

Mental health problems

Introduction

In the last decades, a change of the disease spectrum in children and adolescents, referred to as “New morbidity”, can be observed. This term describes the shift from acute to chronic disease as well as from somatic diseases and symptoms to mental health problems and disorders (American Academy of Pediatrics 1993; Schlack 2004). In children and adolescents, mental health problems often have a wide-ranging impact in the family, school and extended social environments (Mattejat et al. 2003; Wille et al. 2008). Negative effects can also manifest themselves in physical health, health-related quality of life and social ability (e.g. in daily routines or in peer relationships), as well as in educational and occupational development (Nelson et al. 2004; Hölling et al. 2007; Prince et al. 2007). In addition, mental health problems and disorders that occur in younger years often continue into adulthood (Reef et al. 2011; Leadbeater et al. 2012). The individual level of suffering and the social costs are indicators of the high public health relevance of this topic (Sobocki et al. 2006; Hölling et al. 2014).

Indicator

In KiGGS, the internationally recognised Strengths and Difficulties Questionnaire (SDQ) (Goodman 1997) was used to collect data on mental health problems. This questionnaire is based on 25 items which relate to five subscales, including the four difficulty scales “Emotional symptoms”, “Conduct problems”, “Hyperactivity/inattention” and “Peer relationship problems” and the strength scale “Prosocial behaviour”. The KiGGS study used the parent version for the age range 3 to 17 as well as the self-assessment version for the age range 11 to 17. The following result descriptions relate to the parent version for the age range 3 to 17. A test value can be generated for all five scales of the SDQ and a so-called total difficulties score can be calculated from the sum of the four difficulty scales. Children and adolescents who can be classified as having mental health problems or being on the border of mental health problems based on the cut-off values of a German norm sample (Woerner et al. 2002) are assigned to a risk group (Hölling et al. 2014).

The tables illustrate the frequency of assignment to the risk group defined in this way according to sex, age and social status.

Key results

- ▶ One fifth (20.2%) of children and adolescents aged between 3 and 17 can be assigned to the risk group for mental health problems.
- ▶ Signs of mental health problems are significantly more common in boys than in girls (23.4% vs. 16.9%).
- ▶ Boys in the age groups from 3 to 6 and from 14 to 17 are less likely to meet the criteria for the risk group for mental health problems than boys in the age group from 7 to 13. In girls, differences between the age groups are less pronounced.
- ▶ The prevalence of mental health problems follows a social gradient: the higher a family’s social status, the lower the proportion of children and adolescents with mental health problems. This applies to both boys and girls.

Conclusion

The SDQ used in KiGGS is a screening instrument that allows the definition of a risk group for mental health disorders based on symptoms of mental health problems and thereby points out a first step for prevention and intervention measures (Hölling et al. 2014). The SDQ does not enable statements to be made on the prevalence of manifested mental health disorders in childhood and adolescence. Based on the cut-off values of the German norm sample, approximately 20% of 3 to 17-year-old children and adolescents in Germany can be assigned to such a risk group for mental health problems. If we apply the same cut-offs to the KiGGS baseline study (2003–2006), no statistically significant changes are evident in terms of the prevalence of mental health problems between the two survey periods of the KiGGS study (Hölling et al. 2014). Direct comparisons with other studies are complicated by

different data collection tools, classification types, cut-off values and age ranges of the random samples. However, most studies on mental health issues in children indicate an estimated prevalence of between 10 and 20% (Petermann 2005). Like the KiGGS baseline study, KiGGS Wave 1 also shows that boys are more frequently classified as showing mental health problems than girls (Hölling et al. 2007; Hölling et al. 2014). In addition, the prevalence of mental health problems is closely related to the social status of a child's family. The KiGGS baseline study already showed that children and adolescents from families with low social status had a 3-4 times higher risk of mental health problems as compared to children of the same age from families with high social status (Lampert, Kurth 2007). According to the data from KiGGS Wave 1, this ratio has not changed in the last number of years (Hölling et al. 2014). In view of the consistently high prevalence and the social gradient in the prevalence of mental health problems, prevention measures aimed at specific target groups are highly important. The same applies to healthcare structures that allow effective and prompt treatment of affected boys and girls.

Note: A detailed description of the study as well as explanations on the method are available on the KiGGS study website, www.kiggs-studie.de, and in Lange et al. (2014). Further results regarding mental health problems can be found in Hölling et al. (2014).

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Table 1
Proportion of 3 to 17-year-old girls with mental health problems
(SDQ total difficulty score, parental assessment)
according to age and social status

	SDQ total difficulty score	
	%	(95% CI)
Girls	16.9	(15.2–18.7)
Age		
3 to 6 years	13.9	(11.0–17.2)
7 to 10 years	18.8	(15.5–22.6)
11 to 13 years	16.7	(13.5–20.7)
14 to 17 years	17.9	(15.0–21.1)
Social status		
low	29.4	(23.9–35.6)
medium	15.7	(14.0–17.7)
high	8.0	(6.6–9.6)
Total (girls and boys)	20.2	(18.9–21.6)

Table 2
Proportion of 3 to 17-year-old boys with mental health problems
(SDQ total difficulty score, parental assessment)
according to age and social status

	SDQ total difficulty score	
	%	(95% CI)
Boys	23.4	(21.5–25.4)
Age		
3 to 6 years	20.4	(17.1–24.2)
7 to 10 years	27.2	(23.6–31.2)
11 to 13 years	29.5	(25.7–33.6)
14 to 17 years	17.8	(15.0–21.0)
Social status		
low	37.0	(31.2–43.3)
medium	22.1	(20.1–24.3)
high	11.6	(9.6–14.0)
Total (girls and boys)	20.2	(18.9–21.6)

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