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Government of Ireland

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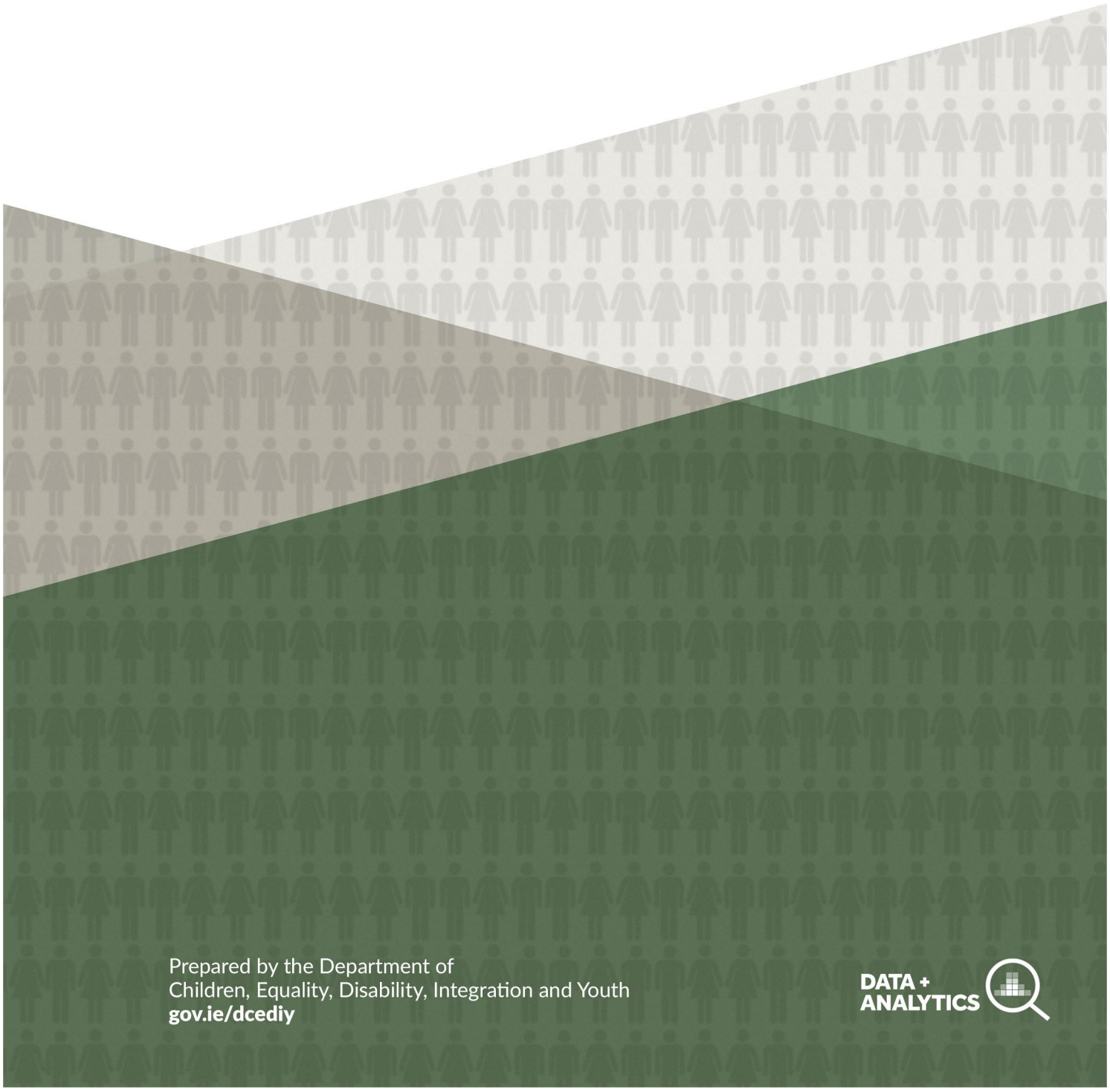
STATISTICAL SPOTLIGHT #10

# The Mental Health of Children and Young People in Ireland



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## Acknowledgements

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# 1. Introduction

This Statistical Spotlight collates available data on children and young people's mental health and mental health service provision in Ireland. A mental health condition or mental disorder is defined by the International Classification of Diseases[1] as "a syndrome characterised by clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes that underlie mental and behavioural functioning". Good mental health is more than just the absence of a mental disorder, and is defined by the World Health Organisation (2022)[2] as "a state of mental wellbeing that enables people to cope with the stresses of life, to realise their abilities, to learn well and work well, and to contribute to their communities".

In order to effectively address the mental health problems of children and young people, both the protective factors and risk factors for mental health conditions need to be better understood. Protective factors refer to characteristics that may improve the likelihood that a person will respond well to the stresses of life, while risk factors refer to those that may increase the possibility of a person developing a mental health disorder. These risk and protective factors span the individual, psychological and social domains; some examples are outlined in Table 1.

The first two sections of this Spotlight will focus on some of the psychological risk and protective factors affecting children and young people in Ireland, such as self-esteem, optimism, anger, and financial stress. Risk and protective factors from the individual and social domains - such as having a long-term health difficulty; experiencing violence in the home; having low socioeconomic status; experiencing bullying and discrimination; family support; peer connectedness; and neighbourhood safety – are largely covered in other Statistical Spotlights and DCEDIY publications

[1] For more information, see https://icd.who.int/browse11/l-m/en

[2] For more information, see https://www.who.int/teams/mental-health-and-substance-use/world-mental-health-report

such as the Better Outcomes, Brighter Futures (BOBF) indicator set[3] and the annual State of the Nation's Children (SONC) reports.[4] For further information, see Table 2.

**Table 1.** Examples of risk and protective factors associated with youth mental health

| | Risk Factors | Protective factors |
|---|---|---|
| Individual | | |
| | Age | Age |
| | Gender | Gender |
| | Long-term health difficulty | |
| Psychological | | |
| | Anger | Self-esteem |
| | Avoidant coping | Optimism |
| | Learning difficulty | Resilience |
| | Financial stress | Coping well with problems |
| | | Support-focused coping |
| | | Problem-focused coping |
| Social | | |
| Family | Family status/structure | Enjoying family life |
| | Parental criticism | Family support |
| | Violence in the home | Parental approval |
| | Low socioeconomic status | |
| | Death of a family member | |
| Friends | Bullying | Friend support |
| | | Peer connectedness |
| | | Satisfaction with friends/romantic partner |
| School | Academic failure | School connectedness |
| Community | Trouble with the Gardaí | Neighbourhood safety |
| | Discrimination | Support from significant others |

Source: My World Survey, 2019

The third part of the Spotlight will examine the prevalence of mental health disorders in general among children and young people in Ireland, with particular emphasis on the most common disorders (depression and anxiety). The fourth part of the Spotlight will shed light on the impact that the Covid-19 pandemic had on the mental health and wellbeing of children and young people. The final part of the Spotlight will focus on trends in mental health service provision for children and young people in Ireland.

[3] To read the indicator set, visit https://www.gov.ie/en/publication/c9ad0-better-outcomes-brighter-future-indicator-set-report-2022/

[4] To read the SONC reports, visit https://www.gov.ie/en/campaigns/1f703-state-of-the-nations-children/

The Spotlight aims to provide data that can assist with the development of effective policies and services that meet the needs of all children and young people, such as BOBF, the national children's policy framework for children and young people 0–24 years.[5] One of the key outcomes of BOBF is for children to be active and healthy (Outcome 1). Indicator areas defined within this outcome are positive perceived mental health and wellbeing (Indicator area 7) and access to child and adolescent mental health services (Indicator area 10). One of the key actions of First 5 - a whole-of-Government strategy to improve the lives of babies, young children and their families - is to promote new developments in child health, including measures to promote the positive mental health of babies and young children.

In this Spotlight, data are presented on risk and protective factors from:

- the European Quality of Life Survey (EQLS)
- the Central Statistics Office's (CSO) Survey on Income and Living Conditions
- the OECD's Programme for International Student Assessment (PISA) study
- Eurostat Statistics on Income and Living Conditions, 2021

Data are presented on mental health disorders from:

- The Global Burden of Disease (GBD) Study
- Eurostat Statistics on Income and Living Conditions, 2021
- The Central Statistics Office's (CSO) Survey on Income and Living Conditions
- The Health Service Executive (HSE)

Data are presented on children and young people's mental health during Covid-19 from:

- The Growing Up in Ireland (GUI) Covid-19 survey
- The DCEDIY report 'How's your head? Young Voices During Covid-19'
- The Healthy Ireland Survey 2021

Data are presented on mental health service provision from:

[5] The five national outcomes identified under BOBF 2014-2020 are being retained for its successor policy framework. For more information about BOBF, see https://www.gov.ie/en/publication/775847-better-outcomes-brighter-futures/

- The Health Research Board's (HRB) National Psychiatric In-patient Reporting System (NPIRS)
- The Health Research Board's (HRB) National Ability Supports System (NASS)
- The Mental Health Commission
- The CSO's Irish Health Survey
- Mcdonnell et al., 2021
- McNicholas et al., 2021

There are several data sources relevant to children and young people's mental health that were not used in this Spotlight as they are covered by the BOBF Indicator Set and the SONC Report. These include data from the WHO's Health Behaviour in School-aged Children (HBSC) study, the Trends in International Maths and Science Study (TIMSS) and Progress in Reading Literacy Study (PIRLS), the Growing Up in Ireland study and the National Self-Harm Registry. A list of relevant mental health indicators that are covered by BOBF and/or SONC are outlined in Table 2 below.

**Table 2.** Indicators relevant to children and young people's mental health in BOBF and SONC

| Indicator | Indicator Present in BOBF | Indicator Present in SONC |
|---|---|---|
| Suicide | Yes, indicator 6 | Yes, Table 107 |
| Positive mental health and wellbeing | Yes, indicator 7 | |
| Self-harm | Yes, indicator 8 | Yes, Table 109 |
| Parental mental health | Yes, indicator 9 | |
| Access to mental health services | Yes, indicator 10 | |
| Positive self-perception/self-esteem | Yes, indicator 21 | Yes, Table 101 |
| Happiness | | Yes, Table 104 |
| Mental health problems | Yes, indicator 22 | |
| School/exam stress | Yes, indicator 23 | |
| School connectedness and enjoyment | Yes, indicator 29 | |
| Discrimination | Yes, indicator 39 | |
| Bullying | Yes, indicators 40 and 41 | Yes, Table 42 |
| Sense of freedom | Yes, indicator 59 | |
| Peer acceptance and respect | Yes, indicator 60 | |
| Parent and family relationships | Yes, indicators 61 and 62 | Yes, Table 24 and Tables 27 - 30 |
| Positive relationships with peers | Yes, indicator 63 | |
| Valued and respected | Yes, indicator 64 | |
| Mental Health Referrals | | Yes, Table 146 and 147 |

Source: Better Outcomes, Brighter Futures Indicator Set Report 2022 and State of the Nation's Children Report, 2022

# 2. Protective factors

Protective factors refer to characteristics that may improve the likelihood that a person will respond well to the stresses of life, and are regarded to influence the likelihood of developing mental health difficulties. Protective factors can cover biological domains, such as age and gender; psychological domains, such as self-esteem, optimism, and resilience; and social domains, such as feeling supported by family and friends, school connectedness, and neighbourhood safety. This Spotlight will present data on a number of protective factors – primarily self-esteem, optimism, happiness, life-satisfaction, social support, help-seeking behaviour, and problem-coping behaviour.

## 2.1. Self-esteem

Self-esteem can be measured by assessing a person's overall evaluation of their worthiness as a human being. Figure 1 examines self-esteem scores[6] among adolescents in Ireland aged 12-19 who were involved in the 2012 and 2019 My World Surveys.[7] Across all year groups, self-esteem decreased slightly between 2012 and 2019, with scores highest among adolescents in first year. In 2012, self-esteem scores were lowest among 4th year students, and in 2019, scores were lowest among 6th year students. Self-esteem scores decreased gradually with age but stabilised or increased slightly in fifth year, before dropping again in sixth year.

[6] Self-esteem was measured using the Rosenberg Self-Esteem scale: a 10-item scale that measures self-worth by measuring both positive and negative feelings about the self. Scores range from 10-40, with higher scores indicating higher self-esteem.

[7] My World is the national study of youth mental health in Ireland, with studies undertaken in 2012 and 2019. The samples included over 14,000 children and young people in 2012 and over 19,000 children and young people in 2019, all of whom were between the ages of 12 and 25.

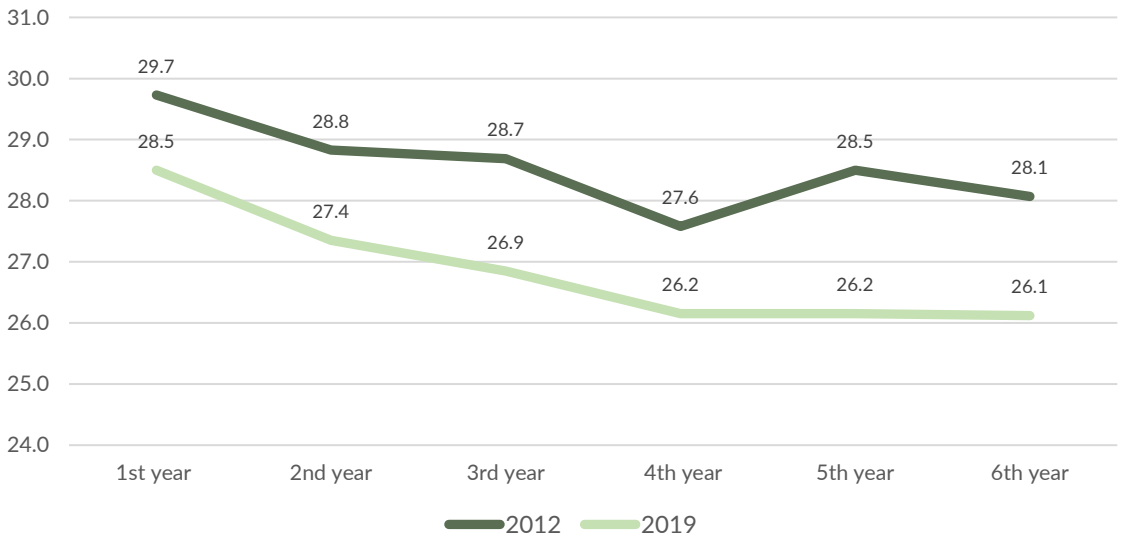


**Figure 1.** Self-esteem by school year, 2012 and 2019
Source: My World Survey, 2012 and 2019

## 2.2. Optimism

The My World surveys also examined levels of optimism among adolescents in Ireland, which was measured on a scale from 0 – 24. Figure 2 reveals that – similar to self-esteem – optimism levels have decreased over time. Optimism scores were highest among first year students in both 2012 and 2019, and were lowest among sixth year students in both 2012 and 2019. Optimism scores decreased gradually with age but increased slightly in fourth or fifth year, before dropping again in sixth year.

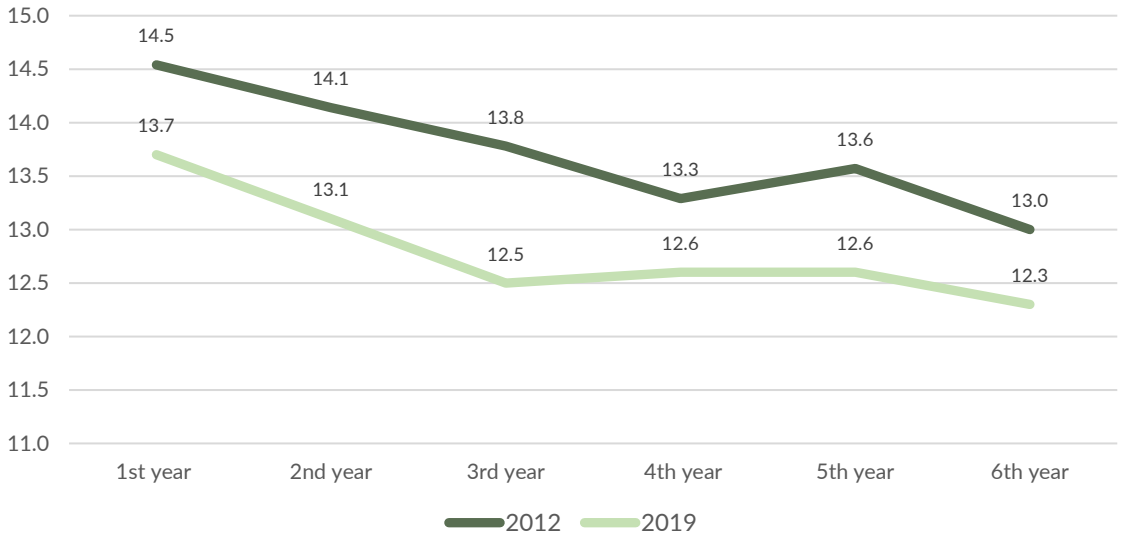


**Figure 2.** Optimism scores by school year, 2012 and 2019
Source: My World Survey, 2012 and 2019

Data from the European Quality of Life Surveys reveal that optimism among 18 – 24 year olds in Ireland has improved over time (see Table 3).[8] The percentage of young people who agreed or strongly agreed with the statement 'I am optimistic about my future' grew from 74% in 2011 to 94% in 2016. This was higher than the EU 27 average of 67% in 2011 and 82% in 2016, making Irish young people the second most optimistic about the future in the EU 27 in 2016. In 2016, optimism was highest in Estonia (95%) and lowest in Spain, Greece and France (69%), and in 2011, optimism was highest in Sweden (93%) and lowest in Greece (22%).

**Table 3.** Percentage of 18 - 24 year olds who are optimistic about the future, EU 27, 2011 and 2016

| | 2011 | 2016 |
|---|---|---|
| Austria | 77% | 89% |
| Belgium | 67% | 83% |
| Bulgaria | 80% | 87% |
| Croatia | 64% | 76% |
| Cyprus | 50% | 79% |
| Czechia | 77% | 74% |
| Denmark | 88% | 94% |
| Estonia | 81% | 95% |
| EU 27 | 67% | 82% |
| Finland | 82% | 88% |
| France | 62% | 69% |
| Germany | 83% | 80% |
| Greece | 22% | 69% |
| Hungary | 56% | 70% |
| Ireland | 74% | 94% |
| Italy | 48% | 71% |
| Latvia | 71% | 90% |
| Lithuania | 74% | 84% |
| Luxembourg | 63% | 89% |
| Malta | 72% | 87% |
| Netherlands | 81% | 84% |
| Poland | 78% | 80% |
| Portugal | 42% | 77% |
| Romania | 68% | 74% |
| Slovakia | 39% | 93% |
| Slovenia | 63% | 76% |
| Spain | 65% | 69% |
| Sweden | 93% | 82% |

Source: European Quality of Life Survey 2011 and 2016

[8] Note that data are ordered by country alphabetically.

## 2.3. Life satisfaction

Figure 3 presents data from the 2012 and 2019 My World surveys on life satisfaction among adolescents (age 12 – 19) in Ireland by school year. Life satisfaction scores ranged from 6 – 42, with higher scores indicating higher levels of life satisfaction. Similar to the data on optimism and self-esteem, average life satisfaction scores experienced a reduction between 2012 and 2019. Scores peaked among first years in both survey years, and were lowest among sixth years in both 2012 and 2019. In both 2012 and 2019, scores declined steadily until fourth year, rose in fifth year, and dropped again in sixth year.

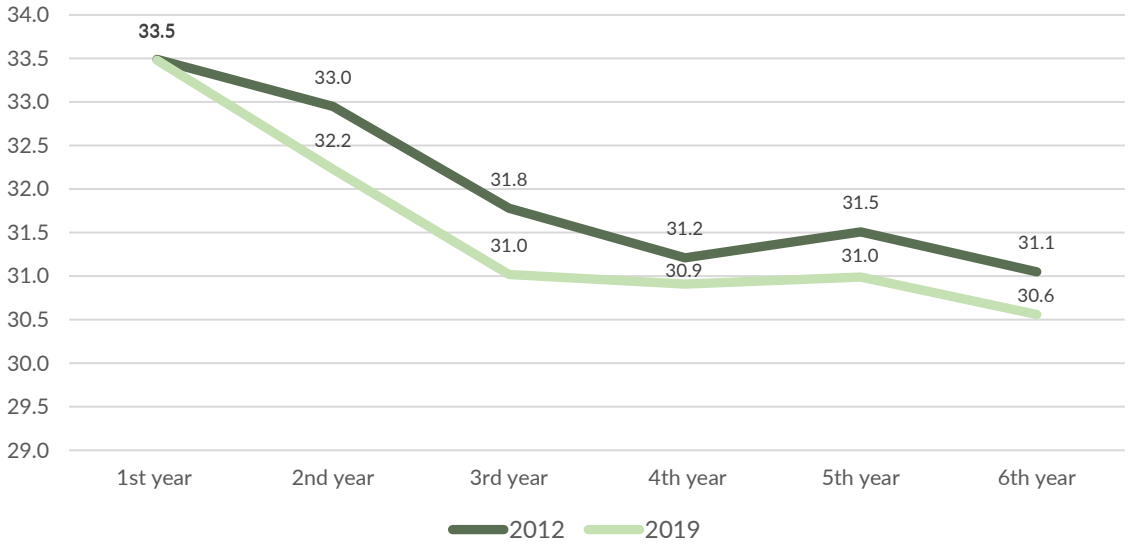


**Figure 3.** Life satisfaction by school year, 2012 and 2019

Source: My World Survey, 2012 and 2019

Table 4 shows the percentage of 16 – 24 year olds in Ireland and the EU 27 who rated their life satisfaction as 'high', 'medium' or 'low' in 2013 and 2018. Half of young people in Ireland reported having 'high' life satisfaction in 2018 compared to 32% in 2013. In contrast, 'high' life satisfaction increased less dramatically in the EU 27 from 2013 to 2018 (30% to 33%). Rates of 'low' life satisfaction among young people in Ireland fell by almost half across the years, from 13% in 2013 to 7% in 2018. Rates of 'low' satisfaction also fell in the EU 27 from 2013 to 2018 (12% to 9%).

Males in Ireland were more likely to report having 'low' life satisfaction in both years. In Ireland, the percentage of males with 'low' life satisfaction was 16% in 2013 and

9% in 2018, while the percentage of females with 'low' life satisfaction was 11% in 2013 and 5% in 2018. In contrast, males and females were equally as likely to have 'low' life satisfaction in the EU 27 in both years (12% each in 2013, 9% each in 2018). Males in Ireland were also more likely to report having 'high' life satisfaction than females in both years. 52% of males in Ireland reported 'high' life satisfaction in 2018, compared to 47% of females. In the EU 27, males were more likely to report having 'high' life satisfaction than females in 2018 (35% of males vs 34% of females), but not in 2015 (29% of males vs 30% of females).

In 2013, life satisfaction among young people in Ireland was similar to the EU 27 average, however there were bigger differences in 2018. Half of young people in Ireland reported having 'high' life satisfaction in 2018, compared to just 33% of young people in the EU 27. Rates of 'medium' life satisfaction were lower in Ireland than the EU 27 average in 2018 (43% vs 56%). Rates of 'low' satisfaction among young people in Ireland were lower than the EU 27 average in 2018 (7% vs 9%).

**Table 4.** Percentage of 16 - 24 year olds in Ireland and the EU 27 rating their life satisfaction as high, medium or low by sex, 2013 and 2018

| | 2013 | | 2018 | |
|---|---|---|---|---|
| | Ireland | EU 27 | Ireland | EU 27 |
| Both Sexes | | | | |
| High | 32% | 30% | 50% | 33% |
| Medium | 55% | 58% | 43% | 56% |
| Low | 13% | 12% | 7% | 9% |
| Females | | | | |
| High | 31% | 30% | 47% | 34% |
| Medium | 58% | 58% | 48% | 57% |
| Low | 11% | 12% | 5% | 9% |
| Males | | | | |
| High | 34% | 29% | 52% | 35% |
| Medium | 50% | 59% | 39% | 55% |
| Low | 16% | 12% | 9% | 9% |

Source: Eurostat Statistics on Income and Living Conditions, 2013 and 2018

Table 5 indicates that life satisfaction among young people aged 16 – 24 has tended to vary by highest level of education attained.[9] Young people in Ireland with the highest levels of education (levels 5 – 8) were the most likely (18%) to report having 'low' life satisfaction in 2013, while they were least likely (4%) in 2018. Young people with education levels 3 and 4 were the least likely (10%) to report having 'low' life satisfaction in 2013, but were most likely (7%) in 2018. In the EU 27, young people with levels 0 – 2 of education were the most likely to report having 'low' life satisfaction in both years (15% in 2013, 12% in 2018). Young people in Ireland with levels 5 – 8 of education were the most likely to report high life satisfaction in 2013 (35%) and in 2018 (61%). This was also the case among young people in the EU 27 with education levels 5 – 8 (32% in 2013, 36% in 2018).

**Table 5.** Percentage of 16 - 24 year olds in Ireland and the EU 27 rating their life satisfaction as high, medium or low by educational attainment level, 2013 and 2018

| | 2013 | | 2018 | |
|---|---|---|---|---|
| | Ireland | EU 27 | Ireland | EU 27 |
| **Levels 0 - 2** | | | | |
| High | 22% | 29% | 58% | 35% |
| Medium | 63% | 56% | 36% | 54% |
| Low | 16% | 15% | 6% | 12% |
| **Levels 3 and 4** | | | | |
| High | 35% | 29% | 43% | 35% |
| Medium | 56% | 60% | 50% | 57% |
| Low | 10% | 11% | 7% | 8% |
| **Levels 5 - 8** | | | | |
| High | 35% | 32% | 61% | 36% |
| Medium | 47% | 59% | 35% | 60% |
| Low | 18% | 10% | 4% | 5% |

Source: Eurostat Statistics on Income and Living Conditions, 2013 and 2018

[9] The classification of educational activities is based on the International Standard Classification of Education (ISCED). Levels 0-2 refer to "less than primary; primary; and lower secondary education". Levels 3 and 4 refer to "upper secondary and post-secondary non-tertiary education". Levels 5-8 refer to "short cycle tertiary; Bachelor's; Master's; and Doctoral level education".

## 2.4. Happiness

Table 6 reveals how young people in Ireland aged 16 – 24 were more likely to report 'always' feeling happy in the last four weeks in 2018 than in 2013 (21% vs 16%). A similar increase occurred in the EU 27, with 20% of young people in 2018 reporting 'always' feeling happy compared to 17% in 2013. However, there was also an increase in young people 'rarely' and 'never' feeling happy in Ireland across the years. 4% of young people reported 'rarely' feeling happy in 2018 compared to 2% in 2013. 2% reported 'never' feeling happy in 2018 compared to 1% in 2013. The opposite trend was seen with the EU 27 average, which experienced a decrease in the percentage of young people reporting 'rarely' feeling happy from 2013 to 2018 (6% to 4%). Reports of young people 'never' feeling happy in the EU 27 stayed the same from 2013 to 2018 (1% each).

The shares of young people 'always' feeling happy were similar in Ireland and the EU 27 in both years. In 2018, 21% of young people in Ireland and 20% of young people in the EU 27 reported 'always' feeling happy. However, the percentages of young people feeling happy 'most of the time' were higher in Ireland than the EU 27 in 2018 (64% vs 56%). Young people in the EU 27 were twice as likely to report feeling happy 'sometimes' compared to young people in Ireland in 2018 (18% vs 9%). Young people in Ireland were twice as likely to report 'never' feeling happy compared to young people in the EU 27 in 2018 (2% vs 1%).

In both years, females in Ireland were more likely than males to 'rarely' feel happy, while males were typically more likely to report feeling happy 'sometimes'. The percentage of males that reported feeling happy 'most of the time' decreased from 75% in 2013 to 56% in 2018, while the percentage of females feeling happy 'most of the time' increased from 66% in 2013 to 73% in 2018. The opposite trend was seen among young people who reported 'always' feeling happy, as the percentage increased from 12% in 2013 to 27% in 2018 among males, but decreased from 19% in 2013 to 13% in 2018 among females. Less than 1% of males in Ireland reported 'never' feeling happy in 2013, however this jumped to 4% by 2018. In contrast, the percentage of females reporting 'never' feeling happy stayed the same from 2013 to 2018 (1%).

**Table 6.** Frequency of being happy in the last 4 weeks (aged 16 - 24 years), by sex and domain, 2013 and 2018

| | 2013 | | 2018 | |
|---|---|---|---|---|
| | Ireland | EU 27 | Ireland | EU 27 |
| Both Sexes | | | | |
| Always | 16% | 17% | 21% | 20% |
| Most of the time | 70% | 55% | 64% | 56% |
| Sometimes | 12% | 22% | 9% | 18% |
| Rarely | 2% | 6% | 4% | 4% |
| Never | 1% | 1% | 2% | 1% |
| Females | | | | |
| Always | 19% | 15% | 13% | 19% |
| Most of the time | 66% | 56% | 73% | 57% |
| Sometimes | 11% | 22% | 8% | 18% |
| Rarely | 3% | 6% | 6% | 4% |
| Never | 1% | 1% | 1% | 1% |
| Males | | | | |
| Always | 12% | 18% | 27% | 20% |
| Most of the time | 75% | 54% | 56% | 56% |
| Sometimes | 12% | 22% | 11% | 18% |
| Rarely | 1% | 5% | 3% | 4% |
| Never | 0% | 1% | 4% | 1% |

Source: Eurostat Statistics on Income and Living Conditions, 2013 and 2018

Table 7 reveals how happiness (in the last four weeks) in Ireland in 2013 and 2018 varied across different educational attainment levels. In 2013, levels of happiness were similar across each level of education, but in 2018 there were stark differences. In both years, young people aged 16 – 24 with the lowest levels of education (0 – 2)[10] were most likely to report 'sometimes' feeling happy (14% in 2013, 21% in 2018). The percentage of this group who reported 'always' feeling happy was 30% in 2018, more than double the percentage in 2013 (12%). The percentage of young people with levels 3 and 4 of education[11] who reported 'rarely' feeling happy increased

[10] Levels 0-2 refer to "less than primary; primary; and lower secondary education".

[11] Levels 3 and 4 refer to "upper secondary and post-secondary non-tertiary education".

substantially from 2013 to 2018 (1% to 6%). The percentage of this group who reported 'never' feeling happy also increased from 2013 to 2018 (0% to 3%). The percentage of young people with levels 5 – 8 of education[12] who reported 'never' feeling happy also increased from 2013 to 2018 (2% to 3%), while the percentage who reported 'always' feeling happy decreased from 15% in 2013 to 11% in 2018.

**Table 7.** Frequency of being happy in the last 4 weeks in Ireland (ages 16 - 24), by educational attainment level, 2013 and 2018

| | Always | Most of the time | Sometimes | Rarely | Never |
|---|---|---|---|---|---|
| 2013 | | | | | |
| Levels 0 - 2 | 12% | 71% | 14% | 2% | 2% |
| Levels 3 and 4 | 17% | 71% | 11% | 1% | 0% |
| Levels 5 - 8 | 15% | 69% | 12% | 3% | 2% |
| 2018 | | | | | |
| Levels 0 - 2 | 30% | 46% | 21% | 2% | 0% |
| Levels 3 and 4 | 21% | 63% | 7% | 6% | 3% |
| Levels 5 - 8 | 11% | 79% | 4% | 3% | 3% |

Source: Eurostat Statistics on Income and Living Conditions, 2013 and 2018

## 2.5. Social support

Levels of perceived social support among adolescents aged 12 - 19 increased slightly over time, from a score[13] of 62.7 in 2012 to 64.5 in 2019 (see Figure 4). This trend occurred across all types of social support, with the highest increase seen in perceived support from a special adult, which rose from 20.8 in 2012 to 21.7 in 2019. Special adults were defined as anyone who could support these adolescents when in need, and included parents, other relatives, neighbours, and teachers.

[12] Levels 5 – 8 refer to "short cycle tertiary; Bachelor's; Master's; and Doctoral level education".

[13] Social support scores ranged from 12 – 84.

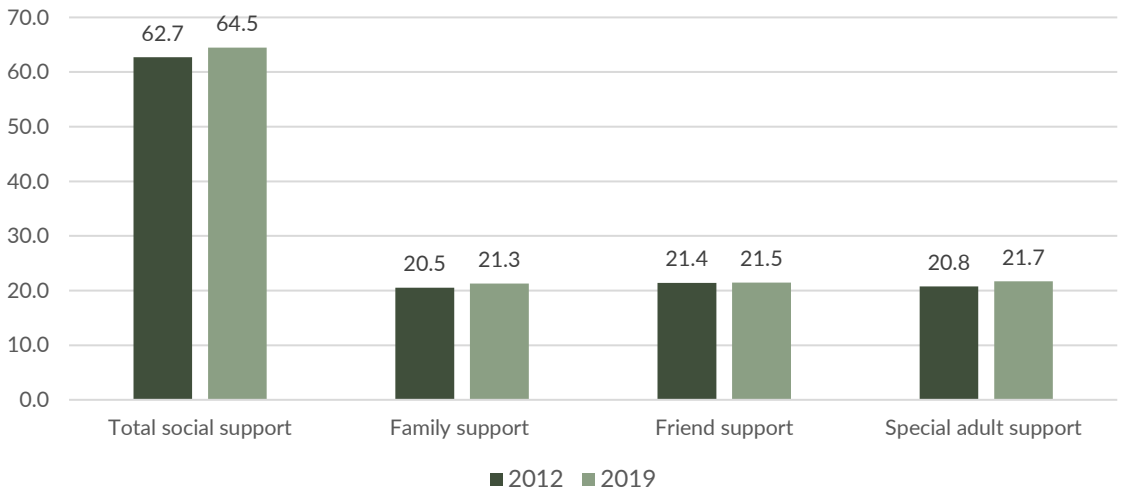


**Figure 4.** Perceived social support among adolescents, 2012 and 2019

Source: My World Survey, 2012 and 2019

## 2.6. Help-seeking behaviour

Figure 5 examines formal help-seeking behaviour among young people aged 18-25, using data from the 2012 and 2019 My World surveys. 28% of young people reported having few or no problems in 2012, which reduced to 25% by 2019. Among those who did report having problems, the most common response was that they "did not need professional help" (36% in 2012 and 28% in 2019). In 2012, the least common response was that they "needed professional help and sought it" (15%), which increased to 24% in 2019. The least common response in 2019 was that they "needed professional help but did not seek it" (23%), which increased from 20% in 2012.

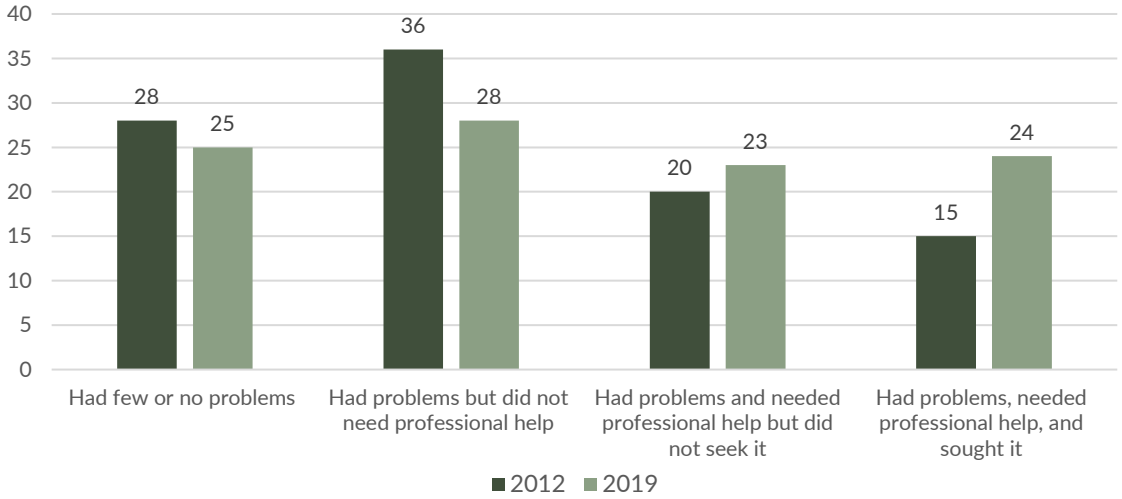


**Figure 5.** Percentage breakdown of formal help-seeking among young people, 2012 and 2019

Source: My World Survey, 2012 and 2019

## 2.7. Problem-coping behaviour

The My World surveys also examined how both adolescents (aged 12-19) and young people (aged 18-25) in Ireland perceive their ability to cope with problems (see Table 8). The percentage of adolescents who reported that they generally coped well with problems reduced from 48% in 2012 to 41% in 2019, and the percentage who reported that they generally did not cope well increased from 5% in 2012 to 8% in 2019. The opposite trend was seen among young people, as the percentage who perceived that they coped well increased from 53% in 2012 to 56% in 2019, however the percentage who thought that they did not cope well also increased during this time from 7% in 2012 to 11% in 2019. Looking at the breakdown of those who perceived that they coped well by gender, a higher percentage of males reported that they felt they were coping well with problems than females. This was consistent across years and age groups.

**Table 8.** Perceived ability to cope with problems by age group, 2012 and 2019

| | 2012 | | 2019 | |
|---|---|---|---|---|
| | Adolescents | Young people | Adolescents | Young people |
| Coped well | 48% | 53% | 41% | 56% |
| Sometimes coped well | 46% | 40% | 51% | 33% |
| Did not cope well | 5% | 7% | 8% | 11% |
| Coped well Male | 58% | 59% | 51% | 60% |
| Coped well Female | 40% | 49% | 33% | 47% |

Source: My World Survey, 2012 and 2019

# 3. Risk factors

Risk factors refer to characteristics that may increase the possibility of a person developing a mental health disorder. Similar to protective factors, risk factors can cover biological domains, such as age and gender; psychological domains, such as avoidant coping and having a learning difficulty; and social domains, such as experiencing low socioeconomic status, violence in the home, academic failure, and discrimination. This Spotlight will present data on a number of risk factors for mental health problems - primarily anger, financial stress, tension, loneliness, self-harm, suicidal ideation, bullying, and having a sense of belonging at school.

## 3.1. Anger

Figure 6 looks at the frequency of feelings of anger among adolescents aged 12-19, using data from the My World surveys. The most common response in both 2012 (45%) and 2019 (47%) was that adolescents did not feel angry a lot, followed by feeling "sometimes angry" (43% in 2012 and 40% in 2019). The least common response was feeling "angry a lot", which increased from 10% of adolescents in 2012 to 13% in 2019.

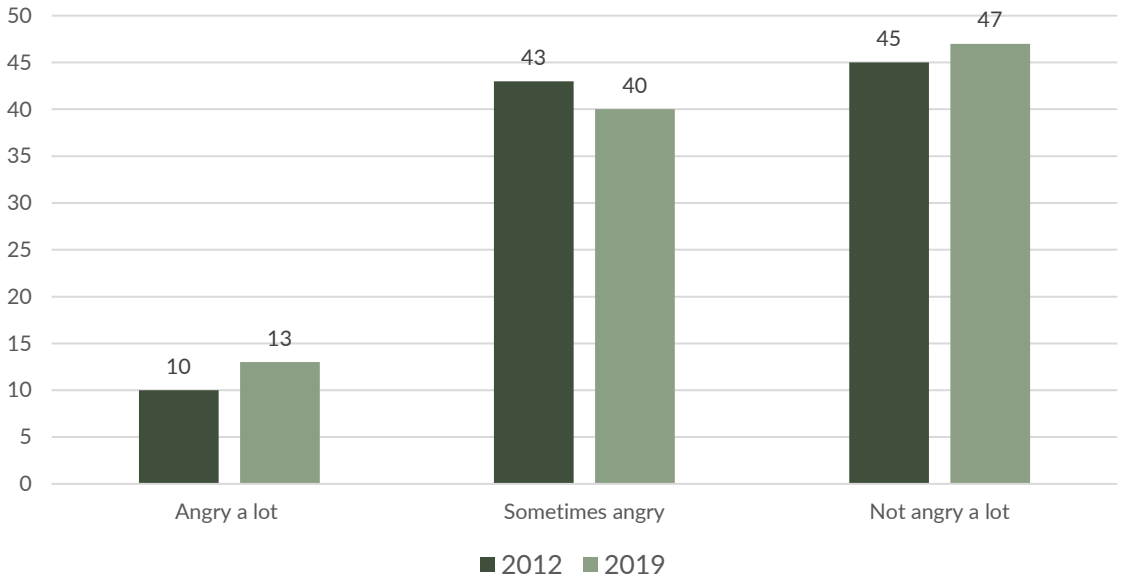


**Figure 6.** Frequency of anger among adolescents, 2012 and 2019
Source: My World Survey, 2012 and 2019

## 3.2. Financial stress

Figure 7 uses My World data to examine the percentage of young people aged 18 – 25 who felt stressed about their current financial situation. The percentage who felt "often stressed" reduced from 45% in 2012 to 37% in 2019, and the percentage who felt "highly stressed" decreased from 14% to 12% over this time period. Among those who felt often or highly stressed in 2019, 54% were female and 40% were male.

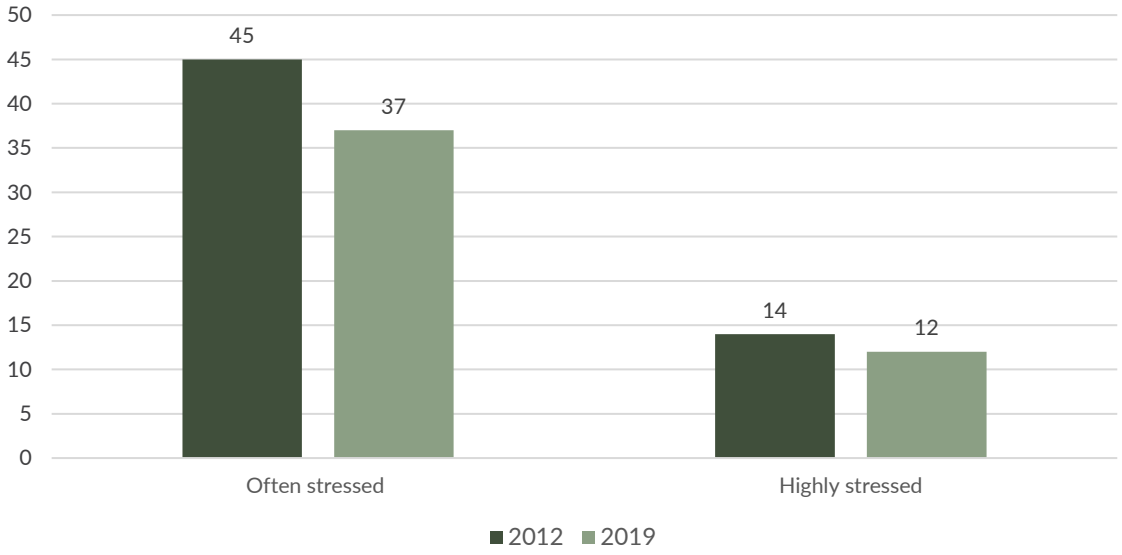


**Figure 7.** Frequency of stress about current financial situation among young people, 2012 and 2019

Source: My World Survey, 2012 and 2019

## 3.3. Tension

Table 9 looks at tension levels among young people living in the EU, and highlights how tension among 18 – 24 year olds in Ireland reduced from 2011 to 2016. The percentage of young people who answered 'I have felt particularly tense most or all of the time' over the last two weeks reduced by over half from 2011 to 2016 (14% to 6%). The percentage of young people in Ireland who felt tense 'most or all of the time' in both 2011 and 2016 was higher than the EU 27 average in 2011 (11%), but lower than the EU 27 average in 2016 (9%). Tension was highest in Cyprus in 2011 (35%) and Belgium in 2016 (22%), and was lowest in Slovenia in 2011 (3%) and Bulgaria and Croatia in 2016 (0% each).

**Table 9.** Percentage of 18 - 24 year olds who have felt tense most or all of the time by EU 27 country, 2011 and 2016

| | 2011 | 2016 |
|---|---|---|
| Austria | 4% | 17% |
| Belgium | 11% | 22% |
| Bulgaria | 7% | 0% |
| Croatia | 11% | 0% |
| Cyprus | 35% | 13% |
| Czechia | 5% | 1% |
| Denmark | 6% | 10% |
| Estonia | 9% | 10% |
| EU 27 | 11% | 9% |
| Finland | 4% | 5% |
| France | 17% | 14% |
| Germany | 15% | 12% |
| Greece | 19% | 7% |
| Hungary | 7% | 4% |
| Ireland | 14% | 6% |
| Italy | 9% | 6% |
| Latvia | 11% | 12% |
| Lithuania | 10% | 4% |
| Luxembourg | 17% | 15% |
| Malta | 15% | 13% |
| Netherlands | 8% | 6% |
| Poland | 4% | 6% |
| Portugal | 12% | 2% |
| Romania | 10% | 11% |
| Slovakia | 7% | 7% |
| Slovenia | 3% | 7% |
| Spain | 7% | 7% |
| Sweden | 14% | 21% |

Source: European Quality of Life Survey, 2011 and 2016

## 3.4. Loneliness

Table 10 reveals how loneliness among 18 – 24 year olds in Ireland reduced from 2011 to 2016. The percentage of young people who answered 'I have felt lonely most or all of the time' over the last two weeks decreased substantially from 2011 to 2016 (7% to less than 1%). The percentage of young people in Ireland who felt lonely

'most or all of the time' was higher than the EU 27 average in 2011 (5%), but lower than the EU 27 average in 2016 (3%). Loneliness was highest in Cyprus in 2011 (20%) and Belgium in 2016 (13%) and was lowest in Austria, Estonia, the Netherlands and Slovenia in 2011 (0% each) and Ireland, Netherlands, Finland, Bulgaria and Croatia in 2016 (less than 1% each).

**Table 10.** Percentage of 18 - 24 year olds who felt lonely most or all of the time by EU 27 country, 2011 and 2016

| | 2011 | 2016 |
|---|---|---|
| Austria | 0% | 3% |
| Belgium | 7% | 13% |
| Bulgaria | 5% | 0% |
| Croatia | 1% | 0% |
| Cyprus | 20% | 3% |
| Czechia | 3% | 5% |
| Denmark | 3% | 2% |
| Estonia | 0% | 3% |
| EU 27 | 5% | 3% |
| Finland | 5% | 0% |
| France | 8% | 6% |
| Germany | 6% | 4% |
| Greece | 2% | 5% |
| Hungary | 4% | 4% |
| Ireland | 7% | 0% |
| Italy | 3% | 3% |
| Latvia | 4% | 1% |
| Lithuania | 5% | 3% |
| Luxembourg | 7% | 3% |
| Malta | 4% | 1% |
| Netherlands | 0% | 0% |
| Poland | 2% | 2% |
| Portugal | 6% | 1% |
| Romania | 6% | 10% |
| Slovakia | 4% | 2% |
| Slovenia | 0% | 1% |
| Spain | 2% | 1% |
| Sweden | 10% | 9% |

Source: European Quality of Life Survey, 2011 and 2016

## 3.5. Self-harm

Table 11 uses My World data to examine the rates of self-harm[14] among young people aged 18-25. The percentage of young people who ever self-harmed increased significantly from 21% in 2012 to 38% in 2019. The majority of those who self-harmed responded that it had not taken place within the past year, while the least common response was that it had taken place in the past month. The rate of self-harm was higher among females (24%) than among males (16%) in 2012. This gender gap increased between 2012 and 2019, with over two in every five females and one in every five males reporting that they had ever self-harmed.

**Table 11.** Self-harm among young people, 2012 and 2019

| | 2012 | 2019 |
|---|---|---|
| Ever | 21% | 38% |
| *Of which* | | |
| Within the past year | 26% | 30% |
| Within the past 6 months | 15% | 14% |
| Within the past month | 14% | 15% |
| Some other time | 45% | 43% |
| Females | 24% | 42% |
| Males | 16% | 22% |

Source: My World Survey, 2012 and 2019

## 3.6. Suicidal ideation

The percentage of young people in Ireland who experienced suicidal ideation also increased between 2012 and 2019, as seen in Table 12. In 2012, just over half of young people aged 19-25 reported that they had ever thought about taking their own life even though they "would not do it". This increased to approximately three in every five young people by 2019. Among this cohort, in both 2012 and 2019, the most common response (38%) was that they had not experienced suicidal ideation within the past year, however 33% reported that they had thought about taking their own life between six months and one year ago.

[14] This refers to the percentage of young people who reported that they reported that they had deliberately hurt themselves without wanting to take their own life.

**Table 12.** Suicidal ideation among young people, 2012 and 2019

| | 2012 | 2019 |
|---|---|---|
| Ever | 51% | 63% |
| *Of which* | | |
| Within the past year | 35% | 35% |
| Within the past 6 months | 14% | 14% |
| Within the past month | 14% | 14% |
| Some other time | 38% | 38% |

Source: My World Survey, 2012 and 2019

## 3.7. Attempted suicide

Table 13 indicates that the percentage of young people who ever attempted suicide has also increased over time, from 7% in 2012 to 10% in 2019. Among those who had ever attempted suicide, the most common response (61% in 2012 and 64% in 2019) was that it had not been attempted within the past year, while the least common response was that it had been attempted in the past month (3% in both 2012 and 2019). In 2019, a higher percentage of females (11%) than males (8%) reported that they ever attempted to take their own life.

**Table 13.** Attempted suicide among young adults, 2012 and 2019

| | 2012 | 2019 |
|---|---|---|
| Ever | 7% | 10% |
| *Of which* | | |
| Within the past year | 24% | 23% |
| Within the past 6 months | 12% | 10% |
| Within the past month | 3% | 3% |
| Some other time | 61% | 64% |

Source: My World Survey, 2012 and 2019

## 3.8. Bullying

The percentage of 15 year old students in Ireland who experienced bullying acts at least a few times a month increased from 2015 to 2018 (see Table 14). 9% of students responded that 'other students left me out of things on purpose' in 2018 compared to 6% in 2015. The percentage who reported that 'I was threatened by other students' and 'I got hit or pushed around by other students' doubled from 2015

to 2018 (3% to 6%). The percentage of students that responded that 'other students made fun of me' almost doubled from 2015 to 2018 (9% to 16%). The percentage that reported that 'other students took away or destroyed things that belong to me' also almost doubled from 2015 to 2018 (3% to 5%).

The most common response in Ireland in both years (9% in 2015, 16% in 2018) was 'other students made fun of me'. The least common (3% each) responses in Ireland in 2015 were 'other students took away or destroyed things that belong to me', 'I got hit or pushed around by other students' and 'I was threatened by other students'. The least common (6%) responses in 2018 were 'I was threatened by other students' and 'I got hit or pushed around by other students'.

In 2015, the percentage of students experiencing bullying acts in Ireland was lower than the OECD across all categories of bullying. In 2018, the percentage of students in Ireland experiencing most bullying acts was generally lower than or equal to the OECD average. However, there was a higher percentage of students that answered 'other students made fun of me' in Ireland (16%) than the OECD (14%). On average, the countries that experienced the most bullying acts in 2018 were Czech Republic and Latvia (14% on average across categories), and the country that experienced the least bullying acts in 2018 was Korea (2% on average across categories).

**Table 14.** Experiences of bullying among 15-year old students by region, 2015 and 2018

| | 2015 | | 2018 | |
|---|---|---|---|---|
| | Ireland | OECD Average | Ireland | OECD Average |
| Other students left me out of things on purpose | 6% | 7% | 9% | 9% |
| Other students made fun of me | 9% | 11% | 16% | 14% |
| I was threatened by other students | 3% | 4% | 6% | 6% |
| Other students took away or destroyed things that belong to me | 3% | 4% | 5% | 7% |
| I got hit or pushed around by other students | 3% | 4% | 6% | 7% |
| Other students spread nasty rumours about me | 6% | 8% | 8% | 10% |

Source: PISA Survey, 2015 and 2018

## 3.9. Sense of belonging at school

Table 15 shows how students (aged 15) experienced a negative shift in their sense of belonging at school from 2015 to 2018. The percentage of students who agreed or strongly agreed with the statements 'I make friends easily at school' and 'other students seem to like me' decreased from 2015 to 2018 (from 81% to 76% and from 91% to 89%, respectively). The percentage of students that disagreed or strongly disagreed with the statement 'I feel awkward and out of place in my school' also decreased from 2015 to 2018 (83% to 78%). The percentage of students who disagreed or strongly disagreed with the statement 'I felt lonely at school' decreased from 2015 to 2018 (88% to 86%).

In 2015, a higher percentage of students agreed with the positive sense of belonging statements in Ireland than the OECD. A higher percentage of students in Ireland also disagreed with the negative sense of belonging statements than in the OCED. This was also the case in 2018, with the exception of a higher percentage of students in the OECD disagreeing with the statement 'I feel awkward and out of my place at school' than in Ireland (80% versus 78% disagreement).

**Table 15.** Sense of belonging at school among 15 year old students by Ireland and OECD average, 2015 and 2018

| | 2015 | | 2018 | |
|---|---|---|---|---|
| | Ireland | OECD Average | Ireland | OECD Average |
| *Agree/Strongly agree* | | | | |
| I make friends easily at school | 81% | 78% | 76% | 75% |
| Other students seem to like me | 91% | 82% | 89% | 81% |
| *Disagree/Strongly disagree* | | | | |
| I feel awkward and out of place in my school | 83% | 81% | 78% | 80% |
| I feel lonely at school | 88% | 85% | 86% | 84% |

Source: PISA Survey, 2015 and 2018

# 4. Mental Health Disorders

A mental health condition or mental disorder is defined by the International Classification of Diseases[15] as "a syndrome characterised by clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes that underlie mental and behavioural functioning". Depressive and anxiety disorders are reported to be the most common mental disorders in the general global population and one of the most important contributors to the global burden of disease worldwide. However, there are a number of different mental health disorders affecting children and young people, including eating disorders; bipolar disorder; conduct disorder; attention-deficit/hyperactivity disorder (A.D.H.D) and personality disorders. This section will outline the prevalence of mental health disorders among children and young people in Ireland and will provide a comparison with other countries; but will focus primarily on depressive and anxiety disorders.

## 4.1. Prevalence of mental health disorders

In 2019, the top three most prevalent mental health disorders[16] among 10 – 24 year olds globally were anxiety and depressive disorders - representing over half (55%) of all mental health disorders - followed by conduct disorder (19%); and A.D.H.D (15%) (see Figure 8).[17] Anxiety and depressive disorders accounted for almost two thirds (63%) of mental disorders for young people in Ireland in 2019 (see Figure 9). The second most prevalent was A.D.H.D (16%), followed by conduct disorders (10%).

[15] See Appendix A for a breakdown of mental health disorders included in ICD-10.

[16] See Appendix B for a list of mental health disorders included in Figures 6 and 7. Time series data are not available for these figures.

[17] The epidemiological estimates of the prevalence of mental health disorders provided by the Global Burden of Disease studies are obtained from mental health surveys conducted within samples representative of the general population.

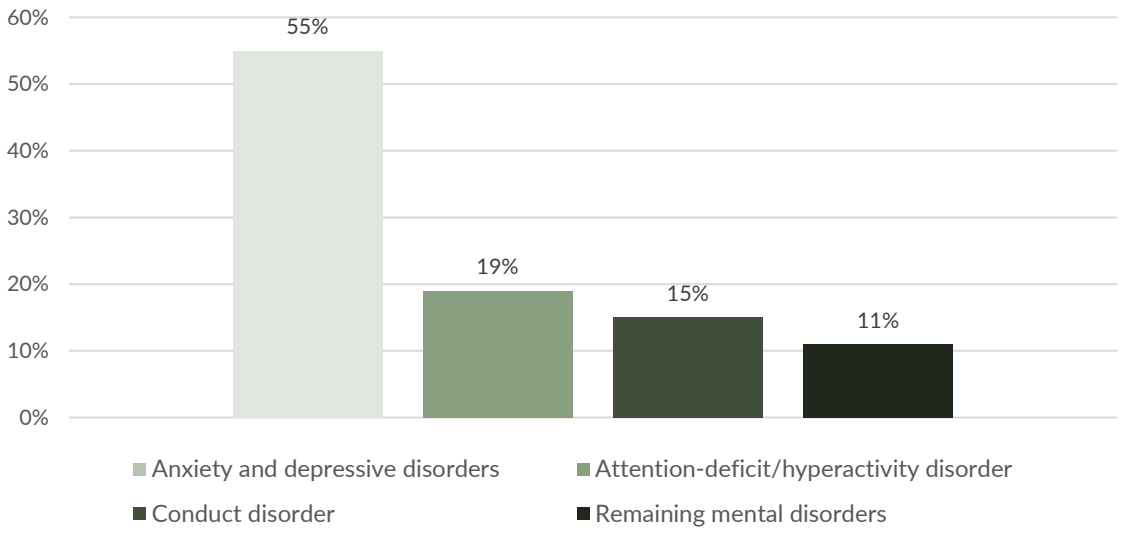


**Figure 8.** Global estimates of key mental disorders among adolescents and young people aged 10 - 24 globally, 2019

Source: Global Burden of Disease (GBD) Study, 2019

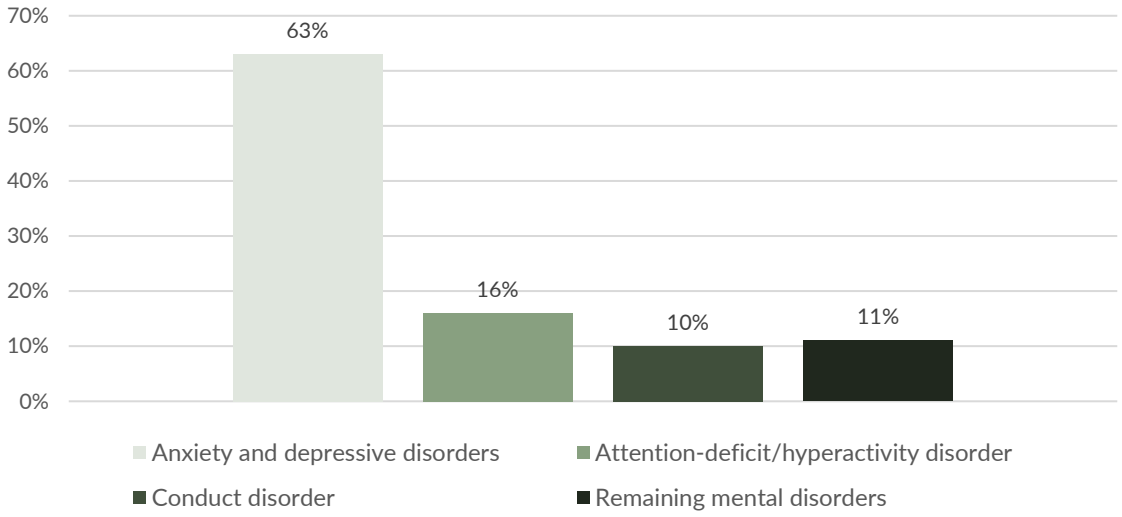


**Figure 9.** Estimates of key mental disorders among adolescents and young people aged 10 – 24 in Ireland, 2019

Source: Global Burden of Disease (GBD) Study, 2019

Table 16 illustrates how, from 2017 to 2019, Ireland consistently had a higher prevalence of mental health disorders than the EU 27 average across all age groups. Spain had the highest prevalence of mental health disorders across all age groups and years, which ranged from 21-24%. However, Ireland had the joint highest prevalence of mental health disorders among the 20-24 year old age group from 2017-2019, which ranged from 21-22%. Poland had the lowest prevalence among the 15-19 and 20-24 age groups from 2017-2019 (11-12%); while Bulgaria, Czechia, Hungary,

Romania, Slovakia and Slovenia each had the lowest prevalence among the 10-14 age group during this time period (12% each).

The prevalence of mental disorders in Ireland decreased for all age groups from 2017 - 2019, with the largest decrease among those aged 15 – 19 (24% in 2017 to 22% in 2019). Mental disorders were most prevalent among those aged 15 – 19, where the prevalence was consistently above 22% in each year. Mental disorders across the EU were also most prevalent among those aged 15 – 19 (19%), however the prevalence of mental disorders for each age group remained stable over time.

**Table 16.** Prevalence of mental disorders among children and young people aged 10 – 24 by EU 27 country, 2017 - 2019

| | Age Group 10 - 14 | | | Age Group 15 - 19 | | | Age Group 20 - 24 | | |
|---|---|---|---|---|---|---|---|---|---|
| Country | 2017 | 2018 | 2019 | 2017 | 2018 | 2019 | 2017 | 2018 | 2019 |
| Austria | 20% | 20% | 20% | 21% | 21% | 21% | 19% | 19% | 19% |
| Belgium | 18% | 18% | 18% | 19% | 19% | 19% | 17% | 17% | 17% |
| Bulgaria | 12% | 12% | 12% | 13% | 13% | 13% | 12% | 12% | 12% |
| Croatia | 13% | 13% | 13% | 13% | 13% | 13% | 12% | 12% | 12% |
| Cyprus | 19% | 19% | 19% | 20% | 20% | 20% | 18% | 18% | 18% |
| Czechia | 12% | 12% | 12% | 13% | 13% | 13% | 12% | 12% | 12% |
| Denmark | 16% | 16% | 16% | 18% | 18% | 18% | 16% | 16% | 16% |
| Estonia | 13% | 13% | 13% | 14% | 14% | 14% | 13% | 13% | 13% |
| EU 27 | 18% | 18% | 18% | 19% | 19% | 19% | 17% | 17% | 17% |
| Finland | 18% | 18% | 18% | 20% | 20% | 20% | 19% | 19% | 19% |
| France | 20% | 20% | 20% | 21% | 21% | 21% | 19% | 19% | 19% |
| Germany | 17% | 17% | 17% | 19% | 19% | 19% | 17% | 17% | 17% |
| Greece | 19% | 19% | 19% | 21% | 21% | 21% | 20% | 20% | 20% |
| Hungary | 12% | 12% | 12% | 13% | 13% | 13% | 12% | 12% | 12% |
| Ireland | 22% | 22% | 21% | 24% | 23% | 22% | 22% | 22% | 21% |
| Italy | 17% | 17% | 17% | 19% | 19% | 19% | 17% | 17% | 17% |
| Latvia | 13% | 13% | 13% | 14% | 14% | 14% | 13% | 13% | 13% |
| Lithuania | 13% | 13% | 13% | 15% | 14% | 14% | 14% | 14% | 14% |
| Luxembourg | 18% | 18% | 18% | 19% | 19% | 19% | 17% | 17% | 17% |
| Malta | 19% | 19% | 19% | 20% | 20% | 20% | 18% | 18% | 18% |
| Netherlands | 20% | 20% | 20% | 21% | 21% | 21% | 19% | 19% | 19% |
| Poland | 13% | 13% | 13% | 12% | 12% | 12% | 11% | 11% | 11% |
| Portugal | 22% | 22% | 21% | 23% | 23% | 23% | 21% | 21% | 21% |
| Romania | 12% | 12% | 12% | 13% | 13% | 13% | 12% | 12% | 12% |
| Slovakia | 12% | 12% | 12% | 13% | 13% | 13% | 12% | 12% | 12% |
| Slovenia | 12% | 12% | 12% | 13% | 13% | 13% | 12% | 12% | 12% |
| Spain | 24% | 24% | 24% | 24% | 24% | 23% | 22% | 22% | 21% |
| Sweden | 17% | 17% | 17% | 19% | 19% | 19% | 18% | 18% | 18% |

Source: Global Burden of Disease (GBD) Study, 2019

Compared to the EU 27, Ireland had a higher prevalence of anxiety disorders, A.D.H.D and depressive disorders among children and young people aged 10-24 from 2017 – 2019 (see Table 17). Anxiety disorders among 10 – 24 year olds were significantly more prevalent in Ireland (10-11%) than in the EU 27 (7%) from 2017 – 2019. The prevalence of depressive disorders was also higher in Ireland (4%) than the EU 27 (3%) during this period of time, as was the prevalence of A.D.H.D (4% in Ireland, 3% in the EU 27).

On average from 2017 – 2019, Ireland had the highest prevalence (0.14%) of schizophrenia among 10 – 24 year olds in EU 27. Portugal was the EU 27 country with the highest prevalence of anxiety disorders in the 10-24 year old age group during this time (11.1%), while Ireland was the country with the second highest prevalence (10.6%). Poland, Italy and Sweden jointly had the highest prevalence (2.3% each) of conduct disorders; Finland and Greece jointly had the highest prevalence (4.7% each) of depressive disorders; and Denmark had the highest prevalence (1.1%) of bipolar disorder. Spain had the highest prevalence (1.1%) of both eating disorders (1.1%) and A.D.H.D (6.2%) among 10 – 24 year olds from 2017 – 2019.

**Table 17.** Prevalence of mental health disorders among 10 - 24 year olds by region, 2017 - 2019

| | Disorders | 2017 | 2018 | 2019 |
|---|---|---|---|---|
| Ireland | Anxiety disorders | 11% | 11% | 10% |
| | Attention-deficit/hyperactivity disorder | 4% | 4% | 4% |
| | Bipolar disorders | 1% | 1% | 1% |
| | Conduct disorders | 2% | 2% | 2% |
| | Depressive disorders | 4% | 4% | 4% |
| | Eating Disorders | 1% | 1% | 1% |
| | Schizophrenia | 0% | 0% | 0% |
| | Other mental disorders | 1% | 1% | 1% |
| European Union | Anxiety disorders | 7% | 7% | 7% |
| | Attention-deficit/hyperactivity disorder | 3% | 3% | 3% |
| | Bipolar disorders | 1% | 1% | 1% |
| | Conduct disorders | 2% | 2% | 2% |
| | Depressive disorders | 3% | 3% | 3% |
| | Eating Disorders | 1% | 1% | 1% |
| | Schizophrenia | 0% | 0% | 0% |
| | Other mental disorders | 1% | 1% | 1% |

Source: Global Burden of Disease (GBD) Study, 2019

Looking at the prevalence of different mental health disorders by age group in Ireland, anxiety disorders were the most common mental disorders for each age group in Ireland from 2017 - 2019, averaging 11% for ages 10 – 14 and 15 – 19 and 10% for ages 20 – 24 (see Table 18). Depressive disorders were most prevalent among 20 – 24 year olds, averaging 6% during this time, and A.D.H.D (5%) and conduct disorders (4%) were most common in the 10 -14 age group. Eating disorders were most common in both the 15 – 19 and 20 – 24 age groups, averaging 1% each. Anxiety decreased in prevalence more than any other disorder from 2017 – 2019, but only among the 10 – 14 and 15 – 19 year olds age groups. The prevalence of all other mental disorders in Ireland remained relatively stable during this time period.

**Table 18.** Prevalence of mental health disorders in Ireland by age group, 2017 - 2019

| | Disorders | 2017 | 2018 | 2019 |
|---|---|---|---|---|
| 10 - 14 | Anxiety disorders | 11% | 11% | 10% |
| | Attention-deficit/hyperactivity disorder | 5% | 5% | 5% |
| | Bipolar disorders | 0% | 0% | 0% |
| | Conduct disorders | 4% | 4% | 4% |
| | Depressive disorders | 2% | 2% | 2% |
| | Eating Disorders | 0% | 0% | 0% |
| | Schizophrenia | 0% | 0% | 0% |
| | Other mental disorders | 0% | 0% | 0% |
| 15 - 19 | Anxiety disorders | 12% | 11% | 11% |
| | Attention-deficit/hyperactivity disorder | 3% | 3% | 3% |
| | Bipolar disorders | 1% | 1% | 1% |
| | Conduct disorders | 2% | 2% | 2% |
| | Depressive disorders | 5% | 5% | 5% |
| | Eating Disorders | 1% | 1% | 1% |
| | Schizophrenia | 0% | 0% | 0% |
| | Other mental disorders | 1% | 1% | 1% |
| 20 - 24 | Anxiety disorders | 10% | 10% | 10% |
| | Attention-deficit/hyperactivity disorder | 2% | 2% | 2% |
| | Bipolar disorders | 1% | 1% | 1% |
| | Conduct disorders | 0% | 0% | 0% |
| | Depressive disorders | 6% | 6% | 6% |
| | Eating Disorders | 1% | 1% | 1% |
| | Schizophrenia | 0% | 0% | 0% |
| | Other mental disorders | 1% | 1% | 1% |

Source: Global Burden of Disease (GBD) Study, 2019

Comparing the prevalence of mental disorders among 10 - 24 year olds in Ireland by sex reveals that females were significantly more likely to have an anxiety disorder than males from 2017 - 2019, averaging 13% for females and 8% for males (see Table 19). Females were also more likely to have a depressive disorder and an eating disorder than males on average. Averaging across the years, approximately 5% of females had a depressive disorder, compared to 3% of males; and approximately 1% of females had an eating disorder, compared to less than 1% of males. Males were more than three times more likely to have A.D.H.D than females during this time (6% versus 2%), and three times more likely to have a conduct disorder than females (3% versus 1%).

**Table 19.** Prevalence of mental health disorders among 10 - 24 years old in Ireland by sex, 2017 - 2019

| | Disorders | 2017 | 2018 | 2019 |
|---|---|---|---|---|
| Females | Anxiety disorders | 14% | 13% | 12% |
| | Attention-deficit/hyperactivity disorder | 2% | 2% | 2% |
| | Bipolar disorders | 1% | 1% | 1% |
| | Conduct disorder | 1% | 1% | 1% |
| | Depressive disorders | 5% | 5% | 5% |
| | Eating Disorders | 1% | 1% | 1% |
| | Schizophrenia | 0% | 0% | 0% |
| | Other mental disorders | 1% | 1% | 1% |
| Males | Anxiety disorders | 8% | 8% | 8% |
| | Attention-deficit/hyperactivity disorder | 6% | 6% | 6% |
| | Bipolar disorders | 1% | 1% | 1% |
| | Conduct disorder | 3% | 3% | 3% |
| | Depressive disorders | 3% | 3% | 3% |
| | Eating Disorders | 0% | 0% | 0% |
| | Schizophrenia | 0% | 0% | 0% |
| | Other mental disorders | 1% | 1% | 1% |

Source: Global Burden of Disease (GBD) Study, 2019

## 4.2. Depression and anxiety

My World survey data reveal that both anxiety and depression symptoms[18] have increased among adolescents aged 12 – 19 between 2012 and 2019 (see Table 20).

[18] Depression and anxiety levels were measured using the DASS-Depression and DASS-Anxiety scales. This is self-report measure in which participants rate the frequency and severity of experiencing negative emotions over the previous week. Negative emotions on the Depression scale included “I felt that I had nothing to look forward to”, while negative emotions on the anxiety scale included “I felt close to panic”.

Among both males and females, the percentage that reported moderate to very severe depression and anxiety symptoms increased during this time, while the percentage that reported normal levels of anxiety and depression decreased. The increase in very severe symptoms was particularly significant among females, as the percentage that reported very severe anxiety symptoms more than doubled from 8% to 19%, and the percentage that reported very severe depression symptoms more than doubled from 5% to 11%. In both years, the percentage of adolescents with mild to very severe depression and anxiety symptoms was higher among females than males, while the percentage with normal symptoms was higher among males.

**Table 20.** Percentage breakdown of anxiety and depression among adolescents, 2012 and 2019

| | 2012 | | 2019 | |
|---|---|---|---|---|
| | Male | Female | Male | Female |
| Anxiety | | | | |
| Normal | 71% | 64% | 59% | 46% |
| Mild | 6% | 8% | 9% | 9% |
| Moderate | 13% | 15% | 18% | 18% |
| Severe | 4% | 5% | 6% | 9% |
| Very severe | 6% | 8% | 9% | 19% |
| Depression | | | | |
| Normal | 76% | 64% | 67% | 55% |
| Mild | 9% | 13% | 10% | 11% |
| Moderate | 9% | 14% | 13% | 16% |
| Severe | 3% | 4% | 5% | 7% |
| Very severe | 3% | 5% | 5% | 11% |

Source: My World Survey, 2012 and 2019

The My World surveys also examined the anxiety and depression symptoms among adolescents aged 12-19 in terms of the level of support they have from a special adult (see Table 21). A special adult is defined as any adult who was available when they were in need, including parents, relatives, teachers, and neighbours. In 2012 and 2019, both anxiety and depression symptoms were significantly higher among adolescents with low levels of support from a special adult. The percentage of adolescents with low support that reported having severe or very severe depression was at least double the level of adolescents with high support in both 2012 and 2019.

The differences in severe and very severe anxiety symptoms between adolescents with low and high support from a special adult were less significant, although the percentage of adolescents with low support that reported severe anxiety symptoms in 2019 was almost double the percentage of adolescents with high support. The percentage with mild, severe or very severe depression and anxiety symptoms increased between 2012 and 2019 among adolescents with low levels of support from a special adult, particularly in the case of very severe depression and anxiety symptoms, while the percentage with normal depression and anxiety symptoms decreased over time. This trend was also seen among adolescents with high levels of support from a special adult, particularly in the case of very severe depression symptoms.

**Table 21.** Anxiety and depression among adolescents by support from a special adult, 2012 and 2019

| | 2012 | | | 2019 | | |
|---|---|---|---|---|---|---|
| | Low support | Neither low nor high support | High support | Low support | Neither low nor high support | High support |
| Anxiety | | | | | | |
| Normal | 53% | 60% | 61% | 38% | 45% | 54% |
| Mild | 11% | 8% | 10% | 8% | 8% | 9% |
| Moderate | 19% | 18% | 14% | 20% | 23% | 17% |
| Severe | 6% | 6% | 5% | 10% | 7% | 7% |
| Very severe | 12% | 9% | 9% | 24% | 18% | 13% |
| Depression | | | | | | |
| Normal | 53% | 67% | 70% | 44% | 51% | 63% |
| Mild | 16% | 11% | 12% | 11% | 11% | 11% |
| Moderate | 16% | 13% | 12% | 18% | 19% | 14% |
| Severe | 7% | 4% | 3% | 10% | 8% | 5% |
| Very severe | 8% | 5% | 3% | 17% | 11% | 7% |

Source: My World Survey, 2012 and 2019

Figure 10 examines how the symptoms of anxiety among young people aged 18-25 vary by sexual orientation. In 2012 and 2019, the percentage of young people who reported experiencing moderate, severe, or very severe anxiety was significantly higher among those who identified as Lesbian, Gay, Bisexual, Asexual and Pansexual (LGBAP) compared to those who identified as heterosexual. This was particularly significant among those who experienced very severe anxiety in 2012, which was 8%

among heterosexual young people but reached 18% among LGBAP young people. The percentage of both heterosexual and LGBAP young people who experienced moderate, severe and very severe anxiety all rose between 2012 and 2019. This increase was particularly severe among heterosexual young people experiencing very severe anxiety, which doubled from 8% to 16% between 2012 and 2019. The percentage who experienced normal levels of anxiety decreased in both groups, particularly in the case of LGBAP young people, which decreased from 52% in 2012 to 28% in 2019.

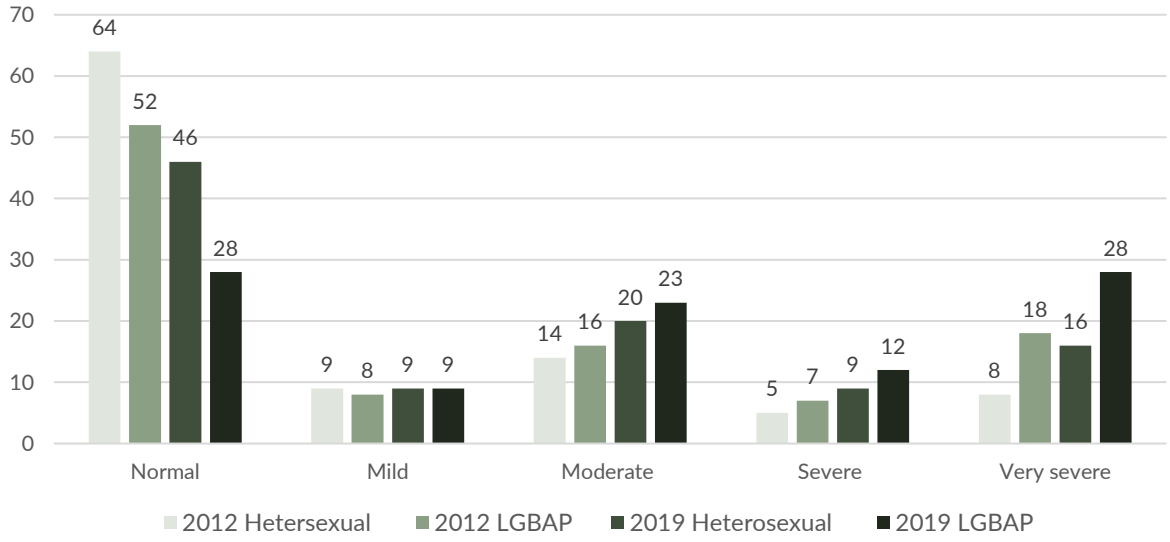


**Figure 10.** Symptoms of anxiety among young people by sexual orientation, 2012 and 2019
Source: My World Survey, 2012 and 2019

Data from the EU-Statistics on Income and Living Conditions (EU-SILC) survey reveals that depressive symptoms among 15 – 24 year olds in Ireland decreased slightly from 6% in 2014 to 5% in 2019 (see Table 22).[19] This was due to a reduction in the percentage of young people experiencing 'major depressive symptoms',[20] which reduced from 3% to 2% during this time. The percentage that experienced 'other depressive symptoms'[21] remained constant during this time. In contrast, the

[19] Note that the EU SILC survey and My World survey show opposing trends in depressive symptoms over time, however this may be due to the use of different methodologies.

[20] Major depressive symptoms are defined in the EU SILC survey as the experience of little interest or pleasure in doing things, or feeling down, depressed or hopeless, as well as the experience of five or more other items from a depressive symptom questionnaire for "at least more than half the days" over the last few weeks. To view the items on this questionnaire, see Appendix C.

[21] Other depressive symptoms are defined in the EU SILC survey as the experience of little interest or pleasure in doing things, or feeling down, depressed or hopeless, as well as the experience of 2 – 4 other items from a depressive symptom questionnaire for "at least more than half the days" over the last few weeks.

percentage of young people in the EU 27 experiencing any depressive symptoms remained constant at 7% between 2014 and 2019. This percentage was higher than the percentage of those experiencing any depressive symptoms in Ireland in both 2014 and 2019.

Looking at depressive symptoms by gender, the same percentage of males and females in Ireland experienced any depressive symptoms in 2014 (both 6%). However, in 2019, 6% of females experienced depressive symptoms, compared to 4% of males. In the EU 27, a higher percentage of females experienced depressive symptoms than males in both 2014 (7% versus 5%) and 2019 (8% versus 6%).

**Table 22.** Current depressive symptoms among 15 - 24 year olds in Ireland and the EU 27 by sex, 2014 and 2019

| | 2014 | | 2019 | |
|---|---|---|---|---|
| | Ireland | EU 27 | Ireland | EU 27 |
| Both Sexes | | | | |
| Any depressive symptoms | 6% | 7% | 5% | 7% |
| Major depressive symptoms | 3% | 3% | 2% | 3% |
| Other depressive symptoms | 3% | 4% | 3% | 4% |
| Females | | | | |
| Any depressive symptoms | 6% | 7% | 6% | 8% |
| Major depressive symptoms | 3% | 3% | 3% | 3% |
| Other depressive symptoms | 3% | 4% | 3% | 5% |
| Males | | | | |
| Any depressive symptoms | 6% | 5% | 4% | 6% |
| Major depressive symptoms | 3% | 2% | 2% | 2% |
| Other depressive symptoms | 3% | 3% | 2% | 4% |

Source: Eurostat Statistics on Income and Living Conditions, 2014 and 2019

Table 23 demonstrates how depressive symptoms among 15 – 24 year olds vary by educational attainment level. In both 2014 and 2019, the percentage of young people in Ireland with any depressive symptoms was highest among those with levels 0-2 of education (7% in both years). Those with levels 5-8 of education were least likely to experience any depressive symptoms (1% in both years). This was also the case in the EU 27, with 7% of those with levels 0-2 of education experiencing any depressive symptoms in 2014, and 8% in 2019.

While the percentage experiencing any depressive symptoms in Ireland remained constant between 2014 and 2019 for both those with levels 0-2 of education and levels 5-8 of education, the percentage did decrease from 7% to 4% among those with levels 3-4 of education. Despite this decrease it should be noted that the percentage experiencing any depressive symptoms remains higher for those with lower levels of educational attainment. In the EU 27, the percentage experiencing any depressive symptoms remained constant among those with levels 5-8 of education, but increased by one percentage point for those with all other levels of education during this time.

**Table 23.** Current depressive symptoms among 15 - 24 year olds in Ireland and the EU 27 by educational attainment level, 2014 and 2019

| | 2014 | | 2019 | |
|---|---|---|---|---|
| | Ireland | EU 27 | Ireland | EU 27 |
| Educational Attainment Levels 0 - 2 | | | | |
| Any depressive symptoms | 7% | 7% | 7% | 8% |
| Major depressive symptoms | 4% | 3% | 3% | 3% |
| Other depressive symptoms | 4% | 4% | 4% | 5% |
| Educational Attainment Levels 3 and 4 | | | | |
| Any depressive symptoms | 7% | 5% | 4% | 6% |
| Major depressive symptoms | 3% | 2% | 2% | 2% |
| Other depressive symptoms | 3% | 3% | 2% | 4% |
| Educational Attainment Levels 5 - 8 | | | | |
| Any depressive symptoms | 3% | 4% | 3% | 4% |
| Major depressive symptoms | 1% | 1% | 1% | 1% |
| Other depressive symptoms | 2% | 2% | 1% | 3% |

Source: Eurostat Statistics on Income and Living Conditions, 2014 and 2019

Table 24 shows how depression and downheartedness among 16 – 24 year olds in Ireland varied by poverty status. The percentage of young people who felt downhearted and depressed was typically higher for those at risk of poverty than for those not at risk of poverty in both 2013 and 2018. In 2018, young people at risk of poverty were more than twice as likely to feel downhearted and depressed 'some of the time' as those not at risk of poverty (21% vs 9%). Almost two thirds of those not

at risk of poverty were likely to feel downhearted and depressed none of the time, compared to only half of those at risk of poverty.

From 2013 to 2018, both those at risk of poverty and those not at risk of poverty experienced a decrease in feeling downhearted and depressed a little of the time, most of the time, and all of the time. Both groups also experienced an increase in feeling downhearted and depressed none of the time. The percentage of those not at risk of poverty that felt downhearted and depressed some of the time decreased from 16% in 2013 to 9% in 2018, while the percentage of those at risk of poverty that felt downhearted and depressed some of the time increased from 18% to 21% during this time.

**Table 24.** Percentage of 16 - 24 year olds in Ireland feeling downhearted and depressed by poverty status, 2013 and 2018

| | 2013 | | 2018 | |
|---|---|---|---|---|
| | At risk of poverty | Not at risk of poverty | At risk of poverty | Not at risk of poverty |
| None of the time | 48% | 54% | 50% | 66% |
| A little of the time | 27% | 26% | 23% | 24% |
| Some of the time | 18% | 16% | 21% | 9% |
| Most of the time | 5% | 3% | 5% | 2% |
| All of the time | 2% | 1% | 1% | 0% |

Source: CSO SILC Module on Well-being, 2013 and 2018

# 5. Impact of the COVID-19 pandemic on Mental Health

This section presents data that can help to shed light on the impact of the Covid-19 crisis on the mental health and wellbeing of children and young people. The restrictions put in place during the subsequent 'lockdown' meant that most in-person activities and events were cancelled for several months, and the general public was directed to stay at home. This included schools and universities, with children in Ireland experiencing one of the longest school closures among OECD countries during the 2019-2020 academic year.[22] Data collected from children and young people during this time reveal that a large majority found that the lockdown experience had a negative effect on their mental health, particularly through an increase in overthinking; concern; worry; anxiety; depression and a sense of hopelessness. This was compounded by the closure of in-person health services during the early stages of the pandemic, which included mental health support services.

## 5.1. Difficulties experienced during the pandemic

Data from the Growing up in Ireland special Covid study reveal that in 2021, 6% of 22-year olds in Ireland reported that they had missed out on mental health support services because of the pandemic (see Figure 11). The percentage of 12-year olds who reported the same was more than double at 13%.

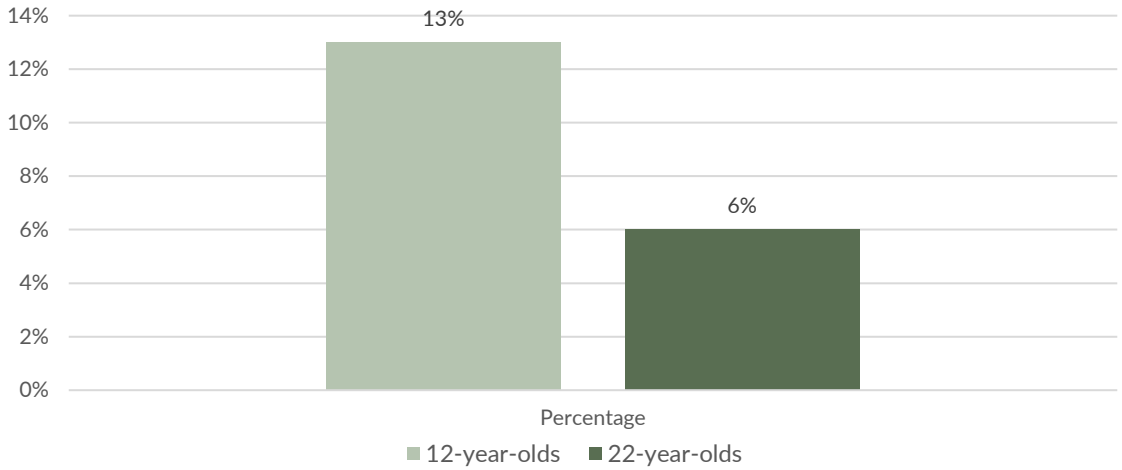


**Figure 11.** Percentage of 12-year-olds (parent-report) and 22-year-olds (self-report) who missed out on mental health support services because of the pandemic, 2021

Source: GUI Special Covid Study, 2021

[22] Primary school children in Ireland lost 141 days of face-to-face instruction during the 2019-2020 academic year.

Table 25 shows what children and young people found difficult during the pandemic in 2020. The most common answer was missing friends, which was mentioned by 36% of 15-17 year olds and 34% of 18-24 year olds. This answer was particularly common among young women; Travellers; users of mental health services; and those living in the family home. The second most common answer among both age groups was school or college problems, which was mentioned by 19% of 15-17 year olds and 28% of 18-24 year olds. School or college problems referred to both education difficulties and challenges associated with not having daily connections with peers and teachers. Online learning was regarded to be a poor substitute for in-person learning, particularly for those with hardware and internet access issues. The third most common response related to effects on their health, which was mentioned by 18% of 15-17 year olds and 21% of 18-24 year olds. Although physical health effects were mentioned, these were far outweighed by mental health effects, which included heightened levels of overthinking; concern; worry; anxiety; depression; and a sense of hopelessness. Those most likely to mention mental health concerns included those with disabilities and illnesses; users of mental health services; and LGBTI+ young people.

The least common responses among children and young people were the effects of media consumption (2% each); the breakdown of summer plans (2% each); and fewer services (3% among children and 4% among young people). Work or money problems was mentioned by only 2% of 15-17 year olds, but was a more significant problem among 18-24 year olds (17%).

**Table 25.** What children and young people were finding difficult during Covid-19, 2020

| | 15-17 year olds | 18-24 year olds |
|---|---|---|
| Boredom/lack of motivation | 15% | 12% |
| Cabin fever | 15% | 17% |
| Effects of media consumption | 2% | 2% |
| Fewer services | 3% | 4% |
| Health (including mental health) affected | 18% | 21% |
| Isolation/loneliness | 13% | 17% |
| Lack of routine/structure | 11% | 12% |
| Loss of social life | 8% | 11% |
| Missing family | 13% | 14% |
| Missing friends | 36% | 34% |
| Reduced sports/exercise options | 9% | 6% |
| School/college problems | 19% | 28% |
| Social distancing | 5% | 6% |
| Summer plans ruined | 2% | 2% |
| Work/money problems | 2% | 17% |

Source: DCEDIY's 'How's your Head? Young Voices during Covid-19', 2020

## 5.2. Change in mental health during the pandemic

From October 2020 to March 2021, almost half of 15 – 17 year olds (42%) and 18 – 24 year olds (46%) reported that their mental health had worsened since the beginning of Covid-19 restrictions in Ireland[23] (see Figure 12). This was the most common answer among 18 – 24 year olds, while the most common answer (53%) among 15 – 17 year olds was that their mental health had stayed the same. Females were more likely than males to report a decline in mental health, with over half of females aged 15 – 17 (51%) and females aged 18 – 24 (52%) reporting a decline. Males from the 15 - 17 age group were most likely (11%) to report an improvement in mental health, while females from this age group were least likely to report an improvement (0%).

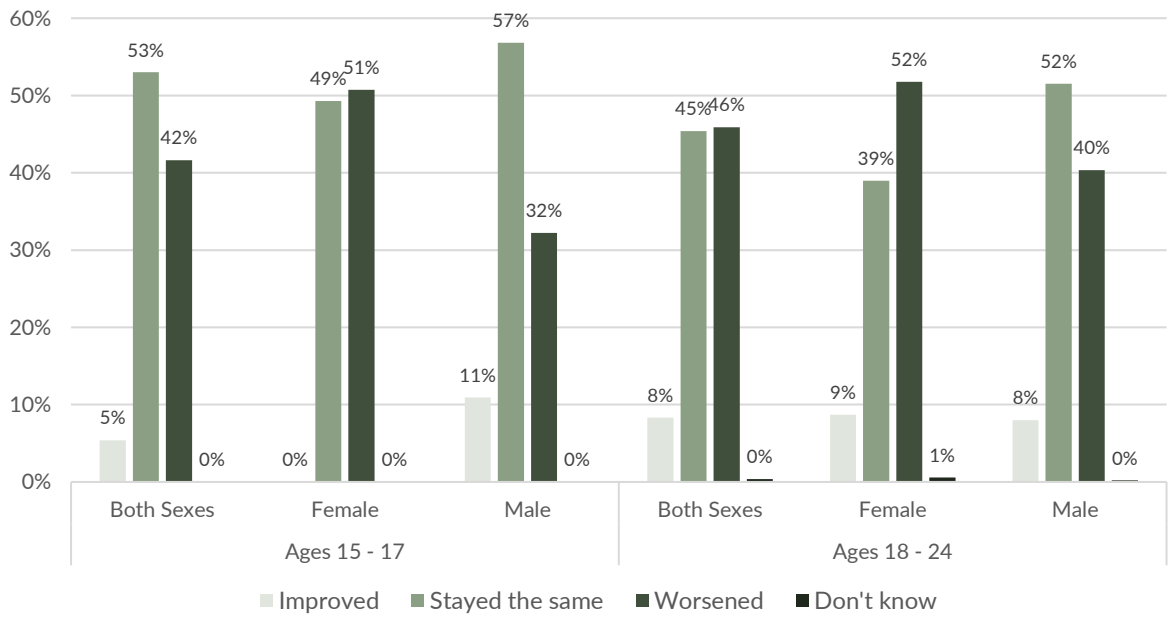


**Figure 12.** Change in mental health since the start of the Covid-19 restrictions, by age and sex, March 2020 - 2021

Source: Healthy Ireland Survey, 2021

From October 2020 to March 2021, over half (58%) of all children aged 15 – 17 years old who reported that their mental health had improved since the beginning of Covid-19 restrictions in Ireland (March - October 2020) said that their mental health had improved by 'a lot' (see Figure 13). In comparison, only 44% of all young people aged 18 – 24 who mentioned that their mental health improved reported the same.[24]

[23] Note small sample sizes

[24] Note small sample sizes

Conversely, young people aged 18 – 24 who mentioned that their mental health had improved were more likely (56%) to report that it had improved 'a little' (56%) than children aged 15 – 17 (42%).

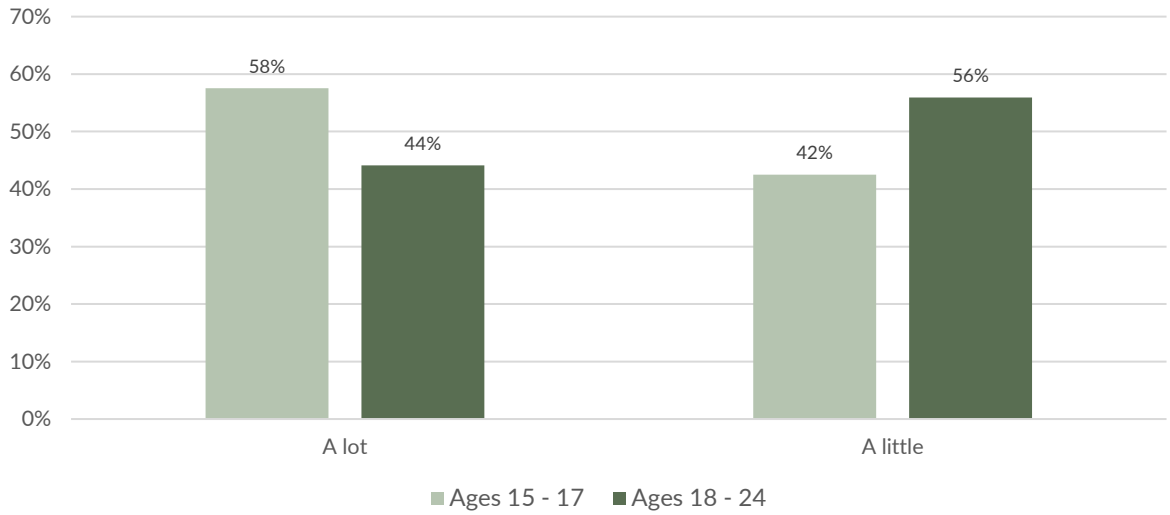


**Figure 13.** Improvement in mental health since the beginning of Covid-19 restrictions by age, March 2020 - 2021

Source: Healthy Ireland Survey, 2021

Approximately half (48%) of all females who reported an improvement in mental health since the beginning of Covid-19 restrictions in Ireland said that their mental health had improved by 'a lot' compared to 43% of males who reported the same (see Figure 14). Males who reported an improvement in mental health were more likely (57%) to report that their mental health had improved 'a little' than females who reported the same (52%).

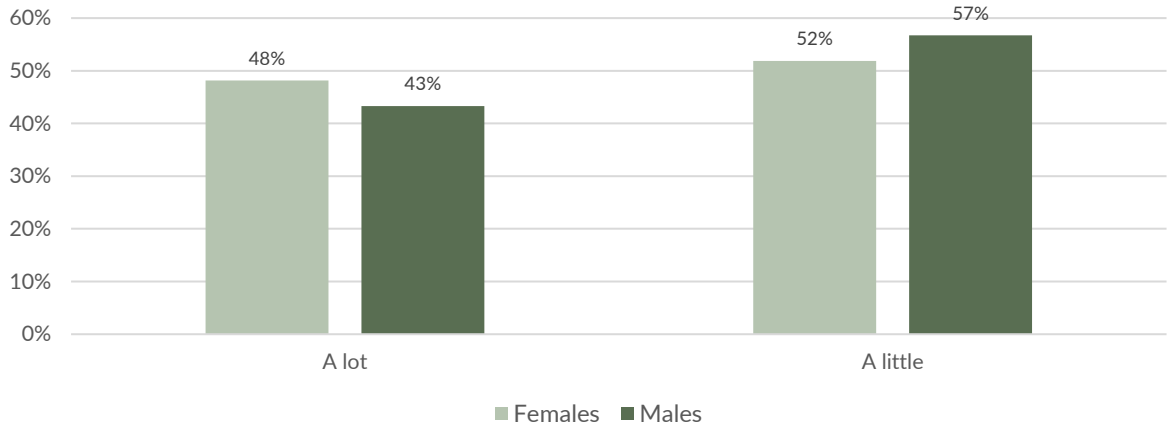


**Figure 14.** Improvement in mental health since the beginning of Covid-19 restrictions by sex, March 2020 - 2021

Source: Healthy Ireland Survey, 2021

Approximately half (47%) of all children aged 15 – 17 who reported a decline in mental health since the beginning of Covid-19 restrictions in Ireland said that their mental health had declined by 'a lot' compared to 26% of young people aged 18 – 24 who reported the same (see Figure 15). In contrast, 74% of young people aged 18 – 24 who reported a decline in mental health stated that their mental health had declined 'a little', compared to 53% of children aged 15 – 17 who reported the same.

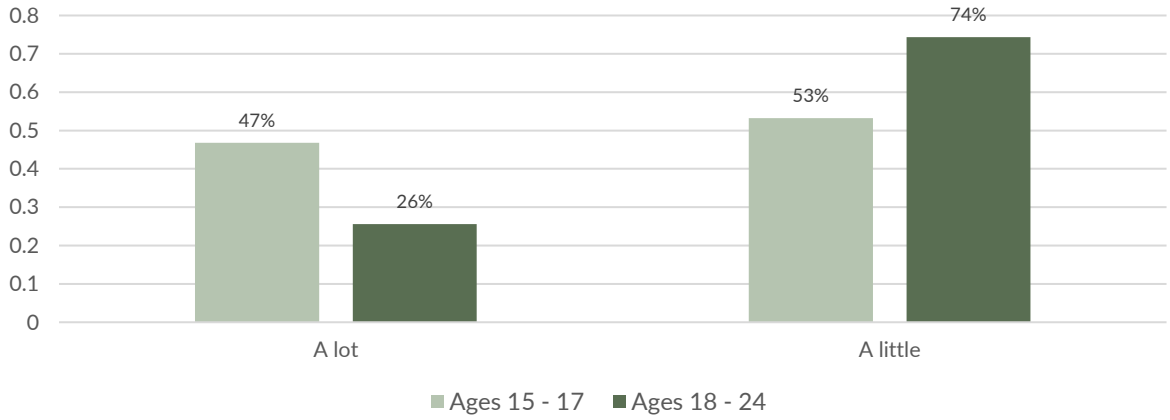


**Figure 15.** Decline in mental health since the beginning of Covid-19 restrictions by age, March 2020 - 2021

Source: Healthy Ireland Survey, 2021

A third (33%) of all females who reported a decline in mental health since the beginning of Covid-19 restrictions in Ireland said that their mental health had declined by 'a lot' compared to 23% of males who reported the same (see Figure 16). Conversely, 77% of all males who reported a decline in mental health said that their mental health had declined 'a little', compared to 67% of females who reported the same.

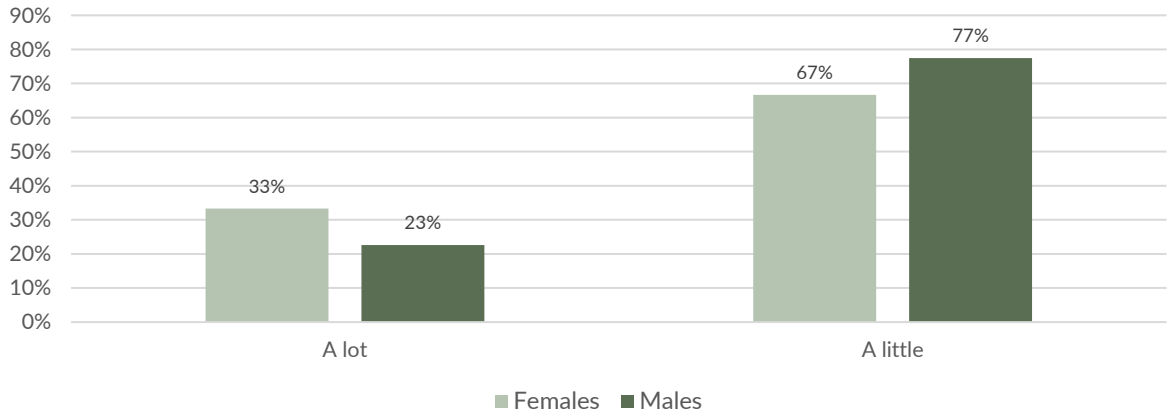


**Figure 16.** Decline in mental health since the beginning of Covid-19 restrictions by sex, March 2020 - 2021

Source: Healthy Ireland Survey 2021

# 6. Mental Health Service Provision

This section examines mental health service provision for children and young people in Ireland. This includes the percentage of young people that attended a psychiatrist, psychologist or psychotherapist consultation; the number of clinical psychology places available for children; child admissions to adult and child and adolescent mental health services (CAMHS) approved centres; the number of referrals and dismissals for CAMHS; the number of CAMHS referrals seen by mental health services; and the percentage of CAMHS bed days used; as well as the percentage of children admitted to Irish psychiatric units and hospitals and most common primary admission diagnoses; and the number of mental health presentations to emergency departments.

## 6.1. Experiences of young people with mental health services

Table 26 shows that the percentage of 15 – 24 year olds in Ireland that ever attended a psychiatrist, psychologist or psychotherapist consultation increased between 2015 and 2019.[25] In both years, females were more likely to have attended a consultation than males. In 2015, 7% of females had attended a consultation compared to 6% of males. In 2019, almost double the number (13%) of females had attended a consultation than males (7%). The percentage of females that had attended a consultation almost doubled from 2015 to 2019 (7% to 13%). The percentage of males who attended a consultation increased from 6% to 7% from 2015 to 2019.

**Table 26.** Percentage of 15 - 24 year olds in Ireland that had ever attended a psychiatrist, psychologist or psychotherapy consultation by sex, 2015 and 2019

| | Total | |
|---|---|---|
| Sex | 2015 | 2019 |
| Female | 7% | 13% |
| Male | 6% | 7% |

Source: CSO Irish Health Survey, 2015 and 2019

[25] There are significant methodological differences surrounding data collection between the two waves of the Irish Health Survey (2015 and 2019), therefore direct comparisons should be interpreted with caution.

## 6.2. Use of Child and Adolescent Mental Health Services (CAMHS)

The number of children (under 18) in receipt of clinical psychology services in Ireland increased by 154%, from 488 in 2019 to 1,238 in 2020 (see Figure 17). The number of children in need of services[26] increased by a half (52%) during this time, from 304 in 2019 to 463 in 2020. The enhancement required to current places[27] decreased by a fifth (19%), from 134 in 2019 to 108 in 2020.

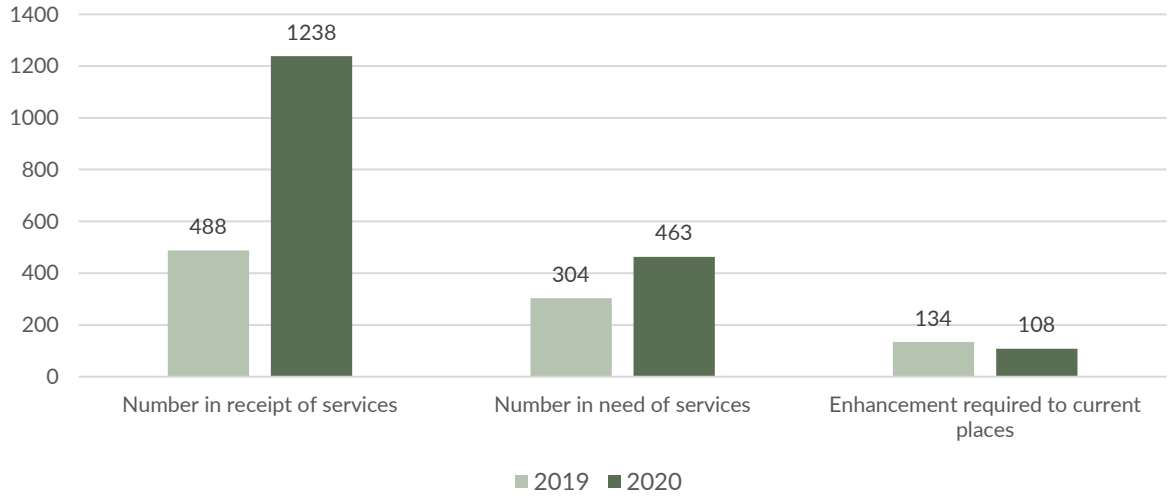


**Figure 17.** Clinical psychology places for those aged under 18 years old, 2019 and 2020
Source: National Ability Supports System Annual Reports, 2019 and 2020

The number of child admissions to adult mental health units decreased by almost two thirds (61%) over time, from 82 in 2017 to 32 in 2021 (see Figure 18). The number of children admitted to Child and Adolescent Mental Health Service (CAMHS) units[28] increased by almost a third (32%) during this time, from 357 in 2017 to 472 in 2021.

[26] This refers to someone who has been assessed and is identified as having an unmet service need for a service that they currently aren't receiving, either in the current year or within the next five years.

[27] This refers to a situation where an enhancement is needed to a service currently being received, for example, additional nights per week, change in frequency, or the level of support in a service.

[28] This includes repeat admissions for the same person where applicable.

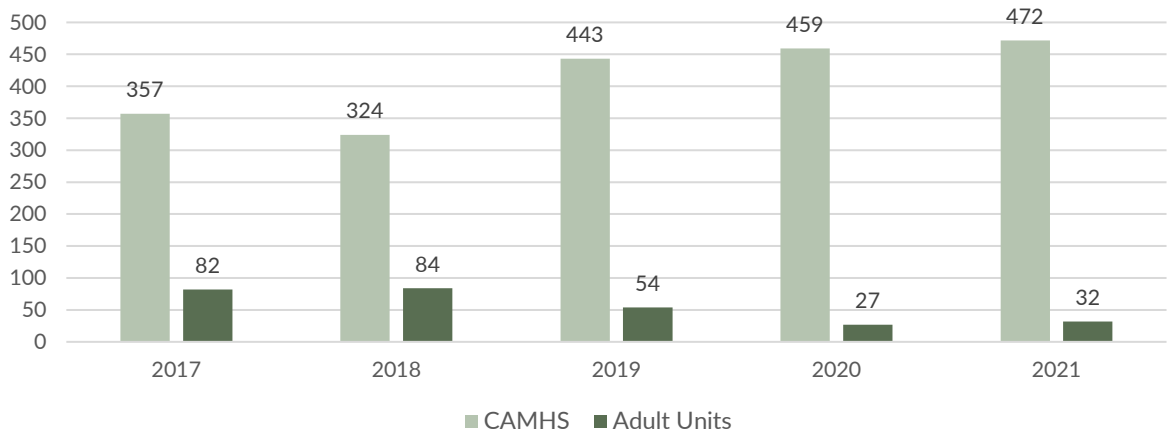


**Figure 18.** Child admissions to adult and CAMHS approved centres, 2017 – 2021
Source: Mental Health Commission Annual Reports, 2017 – 2021

Children aged 16 and 17 were the most likely to be admitted to an adult mental health unit in each year from 2019 – 2021 (see Table 27). No children under the age of 15 were admitted to an adult unit from 2019 – 2021. Children aged 17 were the most likely to be admitted to a CAMHS unit.[29]

**Table 27.** Child admissions to adult and CAMHS approved centres by age, 2019 - 2021

| | 2019 | | 2020 | | 2021 | |
|---|---|---|---|---|---|---|
| Age | Adult unit | CAMHS unit | Adult unit | CAMHS unit | Adult unit | CAMHS unit |
| 13 years and under | 0 | 29 | 0 | 39 | 0 | 29 |
| 14 years | 0 | 54 | 0 | 75 | 0 | 59 |
| 15 years | 6 | 89 | <5 | 94 | <5 | 85 |
| 16 years | 16 | 118 | 14 | 103 | <5 | 100 |
| 17 years | 32 | 153 | 11 | 148 | 25 | 138 |

Source: Mental Health Commission Annual Reports 2017 - 2021

The number of CAMHS referrals seen by mental health services increased by a fifth (22%) from 2017 – 2021, from 10,304 to 12,614 (see Figure 19). The number of referrals increased by 21% from 2020 to 2021 (10,456 to 12,614).

[29] This total does not include repeat admissions for the same person.

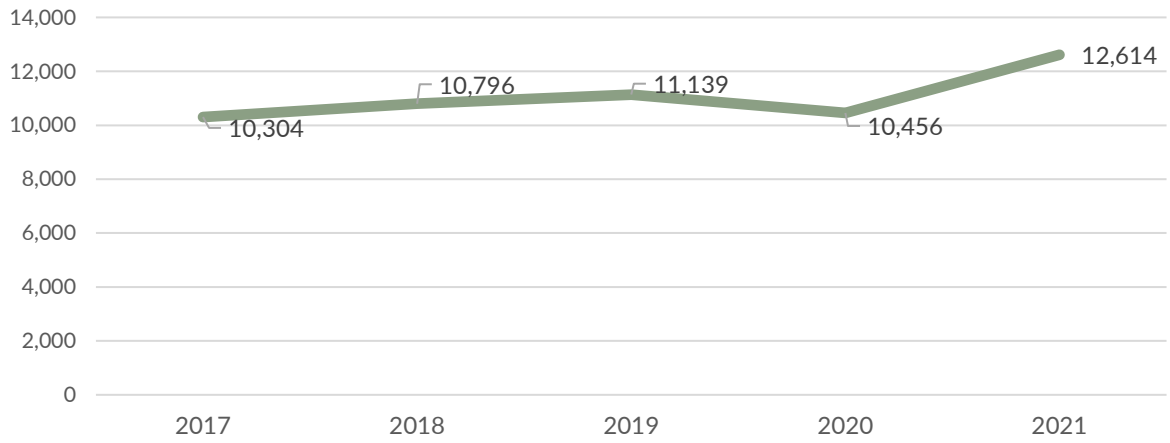


**Figure 19.** Number of CAMHS referrals seen by mental health services, 2017 - 2021
Source: HSE Annual Reports, 2019 – 2021

The percentage of CAMHS bed days used[30] increased steadily from 2017 – 2021, despite experiencing a decline from 2017 to 2018 (see Figure 20). 96.9% of CAMHS bed days were used in 2017, which rose to 99.6% by 2021.

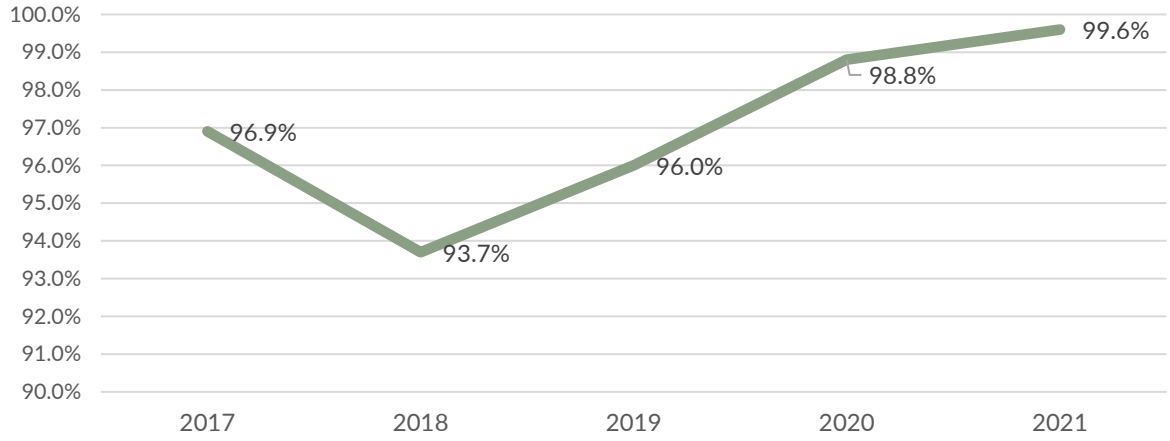


**Figure 20.** Percentage of CAMHS Bed Days Used, 2017 – 2021
Source: HSE Annual Reports, 2019 – 2021

## 6.3. Admissions to psychiatric units

The percentage of children aged 13 years or younger being admitted to Irish psychiatric units and hospitals increased from 2018 – 2020 (see Table 28). The percentage of all[31] admissions who were 13 years or younger grew from 6% in 2018 to 8% in 2020. The percentage of first admissions for this group also increased, from 8% in 2018 to 9% in 2020. Across all years, children admitted to psychiatric units

[30] This refers to the number of bed days used in HSE Child and Adolescent Acute Inpatient Units as a percentage of total number of bed days used by children in mental health acute inpatient units

[31] All admissions includes re-admissions.

were most likely to be 17 years old. Admissions of 14 year olds to psychiatric units increased by the greatest amount of any age, from 10% in 2018 to 15% in 2020. Admissions of 16 and 17 year olds to psychiatric units decreased over time, with the percentage of admissions aged 16 year olds decreasing more substantially from 31% in 2018 to 24% in 2020.

**Table 28.** Percentage of child and adolescent admissions to Irish psychiatric units and hospitals by age, 2018 - 2020

| Year | 2018 | | 2019 | | 2020 | |
|---|---|---|---|---|---|---|
| | All | First | All | First | All | First |
| 13 years or younger | 6% | 8% | 6% | 7% | 8% | 9% |
| 14 years | 10% | 11% | 11% | 12% | 15% | 17% |
| 15 years | 17% | 18% | 19% | 19% | 20% | 22% |
| 16 years | 31% | 30% | 27% | 28% | 24% | 23% |
| 17 years | 35% | 33% | 37% | 34% | 33% | 29% |

Source: HRB NPIRS annual reports, 2018 - 2020

There were consistently more females than males admitted to Irish psychiatric units from 2018 – 2020 (see Table 29). The ratio of females to males increased from a 62% to 38% ratio in 2018, to a 71% to 29% ratio in 2020. Children of all ages admitted to psychiatric units were more likely to be female than male each year. The 13 years or younger age group was most likely to be female on average across the years, ranging from 73% to 83% of all admissions within that age group. The highest share of male admissions was seen among 17 year olds, ranging from 30 – 46% of admissions among this age group.

**Table 29.** Percentage of child and adolescent admissions to Irish psychiatric units and hospitals by gender, 2018 - 2020

| | 2018 | 2019 | 2020 |
|---|---|---|---|
| Females | 62% | 63% | 71% |
| 13 years or younger | 73% | 83% | 79% |
| 14 years | 67% | 75% | 81% |
| 15 years | 65% | 63% | 73% |
| 16 years | 68% | 60% | 65% |
| 17 years | 54% | 64% | 70% |
| Males | 38% | 38% | 29% |
| 13 years or younger | 27% | 17% | 21% |
| 14 years | 33% | 25% | 19% |
| 15 years | 35% | 37% | 27% |
| 16 years | 32% | 40% | 35% |
| 17 years | 46% | 36% | 30% |

Source: HRB NPIRS annual reports, 2018 - 2020

Table 30 indicates that the top three most common primary admission diagnoses for all children (under 18) admitted to Irish psychiatric units from 2017 – 2020 on average were depressive disorders (31%), neuroses (14%) and eating disorders (12%). Neuroses diagnoses among all children admitted decreased from 2018 to 2020 (15% to 10%). Eating disorder diagnoses among all children admitted more than doubled during this time (8% to 18%). Diagnoses of behavioural and emotional disorders of childhood and adolescence tripled among all children (2% to 6%), while other and unspecified disorders diagnoses decreased (20% to 14%).

**Table 30.** Percentage of child and adolescent admissions to psychiatric units by primary admission diagnosis, 2018 - 2020

| | 2018 | | 2019 | | 2020 | |
|---|---|---|---|---|---|---|
| Primary Admission Diagnosis | All | First | All | First | All | First |
| Organic Mental Disorders | 0% | 0% | 0% | 0% | 0% | 0% |
| Alcoholic Disorders | 0% | 0% | 0% | 0% | 0% | 0% |
| Other Drug Disorders | 2% | 2% | 3% | 4% | 1% | 2% |
| Schizophrenia, Schizotypal and Delusional Disorders | 12% | 10% | 10% | 10% | 8% | 10% |
| Depressive Disorders | 31% | 32% | 32% | 33% | 31% | 33% |
| Mania | 4% | 1% | 3% | 4% | 4% | 4% |
| Neuroses | 15% | 16% | 16% | 14% | 10% | 11% |
| Eating Disorders | 8% | 8% | 11% | 8% | 18% | 16% |
| Personality and Behavioural Disorders | 4% | 3% | 7% | 7% | 5% | 4% |
| Intellectual Disability | 0% | 0% | 0% | 0% | 0% | 0% |
| Development Disorders | 2% | 2% | 4% | 4% | 2% | 2% |
| Behavioural and Emotional Disorders of Childhood and Adolescence | 2% | 3% | 6% | 5% | 6% | 5% |
| Other and Unspecified | 20% | 22% | 8% | 11% | 14% | 13% |

Source: HRB NPIRS annual reports, 2018 - 2020

Among children under 18 who were admitted to a psychiatric hospital unit from 2018 – 2020, depressive disorders were the most common primary admission diagnosis among both males and females (see Table 31). In 2020, males were more likely than females to be admitted with a primary admission diagnosis of a depressive order (35% versus 30%). Schizophrenia was the second most common (16%) primary admission diagnosis among males admitted in 2020, followed by neuroses (13%). Eating disorders were the second most common (24%) primary admission diagnosis of females admitted in 2020, followed by other and unspecified mental disorders (15%).

In all years, females admitted were the least likely to have a primary admission diagnosis of an organic mental disorder (0%), alcoholic disorder (0%) or intellectual disability (0%). Males admitted were least likely to have a primary admission diagnosis of alcoholic disorders in all years (0%). Females admitted in 2020 were six times more likely (24%) to have a primary admission diagnosis of an eating disorder than males (3%). They were also twice as likely (6%) to have a primary admission diagnosis of a personality and behavioural disorder than males (3%). Males admitted in 2020 were over three times more likely (16%) to have a primary admission diagnosis of schizophrenia than females (5%). They were also three times more likely (3%) to have a primary admission diagnosis of a drug disorder than females (1%) in 2020.

**Table 31.** Percentage of child and adolescent admissions to psychiatric units by primary admission diagnosis and sex, 2018 - 2020

| | 2018 | 2019 | 2020 |
|---|---|---|---|
| Females | 69% | 63% | 61% |
| Organic Mental Disorders | 0% | 0% | 0% |
| Alcoholic Disorders | 0% | 0% | 0% |
| Other Drug Disorders | 1% | 1% | 1% |
| Schizophrenia, Schizotypal and Delusional Disorders | 10% | 5% | 5% |
| Depressive Disorders | 29% | 33% | 30% |
| Mania | 5% | 2% | 3% |
| Neuroses | 14% | 17% | 9% |
| Eating Disorders | 11% | 16% | 24% |
| Personality and Behavioural Disorders | 5% | 9% | 6% |
| Intellectual Disability | 0% | 0% | 0% |
| Development Disorders | 1% | 3% | 1% |
| Behavioural and Emotional Disorders of Childhood and Adolescence | 3% | 6% | 7% |
| Other and Unspecified | 21% | 8% | 15% |
| Males | 31% | 38% | 39% |
| Organic Mental Disorders | 1% | 0% | 0% |
| Alcoholic Disorders | 0% | 0% | 0% |
| Other Drug Disorders | 3% | 7% | 3% |
| Schizophrenia, Schizotypal and Delusional Disorders | 14% | 19% | 16% |
| Depressive Disorders | 34% | 29% | 35% |
| Mania | 3% | 6% | 7% |
| Neuroses | 16% | 14% | 13% |
| Eating Disorders | 3% | 1% | 3% |
| Personality and Behavioural Disorders | 1% | 2% | 3% |
| Intellectual Disability | 1% | 0% | 0% |
| Development Disorders | 4% | 6% | 4% |
| Behavioural and Emotional Disorders of Childhood and Adolescence | 1% | 6% | 4% |
| Other and Unspecified | 19% | 9% | 13% |

Source: HRB NPIRS annual reports, 2018 - 2020

## 6.4. Mental health presentations at emergency departments

From 1st March 2020 to 28th February 2021, the total number of mental health presentations to emergency departments for children aged 5 – 15 increased by approximately 9%, from 1,163 to 1,267 (see Table 32). This contrasted with a decrease of approximately 34% in total presentations at emergency departments during the same time period, from 59,327 to 38,951. The number of mental health presentations as a percentage of all presentations to emergency departments increased in each period of time from 2019 to 2021.

Children aged 12 – 15 were the most likely to present at an emergency department for a mental health problem in all periods from 2019 – 2021, accounting for 73-85% of all admissions among children aged 5-15. However, with the exception of the January – February period, the percentage of admissions in the 12-15 age group decreased or stagnated over time. Females were more likely than males to present at an emergency department for a mental health problem in all periods, ranging from 54-71% of all admissions among the 5-15 age group. With the exception of the March-June period, the percentage of all admissions that were female increased over time. The percentage of presentations resulting in hospital admission ranged from 30-47% in each period from 2019-2021, with the highest percentage occurring in the January-February monthly period. With the exception of the January-February period, the percentage of all presentations that resulted in hospital admission reduced over time.

**Table 32.** Proportional changes in mental health presentations at emergency departments for children aged 5 - 15, 2019 - 2021

| | 2019 | 2020 | 2021 | Difference |
|---|---|---|---|---|
| 12 months from 1st March - 28th February | | | | |
| Total Presentations (all reasons) | N/A | 59327 | 38951 | -20376 |
| Total Mental Health Presentations | N/A | 1163 | 1267 | +104 |
| March - June (Period 1) | | | | |
| Mental Health/All Presentations | 1.9% | 2.6% | N/A | +0.7% |
| Aged 12 – 15 | 81% | 81% | N/A | -1% |
| Female | 68% | 63% | N/A | -4% |
| Presentations resulting in hospital admission | 39% | 38% | N/A | +0% |

| | | | | |
|---|---|---|---|---|
| July – August (Period 2) | | | | |
| Mental Health/All Presentations | 1.7% | 3.0% | N/A | +1.3% |
| Aged 12 - 15 | 75% | 73% | N/A | -2% |
| Female | 54% | 67% | N/A | +13% |
| Presentations resulting in hospital admission | 34% | 30% | N/A | -4% |
| September - December (Period 3) | | | | |
| Mental Health/All Presentations | 1.9% | 3.6% | N/A | +1.7% |
| Aged 12 - 15 | 83% | 81% | N/A | -2% |
| Female | 64% | 69% | N/A | +5% |
| Presentations resulting in hospital admission | 44% | 41% | N/A | -3% |
| January - February (Period 4) | | | | |
| Mental Health/All Presentations | N/A | 2.5% | 4.1% | +1.6% |
| Aged 12 - 15 | N/A | 79% | 85% | +6% |
| Female | N/A | 66% | 71% | +5% |
| Presentations resulting in hospital admission | N/A | 45% | 47% | +2% |

Source: Mcdonnell et al, 2021

# 7. Summary

This Spotlight has presented data on some of the protective factors and risk factors impacting youth mental health in Ireland, and has examined the prevalence of mental health disorders among this cohort. Data has also been presented on the impact of the Covid-19 pandemic on youth mental health, as well as trends in mental health service provision in Ireland. The data presented reveals that mental health trends among children and young people in Ireland have tended to vary depending on the type of mental health indicator used, the age group studied, and the period of time reviewed. Methodological differences between data sources may also account for some of the differences in the findings.

In terms of protective factors for mental health, the data reveal that in 2012 and 2019, self-esteem, optimism and life satisfaction levels in adolescents in Ireland have been highest among those in first year of secondary school, and lowest among those in sixth year. Levels of perceived social support among adolescents in Ireland have increased slightly from 2012 to 2019, as has the percentage of adolescents who sought professional help when needed. However, the percentage who reported that they generally coped well with problems decreased over time, particularly among females.

Although optimism levels among adolescents have decreased between 2012 and 2019, optimism about the future among young adults in Ireland has improved between 2011 and 2016, and has been consistently higher than the EU average. Life satisfaction among 16-24 year olds in Ireland has significantly improved between 2013 and 2018 and has also remained higher than the EU average, with highest life satisfaction levels reported among males and those with a tertiary level education. The share of 16-24 year olds in Ireland reporting that they always feel happy has also improved during this time, however this trend was only driven by an increase among males. The percentage of those with less than lower secondary education that reported always feeling happy more than doubled from 2013 to 2018, while the share among those with tertiary level education reduced during this time.

Looking at mental health risk factors, the percentage of young people who felt stressed about their current financial situation decreased significantly between 2012 and 2019. The share of young people who felt tense most or all of the time, and the percentage who felt lonely most or all of the time, also decreased substantially between 2011 and 2016.

While the majority of adolescents in Ireland reported that they did not feel angry a lot of the time, the proportion who did has risen slightly from 2012 to 2019. The share of 15 year olds who experienced any bullying act at least a few times a month increased between 2015 and 2018, and the percentage who reported that they make friends easily at school, and that other students seem to like them a lot, decreased during this time.

The percentage of young people in Ireland that reported that they ever self-harmed almost doubled between 2012 and 2019, and was primarily driven by increased rates among females. The proportion of young people who ever experienced suicidal ideation increased by approximately 40% during this time, with almost two in every three young people reporting in 2019 that they had ever thought about taking their own life, even though they "would not do it". The share of young people that ever attempted suicide also increased by roughly 50% from 2012 to 2019, with one in ten young people reporting in 2019 that they had ever attempted to take their own life.

In terms of the prevalence of mental health disorders, anxiety and depressive disorders represented roughly half of all mental health disorders among 10-24 year olds globally in 2019, and almost two thirds of all mental disorders among 10-24 year olds in Ireland. From 2017 to 2019, Ireland consistently had a higher prevalence of mental health disorders than the EU 27 average within this age group, particularly anxiety disorders, depressive disorders, and A.D.H.D. While females were more likely to have an anxiety disorder, a depressive disorder or an eating disorder during this time; males were more than three times more likely to have A.D.H.D or a conduct disorder.

Data from the EU SILC survey indicate that the percentage of 15-24 year olds that reported that they experienced any depressive symptoms decreased slightly between 2014 and 2019, and was lower in Ireland than the EU average in both years. In both

years, the share of young people in Ireland with any depressive symptoms was highest among those with less than lower secondary level education. The percentage of 15-24 year olds in Ireland who felt downhearted and depressed was higher among those at risk of poverty than for those not at risk of poverty in both 2013 and 2018. However, both those at risk of poverty and those not at risk of poverty experienced a decrease in always feeling downhearted and depressed during this time.

While depressive symptoms have decreased between 2014 and 2019 among young people, data from the My World surveys reveal that symptoms of anxiety and depression have increased among adolescents between 2012 and 2019. This was particularly acute among females, with the percentages reporting very severe depression symptoms and very severe anxiety symptoms more than doubling during this time. The prevalence of very severe anxiety and depression symptoms was higher among adolescents with low levels of support from a special adult, and among young people who identified as Lesbian, Gay, Bisexual, Asexual and Pansexual.

Available data on the impact the Covid-19 pandemic had on children in Ireland's mental health were also presented in this Spotlight. Both 12 year olds and 22 year olds felt that they had missed out on mental health support services due to the pandemic. The most commonly reported difficultly during the pandemic for both 15-17 year olds and 18-24 year olds was missing friends, followed by school/college problems, and the effect on their physical and mental health. Those most likely to mention mental health concerns included those with disabilities and illnesses; users of mental health services; and LGBTI+ young people. Almost half of all 15-17 year olds and 18-24 year olds reported that their mental health had worsened since the beginning of Covid-19 restrictions, with females more likely to report a decline in their mental health than males.

This report also presented data on the provision of mental health services to children and young people in Ireland. The number of children in receipt of clinical psychology services in Ireland increased by over 150% between 2019 and 2020, while the number of children in need of services increased by half during this time. The percentage of 15 – 24 year olds in Ireland that ever attended a psychiatrist, psychologist or psychotherapist consultation increased between 2015 and 2019, and

was almost twice as high among females in 2019. From March 2020 – 2021, there was an increase in the total number of mental health presentations to emergency departments for children aged 5 – 15, despite a large decline in general admissions. This was mainly driven by an increase in female admissions, which accounted for the majority of all mental health admissions among this age group.

The percentage of all child admissions to Irish psychiatric units and hospitals that were aged 15 and under increased from 2018 to 2020, while the percentage that were aged 16 and 17 decreased. Almost two thirds of all child admissions were female in 2018, which increased to almost three quarters in 2020. The top three most common primary admission diagnoses from 2018-2020 were depressive disorders, neuroses and eating disorders, with the percentage of admissions for eating disorders more than doubling during this time.

The number of children admitted to Child and Adolescent Mental Health Service (CAMHS) units increased by almost a third between 2017 and 2021, and the number of child admissions to adult mental health units decreased by almost two thirds. The percentage of CAMHS bed days used increased steadily from 2017 to 2021, and the number of CAMHS referrals seen by mental health services increased by a fifth during this time.

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DATA + ANALYTICS

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## Background Notes

This is the tenth report in the Statistical Spotlight series. A Statistical Spotlight is a publication focused on a specific topic, gathering together available statistical data to highlight trends or patterns in the data. The publications include a short commentary on the data, detailing (where relevant) trends and comparisons (e.g. comparisons between sex, age groups, points in time etc.).

The primary purpose of this publication is to gather the most relevant data available on children and young people's mental health, within the Irish context, and in comparison internationally. This Spotlight aims to highlight trends and features observed in the data. Therefore, although it could serve as the basis for further research, none of the information contained therein should in and of itself be used to ascribe cause and effect between any two variables.

# Appendices

## Appendix A

**Table 33.** ICD – 10 Classification of Mental Disorders Groups

| |
|---|
| F0 Organic, including symptomatic, mental disorders |
| F1 Mental and behavioural disorders due to use of psychoactive substances |
| F2 Schizophrenia, schizotypal and delusional disorders |
| F3 Mood [affective] disorders |
| F4 Neurotic, stress-related and somatoform disorders |
| F5 Behavioural syndromes associated with physiological disturbances and physical factors |
| F6 Disorders of personality and behaviour in adult persons |
| F7 Mental retardation |
| F8 Disorders of psychological development |
| F9 Behavioural and emotional disorders with onset usually occurring in childhood and adolescence |

Source: World Health Organisation (WHO) The ICD-10 Classification of Mental and Behavioural Disorders: Clinical descriptions and diagnostic guidelines

# Appendix B

**Table 34.** Mental Health Disorders included in the Global Burden of Disease Survey

| |
|---|
| Anxiety disorders |
| Attention-deficit/hyperactivity disorder |
| Autism spectrum disorders |
| Bipolar disorder |
| Conduct disorder |
| Depressive disorders |
| Eating disorders |
| Idiopathic intellectual disability |
| Schizophrenia |
| Other Mental Disorders - residual cause within GBD which incorporates disability from an aggregate group of personality disorders. Personality disorders are characterised by pervasive, inflexible and maladaptive patterns of behaviour and inner experience which are markedly different from what is considered to be acceptable in the individual's culture.<br>These include:<br>F60 Specific personality disorders<br>F60.0 Paranoid personality disorder<br>F60.1 Schizoid personality disorder<br>F60.2 Dissocial personality disorder<br>F60.3 Emotionally unstable personality disorder<br>.30 Impulsive type<br>.31 Borderline type<br>F60.4 Histrionic personality disorder<br>F60.5 Anankastic [obsessive-compulsive] personality disorder<br>F60.6 Anxious [avoidant] personality disorder<br>F60.7 Dependent personality disorder<br>F60.8 Other specific personality disorders<br>F60.9 Personality disorder, unspecified |

Source: Global Burden of Disease Study 2019

# Appendix C

**Table 35.** Mental Health Questions Eurostat

| |
|---|
| MH1A: Little interest or pleasure in doing things |
| MH1B: Feeling down, depressed or hopeless |
| MH1C: Trouble falling or staying asleep, or sleeping too much |
| MH1D: Feeling tired or having little energy |
| MH1E: Poor appetite or overeating |
| MH1F: Feeling negative about yourself or that you are a failure or have let yourself or your family down |
| MH1G: Trouble concentrating on things, such as reading the newspaper or watching television |
| MH1H: Moving or speaking so slowly that other people could have noticed; or being so fidgety or restless that you have been moving around a lot more than usual |

Source: Eurostat Statistics on Income and Living Conditions Metadata, 2021

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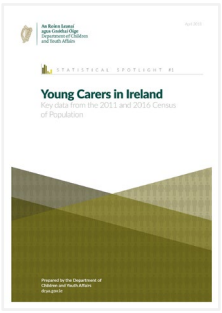
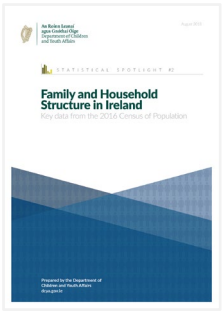
# Previous Statistical Spotlights in the series




Statistical Spotlight #1

## Young Carers in Ireland

Publication Date
April 2018




Statistical Spotlight #2

## Family and Household Structure in Ireland

Publication Date
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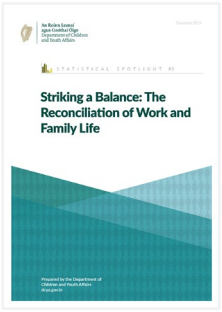


Statistical Spotlight #3

## Striking a Balance: The Reconciliation of Work and Family Life

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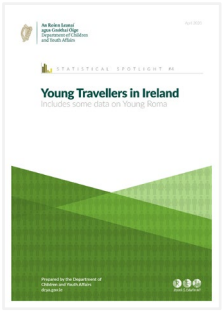
December 2019




Statistical Spotlight #4

## Young Travellers in Ireland

Publication Date
April 2020


Statistical Spotlight #5

## Profile of Parents in Ireland

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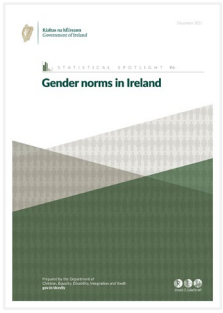
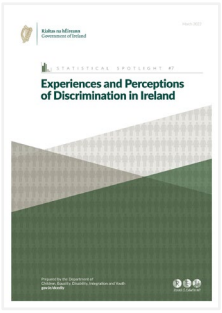
May 2021




Statistical Spotlight #6

## Gender Norms in Ireland

Publication Date
December 2021




Statistical Spotlight #7

## Experiences and Perceptions of Discrimination in Ireland

Publication Date
March 2022


Statistical Spotlight #8

## The First Five Years of Life in Ireland

Publication Date
December 2022


Statistical Spotlight #9

## Young People's Participation in Youth Organisations

Publication Date
February 2023

Rialtas na hÉireann
Government of Ireland