Editorial

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The composition of this editorial began around World Suicide Prevention Day (10 September). The World Health Organization estimates that over 800,000 people lose their lives each year, through suicide (www.iasp.info/wspd/). The death of a young person is especially disturbing to all the people around them, and youth suicide is on the increase, especially in the late teenage years. Worldwide, suicide is now the most common cause of death for girls aged 15-19 (Laski, 2015). Rodway *et al.* (2016) described the most common antecedents of suicide across 130 English adolescents:

> Pressure from academic exams, Bullying, Bereavement, Suicide in family or friends, Physical ill health, Family problems, Social isolation, Abuse or neglect, Alcohol or Drug use.

The most frequent antecedents were physical ill health (36 per cent) and family problems (34 per cent) but in general these young people experienced multiple problems.

The social and inter-personal context is often important in understanding the determinants of suicide. In this issue, Greenwood *et al*. consider positive attitudes towards mental illness among schoolchildren, and Buchholz *et al*. consider the views of adults on how open children should be, in disclosing their own mental problems.

For some people, the teenage years have always been a time of struggle, as the charity Open Door has recorded for 40 years. However, there is growing evidence now of a crisis affecting more adolescents, followed by an emerging period of "suspended adulthood" after the age of 18 years (McVeigh, 2016). In a survey by the National Centre for Social Research, young British women were at greater risk of developing a common mental disorder (i.e. anxiety or depression) than young men, with an unprecedented 26 per cent of women aged 16-24 years describing illness in the last week (Campbell and Siddique, 2016). Almost 20 per cent of women in that age group reported some self-harming behaviour. When asked about the same data in a BBC interview, Health Secretary Jeremy Hunt said: "We want to make sure that everyone, regardless of gender, age or background, gets the mental health treatment they need". (BBC News, 2016).

These words sound empty, when even among those individuals lucky enough to be referred to a specialist child and adolescent mental health service many end up without any service and others wait in distress for a very long time before help comes (Children's Commissioner, 2016). At the same time, the national flagship, Troubled Families programme has been evaluated as an expensive failure (Cook, 2016). The House of Commons Committee of Public Accounts (2016) identified two main reasons why those young people who do eventually get access to effective support typically wait ten years for help, after their first symptoms emerged. Poor health literacy among parents was one reason and the other was a health systems failure around the "difficulty accessing services".

The systems in the USA are no better, with about 80 per cent of those aged 3-17 years, who need mental health services, getting nothing (Anderson and Cardoza, 2016). The US Centers for Disease Control and Prevention have published periodic reports on the surveillance of mental health among children. After reading this surveillance several times, even this experienced Editor struggles with collated figures that are sometimes point prevalence and otherwise incidence, over different time ranges, but this is my most conservative reading, derived from a CDC Supplementary Report 62(2) in 2013. Over 12 million American children have had experience of some mental disorder. In terms of common mental disorder, about 1.3 million currently have depression and 1.8 million currently have anxiety. Most of these young people receive no intervention, either biological, psychological or social. If they do get professional help, it is likely to be through the emergency department of a general hospital "because for many, EDs serve as the only point of medical contact that young people have" (Editorial, 2016).

On both sides of the Atlantic, we are a long way from making "sure that everyone, regardless of gender, age or background, gets the mental health treatment they need" (compare BBC News, 2016).

Why does it matter so much to intervene while someone is still young? This month, NHS Clinical Commissioners (2016) recognised the lifelong value of early intervention:

> It is thought that between a quarter and a half of adult mental illness could be prevented through early intervention during childhood and adolescence. Being emotionally and mentally resilient also makes it far more likely a child will achieve his or her full potential. In addition, such interventions improve a person's ability to parent, so their children in turn have a decreased risk of mental ill health.

Fortunately, there are promising developments for mental health improvement in the teenage years (Caan, 2016). Many involve mobilising the energy and enthusiasm of young people themselves, for example as young commissioners for mental health or through suicide prevention initiatives like *Hector's House* (where teenagers help each other in the co-production of emotional wellbeing). We are growing to understand more about the effect on adolescents of a good "Teacher-Student relationship" (Obsuth *et al*., 2016) and the extra-curricular role of voluntary organisations like the Scout Association (Demos, 2016). Even the new Prime Minister, Theresa May, is going to invest in projects for young people aged 10-20 to benefit from youth-led social action (#iwill, 2016). At the interface between social psychology and neuroscience, Oxford research on pro-social behaviour has recently found a "generosity centre" in the brain that is specifically activated when "learning to help other people" (Davies, 2016).

Public health systems are also important, as shown by local reductions in suicide by Americans aged 14-17 (Webster *et al*., 2004) when local laws restrict adolescents' access to firearms. Lifecourse trajectories need to be considered in preventing some suicides, for example there are risk factors in common for young people developing mental illness and young people entering youth custody (Ha *et al*., 2016). Understanding and identifying vulnerability in youth is needed, for example to implement early intervention for young offenders with "ultra high risk" of developing psychosis (Flynn *et al*., 2012). Screening tools for youth mental health should be developed with young persons. For example the Association for Young People's Health (2016) is developing a new Teen Health Check for use in general practice.

> *Train wreck or First Class travel?*
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> What sends a "teen" Off the rails?
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> Adversity, loneliness and
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> Illness: seldom fails.
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> What is a good Track about?
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> Security, good company
>
> And room to stretch out.

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