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Golden Research Thoughts

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Short Summary: Epidemiology Of Emotional Wellbeing And Mental Health Of Childrens In Sheffield Uk

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Abstract: Epidemiology is defined by John Last as the study of the distribution and determinants of health –related states or events in specified population and the application of this study to control of diseases and other health problems".

Keyword: Epidemiology , Emotional Wellbeing , Mental Health , Short Summary.

1.INTRODUCTION:

It is suggested that epidemiology is the basic science of public health and is also the activity of preventing disease and promoting health in populations (Institute of Medicine committee 1988). The focus on primary prevention of disease in large groups distinguishes public health from medicine which focuses on treatment of disease for individual patients. In order to become the basic science for public health, epidemiology must try to explain and suggest ways in which to improve the experience of disease and health in populations, in contrast to individual patients. Even though it is a relatively new discipline, some claim that medicine has begun to use epidemiology as a generic tool that may be used to investigate any human condition (Meittinen, 1985). This leaves us with a dilemma, because if we explore populations generically then this means that there is little room for contextual meanings as to the origins of disease. It also questions how we may objectively apply epidemiological knowledge to issues like mental health which may claim to be socially constructed (Breggin 1991, Breggin and Breggin, 1994).

Epidemiology of emotional wellbeing and mental health - International context

Many epidemiological studies on child mental and emotional health had been carried out worldwide and it appears to be a matter of public health concern in some of the countries. In 2013 a report was released by the US centre for disease control and prevention (CDC), arguing that 20% of children living in the United States of America had some kind of mental disorder. The study was carried out on children from ages 3 to 17 during 1994 to 2011 with Attention Deficit Hyperactive Disorder (ADHD) appearing as the most prevalent among all the disorders. Another Cross-sectional study conducted in New Zealand, one of the longest longitudinal studies of 26 years, suggested that 75% of cases of mental disorders in adults were diagnosed before they turn 18 years old (Kim-Cohen et al, 2003). It can be inferred from this study that if a mental health problem is diagnosed in early childhood and given appropriate treatment then the economical and psychological costs to the individual and society can be reduced (Kim-Cohen et al, 2003). What these epidemiological studies appear to have unwittingly done is to problematize children and stigmatise adults with mental health issues by individualising them, rather than looking at wider society for the origins of issues.

Epidemiology of emotional wellbeing and mental health in UK

Mental health is the embodiment of social, emotional and spiritual wellbeing (Victorian health promotion foundation, 1999). Many epidemiological surveys have been carried out in UK concentrating on morbidity in children resulting from mental disorder. For example, in 2004 the Office of National Statistics (ONS) reported that 1 in every 10 children between 5 to 16 years had a diagnosable mental disorder. Children with anxiety or depression accounted for nearly 4%, 6% children had conduct disorders, 2% experienced hyperkinetic disorder and near about 1% had autism, tics, eating disorders and selective mutism (ONS 2004). Another study conducted on 10,000 children between 5 to 15 years in Britain reported that 25% of children with mental health problems had contact with specialist health services, 20% were in contact with social services and 49 % had contact with educational services (Vostanis et al. 2003). Between 1999 and 2004 the ONS reported that 36% of children with learning disabilities have a diagnosable mental disorder were more likely to have a psychiatric disorder. It identified 53% of the children with a learning disability lived in poverty, 42% children were exposed to 2 or more hostile life events, 44% of children were supported by lone mothers and 38% of them live in the family where all adults were unemployed. These statistics and their association appear to suggest that in 20-33% of the cases there was an increased risk of psychopathology as a result of Social disadvantage.

These epidemiological studies have addressed factors such as economic position or occupation but have treated them only as individual attributes or exposure markers rather than as aspects of social and economic organisation that provide the context for bio psychosocial development. This still does not give us a complete picture of child mental and emotional health in the UK, it merely problematize certain groups in society

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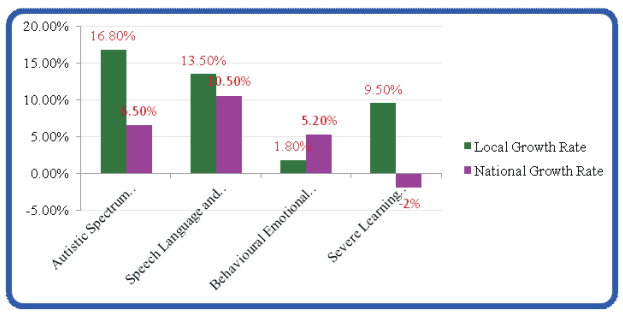
Locally in context to Sheffield

In Sheffield a study on the emotional health of children, coupled with a child service needs assessment reported that approximately 7000 children between 5 to 16 years might have a mental disorder; 6,300 pre-school children are believed to have some kind of mental disorder; 2025 pre-school children might have severe mental health problem; and 4697 are suffering from learning difficulties (Reeds et al., 2005). The Public health analysis team in Sheffield (NHS Sheffield, 2008) predicts an 11.5% rise in mental health disorders in the 0-19 age group from 2009 to 2031, with the fastest growing category being that of autism spectrum disorders (see Table 1 below). However, creating a homogenous group of autism and categorising it as a mental health disorder, has an immediate effect of stigmatising a particular group. What is unclear about these predictions is that diagnosis has improved and what may have passed as being 'eccentric' in the past may now be categorised as an autistic spectrum disorder. Ethically, we can query how value free these epidemiological statistics are in relation to mental health and emotional well-being when what may be a mental health problem in one group may not be classified as a problem for another because of the subjectivity of classifying as issue that is not actually visible and relies on diagnosis from an accepted societal 'norm'.

Table 1: Fastest growing categories of LDD need in Sheffield

Category	Local Growth Rate	National Growth Rate
Autistic Spectrum Disorders (ASD)	16.8%	6.5%
Speech Language and Communication Needs (SLCN)	13.5%	10.5%
Behavioural Emotional and Social Difficulties *	1.8%	5.2%
Severe Learning Difficulties (SLD)	9.5%	-2%



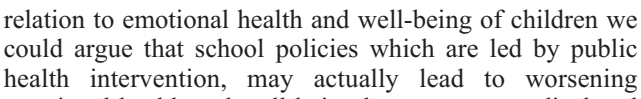
A life course approach to the chances in adult life in respect to childhood mental health may be:

Step1:-

Childhood mental health ⟶ Adult life chances

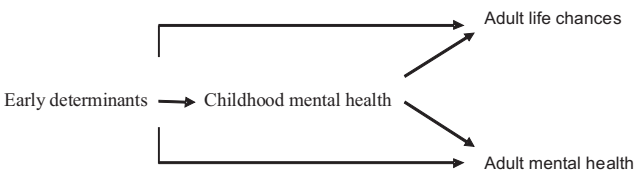
This suggests that an untreated childhood mental health disorder may have impact on adult life chances. But there is no definitive way of declaring that this will be a predictor for every adult in society.

Step 2:-



Different types of determinants are present in pre –adult mental health so these determinants can directly impact adult life chances and so it needs to be considered and taken into account. This would also lead to a new and perhaps competing paradigm within epidemiology.

Step 3:-



Childhood mental health suggests a connection to adult mental health. Adult life chances and adult mental health share a bio-directional relationship with each other and therefore the role of adult mental health in any association with pre-adult mental health and life chances needs to be understood. This diagram is extremely simplistic and ignores the complexity of societal influences on emotional health and well-being; we could also claim that the arrows should be bidirectional because children and adults do not exist in vacuum and what affects a parent or family member may also affect the child, so agency is an issue that needs to be considered.

We can claim that modern epidemiology generally leads to intervention directed at specific individual exposures, and it is therefore important to consider the consequences of trying to intervene on specific exposure-disease associations in isolation from their context. In relation to emotional health and well-being of children we could argue that school policies which are led by public health intervention, may actually lead to worsening emotional health and well-being because non-medical and social causes are not being addressed and instead medication, segregation and 'special education ' is encouraged. This approach labels and stigmatises children and effectively isolates them from their peers, resulting in their exclusion from mainstream schools which is in opposition to the rhetoric on inclusive education.

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