*Last update: 07/10/2025*

# Metadata – Adolescent mental and social health

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| **Description** | Self-perception of health: proportion of adolescents aged between 11 and 18 years with an excellent or good perception of their health.<br>Self-reported symptoms: proportion of adolescents aged between 11 and 18 years who report multiple health complaints.<br>Loneliness: proportion of adolescents aged between 11 and 18 years who report feelings of loneliness. |
| **Rationale** | For adolescents, the latest UNICEF estimates for 2022 [1] indicate that over 16.3% of young people aged 10 to 19 in Belgium are diagnosed with a mental disorder. These estimates are probably the tip of the iceberg, as many children go undiagnosed, and the COVID-19 pandemic has raised immense concerns about the well-being of young people. The 2022 HBSC surveys reveal that the mental health of adolescents in Belgium deteriorates with age. Girls and teenagers from less affluent families are all the more exposed to mental health problems. Although networks offering mental health support to young people are developing in Belgium, to date there are relatively few studies that provide national estimates on children's mental health, especially among the youngest age groups. |
| **Primary Data source** | Health behavior in school-aged children (HBSC) surveys 2014, 2018, 2022.<br>Two distinct HBSC surveys are conducted in Belgium:<br>- HBSC in the French community (conducted by the Université libre de Bruxelles - SIPES)<br>- HBSC in the Flemish community (conducted by the University of Gent)<br>For international comparisons among adolescents, the HBSC international report published by the World Health Organization was used. |
| **Indicator source** | ULB for HBSC French community 2014, 2018, 2022<br>UGhent for HBSC Flemish community 2014, 2018, 2022<br>HBSC international report 2021/2022 |
| **Periodicity** | Every 4 years |
| **Calculation, technical definitions, and limitations** | The HBSC surveys are filled by students between the 5th grade of primary to the 6th grade of secondary in the classroom. 2 distinct surveys are taking place in the French-speaking school system and in the Dutch-speaking school system. More information about the methodology of these surveys can be found on the respective website of these surveys [4-6]<br>- The **perceived state of health** of teenagers attending school was assessed using the question: "Would you say that your health is...". Four response categories were proposed: "excellent", "good", "rather good" and "not very good". In this report, we used only the categories of good or excellent health perception.<br>- **Psychosomatic symptoms** are considered as "symptoms caused by stress and worry, rather than by a physical problem such as an infection". This indicator includes a list of eight symptoms, for which adolescents were asked to report the weekly frequency with which they have experienced them over the past six months. Five frequency categories, ranging from "about every day" to "rarely or never," were provided. This indicator was also used to calculate the MHC (multiple health complaints), which represents adolescents reporting at least two of the eight listed symptoms with a frequency of at least weekly.<br>- The feeling of **loneliness** was measured by asking how often adolescents had felt lonely during the last year. Responses options were "never", |

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| | "rarely", "sometimes", "most of the time" and "always". Adolescents who reported feeling alone "most of the time" and "always" were considered to be lonely.<br><br>Limitations:<br>• The questions from the HBSC survey are self-reported by participants, which may introduce bias in the responses. [4-6]<br>• Statistical analyses were weighted to improve the representativeness of estimates for the study's target population. In the French Community, individual weighting coefficients were calculated taking into account three elements:<br>- the probability of schools being included in the initial sample ;<br>- the variation in response rates according to school characteristics: region or province, educational network, socio-economic index (only in the Brussels-Capital Region) and total number of pupils;<br>- differences observed between students who took part in the survey and those in the reference population in terms of region, school year, gender (only in French-speaking Belgium) and educational orientation (from secondary 3 onwards). In the Flemish Community, the weighting factor was calculated based on the effective composition of the population by year of study, gender and type of education.<br>In the Flemish Community, the data were also weighted. The weighting factor was calculated based on the composition of the population by grade, gender, and type of education of the year of the last survey (2022).<br>However, since the two communities apply weighting based largely on similar characteristics, the results are comparable. [4-5]<br><br>• The HBSC survey collects data through questionnaires completed by students, drawn from a sample of schools that were randomly selected from the full-time education schools. The data used for the French Community covers students from Wallonia and the Brussels-Capital Region, while the Flemish Community only includes schools from Flanders and not those from the Brussels-Capital Region. [4-5]<br>For adolescents, prevalence are also presented according to the type of education in which they are enrolled. However, the classification of types of education differs slightly from one community to another. In the French Community, three types of education are distinguished: general education, which also includes transitional technical education; qualifying technical education; and vocational education. In the Flemish Community, three categories are also used: general education, technical education, which also includes artistic education, and vocational education. [4-5] |
| **International comparability** | Availability: Yes, the HBSC is realized across 50 countries and regions.<br>Comparability: The HBSC international standard questionnaire enables the collection of common data across participating countries. These data allow cross-national comparisons. |

# References

[1] Rapport des enfants et des jeunes concernés par la santé mentale en Belgique, UNICEF, 2022. https://www.unicef.be/sites/default/files/2022-06/Rapport%20What%20do%20you%20think%202022%20FR%20LR.pdf/

[2] Information, Promotion, and Health Education Service of the University Libre of Brussels (ULB). 2022. The Health Behaviour in School-aged Children (HBSC) study in the French Community, under the coordination of the Regional Office of the World Health Organization (WHO) for Europe. https://sipes.ulb.ac.be/

[3] Health Promotion Research Group of Ghent University (UGent). 2022. The Health Behaviour in School-aged Children (HBSC) study in the Flemish Community, under the coordination of the Regional Office of the World Health Organization (WHO) for Europe, the HBSC study funded by the Flanders Agency for Care and Health. https://www.jongeren-en-gezondheid.ugent.be/

[4] Spotlight on adolescent health and well-being. Findings from the 2021/2022 Health Behaviour in School-aged Children (HBSC) survey in Europe and Canada. International report. Volume 2. Key data, WHO Regional Office for Europe, 2022. https://www.who.int/europe/health-topics