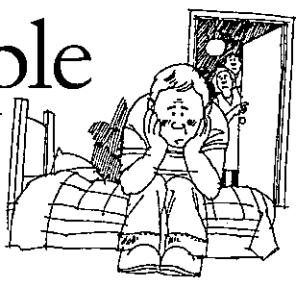
As carers we need to explain to young people that emotional problems are common, and that many others have experienced similar feelings.

Dr David Regis is the Schools Health Education Unit's Research Manager

David Regis

What do young people worry about?



It is normal to worry. Stress is a part of everyday life, and at the right level it is enabling rather than disabling. Perhaps we need a more precise vocabulary to distinguish between the two, such as *concern* (healthy) and *preoccupation* (unhealthy)?

Here at SHEU we know a great deal about the 'mental' health of young people, because our survey work studies nationwide samples of the school population with all their aspirations, joys and anxieties.

We have compared the 'rating' of *worry about different things*, and conclude, for example, that personal appearance is a source of worry for the largest number of young people. We have also divided the young people into those who *worry a lot* and those who *worry less*, so that the effect of these different levels of worry on other aspects of their life can be studied.

QUITE A LOT/A LOT	**Males**		**Females**	
Responses	*12-13*	*14-15*	*12-13*	*14-15*
School	17	25	18	36
Money	9	15	10	20
Health	15	13	21	23
Career	12	21	12	30
Unemployment	5	8	5	10
Friends	12	12	27	30
Family	18	20	26	37
The way you look	21	24	41	50
HIV/AIDS	8	10	8	12
Gambling	4	4	3	3
Smoking	9	10	10	12
Drinking	6	6	6	8
Drugs	6	8	7	10
None of these	50	39	36	20
At least one	***50***	***61***	***64***	***80***
Available sample	6523	7750	6971	8292

In 1998 we published a report entitled *No Worries?* in which we did these two things in considerable detail. This article incorporates survey data up to and including 1999.

How should we measure 'mental health'?

One concern that prompted us to do so was the high level of public attention given to the relatively few young people in real crisis (the Government's criterion for measuring the nation's 'mental health' is still the suicide rate), whereas we felt that the less disastrous but still disabling worries that from time to time affect most people, young and adult, were in practice a more fruitful area for study and action. This article is based on some sections of the *No Worries* report, which is still available from the Unit.

Summarising the 'clinical' situation between the age of five and puberty, mental health problems are divided largely into *conduct disorders* and *emotional disorders* specific to childhood. Boys with conduct disorders outnumber girls by two to one.

Depression is found in about 10% of 11-16 year old girls. *Disorders of mood* (anxiety and depression) are found in 15-20% of 15-19 year old girls.

It isn't a fault to need help

However, very serious problems are relatively rare. Most young people cope well enough with their lives, often with an abundance of energy and optimism. It sometimes seems that we know more about the small minority that manifest acute mental symptoms than we do about the vast majority, who just have the occasional problem!

Young people may be reluctant to admit that anything is wrong or to seek help.

When they find themselves in a difficult situation, young people may be reluctant to admit that anything is wrong or to seek help. They may believe that no one can understand how they feel, or be ashamed of not coping, or be convinced that they can manage on their own and perceive offers of help as interference. As carers we need to explain to them that emotional problems are common and that many others have experienced similar feelings.

The presence of a school counsellor, freely available to all on a confidential basis, would be an acknowledgment that seeking help with problems – within their circle of family and friends or outside it – is a praiseworthy course of action, not a sign of weakness.

The biggest causes of worry

What do our surveys suggest are the major worries for young people?

Totalling the percentages in the table on the previous page gives the following 'Top 5' in descending order of importance:

- **The way they look**
- **Family**
- **School**
- **Friends**
- **Career**

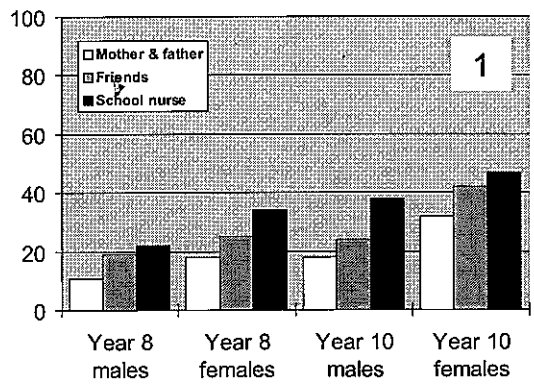
It is significant that *health* and *money* do not appear in the Top 5 worries, which are mainly to do with 'relationships'. This has a number of implications for the ways in which schools, health authorities, and other groups concerned about young people should:

plan strategies;
design and select content and methods;
organise their teaching.

Modest levels of worry are not just normal but may in fact be beneficial.

Most people worry about something

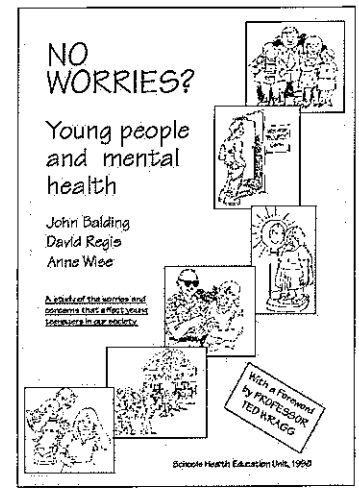
The bottom line in the table shows that at least half of all these year/gender groups worry quite a lot or a lot about at least one item in the table. In other words, to worry is normal.



Our report on young 'worriers' was published in 1998.

It concentrates on Health Related Behaviour Questionnaire results for 16,732 young people surveyed in 1997, but also looks at our 'worry' data back to 1991.

The price is £15 including postage.



We wonder if the WHO definition of health as *a state of complete physical, mental and social well-being*, is partly a description of complacency. Modest levels of worry are not just normal but may in fact be beneficial: if we are concerned about ourselves, our family, our friends, our environment and our future, we will also be careful to plan sensibly, take account of what can go wrong, be more reliable, helpful, punctual and so on.

Within both age groups, more females than males worry about almost every item in the list, *the way you look* showing one of the largest relative differences. From other questions we know that the majority of Year 10 females are unhappy about their weight. This is a bizarre situation, bearing in mind that the great majority are also within the limits of 'healthy' weight. It seems to be a demonstration of the power of persuasion over common sense.

Seeking help outside the family (1)

The analyses in our *No Worries?* report pointed to the central role of the family. Family type, in particular the presence of mother and father in the home and the young people's level of confidence in them, is related to lower worry levels, and we can see how family members are the first point of support for the vast majority of young people.

The graph, which is based on data we collected from almost 18,000 young people in 1997, analyses two groups within this sample. The white group say they would be most likely to turn to their *parents* (both mother and father) with at least one type of problem, the grey say *friends*, and the black group would turn to the *school nurse*.

The columns represent the percentage of 'high worriers' within each group.

It is clear from this that the youngsters seeking help from the school nurse are likely to be

greater general worriers, regardless of the seriousness of the particular problem that prompts the counselling.

Have worries changed?

The Health Related Behaviour Questionnaire lists a number of 'problem areas', and invites the young people to say how much they worry about each one.

The rise since 1995 in the proportion worrying about school is remarkable.

The graphs on this page examine the results for the Year 10 pupils as far back as the record for each question extends, and show the percentage that worry *quite a lot* or *a lot* about the different problems.

We see that their appraisal of these sources of worry has changed, but in different ways.

School (2)

The rise since 1995 in the proportion worrying about school is remarkable. Before then, the level had been fairly uniform for at least five years.

Work commitment and performance would not be the only cause of worry: Relationships with staff and pupils, possibly even the journey itself, could influence their attitude.

Whatever the underlying cause, is it 'healthy' for almost 40% of the Year 10 girls to be worrying so much about school?

Personal appearance (3)

Ever since we started asking the 'worry' question, personal appearance has been top of the list for both genders. But a slight decline over the past three years or so has brought the levels to the lowest of the decade. In fact, in 1999 slightly more of the boys worried about school than about their appearance.

Twice as many girls as boys worry 'quite a lot' or 'a lot' about friends.

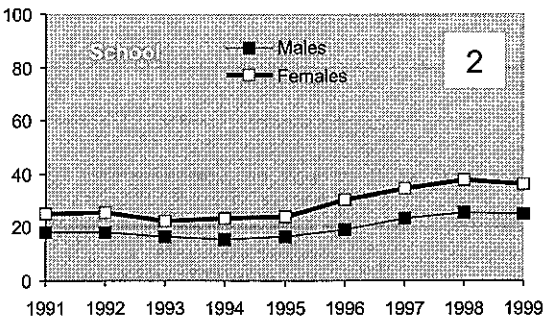
Money (4)

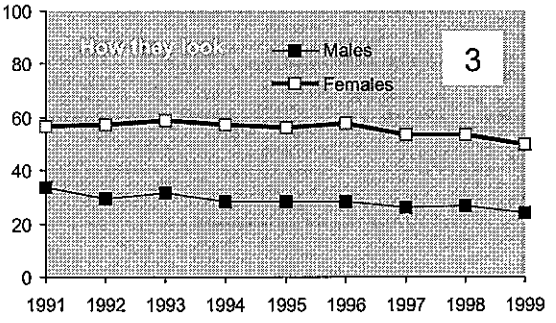
This graph has two interesting features: the pronounced rise followed by a sharp fall, and the divergence of the boys' and girls' worry levels after 1993. The second effect is a very unusual one, since gender differences in almost all the health-related behaviours we measure tend to survive their rises and falls.

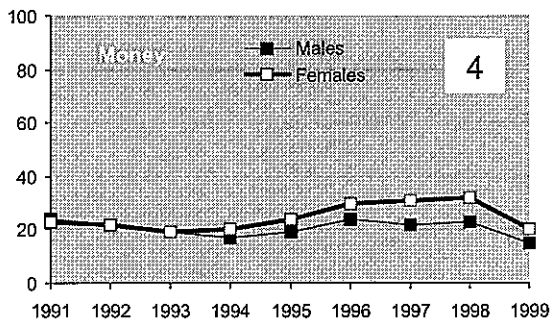
Friends (5)

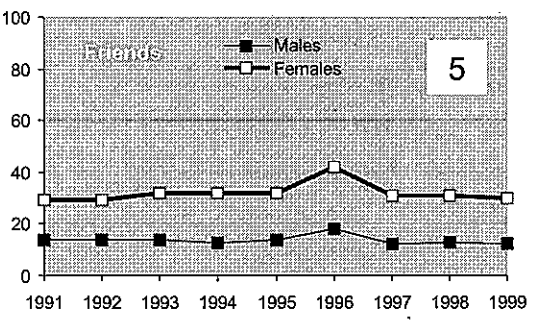
The general level for worry about friends has remained fairly steady during the Nineties, apart from a jump in 1996 that is also seen in the 'family' data, but not elsewhere.

Its most interesting feature is the fact that twice as many girls as boys worry 'quite a lot' or 'a lot' about friends — or should we say half as many boys as girls do?









Family (6)

More of these Year 10 pupils worry about their family than about their friends, but the 'profile' is very similar.

HIV/AIDS (7)

The fall in worry levels over HIV/AIDS is the most pronounced trend we have yet measured.

The fall in worry levels over HIV/AIDS is the most pronounced trend we have yet measured.

We wonder when concern peaked. The only other information we possess is from a question asked between 1990 and 1992 about their personal fear of catching HIV. The percentages for Year 10 responding 'quite a lot' or 'a lot' were as follows:

	1990	*1991*	*1992*
Males	24.8	22.1	16.9
Females	30.3	27.1	29.2

The males show a decrease, while the females show no certain change. This evidence, such as it is, suggests that concern about HIV was at least as high in 1990 as in 1993.

Drugs (8)

The article beginning on the following page presents evidence for a 'peak' in young people's exposure to drugs in 1995-96, and the data summaried in the diagram are discussed more fully on page 19.

The 'peak' in drug worry levels in 1995-96 coincides with other data recording the annual percentages of young people that had used drugs.

Bullying (9)

Much of our research has pointed to family structure as a strong indicator of 'health'.

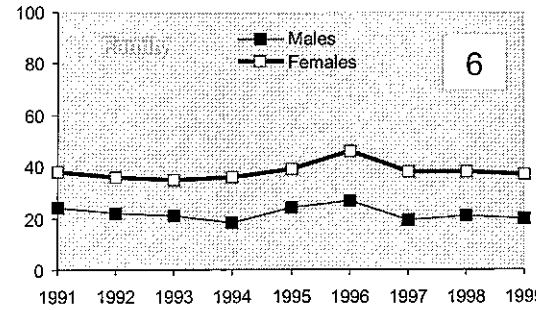
It is possible to interpret these data as representing a fall, but with about 30% of Year 10 females worried about bullying, the message is not a very reassuring one.

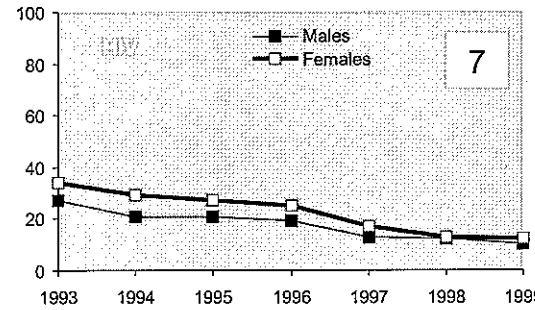
Conclusion

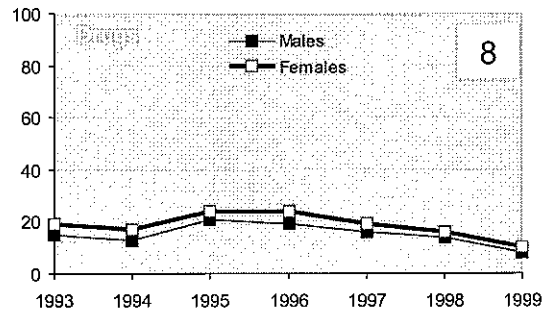
As stated at the beginning of this article, one accepted measure of the nation's mental health is how many people are driven to suicide. The attraction of this evaluative method is that it uses a readily-measurable number, but it represents the very small group of people that are in real crisis, rather than the huge number that try to cope with all sorts of worries with a greater or lesser degree of success.

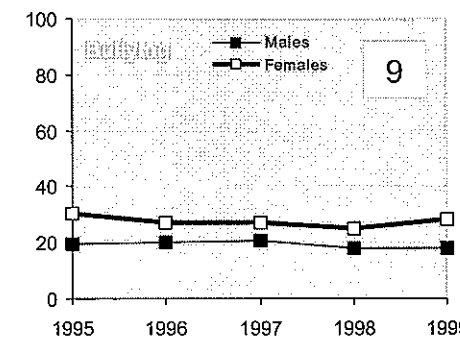
This article has discussed measures of different 'worry levels' during the Nineties. They do not tell a consistent story. More people nowadays are worrying about school, fewer are worrying about HIV, and about the same number have always worried about family and friends. On this evidence it would be difficult to judge whether the young nation's 'mental health' has improved or worsened during this decade, and we might even question whether the concept has a useful meaning.

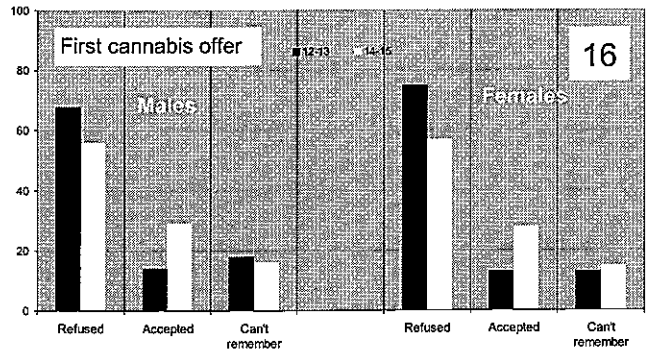
As an exercise, we once asked several classes of young people to grade items in a checklist in order of importance. The top three were almost invariably *friends; privacy from adults; love and a strong family*. So much of our research has pointed to family structure as a strong indicator of 'health' that this comes as no surprise. Perhaps these responses just stand for *security*, which does not necessarily mean freedom from worries, but confidence that they have caring people to turn to with their problems.











meeting in school, or information leaflets for parents may be given out.

The first time they were offered cannabis...(17)

Most say that legalising cannabis would make no difference to them.

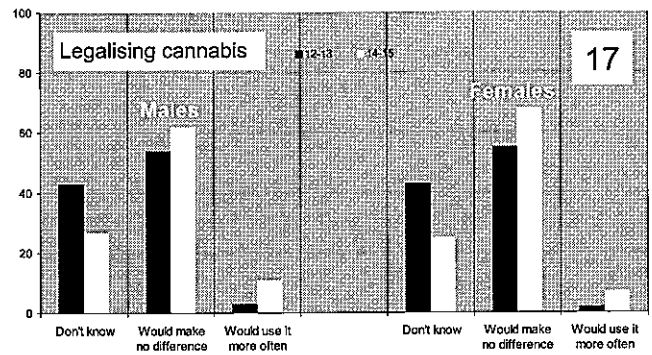
Since cannabis is by far the most likely drug to be offered and used, the 1999 questionnaire introduced two new questions specifically about this drug. We therefore have no 'history' of responses and interpretation, as is the case with most of the data in this report.

The histogram shows twice as many first-time acceptances by the 14-15s as by the 12-13s; page 18 shows that about 35% of the older pupils had been offered cannabis, compared with 8% of the younger ones. It is clear that some of the first-time refusers must have gone on to accept a later offer (or possibly gone shopping for supplies) in order to explain the current levels of use.

When we asked about their remembered feelings at the time, *fear of getting into trouble with their parents* was the most common reaction of the younger group, while *curiosity* led for the older ones. *Fear of authority* declined with age, as did reluctance to *lose face with friends*, which, interestingly, was the least common overall reaction.

It is interesting to compare the reactions of the 'refusers' and 'acceptors' (14-15 data):

	Refusers	*Acceptors*
Curious	35%	66%
Keen	8%	56%
Worried about health	55%	11%
Trouble with parents	64%	26%
Trouble with police	48%	14%



The message seems to be that keenness and curiosity are the strongest motives for acceptance, and health risks and possible trouble with parents are the strongest deterrent. Dislike of smoking also turns out to be a powerful factor. It is interesting how differently the refusers and acceptors handle the health issue!

The connection between acceptance and smoking is to be expected, since use of legal and illegal drugs correlates so strongly. In addition, however, familiarity with smoking tobacco would help to lower the hurdle of having to learn how to inhale smoke from a cannabis 'joint'.

If cannabis were made legal...

This question was introduced because of interest by The Prince's Trust in young people's reactions to the current law.

The most common response from all the pupils is to say that the legalisation of cannabis would make *no difference* to them personally. This is particularly the case for the 14-15s, who seem to have resolved some of the uncertainty shown by the 12-13s.

However, 12% of the 14-15 males and 7% of the females say that they would use it *more often* — so on the basis of these figures there would be a net increase in cannabis consumption if it were made legal.

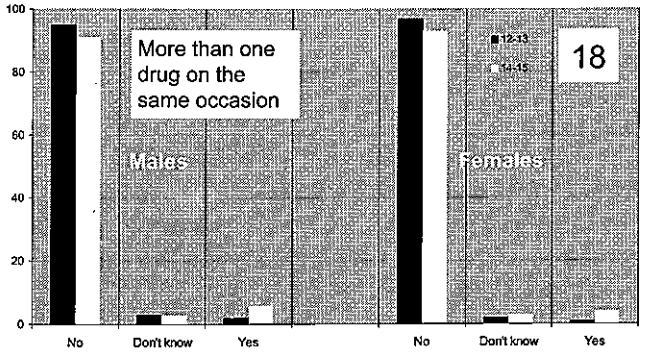
How users and non-users responded

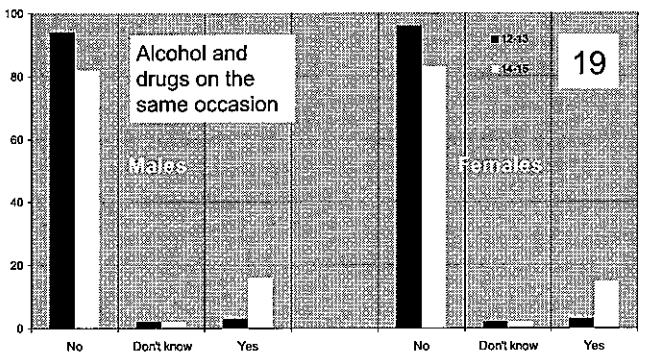
But does this mean that *more* of these young people would use it, or that the ones that already use it would *increase* their consumption?

Dividing the young people into those who have and have not ever tried cannabis reveals a large difference in anticipated use. Only 3% of the 'non-user' group think that they would use cannabis if it were de-regulated, but 44% of current users would expect to use it more often.

As well as suggesting that de-regulation would not greatly increase the *number* of cannabis users, this analysis also suggests some robustness in young people's attitudes with respect to drugs. It does not support the views (*a*) that the law against the possession of cannabis is a strong deterrent for young people, (*b*) that the law is an important factor in determining their choices about cannabis, or (*c*) that a change in the law would affect the behaviour of the majority of young people.

Of course, these personal predictions of levels of use may or may not be realistic, but we have no reason not to take them at their face value.





Mixing drugs (18, 19)

A school of thought in health education suggests that rather than advocating a simple policy of total abstinence (*Just Say No*), a more sophisticated educational message based on risk awareness, decision-making and harm reduction would be more realistic.

Drinking and smoking are the two most important correlates of having tried illegal drugs.

In particular, even if cannabis use is not to be condoned, at least it is not a cause for panic. Of much more concern should be:

- the use of drugs other than cannabis;
- taking different types of drug on the same occasion;
- using alcohol in combination with illegal drugs.

The charts presented above show that fewer than 10% of the 14-15s have ever used drugs in combination, and about 15% have used drugs in combination with alcohol. Given that so much of young people's reported drug use is related to cannabis, it must be the case that cannabis is involved in many of these instances, as no other drug is used by as many as 15% of this group.

These new questions are considered particularly useful in promoting discussion about harm reduction. For example, many deaths that are attributed to barbiturates may in fact be caused by barbiturates in combination with alcohol, and some deaths from heroin may be attributable to the use of this drug in combination with tranquillisers like Temazepam.

Picture of a 'drug user' (20)

We have taken as our yardstick the overall 'ever tried' measure of drug use, although a fuller analysis might also look at regular or recent use.

The major correlates of drug use are shown in the panel below. All these correlations are statistically highly significant, but this is a result of the very large samples we have available for analysis. Associations become truly significant – that is, important in a practical sense – when large differences in drug use appear between groups divided according to one measure or another. Some of the more striking or thought-provoking of these we display in the accompanying diagrams, and add some brief comments here.

■ *Drinking and smoking*. Drinking and smoking are the two most important aspects of health-related behaviour that are linked to having tried illegal drugs. For example, the group of 'non-drinkers' during the previous week includes about 12% of female 'drug users', but the group that had a drink every day includes almost 70%. (We emphasise again that these may not be *current* drug users.)

Correlations are very substantial for all smoking and drinking-related items in the Health Related Behaviour Questionnaire (between 0.4 and 0.7 on a scale from 0.0 to 1.0), so we might expect drug use to be related to everything that smoking and drinking are related to, although there may be some interesting exceptions.

■ *Weekly income* shows a strong positive correlation with drug experience, but money is a liberating factor in many health-related behaviours!

■ *Use of painkillers*. The use of this particular 'drug' does not seem to be linked to use of illegal drugs. On average, considerably more

Some major correlates of illegal drug 'experience'

Use of legal drugs	Smoking by self, family and friends, purchase of cigarettes
	Drinking alcohol, purchase of alcohol
Personal background	Not living with both parents
	Favourite adult not either parent.
Personality factors	Self-esteem higher
	Perceived control over health lower.
Social behaviour	More likely to be currently dating
	Spending money on clubs/discos
	Earning money
	Having higher personal income
Health attitudes	Less concerned about healthy eating
	Lower participation in preventive health behaviours
Other health and safety behaviours	Less exercise
	More self-medication

20

females than males take painkillers, but the 'drug use' proportion within the groups is similar.

■ *Favourite adult.* The group naming 'both parents' contains the smallest proportion of drug users. 'Adult friend' (i.e. not a relation, and not connected with school) contains the highest proportion.

■ *Home location.* We note that 'village' contains marginally more 'users' than any other locality description; some time ago the Home Office called attention to the problems of drug prevention in rural areas.

■ *Boyfriend or girlfriend.* The correlation with drug experience is consistent with the general finding that 'drug users' are more likely to be dating, earning money, and spending money in clubs and discos.

■ *Self-esteem.* Part of the reasoning behind health education in schools is that if we build up young people's self-esteem they will be less tempted to try drugs and be more able to resist peer pressure to experiment. However, in 1995 we observed that young people's recorded drug experience — which is principally of cannabis — is directly related to self-esteem, and the 1999 data repeat the finding.

Young people's recorded drug experience is directly related to self-esteem.

This is not surprising when we look at some of the other social aspects of behaviour. High self-esteem is more likely to be found among sociable and outgoing young people, who are therefore nearer to the 'drug scene'. However, if we look at more problematic use of drugs — for example, mixing drugs — the correlation with self-esteem reduces or even reverses.

The overall message may be that the meaning and function of young people's behaviours must be considered in the context of the rest of their lives.

Curriculum 2000: Citizenship & PSHE

From the QCA website

Citizenship will be created as a new National Curriculum subject for all 11-16 year olds from September 2002, and a national non-statutory framework for the teaching of PSHE from September 2000 has been produced.

PSHE and citizenship help to give pupils the knowledge, skills and understanding they need to lead confident, healthy, independent lives and to become informed, active, responsible citizens.

Pupils are encouraged to take part in a wide range of activities and experiences across and beyond the curriculum, contributing fully to the life of their school and communities. In doing so they learn to recognise their own worth, work well with others and become increasingly responsible for their own learning.

They reflect on their experiences and understand how they are developing personally and socially, tackling many of the spiritual, moral, social and cultural issues that are part of growing up.

They also find out about the main political and social institutions that affect their lives and about their responsibilities, rights and duties as individuals and members of communities.

They learn to understand and respect our common humanity, diversity and differences so that they can go on to form the effective, fulfilling relationships that are an essential part of life and learning.

http://www.dfee.gov.uk

This ironic document, produced by the Townsend Centre, was circulated at a recent meeting attended by Research Manager David Regis.

Ten Tips for Better Health – Saving Lives: Our Healthier Nation

- Don't smoke. If you can, stop. If you can't, cut down.
- Follow a balanced diet with plenty of fruit and veg.
- Keep physically active.
- Manage stress by, for example talking things through and making time to relax.
- If you drink alcohol, do so in moderation.
- Cover up in the sun, and protect children from sunburn.
- Practice safer sex.
- Take up cancer screening opportunities
- Be safe on the roads: follow the Highway Code.
- Learn the First Aid ABC – airways, breathing, circulation.

Ten Tips for Staying Healthy – Townsend Centre for International Poverty Research

- Don't be poor. If you can, stop. If you can't, try not to be poor for long.
- Don't have poor parents.
- Own a car.
- Don't work in a stressful, low paid manual job.
- Don't live in damp, low quality housing.
- Be able to afford to go on a foreign holiday and sunbathe.
- Practice not losing your job and don't become unemployed.
- Take up all benefits you are entitled to, if you are unemployed, retired, sick, or disabled.
- Don't live next to a busy major road or near a polluting factory.
- Learn how to fill in the complex housing benefit/asylum application forms.

UKPHA

Books

Sex Education in Secondary Schools by Jennifer K. Harrison. Open University Press, 192pp, £15.99. This book addresses three principal questions: *How should the legislation for sex education be interpreted? How can sex education fit into the work of the health-promoting school? What are effective teaching and learning styles for sex education?* The author, a lecturer in education at Leicester University, covers a great deal of ground in this book, and she is not afraid to be critical of unhelpful legislation, which she calls a 'minefield'. There is also a great deal of information with respect to content and process to help new teachers — who, as she notes, typically reveal 'an extensive lack of confidence in this area compared with their subject work'. As with so many books of this type, the layout is uninviting and does not do justice to the contents.

Bullying in Schools by Ken Rigby. Jessica Kingsley Publishers, 312pp, £15.95. 'The key to reducing bullying,' say the cover notes, 'lies in schools embracing an ethos in which it is impossible for this sort of abuse to flourish.' This is a very comprehensive study of bullying, which teachers would find a useful resource to have in the staffroom, in particular when designing school support policies. Teachers will be very interested to see different aspects of bullying discussed in terms of power and the relationship between the parties. The book is based on studies carried out in Australian schools, but its principles and practices would certainly apply in this country too.

Marching to a Different Tune by Jacky Fletcher. Jessica Kingsley Publishers, 122 pages, £9.95. This is a 4-year study of Stefan, a boy with ADHD (Attention Deficit Hyperactivity Disorder), beginning at his tenth birthday, in the form of a diary written by his mother. It makes harrowing reading. *Stefan up until gone midnight. He splattered blue ink all over the toilet seat and bathroom walls. He broke a drainpipe at school... Stefan stopped all the escalators whilst we were in a large department store... Horrendous weekend! Stefan was completely'over the top' — running, jumping, hitting out, throwing himself about...Stefan's oldest sister is almost twelve. She finds Stefan a constant embarrassment in front of her friends. She has little privacy as he is always barging into her bedroom and taking her things. We fixed a lock on her door, but after many kicks and beatings the door finally gave way. The furniture in his room is nearly all broken.* His mother writes: 'We pray for him daily that he will be helped and that we too will be given the strength day to day to cope with whatever the day brings forth'.

Young Children's Behaviour by Louise Porter. MacLennan & Petty, 320pp, £19.95. The author, a child psychologist, writes that this book is about 'how you can prevent most disruptive behaviour and deal with those episodes which do occur in a way that looks after everyone involved — you, the upset child, onlooking children, and any victims or recipients of the inappropriate behaviour'. Sections include *Children's self-esteem, Difficult behaviour, Specific behavioural challenges,* and *Caring for the adults.* A bold feature is the use of masculine and feminine pronouns in alternate chapters to refer to children of either gender — such a relief after *he/she* or, even worse, *s/he*!

Unit surveys

The Unit is currently involved in more than a dozen Health Related Behaviour Questionnaire surveys, extending from Glasgow to the Channel Islands and from Cornwall to Essex. (Co-ordinator's name in parentheses.)

Recently-completed projects include:

Cornwall: 13 primary and 6 secondary schools (Marilyn Philpott).

Gloucestershire: 41 primary and 14 secondary schools (Sheila Brown).

Guernsey: A smoking study in 4 schools (Steve Mauger).

Sandwell: A large project involving 30 primary and 20 secondary schools, some following the 'pyramid' model of secondary plus feeder primaries. Also a 'smoking' study (Chris Saxon).

Current projects include:

Bury & Rochdale: 18 primary and 6 secondary schools (David Eccles).

Dudley: 83 primary and 29 secondary schools (Sue Poole).

Glasgow: 4 secondary schools (Alistair Pringle)

North Essex: 40 primary and 10 secondary schools (Val Miller).

Jersey: 32 primary and 12 secondary schools (Steve Harvey).

Tees: 5 secondary schools (Linda Wright).

Incipient projects include:

Cambridge: 8 primary schools (Dianne Fenner).

Hartlepool: A National Healthy Schools Standard pilot survey involving 5 primary and 2 secondary schools (Jackie Edwards).

The *Fit to Succeed* project, which aims to stimulate primary children's physical activity and use of local sports facilities, is currently doing a questionnaire evaluation of its impact in seven Exeter schools.