

Introduction

Adolescents' physical health, mental health and well-being are essential factors for their psychosocial development, future health and life course. Health problems can have an impact in all areas of life: they can affect school, family and peer relationships, as well as finding one's own path. At the same time, adolescence presents a window of opportunity for preventive or health promotion interventions, because the habits developed at this age tend to be maintained over the long term.

This fact sheet presents a selection of results from the HBSC 2022 survey on 11- to 15-year-olds' health and well-being. In particular, it provides information on the impact of the COVID-19 pandemic on the schoolchildren and their families.

The method in short

The international study of Health Behaviour in School-aged Children (HBSC) is conducted every four years under the aegis of the World Health Organisation (WHO-Europe). In Switzerland, the study has been conducted by Addiction Switzerland since 1986 and is funded by the Federal Office of Public Health (FOPH) and most of the cantons.

It is a nationally representative monitoring study of health and health behaviours in adolescents aged 11 to 15. In 2022, 857 classes in the 5th to 9th grades (7th to 11th year HarmoS) were randomly selected in Switzerland, and 636 classes participated in the survey (9'345 schoolchildren aged 11 to 15), which equals to a participation rate of 74.2%.

The survey is based on a standardised self-administered paper questionnaire, completed in the classroom between March and June 2022. Participation was voluntary (with parental consent), and answers were strictly confidential.

The sex/gender analyses are thus based on the international question 'Are you a boy or a girl?'. Therefore, it is not possible to know whether schoolchildren answered the question with reference to their sex assigned at birth or their gender identity.

⚠ Given the cross-sectional nature of the HBSC study, a statistical association between two indicators does not allow us to conclude that one influences the other (or vice versa) in the sense of a cause-effect relationship.

Key figures of 2022

~**55%** of 11- to 15-year-olds are very satisfied with their lives

~**85%** of 11- to 15-year-olds rate their health good or excellent

~**67%** of 11- to 15-year-olds have a medium to high mental well-being

~**78%** of 11- to 15-year-olds have a medium to high level of self-efficacy



~**34%** of 11- to 15-year-olds feel somewhat or very stressed by schoolwork

~**47%** of 11- to 15-year-olds experience ≥ 2 psychoaffective symptoms (out of seven) $\geq 1x$ per week

~**35%** of 11- to 15-year-olds experience ≥ 1 pain $\geq 1x$ per week (head, stomach and/or back)

~**46%** of 14- and 15-year-olds usually sleep < 8 hours on nights before school days, which is less than the recommendation



Deterioration of mental health and well-being, especially among girls. Some signs were already apparent in 2018.

Perception of well-being

In 2022, **~85% of 11- to 15-year-olds** (B: ~89%; G: ~80%) considered themselves to be in good or excellent health. Despite being relatively stable amongst boys since 2002, this rate **dropped noticeably** since 2014 amongst girls, mainly amongst those aged 13 and 15.

~55% of 11- to 15-year-olds are very satisfied with their life (levels 8 to 10 of a scale from 0 to 10) (B: ~63%; G: ~47%), a **decrease** compared to 2018, especially amongst 13-year-olds and 15-year-olds girls. Amongst them, the decline had already started in 2018.

~67% of 11- to 15-year-olds (B: ~77%; G: ~57%) have an emotional well-being that can be considered **medium to high**, i.e. ≥ 13 points on a scale ranging from 0 to 25, whilst **~33%** have a **low** level.

The rates are higher for boys than for girls and decrease between the ages of 11 and 15, particularly for girls.

These three indicators are **positively associated** to personal (self-efficacy) and social (perceived support from friends, family, classmates and teachers) resources and **negatively associated** to psychological stress, physical and psychoaffective symptoms, sleep duration, (cyber)bullying and problematic behaviours at this age (frequent or problematic^a use of social media, alcohol use, conventional cigarette use or e-cigarette use).

Note: ^a As a loss of control over the time invested in the activity, with a significant negative impact on interpersonal relationships and essential daily activities.

Perceived psychological stress

In 2022, **~34% of 11- to 15-year-olds** (B: ~27%; G: ~40%) felt **somewhat or very stressed by schoolwork**, students in secondary school more so than those in primary school. This proportion, which remained relatively stable between 2002 and 2018, has **risen sharply** in 2022. This is particularly the case for 11-year-olds and 13- and 15-year-old girls.

The **11- to 15-year-olds** were also asked about their **perception of psychological stress in general**. On a scale ranging from 0 to 16, their average psychological stress was around **~6.6 points** (B: ~5.9; G : ~7.2). Stress increases between the age of 11 and 15 for girls, but not for boys.

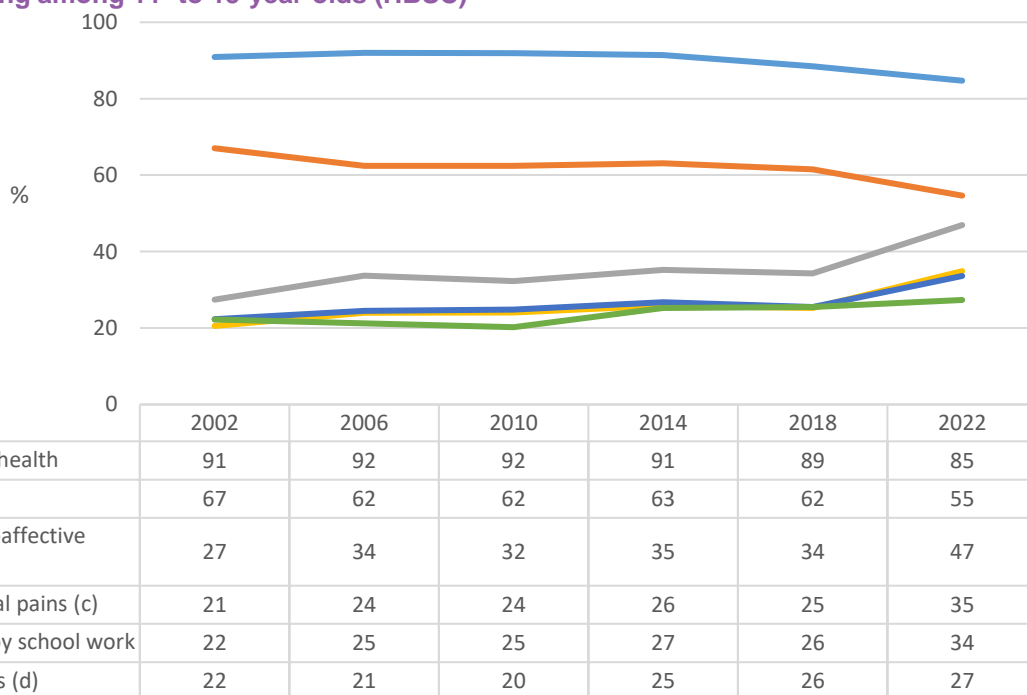
Self-efficacy

Self-efficacy can be defined as the belief in one's capability to effectively organize and execute the actions required to confront challenges.

In 2022, **~20% of 11- to 15-year-olds** (B: ~23%; G: ~17%) had a level of self-efficacy that can be described as high (7 or 8 points on a scale from 0 to 8), **~58%** as average (5 or 6 points) and **~22%** as low (0 to 4 points). Having a high level of self-efficacy varies little between 11- and 15-year-olds.

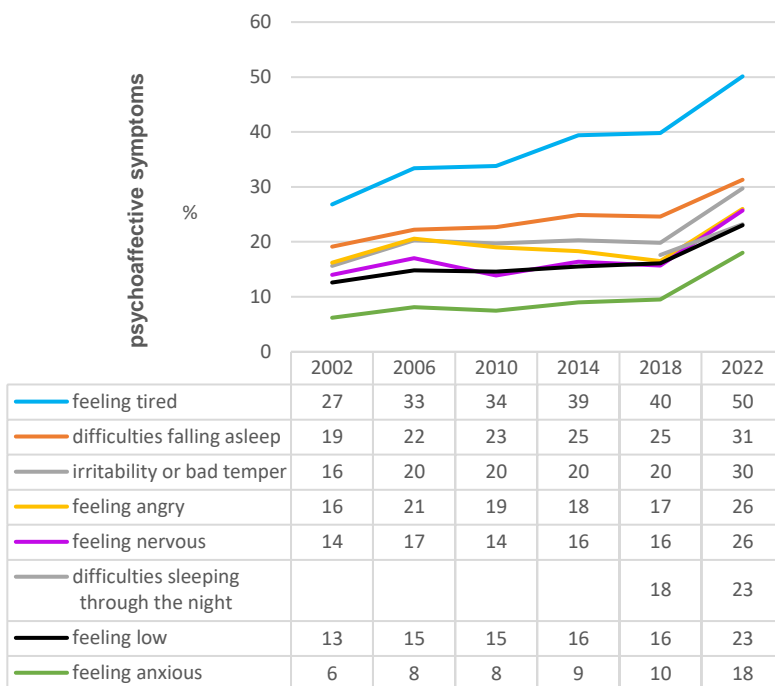
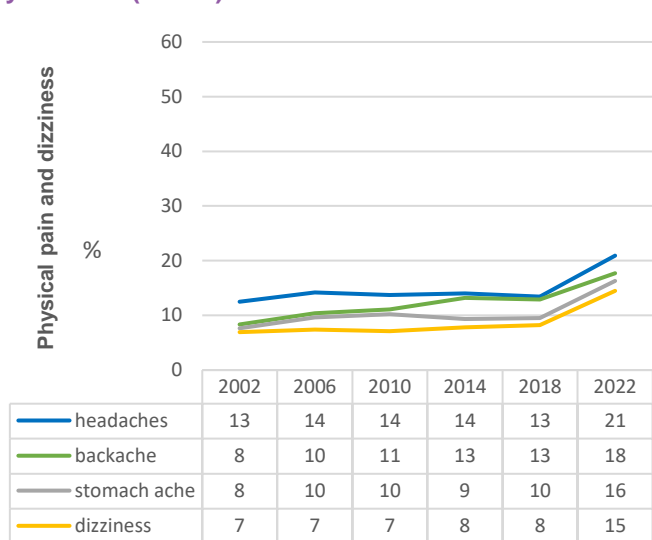
The feeling of self-efficacy is **positively** associated with the three indicators of health and well-being and **negatively** associated with physical pains, psychoaffective symptoms and psychological stress.

Figure I - Health and well-being among 11- to 15-year-olds (HBSC)



Notes: The results (totals) depicted in this figure are based on unweighted data and are thus solely presented for general orientation purposes. a. Level 8 to 10 on a life satisfaction scale ranging from 0 to 10; b. At least two (of seven) symptoms multiple times a week or every day in the past six months. These include: tiredness, difficulty falling asleep, irritability, anger, nervousness, feeling low, anxiety (difficulties sleeping through the night was not considered since this question has only been introduced in 2018); c. At least one (of three) symptoms multiple times a week or every day in the past six months (headache, stomachache, backache); d. in the past 12 months.

Figures II et III - Prevalence of recurrent or chronic physical pain and psychoaffective symptoms in 11- to 15-year-olds (HBSC)



Note: The results are based on unweighted data and thus solely presented for general information purposes.

Recurrent or chronic symptoms can have a significant impact on young people's well-being and social and academic life, especially if more than one occurs. The HBSC study defines them as being experienced **several times a week or every day over the last six months**.

Figures II and III show trends in twelve symptoms since 2002. Among 11- to 15-year-olds, they are **more prevalent amongst girls and older students**, although exceptions exist.

In 2022, **~35% of 11- to 15-year-olds** (B: ~25%; G: ~44%) experienced **≥ 1 recurrent or chronic pain** (in at least one of three areas: head, stomach, back), a value that has **risen** significantly compared to 2018, especially among 13- to 15-year-olds and girls, despite remaining relatively stable since 2006.

~47% of the 11- to 15-year-olds (B: ~35%; G: ~58%) have experienced **≥ 2 recurring or chronic psychoaffective symptoms** (out of seven)^b. This value was relatively stable between 2006 and 2018, but rose significantly in 2022, especially among 13- and 15-year-olds as well as girls.

Note: ^b Does not include difficulties sleeping through the night without waking up

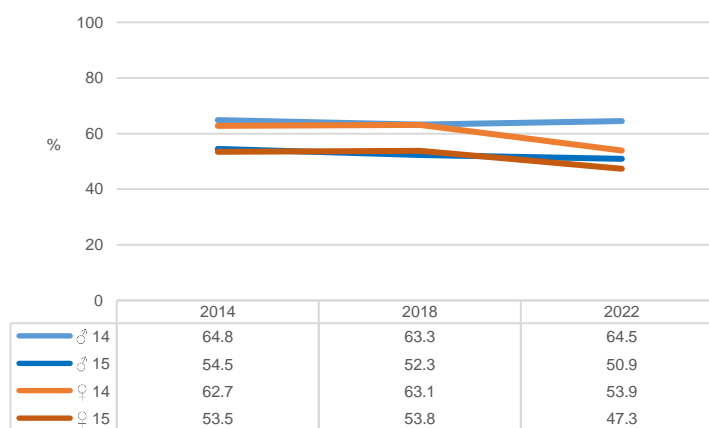
Sleep

In 2022, **14- and 15-year-olds fell asleep at around 10.50 pm on average on nights before school days, and got up at around 6.30 am on school mornings**. This equals in an **average sleep time of around 7 hours and 40 minutes**, ~5 minutes less than in 2018.

~54% of 14- and 15-year-olds (B: ~58%; G: ~51%) **usually slept for ≥ 8 hours on nights before school days, in accordance with the recommendation** for this age group. This rate, which was relatively comparable between 2014 and 2018 (~58%), has decreased in 2022, but only amongst girls (stable amongst boys).

~31% of the 11- to 15-year-olds (B: ~24%; G: ~38%) **had recurrent or chronic difficulties falling asleep** and **~23% (B: ~18%; G: ~28%) had difficulties sleeping through the night without waking up**. This rate tends to increase between the ages of 11 and 15.

Figure IV - Proportion of 14- and 15-year-olds who usually sleep ≥ 8 hours a night before school days, in line with the recommendation (HBSC)



Getting enough sleep is **positively associated** with the three indicators of health and well-being, and **negatively associated** with physical pain, psychoaffective symptoms and psychological stress.

Chronic illnesses and disabilities

The **14- and 15-year-olds** were questioned about eight chronic illnesses and physical disabilities **diagnosed by a medical professional**.

In 2022, according to the students's statements, **myopia (~28%), hay fever (~25%) and asthma (~10%)** are among the most common chronic illnesses in this age group. **Attention deficit disorder with or without hyperactivity (ADHD and ADD; ~7%)** has seen a significant increase in prevalence compared to 2018 and **eating disorders (~4%)** are not uncommon at this age either. Only a small number of students in the national HBSC sample mentioned **celiac disease or type 1 or 2 diabetes (<1%)**.

Repeated injuries

In 2022, **~27% of 11- to 15-year-olds** (B: ~31%; G: ~24%) had to **be treated ≥2x by a doctor or a nurse** for an injury in the last 12 months, which is close to the 2018 rate.

Impact of the COVID-19 pandemic

At the beginning of March 2022, when the questionnaires were sent out to the classes, the Omicron variant was dominant and the number of positive cases was still high.

~20% of 11- to 15-year-olds **tended to agree or agreed that the pandemic** had made them feel **depressed or hopeless most of the time**, and **~15%** tended to agree or agreed that they had felt **very anxious and nervous**.

Amongst the 14- and 15-year-olds who had experienced these feelings, ~43% had asked their family or friends for support and **~26% had sought professional help** (directly or through their parents).

Amongst the **14- and 15-year-olds**, some saw the pandemic as having **positive consequences: ~36%** discovered **new hobbies/interests** and **~45%** developed **better management of emotions/difficulties**.

Health promotion and early intervention

The results of the HBSC 2022 study show a clear deterioration in health and well-being amongst 11- to 15-year-olds – **a detrimental trend for which there were already signs in 2018** - especially amongst girls. The causes are undoubtedly multiple and not solely linked to the COVID-19 pandemic.

Young people with mental health problems should **have the easiest possible access to support services appropriate** to their needs.

Intervention before the onset of these difficulties is also essential. The need to **promote mental health** is particularly significant. For example, young people need to be encouraged and enabled to maintain a healthy lifestyle (sufficient physical activity and sleep, a healthy, balanced diet, no use of psychoactive substances, appropriate use of online activities, etc.). In addition, approaches aimed at the acquisition of psychosocial skills (life skills) are promising. These are useful resources for young people, as they can, amongst other things, help them to achieve their developmental milestones and mitigate the negative consequences of stress.

Finally, **Early Intervention (EI)**, which aims to identify problems at the earliest possible stage and intervene appropriately to avoid progression to a severe form and chronicization, is proving essential.

More results

Delgrande Jordan, M, Schmidhauser, V. et Balsiger, N. (2023). Santé et bien-être des 11 à 15 ans en Suisse – Situation en 2022, évolution dans le temps et corrélats – Résultats de l'étude Health Behaviour in School-aged Children (HBSC) ([rapport de recherche No 159](#)). Lausanne: Addiction Suisse. With summary in English.

Swiss monitoring system of addiction and NCD's (MonAM): www.obsan.admin.ch/fr/MonAM

Statistical standard tables on the website www.hbsc.ch

World Health Organization and Unicef: [Helping adolescents thrive toolkit](#)

Acknowledgements

Special thanks go to the schoolchildren (as well as their parents and teachers) who, by agreeing to participate in the survey, contributed to a very important part of this research project.

