

## Adolescent mental health: reasons to be cheerful

"I would there were no age between ten and three-and-twenty, or that youth would sleep out the rest; for there is nothing in the between but getting wenches with child, wronging the ancients, stealing, fighting".

*William Shakespeare, The Winter's Tale*

At the May, 2017, meeting of the ERA-NET NEURON, the Network of European Funding for Neuroscience Research, the consensus was clear: adolescent mental health should be prioritised. One problem, however, remained: when do individuals stop being adolescents and become adults? The room divided into several strongly held points of view: one, that adolescence ends with social independence; another, that we should focus on neurological aspects of brain development; another still that we should take a pragmatic approach, taking the cutoff as the point in the mid-20s when most first episodes of serious mental illness will have occurred. These schools of thought—social, neurological, and clinical—all have their merits and enthusiastic supporters. How should professionals think of adolescence: as a stage in social development, as a point of physical and neurological change, as a period of risk for mental health problems, or as all three? To what extent can we integrate these perspectives and avoid either pathologising normality with overdiagnosis, or missing the opportunity for meaningful intervention?

These are pressing questions. Just as the control of infectious disease has revealed a residue of non-communicable chronic illness in older age groups, so have the shifting patterns of the global burden of disease revealed the extent and importance of adolescent mental health problems. For example, according to WHO data, suicide is the third highest cause of death in young people aged 10–19 years; depression is the single largest contributor to the burden of disease for those aged 15–19 years; and the prevalence of mental illness in adolescents appears to have risen over the past 20–30 years. The latter statistic prompted Sir Simon Wessely to dedicate his recent inaugural lecture as the recipient of the UK's first Regius Professorship in Psychiatry to the question of what might be behind this rise. The panel discussed the usual suspects: changing social norms, largely positive, around the discussion of mental health issues and hence diagnosis; the intrusive and sometimes sinister presence of smartphones and social media; and social networks disrupted by life events such as the move from secondary

to higher education. The consensus was that there is insufficient evidence for any individual factor, but that researchers need to keep looking. Unspoken, but very much in the room, was the pervading gloom resulting from turbulent times. If the young think that society does not care about their future, one might not necessarily predict a rise in mental health problems—but neither should one expect a high degree of optimism.

*The Lancet Psychiatry* editors hope that they are not overly showing their age in an editorial about youth if they quote Ian Dury: we nevertheless find some "reasons to be cheerful". The UK-based Heads Together campaign fronted by HRH Prince William, Duke of Cambridge aims to "change the conversation when it comes to mental health", with a particular focus on the young. The mental health charity MQ meanwhile has made the treatment gap in youth mental health services a priority. And as a *Lancet* group journal, we are delighted to welcome *The Lancet Child & Adolescent Health*, a new publication that promises to promote the vital cause of young people's health worldwide, and to ensure that mental health is fully integrated within this process.

*The Lancet Psychiatry* and *The Lancet Child & Adolescent Health* recognise that multiple perspectives are necessary to tackle mental health problems in the young. When these are not reconcilable, we will tolerate uncertainty in our pages, and hope that others can do the same. Most of all, our journals will prioritise the practical needs of the young above the dogma of long-established and intransigent schools of thought. And this is where the above lines from *The Winter's Tale* come in. As with many Shakespeare quotes, these words have a long history of being overused and taken out of context. *The Winter's Tale* in fact subverts this statement in its plot and conclusion: it is the older generation in the play which behaves badly, driven by suspicion, jealousy, and anger. Their entrenched animosity and guilt are resolved by their young offspring, whose relationship provides the healing and reconciliation that turns a play about death and loss into one about life and renewal. It is in recognition of the energy, optimism, and rejuvenation that adolescents can bring to society that *The Lancet Psychiatry* and *The Lancet Child & Adolescent Health* will work together to improve young lives.

■ *The Lancet Psychiatry*



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For the WHO report on global accelerated action for the health of adolescents see [http://www.who.int/maternal\\_child\\_adolescent/topics/adolescence/framework-accelerated-action/en](http://www.who.int/maternal_child_adolescent/topics/adolescence/framework-accelerated-action/en)

For *The Lancet's* adolescent health campaign see <http://www.thelancet.com/our-future>

For Heads Together and MQ see <https://www.headstogether.org.uk>, and <https://www.mqmentalhealth.org>

For *The Lancet Child & Adolescent Health* see <http://thelancet.com/child-adolescent>

For *Reasons to be Cheerful* see <https://youtu.be/CIMNXogXnVc>