

Crossing Channels

Interdisciplinary answers to today's challenging questions

A Podcast series hosted by **Richard Westcott**

Presented by

Bennett Institute for Public Policy Cambridge

Institute for Advanced Study in Toulouse

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Season 4 - Episode 2

WHAT IS HAPPENING TO YOUNG PEOPLE'S MENTAL HEALTH?

With

Olympia Campbell, IAST

Gordon Harold, University of Cambridge

Anna Moore, University of Cambridge

S04E02: What is happening to young people's mental health?

HOST

Richard Westcott (University of Cambridge)

GUEST SPEAKERS

Anna Moore (University of Cambridge), Gordon Harold (University of Cambridge), Olympia Campbell (IAST)

Richard Westcott 00:07

Hello and welcome to Crossing Channels. I'm Richard Westcott. Now what is happening to young people's mental health? That's the subject of the latest in our podcast collaboration between Cambridge University's Bennett Institute for Public Policy and the Institute for Advanced Study in Toulouse. As ever, we're going to use the interdisciplinary strengths of both institutions to explore a complex issue. Is mental health getting worse amongst young people, or are we just getting better at identifying it? What are the key determinants, and then what policy can do for better access to support and services.

Richard Westcott 00:56

So to explore these issues, we have Gordon Harold and Anna Moore from Cambridge University. Gordon, why don't you start us off? What does your research focus on?

Gordon Harold 01:05

So my research primarily focuses on examining how family relationship dynamics affect young people's mental health and how environmental factors work with biological genetic factors, again, in explaining the development of mental health problems for young people.

Richard Westcott 01:18

And Anna, what's the central focus of your research?

Anna Moore 01:20

Well, we're trying to develop new, digitally supported clinical pathways for Child Mental Health, with the aim of identifying children and young people with mental health problems really early and thinking about how we can get them into care very quickly. And we're using data, big data, to try and help us do that.

Richard Westcott 01:38

And joining us from the IAST, we have Olympia Campbell. Now, Olympia, remind us of your main research interests.

Olympia Campbell 01:45

So my research tends to focus on gender biased outcomes. So whenever there are outcomes that differ between men and women, and what the kind of environmental and ecological drivers of those gaps are.

Richard Westcott 01:59

Great. So a huge topic, and in recent years, there have been increasing concerns about the mental health outcomes of young adults. So according to the World Health Organization, one in seven adolescents experiences mental health conditions. And according to [a new survey in England](#), about one in five children and young people aged between eight and 25 years had a probable mental health disorder. So, big question: Is our children's mental health getting worse, or are we simply better at identifying it? Gordon?

Gordon Harold 02:31

So interestingly, mental health disorders are now recognized as the leading cause of disability in the United Kingdom, affecting one in four people across their lifespan. As you correctly said, it's estimated in the UK that children under the age of 18 years experience problems one in five to one in ten, including anxiety, depression, conduct problem, self harm, psychosis and suicide. And actually, it's now estimated that greater than 70% of serious psychiatric illness in adulthood is in place before the age of 18 years. There is a debate about whether mental health problems are going up or if there is simply greater awareness. So noting difficulties in determining whether recent estimates of our problems getting worse, or is there simply a greater awareness, it's probably noteworthy to highlight that there's been a three fold increase in the number of teenagers who report self harm in England in the last decade—one in five in 15 year olds. Suicide is now the second leading cause of death for young people under the age of 20 years. And the UK prevalence for anxiety depression is among the highest in young people age between 5 and 18, living in OECD countries. So all the longitudinal evidence would suggest that actually mental health problems getting worse.

Richard Westcott 03:41

Because anyone with children, and I am also a governor of a school, and I have teenage children, sees a very different world to the world they grew up in. And it can be confusing, because the kids are very, very knowledgeable, thanks to the internet as well, about the kinds of things they might be suffering from. Big an issue is that do you think? There's an increased awareness with things they see online.

Gordon Harold 04:01

The current generation of young people- primary, secondary school young people- would be perhaps the most informed generation around the topic of mental health than any previous generation. That, however, doesn't detract from the fact that they are still very young people and require support and understanding when it comes to experiencing supporting their mental health symptoms, mental health problems. That, of course, poses a significant challenge. It's also a significant opportunity, because we have the opportunity to inform young people themselves, but also those most important in supporting young people, parents, carers, teachers, other professionals, as to what mental health problems look like, what signs, signals can be picked up early, and how you offer support in a way that is targeted and ultimately improves the quality of life of those young people.

Richard Westcott 04:47

That's really interesting. You talk about their help for teachers and parents, this is where Anna comes in. Anna, you're working on this amazing project, and it's all about using data to flag up earlier when children might have a problem. Can you explain what data you're using and how your system will work?

Anna Moore 05:05

So one of the big challenges when we're building technologies that involve data is that we need to build a solution that can use data that we've got available easily to us. So if we create something where we have to go and do lots of special, expensive, time consuming tests, it probably won't get used, and all the evidence shows it won't. So what we're doing is trying to bring together the data that's routinely collected about children just through their day to day life and the interactions they have with statutory services. So whether that be their GP, their health system, schools, in some cases, early help, social care systems, community service, health visitors. Bringing that to get data together in a de-identified way, in a secure NHS level security environment, so that we can see if we can spot patterns in that data to see are there signs of young people having a mental health problem early that we can pick up. And one of the things that we're really trying to tackle is that we know that most young people don't have contact with people who can diagnose mental health problems, because, of course, all the issues that we're talking about in terms of identifying these are diagnosable mental health problems. This isn't just people feeling a bit sad for all bit sad for a while or or having poor well beings as diagnosable mental health problems that we're seeing a real increase in. And we want to be able to spot those earlier, so that we can get children to help and support much sooner.

Richard Westcott 06:36

Olympia, I want to talk about your recent paper, because you looked at gender gap, didn't you and its role in adolescent mental health? [There was a huge study](#), 567,000 young people. You looked at 73 different countries, four different mental health issues. Can you sum up what you found?

Olympia Campbell 06:52

I mean, the first thing is that we weren't looking at clinical diagnoses of mental health, and I think that matters when we are trying to answer the question of whether mental health is getting worse or not. Because it really matters whether you're looking at the kind of spectrum of well being, or if you're looking at that tipping point over into clinical depression or clinical anxiety. And so what we asked is kind of three fundamental questions. One is, is there a gender gap in mental health cross culturally? Do girls typically have lower well being than boys? If this gap does exist, is it uniform? Is the gap the same size, everywhere? And then the third thing was, how do the country level, factors like gender equality, associate with this gap? And in the end, what we found is that, yes, girls often do have lower life satisfaction and higher psychological distress. You can think of psychological distress as the same as anxiety and depression. This gap exists across all countries, and our countries in this research covered every continent, but this gap is very variable. Sometimes it's very large and girls have significantly worse well being, and sometimes it's very small. And what we found kind of counter intuitively- but again, these are descriptive results, they're not causal- is that countries with a large with with more gender equality had a larger gap. So girls were doing worse in those countries. So some countries that you might not expect, like the Netherlands, Sweden, Germany and the UK, had some of the largest gaps in psychological distress, and that was really being driven by higher distress for girls and actually lower distress for boys, which was interesting and potentially counter intuitive.

Richard Westcott 08:36

It's really interesting, actually. And again, like you say, not what I would have thought you would have found at all. Did you link it to wealth in any way you talk about gender equality, but where does wealth sit in there?

Olympia Campbell 08:47

Yes, so wealthier countries tend to be those that are more gender equal as well. But the analysis includes all these measures at the same time, and then you sort of see which one explains the most, and gender equality correlates a lot more than just GDP per capita with this gap. But yes, richer countries also have a larger gap, but it's a smaller correlation.

Richard Westcott 09:08

Gordon then I bring you in here to talk a little bit about nature versus nurture, and the role genetics has and the role parenting has in mental health. Can you can you talk us through really what you understand about the role that you know the way you're brought up has compared to some of your genetics.

Gordon Harold 09:24

Sure, so there's been a long standing historical debate about the relative role of genetics or environments, nature versus nurture. We now know quite confidently that nature, genetic risk factors, work together with experiences, everyday lived experiences, environmental factors to either place a young person at greater risk to express and experience mental health problems or to be protected from mental health problems. We know that where there's genetic risk for anxiety, depression, schizophrenia, other areas of mental illness and disorder that environmental factors can activate and exacerbate the severity of those, the onset severity of those particular problems and also protect against. We also

know that where there is not evidence of underlying genetic risk, where a young person experiences trauma or particular adverse childhood experiences, adverse life experiences. Those experiences can precipitate onset of mental health problems, mental illness disorder.

Richard Westcott 10:18

We're learning more and more each week really. It seems about genetics and the role genetics plays in our health. Are you seeing a very speedy change in the way you are understanding the role of genetics in mental health?

Gordon Harold 10:30

Yes, rapid change in the research world in that where, when I was a PhD student, I was trained in the area of family, relationship dynamics and children's mental health. When I used the word genes in my research group, and I wasn't referring to denim, I was told to go off and stand in a corner. So there was quite a competition between, is it genetic or is it environmental? We know, we are very confident it's a combination of both sets of influences. The science behind genetic factors, genetic influences underlying health and mental health, is much more precise today and it was a decade plus or so. Where we are is actually we're getting a greater level of understanding as to what particular factors within environmental when the kind of environmental domain, family factors, peer factors, will turn to eventually digital world factors, how those environmental factors switch on, switch off, work with biological factors to explain why some young people develop problems in the context of stress while others don't. We also have innovative ways of looking at what aspects of children's family environments influence their mental health. For example, working with research designs where children and rearing parents are not genetically related, so they don't share genes. Working with families, for example, in an adoptive context, we have much greater precision as to what really matters in helping but puts children's mental health at risk via their family experiences.

Richard Westcott 11:47

Anna and your experience, are all young people equally at risk of suffering from poor mental health?

Anna Moore 11:52

Well, as a clinician and as an academic, I would say no, and I completely agree with what Gordon saying. So that we know that if you look at a set of difficult life experiences, for example, growing up. So what Gordon says adverse childhood experiences, we know that some people can have really difficult experiences and not end up with a mental health problem, whereas other people can have the same or similar experiences, but end up with quite severe mental health problems. And so to Gordon's point, you know, there's lots of factors that might cause somebody to be resilient or more susceptible to getting a mental health problem. And we know one of those factors is likely to be their genetic makeup. And there could be other things, like family structure, you know. And actually, it's quite exciting point we're at in psychiatry at the moment, in terms of our understanding of the causes of diseases, in that there's all sorts of research that's emerging around the role of inflammatory factors, immunology, gut health. And so what we really need to do is understand how these social and emotional environmental factors interplay with these biological factors to cause susceptibility and resilience to mental health problems. So absolutely, I'd say there's a real variation.

Richard Westcott 13:07

Olympia, we think of this as a modern problem, but is it?

Olympia Campbell 13:11

I'm an anthropologist by training, so a lot of the time when we talk about mental health, we often think about it as a kind of a disease of modernity, and we often talk about the risk factors in the context of modern life. And actually, there's new research coming out that looks at very small scale societies. I'm talking about hunter gatherers, or people still living off the land, subsistence farmers like this group called the Chimane in Bolivia. And they ask them, you know, do you suffer from depression and anxiety? And what they find is that they often suffer from very, very high rates of depression and anxiety, often more than what we find in a kind of high income country, which is, I think, interesting and provides interesting context for when we think about whether this is a new thing, or whether it's something that's been common to humans across their evolutionary history.

Richard Westcott 14:03

Anna, just tell us a little bit about the project that you're coming up with that's going to throw some more light on this.

Anna Moore 14:10

Well, with the NIHR bio resource, we're recruiting the first ever community of young people who are wanting to get involved in health and genetics research, and the idea of that is to really create the opportunity for us to really explore the link between the environmental and social factors and genomics. And, you know, my interest in that will be to look at that in relation to mental health, but the research will be general to pediatrics. So it's really exciting, because it would really give us the opportunity to start to unpick these links in childhood, which is something that just hasn't been done yet in the research. It's all of the research today has really been focused on adults, so it's an exciting point in science we feel.

Richard Westcott 14:51

Lots of people listening will be saying, what about social media? What role does social media play in modern mental health? The negative effects? But also potentially the positive effects. During COVID, my children were able to talk to their friends all the way through lockdowns because they were linked up online. Olympia, what do we know about the impact of social media?

Olympia Campbell 15:11

I mean, I think the public debate on this right now, or it's very intuitive to think that social media has a really negative effect on adolescent mental health. But actually, I think one of the really important points to make is that the research on this is very messy, and the negative effects of social media are often found to not be that strong. And to my understanding, when people do find connections, they're very small. And Amy Orben, who I think is at Cambridge as well, [had a very interesting result](#) that actually wearing glasses had more of a negative effect on a child's mental health than their technology use. So even though there can be a negative correlation, it can often be very, very small, and figuring out which way the direction of this correlation goes is also very difficult. So in other words, I might start to use social media because I have low well being, rather than the social media causing my low well being. And that's where longitudinal data really comes in, because you can track people over time and look at

how their social media usage changes, and then you can get a better understanding of that direction. That's not to say that this, these results can't change. I think one of the very interesting things about technology and social media is that it's very dynamic, and it requires constant algorithmic updating in order to continue to capture that attention. So how social media, how people use social media, changes a lot, and therefore that could also change whether or not we see a negative impact on adolescents or children's mental health.

Richard Westcott 16:44

Now, Gordon, obviously, you know, we've got social media, but we're also using the digital world to help children. So you've got a [project promoting young people's mental health in a digital world](#). Can you tell us about that?

Gordon Harold 16:54

So, excellent points made by Olympia. I think it's very important to differentiate digital world from just social media. You know, the digital world offers huge opportunity in working with supporting, not just young people, adults and others, bringing information to young people, reliable information to young people, engaging in educational experience through digital world developments. Huge potential. Social media as an element of the digital world, as Olympia says, it's quite a messy evidence base around what really matters in terms of supporting young people and also putting young people at risk. It does appear, however, to be the case that true social media use, frequency, content, young people can experience onset mental health problems, irrespective of whether they bring particular mental health problems to social media engagement in the first place. Actually, Amy Orben that Olympia mentioned and Sarah Jane Blakemore have really, [really interesting research](#) suggesting there are what are called developmentally sensitive windows. And actually the link between social media use and life satisfaction appears to be specific to ages of adolescent development, and actually varies by gender. With some evidence showing that increased social media use, decreased life satisfaction, more evident in males age 14 to 15, but in females younger, age 11 to 13 years. Now, what that suggests is that we need to know an awful lot more about, one, that association and direction, and two, how we support young people and particularly sensitive peers of their development.

Richard Westcott 18:17

Okay, let's talk about policy. Now, when you're just talking about support and talk about the future. Obviously, both institutes very, very heavily involved with policy and how we can change things. Anna, we'll start with you. So how can we, for example, promote the kind of evidence based answers that you are coming up with, some apps that are being trialed in local schools and so on. Does it come down to funding, ultimately?

Anna Moore 18:39

I think funding certainly part of the problem, but or the issue, but I don't think it's the only one. So I think if we're going to be making digitally supported intervention or evidence based interventions, a part of, you know, our clinical systems, there's a huge array of capacity building issues that we need to address. So one of them thinking about education, that's education of teachers, young people, families, and how best to use these interventions. Another part is really around. We feel that actually, that the apps are much more likely, or these digital intervention much more likely, to be effective if they're

produced alongside young people and families. So one of the big things that we're finding is that it's critically important for us to work alongside families as we're developing these interventions, so that we can really make sure that they're designed to be used in a way that's helpful for families. I mean, that's one of the things that I would have said clinically we see with these digital and social media elements is actually there's a huge amount of heterogeneity. So, like, one size does not fit all. So there's some cohorts, you know, in a clinical environment. So who actually really benefit from a digital and online app? For example, children with learning disabilities and special educational needs. Actually, there's lots of evidence that those children really benefit from. Digital and social media use, because perhaps difficulties with communication that their peers might not have. So I think we we have to be really thoughtful about tailoring our interventions to particular groups, and thinking about how we can understand best how these solutions can help different groups with different needs.

Richard Westcott 20:19

Yes, it sounds obvious. You can have the best app in the world but it's got to be usable by the people that you want to use. Olympia, what do you think can be done to address the gender disparities that you found?

Olympia Campbell 20:31

So, I mean, to be honest, I don't really know also, because the gender gap in mental health can really change over the life course, kind of like Gordon was saying, you have these sensitive periods at different points. And so while you might have a gap in mental health in adolescence, in early adolescence, that might disappear in your 20s, it might re emerge again. While women often suffer from higher rates of anxiety and depression, whilst men are more likely to die by suicide, it's very difficult to know how you kind of tackle those things. I might just say, again, putting my kind of evolutionary anthropologist hat on, and again, talking more about the sort of spectrum of well being, rather than necessarily clinical diagnoses. I think perhaps sometimes we forget that emotive states, including negative emotive states, are a thing that have evolved to serve a purpose. So in that way, while you can become stuck in a kind of negative feedback loop and become fixed in a sort of in a state of depression or anxiety, originally, that emotion was actually telling you something about your environment. It was telling you that something was stressful or something was wrong and that you should stop doing what you're doing and change track. And one of the problems with modern life is that we're not allowed to stop doing things when our brain says to stop. And you know, all these very long term goals that we have of finishing school or getting a job and all this kind of stuff might not actually be suited to the psychology of our brain that evolved in a very different environment. And you know that can produce a lot of these gaps. You know, are things more stressful for girls at certain periods that weren't before, and things like that.

Richard Westcott 22:09

Yes, that's really thought provoking actually. Gordon, what policies do you think could better support young people?

Gordon Harold 22:15

Policies that support parents and other significant influencers, a social media term, other significant influences in young people's lives is where support for young people really needs to start. Presently, we

have what we would describe as a crisis oriented intervention model. We try to support young people when they present with crisis. Actually, we should be starting much, much earlier. I know it's easy, easier said than done, but actually helping parents, helping carers, helping teachers, other significant influences in children's lives, young people themselves to understand what is normal and typical for their age and stage of development, and what is not normal and what is atypical for the age and stage and development, and why a typical features may be presenting is absolutely essential. We need to move past the basics of mental health literacy, informing people about mental health symptoms and profiles. Actually, really understanding why variation occurs and what we can do to support young people. From a policy standpoint, I would always say, we need to- in working with policy makers- get passing "we need to do the following" to actually "here's how we suggest we should do the following based on research". And really challenge policy makers to move out of their comfort zone, their silos of particular focus interest, and recognize whole child influences. Whole child becomes later adults. And we really have to shift our focus on understanding early influences and outcomes.

Richard Westcott 23:37

Because that's a very tricky area, isn't it? Reaching parents, parents who haven't reached a crisis point yet with their child helping them understand, helping them to avoid that crisis point. I mean, how do you reach those parents in a non-patronizing, non-invasive way?

Gordon Harold 23:52

Yeah, but I think the topic, the topic we're focusing on, and the significant issues we're discussing, is really a public health topic. And actually providing information about how we understand and thus how we support really has to be the strategy we're looking at. I mean, the work that Anna summarized and Olympia has summarized from genetics to digital influences, etc, the audience that requires most support, our parents and those working with young people, educators and others, and being told actually what you do and how you do it really, really matters and continues to matter. How do we support you?

Richard Westcott 24:27

Before we finish, let's hear from each of you on what you think about the future of young people's mental health. Are you feeling optimistic about it, and what key developments do you think will shape this field in the coming years? We'll start with you, Gordon?

Gordon Harold 24:41

Well, today's children, adolescents are tomorrow's parents and adults, and recognizing that link really frames the challenge, the opportunity we have to work with young people in supporting their mental health if we are going to promote and support future generation wellbeing and welfare.

Anna Moore 24:56

I'm particularly excited at the opportunity for prevention. So as we're at this critical juncture where we're understanding the causes and the biological causes of mental health problems, I think in my clinical career, so the next 20 years, we're going to have an absolutely transformative way of diagnosing mental health problems, spotting early probably using things like blood tests, these digital tools, and I think that is going to give us a really definitive mechanism to be able to develop targeted, evidence

based, personalized treatments for individuals, which we can provide early. So it's going to feel much more like a physical health understanding of mental health. I think I'll see that in my career.

Richard Westcott 25:41

And Olympia, we'll leave the last word to you. How are you feeling about the future? What you've heard from Anna and Gordon, you know, there is a lot of hope in there. Isn't there? That we're actually getting the evidence together, getting the equipment together, getting the devices together that can help people.

Olympia Campbell 25:55

Yes, there's a lot of hope. And it's been really interesting to hear from their side. You know, people, you guys, are really working on the interventions. So, yes, it's very positive.

Richard Westcott 26:05

Well, that's all we have time for on this episode. Thanks to Gordon Harold and Anna Moore from Cambridge University and Olympia Campbell from the Institute for Advanced Study in Toulouse. Let us know what you think of this latest episode of season four of Crossing Channels. You can contact us via Twitter. The Bennett Institute is [@BennettInst](#). The Institute for Advanced Study in Toulouse is [@IASoulouse](#) and I am [@BBCwestcott](#). And please join us next month for our next edition, where we'll be talking about whether the world is becoming less democratic.