

## Mental health

### Initial findings from the Next Steps Age 25 Sweep



#### Next Steps Age 25 Sweep

The Next Steps Age 25 Sweep took place between August 2015 and September 2016. A total of 7,707 cohort members took part by web, telephone or face-to-face interviews. Data from this sweep and previous sweeps of Next Steps are available to download from the UK Data Service.

#### Introduction

Young adults are facing more stressful conditions than older generations, such as an increasingly competitive labour market, rising costs of housing, an increase in higher education costs, and issues of self-identity and confidence driven by more widespread use of social media. As a result, there is growing evidence that these young adults are at greater risk of developing short-term psychiatric disorders than previous generations.

Next Steps (previously known as the Longitudinal Study of Young People in England) should help to explore the extent of mental ill health in the

millennial generation, and how it is linked to other aspects of their lives. The study has collected a wide range of information on cohort members' lives from early adolescence to age 25, including health and wellbeing, experiences at school, family life, and transitions to the labour market.

This briefing paper summarises the experiences of mental health problems among the Next Steps cohort at age 25. It explores the prevalence of probable mental ill health at this age, and the risk factors associated with probable psychological disturbance.

#### Key findings

- The prevalence of mental ill health among this generation has increased since their teenage years: 1 in 4 25-year-olds showed signs of mental ill health, compared to around 1 in 5 when they were aged 14 and 16.
- Women were more likely to report mental health problems than men, even when individual characteristics were taken into account. However, once previous experience of mental ill health was considered, the gender gap disappeared.
- Poor mental health at age 16 more than doubles the odds of exhibiting mental health problems at age 25. Mental ill health at age 14 increases the odds by 59 per cent.
- Getting less than six hours' sleep per night at age 25, relative to nine or more, doubles the odds of reporting mental ill health.
- Those who said they had good or excellent general health were less likely to display signs of mental illness.

# Findings

## Prevalence of mental ill health

Figure 1 shows that just over a quarter (26%) of 25-year-olds showed signs of mental ill health, while three quarters (74%) reported no mental health issues. This is an increase on prior reports of mental ill health among this cohort when they were teenagers, for example 19 per cent of 14-year-olds and 22 per cent of 16-year-olds were at risk of mental ill health.

## Gender, ethnicity and social class

Figure 2 shows that a greater proportion of women (27%) than men (24%) showed signs of mental ill health. The gender gap remained – albeit slightly reduced (OR 1.21  $p < 0.01$ ) – once other factors were taken into account, including social background, ethnicity, general health, body mass index (BMI), and how much sleep and exercise the cohort members got.

However, once previous mental health measures were included (Figure 3), the significant gender difference disappears. This suggests that long-term mental health issues drive the gender gap at age 25.

There were no statistically significant differences between ethnic groups once social background, behavioural (sleep and exercise) and other characteristics were taken into account. There were also no significant differences according to parents' social class, after accounting for these factors.

### The General Health Questionnaire

At age 25, 7,363 Next Steps cohort members completed the General Health Questionnaire (GHQ-12), an assessment of their general mental health, and any non-psychotic or minor psychiatric disorders. It concentrates on psychological ill health, as well as general levels of happiness, depression and self-confidence.

Cohort members were given a list of 12 questions, six phrased positively and six negatively. They were asked to rate how often they experienced these particular symptoms or behaviours on a four-point scale to indicate if they are: 'not at all' present, present 'no more than usual', present 'rather more than usual' or present 'much more than usual'.

For each of the 12 symptoms, those who said they did not experience it at all or no more than usual were given a score of zero. Those who said they experienced a symptom more or much more than usual were given a score of one. This meant that

the maximum score a cohort member could be given was 12, and the minimum was zero.

The questions relate to whether they have recently:

1. been able to concentrate on what they are doing
2. lost sleep over worry
3. playing a useful part in things
4. been capable of making decisions
5. constantly under strain
6. been unable to overcome difficulties
7. enjoyed day to day activities
8. face up to problems
9. unhappy or depressed
10. losing confidence in self
11. thinking of yourself as a worthless person
12. reasonably happy.

Cohort members were grouped into two categories:

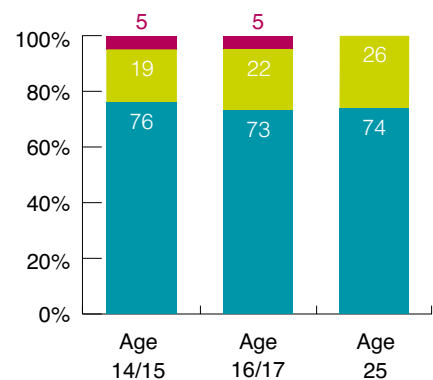
- those with no evidence of psychological disturbance or mental ill health (a score of 0-3).
- those showing signs of probable psychological disturbance or mental ill health (a score 4 or more).

Overall, having a history of mental health problems, general state of health and lifestyle played an important role over and above individual and social background characteristics in experiencing mental health problems at age 25.

## Long-term mental ill health

Cohort members who reported symptoms at ages 14 and 16 were more likely to show signs of mental ill health at age 25, compared with those with no history of psychological

FIGURE 1:  
Probable mental ill health by age



No signs of mental ill health    Signs of mental ill health    Missing

disturbance or mental ill health in their teenage years.

More specifically, poor mental health at age 14 increased the odds of experiencing mental health problems at age 25 by 59 per cent (OR 1.59,  $p < 0.001$ ). In addition, over and above earlier mental health problems, reporting probable mental ill health at age 16 more than doubled the odds

of experiencing mental ill health at age 25 (OR 2.07,  $p < 0.001$ ). More research is required to explain how teenagers move in and out of mental ill health over time, and what factors might help or hinder their conditions.

### Self-reported general health

Cohort members who said they were in 'good' or 'excellent' general health at age 25 had 74 per cent lower odds of having mental health problems than those who rated their general health as 'fair' or 'poor'. This highlights the fundamental link between physical and mental health, but it is not clear from this analysis whether it is the physical health that influences the mental health or vice versa.

### The importance of sleep and exercise

In line with previous findings, Figure 3 shows that not getting enough sleep

is a risk factor for mental ill health and psychological disturbance. There may be different reasons for this finding, for example it has been shown that sleep problems are more likely to affect those with mental ill health than those in the general population, but also that sleep problems may increase risk for developing particular mental illnesses.

Compared with those who slept for an average of nine or more hours each night, those who slept for six hours or less had more than double the chance of reporting poor mental health (OR 2.10,  $p < 0.001$ ).

Those who participated in sports or exercise less often than once a month (OR 1.20,  $p < 0.05$ ) and never (OR 1.56,  $p < 0.01$ ) were at a greater risk of mental ill health at age 25 than those who exercised at least once a week. However, there was no statistically significant difference between those who exercised at least once a week and those who exercised at least once a month.

FIGURE 2:  
Probable mental ill health by gender

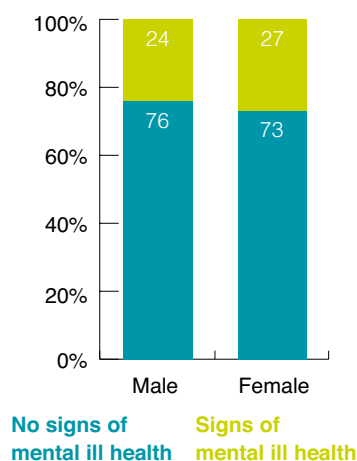
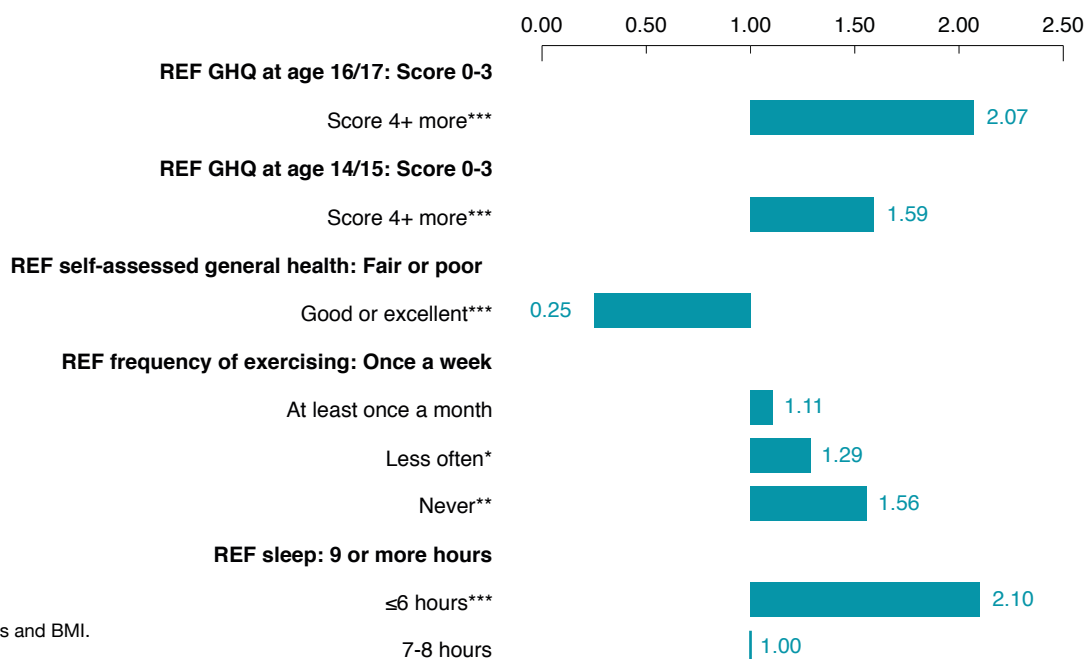


FIGURE 3:  
What factors predict probable mental ill health at age 25?



Controlling for gender, ethnicity, class and BMI.

\*\*\*  $p < 0.001$ , \*\*  $p < 0.01$ , \*  $p < 0.05$

## Conclusions

These initial findings indicate that while the majority of 25-year-olds are in good mental health, a quarter (26%) have experienced mental health problems, and prevalence is slightly higher among women. People who experienced mental ill health in adolescence are at a greater risk of reporting mental ill health at age 25. This finding

suggests that early intervention and continued investment in mental health services for young people is important. Lack of exercise or sleep play important roles in predicting probable mental ill health, as previous research has found. Moreover, there is a strong relationship between mental and self-reported physical health.

## About Next Steps

Next Steps (previously known as the Longitudinal Study of Young People in England) is following the lives of around 16,000 people born in 1989-90.

The study began in 2004, when the cohort members were aged 13/14, and collected information about their education and employment, economic circumstances, family life, physical and emotional health and wellbeing, social participation, and attitudes for seven consecutive years.

In 2015, 7,707 cohort members took part in the Age 25 Sweep. This eighth sweep of the cohort broadened the scientific remit and value of the study, collecting information on health, education, employment, family formation, and wellbeing.

Data from the study have been linked to National Pupil Database records, which include the cohort members' individual scores at Key Stage 2, 3 and 4. Other administrative linkages are also planned.

Research based on Next Steps has had a significant impact on UK policy, in areas such as educational funding, bullying and educational trajectories. It will continue to provide a vital source of evidence for policymakers and researchers addressing social challenges for years to come.

The first seven waves of the study were managed and funded by the Department for Education. In 2013, Next Steps was transferred to the UCL Centre for Longitudinal Studies. The Age 25 Sweep was funded by the Economic and Social Research Council.

## Future research

This briefing paper has highlighted some initial findings on mental ill health at age 25, and has examined its association with a number of potential risk factors. There is, however, a great deal more information about potential underlying determinants of poor mental health, in this and earlier sweeps of Next Steps. Researchers could make use of these variables and more advanced statistical methods to explore risk and protective factors, as well as to unpick these interconnected relationships.

## Acknowledgements

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## Contact

Centre for Longitudinal Studies  
UCL Institute of Education  
20 Bedford Way  
London WC1H 0AL  
Tel: +44 (0)20 7612 6875  
Email: [clsfeedback@ucl.ac.uk](mailto:clsfeedback@ucl.ac.uk)  
Web: [www.cls.ioe.ac.uk](http://www.cls.ioe.ac.uk)  
Twitter: @CLScohorts