3 things affecting teenagers' mental health

Researchers at the BrainWaves conference last week summarised a range of studies that tell us more about adolescent wellbeing, and how schools might be able to support young people's mental health

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Last week dozens of researchers and school staff gathered in London to attempt to answer the question "how can we improve adolescent wellbeing?"

The conference followed reports of a building mental health crisis - since around 2012, researchers have found that young people are experiencing growing rates of **depression**, **anxiety** and **suicidal thoughts**.

Teachers have been on the frontline of dealing with these needs, often in the face of **external services crumbling around them**.

To understand more about trends in young people's wellbeing and the role schools play in supporting it, researchers from the University of Oxford (working across neuroscience, psychiatry, education and data) have established the BrainWaves project, which aims to increase research into adolescent mental health and give schools evidence-based resources.

As part of this work, the researchers have recruited a cohort of 16- to 19-year-olds whom they will follow over several years, to examine how the teenagers' wellbeing is affected by social, psychological, educational and biological factors. Other researchers will also be able to use insights from the cohort for their own studies.

At BrainWaves' conference last week, researchers and educators came together to share insights (drawn either from the BrainWaves cohort or from separate research) and to offer potential inroads for tackling mental health difficulties.

Here are some of the key takeaways:

School 'climate' likely has an impact on mental health

In one study, led by Professor Praveetha Patalay, professor of population health and wellbeing at University College London, researchers used data from around 25,000 children across more than 600 primary schools to understand more about how school environment affects wellbeing.

To help measure the "climate" of the school, pupils were asked questions about, for example, whether they felt people cared about each other at the school, whether they felt safe and whether they felt they could go to teachers for help.

When these responses were aggregated across a school, Patalay said, it explained “almost half” of the variation in pupil mental health between schools.

While on the whole, there are greater differences in mental health between the pupils in a given school, she continued, a small amount of the difference in young people’s mental health can be accounted for by systematic school-level differences - and around half of that small amount “is explained by children feeling like their school is a safe space, even after accounting for school characteristics”.

Schools where pupils reported a better climate also saw a smaller gender gap in pupils with emotional or behavioural difficulties.

The takeaway, Pataly said, is that “schools are a key context for young people and can play a large role in preventing [mental health difficulties] and supporting their mental health”.

However, “this doesn’t just have to be formal interventions, but also thinking more broadly about creating the conditions where schools feel like safe and positive spaces for children”.

Social media isn’t all bad

The government has already announced it will introduce a **social media ban** on certain apps for under-16s, with restrictions expected to be in place by the spring.

Phones and social media are often blamed for high depression and anxiety in young people, and, as a result, many people have welcomed the ban.

However, others have warned a blanket ban misses some of the nuance, and point out that there are still practical questions remaining for schools.

In support of the latter view, Dr James Lian, a postdoctoral researcher in psychiatric epidemiology at the University of Oxford, has split social media use into two categories: avoidant-escapist and social-recreational. The first category includes young people who say they use social media as a distraction or procrastination, out of boredom or because they feel addicted to it. The second category includes young people who say they use it to socialise, communicate with friends and family, or for entertainment.

The two are moderately correlated, but avoidant-escapist use is associated with poorer mental health outcomes, while social-recreational use actually has associations with better wellbeing and resilience, as well as lower depression and anxiety.

Further research using the BrainWaves cohort was detailed by Professor John Gallacher, professor of cognitive health at the University of Oxford. In this study, researchers collected data from teens on how often they used different social media apps.

Overall, a correlation was found between longer-duration social media use and a higher combined score for anxiety and depression.

Some of the apps also contributed to poorer mental health regardless of how long they were used for, Gallacher explained. For example, for boys, Discord was particularly associated with poorer mental health.

But there were also apps that bucked the trend. For instance, in this study, Snapchat was actually found to have a negative association with poor mental health.

Another study, explained by Imperial College London's Professor Mireille Toledano, director of the Mohn Centre for Children's Health and Wellbeing, looked at the association between social media use, cognitive performance,

behavioural difficulties and wellbeing, as well as collecting data on lifestyle factors like sleep and physical activity.

“We found that 50 per cent of the association of depression severity and social media use can be explained simply by poor sleep. Now that is enormous,” she said.

In other words, any negative effects of social media could perhaps be mitigated simply by ensuring that young people log off in time to get a good night’s sleep.

“We’ve got something there as a modifiable pathway where we can improve adolescent mental health,” Toledano said.

The impact of ethnicity is context-dependent

The Born in Bradford study, which tracks 60,000 people across Bradford over time (starting from recruiting pregnant mothers between 2007 and 2010) has found that young people from white British backgrounds report higher rates of anxiety and depression than young people from Pakistani backgrounds.

This is despite Pakistani young people in Bradford often living in more deprived neighbourhoods, which has been a hard finding for researchers to explain, said Dr Matthias Pierce, a senior research fellow at the University of Manchester.

Dr Sunil Bhopal, a consultant paediatrician who is director of child health research for the Born in Bradford project, dived deeper into the results.

Context matters, he explained, pointing out that in Bradford, a young person from a Pakistani family may be a part of the majority rather than a minority.

Despite this, early answers from further research suggest that determinants of emotional distress (such as poor sleep, physical activity, bullying, academic pressure and social media use) do differ between young people from white British versus South Asian backgrounds in Bradford.

“One of my messages might be that ethnicity doesn’t cause poor mental health,” Dr Bhopal said. “But ethnicity might tell us something about experiences like belonging, discrimination, opportunity, safety, agency and connection.

“And I guess the question is, for those of you who work in schools, do you see those as the sorts of things that schools can influence?”

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