Exposure to multiple risks linked with mental health difficulties in childhood and adolescence

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Neil Humphrey is a Professor of Psychology of Education and Head of the Manchester Institute of Education. His research focuses on mental health in childhood and adolescence, and in particular the role that schools can play in supporting pupils in this aspect of their lives.

What are mental health difficulties?

Mental health difficulties (MHDs) happen when there are changes in how children and young people think, feel and/or behave that negatively affect their everyday lives. There are two categories of MHDs: internalising (e.g. anxiety, depression) and externalising (e.g. conduct, hyperactivity). In a typical class of 30 pupils in England, three are likely to experience MHDs that are severe enough to require professional support, though these rates are higher in adolescence than during childhood.

Without appropriate support and intervention, MHDs can have very negative consequences. We know, for example, that they affect children’s learning and attainment in school. In the longer term, MHDs are linked with poorer quality of life and lower contribution to the economy. The estimated annual cost of mental health care in England is over £100 billion.

What is a risk factor?

We know that MHDs are not evenly spread across the population - some people are more likely to experience them than others. So, for example, the number of people reporting MHDs is much higher for those living in deprived areas compared to those living in less deprived areas. Things like poverty and disadvantage, which are linked with significantly higher chances of MHDs, are known as ‘risk factors’. Obviously, not everyone exposed to a risk factor will experience difficulties. Risk is about probability, not certainty.

Over the last 50 years, researchers have identified a number of risk factors at various levels in a child’s life, including: the individual (e.g. toxin exposure - such as alcohol during pregnancy), family (e.g. inconsistent care-giving from parents), school (e.g. bullying), and community (e.g. exposure to violence in the local neighbourhood).

Most children and young people exposed to just one risk factor do not suffer lasting harm. However, those who face multiple risk factors are much more likely to experience problems. This is known as the cumulative risk effect. A key finding in this area is that ‘the whole is greater than the sum of its parts’. In other words, the number of risk factors a young person is exposed to seems to be more important than

Cumulative risk exposure and externalising problems in early adolescence (Humphrey et al, forthcoming)
any one factor’s individual strength.\textsuperscript{10} Quite why cumulative risk exposure has such a powerful influence on MHDs is not yet fully known. However, one theory suggests that it may be connected to stress and ‘allostatic load’ (i.e. wear and tear on the body and mind). This theory says that each additional risk factor increases the amount of stress on the child or young person, until they reach a point where their coping strategies are overwhelmed, and they begin to experience MHDs.\textsuperscript{9}

\textit{My research on risk factors and mental health difficulties}

I am interested in the relationship between cumulative risk exposure and MHDs among children and young people. Some of our studies have focused on the \textit{nature} of this relationship. This involves looking at whether each additional risk factor leads to a proportionate increase in MHDs. So, would a child exposed to two risk factors be twice as likely to experience MHDs as a child exposed to just one risk factor? We have found evidence of a different pattern, where after a certain number of risk factors (usually three), MHDs seem to increase exponentially.\textsuperscript{11} The graph above shows an example of this pattern. These findings provide some support for the allostatic load theory described above.

I am also interested in what can be done to disrupt the relationship between cumulative risk exposure and MHDs. At the time of writing, we are analysing a massive dataset of more than 30,000 adolescents in our HeadStart project (www.headstartlearning.info), led by the Anna Freud National Centre for Children and Families. We are interested in ‘protective factors’ – these are the things that help young people to achieve positive outcomes in the face of adversity. In particular, we are planning to focus on protective factors relating to school (e.g. support from peers, participation in school life) or those that could be promoted through school (e.g. goals and aspirations), so that we can better understand the role that they play in promoting resilience.

\textit{What does this mean for schools?}

There are a number of ways in which research in this field can be applied in schools:

- Because the language of risk, protection and resilience is not tied to any particular profession, it may be useful in multi-agency work across education, health and social care.\textsuperscript{12}
- Schools can use universal screening to identify pupils exposed to high levels of risk and use this information to provide early intervention.\textsuperscript{13}
- Since some risk factors are at the school level (e.g. bullying), interventions can be put in place by schools to reduce pupils’ exposure to them.
- Schools should use interventions that target multiple risk factors (e.g. nurture groups) because they are more likely to be effective than those focused on single risk factors.
- Even when exposure to certain risk factors is not within schools’ control (e.g. inconsistent care-giving from parents), the school environment can still be used to saturate pupils’ lives with protective factors (e.g. developing a caring relationship between a pupil and a trusted adult in school).

\textit{Further reading on risk factors and mental health difficulties}