

YOUNG ADULT OUTCOMES OF PERSISTENT CHILDHOOD PSYCHOPATHOLOGY

NIAMH DOOLEY, PHD

ROYAL COLLEGE OF SURGEONS IN IRELAND

KING'S COLLEGE LONDON



Fás Aníos in Éirinn
Growing Up in Ireland

Original Investigation | Psychiatry

Functional Outcomes Among Young People With Trajectories of Persistent Childhood Psychopathology

Niamh Dooley, PhD; Brendan Kennelly, MEdSc; Louise Arseneault, PhD; Stanley Zammit, PhD; Rob Whelan, PhD; Olivia Mosley, Delia Cotter, Mary Clarke, PhD; David R. Cotter, PhD; Ian Kelleher, PhD; Pat McGorry, PhD; Colm Healy, PhD; Mary Cannon, PhD

Abstract

IMPORTANCE Understanding which children in the general population are at greatest risk of poor functional outcomes could improve early screening and intervention strategies.

OBJECTIVE To investigate the odds of poor outcomes in emerging adulthood (ages 17 to 20 years) for children with different mental health trajectories at ages 9 to 13 years.

DESIGN, SETTING, AND PARTICIPANTS Growing Up in Ireland is a longitudinal, nationally representative population-based cohort study. Data collection began in August 2007 and was repeated most recently in September 2018. All results were weighted to account for sampling bias and attrition and were adjusted for socioeconomic factors. Data analysis took place from October 2022 to April 2023.

EXPOSURE Four latent classes captured variation in mental health in children aged 9 and 13 years, based on the parent-completed Strengths and Difficulties Questionnaire. Classes included no psychopathology, internalizing, externalizing, and high (comorbid) psychopathology. Those who remained in the same class from ages 9 to 13 years were included.

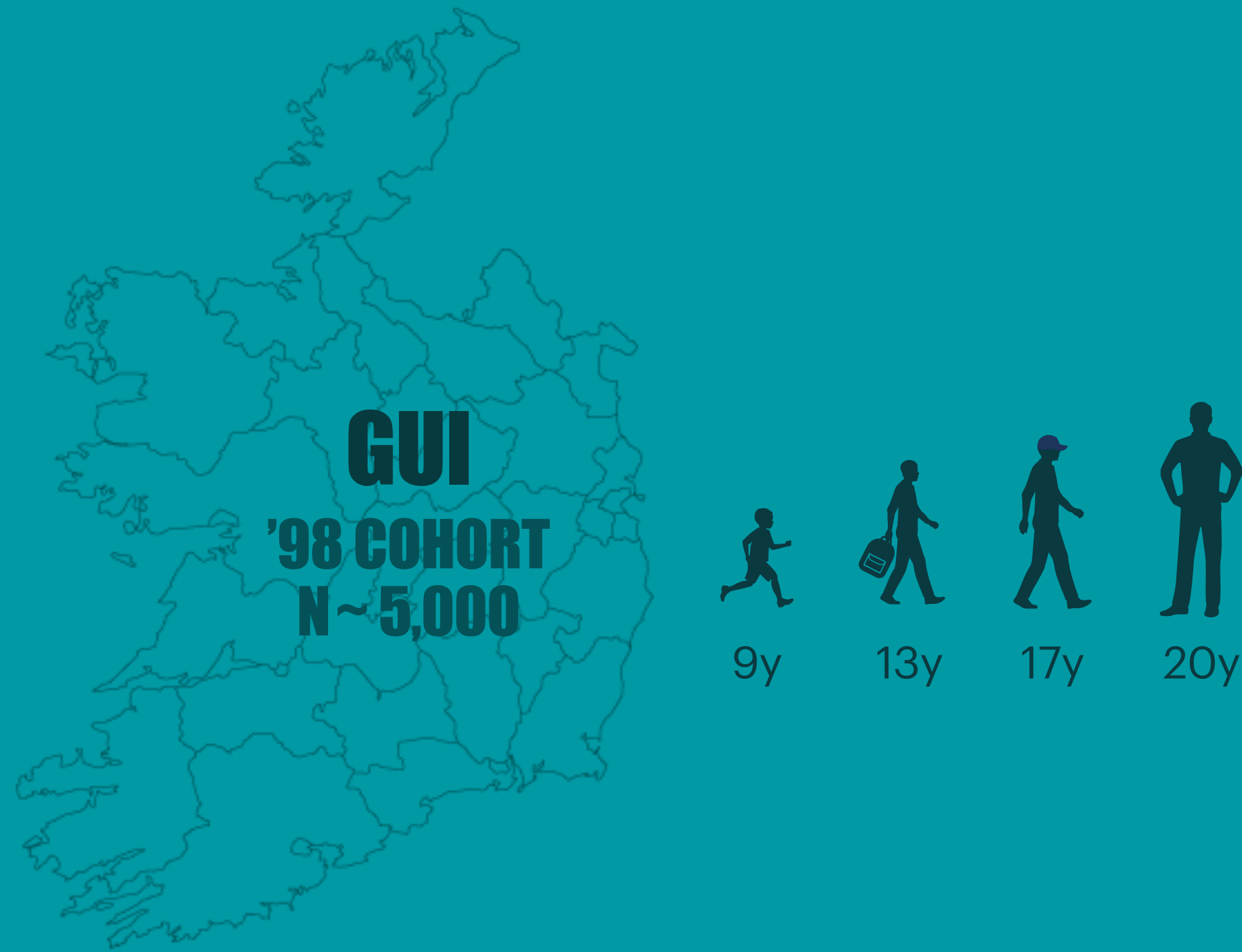
MAIN OUTCOMES AND MEASURES Poor functional outcomes in emerging adulthood were

Key Points

Question What functional outcomes in emerging adulthood (ages 17 to 20 years) are associated with persistent childhood psychopathology (ages 9 to 13 years)?

Findings In this cohort study of 5141 participants, all types of psychopathology in childhood (internalizing, externalizing, or both) were significantly associated with poor functioning in emerging adulthood. This included poor mental and physical health, social isolation, heavy substance use, frequent health service use, poor subjective well-being, and adverse educational/economic outcomes.

Meaning These findings highlight the lasting effects of childhood



PERSISTENT PROBLEMS IN CHILDHOOD

POORER FUNCTIONAL OUTCOMES IN YOUNG ADULTHOOD



APPROACH

Mental Health Problems in the Population



PERSISTENT PROBLEMS IN CHILDHOOD

POORER FUNCTIONAL OUTCOMES IN **YOUNG ADULTHOOD**



APPROACH

Mental Health Problems in the Population



PERSISTENT PROBLEMS IN CHILDHOOD

POORER FUNCTIONAL OUTCOMES IN **YOUNG ADULTHOOD**

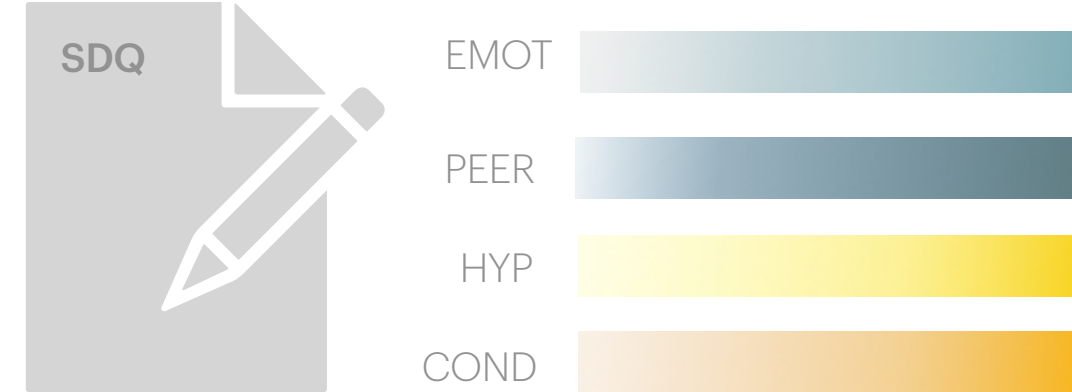


MENTAL HEALTH IN CHILDHOOD

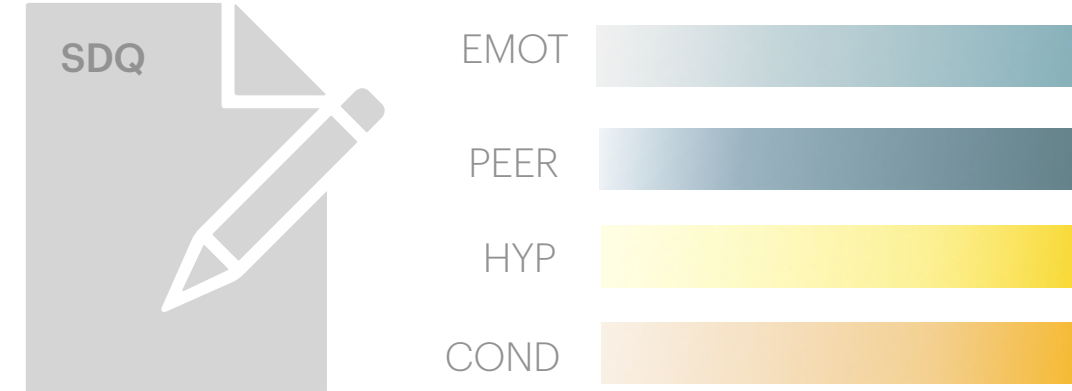


STRENGTH & DIFFICULTIES QUESTIONNAIRE

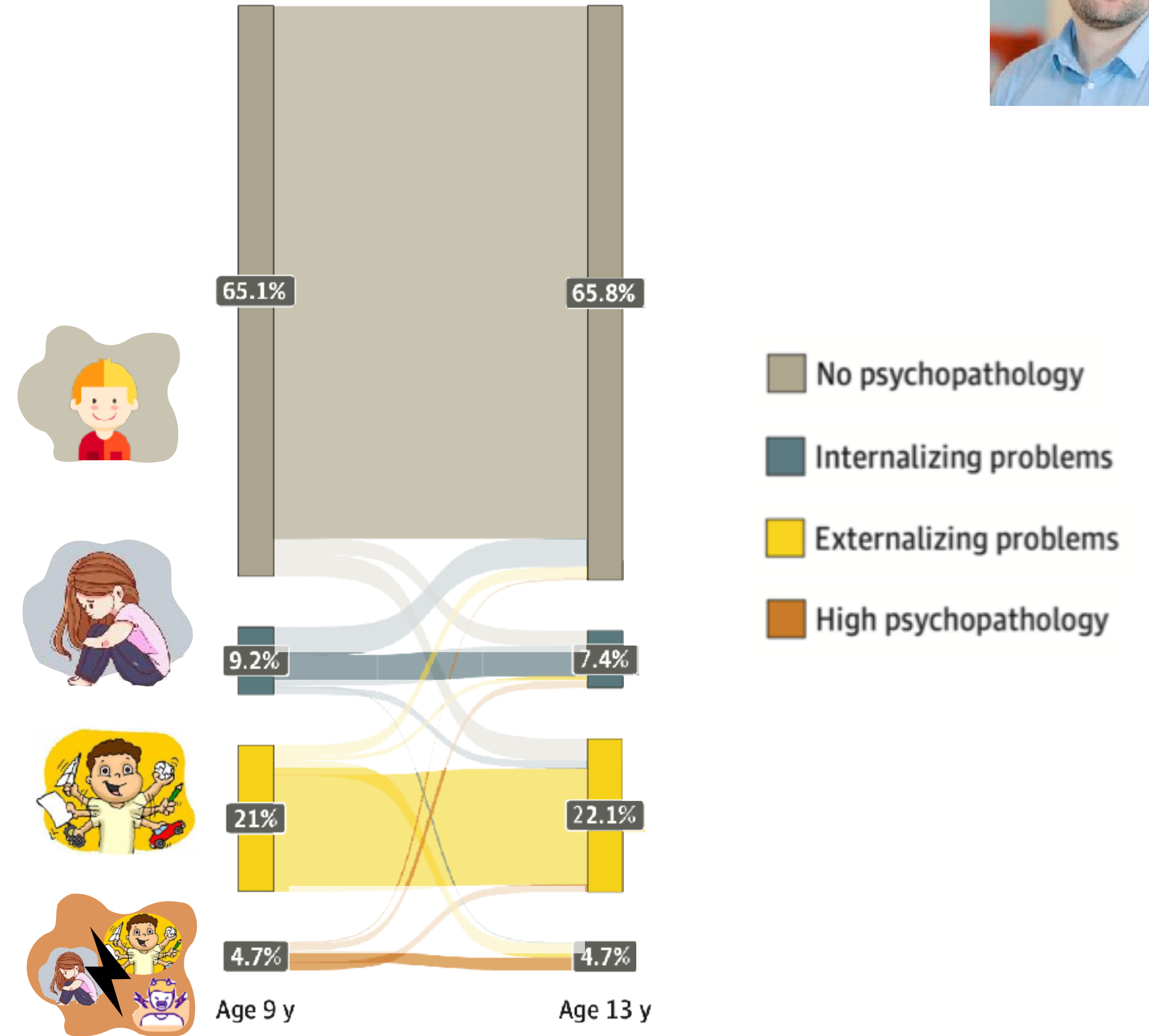
Age 9



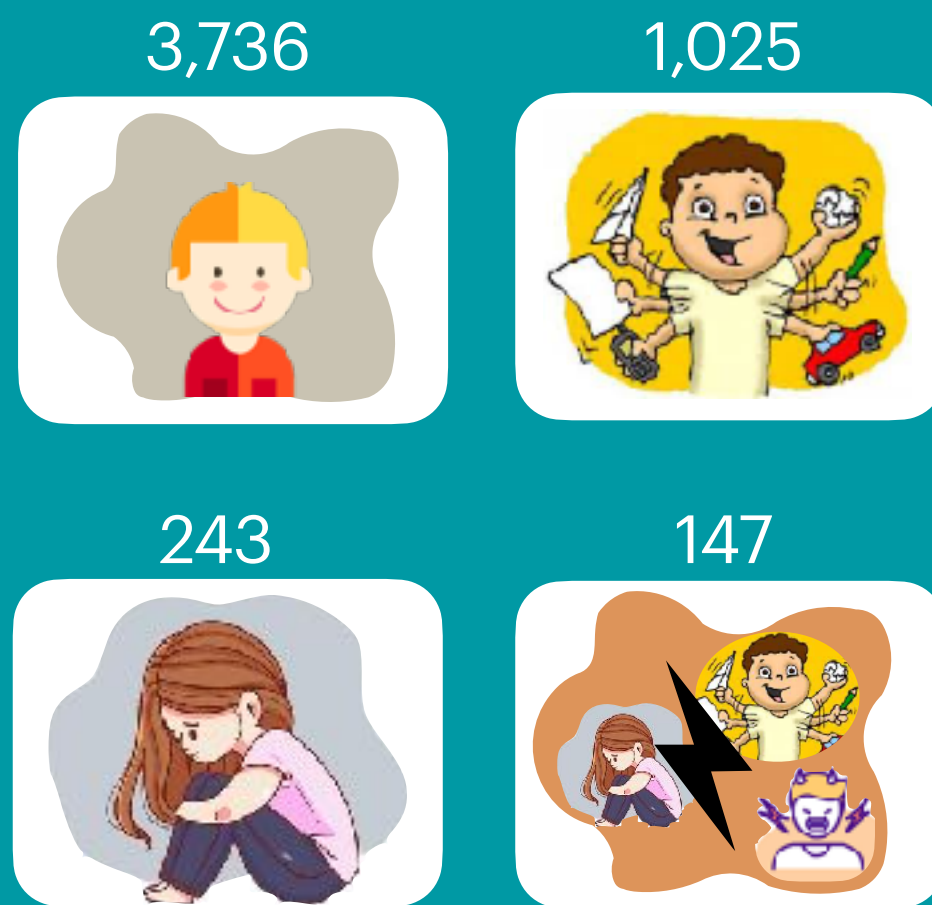
Age 13



LATENT CLASS TRANSITION ANALYSIS



Young adult outcome:	% of sample	Definition
Substance-use	18.5% (n=948)	Any of the following...
Daily smoker @17	7.4% (n=364)	"Daily" to "Do you currently smoke daily, occasionally or not at all?"
Daily smoker @20	13.9% (n=536)	"Smoke daily" to "Which of the following best describes you: Smoke daily; C... ever tried once or twice; Used to but not now; Occasionally"
Excessive alcohol-use @17	6.3% (n=263)	AUDIT questionnaire total score 15 or more (Babor et al., 2001)
Excessive alcohol-use @20	13.8% (n=502)	AUDIT questionnaire total score 15 or more (Babor et al., 2001)



- POOR MENTAL HEALTH
- POOR PHYSICAL HEALTH
- HEAVY SUBSTANCE-USE
- HEAVY HEALTH SERVICE-USE
- SOCIAL ISOLATION
- POOR SUBJECTIVE WELLBEING
- POOR EDUCATIONAL & ECONOMIC OUTCOMES

PERSISTENT PROBLEMS IN CHILDHOOD

POORER FUNCTIONAL OUTCOMES IN **YOUNG ADULTHOOD**



POTENTIAL CONFOUNDS



3,736



1,025



243



147



LOGISTIC REGRESSIONS

BONFERONI-CORRECTED
P (0.007)

- POOR MENTAL HEALTH
- POOR PHYSICAL HEALTH
- HEAVY SUBSTANCE-USE
- HEAVY HEALTH SERVICE-USE
- SOCIAL ISOLATION
- POOR SUBJECTIVE WELLBEING
- POOR EDUCATIONAL & ECONOMIC OUTCOMES

PERSISTENT PROBLEMS IN
CHILDHOOD

AGE 9

AGE 13

POORER FUNCTIONAL OUTCOMES
IN **YOUNG ADULTHOOD**

AGE 17

AGE 20

RESULT #1

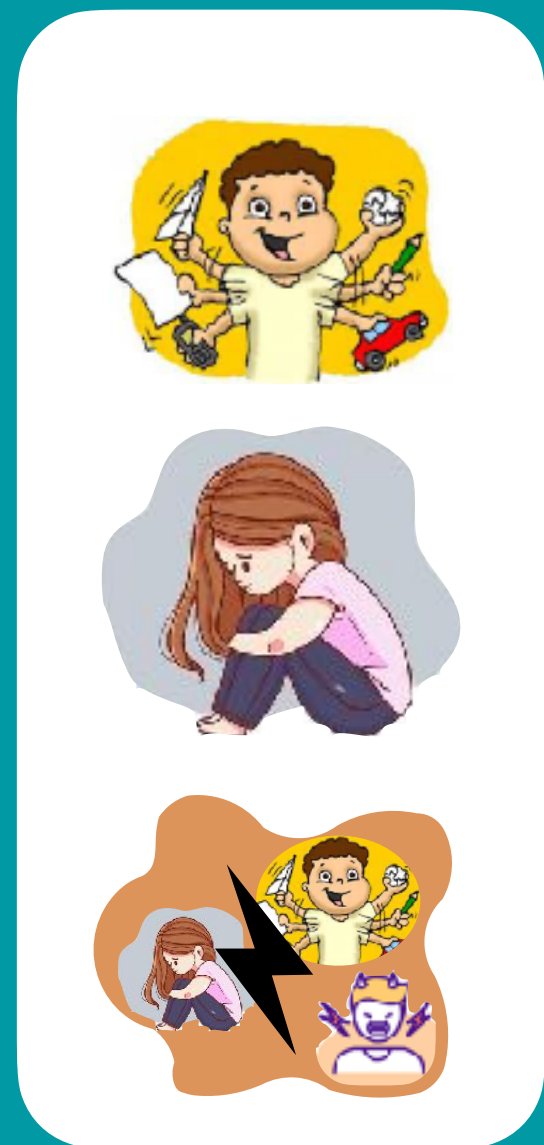
Children with persistent mental health issues **more likely** to experience **all types** of poor outcomes in adulthood

n = 3,736



V

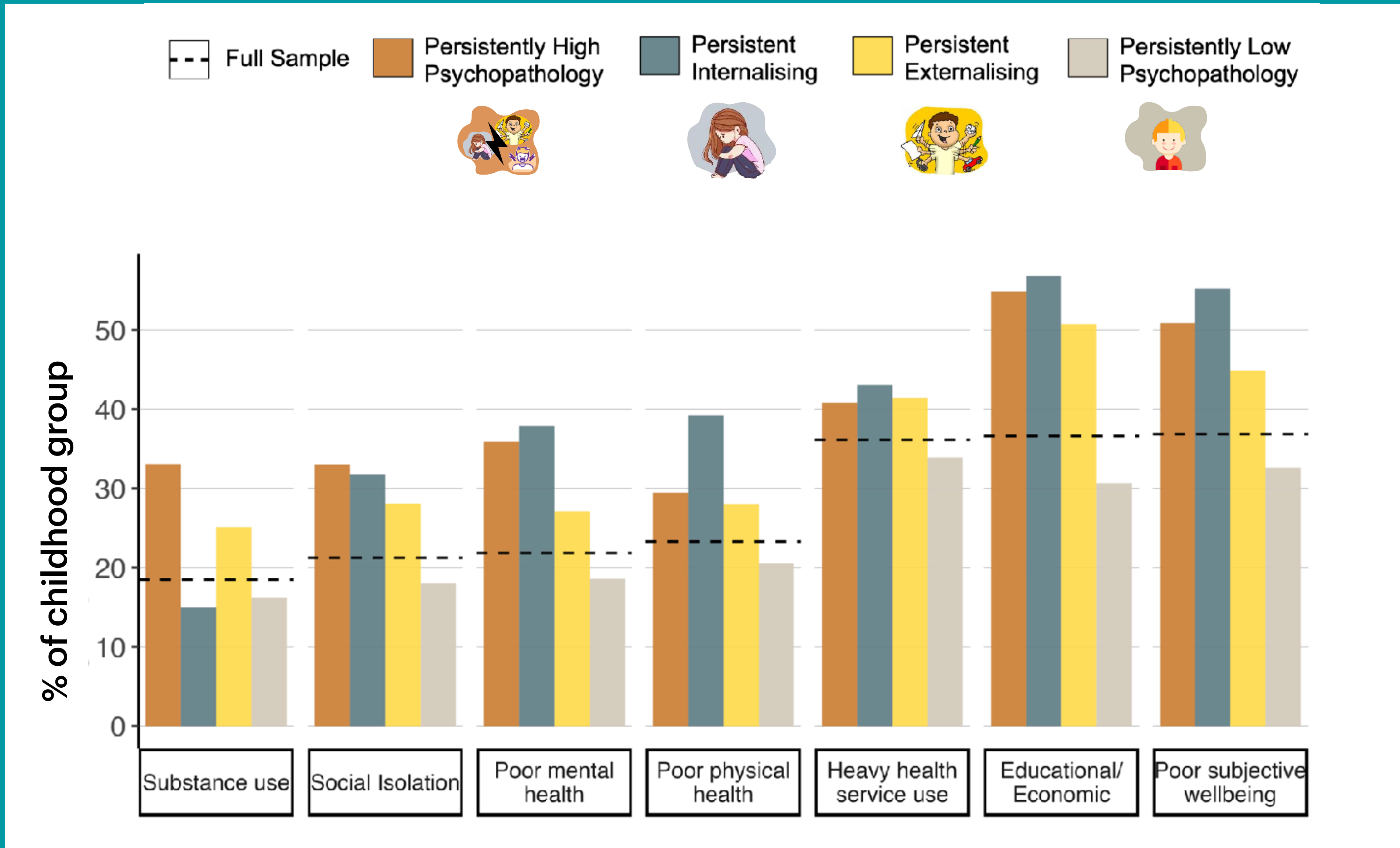
n = 1,415



Young adult outcome	Odds Ratio	95% CI	z	p
Poor educational/economic Outcomes	2.02	1.72 2.26	8.90	< .001
Poor Mental Health	1.97	1.70 2.28	8.95	< .001
Poor Subjective Wellbeing	1.97	1.72 2.26	9.88	< .001
Social Isolation	1.73	1.48 2.02	7.04	< .001
Poor Physical Health	1.68	1.44 1.76	6.62	< .001
Heavy substance-use	1.64	1.40 1.93	6.48	< .001
Heavy Health Service-Use	1.32	1.15 1.51	4.72	< .001

RESULT #2

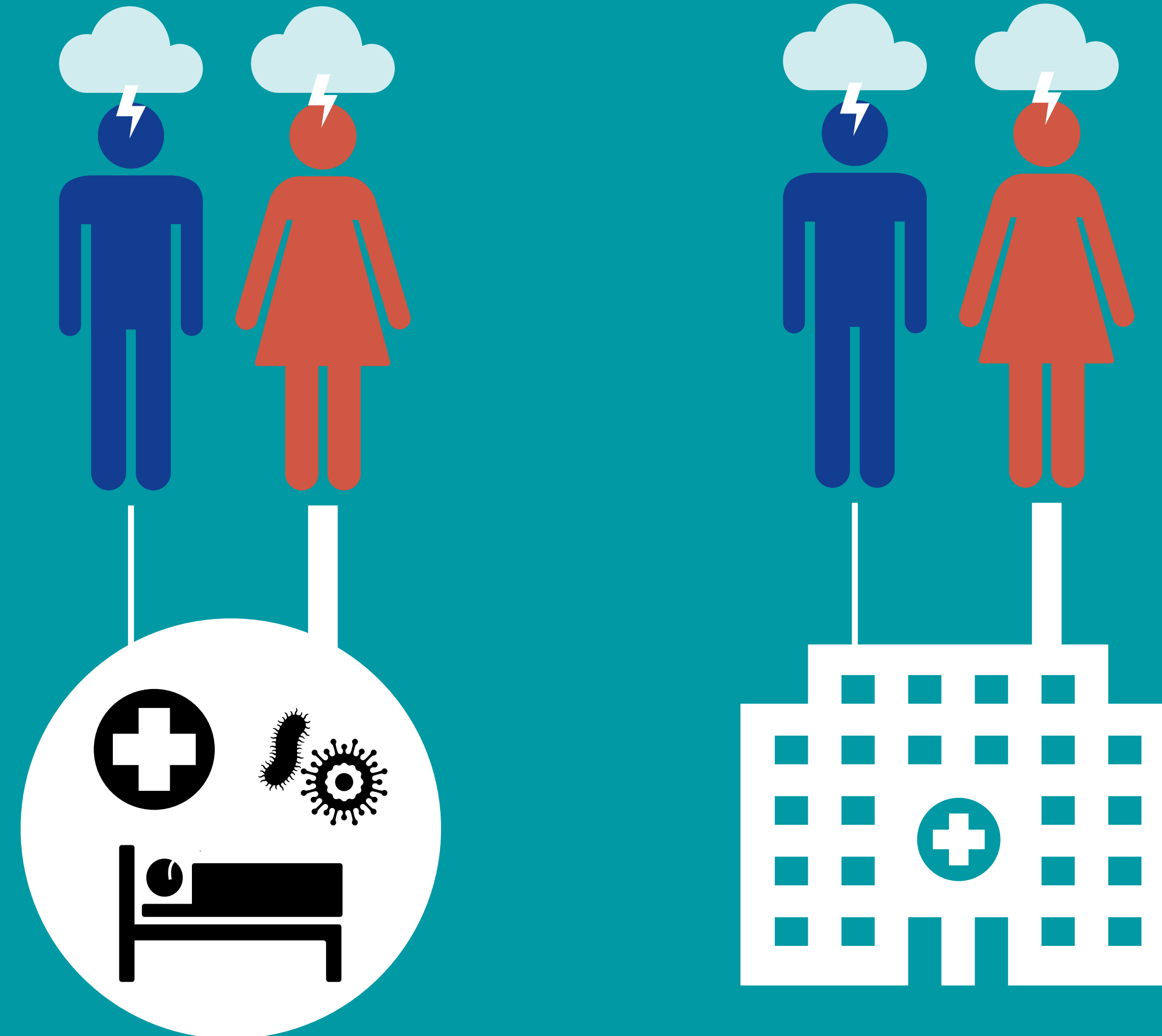
The *patterns* of poor outcomes differed for each childhood group



RESULT #3



Sex differences in the association between child mental health problems and later physical health



WHO CARES?



UNSURPRISING

PESSIMISTIC FOR
CHILDREN WITH MH ISSUES



PROVIDE **INCENTIVE** FOR GOVT TO
INVEST IN CHILD MH SERVICES

SUGGESTS NEED FOR
PREVENTATIVE TRACKING &
EARLY INTERVENTION

HIGHLIGHTS **AREAS FOR
INTERVENTION**

PERSISTENT PROBLEMS IN
CHILDHOOD

POORER FUNCTIONAL OUTCOMES
IN **YOUNG ADULTHOOD**

AGE 9

AGE 13

AGE 17

AGE 20



What types of treatment and support do CAMHS offer?

CAMHS can offer lots of different treatment and support options, like:

- **Talking therapies** – talking 1-on-1 with a [therapist](#) about your thoughts, feelings and behaviours. You might sometimes have these sessions with other young people, known as [group therapy](#), or with people you live with, known as family therapy. Some types of therapy are [counselling](#) and [cognitive behavioural therapy](#) (CBT). CAMHS might offer you different therapies depending on your experience and [diagnosis](#).
- **Creative therapies** – using arts like music, painting, dancing or playing games to explore your feelings, with a [creative therapist](#).
- **Medication** – advising on drugs and prescribing them to help you cope with how you feel, or what you're experiencing. For more information about medication, visit the [YoungMinds website](#).
- **Inpatient hospital care** – staying in hospital as an [inpatient](#) for treatment and support. Find out more in our information hub about [going](#)



EXTRA EDUCATIONAL & EMPLOYMENT SUPPORTS



PHYSICAL - MENTAL HEALTH CARE INTEGRATION



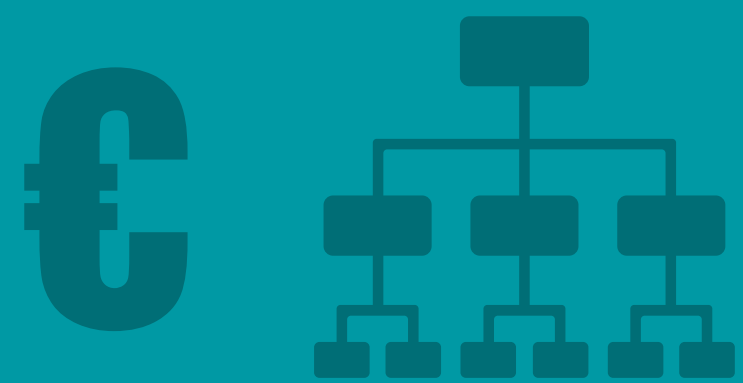
SOCIAL SKILLS TRAINING / INTER-PERSONAL THERAPY



TARGETED PREVENTION OF SUBSTANCE USE IN YOUTH WITH EXTERNALISING ISSUES

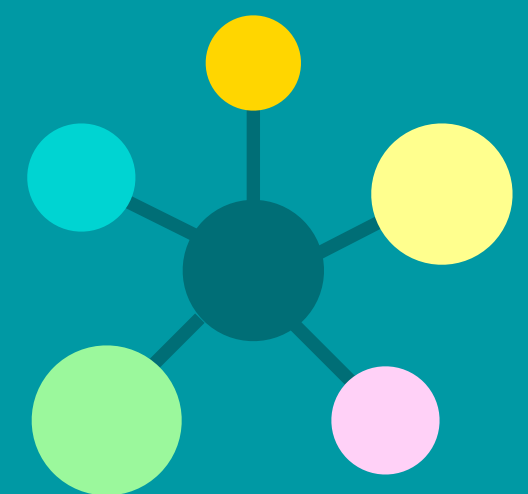
TAKE-HOME MESSAGES

Childhood mental health problems can have **long-term effects** on young adult health & wellbeing



Better treatment of mental health issues in childhood & adolescence may **prevent** impairments in other areas

We need **more types of support** for children with mental health issues, beyond mental health supports



ACKNOWLEDGMENTS

Dr. Colm Healy



Prof. Mary Cannon



Prof. David Cotter



Brendan Kennelly



Prof. Louise Arseneault



Prof. Mary Clarke



Prof. Stan Zammit



Prof. Rob Whelan



Prof. Pat McGorry



THANK YOU! GO RAIMH MAITH AGAT!

READ MORE:

JAMA
Network | **Open**[™]



Original Investigation | Psychiatry

Functional Outcomes Among Young People With Trajectories of Persistent Childhood Psychopathology

Niamh Dooley, PhD; Brendan Kennelly, MEconSc; Louise Arseneault, PhD; Stanley Zammit, PhD; Rob Whelan, PhD; Olivia Mosley; Delia Cotter; Mary Clarke, PhD; David R. Cotter, PhD; Ian Kelleher, PhD; Pat McGorry, PhD; Colm Healy, PhD; Mary Cannon, PhD

Abstract

IMPORTANCE Understanding which children in the general population are at greatest risk of poor functional outcomes could improve early screening and intervention strategies.

OBJECTIVE To investigate the odds of poor outcomes in emerging adulthood (ages 17 to 20 years) for children with different mental health trajectories at ages 9 to 13 years.

Key Points

Question What functional outcomes in emerging adulthood (ages 17 to 20 years) are associated with persistent childhood psychopathology (ages 9 to 13 years)?

HRB Health
Research
Board



Fás Aníos in Éirinn
Growing Up in Ireland

DISCUSSION

✓ STRENGTHS

NATIONALLY-REPRESENTATIVE
WEIGHTED FOR DROP-OFF & BIAS

LONGITUDINAL: TEMPORAL ORDER &
MULTIPLE OBSERVATION POINTS PER
SUBJECT

DATA-DRIVEN PROFILES OF CHILD MH
NOT LIMITED TO DIAGNOSTIC CUT-OFFS

LIMITATIONS ✗

SOME OVERLAPPING CONCEPTS **EXPOSURE &**
OUTCOMES DISABILITY BENEFITS DUE TO MH?
PEER PROBLEMS AS CHILD -> SOCIAL
ISOLATION AS ADULT ?

CANNOT ASSUME **CAUSAL LINK** BETWEEN CHILD
MH PROBLEMS AND ADULT OUTCOMES

ONLY PARENTS REPORTED ON CHILD MENTAL
HEALTH

MEASURES OF POOR OUTCOMES IN YOUNG ADULTHOOD

