

Mental health at adolescents

<https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

Key facts

- Globally, one in seven 10–19-year-olds experiences a mental disorder, accounting for 15% of the global burden of disease in this age group.
- Depression, anxiety and behavioural disorders are among the leading causes of illness and disability among adolescents.
- Suicide is the third leading cause of death among those aged 15–29 years old.
- The consequences of failing to address adolescent mental health conditions extend to adulthood, impairing both physical and mental health and limiting opportunities to lead fulfilling lives as adults.

Introduction

One in six people are aged 10–19 years. Adolescence is a unique and formative time. Physical, emotional and social changes, including exposure to poverty, abuse, or violence, can make adolescents vulnerable to mental health problems. Protecting adolescents from adversity, promoting socio-emotional learning and psychological well-being, and ensuring access to mental health care are critical for their health and well-being during adolescence and adulthood.

Globally, it is estimated that one in seven (14%) of 10–19-year-olds experience mental health conditions, yet these remain largely unrecognized and untreated.

Adolescents with mental health conditions are particularly vulnerable to social exclusion, discrimination, stigma (affecting readiness to seek help), educational difficulties, risk-taking behaviours, physical ill-health and human rights violations.

Mental health determinants

Adolescence is a crucial period for developing social and emotional habits important for mental well-being. These include adopting healthy sleep patterns, exercising regularly, developing coping,

problem-solving, and interpersonal skills, and learning to manage emotions. Protective and supportive environments in the family, at school and in the wider community are important.

Multiple factors affect mental health. The more risk factors adolescents are exposed to, the greater the potential impact on their mental health. Factors that can contribute to stress during adolescence include exposure to adversity, pressure to conform with peers and exploration of identity. Media influence and gender norms can exacerbate the disparity between an adolescent's lived reality and their perceptions or aspirations for the future. Other important determinants include the quality of their home life and relationships with peers. Violence (especially sexual violence and bullying), harsh parenting and severe and socioeconomic problems are recognized risks to mental health.

Some adolescents are at greater risk of mental health conditions due to their living conditions, stigma, discrimination or exclusion, or lack of access to quality support and services. These include adolescents living in humanitarian and fragile settings; adolescents with chronic illness, autism spectrum disorder, an intellectual disability or other neurological condition; pregnant adolescents, adolescent parents, or those in early or forced marriages; orphans; and adolescents from minority ethnic or sexual backgrounds or other discriminated groups.

Emotional disorders

Emotional disorders are common among adolescents. Anxiety disorders (which may involve panic or excessive worry) are the most prevalent in this age group and are more common among older than among younger adolescents. It is estimated that 4.4% of 10–14-year-olds and 5.5% of 15–19-year-olds experience an anxiety disorder. Depression is estimated to occur among 1.4% of adolescents aged 10–14 years, and 3.5% of 15–19-year-olds. Depression and anxiety share some of the same symptoms, including rapid and unexpected changes in mood.

Anxiety and depressive disorders can profoundly affect school attendance and schoolwork. Social withdrawal can exacerbate isolation and loneliness. Depression can lead to suicide.

Behavioural disorders

Behavioural disorders are more common among younger adolescents than older adolescents. Attention deficit hyperactivity disorder (ADHD), characterized by difficulty paying attention and/or excessive activity and acting without regard to consequences, occurs among 2.9% of 10–14-year-olds and 2.2% of 15–19-year-olds. Conduct disorder (involving symptoms of destructive or challenging behaviour) occurs among 3.5% of 10–14-year-olds and 1.9% of 15–19-year-olds. Behavioural disorders can affect adolescents' education and increase the risk of criminal behaviour.

Eating disorders

Eating disorders, such as anorexia nervosa and bulimia nervosa, commonly emerge during adolescence and young adulthood. Eating disorders involve abnormal eating behaviour and preoccupation with food, accompanied in most instances by concerns about body weight and shape. Girls are more commonly affected than boys. Eating disorders can affect physical health and often co-exist with depression, anxiety and substance use disorders. They occur in an estimated 0.1% of

10–14-year-olds and 0.4% of 15–19-year-olds. They are associated with suicide. Anorexia nervosa can lead to premature death, often due to medical complications or suicide, and has higher mortality than any other mental disorder.

Psychosis

Conditions that include symptoms of psychosis most commonly emerge in late adolescence or early adulthood. Symptoms can include hallucinations or delusions. These experiences can impair an adolescent's ability to participate in daily life and education and often lead to stigma or human rights violations. Schizophrenia occurs in 0.1% of 15–19-year-olds.

Suicide and self-harm

Suicide is the third leading cause of death in older adolescents and young adults (15–29 years). Risk factors for suicide are multifaceted, and include harmful use of alcohol, abuse in childhood, stigma against help-seeking, barriers to accessing care and access to means of suicide. Digital media, like any other media, can play a significant role in either enhancing or weakening suicide prevention efforts.

Risk-taking behaviours

Many risk-taking behaviours for health, such as substance use or sexual risk-taking, start during adolescence. Risk-taking behaviours can be an unhelpful strategy to cope with emotional difficulties and can severely impact an adolescent's mental and physical well-being.

Young people are especially vulnerable to developing harmful substance use patterns that can persist across the lifespan. In 2019, the prevalence of alcohol use among 15–19-year-olds was high worldwide (22%) with very few gender differences, and showing an increase in consumption in some regions.

The use of tobacco and cannabis are additional concerns. Many adult smokers had their first cigarette prior to the age of 18 years. In 2022, the prevalence of cannabis use among adolescents was higher than that of adults globally (5.5% compared with 4.4%, respectively).

Perpetration of violence is a risk-taking behaviour that can increase the likelihood of low educational attainment, injury, involvement with crime or death. Interpersonal violence was ranked among the leading causes of death of older adolescents in 2021.

Promotion and prevention

Mental health promotion and prevention interventions aim to strengthen an individual's capacity to regulate emotions, enhance alternatives to risk-taking behaviours, build resilience for managing difficult situations and adversity, and promote supportive social environments and social networks.

These programmes require a multi-level approach with varied delivery platforms – for example, digital media, health or social care settings, schools or the community – and varied strategies to reach adolescents, particularly the most vulnerable.

Early detection and treatment

It is crucial to address the needs of adolescents with mental health conditions. Avoiding institutionalization and over-medicalization, prioritizing non-pharmacological approaches, and respecting the rights of children in line with the United Nations Convention on the Rights of the Child and other human rights instruments are key for adolescents' mental health.

Mental health of older adults

<https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>

Key facts

- By 2030, one in six people in the world will be aged 60 years or over.
- Loneliness and social isolation are key risk factors for mental health conditions in later life.
- One in six older adults experience abuse, often by their own carers.
- Approximately 14% of adults aged 60 and over live with a mental disorder.
- Mental disorders among older adults account for 10.6% of the total years lived with disability for this age group.

Overview

The world's population is ageing fast. In 2020, 1 billion people in the world were aged 60 years or over. That figure will rise to 1.4 billion by 2030, representing one in six people globally. By 2050, the number of people aged 60 years and over will have doubled to reach 2.1 billion. The number of persons aged 80 years or older is expected to triple between 2020 and 2050 to reach 426 million.

Older adults contribute to society as family and community members, and many are volunteers and workers. While most have good health, many are at risk of developing mental health conditions such as depression and anxiety disorders. Many may also experience reduced mobility, chronic pain, frailty, dementia or other health problems, for which they require some form of long-term care. As people age, they are more likely to experience several conditions at the same time.

Prevalence

Around 14% of adults aged 60 and over live with a mental disorder. According to the Global Health Estimates 2019, these conditions account for 10.6% of the total disability among older adults. The most common mental health conditions for older adults are depression and anxiety. Globally, around a quarter of deaths from suicide (27.2%) are among people aged 60 or over.

Mental health conditions among older people are often underrecognized and undertreated, and the stigma surrounding these conditions can make people reluctant to seek help.

Risk factors

At older ages, mental health is shaped not only by physical and social environments but also by the cumulative impacts of earlier life experiences and specific stressors related to ageing. Exposure to adversity, significant loss in intrinsic capacity and a decline in functional ability can all result in psychological distress.

Older adults are more likely to experience adverse events such as bereavement, a drop in income, or a reduced sense of purpose with retirement. Despite their many contributions to society, many older adults are subject to ageism, which can seriously affect people's mental health.

Social isolation and loneliness, which affect about a quarter of older people, are key risk factors for mental health conditions in later life. Abuse of older people—including physical, verbal, psychological, sexual or financial abuse, as well as neglect—is also a major risk. One in six older adults experience abuse, often by their own carers. Abuse of older adults can lead to depression and anxiety.

Many older people are carers of spouses with chronic health conditions, such as dementia. The responsibilities of such care can be overwhelming and can affect the carer's mental health.

Some older adults are at greater risk of depression and anxiety due to dire living conditions, poor physical health or lack of access to quality support and services. This includes older adults living in humanitarian settings and those living with chronic illnesses, neurological conditions, or substance use problems.

Promotion and prevention

Mental health promotion and prevention strategies for older adults focus on supporting healthy ageing. That means creating physical and social environments that support well-being and enable people to do what is important to them, despite losses in capacity.

Key strategies for healthy ageing include:

- Reducing financial insecurity and income inequality
- Ensuring safe and accessible housing, public buildings and transport
- Social support for older adults and their carers
- Promoting healthy behaviours, including balanced diet, physical activity, avoiding tobacco and limiting alcohol

- Health and social programmes targeted at vulnerable groups, such as those who live alone or in remote areas

Social connection is particularly important for older adults. Meaningful social activities improve mental health, life satisfaction and quality of life, and reduce depressive symptoms. Example interventions include befriending initiatives, support groups, social skills training, creative arts groups, leisure and education services, and volunteering programmes.

Protection from ageism and abuse is also critical. Important interventions include anti-discrimination policies, educational programmes and intergenerational activities. Carer support—including respite care, financial aid and psychological counselling—can also reduce the risk of abuse.

Treatment and care

Prompt recognition and treatment of mental health conditions in older adults is essential. This should be done using standards for integrated care that are community-based and focused on both long-term care and carer support. A mix of mental health interventions is usually needed, along with support for health, personal care and social needs.

Dementia is a common concern, often coexisting with depression or psychosis. It requires access to quality mental health care.

Responding to abuse is also vital. Interventions include mandatory reporting, helplines, shelters, support groups, training for health workers, and caregiver education.