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## **Committee on Social Affairs, Health and Sustainable Development**

# **Addressing the health needs of adolescents in Europe**

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### **Appendix to the Report – Summary of a study visit to Sweden**

The visit took place on 24-25 September 2018. Twelve meetings took place in the Swedish Parliament with a variety of Governmental and Local Government organisations and NGOs, and one in a secondary school in Stockholm. I would like to thank Petra Sjostrom from the office of the Swedish delegation to the Parliamentary Assembly for her efficiency in organising the visit, for her attendance at the meetings and for follow-up discussions. I would also like to thank our colleague, Carina Ohlsson, who, at a busy and stressful time in Swedish politics following the recent election, took time to accompany us on the second day of the visit and offered her perceptions on the topic of adolescent health.

I sought to gain information on the structures which support adolescents in Sweden and the philosophy behind the structures, on implementation of initiatives and programmes in the three main foci of my report: mental health, sexual health and obesity, and of the issues raised in implementing these initiatives. This summary will therefore take a thematic approach but will refer to the agencies from which information came. The population of Sweden is 10 million, with around 1 million in Stockholm. There are, countrywide, around 544,000 adolescents aged 15 to 19 (5.6% of the population).

#### **1. Structures related to Adolescent Health**

I met representatives from the Ministry of Health and Social Affairs, the Public Health Agency, the National Board of Health and Welfare, the Ministry of Education and Research, the Swedish Agency for Youth and Civil Society and the Swedish Association of Local Authorities.

Ministries develop policy and frameworks with the help of national agencies and consultation with other agencies such as NGOs and youth organisations. Policy is taken up for implementation at a regional level (21 “counties”) and municipalities (290). A great deal seems to happen in municipalities and they have varying populations and socio-economic status. They are funded through taxes and also Governmental funding for particular projects according to need. In relation to adolescents, there is a Youth Policy, covering ages 13 to 25, which was set out in a Bill 5 years ago. There is a Minister for Youth. A central part of the Bill focuses on involving young people. There is a Division for Youth Policy in the Ministry for Education and Research.

There is a particular emphasis on vulnerable children and adolescents. Every school has a school nurse who can work with teams of people in the school and who can refer students to agencies outside the school. Almost every municipality has a “drop in” centre for young people of 13+ who can discuss any issue relating to their lives with a “listening adult”. In addition, centres for sexual advice are able to deal with other health

and well-being issues. There is a student health service in higher education, but it was recognised that this needs more emphasis.

There is great concern about mental health of adolescents at all levels of severity (from clinical depression to low self-esteem) and recognition that mental health influences general health. The Swedish Agency for Youth and Society has developed the Youmo project funded by the Government, involving cross sector co-operation and targeting young migrants, refugees and asylum seekers. The aim is to help youth workers and professionals who meet these groups and individuals to talk about health, sexuality and gender identity. The organisation BRIS supports children's rights in society and works with children in distress, trying to link them to other children, adults and communities.

## **2. Adolescent mental health**

The Government has a national strategy for mental health 2016 to 2020 with a national coordinator. This includes all ages. Five focus areas have been identified: prevention and promotion; accessible services early; vulnerable groups; participation and rights; organisation and leadership. Some agencies consider that it is more geared to adults. The Nordic Centre for Welfare and Social Issues develops strategic input to politicians and compiles research findings on current welfare issues. They have produced a comprehensive document on mental health among youth in Sweden which considers responsibilities, national guidelines, initiatives and how help can be made to be more effective. The report points out that there are shortcomings in terms of guidelines for all professional groups on detecting mental health problems in vulnerable groups.

Mental health problems, including suicide attempts in adolescents, are increasing. Severe problems of a psychiatric nature were estimated to be at 10% of the population between the ages of 10 to 17 and young adult men of 18 to 24 in 2016. The rate for young women of 18 to 24 is estimated at 15% (National Board of Health and Welfare). Young women from migrant families in Stockholm are more liable to suicide attempts. The national framework is uneven across the country. Systems are encouraged to have waiting times for treatment down to a week rather than 30 days as is the case in some regions. However, appropriateness of the services is also key.

Pioneering mayors and other local politicians can be significant in advocating for local services. More needs to be done in the prevention of mental health problems. This would depend on life conditions (for example, poverty, housing and life styles). More buy-in from the education sector is needed. Multidisciplinary work needs strengthening and coordination at a local level is key. At a local level, politicians need to be convinced that mental health is an economic necessity and a case made for long term investment and intervention. 10 local pilot schemes are looking at what works for adolescents at a local level. More involvement and consultation with youth is important although there are agencies with youth representatives who contribute.

Representatives from the Karolinska Institute (a research and advocacy organisation linked to Government) considered that a number of factors lead to low mental health in adolescents: socio-economic status, failure in school, greater complexity of life and the need for family and community support. "It takes a village to raise a child." Young people not in education employment or training (NEET) need to be targeted. Some are of immigrant background. "Community wide, evidence-based prevention systems should be implemented in early adolescence to promote positive youth development and reduce health risking behaviour". Web based services on cognitive behaviour therapy are "promising".

I met three NGOs concerned with adolescent mental health – Tilia, MIND and BRIS. All were concerned about the increases in reported mental health problems amongst young people and advocate more involvement of young people and more opportunities for young people to talk about their problems before they reach a severe state. MIND has a 24 hour support line and a parent line for those concerned about their children.

### **3. Sexual health and comprehensive sexuality education**

I met three NGOs – the RFSU (Swedish Association for Sexuality Education), RFSL (working with and on behalf of LGBT people) and UNIZON (working from a women’s rights perspective). The Swedish Youth Federation works with young people at risk and has agencies around Sweden with young people on the Boards. RFSU has 17 branches and focuses mainly on adolescents. UNIZON has 137 centres for young women, which provide shelter and 90,000 contacts with women and girls. Most women in the shelters are migrants. There is a focus on sexual exploitation and mental health – for example girls feeling bad about their bodies and feeling insecure. They are concerned about possible future political action to undermine women’s rights, including to abortion. There are on-line empowerment centres for young women where questions such as “What is consent?” can be asked. Youth clinics and youth hubs for general health are discussed in Section 1. It is estimated that births per 1,000 women aged 15 to 19 is 6 (low in relation to many European countries) and that 24% of boys and 26% of girls have had sexual intercourse.

Sexuality education was introduced as a mandatory subject in schools in 1955. It is now, according to WHO, fully integrated across teaching subjects, and is generally referred to as “Sexuality and Relationships Education.” The current teaching is based on a gender perspective in the Education Act of 2010. There are two curricula: one beginning in pre-school and another for secondary schools. The school syllabus has been developed with consultation groups, including teachers and education professionals, young people, NGOs and national organisations such as the Public Health Agency for Sweden and the Swedish Agency for Youth and Civil Society. NGOs and health clinics for young people sometimes give input to schools and also link to schools. The school curriculum is broad, covering aspects of relationships from an early age and going on to discuss the biological aspects of sex within relationships as children mature. This includes HIV/AIDS, and other sexually transmitted infections, masturbation, different sexual orientations, body awareness, consent and human rights.

Guidelines for teachers are available. Teachers receive training for sexuality education in grades 4 to 6 (10 to 13 years). Some in-service training is available and provided by NGOs, municipalities and universities. Comprehensive guidelines and resources for teaching are available, developed by NGOs and the Swedish National Agency for Education. They are based on participatory learning methods. Specific resources for sexuality education have been developed by NGOs to reflect specific concerns such as LGBT issues, feminist approaches, sex workers and young people with disabilities and vulnerabilities.

There appears to be general and consistent support for sexuality and relationships education for children and young people in Sweden. Some developments were suggested such as more compulsory teacher education and more evaluation of what works for young people. A 2017 report from the Public health Agency of Sweden highlights the need for development. The need to reach more boys and to address gender inequality is stressed in the conclusions.

### **4. Obesity in adolescence**

The Karolinska institute stated that by 2030, 50% of the Swedish population will be obese, and that obese people have lower educational attainment and lower rates of employment. It was recognised that more investigation into the causes and effects of obesity are necessary. There is increased prevalence in adolescents, especially boys. Possibilities for change during adolescence were acknowledged, but interventions should have a positive focus, and not a “victim blaming” approach with individuals. There is no national strategy for obesity, although the European Association for the Study of Obesity has called for a national strategy and guidelines on obesity, needing support from medical associations, the public and the media.

Growing social inequalities are seen as contributing to rising overweight and obesity. Despite the lack of a strategy, action is being taken in Sweden’s 21 local governments. The EU is funding the Big Data project to design strategies to combat obesity in children and adolescents, engaging them, together with others

from Greece, Ireland, Spain and the Netherlands. The work, begun in 2016 involves schools, public health authorities, personal health systems, research and technology providers.

A comprehensive WHO report on obesity in Europe sets out the “alarming” trends in obesity in children, in 2006 ten times higher than in the 1970s. In 8 year olds, 26.3% of boys and 23.5% of girls were overweight. Obesity is described as “the most serious public health challenge of the 21st century”. The Swedish National Institute of Public Health includes eating habits and physical activity as two of its objective domains for public health.

## **5. Fryhuset School**

This secondary school, which used to be a freezer factory, includes many of its 1000 pupils from disadvantaged backgrounds. It embodied the sense of the excitement of adolescence where pupils are respected, involved in choices and encouraged to explore what their passions are. Slogans on the walls, next to paintings included: “We see possibilities where others see problems;” “We enable young people to change the world through their passions;” “We believe in respectful meetings, where the desire to participate and common interests bridge all tensions or differences and increase understanding.” A tribute to the possibilities of adolescence!