

School mental health in Norway (and Europe): trends and challenges

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Health Behaviour in School Aged Children

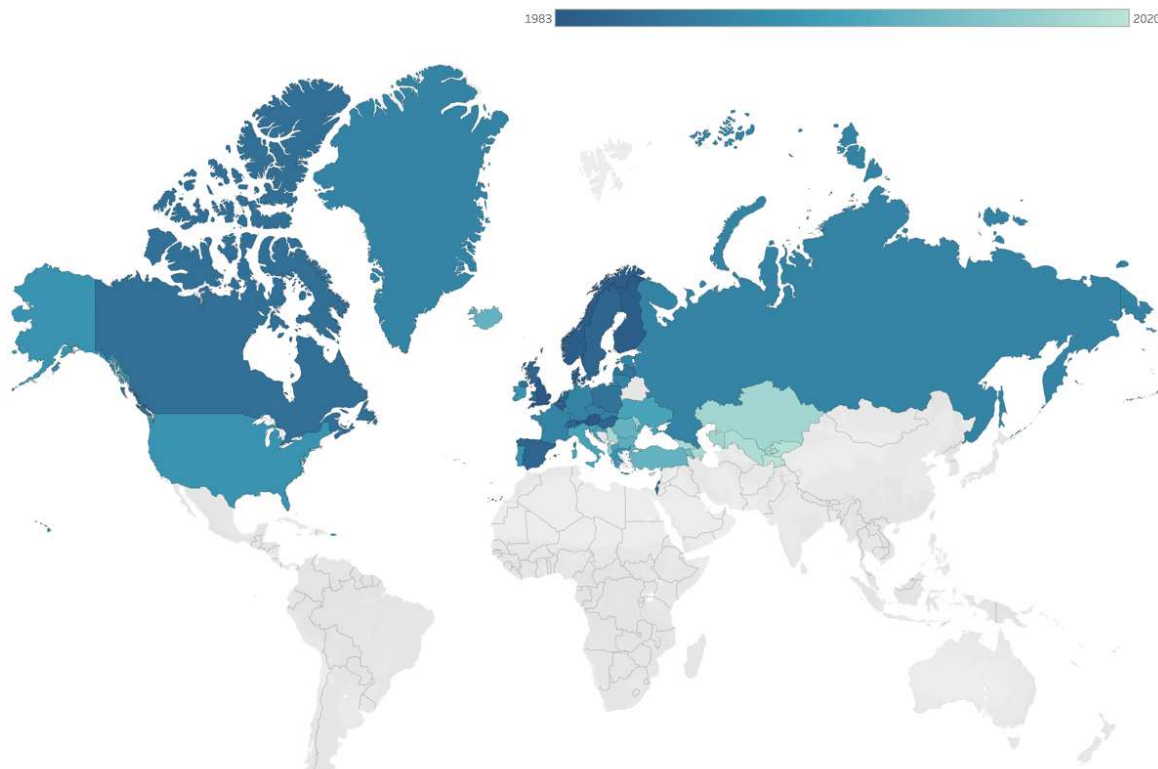


A cross-national research study conducted in collaboration with the WHO Regional Office for Europe, with 51 participating countries and regions.

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.





2021

Russian Federation
suspended April 2022

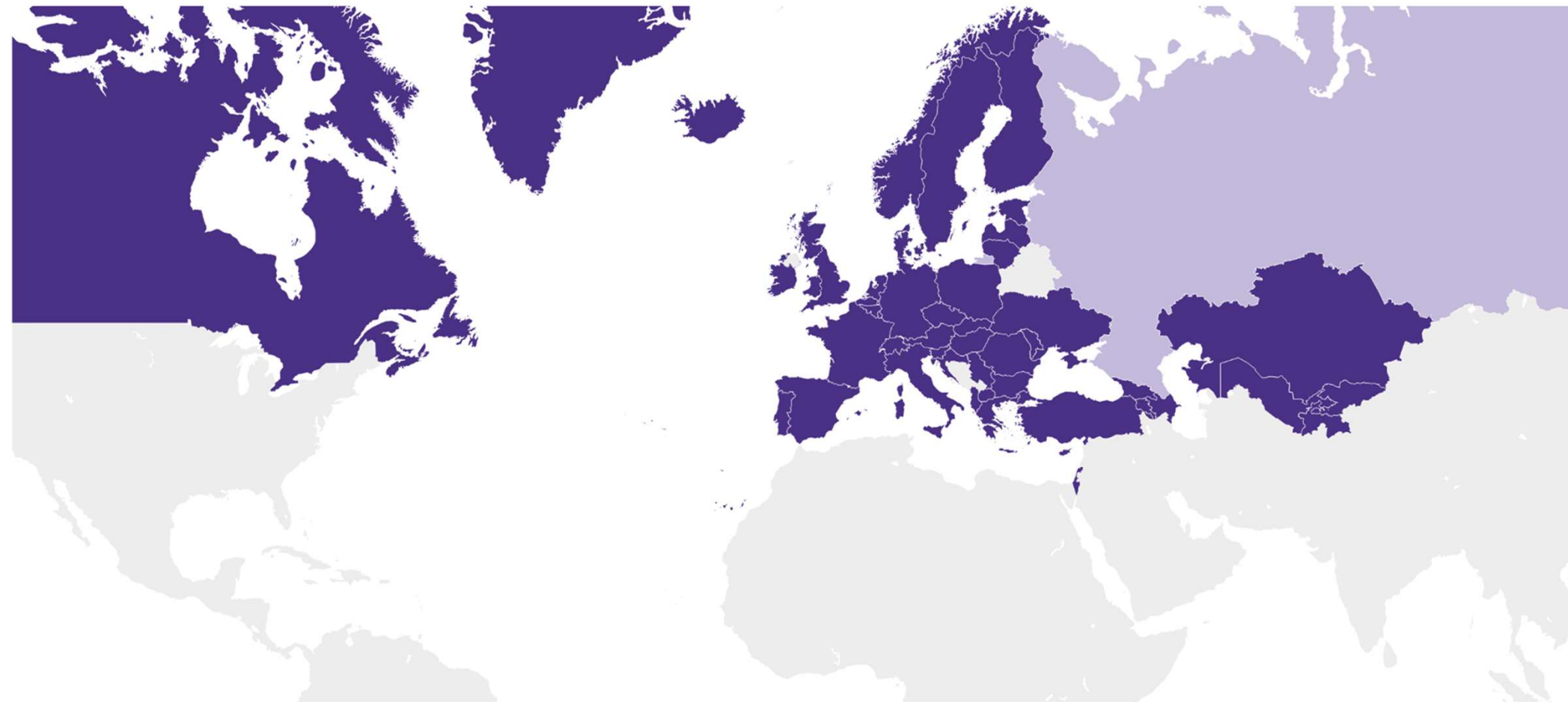


Table 1. Mental health measures included in the report

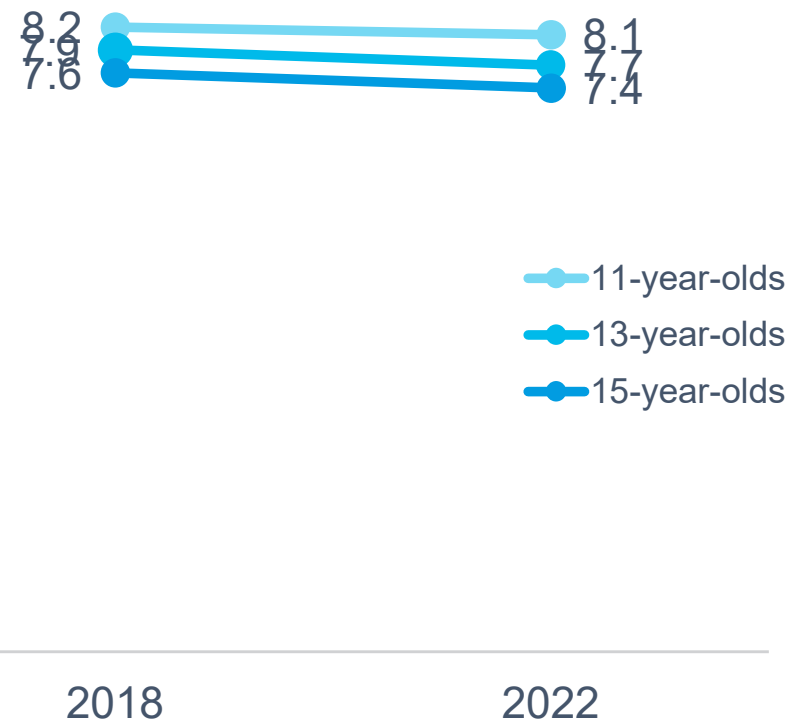
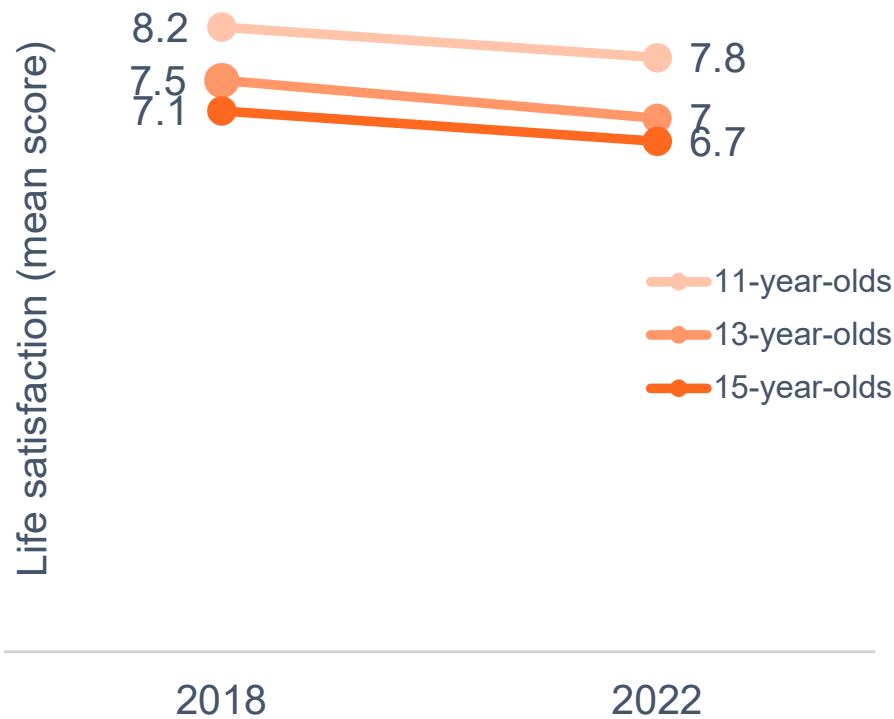
Self-rated health^a	Young people were asked to describe their health ("Would you say your health is ...?"). Response options were excellent, good, fair and poor. Findings presented in the Annex show the proportions reporting their health as excellent.
Life satisfaction^a	Young people were asked to rate 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^a	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.

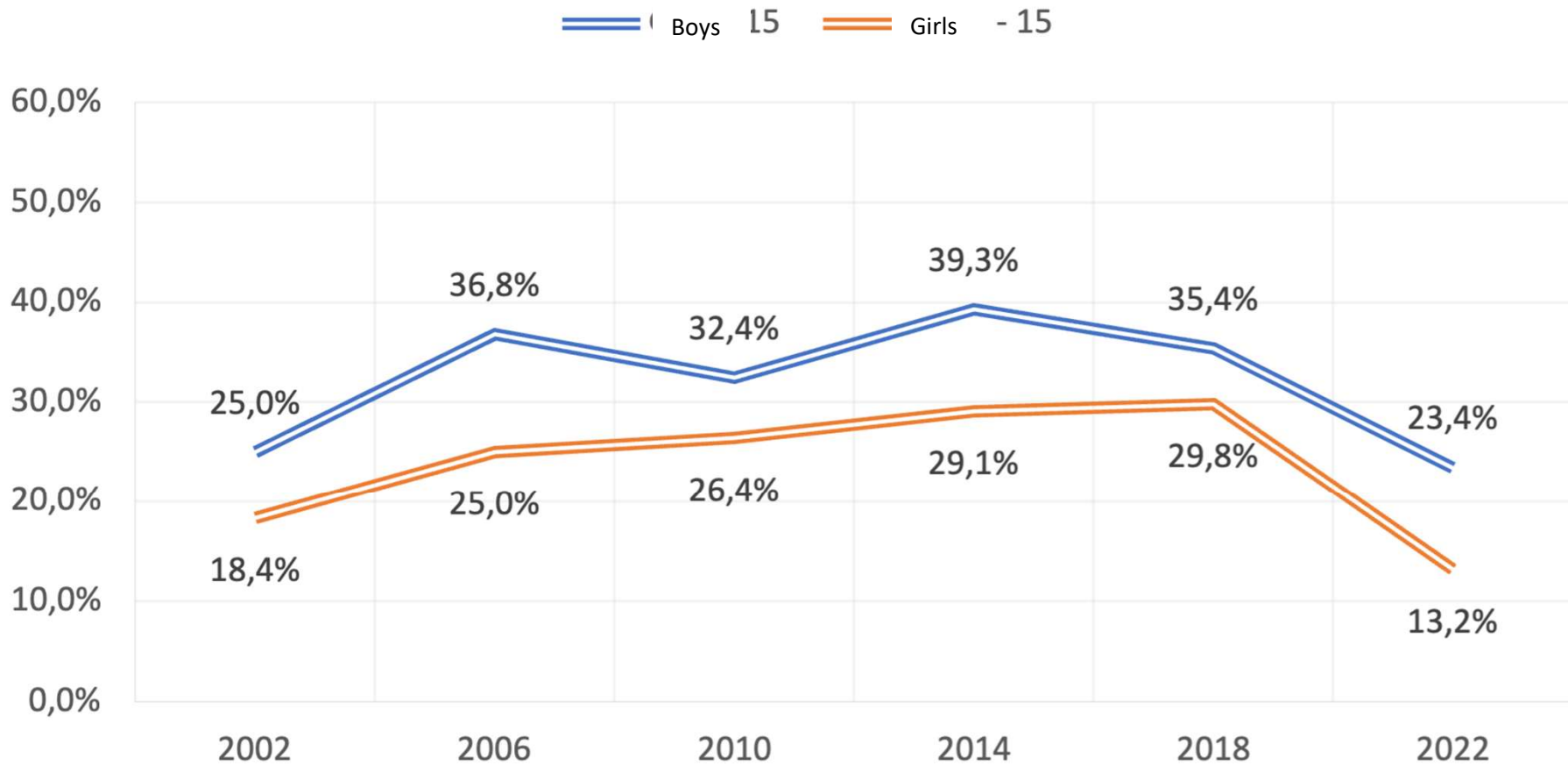


Life satisfaction is declining

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



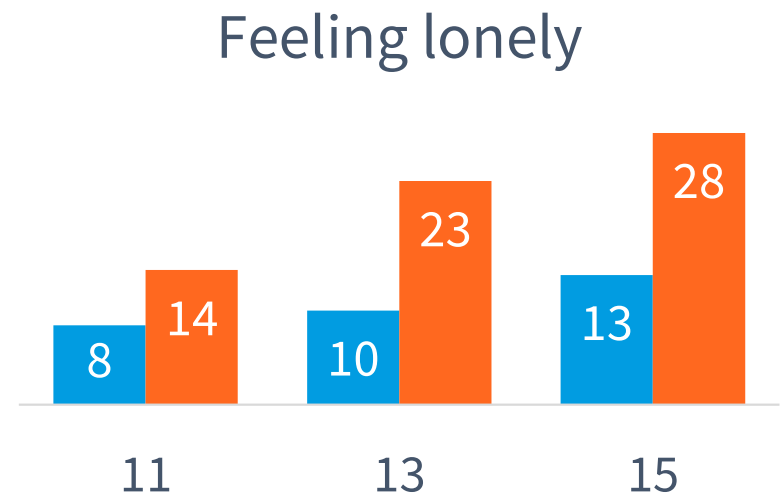
Norwegian 15-year-olds with high life satisfaction



Girls report higher levels of feeling lonely compared to boys

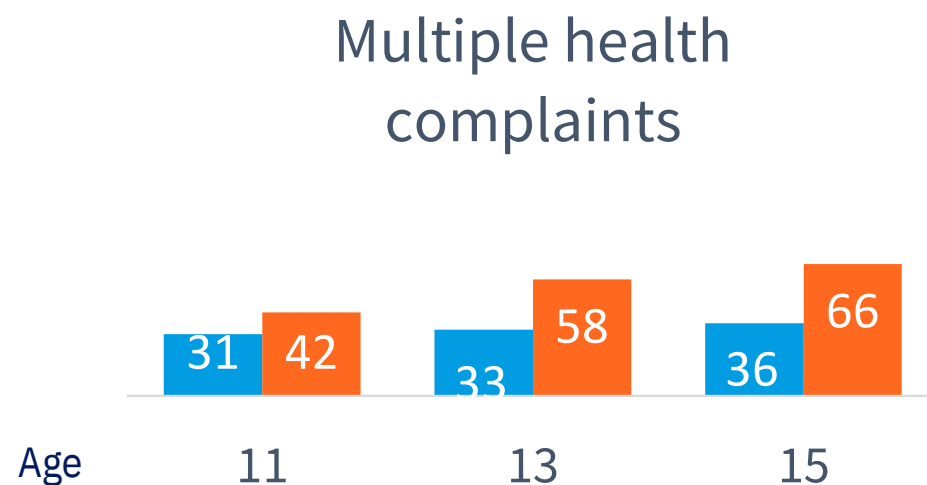
Prevalence increases with age.

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



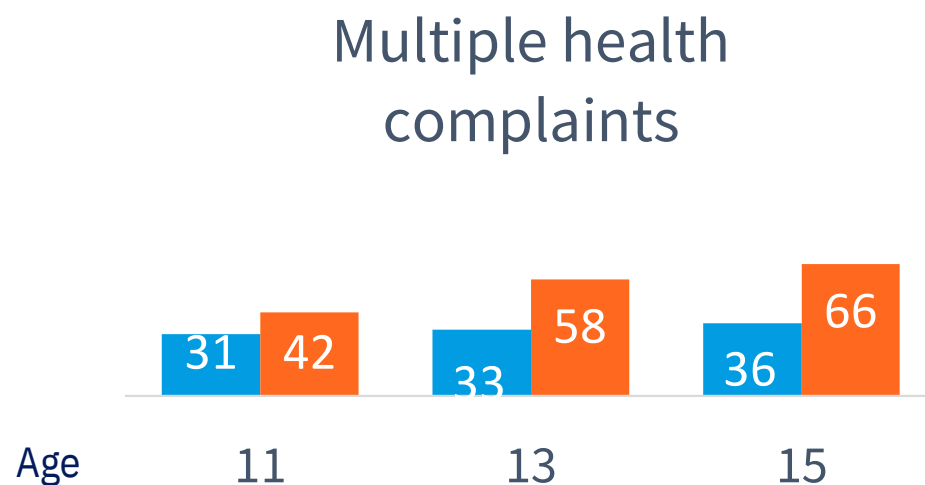
Girls report higher prevalence of multiple health complaints compared to boys

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

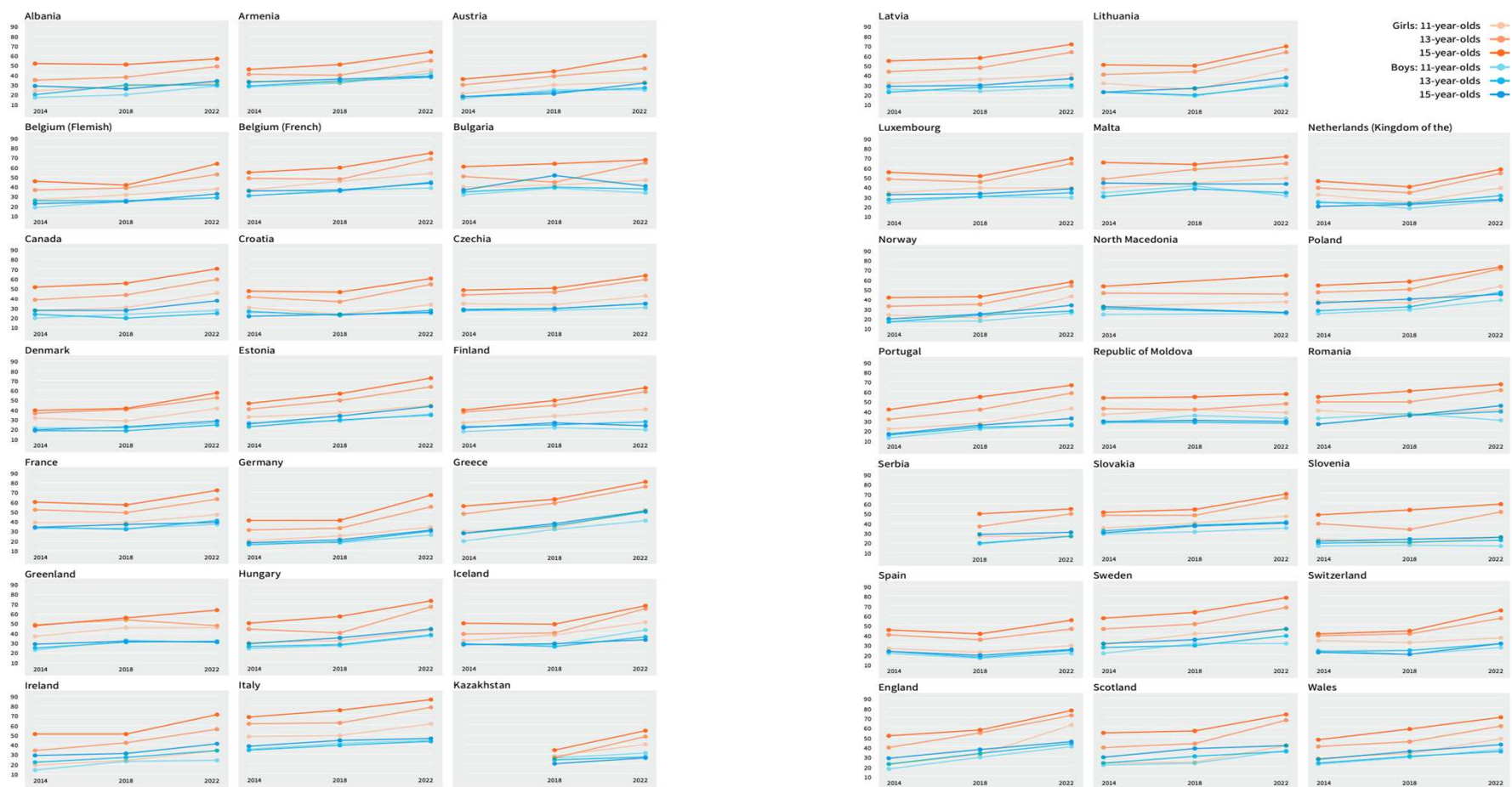


Girls report higher prevalence of multiple health complaints compared to boys

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

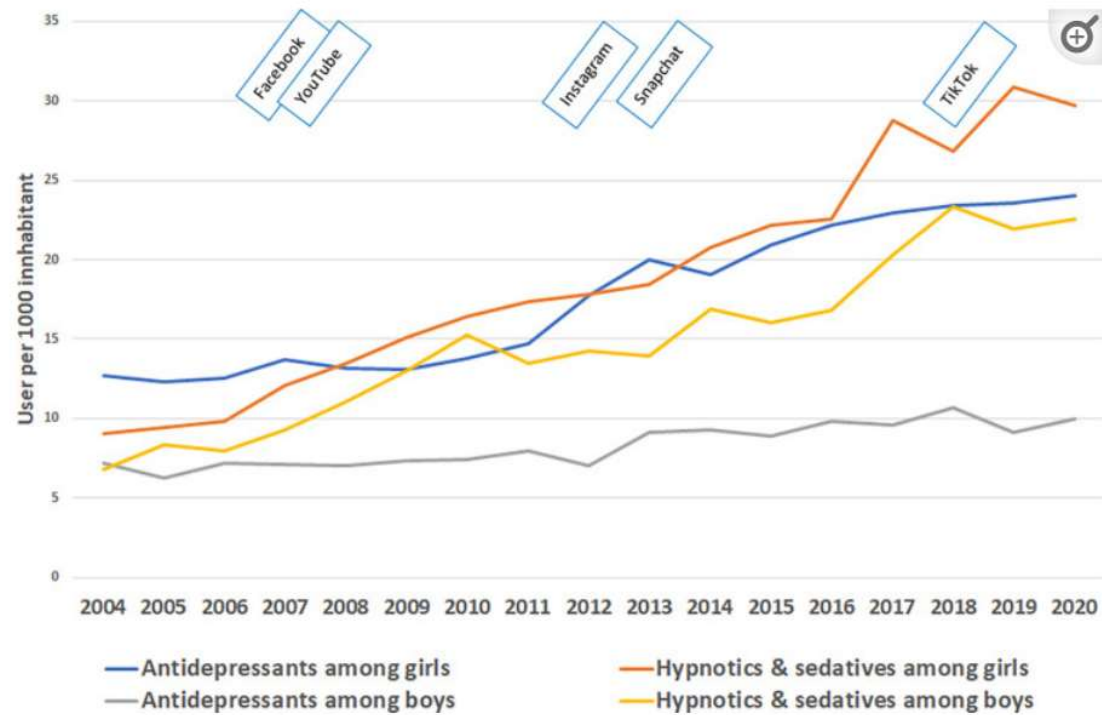
- Growing gender and age disparities in mental health
 - Girls fare worse in mental health outcomes than boys, across all measures in the 2021/2022 HBSC survey
 - Gender disparities widen with age
- Adolescent mental health is declining over time
- Socio-economic influences on adolescent mental health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



Other data from Norway on mental health and social media



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.

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.

The new challenge for school mental health ?

- The school absenteeism among children and youth have increased over the past years
- There are more violence in the schools, something that is quite new to our schools
- The children have less SEL skills and struggle to collaborate
- We do not have a national register for school absentee from 1- 9 grade, thus we do not know exactly what the prevalence is
- However, teachers and principals report that the increase in substantial
- This is also a trend in Europe and even Sweden who did not close during covid



Discussion

- What do you perceive to be your main challenges when it comes to mental health promotion among young people?
- Is school absentee starting to become epidemic?



Thank you

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