

Abstract

Title Evidence: Exploring Risk and Protective Factors using the WHO Health Behaviour in School-Aged Children Study – Positive Health

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Summary

Introduction

Within the changing morbidity, mental health problems have emerged as a growing public health problem. An estimated 10-20% of children and adolescents today suffer from some form of mental health problem. Mental health problems comprise a wide range of disorders, often have a poor prognosis, high burden, and a strong impact on individual health and well-being.

The strong focus on mental “ill” health, however, has hindered the consideration of positive mental health of individuals which can be regarded as an important resource and has important implications for improving health.

Methods

Information was gathered from two surveys: the BELLA study, the mental health module of the German National Health Interview and Examination Survey among Children and Adolescents (KiGGS) containing data from 2.863 families with children between 7-17 years of age; and data from the Health Behaviour in School-aged Children (HBSC) Study, comprising data of 204.534 school-children 11, 13 and 15 years of age. Relevant findings on risk and protective factors for mental health in children are presented.

Results

Within the BELLA study, risk and protective factors were studied in detail. In-depth analyses revealed that the number of high resources available was associated with mental health problems. Likewise, the higher the number of risks present, the greater the percentage of children with (probable or possible) mental health problems. Interestingly, when risk factors were absent, no significant association could be found between availability of resources and mental health problems. In the presence of one or two risks, the results showed that with increasing availability of resources (from low to medium to high), the percentage of mental health problems (both probable and possible mental health problems) decreased. When 3 risks are present, this trend is somewhat less distinct, and totally disappears when four or more risks are present (again no association).

Within the HBSC study, 56% of children reported no noticeable health problems, however 44% reported either suffering from multiple health complaints, poor or fair health, low life satisfaction or a combination of these. Particularly older pupils and girls reported poorer health outcomes. In the fifteen countries which used the Kidscreen-10 index (suitable for use as a mental health indicator), those children who reported multiple health complaints also had lower Kidscreen values.

Conclusions

Protective factors are particularly important in the presence of risk factors and it could be shown that when no risk factors were present, there was no significant association between availability of resources and presence of mental health problems. The findings also highlight the importance of differentiating between various subgroups (by age, gender, country, socioeconomic status, etc.). Contextual factors and national indicators can provide further information helping to understand cross-national differences, especially in terms of health promotion and prevention activities. In this sense, health monitoring, trends analyses and cross-national differences in psychological, social and physical well-being are important in drawing attention to the rising burden of mental health problems.

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