

## My healthy future: young people

**5/10**

Leading risk factors for adult disease are initiated or shaped in adolescence



**75%**

lifetime mental health disorders begin before age 18



**Increase**

in risk-taking behaviour in adolescence



### What is adolescence?

Adolescence is the transition period of profound physical, cognitive, emotional, social and behavioural development between childhood and adulthood. Perceptions of when adolescence begins and ends are shifting, taking into account the earlier onset of puberty and delayed adoption of adult roles, such as parenthood. We have defined adolescence as 11-18 years, encompassing the period of secondary school education.

**Puberty** - a period of rapid growth and development of reproductive capability.

**Cognitive maturation** - a period of rapid brain growth (particularly affecting areas concerning social relationships, risk taking and emotional control), moral development and learning impulse control.

**Emotional development** - exploring self-identity, developing self-esteem and learning emotional intelligence skills.

**Social development** - increased independence from family relationships and enhanced importance of peer relationships and developing sexual identity.

**Behaviour development** - shaped by physical, cognitive and social maturation, and is sensitive to external influences such as peer pressure, education and socioeconomic factors.

### Why focus on adolescence?

Adolescence is a unique and transformative life stage, and a formative period for health. Emerging technologies have significant potential to shape the future of adolescent health. Biomedical 'omics technologies may be used routinely in healthcare, with the potential to better predict disease and offer more targeted health interventions to those at highest risk.

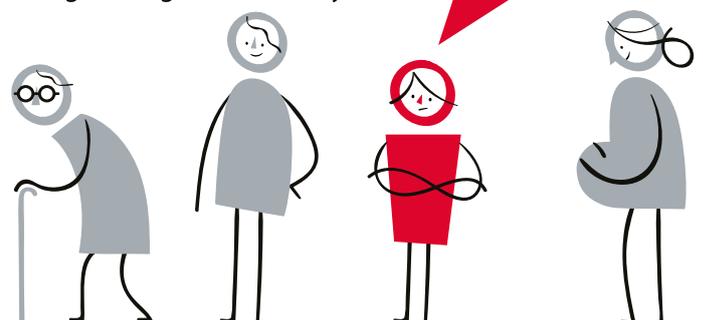
High digital literacy rates among adolescents may make digital technologies accessible and appealing, with the potential to self-monitor and self-manage their own health

### Legal rights and adolescence

Adolescents are not children, nor are they adults. Their capacity to make informed decisions regarding their own healthcare is an issue inherent to their life-stage.

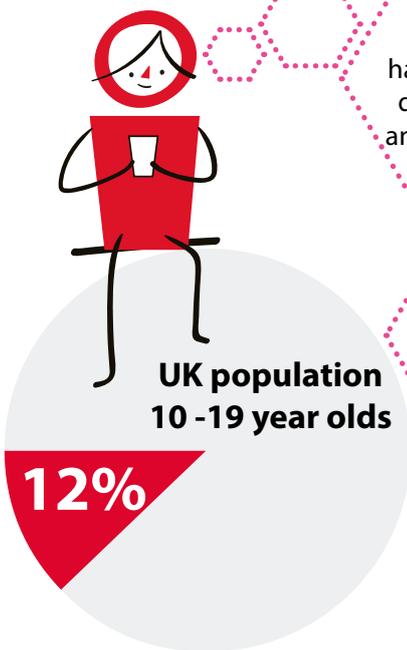
**Adolescent autonomy:** UN and Council of Europe conventions tell us that a minor's opinion in matters affecting them should be given due weight following their age and maturity.

**Gillick competence:** minors may consent to medical treatment so long as they have 'sufficient understanding and intelligence to understand fully what is proposed'.



## Key facts

Adolescents in the most deprived areas are more likely to engage in health related risk behaviours before age 18, and have a higher prevalence of mental health disorders



**5%**  
11-16 year olds have an emotional disorder (anxiety and/or depression)

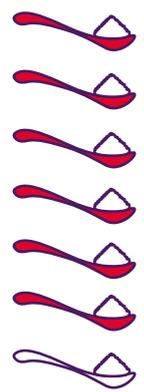
**14%**  
of 15 year olds report low life satisfaction

**22%**  
of 15 year olds have self-harmed

**55%**  
15 year olds have been bullied past couple of months

**15%**  
15 year olds have been cyber bullied past couple of months

**1 in 5**  
under 20 year olds are living in relative poverty



**7x**  
recommended daily limit sugar 11-18 year olds



**86%**  
15 year olds do not achieve ≥one hour of physical exercise



**6.2%**  
15 year olds consume alcohol at least once a week



**7%**  
of 15 year olds smoke at least one cigarette a week



**10.7%**  
of 15 year olds have used cannabis (most commonly used drug)



**> 80%**  
15 year olds have smoked, consumed alcohol or tried drugs



**2.1%**  
Under 18 conception rates

**20.7%**  
of 15-24 year olds took part in the National Chlamydia Screening Programme

**62%**  
new cases of chlamydia 15-24 year olds



**33% boys 29% girls**  
are overweight or obese aged 13 -15



**15-24**  
year olds highest rates of STIs



**11.5%**  
of 11-16 year olds have a mental health disorder



**2x**  
**increase in hospital admissions**  
for eating disorders in 11-18 year olds since 2010-11



**1.8%**  
under 18s are accepted into children and adolescent mental health services

A number of strategies and plans have been devised to address the major health issues affecting adolescents and to minimise their risks of adulthood disease.

### Childhood obesity: a plan for action - Department of Health (2017)

Outlines UK Government strategies to introduce a soft drink industry levy to fund physical education in schools and school breakfast clubs, to reduce sugar content by 20% across all sectors of the food and drinks industry by 2020, and to fund initiatives to encourage participation in sports and physical activities.

### Towards an active nation - Sport England (2016)

Describes strategies for 2016-2021 to tackle physical inactivity by investing in projects for families and under-represented groups, ensuring availability of sports and activities before and after school, and promoting development of positive attitudes to sport and activity among 11-18 year olds.

### Towards a smokefree generation: A tobacco control plan for England - Department of Health (2017)

Sets out ambitions to reduce the prevalence of smoking among 15 years olds to 3% or less by 2022, by enforcing standardised tobacco packaging and age of sale laws to reduce uptake of smoking by young people, and encouraging adult smokers to quit smoking and act as positive role models.

### The government's alcohol strategy - HM Government (2012)

Ambition to reduce the incidence of 11-15 year olds drinking alcohol by regulating alcohol advertising, reducing the availability of cheap alcohol, and by improving awareness of the risks associated with alcohol, smoking, drug use and unsafe sexual behaviour through a youth marketing programme.

### Health promotion for sexual and reproductive health and HIV - Public Health England (2015)

Young people are particularly affected by poor sexual and reproductive health. Health promotion priorities are to reduce rates of STIs and HIV (including late diagnoses) in populations at highest risk, and to minimise unplanned pregnancies and teenage conceptions, by promoting safer sexual behaviours and enabling access to youth friendly contraceptive / sexual health services, such as the National Chlamydia Screening Programme.

### Teenage pregnancy prevention framework - Public Health England (2018)

Outlines actions to improve delivery of local authority programmes, including delivery of improved Relationships and Sex Education (RSE), provision of sexual health services and targeted prevention activities. RSE will incorporate education around consent, online safety and age appropriate relationships, and will be mandatory in all secondary schools from September 2019.

### Future in mind / Five year forward view for mental health - Department of Health and NHS England (2015 / 2016)

Future in Mind outlines aspirations to improve public awareness of mental health issues, to improve access of children and young people to clinically effective support, and to support families in the prevention and early identification of child mental health problems. Rapid access to high quality mental health care for at least 70,000 children and young people by 2020/21 is a priority target in the FYFV of Mental Health.

Potential of digital technologies to promote healthy behaviours and to promote self care is beginning to be explored



What do we think will be different about young people's health in 20 years' time?

How will adolescents use new technologies to engage in health issues?

How will adolescents use new technologies to inform and change their health behaviours?

How will adolescents use new technologies to predict or reduce their risk of future disease?

What impact may internet technologies have on social connectedness and health?

How might schools use technologies to help shape the behaviour of their students?

Will the increasing availability to an adolescent of their personal health data and the growing range of medical interventions challenge current application of Gillick competence?

How might approaches to mental health care differ from now?

#myhealthyfuture



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