

Post-Pandemic Realities for Student Mental Health

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Department of Health promotion and development at UoB

- An interdisciplinary institute with four master programs within health promotion, child welfare and global development
- Approximately 30 employees including Phd students and adm staff and 120 students
- Our program on Health promotion and Health psychology are among the top five most applied programs at UoB
- My research are centered around health promotion for children and young people



Acknowledgements

- Thanks to Oddrun Samdal at UoB who is the data manager for HBSC study who has contributed with the underlying material for this presentation
- Thanks to Alina Cosma, Who is the HBSC, (co)Chair of Mental Health and Wellbeing Focus Group from Trinity College Dublin, Ireland, who has prepared the results in this presentation



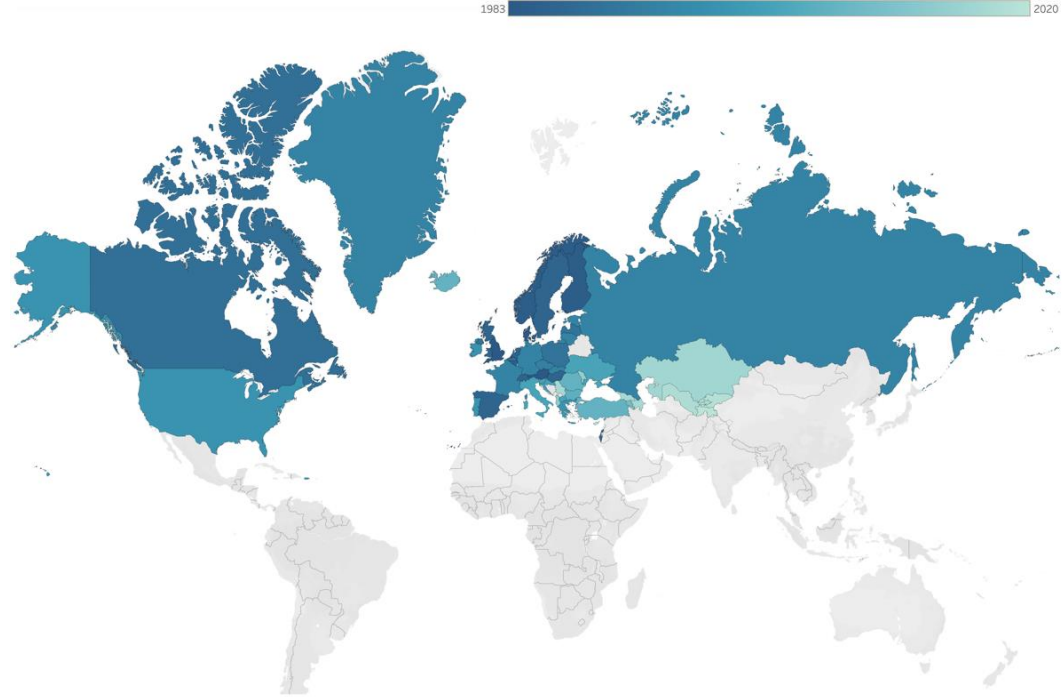
Health Behaviour in School Aged Children

A cross-national research study conducted in collaboration with the WHO Regional Office for Europe, with 51 participating countries and regions.

The study aims to gain new insight into and increase our understanding of young people's health and well-being, health behaviours and their social context.

40 years !!

Since 1983 data have been collected every four years among 11, 13 and 15-year-olds and since 1994 also among 16-year-olds in Norway.





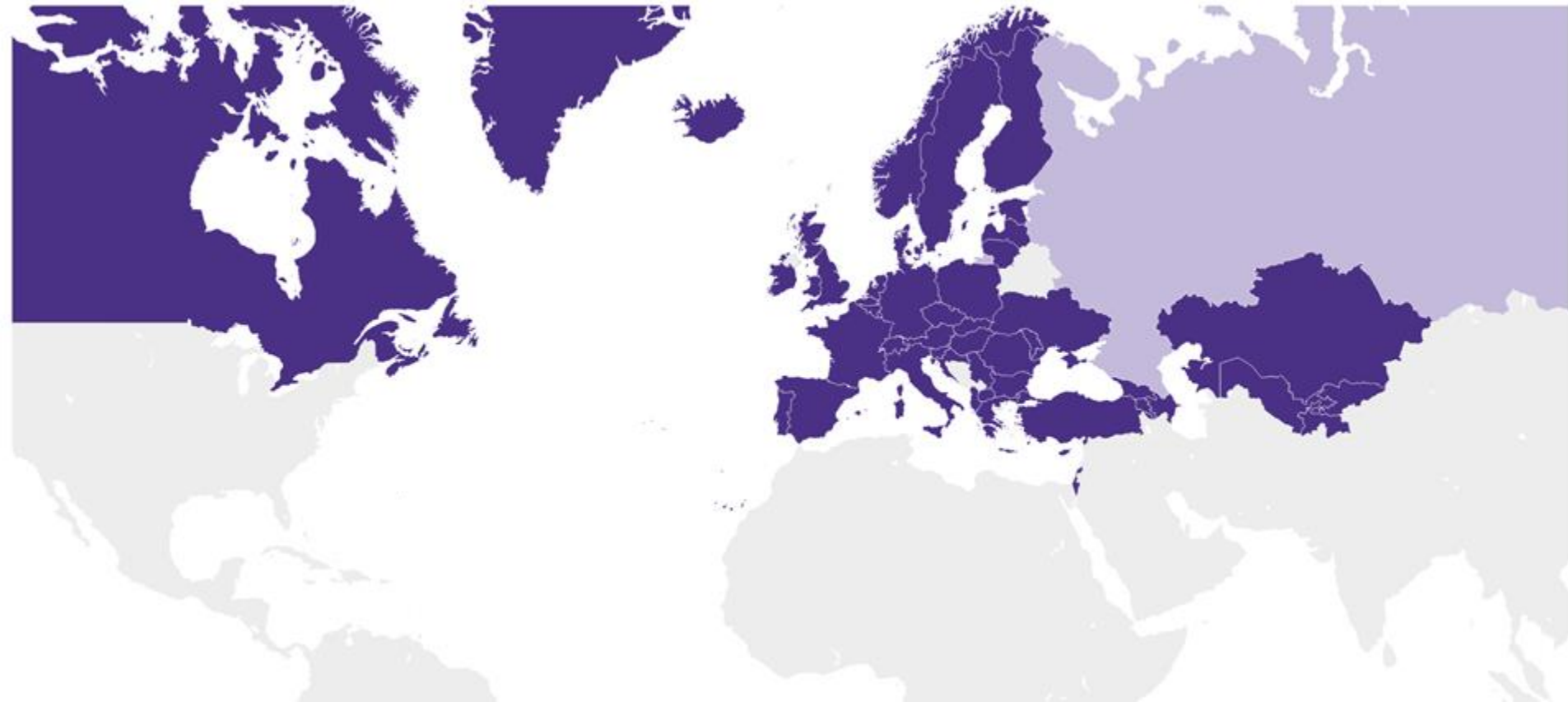
1983





2021

Russian Federation
suspended April 2022



Aims of the study

Raise awareness of
adolescent health

Advance scientific
knowledge

Gather cross-
nationally
comparative data

Build international
network and
research capacity

Encourage use of
data in policy and
practice

Collaborate with
key partners with
advocacy role

About the survey

HBSC overview: WHO collaborative project. Studying adolescent health since 1983/1984.

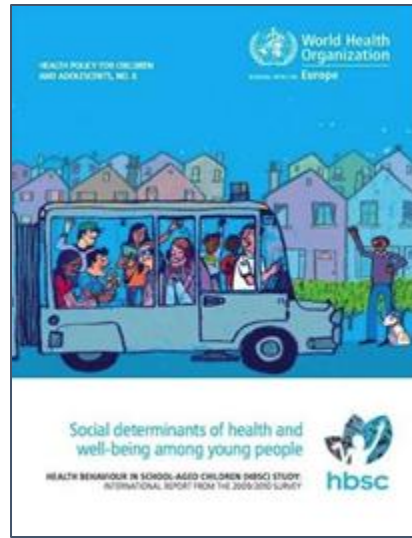
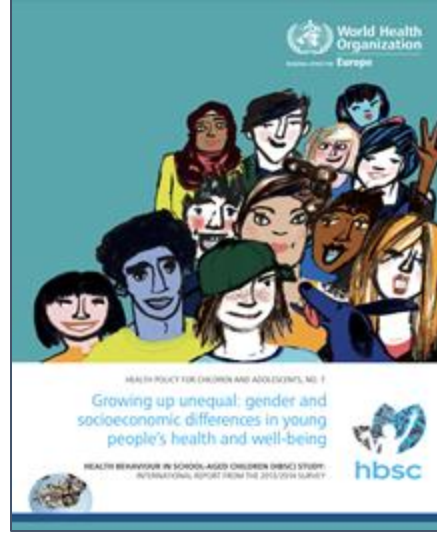
Sampling strategy: Cluster sampling, assessing circa 1500 students each from age groups 11, 13, and 15.

Global reach: 51 countries and regions, and over 450 network members.

Recent participation: The 2021/2022 survey included **279,117** young participants.

Standard methods: School-based surveys and a consistent research protocol.

1998 - 2022



Monitoring Mental Health in Adolescents

- Mental health is defined as “a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community”(1). This definition places a holistic emphasis on individuals’ ability to thrive and successfully adapt to their environment, thereby implying that mental health means more than just the absence of problems.
- More than half of adult mental health disorders have their onset before or during adolescence (2). It therefore is vital to understand young people’s experiences of mental health during these critical developmental years – the challenges they face and their satisfaction with life and overall well-being.



VOLUME 1 A FOCUS ON ADOLESCENT MENTAL HEALTH AND WELL-BEING IN EUROPE, CENTRAL ASIA AND CANADA
HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN (HBSC) INTERNATIONAL REPORT FROM THE 2021/2022 SURVEY

Key findings from the report



Based on an earlier presentation from Alina Cosma
HBSC, (co)Chair of Mental Health and Wellbeing Focus Group, Trinity College Dublin, Ireland

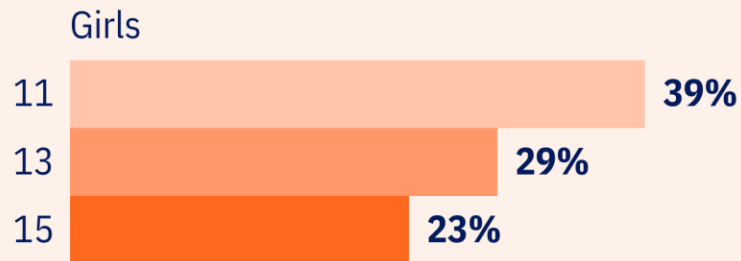
Table 1. Mental health measures included in the report

Self-rated health^a	Young people were asked to describe their health (“Would you say your health is ...?”). Response options were excellent, good, fair and poor. Findings presented in the Annex show the proportions reporting their health as excellent.
Life satisfaction^a	Young people were asked to rate their life satisfaction using a visual analogue scale. The Cantril ladder has 11 steps: the top indicates the best possible life and the bottom the worst. Respondents were asked to indicate the ladder step at which they would place their lives at present (from zero to 10). Mean life satisfaction is presented in the Annex.
Mental well-being^b	Mental well-being was measured using the WHO-5 Well-being Index. Young people were asked how often over the last two weeks they had: felt cheerful and in good spirits; calm and relaxed; active and vigorous; woken up feeling fresh and rested; and felt their life was filled with things that interested them. Response options ranged from all the time to at no time. Average scores are presented in the Annex.
Self-efficacy^b	Young people were asked how often they can find a solution to a problem if they try hard enough and how often they manage to do things they have decided to do. Response options ranged from never to always. Findings presented in the Annex show the proportions reporting always or most of the time.
Health complaints^a	Young people were asked how often they had experienced the following symptoms in the last six months: headache; stomach-ache; back-ache; feeling low; feeling irritable or bad tempered; feeling nervous; difficulties in getting to sleep; and feeling dizzy. Response options for each symptom ranged from about every day to rarely or never. Findings presented in the Annex show the proportions reporting each individual complaint more than once a week and those with multiple (two or more) health complaints more than once a week in the last six months.
Loneliness^b	Young people were asked how often they had felt lonely during the last year. Response options were never, rarely, sometimes, most of the time and always. Findings presented in the Annex show the proportions reporting they felt lonely most of the time or always.



^a Trend data are available for these indicators. ^b These indicators were first included in the 2021/2022 HBSC survey.

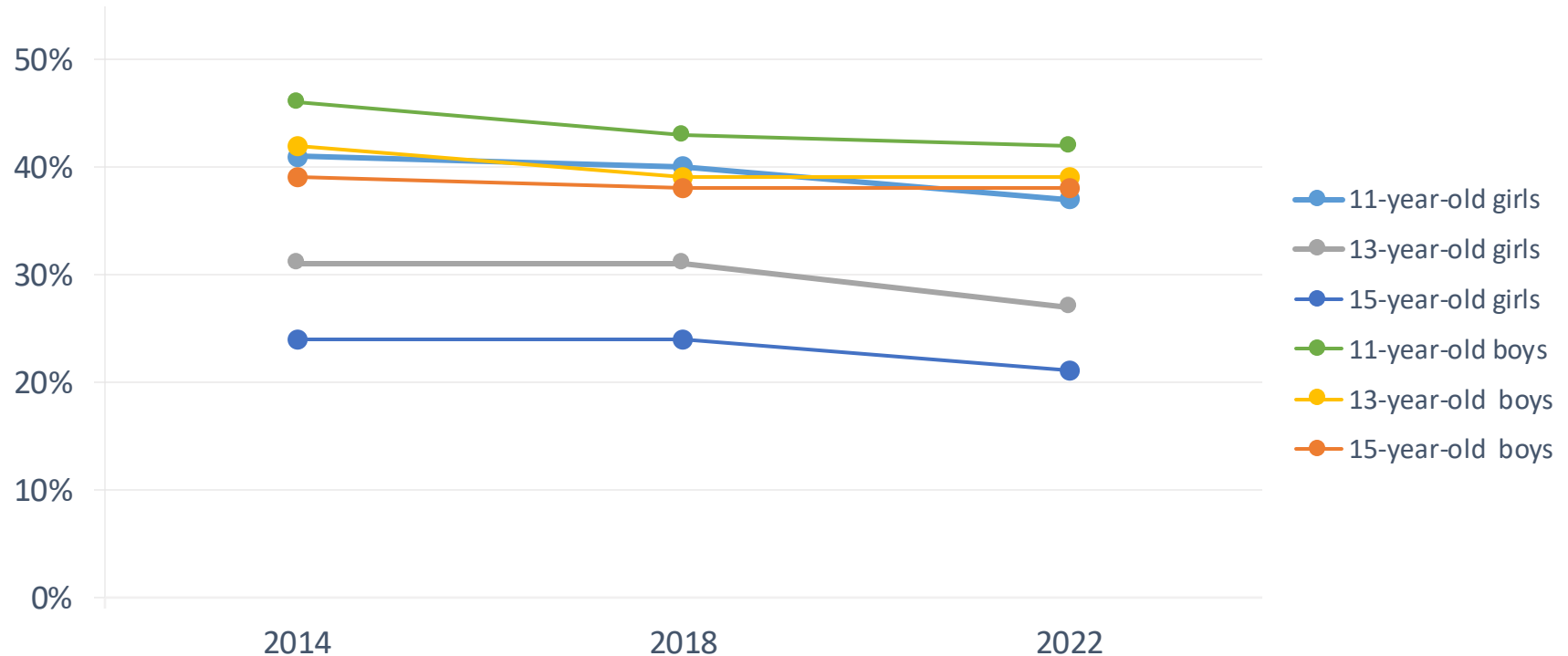
The proportion of adolescents who report excellent health decreases with age



Age

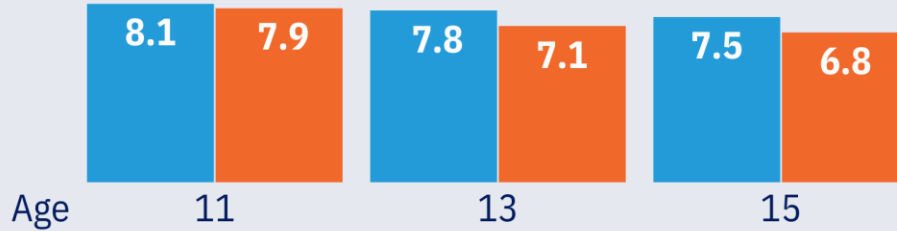
Excellent self-rated health declined since 2018

The decreases was stronger for **girls** than **boys**.

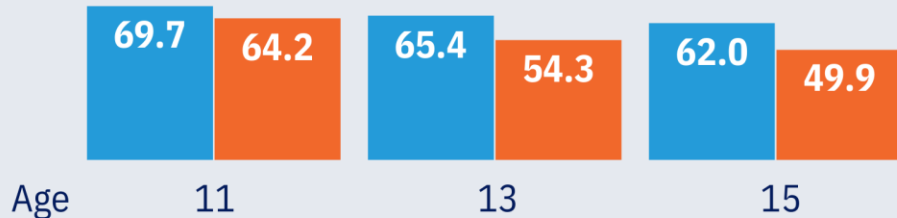


Life satisfaction and mental well-being are higher among boys than girls across all age groups

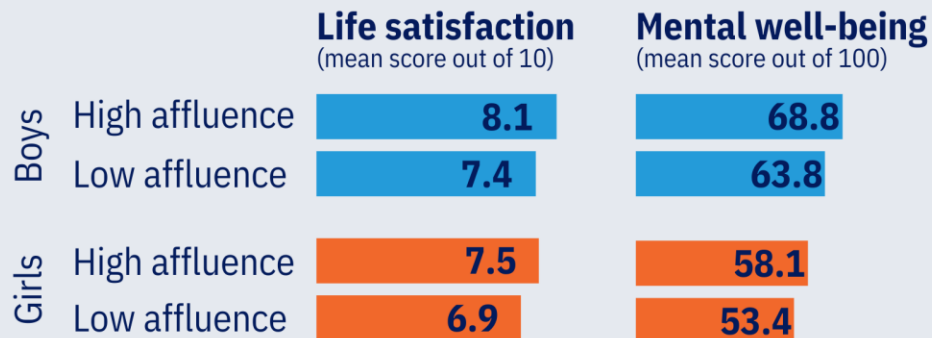
Life satisfaction (mean score out of 10)



Mental well-being (mean score out of 100)

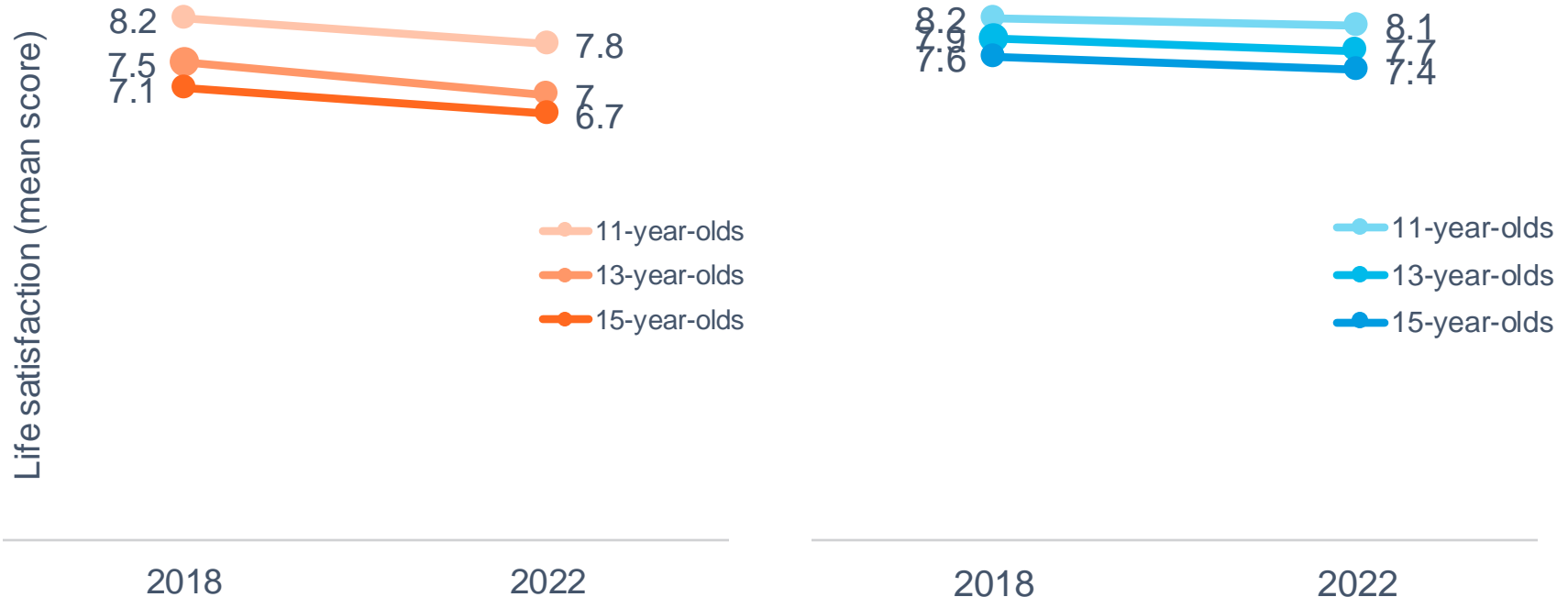


Adolescents from more affluent families reported higher levels of life satisfaction and mental well-being.

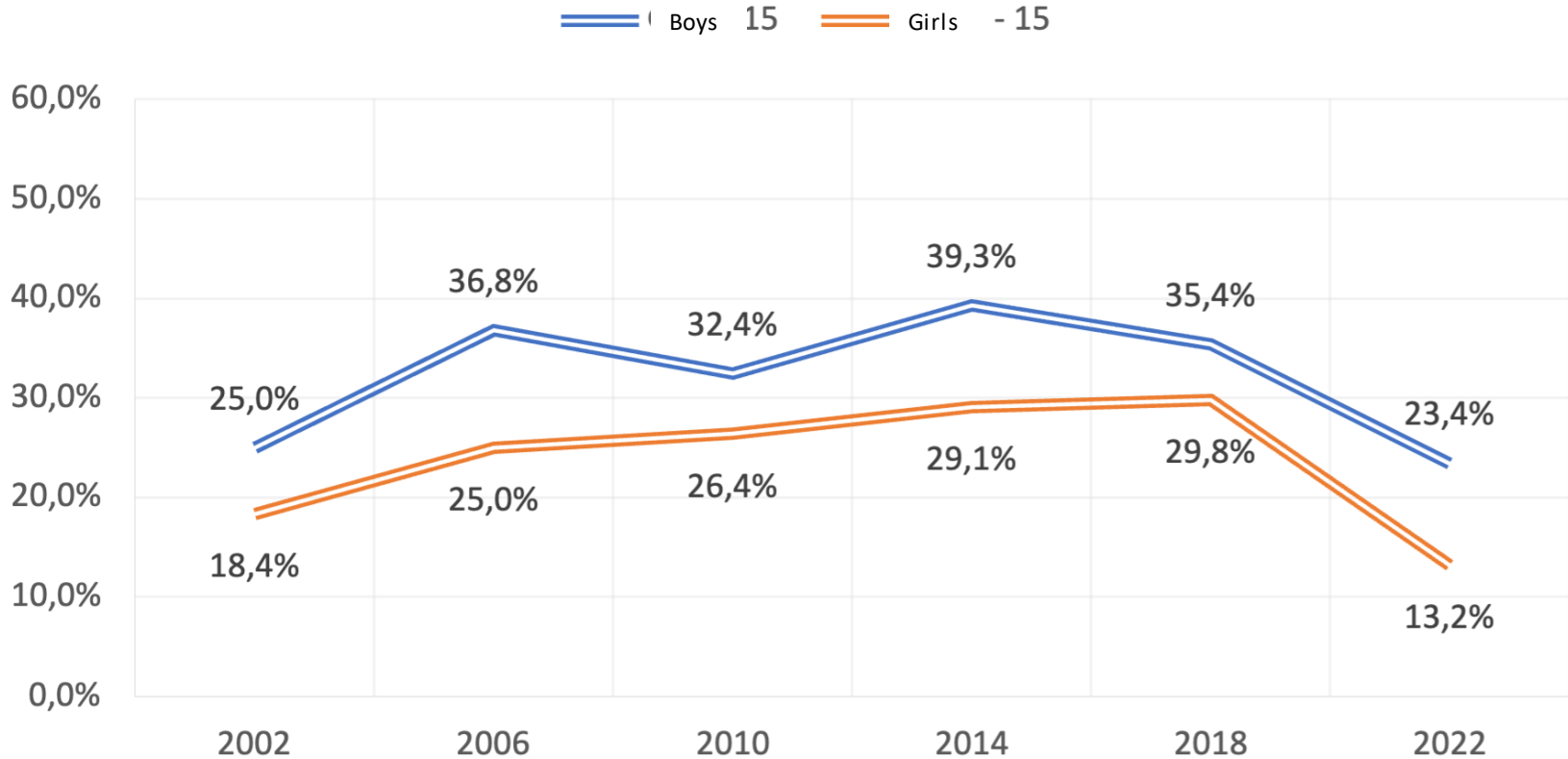


Life satisfaction is declining

With **girls** reporting worse outcomes compared to **boys**

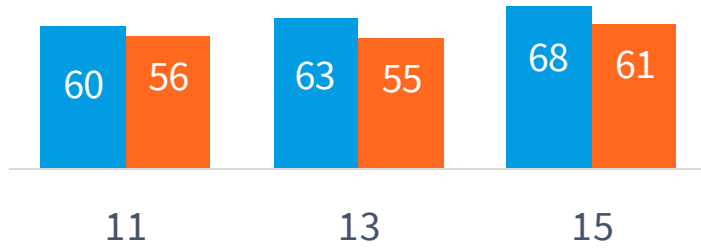


Norwegian 15-year-olds with high life satisfaction

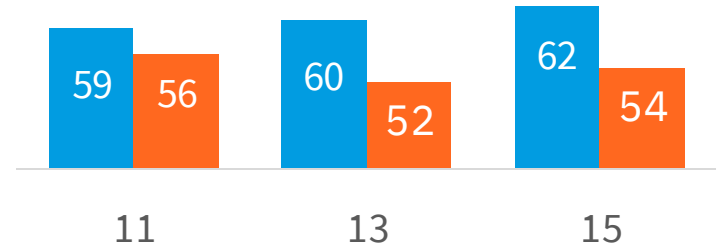


Boys report higher levels of self-efficacy compared to girls

Self-efficacy: problem solving



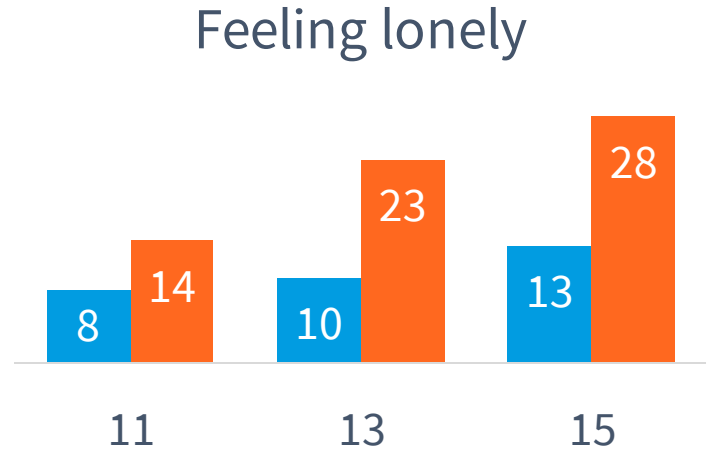
Self-efficacy: achieving goals



Girls report higher levels of feeling lonely compared to boys

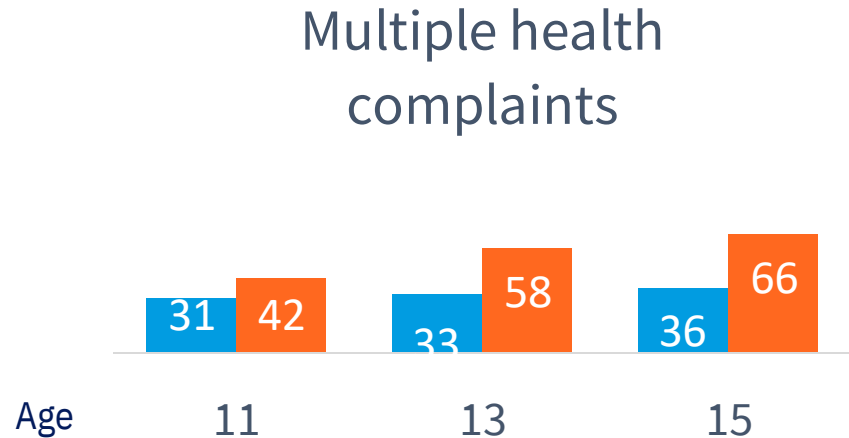
Prevalence increases with age.

At age 15, across all countries girls report more often they feel lonely compared to boys.



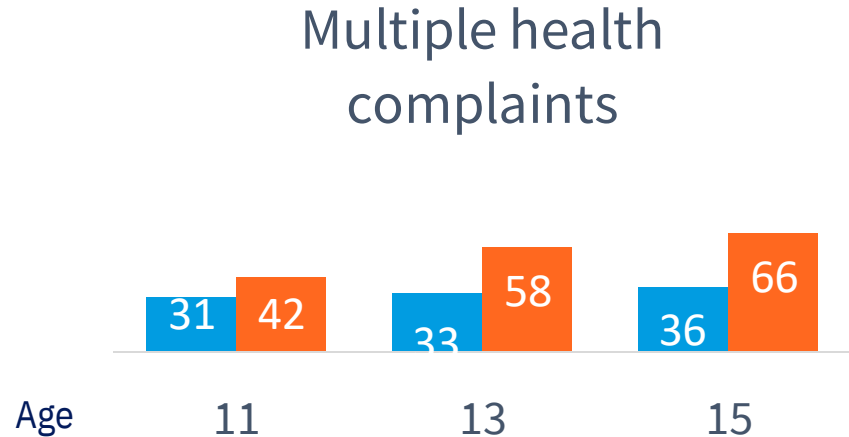
Girls report higher prevalence of multiple health complaints compared to boys

For girls, the prevalence increases with age in all countries.

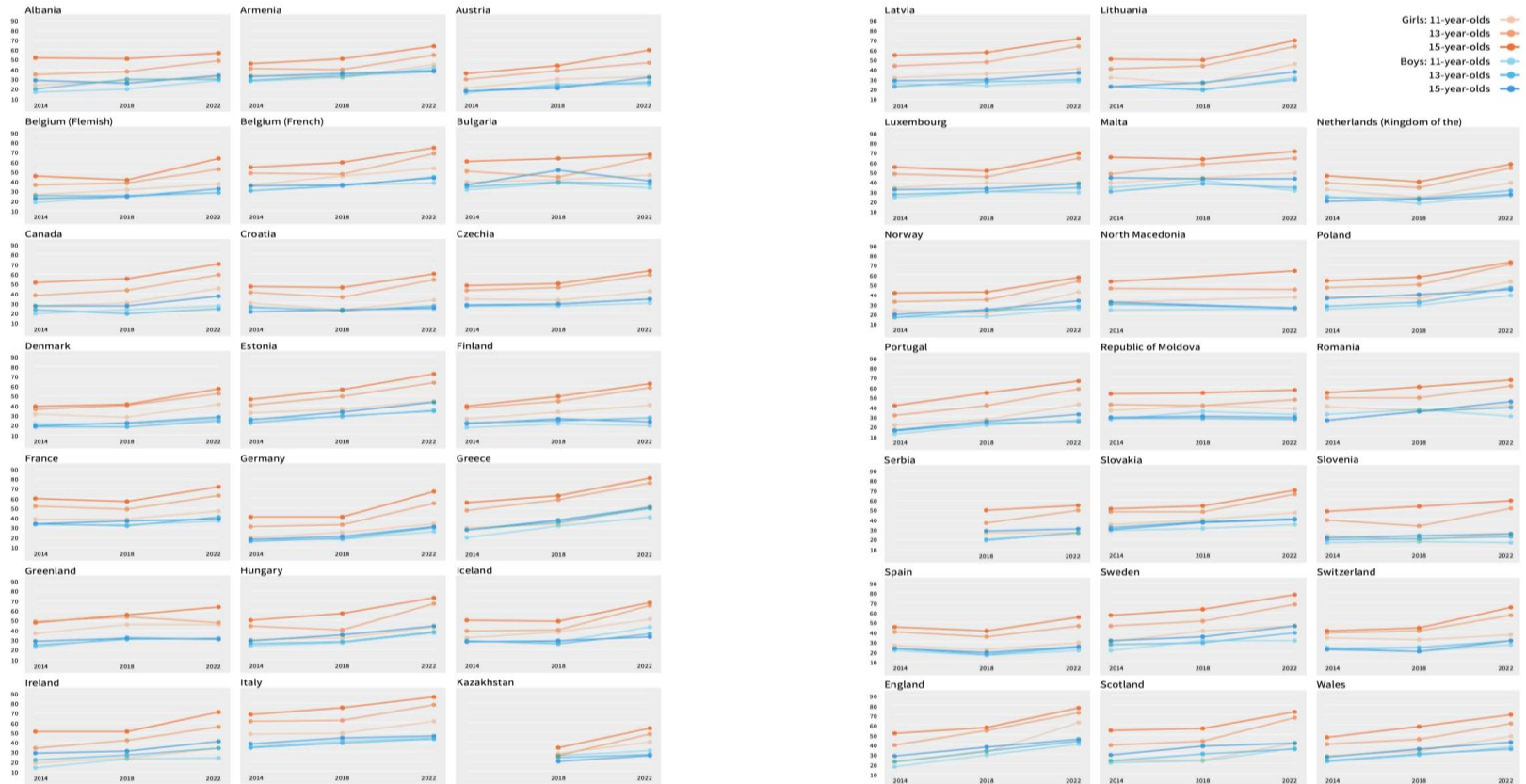


Girls report higher prevalence of multiple health complaints compared to boys

For girls, the prevalence increases with age in all countries.



Trends in prevalence in multiple health complaints from 2014 to 2022 by country, age and gender



Conclusions and implications from the report

- Growing gender and age disparities in mental health
 - Girls fare worse in mental health outcomes than boys, across all measures in the 2021/2022 HBSC survey
 - Gender disparities widen with age
- Adolescent mental health is declining over time
- Socio-economic influences on adolescent mental health
 - Significant socioeconomic inequalities in youth mental health across indicators and regions
- Encouraging investments in mental health programs, focusing on gender, age and affluence



There is also a raised awareness on how to measure well-being as part of OECD Better Life Initiative



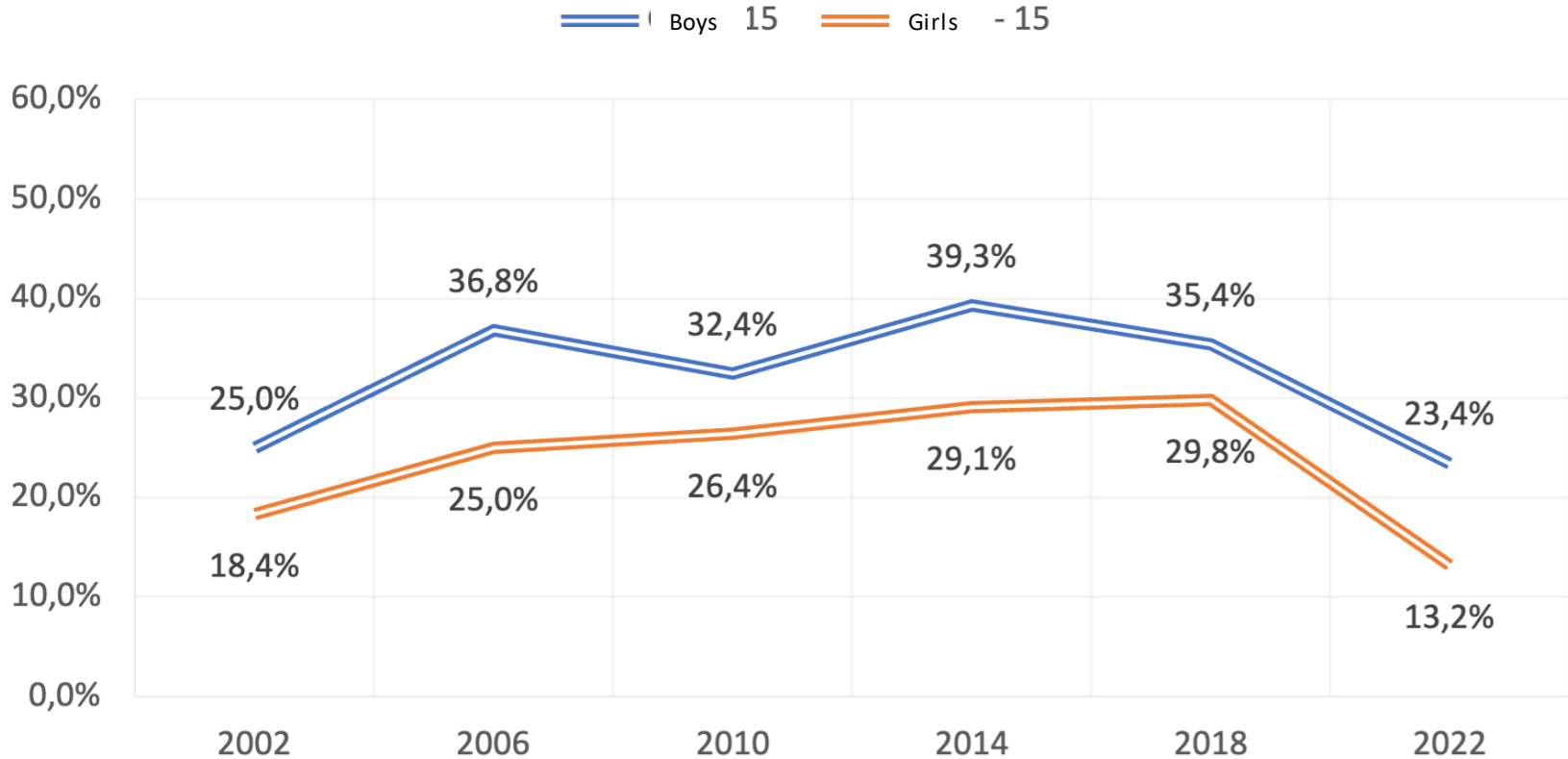
OECD Guidelines
on Measuring
Subjective
Well-being

The SES is an important issue within mental health prevalence. In Norway there is now a raised awareness on the link between mental health and economical problems, as we are ranked among the highest in the world when it comes to amount of dept in the general population.



Translation to picture:
Unmanageable dept can lead to major health problems

Norwegian 15-year-olds with high life satisfaction



Other data from Norway on mental health and social media

Ungdata junior 2022
Nasjonale resultater
Freydis Enstoft & Anders Bakken

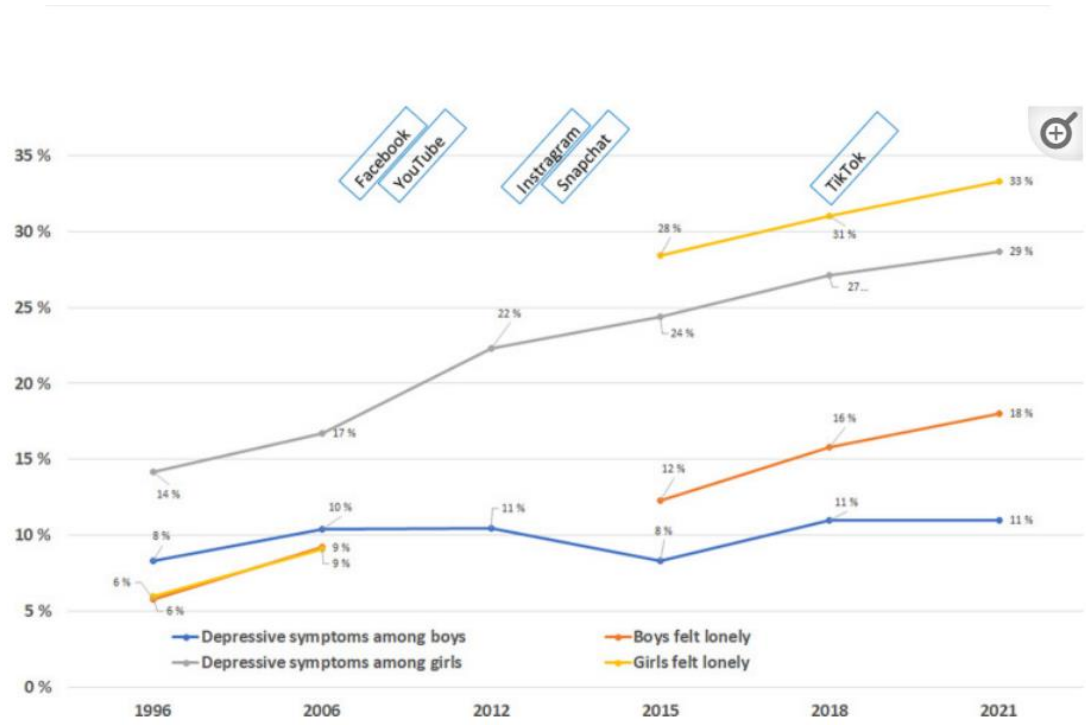


ungdata



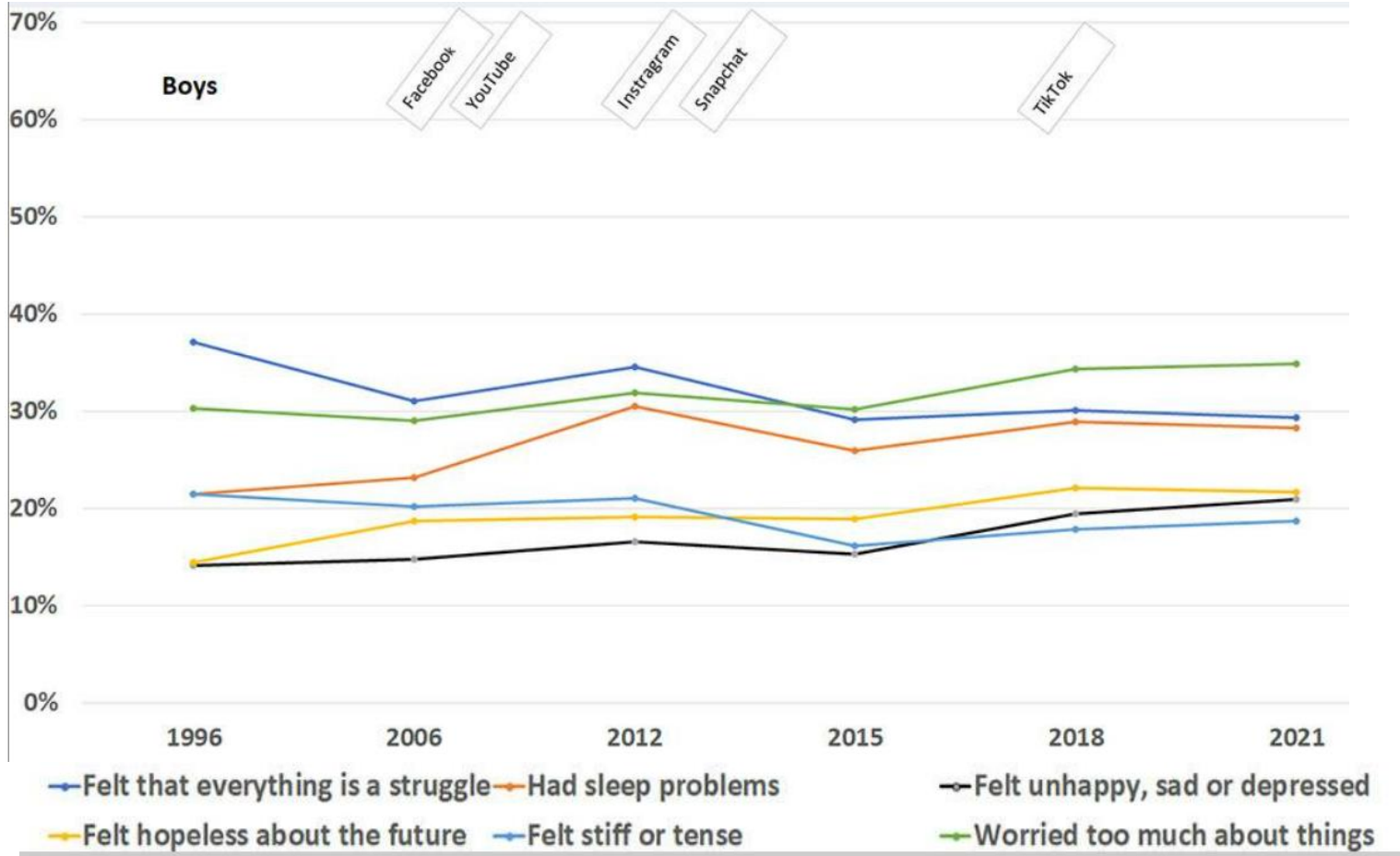
OSLO
HØGSKOLEN I ØSTLANDT
UNIVERSITETET

Fig 1

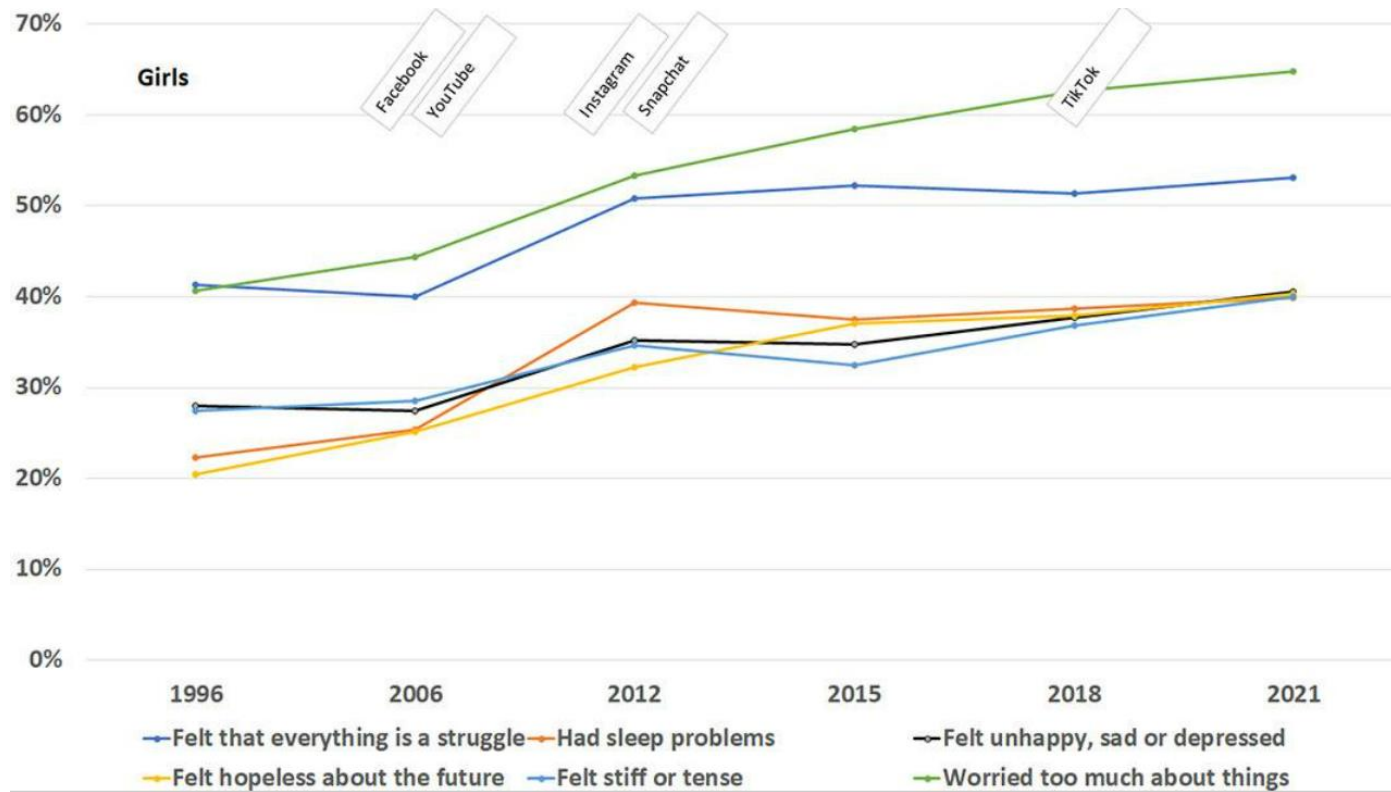


Trends in self-reported depressive symptoms (sum score) and loneliness among girls and boys (Fig 1) aged 14–17 years and the emergence of social media from 1996 to 2021.

Lien L, Bonsaksen T, Holte Stea T, Kleppang AL, Steigen AM, Leonhardt M. Time trends in self-reported depressive symptoms, prescription of antidepressants, sedatives and hypnotics and the emergence of social media among Norwegian adolescents. PLoS One. 2023 Dec 27;18(12):e0295384. doi: 10.1371/journal.pone.0295384. PMID: 38150420; PMCID: PMC10752533.

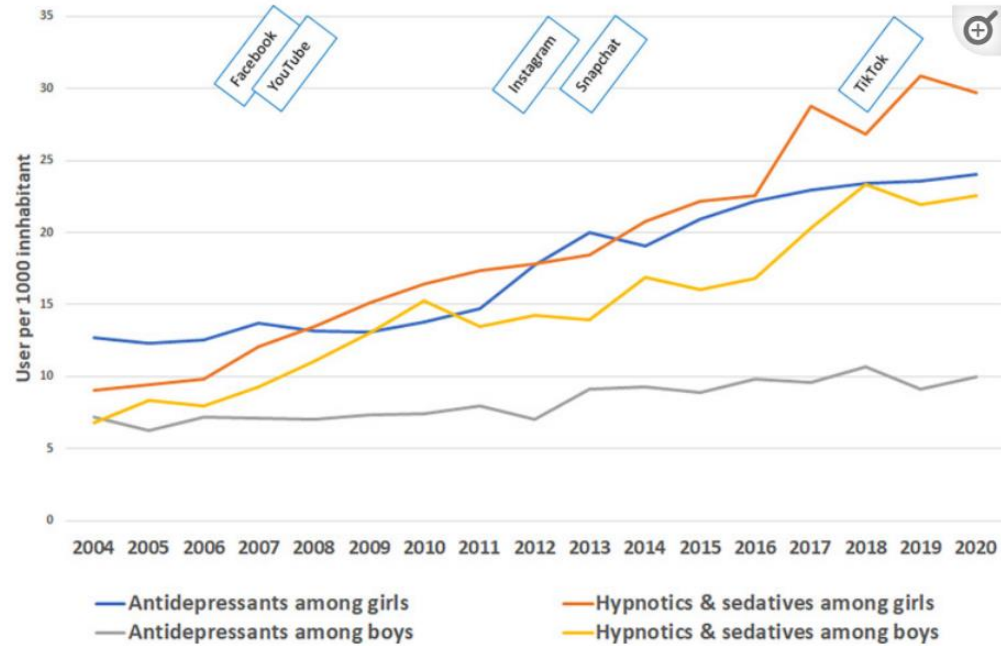


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Fig 3



Prevalence of use of antidepressants and hypnotics and sedatives among girls and boys (Fig 3) aged 15–19 years and the emergence of social media from 2004–2020.

Discussion

- Is Young People less resilient now?
- Why are girls reporting much worse than boys?
- Is there a measurement issue related to gender?
- Assuming that the numbers are right, how do we meet these challenges?



Thank you

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European Region



hbsc
HEALTH BEHAVIOUR IN
SCHOOL-AGED CHILDREN



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