



World Health
Organization

REGIONAL OFFICE FOR Europe

FACT SHEET, 15 March 2016

ADOLESCENTS' MENTAL WELL-BEING

This fact sheet presents highlights from the international report of the 2013/2014 **Health Behaviour in School-aged Children (HBSC)** survey. HBSC, a WHO collaborative cross-national study, asks boys and girls aged 11, 13 and 15 years about their health and well-being, social environments and health behaviours every four years. The 2013/2014 survey was conducted in 42 countries and regions across the WHO European Region and North America.

BACKGROUND

Mental ill health accounts for almost 20% of the burden of disease in the WHO European Region. It affects not only people living with mental health problems, but also the lives of their carers and the productivity of society as a whole. Mental disorders are the leading cause of disability in many western countries, responsible for 30–40% of chronic sick leave and health-related early retirement and costing some 3% of gross domestic product.

Being in good emotional as well as physical health enables young people to deal with the challenges of adolescence and eases their transition into adulthood. Mental well-being in childhood is associated with social competence and good coping skills that lead to more positive outcomes in adulthood. About half of all mental health problems in adulthood have their onset during or before adolescence.

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

Factors associated with poor 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 strain, which in turn has an effect on the development of frequent health complaints such as headaches, abdominal pain and backache. In contrast, positive school experiences has been identified as a protective factor against the development of frequent health complaints.

KEY FACTS AND FIGURES

Age differences

In general, mental well-being declines as young people move through adolescence, with increased reporting of multiple health complaints, a reduction in levels of life satisfaction and a rise in adolescents rating their health as fair or poor.

Cross-national and gender differences

Girl report lower levels of perceived health, lower life satisfaction and more frequent health complaints. This gender gap increases with age.

Family affluence

Young people from less-affluent households consistently report lower life satisfaction, more frequent multiple health complaints and higher levels of perceived fair or poor health.

Difference between 2010 and 2014

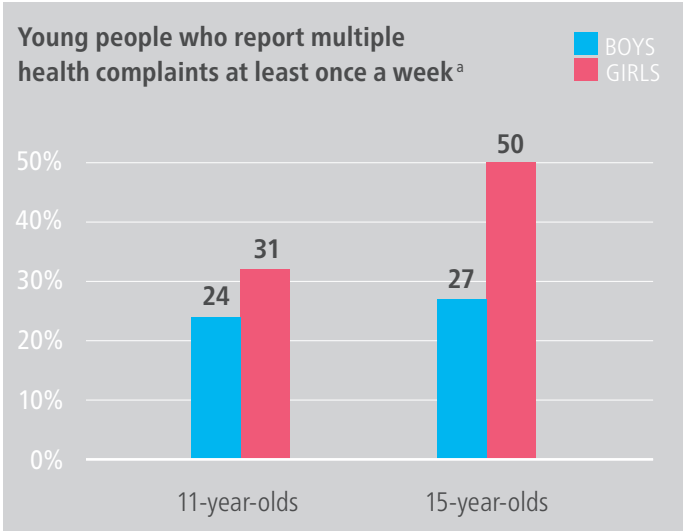
Young people's levels of life satisfaction and self-rated health have remained fairly consistent since the previous HBSC study in 2009/2010.



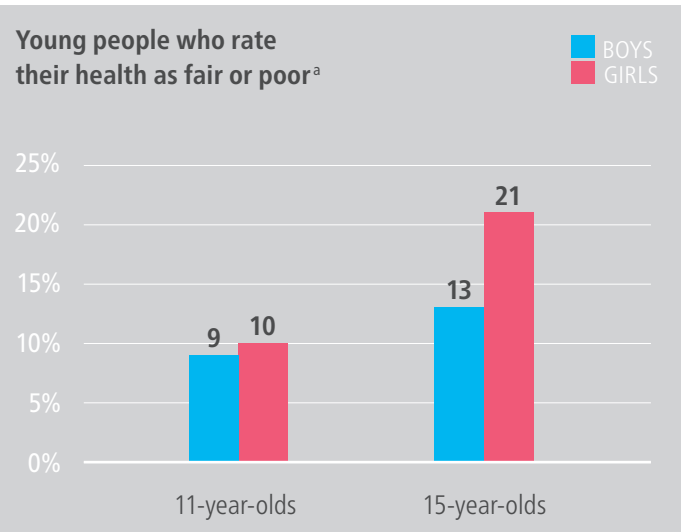
Mental health problems can have damaging effects on young people’s social, intellectual and emotional development and consequently on their future. The adolescent years are a critical life stage for actions to protect and promote mental health and well-being for the long term.

Age differences

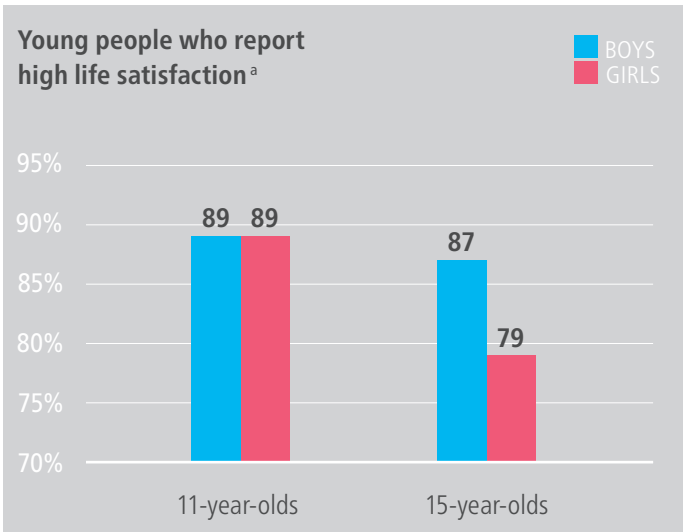
In general, mental well-being declines as young people move through adolescence. Significant differences emerge between 11- and 15-year-olds, with increased reporting of multiple health complaints, a reduction in levels of life satisfaction and a rise in adolescents rating their health as fair or poor. These findings confirm that the psychosocial dimension of health is very important in the second decade of life, when adolescents experience many physical, social, psychological and cognitive changes in their transition to adulthood.



^a Average across all countries in the HBSC report



^a Average across all countries in the HBSC report



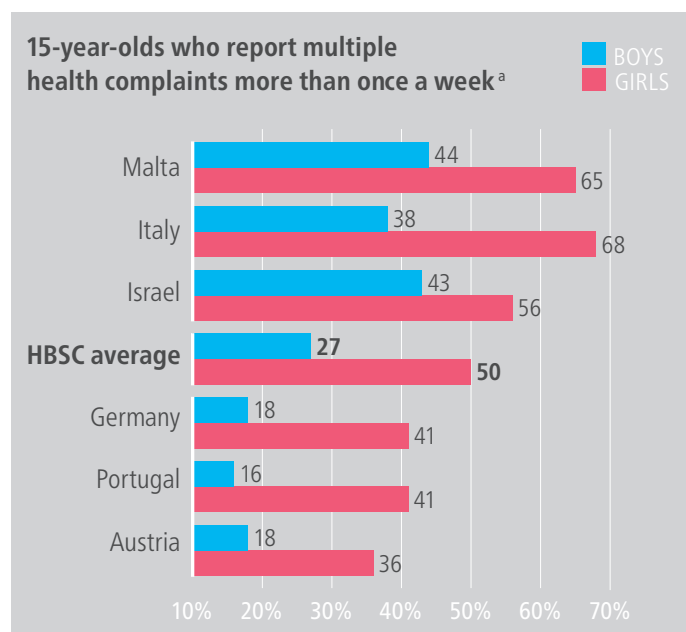
^a Average across all countries in the HBSC report

Cross-national and gender differences

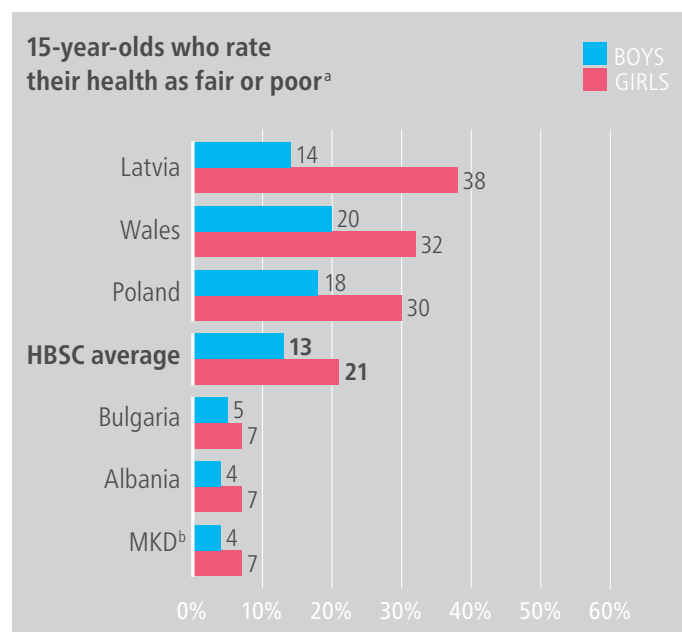
Substantial cross-national variation in the prevalence of subjective health outcomes is seen. Clear gender differences are also found, with girls reporting lower levels of perceived health, lower life satisfaction and more frequent health complaints. This gender gap emerges with 13-year-olds and increases with age. By the age of 15, one in five girls reports her health as fair or poor and one in two experiences multiple health complaints more than once a week.

Family affluence

Young people from less-affluent households consistently report lower life satisfaction, more frequent multiple health complaints and higher levels of perceived fair or poor health



^a Top and bottom 3, and average across all countries in the HBSC report

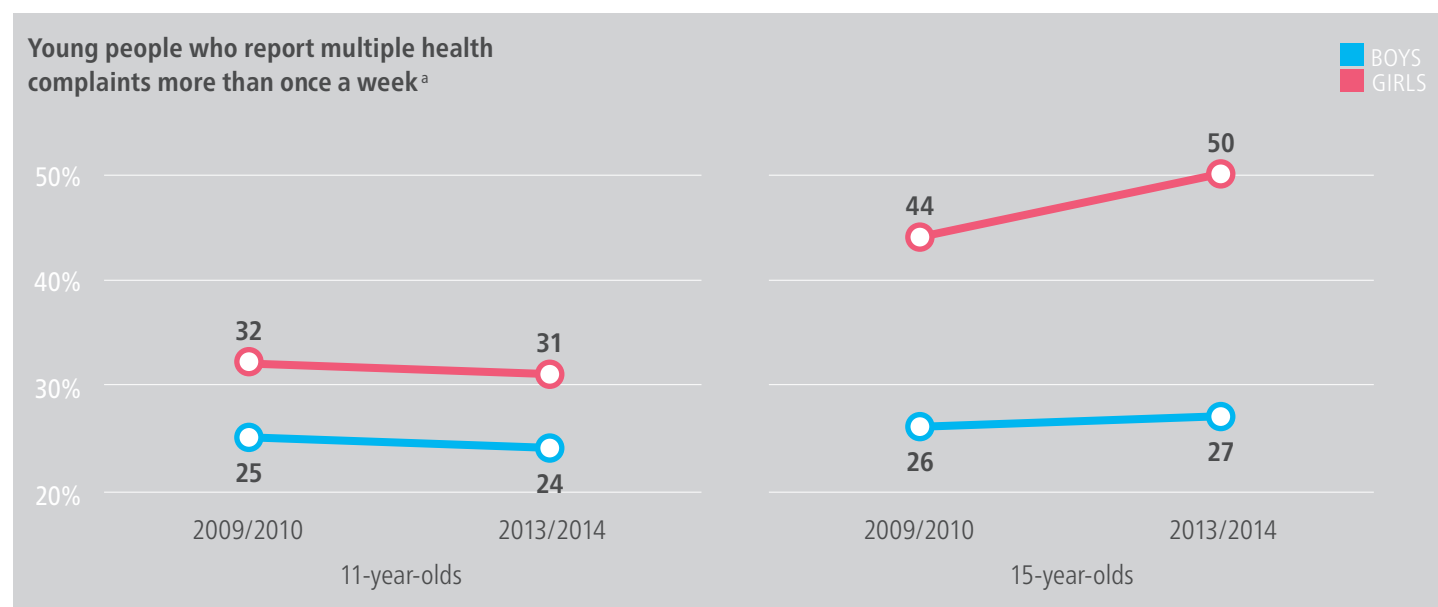


^a Top and bottom 3, and average across all countries in the HBSC report

^b The former Yugoslav Republic of Macedonia.

Difference from the previous HBSC survey

Young people's levels of life satisfaction and self-rated health have remained fairly consistent since the previous HBSC study in 2009/2010. An increase in reporting multiple health complaints is seen among older girls, however, while there has been an average 1% decrease reported by 11-year-old girls, the rate for 15-year-olds has increased by 6%.



^a Average across all countries in the HBSC report

HOW CAN POLICY HELP?

The European mental health action plan, endorsed by all 53 Member States of the WHO European Region, recognizes the importance of resilience to young people's mental well-being. It identifies mental well-being in young people as an essential determinant of mental health later in life and proposes actions for governments to improve well-being across the lifespan through universal and targeted interventions that have been shown to be effective. Examples include mental

health promotion programmes in schools that enable early identification of emotional problems in children and take action on bullying, and whole-of-community approaches to education in areas of multiple disadvantage to break the cycle linking poverty, deprivation and poor educational outcomes.

Tackling depression and other mental health problems in adolescence is also addressed in Investing in children: the European child and adolescent health strategy 2015–2020, which highlights the need to strengthen protective factors in schools, homes and local communities and improve the quality of mental health care for children and adolescents.

Further information

Child and Adolescent Health
WHO Regional Office for Europe
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Website: www.euro.who.int/cah

Health Behaviour in
School-aged Children study
Email: info@hbsc.org
Website: www.hbsc.org