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The transition from childhood to adulthood is an important, fascinating period of life. Young people in their teens and early 20s need particular support and special services, particularly those who may be marginalised. Pulling together age specific data about this age group can lead to a better understanding of their health needs, and can help us to provide more appropriate, youth-friendly health services.

In this comprehensive data review focusing specifically on the health of 10-24 year olds in the UK, we look at living circumstances, education and employment, information about health behaviours and lifestyle, sexual health, mental health, physical health and longterm conditions, and use of health care services. Our final chapter focuses on inequalities in health, highlighting groups of young people whose health may need extra resources and investment.

Introduction: There are 11.7 million young people aged 10-24 in the UK; one in five of the population. More than 20% is from an ethnic minority. Good health for young people is central to their wellbeing, and forms the bedrock for good health in later life. We need investment into the health of young people during this critical period.

Living circumstances, education and employment: The UK's young people aged 10-24 experience a range of different living circumstances. Up to 18 the majority are living in families, with increasing numbers of those aged 15-24 now living at home. However, significant numbers of young people are registered homeless or are in the care of the local authority and some are asylum seekers. Overall 15% of secondary school pupils are claiming free school meals. The majority of young people are in some kind of education until they are 18 (71% in England), with 6.5% of the 16-18 age group not in education, employment or training. Beyond 18 the variety of their experiences increases, with two in five continuing into education and others moving into training and employment. The official unemployment rate for 18-24 year olds is decreasing, however there is a concern that young people in employment are disadvantaged more than other age groups by working practices such as zero hour contracts.

Health behaviours and lifestyle: Adolescence and early adulthood is a time when life-long health behaviours are set in place. Physical activity declines across adolescence, one in five school pupils aged 11-15 are obese and teenagers consume on average eight times the recommended daily sugar allowance. Rates of smoking, drinking and drug use in this age group have fallen over recent years. Among 15 year olds, 5% report smoking regularly, 15% of boys and 18% of girls report being drunk in the past 4 weeks, and 11% of boys and girls say they have tried cannabis. Use of smart phones has opened up a new world of swift, flexible communications and access to media, bringing both challenges and opportunities. 15% of 15 years olds reported experiencing cyberbullying in the past two months. One quarter of secondary school pupils say they do not get enough sleep.

Sexual health and identity: In the UK 3.3% of 16-24 year olds identify as gay, lesbian or bisexual although this is likely to be an underestimate. The average age of first heterosexual intercourse is 16. In 2015, rates of conceptions in the under-18 age group were at their lowest level since 1969, but the UK still has a relatively high rate of births among 15-19 year olds compared with other countries. The highest rates of sexually transmitted infections are among those aged 15-24

(particularly chlamydia), and continued testing is vital for this age. The average age when child sexual exploitation concerns are raised is 15-17. Primary care and community contraceptive services are important sources of information for young people aged 15-24, as is good quality sex and relationships education at school.

Physical health, longterm conditions, disability and mortality: Although the years 10-24 tend to be a time of good physical health, young people do experience a range physical health problems. Nearly a quarter of 11-15 year olds report that they have a longterm illness or disability and 1 in 10 of 10-24 year olds have a disability that affects their ability to do normal daily activities. Nearly half of 15 year olds have decay in their permanent teeth. Young people aged 16-20 are the group most likely to be diagnosed with asthma and age 11-14 is the peak age for diagnosis of Type 1 diabetes. Overall 2,477 young people aged 10-21 died in 2015. Many deaths are from preventable causes with injuries (including road traffic accidents) being the top cause followed by suicide.

Wellbeing and mental health: Three quarters of young people report their life satisfaction as high or very high, however the UK ranks 20th in life satisfaction scores internationally. There has been huge concern over the mental health of young people recently. Half of all lifetime cases of psychiatric disorders start by age 14 and three quarters by age 24. A quarter of women aged 16-24 show symptoms of anxiety or depression. Hospitalisation for self-harm and eating disorders are more common in young women compared to young men, and peak in girls aged 15. Suicide rates have generally fallen since the early 2000s for this age group but the age specific rate for suicide particularly in young men aged 20-24 remains high at 14.9 per 100,000.

Health promotion and use of health services: Young people are regular users of healthcare services. Half of year 10 pupils (aged 14-15) report that they have visited the GP in the last three months and a third of young people aged 15-19 will have attended accident and emergency in the past year. There is a particular shortage of CAMHS provision; despite at least 10% of the age group having mental health problems, only 24 in 1000 will be referred to CAMHS. There is a need to invest in age-appropriate health promotion and youth friendly health services in order to improve young people's health outcomes.

Inequalities in health outcomes: Without equal access to resources and support, certain groups of young people are put at a disadvantage and have poorer health outcomes. A quarter of young people aged 11-19 live in households with the lowest incomes. Young people living in the most deprived areas are more likely to be killed or seriously injured on roads, more likely to be obese, and are more likely to have worse physical, mental and sexual health outcomes. Marginalised groups of young people may have poorer health outcomes than their peers, including looked after children, young carers, those from ethnic minorities, those with learning disabilities, young people who identify as LGBT and those who have experienced four or more adverse childhood experiences. Health inequalities can compound amongst these groups of young people making their health outcomes significantly worse, therefore early identification and prevention are key.