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Mental health and well-being: why pay attention to this issue during adolescence?

Being in good emotional as well as physical health enables young people to deal with the challenges of adolescence and eases the transition from childhood to adolescence and adulthood. Mental well-being in childhood is associated with social competence and good coping skills that lead to more positive outcomes in adulthood.

Mental health and well-being during adolescence are strongly influenced by life experiences and relationships. Key protective factors include a sense of parent/family connectedness, with social support being supplied by at least one caring adult. Good family communication and supportive peers can help young people to adjust to new situations and face stressful life events. Family structure also counts: children and young people who live with both parents express higher life satisfaction than those living with other relatives, non-relatives and/or guardians. Family stress is also related to greater health problems.

The school environment plays an influential role in young people's mental health and well-being. Acquiring academic competence constitutes one of the developmental goals of adolescence, with academic success having a strong positive effect on life satisfaction. The school has also been identified as a protective factor against multiple health complaints.

Factors associated with low mental health and well-being include bullying, lack of acceptance by peers and lack of support from parents and teachers. Frequent or sustained stress leads to emotional and physiological stress, which in turn has an effect on the development of frequent complaints.

This fact sheet summarizes findings from the report on the 2009/2010 survey of the Health Behaviour in School-aged Children (HBSC) study.¹

HBSC findings: an overview of adolescent mental health and well-being

Young people generally experience good health, but large differences exist. The report covers indicators of young people's physical and mental well-being including self-rated health, life satisfaction and multiple health complaints.

¹ Currie C et al., eds. *Social determinants of health and well-being among young people. Health Behaviour in School-aged Children (HBSC) study: international report from the 2009/2010 survey*. Copenhagen, WHO Regional Office for Europe, 2012 (Health Policy for Children and Adolescents, No. 6; <http://www.euro.who.int/en/what-we-publish/abstracts/social-determinants-of-health-and-well-being-among-young-people.-health-behaviour-in-school-aged-children-hbhc-study>, accessed 26 April 2012).

Self-rated health

Young people's appraisal of their health is thought to be shaped by their overall sense of functioning, including physical and non-physical aspects of health. It is associated with a broad range of health indicators (medical, psychological, social and health behaviour). Young people rated their health on a four-point scale from excellent to poor.

Life satisfaction

Evaluation of an individual's quality of life is an important aspect of well-being that is closely linked to subjective health. Young people were asked to rate their health on the "Cantril ladder", whereby the top of the ladder was the best possible and the bottom the worst possible quality of life.

Multiple health complaints

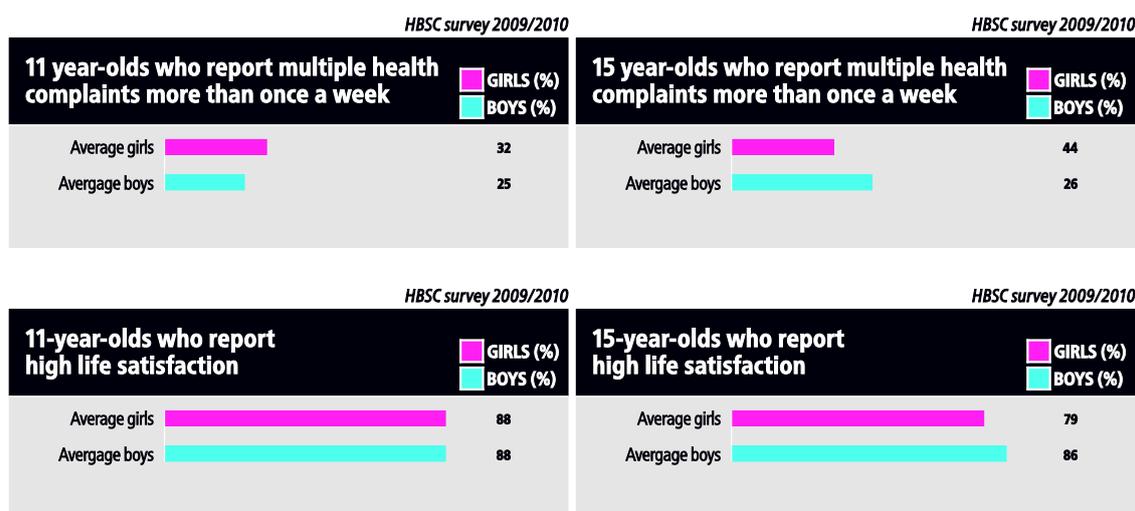
These include somatic symptoms (headache, backache) and psychological symptoms (nervousness, irritability, feeling low). Young people were asked to report how often they had experienced psychological and somatic health complaints over the previous six months.

Age

In general, physical health and mental well-being decline as young people move through adolescence. Increased reporting of symptoms with age may be related to stress at school, a negative home environment and/or poor social relationships.

Gender

The decline in physical health and mental well-being is more apparent for girls than for boys; for girls in Hungary, Scotland and the Ukraine, the decline in self-rated health is over 20% and multiple health complaints increase by as much as 30% in Greece. Fewer girls than boys report a high level of satisfaction with life at the age of 15 (see figures).



The HBSC findings demonstrate how gender inequalities in mental health begin to emerge during adolescence. This is consistent with previous research in which girls reported poorer health outcomes than boys and were at greater risk of poor self-rated health, low life satisfaction and multiple health complaints.

There are several possible reasons for this. Some may be biological and specific to female puberty, with girls facing more hormonal changes than boys between the ages of 11 and 15. Alternatively, it may be a reflection of the way girls deal with changing interpersonal relationships during adolescence, such as changes in the family. Girls also tend to be more willing to express their feelings and emotions and are more concerned about their health.

Girls also show greater dissatisfaction with their body image than boys, which specifically affects their self-esteem, life satisfaction and mental health. Boys and girls deal with stress differently: girls are more likely to talk about it with friends, listen to music or write down their thoughts, while boys may react more aggressively and are less likely to think about causes.

Family affluence

Young people of both genders from less affluent households report lower health and well-being, although differences between high- and low-affluence families were more apparent for girls.

Other research shows that countries with lower socioeconomic status tend to have a higher prevalence of subjective health problems. Therefore, the health of young people living in countries with a lower socioeconomic status and in less affluent households may be influenced by the material conditions in which they live.

How policy can help

WHO has published evidence that the promotion of mental health and the prevention of mental disorder can help to maintain or improve health, have a positive effect on quality of life and be economically worth while. In practice, there have been only limited efforts so far to introduce an evidence-based approach to mental health promotion across Europe. One challenge is that, in developing and implementing a strategy for public mental health promotion, action should be taken across many different sectors. Effective action can be taken throughout the life-cycle, for instance through parent-training programmes and interventions for the early identification of mental health problems in school. There is a need to work with a range of stakeholders, such as teachers, social workers and local community groups.

In schools, the resilience of children and adolescents can be enhanced by mental health promotion programmes such as the following.

- General cognitive, problem-solving and social skill-building programmes in schools can significantly improve cognition, emotional knowledge and problem-solving skills. This reduces internalizing and externalizing problems, with a 50% reduction in symptoms of depression. The programmes should be both universal and address the early identification of emotional problems.
- Changing the school environment to promote positive behaviour and compliance with rules can lead to a sustained reduction in aggressive behaviour.
- Multicomponent prevention and promotion programmes that focus simultaneously on different levels, such as changing the school environment, improving students' individual skills and involving parents, are more effective than those that intervene on one level. They should involve the whole school and be implemented for more than one year.

- It is also essential to reduce adverse childhood experiences such as abuse, neglect, violence and exposure to drug and alcohol misuse. This can be achieved by raising awareness, increasing recognition and a rapid response. Deprivation must be addressed throughout the community, with a special focus on those who are marginalized and excluded.

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