

The emerging solutions include training for a number of different groups, such as general practitioners, practice nurses and receptionists, to promote positive attitudes towards these patients and to improve their knowledge of medical and social issues linked to mental ill health and disability.

responses may be hampered by negative attitudes and stereotyping and by unacknowledged prejudices. They may make unarticulated assumptions about the value of interventions for these groups of patients, so that they are less often referred for specialist advice. Such feelings may be reinforced by the fact that, because of difficulties in communication, it may take much longer than usual (and longer than scheduled appointment times) to deal with these patients – and this may be problematic in a busy general practice. Finally, even the best primary care physician, when faced with a patient with known mental health problems or learning disability, may assume that new symptoms and signs of physical disease are attributable to the underlying condition and fail to carry out investigations that would be routine for other patients.

The major role of the primary care team in relation to the physical health of patients with mental illness has been acknowledged in some countries. However, much more is needed globally to make the provision of health services sensitive to the needs of these patients. Specifically, more attention must be paid to methods of communication with such patients so that, like the rest of the population, they are better informed and better able to participate in the healthcare decisions that affect them. Special approaches will need to be developed, in both primary and secondary care, to tailor preventive medicine programmes to meet the particular needs of patients with mental illness and learning disability.

In a few countries, concern about the health inequalities experienced by people with mental illness and learning disability has produced a response. In the UK, for example, the Disability Rights Commission has set up a formal investigation into these issues. Its aim is to 'shine a light on both health inequalities and potential solutions', and its focus is on practical approaches to reducing inequality within primary care. The emerging solutions include training for a number of different groups, such as general practitioners, practice nurses and receptionists, to promote positive attitudes towards these patients and to improve their knowledge of medical and social issues linked to mental ill health and disability (Disability Rights Commission, 2005). It also suggests that practitioners

should be trained by people with such disabilities and that disability issues should be integrated within the medical undergraduate curriculum.

Although the Disability Rights Commission's investigation focuses on primary care, there is much that is relevant to secondary care too, and this enquiry should act as a prompt to all who are involved in the care of patients with a mental illness or learning disability to reconsider the standard of care that they provide. The World Health Organization (2005) estimates that, worldwide, there are more than 450 million people with mental, neurological or behavioural problems. Psychiatrists in all countries – indeed, all mental health workers and their professional associations – have a responsibility to make sure that the physical needs of their patients are not only recognised but also responded to within their health service. Wherever and whenever psychiatrists are involved, they should be vigilant to ensure that these patients, who are often among the most vulnerable and the least legally protected, are not further disadvantaged by having their physical health needs overlooked or ignored.

## References

- Brown, S., Inskip, H. & Barraclough, B. (2000) Causes of the excess mortality of schizophrenia. *British Journal of Psychiatry*, **177**, 212–217.
- Cohen, A. & Hove, M. (2001) *Physical Health of People with Severe Mental Illness. A Training Pack for GP Educators*. London: Sainsbury Centre for Mental Health.
- Davies, N. & Duff, M. (2001) Breast cancer screening for older women with intellectual disability living in community group homes. *Journal of Intellectual Disability Research*, **45**, 253–257.
- Dembling, B. P., Chen, D. T. & Vachon, L. (1999) Life expectancy and causes of death in a population treated for serious mental illness. *Psychiatric Services*, **50**, 1036–1042.
- Disability Rights Commission (2005) *Equal Treatment: Closing the Gap. Interim Report into Health Inequalities*. Stratford upon Avon: DRC.
- NHS Health Scotland (2004) *People with Learning Disabilities in Scotland: Health Needs Assessment Report*. Glasgow: NHS Health Scotland.
- Philips, R. J. (1934) Physical disorder in 164 consecutive admissions to a mental hospital: the incidence and significance. *British Medical Journal*, *ii*, 363–366.
- Stein, K. & Allan, N. (1999) Cross-sectional survey of cervical cancer screening in women with learning disability. *BMJ*, **318**, 641.
- World Health Organization (2005) *Resource Book on Mental Health, Human Rights and Legislation*. Geneva: WHO.

### THEMATIC PAPERS – INTRODUCTION

## Alcohol misuse among young people

David Skuse

Behavioural and Brain Sciences Unit, Institute of Child Health, London WC1 1EH, UK, email d.skuse@ich.ucl.ac.uk

Recently, the UK government expressed concern about the rising tide of antisocial behaviour among young people who, in certain areas of the country, were habitually engaging in acts of minor delinquency – often fuelled by drink. On the other

hand, legislation was introduced to make it legal for premises that sell alcohol to remain open longer, up to 24 hours a day. This latter arrangement has courted considerable controversy. For example, the British Medical Association commented that any

**extension to licensing hours requires a programme of research, after its introduction, to look at its health consequences – both acute and chronic.**

It is indisputable that alcohol misuse among young people is more of a problem today than it was a decade ago, not only in the UK but also elsewhere in the world where alcohol is freely available. The key issues are reviewed in the paper by Sue Bailey and Richard Williams. Two alarming trends are highlighted by them. First, the use of alcohol in excess by children under the age of 18 years is rising substantially – as is their consumption of illicit drugs (the subject of a future issue). In the 10- to 14-year age-group there has been a doubling of alcohol consumption in the past decade, and one in three children report having been drunk at least once by the time they reached 13 years. Second, the misuse of alcohol by young women is rapidly approaching the same prevalence as we observe among young males. This trend can be seen clearly over the past 10 years and raises questions about what changes in societal structure could be fuelling their behaviour.

A different perspective on alcohol misuse among young people is portrayed by Mei-Yu Yeh and her colleagues, who review the attitudes to excessive drinking among two cultures in Taiwan. For the ethnic indigenous population, who are in the minority, alcohol is an important part of their culture. Among

the Han (immigrant Chinese) people this is less the case, and they also have a high prevalence of aldehyde dehydrogenase deficiency, so are less able to metabolise it. Alcohol misuse among young indigenous Taiwanese men is becoming an issue of social concern.

A potentially important but underestimated influence on young people's attitudes to drink is the role played by the media, especially television and the movies. Nowadays, we are far less likely to see romantic leads blowing smoke into one another's faces than was the case 50 years ago (witness *Casablanca*, a classic example of a movie in which such behaviour is commonplace). In contrast, alcohol consumption is not only socially acceptable but also virtually ubiquitous in mainstream American movies. Susannah Stern writes about the potential influence movies have in shaping attitudes among young people to the effects of alcohol excess. Audiences for the movies are getting younger all the time. She points out that little attention has been paid to the way in which indulgence in alcohol by movie characters can have negative effects upon young viewers in shaping their attitudes to such behaviour. Her work deserves to be better known. It is hard to enjoy a cult movie such as *Animal House* knowing that the lead character, John Belushi, died of the very excesses he portrayed in the film. Young children need to be educated that substance misuse is not really very funny, for anybody.

Nowadays, we are far less likely to see romantic leads blowing smoke into one another's faces than was the case 50 years ago (witness *Casablanca...*). In contrast, alcohol consumption is not only socially acceptable but also virtually ubiquitous in mainstream American movies.

#### THEMATIC PAPER – ALCOHOL MISUSE AMONG YOUNG PEOPLE

## Alcohol: younger people's favourite substance

Sue Bailey<sup>1</sup> and Richard Williams<sup>2</sup>

<sup>1</sup>Professor of Child and Adolescent Forensic Mental Health, University of Central Lancashire, UK, and Registrar of the Royal College of Psychiatrists, London, UK, email [ntattersall@bstmht.nhs.uk](mailto:ntattersall@bstmht.nhs.uk)

<sup>2</sup>Professor of Mental Health Strategy, University of Glamorgan, UK, and Consultant Child and Adolescent Psychiatrist, Gwent Healthcare National Health Service Trust, email [rjwwilli@glam.ac.uk](mailto:rjwwilli@glam.ac.uk)

**O**n 10 January 2006, ITV2, a UK television channel, ran a 90-minute programme called *Britain's Youngest Boozers*. It claimed that one in three younger people are binge drinkers and that one in six is dependent on alcohol. The comments in interviews with adolescents and families were stark and worrying. Although the age parameters were not clear at the start of the programme, it focused on those aged up to 25 years and presented enormously serious concerns about the changed patterns of drinking among Britain's younger people.

In the UK there are 3.9 million people aged 10–14 years and 3.8 million aged 15–19 years (Coleman & Schofield, 2005). There is evidence that the mental and physical health of these 7.7 million young people

is strongly affected by the degree to which they engage in risky activities (Viner & Macfarlane, 2005).

### Prevalence of the problem

One fact is plain: alcohol continues to be the most prevalent substance used and misused by people who are less than 18 years old (Harrington, 2000). We are aware of estimates that 3.4 million of the UK's 16- to 24-year-olds drink more than twice the recommended limit for alcohol (and those recommendations were developed for an adult population). In the past 7 years there has been a 15% rise in the number of young people taken to hospital for drink-related problems (4173 in 1997; 4809 in 2004–05). Thirteen children are admitted

One fact is plain: alcohol continues to be the most prevalent substance used and misused by people who are less than 18 years old.