

FOR THAT WHICH GROWS •

TERJE OLSEN & JENNY TÄGTSTRÖM (editors)

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*Mental Health, Disability Pensions and
Youth in the Nordic Countries. An anthology.*

TERJE OLSEN & JENNY TÄGTSTRÖM (editors)



norden

Nordic Centre for
Welfare and Social Issues

*Yes, of course it hurts when buds are breaking,
hurts for that which grows
and that which bars.*

Karin Boye,
Yes, of course it hurts (1935),
(transl: David McDuff, 2005).

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Published by Nordic Centre for Welfare and Social Issues, 2013
Box 22028
104 22 Stockholm
Sweden
www.nordicwelfare.org

Nordic Centre for Welfare and Social Issues is an institution under Nordic Council of Ministers.

Cover design: Gaute Terjesson
ISBN: 978-87-7919-084-9
Copies: 500
Print: Ineko AB

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Director's foreword

In a modern and specialised world of work, the requirements for gaining entry to the labour market are becoming ever tougher. This particularly affects young people wanting to gain a foothold on the labour market. Youth unemployment is increasing in several of the Nordic countries. The number of young people being put on disability pension owing to mental ill health is also rising.

More young people than before are at risk of long-term exclusion. Young people's mental health must be seen in relation to their prospects on the labour market, their situation in education and training, and social and economic changes of a structural nature in society. The issue of young people who are not in employment, education or training is attracting political concern and attention in all the Nordic countries. Youth guarantees and training programmes in various forms are examples of measures aimed at helping young people gain a foothold on the labour market.

At the request of the Nordic Council of Ministers and the Norwegian Presidency of the Nordic Council of Ministers 2012, the Nordic Centre for Welfare and Social Issues organised a Nordic conference of experts on the subject of young people, mental ill health and disability pensioning. The conference brought together 25 expert researchers and public officials to discuss the subject over two days. This anthology is largely based on presentations from the conference. The various chapters throw light on young people's situation from the point of view of different academic disciplines. Development trends in young people's mental health, disability pensioning and situation in education and the labour market in the Nordic countries are discussed. The anthology is a contribution to the Nordic Labour Market Meeting in Stockholm in 2013. Good reading!

Ewa Persson Göransson,
Director, Nordic Centre for Welfare and Social Issues, April 2013

Editors's preface

The subjects for discussion at the Meeting of the Nordic Council of Ministers for Health and Social Affairs (MR-S) in Bergen in June 2012 included the problems linked to social security and the inclusion of young people and people with disabilities. Among other things, it was reported that the proportion of young people being put on disability pension owing to mental health problems is increasing in all the Nordic countries. The decision was taken to hold a Nordic conference of experts and produce a conference report.

The Norwegian Presidency of the Nordic Council of Ministers in 2012 commissioned the Nordic Centre for Welfare and Social Issues to implement the Council's decision. A Nordic conference of experts was held in Stockholm in January 2013 and brought together 25 well-established researchers and experienced government officials from Sweden, Denmark, Finland, Iceland, the Faroe Islands and Norway. These articles are largely based on the papers prepared for the conference. Our contribution as editors has included collecting and coordinating the various articles. We wish to stress that work on the chapters and the anthology had to be completed within a relatively short time-scale and required a great deal of commitment on the part of a number of people.

The editors wish to thank several people in this connection. We wish to thank all the contributors to the anthology for a good working relationship. We also wish to thank all those who attended the conference of experts for their active participation in the discussions. Our thanks go to the Norwegian Ministry of Labour for the commission, with special thanks to Deputy Director General Øystein Haram for excellent follow-up along the way. We also wish to thank two of our colleagues at the Nordic Centre for Welfare and Social Issues, Helena Lagercrantz and Marianne Smedegaard, for their invaluable help at various stages of the project. Our thanks also go to Professor Arnstein Mykletun and Special Advisor Bjørn E. Halvorsen, who were im-

portant parties to the discussions and commented on articles during preparation of the anthology.

Terje Olsen and Jenny Tägtström,
Stockholm, April 2013

Executive summary

Introduction

The issue of young people, mental ill health and disability pensioning is a cause for concern in all the Nordic countries. The term we use in the title of this anthology, mental health, refers to both diagnosable disorders and conditions bordering on diagnosable disorders. The anthology is based on a Nordic seminar of experts held in January 2013, which brought together 25 established researchers and government officials from Sweden, Denmark, Finland, Iceland, the Faroe Islands and Norway. The various chapters discuss different aspects of young people's situation in the Nordic countries: with regard to health, on the labour market and in education/training.

Mental health and disability pension

The majority of young people on disability pension are granted it for a mental disorder. In the last two decades there has been both a relative and an absolute increase in disability pensioning for mental illness among young people and young adults in the Nordic region. Common mental disorders such as anxiety and depression are the predominant diagnoses for which disability pension is granted. The incidence of common mental disorders is much higher than the proportion of the population on benefits, however. This means that most people in the population with common mental disorders remain well integrated in society, including being in paid employment without sick leave or in education.

When young people are put on disability pension, it almost inevitably leads to social exclusion for the rest of their lives. A very small proportion return to work or education. In welfare terms it would therefore be a far better alternative to offer them help with finding paid employment rather than access to disability pension. In other words,

putting young people on disability pension represents a major loss both to society and to the individual.

Preventing mental disorders from arising would be a challenge, but it is much more realistic to prevent such disorders leading to benefit dependency. This applies in particular to the common mental disorders for which people are often put on disability pension in their 30s, but not even everyone with serious mental illnesses such as schizophrenia is put on disability pension. Access to good treatment is part of the solution, of course, but preventing young people from falling between stools is at least as important: the education sector, health sector and welfare sector all play a role in these people's lives, but none of them has overall responsibility for (or is measured by) the extent to which disability pension is avoided.

Examining the incidence of mental disorders requires resource-intensive population studies. Such studies are rare and the results diverge somewhat. The trend is therefore slightly uncertain, but in all probability there has been no increase, or only a moderate one, in the incidence of mental illness in the population. There has been a well-documented increase in disability pensioning for mental illness and there is no evidence to suggest that this can be attributed to an increase in the incidence of mental illness alone.

The term "mental illness" covers a large number of very different diagnoses, but it makes sense to differentiate between three categories:

1. Disability pension for common mental disorders such as anxiety, depression and substance abuse is granted both in the 30-39 age range and later. Most people with these diagnoses are in ordinary paid employment without benefits and the potential for preventing long-term benefit dependency should be considerable. This group has often had some education/training and work experience before disability pension is granted, with the processes leading to disability pension starting with long-term sick leave or other experiences of failing in work or education. Others experience falling between stools as a result of the education, welfare and health sectors not working together to prevent disability pensioning.
2. When disability pension is granted to the youngest recipients (18-20), it is often for congenital developmental disorders or disor-

ders/conditions acquired early in life. This group has often had minimal education or work experience before disability pension is granted.

3. Disability pension for serious mental illnesses (schizophrenia and bipolar disorders) is typically granted slightly later, but with a predominance in the 30-39 age range. In these diagnostic categories the majority are dependent on benefits, but studies of new forms of combined treatment and job training indicate that the majority could obtain ordinary paid employment. A small proportion of this group will have education and work experience before disability pension is granted.

The majority of people on disability pension for mental illness are granted it for anxiety disorders or depression. In many cases it may be a matter of problems that start early in life, with disability pension often being granted as a result of a process that has taken many years. The reasons for the increase in disability pensioning for mental illness are many and complex, and there is no evidence to suggest that any increase in the incidence of such disorders is enough on its own to explain the increase in disability pensioning for them.

The avoidance of disability pensioning for mental illness for all diagnoses offers considerable potential, especially in the case of common mental disorders (anxiety and depression), but also in the case of serious mental illnesses. Prevention of mental disorders or their treatment on its own is unlikely to offer the greatest potential for avoidance. The differences between countries or regions within countries in disability pensioning for mental illness are much greater than the differences in the incidence of mental illness between the same countries and regions, for example.

Labour market, education and follow-up

In the Nordic countries young people with mental disorders at risk of exclusion have contact with up to three government sectors: health, education and welfare. The problem is that no one authority has overall responsibility or a duty to prevent young people ending up on disability pension, and no one authority is responsible for coordinating measures. The longer a person is without work and education at a

young age, the greater the risk of marginalisation and permanent disability. The critical limit for the stage at which such exclusion leads to permanent disability has not been documented, but months, maybe a year, would be a long time in a young person's life.

Long-term absence from work or education is in itself a risk factor for ending up on disability benefit for mental illness in later life. On the other hand, it is only in very few cases that "rest" will be curative and therefore have an integrating effect in the longer term. Long-term absence from work or education is probably the easiest risk factor for disability pensioning to influence. Regardless of any treatment plans, it is therefore an important point in itself that young people should not be left without work or education for a long time. In this context, time is measured in months, not years.

Completing upper secondary education is an important factor in young people gaining a foothold on the labour market or going on to higher education. In the Nordic countries, 20-40% of young people who start upper secondary education drop out. This group is at increased risk of permanent exclusion and disability pensioning for mental illness, but it is also important to point out that only a minority of those who do not complete upper secondary education end up on disability pension at a young age. On the other hand, completing upper secondary education is still no guarantee of avoiding disability pensioning in later life.

A relatively large proportion of the population satisfies the criteria for mental illness during their lifetime. Although mental illness is an important risk factor for disability pensioning, the majority of people of working age with mental disorders are in work. Even when it comes to people with serious mental illnesses, a minority are in paid employment, and there is evidence to suggest that this proportion can be increased considerably. In by far the majority of cases, work is more curative than harmful for people with mental health problems.

The causes of mental illness are many and complex. No risk factor stands out, which in itself is a challenge in terms of the universal prevention of mental illness. But the possibilities for preventing young people with both common and serious mental disorders from becoming dependent on disability pension are nevertheless good.

Very few young people have earned any entitlement to unemployment benefits. As there are no watertight partitions between different types of welfare benefit, this can contribute to the risk of young people being caught in a disability trap. Diagnoses can, in their turn, become self-reinforcing and have a lock-in effect. The lock-in effect means that people are gradually socialised into an existence outside work, education and training from which it is subsequently difficult to escape. Experience shows that long periods of sick leave or absence from the labour market are one of the main routes to disability pension. Rapid intervention, active labour market measures and active social participation are ways of preventing such effects.

Recommendations

Define which authority has overall responsibility for preventing disability pensioning among young people and coordinating measures:

Responsibility for following up on young people who are not in employment, education or training is currently spread over several government sectors and different administrative levels. The responsibility of the education sector ends when a young person drops out of school. The welfare sector is measured by whether it makes decisions and payments on time, while the health sector is measured by treatment delivered and waiting times. None of them is measured by whether their combined initiatives lead to disability pensioning. We propose that systematic trials should be set up for schemes in which one authority is given overall responsibility for avoiding long-term passivity and a slippery slope leading to disability pension. The same authority must be given sole responsibility for coordinating the efforts of other services and disciplines in such a way that everyone focuses on avoiding long-term exclusion and subsequent disability pensioning.

Create incentives to prevent long-term sick leave: Financial incentives must be designed to prevent the so-called benefit trap. They must be aimed at both the individual at risk of dropping out and the welfare, education and health sectors, for example. Both common and serious mental disorders are normally characterised by social withdrawal combined with a lack of self-confidence, energy and initiative. For those in employment the threshold for long-term sick leave is often low, and in the event of long-term sick leave there is insufficient incentive for employers, social insurance providers, general practition-

ers and employees to encourage a return to work. The state picks up the bill for disability pension, for example, whereas many alternative benefits and services come out of the municipality's budget, which can act as a disincentive for municipalities to prevent disability pensioning. Another example is graduated sick leave, which has been shown to be a good way of reducing long-term sick leave and exclusion, but lacks effective financial incentives for employers.

Strengthen the transition from upper secondary education to work:

The transition from upper secondary education to the labour market represents a key challenge for many young people. There is a need to come up with new and better ways of linking the transitions between school and work together. The majority of young people go on to upper secondary education, but drop-out and defection are relatively high in most of the Nordic countries – especially in the case of vocational courses. Preventing drop-out from upper secondary education would in itself help to reduce the risk of exclusion. This can be achieved using two available tools:

- Many young people drop out of school because it is too academic, and because it either becomes too difficult or seems irrelevant. It should be possible to have the additional option of practical traineeships in the everyday working world as an alternative to ordinary school without it being perceived as a poor relation. This should take the form of close collaboration between upper secondary school and local employers based on the apprenticeship model, but with reasonable requirements regarding academic performance.
- Drop-out from upper secondary education is rarely sudden, but usually the result of increasing non-attendance. Many schools have relatively liberal rules for non-attendance compared with what many young people will subsequently encounter at work, for example. It is difficult to find good arguments in favour of schools having more liberal non-attendance rules than employers, and it cannot be ruled out that liberal non-attendance rules in themselves can contribute to drop-out from education. It is therefore recommended that the non-attendance culture in schools should be harmonised with what is found in the world of work.

Make provision for rapid intervention: The chances of returning to education or work decline as time passes. Particularly when young people are in the process of being put on disability pension, active steps must be taken very quickly with the aim of getting them back into education, work or activity – and back into a social life. While young people with mental disorders are waiting for a measure or decision, the chances of those measures or decisions succeeding are shrinking. When making decisions and offering measures for young people who do not have any day-to-day activity, authorities must regard themselves as firefighters with a correspondingly short response time. Systems must be designed in such a way that an alarm goes off when young people leave upper secondary education without having a job to go to, or when they quit a labour market programme. Processing times and follow-up initiatives must be measured in days, not weeks or months.

Introduction

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Nordic Centre for Welfare and Social Issues, Stockholm*

Background

What is the situation like for young people in the Nordic region? Although there are considerable differences, today's young people in the Nordic countries have better physical health and material living conditions overall than equivalent age groups in Europe. But the picture is far from unequivocal. There is persistent and high unemployment among young people in several of the countries. A relatively large proportion of young people do not complete upper secondary education. The number of young people with various forms of mental illness, long-term loneliness or depression seems to be increasing. In all the countries we are also seeing a trend towards more and more young people being put on disability pension early in life. Why do so many of the important trends seem to be moving in the wrong direction – and what, if anything, can be done about it? These questions sum up the point of departure for this anthology. In the different chapters we try to throw light on many of the challenges and problems faced by today's young people in the Nordic countries in key spheres of life.

What is the situation when it comes to young people, disability pension and mental ill health in the Nordic countries? How many people are we talking about and what is the trend in this area? Are there any differences or similarities between the Nordic countries – and is it possible to learn from each other's experiences. In recent years (2009-2012), the Nordic Centre for Welfare and Social Issues (NVC) has carried out a comprehensive investigation and analysis of what the

policies of the Nordic countries are achieving in terms of including young people in the labour market (Halvorsen et al. 2012). As part of this work we looked at various types of data, which together provide an overall picture of young people on the periphery of the labour market and education in the Nordic countries.

Table 1: Young people on the periphery of the labour market in the Nordic countries in 2009, per cent

	Denmark	Finland	Iceland	Norway	Sweden
Long-term unemployed 15-24 year olds as a percentage of unemployed 15-24 year olds	4 %	4,5 %	3,25 %	2 %	4,24 %
Young people aged 20-24 who dropped out of upper secondary school	16 %	9,25 %	26 %	20 %	8 %
Young people aged 15-24 not in employment, education or training (NEET)	5,25 %	8,5 %	3 %	5,5 %	8,5 %
Young people aged 18-24 in receipt of social security benefits	10 %	11 %	6 %	5,5 %	9 %
Young people aged 20-34 on disability pension	1,8 %	1,8 %	3,3 %	2,0 %	2,6 %

Sources: OECD (2010) *Off to a Good Start? Jobs for Youth*, OECD (2010) *Sickness, Disability and Work. Breaking the Barriers*, plus NVC's own data and analysis.

Some of the figures in the above table concern circumstances that are difficult to measure accurately and we must therefore be cautious about reading too much detail into this picture. In summary, we can estimate that around 2-3% of the youth cohorts are already outside the labour market, while 5-10% are at great risk of dropping out of education and work permanently. Substantial and increasing exclusion from education and work among young people in the Nordic countries is a serious matter and a source of concern for government. Youth exclusion entails a risk that large parts of the younger generations will have weak or no ties to the world of work for much of their adult lives, creating major social problems and conflicts in the long term (ibid).

The increase in the number of young people on disability pension should be seen not as one problem, but several. If we look at them in more detail, we can see that they are bound up in such a way that

causes and effects go in both directions. This means that, if anything, we are dealing with an entire complex of problems. We must also stress the importance of the Nordic countries having comprehensive and relatively good safety nets, which ensure a minimum income and compensation for expenses arising from poor health, incapacity for work, etc. This is a crucial element in the Nordic welfare model.

The following chapters of this anthology present contributions to research, each of which takes the problems we have mentioned as its point of departure in its own way. The authors represent various academic disciplines and methodological approaches to the subject. All the authors rely on their own empirical material.

Three discourses

Essentially, the discussions conducted in the various chapters in this anthology link up with three different discourses. These discourses are by no means mutually exclusive, but the emphasis on the different perspectives varies between and within the different chapters.

The first discourse is the *labour market discourse*, where the focus is on supply and demand for paid labour in a market. The Nordic countries can be regarded as post-industrial societies, in which services and the third sector play the vital role of employer and career path. This is especially true for the younger generations on the labour market. A dominant third sector creates what is frequently called a "knowledge-intensive society", which makes great demands on the qualifications and personal suitability of workers. The emergence of the knowledge-intensive society is reflected in the way in which today's young people have few opportunities on the labour market without upper secondary qualifications, for example. The division of work into specialised and non-specialised is becoming more pronounced. New and more flexible organisations are emerging. At the same time as emphasis is being placed on the basic premise of the welfare society that adults and citizens who are fit for work must participate in work and education, there are indications that the post-industrial economy does not have room for everyone: the market situation itself produces what Zygmunt Baumann (2004) calls "human waste" – people who are "superfluous". There is not necessarily anything wrong with these people, but they are unable to find paid work for structural reasons. In the post-

industrial society, a person's job is also closely tied up with who they are as a person; it is an expression of personal characteristics, independence and career (Sennett 1998). The consequences of not being in paid work are therefore twofold: the person affected is marginalised both financially and personally.

The second discourse is the *public health discourse*. From a medical perspective, the emphasis is on how health is distributed in the population. This is about the incidence of diseases and diagnoses in the population, links between exposures and effects in different population groups, and health-related change and development trends in society. When it comes to today's young adults and the incidence of mental illnesses and problems, the knowledge we have points towards increased loneliness, weight of expectations, stricter body/appearance norms and tougher requirements with regard to educational performance. In the following chapters this discourse will be expressed in the way in which the authors assess changes and development trends in the disease picture over time, and in discussions of the causes and effects of the current problems.

The third focal point of the discussions conducted in the following chapters is linked to what we can call the *welfare state discourse*. This approach discusses the problems in terms of how the welfare state performs its tasks, and how it classifies the people to be served by the health and welfare services. Those who are unable to work or cannot find a job for various reasons must be categorised as ill or unfit in one way or another. Access to these services is mainly by medical diagnosis. The emergence of the welfare state is predicated on a system for identifying who is entitled to various need-assessed services (Stone 1984). At different times different diagnoses, in addition to purely medical explanations, have also acted as collective categories for the sort of vague problems and illnesses that can be difficult to categorise unequivocally from a purely medical point of view. Several researchers have shown how different diagnoses change with the different issues and cultural constructs of the day (Johannisson 1996 and 2008; Hacking 1999). Diagnoses are therefore an expression of both medical categorisations and the sociocultural values of the day, the prevailing view of human nature, and class/gender structures. When a specific diagnostic category shows growth, it is relevant to be open to its incidence being affected by both medical and social factors. The two-sided nature of diagnoses is thematised in several of the chapters.

Features of work in the Nordic region

A study of a local community in Germany hit by chronic unemployment in the 1930s (Jahoda et al. [1932]1972) is a classic sociology text. It demonstrates how, over time, the effects of unemployment become extremely serious for the community and the individual alike. The team of researchers shows how an existence beset by chronic unemployment affects not only the individual family financially, but a number of other aspects of the inhabitants' social life. The researchers imagine that when people lose their job and so have more time, they will use that time for a number of alternative purposes. Contrary to what they expected to find, the researchers discovered that the borrowing of books from the library declined, the reading of newspapers declined, participation in local clubs and associations declined, etc. The researchers show how, over time, unemployment meant increasing isolation, less participation in democratic processes, less social engagement and reduced mental health.

Taking the question "Is work good for your health and well-being?" as their starting point, two British researchers, Gordon Wadell and A. Kim Burton (2006), examined and systematised the results from a large number of medical, psychological and social studies of the effect of work on workers' health in a broad sense. This metastudy comes to the overall conclusion that:

[...] this review has built a strong evidence base showing that work is generally good for physical and mental health and well-being. Worklessness is associated with poorer physical and mental health and well-being. Work can be therapeutic and can reverse the adverse health effects of unemployment. That is true for healthy people of working age, for many disabled people, for most people with common health problems and for social security beneficiaries. The provisos are that account must be taken of the social context, the nature and quality of work, and the fact that a minority of people may experience contrary effects. Jobs should be safe and should also be accommodating for sickness and disability. Yet, overall, the beneficial effects of work outweigh the risks of work, and are greater than the harmful effects of long-term unemployment or prolonged sickness absence. Work is generally good for health and well-being. (Waddell and Burton:ix)

This speaks in favour of maintaining a strong focus on various forms of active adjustment for young people at risk of dropping out of – or already excluded from – work, training or education. One significant feature of labour market policy in the Nordic countries since World War II has been the emphasis on low unemployment and high partici-

pation in the labour market, and there generally seems to have been broad political support for an active labour market policy of this sort. An important policy tool in this respect has been to create frameworks and conditions in the labour market that make it possible to solve problems of expulsion *in the labour market* and *at workplaces* by means of strong employment protection and strong rights for workers in permanent employment.

In parallel with this, the tripartite cooperation in the labour market has also produced another side effect, which has received less attention, in the form of an insider/outsider problem. The by-product of strong protection against dismissal, high pay levels and generally strong rights for workers is that recruitment involves a high risk for employers. This impacts on people whom employers assess as "not quite right". Young people, people with disabilities, immigrants, people who have not completed their education, people with a criminal record, etc. Over time, this contributes to a divided labour market in which "insiders" are secure, while "outsiders" struggle to come in from the cold – with short-term contracts, insecure terms of employment, poorly regulated terms of pay and weak employment protection. Paradoxically, it is these people who get stuck in the revolving door of labour market programmes. In short, we can say that a large "programme labour market" and a high proportion outside the labour market are part of the price to be paid for keeping the "insiders" warm.

This line is reflected in the Norwegian Cooperation Agreement on a More Inclusive Labour Market (IA Agreement) of 2001. The agreement between the government and the parties involved in the labour market means, for example, greater responsibility for adaptation, adjustment of conditions locally and close monitoring of workers during sick leave. The IA Agreement process can also be seen as a special feature of the labour market in the Nordic countries in the shape of the "tripartite cooperation" between the government, the labour organisations and the employers' organisations. Historically, ensuring competitive conditions outwardly and a stable, predictable labour market inwardly has been key.

Several studies indicate that there is a certain grey area between disability pension and unemployment (see Bratsberg et al. 2010; Støver et al. 2013). Figures from OECD studies show that the Nordic region is distinguished by generally low unemployment – but also a large num-

ber of people on disability pension. In this sense there may be a risk involved in the welfare systems diagnosing what is basically a structural problem with the labour market – and thereby locating the problem with the individual.

Exclusion and transitions

Recent studies indicate that young people are at risk of dropping out during transitions in particular. It could be the transition between lower and upper secondary school, or between upper secondary school and work, for example. It is first and foremost young people who, for one reason or another, are already in a vulnerable situation who are hardest hit (see Anvik in this anthology; Anvik and Gustavsen 2012; Thrana et al. 2009). The welfare services, in the form of health services, educational follow-up and labour market services, are divided between municipality, county and state in different ways in the Nordic countries. The division of work between levels and service areas was developed on the basis of a rational distribution of different functions and tasks. When it comes to safeguarding young people on their way out of education or work, however, it does not seem to be a particularly expedient solution. In some important areas, overall responsibility and the incentive structure seem to promote rather than prevent early retirement on disability pension. The individual municipality saves on its social and health budgets if a person goes onto disability pension in that the bill will be passed on to central government. When costs and budgets are divided in this way, there is no one authority with overall responsibility for ensuring that the follow-up systems and incentives are pulling in the same direction.

Earlier experiences of bullying

One of the topics that came out of the Nordic conference of experts was young people's early experiences as victims of bullying. The causes of mental illness in young people are many and unpredictable (Mykletun, in this anthology). Mental illness, problems with dropping out of education and social exclusion among young people seem to be closely connected with bullying in the early years of school. A study in Norway shows that the experience of earlier bullying was widespread among people who developed mild or more serious mental

illnesses at upper secondary school or as young adults (Anvik, in this anthology; Anvik and Gustavsen 2012). It seems that the transition to upper secondary school is an especially critical phase for these young people. International comparative studies have shown that bullying affects the mental health of many children and young people (Due et al. 2009).

Among other things, the study shows that exposure to bullying is systematically linked with socioeconomic conditions. Levels of bullying also seem to vary widely between different countries, and between schools within a country. Children who feel bullied or lonely during their school years are at risk of developing major mental health problems as adults. In countries with smaller social differences, bullying is less common. Children and young people who belong to the lowest social class feel more vulnerable than children from other social classes. Negative effects on health seem to persist for a long time among those affected, frequently into adulthood. Experiences from Denmark have shown examples of how it is possible to counteract bullying and reduce the incidence of bullying in schools, enabling more children to thrive and feel secure. The example given here is of a "bullying book", which discusses how relatively simple measures were used to reduce the incidence of bullying in Danish schools.

Mental ill health and work in the Nordic region

The complex of problems with which we are dealing here is by no means a purely Nordic issue. Two studies look at these problems for the OECD as a whole. *"Sickness, disability and work"* (OECD 2010) and *"Sick on the Job? Myths and realities about mental health and work"* (OECD 2012) both focus on the OECD countries. They see mental health problems as being a serious issue for many of the member countries. It is not just a matter of the youngest age groups going onto disability pension early, but of mental ill health affecting member countries' economic situation.

The point of departure is the increase in mild mental health problems in particular. The OECD recommends countries to draw up their own strategies for getting to grips with these challenges, with the most important recommended action being to develop clear cooperation and coordination between provisions, including medical expertise and oth-

er relevant players in the field, such as teachers, managers in the workplace, job adaptation officers and general practitioners.

The Nordic region is especially concerned about mental ill health among young people, exclusion processes in the labour market, drop-out from upper secondary school and disability pension at a young age because it has seen a particular increase in disability pension in the youngest age groups in recent years. The topic is high on the political agenda in all the Nordic countries. Several countries have their own initiatives directed specifically at young people who are not in employment, education or training. Finland, for example, has reintroduced its youth guarantee scheme with effect from January 2013. The guarantee means that all young people under 25 must be offered work, education, training or another activity within three months of signing on as unemployed.

In Denmark, Sweden and Norway the OECD has carried out a comprehensive study of the labour market situation and welfare services in separate national studies on the topic of "Mental health and work" (OECD 2013a, 2013b and 2013c). In brief, the OECD report gives Sweden and Norway advice aimed at increased emphasis on cooperation and coordination of provisions in different sectors such as education, health and labour market services. Another suggestion is to try and create more integrated models that deal with illness at work and in the workplace – i.e. within the framework of everyday working life – to a greater extent. The OECD advises the countries to increase their focus on mental health services in schools, as well as better coordination of follow-up responsibility for the most vulnerable groups of young people, e.g. NEETs.

Clarification of terms

By way of introduction, we will briefly clarify some of the key terms used in several of the articles in this anthology. They should be regarded as preliminary definitions. Where the individual author has provided definitions in a particular article, those definitions apply in the context of the article.

Mental ill health: The term mental ill health is used in several places in this anthology. It refers to mental illnesses (i.e. medically defined

conditions) and relatively mild mental health problems that are closely associated with, but not usually included in, the medical diagnostic criteria. In the medical conditions it is usual to differentiate fundamentally between three main groups: a) developmental disorders in the form of congenital conditions or conditions acquired early in life, b) serious mental illnesses, such as schizophrenia and bipolar disorder, and c) mild mental illnesses, such as anxiety and depression. The main category of other, unspecified mental health problems includes mild depression, low spirits and loneliness.

Young people: Who do we regard as young? The term "young" is defined differently in different contexts. The same is true of these articles. Some contexts refer to young people aged 14-19, others to young people aged 16-29 years, while in some places the age range goes as high as 39. This may seem confusing at first sight, but is expedient because the processes that take people out of work and onto disability pension start early in life, but it is often many years before the person is finally given disabled status.

Disability pension: The term disability pension refers to the income granted to people who are unable to keep themselves owing to permanent illness or injury, or a congenital condition. The Norwegian term is "uførepensjon" or "uføretrygd". Sweden and Finland use the term "förtidspension". (More recently Sweden has differentiated between "handikappersättning", "aktivitetsersättning" and "sjukersättning".) The term used in Denmark is "förtidspension". These are financial benefits paid to people of working age (usually 18-67, but this varies between countries to some extent) who are not considered to have the capacity to be financially self-sufficient for medical reasons. Access to disability benefits is via medical diagnoses with fixed definition criteria described in diagnostic manuals such as ICD

NEET: The term "NEET" and its plural "NEETs" are used in several places in the following articles. NEET is the acronym for "*not in education, employment or training*" and refers to young people who have dropped out of education/training and work and do not register on the official radar much, as there is little financial incentive for them to sign on as unemployed. Over time, many of them are at risk of permanent social exclusion. The term NEET was coined by the UK Department for Education, which uses it for quarterly statistics. The age group covered by the UK statistics is 16-24, but definitions may vary

from country to country. None of the Nordic countries uses this definition, but the term is used in some contexts by Nordic researchers to describe the group of young people not in education, training or work.

A brief introduction to the chapters

In the next two chapters Sven Bremberg and Arnstein Mykletun respectively look at the overall picture and key trends for mental ill health among the younger population. Bremberg discusses trends in the Nordic countries and compares them with developments in Western Europe and the OECD. Studies in some Nordic countries point to an increase in mental illness in the youngest group of young people. There appears to be considerable variation between the Nordic countries and Bremberg discusses possible explanations for these differences. In his chapter, Mykletun focuses on trends in Norway and suggests that there is no clear correlation between mental illness and work participation. Mykletun also discusses how different perspectives on disability pensioning impose different requirements in terms of finding possible measures and solutions for meeting the challenges presented by changes in the disability figures.

The two following chapters discuss young people's situation in and outside the labour market and education. In particular, Jonas Olofsson and Alexandru Panican focus on young people gaining a foothold in the world of work and discuss which exclusion mechanisms, including mental ill health, affect the younger age groups on the labour market in particular. The authors' empirical focus is on conditions in Sweden from the early 1990s to the present. The chapter is based on a variety of statistical data from Sweden. Taking the great economic changes in Iceland in recent years as her starting point, Jóhanna Rósa Arnardóttir discusses the situation for the young long-term unemployed and young people not in employment, education or training – the so-called NEET category. From being a nation with virtually no NEETs, Iceland has experienced substantial growth in this group in the wake of the economic crisis. In particular, the author looks at the role played by mental ill health and gender differences in this picture. The data is based on Iceland's labour force surveys.

Two subsequent chapters focus on correlations between bullying in the early years of school and mental ill health in later life. The two

chapters discuss this from different professional perspectives. In her chapter, Cecilie Høj Anvik shows how bullying during childhood gradually gives rise to social adaptations and mental protection mechanisms in those subjected to it, who apparently manage to live with this during primary and lower secondary school. The problems seem to "pile up" at the transition to upper secondary school, however. One of the core themes in this anthology is the way in which work and activity are of great importance to mental health, and Anvik shows the discrepancy between ideal and real everyday lives as described by young people with mental disorders. The data is based on a national questionnaire survey of the Norwegian advocacy group for young people with mental ill health and personal interviews with a selection of the respondents. In the study presented by Pernille Due et al. in their chapter, the authors show the correlations between bullying in the early years of school and the risk of mental illness later. The data is based on a nationally representative questionnaire survey of Danish 15 year olds in 1990 with a follow-up in 2002, when the respondents were 27.

The anthology ends with the results from a cohort study of the health and welfare situation of everyone born in Finland in 1987, in other words those turning 26 in 2013. The study presented by Reija Paananen, Tiina Ristikari and Mika Gissler is based on data from a number of national registers. Mental ill health is widespread among young people in Finland too and recruitment to disability pension is high among the younger age groups. The authors show how there are systematic correlations between mental ill health, level of education and several other living condition factors, and point out how, among other things, living condition problems accumulate among young people who do not complete upper secondary education. The authors highlight early prevention initiatives and general welfare services, for example, as a means of combatting permanent exclusion.

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Development of mental health problems, educational achievement and labour market participation among young people in the Nordic countries

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In several Nordic countries, the share of young people aged 20-34 who receive disability benefits has increased significantly in recent decades (1). Psychiatric diagnoses such as anxiety disorders and depression explain most of the increase. Furthermore, representative population surveys in some of the Nordic countries indicate an increase of mental distress in the age group 15-24. Yet, the variation between the different Nordic countries is significant. The purpose of this paper is to clarify trends of mental health problems in the Nordic countries and to seek explanations for the existing differences between the countries. As a background, there is a description of the trends in Western Europe followed by a presentation of the Nordic countries. Thereafter, possible explanations for the trends in the Nordic countries are discussed. The paper concludes with some proposals for action.

The development of mental health problems among young people in Western Europe

A comprehensive overview of the development of mental health problems among young people in Western Europe was published in 1995 with the renowned child and adolescent psychiatrist Michel Rutter as editor in chief (2). There, the authors state that mental health problems, both externalizing, like behaviour problems, and internalizing, such as depression and anxiety, had increased since the end of World

War II. The authors, however, do not find any obvious explanation of the development since childhood conditions and living conditions in general had improved significantly during the period. One would rather have expected a decrease of mental health problems instead of the increase that was observed. The authors argued, as a potential explanation, that the expectations for better living conditions might have developed faster than the actual conditions. This could create a frustration which in turn could lead to increased mental health disorders. The authors, however, did not present any empirical support for this hypothetical explanation.

A later survey, outlining developments in mental health in Western Europe, was published in 2012 (3). It deals with the development of suicide in the period 1980-2010, as the ultimate consequence of mental health problems, depressive symptoms, alcohol-related problems and schizophrenia. The incidence of suicide has remained relatively constant during the period 1980-1995, but then declined until 2008. From then on, the incidence of suicide among young people in Western Europe increases. The decrease 1995-2008 can be explained by the introduction of modern antidepressants, known as SSRI's (4). The increase in suicides from 2008 can be related to the economic crisis in Europe and the consequent unemployment.

The prevalence of depressive symptoms among 15-year olds seem to have increased in some countries, while the development in others has been stable. The differences and possible explanations are discussed in the following sections which deal with the Nordic countries. The incidence of alcohol-related health problems in Western Europe declined slightly during the period. A similar decline also appears to hold true for the incidence of schizophrenia. Reliable data for the last-mentioned area, however, is scarce.

The development of mental health problems among young people in the Nordic countries and the Netherlands

A compilation of six different studies on mental health problems among young people in Sweden, all with repeated assessments from the end of the 1980s until the 2000s, was published in 2009 (5). The compilation showed a two- to threefold increase in the proportion of

young people who reported anxiety and depressive symptoms. The rate of increase was the same for both sexes, but young men were generally less affected. Available studies were subject to a review by an expert committee appointed by the Royal Swedish Academy of Sciences, which concluded that there seems to have been a real increase in mental health problems among young people during this period (6). One of the referenced studies is on people in all age groups above 16 years of age, "Undersökningar av Levnadsförhållanden" ("Studies of Living Conditions") (7). It shows that the increase during the period 1980-2010 is mainly true for the 16-24 year olds while increases diminished with increasing age of the individuals. Thus, no change at all could be detected among the 65-74 year olds. Data on hospitalization for psychiatric conditions is also available for Sweden. During the period 1991-2007, a fivefold increase was noted for the rate of women in the age group 20-24 who were hospitalized for depression or anxiety disorder (5). The rates of women hospitalized for psychosis has not varied.

In a study organized by the WHO, "Health Behaviour in School-aged Children", there is information on e.g. mental health symptoms at age 15, collected from Denmark, Finland, Norway and Sweden. The study shows changes during the period 1985-2002 of the proportion of 15 year olds who reported feeling down more than once a week (8). In Sweden, the proportion of young people with such ailments has risen from 9 percent in 1985 to 25 percent in 2002. In the other Nordic countries, the initial level is about the same in 1985. After that there are insignificant changes. During the period 2002- 2009 there was a slight decrease in Sweden while the other countries were still at approximately the same level. The development in Sweden thus appears to be unique.

The development of mortality among young people in the Nordic countries and the Netherlands

It is obviously important if many young people say that they often feel down. However, one may never rule out the possibility that changes over time may be explained by an increased acceptance of mental symptoms. Therefore, it is desirable to analyse other outcomes. The extreme negative consequence of lack of health is death. The main causes of death in the Nordic countries in the age group 15-29 are ac-

cidental injuries and suicides. The delimitation between accidental injuries and suicides is partly floating, since many accidental injuries leading to death are result of high risk taking.

In most high-income countries, mortality rates have been declining for decades in all age groups. Young people in some Nordic countries during the period 1990-2010 are a notable exception to this, see Figure 1. The figure also includes the Netherlands since the development there is extremely positive and comparisons with the Netherlands are therefore relevant.

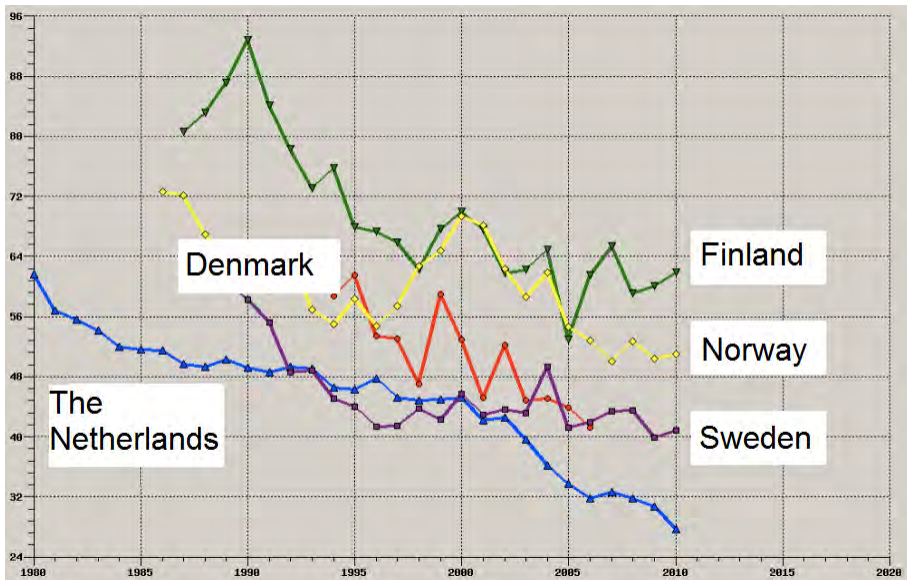


Figure 1. The development in mortality rates per 100,000 population of 15-29 year olds in Denmark, Finland, the Netherlands, Norway and Sweden during the period 1980-2010. Source: WHO/Europe, European mortality database.

In the EU-15 as a whole, mortality rates for the group of 15-29 year olds have declined on a regular basis since 1990 by a half until 2010 (not shown in the figure). In Finland, Norway and Sweden, however, only minor changes occur during this period while mortality rates in Denmark have declined a little. The Netherlands have a mortality rate which already in 1990 was below the figures for the Nordic countries. During the period 1990-2010 this mortality rate falls by half to levels further below the Nordic countries. The unfavourable development in

the Nordic countries is thus not given, because the Netherlands in several aspects have great similarities with the Nordic countries.

Possible explanations for the development of mental health problems in the Nordic countries

In order to explain changes in the prevalence of mental health problems, an understanding of the underlying causal chains is required. Figure 2 indicates some important causal chains. In a number of studies, researchers have shown that children who grow up with parents who neglect them, later as adolescents and adults are at a greater risk, of, for instance, depression (9). In a comparable way, you can see failure at school as a contributory factor to problems in getting a job, which in turn increases the risk of mental health problems. The figure shows social integration as a link between work and health. Many of the arrows are bidirectional since interactions seem to occur. As an example, lack of social integration may result from lack of access to work, but it can also lead to difficulties in the labour market.

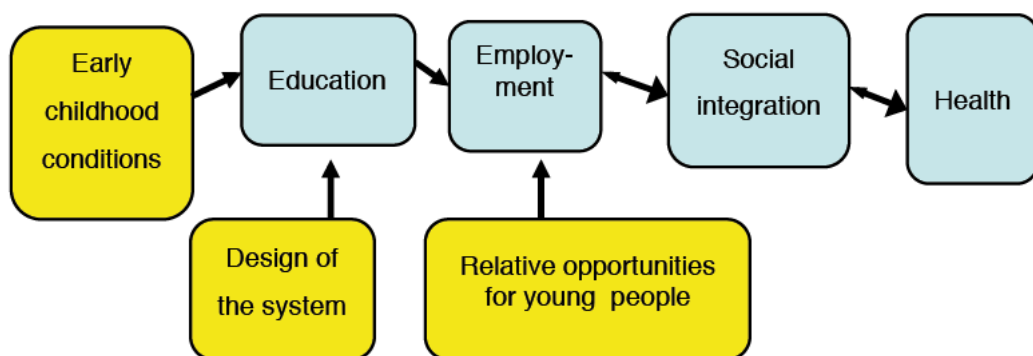


Figure 2. Factors leading to mental health problems among young people.

The figure can serve as a basis for an analysis of the development in the Nordic countries in recent decades. The presentation is limited to discussing young people's access to work and the development of the educational systems. Early childhood conditions will not be considered since the overall development has been favourable and thus hardly can explain an increase in mental distress symptoms (10).

Development of employment opportunities for the 16-24 year olds

In the 1980s, the proportion of young people in employment in the Nordic countries exceeded the OECD average, see Figure 3. Since then, significant changes have occurred. In Finland and Sweden, the employment rate drops to below or around the OECD average, while the proportion of young people in employment in Denmark and Norway remains at approximately the same level as in the 1980s.

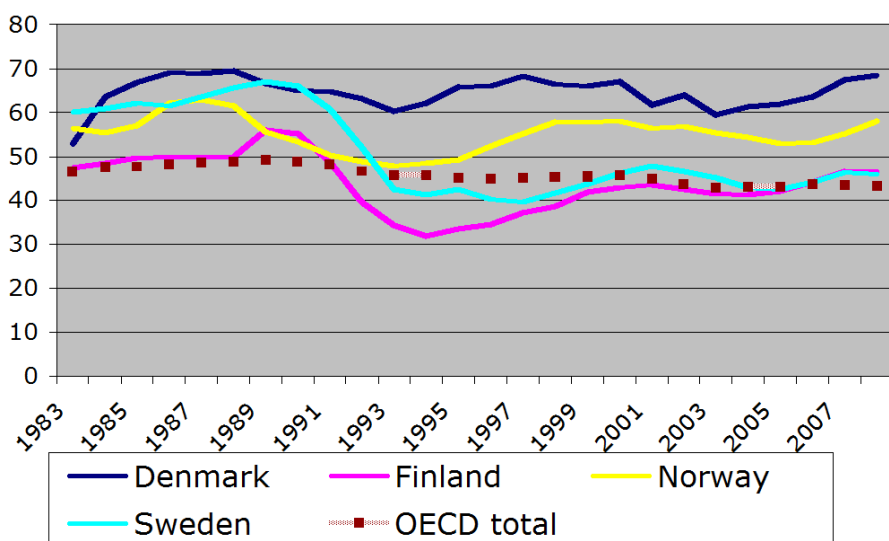


Figure 3. The proportion of young people in the age group 15-24 in the Nordic countries and the average in the OECD. Source: OECD.

The differences in the proportion of young people in employment in the Nordic countries are reflected in the unemployment rate in the age group 16-24. In Sweden and Finland, the unemployment rate exceeded the OECD average for years 2007 and 2012, while the corresponding unemployment rate in Norway and Denmark was below the OECD average. Despite an above average unemployment rate in some of the Nordic countries, the proportion of NEET youth (people who are not in employment, education or training), was below the OECD average in all of the Nordic countries in the years 2007 and 2011.

Within the EU, the unemployment rate of young people in the age group 16-24 exceeds the unemployment rate of adults above 25 years

of age. In some of the Nordic countries, however, the unemployment rate among young people is considerably higher than in the age groups above 25 years of age, see Figure 4. Sweden has a special place with a youth unemployment rate which is 4.9 times higher than the unemployment rate among adults at 25 years of age and above. Germany is the contrast in the EU with a youth unemployment rate which is only 1.4 times higher than the unemployment rate among older people.

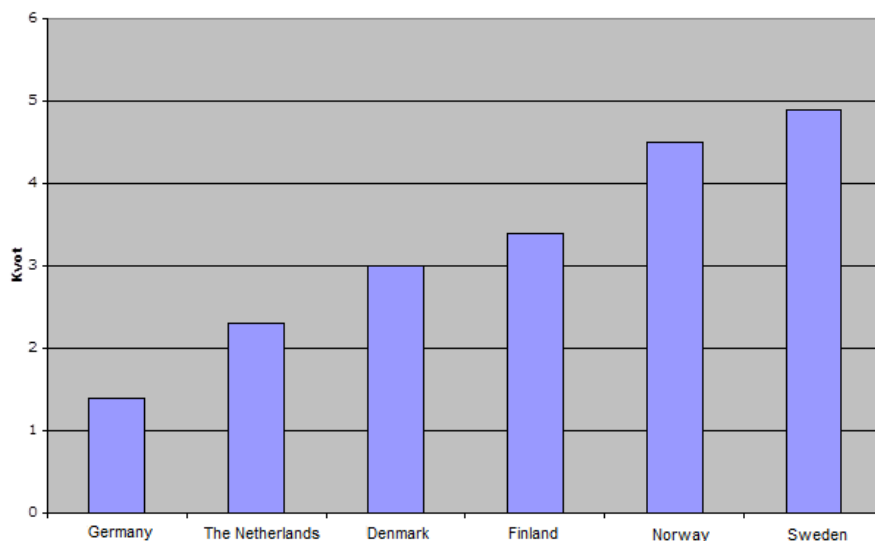


Figure 4. The ratio of unemployment in the 16-24 age group compared to unemployment rates for the age group 25-74 in 2008. Source: Eurostat, own reworking of data.

If young people feel they have relatively limited opportunities in the labour market, it increases their risk of mental health problems (11). It is also likely that young people in particular are affected by *changes* in the labour market. This means that if youth unemployment for a long time has been high in a country, young people will have adjusted their expectations about the future to this state of affairs. On the other hand, if employment prospects suddenly decrease, this can lead to an increased incidence of mental distress symptoms. Such was the case in Sweden, see Figure 3. To test this hypothesis, data on changes in youth employment for the period 1985-2005 in ten countries in Europe were correlated to data on changes in the incidence of mental distress symptoms at the age of 15. The relationship proved to be remarkably strong. Approximately 61 percent of the variation of chang-

es in mental distress symptom could be explained by changes in youth employment rates (12).

Thus, limited employment opportunities can explain some of the prevalence of mental health problems. These mental health problems, in turn, can reduce the opportunities for employment. Consequently, there may occur an interaction between lack of employment activities and the prevalence of mental health problems.

Development of youth education

One of the main reasons why a young person fails to get a job is inadequate school performance. The development of educational performance is thus of the utmost interest. Schooling is compulsory in the Nordic countries until the age about 16 years. In the age group 16-18, education (upper secondary school) is formally optional, but in practice most young people start studying in this type of school. The proportion of graduates varies considerably between the Nordic countries. While the proportion of graduates in Sweden is clearly below the OECD average, the proportion in the other Nordic countries is above this average, Figure 5.

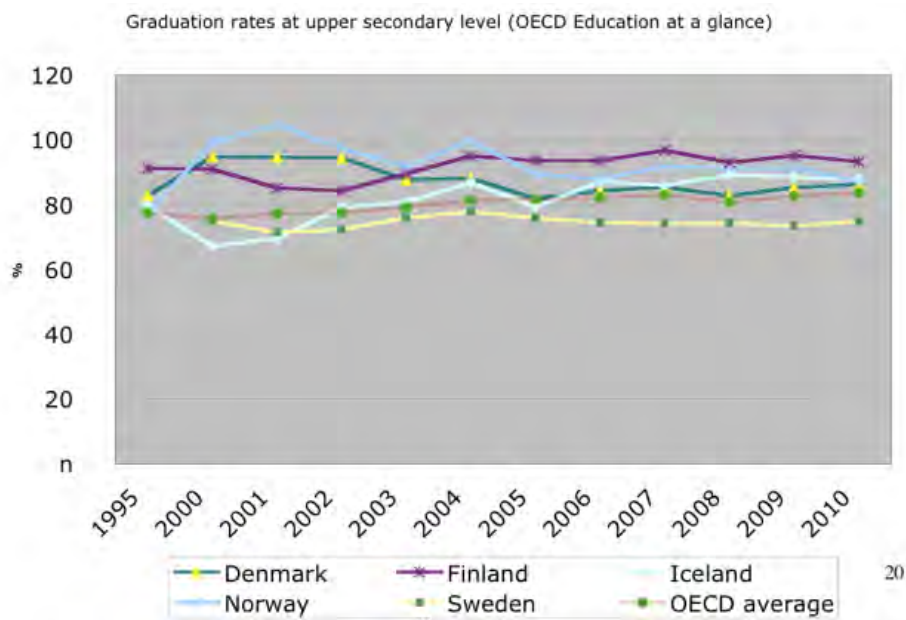


Figure 5. The proportion of graduates from upper secondary school in the Nordic countries 1995-2010. Source: OECD Education at a glance 2012).

There are also differences between the Nordic countries with regard to the proportion that graduates with a minimum of three years of upper secondary education with a predominantly theoretical orientation. In 1995, the proportion of graduates in all of the Nordic countries was just above the OECD average (20 percent) (13). Since then, the proportion of graduates has increased within the whole of the OECD to an average of 39 percent in 2010. The increase has been least pronounced in Sweden with a graduation rate of 37 percent in 2010, i.e. below the average for the OECD, while the other Nordic countries were above this average. The increase was most pronounced in Iceland with a 60 percent graduation rate.

Education and health

At the level of individuals there is a clear correlation between success in the school system and health in adulthood. The interpretation of this relationship is, however, not clear. The explanation of personal success at school might be personal qualities which also might explain good health in adulthood. Thus, a causal relationship is not obvious.

Experimental studies, however, present less unambiguous results. Such an experiment was carried out in Sweden when compulsory schooling was extended from 8 to 9 years. The reform was carried out gradually in different municipalities in the years 1949-1962. A recent study shows that one additional school year leads to reduced mortality in adulthood (14). Comparable studies have been conducted in other countries with similar results (15).

A recent study shows a correlation between measures of the quality of school systems in 18 Western European countries and the prevalence of mental health problems among 15 year olds. On basis of performance on the PISA mathematics tests, as a measurement of the quality of school systems, it shows that 34 percent of the variation between the countries, of prevalence of mental health problems, could be explained by this measurement of the quality of school systems (3). Taken together, these studies indicate that short-comings in the school systems can both directly contribute to poorer health and indirectly, by reduced employment opportunities.

Overall comparisons between the Nordic countries and the Netherlands.

The prevalence of mental health problems among young people varies between the Nordic countries. Similarly, the results of the educational systems vary and the proportion of young people in employment. The data are summarised in Table 1. It also shows the situation for young people in the Netherlands.

Table 1. A schematic overview of the situation of young people in the Nordic countries and the Netherlands in 2010-11.

The signs indicate comparisons between the situation in the countries and the average for the EU/OECD or the average results in the study "Health Behaviour in School-aged Children". Data sources are given in the main text. A "+" indicates a better than average situation and a "-" a situation that is worse.

<i>Country</i>	<i>Share of graduates from upper secondary school</i>	<i>Share of graduates from University</i>	<i>Share of employees</i>	<i>Good mental health at 15 years of age</i>	<i>Survival rates for 15-29 year olds</i>
Denmark	+	+	+	+	+/-
Finland	+	+	+	+	-
Norway	+	+	+	-	-
Sweden	-	-	-	-	+/-
The Netherlands	+	+	+	+	+

The different aspects of young people's lives reported, largely follow each other in accordance with the theoretical model presented in Figure 2. In the Nordic country with the worst mental health situation (Sweden), the situation in the education and labour market systems is also the worst.

Potential measures

Both the design of the school system and the design of the labour market might influence the prevalence of mental disorders among the young and probably also the total mortality rate in this age group. Improvement to these systems can therefore be expected to reduce the prevalence of mental disorders. During the period 2000-2010, the Netherlands is the country within the EU with the lowest mortality rates for the 15-29 year olds – and is also the country with the lowest youth unemployment rate. This is likely a result of systematic efforts in the Netherlands aimed at reducing youth unemployment, efforts that has been going on since 2003. A major impetus to these work was the increased rate of disability benefits in young people that was recorded in the beginning of the 2000s (16).

The group of young people who, by far, are the most disadvantaged with regard to the future, are those that do not graduate from upper secondary school. The percentage varies between 10 percent in Finland and 27 percent in Sweden. Obviously, it is most desirable to try to prevent the problem by making improvements to the school systems. An equally important measure would be to support young people who do not graduate from upper secondary school to obtain an equivalent to upper secondary school diploma. The Dutch model in this area has particular interest. A legislation was enacted in 2009 (Leerwerkplicht Wet) that included all young people in the age group 18-27 who had not completed upper secondary school. The aim of the legislation is to give all young people "startkvalificatie", i.e. skills equivalent to upper secondary school diploma. Central to this model is the statutory collaboration between state (employment agency and social insurance) and municipality (school and social services). The Nordic country with the worst results in this area (Sweden) lacks such statutory collaboration. The voluntary cooperation that exists between these players in Sweden has obvious shortcomings (17) as shown in studies by Jonas Olofsson and Alexandru Panican in this book.

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Young people, disability pension and mental illness

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Introduction

There is increasing awareness of the burden that mental illness represents for both society and the individual. It has been well documented, for example, that depression increases mortality to roughly the same extent as smoking (Mykletun et al. 2009a). Suicide accounts for just a small proportion of increased mortality. In fact, depression increases the risk of dying from a number of common diseases such as cardiovascular disease and cancer (Mykletun et al. 2007). Depression is also one of the leading causes of lost years of healthy life, because the disease strikes relatively early in life, lasts a long time and has a major impact on the ability to function (WHO 2009). The significance of anxiety disorders and other mental illnesses has not been studied as much in this context.

Loss of the ability to function at work and school is an important part of the ability to function lost through mental illness. The link between mental illness and the risk of long-term sick leave, possibly followed by disability pensioning, has therefore been very much in the spotlight recently.

The incidence of mental illness is high in the population. Around 30% will satisfy the criteria for a mental disorder in the course of a year, while around 50% will do so during their lifetime (Mykletun et al. 2009b). In this context a mental disorder is defined as satisfying the diagnostic criteria (ICD-10 or DSM-IV, or other versions of these classifications). Analysing the incidence of mental disorders is a re-

source-intensive exercise. Far from everyone with a mental disorder knows that they have it, in the same way that not everyone with high blood pressure is aware of the fact. The extent to which people seek help for mental illness is partly dependent on how badly they are affected by it, whether there is somewhere they can go for help, and whether they expect to be able to get help. This means that it is not possible to use figures for the number of people receiving treatment or benefits for mental disorders as an indicator of incidence in the population, for example. In order to establish this, population studies have to be carried out, with operatives who have received special training in diagnosing mental disorders canvassing a large number of members of the population, selected at random, and requesting an opportunity to diagnose them. Unfortunately, this does not happen very often, so we frequently have to combine studies from several countries in order to draw conclusions about the incidence of mental disorders in the population. Taking these together, there does not appear to have been any increase in the incidence of mental illness in the last 20-25 years, or possibly a modest one (Mykletun et al. 2009b).

But although the incidence of mental illness is relatively stable, the possibility that the consequences are changing cannot be ruled out. In many OECD countries the proportion of people being put on disability pension for a mental disorder has increased monotonously in the period for which statistics are available, up to around 20 years (OECD 2012). Any increase in the incidence of mental illness may have contributed to this, but can scarcely account for the whole increase. Another reasonable explanation is that work has changed in such a way that better mental health is constantly required in order to function. One of the first things to be affected by mental illness is the ability to function well socially, something that in all likelihood is increasingly becoming a prerequisite in the modern working world. What is more, the transitions from education to work have become vulnerable periods when individuals can go astray. The increase in disability pensioning among young people is particularly disturbing, and in this group mental disorders account for the majority of diagnoses for disability pension. In this context young people should be defined as 18-40 year olds, as many of the processes leading to disability pension are so slow that a person will not get to the stage of being granted disability pension in their 30s even if they have never gained a foothold on the labour market.

Three main approaches

There are several key lines of thought or paradigms in the approach to issues to do with work, benefits and mental illness:

The traditional *expulsion model* has had a strong influence on policy making in Norway and focuses on involuntary factors outside the individual's control that lead causally to a person leaving the labour market and becoming dependent on benefits. There can be many such factors, including working environment, social exclusion and discrimination against vulnerable groups. The expulsion model is based on the individual basically wanting to work, but work sometimes being harmful or difficult to find. The model has been popular in sociology and social health fields, as well as on the political left. Interventions aim to remove or reduce expulsion factors (e.g. improving the working environment or passing laws against discrimination), and the policy is intended to protect vulnerable individuals and groups from expulsion.

The *attraction model*, which has had a strong influence on policy making in other countries, stands in strong contrast to the expulsion model. This model focuses on how living on benefits (whether sickness benefit, work assessment allowance or disability pension) is to some extent a choice made by the individual after considering the advantages and disadvantages of the alternatives (e.g. continuing to work or drawing benefits). The model is based on a person preferring leisure to work and the benefit system being at risk of exploitation. It thus focuses on disability pension and sickness benefit not being too attractive compared with continuing to work, and effective controls being needed to prevent uptake. The model has been popular in economic circles and on the political right. Policy making based on the attraction model aims to protect the benefit system from overconsumption.

The Norwegian Inclusive Working Life model is largely based on the expulsion model's view of reality and initiatives package.¹ The Inclusive Working Life Agreement seems to have relieved some of the ide-

¹ The Inclusive Working Life Agreement was first entered into between the labour market parties and the government in Norway in 2001 and has since been revised several times. The agreement aims to make work more inclusive and prevent the transition from work to benefits.

ological tension that typically exists between the expulsion and attraction models in Norway. The Norwegian discussion is largely about protecting the individual from expulsion, while the Swedish debate, for example, has been largely about protecting the welfare system.

Norway has seen the emergence of a third paradigm that puts a sort of lid on the debate between the attraction and expulsion models. This third paradigm can be called the *medicalisation paradigm* and is about understanding the challenges of many people becoming dependent on benefits in a medical light. This best example of this is the "Back-to-work" scheme, which is based on reducing sick leave and expulsion by means of faster access to treatment. In the years following the launch of the "Back-to-work" scheme in 2007, sickness benefit and disability pension increased, however.²

In the majority of countries the legislation for granting sickness benefit and disability pension has been drawn up on the basis of an almost naive model of social security medicine, with disability pension and sickness benefit resulting from a diagnosis (e.g. depression) with associated impairment. This, of course, represents a very limited part of the causal relations that lead to benefits, and an exaggerated belief in such a model is often called *medicalisation* of the debate. It is typically this sort of perspective that gives rise to statements such as "of course sick people should be on sick leave", and the perception that people on sick leave awaiting treatment should be on sick leave.

New perspective on progress

Exciting new approaches to the problem of work, mental illness and benefits have emerged, however. By this time there is relatively good evidence to suggest that, for most people and in most situations, work is more curative than harmful (Waddel and Burton 2006). The fundamental question seems to be about the importance of *rest*. Sick leave should be regarded as a treatment on a par with other treatments, and as having side effects. A detailed study of the treatment guidelines for

² "Back-to-work" is a raft of work-focused measures for people on sick leave aimed at preventing prolonged absence and was set up in Norway from 2007 onwards. It consists of provisions from the Norwegian Labour and Welfare Administration (NAV) and the specialist health service involving follow-up, work assessment, work-focused rehabilitation and treatment for people with mild mental/combined disorders.

mental disorders (e.g. NICE guidelines) reveals scarcely any references to *rest* being a key element in treatment. On the contrary, importance is attached to *activity* in many different forms, whether physical or social.

Activity can be achieved through work even if a person is being treated for mental illness at the same time. Psychological treatment for patients on sick leave with common mental disorders is much more effective on getting people back to work if the treatment focuses on work, with the patient going back to work while treatment is in progress, for example (Lagerveld et al. 2012). The importance of graduated sick leave is a related point in this context. The proportion of graduated sick leave increased during two periods in Norway, and in those same two periods total sick leave fell (see figure 1 below).

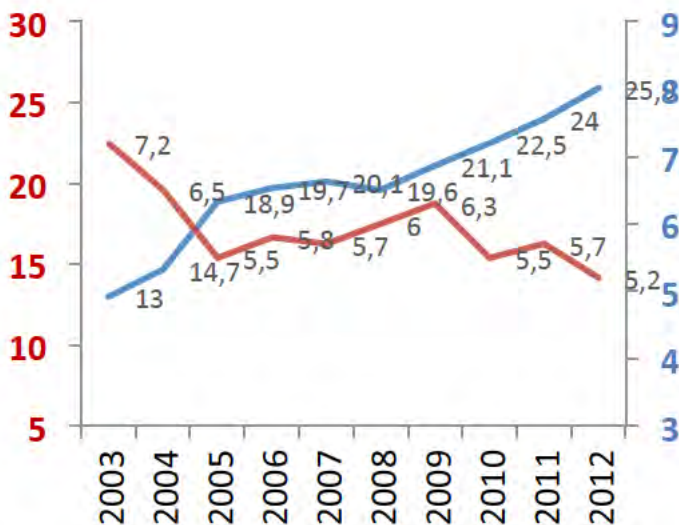


Figure 1: Graduated and medically certified sick leave in Norway, 2003-2012. Figures in per cent. Blue line: graduated sick leave. Red line: total sick leave. Source: NAV Work & Health. Only medically certified sick leave is included.

There has been shown to be considerable variation between general practitioners in the use of graduated sick leave, however. Patients signed up with general practitioners who make extensive use of graduated sick leave have less absence due to illness in total and a higher probability of being back at work two years later (Markussen et al. 2012). There is reason to believe that this beneficial effect of working a little

as an alternative to being on full sick leave is particularly favourable in the case of mental disorders.

But not everyone who is put on disability pension at a young age comes from a job and sick leave. As a diagnostic group, *mental illness* covers a wide range of disorders and problems, and it is useful to differentiate between the most important categories:

Common mental disorders: Most people who are granted disability pension for mental illness do not receive it for serious mental illnesses, but what are called common mental disorders, which include anxiety, depression and substance disorders. In 2011, 29% of new disability pensions were granted for mental illness, with 36% being for anxiety disorders and 26% for depression (affective disorders).

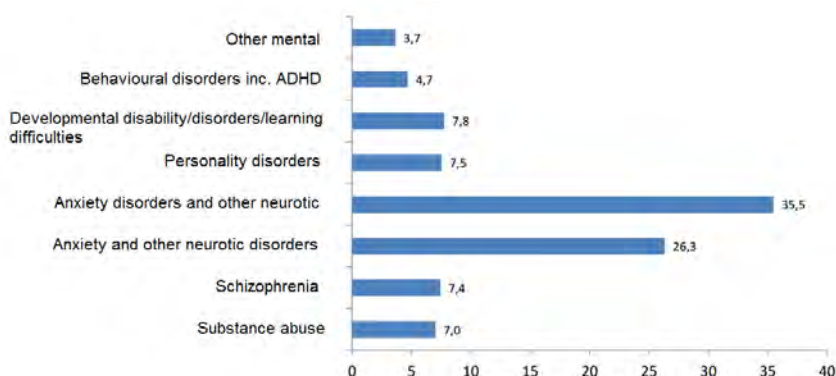


Figure 2: Which mental illnesses? In per cent.

Source: Norwegian Labour and Welfare Administration/NAV, January 2013.

This is therefore by far the largest group of mental diagnoses for which disability pension is granted. Thus it is not serious mental illnesses that are putting most pressure on the welfare system, but very common mental disorders. This is because there are so many more people with anxiety disorders and depression than with serious mental illnesses such as schizophrenia or bipolar disorder, for example. Although the individual risk of ending up on disability pension is higher the more serious the disorder is, incidence also declines with severity, so it is actually mild and moderate mental disorders that lead to most disability pension awards (Knudsen et al. 2010). Depression and anxiety disorders in particular are often relatively easy to treat, and in the case of anxiety disorders in particular there should consequently be

considerable potential for preventing them leading to disability pensioning. Disability pension for common mental disorders is not so common in the youngest age group (18-29), but predominates in the 30-39 age group, see figure 3 below.

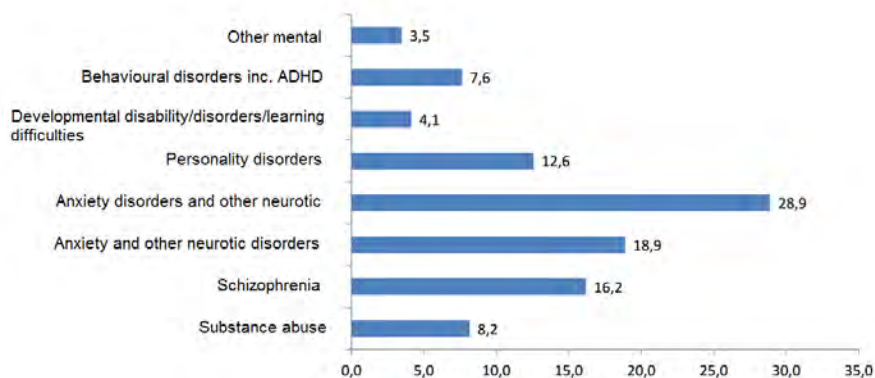


Figure 3: Which mental illnesses? 30-39 age group. In per cent.

Source: Norwegian Labour and Welfare Administration/NAV, January 2013.

It is important to stress that the majority of people with anxiety and depression do not end up on disability pension as a result, and it has not yet been clarified why some do and others do not. Nor is it known how large a proportion of them were previously well integrated in the world of work, which is something we must return to in future analyses. There is much to indicate that many of them may have fallen between stools in the welfare system. One problem is that young people who drop out of upper secondary education without qualifications are no longer entitled to follow-up by the school. NAV and the health service are responsible for them, but NAV is measured by producing decisions on time and not by those decisions actually preventing disability pensioning. For its part, the health service is measured by producing health services and has no great interest in preventing disability pensioning. In its recent report on Norway (OECD 2013), the OECD pointed to the need for better coordination of services with a view to preventing the target group falling between stools. Consideration should perhaps also be given to assigning responsibility for avoiding disability pensioning to a single public authority. For this group in particular it is important to stress that the prevention of disability pensioning is not dependent on the prevention or treatment of the disorder itself, and too great an emphasis on prevention of the disorder itself

may be a blind alley if the prevention of unnecessary disability pensioning is the objective.

Developmental disorders: Disability pension for developmental disorders represents a much smaller group (see figure 2) and is often granted shortly after the person comes of age. This is also the predominant diagnosis category among the youngest recipients of disability pension. In the 18-29 age group 61% of disability pensions are granted for mental illness, 50% of which are for developmental disorders (see figure 4 below).

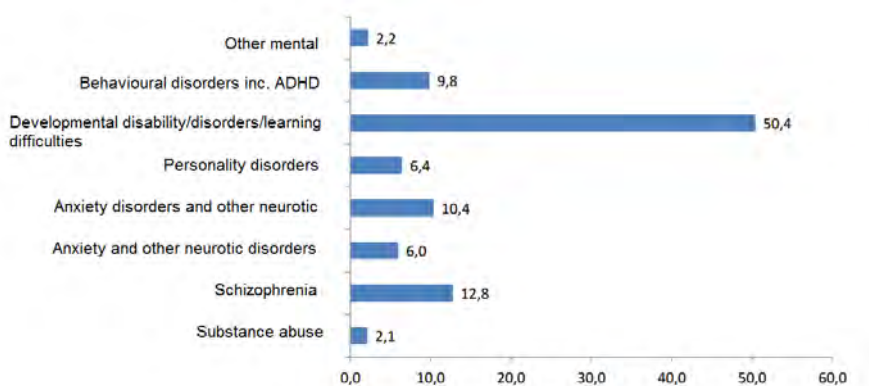


Figure 4: Which mental illnesses? 18-29 age group. In per cent.

Source: Norwegian Labour and Welfare Administration/NAV, January 2013.

A further 9% are for chromosomal abnormalities and congenital malformations. In this group there have frequently been no really attempts at integration in mainstream employment or education, and for many people this would also be unrealistic. It is also important to remember that developmental disability also covers a broad spectrum, which extends from severely disabled to normal, and there will be some people with learning disabilities who should nevertheless be given an opportunity and the assistance they need to try the ordinary labour market.

Serious mental illnesses: Disability pension is granted for serious mental illnesses such as schizophrenia with roughly the same frequency as for developmental disorders, but in all other respects this is a very different group. The illness has genetic causative factors to a much great extent than common mental disorders (Mykletun et al. 2009b), and the majority of people diagnosed with schizophrenia will

end up on disability pension. The illness often makes its first appearance in a person's late 20s or their 30s, and in the 30-39 age group people with schizophrenia represent the third largest diagnostic group to be granted disability pension after anxiety and depression (see figure 3 above). Individual placement and support (IPS) has been shown to be surprisingly effective in terms of people finding a real job without benefits (Brinchmann and Mykletun 2012), and some international studies have shown that the majority of people with schizophrenia can hold down an ordinary job when individual placement and support is integrated with treatment.

Other: In addition to these three important groups, personality disorders, substance abuse and behavioural disorders can be mentioned as the other relatively large diagnostic groups for which disability pension is granted, but not much is known about dedicated measures to prevent disability pensioning for them.

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Young people and social exclusion in Sweden

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The chapter gives an overall picture of the conditions of labour market entry for young people (16-19 years) and young adults (20-24 years) and their social exclusion in Sweden from the early 1990s until now. The chapter consists of three sections. The first section provides background information on the entry of young people on the Swedish labour market. The overview summarizes research findings on the labour market, education and livelihood conditions. The second section deals with young people with activity compensation. The concluding section summarizes some of the key observations and recommendations on what should be done in order to reduce youth unemployment and social exclusion of young people in Sweden.

Conditions of labour market entry for young people since the early 1990s¹

In Sweden, a greater proportion of adolescents and young adults today live under relatively more difficult economic conditions compared to the conditions two to three decades ago. Among young adults aged 20-24, poverty has, since the early 1990s, been most persistent². Sta-

¹ The presentation in this section is based on Olofsson et al (2012) *Ungas övergångar mellan skola och arbete. Förutsättningar, lokala strategier och åtgärder*. Umeå University Umeå.

² Biterman, D., & Franzén, E. (2008) "Vem är fattig i Sverige idag?" in H. Swärd & M.-A. Egerö (ed): *Villkorandets politik. Fattigdomens premisser och samhällets åtgärder - då och nu*. Malmö: Égalité.

tistics Sweden's surveys of living conditions show that the share of poor people in the age groups between 16 and 24 has more than doubled from the late 1980s until the years 2010-2011, from about 20 to over 40 percent³. The poverty limit is calculated on basis of an income lower than the social security norm corresponding to SEK 2920 per month in 2012. In all other age groups, the proportion of poor is lower now than in the early 1980s. The age group 18-29 make up 40 percent of all social assistance recipients in Sweden⁴. A growing group of young people are also affected by mental ill health⁵ and the difficulties in establishing on the housing market are well-known⁶.

Labour market, education and livelihood

Youth unemployment has emerged as a growing challenge in Swedish society. Young adults are at a greater risk of social marginalization than the general population⁷. The prerequisites for young people's labour market entry and livelihood have changed drastically during recent decades. More and more young adults have a weak foothold on the labour market. In many respects, the initial crisis year of the 1990s is regarded as a turning point. Education and training periods have been extended and it is taking longer for young people to get more permanent jobs. The labour market entry phase for young people has become more extended⁸. This means that individuals are getting older when they become financially independent, are able to get a home of their own and start a family. A larger group than previously gets stuck in long-term social exclusion. Difficulties affect most those with low education levels. Basically it is about more long-term and successive changes associated to changed conditions and requirements in the

³ Statistics Sweden (2012) ULF-undersökningarna (Swedish Survey of Living Conditions).

⁴ The National Board of Health and Welfare (2010) *Ekonomiskt bistånd årsstatistik 2010 - Utbetalda belopp samt antal biståndsmottagare och antal biståndshushåll*. Stockholm: The National Board of Health and Welfare.

⁵ Starrin, B. (2003) "Psykisk ohälsa bland unga" in *De kallar oss unga – Ungdomsstyrelsens attityd och värderingsstudie*. Stockholm: The Swedish National Board for Youth Affairs; The National Board of Health and Welfare (2012) *Beskrivning av vårdutnyttjande för psykiatriska patienter. En rapport baserad på Patientregistret och dödsorsaksregistret vid Socialstyrelsen*. Stockholm: The National Board of Health and Welfare.

⁶ Mann, J. & Magnusson, K. (2003) *Bostad? Var god dröj. Ungas etablering på bostadsmarknaden – Generationsstudien del 3 TCO*; Gullberg, A. & Börjeson, M. (1999) *I vuxenlivets väntrum. Arbetslöshetens konsekvenser för ungdomars livsvillkor*. Umeå: Boréa.

⁷ Olofsson, J. & Panican, A. (2012a) *Läringsutbildningen – aktuella erfarenheter och framtida möjligheter. Rapport nr 2 Maj 2012*. Stockholm: Ratio.

⁸ Erikson, R., Nordström Skans, O., Sjögren, A. & Åslund, O. (2007) *Ungdomars och invandrades inträde på arbetsmarknaden 1985-2003. Rapport 2007:18*. Uppsala: IFAU.

workplace. This is not a unique phenomenon for Sweden. The same pattern can be discerned in the majority of comparable countries⁹.

Generally speaking, young people and other new entrants to the labour market (e.g. people with a foreign background) are at a disadvantage in the competition for jobs in comparison to middle-aged and older people. There are several different explanations for this:

- * Young people and other new entrants have less experience from working life and are thus assumed to have lower productivity than more experienced workers.

- * Employers are unwilling to take risks and are therefore more likely to hire people who have experience of similar work previously.

- * Employers may find it difficult to evaluate the work capacity of young people. Educational achievements say a lot about a person's skills and capacities, but far from everything.

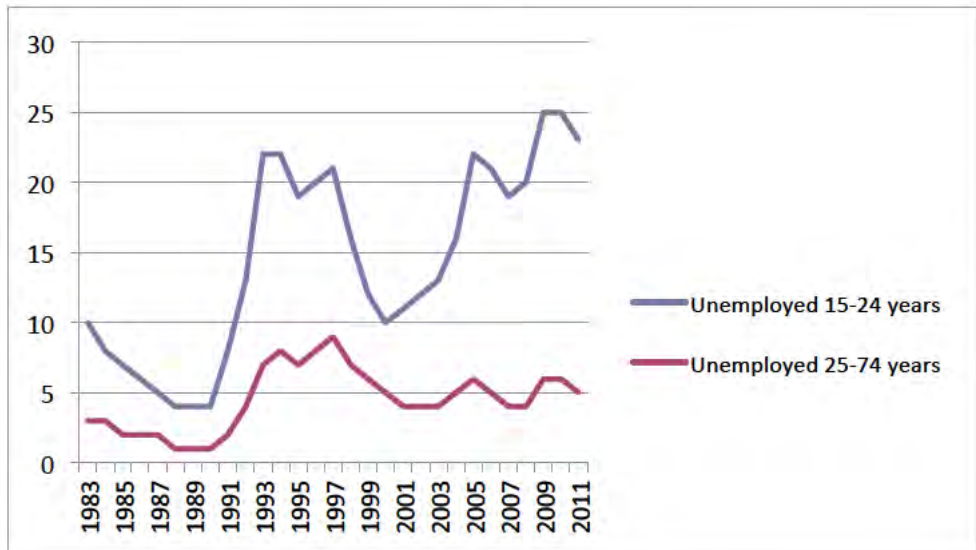
- * The more the general level of education in society is raised, the stronger the stigmatization of young people who do not live up to the norm (e.g. of completed secondary school)¹⁰.

The unemployment rate has varied a lot in recent years, but has stayed at significantly higher levels compared to the years prior to the crisis of the 1990s.

⁹ Olofsson, J. & Panican, A. (2008) (ed): *Ungdomars väg från skola till arbetsliv – nordiska erfarenheter*. Copenhagen Nordic Council of Ministers; Olofsson, J. & Panican, A. (2012a) *Läringsutbildningen – aktuella erfarenheter och framtida möjligheter. Rapport nr 2 Maj 2012*. Stockholm: Ratio; Olofsson, J. & Wadensjö, E. (2012) "Svensk lärlingsutbildning – förutsättningar och utmaningar" in H. Håkon (ed): *Tradisjonelle utfordringer – fornyet interesse. Hvordan er de nordiske landes yrkesutdanninger i stand til å møte arbeidslivets behov?* Copenhagen Nordic Council of Ministers.

¹⁰ Olofsson, J. & Panican, A. (2012a) *Läringsutbildningen – aktuella erfarenheter och framtida möjligheter. Rapport nr 2 Maj 2012*. Stockholm: Ratio.

Diagram 1. Open unemployment in the age groups 15-24 and 25-74, 1983-2011.



Source: Statistics Sweden (2012) Swedish Labour Force Surveys.

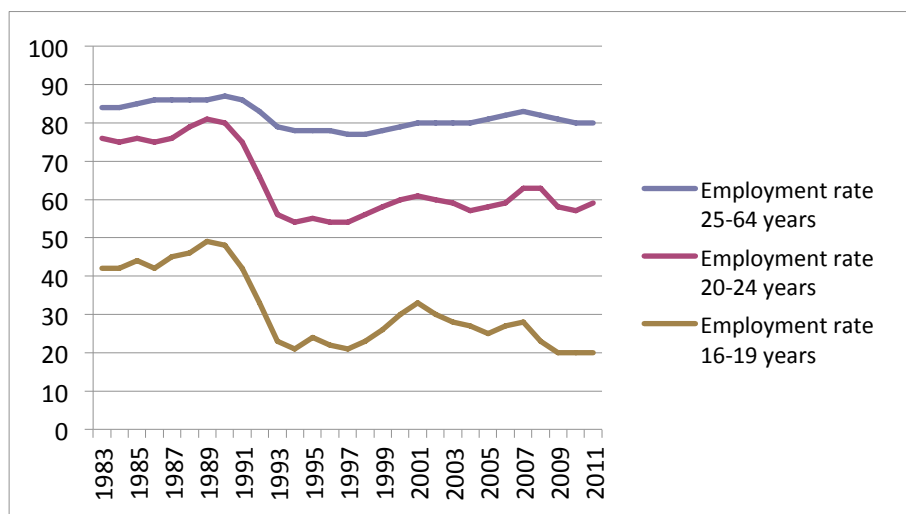
The figure shows that the relative unemployment has developed very unfavourably for young people. In the early 2000s, the unemployment rate for middle-aged and older people decreased while it rose sharply for adolescents and young adults. Since 2008, unemployment rates have increased even more in the context of the financial crisis. The forecasts of the National Institute of Economic Research (NIER) indicate that unemployment rates will remain above the equilibrium level over the coming years¹¹.

But we have to look closer behind the unemployment figures in order to get an idea of the overall impact of unemployment. To take an example: if 20 percent of an age group belong to the labour force, an open unemployment of 10 percent means that only 2 percent of the entire age group are unemployed, 18 percent are employed and 80 percent do something else. High unemployment rates do not exclude the possibility that a relatively small proportion of individuals in the relevant age groups are affected by unemployment. As open unemployment is defined, the group of job-seeking full-time students are also a very significant proportion of young unemployed people. In

¹¹ The National Institute of Economic Research (2012) *Konjunkturläget December 2012*. Stockholm: The National Institute of Economic Research.

order to be able to say something more definite about the conditions, we must know more about employment.

Diagram 2. Proportion of employed persons in the age groups 25-64, 20-24 and 16-19, 1983-2011.



Source: Statistics Sweden (2012) Swedish Labour Force Surveys.

As the figure shows, the employment decline in the early 1990s was heavily concentrated to the young in the labour market. In the age group 20-24, the proportion of employed people fell by approximately 20 percentage points, from approximately 80 to 60 percent. It might be added that the labour market for the younger generation was basically erased. Only 0.8 percent of those employed in Sweden in 2011 were people in the age group 16-19¹². The majority in these age groups are also working part-time in addition to studies. The most significant explanation of the decline in employment is not increased unemployment, but a higher percentage of students and extended periods of study. Since the early 1990s, the upper secondary schools have been obliged to offer all teenagers who leave primary school a place to study. Today, almost everyone chooses to start upper secondary school. This also applies to those without formal qualifications for studies in national programs. The reform of secondary education meant that the former two-year occupational lines of study disappeared and all national programs became three-year programs, which also caused a delay in labour market entrance.

¹² Statistics Sweden (2012) Swedish Labour Force Surveys.

A significant proportion of the decline in employment in the age group 20-24 is also explained by an increase in study participation. In the early 1990s, more than 20 percent of the 25 year olds had experience of tertiary studies. Today, that proportion has risen to more than 40 percent. The major part of the increase is explained by the expansion of higher education. In the academic year 2009/2010, there were about 430,000 registered students in academic education, which corresponds to more than a doubling compared to the late 1980s¹³.

The increase in study participation is of course also a result of the increased youth unemployment and, at economic downturns; more young people choose to continue studying. More people with higher education, in turn, increase the labour market's demands for skilled labour, creating an interaction between them.

Educational level is a decisive factor for the employment level and livelihood of different age groups. This is also apparent from Table 1 below. In the table, the different age groups are divided by educational level: only lower secondary education, completed upper secondary school education and experience from education at the tertiary level. The data correspond to each group's percentage in each category, i.e. the proportion of people who have had their primary income from employment during the year, mainly income in the form of student grants, social benefits, activity compensation (earlier known as disability pension) and other sickness benefits and unemployment insurance fund. Data is based on the PLACE-database that contains information on all people in the relevant age groups. The latest data we have access to extend to 2008.

¹³ Swedish National Institute for Higher Education (2012) *Statistik om högskolan. Översiktstabeller. Riksuppgifter*.

Table 1. Main sources of income related to age and educational level (percentage).

Age	20-24 years			25-29 years		
Year	05	07	08	05	07	08
<i>Percentage with main income from work</i>						
* Compulsory school	52	62	54	63	65	61
* Upper secondary	73	77	82	78	79	82
* Tertiary	47	56	48	74	79	76
<i>Education</i>						
* Compulsory school	15	13	15	5	4	9
* Upper secondary	16	14	10	4	5	6
* Tertiary	49	41	45	16	13	16
<i>Unemployment (unemployment insurance fund and activity compensation)</i>						
* Compulsory school	7	3	1	11	6	3
* Upper secondary	5	2	1	6	3	1
* Tertiary	1	0	0	3	1	0
<i>Social benefits</i>						
* Compulsory school	11	8	15	7	6	9
* Upper secondary	1	1	1	1	1	1
* Tertiary	0	0	1	0	0	0
<i>Sickness benefits/activity compensation</i>						
* Compulsory school	5	7	9	5	6	10
* Upper secondary	0	1	1	1	2	2
* Tertiary	0	0	1	0	0	2
<i>Care of children/family members</i>						
* Compulsory school	5	3	5	5	8	6
* Upper secondary	2	1	1	5	6	6
* Tertiary	1	1	1	3	4	3

Source: PLACE (2011) Uppsala University¹⁴.

The pattern is clear even if the data varies from year to year. The variations can probably be explained by the fact that 2005 was still marked by the wake of the recession in 2003-2004 while 2007 was characterized by a pronounced boom with strong labour demand. During the latter half of 2008, on the other hand, the effects of the financial crisis began to be felt.

¹⁴ We thank Ph.D. John Östh, Department of Social and Economic Geography, who assisted with the statistical data of Table 1 and Table 3.

In total, the group without completed upper secondary school education comprised approximately 122,300 people in the age group between 20 and 29 in 2008 – or 13 percent of the entire age group and approximately 15 percent of the age group 20-24. About 75 percent of those with no more than lower secondary education were born in Sweden. Those with lower secondary education were under-represented among working people and students, but they were over-represented in all other categories. Over-representation is, for example, particularly high among those who primarily make their living from social welfare payments. Among young adults aged 20-24 who mainly supported themselves with social welfare payments, those with only lower secondary school education were approximately 70 percent in 2008. They were, as shown in the table, also significantly over-represented among those who had been granted activity compensation. The proportion of people receiving activity compensation is several times higher among those with lower secondary education than compared to the groups with upper secondary school or tertiary education. The proportion has increased significantly in recent years. Nearly one out of ten without completed secondary education has been granted activity compensation.¹⁵

It is also interesting to note that the data in the table 1 shows that a higher proportion of those without complete upper secondary education have income for child care as their main income. Perhaps it illustrates that people in this group have children earlier as a result of the extremely limited labour market options. It is a pattern which is recognized from international comparisons.

The falling and low proportion who make their living from unemployment-related benefits requires explanation. The data may surprise, given the generally high unemployment rates, especially between the ages of 20 and 24, and the fact that the low-skilled are particularly hard hit by unemployment. But one must then be aware that we are

¹⁵ Olofsson, J. & Östh, J. (2011) *Förtidspensionering av unga - en fråga om utsortering efter utbildningsnivå och socioekonomisk bakgrund?* Stockholm: Parlamentariska socialförsäkringsutredningen.

talking about the chief livelihood, i.e. the predominant income source during the year. We know that very few young people will qualify for unemployment benefits. The more strict employment requirement, combined with the elimination of special conditions for students in the unemployment insurance, as well as the high fees for membership in the unemployment insurance funds, has further strengthened this pattern. There are many indications that the figures illustrate a redistribution between the public benefits systems, where more and more young people who previously were supported by unemployment-related income, today are referred to social benefits, but also financial support from parents. For an increasingly large group, the alternative seems to be disability pension.

Similarly, the average period of unemployment is highly influenced by educational background, but also by country of birth. Unemployed people in the age group 20-29 without completed upper secondary education had, during the first eight months of 2009, an average of 15 more days of unemployment than those in the same age group who had an upper secondary school education¹⁶. But it is not enough to look at the length of *one* unemployment period. About 20 percent of those who are registered as unemployed at the unemployment office in the age group 20-29 do not complete upper secondary education¹⁷. A growing proportion of those with short-term education, who are registered at the unemployment office, have very long overall unemployment spells. This is also true irrespective of age. In April 2012, the group of low-skilled people were more than a quarter of all enrollees. Of these, more than 30 percent had an overall registration period of more than three years during the past ten years. About 45 percent had registration periods exceeding two years. The number of low-skilled people among the unemployed as a whole has almost doubled in the years 2008-2011¹⁸.

A very large proportion of those seeking a job, among the low-skilled young people and young adults, in fact, never find a job. According to data from Statistics Sweden's Labour Force Surveys for the first quar-

¹⁶ Olofsson, J. & Lind, D. (2010) *Den tredje linjen – om unga på arbetsmarknaden*. Stockholm: Unionen.

¹⁷ Overall, about a quarter of the group without completed upper secondary education in the workforce are registered at the Swedish Public Employment Service.

¹⁸ Berglind, K., Gustavsson, H., Israelsson, T., Strannefors, T. & Tydén, H. (2012) *Arbetsmarknadsutsikterna våren 2012 – Prognos för arbetsmarknaden 2012-2013*. Stockholm: The Swedish Public Employment Service.

ter of 2012, 45 percent of those with no more than lower secondary education never had a job and another 20 percent said they had not had a job in the past year¹⁹. That means that approximately 65 percent had had no employment at all during the past year. It is probable that many from this group who have big problems getting a foothold in the labour market sooner or later will become eligible for activity or sickness compensation.

Studies on young people's labour market entry conditions in Sweden and other comparable countries indicate that education is decisive for the prospects of young people to get jobs and the opportunity to make their own living. This picture is reinforced by repeated follow-ups that confirm that young people who have failed to achieve the goals of upper secondary school education are heavily overrepresented among the unemployed and among those who are permanently dependent on social assistance. In 2010, 74 percent of those aged 22-23 who primarily lived on social assistance had not completed secondary education²⁰.

It is well-known that those born abroad have greater difficulty completing school, that more of them are unemployed and lack jobs²¹. However, one condition has not been especially noted. The usual picture is that the conditions for those born abroad can be described in much the same way as for the native-born, but with the difference that the situation for those born abroad is generally considerably worse.

What can be seen from the statistics is that there has been a deterioration of employment and livelihood conditions for young people born abroad in the age group 22-23. The proportion of employed people and students has declined over the period 2000-2010, which could be partially explained by the fact that 2010, from a cyclical standpoint, was a weaker year than 2000. At the same time, the proportion of people living on social assistance has declined by several percentage points during the period. If we relate the conditions for social assistance to educational level, we see that a lower proportion of those

¹⁹ Statistics Sweden (2012) Labour Force Surveys - tables with regard to people out of work.

²⁰ The data refers to the years 2000 to 2010 and illustrates the employment rate and principal income (earned income, study-related income, unemployment-related income - unemployment insurance fund and activity support, social assistance, etc.). The data from Statistics Sweden comes from register-based statistics in the Lisa-database and the processes that have occurred in RAKS (register-based activity statistics).

²¹ Swedish Government Official Reports 2012:80 *Utbildningsanställning*. Stockholm: Fritze.

born abroad – compared to those born in Sweden – were on unemployment related compensation and disability pension. As the proportion of students, working people and social assistance recipients fell, more and more people were pushed into the group "outside", that is to say the group with no registered income. The proportion of foreign-born 22-23 year olds in the group with no registered income roughly doubled in the years between 2000 and 2010²².

Table 2. Proportion of 22-23 year olds with no registered income in 2010. Native-born and foreign-born by gender and educational level.

	Primary school	Upper secondary Education
22 year olds		
Men born in Sweden	7,7	4,4
Women born in Sweden	5,2	4,1
Men born outside of Sweden	13,2	31,3
Women born outside of Sweden	14,9	31,3
23 year olds		
Men born in Sweden	7,2	4,2
Women born in Sweden	4,8	3,6
Men born outside of Sweden	13,4	39,5
Women born outside of Sweden	14,5	33,8

Source: Swedish Government Official Reports 2012:80 *Educational employment status*, p 67.

Completed upper secondary education does not seem to be any obvious way into working life for foreign-born adolescents. Indeed, the percentage with no registered income is more than twice as high among foreign-born with upper secondary education as it is among foreign-born without upper secondary education. For native-born, it generally applies that the proportion with no registered income is greater among those with the lowest education.

The development of upper secondary education and a growing mismatch

According to data from The Swedish National Agency for Education, 25 percent of students in upper secondary education have not met the requirements for a final certificate after four years of study. 36 percent of the students do not reach the goal of basic eligibility for higher ed-

²² Ibid.

ucation after four years²³. Upper secondary education has undergone major changes in recent decades. In 1991, the Swedish Parliament (Riksdagen) adopted a major reform of upper secondary education. The reform was anchored in liberal values: performance management rather than micro-management of school education and an individualized school with diversity rather than uniformity of thinking. One aim was to decentralize responsibility from the state and the county school boards to the local level. The municipalities became the head of school and the state control of curriculum and targeted financial support discontinued. The teachers got great freedom in designing educational practice on basis of the national goals in the Education Act²⁴.

The decentralization was followed by, in 1992; the "Free School Reform" which provided new establishment opportunities for schools outside municipal responsibility. A reallocation of resources was approved in the "Free School Reform". A system of grant given from municipalities was introduced, i.e. the money went with the student. The establishment of independent schools has expanded dramatically. In the past ten years, the number of independent schools has tripled in the upper secondary school level. During the academic year 2010/11, 24 percent of upper secondary school students (92,000 students) studied at an independent school²⁵. The rapid expansion of independent schools has raised concern, not only regarding the opportunities to offer an equal education, but also with regard to the increased competition for students as a result of the sharp decline in cohort sizes.

The school reform of 1991 included the introduction of a 3-year educational program (17 national programs, of which 14 were of a vocationally-oriented nature). The intention was to broaden the general theoretical knowledge in vocational training programs in order to prepare students for further tertiary studies. The new educational programs should be both more broadly oriented and give greater scope for local adaptations and individual educational choices compared to the conditions in the previous upper secondary school system. Study

²³ The Swedish National Agency for Education (2011) *Situation assessment 2011. Part 1, Descriptive data – pre-school activities, childcare, school and adult education. Report 363*. Stockholm: The Swedish National Agency for Education.

²⁴ Proposition 1990/91:85 *Växa med kunskaper - om gymnasieskolan och vuxenutbildningen*. Stockholm.

²⁵ The Swedish National Agency for Education (2011) *Situation assessment 2011. Part 1, Descriptive data – pre-school activities, childcare, school and adult education. Report 363*. Stockholm: The Swedish National Agency for Education.

and vocational programs got the same general theoretical subjects (core subjects). A general eligibility for higher education, after autumn 2011, called basic eligibility for higher education, became an explicit objective of all education. At the same time, one could quickly conclude that upper secondary school programs, and in particular the vocational preparatory programs, suffered major problems with regard to throughput²⁶. The reforms have also led to an increasing segregation and less equal conditions for school education, something which is reflected in a widening gap in achievement between school units²⁷.

Further criticism has been directed towards the workplace training module of the vocational programs. Previously, we used to call it work-based training (APU - arbetsplatsförlagd utbildning). Nowadays, the concept of work-based learning (APL - arbetsplatsförlagt lärande) is used. The Swedish Schools Inspectorate has noted that APL does not meet the learning requirements. The APL is not linked to the current curriculum and, in many cases; there is lack of qualified supervisors in the workplace. The schools also have difficulty in offering students the APL to the extent prescribed in the Regulations²⁸.

Awareness about the effects of the 1990s educational reforms led to new reform efforts. In the autumn of 2011, a number of changes were introduced (Gyll). The most significant change was about the content of vocational preparatory education, where the aim was a greater emphasis on vocational subjects²⁹. Another change was the introduction of secondary apprenticeships as an alternative to school-based practical training. Since autumn 2011, upper secondary school includes 18 national programs, of which 12 are vocational programs. All programs result in a degree. For students who are not qualified for a national program, there are five different introductory programs that replace the individual program.

²⁶ Ibid.

²⁷ Olofsson, J. (2010) *Krisen i skolan. Utbildning i politiken och i praktiken*. Umeå: Boréa; The Swedish National Agency for Education (2012a) *Likvärdig utbildning i svensk grundskola? En kvantitativ analys av likvärdighet över tid*. Stockholm: Fritze.

²⁸ The Swedish Schools Inspectorate (2011) *Rapport 2011:2 Arbetsplatsförlagd utbildning i praktiken – en kvalitetsgranskning av gymnasieskolans yrkesförberedande utbildningar*. Stockholm: The Swedish Schools Inspectorate.

²⁹ Swedish Government Official Reports 2008:27 *Framtidsvägen – en reformerad gymnasieskola*. Stockholm: Fritze; Swedish Government Official Reports 2010:19 *Lärling – en bro mellan skola och arbetsliv*. Stockholm: Fritze; Proposition 2008/09:199 *Högre krav och kvalitet i den nya gymnasieskolan*. Stockholm.

Those who have criticized Gyll believe that the fact that education no longer automatically leads to basic eligibility for higher education, will influence the interest for vocational education negatively. The interest in applying for vocational education has declined significantly in recent years, even if it is a long-term trend. The decline in the number of applicants corresponded to 4 percent in the academic year 2011/12³⁰. It may also be noted that the number of applications continues to fall for the academic year 2012/13. In Malmö, for example, there were only eight applications for the industrial program in the autumn 2012, which resulted in the program being shut down³¹. At the same time, the companies are very much in need for new recruits. Youth unemployment is high, but the industrial companies find no applicants with the right skills. Basically, there is a mismatch on the Swedish labour market. Young people do not have the skills required in the workplace.

The problems of mismatch are also linked to how the program is designed. There is no connection between admission of students to various programs and the demand for workers with different educational profiles. The freedom of choice which should be guiding for program volumes according to the 1990s reforms remains even after Gyll. Students' freedom to choose education is considered more important than the possibilities of getting a job after graduation³².

Young people with activity compensation³³

In a major study from 2009, it was found that approximately 1.5 percent of adolescents and young adults in OECD member countries received disability pension in 2007³⁴. The increase has been substantial, albeit different in the member countries. In the UK, a total of 4 percent in the age group 20-34 had been granted disability pension. In the

³⁰ The Swedish National Agency for Education (2011) *Situation assessment 2011. Part 1, Descriptive data – pre-school activities, childcare, school and adult education. Report 363*. Stockholm: The Swedish National Agency for Education.

³¹ Nilsson, M. (2012) – director of education in the City of Malmö – interview 2012-04-03.

³² Hjort, T. & Panican, A. (2011) "Valfrihet - en utmaning för det sociala medborgarskapet" in *Arbetsmarknad & Arbetsliv*, 17 (3), pp. 23-36.

³³ The following section is based largely on Olofsson, J. & Östh, J. (2011) *Förtidspensionering av unga - en fråga om utsortering efter utbildningsnivå och socioekonomisk bakgrund?* Stockholm: Parlamentariska socialförsäkringsutredningen. In Sweden the term disability pension is no longer in use. Instead the concept of activity compensation is used for young people.

³⁴ OECD (2010) *Sickness, Disability and Work: Breaking the Barriers*.

Netherlands, the proportion was even higher, the highest among member countries. Among 20-year-olds, nearly 7 percent had been granted disability pension. But even the Nordic countries ended up high in these comparisons. When comparing the change in the number of people with disability pension in different age groups from the middle of the 1990s (1995) until 2007, it was clear that the number of people with disability pension in the age group 20-34 had increased by 5 percent in Finland and more than 10 percent in Denmark³⁵; it must be emphasized that the starting level was significantly higher in Finland than in the other Nordic countries. In Norway and Sweden the figures were even more dramatic. In Norway, the number of people with disability pension in the age group 20-34 increased by more than 45 percent and in Sweden by 80 percent! Since only a very small proportion of the young people who were granted activity compensation – in Sweden approximately 2 percent – at a later stage returned to paid employment, the trend meant that the average time of compensation per person became even longer, which in turn contributed to vastly increased costs. At the same time, with regard to Sweden, it has been noted that the sharp increase in the number of young people with activity compensation has slowed down most recently³⁶. In 2008, stricter regulations were introduced in health insurance, which, among other things, affected the conditions for granting activity compensation. The reduction in work capacity, which therefore justifies compensation, should be examined in relation to the entire labour market. In addition, you no longer should take any account of the place of residence, education or past employment when it came to the assessment of work capacity. The Swedish Social Insurance Inspectorate (ISF) believes³⁷ that the regulatory changes may have contributed to a reduced inflow of activity compensation among young adults in general, while the disproportionately large inflow of young people who have yet to complete a basic education persists.

As already noted, since 2003 the term disability pension has not been used in Sweden. Disability pension has been replaced by the terms sickness and activity compensation. According to the National Insurance Act³⁸, activity compensation is granted to a person between 19

³⁵ OECD (2009) *Sickness, Disability and Work: Breaking the Barriers – The Case of Sweden*.

³⁶ The Swedish Social Insurance Inspectorate (2011) *Unga med aktivitetsersättning. Den senaste utvecklingen och hypoteser om orsakerna till utvecklingen* The Swedish Social Insurance Inspectorate. *Rapport 2011:10*. Stockholm: The Swedish Social Insurance Inspectorate.

³⁷ Ibid.

³⁸ The Swedish Code of Statutes (1962:381) The National Insurance Act.

and 29 years, while sickness compensation is reserved to individuals aged from 30 years upwards. In order to qualify for sickness compensation, one must have a permanent reduction in work capacity, i.e. compensation shall only be granted if it is deemed that the individual will not regain complete work capacity and thus full means of subsistence until the age of retirement. The medical criteria is thus highly emphasized. Sickness compensation, however, need not be granted for full-time, but can also be granted for 75, 50 and 25 percent, given that work capacity only is considered to be partially-reduced. The same applies to activity compensation.

The criteria for granting activity compensation differ from the rules for sickness compensation. For the right to activity compensation, no permanent reduction of work capacity is required. It is sufficient that work capacity is assessed as reduced for a year in order to be granted compensation. Compensation must, according to the rules, always be reviewed within a period of a maximum of three years. In addition, activity compensation is granted to students who have not yet completed primary or upper secondary education at the age of 20. An increase in the number of students at upper secondary special school, in recent years, has contributed to more young people being granted activity compensation³⁹. A statement from 2007 shows that 40 percent of those who were granted activity compensation that year received the compensation due to prolonged schooling⁴⁰. The trend towards it being the young who more and more are granted activity compensation remains unchanged. The proportion of refusals to applications for activity compensation among those below 30 years has also increased to just over a quarter⁴¹.

Remuneration of people receiving sickness and activity compensation should normally be based on a guarantee against loss of income, i.e. be related to earlier income. The majority of young people granted

³⁹ According to data from the Swedish National Agency for Education (2013), the number of students in upper secondary special schools increased from more than 7,200 students in the academic year 2004/05 to just below 8,800 students in the academic year 2012/13. In the last-mentioned year, special school students were approximately 2.5 percent of the total number of upper secondary school students in Sweden.

⁴⁰ Swedish Government Official Reports 2008:102 *Brist på brådska – en översyn av aktivitetssättningen. Betänkande av Utredningen om en översyn av aktivitetssättningen*. Stockholm: Fritze.

⁴¹ The Swedish Social Insurance Inspectorate (2011) *Unga med aktivitetssättning. Den senaste utvecklingen och hypoteser om orsakerna till utvecklingen* *The Swedish Social Insurance Inspectorate. Rapport 2011:10*. Stockholm: The Swedish Social Insurance Inspectorate.

activity compensation get a very low guaranteed compensation, since they typically have not had high enough income. The guarantee level rises from 2.1 times the basic amount (SEK 44,500 in year 2013) to 2.35 times the basic amount in the year the person reaches 29 years. In practice, this means a compensation which makes it very hard to get by without complementary social assistance, housing allowance and municipal social benefits, or without financial support from parents. The increase in the number of young people in Sweden with activity compensation also means that there is established a fairly sizeable group which risks to live in very poor economic conditions for the rest of their lives. As noted before, statistics show that the outflow from activity compensation is very limited. By receiving activity compensation and then sickness compensation at the guarantee level, the individual gets stuck at a very low level of income over the entire life cycle.

When activity compensation was introduced, the idea was that the insurance authorities should stimulate young people to various activities, either some form of training, association activities or studies. In the National Insurance Act it is said that the Swedish Social Insurance Agency shall encourage individuals to "participate in activities likely to have a positive impact on his or her medical condition or physical or mental performance"⁴². A plan for activities of this kind would be designed in connection with the activity compensation granted by the Swedish Social Insurance Agency.

Growing criticism

Activity compensation has aroused great criticism, in public surveys and in the political debate. There are many indications that the system will be reformed to some degree.

Compensation has, among other things, been described as a poverty trap. In total, there were 28,782 individuals aged under 30 years who received activity compensation in December 2012. Among the 19 year olds, the number was 2,979 and in the age group 20-24, it was 14,488. In the age group 20-24, those with activity compensation accounted for more than 2 percent of the total number of individuals.

⁴² The Swedish Code of Statutes (1962:381) The National Insurance Act, 5§.

The intentions present, when activity compensation was introduced, have not been implemented. In a public report on activity compensation,⁴³ it was noted that the majority of those who were granted activity compensation do not come further. Only about 3 percent left activity compensation to start working or studying. The vast majority who received compensation did so full-time, and the intentions of engaging young people in various stimulating and skill enhancing activities were fulfilled to a very limited extent. It was also noted that the vast majority of young people who were granted activity compensation had psychiatric diagnoses, approximately 75 percent. These diagnoses were largely unknown 15-20 years ago, neuropsychiatric diagnoses such as Asperger syndrome and Attention Deficit Hyperactivity Disorder (ADHD). At the same time, the report stressed that the majority of those who were granted activity compensation had been part of the labour force. Many had been openly unemployed and had participated in labour market programs. In fact, the proportion who were unemployed at the time of being granted activity compensation, had increased continuously since 2003. Among those with activity compensation, there was a greater proportion who had experienced unemployment than in the age group 20-29 as a whole⁴⁴.

The report also confirmed the impression that low education is a characteristic of the young who are granted activity compensation. The majority of people who are granted compensation have been in mainstream upper secondary schools, i.e. they have not been to special school. In 2007, 80 percent of those who were granted activity compensation had been to mainstream upper secondary school. At the same time, only 36 percent had completed their studies compared to approximately 75 percent of the population in the age group 20-29 as a whole. It thus confirms the picture we gave earlier that low-skilled young people are systematically overrepresented in the group with activity compensation. The share of pupils with a background in special upper secondary schools, among them with activity compensation, is growing.

⁴³ Swedish Government Official Reports 2008:102 *Brist på brådska – en översyn av aktivitetsersättningen. Betänkande av Utredningen om en översyn av aktivitetsersättningen*. Stockholm: Fritze.

⁴⁴ Ibid.

The broad overview made by the Swedish Social Insurance Inspectorate of the activity compensation in Sweden⁴⁵ provides no different picture. Problems with mental illness as well as previous unemployment increase the risk of activity compensation. However, low educational level and problems in completing upper secondary school are the most decisive factors and lead to a significantly increased risk for activity compensation. The report also identifies a geographical pattern in which the proportion with activity compensation is lower in urban areas than in more sparsely populated areas of Sweden. At the same time, it is stressed that the regulatory changes from 2008, which meant that assessment of working capacity was tightened up, and that one should not take any greater account of social factors, have led to a slow-down in the increase of young people with activity compensation in recent years. Youngster with the backgrounds in special schools, dominates among those granted activity compensation.

Parallel to this development, the number of young unemployed people who are registered as long-term unemployed at the Swedish Employment Agency, and participating in activities within the framework of the so-called job and development guarantee, has increased⁴⁶. In February 2013, more than 14,000 young people in the age group 18-24 were enrolled in the job and development guarantee. This is also a group that is characterized by low education and great difficulties in asserting themselves in the labour market. There is thus a risk that the increase in long-term registered young unemployed people may further add to the number of young people with activity compensation. The alternative is that labour market policy is given increased resources and possibilities to work more effectively with the groups in question, e.g. through more workplace-based training activities and close cooperation with labour market organizations. Experience suggests that social security systems are in close contact with each other. When the possibilities of working with very disadvantaged groups within labour market policies are reduced, the need for alternative systems, such as activity compensation, increases. With a more active and inclusive labour market policy, the need for activity compensation

⁴⁵ The Swedish Social Insurance Inspectorate (2011) *Unga med aktivitetsersättning. Den senaste utvecklingen och hypoteser om orsakerna till utvecklingen* The Swedish Social Insurance Inspectorate. *Rapport 2011:10*. Stockholm: The Swedish Social Insurance Inspectorate.

⁴⁶ In order to be signed up for the job and development guarantee, a young individual must have been unemployed for at least 18 months.

should indeed be reduced. We will return to this in the concluding section.

The question then is what patterns can be distinguished when we look more closely at the group with activity compensation. How can one understand the extent of activity compensation in relation to the socio-economic background of young people, parental education and income level? And what importance can we attach to educational level and educational focus – general and vocational – with regard to the likelihood that individuals will be granted disability pension/activity compensation?

Recommendations⁴⁷

Much of the forefront of research, on causes of youth unemployment and social exclusion of young people, focuses on the gap between school and working life which is perceived as a major problem for the establishment of young people in working life⁴⁸.

Young people's labour market is characterized by rapidly changing demands. On the one hand, the nature of jobs is constantly changing; and the demands on those who have to carry out the tasks. On the other hand, young people are a movable group that alternates between different occupations, dwelling places, jobs and studies. Many experi-

⁴⁷ The following section is based largely on Olofsson, J. & Panican, A. (2012a) *Lärningsutbildningen – aktuella erfarenheter och framtida möjligheter. Rapport nr 2 Maj 2012*. Stockholm: Ratio.

⁴⁸ Bäckman, O., Jakobsen, V., Lorentzen, T., Österbacka, E. & Dahl, E. (2011) *Dropping out in Scandinavia - Social Exclusion and Labour Market Attachment among Upper Secondary School Dropouts in Denmark, Finland, Norway and Sweden*. Stockholm: Institute for Future Studies; Olofsson, J. & Panican, A. (2008) (ed): *Ungdomars väg från skola till arbetsliv – nordiska erfarenheter*. Copenhagen Nordic Council of Ministers; Olofsson, J., Panican, A., Pettersson, L. & Righard, E. (2010) *Ungdomars övergång från skola till arbetsliv - aktuella utmaningar och lokala erfarenheter*. Lund: Socialhögskolan, Lund University; Olofsson, J. & Panican, A. (2012a) *Lärningsutbildningen – aktuella erfarenheter och framtida möjligheter. Rapport nr 2 Maj 2012*. Stockholm: Ratio; Olofsson, J. & Panican, A. (2012b) "Den svenska yrkesutbildningsmodellen" in H. Høst (ed) *Tradisjonelle utfordringer – fornyet interesse. Hvordan er de nordiske landes yrkesutdanninger i stand til å møte arbeidslivets behov?* Copenhagen Nordic Council of Ministers; Olofsson, J. & Wadensjö, E. (2007) *Ungdomar, utbildning och arbetsmarknad i Norden*. Stockholm: Swedish Council for Working Life and Social Research; Olofsson, J. & Wadensjö, E. (2009) *Arbetsmarknadspolitik – förändrade förutsättningar och nya aktörer*. Stockholm: Centre for Business and Policy Studies; Olofsson, J. (2010) *Krisen i skolan. Utbildning i politiken och i praktiken*. Umeå: Boréa; Olofsson, J. & Thoursie, A. (2007) "Ungas framtidsvägar" in J. Olofsson & A. Thoursie (ed): *Ungas framtidsvägar – möjligheter och utmaningar*. Stockholm: Agora.

ence recurrent periods of unemployment and insecure livelihood and living conditions before conditions stabilize when they get older.

There are a number of educational and labour market policy efforts aimed at facilitating the transition of young people from studies to work and from one job to another. Nevertheless, it is obvious that further efforts are needed. Greater opportunities for apprenticeship positions could play a supplementary role in this regard. This requires a greater commitment from working life and the parties involved. Follow-up of the upper secondary apprenticeship program suggests that there is a need for further regulation of forms of cooperation and quality assurance⁴⁹. The negative trend as regards interest in apprenticeship programs must be reversed. Studies show that education is often portrayed in a negative light, as a sort of B-training of staff within the school⁵⁰. Study and careers counsellors have a special responsibility to provide a correct picture of apprenticeship opportunities and importance. It is not at all about any alternative training for students who have failed in school. On the contrary, very high standards are set. Apprenticeships provide opportunities for work experience and workplace learning, something that is important for all young people regardless of whether they have completed upper secondary education or not. Many young people with completed upper secondary education lack just the working anchorage that allows education to be seen as relevant by employers seeking staff; this is for instance probably true for many young people who have received a more theoretical education in upper secondary school and then want to start working. Quite a few foreign-born adolescents with completed upper secondary education may belong to this category. At the same time, it is important to see the opportunities of apprenticeships in a longer perspective. The fast changing requirements of the labour market means that knowledge and skills conveyed through formal education soon become outdated. Apprenticeships provide an opportunity for adjustment and updating of skills. This facilitates labour market matching.

There are some basic patterns that characterize the Swedish experience. This applies to the limited features of job training in the work-

⁴⁹ Swedish Government Official Reports 2011:72 *Gymnasial lärlingsutbildning – med fokus på kvalitet! Hur stärker vi kvaliteten i gymnasial lärlingsutbildning?* Stockholm: Fritze.

⁵⁰ Olofsson, J., Panican, A., Pettersson, L. & Righard, E. (2010) *Ungdomars övergång från skola till arbetsliv - aktuella utmaningar och lokala erfarenheter*. Lund: Socialhögskolan, Lund University; Olofsson, J. & Panican, A. (2012a) *Lärlingsutbildningen – aktuella erfarenheter och framtida möjligheter. Rapport nr 2 Maj 2012*. Stockholm: Ratio.

place and the limited space for basic adult vocational training outside the framework of the labour market policy. The education and training model is characterized by rapid changes. Vocational training in upper secondary schools is more closely linked to the requirements of working life and a secondary apprenticeship training has been introduced. Additionally, efforts are made towards vocational education within the framework of the municipal adult education program, while new types of professional university courses win greater appreciation. There are many indications that the Swedish vocational training model may look different in a few years. At the same time, the regulation of working life influence on vocational education is probably the key to success of reform efforts. The last mentioned calls for reflection because the exchange school-working life actually has been an Achilles heel in the Swedish educational system. The question is whether one will be able to create new conditions for working life participation in VET. Previous attempts have not been particularly successful. This is about breaking the historic pattern.

The increase in the number of young people with activity compensation we have had in Sweden, seen over a long time period, can most likely be related to the increased entry barriers in the labour market and a growing tendency to medicalize basically social problems. This tendency may also have grown as a result of changes in the educational system and in the labour market policy, making it more difficult to deal with young people with more substantial labour market entry problems.

The data, we are referring, broadly confirm the picture that has been given in previous studies on young disability pensioners, i.e. educational level and socio-economic background appear to be important background factors.

Evidence also suggests that young low-skilled people, with recurrent periods of unemployment and periodic ill-health, are faced by additional difficulties in establishing themselves in the labour market, because they must compete for internships and training places in working life with other groups: students in workplace-based learning and the unemployed in various internships. Provided that there is an ambition to have more students at both the upper secondary and tertiary level to participate in workplace-based education, competition is like-

ly to be tougher and the contacts of the weakest social sectors with working life will be further limited.

Three aspects in focus

Against this background, three conditions should be the focus of facilitating labour market entry of low-skilled young people. Labour market and educational policies should be redesigned in order to break social exclusion and permanent sorting out of young adults through activity compensation. The neutralizing character of activity compensation should be replaced by activating and skills enhancement programs with a clear focus on work.

1. An educational guarantee covering everyone up to age 25. Education in some form – at different levels and in different forms – corresponding to upper secondary level should be granted all. The responsibility for this falls on the municipalities in cooperation with the local labour market. Cooperation through "an open door concept" should be tested in all municipalities in the form of special educational and job centres.

2. The labour market parties have to take greater responsibility. This generally applies when we speak of youth education and employment. This is therefore not primarily a matter of the authorities having to offer new technical solutions or financial support aimed at individual groups. Such backing, to a great extent, already exists, but is hardly used. It is more a matter of making the parties jointly responsible. This requires institutional and organizational changes within education and labour market policy. Collective bargaining agreements regarding vocational training (introductory agreements) such as the readjustment agreements could be encouraged and coordinated in order to support a powerful national effort to facilitate the integration of young low-skilled people in working life (even though the effort need not unilaterally be aimed at that group, but could include young people in general). It could for example be achieved by the state going in and subsidizing training places of this kind, regulated by collective agreements, an aspect that is under investigation by the Swedish government during 2013. The requirement shall of course be that the training places hold high standards of quality leading to nationally recognized qualifications.

3. It requires greater effort to streamline the labour market matching. The shortcomings of the current system are illustrated, among other things, by fewer and fewer students seeking upper secondary vocational education in areas with strong demand in the labour market. Here, study and career counselling must play a greater role in giving students opportunities to make rational educational choices. The upper secondary school apprenticeship training program could play a key role in reducing the gap between school and work. A key point of the apprenticeship training program is the creation of education places in areas with strong demand in the labour market. This should also lead to a reduction in youth unemployment.

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Young people left behind in transition from school to work in Iceland

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Introduction

This paper will discuss to what extent 16–34-year-old youths are inactive in the labour market and reasons for their inactivity. The main focus is on those not in employment, education or training (NEET group). Data is based on own analysis of the Icelandic Labour Force Survey (LFS) and an ad hoc module of the LFS on entry of young people into the labour market in 2009, conducted by Statistics Iceland. Results show that many youths face insecurity in the labour market, both before and after the economic crisis in 2008. The job searching methods changed during the economic crisis and applications to public employment offices became more common. Lack of education is the main factor explaining the difficult situation in the labour market. The main reasons for leaving last job are various, but interesting differences are found before and after the crisis. Young males are at risk of leaving school too early, females face insecurity in the labour market in general, but males especially in time of economic crisis. About 1–4% of 16–34-year-old youths are disability pensioners, and the main cause of disability is mental illness. A higher percentage of the NEET group is permanently disabled compared to others.

This article focuses on obstacles during the transition from school to work among 16–34-year-olds, or to what extent youths are not in employment, education or training (NEET group) and the main reasons for their inactivity. The opportunity structure theory presumes it is more common that youths lack opportunities rather than ambition or talent. A

successful transition from school to work is formed primarily by the inter-relationships between family background, education, labour market processes and employers' recruitment practices (Roberts, 2009). According to the social network theory, information is the key to successful matching between education and occupation where employees search for a suitable employer and vice versa (Coleman, 1991; Granovetter, 1995; Müller & Gangl, 2003). However, the social exclusion theory argues that youths who face obstacles in the school system and then in the labour market are more at risk of multidimensional deprivation; they lack resources that create vulnerability to marginalization (Gallie, 2004). It is important to understand the situation amongst the NEET group members, especially their profiles of inclusion-exclusion in the society and the labour market.

Researchers have noticed increased complexity in the transition process in the past decades (Bynner & Parsons, 2002; Lauder et al., 2006; Furlong & Cartmel, 2007; Roberts, 2009). Youths who do not have the required skills or experience, face difficulty when entering the labour market and are at risk of being at the margins of the labour market, as they move between various short-term jobs or are unemployed. The opportunity structure has changed due to technology, international competition and demand for other kinds of skills. New jobs requiring new skills, and jobs that were believed to be important for society, are of no or less importance. Despite this development and more well-being of nations, the stratification of the society influences the well-being of youngsters entering the labour market as was the case in the past (Roberts, 2009). The stratification influences both the educational and occupational opportunities. Those at the bottom have less chance of a suitable education, have fewer resources and are less likely to have good and well-paid jobs, compared to those at the top (Kerckhoff, 2000; Müller and Gangl, 2003; Furlong & Cartmel, 2007; Goldthorpe, 2007; Roberts, 2009). According to the theory of social exclusion, youths who face obstacles in the school system, and then later in the labour market, are at risk of multidimensional deprivation (Bynner & Parsons, 2002; Gallie, 2004; Gogh et. al., 2006; Arnardottir, 2008).

Quintini, Martin and Martin (2007) examined the changing pattern of transition from school to work over a decade (mainly 1995–2005) in OECD countries, for 15/16–24-year-olds. In order to understand this pattern, they analysed unemployment and employment and those not in

employment, education and training (NEET). 'NEET' is an important indicator of inclusion–exclusion, as young people may be inactive instead of unemployed. Quintini et al. (2007) believe that those who stay in education/school, even for a longer time than necessary, should not be seen as a high-risk group, as is the case with the NEET group, consisting of about 17% of youths in the OECD countries in 2003. Their findings show that there is considerable movement into and out of the NEET status for the five year span they looked at. More than 15% of young people, who were 'NEET' in 1997, experienced more than one 'NEET' spell over the five following years. Research has also shown that youths change jobs frequently at the beginning of their career (Quintini et al, 2007; Roberts, 2009; Furlong & Cartmel, 2007; Müller & Gangl, 2003).

Here we will focus on to what extent youths in Iceland are inactive and the main reasons for their inactivity. The hypothesis is that those who are not in employment, education or training are more likely than others to have only completed education below upper secondary education and their parents are also more likely to have a low educational level. They are also more likely to get a job via formal means (Public employment office, advertisements) compared to others and their first job is usually unskilled.

Method

The research method is quantitative. The data is based on the Labour Force Survey (LFS) regularly undertaken by Statistics Iceland, which is also a part of the labour force survey of Eurostat (Statistical Office of the European Union). Data were obtained from standardized questionnaires by telephone interviews. This research method represents the population age 16 to 74 in Iceland, where the sample is drawn from the national registry. This is a panel survey with a random sample of about 4000 individuals in 5 waves, with more than 12 000 responses each year. In each wave, new random samples of 1000 individuals aged 16–74 are added. Each individual participates in the survey five times; that is, in the first three waves and then skips two waves and then participates again in two waves. The response rate is 80–85%. The key concepts are based on the definitions of the International Labour Organisation and Eurostat. According to the European Commission (2008), the Icelandic LFS fulfils international standards. Data for 2006–2008 refer

to the whole year, but in 2009 only the second quarter. In table 3, data for 2006–2008 refer to the average of the second quarter only each year.

Employed are respondents who worked for pay or profit, one hour or more, in the reference week or are absent from the work they usually carry out.

Unemployed are respondents who have no employment and satisfy one of the following criteria: (1) Have been seeking work for the previous four weeks and are ready to start working within two weeks from when the survey is conducted; (2) Have found a job which will begin within three months, but could start working within two weeks; (3) Await being called to work and are able to start working within two weeks; (4) Have given up seeking work, but wish to work and could start working within two weeks. Students are only considered unemployed if they have been seeking a job along with their studies or a permanent job for the past four weeks and are available to start work within two weeks of the time the survey is carried out.

Out of labour force are respondents neither employed nor unemployed.

Not in employment, education or training are respondents, not taking part in regular education or training during the last four weeks, and those who are not employed during the last week. Apprentice's on-the-job training is classified as "in education".

Educational level refers to the highest level of education successfully completed classified according to ISCED97. Four categories are used here: 1) Below upper secondary level, that is below ISCED 3; 2) Vocational education and training (VET), i.e. those who have completed ISCED 3c or 4c; 3) General education refers to those who have completed ISCED 3a, 3b, 4a or 4b; 4) Tertiary education refers to those who have completed ISCED 5 or 6.

Occupational groups are classified according to ISCO–88.

The following questions were only used in an ad hoc module of LFS on the second quartile 2009 among 16–34 year old respondents (total 1169 respondents):

First job is the first job respondents worked at for more than three months after completing formal education, the last time, and had no scheduled further education. Only jobs for pay or profit are included, but apprenticeship and summer jobs excluded. Those who had got their first job were asked about the method they used to get their first job and occupation.

Parents' educational level is classified into low (ISCED 1–3c short), medium (ISCED 3a, b, c 2 years or longer and ISCED 4), high (ISCED 5, 6). This is the highest educational level at least one parent has completed.

The Chi-square test is used in cross-tabulations to test for significant differences between groups. Significance is indicated by stars, where one star corresponds to $p < 0.05$; two stars $p < 0.01$ and three stars $p < 0.001$. Comparison with the US, the UK, Germany and the Nordic countries is based on OECD (2011a).

Results

The educational attainment and early school leaving is believed to be one of the main causes of marginalization of young people (see for example Roberts, 2009; Olafsson & Arnardottir, 2008; Gallie, 2004; Oskarsdottir, 1995). Drop-out can influence vulnerability in time of crisis when there are fewer job opportunities than there are normally and that is of concern in Iceland due to the crisis in 2008, but drop-out rate has been higher than in most other Western countries as well as other Nordic countries (Oskarsdottir, 1995; Olafsson & Panican, 2008; Olafsson & Arnardottir, 2008; Nordens Valfärdscenter, 2011). The percentage of 25–64-year-olds, who have completed upper secondary education, is lower in Iceland (66%), compared to Denmark (76%), Finland (82%), Norway (81%) and Sweden (86%), and that is also the case with those aged 25–34, where only 70% have completed at least upper secondary education in Iceland compared to 84–91% in other Nordic countries, with the highest percentage in Sweden (OECD, 2011a:39).

Table 1 shows the highest educational level successfully completed among 16–34-year-olds in Iceland in 2009, by gender. The results reveal that a higher percentage of males than females have not completed upper secondary education or tertiary education. A higher percentage of

males than females have completed vocational education and training (VET) and a higher percentage of females than males have completed general education below tertiary education. A higher percentage of females than males have completed tertiary education..

Table 1. Highest educational level successfully completed among 16–34-year-olds by gender in Iceland in 2009.

	Below upper sec. level %	VET %	General %	Tertiary %	Total %	N
All ***						
Males	52.7	15.4	16.3	15.6	100.0	565
Females	41.2	7.8	28.2	22.8	100.0	602
Total	46.8	11.5	22.5	19.3	100.0	1167
Only those not in education***						
Males	46.8	20.1	11.3	21.8	100.0	344
Females	33.3	12.2	24.8	29.7	100.0	303
Total	40.5	16.4	17.6	25.5	100.0	647

***p<0.001

Table 2 shows youth population not in education and not in employment in 2007 and 2009. The results show the lowest percentage in Iceland compared to these countries in 2007. The percentage of 20–29-year-olds increases in 2009, compared to 2007 in all countries except in Germany and in Denmark among 25–29-year-olds where the lowest percentage of this age-group is inactive.

It is also important to notice that higher percentages of 20–29-year-olds are not in employment or education in the UK, the US and Germany compared to the Nordic countries. Germany is known for a strong tradition of vocational education and training system, and the UK and especially the US for emphasis on general academic education. The youths who complete the vocational path are usually believed to have better prospects in the labour market than those who take the general academic pathway at upper secondary level. What this result shows is that participation in VET can serve as a short-term solution rather than long-term success in the labour market, as other research has also shown (Müller and Gangl, 2003).

Table 2. Country comparisons of percentage of population 20–29 not in employment or education in 2007 and 2009, by age.

	2007		2009	
	20–24 %	25–29 %	20–24 %	25–29 %
Denmark	8.2	8.9	9.8	7.3
Finland	13.3	13.3	15.1	15.5
Germany	15.2	18.5	13.7	16.9
Iceland	6.4	6.6	9.4	13.7
Norway	8.8	10.4	9.4	10.6
Sweden	13.1	10.6	16.5	11.5
United Kingdom	18.1	16.2	19.1	18.0
United States	16.2	16.9	20.1	21.8
OECD average	15.7	17.4	17.7	19.1
EU19 average	14.5	17.3	16.3	18.3

Source: OECD, 2011a. Table C4.4a

When we look at the situation among young people, it is worth trying to find the overall picture of their labour market situation before we start looking in more detail at those who are inactive. Table 3 shows the percentage of the population employed, unemployed, and out of the labour force in the second quartile of the year 2006–2008, on average, compared to the second quartile 2009. The results show that 77% of 16–24-year-olds were employed during the second quartile of the years 2006–2008 and only 65% during the second quartile of 2009. Among 25–34-year-olds, 87% are employed in 2006–2008 and 75% 2009, but among 35–64-year-olds, 89% are employed in 2006–2008 compared to 84% in 2009. So, employment decreased in all age groups, but to a higher extent among youths aged 16–34, compared to 35–64-year-olds.

When we look further at the employment, we see that among those who are employed, aged 16–24, only 30% hold a full-time job with a permanent job contract in 2006–2008, compared to 21% in 2009, among 25–34-year-olds, 57%, compared to 49% in 2009 and among 35–64-year-olds 56% compared to 55% in 2009. This result shows that even though youths are employed in a permanent full-time job, they are still at risk of not being employed in time of crisis, and that is also the case with a full-time job with a temporary job contract. The percentage of 16–34-year-olds with a part-time contract does not reveal such decrease in 2006–2008 compared to 2009. Unemployment has been low

in Iceland compared to other countries, but that could be changing, as one of the consequences of the economic crisis which started in October 2008. Long-term unemployment (6 months or more) also increases. Among 16–24-year-olds, about 14% are out of the labour force in 2006–2008, but 18% in 2009. Among 16–24-year-olds who are out of the labour force in 2006–2008, 7% are in education in 2006–2008, compared to 11% in 2009. The overall picture shows that youths are those at most risk during the economic crisis in 2008 and even though there is a high employment rate in Iceland, only a part of workers are in a permanent full-time job – jobs that provide a steady and a higher income.

Table 3. Percentage of population employed, unemployed and out of labour force in second quartile (Q2) of 2006–2008 on average and second quartile 2009.

	2006–2008 Q2 only			2009		
	16–24 %	25–34 %	35–64 %	16–24 %	25–34 %	35–64 %
Employed	76.6	86.9	89.2	64.8	75.0	84.4
Permanent and full-time job	30.1	57.4	55.6	21.1	49.1	54.9
Permanent and part-time job	16.6	10.2	12.2	19.6	8.7	11.1
Temporary and full-time job	21.1	7.7	2.6	13.8	5.6	2.3
Temporary and part-time job	5.8	2.0	1.1	7.5	2.3	0.6
Unemployed	9.7	2.4	1.2	17.7	10.5	3.8
Long-term unemployment	0.4	0.5	0.7	1.8	3.1	0.9
Out of labour force	13.7	10.7	9.6	17.5	14.4	11.8
In education	7.3	3.3	0.8	10.9	5.3	0.9
N	1770	1820	4833	560	609	1623

The employment rate has always been high and the unemployment rate low in Iceland compared to other countries (Olafsson & Arnardottir, 2008). The transition from school to work is more complicated now than in the past. Young people lack work experience and those with a low educational level are especially at risk of being unemployed or out of the labour force. This is not because they lack ambition or talent, but rather because they lack job opportunities (Roberts, 2009). In times of crises, the number of peripheral workers increases (Kalleberg, 2000;

Furlong & Cartmel, 2007). The results in table 3 show that youth in full-time employment are more at risk than those in part-time jobs. Most students attaining upper secondary education are 16–20-year-olds and most of them are not in full-time jobs with permanent job contracts. So, young people with lack of education are those most likely to be out of employment, but we shall look further at youths who are not in employment, education or training.

By analysing the youths who are neither in employment nor education or training, our understanding of the situation of youths particularly at risk for social exclusion, can be increased. They are not participating in the two main major areas of the society, neither the labour market nor the educational system. The first step of social exclusion is believed to be the loss of employment which leads to further obstacles, people are not active in the society and therefore face economic and social obstacles, often leading to multidimensional deprivation, such as being out of the educational system, not working and not participating in leisure activities and thus block individuals out from the main social activities, in a kind of vicious circle that needs to be stopped (Gough et al., 1996; Gallie, 2004; Burchard et al., 2002).

Table 4 shows percentage of youths not in education or employment, among 16–34-year-olds between 2006–2009, by gender and educational level. About 5–6% had not been in employment or education and training during 2006–2008. The whole year of 2006–2008 is used in the analysis of the NEET group, as this is or at least was a small group, i.e. few respondents. In 2009 there was a significant increase, due to the economic crisis in Iceland, starting in October 2008, and a higher percentage of males than females were inactive. Those least educated face a higher risk of not being in education or employment, and those with tertiary education are least likely. Interestingly, those who have completed VET are more likely than those who complete a general education, not to be in education or employment, but the construction industry was particularly badly hit by the crisis.

Table 4. Percentage of population aged 16–34 not in employment, education or training by gender and education

	2006	2007	2008	2009
	%	%	%	%
All	5.6	5.3	6.2	12.7
Gender	***	***	***	
Males	3.4	3.4	4.4	14.0
Females	7.7	7.2	8.0	11.5
Education	**	**	*	***
Below upper secondary level	6.9	6.7	6.9	15.4
Vocational education (VET)	4.9	4.4	6.4	19.4
General (academic) education	4.3	3.8	4.1	8.1
Tertiary level	4.1	4.0	6.5	7.6

*p<0.05; **p<0.01; *** p<0.001.

The focus is here on the NEET group in Iceland, and to find the main reasons for their inactivity, and as has been shown above, almost 13% of 16–34-year-olds were not in employment, education or training in 2009. Here we start by looking at what kinds of reasons are given for leaving the last job or business (see table 5).

The results show that their own illness or disability is the most frequently mentioned reason in 2006–2008, especially among 35–64-year-olds. For the youngest group about 18% said a job of limited duration had ended, but only about 5–6% among the older participants. Between 14–17% said the main reason was dismissal or they were made redundant. Here it is interesting to notice the small differences between age-groups. An equally high percentage mentioned other reasons; it is certain that there are many different reasons behind leaving the last job. Research has shown that there is an association between unemployment and incidence of new disability pensioners (Thorlacius & Olafsson, 2008), which could also be an explanation here. In 2009, results showed that a much higher percentage gave the reason that they had been dismissed and a lower percentage gave other reasons. This data refers only to those in the NEET group and therefore it seems that when the situation in the labour market is worsening for the workforce as a whole, it is probably not as shameful to indicate the reasons for being dismissed or made redundant, as in better times. A lower percentage give reasons such as own illness, but a higher percentage that they were in education or training and a lower percentage give other reasons.

Table 5. Main reason for leaving last job or business among the NEET group.

	16–24 %	25–34 %	35–64 %
2006–2008***			
Dismissed or made redundant	17.1	15.1	14.2
A job of limited duration has ended	17.5	5.8	5.4
Looking after children or incapacitated adults	4.0	10.8	3.5
Own illness or disability	18.7	38.2	52.9
Education or training	8.7	11.4	1.2
Other reasons	34.1	18.8	22.8
Total	100.0 (N=252)	100.0 (N=325)	100.0 (N=1188)
2009**			
Dismissed or made redundant	62.5	48.6	50.0
A job of limited duration has ended	6.3	4.3	1.5
Looking after children or incapacitated adults	0.0	1.4	2.3
Own illness or disability	10.4	18.6	30.3
Education or training	12.5	10.0	0.8
Other reasons	8.3	17.1	15.2
Total	100.0 (N=48)	100.0 (N=70)	100.0 (N=132)

p<0.01; *p<0.001

When we look at the registration at public employment offices (PEO) among the NEET group, a much higher percentage is registered in 2009, compared to the 2006–2008 average (see table 6). This change in 2009 is due to the economic crisis, which probably also made it easier in people's mind to receive public help during higher unemployment, as other research has shown (Granovetter, 1995).

Table 6. Percentage of NEET group aged 16–34 registered at a public employment office and receives benefit or assistance.

	Registered %	Not registered %	Total %	N
2006–2008	10.2	89.8	100.0	784
2009	49.3	50.7	100.0	146

***p<0.001

Many of those who belong to the NEET group are unemployed, or about a half of those aged 16–24 under “normal” circumstances, but about 71% in a time of crisis (see table 7). There is an interesting pattern in job seeking behaviour, as in 2006–2008, a higher percentage of

the NEET group were not seeking employment, but still in 2009 between 29–46% of youths were not seeking employment. As the unemployed get older, more than 2/3 of them are not seeking employment.

Table 7. Percentage of NEET group unemployed by age. Proportion of NEET group seeking employment by age, where the reference is the previous four weeks before the survey.

	Unemployed %	Found job %	Not seeking %	Seeking %	Total %	N
2006–2008	***				***	
16–24	46.2	6.1	49.2	44.7	100.0	81
25–34	22.2	6.4	72.9	20.7	100.0	114
35–64	12.0	2.7	86.1	11.3	100.0	418
2009	***				***	
16–24	71.4	3.6	28.6	67.9	100.0	56
25–34	48.9	3.4	45.5	51.1	100.0	88
35–64	24.1	1.0	71.0	28.0	100.0	200

***p<0.001

Hidden unemployment possibly increases with age and it is more common under “normal” circumstances than in times of crises, when a much higher percentage of the population faces unemployment and therefore it is possible that the shame of being inactive is not as great. This could also indicate that the definition of unemployment is rather strict as Roberts (2009) mentions, where some youths are classified out of labour instead of unemployed.

Table 8 shows the reasons for not seeking employment among the NEET group. We see that own illness or disability are more often the reason for not searching for work among the older cohort compared to those who are younger. Care-taking is more common among 25–34-year-olds than others. Hence, 2/3 of 16–24-year-olds indicate other reasons for not searching employment and about 40–50% of 25–34-year-olds. This implies that when people are younger there are various reasons for inactivity, but as they get older the main reasons are their own illness or disability.

Table 8. Reasons for not searching an employment by age among the NEET group

	Own illness or disability %	Looking after children or incapacitated adults %	Other reason %	Total %	N
2006–2008***					
16–24	26.8	7.8	65.4	100.0	153
25–34	40.2	20.1	39.6	100.0	338
35–64	71.0	9.1	19.9	100.0	1547
2009***					
16–24	25.0	6.3	68.8	100.0	16
25–34	43.9	9.8	46.3	100.0	41
35–64	72.5	4.2	23.2	100.0	142

***p<0.001

It is a common explanation for unemployment and inactivity that people just do not want to work. Unemployment is thus assumed to be due to the attitude of the unemployed, who are seen as less committed to employment than others (Gallie, 2004; Roberts, 2009). According to Gallie (2004), motivational deficiency is contrary to the social exclusion theory, where it is believed that the cause of deprivation lies in available resources or opportunities and therefore welfare benefits to the unemployed are not seen as a threat to motivation to work, as assumed in motivational deficiency thinking.

The willingness to work can reflect on the attitude of the unemployed respondents that are not seeking work. This is measured by participants who had been unemployed for four weeks and not seeking employment and had not found any job. The results show that among the NEET group more than 2/3 do not want to have work and this is even more so among older age-groups (see table 9). This could be due to less hope of a good job and a bad experience in the labour market. The economic recession seems to influence the younger generation more than the older generation and they are also more willing to work, although they have no work to apply for.

Table 9. Willingness to work for person not seeking employment among the NEET group

	Would like to have work %	Does not want to have work %	Total %	N
2006–2008***				
16–24	26.7	73.3	100.0	150
25–34	18.2	81.8	100.0	341
35–64	10.0	90.0	100.0	1564
2009**				
16–24	31.3	68.8	100.0	16
25–34	34.1	65.9	100.0	41
35–64	14.0	86.0	100.0	143

p<0.01; *p<0.001; Only participants that had been unemployed for four weeks and not seeking employment and had not found any job

Research has shown that youths from lower class families are those who are at risk of social exclusion in the labour market (Gallie, 2004; Gogh et al., 2006; Goldthorpe, 2007; Roberts, 2009). We could therefore expect that parental education is lower among the NEET group compared to others. Table 10 shows parental educational level by NEET group compared to others among 16–34-year-olds in 2009. There is no significant difference between these groups among the whole group of 16–34-year-olds. However, 26% of the NEET group, compared to 20% of others, have parents with low educational status, so the trend is there. When we look only at those aged 16–24, a higher percentage has parents with a low educational level compared to others, but there is no such difference among 25–34-year-olds.

Table 10. Parental educational level by NEET group compared to others among 16–34-year-olds in 2009.

	Low %	Medium %	High %	Total %	N
All					
NEET	26.1	42.0	31.9	100.0	138
Others	19.9	41.0	39.1	100.0	988
Total	20.7	41.1	38.2	100.0	1126
16–24*					
NEET	29.4	39.2	31.4	100.0	51
Others	15.4	37.6	47.0	100.0	487
25–34					
NEET	24.1	43.7	32.2	100.0	87
Others	24.4	44.3	31.3	100.0	501

No significant differences for 16–34 and 25–34; *p<0.05

Respondents aged 16–34 were asked about their first job in 2009, i.e. that is paid job they had worked at for more than three months after completing formal education, the last time, and had no scheduled further education. About 77% of the NEET group had already got their first job. Those who had got their first job were asked about the method they used to get their first job and occupation.

According to research, young people lack a social network to help them get a job and they can therefore be more vulnerable when entering the labour market (Granovetter, 1995; Rosenbaum & Jones, 2000). Therefore, we could expect that the NEET-group is more likely to use formal means when applying for a job compared to others. Table 11 shows what kind of job searching methods 16–34-year-olds used to get their first job. Most of them used direct application to employers, then personal contact (via friends and family), but to a lesser extent formal means (via public employment offices or advertisements). There is no significant difference between the NEET group and others, among 16–34 or 25–34. Among 16–24-year-olds, a higher percentage of the NEET group, compared to others, used a personal contact to get the first job and a lower percentage used a direct application.

Table 11. Method of job searching used to find the first job by NEET group compared to others among 16–34-year-olds in 2009.

	Formal means %	Direct application %	Personal contact %	Others %	Total %	N
All						
NEET	21.9	35.2	41.9	1.0	100.0	105
Others	18.2	40.0	36.7	5.1	100.0	622
Total	18.7	39.3	37.4	4.5	100.0	727
16–24**						
NEET	9.4	12.5	78.1	0.0	100.0	32
Others	11.6	41.8	43.6	3.1	100.0	225
25–34						
NEET	27.4	45.2	26.0	1.4	100.0	73
Others	21.9	39.0	32.7	6.3	100.0	397

No significant differences for 16–34 and 25–34; **p<0.01

According to the opportunity structure theory, youths do not lack ambition or talent, but they lack job opportunities and are at risk of being trapped in part-time positions, with less security and a bad job (Roberts, 2009). Table 12 shows the first job among 16–34-year-olds in 2009, i.e. the first job of more than 3 months after completing formal education and not scheduling further education. The results show that among the NEET group, higher percentages worked as service or sales workers or in elementary occupations compared to others. This result indicates that the NEET group is more at risk of being employed in so called dead-end jobs.

Table 12. The first job of more than 3 months after completing formal education by NEET group compared to others among 16–34-year-olds in 2009.

	Higher skilled %	Clerks %	Service, sales %	Agric. fishery, craft %	Low skilled %	Total %	N
All**							
NEET	11.0	5.5	37.6	19.3	26.6	100.0	109
Others	25.5	9.7	28.4	16.2	20.3	100.0	631
Total	23.4	9.1	29.7	16.6	21.2	100.0	740
16–24*							
NEET	3.0	0.0	36.4	30.3	30.3	100.0	33
Others	10.6	11.9	41.4	14.5	21.6	100.0	227
25–34**							
NEET	14.5	7.9	38.2	14.5	25.0	100.0	76
Others	33.9	8.4	21.0	17.1	19.6	100.0	404

Higher skilled refers to manager, professional and associate professionals according to ISCO–88 and low skilled to elementary and plant and machine operators; * $p < 0.05$; ** $p < 0.01$

We have seen here that illness/disability is affecting employment among youths. It seems to be that less shame is associated with being out of work during crisis. About 20% of the working-age population in the average OECD country suffers from a mental disorder in a clinical sense (mental illness reaches the clinical threshold of a diagnosis of psychiatric classification systems) and, surprisingly, better awareness of this illness has mostly led to more exclusion from the workforce (OECD, 2011b). The median age at onset across all types of mental disorders is around 14 years of age, with 75% of all illnesses having developed by age 24. This affects school performance and increases the risk of dropping out of school, with negative consequences for working life, and those who suffer from mental illnesses are less likely than the

general population to hold on to their job, as well as getting jobs, in the lower rank of the occupational structure (OECD, 2011b). According to EU-SILC, about 13% of 20–64-year-olds face chronic health problems for at least six months, limiting daily activities in Iceland compared to 16% in Norway, 18% in Sweden and 21% in Finland and Denmark (OECD, 2010).

An Icelandic survey from 2008/9 among disability pensioners in Iceland, showed that about 33% of respondents believed that a mental illness is one of the reasons for their disability and half of them have faced prejudice (Hannesdóttir, 2010). Mental illness is the cause of disability among the largest group according to the Social Insurance Administration (Hannesdóttir, 2010). According to Statistics Iceland (n.d.), about 1% of 16–19-year-olds were disability pensioners in 2009, 2% of 20–24-year-olds, 3% of 25–29-year-olds and 4% of 30–34-year-olds.

Based on our analysis so far, we can presume that a part of the NEET group is inactive because of sickness. It is not possible to trace only those who are disabled because of mental illness, although it is possible to look at permanent disability. It is, though, important to keep in mind that a high percentage of those who face mental illness are unaware of it and/or not willing to mention such reasons (OECD, 2011b).

In the LFS, information about the main status of respondents is collected. The results show that about 12% of the NEET group aged 16–34 are permanently disabled in 2006–2008 compared to less than one per cent of others and 8% of the NEET group in 2009 compared to less than one per cent in 2009 (see table 13). As the disability study showed, we can expect that a large group of disability pensioners face mental illness, and those who are mentally disabled, about 56%, face prejudice and 79% social isolation (35% much and 44% some) (Hannesdóttir, 2010).

Table 13. Main status as permanently disabled by NEET group compared to others among 16–34-year-olds.

	Permanently disabled %	Others %	N
2006–2008***			
NEET	11.8	88.2	706
Others	0.1	99.9	13550
2009***			
NEET	7.5	92.5	134
Others	0.2	99.8	1014

*** $p < 0.001$

Conclusion

The results here have shed some light on the situation of young people who are not in employment, education or training, or the NEET group of 16–34-year-olds in Iceland. They were about 5% of the population before the economic crisis, but have increased to 13% in the second quarter of 2009. Based on figures from 2006–2008, on average, we could expect under “normal” circumstances that females are more likely than males to belong to this group and also those who have not completed upper secondary school. In time of crisis, an increased number of males and those who have completed vocational education and training, are not in employment, education or training. The main increase is among 25–34-year-olds but the younger group, 16–24-year-olds, probably attend school longer, and especially those who have completed general education and therefore have access to university.

When looking at the main reasons for leaving the last job, about one-fifth had been dismissed or made redundant in 2006–2008. This percentage increased to more than half of the NEET group in 2009. It was also more common in 2006–2008 that a job of limited duration ended among 16–24-year-olds (17%) compared to 2009 (6%) and also less common among those 25 years or older.

The results show that the job searching methods among the NEET group, 16–34-year-olds, are not very different from those of others. Among 16–24-year-olds, a higher percentage of the NEET group got their first job via personal contacts, compared to others, and few had got

their jobs via direct application to employer in that same age-group. The educational level of their parents shows no significant differences compared to others among 16–34-year-olds, although the trend is that it is lower. A higher percentage of the NEET group aged 16–24 has parents with a low educational status compared to others. A significant difference is found in respect to the first job. A higher percentage of the NEET, compared to others, worked in sales and service occupations or in elementary occupations. Young people change jobs often, near the beginning of their career. A lack of job opportunities seems to particularly influence the NEET group in Iceland, as could have been expected based on other research (Quintini et al, 2007; Roberts, 2009; Furlong & Cartmel, 2007; Müller & Gangl, 2003; Goodwin & O'Connor, 2009).

The results show that in the present economic crisis, the main reason for not working is that people do not have any work, but while there are jobs available, more people give other reasons. Only a small part of those not in education or employment are taking care of children or adults in need of care. Own illness is the cause of about 20% and it is the main reason for the oldest group. Willingness to work is more common among the younger generation than the older one. The results indicate that there are many reasons behind the fact that some youngsters are neither in education nor employment. In 2009 some had been dismissed from work, but that is not always the case.

About 12% of the NEET group were permanently disabled in 2006–2008 and about 8% in 2009. About one third of disability pensioners are so because of mental illness (Hannesdottir, 2010). According to OECD (2011b) on mental health, we see that a similar pattern occurs as is the case of the NEET group here. These young people start to work in the lower rank of the occupational ladder. Their first job failure can possibly be traced to the lack of training, but it can also be due to discomfort, or they have accepted a job with false promises (Atkinson et al., 1990). Young people leaving the school system are in many ways vulnerable and probably easy to attract. Inequality in education is of concern when we look at the NEET group; some of them have experienced failures in school as well as in their jobs. More than half of those who are mentally ill face prejudice, which possibly also influences the school and labour market career. Those who are unemployed face stigma and are less attractive to employers, and in the case of intervention, it is more effective prior to redundancy than afterwards (Gallie, 2004:19).

Entering the labour market successfully is of major importance, and youths who do not have enough skills to handle obstacles or fulfil their employer's requirements, which leads to loss of a job and feeling of failure, will probably face more obstacles in the future. The youngsters have to convince other employers that they can handle a job which is available, and if they also lack the appropriate education, they will need to be very convincing in order to be considered as newcomers. In the past, educational status did not have such an influence on employer hiring. Being a part of a social network can possibly help the youngster, but it is possible that other factors than the educational level of parents affect inactivity in the labour market, although parental education can influence educational achievement of youths and in that way affect the prospects of youths in the labour market.

Young people, not in employment, education or training, are of major importance in every society. Intervention needs to focus on various aspects related to a low educational level, vulnerability when they enter the labour market, illness and disability, which may develop if they are not helped to adapt successfully in the society. Financial obstacles should not prevent youngsters from attending upper secondary school and interventions should be free and open to all, and in various places, in order to prevent the stigma, which many of those in need, or those who have to deal with mental health problems, have to face in every day life.

Acknowledgement: I thank Stefán Ólafsson, professor in sociology at the University of Iceland, for reading this article and for comments. This research is funded by the Memory fund of Eðvarð Sigurðsson, run by the Icelandic Confederation of Labor, the Ministry of Education, Science and Culture and Ministry of Social Affairs and Social Security. It is also supported by Technical College Reykjavik. This article is funded by the Nordic Centre for Welfare and Social Issues and the Nordic Council.

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Young people, mental health and exclusion, a Norwegian context

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Introduction

Background: mental health, drop-out and disability

There is growing concern in Norway about the trend towards increasing numbers of young people with mental health problems struggling to complete upper secondary education, not acquiring the qualifications needed to participate in the labour market, and becoming dependent on state benefits in order to live. In Norway three in ten pupils drop out of upper secondary education. More than half of these cases cite mental health problems as the reason for dropping out. A study from Akershus, Norway concludes that just under 20% quit school owing to mental problems (Markussen and Seland 2012). Mental health problems are regarded as the reason for a quarter of people of working age being completely or partly excluded from the labour market. Between 30% and 40% in the 18-39 age group are incapacitated owing to mental health problems, while 16% of sickness absence for this group is for the same reason. The largest increase in the number of young people on invalidity benefit is therefore among young people with mental health problems. It is also known that the probability of being permanently excluded from the labour market is high for groups of young people who become dependent on such benefits.

While we know that more and more young people struggling with mental health problems are at risk of being excluded from education and the

labour market, the number of young people with mental health problems is not increasing in itself (Mathiesen 2009, Mykletun et al. 2009). What is it that is causing ever fewer young people with mental problems to find their way in.

This formed the backdrop to the research study to which this chapter refers (Anvik and Gustavsen 2012). The explanations we find are complex. The young people struggle with loneliness, isolation and lack of self-confidence, but their own suggestions for solutions that might help them escape their vulnerable life situations are often relatively simple: an adult who understands them, whom they can trust, whom they can consult, or who steers and guides them through education and training, and, if necessary, within the NAV system and on into work. They want to be taken seriously, to be listened to, and to have something expected of them (Follesø 2011, Anvik and Eide 2011, Anvik and Gustavsen 2012).

About the study and everyday-life perspective

In the study on which this article is based we wanted to take a closer look at what happens in young people's encounters with the current education system and work to cause ever more of those struggling with poor mental health to be excluded. Transitions in young people's lives, between youth and becoming established as a young adult, between education systems (lower and upper secondary education, upper secondary education and higher education), work and welfare services (Norwegian Labour and Welfare Service [NAV], health service, etc.), represent important and sometimes critical phases in a young person's life. Systematic knowledge of young people's own experiences of such transitions was previously lacking in the field. In order to understand the marginalisation processes described above, it was therefore important for us as researchers to turn the spotlight on these transitions and young people's own experiences of their encounters with educational institutions, work and welfare services. By way of introduction, it is worth making it clear that this article, like the research study on which it is based, treats mental health problems as an experience, a sphere of life, rather than a diagnosis. We are therefore concerned with the personal, social and concrete context of each case. We did not ask questions about and were not concerned with diagnosis as such, but were more interested in the spheres of life in which mental health prob-

lems manifest themselves and are described/ascribed importance by young people themselves.

Against this background, the Nordland Research Institute carried out a study among young people with mental health problems in 2012¹. What is known as a bottom-up perspective was central to the study. The point of departure for the research study was to obtain data on young people, mental health problems and their life situations as experienced and articulated by young people themselves. Starting from the perspective of everyday life made the study very productive and informative, not just because it gave us access to the complex everyday life of young people, but equally because it provided valuable insight into how systems, programmes and assistance are interpreted, experienced and encountered by the individual in their unique life situation. To study everyday life is to describe social activities, values and strategies based on the individual's encounters with them (Gullestad 1989). Each and every one of us has our everyday life, and the justifications we choose and strategies we use in shaping the tasks, activities and relationships of everyday life provide important knowledge when it comes to describing people's life situation. The challenges and vulnerable situations faced by young people in their encounters with community life – through the educational institutions, labour market, welfare services and public realm – must therefore be seen in the context of how they form part of interwoven, complex everyday life. We believe that such a perspective provides a new and different approach to knowledge of connections and opinions that can often cut across areas of public policy and administration. This is important enough in itself, but also helps to render visible meeting points between individuals, fields of policy and the programme sector, and could also provide responsible authorities and executive services with important knowledge of how policy incentives start out, work and are inaccessible or even turn out badly for the groups they are intended to provide for.

Main topics: background, school, work, welfare services/NAV

The main topics in both the quantitative and qualitative study were young people's experiences with regard to background, school, work

¹ The study was carried out by senior researchers Cecilie Høj Anvik and Annelin Gustavsen, and was published as a research report entitled *Ikke slipp meg! Unge psykiske helseproblemer, utdanning og arbeid* [Don't let go! Youth mental health, education and work]. NF-rapport nr. 13/2012

and welfare services. Background is to do with growing up and young people's experiences from childhood, primary/lower secondary education, with friends, teachers, both academic and social subjects, gender, age, civil status, vulnerable situations, finances, how happy they are with life, whether they think they need help with anything in life, what is most important in life. We also asked the young people to describe experiences with transitions from lower to upper secondary education, and through that also experiences with their peers – friendship, relationships with significant others. This included asking about experiences from lower secondary school: wellbeing, follow-up, absence and the reasons for any absence. We asked about completing upper secondary education, why they may have left, and who they could talk to if they had problems. Higher education was also thematised in this context. Further transitions, from education to work, whether they are in work/on a programme, if so, what is difficult about everyday work, how they got work. If they are not in work, but have been in the past: why and how did their employment cease. We also asked which agencies they had been in contact with, whether they are taking part in NAV programmes, how they have been treated by NAV, and whether several agencies had joined forces to help them, and how this had helped them. We also surveyed whether they had been in contact with the health service (school nurse, general practitioner, Child and Adolescent Psychiatry Service, adult psychiatry service, non-psychiatric health service, etc.).

As a point of departure we were, as described in the introduction, especially concerned with gaining an insight into and knowledge of young people's experiences in their encounters with upper secondary education (which in some cases led to drop-out), work and welfare services (in many cases the young people were on the fringes of the labour market). Part of the reason for the study was to find out what happens in these encounters with upper secondary school, work and welfare services that contributes to marginalisation processes. The young people who took part in the study set a slightly different and in actual fact unexpected agenda: the marginalisation processes that they encounter in the transition to young adulthood have to be understood to a large extent on the basis of earlier experiences, from childhood/adolescence and primary/lower secondary education. A great many of the young people's experiences show a strong connection between present vulnerable life situations as a young adult and earlier experiences from childhood and adolescence. In this context there are

two absolutely key factors that are fundamental to understanding further life experiences: bullying and loneliness.

King of the Castle – Bullying, loneliness and insecurity in childhood/adolescence

Picture the scene: it is winter, a school day and break time. You are eight or nine years old and playing King of the Castle with your fellow pupils in the schoolyard. Suddenly you discover that the rules of the game are different from what you thought: you are not one of the group, working together with the other children to climb up and try to dislodge the absolute monarch from his throne on top of the hill. You are standing alone on the hill, a long way down, while the rest of the pupils are standing together at the top, enemies presenting a united front against *you*. Every attempt you make to get up or past fails because it is an unfair contest: the rest versus you. The others are all kings in a joint kingdom, high above, while you are left standing alone at the bottom, looking up at the threatening crowd. You feel isolated, and the world seems an unsafe, lonely place.

This description is a summary of an experience related to us by a young adult in the interview situation. He experienced systematic bullying throughout his childhood, right from being a small boy. It continued all through primary school. The family was forever on the move, relocating on numerous occasions, and he was constantly starting new schools, where the bullying continued. It took place in the schoolyard, on the school bus and on the way to school. It consisted of both verbal bullying in the form of malicious remarks and sometimes serious physical violence as well. Although the level of bullying varies in individual accounts, the King of the Castle is a very telling representation of the experiences that many of the young people in the study had in their childhood and adolescence. Bullying and loneliness have manifested themselves as a fundamental insecurity, which has resulted in anxiety, depression, lack of self-confidence, distorted self-images, eating disorders and an unhealthy relationship with their own body. Many have an insecure view of the intentions of the world around them that they have carried over into young adult life. This is important, not least because it shows that all too many children are subjected to systematic bullying and isolation that the adult world is unable to pick up on, but this insight is also key to understanding how encounters with a future education system, with work and, not least, with welfare services, can be perceived as difficult. When the young people talked

about their traumatic childhood and adolescence, it was striking how absent adults seem to have been. Where were the pre-school staff, teachers, school nurse, head teacher and parents when these grave scenes were unfolding?

In the survey study we asked the young people about their experiences of vulnerable life situations. Nearly 80% said mental illness², 75% loneliness, 50% bullying and the same percentage poor finances. We also asked about wellbeing in lower secondary school and childhood/adolescence, with 40% replying that they were unhappy more than they were happy in the social environment at school, while out of school their unhappiness was slightly less (emphasis on unhappy/happy equal, happy more than unhappy). A total of 40% felt partly sure of some of the teachers, 31% were largely sure, while 28% were largely unsure of the teachers at lower secondary school. We then asked whether they had someone to talk to if they had problems in primary/lower secondary school. A total of 28% talked to friends, the same percentage did not manage to talk to anyone, 24% talked to parents/guardians, 21% had no one to talk to, 13% had someone, but did not want to talk to anyone. Around 10% talked to teachers and the school nurse. If we check to see whether any respondents ticked several of the last three alternatives, we arrive at 43% who did not talk to anyone for various reasons.

Data from the qualitative interviews supplements the replies from the survey with regard to these topics. In the interviews the young people described in different ways the strategies they employed in order to keep a low profile so as to avoid attracting the attention of the bullies. One called it a *savannah mentality*, with a lot of energy and attention going into staying in the herd, like a herd of animals on the savannah that has to stay together to avoid being attacked by predators. In this situation you have to watch the behaviour of the herd all the time and be ready to turn quickly and fight your way as far into the herd as possible. If you end up on the fringes of the herd, you are easy prey for predators. Another person talked about *staying under people's radar*. One of the young people, who basically described herself as being insecure in the social life of school, had struggled for a long time with physical illness,

² Since the survey had been sent to young people whom we assumed had experienced mental health problems, this answer might have been expected to be closer to 100%. The way in which the question was asked may have made it unclear whether a person's earlier or current life situation was meant.

which resulted in her being absent from lower secondary school for an extended period. When it was time to return to school, she was very nervous about facing people. She knew that they had been talking about her and that various rumours were going round about why she had been away from school for so long. The teachers had told the other pupils that they had to be careful around her when she returned and must not knock into her in case she fell, for example. She described what it was like walking along the school corridor, with the crowd parting in front of her. She felt *like a big germ that could spread disease*.

Other young people who do not describe bullying experiences nevertheless talk about feeling lonely and also different, like a square peg in a round hole. A young man who had struggled with anxiety and depression ever since lower secondary school described himself in his good periods as *normal in inverted commas*. Several describe being *systematically ignored* and being *let alone*, without this necessarily being perceived as something positive. The keynote of such stories is loneliness.

As previously mentioned, we frequently asked ourselves where the adults were in the young people's stories. Some descriptions are very explicit and talk of systematic bullying that was visible and took place over a long period, but that nobody did anything about, either at school or in the young people's immediate environment. Other descriptions refer to withdrawal, attempts to be let alone by being as invisible as possible, with the young people struggling with themselves and their relationship with their surroundings. These descriptions contain expressions of anxiety and depression. Several of the young people who struggled with this at lower secondary school also had time off school owing to mental health problems. Some stayed at home in their room, while others were admitted by the Child and Adolescent Psychiatry Service. They describe their time at lower secondary school as difficult; it was just them and their *whirring thoughts*. One described this state as *having to live in your head*. Another described sitting *in lessons, fretting away at every thought imaginable*, while another described the situation as *like dancing in my head*. In addition to systematic bullying, several factors stand out as being crucial for young people who had problems when growing up. Many of the young people had moved many times during their childhood and adolescence, causing them to change school and immediate environment frequently. Some experienced trauma linked to the death of a near relation, others divorce

and family break-up, and there are also stories that bear witness to neglect at home.

Absence from school is another prominent factor in the material from the study. Based on the survey study, we can point to 40% of respondents being absent from school for an average of one day a week or more in lower secondary school. If they gave a reason for their absence, 67% said that they were not happy with the social side of school, 65% had mental health problems and 54% sleep problems, 53% said that their absence was due to bullying at school, 45% said that they were bored with school. The respondents could choose several answers. It is important to point out that the factors described singly above are connected. We can already suggest that mental health problems as manifested in the young people in the study must be seen in the context of experiences they had when growing up, of bullying, loneliness, isolation and lack of follow-up. They were absent from and at school, both by being off a great deal and by being absent in the school situation. One of the young people who experienced serious bullying when growing up went to school every day throughout his primary and lower secondary education, but was completely enclosed in his own world. He detested school and everything to do with it, did nothing academic the whole time he was a school – either in lessons or at home – yet attended all the same, day after day. Together with several of the others, he had large gaps in his knowledge from primary and lower secondary school, making him poorly qualified for upper secondary education.

One of the young men described forcefully how it can feel to be in such a situation towards the end of lower secondary school. He had struggled with depression and anxiety for a long time after losing a close friend. He did not feel that the school was managing to deal with the situation he was in; he described it as seeming like they did not know how to help bring him back up to standard academically, which had not been a problem before. He described the situation in which he found himself towards the end of Year 10 as follows: while his fellow pupils sat dreaming about their careers, what subjects to take, what they could earn most doing in adult life, etc., he sat there just wanting to die. For this young man the future was not part of his life or something where he saw himself as having any scope for action. We will go into this in more detail towards the end when we describe their present situation.

From the survey study we could see that 44% had completed upper secondary school, while 30% had left, either once or several times. The remainder were either still in upper secondary education or among the large proportion who replied other, which was a combined category. We also asked the young people their reasons for not starting or for leaving upper secondary education. In reply 70% said that their mental health was too poor, 45% were bored with school and the same proportion were not doing well academically/keeping up at school. Of those who left upper secondary education, 62% were absent a lot, as were 20% of those who finished. We also asked whether they had anyone to talk to while they were/are at upper secondary school, with 35% replying that they could/can talk to friends, 25% that they talk(ed) to friends, and 19% that they talked to teachers. A total of 9% say that they did/do not have anyone to talk to, 17% that they did/do not manage to talk to anyone and 8% that they had/have someone to talk to, but did/do not want to. If we check to see whether any respondents ticked all three alternatives that represent a reason for not talking to someone, we arrive at 27% who did/do not share their thoughts if they have problems at upper secondary school. In brief: there is a clear connection between lack of wellbeing in primary and lower secondary education, especially as a result of bullying and a difficult life situation with poor mental health, absence and inadequate academic qualifications, and a person's chances in the transition to upper secondary education.

Transitions – where people come a cropper

We previously referred to the purpose of the study: to identify what happens in the transitions and young people's encounters with upper secondary education, work and welfare services, and how this contributes to exclusion. Although these are important factors to describe, it must be pointed out, based on the earlier descriptions, that it is not necessarily in the transitions that problems arise for many people, but it is where they crash out. For some the transition to upper secondary school was a new chance, an opportunity to start life afresh, something that represents hope and opportunities. They enter a new environment, the bullies have more or less changed arenas, and they have the chance to establish new relationships. All the same, for many people this transition is where they fail, as one put it: *when you grind to an absolute halt*. The descriptions the young people give of stopping and dropping out often involve absence and illness, frequently mental, but also physical. A young man who experienced a childhood of neglect

and was left to his own devices at a very young age, subsequently spending time in care, described how an industrial accident became a dramatic turning point in his life: *my whole life piled up in my hospital bed*. Despite growing up in solitude, this young man had managed to obtain vocational qualifications, he coped with school and work, and he had what he himself describes as a good job in a good working environment with safe adult role models among his colleagues. When he was seriously and chronically injured in a fall at work, his life was shattered. He lay in his hospital bed with considerable pain in much of his body, left completely to his own devices and fate. In the meantime his employer went bust and he had no one to help him take control of the complicated life situation he was caught up in.

Transitions also involve stays in mental institutions during lower and upper secondary education. As previously described, it can be difficult to return to school after being off ill. It seems that the systems involved, both school and health service, are failing to ensure that young people's return to school is a safe, good experience. When people enter the treatment systems, it can seem like everything to do with normal life outside the hospital walls is set aside and put on hold. Anxiety and depressive illnesses thus seem to be treated in isolation, without any thought being given to the possibility that the young person needs help, in some cases a lot of help, coping with the return to everyday life. *What the young people describe is the system 'losing its grip' on them*. Others also describe encounters with the health service, with their general practitioner being unsatisfactory in the first instance.

Medical help – *You have to be very ill to get help*

For many people the interruptions or breakdowns described above are the tip of an iceberg that has grown to unmanageable proportions below the surface. Often, when they seek medical help, it has already been going on for a long time: they have been absent from school for extended periods, frequently dropping out of upper secondary education, and their mental health situation feels chaotic and unmanageable. In the interviews one young person described seeing her general practitioner as *pills or nothing* in that she was prescribed antidepressants and told to go home and rest, then come back in six months if there was no improvement in her condition. This girl was made desperate by having to wait, as she had already spent a long time

at home in her room in a despondent and depressed state. Others also describe long waits for psychiatric treatment. While their life is on hold, their ties with school and work are broken.

Several of the participants in the interview study who had been psychiatric inpatients for extended periods since they were very young want to get out of the diagnosis system and feel able to function in everyday life. One described how he was *sick to the back teeth of the whole treatment thing* – and added that *it would be great for there to be an end to it*. Another said she felt that *the diagnosis is holding me back*, that too much focus on the diagnosis makes it difficult for her to break out of a definition of her as ill, both as a form of stamp put on people by the psychiatric service, but also as part of a person's self-knowledge anchored in mental illness.

They worry whether *I am any use*? They are afraid of failing and not finding their way back to the world outside the treatment system, where their contemporaries are already qualifying for adult life and a secure future.

Encounters with NAV

It is essential to bear everything described so far in mind as we go on to talk about the young people's experiences of encounters with the welfare services in general and NAV (Norwegian Labour and Welfare Administration) in particular. Many of their young lives have been marked by loneliness and isolation, by difficult periods of poor mental health and admissions for treatment of varying nature and duration. Many have broken with their education, apprenticeship and connection to the labour market as a result of their life situation. When they encounter NAV, it with an ambivalent belief in themselves, opportunities and the future, while being impatient about getting on an even keel: that is to say qualifying for work participation and with it "normal" life, with sound finances, camaraderie, leisure, a home and, for many, a family too. We will return to this in more detail later.

The challenges common to a good number of the experiences the young people have had of encounters with NAV are what have previously been described in the literature as pointless measures (Anvik 2006, Anvik et al. 2007). Several of the descriptions in the research report

(Anvik and Gustavsen 2006) on which this article is based, bear witness to the experience of not being taken seriously. This involves a fundamental feeling of not being seen, of being weighed and found wanting (or, more appropriately perhaps, too complicated) for qualification for the labour market. Whatever the motives of NAV may be for the qualification options they offer young people, the young people often feel that they are not considered good for anything in these encounters. A young woman wanted NAV to expect something from her, to make demands on her. Another young man, who had dropped out of upper secondary education as a result of big academic gaps after a difficult childhood and adolescence, went to NAV for help and the self-confidence to believe that he too could manage to complete upper secondary education. Instead he found he was put on a labour market programme that, according to him, only distanced him more from the hope of a relevant qualification. He was assigned to carrying out what he described as pointless tasks that had nothing to do with the skills required for real work, time passed and he became impatient. He quit the NAV programme and applied instead for adult education, where he took several upper secondary exams privately, with excellent results. Being presented with and put on pointless programmes under the auspices of NAV is also described in previous studies carried out by the Nordland Research Institute (Anvik 2006, Anvik et al. 2007) concerning young people with physical disabilities who contact NAV for help with getting a job in the transition between education and work. Instead, many find themselves being put on arbitrary, often unsuitable labour market programmes, which, rather than bringing them closer to work, land them in a whole chain of programmes and marginalised positions that prevent them from establishing independent, adult careers.

The experience of being taken seriously by the welfare system can also be described through two men's very different descriptions of support team meetings attended by representatives of the relevant systems together with the individual young person with a view to finding solutions to complex help needs. The first, who had struggled with severe depression and anxiety since lower secondary school, describes his meeting with the support team as follows:

... I took part in a meeting, with the school, and my psychologist was there too. I think they'd had a meeting about something else beforehand, as when I came in it was like 10 people round a table who were going to sit and talk about me. It was as if everyone who had been at the previous meeting stayed there, which

makes it difficult to say much.... Because it just seemed liked I'd been tagged on to the end of some meeting or other that they'd had. But it was also because there so many people there, and I'd only met two or three of them before.... There was nobody from before I started the school (upper secondary). I hadn't been to any meetings and hadn't met any of the teachers or anything like that.

This young man's experience of the meeting was bad. He did not understand its purpose and had the feeling that the "real" meeting, about him, had already taken place. He has major problems with social anxiety, so just going there and attending the meeting required a great effort on his part. As he did not understand who the various players were and why they were there, he felt that the meeting was not based on his problems and needs. He can be described as a passive and slightly anxious observer at a meeting that should have focused on him, but where the adults had set an agenda that took no account of him as the subject. They talked *about* him, not *with* him. Bringing various agencies together for such joint meetings (support team meetings) can work well, but the young person the meeting is about needs to experience some form of ownership of such processes. If the systems are unable to view things from the young person's perspective, it is difficult to see how such meetings can lead to good processes for the individual young person. On the contrary, experiences such as that described above can help reinforce feelings of exclusion, invisibility and worthlessness.

The other young man's experience of such support team meetings was quite different:

We had some meetings where people who had helped me came together, and I was there, and lots of different things were discussed. There was my psychologist, GP, NAV and the woman I was just talking about. I feel they (the meetings) helped me a lot, and I sort of managed to work things out a bit and get a clear idea of what I wanted to do. Sometimes it was really hard going there and having to go through everything and stir everything up. But it was also very helpful. It's tough at the time, but I know that it helps somehow. And then I had a few meetings with her, the woman from NAV, and the boss at (work experience provider) where we reviewed my work tasks and attendance and suchlike. Things that might help me improve my attendance and get better somehow.

This young man gives a very good description of what it takes to help him make progress and he seems to have unique ownership of his own process. Clear goals and expectations are set, while he knows that he has good support through the cooperation between the various welfare

agencies, and that they are challenging him at the same times as being there to support and help him.

The experience of being taken seriously can be seen to represent the actual prerequisite for being able to get better and cope with investing strength and energy in a process that can seem suspicious and demanding, but that you hope to get through with good help and support. Feeling that some believes in you, from the outset, that you will be able to do it, is fundamental to envisaging future participation in the labour market for yourself.

Challenges of staying in work

The survey study revealed that just under 9% work full time, nearly 15% work part time, 27% are in education/training, 12% say that they are not in work, in education/training or on a programme (under the auspices of NAV), while 9% are off sick. Nearly 50% are taking part in active programmes through NAV³. Their income is made up of work assessment allowance (NAV), which more than 50% receive, earned income (22%), student loans (16%), housing allowance (14%) and disability benefits (less than 5%). The respondents could choose more than one alternative to enable us to check for several sources of income. We also asked the young people which factors were crucial to having a good working day. A total of 62% said better mental health, 47% getting up in the morning, 43% dealing with stress, 32% working environment/wellbeing, 23% follow-up/guidance. The qualitative data expands on this, with the young people describing how shutting themselves in, isolating themselves, contributes to maintaining anxiety and stops them from getting out and doing things. They say that they need *to care*, feel useful. At the same time, it is important for the people around them, in welfare services, at school and at work, to allow and provide for the fact that they can find it difficult both to attend and to manage to stay active. A young man described a colleague who was a great help, who *knew how to handle bad days*. They also talk about the importance of having a job that you are happy in and that can contribute to better mental health, and having good colleagues and safe adult role models in a work context.

³ They could choose more than one answer, so the percentages do not add up to 100.

In the survey we also asked whether they feel they need help with anything in everyday life. A total of 63% said mental health, 47% coping with/holding down a job/school place, 43% money. In addition, 31% said loneliness, 30% getting up in the morning and 24% looking for a job, while less than 1% mentioned substance abuse as something they needed help with. These findings show that their problems and help needs are complex. The challenge is not either to get well or find a job, but to get follow-up and guidance that can help them achieve a better life situation and everyday life. The final part of this article deals with everyday life, both descriptions and analyses of everyday life as the arena and jumping-off point that set the terms for how all of us shape and live our lives.

Shaping everyday life

Although everyday life can be said to encircle and regulate individuals' lives, it is also so much more, both as a phenomenon (something we can grasp out in the world) and as a concept (how we think, theorise and analyse scientifically in relation to what we see there). Studying everyday life is a way of studying society, seen from below (Gullestad 1989). Everyday life is not detached from community life, on the contrary: people relate to themselves and others, they maintain social order and integration, and they try to make a coherent existence work within the framework of everyday life (Jacobsen and Kristensen 2005: 11). It is about social relations and phenomena, about values, and is the individual's way of responding and adapting to controls and incentives from society. In order to understand how public welfare measures and political incentives work, you have to study them where they are encountered, interpreted, acted on and possibly also opposed by their recipients. Such insights better enable the authorities to understand and also know how best to design assistance for groups in vulnerable and marginalised situations.

Everyday life is made up of tasks, relationships, people, time and space, while at the same time it is existential – it provides an anchor, the known and predictable, and often unconsidered and taken for granted. We cannot get round it or away from it, which would be like losing yourself. We need a familiar world where we can feel at home: everyday life. In the study we also wanted to thematise background, education, work and welfare services more specifically, partly to try and

identify what the young people see as important in life and everyday existence. We wanted to identify the different dimensions of everyday life based on three different pictures. We obtained this insight by means of interviews with the 10 young people, in which we asked them to outline their *actual everyday life*: what they do, fill the day with, who they spend time with, where and when. We called this everyday life as actually lived. We also asked them to paint a picture of *moral everyday life* – the expectations of society and "significant others" regarding young people's everyday life: what everyday life should look like for a young woman or man of their own age, removed from the situation in which the individual grew up. Finally, we asked them to describe everyday life as they would like it to be, *dream everyday life*.

Actual everyday life – Being short of time is not an issue for me

We asked each young person to mark on a blank timeline what their everyday life actually looks like, what routines, tasks, challenges and influences go into organising it?

Sleep is an important factor in regulating everyday life across the board. Not necessarily in the form of sleeping all day and not getting up, but more in the form of sleeping difficulties being a central problem in that they affect how the day "after" turns out (whether they feel down or well), but also because their sleeping difficulties are often related to anxiety. They lie there for much of the night, fighting their anxiety and all their black thoughts. They carry this with them into the day. Most of them follow a normal daily rhythm in the sense that they go to bed at a normal time in the evening and get up in the morning (between 7 and 10 o'clock), depending on whether they have had enough sleep or not.

In general everyday life is described as a battle, as something that you have to try and get through. Most live relatively isolated lives, not spending much time among people or on activities outside the home during the day. Time goes very slowly. As one person put it, *Being short of time is not an issue for me*, in the sense that she had far too much time and it passed all too slowly. One person described everyday life like this: *Not very much happens*. They struggle with difficult thoughts, *Feel a sense of isolation* that gnaws away at them, of powerlessness and paralysis, of being in a situation that they cannot

escape: *What can go wrong today?* They have various strategies for trying to make the best of the day. One of the girls said that mornings can be quite good actually. She gets up, turns the radio on, fetches the paper, gets her breakfast and makes coffee, then sits at the kitchen table eating while she reads the paper and listens to the radio. This is the only description from her day that sounds like she enjoyed herself a bit. After breakfast she usually goes out for a walk to get some exercise. When she is finished with that and realises that it is only noon, she feels that *From then on things just go downhill*. She goes home and tries to rediscover the mood of the morning by putting the radio on, getting the newspaper out and sitting down with lunch, but the mood has changed, she starts to feel panicky and worries about battling with the rest of the day. Several people describe feeling that everything they experience is hopeless and difficult: *I worry about things. There's so much worrying... Everything that can go wrong... All the thoughts whirring round in my head*. Some try to practise socialising and going out among people, trying to go shopping, visit friends, etc., but the paralysing anxiety and feelings of inferiority and lack of control drain their energy and make them feel exhausted. Several of them are also worried about their finances and housing situation. Their failure to complete their education and lack of participation in the labour market mean that they do not have a regular, secure income with which to establish a secure framework. Several describe episodes in the afternoon and evening that can be fine: sitting in front of the television, eating dinner and watching a series with their boy-/girlfriend is nice and provides them with comfort and a break from their whirring thoughts, but also gives them a bad conscience about *All the things I should have done*. They are forever conducting self-evaluations that rarely turn out well. One said: *I'm extremely good at beating myself up for all the things I do wrong*, another: *I should eat more healthily, have a job, function in everyday life*.

Moral everyday life – You are well and content

The moral everyday life that we asked them to outline is how the day *should* have looked and gives us a picture of the activities, relationships and values they perceive as existing in society in terms of what a young man or woman should be filling everyday life with. The following everyday life outlined by the young people is in stark contrast to their

actual everyday life as described above. To summarise, it is described as follows:

You get up early, feeling well and rested. You usually exercise before going to work or on the way to work. You shower and eat a healthy breakfast before dashing out the door and dropping the children off at pre-school or school on your way to work. When you get there, your working day finishes at 4 o'clock, but *you usually stay until 5*. This is because you are so important, to your colleagues and employer, that you often stay an extra hour before leaving. You work hard and there is a lot to do, but no stress. You can cope with everything to do with work, including the professional and social side of things. You then pick up the children on the way home, where you make dinner. Dinner has to be locally sourced, organic and homemade, and you might well dig some leftovers out of the freezer. You live with other people, you are expecting a baby, and you talk about this. In a busy everyday life like this you are *Never tired*.

Socialising recurs in the descriptions, both at and outside work. It should preferably be spent meeting people (friends, neighbours) and eating with them, having fun, going to the cinema, enjoying a coffee together. And you should do voluntary work/be involved in a community project. One says that once you have washed up and got the kids ready for bed, you should sit and talk to your husband about how the day has been before going to bed early (10 o'clock):

And you should spend your spare time on things like being social and generous and I don't know what you call it, but maybe contributing to the community by running activities and volunteering or something political or some school. That's it, getting involved with children at school, at pre-school, that sort of thing. And it wouldn't be tiring either.

Communicating this busy, yet successful everyday life to the surrounding world is also key:

And talking about all the exciting things you are going to do at the weekend... and then maybe planning a trip like that to go on at the weekend, you know, like having to plan and pack fishing tackle and book a cabin and that sort of thing. And then you go through the house and wash and clean, so that everything is in order, and then you have to start planning for work the next day. Then you finish up by going on the computer and you're usually right up to date with what you've been doing all day on all the social media. You send tweets and emails and that sort of thing, and then you maybe watch an exciting and important documentary before going to bed at ten thirty.

Showing the world that you have a busy, nice life is just as important as living it, and you show it off on social media:

...and in particular you say how, for example, you've exercised and how much you've exercised and you talk about your healthy lunch and the important meeting you've been too, that you're already on your way out of the door and it's 7.30 and you're off on that fishing trip. There's lots of positive stuff in there, and you also usually try to say something important, about the day's news and that sort of thing.

Several people stress keeping up with current affairs: Reading all the papers you haven't managed to read, immersing yourself in the news; then watching the evening news and making sense of it all. While one of the young men was running through that sort of everyday life, he suddenly said: *No, that life, that everyday existence isn't something I'll ever...* This is testimony that the moral everyday life is a very long way away from actual everyday life, almost inconceivable.

Dream everyday life – Gosh! Is it that time already?

We then asked the young people to describe their dream everyday life, in which you do not have to deal with the challenges you normally struggle with in actual daily life. It would also be a daily life without all the "shoulds" that the moral daily life represents, without limitations – what would it be like for them to live an everyday life like that? The young woman who described how being short of time was not an issue for her in her actual everyday life described her dream everyday life by saying: *Time flies!* It would be full of so many meaningful and exciting activities that, when she looked at the clock, she might exclaim: *Gosh! Is that the time already?*

What all the descriptions of a dream everyday life have in common is being able to have a normal pattern of sleep: *it might help* me have a job. *It would be great...* so that: *you feel wanted*. Having something to get up for and feeling rested also recur, together with good health (with one adding *getting rid of the anxiety*), a structured everyday life (in the form of regular sleep and meals), being able to function in a job and having a home of your own. Having an everyday life packed with activities that you get something out of and that show you are wanted, by other people, friends, colleagues, the labour market, society, also

recurs in the descriptions. One person describes it as *something to make you think*.

The working day is characterised by shorter working hours and social, friendly colleagues. As one person says: *Having good colleagues you can talk to*. One says that a four-hour working day is enough and does not consider being able to work full time realistic. She adds: *maybe at some stage in the future*. One person says that socialising at work would be nice. Another talks about being able to do exciting professional things: *my dream everyday life is maybe finding a job that inspires me, where I can manage to make myself so indispensable that I get to do that sort of thing*. One of the boys points out that the most important thing is wellbeing, and having a good working environment, and: *sort of not feeling going to work is stressful. Not that I need to feel over the moon and jump for joy every day, but it should at least make sense most days and be pleasant*. He wants to work in a small company where things are more: *predictable with regard to people. And then, for example, there wouldn't be such an awful lot of variables to deal with when it came to lunch. It would somehow just be the people who work there*. He dreams of working as much: *as I'm able without getting worn out or tired, without it being a lot of stress*. Another person mentions having good management, a boss who follows up, and who understands and takes him seriously.

Several people also mention leisure activities as something that they wish they had the reserves and energy to keep up, and that they could get something out of, like a hobby, drawing, painting, having dinner, a girl-/boyfriend or good friends, having a social life, and as one person says: *the very best thing of all is typically being able to come home to a safe, secure refuge, i.e. home, where things are somehow a bit predictable and stable, and with a partner, for example. But with someone there, with people there, so I'm not all alone*.

Another says quite simply that: *it would be nice just to be present*, in other words to escape all the destructive thoughts churning round in their head, consuming all their attention and energy. *Stability, security and predictability* are also mentioned here. Having a house and garden, family, barbecuing, visiting, spending time with other people, and money to live on are also central to these pictures of everyday life. Several people had problems describing their dream everyday life:

You ask difficult questions... I've never really thought much about it: for me the very realistic thing has really just been to get through the everyday life I have instead of sitting dreaming about another... It's just, it's so strange to talk about dreams like that, it was extremely difficult...

Comparing the pictures of everyday life

Actual everyday life as summarised above paints a picture of the typical day as a battle. It includes few activities, with some people mainly sitting at home, inside themselves, isolated and lonely, while others have an activity, a job or education/training, which they try to take part in to the best of their ability, but the rest of the day, back at home, can be characterised by tiredness, anxiety and emptiness. Battling depression and anxiety takes a lot of energy, draining them of strength and reserves. They are also struggling with a bad conscience about all the things they *should* have filled their day with.

Moral everyday life is jammed full of tasks, duties, relationships and obligations, but does not tire you out. You get something out of it and feel wanted and indispensable. You contribute to society, through work, and through community projects and other commitments. You also keep up with current affairs and the public debate, and you communicate this busy, successful life of yours to the surrounding world.

Dream everyday life is more like moral everyday life than actual life, but it does not seem as busy or as controlled by norms and outside expectations. You do things out of enjoyment and interest, because you have the inclination and drive, and because you can cope. There is no anxiety or depression, and that in itself gives you get-up-and-go and zest for life.

All the same, when we compare these three pictures of everyday life, we can see that there is a considerable discrepancy between what they manage in real everyday life, the moral expectations and requirements they believe apply to young people/adults, and their own dreams of what everyday life could be like. They think they know what is expected in society, but the gap between the demands made, what they want and what they manage to do is perceived in many key contexts as unbridgeable.

When we asked the young people how they see their future, it was difficult to think and talk about: *the future is a bother*. Many of them have more than enough to do just getting through the day, so it is: *extremely difficult to look very far ahead, it gets too much here and now*. Another described it as: *the future coming to get you*. If we put their tales in narrative form, we can see that, whereas their future prospects are brief and often difficult both to imagine and describe, their tales from childhood and adolescence are described in more detail. Many of the young people in the study also spent their youth in isolation and loneliness. Experiencing this important phase of life from the sidelines through lack of connection with a peer environment and socialisation, creation of the self, experience of belonging and participation (Øia and Fauske 2010) means that they are also at risk of missing out on experiences that it may be useful and necessary to draw on later in life. This is important and can be used as a starting point for summing up this article's conclusion. For the young people themselves time is virtually standing still in their everyday battle with anxiety, loneliness and locked-in life situations, while life goes on for the others, their peers, out there, who have had an education and qualified for work, and who have a regular, secure income that enables them to set themselves up with a home, family and career.

Attention must of course be turned first and foremost on the current situations facing the individual, but at the same time it is important to consider the whole background and all the underlying factors that helped lead the individual young people into the difficult life situations in which they now find themselves. As we have shown, they carry with them experiences, often dating back to childhood and adolescence, primary/lower secondary school and upper secondary school, of loneliness, otherness, bullying, absence, drop-out and illness. At the outset we were looking to understand what happens in the encounter with upper secondary education, the welfare services and work, but the young people take us back to childhood and adolescence, where they show how systematic bullying, loneliness and mental health problems overshadow their chances for creating good, secure conditions, not only here and now, but also with a view to their future prospects. Light is also thrown on this in Olsen, Jentoft and Jensen (2009) and Jentoft and Jensen's (2010) analyses of a study of young people on disability benefits, which show that many people in this group have an unsound basis for living a good life, getting an education and finding work, with the young people having experienced being disregarded by responsible

adults during their childhood and adolescence. The study shows how this has marked the young people later in life, with circumstances that have usually come to a head in their late teens, often involving extended admissions for psychiatric treatment followed by disability benefit. In conclusion, we will now highlight some of the key challenges that we see the authorities as facing based on our analyses.

Don't let go

The young people describe challenges that are complex. They require targeted help and labour market qualifications combined with medical help (school, NAV, health service and labour market). This means that some of them require holistic, systematic follow-up and a coordinated approach involving school, NAV, health service and labour market *alike*, often *simultaneously*. The help needed by the young people should largely be offered within the framework of everyday life and not contribute to their isolation from life – out in the world. They must be monitored in "real" life – that is where they need to be (at school and in work). Although diagnosis is not thematised in the research study referred to here (Anvik and Gustavsen 2012), it is clear from the young people's descriptions that it is mainly a question of anxiety and depression. Anxiety problems represent the single largest diagnosis group when it comes to recipients of disability benefits, but also have a very good prognosis with adequate treatment, with exposure and activity being regarded as vital for recovery (Mykletun et al. 2009).

The young people themselves, despite the different ways in which they are faced with complex and difficult life situations to varying degrees, actually have very practical advice to offer. They want *to be seen, heard and understood*. In other words, having insight into and understanding their situation is an important prerequisite in the ongoing work of helping them. They themselves are usually looking for teachers who see them, who understand, who intervene in bullying and who monitor them academically, who require something of them. Having something expected and required of you, the support systems around the individual entering into a young person's situation and trying to help based on their needs and problems, are also among the things wanted from the other welfare services, both NAV and the health service. Quite specifically, the young people are looking for individuals: good, safe adult role models who will help them get better, at starting the day, at going to

catch a bus, at getting to school, work experience or work. These individuals can be seen as representing both NAV and the health service.

Youth mental health problems, drop-out and young people on disability benefits are a growing problem area and a problem with many owners. This, in our opinion, is where the biggest problem lies. First and foremost it is important to adopt a preventive perspective. Since many of the bad experiences referred to in the study occur back in early childhood (pre-school, primary and lower secondary school), it is important to focus more on early work to create a safe, inclusive childhood environment, right from pre-school, through primary and lower secondary school, and beyond. These are measures that all children and young people will benefit from and will hopefully lead as well to the labour market also being more inclusive and diverse in the future.

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Is bullying equally harmful for rich and poor children? A study of bullying and depression from age 15 to 27¹

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Abstract

Background: Exposure to bullying in childhood and adolescence is harmful to health, well-being and social competence of the victim. However, little is known about the long-term consequences of bullying victimization. In this paper, we use a longitudinal study from age 15 to 27 to examine whether childhood socioeconomic position (CSP) modifies the association between exposure to bullying in childhood and symptoms of depression in young adulthood. **Methods:** Nationally representative baseline sample in 1990 (n = 847), followed up 2002 (n = 614). We used multivariate analyses of variance to examine the influence of bullying on symptoms of depression at age 27. **Results:** Analyses showed that exposure to bullying, low CSP and female gender significantly increased the risk of depression in young adulthood. There was a statistically significant interaction between bullying and CSP, so

¹ First published in The European Journal of Public Health, 2009, p 1-6, doi:10.1093/eurpub/ckp099. © The Author. Published by Oxford University Press on behalf of the European Public Health Association. Republished by permission of Oxford University Press. Correspondence: Pernille Due, National Institute of Public Health, University of Southern Denmark, e-mail: pdu@niph.dk

The study complies with the Helsinki declaration on ethics in science and Danish national legislation on medical ethics

that bullying increased the risk of depression for people from low CSP, while there was only a weak association between bullying victimization and depressive symptoms for people from more affluent childhood socioeconomic backgrounds. The same pattern was found for analyses stratified by sex. **Conclusion:** Our study suggests that the effects of bullying may have more serious long-term implications on health for children from less affluent backgrounds. Our study points at bullying exposure as another pathway through which social adversity in childhood influences social inequalities in adult health. Political efforts are needed to improve norms and legislations about how to treat children and more specific interventions should take place in schools to reduce the exposure to bullying.

Introduction

Depression is a serious and prevalent disease with profound social and personal consequences for the patient as well as her/his social relations. Lopez and Mathers used DALY measures to estimate depression, the fourth leading contributor to the global burden of disease in 2002, and projected that it would rank second by 2030.¹ A large proportion of patients with major depression experience their first incident of depression in adolescence. (2) Early onset of major depression, including sub-clinical depression, has been reported to increase the risk of major depression in adulthood 2–3-fold, and is associated with more severe and recurrent forms of major depressive disorders.^{2,3}

Risk factors for depression are many including demanding life events and social relational experiences.⁴ Over the past 20 years a large amount of studies have consistently shown that bullying victimization is highly prevalent among children and adolescents world wide, and that exposure to bullying is strongly associated with depressive symptoms in childhood and adolescence.^{5–19} There are a limited number of longitudinal studies which investigate effects of bullying on later depression. In a study sample of same-sex twins from two consecutive birth cohorts followed-up from age 5 to 7, Arseneault and colleagues found that children who were victimized by others showed elevated internalizing problems and were unhappy at school.²⁰ In a study from the Netherlands, Fekkes and colleagues found that 9–11-year-old children, who were bullied in the beginning of the school year, had a 4-fold increased risk of depression measured by the Short Depression Inventory for Children 10 months later.²¹ Bond et al. found that exposure to bullying among 13-year-olds predicted onset of emotional problems a year lat-

er.²² However, in a survey of seven and eight graders from two schools in Chorea, Kim et al.²³ were not able to find any association between bullying victimization and depression 10 months later. Rigby performed a 2-year follow-up study of students in their first 2 years of high school in Southern Australia and found that victimization at baseline was not predictive of psychiatric health measured by General Health Questionnaire, when baseline health was taken into account. However, students who reported that they were frequently victimized in the early years of high school experienced relatively poor mental and physical health.²⁴

Other studies with a longer follow-up period have consistently found exposure to bullying to increase risk of later depression. Kumpulainen og Räsänen studied bullying at age 8 and 12 as predictor of depression at age 15 in a cohort of children from the Kuopio area in Eastern Finland.¹⁹ They concluded that in particular bully victims at early elementary school age and victims of bullying later in early adolescence were at risk to develop depressive symptoms later in adolescence. Olweus, 1993, found that among 71 Norwegian youth children exposed to bullying at age 11 had higher tendency of depression in young adulthood compared to unexposed.²⁵ The Epidemiological Multicenter Child Psychiatric Study study, based on a nation-wide Finnish population of boys born in 1981, measured bullying activity among the boys when they were 8-years-old and followed up with registry information on ICD-10 diagnosis at three time points between the ages of 18 and 23.²⁶ They found a 2–3-fold risk of having a diagnosis of depression before the age of 23 among men, who had been involved in bullying, compared to men who were not involved in bullying at age 8. Other analyses from the study confirm that childhood bullying involvement at age 8 is a risk factor for depression at age 18, when measuring depressive symptoms by use of Beck's Depression Inventory.^{27,28}

Studies using recall measures of bullying have shown the same association between bullying and depression. Roth et al. found that university students, who recalled being teased in childhood showed increased risk of both depression and anxiety.²⁹ Further, a recent study by Lund et al.³⁰ shows that among men exposure to bullying in adolescence is associated with prevalence of depressive symptoms >20 years after leaving school.

When considering social inequalities in health outcomes in adult life several mechanisms and pathways have been discussed. Depression in

adulthood is socially patterned,³¹ and depression has been proven to follow trajectories over the life course, suggesting that early life factors may be of importance.³² However, the mechanisms behind social inequalities in adult depression are still not well described. Diderichsen and colleagues outline possible mechanisms in the creation of health inequalities, including differential exposure: the fact that risk factors for health outcomes are often socially distributed, and leave individuals from poorer backgrounds at higher risk of exposure, and differential vulnerability: indicating that risk factors may influence health outcomes differently comprising higher health impact among socially disadvantaged.³³

There is socially differential exposure to bullying in adolescence. An international study found that exposure to bullying in adolescence is more common among adolescents from families with lower compared to higher socioeconomic position and that this association was robust across more than 30 countries.³⁴

We have not been able to find studies which investigated, whether there is differential social vulnerability for bullying, that is, whether childhood socioeconomic position (CSP) analytically appears to modify the association between exposure to bullying in childhood and symptoms of major depression in early adulthood. This is the purpose of our study using a representative, longitudinal study from age 15 to 27.

Methods

Population

We used data from The Youth Cohort of the Danish Longitudinal Health Behaviour Study (DLHBS).³⁵ The survey includes a nationally representative sample of 15-year-olds randomly chosen from the National Civic Registration System. The baseline survey was conducted in 1990 ($n = 847$), first follow-up in 1994 ($n = 729$) and second follow-up in 2002 ($n = 614$). Data collection was made by anonymous postal questionnaires. The questionnaire included items concerning: (i) demographic factors and social background, (ii) living conditions, (iii) psychosocial factors, (iv) self-reported health and illness and (v) health behaviours.

To fulfil the ethical demands for participation of under-age children the parents received a letter to inform them of the possibility to withdraw their child from the study. A total of 104 parents of the 1100 selected adolescents did not want their child to participate (9%), leaving 996 adolescents eligible to be invited to participate. The baseline response-rate was 85% ($n = 847$) and the response-rate for the follow-up in 2002 was 81% ($n = 614$). Because of ethical demands we were not permitted to approach the parents again. Therefore, the primary non-respondents were not examined. The loss to follow-up at age 27 was significantly higher among boys than girls ($P < 0.0001$), but loss to follow-up was similar for children from higher and lower socioeconomic position at baseline and similar for children with and without prevalent self-reported depressive symptoms at age 15 (data not shown).

A total of 25 persons (4.1%) with missing information on bullying, depression or parental social class were excluded from the analyses, leaving 589 to be included in the final analyses.

Variables

Depression

We used Bech's Major Depression Inventory (MDI) as a measure of prevalent depression based on 12 items on depressive symptoms with the following response categories: all the time, most of the time, more than half of the time, less than half of the time, rarely and never. The scale counts 0–50 points.³⁶ The MDI scale has been shown to be valid and the cut-point of ≥ 25 reflects the criteria for the diagnosis of depression listed in the ICD-10 and DSM-IV. We used the log of the continuous measure as outcome in the analyses (table 3).³⁶

Bullying

The question on bullying was: Were you bullied at school? With the following five response categories: (i) No, (ii) a little for a short period of time, (iii) a little for a long period of time, (iv) a lot for a short period of time and (v) a lot for a long period of time. The item was divided into 1 vs. 2 vs. 3 + 4 vs. 5. The question was included in the second follow-up and was developed for the present study based on a measure used in the Health Behaviour in School-aged Children Study and the work of Olweus and colleagues.^{5,37} We performed logistic regression analyses of the association between our recall measure of bullying and a wide range of factors (CSP, and 16 variables on self-rated health, life

satisfaction, self-esteem and social relations) measured at age 15, that based on the literature, would be expected to correlate with exposure to bullying at age 15. We found the bullying recall measure to be associated with all factors in the expected direction, so that exposure to bullying was associated with more adverse outcomes. However, only seven of the fifteen associations were significant (table 1).

Table 1. Logistic regression analyses of bullying (recall measure at age 27)^a and the association with various factors measured at age 15

Variables expected to be associated with bullying	N (614)	Percentage of population	Association among total population OR (95% CI)
CSP			
High (Social class I-II)	187	31.3	1
Middle (Social class III-IV)	312	52.2	1.08 (0.66-1.77)
Low (Social class V-VI)	99	16.6	2.35 (1.31-4.22)
Health and well-being			
Self-rated health (poor + fair vs. good + excellent)	75	12.2	1.72 (0.98-3.02)
>5 complaints the past 2 weeks (vs. 0-5 complaints)	103	16.8	1.38 (0.82-2.31)
Worried, nervous, anxious (very + somewhat vs. not at all)	120	20.2	1.69 (1.05-2.73)
Sad, depressed, unhappy (very + somewhat vs. not at all)	122	20.4	1.37 (0.83-2.26)
Irrascible and aggressive without particular reason (often + sometimes vs. seldom + never)	228	37.6	1.92 (1.27-2.93)
Sad without particular reason (often + sometimes vs. seldom + never)	186	30.9	1.39 (0.88-2.18)
Relations to friends and school			
≤1 day a week spent with friends (vs. ≥2 days)	97	16.0	1.75 (1.06-2.90)
≤2 evenings spent per week with friends (vs. ≥3 evenings)	105	17.3	1.86 (1.14-3.04)
Friends to talk to about problems (0/1 vs. ≥2)	155	25.6	2.37 (1.53-3.68)
Happy with school (never + seldom vs. sometimes + often + always)	73	12.0	1.37 (0.76-2.47)
Conflict with friends (often + sometimes vs. not at all)	328	53.7	1.50 (0.99-2.27)
Lonely (often + sometimes vs. not at all)	131	21.4	2.54 (1.61-3.99)
Not good enough (often + sometimes vs. not at all)	275	45.2	2.23 (1.45-3.41)
Tired of school (often vs. sometimes + not at all)	102	16.7	1.43 (0.86-2.39)
Have considered suicide (seriously considered + tried vs. not at all + some consideration)	17	2.8	1.31 (0.42-4.11)

a: Bullying dichotomized into not bullied + bullied a little a short period of time versus bullied a little a long period of time + bullied a lot a sort period of time + bullied a lot a long period of time

Childhood socioeconomic position

Childhood socioeconomic position was measured by the parents' occupational social class: standard coding of the highest ranking parental occupation and coded into social class I-V in accordance with the standards of the Danish National Institute of Social Research, a coding scheme which is almost similar to the British Registrar General's Classification I-V. We added social class VI representing economically inactive including people on transfer income, sickness benefits and disability pension. We trichotomized the variable CSP into the levels: high (I-II), middle (III-IV) and low (V-VI). Use of other criteria for CSP, like father's social class or mother's social class, did not alter the conclusions of the study. Also, sensitivity analyses demonstrated that our results are robust to changes in the number and definitions of categories for CSP and bullying (data not shown).

Statistical analyses

Statistically we used contingency tables with χ^2 -tests to examine homogeneity among non-respondents and respondents, (data not shown) and sex differences in the variables.

We used multivariate analyses of variance (MANOVA) to examine the influence of bullying on level of symptoms of depression at age 27 (table 3). We transformed the continuous scale of depression to the logarithmic function of the scale in order to satisfy the criteria of normally distributed data. First, we performed univariate analyses of variance of exposure to bullying in childhood, CSP and sex on depressive symptoms at age 27 (data not shown). Then, we modelled the effect of all variables on depressive symptoms at age 27, including the interaction term of exposure to bullying and CSP (table 3). We used proc GLM, SAS 9.1 for all analyses.

Results

Table 2 shows, that generally women scored higher on the depression scale than men (MDI) ($\text{mean}_{\text{women}} = 13.86$ (SD 6.75) vs. $\text{mean}_{\text{men}} = 12.18$ (SD 5.83), and 8.1% of women and 4.9% of men had symptoms of prevalent depression at age 27, using the recommended cut-point of ≥ 25 points (36) (data not shown). Almost half of the population had been exposed to some form of bullying in school (44.3%), one in five had been exposed to bullying either a lot or a little over a longer period of time (19.5% of women and 18.2% of men, $P = 0.6817$) and 7.4% had been exposed to bullying a lot over a long period of time (8.4% of women and 5.8% of men, $P = 0.2260$). One in six was classified as having low CSP (15.3% of women and 18.5% of men, $P = 0.2998$).

Table 2. Descriptive information on the DLHBS Youth Cohort variables: mean points on Bech's MDI: mean (standard deviation), and distribution of CSP, and exposure to bullying by sex: percentage

	Women (n = 370)	Men (n = 244)	Total (n = 614)
Depressive symptoms at age 27, Mean (SD)	13.86 (6.75)	12.18 (5.84)	13.20 (6.45)
Exposed to bullying, Percentage (n)			
No	53.9 (199)	58.3 (141)	55.7 (340)
A little a short period of time	26.6 (98)	23.6 (57)	25.4 (155)
A lot a short period/a little a long period	11.1 (41)	12.4 (30)	11.6 (71)
A lot a long period of time	8.4 (31)	5.8 (14)	7.4 (45)
CSP, Percentage (n)			
High	30.6 (112)	32.3 (75)	31.3 (187)
Middle	54.1 (198)	49.1 (114)	52.2 (312)
Low	15.3 (56)	18.5 (43)	16.6 (99)

Multivariate analyses of variance showed that exposure to bullying, CSP and sex were all significantly associated with symptoms of depression at age 27 ($P_{\text{bullying}} = 0.0016$, $P_{\text{CSP}} = 0.0345$, $P_{\text{sex}} = 0.0023$), and also the interaction term: bullying and socioeconomic position was significantly associated with symptoms of depression ($P_{\text{bullying} \times \text{CSP}} = 0.0155$, table 3). The same pattern was found for analyses stratified by sex, but few of the associations were significant at a 95% confidence level, due to the low population size (data not shown).

Table 3. Multivariate analyses of variance of the logarithm of Bech's MDI in young adulthood in relation to exposure to bullying in childhood, CSP, sex and the interaction between bullying and CSP: predicted means and 95% P-values

Variables	MANOVA f-test P-value	Predicted means log MDI	P-value*
Exposed to bullying	0.0016		
No		2.41	0.0424
A little a short period of time		2.57	0.4377
A lot a short period/a little a long period of time		2.50	0.0052
A lot a long period of time		2.59	Ref.
CSP	0.0345		
High		2.45	0.0372
Middle		2.49	0.0788
Low		2.61	Ref.
Sex	0.0023		
Women		2.57	0.0023
Men		2.47	Ref.
Interaction of CSP and bullying	0.0155		
High social class—not bullied		2.39	<0.0001
Low social class—bullied a lot a long period of time		2.93	Ref.

* P-value: significance of difference to ref. group

Discussion

Our study confirms that depression is prevalent in young adulthood, with higher prevalence among women. Almost one in five recalled experience of severe and/or long-term exposure to bullying during school years, and exposure to bullying was associated with depressive symptoms in young adulthood. However, while the association between bullying in childhood and symptoms of depression in young adulthood was strong for women and men from low childhood socioeconomic backgrounds, the effect of exposure to bullying in childhood was weaker for individuals from more affluent backgrounds.

One of the strengths of this study is the national representative random sample of adolescents followed up 12 years later. In comparison with the Schedule for Clinical Assessment in Neuropsychiatry (SCAN), the MDI scale has shown to be a valid measurement of present depression, with acceptable sensitivity and specificity.³⁶ Loss to follow-up was larger among boys than girls but it was independent of CSP and prevalence of depressive symptoms in childhood. However, there may have been a higher share of participants with low childhood socioeconomic background among the primary non-respondents of our study, as is the case for most longitudinal studies. Our ethical restriction makes it impossible to confirm this point. However, it is unlikely that this would compromise our results to any important extent.

As exposure to bullying at school was not measured at the time of the baseline study, we had to use a recall measure of bullying exposure. Rivers et al. have found memory of bullying to be stable over time,³⁸ and a study conducted among 11-, 13- and 15-year-old Danish school children in 1994, showed prevalence of bullying to be very equal to the prevalence levels found by use of the recall measure in this study.¹² In 1994, 49% of the children had not been bullied at all the current school year, 26% had been bullied one or two times, 17% had been bullied sometimes and 7% had been bullied weekly, and 4 years later, in 1998, the prevalence was almost identical.¹² These numbers are very close to the prevalence level found in this study, with a baseline population aged 15 years in 1990. However, the use of a recall measure for bullying exposure is a limitation of our study, and we are in this study, due to the relatively small sample, not able to answer the key question whether people with depression tend to recall bullying more often than people without depression. However, another study using the same recall measure of bullying had information on parental depression, and was

unable to find any association between parental depression and recall of bullying.³⁰

To account for the limitation of using a recall measure, we conducted a series of analyses to investigate how the recall measure of bullying was correlated with a wide range of items on social integration, psychosocial well-being and self-esteem measured at age 15. All of these factors were associated with bullying in the expected direction. The associations were especially strong for the measures of social integration, which is supportive of the validity of the bullying recall measure. The associations were the same among children from different childhood socioeconomic backgrounds, so we believe that we have ruled out the possibility that the answer to our recall measure of bullying is socially biased with a possible higher over-reporting among people from low socioeconomic backgrounds, and we have not been able to find results from the literature supporting an assumption of a social bias.

Since our measure of bullying did not include an indication of timing of the exposure to bullying, we found that it was not appropriate to adjust for depressive moods at age 15 in our regression analyses. Depressive mood at age 15 would, thus, possibly be an intermediate variable, that is, a consequence of the exposure to bullying that most likely would have occurred at a younger age.²⁴

We find that adolescents from families of lower socioeconomic position are not only at higher risk of being exposed to bullying,³⁴ but also that the exposure to bullying seems to have higher impact on their risk of depression later in life. The differential vulnerability to bullying may be partly explained by the social difference in resources available in the lives of the adolescents. For instance, more adolescents from low socioeconomic backgrounds grow up in lone parent families, where other kinds of social problems may make it harder for the adolescent to ask for help and support needed to tackle exposure to bullying.

Furthermore, many types of personal resources are unequally distributed and it is likely to be harder for young people with, for instance, low self-esteem to overcome bullying victimization without severe psychological injuries. The hereditary trait of depression is another factor that may explain part of the strengthened association between bullying and depression among children from more deprived families. As depression is socially patterned among adults,^{4,31} we would expect that prevalence

of depression was higher among the parents from lower socioeconomic positions in our study, which implies that these adolescents are already at increased risk of depression prior to the exposure to bullying. However, a study of the association between exposure to bullying in childhood and depression in middle age among Danish men was able to account for parental depression, and this did not change the association with depression.³⁰ Therefore, we find it unlikely that this should explain all of the modifying effect of CSP on the association between bullying and depression.

Exposure to bullying leaves children at immediate increased risk of depression.⁹⁻¹¹ Research has shown that the first onset of depression is more often preceded by severe life events, creating vulnerability so that recurrent episodes of depression will be provoked by less severe stimuli.³⁹ Furthermore, cortisol levels have shown to be affected by exposure to bullying with a hypo-secretion among girls and a hyper-secretion among boys,⁴⁰ indicating possible long-term risks of psychopathology and ill health.

Bullying is not only socially patterned,³⁴ but this study suggests that it may also have wider long-term mental health consequences for children from poorer social backgrounds, indicating that social relational strain in the form of bullying may be another mechanism behind adult inequalities. Our findings strengthen the arguments for intervention against bullying, and points at low social class children as an especially important target group.

Funding

The Health Insurance Foundation, Denmark (Helsefonden), the Danish Cancer society (No. 93-504), the Danish Research Council (No. 9600251) and The Nordea Denmark Foundation have contributed to this research.

Conflicts of interest: None declared.

Key points

- Major depression is a prevalent disease in young adulthood and early onset of major depression has been reported to be associated with more severe and recurrent forms of major depressive disorders.
- Exposure to bullying in adolescence is associated with a wide range of health outcomes, including depression and suicidal ideation, and the consequences of victimization seem to track into adulthood.
- There is a socially differential exposure to bullying in childhood, leaving children from low socioeconomic backgrounds at higher risk of being bullied.
- The association between childhood exposure to bullying and depression in young adulthood seems to be stronger for children from low childhood socioeconomic backgrounds.
- Our findings strengthen the arguments for intervention against bullying and points at children from poorer socioeconomic backgrounds as an especially important target group.

Acknowledgements

We thank administrative officer Birgit Pallesen at University of Copenhagen for language review. We thank The Health Insurance Foundation, Denmark (Helsefonden), the Danish Cancer society (No. 93-504), the Danish Research Council (No. 9600251) and The Nordea Denmark Foundation for their support for our research.

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Young people's well-being in Finland in the light of the 1987 Finnish Birth Cohort¹

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Introduction

The integration of individuals into the society begins at birth, and the foundation for adult well-being is built in childhood. Similarly, socio-economic marginalization and inequalities in well-being and health are rooted in the early childhood experiences (Fryers 2007). Risk factors for health and welfare problems stem from pre- and perinatal period, and they include genetic as well as environmental influences (Robinson et al. 2008, Thompson et al. 2010). Marginalization and inequalities in health, income and other opportunities in life chances are interwoven. These problems exhibit intergenerational continuity as a result of both social and biological processes.

When speaking about problems among young people, quite often it is forgotten that health inequalities and social exclusion are phenomena that root themselves in earlier life events. Genetic heritage together with family and social circumstances shape people and spiritual, social, fi-

¹ The text is modified from the recent study report by Paananen Reija, Ristikari Tiina, Merikukka Marko, Rämö Antti and Gissler Mika: 'Children's and youth's well-being in light of The 1987 Finnish birth Cohort-study. National Institute for Health and Welfare, Finland, 52/2012.

nancial as well as cultural resources get passed on through generations. Societal support for well-being should begin early, as attachment to society begins already at birth, if not already in the womb. The processes of social exclusion should be countered even before actual problems occur, as we know that those with the least resources due to, for example, disability, ill-health or parental problems have the highest risk of exclusion.

The 1987 Finnish Birth Cohort (FBC)-study follows all, approximately 60 000 persons born in Finland in the year 1987, from the prenatal period to adulthood, currently until 2008, using official registers collected by Finnish authorities. The study investigates the different biological, social and environmental childhood determinants for the well-being of young adults. This research has combined more existing data from social and health registers in more diverse ways than has ever been done before in Finland. The dataset includes also substantial amounts of information about the cohort members' parents, so that it tells about many aspects of the life of the cohort members. Longitudinal register-based follow ups offer new possibilities to research how different factors impact over generations and combine to influence later life.

This study shows how childhood environment impacts later life in a number of ways. Death of a parent, serious illness or financial difficulties relate closely to children's well-being. While most of the Finnish youth is doing very well, there is a notable group of children and young people who need support in attaching to the society. Problems in well-being, such as lack of secondary level education, mental health- and financial problems accumulate and parental difficulties influence children's later well-being. The study has found that disadvantage transfers through generations, and inequality is a widespread and multifaceted societal challenge.

Children's well-being is founded on the well-being of families. Supporting well-being has to in reality begin early and children's situation should always be considered in case parents have challenges. In addition, the importance of the developmental environments such as child-care, school and hobbies can serve to ease the functioning of the everyday life and support family welfare. These are the places that can create social coping, integration and resilience, or at worst strengthen the processes of social exclusion and marginalization.

Data - The 1987 Finnish Birth Cohort (FBC)

The Medical Birth Register (MBR) was established in Finland 1987. The 1987 FBC-study data are based on MBR data on the child's perinatal health and on information on maternal health. (National Institute for Health and Welfare, THL). The 1987 FBC-study follows all children born in the year 1987, from the prenatal period through childhood to adulthood.

Altogether 60 069 children, including all live births and stillbirths of infants weighing more than 500 grams or having a gestational age of 22 weeks or more born in Finland in 1987 were included in the 1987 FBC follow-up study covering the years 1987-2008 (Paananen & Gissler 2011). Only 73 (0.1%) children were untraceable from national registers because of an incomplete, missing, incorrect or changed identification number provided by the Finnish Central Population Register. The children surviving the perinatal period were included in the follow-up study ($n = 59\,476$), and at the end of the year 2008, 58 320 cohort members (98.1%) were alive and living in Finland. The study has ethical approval of the Finnish National Institute for Health and Welfare.

The original data were complemented with follow-up information on various social and health status on cohort members and their parents using official registers collected by Finnish Authorities (Table 1). The data consist of information on vital statistics, mortality, morbidity, reproductive health, use of health care services, social welfare services and benefits, medication, military service and criminality as well as on familiar and socio-demographic background.

To complete the cohort information eight separate requests for permission to receive individual-based register data for scientific research (THL, Data Protection Authority, Finnish Defence Forces, Social Insurance Institution, Central Population Register, Statistics Finland, Ministry of the Interior, Finnish Legal Register Centre) were sought from the various register authorities. The register data were combined using the children's and their parents' personal identification numbers.

Table 1. Summary of registers and data in the study.

Register authority	Register	Data	Period covered
National Institute for Health and Welfare (THL)	Finnish Medical Birth Register	Pregnancy and birth outcomes	1987-2008
	Finnish Hospital Discharge Register	Hospitalisation data (discharge diagnosis, date, duration, etc.) (parents and cohort members)	1969-2008 Inpatient 1998-2008 Outpatient
	Infectious Disease Register	Sexually transmitted infections	2004-2008
	Register on Induced Abortions	Induced abortions	2000-2008
	Register on Social Assistance	Social assistance for parents and cohort members	2002-2008 cohort members 1987-2008 parents
	Register on Child Welfare	Information on children placed in out-of-home care	1987-2008
Statistics Finland	Cause of Death Register	Dates and causes of death	1987-2008
	Register of Educational Achievements	Educational achievements by cohort members and their parents	30.6.2009
Central Population Register	Population Registers	Parents' marriages and divorces	1987-2008
		Parents occupations	30.6.2009
		Within and outside country migration	1987-2008
		Home municipality	1994, 2009

Social Insurance Institution of Finland	Social Security Allowance Registers	Reimbursement entitlements in respect of medi- cines	1994-2008
		Reimbursements for prescription medicines	1987-2008
		Disability benefits	1987-2008
Finnish Defence Forces Registers		Data on service and results of aptitude tests	2005-2009
Finnish Legal Register Centre	Summary Penal Judgement Regis- ter, Criminal Record	Information on criminality, of- fences and court decisions	2002-2009

Results

Indicators for well-being among the 1987 FBC are shown in Figure 1. Among those born in the year 1987, approximately 11 000 (18.5%) have completed only primary education. Boys (20.7%) slightly more often than girls (16.1%) lack the secondary education. Every fifth, approx. 12 000 (20.1%) persons have been either prescribed psychopharmaceuticals or has had specialized psychiatric care, girls (23.9%) more often than boys (16.5%). Of the cohort, 22.8 per cent, or 13 600 persons, have received social assistance during the follow-up (21.1% of boys and 24.6% of girls).

Altogether, approximately 15 000 (25.9%) (38.4% of boys, 12.7% of girls) have a record in the penal judgment or criminal record, and about 5 000 persons (8.8%) have been given an actual sentence (14.1% of boys, and 3.1% of girls). Of the cohort, 1 900 (3.2%) persons have been placed outside the home by child welfare, 963 girls and 937 boys.

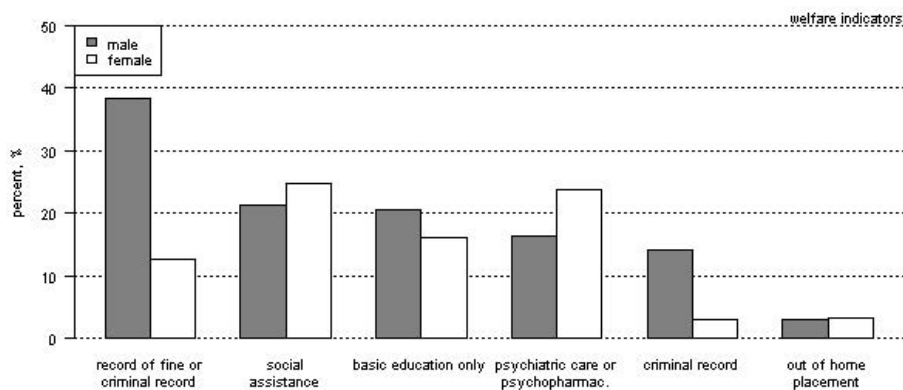


Figure 1. Well-being indicators among the 1987 FBC during the follow-up, 1987–2008.

Mental health problems affect notable number of young people in Finland

Mental health is a key factor on social exclusion. A notable number of the young adults born in Finland in 1987 used specialised psychiatric care and psychopharmaceuticals during their childhood and adolescence. In the 1987 FBC about a fifth (20.1%), girls (23.9%) more often than boys (16.5%), had registered at least one visit to a psychiatric care or purchase of psychopharmaceuticals. Altogether, 8 582 (14.4%) cohort members had used specialized psychiatric services. Psychiatric inpatient visits were recorded to 3 193 cohort members during the years 1987–2008, corresponding to 5.4 per cent of the cohort, boys and girls equally. Girls had, however, more visits to outpatient psychiatric (15.8%) care than boys (10.2%) during the follow-up years 1998–2008. Psychopharmaceuticals had been prescribed to 13.2% of the cohort members, during the years 1994–2008, girls (16.7%) having prescriptions significantly more frequently than boys (9.9%). Antidepressants were the most common type of psychopharmaceuticals prescribed, every tenth member of the cohort has used antidepressants during the follow-up, girls (13.6%) more often than boys (7.0%).

Mental health or behavioural problem diagnosis from specialized care – defined as ICD-9 codes (290–319) in 1987–1995 and ICD-10 codes (F00–99) since 1996 – had been given to 7 717 cohort members (13.0%, boys 11.6%, girls 14.4%). The most common diagnosis was mood dis-

orders (F30-39), which has been given to 3 014 cohort members (5.1%), girls more often than boys. Neurotic, stress related or somatoform disorder diagnosis (F40-49) had been given to 2 551 cohort members (4.3%), girls much more frequently than boys. Behavioural or emotional disorder diagnosis (F90-98) usually beginning in childhood or adolescence had been given to 2 023 cohort members (3.4%), boys (3.8%) more frequently than girls (3.0%).

Education is closely tied to other well-being indicators

Education is closely tied to a person's health and well-being, as well as financial circumstances in adulthood (Figure 2.). Of the boys of the cohort, two fifths (40.6%, 12 357) and half of the cohort girls (55.5%, 16 115) had completed the Finnish matriculation examination or tertiary education by 2009, within five years from the completion of the primary education. Of the boys, 38.7 per cent (11 782) and of girls 28.4 per cent (8 238) had at that point completed secondary level education. Approximately fifth of the entire cohort had not completed secondary education (20.7%, 6 296 boys and 16.1%, 4 688 girls).

A key question regarding inequality among young adults in Finland is that of education, which defined clearly all measured well-being indicators. Young adults without secondary level schooling had much more all measured well-being problems than the cohort members with further educational degree. In addition, the indicators for sexual and reproductive health were determined by education, as well. Those girls with only primary education had much more often induced abortions, teen-age births and chlamydia infections than those cohort girls with a further degree.

Those with higher educational levels had less visits to specialized psychiatric care facilities (boys 9.5%, girls 17.2%) than those with no secondary degree (boys 35.2%, girls 47.6%). Also, in terms of criminality, almost a third (31.8%) of boys with no secondary level degree had committed a crime, while the percentage was 4.1 per cent among boys with tertiary degree or matriculation exam. Girls had committed crimes much less than boys, but among girls also those with no secondary level degrees had committed crimes much more often than girls with higher levels of education.

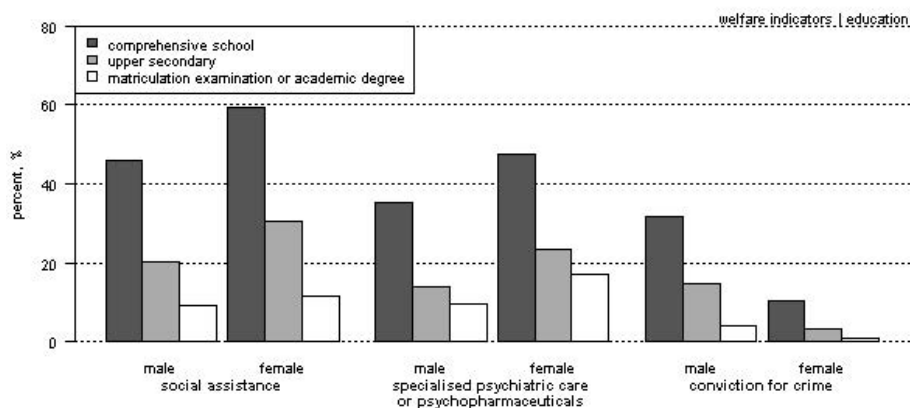


Figure 2. Frequency of social assistance receipt, use of specialized psychiatric care or psychopharmaceuticals and convictions for a crime by gender and educational attainment among the 1987 Finnish Birth Cohort.

Parental education, finances and mental health impacts children's well-being

Parent's socioeconomic position, education and financial and health circumstances and changes in family relationships affect their children's education and other aspects of well-being. Of those children whose parents had no secondary education, 38.1 per cent had also no secondary level education at the end of the follow-up. A fifth of the parents with no secondary level education had children with high school or tertiary level education. Similarly, of the children with parents with highest levels of education, three out of four (74.1%) had high school or tertiary level education, and every tenth (10.1%) had no secondary level education. Figure 3 shows the relationship between parents' education to different aspects of their children's well-being. Children of parents with the highest levels of education used specialized psychiatric health care services less than children of parents with lower levels of education (17.7% vs. 27.9%). They had also fewer marks in the police and judicial registers (18.9% vs. 35.7%) and used social assistance less frequently (10.2% vs. 42.5%).

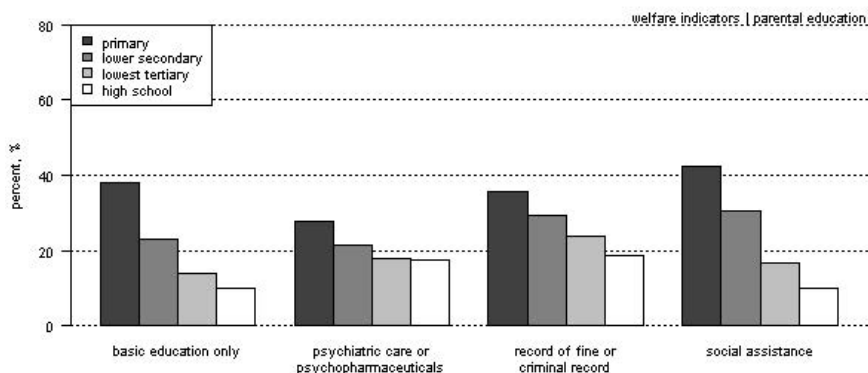


Figure 3. Cohort members' well-being indicators by parental educational attainment.

Family financial difficulties are also closely tied to children's later well-being and mental health problems. About three out of four (71.6%) members of the age cohort who had received social assistance had a parent who had also received social assistance. Also over half (53.3%) of the cohort members with a psychiatric diagnosis and two thirds (62.6%) with no secondary level education had a parent who had received social assistance. The recession of the 1990s shows up in the data when we look at the number of the parents who have received social assistance, a total of 38 per cent. Long-term social assistance, meaning over 10 months in a year, had been given to one sixth of the cohort parents.

As the parents' receipt of social assistance support prolongs, children's well-being problems get more common. Figure 4 shows the months of parental social assistance support together with different aspects of children's well-being. If neither of the parents had received social assistance, tenth of the children had received social assistance during the follow up (10.3%). If a parent had received social assistance at some point during the follow-up, 43.2 per cent of the children had registered use of social assistance. If the combined receipt of parental social assistance exceeded 92 months (seven years and eight months), had three out of four (72.9%) children also received social assistance.

Every ninth of the children with parents who had not received social assistance had not completed secondary level education, when of the children whose parents had received social assistance every slightly

under a third had not completed secondary level education. Almost half of the children whose parents had received social assistance over 92 months had not completed secondary level education by the end of the follow-up period.

The same phenomena get repeated when we look at children's psychiatric care, use of psychopharmaceuticals, criminal offences and out of home placement. About every sixth (15.5%) member of the cohort had used specialized psychiatric care or psychopharmaceuticals, when of those whose parent had received social assistance 27.7 per cent had used those services or medications. Of the children whose parents had received social assistance more than 92 months, 40.6 per cent had used specialized psychiatric care or psychopharmaceuticals. Of the children whose parents had not received social assistance 22.4 per cent had a police or judicial system record, when of the children with parents who had received social assistance, 31.5 per cent had a record. Of those children whose parents had received social assistance over 92 months, 39.4 per cent had a police or judicial system record. Altogether, 0.4 per cent of the cohort members had been placed outside the home, but of those children whose parents had received social assistance 7.7 per cent had been placed outside the home. Furthermore, of those children whose parents had received social assistance over 92 months during the follow-up almost a quarter (24.2%) had been placed outside the home.

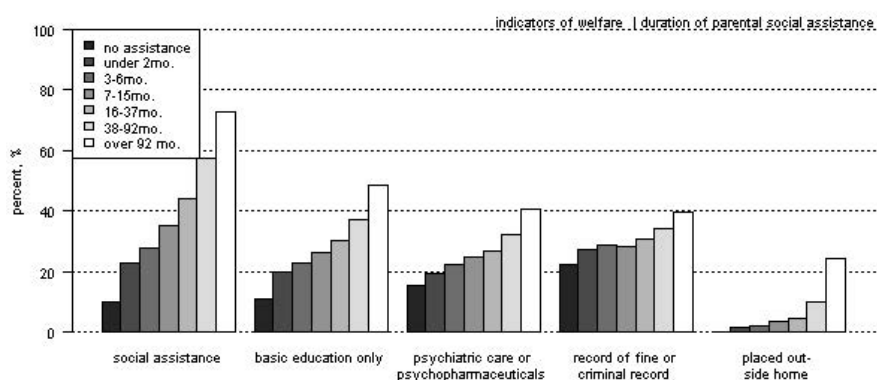


Figure 4. Cohort members' well-being indicators by the combined social assistance received by their parents. Parents who have received social assistance have been divided into six equal size groups based on the number of months on social assistance.

About every fifth of the cohort members' parents (18.9%) had been in specialized psychiatric outpatient care during the years 1998-2008, and about every tenth (8.4%) had been in psychiatric inpatient care during the years 1986-2008. Of the cohort members' parents, a psychiatric diagnosis had been given to 17.3 per cent.

Parents' mental health problems increase not only their children's risk of having mental health problems but also other well-being problems. Figure 5 shows different children's well-being indicators when a parent has been treated in a specialized psychiatric care. Of the children whose parents had been treated in psychiatric care facilities, one third had received social assistance during the follow-up when of those children whose parents had not received psychiatric care about a fifth (19.9%) had received social assistance. Of the children whose parents had been treated in psychiatric care facilities, one fourth (23.2%) had not completed secondary level education, and 28.0 per cent had been treated in specialized psychiatric care or had used psychopharmaceuticals (vs. 17.9% with no parent in psychiatric care). Furthermore, of the children whose parents had been in psychiatric care, 11.1 per cent had received a judicial sentence (vs. 8.1%) and 7.6 per cent had been placed outside the home (vs. 1.9%). Parents' addiction diagnoses, which in and of itself is a serious risk factor for children well-being, was also included in the use of specialized psychiatric care.

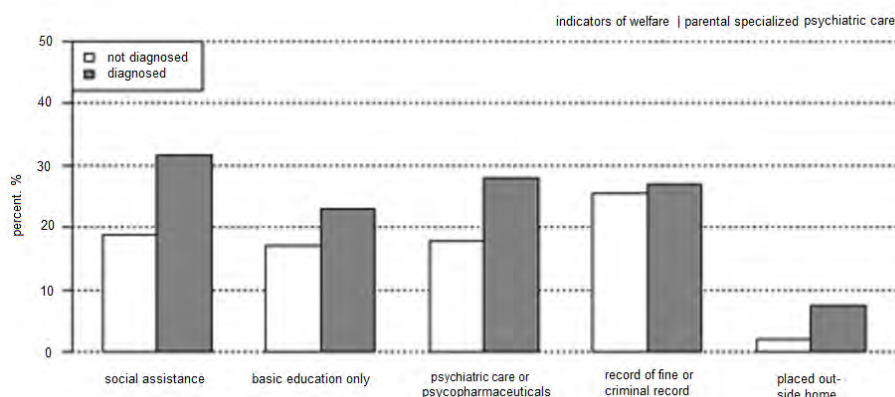


Figure 5. Cohort members' well-being indicators based on either of the parents has used specialized psychiatric care.

Discussion

The 1987 FBC-study shows that the majority of young adults in Finland are doing well. Nevertheless, there are a considerable number of children and young people who, by the age of 21, have experienced different well-being problems. A fifth of the children born in 1987 have used specialized psychiatric care or psychopharmaceuticals before adulthood, and every fifth member of the cohort has only basic education. Financial difficulties and criminal activities – even though mainly minor crimes – have been part of the life for quarter of the cohort.

This research has shown that well-being is diverging and welfare problems, such as lack of education, mental health- and financial difficulties accumulate. Those young persons, who have completed only basic education by the end of the follow-up, suffer much more frequently from financial difficulties and have more registered use of specialized psychiatric care or psychopharmaceuticals, as well as criminal offences.

The 1987 FBC-study tells us that welfare problems pass on through generations. The conditions in the childhood home influence children's later well-being significantly. Death or serious illness of a parent or mental health problems are closely tied to children's later well-being and mental health problems, and parental unemployment and financial difficulties increase children's school and mental health difficulties and even increase the risk for out-of-home placement.

Our research shows that the parents of the young people who have completed only primary education have themselves more often than average only primary education and receipt of social assistance. Alcohol- and other mental health problems transfer through generations and become risk factors for later well-being.

Childhood family circumstances, other life conditions and developmental environments are significant determinants for the attachment to society. Previous research has shown that early life conditions affect, for example, educational outcomes and subsequently impact later well-being. Research shows also that problems in the developmental environment impact well-being more the earlier they appear.

Socioeconomic and financial inequality

Based on our research, children's and young people's well-being is largely determined by their parents' education, socioeconomic position and financial circumstances. Parents' low level of education and low socioeconomic position is related to children's well-being problems. Especially families' financial problems challenge children's ability to live a financially independent life, and often show-up later on as mental health problems requiring care. Previous research shows also that poverty in early childhood impacts children's cognitive development negatively and decreases the probability of completing primary education (Duncan et al., 1998).

Also, we know that a low socioeconomic position impacts many aspects of children's and young people's lives negatively, such as health, learning abilities, behaviour and social participation. Leading British researchers have estimated that the influence of parents' socioeconomic position on children's cognitive development is discernible right from the birth of a child and the influence gets strengthened each month (Feinstein, 1998). We can also say, based on British longitudinal research that events and circumstances prior to school age impact children's and young people's educational results at least as much if not more than the circumstances during schooling (Wadsworth, 1991).

Although social mobility measured by financial and educational circumstances is greater in the Nordic countries, including Finland, than in many liberal welfare states (Corak 2006; Grawe 2004; Solon, 1999), our research shows that education, mental health and financial circumstances have large intergenerational effects. The Nobel laureate Amartya Sen has argued that the goal of social policies should be to provide freedom for individuals to develop their capabilities (1999). Freedom in the Senian sense means minimizing the over generational influences, and if we analysed the results of the social policies practiced in Finland through Sen's concept of freedom, the intergenerational transmission of problems would appear as especially problematic.

The 1987 FBC-study shows that the factors impacting the welfare of Finnish youth are largely the same as in other parts of the world. Similar longitudinal research, for example in the United States, has shown how family finances are the largest predictor for youth well-being and development, even larger than maternal education, labour market posi-

tion, parents IQ, ethnicity or many other factors (Duncan et al., 1994; Duncan & Brooks-Gunn 1999; Smith et al., 1994).

North American research has also shown how poverty has the largest impact on children's learning abilities, and slightly less on physical health and behaviour. On the other hand, while the impact of poverty on learning abilities is larger than on health, the impact of poverty on health is estimated to be about the same as the effect of mother's prenatal smoking on the health of the child (Children's Defense Fund, 1996). The recently published Finnish Youth Barometer showed also that good family financial circumstances have a positive impact on all questions related to childhood home environment (Myllyniemi, 2012).

The impact of poverty on children's and adolescents' health is partly explained by biological processes. Research has shown that in families with financial difficulties, babies' stress response may differ from that of babies of other families. Babies' heightened stress response shows up through elevated cortisol levels, which is considered a reliable indicator for stress (Saridjan et al., 2010). Furthermore, poverty has been shown to be related to babies' unfavourable temperament already at the age of 6 months (Jansen et al., 2009).

Previous research has also shown that residential area has an independent impact on child development in such ways that, for example, children living in urban areas report more depression and anxiety than children living in rural areas (McLeod & Edwards, 1990). The 1987 FBC tells also about regional inequalities, including inequalities in the accumulation of problems and in the availability of services (Paananen et al., 2012). There are large regional differences in the use of outpatient psychiatric services: availability is significantly better in big cities and in southern Finland in general. Also, among the youth with only primary education, there are large regional differences in the receipt of social assistance and in having a police record. Considering the Nordic welfare state ideology and particularly the goals of the Finnish welfare policies founded on the ideals of equal access, the results of this study raise a question about the success of those policies.

Mental health and the accumulation of problems

The results of this study tell about the influence of parents' mental health problems on the mental health of their children. In addition to the

financial difficulties, children's problems often show up against the backdrop of parental mental health problems and changes in family relations. A third of the children and adolescents with a psychiatric diagnosis have a parent treated in psychiatric care, when of all of the cohort members, one fifth has a parent who has been treated in psychiatric care. About 62 per cent of the children and young persons with a psychiatric diagnosis have a single parent or have parents who have divorced, or have experienced the death of a parent, when of the entire cohort 45 per cent have these experiences. Also, our research shows that parents' low education and socioeconomic position increase the risk for children's use of specialized psychiatric health care. As such, parents' problems accumulate and leave marks on the well-being of their children.

Our research shows also that a significant number of mental health disorders begin already in childhood or adolescence, and as such, have an impact on school performance and later well-being. Previous research has shown also that childhood poverty increases the risk for behavioural disorders and depression (McLeod & Shannahan, 1993). Early behavioural disorders are then related to unfavourable developmental outcomes such as poor school performance and criminality (Silva, 1996).

The phenomenon of an accumulation of well-being problems has been identified in longitudinal follow-up studies in other countries as well. For example, British research has noted the frequent accumulation of problems and the most significant background factor found has been lack of education (Gregg & Machin, 1997, Kiernan 1995). Accumulation of problems has been thought to be both the result of early experiences, as well as a social process which directs life course development (Blane et al., 2007). Certain problems increase the probability for the occurrence of certain other problems and especially difficulties faced in early childhood increase those risks (Herzman, 1999).

Mental health disorders are today the most significant cause for work disability in Finland. Half of the persons who were approved for disability benefits for mental health reasons during the year 2009 were under 30 years of age. Particularly depression, as a cause for employment disability, has increased by 55.2% among the under 30-year-olds between 2004 and 2009 (Raitasalo & Maaniemi, 2011). Furthermore, recently the use of psychiatric services among children and adolescents has also increased significantly: visits to outpatient child psychiatric

services almost tripled, and visits to adolescent psychiatric services quadrupled between the years 1994-2011 (SOTKANet 2013). Also, the proportion of children and adolescents in inpatient psychiatric care has grown, which means that the focus of service provision has not moved towards outpatient services (THL, 2012).

The results of the Finnish School Health Survey show that among the 8th and 9th graders, high school and trade school students aged 14-18 years, the self-evaluated levels of depression have stayed relatively high during the 2000s. Of the primary school girls, almost a fifth (18%) experience moderate or serious depression and among high school or trade school students the rate is 15 per cent (THL, School Health Survey, 2011).

The number of clients in the child protective services has also grown significantly since the 1990s. The number of clients in the child welfare services has over doubled and the proportion of children placed outside the home has also almost doubled during the last two decades. Especially the numbers of urgent placements and those among adolescents have increased. The reasons for the out of home placement have usually to do with long lasting family financial- and other problems (Kestilä et al., 2012).

Importance of education

Based on the 1987 FBC-study, members of the cohort with only primary education suffer more frequently than others from mental health disorders, and receive social assistance- and commit crimes more frequently. A fairly large number of the youth who have not completed secondary level education suffer from mental health disorders: 48 per cent of girls and 35 per cent of boys have been either treated in specialized psychiatric care or have used psychopharmaceuticals, when the cohort averages for girls are 23.9 per cent and boys 16.5 per cent. Of the youth with only primary education, over half have received social assistance, when the cohort average is 23 per cent. Similarly a third of those boys with only primary education have committed crimes by the age of 21, when among the entire cohort 14 per cent of the boys have. As such, low education, criminal behaviours, mental health disorders and financial difficulties often accumulate in the early adulthood.

Previous research has also shown that low education increases the risk for diverse types of disadvantage. Young persons with only primary education experience more health problems and use more substances than those with higher education (Kestilä, 2008). Unemployment and lack of education go often hand in hand. The number of unemployed and uneducated young persons is on an increase, and in 2010 in Finland there were already 51 300 of them, which corresponds to almost an entire birth cohort of children (Myrskylä, 2011). Every year, about 7 per cent of young people living in Finland do not get a secondary level study place for a number of reasons. On top of this, several young people discontinue their secondary education in high school or trade school studies each year. Altogether, of each census about 15 per cent never complete a secondary level degree. (Myrskylä, 2012).

Increasingly high levels of education are required in today's Finnish labour markets and jobs that do not require specialized skills disappear constantly. Lack of a secondary level education not only increases the risk for unemployment, but also for the lengthening of the unemployment period, which in and of itself also decreases the chances for reemployment (Sipilä et al., 2011; Jolkkonen et al., 2010). Youth unemployment in Finland grew dramatically in the 1990s, and even in the 2000s has been significantly higher than that of the adult population, approximately 13%, with large regional differences (SOTKANet 2013). Youth employment is also very sensitive to economic fluctuation, as during periods of stagnation and recession those last into the work places are also the first ones out (Ristolainen et al., 2013).

A comparative look into the factors affecting children's and young people's well-being

The results of the 1987 FBC-study are very similar to those found in Swedish research on the impact of early childhood conditions on young adults' well-being. Swedish Institute of Public Health published a literature review that showed how Swedish children and youth from disadvantaged families experience more health problems than the national averages. Mortality and physical health problems are 30 per cent more common among disadvantaged children than those coming from more advantaged families (Swedish National Institute of Public Health, 2011). Children and young people coming from financially disadvantaged families have also almost three times more self-inflicted accidents and twice as often accidents caused by others than children and young

people coming from wealthier backgrounds. Furthermore, disadvantaged children and young persons have cognitive developmental delays three times more often than other children. The Swedish research shows that health differences between children due to differences in the socio-economic position are approximately the same size as among adults. For example, the risk of mortality for adults and children with low socio-economic status was 40 per cent higher than among those with high SES.

From the OECD country comparisons we see that the child poverty rate in Finland is significantly lower than in many other developed countries. In Finland, 4.7 per cent of children live in poor households when the OECD average is 11.1 per cent. On the other hand we see from the OECD comparisons that child poverty rates have increased in Finland between the years 1990 and 2008 by 2.9 per cent units, but reduced in several OECD countries, average being 0.6 per cent units (OECD Family Database).

We know also that in addition to increases in the number of children living in poor households, income inequality has increased in Finland during the last two decades. Based on the OECD statistics, the growth in income inequality has been particularly fast in Finland as well as in many liberal welfare states (Esping-Andersen, 1990). During the period of 1980s to the end of the 2000s, Gini coefficient in Finland grew from 0.21 to 0.32². When in the 1980s Finland was considered to be a country with low income disparity, today it is more of the middle category (OECD, 2011).

The OECD statistics show also that relative poverty among single parent households is significantly higher in Finland than in two earner families. Of the single parent households, 14.2 per cent can be considered poor (OECD Family Database). Furthermore, of the children with unemployed parents about half live in poor households. Differences in the child poverty rates between countries are largely explained by maternal employment rates: if maternal employment is uncommon, child poverty rates are usually higher. In Finland mothers' employment rates are high; over 69 per cent of mothers of under 15-year-olds are in paid labour. This explains the relatively low poverty rates among the households with children where parents are employed (OECD Family Database).

² The Gini coefficient describes income equality on a scale from 0 to 1, where by the value zero refers to total equality and one complete inequality in the income distribution.

WHO Health Behaviour in School-aged Children -study shows that already among 11 year olds, their parents' socioeconomic background impacts the children's experience of their health, life quality and satisfaction, health behaviours, as well as family and friendship relations together with school performance, across the world. Finnish results regarding the impact of the socioeconomic position are average (Currie et al., 2012).

When evaluating the position of Finnish children and youth from a Nordic perspective, the results are fairly positive. In terms of the number of poor families with children, all the Nordic countries fare well on a global perspective, with Denmark (3.7%) and Finland (5.4%) having the least children in poverty, and Sweden the most (7.0%) of the Nordic countries (OECD, 2011). Also, in terms of the early school leavers, in Finland (9%) and Sweden (7%) the proportion of early school leavers among the 20-24 year olds is significantly below the OECD average and also much less than in Denmark (13%), Norway (19%) and Iceland (22%). At the same time, however, the proportion of those not in education or employment (NEET) among the 20-24 years olds in Norway (8%), Iceland (8%) and Denmark (9%) is smaller than in Finland (15%) and Sweden (17%), reflecting the different labour market structures and youth employment levels in the Nordic countries. Gender differences among the NEETS in the Nordic countries are very small according to the OECD statistics (OECD a, 2013).

As mentioned earlier, the number of mental health based disability claims among the under 30 years has increased dramatically in Finland in the last decade. In Sweden a similar phenomenon has also been noted, with approximately 25 per cent annual growth rate among the under 25-year-olds. In Denmark and Norway the annual growth rate for mental health based disability benefit claims in the last decade has been approximately 5 per cent (OECD a, 2013). Lastly, in terms of the proportion of 15-24 year-olds with severe or moderate mental health disorders, the levels in all the Nordic countries are fairly high, in Sweden being approximately 20 per cent, in Denmark 25 per cent, and in Norway 27 per cent (OECD b, 2013). In the 1987 FBC, about 20 per cent have been either prescribed psychopharmaceuticals or has had specialized psychiatric health care, girls (23.9%) more often than boys (16.5%).

Strengths of the register-based data and the reliability of the results

Longitudinal follow-up studies using reliable register data offer many benefits for the study of well-being. The 1987 FBC-study is the first longitudinal follow-up study covering an entire census of children born in a year. Furthermore, Finnish register data is of good quality, both in terms of quantity, validity and reliability. National register-based follow-up studies' strength is also in the rate of coverage, both in terms of study population, variables and regional factors. Survey studies related to well-being often have difficulties in reaching exactly those whose welfare we know the least about. Willingness to take part in research is related to socioeconomic status (SES) and often those with low SES are underrepresented in survey studies. The 1987 FBC-study results are based on nation-wide registers, and the data collected in them is not biased by background variables.

On the other hand, the results of the 1987 FBC-study are based on the use of services, so that well-being is assumed from a lack of ill-health indicators. As such, Finnish well-being data is not based on indicators of well-being, but on the use of services. They do not tell directly about rates of illness, but simply about the use of and access to services. On the other hand we know that, for example, in terms of mental health services, not all of those in need get the services they should get. Regardless of these weaknesses, register-based follow-up studies offer the most reliable information there is about the well-being of Finnish youth.

Well-being is created in the everyday life

Even though the results of the 1987 FBC-study show that the majority of young adults are doing very well, they show also how problems accumulate and transfer through generations. The results show correlations between the difficulties faced by the parents and the children, for example, between parents' education and children's mental health. These correlations do not mean that only children of parents with low levels of education or all of their children require specialized psychiatric care. The results of our research do not support the idea that there are biologically predetermined or genetically transmitted intergenerational phenomenon, but rather children's development has a direction that gets shaped constantly in the everyday life, and that the surrounding environment can strengthen or weaken those early influences.

The results of the study show how disadvantage is transmitted across generations, but we should not forget that the values and attitudes held by the childhood home and society also pass through generations. The recently published Youth Barometer results show how a childhood home with an open interaction style is strongly connected to young people's societal trust. Young people who have received positive feedback from their parents, and have shared their joys and sorrows with the parents, are across the board more satisfied with different aspects of their life than young people who grew up in less dialogic families.

We know also from research that health problems often show up after long delay. Hence, the support for well-being and prevention of ill-health should begin early, before problems arise, attending to early signals of approaching difficulties. The Finnish service system, when evaluated from the individuals' perspective, however, often reacts only after serious problems have arisen.

The children born in 1987 grew up during the recession of the 1990s, when large numbers of families faced unemployment and financial difficulties. Political decisions made during that time have an impact still today. Services targeted for children and families, as well as prevention programs, were cut back. School health check-ups, family preparation classes of the prenatal care services, as well as services provided to the homes of families were cut back, while school and day care resources were reduced (Paakkonen, 2012). Even today problem prevention and services for the early support for well-being have not been brought back to the levels prior to the recession and the use of the corrective services and their costs are constantly increasing. The service system is also not responding to the actual needs of individuals, as problems today are often multifaceted and considering all the different aspects is difficult and slow in the sectorally divided service systems. The service system should also be able to support children's and young person's own coping skills and the possibility to be an active agent in the decisions made regarding their own lives.

Although our analysis has focused partly on the service systems and the use of services in relation to young people's preparedness to function in the labour markets, it is important to keep in mind that a good and happy childhood has its own intrinsic value. All children or young people growing up in a Nordic welfare state should have equal possibilities to have a happy childhood and an equal opportunity for a good later life

regardless of parents' education, financial situation and residential area. Furthermore, it would be important to strengthen and support each child's own agency and ability to make decisions regarding his/her own life in an age appropriate fashion.

Conclusions

Longitudinal register-based follow-up studies offer new possibilities to study the causal relationships in the development of well-being. It appears clear that well-being is diverging and disadvantage accumulates. While the majority of young people are doing well, a growing number of children and young persons need help in attaching to society. Different kinds of protective factors can safeguard development even when risk factors are present. Some of the most important protective factors are positive family and other social relationships and having positive experiences in school or in spare time activities. It should also be kept in mind that the influence of negative and protective factors vary for different individuals, and many persons growing up in challenging environments do very well in later life.

At the same time when the principal municipal services, such as primary health care, social welfare services and primary education, have been cut since the 1990s, the number of clients in the expensive specialized care and other corrective services has sharply risen by the year 2010. For example, the proportion of children in inpatient psychiatric care and in out-of-home placement has risen by 150 per cent from the 1990s to 2010. We know, however, that the yearly costs of out-of-home placement for one child correspond to a yearly salary of a social worker. Research has shown that resources saved from prevention increase the need and costs of the corrective services that often come too late, and at worst, are inefficient.

The significance of the preventive services and those that support the well-being of children stand out when we attempt to end the intergenerational transmission of disadvantage and social exclusion. Today the efforts to prevent social exclusion often come too late. Adult services should always map out the situation of children and parents' possible need for additional support for the parenthood. Also, in addition to the basic health care services, the ability of other developmental environ-

ments, such as child care, school and hobbies to support children's well-being and strengthen the protective factors, should be secured.

The accumulation of hardship is often a chain of events that begins early, and where problems follow from each other. Lämsä (2009) has described the process of exclusion as a continuum that begins with coping difficulties and continues on to helplessness, ending with exclusion from society. In a way social exclusion is like falling into an incremental cliff, from the bottom of which climbing up is challenging and requires larger financial and other investments from society.

Our results show how the accumulation of disadvantage is much more frequent among those young people who have only primary education than those with a secondary level degree or higher. The results of our study confirm the goals of the Finnish government's youth guarantee, where by every young person under the age of 25 and recently graduated people under 30 will be offered a job, a traineeship, a study place, or a period in a workshop or rehabilitation within three months of becoming unemployed. In order for the youth guarantee goals to be achieved in a regionally equal fashion, based on our results, it would be important to increase the number of starting places in schools in areas that suffer from low educational attainment and usually also high unemployment. In addition to institutional study places, alternative ways of skill development and attainment of degrees should also be provided. The challenges of the youth guarantee are particularly great when it comes to the most disadvantaged youth. Previous research has shown that the obligation-based social services have not been able to capture those young persons with more severe challenges in integrating to the labour market, but rather have pushed them into social assistance receiver (Ristolainen et al., 2013).

Children's and young people's learning disabilities, behavioural problems and other hardships may be partly explained by genetic and neurological reasons, but it is possible to influence the environmental factors such as family relations, school performance, social relationships or hobbies. By supporting the well-being factors and making sure that the positive every day routines and structures function, we can prevent the occurrence of hardships and support coping with them. Instead of stepping in when problems have already appeared, it would be essential to invest in well-being and strengthening of resilience, efforts in which the role of day care and school gets emphasized. In addition, investing in

basic services as well as in outpatient psychiatric services is crucial. Preventive work and early interventions are not only crucial from the financial but also from human perspective. According to the Nobel laureate James J. Heckman (2008) investing in children's human capital has twice as much impact as those invested later on.

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Sven Bremberg is a paediatrician and associate professor in social medicine. His present role is as an expert on health issues affecting children and young people at the Swedish National Institute of Public Health. Sven Bremberg has been actively involved in developing a Swedish strategy for minimising social differences in health during childhood and adolescence. He has been responsible for commissions from the Swedish government concerning support for parents, young people's mental health and suicide prevention. Sven Bremberg conducts research at Karolinska Institutet's Department of Public Health Sciences.

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Arnstein Mykletun is a senior research at the Norwegian Institute of Public Health and visiting professorial fellow at the University of New South Wales in Sydney, Australia. In 2010, he headed up the expert group appointed by the Norwegian government to advise on the new Inclusive Working Life Agreement. A qualified clinical psychologist and sociologist, he has published 120 scientific articles on epidemiology, psychiatry, occupational medicine and public health in the last 10 years.

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Jenny Tägtström has a Master degree of Political Science. She is currently employed at the Nordic Centre for Welfare and Social Issues (NVC). Her work is mainly focused on labour market and disability issues in the Nordic countries. Jenny is a co-author of several reports on the situation of vulnerable groups on the labour market. She has also been the editor and main writer of a Nordic trend analysis report on disability politics.

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