	0.9	0.6	-	0.4
Panic	-	-	-	-	-
Agoraphobia	-	-	-	-	-
Post Traumatic Stress Disorder	1.4	1.8	5.3	-	2.1
Obsessive-Compulsive Disorder	0.3	-	-	-	0.2
Generalised Anxiety Disorder	1.3	2.7	4.6	2.6	2.1
Other anxiety	2.8	9.3	4.6	5.1	3.9
Depression	2.4	9.2	7.5	10.3	4.3
Depressive episode	1.1	7.3	5.7	5.1	2.8
Other depressive episode	1.3	1.9	1.7	5.1	1.6
Conduct disorders	**32.9**	**28.1**	**56.2**	**46.2**	**37.0**
Oppositional defiant disorder	11.5	12.0	10.7	10.3	11.4
Conduct disorder (family context)	0.3	-	0.6	-	0.3
Unsocialised conduct disorder	4.2	3.6	11.3	10.3	5.6
Socialised conduct disorder	11.9	9.8	25.3	17.9	14.3
Other conduct disorder	5.0	2.7	7.8	7.7	5.4
Hyperkinetic disorder	**7.4**	**7.1**	**7.9**	**2.6**	**7.3**
Hyperkinesis	6.9	6.2	7.3	2.6	6.7
Other hyperkinetic disorder	0.5	0.9	0.6	-	0.6
Less common disorders	**2.2**	**1.8**	**11.1**	**2.6**	**3.7**
Pervasive developmental disorder	1.5	1.8	9.3	-	2.9
Psychotic disorder	-	-	-	-	-
Tic disorders	0.4	-	0.5	-	0.4
Eating disorders	0.1	-	1.2	2.6	0.4
Other	0.1	-	-	-	0.1
Any disorder	**38.8**	**41.9**	**68.0**	**51.3**	**44.8**
Base	*701*	*113*	*186*	*39*	*1039*

Table 4.4 Prevalence of mental disorders by type of family placement

All children in family placements

	Own parents or person with parental responsibility	Foster placement with relative or friend	Foster placement provided by LA	Other foster care arranged through agency	All children in family placements
	Percentage of young people with each disorder				
Emotional disorders	**22.2**	**6.5**	**8.7**	**2.6**	**10.2**
Anxiety disorders	20.5	6.5	8.4	2.6	9.7
Separation anxiety	2.4	0.9	0.9	-	1.1
Specific phobia	3.4	1.8	0.7	-	1.3
Social phobia	0.8	-	0.4	-	0.4
Panic	-	-	-	-	-
Agoraphobia	-	-	-	-	-
Post Traumatic Stress Disorder	1.7	1.9	1.5	-	1.5
Obsessive-Compulsive Disorder	-	1.0	0.2	-	0.2
Generalised Anxiety Disorder	3.3	1.0	1.3	-	1.5
Other anxiety	7.9	3.7	2.8	2.6	3.7
Depression	10.2	1.0	2.4	-	3.3
Depressive episode	7.6	1.0	0.9	-	1.9
Other depressive episode	2.6	-	1.5	-	1.4
Conduct disorders	**28.6**	**27.9**	**33.8**	**15.6**	**31.4**
Oppositional defiant disorder	11.1	10.2	12.4	2.6	11.4
Conduct disorder (family context)	-	1.0	0.2	-	0.3
Unsocialised conduct disorder	4.2	1.9	4.6	-	4.0
Socialised conduct disorder	10.0	12.1	12.2	5.2	11.5
Other conduct disorder	3.3	2.8	4.4	7.9	4.2
Hyperkinetic disorder	**7.4**	**6.5**	**8.0**	**2.6**	**7.4**
Hyperkinesis	5.7	6.5	7.5	2.6	6.8
Other hyperkinetic disorder	1.6	-	0.5	-	0.6
Less common disorders	**0.8**	**-**	**2.3**	**2.6**	**1.8**
Pervasive developmental disorder	0.8	-	1.4	2.6	1.2
Psychotic disorder	-	-	-	-	-
Tic disorders	-	-	0.5	-	0.4
Eating disorders	-	-	0.2	-	0.1
Other	-	-	0.2	-	0.1
Any disorder	**42.3**	**32.6**	**39.9**	**18.2**	**38.3**
Base	*121*	*106*	*533*	*37*	*796*

Table 4.5 Prevalence of mental disorders by location of foster placement

All children in foster care

	Foster placement within LA	Foster placement outside LA	All children in foster care
	Percentage of young people with each disorder		
Emotional disorders	**8.2**	**4.5**	**7.9**
Anxiety disorders	7.9	4.5	7.6
Separation anxiety	0.9	-	0.9
Specific phobia	0.9	-	0.8
Social phobia	0.3	-	0.3
Panic	-	-	-
Agoraphobia	-	-	-
Post Traumatic Stress Disorder	1.4	1.6	1.4
Obsessive-Compulsive Disorder	0.3	-	0.3
Generalised Anxiety Disorder	1.3	-	1.2
Other anxiety	2.8	3.1	2.8
Depression	2.1	1.4	2.0
Depressive episode	1.0	-	0.9
Other depressive episode	1.1	1.4	1.1
Conduct disorders	**32.2**	**28.1**	**31.8**
Oppositional defiant disorder	11.9	7.4	11.5
Conduct disorder (family context)	0.3	-	0.3
Unsocialised conduct disorder	3.9	4.4	4.0
Socialised conduct disorder	11.9	10.4	11.8
Other conduct disorder	4.1	5.9	4.3
Hyperkinetic disorder	**7.3**	**9.0**	**7.4**
Hyperkinesis	6.8	9.0	7.0
Other hyperkinetic disorder	0.5	-	0.4
Less common disorders	**2.2**	**-**	**1.9**
Pervasive developmental disorder	1.4	-	1.2
Psychotic disorder	-	-	-
Tic disorders	0.5	-	0.4
Eating disorders	0.2	-	0.1
Other	0.2	-	0.1
Any disorder	**38.1**	**31.2**	**37.4**
Base	*626*	*66*	*692*

Table 4.6 Prevalence of mental disorders by type of residential placement

All children in residential placements

	Residential care home	Homes and hostels	Residential school and other types of residential placement*	All children in residential placements
	Percentage of young people with each disorder			
Emotional disorders	**20.8**	**22.1**	**9.2**	**18.4**
Anxiety disorders	19.5	18.6	9.2	16.7
Separation anxiety	-	1.8	2.3	1.1
Specific phobia	1.2	-	-	0.6
Social phobia	1.3	-	-	0.6
Panic	-	-	-	-
Agoraphobia	-	-	-	-
Post Traumatic Stress Disorder	5.3	5.8	4.7	5.3
Obsessive-Compulsive Disorder	-	-	-	-
Generalised Anxiety Disorder	3.8	7.5	2.2	4.6
Other anxiety	9.1	3.7	-	5.2
Depression	11.7	7.2	-	7.5
Depressive episode	9.1	5.4	-	5.8
Other depressive episode	2.7	1.8	-	1.7
Conduct disorders	**60.5**	**60.2**	**57.2**	**59.6**
Oppositional defiant disorder	7.7	12.7	16.3	11.3
Conduct disorder (family context)	1.3	-	-	0.6
Unsocialised conduct disorder	10.0	20.1	4.7	11.8
Socialised conduct disorder	33.0	20.1	18.2	25.4
Other conduct disorder	8.5	7.4	15.7	9.9
Hyperkinetic disorder	**12.5**	**3.6**	**4.7**	**7.8**
Hyperkinesis	11.2	3.6	4.7	7.3
Other hyperkinetic disorder	1.3	-	-	0.6
Less common disorders	**6.4**	**7.2**	**31**	**12.7**
Pervasive developmental disorder	5.1	5.3	28.8	10.9
Psychotic disorder	-	-	-	-
Tic disorders	-	-	2.2	0.5
Eating disorders	1.3	1.9	-	1.2
Other	-	-	-	-
Any disorder	**69.7**	**71.1**	**79.4**	**72.5**
Base	*83*	*57*	*45*	*185*

* Includes Secure Unit (5) Residential accommodation not subject to children's home regulations (4) Family centre (2) YOI (3) and Other placement (9).

Table 4.7 Prevalence of mental disorders by specialism of residential placement

All children in residential placements

	All types of children	Specialises in children with specific problems	All children in residential placements
	Percentage of young people with each disorder		
Emotional disorders	**19.1**	**16.2**	**17.3**
Anxiety disorders	17.7	14.3	15.7
Separation anxiety	-	0.9	0.5
Specific phobia	-	0.9	0.6
Social phobia	1.5	-	0.6
Panic	-	-	-
Agoraphobia	-	-	-
Post Traumatic Stress Disorder	8.8	3.0	5.3
Obsessive-Compulsive Disorder	-	-	-
Generalised Anxiety Disorder	6.0	3.7	4.6
Other anxiety	4.4	4.8	4.6
Depression	8.8	6.7	7.5
Depressive episode	7.3	4.8	5.8
Other depressive episode	1.5	1.9	1.8
Conduct disorders	**52.7**	**58.7**	**56.3**
Oppositional defiant disorder	7.2	13.3	10.8
Conduct disorder (family context)	1.5	-	0.6
Unsocialised conduct disorder	12.7	10.5	11.4
Socialised conduct disorder	25.6	24.7	25.0
Other conduct disorder	5.7	9.3	7.9
Hyperkinetic disorder	**1.4**	**12.3**	**7.9**
Hyperkinesis	1.4	11.3	7.3
Other hyperkinetic disorder	-	1.0	0.6
Less common disorders	**2.9**	**16.7**	**11.2**
Pervasive developmental disorder	-	15.7	9.4
Psychotic disorder	-	-	-
Tic disorders	1.4	-	0.5
Eating disorders	1.5	1.0	1.2
Other	-	-	-
Any disorder	**60.1**	**73.7**	**68.2**
Base	*73*	*110*	*184*

Table 4.8 Prevalence of mental disorders by children/staff ratio in residential placement

All children in residential placements

	1 child to 1 staff	More than 1 child to 1 staff	Total
	Percentage of young people with each disorder		
Emotional disorders	**18.4**	**15.9**	**17.9**
Anxiety disorders	16.2	15.9	16.1
Separation anxiety	0.7	-	0.6
Specific phobia	0.7	-	0.6
Social phobia	-	2.8	0.6
Panic	-	-	-
Agoraphobia	-	-	-
Post Traumatic Stress Disorder	6.3	2.5	5.5
Obsessive-Compulsive Disorder	-	-	-
Generalised Anxiety Disorder	4.5	5.5	4.7
Other anxiety	4.7	5.1	4.8
Depression	8.5	5.3	7.8
Depressive episode	6.2	5.3	6.0
Other depressive episode	2.3	-	1.8
Conduct disorders	**61.0**	**36.8**	**55.6**
Oppositional defiant disorder	9.8	16.1	11.2
Conduct disorder (family context)	0.8	-	0.6
Unsocialised conduct disorder	13.5	2.8	11.1
Socialised conduct disorder	28.7	10.1	24.6
Other conduct disorder	8.2	5.3	7.6
Hyperkinetic disorder	**9.0**	**2.5**	**7.6**
Hyperkinesis	8.2	2.5	6.9
Other hyperkinetic disorder	0.8	-	0.6
Less common disorders	**11.0**	**10.6**	**10.9**
Pervasive developmental disorder	9.5	7.8	9.1
Psychotic disorder	-	-	-
Tic disorders	0.7	-	0.6
Eating disorders	0.8	2.8	1.2
Other	-	-	-
Any disorder	**71.5**	**55.2**	**67.9**
Base	*139*	*40*	*178*

Table 4.9 Prevalence of mental disorders

by length of time in current placement

All children (excluding those living independently)

	Less than 1 year	1 year but less than 2 years	2 years but less than 3 years	3 years but less than 4 years	4 years but less than 5 years	5 years and over	All children
	Percentage of young people with each disorder						
Emotional disorders	**10.7**	**13.0**	**15.7**	**17.4**	**5.8**	**6.5**	**11.6**
Anxiety disorders	9.1	13.0	14.8	16.2	5.8	6.5	10.8
Separation anxiety	0.8	1.6	2.4	-	1.9	-	1.1
Specific phobia	0.8	1.3	-	3.8	-	1.5	1.1
Social phobia	-	0.5	0.8	-	-	1.4	0.4
Panic	-	-	-	-	-	-	-
Agoraphobia	-	-	-	-	-	-	-
Post Traumatic Stress Disorder	2.0	3.0	3.3	2.4	-	0.8	2.2
Obsessive-Compulsive Disorder	0.3	0.4	-	-	-	-	0.2
Generalised Anxiety Disorder	1.4	3.0	4.1	2.5	2.0	-	2.0
Other anxiety	3.2	5.0	5.0	6.4	1.9	2.1	3.9
Depression	4.2	3.4	7.6	3.7	3.9	2.2	4.1
Depressive episode	3.1	1.7	5.9	1.3	2.0	1.5	2.7
Other depressive episode	1.2	1.7	1.7	2.3	1.9	0.7	1.4
Conduct disorders	**42.1**	**39.8**	**35.5**	**28.7**	**31.0**	**24.7**	**36.7**
Oppositional defiant disorder	11.8	12.9	13.6	7.6	5.9	9.9	11.4
Conduct disorder (family context)	0.3	0.9	-	-	-	-	0.3
Unsocialised conduct disorder	6.4	5.4	5.5	7.7	3.9	2.2	5.4
Socialised conduct disorder	18.7	13.5	14.8	6.0	13.2	7.9	14.1
Other conduct disorder	4.6	7.1	1.6	7.4	8.0	4.8	5.3
Hyperkinetic disorder	**7.3**	**8.5**	**11.2**	**7.4**	**5.7**	**3.6**	**7.5**
Hyperkinesis	6.3	8.0	11.2	7.4	3.8	3.6	6.9
Other hyperkinetic disorder	1.1	0.5	-	-	1.9	-	0.6
Less common disorders	**3.6**	**2.5**	**0.8**	**6.2**	**10.0**	**5.5**	**3.8**
Pervasive developmental disorder	2.2	2.5	0.8	6.2	10.0	3.4	3.0
Psychotic disorder	-	-	-	-	-	-	-
Tic disorders	0.5	-	-	-	-	1.4	0.4
Eating disorders	0.9	-	-	-	-	-	0.3
Other	-	-	-	-	-	0.7	0.1
Any disorder	**49.4**	**47.4**	**45.4**	**39.6**	**39.0**	**31.1**	**44.6**
Base	*365*	*241*	*123*	*81*	*50.0*	*139*	*1000*

Table 4.10 Odds Ratios of socio-demographic and placement correlates of mental disorders

All children (excluding those living independently)

	Conduct disorders		Emotional disorders		Hyperkinetic disorder		Less common disorders		Any disorder	
Variable	Adjusted Odds Ratio†	95% C.I.	Adjusted Odds Ratio†	95% C.I.	Adjusted Odds Ratio†	95% C.I.	Adjusted Odds Ratio†	95% C.I.	Adjusted Odds Ratio†	95% C.I.
Age										
5–10	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
11–15	1.08	(0.78–1.42)	1.13	(0.72–1.78)	0.59*	(0.36–0.98)	1.47	(0.63–3.42)	1.12	(0.89–1.60)
16–17	0.49***	(0.32–0.76)	1.07	(0.59–1.94)	0.08***	(0.02–0.37)	0.47	(0.13–1.64)	0.60*	(0.40–0.90)
Sex										
Male	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
Female	0.58***	(0.44–0.76)	1.52*	(1.02–2.62)	0.24***	(0.13–0.44)	0.22**	(0.08–0.56)	0.64***	(90.49–0.83)
Ethnicity										
White	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
Black	1.14	(0.65–2.00)	0.59	(0.20–1.68)	0.74	(0.22–2.45)	0.52	(0.06–4.24)	0.88	(0.50–1.53)
Other	0.46*	(0.24–0.87)	0.82	(0.35–1.95)	0.37	(0.08–1.67)	1.55	(0.42–5.68)	0.60	(0.34–1.07)
Type of placement										
Foster care	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
Natural parents	0.78	(0.49–1.22)	2.74***	(1.59–4.70)	0.89	(0.40–1.98)	0.93	(0.20–4.28)	1.14	(0.75–1.72)
Residential care	2.67***	(1.87–3.81)	2.36***	(1.45–3.85)	1.20	(0.63–2.28)	7.25***	(3.22–16.32)	3.36***	(2.33–4.84)
Time in placement										
Less than 1 year	1.00	-	1.00	-	1.00	-	1.00	-	1.00	–
1 < 2 years	1.00	(0.71–1.42)	1.36	(0.82–2.28)	1.21	(0.65–2.25)	0.82	(0.30–2.29)	1.04	(0.74–1.46)
2 < 3 years	0.88	(0.56–1.37)	1.87*	(1.02–3.44)	1.57	(0.77–3.21)	0.27	(0.03– 1.24)	1.02	(0.66–1.57)
3 < 4 years	0.55*	(0.32– 0.95)	1.93	(0.98–3.81)	0.88	(0.34–2.26)	2.06	(0.67–6.38)	0.70	(0.42–1.16)
4 < 5 years	0.60	(0.31–1.16)	0.61	(0.18– 2.10)	0.65	(0.18–2.33)	2.88	(0.87–9.49)	0.67	(0.35–1.25)
5 years and over	0.56*	(0.36–0.89)	0.77	(0.35–1.66)	0.48	(0.18–1.32)	3.65*	(1.26–10.51)	0.61*	(0.39–0.93)

*** p<0.001, ** p<0.01, * p<0.05
† Odds Ratios adjusted for all other factors presented in the table.

Table 4.11 Odds Ratios of socio-demographic and psychiatric correlates of type of placement

All children

Variable	Foster carers		Natural parents		Residential care		Living independently	
	Adjusted Odds Ratio†	95% C.I.	Adjusted Odds Ratio†	95% C.I.	Adjusted Odds Ratio†	95% C.I.	Adjusted Odds Ratio†	95% C.I.
Age								
5–10	1.00	-	1.00	-	1.00	-	..	..
11–15	0.82	(0.59–1.13)	0,50**	(0.32–0.79)	2.42***	(1.57–3.74)	..	..
16–17	0.32***	(0.22–0.47)	0.6	(0.34–1.04)	2.98***	(1.80–4.93)	..	..
Sex								
Male	1.00	-	1.00	-	1.00	-	1.00	-
Female	1.03	(0.78–1.37)	0.96	(0.64–1.45)	0.92	(0.65–1.30)	0.93	(0.48–1.80)
Ethnicity								
White	1.00	-	1.00	-	1.00	-	1.00	-
Black	1.34	(0.73–2.43)	0.41	(0.13–1.29)	1.04	(0.51–2.12)	1.48	(0.44–5.05)
Other	0.82	(0.48–1.41)	0.34	(0.10–1.10)	1.45	(0.79–2.80)	3.71**	
Conduct Disorder								
No	1.00	-	1.00	-	1.00	-	1.00	-
Yes	0.53***	(0.39–0.70)	0.57*	(0.36–0.92)	2.90***	(2.04–4.12)	1.81	(0.93–3.52)
Emotional Disorder								
No	1.00	-	1.00	-	1.00	-	1.00	-
Yes	0.44***	(0.30–0.66)	2.40***	(1.42–4.07)	1.63*	(1.02–2.61)	1.41	(0.57–3.52)
Hyperkinetic Disorder								
No	1.00	-	1.00	-	1.00	-	1.00	-
Yes	1.45	(0.83–2.54)	1.03	(0.44–2.43)	0.69	(0.36–1.33)	0.24	0.03–1.86)
Less common disorder								
No	1.00	-	1.00	-	1.00	-	1.00	-
Yes	0.28***	(0.14–0.56)	0.42	(0.10–1.81)	5.67***	(2.85–11.27)	0.65	(0.08–4.90)

*** p<0.001, ** p<0.01, * p<0.05

† Odds Ratios adjusted for all other factors presented in the tables.

5 Characteristics of children with mental disorders

5.1 Introduction

This chapter compares children with each type of mental disorder with those who do not have a disorder by looking at the distribution of biographic, socio-demographic and placement characteristics.

Overall, 466 children were assessed as having a mental disorder. The numbers of children with each type of disorder were: 122 with an emotional disorder, 385 with a conduct disorder, 76 with a hyperkinetic disorder and 39 children with a less common disorder. Children who were assessed as having more than one disorder were included in each category. *(Table 5.1)*

The commentary on the comparison between children with a disorder and those with no disorder is based on the data shown in Tables 5.2–5.5. The findings are presented in table order, rather than order of significance. Although some of the variables in the tables are interrelated, the strength of independent effects are not considered here. Chapter 4 of this report shows the odds ratios of socio-demographic and socio-economic correlates in relation to the prevalence of mental disorders.

5.2 Characteristics of children with any disorder

Compared with children who do not have a mental disorder, those with a disorder were more likely to be boys (62% compared with 51%) and be aged between 11 and 15 years old (51% compared with 42%).

Children with any mental disorder compared with those with no mental disorder were:

More likely to:
- be in a residential placement (27% compared with 10%); and
- have been in their current placement for less than a year (40% compared with 34%).

Less likely to:
- have been placed with foster carers (58% compared with 75%);
- have been in their current placement for three or more years (21% compared with 32%); and
- be in a foster placement provided by an agency (2% compared with 6%).

In general, children with a mental disorder, compared with other children, were more likely to be boys, aged 11–15, live in a residential care placement and to have been in their current placement for less than three years.

5.3 Emotional disorders

There was no significant difference between children with emotional disorders and those with no mental disorder in terms of their age and sex.

Children with emotional disorders compared with those with no mental disorder were:

More likely to:
- have been placed in residential care (27% compared with 10%);
- have been in their current placement for between two and four years (29% compared with 21%); and
- be with their natural parents (33% compared with 14% of the sample of children living in family placements).

Less likely to:
- be in a foster care placement (49% compared with 75%);
- have been in their current placement for four or more years (10% compared with 23%); and
- be placed with foster carers provided by the LA (57% compared with 65%).

In summary, children with an emotional disorder in contrast to those with no mental disorder were more likely to be 11–15 years old, living in residential care and to have been in their placements for between one and four years.

5.4 Conduct disorders

Compared with children who do not have a disorder, those with a conduct disorder were more likely to be boys (63% compared with 51%) and 11–15 years old (51% compared with 42%).

Children with conduct disorders compared with those with no mental disorder were:

More likely to:
- have a residential care placement (27% compared with 10%);
- have been in their current placement for less than two years (68% compared with 57%); and
- be in a foster placement provided by the LA as distinct from other types of foster placement (72% compared with 65%).

Less likely to:
- be living with their natural parents (8% compared with 11%); and
- have been in their current placement for three or more years (19% compared with 32%).

In general, children with a conduct disorder were more likely than children without a mental disorder to be boys, aged 11–15, living in residential care and to have been in their current placement for less than a year.

5.5. Hyperkinetic disorders

Compared with children who do not have a disorder, those with a hyperkinetic disorder were more likely to be boys (82% compared with 51%) and to be 5–10 years old (51% compared with 35%).

Children with hyperkinetic disorders compared with those with no mental disorder were:

More likely to:
- be in residential care (19% compared with 10%);
- have been in their current placement for less than three years (81% compared with 69%); and
- be living in a foster placement provided by the LA as opposed to another type of family placement (72% compared with 65%).

Less likely to:
- Have been in their current placement for five or more years (7% compared with 17%).

To summarise, children with a hyperkinetic disorder were more likely than children without a mental disorder to be boys, aged 5–10, living in residential care and to have been in their placement for less than three years.

5.6 Less common disorders

Compared with children who do not have a disorder, those with a less common disorder were more likely to be boys (84% compared with 51%) and to be 11–15 years old (64% compared with 42%).

Children with less common disorders compared with those with no mental disorder were:

More likely to:
- be placed in residential care (53% compared with 10%); and
- have been in their current placement for three or more years (46% compared with 32%).

Less likely to:
- be in a foster placement (39% compared with 75%) or placed with their natural parents (5% compared with 11%); and
- have been in their current placement between one and three years (18% compared with 35%).

In summary, children with a less common disorder were more likely than those without a mental disorder to be boys, aged 11–15 years and placed in residential care. They were also more likely to have been in their placement for a considerable time.

Table 5.1 Number of children with each mental disorder by age and sex

All children

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any disorder*	No disorder	All children
	Number of young people with each disorder						
5–10 years							
Boys	26	84	30	9	95	96	*191*
Girls	13	43	8	0	53	105	*157*
All	38	127	39	9	147	201	*348*
11–15 years							
Boys	22	129	29	22	145	120	*265*
Girls	35	75	5	3	92	124	*216*
All	57	195	34	25	237	243	480
16–17 years							
Boys	10	39	3	2	47	78	*125*
Girls	17	24	0	3	34	52	*86*
All	27	63	3	5	82	129	*211*
All children							
Boys	58	243	62	32	286	293	*580*
Girls	64	141	14	6	179	280	*459*
All	122	385	76	39	466	573	*1039*

* The number of children with any mental disorder is less than the sum of the numbers of children with each disorder because children could have been assessed as having more than one type of disorder.

Table 5.2 Child's personal characteristics by type of mental disorder

All children

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any disorder*	No disorder	All children
	%	%	%	%	%	%	%
Sex							
Boys	47	63	82	84	62	51	56
Girls	53	37	18	16	38	49	44
Age							
5–10	31	33	51	23	32	35	34
11–15	47	51	45	64	51	42	46
16–17	22	16	4	13	18	22	20
Ethnicity							
White	91	90	93	89	89	86	88
Black	3	6	4	2	5	7	6
Other	6	4	2	8	5	7	6
Base	*122*	*385*	*76*	*39*	*466*	*573*	*1039*

* The number of children with any mental disorder is less than the sum of the numbers of children with each disorder because children could have been assessed as having more than one type of disorder.

Table 5.3 Placement characteristics

by type of mental disorder

All children

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any disorder*	No disorder	All children
	%	%	%	%	%	%	%
Type of placement							
Foster care	49	60	69	39	58	75	68
Natural parents	19	8	11	5	10	11	11
Residential care	27	27	19	53	27	10	18
Living independently	5	5	1	3	4	3	4
Time in placement							
Less than 1 year	34	42	36	35	40	34	37
1 < 2 years	27	26	27	16	26	23	24
2 < 3 years	17	12	18	2	13	12	12
3 < 4 years	12	6	8	13	7	9	8
4 < 5 years	2	4	4	13	4	6	5
5 years and over	8	9	7	20	10	17	14
Base	*122*	*385*	*76*	*39*	*466*	*573*	*1039*

* The number of children with any mental disorder is less than the sum of the numbers of children with each disorder because children could have been assessed as having more than one type of disorder.

Table 5.4 Family placement characteristics

by type of mental disorder

All children in family placements

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any disorder*	No disorder	All children in family placements
	%	%	%	%	%	%	%
Type of placement							
Own parents	33	14	15	[1]	17	14	15
Foster placement with relative or friend	9	12	12	-	11	14	13
Foster placement provided by LA	57	72	72	[13]	70	65	67
Other foster placement arranged by agency	1	2	2	[1]	2	6	5
Location of placement							
At home	33	14	15	[1]	17	14	15
Inside LA	63	79	75	[14]	76	77	77
Outside LA	4	7	10	-	7	9	8
Base	*81*	*250*	*59*	*14*	*305*	*491*	*796*

* The number of children with any mental disorder is less than the sum of the numbers of children with each disorder because children could have been assessed as having more than one type of disorder.

Table 5.5 Residential care characteristics

by type of mental disorder

All children in residential placements

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any disorder*	No disorder	All children in residential placements
	%	%	%	%	%	%	%
Type of placement							
Residential care home	52	47	[9]	[5]	45	51	47
Homes and hostels	35	31	[2]	[4]	31	32	31
Other types of residential care	13	22	[2]	[11]	24	17	22
Specialist clients							
Yes	44	38	[1]	[2]	35	50	40
No	56	62	[13]	[18]	65	50	60
Base	*33*	*100*	*14*	*21*	*122*	*49*	*171*

* The number of children with any mental disorder is less than the sum of the numbers of children with each disorder because children could have been assessed as having more than one type of disorder.

6 General health and physical complaints

6.1 Introduction

This chapter looks at the extent to which general health, in particular physical complaints, co-occur with mental disorders among children and adolescents looked after by local authorities. In the survey, data were collected on several aspects of the health of children. All information on the child's health came from the interview with carer.

The topics covered were:

- General health.
- Presence or absence of specified physical complaints.
- Medication.
- Life threatening illnesses.
- Accidents and injuries.

Specific physical complaints were chosen on the basis of their common occurrence in childhood and adolescence (eg asthma), findings from previous research showing a strong association with mental disorders (eg epilepsy), problems frequently mentioned by parents during the general population survey (eg food allergies) and their inclusion in other national mental health surveys.

Previous research has shown that children with physical health problems or disabilities seem especially vulnerable to mental health problems. Rutter (1970) found in the Isle of Wight studies that children with asthma, epilepsy and neurological disorders in general were far more likely than the general population to have a mental disorder. In a national survey of disabled children in Great Britain, mental and behavioural problems were found among a large proportion of children with physical disabilities (Bone and Meltzer, 1989). They also found that nearly all the children with the most severe disabilities had a mental health disability.

In the present study, carers were also asked if they thought the children had emotional problems, behavioural problems, hyperactivity or learning difficulties . The chapter concludes with a comparison of parents' perceptions with the clinical evaluation of emotional, behavioural and hyperkinetic disorders. Specific learning difficulties in relation to mental disorders are discussed in Chapter 8.

6.2 General health

The child's general health was rated by carers on a five point scale: very good, good, fair, bad or very bad. The overall proportion of children with a fair, bad or very bad rating was 8%. There was no real difference in the overall health rating of boys and girls although the general health of girls seemed to decline with age. *(Table 6.1)*

Children living with foster carers were more likely to have very good health (69%) than children living in any other placement type, particularly those living in residential care (41%) or independently (31%). *(Table 6.2)*

The general health of children seemed to improve as their placement became more secure. About two thirds of children who had been in their placement for a year or more were assessed as having very good health, compared with just over half of those who had been in their placement for less than a year. *(Table 6.3)*

Children with a mental disorder were more likely to have fair, bad or very bad health than those with no disorder (11% compared with 6%). This pattern was found for all types of mental disorder although children with less common disorders and emotional disorders were particularly likely to be rated as having fair, bad or very bad health (21% and 17% respectively). Emotional disorders, i.e. anxiety and depression, are commonly associated with physical symptoms such as stomach aches and headaches. In addition, prolonged eating disorders can cause a whole range of physical problems including stomach and kidney problems. *(Table 6.4)*

6.3 Physical complaints

This section looks in more detail at the characteristics of children with specific physical

complaints and in particular the relationship between children's physical and mental health. Specifically, the following two questions are addressed: To what extent are physical complaints more commonly found in children with mental disorders, and conversely, to what extent are mental disorders more prevalent among children with specific physical complaints? Physical complaints can vary in their severity, chronicity, and treatability. This survey did not cover these aspects; the respondent just said "yes" if the child had the health problem or condition presented on the three lists below.

Two-thirds of all looked after children were reported to have at least one physical complaint. The most commonly reported physical complaints among the sample were: eye and/or sight problems (16%), speech or language problems (14%), bed wetting (13%), difficulty with co-ordination (10%) and asthma (10%), quite different to those found in the private household survey. There was very little difference in the distribution of physical complaints by age and sex. *(Figure 6.1, Table 6.5)*

Around three-quarters of children living with their natural parents and children living in residential care reported having any physical complaint (73% and 74% respectively). Children living with their natural parents were almost three times more likely to suffer from asthma than children in foster placements (22% compared with 8%) and almost a quarter of those in residential care (23%) suffered from bed-wetting. *(Table 6.6)*

The length of time the child had been in their placement did not seem to make a difference to whether they had suffered any physical complaint, nor the type of physical complaint suffered. *(Table 6.7)*

Over three-quarters of children with a mental disorder had one of the physical complaints listed above (i.e. excluding hyperactivity, emotional problems, behavioural problems and learning difficulties) compared with just over half (57%) of the children who were assessed as not having a mental disorder.

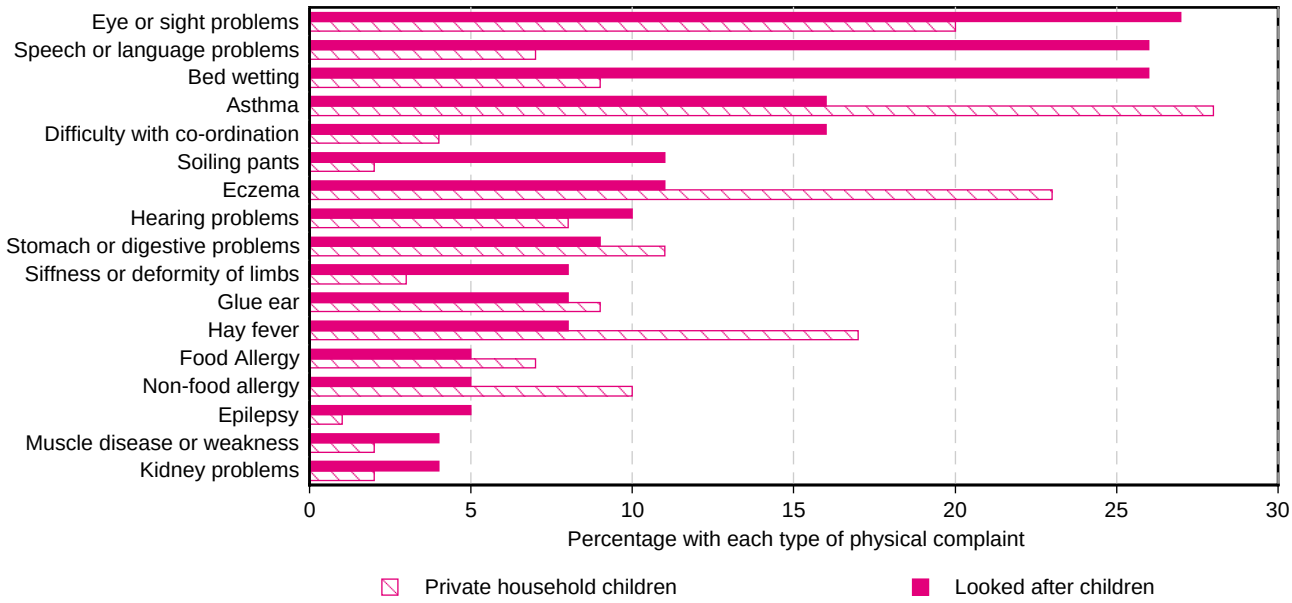
Children with all of the four types of disorder were much more likely to have any physical complaint than those with no disorder. Around three-quarters of those with emotional and conduct disorders had at least one physical complaint, as did 80% of those with a hyperkinetic disorder and 90% of those with less common disorders.

Children with conduct disorders were around twice as likely as those with no mental disorder to suffer from bed-wetting (18% compared with 10%), food allergies (4% compared with 2%) and kidney/ urinary tract problems (4% compared with 2%).

Children with emotional disorders were four times more likely than those with no disorder to suffer from a non-food allergy (8% compared with 2%), three times more likely to suffer from stomach or digestive problems (13% compared with 4%) and twice as likely to suffer from asthma (16% compared with 8%).

Asthma	Hyperactivity	Diabetes
Eczema	Behavioural problems	Obesity
Hay fever	Emotional problems	Cystic fibrosis
Glue ear or otitis media or grommets	Learning difficulties	Spina bifida
Bed wetting	Dyslexia	Kidney, urinary tract problems
Soiling pants	Cerebral palsy	Missing fingers, hands, arms, toes, feet or legs
Stomach or digestive problems or tummy pains	Migraine or severe headaches	Any stiffness or deformity of the foot, leg, fingers, arms or back
A heart problem	Chronic Fatigue Syndrome	Any muscle disease or weakness
Any blood disorder	Eye or sight problems	Any difficulty with co-ordination
Epilepsy	Speech or language problems	A condition present since birth such as club foot or cleft palate
Food allergy	Hearing problems	Cancer
Some other allergy		

Figure 6.1 Percentage of young people with physical complaints among looked after and private household children



Compared with children with no disorders, children with hyperkinetic disorders were particularly likely to suffer from bed wetting (29% compared with 10%), eye/sight problems (25% compared with 14%) speech/language problems (22% compared with 12%) and difficulty with co-ordination (17% compared with 10%).

Over half of those children with less common disorders suffered from speech or language difficulties reflecting the fact that these disorders include problems relating to speech, such as involuntary grunts or noises. Children with less common disorders also showed the greatest prevalence of co-ordination difficulties (33%), bed wetting (31%) and soiling of pants (23%).

(Table 6.8)

Logistic regression analysis shows that having any physical complaint (compared with no physical complaint) more than doubled the odds (OR=2.38) of having a mental disorder having adjusted for biographic, socio-demographic and placement characteristics.

Having any physical complaint (compared with no physical complaint) had a significant effect on the odds of having all of the individual psychiatric disorders. Having a physical complaint (compared with having no physical complaint) increased the odds of having less common disorders (OR= 3.8), hyperkinetic disorders (OR = 2.16), conduct disorders (OR = 2.02) and emotional disorders (OR = 1.72) having adjusted for biographic, socio-demographic and placement characteristics.

(Table 6.9)

Looking at the prevalence of mental disorders by particular physical complaints, over half (52%) of those children with any physical complaint had a mental disorder. Children with a non-food allergy were most frequently assessed as having a mental disorder (62%). This was very closely followed by children who suffered from bed wetting (61%), children with co-ordination difficulties (58%), children who soiled their pants (57%) and children with stomach and/or digestive problems (57%).

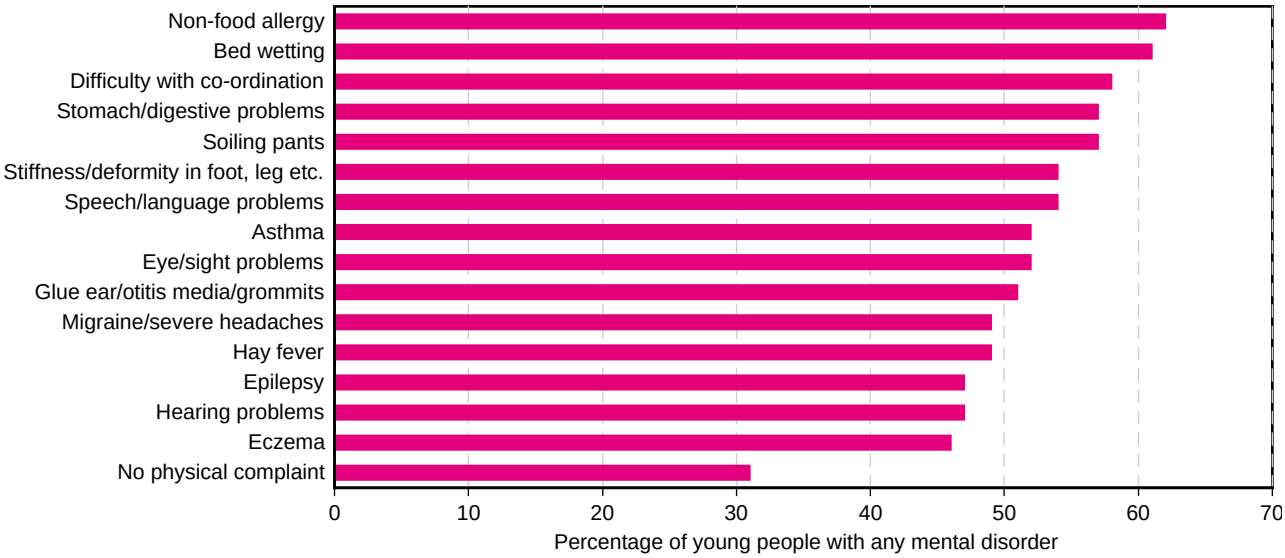
(Figure 6.2, Table 6.10)

Interestingly, the prevalence of mental disorders for all of the complaints listed (excluding those which were very rarely reported) was a half to two thirds compared with the 1999 private household survey prevalence rates which varied between 11% and 37% (Meltzer H and Gatward G, 2000).

6.4 Medication

This section looks at the use of medication among children with mental disorders. Carers were provided with a list of 14 types of medication that are commonly used in the treatment of childhood mental disorders and were asked to say whether the child was taking any of them.

Figure 6.2 Prevalence of mental disorder by type of physical complaints



Methylphenidate, Equasym, Ritalin

Dexamphetamine, Dexedrine

Imipramine, Tofranil

Clonidine, Catepres, Dixarit

Fluoxetine, Prozac

Sertraline Lustral

Paroxetine, Seroxat

Fluvoxamine, Faverin

Citalopram, Cimpramil

Amitryptaline, Lentizol, Triptafen

Clomipramine, Anafranil

Sulpirade, Dolmatil, Sulparex, Sulpitil

Risperidone, Riperadal

Haloperidol, Dozic, Haldol, Serenace

Only 4% of the children surveyed were reported to be taking any of these forms of medication. However, there was a marked difference in the prevalence of this drug use between children diagnosed as having any disorder and those children with no disorder: 8% of children with a disorder were taking one of the forms of medication listed, compared with only one per cent of those with no disorder.

Three per cent of the children were taking psycho-stimulants, used in the control of attention and hyperactivity disorders (2% on Methylphenidate/ Equasym/Ritalin and a further 1% taking Clonidine/Catepres/Dixarit), 1% were taking anti-depressants (Fluoxetine/Prozac) and 1% were taking anti-psychotic drugs, used in the treatment of conditions including autism, manic depression and severe anxiety (Risperidone/Risperadal).

Around a fifth of children diagnosed as having hyperkinetic disorders (21%) and less common disorders (20%) were taking some form of medication used in the treatment of mental disorders. A fifth of those diagnosed as having hyperkinetic disorders were taking psycho-stimulants (Methylphenidate, Equasym, Ritalin), a very common form of treatment for this type of disorder. Five per cent of this group were also taking anti-psychotic drugs (Risperidone, Risperadal). *(Table 6.11)*

6.5 Life-threatening illness

Carers were asked if the child had ever been so ill that they thought s/he may die. Because many of the carers had no access to information about the child's history, they were given the option of answering that they didn't know.

Eight per cent of the carers reported that the child had ever been so ill that thought they may die, although only 1% of these were in the last year.

There was no real difference between boys and girls or among the different age groups. *(Table 6.12)*

Children living with their natural parents were much more likely to have ever had a life threatening illness (22% compared with 7% of those living with foster carers). However, one explanation for this is that the carer of these children, which in most cases was a natural parent, were more likely to know the answer to this question. Indeed, only 3% answered that they did not know compared with between 14% and 38% in the other groups. *(Table 6.13)*

The length of time the child had been in their current placement made little difference to whether or not they had ever been life-threateningly ill, but the longer the child had been in their placement the more likely the carer was to know; 18% of those who had been in their placement for less than a year did not know if the child had ever been life-threateningly ill compared with 10% those who had been in their placement for four or more years. *(Table 6.14)*

There was little difference in experience of life-threatening illness between children with a disorder and those without: eight per cent of those with a disorder had been life-threateningly ill compared with seven per cent of those with no disorder. Children with hyperkinetic disorders were more likely than children with other types of disorder to have ever been life-threateningly ill (16% compared with between 8% and 10% of the other groups). *(Table 6.15)*

Looking at the same data from a different perspective, among children who had had a life-threatening illness, almost half (48%) were found to have a mental disorder. *(No table)*

6.6 Accidents and injuries

The general health section of the questionnaire asked carers to say whether the child had ever had four types of accident or injury.

- Head injury with loss of consciousness.
- Accident causing broken bone (excluding head injury).
- Burn requiring hospitalisation.
- Accidental poisoning requiring hospital admission.

Not unexpectedly, a broken bone was the most frequently mentioned accident, reported for 16% of children. Six per cent of children had suffered a head injury causing loss of consciousness at some time in their lives, 5% of children had received a burn requiring hospital admission and 2% of children had been accidentally poisoned to the extent that they required hospitalisation. There was no real difference in the distribution of any of the accidents by age group or sex. *(Table 6.12)*

Children living with their natural parents were more likely to have had an accident causing a broken bone (26% compared with between 11 and 16%) although again, this pattern may be explained by the fact that natural parents are more likely to know about the child's accident history. There was no real variation from this pattern among the other types of accident. *(Table 6.13)*

There was no apparent association between whether the child had experienced any of the accidents and whether or not they had a mental disorder. *(Table 6.15)*

6.7 Agreement between the carers' views of the child's mental health and the clinical assessment

Because carers were asked at the start of the interview to indicate whether the child had any of the 34 health conditions shown above, they had an opportunity to say whether they thought the child had any problem with hyperactivity, emotions or behaviour before being asked the detailed questions on which the assessments of disorders were made. While carers views covered problems of different degrees of severity, the clinical ratings assessed disorders on strict impairment criteria.

In addition, although some carers, in particular those working in specialised residential schools or homes, have a great deal of experience in the management of childhood mental disorders, the majority of carers and natural parents could not be expected to differentiate between emotional, behavioural or hyperkinetic disorders. As such, the carer's view and the clinical assessment of the child's mental health are often going to disagree.

What proportion of children clinically assessed as having hyperkinetic, behavioural or emotional disorders were viewed by their carers as having such problems?

Among the children with a clinical rating on any of the three types of disorder, the vast majority of carers (88%) thought the child they looked after had a mental health problem. Only 12% of the children who were assessed as having a disorder were not reported by their carer to have any of the three problems.

Conversely, over two-fifths (43%) of the children who were clinically assessed as not having any disorder were viewed by their carers as having at least one of the three disorders. This result is not surprising because a clinical diagnosis is only made in cases where the mental problem has a significant effect on the child's life or causes distress to others and the child may exhibit symptoms that appear severe to the carer but do not meet research diagnostic criteria. Alternatively, the child may have several symptoms with minimal social impairment.

This overall pattern of agreement was also found in the assessment of emotional disorders, with 75% of carers agreeing with the clinical assessment of the presence of an emotional disorder, and conduct disorders, with 79% of carers agreeing with the clinical assessment of the presence of a conduct disorder.

Carers were less likely to report spuriously that the child had hyperactivity problems with only 12% of carers reporting that the child had problems of this sort when the clinical assessment showed that they did not. However, carers of the children clinically assessed as having a hyperkinetic disorder were more likely to underestimate the child's hyperactivity problems with only 41% of carers agreeing with the clinical assessment. *(Table 6.16)*

Over 650 carers (63% of those interviewed) said the child they looked after had one of the three listed problems: emotional problems (523), behavioural problems (492) and hyperactivity (151). This compares with 10% of parents in the private household survey.

The higher level of carers' over-reporting than under-reporting (with the exception of hyperactivity) suggests that they may use the terms hyperactivity, emotional and behavioural problems where the symptoms may be present but neither the severity nor impact is great enough for it to be classed as a disorder. Thus, 38% of the carers who reported that the child they looked after had at least one of the three problems were found to have none of the disorders when the cases were clinically assessed. *(No table)*

This underlines the necessity of including some sort of clinical input into the assessment of childhood metal disorders in national surveys rather than relying solely on self-reported, general assessments by carers, parents or the young person themselves.

References

Bone M and Meltzer H (1989) *OPCS Surveys of disability in Great Britain, Report 3, The Prevalence of disability among children*, HMSO: London.

Meltzer H and Gatward R (2000) *Mental health of children and adolescents in Great Britain*, TSO: London.

Rutter M, Tizard J and Whitmore K (1970) *Education, Health and Behaviour*, Longmans: London.

Table 6.1 General health rating

by age and sex of child

All children

	5- to 10 year-olds	11- to 15-year-olds	16- to 17-year-olds	All children
	%	%	%	%
Boys				
General health rating				
Very good	59	68	56	62
Good	35	26	34	30
Fair	6	6	10	7
Bad	-	0	-	0
Very bad	1	-	-	0
Base	*191*	*265*	*124*	*580*
Girls				
General health rating				
Very good	67	65	33	60
Good	27	28	50	32
Fair	5	5	16	7
Bad	1	2	1	1
Very bad	-	1	-	0
Base	*158*	*215*	*84*	*457*
All				
General health rating				
Very good	62	66	47	61
Good	31	27	41	31
Fair	6	5	12	7
Bad	0	1	1	1
Very bad	0	0	-	0
Base	*347*	*480*	*209*	*1036*

Table 6.2 General health rating

by type of placement

All children

	Foster carers	Natural parents	Residential care	Living independently	All placements
	%	%	%	%	%
General health rating					
Very good	69	54	41	31	61
Good	26	38	44	51	31
Fair	4	7	14	18	7
Bad	0	1	2	-	1
Very bad	0	1	-	-	0
Base	*701*	*112*	*185*	*39*	*1037*

Table 6.3 General health rating

by length of time in current placement

All children (excluding those living independently)

	Less than 1 year	1 year but less than 2 years	2 years but less than 4 years	4 years and over	All children
	%	%	%	%	%
General health rating					
Very good	55	65	67	69	62
Good	37	29	26	24	30
Fair	7	6	6	5	6
Bad	1	0	1	1	1
Very bad	-	-	1	1	0
Base	*366*	*239*	*203*	*189*	*997*

Table 6.4 General health rating

by type of mental disorder

All children

	Emotional disorders		Conduct disorders		Hyperkinetic disorders		Less common disorders		Any disorder		No disorder		All children
	%		%		%		%		%		%		%
General health rating													
Very good	45		51		50		46		51		69		61
Good	38		40		41		34		38		25		31
Fair	13		8		8		21		9		5		7
Bad	3	17	1	9	-	8	-	21	1	11	1	6	1	8
Very bad	1		0		-		-		1		0		0
Base	*122*		*384*		*76*		*39*		*465*		*572*		*1037*

Table 6.5 Type of physical complaint by age and sex

All children

	Boys				Girls				Boys and Girls			
	5–10 years	11–15 years	16–17 years	All boys	5–10 years	11–15 years	16–17 years	All girls	5–10 years	11–15 years	16–17 years	All children
	Proportion of young people with each type of physical complaint											
Eye/sight problems	15	18	12	16	18	16	15	16	16	17	13	16
Speech/language problems	20	18	7	16	15	11	9	12	18	15	8	14
Bed wetting	21	16	3	15	18	9	5	11	20	13	4	13
Difficulty with co-ordination	14	11	6	11	11	4	13	8	13	8	9	10
Asthma	11	9	7	9	8	11	12	10	10	10	9	10
Eczema	10	4	6	6	7	6	14	8	9	5	9	7
Soiling pants	7	7	2	6	10	4	2	6	8	6	2	6
Stomach/digestive problems	6	4	1	4	4	9	15	8	5	6	6	6
Hearing problems	8	4	2	5	7	8	5	7	7	6	3	6
Stiffness/deformity in foot, leg etc.	6	7	5	6	3	4	7	4	4	6	6	5
Hay fever	2	7	6	5	5	3	5	4	4	5	5	5
Glue ear/otis media/grommits	7	3	1	4	5	6	2	5	6	4	2	4
Food allergy	5	3	1	3	1	3	1	2	3	3	1	3
Non-food allergy	2	3	2	3	1	5	2	3	2	4	2	3
Kidney/urinary tract problems	3	2	2	2	4	2	5	3	3	2	3	2
Epilepsy	3	4	2	3	3	2	5	3	3	3	3	3
Migraine/severe headaches	-	3	7	3	-	3	8	3	-	3	8	3
Obesity	1	3	-	2	1	3	5	3	1	3	2	2
Cerebral palsy	4	3	2	3	1	1	2	1	2	2	2	2
Muscle disease/weakness	4	3	2	3	3	1	4	2	3	2	2	2
Heart problem	2	1	1	1	1	2	-	2	2	2	1	1
Congenital abnormality	2	1	2	1	1	2	1	1	1	2	1	1
Any physical complaint	70	70	55	66	63	64	74	65	67	67	63	66
No physical complaint	30	30	45	34	37	36	26	35	33	33	37	34
Base	*191*	*265*	*125*	*580*	*157*	*216*	*86*	*459*	*348*	*480*	*211*	*1039*

Some physical complaints are not listed in the table above because of their rarity, i.e less than 10 cases: ME (1) Spina bifida (0) Cystic fibrosis (3) Cancer (1) Missing digits (0) Blood disorder (7) Diabetes (2) but are included in the any physical complaint category.

Table 6.6 Type of physical complaint by type of placement

All children

	Foster carers	Natural parents	Residential care	Living independently	All placements
	Proportion of young people with each type of physical complaint				
Eye/sight problems	16	18	17	5	16
Speech/language problems	14	10	18	8	14
Bed wetting	12	14	23	-	13
Difficulty with co-ordination	10	9	10	3	10
Asthma	8	22	11	8	10
Eczema	6	9	9	3	7
Soiling pants	6	2	11	-	6
Stomach/digestive problems	4	10	7	5	6
Hearing problems	6	7	4	3	6
Stiffness/deformity in foot, leg etc.	5	4	6	5	5
Hay fever	4	5	7	5	5
Glue ear/otis media/grommits	4	7	3	-	4
Food allergy	2	7	4	3	3
Non-food allergy	2	2	6	5	3
Kidney/urinary tract problems	2	4	3	5	2
Epilepsy	2	1	7	3	3
Migraine/severe headaches	2	8	3	3	3
Obesity	1	2	7	-	2
Cerebral palsy	2	2	2	-	2
Muscle disease/weakness	3	1	2	-	2
Heart problem	1	2	2	-	1
Congenital abnormality	1	2	2	-	1
Any physical complaint	63	73	74	51	66
No physical complaint	37	27	26	49	34
Base	*701*	*113*	*186*	*39*	*1039*

Some physical complaints are not listed in the table above because of their rarity, i.e less than 10 cases: ME (1) Spina bifida (0) Cystic fibrosis (3) Cancer (1) Missing digits (0) Blood disorder (7) Diabetes (2) but are included in the any physical complaint category.

Table 6.7 Type of physical complaint by length of time in current placement

All children (excluding those living independently)

	Less than 1 year	1 year but less than 2 years	2 years but less than 4 years	Four years and over	All children
	Proportion of young people with each type of physical complaint				
Eye/sight problems	14	21	17	14	16
Speech/language problems	10	19	14	19	15
Bed wetting	14	12	14	15	14
Difficulty with co-ordination	8	11	8	15	10
Asthma	10	10	8	11	10
Eczema	7	8	5	9	7
Soiling pants	4	7	8	7	6
Stomach/digestive problems	6	7	5	5	6
Hearing problems	5	6	5	8	6
Stiffness/deformity in foot, leg etc.	4	5	7	8	5
Hay fever	4	6	2	7	5
Glue ear/otis media/grommits	4	5	4	4	4
Food allergy	4	2	1	4	3
Non-food allergy	3	4	3	2	3
Kidney/urinary tract problems	2	3	1	4	2
Epilepsy	3	2	2	5	3
Migraine/severe headaches	3	3	2	4	3
Obesity	3	2	1	2	2
Cerebral palsy	2	2	1	5	2
Muscle disease/weakness	2	2	2	5	3
Heart problem	2	2	1	2	2
Congenital abnormality	1	1	2	2	1
Any physical complaint	68	68	64	65	67
No physical complaint	32	32	36	35	33
Base	*366*	*241*	*205*	*189*	*1001*

Some physical complaints are not listed in the table above because of their rarity, i.e less than 10 cases: ME (1) Spina bifida (0) Cystic fibrosis (3) Cancer (1) Missing digits (0) Blood disorder (7) Diabetes (2) but are included in the any physical complaint category.

Table 6.8 Type of physical complaint by type of mental disorder

All children

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any disorder	No disorder	All children
	Proportion of young people with each type of physical complaint						
Eye/sight problems	19	19	25	18	18	14	16
Speech/language problems	12	16	22	51	17	12	14
Bed wetting	14	18	29	31	18	10	13
Difficulty with co-ordination	9	11	17	33	13	7	10
Asthma	16	11	12	5	11	8	10
Eczema	9	8	9	5	7	7	7
Soiling pants	4	7	9	23	7	5	6
Stomach/digestive problems	13	7	7	8	7	4	6
Hearing problems	6	6	5	8	6	6	6
Stiffness/deformity in foot, leg etc.	6	6	5	15	6	4	5
Hay fever	6	4	4	13	5	4	5
Glue ear/otis media/grommits	4	5	6	10	5	4	4
Food allergy	5	4	9	8	4	2	3
Non-food allergy	8	3	3	11	4	2	3
Kidney/urinary tract problems	2	4	4	5	4	2	2
Epilepsy	2	2	1	13	3	3	3
Migraine/severe headaches	4	3	4	-	3	3	3
Obesity	2	3	3	2	3	2	2
Cerebral palsy	4	2	1	10	2	2	2
Muscle disease/weakness	4	2	5	7	2	3	2
Heart problem	1	1	-	3	1	2	1
Congenital abnormality	1	2	1	-	1	1	1
Any physical complaint	78	76	81	90	76	57	66
No physical complaint	22	24	19	10	24	43	34
Base	*122*	*385*	*76*	*39*	*466*	*573*	*1039*

Some physical complaints are not listed in the table above because of their rarity, i.e less than 10 cases: ME (1) Spina bifida (0) Cystic fibrosis (3) Cancer (1) Missing digits (0) Blood disorder (7) Diabetes (2) but are included in the any physical complaint category.

Table 6.9 Odds Ratios of physical health, socio-demographic and placement correlates of mental disorders

Variable	Conduct disorders		Emotional disorders		Hyperkinetic disorders		Less common disorders		Any disorder	
	Adjusted Odds ratio	95% C.I.	Adjusted Odds ratio	95% C.I.	Adjusted Odds ratio	95% C.I.	Adjusted Odds ratio	95% C.I.	Adjusted Odds ratio	95% C.I.
Physical health										
No physical complaints	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
Any physical complaint	2.02 ***	(1.50–2.73)	1.72 *	(1.08–2.74)	2.16 *	(1.18–3.96)	3.80 *	(1.28–11.25)	2.38 ***	(1.78–3.18)
Age										
5–10	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
11–15	1.04	(0.77–1.41)	1.14	(0.72–1.79)	0.59 *	(0.36–0.98)	1.46	(0.63–3.39)	1.21	(0.90–1.63)
16–17	0.5 ***	(0.32–0.76)	1.06	(0.58–1.92)	0.09 ***	(0.02–0.38)	0.50	(0.14–1.78)	0.61 *	(0.40–0.91)
Sex										
Male	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
Female	0.58 ***	(0.44–0.76)	1.51 *	(1.01–2.25)	0.24 ***	(0.13–0.44)	0.22 **	(0.09–0.58)	0.63 ***	(0.48–0.82)
Type of placement										
Foster care	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
Natural parents	0.73	(0.46–1.15)	2.71 ***	(1.58–4.66)	0.88	(0.40–1.95)	0.81	(0.17–3.74)	1.07	(0.70–1.63)
Residential care	2.47 ***	(1.73–3.52)	2.26 ***	(1.38–3.68)	1.12	(0.58–2.13)	6.79 ***	(3.01–15.32)	3.13 ***	(2.16–4.54)
Time in placement										
Less than 1 year	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
1 < 2 years	0.96	(0.68–1.37)	1.34	(0.80–2.24)	1.18	(0.63–2.19)	0.84	(0.30–2.34)	1.01	(0.72–1.43)
2 < 3 years	0.85	(0.54–1.32)	1.93 *	(1.05–3.53)	1.55	(0.76–3.16)	0.28	(0.03–2.34)	1.02	(0.66–1.58)
3 < 4 years	0.54 *	(0.31–0.93)	1.96	(1.00–3.87)	0.90	(0.35–2.31)	2.20	(0.71–6.81)	0.68	(0.41–1.14)
4 < 5 years	0.57	(0.29–1.12)	0.59	(0.17–2.04)	0.62	(0.17–2.23)	2.63	(0.79–8.78)	0.64	(0.33–1.22)
5 or more years	0.54 **	(0.34–0.86)	0.76	(0.35–1.64)	0.46	(0.17-1.26)	3.64 *	(1.26–10.50)	0.58 *	(0.38–0.90)

*** p<0.001, ** p<0.01, * p<0.05

Table 6.10 Prevalence of mental disorders
by type of physical complaint

All children

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any disorder	*Base*
	Percentage of young people with mental disorders for each complaint					
Non-food allergy	29	39	6	13	62	*31*
Bed wetting	12	49	16	9	61	*139*
Difficulty with co-ordination	11	41	12	13	58	*100*
Soiling pants	8	45	12	15	57	*60*
Stomach/digestive problems	26	43	8	5	57	*59*
Speech/language problems	10	42	11	13	54	*149*
Stiffness/deformity in foot, leg etc.	13	42	7	11	54	*55*
Eye/sight problems	14	44	11	4	52	*166*
Asthma	19	43	9	2	52	*101*
Glue ear/otis media/grommits	12	42	11	9	51	*43*
Hay fever	15	35	6	10	49	*49*
Migraine/severe headaches	16	42	10	-	49	*31*
Hearing problems	13	37	6	5	47	*59*
Epilepsy	7	26	3	17	47	*30*
Eczema	15	41	9	3	46	*73*
Any physical complaint	14	43	9	5	52	*685*
No physical complaint	8	26	4	1	31	*354*

Table 6.11 Use of medication
by type of mental disorder

All children

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any disorder	No disorder	All children
	Percentage of children on each type of medicatiion						
Types of medication							
Methylphenidate, Equasym, Ritalin	6	4	20	13	10	1	2
Dexamphetamine, Dexedrine	-	-	-	-	-	-	-
Imipramine, Tofranil	-	-	-	-	-	-	-
Clonidine, Catepres, Dixarit	-	1	1	8	1	0	1
Fluoxetine, Prozac	2	1	3	-	1	0	1
Sertraline Lustral	1	0	-	3	0	-	0
Paroxetine, Seroxat	1	-	-	-	0	0	0
Fluvoxamine, Faverin	-	-	-	-	-	-	-
Citalopram, Cimpramil	-	-	-	-	-	-	-
Amitryptaline, Lentizol, Triptafen	1	1	-	-	0	-	0
Clomipramine, Anafranil	-	-	-	-	-	0	0
Sulpirade, Dolmatil, Sulparex, Sulpitil	-	-	-	-	-	-	-
Risperidone, Riperadal	1	2	5	5	2	0	1
Haloperidol, Dozic, Haldol, Serenace	-	0	-	-	0	-	0
Any of the above medications	12	7	21	20	8	1	4
Base	*122*	*385*	*76*	*39*	*466*	*573*	*1039*

* Because of the extensive comorbidity between disorders it may appear that some medications are being used inappropriately. This is unlikely to be the case, it merely reflects that for example the children with emotional disorders on Ritalin also have hyperactivity.

Table 6.12 Life-threatening illness and experience of accidents and injuries by age and sex

All children

	Boys				Girls				Boys and Girls			
	5- to 10-year-olds	11- to 15-year-olds	16- to 17-year-olds	All boys	5- to 10-year-olds	11- to 15-year-olds	16- to 17-year-olds	All girls	5- to 10-year-olds	11- to 15-year-olds	16- to 17-year-olds	All children
	%	%	%	%	%	%	%	%	%	%	%	%
Thought child was so ill that s/he may die												
Yes: in past 12 months	1	1	-	1	1	-	4	1	1	0	1	1
Yes: at least 12 months ago	11	5	8	8	8	3	7	6	10	4	8	7
No	76	79	70	76	78	80	74	78	77	79	71	77
Don't know	12	15	22	15	14	17	16	16	13	16	20	16
Base	*190*	*265*	*125*	*580*	*158*	*216*	*84*	*458*	*348*	*481*	*210*	*1039*
Head injury with loss of consciousness												
Yes: in past 12 months	1	1	3	1	-	1	1	1	0	1	2	1
Yes: at least 12 months ago	6	6	6	6	4	5	4	4	5	5	5	5
No	61	55	53	56	68	53	55	57	64	54	54	57
Don't know	32	38	38	36	28	41	40	36	30	39	39	36
Base	*191*	*264*	*124*	*579*	*157*	*216*	*84*	*457*	*347*	*480*	*210*	*1037*
Accident causing broken bone												
Yes: in past 12 months	2	4	3	4	1	2	2	2	2	4	3	3
Yes: at least 12 months ago	9	17	14	14	11	14	13	13	10	16	14	13
No	64	49	48	54	68	51	51	57	66	50	49	55
Don't know	25	29	35	29	20	32	33	28	23	31	34	29
Base	*191*	*264*	*124*	*579*	*157*	*216*	*84*	*457*	*347*	*480*	*209*	*1036*
Burn requiring hospital admission												
Yes: in past 12 months	1	0	1	1	1	1	1	1	1	0	1	1
Yes: at least 12 months ago	5	4	2	4	2	5	1	3	3	5	2	4
No	69	69	60	67	79	61	67	68	73	65	63	68
Don't know	26	26	37	28	18	33	31	28	22	30	34	28
Base	*191*	*265*	*125*	*581*	*157*	*216*	*85*	*458*	*346*	*481*	*210*	*1039*
Accidental poisoning with hospital admission												
Yes: in past 12 months	-	0	-	0	-	1	1	0	-	0	1	0
Yes: at least 12 months ago	3	3	3	3	-	2	1	1	2	2	2	2
No	73	69	65	69	81	65	68	71	76	67	66	70
Don't know	24	28	32	28	19	32	29	27	22	30	31	28
Base	*190*	*264*	*125*	*579*	*157*	*216*	*85*	*458*	*348*	*480*	*210*	*1038*

Table 6.13 Life-threatening illness and experience of accidents and injuries by type of placement

All children

	Foster carers	Natural parents	Residential care	Living independently	All placements
	%	%	%	%	%
Thought child was so ill that s/he may die					
Yes: in past 12 months	1	3	-	-	1
Yes: at least 12 months ago	6	19	3	-	7
No	80	76	71	62	77
Don't know	14	3	26	38	16
Base	*700*	*112*	*185*	*39*	*1036*
Head injury with loss of consciousness					
Yes: in past 12 months	1	2	2	5	1
Yes: at least 12 months ago	5	10	3	5	5
No	59	80	41	36	57
Don't know	35	9	54	54	36
Base	*699*	*112*	*186*	*39*	*1036*
Accident causing broken bone					
Yes: in past 12 months	2	4	4	-	3
Yes: at least 12 months ago	14	22	7	8	13
No	58	69	43	36	55
Don't know	26	4	46	56	29
Base	*698*	*112*	*185*	*39*	*1034*
Burn requiring hospital admission					
Yes: in past 12 months	0	1	2	-	1
Yes: at least 12 months ago	4	4	2	3	4
No	68	89	58	41	68
Don't know	27	6	38	56	28
Base	*701*	*112*	*185*	*39*	*1037*
Accidental poisoning with hospital admission					
Yes: in past 12 months	0	-	1	-	0
Yes: at least 12 months ago	2	6	1	-	2
No	71	89	59	49	70
Don't know	27	4	39	51	28
Base	*701*	*113*	*185*	*39*	*1038*

Table 6.14 Life-threatening illness and experience of accidents and injuries by length of time in current placement

All children (excluding those living independently)

	Less than 1 year	1 year but less than 2 years	2 years but less than 4 years	4 years and over	All children
	%	%	%	%	%
Thought child was so ill that s/he may die					
Yes: in past 12 months	1	-	1	1	1
Yes: at least 12 months ago	6	8	6	8	7
No	74	77	82	80	78
Don't know	18	16	11	10	15
Base	*367*	*239*	*205*	*190*	*1001*
Head injury with loss of consciousness					
Yes: in past 12 months	1	1	1	-	1
Yes: at least 12 months ago	5	5	7	5	5
No	54	53	60	69	58
Don't know	40	41	32	26	36
Base	*365*	*240*	*205*	*189*	*999*
Accident causing broken bone					
Yes: in past 12 months	4	2	2	3	3
Yes: at least 12 months ago	12	13	14	16	14
No	52	51	58	66	56
Don't know	32	33	25	15	28
Base	*364*	*239*	*205*	*190*	*998*
Burn requiring hospital admission					
Yes: in past 12 months	1	1	-	-	1
Yes: at least 12 months ago	3	3	5	5	4
No	65	62	74	78	68
Don't know	31	34	21	17	27
Base	*366*	*240*	*205*	*189*	*1000*
Accidental poisoning with hospital admission					
Yes: in past 12 months	1	0	-	-	0
Yes: at least 12 months ago	2	2	2	3	2
No	65	64	78	83	71
Don't know	32	33	20	15	27
Base	*366*	*240*	*205*	*190*	*1001*

Table 6.15 Life-threatening illness and experience of accidents and injuries by type of mental disorder

All children

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any disorder	No disorder	All children
	%	%	%	%	%	%	%
Thought child was so ill that s/he may die							
Yes: in past 12 months	3	1	3	3	1	1	1
Yes: at least 12 months ago	6	7	13	7	7	6	7
No	77	75	76	76	75	78	77
Don't know	14	18	9	14	17	14	16
Base	*122*	*385*	*76*	*39*	*466*	*572*	*1038*
Head injury with loss of consciousness							
Yes: in past 12 months	3	1	-	-	1	1	1
Yes: at least 12 months ago	10	7	10	2	7	4	5
No	47	51	44	56	50	63	57
Don't know	40	41	46	42	42	32	36
Base	*122*	*384*	*76*	*39*	*465*	*572*	*1037*
Accident causing broken bone							
Yes: in past 12 months	4	4	4	-	4	2	3
Yes: at least 12 months ago	17	16	18	10	15	12	13
No	49	47	52	53	48	61	55
Don't know	31	33	26	37	34	25	29
Base	*121*	*384*	*76*	*39*	*464*	*571*	*1035*
Burn requiring hospital admission							
Yes: in past 12 months	1	1	-	3	1	1	1
Yes: at least 12 months ago	7	3	5	3	4	4	4
No	61	63	67	71	64	70	68
Don't know	32	33	28	23	32	25	28
Base	*122*	*385*	*76*	*39*	*466*	*572*	*1038*
Accidental poisoning with hospital admission							
Yes: in past 12 months	1	0	-	3	0	0	0
Yes: at least 12 months ago	2	3	4	-	3	2	2
No	63	64	68	71	65	74	70
Don't know	33	32	28	26	32	24	28
Base	*122*	*385*	*76*	*39*	*466*	*572*	*1038*

Table 6.16 Level of agreement between clinical assessment and carer's view of child's mental health

All children

	Clinical assessment of emotional disorder	
	Disorder present	No disorder
	%	%
Carer's view of child's mental health		
Any emotional problem	75	47
No emotional problem	25	53
Base	*122*	*917*

	Clinical assessment of conduct disorder	
	Disorder present	No disorder
	%	%
Carer's view of child's mental health		
Any behaviour problem	79	29
No behaviour problem	21	71
Base	*385*	*654*

	Clinical assessment of hyperkinetic disorder	
	Disorder present	No disorder
	%	%
Carer's view of child's mental health		
Any hyperactivity	41	12
No hyperactivity	59	88
Base	*76*	*963*

	Clinical assessment of any mental disorder	
	Disorder present	No disorder
	%	%
Carer's view of child's mental health		
Any of the three problems	88	43
None of the three problems	12	57
Base	*466*	*573*

7 Use of services

7.1 Introduction

This chapter examines the use of health, social, educational and voluntary services by children looked after by local authorities. The first part of the chapter covers general health services that the child has recently used, for example visits to the doctor, while the second part of the chapter concentrates on services contacted within the last 12 months that are more specifically related to childhood mental disorders. The first set of questions were asked of all carers while the second set of questions were asked only of those carers who indicated that the child had a significant mental health problem.

The chapter concludes by looking at the relationship between mental disorders and the child's contact with the police and the youth justice service.

Because of the different reference periods used in the looked after children and the private household surveys of children's mental health it is not possible to make a comparison of the use of all these services between the different populations. However, where possible, comparisons will be made with General Household Survey data.

7.2 General health care services

The child's recent contact with general health care providers was examined in relation to four services:

- GPs (excluding consultations for immunisation, child surveillance or development tests).
- Accident and Emergency departments.
- In-patient departments.
- Out-patient or day patient services.

GP contacts

Overall, 10% of children reported that they had visited a GP in *the past two weeks*. Eight per cent had seen their doctor once and 2% had seen the doctor two or more times. Sixteen- and seventeen-year-olds were more likely to have seen a GP in the past two weeks with 13% having seen the doctor at least once compared with 9% of the younger children. Girls were more likely than boys to have had any GP contact (11% compared with 8%). *(Table 7.1)*

The frequency of GP consultations among 5- to 15-year-old children looked after by local authorities in the past two weeks was not significantly different from the general population reported in the GHS (Walker A *et al* (2001) *General Household Survey)*.

Children living in residential care and those living independently were twice as likely as children in family placements to have had a GP visit within the past two weeks (16% compared with 8%). *(Table 7.2)*

The proportion of young people that had contacted a GP in the past two weeks decreased the longer they had been in their current placement: from 11% of those who had been in their placement less than two years to 6% of those who'd been in their placement four or more years. *(Table 7.3)*

Children with any disorder were one and a half times more likely to have visited their GP in the past two weeks than those with no disorder (12% compared with 8%). Children with emotional disorders were the most likely to have seen their doctor (15%). *(Table 7.4)*

Accident and Emergency departments

Eleven per cent of all the children had visited an accident and emergency department *in the past three months*. The proportion of children who had visited an accident and emergency department increased with age, rising from 6% of the 5- to 10-year-olds to 16% of the 16 and 17 year-olds.

Boys in the youngest age group were more likely than girls of this age to have visited an emergency department (7% compared with 3%) but girls in the other age groups were more likely than boys to

have visited one. Almost a quarter, 22%, of all 16- and 17-year-old girls had visited an accident and emergency department within the past three months. *(Table 7.1)*

Young people who were living independently were by far the most likely to have visited an accident or emergency department in the past three months, reflecting the greater contact of 16- and 17 year-olds. With over a quarter of this group (26%) having used this service, they were twice as likely as those living with their natural parents and almost four times more likely than those living with foster carers to have visited an emergency department. *(Table 7.2)*

Visits to an A & E department lessened as the length of time in the current placement increased. Those who had been in their current placement for less than a year were twice as likely as those who had been in a placement for four or more years to have visited an accident and emergency department (14% compared with 7%). *(Table 7.3)*

Children with any mental disorder were almost twice as likely as those with no disorder to have visited an emergency department within the last three months (15% compared with 8%). Children with an emotional disorder were the most likely to have been to an A & E department with over a fifth of this group, 21%, having made such a visit. *(Table 7.4)*

Inpatient stays

Carers were asked whether the child had had any inpatient stays in hospital, overnight or longer, in *the past three months*.

Only 3% of the young people had been in hospital in this time and those in the oldest age group were twice as likely as the 5- to 10-year-olds to have had an inpatient stay (6% compared with 3%).

There was little difference between the sexes in the overall proportion who had been in hospital, yet 16- and 17-year-old girls were four times more likely than boys of the same age to have had an inpatient stay (12% compared with 3%). *(Table 7.1)*

Independent living young people were the most likely to have had an overnight stay in hospital (8%). Children living with their natural parents were the next most likely at 6% to have had an inpatient stay; double the proportion of those living with foster carers or in residential care. It was very rare for any child to have had more than one inpatient stay in the three month reference period. *(Table 7.2)*

The proportion of children who had been in hospital over the past three months showed no marked difference by length of time in current placement. *(Table 7.3)*

There was little difference between those with any childhood mental disorder and those without a disorder in the proportion of children that had had an inpatient stay in hospital. However, children with an emotional disorder were almost three times more likely than those with no disorder to have had a stay in hospital (8% compared with 3%). *(Table 7.4)*

Outpatient and day patient visits

Carers were asked whether the child had been to a hospital or clinic at all for treatment or check-ups *in the past three months*, i.e. excluding any contact with their GP, visits to casualty departments or inpatient stays.

Eighteen per cent of the children had attended an outpatient department or been a day patient in the past three months. Girls were slightly more likely than boys to have had any outpatient visits to a hospital or clinic (20% compared with 16%). Similar to the trend for GP visits, among 16- and 17-year-olds, girls were more than twice as likely as boys to have visited a hospital or clinic for treatment or a check-up (24% compared with 10%). However, while the prevalence of such visits decreased with age in boys, from 20% of 5- to 10-year-olds to 10% of 16- and 17-year-olds, in girls the prevalence increased from 19% to 24%. *(Table 7.1)*

Overall children looked after by local authorities were about 50% more likely to have been an outpatient in the past 3 months than the general population (Walker A *et al*, 2001, *General Household Survey*).

Over a quarter, 26%, of the children in residential care had had at least one day patient stay or outpatient visit to hospital compared with between 15–19% of children in the other placement types. *(Table 7.2)*

Children with any disorder were more likely than those with no disorder to have visited a hospital either as an out patient or a day patient (22% compared with 15%). Children with an emotional or less common disorder were more likely than those with a conduct or hyperkinetic disorder to have visited a hospital or clinic for treatment or tests. *(Table 7.4)*

7.3 Use of services for significant mental health problems

Carers who reported that the child had a significant mental health problem were shown a list of people that they or the child might come in to contact with in order to get help. They were asked to say who they had sought help from in the past year.

- Someone in your family or a close friend.
- Telephone help line.
- Self help group.
- Internet.
- Social Worker or Link Worker.
- A teacher (including Head of Year, Head-teacher or Special Educational Needs Co-ordinator).
- Someone working in special educational services (for example educational psychologist, educational social worker or school counsellor).
- Your GP, family doctor or practice nurse.
- Someone specialising in child mental health (for example child psychiatrist or child psychologist).
- Someone specialising in adult mental health (for example psychiatrist, psychologist or community psychiatric nurse).
- Someone specialising in children's physical health (for example a hospital or community paediatrician).
- Other.

For descriptive purposes, the sources of help were subsumed under three headings: specialist services (for example, mental health experts and special education services); front line services (including GP's and social workers); informal sources of help (such as self-help groups or the internet).

Although this question was asked of every carer who indicated the child had a significant mental health problem, not all of these children were subsequently found to have a mental disorder after clinical review. Similarly, not all the children assessed as having a mental disorder after clinical review were asked the question if the carer did not regard the child as having a significant mental health problem.

Almost all the children with a clinically assessed disorder had been in contact with at least one of the services during the past year. Front line services were by far the most common source of help with 80% of children having been in contact with a social worker in the past year and around half, 49%, having seen a teacher about their emotional, behavioural or concentration difficulties. Over a fifth of children had also received advice or treatment from a GP or family doctor. Given the survey population, the high level of contact with social workers is not surprising since all looked after children should have some contact with social services.

Specialist services were also commonly used with over a third of children having been in touch with a specialist in child mental health, 34%, and 23% having had some contact with special education services (eg Special Educational Needs Co-ordinators and Education Welfare Officers).

Other than talking to a family member of friend, which over a quarter (28%) of carers reported doing, informal services were very rarely used. *(Table 7.5)*

For almost all of the individual sources of help, children in residential care were the most likely to report using the service. In particular, 5 out of 10 children in residential care had been in contact with a specialist in child mental health compared with 2 in 10 children in foster care. Children in residential care were also more likely than children in foster care to seek help from special education services (36% compared with 20%), experts in child physical health (17% compared with 10%), and GPs (33% compared with 17%). Undoubtedly, children in residential care have easier access to professionals.

Over half, 52%, of the children living with natural parents had sought help or advice from a family member or friend, about twice the rate of those in foster care. This was the next most common source of help after the social worker for children placed with their natural parents.

Independent living young people were the least likely to report using any of the services (10% had used no services compared with less than 5% of those in the other placement types). *(Table 7.6)*

Children who had been in their placement for a short time (less than a year) were more likely to report using nearly all of the services than those who had been in their placement for four years or more. This is particularly evident in the use of child mental health services (34% compared with 17%), special education services (23% compared with 14%) and GP's (22% compared with 14%). Stable placements, i.e. for at least four years, would appear to reduce the need for specialist services. *(Table 7.7)*

Not unexpectedly, children with a mental disorder were far more likely to contact any of the services, particularly specialist services, for help than were children with no disorder. For example, 44% of children with a disorder contacted child mental health specialists and a third accessed special education services. The corresponding percentages for children with no mental disorder were 20% and 11% respectively.

Children with hyperkinetic disorders were much more likely than those with any other disorder to have contacted a teacher for help, 68%, or seen a specialist in child mental health, 62%, and almost half, 47%, had been seen by professionals working in the special education services.

7.4 Specialist child mental health services

In order to examine further the characteristics of children who used child mental health services, multiple logistic regression was used to produce odds ratios for the socio-demographic and psychiatric correlates of the use of this kind of service.

Reassuringly, having any mental disorder significantly increased the odds of using child mental health services: conduct disorder (OR=2.99), emotional disorder (OR=2.14) and hyperkinetic disorder (OR=2.13). The odds of using specialist child mental health services were also increased if the child was in residential care compared with foster care (OR=-2.16) and if they had been in their placement for less than four years compared with four or more years (OR=1.93 to 2.90). *(Table 7.9)*

7.5 Trouble with the police

Carers were asked if the children had been in trouble with the police in the past 12 months. Overall, carers reported that 14% of children had this experience: 17% of boys and 10% of girls. A greater proportion of older than younger children had been in trouble with the police: a quarter of 16- and 17-year olds had been in trouble compared with 1% of the 5- to 10-year-olds. In addition, 16- and 17-year-old boys were twice as likely than girls of the same age to have been in trouble on more than one occasion in the past 12 months (33% compared with 14%). *(Table 7.10)*

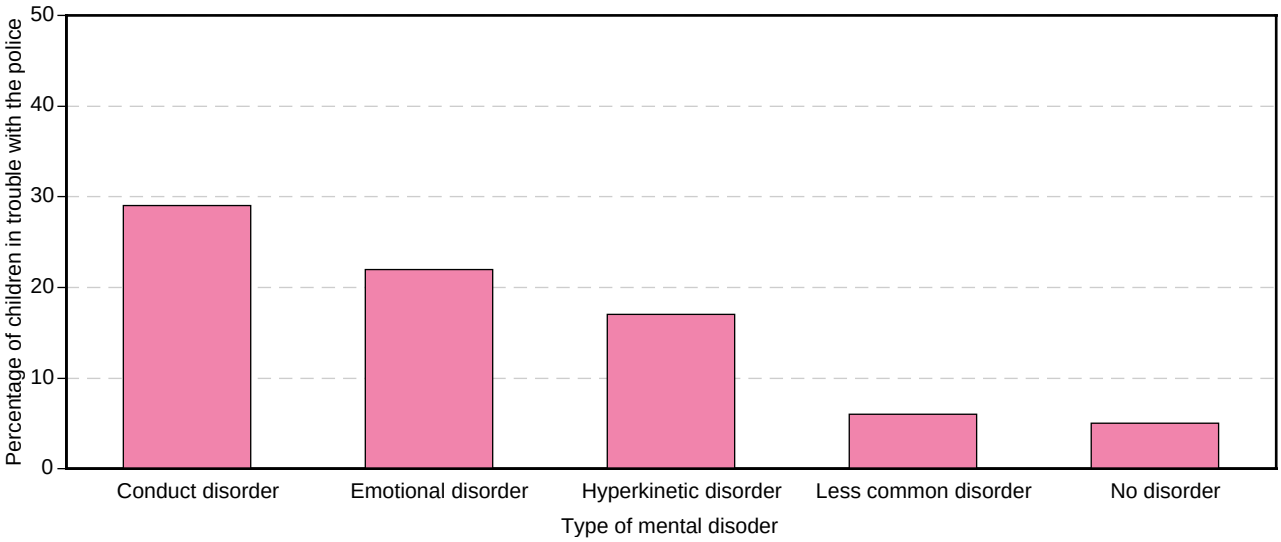
Independent living young people were reported to be the most likely to have been in trouble with the police (38%) followed by those in residential care (30%). Only 8% of those living with their natural parents were reported to have been in trouble with the police in the past 12 months. Independent living children were also much more likely to have been in trouble three or more times with over a fifth of this group having been in this situation. This may be explained by the fact that almost all the independent living children are aged 16 or 17 and are relatively unsupervised. *(Table 7.11)*

Children who had been in their placement for less than a year were the most likely group for carers to report that they had been in trouble with the police. *(Table 7.12)*

Children with a mental disorder were over five times more likely than those with no disorder to have been in trouble with the police (26% compared with 5%). Carers of children with a conduct disorder were the most likely to have reported this experience (29%) and this group were also the most likely to have been in trouble three or more times, 14%. *(Table 7.13, Figure 7.1)*

Carers who had indicated that the child had a significant problem were additionally asked if the child had been seen by a youth justice worker.

Figure 7.1 Trouble with the police in past 12 months by type of mental disorder



Overall, 10% of the children had seen a youth justice worker. Contact was more prevalent among older children, those living independently or in residential care, those in a relatively recent placement and those with a conduct or emotional disorder. *(Tables 7.10–7.13)*

Reference

Walker A *et al* (2001) *Living in Britain: Results from the 2000 General Household Survey*, TSO: London.

Table 7.1 Health services used

by age and sex of child

All children

	Boys				Girls				Boys and girls			
	5- to 10-year-olds	11- to 15-year-olds	16- to 17-year-olds	All boys	5- to 10-year-olds	11- to 15-year-olds	16- to 17-year-olds	All girls	5- to 10-year-olds	11- to 15-year-olds	16- to 17-year-olds	All children
	%	%	%	%	%	%	%	%	%	%	%	%
Past two weeks												
General practitioner												
None	92	93	88	91	90	89	85	88	91	91	87	90
Once	7	6	12	8	10	8	10	9	8	7	11	8
Twice	1	0	-	0	1	2	2	2	1	1	1	1
Three or more	-	1	-	0	-	1	2	1	-	1	1	1
Any GP visit	8	7	12	8	10	11	14	11	9	9	13	10
Base	*196*	*270*	*123*	*589*	*150*	*207*	*79*	*436*	*346*	*477*	*202*	*1025*
Past three months												
Accident and Emergency												
None	93	88	88	90	97	86	78	88	94	88	84	89
Once	6	9	10	8	2	9	11	7	5	9	10	8
Twice	1	2	1	2	1	3	6	3	1	2	3	2
Three or more	-	0	2	1	-	2	5	2	-	1	3	1
Any A & E visit	7	11	12	10	3	14	22	12	6	12	16	11
Base	*196*	*273*	*126*	*595*	*150*	*206*	*80*	*436*	*346*	*479*	*206*	*1031*
Past three months												
Inpatient stay												
None	96	98	97	97	98	97	89	96	97	98	94	97
Once	3	2	2	2	2	2	10	4	3	2	5	3
Twice	1	-	1	0	-	1	-	0	0	0	1	0
Three or more	1	-	-	0	-	-	1	0	0	-	1	0
Any inpatient stay	4	2	3	3	2	3	12	4	3	2	6	3
Base	*196*	*273*	*126*	*595*	*150*	*206*	*80*	*436*	*346*	*479*	*206*	*1031*
Past three months												
Outpatient or day patient												
None	80	82	90	83	81	82	74	80	80	82	84	82
Once	12	10	6	10	13	14	13	14	12	12	8	11
Twice	5	5	2	4	3	1	5	3	4	3	4	4
Three or more	4	2	2	3	2	3	7	4	3	2	4	3
Any outpatient visit or day patient stay	20	17	10	16	19	18	24	20	20	18	16	18
Base	*196*	*271*	*124*	*591*	*150*	*207*	*79*	*436*	*346*	*478*	*203*	*1027*

Table 7.2 Health services used by type of placement

All children

	Foster carers	Natural parents	Residential care	Living independently	All placements
	%	%	%	%	%
Past two weeks					
General practitioner					
None	92	93	84	82	90
Once	7	7	13	12	8
Twice	1	-	2	3	1
Three or more	0	-	2	3	1
Any GP visit	8	7	16	18	10
Base	*696*	*112*	*183*	*34*	*1025*
Past three months					
Accident and Emergency					
None	92	87	80	73	89
Once	6	9	12	16	8
Twice	1	3	4	3	2
Three or more	0	1	3	8	1
Any A & E visit	7	13	19	26	11
Base	*697*	*111*	*185*	*37*	*1030*
Past three months					
Inpatient stay					
None	97	94	97	92	97
Once	2	5	3	8	3
Twice	0	1	-	-	0
Three or more	0	-	-	-	-
Any inpatient stay	3	6	3	8	3
Base	*698*	*112*	*184*	*37*	*1031*
Past three months					
Outpatient or day patient					
None	84	82	73	83	82
Once	12	7	15	3	11
Twice	2	6	7	3	4
Three or more	2	4	5	11	3
Any outpatient visit or day patient stay	16	19	26	15	18
Base	*696*	*111*	*183*	*36*	*1026*

Table 7.3 Health services used

by length of time in current placement

All children (excluding those living independently)

	Less than 1 year	1 year but less than 2 years	2 years but less than 4 years	4 years and over	All children
	%	%	%	%	%
Past two weeks					
General practitioner					
None	89	89	82	94	90
Once	9	9	7	5	8
Twice	1	2	1	-	1
Three or more	1	-	1	1	1
Any GP visit	11	11	8	6	10
Base	*363*	*237*	*203*	*188*	*991*
Past three months					
Accident and Emergency					
None	86	91	91	93	90
Once	9	7	7	5	7
Twice	2	2	2	2	2
Three or more	2	0	-	1	1
Any A & E visit	14	9	9	7	10
Base	*363*	*238*	*204*	*188*	*993*
Past three months					
Inpatient stay					
None	96	98	97	97	97
Once	3	2	2	3	3
Twice	0	0	1	1	0
Three or more	0	-	1	-	0
Any inpatient stay	4	2	3	3	3
Base	*364*	*239*	*204*	*188*	*995*
Past three months					
Outpatient or day patient					
None	82	79	83	83	82
Once	10	15	11	13	12
Twice	5	2	4	2	4
Three or more	3	3	2	3	3
Any outpatient visit or day patient stay	18	21	17	17	18
Base	*364*	*238*	*202*	*188*	*992*

Table 7.4 Health services used by type of mental disorder

All children

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any disorder	No disorder	All children
	%	%	%	%	%	%	%
Past two weeks							
General practitioner							
None	85	88	86	90	88	92	90
Once	13	9	12	8	10	7	8
Twice	1	2	1	-	2	0	1
Three or more	1	1	-	3	1	0	1
Any GP visit	15	12	13	11	12	8	10
Base	*122*	*373*	*73*	*39*	*454*	*571*	*1025*
Past three months							
Accident and Emergency							
None	78	85	90	87	85	92	89
Once	13	9	7	5	9	7	8
Twice	5	4	3	5	4	0	2
Three or more	4	2	-	3	2	0	1
Any A & E visit	21	15	9	13	15	8	11
Base	*121*	*379*	*75*	*38*	*459*	*572*	*1031*
Past three months							
Inpatient stay							
None	91	98	100	95	96	97	97
Once	8	2	-	3	3	2	3
Twice	-	1	-	-	0	0	0
Three or more	1	-	-	3	0	0	0
Any inpatient stay	8	2	-	5	4	3	3
Base	*121*	*379*	*75*	*38*	*459*	*572*	*1031*
Past three months							
Outpatient or day patient							
None	70	80	79	65	78	85	82
Once	18	10	9	29	13	10	12
Twice	6	5	7	6	5	3	4
Three or more	6	5	5	-	5	2	3
Any outpatient visit or day patient stay	29	20	21	34	22	15	18
Base	*121*	*378*	*74*	*38*	*457*	*570*	*1027*

Table 7.5 Services used for significant problems in past 12 months by age and sex of child

All children with a significant mental health problem

	5- to 10-year-olds	11- to 15-year-olds	16- to 17-year-olds	All children
	Percentage of children using each service			
Boys				
Specialist Services				
Specialist in child mental health	41	37	25	36
Special education services	31	27	15	25
Specialist in child physical health	18	10	-	10
Specialist in adult mental health	6	4	2	4
Other specialist	1	-	1	0
Frontline Services				
Social Worker	78	84	81	82
Teacher	65	55	24	51
GP or family doctor	20	22	15	20
Informal Services				
Family member or friend	31	26	29	28
Self help group	5	2	1	3
Telephone helpline	3	3	3	3
Internet	1	2	3	2
Other form of help	12	12	14	13
No services used	1	3	6	3
Base	*140*	*212*	*98*	*450*
Girls				
Specialist Services				
Specialist in child mental health	30	35	22	31
Special education services	17	23	14	20
Specialist in child physical health	14	11	10	12
Specialist in adult mental health	4	3	6	4
Other specialist	1	1	2	1
Frontline Services				
Social Worker	74	78	76	76
Teacher	50	52	29	47
GP or family doctor	18	24	22	22
Informal Services				
Family member or friend	30	27	27	28
Self help group	4	4	2	3
Telephone helpline	-	3	2	2
Internet	2	2	2	2
Other form of help	10	14	12	12
No services used	3	3	5	3
Base	*110*	*160*	*66*	*336*
All				
Specialist Services				
Specialist in child mental health	36	36	24	34
Special education services	25	25	15	23
Specialist in child physical health	16	10	4	11
Specialist in adult mental health	5	4	4	4
Other specialist	1	1	1	1
Frontline Services				
Social Worker	76	82	79	80
Teacher	59	53	26	49
GP or family doctor	19	23	18	21
Informal Services				
Family member or friend	31	26	28	28
Self help group	4	3	1	3
Telephone helpline	2	3	2	2
Internet	2	2	2	2
Other form of help	11	13	13	13
No services used	2	3	5	3
Base	*250*	*372*	*163*	*786*

Table 7.6 Services used for significant problems in past 12 months by type of placement

All children with a significant mental health problem

	Foster carers	Natural parents	Residential care	Living independently	All placements
	Percentage of children using each service				
Specialist Services					
Special education services	20	20	36	10	23
Specialist in child mental health	31	24	50	20	34
Specialist in child physical health	10	6	17	3	11
Specialist in adult mental health	3	8	5	3	4
Other specialist	1	1	1	0	1
Frontline Services					
Social Worker	79	71	86	80	80
Teacher	54	46	45	10	49
GP or family doctor	17	23	33	13	21
Informal Services					
Family member or friend	26	52	22	30	28
Self help group	4	4	2	-	3
Telephone helpline	2	3	4	-	2
Internet	2	1	2	-	2
Other form of help	12	12	14	23	13
No services used	4	3	2	10	3
Base	*503*	*82*	*171*	*30*	*785*

Table 7.7 Services used for significant problems in past 12 months by length of time in current placement

All children with a significant mental health problem (excluding those living independently)

	Less than 1 year	1 year but less than 2 years	2 years but less than 4 years	4 years and over	All children
	Percentage of children using each service				
Specialist Services					
Specialist in child mental health	34	40	41	17	34
Special education services	23	27	26	14	23
Specialist in child physical health	11	10	13	10	11
Specialist in adult mental health	6	3	6	-	4
Other specialist	1	1	1	2	1
Frontline Services					
Social Worker	81	81	82	72	80
Teacher	46	56	61	43	51
GP or family doctor	22	20	26	14	21
Informal Services					
Family member or friend	31	26	32	20	28
Self help group	5	2	3	2	3
Telephone helpline	4	4	2	-	3
Internet	2	3	1	1	2
Other form of help	13	16	6	13	12
No services used	3	3	1	6	3
Base	*291*	*180*	*159*	*127*	*756*

Table 7.8 Services used for significant problems in past 12 months by type of mental disorder

All children with a significant mental health problem

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any disorder	No disorder	All children
				Percentage of children using each service			
Specialist Services							
Specialist in child mental health	49	45	62	36	44	20	34
Special education services	33	35	47	26	33	11	23
Specialist in child physical health	14	13	13	26	13	8	11
Specialist in adult mental health	7	5	9	8	5	3	4
Other specialist	1	1	-	-	1	1	1
Frontline Services							
Social Worker	87	86	88	82	86	72	80
Teacher	55	59	68	52	57	40	49
GP or family doctor	34	28	32	47	26	33	11
Informal Services							
Family member or friend	34	29	26	18	29	27	28
Self help group	4	3	4	2	3	3	3
Telephone helpline	4	4	3	2	4	1	2
Internet	3	2	-	8	2	2	2
Other form of help	11	12	9	10	12	13	13
No services used	-	1	1	2	1	7	3
Base	*116*	*361*	*75*	*39*	*438*	*348*	*786*

Table 7.9 Socio-demographic and psychiatric correlates of the use of specialist services

Variable	Adjusted Odds ratio	95% C.I.
Any conduct disorder		
No	1.00	-
Yes	2.99 ***	(2.15–4.17)
Any emotional disorder disorder		
No	1.00	-
Yes	2.14 ***	(1.37–3.34)
Any hyperkinetic disorder		
No	1.00	-
Yes	2.13 **	(1.24–3.66)
Age		
5–10	1.00	-
11–15	0.98	(0.69–1.39)
16–17	0.73	(0.44–1.21)
Sex		
Male	1.00	-
Female	0.89	(0.64–1.23)
Type of placement		
Foster care	1.00	-
Natural parents	0.66	(0.38–1.16)
Residential care	2.16 ***	(1.47–3.17)
Time in placement		
4 years or more	1.00	-
2 < 4 years	2.90 ***	(1.65–5.09)
1 < 2 years	2.49 **	(1.43–4.32)
Less than 1 year	1.93 *	(1.13–3.28)

*** p<0.001, ** p<0.01, * p<0.05

Table 7.10 Trouble with the police in the past 12 months by age and sex of child

All children

	5- to 10-year-olds	11- to 15-year-olds	16- to 17-year-olds	All children
	%	%	%	%
Boys				
Trouble with the police				
No	99	79	69	84
Once	1	7	8	5
Twice	-	4	8	4
Three or more times	-	10	15	7
Any trouble with police	1	22	33	17
Base	*181*	*230*	*113*	*524*
Seen by youth justice worker				
Yes	3	13	24	12
No	97	87	76	88
Base	*143*	*212*	*97*	*452*
Girls				
Trouble with the police				
No	99	84	87	90
Once	1	5	-	2
Twice	-	4	6	3
Three or more times	-	7	6	5
Any trouble with police	1	16	14	10
Base	*139*	*194*	*78*	*411*
Seen by youth justice worker				
Yes	-	11	14	8
No	100	89	86	92
Base	*120*	*162*	*66*	*348*
All				
Trouble with the police				
No	99	81	76	86
Once	1	6	5	4
Twice	-	4	7	3
Three or more times	-	8	12	6
Any trouble with police	1	19	25	14
Base	*321*	*424*	*190*	*935*
Seen by youth justice worker				
Yes	2	12	20	10
No	98	88	80	90
Base	*262*	*375*	*163*	*800*

Table 7.11 Trouble with the police in the past 12 months by type of placement

All children

	Foster carers	Natural parents	Residential care	Living independently	All placements
	%	%	%	%	%
Trouble with the police					
No	91	93	70	62	86
Once	4	2	4	3	4
Twice	1	4	8	14	3
Three or more times	3	1	17	22	6
Any trouble with police	10	8	30	38	14
Base	*629*	*100*	*168*	*37*	*934*
Seen by youth justice worker					
Yes	4	10	24	42	10
No	96	90	76	58	90
Base	*512*	*84*	*173*	*31*	*800*

Table 7.12 Trouble with the police in the past 12 months by length of time in current placement

All children (excluding those living independently)

	Less than 1 year	1 year but less than 2 years	2 years but less than 4 years	4 years and over	All children
	%	%	%	%	%
Trouble with the police					
No	83	88	92	92	88
Once	3	5	5	5	4
Twice	4	3	1	2	3
Three or more times	10	4	3	2	6
Any trouble with police	18	12	10	8	13
Base	*331*	*208*	*188*	*171*	*898*
Seen by youth justice worker					
Yes	15	8	5	2	9
No	85	92	95	98	91
Base	*295*	*179*	*163*	*132*	*769*

Table 7.13 Trouble with the police in the past 12 months by type of mental disorder

All children

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any disorder	No disorder	All children
	%	%	%	%	%	%	%
Trouble with the police							
No	79	72	84	97	75	96	86
Once	5	8	9	-	7	2	4
Twice	6	7	-	-	6	1	3
Three or more times	9	14	7	3	12	2	6
Any trouble with police	22	29	17	6	26	5	14
Base	*114*	*345*	*67*	*35*	*421*	*513*	*934*
Seen by youth justice worker							
Yes	15	18	7	5	15	4	10
No	85	82	93	95	85	96	90
Base	*115*	*358*	*74*	*39*	*434*	*365*	*800*

8 Scholastic achievement and education

8.1 Introduction

The aim of this chapter is to describe the educational profile of children looked after by local authorities and to examine the relationship between mental disorders and scholastic achievement. The data presented here come mainly from the postal questionnaire returned by the child's teacher and focus on 5- to 15-year-olds.

The topics covered in this chapter are:

- Teachers' assessments of the child's reading, spelling and mathematical abilities.
- Whether the child is behind for his/her age, and if so, how far behind.
- Whether the child has special educational needs (SEN) and what those needs are.
- Absenteeism from school.
- Truancy.

As in previous chapters, each topic is looked at by the age and sex of the child, type of placement, length of time in current placement and the relationship with the mental health of the child

8.2 Reading, mathematics and spelling

Teachers were asked to rate each child in terms of whether they were above average, average, had some difficulty or experienced marked difficulty with reading mathematics and spelling. About 60% of all looked after children had some degree of difficulty with at least one of these three abilities. Overall, boys seemed to have more difficulty than girls and younger children had more problems than older children. *(Table 8.1)*

Difficulties in reading, maths and spelling were more prevalent among children in residential care than in any other placement. Among children in residential care, 82% had difficulties with maths, 78% had problems spelling and 70% had reading difficulties. The corresponding percentages among children in foster care were: 59%, 61% and 55% respectively. The length of time the children were in their current placement did not seem to be associated with the teachers' rating. *(Tables 8.2 and 8.3)*

Children with a mental disorder were nearly twice as likely as children with no disorder to have marked difficulties with each of the three abilities: reading (37% compared with 19%); mathematics (35% compared with 20%) and spelling (41% compared with 24%). As hyperkinesis is characterised by lack of concentration, it is not unexpected that the highest rates of marked difficulty were found among this group: 46% had severe problems with spelling, 45% with maths, and 39% with reading. *(Table 8.4)*

Carers were also asked to rate the children on the three abilities and Table 8.5 shows how their evaluations were similar or different to those of the teachers. Overall, about 50% of children were rated identically by teachers and carers. Among the remaining half, teachers were twice as likely to give a more negative rating than parents. *(Table 8.5)*

8.3 Overall scholastic ability

Teachers were asked to estimate at what age the child was at in terms of his/her scholastic and intellectual ability. For analytical purposes the child's age was subtracted from his/her functioning age. Overall, 62% of all children were reported to be at least one year behind in their intellectual development. This comprised 38% of children who were one or two years behind and 24% who were three or more years below the level expected for their age.

Children who were rated as furthest behind their contemporaries were 11- to 15-year-old boys and those living in residential care. Following the pattern of teachers' ratings of reading, spelling and mathematics, age of scholastic and intellectual functioning was strongly related to the existence of a mental disorder. Among children with any mental disorder, about a third, 35%, were three or more years behind; twice the rate among the no disorder group, 17%. The major contribution to this difference was made by children with a conduct or hyperkinetic disorder in contrast to those with emotional problems. *(Tables 8.1–8.4)*

8.4 Special educational needs

Teachers were asked whether the child had any special educational needs, and if so, to rate the level of special needs according to the five recognised stages. This list was included in the teacher questionnaire for the1999 private household survey.

- Stage 1 – Class teacher or form/year tutor has overall responsibility.
- Stage 2 – SEN co-ordinator takes the lead in co-ordinating provision and drawing up individual educational plans.
- Stage 3 – External specialist support enlisted.
- Stage 4 – Statutory assessment by Local Education Authority (LEA).
- Stage 5 – SEN Statement issued by LEA.

Since the fieldwork for survey was carried out, these stages have been superseded by a new SEN Code of Practice (2002). This recognises a more graduated approach to SEN provision comprising School Action, School Action Plus and Statement of SEN (http://www.dfes.gov.uk/sen).

About two-thirds of children in the survey had recognised special educational needs, and half of these, 30%, had a statement issued by the local education authority. Boys were twice as likely to have a statement: 40% compared with 18%, and the prevalence of SEN statements were more common among the older children: 36% compared with 24%. *(Table 8.6)*

In the 1999, private household survey 19% of the 5- to 15-year-olds had special educational needs and just 3% overall had a statement.

Children looked after by local authorities who had a statement of SEN (i.e. at Stage 5) were more likely to be found in residential placements, 56%, than with foster carers, 27%, or living with their natural parents, 23%. Length of time in placement seemed to make little difference to the proportion of children with recognised SEN. *(Tables 8.7 and 8.8)*

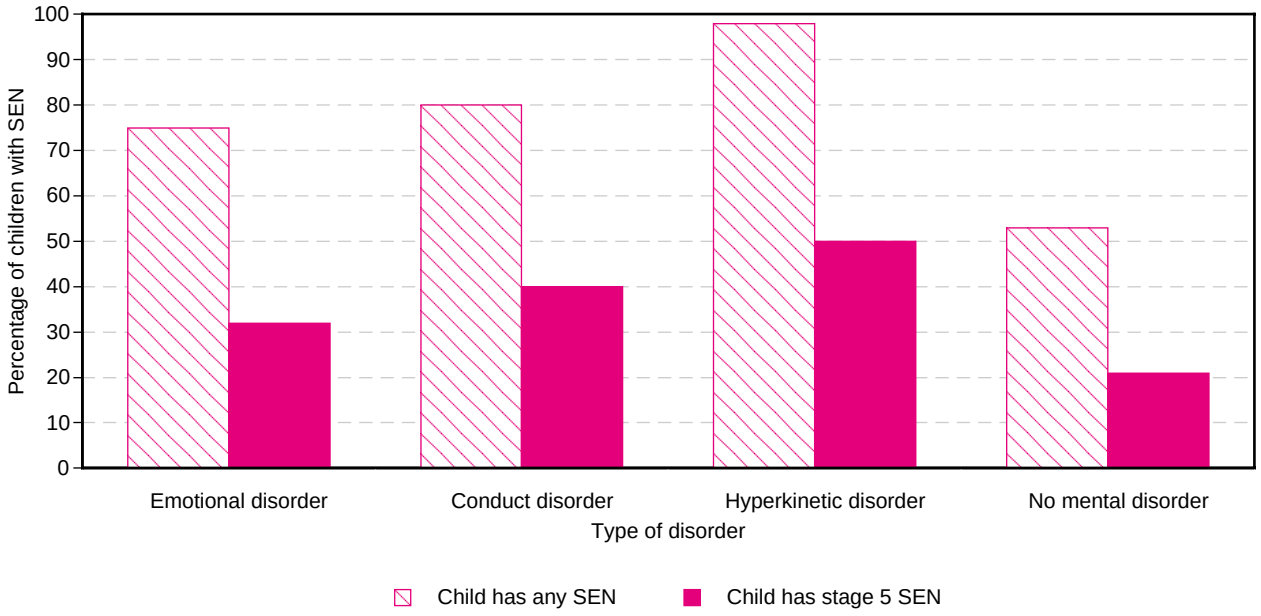
Among the children with a mental disorder, 42% had a statement of SEN, twice the proportion found among the sample with no mental disorder. The proportion of children with a statement also varied greatly by type of disorder: 5 in 10 of those with a hyperkinetic disorder, 4 in 10 of children with a conduct disorder and about 3 in 10 among children with an emotional disorder had a statement of SEN. *(Table 8.9, Figure 8.1)*

Logistic regression analysis demonstrated that hyperkinetic and conduct disorder increased the odds of a child having special educational needs (ORs = 26.31 and 2.96 respectively) after controlling for age, sex, type of placement and length of time in placement. *(Table 8.10)*

Teachers were also asked to indicate from a list what were the child's special educational needs:

- Emotional and behavioural difficulties.
- General learning difficulties.

Figure 8.1 Special educational needs by type of mental disorder



- Speech and language difficulties.
- Specific learning difficulties.
- Physical disability or sensory impairment.
- Other difficulties.

Of the children with special educational needs, 70% were classed as having emotional and behavioural difficulties. They were more likely to be boys and living in a residential placement. As might be expected, 88% of children with SEN who had a mental disorder were reported to have behavioural and emotional difficulties compared with 48% of SEN children with no mental disorder.

The next most common need highlighted by teachers was general learning difficulties: attributed to 62% of children with recognised special educational needs. These needs were reported in equal proportion among children irrespective of the presence or absence of a mental disorder.

One in five SEN children had speech and language difficulties and these problems were twice as common among children who had spent four or more years in their current placement compared with less than a year (33% and 15% respectively).

One in five SEN children in the survey were also reported by their teachers to have specific learning difficulties, but these children tended to be found in similar proportions among all children looked after by local authorities. *(Tables 8.6–8.9)*

8.5 Absenteeism from school

Teachers were asked how many days the child had been absent during the last term. Because this information was provided by teachers in the postal questionnaire, we do not know whether teachers consulted records or made a best guess from memory. Taking account of this proviso, 57% of all children had been absent from school for a day or more during the previous term. Thirty nine per cent had been away from school for up to a week and 18% had been away for more than a week. These distributions are very similar to those found in the 1999 private household survey: 45% had been away from school for up to a week and 21% had been away for more than a week.

Among looked after children, the greatest proportion of absenteeism was found among 11- to 15-year-old girls, about three-quarters of them had some time off last term and, overall a quarter had been absent for a 6 days or more. *(Table 8.11)*

Children placed with their own parents were more likely to be absent from school than those in foster or residential care: 36% of children living with their parents were absent for six days or more compared with 14% and 18% of those in foster or residential care. *(Table 8.12)*

Children who had been in their placement for four years or more were more likely to spend more time absent from school than other children. This reflects the fact that lengthy placements are more likely to be a characteristic of older children. *(Table 8.13)*

The presence of a mental disorder or a physical illness seemed to have little effect on absenteeism from school. Higher rates of school absence were found among older girls and children placed with natural parents. Absenteeism from school by type of mental disorder was very similar in the looked after and private household population. *(Tables 8.14 and 8.15)*

8.6 Truancy

All three types of respondent (young person, parent and teacher) were asked about truanting. However, because of differences in question wording, type of administration and routing it is difficult to directly compare the information which was collected from the three sources.

The question directed at carers was: *(In the past 12 months) Has s/he often played truant ('bunked off') from school?* This was only asked of carers of children who were more troublesome than average. According to carers, 11% of the children had 'definitely' and 3% had 'perhaps' often played truant in the past year. Carers were far more likely to say "definitely" if the child was aged 11–15, placed in residential care and been in the current placement for less than a year. *(Tables 8.16–8.18)*

Children who had a disorder were more likely than those without a disorder to have 'definitely' played truant in the past year according to carers: 14% compared with 6%. According to carers 1 in 4 children with emotional disorders played truant in the past twelve months. *(Table 8.19)*

The wording of the truancy question for the 11- to 15-year-olds was the same as that asked of carers. However, owing to the sensitive nature of the topic, the question was included in the self-completion questionnaire. Seventeen per cent of the young people reported that they had 'definitely' and 10% had 'perhaps' often played truant in the past year. Young people with a disorder were more than three times as likely than other children to have said that they definitely often played truant: 29% compared with 8%. Children with emotional, conduct or hyperkinetic disorders were equally as likely to report truanting behaviour. *(Table 8.19)*

The question on truancy presented to teachers was different to those addressed to parents and children, because teachers did not have a face-to-face interview but were sent a postal questionnaire. The questionnaire included the statement: 'plays truant' and the teacher was asked to respond by ticking one of three boxes labelled, not true, partly true or certainly true. According to the teachers 10% of children played truant. This percentage represents 18% of children assessed as having a mental disorder and just 5% of those with no disorder. Following the pattern of the carer and young person data, the greatest proportion of children playing truant were in residential care and had been in care for less than a year.
(Table 8.16–8.19)

Table 8.1 Teacher's rating of child's reading, maths and spelling ability by age and sex

Children aged 5–15 with a returned teacher questionnaire

	Boys			Girls			Boys and girls		
	5- to 10-year-olds	11- to 15-year-olds	All boys	5- to 10-year-olds	11- to 15-year-olds	All girls	5- to 10-year-olds	11- to 15-year-olds	All children
	%	%	%	%	%	%	%	%	%
Reading									
Above average	10	10	10	7	12	10	9	11	10
Average	28	29	28	33	42	38	30	35	33
Some difficulty	31	28	29	32	32	32	31	30	31
Marked difficulty	32	32	32	28	14	20	30	24	27
Base	*149*	*163*	*312*	*123*	*138*	*261*	*272*	*302*	*574*
Mathematics									
Above average	8	9	9	7	9	8	8	9	9
Average	27	29	28	26	35	31	26	32	29
Some difficulty	34	32	33	37	40	39	35	36	35
Marked difficulty	32	30	31	30	16	23	31	23	27
Base	*143*	*155*	*298*	*123*	*136*	*259*	*266*	*291*	*557*
Spelling									
Above average	6	7	6	6	11	9	6	8	7
Average	22	30	26	25	36	31	24	33	29
Some difficulty	34	26	30	33	39	36	34	32	33
Marked difficulty	39	37	38	35	13	24	37	26	31
Base	*142*	*160*	*302*	*123*	*137*	*260*	*264*	*296*	*560*
Overall scholastic ability (functioning age – actual age)									
4 or more years behind	10	28	19	4	14	9	7	21	14
3 years behind	7	11	9	7	15	11	7	13	10
2 years behing	15	20	17	18	11	14	16	15	16
1 year behind	29	10	19	25	26	25	27	17	22
Equivalent	25	22	23	33	24	28	29	23	26
1 or more years ahead	15	11	13	14	10	12	14	11	12
Base	*135*	*148*	*283*	*114*	*128*	*242*	*249*	*273*	*522*

Table 8.2 Teacher's rating of child's reading, maths and spelling ability by type of placement

Children aged 5–15 with a returned teacher questionnaire

	Foster care	Natural parents	Residential care	All placements *
	%	%	%	%
Reading				
Above average	11	11	6	10
Average	35	28	25	33
Some difficulty	29	40	31	30
Marked difficulty	26	22	39	27
Base	*432*	*65*	*72*	*571*
Mathematics				
Above average	8	12	4	8
Average	32	27	13	29
Some difficulty	34	39	38	35
Marked difficulty	25	22	44	27
Base	*424*	*64*	*68*	*556*
Spelling				
Above average	8	11	3	7
Average	32	18	19	28
Some difficulty	32	41	33	33
Marked difficulty	29	30	45	31
Base	*429*	*63*	*69*	*561*
Overall scholastic ability (functioning age – actual age)				
4 or more years behind	13	6	32	14
3 years behind	10	11	10	10
2 years behing	17	10	15	16
1 year behind	21	29	20	22
Equivalent	27	26	18	26
1 or more years ahead	12	18	5	12
Base	*399*	*62*	*60*	*523*

* Includes 2 young people living independently but still at school.

Table 8.3 Teacher's rating of child's reading, maths and spelling ability by length of time in current placement

Children aged 5–15 with a returned teacher questionnaire

	Less than 1 year	1 year but less than 2 years	2 years but less than 4 years	4 years and over	All children
	%	%	%	%	%
Reading					
Above average	12	6	9	13	10
Average	31	36	32	33	33
Some difficulty	27	35	32	29	30
Marked difficulty	30	23	27	26	27
Base	*196*	*142*	*132*	*101*	*571*
Mathematics					
Above average	10	6	6	13	9
Average	30	30	25	33	29
Some difficulty	34	41	36	28	35
Marked difficulty	27	23	32	26	27
Base	*195*	*136*	*126*	*100*	*557*
Spelling					
Above average	10	5	6	7	7
Average	29	25	28	34	28
Some difficulty	27	43	32	32	33
Marked difficulty	34	27	34	28	31
Base	*198*	*138*	*127*	*98*	*561*
Overall scholastic ability (functioning age – actual age)					
4 or more years behind	15	13	14	15	14
3 years behind	8	9	9	16	10
2 years behing	18	18	16	7	16
1 year behind	21	20	25	21	22
Equivalent	27	28	23	23	26
1 or more years ahead	11	12	12	17	12
Base	*179*	*130*	*120*	*94*	*523*

Table 8.4 Teacher's rating of child's reading, maths and spelling ability by type of mental disorder

Children aged 5–15 with a returned teacher questionnaire

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any mental disorder	No mental disorder	All children
	%	%	%	%	%	%	%
Reading							
Above average	8	6	6	-	6	13	10
Average	38	27	24	[3]	26	38	33
Some difficulty	27	32	31	[5]	31	30	30
Marked difficulty	27	35	39	[16]	37	19	27
Base	*55*	*207*	*53*	*24*	*244*	*328*	*572*
Mathematics							
Above average	4	5	2	-	5	11	9
Average	26	22	17	-	21	36	29
Some difficulty	44	38	36	[3]	39	33	35
Marked difficulty	26	34	45	[17]	35	20	27
Base	*51*	*206*	*51*	*20*	*240*	*317*	*557*
Spelling							
Above average	4	5	4	-	5	9	7
Average	31	22	13	[2]	21	34	29
Some difficulty	35	35	37	[1]	33	33	33
Marked difficulty	30	38	46	[17]	41	24	31
Base	*53*	*207*	*51*	*20*	*242*	*320*	*562*
Overall scholastic ability (functioning age – actual age)							
4 or more years behind	10	18	26	[15]	22	9	14
3 years behind	14	14	14	[1]	13	8	10
2 years behing	12	22	18	[1]	19	13	16
1 year behind	30	22	14	-	21	22	22
Equivalent	26	18	22	[2]	19	31	26
1 or more years ahead	8	6	6	[1]	6	17	12
Base	*51*	*188*	*49*	*20*	*222*	*301*	*523*

Table 8.5 Carer's rating of child's reading, maths and spelling ability compared with teacher's rating

Children aged 5–15 with a returned teacher questionnaire

	Teacher's rating of each ability				
	Above average	Average	Some difficulty	Marked difficulty	Totals
Carer's rating of each ability					
Reading					
Above average	6%	11%	2%	0	20%
Average	4%	16%	10%	2%	32%
Some difficulty	-	5%	12%	8%	25%
Marked difficulty	-	1%	6%	15%	23%
Totals	58	187	173	150	568
					(Base=100%)
Mathematics					
Above average	4%	7%	2%	1%	13%
Average	3%	13%	10%	3%	29%
Some difficulty	2%	7%	15%	7%	31%
Marked difficulty	-	3%	8%	16%	27%
Totals	47	160	197	145	549
					(Base=100%)
Spelling					
Above average	4%	7%	2%	1%	14%
Average	2%	15%	9%	3%	29%
Some difficulty	1%	6%	15%	9%	30%
Marked difficulty	-	1%	7%	18%	27%
Totals	40	160	182	171	553
					(Base=100%)

Table 8.6 Special educational needs profile by age and sex

Children aged 5–15 with a returned teacher questionnaire

	Boys			Girls			Boys and girls		
	5- to 10-year-olds	11- to 15-year-olds	All boys	5- to 10-year-olds	11- to 15-year-olds	All girls	5- to 10-year-olds	11- to 15-year-olds	All children
	%	%	%	%	%	%	%	%	%
Does child have officially recognised special educational needs?*									
No	29	28	29	39	48	44	34	38	36
Stage 1	9	6	7	12	7	10	10	6	8
Stage 2	16	10	13	22	9	15	19	10	14
Stage 3	15	6	10	11	14	13	13	10	11
Stage 4	1	1	1	1	1	1	1	1	1
Stage 5	30	50	40	16	21	18	24	36	30
Base	*144*	*155*	*299*	*121*	*141*	*262*	*264*	*296*	*560*
All young people with SEN									
			Proportion of young people with SEN with each type of special need						
Special needs relate to..									
Emotional and behavioural difficulties	77	83	80	56	53	55	68	71	70
General learning difficulties	61	58	60	72	58	65	66	58	62
Speech and language difficulties	25	21	23	22	10	16	24	16	20
Specific learning difficulties	23	19	21	19	17	18	21	18	20
Physical disability or sensory impairment	12	10	11	6	9	7	10	9	10
Other difficulties	11	10	10	9	6	7	10	8	9
Base	*100*	*108*	*208*	*72*	*73*	*145*	*172*	*181*	*353*

* These stages have ceased to exist by a new SEN code of practice (2002).

Table 8.7 Special educational needs profile by type of placement

Children aged 5–15 with a returned teacher questionnaire

	Foster carers	Natural parents	Residential care	All placements
	%	%	%	%
Does child have officially recognised special educational needs?				
No	37	44	22	36
Stage 1	8	8	7	8
Stage 2	16	14	1	14
Stage 3	11	11	12	11
Stage 4	1	-	1	1
Stage 5	27	23	56	30
Base	*428*	*62*	*69*	*559*
All young people with SEN				
		Proportion of young people with SEN with each type of special need		
Special needs relate to..				
Emotional and behavioural difficulties	66	71	88	70
General learning difficulties	64	60	53	62
Speech and language difficulties	20	17	21	20
Specific learning difficulties	20	26	17	20
Physical disability or sensory impairment	9	12	11	10
Other difficulties	8	3	21	9
Base	*263*	*36*	*54*	*353*

Table 8.8 Special educational needs profile

by length of time in current placement

Children aged 5–15 with a returned teacher questionnaire

	Less than 1 year	1 year but less than 2 years	2 years but less than 4 years	4 years and over	All children
	%	%	%	%	%
Does child have officially recognised special educational needs?					
No	36	36	32	39	36
Stage 1	8	7	12	8	8
Stage 2	12	18	14	12	14
Stage 3	14	8	14	6	11
Stage 4	1	2	-	-	1
Stage 5	29	29	29	35	30
Base	*198*	*137*	*126*	*100*	*561*
All young people with SEN					
			Proportion of young people with SEN with each type of special need		
Special needs relate to..					
Emotional and behavioural difficulties	74	68	66	70	70
General learning difficulties	58	62	65	66	62
Speech and language difficulties	15	16	21	33	20
Specific learning difficulties	20	17	21	23	20
Physical disability or sensory impairment	8	10	4	20	10
Other difficulties	9	7	12	8	9
Base	*122*	*85*	*86*	*60*	*353*

Table 8.9 Special educational needs profile

by type of mental disorder

Children aged 5–15 with a returned teacher questionnaire

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any mental disorder	No mental disorder	All children
	%	%	%	%	%	%	%
Does child have officially recognised special educational needs?							
No	25	20	2	-	22	47	36
Stage 1	8	8	14	-	7	9	8
Stage 2	20	11	21	[1]	11	16	14
Stage 3	15	20	13	-	17	6	11
Stage 4	-	1	-	-	1	1	1
Stage 5	32	40	50	[21]	42	21	30
Base	*54*	*208*	*52*	*22*	*244*	*316*	*560*
All young people with SEN							
			Proportion of young people with SEN with each type of special need				
Special needs relate to..							
Emotional and behavioural difficulties	82	91	96	[18]	88	48	70
General learning difficulties	51	59	56	[12]	60	65	62
Speech and language difficulties	10	14	11	[12]	17	23	20
Specific learning difficulties	13	15	15	[9]	17	23	20
Physical disability or sensory impairment	13	6	6	[5]	9	10	10
Other difficulties	10	4	-	[10]	8	10	9
Base	*39*	*165*	*51*	*22*	*189*	*164*	*353*

Table 8.10 Psychiatric correlates of having special educational needs

Children aged 5–15 with a returned teacher questionnaire

Variable	Adjusted Odds Ratio	95% C.I.	Variable	Adjusted Odds Ratio	95% C.I.
Emotional disorder			**Conduct disorder**		
No	1.00	-	No	1.00	-
Yes	1.90	0.97–3.73	Yes	2.96***	1.96–4.46
Age			**Age**		
5–10	1.00	-	5–10	1.00	-
11–15	0.77	0.54–1.11	11–15	0.76	0.52–1.10
Sex			**Sex**		
Male	1.00	-	Male	1.00	-
Female	0.52***	0.63–0.74	Female	0.60 **	0.42–0.87
Type of placement			**Type of placement**		
Foster care	1.00	-	Foster care	1.00	-
Natural parents	0.71	0.41–1.24	Natural parents	0.78	0.45–1.37
Residential care	2.06*	1.09–3.86	Residential care	1.79	0.94–3.41
Time in placement			**Time in placement**		
4 years or more	1.00	-	4 years or more	1.00	-
2 < 4 years	1.28	0.73–2.26	2 < 4 years	1.19	0.67–2.13
1 < 2 years	1.06	0.62–1.84	1 < 2 years	0.94	0.53–1.64
Less than 1 year	1.06	0.64–1.78	Less than 1 year	0.91	0.54–1.53
Hyperkinetic disorder			**Any disorder**		
No	1.00	-	No	1.00	-
Yes	26.31***	3.72–186.04	Yes	2.97***	2.0–4.41
Age			**Age**		
5–10	1.00	-	5–10	1.00	-
11–15	0.80	0.55–1.16	11–15	0.74	0.51–1.08
Sex			**Sex**		
Male	1.00	-	Male	1.00	-
Female	0.63*	0.44–0.90	Female	0.60 **	0.42–0.86
Type of placement			**Type of placement**		
Foster care	1.00	-	Foster care	1.00	-
Natural parents	0.77	0.44–1.34	Natural parents	0.72	0.41–1.27
Residential care	2.12*	1.18–4.04	Residential care	1.61	0.84–3.09
Time in placement			**Time in placement**		
4 years or more	1.00	-	4 years or more	1.00	-
2 < 4 years	1.19	0.67–2.11	2 < 4 years	1.19	0.66–2.12
1 < 2 years	1.01	0.58–1.76	1 < 2 years	0.93	0.53–1.65
Less than 1 year	1.00	0.59–1.68	Less than 1 year	0.90	0.53–1.54

*** p<0.001, ** p<0.01, * p<0.05

Table 8.11 Days absent last term

by age and sex

Children aged 5–15 with a returned teacher questionnaire

	Boys			Girls			Boys and girls		
	5- to 10-year-olds	11- to 15-year-olds	All boys	5- to 10-year-olds	11- to 15-year-olds	All girls	5- to 10-year-olds	11- to 15-year-olds	All children
	%	%	%	%	%	%	%	%	%
Days absent last term									
None	48	47	48	51	27	38	49	38	43
1–5	39	33	36	40	47	44	39	39	39
6–10	6	7	7	5	10	8	6	8	7
11–15	2	5	4	4	5	4	3	5	4
16–20	4	2	3	-	5	3	2	3	3
21 and over	2	5	4	-	7	4	1	6	4
Base	*113*	*129*	*242*	*80*	*103*	*183*	*193*	*233*	*426*

Table 8.12 Days absent last term

by type of placement

Children aged 5–15 with a returned teacher questionnaire

	Foster care	Natural parents	Residential care	All placements
	%	%	%	%
Days absent last term				
None	44	27	54	43
1–5	41	38	29	39
6–10	6	11	6	7
11–15	3	9	4	4
16–20	2	7	2	3
21 and over	3	9	6	4
Base	*328*	*45*	*52*	*425*

Table 8.13 Days absent last term

by length of time in current placement

Children aged 5–15 with a returned teacher questionnaire

	Less than 1 year	1 year but less than 2 years	2 years but less than 4 years	4 years and over	All children
	%	%	%	%	%
Days absent last term					
None	46	44	47	32	43
1–5	37	37	42	43	39
6–10	8	4	6	10	7
11–15	5	5	2	3	4
16–20	-	8	1	4	3
21 and over	4	2	2	8	4
Base	*153*	*102*	*98*	*74*	*427*

Table 8.14 Days absent last term

by type of mental disorder

Children aged 5–15 with a returned teacher questionnaire

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any mental disorder	No mental disorder	All children
	%	%	%	%	%	%	%
Days absent last term							
None	39	43	55	[13]	45	42	43
1–5	29	37	30	[4]	35	42	39
6–10	10	7	6	-	7	7	7
11–15	11	5	-	-	4	4	4
16–20	2	2	2	-	2	3	3
21 and over	8	6	6	-	6	2	4
Base	*39*	*163*	*45*	*17*	*189*	*236*	*426*

Table 8.15 Days absent last term

by mental disorder and physical illness

Children aged 5–15 with a returned teacher questionnaire

	Any mental disorder			No mental disorder			
	Physical illness	No physical illness	All with mental disorder	Physical illness	No physical illness	All with no mental disorder	All children
	%	%	%	%	%	%	%
Days absent last term							
None	[2]	46	45	41	42	42	43
1–5	[2]	36	35	43	42	42	39
6–10	[1]	7	7	7	6	7	7
11–15	[1]	4	4	4	4	4	4
16–20	-	2	2	3	4	3	3
21 and over	[1]	6	6	2	2	2	4
Base	*7*	*182*	*189*	*68*	*169*	*237*	*426*

Table 8.16 Truancy

by age and sex and type of respondent

Children with a returned teacher questionnaire

	Boys			Girls			Boys and girls		
	5- to 10-year-olds	11- to 15-year-olds	All boys	5- to 10-year-olds	11- to 15-year-olds	All girls	5- to 10-year-olds	11- to 15-year-olds	All children
	%	%	%	%	%	%	%	%	%
Teacher's report on truancy among 5- to 15- year-olds									
Not true	99	81	90	99	81	90	99	82	90
Partly true	-	11	6	-	12	6	-	12	6
Certainly true	1	8	5	1	6	4	1	7	4
Base	*147*	*160*	*307*	*121*	*140*	*261*	*268*	*299*	*567*
Carer's report on truancy among 5- to 15- year-olds									
No	100	79	88	89	74	84	100	77	86
Perhaps	-	5	3	-	4	3	-	5	3
Definitely	-	16	9	1	22	14	1	19	11
Base	*125*	*174*	*299*	*90*	*133*	*223*	*215*	*307*	*522*
11- to 15- year olds' report on their own truancy among									
No	..	74	74	..	73	73	..	73	73
Perhaps	..	10	10	..	10	10	..	10	10
Definitely	..	16	16	..	17	17	..	17	17
Base	..	*152*	*152*	..	*154*	*154*	..	*307*	*307*

.. Data not available as children aged 5–10 were not interviewed.

Table 8.17 Truancy

by type of placement and type of respondent

Children with a returned teacher questionnaire

	Foster carers	Natural parents	Residential care	Living independently	All placements
	%	%	%	%	%
Teacher's report on truancy among 5- to 15-year olds					
Not true	92	89	75	[2]	90
Partly true	5	5	14	-	6
Certainly true	3	6	10	-	4
Base	*431*	*65*	*69*	*2*	*567*
Carer's report on truancy among 5- to 15-year olds					
No	90	81	76	[2]	86
Perhaps	2	4	3	-	3
Definitely	8	15	22	-	11
Base	*361*	*52*	*107*	*2*	*522*
11- to 15-year olds' report on their own truancy					
No	80	70	46	[2]	74
Perhaps	8	13	17	-	10
Definitely	12	17	38	-	17
Base	*227*	*30*	*48*	*2*	*307*

Table 8.18 Truancy

by time in current placement and type of respondent

Children with a returned teacher questionnaire

	Less than 1 year	1 year but less than 2 years	2 years but less than 4 years	4 years and over	All children
	%	%	%	%	%
Teacher's report on truancy among 5- to 15- year-olds					
Not true	86	91	92	91	90
Partly true	7	7	4	6	6
Certainly true	6	2	4	3	4
Base	*193*	*141*	*134*	*98*	*566*
Carer's report on truancy among 5- to 15- year-olds					
No	82	86	92	89	86
Perhaps	2	4	1	6	3
Definitely	17	10	8	5	11
Base	*191*	*127*	*118*	*84*	*520*
11- to 15- year-olds' report on their own truancy					
No	66	71	78	85	73
Perhaps	13	12	2	8	10
Definitely	20	17	20	7	17
Base	*112*	*77*	*54*	*61*	*304*

Table 8.19 Truancy

by type of mental disorder and type of respondent

Children with a returned teacher questionnaire

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any mental disorder	No mental disorder	All children
	%	%	%	%	%	%	%
Teacher's report on truancy among 5- to 15-year olds							
Not true	80	80	80	[20]	82	95	90
Partly true	13	11	12	[1]	10	4	6
Certainly true	7	9	9	-	8	1	4
Base	*57*	*205*	*53*	*21*	*242*	*325*	*567*
Carer's report on truancy among 5- to 15-year olds							
No	76	82	86	[29]	83	91	86
Perhaps	-	3	3	-	2	3	3
Definitely	24	15	11	-	14	6	11
Base	*74*	*293*	*70*	*29*	*335*	*186*	*521*
11- to 15-year olds' report on their own truancy							
No	57	57	[7]	[2]	59	84	73
Perhaps	8	14	[2]	-	12	8	10
Definitely	35	29	[3]	[1]	29	8	17
Base	*39*	*112*	*12*	*3*	*131*	*176*	*307*

Table 8.20 Comparison of truancy rates reported by teachers, carers and young people

Children aged 11–15 with a returned teacher questionnaire

	Teacher's report of truancy		
	No	Perhaps or definitely	Totals
Carer's report of truancy			
No	70%	!0%	148
Perhaps or definitely	4%	16%	36
Totals	137	47	184
			(Base=100%)

	Teacher's report of truancy		
	No	Perhaps or definitely	Totals
Child's report of truancy			
No	71%	6%	169
Perhaps or definitely	12%	12%	52
Totals	182	39	221
			(Base=100%)

	Carer's report of truancy		
	No	Perhaps or definitely	Totals
Child's report of truancy			
No	56%	8%	116
Perhaps or definitely	20%	16%	65
Totals	138	43	181
			(Base=100%)

9 Social networks and lifestyle behaviours

9.1 Introduction

This chapter focuses on several aspects of the social life of children: their friendships, help-seeking behaviour and lifestyle. The term, lifestyle behaviour, is used here to cover cigarette smoking, drinking alcohol, drug use and sexual activity.

All the topics covered in this chapter were only asked of young people aged 11–17 years. Owing to the sensitive nature of the questions on smoking, alcohol and drug use and sexual activity, they were included as part of the self-completion questionnaire for young people using Audio-CASI: a system which allows respondents to hear the questions via headphones and enter their answers on the laptop computer.

9.2 Friendships

The aim of this section was to find out what role friends had in a looked after child's life. To find out more about their friendships 11- to 17-year-olds were asked the following questions:

- Do you have any friends?
- How much time do you spend together (with your friends)?
- How often do friends come to your home?
- How often do you go to your friend's home?
- Can you confide in any of your friends such as sharing a secret or telling them private things?
- Do you have a 'best' friend or special friend?
- Over the past 12 months have you belonged to any teams, clubs or other groups with an adult in charge?

Looking at the responses to the individual questions permits a more detailed examination of the relationship between mental disorders and friendship behaviour. In reviewing previous studies Goodyer *et al* (1990) have commented that good peer relationships are probably necessary for healthy mental development. Absence of close relationships may increase the risk of psychiatric disorder.

The first question in the friendship section asked young people if they had any friends. Virtually all young people reported that they had some friends. (Table 9.1)

Eighty-four per cent of the children had a 'best' friend. Sixteen- and seventeen-year-old girls were more likely than boys of the same age to have a best friend (90% compared with 73%). (Table 9.1)

Children in each of the different placement types were equally likely to have a best friend although almost a quarter, 22%, of children who had been in their placement for less than a year reported not having a best friend. (Tables 9.2 and 9.3)

Children who reported having friends were asked how much of their time was spent with their friends. Around a half of all children reported that they spent some of their time with their friends and a further quarter spent all or most of their time with friends. However, over a quarter, 27%, spent only a little time or no time at all in the presence of their friends. This compares with just 12% of children living in private households (Meltzer H *et al* 2000). Girls were more likely than boys to spend no time with their friends, particularly among the younger children (8% compared with 1%). (Table 9.1)

Children in residential care were more likely than those in foster care to report not spending any time with their friends (13% compared with 3%) and children who had been in their placement for less than a year were also the most likely to report spending no time at all with their friends (8% compared with 2% among those in their placement for a year or more). (Tables 9.2 and 9.3)

Children with any mental disorder were four times more likely than those with no disorder to report not spending any time with their friends. (Table 9.4)

The 5% of children reporting that they spent no time at all with their friends could be an indication that they do not have any friends but were too

embarrassed to say so when asked. However, children in residential placements could be friends with people who do not live in the same home and thus it is likely that only a little of their time, if any, is spent with these friends.

Young people were also asked if they felt able to confide in any of their friends such as sharing secrets or telling them private things. Around a half of the children reported that they could definitely confide in their friends but 16% overall said they could not confide in their friends at all. This compares with only 6% of children in the private household survey. Girls were more able to confide in their friends than boys (59% compared with 41%). (Table 9.1)

The final question in the friendship section was about membership of teams, clubs or other groups (with an adult in charge) over the past 12 months. Fifty-eight per cent of children had belonged to a club. Sixteen- and seventeen-year-old boys were more likely than girls of the same age to have belonged to such a club (51% compared with 31%). (Table 9.1)

Children in foster care placements were particularly likely to have belonged to a club in the last 12 months, 64%, and club attendance was more likely the longer the child had been in their placement: 51% of the children who had been in their placement for less than a year had belonged to a club compared with 67% of those children who had been in their placement for four or more years. (Tables 9.2 and 9.3)

The presence of a mental disorder seemed to have little effect on most of the friendship measures. (Table 9.4)

9.3 Help-seeking behaviour

All 11- to 17-year-olds were asked if they had ever felt so unhappy or worried that they had asked someone for help. Around a third of all children, 31%, had sought help because they had felt unhappy or worried. Girls were more likely than boys (36% compared with 25%) and older children were more likely than younger children (38% compared with 28%) to have sought help because of unhappiness or worry.

Girls were more likely than boys to have sought help from nearly all the sources of help. In particular they were much more likely to seek help from their mother or foster mother (22% compared with 14%) and were more than twice as likely as boys to ask a special friend for help (11% compared with 5%). (Table 9.5)

Almost a quarter of the children in foster care, 22%, sought help from their mother or foster mother and this was by far the most common source of help among this group. For children in residential care the most common source of help was a member of staff at the residential care home, 19%, suggesting that the children tended to seek help from the sources most easily accessible to them. (Table 9.6)

There was little variation from the overall pattern of help-seeking behaviour when looked at by either length of time in current placement or by mental disorder. (Tables 9.7 and 9.8)

The majority of children who had sought help, 69%, wanted a chance to talk things over, 6% required practical advice and a quarter were seeking both practical advice and a chance to talk things over. (Table 9.9)

The young people who had not sought help were asked to imagine who they would turn to for assistance if they ever needed it. Again, it was the child's mother who was the most popular choice, proposed by 74% of children. The child's father was the next most common choice, 38%, followed by a special friend, 21%. (Table 9.10)

For children in residential care, the most popular choice, for 41% of young people, was a member of staff in the residential home. Eighty six per of children in foster care placements said they would turn to their mother or foster mother. (Table 9.11)

Children with a mental disorder were more likely than those with no disorder to say that they would not seek help from any of the sources mentioned (15% compared with 6%) indicating a general mistrust of people. Children with no disorder were much more likely than those with a disorder to seek help from their mother or foster mother (88% compared with 53%). (Table 9.13)

When asked what type of help they would expect to receive, 35% wanted the opportunity to talk things over, 10% hoped to get practical advice and over half, 55%, thought they would get both practical advice and a chance to talk things over. (Table 9.14)

9.4 Smoking

Questions on smoking, drinking and drug use were included in the survey so that the use of these substances among looked after children could be examined. The questions on these lifestyle behaviours were included in the self-completion part of the interview and were asked of all 11- to 17-year-olds.

Smoking

Children were categorised into four groups according to their smoking behaviour: current smokers, ex smokers, children who had tried it once and those who had never smoked. Children were classed as current smokers if they said 'yes' to the question; 'Do you smoke at all these days?'.

Overall, about a quarter, 27%, of the young people, aged 11–15, were current smokers. This is about three times the rate found in the survey of the mental health of children in private households, 8%, (Meltzer *et al*, 2000) and in the survey of drug use, smoking and drinking among young teenagers in 1999, 9% (Goddard and Higgins, 2000). (Figure 9.1)

The overall pattern was the same for girls and boys but 16- and 17-year-old girls were more likely than boys to report being ex-smokers (31% compared with 19%). Boys of this age were more likely than girls to have either tried smoking once (12% compared with 6%) or to have never tried smoking (26% compared with 17%). (Table 9.15)

Sixty-nine per cent of 11- to 17-year-olds in residential care placements were current smokers. Children in foster care were much more likely than young people in residential care to have either stopped smoking (27% compared with 12%) or to have never smoked (41% compared with 15%). This difference in smoking rates between placement type can partly be explained by the increase in the prevalence of smoking with age. Young people living in residential care had a mean age of 13 years 4 months compared with 11 years 8 months of those in foster care. (Table 9.16)

The likelihood of being a current smoker decreased as the time the child had been in their current placement increased: 43% of those who had been in their placement for less than a year were current smokers compared with 14% of those who had been in their placement for four or more years. However, this difference can not be explained by age as the mean age of those recently looked after was 12 years 1 month compared with 12 years 3 months of young people looked after for 4 years or more. (Table 9.17)

Figure 9.1 Smoking behaviour of looked after and private household children aged 11 – 15

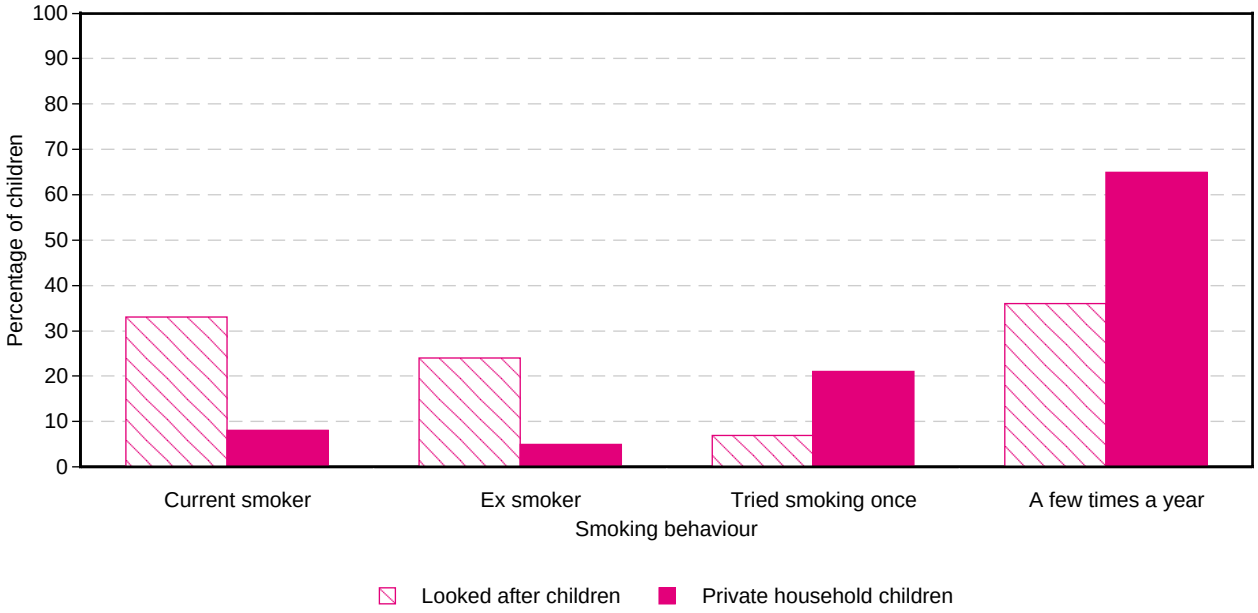
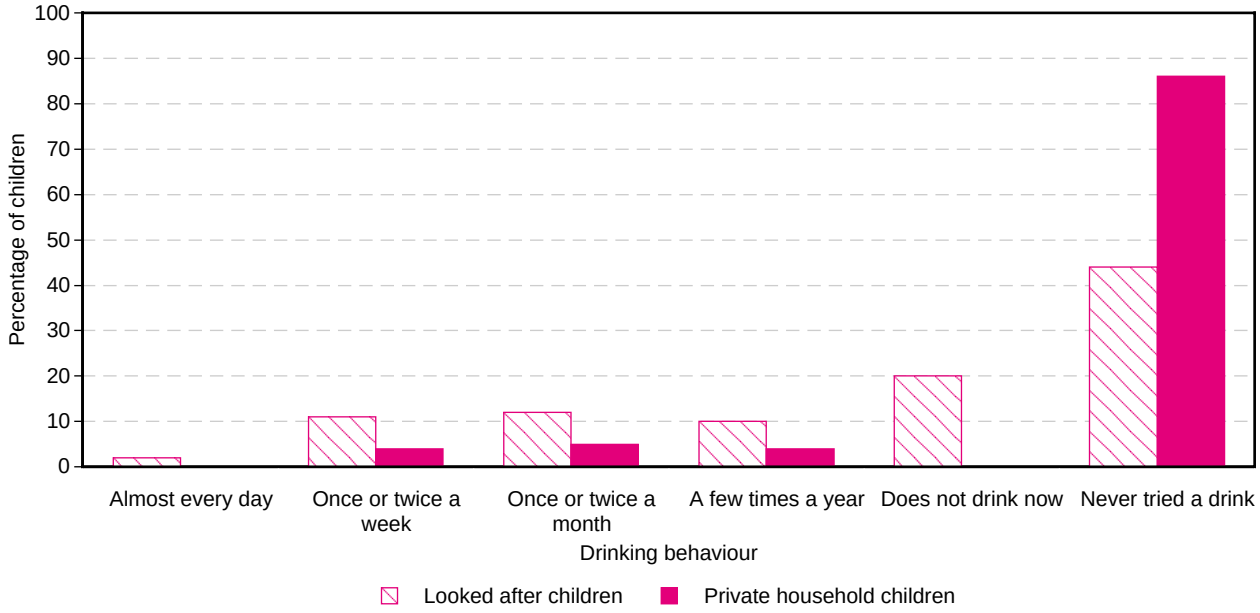


Figure 9.2 Drinking behaviour of looked after and private household children aged 11 – 15



Children with a mental disorder appeared to be much more likely to smoke. Over half of the young people with a mental disorder were current smokers compared with only 19% of those with no disorder. Sixty-five per cent of the children with an emotional disorder were current smokers. (Table 9.18)

Over a third, 34%, of all the children who smoked reported that they had started smoking at the age of ten years or under. There was little difference in the age the child started smoking by whether or not the child had a mental disorder. (Table 9.20)

Logistic regression analysis shows that having an emotional disorder almost quadruples the chance of being a current smoker (OR=3.92) and having a conduct disorder trebles the chance (OR=3.07) having adjusted for demographic and placement characteristics. Other factors which increased the odds of being a current smoker significantly were being in the 16 to 18 age group (OR=2.71), living in residential care (OR=4.62) and having been in their current placement for less than a year (OR=2.49). (Table 9.34)

9.5 Drinking

Children were placed into six groups in terms of their alcohol consumption: almost every day, once or twice a week, once or twice a month, a few times a year, does not drink alcohol now and never had an alcoholic drink. The number of children who drank was much greater than for the private household survey (Meltzer *et al*, 2000): less than half of the children, 45%, had never had an alcoholic drink and a quarter drank at least once a month. Corresponding figures for children living in private households were 86% and 9% respectively. (Figure 9.2)

Not surprisingly, children in the older age group (16–17) were much more likely to drink than the 11- to 15-year-olds; for example, 34% of older children drank at least once or twice a week compared with only 7% of the 11- to 15-year-olds.

For 11- to 15-year-olds there was not much difference between boys and girls in drinking behaviour whereas for 16- to 17-year-olds there is an apparent difference. In this age group 57% of boys drank at least once a month compared with 41% of girls. However, the sample sizes are small and this difference did not reach statistical significance. (Table 9.21)

Compared with children in foster care placements, children in residential care were much more likely to drink alcohol: a quarter of children in residential care drank at least once a week compared with only 8% of those in foster care placements. Similarly, half of the children in foster care had never had an alcoholic drink compared with only a quarter of those in residential care. Again, these results probably reflect the relatively larger proportions of older children in residential care than in foster care. (Table 9.22)

Children with a mental disorder were more likely to be regular drinkers than children with no mental disorder: 5% of children with a mental disorder reported that they drunk almost every day compared with none of the children with no disorder. Six per cent of children with conduct disorder drank almost every day and a quarter of children with an emotional disorder drank at least once or twice a week. (Table 9.24)

As well as being asked how often they drank alcohol, children in the survey who drank at least a few times a year were also asked when was the last time they had an alcoholic drink. Responses were placed into one of four categories; in the past week, in the past two weeks, in the past month or over a month ago.

Over a quarter, 27%, of children aged 11–17 who were current drinkers had had an alcoholic drink in the past week: 39% of 16- and 17-year-olds and 16% of the 11- to 15-year-olds. Among the 11- to 15-year-olds, boys were twice as likely as girls of the same age to have had a drink in the past week: 22% of boys compared with 10% of girls. Additionally, the proportion of girls who had had their most recent drink over a month ago was almost double that of boys (38% compared with 20%). (Table 9.25)

Over a quarter, 27%, of children living with foster carers and a fifth of those living in residential care had last had a drink in the past week. (Table 9.26)

Nineteen per cent of all children who drink started doing so at the age of ten years or under. Children with a mental disorder appeared to be more likely to start drinking at a young age: 27% of children with a mental disorder started to drink at age 10 or less compared with 11% of those with no disorder. (Table 9.29)

Logistic regression analysis shows that having any mental disorder compared with no mental disorder doubles the odds of the child having had a drink in the past week (OR=2.22) having controlled for demographic and placement characteristics. However, being in the older age group or living in a residential care placement had a much greater effect on the odds of a child having had a drink in the past week: being 16 to 17 increased the odds of having had a drink by nine times (OR=9.26) and being in residential care increased the odds by almost three times (OR=2.79). (Table 9.34)

9.6 Drug use

Eleven- to seventeen-year-olds in the survey were asked a series of questions about ten different drugs they might have taken. The questions they were asked were:

- Had they heard of the drug?
- Had they ever been offered the drug?
- Had they ever used the drug?
- If they had used the drug, was this over a year ago, in the past year or in the past month?

The most popular drug to have been used was cannabis which a fifth of all children aged 11–17 had used at some point in their lives. Of these children half, 11%, had used it in the past month. Cannabis use in the past month was most prevalent among older boys. (Table 9.30)

Children in residential care were much more likely than children in foster care to have used cannabis with 43% having ever used it and 29% having used it in the past month. The corresponding figures for children in foster care were 14% and 6%, reflecting the different age distributions in the two types of placement. (Table 9.31)

Children who had been in their placement for less than a year were more likely to have used cannabis in the past month than those who had been in their placement for four or more years: 17% compared with 3%. (Table 9.32)

Children with a mental disorder were three times more likely than children with no disorder to have used cannabis in the past month (19% compared with 6%). (Table 9.33)

The next most popular drugs after cannabis were ecstasy and glue, gas or solvents. The pattern for use of these drugs was the same as that for cannabis use. The greatest proportions were found among boys, children in residential care, children who had been in their placement for a short period of time and children with a mental disorder. The proportion of children reporting use of the other drugs was very small. (Tables 9.30–9.33)

Logistic regression analysis showed that having a conduct disorder (compared with not having a conduct disorder) doubled the odds of cannabis use (OR=2.01) having controlled for demographic and placement characteristics. However, the most marked factors in cannabis use were being aged 16–17, being in a residential care placement and having been in their current placement for a short period of time: OR=4.18, OR=2.53 and OR=6.91 respectively. (Table 9.34)

9.7 Co-occurrence of smoking, drinking and drug use

Responses to the above questions were combined to establish the level of co-occurrence of smoking, drinking and drug-taking. The lifestyle behaviours in Table 9.35 refer to young people who said they currently smoke, drink at least once a week and/or they had ever used cannabis.

Looked after children were four times more likely than children living in private households to smoke, drink and take drugs (8% compared with 2%). Children with a mental disorder were much more likely to have all three lifestyle behaviours than those with no disorder (13% compared with 4%). Children with a mental disorder were also more likely to smoke and take cannabis (14% compared with 5%). In contrast, around three quarters of children with no mental disorder neither smoked, drank or took cannabis compared with less than half of those with a disorder (74% compared with 45%). (Table 9.35)

9.8 Sexual behaviour

Young people aged 11–17 were asked about two aspects of their sexual behaviour:

- their awareness of HIV/AIDS (including whether it had been taught in school and whether they discussed it with carers or other relatives), and
- their own sexual activity and use of contraception.

Two-thirds of those who answered the question reported that they had been taught about AIDS/HIV infection at school. Older children were more likely than younger children to report having been given information about HIV or AIDS. (Tables 9.36–9.39)

Almost half, 48%, of the young people said that they had discussed HIV or AIDS with their carers or other adults. Young people aged 16 or 17 were more likely to have discussed HIV or AIDS and girls in the 16 to 17 year age group were more likely than boys of the same age to have discussed this subject (71% compared with 58%). (Table 9.36)

There was little difference in whether the child had discussed AIDS or HIV by placement type although children were more likely to have discussed the subject if they had been in their placement for two or more years. Around half the children who had been in their placement for two or more years (52%) had discussed HIV or AIDS with their carer compared with 42% of those who had been in their placement for less than a year. The presence of a mental disorder seemed to have no influence on whether the child had talked about HIV or AIDS with their carer. (Tables 9.37–9.39)

Around a third of all the young people (31%) reported that they had had sexual intercourse. Young people who had experienced sexual abuse or rape were excluded from the analyses as it is not possible to ascertain whether they were talking about this experience or separate sexual activity and as a result the level of sexual activity reported in the survey could be falsely high. Almost a quarter, 23%, of the young people had experienced some sexual abuse or rape.

As expected, experience of sexual intercourse was much more common among 16- and 17-year-olds than younger people (70% compared with 16%). Boys were slightly more likely than girls to report having had sexual intercourse (36% compared with 26%). (Table 9.36)

Children in residential care were over three times more likely to have had sexual intercourse than those living in a foster placement (70% compared with 22%), however, those in residential care had far higher proportions of 16- and 17-year-olds. Children who had been in their placement for less than a year were more than twice as likely to have had sexual intercourse as children who had been in their placement for four or more years (39% compared with 16%). (Tables 9.37 and 9.38)

Children who had a mental disorder were more likely than those with no disorder to report having had sexual intercourse (40% compared with 26%). (Table 9.39)

Young people who said that they had ever had sexual intercourse were asked to provide details of the form of contraception they used, if any, the last time they had sex. Over half the young people, 55%, reported that they had not used any contraception when they last had sex. A further quarter, 23%, had used a condom and 15% had used a condom and the contraceptive pill.

Older children were much more likely to report using contraception than younger children with 74% of 11- to 15-year-olds using no contraception when they last had sex compared with 44% of 16- to 17-year-olds. Older children were more likely to use any of the forms of contraception, particularly the contraceptive pill (11% compared with no cases). The number of girls answering this question is too small to make any comparisons by gender. (Table 9.36)

Just less than half, 45%, of the children in foster care placements did not use any contraception the last time they had sexual intercourse although a quarter used a condom and a further quarter used the condom and the contraceptive pill. Over two-thirds of young people who had been in their placement for less than a year (67%) had not used any contraception the last time they had intercourse. (Tables 9.37 and 9.38)

Children with a mental disorder were more likely than those with no disorder to have had unprotected sex the last time they had sexual intercourse; 66% had not used any contraception compared with 44% of those with no disorder. (Table 9.39)

References

Goddard E and Higgins V (1999) *Smoking, drinking and drug use among young teenagers in 1998 (Volume I : England)*, TSO: London.

Goodyer I M, Wright C and Altham P M E (1990) The friendships and recent life events of anxious and depressed school-age-children. *British Journal of Psychiatry* **156 (MAY)**, 689–698.

Meltzer H, Gatward R, Goodman R and Ford T (2000) *Mental health of children and adolescents in Great Britain*, TSO: London.

Table 9.1 Friendship behaviour

by age and sex

Young people aged 11–17 with a self-completed questionnaire

	Boys			Girls			Boys and girls		
	11- to 15-year-olds	16- to 17-year-olds	All boys	11- to 15-year-olds	16- to 17-year-olds	All girls	11- to 15-year-olds	16- to 17-year-olds	All young people
	%	%	%	%	%	%	%	%	%
Does child have any friends?									
Yes	97	100	98	99	100	100	98	100	99
No	3	-	2	1	-	1	2	-	1
Base	*155*	*65*	*220*	*144*	*51*	*195*	*299*	*116*	*415*
Does child have a best friend?									
Yes	85	73	81	86	90	87	85	81	84
No	15	27	19	14	10	13	15	19	16
Base	*149*	*64*	*213*	*143*	*50*	*193*	*292*	*115*	*407*
Amount of time spent with friends									
All or most of the time	24	20	23	28	24	27	26	22	25
Some of the time	48	61	52	46	40	44	47	52	49
A little time	26	15	23	18	30	21	22	21	22
No time at all	1	4	2	8	6	7	4	5	5
Base	*149*	*66*	*215*	*144*	*50*	*194*	*291*	*114*	*405*
Whether child can confide in friends									
Definitely	39	45	41	56	66	59	48	53	49
Sometimes	40	37	39	31	20	28	36	30	34
Not at all	20	18	20	12	14	13	16	16	16
Base	*148*	*65*	*213*	*144*	*50*	*194*	*291*	*116*	*407*
Has child belonged to a team or club with adult in charge in the past year?									
Yes	66	51	61	62	31	54	64	42	58
No	34	49	39	38	69	46	36	58	42
Base	*154*	*65*	*219*	*143*	*51*	*194*	*298*	*115*	*413*

Table 9.2 Friendship behaviour by type of placement

Young people aged 11–17 with a self-completed questionnaire

	Foster carers	Natural parents	Residential care	Living independently	All placements
	%	%	%	%	%
Does child have any friends?					
Yes	99	98	96	[13]	99
No	1	2	4	-	1
Base	*291*	*41*	*70*	*13*	*415*
Does child have a best friend?					
Yes	84	85	85	[10]	84
No	16	15	15	[2]	16
Base	*288*	*39*	*67*	*12*	*406*
Amount of time spent with friends					
All or most of the time	23	21	32	[6]	25
Some of the time	54	42	32	[4]	48
A little time	20	37	22	[2]	22
No time at all	3	-	13	[1]	5
Base	*287*	*38*	*68*	*13*	*406*
Whether child can confide in friends					
Definitely	50	46	46	[8]	50
Sometimes	34	33	34	[5]	34
Not at all	16	20	19	-	16
Base	*287*	*39*	*67*	*13*	*406*
Has child belonged to a team or club with adult in charge in the past year?					
Yes	64	49	41	[5]	58
No	36	51	59	[8]	42
Base	*290*	*41*	*70*	*13*	*414*

Table 9.3 Friendship behaviour

by length of time in current placement

Young people aged 11–17 with a self-completed questionnaire (excluding those living independently)

	Less than 1 year	1 year but less than 2 years	2 years but less than 4 years	4 years and over	All young people
	%	%	%	%	%
Does child have any friends?					
Yes	98	97	100	100	98
No	2	3	-	-	2
Base	*155*	*90*	*69*	*88*	*402*
Does child have a best friend?					
Yes	78	88	94	83	84
No	22	12	6	17	16
Base	*151*	*87*	*69*	*89*	*396*
Amount of time spent with friends					
All or most of the time	32	20	25	16	24
Some of the time	41	51	52	59	49
A little time	19	27	22	23	22
No time at all	8	2	2	2	4
Base	*150*	*86*	*68*	*88*	*392*
Whether child can confide in friends					
Definitely	45	58	49	49	49
Sometimes	35	33	30	35	34
Not at all	20	9	21	16	17
Base	*150*	*87*	*70*	*88*	*395*
Has child belonged to a team or club with adult in charge in the past year?					
Yes	51	59	60	67	58
No	49	41	40	33	42
Base	*154*	*91*	*70*	*89*	*404*

Table 9.4 Friendship behaviour by type of mental disorder

Young people aged 11–17 with a self-completed questionnaire

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any mental disorder	No mental disorder	All young people
	%	%	%	%	%	%	%
Does child have any friends?							
Yes	98	99	[15]	[4]	99	98	99
No	2	1	-	-	1	2	1
Base	*55*	*141*	*15*	*4*	*169*	*245*	*414*
Does child have a best friend?							
Yes	79	81	[15]	[3]	82	86	84
No	21	19	-	[1]	18	14	16
Base	*54*	*140*	*15*	*4*	*168*	*238*	*407*
Amount of time spent with friends							
All or most of the time	31	26	[2]	-	27	24	25
Some of the time	37	43	[8]	[2]	43	52	48
A little time	21	24	[5]	[2]	23	21	22
No time at all	10	7	-	-	8	2	5
Base	*52*	*138*	*15*	*4*	*166*	*239*	*406*
Whether child can confide in friends							
Definitely	57	44	[5]	[2]	48	51	50
Sometimes	35	38	[6]	[1]	36	33	34
Not at all	8	18	[4]	[1]	16	16	16
Base	*53*	*140*	*15*	*4*	*167*	*239*	*407*
Has child belonged to a team or club with adult in charge in the past year?							
Yes	51	52	[9]	[3]	52	61	58
No	49	48	[6]	[1]	48	39	42
Base	*55*	*140*	*15*	*4*	*168*	*245*	*413*

Table 9.5 Help sought by age and sex

Young people aged 11–17 with a self-completed questionnaire

	Boys			Girls			Boys and girls		
	11- to 15-year-olds	16- to 17-year-olds	All boys	11- to 15-year-olds	16- to 17-year-olds	All girls	11- to 15-year-olds	16- to 17-year-olds	All young people
	Percentage of young people seeking help from each source								
Help sought from.....									
Mother or foster mother	15	12	14	21	26	22	18	18	18
Father or foster father	6	9	7	7	6	7	7	8	7
Brother or sister	1	4	2	1	2	2	1	3	2
Special friend	6	3	5	10	16	11	8	9	8
Social worker	3	11	5	6	16	9	5	13	7
Teacher	6	2	4	8	8	8	7	4	6
Staff in residential home	1	5	2	6	4	6	4	4	4
Doctor	1	-	0	1	2	2	1	1	1
School nurse	1	-	1	1	-	1	1	-	1
Telephone hotline	1	-	0	2	2	2	1	1	1
Other	2	2	2	4	2	3	3	2	2
Has not sought help	75	73	75	69	49	64	72	62	69
Base	*152*	*64*	*216*	*143*	*51*	*194*	*295*	*115*	*409*

Table 9.6 Help sought by type of placement

Young people aged 11–17 with a self-completed questionnaire

	Foster carers	Natural parents	Residential care	Living independently	All placements
	Percentage of young people seeking help from each source				
Help sought from.....					
Mother or foster mother	22	16	5	[2]	18
Father or foster father	9	5	2	-	7
Brother or sister	3	-	-	-	2
Special friend	8	10	6	-	8
Social worker	6	10	6	[2]	7
Teacher	6	8	5	-	6
Staff in residential home	-	5	19	[1]	4
Doctor	1	-	-	-	1
School nurse	0	2	-	-	1
Telephone hotline	1	-	3	-	1
Has not sought help	2	-	8	-	2
Other	71	71	61	[10]	69
Base	*289*	*41*	*67*	*13*	*409*

Table 9.7 Help sought

by length of time in current placement

Young people aged 11–17 with a self-completed questionnaire (excluding those living independently)

	Less than 1 year	1 year but less than 2 years	2 years but less than 4 years	4 years and over	All young people
			Percentage of young people seeking help from each source		
Help sought from.....					
Mother or foster mother	14	21	29	14	18
Father or foster father	4	9	10	8	7
Brother or sister	1	3	2	2	2
Special friend	7	8	11	7	8
Social worker	7	7	9	6	7
Teacher	6	4	7	8	6
Staff in residential home	6	4	5	-	4
Doctor	2	-	-	1	1
School nurse	1	-	-	1	1
Telephone hotline	2	1	3	-	1
Other	4	4	-	-	3
Has not sought help	68	69	62	78	69
Base	*151*	*90*	*69*	*87*	*397*

Table 9.8 Help sought

by type of mental disorder

Young people aged 11–17 with a self-completed questionnaire

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any mental disorder	No mental disorder	All young people
				Percentage of young people seeking help from each source			
Help sought from.....							
Mother or foster mother	31	16	[3]	-	20	16	18
Father or foster father	6	6	-	-	5	8	7
Brother or sister	4	2	-	-	2	2	2
Special friend	8	9	[2]	-	10	7	8
Social worker	8	5	[1]	-	6	8	7
Teacher	2	5	-	-	5	7	6
Staff in residential home	8	6	[1]	-	6	3	4
Doctor	4	1	-	-	1	1	1
School nurse	-	1	-	-	1	0	1
Telephone hotline	-	3	-	-	2	0	1
Other	4	2	-	-	2	2	2
Has not sought help	60	70	[8]	[4]	67	71	69
Base	*52*	*139*	*14*	*4*	*166*	*243*	*409*

Table 9.9 Type of help sought

by type of mental disorder

Young people aged 11–17 who had sought help

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any mental disorder	No mental disorder	All young people
	%	%	%	%	%	%	%
Help sought was.....							
Practical advice	[1]	2	-	-	4	7	6
Talk things over	[17]	77	[6]	-	77	63	69
Both practical advice and talk things over	[4]	21	-	-	19	29	25
Base	*22*	*39*	*6*	*0*	*53*	*68*	*121*

Table 9.10 Potential sources of help

by age and sex

Young people aged 11–17 who had not previously sought help

	Boys			Girls			Boys and girls		
	11- to 15-year-olds	16- to 17-year-olds	All boys	11- to 15-year-olds	16- to 17-year-olds	All girls	11- to 15-year-olds	16- to 17-year-olds	All young people
	Percentage of young people who would seek help from each source								
Would seek help from.....									
Mother or foster mother	75	72	74	80	[13]	75	77	66	74
Father or foaster father	48	35	44	36	[3]	31	42	27	38
Brother or sister	5	19	9	6	[2]	7	6	15	8
Special friend	14	31	19	22	[8]	24	18	32	21
Social worker	13	10	12	13	[3]	13	13	11	12
Teacher	18	12	16	18	-	14	18	8	15
Staff in residential home	8	4	7	6	[1]	5	7	4	6
Doctor	1	-	1	-	-	-	1	-	0
School nurse	-	-	-	1	-	1	1	-	0
Telephone hotline	-	-	-	2	-	2	1	-	1
Would not seek help from any of the above	9	17	11	6	[4]	8	7	17	10
Base	*113*	*46*	*159*	*97*	*25*	*122*	*210*	*71*	*281*

Table 9.11 Potential sources of help by type of placement

Young people aged 11–17 who had not previously sought help

	Foster carers	Natural parents	Residential care	Living independently	All placements
	Percentage of young people who would seek help from each source				
Would seek help from.....					
Mother or foster mother	86	[20]	28	[5]	74
Father or foster father	46	[9]	8	[2]	38
Brother or sister	9	[2]	-	[2]	8
Special friend	23	[3]	21	[2]	21
Social worker	13	[4]	8	[2]	12
Teacher	18	[2]	10	-	15
Staff in residential home	-	-	41	[1]	6
Doctor	1	-	-	-	0
School nurse	1	-	-	-	0
Telephone hotline	1	-	3	-	1
Would not seek help from any of the above	6	[4]	20	[3]	10
Base	*201*	*29*	*41*	*10*	*281*

Table 9.12 Potential sources of help by length of time in current placement

Young people aged 11–17 who had not previously sought help (excluding those living independently)

	Less than 1 year	1 year but less than 2 years	2 years but less than 4 years	4 years and over	All young people
	Percentage of young people who would seek help from each source				
Would seek help from.....					
Mother or foster mother	66	70	84	89	75
Father or foster father	30	37	49	48	39
Brother or sister	3	6	13	12	8
Special friend	22	18	20	25	22
Social worker	15	6	18	9	12
Teacher	14	13	18	20	16
Staff in residential home	9	7	7	2	6
Doctor	-	2	-	-	0
School nurse	-	-	2	-	0
Telephone hotline	1	-	2	-	1
Would not seek help from any of the above	12	7	2	10	9
Base	*101*	*61*	*43*	*67*	*272*

Table 9.13 Potential sources of help

by type of mental disorder

Young people aged 11–17 who had not previously sought help

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any mental disorder	No mental disorder	All young people
	Percentage of young people who would seek help from each source						
Would seek help from.....							
Mother or foster mother	54	52	[5]	[2]	53	88	74
Father or foster father	25	27	[5]	[2]	28	45	38
Brother or sister	-	5	-	-	4	10	8
Special friend	22	16	-	-	17	24	21
Social worker	10	12	[1]	[1]	12	13	12
Teacher	3	16	[1]	-	14	16	15
Staff in residential home	20	11	-	-	12	2	6
Doctor	-	-	-	-	-	1	0
School nurse	-	-	-	-	-	1	0
Telephone hotline	4	1	-	-	1	1	1
Would not seek help from any of the above	7	17	[1]	[1]	15	6	10
Base	*32*	*95*	*8*	*3*	*110*	*171*	*281*

Table 9.14 Type of help would seek

by type of mental disorder

Young people aged 11–17 who had not previously sought help

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any mental disorder	No mental disorder	All young people
	Percentage of young people who would seek help from each source						
Type of help would seek was.....							
Practical advice	7	15	[1]	[1]	13	9	10
Talk things over	48	35	[4]	-	36	34	35
Both practical advice and talk things over	45	50	[2]	[3]	51	57	55
Base	*28*	*77*	*7*	*4*	*92*	*154*	*246*

Table 9.15 Smoking behaviour

by age and sex

Young people aged 11–17 with a self-completed questionnaire

	Boys			Girls			Boys and girls		
	11- to 15-year-olds	16- to 17-year-olds	All boys	11- to 15-year-olds	16- to 17-year-olds	All girls	11- to 15-year-olds	16- to 17-year-olds	All young people
	%	%	%	%	%	%	%	%	%
Current smoker	25	43	31	30	46	34	27	44	32
Ex smoker	27	19	24	23	31	25	25	24	25
Tried smoking once	7	12	9	6	6	6	7	9	7
Never smoked	40	26	36	42	17	35	41	22	36
Base	*154*	*66*	*220*	*145*	*50*	*195*	*299*	*116*	*414*

Table 9.16 Smoking behaviour

by type of placement

Young people aged 11–17 with a self-completed questionnaire

	Foster carers	Natural parents	Residential care	Living independently	All placements
	%	%	%	%	%
Current smoker	22	37	69	[6]	32
Ex smoker	27	26	12	[4]	25
Tried smoking once	9	3	3	-	7
Never smoked	41	34	15	[4]	36
Base	*293*	*40*	*68*	*14*	*414*

Table 9.17 Smoking behaviour

by length of time in current placement

Young people aged 11–17 with a self-completed questionnaire (excluding those living independently)

	Less than 1 year	1 year but less than 2 years	2 years but less than 4 years	4 years and over	All young people
	%	%	%	%	%
Current smoker	43	33	28	14	32
Ex smoker	23	24	22	29	24
Tried smoking once	3	13	10	8	8
Never smoked	31	30	39	49	36
Base	*150*	*92*	*71*	*88*	*401*

Table 9.18 Smoking behaviour

by type of mental disorder

Young people aged 11–17 with a self-completed questionnaire

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any mental disorder	No mental disorder	All young people
	%	%	%	%	%	%	%
Current smoker	65	51	[5]	[2]	51	19	32
Ex smoker	13	25	[5]	[1]	23	26	25
Tried smoking once	2	4	-	-	3	10	7
Never smoked	20	21	[5]	[2]	23	45	36
Base	*55*	*140*	*15*	*5*	*169*	*245*	*414*

Table 9.19 Number of cigarettes smoked a day

by type of mental disorder

Current smokers aged 11–17

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any mental disorder	No mental disorder	All young people
	%	%	%	%	%	%	%
10 or less	38	45	[4]	[1]	43	49	45
10 to 19	42	34	[1]	[1]	38	41	39
20 or more	21	20	-	-	19	10	16
Base	*35*	*71*	*5*	*2*	*86*	*47*	*133*

Table 9.20 Age started smoking cigarettes

by type of mental disorder

Current smokers aged 11–17

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any mental disorder	No mental disorder	All young people
	%	%	%	%	%	%	%
Ten and under	32	40	[1]	-	37	30	34
Over ten	68	60	[4]	[2]	63	70	66
Base	*35*	*71*	*5*	*2*	*86*	*47*	*133*

Table 9.21 Frequency of drinking

by age and sex

Young people aged 11–17 with a self-completed questionnaire

	Boys			Girls			Boys and girls		
	11- to 15-year-olds	16- to 17-year-olds	All boys	11- to 15-year-olds	16- to 17-year-olds	All girls	11- to 15-year-olds	16- to 17-year-olds	All young people
	%	%	%	%	%	%	%	%	%
Almost every day	1	8	3	1	2	1	1	5	2
Once or twice a week	6 } 16	30 } 57	13 } 28	6 } 17	29 } 41	12 } 23	6 } 17	29 } 50	12 } 25
Once or twice a month	9	19	12	10	10	10	10	16	11
A few times a year	9	12	10	11	8	10	10	10	10
Does not drink now	20	13	18	21	25	22	20	18	20
Never had a drink	56	18	44	52	25	45	54	22	45
Base	*153*	*67*	*220*	*144*	*48*	*192*	*299*	*115*	*414*

Table 9.22 Frequency of drinking

by type of placement

Young people aged 11–17 with a self-completed questionnaire

	Foster carers	Natural parents	Residential care	Living independently	All placements
	%	%	%	%	%
Almost every day	1	-	4	[2]	2
Once or twice a week	8 } 21	17 } 22	25 } 42	[4]	12 } 25
Once or twice a month	12	5	13	-	11
A few times a year	12	5	7	[1]	10
Does not drink now	16	27	27	[5]	20
Never had a drink	51	46	24	[2]	45
Base	*292*	*41*	*68*	*14*	*415*

Table 9.23 Frequency of drinking

by length of time in current placement

Young people aged 11–17 with a self-completed questionnaire (excluding those living independently)

	Less than 1 year	1 year but less than 2 years	2 years but less than 4 years	4 years and over	All young people
	%	%	%	%	%
Almost every day	3	1	1	-	2
Once or twice a week	13 } 29	14 } 25	10 } 22	7 } 19	11 } 25
Once or twice a month	13	10	11	12	12
A few times a year	11	11	11	8	10
Does not drink now	19	24	16	17	19
Never had a drink	41	41	51	56	46
Base	*150*	*93*	*71*	*88*	*402*

Table 9.24 Frequency of drinking

by type of mental disorder

Young people aged 11–17 with a self-completed questionnaire

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any mental disorder	No mental disorder	All young people
	%	%	%	%	%	%	%
Almost every day	4	6	-	-	5	-	2
Once or twice a week	21 } 33	13 } 34	[1]	-	15 } 33	10 } 20	12 } 25
Once or twice a month	8	15	[2]	[1]	13	10	11
A few times a year	6	9	[1]	-	8	12	10
Does not drink now	21	24	[3]	[2]	22	18	20
Never had a drink	41	33	[8]	[2]	37	50	45
Base	*55*	*140*	*15*	*5*	*169*	*245*	*414*

Table 9.25 Recency of drinking

by age and sex

Current drinkers aged 11–17

	Boys			Girls			Boys and girls		
	11- to 15-year-olds	16- to 17-year-olds	All boys	11- to 15-year-olds	16- to 17-year-olds	All girls	11- to 15-year-olds	16- to 17-year-olds	All young people
	%	%	%	%	%	%	%	%	%
Last had a drink.....									
In the past week	22 } 78	33 } 83	28 } 80	10 } 49	[12]	25 } 62	16 } 63	39 } 84	27 } 73
In the past two weeks	20	13	16	10	[2]	9	15	12	14
In the past month	35	37	36	29	[6]	28	32	33	32
Over a month ago	22	17	20	51	[3]	38	37	16	27
Base	*40*	*46*	*86*	*41*	*23*	*64*	*79*	*69*	*148*

Table 9.26 Recency of drinking

by type of placement

Current drinkers aged 11–17

	Foster carers	Natural parents	Residential care	Living independently	All placements
	%	%	%	%	%
Last had a drink.....					
In the past week	27 } 65	[4]	21 } 85	[2]	26 } 73
In the past two weeks	13	[2]	18	-	14
In the past month	25	[3]	47	[5]	33
Over a month ago	35	[2]	15	-	27
Base	*95*	*11*	*34*	*7*	*147*

Table 9.27 Recency of drinking

by length of time in current placement

Current drinkers aged 11–17 (excluding those living independently)

	Less than 1 year	1 year but less than 2 years	2 years but less than 4 years	4 years and over	All young people
	%	%	%	%	%
Last had a drink.....					
In the past week	25	27	[8]	[6]	27
In the past two weeks	15 } 70	21 } 82	-	[4]	14 } 72
In the past month	30	33	[7]	[7]	30
Over a month ago	30	18	[9]	[7]	28
Base	*60*	*33*	*24*	*24*	*141*

Table 9.28 Recency of drinking

by type of mental disorder

Current drinkers aged 11–17

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any mental disorder	No mental disorder	All young people
	%	%	%	%	%	%	%
Last had a drink.....							
In the past week	[5]	20	[1]	-	23	30	27
In the past two weeks	[2]	13 } 80	[1]	-	13 } 78	14 } 68	14 } 73
In the past month	[8]	47	[1]	[1]	42	24	32
Over a month ago	[5]	20	[1]	-	22	32	27
Base	*20*	*60*	*4*	*1*	*70*	*78*	*148*

Table 9.29 Age started drinking

by type of mental disorder

Current drinkers aged 11–17

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any mental disorder	No mental disorder	All young people
	%	%	%	%	%	%	%
Ten and under	32	29	[1]	-	27	11	19
Over ten	68	71	[6]	[3]	73	89	81
Base	*32*	*94*	*7*	*3*	*107*	*123*	*230*

Table 9.30 Drug taking behaviour by age and sex

Young people aged 11–17 with a self-completed questionnaire

	Boys			Girls			Boys and girls		
	11- to 15-year-olds	16- to 17-year-olds	All boys	11- to 15-year-olds	16- to 17-year-olds	All girls	11- to 15-year-olds	16- to 17-year-olds	All young people
	Cumulative percentages			*Cumulative percentages*			*Cumulative percentages*		
Cannabis									
Used in past month	10	22	14	9	8	9	9	16	11
Used in past year	13	34	19	12	20	15	12	28	17
Ever used drug	16	38	23	13	26	18	14	33	20
	%	%	%	%	%	%	%	%	%
Ever used drug	16	38	23	13	26	18	14	33	20
Offered drug but not used it	12	19	14	14	20	15	13	20	15
Heard of drug but not offered it	62	33	53	58	45	55	60	38	54
Not heard of drug	10	9	10	15	8	13	12	9	11
Glue, Gas, Solvents	*Cumulative percentages*			*Cumulative percentages*			*Cumulative percentages*		
Used in past month	1	2	1	1	-	1	1	1	1
Used in past year	4	8	5	2	2	3	3	5	4
Ever used drug	6	14	8	5	4	6	5	9	7
	%	%	%	%	%	%	%	%	%
Ever used drug	6	14	8	5	4	6	5	9	7
Offered drug but not used it	7	15	10	10	14	11	8	15	10
Heard of drug but not offered it	62	61	62	57	59	58	60	60	60
Not heard of drug	25	10	21	29	22	27	27	16	24
Ecstasy	*Cumulative percentages*			*Cumulative percentages*			*Cumulative percentages*		
Used in past month	1	8	3	1	4	2	1	6	3
Used in past year	4	21	8	2	6	4	3	13	7
Ever used drug	5	24	9	4	10	7	4	16	9
	%	%	%	%	%	%	%	%	%
Ever used drug	5	24	9	4	10	7	4	16	9
Offered drug but not used it	7	6	7	7	10	8	7	8	7
Heard of drug but not offered it	60	63	61	62	69	64	60	66	62
Not heard of drug	28	10	23	26	10	22	27	10	23
Amphetamines	*Cumulative percentages*			*Cumulative percentages*			*Cumulative percentages*		
Used in past month	1	4	2	1	2	2	1	3	2
Used in past year	4	8	5	2	2	3	3	6	4
Ever used drug	4	11	6	2	4	4	3	9	5
	%	%	%	%	%	%	%	%	%
Ever used drug	4	11	6	2	4	4	3	9	5
Offered drug but not used it	6	8	6	8	8	8	7	8	7
Heard of drug but not offered it	57	64	59	56	69	59	56	66	59
Not heard of drug	34	16	28	35	18	31	34	17	29
LSD	*Cumulative percentages*			*Cumulative percentages*			*Cumulative percentages*		
Used in past month	1	2	1	-	-	-	0	1	1
Used in past year	2	4	2	1	-	1	1	2	2
Ever used drug	3	7	3	1	-	1	1	4	3
	%	%	%	%	%	%	%	%	%
Ever used drug	3	7	3	1	-	1	1	4	3
Offered drug but not used it	6	8	7	4	10	6	5	9	6
Heard of drug but not offered it	52	70	58	54	65	56	53	68	57
Not heard of drug	39	16	32	41	24	37	40	20	34
Base	*153*	*67*	*220*	*144*	*49*	*193*	*299*	*116*	*415*

Table 9.30 (continued) Drug taking behaviour by age and sex

Young people aged 11–17 with a self-completed questionnaire

	Boys			Girls			Boys and girls		
	11- to 15-year-olds	16- to 17-year-olds	All boys	11- to 15-year-olds	16- to 17-year-olds	All girls	11- to 15-year-olds	16- to 17-year-olds	All young people
	Cumulative percentages			*Cumulative percentages*			*Cumulative percentages*		
Tranquillisers									
Used in past month	-	-	-	-	-	-	-	-	-
Used in past year	1	2	1	-	-	-	1	1	1
Ever used drug	2	2	2	1	2	2	2	2	2
	%	%	%	%	%	%	%	%	%
Ever used drug	2	2	2	1	2	2	2	2	2
Offered drug but not used it	2	9	4	3	2	3	2	6	3
Heard of drug but not offered it	49	64	53	54	66	57	51	65	55
Not heard of drug	47	26	41	42	30	39	45	28	40
Cocaine	*Cumulative percentages*			*Cumulative percentages*			*Cumulative percentages*		
Used in past month	1	3	1	1	-	1	1	2	1
Used in past year	3	9	4	2	4	3	2	7	3
Ever used drug	4	11	5	3	4	4	3	8	4
	%	%	%	%	%	%	%	%	%
Ever used drug	4	11	5	3	4	4	3	8	4
Offered drug but not used it	5	8	6	7	18	10	6	12	8
Heard of drug but not offered it	81	73	78	79	69	77	80	72	78
Not heard of drug	10	9	10	12	8	11	11	9	10
Heroin	*Cumulative percentages*			*Cumulative percentages*			*Cumulative percentages*		
Used in past month	-	-	-	-	-	-	-	-	-
Used in past year	1	-	1	1	-	1	1	-	1
Ever used drug	2	2	2	2	-	2	2	1	2
	%	%	%	%	%	%	%	%	%
Ever used drug	2	2	2	2	-	2	2	1	2
Offered drug but not used it	5	9	6	4	2	4	5	6	5
Heard of drug but not offered it	80	85	81	75	92	80	78	88	80
Not heard of drug	13	4	10	19	6	15	16	5	13
Methadone	*Cumulative percentages*			*Cumulative percentages*			*Cumulative percentages*		
Used in past month	-	-	-	-	-	-	-	-	-
Used in past year	-	-	-	-	-	-	-	-	-
Ever used drug	-	2	1	1	2	1	0	2	1
	%	%	%	%	%	%	%	%	%
Ever used drug	-	2	1	1	2	1	0	2	1
Offered drug but not used it	3	9	5	3	2	3	3	6	4
Heard of drug but not offered it	41	56	46	48	54	49	44	55	48
Not heard of drug	56	33	49	48	42	47	52	37	48
Crack	*Cumulative percentages*			*Cumulative percentages*			*Cumulative percentages*		
Used in past month	1	-	1	-	-	-	0	-	0
Used in past year	2	-	2	2	-	2	2	-	1
Ever used drug	3	-	3	2	-	2	3	-	2
	%	%	%	%	%	%	%	%	%
Ever used drug	3	-	3	2	-	2	3	-	2
Offered drug but not used it	4	12	6	4	10	6	4	11	6
Heard of drug but not offered it	71	71	71	70	67	69	71	70	70
Not heard of drug	22	17	21	24	22	23	23	19	22
Base	*154*	*66*	*220*	*144*	*49*	*193*	*299*	*116*	*415*

Table 9.31 Drug-taking behaviour by type of placement

Young people aged 11–17 with a self-completed questionnaire

	Foster carers	Natural parents	Residential care	Living independently	All placements
			Cumulative percentages		
Cannabis					
Used in past month	6	8	29	[5]	11
Used in past year	10	13	42	[5]	17
Ever used drug	14	15	43	[5]	20
	%	%	%	%	%
Ever used drug	14	15	43	[5]	20
Offered drug but not used it	14	18	14	[5]	15
Heard of drug but not offered it	60	62	29	[2]	54
Not heard of drug	12	5	13	[2]	11
Glue, Gas, Solvents			*Cumulative percentages*		
Used in past month	1	-	2	-	1
Used in past year	2	2	12	-	4
Ever used drug	4	4	18	-	7
	%	%	%	%	%
Ever used drug	4	4	18	-	7
Offered drug but not used it	8	10	10	[7]	10
Heard of drug but not offered it	63	65	51	[4]	60
Not heard of drug	25	20	21	[3]	24
Ecstasy			*Cumulative percentages*		
Used in past month	1	2	4	[3]	3
Used in past year	3	-	14	[4]	7
Ever used drug	4	4	20	[5]	9
	%	%	%	%	%
Ever used drug	4	4	20	[5]	9
Offered drug but not used it	6	12	10	[1]	7
Heard of drug but not offered it	66	62	48	[6]	62
Not heard of drug	24	20	21	[2]	22
Amphetamines			*Cumulative percentages*		
Used in past month	1	-	3	[2]	2
Used in past year	2	-	6	[4]	4
Ever used drug	2	-	6	[5]	5
	%	%	%	%	%
Ever used drug	2	-	6	[5]	5
Offered drug but not used it	4	10	18	[2]	7
Heard of drug but not offered it	62	68	50	[3]	59
Not heard of drug	32	22	25	[4]	30
LSD			*Cumulative percentages*		
Used in past month	-	-	2	[1]	1
Used in past year	0	-	8	-	2
Ever used drug	0	-	10	[2]	3
	%	%	%	%	%
Ever used drug	0	-	10	[2]	3
Offered drug but not used it	4	10	9	[3]	6
Heard of drug but not offered it	58	58	56	[6]	57
Not heard of drug	37	32	26	[3]	34
Base	*291*	*41*	*68*	*14*	*414*

Table 9.31 (continued) Drug-taking behaviour by type of placement

Young people aged 11–17 with a self-completed questionnaire

	Foster carers	Natural parents	Residential care	Living independently	All placements
			Cumulative percentages		
Tranquillisers					
Used in past month	-	-	-	-	-
Used in past year	-	-	3	[1]	1
Ever used drug	1	-	5	[2]	2
	%	%	%	%	%
Ever used drug	1	-	5	[2]	2
Offered drug but not used it	2	2	6	[2]	3
Heard of drug but not offered it	56	46	54	[7]	55
Not heard of drug	40	51	35	[3]	40
Cocaine			*Cumulative percentages*		
Used in past month	1	-	-	[2]	1
Used in past year	2	-	6	[4]	3
Ever used drug	2	5	6	[4]	4
	%	%	%	%	%
Ever used drug	2	5	6	[4]	4
Offered drug but not used it	5	2	16	[5]	8
Heard of drug but not offered it	83	78	63	[5]	78
Not heard of drug	9	15	14	-	10
Heroin			*Cumulative percentages*		
Used in past month	-	-	-	-	-
Used in past year	-	-	4	-	1
Ever used drug	0	2	7	-	2
	%	%	%	%	%
Ever used drug	0	2	7	-	2
Offered drug but not used it	4	-	12	[2]	5
Heard of drug but not offered it	82	88	68	[12]	80
Not heard of drug	14	10	13	-	13
Methadone			*Cumulative percentages*		
Used in past month	-	-	-	-	-
Used in past year	-	-	-	-	-
Ever used drug	0	2	2	-	1
	%	%	%	%	%
Ever used drug	0	2	2	-	1
Offered drug but not used it	3	-	10	[2]	4
Heard of drug but not offered it	47	46	46	[9]	48
Not heard of drug	50	51	42	[3]	48
Crack			*Cumulative percentages*		
Used in past month	-	-	-	[1]	0
Used in past year	0	-	6	[1]	1
Ever used drug	0	2	6	[1]	2
	%	%	%	%	%
Ever used drug	0	2	6	[1]	2
Offered drug but not used it	4	10	9	[3]	6
Heard of drug but not offered it	74	65	62	[8]	70
Not heard of drug	22	22	24	[2]	22
Base	*292*	*40*	*68*	*14*	*414*

Table 9.32 Drug-taking behaviour

by length of time in current placement

Young people aged 11–17 with a self-completed questionnaire (exluding those living independently)

	Less than 1 year	1 year but less than 2 years	2 years but less than 4 years	4 years and over	All young people
			Cumulative percentages		
Cannabis					
Used in past month	17	12	3	3	10
Used in past year	26	18	7	4	16
Ever used drug	29	20	15	4	19
	%	%	%	%	%
Ever used drug	29	20	15	4	19
Offered drug but not used it	17	16	11	10	14
Heard of drug but not offered it	43	54	62	73	55
Not heard of drug	11	10	11	12	11
Glue, Gas, Solvents			*Cumulative percentages*		
Used in past month	1	1	1	-	1
Used in past year	5	3	5	-	4
Ever used drug	8	6	6	3	7
	%	%	%	%	%
Ever used drug	8	6	6	3	7
Offered drug but not used it	9	12	7	6	8
Heard of drug but not offered it	58	54	67	68	61
Not heard of drug	25	27	19	22	24
Ecstasy			*Cumulative percentages*		
Used in past month	3	1	3	-	2
Used in past year	10	3	4	1	6
Ever used drug	13	5	4	2	8
	%	%	%	%	%
Ever used drug	13	5	4	2	8
Offered drug but not used it	11	8	4	2	7
Heard of drug but not offered it	51	70	69	68	62
Not heard of drug	24	17	22	27	23
Amphetamines			*Cumulative percentages*		
Used in past month	1	3	1	-	1
Used in past year	4	3	2	-	3
Ever used drug	5	3	2	1	4
	%	%	%	%	%
Ever used drug	5	3	2	1	4
Offered drug but not used it	9	6	6	2	6
Heard of drug but not offered it	56	67	62	60	60
Not heard of drug	29	23	30	37	30
LSD			*Cumulative percentages*		
Used in past month	1	-	-	-	0
Used in past year	4	-	1	-	1
Ever used drug	5	-	1	-	2
	%	%	%	%	%
Ever used drug	5	-	1	-	2
Offered drug but not used it	8	8	4	1	6
Heard of drug but not offered it	51	65	61	58	58
Not heard of drug	36	28	34	40	35
Base	*151*	*91*	*71*	*89*	*402*

Table 9.32 (continued) Drug-taking behaviour

by length of time in current placement

Young people aged 11–17 with a self-completed questionnaire (excluding those living independently)

	Less than 1 year	1 year but less than 2 years	2 years but less than 4 years	4 years and over	All young people
			Cumulative percentages		
Tranquillisers					
Used in past month	-	-	-	-	-
Used in past year	1	-	-	-	1
Ever used drug	2	1	1	-	2
	%	%	%	%	%
Ever used drug	2	1	1	-	2
Offered drug but not used it	3	3	4	1	3
Heard of drug but not offered it	56	55	52	57	55
Not heard of drug	39	40	42	42	40
Cocaine			*Cumulative percentages*		
Used in past month	1	-	1	-	1
Used in past year	5	-	2	1	3
Ever used drug	6	2	2	1	4
	%	%	%	%	%
Ever used drug	6	2	2	1	4
Offered drug but not used it	11	6	4	1	7
Heard of drug but not offered it	70	82	89	85	79
Not heard of drug	13	10	4	12	11
Heroin			*Cumulative percentages*		
Used in past month	-	-	-	-	-
Used in past year	2	-	-	-	1
Ever used drug	3	3	-	-	2
	%	%	%	%	%
Ever used drug	3	3	-	-	2
Offered drug but not used it	9	1	3	3	5
Heard of drug but not offered it	75	87	84	80	80
Not heard of drug	14	9	13	17	13
Methadone			*Cumulative percentages*		
Used in past month	-	-	-	-	-
Used in past year	-	-	-	-	-
Ever used drug	1	-	-	1	1
	%	%	%	%	%
Ever used drug	1	-	-	1	1
Offered drug but not used it	7	2	3	1	4
Heard of drug but not offered it	45	47	49	49	47
Not heard of drug	47	51	48	49	49
Crack			*Cumulative percentages*		
Used in past month	-	-	-	-	-
Used in past year	3	1	-	-	1
Ever used drug	4	1	-	-	2
	%	%	%	%	%
Ever used drug	4	1	-	-	2
Offered drug but not used it	8	4	6	2	6
Heard of drug but not offered it	67	71	76	74	71
Not heard of drug	21	24	19	24	22
Base	*150*	*92*	*70*	*89*	*401*

Table 9.33 Drug-taking behaviour

by type of mental disorder

Young people aged 11–17 with a self-completed questionnaire

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any mental disorder	No mental disorder	All young people
				Cumulative percentages			
Cannabis							
Used in past month	15	20	[1]	-	19	6	11
Used in past year	28	27	[1]	-	27	10	17
Ever used drug	32	30	[1]	-	30	13	20
	%	%	%	%	%	%	%
Ever used drug	32	30	[1]	-	30	13	20
Offered drug but not used it	19	15	[3]	-	14	15	15
Heard of drug but not offered it	41	47	[10]	[5]	47	58	54
Not heard of drug	8	8	[1]	-	8	13	11
Glue, Gas, Solvents				Cumulative percentages			
Used in past month	4	1	-	-	2	0	1
Used in past year	12	7	-	-	8	0	4
Ever used drug	16	12	[1]	-	13	2	7
	%	%	%	%	%	%	%
Ever used drug	16	12	[1]	-	13	2	7
Offered drug but not used it	15	15	-	-	14	7	10
Heard of drug but not offered it	53	54	[8]	[3]	54	64	60
Not heard of drug	17	19	[6]	[2]	20	26	24
Ecstasy				*Cumulative percentages*			
Used in past month	8	4	-	-	5	1	3
Used in past year	12	10	-	-	11	3	7
Ever used drug	12	13	-	-	13	5	9
	%	%	%	%	%	%	%
Ever used drug	12	13	-	-	13	5	9
Offered drug but not used it	13	12	[1]	-	13	4	7
Heard of drug but not offered it	59	54	[9]	[3]	54	67	62
Not heard of drug	17	20	[5]	[2]	20	25	23
Amphetamines				*Cumulative percentages*			
Used in past month	2	2	-	-	2	2	2
Used in past year	4	6	-	-	6	3	4
Ever used drug	4	7	-	-	7	3	5
	%	%	%	%	%	%	%
Ever used drug	4	7	-	-	7	3	5
Offered drug but not used it	19	12	[1]	-	13	2	7
Heard of drug but not offered it	55	55	[9]	[3]	55	62	59
Not heard of drug	23	26	[5]	[2]	26	32	30
LSD				*Cumulative percentages*			
Used in past month	2	2	-	-	1	-	1
Used in past year	2	5	-	-	3	0	2
Ever used drug	4	7	[1]	-	5	0	3
	%	%	%	%	%	%	%
Ever used drug	4	7	[1]	-	5	0	3
Offered drug but not used it	15	12	-	-	11	3	6
Heard of drug but not offered it	52	57	[8]	[3]	56	58	57
Not heard of drug	30	25	[6]	[2]	27	39	34
Base	*55*	*138*	*15*	*5*	*167*	*246*	*413*

Table 9.33 (continued) Drug-taking behaviour by type of mental disorder

Young people aged 11–17 with a self-completed questionnaire

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any mental disorder	No mental disorder	All young people
				Cumulative percentages			
Tranquillisers							
Used in past month	-	-	-	-	-	-	-
Used in past year	-	2	-	-	2	-	1
Ever used drug	2	4	-	-	4	0	2
	%	%	%	%	%	%	%
Ever used drug	2	4	-	-	4	0	2
Offered drug but not used it	9	7	-	-	6	2	3
Heard of drug but not offered it	53	49	[7]	[4]	52	57	55
Not heard of drug	36	40	[8]	[1]	39	41	40
Cocaine				*Cumulative percentages*			
Used in past month	4	2	-	-	2	-	1
Used in past year	8	6	-	-	6	1	3
Ever used drug	10	7	-	-	7	1	4
	%	%	%	%	%	%	%
Ever used drug	10	7	-	-	7	1	4
Offered drug but not used it	11	10	[1]	-	10	6	8
Heard of drug but not offered it	70	72	[13]	[4]	72	81	78
Not heard of drug	10	10	[1]	[1]	10	11	10
Heroin				*Cumulative percentages*			
Used in past month	-	-	-	-	-	-	-
Used in past year	4	2	-	-	2	-	1
Ever used drug	4	4	-	-	3	1	2
	%	%	%	%	%	%	%
Ever used drug	4	4	-	-	3	1	2
Offered drug but not used it	9	9	[1]	-	8	3	5
Heard of drug but not offered it	78	76	[12]	[4]	77	83	80
Not heard of drug	9	12	[2]	[1]	11	14	13
Methadone				*Cumulative percentages*			
Used in past month	-	-	-	-	-	-	-
Used in past year	-	-	-	-	-	-	-
Ever used drug	-	1	-	-	1	1	1
	%	%	%	%	%	%	%
Ever used drug	-	1	-	-	1	1	1
Offered drug but not used it	7	8	-	-	7	2	4
Heard of drug but not offered it	48	50	[7]	[4]	50	46	47
Not heard of drug	45	42	[8]	[1]	43	51	48
Crack				*Cumulative percentages*			
Used in past month	-	1	-	-	1	-	0
Used in past year	-	3	-	-	3	1	1
Ever used drug	-	4	-	-	4	1	2
	%	%	%	%	%	%	%
Ever used drug	-	4	-	-	4	1	2
Offered drug but not used it	19	9	[1]	-	10	3	6
Heard of drug but not offered it	57	70	[11]	[4]	68	72	70
Not heard of drug	25	17	[3]	[1]	19	23	22
Base	*55*	*139*	*15*	*5*	*168*	*246*	*414*

Table 9.34 Psychiatric correlates of smoking, drinking and drug taking behaviour

Young people aged 11–17 with a self-completed questionnaire

	Current smoker		Drinker in past week		Ever cannabis user	
Variable†	Adjusted Odds Ratio	95% C.I.	Adjusted Odds Ratio	95% C.I.	Adjusted Odds Ratio	95% C.I.
Emotional disorder						
No	1.00	-	1.00	-	1.00	-
Yes	3.92 ***	(1.97–7.99)	2.01	(0.82–4.97)	1.95	(0.90–4.24)
Age						
11–15	1.00	-	1.00	-	1.00	-
16–17	2.22 **	(1.31–3.78)	8.13 ***	(4.18–15.80)	3.60 ***	(2.02–6.42)
Sex						
Male	1.00	-	1.00	-	1.00	-
Female	0.97	(0.60–1.58)	0.7	(0.35–1.38)	0.66	(0.37–1.17)
Type of placement						
Foster care	1.00	-	1.00	-	1.00	-
Natural parents	1.31	(0.61–2.82)	1.59	(0.57–4.44)	0.66	(0.24–1.81)
Residential care	4.93 ***	(2.64–9.24)	3.01 **	(1.37–6.61)	2.78 **	(1.46–5.28)
Time in placement						
4 years or more	1.00	-	1.00	-	1.00	-
2 < 4 years	1.62	(0.69–3.77)	1.36	(0.40–4.64)	3.34	(0.96–11.61)
1 < 2 years	2.28 *	(1.04–5.02)	2.75	(0.91–8.36)	5.86 **	(1.81–18.98)
Less than 1 year	2.94 **	(1.41–6.14)	2.11	0.73–6.10)	7.44 ***	(2.41–23.00)
Conduct disorder						
No	1.00	-	1.00	-	1.00	-
Yes	3.07 ***	(1.85–5.08)	1.68	(0.83–3.43)	2.01 *	(1.12–3.61)
Age						
11–15	1.00	-	1.00	-	1.00	-
16–17	2.66 ***	(1.54–4.56)	8.84 ***	(4.45–17.55)	4.14 ***	(2.26–7.56)
Sex						
Male	1.00	-	1.00	-	1.00	-
Female	1.3	(0.80–2.10)	0.83	(0.43–1.61)	0.78	(0.45–1.37)
Type of placement						
Foster care	1.00	-	1.00	-	1.00	-
Natural parents	1.78	(0.84–3.76)	1.91	(0.71–5.17)	0.78	(0.29–2.07)
Residential care	4.95 ***	(2.63–9.31)	3.00 **	(1.36–6.61)	2.65 **	(1.39–5.07)
Time in placement						
4 years or more	1.00	-	1.00	-	1.00	-
2 < 4 years	1.86	(0.80–4.29)	1.59	(0.48–5.31)	3.73 *	(1.08–12.95)
1 < 2 years	2.05	(0.93–4.53)	2.76	(0.90–8.43)	5.71 **	(1.75–18.66)
Less than 1 year	2.54 *	(1.21–5.35)	2.03	(0.69–5.97)	7.06 ***	(2.26–22.12)

*** p<0.001, ** p<0.01, * p<0.05
† All variables shown in the table were entered into the model.

Table 9.34 (continued) Psychiatric correlates of smoking, drinking and drug taking behaviour

Young people aged 11–17 with a self-completed questionnaire

	Current smoker		Drinker in past week		Ever cannabis user	
Variable†	Adjusted Odds Ratio	95% C.I.	Adjusted Odds Ratio	95% C.I.	Adjusted Odds Ratio	95% C.I.
Hyperkinetic disorder						
No	1.00	-	1.00	-	1.00	-
Yes	1.41	(0.42–4.79)	0.63	(0.06–6.27)	0.28	(0.03–2.50)
Age						
11–15	1.00	-	1.00	-	1.00	-
16–17	2.19 **	(1.30–3.70)	7.87 ***	(4.06–15.26)	3.47	(1.95–6.18)
Sex						
Male	1.00	-	1.00	-	1.00	-
Female	1.19	(0.74–1.91)	0.78	(0.40–1.51)	0.72	(0.41–1.25)
Type of placement						
Foster care	1.00	-	1.00	-	1.00	-
Natural parents	1.65	(0.80–3.41)	1.89	(0.70–5.09)	0.78	(0.29–2.08)
Residential care	5.88 ***	(3.19–10.86)	3.37 **	(1.55–7.33)	3.07	(1.63–5.80)
Time in placement						
4 years or more	1.00	-	1.00	-	1.00	-
2 < 4 years	1.88	(0.83–4.27)	1.57	(0.47–5.22)	3.76 *	(1.09–12.96)
1 < 2 years	2.32 *	(1.07–5.04)	2.81	(0.93–8.55)	5.92 **	(1.83–19.20)
Less than 1 year	2.84 **	(1.38–5.86)	2.16	(0.74–6.27)	7.60 ***	(2.45–23.55)
Any disorder						
No	1.00	-	1.00	-	1.00	-
Yes	3.76 ***	(2.29–6.19)	2.22 *	(1.11–4.44)	2.38 **	(1.33–4.24)
Age						
11–15	1.00	-	1.00	-	1.00	-
16–17	2.71 ***	(1.56–4.70)	9.26 ***	(4.65–18.46)	4.18 ***	(2.29–7.65)
Sex						
Male	1.00	-	1.00	-	1.00	-
Female	1.91	(0.73–1.93)	0.78	(0.40–1.51)	0.73	(0.42–1.28)
Type of placement						
Foster care	1.00	-	1.00	-	1.00	-
Natural parents	1.54	(0.72–3.30)	1.75	(0.64–4.78)	0.69	(0.26–1.87)
Residential care	4.62 ***	(2.45–8.74)	2.79 *	(1.27–6.15)	2.53 **	(1.32–4.84)
Time in placement						
4 years or more	1.00	-	1.00	-	1.00	-
2 < 4 years	1.68	(0.71–3.95)	1.44	(0.42–4.86)	3.45	(0.90–12.03)
1 < 2 years	2.00	(0.90–4.47)	2.71	(0.88–8.30)	5.59 **	(1.71–18.29)
Less than 1 year	2.49 *	(1.18–5.29)	1.93	(0.66–5.69)	6.91 ***	(2.20–21.63)

*** p<0.001, ** p<0.01, * p<0.05
† All variables shown in the table were entered into the model.

Table 9.35 Lifestyle behaviours

by type of mental disorder

Young people aged 11–17 with a self-completed questionnaire

Currently smokes Drinks at least once a week Ever used cannabis	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any mental disorder	No mental disorder	All young people
	%	%	%	%	%	%	%
Smokes and drinks and cannabis user	17	13	[1]	-	13	4	8
Smokes and drinks	8	4	-	-	5	2	3
Smokes and cannabis user	15	14	-	-	14	5	9
Drinks and cannabis user	-	1	-	[2]	1	1	1
Smokes only	25	20	[4]	-	19	8	13
Drinks only	-	1	-	-	1	4	2
Cannabis user only	-	2	-	-	2	3	2
None of the above	35	45	[10]	[3]	45	74	62
Base	*55*	*140*	*15*	*5*	*169*	*244*	*413*

Table 9.36 Sexual behaviour

by age and sex

Young people aged 11–17 (excluding those who had been sexually abused) with a self-completed questionnaire

	Boys			Girls			Boys and girls		
	11- to 15-year-olds	16- to 17-year-olds	All boys	11- to 15-year-olds	16- to 17-year-olds	All girls	11- to 15-year-olds	16- to 17-year-olds	All young people
	%	%	%	%	%	%	%	%	%
Taught about AIDS/HIV infection at school									
Yes	59	87	68	60	82	65	59	86	67
No	24	6	18	19	4	16	22	5	17
Not sure	17	7	14	20	14	19	19	10	16
Base	*116*	*54*	*170*	*93*	*28*	*121*	*209*	*83*	*292*
Talked about AIDS/HIV infection with carers or other adults									
Yes	31	58	47	42	71	49	42	63	48
No	45	38	43	41	29	38	43	35	41
Not sure	14	4	10	17	-	13	15	2	12
Base	*116*	*55*	*171*	*93*	*28*	*121*	*209*	*83*	*292*
Ever had sexual intercourse									
Yes	20	70	36	11	72	26	16	70	31
No	80	30	64	89	28	74	84	30	69
Base	*116*	*54*	*170*	*92*	*29*	*121*	*209*	*83*	*292*
Young people who had sexual intercourse									
Method of contraception used last time had sexual intercourse									
Condom	[3]	32	26	[3]		[5]	19	26	23
Pill	-	11	7	-	[2]	[2]	-	11	7
Condom and pill	[1]	14	10	[1]	[6]	[7]	6	20	15
None	[17]	43	57	[6]	[8]	[14]	74	44	55
Base	*21*	*37*	*58*	*10*	*18*	*28*	*31*	*55*	*86*

Table 9.37 Sexual behaviour by type of placement

Young people aged 11–17 (excluding those who had been sexually abused) with a self-completed questionnaire

	Foster carers	Natural parents	Residential care	Living independently	All placements
	%	%	%	%	%
Taught about AIDS/HIV infection at school					
Yes	67	[12]	68	[13]	67
No	18	[6]	16	-	17
Not sure	15	[7]	16	-	16
Base	*215*	*26*	*37*	*13*	*291*
Talked about AIDS/HIV infection with parents or other adults					
Yes	49	[6]	47	[9]	48
No	40	[12]	42	[4]	41
Not sure	10	[7]	11	-	11
Base	*215*	*26*	*37*	*13*	*291*
Ever had sexual intercourse					
Yes	22	[7]	70	[11]	32
No	78	[18]	30	[2]	68
Base	*215*	*26*	*37*	*13*	*291*
Young people who had sexual intercourse					
Method of contraception used last time had sexual intercourse					
Condom	24	[3]	[5]	[2]	23
Pill	5	-	[1]	[3]	7
Condom and pill	26	[1]	-	[1]	15
None	45	[3]	[20]	[5]	55
Base	*42*	*7*	*26*	*11*	*86*

Table 9.38 Sexual behaviour

by length of time in current placement

Young people aged 11–17 (excluding those who had been sexually abused and those living independently) with a self-completed questionnaire

	Less than 1 year	1 year but less than 2 years	2 years but less than 4 years	4 years and over	All young people
	%	%	%	%	%
Taught about AIDS/HIV infection at school					
Yes	60	63	71	70	65
No	22	19	15	13	18
Not sure	18	18	14	16	17
Base	*105*	*63*	*52*	*61*	*281*
Talked about AIDS/HIV infection with parents or other adults					
Yes	42	48	52	51	47
No	48	35	38	38	41
Not sure	10	18	10	12	11
Base	*105*	*63*	*52*	*61*	*281*
Ever had sexual intercourse					
Yes	39	32	22	16	29
No	61	68	78	84	71
Base	*105*	*63*	*52*	*61*	*281*
Young people who had sexual intercourse					
Method of contraception used last time had sexual intercourse					
Condom	22	[2]	[5]	[2]	24
Pill	5	-	[1]	-	4
Condom and pill	5	[3]	[3]	[4]	16
None	67	[12]	[1]	[3]	57
Base	*40*	*17*	*10*	*9*	*76*

Table 9.39 Sexual behaviour by type of mental disorder

Young people aged 11–17 (excluding those who had been sexually abused) with a self-completed questionnaire

	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any mental disorder	No mental disorder	All young people
	%	%	%	%	%	%	%
Taught about AIDS/HIV infection at school							
Yes	[17]	67	[5]	[1]	65	68	67
No	[4]	19	[2]	[1]	18	17	17
Not sure	[6]	15	[2]	-	17	15	16
Base	*27*	*95*	*9*	*2*	*110*	*182*	*292*
Talked about AIDS/HIV infection with parents or other adults							
Yes	[17]	51	[4]	[1]	52	45	48
No	[4]	37	[4]	[1]	34	45	41
Not sure	[6]	11	[1]	-	14	11	11
Base	*27*	*95*	*9*	*2*	*110*	*182*	*292*
Ever had sexual intercourse							
Yes	[11]	40	-	-	40	26	31
No	[16]	60	[9]	[2]	60	74	69
Base	*27*	*95*	*9*	*2*	*110*	*182*	*292*
Young people who had sexual intercourse							
Method of contraception used last time had sexual intercourse							
Condom	[2]	8	-	-	12	34	23
Pill	[1]	11	-	-	9	5	7
Condom and pill	[2]	8	-	-	12	18	15
None	[6]	72	-	-	66	44	55
Base	*11*	*36*	*-*	*-*	*42*	*43*	*86*

Appendix A

Weighting procedures

To weight the data for this survey, we applied the technique known variously as raking, raking ratio estimation, interactive proportional fitting and especially in the market research literature, rim weighting.

The basic idea of this technique is to make the marginal distributions of the various characteristics conform with the population distribution while making the least possible distortion to the pattern of the multi-way sample distribution. No attempt is made to align the complete multi-way sample distribution with the corresponding population distribution. The technique can be used with any number of factors but in this survey we used just two factors: age/sex of the young people and their type of placement.

Table A1 shows the total number of looked after children in the population by their age/sex and placement type distribution, and the number of children for whom interviews were achieved in the survey. These figures are represented in percentages in Table A2.

First, we calculated weights to align the sample with the population on the first variable: placement type – the first step of raking. These weights are then applied to the sample and a new marginal distribution is formed for the other variable: the age/sex distribution (Table A3). The whole process was repeated for the second variable: age/sex distribution. This resulted in the marginal distribution for the first variable, placement code being once again misaligned with the population distribution (Table A4). The final weights are identical, regardless of which variable is considered first.

The whole cycle was repeated (Tables A5 and A6). This reiteration procedure is known to converge in almost all cases, that is, it produces weights which vary very little between successive cycles, usually after a very small number of cycles. Since much of the variation in the weights occurred in the first reiteration, we stopped there.

To calculate the weights for each cell we divided the sample percentages before alignment by those after alignment (Table A7). Since our sample distribution was very similar to the population distribution, the weights applied to the data were relatively small ranging from 0.95 to 1.10.

Table A1 Number of children aged 5–15 looked after at March 2001 by age, sex and placement code and number of children interviewed in ONS survey from October 2001 to June 2002

	Population data from DH records				Sample data from ONS survey			
	With foster carers	In residential care (and others)	Living with parents	**Total**	With foster carers	In residential care (and others)	Living with parents	**Total**
Boys 5–10	6,615	615	1,165	**83,95**	144	19	32	**195**
Boys 11–15	9,800	4,990	1,465	**16,255**	259	92	29	**380**
Girls 5–10	5,520	260	1,100	**6,880**	118	13	19	**150**
Girls 11–15	9,020	2,390	1,275	**12,685**	192	54	29	**275**
Total	**30,955**	**8,255**	**5,005**	**44,215**	**713**	**178**	**109**	**1000**

Table A2 Population and sample distributions

	Population (Cell%) from DH records				Sample (Cell %) from survey response			
	With foster carers	In residential care (and others)	Living with parents	**Total**	With foster carers	In residential care (and others)	Living with parents	**Total**
Boys 5–10	15.0	1.4	2.6	**19.0**	14.4	1.9	3.2	**19.5**
Boys 11–15	22.2	11.3	3.3	**36.8**	25.9	9.2	2.9	**38.1**
Girls 5–10	12.5	0.6	2.5	**15.6**	11.8	1.3	1.9	**14.9**
Girls 11–15	20.4	5.4	2.9	**28.7**	19.2	5.4	2.9	**27.5**
Total	**70.1**	**18.7**	**11.3**	**100**	**71.1**	**17.9**	**11.0**	**100**

Table A3 Raking Step 1: Aligning the placement distribution to the population (Cell % and marginal distributions)

	With foster carers	In residential care	Living with parents	**Total**
Boys 5–10	14.2	2.0	3.3	**19.5**
Boys 11–15	25.5	9.6	3.0	**38.1**
Girls 5–10	11.6	1.4	2.0	**14.9**
Girls 11–15	18.9	5.6	3.0	**27.6**
Total	**70.3**	**18.6**	**11.2**	**100**

Table A4 Raking Step 2: Aligning the weighted age/sex distribution to the population (Cell % and marginal distributions)

	With foster carers	In residential care	Living with parents	*Total*
Boys 5–10	13.9	1.9	3.2	***19.0***
Boys 11–15	24.6	9.3	2.9	***36.8***
Girls 5–10	12.1	1.4	2.0	***15.6***
Girls 11–15	19.7	5.9	3.1	***28.7***
Total	***70.4***	***18.5***	***11.2***	***100***

Table A5 Reiteration Step 1: Aligning the placement distribution to the population (Cell % and marginal distributions)

	With foster carers	In residential care	Living with parents	*Total*
Boys 5–10	13.8	2.0	3.2	***19.0***
Boys 11–15	24.6	9.4	2.9	***36.8***
Girls 5–10	12.1	1.4	2.1	***15.6***
Girls 11–15	19.6	5.9	3.1	***28.7***
Total	***70.1***	***18.7***	***11.3***	***100***

Table A6 Reiteration Step 2: Aligning the weighted age/sex distribution to the population (Cell % and marginal distributions)

	With foster carers	In residential care	Living with parents	*Total*
Boys 5–10	13.8	2.0	3.2	***19.0***
Boys 11–15	24.5	9.4	2.9	***36.8***
Girls 5–10	12.1	1.4	2.1	***15.6***
Girls 11–15	19.6	5.9	3.1	***28.7***
Total	***70.1***	***18.7***	***11.3***	***100***

Table A7 Weights (% after alignment/% before alignment)

	With foster carers	In residential care	Living with parents
Boys 5–10	0.96	1.03	1.01
Boys 11–15	0.95	1.01	1.00
Girls 5–10	1.04	1.10	1.08
Girls 11–15	1.02	1.10	1.08

Appendix B

Statistical terms and their interpretation

Confidence intervals

The percentages quoted in the text of this report represent summary information about a variable (eg percentage of young people with a mental disorder) based on the sample of children in this study. However, extrapolation from these sample statistics is required in order to make inferences about distribution of that particular variable in the looked after children population. This is done by calculating confidence intervals around the statistic in question. These confidence intervals indicate the range within which the 'true' (or population) percentage is likely to lie. Where 95% confidence intervals are calculated, this simply indicates that one is '95% confident' that the population percentage lies within this range. (More accurately, it indicates that, if repeated samples were drawn from the population, the percentage would lie within this range in 95% of the samples.)

Confidence intervals are calculated on the basis of the sampling error (see below). The upper 95% confidence intervals are calculated by adding the sampling error (SE) multiplied by 1.96 to the sample percentage or mean. The lower confidence interval is derived by subtracting the same value. 99% confidence intervals can also be calculated, by replacing the value 1.96 by the value 2.58.

Sampling errors

The sampling error is a measure of the degree to which a percentage (or other summary statistic) would vary if repeatedly calculated in a series of samples. It is used in the calculation of confidence intervals and statistical significance tests. In this survey simple random sampling took place. Therefore, the data were simply weighted by the raking method to compensate for non-response using post-stratification.

Sampling errors have been calculated for prevalence estimates and have been used to test the statistical significance of differences for this report.

In general only statistically significant differences are commented on in the report unless specifically stated otherwise.

Significance

It is stated in the text of the report that some differences are 'significant'. This indicates that it is unlikely that a difference of this magnitude would be found due to chance alone. Specifically, the likelihood that the difference would occur simply by chance is less than 5%. This is conventionally assumed to be in frequent enough to discount chance as an explanation for the finding.

Logistic regression and Odds Ratios

Logistic regression analysis has been used in the analysis of the survey data to provide a measure of the association between, for example, various sociodemographic variables and childhood mental disorders. Unlike the crosstabulations presented elsewhere in the report, logistic regression estimates the effect of any sociodemographic variable while controlling for the confounding effect of other variables in the analysis.

Logistic regression produces an estimate of the probability of an event occurring when an individual is in a particular sociodemographic category compared to a reference category. This effect is measured in terms of odds. For example, Table 4.10 shows that being in residential care increases the odds of having any mental disorder compared to the reference category of foster care. The amount by which the odds of this disorder actually increases is shown by the Adjusted Odds Ratio (OR). In this case, the OR is 3.36 indicating that being a child in residential care increases the odds of having a mental disorder by just over three times, controlling for the possible confounding effects of the other variables in the statistical model, i.e. age, sex, ethnicity and time in placement. To determine whether this increase is due to chance rather than to the effect of the variable, one must consult the associated 95% confidence interval.

Confidence intervals around an Odds Ratio

The confidence intervals around Odds Ratios can be interpreted in the manner described earlier in this section. For example, Table 4.10, shows an Odds Ratio of 2.67 for the association between type of placement and conduct disorders, with a confidence interval from 1.87 to 3.81, indicating that the 'true' (i.e., population) OR is likely to lie between these two values. If the confidence interval does not include 1.00 then the OR is likely to be significant – that is, the association between the variable and the odds of a particular disorder is unlikely to be due to chance. If the interval includes 1.00, then it is possible that the 'true' OR is actually 1.00, that is, no increase in odds can be attributed to the variable.

Odds Ratios and how to use them multiplicatively

The Odds Ratios presented in the tables show the adjusted odds due solely to membership of one particularly category – for example, being a girl rather than a boy. However, odds for more than one category can be combined by multiplying them together. This provides an estimate of the increased odds of a disorder due to being a member of more than one category at once – for example, being a girl in residential care. For example, in Table 4.10 being a girl rather than a boy increases the odds of an emotional disorder (OR=1.52), while being in residential care (compared with being in foster care) also independently increases the odds (OR=2.36). The increased odds for girls in residential care compared with boys in foster care is therefore the product of the two independent Odds Ratios, 3.59.

Appendix C

Attachment disorders

Even though attachment disorders are believed to be common amongst looked after children, they are not covered in the main part of this report. The study of looked after children deliberately followed as closely as possible the design of the 1999 survey of children from private households, and attachment disorders were not assessed in the private household survey because attachment disorders are believed to be extremely rare in the general population. Consequently, adding questions on the symptoms of attachment disorder to the 1999 survey would not have detected enough cases to warrant lengthening the interview on over ten thousand children from private households. Since attachment disorders were not diagnosed in the private household survey, and since one of the main purposes of the study of looked after children was to establish how their mental health compared with that of children from private households, it was important to compare the two groups of children on exactly the same range of diagnoses. As the findings in the main part of this report show, looked after children are at considerably greater risk of the 'ordinary' mental health problems that are common in children in general. We did not want to obscure this central finding by employing a wider diagnostic repertoire for looked after children than for children from private households.

At the same time, it seemed important to attempt to quantify the additional burden that attachment disorders might be imposing on looked after children (and those around them). This was not easy since the current diagnostic criteria for attachment disorders are not well operationalised and allow considerable latitude for interpretation. In addition, we were not able to identify suitable existing measures for use by non-clinical interviewers in large epidemiological surveys. In the absence of appropriate 'ready made' measures, we devised a brief battery of questions about some of the key symptoms of 'inhibited' and 'disinhibited' attachment disorders, and asked them of the carers and teachers of the looked after children in this survey. In summary, inhibited attachment disorders are characterised by marked difficulties with social interactions that are usually attributed to early and severe abuse from 'attachment figures' such as parents. Disinhibited attachment disorders are characterised by diffuse attachments, as shown by indiscriminate sociability without the usual selectivity in choice of attachment figures – often attributed to frequent changes of primary caregiver in the early years, eg as a result of repeated shifts in foster placements. The questions asked of carers and teachers covered the following five inhibited and five disinhibited characteristics:

Inhibited

I1) Reacts to other people's or his/her own distress by hitting out.
I2) Avoids emotional closeness with familiar adults.
I3) Avoids emotional closeness with familiar children/teenagers.
I4) Has difficulty trusting familiar adults.
I5) Has difficulty trusting familiar children/ teenagers.

Disinhibited

D1) Too friendly with strangers.
D2) Tries to make friends with everyone, persisting despite obvious rejection.
D3) Too cuddly with peoples/he doesn't know well.
D4) Forms many shallow relationships with adults.
D5) Over-independent, eg wandering off or explores without checking.

Each item was rated by the carer as 'No', 'A little', or 'A lot', and by teachers as 'Not true', 'Partly true' or 'Certainly true'. If at least one of the 10 items was answered 'A lot' or 'Certainly true', the respondent was asked additional questions about the extent to which difficulties in this area resulted in distress for the child, interference in their everyday lives or burden for others. Carers were also asked open-ended questions about the difficulties and their consequences, and the answers were transcribed by the interviewers for review by the clinical raters.

Even with the information from structured and open-ended questions, the clinical raters found it extremely difficult to decide whether a child did or did not meet diagnostic criteria for an attachment disorder, and the rating team eventually decided that they were not able to make valid or reliable diagnoses. By contrast, the rating team were able to make confident clinical diagnoses for the other disorders covered by the main part of this report, and by the earlier 1999 survey of children from private households. Several factors made attachment disorders much harder to rate than the other diagnoses covered by the survey:

- Many looked after children have significant generalised learning difficulties and there is no agreement even between ICD-10 and DSM-IV as to whether this should be allowed for in the rating. For example, if a 15-year-old girl with Down syndrome has a mental age of 6 and is less reserved with strangers than are most 15-year-olds (potentially putting her at risk), and if her lack of reserve is not clearly out of line with her general developmental level, is this or is this not a pointer to a disinhibited attachment disorder? There isn't currently a right answer as judged by consensus or empirical knowledge.

- Onset is supposed to have been before the age of 5, and yet with frequent changes in placement, the present carer often lacked the information to date the onset of symptoms.

- Pervasiveness of symptoms is a key criterion (so that the symptoms of attachment difficulties should normally be evident across settings, eg home and school), but in the present sample about 40% of children are lacking teacher reports, in many cases because they have been excluded from school. In other words, the looked after children who were probably at highest risk for attachment disorders could not usually be assessed for the key criterion of pervasiveness.

- DSM-IV but not ICD-10 criteria require evidence for pathogenic care, and yet with frequent changes in placement, the present carer was not always able to give a clear account of early care. This was particularly obvious for transnational adoptions, but also applied to many British-born children.

- Many of the children who had disinhibited symptoms also met the criteria for hyperkinesis (or attention deficit/hyperactivity disorder), which includes disinhibition as one of its key characteristics. Clinical raters were concerned about the legitimacy of 'double counting' similar symptoms towards two separate diagnoses.

- Inhibited features sometimes seemed to be adaptive and understandable rather than 'symptoms'. For example, if an abused teenager had passed through a succession of residential care homes and was aware of recent scandals involving abuse of looked after children by residential care staff, was it a symptom of disorder or a reasonable precaution 'to have difficulty trusting familiar adults'?

Given these difficulties, it would have been seriously misleading to provide readers with a single 'bottom line' estimate of the prevalence of attachment disorders. Doing so would have involved a series of arbitrary decisions that could not be justified either by the existing scientific literature, or by the raters' clinical experience. The best alternative seemed to be to present the prevalences based on two contrasting operationalised definitions, thereby giving readers a feel for the wide range of possible prevalences.

a) A '**standard**' definition required pervasive symptoms with impact. For disinhibited attachment disorder, the requirement was that the carer and teacher each reported a minimum of 3 of the 5 disinhibition symptoms (D1 to D5), and that a minimum of 4 of these symptoms were reported by at least one rater. Likewise, for inhibited attachment disorder (referred to as 'reactive attachment disorder in ICD-10) the requirement was that the carer and teacher each reported a minimum of 3 of the 5 inhibition symptoms (I1 to I5), and that a minimum of 4 of these symptoms were reported by at least one rater. This 'standard' definition excluded children who also met criteria for a pervasive developmental disorder (autistic disorder), but did not exclude children because of associated learning difficulties. There was no requirement for proof of pathogenic care or for onset

before the age of 5. Because of the way pervasiveness was defined, a 'standard' diagnosis could only be made for children who had both carer and teacher reports.

b) A '**broad**' definition required at least 4 definite symptoms (which could be a mixture of inhibited and disinhibited) reported by any rater, plus impact. Children who also met criteria for a pervasive developmental disorder (autistic disorder) were excluded. Children who met the standard definition automatically also met the broad definition.

As shown in Table C.1, the prevalence of attachment disorder varied markedly according to which definition was used. It only varied slightly according to whether the prevalence was calculated for the entire sample (N=1039), or just for those children with complete parent and teacher data on all the attachment symptoms (N=523). With the standard definition, about one in 40 looked after children have attachment disorders, whereas with the broad definition about one in five looked after children have attachment disorders.

Using the standard and the broad definitions, how much difference would it have made to the overall rate of psychiatric disorder to have included attachment disorders? This is shown in Table C.2. Since the great majority of children with attachment disorders also meet the criteria for another psychiatric disorder (behavioural, emotional etc.), the prevalence of psychiatric disorder is not greatly changed whether or not attachment disorders are included. Using the standard definitions, the overall prevalence of psychiatric disorder only increases by 0.1%. Even when the broad definition of attachment disorder is used, the overall prevalence only increases 2.6%, which does not alter the key message that psychiatric disorder affects almost half of all looked after children.

Table C.1 Prevalence of attachment by definition

Definition of attachment disorder	Prevalence among total sample of looked after children (N=1,039)	Prevalence among looked after children without any missing data (N=523)
Standard	1.8%	2.5%
Broad	19.6%	20.2%

Table C.2 Prevalence of any disorder by inclusion or exclusion of attachment disorder according to two definition of attachment disorder

Definition of attachment disorder	Prevalence of psychiatric disorder among total sample of looked after children (N=1,039)	
	Excluding attachment disorders	Including attachment disorders
Standard	44.8%	44.9%
Broad	44.8%	47.4%

Appendix D

Survey questionnaire

CARER INTERVIEW

Background characteristics

Ask always:

NAME1

PLEASE RECORD THE NAME OF THE ADULT YOU WILL BE INTERVIEWING

Ask always:

SelectC

PLEASE ENTER THE NAME OF CHILD

Ask always:

ChldAge

How old was (CHILD'S NAME) on his/her last birthday?

Ask always:

ChldDOB

What is CHILD's date of birth?

Ask always:

ChldSex

ASK OR RECORD
PLEASE ENTER child's sex
(1) Male
(2) Female

Ask always:

EthnicC

USE SHOW CARD 1
[*] To which of these groups do you consider CHILD belongs?

(1) White
(2) Black – Caribbean
(3) Black – African
(4) Black – Other Black groups
(5) Indian
(6) Pakistani
(7) Bangladeshi
(8) Chinese
(9) None of these

Ask always:

TypePlc

ASK OR RECORD

Is CHILD living....

(1) with foster parent(s)
(2) with natural parent(s)
(3) in a community home or other residential home?
(4) or living independently?

Placement characteristics

Ask if child not in residential care

Family

ASK OR RECORD
Which of these placements is closest to CHILD's situation?

(1) Own parents or person with parental responsibility
2) Foster placement with rel or friend
(3) Other foster carer provided by LA
(4) Other foster carer arranged through agency
(5) Foster placement with relative or friend (outside LA)
(6) Other foster carer, provided by LA (outside LA)
(7) Other foster carer, arranged through agency (outside LA)

Ask if in residential care

Residtl

ASK OR RECORD
SHOW CARD 1a

Which of these placements is closest to CHILD's situation?

(1) Secure unit inside LA boundary
(2) Secure unit outside LA boundary
(3) Homes and hostels inside LA boundary
(4) Homes and hostels outside LA boundary
(5) Residential accommodation not subject to children's homes regulations
(6) Residential care home
(7) NHS/Health trust or other establishment providing nursing care
(8) Family centre or mother and baby unit
(9) Youth treatment centre(Glenthorne)
(10) Young offender institution or prison
(11) Residential school (NOT dual reg as a children's home)
(12) In refuge (section 51)
(13) Other placement

Ask if: NOT (QSelect.TypePlc = indep)
And: QSelect.TypePlc = Home
Hometyp

Does this 'home look after all type of children or does it specialise in young people with particular difficulties?
(1) All types of children
(2) Specialises in young people with particular difficulties

Ask if: NOT (QSelect.TypePlc = indep)
And: QSelect.TypePlc = Home
And: Hometyp = special
HometypA

What sort of difficulties do these children have?
STRING[100]

Ask if: NOT (QSelect.TypePlc = indep)
And: QSelect.TypePlc = Home
Homenoch

How many children live here?
1..250

Ask if: NOT (QSelect.TypePlc = indep)
And: QSelect.TypePlc = Home
Homestaf

Approximately how many staff look after these children? (Answer in whole time equivalents)
1..50

Ask if: NOT (QSelect.TypePlc = indep)
TimePlc

How long has (CHILD'S NAME) been with you (this time)?

ONLY INCLUDE TIME SPENT FOR THIS PARTICULAR EPISODE
PLEASE ENTER TIME IN NUMBER OF MONTHS

0..180

Display always:
SelectA

COMPUTED VARIABLE
Name of adult to be interviewed

STRING[12]

Ask always:
AdltSex

ASK OR RECORD Selected adult's sex

(1) Male
(2) Female

Ask always:
RelChld

ASK OR RECORD

What is your relationship to (CHILD'S NAME)?

(1) Biological parent
(2) Foster carer
(3) Grandparent(s)
(4) Aunt, uncle or other relative
(5) Social worker
(6) Key worker
(7) Link worker
(8) Hostel manager
(9) Unit manager
(10) Head of care
(11) Head Teacher
(12) Residential care worker
(13) Supported lodgings carer
(14) Friend/Family friend
(15) Other

Ask always:
AdltInt

THIS IS WHERE YOU START RECORDING ANSWERS FOR INDIVIDUALS.

DO YOU WANT TO RECORD ANSWERS FOR ^SelectA NOW or LATER?

(1) Yes, now/already interviewed
(2) Later

Ask always:
ChldInt

THIS IS WHERE YOU START RECORDING ANSWERS FOR INDIVIDUALS.

DO YOU WANT TO RECORD ANSWERS FOR (CHILD'S NAME) NOW or LATER?

(1) Yes, now/already interviewed
(2) Later
(3) Child is under 11 years

General Health (Adult interview)

GenHlth

[*] How is (CHILD'S NAME) health in general? Would you say it was ...

RUNNING PROMPT
(1) very good
(2) good
(3) fair
(4) bad
(5) or is it very bad?

B2

Is (CHILD'S NAME) registered with a GP?

(1) Yes
(2) No

B4

Here is a list of health problems or conditions which some children or adolescents may have. Please can you tell me whether (CHILD'S NAME) has any of these?
SHOW CARD 3

SET [12] OF
(1) Asthma
(2) Eczema
(3) Hay fever
(4) Glue ear or otitis media, or having grommits
(5) Bed wetting
(6) Soiling pants
(7) Stomach/digestive problems or abdominal/tummy pains
(8) A heart problem
(9) Any blood disorder
(10) Epilepsy
(11) Food allergy
(12) Some other allergy
(13) None of these

B4a

Here is another list of health problems or conditions which some children or adolescents may have. Please can you tell me whether (CHILD'S NAME) has any of these?
SHOW CARD 4

SET [11] OF
(1) Hyperactivity
(2) Behavioural problems
(3) Emotional problems
(4) Learning difficulties
(5) Dyslexia
(6) Cerebral palsy
(7) Migraine or severe headaches
(8) The Chronic Fatigue Syndrome or M.E
(9) Eye/Sight problems
(10) Speech/Language problems
(11) Hearing problems
(12) None of these

B5

And finally, another list of health problems or conditions which some children or adolescents may have. Please can you tell me whether (CHILD'S NAME) has any of these?
SHOW CARD 5

SET [11] OF
(1) Diabetes
(2) Obesity
(3) Cystic fibrosis
(4) Spina Bifida
(5) Kidney, urinary tract problems
(6) Missing fingers, hands, arms, toes, feet or legs
(7) Any stiffness or deformity of the foot, leg, fingers, arms or back
(8) Any muscle disease or weakness
(9) Any difficulty with co-ordination
(10) A condition present since birth such as club foot or cleft palate
(11) Cancer
(12) None of these

AnyElse

Does (CHILD'S NAME) have any other health problems?

(1) Yes
(2) No

ElseSpec

What are these other health problems?

STRING[250]

HeadInj

Has s/he ever had a head injury with loss of consciousness?

(1) Yes
(2) No
(3) Don't know

Ask if: QSelect2.AdltInt = YesNow
And: HeadInj = Yes

HeadInja

How long is it since s/he had a head injury?

(1) Less than a month ago
(2) At least one month but less than 6 months ago
(3) At least 6 months but less than a year ago
(4) A year ago or more

B7

Has s/he ever had an accident causing broken bones or fractures that is not a head injury?

(1) Yes
(2) No
(3) Don't know

if: B7 = Yes

B7a

How long is it since s/he had a broken bone?

(1) Less than a month ago
(2) At least one month but less than 6 months ago
(3) At least 6 months but less than a year ago
(4) A year ago or more

B8

Has s/he ever had a burn requiring admission to hospital?

(1) Yes
(2) No
(3) Don't know

if: B8 = Yes

B8a

How long ago is it since s/he had this burn?

(1) Less than a month ago
(2) At least one month but less than 6 months ago
(3) At least 6 months but less than a year ago
(4) A year ago or more

B9

Has s/he ever had an accidental poisoning requiring admission to hospital?

(1) Yes
(2) No
(3) Don't know

if: b9 = yes

B9a

How long ago is it since s/he was accidentally poisoned?

(1) Less than a month ago
(2) At least one month but less than 6 months ago
(3) At least 6 months but less than a year ago
(4) A year ago or more

B10

Has (CHILD'S NAME) ever been so ill that you thought that s/he may die?

(1) Yes
(2) No
(3) Don't know

if: B10 = Yes

B10a

How long ago was this?

(1) Less than a month ago
(2) At least one month but less than 6 months ago
(3) At least 6 months but less than a year ago
(4) A year ago or more

Ask if: QSelect2.AdltInt = YesNow
And: (QSelect.ChldAge > 10) AND (QSelect.ChldSex = Female)

B11

Have her periods started yet?

(1) Yes
(2) No

B12

May I just check, is (CHILD'S NAME) taking any pills or tablets listed here?

SHOWCARD 2
(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: B12 = Yes

B12a

CODE ALL THAT APPLY
SET [14] OF
(1) Methylphenidate, Equasym, Ritalin
(2) Dexamphetamine, Dexedrine
(3) Imipramine, Tofranil
(4) Clonidine, Catepres, Dixarit
(5) Fluoxetine, Prozac
(6) Sertraline, Lustral
(7) Paroxetine, Seroxat
(8) Fluvoxamine, Faverin
(9) Citalopram, Cimpramil
(10) Amitryptaline, Lentizol, Triptafen
(11) Clomipramine, Anafranil
(12) Sulpirade, Dolmatil, Sulparex, Sulpitil
(13) Risperidone, Riperadal
(14) Haloperidol, Dozic, Haldol, Serenace

Medication

Ask if: QSelect2.AdltInt = YesNow
And: B12 = Yes
And: Any medication used

B12b
Ask for each drug mentioned

Who prescribed this medication?

Ask if: QSelect2.AdltInt = YesNow
And: B12 = Yes
And: Any medication used

B12c
Ask for each drug mentioned

How long has (CHILD'S NAME) been taking it?

ENTER NUMBER OF MONTHS
1..100

Strengths and Difficulties (Adult Interview)

IntrSDQ

The next section is about (CHILD'S NAME) personality and behaviour. This is to give us an overall view of his/her strengths and difficulties

SectnD

For each item that I am going to read out can you please tell me whether it is 'not true', 'partly true' or 'certainly true' for (CHILD'S NAME) over the past six months (or since CHILD'S NAME has been with you)

D4

[*] Considerate of other people's feelings
SHOW CARD 6

(5) Not true
(6) Partly true
(7) Certainly true

D5

[*] Restless, overactive, cannot stay still for long
SHOW CARD 6

(5) Not true
(6) Partly true
(7) Certainly true

D6

[*] Often complains of headaches, stomach aches or sickness
SHOW CARD 6

(5) Not true
(6) Partly true
(7) Certainly true

D7

[*] Shares readily with other children (treats, toys, pencils etc)
SHOW CARD 6

(5) Not true
(6) Partly true
(7) Certainly true

D8

[*] Often has temper tantrums or hot tempers
SHOW CARD 6

(5) Not true
(6) Partly true
(7) Certainly true

D9

[*] Rather solitary, tends to play alone
SHOW CARD 6

(5) Not true
(6) Partly true
(7) Certainly true

D10

[*] Generally obedient, usually does what adults request
SHOW CARD 6

(5) Not true
(6) Partly true
(7) Certainly true

D11

[*] Many worries, often seems worried
SHOW CARD 6

(5) Not true
(6) Partly true
(7) Certainly true

D12

[*] Helpful if someone is hurt, upset or feeling ill
SHOW CARD 6

(5) Not true
(6) Partly true
(7) Certainly true

D13

[*] Constantly fidgeting or squirming
SHOW CARD 6

(5) Not true
(6) Partly true
(7) Certainly true

D14

[*] Has at least one good friend
SHOW CARD 6

(5) Not true
(6) Partly true
(7) Certainly true

D15

[*] Often fights with other children or bullies them
SHOW CARD 6

(5) Not true
(6) Partly true
(7) Certainly true

D16

[*] Often unhappy, down-hearted or tearful
SHOW CARD 6

(5) Not true
(6) Partly true
(7) Certainly true

D17

[*] Generally liked by other children
SHOW CARD 6

(5) Not true
(6) Partly true
(7) Certainly true

D18

[*] Easily distracted, concentration wanders
SHOW CARD 6

(5) Not true
(6) Partly true
(7) Certainly true

D19

[*] Nervous or clingy in new situations, easily loses confidence
SHOW CARD 6

(5) Not true
(6) Partly true
(7) Certainly true

D20

[*] Kind to younger children
SHOW CARD 6

(5) Not true
(6) Partly true
(7) Certainly true

D21

[*] Often lies or cheats
SHOW CARD 6

(5) Not true
(6) Partly true
(7) Certainly true

D22

[*] Picked on or bullied by other children
SHOW CARD 6

(5) Not true
(6) Partly true
(7) Certainly true

D23

[*] Often volunteers to help others (Adults, teachers, other children)
SHOW CARD 6

(5) Not true
(6) Partly true
(7) Certainly true

D24

[*] Thinks things out before acting
SHOW CARD 6

(5) Not true
(6) Partly true
(7) Certainly true

D25

[*] Steals from home, school or elsewhere
SHOW CARD 6

(5) Not true
(6) Partly true
(7) Certainly true

D26

[*] Gets on better with adults than with other children
SHOW CARD 6

(5) Not true
(6) Partly true
(7) Certainly true

D27

[*] Many fears, easily scared
SHOW CARD 6

(5) Not true
(6) Partly true
(7) Certainly true

D28

[*] Sees tasks through to the end, good attention span?
SHOW CARD 6

(5) Not true
(6) Partly true
(7) Certainly true

D29

[*] SHOW CARD 7

Overall, do you think (CHILD'S NAME) has difficulties in one or more of the following areas: emotions, concentration, behaviour or getting on with other people?

(5) No
(6) Yes: minor difficulties
(7) Yes: definite difficulties
(8) Yes: severe difficulties

if: D29 >= 6

D29a

How long have these difficulties been present?
(1) Less than a month
(2) One to five months
(3) Six to eleven months
(4) A year or more
(5) SPONTANEOUS ONLY - As long as (CHILD'S NAME) has been living here

if: D29 >=6

D29b

How much do you think the difficulties upset or distress (CHILD'S NAME) ...
RUNNING PROMPT

(5) not at all
(6) only a little
(7) quite a lot
(8) or a great deal?

if: D29 >= 6

D30

[*] Have they interfered with....
...how well s/he gets on with you and others at (in the) home?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

if: D29 >= 6

D30a

[*] (Have they interfered with....)
.... making and keeping friends?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

if: D29 >= 6

D30b

[*] (Have they interfered with...)
...learning new things (or class work)?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

if: D29 >= 6

D30c

[*] (Have they interfered with...)
...playing, hobbies, sports or other leisure activities?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

if: D29 >= 6

D31

[*] Have these problems put a burden on you or the others at (in the) home?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Separation anxiety (Adult Interview)

IntroF

Most children are particularly attached to a few key adults, looking to them for security, comfort and turning to them when upset or hurt. They can be relatives, foster parents, carers, favourite teachers, etc.
INTERVIEWER NOTE: Though children can be particularly attached to other children (sisters, brothers, friends), aim to identify ADULT attachment figures.

A1

Which adults is (CHILD'S NAME) specially attached to?
CODE ALL THAT APPLY
SET [10] OF

(1) Mother (biological or adoptive)
(2) Father (biological or adoptive)
(3) Another mother figure (stepmother, foster mother, father's partner)
(4) Another father figure (stepfather, foster father, mother's partner)
(5) One or more grandparents
(6) One or more adult relatives (eg aunt, uncle, grown-up brother or sister)
(7) Childminder, nanny, au pair
(8) One or more teachers
(9) One or more other adult non-relatives (eg Social/Key worker, family friend or neighbour)
(10) Not specially attached to any adult

Ask if: QSelect2.AdltInt = YesNow
And: noadult IN A1

A1a

Is (CHILD'S NAME) specially attached to the following children or young people?
SET [3] OF

(1) One or more brothers, sisters or other young relatives
(2) One or more friends
(3) Not specially attached to anyone

Ask if: QSelect2.AdltInt = YesNow
And: NOT (noone IN A1a)

Livewith

Do any of these people live with (CHILD'S NAME)?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: NOT (noone IN A1a)

AInt1

You've just told us who (CHILD'S NAME) is specially attached to. From now on, I am going to refer to these people as his/her 'attachment figures'.

Ask if: QSelect2.AdltInt = YesNow
And: NOT (noone IN A1a)

AInt2

What I'd like to know next is how much (CHILD'S NAME) worries about being separated from his/her 'attachment figures'. Most children have worries of this sort, but I'd like to know how (CHILD'S NAME) compares with other children of his/her age. I am interested in how s/he is usually - not on the occasional 'off day'

Ask if: QSelect2.AdltInt = YesNow
And: NOT (noone IN A1a)

A2

Overall, in the last 4 weeks, has (CHILD'S NAME) been particularly worried about being separated from his/her 'attachment figures'?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: NOT (noone IN A1a)

F2a

[*] Over the last 4 weeks, and compared with other children of the same age… has s/he often been worried either about something unpleasant happening to his/her attachment figures, or about losing you/them?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: NOT (noone IN A1a)

F2b

[*] (Over the last 4 weeks, and compared with other children of the same age...)
... has s/he often worried unrealistically that s/he might be taken away from his/her attachment figures, for example by being kidnapped, taken to hospital or killed?
(DO NOT INCLUDE REALISTIC WORRIES THAT THE CURRENT FOSTER OR RESIDENTIAL PLACEMENT MAY BREAK DOWN)
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: NOT (noone IN A1a)
And: Livewith = Yes

F2c

[*] (Over the last 4 weeks, and compared with other children of the same age...)
... has s/he often not wanted to go to school in case something nasty happened to (his/her attachment figures who live with the child) while s/he was away at school?
(DO NOT INCLUDE RELUCTANCE TO GO TO SCHOOL FOR OTHER REASONS, EG. FEAR OF BULLYING OR EXAMS)
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age
(8) SPONTANEOUS: Not at school

Ask if: QSelect2.AdltInt = YesNow
And: NOT (noone IN A1a)

F2d

[*] (Over the last 4 weeks, and compared with other children of the same age...)
... has s/he worried about sleeping alone?
DNA = CODE 5
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: NOT (noone IN A1a)
And: Livewith = Yes

F2e

[*] (Over the last 4 weeks, and compared with other children of the same age...)
... has s/he often come out of his/her bedroom at night to check on, or to sleep near (his/her attachment figures who live with child)?
DNA = CODE 5
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: NOT (noone IN A1a)

F2f

[*] (Over the last 4 weeks, and compared with other children of the same age...)
... has s/he worried about sleeping in a strange place?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: NOT (noone IN A1a)
And: (Livewith = Yes) AND (QSelect.ChldAge < 11)

F2g

[*] (Over the last 4 weeks, and compared with other children of the same age...)
... has s/he been particularly afraid of being alone in a room alone at home without (his/her attachment figures who live with child) even if you or they are close by?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: NOT (noone IN A1a)
And: (Livewith = Yes) AND (QSelect.ChldAge >= 11)

F2h

[*] (Over the last 4 weeks, and compared with other children of the same age...)
...has s/he been afraid of being alone at home if (his/her attachment figures who live with child) pop out for a moment?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: NOT (noone IN A1a)

F2i

[*] (Over the last 4 weeks, and compared with other children of the same age...)
... has s/he had repeated nightmares or bad dreams about being separated from his/her attachment figures?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: NOT (noone IN A1a)

F2j

[*] (Over the last 4 weeks, and compared with other children of the same age...)
... has s/he had headaches, stomach aches or felt sick when s/he had to leave his/her attachment figures or when s/he knew it was about to happen?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: NOT (noone IN A1a)

F2k

[*] (Over the last 4 weeks, and compared with other children of the same age...)
... has being apart or the thought of being apart from his/her attachment figures led to worry, crying, tantrums, clinginess or misery?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: SepCHK = Present

F3

[*] Have (CHILD'S NAME) worries about separations been there for at least a month?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: SepCHK = Present
And: QSelect.ChldAge >= 6

F3a

[*] How old was s/he when his/her worries about separation began?

0..17

Ask if: QSelect2.AdltInt = YesNow
And: ANY F2a-F2k=7

F4

[*] How much have these worries upset or distressed him/her
RUNNING PROMPT

(5) not at all
(6) only a little
(7) quite a lot
(8) or a great deal?

Ask if: QSelect2.AdltInt = YesNow
And: ANY F2a-F2k=7

F5a

[*] How much have these worries interfered with...
... how well s/he gets on with you and others (at/in the) home?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: ANY F2a-F2k=7

F5b

[*] (How much have these worries interfered with...)
.... making and keeping friends?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: ANY F2a-F2k=7

F5c

[*] (Have they interfered with...)
...learning new things (or class work)?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: ANY F2a-F2k=7

F5d

[*] (Have they interfered with...)
...playing, hobbies, sports or other leisure activities?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: ANY F2a-F2k=7

F5e

[*] Have these worries put a burden on you or the others (at/in the) home?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

FA9a

Is s/he too friendly with strangers?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

FA9b

Does s/he try to make friends with everyone (including children), or persist with those who clearly don't like him/her or obviously don't want to have anything to do with him/her?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

FA9c

Is s/he too cuddly with people s/he doesn't know well?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

FA9d

Does s/he tend to form many shallow relationships with adults?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

FA9e

Is s/he over-independent e.g. wanders off or explores without checking with an adult or needing an adult present?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

FA9f

Does s/he tend to react to being distressed by hitting out?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

FA9g

Does s/he tend to react to other people being distressed by hitting out?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

FA9h

Does s/he avoid emotional closeness with adults s/he knows well?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

FA9i

Does s/he avoid emotional closeness with other children/ teenagers that s/he knows well?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

FA9j

Does s/he have difficulty trusting adults s/he knows well?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

FA9k

Does s/he have difficulty trusting children/teenagers s/he knows well
SHOW CARD 11

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: ANY FA9a-FA9k=7

A6

Thinking of (CHILD'S NAME) attachment behaviour, how much do you think it has upset or distressed him/her?
(5) Not at all
(6) Only a little
(7) Quite a lot
(8) A great deal

Ask if: QSelect2.AdltInt = YesNow
And: ANY FA9a-FA9k=7

A7a

I also want to ask you about the extent to which this behaviour has interfered with his/her day to day life.

Has it interfered with…
…how well s/he gets on with you and the others at (in the) home?
(5) Not at all
(6) Only a little
(7) Quite a lot
(8) A great deal

Ask if: QSelect2.AdltInt = YesNow
And: ANY FA9a-FA9k=7

A7b

(I also want to ask you about the extent to which this behaviour has interfered with his/her day to day life.)

Has it interfered with...
...making and keeping friends?
(5) Not at all
(6) Only a little
(7) Quite a lot
(8) A great deal

Ask if: QSelect2.AdltInt = YesNow
And: ANY FA9a-FA9k=7

A7c

(I also want to ask you about the extent to which this behaviour has interfered with his/her day to day life.)

Has it interfered with...
...learning new things (or class work)?
(5) Not at all
(6) Only a little
(7) Quite a lot
(8) A great deal

Ask if: QSelect2.AdltInt = YesNow
And: ANY FA9a-FA9k=7

A7d

(I also want to ask you about the extent to which this behaviour has interfered with his/her day to day life.)

Has it interfered with.....
...playing, hobbies, sports or other leisure activities?
(5) Not at all
(6) Only a little
(7) Quite a lot
(8) A great deal

Ask if: QSelect2.AdltInt = YesNow
And: ANY FA9a-FA9k=7

A8

Has this behaviour put a burden on you or the others (at/in the) home?
(5) Not at all
(6) Only a little
(7) Quite a lot
(8) A great deal

Specific Phobias (Adult Interview)

F6Intr

This section of the interview is about some things or situations that children are often scared of, even though they aren't really a danger to them. I'd like to know what (CHILD'S NAME) is afraid of. I am interested in how s/he is usually - not on the occasional 'off day'. Not all fears are covered in this section – some are covered in other sections, eg fears of social situations, dirt, separation, crowds.

F7

[*] Is (CHILD'S NAME) PARTICULARLY scared about any of the things or situations on this list?
SHOW CARD 10
CODE ALL THAT APPLY
SET [13] OF
(1) ANIMALS: dogs, spiders, bees and wasps, mice and rats, snakes, or any other bird, animal or insect
(2) Storms, thunder, heights or water
(3) The dark
(4) Loud noises, eg fire alarms, fireworks
(5) Blood-injection-Injury – Set off by the sight of blood or injury or by an injection
(6) Dentists or Doctors
(7) Vomiting, choking or getting particular diseases, eg Cancer or AIDS
(8) Using particular types of transport, eg cars, buses, boats, planes, ordinary trains, underground trains, bridges
(9) Small enclosed spaces, eg lifts, tunnels
(10) Using the toilet, eg at school or in someone else's house
(11) Specific types of people, eg clowns, people with beards, with crash helmets, in fancy dress, dressed as Santa Claus
(12) Imaginary or Supernatural beings, eg monsters, ghosts, aliens, witches
(13) Any other specific fear (specify)
(99) Not particularly scared of anything

Ask if: QSelect2.AdltInt = YesNow
And: AnyOth IN F7

F7Oth

What is this other fear?
STRING[50]

Ask if: QSelect2.AdltInt = YesNow
And: Child has any fear

F7a

[*] Are these fears a real nuisance to him/her, to you, or to anyone else?

(5) No
(6) Perhaps
(7) Definitely

Ask if: QSelect2.AdltInt = YesNow
And: Child has any fear
And: (F7a = Yes) OR (Emotion score>= 4)

F8

[*] How long (has this fear/the most severe of these fears) been present?

(1) Less than 1 month
(2) At least one month but less than 6 months
(3) Six months or more
(4) SPONTANEOUS ONLY – As long as (CHILD'S NAME) has been living with us

Ask if: QSelect2.AdltInt = YesNow
And: Child has any fear
And: (F7a = Yes) OR (Emotion score >= 4)
F9

[*] When (CHILD'S NAME) comes up against the things she is afraid of, or when s/he thinks
s/he is about to come up against them, does s/he become anxious or upset?
RUNNING PROMPT

(5) No
(6) A little
(7) or a lot

Ask if: QSelect2.AdltInt = YesNow
And: Child has any fear
And: (F7a = Yes) OR (Emotion score >= 4)
And: F9 = ALot
F9a

[*] Does s/he become anxious or upset every time, or almost every time, s/he comes up against the things s/he is afraid of?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: Child has any fear
And: (F7a = Yes) OR (Emotion score >= 4)
And: F9 = ALot
F10

[*] How often do his/her fears result in his/her becoming upset like this?
IF THE CHILD IS AFRAID OF SOMETHING THAT IS ONLY THERE FOR PART OF THE YEAR (E.G. WASPS), THIS QUESTION IS ABOUT THAT PARTICULAR SEASON.
RUNNING PROMPT

(1) Every now and then
(2) most weeks
(3) most days
(4) or many times a day?

Ask if: QSelect2.AdltInt = YesNow
And: Child has any fear
And: (F7a = Yes) OR (Emotion score>= 4)
F11

[*] Do (CHILD'S NAME) fears lead to him/her avoiding the things s/he is afraid of?

(5) No
(6) A little
(7) or a lot?

Ask if: QSelect2.AdltInt = YesNow
And: Child has any fear
And: (F7a = Yes) OR (Emotion score >= 4)
And: F11 = Alot
F11a

[*] Does this avoidance interfere with his/her daily life?
RUNNING PROMPT

(5) Not at all
(6) a little
(7) or a lot?

Ask if: QSelect2.AdltInt = YesNow
And: Child has any fear
And: (F7a = Yes) OR (Emotion score >= 4)
F11b

[*] Do you think that his/her fears are over the top or unreasonable?
SHOW CARD 12

(5) No
(6) Perhaps
(7) Definitely

Ask if: QSelect2.AdltInt = YesNow
And: Child has any fear
And: (F7a = Yes) OR (Emotion score>= 4)
F11c

[*] And what about him/her? Does s/he think that his/her fears are over the top or unreasonable?
SHOW CARD 12

(5) No
(6) Perhaps
(7) Definitely

Ask if: QSelect2.AdltInt = YesNow
And: Child has any fear
And: (F7a = Yes) OR (Emotion score >= 4)
F12

[*] Have (CHILD'S NAME) fears put a burden on you or the others at (in the) home
RUNNING PROMPT

(5) not at all
(6) only a little
(7) quite a lot
(8) or a great deal?

Social Phobia

F13intr

I am interested in whether (CHILD'S NAME) is particularly afraid of social situations.
This is compared with other children of his/her age, and is not counting the occasional 'off day' or ordinary shyness.

F13

[*] Overall, does (CHILD'S NAME) particularly fear or avoid social situations that involve a lot of people, meeting new people or doing things in front of other people?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (F13=Yes) or (SDQ Emotion score 3+)
F14Intr

Has (CHILD'S NAME) been particularly afraid of any of the following social situations over the last 4 weeks?

Ask if: QSelect2.AdltInt = YesNow
And: (F13=Yes) or (SDQ Emotion score 3+)
F14a

[*] (Has s/he been particularly afraid of)
. . . meeting new people?
SHOW CARD 11
(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: (F13=Yes) or (SDQ Emotion score 3+)
F14b

[*] (Has s/he been particularly afraid of)
...meeting a lot of people, such as at a party?
SHOW CARD 11
(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: (F13=Yes) or (SDQ Emotion score 3+)
F14c

[*] (Has s/he been particularly afraid of)
...eating in front of others?
SHOW CARD 11
(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: (F13=Yes) or (SDQ Emotion score 3+)
F14d

[*] (Has s/he been particularly afraid of)
...speaking with other young people around (or in class)?
SHOW CARD 11
(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: (F13=Yes) or (SDQ Emotion score 3+)
F14e

[*] (Has s/he been particularly afraid of)
...reading out loud in front of others?
SHOW CARD 11
(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: (F13=Yes) or (SDQ Emotion score 3+)
F14f

[*] (Has s/he been particularly afraid of)
...writing in front of others?
SHOW CARD 11
(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: Social fears and separation anxiety
F15

[*] Are (CHILD'S NAME) fears of social situations mainly related to his/her fear of being separated from his/her attachment figures, or are they still very obvious when s/he is with them?

(1) mainly related to separation anxiety
(2) marked even when attachment figure is present

Ask if: QSelect2.AdltInt = YesNow
And: Definite social fears with or without separation anxiety OR (F15 = Related)
F16

[*] Is (CHILD'S NAME) just afraid with adults, or is s/he also afraid in situations that involve a lot of children, or meeting new children?

(1) Just with adults
(2) Just with children
(3) With adults and children

Ask if: QSelect2.AdltInt = YesNow
And: Definite social fears with or without separation anxiety OR (F15 = Related)
F17

[*] Outside of these social situations, is (CHILD'S NAME) able to get on well enough with the adults and children s/he knows best?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: Definite social fears with or without separation anxiety OR (F15 = Related)

F18

[*] Do you think his/her dislike of social situations is because s/he is afraid s/he will act in a way that will be embarrassing or show him/her up?
SHOW CARD 12

(5) No
(6) Perhaps
(7) Definitely

Ask if: QSelect2.AdltInt = YesNow
And: Definite social fears with or without separation anxiety OR (F15 = Related)
And: Any F14d-F14f=6 or 7

F18a

[*] Is his/her dislike of social situations related to specific problems with speech, reading or writing?
SHOW CARD 12

(5) No
(6) Perhaps
(7) Definitely

Ask if: QSelect2.AdltInt = YesNow
And: Definite social fears with or without separation anxiety OR (F15 = Related)

F19

[*] How long has this fear of social situations been present?

(1) Less than 1 month
(2) At least one month but less than six months
(3) Six months or more

Ask if: QSelect2.AdltInt = YesNow
And: Definite social fears with or without separation anxiety OR (F15 = Related)

F20

How old was s/he when this fear of social situations began?
RUNNING PROMPT

(1) Under six years or
(2) Six years or above?

Ask if: QSelect2.AdltInt = YesNow
And: Definite social fears with or without separation anxiety OR (F15 = Related)

F21

[*] When (CHILD'S NAME) is in one of the social situations s/he fears, or when s/he thinks s/he is about to come up against one of these situations, does s/he become anxious or upset?
RUNNING PROMPT

(5) No
(6) A little
(7) or a lot

Ask if: QSelect2.AdltInt = YesNow
And: Definite social fears with or without separation anxiety OR (F15 = Related)
And: F21 = ALot

F22

[*] How often does his/her fear of social situations result in him/her becoming upset like this
RUNNING PROMPT

(1) Many times a day
(2) Most days
(3) Most weeks
(4) or every now and then?

Ask if: QSelect2.AdltInt = YesNow
And: Definite social fears with or without separation anxiety OR (F15 = Related)

F23

[*] Does his/her fear lead to (CHILD'S NAME) avoiding social situations...
RUNNING PROMPT

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: Definite social fears with or without separation anxiety OR (F15 = Related)
And: F23 = ALot

F23a

[*] How much does this avoidance interfere with his/her daily life?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: Definite social fears with or without separation anxiety OR (F15 = Related)

F23b

[*] Does s/he think that this fear of social situations is over the top or unreasonable?
SHOW CARD 12

(5) No
(6) Perhaps
(7) Definitely

Ask if: QSelect2.AdltInt = YesNow
And: Definite social fears with or without separation anxiety OR (F15 = Related)

F23c

[*] Is s/he upset about having this fear?
SHOW CARD 12

(5) No
(6) Perhaps
(7) Definitely

Ask if: QSelect2.AdltInt = YesNow
And: Definite social fears with or without separation anxiety OR (F15 = Related)

F24

[*] Have (CHILD'S NAME) fears put a burden on you or the others at (in the) home?
RUNNING PROMPT

(5) not at all
(6) only a little
(7) quite a lot
(8) or a great deal?

Panic attacks and agoraphobia (Adult Interview)

F25Intr

Many children have times when they get very anxious or worked up about silly little things, but some children get severe panics that come out of the blue - they just don't seem to have any trigger at all.

F25

[*] In the last 4 weeks has (CHILD'S NAME) had a panic attack when s/he suddenly became very panicky for no reason at all, without even a little thing to set him/her off?

(1) Yes
(2) No

F26

[*] Over the last 4 weeks has (CHILD'S NAME) been very afraid of, or tried to avoid, the things on this card?
SHOW CARD 13
CODE ALL THAT APPLY

SET [4] OF
(1) Crowds
(2) Public places
(3) Travelling alone (if s/he ever does)
(4) Being far from home
(9) None of the above

Ask if: QSelect2.AdltInt = YesNow
And: F26 = 1-4

F27

[*] Do you think this fear or avoidance of (^LPanic) is because s/he is afraid that if s/he had a panic attack or something like that, s/he would find it difficult or embarrassing to get away, or wouldn't be able to get the help s/he needs?

(1) Yes
(2) No

Post Traumatic Stress Disorder (PTSD) (Adult Interview)

E1

The next section is about events or situations that are exceptionally stressful, and that would really upset almost anyone. For example being caught in a burning house, being abused, being in a serious car crash or seeing you being mugged at gunpoint.

[*] During (CHILD'S NAME) lifetime has anything like this happened to him/her?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: E1 = Yes

E2a

(May I just check,)
Has (CHILD'S NAME) ever experienced any of the following?
SHOWCARD 14

SET [11] OF
(1) A serious and frightening accident, eg being run over by a car, being in a bad car or train crash etc
(2) A bad fire, eg trapped in a burning building
(3) Other disasters, eg kidnapping, earthquake, war
(4) A severe attack or threat, eg by a mugger or gang
(5) Severe physical abuse that he/she still remembers
(6) Sexual abuse
(7) Rape
(8) Witnessed severe domestic violence, eg saw mother badly beaten up at home
(9) Saw family member or friend severely attacked or threatened, eg by a mugger or a gang
(10) Witnessed a sudden death, a suicide, an overdose, a serious accident, a heart attack etc..
(11) Some other severe trauma (Please describe)

Ask if: QSelect2.AdltInt = YesNow
And: E1 = Yes
And: other IN E2a

Othtrma

Please describe this other trauma
STRING[200]

Ask if: QSelect2.AdltInt = YesNow
And: E1 = Yes

E3

[*] At the time, was (CHILD'S NAME) very distressed or did his/her behaviour change dramatically?

(1) Yes
(2) No
(3) Don't know

Ask if: QSelect2.AdltInt = YesNow
And: E1 = Yes

E5

At present, is it affecting (CHILD'S NAME) behaviour, feelings or concentration?
(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: E1 = Yes
And: E5 = Yes

E21a

[*] (Over the last 4 weeks, has CHILD'S NAME)
...'relived' the event with vivid memories (flashbacks) of it?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: E1 = Yes
And: E5 = Yes

E21b

[*] (Over the last 4 weeks, has CHILD'S NAME...)
... had repeated distressing dreams of the event?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: E1 = Yes
And: E5 = Yes

E21c

[*] (Over the last 4 weeks, has CHILD'S NAME...)
... got upset if anything happened which reminded him/her of it?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: E1 = Yes
And: E5 = Yes

E21d

[*] (Over the last 4 weeks, has CHILDS NAME...)
... tried to avoid thinking or talking about anything to do with the event?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: E1 = Yes
And: E5 = Yes

E21e

[*] (Over the last 4 weeks, has CHILD'S NAME...)
... tried to avoid activities places or people that remind him/her of the event?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: E1 = Yes
And: E5 = Yes

E21f

[*] (Over the last 4 weeks, has CHILD'S NAME...)
... blocked out important details of the event from his/her memory?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: E1 = Yes
And: E5 = Yes

E21g

[*] (Over the last 4 weeks, has CHILD'S NAME...)
... shown much less interest in activities s/he used to enjoy?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: E1 = Yes
And: E5 = Yes

E21h

[*] (Over the last 4 weeks, has CHILD'S NAME...)
... felt cut off or distant from others?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: E1 = Yes
And: E5 = Yes

E21i

[*] (Over the last 4 weeks, has CHILD'S NAME…)
... expressed a smaller range of feelings than in the past?
(e.g. no longer able to express loving feelings)
SHOW CARD 11

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: E1 = Yes
And: E5 = Yes

E21j

[*] (Over the last 4 weeks, has CHILD'S NAME…)
... felt less confidence in the future?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: E1 = Yes
And: E5 = Yes

E21k

[*] (Over the last 4 weeks, has CHILD'S NAME…)
... had problems sleeping?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: E1 = Yes
And: E5 = Yes

E21l

[*] (Over the last 4 weeks, has CHILD'S NAME…)
... felt irritable or angry?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: E1 = Yes
And: E5 = Yes

E21m

[*] (Over the last 4 weeks, has CHILD'S NAME…)
... had difficulty concentrating?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: E1 = Yes
And: E5 = Yes

E21n

[*] (Over the last 4 weeks, has CHILD'S NAME…)
... always been on the alert for possible dangers?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: E1 = Yes
And: E5 = Yes

E21o

[*] (Over the last 4 weeks, has CHILD'S NAME…)
... jumped at little noises or easily startled in other ways?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: E21-E21o = 7

E22

[*] You have told me about how ^LPTSD21

How long after the stressful event did these other problems begin?

(1) within six months
(2) more than six months after the event

Ask if: QSelect2.AdltInt = YesNow
And: E21-E21o = 7

E23

How long has s/he been having these problems?

(1) Less than a month
(2) At least one month but less than three months
(3) Three months or more

Ask if: QSelect2.AdltInt = YesNow
And: E21-E21o = 7

E24

[*] How upset or distressed is s/he by the problems that the stressful events triggered off
RUNNING PROMPT

(5) not at all
(6) only a little
(7) quite a lot
(8) or a great deal?

Ask if: QSelect2.AdltInt = YesNow
And: E21-E21o = 7
E25a

[*] Have these problems interfered with...
... how well s/he gets on with you and others at (in the) home?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: E21-E21o = 7
E25b

[*] (Have they interfered with...)
...making and keeping friends?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: E21-E21o = 7
E25c

[*] (Have they interfered with...)
...learning or class work?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: E21-E21o = 7
E25d

[*] (Have they interfered with...)
...playing, hobbies, sports or other leisure activities?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: E21-E21o = 7
E26

[*] Have these problems put a burden on you or the others at (in the) home?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) or a great deal?

Compulsions and obsessions (Adult Interview)

F28Intr

Many young people have some rituals or superstitions, eg not stepping on the cracks in the pavement, having to go through a special goodnight ritual, having to wear lucky clothes for exams or needing a lucky mascot for school sports matches. It is also common for children to go through phases when they seem obsessed by one particular subject or activity, eg cars, a pop group, a football team. But what I want to know is whether (CHILD'S NAME) has any rituals or obsessions that go beyond this.

F28

[*] Does (CHILD'S NAME) have rituals or obsessions that upset him/her, waste a lot of his/her time or interfere with his/her ability to get on with everyday life?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (F28 = Yes) or (SDQ Emotion score >3)
F29Intr

Over the last 4 weeks, has s/he had any of the following rituals (doing any of the following things over and over again, even though s/he has already done them or doesn't need to do them at all?)

Ask if: QSelect2.AdltInt = YesNow
And: (F28 = Yes) or (SDQ Emotion score >3)
F29a

Excessive cleaning; handwashing, baths, showers, toothbrushing etc. ?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: (F28 = Yes) or (SDQ Emotion score >3)
F29b

Other special measures to avoid dirt, germs or poisons?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: (F28 = Yes) or (SDQ Emotion score >3)
F29c

Checking: doors, locks, oven, gas taps, electric switches?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: (F28 = Yes) or (SDQ Emotion score >3)
F29d

Repeating actions: like going in and out through a door many times in a row, getting up and down from a chair, or anything like this?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: (F28 = Yes) or (SDQ Emotion score >3)
F29e

Touching things or people in particular ways?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: (F28 = Yes) or (SDQ Emotion score >3)
F29f

Arranging things so they are just so, or exactly symmetrical?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: (F28 = Yes) or (SDQ Emotion score >3)
F29g

Counting to particular lucky numbers or avoiding unlucky numbers?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: (F28 = Yes) or (SDQ Emotion score >3)
F31a

[*] Over the last 4 weeks, has (CHILD'S NAME) been obsessively worrying about dirt, germs or poisons, not being able to get thoughts of them out of his/her mind?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: (F28 = Yes) or (SDQ Emotion score >3)
F31b

[*] (Over the last 4 weeks, has (CHILD'S NAME) been obsessed by the worry that
... something terrible happening to him/her or to others, e.g. illnesses, accidents, fires?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: (F28 = Yes) or (SDQ Emotion score >3)
And: separation anxiety present and (F31b = ALot)
F32

[*] Is this obsession about something terrible happening to him/herself or others just one part of a general concern about being separated from his/her key attachment figures, or is it a problem in its own right?

(1) mainly related to separation anxiety
(2) a problem in it's own right

Ask if: QSelect2.AdltInt = YesNow
And: (F28 = Yes) or (SDQ Emotion score >3)
And: (F29a - F29g = 7) or (F31a - F31b = 7) or (F32 = 2)
F33

[*] Have (CHILD'S NAME) rituals or obsessions been present on most days for a period of at least two weeks?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (F28 = Yes) or (SDQ Emotion score >3)
And: (F29a - F29g = 7) or (F31a - F31b = 7) or (F32 = 2)
F34

[*] Does s/he think that his/her rituals or obsessions are over the top or unreasonable?
SHOW CARD 12

(5) No
(6) Perhaps
(7) Definitely

Ask if: QSelect2.AdltInt = YesNow
And: (F28 = Yes) or (SDQ Emotion score >3)
And: (F29a - F29g = 7) or (F31a - F31b = 7) or (F32 = 2)
F35

[*] Does s/he try to resist the rituals or obsessions?
SHOW CARD 12

(5) No
(6) Perhaps
(7) Definitely

Ask if: QSelect2.AdltInt = YesNow
And: (F28 = Yes) or (SDQ Emotion score >3)
And: (F29a - F29g = 7) or (F31a - F31b = 7) or (F32 = 2)

F36

[*] Do the rituals or obsessions upset him/her...
RUNNING PROMPT

(5) No, s/he enjoys them
(6) Neutral, s/he neither enjoys them nor becomes upset
(7) They upset him/her a little
(8) They upset him/her a lot?

Ask if: QSelect2.AdltInt = YesNow
And: (F28 = Yes) or (SDQ Emotion score >3)
And: (F29a - F29g = 7) or (F31a - F31b = 7) or (F32 = 2)

F37

[*] Do the rituals or obsessions use up at least an hour a day on average?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (F28 = Yes) or (SDQ Emotion score >3)
And: (F29a - F29g = 7) or (F31a - F31b = 7) or (F32 = 2)

F38a

[*] Have the rituals or obsessions interfered with...
... How well s/he gets on with you and others at (in the) home?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: (F28 = Yes) or (SDQ Emotion score >3)
And: (F29a - F29g = 7) or (F31a - F31b = 7) or (F32 = 2)

F38b

[*] (Have they interfered with...)
....Making and keeping friends?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: (F28 = Yes) or (SDQ Emotion score >3)
And: (F29a - F29g = 7) or (F31a - F31b = 7) or (F32 = 2)

F38c

[*] (Have they interfered with...)
...learning new things (or class work)?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: (F28 = Yes) or (SDQ Emotion score >3)
And: (F29a - F29g = 7) or (F31a - F31b = 7) or (F32 = 2)

F38d

[*] (Have they interfered with...)
...playing, hobbies, sports or other leisure activities?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: (F28 = Yes) or (SDQ Emotion score >3)
And: (F29a - F29g = 7) or (F31a - F31b = 7) or (F32 = 2)

F38e

[*] Have the rituals or obsessions put a burden on you or the others at (in the) home?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Generalised anxiety (Adult Interview)

F39

[*] Does (CHILD'S NAME) ever worry?

(1) Yes
(2) No

F39aIntr

Some children worry about just a few things, some related to specific fears, obsessions or separation anxieties. Other children worry about many different aspects of their lives. They may have specific fears, obsessions or separation anxieties, but they may also have a wide range of worries about many things.

if: F39 = Yes

F39a

[*] Is (CHILD'S NAME) a worrier in general?
(1) Yes, s/he worries in general
(2) No, s/he just has a few specific worries

Ask if: QSelect2.AdltInt = YesNow
And: F39 = Yes
And: (F39a = Yes) OR (QSDQ2.PEmotion >= 4)

F39aa

[*] Over the last 6 months has (CHILD'S NAME) worried so much about so many things that it has really upset him/her or interfered with his/her life?
SHOW CARD 12

(5) No
(6) Perhaps
(7) Definitely

Ask if: QSelect2.AdltInt = YesNow
And: F39 = Yes
And: (F39aa = Perhaps or Definitely) or (SDQ emotion score>=3)

F40a

[*] Over the last 6 months (or since s/he has been with you), and by comparison with other children of the same age, has (CHILD'S NAME) worried about:

Past behaviour: Did I do that wrong? Have I upset someone? Have they forgiven me?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: F39 = Yes
And: (F39aa = Perhaps or Definitely) or (SDQ emotion score>=3)

F40b

School work, homework or examinations
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age
(8) SPONTANEOUS: Not at school

Ask if: QSelect2.AdltInt = YesNow
And: F39 = Yes
And: (F39aa = Perhaps or Definitely) or (SDQ emotion score>=3)

F40c

Disasters: Burglaries, muggings, fires, bombs etc.
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: F39 = Yes
And: (F39aa = Perhaps or Definitely) or (SDQ emotion score>=3)

F40d

His/her own health
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: F39 = Yes
And: (F39aa = Perhaps or Definitely) or (SDQ emotion score>=3)

F40e

Bad things happening to others: family friends, pets, the world..
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: F39 = Yes
And: (F39aa = Perhaps or Definitely) or (SDQ emotion score>=3)

F40f

The future: eg getting a job, boy/girlfriend, moving out
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: F39 = Yes
And: (F39aa = Perhaps or Definitely) or (SDQ emotion score>=3)

F40fa

Making and keeping friends
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: F39 = Yes
And: (F39aa = Perhaps or Definitely) or (SDQ emotion score>=3)

F40fb

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: F39 = Yes
And: (F39aa = Perhaps or Definitely) or (SDQ emotion score>=3)
F40fc

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: F39 = Yes
And: (F39aa = Perhaps or Definitely) or (SDQ emotion score>=3)
F40fd

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: F39 = Yes
And: (F39aa = Perhaps or Definitely) or (SDQ emotion score>=3)
F40g

[*] Has s/he worried about anything else?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: F39 = Yes
And: (F39aa = Perhaps or Definitely) or (SDQ emotion score>=3)
And: F40g = Yes
F40ga

[*] What else has s/he worried about?
STRING[80]

Ask if: QSelect2.AdltInt = YesNow
And: F39 = Yes
And: (F39aa = Perhaps or Definitely) or (SDQ emotion score>=3)
And: F40g = Yes
F40gb

[*] How much does s/he worry about this
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
IF: Two of F40a - F40gb = 7
GenWCHK

INTERVIEWER CHECK: Are there two or more specific worries (^LGenWor) over and above those which have already been mentioned in earlier sections (^LGenAnx)?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: GenWCHK = Yes
F42

[*] Over the last 6 months has s/he worried excessively on more days than not?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (GenWCHK = Yes) AND (F42 = Yes)
F43

[*] Does s/he find it difficult to control the worry?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (GenWCHK = Yes) AND (F42 = Yes)
F44

[*] Does worrying lead to him/her feeling restless, keyed up, on edge or unable to relax?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (GenWCHK = Yes) AND (F42 = Yes)
And: F44 = Yes
F44a

[*] Has this been true for more days than not in the last 6 months?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (GenWCHK = Yes) AND (F42 = Yes)
F45

[*] Does worrying lead to him/her feeling tired or worn out more easily?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (GenWCHK = Yes) AND (F42 = Yes)
And: F45 = Yes
F45a

[*] Has this been true for more days than not in the last 6 months?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (GenWCHK = Yes) AND (F42 = Yes)
F46

[*] Does worrying lead to difficulties in concentrating or his/her mind going blank?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (GenWCHK = Yes) AND (F42 = Yes)
And: F46 = Yes
F46a

[*] Has this been true for more days than not in the last 6 months?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (GenWCHK = Yes) AND (F42 = Yes)
F47

[*] Does worrying make him/her irritable?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (GenWCHK = Yes) AND (F42 = Yes)
And: F47 = Yes
F47a

[*] Has this been true for more days than not in the last 6 months?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (GenWCHK = Yes) AND (F42 = Yes)
F48

[*] Does worrying lead to muscle tension?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (GenWCHK = Yes) AND (F42 = Yes)
And: F48 = Yes
F48a

[*] Has this been true for more days than not in the last 6 months?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (GenWCHK = Yes) AND (F42 = Yes)
F49

[*] Does worrying interfere with his/her sleep, e.g. difficulty in falling or staying asleep or restless, unsatisfying sleep?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (GenWCHK = Yes) AND (F42 = Yes)
And: F49 = Yes
F49a

[*] Has this been true for more days than not in the last 6 months?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (GenWCHK = Yes) AND (F42 = Yes)
F50

[*] How upset or distressed is (CHILD'S NAME) as a result of all his/her various worries?
RUNNING PROMPT

(5) not at all
(6) only a little
(7) quite a lot
(8) or a great deal?

Ask if: QSelect2.AdltInt = YesNow
And: (GenWCHK = Yes) AND (F42 = Yes)
F51a

[*] Have his/her worries interfered with ...

How well s/he gets on with you and the others at (in the) home?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: (GenWCHK = Yes) AND (F42 = Yes)
F51b

[*] (Have they interfered with ...)
making and keeping friends?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: (GenWCHK = Yes) AND (F42 = Yes)
F51c

[*] (Have they interfered with ...)
learning new things (or classwork)?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: (GenWCHK = Yes) AND (F42 = Yes)
F51d

[*] (Have they interfered with ...)
playing, hobbies, sports or other leisure activities?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: (GenWCHK = Yes) AND (F42 = Yes)
F52

[*] Have these worries put a burden on you or the others at (in the) home ...
RUNNING PROMPT

(5) not at all
(6) only a little
(7) quite a lot
(8) or a great deal?

Depression

DepIntr

This section of the interview is about (CHILD'S) mood.

G1

[*] In the past 4 weeks, have there been times when (CHILD'S NAME) has been very sad, miserable, unhappy or tearful?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: G1 = Yes
G3

[*] Over the past 4 weeks, has there been a period when s/he has been really miserable nearly every day?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: G1 = Yes
G4

[*] During the time when s/he has been miserable, has s/he been really miserable for most of the day? (i.e. for more hours than not)

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: G1 = Yes
G5

[*] When s/he has been miserable, could s/he be cheered up...
RUNNING PROMPT

(1) easily
(2) with difficulty/only briefly
(3) or not at all?

Ask if: QSelect2.AdltInt = YesNow
And: G1 = Yes
G6

Over the last 4 weeks, the period of being miserable has lasted...
RUNNING PROMPT

(1) less than two weeks
(2) or two weeks or more?

Ask if: QSelect2.AdltInt = YesNow
G8

[*] In the last 4 weeks, have there been times when (CHILD'S NAME) has been grumpy or irritable in a way that was out of character for him/her?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: G8 = Yes
G10

[*] Over the last 4 weeks, has there been a period when s/he has been really grumpy or irritable nearly every day?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: G8 = Yes
G11

[*] During the period when s/he has been grumpy or irritable, has s/he been like that for most of the day? (i.e. for more hours than not)

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: G8 = Yes

G12

[*] Has the irritability been improved by particular activities, by friends coming round or by anything else?

(1) Easily
(2) With difficulty/only briefly
(3) Not at all?

Ask if: QSelect2.AdltInt = YesNow
And: G8 = Yes

G13

[*] Over the last 4 weeks, the period of being really irritable has lasted...
RUNNING PROMPT

(1) less than two weeks
(2) or two weeks or more?

G15

[*] In the last 4 weeks, have there been times when (CHILD'S NAME) has lost interest in everything, or nearly everything that s/he normally enjoys doing?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: G15 = Yes

G17

[*] Over the last 4 weeks, has there been a period when this lack of interest has been present nearly every day?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: G15 = Yes

G18

[*] During those days when s/he has lost interest in things, has s/he been like this for most of each day? (i.e. for more hours than not)

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: G15 = Yes

G19

[*] Over the last 4 weeks, this loss of interest has lasted...
RUNNING PROMPT

(1) less than two weeks
(2) or two weeks or more?

Ask if: QSelect2.AdltInt = YesNow
And: G15 = Yes
And: (G4 = Yes AND G3 = Yes) OR (G10 = yes AND G11 = Yes)

G20

[*] Has this loss of interest been present during the same period when s/he has been really miserable/irritable for most of the time?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (G4 = Yes AND G3 = Yes) OR (G10 = yes AND G11 = Yes) OR (G17 = Yes)

G21a

[*] During the period when (CHILD'S NAME) was sad, irritable or lacking in interest

... did s/he lack energy and seem tired all the time?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (G4 = Yes AND G3 = Yes) OR (G10 = yes AND G11 = Yes) OR (G17 = Yes)

G21ba

... was s/he eating much more or much less than normal?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (G4 = Yes AND G3 = Yes) OR (G10 = yes AND G11 = Yes) OR (G17 = Yes)

G21b

...did s/he either lose or gain a lot of weight?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (G4 = Yes AND G3 = Yes) OR (G10 = yes AND G11 = Yes) OR (G17 = Yes)

G21c

... did s/he find it hard to get to sleep or to stay asleep?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (G4 = Yes AND G3 = Yes) OR (G10 = yes AND G11 = Yes) OR (G17 = Yes)

G21d

...did s/he sleep too much?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (G4 = Yes AND G3 = Yes) OR (G10 = yes AND G11 = Yes) OR (G17 = Yes)
G21e

… was s/he agitated or restless much of the time?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (G4 = Yes AND G3 = Yes) OR (G10 = yes AND G11 = Yes) OR (G17 = Yes)
G21f

… did s/he feel worthless or unnecessarily guilty much of the time?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (G4 = Yes AND G3 = Yes) OR (G10 = yes AND G11 = Yes) OR (G17 = Yes)
G21g

... did s/he find it unusually hard to concentrate or to think things out?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (G4 = Yes AND G3 = Yes) OR (G10 = yes AND G11 = Yes) OR (G17 = Yes)
G21h

... did s/he think about death a lot?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (G4 = Yes AND G3 = Yes) OR (G10 = yes AND G11 = Yes) OR (G17 = Yes)
G21i

… did s/he ever talk about harming himself/herself or killing himself/herself?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (G4 = Yes AND G3 = Yes) OR (G10 = yes AND G11 = Yes) OR (G17 = Yes)
G21j

… did s/he ever try to harm himself/herself or kill himself/herself?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (G4 = Yes AND G3 = Yes) OR (G10 = yes AND G11 = Yes) OR (G17 = Yes)
And: G21j = Yes
G21k

[*] Over the whole of his/her lifetime has s/he ever tried to harm himself/herself or kill himself/herself?

(1) Yes
(2) No
(3) Don't know

Ask if: QSelect2.AdltInt = YesNow
And: (G4 = Yes AND G3 = Yes) OR (G10 = yes AND G11 = Yes) OR (G17 = Yes)
G22

[*] How much has (CHILD'S NAME) sadness, irritability or loss of interest upset or distressed him/her?
RUNNING PROMPT

(5) not at all
(6) only a little
(7) quite a lot
(8) or a great deal?

Ask if: QSelect2.AdltInt = YesNow
And: (G4 = Yes AND G3 = Yes) OR (G10 = yes AND G11 = Yes) OR (G17 = Yes)
G23a

[*] Has his/her sadness, irritability or loss of interest interfered with ...
…how well s/he gets on with you and others at (in the) home?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: (G4 = Yes AND G3 = Yes) OR (G10 = yes AND G11 = Yes) OR (G17 = Yes)
G23b

[*] (Has this interfered with ...) making and keeping friends?
SHOW CARD 8
(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: (G4 = Yes AND G3 = Yes) OR (G10 = yes AND G11 = Yes) OR (G17 = Yes)
G23c

[*] (Has this interfered with ...)
learning new things (or classwork)?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: (G4 = Yes AND G3 = Yes) OR (G10 = yes AND G11 = Yes) OR (G17 = Yes)
G23d

[*] (Has this interfered with ...)
playing, hobbies, sports or other leisure activities?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: (G4 = Yes AND G3 = Yes) OR (G10 = yes AND G11 = Yes) OR (G17 = Yes)
G24

[*] Has his/her sadness, irritability or loss of interest put a burden on you or the others at (in the) home?
(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: (G3 AND G4 = No) AND (G10 AND G11 = No) AND (G17 = No)
G25

Over the last 4 weeks, has s/he talked about deliberately harming or hurting himself/herself?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (G3 aND G4 = No) AND (G10 AND G11 = No) AND (G17 = No)
G26

Over the last 4 weeks, has s/he ever tried to harm or hurt himself/herself?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (G3 aND G4 = No) AND (G10 AND G11 = No) AND (G17 = No)
G27

Over the whole of his/her lifetime, has s/he ever tried to harm or hurt himself/herself?

(1) Yes
(2) No
(3) Don't know

Attention and activity (Adult Interview)

AttnIntr

This section of the interview is about CHILD'S NAME level of activity and concentration over the last six months (or since s/he has been with you).
Nearly all children are overactive or lose concentration at times, but what I would like to know is how CHILD'S NAME compares with other children of his/her own age.
I am interested in how s/he is usually – not on the occasional 'off day'.

H1

[*] Allowing for his/her age, do you think that (CHILD'S NAME) definitely has some problems with overactivity or poor concentration?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
H2Intr

I would now like to go through some more detailed questions about how CHILD'S NAME has usually been over the last 6 months (or since s/he has been with you)?
I will start with questions about how active s/he has been.

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
H2a

[*] Over the last 6 months, and compared with other children of his/her age...
Does s/he often fidget?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
H2b

Is it hard for him/her to stay sitting down for long?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
H2c

Does s/he run or climb about when s/he shouldn't?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
H2d

Does s/he find it hard to play or take part in other leisure activities without making a lot of noise?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
H2e

If s/he is rushing about, does s/he find it hard to calm down when someone asks him/her to?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
H3Intr

The next few questions are about impulsiveness.
Over the last six months and compared with other children of his/her age.
SHOW CARD 9

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
H3a

Does s/he often blurt out an answer before s/he had heard the question properly?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
H3b

Is it hard for him/her to wait his/her turn?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
H3c

Does s/he often butt in on other people's conversations or games?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
H3d

Does s/he often go on talking even if s/he has been asked to stop, or if no one is listening?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
H4Intr

The next set of questions are about attention.
Over the last 6 months, and compared with other children his/her age...
SHOW CARD 9

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
H4a

Does s/he often make careless mistakes or fail to pay attention to what s/he is supposed to be doing?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
H4b

Does s/he often seem to lose interest in what s/he is doing?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
H4c

Does s/he often not listen to what people are saying to him/her?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
H4d

Does s/he often not finish a job properly?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
H4e

Is it often hard for him/her to get himself/herself organised to do something?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
H4f

[*] (Over the last 6 months, and compared with other children of his/her age.)

Does s/he often try to get out of things s/he would have to think about, such as homework?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
H4g

Does s/he often lose things s/he needs for school or games?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
H4h

Is s/he easily distracted?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
H4i

Is s/he often forgetful?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
H5a

[*] Have (CHILD'S NAME) teachers has complained, over the past 6 months of problems with fidgetness, restless or overactivity?
SHOW CARD 11

(5) No
(6) A little
(7) A lot
(8) SPONTANEOUS: Not at school

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
And: NOT H5a = NotSch

H5b

[*] (Have CHILD'S NAME teachers complained over the last 6 months of problems with...)

Poor concentration or being easily distracted?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
And: NOT H5a = NotSch

H5c

Acting without thinking about what s/he was doing, frequently butting in, or not waiting his/her turn?
SHOW CARD 11

(5) No
(6) A little
(7) A lot

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
And: Two of (H2a - H2e) OR (H3a - H3d) OR (H4a - H4d) OR (H5a - H5c) = 7

H7

[*] Have CHILD'S NAME difficulties with activity or concentration been there for at least 6 months?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
And: Two of (H2a - H2e) OR (H3a - H3d) OR (H4a - H4d) OR (H5a - H5c) = 7
And: H7 = No

H8

[*] How old was s/he when his/her difficulties with activity or concentration began?
IF 'ALWAYS' OR SINCE BIRTH, ENTER 00
ENTER AGE

0..15

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
And: Two of (H2a - H2e) OR (H3a - H3d) OR (H4a - H4d) OR (H5a - H5c) = 7

H9

[*] How much have (CHILD'S NAME) difficulties with activity and concentration, upset or distressed him/her
SHOW CARD 8
RUNNING PROMPT

(5) not at all
(6) only a little
(7) quite a lot
(8) or a great deal?

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
And: Two of (H2a - H2e) OR (H3a - H3d) OR (H4a - H4d) OR (H5a - H5c) = 7

H10a

[*] Have (CHILD'S NAME) difficulties with activity or concentration interfered with ...
how well s/he gets on with you and others at (in the) home?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
And: Two of (H2a - H2e) OR (H3a - H3d) OR (H4a - H4d) OR (H5a - H5c) = 7

H10b

... making and keeping friends?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
And: Two of (H2a - H2e) OR (H3a - H3d) OR (H4a - H4d) OR (H5a - H5c) = 7

H10c

... learning new things (or classwork)?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
And: Two of (H2a - H2e) OR (H3a - H3d) OR (H4a - H4d) OR (H5a - H5c) = 7

H10d

... playing, hobbies, sports or other leisure activities?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: (H1 = Yes) OR (SDQ Hyperactivity score = 6+)
And: Two of (H2a - H2e) OR (H3a - H3d) OR (H4a - H4d) OR (H5a - H5c) = 7

H11

[*] Have these difficulties with activity or concentration put a burden on you or the others at (in the) home?
RUNNING PROMPT

(5) not at all
(6) only a little
(7) quite a lot
(8) or a great deal?

Awkward and troublesome behaviour (Adult Interview)

AwkIntr

This next section of the interview is about behaviour.
All children are awkward and difficult at times - not doing what they are told, being irritable or annoying, having temper outbursts and so on.
What I would like to know is how (CHILD'S NAME) compares with other children of the same age.

I am interested in how s/he is usually, and not just on the occasional 'off days'.

I1

[*] Thinking about the last 6 months, how does (CHILD'S NAME) behaviour compare with other children of his/her age.....
RUNNING PROMPT

(1) Less awkward or troublesome than average
(2) About average
(3) Or more awkward or troublesome than average?

Ask if: QSelect2.AdltInt = YesNow
And: (I1 = 3) OR (SDQ Conduct score = 3+)

I2Intr

Some children are awkward or annoying with just one person – perhaps with yourself or just one brother or sister.
Other children are troublesome with a range of adults or children.
The following questions are about how (CHILD'S NAME) is in general and not just with one person.

Ask if: QSelect2.AdltInt = YesNow
And: (I1 = 3) OR (SDQ Conduct score = 3+)

I2a

[Has s/he often had temper outbursts?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: (I1 = 3) OR (SDQ Conduct score = 3+)

I2b

Has s/he often argued with grown-ups?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: (I1 = 3) OR (SDQ Conduct score = 3+)

I2c

Has s/he often taken no notice of rules, or refused to do as s/he is told?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: (I1 = 3) OR (SDQ Conduct score = 3+)

I2d

Has s/he often seemed to do things to annoy other people on purpose?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: (I1 = 3) OR (SDQ Conduct score = 3+)

I2e

Has s/he often blamed others for his/her own mistakes or bad behaviour?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: (I1 = 3) OR (SDQ Conduct score = 3+)
I2f

Has s/he often been touchy and easily annoyed?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: (I1 = 3) OR (SDQ Conduct score = 3+)
I2g

resentful?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: (I1 = 3) OR (SDQ Conduct score = 3+)
I2h

Has s/he often been spiteful?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same age

Ask if: QSelect2.AdltInt = YesNow
And: (I1 = 3) OR (SDQ Conduct score = 3+)
I2i

Has s/he often tried to get his/her own back on people?
SHOW CARD 9

(5) No more than other children of the same age
(6) A little more than other children of the same age
(7) A lot more than other children of the same ageNo

Ask if: QSelect2.AdltInt = YesNow
And: (I1 = 3) OR (SDQ Conduct score = 3+)
I3

Have (CHILD'S NAME) teachers complained over the last 6 months of problems with this kind of awkward behaviour or disruptiveness in class?
SHOW CARD 11

(5) No
(6) A little
(7) A lot
(8) SPONTANEOUS: Not in school

Ask if: QSelect2.AdltInt = YesNow
And: I2a - I2i = 7
I4

[*] Has (CHILD'S NAME) awkward behaviour been there for at least 6 months?

(1) Yes
(2) No
(3) Don't know

Ask if: QSelect2.AdltInt = YesNow
And: I2a - I2i = 7
And: I4 = Yes
I5

How old was s/he when this sort of awkward behaviour began?

0..17

Ask if: QSelect2.AdltInt = YesNow
And: I2a - I2i = 7
And: I4 = Yes
I6Intr

Has (CHILD'S NAME) awkward behaviour interfered with...
SHOW CARD 8

Ask if: QSelect2.AdltInt = YesNow
And: I2a - I2i = 7
And: I4 = Yes
I6a

how well s/he gets on with you and others at (in the) home?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: I2a - I2i = 7
And: I4 = Yes
I6b

...making and keeping friends?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: I2a - I2i = 7
And: I4 = Yes
I6c

...learning new things (or classwork)?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: I2a - I2i = 7
And: I4 = Yes
I6d

... playing, hobbies, sports or other leisure activities?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: I2a - I2i = 7
And: I4 = Yes
I7

[*] Has his/her awkward behaviour put a burden on you or the others at (in the) home...
RUNNING PROMPT

(5) not at all
(6) only a little
(7) quite a lot
(8) or a great deal?

Ask if: QSelect2.AdltInt = YesNow
And: (I1 = 3) OR (SDQ Conduct score = 3+)
I8Intr

I'm now going to ask about behaviour that sometimes gets children into trouble, including dangerous, aggressive or antisocial behaviour. Please answer according to how s/he has been over the last 12 months (or since s/he has been with you).

Ask if: QSelect2.AdltInt = YesNow
And: (I1 = 3) OR (SDQ Conduct score = 3+)
I8a

[*] Has s/he often told lies in order to get things or favours from others, or to get out of having to do things s/he is supposed to do?
SHOW CARD 12

(5) No
(6) Perhaps
(7) Definitely

Ask if: QSelect2.AdltInt = YesNow
And: (I1 = 3) OR (SDQ Conduct score = 3+)
And: I8a = Def
I8aa

[*] Has this been going on for the last 6 months?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (I1 = 3) OR (SDQ Conduct score = 3+)
I8b

[*] Has s/he often started fights?
(other than with brothers or sisters)
SHOW CARD 12

(5) No
(6) Perhaps
(7) Definitely

Ask if: QSelect2.AdltInt = YesNow
And: (I1 = 3) OR (SDQ Conduct score = 3+)
And: I8b = Def
I8ba

[*] Has this been going on for the last 6 months?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (I1 = 3) OR (SDQ Conduct score = 3+)
I8c

[*] Has s/he often bullied or threatened people?
SHOW CARD 12

(5) No
(6) Perhaps
(7) Definitely

Ask if: QSelect2.AdltInt = YesNow
And: (I1 = 3) OR (SDQ Conduct score = 3+)
And: I8c = Def
I8ca

[*] Has this been going on for the last 6 months?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (I1 = 3) OR (SDQ Conduct score = 3+)
I8d

[*] Has s/he often stayed out after dark much later than s/he was supposed to?
SHOW CARD 12

(5) No
(6) Perhaps
(7) Definitely

Ask if: QSelect2.AdltInt = YesNow
And: (I1 = 3) OR (SDQ Conduct score = 3+)
And: I8d = Def
I8da

[*] Has this been going on for the last 6 months?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (I1 = 3) OR (SDQ Conduct score = 3+)
I8e

[*] Has s/he stolen from the house, or from other people's houses, from shops or school?
(This doesn't include very minor thefts, e.g. stealing his/her brother's pencil or food from the fridge)
SHOW CARD 12

(5) No
(6) Perhaps
(7) Definitely

Ask if: QSelect2.AdltInt = YesNow
And: (I1 = 3) OR (SDQ Conduct score = 3+)
And: I8e = Def
I8ea

[*] Has this been going on for the last 6 months?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (I1 = 3) OR (SDQ Conduct score = 3+)
I8f

[*] Has s/he run away from home more than once or ever stayed away all night without your permission?
SHOW CARD 12

(5) No
(6) Perhaps
(7) Definitely
(8) SPONTANEOUS: Living independently

Ask if: QSelect2.AdltInt = YesNow
And: (I1 = 3) OR (SDQ Conduct score = 3+)
And: I8f = Def
I8fa

[*] Has this been going on for the last 6 months?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (I1 = 3) OR (SDQ Conduct score = 3+)
I8g

[*] Has s/he often played truant (bunked off) from school?
SHOW CARD 12

(5) No
(6) Perhaps
(7) Definitely
(8) SPONTANEOUS: Not in school

Ask if: QSelect2.AdltInt = YesNow
And: (I1 = 3) OR (SDQ Conduct score = 3+)
And: I8g = Def
I8ga

[*] Has this been going on for the last 6 months?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (QSelect.ChldAge >= 13) AND (I8g = Def)
I9

[*] Did s/he start playing truant (bunking off) from school before s/he was 13?

(1) Yes
(2) No
(3) SPONTANEOUS: Not at school

Ask if: QSelect2.AdltInt = YesNow
And: (I2a - I2i = 7) OR (I8a - I8g = 7)
I10Intr

May I now ask you about a list of less common but potentially more serious behaviours.
I have to ask everyone all these questions even when they are not likely to apply.
As far as you know, have any of the following happened, even once, in the last 12 months?

Ask if: QSelect2.AdltInt = YesNow
And: (I2a - I2i = 7) OR (I8a - I8g = 7)
I10a

Has s/he used a weapon or anything that could seriously hurt someone?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (I2a - I2i = 7) OR (I8a - I8g = 7)
And: I10a = Yes
I10aa

Has this happened in the past 6 months?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (I2a - I2i = 7) OR (I8a - I8g = 7)
I10b

[*] Has s/he really hurt someone or been physically cruel to them?
(eg has tied up, cut or burned someone)?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (I2a - I2i = 7) OR (I8a - I8g = 7)
And: I10b = Yes
I10ba

[*] Has this happened in the past 6 months?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (I2a - I2i = 7) OR (I8a - I8g = 7)
I10c

[*] Has s/he been really cruel on purpose to animals and birds?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (I2a - I2i = 7) OR (I8a - I8g = 7)
And: I10c = Yes
I10ca

[*] Has this happened in the past six months?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (I2a - I2i = 7) OR (I8a - I8g = 7)
I10d

[*] Has s/he deliberately started a fire?
(This is only if s/he intended to cause severe damage. This question is not about lighting campfires, or burning individual matches or pieces of paper).

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (I2a - I2i = 7) OR (I8a - I8g = 7)
And: I10d = Yes
I10da

Has this happened in the past 6 months?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (I2a - I2i = 7) OR (I8a - I8g = 7)
I10e

Has s/he deliberately destroyed someone else's property?
(This question is not about fire setting, or very minor acts, eg destroying sister's drawing. It does include such things as smashing car windows or school vandalism).

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (I2a - I2i = 7) OR (I8a - I8g = 7)
And: I10e = Yes
I10ea

Has this happened in the past 6 months?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (I2a - I2i = 7) OR (I8a - I8g = 7)
I10f

Has s/he been involved in stealing on the streets, eg snatching a handbag or mugging?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (I2a - I2i = 7) OR (I8a - I8g = 7)
And: I10f = Yes
I10fa

Has this happened in the past 6 months?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (I2a - I2i = 7) OR (I8a - I8g = 7)
I10g

Has s/he tried to force someone to have sexual activity against their will?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (I2a - I2i = 7) OR (I8a - I8g = 7)
And: I10g = Yes
I10ga

Has this happened in the past 6 months?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (I2a - I2i = 7) OR (I8a - I8g = 7)
I10h

Has s/he broken into a house, any other building, or a car?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (I2a - I2i = 7) OR (I8a - I8g = 7)
And: I10h = Yes
I10ha

Has this happened in the past 6 months?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (I2a - I2i = 7) OR (I8a - I8g = 7)
I11

Has (CHILD'S NAME) teacher complained of troublesome behaviour over the last six months?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (I2a - I2i = 7) OR (I8a - I8g = 7)
And: I11 = RESPONSE
I12

Has his/her troublesome behaviour been present for at least 6 months?
(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: (I8a - I8g =7) OR (I10aa - I10ha = Yes)
I13a

Has (CHILD'S NAME) troublesome behaviour interfered with...
how well s/he gets on with you and the others at (in the) home?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: (I8a - I8g =7) OR (I10aa - I10ha = Yes)
I13b

(Has this interfered with...) making and keeping friends?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: (I8a - I8g =7) OR (I10aa - I10ha = Yes)
I13c

(Has this interfered with...)
learning new things (or classwork)?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: (I8a - I8g =7) OR (I10aa - I10ha = Yes)
I13d

(Has this interfered with...) playing, hobbies, sports or other leisure activities?
SHOW CARD 8

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QSelect2.AdltInt = YesNow
And: (I8a - I8g =7) OR (I10aa - I10ha = Yes)
I14

Has his/her troublesome behaviour a burden on you or the others at (in the) home...
RUNNING PROMPT

(5) not at all
(6) only a little
(7) quite a lot
(8) or a great deal?

Less common disorders (Adult Interview)

Ask if: QSelect2.AdltInt = YesNow
LessIntr

This next section is about a variety of different aspects of (CHILD'S NAME) behaviour and development.

Ask if: QSelect2.AdltInt = YesNow
I15a

[*] In his/her first 3 years of life, was there anything that seriously worried you about...
the way his/her speech developed?

(1) Yes
(2) No
(3) Don't know

Ask if: QSelect2.AdltInt = YesNow

I15b

[*] (In his/her first 3 years of life, was there anything that seriously worried you about...)
how s/he got on with other people?

(1) Yes
(2) No
(3) Don't know

I15c

[*] (In his/her first 3 years of life, was there anything that seriously worried you about...)
any odd rituals or unusual habits that were very hard to interrupt?

(1) Yes
(2) No
(3) Don't know

Ask if: QSelect2.AdltInt = YesNow
And: ((I15a = Yes) OR (I15b = Yes)) OR (I15c = Yes)

I15aa

[*] Have these early delays or difficulties now cleared up completely?

(1) some continuing problems
(2) completely cleared up

I16

[*] Does s/he have any tics or twitches that s/he can't seem to control?

(1) Yes
(2) No

I17

[*] Have you been concerned about him/her being too thin or dieting too much?

(1) Yes
(2) No

I18

[*] Apart from the things you have already told me about, are there any other aspects of (CHILD'S NAME) psychological development that really concern you?

(1) Yes
(2) No

I19

[*] Apart from the things you have already told me about, are there any other aspects of (CHILD'S NAME) psychological development that really concern his/her teachers?

(1) Yes
(2) No
(3) Don't know

Significant Problems (Adult Interview)

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview

Intro

You have told me about (LIST OF SIGNIFICANT PROBLEMS) I'd now like to hear a bit more about these difficulties in your own words.

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview

SigDone

INTERVIEWER: HAS THE ADULT SIGNIFICANT PROBLEMS SECTION ALREADY BEEN ENTERED IN THE PARALLEL BLOCKS?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: SigDone = Yes

SigYes

INTERVIEWER: IF THIS SECTION HAS BEEN COMPLETED AND YOU WISH TO ADD MORE, PLEASE RE-ENTER THE PARRALLEL BLOCKS AND ADD THERE.

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: SigDone = No

TypNow

INTERVIEWER: if you prefer to take notes by hand rather than typing the details during the interview just type 'later' in the response box – but please remember to come back and complete the question before transmission.
WILL YOU BE TYPING IN THE ANSWERS NOW OR LATER?

(1) Now
(2) Later

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: SigDone = No

SigProb

LIST OF PROBLEMS:
INTERVIEWER: Please try and cover all areas of difficulty, but it is a good idea to let the parent choose which order to cover them in, starting with the area that concerns them most. Use the suggested prompts written below and on the prompt card.
1. Description of the problem?
2. How often does the problem occur?
3. How severe is the problem at its worst?
4. How long has it been going on for?
5. Is the problem interfering with the child's quality of life? If so, how?
6. WHERE APPROPRIATE, record what the carer thinks the problem is due to, and what they have done about it.
PRESS 'ALT+S' TO EXIT BOX
AND 'INS' (insert) TO VIEW

[OPEN]

Ask if: QSelect2.AdltInt = YesNow
And: Any anxiety or phobia present
And: SigDone = No

Anxiety

Does (CHILD'S NAME) experience any of the following symptoms when he/she feels anxious, nervous or tense
INDIVIDUAL PROMPT
SET [7] OF
(1) Heart racing or pounding?
(2) Hands sweating or shaking?
(3) Feeling dizzy?
(4) Difficulty getting his/her breath?
(5) Butterflies in stomach?
(6) Dry mouth?
(7) Nausea or feeling as though s/he wanted to be sick?
(8) OR are you not aware of him/her having any of the above?

Use of services for significant problems

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview

Whhelp

Here is a list of people who carers and young people often turn to when they want advice and treatment about a child or young person's emotions, behaviour or concentration difficulties.
SHOWCARD 18

In the past year, have you, (the social worker) or (CHILD'S NAME) been in contact with any of these people because of worries about his/her emotions, behaviour or concentration?
SET [9] OF
(1) Someone in your family or a close friend
(2) Telephone help line
(3) Self help group
(4) Internet
(5) Social worker or Link Worker
(6) A teacher (including Head of Year, Head-teacher or Special educational Needs Co-ordinator)
(7) Someone working in special educational services (for example educational psychologist, Educational Social Worker or School Counsellor)
(8) Your GP, family doctor or practice nurse
(9) Someone specialising in child mental health (for example child psychiatrist or child psychologist)
(10) Someone specialising in adult mental health (for example psychiatrist, psychologist or community psychiatric nurse)
(11) Someone specialising in children's physical health (for example a hospital or community paediatrician)
(12) Other – please describe

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: other IN Whhelp

WhhelpO

Who else have you sought advice from?

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview

Desc

Ask for each person mentioned in Whhelp

Now talking about (name of help used)

Can you describe what they did?

Prompts:
Who did they see
What did they do
STRING[250]

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview

advice

ASK FOR EACH PERSON MENTIONED IN WHHELP

Still talking about (name of help used)

Was the advice or help offered for (CHILD'S NAME) emotional, behavioural or concentration difficulties..
RUNNING PROMPT
(1) Very helpful,
(2) Helpful,
(3) Made no difference,
(4) Unhelpful or
(5) Very unhelpful?

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: (Whhelp = 5-11)
best

Thinking about all the help or advice you have had about (CHILD'S NAME) emotional, behavioural, or concentration problems, can you tell us in a few words what was best about the help you received?
STRING[200]

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: (Whhelp = 5-11)
worst

Thinking about all the help or advice you have had about (CHILD'S NAME) emotional, behavioural, or concentration problems, can you tell us in a few words what was worst about the help you received?
STRING[200]

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
SeenYth

(Has CHILD'S NAME been seen by)
.....youth justice worker/probation worker

(1) Yes
(2) No
(3) Don't know

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: SeenYth = Yes
TrtYth

What sort of help, advice or treatment did they give?
PLEASE ENTER A BRIEF DESCRIPTION

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: SeenYth = Yes
YthSHlp

Was it helpful?
PLEASE ENTER A BRIEF EXPLAINATION

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: SeenYth = Yes
YthConv

Has (CHILD'S NAME) received a caution or conviction?

(1) Yes
(2) No
(3) Don't know

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: SeenYth = Yes
And: YthConv = Yes
WhyConv

When did (CHILD'S NAME) receive this caution or conviction?
ENTER THE MONTH AND YEAR IF POSSIBLE
STRING[100]

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: SeenYth = Yes
And: YthConv = Yes
WhatConv

What was this caution or conviction for?
STRING[250]

Impact (Adult Interview)

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
J2Intr

I now want to ask you about the impact of some of (CHILD'S NAME) difficulties that you have just been telling me about.

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: (QSelect.TypePlc = Foster) OR (QSelect.TypePlc = Natural)
J2

ASK OR RECORD Do you have a partner living at home with you?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: (QSelect.TypePlc = Foster) OR (QSelect.TypePlc = Natural)
And: J2 = Yes
J1NEW

[*] (Sorry if these questions do not apply to you – but we have to ask everyone them....)
Have (CHILD'S NAME) difficulties made your relationship with your partner.....
RUNNING PROMPT

(1) stronger
(2) more strained
(3) or has it made no difference?

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: ((QSelect.TypePlc = Foster) OR (QSelect.TypePlc = Natural)) OR (QSelect.TypePlc = Home)

J2NEW

[*] (Sorry if these questions do not apply to you - but we have to ask everyone them....)
Have (CHILD'S NAME) difficulties made your relationship with any other children at/in the home....
RUNNING PROMPT

(1) stronger
(2) more strained
(3) or has it made no difference?
(4) SPONTANEOUS: No other children

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: ((QSelect.TypePlc = Foster) OR (QSelect.TypePlc = Natural)) OR (QSelect.TypePlc = Home)

J3NEW

[*] (Sorry if these questions do not apply to you - but we have to ask everyone them....)
Have (CHILD'S NAME) difficulties made his/her relationship with any other children at/in the home....
RUNNING PROMPT

(1) stronger
(2) more strained
(3) or has it made no difference?
(4) SPONTANEOUS: No other children

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: (QSelect.TypePlc = Foster) OR (QSelect.TypePlc = Natural)

J4NEW

[*] Have (CHILD'S NAME) difficulties caused problems in your relationship with other members of your family....
RUNNING PROMPT

(1) to a great extent
(2) to some extent
(3) or not at all?

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: (QSelect.TypePlc = Foster) OR (QSelect.TypePlc = Natural)

J5NEW

[*] Have (CHILD'S NAME) difficulties caused any problems in your relationships with your friends...
RUNNING PROMPT

(1) to a great extent
(2) to some extent
(3) or not at all?

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: (QSelect.TypePlc = Foster) OR (QSelect.TypePlc = Natural)

J6NEW

[*] Have (CHILD'S NAME) difficulties disrupted your social and leisure activities....
RUNNING PROMPT

(1) a lot
(2) a little
(3) or not at all?

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: QSelect.TypePlc = Home

J7NEW

[*] Have (CHILD'S NAME) difficulties caused discord between staff....
RUNNING PROMPT

(1) a lot
(2) a little
(3) or not at all?

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: (QSelect.TypePlc = Home) OR (QSelect.TypePlc = Foster)

J8NEW

Have (CHILD'S NAME) difficulties prevented him/her from having contact with his/her family of origin...
RUNNING PROMPT

(1) often
(2) sometimes or
(3) never
(4) SPONTANEOUS: No contact anyway

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: (QSelect.TypePlc = Home) OR (QSelect.TypePlc = Foster)

J9NEW

[*] Have (CHILD'S NAME) difficulties made his/her relationship with their family of origin...
RUNNING PROMPT

(1) Stronger
(2) more strained
(3) or has it made no difference?
(4) SPONTANEOUS: No contact anyway

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: ((QSelect.TypePlc = Foster) OR (QSelect.TypePlc = Natural)) OR (QSelect.TypePlc = Home)
J10NEW

Have (CHILD'S NAME) difficulties prevented you from taking him/her on social outings...
RUNNING PROMPT

(1) often
(2) sometimes
(3) or never?

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: ((QSelect.TypePlc = Foster) OR (QSelect.TypePlc = Natural)) OR (QSelect.TypePlc = Home)
J11NEW

Does (CHILD'S NAME) behaviour cause you embarrassment...
RUNNING PROMPT

(1) often
(2) sometimes
(3) or never?

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: ((QSelect.TypePlc = Foster) OR (QSelect.TypePlc = Natural)) OR (QSelect.TypePlc = Home)
J12NEW

Have you felt that others (outside the family) disapprove of you or avoid you because of his/her difficulties...
RUNNING PROMPT

(1) often
(2) sometimes
(3) or never?

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: (QSelect.TypePlc = Foster) OR (QSelect.TypePlc = Natural)
J13aNEW

[*] I now want to ask you how (CHILD'S NAME) problems have affected you.
Would you say they have made you...
worried?
SHOW CARD 15

(1) to a great extent
(2) to some extent
(3) or not at all

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: (QSelect.TypePlc = Foster) OR (QSelect.TypePlc = Natural)
J13bNEW

[*] (Would you say they have made you...)
depressed?
SHOW CARD 15

(1) to a great extent
(2) to some extent
(3) or not at all

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: (QSelect.TypePlc = Foster) OR (QSelect.TypePlc = Natural)
J13cNEW

[*] (Would you say they have made you...)
tired?
SHOW CARD 15

(1) to a great extent
(2) to some extent
(3) or not at all

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: (QSelect.TypePlc = Foster) OR (QSelect.TypePlc = Natural)
J13dNEW

[*] (Would you say they have made you...)
or physically ill?
SHOW CARD 15

(1) to a great extent
(2) to some extent
(3) or not at all

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: (J13a - J13d = 1 or 2)
J13eNEW

Have you been to see a doctor because you felt ^LImpact coping with (CHILD'S NAME)?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: J(J13a - J13d = 1 or 2)
And: J13eNEW = Yes
J13fNEW

Were you prescribed any medicine for this?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: (J13a - J13d = 1 or 2)

J13gNEW

[*] Did it make you drink more alcohol?

(1) Yes
(2) No
(3) Don't drink

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: (J13a - J13d = 1 or 2)

J13hNEW

[*] Did it make you smoke more?

(1) Yes
(2) No
(3) Don't smoke

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: ((QSelect.TypePlc = Foster) OR (QSelect.TypePlc = Natural)) OR (QSelect.TypePlc = Home)

J14NEW

Has (CHILD'S NAME) difficulties led to you having to spend extra time going to meetings and appointments?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: Significant problem mentioned in interview
And: (QSelect.TypePlc = Foster) OR (QSelect.TypePlc = Natural)

J15NEW

Has (CHILD'S NAME) difficulties led to loss of earnings or extra expenses...
RUNNING PROMPT

(1) a lot
(2) a little
(3) or not at all?

Use of services – general

GPChk

In the past 2 weeks has (CHILD'S NAME) or have you or any member of (your household/staff) talked to a GP for any reason at all, on his/her behalf apart from immunisation, child surveillance or development tests?
INCLUDE ASTHMA CLINIC

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: GPChk = Yes

GPVis

About how many times has (CHILD'S NAME) seen the GP in those 2 weeks?

1..9

AccEm

Has (CHILD'S NAME) had to visit an Accident and Emergency department in the last 3 months?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: AccEm = Yes

AEVis

How many separate visits has (CHILD'S NAME) made to an Accident and Emergency department in those 3 months?

(1) Once
(2) Twice
(3) Three
(4) Four or more

InPat

Has (CHILD'S NAME) been in hospital as an in-patient, overnight or longer, for treatment or tests in the past 3 months?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: InPat = Yes

InPatVis

How many separate stays has (CHILD'S NAME) been in hospital as an in-patient in those 3 months

(1) Once
(2) Twice
(3) Three
(4) Four or more

HospClin

(Apart from seeing your own doctor/when (CHILD'S NAME) stayed in hospital or seeing an optician or dentist) In the past 3 months, has (CHILD'S NAME) been to a hospital or clinic or anywhere else for treatment or check-ups?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: HospClin = Yes

OutIn

In the past 3 months, on how many separate occasions has (CHILD'S NAME) been for out-patient or day patient visits?

(1) Once
(2) Twice
(3) Three
(4) Four or more

VisHome

Here is a list of people who visit children and their families in their homes to give them help and support when they need it.
Have any of these people visited you to talk about behavioural or emotional problems of (CHILD'S NAME) in the past year?
SHOW CARD 16

(1) Yes
(2) No

SpecSch

Does (CHILD'S NAME) attend a special school or a special unit of an ordinary school?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: SpecSch = Yes

BehEm

Is this for ...
INDIVIDUAL PROMPT

behavioural and emotional problems?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: SpecSch = Yes

LearnD

learning difficulties?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: SpecSch = Yes

SpecOth

or some other reason?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: SpecSch = Yes
And: SpecOth = Yes

OthReas

What is the other reason?

STRING[60]

Police

In the past 12 months has (CHILD'S NAME) ever been in trouble with the police?

(1) Yes
(2) No

Ask if: QSelect2.AdltInt = YesNow
And: Police = Yes

PolNum

In the past 12 months, on how many occasions has (CHILD'S NAME) been in trouble with the police?
ENTER NO. OF OCCASIONS

0..99

SocSer

In the past 12 months has (CHILD'S NAME) or have you or any member of your household talked to a social worker or someone from social services/ for any reason at all, on his/her behalf?

(1) Yes
(2) No

Strengths (Adult Interview)

PIntro

I have been asking you a lot of questions about difficulties and problems.
I now want to ask you about (CHILD'S NAME) good points or strengths.

Persity

[*] In terms of what sort of person (CHILD'S NAME) is, what would you say are the best things about him/her?

PersNo

INTERVIEWER: Did the ADULT/carer mention any qualities?

(1) Yes
(2) No

Quality

[*] Can you tell me some things which (CHILD'S NAME) does which really please you?

QualNo

INTERVIEWER: Did the ADULT/carer mention any things that really please them about (CHILD'S NAME)?

(1) Yes
(2) No

Lrndifa

Compared with an average child of the same age, how does he or she fare in the following areas?
...Reading?

(1) Above average
(2) Average
(3) Some difficulty
(4) Marked difficulty

Lrndifb

...Mathematics?

(1) Above average
(2) Average
(3) Some difficulty
(4) Marked difficulty

Lrndifc

...Spelling?

(1) Above average
(2) Average
(3) Some difficulty
(4) Marked difficulty

Child Interview

Ask always:
ChldNow

INTERVIEWER: Do you want to interview the child now?

(1) Yes
(2) No
(3) Child too disabled to even start interview
(4) Child is under 11 years

Strengths and Difficulties (Child Interview)

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
IntrSDQ

The next few questions are about your personality and behaviour. This is to give us an overall view of your strengths and difficulties .

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
SectnB

For each item that I am going to read out can you please tell me whether it is 'not true', 'partly true' or 'certainly true' for you
SHOW CARD 2

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
CB4

[*] I try to be nice to other people, I care about their feelings
SHOW CARD 2

(5) Not true
(6) Partly true
(7) Certainly true

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
CB5

[*] I am restless, I cannot stay still for long
SHOW CARD 2

(5) Not true
(6) Partly true
(7) Certainly true

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
CB6

[*] I get a lot of headaches, stomach aches or sickness
SHOW CARD 2

(5) Not true
(6) Partly true
(7) Certainly true

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
CB7

[*] I usually share with others (food, games, pens etc.)
SHOW CARD 2

(5) Not true
(6) Partly true
(7) Certainly true

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
CB8

[*] I get very angry and often lose my temper
SHOW CARD 2

(5) Not true
(6) Partly true
(7) Certainly true

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
CB9

[*] I am usually on my own, I generally play alone or keep to myself
SHOW CARD 2

(5) Not true
(6) Partly true
(7) Certainly true

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
CB10

[*] I usually do as I am told
SHOW CARD 2

(5) Not true
(6) Partly true
(7) Certainly true

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
CB11

[*] I worry a lot
SHOW CARD 2

(5) Not true
(6) Partly true
(7) Certainly true

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
CB12

[*] I am helpful if someone is hurt, upset or feeling ill
SHOW CARD 2

(5) Not true
(6) Partly true
(7) Certainly true

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
CB13

[*] I am constantly fidgeting or squirming
SHOW CARD 2

(5) Not true
(6) Partly true
(7) Certainly true

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
CB14

[*] I have at least one good friend
SHOW CARD 2

(5) Not true
(6) Partly true
(7) Certainly true

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
CB15

[*] I fight a lot. I can make other people do what I want
SHOW CARD 2

(5) Not true
(6) Partly true
(7) Certainly true

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
CB16

[*] I am often unhappy, down-hearted or tearful
SHOW CARD 2

(5) Not true
(6) Partly true
(7) Certainly true

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
CB17

[*] Other people my age generally like me
SHOW CARD 2

(5) Not true
(6) Partly true
(7) Certainly true

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
CB18

[*] I am easily distracted, I find it difficult to concentrate
SHOW CARD 2

(5) Not true
(6) Partly true
(7) Certainly true

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
CB19

[*] I am nervous in new situations. I easily lose my confidence
SHOW CARD 2

(5) Not true
(6) Partly true
(7) Certainly true

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
CB20

[*] I am kind to younger children
SHOW CARD 2

(5) Not true
(6) Partly true
(7) Certainly true

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
CB21

[*] I am often accused of lying or cheating
SHOW CARD 2

(5) Not true
(6) Partly true
(7) Certainly true

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
CB22

[*] Other children or young people pick on me or bully me
SHOW CARD 2

(5) Not true
(6) Partly true
(7) Certainly true

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
CB23

[*] I often volunteer to help others (teachers, other adults, other children)
SHOW CARD 2

(5) Not true
(6) Partly true
(7) Certainly true

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
CB24

[*] I think before I do things
SHOW CARD 2

(5) Not true
(6) Partly true
(7) Certainly true

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
CB25

[*] I take things that are not mine from (the) home, school or elsewhere
SHOW CARD 2

(5) Not true
(6) Partly true
(7) Certainly true

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
CB26

[*] I get on better with adults than with people of my own age
SHOW CARD 2

(5) Not true
(6) Partly true
(7) Certainly true

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
CB27

[*] I have many fears, I am easily scared
SHOW CARD 2

(5) Not true
(6) Partly true
(7) Certainly true

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
CB28

[*] I finish the work I'm doing, my attention is good
SHOW CARD 2

(5) Not true
(6) Partly true
(7) Certainly true

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
CB29

[*] Overall, do you think that you have difficulties in one or more of the following areas: emotions, concentration, behaviour or getting on with other people?
SHOW CARD 3

(5) No
(6) Yes: minor difficulties
(7) Yes: definite difficulties
(8) Yes: severe difficulties

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
And: CB29 = 6, 7 or 8
Cb29a

[*] How long have these difficulties been present?

(1) Less than a month
(2) One to five months
(3) Six to eleven months
(4) A year or more

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
And: CB29 = 6, 7 or 8

CB29b

[*] How much have they upset or distressed you....
RUNNING PROMPT
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) or a great deal?

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
And: CB29 = 6, 7 or 8

Cb30

[*] Have they interfered with
...how well you get on with the others at (in the) home?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
And: CB29 = 6, 7 or 8

Cb30a

[*] (Do the difficulties interfere with your everyday life in terms of your)
... making and keeping friends?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
And: CB29 = 6, 7 or 8

Cb30b

[*] (Do the difficulties interfere with your everyday life in terms of your)
... learning new things (or class work)?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
And: CB29 = 6, 7 or 8

Cb30c

[*] (Do the difficulties interfere with your everyday life in terms of your)
... playing, hobbies sports or other leisure activities?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
And: CB29 = 6, 7 or 8

Cb31

Do the difficulties make it harder for those around you (the others at (in the) home, friends, teachers etc.)?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
And: (QChild.ChldNow = Yes) AND (QSelect.ChldAge > 10)

EntRat

INTERVIEWER - Thinking about how the child responded to the SDQ, do you think s/he would be able to understand the rest of the interview?
(1) Yes
(2) No
(3) Not sure

Separation anxiety (Child Interview)

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
And: (EntRat = Yes or Not Sure)

CIntroF

Many (children or teenagers) are particularly attached to one adult or a few key adults, looking to them for security, and turning to them when upset or hurt. They can be relatives, foster parents, carers, favourite teachers, etc.

Ask if: QChild.ChldNow = Yes

C1

Which adults are you specially attached to?
CODE ALL THAT APPLY
SET [10] OF

(1) Mother (biological or adoptive
(2) Father (biological or adoptive
(3) Another mother figure (stepmother, foster mother, father's partner)
(4) Another father figure (stepfather, foster father, mother's partner)
(5) One or more grandparents
(6) One or more adult relatives (eg aunt, uncle, grown-up brother or sister)
(7) Childminder, nanny, au pair
(8) One or more teachers
(9) One or more other adult non-relative (eg Social/Key worker, family friend or neighbour)
(10) Not specially attached to any adult

Ask if: QChild.ChldNow = Yes
And: noadult IN C1

C1a

Are you specially attached to any of the following children or young people?
SET [3] OF

(1) One or more brothers, sisters or other young relatives
(2) One or more friends
(3) Not specially attached to anyone

Ask if: QChild.ChldNow = Yes
And: NOT (noone IN C1a)

Livewit1

Do any of these people live with you?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: NOT (noone IN C1a)

CInt1

You've just told us who you are specially attached to. From now on, I am going to refer to these people as your 'attachment figures'.

Ask if: QChild.ChldNow = Yes
And: NOT (noone IN C1a)

CInt2

What I'd like to know next is how much you worry about being separated from your 'attachment figures'. Most children have worries of this sort, but I'd like to know how you compare with other children of your age. I am interested in how you are usually – not on the occasional off day.

Ask if: QChild.ChldNow = Yes
And: NOT (noone IN C1a)

C2

Overall, in the last 4 weeks, have you been particularly worried about being separated from your 'attachment figures'?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: NOT (noone IN C1a)

CF2a

[*] Over the last 4 weeks and comparing yourself with other people of the same age...
have you worried about something unpleasant happening to (your attachment figures), or about losing them?
SHOW CARD 5

(5) No more than other children of my age (or not applicable)
(6) A little more than other children of my age
(7) A lot more than other children of my age

Ask if: QChild.ChldNow = Yes
And: NOT (noone IN C1a)

CF2b

[*] (Thinking about the last 4 weeks and comparing yourself with other people of your age..)
have you worried unrealistically that you might be taken away from (your 'attachment figures') for example, by being kidnapped, taken to hospital or killed?
(DO NOT INCLUDE REALISTIC WORRIES THAT THE CURRENT FOSTER OR RESIDENTIAL PLACEMENT MAY BREAK DOWN)
SHOW CARD 5

(5) No more than other children of my age (or not applicable)
(6) A little more than other children of my age
(7) A lot more than other children of my age

Ask if: QChild.ChldNow = Yes
And: NOT (noone IN C1a)
And: Livewit1 = Yes

CF2c

[*] (Thinking about the last 4 weeks and comparing yourself with other people of your age..)
have you not wanted to go to school in case something nasty happened to (your 'attachment figures' who live with you) while you were at school?
(DO NOT INCLUDE RELUCTANCE TO GO TO SCHOOL FOR OTHER REASONS, EG. FEAR OF BULLYING OR EXAMS)
SHOW CARD 5

(5) No more than other children of my age
(6) A little more than other children of my age
(7) A lot more than other children of my age
(8) SPONTANEOUS: Not at school

Ask if: QChild.ChldNow = Yes
And: NOT (noone IN C1a)
CF2d

[*] (Thinking about the last 4 weeks and comparing yourself with other people of your age..)
have you worried about sleeping alone?
IF DNA USE CODE '5' (No more)
SHOW CARD 5

(5) No more than other children of my age (or not applicable)
(6) A little more than other children of my age
(7) A lot more than other children of my age

Ask if: QChild.ChldNow = Yes
And: NOT (noone IN C1a)
And: Livewit1 = Yes
CF2e

[*] (Thinking about the last 4 weeks and comparing yourself with other people of your age..)
have you come out of your bedroom at night to check on, or to sleep near (your 'attachment figures' who live with you)?
IF DNA USE CODE '5' (No more)
SHOW CARD 5

(5) No more than other children of my age (or not applicable)
(6) A little more than other children of my age
(7) A lot more than other children of my age

Ask if: QChild.ChldNow = Yes
And: NOT (noone IN C1a)
CF2f

[*] (Thinking about the last 4 weeks and comparing yourself with other people of your age..) have you worried about sleeping in a strange place?
SHOW CARD 5

(5) No more than other children of my age (or not applicable)
(6) A little more than other children of my age
(7) A lot more than other children of my age

Ask if: QChild.ChldNow = Yes
And: NOT (noone IN C1a)
And: Livewit1 = Yes
CF2h

[*] (Thinking about the last 4 weeks and comparing yourself with other people of your age..)
have you been afraid of being alone if (your 'attachment figures' who live with you) pop out for a moment?
SHOW CARD 5

(5) No more than other children of my age (or not applicable)
(6) A little more than other children of my age
(7) A lot more than other children of my age

Ask if: QChild.ChldNow = Yes
And: NOT (noone IN C1a)
CF2i

[*] (Thinking about the last 4 weeks and comparing yourself with other people of your age..) have you had repeated nightmares or bad dreams about being separated from (your 'attachment figures')?
SHOW CARD 5

(5) No more than other children of my age (or not applicable)
(6) A little more than other children of my age
(7) A lot more than other children of my age

Ask if: QChild.ChldNow = Yes
And: NOT (noone IN C1a)
CF2j

[*] (Thinking about the last 4 weeks and comparing yourself with other people of your age..) have you had headaches, stomach aches or felt sick when you had to leave (his/her 'attachment figures') or when you knew it was about to happen?
SHOW CARD 5

(5) No more than other children of my age (or not applicable)
(6) A little more than other children of myage
(7) A lot more than other children of my age

Ask if: QChild.ChldNow = Yes
And: NOT (noone IN C1a)
CF2k

[*] (Thinking about the last 4 weeks and comparing yourself with other people of your age..) has being apart or the thought of being apart from (your 'attachment figures') led to worry, crying, angry outbursts, clinginess or misery?
SHOW CARD 5

(5) No more than other children of my age (or not applicable)
(6) A little more than other children of my age
(7) A lot more than other children of my age

Ask if: QChild.ChldNow = Yes
And: (ANY CF2a - CF2k = 7)
CF3

[*] Have your worries about separation been there for at least a month?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: (ANY CF2a - CF2k = 7)
CF3a

How old were you when your worries about separation began?
IF SINCE BIRTH ENTER 0

0..17

Ask if: QChild.ChldNow = Yes)
And: (ANY CF2a - CF2k = 7)
CF4

[*] How much have these worries upset or distressed you...
RUNNING PROMPT

(5) not at all
(6) only a little
(7) quite a lot
(8) or a great deal?

Ask if: QChild.ChldNow = Yes
And: (ANY CF2a - CF2k = 7)
CF5Intr

I also want to ask you about the extent to which these worries have interfered with your day to day life.

Ask if: QChild.ChldNow = Yes
And: (ANY CF2a - CF2k = 7)
CF5a

[*] How much have they interfered with...
How well you get on with others (at/in the) home?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: (ANY CF2a - CF2k = 7)
CF5b

[*] (How much have they interfered with...)
....making and keeping friends?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: (ANY CF2a - CF2k = 7)
CF5c

[*] (How much have they interfered with...)
...learning new things (or class work)?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: (ANY CF2a - CF2k = 7)
CF5d

[*] (How much have they interfered with...)
...playing, hobbies, sports or other leisure activities?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: (ANY CF2a - CF2k = 7)
CF5e

[*] Have these worries made it harder for those around you (the others (at/in the) home, friends, teachers etc.)?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Specific phobias

Ask if: QChild.ChldNow = Yes
CF6Intr

This section of the interview is about some things or situations that young people are often scared of, even though they aren't really a danger to them. I am interested in how you are usually - not on the occasional 'off day'.
Not all fears are covered in this section - some are covered in other sections, eg fear of social situations, dirt, separation, crowds.

Ask if: QChild.ChldNow = Yes
CF7

[*] Are you PARTICULARLY scared about any of the things or situations on this list?
CODE ALL THAT APPLY
SHOW CARD 6
SET [13] OF

(1) ANIMALS: dogs, spiders, bees and wasps, mice and rats, snakes, or any other bird, animal or insect
(2) Storms, thunder, heights or water
(3) The dark
(4) Loud noises, eg fire alarms, fireworks
(5) Blood-injection-Injury – Set off by the sight of blood or injury or by an injection
(6) Dentists or Doctors
(7) Vomiting, choking or getting particular diseases, eg Cancer or AIDS
(8) Using particular types of transport, eg cars, buses, boats, planes, ordinary trains, underground trains, bridges

(9) Small enclosed spaces, eg lifts, tunnels
(10) Using the toilet, eg at school or in someone else's house
(11) Specific types of people, eg clowns, people with beards, with crash helmets, in fancy dress, dressed as Santa Claus
(12) Imaginary or supernatural beings, eg monsters, ghosts, aliens, witches
(13) Any other specific fear (specify)
(99) Not particularly scared of anything

Ask if: QChild.ChldNow = Yes
And: AnyOth IN CF7
CF7Oth

What are these other fears?
STRING[120]

Ask if: QChild.ChldNow = Yes
And: Child has any fear
CF7a

[*] Are these fears a real nuisance to you, or to anyone else?

(5) No
(6) Perhaps
(7) Definitely

Ask if: QChild.ChldNow = Yes
And: Child has any fear
And: (CF7a = Def) OR (Emotion score >= 6)
CF8

[*] How long has this fear (the most severe of these fears) been present?

(1) Less than a month
(2) At least one month but less than 6 months
(3) Six months or more

Ask if: QChild.ChldNow = Yes
And: Child has any fear
And: (CF7a = Def) OR (Emotion score >= 6)
CF9

[*] When you come up against the things you are afraid of, or when you think you are about to come up against them, do you become anxious or upset?
RUNNING PROMPT

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: Child has any fear
And: (CF7a = Def) OR (Emotion score >= 6)
And: CF9 = ALot
CF9a

[*] Do you become anxious or upset every time, or almost every time, you come up against the things you are afraid of?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: Child has any fear
And: (CF7a = Def) OR (Emotion score >= 6)
And: CF9 = ALot
CF10

[*] How often do your fears result in you becoming upset like this ...
IF THE CHILD IS AFRAID OF SOMETHING THAT IS ONLY THERE FOR PART OF THE YEAR (E.G. WASPS), THIS QUESTION IS ABOUT THAT PARTICULAR SEASON.
RUNNING PROMPT

(1) many times a day
(2) most days
(3) most weeks
(4) or every now and then?

Ask if: QChild.ChldNow = Yes
And: Child has any fear
And: (CF7a = Def) OR (Emotion score >= 6)
CF11

[*] Do your fears lead to you avoiding the things you are afraid of...
RUNNING PROMPT

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: Nchild has any fear
And: (CF7a = Def) OR (Emotion score >= 6)
And: CF11 = ALot
CF11a

[*] Does this avoidance interfere with your everyday life?
RUNNING PROMPT

(5) No, not at all
(6) a little
(7) or a lot?

Ask if: QChild.ChldNow = Yes
And: Child has any fear
And: (CF7a = Def) OR (Emotion score >= 6)
CF11b

[*] Do other people think that your fears are over the top or unreasonable?
SHOW CARD 8

(5) No
(6) Perhaps
(7) Definitely

Ask if: QChild.ChldNow = Yes
And: Child has any fear
And: (CF7a = Def) OR (Emotion score >= 6)
CF11bb

[*] Do you think your fear is excessive or unreasonable?
SHOW CARD 7

(5) No
(6) Perhaps
(7) Definitely

Ask if: QChild.ChldNow = Yes
And: Child has any fear
And: (CF7a = Def) OR (Emotion score >= 6)
CF11c

[*] Are you upset about having this fear?
SHOW CARD 8

(5) No
(6) Perhaps
(7) Definitely

Ask if: QChild.ChldNow = Yes
And: Child has any fear
And: (CF7a = Def) OR (Emotion score >= 6)
CF12

[*] Have your fears made it harder for those around you (Others at/in the home, friends, teachers etc.) ...
RUNNING PROMPT

(5) not at all
(6) only a little
(7) quite a lot
(8) or a great deal?

Social Phobia (Child Interview)

Ask if: QChild.ChldNow = Yes
CF13intr

I am interested in whether you are particularly afraid of social situations.
This is as compared with other ^LDMCHILD of you own age, and is not counting the occasional 'off day' or ordinary shyness.

Ask if: QChild.ChldNow = Yes
CF13

[*] Overall, do you particularly fear or avoid social situations that involve a lot of people, meeting new people or doing things in front of other people?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: (CF13 = Yes) OR (SDQ Emotion score = 3+)
CF14Intr

Have you been particularly afraid of any of the following social situations over the last 4 weeks?

Ask if: QChild.ChldNow = Yes
And: (CF13 = Yes) OR (SDQ Emotion score = 3+)
CF14a

[*] Can I just check, have you been particularly afraid of ... meeting new people?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: (CF13 = Yes) OR (SDQ Emotion score = 3+)
CF14b

[*] (Can I just check, have you been particularly afraid of...) ...meeting a lot of people, such as at a party?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: (CF13 = Yes) OR (SDQ Emotion score = 3+)
CF14c

[*] (Can I just check, have you been particularly afraid of) ... eating in front of others?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: (CF13 = Yes) OR (SDQ Emotion score = 3+)
CF14d

[*] (Can I just check, have you been particularly afraid of) ... speaking with other young people around (or in class)?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: (CF13 = Yes) OR (SDQ Emotion score = 3+)
CF14e

[*] (Can I just check, have you been particularly afraid of) ...reading out loud in front of others?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: (CF13 = Yes) OR (SDQ Emotion score = 3+)
CF14f

[*] (Can I just check, have you been particularly afraid of) ... writing in front of others?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: Social fears and separation anxiety present
CF15

[*] Are your fears of social situations mainly related to you worries about being separated from (attachment figures) OR are you still afraid of social situations even when you are with them?

(1) Mainly related to his/her fear of being apart from attachment figures
(2) Marked even when attachment figure present

Ask if: QChild.ChldNow = Yes
And: Definite social fears with or without separation anxiety OR (CF15 = Related)
CF16

[*] Are you just afraid with adults, or are you also afraid in situations that involve a lot of (children or teenagers), or meeting new people of your age?

(1) Just with adults
(2) Just with children
(3) With both children and adults

Ask if: QChild.ChldNow = Yes
And: Definite social fears with or without separation anxiety OR (CF15 = Related)
CF17

[*] Outside of these social situations, are you able to get on well enough with the adults and (children or teenagers) you know best?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: Definite social fears with or without separation anxiety OR (CF15 = Related)
CF18

[*] Is the main reason you dislike social situations because you are afraid you will act in a way that will be embarrassing or show you up?

(5) No
(6) Perhaps
(7) Definitely

Ask if: QChild.ChldNow = Yes
And: Definite social fears with or without separation anxiety OR (CF15 = Related)
And: (CF14d - CF14f = 6 or 7)
CF18a

[*] Do you dislike social situations because of specific problems with speaking, reading or writing?

(5) No
(6) Perhaps
(7) Definitely

Ask if: QChild.ChldNow = Yes
And: Definite social fears with or without separation anxiety OR (CF15 = Related)
CF19

[*] How long has this fear of social situations been present?

(1) Less than a month
(2) At least one month but less than six months
(3) Six months or more

Ask if: QChild.ChldNow = Yes
And: Definite social fears with or without separation anxiety OR (CF15 = Related)
CF20

[*] How old were you when your fear of social situations began?

0..17

Ask if: QChild.ChldNow = Yes
And: Definite social fears with or without separation anxiety OR (CF15 = Related)
CFblush

[*] When you are in one of the social situations you dislike, do you normally...
blush (go red) or shake (tremble)?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: Definite social fears with or without separation anxiety OR (CF15 = Related)
CFSick

feel afraid that you are going to be sick (throw up)?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: Definite social fears with or without separation anxiety OR (CF15 = Related)
CFShort

need to rush off to the toilet or worry that you might be caught short?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: Definite social fears with or without separation anxiety OR (CF15 = Related)

CF21

[*] When you are in one of the social situations you are afraid of, or when you think you are about to come up against one of these situations, do you become anxious or upset?

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: Definite social fears with or without separation anxiety OR (CF15 = Related)
And: CF21 = ALot

CF22

[*] How often does your fear of social situations result in you becoming upset like this..
RUNNING PROMPT

(1) many times a day
(2) most days
(3) most weeks
(4) or every now and then?

Ask if: QChild.ChldNow = Yes
And: Definite social fears with or without separation anxiety OR (CF15 = Related)

CF23

[*] Does your fear lead to you avoiding social situations...
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: Definite social fears with or without separation anxiety OR (CF15 = Related)
And: CF23 = ALot

CF23a

[*] Does this avoidance interfere with your daily life?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: Definite social fears with or without separation anxiety OR (CF15 = Related)

CF23b

[*] Do you think that your fear of social situations is over the top or unreasonable?
SHOW CARD 8

(5) No
(6) Perhaps
(7) Definitely

Ask if: QChild.ChldNow = Yes
And: Definite social fears with or without separation anxiety OR (CF15 = Related)

CF23c

[*] Are you upset about having this fear?
SHOW CARD 8

(5) No
(6) Perhaps
(7) Definitely

Ask if: QChild.ChldNow = Yes
And: Definite social fears with or without separation anxiety OR (CF15 = Related)

CF24

[*] Has your fear of social situations made it harder for those around you (others at/in the home friends or teachers)...
RUNNING PROMPT
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) or a great deal?

Panic Attacks and Agoraphobia (child Interview)

Ask if: QChild.ChldNow = Yes

CF25Intr

Many (children or teenagers) have times when they get very anxious or worked up about silly little things, but some get severe panics that come out of the blue – they just don't seem to have any trigger at all.

Ask if: QChild.ChldNow = Yes

CF25

[*] In the last 4 weeks have you had a panic attack when you suddenly became very panicky for no reason at all, without even a little thing to set you off?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF25 = Yes

CFStart

[*] Do your panics start very suddenly?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF25 = Yes

CFPeak

[*] Do they reach a peak within a few minutes (up to 10)?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF25 = Yes
CFHowLng

[*] Do they last at least a few minutes?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF25 = Yes
CHeart

[*] When you are feeling panicky, do you also feel... your heart racing, fluttering or pounding away?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF25 = Yes
CFSweat

[*] (When you are feeling panicky, do you also feel...) sweaty?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF25 = Yes
CFTremb

[*] (When you are feeling panicky, do you also feel...) trembly or shaky?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF25 = Yes
CFMouth

[*] (When you are feeling panicky, do you also feel...) that your mouth is dry?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF25 = Yes
CFBreath

[*] (When you are feeling panicky, do you also feel...) that it is hard to get your breath or that you are suffocating?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF25 = Yes
CFChoke

[*] (When you are feeling panicky, do you also feel...) that you are choking?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF25 = Yes
CFPain

[*] (When you are feeling panicky, do you also feel...) pain or an uncomfortable feeling in your chest?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF25 = Yes
CFsick

[*] (When you are feeling panicky, do you also feel...) that you want to be sick (throw up) or that your stomach is turning over?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF25 = Yes
CFDizz

[*] (When you are feeling panicky, do you also feel...) dizzy, unsteady, faint or light-headed?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF25 = Yes
CFunreal

[*] (When you are feeling panicky, do you also feel...) as though things around you were unreal or you were not really there?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF25 = Yes
CFCrazy

[*] (When you are feeling panicky, do you also feel...) afraid that you might lose control, go crazy or pass out?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF25 = Yes
CFDie

[*] (When you are feeling panicky, do you also feel...)
afraid you might die?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF25 = Yes
CFCold

[*] (When you are feeling panicky, do you also feel...)
hot or cold all over?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF25 = Yes
CFNumb

[*] (When you are feeling panicky, do you also feel...)
numbness or tingling feelings in your body?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
CF26

[*] In the last 4 weeks have you been very afraid of, or tried to avoid, the things on this card?
CODE ALL THAT APPLY
SHOW CARD 9

SET [4] OF
(1) Crowds
(2) public places
(3) Travelling alone (if you ever do)
(4) Being far from home
(9) None of the above / Not applicable

Ask if: QChild.ChldNow = Yes
And: (CF26 = 1-4)
CF27

[*] Is this fear or avoidance of (SITUATION) mostly because you are afraid that if you had a panic attack or something like that (such as dizziness or diarrhoea), you would find it difficult or embarrassing to get away, or wouldn't be able to get the help you need?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: Panic symptoms present
CF27a

[*] Have these panic attacks and/or avoidance of specific situations upset or distressed you...
RUNNING PROMPT

(5) not at all
(6) only a little
(7) quite a lot
(8) or a great deal?

Ask if: QChild.ChldNow = Yes
And: Panic symptoms present
CF27b

[*] Have these panic attacks and/or avoidance of specific situations interfered with...
How well you get on with others at (in the) home?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: Panic symptoms present
CF27c

[*] (Have they interfered with...)
.... making and keeping friends?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: Panic symptoms present
CF27d

[*] (Have they interfered with...)
...learning new things (or class work)?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: Panic symptoms present
CF27e

[*] (Have they interfered with...)
...playing, hobbies, sports or other leisure activities?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: Panic symptoms present
CF27f

[*] Have panic attacks and/or avoidance or specific situations made it harder for those around you (the others at (in the) home, friends, teachers etc.)?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Post Traumatic Stress Disorder (Child Interview)

Ask if: QChild.ChldNow = Yes
CE1

The next section is about events or situations that are exceptionally stressful, and that would really upset almost anyone. For example, being caught in a burning house, being abused, being in a serious car crash or seeing a member of your family or friends being mugged at gunpoint.
[*] During your lifetime has anything like this happened to you?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CE1 = Yes
CE12a

(May I just check,)
Have you ever experienced any of the following?
SHOWCARD 11

SET [11] OF
(1) A serious and frightening accident, eg being run over by a car, being in a bad car or train crash etc
(2) A bad fire, eg trapped in a burning building
(3) Other disasters, eg kidnapping, earthquake, war
(4) A severe attack or threat, eg by a mugger or gang
(5) Severe physical abuse that he/she still remembers
(6) sexual abuse
(7) Rape
(8) Witnessed severe domestic violence, eg saw mother badly beaten up at home
(9) Saw family member or friend severely attacked or threatened, eg by a mugger or a gang
(10) Witnessed a sudden death, a suicide, an overdose, a serious accident, a heart attack etc..
(11) Some other severe trauma (Please describe)

Ask if: QChild.ChldNow = Yes
And: CE1 = Yes
And: other IN CE12a
Othtrma1

Please describe this other trauma
STRING[200]

Ask if: QChild.ChldNow = Yes
And: Any traumatic experience mentioned
CE1b

[*] At the time, were you very upset or badly affected by it in someway?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: Any traumatic experience mentioned
CE2

[*] At present, is it affecting your behaviour, feelings or concentration?
(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: Any traumatic experience mentioned
And: CE2 = Yes
CE2a

[*] Over the last 4 weeks, have you. .
... 'relived' the event with vivid memories (flashbacks) of it?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: Any traumatic experience mentioned
And: CE2 = Yes
CE2b

[*] (Over the last 4 weeks, have you. .)
... had a lot of upsetting dreams of the event?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: QSelect.ChldAge > 10
And: Any traumatic experience mentioned
And: CE2 = Yes
CE2c

[*] (Over the last 4 weeks, have you. .)
... got upset if anything happened which reminded you of it?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: Any traumatic experience mentioned
And: CE2 = Yes

CE2d

[*] (Over the last 4 weeks, have you. .)
... tried to avoid thinking or talking about anything to do with the event?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: Any traumatic experience mentioned
And: CE2 = Yes

CE2e

[*] (Over the last 4 weeks, have you. .)
... tried to avoid activities places or people that remind you of the event?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: Any traumatic experience mentioned
And: CE2 = Yes

CE2f

[*] (Over the last 4 weeks, have you. .)
... blocked out important details of the event from your memory?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: Any traumatic experience mentioned
And: CE2 = Yes

CE2g

[*] (Over the last 4 weeks, have you. .)
... shown much less interest in activities you used to enjoy?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: Any traumatic experience mentioned
And: CE2 = Yes

CE2h

[*] (Over the last 4 weeks, have you. .)
... felt cut off or distant from others?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: Any traumatic experience mentioned
And: CE2 = Yes

CE2i

[*] (Over the last 4 weeks, have you. .)
... expressed a smaller range of feelings than in the past, eg no longer able to express loving feelings?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: Any traumatic experience mentioned
And: CE2 = Yes

CE2j

[*] (Over the last 4 weeks, have you. .)
... felt less confidence in the future?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: Any traumatic experience mentioned
And: CE2 = Yes

CE2k

[*] (Over the last 4 weeks, have you. .)
... had problems sleeping?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: Any traumatic experience mentioned
And: CE2 = Yes

CE2l

[*] (Over the last 4 weeks, have you. .)
... felt irritable or angry?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: Any traumatic experience mentioned
And: CE2 = Yes
CE2m

[*] (Over the last 4 weeks, have you. .)
... had difficulty concentrating?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: Any traumatic experience mentioned
And: CE2 = Yes
CE2n

[*] (Over the last 4 weeks, have you. .)
... always been on the alert for possible dangers?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: Any traumatic experience mentioned
And: CE2 = Yes
CE2o

[*] (Over the last 4 weeks, have you. .)
... jumped at little noises or easily startled in other ways?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: Some definite PTSD symptoms
CE3

[*] You have told me about (PTSD symptoms)
How long after the stressful event did these other problems begin?

(1) Within six months
(2) More than six months after the event

Ask if: QChild.ChldNow = Yes
And: Some definite PTSD symptoms
CE4

[*] How long have you been having these problems?

(1) Less than a month
(2) At least one month but less than three months
(3) Three months or more

Ask if: QChild.ChldNow = Yes
And: Some definite PTSD symptoms
CE5

[*] How upset or distressed are you by the problems that the stressful event(s) triggered off...
RUNNING PROMPT

(5) not at all
(6) only a little
(7) quite a lot
(8) or a great deal?

Ask if: QChild.ChldNow = Yes
And: Some definite PTSD symptoms
CE6a

[*] Have they interfered with...
how well you get on with the others at (in the) home?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: Some definite PTSD symptoms
CE6b

.. making and keeping friends?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: Some definite PTSD symptoms
CE6c

.. learning new things (or class work)?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: Some definite PTSD symptoms
CE6d

.. playing, hobbies, sports or other leisure activities?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: Some definite PTSD symptoms
CE7

[*] Have these problems made it harder for those around you (others at (in the) home, friends and teachers etc.). .
RUNNING PROMPT

(5) not at all
(6) only a little
(7) quite a lot
(8) or a great deal?

Compulsions and Obsessions – (Child Interview)

Ask if: QChild.ChldNow = Yes
CF28Intr

Many young people have some rituals or superstitions, e.g. not stepping on the cracks in the pavement, having to go through a special goodnight ritual, having to wear lucky clothes for exams or needing a lucky mascot for school sports matches. It is also common for young people to go through phases when they seem obsessed by one particular subject or activity, e.g cars, a pop group, a football team. But what I want to know is whether you have rituals or obsessions that go beyond this.

Ask if: QChild.ChldNow = Yes
CF28

[*] Do you have rituals or obsessions that upset you, waste a lot of time, or interfere with your ability to get on with everyday life?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: (CF28 = Yes) OR (SDQ Emotion score >3)
CF29Intr

Over the last 4 weeks have you had any of the following rituals (doing any of the following things over and over again even though you have already done them or don't need to do them at all)?

Ask if: QChild.ChldNow = Yes
And: (CF28 = Yes) OR (SDQ Emotion score >3)
CF29a

Excessive cleaning; handwashing, baths, showers, toothbrushing etc.?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: (CF28 = Yes) OR (SDQ Emotion score >3)
CF29b

Other special measures to avoid dirt, germs or poisons?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: (CF28 = Yes) OR (SDQ Emotion score >3)
CF29c

Excessive checking: electric switches, gas taps, locks, doors, the oven?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: (CF28 = Yes) OR (SDQ Emotion score >3)
CF29d

Repeating the same simple activity many times in a row for no reason, e.g. repeatedly standing up or sitting down or going backwards and forwards through a doorway?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: (CF28 = Yes) OR (SDQ Emotion score >3)
CF29e

Touching things or people in particular ways?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: (CF28 = Yes) OR (SDQ Emotion score >3)
CF29f

Arranging things so they are just so, or exactly symmetrical?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: (CF28 = Yes) OR (SDQ Emotion score >3)
CF29g

Counting to particular lucky numbers or avoiding unlucky numbers?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: (CF28 = Yes) OR (SDQ Emotion score >3)
CF31a

[*] Over the last 4 weeks, have you been obsessively worrying about dirt, germs or poisons – not being able to get thoughts about them out of your mind?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: (CF28 = Yes) OR (SDQ Emotion score >3)
CF31b

[*] Over the last 4 weeks, have you been obsessed by the worry that something terrible will happen to yourself or to others – illnesses, accidents, fires etc.?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
And: (CF28 = Yes) OR (SDQ Emotion score >3)
And: (F2a-F2j = Definitely) AND (CF31b = ALot)
CF32

[*] Is this obsession about something terrible happening to yourself or others just one part of a general concern about being separated from you key attachment figures, or is it a problem in its own right?

(1) Part of separation anxiety
(2) A problem in it's own right

Ask if: QChild.ChldNow = Yes
And: (CF28 = Yes) OR (SDQ Emotion score >3)
And: (F29a - F29g = 7) OR (F31a - F31b = 7) OR (F32 = 2)
CF33

[*] Have your rituals or obsessions been present on most days for a period of at least 2 weeks?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: (CF28 = Yes) OR (SDQ Emotion score >3)
And: (F29a - F29g = 7) OR (F31a - F31b = 7) OR (F32 = 2)
CF34

[*] Do you think that your rituals or obsessions are over the top or unreasonable?

(5) No
(6) Sometimes
(7) Definitely

Ask if: QChild.ChldNow = Yes
And: (CF28 = Yes) OR (SDQ Emotion score >3)
And: (F29a - F29g = 7) OR (F31a - F31b = 7) OR (F32 = 2)
CF35

[*] Do you try to resist the rituals or obsessions?

(5) No
(6) Perhaps
(7) Definitely

Ask if: QChild.ChldNow = Yes
And: (CF28 = Yes) OR (SDQ Emotion score >3)
And: (F29a - F29g = 7) OR (F31a - F31b = 7) OR (F32 = 2)
CF36

[*] Do the rituals or obsessions upset you...
RUNNING PROMPT

(5) No, I enjoy them
(6) Neutral, I neither enjoy them nor become upset
(7) They upset me a little
(8) They upset me a lot?

Ask if: QChild.ChldNow = Yes
And: (CF28 = Yes) OR (SDQ Emotion score >3)
And: (F29a - F29g = 7) OR (F31a - F31b = 7) OR (F32 = 2)
CF37

[*] Do the rituals or obsessions use up at least an hour a day on average?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: (CF28 = Yes) OR (SDQ Emotion score >3)
And: (F29a - F29g = 7) OR (F31a - F31b = 7) OR (F32 = 2)
CF38a

[*] Have the rituals or obsessions interfered with ...
.. how well you get on others at (in the) home?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: (CF28 = Yes) OR (SDQ Emotion score >3)
And: (F29a - F29g = 7) OR (F31a - F31b = 7) OR (F32 = 2)
CF38b

[*] (Have the rituals or obsessions interfered with ...)
... making and keeping friends?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: (CF28 = Yes) OR (SDQ Emotion score >3)
And: (F29a - F29g = 7) OR (F31a - F31b = 7) OR (F32 = 2)
CF38c

[*] (Have the rituals or obsessions interfered with ...)
...learning new things (or class work)?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: (CF28 = Yes) OR (SDQ Emotion score >3)
And: (F29a - F29g = 7) OR (F31a - F31b = 7) OR (F32 = 2)
CF38d

[*] (Have the rituals or obsessions interfered with ...)
...playing, hobbies, sports or other leisure activities?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: S(CF28 = Yes) OR (SDQ Emotion score >3)
And: (F29a - F29g = 7) OR (F31a - F31b = 7) OR (F32 = 2)
CF38e

[*] Have the rituals or obsessions made it harder for those around you (the others at (in the) home, friends or teachers etc.)?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Generalised Anxiety (Child Interview)

Ask if: QChild.ChldNow = Yes
CF40Int

Some young people worry about just a few things, sometimes related to specific fears, obsessions or separation anxieties. Other young people worry about many different aspects of their lives. They may have specific fears, obsessions or separation anxieties, but they also have a wide range of worries about many things.

Ask if: QChild.ChldNow = Yes
CF40

[*] Are you a worrier in general?

(1) Yes, I worry in general
(2) No, I have just a few specific worries

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
CF40a

[*] Over the last 6 months, have you worried so much about so many things that it has really upset you or interfered with your life?

(5) No
(6) Perhaps
(7) Definitely

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF40a = Perhaps or Definitely) OR (SDQ Emotion score >=6)
CF41a

[*] Thinking of the last 6 months and by comparing yourself with other people of your age, have you worried about:

Past behaviour: Did I do that wrong? Have I upset someone? Have they forgiven me?
SHOW CARD 5

(5) No more than other children of my age (or not applicable)
(6) A little more than other children of my age
(7) A lot more than other children of my age

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF40a = Perhaps or Definitely) OR (SDQ Emotion score >=6)
CF41b

School work, homework or examinations
SHOW CARD 5

(5) No more than other children of my age
(6) A little more than other children of my age
(7) A lot more than other children of my age
(8) SPONTANEOUS: Not at school

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF40a = Perhaps or Definitely) OR (SDQ Emotion score >=6)

CF41c

Disasters: Burglaries, muggings, fires, bombs etc.
SHOW CARD 5

(5) No more than other children of my age (or not applicable)
(6) A little more than other children of my age
(7) A lot more than other children of my age

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF40a = Perhaps or Definitely) OR (SDQ Emotion score >=6)

CF41d

Your own health
SHOW CARD 5

(5) No more than other children of my age (or not applicable)
(6) A little more than other children of my age
(7) A lot more than other children of my age

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF40a = Perhaps or Definitely) OR (SDQ Emotion score >=6)

CF41e

Bad things happening to others: family, friends, pets, the world..
SHOW CARD 5

(5) No more than other children of my age (or not applicable)
(6) A little more than other children of my age
(7) A lot more than other children of my age

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF40a = Perhaps or Definitely) OR (SDQ Emotion score >=6)

CF41f

The future: e.g. getting a job, boy/girlfriend, moving out
SHOW CARD 5

(5) No more than other children of my age (or not applicable)
(6) A little more than other children of my age
(7) A lot more than other children of my age

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF40a = Perhaps or Definitely) OR (SDQ Emotion score >=6)

CF41fa

Making and keeping friends
SHOW CARD 5

(5) No more than other children of my age (or not applicable)
(6) A little more than other children of my age
(7) A lot more than other children of my age

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF40a = Perhaps or Definitely) OR (SDQ Emotion score >=6)

CF41fb

Death and dying
SHOW CARD 5

(5) No more than other children of my age (or not applicable)
(6) A little more than other children of my age
(7) A lot more than other children of my age

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF40a = Perhaps or Definitely) OR (SDQ Emotion score >=6)

CF41fc

Being bullied or teased
SHOW CARD 5

(5) No more than other children of my age (or not applicable)
(6) A little more than other children of my age
(7) A lot more than other children of my age

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF40a = Perhaps or Definitely) OR (SDQ Emotion score >=6)

CF41fd

Your appearance or weight
SHOW CARD 5

(5) No more than other children of my age (or not applicable)
(6) A little more than other children of my age
(7) A lot more than other children of my age

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF40a = Perhaps or Definitely) OR (SDQ Emotion score >=6)

CF41g

[*] Do you worry about anything else?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF40a = Perhaps or Definitely) OR (SDQ Emotion score >=6)
And: CF41g = Yes
CF41ga

[*] What else do you worry about?
STRING[80]

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF40a = Perhaps or Definitely) OR (SDQ Emotion score >=6)
And: CF41g = Yes
CF41gb

[*] How much do you worry about this?
SHOW CARD 5

(5) No more than other children of my age (or not applicable)
(6) A little more than other children of my age
(7) A lot more than other children of my age

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: Two of CF41a - CF41gb = 7
CF42DV

INTERVIEWER CHECK: Are there two or more specific worries over and above those which have already been mentioned in earlier sections

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: CF42DV = Yes
CF43

[*] Over the last 6 months have you been really worried on more days than not?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF42dv = Yes) AND (CF43 = Yes)
CF44

[*] Do you find it difficult to control the worry?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF42dv = Yes) AND (CF43 = Yes)
CF45

[*] Does worrying lead to you feeling restless, keyed up, tense, on edge or unable to relax?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF42dv = Yes) AND (CF43 = Yes)
And: CF45 = Yes
CF45a

[*] Has this been true for more days than not in the last six months?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF42dv = Yes) AND (CF43 = Yes)
CF46

[*] Does worrying lead to you feeling tired or 'worn out' more easily?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF42dv = Yes) AND (CF43 = Yes)
And: CF46 = Yes
CF46a

[*] Has this been true for more days than not in the last six months?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF42dv = Yes) AND (CF43 = Yes)
CF47

[*] Does worrying lead to difficulties in concentrating or your mind going blank?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF42dv = Yes) AND (CF43 = Yes)
And: CF47 = Yes
CF47a

[*] Has this been true for more days than not in the last six months?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF42dv = Yes) AND (CF43 = Yes)
CF48

[*] Does worrying make you feel irritable?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF42dv = Yes) AND (CF43 = Yes)
And: CF48 = Yes
CF48a

[*] Has this been true for more days than not in the last six months?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF42dv = Yes) AND (CF43 = Yes)
CF49

[*] Does worrying lead to you feeling tense in your whole body?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF42dv = es) AND (CF43 = Yes)
And: CF49 = Yes
CF49a

[*] Has this been true for more days than not in the last six months?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF42dv = Yes) AND (CF43 = Yes)
CF50

[*] Does worrying interfere with your sleep, e.g difficulty in falling or staying asleep, or restless, unsatisfying sleep?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF42dv = Yes) AND (CF43 = Yes)
And: CF50 = Yes
CF50a

[*] Has this been true for more days than not in the last six months?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF42dv = Yes) AND (CF43 = Yes)
And: CF50 = Yes
CF51

[*] How upset and distressed are you as a result of all you worries...
RUNNING PROMPT

(5) not at all
(6) only a little
(7) quite a lot
(8) or a great deal?

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF42dv = Yes) AND (CF43 = Yes)
And: CF50 = Yes
CF52Intr

I now want to ask you about the extent to which these worries have interfered with your day to day life.

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF42dv = Yes) AND (CF43 = Yes)
And: CF50 = Yes
CF52a

[*] Have they interfered with ...
how well you get on with the others at (in the) home?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF42dv = Yes) AND (CF43 = Yes)
And: CF50 = Yes
CF52b

[*] (Have they interfered with ...)
making and keeping friends?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF42dv = Yes) AND (CF43 = Yes)
And: CF50 = Yes
CF52c

[*] (Have they interfered with ...)
learning new things (or class work)?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF42dv = Yes) AND (CF43 = Yes)
And: CF50 = Yes
CF52d

[*] (Have they interfered with ...)
playing, hobbies, sports or other leisure activities?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: CF40 = Yes
And: (CF42dv = Yes) AND (CF43 = Yes)
And: CF50 = Yes
CF53

[*] Have these worries made it harder for those around you (the others at (in the) home, friends or teachers etc)
RUNNING PROMPT

(5) not at all
(6) only a little
(7) quite a lot
(8) or a great deal?

Depression (Child interview)

Ask if: QChild.ChldNow = Yes
CDepInt

This next section of the interview is about your mood.

Ask if: QChild.ChldNow = Yes
CG1

[*] In the last 4 weeks, have there been times when you have been very sad, miserable, unhappy or tearful?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CG1 = Yes
CG3

[*] Over the last 4 weeks, has there been a period when you have been really miserable nearly every day?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CG1 = Yes
CG4

[*] During the time when you have been miserable, have you been really miserable for most of the day? (i.e. for more hours than not)

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CG1 = Yes
CG5

[*] When you have been miserable, could you be cheered up...
RUNNING PROMPT

(1) Easily
(2) with difficulty/only briefly
(3) or not at all?

Ask if: QChild.ChldNow = Yes
And: CG1 = Yes
CG6

[*] Over the last 4 weeks, the period of being really miserable has lasted...
RUNNING PROMPT

(1) less than two weeks
(2) or two weeks or more?

Ask if: QChild.ChldNow = Yes
CG8

[*] In the last 4 weeks, have there been times when you have been grumpy or irritable in a way that was out of character for you?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CG8 = Yes
CG10

[*] Over the last 4 weeks, has there been a period when you have been really irritable nearly every day?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CG8 = Yes
CG11

[*] During the period when you have been grumpy or irritable, have you been like that for most of the day? (i.e. more hours than not)

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CG8 = Yes
CG12

[*] Has the irritability been improved by particular activities, by friends coming round or by anything else?
(1) easily
(2) with difficulty/only briefly
(3) or not at all?

Ask if: QChild.ChldNow = Yes
And: CG8 = Yes
CG13

[*] Over the last 4 weeks, the period of being really miserable has lasted...
RUNNING PROMPT

(1) less than two weeks
(2) two weeks or more

Ask if: QChild.ChldNow = Yes
CG15

[*] In the last 4 weeks, have there been times when you have lost interest in everything, or nearly everything, that you normally enjoy doing?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CG15 = Yes
CG17

[*] Over the last 4 weeks, has there been a period when this lack of interest has been present nearly every day?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CG15 = Yes
CG18

[*] During these days when you have lost interest in things, have you been like this for most of each day? (i.e. more hours than not)

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CG15 = Yes
CG19

[*] Over the last 4 weeks, has this loss of interest lasted...
RUNNING PROMPT

(1) less than two weeks
(2) or two weeks or more?

Ask if: QChild.ChldNow = Yes
And: CG15 = Yes
And: (CG4 = Yes AND CG3 = Yes) OR (CG1o = Yes AND CG1l = Yes)
CG20

[*] Has this loss of interest been present during the same period when you have been really miserable/irritable for most of the time?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: (CG4 = Yes AND CG3 = Yes) OR (CG1o = Yes AND CG1l = Yes) OR (CG1> = Yes)
CG21a

[*] During the period when you were sad, irritable or lacking in energy...
did you lack energy and seem tired all the time?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: (CG4 = Yes AND CG3 = Yes) OR (CG1o = Yes AND CG1l = Yes) OR (CG1> = Yes)
CG21b

[*] (During the period when you were sad, irritable or lacking in energy...)
were you eating much more or much less than normal?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: (CG4 = Yes AND CG3 = Yes) OR (CG1o = Yes AND CG1l = Yes) OR (CG1> = Yes)
CG21ba

[*] (During the period when you were sad, irritable or lacking in energy...)
did you either lose or gain a lot of weight?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: (CG4 = Yes AND CG3 = Yes) OR (CG1o = Yes AND CG1l = Yes) OR (CG1> = Yes)

CG21c

[*] (During the period when you were sad, irritable or lacking in energy...)
did you find it hard to get to sleep or to stay asleep?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: (CG4 = Yes AND CG3 = Yes) OR (CG1o = Yes AND CG1l = Yes) OR (CG1> = Yes)

CG21d

[*] (During the period when you were sad, irritable or lacking in energy...)
did you sleep too much?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: (CG4 = Yes AND CG3 = Yes) OR (CG1o = Yes AND CG1l = Yes) OR (CG1> = Yes)

CG21e

[*] (During the period when you were sad, irritable or lacking in energy...)
were you agitated or restless much of the time?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: v

CG21f

[*] (During the period when you were sad, irritable or lacking in energy...)
did you feel worthless or unnecessarily guilty for much of the time?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: (CG4 = Yes AND CG3 = Yes) OR (CG1o = Yes AND CG1l = Yes) OR (CG1> = Yes)

CG21g

[*] (During the period when you were sad, irritable or lacking in energy...)
did you find it unusually hard to concentrate or to think things out?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: (CG4 = Yes AND CG3 = Yes) OR (CG1o = Yes AND CG1l = Yes) OR (CG1> = Yes)

CG21h

[*] (During the period when you were sad, irritable or lacking in energy...)
did you think about death a lot?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: (CG4 = Yes AND CG3 = Yes) OR (CG1o = Yes AND CG1l = Yes) OR (CG1> = Yes)

CG21i

[*] (During the period when you were sad, irritable or lacking in energy...)
did you ever talk about harming yourself or killing yourself?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: (CG4 = Yes AND CG3 = Yes) OR (CG1o = Yes AND CG1l = Yes) OR (CG1> = Yes)

CG21j

(During the period when you were sad, irritable or lacking in energy...)
did you ever try to harm yourself or kill yourself?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: (CG4 = Yes AND CG3 = Yes) OR (CG1o = Yes AND CG1l = Yes) OR (CG1> = Yes)
And: CG21j = Yes

CG21k

[*] Over the whole of your lifetime have you ever tried to harm yourself or kill yourself?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: (CG4 = Yes AND CG3 = Yes) OR (CG1o = Yes AND CG1l = Yes) OR (CG1> = Yes)

CG22

[*] How much has your sadness, irritability or loss of interest upset or distressed you...
RUNNING PROMPT

(5) not at all
(6) only a little
(7) quite a lot
(8) or a great deal?

Ask if: QChild.ChldNow = Yes
And: (CG4 = Yes AND CG3 = Yes) OR (CG1o = Yes AND CG1l = Yes) OR (CG1> = Yes)

CG23Intr

I also want to ask you about the extent to which ^LC1Dep has interfered with your day to day life.
SHOWCARD 4

Ask if: QChild.ChldNow = Yes
And: (CG4 = Yes AND CG3 = Yes) OR (CG1o = Yes AND CG1l = Yes) OR (CG1> = Yes)

CG23a

[*] Has your sadness, irritability or loss of interest interfered with ...
how well you get on with the others at (in the) home?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: (CG4 = Yes AND CG3 = Yes) OR (CG1o = Yes AND CG1l = Yes) OR (CG1> = Yes)

CG23b

[*] (Has your sadness, irritability or loss of interest interfered with ...)
making and keeping friends?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: (CG4 = Yes AND CG3 = Yes) OR (CG1o = Yes AND CG1l = Yes) OR (CG1> = Yes)

CG23c

[*] (Has your sadness, irritability or loss of interest interfered with ...)
learning new things (or class work)?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: (CG4 = Yes AND CG3 = Yes) OR (CG1o = Yes AND CG1l = Yes) OR (CG1> = Yes)

CG23d

[*] (Has your sadness, irritability or loss of interest interfered with ...)
playing, hobbies, sports or other leisure activities?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: (CG4 = Yes AND CG3 = Yes) OR (CG1o = Yes AND CG1l = Yes) OR (CG1> = Yes)

CG24

[*] Has your sadness, irritability or loss of interest made it harder for those around you (the others at (in the) home, friends, teachers etc...
RUNNING PROMPT

(5) not at all
(6) only a little
(7) quite a lot
(8) or a great deal?

Ask if: QChild.ChldNow = Yes
And: (CG4 = Yes AND CG3 = Yes) OR (CG1o = Yes AND CG1l = Yes) OR (CG1> = Yes)

CG25

[*] Over the last 4 weeks, have you thought about harming or hurting yourself?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: (CG4 = Yes AND CG3 = Yes) OR (CG1o = Yes AND CG1l = Yes) OR (CG1> = Yes)

CG26

[*] Over the last 4 weeks, have you ever tried to harm or hurt yourself?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: (CG4 = Yes AND CG3 = Yes) OR (CG1o = Yes AND CG1l = Yes) OR (CG1> = Yes)

CG27

[*] Over the whole of your lifetime, have you ever tried to harm or hurt yourself?

(1) Yes
(2) No

Attention and Activity (Child Interview)

Ask if: QChild.ChldNow = Yes
AttnInt

This section of the interview is about concentration and activity.

Ask if: QChild.ChldNow = Yes
CH1

[*] Do your teachers complain about you having problems with overactivity or poor concentration?
SHOW CARD 7

(5) No
(6) A little
(7) A lot
(8) SPONTANEOUS: Not at school

Ask if: QChild.ChldNow = Yes
CH2

[*] Do others at (in the) home complain about you having problems with overactivity or poor concentration?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
CH3

[*] And what do you think? Do you think you have definite problems with overactivity or poor concentration?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Awkward and Troublesome Behaviour (Child Interview)

Ask if: QChild.ChldNow = Yes
CI1

This next section is about behaviour that sometimes gets young people into trouble with those they live with, teachers or other adults.

Do your teachers complain about you being awkward or troublesome?
SHOW CARD 7

(5) No
(6) A little
(7) A lot
(8) SPONTANEOUS: Not at school

Ask if: QChild.ChldNow = Yes
CI2

Do those you live with complain about you being awkward or troublesome?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Ask if: QChild.ChldNow = Yes
CI3

And what do you think? Do you think you are awkward or troublesome?
SHOW CARD 7

(5) No
(6) A little
(7) A lot

Chronic fatigue syndrome (M.E) (Child Interview)

Ask if: QChild.ChldNow = Yes
C3D1

Over the last month have you been feeling much more tired and worn out than usual?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: C3D1 = Yes
C3D2

Why do you think this is?
STRING[200]

Ask if: QChild.ChldNow = Yes
And: C3D1 = Yes
C3D3

How long have you been feeling tired and worn out like this?

(1) less than 3 months
(2) 3-5 months
(3) 6 months to 5 years
(4) Over 5 years
(5) All my life

Ask if: QChild.ChldNow = Yes)
And: C3D1 = Yes
C3D4

Do you feel better after resting?

(5) Not at all
(6) only a bit
(7) Definitely better

Ask if: QChild.ChldNow = Yes
And: C3D1 = Yes
C3D5

Does exercise really wipe you out for the next day?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: C3D1 = Yes
C3D6

Do you suffer from sore throats?
SHOW CARD 10

(5) No
(6) A bit
(7) A lot

Ask if: QChild.ChldNow = Yes
And: C3D1 = Yes
C3D7

Do you suffer from painful glands (lumps) in your neck or armpits?
SHOW CARD 10

(5) No
(6) A bit
(7) A lot

Ask if: QChild.ChldNow = Yes
And: C3D1 = Yes
C3D8

Do you suffer from painful muscles?
SHOW CARD 10

(5) No
(6) A bit
(7) A lot

Ask if: QChild.ChldNow = Yes
And: C3D1 = Yes
C3D9

Do you suffer from pains in you knees, elbows, wrists or other joints?
SHOW CARD 10

(5) No
(6) A bit
(7) A lot

Ask if: QChild.ChldNow = Yes
And: C3D1 = Yes
C3D10

Do you suffer from headaches?
SHOW CARD 10

(5) No
(6) A bit
(7) A lot

Ask if: QChild.ChldNow = Yes
And: C3D1 = Yes
C3D11

Do you suffer from problems getting to sleep or staying asleep?
SHOW CARD 10

(5) No
(6) A bit
(7) A lot

Ask if: QChild.ChldNow = Yes
And: C3D1 = Yes
C3D12

Do you suffer from feeling sick/wanting to throw up?
SHOW CARD 10

(5) No
(6) A bit
(7) A lot

Ask if: QChild.ChldNow = Yes
And: C3D1 = Yes
C3D13

Do you suffer from dizziness or poor balance?
SHOW CARD 10

(5) No
(6) A bit
(7) A lot

Ask if: QChild.ChldNow = Yes
And: C3D1 = Yes
C3D14

You have told me about feeling more tired and worn-out than usual.
Overall, how much has this upset or distressed you?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: C3D1 = Yes
C3D15

Has feeling tired and worn-out interfered with ... how well you get on with the others at (in the) home?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: C3D1 = Yes
C3D16

(Has feeling tired and worn-out interfered with ...) making and keeping friends?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: C3D1 = Yes
C3D17

(Has feeling tired and worn-out interfered with ...) learning new things (or class work)?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: C3D1 = Yes
C3D18

(Has feeling tired and worn-out interfered with ...) playing, hobbies, sports or other leisure activities?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Ask if: QChild.ChldNow = Yes
And: C3D1 = Yes
C3D19

Has feeling tired and worn-out made it harder for those around you (the others at (in the) home, friends or teachers etc)?
SHOW CARD 4

(5) not at all
(6) only a little
(7) quite a lot
(8) a great deal

Friendships (Child Interview)

Ask if: QChild.ChldNow = Yes
CA1

Do you have any friends?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: CA1 = Yes
CA2

[*] How much time do you spend together.../
RUNNING PROMPT

(1) all of your spare time
(2) some of your spare time
(3) a little of your spare time
(4) or not at all?

Ask if: QChild.ChldNow = Yes
And: (CA1 = Yes) AND (QSelect.TypePlc = Natural)
CA4

[*] How often do friends come to your house?
RUNNING PROMPT

(1) all or most of the time
(2) some of the time
(3) or a little time
(4) or not at all?

Ask if: QChild.ChldNow = Yes
And: (CA1 = Yes) AND (QSelect.TypePlc = Natural)
CA5

[*] How often do you go to your friend's home?
RUNNING PROMPT

(1) all or most of the time
(2) some of the time
(3) a little time
(4) or not at all?

Ask if: QChild.ChldNow = Yes
And: CA1 = Yes
CA6

[*] Can you confide in any of your friends such as sharing a secret or telling them private things?
SHOW CARD 1

(1) Definitely
(2) Sometimes
(3) Not at all

Ask if: QChild.ChldNow = Yes
And: CA1 = Yes
CA10

[*] (Can I just check) Do you have a 'best' friend or a special friend?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
CA15

Over the past 12 months have you belonged to any teams, clubs or other groups with an adult in charge?
INCLUDE CLUBS SUCH AS SCOUTS/GUIDES OR SCHOOL CLUBS

(1) Yes
(2) No

Less Common Disorders (Child Interview)

Ask if: QChild.ChldNow = Yes
LessInt

This next section is about a variety of different aspects of behaviour and development.

Ask if: QChild.ChldNow = Yes
CI4

Do you have any tics or twitches that you can't seem to control?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
CI5

Do you have dyslexia or reading difficulties?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
CI6

Have other people been concerned that you have been dieting too much?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
CI7

Have you had any out-of-the-ordinary experiences - such as seeing or hearing things, or having unusual ideas - that have worried or frightened you?

(1) Yes
(2) No

Significant problems (child)

Ask if: QChild.ChldNow = Yes
And: Significant problem mentioned in interview
CSigInt

You have told me about
LIST OF PROBLEMS
I'd now like to hear a bit more about these in your own words.

Ask if: QChild.ChldNow = Yes
And: Significant problem mentioned in interview
SigDone1

INTERVIEWER: HAS THE CHILD SIGNIFICANT PROBLEMS SECTION ALREADY BEEN ENTERED IN THE PARALLEL BLOCKS?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: Significant problem mentioned in interview
And: SigDone1 = Yes
SigYes1

INTERVIEWER: IF THIS SECTION HAS BEEN COMPLETED AND YOU WISH TO ADD MORE, PLEASE RE-ENTER THE PARALLEL BLOCKS AND ADD THERE.

Ask if: QChild.ChldNow = Yes
And: Significant problem mentioned in interview
And: SigDone1 = No
CTypNow

INTERVIEWER: if you prefer to take notes by hand rather than typing the details during the interview just type 'later' in the response boxes - but please remember to come back and complete the question before transmission.
WILL YOU BE TYPING IN THE ANSWERS NOW OR LATER

(1) Now
(2) Later

Ask if: QChild.ChldNow = Yes
And: Significant problem mentioned in interview
And: SigDone1 = No
CSigPrb

LIST OF PROBLEMS:
INTERVIEWER: Please try and cover all areas of difficulty, but it is a good idea to let the young person choose which order to cover them in, starting with the area that concerns them most. Use the suggested prompts written below and on the prompt card.
1. Description of the problem?
2. How often does the problem occur?
3. How severe is the problem at its worst?
4. How long has it been going on for?
5. Is the problem interfering with the child's quality of life? If so, how?
6. WHERE APPROPRIATE, record what the child thinks the problem is due to, and what s/he has done about it.

Ask if: QChild.ChldNow = Yes
And: Significant problem mentioned in interview
And: SigDone1 = No

CAnxity

Do you experience any of the following when you feel anxious, nervous or tense
INDIVIDUAL PROMPT

SET [7] OF
(1) Heart racing or pounding?
(2) Hands sweating or shaking?
(3) Feeling dizzy?
(4) Difficulty getting my breath?
(5) Butterflies in stomach?
(6) Dry mouth?
(7) Nausea or feeling as though I wanted to be sick?
(8) or none of the above?

Help from others (Child Interviewer)

Ask if: QChild.ChldNow = Yes

C3B1

Have you ever felt so unhappy or worried that you have asked people for help?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: C3B1 = Yes

C3B1a

Who did you ask for help?
ENTER '13' IF YOU DID NOT ASK ANY OF THESE PEOPLE FOR HELP

SET [13] OF
(1) Mother
(2) Father
(3) Foster mother
(4) Foster father
(5) Brother or Sister
(6) Special friend
(7) School Teacher
(8) School Nurse
(9) Doctor
(10) Social worker
(11) member of staff at home
(12) Telephone helpline
(13) None of these

Ask if: QChild.ChldNow = Yes
And: C3B1 = Yes

C3B1oth

Did you ask anyone else for help?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes)
And: C3B1 = Yes
And: C3B1oth = Yes

C3B1Spec

Who else did you ask for help?
STRING[100]

Ask if: QChild.ChldNow = Yes
And: C3B1 = Yes
And: NOT (NoOne IN C3B1a) OR (C3B1oth = Yes)

C3B1b

Were you trying to get practical advice or did you just need someone to talk things over with?

(1) Practical advice
(2) Talk things over
(3) Both, practical advice and to talk things over

Ask if: QChild.ChldNow = Yes
And: C3B1 = No

C3B2

If you ever felt so unhappy or worried that you needed to ask for help, who would you talk to?
ENTER '13' IF YOU WOULD NOT ASK ANY OF THESE PEOPLE FOR HELP
SET [10] OF
(1) Mother
(2) Father
(3) Foster mother
(4) Foster father
(5) Brother or Sister
(6) Special friend
(7) School Teacher
(8) School Nurse
(9) Doctor
(10) Social worker
(11) member of staff at home
(12) Telephone helpline
(13) None of these

Ask if: QChild.ChldNow = Yes
And: C3B1 = No

C3B2Oth

Is there anyone else you would ask for help?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: C3B1 = No
And: C3B2Oth = Yes

C3B2Spec

Who else would you ask for help?
STRING[100]

Ask if: QChild.ChldNow = Yes
And: C3B1 = No
And: NOT (NoOne IN C3B2) OR (C3B2Oth = Yes)
C3B2a

What sort of help would you expect to get?

(1) Practical advice
(2) Talk things over
(3) Both, practical advice and to talk things over

Strengths (Child Interview)

Ask if: QChild.ChldNow = Yes
SIntro

I have been asking you a lot of questions about difficulties and problems. I now want to ask you about your good points or strengths.

Ask if: QChild.ChldNow = Yes
CPerslty

[*] In terms of what sort of person you are, what would you say are the best things about you?

OPEN

Ask if: QChild.ChldNow = Yes
CPersNo

INTERVIEWER: Did the child mention any qualities?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
CQuality

[*] Can you tell me some things you have done that you are really proud of?
They could be related to school, sport, music, friends, charity or anything else

OPEN

Ask if: QChild.ChldNow = Yes
CQualNo

INTERVIEWER: Did the child mention any things they are proud of?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
ExitRat

INTERVIEWER: Now that you have completed the face to face interview with the child, how well do you think s/he understood the questions?
(1) Very well, no problems
(2) Understood most of it, a few problems
(3) Had a great deal of difficulty understanding the questions

Ask if: QChild.ChldNow = Yes
EndFTF

THIS IS THE END OF THE CHILD'S FACE TO FACE INTERVIEW -
PLEASE CONTINUE WITH THE CHILD'S SELF-COMPLETION

Child self-completion

Ask if: QChild.ChldNow = Yes
CSCIntr

INTERVIEWER READ: I would now like you to take the computer and answer the next set of questions yourself. You will hear the questions and possible answers through these headphones.
The question will be followed by the answers we would like you to choose from.
Once you have decided on your answer, type in the number. For example: Type 1 for No, 2 for Just a bit or 3 for Definitely.
To continue to the next question – press The WHITE key.
If you need to hear any question again – press the BLUE key.
Remember that we are interested in your opinion - this is NOT a test.
INTERVIEWER: Explain that you are now going to check the headphones are working OK

Ask if: QChild.ChldNow = Yes
ChldSc

INTERVIEWER: RESPONDENTS SHOULD SELF-COMPLETE. ENCOURAGE THE CHILD TO COMPLETE THIS SECTION THEMSELVES. IF ABSOLUTELY NECESSARY ADMINISTER AS AN INTERVIEW.
PRESS F2 TO SAVE BEFORE PASSING LAPTOP TO THE RESPONDENT.

(1) Complete self-completion by respondent
(2) Section read and entered by child
(3) Section read and entered by interviewer
(4) Section ABANDONED

Ask if: QChild.ChldNow = Yes
And: ChldSc = IntAdm
IntRem

INTERVIEWER'S TAKE CARE: Response codes are in the reverse order for this section.

Ask if: QChild.ChldNow = Yes
And: ChldSc = IntAdm
ReadIns

Please listen to each question carefully.
Remember that we are interested in your opinion – this is NOT a test. PRESS The WHITE key TO CONTINUE

Ask if: QChild.ChldNow = Yes
And: ChldSc = ChldRd
ReadCar

Please take your time to read each question carefully in turn and answer it as best you can to each question carefully.
Remember we are interested in your opinion - this is NOT a test.
PRESS The WHITE key TO CONTINUE

Ask if: QChild.ChldNow = Yes
And: ChldSc = ChldRd
ReadTest

This is just a practise question to help you get used to answering the questions in this section.
Do you like using computers?
PRESS 1 for No PRESS 2 for Just a bit PRESS 3 for Definitely
THEN PRESS The WHITE key TO CONTINUE

(1) No
(2) Just a bit
(3) Definitely

Moods and feelings (Child Self Completion)

Ask if: QChild.ChldNow = Yes
And: ((ChldSc = IntAdm) OR (ChldSc = SCAccept)) OR (ChldSc = ChldRd)
And: Entrat = Yes or Not Sure
MoodIntr

These next few questions are about how you might have been acting or feeling over the past two weeks. For each statement please say whether it was true most of the time, sometimes true or not true about you.
PRESS the the WHITE key to continue

Ask if: QChild.ChldNow = Yes
C3C1

In the past two weeks....
You felt miserable or unhappy

(1) Mostly true
(2) Sometimes true
(3) Not true

Ask if: QChild.ChldNow = Yes
C3C2

You didn't enjoy anything at all

(1) Mostly true
(2) Sometimes true
(3) Not true

Ask if: QChild.ChldNow = Yes
C3C3

You felt so tired you just sat around and did nothing

(1) Mostly true
(2) Sometimes true
(3) Not true

Ask if: QChild.ChldNow = Yes
C3C4

You were very restless

(1) Mostly true
(2) Sometimes true
(3) Not true

Ask if: QChild.ChldNow = Yes
C3C5

You felt you were no good any more

(1) Mostly true
(2) Sometimes true
(3) Not true

Ask if: QChild.ChldNow = Yes
C3C6

You cried a lot

(1) Mostly true
(2) Sometimes true
(3) Not true

Ask if: QChild.ChldNow = Yes
C3C7

You found it hard to think properly or concentrate

(1) Mostly true
(2) Sometimes true
(3) Not true

Ask if: QChild.ChldNow = Yes
TwoWeek

Remember it is how you have been acting or feeling over the past two weeks that we are interested in.
PRESS the WHITE key to continue

Ask if: QChild.ChldNow = Yes
C3C8

You hated yourself

(1) Mostly true
(2) Sometimes true
(3) Not true

Ask if: QChild.ChldNow = Yes
C3C9

You thought you were a bad person

(1) Mostly true
(2) Sometimes true
(3) Not true

Ask if: QChild.ChldNow = Yes
C3C10

You felt lonely

(1) Mostly true
(2) Sometimes true
(3) Not true

Ask if: QChild.ChldNow = Yes
C3C11

You thought nobody really loved you

(1) Mostly true
(2) Sometimes true
(3) Not true

Ask if: QChild.ChldNow = Yes
C3C12

You thought you could never be as good as other young people

(1) Mostly true
(2) Sometimes true
(3) Not true

Ask if: QChild.ChldNow = Yes
C3C13

You did everything wrong

(1) Mostly true
(2) Sometimes true
(3) Not true

Ask if: QChild.ChldNow = Yes
C3C14

What word best describes how you have felt in the past 2 weeks?

If you need any help typing in your answer please ask the interviewer.

Awkward and troublesome behaviour (child Self Completion)

Ask if: QChild.ChldNow = Yes
C3A4a

Thinking of the last year, have you often told lies to get things or favours from others, or to get out of having to do things you are supposed to do?
PRESS 1 for NO, 2 for PERHAPS or 3 for DEFINITELY

(1) No
(2) Perhaps
(3) Definitely

Ask if: QChild.ChldNow = Yes
And: C3A4a = Def
C3A4aa

Has this been going on for the last 6 months?
PRESS 1 FOR 'NO' OR 2 OR 'YES'

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
C3A4b

Have you often started fights in the past year?
PRESS 1 for NO, 2 for PERHAPS or 3 for DEFINITELY

(1) No
(2) Perhaps
(3) Definitely

Ask if: QChild.ChldNow = Yes
And: C3A4b = Def
C3A4ba

Has this been going on for the last 6 months?
PRESS 1 FOR 'NO' OR 2 FOR 'YES'

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
C3A4c

During the past year, have you often bullied or threatened people?

(1) No
(2) Perhaps
(3) Definitely

Ask if: QChild.ChldNow = Yes
And: C3A4c = Def
C3A4ca

Has this been going on for the last 6 months?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes

C3A4d

Thinking of the past year, have you often stayed out later than you were supposed to?

(1) No
(2) Perhaps
(3) Definitely

Ask if: QChild.ChldNow = Yes
And: C3A4d = Def

C3A4da

Has this been going on for the last 6 months?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes

C3A4e

Have you stolen valuable things from your house or other people's houses, shops or school in the past year?

(1) No
(2) Perhaps
(3) Definitely

Ask if: QChild.ChldNow = Yes
And: C3A4e = Def

C3A4ea

Has this been going on for the last 6 months?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes

C3A4f

Have you run away from home more than once or ever stayed away all night without permission in the past year?

(1) No
(2) Perhaps
(3) Definitely

Ask if: QChild.ChldNow = Yes
And: C3A4f = Def

C3A4fa

Has this been going on for the last 6 months?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes

C3A4g

Thinking of the past year, have you often played truant ('bunked off') from school?

(1) No
(2) Perhaps
(3) Definitely

Ask if: QChild.ChldNow = Yes
And: C3A4g = Def

C3A4ga

Has this been going on for the last 6 months?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3A4g = Def
And: QSelect.ChldAge > 12

C3A5

Did you start playing truant ('bunking off') from school before you were 13 years old?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3A4a - C3A4g = Definitely

C3A6a

The next few questions are about some other behaviours that sometimes get people into trouble.
We have to ask everyone these questions even when they are not likely to apply.
In the past year, have you ever used a weapon against another person (e.g. a bat, brick, broken bottle, knife, gun)?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3A4a - C3A4g = Definitely
And: C3A6a = Yes

C3A6aa

Has this happened in the last 6 months?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3A4a - C3A4g = Definitely

C3A6b

In the past year, have you really hurt someone or been physically cruel to them, for example, tied up, cut or burned someone?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3A4a - C3A4g = Definitely
And: C3A6b = Yes

C3A6ba

Has this happened in the last 6 months?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3A4a - C3A4g = Definitely

C3A6c

Have you been really cruel to animals or birds on purpose in the past year (eg. tied them up, cut or burnt them)?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3A4a - C3A4g = Definitely
And: C3A6c = Yes

C3A6ca

Has this happened in the last 6 months?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3A4a - C3A4g = Definitely

C3A6d

Have you deliberately started a fire in the past year?
(DO NOT INCLUDE BURNING INDIVIDUAL MATCHES OR PIECES OF PAPER, CAMP FIRES ETC.)

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3A4a - C3A4g = Definitely
And: C3A6d = Yes

C3A6da

Has this happened in the last 6 months?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3A4a - C3A4g = Definitely

C3A6e

Thinking of the past year, have you deliberately destroyed someone else's property?
(eg. smashing car windows or destroying school property)

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3A4a - C3A4g = Definitely
And: C3A6e = Yes

C3A6ea

Has this happened in the last 6 months?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3A4a - C3A4g = Definitely

C3A6f

Have you been involved in stealing from someone in the street?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3A4a - C3A4g = Definitely
And: C3A6f = Yes

C3A6fa

Has this happened in the last 6 months?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3A4a - C3A4g = Definitely

C3A6g

During the past year have you tried to force someone into sexual activity against their will?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3A4a - C3A4g = Definitely
And: C3A6g = Yes

C3A6ga

Has this happened in the last 6 months?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3A4a - C3A4g = Definitely

C3A6h

Have you broken into a house, another building or a car in the past year?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3A4a - C3A4g = Definitely
And: C3A6h = Yes

C3A6ha

Has this happened in the last 6 months?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3A4a - C3A4g = Definitely

C3A7

Have you ever been in trouble with the police?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3A4a - C3A4g = Definitely
And: C3A7 = Yes

C3A7a

Please type in why you were in trouble with the police.
PLEASE TYPE IN YOUR ANSWER AND THEN PRESS the WHITE key
If you need any help typing in your answer please ask the interviewer.
STRING[200]

Ask if: QChild.ChldNow = Yes
And: ((C3A4a - C3A4g = Definitely) OR (C3A7 = Yes)) AND ((QSelect.TypePlc = Foster) OR (QSelect.TypePlc = Natural))

C3A8a

You have told me about some behaviours that have got you into trouble. Have these interfered with how well you get on with the others at home?

(1) Not at all
(2) A little
(3) Quite a lot
(4) A great deal

Ask if: QChild.ChldNow = Yes
And: (C3A4a - C3A4g = Definitely) OR (C3A7 = Yes)) AND (QSelect.TypePlc = Home)

C3A8aa

You have told me about some behaviours that have got you into trouble. How far have these interfered with how well you get on with the others in the home?

(1) Not at all
(2) A little
(3) Quite a lot
(4) A great deal

Ask if: QChild.ChldNow = Yes
And: (C3A4a - C3A4g = Definitely) OR (C3A7 = Yes)

C3A8b

Have these interfered with making and keeping friends?

(1) Not at all
(2) A little
(3) Quite a lot
(4) A great deal

Ask if: QChild.ChldNow = Yes
And: (C3A4a - C3A4g = Definitely) OR (C3A7 = Yes)

C3A8c

Have these interfered with learning or class work?

(1) Not at all
(2) A little
(3) Quite a lot
(4) A great deal

Ask if: QChild.ChldNow = Yes
And: (C3A4a - C3A4g = Definitely) OR (C3A7 = Yes)

C3A8d

Have these interfered with playing, hobbies, sports or other leisure activities?

(1) Not at all
(2) A little
(3) Quite a lot
(4) A great deal

Ask if: QChild.ChldNow = Yes
And: (C3A4a - C3A4g = Definitely) OR (C3A7 = Yes)) AND ((QSelect.TypePlc = Foster) OR (QSelect.TypePlc = Natural))

C3A9

Has your behaviour made it harder for those around you (the others at (in the) home, friends, family, or teachers etc.)?

(1) Not at all
(2) A little
(3) Quite a lot
(4) A great deal

Ask if: QChild.ChldNow = Yes
And: ((C3A4a - C3A4g = Definitely) OR (C3A7 = Yes)) AND ((C3A4DV >= 1) OR (C3A7 = Yes))) AND (QSelect.TypePlc = Home)

C3A9aa

Has your behaviour made it harder for those around you (the others at (in the) home, friends, family, or teachers etc.)?

(1) Not at all
(2) A little
(3) Quite a lot
(4) A great deal

Smoking (Child Interview)

Ask if: QChild.ChldNow = Yes

SmkIntr

Now some questions on smoking and drinking
PRESS the WHITE key to continue

Ask if: QChild.ChldNow = Yes

C3E1

Do you smoke cigarettes at all these days?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3E1 = No

C3E1a

Have you ever smoked?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3E1 = No
And: C3E1a = No

C3E1b

Have you ever tried smoking - even a puff or two?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3E1 = Yes

C3E3a

About how many cigarettes a day do you usually smoke?
IF YOU SMOKE LESS THAN 1, TYPE 0 PLEASE TYPE IN YOUR ANSWER AND THEN PRESS THE WHITE key

0..98

Ask if: QChild.ChldNow = Yes
And: C3E1 = Yes

C3E3b

How old were you when you started smoking at least one cigarette a week?
PLEASE TYPE IN YOUR AGE IN YEARS AND THEN PRESS THE WHITE key

0..17

Ask if: QChild.ChldNow = Yes
And: C3E1 = Yes

C3E4

Have you ever felt you wanted to cut down or stop smoking?

(1) No
(2) Yes

Drinking (Child Interview)

Ask if: QChild.ChldNow = Yes

C3F1

Have you ever had a proper alcoholic drink - a whole drink not just a sip?
PLEASE DO NOT INCLUDE DRINKS LABELLED LOW ALCOHOL

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3F1 = Yes

C3Fage

How old were you when you had your first proper alcoholic drink?
PLEASE TYPE IN YOUR AGE IN YEARS AND THEN PRESS THE WHITE KEY

1..17

Ask if: QChild.ChldNow = Yes
And: C3F1 = Yes

C3F1a

Do you have an alcoholic drink at all these days?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3F1 = Yes
And: C3F1a = Yes

C3F2

How often do you usually have an alcoholic drink?

(1) Almost every day
(2) About once or twice a week
(3) About once or twice a month
(4) Only a few times a year

Ask if: QChild.ChldNow = Yes
And: C3F1 = Yes
And: C3F1a = Yes

C3FTody

Have you had an alcoholic drink today?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3F1 = Yes
And: C3F1a = Yes
And: C3FTody = No

C3FYdy

Did you have an alcoholic drink yesterday?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3F1 = Yes
And: C3F1a = Yes
And: C3FTody = No
And: C3FYdy = No

C3F3

When did you last have an alcoholic drink?

(1) less than a month ago
(2) one month or more ago

Ask if: QChild.ChldNow = Yes
And: C3F1 = Yes
And: C3F1a = Yes
And: C3FTody = No
And: C3FYdy = No
And: C3F3 = LessMth

C3F3a

Can I just check, was this...?

(1) during the last week
(2) one week, but less than two weeks ago
(3) or two weeks ago but less then a month ago

Ask if: QChild.ChldNow = Yes
And: C3F1 = Yes
And: C3F1a = Yes
And: C3FTody = No
And: C3FYdy = No
And: C3F3 = More1

C3F3b

Can I just check, was this?

(1) less than six months ago
(2) or six months or more ago

Drugs (Child Self Completion)

Ask if: QChild.ChldNow = Yes

CanIntr

The next set of questions are about drugs that you do not get from a doctor or chemist. The first few questions are about CANNABIS.
CANNABIS is also called marijuana, Dope, Pot, Blow, hash, Black, Grass Draw, Ganja, Spliff, joints, Smoke and Weed.
PRESS the WHITE key TO CONTINUE

Ask if: QChild.ChldNow = Yes

C3Ca10

Have you heard of CANNABIS?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3Ca10 = Yes

C3CA1

Have you ever been offered CANNABIS?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3Ca10 = Yes

C3CA2

Have you ever, even once, used cannabis?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3CA2 = Yes

C3Ca4

About how old were you the first time you used it?
PLEASE TYPE IN YOUR ANSWER AND THEN PRESS THE WHITE KEY
If you need any help typing in your answer please ask the interviewer

0..17

Ask if: QChild.ChldNow = Yes
And: C3CA2 = Yes

C3CMth

Have you used it in the last month?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3CA2 = Yes
And: C3CMth = Yes

C3CA3

How many times altogether have you used it in the last month?

0..100

Ask if: QChild.ChldNow = Yes
And: C3CA2 = Yes
And: C3CMth = No

C3CYr

Have you used it in the past year?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3CA2 = Yes
C3Ca6

Have you ever been concerned or worried about using it?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3CA2 = Yes
C3C7

Has using cannabis ever made you feel ill?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3CA2 = Yes
C3C8

Have you ever felt you wanted to cut down or stop using cannabis?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3CA2 = Yes
C3C9

Has anyone expressed concern about you using cannabis - for example a friend or relative or teacher

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
C3G3Hd

Have you ever heard of GLUE, GAS OR SOLVENTS?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G3Hd = Yes
C3G1

Have you ever been offered GLUE, GAS OR SOLVENTS?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G3Hd = Yes
C3G3

Have you ever used GLUE, GAS OR SOLVENTS?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G3 = Yes
C3G3Age

About how old were you the first time you used them?
PLEASE TYPE IN YOUR ANSWER AND THEN PRESS THE WHITE KEY
If you need any help typing in your answer please ask the interviewer

0..17

Ask if: QChild.ChldNow = Yes
And: C3G3 = Yes
C3G3Mth

Have you used them in the last month?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G3 = Yes
And: C3G3Mth = Yes
C3G3Frq

How many times altogether have you used it in the last month?

0..100

Ask if: QChild.ChldNow = Yes
And: C3G3 = Yes
And: C3G3Mth = No
C3G3Yr

Have you used them in the last year?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
C3G4Hd

Have you ever heard of ECSTASY (ECSTASY is also known as E and Dennis the Menace)?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G4Hd = Yes
C3G4Off

Have you ever been offered ECSTASY?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G4Hd = Yes
C3G4

Have you ever used ECSTASY?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G4 = Yes
C3G4Age

About how old were you the first time you used it?
PLEASE TYPE IN YOUR ANSWER AND THEN PRESS THE WHITE KEY
If you need any help typing in your answer please ask the interviewer

0..17

Ask if: QChild.ChldNow = Yes
And: C3G4 = Yes
C3G4Mth

Have you used it in the last month?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G4 = Yes
And: C3G4Mth = Yes
C3G4Frq

How many times altogether have you used it in the last month?

0..100

Ask if: QChild.ChldNow = Yes
And: C3G4 = Yes
And: C3G4Mth = No
C3G4Yr

Have you used it in the past year?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
C3G5Hd

Have you ever heard of AMPHETAMINES (AMPHETAMINES are also known as Speed, Uppers, Whizz, Sulphate or Billy)?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G5Hd = Yes
C3G5Off

Have you ever been offered AMPHETAMINES?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G5Hd = Yes
C3G5

Have you ever used AMPHETAMINES?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G5 = Yes
C3G5Age

About how old were you the first time you used them?
PLEASE TYPE IN YOUR ANSWER AND THEN PRESS THE WHITE KEY
If you need any help typing in your answer please ask the interviewer

0..17

Ask if: QChild.ChldNow = Yes
And: C3G5 = Yes
C3G5Mth

Have you used them in the last month?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G5 = Yes
And: C3G5Mth = Yes
C3G5Frq

How many times altogether have you used them in the last month?

0..100

Ask if: QChild.ChldNow = Yes
And: C3G5 = Yes
And: C3G5Mth = No
C3G5Yr

Have you used them in the past year?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes

C3G6Hd

Have you ever heard of LSD (also known as Acid, Tabs or Trips)?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G6Hd = Yes

C3G6Off

Have you ever been offered LSD?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G6Hd = Yes

C3G6

Have you ever used LSD?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G6 = Yes

C3G6Age

About how old were you the first time you used it?
PLEASE TYPE IN YOUR ANSWER AND THEN PRESS THE WHITE KEY
If you need any help typing in your answer please ask the interviewer

0..17

Ask if: QChild.ChldNow = Yes
And: C3G6 = Yes

C3G6Mth

Have you used it in the last month?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G6 = Yes
And: C3G6Mth = Yes

C3G6Frq

How many times altogether have you used it in the last month?

0..100

Ask if: QChild.ChldNow = Yes
And: C3G6 = Yes
And: C3G6Mth = No

C3G6Yr

Have you used it in the past year?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes

C3G7Hd

Have you ever heard of TRANQUILLISERS (not give to you by a doctor or chemist)
These are also known as Downers, Barbiturates, Blues, Temazies, Jellies, Tranx, Temazapan?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G7Hd = Yes

C3G7Off

Have you ever been offered TRANQUILLISERS?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G7Hd = Yes

C3G7

Have you ever used TRANQUILLISERS?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G7 = Yes

C3G7Age

About how old were you the first time you used them?
PLEASE TYPE IN YOUR ANSWER AND THEN PRESS THE WHITE KEY
If you need any help typing in your answer please ask the interviewer

0..17

Ask if: QChild.ChldNow = Yes
And: C3G7 = Yes

C3G7Mth

Have you used them in the last month?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G7 = Yes
And: C3G7Mth = Yes
C3G7Frq

How many times altogether have you used them in the last month?

0..100

Ask if: QChild.ChldNow = Yes
And: C3G7 = Yes
And: C3G7Mth = No
C3G7Yr

Have you used them in the past year?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
C3G8Hd

Have you ever heard of COCAINE (also known as Coke or Charlie)?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G8Hd = Yes
C3G8Off

Have you ever been offered COCAINE?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G8Hd = Yes
C3G8

Have you ever used COCAINE?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G8 = Yes
C3G8Age

About how old were you the first time you used it?
PLEASE TYPE IN YOUR ANSWER AND THEN PRESS THE WHITE KEY
If you need any help typing in your answer please ask the interviewer

0..17

Ask if: QChild.ChldNow = Yes
And: C3G8 = Yes
C3G8Mth

Have you used it in the last month?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G8 = Yes
And: C3G8Mth = Yes
C3G8Frq

How many times altogether have you used it in the last month?

0..100

Ask if: QChild.ChldNow = Yes
And: C3G8 = Yes
And: C3G8Mth = No
C3G8Yr

Have you used it in the past year?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
C3G11Hd

Have you ever heard of CRACK (also known as Rock, Sand, Stone and Pebbles)?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G11Hd = Yes
C3G11Off

Have you ever been offered CRACK?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G11Hd = Yes
C3G11

Have you ever used CRACK?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G11 = Yes
C3G11Age

About how old were you the first time you used it?
PLEASE TYPE IN YOUR ANSWER AND THEN PRESS THE WHITE KEY
If you need any help typing in your answer please ask the interviewer

0..17

Ask if: QChild.ChldNow = Yes
And: C3G11 = Yes
C3G11Mth

Have you used it in the last month?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G11 = Yes
And: C3G11Mth = Yes
C3G11Frq

How many times altogether have you used it in the last month?

0..100

Ask if: QChild.ChldNow = Yes
And: C3G11 = Yes
And: C3G11Mth = No
C3G11Yr

Have you used it in the past year?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
C3G9Hd

Have you ever heard of HEROIN (also known as Morphine, Smack, Skag and H)?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G9Hd = Yes
C3G9Off

Have you ever been offered HEROIN?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G9Hd = Yes
C3G9

Have you ever used HEROIN?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G9 = Yes
C3G9Age

About how old were you the first time you used it?
PLEASE TYPE IN YOUR ANSWER AND THEN PRESS THE WHITE KEY
If you need any help typing in your answer please ask the interviewer

0..17

Ask if: QChild.ChldNow = Yes
And: C3G9 = Yes
C3G9Mth

Have you used it in the last month?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G9 = Yes
And: C3G9Mth = Yes
C3G9Frq

How many times altogether have you used it in the last month?

0..100

Ask if: QChild.ChldNow = Yes
And: C3G9 = Yes
And: C3G9Mth = No
C3G9Yr

Have you used it in the past year?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
C3G10Hd

Have you ever heard of METHADONE?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G10Hd = Yes
C3G10Off

Have you ever been offered METHADONE not given to you by a doctor or a chemist?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G10Hd = Yes
C3G10

Have you ever used METHADONE (not given to you by a doctor or chemist)?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G10 = Yes
C3G10Age

About how old were you the first time you used it?
PLEASE TYPE IN YOUR ANSWER AND THEN PRESS THE WHITE KEY
If you need any help typing in your answer please ask the interviewer

0..17

Ask if: QChild.ChldNow = Yes
And: C3G10 = Yes
C3G10Mth

Have you used it in the last month?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3G10 = Yes
And: C3G10Mth = Yes
C3G10Frq

How many times altogether have you used it in the last month?

0..100

Ask if: QChild.ChldNow = Yes
And: C3G10 = Yes
And: C3G10Mth = No
C3G10Yr

Have you used it in the past year?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
C3oth

Have you ever used any other drug that has NOT been given to you by a doctor or chemist?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3oth = Yes
C3othSp

Which other drug have you ever used?
PLEASE TYPE IN THE NAME OF THE DRUG
STRING[100]

Ask if: QChild.ChldNow = Yes
And: C3oth = Yes
C3othAge

About how old were you the first time you used this drug?
PLEASE TYPE IN YOUR ANSWER AND THEN PRESS THE WHITE KEY
If you need any help typing in your answer please ask the interviewer

0..17

Ask if: QChild.ChldNow = Yes
And: C3oth = Yes
C3othMth

Have you used this drug in the last month?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3oth = Yes
And: C3othMth = Yes
C3othFrq

How many times altogether have you used it in the last month?

0..100

Ask if: QChild.ChldNow = Yes
And: C3oth = Yes
And: C3othMth = No
C3othYr

Have you used this drug in the last year?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3oth = Yes
C3oth2

Have you ever used any other drug?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3oth2 = Yes
C3othSp2

Which other drug have you ever used?
PLEASE TYPE IN THE NAME OF THE DRUG
STRING[100]

Ask if: QChild.ChldNow = Yes
And: C3oth2 = Yes
C3oth2Ag

About how old were you the first time you used this drug?
PLEASE TYPE IN YOUR ANSWER AND THEN PRESS THE WHITE KEY
If you need any help typing in your answer please ask the interviewer

0..17

Ask if: QChild.ChldNow = Yes
And: C3oth2 = Yes
C3othS2

Have you used this drug in the last month?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3oth2 = Yes
And: C3othS2 = Yes
C3thFq2

How many times altogether have you used it in the last month?

0..100

Ask if: QChild.ChldNow = Yes
And: C3oth2 = Yes
And: C3othS2 = No
C3othYr2

Have you used this drug in the last year?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
C3DgHlp3

Have you ever had help or treatment because you were taking drugs?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3DgHlp3 = Yes
C3DgWho

Who did you get help from?
PLEASE TYPE IN YOUR ANSWER AND THEN PRESS THE WHITE KEY
STRING[200]

Ask if: QChild.ChldNow = Yes
And: C3DgHlp3 = No
C3DgHlp2

If you felt that you needed help or treatment because you were using drugs,
would you know where to go?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3DgHlp3 = No
C3DgHlp1

Have you ever felt that you needed to get help or treatment because you were
using drugs?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
C3DrgInf

Would you know where to go if you wanted to get more information about drugs?

(1) No
(2) Yes

Sexual Activity (Child Self Completion)

Ask if: QChild.ChldNow = Yes
C3S1

Have you ever been taught about AIDS/HIV infection at school?

(1) No
(2) Yes
(3) Not sure

Ask if: QChild.ChldNow = Yes

C3s2

Have you ever talked about AIDS/HIV infection with parents or other adults?

(1) No
(2) Yes
(3) Not sure

Ask if: QChild.ChldNow = Yes

C3s3

Have you ever had sexual intercourse?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3s3 = Yes

C3s4

How old were you when you had sexual intercourse the first time?
PLEASE ENTER YOUR AGE AND THEN PRESS THE WHITE KEY

0..17

Ask if: QChild.ChldNow = Yes
And: C3s3 = Yes

C3s5

The last time you had sexual intercourse, did you or your partner use a condom?

(1) No
(2) Yes
(3) Not sure

Ask if: QChild.ChldNow = Yes
And: C3s3 = Yes

C3s6a

The last time you had sexual intercourse did you or your partner use any other method to prevent pregnancy?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3s3 = Yes
And: C3s6a = Yes

C3s6

What method did you or partner use to prevent pregnancy?
PLEASE TYPE IN YOUR ANSWER AND THEN PRESS the WHITE KEY
If you need any help typing in your answer please ask the interviewer.
STRING[250]

Exclusions

Ask if: QChild.ChldNow = Yes

C3Ex1

Have you ever been excluded from school?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes
And: C3Ex1 = YES

C3Ex2

Was it a fixed-term exclusion (suspension) or a permanent exclusion?
1 for FIXED-TERM EXCLUSION (SUSPENSION), 2 for PERMANENT EXCLUSION or 3 if you are NOT SURE

(1) Fixed-term exclusion/suspension
(2) Permanent exclusion
(3) Not sure

Ask if: QChild.ChldNow = Yes

C3EX4

Did you answer all the questions honestly?

(1) No
(2) Yes

Ask if: QChild.ChldNow = Yes

CSCExit

Thank you. That's the end of this part of the interview. Please let the interviewer know you have finished.

Ask if: QChild.ChldNow = Yes
And: QCSelfC.ChldSc = SCAccept

CHowCmp

INTERVIEWER: Did the child complete the whole of this section as a self-completion?

(1) Yes
(2) No

Feedback (child Self Completion)

Ask if: QChild.ChldNow = Yes

Probs

Did you get stuck at all?

(1) Yes
(2) No

Ask if: QChild.ChldNow = Yes
And: Probs = Yes
WhatPrbs

Where did you get stuck?
PLEASE OBTAIN AS MUCH DETAIL AS POSSIBLE

[OPEN]

Ask if: QChild.ChldNow = Yes
Hear

Could you hear the questions...
RUNNING PROMPT

(1) all of the time
(2) most of the time
(3) or just some of the time?

Ask if: QChild.ChldNow = Yes
Voice

Could you understand the person asking the questions...
RUNNING PROMPT

(1) all of the time
(2) most of the time
(3) or just some of the time?

Ask if: QChild.ChldNow = Yes
Instr

Were the instructions....
RUNNING PROMPT

(1) easy to follow
(2) about right
(3) or difficult follow?

Ask if: QChild.ChldNow = Yes
InstrRp

Were the instructions that are played at the end of some questions repeated....
RUNNING PROMPT

(1) too often
(2) about right
(3) or not enough?

Ask if: QChild.ChldNow = Yes
KeyB

How did you find entering your answers into the laptop?
PLEASE PROBE IF HAD ANY PROBLEMS

[OPEN]

Ask if: QChild.ChldNow = Yes
AnyOth

Are there any problems that you have not already told me about?
PLEASE PROBE IF HAD ANY PROBLEMS

[OPEN]

Ask if: QChild.ChldNow = Yes
AnyCom

Is there anything else you would like to say?

[OPEN]

Ask if: QChild.ChldNow = Yes
CompUse

Have you used computers....
RUNNING PROMPT

(1) a lot
(2) a bit
(3) or have you never used a computer before?

PA455/M

IN CONFIDENCE

Survey of Development and Well-being of Children and Adolescents

Questionnaire for teachers of children aged 5 and above in primary or secondary schools

Stick serial number label here

How to fill in this questionnaire

1. Please read each question carefully.
2. All questions can be answered by putting a tick in the box next to the answer that applies to the child.

	Not true	Partly true	Certainly true
For example		✓	

3. Sometimes you are asked to write a number in a box.

For example Enter number of days 4

4. It would help if you could answer all questions as best as you can even if you are not absolutely certain or you think the question seems a little odd.

A1. Compared with an **average** child of the same age, how does he or she fare in the following areas:

	Above average	Average	Some difficulty	Marked difficulty
(a) Reading?	1	2	3	4
(b) Mathematics?	1	2	3	4
(c) Spelling	1	2	3	4

A2. Although "mental age" is a crude measure that cannot take account of a child being better in some areas than others, it would be helpful if you could answer the following question:

In terms of overall intellectual and scholastic ability, roughly what age level is he or she at?

Enter age level ☐ **Go to Question A3**

A3. During the last term, how many days overall has the child been absent?

Enter number of days ☐ **Go to Question A4**
If don't know enter "99"
If none enter "00"

A4. Does the child have officially recognised special needs?

No	0	**Go to Section B**
Stage 1 (class teacher or form/year tutor has overall responsibility)	1	**Go to question A5**
Stage 2 (SENCO takes the lead in co-ordinating provision and drawing up IEP)	2	
Stage 3 (External specialist support enlisted)	3	
Stage 4 (Statutory assessment by LEA)	4	
Stage 5 (Statement issued by LEA)	5	

A5. Are these special needs related to . . . . .

	Yes	No
General learning difficulties?	1	2
Specific learning difficulties?	1	2
Speech and language difficulties?	1	2
Emotional and behavioural difficulties?	1	2
Physical disability/sensory impairment?	1	2
Other (please specify)	1	2

Section B Strengths and Difficulties Questionnaire

For each item, please tick a box under one of the headings:
Not True, Partly True or Certainly True.

Over the past six months:

		Not true	Partly true	Certainly true
B1.	Considerate of other people's feelings	1	2	3
B2.	Restless, overactive, cannot stay still for long	1	2	3
B3.	Often complains of headaches, stomach aches or sickness	1	2	3
B4.	Shares readily with other children (treats, toys, pencils etc)	1	2	3
B5.	Often has temper tantrums or hot tempers	1	2	3
B6.	Rather solitary, tends to play alone	1	2	3
B7.	Generally obedient, usually does what adults ask	1	2	3
B8.	Many worries, often seems worried	1	2	3
B9.	Helpful if someone is hurt, upset or feeling ill	1	2	3
B10.	Constantly fidgeting or squirming	1	2	3

For each item, please tick a box under one of the headings:
Not True, Partly True or Certainly True.

Over the past six months:

		Not true	Partly true	Certainly true
B11.	Has at least one good friend	1	2	3
B12.	Often fights with other children or bullies them	1	2	3
B13.	Often unhappy, downhearted or tearful	1	2	3
B14.	Generally liked by other children	1	2	3
B15.	Easily distracted, concentration wanders	1	2	3
B16.	Nervous or clingy in new situations, easily loses confidence	1	2	3
B17.	Kind to younger children	1	2	3
B18.	Often lies or cheats	1	2	3
B19.	Picked on or bullied by other children	1	2	3
B20.	Often volunteers to help others (parents, teachers, other children)	1	2	3
B21.	Thinks things out before acting	1	2	3
B22.	Steals from home, school or elsewhere	1	2	3
B23.	Gets on better with adults than with other children	1	2	3
B24.	Has many fears, easily scared	1	2	3
B25.	Sees tasks through to the end, good attention span	1	2	3

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B26. Overall, do you think that this child has difficulties in one or more of the following areas: emotions, concentration, behaviour or getting on with other people?

No	1	→ **Go to Section C**
Yes: minor difficulties	2	→ **Go to Question B26(a)**
Yes: definite difficulties	3	
Yes: severe difficulties	4	

(a) How long have these difficulties been present?

Less than a month	1
1 - 5 months	2
6 - 12 months	3
A year or more	4

	Not at all	Only a little	Quite a lot	A great deal
B27. Do the difficulties upset or distress the child?	1	2	3	4
B28. Do the difficulties interfere with the child's everyday life in terms of his or her . . .				
peer relationships?	1	2	3	4
classroom learning?	1	2	3	4
B29. Do the difficulties put a burden on you or the class as a whole?	1	2	3	4

Section C Emotions

For each item, please tick a box under one of the headings:
Not True, Partly True or Certainly True.

	Not true	Partly true	Certainly true
C1. Excessive worries	1	2	3
C2. Marked tension or inability to relax	1	2	3
C3. Excessive concern about his/her own abilities, e.g. academic, sporting or social	1	2	3
C4. Particularly anxious about speaking to class or reading aloud	1	2	3
C5. Reluctant to separate from family to come to school	1	2	3
C6. Unhappy, sad or depressed	1	2	3
C7. Has lost interest in carrying out usual activities	1	2	3
C8. Feels worthless or inferior	1	2	3
C9. Concentration affected by worries or misery	1	2	3
C10. Other emotional difficulties eg. marked fears panic attacks, obsessions or compulsions	1	2	3

→ **Go to C11**

→ **Go to 10a**

C10a. Please describe these briefly

Please review your answers to questions C1 to C10 about worries, misery and so on.

If you have ticked 'CERTAINLY TRUE' to <u>any</u> of the questions C1 to C10 - Please go to question C11. If not, go to Section D.

	Not at all	Only a little	Quite a lot	A great deal
C11. Do the difficulties upset or distress the child?	1	2	3	4
C12. Do the difficulties interfere with the child's everyday life in terms of his or her . . .				
peer relationships?	1	2	3	4
classroom learning?	1	2	3	4
C13. Do the difficulties put a burden on you or the class as a whole?	1	2	3	4

C14. Do you have any further comments about this child's emotional state?

Yes 1 → **Go to Question C14a**

No 2 → **Go to Section D**

C14a. If there are serious concerns in this area, please say how long the child has had these problems, and what, if anything, might have triggered them.

Section D Attention, Activity and Impulsiveness

D1. When s/he is doing something in class that s/he enjoys and is good at, whether reading or drawing or making a model or whatever, how long does s/he typically stay on that task?

Less than 2 minutes	1
2 - 4 minutes	2
5 - 9 minutes	3 → **Go to question D2**
10 - 19 minutes	4
20 minutes or more	5

For each item, please tick a box under one of the headings:
Not True, Partly true or Certainly true.

		Not true	Partly true	Certainly true
D2.	Makes careless mistakes	1	2	3
D3.	Fails to pay attention	1	2	3
D4.	Loses interest in what s/he is doing	1	2	3
D5.	Doesn't seem to listen	1	2	3
D6.	Fails to finish things s/he starts	1	2	3
D7.	Disorganised	1	2	3
D8.	Tries to avoid tasks that require thought	1	2	3
D9.	Loses things	1	2	3
D10.	Easily distracted	1	2	3
D11.	Forgetful	1	2	3
D12.	Fidgets	1	2	3
D13.	Can't stay seated when required to do so	1	2	3
D14.	Runs or climbs about when s/he shouldn't	1	2	3
D15.	Has difficulty playing quietly	1	2	3
D16.	Finds it hard to calm down when asked to do so	1	2	3
D17.	Interrupts, blurts out answers to questions	1	2	3
D18.	Hard for him/her to wait their turn	1	2	3
D19.	Interrupts or butts in on others	1	2	3
D20.	Goes on talking if asked to stop	1	2	3

Please review your answers to questions D2 to D20 on attention and activity.

If you have ticked 'CERTAINLY TRUE' to <u>any</u> of the questions D2 to D20 - Please go to question D21. If not, go to Section E.

		Not at all	Only a little	Quite a lot	A great deal
D21.	Do the difficulties upset or distress the child?	1	2	3	4
D22.	Do the difficulties interfere with the child's everyday life in terms of his or her . . .				
	peer relationships?	1	2	3	4
	classroom learning?	1	2	3	4
D23.	Do the difficulties put a burden on you or the class as a whole?	1	2	3	4

D24. Do you have any further comments about this child in relation to attention or activity and impulsiveness?

Yes 1 → **Go to Question D24a**

No 2 → **Go to Section E**

D24a. Please describe. If there are serious concerns in this area, please say how long the child has had these problems, and what, if anything, might have triggered them.

Please go to Section E

Section E Awkward and Troublesome Behaviour

For each item, please tick a box under one of the headings:
Not True, Partly true or Certainly true.

		Not true	Partly true	Certainly true
E1.	Temper tantrums or hot tempers	1	2	3
E2.	Argues a lot with adults	1	2	3
E3.	Disobedient at school	1	2	3
E4.	Deliberately does things to annoy others	1	2	3
E5.	Blames others for own mistakes	1	2	3
E6.	Easily annoyed by others	1	2	3
E7.	Angry and resentful	1	2	3
E8.	Spiteful	1	2	3
E9.	Tries to get his/her own back	1	2	3
E10.	Lying or cheating	1	2	3
E11.	Starts fights	1	2	3
E12.	Bullies others	1	2	3
E13.	Plays truant	1	2	3
E14.	Uses weapons when fighting	1	2	3
E15.	Has been physically cruel, has really hurt someone	1	2	3
E16.	Deliberately cruel to animals	1	2	3
E17.	Sets fires deliberately	1	2	3

E18. Does (CHILD) steal?

Not true ..... 1 → **Go to question E19**
Partly true 2
Certainly true ..... 3 → **Go to question E18a**

E18a. Please describe this briefly

E19. Does s/he destroy things belonging to others, vandalism?

Not true ..... 1 → **Go to question E20**
Partly true 2
Certainly true ..... 3 → **Go to question E19a**

E19a. Please describe this briefly

E20. Does (CHILD) show unwanted sexualized behaviour towards others?

Not true ..... 1 → **Go to question E21**
Partly true 2
Certainly true ..... 3 → **Go to question E20a**

E20a. Please describe this behaviour

E21. Has (CHILD) been in trouble with the law?

Not true ..... 1 → **Go to page 15**
Partly true 2
Certainly true ..... 3 → **Go to question E21a**

E21a. Please describe this briefly

Please review your answers to questions E1 to E21 on awkward and troublesome behaviour.

If you have ticked 'CERTAINLY TRUE' to <u>any</u> of the questions E1 to E21 - Please go to question E22. If not, go to Section F.

	Not at all	Only a little	Quite a lot	A great deal
E22. Do the difficulties upset or distress the child?	1	2	3	4
E23. Do the difficulties interfere with the child's everyday life in terms of his or her . . .				
peer relationships?	1	2	3	4
classroom learning?	1	2	3	4
E24. Do the difficulties put a burden on you or the class as a whole?	1	2	3	4

E25. Do you have any further comments about this child's awkwardness and troublesome behaviour?

Yes 1 → **Go to Question E25a**

No 2 → **Go to Section F**

E25a. Please describe. If there are serious concerns in this area, please say how long the child has had these problems, and what, if anything, might have triggered them.

Please go to Section F

Section F Social Behaviour

For each item, please tick a box under one of the headings:
Not True, Partly True or Certainly True.

	Not true	Partly true	Certainly true
F1. Too friendly with strangers	1	2	3
F2. Tries to make friends with everyone, including unsuitable children, e.g. those who treat him/her badly	1	2	3
F3. Too cuddly with people s/he doesn't know well	1	2	3
F4. Forms many shallow relationships with adults	1	2	3
F5. Over independent, e.g. wanders off and explores without checking with an adult or needing an adult present	1	2	3
F6. Reacts to being distressed by hitting out	1	2	3
F7. Reacts to other people by hitting out	1	2	3
F8. Avoids emotional closeness with familiar adults	1	2	3
F9. Avoids emotional closeness with familiar children/teenagers.....	1	2	3
F10. Has difficulty trusting familiar adults	1	2	3
F11. Has difficulty trusting familiar children/teenagers	1	2	3

Please review your answers to questions F1 to F11 on awkward and troublesome behaviour.

If you have ticked 'CERTAINLY TRUE' to <u>any</u> of the questions F1 to F11 - Please go to question F12.

	Not at all	Only a little	Quite a lot	A great deal
F12. Do the difficulties upset or distress the child?	1	2	3	4
F13. Do the difficulties interfere with the child's everyday life in terms of his or her . . .				
peer relationships?	1	2	3	4
classroom learning?	1	2	3	4
F14. Do the difficulties put a burden on you or the class as a whole?	1	2	3	4

Please go to Section G

Section G Other Concerns

Gor each item, please tick a box under one of the headings:
Not True, Partly true or Certainly true.

	Not true	Partly true	Certainly true
G1. Tics, twitches, involuntary grunts or noises	1	2	3
G2. Diets to excess	1	2	3

G3. Do you have any other concerns about the child's psychological development?

Yes ..... 1 → **Go to question G3a**

No ..... 2 → **Go to question G4**

G3a. Please describe this briefly

G4. Do you have any further comments about (CHILD) in general?

Yes 1 → **Go to Question G4a**

No 2 → **Go to Section H**

G4a. Please describe

Please go to Section H

Section H Help from school

H1. During this school year, has s/he had any specific help for emotional or behavioural problems from teachers, educational psychologists, or other professionals working within the school setting.

Yes ..... 1 → **Go to question H1(a)**

No ..... 2 → **END**

H1a. Please describe briefly what sort of help was provided, by whom, and for what:

Thank you very much for your help

Please return this questionnaire in the prepaid envelope provided as soon as possible

national STATISTICS
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1 Drummond Gate
London
SW1V 2QQ

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Appendix E

Glossary of survey terms and definitions

Audio-CASI

Audio-CASI is a mode of interviewing where the young person wears headphones to listen to the questions and then enters their answers directly into the laptop. This mode of interviewing is especially useful when the respondent has learning difficulties or concentration problems and where the questions are sensitive.

Burden of mental disorders

The burden of the child's problem is a measure of the consequences of the symptoms in terms of whether they cause distress to the carer/family by making them worried, depressed, tired or physically ill.

Case vignettes

This case vignette approach for analysing survey data uses clinician ratings based on a review of all the information of each subject. This information includes not only the questionnaires and structured interviews but also any additional comments made by the interviewers, and the transcripts of informants' comments to open-ended questions particularly those which ask about the child's significant problems.

Compulsions and Obsessions

Compulsions and obsessions are not like ordinary experiences. It is not the same thing as an ordinary bedtime ritual or a 'not stepping on the cracks in the pavement' ritual. It is not the same as being much neater or more perfectionist than average. It is not the same as feeling that you've just got to eat that chocolate bar or buy that record. A child with true obsessive-compulsive symptoms may need to check plugs or gas taps twenty times, or may need to shower or wash their hands dozens of times each day, or may need to wear gloves before being willing to touch door knobs.

Depression

Just as in adults, depression in children and teenagers usually shows itself as severe and prolonged misery. Sometimes, the most obvious change in mood is not misery but increased irritability – whether they have recently changed to being a lot more grumpy or irritable than in the past. In some cases, the most obvious clue to depression is neither misery nor irritability but a loss of interest in the things that the child used to enjoy doing. Sometimes the child may keep his or her misery secret, but the family may still have noticed that the child suddenly no longer wants to visit friends, go on outings, listen to music etc.

Ethnic Group

Household members were classified into nine groups:

White	White
Black – Caribbean Black – African Black – Other	Black
Indian Pakistani Bangladeshi	South Asian
Chinese None of these	Other

For analysis purpose these nine groups were subsumed under 4 headings: White, Black, South Asian and Other.

Generalised Anxiety

Generalised anxiety occurs when the child worries so much, and about so many things, that this really interferes with his or her life and leads to physical symptoms such as being tense or not being able to get to sleep. Children with generalised anxiety have many different worries about many different things. Some worries are about the past, some

about the future, some about schoolwork, some about their appearance, some about illness, and so on. The worries are present across different situations. They may have one set of worries at home and a different set of worries at school.

Household

The standard definition used in most surveys carried out by ONS Social Survey Division, and comparable with the 1991 Census definition of a household, was used in this survey. A household is defined as a single person or group of people who have the accommodation as their only or main residence and who either share one meal a day or share the living accommodation. (See E McCrossan (1985) A *Handbook for interviewers*, HMSO: London).

Hyperkinesis

Hyperkinesis is a diagnosable condition recognised by health professionals as Attention Deficit Hyperactivity Disorder (ADHD). It is one of the most common mental disorders among children, characterised by being able to sit still, plan ahead or finish tasks, being easily distracted and not being fully aware of immediate surroundings.

Impact of mental disorders

Impact refers to the consequences of the disorder for the child in terms of social impairment and distress. Social impairment refers to the extent to which the disorder interferes with the child's everyday life in terms of his or her home life, friendships, classroom learning or leisure activities.

Legal Status

Approximately 40% of looked after children are being 'provided with accommodation'. The remainder are in care under a Care Order or other court order. A Care Order gives the local authority parental responsibility for the child (although in theory at least, the parent also retains some parental responsibility and is supposed to work with the LA). It is imposed when a court is satisfied that a child is suffering, or is likely to suffer, significant harm, either because it is not receiving reasonable care from its parents, or because it is beyond parental control.

There are also Interim Care Orders, which can be granted by a court before a 'full' Care Order is decided upon, and some emergency orders, which only last a very short time, which can be used for a child's immediate protection, for example Emergency Protection Orders and Child Assessment Orders which can be applied for by the local authority. The police can also act under Police Protection Orders which can last for 72 hours.

A child who is facing criminal proceedings or has appeared on criminal charges can also be 'compulsorily accommodated' by the local authority. This could involve, for example, the child being on remand and placed with its own parents or the court imposing a Supervision Order which could have a residence requirement as part of it, requiring the child to live in particular accommodation.

Looked after children

The 1989 Children's Act drew a distinction between 'being taken into care' i.e. a child becoming the subject of a Care Order which gives the local authority legal rights over the child or some other court order (see below) and 'being provided with accommodation'. This is what used to be known as being taken into voluntary care, that is, there was no court involvement and the parents lost none of their rights over the child to the local authority. Both groups of children – i.e. both those subject to a Care Order and those 'being provided with accommodation' are now referred to as 'looked after' by the local authority.

Mental disorders

The questionnaires used in this survey were based on both the ICD10 and DSM-IV diagnostic research criteria, but this report uses the terms mental disorders as defined by the ICD-10: to imply a clinically recognisable set of symptoms or behaviour associated in most cases with considerable distress and substantial interference with personal functions.

Post Traumatic Stress Disorder (PTSD)

PTSD involves flashbacks, nightmares and various other symptoms following an exceptionally stressful or traumatic event. Such events are so

unusual or extreme that they are likely to be engraved on a child's memory and liable to cause flashbacks and vivid nightmares.

Separation anxiety

Most children have strong attachment bonds to key adults in their lives – parents/carers, grandparents, nannies and so on. Technically, these adults are described as 'attachment figures'. The bonds between children and their attachment figures provide the children with security and comfort particularly in times of stress. Some children don't form these bonds, and they are not always obvious in older teenagers either. Close friendships with other young people are obviously important but they are not counted as attachment bonds as far as the interview was concerned. Some children experience a lot of distress as a result of worries that something bad will happen to their attachment figures or that they will be separated from their attachment figures.

Specific phobias

Specific phobias are intense and disabling fears of specific objects and situations. Most children have some fears, but we were particularly interested in finding out whether they the children had a phobia that may need treatment. To decide that a fear is a phobia, what we looked for evidence that the fear was very strong; that it is caused considerable distress; or that it interfered with the child's life because he or she was going to great lengths to avoid the feared stimulus. So we were not particularly interested in a fear of snakes if this did not cause a lot of distress and only led to the child avoiding the reptile house when going to the zoo. We took seriously a fear of thunder that was so intense that the child often refused to leave the house just in case a storm suddenly brewed up and thunder began whilst they were away from home.

Social phobia

Social phobia is a term used to describe the child who is particularly afraid of any social situations. Social fears and phobias are related to being with a lot of people, meeting new people etc. We were trying to identify children who have far more than 'ordinary' shyness, though social phobia might look like extreme shyness.

Types of Placement

Fostering

The majority of looked after children (65% across the country) are fostered. They may either be placed with foster parents unrelated to them or, in some cases, fostered by a relative or friend (this sort of placement is encouraged by the Children Act).

The foster parents may live within the local authority or outside it (some of the placements outside the local authority are because the LA boundaries have been changed, so a foster parent who was within the LA suddenly isn't).

Foster parents who are fostering more than 3 children who are unrelated to one another are classed as running a children's home (unless the LA exempts them from this regulation).

Placed with parents

A child who is the subject of a Care Order (see above) can be placed with its own parents and the situation monitored by Social Services. There are other situations where a child is classified as 'looked after' but is living with parents eg where bail has been granted to a child facing criminal charges and the child has been remanded to the care of its parents.

About 10% of looked after children in England will be 'placed with parents'.

Placed for adoption

About 5% of looked after children at 31 March 2000 were placed for adoption.

Various types of residential care

About 10% of looked after children are placed in some type of '**community home**'. Community homes can be provided either by a voluntary organisation or the local authority.

Some community homes have additional facilities – educational facilities on the premises, observation and assessment facilities, hostel accommodation, or cater specifically for disabled children

Children could also be placed in **residential schools** for children with special educational needs (which can be provided by the LA or independent) or in independent schools not specifically catering for special educational needs.

Children could also be placed in **privately registered children's homes** (these are homes for 4 or more children run on a profit making basis. They have to be registered with the local authority).

Children with disabilities could be placed in a residential care home or nursing home.
Other facilities you may come across include Youth Treatment Centres, mother and baby homes, Family Centres (these provide activities, advice and counselling for the child and its parents and can provide accommodation). Some looked after children will be in Young Offender Institutes or even prison (although in theory prison should not be used for this age group).

Placements in any of the types of residential accommodation listed above can be within the local authority with responsibility for the child or in a different local authority eg a child 'looked after' by Hertfordshire could be placed in a special school in North Wales.

Independent living

Some children leave foster care or residential care homes when they reach 16 years of age. They tend to live in accommodation which is described as independent living. This means there is no formal support staff living on the premises or in attendance during the day.

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About the Office for National Statistics

The Office for National Statistics (ONS) is the government agency responsible for compiling, analysing and disseminating many of the United Kingdom's economic, social and demographic statistics, including the retail prices index, trade figures and labour market data, as well as the periodic census of the population and health statistics. The Director of ONS is also the National Statistician and the Registrar General for England and Wales, and the agency that administers the registration of births, marriages and deaths there.

This report has been produced by the Social Survey Division of the Office for National Statistics in accordance with the National Statistics Code of Practice.

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1 Focus of the survey

Background

The survey of the mental health of children and adolescents looked after by local authorities in England is the second, major, national survey focusing on the development and well-being of young people to be carried out by ONS. The first survey, carried out in 1999, obtained information about the mental health of 10,500 young people living in private households. (Meltzer *et al*, 2000). Both surveys were commissioned by the Department of Health.

The rationale for a national survey of the mental health of children and adolescents looked after by local authorities was exactly the same as that for the private household population. In order to plan mental health services effectively, it is necessary to know how many looked after children have mental health problems, what their diagnoses are, and how far their needs for treatment are being met. The extent of the morbid population needs to be known so that the resources and planning can effectively take this into account.

Therefore, it was hoped that this first national survey looking at the mental health of children looked after by local authorities would be invaluable in taking forward a number of key policy initiatives:

- Strategic service planning with health agencies.
- Understanding the stresses on placements.
- Training and support requirements of carers with a view to improve placement stability.
- Work on health inequality targets.
- Improving the health outcomes of looked after children.

Aims of the survey

Prevalence

The primary purpose of the survey was to produce prevalence rates of three main categories of mental disorder: conduct disorder, hyperactivity and emotional disorders (and their comorbidity), based on ICD-10 (International Classification of Diseases, tenth revision) and DSM-IV (Diagnostic and Statistical Manual, fourth revision) criteria.

Social impairment

The second aim of the survey was to determine the impact and burden of children's mental health problems in terms of social impairment and adverse consequences for others. Social impairment is measured by the extent to which each particular mental problem interferes with relations with others, forming and keeping friendships, participation in leisure activities, and scholastic achievement. More broadly, impact reflects distress to the child or disruption to others as well as social impairment.

Service use

The third main purpose of the survey was to examine service utilisation. The examination of service use requires the measurement of contextual factors (lifestyle behaviours and risk factors).

Coverage of disorders

Age

The survey focused on the prevalence of mental health problems among young people aged 5–17. Although young people aged 16 and 17 were included in the previous adult surveys (Meltzer *et al*, 1995; Meltzer *et al*, 1996; Gill *et al*, 1996; Foster *et al*, 1996; Singleton *et al*, 2001), those looked after by local authorities were excluded from the previous surveys. These young adults are of particular interest in respect of the transition between the use of child and adult mental health services.

Children under the age of 5 were excluded primarily because the assessment instruments for these children are different and not so well developed as those for older children.

Childhood psychopathology

The survey concentrated on the three common groups of childhood mental disorders: emotional disorders such as anxiety, depression and obsessions; hyperactivity disorders involving inattention and overactivity; and conduct disorders characterised by awkward, troublesome, aggressive and antisocial behaviours. Some questions were included in the survey to look at the less common mental disorders: tics and twitches, pervasive developmental disorders such as those in the autistic spectrum, and eating disorders.

Placement (Type of accommodation)

The sampling design for the survey (see Chapter 2) involved taking a random sample of all children looked after by local authorities from a list stratified by placement code. Therefore, the results will show prevalence of disorders and service use by whether the child is in foster carer, placed with parents or family members or in some sort of residential care facility – residential care home or school.

Region

The surveyed population comprised children and adolescents looked after by local authorities in England. Children looked after by local authorities in England but placed outside the local authority were included in the survey, even the few cases placed in Scotland and Wales. The corresponding surveys in Scotland and Wales took place in early 2003 and will be reported on in 2004.

Assessment of mental disorders

The survey was designed to gather data from carers, young people (aged 11–17) and teachers.

The measures designed for the present study were intended to combine some of the best features of structured and semi-structured measures. When health problems were identified by the structured questions, interviewers used open-ended questions and supplementary prompts to get parents to describe the problems in their own words.

A case vignette approach was used to assess the clinical significance of these descriptions. This involved clinician ratings based on a review of all the information of each subject, not only the questionnaires and structured interviews but also any additional comments made by the interviewers, and the transcripts of informants' comments to open-ended questions particularly

those which ask about the child's significant problems.

Interpretation of results

The findings described in this summary report focus on the prevalence of mental disorders among 5- to 17-year-olds looked after by local authorities and on the associations between the presence of a mental disorder and biographic, socio-demographic, socio-economic and social functioning characteristics of the child and the carers.

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2

Sample design

Sample selection

Local authorities make annual returns to the Department of Health giving anonymised details of 1 in 3 of all looked after children. The sample for the survey has been drawn using this database to select a sample of children (identified on the database by a serial number only – known as the 'child identifier') from each local authority taking part in the survey. The database listed the child identifiers of children who were 'looked after' on 31st March 2001. A total sample of 2,500 children was drawn, (approximately 1 in 18 of all looked after children) with the numbers being proportional to the number of children 'looked after' in each authority. The sample was selected to ensure equal proportion of children in each age band between 5 and 17 years.

All directors of Local Authority Social Services Departments in England, excluding the Isles Of Scilly – a total of 149 – were contacted, informing them of the survey and asking for their participation.

A letter was sent to the nominated contact in the Social Services Department in each LA asking for details of each selected child eligible for the survey, i.e. aged between 5 and 17.

In each local authority, the contact person (usually the person responsible for the 'looked after children' section within Social Services) was sent all the 'Child Summary forms' for that local authority giving the children's serial numbers from the DH database. The contact then distributed the forms to the social workers responsible for the children concerned and asked them to complete the forms,

having obtained whatever consents they felt were necessary (eg consent from the foster parent, residential care home, birth parent) and then to return them to the Office for National Statistics.

The Child Summary forms returned by the Local Authorities included a number of cases where no interview could be carried out:

- cases where the child was no longer 'looked after' by the local authority and where the social worker was no longer in touch with the family;
- cases where the family and child had moved away and no forwarding address was available;
- cases where the child had been adopted or was in the middle of adoption proceedings;
- cases where the child's social worker felt it was not an appropriate time for an interview, eg the child and foster family were going through a bad patch; and
- cases where the current carer did not give consent to an interview.

Interviewers were also provided with photocopies of the Child Summary Form which gave them additional information:

- the name of the local authority 'looking after' the child;

- the name of the person completing the form;
- whether the child is still 'looked after';
- whether the local authority has 'parental control' for the child;
- what consents have been obtained by the social worker for the interview to be carried out;
- what type of placement the child is in;
- information about the best time to call; and
- any other relevant information eg whether the child is likely to move in the near future.

Response from Local Authorities

Overall, 134 of the 149 local authorities (90%) co-operated to some extent in the survey. Seven LAs refused co-operation at initial contact. Reasons for refusal were: too many research projects, workload too great, staff shortages and in the midst of restructuring.

2,315 Child Summary Forms were sent out to 142 local authorities. After six months 1,796 (78%) were returned. These forms were scrutinised to check that all relevant information was properly recorded (eg the appropriate consent had been given, addresses were complete with postcode etc).

Of the 1,796 returned forms, 1,134 (63%) were eligible. The five main reasons for ineligibility were: carer refusal (26%), child going through adoption procedures (17%); the local authority refused access (14%); carer felt it was an inappropriate time (13%); summary forms arrived back too late to be allocated to interviewers (12%).

Survey response rates

Information was collected on 1,039 of the 1,134 children eligible for interview (91%) from up to three sources. Almost all the carers and most of the 11- to 17-year-olds took part.

Although 1,039 carers of the looked after children were interviewed, the number of teacher questionnaires sent out was 861. The loss was due to children not being at school or having left school. 757 teachers returned their questionnaires, a response rate of 88%, based on an initial mail out and two reminder letters.

3

Child's personal characteristics

Among young people, aged 5–17 years, looked after by local authorities, 45% were assessed as having a mental disorder: 37% had clinically significant conduct disorders; 12% were assessed as having emotional disorders – anxiety and depression – and 7% were rated as hyperactive. As their name suggests, the less common disorders (pervasive developmental disorders, tics and eating disorders) were attributed to four percent of the sampled population. The overall rate of 45% includes some children who had more than one type of disorder.

These rates are based on the diagnostic criteria for research using the ICD-10 Classification of Mental and Behavioural Disorders with strict impairment criteria – the disorder causes distress to the child or has a considerable impact on the child's day to day life.

Figures 3.1 and 3.2 illustrate how the prevalence of mental disorders differ between the survey of children looked after by local authorities and the 1999 survey of those living in private households.

Concentrating first on the 5- to 10-year-olds, those looked after by local authorities were about five times more likely to have a mental disorder; 42% compared with 8%. For each type of disorder the rates for looked after children compared with private household children were:

- Emotional disorders: 11% compared with 3%.
- Conduct disorders: 36% compared with 5%.
- Hyperkinetic disorders: 11% compared with 2%.

Figure 3.1

Prevalence of mental disorders among 5- to 10-year-olds; looked after and private household children

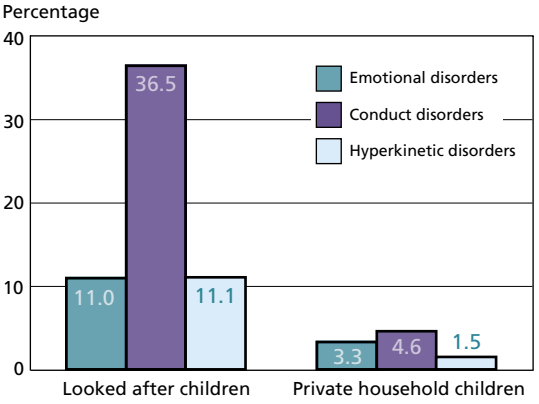
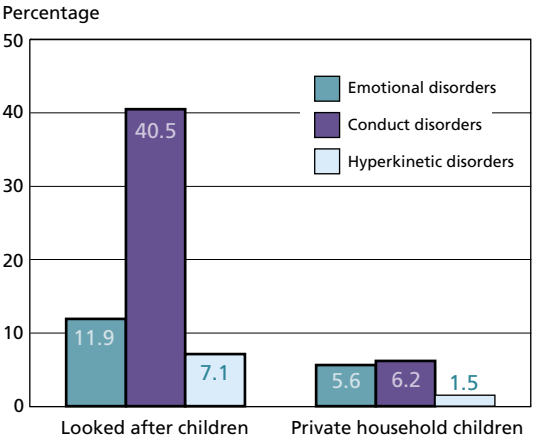


Figure 3.2

Prevalence of mental disorders among 11- to 15-year-olds; looked after and private household children



The 11- to 15-year-olds looked after by local authorities were also four to five times more likely to have a mental disorder: 49% compared with 11%, and the rates for each broad category of disorder were:

- Emotional disorders: 12% compared with 6%.
- Conduct disorders: 40% compared with 6%.
- Hyperkinetic disorders: 7% compared with 1%.

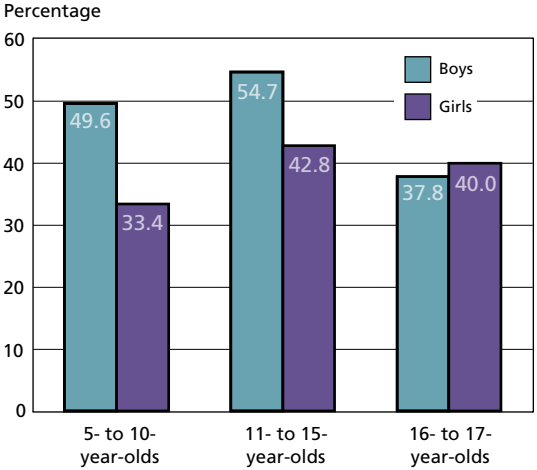
Therefore, conduct disorders seem to contribute to the largest difference in childhood psychopathology between the local authority and private household populations.

(Figures 3.1 and 3.2)

As the 16- to 17-year-olds were not covered in the private household survey of children and adolescents, comparisons can not be made.

Figure 3.3

Prevalence of any mental disorder by age and sex



Sex and age

The proportion of children and adolescents with any mental disorder was greater among boys than girls: 49% compared with 39%. This disparity was evident in 5-15 year olds but not among the older children. Among 5- to 10-year-olds, 50% of boys and 33% of girls had a mental disorder. In the middle age group, the 11- to 15-year- olds, the proportions of children with any mental disorder were 55% for boys and 43% for girls. However, the rate among the 16- to 17-year-olds for both boys and girls was around 40% *(Figure 3.3)*

Emotional disorders

Whereas the rates of emotional disorders were similar for boys and girls, 10% and 14% respectively, their prevalence tended to decrease with age among boys (13% of 5- to 10-year-olds compared with 8% of older children) yet to increase with age among girls (from 8% among the youngest girls to 20% of the 16- to 17-year-olds). *(Figure 3.4)*

Conduct disorders

Overall, 37% of the sampled children and adolescents looked after by local authorities were rated as having a conduct disorder: 42% of boys and 31% of girls. The highest proportions were found among the 11- to 15-year-olds: 45% of boys and 34% of girls. *(Figure 3.5)*

Hyperkinetic disorders

Seven per cent of the 5- to 17-year-olds were assessed as having a hyperkinetic disorder. Rates of this disorder decreased with age. The highest

Figure 3.4
Prevalence of emotional disorder by sex and age

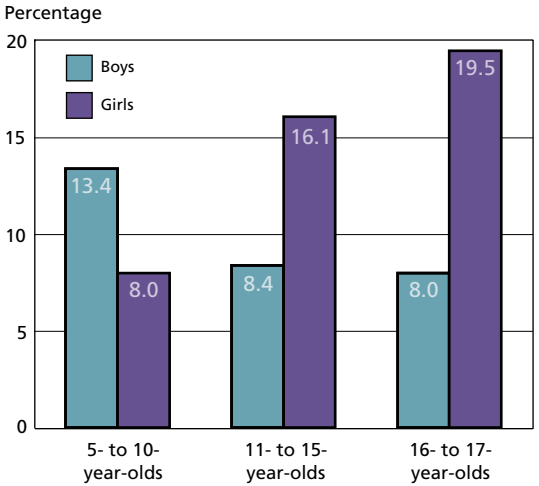
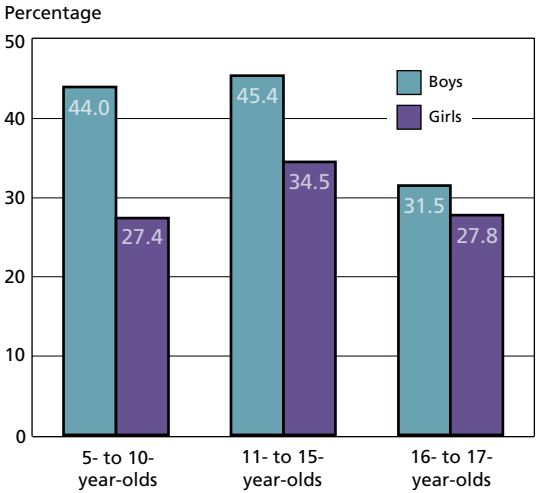


Figure 3.5
Prevalence of conduct disorder by age and sex

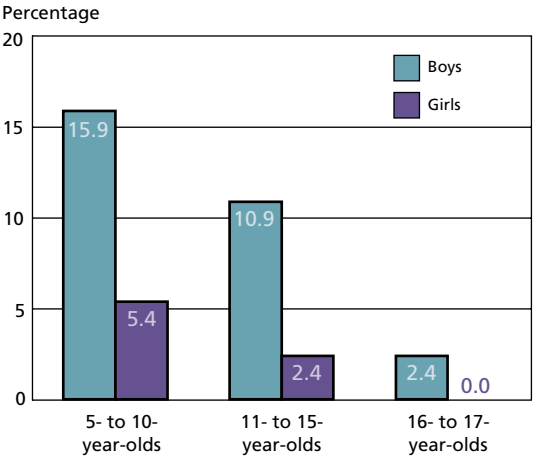


rate, 16%, was found among 5- to 10-year-old boys, then fell to 11% among 11- to 15-year-olds and 2% among the oldest children. The equivalent percentages for girls were 5%, 2% with no cases among the oldest group of girls. *(Figure 3.6)*

Ethnicity

Of the 1,039 children included in the survey, 909 (88%) were white, 63 (6%) were black and 67 (6%) were from other ethnic groups. Although there appears to be some differences in the distribution of mental disorders by ethnicity none of the differences is statistically significant. Because of the large sampling errors around proportions based on small samples, apparently large differences often fail to reach statistical significance.

Figure 3.6
Prevalence of hyperkinetic disorder by age and sex



4 Placement characteristics

Type of placement

Children looked after by local authorities were initially categorised into four types of placement:

- With foster carers.
- With their natural parents.
- In residential care.
- Living independently.

About two-thirds of children living in residential care were assessed as having a mental disorder, compared with a half of those living independently, and about four in ten of those placed with foster carers or with their natural parents. *(Figure 4.1)*

The distributions of all mental disorders were significantly different according to placement *(Figure 4.2)*

- Children living with their natural parents or in residential care were about twice as likely as those in foster care to have emotional disorders (20% and 18% compared with 9%).
- Children in residential care were far more likely than those in foster care or living with their natural parents to have conduct disorders (56% compared with 33% and 28%).
- The prevalence of hyperkinetic disorders hardly varied by type of placement – between seven and eight per cent.

Figure 4.1

Presence of any mental disorder by placement type

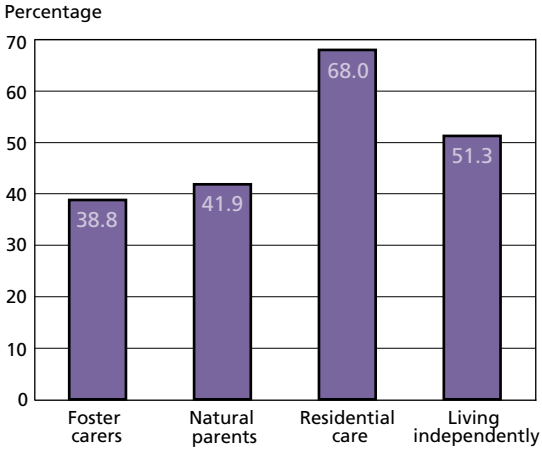
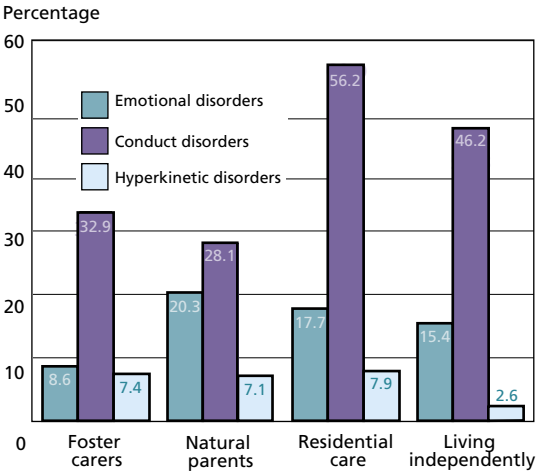


Figure 4.2

Prevalence of mental disorders by placement type



The survey sample only comprised 39 young people living independently, and by necessity, they were aged 16 or 17, hence the relatively low rate of hyperkinetic disorders among this group. *(Figure 4.2)*

Range of family placements

Family placements can be divided into two categories: the child is placed with his/her own parents or a person with parental responsibility, or in foster care. For analytical purposes foster care can be further subdivided into three groups:

- Foster placement with relative or friend.
- Foster placement provided through the local authority.
- Other foster care arranged though an agency.

Nearly 800 children included in the survey were in a family placement. By far the largest group, 533, were in foster care provided by the local authority. The prevalence of any childhood mental disorder among the children in this group was 40%. This rate was similar to that found among children living with their parents, 42%, and slightly higher than the 33% for children placed with their own families or friends. *(Figure 4.3)*

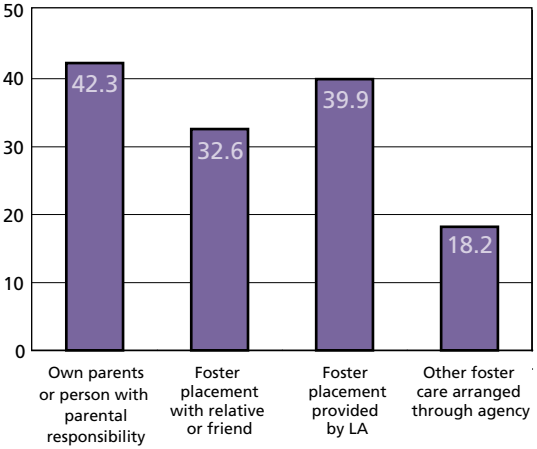
Although the number of children in foster care arranged through fostering agencies was relatively small, 37 in total, the rate of disorder among this group was at least half that for other placements, 18%. *(Figure 4.3)*

In terms of the main categories of childhood disorder, the main difference between the type of family placements was in the prevalence of emotional disorders: 22% of children living with their parents had an anxiety or depressive disorder compared with 9% or less of children in foster placements. *(Figure 4.4)*

Figure 4.3

Prevalence of any mental disorder by type of family placement

Percentage



Location of foster placement

Local authorities have different policies about placement of children in foster care. The vast majority of children throughout England are placed within the boundaries of the local authority. About 10% of children in the survey live outside the authority's boundaries. There were no significant differences in the proportions of children with emotional, conduct, and hyperkinetic disorders by location of foster placement.

Figure 4.4

Prevalence of mental disorders by type of family placement

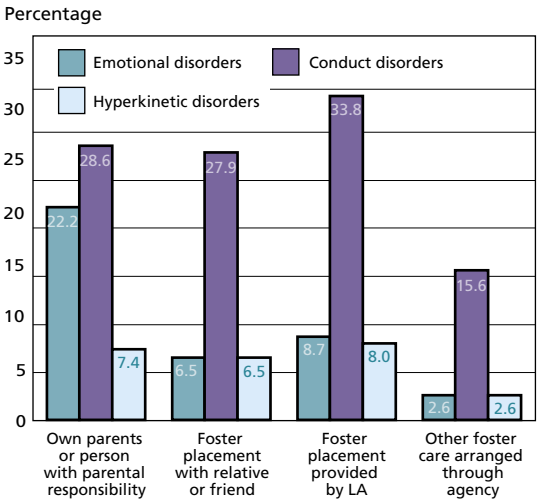
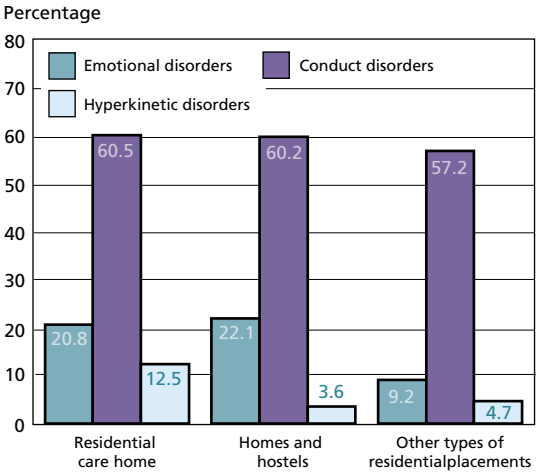


Figure 4.5

Prevalence of mental disorders by type of residential placement



Residential placements

Among the 1,039, survey respondents, 185 were in residential placements which comprised:

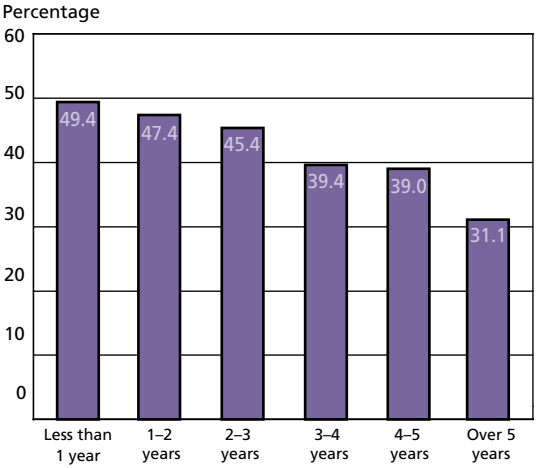
- Residential care homes (83).
- Homes and hostels (57).
- Residential schools (25).
- Secure Unit (5).
- Residential accommodation not subject to children's home regulations (4).
- Young Offenders Institution (3).
- Family centre (2).
- Other residential placements(9).

For analytical purposes, these types of residential accommodation were collapsed into three categories: residential care homes; homes and hostels and other. Overall nearly three-quarters of the children in residential care, 72%, were clinically rated as having a mental disorder: 60% had a conduct disorder, 18% were assessed as having an emotional disorder, 8% a hyperkinetic disorder, and 13% a less common disorder.

Children in residential care homes, and homes and hostels, had very similar rates of emotional disorders and conduct disorders, however residential care home children were far more likely than the others to have hyperkinetic disorders (12% compared with around 4%). *(Figure 4.5)*

Figure 4.6

Prevalence of any mental disorder by time in current placement



Residential care workers or heads of home who were interviewed about the sampled children were also asked to supply some details about their establishments: whether it specialised in children with particular problems, the number of children and the number of staff.

Specialism of residential placement

Of the 185 children in residential care, 110 (60%) were reported to be in placements which specialised in children with particular types of problems. Many of the descriptions had overlapping terms so it was not possible to subdivide this group into categories sufficient for meaningful, comparative analysis. Examples of the descriptions given were:

- Absconders and family breakdowns.
- Abused children.
- Attachment disorder problems.
- Autism.
- Behavioural problems.
- Challenging behaviour.
- Crisis intervention/placement.
- Emotional and behavioural problems.
- Learning difficulties/disabilities.
- Physical and mental disabilities.

Not surprisingly, children in residential care which specialised in particular problems were more likely than other children in residential care to have a mental disorder: 74% compared with 60%. However, the major difference was found in the prevalence of hyperkinetic disorders. In specialist residential care, 12% of the children had a hyperkinetic disorder (compared with 1% of those in generalist care).

Child staff ratio

Does the prevalence of childhood disorders vary by the child/staff ratio? Two groups were created for analysis purposes: children in residential care with at least one member of staff to one child and those with less than one staff member to one child. As one would expect, the group with at least a one to one staff/child ratio had children with higher rates of any disorder (72% compared with 55%) particularly among those with conduct disorder (61% compared with 37%) and hyperkinetic disorders (9% compared with 2%).

Time in current placement

Many children come in and out of care and many of those who remain in care frequently change placements. The prevalence of childhood mental disorders tended to decrease with the length of time in their *current placement*. These data exclude the 39 children living independently. The overall rate fell from 49% of those in their current placement for less than a year to 31% of children in their current placement for at least five years.

(Figure 4.6)

5

Physical complaints

This chapter looks at the extent to which general health, in particular physical complaints, co-occur with mental disorders among children and adolescents looked after by local authorities. In the survey, data were collected on several aspects of the health of children. All information on the child's health came from the interview with carer.

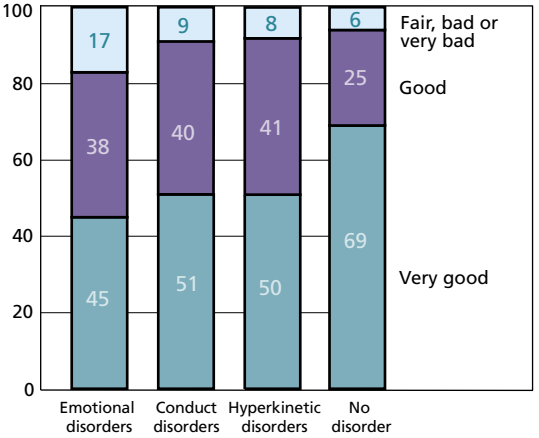
The topics covered were:

- General health.
- Presence or absence of specified physical complaints.
- Medication.
- Life threatening illnesses.
- Accidents and injuries.

Figure 5.1

General health rating by type of mental disorder

Percentage



General health

The child's general health was rated by carers on a five point scale: very good, good, fair, bad or very bad. Children with a mental disorder were more likely to have fair, bad or very bad health than those with no disorder (11% compared with 6%). This pattern was found for all types of mental disorder although children with emotional disorders were particularly likely to be rated as having fair, bad or very bad health (17%). Emotional disorders, i.e. anxiety and depression, are commonly associated with physical symptoms such as stomach aches and headaches. *(Figure 5.1)*

Physical complaints

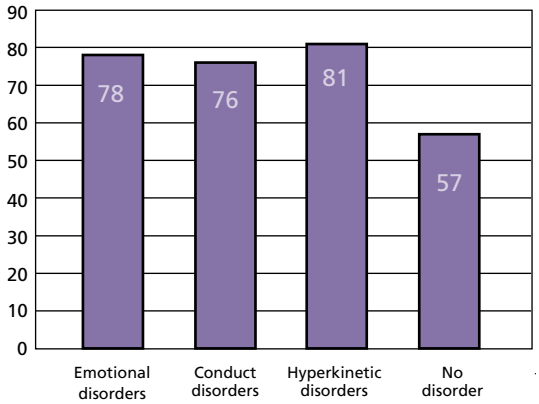
This section looks in more detail at the characteristics of children with specific physical complaints and in particular the relationship between children's physical and mental health. Specifically, the following questions was addressed: To what extent are physical complaints more commonly found in children with mental disorders?

Two-thirds of all looked after children were reported to have at least one physical complaint. The most commonly reported physical complaints among the sample were: eye and/or sight

Figure 5.2

Any physical complaint by type of mental disorder

Percentage



problems (16%), speech or language problems (14%), bed wetting (13%), difficulty with co-ordination (10%) and asthma (10%).
Over three-quarters of children with a mental disorder had at least one physical complaint compared with just over half (57%) of the children who were assessed as not having a mental disorder.

Children with all of the four types of disorder were much more likely to have any physical complaint than those with no disorder. Around three quarters of those with emotional and conduct disorders had at least one physical complaint, as did 80% of those with a hyperkinetic disorder. *(Figure 5.2)*

Children with conduct disorders were around twice as likely as those with no mental disorder to suffer from bed-wetting (18% compared with 10%), food allergies (4% compared with 2%) and kidney/urinary tract problems (4% compared with 2%).

Children with emotional disorders were four times more likely than those with no disorder to suffer from a non-food allergy (8% compared with 2%), three times more likely to suffer from stomach or digestive problems (13% compared with 4%) and twice as likely to suffer from asthma (16% compared with 8%).

Compared with children with no disorders, children with hyperkinetic disorders were particularly likely to suffer from bed wetting (29% compared with 10%), eye/sight problems (25% compared with 14%) speech/language problems (22% compared with 12%) and difficulty with co-ordination (17% compared with 10%).

Medication

Only four per cent of the children surveyed were reported to be taking any of fourteen listed forms of medication. However, there was a marked difference in the prevalence of this drug use between children diagnosed as having any disorder and those children with no disorder: Eight per cent of children with a disorder were taking one of the forms of medication listed, compared with only one per cent of those with no disorder.

Three per cent of the children were taking psycho-stimulants, used in the control of attention and hyperactivity disorders (2% on Methylphenidate/ Equasym/Ritalin and a further 1% taking Clonidine/Catepres/Dixarit), 1% were taking anti-depressants (Fluoxetine/Prozac) and 1% were taking anti-psychotic drugs, used in the treatment of conditions including autism, manic depression and severe anxiety (Risperidone/Risperadal).

Around a fifth (21%) of children diagnosed as having hyperkinetic disorders were taking some form of medication used in the treatment of mental disorders. A fifth of those diagnosed as having hyperkinetic disorders were taking psycho-stimulants (Methylphenidate, Equasym, Ritalin), a very common form of treatment for this type of disorder.

Life threatening illness

Carers were asked if the child had ever been so ill that they thought s/he may die. Because many of the carers had no access to information about the child's history, they were given the option of answering that they didn't know.

There was little difference in the responses between carers of children with a disorder and those without: eight per cent of those with a disorder had been life-threateningly ill compared with seven per cent of those with no disorder. Children with hyperkinetic disorders were more likely than children with other types of disorder to have ever been life-threateningly ill (16% compared with between 8% and 10% of the other groups).

Accidents and injuries

The general health section of the questionnaire asked carers to say whether the child had ever had four types of accident or injury.

- Head injury with loss of consciousness.
- Accident causing broken bone (excluding head injury).
- Burn requiring hospitalisation.
- Accidental poisoning requiring hospital admission.

Not unexpectedly, a broken bone was the most frequently mentioned accident, reported for 16% of children. Six per cent of children had suffered a head injury causing loss of consciousness at some time in their lives, five per cent of children had received a burn requiring hospital admission and two per cent of children had been accidentally poisoned to the extent that they required hospitalisation

There was no apparent association between whether the child had experienced any of the accidents and whether or not they had a mental disorder.

6 Service use

This chapter examines the use of health, social, educational, voluntary and juvenile justice services by children looked after by local authorities. The first part of the chapter covers general health services that the child has recently used, for example visits to the doctor, while the second part of the chapter concentrates on services contacted within the last 12 months that are more specifically related to childhood mental disorders. The first set of questions were asked of all carers while the second set of questions were asked only of those carers who indicated that the child had a significant mental health problem.

General health care services

The child's recent contact with general health care providers was examined in relation to four services:

- GPs (excluding consultations for immunisation, child surveillance or development tests).
- Accident and Emergency departments.
- In-patient departments.
- Out-patient or day patient services.

GP contacts

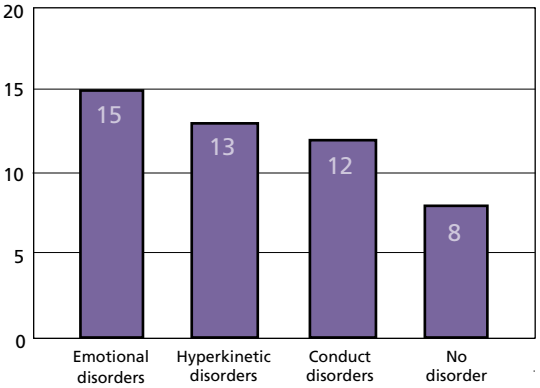
Overall, 10% of children reported that they had visited a GP in *the past two weeks*. Eight per cent had seen their doctor once and 2% had seen the doctor two or more times.

Children with any disorder were one and a half times more likely to have visited their GP in the past two weeks than those with no disorder (12% compared with 8%). Children with emotional disorders were the most likely to have seen their doctor (15%). *(Figure 6.1)*

Figure 6.1

Any GP visit in the past two weeks by type of mental disorder

Percentage



Accident and Emergency departments

Eleven per cent of all the children had visited an accident and emergency department in *the past three months*.

Children with any mental disorder were almost twice as likely as those with no disorder to have visited an emergency department within the last three months (15% compared with 8%). Children with an emotional disorder were the most likely to have been to an A & E department with over a fifth of this group, 21%, having made such a visit. *(Figure 6.2)*

Figure 6.2

Any A&E visit in the past three months by type of mental disorder

Percentage

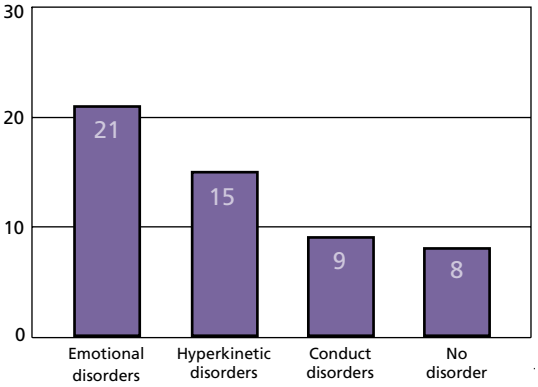
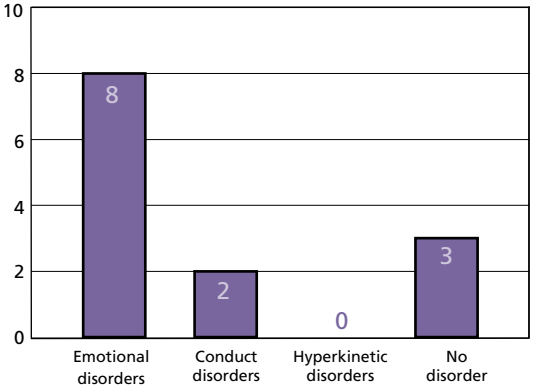


Figure 6.3

Any inpatient stay in the past three months by type of mental disorder

Percentage



Inpatient stays

Carers were asked whether the child had had any inpatient stays in hospital, overnight or longer, in *the past three months*. Only 3% of the young people been in hospital in this time.

There was little difference between those with any childhood mental disorder and those without a disorder in the proportion of children that had had an inpatient stay in hospital. However, children with an emotional disorder were almost three times more likely than those with no disorder to have had a stay in hospital (8% compared with 3%). *(Figure 6.3)*

Outpatient and day patient visits

Carers were asked whether the child had been to a hospital or clinic at all for treatment or check-ups in *the past three months*, i.e. excluding any contact with their GP, visits to casualty departments or inpatient stays. Eighteen per cent of the children had attended an outpatient department or been a day patient in *the past three months*.

Children with any disorder were more likely than those with no disorder to have visited a hospital either as an out patient or a day patient (22% compared with 15%). Children with an emotional disorder were more likely than those with a conduct or hyperkinetic disorder to have visited a hospital or clinic for treatment or tests. *(Figure 6.4)*

Figure 6.4

Any outpatient or day patient visit in the past three months by type of mental disorder

Percentage

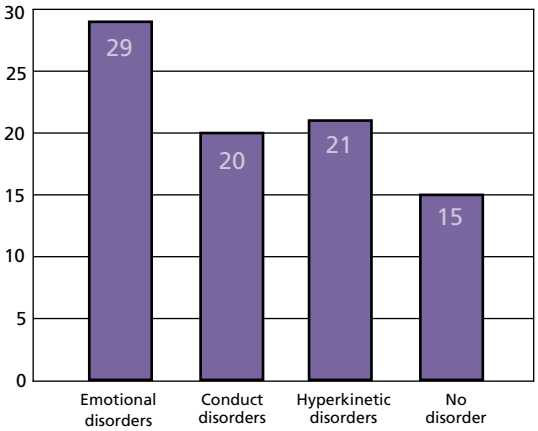
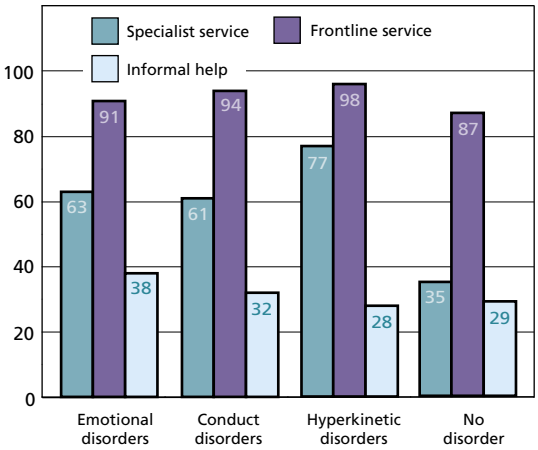


Figure 6.5

Type of services used by type of mental disorder

Percentage



Use of services for significant mental health problems

Carers who reported that the child had a significant mental health problem were shown a list of people that they or the child might come in to contact with in order to get help. They were asked to say who they had sought help from *in the past year*.

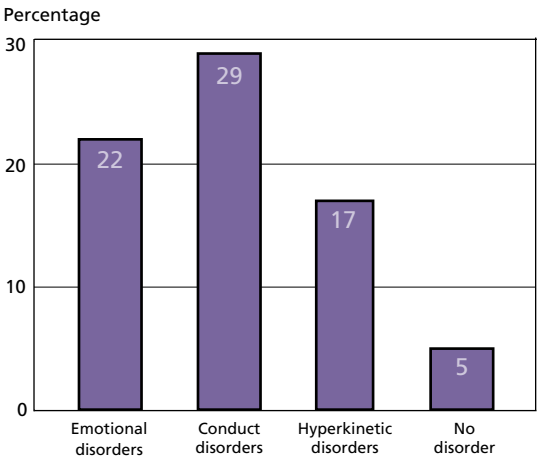
For descriptive purposes, the sources of help were subsumed under three headings: specialist services (for example, mental health experts and special education services); front line services (including GP's and social workers); informal sources of help (such as self-help groups or the internet).

Although this question was asked of every carer who indicated the child had a significant mental health problem, not all of these children were subsequently found to have a mental disorder after clinical review. Similarly, not all the children assessed as having a mental disorder after clinical review were asked the question if the carer did not regard the child as having a significant mental health problem.

Almost all the children with a clinically assessed disorder had been in contact with at least one of the services during the past year. Front line services were by far the most common source of help with 80% of children having been in contact with a social worker in the past year and around half, 49%, having seen a teacher. Over a fifth of children had also received advice or treatment from a GP or family doctor. *(Figure 6.5)*

Figure 6.6

Ever been in trouble with the police by type of mental disorder



Specialist services were also commonly used with over a third of children having been in touch with a specialist in child mental health, 34%, and 23% having had some contact with special education services (eg Special Educational Needs Co-ordinators and Education Welfare Officers).

Other than talking to a family member or friend, which over a quarter of carers reported doing, informal services were very rarely used.

In trouble with the police

Carers were asked if the children had been in trouble with the police in the past 12 months. Overall, 14% of children had been in trouble with the police in the past 12 months: 17% of boys and 10% of girls.

Children with a mental disorder were over five times more likely than those with no disorder to have been in trouble with the police (26% compared with 5%). Carers of children with a conduct disorder were the most likely to have reported this experience (29%) and this group were also the most likely to have been in trouble three or more times, 14%. *(Figure 6.6)*

Carers who had indicated that the child had a significant problem were additionally asked if the child had been seen by a youth justice worker. Overall, 10% of the children had seen a youth justice worker. Contact was more prevalent those with a conduct or emotional disorder.

7 Scholastic ability and education

The aim of this chapter is to describe the educational profile of children looked after by local authorities and to examine the relationship between mental disorders and scholastic achievement. All the data presented here mainly come from the postal questionnaire returned by the child's teacher and focuses on 5- to 15-year olds.

The topics covered in this chapter are

- Teachers' assessments of the child's reading, spelling and mathematical abilities.
- Whether the child is behind for his/her age, and if so, how far behind.
- Whether the child has special educational needs (SEN) and what those needs are.
- Absenteeism from school.
- Truancy.

Reading, mathematics and spelling

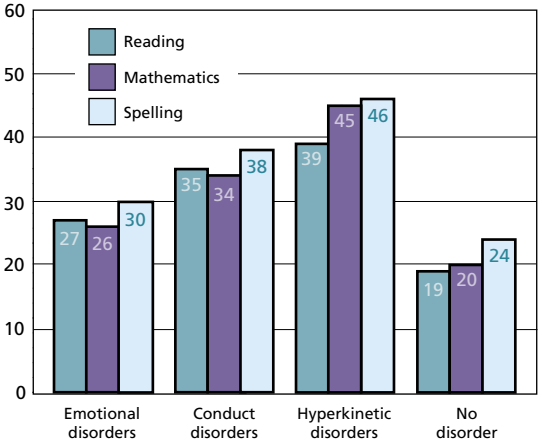
Teachers were asked to rate each child in terms of whether they were above average, average, had some difficulty or experienced marked difficulty with reading, mathematics and spelling. About 60% of all looked after children had some degree of difficulty with at least one of these three abilities.

Children with a mental disorder were nearly twice as likely as children with no disorder to have marked difficulties with each of the three abilities: reading (37% compared with 19%); mathematics (35% compared with 20%) and spelling (41% compared with 24%). As hyperkinesis is characterised by lack of concentration, it is not unexpected that the highest rates of marked difficulty were found among this group: 46% had severe problems with spelling, 45% with maths, and 39% with reading. *(Figure 7.1)*

Figure 7.1

Marked difficulty with reading, mathematics and spelling by type of mental disorder

Percentage



Overall scholastic ability

Teachers were asked to estimate at what age the child was at in terms of his/her scholastic and intellectual ability. For analytical purposes the child's age was subtracted from his/her functioning age. Overall, 62% of all children were

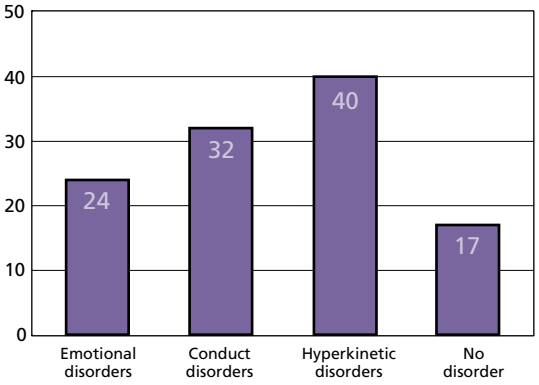
reported to be at least one year behind in their intellectual development. This comprised 38% of children who were one or two years behind and 24% who were three or more years below the level expected for their age.

Among children with any mental disorder, about a third, 35%, were three or more years behind; twice the rate among the no disorder group, 17%. The major contribution to this difference was made by children with a conduct or hyperkinetic disorder in contrast to those with emotional problems. *(Figure 7.2)*

Figure 7.2

Scholastic ability (3 or more years behind) by type of mental disorder

Percentage



Special educational needs

Teachers were asked whether the child had any officially recognised special needs, and if so, to rate the level of special needs according to the five recognised stages:

- Stage 1 – Class teacher or form/year tutor has overall responsibility.
- Stage 2 – SEN co-ordinator takes the lead in co-ordinating provision and drawing up individual educational plans.
- Stage 3 – External specialist support enlisted.
- Stage 4 – Statutory assessment by Local Education Authority (LEA).
- Stage 5 – SEN Statement issued by LEA.

Since the fieldwork for this survey was carried out, these stages have been superseded by a new SEN Code of Practice (2002). This recognises a more graduated approach to SEN provision comprising School Action, Action Plus and Statement of SEN (http://www.dfes.gov.uk/sen).

About two-thirds of children had recognised special educational needs, and half of these, 30%, had a statement issued by the local education authority.

Among the children with a mental disorder, 42% had a statement of SEN, twice the proportion found among the sample with no mental disorder. The proportion of children with Stage 5 special educational needs also varied greatly by type of disorder: 5 in 10 of those with a hyperkinetic disorder, 4 in 10 of children with a conduct disorder and about 3 in 10 among children with an emotional disorder had a statement of SEN. *(Figure 7.3)*

Figure 7.3

Special educational needs by type of mental disorder

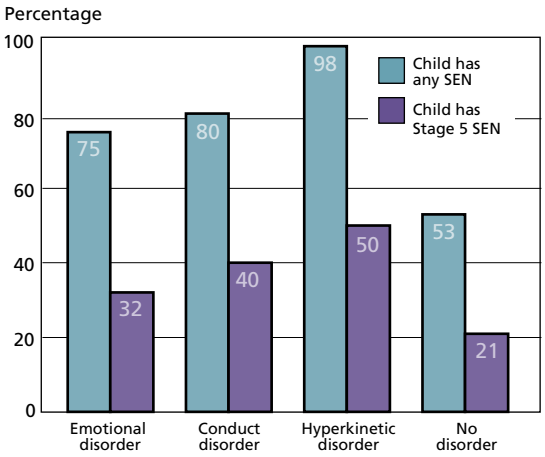
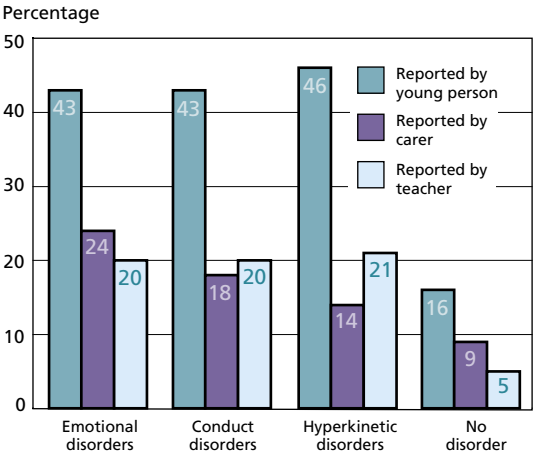


Figure 7.4

Truancy by type of mental disorder by source of information



Absenteeism from school

Teachers were asked how many days the child had been absent during the last term. Overall, 57% of all children had been absent from school for a day or more during the previous term. Thirty nine per cent had been away from school for up to a week and 18% had been away for more than a week.

The presence of a mental disorder or a physical illness seemed to have little effect on absenteeism from school. Higher rates of school absence were found among older girls and children placed with natural parents.

Truancy

All three types of respondent (young person, carer and teacher) were asked about truanting. However, because of differences in question wording, type of administration and routing it is difficult to directly compare the information which was collected from the three sources.

The question directed at carers was: (In the past 12 months) Has s/he often played truant ('bunked off') from school? This was only asked of carers of children who were more troublesome than average. According to carers, 11% of the children had 'definitely' and 3% had 'perhaps' often

played truant in the past year. Children who had a disorder were more likely than those without a disorder to have definitely played truant in the past year according to carers: 14% compared with 6%. According to carers 1 in 4 children with emotional disorders definitely played truant in the past twelve months. *(Figure 7.4)*

The wording of the truancy question for the 11- to 15-year-olds was the same as that asked of carers. Seventeen per cent of the young people reported that they had 'definitely' and 10% had 'perhaps' played truant in the past year. Children with emotional, conduct or hyperkinetic disorders were equally as likely to report truanting behaviour. *(Figure 7.4)*

The question on truancy presented to teachers was different to those addressed to parents and children, because teachers did not have a face-to-face interview but were sent a postal questionnaire. The questionnaire included the statement: '*plays truant*' and the teacher was asked to respond by ticking one of three boxes labelled, not true, partly true or certainly true. According to the teachers 10% of children played truant. This percentage represents 18% of children assessed as having a mental disorder and just 5% of those with no disorder *(Figure 7.4)*

8 Social networks and lifestyle behaviours

This chapter focuses on several aspects of the social life of children: their friendships, help-seeking behaviour and lifestyle. The term, lifestyle behaviour, is used here to cover smoking, drinking, drug use and sexual activity.

Friendships

The presence of a mental disorder seemed to have little effect on most of the friendship measures: having a best friend, having friends as confidantes, or belonging to clubs. However, children with any mental disorder were four times more likely than those with no disorder to report not spending any time with their friends: 8% compared with 2%.

Help-seeking behaviour

All 11- to 15-year-olds were asked if they had ever felt so unhappy or worried that they had asked someone for help. Around a third of all children, 31%, had sought help because they had felt unhappy or worried. Girls were more likely than boys (36% compared with 25%) and older children were more likely than younger children (38% compared with 28%) to have sought help because of unhappiness or worry.

There was little variation from the overall pattern of help-seeking behaviour when looked at by either length of time in current placement or by mental disorder.

The majority of children who had sought help, 69%, wanted a chance to talk things over, 6% required practical advice and a quarter were seeking both practical advice and a chance to talk things over.

Smoking, drinking and drug use

Questions on smoking, drinking and drug use were included in the survey so that the use of these substances among looked after children could be examined. The questions on these lifestyle behaviours were included in the self-completion part of the interview and were asked of all 11- to 17-year-olds.

Smoking

Children were categorised into four groups according to their smoking behaviour: current smokers, ex smokers, children who had tried it once and those who had never smoked. Children were classed as current smokers if they said 'yes' to the question; 'Do you smoke at all these days?'. Overall, almost a third, 32%, of the 11- to 17-year-olds were current smokers and only 36% had never tried smoking. Children with a mental disorder appeared to be much more likely to smoke. Over half of the young people with a mental disorder were current smokers compared with only 19% of those with no disorder. Sixty-five per cent of the children with an emotional disorder were current smokers. *(Figure 8.1)*

Figure 8.1

Current smokers 11- to 17-year-olds by type of mental disorder

Percentage

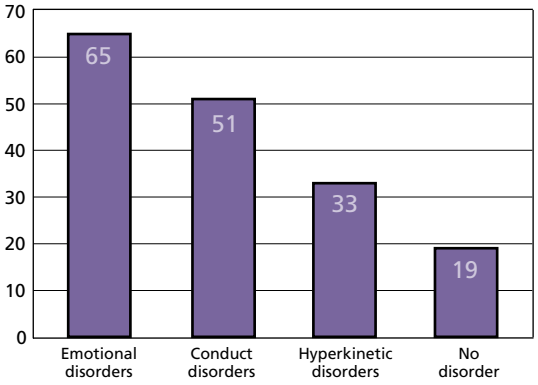
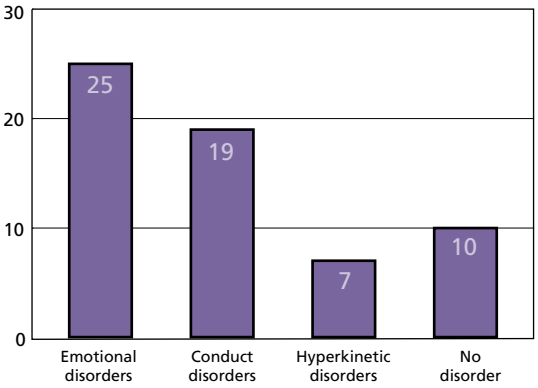


Figure 8.2

Drinking at least once a week 11- to 17-year-olds by type of mental disorder

Percentage



Drinking

Children were placed into six groups in terms of their alcohol consumption: almost every day, once or twice a week, once or twice a month, a few times a year, does not drink alcohol now and never had an alcoholic drink: 45% of 11- to 17-year-olds had never had an alcoholic drink and a quarter drank at least once a month.

Children with a mental disorder were more likely to be regular drinkers than children with no mental disorder: 5% of children with a mental disorder reported that they drunk almost every day compared with none of the children with no disorder. Six per cent of children with conduct disorder drank almost every day and a quarter of children with an emotional disorder drank once or twice a week. *(Figure 8.2)*

Children with a mental disorder appeared to be more likely to start drinking at a young age: 27% of children with a mental disorder started to drink at age 10 or less compared with 11% of those with no disorder.

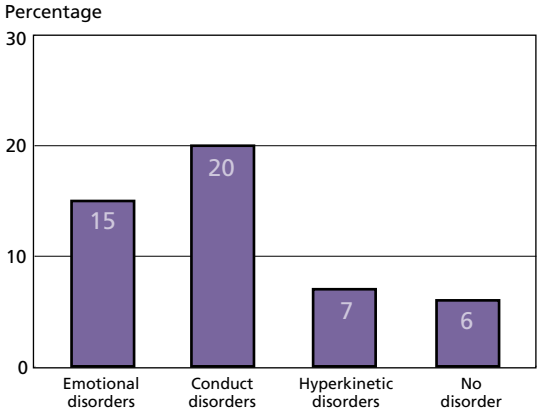
Drug-taking

Children in the survey were asked a series of questions about ten different drugs they might have taken. The questions they were asked were:

- Had they heard of the drug?
- Had they ever been offered the drug?
- Had they ever used the drug?
- If they had used the drug, was this over a year ago, in the past year or in the past month?

Figure 8.3

Cannabis use in the past month 11- to 17-year-olds by type of mental disorder



The most popular drug to have been used was cannabis which a fifth of all children aged 11–17 had used at some point in their lives. Of these children half, 11%, had used it in the past month. Cannabis use was more prevalent among boys and among older children.

Children with a mental disorder were three times more likely than children with no disorder to have used cannabis in the past month:19% compared with 6%. *(Figure 8.3)*

The next most popular drugs after cannabis were ecstasy and glue, gas or solvents. The pattern for use of these drugs was the same as that for cannabis use. The greatest proportions were found among boys, children in residential care, children who had been in their placement for a short period of time and children with a mental disorder.

Sexual Activity

Young people aged 11–17 were asked about two aspects of their sexual behaviour:

- their awareness of HIV/AIDS (including whether it had been taught in school and whether they discussed it with carers or other relatives); and
- their own sexual activity and use of contraception.

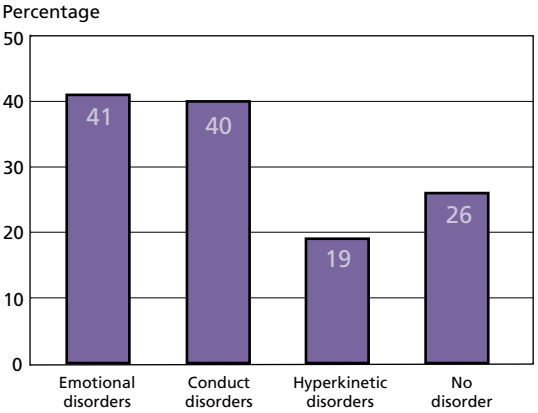
Two thirds of the children reported that they had been taught about AIDS/HIV infection at school. Older children were more likely than younger children to report having been given information about HIV or AIDS.

Almost half, 48%, of the young people said that they had discussed HIV or AIDS with their carers or other adults. The presence of a mental disorder seemed to have no influence on whether the child had talked about HIV or AIDS with their carer.

Around a third of all the young people (31%) reported that they had had sexual intercourse. Young people who had experienced sexual abuse or rape were excluded from the analyses as it is not possible to ascertain whether they were talking about this experience or separate sexual activity and as a result the level of sexual activity reported in the survey could be falsely high. Almost a quarter, 23%, of the young people had experienced some sexual abuse or rape.

Figure 8.4

Ever had sexual intercourse 11- to 17-year-olds by type of mental disorder



As expected, experience of sexual intercourse was much more common among 16- to 17-year-olds than younger people (70% compared with 16%). Boys were slightly more likely than girls to report having had sexual intercourse (36% compared with 26%).

Children who had a mental disorder were slightly more likely than those with no disorder to report having had sexual intercourse: 40% compared with 26%. *(Figure 8.4)*

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national STATISTICS

Health and Care

Further information about the survey can be obtained from:

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Coverage
England
Theme
Health and Care

The mental health of young people looked after by local authorities

Among young people aged between 5 and 17 years who were looked after by local authorities in England, 45 per cent were assessed as having a mental disorder according to a survey report* from the Office for National Statistics (ONS) published today. The survey covered children who were in residential care, foster care, living with their birth parents and 16 to 17 year-olds living independently under local authority supervision.

Overall, thirty seven per cent had clinically significant conduct disorders; 12 per cent were assessed as having emotional disorders - anxiety and depression – and 7 per cent were rated as hyperactive.

This report presents data from the first national survey of the mental health of young people looked after by local authorities in England. The survey was carried out by the ONS for the Department of Health between October 2001 and June 2002.

The main purpose of the survey was to produce rates of three main categories of mental disorder: conduct disorder, hyperactivity and emotional disorders by the characteristics of the children and where they lived.

The survey also looked at the impact and burden of children's mental health problems and at their use of health, social and educational services.

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The mental health of young people looked after by local authorities in England
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Available free on the National Statistics website:
www.statistics.gov.uk/statbase/Product.asp?vlnk=10432

Other key findings include:

Prevalence of mental disorders

Among 5- to 10-year-olds, the rates of disorders for children looked after by local authorities compared with those obtained from the 1999 ONS survey of the mental health of a representative sample of 10,500 children living in private households were:

- Emotional disorders: 11 per cent compared with 3 per cent.
- Conduct disorders: 36 per cent compared with 5 per cent.
- Hyperkinetic disorders: 11 per cent compared with 2 per cent.
- Any childhood mental disorder: 42 per cent compared with 8 per cent.

Among 11- to 15-year-olds, the prevalence of mental disorders for children looked after by local authorities compared with children from the private household survey were:

- Emotional disorders: 12 per cent compared with 6 per cent.
- Conduct disorders: 40 per cent compared with 6 per cent.
- Hyperkinetic disorders: 7 per cent compared with 1 per cent.
- Any childhood mental disorder: 49 per cent compared with 11 per cent.

About two-thirds of children living in residential care (68 per cent) were assessed as having a mental disorder and about four in ten of those placed with foster carers (39 per cent) or with their birth parents (42 per cent).

Children living with their birth parents or in residential care were at least twice as likely as those in foster care to have anxiety disorders (20 per cent and 16 per cent compared with 8 per cent).

- Children living with their birth parents or in residential care were about four times as likely as those in foster care to have depression (9 per cent and 8 per cent compared with 2 per cent).
- Children in residential care were far more likely than those in foster care or living with their birth parents to have conduct disorders (56 per cent compared with 33 per cent and 28 per cent).
- The prevalence of hyperkinetic disorders hardly varied by type of placement – between 7 and 8 per cent.

- Less common disorders, particularly autism, were far more common among children in residential care than in other placements (11 per cent compared with 2 per cent).

Among children in family placements, the prevalence of any childhood mental disorder among the children in foster placements provided by the local authority was 40 per cent. This rate was similar to that found among children living with their parents under local authority supervision, 42 per cent, and slightly higher than the 32 per cent for children in foster placements with familiy or friends.

Overall, nearly three quarters of the young people in residential care, 72 per cent, were clinically rated as having a mental disorder: 60 per cent had conduct disorders, 18 per cent were assessed as having emotional disorders, 8 per cent hyperkinetic disorders, and 13 per cent had less common disorders.

General health and physical complaints

Children living with foster carers were more likely to be rated by their carers as having very good health (69 per cent) compared with children living in any other placement type, particularly those living in residential care (41 per cent) or independently (31 per cent).

The general health of children seemed to improve as their placement became more secure. About two-thirds of children who had been in their current placement for a year or more (67 per cent) were assessed as having very good health, compared with just over half (55 per cent) of those who had been in their placement for less than a year.

Two-thirds of all looked after children were reported by their carers to have at least one physical complaint. The most commonly reported physical complaints were: eye and/or sight problems (16 per cent), speech or language problems (14 per cent), bed wetting (13 per cent), difficulty with co-ordination (10 per cent) and asthma (10 per cent).

Over three-quarters of children with a mental disorder had at least one physical complaint compared with just over half (57 per cent) of the children who were assessed as not having a mental disorder.

Four per cent of the children surveyed were reported to be taking one of 14 types of medication commonly used in the treatment of childhood mental disorders. However, a fifth of those diagnosed as having hyperkinetic disorders were taking psycho-stimulants (Methylphenidate, Equasym, Ritalin)

Use of services

Overall, 10 per cent of children looked after by local authorities were reported to have visited a GP in the *past two week*s; a rate not significantly different from that of the general population.

Children with any mental disorder were one and a half times more likely to have visited their GP in *the past two weeks* than those with no disorder (12 per cent compared with 8 per cent). Children with emotional disorders were the most likely to have seen their doctor in this time, 15 per cent.

The use of specialist services was common. Over a third of all children looked after by local authorities had been in touch with a specialist in child mental health, 34 per cent, and 23 per cent had some contact with special education services (for example, Special Educational Needs Co-ordinators and Education Welfare Officers).

Forty-four per cent of children with a mental disorder were in contact with child mental health specialists and a third accessed special education services.

Children with hyperkinetic disorders or their carers were the most likely group to have sought help from teachers, 68 per cent, or seen a specialist in child mental health, 62 per cent, and almost half (47 per cent) had been seen by professionals working in special education services.

Carers of children with a mental disorder were over five times more likely than carers of those with no disorder to report that the children had been in trouble with the police (26 per cent compared with 5 per cent). Children with a conduct disorder were the most likely to have had this experience (29 per cent) and this group were also most frequently reported as having been in trouble three or more times (14 per cent).

Scholastic achievement and education

About 60 per cent of all looked after children had some difficulty or experienced marked difficulty with reading, or mathematics or spelling, as assessed by their teachers.

Difficulties in reading, maths and spelling were more prevalent among children in residential care than in any other placement: 82 per cent had difficulties with maths, 78 per cent had problems spelling and 70 per cent had reading difficulties.

Children with a mental disorder looked after by local authorities were nearly twice as likely as children with no disorder to have marked difficulties with each of the three abilities: reading (37 per cent compared with 19 per cent); mathematics (35 per cent compared with 20 per cent) and spelling (41 per cent compared with 24 per cent).

Overall, 62 per cent of all children were reported to be at least one year behind in their intellectual development. This comprised 38 per cent of children who were one or two years behind and 24 per cent who were three or more years below the level expected for their age.

Among children with any mental disorder, about a third, 35 per cent, were three or more years behind; twice the rate among the no disorder group, 17 per cent.

About two-thirds of children had recognised special educational needs (SEN), and half of these, 30 per cent, had a statement issued by the local education authority. Among the children with a mental disorder, 42 per cent had a statement of SEN, twice the proportion found among the sample with no mental disorder.

Social networks and lifestyle behaviours

All findings presented below relate to 11- to 17-year-olds who agreed to fill in a self-completion questionnaire.

Children in residential care were more likely than those in foster care to report not spending any time with their friends (13 per cent compared with 3 per cent) and children who had been in their placement for less than a year were also the most likely to report spending no time at all with their friends (8 per cent compared with 2 per cent)

Children with any mental disorder were four times more likely than those with no disorder to report not spending any time with their friends.

Overall, almost a third, 32 per cent, of the young people aged 11–17 (27 per cent of 11-15 year-olds and 44 per cent of 16-17 year-olds) looked after by local authorities were current smokers and only 36 per cent had never tried smoking (41 per cent of 11-15 year-olds and 22 per cent of 16-17 year-olds). Sixty nine per cent of children in residential care were current smokers, reflecting the greater proportion of older children in these placements.

Forty-five per cent of children had never had an alcoholic drink (54 per cent of 11-15 year-olds and 22 per cent of 16-17 year-olds). Five per cent of children with a mental disorder reported that they drank alcohol almost every day compared with none of the children with no disorder. Six per cent of children with conduct disorder drank almost every day and a quarter of children with an emotional disorder drank at least once or twice a week.

The most commonly reported drug used by children looked after by local authorities was cannabis: 20 per cent of all 11-17 year-olds (14 per cent of 11-15 year-olds and 33 per cent of 16-17 year-olds) had used it at some point in their lives. Of these children about half, 11 per cent, (9 per cent of 11-15 year-olds and 16 per cent of 16-17 year-olds) had used it in the past month.

BACKGROUND NOTES

1. Although the *Mental health of young people looked after by local authorities in England* survey was commissioned by the Department of Health, follow-up action will now be the responsibility of the Department for Education and Skills.

2. This report uses the term, mental disorders, as defined by the ICD-10, to imply a clinically recognisable set of symptoms or behaviour associated in most cases with considerable distress and substantial interference with personal functions.

3. Emotional disorders includes separation anxiety, specific phobias, social phobia, panic, agoraphobia, Post Traumatic Stress Disorder, Obsessive-Compulsive disorder and Depression.

4. Conduct disorders are characterised by aggressive, disruptive or antisocial behaviour. Physical aggression (usually initiated by the child) can take the form of bullying or cruelty to animals. Destruction of other people's property (possibly including fire-setting) and covert stealing is common. This can range from "borrowing" others' possessions to shoplifting, forgery, car theft and burglary. Children with conduct disorder are more likely to truant from school, cheat at their school work or display callous behaviour.

5. Hyperkinetic disorder is a diagnosable condition recognised by health professionals as Attention Deficit Hyperactivity Disorder (ADHD). It is one of the most common mental disorders among children, characterised by being unable to sit still, plan ahead or finish tasks, being easily distracted or inattentive.

6. Less common disorders include autism, tic disorders and eating disorders.

7. Current smokers are those who answered "yes" to the question: "Do you smoke at all these days?"

8. A total sample of 2,500 child identifiers (approximately 1 in 18 of all looked after children) excluding those in short term placements, was drawn from the anonymised database of looked after children held by the Department of Health. The number of children selected was proportional to the number of children looked after in each authority. The sample was also selected to ensure representative proportions of boys and girls in each age band between 5 and 17 years. Local authorities were sent 2,315 Child Summary Forms, requesting consent and the child's details. After six months 1,796 (78 per cent) were returned. Of the 1,796 returned forms, 672 (37 per cent) were ineligible. Information was collected on 1,039 of the 1,134 children eligible for interview (91 per cent). An equivalent survey is taking place in Scotland and in Wales this year.

9. Details of the policy governing the release of new data are available from the press office.

10. National Statistics are produced to high professional standards set out in the National Statistics Code of Practice. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference.

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1. Overview of the research programme

1.1 Background

The main stage of the survey of the development and well-being of children and adolescents in private households in Great Britain (commissioned by the Department of Health, the Scottish Office and the Welsh Office) was carried out between January and May 1999. This study showed that 1 in 10 children aged 5-15 had a clinically recognisable mental disorder: anxiety or depression, hyperactivity or behavioural problems which had a severe impact on the family. The survey showed, not surprisingly, that childhood mental disorders were far more common in families with (a) an anxious or depressed parent, (b) a high degree of family discord or (c) who had experienced many stressful life events: relationship breakdown, financial problems, bereavements.

Although children and adolescents who are looked after by LAs represent a small proportion of all young people, they are likely to have relatively more problems and be extensive users of Child and Adolescent Mental Health services (CAMHS). Co-occurrence of mental problems is likely to be higher in looked after than other children.

Children who are looked after by LAs often have complex needs in terms of health care, mental health care, social care and education. Child mental health services frequently make a significant contribution to the work undertaken but effectiveness is often hard to measure and may be very dependent upon contributions made by other agencies, e.g. education. Thus, the present study will inform DH on the extent of mental health problems, the contribution of different services and the extent of unmet need.

Some statistics about children in care and what they mean

Latest figures show that around 58,100 children were being looked after by LAs in England during the year ending 31 March 2000. That represents 1 in 200 children under 18 in England

1989 Children Act

This act drew a distinction between 'being taken into care' i.e. a child becoming the subject of a Care Order which gives the local authority legal rights over the child or some other court order (see below) and 'being provided with accommodation'. This is what used to be known as being taken into voluntary care, that is, there was no court involvement and the parents lost none of their rights over the child to the local authority. Both groups of children – i.e. both those subject to a Care Order and those 'being provided with accommodation' are now referred to as 'looked after' by the local authority.

Legal Status

A Care Order gives the local authority parental responsibility for the child (although in theory at least, the parent also retains some parental responsibility and is supposed to work with the LA). It is imposed when a court is satisfied that a child is suffering, or is likely to suffer,

significant harm, either because it is not receiving reasonable care from its parents, or because it is beyond parental control.

There are also Interim Care Orders, which can be granted by a court before a 'full' Care Order is decided upon, and some emergency orders, which only last a very short time, which can be used for a child's immediate protection, for example Emergency Protection Orders and Child Assessment Orders which can be applied for by the local authority. The police can also act under Police Protection Orders which can last for 72 hours.

A child who is facing criminal proceedings or has appeared on criminal charges can also be 'compulsorily accommodated' by the local authority. This could involve, for example, the child being on remand and placed with its own parents or the court imposing a Supervision Order which could have a residence requirement as part of it, requiring the child to live in particular accommodation.

Types of Placement

Fostering

The majority of looked after children in Wales (75%) are fostered. They may either be placed with foster parents unrelated to them or, in some cases, fostered by a relative or friend (this sort of placement is encouraged by the Children Act).

The foster parents may live within the local authority or outside it (some of the placements outside the local authority are because the LA boundaries have been changed, so a foster parent who was within the LA suddenly isn't).

Foster parents who are fostering more than 3 children who are unrelated to one another are classed as running a children's home (unless the LA exempts them from this regulation).

Placed with parents

A child who is the subject of a Care Order (see above) can be placed with its own parents and the situation monitored by Social Services. There are other situations where a child is classified as 'looked after' but is living with parents e.g. where bail has been granted to a child facing criminal charges and the child has been remanded to the care of its parents.

About 8% of looked after children in Wales will be 'placed with parents'.

Placed for adoption

3% of looked after children at 31 March 1998 were placed for adoption

Various types of residential care

About 7% of looked after children are placed in some type of **'residential care'**.
This can be a community home provided either by a voluntary organisation or the local authority.

Some community homes have additional facilities – educational facilities on the premises, observation and assessment facilities, hostel accommodation, or cater specifically for disabled children

Children could also be placed in **residential schools** for children with special educational needs (which can be provided by the LA or independent) or in independent schools not specifically catering for special educational needs.

Children could also be placed in **privately registered children's homes** (these are homes for 4 or more children run on a profit making basis. They have to be registered with the local authority).

Children with disabilities could be placed in a residential care home or nursing home. Other facilities you may come across include Youth Treatment Centres, mother and baby homes, Family Centres (these provide activities, advice and counselling for the child and its parents and can provide accommodation). Some looked after children will be in Young Offender Institutes or even prison (although in theory prison should not be used for this age group).

Placements in any of the types of residential accommodation listed above can be within the local authority with responsibility for the child or in a different local authority e.g. a child 'looked after' by Hertfordshire could be placed in a special school in North Wales.

Independent living

Some children leave foster care or residential care homes when they reach 16 years of age. They tend to live in accommodation which is described as independent living. This means there is no formal support staff living on the premises or in attendance during the day. Two per cent of looked after children were living independently as at 31 March 1998.

Further statistical information

A recent report published by the Institute of Psychiatry estimated that:

- 75% of looked after children have mental health problems.
- Nearly a quarter of looked after children have moved through at least 11 placements.
- 15% of looked after children have 3 or more changes of placement in a year.
- 75% leave school with no qualifications.

Looked after children may have experienced sexual, physical or emotional abuse. Reasons for being looked after may include serious illness of one or both parents, including serious mental illness, death of parents, parents who are violent or have alcohol or drug problems. Looked after children may also be refugees who have come to this country either with other family members or alone.

Not surprisingly, therefore, looked after children are likely to have many of the problems covered by the survey. A local study of looked after children in the Oxford area found 23% of them suffered from depression. Associated with this may be self-harm and thoughts of suicide. Attachment disorder is also common, leading to depression and withdrawal or to attention seeking behaviour. Other common problems mentioned in the report are conduct disorder, truanting, committing offences and drug abuse. Some looked after children will have learning difficulties, and some may have physical health problems.

Children who have been sexually abused may show sexualised behaviour to other adults.

1.2 Purpose of the survey

The main aims of the survey, which are similar to those of the private household survey, are to provide data on:

- the prevalence of the mental health problems of children aged 5-17who are being looked after by local authorities
- the impact or burden of these mental health problems in terms of social impairment and disruption to others
- details of service provision.

Prevalence rates will be produced of three main categories of disorder: conduct disorder, hyperactivity and emotional disorders (and their comorbidity), based on ICD-10 and DSM-IV criteria. Prevalence rates will be presented by age and sex in different types of placement.

2. Sampling

Information relating to children looked after by local authorities is obviously highly confidential and the issues surrounding consent to interview the carer and the child are also potentially sensitive. This has meant going through quite a complex process in order to obtain a sample for this study, which is outlined below.

Local authorities make annual returns to the Department of Health giving anonymised details of 1 in 3 of all looked after children. The sample for the survey has been drawn using this database to select a sample of children (identified on the database by a serial number only – known as the 'child identifier') from each of local authorities taking part in the survey. The database used listed the child identifiers of children who were 'looked after' on 31st March 2001. A total sample of 2,500 children was drawn, (approximately 1 in 18 of all looked after children) with the numbers being proportional to the number of children 'looked after' in each authority. The sample was selected to ensure equal proportion of children in each age band between 5 and 17 years.

All directors of Local Authority Social Services Departments in England – a total of 150 – (Wales and Scotland are not included in the current survey though may be participating in a year's time) were written to, informing them of the survey and asking for their participation. A letter was also sent to each Local Authority by the Department of Health stressing the importance of this research. Social Services Directors were then asked to nominate a contact within the Children's Department to whom details of the sample should be sent.

The next step was to write to the nominated contact in the Social Services Dept in each LA asking for details of each selected child (see Summary Form in Appendix) eligible for the survey i.e. aged between 5 and 17.

In each local authority, the contact person (usually the person responsible for the 'looked after children' section within Social Services) was sent all the forms for that local authority giving the children's serial numbers from the DH database. The contact then distributed the forms to the social workers responsible for the children concerned and asked them to complete the forms, having obtained whatever consents they felt were necessary (e.g. consent from the foster parent, residential care home, birth parent) and return them to us.

Summary forms were sent out to all participating Local Authorities in mid August. Although they were given a date in September for the return of completed forms, pilot experience had shown us that the rate of return was likely to be very variable. Some authorities have already told us that they are unable to participate in the survey at this time, although they are willing to do so early next year. Quotas of addresses are therefore being issued to interviewers as the forms come in, and will continue to be issued on a monthly basis for the rest of this year and into the first few months of 2002.

The summary forms returned by the Local Authorities include a number of cases where no interview can be carried out:-

- cases where the child is no longer 'looked after' by the local authority and where the social workers are no longer in touch with the family

- cases where the family and child have moved away and no forwarding address is available
- cases where the child has been adopted or is in the middle of adoption proceedings
- cases where the child's social worker felt it was not an appropriate time for an interview e.g. the child and foster family going through a bad patch (although some of these may be issued later in the fieldwork period if things settle down)
- cases where the current carer did not give consent to an interview

These cases will obviously not be issued to interviewers.

For each case in your quota we will give you the information supplied to us by the Local Authority:-

- A contact sheet for each case will give you:-
- name and address of child and date of birth
- name and address of the 'primary carer', their relationship to the selected child (e.g. foster parent, birth parent, grandparent, residential care worker), a telephone number for contacting the carer

We are also providing you with photocopies of the Child Summary Form which will give you additional information :

- the name of the local authority 'looking after' the child
- the name of the person completing the form
- whether the child is still 'looked after'
- whether the local authority has 'parental control' for the child
- what consents have been obtained by the social worker for the interview to be carried out.
- what type of placement the child is in
- information about the best time to call
- any other relevant information e.g. whether the child is likely to move

A child that is 'looked after' by e.g. Birmingham may actually be living in another part of the country. For example the child may be fostered with relatives who live in the North of England, or be placed in a residential school in Wales. Cases have been allocated on the basis of where the interview is to take place, so the area number for the case will be the local authority in which the child is currently living, not the 'originating' local authority.

3. Interviewing procedures

3.1 Introducing the survey

When introducing the survey avoid terms such as 'psychiatric morbidity' and 'mentally ill'. The information leaflet may help here. In this leaflet we have tried to be positive, referring to 'key factors which promote development and well-being' and 'health and development needs.'

The points which should be covered in the introduction of the survey are:

1. The survey is for the Department of Health.

2. It is looking at the health, behavioural and emotional development of children and young people.

3. *It follows the large-scale national survey of children and adolescents which we carried out* in 1999 and focuses on the needs of children currently or recently looked after by local authorities. The results will show whether this group has additional needs for services which should be provided.

We recommend that you do not make an issue of privacy in relation to the child interview at the first telephone or doorstep contact. This first contact is for setting up the carer interview (which of course does need to be in private). The interview with the child can then be introduced either as part of your full introduction of the survey to the carer before you begin their interview, or, if more appropriate, at the end of the carer's interview, when they have had a chance to get to know you and when they can appreciate what the survey is about. It will then make much more sense when you explain that the interview for the young person will be very similar to the interview you have just completed with the carer. You will know from some of the photocopied summary forms that certain carers do not want the child they look after to be interviewed.

NB - For LAC we are only interviewing children aged 11 plus. We are no longer doing the dyslexia tests for any children, so there will be no interview for children aged 5 - 10, just an interview with the carer.

If you have any queries about introducing the survey, or are encountering any problems, please contact the Field Office.

3.2 Ethical issues

Parent/carer interview

For the interview with the parent/carer, the normal confidentiality rules apply. Whether you are interviewing the child's birth parent, grandmother or other relative, foster parent or residential care worker, you can assure them that nothing they tell you will be passed on to anyone else. Nothing they say will be divulged to the child, to the teacher, to the social worker or anyone else in the social services department. If they tell you about problems they

are currently having with the child and ask you for help, all you can do is suggest they talk to their social worker or to their GP or the child's teachers, as appropriate. We have also produced a leaflet containing 'helpful contacts' to give foster parents in this situation.

Child interview

Revised pledge of confidentiality

For the child interview, ethical approval for the survey was only given on condition that, in the exceptional circumstances of a child reporting that s/he is being physically or sexually abused and is in a situation where serious harm is being done to him/her, we had an obligation to pass this information on. Exceptionally therefore, for this survey only, the confidentiality pledge we are asking interviewers to give to the child has a rider to it, which is set out in the information sheet that you give to the child (and which you need to give before the interview).

This states that:-
" Nothing you say or write will be passed on to anyone else except if you mention that someone is harming you in some way. In such a case what you said will be passed to child health experts working on your behalf and concerned for your health and happiness."

You should still reassure the child that answers to any question in the survey are confidential i.e. that their answers will not be passed on to their carers, the local authority or school. It is only if the child reports serious harm being done to him/her that this information would be passed on to child health experts.

Tape recording the child interview

We are also asking the child to agree to the interview being taped (we will be issuing you with small unobtrusive tape recorders which can be placed between you and which should quickly be forgotten about by both interviewer and child). This procedure was followed very successfully at the pilot stage earlier this year. There was just one case where the child did not want to be taped. In that instance, the interviewer read the questions while the child typed in the answers on the lap-top, and the child's carer was then able to sit in on the interview with the child's answers remaining confidential.

Child consent form

Both the revised confidentiality pledge and the request to tape the interview are included in the consent form (see appendix D) which you need to complete with the child before starting the interview. If the child does report serious abuse, the comments will be on the tape and such tapes will be forwarded to child experts attached to the survey, who will be able to listen to what was said and assess whether the information needs to be passed on to the Director of Social Services for the area.

This ensures that responsibility for reporting abuse rests with specially recruited experts and **not** with the interviewer. Your role is solely to send the tape back with a comment that it

needs to be assessed. You should not attempt to contact the local authority or the child's social worker yourself.

Tape erasure

The consent form for the child explains that he/she can ask for the tape to be erased after the interview. However, if the child has reported abuse during the interview, it has been agreed that you should NOT erase the tape in those circumstances. You would need to reiterate the revised confidentiality pledge and explain that because the child has said they are being harmed, you cannot erase the tape.

If allegations of abuse have been made in an interview where no tape exists, because the child did not agree to taping in the first place, or if the child only talks about the abuse once the interview is over and the tape recorder has been switched off, what we ask you to do is to record as full an account as you can of what the child said on tape as soon as you can after the interview and send the tape in to us. Alternatively, you could make as full notes as you can either in the notepad facility in the questionnaire, or in your notebook, and send these in. We would then ensure that this information is passed to the experts for them to make their assessment.

Cases of abuse

It is, of course, quite unlikely that we come across a case where the child will report on-going abuse (there was no such case in the pilot) though you may well be told about abuse in the past which has led to the child's current difficulties. However, if any abuse is reported to you or if the child tells you about problems s/he is experiencing which s/he finds difficult and distressing, you should ask whether they have been able to talk to anyone else about these problems. If they have, you might want to encourage them to speak to this person again if the problems are still ongoing. If the child tells you s/he has not told anyone else about the problems, you should encourage them to do so. You may need to explore with the child who an appropriate person might be – the foster parent, the social worker, a trusted teacher. If the child tells you they feel unable to talk to any of these people and can identify no one they feel they can talk to, you should give them the list of organisations which offer help to children (copies in your materials).

Threat of immediate harm to self

Guidance agreed with the ethics committee also covered the possibility of the child reporting suicidal thoughts. In this case you would obviously encourage the child to talk to their carer, social worker or other appropriate person about these thoughts. You will also have the list of helpline numbers to give to the child. However, if the child talks about plans to commit suicide and has thought about various options, you should tell the child's carer immediately. In such exceptional circumstances of an immediate threat to life, you would be acting as an "autonomous moral agent" as you would in other genuine emergencies (e.g. a respondent being taken ill during an interview).

3.3 Arranging the child interview

For the 11 to 17 year olds, the interview with the child should be in private. For this survey, the interview with the carer should always be done first.). You will then be able to explain that the interview with the child will cover the same topics you have just covered with the carer, with very similar questions and that there is also a self-completion section covering topics such as smoking, drinking and drugs. The carer will then be able to appreciate why you would like to see the child alone. If, despite your explanation, they are not happy to leave the child with you, it may be possible to go ahead using one of the strategies that was used successfully a few times on the main survey. The possibilities are that either the interviewer sits side by side with the child, reading out the questions and getting the child to key in their own answers (so ensuring that the answers remain private), or, if the child has no difficulty reading questions off the screen, doing the whole interview as a self-completion.

However, in the majority of cases where the carer is happy for you to see the child on your own, you need to take care that you do not put yourself in a position where a child could make false allegations against you. Although this is a remote possibility, the children who are the subjects of this survey will include some very damaged individuals, who may use a variety of attention seeking behaviour, and we need to be sure that you, as interviewers, are not at risk of any false suspicions. Of course, the fact that the interview is being taped should act as a safeguard against any false allegations. Our advice on this survey is, therefore, that the door of the room you are interviewing in is left open so that you and the child are always visible to other people, although your conversation should not be overheard. You will need to be especially aware of the need to maintain your usual professional detachment and not offer to help the child except to suggest they talk to their social worker, teacher or to someone from one of the helping agencies listed on the *Helpcard*. If a child becomes distressed during an interview, you will obviously need to show sensitivity and understanding, but you should avoid any physical contact, such as a reassuring hug, which could be misinterpreted by others.

3.4 Significant problems

As part of the psychiatric assessment of children, we ask both carers and children to describe significant problems when they occur. There are a number of ways of handling this. The first is to write down verbatim in your notebook what is said and then transfer it to your computer. If you feel confident with your typing skills you can type directly into your laptop. You may also find that the carer or child will talk about the problems when they are first mentioned – if so, keep a note of any details at the time (preferably by typing the verbatim comments straight into the parallel block field for such comments, or recording them in your notebook if you are not happy to type straight in) so they do not need to be covered again at the end of the assessment interview.

Respondents may talk to you about the child's significant problems before you even get to this section. This occurred quite frequently in the pilot survey. Therefore, we have created a text box where you can write in key comments beforehand.
You may like to check spelling and grammar before you transmit.

If you do use your notebook for recording, don't forget to put the name or serial number of the child in your notebook before you start writing their comments.

3.5 Distressed carers or children

If a parent/carer becomes distressed during the interview, you can advise them to go and see their GP and/or to contact their social worker. You can also give them the leaflet of 'helpful contacts'.

If a child becomes distressed and asks you for help, you can give them the leaflet listing various organisations which can offer help in these situations as well as following the procedures outlined above of suggesting that the child speaks to their carer, social worker or other appropriate adult.

3.6 Notes on Child and Adolescent Mental Health (Robert Goodman, Jan. 1998)

Overview

Though children and teenagers can be affected by many different mental health problems, most of these are rare and you are unlikely to encounter any of these children in your work. The survey concentrates on the three common groups of mental health problems that you will be meeting: emotional problems involving anxiety, depression and obsessions; hyperactivity disorders involving inattention and overactivity; and conduct problems involving awkward, troublesome, aggressive and antisocial behaviours. Each problem may occur alone, but some combinations are particularly common. For example, depressed children often have anxiety or conduct problems as well. Similarly, hyperactive children often have conduct difficulties too.

One of the difficulties in child mental health research is that there is no clear distinction between normality and the common emotional, hyperactivity and conduct problems. If you know any children or teenagers who are completely free from anxiety, depression, concentration problems and awkward or troublesome behaviour, you are very lucky! When we try to draw a line between normality and abnormality - which we have to if we are to decide who needs services and who doesn't - we tend to be guided both by symptoms and impact. The interview schedules ask about a lot of different symptoms, because many diagnoses can only be made if a child has a minimum number of definite symptoms. For example, we ask about eighteen different symptoms of hyperactivity, and would not usually diagnose a child unless at least ten of these were definitely present. But we also know that if we judge only from symptoms, we end up making diagnoses on far too many children. It is quite possible for symptoms to be present without interfering much with the child's life, and it makes no sense to label these children as having psychiatric disorders needing treatment. For this reason we also ask questions about impact, seeing if the symptoms distress the child, interfere with his/her everyday life, or represent a major burden for others. This is why the section on each possible mental health disorder follows the same format, asking first about symptoms, and then asking about the impact of any definite symptoms.

One of the other things that makes child mental health surveys rather different from adult mental health surveys is the need to get information from various different sources. Parent/carers, teachers and the children/teenagers themselves may all tell rather different (or sometimes very different) stories, and it is often only possible to arrive at a sensible diagnosis by combining all of the information. It is not that one sort of informant is always the best. It depends in part on the symptoms. For example, children may be the best people to tell you about their fears or worries since grown ups do not necessarily know about them, but it is unusual for children to have much insight into their own hyperactive or awkward behaviours. It can also depend a lot on the individuals involved. In some families, for example, the parent/carers are very good observers while the child denies any problems in order to put on a "brave face" or get the interview over as soon as possible. In other families it may be exactly the opposite.

4. Survey documents and interviewing procedure

4.1 List of survey documents

- Training cassette

- Parent/carer interview show cards
- Child interview show cards

- Teacher questionnaire
- Teacher covering letter
- Information sheet (teacher)
- Mail out envelopes
- Pre-paid envelopes
- Teacher consent form (3 sheets carbonised)

- Letter to head teacher
- Information leaflet (head teacher)
- Letter to Chief Education Officer
- Information leaflet (Chief Education Officer)
- Copy of teacher letter
- Copy of teacher consent form
- Copy of questionnaire
- A4 Envelope

- Information leaflet for carers/parents
- Information leaflet for young people

- Child consent form
- Interviewer instructions
- Paper version of questionnaire (carer/parent, child, admin)

- Useful contacts sheet
- Placement code sheet
- Meaning of stickers on computer for child
- Prompts for symptoms of anxiety

4.2 Flow chart showing interview process

The interview process will vary according to the age of the selected child. You will see from the flow chart on the following page that we recommend that the child interview should always follow the parent/carer interview.

4.3 Essential parts of the interview

If, for whatever reason, you are unable to complete the whole of the interview with the carer/parent, there are certain sections that are more important to complete than others.

The essential sections are those which will produce the information from which psychiatrists will make their assessment of the child.

The essential parts of the interview are listed below:

- Basic information about carer and child
- General health
- Strengths and difficulties questionnaire
- PTSD
- Separation anxiety
- Specific phobias
- Social fear
- Panic attacks and agoraphobia
- Compulsions and obsessions
- Generalised anxiety
- Depression
- Attention and activity
- Awkward and troublesome behaviour
- Less common disorders
- Significant problems
- Impact

PLEASE NOTE: an interview should be coded as a PARTIAL (Houtcome 21) when ONLY the above information has been collected from the parent/carer or child. Anything less than this should be coded as a REFUSAL DURING INTERVIEW (Houtcome 33).

5. Questionnaire for parent/carer

5.1 Review of sections

This interview schedule should be asked of a parent/carer for all selected children. It includes the following sections:

Brief information about interviewed carer/parent and child
General Health
Strengths and Difficulties Questionnaire (SDQ)
Post Traumatic Stress Disorder (PTSD)
Anxiety: Separation anxiety
Specific Phobias
Social Phobia
Panic attacks and agoraphobia
Compulsions and Obsessions
Generalised Anxiety
Depression
Attention and activity
Awkward and troublesome behaviour
Less Common Disorders
Impact
Significant problems
Significant problems – use of services

GP consultations, inpatient stays and outpatient visits
Strengths

5.2 Changes made to the questionnaire since the private household survey in 1999

We have tried to keep the questionnaire as similar as possible to the questionnaire used in the pilot survey - the major changes are listed below. We have also changed the wording to individual questions at the request of the Institute of Psychiatry.

Added

- Household box
- Relationship grid (for children in foster care or placed with own families)
- Questions on community home placement (for children in institutional care)
- Questions on medication
- Questions on attachment disorder
- Recall questions

Changed

- Separation anxiety section (now has a list of attachment figures plus new questions added on impact of separation disorder)).
- Service use – questions are simplified and less repetitious .
- Friends section has been moved towards the end of the interview

- Young person's self-completion in Audio-CASI has been checked that it now contains all the questions
- The questions on post traumatic stress disorder have been changed so that you ask about specific events rather than asking the carer to decide what is traumatic and then leaving it for you to decide whether it fits the survey's requirements.
- New list of things to be anxious about in Generalised Anxiety section.

Removed

- All questions on dyslexia.

5.3 Details of selected child and selection of adult to be interviewed

This first section is in addition to the household box and is there to check that you have the sampled child.

- **SelectC** Name of the selected child
- **ChldAge** Child's age (on their last birthday)
- **ChldDOB** Child's date of birth
- **ChldSex** Child's sex
- **EthnicC** Ethnicity of child

- **TypePlc** Please ASK or RECORD whether the child is living with foster parents, with natural/birth parents of in a community home/other residential home or living independently.

- **Family** This question is only asked If the child is living with foster parents or their natural parents. We would like you to try and code the child's type of placement according to the same codes that are used by local authorities when they send their yearly lists of looked after children to Department of Health. You may be helped by the placement code given on the summary form.

P1 **Placed with own parents or other person with parental responsibility.**
Any placement where the child is living with their own parents, or other person with parental responsibility.

F1 **Foster placement with relative or friend – located within the LA boundary.**
Includes placements with an approved foster carer who is a relative or a friend. Inside 'LA boundary' means that the carer lives within the geographical area of the LA responsible for the child (i.e. the LA number of the LA named on the front of the summary form matches the first 3 digits of the area number on the label at the bottom of the form).

F2 **Foster placement with other carer, provided by LA. Carer located within the LA boundary.**
Use where the placement is NOT with a relative or a friend, but with another approved foster carer who lives within the geographical area of the responsible LA.

F3 **Foster placement with other carer, externally commissioned (arranged through an agency). Carer located within the LA boundary.**
Use where the placement is NOT with a relative or friend, but with another approved foster carer. The placement has been arranged through an external agency. This included placements arranged through other LAs. The foster carer lives within the geographical area of the responsible LA.

F4 As F1 but carer lives outside the boundary of the responsible LA
F5 As F2 but carer lives outside the boundary of the responsible LA
F6 As F3 but carer lives outside the boundary of the responsible LA

(i.e. the LA number on the front of the summary form does NOT match the first 3 digits of the area number).

➢ **Residtl** You will be routed to this list of placements if the child is living in a community home or a residential home. Again, we would like you to code the type of placement using these categories.

H1 **Placed in secure accommodation, within LA boundary.**
Use for all placements in secure accommodation located inside the LA boundary.

H2 **Placed in secure accommodation, OUTSIDE LA boundary.**
Use for all placements in secure accommodation located OUTSIDE the LA boundary.

H3 **Homes and hostels within LA boundary**
Use for all children's homes inside the LA boundary which fall into the meaning of the *children's home regulations.*

H4 **Homes and hostels OUTSIDE LA boundary**
Use for all children's homes OUTSIDE the LA boundary which fall into the meaning of the *children's home regulations.*

H5 **Hostels and other supportive residential settings not subject to the *Children's Homes Regulations.***
Use for residential accommodation **not** subject to the Children's Homes Regulations; but where some supervisory or advice staff are employed (although they do not have to live on the premises).
Includes hostels, foyers, YMCAs.

R1 **Residential care homes**

Applies to all residential care homes and nursing homes. The services they provide will normally include an element of personal care or nursing care. 'Personal care' in this instance generally means help with personal activities such as feeding, washing, etc. This category does not include hospitals, or facilities provided by NHS/health trusts.

R2 **NHS/Health trust or other establishment providing medical/nursing care.**
Use for hospitals of all kinds when the child is placed there as part of a care plan. Also use for other facilities provided by health trusts.

R3 **Family centre or mother and baby unit**
Use for residential placement in a family centre, or mother and baby unit.

R4 **Youth treatment centre (Glenthorne)**
Use for placement at 'Glenthorne', a specialist facility directly managed by Department of Health.

R5 **Young offender institute or prison**
Use for looked after children who are accommodated in one of these settings.

S1 **Residential schools**
All residential schools, except where dual-registered as a school and children's home.

M1 **In refuge**
In refuge for children at risk.

Z1 **Other placement**
Use this code exceptionally, where the placement does not reasonably fit any of the other categories provided above.

- **TimePlc** **Length of time in current placement**
We are interested in the length of time the child has been living in their current placement on this particular occasion. They may have lived with their carer before – but we are just interested in the length of time they have lived with them on this time.

- **Hometyp** **Type of home**
Some homes cater for children with particular problems, such as severe learning difficulties; other are non-specialist in nature. The subsequent variable asks you to type in the type of specialism.

- **Homenoch** **Number of children in home.**
Obviously the number of children in the home can vary because children move regularly from placement to placement. Some children abscond. This question is just to get an idea of the number of children normally in the home.

- **Homestaf** **Number of staff working in home.**

Here we are interested in the number of staff who work in the home. We are really interested in professional staff. If possible try and get the number of whole time equivalents.

- **SelectA** Name of interviewed adult (this is a computed variable so you will not need to type the name in again).

- **RelChld** **Relationship of the adult being interviewed to the child**
  This question provides a list of pre-codes for the possible relationship of the adult to the child. Please only use the 'Other' category where the parent/carer's response does not reasonably fit in any of the provided pre-codes.

- **AdltInt** If you are going to continue now with your interview with the parent/carer please enter 'YES, NOW'.
  If for some reason you will not be interviewing the parent/carer now Code 'LATER' – you can then proceed with the child interview (in exceptional circumstances or exit the questionnaire).
  Once you have coded 'YES, NOW' you will not be able to change it back to 'LATER'.

Household box

When filling in thr household box (for children living with biological or adoptive parents) the sampled child is always PERSON Number 1. Therefore, one starts by coding the relationship to the child. Please note that the relationship codes are slightly different from normal, (there is more of them) to take account of the special circumstances of children in care.

Interviewing a carer about a child who is currently living elsewhere

This could arise if you have a carer who only has the child for respite care, or if the child has recently moved placement and you are interviewing the ex-carer of the child. In such cases, you should complete the household box with the child on the first line, giving the situation as it was when the child was last staying there. However, you should open up a note to explain the true situation, i.e. that the child has now moved, or only lives with the household intermittently.
NB. If you have a case of a 16 or 17 year old who is living independently, and are interviewing a social worker or support worker about the young person, you simply code the young person as living independently which will lead you past the household box.

Section B - General health of the child

Some of the questions in this section refer to time periods such as six months or over. If the carer isn't able to answer the question because they haven't known the child long enough – just enter don't know – we have added some don't know categories but if there isn't one just use <CTRL+K> .

Unlike most other health surveys we are not asking about health problems in an open-ended way. We are showing the informant a list of problems, split up into three sections, and asking which the child has. We want to know what the informant thinks is the matter with the child, a medical diagnosis is not required.

B4, B4a and B5 refer to current health problems.

Further questions ask about head injuries, broken bones, burns or accidental poisoning. If the respondents does report that their child has experienced any of these problems they are asked how long ago the accident occurred.

For these questions on accidents or injuries: **HeadInj B7 B8 B9 B10,** there is a Don't know code as a precoded response. This is because these questions refer to whether the child had an injury or accident in their lifetime. Carers may not be aware of the medical histories of the children they look after and thus, the Don't know code can be used for this purpose.

B11 Medication

At the pilot interview we were quite surprised at the number of children taking Ritalin for hyperactivity. We therefore have decided to add a question on medication. Unlike previous psychiatric morbidity surveys we are not asking about all medicines and coding them from a frame of all medications. Instead, we have listed about a dozen types of medication and asking you to multicode those currently taken by the child. We are not asking about homeopathic medication. For each type of medication we are asking you to record who prescribed it and how long child has been on this type of medication.

General introduction to assessing the mental health of young people (R. Goodman)

The assessment schedule is designed so that it doesn't need to be administered by clinical child psychologists or psychiatrists. Researchers or survey interviewers who don't have much (or any) prior experience of child mental health interviews can rapidly master the interviews. Experienced interviewers generally require around a day's additional training before first practising the questionnaire initially under close supervision. These notes were written to help familiarise interviewers with the interview schedule and to answer commonly asked questions.

The basic structure of each section

Nearly all of the sections in the questionnaire cover one type of mental health problem and have a similar structure:

- There is a brief introduction to give the respondent a mental picture of what the section is about.

- There are usually one or two screening questions to see if it is worth going any further. If the screening questions are positive, or if the respondent reported related problems in the Strengths and Difficulties Questionnaire, then the interview continues. If not, the rest of the section in skipped.

- The respondent is asked in detail about the presence and severity of symptoms in that domain. When symptoms are definitely present, the interview continues. When they are not, then the rest of the section is omitted.

- Respondents may be asked about how long symptoms have been present, and when they started.

- Each section ends by asking about the impact of symptoms on the child and the family.

Why do we always want to know about impact as well as about symptoms?

Practically all children have some symptoms. It is unusual to find children who are free of all fears and worries, who are never sad or irritable, and who always behave and concentrate well. Most children are only 100% angelic when they are asleep! And since most children have some symptoms, that makes it harder to draw a line between children who have a 'normal' level of symptoms, and children who have 'real' problems. Asking about the number and severity of symptoms helps, but the best guide is whether or not the symptoms have a serious impact. Are the symptoms really upsetting the child? Are they seriously interfering with the child's everyday life? Are they a real nuisance as far as other people are concerned? So that's why you will be asking about impact every time the respondent has told you about definite symptoms.

Interviewing young people

You will only be interviewing children about mental health problems when they are aged at least eleven. Although some young people will be reluctant to talk with you, you will probably be surprised by how well they respond to your interest and attention. It is not often that most children get 1-to-1 attention from an adult who is interested in them and how they feel. Even if they tell you about distressing symptoms or problems in their life, they are very likely to feel better for having told you. Just being listened to may have been helpful to them, and if they do need professional help, they are more likely to seek it after they have had the experience of telling you without being criticised, ridiculed or ignored.

Section D - Strengths and Difficulties Questionnaire

For each of the 25 items the respondent is asked to state whether the statement you read out about the child is 'Not True, Partly True or Certainly True, over the past 6 months.

The subsequent questions ask whether the child has difficulties with emotions, concentration, behaviour or getting on with people. If the carer does not think the child has any such difficulties, they are routed to the next section of the questionnaire. If the parent/carer states that the child has difficulties, they are asked if they interfere with their everyday life in terms of their home life, friendships, learning or leisure activities. Finally the respondent is asked if these difficulties put a burden on their family/the home as a whole.

B30b Interference with classwork

We have made a change here. The normal SDQ asks just about interference with "classwork". Because some of the sampled children may be excluded from school and other may have left school, the wording has changed to "learning new things (or classwork). Thus for children not at school for whatever reason, just say learning new things.

Sections E - I Psychiatric symptoms and disorders

These sections covering mental problems among children have a similar structure. They start off with a series of questions which examine the presence and severity of particular symptoms. These are followed by questions on impact and burden. If the symptoms, their impact and burden are significant and, in most cases, that judgement is already programmed on the computer, you will be routed to a section where we ask you to collect further details about difficulties that have been identified.

Routing through these sections

Routing throughout this section is based not only on the carer/parent/child's responses to questions in these sections but also on the answers they gave in the strengths and difficulties section.

Comments on the wording of the questions in these sections are listed below.

Section F – Anxiety

This section includes questions on;

- Separation anxiety
- Specific phobias
- Social phobias
- Panic attacks and Agoraphobia
- Compulsions and obsessions
- Generalised anxiety

Separation anxiety (F1 – onwards)

Most children have strong attachment bonds to key adults in their lives – parents/carers, grandparents, nannies and so on. Technically, these adults are described as 'attachment figures'. The bonds between children and their attachment figures provide the children with security and comfort particularly in times of stress. Some children don't form these bonds, and they are not always obvious in older teenagers either. Close friendships with other young people are obviously important but we don't count them as attachment bonds as far as this interview is concerned. Some children experience a lot of distress as a result of worries that something bad will happen to their attachment figures or that they will be separated from their attachment figures. This is what the section on separation anxiety is about.

A1 Which adult is child mainly attached to?

It is clearly not possible to ask whether a child is anxious about separations from his or her attachment figures if the child doesn't have any attachment figures. So the first stage is obviously to find out if s/he has any attachment figures. That is what we are trying to do with our first question – it is specifically about the child's main attachment figures. So if the carer mentions lots of people, you need to tell them that we want to know about the main attachment figures, and ask them to choose no more than 4 or 5 categories.

A1a Attachment to other young people

It is only if the carer says that the child isn't specially attached to any adult that you will ask about attachment to other children or young people.

Once you have identified the attachment figures, the questions about separation anxiety begin with question A2. 'Overall, in the last 4 weeks, has s/he been particularly worried about being separated from his/her attachment figures?' Note that the reference period is the last 4 weeks. In subsequent questions, you will also need to emphasise that we are interested in how the child is usually and not in how she or he is on the occasional 'off day'. This should be stressed every two or three questions until you are sure that the respondent knows.

You will note that for the for the remainder of this section the names/titles of the attachment figures are inserted into the questions.

Sometimes only those attachment figures who live in the child's household come up. Some questions don't apply if the child is 11 or over.

IF THE CHILD HAS NO ATTACHMENT FIGURES JUST <PAGE DOWN> and you will be routed to the next section.

F2 - *Overall, in the past four weeks has s/he been particularly worried about being separated from (ATTACHMENT FIGURES)?*

This question is aimed at establishing to what extent children worry about being separated from their attachment figures. The reference period for this question is the past month. Please emphasise that we are interested in how the child is usually and not in how s/he is on the occasional 'clingy day'. This should be stressed every two or three questions.

Specific phobias (F6 - onwards) and social phobias (F13 onwards)

Specific phobias

This section is about intense and disabling fears of specific objects and situations. Most children have some fears, but what we are particularly interested in finding out is whether they have a phobia that may need treatment. To decide that a fear is a phobia, what we are looking for is evidence that a fear is very strong; that it is causing considerable distress; or that it is interfering with the child's life because he or she is going to great lengths to avoid the feared stimulus. So we wouldn't be particularly interested in a fear of snakes if this did not cause a lot of distress and only led to the child avoiding the reptile house when going to the zoo. We would, however, take seriously a fear of thunder that was so intense that the child often refused to leave the house just in case a storm suddenly brewed up and thunder began whilst they were away from home.

F7 List of phobias

The section on specific phobias begins by asking about the situations or objects that children are most often scared of. We want to know about all the child's fears, so code all that apply. Again, as in the previous section, we are interested in how the child is usually and not just on the occasional 'off day'.

The list of phobias has been generated from what are commonly known about plus those mentioned by children themselves in our previous mental health surveys.

Some fears are seasonal and if you just asked about the last few months, you might miss them. For example, some children are truly phobic of wasps or daddy-long-legs but if you asked in March whether they are scared of them every day, the answer would probably be 'No'. For these seasonal phobias, it is important to ask about the children's fears and

behaviours in the relevant season.

F8 - *How long has the fear been present?*

Carers found this difficult to answer if child had more than one fear. Answers should relate to the fear which is most debilitating for the child and his/her family.

F11 Avoidance of phobias

'Do(child's name)'s fears lead to him/her avoiding the things s/he is afraid of? Sometimes, interviewers are reluctant to ask the question because they can't see how a child could avoid the situation or object that they are afraid of – loud noises, for example. But the truth is that children can be very inventive in finding (or trying to find) ways to avoid things they are afraid of. So a child who is afraid of loud noises, for example, may try to avoid fireworks parties or may refuse to go to school on days when they are due to test the fire alarms.

Social phobia (F13 – onwards)

The aim of this section is to find out whether the child is particularly afraid of any social situations. As for specific phobias, we are trying to get the information we need to distinguish between mild fears (which are common) and a true phobia. Social fears and phobias are related to being with a lot of people, meeting new people etc. **We are trying to identify children who have far more than 'ordinary' shyness, though social phobia might look like extreme shyness.**

Again, please emphasise to the respondent that we are interested in how the child is ***compared to other children of his/her age*** and we are not interested in the occasional 'off day'. Carers are asked about whether their child is afraid of particular social situations. Sometimes the carers won't know or the situation won't apply. For example, some carers don't know if their child is anxious about reading out loud in front of others at school – and in some cases, the child is not attending school.
You will see this when the parent/carer is asked to say whether the child is particularly afraid of a specific social situation. Use the don't know key if any of the questions do not apply or if the parent/carer is not sure of the answer;for example if they do not know how their children behave in school. Use the spontaneous 'not at school' code if they have been excluded from school or do not attend for any other reason.

Panic attacks and Agoraphobia (F25 onwards)

Please emphasise what is said in the pre-amble at this question; we are only interested in severe panic attacks that seem to come out of the blue and don't seem to be triggered by anything.

Section E - Post Traumatic Stress Disorder

PTSD involves flashbacks, nightmares and various other symptoms following an exceptionally stressful or traumatic event. What we want to know about in this section are events that are so unusual or extreme that they are likely to be engraved on a child's memory and liable to cause flashbacks and vivid nightmares. Being chased by muggers or having to escape from a burning house are clear but unusual examples. Many other events could be relevant, provided that they are the sort of event that would tend to become engraved in the memory. Being abused is one possibility.

It is important to stress that this section does not cover ALL the events and occurrences that might have upset a child. For example, a child may well be extremely upset by a grandparent's death or by his or her parents separating, but we will pick this up elsewhere in the interview, e.g. when asking about symptoms such as depression. The same applies to the death of a pet or to breaking up with a close friend. This is relevant to you because some carers or children will mention these 'ordinary stresses' in E2k, which asks about 'other severe trauma'. If you are sure that they are telling you about something (such as parental divorce) that is upsetting but that is not an exceptionally stressful or traumatic event, then you should write down what they say and thank them for telling you, but you don't need to continue with the rest of the section.

However, even these 'ordinary' stresses, that wouldn't normally qualify a child for PTSD, may be relevant when the stress occurs in a particularly vivid or intense way. For example, although losing a pet would not normally qualify a child for a PTSD, imagine that a boy was walking his dog in the park, and that the dog was mauled and killed in a bloody attack by a Rottweiler. It's not hard to imagine that he would develop vivid flashbacks or nightmares of the dog bleeding to death, marked fear in the presence of dogs, and avoidance of parks and anything else that reminds him of the attack.

Here's another example, this time of something even worse. The death of a father is obviously going to be a stressful event for any child. But if the death is peaceful or happens when the child is not there, it is not going to trigger PTSD. But in some circumstances, a father's death can trigger PTSD. Imagine, for example, that a father and daughter are alone at home when the father develops a severe asthma attack. His daughter calls the ambulance and goes with her father in the ambulance because she can't stay alone at home with no one to look after her. In the ambulance, the father's asthma deteriorates and he dies in front of his daughter despite the efforts of the ambulance crew try to resuscitate him. This would certainly be the sort of trauma that could trigger off a PTSD.

What you can see is that the key factor is not the category of stressful event (death of pet, death of parent) but the circumstances in which it occurs. If the respondent says there has been a stressful event, you need to find out enough about it to judge whether it might have been capable of triggering off a PTSD. If you are not sure if it is an ordinary stress or an exceptionally traumatic event, then the best thing to do is to continue with the remaining questions about the PTSD symptoms. As long as you describe the trauma clearly, the clinical raters will be able to decide whether it 'counts' or not.

It is unusual for children to have experienced even one trauma of the sort needed to trigger off PTSD. Consequently, it is unlikely that the same child will have experienced several different traumas – but this does happen at times. When a child has had several severe traumas, treat them together when asking the remaining questions about symptoms and

their impact. For example, you would ask about flashbacks or numbing related to any or all of the traumas they have experienced.

E2a List of traumatic events

What we have done here is made a change from the pilot survey and listed the most common traumatic events. Thus, you only have to use your judgement , based on the principles, outlined above, if another event is mentioned. This will be extremely rare.

Compulsions and obsessions (F28 - onwards)

Compulsions and obsessions are rather different than most of the other things you'll be asking about because they're not like ordinary experiences. Everyone has been worried or miserable but most people have no idea what a true obsession or compulsion is like. The important thing here is that it is not the same thing as an ordinary bedtime ritual or a 'not stepping on the cracks in the pavement' ritual. It is not the same as being much neater or more perfectionist than average. It is not the same as feeling that you've just got to eat that chocolate bar or buy that record. A child with true obsessive-compulsive symptoms may need to check plugs or gas taps twenty times, or may need to shower or wash their hands dozens of times each day, or may need to wear gloves before being willing to touch door knobs. The preamble to the section is long and mostly you will feel that you are wasting your time - it will ring no bells with most carers or children. But the 1% of children who do have obsessions and compulsions will recognise what you mean and they are often very surprised and pleased to know that they are not the only person in the world to experience this.

Generalised anxiety (F39 - onwards)

In this section, you are trying to find out whether the child worries so much, and about so many things, that this really interferes with his or her life and leads to physical symptoms such as being tense or not being able to get to sleep. Children with generalized anxiety have many different worries about many different things. Some worries are about the past, some about the future, some about schoolwork, some about their appearance, some about illness, and so on. The worries are present across different situations. So they may have one set of worries at home and a different set of worries at school.

What the clinical raters need to know is whether the child has multiple worries after setting aside any worries or fears that have already been covered by the previous sections on separation anxiety, phobias and obsessions. So if the child has many worries but they are all related to separation anxiety, he or she won't also be diagnosed as having generalized anxiety. Similarly, the clinical raters won't give a child the diagnosis of generalized anxiety if he or she has several different worries that all have the same general theme, e.g. if the child has worries about exams, about getting homework done, about being late for school and about being told off by the teacher, but has no other worries relating to home life, friendships, bad luck, the future and so on.

So you can see why it isn't easy for the clinical raters to make a diagnosis of generalized anxiety unless you have provided them with a good description of the child's worries – exactly what they worry about, and how severe those worries are. A good description makes all the difference when the raters have to decide if the child has multiple worries, and if these are different from the worries and fears that were covered by the preceding sections of the interview.

F40fa, F4fb, F40fc, F40fd

Four additional type of anxieties have been added after reviewing the pilot data.

A further explanation is included on the training cassette.

Section G - Depression

Just as in adults, depression in children and teenagers usually shows itself as severe and prolonged misery. Sometimes, though, the most obvious change in mood is not misery but increased irritability. This can be very tricky to judge since plenty of teenagers are irritable with their family! You need to focus on whether they have recently changed to being a lot more grumpy or irritable than in the past. In some cases, the most obvious clue to depression is neither misery nor irritability but a loss of interest in the things that the child used to enjoy doing. Perhaps the child has kept his or her misery secret, but the family may still have noticed that the child suddenly no longer wants to visit friends, go on outings, listen to music, or whatever.

There are three initial parts to section H:

- Feeling sad or miserable
- Feeling irritable
- Loss of interest

followed by;

- Deliberate self harm

You will only ask questions on deliberate self harm if you haven't already asked about similar things in the previous sections on depression. This means that you only get to ask questions G25 to G27 at the end of the depression section when the child has **not** recently been very miserable or irritable, and when the child has **not** recently lost interest in favourite activities.

Carers and young people are generally very willing to answer questions on deliberate self-harm, even though, in some cases, they are initially taken aback by the questions. If a child has felt suicidal or has tried to harm him/herself, you should ask for more details as directed and ask whether they have a spoken to a doctor about this.

It is important to take your time over this section, to thank informants for answering the questions and to help them to orientate themselves back into the rest of the interview by explaining what the next few questions are about. The pre-amble to Section H (Attention and Activity) will help you to do this.

Section H - Attention and activity

The trickiest thing in the section on attention and activity is to make sure that carers remember that you are asking about the child *compared with other children of the same age.* For example, the first detailed question asks whether the child often fidgets. If the mother of a five-year-old replies that her son definitely fidgets, we need to be sure this is by comparison with other five-year-olds. Most young children fidget. That's not what we want to know. We are interested in whether this particular child fidgets a lot more than other five-year-olds. Each time a parent/carer responds "definitely" to one of the symptoms of

inattention or overactivity, it is worth checking the response until you are sure that they are comparing their child with other children of the same age. Obviously enough, once you are sure they have grasped this point, don't drive them (and yourself) mad by repeating the checks unnecessarily. As with previous sections, please emphasise that we are interested in how the child is usually – any child is allowed the occasional 'off day'.

There are questions which cover problems with overactivity, impulsiveness and lack of attention..

H8 - *What age did they (the problems) start?*

We have added an instruction that you should code 00 if the parent/carer says that the child has "always been like that".

Section I - Awkward and troublesome behaviour

This section consists of two parts:

- Awkward behaviour
- Behaviour that sometimes get children into trouble

Many of the issues mentioned for section J also apply to the section on awkward behaviour. Many five-year-olds, for example, often refuse to do what they are told. So once again, you need to make sure that the respondent is comparing their child with an average child of the same age.

The section on 'behaviours which sometimes gets children into trouble' is mostly fairly straightforward to ask about, although you may be embarrassed to ask carers whether the children in their care have done such dreadful things. In fact, it normally works fine, particularly if you mention that you have to ask carers all questions even if they are unlikely to apply. Instead of upsetting carers, this section sometimes cheers carers up as they realize all the bad things their child is not doing! So even though these questions are quite sensitive, most carers are willing to answer them and understand why they are being asked. But do keep a careful eye on how respondents are reacting – if they are getting irritated, make a note and stop.

Questions about 'behaviours which sometimes gets children into trouble' have a reference period of the past year. If any of these behaviours have occurred in the past year, you then need to ask if they have occurred in the last six months.

If the respondent is getting irritated here, make a note, and stop. There are still eight sections to go.

Section I - Less common disorders (I15a - onwards)

This set of questions is about a variety of different aspects of a child's behaviour and development and have a different format to the other previous sections. As the title of the section suggests, we are trying to pick up less common disorders, some of which affect fewer than one child or teenager per thousand.

Significant problems section
(please also listen to further explanation on the training cassette)

In some respects this is the most important part of the assessment. With many mental health interviews, once you have collected the answers to the fixed questions, the answers are fed into a computer that decides whether the child has a diagnosis. That's not what happens with this interview – experienced clinicians rather than a computer make the final diagnosis. These clinical raters review all the data (from carers, teachers and older children), and it is very helpful for them to hear about any problem areas in the child's or carer's own words. Since they can't meet the child or carer, they depend on you to type in as much verbatim information as you can. This is important for three main reasons;

1) It helps the raters decide whether the respondents really understood the questions. As you know, respondents may say 'Yes' or 'No' without having understood what it is that a question is getting at. Or they may exaggerate the problem, making a mountain out of molehill. Or they may go to the opposite extreme and minimise the problem – making a molehill out of a mountain! The only way the clinical raters can get round this is by reading your transcript of the problem described in the respondent's own words. This makes it much clearer whether respondents have understood or not, and whether they are exaggerating or minimising the problem

2) The clinical raters also depend a lot on the transcript when different people say different things about the same child, e.g. when the carer says one thing and the teacher or child say just the opposite. That makes it very difficult for the clinical raters to know whose account to believe. If the carer says that the child worries a great deal and gets very depressed and the child denies any worries or misery, who's right? You might think that the child is bound to be right – if they don't know if they are worried or sad, who does? But as you can easily imagine, there are times when children say 'No' to every question because they're being macho and don't like admitting to any problems, or because they are fed up and want to get the interview over with as soon as possible. When the clinical raters can read a detailed and convincing description of the problem in the carer's own words, that often makes it clear that they can believe the carers account. In other cases, the reverse is true. Carers may claim that there are loads of problems, but when you ask them to describe them in their own words, they can't come up with any examples. This may make it clear that they are really just very critical of their child without much reason.

3) For less common disorders such as autism or anorexia, the interview doesn't ask many questions, but the pattern of symptoms is so distinctive that the clinical raters don't have any problem making a diagnosis as long as you have provided them with a detailed

transcript.

For all these reasons, it is vital that you record detailed descriptions of the problems. If you have been noting down the carer's or child's spontaneous comments as you go along, you'll have much less to ask when you arrive at section M. But with the help of the checklist, make sure that you have covered all aspects of all the problems. For each of the areas of difficulty highlighted in the checklist in M1, you need to cover the following areas:

1. **Description of the problem.**
   If the description is vague or generalised (e.g. worries about everything, he never does as he is told), then ask for specific examples e.g. what sorts of worries? Can you tell me about a recent occasion when he caused problems by not doing what was told?

2. **How often does the problem occur? - is it still a problem?**
   e.g. Is it many times a day, most weeks or just once or twice but not recently?

3. **How severe is the problem at its worst?**

4. **How long has it been going on for?**

5. **Is the problem interfering with the child's quality of life? If so, how?**

6. **Where appropriate, also record what the family think the problem is due to, and what they have done about it.**

A copy of these questions is printed on a prompt card. IS IT?

If you are interviewing with a computer, you can decide whether you prefer to type the carer's or child's comments directly into the computer or to write the comments by hand in your notebook and type them in later. You can also use the notebook for recording spontaneous comments made earlier in the interview – respondents will often describe the problem in detail at the time when they are first asked about it. By the time you reach section M, they may not want to repeat themselves all over again. However, before finishing the interview, please do remember to check that you have covered all the key questions about each area of difficulty.

Interviewers' observations

The clinical raters who make the diagnoses do not meet the carers or children. Whether they get the diagnoses right depends on the quality of the information they receive. You can obviously help them by providing detailed transcripts of respondents' accounts of the problems in their own words. Another important way you can help them is by adding any relevant observations of your own to the end of the transcript. Naturally enough, what's needed is objective information rather than value judgements ("He is a nice kid", "I didn't like the carers"). Examples of really helpful observations include:

- These carers didn't seem to understand the questions well because English is not their first language – I really don't think they understood the questions about obsessions and

compulsions.

- Although this child is 11, she has learning difficulties and her mother didn't think she would understand the questions. I did administer the interview, but I think her mother was right – she often seemed to be answering at random or saying whatever it was she thought I wanted to hear.

- This child was one of the most restless individuals I have ever interviewed. He spent the whole time fidgeting and wriggling, and often got up and wandered around the room. On a few occasions he briefly left the room, but came back by himself. Though he enjoyed being interviewed, it was hard work keeping his attention on what I was asking – he was very distractible.

- When I got to section E and asked about possible traumas, he mentioned that he had been involved in a horrible car accident but added that he didn't want to say anything about it. He looked very upset and was clearly unwilling to answer further questions on the topic.

- Part of the way through the interview, she said that she was fed up and that her favourite TV program was starting soon. I offered to take a break and finish the interview another day, but she said she just wanted to get it over with. From that point on, she said 'No' to all screening questions – that may have been true but it is also possible that she was denying problems to speed the interview up.

You may also find that when parent/child first mentions the problem that they will want to talk about it at that point – please note down these spontaneous comments in your note book. Please remember to check that you have covered all five prompts about each area of difficulty.

When you come to exit each Open Text box you will need to press <ALT+S>.
To get back into the text box press <INS> (insert).

For the symptoms subsumed under the anxiety heading, you will also be asked to probe for some of the bodily reactions that often accompany the anxiety such as palms sweating, heart racing, rapid breathing etc.

Use of services – significant problems

This section is only asked of those cases where a problem or difficulty has been identified. We are interested in finding out whether the parent/carer has sought help in relation to the problems that were discussed in the previous section.

This section has been completed changed from the pilot survey in that it has been simplified and made less repetitious.

Whhelp Service contact in the last year

Here we have a list of the most common sources of help. The first four codes represent non-professional helpers (in the order that they are most used) followed by professional helpers (again in the order of most frequently consulted).

Desc

Please probe fully for answers here. We are after as much detail as possible on who is seen and what happens when services are accessed. Non-professionals are likely to give support, being someone to talk to. The professional helpers may give counselling or therapy.

SeenYth

We have a separate set of questions for contact with the juvenile justice system as we are interested in whether the child received a caution or conviction for a particular misdemeanour.

Section J - Impact

Questions in this section are aimed at finding out what impact the child's difficulties have on the rest of the family, friends and the carers. You will only be routed to this section if the answers to previous questions have indicated any problems. Routing through these questions is also dependent on where the child is living.

J2NEW - *Has (CHILD's) difficulties made your relationship with your other children stronger, more difficult or has it made no difference?*

Do not forget this includes step children and other children not necessarily living in the same household. The equivalent question, asking about other members of the family, also covers those not living in the respondent's household.

GP consulatations, In-patient and Out-patients

In this section we are only asking very general questions about the use of services (where child has been and how many times) because we have already asked about service use for particular mental health problems.

If the carer is not able to answer any of the questions because they have not lived with them for the whole of reference period please code as 'don't know'.

Strengths

So far, most of the interview has been asking about difficulties or problems that the child may have. This section gives the carer an opportunity to talk about the child's good points or strengths. We have added text questions for you to type in what the parent/carer says ; but what we are really interested in is whether the carer is able to come up with any good points at all!

Lrndifa, Lrndifb and Lrndifc

These questions on learning difficulties have been added because we have removed the dyslexia assessments for the child.

6 Schedules for children

6.1 Child interview

The Interview with the child follows almost exactly the same format as the main part of the carer's interview .

Instructions for the three sections that are unique to the child interview are outlined below. For the remainder of this section please refer back to the instructions for the carer interview.

ChIdNow

The first question in the child's face to face interview is for you to code whether you want to interview the child now. You may already be aware that the child has severe learning difficulties, or is mute, or has such behavioural or emotional problems that an interview with the child would be impossible. Thus, we have added code 3, which indicates the fact that the child is too disabled to even think about starting an interview.

EntRat

At the end of the child's SDQ there is a question which asks you to record whether you thought the child understood the questions you have asked so far. If you thought the child would not be able to manage the rest of the questionnaire code "no" and the interview will cease. If you are not sure, you will be routed to continue with the questionnaire.

ExitRat

However, there is an exit rating at the end which also asks you to say how well the child understood the questions. This will help the clinical raters in deciding how much weight to give to the data from the child's interview.

Friendships

CA1 to CA15

These questions which ask about the child's friendships, originally in the self-completion interview have been moved to the end of the face- to-face interview. The numbers of the questions are not consecutive as they have been taken from a larger document.

CA15 - school clubs can be included at this question.

6.2 Young person's self-report (for ages 11-17 years)

The self-completion schedule covers the following areas:

Moods and feelings
Troublesome behaviour
Smoking
Drinking
Drug taking
Sexual activity
Exclusion from school

This part of the questionnaire is now audio-CASI (audio computer assisted interviewing). Audio-CASI is a mode of interviewing where the young person wears headphones to listen to the questions and then enters their answers directly into the laptop. This mode of interviewing is especially useful when the respondent has learning difficulties or concentration problems and where the questions are sensitive.

CSCIntr This preamble explains how the section will work and what we need them to do.

ChldSc

1. Complete self-completion by the respondent
Ideally we would like all young people to complete this section themselves by listening to the questions through the headphones and then entering their own answers. However, there may be a few cases where the child doesn't or can't do this.

2. Section read and entered by child
The second best alternative is for the child to complete the section by reading the questions and entering their answers themselves (the same technique as we used on the main children's survey).

3. Section read and entered by interviewer
This option should be used as a last resort.

4. Section ABANDONED
This code should only be used if, for whatever reason, you need to exit this section without completing any or all the questions. Please only go back and use this code if you have completed just a few questions in this section – if not please just enter refusals to the subsequent questions until the end of the section.

If you are either completing this section as ***section read and entered by child (code 2) or section read and entered by interviewer (code 3)*** the sound will still come out of the headphones/computer. We have tried to program the questionnaire so the sound is switched off, in these situations,

but have not been able to. So please plug in the headphones anyway and turn the volume down.

Routing through the remaining questions in this introductory section will depend on how the section is being completed i.e. self-completion with sound, without sound or face to face interview.

➢ ***Complete self-completion by the respondent (i.e. listening to the questions and entering their answers)***

HeadBef *We would like you to check the headphones are working*

before passing them to the child. This is just a prompt for you to put the headphones on before moving on to the test question (HeadPh).

Adjust the volume to a reasonable level – using F10 to repeat the question if you need to. Then pass the headphones to the child.

VolChk This is just a preamble to let the child know that the first question (Volume) is a test question to check that the volume is OK for them.

Volume If the child says the volume is not OK, they are routed to another question which tells them to ask the interviewer to adjust the volume. They are then routed to another test question (VolAgn). If the volume still isn't OK please adjust it and use the F10 (blue key) to check whether it's OK.

SCTest This is just a test question for the child.

➢ **Section read and entered by the child**

ReadCar *This is the first question the child is asked if they are*

reading the questions and entering the answers in themselves.

Readtest This is a test question to help the child get used to answering the questions.

➢ **Section read and entered by the interviewer**

IntRem *If you are administering this section please take care*

when entering the response codes – they are in the reverse order for this section.

ReadIns Just to remind the child that this is NOT a test.

Other instructions

- **Please place the instruction card beside the child, so they can refer to it if they need to.**
- **Use F10 (blue key) to repeat a question.**

Feedback

- **What did you do whilst they completed this section?**
- **How did the child respond to audio-CASI?**
- **Did the child ask any questions? If so, what were they?**
- **How often were you asked for help?**
- **Did the child make any other comments?**
- **Were you able to tell if the child was having problems?**

6.3 Administration of teacher questionnaires

All parents/carers should be asked to complete and sign the consent form giving permission to contact the child's teacher - EXCEPT cases where the child does not yet go to school, has left school or has been permanently excluded. In cases where the child has a home tutor – please ask for permission to contact them.

On the consent form you are asked to record the name and address of the child's school and to name the child's teacher. Secondary school children will have more than one teacher, so you should ask for the name of the teacher who they feel knows their child.

We are also asking you to send a letter (and copy of teacher questionnaire, consent form and information sheet) to the head teacher *the first time you come across a new school.*

Please wait two or three days after sending the head teacher's letter before sending a questionnaire to a teacher at their school.

Each named teacher should be sent:

- teacher questionnaire
- teacher copy of the consent form
- covering letter (insert the name and form/class in the letter)
- pre-paid return envelope

You will be supplied with stickers to put on the front of the teacher questionnaires. You will notice that there a spaces for you to fill in with the child's details (but not the child's name).

When completing the ADMIN block of the questionnaire you will be asked to transfer the following information from the consent form into the BLAISE questionnaire.

- teacher's name
- teacher's address (split up into street, town, postcode etc.)
- child's full name
- child's class/form

A full address (including postcode) is very important so we would like you to check the address given by the carer against the address in the list of schools.

You will probably encounter children who have been expelled from school. If the child has not been suspended for a fixed period (a few months) we would like you to ask for consent to contact the teacher. If the parent/carer objects to this do not take it any further.

7. Field Instructions

7.1 Field period

Quotas will be issued on a monthly basis, as we get sufficient numbers in from the sampled Local Authorities.

7.2 Advance letters

Advance letters will be prepared by SIU but then given to you, the interviewer, to send out to respondents. You should enclose a copy of the yellow carer information sheet with the advance letter. You will also be supplied with spare advance letters. At the feasibility stage earlier this year, we found a number of children had moved from the placement recorded on the summary form by the time the interviewer made contact. We will therefore need to send advance letters to the new carer in a number of cases.

Where the child is in some sort of residential establishment e.g. a children's home or a residential school, we have asked for the name of the head of the home, as well as for the name of the care worker who knows the child best and is best placed to complete the 'carer's' interview. In those cases, we would like you to send an advance letter to the head of the home first, filling in all the appropriate details. After a few days, you should send another advance letter to the person nominated as the 'carer'.

7.3 Planning the work

Depending on the size of the local authority, some of you will have quite scattered quota, so you may not be able to do more than one interview in a day. For almost all cases, however, you should have a telephone number for the parent/carer so should be able to make firm appointments in advance. Where the child is in some sort of residential care, you may need to make several phone calls to establish the shift patterns of the person you need to speak to.

As for the original PMC in the general population, the length of the interview will be variable, although of course the majority of these children are likely to have a number of difficulties so average interview length is likely to be longer than on PMC. On average, the carer interview is likely to take 90 minutes, while the child interview for 11-17 year olds should average 45-60 mins. You also need to think carefully about the logistics of arranging to see parents/carers and children. Obviously, interviews with the parent/carer must be done without the child being there (and vice versa). Ideally, you would interview the carer while the child is at school and then go on to interview the child when it returns home. (Bear in mind, though, that some of the foster parents will be caring for a number of children apart from the sampled child, so may have quite tight schedules). In practice, of course, you may get cases where the child is now with birth parents or relatives who may be working full time and will need to be interviewed in the evening, and the child interview may have to be done on a separate day, though hopefully this will be less common where the child is with foster parents or in residential care. If the child cannot be interviewed on the same day as the carer

you should aim to see the child within a day or two, so that the questions relate to more or less the same time frame.

Quota sizes in each month will normally be quite small (we are aiming for no more than around 10 cases) so you should be able to fit this work in around any other survey work you may have. However, as mentioned above, children's placements can change at very short notice. You should therefore aim to make contact with all the carers in your quota as early as possible in the field period to ensure the sampled child is still there.

Change of placement

The aim of this survey is to interview the carer who knows about the child's recent feelings and behaviour. If there has been a change of placement, the decision on who should be approached for interview will therefore depend on when the move happened.

If the child has moved, please try to establish how recently this happened. If it is only a week or two, then ideally we would still like to interview this carer, who can obviously tell us how the child has been recently. So, in such cases, you should go ahead and carry out the interview with the ex-carer if they are happy to talk about the child. If the sampled child is 11 or over and so eligible for a child interview, we will NOT be able to carry out the child interview in such cases

In some cases, of course, for example if the placement has broken down, it may not be appropriate to interview the ex-carer. If the child has moved very recently, but the ex-carer is not willing to be interviewed, please ring the Field Office with details of the case and we can then decide how best to proceed – we may, for example, go back to the Social Worker involved and see whether they would be happy for us to interview the new carer (which would need to happen after the child has been in the new placement for at least a month).

If the child moved more than a month ago, an interview with the ex-carer is not sensible (many of the questions in the interview ask how the child has been in the last 4 weeks). In such cases, you should again ring the Field Office to discuss the situation. Clearly whenever the child is with new carers, we have to go back through the Social worker, You should NOT attempt to get the address of the new carers from the ex-carer, because they will not have been approached for consent by the Social Services Department and will not know anything about the survey. For all such cases, we need to go back to the Social Worker involved, seek their guidance on whether an interview with the new carer is appropriate and obtain the necessary consents before we can go ahead.

7.4 Outcome codes

The following outcome codes are used in this survey:-

11 FULLY CO-OPERATING – CARER AND CHILD INTERVIEW/CHILD UNDER 11

16 ONLY USE IF CHILD IS AGED 11-17YEARS
FULLY CO-OPERATING CARER – NO CHILD interview

17 FULLY CO-OPERATING CARER – CHILD INCAPABLE

18 FULLY CO-OPERATING CARER – CHILD UP TO SDQ

21 PARTIALLY CO-OPERATING CARER

31 Refusal to HQ letter
32 Refusal before interview
33 Refusal during interview
34 No interview – CARER INCAPABLE/NO CARER

41 NON-CONTACT – with any HH member
42 NON-CONTACT – HH away all field period
43 Child moved, no time to follow-up
44 NOT appropriate to interview
45 Moved no trace
46 Moved out of area (NOT abroad) – RING FIELD OFFICE

66 Child deceased

69 Moved out of country

83 Return for reallocation – Please ring field office before using this code

The co-operating codes 11-18 should be self explanatory, but please make sure you use the correct one. For the distinction between code 21 (partially co-operating) and 34 (refusal during interview) please refer to Section 4.3of these instructions which give the essential part of the interview which must be completed before we can count it as partially co-operating. Code 34 covers cases where it proves impossible to interview the carer (e.g. language problems or too ill) and cases where there is no carer to interview i.e. the young person is living independently and there is no current carer to be interviewed.

7.5 Claims

Survey number 455, stage code 99

Study time – 6 hours, including listening to the tape and carrying out at least 2 practice interviews on your training cases. You should do one example of a sampled child under 11 and one over 11.

Clerical time – 20 minutes per co-operating address for completing the admin block and sending off the teacher's questionnaire.

5 mins for non-responding cases to complete the admin block.

20 mins per case for planning, transmission and despatch of paperwork
If you are also having to spend time transcribing verbatim comments made during the interview into the 'significant problems' section, you can claim for this.

7.6 Despatch of work

Teachers' self-completion questionnaires should be despatched to the schools as soon as possible after each interview. These will be sent back direct to Titchfield (where they are being booked in) in the prepaid envelopes you provide.

Completed interviews should be transmitted on a weekly basis (although we have to load the questionnaire on your laptops here rather than being able to scatter it to you, there should be no problem with transmitting completed cases).

Tapes of the child interview should be sent back to the Field Office (D1/09) at the end of each month's quota of work. Please make sure you stick a serial number label for the correct child to the tape. However, if you have a case where the child reports current abuse and the tape needs to be passed urgently to the child experts, please send that tape in straightaway to D1/09, using recorded delivery (and a jiffy envelope). You should ring the Field Office to alert us that you are despatching an urgent tape and giving us details of the case number.

7.7 Contact points

Field	Anne Klepacz	5429
	Theresa Parker	5430
	Richard Price	5425
	Paul Hodgson	5431
Research	Howard Meltzer	5391
	Tania Corbin	5761

Appendices

A. Ethical Approval from the London Multi-Research Ethics Committee (MREC)
B. Letter of approval from the Association of Directors of Social Services (ADSS)

C. Circular from Department of Health to local authorities
D. Letter from ONS to local authorities asking for consent
E. Reminder letter from ONS to local authorities asking for consent
F. Form asking for details of contact person in local authority
G. Four-page summary form with child's details
H. Letter to local authority accompanying summary form
I. Reminder letter to local authority accompanying summary form
J. List of placement codes to accompany summary form

K. Advance letter to nominated adult
L. Letter to heads of homes
M. Information leaflet (general)
N. Information leaflet for young person
O. Consent form (in triplicate)

P. Letter to Chief Education Officer
Q. Information leaflet for Chief Education Officer
R. Letter to Head Teacher
S. Information leaflet for Head Teacher
T. Letter to teacher to accompany postal questionnaire
U. First reminder to teacher to accompany postal questionnaire
V. Second reminder letter to teacher to accompany postal questionnaire
X. Teacher information leaflet