

Literature Review (Io1 – Litterature Review)	
Title	Burden of psychiatric disorder in young adulthood and life outcomes at age 30
Author	Sheree J. Gibb, David M. Fergusson and L. John Horwood
Year	2010
Type (article, report, book etc)	Article
No of Pages	6
Language	English
Reference (APA style)	The British Journal of Psychiatry (2010) 197, 122–127. doi: 10.1192/bjp.bp.109.076570
Source (link)	
Summary	<p>Background Psychiatric disorders are common during young adulthood and comorbidity is frequent. Individual psychiatric disorders have been shown to be associated with negative economic and educational outcomes, but few studies have addressed the relationship between the total extent of psychiatric disorder and life outcomes.</p> <p>Aims To examine whether the extent of common psychiatric disorder between ages 18 and 25 is associated with negative economic and educational outcomes at age 30, before and after controlling for confounding factors.</p> <p>Method Participants were 987 individuals from the Christchurch Health and Development Study, a longitudinal study of a birth cohort of individuals born in Christchurch, New Zealand, in 1977 and followed to age 30. Linear and logistic regression models were used to examine the associations between psychiatric disorder from age 18 to 25 and workforce participation, income and living standards, and educational</p>

	<p>achievement at age 30, before and after adjustment for confounding factors.</p> <p>Results There were significant associations between the extent of psychiatric disorder reported between ages 18 and 25 and all of the outcome measures (all P<0.05). After adjustment for confounding factors, the associations between psychiatric disorder and workforce participation, income and living standards remained significant (all P<0.05), but the associations between psychiatric disorder and educational achievement were not significant (all P>0.10).</p> <p>Conclusions After due allowance had been made for a range of confounding factors, psychiatric disorder between ages 18 and 25 was associated with reduced workforce participation, lower income and lower economic living standards at age 30.</p>
<p>Does the paper refer to People with Mental Health Problems, NEETs or MH NEETs?</p>	
<p>What types of intervention or methodology of career counselling / vocational training / career intervention or good practice are mentioned?</p>	
<p>Does the paper mention any specific tools used during the work integration process (evaluation, counselling etc)? In case the paper refers to a good practice provide a brief description.</p>	
<p>Does the paper mention any barriers in the work integration process produced by family members, MH professionals or careers counselors?</p>	

Main Conclusions (in bullets)	
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