Health, Happiness and Wellbeing in the Transition from Adolescence to Adulthood:

A systematic overview of population level interventions

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Mental Health Foundation

Who was involved?

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Research Consortium

Mental Health Foundation — Dr Joanne McLean, Hannah Biggs

GCU Glasgow Caledonian University — Dr Pauline Campbell, Dr Alex Pollock, Dr Claire Torrens

The University of Edinburgh — Dr Joanne Williams

University of Stirling — Professor Margaret Maxwell

University of Strathclyde Glasgow — Dr Anna MacIntyre

Children in Scotland — Amy Woodhouse

Why is this important?

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Adolescence

- Defined as period between ages 10 and 24
- A time of major developmental transitions
  - Education and work, becoming independent and establishing control
  - Relationships, family, peer influence and sexual
  - Rapid cognitive and emotional development, risk taking behaviours
- Multiple transitions create multiple risk and protective factors
- Health behaviour patterns established in adolescence can have a long-term impact into adulthood
- Key time for interventions that promote health, happiness and wellbeing

Adolescence in the Scottish Context

- Socio-economic disadvantage strongly correlated with poorer health outcomes amongst Scottish youth
- Despite progress, health inequalities remain a key policy and practice problem
  - Smoking: lowest rates since 1982 **but** 40% in most deprived areas compared to 11% least deprived areas
- Scottish youth more likely to experience drunkenness, poor mental health, exam stress, obesity, teen pregnancy than those in other countries

How we did it

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Study aims

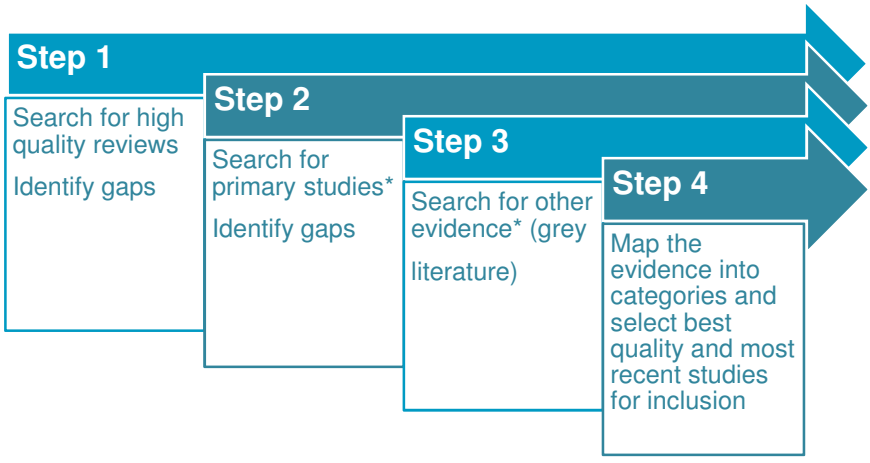
Systematically review research evidence on the impact of population interventions intended to improve health, happiness and wellbeing or reduce inequalities for adolescents transitioning to adulthood

- Set out the territory
- Identify what works and what doesn't seem to work
- Identify gaps
- Influence current research, policy and practice debate
- Provide guidance to the Foundation's work programme

Research question

What works in population interventions (for everyone) designed to improve health happiness and wellbeing or reduce inequalities for young people undergoing the transition to adulthood?

Method



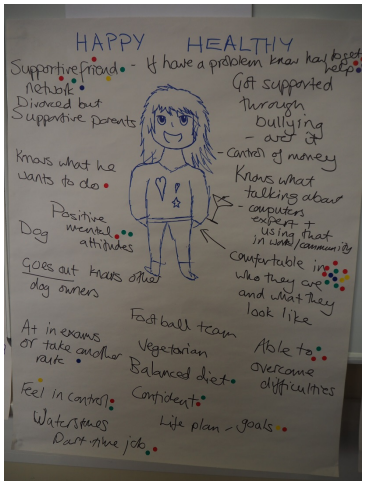
*particular attention on gaps in evidence identified in previous steps

Inclusion and exclusion criteria

Inclusion Criteria	Exclusion Criteria
(i) Studies published within the last 10 years conducted in any country where the results may be relevant to Scotland; (ii) Studies published in English; (iii) Studies of population groups defined as 'adolescent' and/or of people aged 10-24 (iv) Studies of interventions targeted at the whole or 'average' population (i.e. irrespective of level of risk).	(i) Studies of interventions which target clinical populations; (ii) Studies of the impact of interventions on disease end points; (iii) Studies of interventions targeted at young people in higher risk groups (e.g. young people with physical disabilities, learning disabilities, those identified as 'looked after' or 'in care').

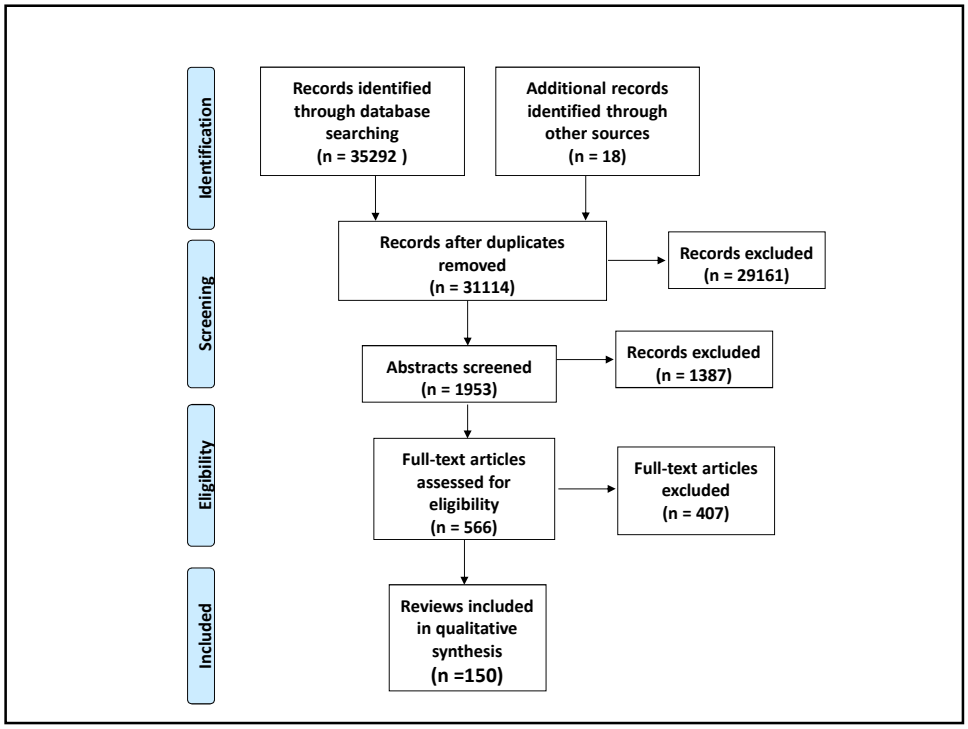
Stakeholder consultation

21 young people
between ages 10 and 21



Priorities identified by young people we consulted with

Higher priority	Mid-priority	Lower priority
• Comfortable in who they are and what they look like • Supportive friends and networks • Supportive adult/teacher who understands you and notices your needs • More support for those aged 16+	• Know how to get help • Positive mental attitude • Feeling in control • Resilience to overcome difficulties in life • Job • Confidence • Life plan / goals • Living in nice place • Financial support for education • Success • Good diet	• Supportive parents • Being able to get out of the house and socialise • Control of money • Pet



Mapping: a holistic approach

Overview of included reviews

Theme	No. included reviews
Mental and emotional wellbeing	20 (5)
Tobacco free living	12
Preventing drug abuse and excessive drinking	22
Sexual and reproductive health	13
Injury and violence free living	11 (1)
Active living	22
Healthy eating	8
Obesity prevention	23 (1)
General health	19 (1)

What did we find?

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Learning points

- Evidence of interventions that contribute to health and wellbeing of adolescents was found in each topic area
- Evidence mainly concerned with proximal determinants of health (e.g. individual motivation, inter-personal relationships)
- Much less on distal determinants (e.g. socio-economic status, rural/urban differences)
- Focus on reducing risk rather than promoting positive wellbeing
- Synthesis of key learning across topic areas was possible

Common features of successful interventions

- Building skills, personal development, social competence has an generic empowering effect and increases self-efficacy
- Multi-component - e.g. combining taxation, local policy, mass media with education, skills building, family etc (but mixed evidence e.g. obesity)
- Intensity and duration
- Engaging - appropriately delivered, culturally relevant, personalised and interactive, empowering healthy decision making, part of whole school approach
- Digital – low cost, extensive reach, utilise positive peer influence, have relevance outside of school

Inequalities

- Impact of interventions on social gradient was rarely addressed with key social determinants largely ignored
- Gender was rarely considered even when known differences exist e.g. self-harm, suicide, dating violence
- Interventions are not progressive enough on LGBTQ issues
- Some focus on inequalities e.g. price and tax in smoking prevention, mental health prevention, schools-based interventions
- Overall, the evidence provides insufficient insight into how universal interventions can effectively reduce inequalities.

Parental / family involvement

- Parental behaviour a key influence on adolescents
- Supportive parents and adults a priority for young people
- Active parental involvement associated with effectiveness e.g. substance misuse, bullying prevention, obesity, active living, physical activity
- Enhancing parenting skills and adolescent / parent relationship contributes to effectiveness
- Not always effective e.g. fruit and veg access
- Need further exploration of influence of diverse family types and quality of family relationships on impact

Peer leadership and involvement

- Key priority for young people but mixed results
- Effective in reducing tobacco, cannabis and alcohol consumption
- Poor outcomes in sexual health
- Social reinforcement from peers important in promoting health behaviour change through social media-based interventions
- Peer support may be more effective in context of supportive socio-cultural environment

Schools and communities

- Key delivery context – but many interventions do not occur in Scottish schools
- Health promoting schools can be effective e.g. bullying, physical activity, reducing BMI
- Schools based interventions effective when complemented by a supportive school culture e.g. food environment, bullying, mental health, teenage pregnancy
- Supportive school environments can also help reduce health inequalities
- However, schools based interventions may not impact outside school e.g. bullying
- School-based interventions may not reach those in need

Stages of transition

- Transition itself was not a focus
- Substance misuse evidence suggests different effect at different stages of adolescence:
  - Social competence effective for all stages
  - Social-norms most effective for early adolescence
  - Peer support less effective in middle adolescence when peer influence is highest
  - Social influence based refusal skills most effective for late adolescence when peer influence is least

Key gaps in the evidence

- Across all topics areas - mental health, cyber-bullying and psychosocial aspects of obesity
- Resilience and positive wellbeing (e.g. mental and sexual wellbeing)
- Digital and social media based interventions – esp. online safety and sustainment of engagement
- Transition – developing supportive relationships with adults and peers
- Understanding of why interventions work
- Involvement of young people in intervention design and evaluation
- Evidence from Scotland and rest of UK

Some next steps

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Future directions for participatory intervention research

- There is disconnect between high quality review evidence and real-life experiences of Scottish adolescents
- Importance and pace of change in the digital world and peer support need to be better addressed by research
- To keep up, we need new, less traditional and more participatory approaches to intervention development and evaluation
- Make better use of e-learning environments, platforms and expertise to create and evaluate accessible and engaging online resources
- Evaluations should:
  - incorporate analysis of impact on inequalities
  - focus on implementation processes

For practice and policy

- Universal interventions could be more holistic, preventative, positive and inclusive
- Explore further the potential for universal interventions to reduce inequity
- Map current Scottish practice and evidence of what is working
- Empower young people to be involved in decisions affecting their wellbeing
- Bring young people, policy makers, practitioners, researchers, parents together to jointly respond to the evidence

Contact

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