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The adolescent mental health crisis – we need to understand the causes to inform prevention

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Universities UK recently reported a five-fold increase in the number of students disclosing mental health conditions since 2006 and growing pressures on student mental health services, despite only modest rises in student numbers[1]. An increasing number of UK and international studies indicate that affective disorders in young people are rising substantially, particularly amongst females[2]; a recent UK analysis reported a 68% increase in hospital self-harm presentations in 13-16 year-old girls between 2011-2014[3].

Causes for the rise are uncertain. Some studies point to an increase in presentation and diagnosis, rather than a true rise in incidence[4]. Rises in self-reported problems may partly reflect greater willingness to share feelings, such as suicidal thoughts, due to improved mental health literacy. If the rise reflects a real deterioration in the mental health of young people, there are a number of possible explanations.

The young people affected are 'generation-Z', born in the mid-1990s and early 2000s - growing up in the age of social media, the great recession (2008), increases in family breakdown, rises in international terrorism, and, in the UK, student debt and predicted gaps in prosperity between them and their parents [5]. Academic pressures at school cause stress and the UK Government has placed increased emphasis on testing in recent years. Many of these phenomena affect both boys and girls, although some factors, such as school performance pressures and lower family income, may be more strongly felt by girls[6,7].

Explanations of the adverse trends need to look beyond well recognised risk factors for poor mental health such as abuse and trauma, to consideration of issues that have risen in recent decades, that affect countries beyond the UK, and that impact girls more than boys.

One such explanation is the rise in young people's social media use following the launch of Facebook(2004), Snapchat(2011) and other platforms. Social media use may result in less in-person communication, over-dependency on being "liked" for social validation[8] and pressure to keep up with discussions 24/7, leading to poor sleep[9]. Recent research provides some support for these concerns, with a greater impact on females than males[10,11]. But a deeper understanding of risks and benefits is required and concerns must be balanced against the positive aspects of Internet access, including crisis support, reduction of social isolation, and therapy provision[12].

The UK Government's recent Green Paper on Children and Young People's mental health committed £1.4 billion to this area over five years. It largely focused on improving funding for frontline mental health services and training non-health professionals such as teachers in recognizing and responding to those experiencing problems as well as incentivizing schools to appoint a mental health lead[13]. This represents an important shift in focus from health services to schools, but as the Select Committee responses to the Green Paper highlight, will place an additional, potentially unwelcome pressure, on already stretched teachers[14].

Whilst this focus on improving services and support is welcome, and highlights the costs of managing the crisis in our young people's mental health, we also urgently need research to better understand the *underlying causes* of recent trends to underpin the development of effective prevention strategies – an area given little emphasis in the Green Paper[13]. Half of all mental illnesses begin before age 14 and research into the mental health of young people is underfunded[15].

The focus of research might include use of natural experiments to compare trends in mental health and possible risk factors in different settings/countries with differing trends in these measures. Longitudinal studies are needed to clarify factors associated with risk and resilience – in particular sex-differences in exposures and mental health outcomes. Due to rapid changes in the environment

and information technology, care must be taken to ensure findings are applicable to the cohorts at risk. Qualitative research could illuminate differences in girls' and boys' exposure to possible risk factors such as social media and school pressures, as well as the impact these have upon them. Causality is difficult to determine using observational research, so intervention studies, targeting possible risk factors, may be one way forward.

Research would underpin the development of a long-term vision and framework for children and young people's wellbeing, based on the principle that we all have mental health. A whole population/organisation approach is required, including schools, universities, workplaces, Jobcentres and homes, which would result in emotional wellbeing and mental health being the foundation of our children's experiences through all life stages and transitions. This would build a generation of young people with a deep understanding of the importance of their own and others' mental health, the skills required to keep healthy, as well as awareness of the signs of being unwell, so that they can seek help earlier and respond better to those in difficulty around them.

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