

The natural history of common mental disorders from childhood through adolescence in an Australian population-based cohort study: The Child to Adult Transition Study (CATS)

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Background:

There are concerns that Australia is facing a “youth mental health crisis”. Robust understanding of how common mental disorders (CMD; depression and anxiety) change across adolescence is needed to inform contemporary responses, yet beyond cross-sectional insights, few longitudinal studies have comprehensively charted the course of CMD across this key life stage. Existing studies are decades out of date or rely on retrospective recall and limited follow-up. This study aimed to provide contemporary insights into the course of CMD across adolescence using the Child to Adult Transition Study (CATS).

Methods:

CATS is a population-based longitudinal study that, since 2012, has annually collected information on mental health and social contexts in 1,239 9-year-olds from Melbourne. Using 10 waves of annual assessments of depression and anxiety between ages 10 to 18, the current study summarises the prevalence and cumulative incidence by age, and elements of the course of CMD (e.g., age at first report, number of waves with disorder, remission, persistence, and continuity). The course of adolescent CMD by sociodemographic and emotional factors during childhood is also reported.

Results:

Very high cumulative incidence of CMD by 18 years was reported (74% for any CMD; 61% and 58% for depression and anxiety, respectively). Rather than a transitory phenomenon, over half (depression 54% anxiety 52%) reported a chronic course (≥ 3 waves with disorder), and only a third met criteria for full remission at a subsequent wave (depression 30%; anxiety 33%). Two periods of increased incidence were identified (11-13 years, 16-18 years), reflective of potential biological and social stressors (i.e., puberty and schooling transitions). Socio-economic disadvantage, female sex, and childhood emotional symptoms were risk factors for adolescent incidence of CMD and a chronic course of CMD.

Conclusion:

Beyond clinical models of care, these striking findings signal the need for greater investment in preventive actions.

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