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Defence Committee Inquiry: Armed forces and veterans mental health

Written evidence submitted by Medact

Executive summary

1. This submission from Medact, an organisation that represents a wide variety of health professionals, presents evidence that military service has a detrimental impact on the mental health of minors recruited into the armed forces.
2. Psychologists characterise adolescence as a 'window of vulnerability'. In mid-adolescence, minors are less able than adults to make an informed choice about a military career, and are more susceptible to long-term impacts of high-stress environments.
3. Research has shown that mental health and behaviour problems are prevalent in the British armed forces, particularly the army, and are proportionally greater for those who enlist in the youngest age group.
4. The prohibition on deploying minors on operations insufficiently safeguards them from mental health effects of early military service. Evidence shows elevated levels of anger, anxiety and depression even in young personnel in training who have not yet been deployed.
5. Research clearly shows an association between childhood adversity and long-term susceptibility to stress, as well as the psychiatrically toxic effect of additional stressful experiences in adolescence. Minors from disadvantaged backgrounds are the most at risk from premature military service. Young people from disadvantaged backgrounds are most affected by military work; this group is particularly vulnerable to the stress of initial training and, later, to the stress of warfare in the context of developing PTSD.
6. In the wider public interest and to bring policy into line with the public health consensus regarding conducive environments for adolescent development, and with the large majority of other countries across the world, Medact encourages the Committee to call for an end to the recruitment of minors, and for more research focused on the impact of early military service on young people.

Introduction

7. Medact represents a variety of health professionals, bringing a public health perspective to the peace and security field. Among our concerns are the health effects of military service on young people, particularly minors with a childhood background of adversity.
8. The association between stressful war experiences and stress-related mental health problems is well established. This submission presents evidence that military service has a detrimental impact on the mental health of young people both before and during deployment on operations. We produced a report on this issue in 2016 and wish to offer new evidence to the Committee's inquiry. (1)

Developmental susceptibilities in mid-adolescence

9. **Psychologists have characterised adolescence as a 'window of vulnerability', particularly due to the elevated prevalence of mental health disorders, including anxiety.** (2)
10. Adolescence is a developmental phase approximately between the ages of 10 and 19, with new research extending this to as old as 24, (51) during which complex changes in the brain alter decision-making biases and reactions to stress. (2,3,4,1) This includes the under-development of the prefrontal cortex and a higher capacity for plasticity, resulting in experiences during this time playing a role in determining which synapses are strengthened and long-term neurological development. (52) In mid-adolescence, which includes the 16–17 age group, two developmental susceptibilities are salient:
 - 10.1. **Decision-making.** Young people are more inclined in mid-adolescence than as adults to make life choices based on emotive appeal, rather than on an appreciation of their consequences. (3,4,5) Adolescents and young people are therefore more prone to risk-taking behaviours. In neurological terms, the reward-seeking, socioemotional structures of the brain develop early, whereas the cognitive structures responsible for evaluating the consequences of choices do not develop fully until late adolescence. (3,4,5,6) With this in view, Medact and other health professionals have argued that young people in mid-adolescence are at greater risk of enlisting without the understanding of military service that informed consent implies. (1,7) The risk is compounded by recruitment marketing and literature encouraging the view that presents military service as an adventurous career without risk. (1,8)
 - 10.2. **Reactivity to stress.** Young people in mid-adolescence are more susceptible than adults to high-stress environments, (2,10) leading to a higher incidence of mental health problems such as anxiety and depression. (3,11,2,12) Neurological research indicates that this is partly due to the tendency of the adolescent brain not to extinguish fear after a stressful event; under continued stress, the fear persists and becomes chronic. (2) Traumatization and conditions of chronic stress can impede the development of the adolescent brain, and there is some evidence that this can lead to mental health and anxiety disorders in adulthood. (2,11,12) Medact and the American Public Health Association have therefore argued that it is not responsible policy to subject young people aged 16 or 17 to stress of a military environment, particularly initial training. (1,7) This applies with greater weight to young people who enlist with a childhood background of adversity, whose reactivity to stress is more marked than average, as discussed below. (13,14,15)

Early military service: Risk factors

11. **Stress and aggression in initial military training.** The stress and aggression of initial military training could account for the elevated levels of anger, anxiety and depression found in young personnel who have not yet been deployed, and for the post-enlistment increase in violent behaviour, discussed below.
 - 11.1. **Use of stressors.** Initial military training is characterised by the extensive use of stressors, including beating and punishment, to condition recruits for service. (38,39)
 - 11.2. **Repeated stimulation of aggression.** Military academics acknowledge that initial military training, particularly in the infantry, repeatedly stimulates aggression to prepare recruits for killing others at close quarters. (41,38) Some research from

Canada and Germany, and early research the US, has found that initial military training is associated with an increase in antagonistic attitudes. (42,43,44)

12. Taking into consideration adolescent reactivity to stress and its possible impact on brain development, the high-stress context of pre-deployment increases the risk of long-term mental health disorders in this age group.

Mental health outcomes of military service, by age

13. **Research shows that mental health and behaviour problems are prevalent in the British armed forces, and proportionally greater for those who enlist in the youngest age group.**
14. We note that 20 per cent of armed forces recruits in 2016-17 were aged under 18. (53) 80 per cent of those recruited under the age of 18 enlist into the army, of whom 41 per cent enlist for the infantry. (54)
15. Research shows that personnel serving in frontline combat roles such as those within the infantry have reported a higher prevalence of PTSD than those in other roles. (19)
16. The King's Centre for Military Health Research (KCMHR) has found that British armed forces personnel as a whole are twice as likely as civilians to suffer from anxiety and depression (known as Common Mental Disorders); (16) more than twice as likely to be drinking at levels deemed harmful to health; (17,18) and slightly more likely to have the symptoms of post-traumatic stress disorder. (19)
17. While the data are not sufficiently disaggregated to determine the prevalence of these problems among minors specifically, it is clear that the relationship to age is linear; the youngest are most affected, and the oldest, the least. (21,22)
18. Research in the UK and US has not found that service in the armed forces brings a mental health benefit compared to full-time civilian education or work. (23,24,25,16)

Mental health effects of military service prior to a first deployment

19. **The prohibition on deploying minors on operations insufficiently safeguards them from a mental health impact of early military service.** A growing body of evidence from the UK and US indicates that military service exacerbates pre-enlistment mental health problems, which are seen to increase soon after enlistment and before recruits are sent to war:
 - 19.1. **Anxiety and depression (known as common mental disorders or CMD).** As mentioned above, British personnel, including the youngest, are twice as likely as working civilians to experience CMD. This is probably not due to their socio-economic background or to the effects of deployment, since the study's analysis was adjusted to account for socio-economic background, and an earlier study found that deployment to Iraq/Afghanistan was not a risk factor for CMD (16,21). The study's findings therefore indicate that military service is associated with an elevated rate of CMD before personnel are deployed.
 - 19.2. **Anger.** Nondeployed personnel (all ages) in combat roles, such as the infantry where minors are over-represented, are twice as likely as those in support roles to report anger problems linked to aggressive behaviour, such as kicking or smashing something, according to KCMHR. (29)¹
 - 19.3. **Violent behaviour.** As a composite of anger, hostility, and negative internalised emotions such as depression, (31) violent behaviour is an indicator of mental ill-

¹ The researchers found that personnel in combat roles (deployed and nondeployed) were twice as likely to behave aggressively, and also that there was no difference between deployed and never-deployed personnel.

health in a population. In 2013, it was found that the rate of violent and sexual offending among armed forces personnel (all ages) increased by a quarter after personnel enlisted and before they were deployed, reflecting similar findings in the US. (22,32) (After deployment, the rate of violent and sexual offending by British personnel reached double their pre-enlistment rate.) The same study found that that drug-related offences, which are another mental health indicator, showed a similar pattern of increasing prevalence relative to the pre-enlistment rate.

- 19.4. **Suicide.** The rate of suicide among army males aged 16–19 has been much higher than in the navy or RAF, and higher also than among civilians of the same age. (33) Since most of this age group has yet to be deployed, and since their elevated suicide rate has persisted through times of high and low operational tempo, it appears to be related not to deployment specifically, but to some other characteristic of early military service. Although the suicide rate in the age group has been in slow decline, in 2015 it spiked again. (33) Once young personnel leave the armed forces, the risk of suicide rises again; ex-forces personnel aged 16-24 have been between two and three times as likely as their non-veteran counterparts to kill themselves. (34)
- 19.5. **Former junior soldiers.** A study by the then Department for Business Innovation and Skills in 2012 found that 48 percent of junior soldiers at the Army Foundation College left the army within four years of enlisting (so-called Early Service Leavers). (35) The army's data show that most of its ESLs (all ages) are discharged during training, before their first deployment. (36) This group exhibits very high rates of mental health problems. Research by KCMHR has found that: 20 percent of ESLs had symptoms of PTSD; 46 percent were suffering from CMD; and 31 percent were misusing alcohol at harmful levels. (37)
20. Taken together, these findings offer clear evidence of a detrimental impact of early military service on young recruits' mental health, attitudes and behaviour.

The influence of childhood adversity on mental health outcomes

21. **Considering evidence clearly shows the association between childhood adversity and long-term susceptibility to stress, as well as the psychiatrically toxic effect of further stressful experiences, (55) it is alarming that the army continues to target minors for recruitment. This group is particularly vulnerable to the stress of initial training, and to the stress of warfare in the context of developing PTSD. (26)**
22. A Ministry of Defence briefing paper obtained by Child Soldiers International shows that army recruitment campaigns such as 'This Is Belonging' specifically target young people aged 16-24 from the lowest three economic and social groups, with a mean household income of £10,000 and less. (56) Research has shown associations between mental health disorders and low income or poverty, with 26 per cent of women and 23 per cent of men in the lowest socioeconomic class being at high risk of mental health problems. (57)
23. While some young people who enlist as minors fare well, the available evidence shows that military service exacerbates, rather than alleviates, pre-existing problems in this age group, especially those with a stressful childhood background. Adolescents who have faced adversity in their childhood and beyond are particularly susceptible to developing mental health problems during or after military service:
 - 23.1. A childhood background of adversity is common in the armed forces. KCMHR's research has found that 76 percent of British military personnel surveyed had experienced two or more adverse childhood experiences (ACEs), such as trouble

- with the police or at home. (26) A high count of ACEs was associated with young age, being in the army, and having low educational attainment.
- 23.2. Young people with a background of adversity are markedly susceptible to developing general psychological ill-health, PTSD, self-harming behaviour and alcohol misuse, particularly those who have been exposed to violence. (55)
- 23.3. Childhood adversity has a cumulative impact, such that additional exposure to stressful experiences increases the risk of lasting mental health and behaviour problems. (58) Young people with a high number of ACEs suffer a significant psychological and neurological impact, with long-term effects on adolescent development. Repeated adversity in childhood overstimulates stress-relieving hormones. (58) This can impair adolescent development of the prefrontal cortex, which is responsible for executive thought and cognition, and engender long-term hypersensitivity to threats. (2, 14, 15, 58)
- 23.4. According to UK and US research, recruits with an adverse childhood background are more likely than others to leave the armed forces early, especially during training. This is thought to be due in part to their greater susceptibility to stress relative to older recruits, and to young recruits from less-disadvantaged backgrounds. (45,46,47,48)

Conclusion

24. **The research findings of the last decade challenge the assumption that the enlistment of minors from troubled backgrounds provides the developmentally conducive environment that they lack.**
25. This submission has shown that the prevalence of certain mental health and behaviour problems is elevated in the British armed forces, particularly anxiety and depression, harmful alcohol use, and violent behaviour, with the youngest personnel most affected. While factors related to the socioeconomic deprivation of recruits clearly play a role, a growing body of evidence indicates that military service in general, and initial training in particular, tends to exacerbate pre-existing problems.
26. In Medact's view, the research shows that military enlistment leads to an excessive and disproportionate risk to the mental health of young people in mid-adolescence, particularly the youngest age group aged 16 or 17. The evidence indicates that the armed forces are not developmentally conducive for the mental health of minors, particularly those who join up with existing stress-related mental health problems.
27. Continuing full-time education towards mainstream academic or vocational qualifications is now the norm for most young people aged 16, including 88 percent of those from disadvantaged backgrounds. (49) We encourage the government to promote full-time education to the age group, and not to target them for premature enlistment into the armed forces.

Recommendations

28. Medact invites the Committee to consider the following as recommendations to the Government:
- 28.1. **Bring the enlistment of minors to an end, in line with the vast majority of the world.**

- 28.2. While the armed forces continue to recruit minors, recognise the special vulnerability of the age group by collecting mental health data disaggregated by enlistment age.
- 28.3. Commission further research into the mental health effects of early military service prior to a first deployment, and after deployment, with special attention to the youngest personnel.
- 28.4. In view of the evidence of disproportionate psychological harm caused by high-stress environments to adolescents from disadvantaged backgrounds recruitment campaigns should not strategically target them.
- 28.5. Monitor the mental health outcomes of discharged personnel who enlisted as minors.

References

1. Louise R, Hunter C, Zlotowitz S. 'The recruitment of children by the UK armed forces: A critique from health professionals'. London, 2016.
2. Baker KD, Den ML, Graham BM, Richardson R. 'A window of vulnerability: Impaired fear extinction in adolescence'. *Neurobiology of Learning and Memory*. 2014; 113: p. 90-100.
3. Spear LP. 'The adolescent brain and age-related behavioral manifestations'. *Neuroscience and Behavioral Reviews*. 2000 July, 24(4), p. 417-463.
4. Strasburger VC, Wilson BJ, Jordan AB. 'Children, adolescents and the media' (Chapter 1, 'Children and adolescents: Unique audiences'). 2nd ed. (Thousand Oaks, CA: Sage, 2009).
5. Steinberg L. 'A Social Neuroscience Perspective on Adolescent Risk-Taking'. *Developmental Review*. 2008 March, 28(1), pp. 78-106.
6. Mills KL, Goddings AL, Clasen LS, Giedd JN, Blakemore SJ. 'The developmental mismatch in structural brain maturation during adolescence'. *Developmental Neuroscience*. 2014, 36(3-4), pp. 147-160.
7. American Public Health Association. 'Cessation of Military Recruiting in Public Elementary and Secondary Schools', 2012. Available from: <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/23/11/19/cessation-of-military-recruiting-in-public-elementary-and-secondary-schools>.
8. Gee D. 'Informed Choice? Armed forces recruitment practice in the United Kingdom' London, 2008.
9. Ministry of Defence. Information obtained under the Freedom of Information Act, 21 April 2015, ref. FOI2015/03426. Available from: <https://www.child-soldiers.org/Handlers/Download.ashx?IDMF=0d50449e-ae18-423c-8620-cb2c07218ac3>.
10. Galván A, McClennen KM. 'Daily stress increases risky decision-making in adolescents: A preliminary study'. *Developmental Psychobiology*, 2012 May, 54(4), pp. 433-40.
11. Giedd JN, Keshavan M, Paus T. 'Why do many psychiatric disorders emerge during adolescence?'. *Nature Reviews Neuroscience*. 2008 December, 9(12), pp. 947-957.
12. Den ML, Altmann SR, Richardson R. 'A comparison of the short- and long-term effects of corticosterone exposure on extinction in adolescence versus adulthood'. *Behavioral Neuroscience*, 2014, 128(6), pp. 722-735.
13. Leventhal T, Brooks-Gunn J. 'The neighborhoods they live in: the effects of neighborhood residence on child and adolescent outcomes'. *Psychological Bulletin*, 2000 March, 126(2), pp. 309-337.
14. Kishiyama MM, Boyce WT, M JA, Perry LM, Knight RT. 'Socioeconomic disparities affect prefrontal function in children'. *Journal of Cognitive Neuroscience*. 2009 June; 21(6): p. 1106-1115.
15. Hackman DA, Farah MJ. 'Socioeconomic status and the developing brain'. *Trends in Cognitive Sciences*, 2009, 13(2), pp. 65-73.
16. Goodwin L, S W, Hotopf M, Jones M, Greenberg N, Rona RJ, et al. 'Are common mental disorders more prevalent in the UK serving military compared to the general population'. *Psychological Medicine*, 2015, 45(9), pp. 1881-1891.
17. Head M, Goodwin L, Debell F, Greenberg N, Wessely S, Fear NT. 'Post-traumatic stress disorder and alcohol misuse: comorbidity in UK military personnel', *Social Psychiatry and Psychiatric Epidemiology*, 2016, pp. 1171-1180.
18. McManus S, Meltzer H, Brugha T, Bebbington P, Jenkins R. 'Adult psychiatric morbidity in England, 2007: Results of a household survey'. University of Leicester, The NHS Information Centre, 2009.
19. Jones M, Sundin J, Goodwin L, Hull L, Fear NT, Wessely S, et al. 'What explains posttraumatic stress disorder (PTSD) in UK service personnel: deployment or something else?', *Psychological Medicine*, 2012, 43(8), pp. 1703-12.
20. Kwan J, Jones M, Somaini G, Hull L, Wessely S. 'Post-deployment family violence among UK', *Psychological Medicine*, 2017 December.

21. Fear NT, Jones M, Murphy D, Hull L, Iversen AC, Coker B et al. 'What are the consequences of deployment to Iraq and Afghanistan on the mental health of the UK armed forces? A cohort study (Supplementary web appendix)', *The Lancet*, 2010 May, 375, pp. 1783–1797.
22. MacManus D, Dean K, Jones M, Rona R, Greenberg N, Hull L, et al. 'Violent offending by UK military personnel deployed to Iraq and Afghanistan: a data linkage cohort study'. *The Lancet*, 2013, 381, pp. 907–917.
23. Fear NT, Jones M, Murphy D, Hull L, Iversen AC, Coker B, et al. 'What are the consequences of deployment to Iraq and Afghanistan on the mental health of the UK armed forces? A cohort study'. *The Lancet*, 2010 May, 375, pp. 1783-1797.
24. London AS, Wilmoth JM, 'Military service and (dis)continuity in the life course'. *Research on Aging*, 2006 January, pp. 135-159.
25. Maclean A, Elder GH. 'Military service in the life course', *Annual Review of Sociology*, 2007, pp. 175-196.
26. Iversen AC, Fear NT, Simonoff E, Hull L, Horn O, Greenberg N, et al. 'Influence of childhood adversity on health among male UK military personnel', *British Journal of Psychiatry*, 2007 August, 191, pp. 506-511.
27. MacManus D, Dean K, Iversen AC, Hull L, Jones N, Fahy T, et al. 'Impact of pre-enlistment antisocial behaviour on behavioural outcomes among UK military personnel', *Social Psychiatry and Psychiatric Epidemiology*, 2011, 47(8): pp. 1353-1358.
28. Elbogen EB, Johnson S, Wagner R, Sullivan C, Taft CT, Beckham JC. 'Violent behaviour and post-traumatic stress disorder in US Iraq and Afghanistan veterans', *British Journal of Psychiatry*, 2014, 204, pp. 368-375.
29. Rona RJ, Jones M, Hull L, MacManus D, Fear NT, Wessely S. 'Anger in the UK armed forces: Strong association with mental health, childhood antisocial behavior, and combat role', *Journal of Nervous and Mental Disease*, 2015 January; 203(1), pp. 15-22.
30. Child Soldiers International. 'The British armed forces: Why raising the recruitment age would benefit everyone', 2016. Available from: <https://www.child-soldiers.org/shop/the-british-armed-forces-why-raising-the-recruitment-age-would-benefit-everyone>.
31. Birkley E, Eckhardt Cl. 'Anger, hostility, internalising negative emotions, and intimate partner violence perpetration: A meta-analytic review', *Clinical Psychology Review*, 2015 January, 37, pp. 40-56.
32. Bouffard LA. 'The military as a bridging environment in criminal careers: The differential outcomes of the military experience', *Armed Forces & Society*, 2005, 31(2), pp. 273-296.
33. Ministry of Defence. 'UK armed forces suicide and open verdict deaths: 2016', 2017. Available from: <https://www.gov.uk/government/statistics/uk-armed-forces-suicide-and-open-verdict-deaths-2016>.
34. Kapur N, While D, Blatchley N, Bray I, Harrison K. 'Suicide after Leaving the UK Armed Forces — A Cohort Study', *Public Library of Medicine*, 2009 March, 6(3).
35. Department for Business, Innovation and Skills. 'Armed Forces literacy and numeracy skills study (Part 2)', 2012. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/32284/12-885-armed-forces-basic-skills-part-2.pdf.
36. Fossey M, Hacker Hughes J. 'Future Horizons Programme: Final Report', 2013. Available from: <http://www.fim-trust.org/wp-content/uploads/2013/03/20131107-FHP-Final-Report-Nov-2013.pdf>.
37. Buckman JEJ, Forbes HJ, Clayton T, Jones M, Jones N, Greenberg N, et al. 'Early Service leavers: a study of the factors associated with premature separation from the UK Armed Forces and the mental health of those that leave early'. *European Journal of Public Health*, 2013 June, 23(3), pp. 410-415.
38. McGurk D, Cotting DI, Britt TW, Adler AB. 'Joining the ranks: The role of indoctrination in transforming civilians to service members'. In Adler A, Castro CA, Britt TW, editors. *Military life: The psychology of serving in peace and combat*, (Westport, CT: Praeger Security International, 2006), pp. 13-31.
39. Gee D. 'The First Ambush? Effects of army training and employment' (London: Veterans for Peace UK, 2017).
40. Ursano RJ, Kessler RCMB, Naifeh JA, Aliaga PA, Fullerton CS, Wynn GH, et al. 'Risk factors, methods, and timing of suicide attempts among US army soldiers', *JAMA Psychiatry*, 2016, 73(7), pp. 741-749.
41. Grossman D. 'On Killing: The Psychological Cost of Learning to Kill in War and Society', (New York: Back Bay Books, 2009).
42. Lee JEC, McCreary DR, Villeneuve M. 'Prospective multifactorial analysis of Canadian forces basic training attrition', *Military Medicine*, 2011 July, 176(7), pp. 777-784.
43. Jackson J, Thoemmes F, Jonkmann K, et al. 'Military training and personality trait development: Does the military make the man, or does the man make the military?', *Psychological Science*, 2012, pp. 270-277.
44. Ekman P, Friesen WV, Lutzker DR. 'Psychological reactions to infantry basic training', *Journal of Consulting Psychology*, 1962, 26(1), pp. 103-104.
45. Child Soldiers International. 'Out of step, out of time: Recruitment of minors by the British armed forces', 2015. Available from: <https://www.child-soldiers.org/shop/out-of-step-out-of-time-recruitment-of-minors-by-the-british-armed-forces-1>.

46. Knapik JJ, Jones BR, Hauret K, Darakjy S, Piskator E. 'A review of the literature on attrition from the military services: Risk factors for attrition and strategies to reduce attrition', 2004. Available from: <http://www.dtic.mil/cgi-bin/GetTRDoc?Location=U2&doc=GetTRDoc.pdf&AD=ADA427744>.
47. Booth-Kewley S, Larson GE, Ryan MA. 'Predictors of Navy attrition. I. Analysis of 1-year attrition'. *Military Medicine*, 2002, 167(9), pp. 760-769.
48. Talcott GW, Haddock CK, Klesges RC, Lando H, Fiedler E. 'Prevalence and predictors of discharge in United States Air Force basic military training', *Military Medicine*, 1999, pp. 269-274.
49. Department for Education, 'National table NA12a: Pupil destinations after completing key stage 4 by detailed pupil characteristics, state-funded mainstream schools', 2017. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/652776/SFR56_2017_KS4_National_Tables_1516.ods.
50. MacManus D, Rona R, Dickson H, Somaini G, Fear N, Wessely S. 'Aggressive and violent behavior among military personnel deployed to Iraq and Afghanistan: Prevalence and link with deployment and combat exposure', *Epidemiologic Reviews*, 2015, 37, pp. 196-212.
51. Sawyer, S, et al. 'The age of adolescence'. *The Lancet Child & Adolescent Health*, 2018, 2(3), pp. 223-228.
52. Griffin, A. 'Adolescent neurological development and implications for health and well-being'. *Healthcare*: September 2017, p. 2.
53. Ministry of Defence. 'UK armed forces biannual diversity statistics: 2017', 2018. Available from: <https://www.gov.uk/government/statistics/uk-armed-forces-biannual-diversity-statistics-2017>.
54. Child Soldiers International. 'The British armed forces: Why raising the recruitment age would benefit everyone', 2016. Available from: <https://www.child-soldiers.org/shop/the-british-armed-forces-why-raising-the-recruitment-age-would-benefit-everyone>.
55. Young Minds. 'Beyond Adversity: Addressing the mental health needs of young people who face complexity and adversity in their lives', 2016, p. 20. Available from: <https://youngminds.org.uk/resources/policy/beyond-adversity>.
56. Morris, S. 'Charity criticises British army campaign to recruit under-18s', *Guardian*, 29 November 2017. Available from: <https://www.theguardian.com/uk-news/2017/nov/29/charity-criticises-british-army-campaign-to-recruit-under-18s>.
57. Elliot, I. 'Poverty and mental health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy' (London: Mental Health Foundation), August 2016, p. 7.
58. Romeo, RD. 'The teenage brain: The stress response and the adolescent brain', *Current Directions in Psychological Science*, 2013, 22(2), pp. 140-145.