## UK adolescent mental ill health rising

Harvey Thompson 4 November 2004

A new report into the rise of mental illness amongst teenagers in the UK makes compelling reading. The report, "Time Trends in Adolescent Mental Health," to be published in the *Journal of Child Psychology and Psychiatry* this month, examined the parental responses to groups of 15-year-olds in the years 1974, 1986 and 1999.

The results over the 25-year period indicated that the mental health of adolescents in the UK declined overall, illustrating that "children in their teens in the 1990s were more likely to show a range of difficulties than those in their teens in the mid 1970s." The findings also confirm the World Health Organisation's warning last year that the fastest-growing mental health problem in the world, and particularly in the developed world, was among adolescents.

Among the reports key findings were:

- \* Behavioural problems amongst adolescents have more than doubled over the last 25 years, while emotional problems haves increased by 70 percent over the same period.
- \* Adolescent emotional problems (such as depression and anxiety) have increased for both girls and boys since the mid-1980s.
- \* Adolescent conduct problems showed a continuous rise for both boys and girls over the whole 25-year study period (this seems to be an increase in non-aggressive conduct problems such as lying, stealing and disobedience, rather than aggressive problems such as fighting).
- \* One in ten children aged 11-15 years suffer from clinically significant levels of emotional and behavioural difficulties (the rate for emotional problems is now running at one in five of 15-year-old girls).
- \* The strength of associations between these problems and poor outcomes later in adulthood have remained similar over time, suggesting that the results

are not attributable to changes in the thresholds for what is counted as a problem—i.e., they are not the result of an increasing tendency for parents to rate teenagers as problematic, but the result of real changes in problem levels.

\* Changes in socioeconomic indicators were not the main reason, although the report states that there is now a social class gradient in emotional difficulties that was not there before.

The report generally avoids examining the actual causes of mental ill health amongst adolescents, but it does note that many while more children stay on at school, this is partly for lack of alternatives, due to the poor employment situation, and takes place under conditions of high unemployment rates and other social problems such as family breakdown, an increasing risk of imprisonment, and the growing use of drugs and alcohol.

The failure to examine the possible causes of rising levels of mental ill health amongst adolescents provoked much critical commentary, even from those who welcomed efforts to draw attention to the problem.

Sharon Witherspoon, deputy director of the Nuffield Foundation, said, "We are doing something peculiarly unhelpful for adolescent mental health in Britain. This is not a trend which is driven by a small number of kids who are getting worse...but a more widespread malaise."

Dr. Andrew McCulloch of the Mental Health Foundation (MHF) noted what he described as a "shocking decline in the mental health of our teenagers." He continued, "The epidemic of self-harm among young people in the UK may only be a precursor to a mental-health crisis among this generation. The MHF research puts the cost of mental illness in the UK at £93 billion a year, and it is rising. The cost of mental illness is greater than the total cost of crime, and larger than the total spent on the NHS and

social services, yet just under 12 percent of all spending on health and social care is devoted to mental health services."

Scarcely a word is said in the Nuffield report about the impact of modern education procedures on adolescents. Today, children are tested at the ages of 7, 11, 14, 16, 17 and 18. It has been estimated that if a child leaves education after their A-levels (usually around 18 years of age)—including revision time—during their life at school a whole year will have been subsumed in tests. This testing, targeting and categorisation form part of the conveyor belt to academic failure, to which 60 percent of school children are routinely led. The net result is a huge increase in anxiety and depression amongst teenagers at an already stressful time in their lives.

Today's adolescents also face the bleakest employment prospects for several generations. The fact that this now means that they are unable to leave home as early as the previous generation did inevitably leads to an increase in sometimes already-strained parent/child relationships.

Ann Hagell, editor of the *Journal of Adolescence*, explained, "The average age of leaving home is 23 or 24, yet we still haven't caught up with that.

"Young people are not really working, and not living in their own homes and the anticipation of that is distressing for teenagers. Add to that the reduction of employment levels of graduates. At 15 or 16, there's a real struggle ahead for five years over debt, how you are going to succeed and get settled. We have high expectations of responsibility, independence and academic achievement of our teenagers without the other side of the equation, giving them the means to achieve that."

It has become increasingly difficult over the past 25 years for youngsters to find the stable employment that existed previously and so establish any kind of economic independence from their families. As Tom Wylie of the National Youth Agency notes, "Transitions to adulthood are not just longer, they are also reversible—teenagers move out of the family to take a job but it doesn't work out and they have to move back home. All of that turbulence has become sharper."

Added to this is the fact that half of all children (before they reach 16 years of age) now experience the breakdown of their parents' relationship. The director

of the Trust for the study of Adolescence, John Coleman, stressed the importance of family changes in relation to adolescent well-being: "The changing nature of the family is central. Teenagers are affected by instability of family life which causes a lot of difficulty; it muddles up roles, and there is not the support for young people as previously."

"Time Trends in Adolescent Mental Health" can be viewed at:

http://www.ingenta.com/isis/searching/Search/ingenta;j sessionid

=q4fjgoz27ynj.crescent?form\_name=sidebar&title=tim e+trends

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