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REGIONAL BRIEF: EUROPE

THE STATE OF THE WORLD'S CHILDREN 2021

ON MY MIND

Promoting, protecting and caring
for children's mental health



A TIME FOR LEADERSHIP ON MENTAL HEALTH

Fear. Loneliness. Grief.

As the coronavirus pandemic descended on the world in 2019, these powerful emotions enveloped the lives of many millions of children, young people and families. In the early days especially, many experts feared they would persist, damaging the mental health of a generation.

In truth, it will be years before we can really assess the impact of COVID-19 on our mental health.

For even if the potency of the virus fades, the pandemic's economic and social impact will linger: over the fathers and mothers who thought they had left the worst of times behind them, but are once again struggling to put food in a baby's bowl; over the boy falling behind in school after months of

disrupted learning; and the girl dropping out to work on a farm or in a factory. It will hang over the aspirations and lifetime earnings of a generation whose education has been disrupted.

Indeed, the risk is that the aftershocks of this pandemic will chip away at the happiness and well-being of children, adolescents and caregivers for years to come – that they will pose a risk to the foundations of mental health.

For if the pandemic has taught us anything, it is that our mental health is profoundly affected by the world around us. Far from being simply a question of what is going on in a person's mind, the state of each child's or adolescent's mental health is profoundly affected by the circumstances of their lives – their experiences with parents

and caregivers, the connections they form with friends and their chances to play, learn and grow. Mental health is also a reflection of the ways their lives are influenced by the poverty, conflict, disease and access to opportunities that exist in their worlds.

If these connections were not clear before the pandemic, they certainly are now. COVID-19 has put the mental health and well-being of an entire generation at risk, but mental health concerns are not new: Indeed, long before the COVID-19 pandemic struck, parents, teachers and many others were voicing growing unease about the mental health of children and adolescents.

This is the reality that is at the heart of *The State of the World's Children 2021*.

A challenge ignored

Indeed, what we have learned is that mental health is positive – an asset: It is about a little girl being able to thrive with the love and support of her family, sharing the ups and downs of daily life. It is about a teenage boy being able to talk and laugh with his friends, supporting them when they are down and being able to turn to them when he is down. It

is about a young woman having a sense of purpose in her life and the self-confidence to take on and meet challenges. It is about a mother or father being able to support their child's emotional health and well-being, bonding and attaching.

The links between mental and physical health and well-being,

and the importance of mental health in shaping life outcomes, are increasingly being recognized. They are reflected in the connection between mental health and the foundations of a healthy and prosperous world acknowledged in the Sustainable Development Goals. Indeed, that agreement among the nations of the world positioned

the promotion and protection of mental health and well-being as key to the global development agenda.

Despite all this, governments and societies are investing far, far too little in **promoting, protecting** and **caring** for the mental health

of children, young people and their caregivers.

A time for leadership

At the heart of our societies' failure to respond to the mental health needs of children, adolescents and caregivers is an absence of **leadership** and **commitment**. We need commitment – especially financial and political commitment, from global, regional and national leaders and from a broad range of stakeholders – that reflects the important role of social and other determinants in helping to shape mental health outcomes. The implications of such an approach are profound. They demand that we set our sights on a clear shared goal of supporting children and adolescents at crucial moments

in their development to minimize risk – and maximize protective – factors.

As well as commitment, we need **communication**: We need to end stigmas, to break the silence on mental health, and to ensure that young people are heard, especially those with lived experience of mental health conditions. Without their voices being heard and their active participation and engagement, the challenge of developing relevant mental health programmes and initiatives will not be met.

And we need **action**: We need to better support parents and caregivers so that they can better support their children; we need schools that meet children's social and emotional needs; we need to lift mental health out of its 'silo' in the health system and address the needs of children, adolescents and caregivers across a range of systems, including parenting, education, primary health care, social protection and humanitarian response; and we need to improve data, research and evidence to better understand the prevalence of mental health conditions and to improve responses.

A time for action

The COVID-19 pandemic has upended our world, creating a global crisis unprecedented in our lifetime. It has created serious concerns about the mental health of children and their families during lockdowns, and it has illustrated in the starkest light how events in the wider world can affect the world inside our heads. It has also highlighted the fragility of support systems for mental health in many countries, and it has – once again – underlined how these hardships fall disproportionately on the most disadvantaged communities.

But the pandemic also offers an opportunity to build back better. As this report sets out, we know about the key role of

parents and caregivers in shaping mental health in early childhood; we know too about children's and adolescents' need for connection; and we know about the dire impact that poverty, discrimination, marginalization and domestic violence can have on mental health. And while there is still much work to be done in developing responses, we already know the importance of key interventions, such as challenging stigmas, supporting parents, creating caring schools, working across sectors, building robust mental health workforces, and establishing policies that encourage investment and lay a solid foundation for mental health and well-being.

The European Union (EU) institutions should scale up their action to *build back better* by laying down the foundations for more resilient national health and social protection systems, while centring the recovery on the new generation's well-being with a focus on making mental health services accessible to all who need them.

We have a historic chance to commit, communicate and take action to promote, protect and care for the mental health of a generation. We can provide support for the foundation of a generation equipped to pursue their dreams, reach their potential and contribute to the world.

BY THE NUMBERS

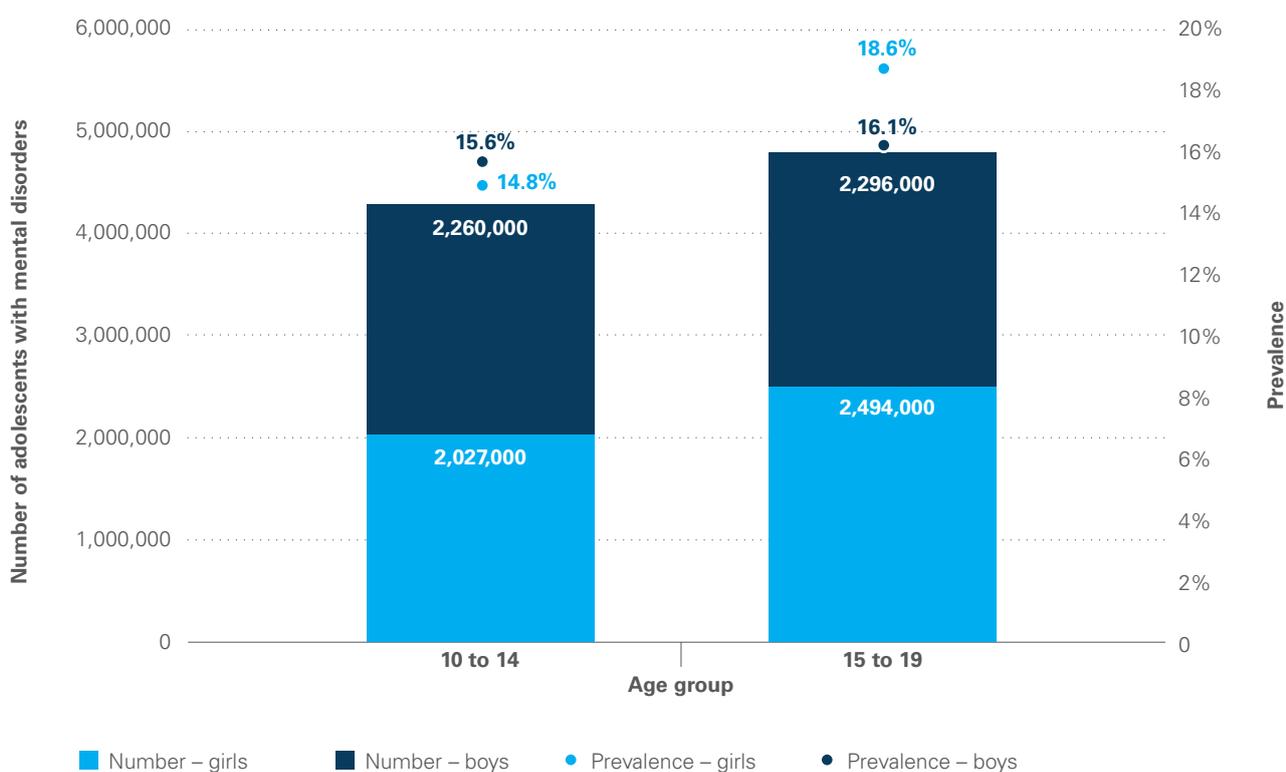
Prevalence of mental disorders

The prevalence of mental disorders for boys and girls in Europe aged 10–19 is 16.3 per cent, while the global figure for the same age group is 13.2 per cent. This means that 9 million adolescents aged 10–19 in Europe live with a mental disorder.

9 million adolescents aged 10–19 in Europe live with a mental disorder.



Estimated prevalence and number of adolescents with mental disorders in Europe, 2019



Note: The number of adolescents with mental disorders are rounded to the nearest 1,000; calculations are based on these disorders: depression, anxiety, bipolar, eating, autism spectrum, conduct, schizophrenia, idiopathic intellectual disability, attention deficit/hyperactivity (ADHD) and a group of personality disorders.

Source: UNICEF analysis based on estimates from the Institute for Health Metrics and Evaluation (IHME), Global Burden of Disease Study, 2019.



Estimated percentage of mental disorders among adolescents aged 10–19 in Europe, 2019

| Country | Girls and boys aged 10–19 | | Girls aged 10–19 | | Boys aged 10–19 | |
|----------------|---------------------------|-----------|------------------|---------|-----------------|---------|
| | Prevalence % | Number | Prevalence % | Number | Prevalence % | Number |
| Austria | 18.2% | 159,786 | 18.7% | 79,179 | 17.7% | 80,607 |
| Belgium | 16.3% | 208,372 | 16.0% | 100,137 | 16.6% | 108,235 |
| Bulgaria | 11.2% | 73,808 | 10.6% | 33,742 | 11.8% | 40,067 |
| Cyprus | 17.8% | 23,697 | 18.6% | 11,918 | 17.1% | 11,779 |
| Czechia | 11.0% | 114,767 | 10.2% | 52,123 | 11.7% | 62,645 |
| Germany | 16.0% | 1,266,180 | 17.6% | 667,356 | 14.5% | 598,824 |
| Denmark | 15.0% | 102,346 | 16.3% | 54,264 | 13.8% | 48,082 |
| Spain | 20.8% | 982,291 | 21.4% | 489,830 | 20.4% | 492,461 |
| Estonia | 11.6% | 15,495 | 10.9% | 7,085 | 12.2% | 8,410 |
| Finland | 16.7% | 101,237 | 15.9% | 46,845 | 17.6% | 54,392 |
| France | 18.3% | 1,508,307 | 19.5% | 783,737 | 17.1% | 724,569 |
| United Kingdom | 16.2% | 1,237,430 | 15.9% | 594,720 | 16.4% | 642,710 |
| Greece | 18.0% | 187,808 | 18.7% | 95,394 | 17.4% | 92,414 |
| Croatia | 11.5% | 49,272 | 10.9% | 22,657 | 12.1% | 26,614 |
| Hungary | 11.2% | 108,953 | 10.5% | 49,808 | 11.8% | 59,144 |
| Ireland | 19.4% | 128,782 | 19.9% | 64,661 | 18.9% | 64,120 |
| Iceland | 16.6% | 7,332 | 16.9% | 3,661 | 16.4% | 3,671 |
| Italy | 16.6% | 956,071 | 17.2% | 478,554 | 16.1% | 477,518 |
| Lithuania | 12.5% | 33,623 | 12.0% | 15,740 | 13.0% | 17,883 |
| Luxembourg | 16.5% | 10,975 | 16.9% | 5,453 | 16.1% | 5,521 |
| Latvia | 11.9% | 22,332 | 11.2% | 10,288 | 12.5% | 12,044 |
| Monaco | 17.3% | 604 | 18.0% | 307 | 16.6% | 297 |
| Malta | 17.6% | 7,175 | 18.3% | 3,628 | 17.0% | 3,547 |
| Netherlands | 18.0% | 357,457 | 18.2% | 176,199 | 17.8% | 181,258 |
| Norway | 18.2% | 116,283 | 18.3% | 56,783 | 18.1% | 59,500 |
| Poland | 10.8% | 409,125 | 9.8% | 181,498 | 11.7% | 227,627 |
| Portugal | 19.8% | 218,014 | 21.1% | 113,741 | 18.5% | 104,273 |
| Romania | 11.2% | 238,914 | 10.5% | 108,630 | 11.9% | 130,285 |
| San Marino | 17.2% | 688 | 17.7% | 351 | 16.7% | 337 |
| Slovakia | 11.2% | 60,640 | 10.6% | 27,904 | 11.7% | 32,736 |
| Slovenia | 11.3% | 21,665 | 10.7% | 9,975 | 11.8% | 11,689 |
| Sweden | 16.2% | 188,991 | 17.0% | 95,769 | 15.5% | 93,222 |
| Switzerland | 18.7% | 159,921 | 19.3% | 79,909 | 18.1% | 80,012 |

Note: Figures are based on these disorders: depression, anxiety, bipolar, eating, autism spectrum, conduct, schizophrenia, idiopathic intellectual disability, attention deficit/hyperactivity (ADHD) and a group of personality disorders.

Source: UNICEF analysis based on estimates from the IHME, Global Burden of Disease Study, 2019.

Suicide estimates

In Europe, suicide is the second most common cause of death among adolescents aged 15–19. Tragically, almost 1,200 children and adolescents aged 10–19 end their own lives every year – that is an estimated three lives per day lost to suicide in Europe.

An estimated three lives per day are lost to suicide in Europe.



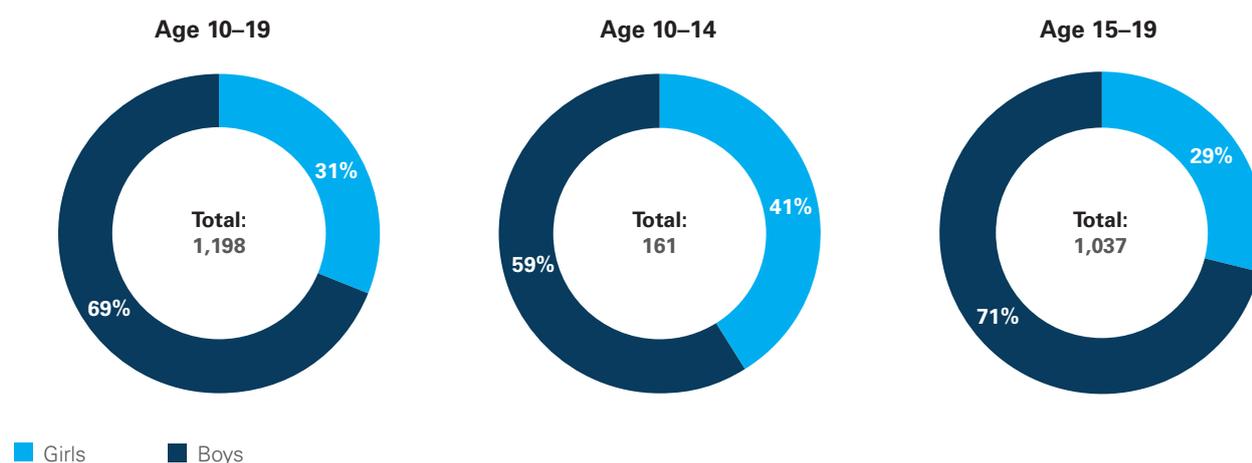
Top five causes of death among adolescents aged 15–19 in Europe

| Cause | Deaths (per 100,000) |
|----------------------|----------------------|
| Road injury | 5 |
| Suicide | 4 |
| Congenital anomalies | 1 |
| Drowning | 1 |
| Drug use disorders | 1 |

Source: UNICEF analysis based on WHO Global Health Estimates, 2019; estimates were calculated using population data from the United Nations Population Division World Population Prospects, 2019.



Estimates of suicide as a cause of death in Europe by age and sex, 2019



Note: Confidence intervals for estimated number of deaths for adolescents aged 10–19 are 955–1,488; 10–14 are 115–220; 15–19 are 840–1,268.

Source: UNICEF analysis based on WHO Global Health Estimates, 2019; estimates were calculated using population data from the United Nations Population Division World Population Prospects, 2019.

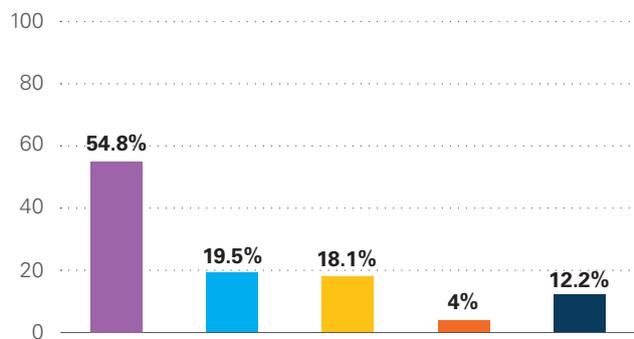
Anxiety and depression

In 2019, anxiety and depression accounted for 55 per cent of mental disorders among adolescents aged 10–19 in Europe.

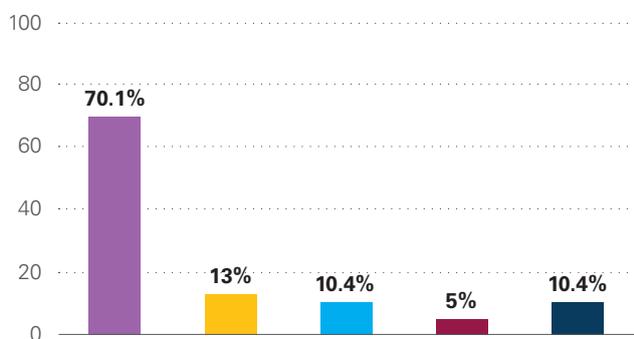


Estimates of key mental disorders among adolescents in Europe, 2019

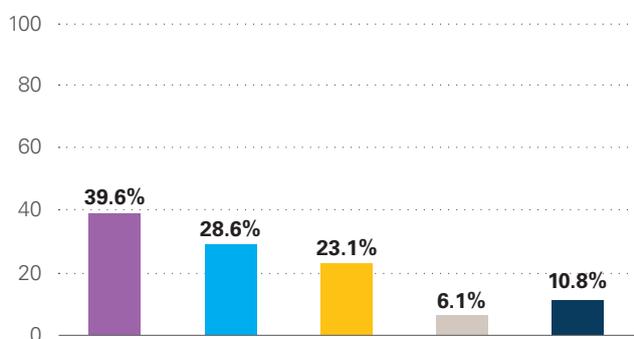
Boys and girls aged 10–19



Girls aged 10–19



Boys aged 10–19



Note: The sum of the prevalence of individual disorders exceeds 100 per cent due to the co-morbidity between the disorders; calculations are based on the disorders noted above.
Source: UNICEF analysis based on IHME Global Burden of Disease Estimates, 2019.

The cost of mental disorders in Europe



This figure is the annual loss of human capital from mental disorders based on a country-specific value of disability-adjusted life years (DALYs). The estimate is based on the value of lost mental capital – or cognitive and emotional resources – that children and young people would contribute to economies if they were not thwarted by mental health conditions. David McDaid and Sara Evans-Lacko of the Department of Health Policy of the London School of Economics and Political Science started with estimates of the burden of disease attributable to mental health expressed in DALYs. One DALY represents the loss of a year of healthy living caused by disability or premature death. The researchers then assigned a monetary value to each disability-free year based on the average output each person contributes in an economy. One DALY is therefore equivalent to a country's gross domestic product (GDP) per capita, expressed in purchasing power parity (PPP) terms. This formulation allows comparisons to be made globally. (see *The State of the World's Children 2021 for a full account of the costs of mental disorders.*)

Note: The countries in this calculation are: Austria, Belgium, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland and the United Kingdom.

The analysis in these pages includes data from all European Union Member States and Iceland, Norway, Switzerland and the United Kingdom. IHME data were available for all these countries except for Andorra and Liechtenstein; World Health Organization and World Population Prospects data were available for all these countries except Andorra, Liechtenstein, Monaco and San Marino.

CASE STUDY

Ireland

MindOut: Social and emotional learning for adolescent well-being

Like his classmates at Gonzaga College, a secondary school in Dublin County, Jude* wants to do well in school but sometimes finds the pressure overwhelming.

“Some of us do need to gain perspective,” Jude, 17, said. “I’ve seen some people having panic attacks before exams; there definitely is a sense of pressure.”

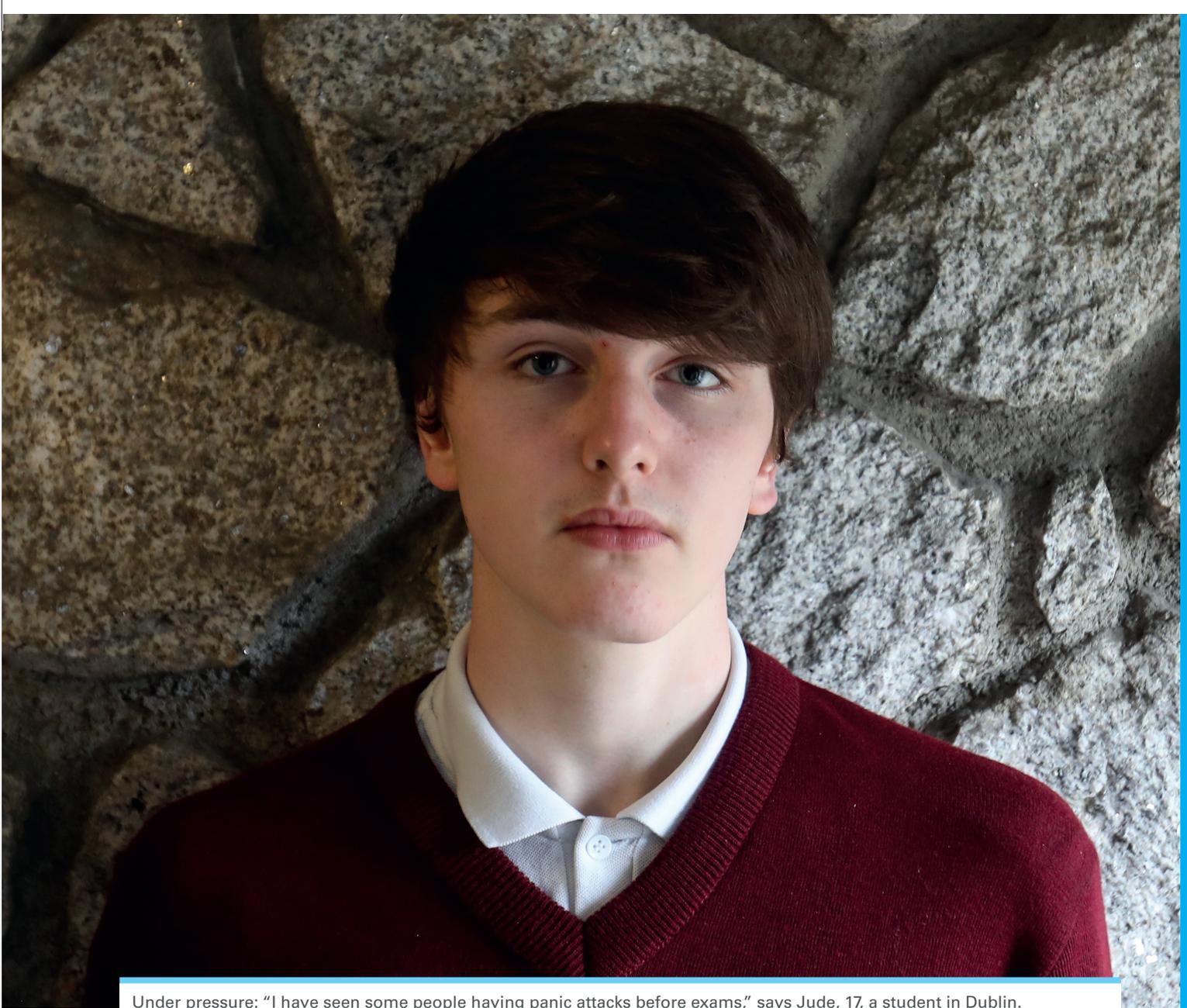
Besides academic pressure, adolescents also often face peer pressure, social stigma and restrictive stereotypes, which can take a toll on mental health. Indeed, young people identified mental health as one of the top

three issues in Ireland’s National Youth Strategy in 2015.

MindOut, an evidence-based social and emotional learning programme, aims to address some of these mental health and well-being concerns.

As part of Ireland’s Health Service Executive, MindOut is offered to 15- to 18-year-olds in schools and youth settings. It is also integrated into the mandatory Social Personal and Health Education (SPHE) curriculum.

MindOut features 13 sessions based on a structured teacher’s manual. It uses interactive teaching strategies to



Under pressure: "I have seen some people having panic attacks before exams," says Jude, 17, a student in Dublin.
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engage students, focusing on imparting essential social and emotional skills, including: self-awareness, self-management, social awareness, relationship management and responsible decision-making.

An evaluation of MindOut in 32 disadvantaged schools indicated that, when implemented well, it produced improvements in participants' social and emotional skills and a reduction in stress and depression.

Aryn Penn teaches SPHE at Jude's school and was trained in MindOut. The programme helped her become more empathetic to the struggles of her students.

"It really allowed me to see the schooling experience through the lens of well-being, whereas so often we are fixated on achievement... I was able to reflect on my own experience as a teacher and reframe that in terms of helping young people at this vulnerable time in their lives," Penn said.

Students have learned skills such as how to be a good listener, recognizing ways to access support and reaching out to peers in need.

MindOut has helped Jude foster his communication skills, develop self-acceptance and acquire coping strategies.

"I think the course does bring up some really useful stuff," he said. "There's stuff that you realize you know deep down, but it did help to go over them. You realize when you are under stress that you should be using these techniques."

* Jude's family name is being withheld to protect his identity. He was interviewed in Dublin.

CASE STUDY

Spain

Journey to Mental Health: A culturally sensitive approach to mental health care for migrant young people

According to Dr. Francisco Collazos, psychiatrist and founder of the Transcultural Mental Health Programme for Unaccompanied Migrant Children and Young Migrants at Hospital Vall d'Hebron in Barcelona, cultural competence is the guiding principle of the programme.

"Our commitment obliges us to seek alternatives that are equitable, culturally competent and adjusted to the particular needs of each population group we serve," said Collazos. "Culture is considered a risk factor and a protective factor," said Abdallah Denial Kandil, a community health agent who works with Collazos.

Some of the children and young migrants the programme reaches out to are in Spain's child protection system; others live on the streets. For many, their circumstances and life experiences are complicated, including challenges faced even before they began their difficult migration journeys, including marginalization in the country of origin and violence at home, such as physical violence, abuse and neglect.

Once they arrive at a destination, many experience anxiety and frustration over their status as migrants or refugees. Some struggle under the pressure of family expectations and the difficulty of finding work and



Transcultural: “Each person is unique and has to be treated as such,” says Dr Francisco Collazos, left.
© UNICEF/UN0489155/Erasmus Fenoy

sending remittances to their families. They often have to deal with social exclusion and the challenge of navigating a new language and culture.

Founded in 2001, the Transcultural Mental Health Programme embraces this complex interplay of risks to migrant children’s and young people’s mental health in order to respond effectively. The programme engages professionals from non-governmental organizations – such as Superacció – and trains community mental health agents and mental health professionals using a specially designed course on culturally aware assessment and multidisciplinary assistance.

The success of the programme can be seen in many of the young people Collazos has worked with over the years in the programme. One example is of a young Moroccan immigrant who had struggled with substance abuse, homelessness and had run-ins with the police and immigration authorities before finding his way to Superacció, where he now remains active as a volunteer, even as he looks for work.

With the support of the Spanish National Committee for UNICEF and local and regional authorities, the Transcultural Mental Health Programme is expected to expand and become integrated into the child protection system in Catalonia.

WHAT YOUNG PEOPLE SAY

Background: For this edition of *The State of the World's Children* report, UNICEF teamed up with researchers from the Global Early Adolescent Study at Johns Hopkins Bloomberg School of Public Health (JHU) to host focus group discussions on mental health and well-being. From February to June 2021, local partners facilitated focus group discussions for adolescents aged 10–14 and 15–19 in 13 countries worldwide. In Europe, the focus groups were implemented in Belgium, Sweden and Switzerland. This brief includes quotes from some of the adolescents who participated in the focus groups. A fuller companion report on the discussions will be released in 2022.

The **COVID-19 pandemic** has dramatically shifted the lives of young people all over the world. When schools closed, adolescents – who increasingly rely on connections with peers as they mature – were cut off from those social networks. During the focus group discussions, adolescents described significant impacts on mental health. Social isolation and challenges with remote learning are two examples of issues raised:

“Not meeting friends... it has probably made many young people’s mental illness worse. Or, mental health has deteriorated. Because

meeting friends can often be something that, like, calms one from anxiety and stress.” (Older girl, Sweden)

“With classes online, for example, I found that it was very hard to be motivated when we are confined to our home and there are a lot of people that completely let go because it was online...You don’t realize it but staying at home locked in, it’s really not the same when you study.” (Older girl, Switzerland)

“I was really sad for a while because I went out every weekend with my friends and stuff and suddenly you weren’t allowed to see anyone in the beginning and then it was really hard.” (Older girl, Belgium)

Issues regarding **mental health stigma** were echoed during the focus group discussions, in which adolescents discussed the ways in which such stigma can impede help-seeking behaviours:

“With stress and mental illness, for many it’s a very anxious subject. And you don’t really want to talk about it... society has kind of made it into a big thing, that it’s supposed to be something negative.” (Older girl, Sweden)

“Some people may be ashamed to talk about [mental health]... because in our society, even though it has become more like people really say that it’s normal, it may still be that some people think it’s kind of embarrassing or something.” (Older girl, Sweden)

Adolescents also pointed out a **potential generation gap** when talking to parents about mental health issues and remarked on some of the **challenges of peer relationships**:

“If you don’t have a good relationship with your parents, well then maybe you, you might turn to friends, or maybe siblings who are of an equal age because they maybe can understand [you] better. Because I think... that you feel that [many adults] don’t understand because... they are adults.” (Older girl, Sweden)

“True friends are not obliged to speak to each other every day. Me, I know that with my friends, it’s been years [we’ve known] each other. We don’t go out together, we don’t see each other. But when we speak to each other, it’s back to the way it used to be. And I think that it’s a true friendship.” (Older girl, Belgium)

“Well, it’s certainly difficult for parents to notice such things, or it depends on person to person, but if you’re, like, quite introverted as a person, then maybe you hide away quite a lot of emotions and then it is difficult for parents to, like, know what to do, but... a person may actually be very depressed or very, very stressed even though it’s not visible.”(Older boy, Sweden)

It was clear from focus group discussions around the world that **gender norms** matter for mental health for boys and girls alike. Some of the issues raised by girls reflect concerns with body image and experiences of sexual harassment and violence. Adolescents generally agreed that girls are less constrained than boys by norms around help-seeking and could more easily reach out to friends and family members for support:

“Well, girls speak more about it in general, they have more opportunities to talk about it because between girls, with their friends, they can cry in each other[’s] arms, it’s normal. But us, we won’t start crying in the arms of our buddies. It’s evident that for [girls], it is much more noticeable, but... I also think that mental

health is more dangerous in boys than girls because boys cannot talk about it.”
(Younger boy, Switzerland)

“We are scared of being judged, all the time... I don’t wear skirts... It is harder in summer. I really like to wear tank tops [but] I have to be careful, like always pull it up or put a T-shirt underneath. So [even in summer] it’s back to... suffering in the heat.” (Older girl, Belgium)

The focus group discussions also emphasized complexities in the relationship between **digital technology** usage and adolescent mental health:

“It becomes an obsession. If she falls below the bar, for example, of seven hundred likes, well, she has to find [followers] to subscribe [so she] removes pictures that do not get enough likes. It’s... it’s an obsession.”
(Older girl, Belgium)

Adolescents in Belgium expressed important concerns about **domestic violence** and emphasized the need of proper **support to parents and children**:

“Parents must not be allowed to hit us anymore. There must be a law and that law must be respected.” (Girl, 15)

“We need to hire people, social workers for example, to accompany the families. The parents need to take their anger out on something other than us.” (Boy, 17)

“You have to ask the children directly, ask them if the child is well in his family, if he is doing well. If the child is not well, we should try to understand why.” (Girl, 16)

A FRAMEWORK FOR ACTION

The State of the World's Children 2021 has set out the mental health challenges facing children and adolescents and their families. It has shown that these challenges are global – from the poorest village to the wealthiest city, children and their families are suffering pain and distress. At an age and stage of life when children and young people should be laying strong foundations for lifelong mental health, they are instead facing challenges and experiences that can only undermine those foundations.

The cost for us all is incalculable.

It does not have to be this way. And it should not be this way.

Our priorities are – or should be – clear. We may not have all the answers, but we know enough to be able to act now to **promote** good mental health for every child, **protect** vulnerable children and **care** for children facing the greatest challenges.

This report sets out a framework to help the community,

governments, schools and other stakeholders in Europe do just that, grounded in three core principles, for every child, everywhere: **Commitment** from leaders, backed by investment; **Communication** to break down stigmas and open conversations on mental health; and **Action** to strengthen the capacity of health, education, social protection and other workforces; better support families, schools, and communities; and greatly improve data and research.

Commitment, Communication, and Action for Mental Health

► **TO COMMIT** means strengthening leadership to set the sights of a diverse range of partners and stakeholders on clear goals and ensuring investment in solutions and people across a range of sectors.

Provide regional leadership.

Building on existing efforts and towards the new health preparedness and resilience mission for the whole of the EU that was recently announced, the EU must lead the way in laying the foundation to ensure that all children have access to mental health services. EU leadership is needed to align stakeholders around clear goals

and set priorities to develop financing models that can help bridge the investment gap; to share knowledge and experience on delivering services, building capacity, gathering data and evidence, and providing mental health and psychosocial support in crisis and emergency settings; to develop with relevant partners and stakeholders intervention packages co-created and co-designed with children and young people to promote **a holistic and community-based approach to mental health**, and crucially, to monitor and evaluate progress. This would position the EU as a champion of children in Europe and worldwide.

Invest in supporting mental health.

Mental health is woefully underfunded: Many governments do not allocate enough funds to mental health, and allocations from international development assistance are meagre. There is a strong need to scale up investments in different priority areas, such as:

- The EU institutions and national governments should support interventions to facilitate vulnerable groups' access to mental health-care services and improve regional infrastructures through the European Social Fund Plus and the European Regional Development Fund.

- National governments should include access to mental health services in their national action plan for the Recovery and Resilience Facilities (RRFs), including exploring the opportunities offered by digital and online technologies to reduce gaps in access to mental health support and to reach populations traditionally lacking access to these services.
- The EU should invest adequate resources to target actions to train health and social workers on mental health under the EU4Health Programme and under the Asylum, Migration and Integration Fund (AMIF) Programme to support services for children on the move.
- The EU should incorporate targeted actions on mental health and psychosocial well-being in the 20 per cent of Official Development Assistance (ODA) dedicated to human development in the Global Europe instrument, as well as in humanitarian programmes for preparedness, response and recovery, to meet the needs of all populations affected by emergencies.
- The EU should continue to expand its pioneering work on education in emergencies and the mainstreaming of child protection in emergencies, including exploring innovative support for mental health and psychosocial support across all humanitarian responses linked to nutrition, shelter, livelihoods and education.

Holistic and community-based approaches

What are holistic and community-based approaches to mental health services?

They include expanded community-based social work; schools informed on trauma response, equipped with mentors and child and adolescent psychologists where relevant; non-institutional approaches to mental health services that prioritize access to quality psychiatric and psychological care; and early interventions to support families and young people struggling with addiction and violence.

► **TO COMMUNICATE** means tackling stigmas around mental health, opening conversations and improving mental health literacy. It means amplifying the regional conversation on mental health to raise awareness and mobilize all stakeholders to take action and facilitate learning.

Break the silence, end stigma. Misconceptions about mental health fuel stigma and discrimination, and prevent children and young people from seeking support and participating fully in their families, schools and communities. A simple message: It is not just OK to talk about mental health – it is essential. The EU should promote campaigns involving children and young people through its permanent representations in the EU Member States and its EU delegations worldwide

to create awareness, enhance mental health literacy, combat misinformation about mental health and tackle stigma related to mental health conditions.

Ensure young people have a say. Children and young people are gradually raising their voices and sharing concerns about their mental health and well-being. The EU should provide support to all children and young people, especially those with lived experience of mental health conditions, with the means for active and meaningful engagement. This can be achieved through, for example, investment in community youth groups, peer-to-peer initiatives and training programmes. Ensuring that children and young people have a voice can help mental health services to better reflect their needs.

► **TO ACT** means working to minimize the risk factors and maximize the protective factors for mental health in key areas of children's and adolescents' lives, especially the family and school. More broadly, it also means investment and workforce development across some key sectors and systems, including mental health services and social protection, and the development of strong data collection and research.

Support families, parents and caregivers. The EU should support national governments in rolling out programmes to support families and caregivers; in the case of the EU governments, by ensuring alignment with the European Pillar of Social Rights Action

Plan in the EU framework of the European Semester. National governments should champion the promotion of parenting programmes – which teach positive parenting and nurturing caregiving – and support caregiver well-being and mental health.

Ensure schools support mental health. The EU should promote a coordinated approach to promoting mental health and psychosocial support in the framework of its commitment towards a European Education Area by 2025. The EU should promote programmes aiming to build mental health awareness and emotional coping skills for adolescents in schools, integrating mental health counselling services, training teachers and staff, creating safe spaces for children to discuss and to build their resilience, and preventing self-harm and suicides. The EU should support the Safe to Learn initiative to end violence in and through schools so children are free to learn, thrive and pursue their dreams.

Prevent suicide. Regional and national suicide prevention programmes can play an important role. The EU should invest and set priorities, providing guidance and exchange of best practices, such as identifying at-risk children and adolescents; restricting

access to the means of suicide; providing specialized training for teachers, parents and health workers; encouraging responsible media reporting; and identifying and removing harmful content on social media. Schools should be a crucial partner in suicide prevention, helping to identify at-risk children and providing support.

Strengthen and equip multiple systems and workforces to meet complex challenges. To bring mental health services closer to those who currently cannot access them, services need to be provided not just through health systems but across a wide range of different sectors and delivery platforms, such as education, social protection and community care. The EU should support partner countries to build and strengthen mental health services across different sectors and delivery platforms, strategically using these platforms and the community to bring services closer to most children, adolescents and caregivers who still cannot access such services. Disadvantaged groups require dedicated attention and specific programmes to ensure services meet their needs. Additionally, explore opportunities offered by digital and online technologies to reduce gaps in access to mental health support in order to reach all populations.

Improve data, research and evidence. Lack of data and evidence renders children with mental health conditions invisible and is a major obstacle to policy development and planning. Greater investment is needed across national governments in research on children and adolescents, which should be cross-culturally applicable, adaptable to local realities and capable of capturing diverse experiences and realities. A determined effort is also needed to routinely monitor mental health, developing a consensus-based set of core indicators around child, adolescent and caregiver mental health. Additionally, the EU should increase investment in implementation science, which investigates how a range of factors can impede or accelerate the implementation of policies and interventions.

Mainstreaming mental health across EU policies. The EU should adopt an integrated and coordinated approach to mainstreaming children's well-being and promoting children's mental health in the EU policies. It can do so by adopting a comprehensive EU strategy on mental health by 2025 as a key building block for a reinforced EU Health Union in line with the recommendation made by the Employment, Social Policy, Health and Consumer Affairs Council.