



## **Time Trends in Adolescent Mental Health: A new Nuffield Foundation initiative**

**Are adolescent mental health problems on the rise in the UK? If so, is this happening everywhere, or is there something specific about the UK? What might be driving these trends? What are the policy and practice implications?**

As the result of considerable interest in some earlier work it has undertaken in this area, the Nuffield Foundation has decided to fund a specific programme of research on time trends in adolescent mental health. The programme will last for three years, from September 2005 to August 2008, and will consist largely of commissioned funding of a series of cutting edge research reviews and secondary data analysis.

### **Background**

In 2004 the Foundation published a Briefing Paper summarising the results of work funded by the Foundation and carried out by Dr Stephan Collishaw, Dr Barbara Maughan, and Dr Robert Goodman of the Institute of Psychiatry, and Dr Andrew Pickles of the University of Manchester. Although it has long been known that there are long-term upward trends in the proportion of adolescents showing a variety of mental health problems, the study by Collishaw *et al* found robust evidence suggesting that the UK seemed to have experienced a sharper upward rise than some other countries.

The Foundation convened a series of discussions about whether Britain might have distinctive problems in this area. It was suggested that a rigorous examination of work in this area could identify the extent to which the broader trends are real, summarise what we know about what might be driving the trends, and, in particular, explore reasons why the UK might have particular problems. The effects of social change are clearly implicated in these trends in some way, both with respect to changes over fairly recent time periods, and also differences between closely neighbouring countries such as those within Europe. Exploring what it is about

social change that might be important will form an important part of the initiative.

There are a number of reasons why the work is timely, both in terms of the state of research on the topic and the current policy context in the UK. The work would be undertaken with a clear eye on practical and policy implications, and would evaluate and distil existing evidence in a series of reviews. We have also suggested that it should include some funding of secondary analyses of comparative data if these turn out to be available.

## **INITIATIVE AIMS**

The work to be funded will help us achieve the following aims:

- The development of more sophisticated and thoughtful analysis of whether, within the overall patterns, various sub-groups of UK adolescents have particularly high levels of mental health problems and related risky health behaviour, and to explore the reliability and validity of evidence as to whether these problems are increasing or decreasing.
- Mapping of evidence that might plausibly be important in *causing* some of the long-term trends in adolescent mental health in Britain as compared with other countries. We believe that what is needed initially are some hard-edged critical reviews and secondary analyses of information.
- Identification of the gaps in our existing knowledge, and the ways forward for future research.
- Bringing together of those, like educationists and psychologists, who tend to take a more clinical, micro-approach with those, like sociologists, social policy makers and economists, who tend to take a more macro approach.
- Dissemination of the main messages in a way that alerts the appropriate audiences to the findings and the questions raised, to improve the quality of debate in the area, and to bring about a more constructive discussion of policies and practical changes that might improve outcomes. The ultimate aim will be to strengthen and improve policy and practice in relation to this age group. Dissemination activities will include a series of seminars, meetings, briefing papers and a source document such as a commercially published edited collection of papers.

A number of principles underlie a Foundation initiative in this area; these are summarised in the box below:

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| <b>Principles underlying a Foundation initiative on time trends in the mental health of UK adolescents</b> |
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- The focus should be on mental health outcomes, within certain limits. One crucial point though is that we are not concerned with extreme conditions (schizophrenia, say) but in common emotional problems and disorders, and in those who may not have a labelled diagnosis but who display a number of symptoms (reliably measured symptoms of depression or anxiety, for example, or in those with symptoms of ‘conduct disorder’).
- The focus should be comparative, both between countries but also within countries looking at certain subgroups. By definition this requires an emphasis on cross-national comparisons and comparisons over time. This may result in funding international research collaboration.
- Topics should be related to, and build on, the Foundation’s existing strengths and interests (family functioning, educational transitions, welfare and disadvantage). Where possible links should be drawn across areas, such as with the 14-19 Education Review. Overall the initiative will bring together researchers from a range of disciplines, and will engage with key policymakers in the areas of interest.
- The age range of focus should be between approximately 10-20 years. While there is flexibility around the lower and upper limits, it is essentially the second decade of life in which we are interested.
- The focus of the work is on the disadvantaged, or those showing particular poor mental health or behavioural outcomes. We need to consider the population of young people as a whole, but the aim is to think about the causes and possible ways of addressing the difficulties experienced by those who are not doing well.
- Commissioned research should be in areas where Foundation funding could make a difference, and the initiative should shed light on policies and practice

## **TOPICS FOR FUNDING**

We have divided potential areas for funding into seven strands. The seventh is the topic with most potential for overlap with the Nuffield Foundation education programme, and details will be developed in collaboration with the education team. In summary, the topics include:

- Strand 1: Adding to the data already analysed in previously funded Nuffield work on time trends in mental health use, by critically evaluating the existing international data trends for this age group in different countries (method: review and secondary data analysis)
- Strand 2: Mapping changes over time in adolescent time use (method: review and secondary data analysis)
- Strand 3: Clarifying changes in experiences of stress in adolescents’ lives,

including findings on its causes, ways in which levels have changed over time, and relationship to stress felt by adolescents elsewhere (method: review)

- Strand 4: Mapping changes in the structure and style of parenting and analysing the impact on adolescent behaviour, attitudes and outcomes (method: review)
- Strand 5: Mapping links between young people, neighbourhoods, schools and families with respect to mental health (method: review)
- Strand 6: Carrying out a more detailed investigation of two specific issues of risky health behaviour (method: review)
- Strand 7: Understanding the implications for adolescent mental health of the peculiarities of the UK systems for transitions from primary to secondary school (method: review)

## **ACTIVITIES AND TIMETABLE**

The plan is to commission a coordinated group of between 7 and 9 projects addressing the topics above. Each project will be undertaken by known experts in the field. Projects will be based on a concrete set of questions, taking the form either of a review of best available evidence, critically evaluated, and/ or secondary analyses of existing data where these need further mining. These projects will be funded to take place across a period of up to three years, with some commencing fairly shortly after the start of the initiative, and others being funded as the initiative unfolds. In this way it is anticipated that subsequent work will be able to build to some extent on earlier work, although there will be several projects ongoing at any one time. Individual projects are not anticipated to last more than about a year.

At various stages all the researchers and a wider group of ‘stakeholders’ will be brought together to discuss the work, preliminary conclusions, and their implications for research and policy. At the end of the initiative, the result will be an important body of work evaluating the state of adolescent mental health in the UK, what may be causing some of the worrying trends already identified, and suggesting what might be done about it.

A preliminary timetable would suggest:

- Sept - Dec 2005: Convening of governing and stakeholders groups (see next section on governance); preparation for commissioning; preparation of leaflets etc; Launch of initiative; first meeting of Commissioning group.
- Jan - Dec 2006: Commissioning of first round of projects, ongoing programme of meetings and seminars
- Jan - Dec 2007: Commissioning of second round of projects, ongoing programme of meetings and seminars
- Jan – July 2008: Concluding period, all projects to be completed by the start of this period to allow significant time for dissemination and

policy debate (see section below on dissemination).

## **GOVERNANCE AND MECHANISMS**

### ***Day-to-day management***

Within the Nuffield Foundation the initiative would be managed day-to-day by Dr Ann Hagell. Dr Hagell has substantive expertise in the area, as well as skills in bringing together academic work and summarising it for policy purposes. Dr Hagell will take the lead in managing the commissioning process and the Expert Commissioning Group; managing the Stakeholders Group; setting up meetings and seminars; getting peer reviews; and overseeing the progress of the commissioned projects and the dissemination process. However it is important to stress that the evaluation and reviewing would itself be carried out by outside experts who have the skills and the expertise to command wide-spread respect for the conclusions they reach. That is, the project is managed in-house, but the review work (comprising the majority of the budget), would be carried out by external research teams.

### ***Expert Commissioning Group***

It is critical that the initiative has strong strategic intellectual leadership over and above that provided by peer reviewers or in-house Nuffield staff, and for this purpose we will be convening an Expert Commissioning Group. This group, chaired by Professor Rutter, will oversee the programme of work. It will be delegated to by Trustees to commission reviews or to evaluate research tenders for the individual pieces of work (see below). They would therefore need to be able to evaluate the needs for particular pieces of work, the adequacy of any proposal and the peer reviewers' comments about them. We would intend that the strategic group directing activities should be fairly small (around six excluding Nuffield Foundation staff), but should consist of people with international reputations in the field.

### ***Wider Stakeholders Group***

It is also proposed that we include a second external group to include a wider range of researchers, policy makers and practitioners. This group would meet to discuss and assess emerging results, to help make links between the strands, and to advise on the implications of any findings, the recommendations that might result and the dissemination and communication of them to the wider world. This group would form the core of the seminar series occurring throughout the initiative to discuss and disseminate early results.

### ***The commissioning process***

It is anticipated that a significant proportion of the funding in the initiative will go to commissioned projects, rather than projects awarded by competitive tender. There are relatively few researchers of sufficiently high calibre working in this field in the UK to make competition a sensible option for many of the topics, and it may be more of a case of engaging and persuading key academics to contribute. However, the commissioning and funding process will, in essence, mirror the processes employed within the Foundation as a whole, involving the submission of outlines or expressions of interest, submission of full proposals, external peer review and evaluative discussion by the commissioning group. There would also be a larger than usual component of project management and liaison with researchers, in order to ensure agreement on the nature and scope of the project, to keep track of emerging findings and flexible responses to findings about the adequacy of data, and to ensure that

projects that need to take account of each other's findings are kept in touch with one another.

## **DISSEMINATION AND OUTPUTS**

Part of the impetus for this initiative came from a sense that there was *mis-communication* of information in this area, with supposed 'facts' based on inadequate evidence gaining widespread prominence, combined with a failure to consider other difficult issues where the data exist, but are complicated. For this reason, accurate and wide-spread dissemination of the findings of the projects is an essential aim of the initiative. We will be aiming to use findings to help raise a set of policy questions and create an environment where these can be debated and recommendations can be considered.

We anticipate that this will take different forms across the life of the initiative, including:

- Production of a introductory leaflet outlining the purpose of the initiative and the main activities
- Development of a website, hosted within the Nuffield Foundation website (with a potential development of an email 'network' of researchers and interested parties who could be kept informed of developments)
- The convening of a seminar series, approximately two per year, to discuss early results and engage in a real debate about meaning and policy implications at a stage before the work is finished.
- Continuing consultation with key stakeholders in policy and practice, over and above their (potential) attendance at seminars. Experience has shown that this element of dissemination has to be proactive. This will include fairly extensive networking by Dr Hagell to ensure widespread awareness of the work that the Foundation is funding, and to ensure that we are aware of projects being undertaken elsewhere where there are overlaps of interest. Consultation with professional research users will be important, as well as with national policy makers.
- Preparation of a commercially published, edited collection of papers, forming the source document for findings arising from the review.
- Production of various briefing papers, highlighting particular findings and links across studies (in collaboration with the researchers, but led by Dr Hagell)
- Consultation with journalists and feature editors on ways in which aspects of the initiative's main messages can be further disseminated in the national press and in practitioners magazines. Consultation with other professional research disseminators (Research in Practice, the Foundation's Curriculum Centre and so on) on other ways in which material could be drawn to the attention of a wider audience of practitioners and those who work with young people.

## **BUDGET**

A sum of approximately £500k has been put aside for the scheme, to include research grants and also additional funds to cover the costs of administering the scheme, support costs for the commissioning and stakeholder groups, the costs of holding seminars, writing briefing papers and undertaking other dissemination activities.

## **CONTACTS**

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