

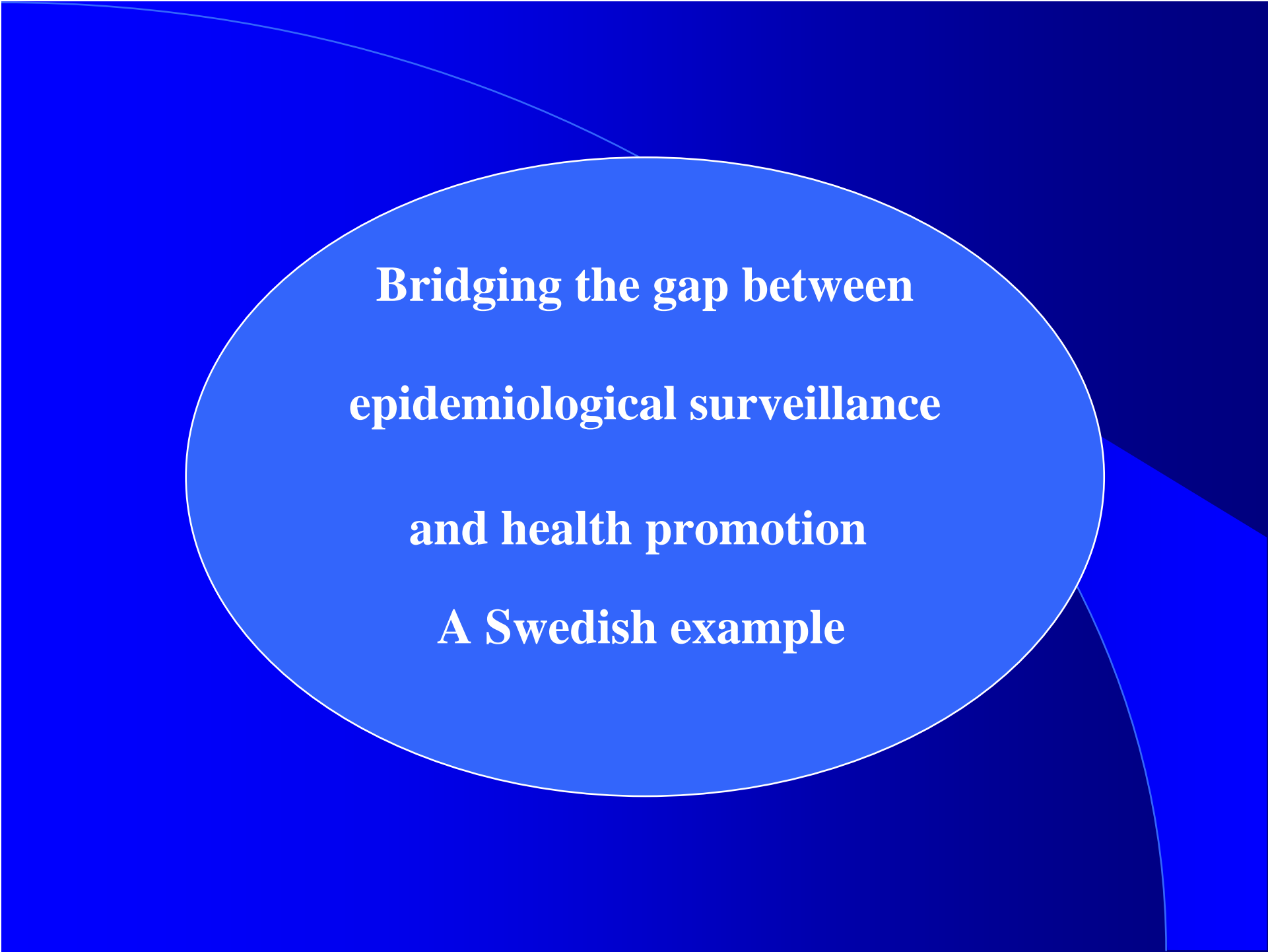
Regional inequity in adolescents' mental health

Curt Hagquist

Karlstad University
Sweden

[curt.hagquist@kau.se]

International Society for Equity in Health 4th Biennial International Conference
in Adelaide, Australia September 11 - 13, 2006



**Bridging the gap between
epidemiological surveillance
and health promotion
A Swedish example**

Short background

- Recession in Sweden during the 1990s
- Frequent reports on adverse mental health
- Children's and adolescents' mental health – cause for concern
- Lack of nationwide data on time trends and sociodemographic differences

Key features of available data

- Trend reports are based on single items
- The heterogeneity of the adolescents group is weakly described
- Sparse with comparisons across municipalities and regions

Regional data

An adolescent survey data set

- **Psychosomatic health**
- **Students in year 9 (15-16 years old) in 14 municipalities in a Swedish county.**
- **Data collections in 1988, 1991, 1995, 1998, 2002, 2005**
- **> 15 000 participants**

Composite measure of psychosomatic health complaints

During this school year, have you ...

"Had difficulty in concentrating?"

"Had difficulty in sleeping?"

"Suffered from headaches?"

"Suffered from stomach aches?"

"Felt tense?"

"Had little appetite?"

"Felt sad?"

"Felt giddy?"

Response format:

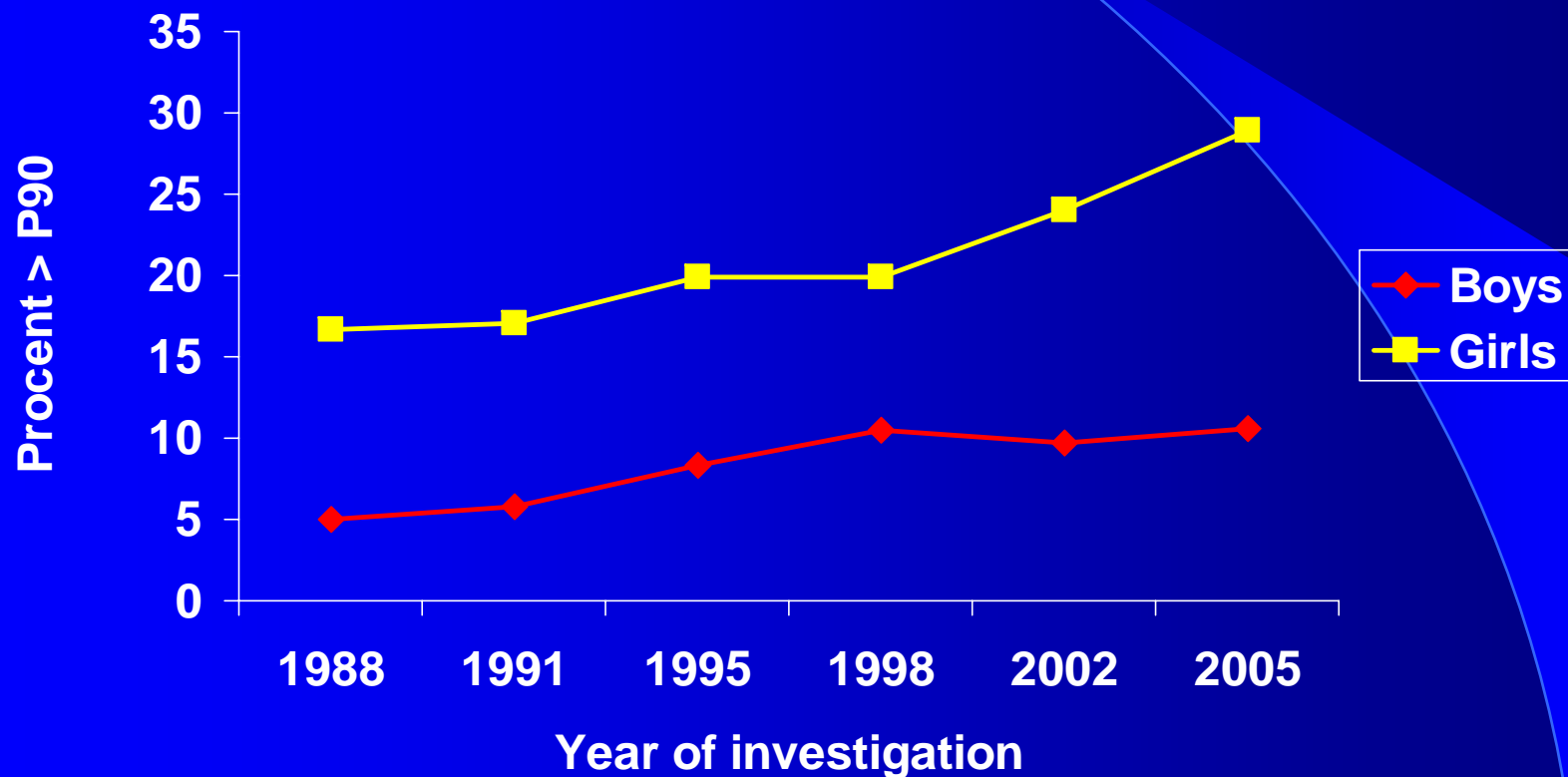
Never, Seldom, Sometimes, Often and Always

Reporting trends

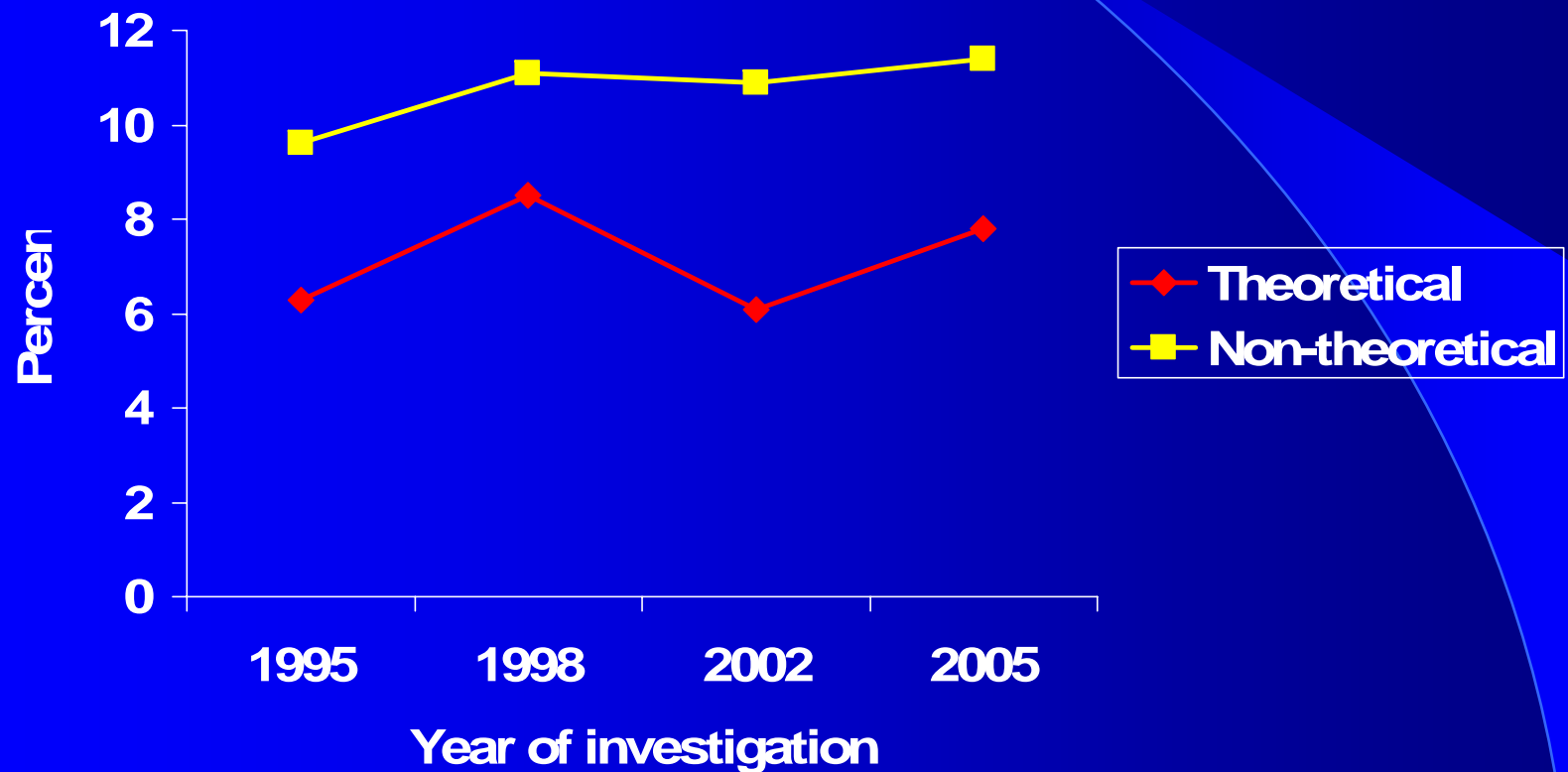
The baseline=1988

In reporting the time trends 1988-2005, the percentile values for the entire sample at the first year of investigation are used as baseline values and cut-off points.

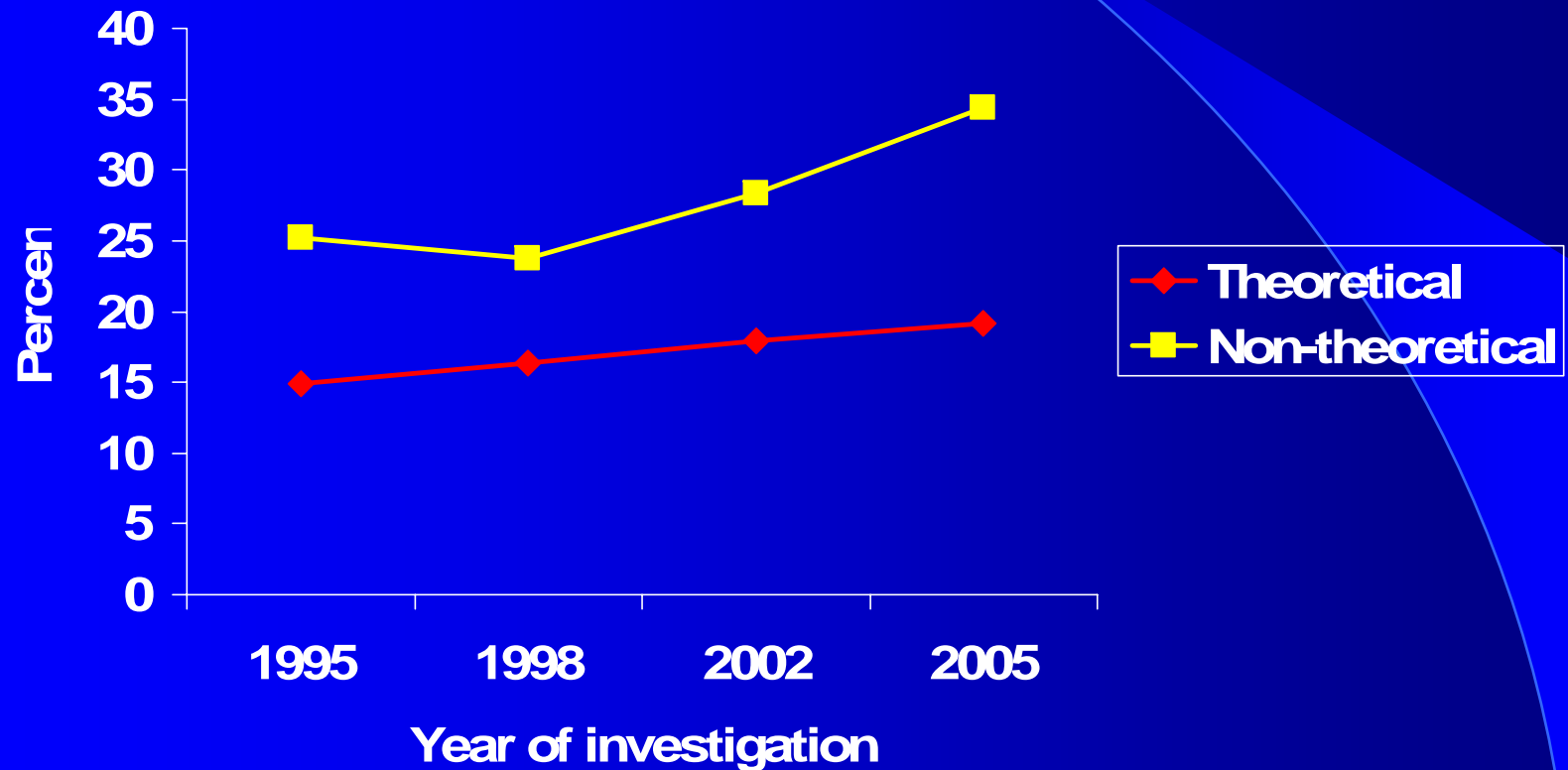
Psychosomatic problems 1988-2005



Psychosomatic problems by academic orientation Boys



Psychosomatic problems by academic orientation Girls



Summary

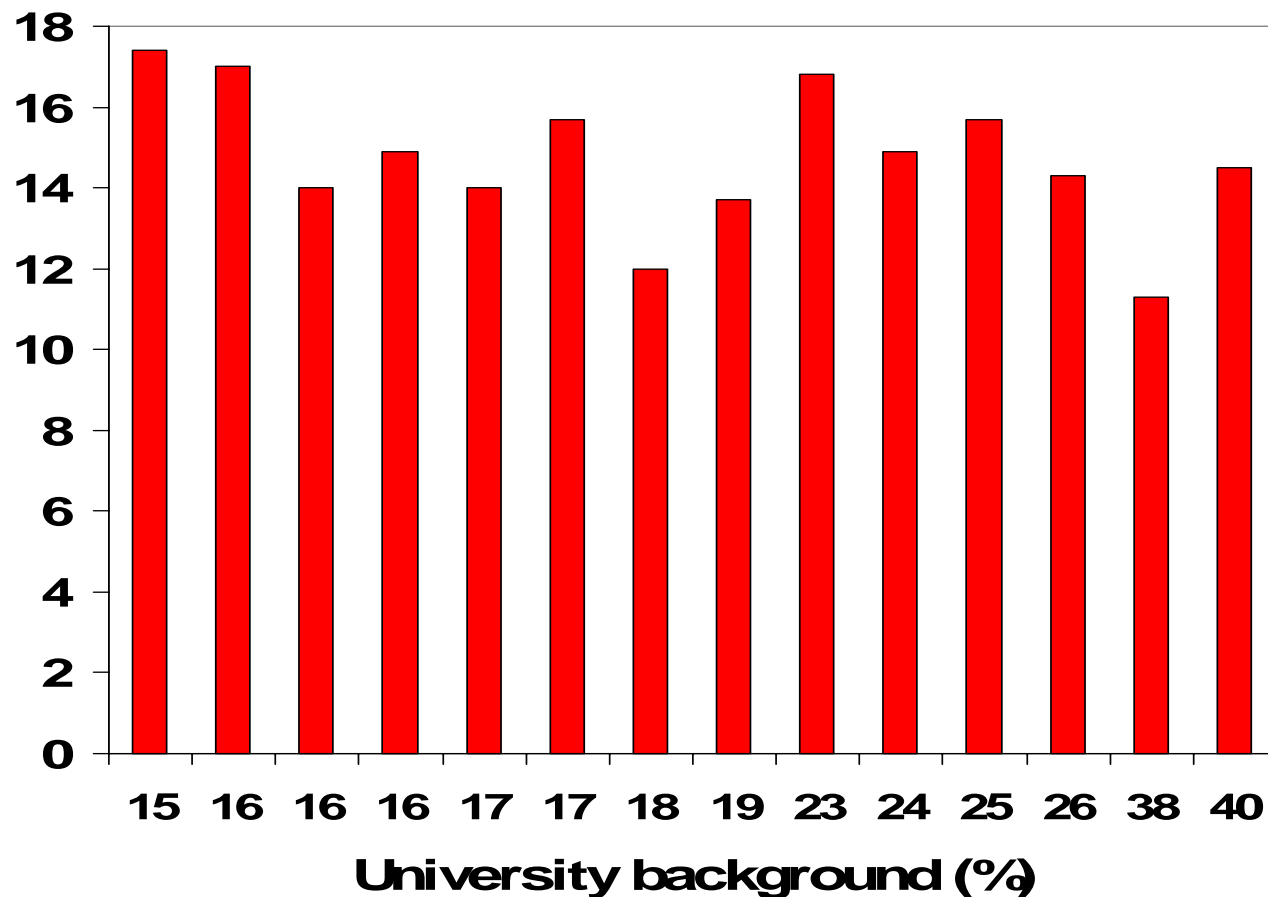
- Gender-specific trends
 - Boys: Increase of complaints 1995-1998
 - Girls: Increase of complaints 2002-2005
- Differences by academic orientation



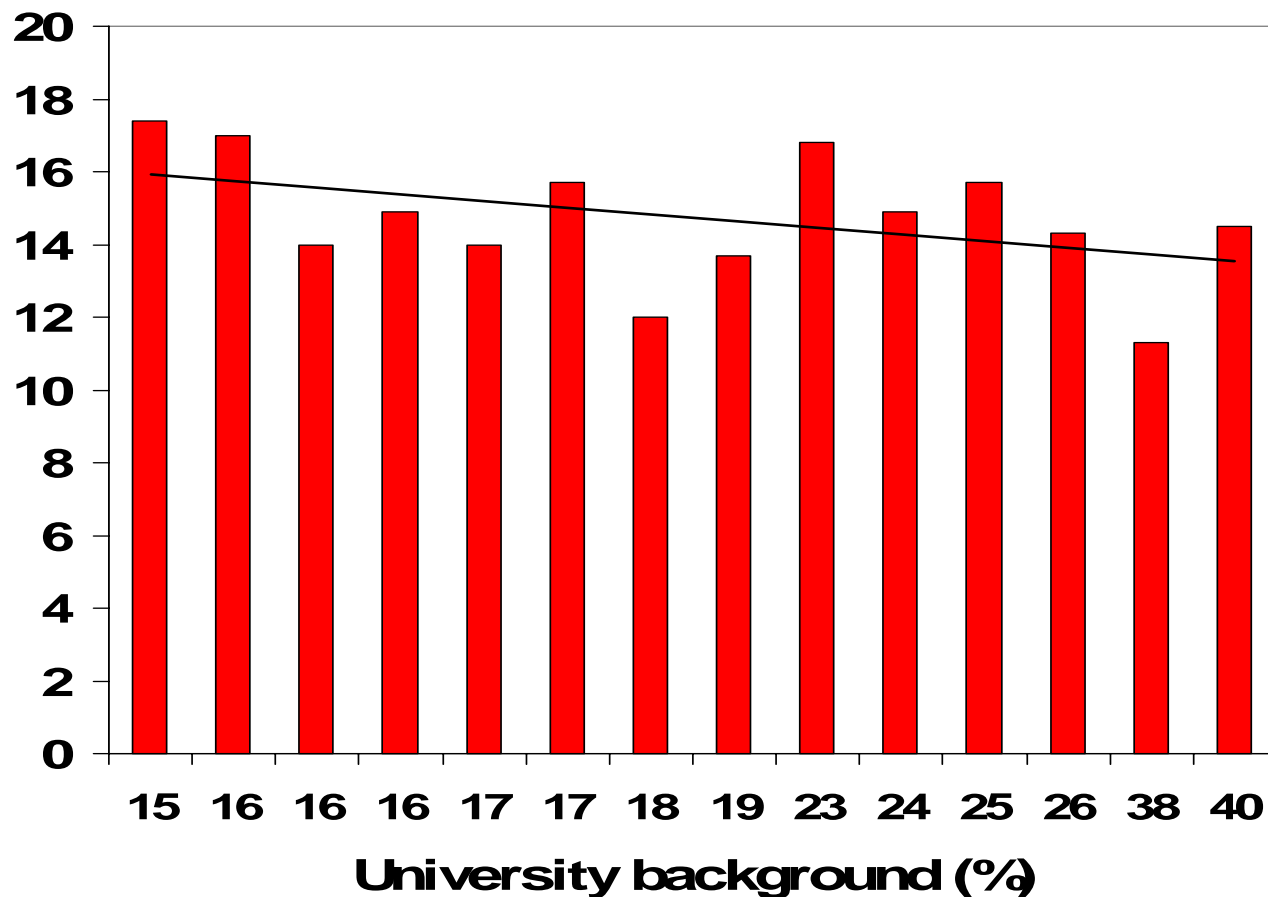
**Reporting
regional and local
variations**

**An illustrative
example from
a Swedish county**

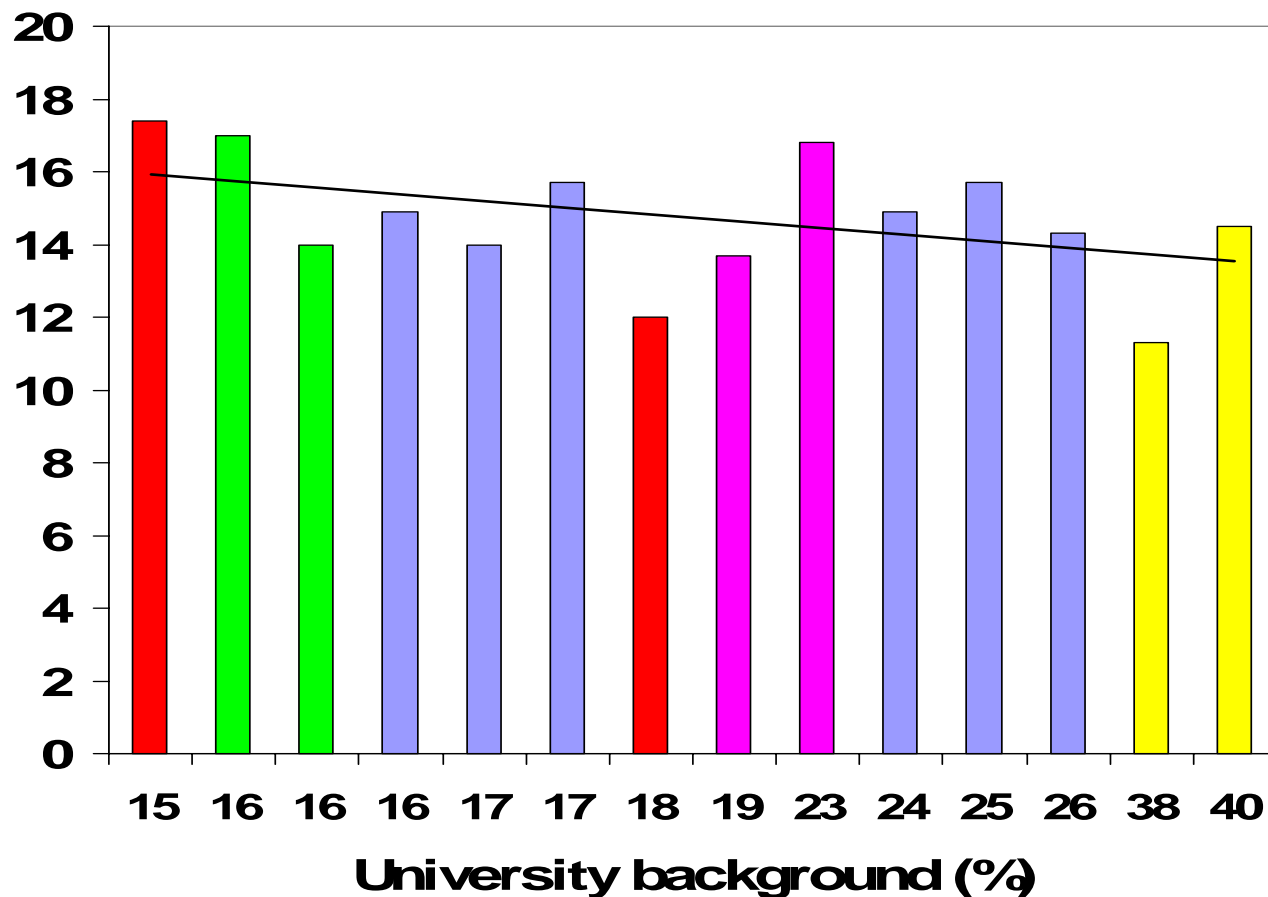
Psychosomatic problems (% 1988-2005) in 14 municipalities ordered by educational level in the adult population



Psychosomatic problems (% 1988-2005) in 14 municipalities ordered by educational level in the adult population



Psychosomatic problems (% 1988-2005) in 14 municipalities ordered by educational level in the adult population and coloured by geographical location: Red=east; Green=west; Yellow=south; Purple=north; Blue=rest




In conclusion

- No consistent geographical patterns
- Some socio-economic structured patterns at a general level of analysis
- Invariance and variance

Contrasting two neighbours (in the eastern part of the county)

- Similar socio-economic structure (both very low)
- Increasing differences over time in prevalence of psychosomatic problems among adolescents
- The same pattern also applies to alcohol consumption
- Different agendas for health promotion work



**Nationwide and re-current
monitoring – a proposal**

Governmental issue

**The National Board of Health and Welfare was commissioned by the Swedish government
to
prepare for nationwide and re-current monitoring of children's and adolescents' mental health**

Main features of the monitoring model

- Re-current monitoring every third year
- Cross-sectional design
- Targeting of all students in Sweden aged 12 and 15
- Self-reports by means of questionnaire
- Informed consent
- Multiple subsets of instruments

A broader approach

- Epidemiological surveillance
- Implementation, local commitment, prevention and promotion

Feed-back

- Internet-based interactive software
- Target groups: Not only politicians and decision makers but also students and teachers

Conclusion I

There is a great potential for a monitoring model which integrates and is based on perspectives of both surveillance and prevention/promotion

Conclusion II

- Local data may increase local commitment and work on prevention and promotion
- Local commitment may increase the quality of the data collection and qualify the analyses of the data