

Mental Health Promotion For Young People: Issues of Inequalities, Evidence and Action

Health Behaviour in School Aged
Children
A World Health Organization Cross-
National Study



Antony Morgan
Honorary Research Fellow

Child and Adolescent Health
Research Unit (CAHRU)
University of Edinburgh

Aims of the Presentation

- Present the latest findings from the 2005/6 HBSC study – focusing on inequalities and wellbeing.
- Discuss the risk and protective factors associated with these findings
- Highlight the WHO /HBSC Forum as an effective process for improving efforts to promote effective action on young people's wellbeing

What is HBSC?

- 'Health Behaviour in School-Aged Children: WHO Collaborating Cross-National Study (HBSC)'
- HBSC began in 1982 as a scientific collaboration between researchers in 3 European countries
- Now 43 participating countries and national teams from Europe and North America
- HBSC international research network has > 280 participating researchers
- Most national teams have university base
- WHO Euro is study partner

Growth of HBSC study: countries by survey year

| 1983/1984 | 1985/1986 | 1989/1990 | 1993/1994 | 1997/1998 | 2001/2002 | 2005/6 |
|---|--|---|---|---|---|--|
| <ol style="list-style-type: none"> 1. England 2. Finland 3. Norway 4. Austria 5. Denmark | <ol style="list-style-type: none"> 1. Finland 2. Norway 3. Austria 4. Denmark 5. Belgium 6. Hungary 7. Israel 8. Scotland 9. Spain 10. Sweden 11. Switzerland 12. Wales 13. Netherlands | <ol style="list-style-type: none"> 1. Finland 2. Norway 3. Austria 4. Belgium (French) 5. Hungary 6. Scotland 7. Spain 8. Sweden 9. Switzerland 10. Wales 11. Denmark 12. Netherlands 13. Canada 14. Latvia 15. N. Ireland 16. Poland | <ol style="list-style-type: none"> 1. Finland 2. Norway 3. Austria 4. Belgium (French) 5. Hungary 6. Israel 7. Scotland 8. Spain 9. Sweden 10. Switzerland 11. Wales 12. Denmark 13. Canada 14. Latvia 15. Northern Ireland 16. Poland 17. Belgium (Flemish) 18. Czech Republic 19. Estonia 20. France 21. Germany 22. Greenland 23. Lithuania 24. Russia 25. Slovakia | <ol style="list-style-type: none"> 1. Finland 2. Norway 3. Austria 4. Belgium (French) 5. Hungary 6. Israel 7. Scotland 8. Sweden 9. Switzerland 10. Wales 11. Denmark 12. Canada 13. Latvia 14. Northern Ireland 15. Poland 16. Belgium (Flemish) 17. Czech Republic 18. Estonia 19. France 20. Germany 21. Greenland 22. Lithuania 23. Russia 24. Slovakia 25. England 26. Greece 27. Portugal 28. Ireland 29. USA | <ol style="list-style-type: none"> 1. Finland 2. Norway 3. Austria 4. Belgium (French) 5. Hungary 6. Israel 7. Scotland 8. Spain 9. Sweden 10. Switzerland 11. Wales 12. Denmark 13. Canada 14. Latvia 15. Poland 16. Belgium (Flemish) 17. Czech Republic 18. Estonia 19. France 20. Germany 21. Greenland 22. Lithuania 23. Russia 24. England 25. Greece 26. Portugal 27. Ireland 28. USA 29. tfyr Macedonia 30. Netherlands 31. Italy 32. Croatia 33. Malta 34. Slovenia 35. Ukraine | <ol style="list-style-type: none"> 1. Finland 2. Norway 3. Austria 4. Belgium (French) 5. Hungary 6. Israel 7. Scotland 8. Spain 9. Sweden 10. Switzerland 11. Wales 12. Denmark 13. Canada 14. Latvia 15. Poland 16. Belgium (Flemish) 17. Czech Republic 18. Estonia 19. France 20. Germany 21. Greenland 22. Lithuania 23. Russia 24. England 25. Greece 26. Portugal 27. Ireland 28. USA 29. tfyr Macedonia 30. Netherlands 31. Italy 32. Croatia 33. Malta 34. Slovenia 35. Ukraine 36. Luxemburg 37. Turkey 38. Slovakia 39. Romania 40. Iceland 41. Bulgaria |

The HBSC experience

Why do we do it?

- To collect cross-nationally comparable data on health related behaviours and understand cross-national differences
- To understand:
 - health behaviours as part of adolescent lifestyles
 - personal and environmental factors that influence health behaviours & health and well-being

The HBSC experience

How do we do it?

Study cycle – 4 years with overlapping key stages

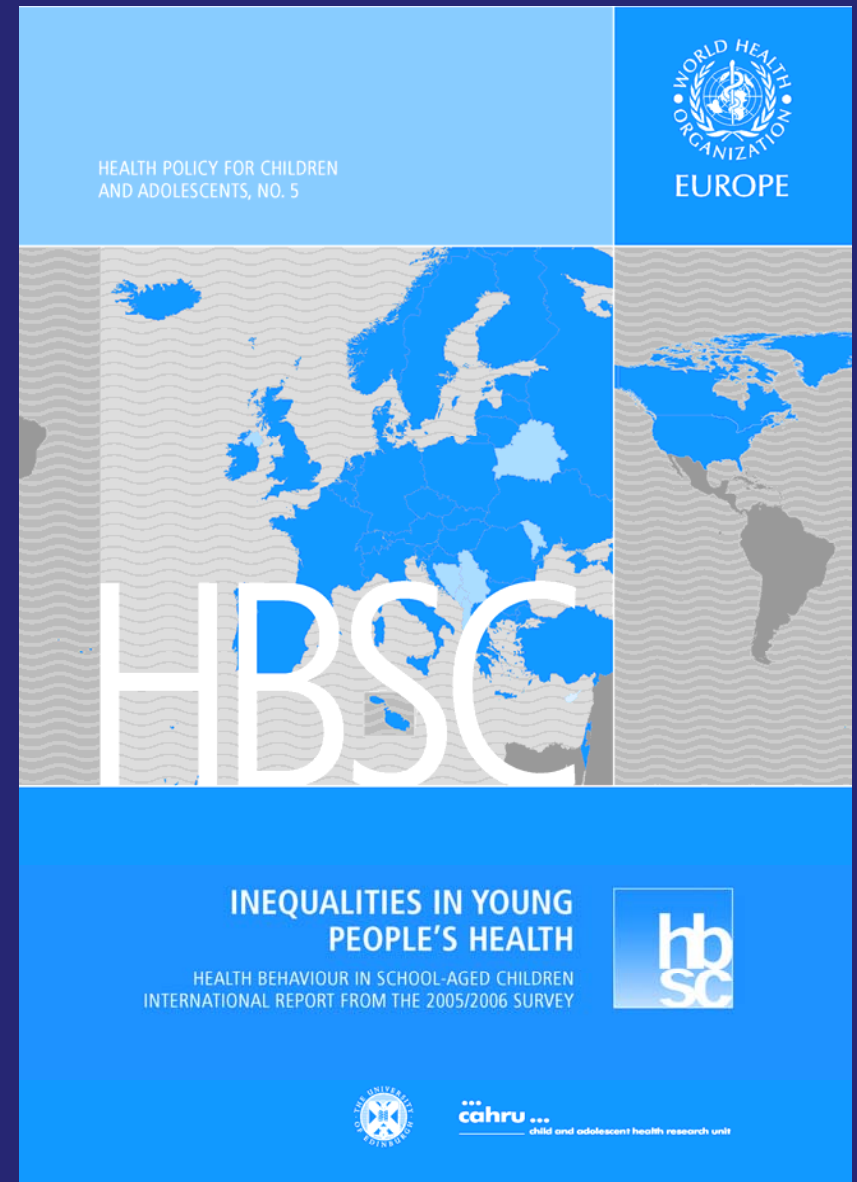
- Research protocol development
- Survey in each participating country
- Data file submission to international databank
- International datafile construction, checking and cleaning and export to national teams, further period of datafile checking
- International report preparation and other policy outputs
- Scientific publications

www.hbsc.org

Inequalities in Young People's Health

Report from the Health Behaviour In School-Aged Children 2005/06 Survey in 41 countries

Currie et al, 2008. WHO, Copenhagen
Health Policy for Children and Adolescents, No. 5



Inequalities in health

Despite substantial overall improvements in health...

- Inequalities in health in all western countries still exist and since the 1950's have been increasing.

Suggesting that:

- Whilst some of our policy and interventions work they are also failing some sections of the population

Age

- age differences are neglected in many studies
- adolescent age group often merged with younger children or with young adults in health statistics
- HBSC looks at ages 11, 13 and 15 separately
- different stages of puberty, physical and emotional changes, growing independence and choice
- some health risks already established by age 11, others begin and increase during teenage years

Gender

- United Nations has stated: there is an international responsibility to achieve equality between the genders
- Very little attention to gender differences in most youth health reports
- Data are usually presented for both boys and girls together and so issue of gender inequality not addressed

Geography

- The countries in HBSC span North America and Europe
- Use UN groupings (based on geographic and economic factors) to make comparisons:
 - North Europe and North America
 - Western Europe
 - Eastern Europe
 - South Europe and Western Asia

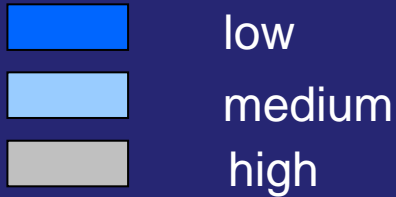
Socioeconomic status

- Socioeconomic status measured by HBSC **Family Affluence Scale:**
 - Family car ownership
 - Having own bedroom
 - Number of family holidays in last year
 - Number of family computers

Iceland →

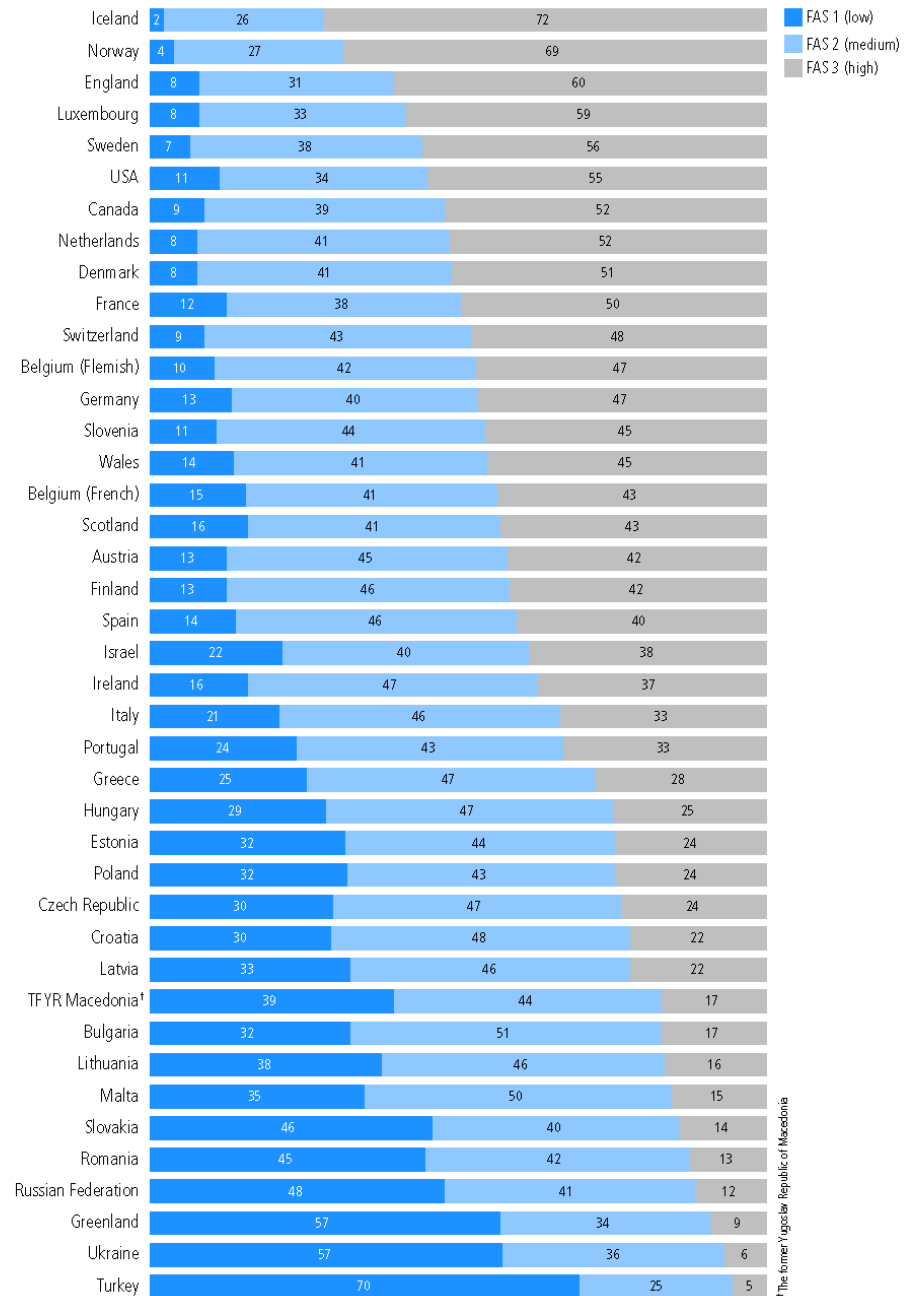
Chart showing country variation in levels of family affluence

Family affluence



Turkey →

Fig.2. FAMILY AFFLUENCE ACCORDING TO FAS COMPOSITE SCORES (ALL AGES)



¹The former Yugoslav Republic of Macedonia

Inequalities in young people's health

HBSC report presents evidence of widespread and diverse types of inequality among young people related to age, gender, socioeconomic status and geography.

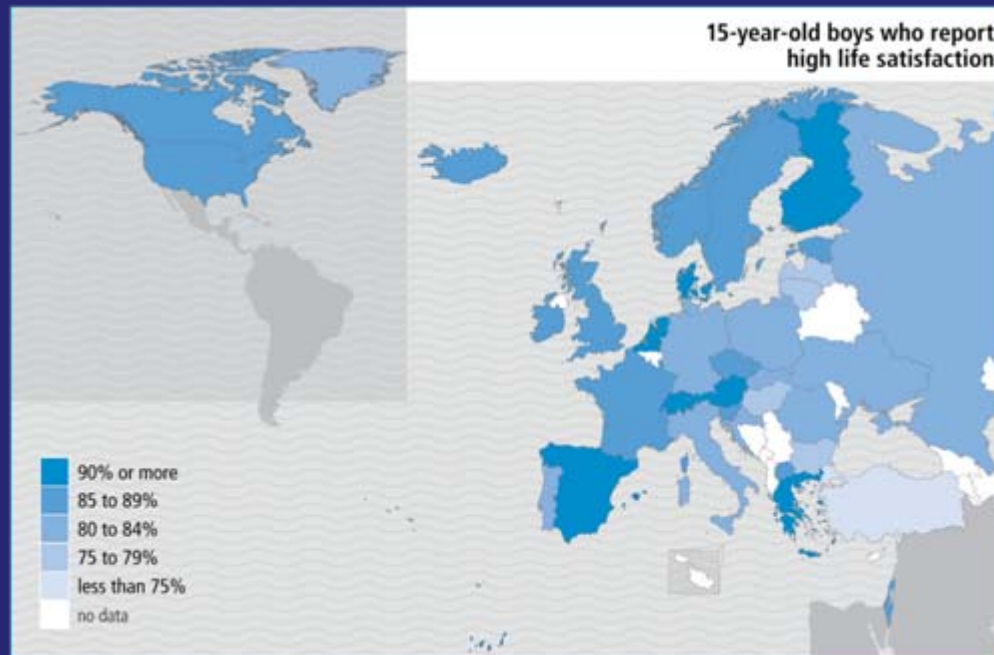
Of policy relevance since:

- Negative health experience and poor quality of life for many young people in Europe and North America
- Affects their education and social development
- Tracks through to adulthood affecting health, social and economic outcomes

Inequalities in young people's life satisfaction

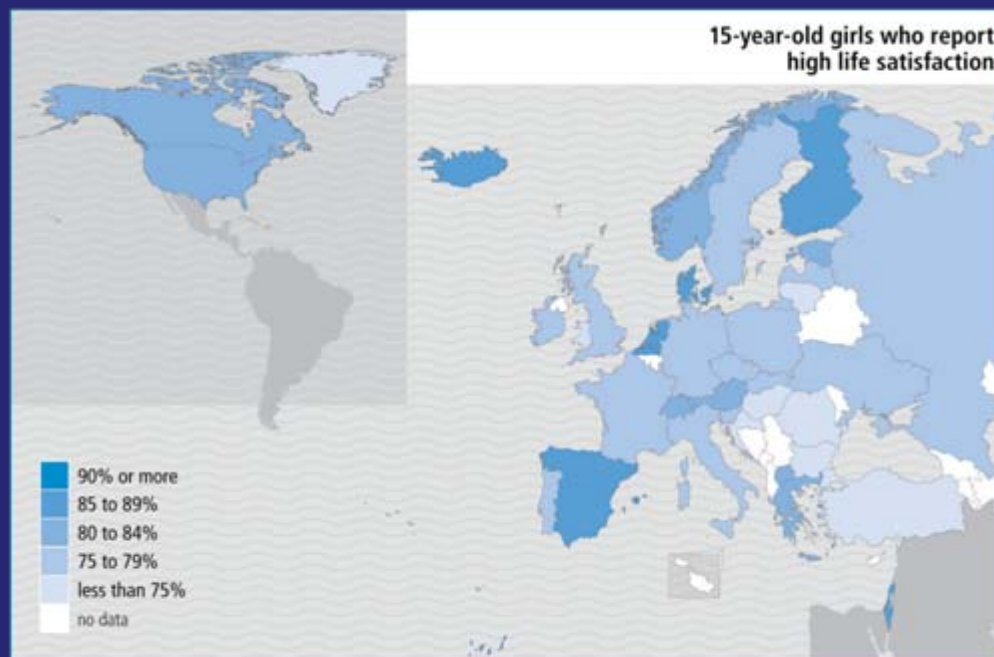


boys



15 year olds with high life satisfaction

girls



WHO has provided disaggregated data for Belgium and the UK, these data appear in the map above

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Associations between family affluence and indicators of health, by country/region and gender:
HIGH LIFE SATISFACTION

Family
Affluence



Life
satisfaction



| NORTH | Boys | Girls | SOUTH | Boys | Girls |
|----------------------|------|-------|-----------------------------|------|-------|
| Canada | + | + | Croatia | + | + |
| Denmark | + | + | Greece | + | + |
| England | + | + | Israel | + | + |
| Estonia | + | + | Italy | + | + |
| Finland | + | + | Portugal | + | + |
| Greenland | | | Slovenia | + | + |
| Iceland | + | + | Spain | + | + |
| Ireland | + | + | TFYR Macedonia [†] | + | + |
| Latvia | + | + | Turkey | + | + |
| Lithuania | + | + | | | |
| Norway | + | + | | | |
| Scotland | + | + | | | |
| Sweden | + | + | | | |
| USA | + | + | | | |
| Wales | + | + | | | |
| WEST | Boys | Girls | EAST | Boys | Girls |
| Austria | + | + | Bulgaria | + | + |
| Belgium (Flemish) | + | + | Czech Republic | + | + |
| France | + | + | Hungary | + | + |
| Germany | + | + | Poland | + | + |
| Luxembourg | + | + | Romania | + | + |
| Netherlands | + | + | Russian Federation | + | + |
| Switzerland | + | + | Slovakia | + | + |
| | | | Ukraine | + | + |

Life satisfaction: inequalities

- boys higher levels of Life Satisfaction at all ages in most countries
- decrease in Life Satisfaction with age among girls in most countries, not reported by boys
- boys in Western and Northern Europe have higher levels of Life Satisfaction
- Life Satisfaction higher among more affluent in all countries

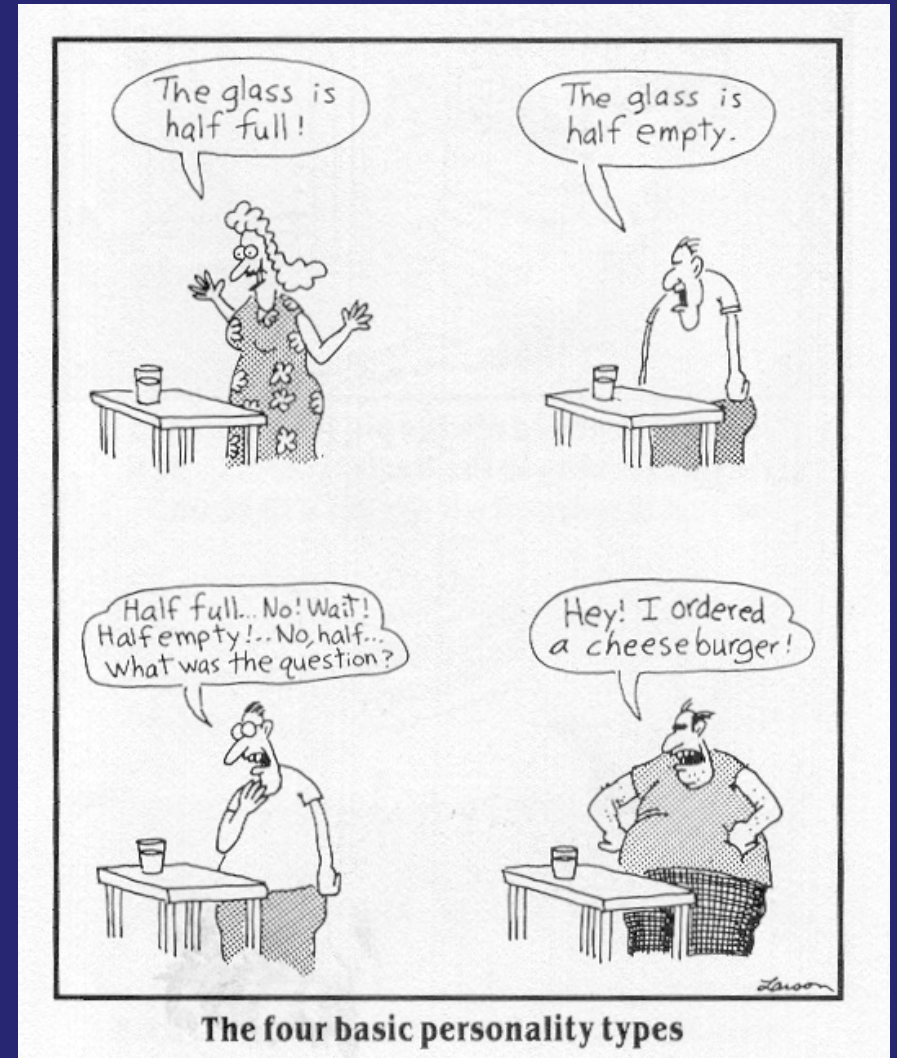
Why are inequalities still with us?

- Some policies have not been 'equity proofed' meaning that some well intentioned policies and initiatives have increased inequalities
- Solutions are complex, long term and resource intensive (difficult to sustain in changing political environments)
- Too much emphasis on disease and dying rather than health happiness and well being
- From deficits to assets.....

‘..policy development has focused too much on the failure of individuals and local communities to avoid disease rather than their potential to create and sustain health and continued development’

The Asset Model: Source: Morgan and Ziglio (2007)

THE GLASS HALF FULL OR EMPTY?



- In the real world there are both strengths and needs

So where is most practice focused?

Where is most policy focused?





'The misery of youth: Teenagers depressed and fearful as drink, drugs and crime take their toll'

July 2008, Daily Mail

Happy not sad!



- Most children are satisfied with their lives, perceive their health to be good and do not regularly suffer from health complaints

40 Development Assets (Scales, 2001)

- **Support** (family relationships, caring school and neighbourhood)
- **Empowerment** (community values youth, young people seen as resources)
- **Constructive use of time** (participation in clubs and associations)
- **Commitment to learning** (achievement motivation)
- **Positive values** (caring and responsible to others)
- **Social competencies** (cultural competence, peaceful conflict resolution)
- **Positive identity** (self esteem)

Modelling assets using HBSC.

- Are some assets (protective factors) more important than others?
- What are the cumulative effects of multiple assets on young people's mental well being?
- How do different social and cultural impact on the benefits of these assets?

'Redressing the balance between asset and deficit models for research'

Risk factors

- Living in poverty
- Parental loss and family conflict
- Living in high crime neighbourhoods

Assets

- What makes us strong?
- What factors make us more resilient (more able to cope in times of stress)?
- What opens us to more fully experience life?
- What do asset rich workplaces and communities look like and how can they support 'health' development?

Deficits

Risk factors:

- Fitness
- Body Fat
- Cholesterol
- Smoking
- Excess alcohol and other drugs

Assets and deficits

- Much of the evidence base available to address inequalities is based on a deficit (pathogenic) model of health.
- **Deficit models** focus on **identifying problems and needs** of populations requiring professional resources, resulting in high levels of dependence on hospital and welfare services (risk factors and disease).
- In contrast: **Asset models** tend to accentuate **positive ability, capability and capacity** to identify problems and activate solutions, which promote the self esteem of individuals and communities leading to less reliance on professional services

*In reality, both are important -
need to redress the balance
between the more dominant
'deficit model' and the less well
known (and understood)
'assets model'*

Make the Most of Bad Situations





INTRODUCING THE WHO ? HBSC FORUM.....

***TAKING ACCOUNT OF PROTECTIVE AND RISK
FACTORS***

What is the WHO/HBSC Forum series....

The aim of the Forum series is to increase know-how for addressing priority public health conditions from a social determinants of health perspective and with a view towards the specific needs of adolescents'

Koller et al. 2009

OBJECTIVES

The WHO/HBSC Forum series aims to distil lessons learnt and policy implications to support European Member States in:

- Scaling up **intersectoral policies and interventions** to promote young people's health and explore how the health system can facilitate this;
- Reducing socioeconomically determined **health inequities** among young people;
- **Involving young people** as protagonists in the design and implementation of programmes/interventions that promote adolescent health;
- Translating **research on young people's health into policies and action** both within and beyond the health sector.

The WHO/HBSC Forum is a ***collaborative process which*** distils lessons learnt and policy implications for promoting child and adolescent health through action on social, economic and environmental determinants of health.

It also helps reinforcing the ***equity and social determinants*** focus of the European Strategy for Child and Adolescent Health.

The process supports Member States in ***translating the findings of the HBSC studies into action***, including an annual European consultation and the production of case studies and background papers

Supporting Macro Environment

Good Education

Decent Housing

High Standards of Living

Access to health promoting physical environments

Key development assets

Young People's Mental Well Being

Positive Health Promoting Behaviour

| | | | |
|--------------------------------|--|---------------------|---------------------------|
| Low levels of substance misuse | Increased healthy eating and physical activity | Safer sexual health | Low incidence of bullying |
|--------------------------------|--|---------------------|---------------------------|

Increasing personal socio-economic circumstances – chances for increasing well being

Increasing age – less opportunity for mental well being to effect +ve health promoting behaviour

Assets versus deficits

- *The more we provide young people with opportunities to experience and accumulate the positive effects of protective factors (health assets), the more likely they are to achieve and sustain mental well being in later life*

WHO/HBSC Forum Reports

2006 Forum: Socioeconomic determinants of healthy eating habits and physical activity levels among adolescents (WHO, 2007)

2007 Forum: Social cohesion for mental health among adolescents (WHO, 2008)

2009 Forum: Environment and health among adolescents (forthcoming)

Forums bring together research, policy and practice to:

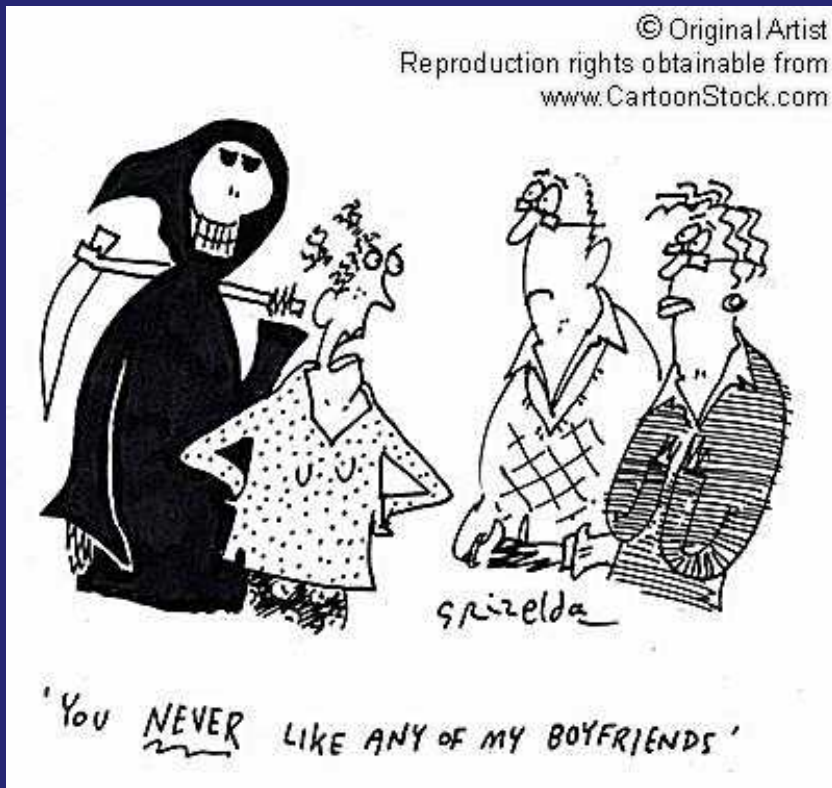
- address socioeconomic determinants of health
- reviews of scientific evidence from HBSC and other studies
- share good practice at national level on international platform

Extract from Outcome Statement: Forum 2

- The mental health and wellbeing of young people will affect the economic stability of the European Region over the coming decades
- The importance of not defining mental well-being simply in relation to mental ill health
- Health Systems have an important role in addressing socially determined risk factors for mental disorders and fostering protective factors for mental well-being

Protective factors

- Positive parenting, good communication at home



- *'Parent training and comprehensive early childhood development programmes addressing socio-economic determinants, health system access and social and emotional health enhance the possibilities for low income young people to confront adverse circumstances'*

Witney et al, 2008

Protective factors

- Positive experiences at school



‘School settings can be used as non-stigmatizing ‘equalizers’ as there is evidence that positive experiences in school can buffer the negative effects of risk factors....’

Witney et al, 2008

Liking school: inequalities

- Higher levels of liking school among girls than boys
- Decline in liking school with age among both boys and girls
- Large differences between countries
- Among girls liking school associated with affluence in Northern Europe and US

Protective factors

- Active involvement in the community and feelings of safety in their neighbourhood.



Student committees and /or peer facilitators are important in a whole school approach to the promotion of mental wellbeing allowing teenagers to gain self confidence and to feel safe through peer group exercises'

Witney et al, 2008

The Forum process

- *Highlights the importance of*
 - *promoting a **systematic approach** to utilizing findings from research.*
 - *Finding spaces to bringing researchers, policy makers and practitioners who are willing to **cross their disciplinary boundaries***
 - ***Timing** to ensure that the outcomes of the process can be fed directly into the policy making process*



Why Assets, Why now.....

- International policy environment still frames its inequalities objectives in the context of investments in young people:

Asset approaches can help because...

- Focuses on ***positive health promoting and protecting factors*** for the creation of health.
- Emphasis on a ***life course approach*** to understanding the most important key assets at each life stage.
- Passionate about the need to ***involve young people in all*** aspects of health development process
- Recognises that many of the key assets for creating health lie within the ***social context of young people's*** health inequalities

Positive Lives, Positive Futures



Acknowledgements

The young people we study

The HBSC Network

The HBSC partner WHO

Organisations who fund
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For more information

- Antony.morgan@nice.org.uk
- *Morgan A and Ziglio E (2007) Revitalising the evidence base for public health: an assets model, Promotion and Education Supplement 2 pp17-22*
- *Morgan A, Davies M and Ziglio E (2010) Health Assets in a Global Context: Theory Methods Action. Springer: new York: In Press*
- *Health Assets in a Global Context: the case for young people; Symposium, Seville, Spain , 28-30 April 2010*

WHO Definition of Wellbeing

The World Health Organization's definition of mental health further elaborates a state of well-being as:

... one in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.