



## Teens and Mental Health

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### Summary<sup>1)</sup>

- **Objective** ▶ Collect raw data on mental health from teens in school and teens out of school, data on the protective and risk factors significantly affecting the mental health of teens, and data on the perceptions and experiences of teen users from major mental health services.
- **Subjects** ▶ A national sample of 6,689 teens: 5,937 teens in school [2,039 (1,997)<sup>2)</sup> in the 4<sup>th</sup> to 6<sup>th</sup> grades in elementary school, 1,948 (1,959) in the 1<sup>st</sup> to 3<sup>rd</sup> grades in middle school, and 1,950 (1,982) in the 1st to 3rd grades in high school] and 752 teens out of school.
- **Data Collection** ▶ Online-Survey using PCs, mobile devices, etc.
- **Topics** ▶ Exposures to major mental health problems (ADHD, depression, anxiety, suicide, stress, and somatization) among teens, protections against mental health problems among teens, exposures to the risk factors among teens, and perceptions and experiences with major mental health services among teens.
- **Period** ▶ From July to August 2021

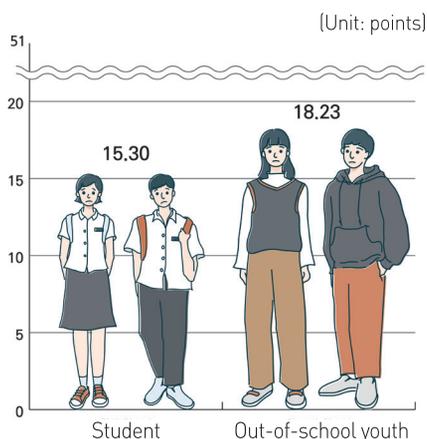
1) The Blue Note is an extract and summary on 'The status of exposures to major mental health problems and the status of perceptions and experiences from major mental health services. The National Youth Policy Institute published the 'Teens and Mental Health' in their 2021 research report (21-R03)

2) The numbers in parentheses denote the weighted number of respondents.

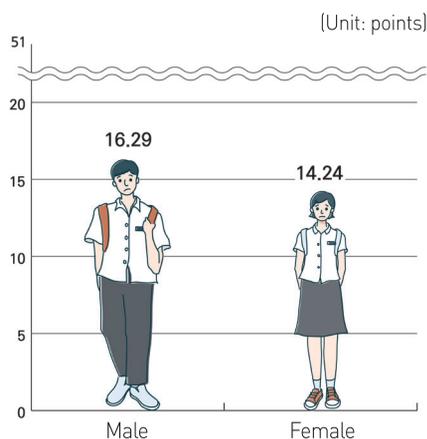
## 1. Major Mental Health Problems in Teens

### ■ Attention Deficit Hyperactivity Disorder (ADHD)

- The mean ADHD score is 15.30 (n=5,937, SD=10.42) among teens in school and 18.23 (n=752, SD=12.27) among teens out of school, indicating a higher mean ADHD score in teens out of school.
- In the group of teens in school, there is a significant difference in the mean ADHD score between males and females. The mean ADHD score show that male teens (n=3,077, mean=16.29, SD=10.99) have a higher risk of exposure to ADHD than female teens (n=2,860, mean=14.24, SD=9.65).



**Figure 1** Mean ADHD scores between teens in school and out of school



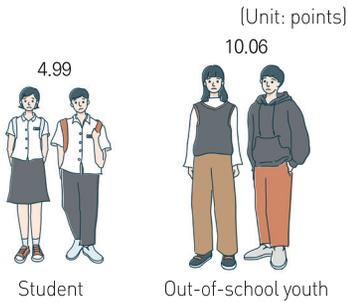
**Figure 2** Mean ADHD scores by gender among teens in school

### ■ Depression Symptoms

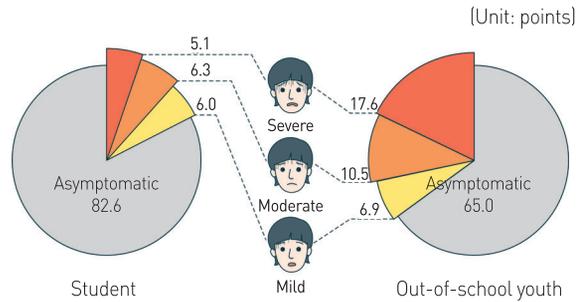
- The mean depression score among teens in school is 4.99 (n=5,937, SD=7.71) and the score among teens out of school is 10.06 (n=752, SD=12.61), indicating that the teens out of school are twice as likely to be exposed to depression symptoms than teens in school.
- In relation to the severity of depression, moderate and severe depressive symptoms were observed in 6.3% and 5.1% of teens in school, and in 10.5% and 17.6% of teens out of school, respectively. This result shows that teens out of school feel much more stress than teens in school.
- Among teens in school, there are significant differences in the severity of depression symptoms depending on gender and school level. Female teens in school and middle school/high school teens experience higher levels of depressive symptoms than male and elementary school teens.



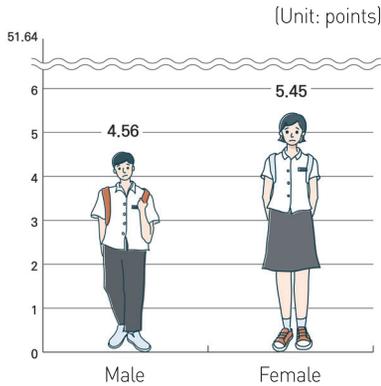
- Similarly, the severity of depression symptoms depends on gender and age among out-of-school teens. Female teens exhibit greater severity than male teens, and teens of high school age exhibit more than teens of elementary and middle school age.



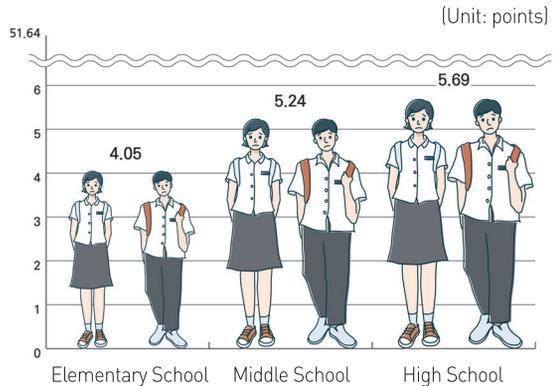
**Figure 3** Mean depression scores between teens in school and teens out of school



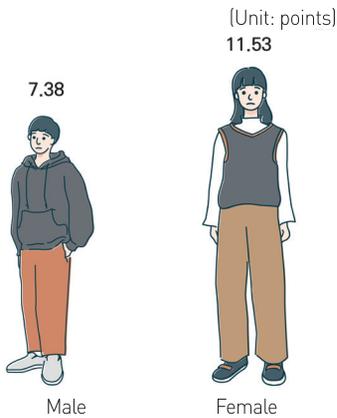
**Figure 4** Ratio based on the severity of depression



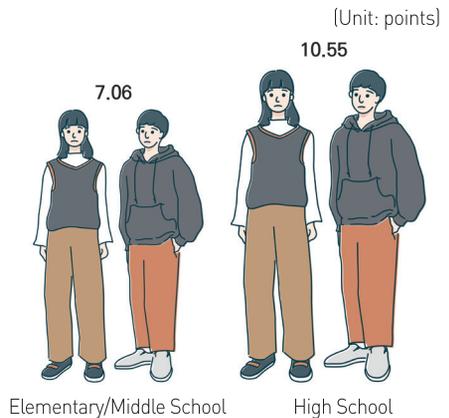
**Figure 5** Depression by gender among teens in school



**Figure 6** Depression by school level among teens in school



**Figure 7** Depression by gender among teens out of school



**Figure 8** Depression by age group among teens out of school

## ■ Anxiety symptoms

- The mean anxiety score among teens in school is 3.88 (n=5,937, SD=6.75) and the score among teens out of school is 8.21 (n=752, SD=11.27), indicating that teens out of school are twofold more likely to be exposed to anxiety symptoms than teens in school.
- In relation to the severity of anxiety symptoms, 87% of teens in school and 71% of teens out of school have asymptomatic anxiety (absence of symptoms). Moderate and severe anxiety symptoms were shown in 3.2% and 1.3% of teens in school, respectively, and in 10.2% and 6.9% of teens out of school. This result reveals that the proportion of teens out of school with moderate and severe symptoms is 3 and 5 times higher than those of teens in school.
- Among teens in school, there are significant differences in severity of anxiety symptoms depending on gender and school level. Female teens in school and middle school/high school teens experienced a higher level of anxiety than male teens in school and elementary school teens.
- Among teens out of school, similarly, there were significant differences in severity of anxiety symptoms depending on gender and age group. Out-of-school female teens experienced a higher level of anxiety than out-of-school male teens. Among out-of-school teens, the age group equivalent to high school teens experienced a higher level of anxiety than those in the same age group as elementary and middle school teens.

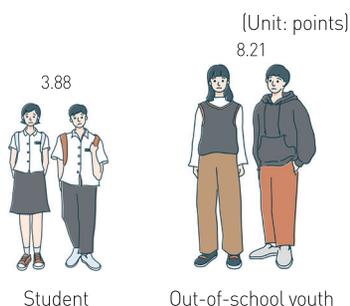


Figure 9 Anxiety scores among teens out of school

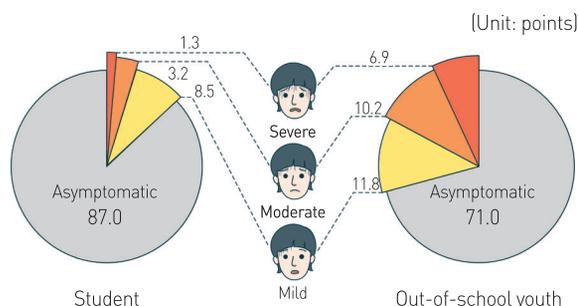


Figure 10 Ratio based on the severity of anxiety symptoms

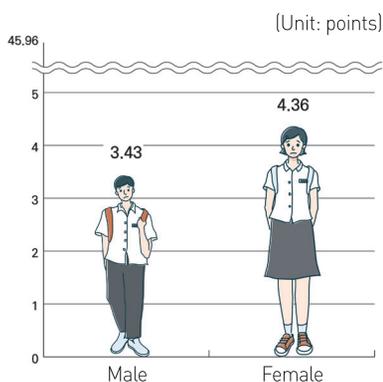


Figure 11 Anxiety by gender among teens in school

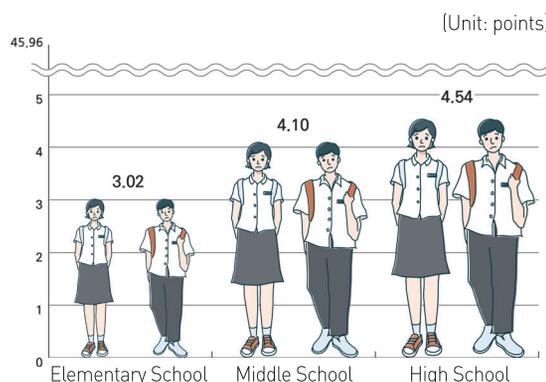


Figure 12 Anxiety by school level among teens in school

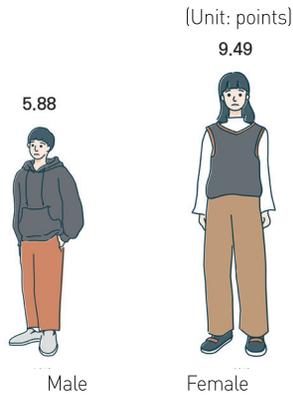


Figure 13 Anxiety by gender among teens out of school

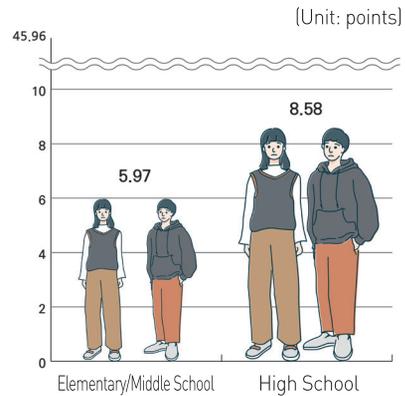


Figure 14 Anxiety by age group among teens out of school

### ■ Suicide Risk

- The mean suicide risk score among teens in school is 0.50 (n=5,937, SD=1.67) and the score among teens out of school is 1.83 (n=752, SD=3.50), indicating more than a threefold higher suicide risk in teens out of school.
- In relation to the severity of suicide risk, 83.6% of teens in school and 63.2% of teens out of school have no suicide risk. 10.3% and 6.1% of teens in school have moderate and high levels of suicide risk, and 5.2% and 21.7% for teens out of school, respectively. This result shows that the proportion of the high-risk group was more than 3 times higher in teens out of school.
- Among teens in school, there is a significant difference in suicide risk depending on gender. Female teens in school have a slightly higher level of suicide risk than male teens.
- Among teens out of school, similarly, there is a significant difference in suicide risk depending on gender. Female teens out of school have a higher level of suicide risk than male teens out of school.

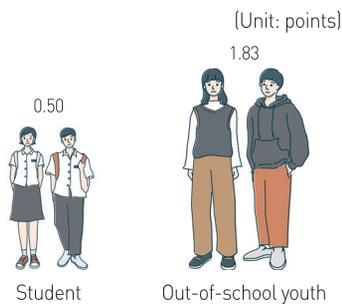


Figure 15 Suicide risk among teens in school and out of school

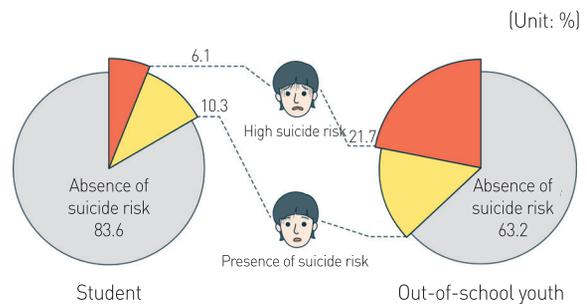


Figure 16 Ratio based on the severity of suicide risk

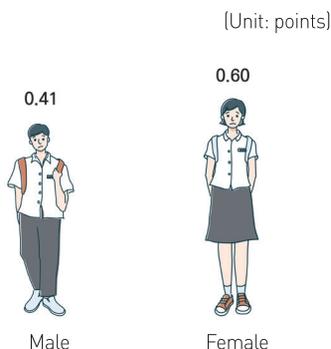


Figure 17 Suicide risk by gender among teens in school

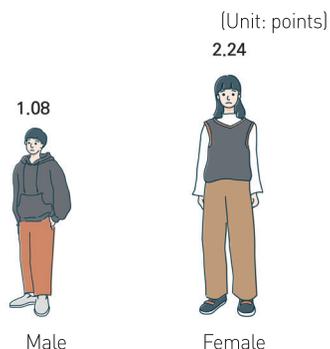


Figure 18 Suicide risk by gender among teens out of school

## Stress

- The mean stress score among teens in school is 16.28 (n=5,937, SD=5.93) and the score among teens out of school is 18.82 (n=752, SD=7.01), indicating a higher stress level among teens out of school.

- Among teens in school, there are significant differences in the level of stress depending on gender and school level. Female teens in school have a higher level of stress than male teens in school, and the following are in descending order of stress level: teens in high school, middle school, and elementary school.

- Among teens out of school, similarly, there are significant differences in stress levels depending on gender and age group. Out-of-school female teens reported higher stress levels than out-of-school male teens. As for out-of-school teens of high school age, their stress levels were higher than teens who belonged to the elementary/middle school age group. The term Elementary/Middle School Teens refers to individuals born between 2006 and 2011, whereas those designated as High School Teens were born between 2003 and 2005.

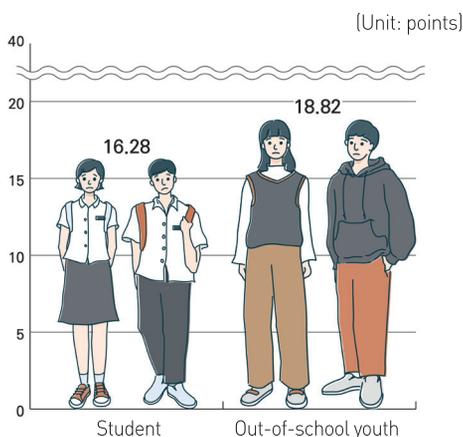


Figure 19 Mean stress scores among teens in school and teens out of school

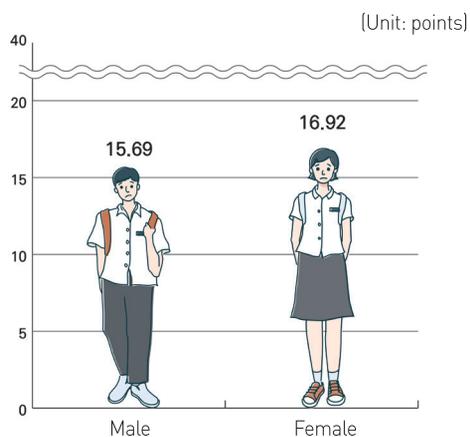


Figure 20 Stress by gender among teens in school

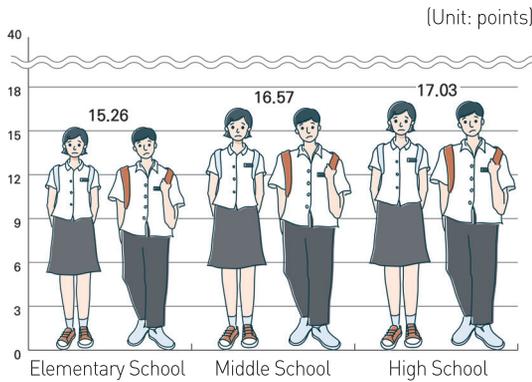


Figure 21 Stress by gender among teens in school

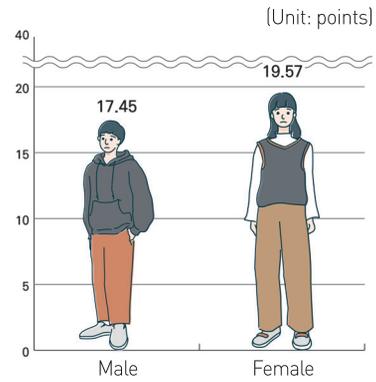


Figure 22 Stress by gender among teens out of school

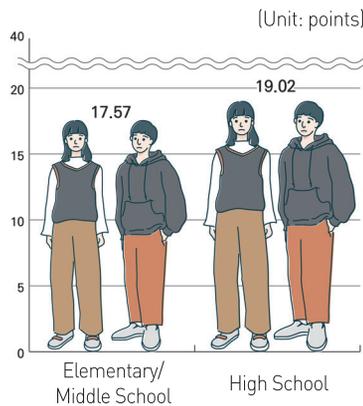
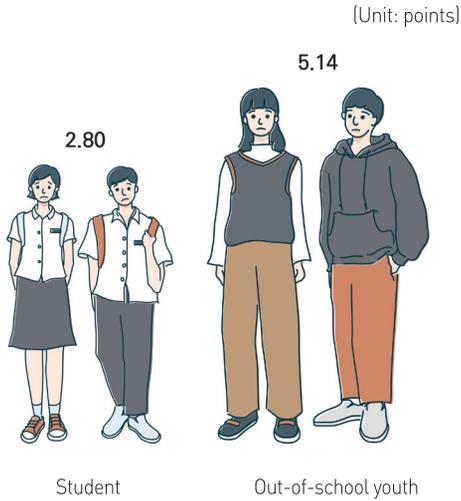


Figure 23 Stress by age group among teens out of school

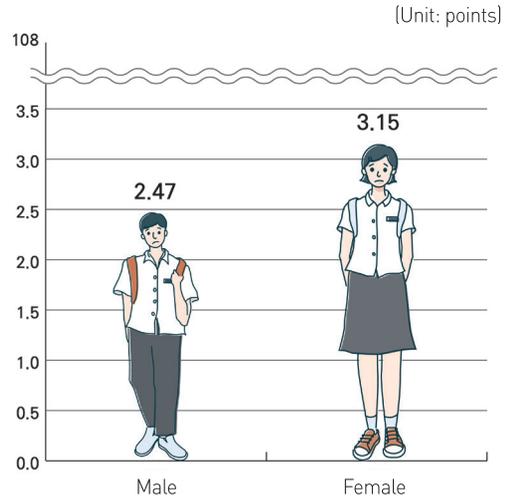
### ■ Somatization Symptoms

- The mean somatization score among teens in school is 2.80 (n=5,937, SD=5.18) and the score among teens out of school is 5.14 (n=752, SD=7.83), indicating teens out of school have a higher somatization level than teens in school.
- Among teens in school, there is a significant difference in exposure to somatization symptoms depending on gender. The mean of somatization among female teens in school, 3.15 (n=2860, SD=5.13), is higher than that of male teens, 2.47 (n=3077, SD=5.21).
- Among teens in school, there is a significant difference in the severity of somatization depending on school level. The mean severity scores are lower in descending order as follows: teens in high school (3.39) > middle school (2.84) > elementary school (2.16).

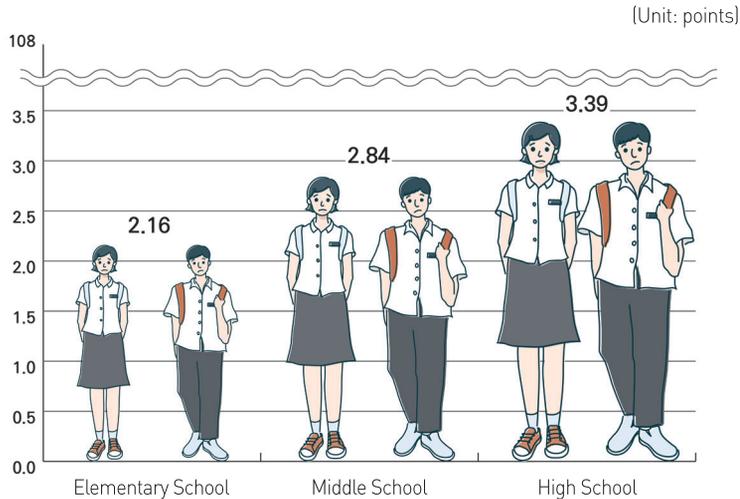




**Figure 24** Somatization symptoms between teens in school and out of school



**Figure 25** Somatization symptoms by gender among teens in school



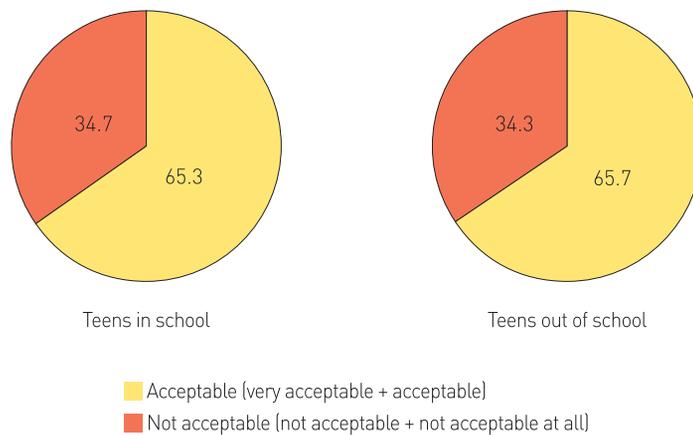
**Figure 26** Somatization symptoms by school level among teens in school

## 2. Perception and Experiences of Mental Health Services

### ■ Perception of Mental Health Services

- When accessing services such as mental health medication, treatment, and counseling, 50% of teenagers view these services with a positive attitude. Specifically, 65.3% of teens in school and 65.7% of teens out of school have positive perceptions toward accessing mental health services (very acceptable + acceptable), but 34.7% of teens in school and 34.3% of teens out of school reported holding negative perceptions about receiving these services (not acceptable + not acceptable at all).

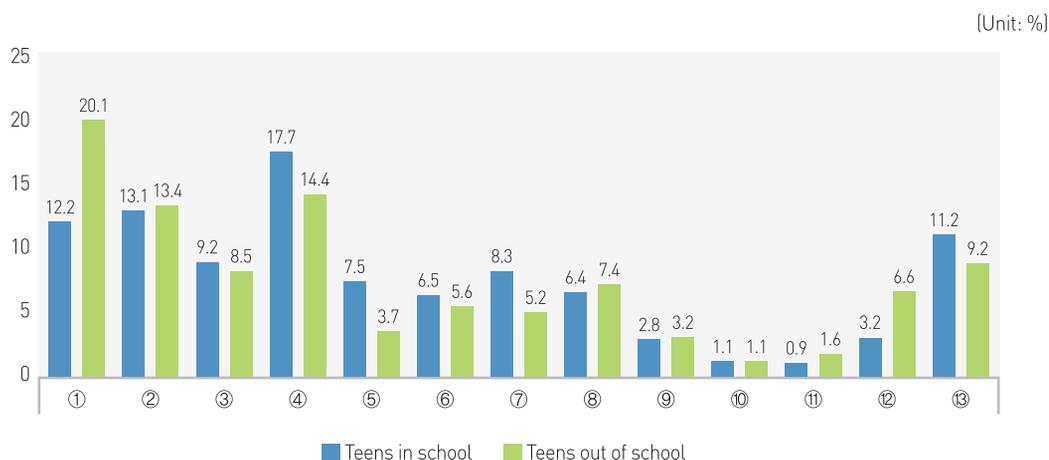
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**Figure 27** Perceptions of Mental Health Services among teens in school and out of school

### ■ Perceived barriers to accessing mental health services

- The biggest barrier to accessing mental health services among teens is stigma and costs. Specifically, 17.7% of teens in school and 14.4% of teens out of school hesitate to use mental health services because of being ashamed of what other people would think of them, and 12.2% of teens in school and 20.1% of teens out of school were concerned about the costs in accessing the institutions or facilities providing the services.

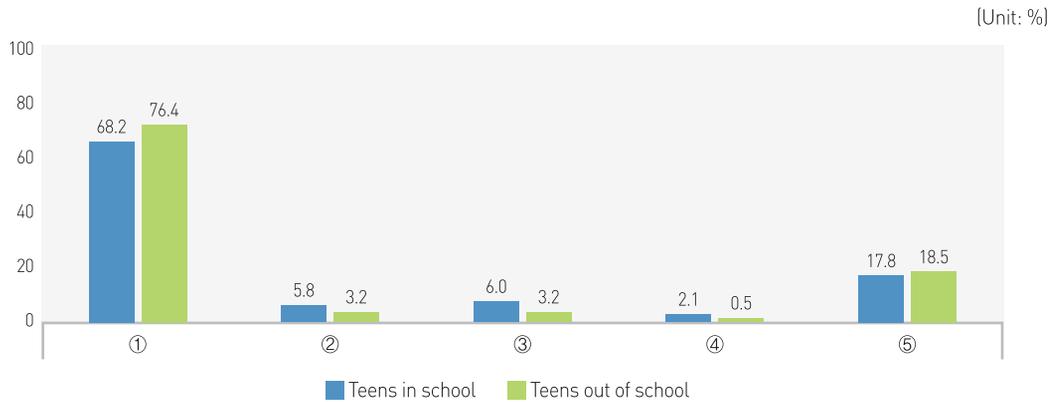


- \* Note: ① I am hesitant to use mental health services because of the burden of cost to access the institutions or facilities providing the services.  
 ② Because I do not feel the need to receive mental health services (medication, treatment, counseling, etc.), although I am experiencing mental health issues.  
 ③ Because I am afraid that my family will become aware of my mental disorder or will not acknowledge my condition.  
 ④ Because I am concerned and ashamed about what others would think.  
 ⑤ Because I am worried that my privacy would be disclosed (someone might find out about my personal information).  
 ⑥ Because I am concerned about being committed (being hospitalized in a psychiatric hospital).  
 ⑦ Because I did not know where to ask for help.  
 ⑧ Because I am concerned about my medical records negatively affecting my future career.  
 ⑨ Because I do not have time to visit the institutions or facilities providing mental health services.  
 ⑩ Because the work hours of the institutions or facilities offering mental health services are not convenient (not available at night).  
 ⑪ Because it is difficult to access the locations of the institutions or facilities that provide mental health services.  
 ⑫ Because doctors or counselors who provide mental health services will not understand the patient and their mental health problems.  
 ⑬ Because I do not trust the institutions or facilities providing mental health services.

**Figure 28** Barriers accessing mental health services among teens in school and teens out of school

## ■ Preferred counselors and counseling methods in the event of mental health problems

- When mental health problems, such as depression, anxiety, and stress, were experienced, the majority of teenagers wanted to seek counseling from their parents (guardians), psychiatrists, and counseling specialists, in the order of preference. However, the order of preference slightly differed between students and out-of-school youth. Students' order of preference was parents (guardians) > psychiatrists > counseling specialists. Out-of-school youths' order of preference was psychiatrists > counseling specialists > parents (guardians).
- The most preferred counseling method in both students and out-of-school youths was in-person, one-on-one counseling (68.2% of students, 76.4% of out-of-school youths).

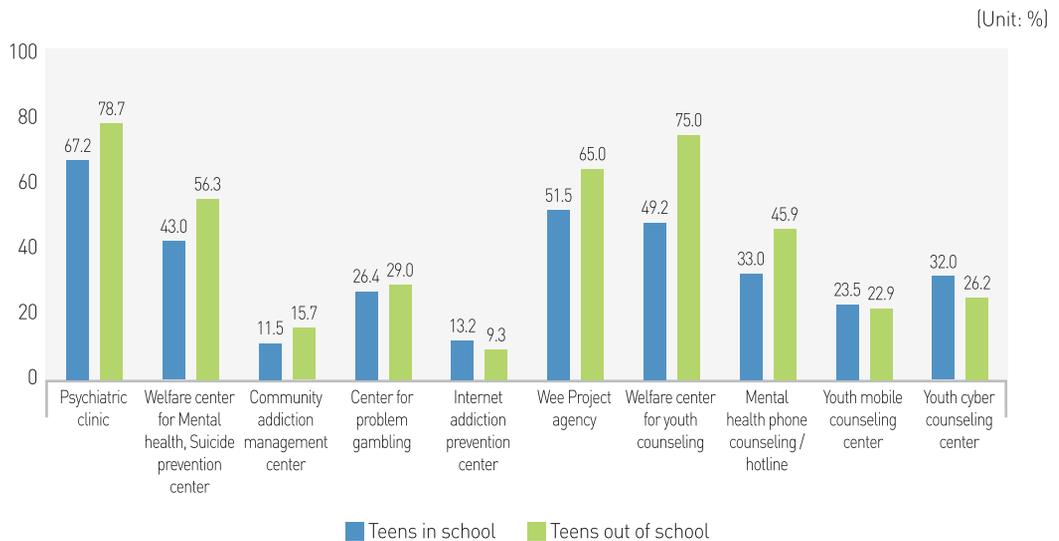


\* Note: ① In-person, one-on-one counseling, ② In-person, group counseling, ③ One-on-one video counseling, ④ Group video counseling, ⑤ Online counseling by phone, text message, messenger app, e-mail, etc. (excluding video counseling)

Figure 29 Preferred counseling method for mental health services among teens in school and teens out of school

■ Awareness of and experiences with mental health institutions (or services)

- Of the various mental health institutions and services, teens are aware of psychiatric clinics, welfare centers for youth counseling, and Wee Project agencies. Additionally, over 50% of teens in school students are aware of psychiatric clinics, Wee Project agencies, and youth counseling & welfare centers and over 50% of teens out of school recognize mental health & welfare centers and suicide prevention centers along with the three institution types teens in school are aware of.



\* Note: Proportion of the respondents reporting knowledge or awareness of the relevant institutions (or services)

Figure 30 Awareness of mental health institutions (or services) among teens in school and teens out of school

# Korean Youth Policy Review

- As a result of investigating actual experiences using the relevant facilities of each mental health institution (or service), Wee project agencies have the highest percentage of users in both teens in school (23.6%) and teens out of school (60.5%). Particularly, the proportions of teens out of school who responded that they used welfare centers for youth counseling and psychiatric clinics are 41.8% and 33.6%, respectively.

**Table 1** Service users of mental health institutions (or services) among teens in school and teens out of school<sup>1)</sup>

(Unit: persons, %)

Category	Student			Out-of-school youth		
	# of cases	User <sup>2)</sup>	Non-user <sup>2)</sup>	# of cases	User <sup>2)</sup>	Non-user <sup>2)</sup>
Psychiatric clinic	3,992	7.1	92.9	592	33.6	66.4
Welfare Center for Mental Health, Suicide Prevention Center	2,551	3.0	97.0	423	11.6	88.4
Community Addiction Management Center	681	2.0	98.0	118	1.7	98.3
Center for Problem Gambling	1,570	.7	99.3	218	.9	99.1
Internet Addiction Prevention Center	784	2.2	97.8	70	4.3	95.7
Wee Project agency	3,058	23.6	76.4	489	60.5	39.5
Welfare Center for Youth Counseling	2,918	3.9	96.1	564	41.8	58.2
Mental Health Phone Counseling /Hotline	1,960	2.1	97.9	345	15.4	84.6
Youth Mobile Counseling Center	1,394	3.8	96.2	172	13.4	86.6
Youth Cyber Counseling Center	1,898	1.3	98.7	197	7.1	92.9

\* Note: 1) Only teenagers who answered that they had knowledge or were aware of each institution (or service) were surveyed.

2) User (① I have used it), Non-user (② I wanted to use it, but I couldn't +③ I have not used it)

## 참고문헌

Choi Jeong-Won, Moon Ho-Young, Jeon Jin-Ah, and Park Young-Cheon (2021). A Study on Status of Mental Health in Teenagers (Research Report 21-R03). Sejong: National Youth Policy Institute.