Transitioning Young People into Adulthood

Charlie

Waller

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charliewaller.org



About us

Charlie Waller was a strong, funny, popular, good-looking and kind young man, with a close and loving family. To the outside world, he had everything to live for. Yet in 1997, at the age of 28, Charlie took his own life. He was suffering from depression.

In response to this tragedy, his family founded The Charlie Waller Trust, to open up the conversation around depression, and to ensure that young people are able to understand and look after their mental health and to spot the signs in others.

Charlie sits at the heart of our story, our vision and our purpose.

Charlie

Waller



We're talking mental health

Our vision

A world where people understand and talk openly about mental health, where young people and those who support them are equipped to maintain and enhance their mental health and wellbeing, and have the confidence to seek help when they need it.



Evidence based training



Positive

We take a positive approach to mental health. We focus on prevention and early intervention, and recognise the importance of offering hope.

Proven

Our consultancy, training and resources are all based on sound clinical evidence.



Practical

We give people practical strategies and tools to care for their mental health, and to support others in doing so.



Becoming...

...an adult



What age do we become an adult?

10?

- Approximate age of onset of puberty Age of criminal responsibility

16?

- Leave school
- Leave home
- Get a full time job
- Drive a moped or tractor Age of sexual consent
- Marriage/civil partnership (with parental consent)
- Join the army (with parental consent)
- Buy a lottery ticket
- Apply for a passport
- Buy a pet
- Change name by deed poll Drink alcohol at a restaurant
- (where a responsible adult is present)
- Drive a car*

*if in receipt (or applied for) enhanced rate of the mobility component of Personal Independence Payment (PIP).





What age do we become an adult?

17?

Drive a car

18?

Legally an adult (age of majority):

- Vote
- Become a member of parliament, local councillor or mayor
- Buy alcohol, cigarettes and fireworks
- Marriage/civil partnership (without parental consent)
- Liable for council tax
- Work behind a bar
- Contractual capacity
- View a category 18 film
- Gamble
- Criminal charges dealt with by an adult court
- Get a tattoo





What age do we become an adult?

21?

- Coming of age
- Can adopt a child
- Supervise a learner driver

25?

• The approximate age for completion of adolescent synaptic pruning in the brain

Another age?



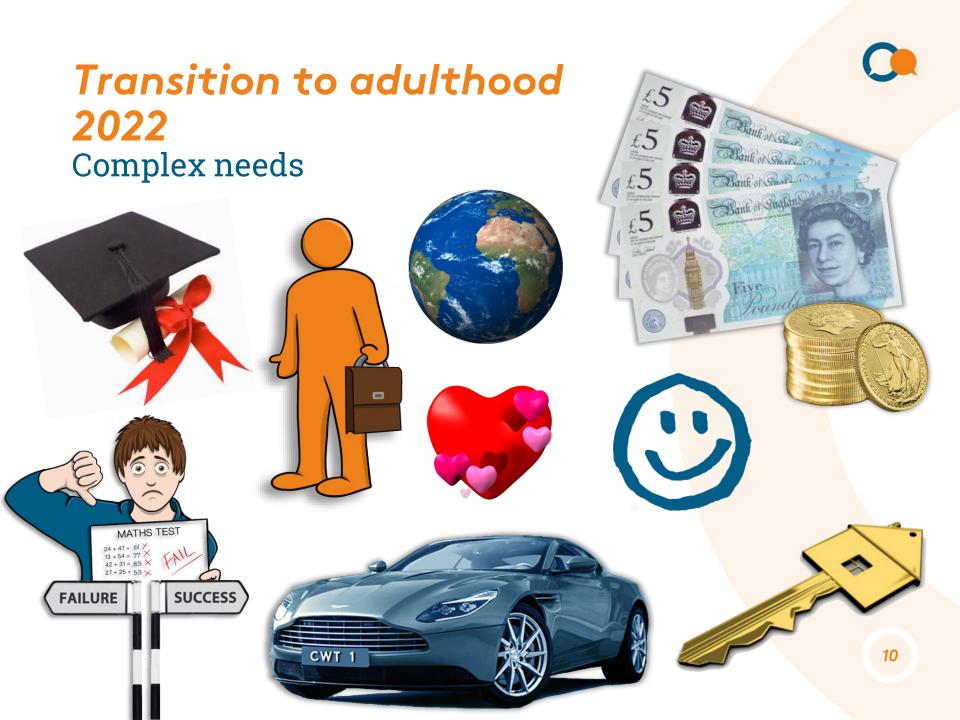


Transition to adulthood 10,000 years ago

Basic needs and basic threats

- Co-operating with peers to ensure survival
- Mating
- Hunting
- Fighting and fleeing from threats



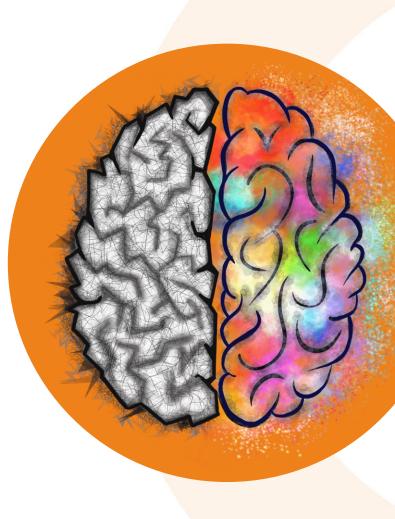






Adolescence...

- Major hormonal and neuronal changes affecting:
 - o Mood
 - o Sleep
 - o Learning
 - o Social behaviour
- Increased influence of peers
- Increased risk taking, impulsivity and exploration
- Particularly sensitive to stress and poor nutrition
- Need a lot of sleep and support
- Behaviours in adolescence are 'wired' for adulthood

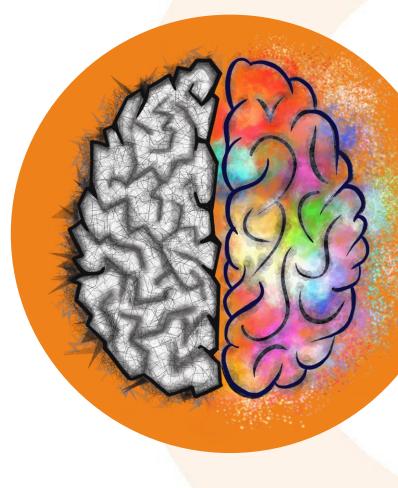




The thinking brain positives...

Greater intellectual skills

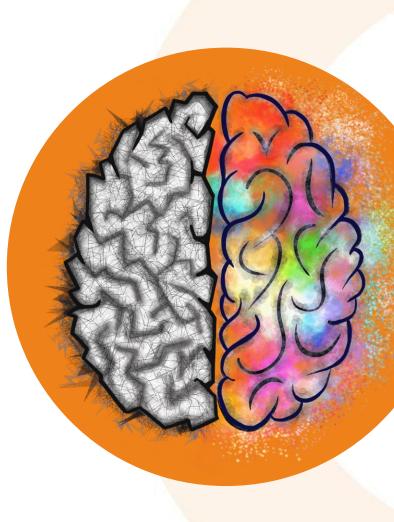
- Memory
- Abstract thinking
- Language
- Communication





The challenges...

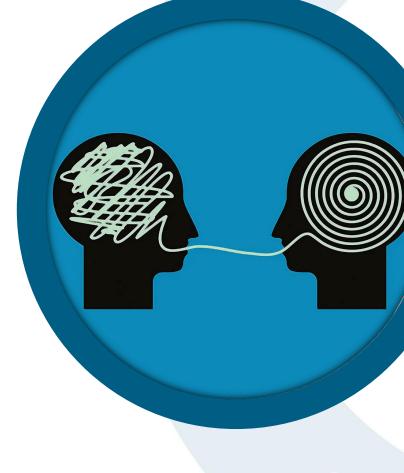
- Not knowing what to think
- Feeling confused or uncertain
- Difficulties planning and making decisions
- Thinking about consequences of actions
- Risk taking and impulsive behaviours
- Mood and sleep difficulties





The social brain – positives...

- Recognising the emotions of others and empathy
- Thinking about the consequence of behaviour on others
- Evaluating social interactions





The social brain – challenges...

- The imaginary audience:

 a preoccupation with the self
 and how one is perceived by
 others
- Egocentrism: anxiety about they are perceived by others
- Compared with other age groups, adolescents are more negatively affected by being excluded by their peer group (Blakemore, 2019)





The social brain – challenges...

- Adolescents are generally more influenced by peers and less accepting of adult advice and guidance
- More likely to take risks and be involved in problematic or antisocial behaviours if peers are doing so





The social brain – challenges

This can be a particularly difficult time for young people with SEND who are much more likely to experience bullying and social exclusion





Remember how YOU felt during adolescence?

- How easy or difficult was it for you?
- How might your own experiences impact on how you interact with adolescents now?





THE TIMES

30 May 2018

How moody teenagers are (literally) losing their mind

David Sanderson

Teenagers are unfairly demonised by a society that is just beginning to study the enormous loss of grey matter in their brains during adolescence, according to a leading neuroscientist. Sarah-Jayne Blakemore said that moodiness, risk-taking, sleepiness and embarrassment at parents should be sympathised with and understood in the context of the changes in the adolescent brain.

MRI studies showed that between childhood and adulthood the brain underwent a substantial 'pruning' of its synapses and an 'enormous' 17 per cent reduction in grey matter in the pre-frontal cortex, she said.

The professor of cognitive neuroscience at UCL added that the education system should be altered to take the changes into account. She advocated allowing later starts to the school day to help circadian rhythms, or the biological clock, and an appreciation of the 'Key Stage 3 dip' when the educational performance of children falls between the ages of 11 and 14. Professor Blakemore said that rather than teenagers being mocked for their moodiness, laziness and recklessness, parents should speak to them about the changes.

She told the Hay Festival that teenage behaviour had been put down to sex hormones, puberty and changes such as starting secondary school. "The teenage brain is not broken, it is not dysfunctional, it is not a defective adult brain; it is a formative period in life where the brain is changing in really important ways, where neural pathways are malleable and passion and creativity run high," said Professor Blakemore, whose book 'The Secret Life of the Teenage Brain' brings together the latest studies. "We should not demonise this period of life - we should understand it. nurture it and celebrate it." She said it was impossible for scientists to judge the impact of technology on the younger brain, and added that concerns about social media should not detract from other teenage stresses.



Mental Health Self-harm and suicide



Onset of Mental Health Problems

• 50%

Of all mental health problems established by age 14

• 75%

of all mental health problems established by age 24 (Kessler et al., 2005)





Self-harm statistics

- 7.3% of adults have engaged in self harm
- 46.8% 17-19 year olds with a disorder reported self-harm or attempted suicide (higher in females: 52.7%)
- 24.1% 5-19 year olds with a mental disorder had no professional or informal support (McManus et al, 2016)





Self-harm statistics

Self-harm ever, without suicidal intent ever, by age and sex *Base: all adults*

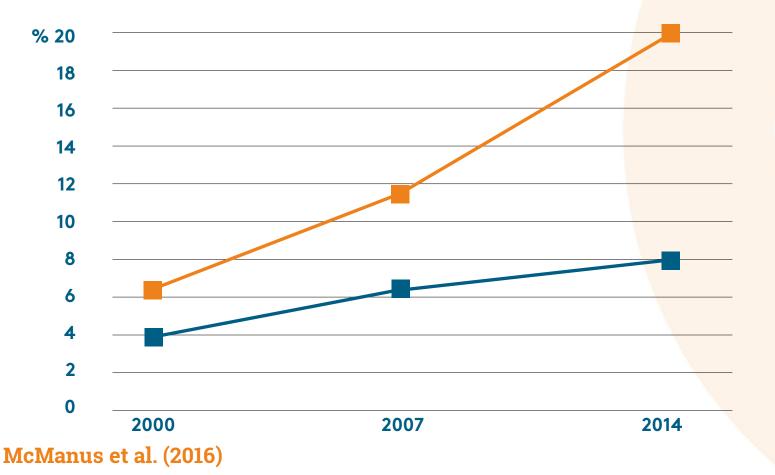
Male Female % 30 25 20 15 10 -5 0 16-24 25-34 35-44 45-54 55-64 65-74 75+



Self-harm statistics

Self-harm ever, by sex among 16-24 year olds; 2000, 2007, 2014 Base: adults aged 16-24 living in England

Male Female



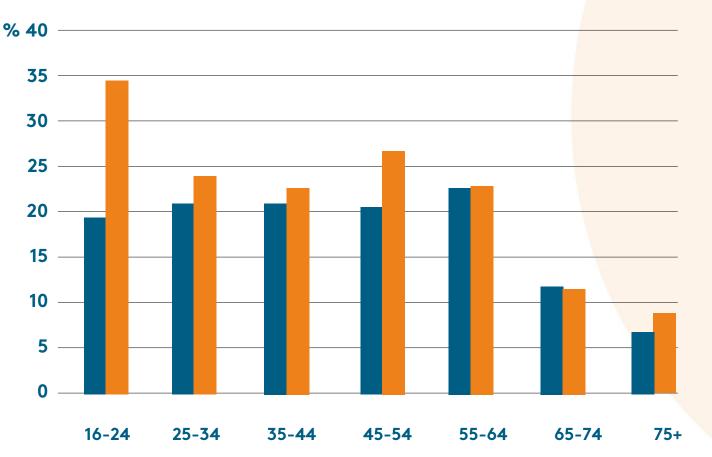


Suicidal ideation in England

McManus et al. (2016)

Suicidal thoughts ever, by age and sex *Base: all adults*

Male Female



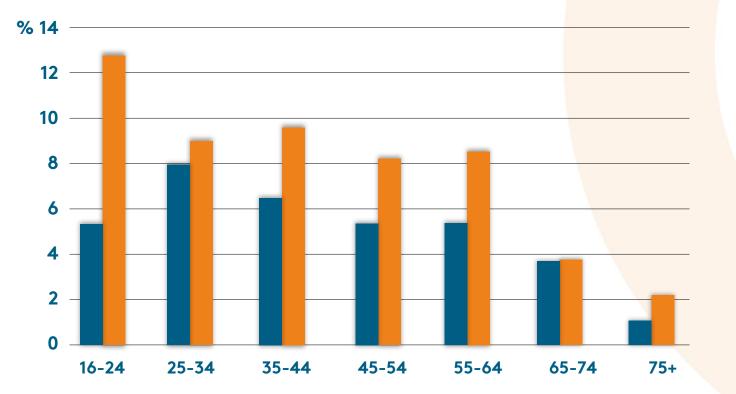
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Suicide attempts in England McManus et al. (2016)

Suicide attempts ever, by age and sex *Base: all adults*

Male Female



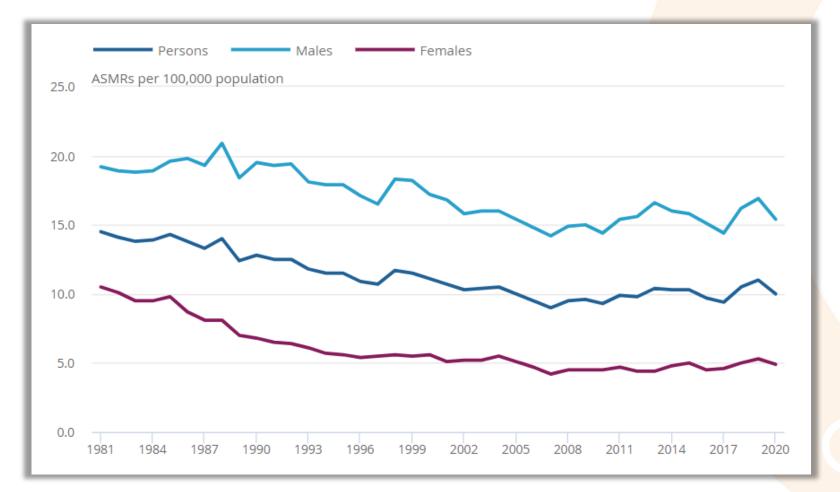
27



Deaths by Suicide 2020

6,029 people died in the UK as a result of suicide

(Office for National Statistics - ONS, 2021; Public Health Scotland, 2021)





Impact of the pandemic

The Economist	Today	Weekly edition	≡ Menu	ı			
International			The pandemic's shadow harvest Will the economic and psychological costs of covid-19 increase suicides?				
		It is	too early to say,	but the signs are	ominous		
	-		1				



Impact of the pandemic on young people

42%

Reported not getting any enjoyment out of life more frequently than prepandemic.

38%

Reported feeling hopeless or tearful more frequently than pre-pandemic

18%

Reported having suicidal thoughts more frequently than pre-pandemic. (McShane. Munnelly and Dorrell, 2021)





Impact of the pandemic

- Respondents reporting having felt suicidal on at least one day in the previous week increased from 8.2% to 9.2% and then to 9.8%, over the three waves of the study.
- Rates of suicidal ideation were highest in young adults (aged 18-29), rising from 12.5% to 14.4% throughout the three waves. (O'Connor et al., 2020)





Impact of the pandemic

Rates of probable mental disorders have increased since 2017: 6 to 16 year olds: 1 in 9 (11.6%) 1 in 6 (17.4%) 17 to 19 year olds: 1 in 10 (10.1%) 1 in 6 (17.4%). (NHS Digital, 2021)





Impact of the pandemic: Eating problems

The proportion of children and young people with possible eating problems increased since 2017:

- 11 to 16 year olds
 6.7% to 13.0%
- 17 to 19 year olds.
 44.6% to 58.2% (NHS Digital, 2021)





Impact of the pandemic Sleep problems

Problems with sleep affected: 28.7% of 6 to 10 year olds 38.4% of 11 to 16 year olds 57.1% of 17 to 23 year olds

Across all age groups figures were much higher in those with a probable mental disorder (59.5%, 74.2%, 86.7% respectively). (NHS Digital, 2021)





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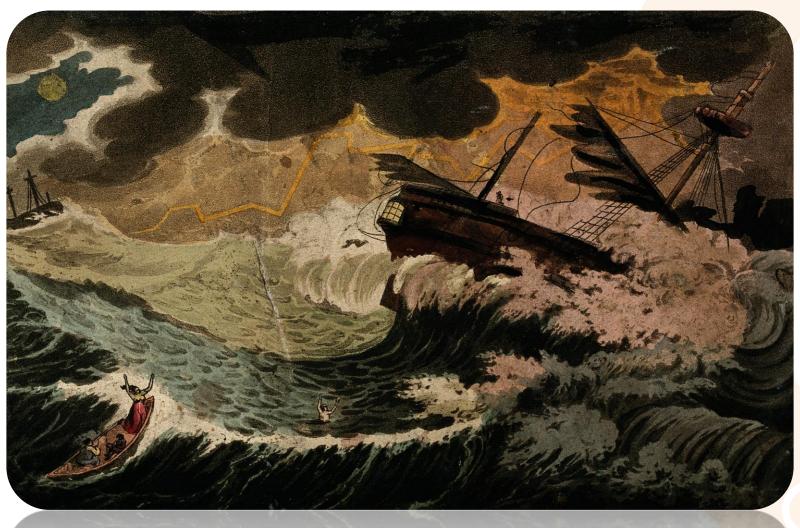
Impact of the pandemic

39.2% of 6 to 16 year olds had experienced deterioration in mental health since 2017
21.8% experienced improvement.

Among **17 to 23** year olds, **52.5%** experienced deterioration, and **15.2%** experienced **improvement**. (NHS Digital, 2021)



Same storm, different boat



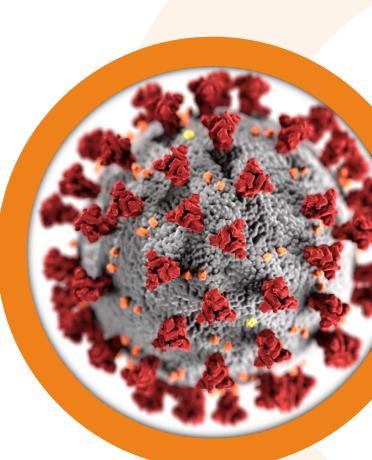


Impact of the pandemic

Worst mental health outcomes during first national lockdown:

- Women
- 18-30 year olds
- Those living in deprived areas
- Low family income
- Those living alone
- Those with pre-existing mental health problems
- Parents and carers

(Office for Health Improvement and Disparities, 2022)



Transitions...

5

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Smartphones

- 53.2% of adolescents with problematic smartphone use (Andrade et al, 2020)
- 59% of university students are 'smartphone addicts' and a significant relationship between smartphone addiction and depression, anxiety, sleep disturbance, smoking, and suicide was found. (Okasha et al., 2021)





Technoference... (technological interference)

"Technoference refers to incidents in which technology use interferes with interpersonal exchanges (e.g., conversations, playing)." (Zayia et al., 2021)





Technoference... (technological interference)

- Parental technoference was found to make adolescents feel depressed and anxious (Stockdale et al., 2018)
- Adolescents who perceived more technoference in parent-child relationships reported higher level of smartphone addiction. (Qiao and Liu, 2020)





Social Media

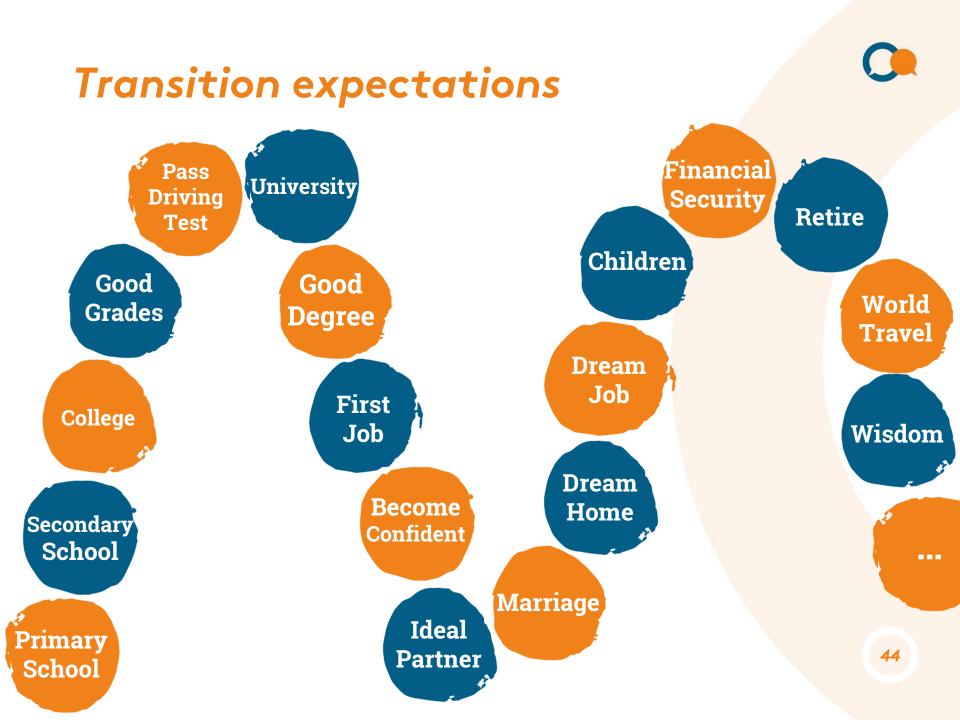
- Most studies which explore the link between social media use (SMU) and mental health have found weak or inconsistent results
- The effect of SMU differs from adolescent to adolescent:
- 88% no or very small effects
- 8% negative effects
- 4% positive effects (Valkenburg et al, 2021)





Factors which affect

Transitions





Milestone expectations

At age 27: What **have** I done with my life?



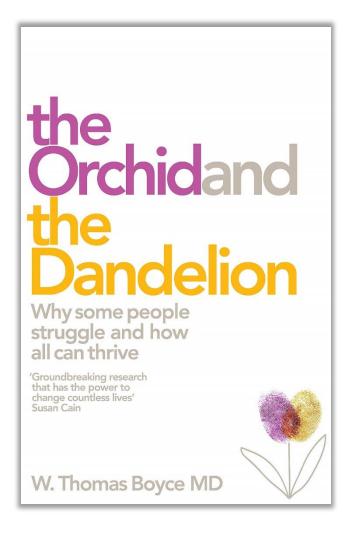


Differential susceptibility





Differential Susceptibility







Differential Susceptibility

- 15-20% children are differentially susceptible (more sensitive) to the environment
- Greater neuroplasticity more affected by negative and positive environments (Boyce, 2018)





Differential Susceptibility

"The children in question had about them an exquisite sensitivity to the character and nature of both aversive and supportive surrounding social environments. They foundered in bad environments and thrived in good environments for the same remarkable reason:

they were more open, more permeable, more tender to the powerful influences, both bad and good, of the context in which they were living and growing" (Boyce, 2018)





Factors which affect transitions

• Internal factors such as:

- State of health and wellbeing
- How we interpret events
- How we regulate our emotions & behaviour

• External factors such as:

- Positive relationships with others
- The environment we live in
- A history of adversity





Adverse childhood experiences (ACEs)

- Abuse in childhood
- Childhood neglect
- Mental illness in family member
- Drug addicted or alcoholic family member
- Witnessing domestic violence
- Imprisonment of family member
- Loss of parent/carer to death or abandonment





Supporting resilience

In transition



- Secure base
- Education
- Friendships
- Talents and interests
- Positive values
- Social competencies

(Daniel and Wassell, 2002)





Secure base

- Individual: How can the individual be supported to feel more secure?
- Family: How can families be supported to provide a 'secure base'?
- Community: Are there wider resources which contribute to the individual's attachment network?





Education

- Individual: Encourage the individual's curiosity and interest at school, college or work?
- Family: Encourage the individual's family to support their learning?
- **Community:** Are there wider resources which contribute to the individual's learning?





6 Domains of Resilience Friendships

- Individual: How can we support the development of social skills to develop and maintain friendships?
- Family: Encourage the individual's family to support friendship development
- Community: Support the individual's current friendships – ask about them!





Talents and interests

- Individual: What talents and interests does the individual have and how can we encourage them?
- Family: How might family encourage the development of talents and interests?
- Community: What opportunities exist in the community to develop the individual's talents and interests?





Positive values

- Individual: Help develop moral reasoning, understanding emotions of self and others
- Family: Encourage the individual to help others
- Community: Encouragement of pro-social behaviours, comforting and sharing with others





6 Domains of Resilience Social competencies

- Individual: Help the individual develop characteristics that contribute to their social competence (modelling)
- Family: To what degree can immediate/extended family provide an environment conducive to social competencies?
- **Community:** Are there opportunities to develop social competencies in the wider community?



ANY QUESTIONS

Training feedback

Feedback from participants on our training is a key component in evaluating the effectiveness of and in making improvements to our training and resources.

We would be very grateful if you would complete this short survey based on the training you have received today.

www.charliewaller.org/what-we-do/training-feedback

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Thank you for listening

The Charlie Waller Trust

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charliewaller.org

Registered charity number 1109984

Please consider donating to help us continue our support





To donate £10 text CWT to 70085 To donate online visit charliewaller.org /donate

Registered charity number 1109984



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Charlie Waller

Fundraise for us

Fundraising for us not only brings in money to help us continue our work – it also raises mental health awareness and what people can do to take care of their wellbeing.

Find out more charliewaller.org/get-involved



Students Against Depression

Our Students Against Depression website is full of clinically based self-help information and activities for students experiencing depression, anxiety and other common mental health problems.

Find out more

studentsagainstdepression.org

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