

## BACCH ASM LEEDS 2009

### PUBLIC HEALTH ASPECTS OF ADOLESCENT HEALTH

(partly through a Welsh lens)



Elspeth Webb, Department of Child Health

“..Tis better to remain silent and be thought a fool, than to open one's mouth and remove all doubt..”

(Samuel Johnson 1709-84)

## Cultural contexts:- their world

- A subculture, with sub-subcultures – language, customs and social norms that are diverse (and different to ours)
  - Attitudes to illicit drugs
  - Attitudes to alcohol
  - Attitudes to sex
  - Attitudes to sexual orientation
  - Attitudes to violence
  - Gender politics

## Political and social contexts

## Education

- Tests and outcomes dominated education system – our version of child labour
- Zealous pursuit of the “inclusion” agenda without sufficient resources, or of teachers’ understanding of the implications of neuro-psychological deficits
  - Experience of secondary school children in mainstream schools with low severity/high frequency problems
  - Children with documented SEN excluded or not attending 2<sup>o</sup> school – anecdotally worryingly high but hard to access the numbers

## Health care

- \*Patchy provision of **YP units**
- \*Where good units are provided: usual to **exclude pregnant girls**
- **Provision gap for 16-18 yr olds in hospital services and CAHMS– not a good age to get sick**
- \***Teenage pregnancy** services not rights led
- **Lack of advocacy services**
- **Services to marginalised groups - absent or temporary**
- \***Drug and alcohol** services in general aimed at adults
- \*Continuing poor track record (with exceptions) on provision of good **transitional care** for disabled or chronically ill

\*In black – no major resource implications

## LAs - provision of services

- Competing with huge needs of elderly population for social care
  - YP budgets vulnerable without ring fencing
- Continuing poor outcomes for those in care system
- Adolescents less well provided for compared to younger children in respect of play and leisure
- Public transport variable in quality and cost
- YP from SE disadvantaged families in very rural areas particularly poorly served

## UNCRC examination of the UK 2008 - some pertinent concluding observations

- Poverty
  - "significant inequalities.... serious implications for children's life chances"
- Discrimination against teenagers
  - mosquito device; negative stereotypes in the media
- Resources
  - 'lack of consistent budgetary analysis and child rights impact assessment makes it difficult to identify how much expenditure is allocated to children ... and whether this serves to effectively implement policies and legislation.'
- Criminal justice system - awful
- Wales - excellent policy but poor implementation – why?

## Wales:- Where do legal and policy frameworks differ to those in England

- UNCRC - much more overt political support for the UNCRC and acceptance of, and commitment to, rights based approaches
- Foundation phase in schools - play based curriculum for 4-6 year olds at school
- Scrapped SATS several years ago
- Extending Entitlement: Services and Support for 11 to 25 year olds in Wales (2002): Designed to secure delivery of youth support services based on ten entitlements for young people (aged 11 to 25).
- Children and Young People: Rights to Action (2004): Establishes commitments to ensure the well-being of children and young people in seven core aims; emphasis on rights not responsibilities

## Rights to Action: Seven Core Aims Map to UNCRC articles

1. Have a flying start in life
2. Have a comprehensive range of education and learning opportunities
3. Enjoy the best possible health and are free from abuse, victimisation and exploitation
4. Have access to play, leisure, sporting and cultural activities
5. Are listened to, treated with respect and have their race and cultural identity recognised;
6. Have a safe home and a community which supports physical and emotional wellbeing
7. Are not disadvantaged by poverty



## 2008 Children and Young People's Well-being Monitor for Wales

The decision to develop the Children and Young People's Well-being Monitor for Wales was made following the publication of the UNICEF (2007) Report Card "An Overview of Child Well-being in Rich Countries". This provides an assessment of the material, physical, social and emotional well-being of children in the UK, but it does not include a breakdown of the data for Wales.

The aim of the Monitor, which will be updated on a regular basis, is to report on the well-being of children and young people (aged 0 to 18 years), using a variety of child well-being indicators and other statistical and research sources.

## Adolescents – current public health concerns in Wales

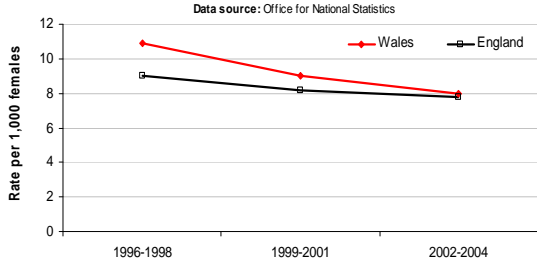
- Mental health problems\*
    - Self harm and suicide
  - Drug and alcohol use and abuse\*
  - Teenage conceptions\*
  - Sexually transmitted diseases\*
  - Obesity
  - Access to services
- \* concerns also raised in Lancet series on adolescent health

## Health Data on adolescents in Wales (and UK)

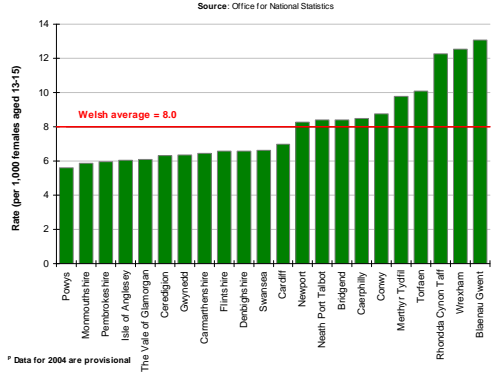
## Mental health

- No comprehensive assessment of this at a population level in Wales as per Meltzer(2000) in England (*Commitment by NPHS and WAG to address this*)
  - High poverty levels and poor educational performance points to relatively high rates of MHD in UK context
- Review by Meltzer of mental health of looked after children (2004) includes Wales – similar issues and prevalence to England and Scotland
- Do you know others that have self harmed? (Wales Children's Commissioner's young carers survey 2009)
  - Yes 80%      No 14%      Didn't answer 6%

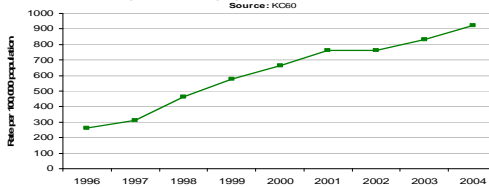
Teenage conception rates, females aged <16, Wales and England, 1996 - 2004



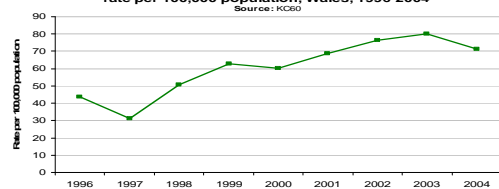
Teenage conception rates, females <16, LHBs, 2002-2004\*



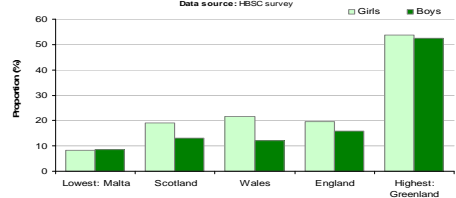
Genital chlamydia diagnosed in females aged 16-19 years, rate per 100,000 population, Wales, 1996-2004



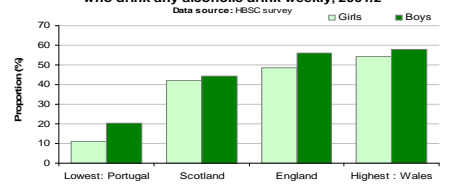
Genital chlamydia diagnosed in females aged 13-15 years, rate per 100,000 population, Wales, 1996-2004

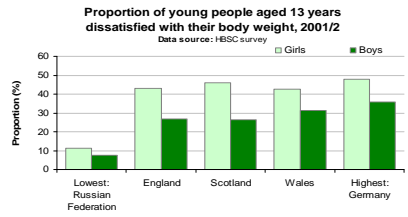
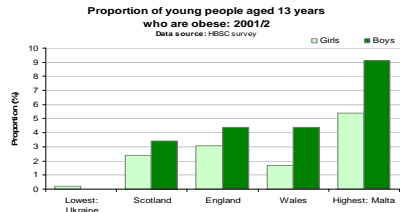
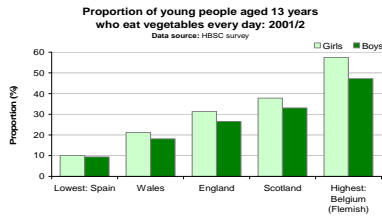
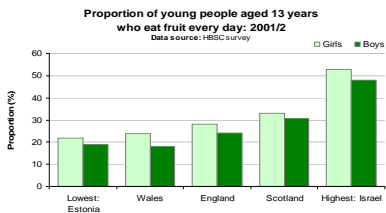


Proportion of young people aged 15 years who smoke every day, 2001/2



Proportion of young people aged 15 years who drink any alcoholic drink weekly, 2001/2

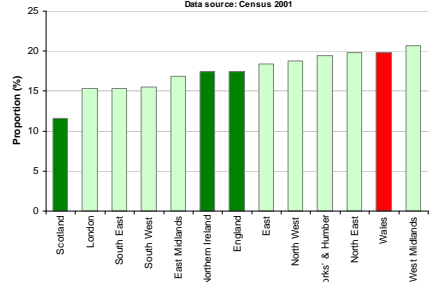




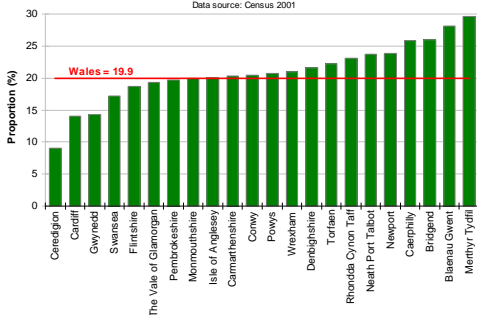
## Social proxies for adolescent health

- Poor educational outcomes
- Unemployment
- Crime and delinquency
- Poor access to play and leisure
- Violence
  - ▣ Knife crime
  - ▣ Sexual violence

**Persons aged 16-24 with no educational, vocational or professional qualifications, UK nations, 2001**  
Data source: Census 2001



**Persons aged 16-24 with no educational, vocational or professional qualifications, Wales LHBs, 2001**  
Data source: Census 2001



## Unemployment

- International comparisons show that Wales has a relatively high proportion of young people not in employment, education or training, at around a tenth of 16 to 18 year olds in 2006.
- youth unemployment (i.e. 16 to 24 year olds) in Wales is 17.6 per cent of the economically active, above the UK average of 15.0 per cent. (varies from about 8% in Flint to about 25% in Pembrokeshire and Merthyr)

## Youth (in)justice

### Sources:

- Barnardo's
- Youth Justice Board for England and Wales
- Prison reform trust (Children: Innocent until proven guilty?)

## Adolescents and the criminal justice system

- Age of criminal responsibility
  - 10 England and Wales
  - 8 in Scotland but soon to rise to 12
  - 14 -16 in most other western European countries
- Because statistics collected for 10-25 year olds it is difficult to assess what proportion of all crimes are committed by adolescents, as these figures contain adults, children and adolescents
- We do have figures for those who come into contact with the CJS, their characteristics, and how we respond as a society

## ASBOs - civil orders that can apply to anyone from 10 years of age

- Steady increase in ASBOs and proportion given to children
- In Wales an ASBO on one young person (10-17) in 2000; by 2005 risen to 88/2000. Just over 1/2 of all ASBOs were on young people (situation worse in England)
- A custodial sentence can ensue for breaches.
- Difficulty in understanding the prohibitions → ↑ likelihood of breach (c.f. learning difficulties/mental health problems.)
- Presumption towards media reporting continues – denial of privacy.

## Custody for children

- Rose by around 90% in England and Wales between 1992 and 2001.
- 80 -90% of children held in prison department units.
- 14 self-inflicted deaths in custody between 1998 & 2005
- Children continue to be sentenced in greater numbers, **at lower ages and for less serious offences** than was the case prior to the last UK report to the UNCRC.
- In Wales in 2005/6 there were 295 remand episodes and 460 custodial sentences involving C&YP. There are estimated to be 180 to 190 young people in custody from Wales at any one time, most in England

## An already disadvantaged population

- 30-40% been in care.
- 30% not been in education prior to sentencing (if 16/17 poor access to CAMHS)
- Up to 85% have some sort of mental health or neuro-developmental disorder
  - Studies show a worryingly high level of previously undiagnosed neuro-developmental problems ( e.g. IQ< 70; Asperger; dyslexia; SALD; ADHD) for children in contact with YOTs.
- 40% boys and 25% of girls reported violence at home.
- 30% girls and 5% boys reported sexual abuse of some form.

## Overuse of remand

- One fifth of children in custody in England and Wales are locked up on remand – approximately 600 at any one time
- Three quarters of these are acquitted or given a community sentence
- The number imprisoned on custodial remand has increased by 41% since 2000
- Use of the important alternative to custodial remand – remand to non-secure local authority accommodation (RLAA) – has declined by 43% in the last four years
- In the year 2008/9, 844 children were locked up on remand for a week or less.

## Risk factors for poor adolescent health

Most have their main impact in early life

Early intervention just as key for late childhood as it is for early childhood

- ▣ Neglect
- ▣ Poor educational experiences/outcomes
- ▣ Dysfunctional communities
- ▣ Dysfunctional/violent families
- ▣ Subtle neuro-developmental difficulties
- ▣ Racial discrimination
- ▣ Social exclusion
  - ▣ Severe/persistent poverty
  - ▣ In care
  - ▣ Not in school
  - ▣ ME status e.g. Gypsy-travellers
  - ▣ Young carer
  - ▣ Disabled
  - ▣ Rural and poor



## Whose fault?

- ▣ Child poverty: a policy choice of governments
  - ▣ Free markets are bad for children.
- ▣ Overwhelming evidence of harm
  - ▣ Mild LDs, poor school outcomes, Emotional and behavioural problems, male suicide, drug and alcohol abuse, smoking, teenage pregnancy, STDs, delinquency
- ▣ Societal responses to individual adolescents experiencing these outcomes is blaming, stigmatising, and excluding

## Where to now

Rights based approaches to  
Research, Intervention, and Prevention

## Research

- ▣ What is the problem
  - ▣ already know a lot of this, and shouldn't waste resources continuously re-measuring inequalities
- ▣ Why is it a problem
  - ▣ Less clear - pathways immensely complex
- ▣ What works in resolving it
  - ▣ international group, led by Nick Spencer, and colleagues in US and Canada, addressing this for inequalities

provision

protection

participation

## Prevention

- ▣ Focus on younger children
  - ▣ Reduce socio-economic inequalities ( Marmot review see BACCH magazine)
  - ▣ Universal early years support and services but with plug-ins for marginalised families
  - ▣ Less structured early years education
  - ▣ Earlier and appropriate sexual health education
  - ▣ Child friendly built environments – play and activity
  - ▣ Rights led schools

provision

protection

participation

## Interventions

### 1. socio-political

- Government commitment to implement the UNCRC
  - Include young people within equality legislation (i.e. make discrimination against C&YP illegal)
  - Respect and value, rather than demonise, adolescence
  - Increase age of criminal responsibility with therapeutic CJ approaches which uphold rights of YP
  - Improve access to affordable play and leisure
  - Radically rethink post–eleven education - currently it lets down children at the edges and isn't that great for anyone

provision

protection

participation

## Interventions

### 2. health care

- Comprehensive adolescent health services without criteria driven access
  - Includes mental health
  - No exclusions based on condition
  - No exclusions based on age
- Services built around respect for rights and autonomy
- Develop rights-led interventions to public health problems related to inequality and social injustice (see the work of Jeff Goldhagen) and move away from victim blaming behaviourist approaches

provision

protection

participation

Pubertal transitions in health  
George C Patton, Russell Viner  
[Summary](#) | [Full Text](#) | [PDF](#)

Global perspectives on the sexual and reproductive health of adolescents: patterns, prevention, and potential  
Linda H Bearinger, Renee E Sleiving, Jane Ferguson, Vinit Sharma  
[Summary](#) | [Full Text](#) | [PDF](#)

Mental health of young people: a global public-health challenge  
Vikram Patel, Alan J Flisher, Sarah Hetrick, Patrick McGorry  
[Summary](#) | [Full Text](#) | [PDF](#)

Interventions to reduce harm associated with adolescent substance use  
JW Toumbourou, T Stockwell, C Neighbors, GA Mariatt, J Sturge, J Rehm  
[Summary](#) | [Full Text](#) | [PDF](#)

Adolescents with a chronic condition: challenges living, challenges treating  
Susan M Sawyer, Sarah Drew, Michele S Yeo, Maria T Britto  
[Summary](#) | [Full Text](#) | [PDF](#)

Youth-friendly primary-care services: how are we doing and what more needs to be done?  
Andre Tylee, Dagmar M Haller, Tanya Graham, Rachel Churchill, Lena A Sancu  
[Summary](#) | [Full Text](#) | [PDF](#)

<http://www.statistics.gov.uk/childcare/>

## Full of care – survey of the experiences of young carers in Wales Children's commissioner June 09

Do you feel safe in your:	home	community?
□ always	49%	16%
□ most of the time	32%	32%
□ sometimes	11%	28%
□ <b>hardly ever</b>	<b>2%</b>	<b>11%</b>
□ <b>never</b>	<b>4%</b>	<b>8%</b>
□ didn't answer	2%	5%
□ total	100%	100%

## How safe do you feel

in school/ college with your social worker?

□ Very safe	27%	17%
□ Quite safe	32%	13%
□ Doesn't apply to me	9%	51%
□ <b>Not very safe</b>	<b>18%</b>	<b>7%</b>
□ <b>Very unsafe</b>	<b>7%</b>	<b>6%</b>
□ didn't answer	7%	6%
□ TOTAL	100%	100%

## Do you ever experience drug use in your home?

□ <b>Always</b>	<b>4%</b>
□ <b>most of the time</b>	<b>2%</b>
□ sometimes	5%
□ hardly ever	4%
□ never	80%
□ didn't answer	5%
□ total	100%

## What do you hope for most in the future?

<input type="checkbox"/> <b>To be rich</b>	<b>26%</b>
<input type="checkbox"/> To have a good family	23%
<input type="checkbox"/> To be famous	17%
<input type="checkbox"/> To be healthy	17%
<input type="checkbox"/> To have lots of friends	12%
<input type="checkbox"/> Didn't answer	5%
<input type="checkbox"/> TOTAL	100%