

A close-up portrait of a young woman with vibrant red, wavy hair and numerous freckles on her face. She has a light blue eye and a small silver nose ring. The background is a soft, out-of-focus orange and red hue, matching her hair.

FORTE

Swedish Research Council for
Health, Working Life and Welfare

Mental well-being, mental distress and mental disorders among children, and young adults

***Terminology, measurement methods
and prevalence – an overview***

SUMMARY

The mental health of young people has received considerable attention over recent decades. In high-income countries in 2019, the single problem that contributed most to the burden of disease in the under-20 age group was mental disorders (Institute for Health Metrics and Evaluation, 2021). Nevertheless, there remains uncertainty about the terminology in this field, how the various terms are used, how to measure mental health, and how prevalence fluctuates over time and what national measurements are available in Sweden. Has there been an increase and, if so, in what exactly?

This report compiles knowledge about the meaning of different terms, how prevalence of mental disorder requiring treatment, mental distress and mental well-being is measured and how the prevalence of these has changed over time in the age group 0–30 years. Comparison of different metrics can also increase understanding of, for example, care needs.

What do the terms mean?

This report focuses on three terms: mental well-being, mental distress and mental disorder. We have chosen to use a model developed by the National Board of Health and Welfare, Public Health Agency of Sweden and Swedish Association of Local Authorities and Regions (SALAR), which uses the umbrella term mental health to cover both mental well-being and mental illness (National Board of Health and Welfare et al., 2020). Mental health problems includes both mental distress and mental disorders.

The World Health Organization (WHO) describes mental health as follows: “Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential,

can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community”. The concept of well-being may not, at first, seem problematic. However, well-being is determined by our preconceptions about what constitutes a good life and, in a modern society, there are fairly disparate ideas about how best to live life. This implies that it is difficult to unequivocally determine an individual’s well-being.

Mental distress covers the spectrum from mild to severe problems that do not meet the criteria for a psychiatric diagnosis/mental disorder. Mental distress is common and are often no more than a normal reaction to life’s burdens.

However, various kinds of help and support may be warranted depending on the extent of the problem and the individual’s life situation. Mental distress includes worries, sadness, and sleep disturbances. It is no easy matter to draw the line at which point a symptom

becomes serious enough to be considered a mental health issue. To determine accurately and reliably the number of children, adolescents and young adults with mental distress affecting their lives, in this report we have chosen to restrict ‘mental distress caseness’ to those individuals who report having symptoms almost every day (as opposed to more than once a week), or to those experiencing major difficulties in functioning.

A mental disorder is a more serious form of mental health problem requiring healthcare interventions. To differentiate mental disorders from other states of mental distress, and to differentiate between different disorders, we use the descriptors within diagnoses. A diagnosis is based on a description of the patient’s symptoms. If certain symptoms are established, the criteria are met for a diagnosis. In Sweden, the official diagnostic system is the WHO’s International

3 terms

*Mental well-being,
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Classification of Diseases (ICD). The ICD is updated on a regular basis to incorporate the latest knowledge. The tenth version of the classification, ICD-10, is currently in use.

What measurement methods are available and used in Sweden?

Individual questions that may be considered to reflect well-being and mental distress are asked in regular nationwide surveys: Statistics Sweden's Living Conditions Survey of Children and Statistics on Income and Living Conditions (SILC); and the Public Health Agency of Sweden's Health Behaviour in School-aged Children (HBSC) and National Public Health Survey: Health on Equal Terms. The questions related to mental health in the Living Conditions Survey of Children have been changed on several occasions since the survey started and so are not suitable for studying trends over time.

There are also instruments that take a broader approach to estimate multiple dimensions of well-being, such as emotional, psychological and societal. The same applies to mental health issues, which are also multifaceted. The use of these instruments in national representative population surveys is the exception rather than the rule. One example is the Strengths and Difficulties Questionnaire (SDQ), which is used in a number of Swedish surveys. Another is the Patient Health Questionnaire-8 (PHQ-8) which is part of the European Health Interview Survey (EHIS), which examines the health status and health determinants of people over the age of 15 in different European countries. As regards questionnaires looking more in depth at well-being, there are only regional surveys such as the Mental Health Continuum Short Form (MHC-SF) used in the survey Liv och Hälsa Ung, which looks at the lives and health of young people.

The WHO's International Classification of Diseases (ICD) is used to classify mental

disorders in Sweden, including diagnoses such as schizophrenia, depression and generalised anxiety disorder. For each disorder, there are a number of diagnostic criteria for a collection of psychiatric symptoms that often are present together and that have been demonstrated to respond to a given treatment. There are no specific tests in order to determine a diagnosis. In child and adolescent psychiatry and adult psychiatry, diagnosis involves performing a clinical assessment, structured diagnostic interviews and an estimate of symptoms based on the diagnostic criteria. In population based studies, it is optimal to use a combination of instruments that screen for different conditions, and interviews with those whose response patterns indicate a risk of a mental disorder. Various databases maintained by regional health authorities, parts of which are collected for the National Board of Health and Welfare's National Patient Register (NPR), can be used to investigate how many people are receiving treatment for a given condition.

How common are these conditions?

Mental well-being

The vast majority of children and young adults report mental well-being and this has not changed significantly over time.

Children and adolescents

In the Living Conditions Survey of Children 2018/19, the most recent to be published, 95% of children between 12 and 18 years of age stated that they were in a good mood relatively often or for the most part, while 88% were satisfied with themselves. There have been no statistically significant changes since 2008/09. The Public Health Agency of Sweden reports Swedish results from the international study Health Behaviour in School-aged Children, which covers children between the ages of 11 and 15 years of age. The study includes a question on life satisfaction; in the most recent survey for

2017/18, in which 45 countries participated, 86% of Swedish children responded that they were highly satisfied. Children in Sweden report lower life satisfaction compared to the average of the survey. There were no significant changes during the period 2001/02– 2017/18.

Young adults

Since 2004, the Public Health Agency of Sweden has conducted the National Public Health Survey: Health on Equal Terms, which covers the age group 16–29 years. Since 2018, the survey has included a question on mental well-being. In 2020, 81% reported good and 13% very good mental well-being.

Mental distress

Mental distress among children, adolescents and young adults seems to have increased over the past two to three decades, with clearer increases during the 1990s and, especially, the last 10 years.



The percentage of children in Sweden suffering from depression or sleep disorders is among the highest in Europe.

Children and adolescents

In the study Health Behaviour in School-aged Children, the percentage of children and adolescents aged 11 to 15 years who state that they feel nervous or depressed almost every day has at least doubled since measurements began in the mid-1980s. In 2017, the percentage of children and adolescents who had these frequent issues was between 3 and 4% among boys and 9 and 13% among girls. Frequent sleep problems also appear to have increased, among girls at least. The percentage of children in Sweden suffering from depression or sleep disorders is among the highest in Europe. Statistics Sweden's Living Conditions Survey of Children sets a lower bar for the frequency of problems ("fairly often"), and it is not suitable for following trends over time, but in the 2018/19 survey between 19 and 28% of girls in the 12–18 age group stated that they were fairly often/mostly sad, despondent, tense or

nervous, or slept badly at least once a week. The corresponding figure for boys was between 5 and 22%. This illustrates that as many as a quarter state that they have problems when the bar for issues is set lower. The Strengths and Difficulties Questionnaire (SDQ) has been used in three major surveys. The percentage of children and adolescents with issues varied based on the age group surveyed, the break-point and time the measurements were taken. Among girls in Years 6, 7 and 9, between 3.5 and 7.5% returned values that indicated more obvious mental health issues. The corresponding figure for boys was between 2.5 and 6.5%. The results of measurements of mental health issues using proven instruments therefore largely correspond to those surveys that measure the frequency of issues as being on an almost daily

basis rather than those that lower the bar to fairly often.

Young adults

Young adults report mental distress to a greater extent than children and adolescents. Severe anxiety is a recurring issue in surveys conducted

by both the Public Health Agency of Sweden and Statistics Sweden and it appears to have increased by three to four times among both young men and young women (16–29 years) since the turn of the millennium. One observation is that there has been a slightly larger percentage increase among young men than young women. In 2020, 14–18% of young women and 9–10% of young men experienced such issues. The European Health Interview Survey (EHIS) also shows that the percentage of young men and women in Sweden with various symptoms of depression is higher than average for Europe.

Mental disorders

Children and adolescents

There is a striking lack of Swedish studies of the prevalence of mental disorder in children and adolescents. Based on the available data, the

most common mental disorders among children and adolescents are anxiety, depression and attention deficit hyperactivity disorder (ADHD), each of which occurs in between 5–8%, and autism spectrum disorder (ASD), which occurs in 1–1.5%. Based on these is data, it can be expected that before the age of 19, at least 10-15 % of Swedish children and adolescents will have a mental disorder at any given time, a figure that is consistent with an estimated global figure of 13.4% of 6 to 18-year-olds. One observation is that, according to data from the National Centre for Suicide Research and Prevention, the number of suicides among 15 to 24-year-olds has increased by approximately 1% every year over the past 20 years (2000–2020). Men are more likely to commit suicide than women.

Young adults

There is also a lack of studies concerning young adults. The most common disorders among young adults are anxiety followed by depression, although ADHD is increasingly being diagnosed in this age group. The percentage of young adults who experience mental health issues in any given year is estimated at between 15 and 20%.

Trends of mental disorders over time

Although there are very few studies of trends over time, according to the Global Burden of Disease (GBD) study prevalence of most mental disorders have remained stable in Sweden over the past decade. This contrasts with the patterns we see for diagnosed mental disorders, which are clearly rising in Swedish healthcare. A comparison between the estimated prevalence according to GBD and diagnoses by healthcare providers in Region Stockholm during 2011 shows that fewer people than expected received care; i.e., there were hidden healthcare needs for conditions such as ADHD, depression, anxiety and ASD. Since then, diagnoses in healthcare have increased in relation to GBD estimates, especially for ASD and ADHD, although they remain beneath the GBD estimates for





depression and anxiety disorders among children and adolescents. This suggests that there are still hidden healthcare needs for these disorders.

The discrepancy between previously higher GBD estimates and lower prevalence of mental disorders diagnosed in healthcare might be explained by the stigma attached to mental illness, which may have prevented people from seeking treatment 10 years ago but is gradually being eroded. For ADHD and other neuro-psychiatric disorders, the percentage of people receiving treatment has increased significantly over recent years and there is either an over-diagnosis or we are witnessing a development with increased prevalence that is not yet visible in GBD estimates. It is worth noting that there is a lack of quality studies of actual prevalence in the population over the last 15 years for all common mental disorders among Swedish children and adolescents.

One source that is available for describing the number of patients diagnosed with the various disorders is the National Patient Register (NPR). This is however limited by the fact that only appointments with doctors are registered and not those with other categories of healthcare professionals, such as psychologists and counselors. Another, even more serious, shortcoming is that primary healthcare is not included in the NPR. An increasing percentage of interventions for mental health issues and disorders are implemented within primary healthcare, including for depression and anxiety in adults.

Conclusions

We need better information about the meaning of mental health terms used and a common terminology based on the problems if we are to conduct research and be able to provide high-quality, well-directed interventions for children and young people. Interventions at all levels need to be evaluated, whether that be methods for prevention, promoting mental

well-being, early interventions in mental distress and mental disorders and treating mental disorders effectively once diagnosed.

Although there are evaluated instruments for the detailed measurement of prevalence of mental distress, recurring national surveys largely ask only a single question, in all likelihood because of limited resources. When comparing results between the surveys and evaluated instruments, there is greater consistency with the single questions that set the bar high for the frequency of mental distress (“almost every day”) than with the lower bar (“fairly often”). This suggests that, in order to obtain a picture of how great a percentage may need support and treatment, it would be reasonable to follow children and young people with more frequent symptoms in population studies.

The vast majority of children and young adults report mental well-being, and this has not changed significantly over time. When it comes to mental distress we see a quite different picture, with an unequivocal increase in self-reported daily mental distress over recent years. This is entirely in line with the increase in psychiatric healthcare consumption. There is much to suggest that people who would once have shied away from seeking psychiatric care for mental disorders are now much more likely to do so, even if there remain unmet healthcare needs in areas such as depression among children and adolescents. That said, there is a lack of high-quality studies of actual prevalence, and it is unclear quite how large hidden healthcare needs are at present; i.e., how many people need care and to what level. Similarly, it remains unclear whether there is a simultaneous problem with over-diagnosis.

Well-conducted Swedish studies of prevalence of mental disorders among children and adolescents are extremely rare. While there are isolated Swedish studies of prevalence rates for depression among children and adolescents, these were

published around the turn of the millennium. Studies of anxiety disorders, the most rapidly increasing diagnosis in healthcare, are entirely lacking. This is a crucial shortcoming that has a negative impact on research, organisations, professions and, ultimately, the individual.

At a national level, there is a lack of comprehensive data on healthcare interventions and diagnoses. The National Patient Register (NPR) does not register primary healthcare interventions, only those by specialist psychiatric clinics. This is a major deficiency as the majority of the care received by people with mental distress and mental disorders is provided by primary healthcare. This is an area in need of urgent development if we are to provide good and equitable care.

Mental distress and the consumption of psychiatric healthcare services is far more common among girls than boys; and among young adults than teenagers. One observation is that we have seen greater proportional increases among young men than young women in terms of self-reported anxiety symptoms. Suicide, which can be viewed as the ultimate consequence of mental anguish, is consistently and significantly more common among boys and young men. We must obtain more knowledge of the underlying causes of this as a matter of urgency.

PHOTOS: Monstera/Pexels (cover), Sharon McCutcheon, David Jackson/Unsplash

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