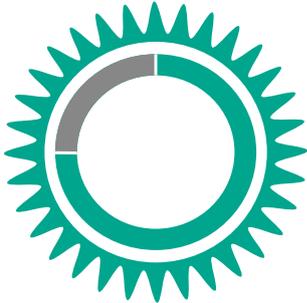


CHAPTER 7: Wellbeing and mental health



On average, three quarters of young people age 13-15 rate their life satisfaction as **'HIGH' OR 'VERY HIGH'**

One third of young people aged 16-25 report their wellbeing as **'VERY HIGH'**



Nearly 1 in 4 young women aged 17-19 meet the criteria for having a mental disorder, and in the majority of cases this includes an emotional disorder

Among 16-24 year olds, common mental disorders are three times more frequent in young women than men



Since 2007 both self-reported and hospital recorded self harm show increases



Overall approximately 1 in 10 young people age 10-24 are often lonely, but this decreases with age

THREE QUARTERS OF MENTAL HEALTH PROBLEMS START BEFORE THE EARLY 20S



Overall 14.4% of 11-16 year olds and 16.9% of 17-19 year olds in England met the criteria for having a mental disorder at the time of the 2017 Mental Health of Children and Young People survey



Among boys the likelihood of a disorder is highest at age 11-16. Among girls, it is 17-19

SUICIDE RATES ARE HIGHER FOR YOUNG MEN THAN WOMEN



APPROXIMATELY 1 IN 100 YOUNG PEOPLE AGED 10-24 HAVE AUTISM SPECTRUM DISORDER

MENTAL HEALTH PROBLEMS in young people in England from 1999 to 2017 rose proportionally by 13% for 5-10 year olds and 19% for 11-15 year olds

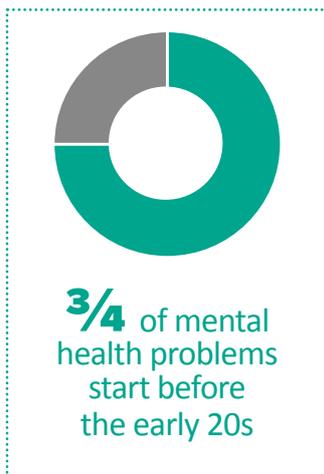


5% of all 17-19 year olds in England were on psychotropic medicine in 2017, most commonly selective serotonin reuptake inhibitor antidepressants.

1 IN 7 16-24 YEAR OLDS SCREEN POSITIVE FOR ADHD

Wellbeing and mental health

Many young people will experience mental health problems at some point between age 10 and 24. Those most frequent in the teenage years include anxiety and depression, eating disorders, conduct disorder (serious antisocial behaviour), attention deficit and hyperactivity disorder (ADHD) and self-harm. This age period also witnesses the early emergence of rarer psychotic disorders such as schizophrenia. In fact, one half of all lifetime cases of psychiatric disorders start by age 14 and three quarters by age 24 (Kessler et al, 2005). Other estimates suggest that most of these problems start before the age of 18 (Kim-Cohen et al, 2003).



Source: Kessler et al, (2015)

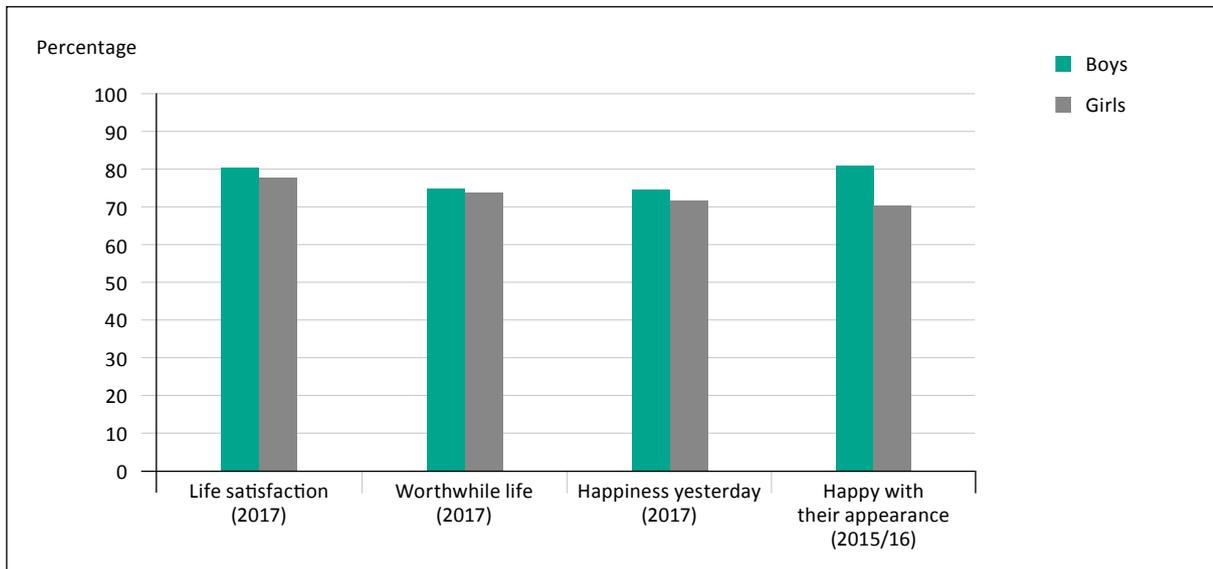
Mental health problems have important implications for every aspect of young people's lives including their ability to engage with education, make and keep friends, engage in constructive family relationships and find their own way in the world. Thinking more upstream, the importance of prevention and maintenance of good mental health is influenced by several factors beyond just health services, such as education, access to high quality work and financial stress. However, detection, treatment and support for young people with mental health problems are all important parts of the services provided to this age group (Department of Health, 2015). Mental health problems are also a major contributor to the global burden of disease (Global Health Data Exchange, 2018) and untreated problems are likely to be very expensive for health services as young people grow into adulthood. We will return to mental health services in Chapter 8, but it is worth noting that the issue of young people's mental health is currently subject to

considerable policy and public debate.

Young people's reports of their own wellbeing

Before exploring symptoms of mental ill health, it is worth noting that young people usually rate their own overall wellbeing as fairly high. Wellbeing is not the opposite of poor mental health (you can have a mental health problem *and* high wellbeing) but it is a part of general mental state. Low wellbeing may be a contributing factor to the development of later mental health problems, or it may arise as a result of them. In recent years the Office for National Statistics has done a considerable amount of work on the measurement of wellbeing, with the result that several large surveys use the same measures with different age groups (ONS, 2014). This usually consists of self-reported ratings for questions including 'How satisfied are you with your life nowadays?'; 'To what extent do you feel the things you do in your life are worthwhile?', and 'How happy did you feel yesterday?'. **Chart 7.1** presents recent ONS wellbeing results for 10-15 year olds in Great Britain, showing the average proportion of young people of this age who gave high or very high ratings to these questions. Generally the ratings are positive, ranging from 70.6% to 81% depending on question and gender. A similar question on life satisfaction was also included in the 'What About YOUth' (WAY) survey of 15 year olds, where 75% of boys and 55% of girls gave high or very high ratings (HSCiC, 2015).

Chart 7.1: Office for National Statistics wellbeing measures, 10-15 year olds by gender, Great Britain, various years

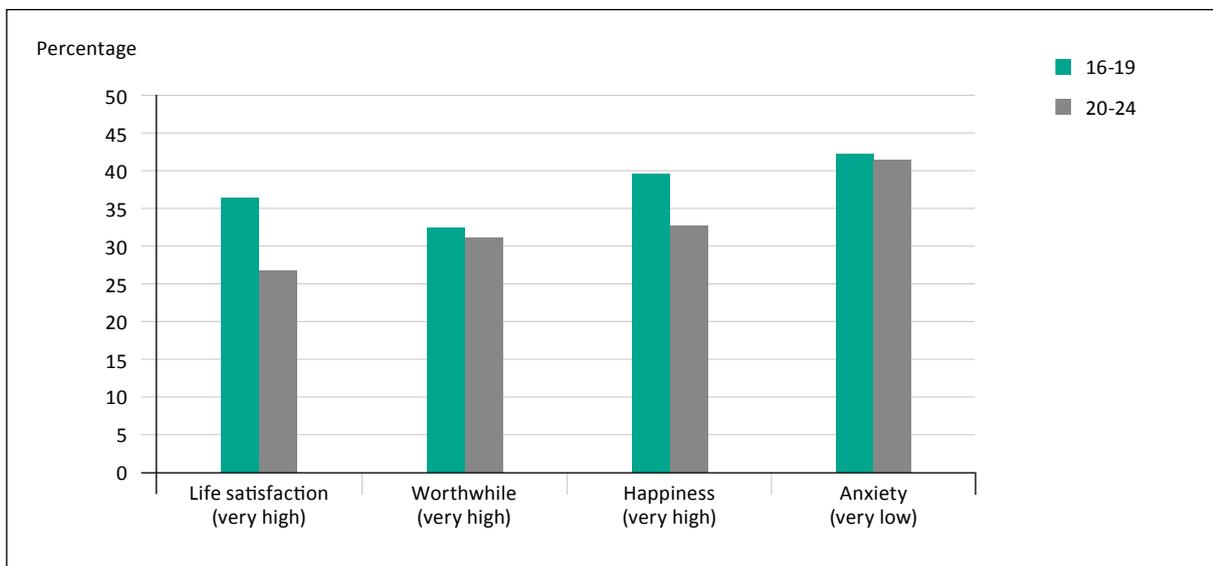


Source: ONS Children's Wellbeing measures, 2018 > [DOWNLOAD DATA](#)

The life satisfaction and wellbeing questions are also asked of 16-24 year olds in the ONS annual population survey, although results in the main publications are not broken down by gender.

Chart 7.2 shows their responses to the same three questions, rating their level of life satisfaction, how worthwhile they think their life is, and how happy they were on the previous day. However, the responses for this age group are only given for those who rated 'very high', rather than the combined categories of 'high' and 'very high', so the results are not comparable with those for the 10-15 year olds. As with the younger age group, the majority of 16-24 year olds reflect high levels of wellbeing according to these questions. On average a third of the age group rate their wellbeing as 'very high' across these measures.

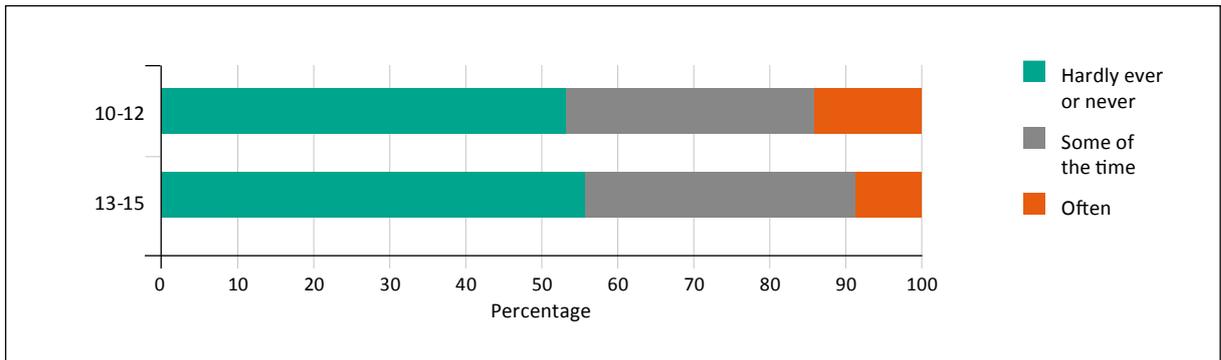
Chart 7.2: Office for National Statistics wellbeing measures, 16-24 year olds, UK, 2016



Source: ONS (2017) Young people's well-being: 2017 > [DOWNLOAD DATA](#)

Loneliness can be considered a part of wellbeing, as when people feel lonely most or all of the time it can have a serious impact on their wellbeing, and their ability to function in society (Office for National Statistics, 2018a). For this reason, as an index of wellbeing, loneliness is of increasing interest to policymakers at local and national levels as well as internationally. **Chart 7.3** presents ratings of loneliness for young people aged 10-15, showing that approximately one in 10 of them report feeling lonely often, although the 10-12 year olds report this more (14%) than the 13-15 year olds (9%).

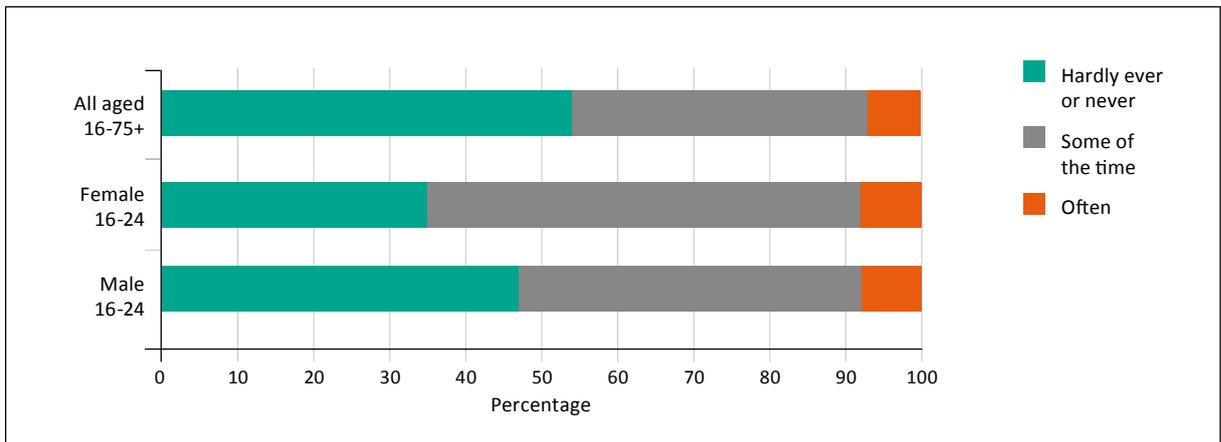
Chart 7.3: Reported frequency of loneliness, age 10-15, GB, 2018



Source: Children's Society (2018) Good Childhood Index Survey > [DOWNLOAD DATA](#)

Chart 7.4 presents answers to the same questions by 16-24 year olds in England, taken from a different survey, and compared with all people in the survey aged 16 -75+. Proportions of those who are always lonely are similar for all groups.

Chart 7.4: Reported frequency of loneliness, age 16-24, by gender, England, 2017/18



Source: Dept for Culture, Digital, Media & Sport, Community Life Survey, 2017/18 > [DOWNLOAD DATA](#)

Finally, young people aged 16-24 seem to give slightly less positive satisfaction ratings in relation to their health, compared with their general life satisfaction responses. In the British Understanding Society survey, 56.2% were mostly or completely satisfied with their health. More than one in five (21.4%) said they were dissatisfied (Office for National Statistics, 2017).

Victimisation and violence

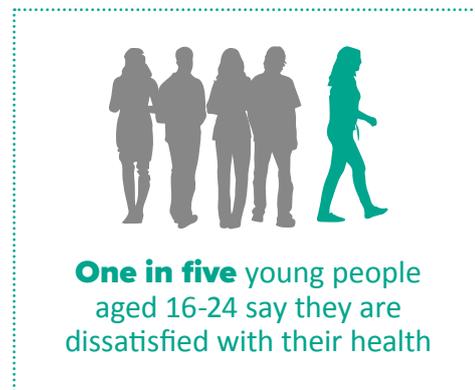
Experiences of victimisation and violence have significant impacts on wellbeing. This includes bullying, the repeated physical, verbal or symbolic aggression intentionally expressed by one or more peers towards a less powerful victim (Livingstone et al, 2016). Young people who report being bullied in the last couple of months tend to give lower ratings to their wellbeing. However, estimates of bullying vary hugely. In the 'What About YOUth' survey 2014, two thirds of 15 year old girls and nearly half of 15 year old boys said they were bullied in the last couple of months (HSCIC/NHS Digital 2015). In the Annual Bullying Survey 2018, including 9,150 young people at secondary schools and colleges, the majority of whom were 12-15 year olds, a much lower proportion (22%) of young people reported that they had experienced bullying in the last 12 months (Ditch the Label, 2018).



Source: HSCIC/NHS Digital (2015) Health and Wellbeing of 15-Year-Olds in England 2014

Bullying includes cyberbullying, the deliberate aggression expressed by peers through digital (online or mobile) technologies (Livingstone et al, 2016). Again, estimating prevalence is challenging. In the same 'What About YOUth' survey in 2014, 10% of 15 year old boys and 19% of 15 year old girls reported experience of cyberbullying in the previous couple of months. In the Annual Bullying survey, for those who said they had experienced bullying in the last 12 months the majority had experienced some verbal bullying, and approximately half had experienced physical or cyberbullying (Ditch the Label, 2018). Research has shown a large overlap between on-line and off-line bullying, with most victims experiencing both, and the most common form of bullying is still in person, face-to-face (Haddon and Livingstone, 2014).

Whether or not young people feel generally safe in their local environment is also sometimes used as an index of wellbeing. In the Exeter Schools Health Unit's most recent survey, 1 in five young people aged 8-15 said that safety after dark in their area was 'poor' or 'very poor' (Balding and Regis, 2018).

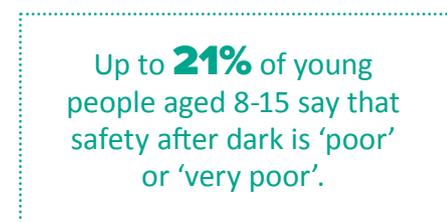


Source: ONS, Understanding Society Survey, 2014-15

In the Annual Bullying Survey 2018, including 9,150 young people at secondary schools and colleges, the majority of whom were 12-15 year olds, a much lower proportion (22%) of young people reported that they had experienced bullying in the last 12 months (Ditch the Label, 2018).



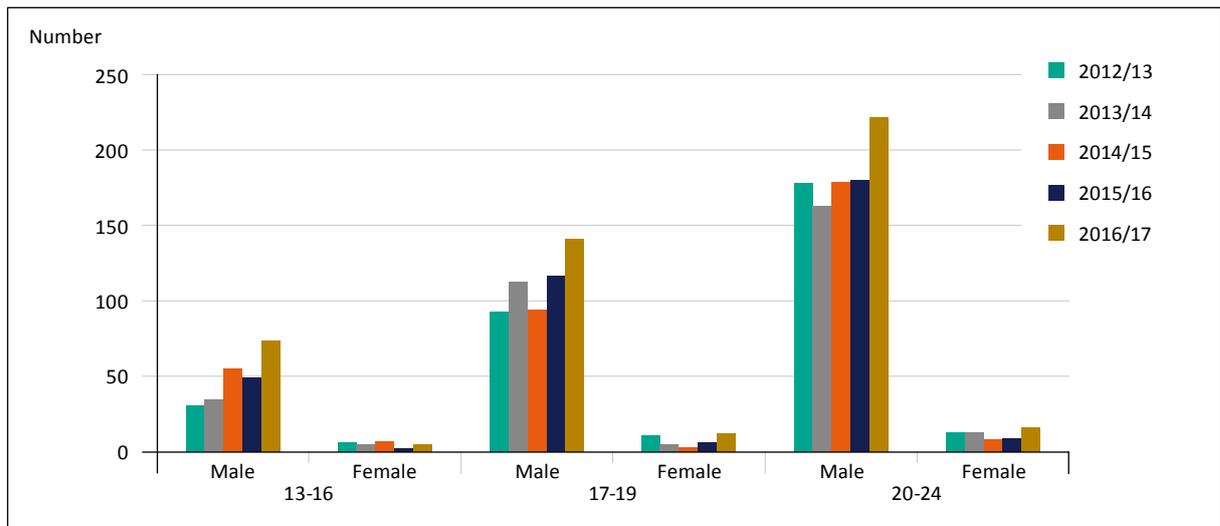
Source: HSCIC/NHS Digital (2015) Health and Wellbeing of 15-Year-Olds in England 2014



Source: Balding and Regis (2018) Young People Into 2018

Violent injuries in young people are generally rare, but they are increasing in recent years in England and are a significant public health concern (World Health Organisation, 2015). **Chart 7.5** shows the numbers of finished hospital consultant episodes in England that were coded as ‘assault by sharp object’, among 13-24 year olds, for the years from 2012/13 to 2016/17, showing an overall rise for males.

Chart 7.5: Count of finished consultant episodes coded ‘assault by a sharp object’, by age and gender, England, Quarter 4 (Jan-March) 2012/13 to 2016/17

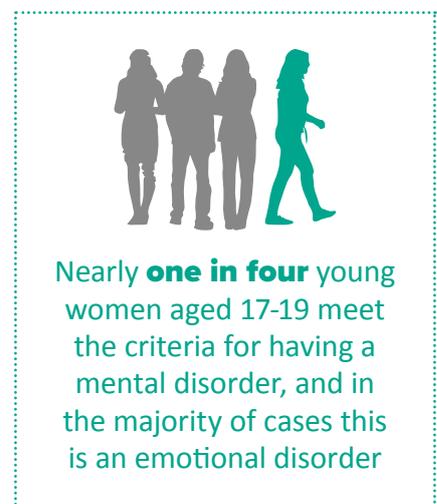


Source: NHS Digital 2018, Hospital Episode Statistics > [DOWNLOAD DATA](#)

Prevalence of mental health problems among young people

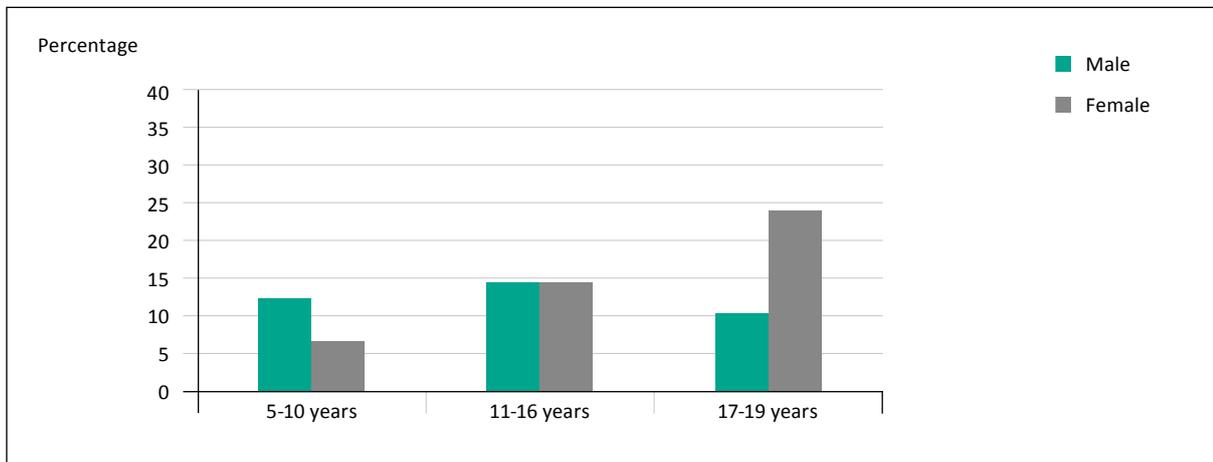
New prevalence data on mental disorders in children and young people in England were published by NHS Digital in 2018 (Sadler et al, 2018). The survey follows two previous versions undertaken in 1999 and 2004. Information was collected from 9,117 children and young people between January and October 2017. Approximately 4,000 of these were aged 11-19. Young people and their parents completed standardised tools that measured disorder as specified in the International Classification of Disease (ICD-10) diagnostic criteria. This is important as it is a robust and internationally recognised list of diagnosable mental health problems, not simply of symptoms.

Overall 14.4% of 11-16 year olds and 16.9% of 17-19 year olds met the criteria for having a mental disorder at the time of the survey. Within these headline figures there was quite considerable variation by gender and age. **Chart 7.6** shows the prevalence rates for all three age groups (5-10, 11-16 and 17-9), clearly showing the developmental trend for these disorders to increase in the early teens for both genders, and then to continue increasing into the late teens for young women. Nearly 1 in 4 young women aged 17-19 met the criteria for having a mental disorder.



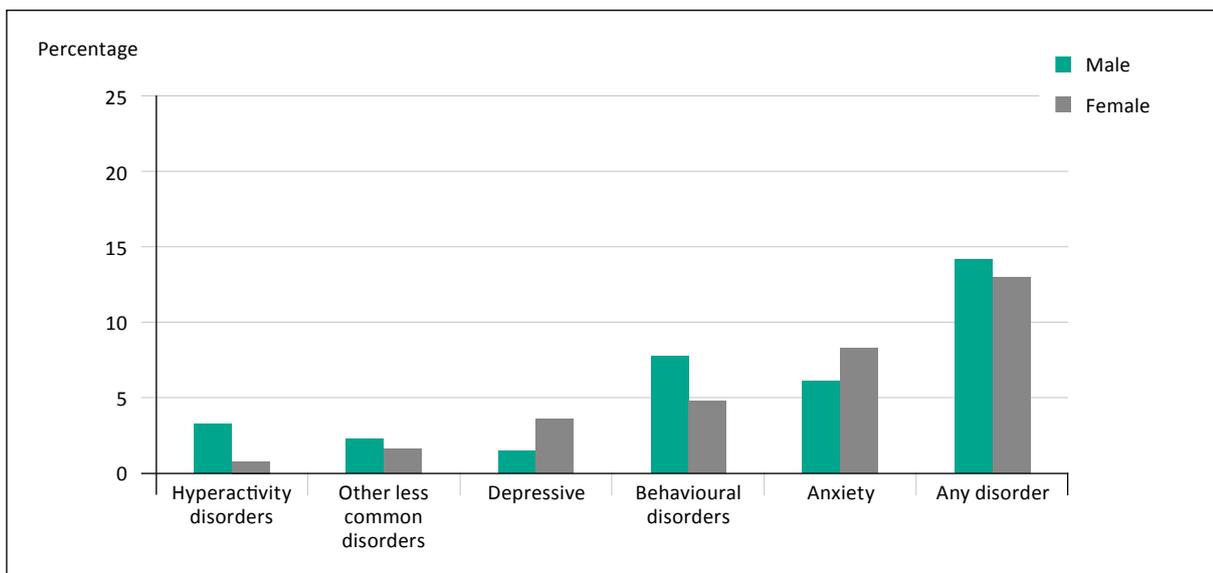
Nearly **one in four** young women aged 17-19 meet the criteria for having a mental disorder, and in the majority of cases this is an emotional disorder

Source: NHS Digital: Mental Health of Children and Young People in England, 2017

Chart 7.6: Prevalence of mental health disorders in children and young people by age and gender, England 2017

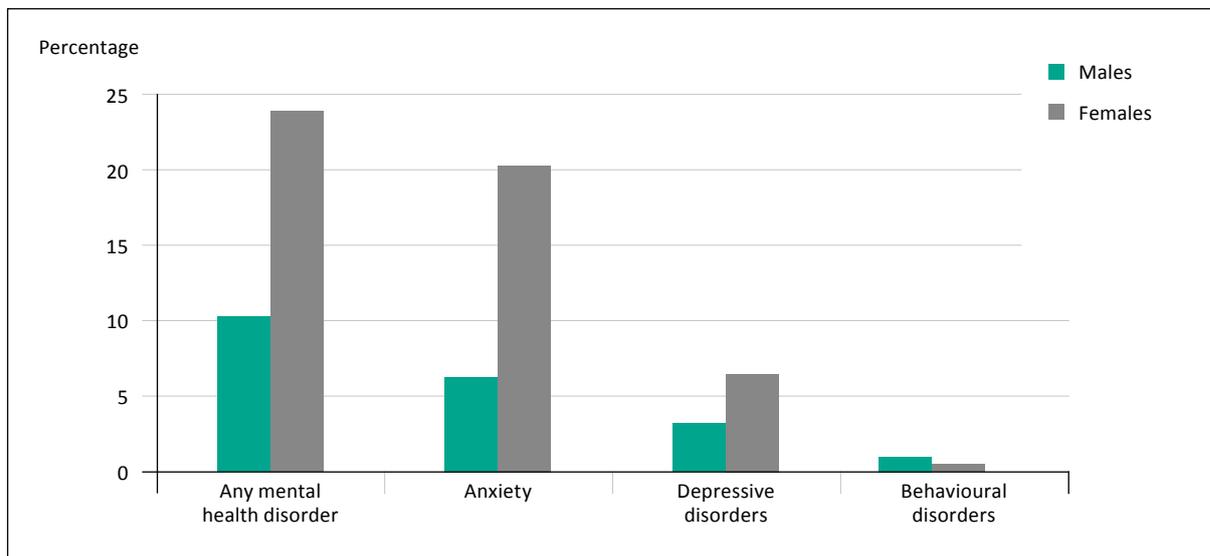
Source: NHS Digital 2018. Mental Health of Children and Young People in England, 2017 > [DOWNLOAD DATA](#)

The types of disorders experienced also varied by age and gender. **Chart 7.7** shows that behaviour problems (largely oppositional defiant and conduct disorders) were more common in boys up to the mid-teens, while emotional problems (largely anxiety and depression) were more common for girls, particularly in the older age groups. **Chart 7.8** shows that by age 17-19, emotional disorders are the most common type in both genders. Of the quarter of young women age 17-19 with a mental disorder, 22.4% had an emotional problem.

Chart 7.7: Prevalence of types of mental health disorders in 11-16 year olds, by gender, England, 2017

Source: NHS Digital 2018. Mental Health of Children and Young People in England, 2017 > [DOWNLOAD DATA](#)

Chart 7.8: Prevalence of types of mental health disorders in 17-19 year olds, by gender, England, 2017



Source: NHS Digital 2018. Mental Health of Children and Young People in England, 2017 > [DOWNLOAD DATA](#)

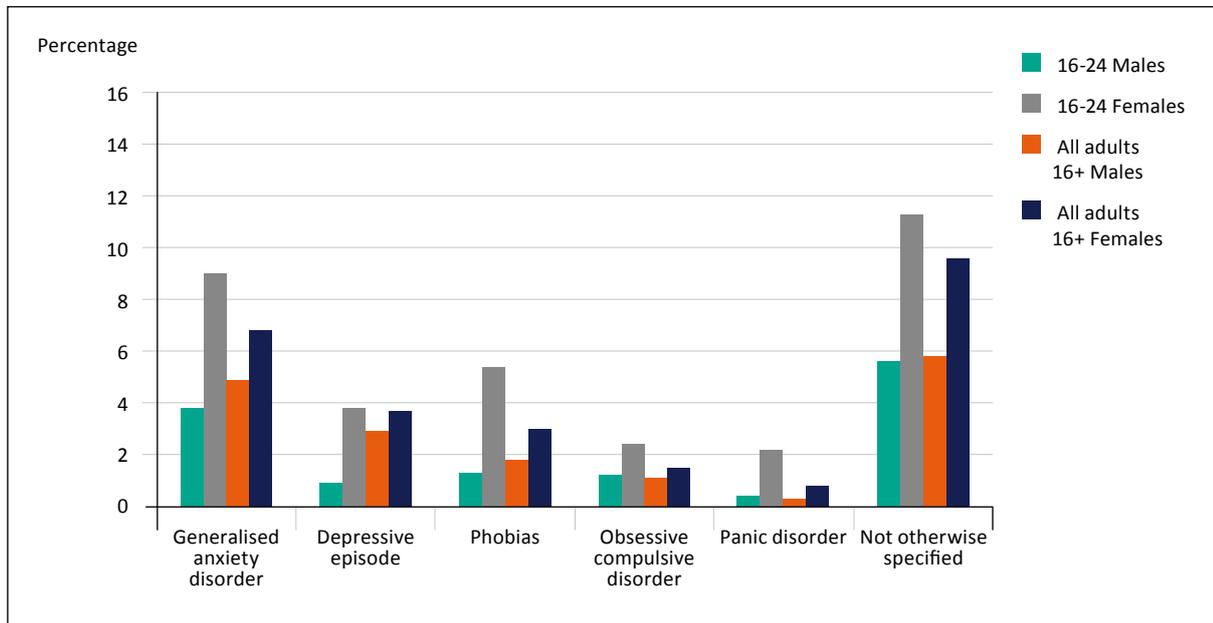
It is also important to note that the survey reported that a quarter (25.9%) of 11-19 year olds with a mental disorder also had a life limiting longterm illness, compared to 4.2% of those without a mental disorder (Sadler et al, 2018).

Similar prevalence studies are not undertaken in other UK countries, but the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) reports regularly on emotional and behavioural problems in Scottish schoolchildren aged 13 and 15. The most recent survey was undertaken in 2015 and problems were measured using the Strengths and Difficulties Questionnaire. The proportion with an 'abnormal' score was 15%, with a further 16% with 'borderline' scores. 15 year old girls were considerably more likely than any other sub-group to have a borderline or abnormal emotional problems score (Scottish Government, 2017a).

In the 2014 English adult psychiatric morbidity survey which included 16-24 year olds, the overall rate of common mental health problems for people over 16 was one in six (McManus et al, 2016). In the 16-24 age group the prevalence of common mental disorders in this age group were about three times higher in women (26.0%) than men (9.1%). **Chart 7.9** shows the rates of various different common mental health disorders in this age group.

The Scottish Health Survey presents results for 16-24 year olds on a set of wellbeing and mental health measures, including the General Health Questionnaire, a widely used standard measure of mental distress and mental ill-health consisting of 12 questions on concentration abilities, sleeping patterns, self-esteem, stress, despair, depression, and confidence in the previous few weeks. A score of four or is used to indicate the presence of a possible psychiatric disorder. Over 1 in 5 (22%) of those aged 16-24 had a GHQ-12 score of four or more, the highest amongst all adult age groups in the survey. There were very similar overall scores for young men and young women, but young women were more likely to have symptoms of anxiety than young men (Scottish Government, 2017b).

Chart 7.9: Rates of common mental disorders in past week, by age and sex, all adults, England 2014



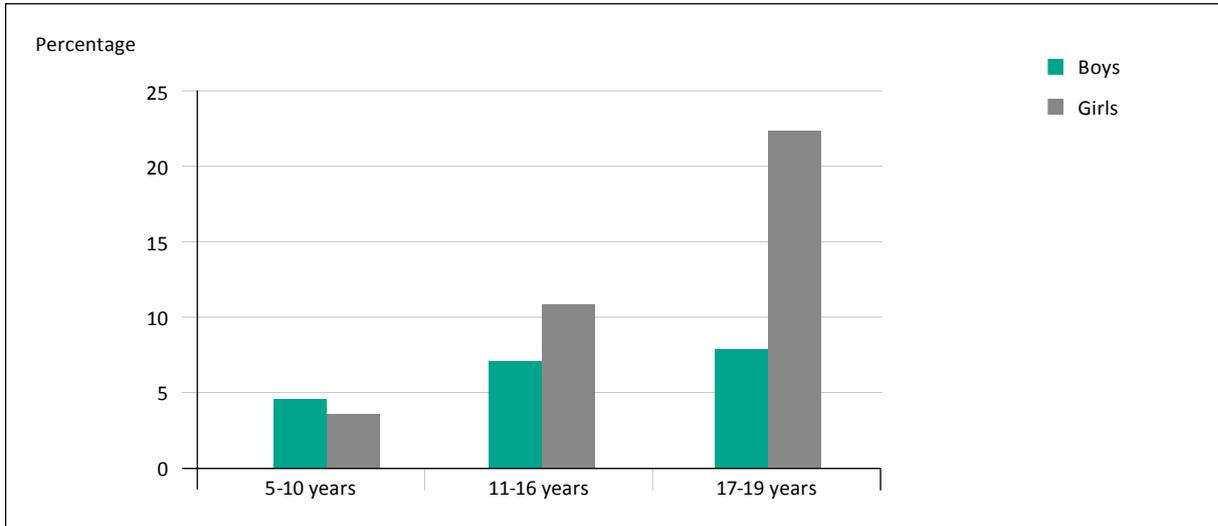
Source: McManus et al (2016) Adult Psychiatric Morbidity Survey > [DOWNLOAD DATA](#)

Emotional disorders, low mood and anxiety

ONS does not routinely collect data on clinically diagnosed cases of depression or anxiety, although it does collect them on symptoms of depression, self-reported anxiety and other indicators. In England, psychiatric prevalence data on 11-19 year olds are available in the ONS survey on children's mental health (Sadler et al, 2018), and some psychiatric data for common mental disorders in those over age 16 are available from the 2014 Adult Psychiatric Morbidity Survey (McManus et al, 2016). Again, SALSUS and the Scottish Health Survey provide some Scottish data on similar age groups (Scottish Government, 2017a and 2017b), although these were not based on clinical diagnoses. Some other population surveys also include measures that indicate symptoms of depression or anxiety for this younger age group even if they do not provide a diagnosis.

Pulling together information from these sources, it seems that a significant proportion of young people 10-24 will have symptoms of depression or anxiety at some point through these years, and that young women are more likely to suffer (or to report) than young men. However, estimates of the levels of emotional problems vary by the age of the sample, and by the types of measurements used.

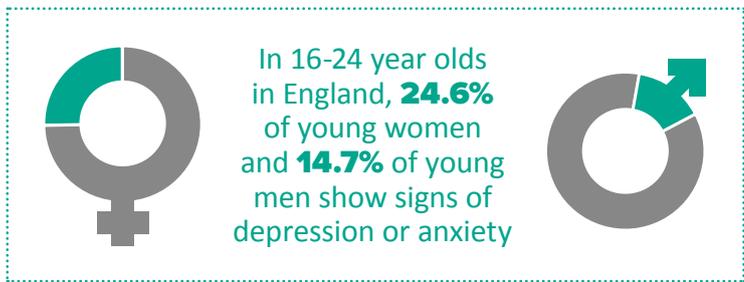
Chart 7.10: Emotional disorders by age and sex, England, 2017



Source: NHS Digital 2018. Mental Health of Children and Young People in England, 2017 > [DOWNLOAD DATA](#)

Chart 7.10 shows the results from the English 2017 population survey of young people relating to the proportions of girls and boys experiencing any emotional disorders in the age groups 5-10, 11-16 and 17-19. This clearly shows the developmental trend for anxiety to increase across the teens in young women, but not among young men.

In the Adult Psychiatric Morbidity survey undertaken in 2014/15, 24.6% of young women aged 16-24 and 14.7% of young men showed signs of depression or anxiety. The authors concluded that young women were a high-risk group in the population (McManus et al, 2016).



Source: NHS Digital: Mental Health of Children and Young People in England, 2017

Self-harm

Self-harm (usually deliberate cutting or scratching, but which can also include intentional overdose, often coded as ‘self-poisoning’) is a key part of the picture of mental health problems for young people as the majority of people who self-harm are aged between 11 and 25 years (Mental Health Foundation, 2006; Association for Young People’s Health, 2013).

Self-harm is not a psychiatric disorder in its own right, but it is indicative of major mental distress (McManus et al, 2016). However, self-harm is a very private behaviour and a very sensitive topic, which means that there is a shortage of reliable information about young people who do not make use of accident and emergency or other services.

There have been several attempts to estimate prevalence of self-harm among young people in recent years. In the English Health Behaviour in School-aged Children study (Brooks et al, 2015), 22% of the 15 year olds in the study reported that they had self-harmed. These rates were three times as high

for girls (32% of girls compared with 11% of boys). The majority of those self-harming said they were doing so once a month or more. One in four (25.7%) of the young women aged 16-24 in the Adult Psychiatric Morbidity Survey reported that they had self-harmed, compared to one in ten (9.7%) of the young men. In this age group self-harm was predominantly self-cutting (McManus et al, 2016).



Source: Brooks et al (2015) Health Behaviour in School Aged Children study

In face to face interviews with 16-24 year olds **25.7% of young women** and **9.7% of young men** report self-harming

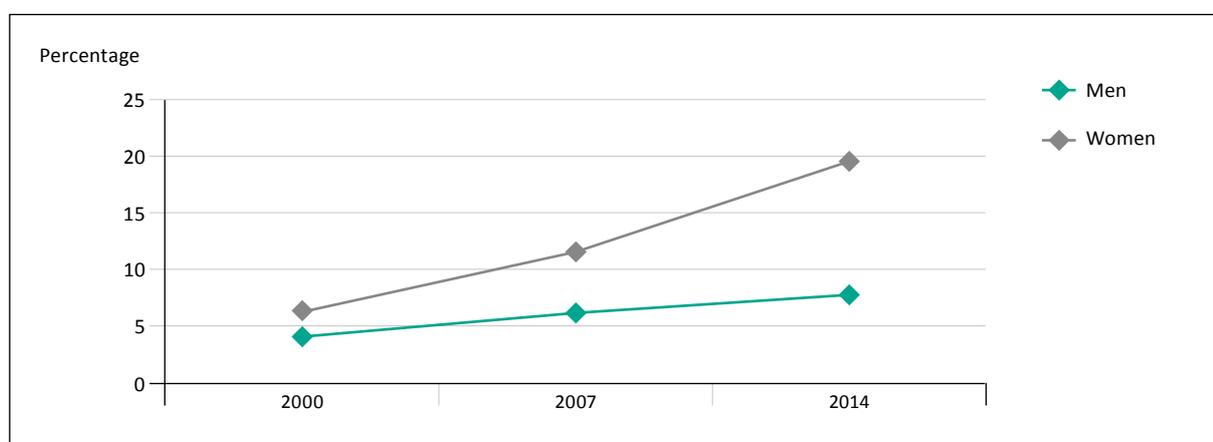
Source: McManus et al (2016) Adult Psychiatric Morbidity study

The Child and Adolescent Self-Harm in Europe (CASE) study included a self-report survey of adolescents aged 13-18 in England. In total 15.5% reported ever having self-harmed, with a median age of onset of 13 years. Over half (54.9%) of young women aged 13-15 reported self-harm in the last year (Morey et al, 2016).

Time trends in self-harm were estimated from face-to-face interviews in the Adult Psychiatric Morbidity Survey. Overall, less self-harm was reported face-to-face than in the self-completion part of the study. However, rates did increase across time.

Chart 7.11 shows the increase in reporting for men and women from 2000 to 2014. The percentage of young men aged 16-24 who reported self-harm nearly doubled from 4.2% in 2000 to 7.9% in 2014. The increase for young women of this age was even greater; three times higher in 2014 compared to in 2000. Once again these figures highlight that, young women aged 16-24 appear to be a particularly high-risk group. These increases may also be a function of reduced stigma, or increased categorisation of the behaviour as self-harm.

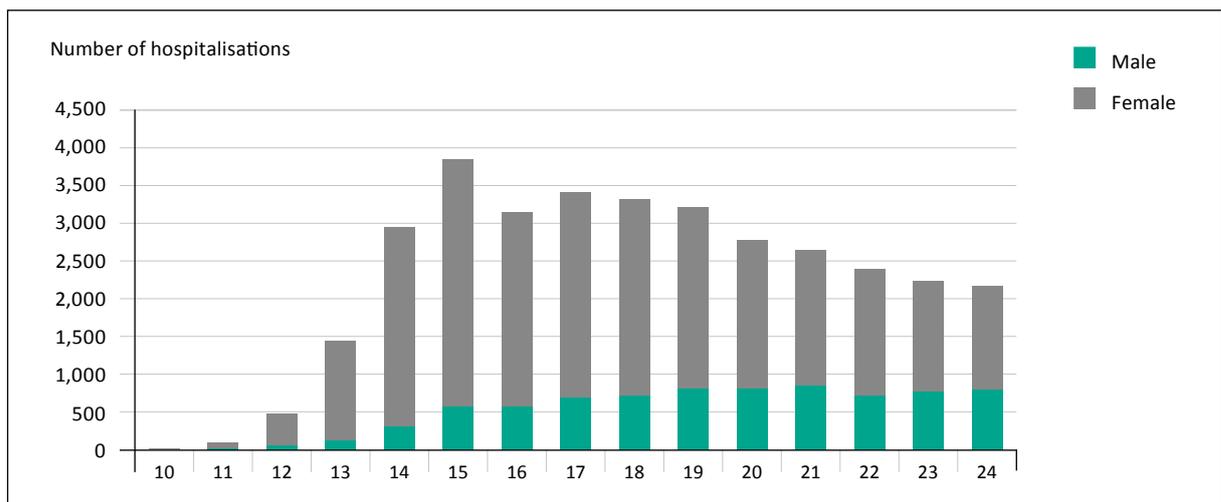
Chart 7.11: Self-harm ever (reported face to face) age 16-24, by gender, England and Wales, 2000, 2007 and 2014



Source: McManus et al (2016) Adult Psychiatric Morbidity study > [DOWNLOAD DATA](#)

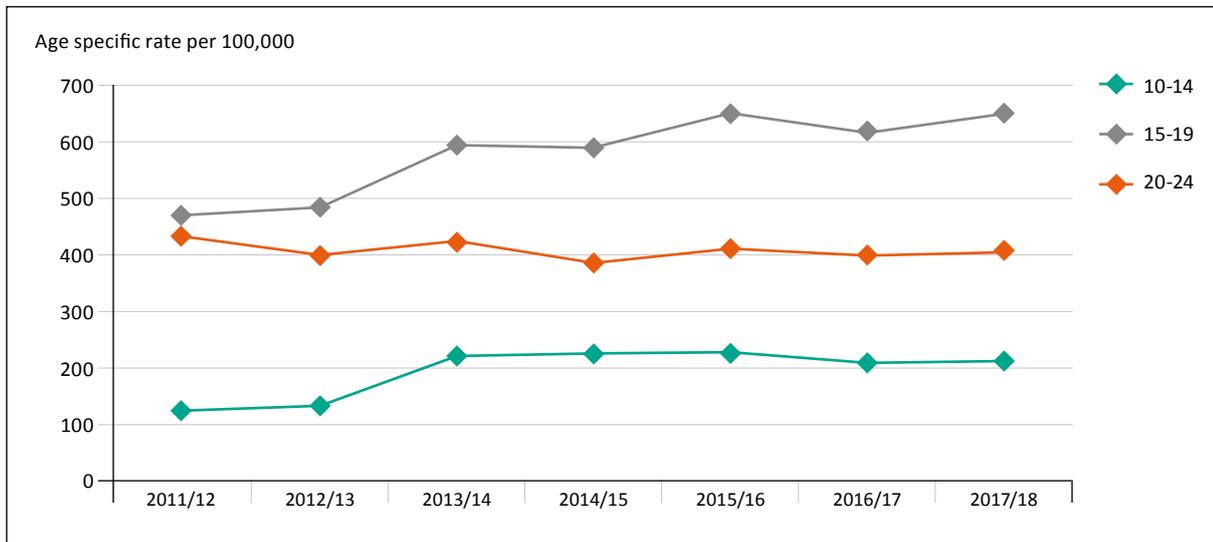
A minority of people who are self-harming will end up in hospital, but these cases provide important information about this behaviour. Reducing hospital admissions caused by self-harm in under 18s is a key public health outcome indicator (NICE, 2012). **Chart 7.12** shows the age distribution for young people age 10-24 admitted to hospital after an episode of self-poisoning in England, 2017/18. The majority of these episodes would have been drug overdoses but some will include methods such as swallowing bleach. Although the peak age for admissions is 15, with a total of 3,861 admissions, there are steady rates of admissions into the early 20s. In total there were 34,271 admissions of 10-24 year olds for self-poisoning in 2017/18. These numbers do not necessarily reflect the numbers of individuals admitted, as some young people will be admitted several times over the course of a year. In addition, some incidents will be accidents and may have been miscoded as self-harm. Nonetheless, this figure represents a huge number of young people in extreme distress, particularly if we consider this to be the tip of a much larger iceberg including those who do not go to hospital. Self-poisoning is one of the most common acute medical presentations in the UK (Camidge, Wood and Bateman, 2003).

Chart 7.12: Hospitalisations for self-harm by self-poisoning, 10-24 year olds, England 2017/18



Source: Public Health England Fingertips: Hospital Episode Statistics 2017/18 > [DOWNLOAD DATA](#)

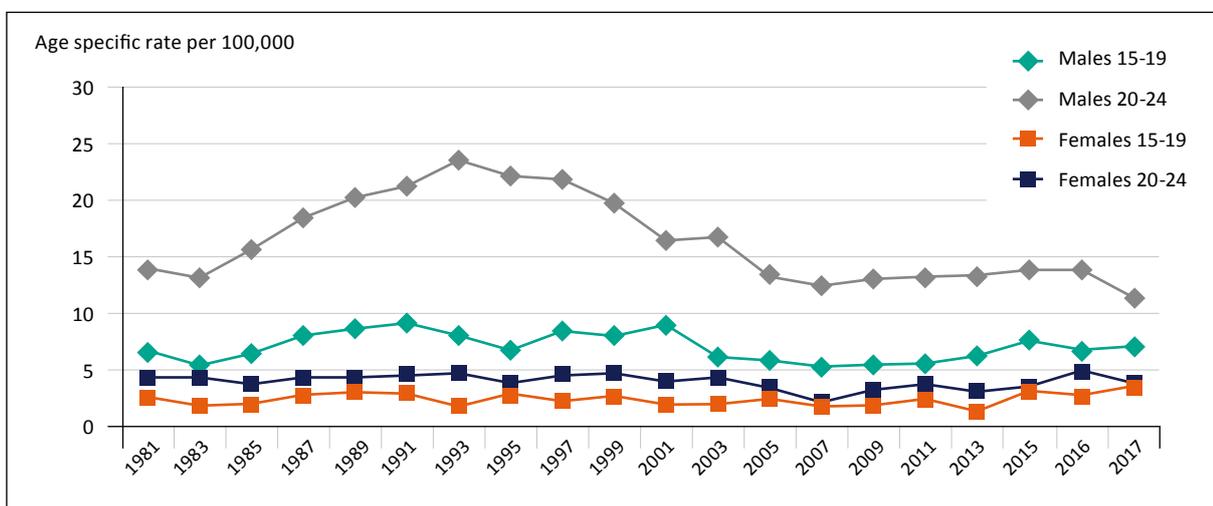
Time trends in hospital admissions for self-harm follow similar trends to the self-report data in the community. **Chart 7.13** shows the rate of hospital admissions for all kinds of self-harm per 100,000 population aged 10-24. This allows us to compare year on year controlling for changes to the numbers of 10-24 year olds in the population, so it is a more accurate way of reporting trends than absolute numbers of admissions. Results are broken down by five year age groupings (10-14, 15-19 and 20-24), which illustrates that the rise is in the younger two groups rather than those in their early 20s.

Chart 7.13: Hospitalisation for self-harm rates (per 100,000) among 10-24 year olds in England, 2011/12 to 2017/18

Source: Public Health England Fingertips: Hospital Episode Statistics 2017/18 > [DOWNLOAD DATA](#)

Suicide

Suicide is rare among young people but it remains a key public health target. Reducing numbers who commit suicide is a Public Health England outcome indicator and reducing suicide by 20% has been a recent target of the Scottish Government. **Chart 7.14** shows the age-specific suicide rates in the UK for young men and women aged 15-19 and 20-24, drawing on Office for National Statistics data. Rates are higher in the older age group, and higher among young men than young women; a quite different pattern to that seen above with self-harm. In addition, the chart shows a peak in suicide in the mid 1990s, but a decline in rates from then until around 2005. After this, rates seem to have been fairly stable, although there is a slight rise in both young men and women in the 15-19 age group in the last five years. In 2017 the rates for young women were 3.5 per 100,000 for 15-19 year olds and 3.9 for 20-24 year olds, and for young men were 7.1 for 15-19 year olds and 11.4 for 20-24 year olds.

Chart 7.14: Age-specific suicide rates (per 100,000) in the UK by gender and age, UK, 1981-2017

Source: Office for National Statistics, National Records of Scotland and Northern Ireland Statistics and Research Agency Suicides in the UK (2018) > [DOWNLOAD DATA](#)



Between the 12 months ending July 2013 and the 12 months ending July 2016, higher education students in England and Wales had a significantly lower suicide rate compared with the general population of similar ages.

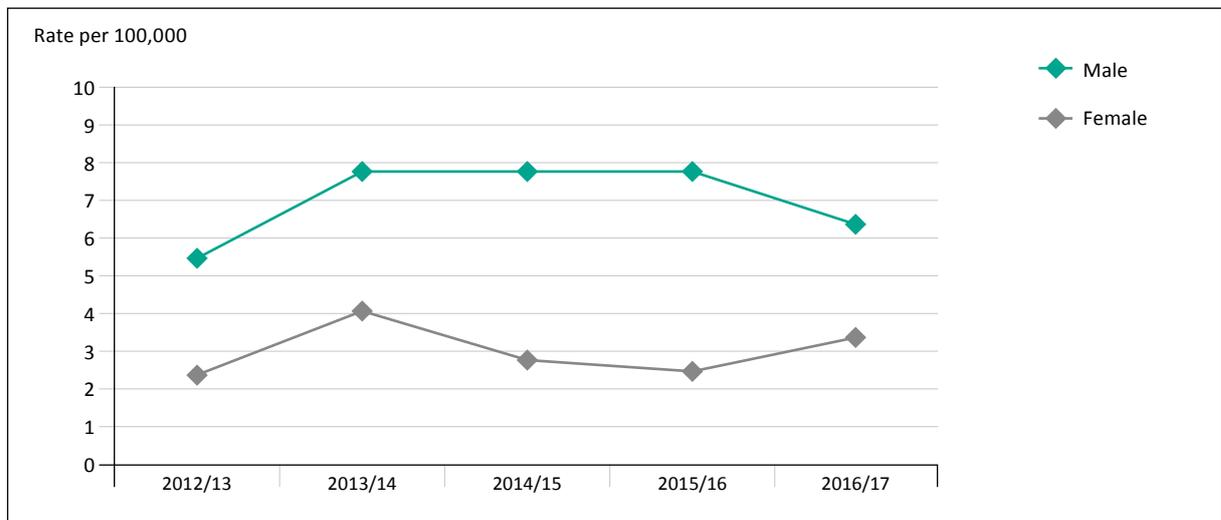
Source: Office for National Statistics (2018)

More information on suicidal behaviour among the older age group is found in the Adult Psychiatric Morbidity Survey. Overall, 1 in 15 people reported that they had made a suicide attempt at some point (6.7% of the population), with more women (8%) than men (5.4%) having done so. Rates for young men aged 16-24 were roughly similar to those for men as a whole. However, rates for young women were notably high, at just under 13%.

Suicide rates among higher education students have been of concern recently. Office for National Statistics data suggest that the rate of suicide per 100,000 undergraduate students between 2012/13 and 2016/17 rose from 5.5 to 6.7 for male students, and from 2.4 to 3.4 for female students (Chart 7.15). However it is important to note that between the 12 months ending July 2013 and the 12 months ending

July 2016, higher education students in England and Wales had a significantly lower suicide rate compared with the general population of similar ages (Office for National Statistics, 2018b).

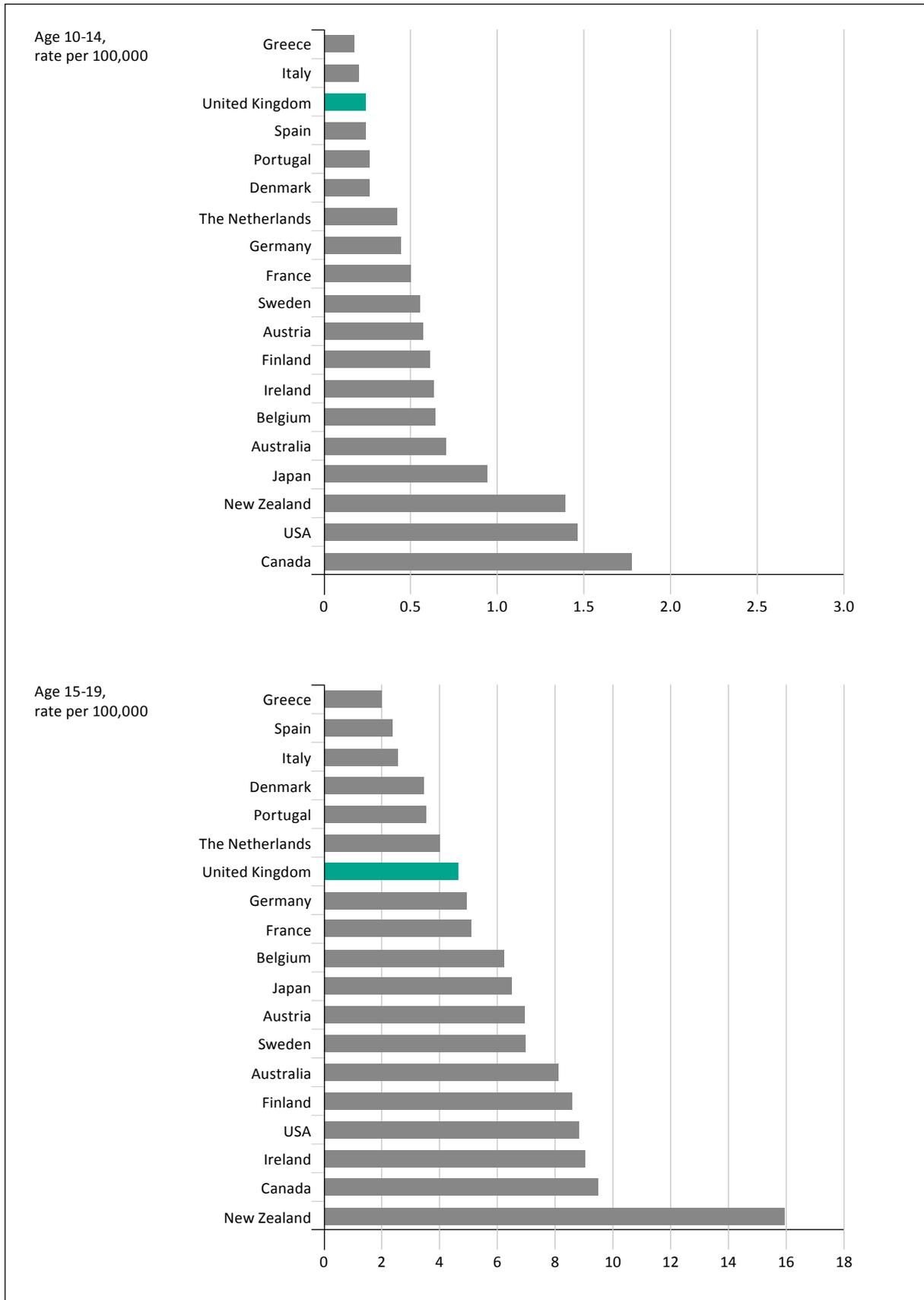
Chart 7.15: Suicide rate per 100,000 undergraduate students, by gender, England and Wales, 2012/13-2016/17



Source: ONS (2018) Estimating suicide among higher education students, England and Wales: Experimental Statistics
[> DOWNLOAD DATA](#)

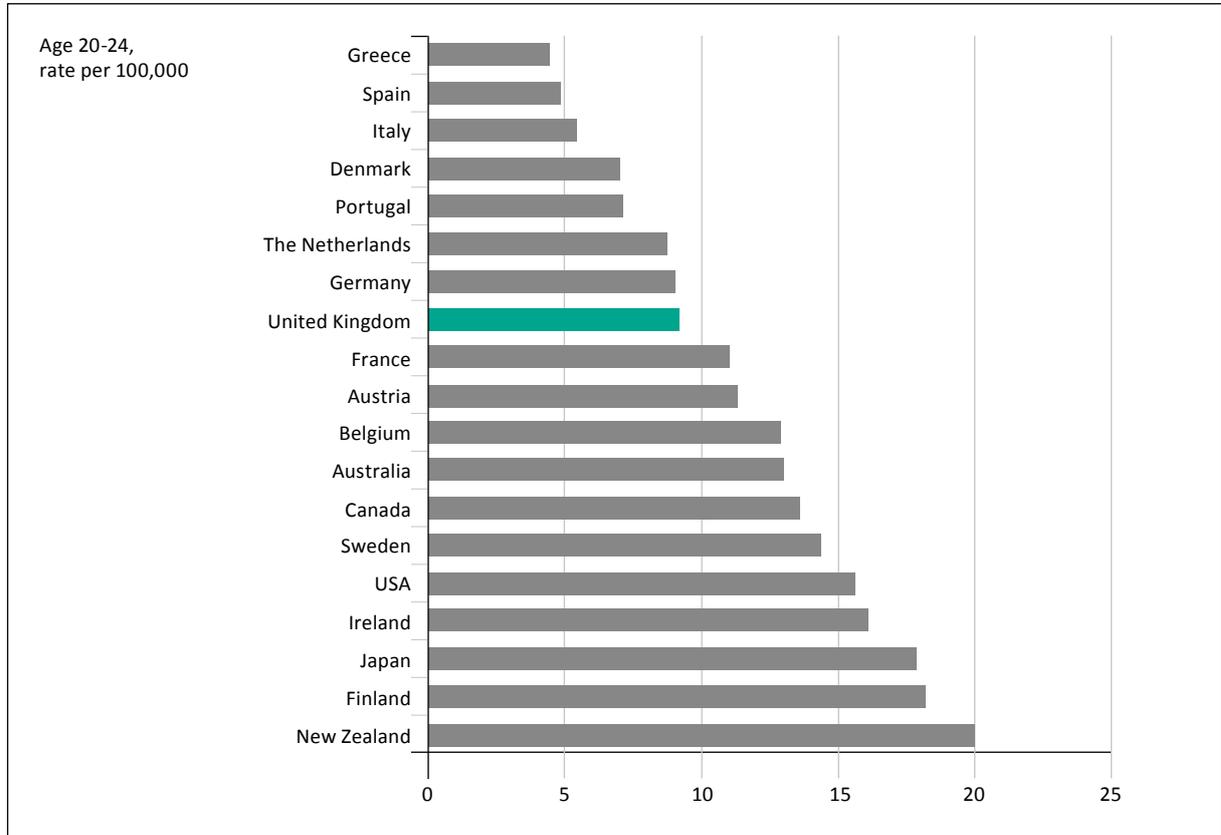
Chart 7.16 shows the suicide rate for young people aged 10-24 in the UK in 2016 compared with 18 other similar high income countries, based on Global Burden of Disease Study data. The UK had one of the lowest suicide rates for those aged 10-14 when compared with other countries, and the seventh-lowest and eighth-lowest for those aged 15-19 and 20-24 respectively.

Chart 7.16: Comparison of suicide rates per 100,000 age-specific population among young people aged 10–24, 2016



Continued on page 126

Chart 7.16: Continued



Source: Global Burden of Disease Study, 2016 (last accessed September 2018) > [DOWNLOAD DATA](#)

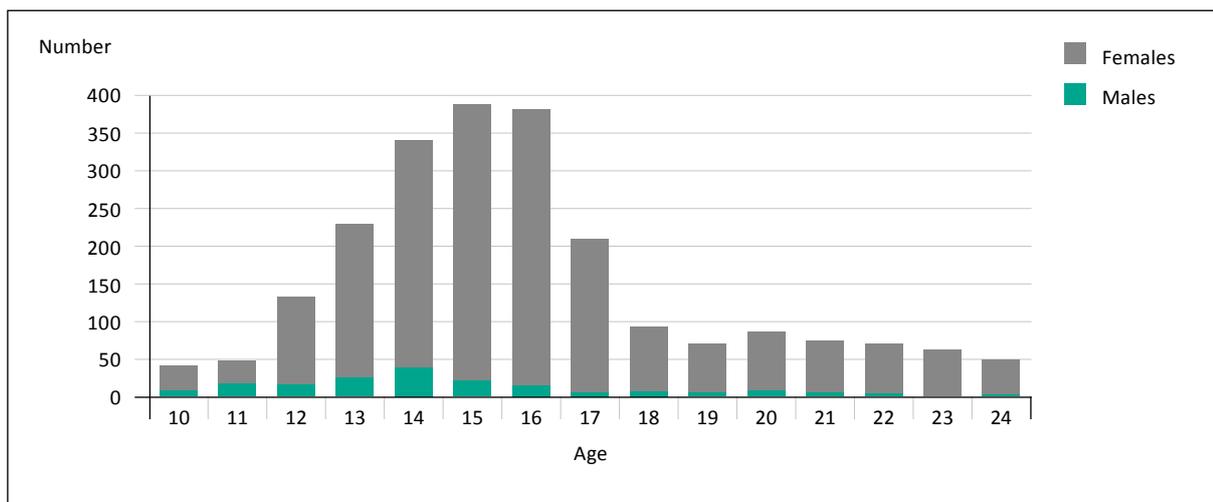
Eating disorders

In western countries the prevalence of eating disorders in adolescents and young adults has been estimated to be approximately 3% for females and 0.1% for males. A larger proportion will have 'subthreshold' symptoms (Nagl et al, 2016). A study of the incidence of eating disorders in the UK 2000-2009 using a primary care register reported an age-standardised annual incidence rate of 164.5 per 100,000 for girls aged 15-19 years, more than double the rate for other ages (Micali et al, 2015). About 90% of eating disorder cases are female (National Institute for Clinical Excellence, 2017). By mid-life, around 15% of women will have met the criteria for eating disorders (Micali et al, 2017).

There can be extensive physical and psychiatric consequences of a longterm eating disorder. Anorexia nervosa in particular has the highest mortality rate of any psychiatric disorder (Arcelus et al, 2011). The average age for the start of eating disorders is in the mid-teens and understanding these complex and distressing disorders is important when thinking about this age group. However, like self-harm, eating disorders may be underestimated in the general population. Significant proportions will not seek help and good representative community surveys are rare.

On the basis of routine Hospital Episode Statistics, the Health and Social Care Information Centre has reported that young people aged 10 to 19 years account for more than half of hospital admissions for eating disorders (HSCIC, 2014). Looking at the age range 10-24 **Chart 7.17** shows, as usual, the largest number of admissions in 2017/18 was for 15 year old girls. Although bulimia is more common, anorexia accounts for a larger proportion of the hospital admissions.

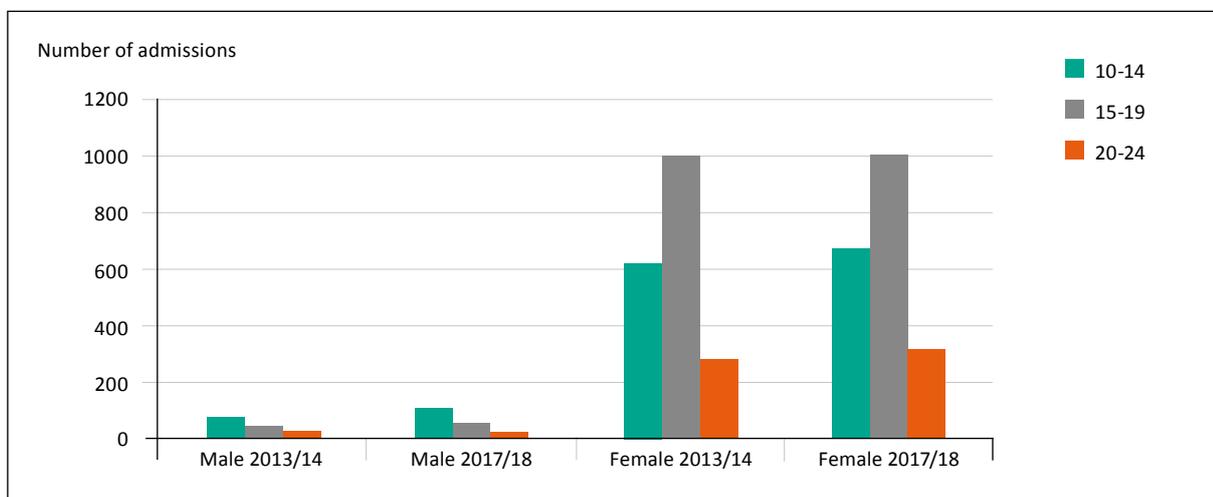
Chart 7.17: Hospital admissions for eating disorders, 10-24 year olds by age and gender, England 2017/18



Source: Public Health England Fingertips: Hospital Episode Statistics 2017/18 > [DOWNLOAD DATA](#)

Comparing the hospital episode statistics between 2013/14 and 2017/18 for admissions for eating disorders shows that there has been a rise in admissions for young women age 10-14 and 20-24, but the trends are less clear for young men (for whom the numbers are very small) or 15-19 year old young women. (**Chart 7.18**).

Chart 7.18: Numbers of hospital admissions for eating disorders by age and gender, England, 2013/14 and 2017/18



Source: Public Health England Fingertips: Hospital Episode Statistics 2017/18 > [DOWNLOAD DATA](#)

Attention Deficit and Hyperactivity Disorder (ADHD and hyperkinetic disorders)

ADHD is a neurobiological disorder. Key symptoms of ADHD are inattention, impulsiveness and hyperactivity. It can affect educational attainment, peer relationships, self-esteem and can contribute to youth offending. It has been estimated that it affects around two to four percent of teenagers in the UK, with rates consistently higher in boys than girls (Association for Young People's Health, 2012). In the Sadler et al (2018) epidemiological survey of children and young people in England, the overall rate for all 5-19 year olds was 1.5%, but this varied substantially by age and gender. Of those aged 11-16, 3.2% of boys and 0.7% of girls met the criteria. Of those aged 17-19, 1.5% of boys, and 0% of girls met the criteria.

The picture seems rather different for the older age group. For those aged 16-24, the Adult Psychiatric Morbidity Survey estimated that 14.6% of this age group screened positive for ADHD in 2014 (which will produce a larger group than those actually meeting the criteria for diagnosis). In this age group, rates were broadly similar for young women and young men (McManus et al, 2016).

Autistic spectrum disorder

Approximately
1 in 100
young people
aged 10-24 have autism
spectrum disorder

Source: NHS Digital: Mental Health of Children and Young People in England, 2017; McManus et al 2016

The majority of young people become increasingly focused on their peer groups and social interaction during adolescence so this can be a very difficult time for young people who find it hard to manage their relationships with others. Those with autistic spectrum disorders (such as Asperger's) may find this a particularly challenging life stage. The most recent Diagnostic and Statistical Manual was published in 2013, drawing together the various diagnoses of autism, autistic spectrum disorder and Asperger's under one umbrella diagnosis of 'autistic spectrum disorder'. This has three levels of severity and there is also a related diagnosis of social communication disorder (American

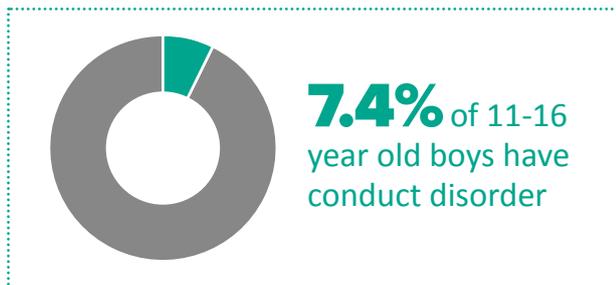
Psychiatric Association, 2013). The defining characteristics of autistic spectrum disorders are impairments of social interaction, communication and imagination and often a reliance on repetitive, habitual activities and behaviours. However, as a spectrum, a very wide range of functioning is included under the overall heading and people may vary considerably in their experiences.

Rates for autism spectrum disorder in the Sadler et al (2018) epidemiological survey show that it was identified in 1.2% of 5 to 19 year olds and was more common in boys (1.9%) than girls (0.4%). The rates were highest for children under 10. Of those aged 11-16, 1.8% of boys and 0.4% of girls met the criteria. Of those aged 17-19, 1% of boys, and 0.7% of girls met the criteria.

As well as the gender differential, with around five times as many boys as girls meeting the criteria, on average half of the children diagnosed with autistic spectrum disorders have learning disabilities (Fombonne et al, 2011).

The Adult Psychiatric Morbidity Survey provided estimates for adults meeting the criteria for autism spectrum disorder, but because of low prevalence rates the data were presented for 16-34 year olds, rather than 16-24 year olds. Rates were 1.7% for men and 0.2% for women (McManus et al, 2016).

Behaviour problems



Source: NHS Digital: Mental Health of Children and Young People in England, 2017

‘Conduct disorder’ is the official, psychiatric term for serious antisocial behaviour (for example, American Psychiatric Association, 2013), including the extremes of aggressive behaviour (fighting, being cruel to others or animals), destructive behaviour (arson or vandalism), deceitful behaviour (lying, stealing) and violation of rules (running away, truancy). Estimates for conduct disorder from the 2017 ONS epidemiological survey suggested a rate

in 11-16 year olds of 7.4% for boys and 5% for girls. Rates dropped substantially for 17-19 year olds, to 1% for boys and 0.5% for girls.

Another index of levels of behaviour problems in the population of young people is the rate of first time entrants to the youth justice system. This is not a completely objective rating of behaviour problems as it is affected by processing by the police and courts, which are themselves affected by policy changes. The number of young people aged 10-17 receiving their first substantive outcome (reprimand, final warning or court disposal) in 2017/18 was lower than for any of the previous five years, representing a halving of the 2012/13 rates (down from 533 per 100,000, to 276 per 100,000).

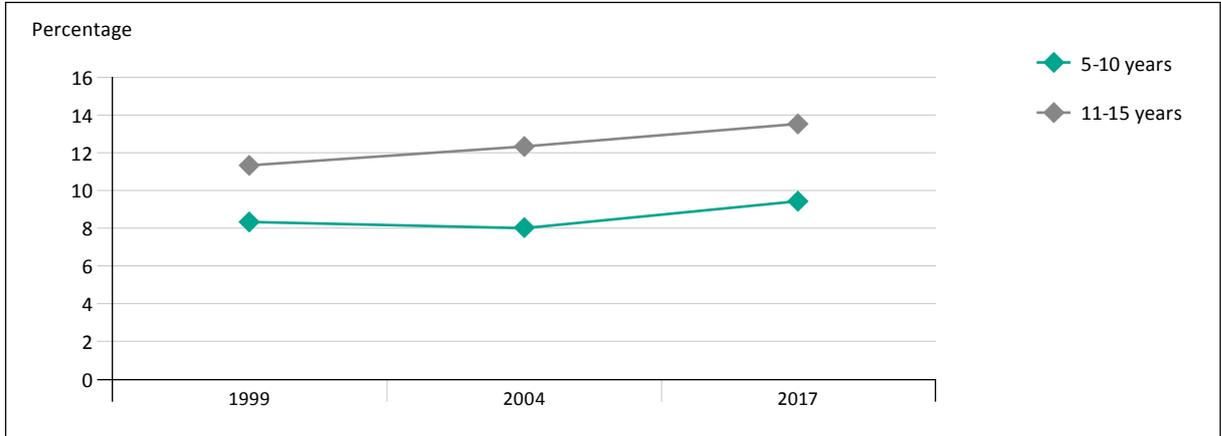
The rate (per 100,000) of **first time entrants** to the youth justice system in England has **halved** from **533** in 2012/12, to **276** in 2017/18

Source: Ministry of Justice, 2018

Time trends in prevalence of mental health disorders

We have already presented some trend data for individual disorders in the sections above, but the new English prevalence data also allow analysis of time trends in overall prevalence of mental health disorders in young people from 1999 to 2017 (Sadler et al, 2018). Time trends are only available for the younger age groups up to 15, as this was the age range covered by the earlier surveys. The most striking prevalence statistics relate to the 17-19 year olds, but this is the first time they have been included in this survey, so there is nothing to compare them to in the past. **Chart 7.19** compares the time trend for 5-10 year olds and 11-15 year olds from 1999 to 2017, for comparison. The absolute rise in 11-15 year olds is small; a couple of percentage points. Expressed as a proportion increase over the 1999 rates, however, the rise is 19% for 11-15 year olds compared with 13% for the younger children.

Chart 7.19: Time trends in mental disorders in 5-10 year olds and 11-15 year olds compared, from 1999 to 2017



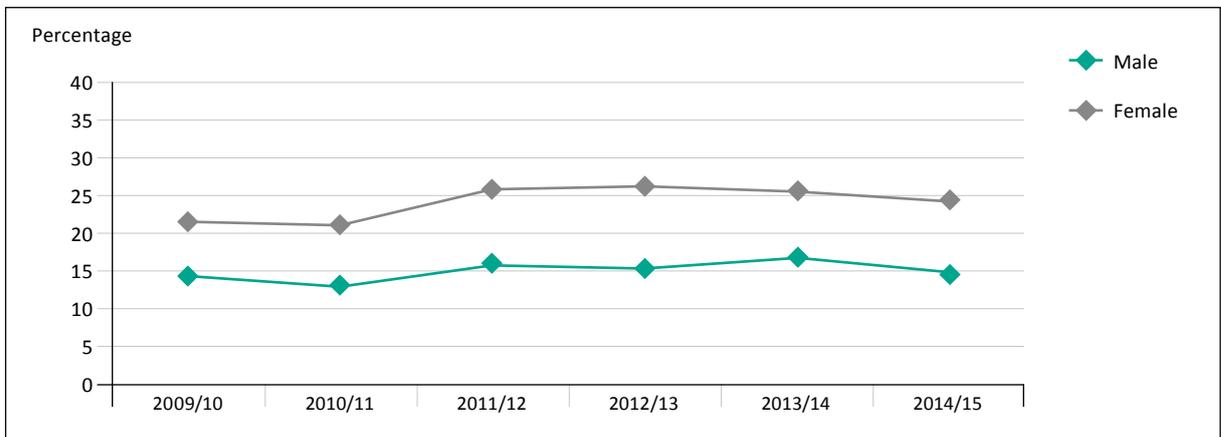
Source: NHS Digital (2018) Mental health of children and young people in England survey 2017 > [DOWNLOAD DATA](#)

The increase was mostly in rates of anxiety and depression, from 4.5% to 7.1% from 1999 to 2017 in 11-15 year olds (Sadler et al, 2018). Behaviour problems fell across this time period for this age group. This concurs with earlier studies that have also shown an increasing burden of emotional problems, particularly for girls, and an indication of a decrease in overall difficulties for boys (Fink et al, 2015).

Scottish data for schoolchildren aged 13 and 15 from SALSUS from 2006 to 2015 also showed that trends in emotional and behavioural problems over time had been mixed, depending both on the type of problem encountered and on the age and gender of pupils. Similar to the English data, the proportion of pupils with a borderline or abnormal score on the conduct scale decreased between 2006 and 2015. In contrast, the proportion of pupils with a borderline or abnormal score on the emotional problems scale increased between 2006 and 2015 (Scottish Government, 2017a).

Recent trend data for the 16-24 year age group from 2009/10 to 2014/15 in England are available from the Adult Psychiatric Morbidity Survey (McManus et al, 2016). These are shown in [Chart 7.20](#). There was an increase of nearly 3% in the prevalence of disorders in women in this age group across these five years, but no increase for men.

Chart 7.20: Proportion of young people aged 16-24 showing signs of depression or anxiety by sex, 2009/10 to 2014/15



Source: ONS Understanding Society: the UK household longitudinal study > [DOWNLOAD DATA](#)

Note: Score of four or more on the General Health Questionnaire (GHQ)

References

- American Psychiatric Association (2013) *Diagnostic and Statistical Manual of Mental Disorders: DSM-V* Washington: APA
<http://www.dsm5.org/Pages/Default.aspx>
- Arcelus J, Mitchell A, Wales, J, and Nielsen S (2011) Mortality rates in patients with Anorexia Nervosa and other eating disorders. *Archives of General Psychiatry*, 68(7), 724-731
- Association for Young People's Health (2012) *Attention deficit and hyperactivity disorder*. London: AYPH
<http://www.youngpeopleshealth.org.uk/wp-content/uploads/2015/07/RU-12-ADHD-summary-FINAL.pdf>
- Association for Young People's Health (2013) *Adolescent self-harm*. London: AYPH
http://www.youngpeopleshealth.org.uk/wp-content/uploads/2015/07/316_RU13-Self-harm-summary.pdf
- Balding and Regis (2018) *Young people into 2018*. Exeter: Schools Health Education Unit
- Brooks F, Magnusson J, Klemra E, Chester K, Spencer N and Smeeton N (2015) *HBSC England national report 2014*. Hatfield UK: BMJ Publishing Group
- Camidge D, Wood R and Bateman M (2003) The epidemiology of self-poisoning in the UK. *Br J Clin Pharmacol*, 56(6) 613-619
http://www.researchgate.net/publication/9010803_The_epidemiology_of_self-poisoning_in_the_UK
- Department of Health (2015) *Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*. Report of the Children and Young People's Mental Health Taskforce. London: Department of Health
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf
- Ditch the Label (2018) *The Anti Bullying Survey 2018*. London: Ditch the Label
<https://www.ditchthelabel.org/wp-content/uploads/2018/06/The-Annual-Bullying-Survey-2018-2.pdf>
- Fink E, Patalay P, Sharp H et al (2015) Mental health difficulties in early adolescence: A comparison of two cross-sectional studies in England from 2009 to 2014. *Journal of Adolescent Health*, 56, 502-507
<http://www.jahonline.org/article/S1054-139X%2815%2900064-6/abstract>
- Fombonne E, Quirke S, and Hagen A (2011) Epidemiology of pervasive developmental disorders. In D Amaral, G Dawson and D Geschwind (Eds) *Autism spectrum disorders*. Oxford: Oxford University Press
- Global Health Data Exchange (2018) *Global Burden of Disease Study*. Global Health Data Exchange.
<http://ghdx.healthdata.org/gbd-2017>
- Haddon L, and Livingstone S (2014) The relationship between offline and online risks. In von Feilitzen C and Stenersen J (eds) *Young people, media and health: risks and rights. The Clearinghouse Yearbook 2014*, Goteborg, Nordicom, pp. 21-32

HSCIC (2014) *Provisional monthly hospital episode statistics for admitted care, outpatients and A&E data, April 2013-October 2013: Topic of interest – Eating Disorders*. HSCIC

<https://files.digital.nhs.uk/publicationimport/pub13xxx/pub13478/prov-mont-hes-admi-outp-ae-april%202013%20to%20october%202013-toi-rep.pdf>

HSCIC/NHS Digital (2015) *Health and wellbeing of 15-year-olds in England, 2014: Findings from What About YOUth Survey*. Leeds: Health and Social Care Information Centre

<http://content.digital.nhs.uk/catalogue/PUB19244/what-about-youth-eng-2014-rep.pdf>

Kessler R, Berglund P, Demler O, Jin R, Merikangas K, and Walters E (2005) Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*, 62, 593-602

<http://www.ncbi.nlm.nih.gov/pubmed/15939837>

Kim-Cohen J, Caspi A, Moffitt T, Harrington H, Milne B, and Poulton R (2003) Prior juvenile diagnoses in adults with mental disorder: developmental follow-back of a prospective-longitudinal cohort. *Arch Gen Psychiatry* 2003; 60: 709–17

<http://www.ncbi.nlm.nih.gov/pubmed/12860775>

Livingstone S, Stoilova M and Kelly A (2016) Cyberbullying: incidence, trends and consequences. In United Nations Office of the Special Representative of the Secretary-General on Violence against Children (Ed) *Ending the Torment: Tackling Bullying from the Schoolyard to Cyberspace*, New York, USA, pp 115- 120

McManus S, Bebbington P, Jenkins R, Brugha T (Eds) (2016) *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014*. Leeds: NHS

Mental Health Foundation (2006) *The truth about self-harm: for young people and their friends and families*. London: MHF

<https://www.mentalhealth.org.uk/sites/default/files/Truth%20about%20self%20harm%20WEB%20FINAL.pdf>

Micali N, Hagberg K, Petersen I and Treasure J (2015) The incidence of eating disorders in the UK in 2000-2009: findings from the General Practice Research Database. *BMJ Open*, 3, e002646

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3657659/>

Micali N, Martini M, Thomas J, et al (2017) Lifetime and 12-month prevalence of eating disorders amongst women in mid-life: a population-based study of diagnoses and risk *BMC Medicine* 15:12

Morey Y, Mellon D, Dailami N, Vern J and Tapp A (2016) Adolescent self-harm in the community: an update on prevalence using a self-report survey of adolescents aged 13-18 in England. *Journal of Public Health*, 39(1) 58-64

Nagl M, Jacobi C, Paul M et al (2016) Prevalence, incidence and natural course of anorexia and bulimia nervosa among adolescents and young adults. *Eur Child Adolesc Psychiatry*, 25(8) 903-8

National Institute for Clinical Excellence (NICE) (2012) *NICE Guidance and public health outcomes*.

National Institute for Clinical Excellence (NICE) (2017) *Eating disorders: recognition and treatment*. NICE guideline [NG69] <https://www.nice.org.uk/guidance/ng69>

Office for National Statistics (2014) *Measuring national well-being – young people’s well-being 2014*. London: ONS

Office for National Statistics (2017) *Young people’s well-being: 2017*. London: ONS
<https://www.ons.gov.uk/releases/youngpeopleswellbeing2017>

Office for National Statistics (2018a) *Children and young people’s experiences of loneliness: 2018*. London: ONS

Office for National Statistics (2018b) *Estimating suicide among higher education students, England and Wales: Experimental Statistics*

Sadler K, Vizard T, Ford T, Goodman A, and Goodman R (2018) *Mental health of children and young people in England, 2017*. London: NHS Digital

Scottish Government (2017a) *Scottish Schools Adolescent Lifestyle and Substance Use Survey 2015: mental wellbeing report*. Edinburgh: Scottish Government
<https://www.gov.scot/publications/scottish-schools-adolescent-lifestyle-substance-use-survey-salsus-2015-mental-9781786529626/pages/4/>

Scottish Government (2017b) *Scottish Health Survey, 2017 edition*. Edinburgh: Scottish Government
<https://www.gov.scot/publications/scottish-health-survey-2017-volume-1-main-report/pages/29/>

World Health Organisation (2015) *Youth violence is a global public health problem*. Factsheet No.356
<https://www.un.org/youthenvoy/2015/12/youth-violence-is-a-global-public-health-problem-who/>