Young people's health: Update 2014

Association for Young People's Health

By Dr Ann Hagell and Dr John Coleman OBE

Overview

Good health in adolescence is central to wellbeing, and the bedrock for good health in later life. Yet we do not invest enough in prevention and early intervention with young people aged 10-24 and when problems do arise they can face barriers in access to appropriate care. There are encouraging trends, such as reductions in the proportions smoking, but there are also large health inequalities. Some groups – those facing more social disadvantage - are doing worse than others.

Particular issues include mental health problems (including anxiety and self-harm), substance misuse, managing sleep and nutrition, and encouraging a healthy relationship with social media. In terms of services, there remains a need for more youth friendly provision, more workforce training on adolescent development, and better understanding of the rules around confidentiality.

The forthcoming publication of Public Health England's new framework for young people's health and wellbeing[1] offers an opportunity to reflect on ways of improving service to this age group. Young people's health is moving up the national agenda but translating positive statements into practical responses remains the challenge. Collaborative working between sectors, full use of youth participation, and a focus on health promotion in educational settings offer some ways forward.

This paper is the latest in our series of updates on young people's health, setting out why young people's health matters, the latest data on trends, current topics in adolescent health, and recent policy themes and developments.

Why does young people's health matter?

The Chief Medical Officer's annual report[2], published in October 2013, represented a call to arms for young people's health. Her recommendations included development of a youth social marketing programme to address risky health behaviours, refreshment of the You're Welcome quality criteria for youth-friendly services, promotion of resilience in young people, and publication of an adolescent health and wellbeing framework. The CMO's report followed a restructuring of health services in England, including the creation of Health and Wellbeing Boards and Clinical Commissioning Groups to oversee

many aspects of service planning.[3] Taken together, her report and widespread service reconfiguration in England offer an opportunity to assess whether we're getting it right for young people.

This matters because investing in young people's health provides huge dividends for their current wellbeing and their future health.[4 5] Getting it right at this age also reduces long-term costs to the health system.[6] Too often the needs of those aged 10-24 are not considered separately from those of all children and young people from birth upwards. But there is good evidence that their needs can be quite different and tackling their problems may require a different approach.

> *"We need to stop thinking of spend on healthcare for children and young people and instead think of investing in the health of children and young people as a route to improving the economic health of our nation."*
>
> *Dame Sally Davies, Chief Medical Officer, 2013*

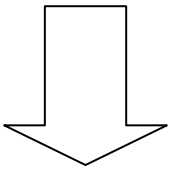
Adolescence and early adulthood represent a key time to intervene for a number of reasons. Adolescence represents the second fastest growth spurt after infancy,[7] and periods of great change offer opportunities for intervention. The main causes of death and illness between the ages of 10 and 24 are largely preventable, including, for example, road traffic accidents.[8 9] Yet there is much variation in young people's outcomes; in the UK we still have poorer outcomes for our young people than many other high-income nations[10]. The consequences of poor health in adolescence last a lifetime[11]

In addition, adolescence can be a time of increased health risk,[12] resulting from peer and societal pressure, personal vulnerability, or lack of information. Some risk taking at this age is normal or even positive, but some is damaging. And some contexts are particularly damaging to young people. There is evidence of health inequalities in adolescence associated deprivation and poverty. Vulnerable groups, such as those living in local authority care or in the youth justice system, have been noted to have poorer health.[13] Providing support at this age can reap major benefits.

> *"Without efforts to engage young people in both disease prevention and management, we will not succeed in reducing their future burden of disease."*
>
> *Dame Sally Davies, Chief Medical Officer, 2013*

Key trends in young people's health

In 2013 we published '*Key Data on Adolescence*',[14] a compendium of publically available data on young people. Drawing on this and (where available) more recently released data, we can identify the key health trends as follows:

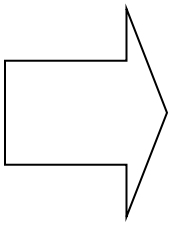


- A continuing fall in **teenage conceptions**, confirmed again recently by the publication of the 2012 statistics in early 2014. In 2012, 27.9 per 1000 young women under 18 (15-17 inclusive) became pregnant in England and Wales, a fall of 10% from 2011, and a reduction of over 40% since 1998. This is the lowest rate since records began in 1969.[15] We should note that these are overall trends and there are notable regional and local variations.[16]

- Continuing falls in overall rates of **smoking,** confirmed again in the latest survey from the Health and Social Care Information Centre, which noted that in 2013 less than a quarter (22 per cent) of secondary school pupils had tried smoking at least once.[17] By comparison in 1996 nearly half the age group had tried smoking at least once.

- Continuing falls in the prevalence of drinking **alcohol** in the last week, which in 2013 was at the lowest levels since 2000, reported by 9% of both boys and girls aged 11-15. Respective rates in 2000 were 28% and 25%.[18]

- Continuing falls in **illegal drug use**, which in 2013 was at its lowest level since 2001, with 16 per cent of secondary school pupils ever having taken drugs, 11 percent in the last year and 6 per cent in the last month. [19]



- A lack of new information on many **mental health problems**. There have been no new nationally representative data since 2004[20], when some behavioural and emotional problems in 11-15 year olds looked as if they were levelling off.[21] A new national survey was a key recommendation in the Chief Medical Officer's 2013 report.

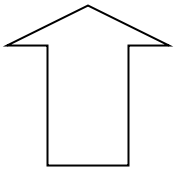
- Stability in age-specific **suicide rates** for 15-29 year olds since the mid 2000s. In 2011 the rate for young men was 13.3 per 100,000, and for young women it was 4 per 100,000.[22] It is likely that economic factors play a role, however, and keeping a watching brief on these rates is critically important given the fragile economic situation for young people currently entering the labour market.

- A possible levelling off in **obesity**. In 2012-13, the proportion of obese children aged 10-11 as recorded in the Child Measurement Programme was 19%, the same as 2011-12, although still higher than five years previously.[23] These figures need to be treated cautiously as it is not clear if this trend will continue, and of course ultimately the aim will be to reduce levels of obesity rather than hold them constant.

- Stability in **hospital admissions** in England among 10-19 year olds because of diabetes and epilepsy. Diabetes hospital admissions for this age group which have remained at just over 7,000 young people per year since 2006, and epilepsy admissions at just over 5,000 per year. Trends in emergency hospital admissions for young people aged 10-14 have also remained steady across this period since the mid 2000s. Rises that have been noted in the press actually relate to younger children, or to years prior to 2007.[24]

- No identifiable trend in the **average alcohol consumption** by pupils who had drunk in the last week – the 2013 data suggested the average was 8.2 units, which for the first time falls just below the range for this figure over the previous five years, which was from 10.4 to 14.6 units.[25]

- Levelling off in **chlamydia** diagnoses for 15-24 year olds, which stood at 136,000 diagnoses in 2012 (a rate of 1,979 per 100,000 population). In 2011, a total of 147,000 diagnoses were made in this age group (2,148 per 100,000). The longer term trends are difficult to determine because of the push to increase screening and testing in the late 2000s.



- Rises in **self harm** have just been reported in early release data from the 2013 survey for the Health Behaviour in School Aged Children study. The full report is due out later in the year, but initial (unpublished) reports suggest that 20% of 15 year olds hurt themselves in the previous year (cutting, biting and burning), compared with 7% in the last comprehensive survey of self-harm in this age group in 2002.[26] We need to be cautious as these are preliminary data, but this is an important trend to monitor.

Many of these trends are positive. However the actual rates of some health problems are still high in comparison to other similar, high income countries.[27] Recent analysis of mortality for young people aged 10-24 years in the UK compared with other wealthy countries suggested that, despite long-term mortality reductions in the UK, the UK has not matched the gains in adolescent and young adult deaths that other countries have witnessed in recent decades.[28]

In addition, we should also note the data on health inequalities in this age group.[29] There is huge variation around rates of teenage conception, chlamydia diagnoses, obesity and many other aspects of young people's health depending on where they live, reflecting the associations with poverty and deprivation. Analysis of data from the Health Survey for England has shown significant income inequality associated with general health and smoking throughout adolescence and into early adulthood.[30] Relationships between deprivation and obesity are also strong in adolescence.[31]

Current topics in young people's health

This is not an exhaustive list, but these are some of the topics receiving particular attention in the UK at the moment:

Brain development up to the age of 25 remains a particularly key topic in research on young people's health. This is partly because the research field is still developing and much of the work to date has been descriptive (looking at the structure of the adolescent brain), rather than shedding light on how brain development affects behaviour. It is clear, however, that adolescence is a period of rapid intellectual development and peaks of creativity.[32] [33] [34] Use of functional and longitudinal magnetic resonance imaging (MRI) techniques may help to untangle some of the causal links. See http://www.islingtoncommunitytheatre.com/brainstorm/ for an interesting film by young people in partnership with neuroscientists from University College London explaining some of these issues from their perspective.

Young people's sleep habits have also received much recent attention. Adolescent sleep is important because it might be both a cause and the result of health problems, and there are widespread misunderstandings about young people's sleep needs.[35] [36] The combination of societal pressure from early school and college starts, and social pressure from electronic communication devices, laptops and 24 hour entertainment cycles, create particular problems for today's generation of young people. In particular, they sleep too little, and they are asked to be alert at inappropriate points in their circadian rhythms (the 24 hour body clock). The result can be accidents, fatigue and stress, depression and anxiety, and obesity.

Adolescent nutrition is also an emerging issue, as the focus on obesity broadens to look at how dietary habits can become established in the teens. Issues in adolescent nutrition include low consumption of "5-a-day", as evidence suggests that, on average, 11-18 year old young women only eat 2.8 portions of fruit and vegetables each day, and young men only eat 3. Adults report average consumption of 4.1.[37] Young people have been shown to have low levels of daily intakes of necessary minerals, particularly among young women. Nearly half of girls aged 11-18 years have very low intake of iron. Although a very small proportion report never eating regularly (3%), more independence and more flexible timetables at this age could mean less structured eating patterns for many more. And as many as 17% of British secondary school children report daily consumption of food high in fat, salt or sugar and low in nutritional value.[38]

Mental health remains another hot topic despite many years of focus on the issues. This is particularly the case at the moment because of interest in the development of the children's version of NHS England's programme 'Improving Access to Psychological Therapies', a positive development against the more negative context of widespread reductions in child and adolescent mental health services (CAMHS).[39] Although most

young people report high life satisfaction, mental health problems are common in this age group. Around 13% of boys and 10% of girls aged 11-15 have emotional, behavioural or hyperactivity disorders.[40] Half of all lifetime cases of psychiatric disorders start by age 14 and three quarters by age 24.[41] Today's young people face an uncertain economic outlook; long-term collapse of the youth labour market, high youth unemployment rates, student debt and structural inequalities for this age group may all take their toll on mental health in coming years.

The digital world. Problematic internet use and pressures from non-stop social interaction both remain the focus of research, and to date findings have been nuanced.[42] To some extent new digital forms of communication seem to just provide a new tool for serving age-old teenage needs for peer group interaction, independence and social status enhancement. On the other hand, anecdotal reports of rises in bullying, social pressure to conform and sleep disruption suggest we need to continue to explore the health implications. In addition, the prevalence, associates and and consequences of on-line computer gaming and internet addiction are topics of much debate.[43]

Recent policy themes and developments

Commissioning of young people's health services in England is now split across various bodies. Clinical Commissioning Groups (CCGs) are responsible for primary and secondary healthcare services and Tiers 1-3 of Child and Adolescent Mental Health Services (CAMHS). These tiers include CAMHS services provided by GPs, school nurses, health visitors, trained specialists working in multiagency teams, and some services for young people with more complex needs.

Local authorities handle public health budgets to address smoking, alcohol and substance abuse, teenage conception and sexually transmitted infections. Decisions on spending are made by each LA's Health and Wellbeing Board which includes the Director of Public Health and sets out the Joint Strategic Needs Assessments (JSNAs) summarising the health needs of the local area. However, these do not always prioritise young people's health. For example, in 2013 it was estimated that two thirds of JSNAs did not address children and young people's mental health needs.[44] The Public Health Outcomes Framework (PHOF)[45] and the indicators it contains provide statutory guidance for Local Authorities. The PHOF includes one issue specifically related to young people – a reduction in under-18 conceptions.

NHS England also commissions some services for young people, including specialist services such as abortion and Tier 4 (in patient) CAMHS. Healthwatch represents the patient voice.

Public Health England (PHE), an executive agency of the Department of Health, is in charge of protecting and improving the nation's health and addressing inequalities. In

partnership with the Association for Young People's Health, PHE has developed a **framework for young people's public health**.[46] The framework is aimed at commissioners, Directors of Public Health, lead councillors, Health and Wellbeing Boards, Local Authority service leads and private and voluntary sector partners who are all providing services for young people. It sets out a way of thinking about young people's health, focusing on wellbeing, resilience and reducing inequalities. It describes six cross-cutting core principles which promote a more holistic approach to commissioning. It also outlines the most critical health outcomes on which we should be focusing for this group, and sets out questions to help local leaders assess their capability to drive improvement in their areas.

There is still a lot of work to be done to ensure young people's needs are addressed by these bodies and that young people have the opportunities to participate in the commissioning and design of services. The Young People's Health Partnership, a consortium of voluntary sector organisations working with the Department of Health, PHE and NHS England, is working to engage more young people in health decisions, both locally and nationally.

In addition, tackling health inequalities is still an England priority. We are still a long way from (a) having the data we need to see how health is distributed specifically for the age group 10-24 (rather than as part of a wider group of children and young people), and (b) from understanding how social inequalities may work differently in the adolescent years. Still this is a welcome focus of current policy work, and developing the evidence base is a priority for the Association for Young People's Health, among others.

There is also more work to be done understanding the implications of the different contexts in the UK regions and the implications for meeting young people's health needs. For example, Scotland, Wales and Northern Ireland are generally held to offer better integration of social care and health care and historically have had higher levels of funding per person for NHS care than in England.

Priority areas for the next two years

- Continuing to move young people's health needs up the national agenda. Despite progress we need to emphasise the importance of thinking separately about the 10-24 year age group, as their needs may differ from those of younger children.
- Improving access to relevant data broken down by age band and facilitating monitoring of health inequalities
- Promoting key outcome indicators in the national frameworks (NHS, PHE) that focus attention on young people
- Developing more collaborative intersectoral working across the sectors providing services to young people

- Promoting better understanding of the drivers for variations in health outcomes for young people in different UK regions or economic situations.
- Designing and delivering specific training for health service professionals working with young people, to improve understanding of the age group and their needs
- Developing the evidence base on prevention and early intervention in adolescence
- Improving young people's participation. This work is underway, partly through the Young People's Health Partnership and NHS England, both seeking to improve young people's voice, and the NHS Friends and Family test will include children and young people from 2015. However, ensuring participation from more marginalised and excluded young people is a clear priority.
- Targeting the school age population and capitalising on the increasing proportions in further and higher education by, for example, supporting college health services.
- Drawing attention to shortfalls in CAMHS and ways of tackling emerging mental health problems in young people who do not meet the CAMHS thresholds but who would benefit from early intervention. The Children's IAPT (Improving Access to Psychological Therapies) is underway, and although it will not solve the problem it will shed light on potential solutions that could be rolled out more widely.

Conclusion

The positive achievements of long-term work to improve some aspects of young people's health need to be acknowledged. Reductions in teen conceptions, teen smoking, proportions drinking alcohol on a regular basis, and stability in many other aspects of young people's health are all trends to be welcomed.

However we cannot be complacent. The absolute levels of most of the health outcome indicators for young people remain too high, particularly in comparison with other similar high income countries. Many trends need to come down further and some still need to be reversed. The current climate for young people – with rising debt, poor employment prospects, and poor employment conditions – does not present a rosy picture on the health front. Investing in young people's health, providing appropriate and accessible services and support and intervening early to prevent problems developing will all help to improve the resilience of the current generation and that of the next.

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Public Health England (PHE) exists to protect and improve the nation's health and wellbeing and reduce health inequalities. It does this through advocacy, partnerships, world-class science, knowledge and intelligence, and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

The Child and Maternal Intelligence Network is hosted and facilitated by PHE and provides wide-ranging, authoritative data, evidence and practice relation to child and maternal health which you can use to improve the quality of care and outcomes for communities, patients and their families.

While this research update has been developed in collaboration with PHE, the opinions and views expressed in it are those of the designated authors and do not necessarily reflect the opinions or views of PHE or any other part of government.

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Accessing the data

This paper refers to a range of data and trends for young people's health and well-being, such as teenage conceptions, smoking, alcohol use, drug use, and others. The Child and Maternal (ChiMat) Health Intelligence Network website (www.chimat.org.uk) provides access to the data on which this paper is based www.chimat.org.uk/youngpeople/AHUK. You can also view related data on young people's health, see trends for your area and make comparisons with others at www.chimat.org.uk/youngpeople.

About us: Association for Young People's Health

AYPH bridges the world of policy, practice and evidence to promote better understanding of young people's health needs. We support the development of youth friendly health services and believe these should be evidence-informed. We collate and disseminate useful information in reader-friendly formats for practitioner and policy audiences, and undertake participation work with young people.

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