

SUMMARY REPORT

Flash Eurobarometer on Mental Health and Well-being of Children and Young people

Introduction:

Improving the mental health and well-being of children and young people is a key objective of Member States and EU- policies and one of the five priorities set out in the European Pact for Mental Health and Well-being which was launched at the EU high level conference in June 2008¹.

A new Flash Eurobarometer survey on the Mental Health and Wellbeing of Children and Young people examined parents' perceptions of their child's mental health and well being in 27 European Countries. Approximately 12,750 randomly selected parents (including step-parents/guardians) were interviewed. Several aspects of the quality of life were assessed: i.e. child's level of energy and fitness, depressive moods and emotions, stressful feelings, physical well-being, child's autonomy, as well as child's opportunities to structure and enjoy his/her social life and leisure time and participation in social activities. The final part of the report takes a holistic view of the quality of life and compares this to the parent's perceived view of the child's state of health.

Objective:

The objective of the survey was to develop a standardised cross-cultural assessment tool to obtain more data about the mental health and well being of children and adolescents, which can complement existing health data and consequently to acknowledge the mental and psychological well-being of children and young people in the monitoring of population health.

Main Findings:

GENERAL HEALTH

The study revealed large variation between countries regarding the general health status of children and young people. The lowest average perceived level of general health was observed in the Baltic countries Estonia, Lithuania and Latvia (27%, 20%, 17% parents described the child's health as fair or even poor; only 7%, 10% and 14% rated the child's health as excellent). The highest average level was seen for the Cyprus, Ireland and Greece (53%, 51% and 50% of parents consider the child's health as excellent; only 13%, 10% and 9% rated their child's health as poor or fair).

In general, two-thirds of parents described their child's health as excellent (26%) or very good (38%). 30% of parents rated their child's general health condition as good. In only a minority of the interviews was the child's health described as fair (5%) or poor (1%).

¹ For more information see: http://ec.europa.eu/health/ph_determinants/life_style/mental/mental_health_en.htm

EMOTIONAL WELLBEING AND BEHAVIOUR

The results indicate that the proportion of children showing signs of mental health problems varied across socio-demographic and socio-economic subgroups.

National Wealth:

There are significant variations in mental well-being between the countries in relations to national wealth. The results showed that countries with lower GDP (Lithuania, Latvia, Poland, Romania, Estonia) were associated with decreased mental well-being and conversely countries with higher GDP (Luxembourg, Netherlands, Austria, Sweden, Belgium) show increased well-being of children.

Expenditure on Education:

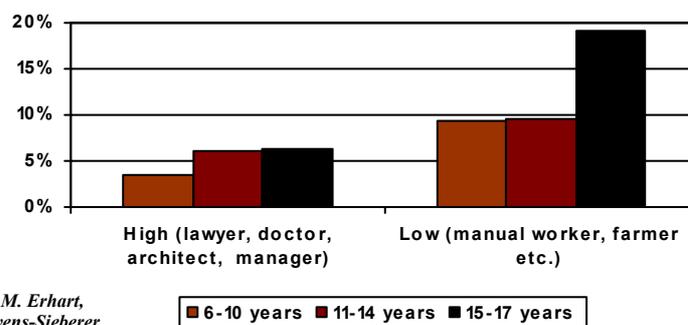
Regarding the expenditure spent on education in different Member States, a higher annual budget spent on public and private educational institutions is associated with higher level of mental well-being. (Austria, Netherlands, Belgium, Germany, Ireland, UK compared to countries such as Poland, Latvia, Lithuania and Slovakia with lower expenditure and lower mental well-being).

Education and Employment Status of Parents:

Parental educational level is related with children and adolescents mental well-being: Early ended education (parents' finished full-time education at age 15 or younger) is associated with bigger risk of low school functioning (decrease of school performance and the ability to concentrate) and well-being. The higher the educational level and job position of the parent (lawyer, doctor, architect, manager etc), the more likely they were to describe their child's well being as excellent or very good. Employees were the most likely to answer that their child felt extremely well in the past week (36% vs. 33% average), while manual workers and non-working parents more frequently said that their son or daughter only felt moderately well (20%-21% vs. 16% of the employees).

Similarly a low parental occupation status (manual worker, farmer etc.) is associated with a higher risk for impaired **school** functioning and well being. These differences increase with growing age of children

Percentage of respondents with poor overall school functioning and well-being according to the KIDSCREEN-10 in relation to their parents job status

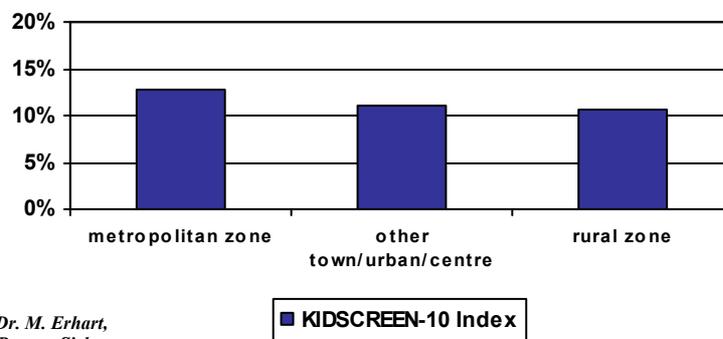


Source: Dr. M. Erhart,
Prof. U. Ravens-Sieberer

Metropolitan area versus Countryside:

Children and adolescent from metropolitan area display higher risks of impaired mental well-being than the ones who live in smaller towns or on countryside. (Rural residents more frequently said that their child felt extremely fit and well (37% vs. 30% of city dwellers) and always full of energy (44% vs. 41%). Respondents living in a metropolitan area were most likely to say their child never felt sad (59% vs. 55% in urban and 57% in rural areas) or never felt lonely (33% vs. 27% in urban and 29% in rural areas) in the past week.)

Percentage of respondents with poor overall mental well-being according to the KIDSCREEN-10 index in relation to their residential status



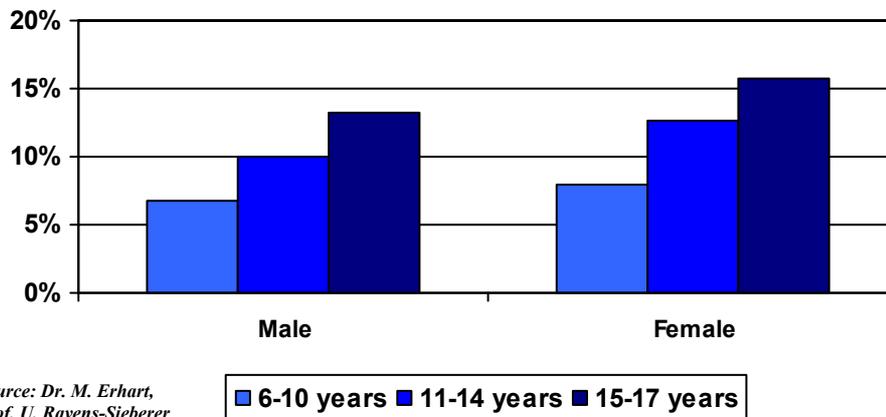
Source: Dr. M. Erhart,
Prof. U. Ravens-Stieberer

Gender and Age Difference:

Girls are at higher risk for impaired mental well-being. Answers concerning the child's physical well-being, his moods and emotions as well as level of autonomy were slightly more positive for parents talking about the son than about a daughter. However, regarding the school related aspects on mental health and well-being, boys scored lower than girls (One third of the girls were described as always being able to pay attention compared to a one quarter of the boys).

It was observed that with increasing age of the child, the overall general health declined. For example 51% of parents answered that their 6-10 years old child was always full of energy compare to 34% of parents answering for the age group of 15-17 years old). This could be explained as a result of increased school and social role pressure as the children grow older.

**Percentage of respondents with poor overall mental well-being and school functioning according to the KIDSCREEN-10 Index:
Age and gender differences**



*Source: Dr. M. Erhart,
Prof. U. Ravens-Sieberer*

Methodology

The Flash Eurobarometer survey measures parents' views on the health-related quality of life and general health condition of their child from 6 to 17 years-of-age. Parents were asked to give answers which would reflect the perspective of their child. The study showed that the parents always had definite opinions about their child's mental health; almost no "don't know" responses were recorded. This indirect survey enables one to address a very broad spectrum of age groups. Furthermore, parent ratings may provide important additional information when assessing mental health and well-being of children who are too immature or children with cognitive deficiencies. The questionnaire was previously tested in 13 European countries addressing children directly as well as their parents. The results haven't shown any fundamental disproportion between the answers of children and their parents and therefore the parents view provides reliable and valid information about the situation of European Children on Mental Health and Well-being.

Comparable data on children's and adolescent's mental well-being are particularly scarce and therefore this new survey is an important source of information. The results can be used as indicator in epidemiological studies and surveys. Furthermore the results contribute to the implementation of the European Pact for Mental Health and Well-being by collecting information in the identified priority area, developing broadly endorsed recommendations for action and encouraging self-commitments and action plans.

The fieldwork was carried out between 22 and 30 September 2008. The project used the KIDSCREEN- 10 Index, which was developed by a network of European researchers led by Prof. Ravens-Sieberer with support from the EU's 5th Research Framework Programme.