



WHO Regional Office for  
Europe: Factsheet for World  
Mental Health Day 2018

# Adolescent mental health in the European Region

## The issue

Childhood and adolescence are critically important stages of life for the mental health and well-being of individuals, not just because this is when young people develop autonomy, self-control, social interaction and learning, but also because the capabilities formed in this period directly influence their mental health for the rest of their lives. Negative experiences – such as family conflict at home or bullying at school – can have enduring damaging effects on the development of core cognitive and emotional skills.

The socioeconomic conditions in which young people grow up can also importantly affect choices and opportunities in adolescence and adulthood. Deprived living conditions or neighbourhoods, for example, may be seen by young people as shameful or degrading, may reduce their opportunities for productive learning and social interaction or may increase their exposure to substance abuse, disease and injury.

Exposure to adverse experiences and situations in childhood and adolescence can significantly affect mental well-being many years into the future. For example, insecure attachment in infancy or family violence in childhood are important predictors of subsequent problems such as substance use or criminal behaviour in adolescence, which in turn increase the likelihood of exposure to other established risk factors in adulthood, such as unemployment, debt and social exclusion.

The mental health and well-being of children and adolescents should therefore be promoted and protected. Children and adolescents need safe, secure, inclusive homes, schools and social environments in which to develop and thrive. These can be promoted by living within loving, supportive families, having a network of friends, engaging in social activities and participating in a positive school environment.

For a substantial number of children and adolescents, however, these key elements of a safe, supportive environment are unfulfilled or missing. This, and each individual's unique biological make-up, can contribute to the onset of behavioural and mental health problems. Early identification of such problems – and, when necessary, early intervention or timely management – is critically important. Too often, however, the signs and symptoms are missed by health, social and educational services. In the absence of appropriate support and intervention, such problems may continue, worsen or lead to mental illness.



## The facts

In the WHO European Region, there is a high and increasing rate of mental and behavioural health problems in adolescents at population level.

- According to the latest Health Behaviour in School-aged Children survey, 29% of 15-year-old girls and 13% of 15-year-old boys in European countries reported “feeling low” more than once a week; also, more than one in ten adolescents were regular weekly drinkers by the age of 15 (9% of girls and 16% of boys).
- Half of all mental health problems in adulthood have their onset during or before adolescence.
- Depression and anxiety disorders are among the top five causes of the overall disease burden (measured in terms of disability-adjusted life years).
- Suicide is the leading cause of death among adolescents (10–19 years old) in low- and middle-income countries and the second leading cause in high-income countries in the European Region. In 2015, there were over 4000 deaths from suicide among 10–19-year olds in the Region, principally among boys (see Fig. 1).
- Young people who are disadvantaged – including minorities and migrants – are particularly affected.

**Fig. 1** also shows the overall numbers of young people (aged 10–19 years) with mental, developmental and substance use disorders. Common mental disorders such as depression and anxiety account for the largest proportion; behavioural disorders including attention-deficit and hyperactivity disorder and conduct disorder are more prevalent among 10–14-year olds, while alcohol and drug use disorders become more common in older adolescence. The total number in both age groups combined is 17 million young people, equivalent to almost 20% or one in five of the population in this age group.

**Fig. 1.** Distribution of mental disorders and suicide by age group in the WHO European Region, 2015



Source: Adapted from Global Burden of Disease study 2015 (Institute for Health Metrics and Evaluation) for prevalence and from WHO Global Health Estimates 2015 for suicide.

## What should be done?

Supportive parenting, a secure home life and a positive learning environment in school are key factors in building and protecting mental health and well-being in adolescence. Failure to adequately provide or ensure these basic elements jeopardizes health and well-being, leads to substantial social problems and is also "bad economics", as it can result in lower scholastic achievement and subsequent employment prospects as well as avoidable welfare costs into the future.

Multisectoral policies are needed, in which a life course perspective is combined in an ecological–developmental framework that acknowledges the respective influence of individuals, families, communities and society on mental health status and outcomes. The strategies include:

### ➤ **Social, financial and legal protection:**

Certain safeguards should be universally available and enforced, including legal protection against violence, abuse and maltreatment. A more selective approach may be used to social and financial protection, such as targeting young people who are migrants or belong to minority groups or who live in socioeconomically deprived communities or in households with a history of violence or substance abuse.

### ➤ **Health promotion:**

Schools provide not only a learning environment but also a platform for promoting health, including healthy lifestyles and health literacy. Socio-emotional learning (life skills) programmes have been shown to improve socio-emotional functioning and academic performance and also reduce risky behaviour. Unfortunately, schools may also be a breeding ground for bullying, the long-term impacts of which can be serious; school anti-bullying programmes can reduce bullying by about 20%.

### ➤ **Prevention of injury and risk factors:**

The rates of substance use, self-harm and other forms of injury increase in adolescence. Exposure to these risks to health can be contained by implementation of measures ranging from population-based restrictions on the availability and marketing of alcohol and tobacco to individual counselling for adolescents at increased risk of harmful alcohol use, depression and self-harm.

### ➤ **Health care:**

Early identification of mental health or behavioural problems is key to good recovery, with access to appropriate, evidence-based psychosocial treatment and support. Self-care and management approaches, including Internet-based psychotherapy, increase the prospect for uptake and wider coverage of services.

## What works?

Many frameworks, approaches and interventions for promoting and protecting the mental health of adolescents have been proposed, and their effectiveness was reviewed in a report commissioned by the WHO Regional Office for Europe.<sup>1</sup> Over 300 research articles were found in a search of the literature on interventions in schools and communities and digital interventions. The findings are shown in the box.

➤ Robust international evidence shows that interventions on parenting that incorporate the development of social and emotional skills have significant positive outcomes for both children and their parents and that those at greatest risk gain the most.

➤ There is strong evidence that high-quality preschool programmes to develop children's social and emotional skills can have positive, enduring benefits for their development, including their emotional and social well-being, cognitive skills, readiness for school and academic achievement, especially for those who are the most vulnerable.

➤ A substantial body of evidence indicates that effective implementation of interventions to teach social and emotional skills at school has a significant positive effect on those skills, on pupils' attitudes to themselves, others and school, on the commitment of children from a diverse range of backgrounds to school and on their academic performance.

➤ Whole-school approaches have been found to reduce bullying, problem behaviour and substance misuse, and targeted school interventions can reduce depression, anxiety and suicidal behaviour.

➤ There is emerging evidence of the effectiveness of out-of-school and community youth programmes, especially for young people at risk and those living in deprived areas.

➤ The use of digital interventions for preventing anxiety and depression in young people has promising results.

➤ **The authors concluded that, to ensure that interventions are not implemented partially or in a fragmented way, which limits their potential impact, sustainable implementation structures and practices should be developed for effective delivery.**

<sup>1</sup> Barry MM, Kuosmanen T, Clarke AM. Implementing effective interventions for promoting adolescents' mental health and preventing mental health and behavioural problems: a review of the evidence in the WHO European Region. Galway: WHO Collaborating Centre for Health Promotion Research, National University of Ireland Galway; 2017.

## WHO tools and guidance materials

WHO has developed assessment reports, guidance materials and tools to support national initiatives to address the mental health needs of children and adolescents (see table below). Currently, WHO guidelines are being prepared on promotive and preventive interventions for adolescent mental health ("Helping adolescents thrive"); a low-intensity psychological intervention for 10–14-year-old adolescents who are highly distressed and have impaired functioning ("Early adolescent skills for emotions") and a "Scalable technology for adolescents to reduce stress" are being tested.

WHO information product	Website
Situation of child and adolescent health in Europe	<a href="http://www.euro.who.int/en/health-topics/Life-stages/child-and-adolescent-health/news/news/2018/09/new-who-progress-report-reveals-the-major-health-challenges-currently-facing-children-and-adolescents-in-europe">http://www.euro.who.int/en/health-topics/Life-stages/child-and-adolescent-health/news/news/2018/09/new-who-progress-report-reveals-the-major-health-challenges-currently-facing-children-and-adolescents-in-europe</a>
European status report on preventing child maltreatment	<a href="http://www.euro.who.int/en/publications/abstracts/european-status-report-on-preventing-child-maltreatment-2018">http://www.euro.who.int/en/publications/abstracts/european-status-report-on-preventing-child-maltreatment-2018</a>
Adolescent alcohol-related behaviours: trends and inequalities in the WHO European Region, 2002–2014	<a href="http://www.euro.who.int/en/publications/abstracts/adolescent-alcohol-related-behaviours-trends-and-inequalities-in-the-who-european-region,-20022014-2018">http://www.euro.who.int/en/publications/abstracts/adolescent-alcohol-related-behaviours-trends-and-inequalities-in-the-who-european-region,-20022014-2018</a>
Global accelerated action for the health of adolescents: guidance to support country implementation	<a href="http://www.who.int/maternal_child_adolescent/topics/adolescence/framework-accelerated-action/en/">http://www.who.int/maternal_child_adolescent/topics/adolescence/framework-accelerated-action/en/</a>
mhGAP intervention guide (version 2): Child and adolescent module	<a href="http://www.who.int/mental_health/mhgap/mhGAP_intervention_guide_02/en/">http://www.who.int/mental_health/mhgap/mhGAP_intervention_guide_02/en/</a>
Caregiver skills training programme	<a href="http://www.who.int/mental_health/maternal-child/PST/en/">http://www.who.int/mental_health/maternal-child/PST/en/</a>

With the emphasis on adolescence in the Sustainable Development Agenda and increasing acknowledgement that mental health is an essential component of strengthened public health, social inclusion and sustainable development, there is a unique window of opportunity for WHO, Member States and local and international partners to act decisively to promote and protect child and adolescent mental health and well-being.

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