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Youth mental health in Portugal, Italy and Spain: Key challenges for improving well-being

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The economic recession revitalized the concept of alienation (Seeman, 1959) as witnessed by individuals with reduced power, little meaning in their lives, living in a scenario with changing social norms, and with little future expectations. Congruently, a sense of "belonging", a sense of coherence, a sense of personal competence, social participation and engagement, trust and hope all dovetail with mental health. Why is it that we are more habituated to talking about alienation and pathology instead of social engagement and well-being?

Several studies have confirmed the relationship between socio-economic status and mental health (Reiss, 2013), and the relationship between social capital and well-being (Elgar, Trites, & Boyce, 2010) identifying certain neighbourhood social cohesion characteristics such as mutual help, reciprocal norms and trust among families that are important in precarious situations.

Especially under deprivation conditions mental health care must be central issue in public health policy. Interventions should preferably identify individual and community assets, and allow for personal and community participation while greater engagement should also be an important goal for public policy makers (Matos, 2015).

Key indicators and challenges in Portugal

In 2015, Portugal entered its seventh year of recession and mental health services providers have scaled back operations, shut down services, and/or reduced staff.

More than one in every five persons had a mental disorder in the last 12 months; anxiety disorders showed the highest prevalence (16.5%), children and adolescents are vulnerable groups for major depressive disorder and anxiety (females), and for impulse control disorder and substance use disorders (males). The middle-low education group presented higher prevalence in both impulse control disorder and substance use disorders than the higher education group (Caldas de Almeida & Xavier, 2009).

There are mental health services for children and adolescents in the bigger cities (Lisbon, Oporto and Coimbra) and following the National Mental Health Plan 2007-2016 (National Mental Health Plan, 2012) new child and adolescent mental health services were created.

In Portugal in 2008, 712 admissions of children and adolescents under the age of 18 years were recorded; of which 41 were due to depressive disorders, 33 due to eating disorders and 25 due to anxiety disorders. Data from children and adolescent outpatient departments showed an increase in consultations by 29% between 2005 (63.538) and 2011 (89.726) (National Mental Health Plan, 2012), and by 21% between 2011 (89.726) and 2013 (113.985) (ACSS, 2015). The National Mental Health Plan 2007-2016 has guidelines for mental health services for children

and adolescents, and, since 2010 the Psychologists Union (OPP at www.ordemdospsicologos.pt/) has been lobbying for public policies that increase access to preventive programs and mental health care.

According to the 2014 HBSC study (the first post crisis) in Portugal (Matos et al., 2015), that encompass five waves of data mental health data; adolescents showed signs of mental distress with an increase in psychological symptoms, an increase in self-harm, and an increase in feelings of hopelessness and despair that include less positive expectations towards the future, less intention to go to college, and less attraction to school. Across the 5 waves, boys, younger adolescents and adolescents with a higher Social Economic Status (SES) more frequently report good perceptions of life satisfaction, while girls, older adolescents, and adolescents with a low SES more frequently reported psychological symptoms (feeling depressed or low, feeling irritability, bad temper, feeling nervous) (Matos et al., 2015).

Key indicators and challenges in Spain

Spain (as well as Portugal and Italy) is a country with an aging population and increased unemployment rate (Encuesta de Población Activa, 2016).

There is no clear reference study that evaluates the prevalence of mental health problems. In minors, the available research established the rate of depression in children and adolescents to be between 6 and 14 percent (Carrasco, del Barrio, & Rodríguez-Testal, 2000), which varies depending on age and gender. The Health Behaviour in School-aged Children study (Moreno et al., 2016) included more than 30 thousand adolescents between the ages of 11 and 18, who were enrolled in Spanish schools in 2014. The results indicated that psychosomatic symptoms (headaches, stomach or back pains, dizziness, low emotional state, irritability, nervousness and difficulty in sleeping) were reported almost every week over the past 6 months, 72.8 percent of girls reported that they had felt one of the symptoms almost every week, compared to 58.6 percent of boys. Higher percentages of psychosomatic discomfort were found in the older age groups. Regarding life satisfaction, boys and girls showed similar values at 11 to 12 years old, but from 13 onwards life satisfaction levels were slightly higher in boys.

Although since 2007, national and regional strategies for mental health started to be implemented in Spain (Ministerio de Sanidad y Consumo, 2007), there still is some mismatch between youth needs and available mental health services (Rocha, Graeff-Martins, Kieling, & Rohde, 2015). Spain faces many future challenges when confronting the mental health of its youth (Cátedra de Psiquiatría de la Fundación Alicia Koplowitz, 2014; Honorato et al., 2009).

Spain needs better mental health epidemiological studies (Hidalgo-Vega, 2009). Detection and prevention services in schools must be improved and are a central key to address the mental health needs of children and adolescents (Mariño, 2012). Such services should include pedagogues, psychologists, psycho-pedagogues, and professionals in speech therapy and therapeutic pedagogy. Mental health services for children and young people in Spain consists of three type of services: mental health units for children and young people, short-term inpatient units and day inpatient units. The available resources for mental health in Spain do not properly respond to the prevalence of mental health diseases. For example mental health diseases affect 25% of the Spanish population, while specific resources allocated to services to address them does not reach 5% of public expenditure (Hidalgo-Vega, 2009). Integrated plans of action must be established highlighting the role that families and schools have

in promoting healthy lifestyles (Salvador & Suelves, 2009) and life skills (Springer et al., 2004). Community work with families and current steps towards promoting positive parenting very early in a child's life are good points of reference in this direction (Rodrigo, Almeida, Spiel, & Koops, 2012).

Key indicators and challenges in Italy

Available epidemiological sources for the age range between 11 and 34 years old (HBSC study and PASSI) target a variety of indicators of (mental and physical) health; including perception of health and wellbeing, perceived symptoms, depression, medicine consumption, and health behaviours.

Drawing from the HBSC study, the most recent report from Italy in 2016 (Cavallo et al., 2016) indicated that, on the one hand, most Italian adolescents (11-15yrs old) feel healthy and are satisfied with their life (80%), with lower scores among females and youth from the South of Italy. Reported symptoms indicate, however, an increase in the use of medicines and of health services in the last years, often associated with problems at school (e.g. bullying and relationships with peers in general) suggesting an association between stress and psychosomatic symptoms (at 11 yrs. old, 28% of males and 35% of females reported at least one of the symptoms – psychological and somatic - measured by the HBSC study, a percentage that increases up to 50% among 15yr old females). Around one fourth of adolescents have consumed more medicines in the last month. In the period 2010-2015, perceived health showed a slight decline and adolescents reported an increase in symptoms. Especially critical is the increase in consumption of medicines (over 50% of 15yr old males and about 70% of females), independently from reported symptoms. Data on risk behaviours (smoking, drinking, substance use, etc.) are in line with international evidence, showing an increase throughout adolescence and higher percentages among males and a basic stability across time. A new issue that shows a consistent increase is gambling (around 60% of 15yr old males have had one of such experiences).

Epidemiological evidence from the system of surveillance PASSI (http://www.epicentro.iss.it) on the age range 18-34 yrs., include as indicators health related quality of life (perception of health status) and depression (depressed mood). Most recent data indicate that 87% of the sample feels in good health; perceived health is higher among males, highly educated, foreigners vs nationals, who perceive lower SES differences and who live in Northern regions. Symptoms of depressions are reported by 5% of the sample, and show similar trends according to sociodemographic variables. The age range 18-24yrs report high alcohol consumption (34% a risky pattern of consumption and 14% binge drinking), which increases with level of education and economic well-being, and among males. Psychological well-being is lower among unemployed youth and percentages have further declined since 2005. The impact of the recent economic crisis, coupled with the high percentage of youth who remain in education for a longer time and high unemployment rate, contributes to the lowering of general well-being and psychological health in this population.

In sum

The trends reported in Spain, Portugal and Italy are consistent with research suggesting that young people in disadvantaged contexts perceive their role in their community and participation in civic activities as diminished (Marmot, 2013) and that restricted access to resources may lead to decreased health and social exclusion (Uphoff, Pickett, Cabieses, Small, & Wright, 2013). Moreover, young

people are not only affected by problems like unemployment and socio-economic inequality, but are also excluded from decisions regarding their own lives. Interventions with youths that promote civic involvement and social participation are essential for their well-being, and crucial for the development of a healthy and productive adult population (Viner, Ozer, Denny, Marmot, & Currie, 2012).

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