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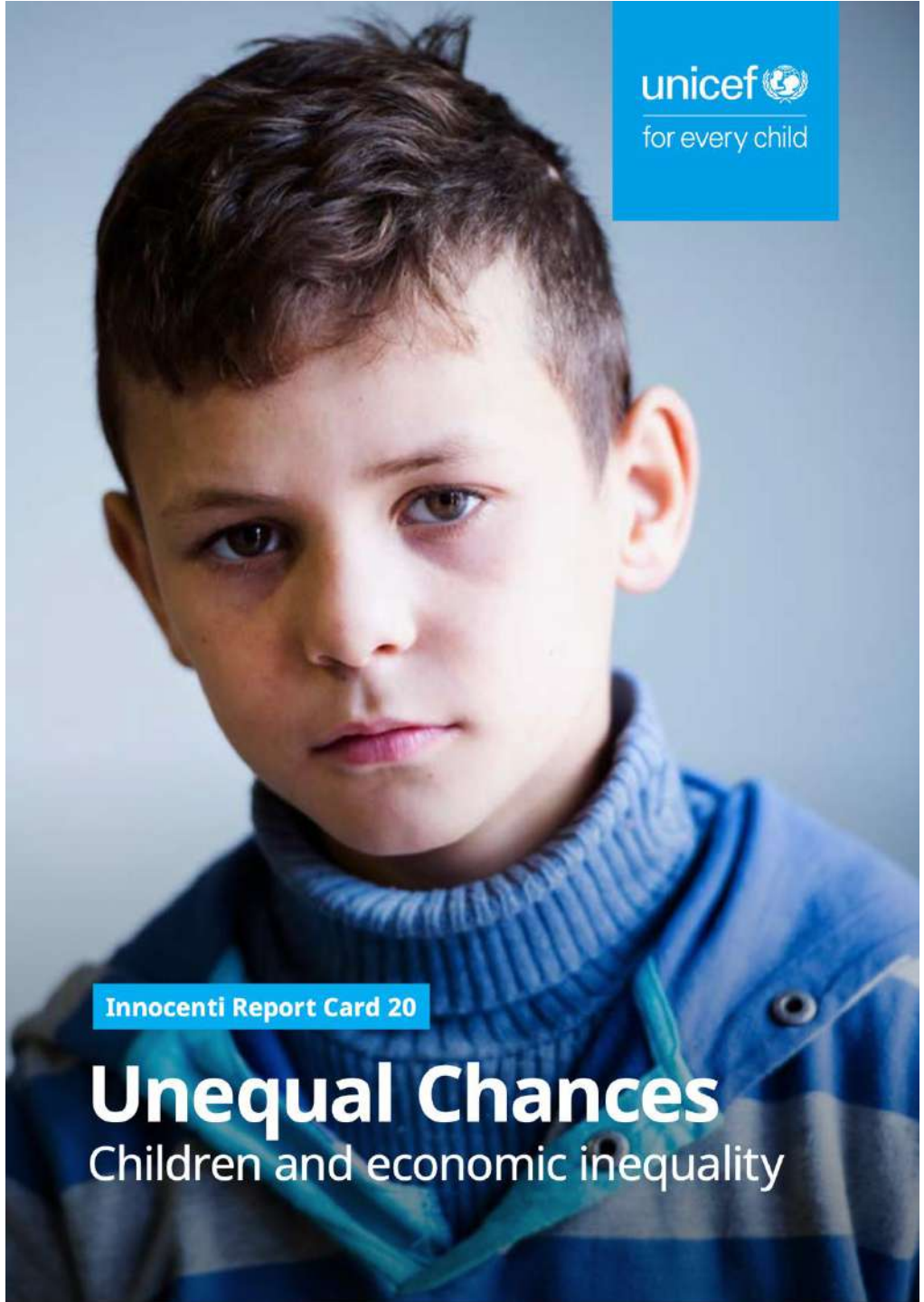
UNIVERSITY OF LIVERPOOL

Tackling inequalities in child mental health

The importance of tackling poverty and adversity

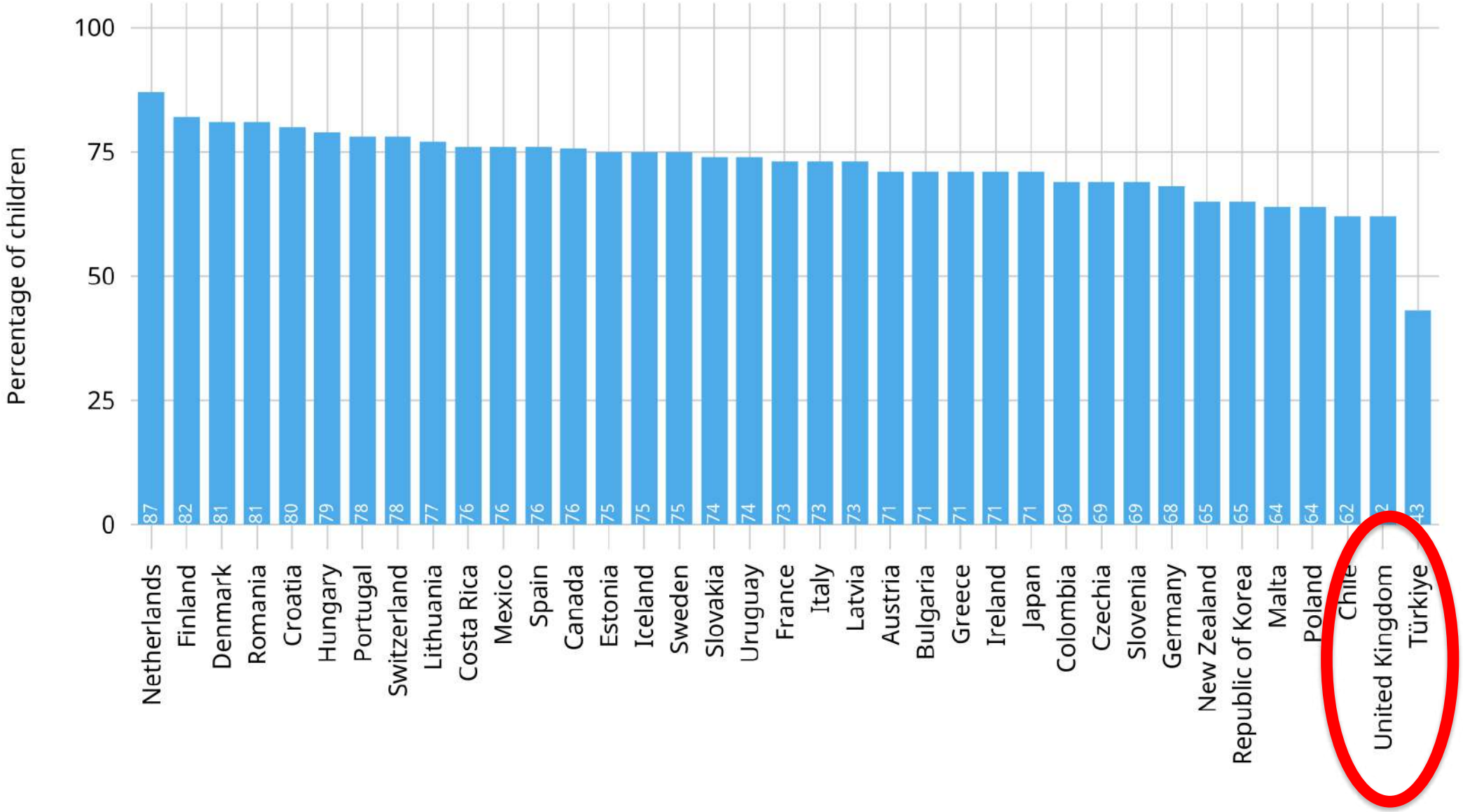
Alder Hey Children's NHS Foundation Trust

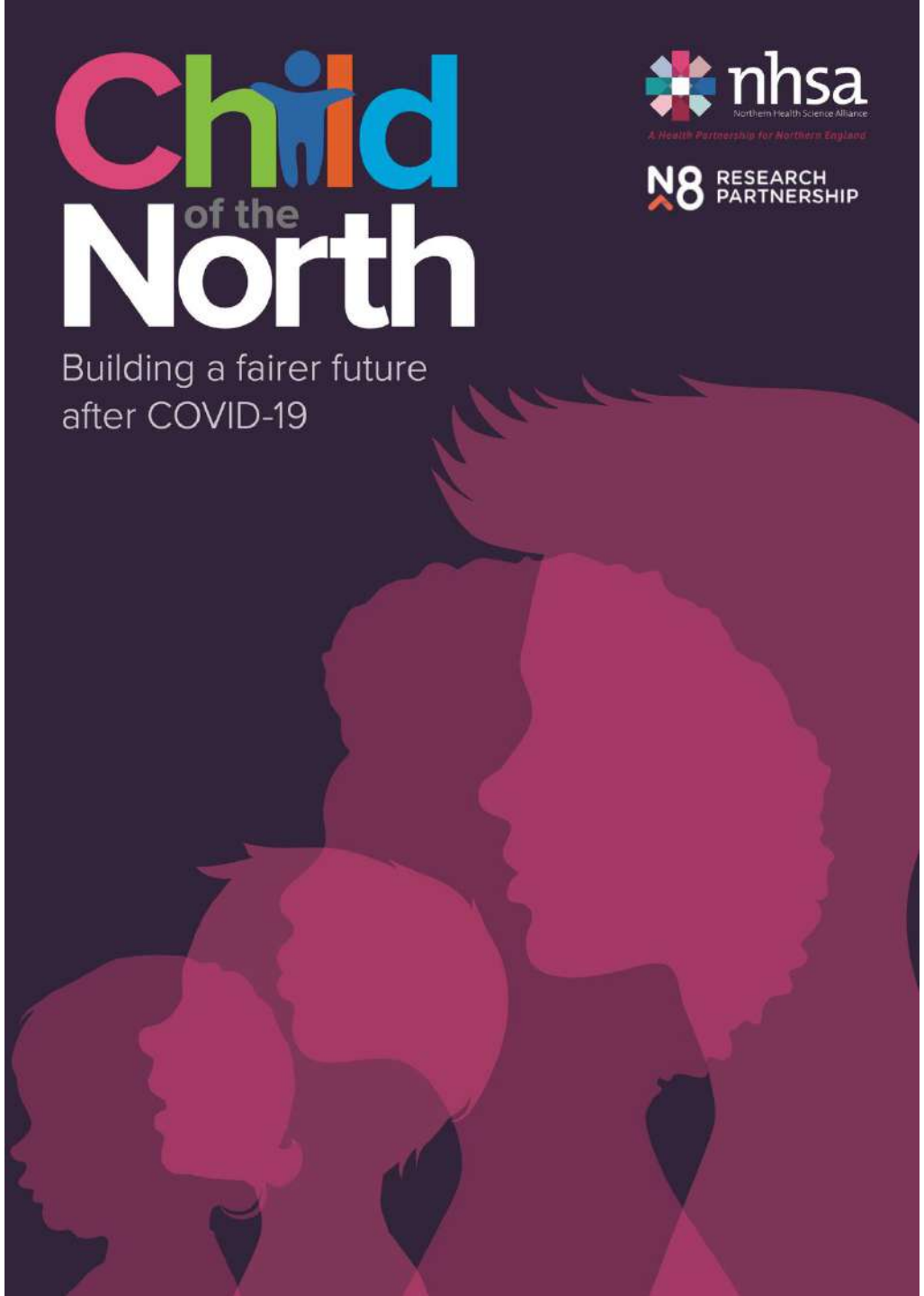
Health Inequalities Policy Research



Rank	Country	Physical health	Mental well-being	Skills
1	Netherlands	5	1	11
2	Denmark	1	4	7
3	France	2	12	9
4	Portugal	10	3	21
5	Switzerland	8	15	6
6	Ireland	11	24	1
7	Lithuania	13	13	13
8	Spain	22	5	17
9	Romania	24	2	22
10	Hungary	29	6	14
11	Sweden	14	16	15
12	Italy	17	10	25
13	Slovenia	16	29	2
14	Finland	23	17	16
15	Croatia	34	7	4
16	Austria	20	23	8
17	Japan	3	32	12
18	Latvia	12	9	29
19	Slovakia	25	11	26
20	Iceland	6	26	27
21	Czechia	4	25	31
22	Canada	27	22	20
23	Greece	26	8	[illegible]
24	United Kingdom	21	28	19
25	Germany	15	21	[illegible]
26	Malta	19	18	35
27	Republic of Korea	30	34	3
28	Bulgaria	32	14	32
29	Estonia	28	30	24
30	Poland	18	31	30
31	Costa Rica	37	20	39
32	New Zealand	33	37	23
33	Colombia	39	27	37
34	Uruguay	35	35	38
35	Mexico	41	19	40
36	Türkiye	36	36	36
37	Chile	40	33	41
	Australia	31	n/a	18
	Belgium	7	n/a	5
	Norway	9	n/a	10
	United States	38	n/a	28

Figure 9: High life satisfaction, 15 years old, 2022





Child inequalities widen as a result of pandemic

5 days ago

Children in the north of England have poorer health and educational outcomes

Inequalities between children in the north of England and those in the rest of the country have worsened during the pandemic, a report says.

Nearly all children have suffered, but researchers said those in the North East, North West and Yorkshire and the Humber had poorer educational outcomes.

The Child of the North report warned the inequalities would cost billions and increase poverty in the future.

NIHR | School for Public Health Research

12th October 2023

Evidence given by David Taylor-Robinson at Covid inquiry

This article has been reproduced with permission from a University of Liverpool press release

INQ000280060 – Expert report titled 'Child health inequalities' by Professor David Taylor-Robinson. dated 21 September 2023

Published: 6 October 2023

Type: Evidence

Module: Module 2

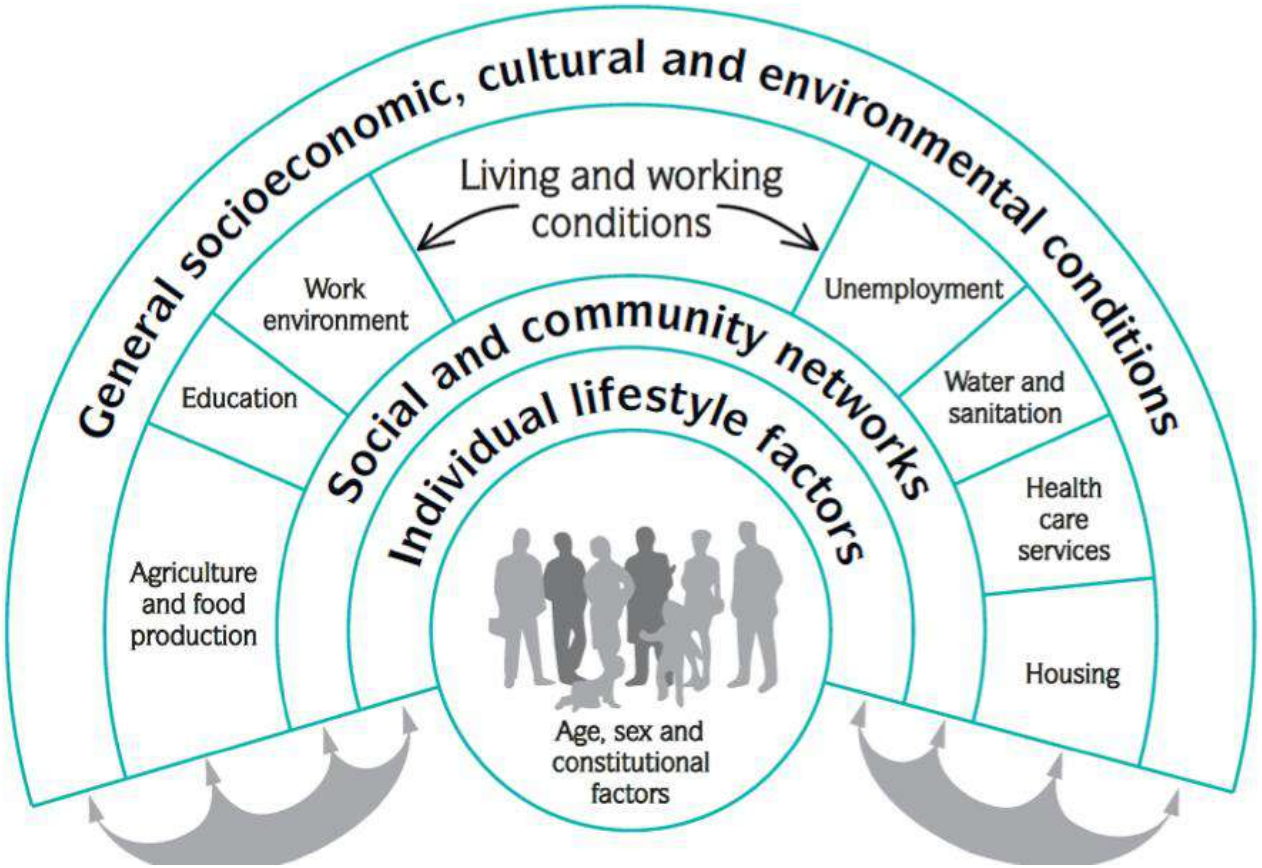
Expert report titled 'Child health inequalities' by Professor David Taylor-Robinson. dated 21 September 2023.

Rising inequalities in:

- Infant mortality
- Life expectancy at birth
- Healthy life expectancy
- Child obesity
- ***Child mental health problems***
- Maternal mortality
- Children being taken into care
- Educational attainment
- Vaccination uptake

What caused the adverse trends in inequalities?

THE MAIN INFLUENCES ON HEALTH



The Dahlgren and Whitehead Rainbow

Assessing pathways and policy impacts

Adult social and health disadvantage

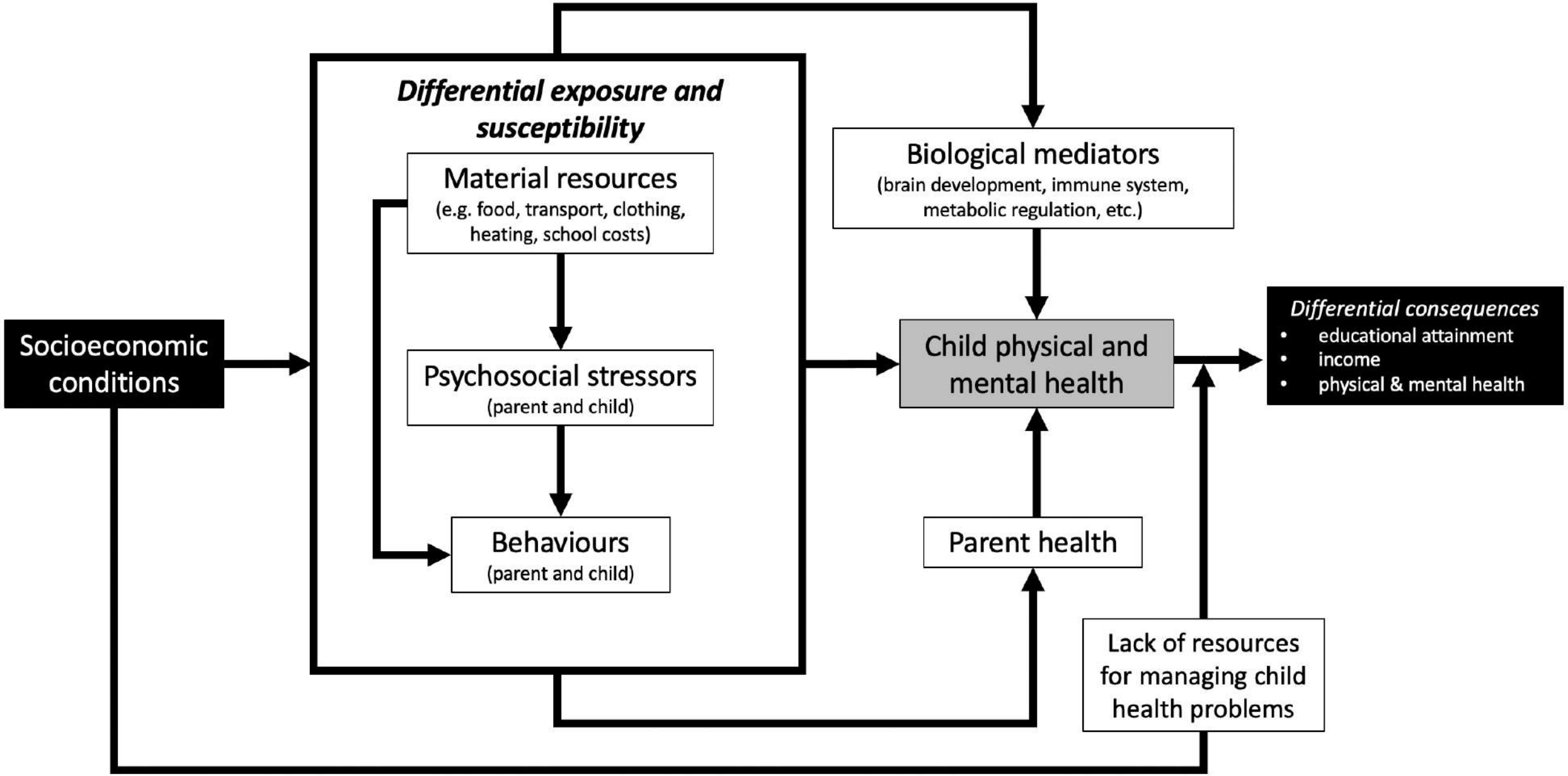
Poor Antenatal Health

Poor Development

Poor Child Health

Poor Learning

Adult social and health disadvantage



Mason K et al 2021

Family & Parenting Institute

Families in an Age of Austerity:
January 2012

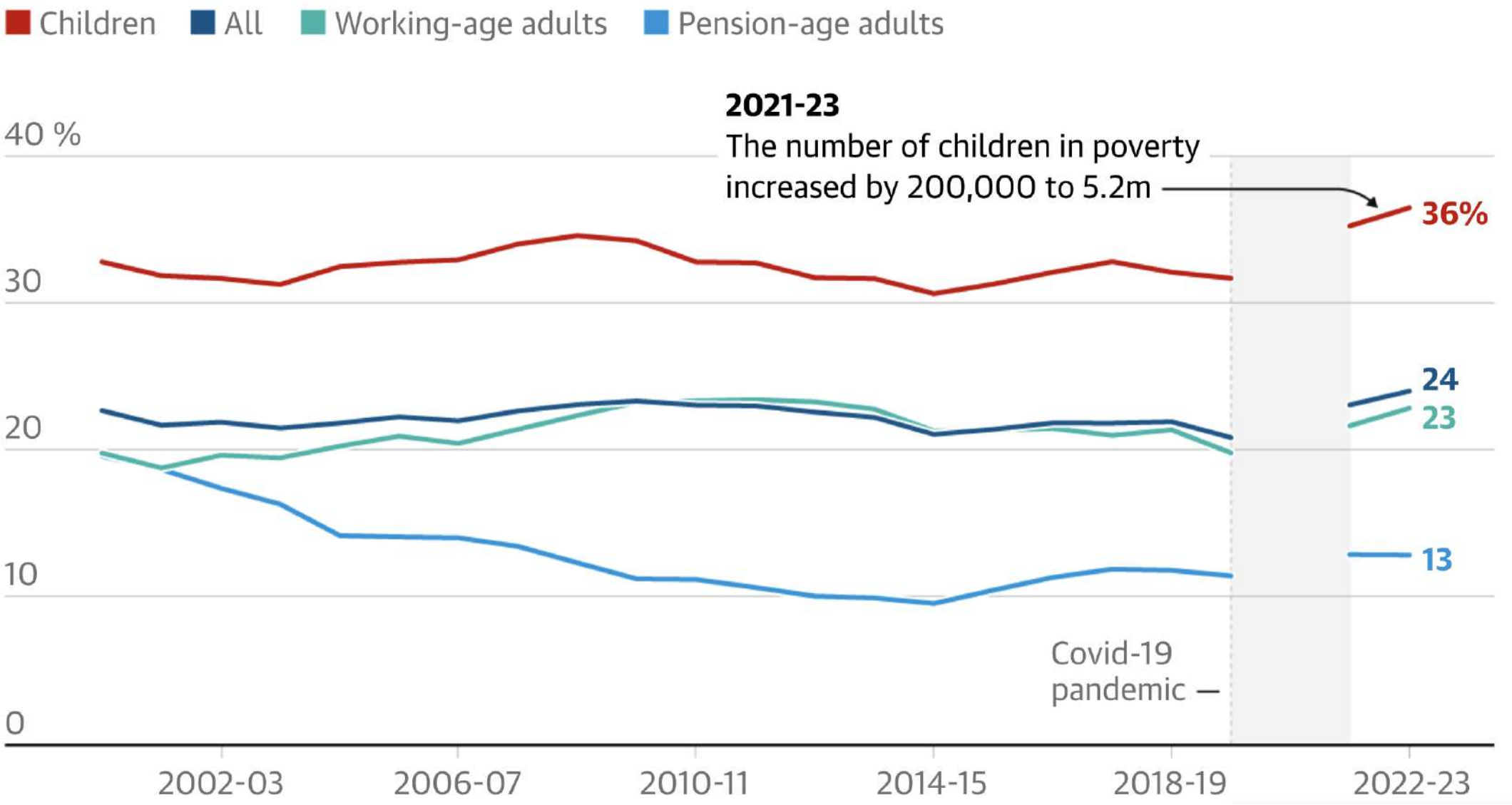
The Impact of Austerity Measures on Households with Children

Analysis by James Browne, Institute for Fiscal Studies

Building a family friendly society

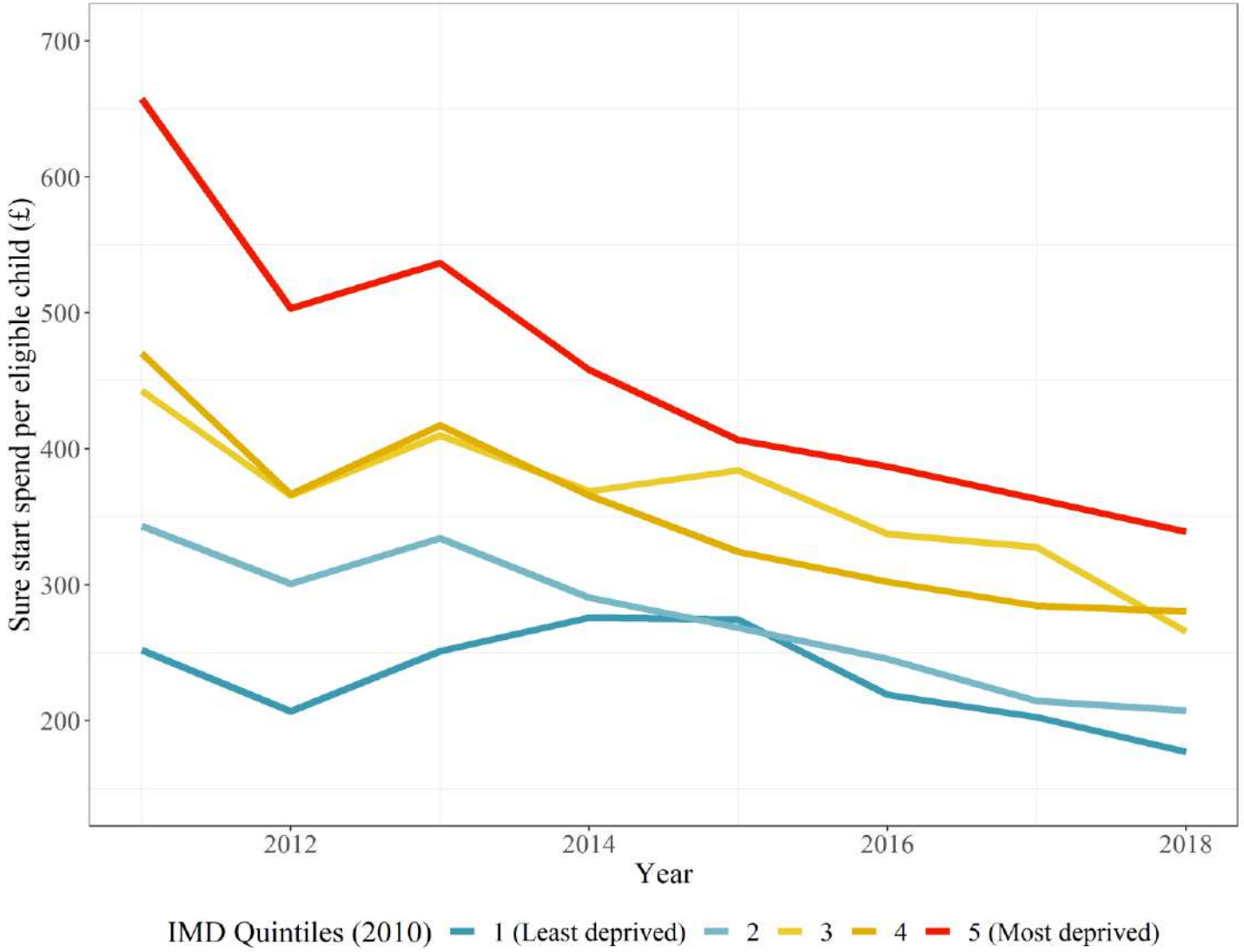
The Institute for Fiscal Studies has described these as “colossal cuts,” raising the question, “Is this a fundamental re-imagining of the role of the state”?

36% of UK children live in poverty, the highest on record



A decade of cuts to children's services

Biggest cuts to prevention in poorest areas



Taylor-Robinson and Bennett 2020
https://cpag.org.uk/shop/cpag-titles/2020-vision-ending-child-poverty-good

Mental health

Mental ill-health is behind soaring disability benefits bill in England and Wales, report says

Institute for Fiscal Studies says half of the rise in working-age people claiming the benefit last year is linked to mental health

Since the Covid-19 pandemic, the number of working-age adults in England and Wales paid disability benefits has increased by nearly 1 million people to 2.9 million in 2024. Photograph: Kerry Gerdes/Getty Images

Wes Streeting orders review of mental health diagnoses as benefit claims soar

Health secretary has asked experts to investigate whether normal feelings have become 'over-pathologised'

Nadeem Badshah *and agency*

Thu 4 Dec 2025 00.50 CET

The health secretary is understood to be concerned about the rise in number of people making sickness benefits claims. Photograph: Justin Paget/Getty Images

The health secretary, Wes Streeting, has ordered a clinical review of the diagnosis of mental health conditions in England, according to reports.

BBC

Inquiry to review rise in young people not working or studying

9 November 2025

Share Save

Ben Wright, BBC Political Correspondent and **Tabby Wilson**

Getty Images

An independent review into the rising number of young people not working or studying is being launched by the government.

Trends in mental health

Updated trends in the global prevalence and burden of mental disorders, 1990–2023: a systematic analysis for the Global Burden of Disease Study 2023

GBD 2023 Mental Disorder Collaborators*

We estimated that there were approximately 1·17 billion (95% UI 1·06–1·31) people with mental disorders in 2023 - a number that has almost doubled since 1990

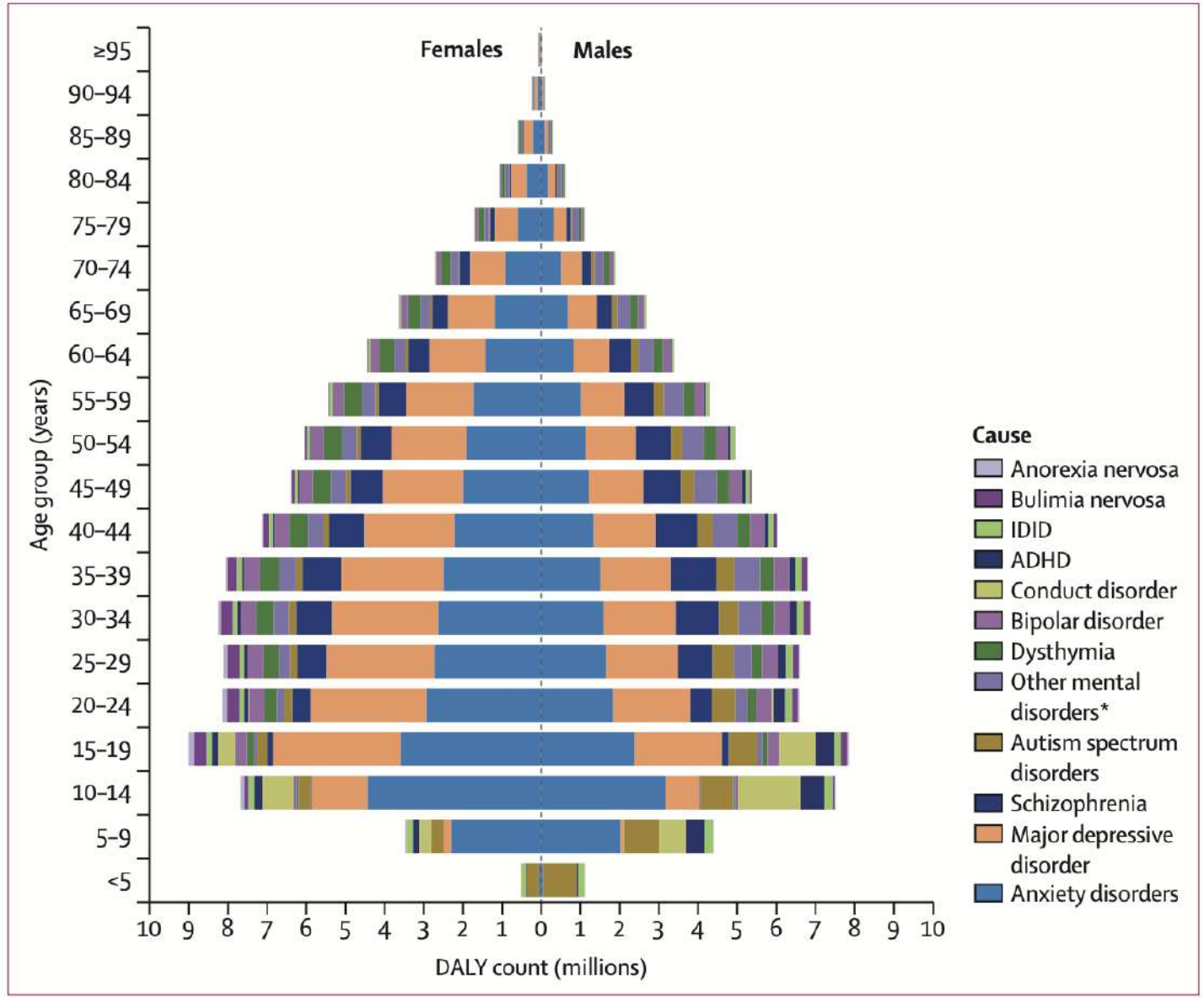
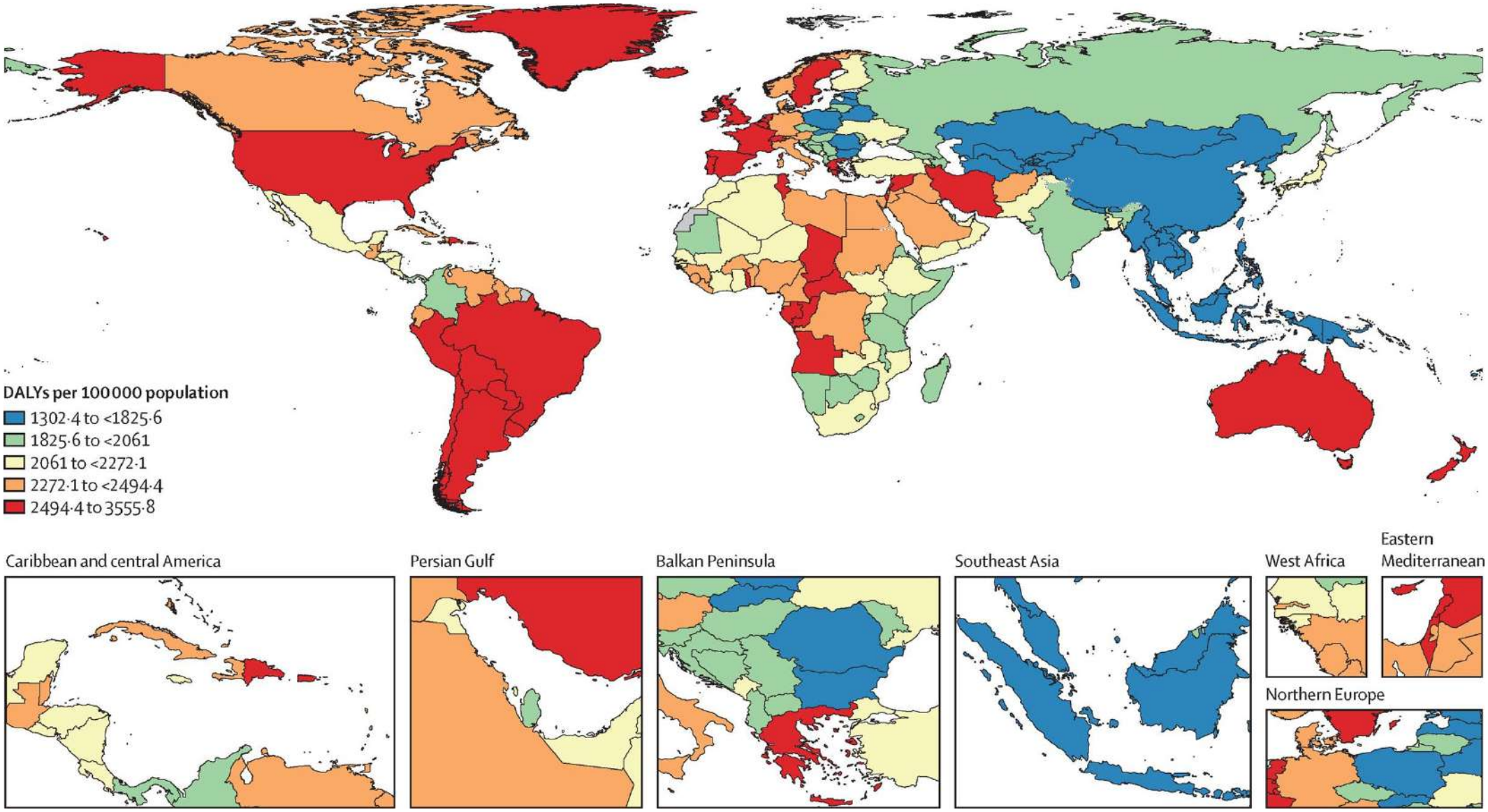


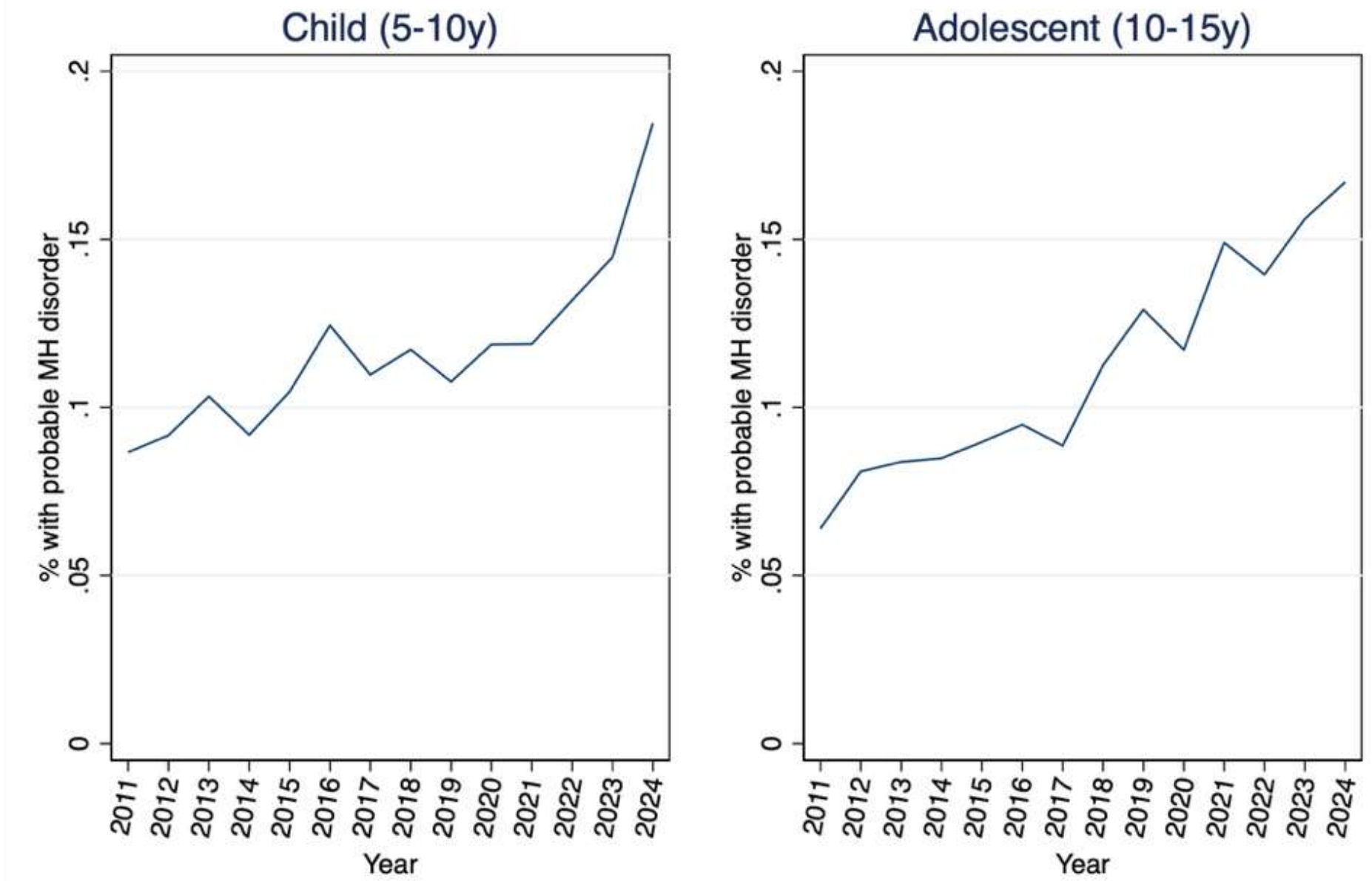
Figure 1: **Global mental disorder DALYs by age and sex, 2023**

ADHD=attention-deficit hyperactivity disorder. DALY=disability-adjusted life-year. IDID=idiopathic developmental intellectual disability. *Other mental disorders were modelled as a residual group comprising personality disorders without a comorbid mental or substance use disorder.

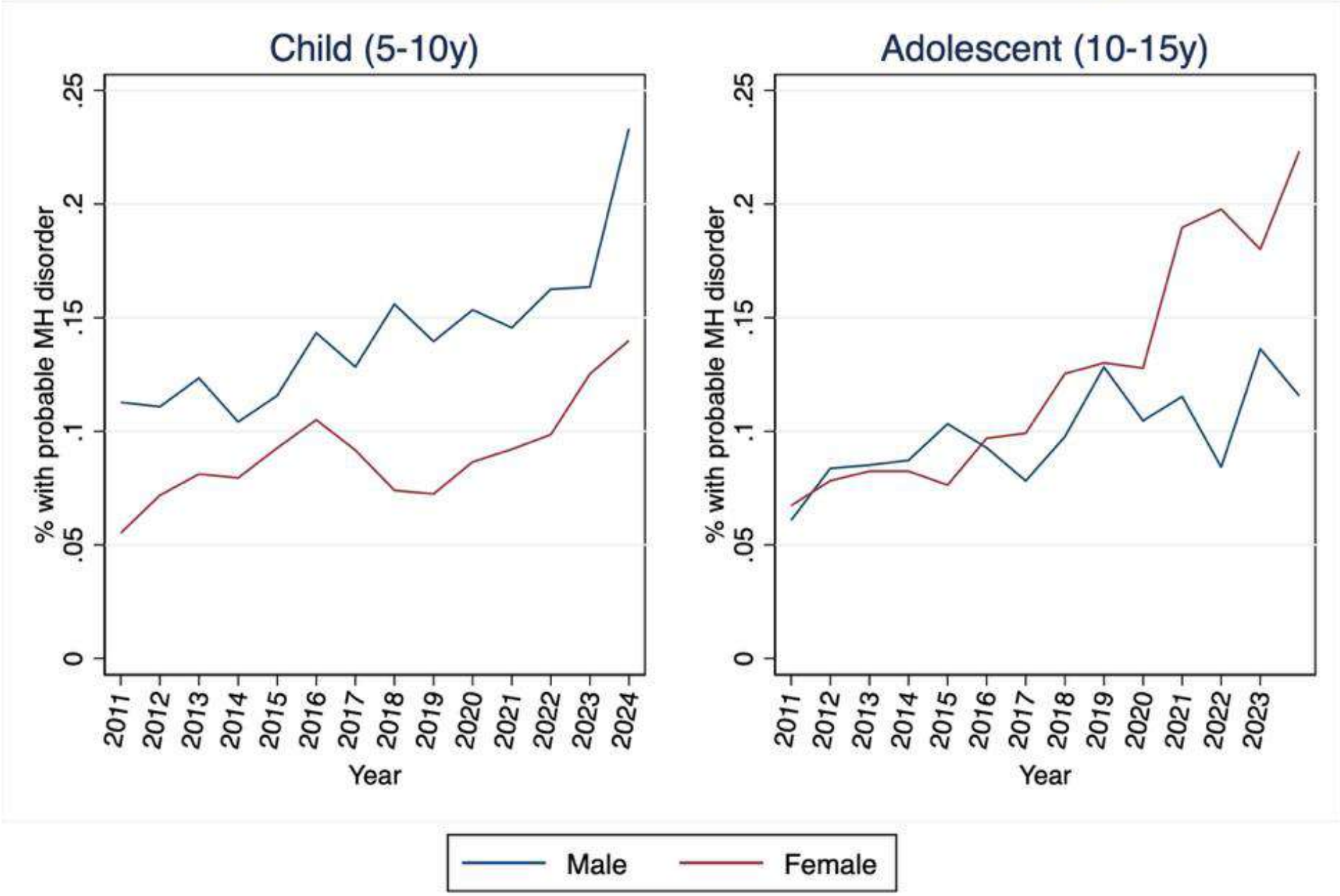
Mental disorder age-standardised DALY rates by country and territory, 2023



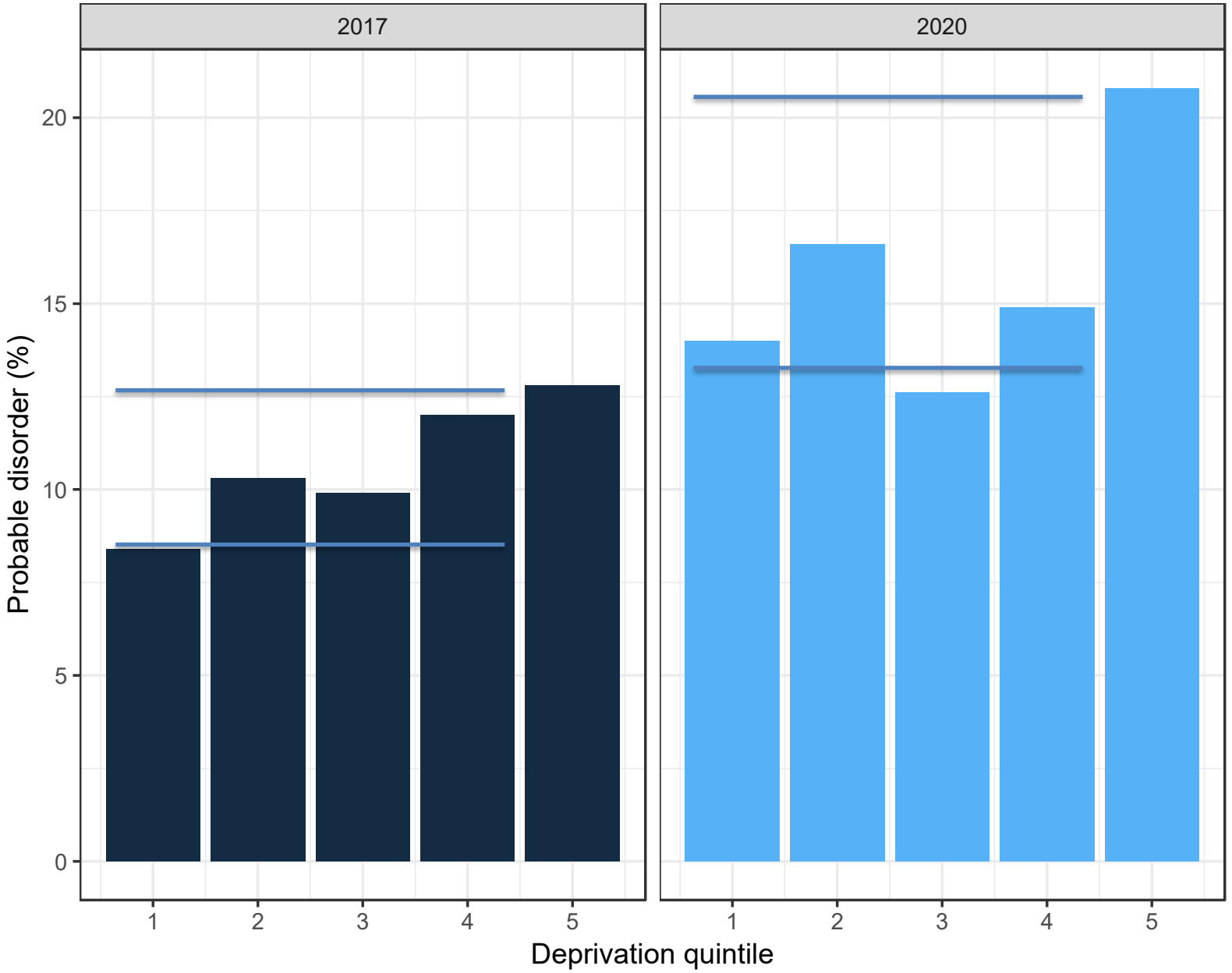
Child and adolescent mental health trends



Child and adolescent mental health trends by sex



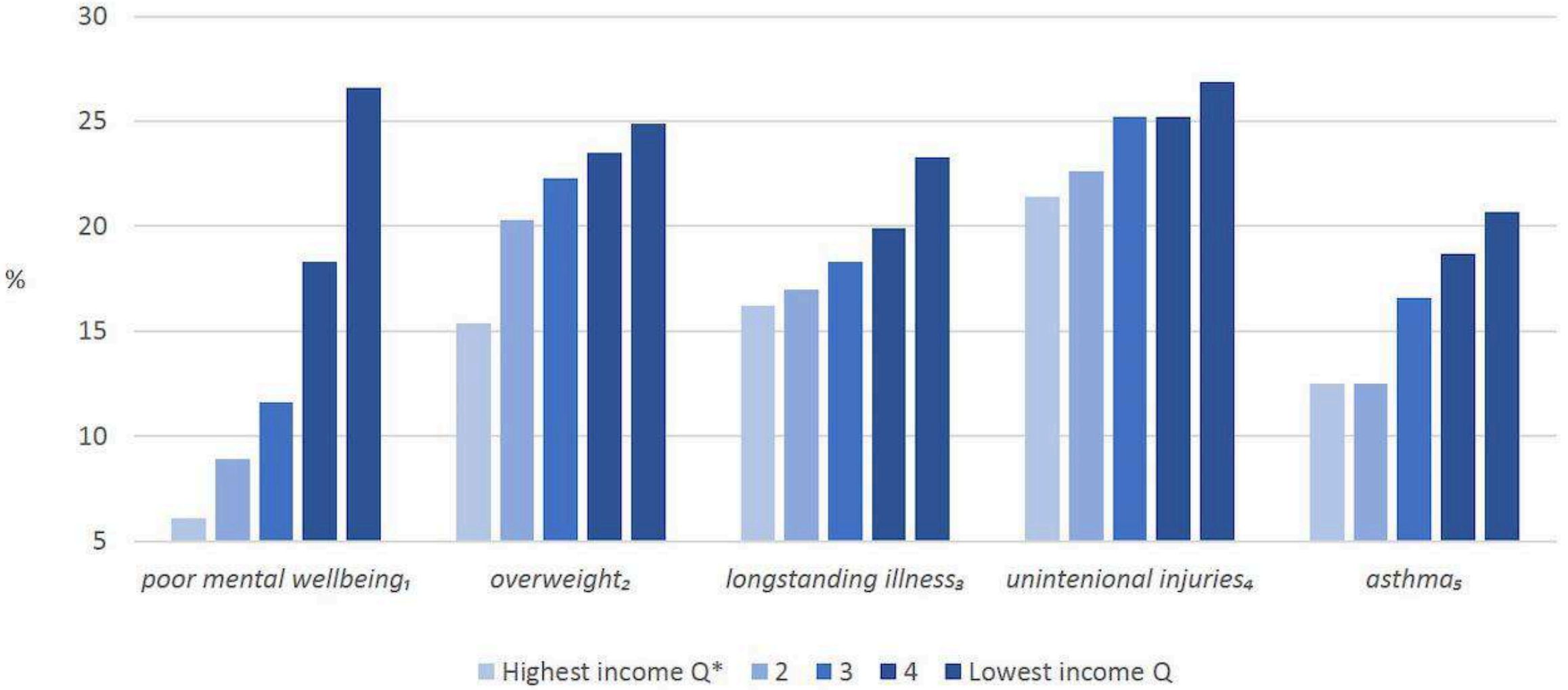
Child mental health problems by deprivation quintile in England



Taylor-Robinson D 2021

EARLY EMERGENCE and PERSISTENCE

Income gradients in health at age 7 years in UK



Pearce A, Dundas R, Whitehead M, Taylor-Robinson D. 2019

Social Science & Medicine 378 (2025) 118159

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

Socioeconomic inequalities in mental health difficulties over childhood: a longitudinal sex-stratified analysis using the UK Millennium Cohort Study

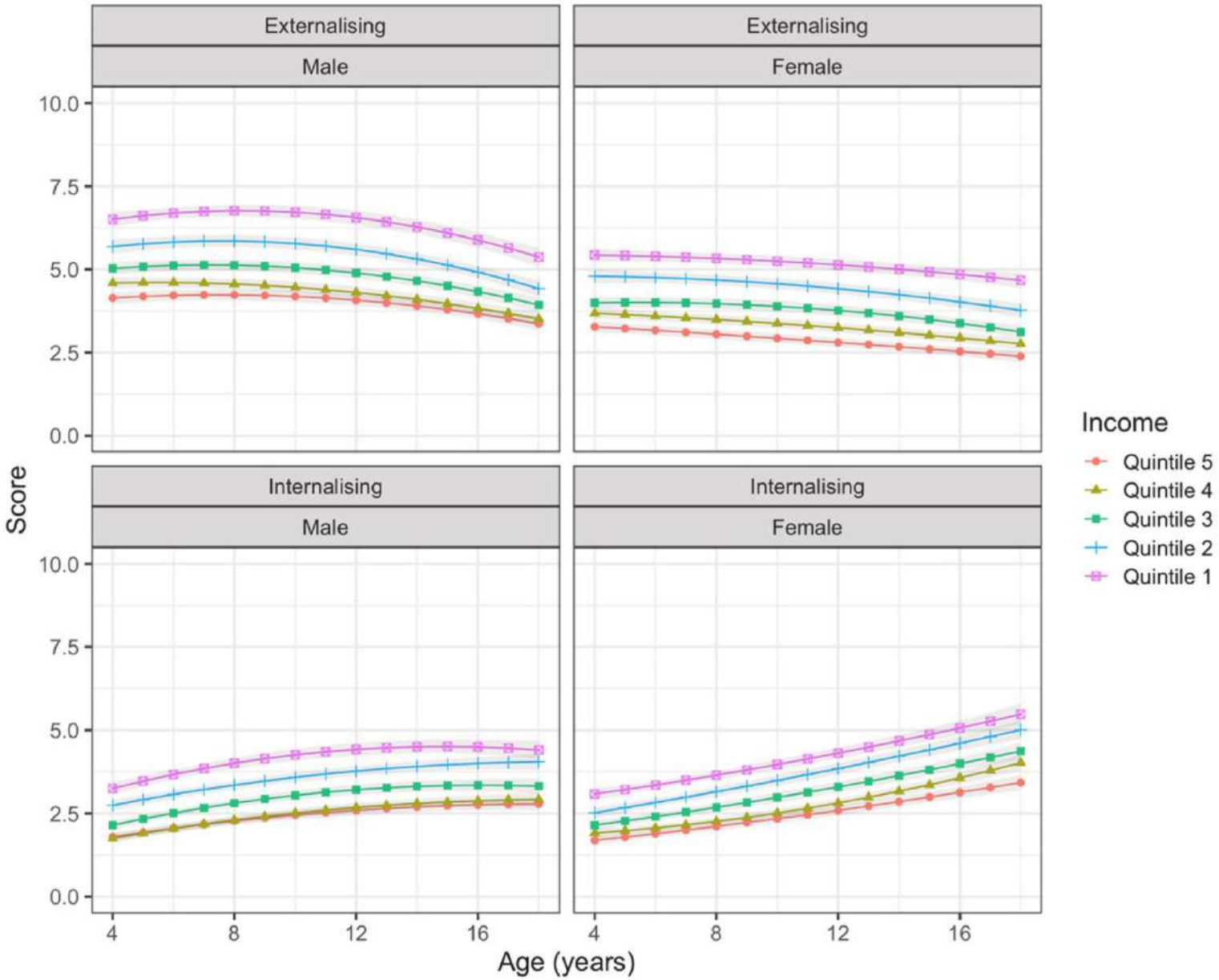
Yu Wei Chua [a,*], Daniela Schlüter [a], Anna Pearce [b], Helen Sharp [c], David Taylor-Robinson [a]

[a] *Health Inequalities and Policy Research Group, Department of Public Health, Systems and Policy, Institute of Population Health, University of Liverpool, The Farr Institute, Block F Waterhouse Building, 1-5 Brownlow Street, Liverpool, L69 3GL, UK*

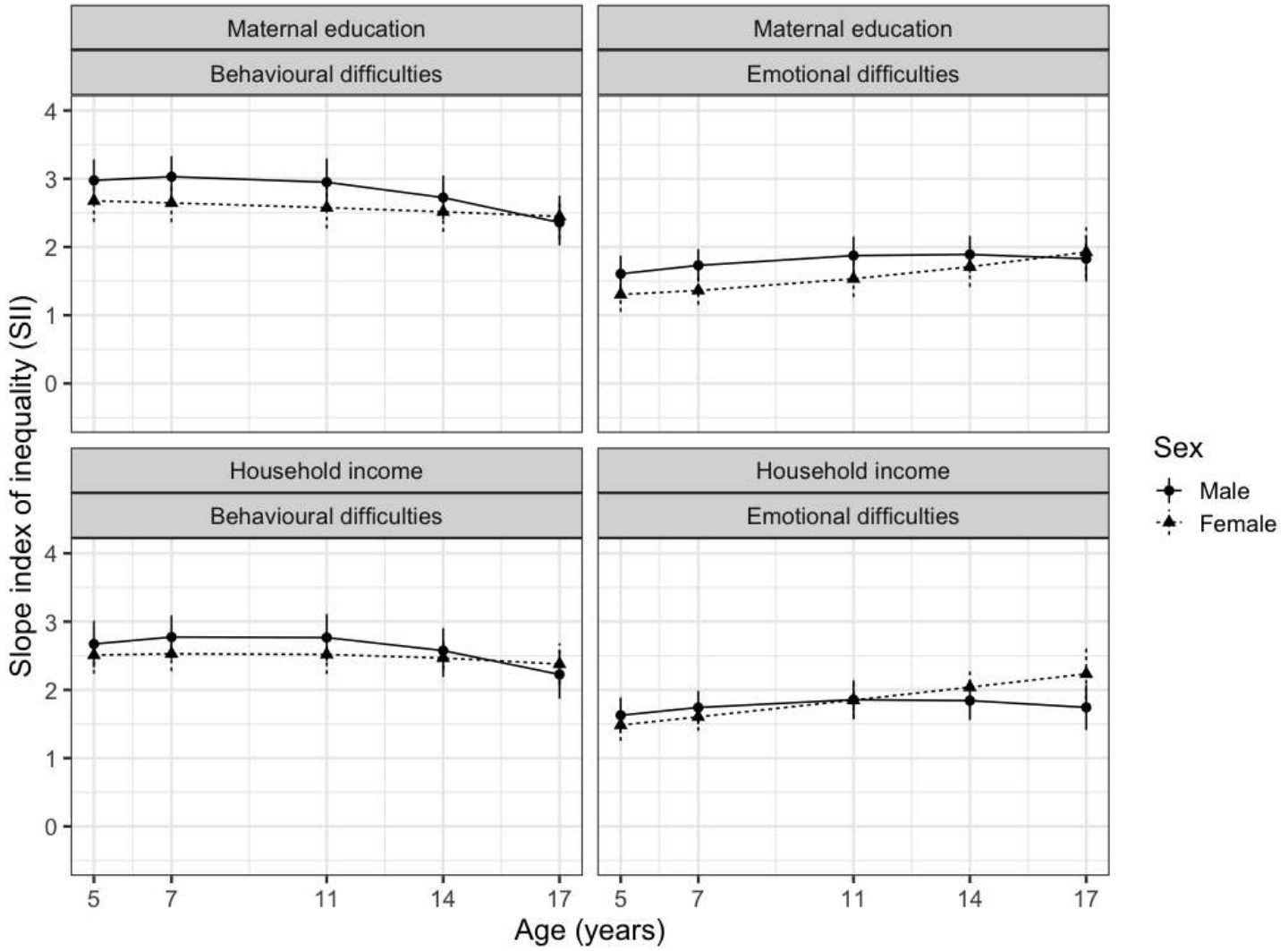
[b] *MRC/CSO Social and Public Health Sciences Unit, School of Health and Wellbeing, University of Glasgow, Clarice Pears, 90 Byres Road, Glasgow, G12 8TB, UK*

[c] *Department of Primary Care and Mental Health, Institute of Population Health, University of Liverpool, Eleanor Rathbone Building, Bedford Street South, Liverpool, L69 7ZA, UK*

Predicted mean externalising and internalising difficulties scores by household income in males and females.

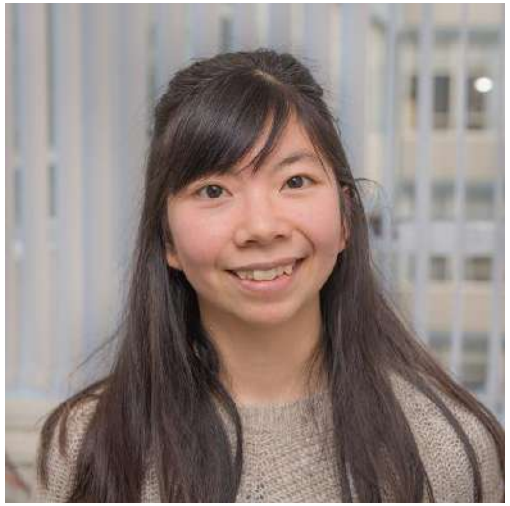


Slope Index of Inequality (SII) by maternal education and household income for behavioural and emotional difficulties, in males (solid line) and females (dotted line) at 5, 7, 11, 14 and 17 years



EU Child Cohort Network

About EU Child Cohort Network



Early-life pathways to inequalities in child mental health: Evidence from eight birth cohorts

Demetris Avraam[1,2], Gabriella Melis[2], Tim Cadman[3,4], Jennie Carson[5], Marie Aline Charles[6], Yu Wei Chua[2], Ahmed Elhakeem[7], Joaquín Escribano[8], Veit Grote[9,10], Dariusz Gruszfeld[11], Kathrin Guerlich[9,10], Rae-Chi Huang[12], Jennifer R. Harris[13], Jesus Ibarluzea[14,15], Jordi Julvez[4,16], Berthold Koletzko[9,10], Ashleigh Lin[5,17], Unai Martin[18], Rosemary McEachan[19], Maria Melchior[20], Phillip Melton[5,21], Johanna Thorbjornsrud Nader[22], Angela Pinot de Moira[1,23], Maja Popovic[24], Simona Porru[25], Lorenzo Richiardi[24], Blanca Sarzo[26], Daniela Schlüter[2], Jordi Sunyer[4,27,28], Morris Swertz[3], Elvira Verduci[29], John Wright[19], Annick Xhonneux[30], Tiffany Yang[19], Daniela Zugna[24], Anne-Marie Nybo Andersen[1], Katrine Strandberg-Larsen[1], David Taylor-Robinson[2]

What are the main risk factors driving poor health for UK children?

THE LANCET *Regional Health*
Europe

ONLINE FIRST, 100279

PDF [1023 KB] Figures

Impact of poverty and family adversity on adolescent health: a multi-trajectory analysis using the UK Millennium Cohort Study

Nicholas Kofi Adjei • Daniela K. Schlüter • Viviane S. Straatmann • Gabriella Melis • Kate M. Fleming • Ruth McGovern • Louise M. Howard • Eileen Kaner • Ingrid Wolfe • David C. Taylor-Robinson • on behalf of the ORACLE consortium • Show less

Open Access • Published: November 30, 2021 • DOI: https://doi.org/10.1016/j.lanepe.2021.100279

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HEALTH

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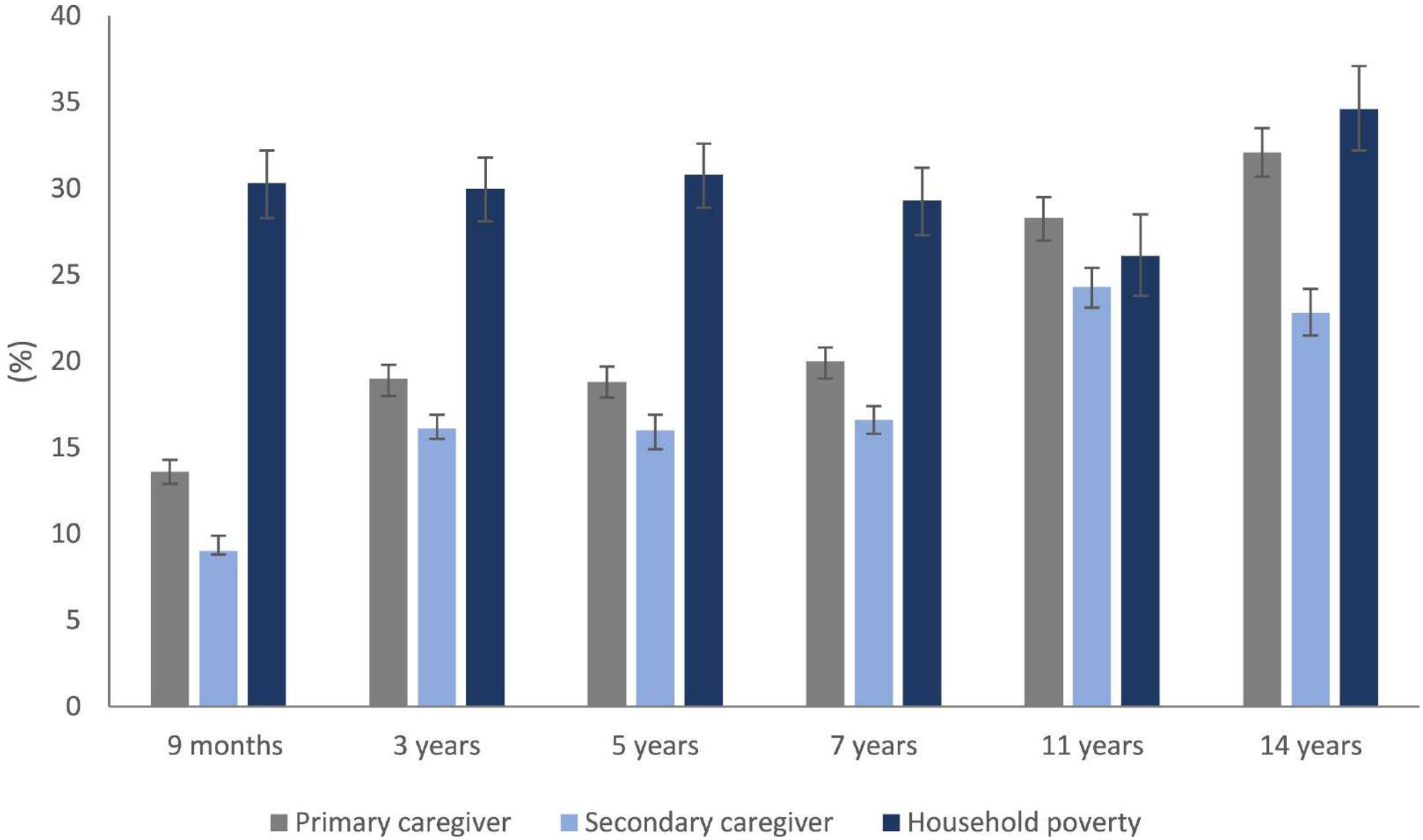
Original article

Impact of Parental Mental Health and Poverty on the Health of the Next Generation: A Multi-Trajectory Analysis Using the UK Millennium Cohort Study

Nicholas Kofi Adjei, Ph.D. [a,*], Daniela K. Schlüter, Ph.D. [a], Gabriella Melis, Ph.D. [a], Viviane S. Straatmann, Ph.D. [b], Kate M. Fleming, Ph.D. [a], Sophie Wickham, Ph.D. [a], Luke Munford, Ph.D. [c], Ruth McGovern, Ph.D. [d], Louise M. Howard, Ph.D. [e], Eileen Kaner, Ph.D. [d], Ingrid Wolfe, Ph.D. [f], and David C. Taylor-Robinson, Ph.D. [a]

[a] *Department of Public Health, Policy and Systems, University of Liverpool, Liverpool, United Kingdom*
[b] *Department of Public Health Sciences, Stockholm University, Stockholm, Sweden*
[c] *Division of Population Health, Health Services Research & Primary Care, University of Manchester, Manchester, United Kingdom*
[d] *Population Health Sciences Institute, Newcastle University, Newcastle, United Kingdom*
[e] *Department of Health Service and Population Research, King's College London, London, United Kingdom*
[f] *Department of Women and Children's Health, King's College London, London, United Kingdom*

Estimated child-level prevalence for poor parental mental health (primary and secondary caregiver) and household poverty in the UK



Low adversity and poverty – 43%

Persistent poverty – 23%

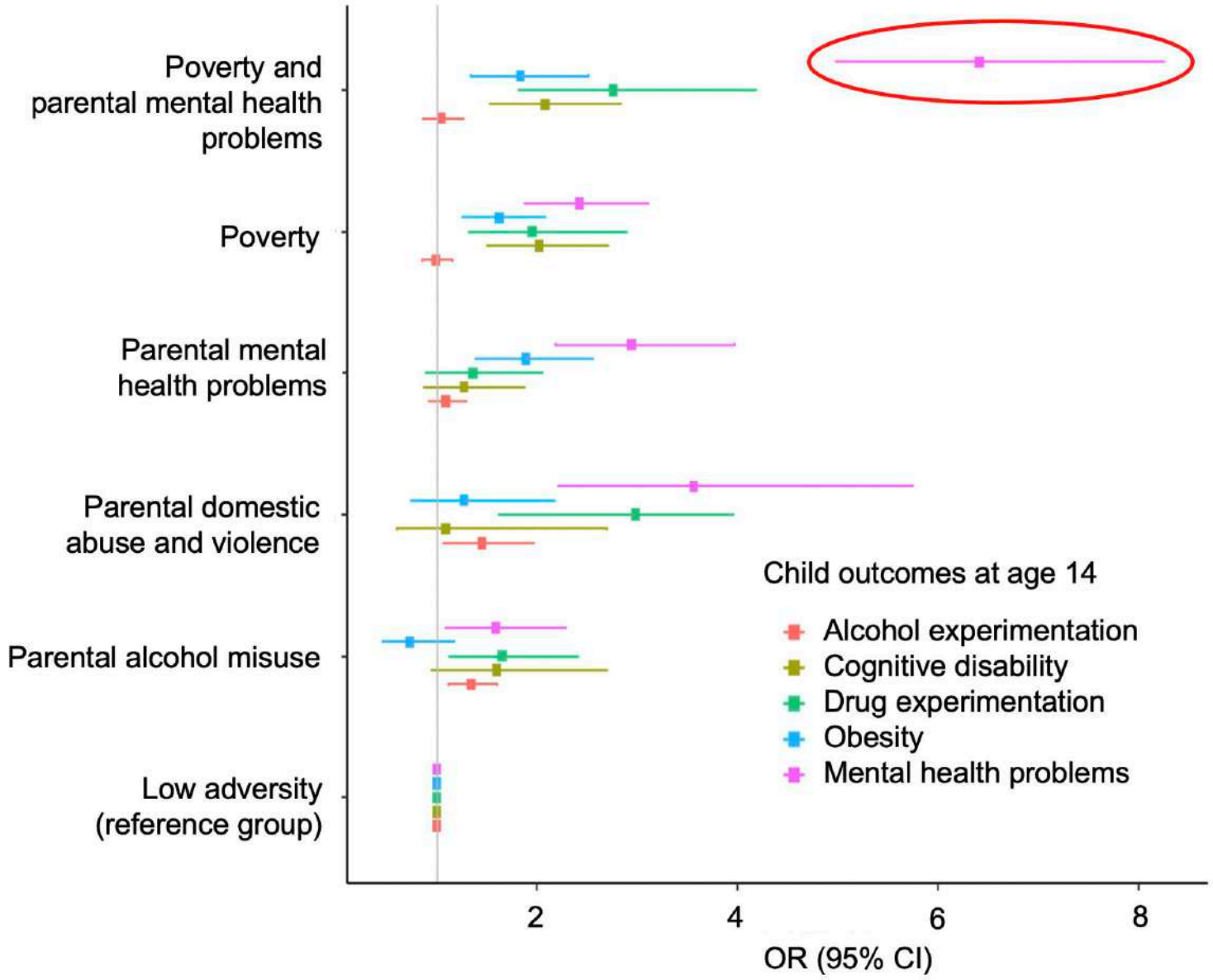
Persistent parental mental illness – 12%

Parental mental illness & poverty – 11%

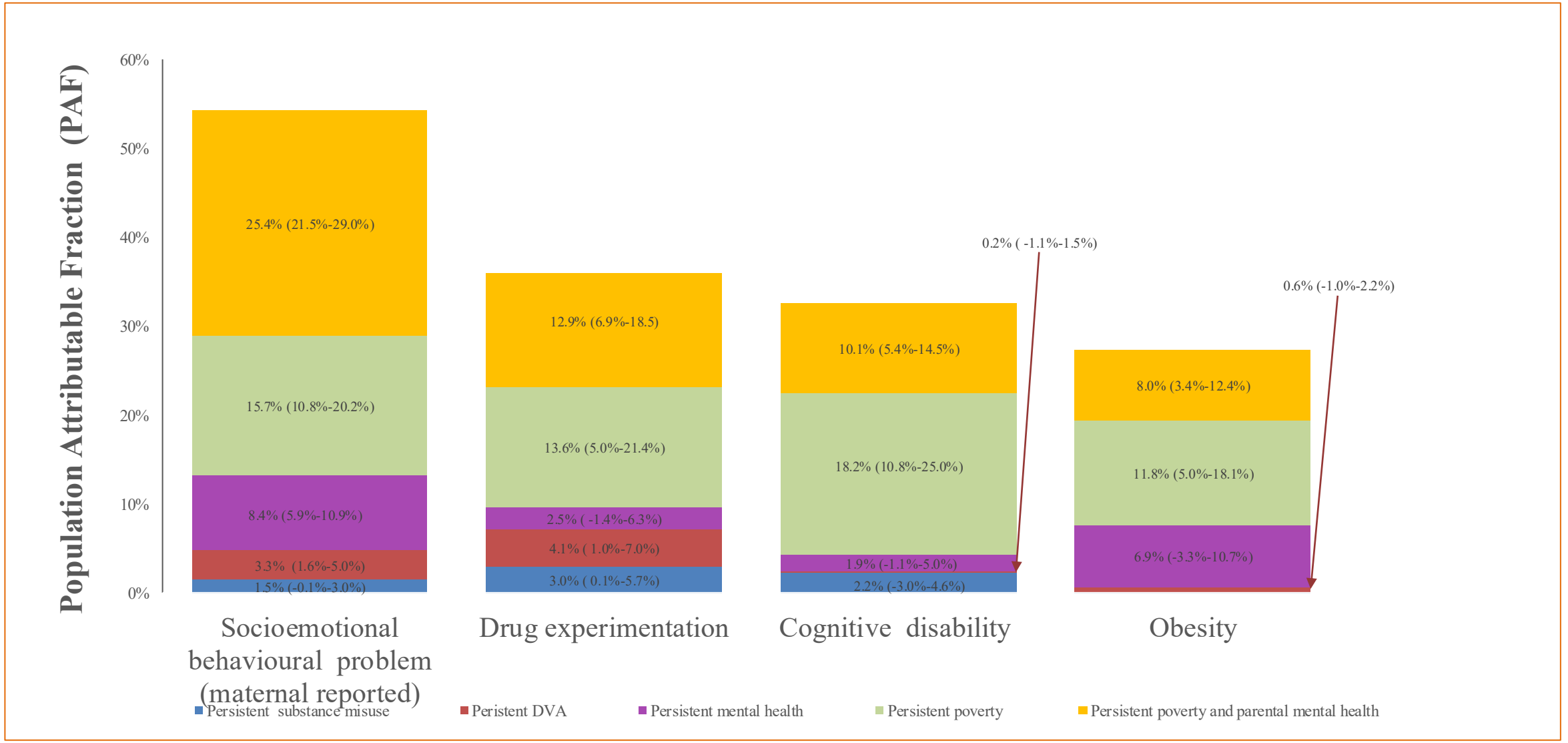
Persistent parental alcohol use – 8%

Persistent domestic abuse and violence – 3.4%

Impact of childhood adversity trajectories on child outcomes at age 14 years in the UK Millennium Cohort Study



What proportion of adverse child health outcomes could be prevented if exposure to poverty and family adversity during childhood were reduced?



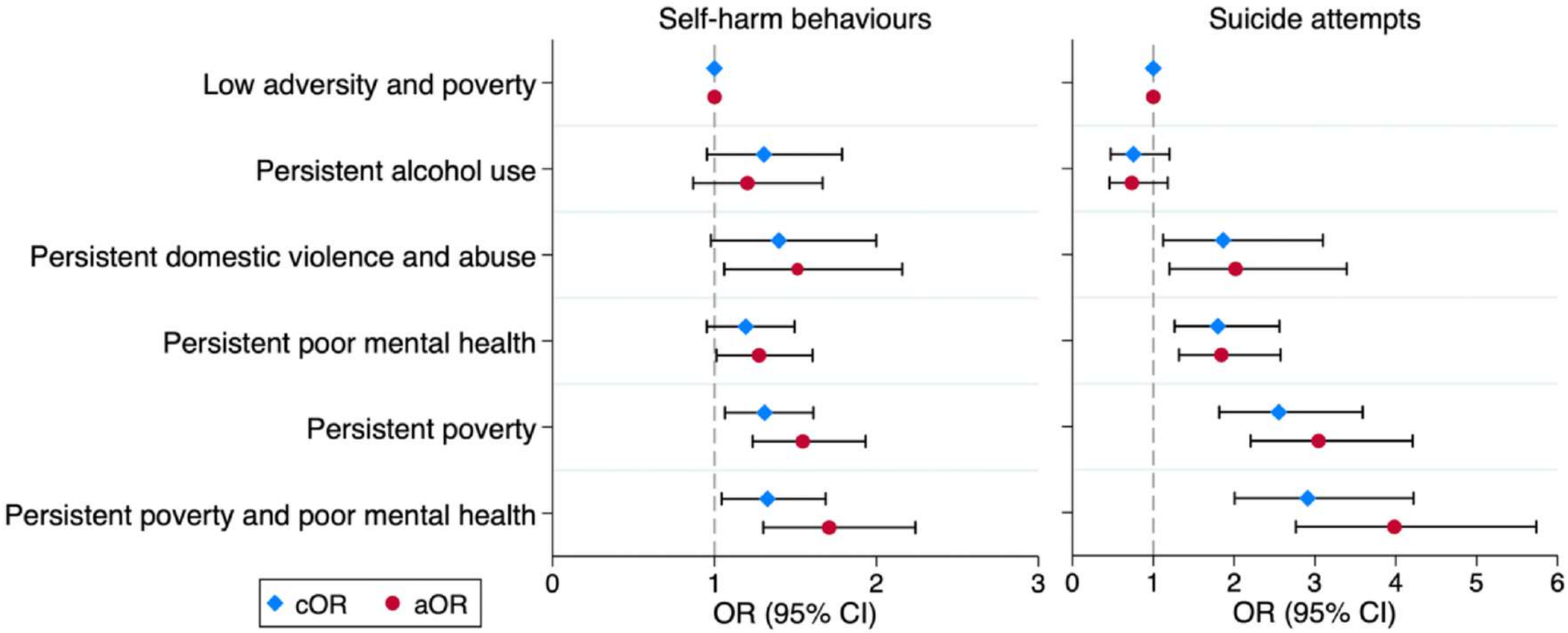
Multiple trajectories of family adversity and poverty and adolescent self-harm and suicide attempts: findings from the UK Millennium Cohort Study

Research | Open access | Published: 14 March 2026

article number , (2026) Cite this article

Yanhua Chen, Michelle Black, Davara Bennett, Ruth McGovern, Helen Sharp, David H. Rehkopf, David C. Taylor-Robinson & Nicholas Kofi Adjei

Associations between childhood family adversities and poverty trajectories and self-harm and suicide attempts



Population attributable fractions of childhood family adversities and poverty on self-harm behaviours and suicide attempts at age 17 years in UK

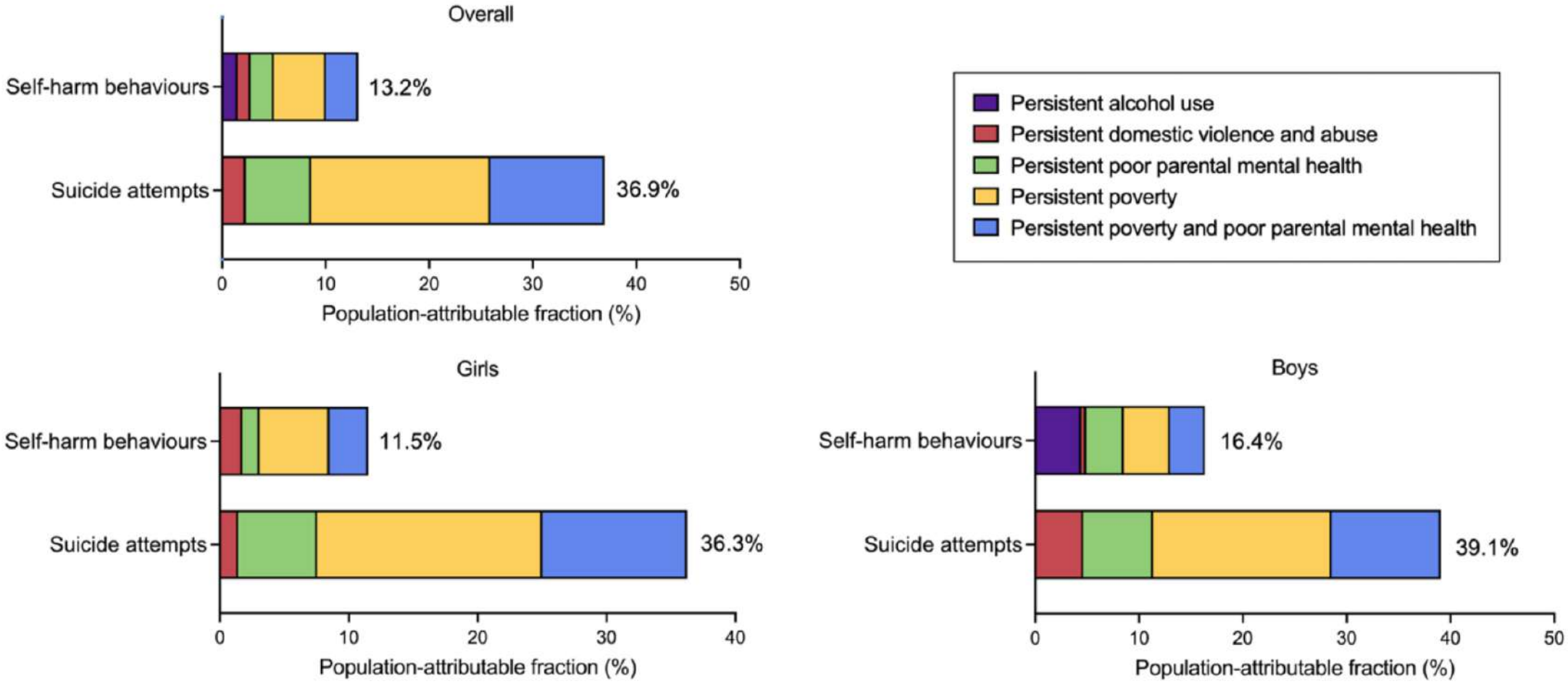
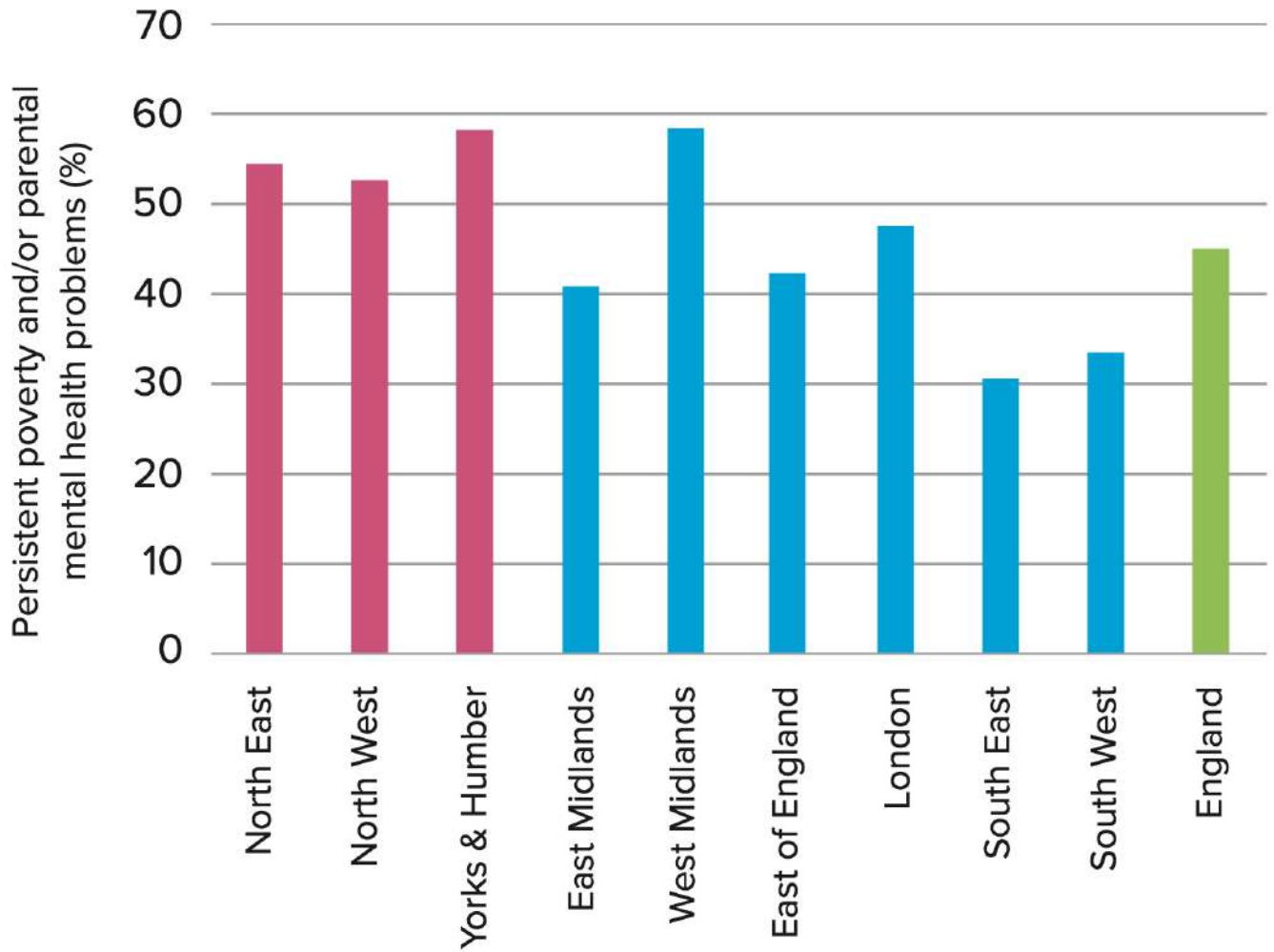


Figure 1.2. Persistent poverty and/or parental mental health problems up to age 14, by region.



Source: UK Millennium Cohort Study, analysis by Nicholas Adjei, University of Liverpool

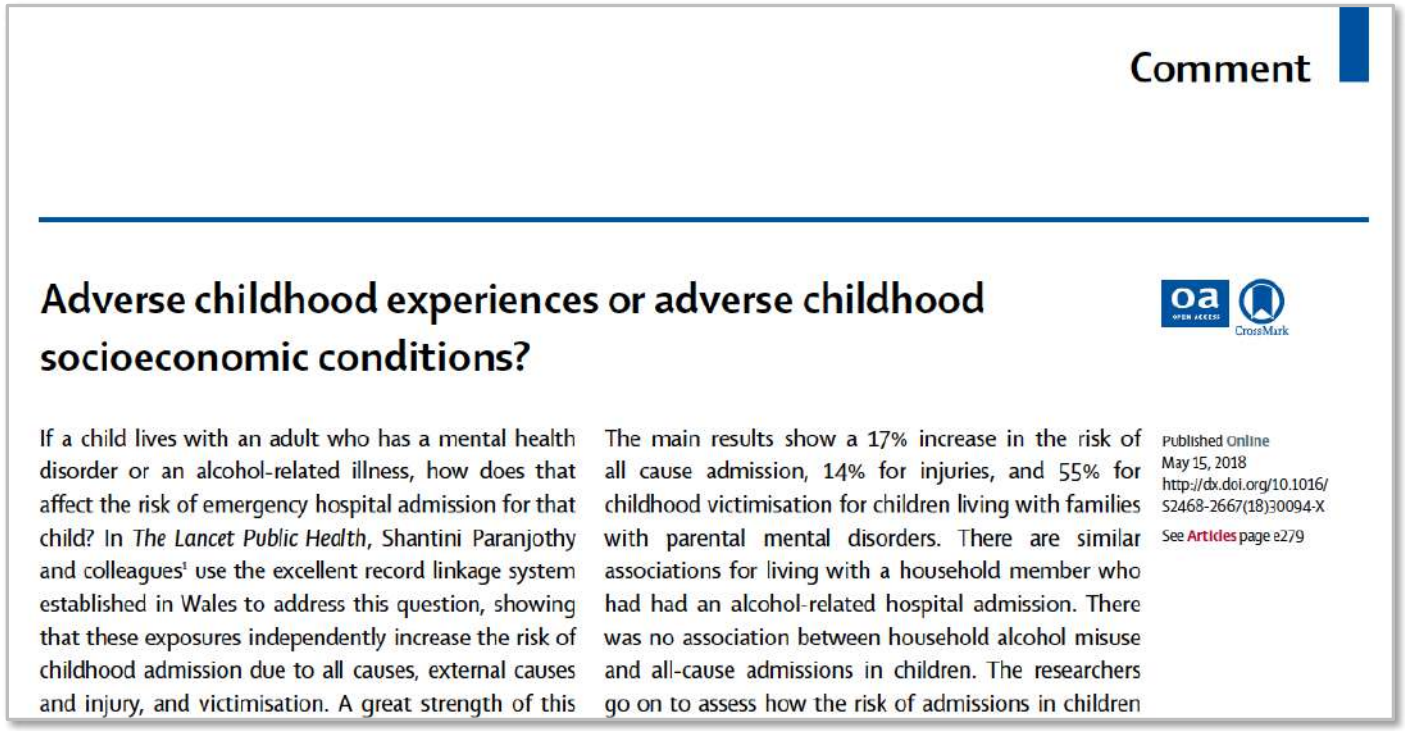
Child of the North

Building a fairer future after COVID-19

MECHANISMS - Mediation


Risk factors
Poverty
Health

Life events or socioeconomic conditions?



Comment

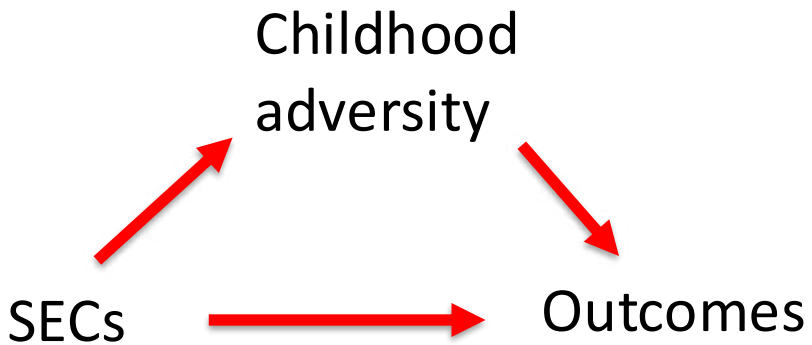
Adverse childhood experiences or adverse childhood socioeconomic conditions?

If a child lives with an adult who has a mental health disorder or an alcohol-related illness, how does that affect the risk of emergency hospital admission for that child? In *The Lancet Public Health*, Shantini Paranjothy and colleagues[1] use the excellent record linkage system established in Wales to address this question, showing that these exposures independently increase the risk of childhood admission due to all causes, external causes and injury, and victimisation. A great strength of this

The main results show a 17% increase in the risk of all cause admission, 14% for injuries, and 55% for childhood victimisation for children living with families with parental mental disorders. There are similar associations for living with a household member who had had an alcohol-related hospital admission. There was no association between household alcohol misuse and all-cause admissions in children. The researchers go on to assess how the risk of admissions in children

Published Online
May 15, 2018
http://dx.doi.org/10.1016/
S2468-2667(18)30094-X

See Articles page e279



Taylor-Robinson DC, Straatmann VS, Whitehead M. *Lancet Public Health* 2018

Review

Relationship between childhood socioeconomic position and adverse childhood experiences (ACEs): a systematic review

David Walsh [1], Gerry McCartney,[2] Michael Smith,[3] Gillian Armour[2,4]

35 studies included for synthesis

Lower childhood SEP is associated with a greater risk of ACEs/maltreatment.

With UK child poverty levels predicted to increase markedly, any policy approach that ignores the socioeconomic context to ACEs is therefore flawed

Theory and methods

PDF

Causal mediation approaches for understanding pathways to inequalities and policy entry points: examples from early years health and development

Anna Pearce [1], Steven Hope [2], Michael J Green [3], John W Lynch [4], Joost Oude Groeniger [5], Bianca De Stavola [6], Russell M Viner [6], Daniela K Schlüter [7], David Taylor-Robinson [7]

Correspondence to Dr Steven Hope; steven.hope@imperial.ac.uk

Abstract

The reduction of health inequalities has been a priority of researchers, decision-makers and practitioners for many years. Advances in causal mediation analysis offer great promise for identifying intervention targets and inferring how policy actions might alter health inequalities. However, these methods are sometimes presented in a manner that is not accessible to the wider community of health researchers. Causal mediation methods also have a range of limitations and assumptions that have implications for their application and the interpretation of results. In this paper, we consider three types of questions that can be used to guide policy actions to reduce health inequalities, addressed using causal mediation methods: (1) which mediating pathways offer most promise for the reduction of health inequalities and should be the focus of further, more indepth analysis? 2) In the face of two competing pathways, which one is most likely to lead to a narrowing of health inequalities? 3) What would be the impact of a hypothetical intervention on one specific mediating pathway when implemented under different scenarios? Focusing on early years' health, we use real life examples of the application of causal mediation methods to address these three types of question. In doing so, we discuss the relative strengths and limitations of these methods and introduce key mediation concepts relevant to health inequalities researchers.

The effect of a transition into poverty on child and maternal mental health: a longitudinal analysis of the UK Millennium Cohort Study

Sophie Wickham, Margaret Whitehead, David Taylor-Robinson, Ben Barr**

Summary

Background Whether or not relative measures of income poverty effectively reflect children's life chances has been the focus of policy debates in the UK. Although poverty is associated with poor child and maternal mental health, few studies have assessed the effect of moving into poverty on mental health. To inform policy, we explore the association between transitions into poverty and subsequent mental health among children and their mothers.

Lancet Public Health 2017

*Contributed equally

Department of Public Health and Policy, University of

Dr. Sophie Wickham

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Mental health

Original research

Understanding pathways to inequalities in child mental health: a counterfactual mediation analysis in two national birth cohorts in the UK and Denmark

Eric TC Lai [1, 2], Daniela K Schlüter [1, 2], Theis Lange [3, 4], Viviane Straatmann [1, 5], Anne-Marie Nybo Andersen [2], Katrine Strandberg-Larsen [2], David Taylor-Robinson [1, 2]

Correspondence to Dr Eric TC Lai; etcl@liverpool.ac.uk

PDF

PDF + Supplementary Material

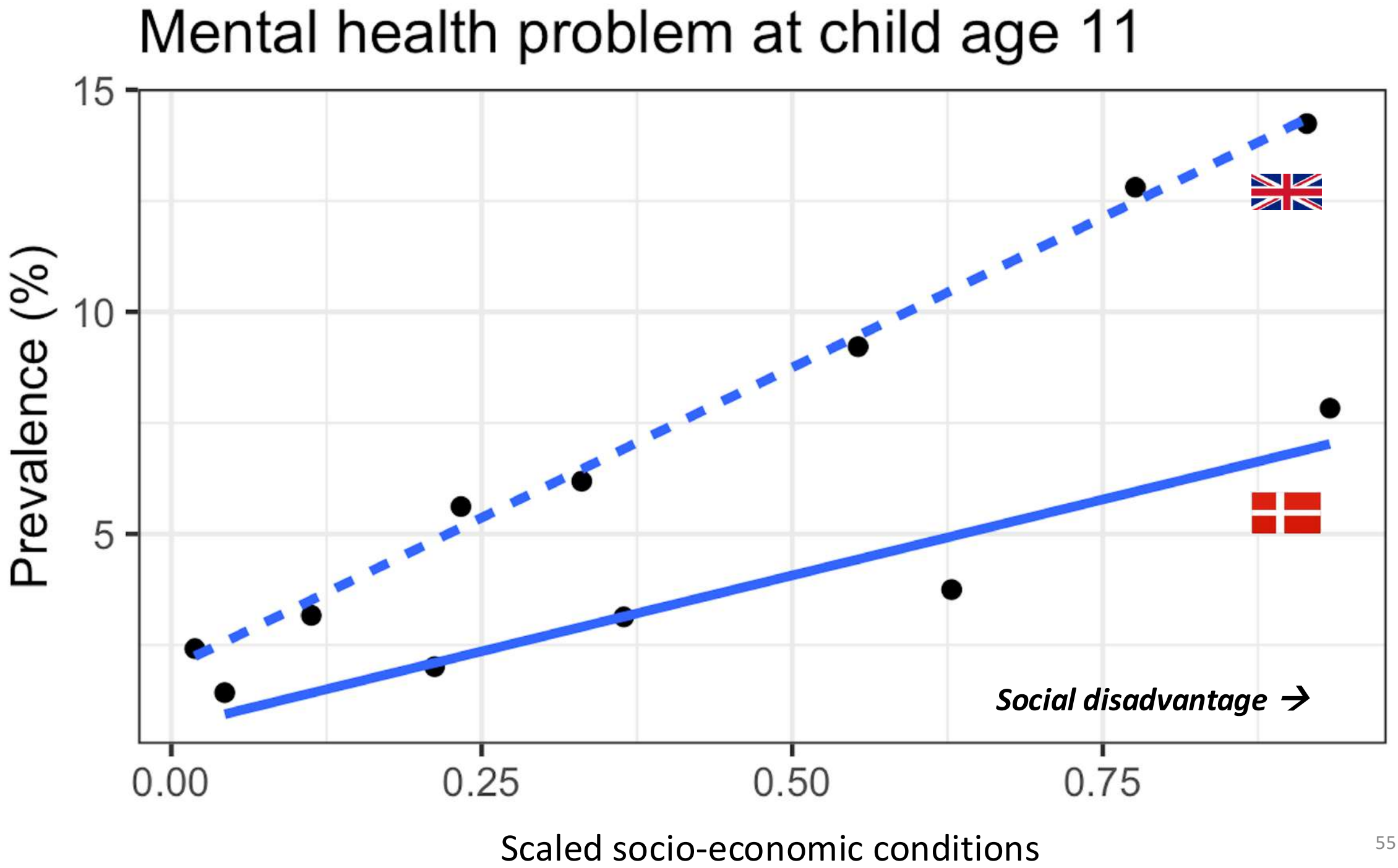
XML

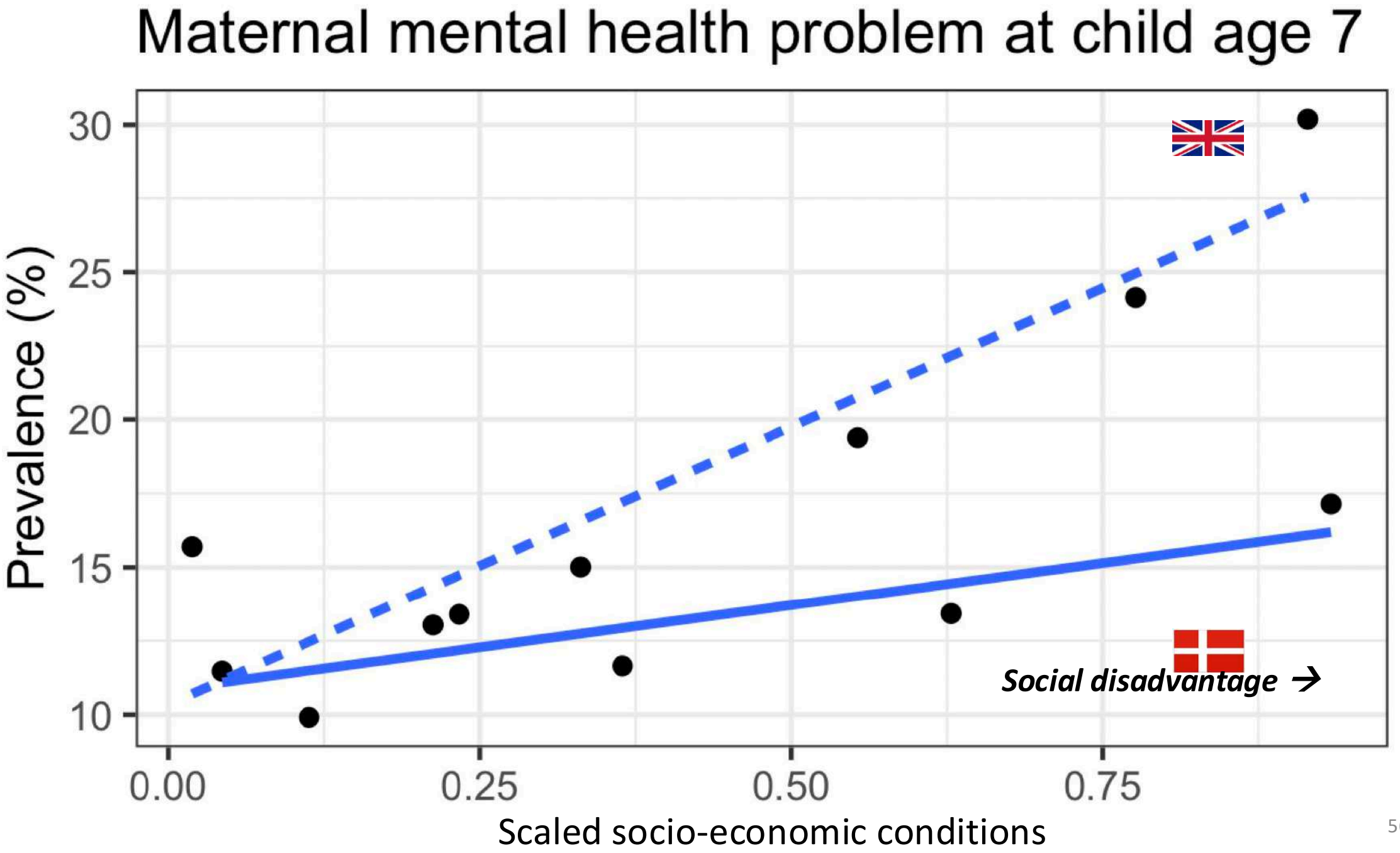
Abstract

Objectives We assessed social inequalities in child mental health problems (MHPs) and how they are mediated by perinatal factors, childhood illness and maternal mental health in two national birth cohorts.

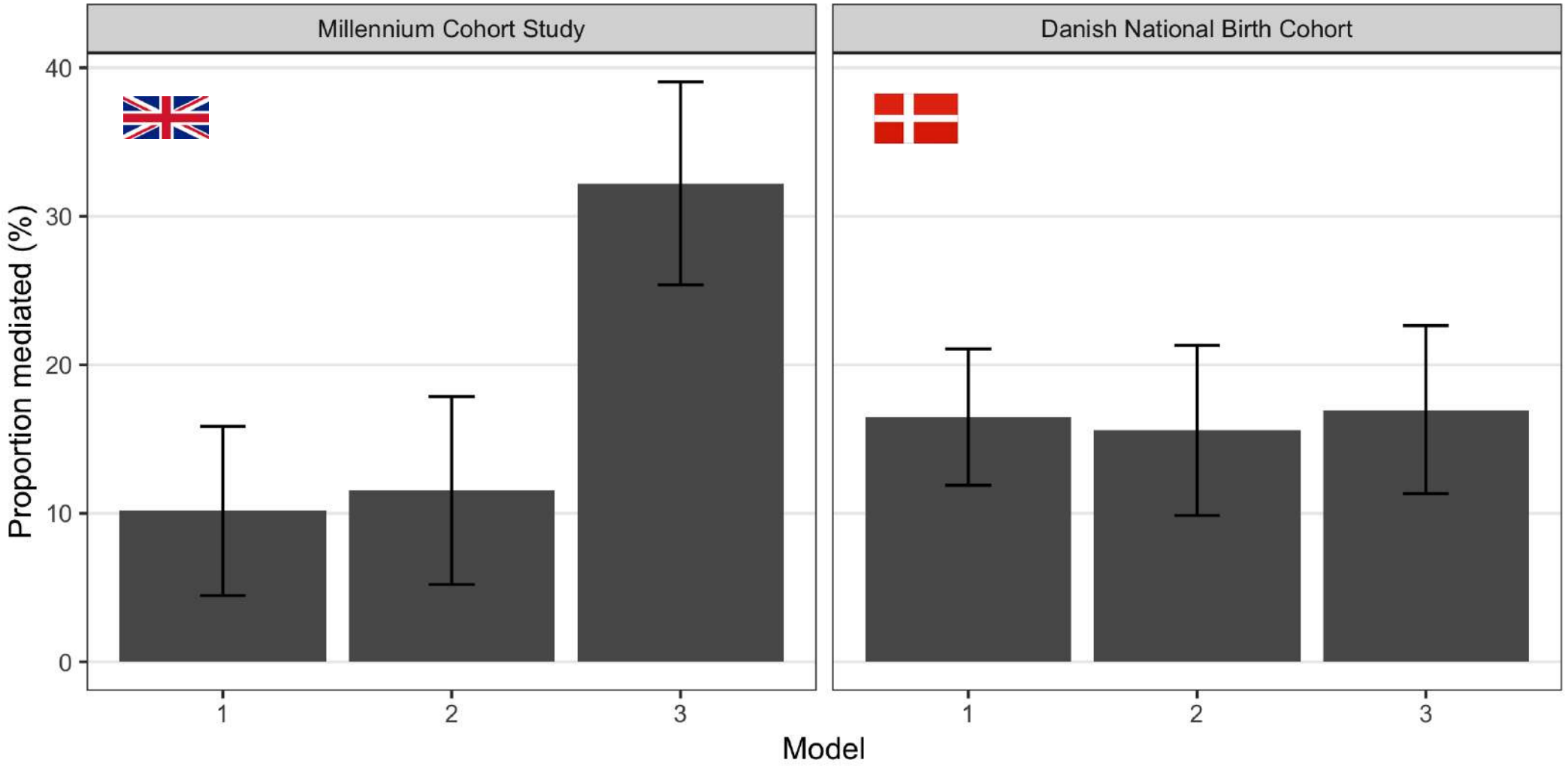
Design Longitudinal cohort study

Setting We used data from the UK Millennium Cohort Study and the Danish National Birth Cohort.


Mental health problem at child age 11
Prevalence (%)
15
10
5
0.00
0.25
0.50
0.75
Social disadvantage →
Scaled socio-economic conditions


Maternal mental health problem at child age 7
Prevalence (%)
30
25
20
15
10
0.00
0.25
0.50
0.75
Scaled socio-economic conditions
Social disadvantage →

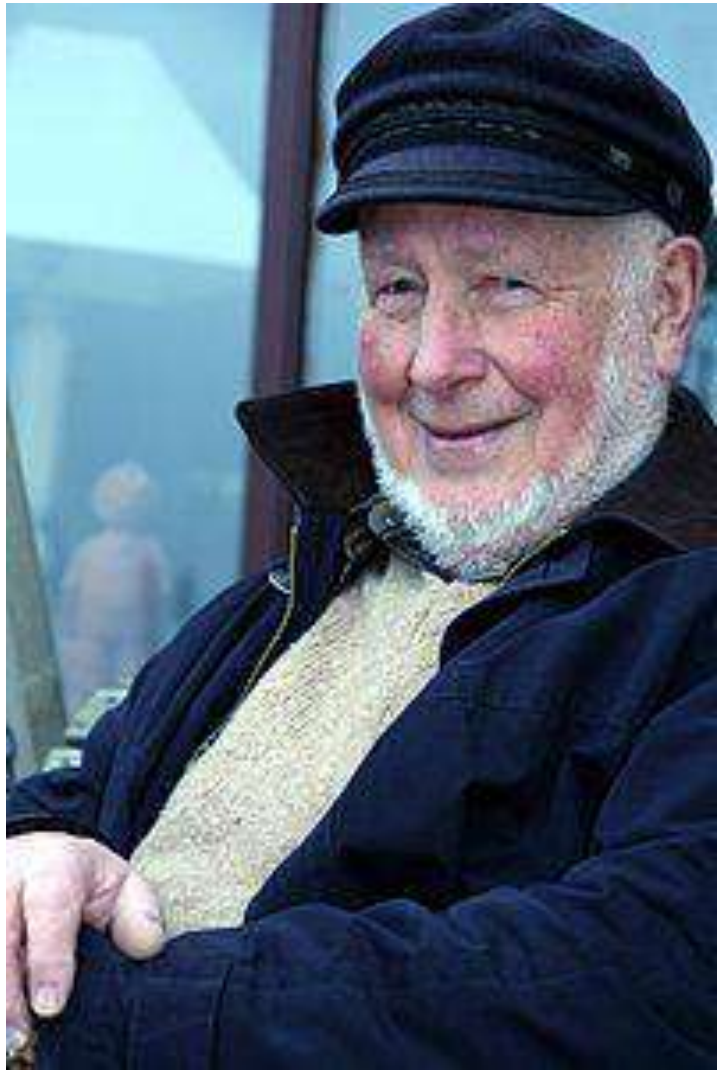
Proportion mediated



Model 1 assessed NIE by perinatal factors; Model 2 assessed NIE additionally by childhood illness at age 7 years; Model 3 assessed NIE additionally by maternal mental health at age 7

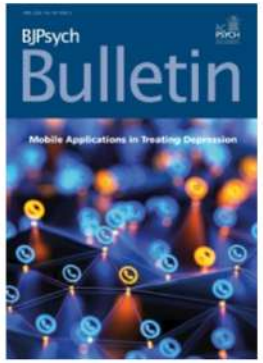
HEALTHCARE INEQUALITIES

Inverse care law



"the availability of good medical care tends to vary inversely with the need for it in the population served.”

(Tudor Hart 1971)



BJPsych Bulletin

Article contents

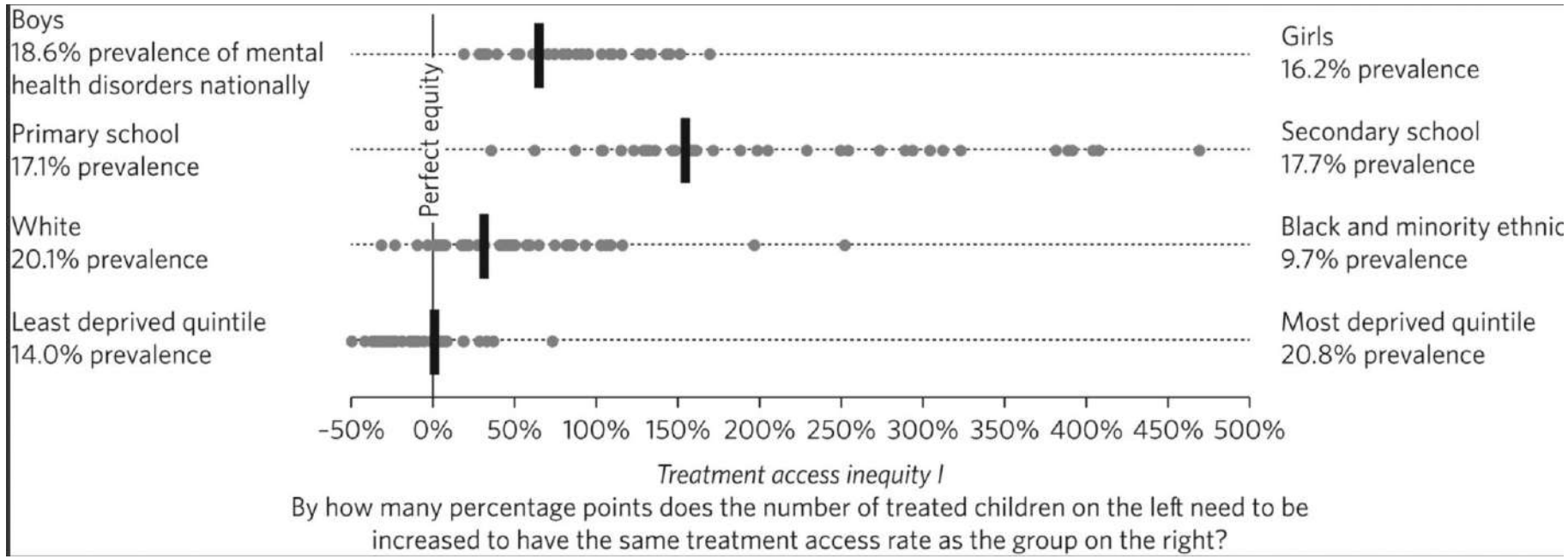
Inequity in treatment access for child mental health services in England: analysis of administrative national data for 2021–2022

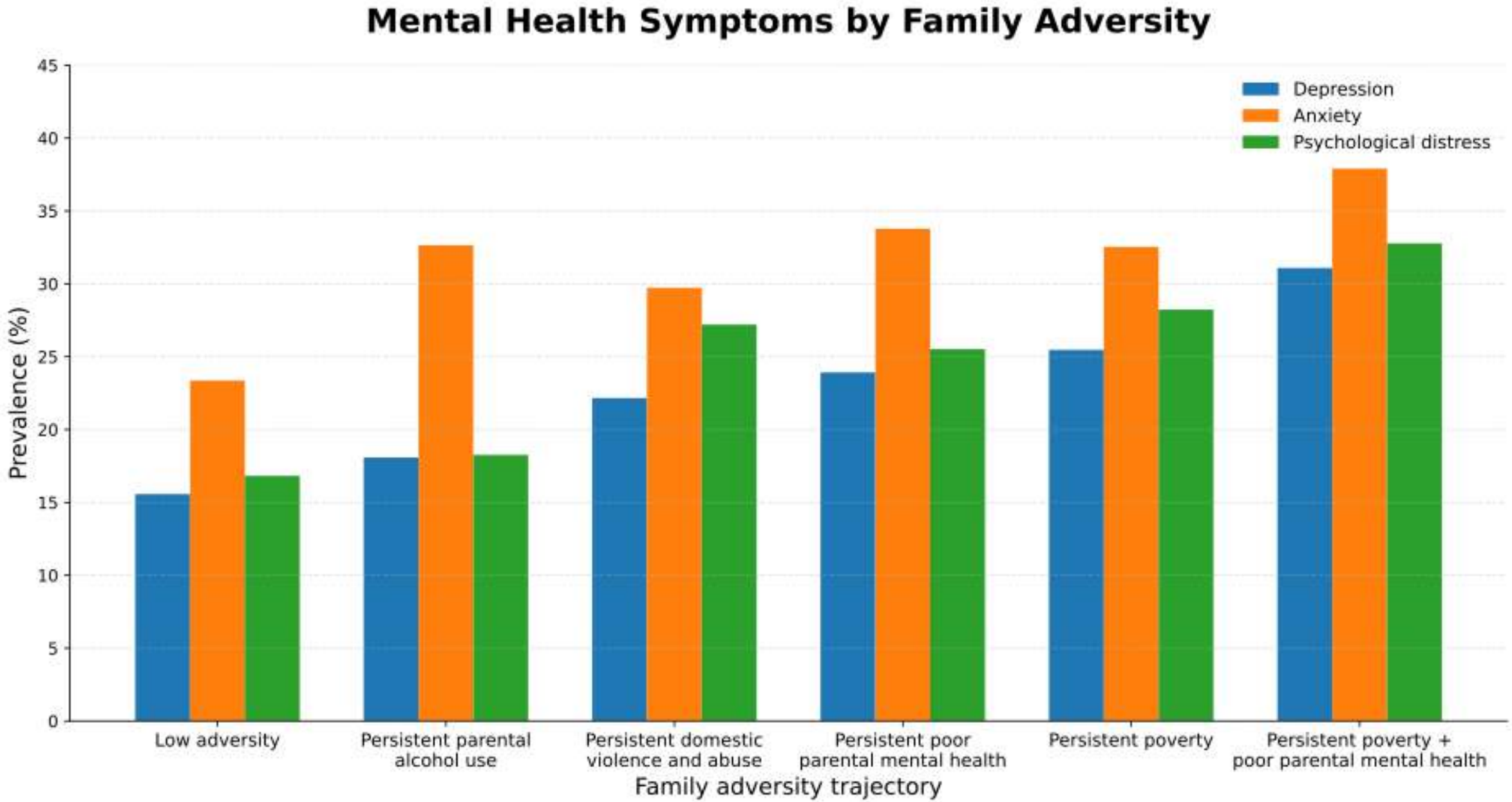
Published online by Cambridge University Press: **24 January 2025**

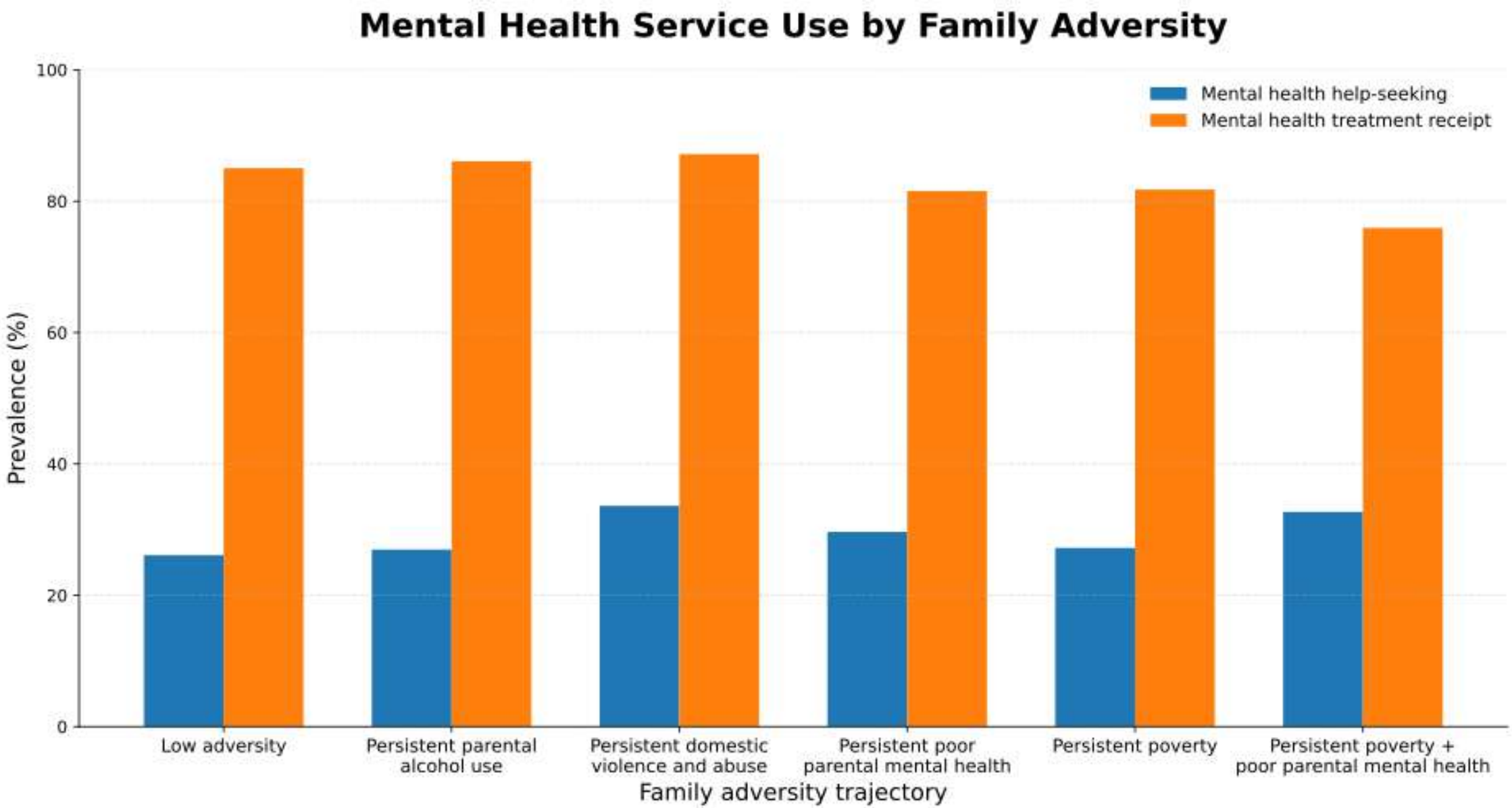
Tom Pape, Lauren Rixson and Anees Ahmed Abdul Pari

Show author details

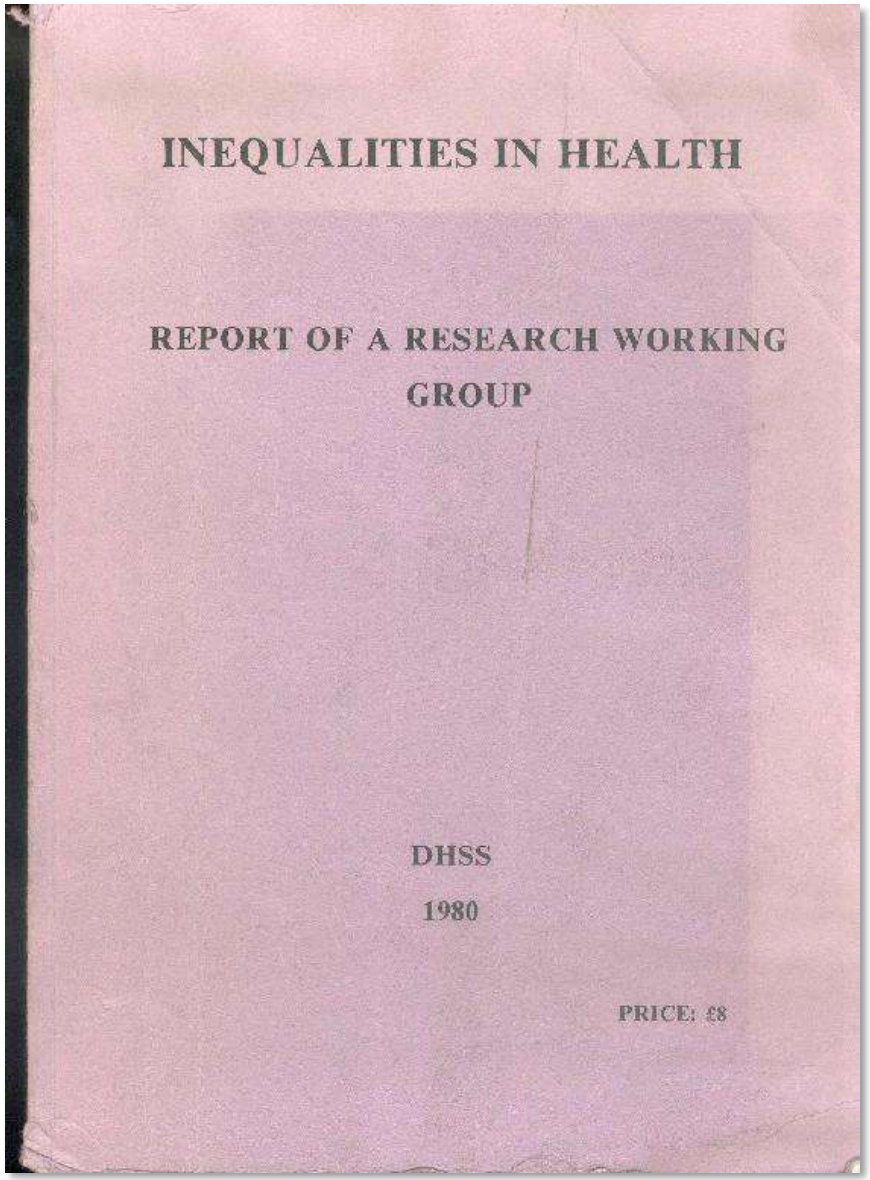
Abstract

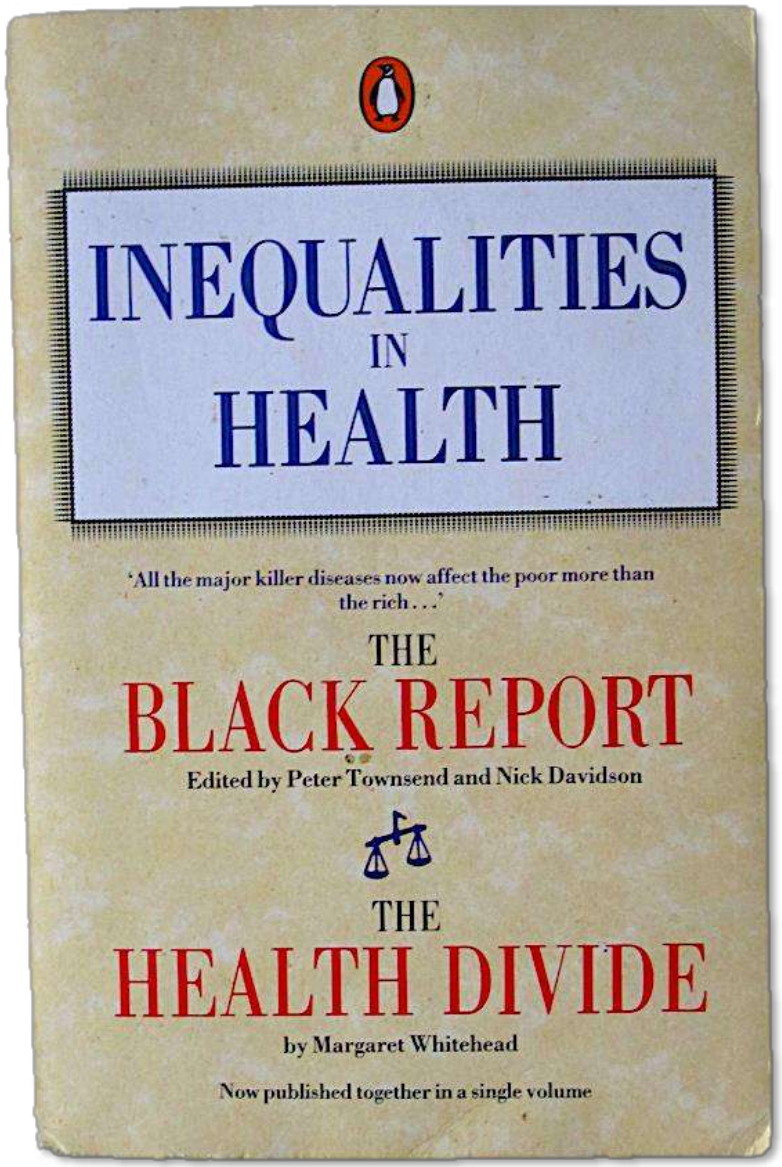



Mental Health Symptoms by Family Adversity
Depression
Anxiety
Psychological distress
Prevalence (%)
0
5
10
15
20
25
30
35
40
45
Low adversity
Persistent parental alcohol use
Persistent domestic violence and abuse
Persistent poor parental mental health
Persistent poverty
Persistent poverty + poor parental mental health
Family adversity trajectory


Mental Health Service Use by Family Adversity
Mental health help-seeking
Mental health treatment receipt
Prevalence (%)
100
80
60
40
20
0
Low adversity
Persistent parental alcohol use
Persistent domestic violence and abuse
Persistent poor parental mental health
Persistent poverty
Persistent poverty + poor parental mental health
Family adversity trajectory

WHAT TO DO?


INEQUALITIES IN HEALTH
REPORT OF A RESEARCH WORKING GROUP
DHSS
1980
PRICE: £8

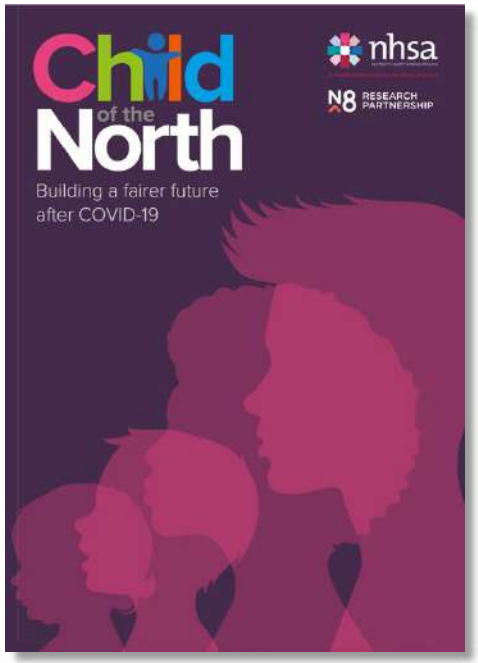

INEQUALITIES IN HEALTH
'All the major killer diseases now affect the poor more than the rich . . .'
THE
BLACK REPORT
Edited by Peter Townsend and Nick Davidson
THE
HEALTH DIVIDE
by Margaret Whitehead
Now published together in a single volume

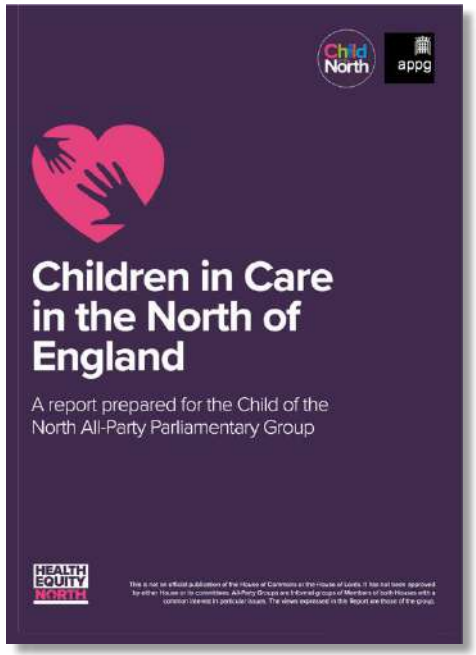
1980

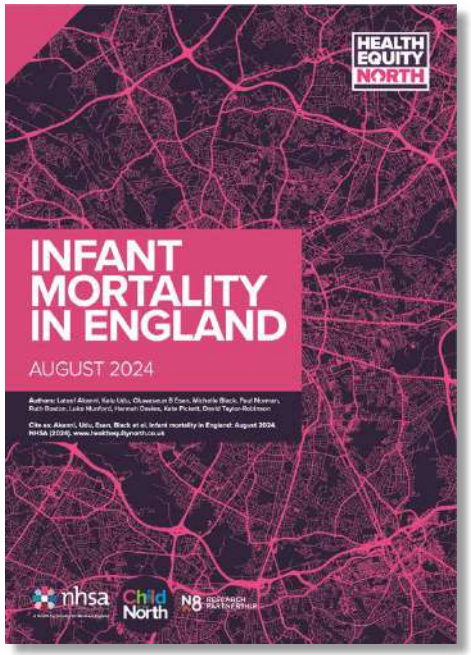
"For this reason, *giving every child the best start in life is our* ***highest priority recommendation***"

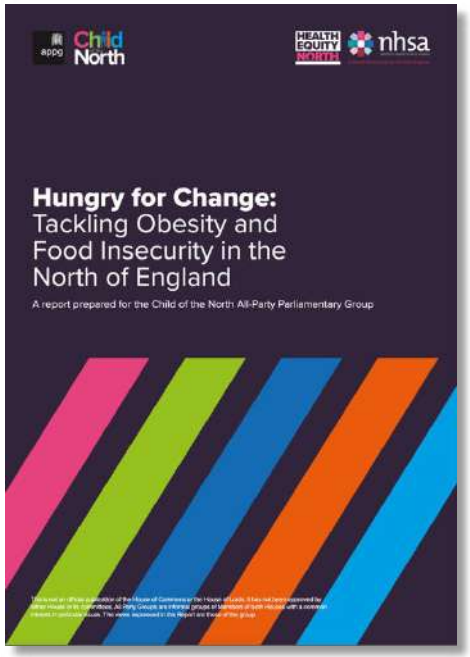
(Policy Objective A)

2010


Child of the North
Building a fairer future after COVID-19
nhsa
N8 RESEARCH PARTNERSHIP


Child North
appg
Children in Care in the North of England
A report prepared for the Child of the North All-Party Parliamentary Group
HEALTH EQUITY NORTH


HEALTH EQUITY NORTH
INFANT MORTALITY IN ENGLAND
AUGUST 2024
nhsa
Child North
N8 RESEARCH PARTNERSHIP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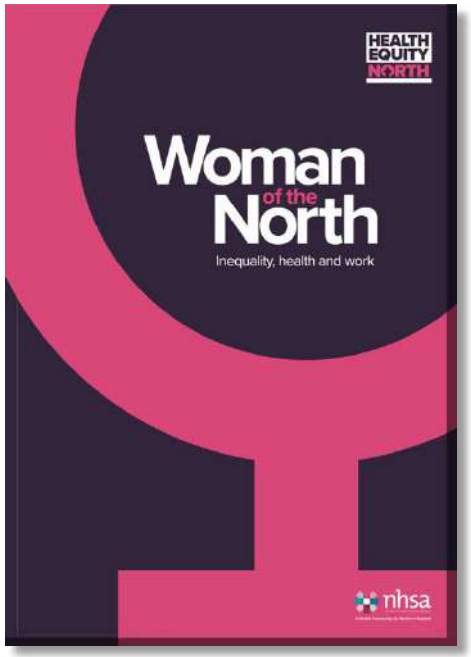
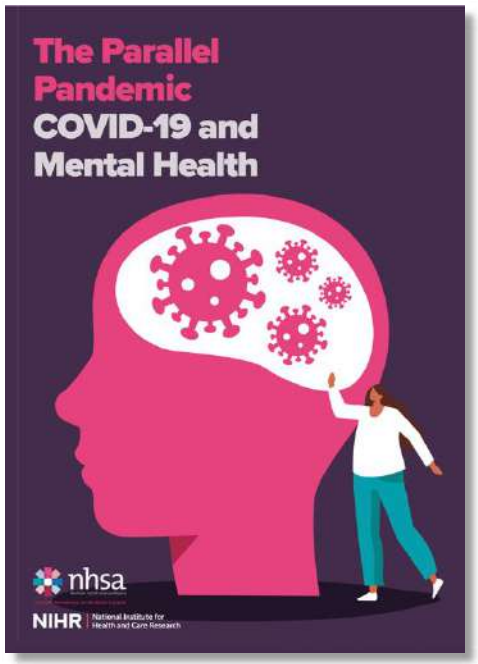
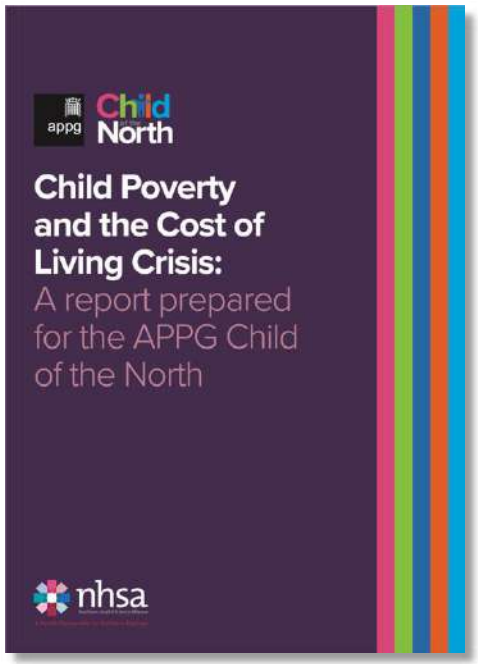
nhsa
Hungry for Change:
Tackling Obesity and Food Insecurity in the North of England
A report prepared for the Child of the North All-Party Parliamentary Group


HEALTH EQUITY NORTH
Woman of the North
Inequality, health and work
nhsa


The Parallel Pandemic
COVID-19 and Mental Health
nhsa
NIHR National Institute for Health and Care Research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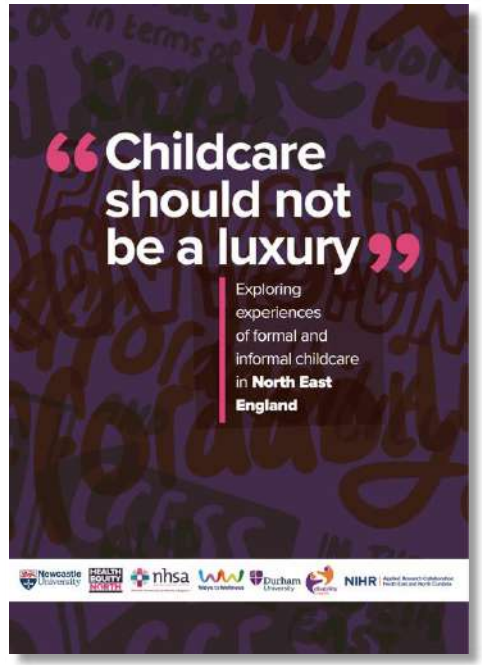
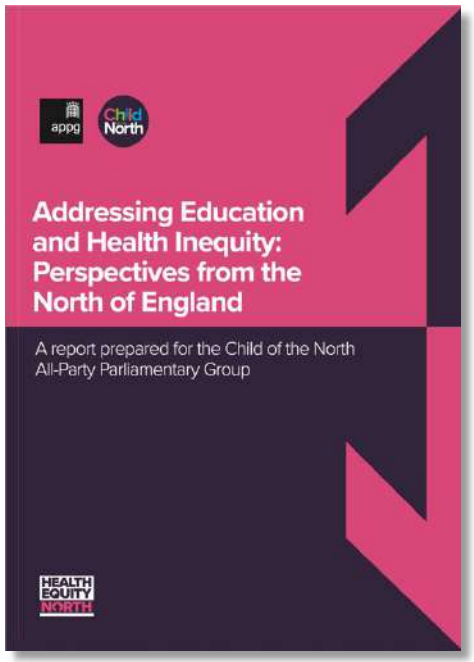
Child Poverty and the Cost of Living Crisis:
A report prepared for the APPG Child of the North
nhsa

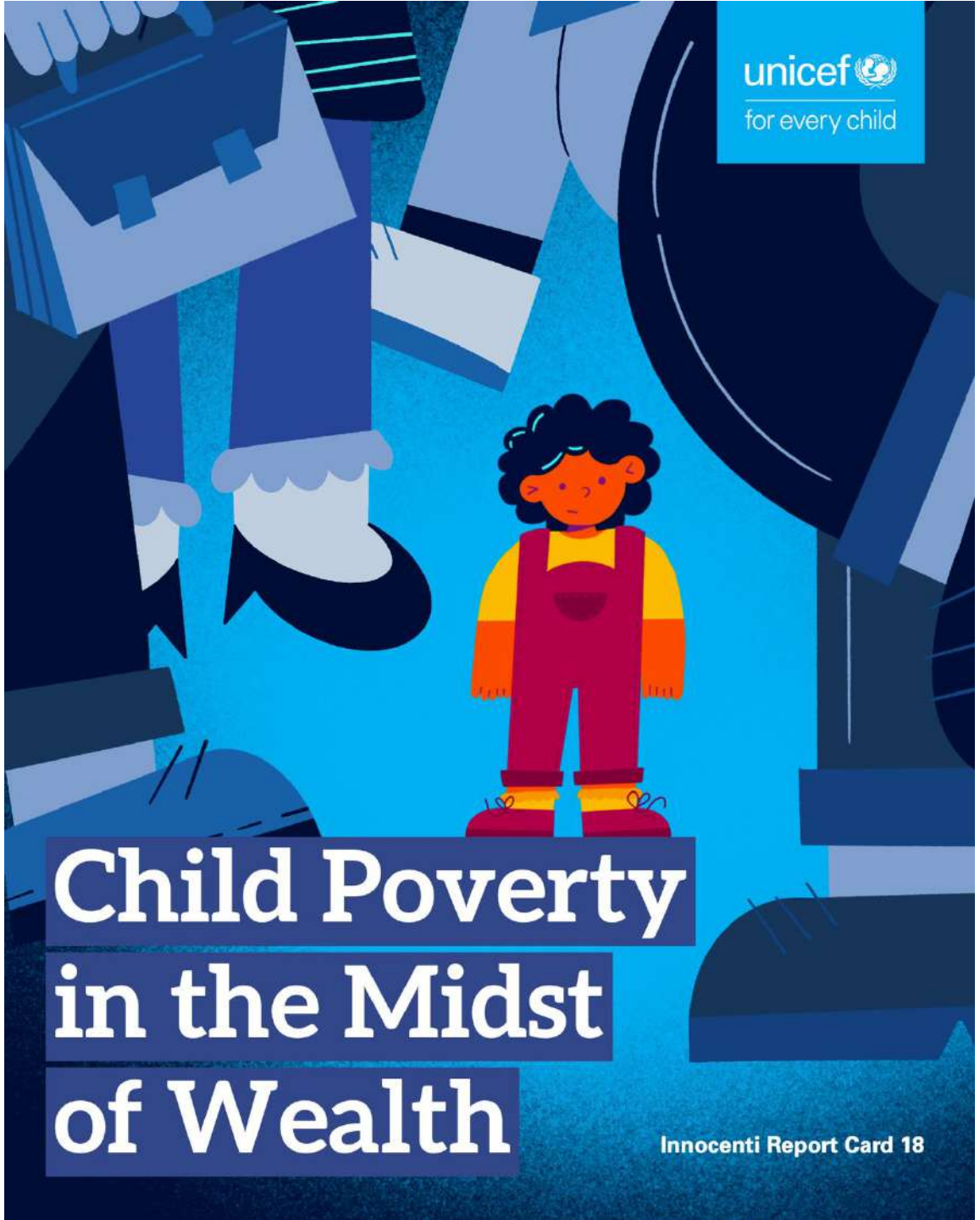

NUTRITION NORTH
Food, Health and Nutrition in the North of England:
Inequalities and opportunities
nhsa


“Childcare should not be a luxury”
Exploring experiences of formal and informal childcare in North East England
Newcastle University
HEALTH EQUITY NORTH
nhsa
Durham University
NIHR


appg Child North
Addressing Education and Health Inequity: Perspectives from the North of England
A report prepared for the Child of the North All-Party Parliamentary Group
HEALTH EQUITY NORTH

Act early
Act on time
Act together

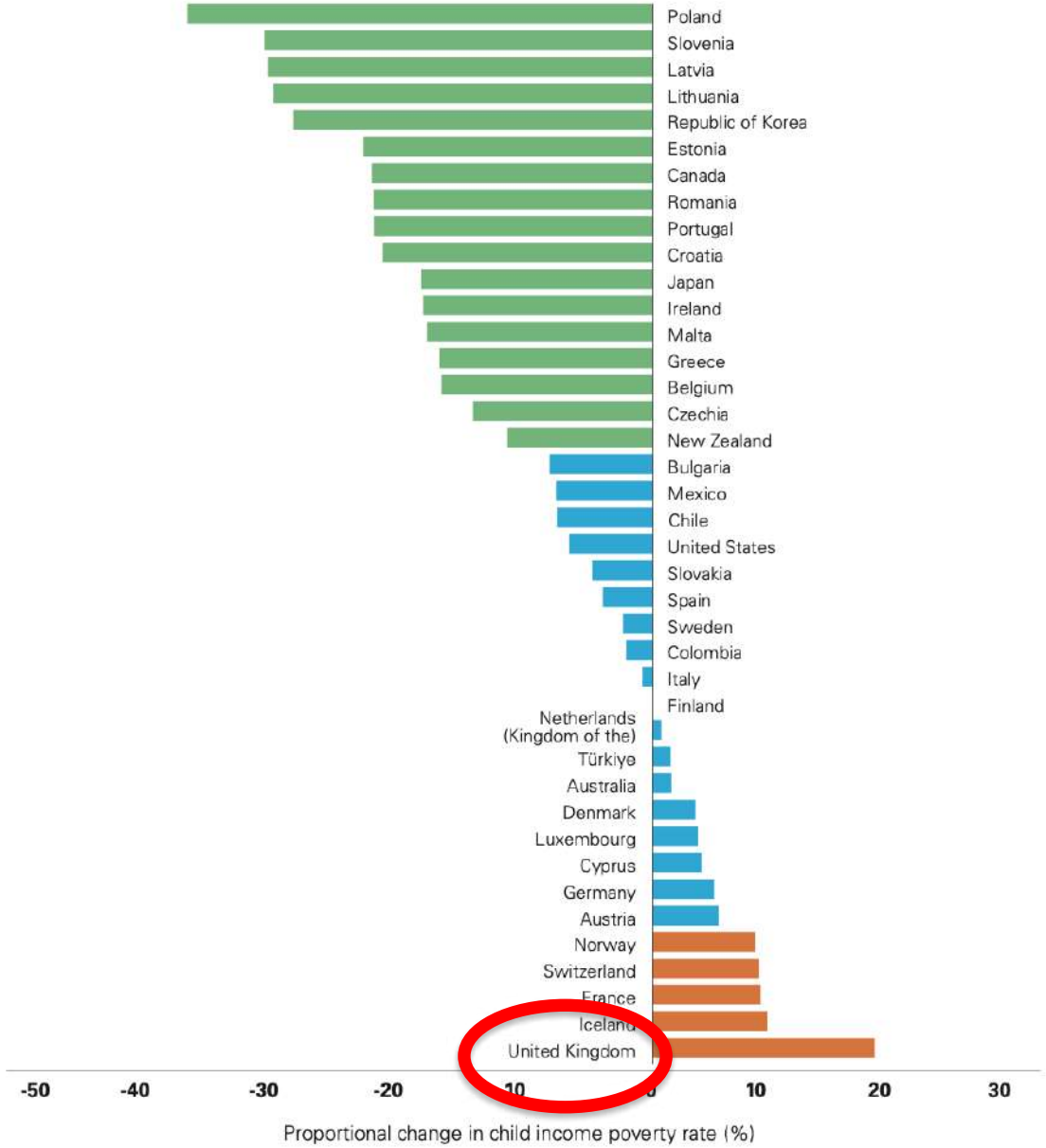
Reduce poverty
Invest proportionate to need
Better data
Children's rights-based approach



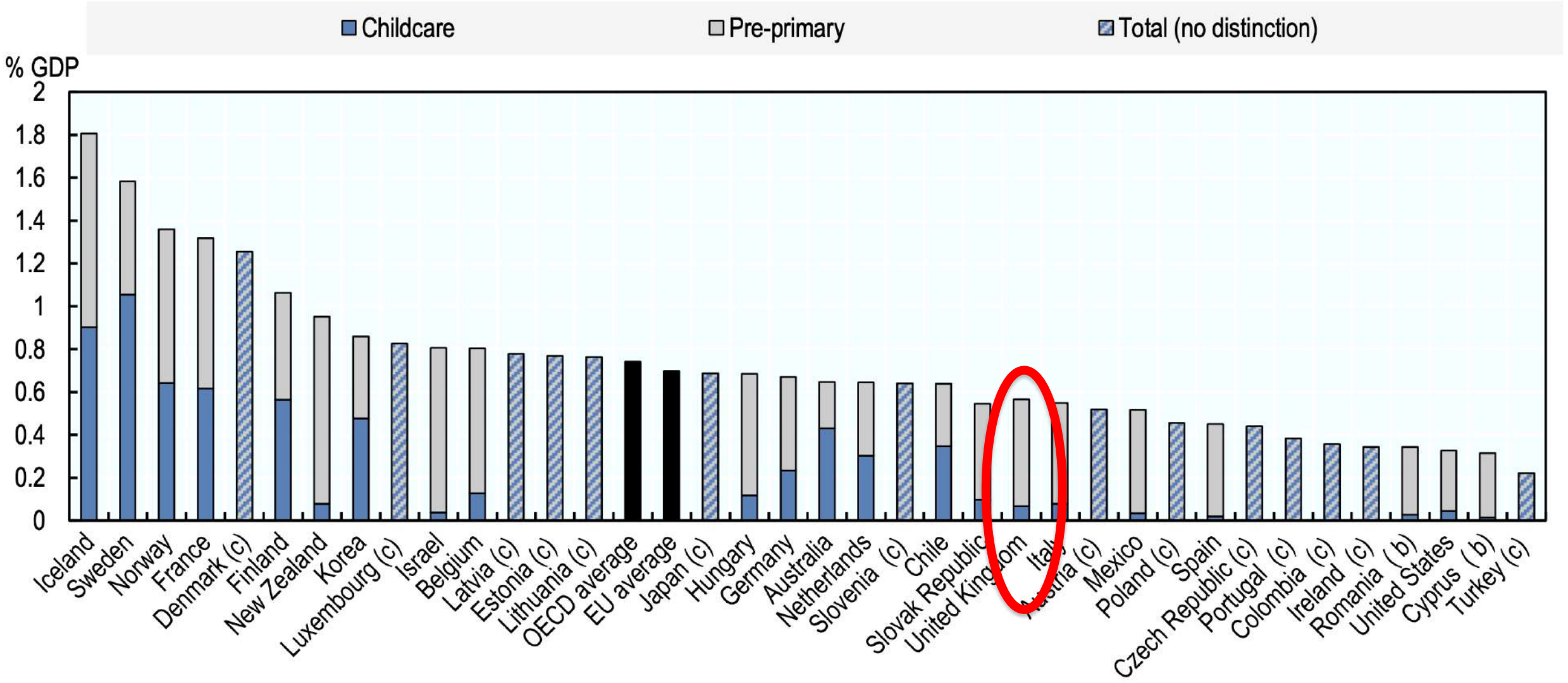
UNICEF Innocenti Rank		Most recent rate of child poverty (Average 2019–2021)		Change in child poverty rate (2012–2014 to 2019–2021)	
		%	Rank	%	Rank
1	Slovenia	**10.0**	2	**-31.4**	2
2	Poland	**14.1**	8	**-37.6**	1
3	Latvia	**16.3**	16	**-31.0**	3
4	Republic of Korea	**15.7**	15	**-29.0**	5
5	Estonia	**14.8**	9	**-23.4**	6
6	Lithuania	**18.3**	22	**-30.6**	4
7	Czechia	**11.6**	4	**-14.5**	16
8	Japan	**14.8**	11	**-18.7**	11
9	Ireland	**14.8**	10	**-18.5**	12
10	Croatia	**16.6**	17	**-21.8**	10
11	Canada	**17.2**	19	**-22.7**	7
12	Belgium	**14.9**	12	**-17.0**	15
13	Portugal	**19.3**	25	**-22.5**	9
14	Finland	**10.1**	3	**0**	26
15	Denmark	**9.9**	1	**+3.5**	30
16	Malta	**19.8**	26	**-18.2**	13
17	Netherlands (Kingdom of the)	**13.5**	7	**+0.7**	27
18	Greece	**22.3**	31	**-17.2**	14
19	New Zealand	**21.1**	29	**-11.7**	17
20	Norway	**12.0**	5	**+10.1**	35
21	Slovakia	**18.9**	23	**-4.9**	21
22	Sweden	**18.0**	20	**-2.4**	23
23	Iceland	**12.4**	6	**+11.0**	38
24	Cyprus	**15.6**	14	**+4.0**	32
25	Germany	**15.5**	13	**+5.0**	33
26	Australia	**17.1**	18	**+1.7**	29
27	Chile	**21.6**	30	**-7.7**	19
28	Romania	**29.0**	37	**-22.5**	8
29	Austria	**19.2**	24	**+5.3**	34
30	Switzerland	**18.0**	21	**+10.3**	36
31	Bulgaria	**26.1**	34	**-8.3**	18
32	United States	**26.2**	35	**-6.7**	20
33	France	**19.9**	27	**+10.4**	37
34	Italy	**25.5**	33	**-0.8**	25
35	Luxembourg	**24.5**	32	**+3.7**	31
36	Spain	**28.0**	36	**-4.0**	22
37	United Kingdom	**20.7**	28	**+19.6**	39
38	Türkiye	**33.8**	38	**+1.5**	28
39	Colombia	**35.8**	39	**-2.1**	24

Child poverty rates, 2019–2021

Change in child income poverty rates, 2012–2014 to 2019–2021



Public spending on early childhood education and care



HM Government

Our Children, Our Future

Tackling Child Poverty

Third, there is the public services argument. This was put clearly to me when visiting a hospital, recently. The staff told me in no uncertain terms that an extremely high number of children they treat come through their doors because of conditions related to poverty. Again, this is a shocking example of the Britain built by the previous Government. But it also shows that tackling child poverty can help alleviate pressure on our public services.

Keir Starmer
Prime Minister of the United Kingdom


TORRES
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