

# Adolescent Mental Health

## AYPH Research Update No 16, February 2014

(Summary version)

Written by Ann Hagell

Contents	
Welcome	1
Why is this important at the moment?	1
What are the most common disorders in this age group?	2
What are the warning signs that help might be needed?	2
What are the challenges in providing services?	2
Recent reports	3
Recent reviews	4
Recent research	5
Policy & guidelines	6
Useful resources	7
References	7
Conclusion	8

### Welcome

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, have constructive family relationships and make their own way in the world. Prevention and intervention in adolescence is critical for wellbeing. This Research Update pulls together some of the themes emerging from the literature with a selection of new research work and pointers to new guidance.

Topics covered by earlier updates in this series include adolescent obesity, self-harm, attention deficit and hyperactivity, health implications of new technologies, adolescent sleep, longterm conditions, accidents and injuries, health inequalities, disability, and physical activity. Summary versions are available on our website ([www.ayph.org.uk](http://www.ayph.org.uk)). Our members get longer, more detailed versions as part of their membership package.

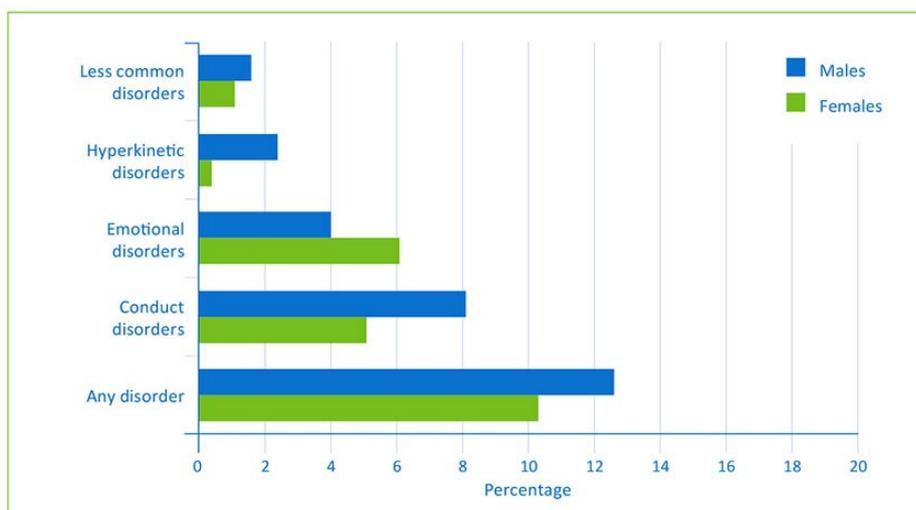
### Why is this important at the moment?

- Although most young people report high life satisfaction<sup>1</sup>, mental health problems are common in this age group. About 13% of boys and 10% of girls aged 11-15 have emotional, behavioural or hyperactivity disorders.<sup>2</sup>
- Half of all lifetime cases of psychiatric disorders start by age 14 and three quarters by age 24.<sup>3</sup>
- Poorly managed or untreated mental health problems are expensive to the health service and can result in longterm health problems and costs to society<sup>4</sup>
- Today's young people face an uncertain economic outlook; longterm 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.<sup>5</sup>



## What are the most common disorders in this age group?

Drawing on data from the last Office for National Statistics (ONS) survey of child and adolescent mental health (in 2004), we can see that the most common mental health problems in young men are conduct disorders and in young women are emotional problems, although both are common in the opposite gender too.<sup>6</sup>



Source: Green et al (2005) Mental health of children and young people in Great Britain 2004

Many adolescent mental health problems do not come to the attention of any services. In particular, getting accurate prevalence rates for self-harm and for eating disorders is problematic, and both of these may be more common than official surveys suggest. For example, some data suggest that between 8%<sup>7</sup> and 15%<sup>8</sup> of young people may self-harm. However, there is an urgent need to update the ONS survey to improve the prevalence data we have available at the moment.<sup>9</sup>

## What are the warning signs that help might be needed?<sup>10, 11</sup>

- Signs of an inability to function normally with day to day tasks.
- Evidence of depression (low mood) and two or more risk factors such as family history of depression, major psychosocial life events (bereavement, victim of violence, family breakdown, longterm drug use, school problems or social isolation etc).
- Risk of harm to the young person, through self-harm or suicide attempts.
- The young person asks for help.

## What are the challenges in providing services?

- Young people with low mood and symptoms that do not meet the CAMHS thresholds pose particular challenges to their GPs, their families and their schools.<sup>12,13</sup> Making use of local voluntary services and on-line resources may helpful with these cases, as well as keeping a watching eye on how things develop.
- Transition from child and adolescent mental health services (CAMHS) to adult services (AMHS) at around 16-18 years poses particular problems. Transition is rarely as good as it can be, and a number of young people fall out of services at this point.<sup>14</sup>
- Asking the right question to elicit answers about mental health from young people requires understanding of effective communication with this age group. Various strategies for eliciting information may help, such as the HEADSSS framework.<sup>15</sup>
- Addressing health inequalities is a particular challenge in mental health; there is evidence that mental health problems are more common in vulnerable groups such as those in care.<sup>16</sup> Making sure services are targeted at, and accessible to these groups is important. Having ways of dealing with waiting lists may be a critical part of this process.

## Recent reports

***Overlooked and forgotten: a review of how well children and young people's mental health is prioritised in the current commissioning landscape,***

**Oliva L and Lavis P, Children and Young People's Mental Health Coalition (2013)**

Based on a review of 145 Joint Strategic Needs Assessments (JSNAs) and 142 Joint Health & Well-being Strategies (JHWSs), concluding that very few gave due attention to young people's mental health needs. [http://www.cypmhc.org.uk/resources/overlooked\\_and\\_forgotten\\_full\\_report/](http://www.cypmhc.org.uk/resources/overlooked_and_forgotten_full_report/)

***Same old...the experiences of young offenders with mental health needs.***

**Young Minds and the Transition to Adulthood Alliance, (2013)**

Very few improvements have been made in relation to services for young people in the criminal justice system with mental health problems over the last two decades,

[http://www.youngminds.org.uk/assets/0000/9472/Barrow\\_Cadbury\\_Report.pdf](http://www.youngminds.org.uk/assets/0000/9472/Barrow_Cadbury_Report.pdf)

***'Alone with my thoughts': Recommendations for a new approach to young people's mental health support.***

**Mindfull (2013)**

Report to coincide with the launch of a new online support services for 11-17 year olds, including self-help resources and peer support. Presents results of a YouGov poll of 2,000 young people in the UK.

<http://www.mindfull.org/>

***Scottish mental health: Children and young people 2013***

**Tod E, Parkinson P, McCartney G, NHS Health Scotland/Scot PHO (2013)**

This report provides the first systematic assessment of mental health and its contextual factors for children and young people (C&YP) in Scotland. It analyses 73 indicators from the previously established national C&YP mental health indicator set.

<http://www.scotpho.org.uk/publications/reports-and-papers/1159-scotlands-mental-health-children-and-young-people-2013>

***Services for children and young people with emotional and mental health needs: Follow-up review***

**Health Inspectorate Wales and Wales Audit Office (2013)**

Children and young people who access mental health services in Wales continue to be put at risk, according to a new review which updates a 2009 report.

[http://www.wao.gov.uk/news/pressreleases\\_5426.asp](http://www.wao.gov.uk/news/pressreleases_5426.asp)

***Report of the Children and Young People's Health Outcomes Forum—mental health subgroup***  
**C&YP Health Outcomes Forum (2012)**

Draws together the Forum's views on promoting mental health in young people, including setting out six high level objectives for mental health services and suggesting a new three-yearly mental health prevalence survey of young people in the general population.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216853/CYP-Mental-Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216853/CYP-Mental-Health.pdf)

## Recent reviews

### *Depression in adolescence*

**Thapar A, Collishaw S, Pine D, Thapar AK (2012), *The Lancet*, 379, 1056-67**

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)60871-4/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)60871-4/abstract)

Summarises the evidence on the development of depression through adolescence, and describes the strongest risk factors. Asserts that effective treatments are available, although use of antidepressants is of concern, and states that prevention strategies targeted at high-risk groups can work.

### *Self-harm and suicide in adolescents*

**Hawton K, Saunderson K and O'Connor R (2012) *The Lancet*, 379, 2379-81**

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)60322-5/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60322-5/abstract)

Reviews what we know about the main risk factors, contribution of the media and internet to contagion effects, and latest on prevention and intervention strategies.

### *Annual Research Review: Resilience - clinical implications*

**Rutter M (2013), *Journal of Child Psychology and Psychiatry*, 54, 474-487**

<http://www.ncbi.nlm.nih.gov/pubmed/23017036>

Michael Rutter describes how we might use research to find out about resilience (though natural experiments), and reviews the literature on features associated with resilience such as brief exposure to risk and what he terms 'stress inoculation', and the presence of mental features such as planning and self-regulation. Things that might foster resilience include social relationships and 'turning point' effects in people's lives. There are no clear messages about prevention and treatment, but research can help us to understand what might be involved in withstanding stress.

### *Practitioner review: Schizophrenia spectrum disorders and the at-risk mental state for psychosis in children and adolescents - evidence-based management approaches*

**Tiffin P and Welsh P (2013) *Journal of Child Psychology and Psychiatry*, 54, 1155-1175**

<http://www.ncbi.nlm.nih.gov/pubmed/24102356>

Identifying young people who are at risk of severe mental illnesses such as schizophrenia is a challenge. Many young people meeting the 'at-risk mental states' criteria do not develop psychosis. However, there are arguments for using cognitive behaviour therapy with this high-risk group, but use of anti-psychotic medication is not recommended. There are very few studies of how to manage emerging symptoms of schizophrenia in young people under 18.

### *Practitioner Review: The effectiveness of solution focused brief therapy with children and families: a systematic and critical evaluation of the literature from 1990-2010.*

**Bond C, Woods K, Humphrey N, Symes W and Green L. *Journal of Child Psychology and Psychiatry*, 54, 707-723**

<http://www.ncbi.nlm.nih.gov/pubmed/23452301>

There is tentative support for the use of solution focused brief therapy with young people who have internalising and externalising mental health problems.

### *Mental health problems in children and young people*

**Murphy M and Fonagy P (2013), Chapter 10 of the Chief Medical Officer's 2013 report**

Provides a useful, up to date overview of prevalence, risk factors and policy recommendations in this area.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/252660/33571\\_2901304\\_CMO\\_Chapter\\_10.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252660/33571_2901304_CMO_Chapter_10.pdf)



***Behavioural outcomes and psychopathology during adolescence.*****Johnson S and Wolke D (2013) *Early Human Development*, 89, 199-207**<http://www.sciencedirect.com/science/article/pii/S0378378213000236>

Pre-term birth seems to confer high risk for poor mental health in adolescence. This is particularly for symptoms related to anxiety, ADHD and autism. Around 25% of adolescents who were born pre-term will have psychiatric disorders, so screening and early intervention are important.

***Sleep problems and depression in adolescence: results from a large population-based study of Norwegian adolescents aged 16-18 years*****Sivertsen B, Harvey A, Lundervold A, Hysing M (2013) *European Child & Ad Psych* (online first)**<http://link.springer.com/article/10.1007%2Fs00787-013-0502-y>

A systematic survey of 10,220 Norwegian adolescents aged 16-18 revealed a large overlap between insomnia and depression. Depressed adolescents sleep less and found it harder to go to sleep. Adolescents with insomnia had four to five fold increased odds of depression compared with good sleepers. The associations were stronger in boys than girls.

***General practitioner experience and perception of Child and Adolescent Mental Health Services (CAMHS) care pathways: a multimethod research study*****Hinrichs S, Owens M, Dunn V, Goodyer I (2012) *BMJ Open*, 2, e001573**<http://bmjopen.bmj.com/content/2/6/e001573.long>

A combination of quantitative analysis of patient databases and qualitative semi-structured interviews in five localities in Cambridgeshire showed that detecting the symptoms of mental illness in young people is a challenge for GPs. GP-friendly guidelines and standards are required to help decision-making. More understanding is needed of the referrals process.

***Therapeutic identification of depression in young people: lessons from the introduction of a new technique in general practice*****Iliffe S, Gallant C, Kramer T, Gledhill J, Bye A, Fernandez V, Vila M, Miller L, Garralda M (2012) *British Journal of General Practice* 62, e174-82**<http://www.ncbi.nlm.nih.gov/pubmed/22429434>

A cognitive-behavioural-therapy based technique for the therapeutic identification of depression in young people (TIDY) was tested in four group practices in northwest London. Qualitative interviews suggested it was useful in routine practice but only if practitioners are allowed to use it selectively, and build on their prior knowledge of adolescent mental health problems.

***Self-harm in young adolescents (12-16 years): onset and short-term continuation in a community sample.*** **Stallard P, Spears M, Montgomery A, Phillips R and Sayal K (2013) *BMC psychiatry*, 13, 328**<http://www.biomedcentral.com/1471-244X/13/328>

Over one year, 15% of young adolescents at secondary schools in the Midlands and South West of England reported at least one act of self-harm and risks were particularly high in girls in Year 9 (aged 13/14), especially for those with insecure peer relationships. Only one in five sought help.

***Associations between parent-adolescent attachment relationship quality, negative life events and mental health*****Bannink R, Broeren S, van de Looij-Jansen P, Raat H (2013) *PLoS One*, 8(11) e80812**<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0080812>

Results of a two-year longitudinal study of first year secondary school pupils suggested that adolescents with one or more negative life events and an unfavourable parent-adolescent attachment were particularly vulnerable to developing mental health problems.



***Transfers and transitions between child and adult mental health services***

Paul M, Ford T, Kramer T, Islam Z, Harley K, Singh S (2013) *British Journal Psychiatry Suppl*, 54, s36-40 <http://www.ncbi.nlm.nih.gov/pubmed/23288500>

This retrospective case-note survey of 154 cases from CAMHS tracked their transition into adult services. Some kind of transfer was common (76/154) but good transition was rare. Only four cases met all the criteria for optimal transition, including continuity of care, parallel care, a transition planning meeting and information transfer.

***Irritable mood as a symptom of depression in youth: prevalence, developmental and clinical correlates in the great smoky mountains study***

Stringaris A, Maughan B, Copeland W, Costello E, Angold A (2013) *J Am Acad Child Adolesc Psychiatry*, 52, 831-40

There has been some emerging interest in the importance of irritability as a key part of adolescent depression, as distinct from adult depression. However, this prospective population based study of 1,420 young people aged 9-16 years who met the criteria for depression suggested that irritability was not a key criterion with any particular significance. However, irritability and depression combined in girls did predict more disruptive behaviours.

## Policy and guidelines

**Royal College of Psychiatrists (Oct 2013)**

***Briefing on child and adolescent in-patient health services.***

<http://www.rcpsych.ac.uk/pdf/CAMHS%20debate%20briefing%20-%20Oct%202013.pdf>

**National Institute for Health and Care Excellence (September 2013)**

***NICE quality standard for depression in children and young people (QS48)***

<http://publications.nice.org.uk/depression-in-children-and-young-people-qs48>

**National Institute for Health and Care Excellence (July 2013)**

***Bipolar disorder (adolescence) aripiprazole. Technology appraisal 292***

<http://guidance.nice.org.uk/TA292>

**National Institute for Health and Care Excellence (June 2013)**

***NICE quality standard on self-harm (QS34)***

<http://guidance.nice.org.uk/QS34>

**Department of Health (2012)**

***No health without mental health: implementation framework***

<http://www.nhsconfed.org/Publications/briefings/Pages/mhn-briefing-247.aspx>

## Useful resources

- **Child and Maternal Health Intelligence Network**, mental health pages [www.chimat.org.uk](http://www.chimat.org.uk) and CAMHS workforce hub <http://www.chimat.org.uk/camhs/workforce>
- **The Site** [www.thesite.org/healthandwellbeing](http://www.thesite.org/healthandwellbeing) Advice for young people on a range of 'real life' topics.
- **Wolpert, Fuggle, Cottrell, Fonagy et al (2006)** *Drawing on the evidence: Advice for mental health professionals working with children and adolescents*. Downloadable from the ChMat website [www.chimat.org.uk/resource/item.asp?RID=56986](http://www.chimat.org.uk/resource/item.asp?RID=56986)
- **Association for Child and Adolescent Mental Health**, [www.acamh.org.uk](http://www.acamh.org.uk), useful resources and an excellent practitioner journal
- **MindEd** [www.rcpch.ac.uk/minded](http://www.rcpch.ac.uk/minded), due for launch in April 2014, a RCPCH initiative providing freely available elearning modules on mental health for young people.
- **Young Minds** [www.youngminds.org.uk](http://www.youngminds.org.uk)
- **Talk to Frank** [www.talktofrank.com](http://www.talktofrank.com)
- **Mindfull**. New online support service for 11-17 year olds, including self-help resources and peer support <http://www.mindfull.org/>
- **Youth Access** [www.youthaccess.org.uk](http://www.youthaccess.org.uk), a membership organisation for a network of voluntary sector providers focusing on mental health and counselling.
- **Children and Young People's Mental Health Coalition**. Brings together third sector organisations to raise the profile of C&YP's mental health needs. Resources available at

## REFERENCES

- 1 Office for National Statistics (2012) *Measuring national well-being—Measuring young people's well-being 2012*. London: ONS
- 2 Meltzer H, Gatward R, Goodman R and Ford T (200) *The mental health of children and adolescents in Great Britain*. London: The Stationery Office
- 3 Kessler R, Berglund P, Demler O, Jin R, Merikangas K, 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
- 4 Strelitz J, (2013) *The economic case for a shift to prevention*. Chief Medical Officer report 2013, Ch 3
- 5 Hagell A (2012) *Changing Adolescence: Social trends and mental health*. Bristol: Policy Press
- 6 Green H, McGinnity A, Meltzer H, Ford T and Goodman R (2005) *Mental health of children and young people in Great Britain 2004*. London: ONS
- 7 Moran P et al (2012) The natural history of self-harm from adolescence to young adulthood: a population-based cohort study. *The Lancet*, 379, 236-42
- 8 Stallard P, Spears M, Montgomery A, Phillips R, Sayal K (2013) Self-harm in young adolescents (12-16 years): onset and short-term continuation in a community sample. *BMC Psychiatry*, 13, 328
- 9 Chief Medical Officer (2013) *Our children deserve better: Prevention pays*. London: DH
- 10 Freer M (2012) *A toolkit for GPs; The mental health consultation (with a young person)*. Charlie Waller Trust and Royal College of General Practitioners
- 11 NICE (205) *Depression in children and young people*. Clinical Guideline 28. London: NICE
- 12 Roberts J, Crosland A, Fulton J (2013) "I think this may be our Achilles heel..." Exploring GPs' responses to young people presenting with emotional distress in general practice: A qualitative study. *BMJ Open*, 3(9)
- 13 Sayal K and Taylor E (2004) Detection of child mental health disorders by general practitioners. *British Journal of General Practice*, 54 348-352
- 14 Singh S, Paul M, Ford T, Kramer T, Weaver T et al (2010) Process, outcome and experience of transition from child to adult mental healthcare: multiperspective study. *British Journal of Psychiatry*, 197, 305-312
- 15 Goldenring J, Rosen D (2004) Getting into adolescent heads: an essential update. *Contm Pediatr*, 21, 64-90
- 16 NICE (2010) Promoting the quality of life of looked-after children and young people. London: NICE

## Conclusion

The most frequent mental health problems teenagers include anxiety and depression, eating disorders, conduct disorder, attention deficit and hyperactivity disorder and self-harm. Young people can also present with the early symptoms of rarer psychotic disorders such as schizophrenia. Recognising these kinds of emerging problems and helping young people to get access to support and services is critical for future life chances, wellbeing, and costs to society. There is a wide spectrum of problems, from the relatively transient response to immediate life stress to the more serious and persistent disorders that may need to be managed longterm through adulthood. Young people need flexible and responsive services that can help them navigate their way through their teens.

Generally speaking, swift intervention (often based on cognitive behavioural therapy principles) from trained and sympathetic professionals is the best option, but there are many new on-line self-help resources available that show promise in helping some young people to help themselves. This may be particularly the case for those who do not meet the criteria for formal NHS intervention.

## For more information

Full length versions of all our research updates are available to members on our website ([www.ayph.org.uk](http://www.ayph.org.uk)). Summaries of all previous updates are available in the research section of the site, and on the Child and Maternal Health Intelligence Network website [www.chimat.org.uk](http://www.chimat.org.uk).

## Consultancy and training

We offer consultancy and training designed around your needs. We have a range of expertise from the field and all our work reflects the latest research findings and issues that impact on practice. For more information email us at [info@youngpeopleshealth.org.uk](mailto:info@youngpeopleshealth.org.uk)

**Follow @AYPHcharity on Twitter** Find out what's going on in the field by following us on Twitter, Facebook and getting free monthly emails.

**This Research Update has been produced with the support of the Child and Maternal Health Intelligence Network, Public Health England ([www.chimat.org.uk](http://www.chimat.org.uk))**

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

The opinions and views expressed in this Research Update are the opinions of the designated authors and do not reflect the opinions or views of any part of PHE or any other individual or organisation

