Child Well-being Policy Paper

Enhancing adolescent social and emotional well-being

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Child Well-being Policy Paper

This paper provides an evidence base to support the design of strategies to improve adolescent well-being that are tailored to boys and girls. Drawing on cross-national data, it identifies key trends, differences between girls and boys, and distinct patterns of vulnerability, while highlighting the role that norms of femininity and masculinity and related stereotypes can play in shaping these outcomes. The analysis points to specific areas where policy action is needed – such as addressing higher levels of academic disengagement and risk-taking behaviours among boys, and greater exposure to body image pressures and online harms among girls. It also emphasises the role of supportive environments across families, schools, neighbourhoods and digital spaces in mitigating these risks.

Abstract

Adolescence is a critical developmental period characterised by rapid physical, cognitive and psychosocial changes that are often accompanied by declines in social and emotional well-being. This paper argues for an approach to promoting adolescents' well-being that is tailored specifically to boys and girls and presents a cross-national analysis of social and emotional outcomes among adolescent girls and boys using data from the OECD Child Well-being Data Portal. It documents key trends, gaps between boys and girls and distinct patterns of vulnerability and examines how norms and stereotypes shape different well-being outcomes for girls and boys. The paper highlights the importance of supportive environments across families, schools, neighbourhoods and digital spaces, and shows how policies can address boys' and girls' heightened risk for specific challenges – such as boys' higher academic disengagement and involvement in physical fighting, and girls' greater body image concerns and vulnerability to online harms – while strengthening protective factors for all adolescents.

Résumé

L’adolescence est une période clé du développement, caractérisée par des changements rapides sur les plans physique, cognitif et psychosocial, souvent accompagnés d’un recul du bien-être social et émotionnel. Ce document plaide en faveur d’une approche pour promouvoir le bien-être des adolescents qui soit adaptée aux réalités des filles et des garçons et présente une analyse comparative internationale des résultats en matière de bien-être social et émotionnel chez les adolescentes et les adolescents, à partir des données du Portail de l’OCDE sur le bien-être des enfants. Il met en évidence les principales tendances, les écarts entre les sexes et des profils de vulnérabilité distincts, et examine comment les normes et stéréotypes de genre façonnent différemment les résultats de bien-être des filles et des garçons. Le document souligne l’importance d’environnements de soutien au sein de la famille, de l’école, du quartier et des espaces numériques, et montre comment des politiques peuvent répondre aux risques accrus auxquels les garçons et les filles sont confrontés face à certains défis spécifiques – telles que le décrochage scolaire et l’implication plus fréquente des garçons dans les bagarres, ou les préoccupations plus marquées des filles concernant l’image corporelle et leur vulnérabilité accrue aux risques en ligne – tout en renforçant les facteurs de protection pour l’ensemble des adolescents.

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Executive summary

The paper examines policy challenges in supporting the social and emotional well-being of adolescents, a period marked by heightened vulnerability and distinct risks across population groups. It highlights the need to understand these differences and the environments shaping them in order to design effective policy responses.

Drawing on evidence on young people aged approximately 11 to 15, the paper focuses on differences between boys and girls in reported well-being, mental health, and behaviours. It examines how developmental processes interact with social expectations and with the family, school, community and digital environments, and discusses the implications for policy design, service delivery and measurement.

The analysis shows that boys and girls experience distinct patterns of risk in terms of socio-emotional difficulties. Among 11-year-olds, 13-year-olds and 15-year-olds, girls are between 1.65 and 2.5 times more likely than boys to report low life satisfaction and face higher risks of anxiety and depression, alongside greater concerns about body image and higher rates of self-harm. Boys, by contrast, are more exposed to externalising problems such as conduct disorders, are more likely to engage in aggressive and risk-taking behaviours and face a greater risk of death by suicide.

Social norms emerge as an important factor shaping these outcomes. While norms can provide structure and guidance during identity formation, they may also impose restrictive expectations that conflict with adolescents' experiences. Pressures related to appearance can intensify body dissatisfaction and social comparison, while other expectations may discourage help-seeking, contribute to educational disengagement and increase behavioural risks. In some circumstances, adherence to these norms may itself become a coping mechanism.

Implications for policy and evidence

- Support should be strengthened across the multiple environments shaping adolescents' lives. Families remain central to adolescent well-being, yet many face constraints in time and material resources, and around one-third of adolescents across the OECD report difficulties communicating with their parents. Schools provide structured settings for learning and support, community spaces offer opportunities for social connection and positive role models, and digital environments increasingly influence norms, expectations and social comparisons, calling for greater attention to safety and design.
- Prevention and early identification should be prioritised through tiered systems of support. Low-threshold initiatives and mechanisms to detect early signs of distress can help address difficulties before they become more severe. Strengthening families' ability to recognise emerging problems and communicate effectively with their children, alongside expanding school-based and community-based support, can improve timely access to assistance and prevent difficulties from becoming persistent.
- The evidence base on effective and tailored interventions needs to be strengthened. More research is required to better understand the distinct challenges faced by boys and girls, identify effective approaches across multiple domains of adolescents' lives, and ensure timely access to appropriate

support. Particular attention could be given to understanding how to prevent antisocial behaviours and how to promote healthy digital experiences through supportive parenting practices and safer online environments.

1. Introduction

Recent evidence points to a marked decline in adolescent social and emotional well-being and mental health across nearly all OECD countries, raising growing concern among policymakers and researchers alike (McGorry et al., 2024[1]; 2024[2]; OECD, 2026[3]). In almost all OECD countries, adolescents today report lower levels of life satisfaction and poorer mental health than they did a decade ago (OECD, 2025[4]). These trends do not affect boys and girls equally. On average, girls are around twice as likely as boys to report low life satisfaction and experience poorer mental health, with steeper declines over time (World Health Organisation, 2024[5]; Marquez et al., 2024[6]). More broadly, sex disparities extend across many dimensions of adolescents' social and emotional well-being, reflecting the distinct but overlapping risks that boys and girls face during adolescence.

Adolescence is a critical developmental period marked by rapid physical, cognitive and psychosocial changes, alongside heightened exposure to new challenges such as peer influence, identity formation and increasing academic expectations. These transitions are commonly associated with a decline in social and emotional well-being, understood as the ways young people think, feel and behave in relation to themselves and others. Social and emotional well-being encompasses the development of emotional security and self-regulation, the experience of positive interpersonal and social outcomes, broader subjective well-being – including life evaluations, affective states (such as happiness, joy, sadness and stress) and a sense of living well – and mental health (OECD, 2021[7]; 2026[8]).

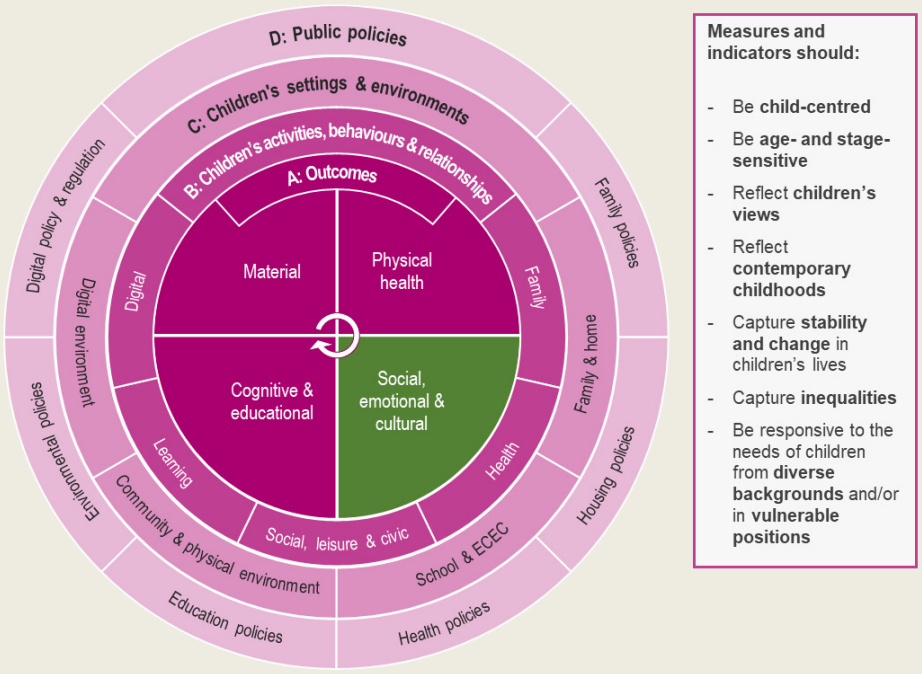
Given the long-term consequences of social and emotional well-being in adolescence for a wide range of adult outcomes – including mental and subjective well-being, physical health, economic stability and employability – adolescence represents a critical developmental period. It is a time when young people need support in navigating risks from environmental risks in the settings where they live, learn, and socialise, but also a key window of opportunity to foster positive experiences, healthy behaviours, and trajectories that support long-term well-being and successful adult lives. However, positive developmental experiences depend on the extent to which adolescents are supported by their environments. As highlighted in the *OECD Child Well-Being Measurement Framework* (Box 1), this includes supportive relationships within the family (with parents, caregivers and siblings), at school (with peers, teachers and educators, and other support staff), in the wider community (with neighbouring peers and other community members), and in digital spaces. During adolescence, these environments can also become sources of increasing pressure to conform to norms and stereotypes about males and females, creating distinct opportunities and challenges for boys' and girls' social and emotional well-being.

Box 1. What environments shape adolescents' social and emotional well-being?

Research on child well-being increasingly recognises the importance of the environments and settings in which children and adolescents grow up, requiring a multi-level or "ecological" approach covering both child well-being outcomes and potential drivers and influences (Bronfenbrenner, 1979[9]; 1989[10]; Minkkinen, 2013[11]). Rooted in the understanding that children should be able to both enjoy a "good" childhood in the here and now, and have the opportunity to develop skills and abilities that allow them to prepare for the future, the *OECD Child Well-Being Measurement Framework* integrates the different dimensions of child well-being – material well-being, physical health, social, emotional and cultural well-being, and cognitive development and educational well-being – recognising them as largely interdependent. The Framework's multi-level structure further incorporates the drivers shaping child well-being, including the activities, behaviours and relationships children in their different daily environments.

Social, emotional and cultural outcomes cover outcomes relating to children and adolescents' behaviours, emotions, and thoughts and feelings towards themselves and others, as well as related outcomes tied to social and cultural identities. This area covers many of the more "subjective" aspects of children's well-being, ranging from basic emotional security and children's sense of safety to their sense of identity and social identity, their sense of belonging, and their over-arching life satisfaction. It also covers children's socio-emotional skills, mental health status, and psychological well-being. While boundaries are not always clear-cut, social and emotional well-being generally refers to individuals' ability to manage emotions, build positive relationships, and maintain mental health, whereas cultural well-being relates to a sense of identity, belonging, and connection to one's cultural values, traditions, and communities.

Figure 1. The OECD Child Well-Being Measurement Framework



Source: OECD (2021[7]), *Measuring what Matters for Child Well-Being and Policies*, https://doi.org/10.1787/e82fded1-en.

This paper makes the case for a gender-sensitive approach to creating supportive environments that foster adolescents' social and emotional well-being. Drawing from the OECD Child Well-being Data Portal, section 2 of this paper provides an overview adolescents' social and emotional well-being across several outcomes, highlighting key trends and risk patterns in social and emotional well-being and manifestation of problematic outcomes. Section 3 explores the role of femininity and masculinity norms and stereotypes in shaping different social and emotional well-being outcomes in adolescent boys and girls. Finally, section 4 discusses the need to create safe and supportive environments for adolescents across their home, school, neighbourhood, and online, and how these supports can respond to boys' and girls' needs in a gender-sensitive way. The complements existing work on how healthcare systems can adapt to better support young people's mental health, in co-ordination with family and school-based interventions (OECD, 2025[4]).

2. How do social and emotional well-being outcomes differ between adolescent boys and girls?

The recent decline in adolescents' social and emotional well-being has been characterised by stark gaps between boys and girls. For example, girls consistently report lower levels of life satisfaction, and the post-COVID decline in this area was steeper for them than for their male peers (Marquez et al., 2024[12]) Broader measures of adolescent mental well-being, such as the WHO-5 Well-Being Index,[1] point to similarly large gaps: According to 2021-2022 data, 44% of girls aged 11 to 15 report poor mental well-being, compared with 23.5% of boys (OECD Child Well-being Data Portal).

This section provides an overview of the differences between boys and girls observed across three dimensions of social and emotional well-being: mental well-being, mental health, and resilience. Additionally, while social and emotional well-being is a broad term ranging from positive well-being and happiness to distress and mental ill-health, this section focusses on negative outcomes in social and emotional well-being to discuss the key challenges faced by boys and girls in adolescence. These challenges are critical as low social and emotional well-being in this period of life negatively affects long-term health and well-being, for instance through mental health issues and risk-taking behaviours, including suicidality, delinquent activity, and interpersonal conflict.

2.1 Life satisfaction is declining among adolescents, especially for girls

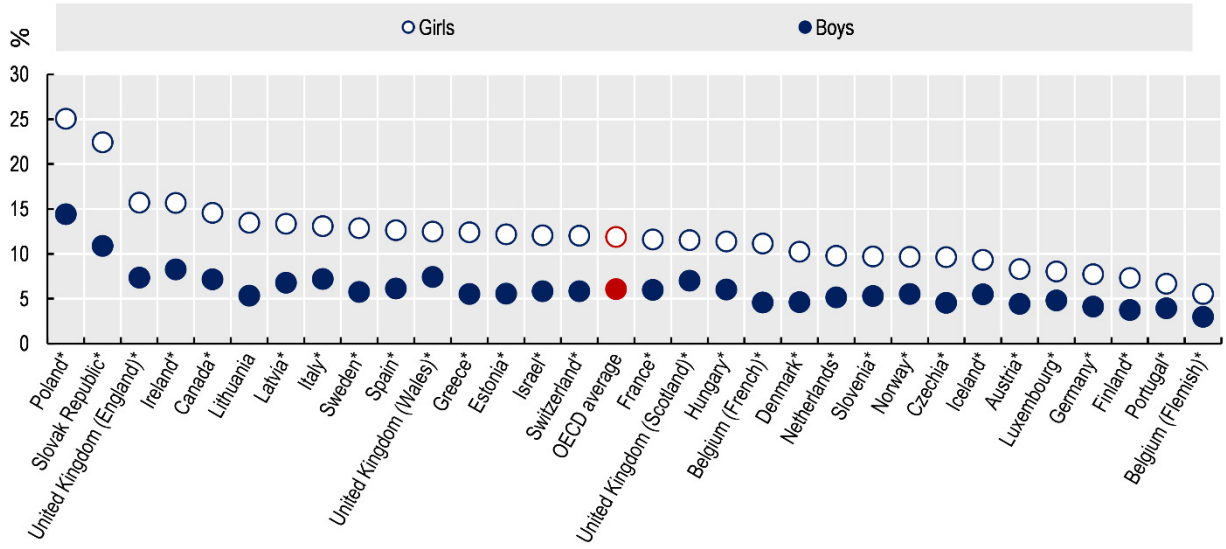
Despite significant variation across OECD countries, highly consistent patterns in adolescents' subjective assessment of their emotional states (or mental well-being) emerge, indicating a decline in recent years. In the OECD, the percentage of 11-, 13- and 15-year-olds who report low satisfaction with their lives overall (scoring 4 or below on a 0 to 10 scale) has increased by 40% from 2013-2014 to 2021-2022 on average (see Figure A.1 in the additional data that can be found clicking on the Support materials tab of the paper at this link: https://doi.org/10.1787/00ebd3dd-en). According to data from the Health Behaviour in School-aged Children (HBSC) World Health Organization Collaborative Cross-National Survey, the share of children who report having felt low, irritable or nervous more than once a week in the past six months has seen an increase of over 50% since 2013-2014, and represented 26% of 11-, 13- and 15-year-olds in 2021-2022. This decline was particularly marked for girls (World Health Organization, 2023[13]).

Girls fare worse than boys across several indicators of mental well-being. Figure 2 illustrates that girls are around twice as likely to experience low life satisfaction than boys in all countries in 2021-2022 (a factor between 1.65 and 2.5). Girls are also more likely to have felt low, irritable or nervous more than once a week in the past six months (36%) compared to boys (17%). PISA data confirm substantial gaps between boys and girls when assessing the share of 15-year-olds who feel sad, miserable, scared or afraid (Campbell, Bann and Patalay, 2021[14]). Girls are between 55% and 155% more likely to report low frequency of positive affects such as feeling "cheerful and in good spirits" or "active and vigorous", in all

OECD countries with available data (see Figure A.2 in the additional data that can be found clicking on the Support materials tab of the paper at this link: https://doi.org/10.1787/00ebd3dd-en). Girls also feel lonelier than boys: in all 28 OECD countries with available data, girls were around two to three times more likely to report having felt lonely most of the time or always during the past 12 months (22% compared to 10%, on average, see Figure A.3 in the additional data that can be found clicking on the Support materials tab of the paper at this link: https://doi.org/10.1787/00ebd3dd-en).

Figure 2. More girls than boys report low life satisfaction

11-, 13- and 15-year-old school children who report low life satisfaction, 2021-2022



Note: *The difference between boys and girls is statistically significant at the 5% level. **The OECD average includes all countries depicted in the figure except Belgium and the United Kingdom.
11-, 13- and 15-year-old school age children were asked "Here is a picture of a ladder. The top of the ladder "10" is the best possible life for you and the bottom '0' is the worst possible life for you. In general, where on the ladder do you feel you stand at the moment?". Data refer to the percentage responding "4" or below. "11-, 13- and 15-year-old school children" refers to children aged 11, 13 and 15 attending mainstream schools.
Source: OECD Secretariat calculations based on the Health Behaviour in School-aged Children (HBSC) *World Health Organization Collaborative Cross-National Survey 2021-2022*, https://hbsc.org/about/.

2.2 Girls' mental health issues tend to be internalised, whereas boys struggle more with externalising behaviours

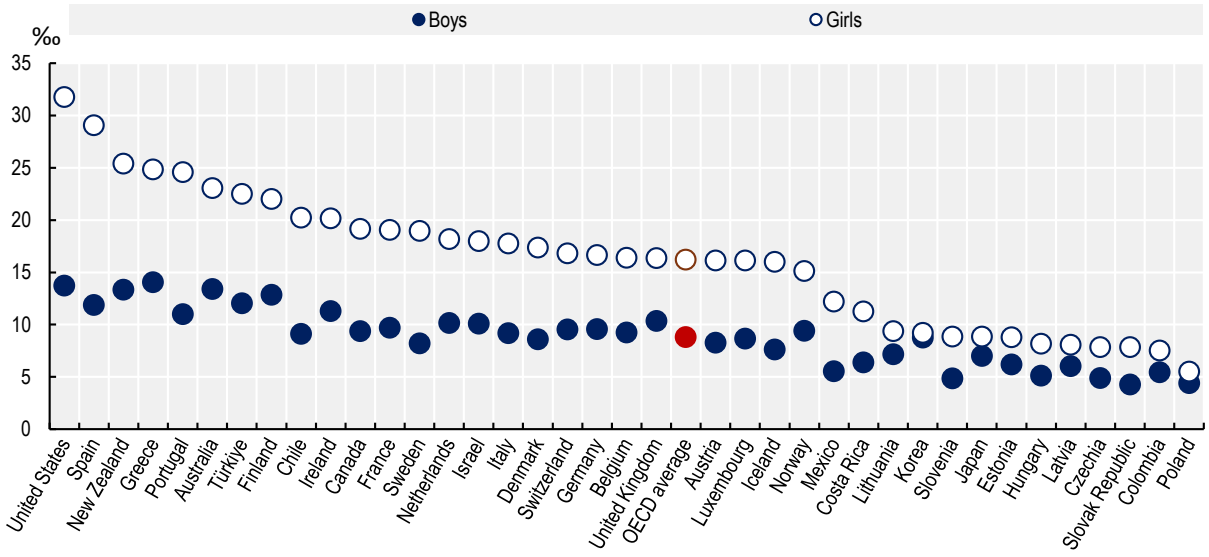
Adolescents are also experiencing worsening mental health and increasing signs of ill-being, including elevated levels of stress, trauma, anxiety, and depression, with again significant differences between boys and girls observed across several indicators (OECD, 2025[4]). The onset of most mental health conditions is more frequent during adolescence than in early and middle childhood or adulthood, and the risk of developing a first mental health condition is highest at around age 15 for both boys and girls (McGrath et al., 2023[15]; Kessler et al., 2007[16]). However, girls are more often diagnosed with internalising mental health problems and symptoms (i.e. directing distress and negative emotions inward, for example anxiety, depression, self-harm, and low self-esteem symptoms), whereas boys are at higher risk of developing externalising issues (i.e. to express their negative emotions or thoughts through destructive behaviours directed at others or their environment, such as conduct disorders and antisocial behaviours[2]).

Adolescent girls are more likely to develop internalising mental health disorders, including anxiety and depressive disorders. **Anxiety disorders** are among the most frequent mental disorders among adolescents and usually develop in adolescence (McGrath et al., 2023[15]; Costello, Copeland and Angold, 2011[17]). Anxiety disorders encompass feelings of fear and anxiety that persist over months and are usually accompanied by avoidance behaviour and other symptoms such as feeling irritable, having trouble sleeping or concentrating. Estimations of clinically diagnosed severe anxiety disorders vary significantly between OECD countries, from less than 7 cases per 1 000 individuals aged 10- to 19-year-olds in Japan to 35 in Ireland (see Figure A.4 in the additional data that can be found clicking on the Support materials tab of the paper at this link: https://doi.org/10.1787/00ebd3dd-en). Across the OECD, they are nearly twice more common among girls than boys, and girls are more likely than boys to suffer from an anxiety disorder in all OECD countries. **Depressive disorders,** characterised by a prolonged period of pervasive low mood, low self-esteem and loss of interest or pleasure in normally enjoyable activities, are twice as frequent among girls compared to boys in OECD countries (Figure 3). Depression rates become more frequent among girls than boys during adolescence, a difference that persists until middle adulthood (Merikangas, Nakamura and Kessler, 2009[18]).

Other internalising disorders and behaviours are eating disorders and self-harm, which are also significantly more frequent in adolescent girls than in boys. **Eating disorders** encompass several different diagnoses, including anorexia nervosa, bulimia nervosa and binge eating disorders, and show the strongest difference by sex across the OECD. Girls aged 10 to 19 are on average over three times as likely as boys to develop an eating disorder (see Figure A.5 in the additional data that can be found clicking on the Support materials tab of the paper at this link: https://doi.org/10.1787/00ebd3dd-en). While they are much less prevalent than other mental health disorders, eating disorders are also the mental illness with the highest death rate (Treasure and Alexander, 2013[19]). **Deliberate self-harm** is most often an attempt to relieve negative affects and includes behaviours like cutting, poisoning, hitting or burning oneself, as well as ingesting toxic substances and illegal drug-taking (Gillies et al., 2018[20]). In most countries, more girls than boys are estimated to engage in acts of deliberate self-harm (see Figure A.6 in the additional data that can be found clicking on the Support materials tab of the paper at this link: https://doi.org/10.1787/00ebd3dd-en), and trends may be increasing along with the deterioration of adolescents' mental health. Recently collected data for hospitalisations for self-harm in some countries suggests a rise in self-harming behaviour by girls in recent years (OECD, 2026[3]). For example, in France, between 2010-2019 and 2021-2022, the rate of hospitalisations for self-harm rose by +71% for girls aged 10 to 14 and by +44% for girls aged 15 to 19 (Hazo et al., 2024[21]). Despite the observed gaps in self-harm estimates for boys and girls, it should be noted that self-harm can be hidden and underreported, potentially more so in boys as they may more often engage in acts of self-harm that are considered an accident or the consequence of a fight (Mental Health Foundation, 2022[22]).

Figure 3. Adolescent girls are at greater risk of developing depressive disorders

Estimated prevalence of depressive disorders, rate per 1 000, 10- to 19-year-olds, 2024



Note: Data refer to the estimated proportion of children and young people (10- to 19-year-olds) in the given country and year with depressive disorders, including major depressive disorder and persistent depressive disorder (dysthymia). No prevalence assumed before age 3. The IHME Global Burden of Disease (GBD) data are standardised modelled estimates built on data from a range of sources, including vital records (e.g. births, deaths), population and household surveys, national censuses, hospital records, and academic research.
Source: Institute for Health Metrics and Evaluation (IHME) at the University of Washington.

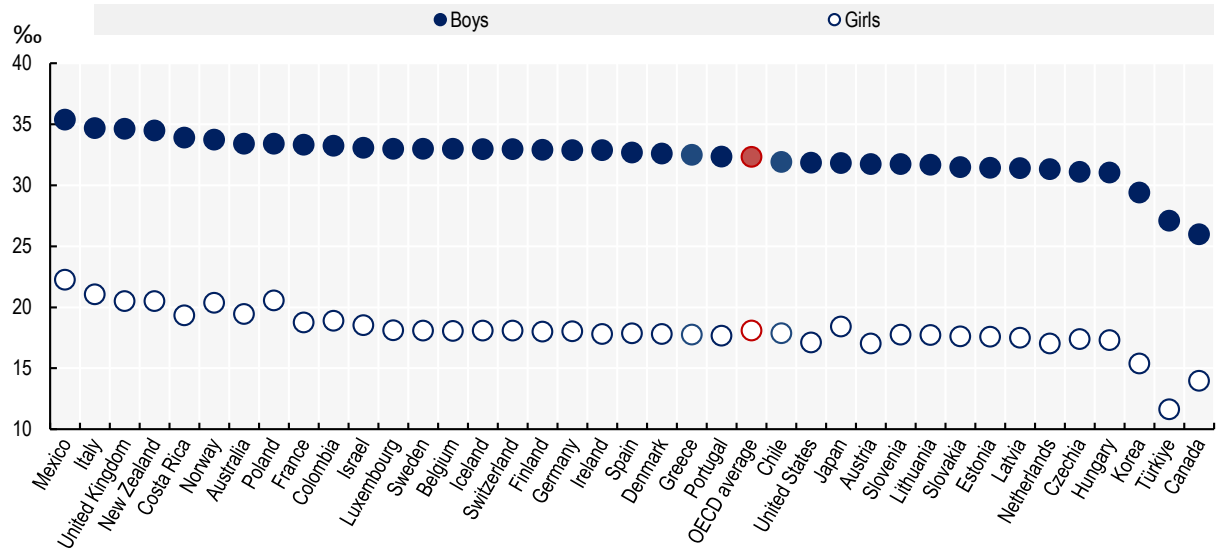
Risk-taking behaviours also differ between boys and girls, but the patterns are nuanced and vary across activities, so it cannot be assumed that boys are systematically more likely than girls to engage in such behaviours (Molinaro et al., 2024[23]). For example, self-reported data from European countries show that nearly one in three students (31%) reported heavy episodic drinking in the past 30 days. In 18 out of 37 countries, differences by sex were statistically significant, with higher rates among boys in eight countries and among girls in the remaining ten. Overall, 7.9% of students reported daily cigarette smoking in the past 30 days, with only small differences by sex when combining cigarette and e-cigarette use (14% for girls versus 12% for boys). Among those who consumed alcohol, drinking occurred on average 5.4 times in the past month, with boys generally reporting higher frequency than girls. The most pronounced gap between boys and girls is observed in gambling: in 2024, 5.7% of students reported behaviour indicative of excessive gambling, and among those who had gambled in the past year, the share of excessive gamblers was substantially higher among boys than girls (28% versus 10%).

Externalising disorders and behaviours are more common in boys, including **conduct disorders**, which involve repetitive and persistent patterns of antisocial behaviours (such as delinquent behaviours, bullying, fighting, or stealing, see Figure 4). Externalising behaviours affect a range of outcomes in adolescence, including interpersonal abilities and enjoyment in school, and have long lasting consequences, for instance when academic performance is affected or when interpersonal conflicts arise. Conduct disorders are related to future offending behaviour and victimisation, general mental and physical health status and poorer academic achievement (Rice, Purcell and McGorry, 2018[24]). On average, 32 out of 1 000 10-to-19-year-old boys develop a conduct disorder, compared to 18 girls, a homogenous prevalence across OECD countries. Additionally, conduct disorders tend to manifest in different forms of destructive or challenging behaviours in adolescent boys and girls. Guidance from the American Psychiatric Association (2013[25]) emphasises that boys diagnosed with a conduct disorder are more likely to engage in physical and relational aggression, including stealing, physical fighting, vandalism and theft, whereas

diagnosed girls more frequently exhibit relational aggression such as lying or running away. This aligns with the finding that adolescent boys across the OECD are more likely than girls to perpetrate interpersonal violence. In all countries, boys aged 11, 13 and 15 reported more often than girls to have been involved in physical fights (14% against 6% on average, see Figure 6). In all countries, boys are also more likely to state that they have bullied others at school in the past couple of months (21% against 13% on average, see Figure A.7, Panel A in the additional data that can be found clicking on the Support materials tab of the paper at this link: https://doi.org/10.1787/00ebd3dd-en). Boys also report participating in cyberbullying more frequently than girls (14% against 8% on average in the OECD, respectively, see Figure A.7, Panel B in the additional data that can be found clicking on the Support materials tab of the paper at this link: https://doi.org/10.1787/00ebd3dd-en).

Figure 4. Boys are more likely to be diagnosed with conduct disorders

Estimated prevalence of conduct disorder, rate per 1 000, 10- to 19-year-olds, 2024



Note: Data refer to the estimated proportion of children and young people (10- to 19-year-olds) in the given country and year with conduct disorder. No prevalence assumed prior to 5 years of age or after 18 years of age. The IHME Global Burden of Disease (GBD) data are standardised modelled estimates built on data from a range of sources, including vital records (e.g. births, deaths), population and household surveys, national censuses, hospital records, and academic research.
Source: Institute for Health Metrics and Evaluation (IHME) at the University of Washington.

Mental health disorders are a significant risk factor for suicide among young people (OECD, 2025[4]). **Suicidality**, which encompasses suicidal ideation, planning, and attempting and completing suicide, is a salient concern for adolescents. In EU countries, suicidal behaviour is the second leading cause of death among people aged 15-29, and suicide deaths as a proportion of all deaths has increased for this age group, while it decreased in older adults over the same period (Eurostat, 2024[26]; OECD, 2025[4]). While girls tend to be more at risk of self-harm and attempting suicide, boys are nearly three times (2.76) more likely to die from suicide across the 11 OECD countries with available data (see Figure A.8 in the additional data that can be found clicking on the Support materials tab of the paper at this link: https://doi.org/10.1787/00ebd3dd-en). The risk factors for suicidality in adolescents and young people may also vary by sex, with specific risk factors being, for example, depressive symptoms and interpersonal violence for girls, and conduct problems, hopelessness, and access to means for boys (Miranda-Mendizabal et al., 2019[27]). While some reasons for the gap in suicide mortality between boys and girls have been identified, such as differences in the means used to attempt suicide (which tend to be more

lethal and violent in boys) and genetic, developmental and hormonal differences (Mai et al., 2024[28]), the reasons for this disparity are not yet fully understood. Data on 10-19 year-olds from the United States between 1975 and 2016 indicate that this gap might be closing in the United States, with a steeper increase in mortality from suicide for girls over this period (Ruch et al., 2019[29]).

2.3 Adolescent girls report lower resilience against life stressors than boys, making them more vulnerable to low social and emotional well-being

Social and emotional well-being in adolescence depends on adolescents' capacity to cope with the disruptions of many physical, cognitive and psychosocial changes that characterise this developmental stage. Findings from the OECD *Survey on Social and Emotional Skills* highlight important differences by sex that tend to widen with age. At age 15, boys report higher levels of emotional regulation – particularly stress resistance – as well as greater energy, trust, and sociability, with gaps in stress resistance already visible by age 10. In contrast, girls tend to report higher levels of tolerance, achievement motivation, empathy, and responsibility (OECD, 2024[30]).

At the same time, evidence suggests that adolescent girls may face particular stressors and barriers to developing the skills needed to navigate these challenges. Personal skills such as high levels of self-efficacy, a growth mindset, perseverance, and stress-resistance enhance adolescents' resilience and can lessen the likeliness of negative outcomes such as mental health issues (Tang, Upadyaya and Salmela-Aro, 2020[31]; Bae, Zhang and Lee, 2024[32]). These individual features are particularly important due to the many stressors met in adolescence, such as interpersonal difficulties and academic pressure, which have a significant impact on social and emotional well-being. Additional stressors are increasingly highlighted, such as the growing role of digital environments – associated with a diverse range of negative experiences – as well as concerns about climate change and global conflicts (OECD, 2026[3]). While these factors are frequently cited by clinicians and policymakers, further research is needed to better understand the extent to which they shape adolescents' social and emotional well-being.

In most OECD countries, adolescent girls report lower levels of resilience and are more likely to report high levels of perceived stress than boys. Both factors can indicate a higher vulnerability to poor mental well-being in adolescence.

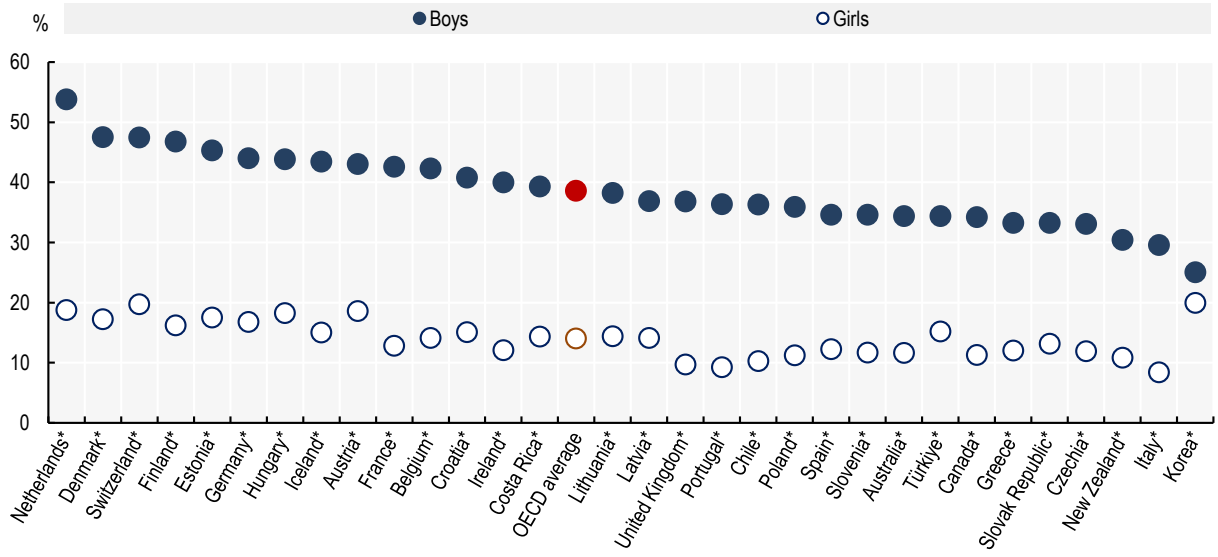
Adolescent girls are less likely to report high levels of **self-efficacy**, i.e. to have high confidence in their capacity to exercise control over important things in their lives. For example, on average across the OECD, 53% of 11-, 13- and 15-year-old girls report managing to do the things they decide to do most of the time, compared to 62% of boys. This difference is statistically significant in all 27 OECD countries with available data, except Spain. Similarly, 57% of girls and 66% of boys across the OECD state that they find a solution to a problem if they try hard enough most of the time. Only in Israel and Spain is the pattern not statistically significant.

Additionally, girls are less likely to report aspects of resilience such as a **growth mindset** (the belief that an individual's abilities are not innate but can be improved through effort, learning, persistence and perseverance) (Walker and Jiang, 2022[33]; Gouëdard, 2021[34]; Jiang, Fang and Mueller, 2023[35]). On average across the OECD, 20% of 15-year-old girls present high relative levels of a growth mindset compared to 24% of boys at the same age. Perseverance (e.g. remaining interested in a started task, not giving up easily when confronted with a problem) is also less high in 15-year-old girls than in their male peers (OECD averages of 21% and 24%, respectively). This pattern is statistically significant in most OECD countries.

Finally, adolescent girls report high **stress resistance** less often than boys (Figure 5). While 39% of 15-year-old boys across the OECD report high values on the PISA Index "Stress-Resistance", only 14% of girls do. The index is derived from adolescents' agreement with statements such as "I panic easily" or "I can recover quickly after something bad has happened". When asked questions about their ability to navigate life and cope with their personal problems recently, over half of 13- and 15-year-old girls (55%) indicate high levels of perceived stress, whereas for boys the share lies at 35% (see Figure A.9 in the additional data that can be found clicking on the Support materials tab of the paper at this link: https://doi.org/10.1787/00ebd3dd-en).

Figure 5. Adolescent boys report they are more resistant to stress than girls

15-year-old students with high relative values on the PISA Index "Stress Resistance", 2022



Note: *The difference between boys and girls is statistically significant at the 5% level.
Data refer to the percentage of 15-year-old students with values on the PISA Index "Stress resistance" that are among the highest 25% across all OECD countries with available data. (For students in non-OECD countries, those with values at a level equivalent to the highest 25% across all OECD countries with available data). The PISA Index "Stress resistance" is a derived multi-item scale, constructed using Item Response Theory scaling and within-construct matrix sampling design. It is based on students' agreement with the following statements: "I get nervous easily", "I am more relaxed than most people I know", "I worry about many things", "I panic easily", "I am able to work under pressure", "I remain calm under stress", "I feel nervous about approaching exams", "I can recover quickly after something bad has happened", "I handle stress well" and "I am afraid of many things". Some items were reverse-coded prior to scaling. For more details on index construction, see the PISA 2022 Technical Report: https://doi.org/10.1787/01820d6d-en. "15-year-olds" and/or "15-year-old students" are used as shorthand for the PISA target population.
Source: OECD Secretariat calculations based on the OECD Programme for International Student Assessment (PISA).

3. How do femininity and masculinity norms shape adolescents' expectations, behaviours, and well-being?

Adolescence is a developmental stage marked by heightened sensitivity to peers' perceptions and social expectations (Steinberg and Monahan, 2007[36]), during which femininity and masculinity norms[1] can strongly shape girls' and boys' identities, sense of self, and overall subjective well-being (Al-Attar et al., 2017[37]; De Meyer et al., 2017[38]; Kågesten et al., 2016[39]; Bussey and Bandura, 1999[40]; Hyde et al., 2019[41]). Navigating these expectations is especially challenging at this age. Young people undergo profound physical and hormonal changes associated with puberty (Galambos, Almeida and Petersen, 1990[42]; Patton et al., 2016[43]), while simultaneously confronting multiple – and often conflicting – messages about appropriate attitudes and ideals conveyed by family, peers, media, and wider society (Tiggemann and Slater, 2015[44]; Vandenbosch and Eggermont, 2012[45]). These pressures may clash with adolescents' own emotions, experiences, and emerging identities, generating tension as they strive to reconcile social expectations with their developing sense of self (Crocetti et al., 2022[46]). Such dissonance can contribute to psychological distress and increase vulnerability to mental health difficulties (Xu, Feng and Rahman, 2024[47]). It can also erode self-confidence, self-awareness, and the formation of a positive self-concept, with implications that extend beyond mental health to affect adolescents' engagement in learning and their relationships at school, within their families, and in their broader social lives (Cairns and Cairns, 1994[48]; Patton et al., 2016[43]; McGorry et al., 2024[1]).

Norms play a dual role in adolescents' development: they can provide valuable reference points for shaping a sense of self and social identity, yet they also pose challenges when they reinforce expectations to conform to rigid stereotypes.[3] On the one hand, positive and flexible norms can support adolescents' social and emotional well-being by encouraging authenticity and self-expression. On the other hand, when norms and stereotypes become too rigid, they may restrict adolescents' personal development, limit their opportunities for self-expression, marginalise those who do not conform, and reinforce broader inequalities in learning motivation, engagement and achievement between boys and girls (Exner-Cortens et al., 2021[49]; Yu, McLellan and Winter, 2020[50]). Dismantling such restrictive norms and stereotypes – particularly in educational settings – is therefore essential for narrowing gaps in learning outcomes and career pathways (Brussino and McBrien, 2022[51]).

Social norms associated with being male or female have generally become more flexible over the past several decades, yet recent years have seen a resurgence of more restrictive and discriminatory stereotypes that promote inflexible notions of what it means to belong to a particular sex. For example, femininity is still widely associated with appearance consciousness, kindness, and care – traits used to justify women's primary responsibility for caretaking roles. Conversely, traditionally masculine traits such

[1] Femininity and masculinity norms are shared societal expectations, beliefs and rules about the roles, behaviours, attributes and responsibilities considered appropriate for girls and boys.

as stoicism, competitiveness, and physical strength are often linked to expectations that men should be the main decision makers and breadwinners (OECD, 2024[52]). Evidence of a renewed attachment to traditional femininity and masculinity norms is also reflected in the attitudes of younger adults toward women's suitability for leadership positions. In G7 countries, adults aged 18-34 are less likely than older generations to agree that women are equally suited for leadership roles (Verian Group, 2024[53]).

Stereotypical views are also widespread among children and adolescents. A large proportion 15-year-olds surveyed globally in 2023 agreed with sex-related stereotypes, such as girls and boys having inherently different temperaments with regard to sensitivity (49%), empathy (43%), and aggressivity (42%), and women being better suited to caring for children than men (46%) – and more boys agree more with sex-related stereotypes than girls (OECD, 2024[54]). Beliefs about what is appropriate for boys and girls held in adolescence can shape life-long patterns of stereotyping (UNICEF, 2020[55]). These enduring norms continue to influence educational pathways and career choices (Brussino and McBrien, 2022[51]), as well as broader social and economic outcomes. For example, women continue to spend disproportionate time on unpaid care and housework and face lower employment rates and wages, while men have persistently higher suicide rates (OECD, 2023[56]). Understanding how femininity and masculinity norms influence expectations and behaviours from the earliest stages of life is therefore essential.

It should be noted that femininity and masculinity norms and stereotypes are not the sole drivers of gaps in adolescent boys' and girls' social and emotional well-being, nor are they homogeneous across the OECD. Firstly, while general trends emerge in the available data, boys' and girl's socialisation remains dependent upon highly variable socio-contextual factors, across and within OECD countries (Torsheim et al., 2006[57]). Additionally, socialisation is intertwined with various developmental, psychological, and hormonal factors that emerge in adolescence and that also play a significant role in shaping sex-specific challenges in this life stage (UK Department for Education, 2019[58]). This can make it difficult to isolate the specific influences of femininity and masculinity norms on adolescent well-being.

Restrictive femininity norms[2] intensify pressures on girls' bodies, self-esteem, and achievement. Norms and stereotypes, combined with the multiple and often conflicting pressures that adolescents face, exert a particularly strong influence on how girls perceive their bodies and how they experience and internalise academic pressure (Landstedt, Asplund and Gillander Gådin, 2009[59]). Conflicting expectations make it particularly difficult to conform to them with no stress. They may be expected to embody traditional feminine qualities – such as being caring, kind, and appearance-focussed – while simultaneously being encouraged to adopt traits more commonly associated with traditional masculinity, including autonomy, toughness, and stoicism, which tend to be more socially rewarded (Rogers et al., 2019[60]). Norms of femininity can clash with concurrent cultural expectations of performance and perfection embedded within schools (Stentiford, Koutsouris and Allan, 2021[61]). This tension between competing ideals can heighten insecurity, self-doubt, and emotional strain during a developmental period already marked by vulnerability.

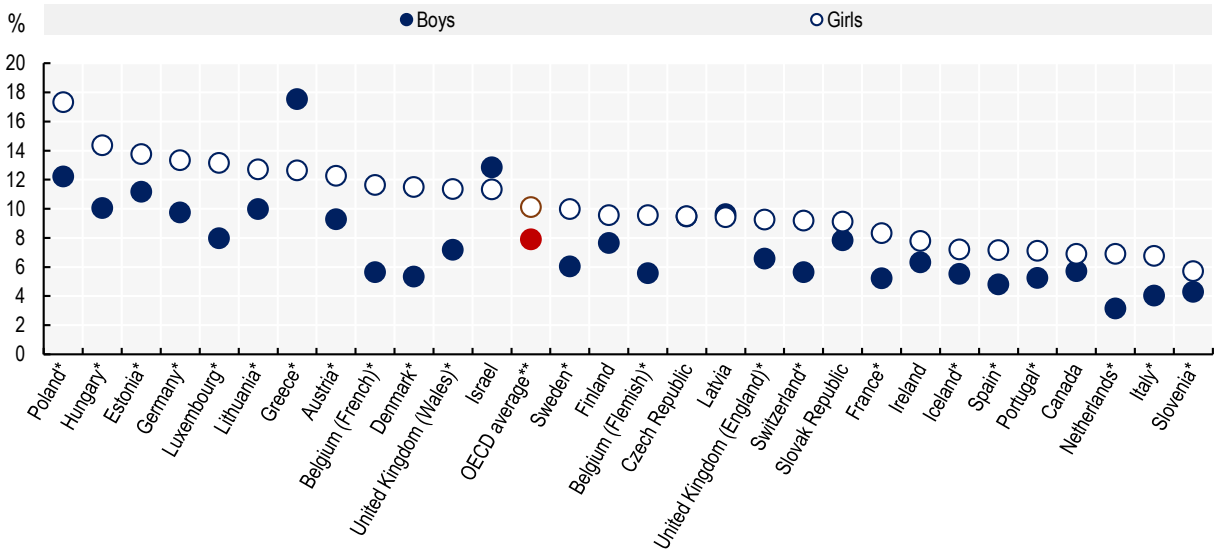
Girls tend to experience more anxieties and dissatisfactions related to their appearance than boys, reflecting higher levels of scrutiny and sexualisation over their bodies through social, marketing, and media influences (Smolak, 2004[62]) (Box 2). In France, a study conducted in 2015 in adolescents aged 15 to 18 found that 95% of girls, against 86% of boys, thought that the media imposed a certain body image, and that 81% of girls, against 71% of boys, thought that being attractive was preferable to succeed in life (Ipsos, 2015[63]). Similarly, in most OECD countries, more adolescent girls than boys believe that their body is much too thin or much too fat (Figure 6). Among 15-year-olds in seven OECD countries, 43% of girls are dissatisfied with the way that they look, compared to 24% of boys on average (Thévenon, Brüning and Matsumura, 2025[64]). As a result, practices such as makeup and shaving, which derive from pressures to

[2] Restrictive femininity and masculinity norms refer to socially prescribed expectations about how girls, women, boys, and men are supposed to think, feel, behave, and relate to others. They are considered *restrictive* when they limit individual choices, opportunities, expression, or well-being by prescribing a narrow range of acceptable behaviours for boys and girls.

conform to femininity norms, can start in adolescence (Demkowicz et al., 2025[65]). In some cases, these norms can go as far as to encourage dangerous practices, such as when the societal valorisation of thinness increases adolescents' risk of anorexia (American Psychiatric Association, 2013[25]). Negative body image in adolescents has consistently been linked to lower subjective well-being and self-esteem, heightened levels of distress, and depressive symptoms, as well as mental health conditions such as eating disorders (Neumark-Sztainer et al., 2006[66]; Stice et al., 2017[67]; Baker et al., 2019[68]).

Figure 6. In most countries, adolescent girls are more dissatisfied with their body than boys

11-, 13- and 15-year-old school children who report thinking their body is "much too" thin or fat, 2021-2022



Note: *The difference between boys and girls is statistically significant at the 5% level. **The OECD average includes all countries depicted in the figure except Belgium and the United Kingdom.
11-, 13- and 15-year-old school age children were asked "Do you think your body is...?" and presented with the response options "Much too thin", "A bit too thin", "About right", "A bit too fat" and "Much too fat". Data refer to the percentage responding "Much too thin" or "Much too fat".
Source: OECD Secretariat calculations based on the Health Behaviour in School-aged Children (HBSC) *World Health Organization Collaborative Cross-National Survey 2021-2022.*

Ambiguous norms and conflicting expectations create additional challenges for adolescents, generating stress that can affect not only their general well-being but also their school life and learning. For example, shifting expectations around girls' education and economic participation may increase academic pressure and psychological distress, while simultaneously clashing with traditional anxieties related to maintaining a feminine identity and appearance (West and Sweeting, 2003[69]). Evidence from the United States and China show that pressure to conform to masculine norms increase in adolescence and are associated with lower levels of well-being in adolescent girls. These conflicting pressures can make it more strenuous for girls to navigate social expectations, and can place them at a disadvantage, including with regards to mental health (Landstedt, Asplund and Gillander Gådin, 2009[59]).

Adolescent girls also report greater academic pressures from parents, families, and school staff, from whom they are generally expected to perform better than boys. In 2021-2022, 22% of 11-, 13- and 15-year-old girls, against 13% of boys the same age, reported feeling overwhelmed by schoolwork. This disparity is reflected in unequal parental expectations to succeed at school and in their future, which can be an important source of stress for adolescents. In the majority of 19 OECD countries with available data, parents of 10-year-old girls are more likely to expect their child to complete tertiary education than parents of 10-year-old boys (OECD, 2018[70]). In addition, 15-year-old girls are less likely than boys to report feeling

well prepared for their post-school pathways (55% vs. 62%), despite better cognitive outcomes (OECD, 2018[70]). High standards of academic achievement, often in highly stressed teaching environments, cause anxiety and pressure (Stentiford, Koutsouris and Allan, 2021[61]), and stress and educational pressure are particularly correlated with worse mental health in adolescent girls (Schraedley, Gotlib and Hayward, 1999[71]; Wiklund et al., 2012[72]). Such fears can also be reinforced by contexts such as a precarious labour market, which can have an especially damaging effect on girls' emotional states by reinforcing pressures to get into a good university or to obtain a good job in the future (Stentiford, Koutsouris and Allan, 2021[61]).

Box 2. How do sexualisation and sexual harassment contribute to lower well-being in adolescent girls?

Sexualisation refers to narratives and imagery that objectify individuals and present them in sexual terms, while sexual harassment refers to a continuum of harm comprising various forms of unwanted attention and behaviours directed at individuals because of their sex, perceived conformity to norms of femininity and masculinity, or sexual orientation (Tolman, Bowman and Chmielewski, 2015[73]). Sexualisation and sexual harassment both arise from and reinforce unequal social expectations for girls and boys and disproportionately affect adolescent girls in both prevalence and severity (Chiodo et al., 2009[74]). In the United Kingdom, 2021 estimates from school populations showed that 79% of the surveyed girls reported sexual assault of any kind (Ofsted, 2021[75]). A study of Finnish adolescents aged 10 to 18 found that while girls were only slightly more likely than boys to report having experienced sexual name-calling, they were almost seven times more likely to report higher degrees of sexual harassment, such as receiving disturbing propositions.

These experiences negatively impact a range of social and emotional well-being outcomes, including girls' mental health and self-perception. In a 2015 survey conducted in the United Kingdom, 75% of girls and young women said anxiety about potentially experiencing sexual harassment affected their lives in some way (Girlguiding, 2015[76]). In adolescence, sexual harassment is significantly associated with self-harm, substance use, and maladaptive dieting (Bucchianeri et al., 2014[77]). Negative long-term outcomes include less academic disengagement, self-harm, substance use, sexually transmitted diseases, post-traumatic stress disorder, and depression and anxiety (Taylor, Liu and Mumford, 2019[78]; Bucchianeri et al., 2014[77]; UK Parliament, 2016[79]).

Sexualisation and sexual harassment can also affect identity formation in adolescence, for example by inhibiting self-expression. In a UK survey, 25% of 11- to 16-year-old girls reported that concerns over potential sexual harassment made them consider whether or not to speak out in class (UK Feminista, WAEC). Girls are also more likely than boys to be sexualised, including in media representations (American Psychological Association, Task Force on the Sexualization of Girls, 2007[80]; Fredrickson and Roberts, 1997[81]). Sexualisation has serious consequences on girls' self-perception, notably by encouraging them to bring a higher focus to their appearance, including through internalised beauty standards, body shame, lower body image, and higher self-surveillance. These are in turn associated with dieting, eating disorders, and depressive and anxiety symptoms (Tiggemann and Slater, 2015[44]). Evidence of sexualisation on social media also points to increased rates of low self-esteem, depression, and eating disorders (Christaki et al., 2023[82]). Finally, sexualisation at this age can cause unrealistic expectations about sexuality and reinforce restrictive norms of femininity and masculinity. These norms may in turn lead to at-risk behaviours, such as acting more submissive, early sexual activity, and lower expectations of contracting a sexually transmitted infection or pregnancy (American Psychological Association, Task Force on the Sexualization of Girls, 2007[80]; Sun, Wright and Steffen, 2017[83]).

3.1. Restrictive masculinity norms can inhibit help-seeking, and lead to academic disengagement and externalising behaviours in adolescent boys

For boys as well, adolescence is a challenging period marked by the need to affirm both identity and a sense of self in relation to others. Masculinity norms serve as powerful reference points that shape boys' attitudes and behaviours towards peers. While some aspects of masculinity can support personal and social development, more restrictive norms – such as valuing boys primarily for physical strength, emotional control, competitiveness and overt self-confidence, while discouraging care, vulnerability and emotional expression – are particularly difficult to navigate during adolescence (Yu, McLellan and Winter, 2020[50]; OECD, 2021[84]). Strict adherence to these norms can limit boys' self-expression, inhibit help-seeking behaviours, and influence how they respond to personal challenges and peer interactions (Clark et al., 2020[85]; Rosenthal, Morais and Gately, 2025[86]; Üzümçeker, 2025[87]).

A substantial body of research shows that conformity to traditional or restrictive masculinity norms is strongly associated with higher levels of externalising behaviours in adolescence, including aggression and physical fighting (Malonda-Vidal et al., 2021[88]; Stanaland et al., 2024[89]). Norms that discourage emotional expression and help-seeking further limit boys' capacity to regulate stress adaptively, increasing the likelihood of externalising responses such as aggression and risk-taking (Mahalik et al., 2003[90]). Meta-analytic evidence confirms that conformity to masculine norms emphasising dominance, violence and risk-taking is associated with higher levels of aggressive behaviour and poorer socio-emotional outcomes among adolescent boys (Wong et al., 2017[91]). When boys perceive their masculinity to be threatened, they may engage in compensatory aggression, reinforcing the link between masculinity norms and violent behaviour (Malonda-Vidal et al., 2021[88]).

Peer contexts play a particularly influential role in reinforcing norms of femininity and masculinity. Behaviours that align with conventional expectations for boys and girls tend to confer social acceptance and prestige, particularly among boys (Walsh et al., 2020[92]). Conversely, boys are more likely than girls to experience ridicule or social sanctions if they fail to conform to prevailing expectations associated with masculinity (Young and Sweeting, 2004[93]; Caraballo, 2023[94]). Consistent with this, a study of American middle-school students found that conformity to behaviours typically associated with one's sex explained twice as much variation in popularity – a highly valued social outcome in adolescence – for boys as for girls (Jewell and Brown, 2014[95]).

Because masculinity is often perceived as something that must be earned and continuously validated through visible behaviour, boys and men may experience heightened anxiety about social standing and conformity to expectations associated with masculinity, particularly when these are perceived to be under threat. This anxiety can, in turn, motivate risky or maladaptive behaviours (Vandello and Bosson, 2013[96]).

Strict adherence to restrictive masculine norms in adolescence can also undermine boys' engagement in academic learning and contribute to lower academic performance. Boys – and, to a lesser extent, girls – who conform rigidly to norms emphasising emotional detachment and self-reliance tend to report lower levels of school engagement and enjoyment, weaker academic performance, and a reduced likelihood of seeking support from teachers (Yu, McLellan and Winter, 2020[50]; Rogers et al., 2017[97]).

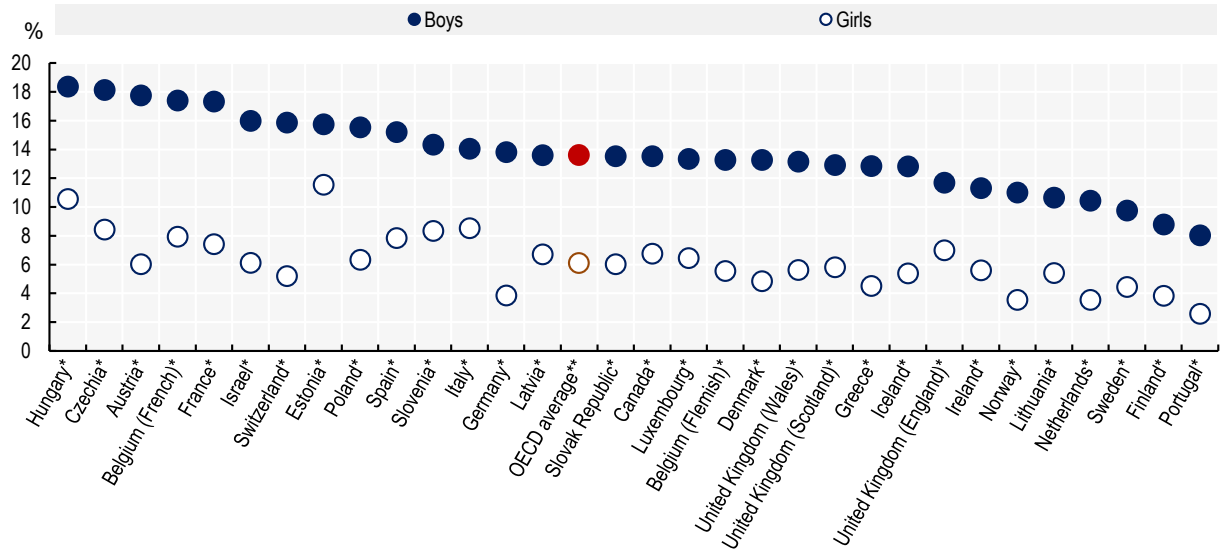
Dominant masculinity ideals – such as toughness, emotional control, self-reliance and the use of violence as a marker of status – shape boys' peer dynamics and encourage confrontational behaviours as a means of gaining approval or asserting social dominance (Connell and Messerschmidt, 2005[98]; Kimmel and Mahler, 2003[99]). Adherence to these norms in adolescence and young adulthood are also associated with higher risks of bullying perpetration, physical and sexual violence, suicide, substance use(including alcohol and illicit substances), and other risk-taking behaviours that increase the risk of illness and mortality in adulthood, such as tobacco use, substance use, poor diet and unsafe sexual practices (Heilman et al., 2019[100]). Masculine stereotypes such as the restriction of emotional expression, dominance, and aggression, also heighten the risks of engaging in general acts of violence, including harassment, assault,

and/or physical and verbal aggression (Feder, Levant and Dean, 2010[101]; Reidy et al., 2015[102]). In particular, stress arising from a perceived failure to live up to masculine ideals is linked to elevated levels of aggression (Berke and Zeichner, 2016[103]).

Figure 7 shows that in all OECD countries, young adolescent boys are significantly more likely than girls to engage in physical fighting – on average about twice as likely. In 2021/22, roughly one in seven boys reported having been involved in a physical fight at least three times in the previous 12 months. However, boys' involvement in fighting varies considerably across countries: while around 8% of boys report frequent fighting in some OECD countries, this share is roughly double in Austria, Belgium (French-speaking regions), Czechia, France, Hungary and Israel.

Figure 7. Adolescent boys are more likely to engage in physical fighting

11-, 13- and 15-year-old school children who report having been involved in a physical fight at least three times in the past 12 months, 2021-2022



Note: *The difference between boys and girls is statistically significant at the 5% level. **The OECD average includes all countries depicted in the figure except Belgium and the United Kingdom.
11-, 13- and 15-year-old school age children were asked "During the past 12 months, how many times were you in a physical fight?" and presented with the response options "I have not been in a physical fight in the past 12 months", "1 time", "2 times", "3 times" and "4 times or more". Data refer to the percentage responding "3 times" or "4 times or more".
Source: OECD Secretariat calculations based on the Health Behaviour in School-aged Children (HBSC) World Health Organization Collaborative Cross-National Survey 2021-2022.

Beyond its association with externalising behavioural problems, adherence to rigid masculinity norms is also linked to internalising difficulties among boys, including depression, anxiety, heightened stress, and lower self-esteem. These norms can act as a powerful barrier to help-seeking and engagement with care, which is particularly concerning in light of the elevated rates of suicidality observed among adolescent boys (Coleman, 2015[104]; King et al., 2020[105]; Exner-Cortens et al., 2021[49]).

In all OECD countries with available data, adolescent boys report feeling high overall support from friends less often than girls, with this gap being particularly high in countries such as Estonia, Slovenia and Germany (a 12.8, 13.3, and 13.4 percentage points (p.p.) difference, respectively, see Figure A.10 in the additional data that can be found clicking on the Support materials tab of the paper at this link: https://doi.org/10.1787/00ebd3dd-en). Data from the NICHD Study of Early Childcare and Youth Development led by the Department of Health and Human Services in the United States found that boys

had significantly lower positive friendship quality in middle childhood and early adolescence and slower increases in friendship quality than girls (Xu, Eggum-Wilkens and Bradley, 2020[106]).

4. Supporting adolescent social and emotional well-being at home, in schools, in communities and online

In response to growing concerns about youth mental health and well-being – concerns that have intensified in the wake of the COVID-19 pandemic – many countries have expanded actions to promote youth mental health and emotional well-being, adopting a wide range of approaches (IPPO, 2023[107]; OECD, 2025[4]). Policy responses can emerge from multiple ministries. Policy strategies are often anchored in health policy and led by ministries of health, but they may also be embedded in broader plans to promote youth well-being led by ministries of social affairs (Dirwan and Thévenon, 2023[108]), or implemented through initiatives supported and delivered within education systems under the responsibility of ministries of education (OECD, 2024[109]). An additional priority is ensuring that policies align with adolescents' own concerns and effectively support their social and emotional well-being. This has led to a growing emphasis on recognising children as rights-holders and involving them as active participants in decision making processes that affect their lives (OECD, 2024[109]).

For younger adolescents, initiatives to support children and adolescents' well-being and mental health include school-based interventions, community-based initiatives, the development of digital and telehealth resources, awareness-raising and anti-stigma campaigns, as well as rebates or subsidies for mental health treatment (OECD, 2025[110]). Evidence from impact reviews suggest well-implemented universal school-based social and emotional learning (SEL) programmes can help prevent anxiety and reduce bullying, while more intensive and targeted interventions (for example, depression prevention) can be provided to those with greater needs within a co-ordinated, tiered system of support (Kuosmanen, Clarke and Barry, 2019[111]).

Although the number of rigorously evaluated SEL programmes remains limited, available evidence indicates that both activity-based interventions – where participants actively engage in structured tasks – and education-based (psychoeducational) programmes – focussed on building knowledge about emotions, mental health, and coping skills – can improve adolescents' social and emotional well-being (Lam and Lam, 2023[112]). In addition, a range of promising practices aim to improve access to care, including free consultations with mental health professionals, youth walk-in centres, and online support tools, helping to address issues early before they escalate. At the same time, a growing number of policies seek to address children and adolescent's online behaviours – either by promoting safer digital environments by design or through precautionary measures such as social media restrictions or smartphone bans in schools. However, robust evidence on their effects on mental health remains limited. (OECD, 2026[3]).

The scientific literature points to multiple, intersecting risk factors for poor youth mental health, as also highlighted in a recent survey of policy and clinical experts (OECD, 2026[3]). Some of these risk factors are relatively new and societal in nature – such as digitalisation and climate anxiety – meaning that addressing them extends beyond individual responsibility or the scope of service-based support alone. Other factors, including global conflict and political instability, have long posed mental health risks but may now be

experienced more directly and widely by young people due to increased exposure to information. By contrast, several long-standing risk factors are more directly amenable to intervention through adequate social, educational, family and mental health support, including economic insecurity and poverty; school environments and academic pressure; bullying and cyberbullying; information overload; and feelings of hopelessness and fear about the future.

Addressing these risks requires a comprehensive, multi-sectoral response. Experts interviewed by the OECD (2026[3]) consistently emphasised that mental health services alone are insufficient, and that a broader approach involving education systems, families, digital policy, and community-based support is essential. Frequently cited priorities included improving early childhood education and school environments, expanding access to mental health support (including peer support), and strengthening psychosocial education and mental health literacy. Experts also underscored the importance of supportive family environments and parenting skills, healthy lifestyle behaviours (such as adequate sleep, physical activity, and nutrition), strong social connections, and the management of online behaviours through digital literacy and balanced screen use. Overall, the findings point to the need for a holistic, multi-sectoral strategy to build youth resilience, with specialist mental health services playing an important but necessarily limited role.

Within this broad focus on young people under the age of 25, the specific needs of younger children and adolescents warrant particular attention. Childhood is a distinct developmental period in which well-being, learning, and physical, emotional and social development require sustained care and support. Adolescence, in particular, is marked by profound transitions. Alongside the physical changes associated with puberty, young people experience a growing need for autonomy and gradual emancipation from the family environment. In this process, they explore and construct their personal identities, shaping how they perceive themselves, their relationships with others – both girls and boys – and their sense of "living well," a core dimension of subjective well-being during development (OECD, 2026[8]).

As adolescents' worlds expand, friendships and peer influence play an increasingly central role, as do the norms, ideals, and stereotypes conveyed across the different environments they navigate daily: within families, at school, among peers, and in digital spaces. Managing these changes can be challenging. As seen in section 2, a substantial minority of adolescents report feeling unwell during this period, with difficulties manifesting in diverse ways, including lower life satisfaction, anxiety, heightened stress, negative self-perceptions or body image, aggressive behaviour, and, in more severe cases, self-harm or suicidal behaviours. Importantly, both the form and intensity of these experiences often differ between girls and boys.

Addressing these challenges requires support that goes beyond parental care or the intervention of a single specialist once difficulties are identified or diagnosed. Effective support must be cross-cutting, embedded across the multiple environments adolescents inhabit, and equipped to detect early signs of distress before problems intensify. Early identification and prevention are essential to help young people navigate this developmental stage and thrive under supportive conditions.

Recognising emerging difficulties is particularly challenging because distress can manifest differently among boys and girls and may remain unnoticed or be normalised due to prevailing social norms. This underscores the need for greater awareness across adolescents' everyday environments, and supports that are responsive to boys' and girls' specific patterns of vulnerability.

While the causes of adolescent distress are multifaceted and cannot be reduced solely to challenges related to norms of femininity and masculinity and identity formation, navigating these norms represents a significant pressure. These pressures may be particularly acute today given the growing tensions, contradictions and uncertainties surrounding societal expectations of boys and girls, as discussed in the previous section.

Overall, adolescents require co-ordinated and sustained support across the multiple environments that shape their daily lives: the home, school, neighbourhood and community spaces, and the digital environment. The home plays a central role, as parents are adolescents' primary caregivers and sources of support; however, communication around puberty, identity development and socio-emotional challenges is not always easy, and parents may lack awareness of the pressures children face in their everyday environments or feel ill-equipped to respond to questions and concerns – particularly those related to norms of femininity and masculinity. In addition, not all parents have equal opportunities to spend quality time with their children to address these issues, due to work constraints, financial stress, or poverty.

Schools are critical settings for addressing barriers to learning that may affect boys and girls differently, fostering socio-emotional skills, and providing safe and structured spaces where young people can discuss relationships, identity and social norms. Beyond school, neighbourhoods and community settings can be strengthened to offer safe "third places" where adolescents can meet, exchange views, receive guidance from older peers and trusted adults, and engage with positive role models and diverse perspectives in inclusive and empathetic environments.

The digital environment also warrants particular attention, as it increasingly shapes normative representations, social comparisons and expectations against which adolescents evaluate themselves and others. Promoting positive, safe and supportive digital spaces is therefore essential to adolescent well-being.

Finally, health environment – encompassing healthcare services and related supports – is equally important in providing medical and psychological care, as well as strengthening prevention.

Taken together, the interdependence of these environments highlights the need for integrated, cross-sectoral approaches to support adolescents' social and emotional development and well-being. Supports across these domains should also recognise the distinct challenges faced by girls and boys, as well as the different ways in which social expectations and norms of femininity and masculinity can shape their experiences, vulnerabilities and well-being (World Health Organization Regional Office for Europe, 2011[113]; UNICEF, 2024[114]).

The following section focusses on the challenges that can be addressed through strengthened support in families, schools, and communities, while leaving aside those related to healthcare systems, which are examined in other reports (OECD, 2025[4]).

4.1. Ensuring adolescents feel supported in the family and home environment

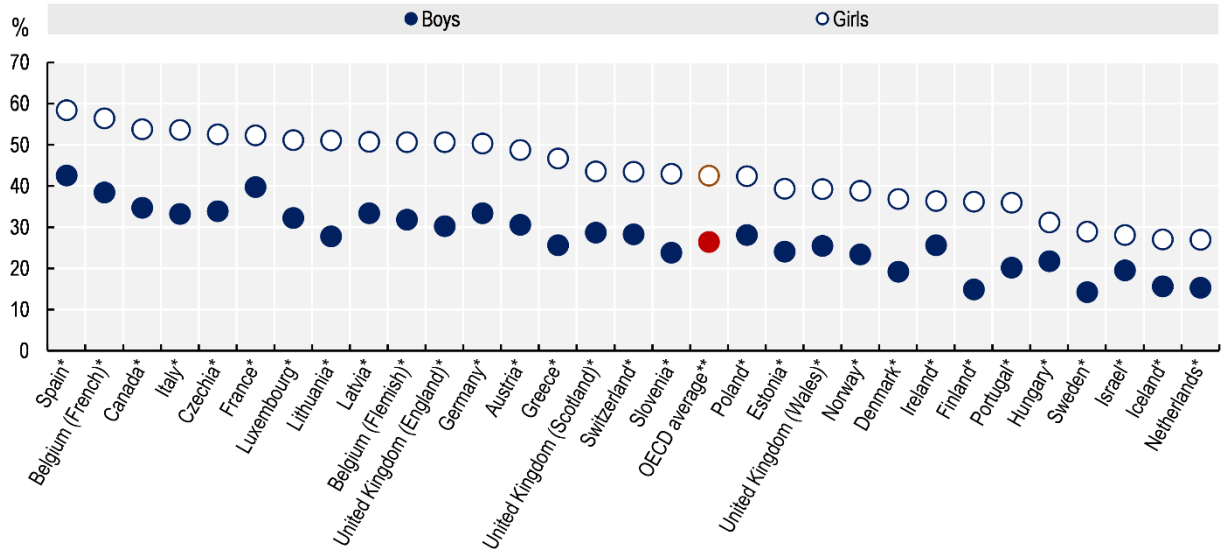
Supportive family and home environments are needed as they initially shape children's and adolescents' beliefs and behaviours and are a strong predictor of adolescent life satisfaction (Calmeiro, Camacho and de Matos, 2018[115]). The family and home environment covers a range of factors relating to the families and households in which children and adolescents grow up and simultaneously influence a large number of well-being outcomes. For example, family income adequacy impacts children's well-being, health, and learning at the same time (OECD, 2021[7]). On one hand, strong family attachments and perceived parental care are protective factors for adolescents' social and emotional well-being and essential components of children's subjective well-being (OECD, 2026[8]). On the other, family relationship difficulties, excessive pressure, and parental rejection or neglect are associated with being unhappier, drops in pro-social behaviour, and heightened internalising and externalising behaviours like anxiety and delinquency, as well as mental disorders **Invalid source specified.**.

Overall, adolescent girls tend to report more difficulties in family and home environment than boys across the OECD, notably in communicating with their parents and families. For example, girls are more likely to find good communication with a trusted adult in their home difficult, and less likely to be satisfied with their relationship with their parents. 42% of 11-, 13- and 15-year-old girls report not being able to speak to any

of their parents or stepparents about things that really bother them, compared to 26% of boys (Figure 8). This may reflect the fact that parents continue to employ differential parenting behaviour for boys and girls (Endendijk et al., 2016[121]) and signal girls' greater need for support from their parents. Evidence from Hungary suggests that talking about problems with parents is a significant factor to lower depressive symptoms in adolescent girls, but not boys (Piko, Kovacs and Fitzpatrick, 2009[122]).

Figure 8. More adolescent girls find it difficult to talk to their parents

11-, 13- and 15-year-old school children who report finding it difficult to talk to all their (step)parents about things that really bother them, 2021-2022



Note: *The difference between boys and girls is statistically significant at the 5% level. **The OECD average includes all countries depicted in the figure except Belgium and the United Kingdom.
11-, 13- and 15-year-old school age children were asked four questions: "How easy is it for you to talk to the following people about things that really bother you?" with respect to 1) "... Father", 2) "... Stepfather (or mother's boyfriend/partner), 3) "... Mother" and 4) "Stepmother (or father's girlfriend/partner)". For each question, they were presented with the response options "Very easy", "Easy", "Difficult", "Very Difficult" and "Don't have or see this person". Data refer to the percentage responding "Difficult" or "Very difficult" or "Don't have or see this person" to all four questions. Children who respond that they "Don't have or see this person" to all four questions are excluded.
Source: OECD Secretariat calculations based on the Health Behaviour in School-aged Children (HBSC) World Health Organization Collaborative Cross-National Survey 2021-2022.

Fostering a home and family environment that supports open communication and a strong sense of parental support requires greater awareness among parents of the emotional challenges adolescents may face during this developmental stage. Parents also need conditions that enable them to spend sufficient time with their children, engage in meaningful conversations, and understand their concerns and questions. Working arrangements play a key role in this regard: parents' work schedules must allow for adequate and predictable time with their children. Evidence suggests that working-time arrangements shape parent-child interactions in important ways. In the United States, mothers who work from home spend more time with their children than those who do not, while fathers with variable start and end times spend less time with their children than those with stable schedules (Genadek and Hill, 2017[123]). In Spain, on a typical weekday, children whose mothers work evenings spend 35 minutes less in educational and social activities with parents and 26 minutes more in unsupervised screen-based activities compared with children whose mothers have standard work schedules (Gracia and García-Román, 2018[124]). More broadly, workers experiencing role conflict often perceive workplaces with unpredictable demands in timing, frequency, and duration as undermining their ability to fulfil both work and family responsibilities (Conzon and Huising, 2024[125]).

Family poverty is also a significant stressor that affects not only the material resources parents can invest in supporting, caring for, and educating their children, but also the quality of parent-child interactions (OECD, 2021[7]). Material deprivation appears to influence parenting behaviours primarily by increasing parental stress, which in turn is strongly associated with a higher incidence of children's health and behavioural problems (Gershoff et al., 2007[126]; Newland et al., 2013[127]; Schenck-Fontaine and Panico, 2019[128]). Financial stress has also been shown to increase children's internalising and externalising behaviour problems regardless of family income level; in such cases, parental depression and intra-family conflict appear to be key mediating mechanisms (Jeanne Leininger and Kalil, 2014[129]; Ponnet, 2014[130]).

The home and family environment plays a central role in shaping adolescents' beliefs and expectations about the roles and behaviours considered appropriate for girls and boys, with important implications for their social and emotional development. For example, adolescents growing up in households where girls and boys share domestic tasks – such as cleaning and cooking – are less likely to endorse stereotypical views of the roles of males and females than those in households where these responsibilities fall mainly on female relatives (OECD, 2024[54]).

Parents can be supported in helping adolescents navigate societal expectations associated with being male or female by receiving guidance on how to initiate and sustain age-appropriate conversations on these topics. For instance, the Making Caring Common project developed by the Harvard Graduate School of Education provides practical guidance, including six tips to help parents engage in meaningful discussions with teenagers and young adults about misogyny and sexual harassment (Harvard Graduate School of Education, 2018[131]).

Parents play a crucial role in helping adolescents prevent and overcome addictive behaviours. Evidence from effective interventions highlights the importance of strengthening parenting practices – such as through parental training groups – and expanding access to supervised leisure activities, including sports facilities and extracurricular programmes (OECD, forthcoming[132]). These elements are central to the Icelandic Prevention Model (IPM), which aims to delay and reduce substance use among adolescents (e.g. tobacco, alcohol, cannabis). Programme evaluations show that successful outcomes are associated with stronger parent-child relationships, improved parental monitoring, and greater participation in organised activities, alongside reduced time spent unsupervised, particularly during late hours.

Promoting the role of engaged and supportive fathers and male caregivers may be a particularly promising avenue, especially for supporting adolescent boys. Fathers' involvement in parenting is associated with reduced externalising behaviours among boys (Sarkadi et al., 2007[133]) and may also help model help-seeking behaviours, thereby encouraging adolescent boys to seek mental health support when needed (Rice, Purcell and McGorry, 2018[24]). Facilitating such involvement requires addressing the barriers fathers and male caregivers face in parenting, as they are often side-lined in access to family support services, despite expressing a desire to be more involved in their children's education and upbringing (Tarrant, Ladlow and Way, 2023[134]; Panter-Brick et al., 2014[135]).

4.2. Addressing barriers to learning affecting boys and girls and fostering socio-emotional skills at school

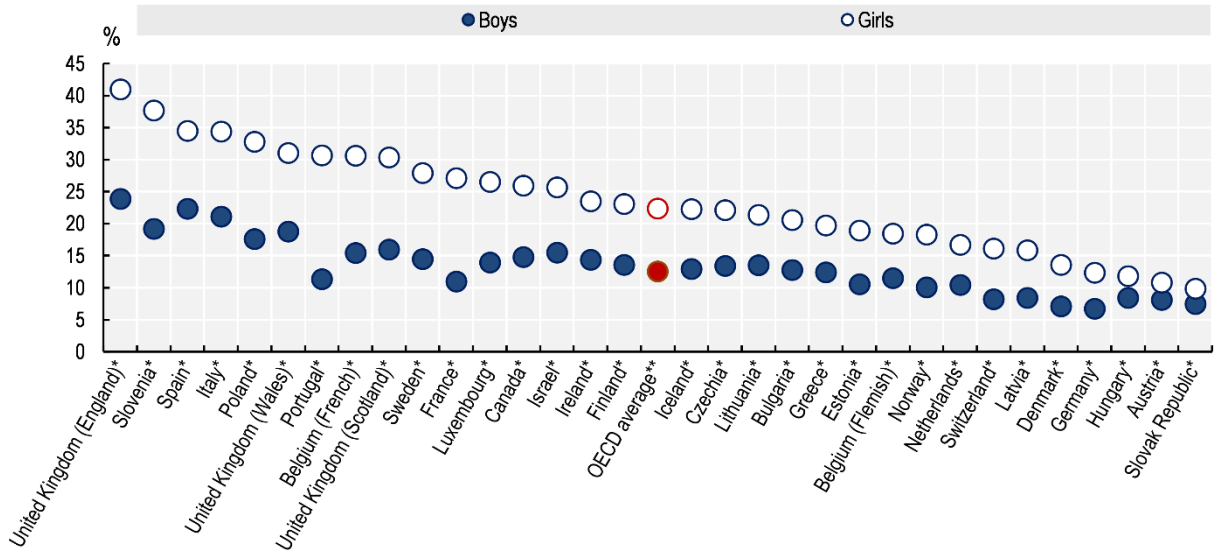
Ensuring that the school environment provides adequate support for children's flourishing – through strong school belonging, an inclusive climate, and positive peer and student-teacher relationships – while avoiding becoming a source of stress and anxiety, is essential for promoting development of their emotional and social skills (OECD, 2021[136]; 2024[30]). Schools can serve as a protective environment for adolescents when they foster social support, academic engagement, positive role models (such as teachers and sports coaches), and effective mental health promotion and prevention (Burns and Gottschalk, 2019[137]). Supportive student-teacher relationships are linked to reduced emotional distress and higher resilience in adolescents (Wong et al., 2021[138]; Danielsen et al., 2009[139]). Conversely, negative school experiences,

including bullying or excessive academic pressure, are associated with poorer mental health outcomes, such as lower subjective well-being and higher levels of anxiety, depression, and suicidal ideation (Long, Zucca and Sweeting, 2020[140]; Van Ryzin, Gravely and Roseth, 2007[141]; Wang, Brinkworth and Eccles, 2013[142]).

Schools are often permeated by stereotypes and social expectations associated with being male or female, and previous OECD work has highlighted the importance of fostering more equitable educational experiences for girls and boys (Brussino and McBrien, 2022[51]). These patterns are reflected in the challenges met by adolescents in schools. For example, girls are considerably more likely than boys to report experiencing academic pressure (Figure 9). On the other hand, boys tend to face more difficulties related to academic performance and have less positive experiences in school. At age 15, boys perform worse on average across reading, mathematics and science (see Figure A.11 in the additional data that can be found clicking on the Support materials tab of the paper at this link: https://doi.org/10.1787/00ebd3dd-en) and are more likely to have repeated a grade at school (11% vs. 8%). Additionally, boys may be less likely to perceive their relationship with teachers to be positive and can even feel like the school environment may be biased against them. At age ten, boys are twice as likely than girls to disagree a lot with the statement "Teachers at my school are fair to me", at 4.1% compared to 2% on average.

Figure 9. Adolescent girls feel more schoolwork pressure than their male peers

11-, 13- and 15-year-old school children who report feeling a lot of schoolwork pressure, 2021-2022



Note: *The difference between boys and girls is statistically significant at the 5% level. **The OECD average includes all countries depicted in the figure except Belgium and the United Kingdom.
11-, 13- and 15-year-old school age children were asked "How pressured do you feel by the schoolwork you have to do?" and presented with the response options "Not at all", "A little", "Some" and "A lot". Data refer to the percentage responding "A lot".
Source: OECD Secretariat calculations based on the OECD Programme for International Student Assessment (PISA) 2022 Database and the Health Behaviour in School-aged Children (HBSC) World Health Organization Collaborative Cross-National Survey 2021-2022.

Schools can support adolescent well-being in multiple ways. First, they can foster the development of adolescents' social and emotional skills, notably by promoting a sense of belonging and positive peer relationships (OECD, 2024[109]). School connectedness and social competence are important predictors of adolescents' life satisfaction (Calmeiro, Camacho and de Matos, 2018[115]). School environments in which students feel safe are particularly conducive to social and emotional development, including empathy, and

can help reduce gaps between boys and girls – for example, encouraging the development of similar social and emotional skills among all students, regardless of sex (OECD, 2024[54]).

Schools are also a key setting in which adolescents experience and shape peer relationships, making the promotion of positive peer interactions and support critical. While girls tend to report higher levels of peer support than boys (63% compared with 55%), they are also more sensitive to interpersonal stress, as peer relationships play a central role in emotional support, validation, self-definition and identity formation (Rudolph, 2002[143]). At the same time, peer relationships can involve negative experiences: peer victimisation, including bullying, is associated with heightened emotional distress. Frequent bullying significantly increases the risk of depressive symptoms and is linked to suicidal behaviours (World Health Organization Regional Office for Europe, 2011[113]; Ye et al., 2023[144]). On average, 6% of 11, 13- and 15-year-old school children report being bullied at school at least weekly. Experiences of bullying are consistently associated with lower life satisfaction across OECD countries (Kim, 2025[145]). However, positive student – teacher relationships can buffer some of the harmful effects of bullying, highlighting the important role that schools can play not only in reducing the prevalence of bullying, but also in mitigating its impact when it occurs.

Specific dimensions of social and emotional well-being can also be directly targeted in school-based interventions. For example, in response to girls' lower average levels of self-esteem and body satisfaction, programmes that encourage critical reflection on norms of femininity – particularly expectations related to physical appearance and appearance-based judgements – have shown particular promise (Tiggemann and Slater, 2015[44]). Schools are also well placed to implement interventions aimed at preventing sexualisation and sexual harassment, given the amount of time adolescents spend in school settings and the intensity of peer interactions that occur within them (Brussino and McBrien, 2022[51]).

In parallel, masculinity-focussed interventions can benefit adolescent boys across a broad range of outcomes, including self-efficacy, anger, and perceptions of manhood. Such interventions can take the form of workshops that engage boys in a safe and supportive environment, enabling them to express their thoughts, explore examples of healthy male behaviours, and expand their emotional range, while developing interpersonal skills and future-oriented expectations (Tomorrow Man, 2025[146]). Evidence suggests that these interventions can be particularly effective when they are tailored to the specific needs, experiences and pressures faced by boys, rather than adopting a one-size-fits-all approach (Gwyther et al., 2019[147]). Providing dedicated spaces for boys may also facilitate more open expression and discussion. In addition, increasing the presence of male teachers in schools could help offer positive role models for adolescent boys and strengthen relational connections, school belonging and feelings of representation (Abrams, 2023[148]).

Despite this potential, institutional responses often remain insufficient, and schools may lack the capacity to address such challenges effectively – for example, due to limited teacher training in socio-emotional development, mental health, and the ways in which norms of femininity and masculinity and related stereotypes can shape adolescents' experiences. Strengthening partnerships between educators and mental health professionals can help provide more appropriate responses, and facilitate action planning within schools, establish clear referral mechanisms, facilitate co-ordination with health and social services, and strengthen engagement with families and the wider community (OECD, 2024[109]). Moreover, interventions that address stereotypes related to male and female mental health conditions – such as mood disorders, trauma, or eating disorders – appear to be particularly effective in improving outcomes for adolescents, especially among those with more severe symptoms. By contrast, evidence of impact is more limited in universal or preventive programmes targeting broader populations without pronounced symptoms, where measurable improvements are often harder to detect.

4.3. Making the community and physical environment safer and more supportive for adolescents

Enhancing neighbourhood safety and quality – both through improvements to physical infrastructure and the social atmosphere – is particularly important for fostering social and emotional well-being in adolescence. The community and the physical environment in which children grow up play a crucial role in shaping their opportunities to play, socialise, meet friends, and engage in leisure and sports activities – all of which are essential for promoting their well-being. High-quality environments are characterised by physical and social safety, well-designed built spaces, accessible playgrounds, green spaces and areas to meet with friends, as well as a range of cultural, educational, recreational, and leisure facilities. These features not only support children's individual development but also strengthen community cohesion (Sampson, Raudenbush and Earls, 1997[149]), creating conditions that allow children to thrive and flourish (Ferguson et al., 2013[150]; OECD, 2025[151])..

Importantly, neighbourhood poverty is a key factor associated with reduced safety and poorer quality of physical infrastructure and amenities. It also increases the likelihood of both physical and social disorder – reflected in visible signs of community decline such as vandalism, physical violence, litter, public intoxication, and loitering – which indicate weakened social control and contribute to heightened feelings of insecurity among residents. These adverse neighbourhood conditions are linked to both internalising and externalising difficulties in late childhood and adolescence. However, evidence from meta-analyses indicates that neighbourhood deprivation is more strongly and consistently associated with externalising problem behaviours – such as conduct problems and delinquency – than with internalising difficulties like anxiety or depression (dos Santos et al., 2023[152]; Visser et al., 2021[153]). Adolescents living in disadvantaged neighbourhoods are also more likely to experience mental health problems, engage in delinquent behaviour, have unprotected sex, and use drugs (Choi, 2018[154]; Leventhal, Dupéré and Brooks-Gunn, 2009[155]). Exposure to community violence further exacerbates children's vulnerabilities, being associated with higher rates of internalising symptoms – such as anxiety, depression, sadness, and post-traumatic stress – as well as externalising behaviours, including delinquency and antisocial conduct (Fowler et al., 2009[156]; Miliauskas et al., 2022[157]; Chen, Voisin and Jacobson, 2016[158]; Fleckman et al., 2016[159]).

Adolescent girls tend to feel less safe in their community than boys. A neighbourhood environment characterised by a high crime rate and where delinquency or violence are problems erodes children's sense of safety and trust in the environment, increasing the risk of misconduct problems (Leventhal and Brooks-Gunn, 2000[160]). In contrast, perceived community safety is associated with decreased adolescent depressive symptoms (Dawson et al., 2019[161]) In a sample of 12 OECD countries surveyed between 2016 and 2019, 12-year-old girls are less likely to strongly agree that they feel safe when they walk around in the area they live in (73% against 81% for boys), a gap driven by significant differences in Finland, Hungary, Italy, Korea and Norway.

More broadly, adolescent girls may face greater difficulties in forming new social connections within their communities. Across nearly all OECD countries, 15-year-old girls reported in 2022 lower levels of trust in others than their male peers. On average, they are more likely to report feeling suspicious of others (49% compared with 39% of boys) and to believe that others may try to harm them (18% compared with 14%), while being less likely to believe that most people are honest (25% compared with 31%) or kind (43% compared with 40%). Previous research also suggests that girls who feel unsafe in their neighbourhoods are twice as likely to experience internalising problems, an association that is not observed among boys (Milam et al., 2011[162]).

Positive community ties can support adolescents by providing "third places" that offer opportunities for self-exploration, confidence building, friendships with peers outside of school, and avenues to take on new responsibilities and contribute to community life (McKendrick, 2014[163]). Through these interactions,

community relationships play an important role in shaping adolescents' attitudes towards violence, self-development and social identity. Communities can also connect adolescents with older peers and supportive adults – such as coaches, youth workers or extended family members – who may provide forms of guidance and support that parents are not always able to fulfil. Disadvantaged older males are an important source of socialisation for boys in poor neighbourhoods, thereby one potential pathway for neighbourhood socialisation (Harding, 2009[164]). The presence of such non-parental adults is associated with better mental health outcomes and lower engagement in risk-taking behaviours among adolescents (Sterrett et al., 2011[165]).

In communities affected by violence, strengthening specific protective factors can help buffer children from its negative effects and reduce the risk of violent or delinquent behaviour. These include parental support, the fostering of educational aspirations, and the promotion of a positive outlook on the future (Ozer et al., 2017[166]; Chen, Voisin and Jacobson, 2016[158]; Stoddard et al., 2015[167]; Fleckman et al., 2016[159]). For instance, the association between exposure to violence and delinquent behaviour is weaker among youth who express aspirations to complete high school or attend college (Chen, Voisin and Jacobson, 2016[158]; Stoddard et al., 2015[167]).

Community-based initiatives can also play an important role. Providing access to safe, inclusive and supervised volunteering opportunities can strengthen adolescents' sense of belonging, purpose and social connectedness, while fostering supportive relationships with peers and adults. These factors are associated with better social and emotional well-being and can help build resilience in the face of adversity. To maximise these benefits, volunteering programmes should be well-structured, incorporate mentoring components, and provide meaningful opportunities for young people to participate in decision-making and shape the activities in which they are involved (Hernantes et al., 2020[168]).

4.4. Creating safe digital environments for and with boys and girls

Creating a digital environment that is both safe and supportive for adolescent girls and boys is essential. Such an environment should ensure access to trustworthy information and resources that help young people navigate issues related to self-image, identity development and emotional well-being. For many adolescents, digital media use is neutral or even beneficial; however, a vulnerable minority experiences problematic digital media use, which is associated with poorer well-being and mental health outcomes and can exacerbate pre-existing socio-emotional difficulties (OECD, 2025[169]). This challenge is particularly acute during adolescence, a period in which engagement with digital tools typically increases while adult supervision tends to decline, resulting in prolonged online exposure at a critical developmental stage. At the same time, heightened peer influence, ongoing identity formation and increased sensitivity to algorithmic designs that encourage extended engagement make adolescents especially susceptible to harmful or distressing content.

Adolescent girls disproportionately face certain risks online, including for their body image, cyberbullying, and online sexual harassment. Unrealistic beauty standards encountered online and on social media increase the risk of developing a negative body image and may be particularly harmful for girls. Moreover, girls are more likely than boys to experience cyberbullying and to report negative reactions to experiences online, such as being upset when encountering age-inappropriate content, receiving offending messages or discriminatory content, or having personal information shared without their consent (Figure 10) (OECD, 2025[169]). Girls are also particularly exposed to sexualised content and sexual cyberbullying, which includes non-consensual sharing of nude images, sexually explicit messages, or coercive threats involving sexual content (Ehman and Gross, 2019[170]). Social media platforms have notably been associated with an increased level of sexual objectification of women, depicting girls and women as sexually available and objectified (Ringrose et al., 2012[171]; Vandenbosch and Eggermont, 2012[45]). The increasing use of social media may increase appearance-related pressures: a survey conducted in the United Kingdom among

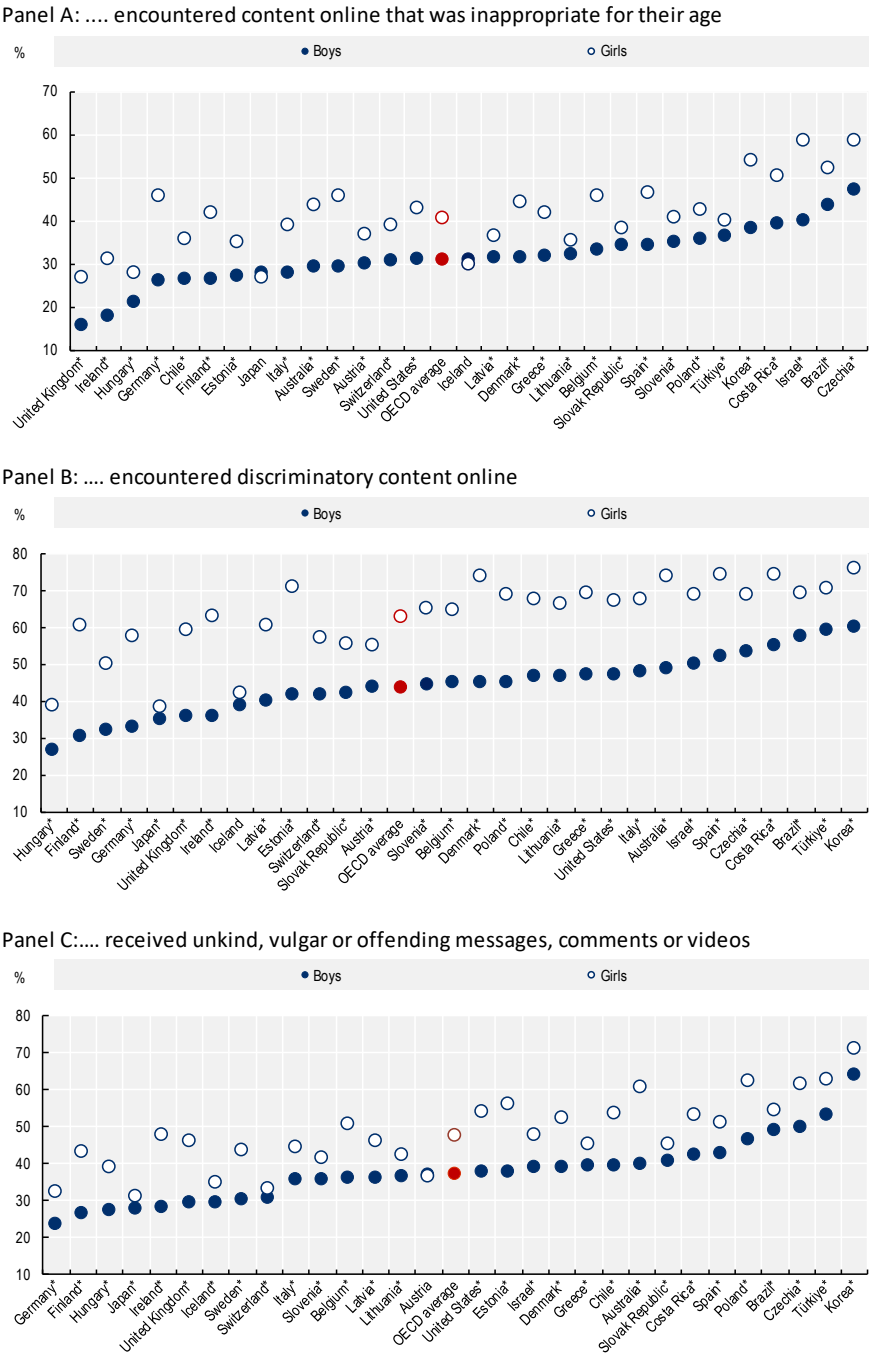
girls aged 11 to 16 found an increase in the proportion of girls saying they wanted to lose weight, from 51% in 2018 to 61% in 2024 (Girlguiding, 2024[172]). Additionally, social media can amplify pressures on girls to conform to these sexualised representations by encouraging them to post personal pictures aligned with restrictive or sexualised forms of femininity (Ng, 2017[173]). Online sexual harassment is also a major risk for adolescents (Mohler-Kuo et al., 2014[174]), with evidence suggesting that the psychological consequences – such as depressive symptoms – can be more severe for girls than for boys (Copp, Mumford and Taylor, 2021[175]).

On the other hand, adolescent boys tend to be more exposed to hateful content that promotes harmful norms of masculinity and hostility towards women (Box 3). While the internet can provide inclusive spaces for diverse representation of masculinity and foster self-expression (Foster and Baker, 2022[176]), hateful contents distort expectations about how boys should look, act, and express themselves. Such content may even contribute to offline antisocial behaviour (Scotto di Carlo, 2023[177]; Diepeveen, 2024[178]). Evidence from the United Kingdom suggests that boys are increasingly, and disproportionately compared to girls, exposed to such content on social media (Dean and Davidge, 2023[179]). For example, misogynist content on platforms has been shown to rapidly increase in boy's feeds, quadrupling within five days of content consumption (Regehr et al., 2024[180]). In a 2023 UK survey, 85% of 13- to 15-year-old boys had heard of the same misogynistic influencer, with around 25% of boys expressing agreement with his views on masculinity (Internet Matters, 2023[181]).

Supporting positive online experiences for adolescent girls and boys requires a multifaceted approach (OECD, 2025[169]). Adolescents' safety must primarily be ensured through robust regulatory frameworks and the widespread adoption of safe technologies and services. This includes also promoting critical digital and media literacy and facilitating the transmission of experience from older to younger children, while recognising that responsibility for protection from inappropriate or harmful content cannot rest solely with adolescents and their parents (Hill, 2022[182]). Digital service providers, in particular, have a responsibility to respect adolescents' privacy, prevent the dissemination of inappropriate content, and put in place clear and accessible reporting and enforcement mechanisms to address harmful online experiences (OECD, 2022[183]; 2021[184]). Governments, in turn, play a crucial role in establishing and enforcing regulations and standards that bind digital service providers and incentivise protective approaches in the design of digital services and devices commonly used by adolescents. In parallel – and especially while stronger safety measures in digital spaces are still being developed and implemented – parents and carers should be empowered to better understand the risks and opportunities of the digital environment and supported in helping their children develop safe and responsible online practices.

Figure 10. Girls are more likely than boys to have gotten upset the last time they encountered negative content online

15-year-old students who report getting upset the last time they… (2022)



Note: *The difference between boys and girls is statistically significant at the 5% level.
15-year-old students were asked “How upset were you the last time the following situations occurred?” with respect to “Encountering content online that was inappropriate for my age”, “Encountering discriminatory content online (e.g. about race, gender, sexual orientation or physical appearance)”, and “Receiving unkind, vulgar or offending messages, comments or videos”. The presented response options for each of the statements were “This did not happen to me”, “Not at all upset”, “A little upset”, “Quite upset” and “Very upset”. Data refer to the percentage responding “A little upset”, “Quite upset” or “Very upset” to a given situation.
Source: OECD Secretariat calculations based on the OECD Programme for International Student Assessment (PISA) 2022 Database.

Box 3. Can some online spaces encourage antisocial behaviours in adolescent boys?

Certain online communities that amplify restrictive masculinity norms – such as misogynistic, hateful or violent spaces including parts of the "manosphere" and "incel" groups – can negatively affect adolescent boys' social and emotional well-being. These predominantly male online spaces are often driven by anti-feminist worldviews and activism, and while they are most popular among young adult men, adolescents as young as 15 are also exposed to and engage with them (Scotto di Carlo, 2023[177]). Evidence suggests that these spaces may contribute to antisocial behaviours, including interpersonal and gender-based violence, although further research is needed to fully understand the causal pathways involved.

Reinforcement of restrictive masculinity norms

Misogynistic online spaces frequently reflect and perpetuate rigid and unequal stereotypes about males and females through hostile, degrading and sometimes violent discourse. Girls and women are often portrayed with contempt, including through sexualisation, objectification and dehumanisation, alongside intersecting forms of discrimination such as racism and homophobia (Scotto di Carlo, 2023[177]; Hopton and Langer, 2021[185]). These narratives can distort adolescents' understandings of the roles and expectations associated with being male or female. Such spaces may also negatively affect boys' self-perception and body image by promoting unrealistic ideals of masculinity – such as extreme muscularity, height or physical dominance – and overemphasising their role in social status. In addition, the frequent expression and trivialisation of mental ill-health (e.g. loneliness, depression and suicidality) may heighten exposure to negative affects and undermine adolescents' mental well-being.

Normalisation of antisocial and violent behaviours

Some of these online spaces explicitly endorse or trivialise antisocial behaviours, including hate speech and gender-based violence. While certain expressions may be exaggerated or performative for some users (Scotto di Carlo, 2023[177]), adolescent boys may be less equipped to interpret such content critically. Exposure to violent or degrading pornographic content is an additional concern. Evidence from France and the United States shows that early exposure to pornography depicting unequal or violent sexual relations is associated with greater acceptance of non-consensual or violent sexual behaviours later in life, and that boys around age 15 exposed to violent pornography are two to three times more likely to report perpetrating or experiencing sexual dating violence (Pierre-Brossolette et al., 2024[186]; Rostad et al., 2019[187]).

Indirect influences through parents and peers

Online misogynistic content can also affect adolescent boys indirectly via parents and peers, who play a key role in shaping their children's attitudes. For example, a 2023 survey in the United Kingdom found that a higher share of fathers under age 35 (56%) than teenage boys (23%) reported approving of a prominent misogynistic influencer, highlighting potential intergenerational transmission of such views (Internet Matters, 2023[181]).

While evidence on the impact of online discourse on adolescent boys' antisocial behaviours offline remains insufficient, online contents have been found to move off screens, including in schools and in adolescents' personal lives (Regehr et al., 2024[180]). Further research is needed to better document adolescents' exposure to these communities and their effects on externalising behaviours and social and emotional well-being. At the same time, adolescent boys' engagement in such spaces may also signal unmet needs for belonging, emotional expression, social support and role models – needs that can be addressed through targeted interventions creating alternative, protective and supportive spaces for boys, both online and offline (Diepeveen, 2024[178]).

5. Conclusions

This paper has shown that a significant minority of young adolescents report relatively low levels of emotional and social well-being. While these challenges manifest differently for boys and girls, they appear to be at least partly linked to the demands of adolescence itself – a developmental period marked by rapid physical changes and the need to navigate social norms in the construction of self and social identity, including norms of femininity and masculinity.

Addressing these difficulties requires strengthening support for adolescents across the environments in which they spend their time, in order to better detect early signs of ill-being, create opportunities for young people to discuss and share the worries and questions that arise across childhood and during the transition into adulthood, and ensure that appropriate support is provided at the right time to prevent difficulties from escalating into more serious problems. The paper also highlighted the need for a policy strategy that is sensitive to both age and sex, recognising that the challenges faced by children and adolescents are specific to particular stages of development and should not be conflated with those of youth as a homogeneous group, and that their timing, expression and intensity can differ markedly between girls and boys.

The key findings and policy implications of this paper are summarised below.

- **Adolescence is a particularly challenging period for children's socio-emotional well-being, with distinct patterns of vulnerability emerging for girls and boys**. While both experience difficulties, these tend to take different forms. Adolescent girls aged 11, 13 and 15 are between 1.65 and 2.5 times more likely than boys of the same age to report low life satisfaction. Girls below age 19 are also more prone to internalising disorders, such as anxiety and depression: they are around 70% more likely to experience anxiety disorders and about twice as likely to experience depressive disorders. In addition, girls face higher risks of dissatisfaction with their body appearance, eating disorders and deliberate self-harm.

  By contrast, boys aged 5 to 19 are more susceptible to externalising disorders, including conduct disorders, which they are nearly twice as likely to develop as girls. Risk-taking and aggressive behaviours are also more prevalent among boys: around one in seven adolescents aged 11 to 15 report having been involved in physical fights three or more times within a year – more than twice the rate observed among girls of the same age. Moreover, boys and young men aged 15 to 29 are nearly three times more likely than young women to die by suicide.

- **Norms of femininity and masculinity as a double-edged factor in adolescence**. Multiple factors contribute to socio-emotional difficulties in this period, but a key challenge lies in navigating puberty and forming a sense of self while confronting societal expectations and stereotypes associated with being male or female. Although norms of femininity and masculinity can provide reference points for identity and socio-emotional development, they may also clash with adolescents' emerging self-perceptions and expose them to rigid or contradictory expectations. For some adolescents, adherence to restrictive norms may function as a coping strategy in response to difficulties in family, social, or school contexts. However, restrictive representations of femininity can heighten girls' concerns about body image and contribute to the hyper sexualisation of young girls, while pressures to deviate from these norms may generate other strains, such as intensified

academic expectations. Conversely, restrictive masculinity norms can inhibit help-seeking behaviours, reinforce boys' disengagement from learning and increase the risk of conduct problems and aggressive behaviours. Supporting boys' and girls' well-being requires promoting positive models feminity and masculinity, encouraging help-seeking, and preventing behavioural difficulties before they escalate.

- **The importance of supportive and adolescent-sensitive environments**. Promoting adolescents' emotional and social well-being requires co-ordinated and sustained support across the multiple environments that shape young people's daily lives, including the home, school, neighbourhood and community spaces, and the digital environment. While families play a central role, parents may face difficulties communicating about puberty, identity development and the social expectations adolescents encounter, and unequal time and resources can limit their capacity to provide support. Schools are crucial for addressing barriers to learning that may affect girls and boys differently, fostering emotional and social skills, and offering safe spaces for discussion and reflection. Neighbourhoods and community settings can further support adolescents by providing safe "third places" for social connection, guidance from older peers and trusted adults, and exposure to diverse and positive role models. Finally, as digital spaces increasingly influence norms, expectations and social comparisons, ensuring that online environments are safe, positive and supportive is essential to adolescent well-being.
- **Prevention and early identification should be prioritised through tiered systems of support**. Low-threshold initiatives and mechanisms to detect early signs of distress can help address difficulties before they become more severe and require more intensive intervention. Strengthening families' ability to recognise emerging problems, respond appropriately and maintain open communication with their children is an important first line of support. At the same time, expanding access to school-based and community-based services can help ensure that concerns are identified and addressed early. Together, these measures can improve timely access to assistance, reduce barriers to seeking help, and prevent temporary difficulties from becoming persistent challenges that affect young people's well-being and future outcomes.
- **Implications for policy and future research.** Policy responses should be differentiated according to the age and sex of adolescents, recognising that challenges vary across developmental stages and differ between girls and boys. Further work is needed to systematically assess programmes across the settings in which children spend time, in order to identify effective approaches, key implementation features, and interventions that address challenges spanning multiple life domains, tailor support to different levels of severity, and ensure timely access to appropriate support before difficulties escalate. Particular attention could be paid to preventing and addressing antisocial behaviours among vulnerable adolescents and to supporting children in navigating digital environments, including through effective digital parenting practices. Strengthening the measurement of subjective well-being across childhood – especially dimensions such as sense of developing autonomy and positive relationships as core aspects of eudaimonic well-being – is also essential to better understand developmental trajectories and the transition to adulthood.

Future work should focus on systematically analysing programmes implemented across the different environments in which children spend time, with the aim of identifying which approaches most effectively support social and emotional development and which implementation features underpin their success. Particular attention should be paid to how programmes address challenges that intersect across life domains and settings, and to the extent to which support is co-ordinated across these environments. Examining mechanisms to strengthen co-ordination across ministries, as well as reporting, monitoring and accountability arrangements among responsible entities, would help reinforce evidence-informed policymaking in support of children's social and emotional well-being (Dirwan and Thévenon, 2023[108]). While child and parents" social and emotional well-being and mental health are a component that is incorporated in the support of services to families with children, examining further how family and social

services incorporate social and emotional well-being in their assessment of needs and support delivered would help identify good practices to strengthen prevention and promote social and emotional well-being, how they handle lower and high-threshold disorders and enhance co-ordination across service, provide single entry point and improve access to adequate service support.

While children's and parents' social and emotional well-being and mental health are often incorporated into family support services (Riding et al., 2021[188]), further examination of how family and social services assess social and emotional needs and translate these assessments into tailored support would help identify good practices for strengthening prevention and promoting well-being. Such analysis could shed light on how services address both lower- and higher-threshold difficulties, improve co-ordination across services, establish effective single-entry points, and enhance access to timely and appropriate support – areas that experts identify as weaknesses in current systems of support (OECD, 2026[3]).

As reviewed in the previous sections, further research is also needed to better understand how policy responses can prevent and address fighting and other antisocial behaviours among a significant minority of adolescents, and how to support those affected. In addition, given the growing amount of time young people spend online, future work should examine how children can be better supported in navigating digital environments, including through the identification and dissemination of effective digital parenting practices.

Finally, a fuller understanding of these challenges requires improvements in the measurement of subjective well-being across childhood, including eudaimonic dimensions (OECD, 2026[8]). Such measures can help capture the extent to which children feel supported and cared for, as well as how they progressively develop autonomy and positive relationships – key foundations of social and emotional development. Improved measurement is also critical for understanding the mechanisms at play during the transition to adulthood, a period in which life satisfaction tends to decline and in which young men, in particular, report higher levels of dissatisfaction with personal relationships (OECD, 2024[189]; 2025[190]).

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Notes

[1] Data refer to the percentage of 11-, 13- and 15-year-old school age children scoring below 50 on the percentage score of the World Health Organization-Five Well-Being Index (WHO-5), where 0 represents worst possible mental well-being and 100 represents best possible mental well-being. The WHO-5 Well-Being Index asks respondents to indicate for the following five statements which is closest to how they have been feeling over the last two weeks: 1) ”I have felt cheerful and in good spirits”, 2) ”I have felt calm and relaxed”, 3) ”I have felt active and vigorous”, 4) ”I woke up feeling fresh and rested” and 5) ”My daily life has been filled with things that interest me”. For each of the five statements, the response options “All the time”, “Most of the time”, “More than half of the time”, “Less than half of the time”, “Some of the time” and “At no time” are assigned scores of decreasing value, which are then summed into the overall Index. For more details on index construction, see https://www.who.int/publications/m/item/WHO-UCN-MSD-MHE-2024.01. “11-, 13- and 15-year-old school children” refers to children aged 11, 13 and 15 attending mainstream schools.

[2] Antisocial behaviours are commonly understood as behaviours, both criminal and non-criminal, that cause harm or nuisance to others, including threats, harassment, drug use, and vandalism (Government of the United Kingdom, 2023[192]).

[3] Gender norms refer to the informal social rules that shape gender-based expectations, while gender stereotypes refer to widely held, fixed and highly generalised beliefs and expectations about gender (Brussino and McBrien, 2022[51]).

Child Well-being Policy Paper

Enhancing adolescent social and emotional well-being

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Adolescence is a critical developmental period characterised by rapid physical, cognitive and psychosocial changes that are often accompanied by declines in social and emotional well-being. This paper argues for an approach to promoting adolescents' well-being that is tailored specifically to boys and girls and presents a cross-national analysis of social and emotional outcomes among adolescent girls and boys using data from the OECD Child Well-being Data Portal. It documents key trends, gaps between boys and girls and distinct patterns of vulnerability and examines how norms and stereotypes shape different well-being outcomes for girls and boys. The paper highlights the importance of supportive environments across families, schools, neighbourhoods and digital spaces, and shows how policies can address boys' and girls' heightened risk for specific challenges – such as boys' higher academic disengagement and involvement in physical fighting, and girls' greater body image concerns and vulnerability to online harms – while strengthening protective factors for all adolescents.