Adolescence is seen in many cultures as different to any other stage of development with influences on young people at this stage having consequences on both their fulfillment and their progression into adulthood. It is a stage where the boundaries are blurred; definitions of the age range differ across contexts spanning 10-19 years, 15-24 years and 10-24 years (UNICEF, 2011). The latter extended age range is credited to an extended transition into adulthood with young people often not independent until their mid-20s, particularly in terms of housing and financial support. It is accepted that during this time young people experience pronounced physical, psychological and behavioural changes which have health care implications unique to this age group. The interaction of these developmental changes and the social determinants of health may have long lasting effect on adolescents’ eventual outcomes. This has been recognised for over forty years, spanning the Black Report (DHSS 1980) through to the recent World Health Organisation (WHO 2014) review of ‘Social determinants and the health divide in the WHO European Region’. Although this review emphasizes the importance of early childhood, it reiterates that action is needed at every stage of life to reduce inequality and create more equality of access to services. Social factors identified as affecting health include family assets, housing, social exclusion, lack of education during adolescence and unemployment (Wilkinson and Marmot, 2003).

There are approximately 7.4 million, 10-19 year olds currently living in the UK representing 12% of the population. The majority (93%) live with either one or both parents with an increase in those in their 20s remaining within the parental home generally attributed to youth unemployment which stands at 14.8% in the UK (Eurostat 2014), welfare cuts and the rising cost of housing. Of the 7% of young people living in other situations, 37,730 young people over the age of 10 years were being looked after by local authorities (2012 census) and the remainder in prison or living with others who may be family members.

In the UK in 2010/11, 14% of 0-19 year olds were living in low income households indicating that they did not have basics considered to be standard. The UNICEF (2013) survey of child well-being in OECD countries showed the UK to be 14th out of 15 comparing relative child poverty in those aged 1-17 living in households with incomes below 50% of the national median. It is recognised that children living in poverty do less well at school and this can put them at a disadvantage in later life.

Assessing educational attainment in the UK is challenging due to differing measures of achievement however what is certain is that achievements vary by social factors with adolescents who are ‘looked after’ and those from some minority groups and low income all doing less well. On a more positive note, exclusions from school are on the decline although boys continue to be excluded more than girls (Department for Education 2012).

Mental health is major part of well-being as is reflected in the articles in this special issue. Mental health, disorders are relatively common and these disorders impact on young people’s ability to engage in many aspects of society. Disorders range from anxiety and depression, eating disorders, attention deficit, hyperactivity and self-harm. It is also during this period of development that schizophrenia can be
diagnosed. Half of those with lifetime mental illness (excluding dementia) first experience symptoms by the age of 14, and three-quarters before their mid-20s (Kim-Cohen et al 2003). The rates of disorder rise steeply in middle to late adolescence. Between 11–15 years the incidence is 13% for boys and 10% for girls, but approaching adult rates of around 23% by age 18–20 years. Between 10–13% of 15–16-year-olds have self-harmed although only a fraction of cases are seen in hospital settings (Hawton K. et al 2002). Around 60% of ‘looked after’ children and 72% of those in residential care have some level of emotional and mental health problem (National Institute Clinical Excellence 2010). With regards to long term conditions, one in seven young people aged 11-15 years report having a long term illness or disability (Brooks et al. 2011). A range of conditions are reported with long term pain and chronic illness the most common impairment for those in the upper age range of adolescence (Department for Work & Pensions 2011). There are increasing numbers of young people with long term conditions who will transition to adult services and this is an area currently receiving attention from National Health Service (NHS) England. Although having a lower overall morbidity than older age groups, young people do experience hospital admissions with a significant number of emergency admissions accounted for by those between 15-19 years. However, despite this, specialist services for this group are sporadic with few hospital facilities specifically designed for adolescents. Kennedy (2010) reported that the measure of priority given to children and young people is reflected in the amount of funding (0.061%) to their care as a proportion of the total funds of the NHS. It is clear that today’s young people face challenges and obstacles to their development which are influenced by a variety of biopsychosocial influences. In order to manage this journey they need the support of their family and society as a whole.

The eight articles featured in this special issue are representative of only some of the challenges faced by young people, their families and their carers. These articles provide an international perspective of adolescence with authors from Australia, the United Kingdom, the United States of America, Hong Kong and Sweden.

The focus of the articles shifts from adolescents themselves to their parents and families and finally to health care practitioners. Fok and Wong (2005) emphasise how in the early stage of adolescence there is a need to provide coping strategies to deal with the potential stressors of this stage of development. The effect of experiencing such stressors may contribute to how the experience of chronic pain at this stage can have detrimental effects on adolescents’ ability to deal with the everyday challenges of being a teenager. Wojtowicz and Banez (2014) explore the biopsychosocial characteristics of 100 adolescents with chronic pain who were admitted to a rehabilitation programme and suggest that gaining a greater understanding from a holistic biopsychosocial perspective will provide information to help these young people’s rehabilitation.

Three articles focus on parents of adolescents. McDonald et al (2007) focus on gaining insights into the experience of parents of young people who engage in self-harming behaviour. Their insights aim to help health care professionals assist parents more effectively. The challenge of being a single parent to young people is explored by East et al (2006) who examine the issue of single parent families that led by women. East et al provide a critical review of the literature highlighting the importance of father presence and the consequences of father absence on children and young people. Hallberg and Hakansson (2003), report on a programme developed with and by parents of teenagers which equipped parents with knowledge and insights on the teenage phase.

Another supportive focus is taken by Prior and Limbert (2013) who explore adolescents’ perceptions of family meals as such meals have been found to enhance diet quality, social interaction and wellbeing. They found that frequency of family meals increased family togetherness.

The teenage years are a time when a significant proportion of young people are in need of mental health services. Ramritu et al (2002) report on a study of generalist nurses in Australia who provided care to adolescents with mental health problems in a general hospital. Although more than two third of nurses reported feeling adequately prepared to provide the necessary support, strategies were identified to improve support and care. Finally, a positive picture of care of adolescents admitted to children’s wards as an emergency is provided by Clift et al (2007). Adolescents who were interviewed reported relationships with health care professionals fostered a positive experience for adolescents.
There are many recognised challenges facing adolescents as they move through this sometimes turbulent stage of development. However, families and health care professionals, as seen in this special issue, are well placed to provide support to enable young people to cope and move forward confidently toward adulthood.

References


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