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Adolescents' Mental Health: Out of the shadows

Evidence on psychological well-being of 11-15-year-olds from 31 industrialized countries

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INTRODUCTION

Mental health is increasingly gaining the spotlight in the media and public discourse of industrialized countries. The problem is not new, but thanks to more open discussions and fading stigma, it is emerging as one of the most critical concerns of public health today. Psychological problems among children and adolescents can be wide-ranging and may include attention deficit hyperactivity disorder (ADHD), disruptive conduct, anxiety, eating and mood disorders and other mental illnesses. Consistent evidence shows the links between adolescents' mental health and the experience of bullying (Due et al., 2005; Juvonen, Graham and Schuster, 2003; Perren et al., 2010) as well as school connectedness, i.e. perceived inclusion and respect within the school environment (Shochet et al., 2006). It is also associated with health-risk behaviours (Freeman et al., 2011) and academic achievement (Sznitman et al., 2011; Wagner and Cameto, 2004), in the worst cases leading to self-harm and suicidal behaviour (WHO, 2015). If left untreated, mental health disorders that emerge before adulthood can impose a health cost 10 times higher than those that emerge later in life (Suhrcke, Pillas and Selai, 2007).

It is the right time to channel more public investment for comprehensive support of children's and adolescents' mental health and well-being. Target 3.4 under Goal 3 of the Sustainable Development Agenda explicitly aims to *'promote mental health and well-being'*, while the WHO Comprehensive Mental Health Action Plan for 2013-2020 emphasises the importance of children 'having a positive sense of identity, the ability to manage thoughts, emotions, and to build social relationships… enabling their full active participation in society' (WHO, 2013). This Brief presents findings on the state of adolescents' psychological well-being in 31 industrialized countries based on data collected from children themselves.

DATA

Due to the complexity of mental health problems, their measurement requires comprehensive and rigorous monitoring. At present, existing international survey data cannot meet these needs. The Health Behaviour in School-aged Children survey (HBSC) provides a non-clinical measure of adolescents' health, based on a range of self-reported symptoms including feeling low, feeling irritable, nervous, and having sleeping difficulties. These are collected directly from children and adolescents aged 11-15 (see Currie et al., 2014 on the design of the HBSC study). While these symptoms might not capture the whole range of mental health problems, they do provide an indication of psychological health in school-aged children across 31 high-income countries. Young people were asked about each of these symptoms with responses ranging from 'About every day' to 'More than once a week', 'About every week', 'About every month' and 'Rarely or never'. The constructed measure presented here is based on a scale of these four items (0-4) validated in a number of studies and qualitative assessments (Gariepy et al., 2016; Elgar et al. 2015; Haugland and Wold, 2001). Responses were coded as a dummy variable for two or more psychological symptoms experienced more than once a week.

RESULTS

The proportion of children and adolescents with mental health symptoms is on the rise

On average across 31 countries with available data, around 1 in 4 adolescent children (23 per cent) reports experiencing two or more psychological symptoms more than once a week. This varies from 14 per cent in Germany, 15 per cent in Austria and Portugal to 33 per cent in Bulgaria and around 37 per cent in Italy (Figure 1). In 13 out of 29 countries with available trend data (Austria, Belgium, Denmark, France, Germany, Iceland, Ireland, Italy, Latvia,

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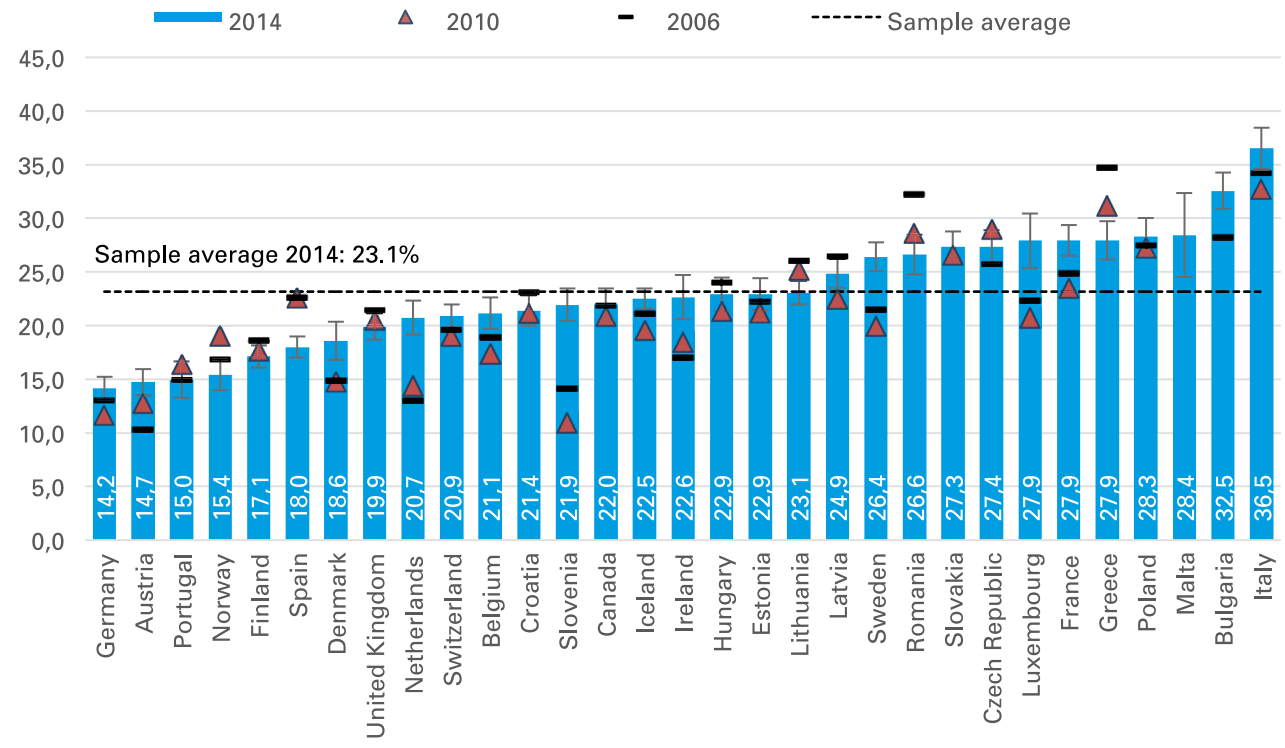
Luxemburg, the Netherlands, Slovenia and Sweden) the reporting of mental health symptoms has increased between 2010 and 2014. The largest rise is observed in Slovenia (by 11 percentage points), Luxemburg (by 7.2 percentage points), Sweden (by 6.5 percentage points) and the Netherlands (by 6.4 percentage points). Overall, the upward trend is in line with a rise over the longer period from 2006 to 2014 where we observe an increase of over 2 percentage points in 12 countries.

In a few countries, however, there has been a reduction in the reporting of adolescent mental health symptoms over the same period. A declining trend is observed in Greece, Norway, and Spain (by 3.2, 3.6, and 4.6 percentage points respectively). The largest decline in the reported prevalence rate over a longer term (between 2006 and 2014) is observed in the southen Mediterranean countries of Greece and Spain[1] (by 7 and 5 percentage points), and Romania (by 6 percentage points).

Gender disparity is substantial and grows with age

Consistent with previous research, we find a robust pattern of gender differences in reporting of mental health symptoms among adolescent youth. On average, across our sample of countries almost twice as many girls reported symptoms related to their mental health as boys at ages 13 and 15. In the majority of countries the prevalence of mental health symptoms increases with age, with the highest rate observed among 15-year-olds (Figure 2). Robustness checks using logistic multivariate regression confirmed some interaction between gender and age: in 26 countries girls at age 15 and 13 are more likely to report experiencing two or more psychological symptoms more than once a week than boys of the same age. In Ireland and Portugal, a significant difference between boys and girls is found only in the group of 15-year-olds; in Malta, only among 13-year-olds; and in Finland among 11-year-olds.

Figure 1. Share of adolescents reporting two or more psychological symptoms (feeling low, feeling irritable, nervous, having sleeping difficulties) more than once a week.

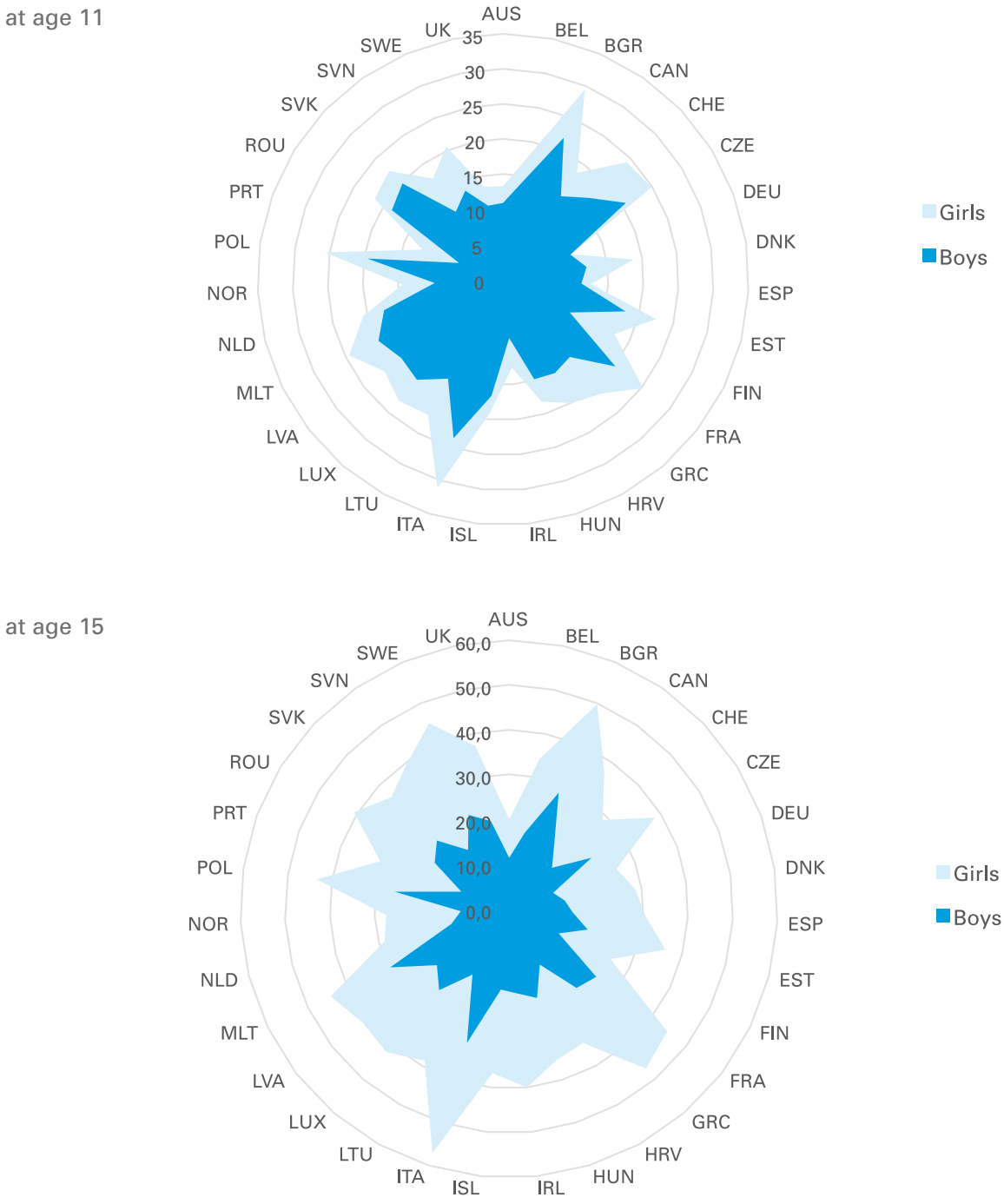


Note: Estimates for Belgium and the United Kingdom are based on population weights for regional samples (excluding the Brussels region for Belgium and Northern Ireland in the case of the United Kingdom). The country average is unweighted. Source: HBSC Study 2013/2014, 2009/2010, 2005/2006.

95% confidence intervals are represented by error bars.

1 The results on Spain should be treated with caution due to a relatively high level of missing values (11 per cent).

*Figure 2. Reporting mental health symptoms by age and gender across 31 countries**



Note: Estimates for Belgium and the United Kingdom are based on population weights for regional samples (excluding the Brussels region for Belgium and Northern Ireland in the case of the United Kingdom). The country average is unweighted.

Source: HBSC Study 2013/2014, 2009/2010, 2005/2006.

* AUS – Austria; BEL – Belgium; BGR – Bulgaria; CAN – Canada; CHE – Switzerland; CZE – Czech Republic; DEU – Germany; DNK – Denmark; ESP – Spain; EST – Estonia; FIN – Finland; FRA – France; GRC – Greece; HRV – Croatia; HUN – Hungary; IRL – Ireland; ISL – Iceland; ITA – Italy; LTU – Lithuania; LUX – Luxembourg; LVA –Latvia; MLT – Malta; NLD – Netherlands; NOR – Norway; POL – Poland; PRT – Portugal; ROU – Romania; SVK – Slovakia; SVN – Slovenia; SWE – Sweden; UK – United Kingdom.

CONCLUSION

Adolescents' mental health is an issue of growing concern. In the majority of countries included in this review, more adolescent children were affected by problems associated with psychological well-being in 2014 than in either 2010 or 2006. The results suggest that diagnosis of children with mental health issues should start early, before the age of 11, when many children already experience symptoms on a regular basis. Further, the findings underscore the importance of gender-sensitive interventions which would take into consideration girls' positive self-image and ability to respond to the pressures of their social environment.

Children's psychological well-being should be taken seriously by parents, as well as educational and medical professionals. They can work together to recognize, prevent and address early signs of psychological distress. Collecting internationally comparable data to measure mental health problems among children and adolescents will provide important evidence and stimulate governments to improve psychological support and services to vulnerable children. This evidence will also feed into policies to build the potential of young people to be more resilient.

REFERENCES

Currie, C., Inchley, J., Molcho, M., Lenzi, M., Veselska, Z. and Wild, F. (eds) (2014). Health Behaviour in School-aged Children (HBSC) Study Protocol: Background, methodology and mandatory items for the 2013/14 Survey, Child and Adolescent Health Research Unit (CAHRU).

Due, P., Holstein, B.E., Lynch, J., Diderichsen, F., Gabhain, S.N., Scheidt, P., Currie, C., and the Health Behaviour in School-Aged Children Bullying Working Group (2005). Bullying and Symptoms among School-aged Children: International comparative cross-sectional study in 28 countries. *European Journal of Public Health*, Vol.15., no..5: 128-132.

Elgar, F., Pförtner, T.K., Moor, I., Clercq, B. De., Stevens, G.W.J.M., Currie, C. (2015). Socioeconomic Inequalities in Adolescent Health 2002–2010: A time-series analysis of 34 countries participating in the Health Behaviour in School-aged Children study, *The Lancet*, vol.385, issue 9982: 2088–2095.

Freeman, J.G., King, M., Pickett, W., Craig, W., Elgar, F., Jansen, I., Klinger, I. (2011). The Health of Canada's Young People: A mental health focus, Health Behaviour of School-aged Children, Public Health Agency of Canada. Available at: http://www.phac-aspc.gc.ca/hp-ps/dca-dea/publications/health-young-people-sante-jeunes-canadiens/assets/pdf/health-young-people-sante-jeunes-canadiens-eng.pdf

Gariepy, G., McKinnon, B., Sentenac, M. et al. (2016). Validity and Reliability of a Brief Symptom Checklist to Measure Psychological Health in School-aged Children, *Child Indicators Research* 9: 471. DOI: 10.1007/s12187-015-9326-2

Haugland, S. and Wold, B. (2001). Subjective Health Complaints in Adolescence. Reliability and validity of survey methods, *Journal of Adolescence*, 24: 611–624.

Juvonen, J., Graham, S. and Schuster, M. (2003). Bullying among Young Adolescents: The strong, the weak, and the troubled, *Pediatrics*, vol. 112, 6:1231-1237.

Perren, S., Dooley, J., Shaw, T. and Cross, D. (2010). Bullying in School and Cyberspace: Associations with depressive symptoms in Swiss and Australian adolescents, *Child and Adolescent Psychiatry and Mental Health*, vol. 4:28. DOI: 10.1186/1753-2000-4-28.

Shochet, I.M., Dadds, M.R., Ham, D. and Montague, R. (2006). School Connectedness Is an Underemphasised Parameter in Adolescent Mental Health: Results of a community prediction study, *Journal of Clinical Child and Adolescent Psychology*, vol.35m, No.2, p.170-179.

Sznitman, S.R., Reisel, L. and Romer, D. (2011). The Neglected Role of Adolescent Emotional Well-being in National Educational Achievement: Bridging the gap between education and mental health policies, *Journal of Adolescent Health*, vol. 48(2):135–1.

Suhrcke, M., Pillas, D. and Selai, C. (2007). Economic Aspects of Mental Health in Children and Adolescents, *Background paper*, World Health Organization. Available at: http://www.euro.who.int/__data/assets/pdf_file/0003/76485/Hbsc_Forum_2007_economic_aspects.pdf?ua=1

Wagner, M. and Cameto, R. (2004). The Characteristics, Experiences, and Outcomes of Youth with Emotional Disturbances. A Report from the National Longitudinal Transition Study-2, vol 3, No. 2. National Center on Secondary Education and Transition, University of Minnesota.

WHO (2013). Comprehensive Mental Health Action Plan 2013-2020. Sixty Sixth World Health Assembly, Agenda item 13.3, 27 May 2013. http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R8-en.pdf?ua=1

WHO (2015). Mental Health Atlas 2014, World Health Organisation, Geneva. Available at http://apps.who.int/iris/bitstream/10665/178879/1/9789241565011_eng.pdf

This brief has undergone the internal peer review process of the UNICEF Office of Research – Innocenti.

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