



The social determinants of young people's mental health

Summary of new research on the links between mental health, 'everyday' social welfare legal problems and inequality

This briefing is for: providers, policy-makers, commissioners and researchers with an interest in: CAMHS; adult mental health services; youth services; legal advice services; integrated services for young adults; the social determinants of health

1 Key points

- The study establishes that 'everyday' social welfare legal problems are key determinants of young people's mental health:
 - the experience of legal problems is a key predictor of mental health problems;
 - mental health problems are even more common where multiple legal problems are reported;
 - mental health deteriorates as new legal problems emerge.
- The prevalence of mental health problems increases markedly as layers of disadvantage are factored in:
 - Young people who are NEET (not in education, employment or training) and socially isolated are twice as likely as non-NEET young people

living with older adults to experience mental health problems even when they have no social welfare legal problems – and five times more likely when they do.

- The findings have major implications for how we intervene to tackle young people's mental health problems and health inequalities:
 - Investment should focus on services, such as Youth Information, Advice and Counselling Services, that can provide social welfare legal advice alongside mental health interventions in accessible young person-friendly settings.

Definitions

The social determinants of health:

The socio-economic conditions that influence the health of individuals and communities. (WHO)

Health inequalities:

The unfair and avoidable differences in health status seen within and between countries. (WHO)

'Everyday' social welfare legal problems:

Rights-related problems concerning housing, homelessness, welfare benefits, debt, employment and education. (As defined in this study.)

¹The full results of the study are set out in *Health Inequality and Access to Justice: Young People, Mental Health and Legal Issues*, Balmer, N.J., Pleasence, P., and Hagell, A., Youth Access, 2015.

2 Context

2.1 Gaps in the social determinants evidence base

It is now well-established that social inequalities can lead to health inequalities and that disadvantage in childhood is a predictor of poor health outcomes in adolescence and adulthood. Links between adolescent disadvantage and certain adolescent health outcomes are also becoming apparent.

However, our scoping review (Hagell et al. 2015) identified major gaps in the evidence base:

- The vast majority of studies in this field relate to adult samples only or do not disaggregate data on young people from younger children or adults. Studies relating specifically to young people often focus on under 18 year olds living in the family home. There is a distinct lack of data relating to young people moving through the transition from adolescence to early adulthood.
- When making links to disadvantage, studies have tended to look at young people's family circumstances (e.g. family income, housing conditions or the quality of the local environment). Little is known about the links between young people's health outcomes and the specific social problems those young people are experiencing as individuals in their own right, independently from parents or other adults in the household.
- Much previous research on health inequalities amongst young people has focussed on mortality or physical ill health. Evidence focusing on mental health suggests an association between a decrease in socioeconomic status and increasing mental health problems,² but is scarce.
- Although there is some evidence that health inequalities may narrow during adolescence and widen again in early adulthood (the 'equalisation hypothesis'), it has been argued that more age-appropriate methods of measuring socioeconomic status in adolescence are needed.³
- Crucially, very little is known about the mechanisms by which deprivation leads to health inequalities in older teenagers and young adults living independently; or about causal pathways; or about

which interventions might be most effective in addressing the social determinants of young people's health.

2.2 Youth Access' previous research in this field

We have been exploring associations between young people's everyday social welfare legal problems, mental health and the role of youth advice services for several years. We have previously established that:

- The social and physiological nature of the adolescent transition leaves young people particularly vulnerable to experiencing social welfare legal problems, particularly relating to housing and money, and less able to resolve their problems without support. Young people's social welfare problems tend to cluster with inter-related practical, emotional and personal issues requiring an integrated response from services. (*The Advice Needs of Young People – The Evidence*, Kenrick, 2009.)
- There is a close relationship between social welfare legal problems, mental health and youth, e.g. young people with mental health problems are more likely to report social welfare legal problems; similarly, young people with social welfare legal problems are more likely to report mental health problems. Social welfare legal problems also have a significant impact on young people's mental health. The provision of social welfare advice may have a significant beneficial impact on young people's mental health. (*With Rights In Mind*, Sefton, 2010.)
- Exceptionally high levels of mental illness are present among clients of youth advice services. A high proportion of clients of youth advice services report their health suffering and having to visit a doctor or counsellor as a result of their social welfare legal problems. Provision of advice results in improvements in levels of stress and general health and is a cost-effective intervention on mental health grounds alone. (*The Legal Problems and Mental Health Needs of Youth Advice Service Users*, Balmer & Pleasence, 2012.)

² *Socioeconomic inequalities and mental health problems in children and adolescents: A systematic review*, Reiss, F., 2013, *Social Science and Medicine*, 90, 24-31.

³ *Researching health inequalities in adolescents: The development of the Health Behaviour in School-Aged children Family Affluence Scale*, Currie, C., et al., *Social Science and Medicine*, 66, 1429-1436

2.3 Policy context

Public health policy: Across Europe, tackling health inequalities has become an overarching aim of public health policy. In the UK, the landmark 2010 Marmot Review concluded that “inequalities in health arise because of inequalities in society” and argued for a coordinated approach to tackling the social determinants of health.⁴ In January 2015, an official public health and wellbeing framework for 10-25 year olds placed an emphasis on reducing health inequalities by targeting the social determinants of young people’s health through integrated young person-friendly services.⁵

Youth mental health policy: There has recently been an unprecedented policy focus on improving mental health services for young people, which are acknowledged by the Government to be part of an antiquated and underfunded system that is failing to meet young people’s needs. In March 2015, the Children and Young People’s Mental Health and Wellbeing Taskforce published its report⁶ calling for major changes to the way services are delivered to make them more accessible. Of specific relevance, it highlights the crucial role of voluntary sector Youth Information Advice and Counselling Services (YIACS), saying they “should be a key part of any universal local offer”.

Legal advice policy: Evidence in the legal field has increasingly suggested inequality of experience of social welfare legal issues and a key role for advice services in reducing the risk of social exclusion. It has also

established clear patterns of association between health problems and social welfare legal problems; and the importance of a joined-up approach to cross-cutting concerns. There is a growing international movement of legal-health service collaboration. In the UK, The Low Commission on the Future of Advice and Legal Support called in March 2015 for a more systemic link between health and advice commissioning.⁷

The economic imperative to intervene effectively in adolescence and early adulthood

- The annual cost of mental health problems in England is estimated at £105 billion. (Centre for Mental Health 2010)
- Mental ill-health represents around 23% of the total burden of ill-health in the United Kingdom. (WHO 2008)
- 75% of mental illness in adult life starts before age 24. (Kessler 2007)
- The cost to the state of mental health problems in adolescence is estimated at £59,130 per young person per year. (Chief Medical Officer 2013)

⁴ Fair Society, Healthy Lives: The Marmot Review, Marmot, M., et al., 2010.

⁵ Improving young people’s health and wellbeing: A framework for public health, Public Health England and Association for Young People’s Health, 2015.

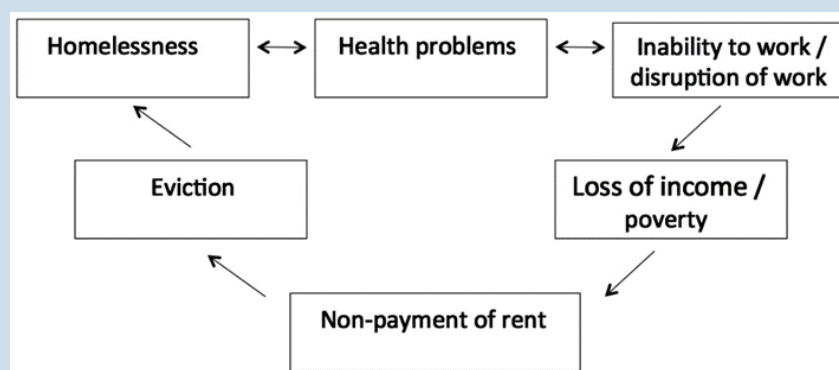
⁶ Future in mind: Promoting, protecting and improving our children and young people’s mental health and wellbeing, Department of Health and NHS England, 2015.

⁷ Getting It Right In Social Welfare Law, The Low Commission, 2015.

⁸ Social Determinants, Health Disparities and the Role of Law, Parmet, W.E., et al., in Poverty, health and law, Tobin Tyler et al., 2011.

Social welfare legal problems as social determinants of health

“Law is one of the most important social determinants of health. It helps establish the framework in which individuals and populations live, face disease and injury, and eventually die.” (Parmet et al. 2012)⁸



Example vicious cycle of legal issues and morbidity

3 The study

3.1 Purpose of this study

This study set out to provide new insight into the mechanisms by which disadvantage and inequality lead to mental health problems in late adolescence and early adulthood by focusing on the everyday social welfare legal problems experienced by 16-24 year olds as individuals in their own right, independently from parents, family or other adults. It is the first study of its kind in the world.

The study formed part of a wider research project on the social determinants of young people's health conducted by Youth Access and The Association for Young People's Health for The Young People's Health Partnership. See associated scoping review.⁹

3.2 The researchers

The research was conducted by pre-eminent academics:

- Professor Pascoe Pleasence, Professor of Empirical Legal Studies, University College London
- Dr Nigel J. Balmer, Reader in Law and Social Statistics, University College London
- Dr Ann Hagell, Research Lead at the Association for Young People's Health

3.3 Methodology

The study analysed data from both the 2010 and 2012 English and Welsh Civil and Social Justice Panel Survey (CSJPS) to explore the extent to which the experience of legal problems and disadvantage are determinants of mental health, with a specific focus on young people aged 16-24.

Both waves of the CSJPS employed the Mental Component Summary (MCS) of the SF-12 health survey,

commonly used in epidemiological research as a measure of health and functioning. The MCS-12 can be used to discriminate between the presence and severity of mental disorders and as a screening instrument for depression and anxiety in the general population. An MCS score of 45 or lower was used as indicating mental health problems.

The study used two simple measures of disadvantage among young people derived from CSJPS data:

- NEET status – whether or not they were in education, employment or training.
- Social isolation – whether or not they had an older adult (aged 25 or older) living in the household.

Of the 484 young respondents to the CSJPS, 117 could be classified as NEET (24%), 109 as 'isolated' (23%) and 45 as both NEET and isolated (9%).

The analysis explored:

- I. broad legal problem and social welfare related legal problem prevalence overall, for young survey respondents and for young disadvantaged survey respondents
- II. the relationship between legal problems and mental health
- III. the relationship between age, disadvantage, legal problem experience and mental health, using a binary measure of mental health.
- IV. change in MCS score, and the extent to which this was driven by the experience of legal problems.

⁹ *Understanding the role of social determinants in predicting young people's health and wellbeing: A scoping review*, Hagell, A., Kenrick, J., Balmer, N.J. and Pleasence, P., in print.

The Civil and Social Justice Panel Survey

The CSJPS is a nationally representative survey of people's experience of, and response to, problems with a legal dimension and involved face-to-face interviews with 5,113 respondents aged 16 and over (including 484 16-24 year olds) in their own homes across two waves, the first in 2010, the second in 2012.

4 Findings

4.1 How many young people reported legal problems?

- 32% reported legal problems, including 22% who reported everyday social welfare legal problems.
- 20-24 year olds were more likely to report social welfare legal problems (31%) than 16-19 year olds (13%).
- Disadvantaged young people were far more likely to report social welfare legal problems (36% of NEETs; 39% of socially isolated young people; and 47% who were both); and to report multiple problems.

4.2 Does experiencing everyday social welfare legal problems increase the likelihood of mental health problems?

Looking across all age groups, there was a strong and highly significant association between the experience of social welfare legal problems and mental health. (See Fig. 1)

Amongst young people, this association was clear amongst 20-24 year olds – with 25% of those reporting social welfare legal problems also having mental health problems, compared with 15% of those who reported no social welfare legal problems – but was not found amongst 16-19 year olds. This may be due to the youngest young people in the survey being more likely to

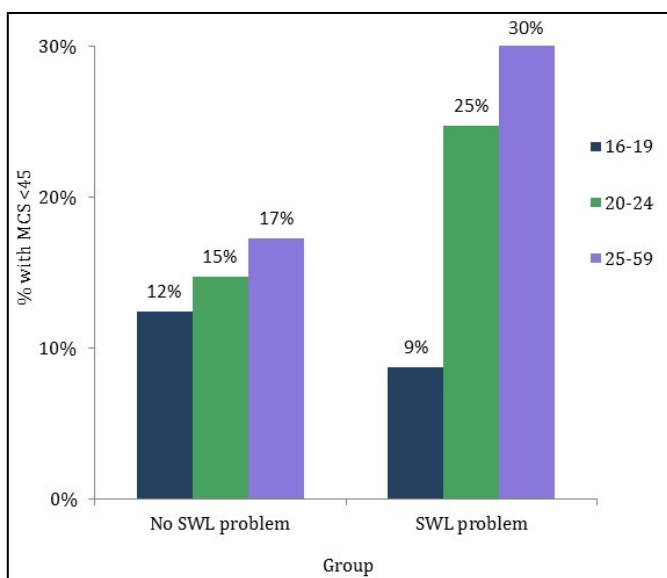


Figure 1: Percentage with an MCS score of 45 or less by age group and social welfare legal (SWL) problem experience (simulated from regression analysis)

have had the protective factor of living in the family home.

The number of social welfare legal problems reported was also associated with mental health: whilst 15% of those (of all ages) who did not report a social welfare legal problem had mental health problems, this rose to 21% of those who reported one social welfare legal problem, 28% of those reporting two social welfare legal problems and 34% of those reporting three.

4.3 The impact of disadvantage

Two measures of disadvantage – NEET status and social isolation – were then added to the analysis to see if disadvantage plays a significant role in increasing incidence of mental health problems.

NEETs

NEET status related to a dramatic increase in the likelihood of mental health problems for young people. (See Fig. 2)

Young NEET respondents were more than twice as likely to have mental health problems, with the difference particularly stark for those also reporting social welfare legal problems (34.9% of NEETs had mental health problems vs 14% of non-NEETs).

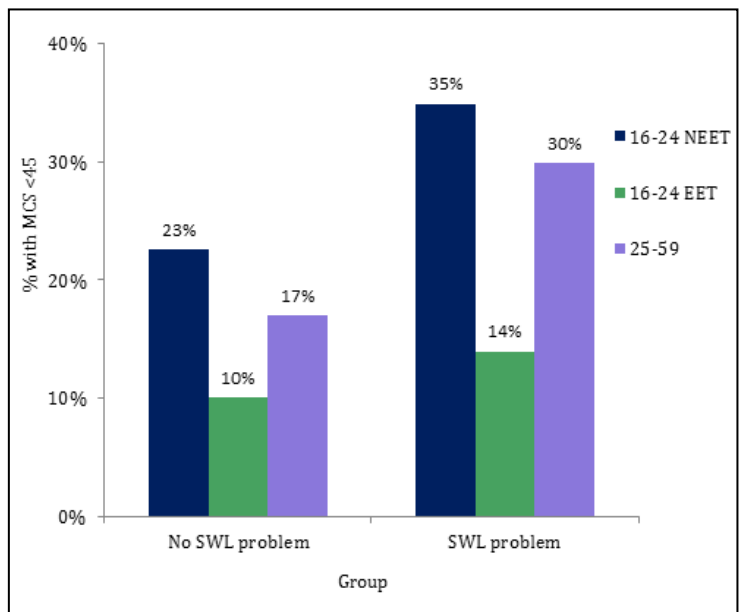


Figure 2: Percentage with an MCS score of 45 or less by age group/NEET status and social welfare legal (SWL) problem experience (simulated from regression analysis)

¹⁰ A binary measure of mental health was used (whether or not respondents reported and MCS score of 45 or less).

Social isolation

Whether or not young people were socially isolated was also strongly related to mental health. Young isolated respondents were significantly more likely to have mental health problems, particularly where they reported social welfare legal problems (32.7% vs 15.8% amongst those living with older adults). (See Fig. 3)

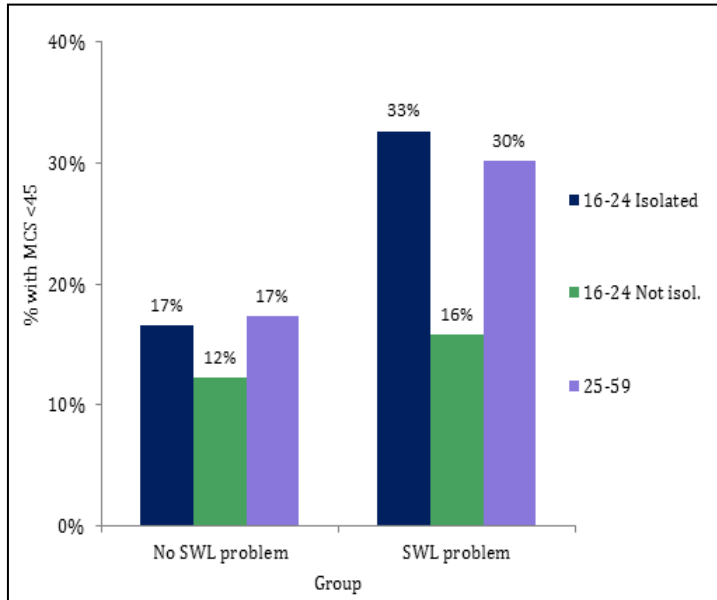


Figure 3: Percentage with an MCS score of 45 or less by age group/‘isolation’ and social welfare legal (SWL) problem experience (simulated from regression analysis)

4.4 The impact of multiple disadvantage

To take the analysis a stage further, the influence of multiple disadvantage was examined. (See Fig. 4)

Those young people who were in education, employment or training and living with an older adult (i.e. non-isolated) had the lowest likelihood of mental illness – particularly where they also reported no legal problems. Then came isolated, but non-NEET, young people. Then, substantially more likely to have mental health problems, came non-isolated NEETs.

Those most likely to have mental health problems, however, were young people who were socially isolated *and* NEET – most eye-catchingly, where they had also experienced a social welfare legal problem. This last group was associated with 49% mental illness prevalence – five times greater than the non-NEET, non-isolated, no legal problem group.

4.5 The impact of multiple legal issues

The analysis then added in a further factor – the experience of *multiple* legal issues. The likelihood of

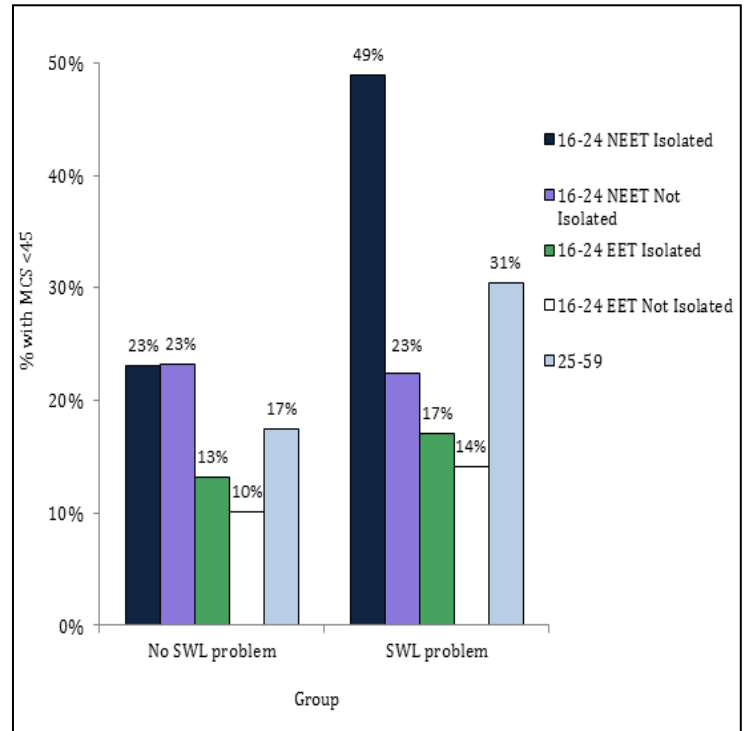


Figure 4: Percentage with an MCS score of 45 or less by age group/NEET status/‘isolation’ and social welfare legal (SWL) problem experience (simulated from regression analysis)

mental health problems increased significantly with number of legal problems. While numbers were too small to separate out social welfare legal problems from other civil legal problems, there was some indication that mental illness was at its highest for young people facing multiple disadvantage *and* multiple legal problems. For example, as many as 56% of those who were NEET and isolated and had two legal problems also had mental health problems.

4.6 Changes in mental health following experience of a legal problem

In order to move closer to establishing a causative link, the study also sought to discover whether young people were more likely to experience mental health problems *after* experiencing a legal problem. The longitudinal panel design of the CSJPS survey allowed some examination of changes in MCS mental health score between wave one and wave two of the survey. Three statistical models were fitted. All found that reporting a new legal issue at wave two was associated with a worsening of mental health. Deterioration in mental health as new legal problems emerged was particularly severe for disadvantaged young people, though the number of respondents was too small to draw conclusions with confidence.

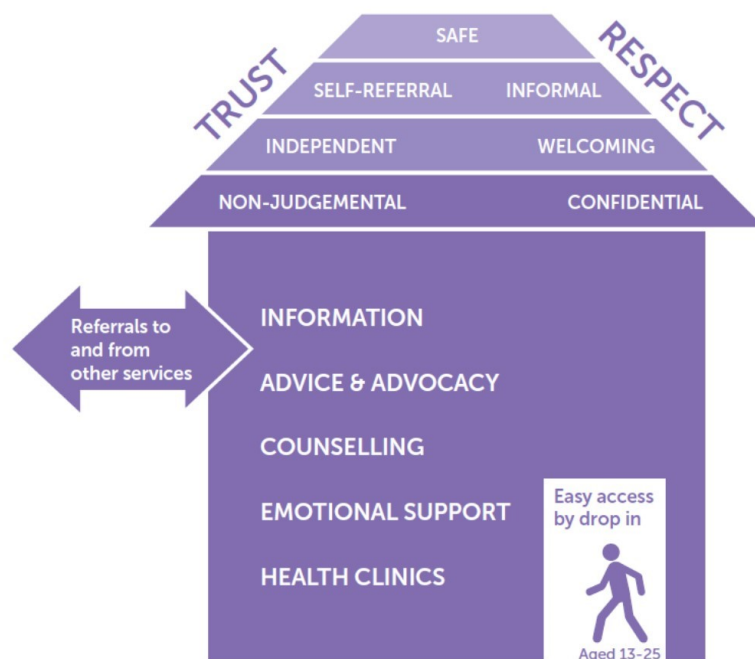
5 Implications for policy & practice

- The study confirms earlier research indicating a close association between young people’s social welfare legal problems and mental ill-health. Whilst still not conclusively proving a causal relationship, the findings do establish that:
 - the experience of social welfare legal problems is a predictor of mental health problems;
 - mental health problems are even more common where multiple legal problems are reported;
 - mental health deteriorates as new social welfare legal problems emerge.
- Social welfare legal problems should now be considered to be key social determinants of young people’s mental health.
- The findings establish, for the first time, that the relationship between social welfare legal problems and mental health problems is particularly strong in the case of disadvantaged young adults living apart from older adults and who are experiencing problems in their own right as independent individuals. Importantly, the findings also show that, even where young people are not experiencing any legal problems, they are more than twice as likely to experience a mental health problem if they are disadvantaged and socially isolated. By highlighting the influence of living apart from older adults who might provide a protective factor, the findings, therefore, may help explain the ‘equalisation hypothesis’ in which health inequalities have been seen to narrow during adolescence and widen again in early adulthood.
- The findings have major implications for how we intervene to tackle young people’s mental health problems and health inequalities. Huge savings could potentially be made by intervening more smartly by tackling social welfare legal problems and mental health problems in a coordinated way. Investment should focus on services that can provide social welfare legal advice – which has previously

been found to be a cost-effective youth mental health intervention¹¹ – alongside therapeutic interventions in accessible young person-friendly settings. The findings also point to the importance of service models that are accessible to disadvantaged young people up to the age of 25.

- Youth Information, Advice and Counselling Services (YIACS) offer a proven integrated model¹² in which advice is provided alongside a range of complementary services, including counselling and other therapeutic interventions, specifically for young people aged 13 to 25. Investment in YIACS has been identified by the Children and Young People’s Mental Health and Wellbeing Taskforce as crucial to any local youth mental health service offer. Locally, joint commissioning of YIACS across Child and Adolescent Mental Health Services, Adult Mental Health Services, Clinical Commissioning Groups, public health, housing, youth services and legal advice budgets may offer the best chance of securing the holistic services young people need.

The YIACS integrated health and wellbeing model



¹¹ Balmer and Pleasence, op. cit.

¹² YIACS: an integrated health and wellbeing model, Youth Access, 2015.

The full report, *Health Inequality and Access to Justice: Young People, Mental Health and Legal Issues*, is available at:

<http://youthaccess.org.uk/publications/>

For further information about Youth Access' work on the social determinants of health, the role of advice services and The Young People's Health Partnership, please contact:

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Our partners

The Young People's Health Partnership is a seven-strong consortium of organisations working as the voluntary youth sector Strategic Partner to the Department of Health, Public Health England and NHS England.

The Association for Young People's Health (AYPH) is a UK charity that bridges the worlds of policy, practice and evidence to promote better understanding of young people's health needs.



About Youth Access

Youth Access is the national membership organisation for a network of 175 youth information, advice and counselling services.

Through its members, Youth Access is one of the largest providers of youth advice and counselling services in the UK, dealing with over 1 million enquiries a year on issues as diverse as sexual health, mental health, relationships, homelessness, benefits and debt.

Youth Access provides the training, resources, research, campaigning and other infrastructure support to ensure high quality services exist to meet young people's diverse needs.

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