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Moving from health disparities to health inequities – and why it matters

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doi: 10.1111/dmcn.

This commentary is on the original article by Harris and Lord. To view this paper visit http:/dx.doi.org/10.1111/dmcn.

The digital archiving of large, nationally representative survey data has opened worlds of possibility for those interested in the health of children and families living with particular impairments. The number of children/families with any specific impairment may be relatively small, and the survey questions are often not ideal for identification purposes (methodological issues that the paper by Harris & Lord[1] shares with many other studies). However, the combination of a representative sample of children, the range of data available, and the prospect of longitudinal data, makes studies such the Millennium Cohort Study invaluable to researchers seeking to document and understand health inequalities throughout childhood.

Harris and Lord examine whether there are differences in indicators of psychopathology (as reported by parents and teachers using a standardized measure, the Strengths and Difficulties Questionnaire [SDQ]) between 11-year-old children with vision impairment compared to sighted children (and also between children with vision impairment who have or have not been identified as having a special educational need). For the total SDQ scale and for all the subscales (emotional symptoms, peer problems, conduct difficulties, hyperactivity, and prosocial behaviour), children with visual impairment were reported by both parents and teachers to have more problems than sighted children. (I am less convinced by the analyses within the group of children with visual impairment by special educational need identification, as some categories of special educational need such as social, emotional, and mental health needs will by definition include children experiencing emotional and behavioural problems).

The differences between 11-year-old children with visual impairment and sighted children are pervasive and stark, and the authors have clearly demonstrated a health disparity or inequality – a systematic difference in health between two groups of children. However, the authors have not gone on to investigate whether this difference may constitute an example of health inequities or 'differences in health that are unnecessary, avoidable, unfair and unjust'[2] which are usually associated with social determinants of health.

The risk of stopping at the point of demonstrating a difference is that this can give rise to (or reinforce already existing) assumptions that such mental health differences are an inevitable consequence of the child's impairment, and that any policy or practice responses should lie within mental health services, be reactive, and act to ameliorate the harshest impact of 'inevitable' mental health difficulties.

I am part of a research group that has been investigating similar issues with children with intellectual impairments (or learning disabilities in UK terminology), some of which has involved secondary analysis of the Millennium Cohort Study. We have also found pervasive differences between children with and without intellectual impairments in psychopathology, differences which arise early and are persistent over time.[3-5] We have gone on to find that these pervasive differences are substantially accounted for by co-occurring differences in indicators of socio-economic position and childhood adversity. Furthermore, there are some indications that under benign socio-economic conditions, there are few differences in psychopathology between children with and without intellectual impairments. Instead, children with intellectual impairments may be less resilient than other children in the face of multiple childhood adversities (which they are, of course, more likely to experience).

Although there is much to do, this research suggests that psychopathology is not an inevitable function of intellectual impairment. The risks of children developing mental health problems could be substantially reduced by policies aimed at improving the socio-economic position of families and children and reducing exposure to childhood adversity. Although these are hardly novel findings with respect to children generally, they connect children with intellectual impairments to children as a whole, and raise questions about the extent to which general child and family interventions are including (and effective for) families with a child with intellectual impairment. I look forward to the authors asking similar questions of the Millennium Cohort Survey data set for children with visual impairments.

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