Prognosis of common mental health disorders in young people

A prospective, longitudinal cohort study in Australia suggests that depression and anxiety in young adults frequently begin in adolescence. Mental health disorders in adolescents may persist into young adulthood, although in a proportion of cases (especially those of brief duration) can be limited to teenage years.

**Overview:** Common mental health disorders – such as depression, generalised anxiety disorder, panic disorder and social anxiety disorder – may affect up to 15% of the population at any one time. Depression and anxiety disorders can be lifelong conditions of relapse and remission. The severity of common mental health disorders can vary considerably, but all can be associated with significant long-term disability.

Studies in adults indicate that most mental health disorders begin before the age of 25 years – often between 11 and 18 years (Kessler et al. 2005). Adolescence may therefore be seen as a time of vulnerability when much of the disease burden from mental health disorders emerges (Gore et al. 2011). But despite the frequency of anxiety and depression in young people, it is not clear the proportion of young people in whom syndromes persist into adulthood.

**Current advice:** NICE guidance on depression in children and young people (currently being updated) recommends that healthcare professionals in primary care, schools and other relevant community settings should be trained to detect symptoms of depression, and to assess children and young people who may be at risk of depression.

A stepped-care model should be used for treatment of depression in children and young people aged between 5 years and 18 years. Children and young people with mild depression (including dysthymia) should be treated with watchful waiting and non-directive supportive therapy, group cognitive behavioural therapy or guided self-help. Children and young people with moderate to severe depression, including those with signs of a recurrence of depression, should be referred to Child and Adolescent Mental Health Services (CAMHS) for treatment with brief psychological therapy and fluoxetine if depression is unresponsive to psychological therapy after 4–6 sessions.

After full remission, children and young people who have been depressed should be followed up for a year. Those at high risk of relapse, including those with recurrent depression, may benefit from an extended period of psychological therapy and practical help to self-monitor symptoms of relapse. They should be followed up for at least 2 years after remission, and should be seen urgently if they are re-referred to CAMHS.

The NICE Pathway on depression brings together all related NICE guidance and associated products on the condition in a set of interactive topic-based diagrams.
New evidence: A prospective, longitudinal cohort study by Patton et al. (2014) examined the persistence of common mental health disorders among young people into adulthood. Between 1992 and 2008, depression and anxiety were assessed in a stratified random sample of 1943 students (mean age=15.5 years at study start, 29.1 years at study end) recruited from 44 secondary schools in Australia. Assessments were made using the Revised Clinical Interview Schedule (CIS-R) at 5 time points in adolescence and 3 in adulthood. A score of 12 or higher represented a level of mental disorder at which intervention by a family doctor would be expected.

A total of 734 participants had a common mental health disorder at least once during adolescence: 236 of 821 men (29%) and 498 of 929 women (54%). A total of 109 (47%) of these men and 323 (65%) of these women had at least one further episode as an adult. Among young people who had only 1 adolescent episode lasting less than 6 months, 39% of men and 54% of women had at least one further episode as an adult.

Factors among young people with mental health disorders that predicted the persistence of these disorders into adulthood were:

- longer duration of mental health disorders as a young person (odds ratio [OR] versus those without the factor=3.16, 95% confidence interval [CI] 1.86 to 5.37)
- being female (OR=2.12, 95% CI 1.29 to 3.48)
- background of parental separation or divorce (OR=1.62, 95% CI 1.03 to 2.53).

The rates of adolescent-onset mental health disorders fell to almost half in people in their late twenties (mean age=29.1 years) compared with those in their early twenties (mean age=20.7 years; OR=0.57, 95% CI 0.45 to 0.73).

The authors concluded that common mental health disorders in young adults frequently begin when they are young people. Mental health disorders in adolescents may persist into young adulthood, although in a proportion of cases (especially those of brief duration) can be limited to teenage years.

Commentary: “Adolescent-limited anxiety or depression has been controversial since Stanley Hall’s legendary ‘highlighting’ of adolescent turmoil. This study by Patton et al. (2014) is important because careful attention was paid to identifying relatively minor common mental disorders to assess their significance for the future unfolding of psychopathology. The findings confirm that adolescent psychopathology foreshadows young adult psychopathology, but far less so disorders in later adulthood.

“Epidemiology seems to confirm a special quality of the adolescent and young adult period. This links to an intensification of emotional experience that increases the risk for common mental disorders. These disorders, if they do not resolve quickly or if they recur, in turn substantially increase the risk of adult and perhaps lifelong disorders.

“Early intervention could potentially reduce the duration of adolescent mental disorder, which in turn might decrease the chance of recurrence and persistence in adulthood. This study adds further evidence to assist in the identification of young people who may be at risk of mental health disorders persisting into young adulthood. Current services are often organised around the optimistic assumption of spontaneous resolution. In addition, interventions are often delayed until risk and severity increase to a point where the long-term outcomes of adolescent disorder may be substantially less favourable. An ‘invest to save’ argument would strongly favour a rapid response to common adolescent mental health problems, particularly improving access to evidence-based psychological therapies.” – Professor Peter Fonagy, Head, Research Department of Clinical, Educational and Health Psychology, University College London (UCL); Director, Integrated Mental Health Programme, UCL Partners Academic Health Science Partnership; and Chief Executive, The Anna Freud Centre, London

Study sponsorship: National Health and Medical Research Council of Australia.
About this article: This article appeared in the September 2014 issue of the Eyes on Evidence e-bulletin. This free monthly e-bulletin from NICE Evidence outlines interesting new evidence and what it means for current practice. They do not constitute formal NICE guidance. The opinions of contributors do not necessarily reflect the views of NICE.

To receive the Eyes on Evidence e-bulletin, please complete the online registration form.