



Can we explain increases in young people's psychological distress over time?

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ARTICLE INFO

Article history:

Available online 15 September 2010

Keywords:

Psychological distress
GHQ-12
Time-trends
Young people
Explanations
Social change
Exposure
Vulnerability
Scotland
UK
Gender

ABSTRACT

This paper aims to explain previously described increases in self-reported psychological distress between 1987 and 2006 among samples identical in respect of age (15 years), school year and geographical location (West of Scotland). Such increases might be explained by changes in *exposure* (changes in levels of risk or protective factors) and/or by changes in *vulnerability* (changes in the relationship between risk/protective factors and psychological distress). Key areas of social change over this time period allow identification of potential explanatory factors, categorised as economic, family, educational, values and lifestyle and represented by variables common to each study. Psychological distress was measured via the 12-item General Health Questionnaire, Likert scored. Analyses were conducted on those with complete data on all variables ($N = 3276$ of 3929), and separately for males and females. Between 1987 and 2006, levels of almost every potential explanatory factor changed in line with general societal trends. Associations between explanatory factors and GHQ tended to be stronger among females, and at the later date. The strongest associations were with worries, arguments with parents, and, at the later date, school disengagement. The factors which best accounted for the increase in mean GHQ between 1987 and 2006 were arguments with parents, school disengagement, worry about school and, for females, worry about family relationships, reflecting both increasing exposure and vulnerability to these risk factors. A number of limitations to our analysis can be identified. However, our results reinforce the conclusions of others in highlighting the role of family and educational factors as plausible explanations for increases in young people's psychological distress.

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Introduction

Substantial increases have been identified in a number of psychosocial disorders among young people in most Western countries since the Second World War (Rutter & Smith, 1995a; Fombonne, 1998). However, the findings are not entirely consistent, trends are complex (Maughan, Iervolino, & Collishaw, 2005) and methodological problems include a lack of repeat cross-sectional surveys using the same measure on socially and geographically comparable groups of young people (Angold & Costello, 2001). Using data from two studies with samples identical in respect of age (15 years), school year and geographical location, we showed marked increases in self-report 'psychological distress' (GHQ-12 'caseness'), among females between 1987 and 2006 and smaller, but still highly significant increases among males (Sweeting, Young, & West, 2009). The focus of the present paper is on whether these increases in psychological distress can be

explained by a range of factors represented by variables common to each study.

We begin our Introduction with a discussion of methodological approaches to explaining increases in mental health problems. This is followed by brief reviews of the literature on time trends in key areas of social change (economic, family, education, values and lifestyle), and associations between these factors and the mental health of young people. The focus, wherever possible, is on the period covered by our own studies (1987–2006); the vast literatures in each of these areas mean that our reviews cannot be comprehensive. However, they demonstrate a broad background of social change against which our own analysis of 15 year olds in 1987 and 2006 is set.

Methodological approaches

The best candidates as explanatory factors are those which have been shown to be related to young people's mental health at an individual level (Rutter, 1995). Increasing mental health problems could be due to the emergence of new risk factors or to increases in the frequency of, or vulnerability to, existing risk factors (Caprara & Rutter, 1995). Alternatively, they may be due to the disappearance

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or reduction of protective factors. These mechanisms can be thought of in terms of *exposure* (changes in levels of risk/protective factors) and *vulnerability* (which suggests that even if levels of a risk factor remain the same, its relationship with mental health may change over time).

One method which has been used to explore whether time trends in mental health can be attributed to particular social changes is to examine relationships between aggregate data over time as, for example, in studies which relate national trends in young people's mental health to trends in the labour market for young people (Lager & Bremberg, 2009). However, since aggregate-level analyses must be regarded with caution (the ecological fallacy) (Piantadosi, Byar, & Green, 1988), a better method is to combine datasets which contain comparable measures of both mental health and candidate explanatory factors and assess whether changes in the former can be 'explained' (in a statistical sense) by changes in the latter. The scarcity of datasets which can be combined in this way means that almost no such analysis has been conducted. One which did combined data from 16 year olds obtained from national UK studies in 1974, 1986 and 1999. An increase in conduct problems over time was only partially explained by the increasing proportions of adolescents living in lone and reconstituted households and in relatively low income families, while the lower proportion living in large families should have decreased conduct problems. Although each factor was associated with conduct problems within each cohort, 'they did little to account for differences in levels of conduct problems between cohorts' (Collishaw, Goodman, Pickles, & Maughan, 2007, p. 2586).

Time trends in key areas of social change, and associations between these factors and the mental health of young people reviewed below, allow us to hypothesise about the contribution these changes may have made to trends in young people's mental health.

Economic factors

This potential explanation is based on evidence of differences in mental health according to socioeconomic status or factors such as unemployment. However, overall economic conditions within the UK improved between 1987 and 2006, which should, if the relationship is with absolute disadvantage, have led to reduced youth distress (Smith & Rutter, 1995). If the mechanism is one associated with relative disadvantage (Wilkinson, 1996), there has been relatively little change in income inequality since around 1990 (UK National Equality Panel et al., 2010). Further, and contrasting with more severe 'mental disorder' (Meltzer, Gatwood, Goodman, & Ford, 2000), there is actually little or no evidence of socioeconomic inequalities in minor psychological morbidity in youth. This is seen in several studies focussing on the GHQ (e.g., McMunn, Bost, Nazroo, & Primatesta, 1998) including our own (West, Macintyre, Annadale, & Hunt, 1990; West & Sweeting, 2003), and other measures of 'well-being', psychosocial health, psychosomatic or malaise symptoms (Modin & Ostberg, 2007; Piko & Fitzpatrick, 2001; West & Sweeting, 2004).

Family factors

Since the 1960s the modal nuclear family of breadwinner father, stay-at-home mother and biologically related children has diversified (Hess, 1995). Focusing on the period covered by the present study, the employment rate among 16–59 year old females rose from 64% in 1988 to 70% in 2006 (Office for National Statistics, 2001; Office for National Statistics, 2006); the norm in contemporary two parent families is for both to work (Green & Parker, 2006).

In tandem, the proportion of families with dependent children headed by a lone parent doubled from 13% in 1987 to 25% in 2006 (National Statistics, 2009; Office of Population Censuses and Surveys, 1989). Maternal employment does not appear to have an adverse impact on adolescent well-being, indeed, it may have a positive effect on some outcomes (Aube, Fleury, & Smetana, 2000). In respect of family structure, reviews suggest that children from divorced families tend to have poorer psychological adjustment, self-concept and social competence than those of married parents, but the effect sizes are small and, for some, parental separation or divorce may be positive (Amato, 2000); studies of father absence in adolescence also show mixed effects (East, Jackson, & O'Brien, 2006).

Generally, the evidence is that differences by family structure tend to be accounted for, and/or dwarfed by those in respect of family dynamics (Demo & Acock, 1998; McFarlane, Bellissimo, & Norman, 1995). For example, a large study of English 10–15 year olds found that while family structure explained less than 2% of the variation in subjective well-being, responses to the statement 'my family gets along well together' accounted for over 20% (Rees, Bradshaw, Goswami, & Keung, 2010). Sparse data mean time trends in family dynamics are harder to determine. However, a review of UK-based studies suggests increases in parental monitoring and parental expectations of good behaviour between 1986 and 2006 and in time spent caring for children between the 1960s and 1990s. Set against this, the proportion of teenagers eating family meals fell, while parental self-reported distress increased (Nuffield Foundation, 2009). Studies of trends in parental care and control, known to be key to adolescent mental health (Rigby, Slee, & Martin, 2007), are almost non-existent, although one review paper of trends across nations suggests a general shift towards more authoritative styles (Larson, Wilson, Bradford Brown, Firstenberg, & Verma, 2002), generally associated with positive outcomes, at least in Western societies (Rigby et al., 2007).

Educational factors

It has been argued that over the past 30–40 years, the UK, particularly England, has seen greater use of assessment to try and raise educational standards than anywhere else in the world (Torrance, 2003). Academic work generates worry for schoolchildren of all ages, particularly secondary pupils facing national examinations (Putwain, 2007). In a study which identified 10 dimensions of adolescent stress, four were school-related (stress of school performance, attendance, teacher interaction and school/leisure conflict). The first of these increased significantly with age and was higher among females; all were significantly associated with psychological distress (Byrne, Davenport, & Mazanov, 2007). Although females have out-performed males at school in most Western countries over the last 20 years or so (Johnson, 2008), they are more likely to underestimate their academic competence (Cole, Martin, Peeke, Seroczynski, & Fier, 1999) and display more anxiety and depression before exams (West & Sweeting, 2003).

A heightened emphasis on achievement in some schools may marginalise and demotivate pupils identified as unlikely to succeed (Fletcher, Bonell, & Rhodes, 2009); adolescents who perceive school as competitive or unfair are more likely to withdraw (Roeser, Eccles, & Sameroff, 2000). School disengagement has been associated with negative psychosocial and behavioural pupil outcomes (Van Ryzin, Gravelly, & Roseth, 2009; West, Sweeting, & Leyland, 2004). Between 1990 and 2006, the proportion of Scottish female secondary pupils who liked school a lot dropped from 33% to 29%, while no change was seen for males (23%–22%) (Currie, Levin, Todd, & HBSC National Team, 2008).

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