

## Summary

Adolescence is a critical time for laying the foundation for health and wellbeing in adulthood. Collating age specific data about this age group can lead to a better understanding of their health needs, and can help us to provide more appropriate, youth friendly health services.

In this 10th anniversary edition of the biennial *Key Data on Adolescence* we draw on publically available data relating to young people aged 10-24 years, looking at the social determinants of health, information about health behaviour and lifestyle, sexual health, mental health, physical health and longterm conditions, and use of health care services.

**Demographics:** There are 11.7 million young people aged 10-24 in the UK; one in five of the population. More than 20% is from an ethnic minority. The majority of young people are living with their parents. Adolescence is generally a healthy life stage but those aged 10-24 do die (2,349 in 2014), often from preventable causes. Young men die more frequently than young women and the major cause of death in this age group is road traffic accidents, particularly in the years 15-24. Death from suicide is also a significant contributor, as is cancer.

**Social determinants of health:** Adolescence is a key period for establishing life-long health behaviours and these develop in the context of the family, school and community. These contexts can be structural, such as national wealth, income inequality and educational opportunities, or proximal, including family factors, availability of social support, and quality of the neighbourhood and school environment. Without equal access to resources and support across all these contexts, some young people are put at a disadvantage.

More than one tenth of those under 19 are living in situations of low income and material deprivation. One in eight young people under 15 live in workless households in the UK, and 14.6% of secondary school children are eligible for free school meals. Nearly two million young people aged 10-19 live in the most deprived areas of England. Nearly one in five of the 19-24 age group is not in education, employment or training. Deprivation is linked to a range of health outcomes including obesity.

Other indices of disadvantage include the numbers living in temporary accommodation, being looked after by the local authority, arriving as unaccompanied asylum seekers or being held in youth custody. Some trends are encouraging – youth custody, for example, has fallen considerably over the last 10 years. However, the needs of these groups of young people for extra support are particularly high if their longterm outcomes are to be good. Supporting good educational outcomes is key, but while 55.4% of the age group achieve 5+ GCSEs graded A\*-C at age 16, only 14% of those in local authority care do so.

**Health behaviour and lifestyle:** Many life-long health behaviours are set in place during the second decade of life. Physical activity declines across adolescence, particularly for young women, and nutrition often falls short of national recommendations. Around one in five school pupils aged 11-15 are obese. Rates of smoking, drinking and drug use in this age group have all fallen over recent years which is good news. One in ten say they have drunk alcohol in the last week, and even fewer say they are regular smokers – the lowest rates since the 1980s. Concern remains over a small group who do get drunk regularly, and data are just emerging on e-cigarettes and legal highs, new to the scene; it is not clear what part they will play in the overall picture in coming years. One quarter

of secondary school pupils say they do not get enough sleep and managing media and communications activities may be part of the problem. Use of smart phones has opened up a new world of swift, flexible communications and access to media, bringing both challenges and opportunities.

**Sexual health:** The average age of first heterosexual intercourse is 16. In 2013, rates of conceptions in the under-18 age group were at their lowest level since 1969, but the UK still has a relatively high rate of births among 15-19 year olds compared with other countries. The highest rates of sexually transmitted infections are among those aged 15-24 (particularly Chlamydia), and continued testing is vital for this age. Primary care and community contraceptive services are important sources of information for young people aged 15-24, as is good quality sex and relationships education at school.

**Mental health and wellbeing:** Half of all lifetime cases of psychiatric disorders start by age 14 and three quarters by age 24. Some estimates suggest the majority start before age 18. Yet we lack up to date, representative data on recent trends in mental health for this age group. Older data suggest that around 13% of boys and 10% of girls aged 11-15 have mental health problems including anxiety and depression, eating disorders and hyperactivity and attention deficit disorders. Suicide rates have fallen since the early 2000s for this age group but there were 41,921 hospitalisations for self-harm by poisoning or other methods among 10-24 year olds in England in 2014, representing a slight rise since 2007/8. However the majority of young people rate their wellbeing as good.

**Physical health, longterm conditions and disability:** Although the years 10-24 tend to be a time of good physical health, young people do experience a range of short term physical health problems and around 15% of those aged 11-15 have longterm chronic conditions or some kind of disability. Approximately 800,000 teenagers in the UK suffer from asthma, 63,000 young people under 19 have epilepsy, 35,000 under-19s suffer from diabetes, 2,500 under-17s develop arthritis every year and 2,200 young people aged 15-24 are diagnosed with cancer every year.

**Healthcare:** Young people are regular users of healthcare, particularly primary care and community contraceptive clinics but also child and adolescent mental health services (CAMHS) and hospital admissions. Although many are satisfied with their experiences, many are not, and the proportions saying they are not tend to be higher than for other age groups. There is a particular shortage of CAMHS provision; despite at least 10% of the age group having mental health problems, only 1,400 young people are referred to CAMHS per 100,000 of the population aged 0-18.

Navigating this document and using the online resources – throughout this PDF you will find hyperlinks to allow you to access original sources and extra information. Click on the ‘download data’ button below the charts to see the original data.