spectra 128

Kids and teens

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Healthy kids and teens: making prospects more equal

A healthy childhood and adolescence form the basis for healthy ageing. This is why the FOPH is investing in the physical, mental and social welfare of children and adolescents. An overview of the current challenges and future focus areas.

The Federal Office of Public Health (FOPH) is currently working on various strategies, programmes and projects relating to child and adolescent health. The topics are very wide-ranging as this overview, which is not exhaustive, shows: from substance use (e.g. alcohol or cannabis), physical activity behaviours, chemicals (protection of children in the household) and vaccination to mental health and young carers (children and adolescents who look after sick (addicted) parents). The subject of the new coronavirus (SARS-CoV-2) is of course also having an impact on the health of children and adolescents right now. This edition of spectra aims to show what the FOPH is doing to protect and promote the health of children and adolescents and to describe the challenges facing us now and our focus areas in the future.

Homeschooling is both an opportunity and a risk. Progress at school depends on how well the children can be looked after at home.

New overall strategy

In December 2019 the Federal Council approved the new overall public health strategy "Health 2030" that will help to determine the way the Swiss health system develops during the coming decade. One of the aims listed in the overall strategy – ageing healthily – also mentions the health of children and adolescents, because it's best to start young if you want to stay healthy well into old age. Health in advanced years is often a reflection of habits, behaviours and mental burdens early in life. Experiences of this kind can have a life-long impact.

Against this background, the Federal Council has formulated the following objective in "Health 2030": "A healthy start in life is a decisive component of health as an adult. The federal government, the cantons and all the institutions involved in the upbringing and education of children and adolescents should develop measures to exploit previously unused potential during pregnancy, early childhood, in kindergartens, at school and at the transition to working life." Prevention is a second focus of the strategy: health promotion and prevention should preferably begin at a young age and be supplemented as an adult. Good health behaviours in younger years and corresponding activities as the body ages can prevent disease.

The FOPH sees potential in many areas, among them the challenges relating to the mental health of children and adolescents. Many psychological disorders emerge at a young age but are unfortunately often not diagnosed until much later. One in five young people in the 8- to 18-year-old age bracket experiences mental issues at least once, suffering from conditions such as anxiety or attention deficit problems.

Suicide prevention among Swiss adolescents is another challenge, as suicide is the second most common cause of death after accidents in this age group. Around 30 adolescents between 15 and 18 years of age take their lives every year in Switzerland, and the figure is roughly twice as high in the 19 to 24 age bracket. The number of attempted suicides is around 10 to 20 times higher. In a study by the Swiss Health Observatory, Obsan, 10 per cent of adolescents and young adults (15 to 24 years of age) stated that they had had suicidal thoughts in the previous two weeks.

The situation is compounded by the inadequate level of psychiatric care for children and adolescents in Switzerland as a result of a lack of corresponding therapy programmes and specialists, all of which leads to long waiting lists. The FOPH is in no doubt that improvements in mental health are needed for all children and adolescents, ranging from prevention and creation of an evidence base to the provision of psychiatric care.

Lack of data

This brings us to a further challenge: the paucity of good data. This applies not only to mental health but also to the health of children and adolescents in general. Having good data is the only way to understand the complex mechanisms underlying health and to define measures that are truly effective. Currently, for example, not many data are available for certain age groups (0–10 years). And in some cases the data recorded is not available to the public (because of data protection requirements, for example).

Making prospects more equal

Another problem is the unequal access that children and adolescents have to healthcare. This begins with an unequal start in life, perhaps because the parents' health skills are lacking or their financial situation is too limited for their children to take part in sports (pay membership fees for sports clubs or camps, for example). Deficits of this kind can affect the children, accumulating as they go through school; they can lead to problems in finding a vocational training place or even to adolescents dropping out of school; and they culminate in long-term effects on the health of these individuals.

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Link:
FOPH Dossier: Health for children and young people
https://tinyurl.com/y978xkjy

Finding out more about attempted suicide by LGBT adolescents

International studies have provided sound evidence that queer adolescents are at far greater risk of suicidal behaviour than heterosexual teenagers. Yet little is known about the process leading up to the attempted suicide or what the precise background and motives are. A pilot study funded by the Federal Office of Public Health (FOPH) shows that it is basically possible to carry out qualitative studies.

In 2016 the Swiss Confederation and the cantons developed an "Action plan for suicide prevention" in conjunction with the Swiss Health Promotion Foundation. The aim of this plan is to reduce the number of non-assisted suicides during (often transient) personal crises by 25 per cent by 2030 – a figure equivalent to roughly 300 premature deaths per year. The FOPH hopes not only to prevent suicides in general – an objective that focusses on the population at large – but also to target specific groups in which an elevated rate of suicidal actions can be observed.

Feasibility study

LGBT adolescents, for example, have a substantially higher risk of suicidal behaviours than heterosexual teenagers (LGBT stands for lesbian/gay/bisexual/transgender). "This doesn't mean, though, that these adolescents in and of themselves are burdened with problems and at risk of suicide," says Andreas Pfister from the University of Lucerne. "Suicidal behaviour is by no means common in gay and lesbian adolescents, and fortunately only affects a minority within the LGBT community." The higher number of suicides is not directly related to sexual orientation but arises through indirect factors such as homophobia, bullying at school or lack of acceptance in the family.

Last year Pfister and his team carried out a pilot study as part of the implementation of the national action plan with financial support from the FOPH. This pilot study examined the extent to which it is possible to perform a qualitative investigation of multiple aspects of attempted suicide in LGBT adolescents. To date very little research has been done into the exact processes and background that lead these young people to attempt suicide. There are also no international studies in this field.

One of the main considerations in establishing the feasibility of a study of this kind was the extent to which it is even possible to interview adolescents who have attempted suicide without inducing them to make a further attempt. The researchers also looked at the following questions in their pilot: What is the best way to design an interview situation of this kind? And is it possible to derive information from qualitative and problem-focussed interviews that will improve suicide prevention and help to better identify cries for help?

Ensuring safety

The team of social scientists working with Pfister talked to clinical experts, counselling and suicide prevention professionals and representatives of a number of LGBT organisations. In the course of this exchange the team developed measures designed to ensure the safety of the adolescents in the study. The researchers will be flanked continuously by a psychiatric expert and trained to identify individuals at acute risk of suicide. The researchers also want to hand out the contact details of regional and nationwide crisis centres to every person interviewed, thus ensuring that they can obtain rapid assistance if needed.

In the pilot study, Pfister and his team developed interview guidelines that the researchers have already tested in interviews with two subjects. "We found that the processes leading to an attempted suicide are varied and complex," Andreas Pfister says. "Attempted suicide is determined to a widely varying extent by stress factors relating to sexual identity or orientation." Pfister and his team have concluded from the responses they have received so far that interviews of this kind are a suitable approach to finding out more about attempted suicide and the needs of those affected.

Pfister and the team have put together a research advisory board that will keep a constructively critical eye on the study that will now follow the pilot. Pfister submitted a proposal to the Swiss National Science Foundation in order to obtain funding for the study – and received approval in late March. The study is planned to start in October 2020.

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The increased number of suicide attempts among LGBT adolescents is not directly related to sexual orientation, but to indirect factors such as homophobia and lack of acceptance.

At first hand

Jasmin Rüfenacht and Jovana Hrvacanin
(commercial trainees at the FOHP)

"Social media have a tremendous influence"

"We believe that health means both physical and mental well-being. Health is a very high, if not the highest, priority for us. We can help to achieve good health by our actions. We enjoy physical activity and make sure to eat a balanced diet. Sports allows us to combine a number of things that do us good. In volleyball, for example, communication with the team motivates us and the activity makes us fit and relieves stress.

Health is a trending topic and there's so much information available. Where food is concerned, in particular, many people are treading a thin line between eating consciously and a dangerous health craze. Here, social media has a tremendous influence on a lot of young people. They want a beautiful, slim body and compare themselves with others the whole time. You need to have loads of discipline. Yes, and then sometimes you think: 'Hmm, a bit more sports would do me good too.' Then, the only thing you're concerned about is your appearance and not your health. It can't be right that I feel guilty for eating a chocolate croissant, can it?

We are constantly confronted with different ideas of health. You have to know where to set your own limits. What's good for one person doesn't have to be just as good for me. Some people like going to the gym, others would rather be outside. It's important for each person to find out what's good for them. In our view that's the biggest challenge.

But sports and nutrition are just one aspect of health. For us mental health is just as important. We think that input on promoting health from parents or teachers is helpful, but from a certain age each person is responsible for their own health. Spending leisure time with other people can certainly do you good. But you also have to be able to look after yourself. And cancel something if you need time and space for yourself. You need to learn to listen to your body. That's not always easy."

“Doctors should also use their expertise for the common good”

Susanne Stronski Huwiler, a paediatrician and Co-Head of the Public Health Service of the City of Bern, explains in an interview why adolescents respond better to specific prevention messages than to abstract concepts. And why paediatricians and general practitioners need to get more involved in public health policy.

Ms Stronski, adolescents consume fewer recreational drugs today than they did 20 years ago, but their screen time has increased. How unhealthy is that?
We’ve known since Paracelsus’s time that nothing is intrinsically healthy or unhealthy. It’s the dose that makes the poison. The main problem with digital media is that excessive consumption leaves too little time for other things, such as learning or physical exercise outdoors. In addition, the sleep-wake rhythm – that is in any case shifted in adolescents – is destabilised even further by the blue light emitted by the screens. A monotonous diet and a lack of exercise as a result of lack of sleep are some of the main reasons why nearly a quarter of today’s adolescents are overweight or even obese. It also strikes me that adolescents seem increasingly to be losing their awareness of the here and now. They may be sitting in a bus, but their minds are somewhere completely different.

In a recently published article (*) you call for prevention to be aligned with the developmental tasks that adolescents need to cope with as they transition from childhood to adulthood. What exactly do you mean?
Adolescence is a time of rapid physical development processes. Sexual drive develops. Suddenly the most urgent questions are “Who am I?” and “Where do I belong in the world?”. A fundamental reorganisation of the brain takes place. Unused synapses are removed, the proportion of grey matter decreases, and in exchange the proportion of white matter in the brain grows. Thought processes become faster, but not all at the same time. The first things to reach maturity are the structures in the reward system. The areas in the prefrontal cortex, where functions such as impulse control are situated, are the last to mature. This kind of information should be taken into account when developing prevention measures.

How, specifically?
The adolescent brain is considerably more susceptible than the adult brain to substance dependency – in particular nicotine dependency. Prevention messages need to focus on less abstract and more specific content and not just warn adolescents about smoker’s leg and lung cancer – these are risks that they won’t be exposed to until much later in life. What we need to tell adolescents about is things that affect them directly.

In your article you bemoan the fact that the prevention potential of health reporting in Switzerland is not being exploited to the full.
We’re on the right path with our health system, but we don’t actually know very much about how it works. That’s true of adult medicine and even more so of medicine for children and adolescents. Compared with other countries, Switzerland is a veritable desert in terms of health data. We need data to steer the system. Data are available in Switzerland, but they are mostly lying unused in hundreds of different medical practices.

Adolescence is the age at which many psychiatric disorders, for example, become evident for the first time – and are frequently not diagnosed until much later.

Does the Swiss health system cater well for adolescents?
This country basically has a system that provides a very good service on a global scale. For example, the termination rate for teenage pregnancies is one of the lowest in the world at 3 in 1,000 young women. The very well designed HIV education campaigns certainly played a part in this. Yet I still feel there is room for improvement. There is no central medical resource in Switzerland that specifically addresses the needs of adolescents – a field known as adolescent medicine.

What aspects should adolescent medicine focus on?
Compared with pensioners, adolescents naturally belong to the healthy part of the population. Yet there are still some health problems specific to adolescents. This is the age at which many psychiatric disorders, for example, become evident for the first time – and are frequently not diagnosed until much later. Adolescence is a difficult time for many people with chronic disorders because their condition often becomes harder to treat in this phase. This is partly because the balance that they had found is in many cases derailed by the physical development they are going through and needs to be reattained and managed – which is the case with diabetes, for example. But also because adolescents break rules and want to cross boundaries. A young patient with asthma may think it’s more important to go out with his colleagues than to strictly follow the instructions given by his parents or doctor. This is understandable to a certain extent because that adolescent is also trying to gain independence.

Why do you want GPs and paediatricians to get more involved on a political level?
From a doctor’s point of view there are so many things that are not really negotiable. But if we don’t speak up, nothing will change. I was in the USA for a long time, where it is more normal for doctors to input their expertise into health policy discussions too.

Can you give us a specific example?
The American Academy of Pediatrics published a paper years ago that clearly opposed the installation of soft drink vending machines in schools. The facts were quite clear and showed that the absence of these machines led to a relevant decline in overweight students. But in Switzerland nobody had the courage to say the same thing for a long time.

Dr. Susanne Stronski Huwiler

Susanne Stronski Huwiler studied medicine in Fribourg and Bern. She subsequently trained and qualified in paediatrics in Lucerne and Bern. She was a consultant in neonatal medicine at the Women’s Hospital in Bern before relocating to the USA for several years as a visiting researcher at the University of Minnesota. Stronski Huwiler is currently Co-Head of the Public Health Service of the City of Bern and works part-time as a consultant in neuropaediatrics and developmental paediatrics at the Children's Hospital Bern.

(*) Reference:
Gesundheit und Prävention im Jugendalter: Zusammenarbeit von Kinder- und Jugendärzten, Schulärzten und der Schule, Susanne Stronski Huwiler, Paediatrica, Dezember 2019 (German only)

https://tinyurl.com/yc3pk9m5

Impressum: spectra 128, September 2020

spectra is a newsletter of the Federal Office of Public Health published four times a year in German, French and English. Some of the views expressed in it may diverge from the official stance of the Federal Office of Public Health.
Published by: Federal Office of Public Health (FOPH), CH-3003 Bern,
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Contributors: advocacy ag, members of staff of the FOPH, as well as external authors, Ori Schipper
Photos: authors, Fotolia, iStock by Getty Images
Layout: Vischer Vettiger Hartmann AG, Basel,
Printed by: Büetiger AG, 4562 Biberist
Print-run: German: 5,000, French: 2,500, English: 800.
Individual issues and free subscriptions to spectra can be ordered from: Bundesamt für Gesundheit, Sektion Gesundheitsinformation und Kampagnen, 3003 Bern, kampagnen@bag.admin.ch

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