

Trends in youth mental health: priorities for future research

Stephan Collishaw
Cardiff University

collishaws@cardiff.ac.uk

Outline

- Importance of youth mental health
- Trends in prevalence and outcomes
- Research Priorities
 - Reasons for trends
 - Impact, outcomes and prognosis
 - A global perspective
 - Methodology

Child and adolescent psychiatric disorders: Burden and prognosis

- 1 in 10 adolescents has a psychiatric disorder; 4 million+ in Europe alone
- Major impacts on family life, friendships, education and health
- Self harm and suicide (a leading cause of death in young people)
- Long-term costs for individuals and society
 - Persistence and recurrence (>50% of adult disorders onset <18 years)
 - Families, employment, civic participation, chronic disease and mortality
 - Economic burden (global costs of mental disorders US\$16 trillion 2010-2030)
- A major public health problem

Trends in mental health diagnoses and treatment:

- Substantial increases globally
- Similar pattern in most countries

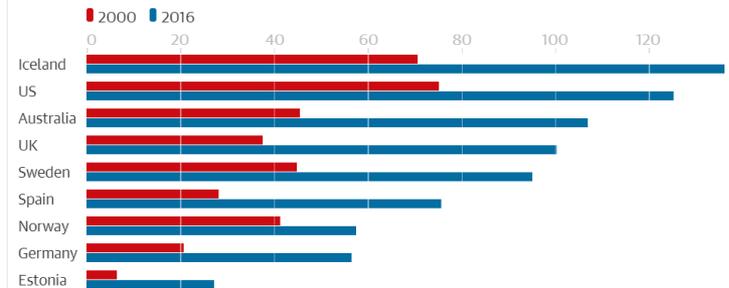
Why?

- Changing diagnostic criteria
- Greater clinical recognition & public awareness
- Treatment availability and perceived efficacy

Majority still don't access services

Antidepressant prescription has soared across the rich world in the 21st century

Defined daily dosage per 1,000 people per day



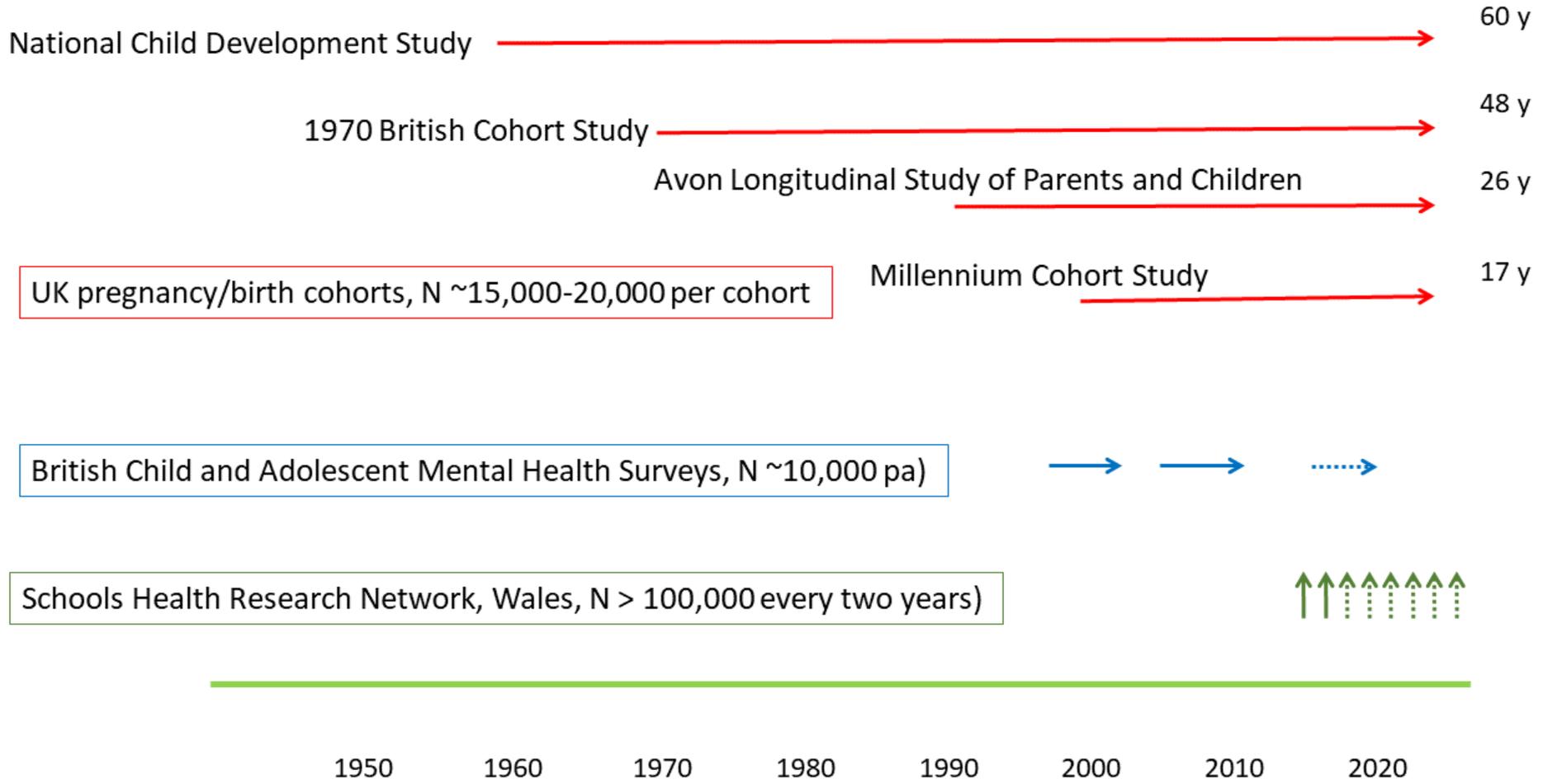
Guardian graphic | Source: OECD. Note: According to the World Health Organization, defined daily dosage is the assumed average maintenance dose per day for a drug used for its main indication in adults



Has the prevalence of mental health problems really changed?

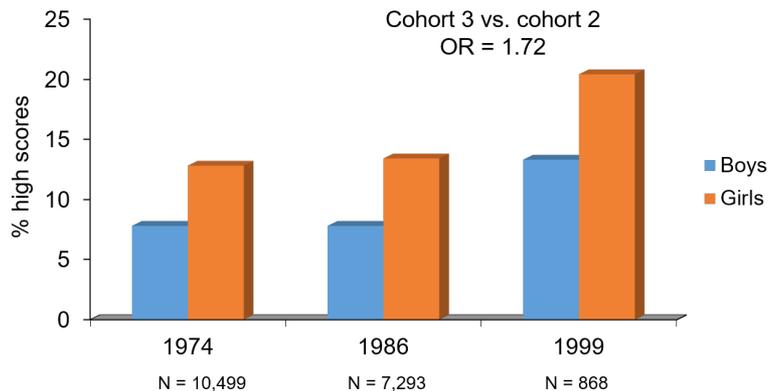
Evidence from 'unselected' population samples

UK population-based surveys



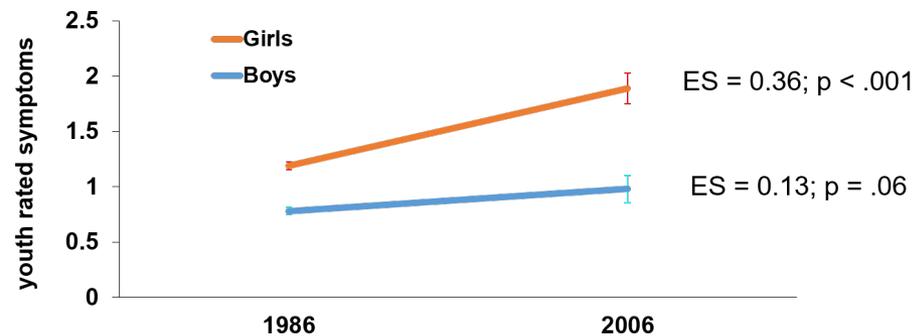
Trends in adolescent emotional problems in UK

Emotional problems: high scores
(parent reports)



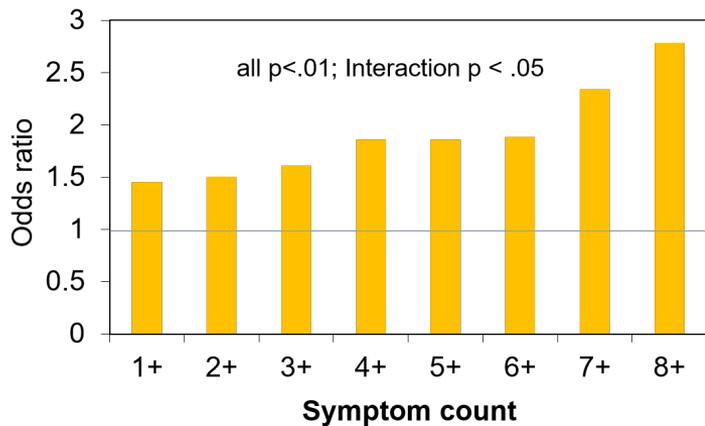
Collishaw et al, 2004

Emotional problems: DSM symptoms
(youth reports)



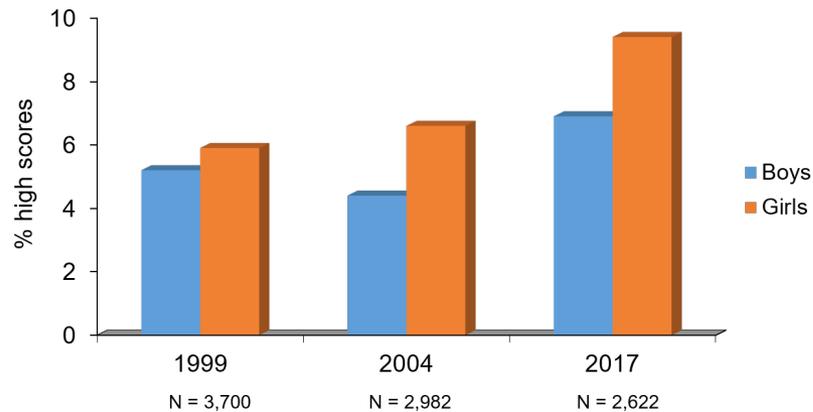
Collishaw et al., 2010

Cohort differences by severity (2006 vs 1986)



Collishaw et al, 2010

Emotional problems: DSM disorder
(11-15 year olds)



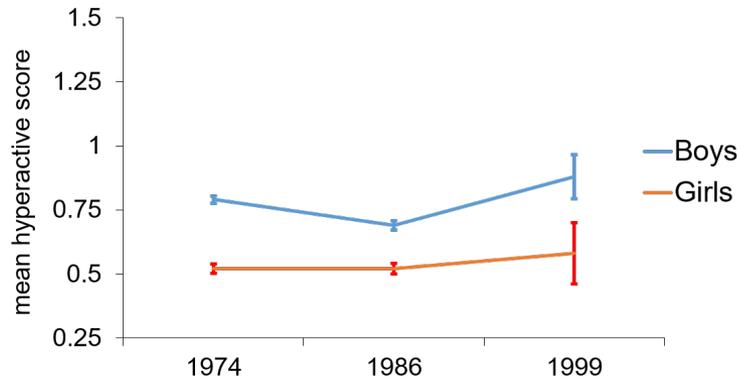
Sadler et al, 2018

I. Reasons for trends

Are people just more open about reporting problems?

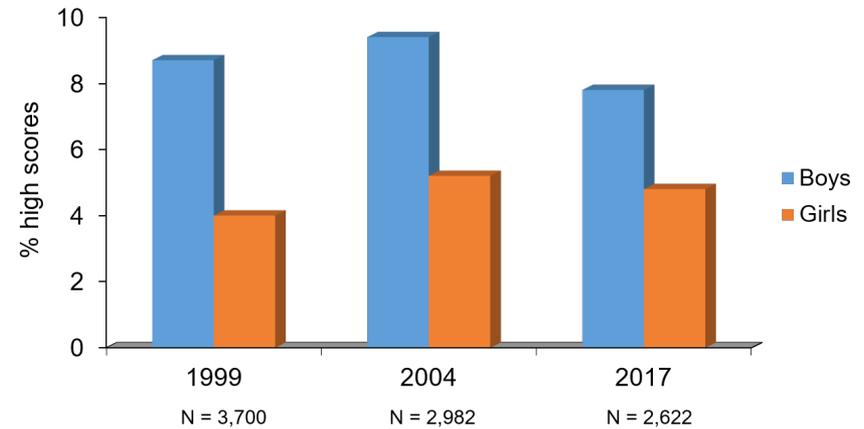
Cross-cohort comparisons: evidence for specificity

Hyperactivity: mean scores
(parent reports)



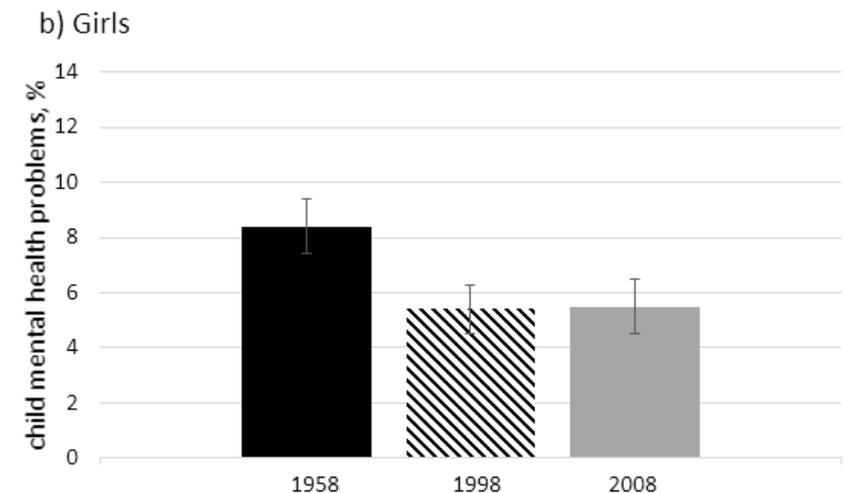
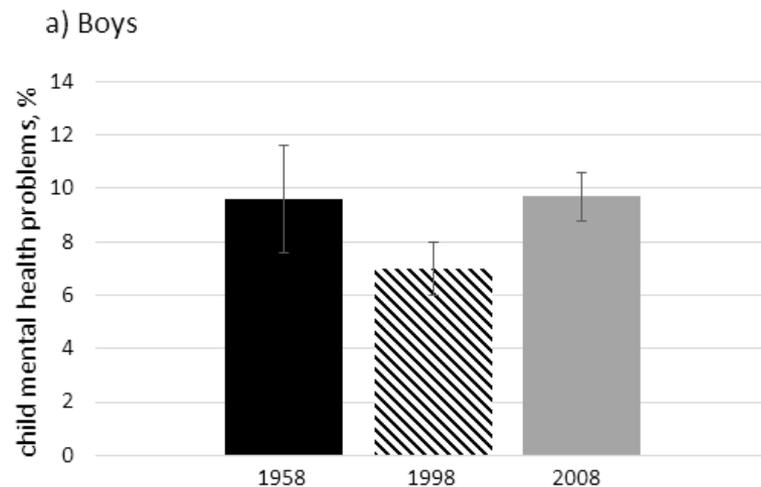
Collishaw et al, 2004

Behavioural disorders: DSM disorder
(11-15 year olds)



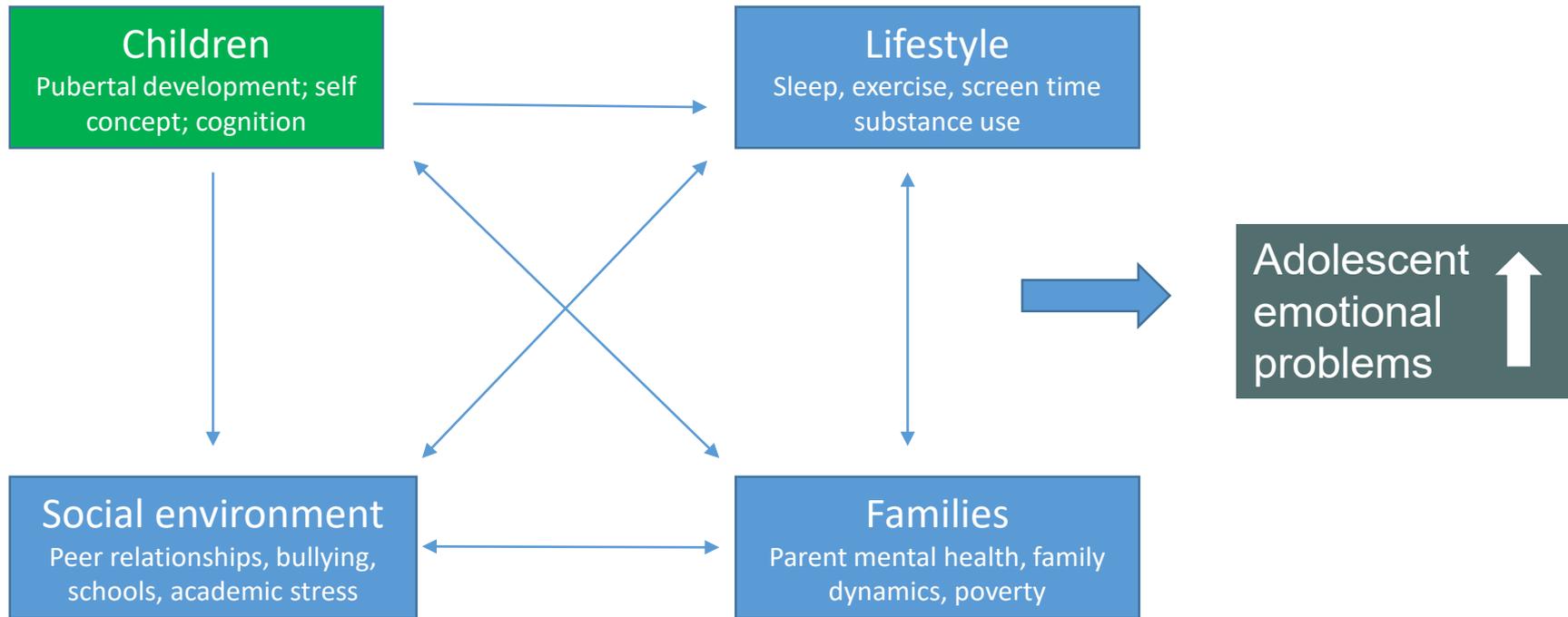
Sadler et al, 2018

Child problems (7 years), parent reports (1965-2008)



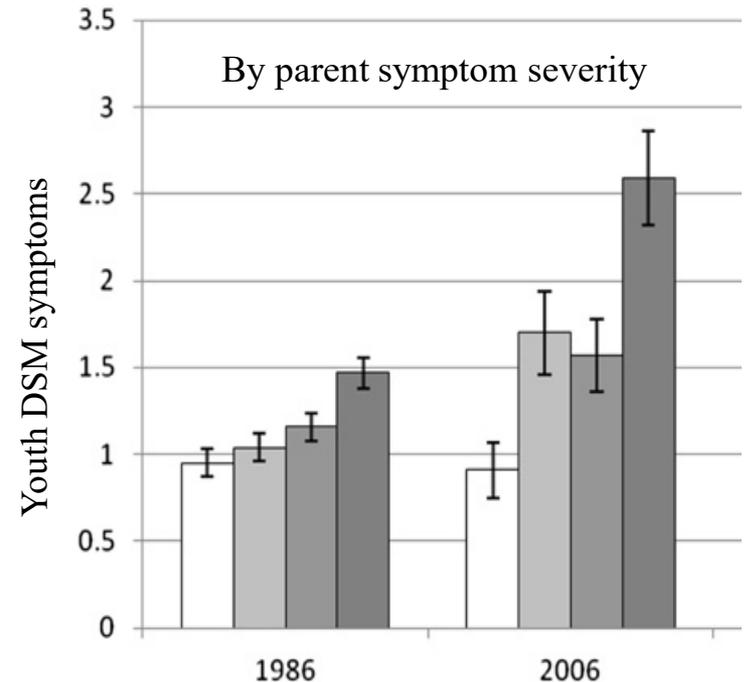
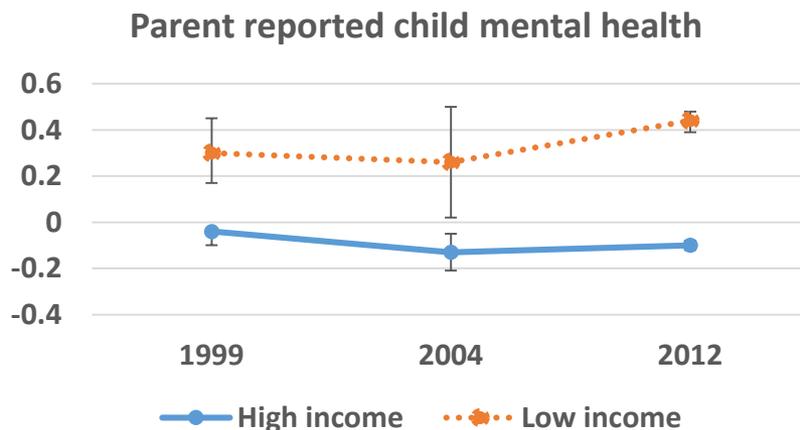
Sellers et al., 2019

I. Reasons for trends – changes in social risk



One example: Trends in family life

- Multi-faceted changes in family life which have impacted on trends in adolescent emotional problems
- Inter-generational effects
- Increasing family poverty /inequalities
- Changes in family structure and parenting?



Schepman et al., 2013

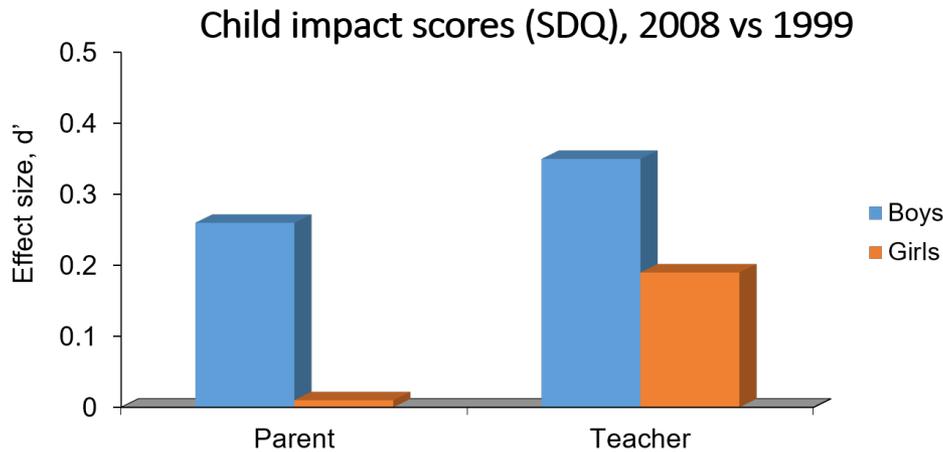
II Impact, outcomes and prognosis

II Impact, outcomes and prognosis

- Most studies focused on prevalence trends
- What about young people who do have mental health problems?
- Is their functioning better than in the past?
- Particularly interesting to where repeat cohorts have longitudinal data
– test trends in prognosis and outcomes

Very few studies of this kind, some indicative findings from our group...

Cross-cohort comparisons: impact and outcomes



Increasing 'impact' of mental health problems in childhood (despite lack of change in symptom prevalence)

- Child distress
- Classroom learning
- Friendships
- Family relationships

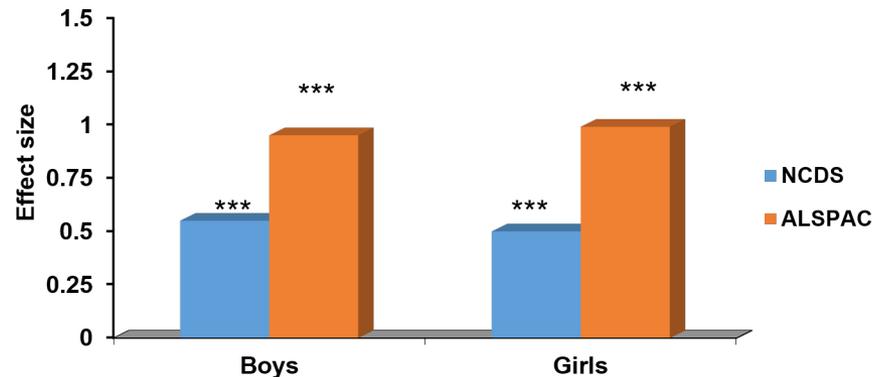
Sellers et al., 2015

1960s/70s vs 1990s/2000s

Markedly poorer outcomes now

- Victimization
- Loneliness
- Exam attainment
- Adolescent mental health

Outcomes for children with mental health problems, age 16 (SDQ total symptoms)



Significant interactions: boys, $p < 0.001$; girls, $p < 0.001$

Sellers et al., 2019

III Need for a global perspective

III Global perspective

- Majority of 2.5 billion children and youth live in LMICs but mental health trends evidence almost exclusively from HICs
- LMICs often experience more rapid and profound social change
- Major challenges: conflict, displacement/migration, rapid urbanisation, natural disasters, climate change
- Global improvements in child physical health (vaccination coverage, neonatal care, nutrition, infectious disease burden)
- In contrast, global burden of disease attributable to mental disorders likely to rise, but accurate estimates impossible
- Critical challenge: expand global coverage of epidemiological data on children's mental health

IV. Methodology

Developing and applying robust methodologies essential

Key challenges:

- Equivalence of sampling in cross-cohort comparisons
(missing data, representativeness)
- Equivalence of measurement
(data harmonization, calibration, measurement invariance, benchmarking)
- Causal inference
(natural experiments, utilizing variation in confounding structures)

Acknowledgements

Ruth Sellers
Anita Thapar
Frances Rice
Ajay Thapar
Kate Langley
Naomi Warne
Emma Furzer

National Centre for Social Research
Department of Health
Medical Research Council
Nuffield Foundation
Waterloo Foundation

Barbara Maughan (KCL)
Andrew Pickles (KCL)
Robert Goodman (KCL)
Tamsin Ford (Exeter)
Ginny Russell (Exeter)
Frances Gardner (Oxford)
Jacqueline Scott (Cambridge)
Simon Murphy & Graham Moore
(DECIPHer)

References

- Bloom et al (2011). The global economic burden of non-communicable diseases. Geneva: World Economic Forum.
- Chorin et al (2015). Trends in adolescents' obesity and the association between BMI and blood pressure. *Am J Hypertension*, 28, 1157-63.
- Collishaw (2015). Annual Research Review: secular trends in child and adolescent mental health. *J Child Psychol Psych*, 56, 370-93.
- Collishaw et al (2004). Time trends in adolescent mental health. *J Child Psychol Psych*, 45, 1350-1362.
- Collishaw et al (2010). Trends in adolescent emotional problems in England. *J Child Psychol Psych*, 51, 885-94.
- Collishaw et al (2019). Brief report: a comparison of child mental health inequalities in three UK population cohorts. *Eur Ch Adol Psych*
- Erskine et al (2017). The global coverage of prevalence data for mental disorders in children and adolescents. *Epi & Psych sci*, 26, 395-402.
- Kim-Cohen et al (2003). Prior juvenile diagnoses in adults with mental disorders. *Archives General Psychiatry*, 60, 709-17
- Lempinen et al (2018). Loneliness and friendships among eight-year old children: Time-trends over a 24-year period. *JCPP*, 59, 171-179
- Maughan et al (2014). Adolescent conduct problems and premature mortality. *Psych Med*, 44, 1077-86.
- Nygren & Hagquist (2017). Self-reported school demands and psychosomatic problems... changes in the association between 1988 and 2011. *Sc J Pub Health*
- Olfson et al (2014). National trends in the mental health care of children, adolescents and adults. *JAMA Psych*, 71, 81-90
- Patalay & Gage (2019). Change in millennial adolescent mental health and health-related behaviours. *IJE*
- Patel et al (2018). The *Lancet* commission on global mental health and sustainable development.
- Patton et al (2016). Our future: a *Lancet* commission on adolescent health and well-being. *Lancet*, 387, 2423-78.
- Potter et al (2012). Missed opportunities mental disorder in children of parents with depression. *BJGP*, 62, e487
- Sadler et al (2018). *Mental Health of Children and Young People in England, 2017*.
- Schepman et al (2013). Do changes in parental mental health explain trends in youth emotional problems? *Soc Sci Med* 73, 293-300.
- Sellers et al (2015). Trends in parent- and teacher-rated emotional, conduct. *J Child Psychol Psych*, 56, 49-57.
- Sellers et al (2019). Cross-cohort change in adolescent outcomes for children with mental health problems. *J Child Psychol Psych*.
- Stephenson et al (2013). Trends in the utilisation of psychotropic medication. *Austr New Zealand J Psychiatry*, 47, 74-87.
- Thapar et al (2012). Depression in adolescence. *Lancet*, 379, 1056-67.
- Tiiri et al (2019). Did bullying-victimization decrease after nationwide school-based anti-bullying program? *JAACAP*
- Twenge et al (2018). Increases in depressive symptoms, suicide-related outcomes, ... links to increased new media screen time. *Clin Psych Sci*, 6, 3-17.
- UN IGME (2018). *Levels and trends in child mortality: Report 2018*. New York: UN Children's Fund
- West & Sweeting (2003). Fifteen, female and stressed. *JCPP*, 44, 399-411
- Windfuhr et al (2008). Suicide in juveniles and adolescents in the United Kingdom. *J Child Psychol Psych*, 49, 1155-65