

ANXIETY *fundā* LONELINESS

STIGMA **MENTAL** COVID 19

LITERACY *health* SOCIAL MEDIA

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**Addressing
Mental Health Crisis
in Europe**

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I WILL NOT BE SILENT

MENTAL HEALTH IS A FUNDAMENTAL HUMAN RIGHT
(UNITED NATIONS DECLARATION OF HUMAN RIGHTS DEC 10, 1948)



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FOREWORD



American adults who identify as politically liberal have long reported lower levels of happiness and psychological wellbeing than conservatives. Liberals are also much more likely than conservatives to be diagnosed with mental illnesses or disorders. As Jonathan Haidt showed, these trends hold across genders and across age groups¹. A similar pattern was discovered among progressive youth. Liberal girls tended to be significantly more depressed than boys, particularly after 2011. In both cases, experts explain it partly by liberals' tendency to spend more time worrying about stress-inducing topics like injustice, inequality or violence. The fact that we are living in times of diverse populisms and a right-wing tilt is not helpful. "Liberal adolescents may have therefore experienced alienation within a growing conservative political climate such that their mental health suffered in comparison to that of their conservative peers whose hegemonic views were flourishing," Columbia University professors state². This gap — bearing

¹ Haidt, J. (2023, March 9). Why the Mental Health of Liberal Girls Sank First and Fastest. *After Babel*. <https://www.afterbabel.com/p/mental-health-liberal-girls>

² Craig, D. J. (2023). Why Depression Rates Are Higher Among Liberals. *Colombia Magazine*. <https://magazine.columbia.edu/article/why-depression-rates-are-higher-among-liberals>. Al-Gharbi, M. (2023, March 21). How to Understand the Well-Being

in mind differences in definitions of *liberals* in different countries — is not merely present in the United States, but in most other studied countries as well³. Also in Europe.

Is this gap a reason for liberals to take the topic of mental health seriously, put it on the top of the liberal agenda and invest in solutions aimed at stopping the crisis? *It could be, why not?* But there are plenty of other reasons liberals should immediately point to when asked about this problem. COVID-19 is one of them. Europe was, however, already facing a mental health crisis before the pandemic, due to lack of sufficient investment, limited and superficial services, and insufficient innovation in the area. In many countries, there was and continues to be a widespread belief that it is better to avoid talking about mental illness in order not to be stigmatised. COVID-19 only highlighted deficiencies, further limiting access to recourses and increasing number of people suffering from mental health issues.

Mental health disorders cost Europe over EUR 600 billion in 2015, equating to around 4% of GDP⁴. An amount of EUR 190 billion (1.3% of GDP) is direct health care expenditure, another EUR 170 billion (1.2% of GDP) is spent on social security programmes and another EUR 240 billion (1.6% of GDP) is the indirect cost to the labour market due to absenteeism and low productivity⁵. Some data suggest that total economic cost of mental health will rise globally to EUR 14.5 trillion by 2030⁶.

Gap between Liberals and Conservatives. American Affairs. <https://americanaffairs-journal.org/2023/03/how-to-understand-the-well-being-gap-between-liberals-and-conservatives/>

³ Al-Gharbi, M. (2023, March 21).

⁴ OECD and the European Union (2018). *Health at a Glance: Europe 2018 — State of Health in the EU Cycle*. https://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-europe-2018_health_glance_eur-2018-en

⁵ OECD and the European Union (2018).

⁶ Bloom, D. E., et al. (2011). *The Global Economic Burden of Noncommunicable Diseases*. Geneva: World Economic Forum. https://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf

The number of people acknowledging mental health problems after the pandemic has increased several-fold — a Eurobarometer survey conducted in June 2023 found that nearly half the EU population had experienced emotional or psychosocial issues, such as depression and anxiety, within the past year⁷. And even before the pandemic, Europe was already facing a wave of mental illness. Around 84 million individuals in the EU grappled with mental-health disorders in 2019. Depression, contrary to popular belief, is by no means the most common mental health problem on our continent — anxiety disorders are (5.4% of the population), depression is second (2.4%), followed by alcohol and drug addiction (0.3%); schizophrenia and ADHD are also on the list. Severe mental illnesses, such as bipolar affective disorder, affected almost 5 million people (1% of the population)⁸. Anti-depressant consumption has more than doubled between 2000 and 2020⁹. People with mental disorders who also suffer from other treatable diseases (e.g. hypertension, rheumatism) live 10–20 years less than the general population¹⁰. Furthermore, in 2015 alone, more than 84 000 EU residents died prematurely due to mental illness or suicide¹¹.

The causes of the mental health crisis are manifold. Stress, globally, is a source of serious concern¹². The Eurobarometer study points to some key factors perceived as crucial for good

⁷ European Commission (2023, October). Mental Health. <https://europa.eu/eurobarometer/surveys/detail/3032>

⁸ OECD and the European Union (2018).

⁹ The Czech Republic recorded the highest increase with 577%. Yanatma, S. (2023, September 9). Europe's mental health crisis: Which country uses the most anti-depressants? *EuroNews*. <https://www.euronews.com/health/2023/09/09/europes-mental-health-crisis-in-data-which-country-uses-the-most-antidepressants>

¹⁰ World Health Organization (2018, January 1). Management of physical health conditions in adults with severe mental disorders WHO Guidelines. <https://www.who.int/publications/i/item/978-92-4-155038-3>

¹¹ OECD and the European Union (2018).

¹² Tozzi, V. (2024, June 10). The global mental health challenge: trends, disparities, and solutions. *SDA Bocconi*.

mental health. Financial security emerged as a significant concern for a majority (53%) of Europeans. Between 11% and 27% of mental health disorders were connected with poor working conditions, e.g. heavy workloads, precarious employment, repetitive tasks, lack of autonomy. But there is more: harassment, discrimination, bullying, etc. All this can affect mental well-being. In countries observing strong polarisation and presence of extreme and populist parties which use hatred as a mobilising tool, different minorities (e.g. LGBTQI+, refugees or people from disadvantaged ethnic communities) become more vulnerable. Not only are they more often impacted by mental health disorders, but they also have more limited access to support measures.

The mental health status of children and adolescents is of particular concern. It is estimated that around one in five adolescents experience mental and behavioural problems and suicide is now the second most common cause of death among young people in the EU. In the EU, the annual value of lost mental health in children and young people is estimated at EUR 50 billion¹³. A frequent cause of problems in this group is violence. More and more pupils are confronted with this phenomenon and there are EU countries where percentage of those affected reaches 50%¹⁴. Another source of the problem is technology, including social media based on the mechanism of social comparison. Use for as little as two hours a day increases the risk of depression by nearly four times, as does using more than seven different forms of social media¹⁵. Social media intensifies loneliness, which has become a real epidemic among young

¹³ European Commission (2023, June 7). Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on a comprehensive approach to mental health. https://health.ec.europa.eu/document/download/cef45b6d-a871-44d5-9d62-3cecc47eda89_en?filename=com_2023_298_1_act_en.pdf

¹⁴ OECD and the European Union (2018).

¹⁵ Kaferska-Lysek, M. (2018, October 10). More and more teenagers have mental problems and care is lacking, Rzeczpospolita.

people¹⁶. Added to this is the stigmatisation of mental health among older generations, which makes it difficult to get help, even when one knows that such help is needed. We must not forget that half of all mental health problems in adulthood originate in or before adolescence. Failure to respond immediately to the problems of children and adolescents will have the effect of not just exacerbating the crisis but of turning it into a disaster.

Europeans will not be healthy unless their mental life is taken seriously and services for its improvement are fully integrated into the whole system of state and society. Mental health cannot be an isolated island, it must be part of the design of the health system, education, urban planning, social security services, housing. Action to improve the mental health of Europeans must be implemented at every level, from local to national to the EU level, involving public authorities, NGOs, employers and workers. It is estimated that improving the quality of mental health care could save as many as one million European lives each year¹⁷.

Fortunately, there is a change in attitude towards this phenomenon. In 2022, the European Parliament adopted a resolution on mental health in the digital world of work, calling on the EU institutions and Member States to recognise the scale of work-related mental health problems in the EU and to act accordingly¹⁸. This Communication is the beginning of a new strategic approach to mental health, cross-sectoral in nature, going beyond health policy. The Belgian presidency of the Council of the EU has placed mental health in the workplace at the top of its agenda¹⁹. The European Commission emphasised the

¹⁶ Hodun, M. (ed.) (2023). *Lonely Europeans*. Brussels: European Liberal Forum. <https://liberalforum.eu/publication/lonely-europeans/>

¹⁷ OECD and the European Union (2018).

¹⁸ European Parliament (2022, July 5). *Mental Health in the Digital World of Work*. https://www.europarl.europa.eu/doceo/document/TA-9-2022-0279_EN.html

¹⁹ Belgian Presidency (2024, January 31). *Conference on Mental Health and Work: primary prevention*. <https://belgian-presidency.consilium.europa.eu/en/news/conference-on-mental-health-and-work-primary-prevention/>

importance of treating mental health with the same gravity as physical health and acknowledged the imperative to address psychosocial risks in the workplace. It focuses on how to bring relief to people suffering from mental health and on prevention policies. It draws on three guiding principles that should apply to every EU citizen: 1) to have access to adequate and effective prevention; 2) to have access to high quality and affordable mental healthcare and treatment; and 3) to be able to reintegrate society after recovery²⁰. The Commission's approach to mental health, adopted in June 2023, set out 20 new flagship initiatives and EU-level funding opportunities worth EUR 1.23 billion.

The mental health crisis is a huge challenge that requires not only great resources, but also outstanding ideas, innovation, great governance and cooperation. It is crucial that liberals participate in the process of finding solutions in a way that actively promotes fundamental liberal values such as respect for individual freedom and dignity, the inclusion of the broadest possible groups of citizens in the decision-making process or openness to cooperation with private and social actors. Liberal proposals must be forged in dialogue with academics, think-tank representatives and NGOs. This was also the ambition behind this publication, which has been produced through the involvement of authors with a background in politics and science, authors who are confronted with the impact of the mental health crisis in theory and practice, and who recognise the challenges at micro and macro levels.

The publication opens with two thoroughly political voices resounding directly from parliaments, specifically the European Parliament and the Polish Sejm. [VLAD VOICULESCU]^{MEP}, head of Renew Health, warns that a fragmented approach to mental healthcare across member states creates inconsistencies and potential inequalities in access to and quality of care. He calls:

²⁰ European Commission (2023, June 7).

“A unified EU mental health strategy could harmonise efforts, identify and address gaps in services, and promote best practices. This would ensure that individuals across the EU have access to timely and appropriate mental healthcare, regardless of their location”. MONIKA ROSA ^{MP}, Chair of Children and Youth Affairs Committee in the Sejm adds that a mental health strategy should above all respond to the problems of the youngest generation. “The healthy and harmonious development of children and young people has a fundamentally important impact on the wellbeing of society as a whole”, Rosa comments. The solution to crisis lies beyond legislation. She stresses, after American psychologist Jonathan Haidt, that the key seems to be the community work (“collective action”) we must do from the bottom up in our local communities, discussing our approach to digital media and devices in homes, schools, offices and workplaces. He leaves no doubt that this great crisis requires great resources and cross-party agreement.

In another chapter, Dr. AFKE GROEN, director of the Mr.Hans van Mierlo Foundation, and EVERT MANDERS from the Amsterdam University Medical Centers and Young Democrats look at the mental health crisis from an unusual angle. They remind that the societal and political debate about the mental wellbeing of young people tends to focus on what individuals can and should do to get their lives “back on track”. And their goal is different. When it comes to youth mental health, they aim to refocus the liberal perspective from individual to shared, societal responsibility and action, asking readers: “What society do young people need?”. This shift requires enriching the liberal interpretation of concepts such as freedom and autonomy. They further explore what this change of perspective on youth mental health may involve when it comes to three major mental health struggles: loneliness, pressure to perform, and addiction. Groen and Manders conclude that “if liberals are to contribute to a society that is attuned to the needs of young people, we must aim high and change the society we live in”. And it is necessary to invite young people not just to

“participate” in the formulation of policies, but as democratic citizens who have a voice in their prospects.

Dr. TSVETELINA PANCHELIEVA from the Bulgarian Academy of Sciences provides a general introduction to mental health. She starts by stating: “Mental health is fundamental for general health, societal wellbeing, and economic stability. Having good mental health is a basic human right. And if mental health is in crisis, societies and nations are lost, freedom and democracy are threatened, resilience against injustice is challenged”. She cites different definitions and shows how much the mental health crisis costs. But she also draws a clear link between mental health, democracy, and liberalism. “Fundamental liberal ideals such as freedom and equality are under threat without good mental health”, she warns, adding that it is crucial “for liberals and promoters of liberal values to pay attention and to take highlight mental health on their agenda — it is both necessary and urgent”. Because “supporting mental health is the pathway toward effective, accessible, and resilient democracies, health systems and societies that strive and thrive”, European liberals must identify solutions to protect their values and facilitate an open discussion about mental health, especially with the young and minority groups.

MÁTÉ HAJBA and **VERONIKA HAJBA** and from the Free Market Foundation in Hungary answer in their chapter why paying attention to the mental health of children as early as possible is an investment into the future. They outline why it is critical to pay more attention to children from birth, and even before, with emphasis on their mental health. They examine the current state of early childhood intervention in the EU and point out systemic problems and bad practices primarily using Hungary as an example. Finally, they look at best practices in early childhood intervention throughout the world and propose recommendations from a liberal perspective on how to improve it in the EU. One of the conclusions is the acknowledged that there is

no-one-size-fits-all solution and the proposed actions should be incentivising first and foremost rather than coercive. Moreover, Europe needs an educational and support system, on all levels from the earliest age on, which prioritises the individual needs of children with a child-centric approach rather than focusing on the corpus (children's skills, interests and strengths should be honed and developed, critical thinking engendered, and diversity of thinking encouraged). Hajba and Hajba conclude that "any action improving the field of early childhood intervention is an investment in the future, with the returns showing in the long term but with apparent benefits early on as well".

Dr. LILIJANA ŠPRAH and **Dr. NATAŠA DERNOVŠČEK HAFNER** from Sociomedical Institute at the Research Centre of the Slovenian Academy of Sciences and Arts remind that as much as mental health problems are a burden for the individual, the economy and society, it is also possible to avoid or at least mitigate negative trends. They focus on the mental health literacy (MHL) as a useful measure to promote early detection of mental disorders, reduce stigma and improve help-seeking behaviour. They stress that various activities that increase mental health literacy strengthen mental health of the general public. "Various studies have shown that in societies with higher levels of MHL, the mental health of the population is better, as timely help is sought. In these societies, the use of effective prevention strategies is increased and the burden of mental disorders on individuals and society is reduced", Šprah and Dernovšček Hafner write. Their advice is to better contextualise MLH, and tailor it to specific target groups and circumstances, e.g. considering the characteristics of different work environments, age, gender, occupational orientation, sensory disability.

Dr. DANIELA RACCANELLO and **GIADA VICENTINI** and **Dr. ROBERTO BURRO** from the Department of Human Sciences at University of Verona present how disasters and

violent acts – including wars, floods and COVID-19 pandemic – can have traumatic consequences on children and adolescents who experience them directly and/or indirectly, for example, through media exposure. Such disasters and violent acts can provoke both disruptions in youth’s psychological functioning and increases in psychopathological symptoms and disturbances. Later they focus on psychoeducation as a fruitful way to enhance disaster-related prevention and preparedness targeting a broad audience, including children and adolescents. The team of psychologists from Italy give practical suggestions for policy makers offering clear paths to improve the situation of European youth in a form of seven WH-questions, stressing that “[a] critical future challenge involves the need to identify resources to educate youth to cope with current and future disasters, through psycho-educational initiatives aiming at promoting and supporting their emotional competence, whenever possible assuming a preventive perspective”.

[DANIELA PANTIĆ CONIĆ] and [DANIJEL PANTIĆ] and the Foundation for Practical Liberal Policies contributed a chapter that provides some basic research findings on spread of pandemics of mental illness among youth with an assumption that social media algorithms are one of the main causes. It aims to shed light on the complex interplay between technological advancements, social dynamics, and mental health outcomes in contemporary Europe. Ample data suggests that younger generations are especially prone to harmful psychological influences by the social networks that is causing effect of “silos” i.e. compartmentalized reality in which an individual is surrounded exclusively (as facilitated by the algorithm of the software application) with the likeminded people. “Consequences of such phenomena that is becoming omnipresent (high internet penetration rates) may lead to tragic outcomes as was witnessed in the beginning of May 2023 when mass murders of youth by their peers occurred at two locations in Belgrade and in the vicinity of Smederevo”, they stress.

Is there any answer? They see it in education of educators working with youth. “Well-structured and rational (science-based) response that goes in the direction of prevention of aggression and subsequent violence is in empowering educators to support human-centred values of empathy and tolerance within youth that are necessary underlining values and building blocks of democratic society that is protecting human rights of individuals”, Pantić and Pantić conclude.

In the final chapter NIKOLINA GAGIC points out the most important connections between the mental health of individuals and political parties and processes in democratic states. She stresses the importance of the presence of the topic of mental health in political debate, but also of the presence of people with mental illness in life. If the latter ones “think that representatives do not ‘stand for’ them, then they will feel less represented and less motivated to participate in politics. The fact that politicians pay more attention to the opinions of voters than to those of non-voters may further dampen feelings of efficacy and of perceived responsiveness and representation. This creates a perpetual dissatisfaction between the voters, lower voter turnout, and eventually fewer possibilities for a fully democratic state”, Gagic writes. “Democratic states, and their respective parties, benefit from participation of all citizens in political life. Mental health of individuals is connected with their participation in the society and feeling of belonging to a community”, she adds before looking at individual policies of liberal European political parties and cites liberal – among other – politicians on the importance of mental health.

We look forward to reading!

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A EUROPEAN MIND

We all want to live in a Europe that's not just strong, but also truly healthy and happy. And that means taking care of our minds just as much as our bodies. Sadly, mental health challenges touch so many of us across the continent, affecting not only individuals, but also their families and communities. Each country in the EU is trying to tackle this in their own way but imagine what we could achieve if we all worked together. A shared strategy across the EU could be a real game-changer, helping us better support each other and build a brighter future for everyone.

Even before the COVID-19 pandemic disrupted lives and exacerbated existing inequalities, mental health issues were prevalent, affecting one in six individuals in the EU. This translates to millions of people grappling with conditions like depression, anxiety, and substance abuse, leading to decreased productivity, strained healthcare systems, and a diminished quality of life. The economic burden is also substantial, with mental health problems costing the EU an estimated 4% of its GDP — a figure that encompasses direct healthcare expenditures as well as indirect costs such as lost productivity and social welfare payments.

Beyond sheer numbers, though, it's crucial to recognize the uneven distribution of mental health challenges. Vulnerable

groups such as young people navigating the pressures of modern life, the elderly facing isolation and age-related cognitive decline, LGBTQI+ individuals grappling with discrimination, and those experiencing poverty and social exclusion are disproportionately affected. This highlights the urgent need for a mental health strategy that prioritizes equity and ensures access to quality care and support for all, regardless of background or circumstance.

Recent crises, including the COVID-19 pandemic and the war in Ukraine, have further intensified mental health challenges across the EU. The pandemic brought with it social isolation, economic uncertainty, and grief, leaving a lasting impact on mental wellbeing. The war in Ukraine has triggered displacement, trauma, and anxiety for millions, both within Ukraine and across the EU. These events underscore the need for a coordinated, compassionate response that addresses the long-term mental health consequences of the crises and builds resilience for future challenges.

Currently, a fragmented approach to mental healthcare across member states creates inconsistencies and potential inequalities in access to and quality of care. A unified EU mental health strategy could harmonise efforts, identify and address gaps in services, and promote best practices. This would ensure that individuals across the EU have access to timely and appropriate mental healthcare, regardless of their location.

Stigma remains a significant barrier to seeking help for mental health conditions. Fear of judgment, discrimination, and social exclusion prevents many individuals from reaching out for support. An EU-wide strategy could play a crucial role in combating stigma by raising awareness, promoting understanding, and fostering a culture of acceptance and support.

Investing in mental health is not merely a matter of addressing a healthcare issue — it's an investment in a healthier, more productive, and more inclusive society. By prioritizing prevention and early intervention, the EU could reduce the burden of mental

health problems and promote wellbeing. This includes promoting mental health literacy in schools, workplaces, and communities, providing accessible and affordable mental health services, and supporting research and innovation in mental healthcare.

The EU has a responsibility to ensure the wellbeing of its citizens. It's time for the EU to prioritize mental health.

It is up to us, politicians, policymakers, healthcare professionals, and citizens to advocate for a comprehensive EU mental health strategy that addresses the diverse needs of individuals and communities.

By working together, we can build a Europe that supports mental wellbeing and empowers everyone to lead fulfilling lives. If that is not the essence of liberalism, I don't know what is.

CRISIS TSUNAMI

The publication you hold in your hands addresses the critically important issue of the mental health crisis and looks more broadly at the crisis of the psychosocial condition we face today. By virtue of the fact that I chair the Children and Youth Affairs Committee in the Polish Sejm, the most acute problem for me is the living conditions and development of the youngest social group. Children and young people are an integral part of society. Therefore, it is impossible, when dealing with the affairs of society as such, to exclude these young people from the analysis and search for solutions. And vice versa — it is impossible to find remedies for the afflictions of the youngest social group without taking into account the condition of the entire environment in which they function. These linkages, particularly taking into account the need to care for vulnerable groups, to which children belong by definition, are still not part of the canon of public policies in many countries. This relationship is clearly emphasized by UNICEF, which points out that all decisions made by governments, companies, organizations and the entire institutional environment affect children far more than other groups, whether it be the climate challenge, digitization or the lack of adequate efficiency in the social and health care system. The healthy and harmonious development of

children and young people has a fundamentally important impact on the well-being of society as a whole. Following UNICEF's reasoning, it should be noted that all sorts of social costs of neglect in this field are borne for many generations to come.¹

With all the hopes we have for the development of new technologies, we cannot overlook the obvious fact of living with the unprecedented pace of powerful changes they bring with them. In this case, traditional research methods that offer us the so-called evidence-based approach to many phenomena also fail to some degree. Due to the unprecedented pace of change, we are not always able to grasp cause-and-effect relationships. After all, everyone feels and experiences the tremendous impact of the digital environment on the state of the psyche of children and adults, and, more specifically, the incompetent use of the world of digital media and the underestimation of the scale of pathogenic factors. From a psychological perspective, the specifics of our inquiries were expressed in simple terms by Mike Brooks: "Our traditional tools for understanding social change are overloaded by the digital tsunami. [...] The harsh reality is this: We've been using smartphones and social media for more than a decade, and we're still debating their impact on young people. If we can't reach a consensus on this issue, then on what basis can we pin our hopes on coping with the rapid pace of change that artificial intelligence is now bringing us."²

In the global debate, one of the clearest voices seems to be that of global American psychologist Jonathan Haidt, who published a book this year called *The Anxious Generation*. He has also established a social movement to rebuild the mental health

¹ UNICEF (n.d.). Child rights and why they matter. <https://www.unicef.org/child-rights-convention/child-rights-why-they-matter>

² Brooks, M. (2024, September 20). Psychological climate change: the cost of our digital world. Personal perspective: Our digital revolution is rewiring humanity faster than we can comprehend. *Psychology Today*. <https://www.psychologytoday.com/us/blog/tech-happy-life/202407/psychological-climate-change-the-cost-of-our-digital-world>

of the public. This is because Haidt recognizes precisely that there is a cause-and-effect relationship between the premature and excessive use of social media (as a result of children's ownership of smartphones) and the mental health crisis, the most glaring manifestations of which are precisely depressive disorders and the drastic increase of suicide attempts. Without going into the detailed solutions proposed by the well-known psychologist, among which is the need to create significantly more fully safe spaces in which children and young people can play, pursue passions and develop together without adult supervision, it is worth noting the method he advocates. Haidt argues that instead of finding fault with parents, teachers and other people, it is important to take into account the fact that socially we learn from each other through reconnaissance and imitation. Therefore, the crisis we find ourselves in cannot be dealt with alone. Nor are central orders and prohibitions enough for us to do so. The key seems to be the community work ("collective action") we must do from the bottom up in our local communities, discussing our approach to digital media and devices in homes, schools, offices and workplaces. He sees great hope in making a community effort for the public health of young people and beyond. I view this publication precisely as a contribution to the discussion going on at our tables — academic, parliamentary, corporate and domestic — about the need to take responsible action together to address not one, but the entire tsunami of psychosocial health crises we are currently experiencing.



AFKE GROEN

&

EVERT MANDERS

WHAT SOCIETY DO YOUNG PEOPLE **NEED?**

A PLEA FOR A REVISITED
LIBERAL PERSPECTIVE
ON **YOUTH MENTAL HEALTH**

YOUTH

PARTICIPATION

INEQUALITIES

LONELINESS

We need to take much better care of the young people in our European societies. In 2020, suicide was the second leading cause of death among individuals aged 15 to 29 in the European Union.¹ During the pandemic, in spring 2021 and 2022, approximately one in two people between the ages of 18 and 29 found that their mental health care needs were not met, while the rate of symptoms of depression and anxiety doubled in several countries² — reinforcing existing trends.³ Young adults typically have a heightened need for face-to-face interactions, as they spend most of their time with friends under normal circumstances.⁴ In the near future, the existing psychological anxiety and stress related to climate change among children and young people will likely only increase⁵, adding yet further urgency to addressing the mental health needs of this group.

Despite the clear need for a comprehensive approach, the societal and political debate about the mental wellbeing of young people tends to focus on what individuals can and should do to get their lives “back on track” — often understood as a return to work or studies. Young people are advised to take preventative as well as proactive actions, such as getting enough sleep, maintaining an active lifestyle, eating healthily, and seeking professional help when necessary. Governments mainly provide

- ¹ European Commission (2023). *State of health in the EU synthesis report 2023*. Luxembourg: Publications Office of the European Union, p. 11.
- ² OECD/European Union (2022). *Health at a glance: Europe 2022: State of Health in the EU Cycle*. Paris: OECD Publishing, p. 16.
- ³ Cosma, A., et al. (2023). *A focus on adolescent mental health and wellbeing in Europe, Central Asia and Canada: Health behaviour in school-aged children international report from the 2021/2022 survey*, Volume 1. Copenhagen: World Health Organization.
- ⁴ Baarck, J., d’Hombres, B., Tintori, G. (2022). Loneliness in Europe before and during the COVID-19 pandemic. *Health Policy*, 126(11), 1127. Ortiz-Ospina, E., Giattino, C., Roser, M. (2020). Time use. *Our World in Data*. <https://ourworldindata.org/time-use>.
- ⁵ See e.g. Hickman, C., et al. (2021). Climate anxiety in children and young people and their beliefs about government responses to climate change: A global survey. *The Lancet Planetary Health*, 5(12), e863-e873.

young people with information, operating under the assumption that “forewarned is forearmed”. This emphasis on individual resilience is rooted in a narrow understanding of what it means to be an individual and make individual choices within the context of modern society. Also in the dominant discourse, freedom and autonomy are understood as the ability to make one’s own choices in life *free from external interference*⁶.

While individual actions are important, this narrow understanding neglects the significant impact of external factors – economic, social, and cultural – on the mental health of young people. Ongoing racial, gender and LGBTIQ+ discrimination, the addictive algorithms of Big Tech, the pervasive housing crisis across the European Union, and the risk of poverty are just a few examples of such factors. Rather than one-sidedly emphasizing individual responsibility, it is high time to change perspective and ask the question what societal changes are needed to improve the mental wellbeing of young people. In doing so, it is crucial to create space for young people to transform their own environment. What society do young people need?

In this chapter, our aim is to refocus the liberal perspective from individual to shared, societal responsibility and action when it comes to youth mental health. Fundamentally, this shift requires enriching the liberal interpretation of concepts such as freedom and autonomy. In the following sections, we explore what a change of perspective on youth mental health may involve when it comes to three major mental health struggles: loneliness, pressure to perform, and addiction. These three mental health struggles are among the most prevalent and urgent amongst young people today and are often related to diagnoses such as depression or anxiety⁷. We conclude with a recommendation for

⁶ See e.g. Carter, I. (2022). Positive and Negative Liberty. *The Stanford Encyclopedia of Philosophy*. <https://plato.stanford.edu/archives/spr2022/entries/liberty-positive-negative/>

⁷ On loneliness, see e.g. Holt-Lunstad, J., et al. (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives on Psychological*

empowering young people to shape the society in which they grow up.

Revisiting the default perspective on youth mental health

Today's dominant perspective on youth mental health focuses on young people and their parents. In other words, on the micro-level of society. This perspective emphasises personal responsibility, autonomy, and accountability in “managing” one's mental health, and promotes norms pertaining to self-care, prevention, personal coping strategies and resilience to handle stress and challenges. This includes behavioural patterns such as regular physical exercise and adequate sleep, as well as cognitive skills to better manage negative thoughts and emotions. The objective is to empower individuals to enact positive changes in their daily lives. The flipside of this approach is that youth mental health is relegated to the private domain and – particularly in Western European countries – to the privatised or semi-privatised market; young people's mental health becomes an individual or family “issue” to be solved within the walls of the psychologist's consulting room⁸.

As the European Commission recognised in 2023⁹, mental health is related not just to personal, but also – and increasingly

Science, 10(2), 227–237. On pressure to perform, see e.g. Flett, G.L., et al. (2022). The destructiveness and public health significance of socially prescribed perfectionism: A review, analysis, and conceptual extension. *Clinical Psychology Review*, 93, 102130. On addiction, see e.g. Gore, F.M., Bloem, P.J., et al. (2011). Global burden of disease in young people aged 10–24 years: A systematic analysis. *The Lancet*, 377(9783), 2093–2102. Mokdad, A. H., et al. (2016). Global burden of diseases, injuries, and risk factors for young people's health during 1990–2013: A systematic analysis for the Global Burden of Disease Study 2013. *The Lancet*, 387(10036), 2383–2401.

⁸ Wiene, B. (2021). *Nieuw kinderrecht: Het recht om te falen. Hedendaagse kinderearbeid in Nederland – en hoe we die afschaffen, Mulock Houwer-lezing 2021*. Utrecht: Nederlands Jeugdinstituut.

⁹ European Commission (2023), Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and

so¹⁰ – to external factors pertaining to the economy and society at large, as well as to climate change¹¹ and other external threats. The OECD has likewise acknowledged that socioeconomic disparities result in unequal access to essential resources such as healthcare, education, and safe living conditions, leading to heightened levels of stress, anxiety, and depression among marginalised populations¹². The sharp rise in digital technology use, particularly among young people, coupled with declining mental wellbeing, has ignited a public and scientific debate on “whether screen time is to blame”¹³. Given the many factors that are at play, this debate has not been settled¹⁴.

In the words of the Netherlands Youth Institute, young people’s increasing struggles “cannot all be understood as ‘individual conditions’ that require individual treatment”¹⁵. Any approach to taking better care of the young people in our European societies thus needs to focus on two key goals: ensuring accessible youth

the Committee of the Regions on a comprehensive approach to mental health, COM(2023) 298 final.

- ¹⁰ Goris, P., Hussain Khan, H., Verhaeghe, P. (2023). Steeds meer mensen met permanente stress. *Sociale Vraagstukken*. <https://www.socialevraagstukken.nl/author/hadjira-hussain-khan/>
- ¹¹ See e.g. Ma, T., Moore, J., Cleary, A. (2022). Climate change impacts on the mental health and wellbeing of young people: A scoping review of risk and protective factors. *Social Science & Medicine*, 301, 114888.
- ¹² OECD (2021), *A new benchmark for mental health systems: Tackling the social and economic costs of mental ill-health*. Paris: OECD Publishing. Reiss, F. (2013). Socioeconomic inequalities and mental health problems in children and adolescents: A systematic review. *Social Science & Medicine*, 90, 24–31.
- ¹³ Odgers, C. (2024). The great rewiring, unplugged: Is social media really behind an epidemic of teenage mental illness? *Nature*, 628, p. 29.
- ¹⁴ See e.g. the public and scientific debate surrounding J. Haidt (2024). *The anxious generation: How the great rewiring of childhood is causing an epidemic of mental illness*. New York: Random House. Including counterarguments put forth by Odgers, C. (2024) and Lebedíková, M., et al. (2024, May 15). Do smartphones really cause mental illness among adolescents? Ten problems with Jonathan Haidt’s book. *LSE Blogs*. <https://blogs.lse.ac.uk/parenting4digitalfuture/2024/05/15/haidt/>
- ¹⁵ Van Yperen, T., et al. (2023). *Andere kijk op groeiend jeugdzorggebruik: Voor een hoopvolle wereld om in op te groeien*. Utrecht: Nederlands Jeugdinstituut, p. 14.

mental health care with shorter waiting times and improving collective circumstances at the meso- and macro-levels of society for young people to flourish. That is, the meso-level organisations and institutions that impact young people's daily lives, such as schools, workplaces, community organisations, and (mental) health care; and the macro-level uncertainties and precariousness, including inequality, climate change, and digital technology, to which it is only normal that young people respond¹⁶.

This change in perspective requires rich notions of fundamental liberal concepts. The good news is that we can draw on a rich liberal tradition to inspire us. First and foremost, it requires a notion of freedom understood not just as the *absence* of interference from others or the government, but as the *presence* of conditions one needs to flourish in life. Importantly, as historian Michael Ignatieff reminded liberals already in 1984, this is explicitly about “needs to flourish in life”, which is different from a language of individuals “rights” to certain basic conditions one needs to survive – a roof over one's head, access to healthcare. In the words of Ignatieff, “When we talk about needs, we mean something more than just the basic necessities of human survival. We also use the word to describe what a person needs in order to live to their full potential¹⁷.” Governments, in this perspective, can play a crucial role in facilitating freedom, recognising that the responsibility for fostering free and equal environments is a collective one. In the following sections, we revisit several other liberal concepts in our exploration to change the perspective on youth mental health.

¹⁶ Launspach, T. (2022). *Je bent al genoeg mentaal gezond in een toenemend gestoorde wereld*. Amsterdam: Spectrum. Verhaeghe, P. (2023). *Onbehagen*. Amsterdam: De Bezige Bij.

¹⁷ Ignatieff, M. (1984). *The needs of strangers: On solidarity and the politics of being human*. London: Pushkin Press, p. 5.

Three mental health struggles revisited

What kind of society do young people need? To explore a change of perspective from an individualistic approach to one that considers the impact of societal and systemic factors on youth mental health, we explore three major mental health struggles: loneliness, pressure to perform, and addiction. Focusing on these three different issues allows us to explore various prevailing perspectives that we need to critically examine if we are to improve liberal approaches to the mental ill-health of young people.

Clearly, the three struggles are interconnected: loneliness can exacerbate addiction¹⁸, and pressure to perform can contribute to both addiction¹⁹ and loneliness. Therefore, the observations in the discussion of each of the three struggles are relevant for the others as well. Nevertheless, we find it valuable to focus each of the discussions on the most prevailing discourse related to that specific struggle.

Addressing loneliness in Western Europe: Invest in social belonging and connectedness

Humans are social beings. We, for example, have a need for interaction with others, connection with the world we live in, and for belonging. Loneliness, therefore, is commonly understood as a need or desire for social contact that is unmet either in terms of quantity of contacts or — and more critically — in terms of the quality of social contacts²⁰.

¹⁸ See e.g. Savolainen, I., Oksanen, A., Kaakinen, M., Sirola, A., Paek, H. J. (2020). The role of perceived loneliness in youth addictive behaviors: Cross-national survey study. *JMIR Mental Health*, 7(1), e14035.

¹⁹ Sinha, R. (2008). Chronic stress, drug use, and vulnerability to addiction. *Annals of the New York Academy of Sciences*, 1141(1), 105–130.

²⁰ Heinrich, L. M., Gullone, E. (2006). The clinical significance of loneliness: A literature review. *Clinical Psychology Review*, p. 698–699.

Feelings of loneliness typically peak during adolescence, as it is a pivotal period marked by significant changes in identity and social relationships. As young people seek independence from their parents, they increasingly form relationships with peers²¹. Today, many young people, when reflecting on their experiences, might recall digital conversation with friends over physical interactions with family, which is indicative of the evolving nature of social connections.

While feelings of loneliness among young people appeared to be on the rise before the pandemic, the COVID-19 crisis intensified these trends. Lockdowns and social distancing measures disrupted social interactions, further exacerbating feelings of isolation²². Even as restrictions have lifted, many young people continue to experience lingering feelings of loneliness, suggesting that the pandemic has a lasting impact on their wellbeing²³.

Loneliness, though experienced on an individual level, is often a social issue. And it is one that faces liberals with a dilemma between individual freedom and their need for social belonging. Historically, liberal thinkers have emancipated the individual by advocating for individual rights and autonomy and by challenging dominant authorities such as the church, the monarchy, as well as the family. The rise of capitalism in Western Europe occurred at a time in which individualisation proceeded, promoting economic competition and personal achievement over communal ties. This competitive ethos, while driving economic growth, has contributed to the erosion of social bonds and community solidarity, which for instance manifests in greater demands for

²¹ Heinrich, L. M., Gullone, E. (2006).

²² Baarck, J., d'Hombres, B., Tintori, G. (2022). Buecker, S., Horstmann, K.T., (2022). Loneliness and social isolation during the COVID-19 pandemic. *European Psychologist*, 26, 251–397. Li, L. Z., Wang, S. (2020). Prevalence and predictors of general psychiatric disorders and loneliness during COVID-19 in the United Kingdom. *Psychiatry Research*, 291, 113267.

²³ OECD (2021). *COVID-19 and Wellbeing: Life in the Pandemic*. Paris: OECD Publishing), p. 165.

mobility and increasing experiences of stress in combining work and family life²⁴.

As Ignatieff observes, liberals “draw a line between the needs which can be made a matter of public entitlement and those which must be left to the private self to satisfy”. With secularization and the rise of the market society, the need for belonging has “passed into the domain of private choice”²⁵. Today, liberals lack a language that expresses the need for belonging and social connectedness, alongside the need for freedom²⁶. We often understand freedom and autonomy primarily as the ability to freely make choices about one’s life, but we neglect the fact that autonomy is in practice developed within social contexts. In our daily lives, autonomy is a social experience: we need social interaction not only to formulate our needs, but also to deal with the doubts and uncertainties involved in making choices²⁷.

Today, policies to reduce loneliness across Europe predominantly seem to be targeted at adults, and research has largely focused on the effects of these policies on this demographic²⁸. It is urgent and crucial to curb this. Current interventions, moreover, often involve connecting individuals, organising group activities, raising awareness, providing digital or telephone helplines, and offering psychological support²⁹.

If we are to address the need for social connectedness and sense of belonging among young people, we must also invest in

²⁴ Matthews, D. (2019). Capitalism and mental health. *Monthly Review*, 70(8), 49–62.
Putnam, R. D., (2000). *Bowling alone: The collapse and revival of American community*. New York: Simon & Schuster.

²⁵ Ignatieff, M. (1984), p. 141.

²⁶ Honneth, A. (1996). *The struggle for recognition: The moral grammar of social conflicts*. Cambridge: MIT Press.

²⁷ Roessler, B. (2021). *Autonomy: An essay on the life well-lived*. Hoboken: John Wiley & Sons.

²⁸ Eccles, A., Qualter, P. (2021). Review: Alleviating loneliness in young people – a meta-analysis of interventions. *Child and Adolescent Mental Health*, 26(1), 17–33.

²⁹ Joint Research Centre (2023). Mapping of loneliness intervention in the EU. *Fairness Policy Brief*, 3.

public facilities and enhance the accessibility of such facilities. Crucially, this entails involving the voices of young people themselves (see the conclusion of this contribution). Key actions may include: Make it a priority to support young school-leavers to return to school, as they are most vulnerable to isolation. Create dedicated youth spaces, such as in public libraries, and staff them with youth workers. Ensure access to affordable and suitable housing for young adults, particularly for those who are homeless, couch-surfing, or living in precarious situations with family or former partners, to help them establish a sense of agency. And finally, prioritise social and emotional connection in schools, rather than solely emphasizing academic or career achievement.

**Dealing with pressure to perform:
Create room for trial and error**

Growing up, developing one's personality, talents, and ideas is a process of ups and downs, of exploring boundaries and, at times, crossing them. This requires an environment in which there is room for trial and error. Pressure to perform, in this context, can be understood as the stress of living up to expectations.

Data from the Dutch context suggests that young people, particularly girls and young women, most often experience such pressure forms expectations they place on themselves. They also face pressure from parents and from societal demands³⁰. Contrary to the widespread idea that social media is a primary source of pressure and stress for youth, young people report “relatively little stress from social media” and find that it offers a form of social support³¹. At the same time, when asked about their digital worlds, many young people will bring up the pressure the

³⁰ CBS (2021). Meisjes voelen meer prestatiedruk dan jongens. <https://www.cbs.nl/nl-nl/nieuws/2021/50/meisjes-voelen-meer-prestatiedruk-dan-jongens>.

³¹ UNICEF (2020). *Geluk onder druk? (Happiness under pressure): Research into the mental wellbeing of young people in the Netherlands*. Den Haag: UNICEF.

constant stream of notifications generates — be it from friends, news feeds, or school. The influence of smartphones and social media on youth mental health is, therefore, not straightforward.

While young people of all ages experience pressure to perform, it intensifies with the onset of adolescence. In most European countries, the number of tests as well as the focus on future career options increase with the transition to secondary school or higher grades³². With the further digitalisation of our societies, the use of digital systems to track student results means that students continuously face the potential communication of new grades³³. Particularly in the transitions from secondary school to vocational, professional, or academic education, and from education to work, young adults may face pressure to perform stemming from financial needs, such as the necessity of working alongside their studies³⁴. “Failing” becomes costly.

The widespread pressure that young people face from school, parents, society, and themselves should prompt liberals to reflect on the underlying ideas shaping today’s education system and the prevailing expectations of young people to succeed. In the meritocratic worldview, success is seen as attainable through personal merit — individuals gain recognition and status based on their talents, skills, and hard work, often measured by academic and professional achievements. Today, in many places across Europe, one’s level of education, alongside income, has become one of the primary markers of socio-economic status, including employment opportunities, health, and political engagement.

As Klinger and others observe, “economic shifts and trends have resulted in educational structures that are subjected to

³² Klinger, D. A., et al. (2015). Cross-national trends in perceived school pressure by gender and age from 1994 to 2010. *European Journal of Public Health*, 25(2), 51–56, p. 55.

³³ Visser, J. (2024). Smartphones zijn de klas uit. Nu het ‘leerlingvolgsysteem’ nog. *De Correspondent*.

³⁴ Chisholm, L., Hurrelmann, K. (1995). Adolescence in modern Europe. Pluralized transition patterns and their implications for personal and social risks. *Journal of Adolescence*, 18(2), 129–158.

more competitive and pluralised post-secondary admissions processes”. The dominant expectation of education has become to help young people “develop the knowledge, skills and abilities to be productive members of rapidly changing societies”³⁵. In the words of the Dutch government, “good education is the capital of our society”; it is an investment in young people “to participate in society and the labour market”³⁶.

However, for those who remain unconvinced, evidence is mounting that a person’s abilities and achievements are not solely the result of their efforts. Genetics, socio-economic background, societal opportunities, and plain luck also play significant roles³⁷. As the meritocratic system often ignores these factors, the idea that those who fail must have done so due to their own lack of effort or ability only increases pressure to perform among young people.

In this context, it is high time that liberals revisit their intellectual tradition that attributes great importance to human flourishing and the ability to fashion life in one’s own way. A society that embraces a diversity of ideas over what success means would be a more just and thriving society. If we are to invest in a society that reduces pressure to perform and provides space for trial and error, this may mean: Value creative subjects in education as much as maths and language, and limit the number of exams³⁸. Reduce the number of temporary contracts and

³⁵ Klinger, D. A. et al. (2015), p. 51.

³⁶ Ministerie van Onderwijs, Cultuur en Wetenschap (2024). Beleidsreactie Staat van het onderwijs 2024, 45050031, p. 1. <https://www.rijksoverheid.nl/documenten/kamerstukken/2024/04/17/aan-de-tweede-kamer-beleidsreactie-staat-van-het-onderwijs-2024>

³⁷ Sandel, M. (2020), *The tyranny of merit: What’s become of the common good?* London: Penguin. Hamer, J. (2021). *Waarom schurken pech hebben en helden geluk: Een nieuwe filosofie van de vrije wil*. Amsterdam: De Bezige Bij.

³⁸ Saner, E. (2024). Free lunches, brain breaks and happy teachers: Why Estonia has the best schools in Europe. *The Guardian*. <https://www.theguardian.com/lifeandstyle/2024/mar/27/free-lunches-brain-breaks-and-happy-teachers-why-estonia-has-the-best-schools-in-europe>.

provide young people with more security; raise minimum wages for young people; strengthen social protection from the risks of precarious work to protect young people; and reduce the gap in the working and income conditions between younger and older workers³⁹. Reduce income and wealth inequalities and provide young people with starting capital to transition into adult life⁴⁰. Ultimately, we need to strive towards a society organised not by the yardstick of professional achievement, be it through studies or work, but by the yardstick of flourishing in life.

Addressing addiction: Put large plasters on big wounds

Motivation plays a major role in our lives, influencing our actions on a daily and even hourly basis. The question of why we do what we do can often be traced back to our underlying motivations or motives. Addiction, in this context, refers to a loss of control over one's motivations, resulting in a pattern of behaviour that is difficult to regulate⁴¹.

Young people, particularly adolescents, seem to be more vulnerable to addiction than adults, largely due to their propensity for risk-taking⁴². This susceptibility spans various forms of addiction, including substance abuse, social media and gambling addiction, and smoking tobacco or e-cigarettes. When it comes to substance addiction, addiction to cannabis and alcohol seem to be among the most common problems for which young people

³⁹ Commissie Regulering van Werk (2020). *Weten is nog geen doen: Naar een toekomstbestendig arbeidsmarktsysteem*. Den Haag: Ministerie van Sociale Zaken en Werkgelegenheid.

⁴⁰ Schimmelpenninck, S. (2022). *Sander en de brug: Hoe we de kloof tussen rijk en arm kunnen dichten*. Amsterdam: De Bezige Bij.

⁴¹ Gladwin, T. E., et al. (2011). Addiction, adolescence, and the integration of control and motivation: Developmental cognitive neuroscience. *Developmental Cognitive Neuroscience*, 1(4), 364–376.

⁴² Gladwin, T. E., et al. (2011).

seek help⁴³. However, data on the prevalence of various forms of addiction amongst young Europeans is limited.

In our increasingly digital society, there are major concerns about the negative mental health effects of social media and smartphone use. In response to increasing rates of mental health disorders among young people and research indicating that a notable percentage of adolescents show signs of addictive social media behaviour, the European Commission launched an investigation in spring 2024 into the addictive effects of Meta's platforms⁴⁴.

The causes for addiction are multi-faceted. They include genetic or biological vulnerability, as addiction is heritable as a mental disorder⁴⁵; psychological or cognitive factors such as personality traits or emotive dispositions; as well as environmental factors, including socio-economic status and neighbourhood environment⁴⁶. These latter societal factors pose a particular dilemma for liberals. As Isaiah Berlin influentially argued, the pursuit of positive freedom — the ability to live to one's full

- ⁴³ Office for Health Improvement & Disparities (2024). Young people's substance misuse treatment statistics 2022 to 2023: Report [accredited official statistics]. <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-young-people-2022-to-2023/young-peoples-substance-misuse-treatment-statistics-2022-to-2023-report>. Nederlands Jeugdinstituut (2019). Cijfers over middelenmisbruik en afhankelijkheid. <https://www.nji.nl/cijfers/middelenmisbruik-en-afhankelijkheid>. Arnaud, N., et al., IMAC-Mind Consortium (2024). Prevalence of substance use disorders and associations with mindfulness, impulsive personality traits and psychopathological symptoms in a representative sample of adolescents in Germany. *European Child & Adolescent Psychiatry*, 33(2), 451–465.
- ⁴⁴ A study using data from the Netherlands finds a prevalence of 9.1%. Mérelle, S, et al. (2017). Which health-related problems are associated with problematic video-gaming or social media use in adolescents? A large-scale cross-sectional public health study. *Clinical Neuropsychiatry*, 14(1), 11–19.
- ⁴⁵ National Institute on Drug Abuse (2023). New NIH study reveals shared genetic markers underlying substance use disorders. <https://nida.nih.gov/news-events/news-releases/2023/03/new-nih-study-reveals-shared-genetic-markers-underlying-substance-use-disorders>
- ⁴⁶ Ewald, D.R., Strack, R. W., Orsini, M. M. (2019). Rethinking addiction. *Global Pediatric Health*, 6.

potential — can lead to paternalism and even authoritarianism when the government decides what individuals need to realise their “true” selves. In the name of some collective greater good, such as eradicating addiction, the government may undermine plurality and individual freedoms⁴⁷.

At the same time, in the pursuit of a free and equal society, liberals stand in a tradition of addressing power imbalances in democratic societies⁴⁸. Governments should stand up to those economic powers that undermine the very values that Berlin also sought to protect: individual and moral freedom, as well as plurality and diversity. This requires liberals to move from the neoliberal idea that the primary role of the state is to drive the market, and instead seek to balance economic powers within a liberal democratic society.

That is, we cannot claim that 18-year-olds are truly free to choose whether or not to engage in gambling or vaping when the vaping and gambling industries continuously bombard them with advertisements on social media, making their products highly appealing and addictive. These economic profits come at the expense of the lives and wellbeing of those who develop addictions. Educating young people about the risks of addiction is a “small plaster on an enormous wound”⁴⁹. Key actions include banning targeted ads on social media platforms and prohibiting products and advertisements of the gambling, smoking, and vaping industries targeting young people. Hold these industries financially accountable for the societal costs they impose, and invest in accessible youth addiction care and reduce waiting lists. Legalise, regulate, and introduce taxation on cannabis to control the quality and distribution of cannabis and fund societal programmes.

⁴⁷ Berlin, I. (1969). Two Concepts of Liberty. In Berlin, I. *Four Essays on Liberty*. Oxford: Oxford University Press, 118–172.

⁴⁸ Gray, J. (2000). *Two Faces of Liberalism*. Cambridge: Polity Press. Rawls, J. (1971). *A Theory of Justice*. Cambridge, MA: Harvard University Press.

⁴⁹ Vermaning, S. (2024). Opvoeden in een winstgedreven samenleving is kansloos. *NRC*.

Conclusion: Young people as democratic citizens

The increasing mental health issues among young people cannot be separated from broader societal, economic, and cultural developments. Mental health issues are deeply rooted in the way we have structured society. Therefore, if liberals are to contribute to a society that is attuned to the needs of young people, we must aim high and change the society we live in.

In this chapter, we have set out some key actions to do so. Crucially, however, we need to invite young people not just to “participate” in the formulation of such policies, but as democratic citizens who have a voice in their prospects. In the words of philosopher and anthropologist Femke Kaulingfreks, “to give young people affected by structural inequality a greater say in the policies that affect them, we do not need more participation where adults set the rules of the game and young people are allowed to participate on their terms”⁵⁰. Adults in public institutions ranging from government to schools and health care should create space for young people to transform their own environments — both literally and symbolically. And adults should develop their own listening skills.

The government cannot provide for the human needs of love, dignity, respect, or friendship. Yet politicians can and should strive to create an environment, together with youth, in which young people can flourish and fulfil their needs as they see fit. We owe it to our liberal tradition to do so.

⁵⁰ Kaulingfreks, F. (2023). Participatielezing 2023: Geen participatie maar ruimte voor eigenwijsheid. *Movisie*. <https://www.movisie.nl/artikel/er-radicaal-engagement-nodig-om-ruimte-te-maken-jongeren>.

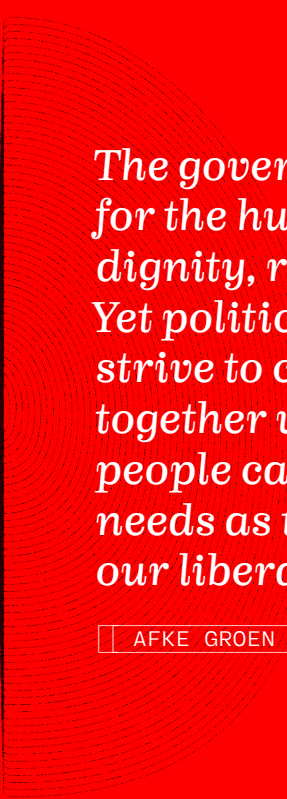
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- Arnaud, N., Wartberg, N. L., Simon-Kutscher, K., Thomasius, R., IMAC-Mind Consortium (2024). Prevalence of substance use disorders and associations with mindfulness, impulsive personality traits and psychopathological symptoms in a representative sample of adolescents in Germany. *European Child & Adolescent Psychiatry*, 33(2), 451–465.
- Baarck, J., d’Hombres, B., Tintori, G. (2022). Loneliness in Europe before and during the COVID-19 pandemic. *Health Policy*, 126(11), 1127.
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- CBS (2021). Meisjes voelen meer prestatiedruk dan jongens. <https://www.cbs.nl/nl-nl/nieuws/2021/50/meisjes-voelen-meer-prestatiedruk-dan-jongens>.
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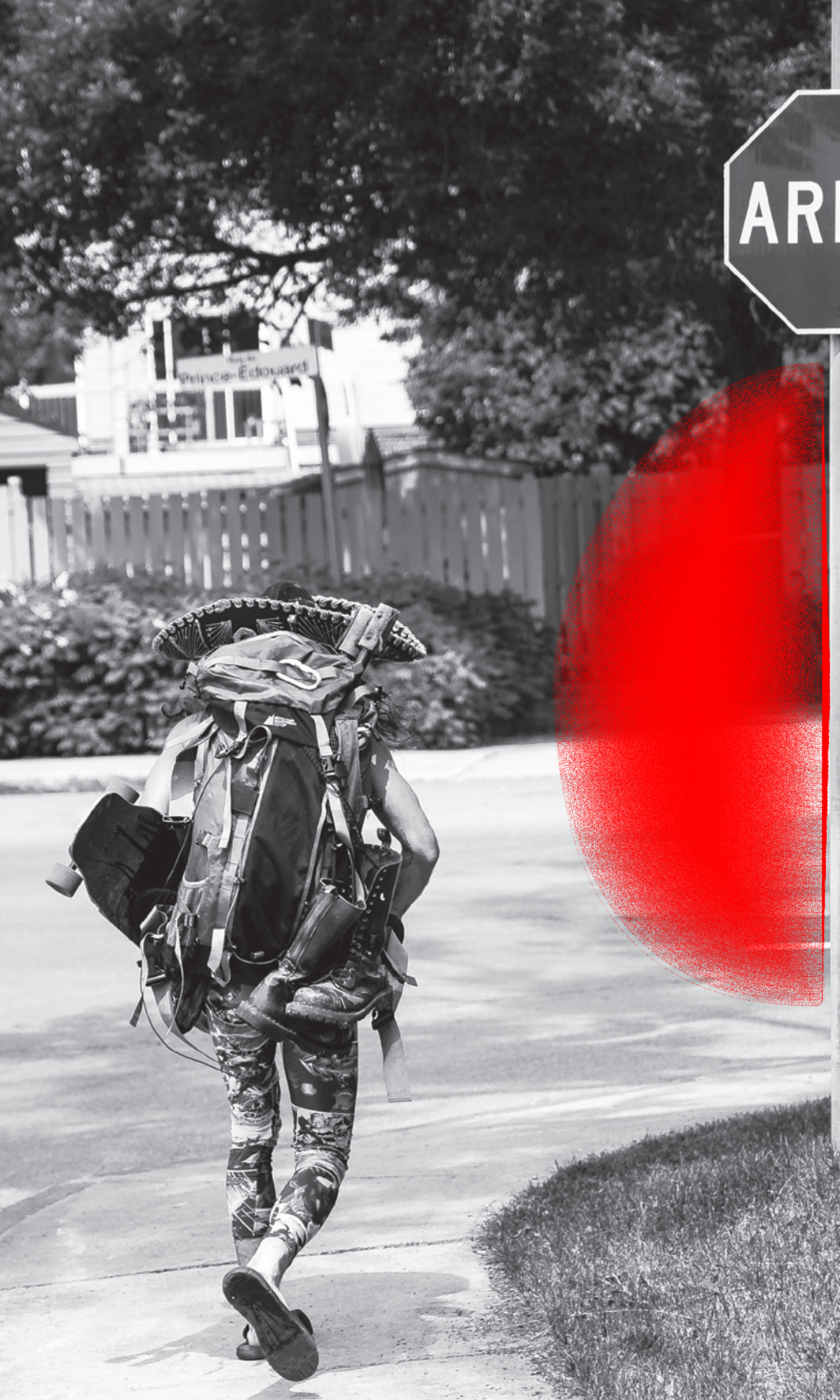
The government cannot provide for the human needs of love, dignity, respect, or friendship. Yet politicians can and should strive to create an environment, together with youth, in which young people can flourish and fulfil their needs as they see fit. We owe it to our liberal tradition to do so.

AFKE GROEN

&

EVERT MANDERS

AR



TSVETELINA PANCHELIEVA

IS THERE HEALTH WITHOUT MENTAL HEALTH?

COSTS

SOCIAL TRUST

PREVENTION

WELLBEING

Introduction

Mental health is fundamental for general health, societal well-being, and economic stability. Having good mental health is a basic human right. And if mental health is in crisis, societies and nations are lost, freedom and democracy are threatened, resilience against injustice is challenged. It means you need it to function, cope, connect, thrive, strive, and vote. The topic is of particular interest for the general population as it affects the way we live, work, and act as citizens. Fundamental liberal ideals such as freedom and equality are under threat without good mental health. Therefore, it is of utmost importance for liberals and promoters of liberal values to pay attention and to take highlight mental health in their agenda — it is both necessary and urgent.

Mental health is both a simple and a complex notion. It can be perceived in the continuum between complete life satisfaction and wellbeing — and in the opposite of great suffering and emotional pain. Living with mental ill-health means that individuals are less able to succeed at school and work, are more likely to be unemployed, and may suffer worse physical health. For some, mental illnesses lead to premature mortality.

The consequences from mental health problems are severe and affect the population in all EU countries. Diverse factors can contribute to mental health including individual specifics, family, community, society, politics, economy, etc. Unfavourable conditions such as uncertainty, fear, threats, disinformation, global insecurity, economic crises and inflation, the COVID-19 pandemic, wars, violence, political/societal instability, and stress, among others, are considered to result in higher risk of experiencing mental health conditions and could lead to political alienation of voters. Furthermore, studies show that “individuals vulnerable to depression are less likely to identify with mainstream parties, to vote for them and to be on the right side of the political spectrum”¹.

¹ Bernardi, L. (2021). Depression and political predispositions: Almost blue? *Party Politics*, 27(6), 1132–1143. Ojeda, C., Slaughter, C. M. (2019). Intersectionality,

Political scientists have recently called for greater engagement with health politics. The finding that poor health reduces electoral participation has been extended to mental health, in that people with poor mental health, including depression, exhibit a lower probability of voting².

Apart from the purely political threats, some societal aspects also play a role when talking about mental health crises. Some societal groups were particularly exposed to more stress recently due to COVID-19 – vulnerable groups such as women, parents with small children, young people, chronic sufferers, minority groups (LGBTQIA+, migrants, refugees and asylum seekers).

Not only in Europe, but also “the burden of mental health conditions in the United States continues to grow across all demographic groups, certain populations such as racial or ethnic minority groups, the justice-involved community (including incarcerated individuals, parolees, etc.), people living with disabilities, members of the LGBTQIA+ community, low-income individuals, and many others, have historically experienced challenges at a rate that is unsettlingly high”³.

All of these groups are of particular interest for liberals and measures can be taken to address them. The mental health of all abovementioned groups is affected by different stressors. Therefore, promoting mental health is necessary for the liberal agenda and the mental health topic matters for liberal parties’ voters as more young people do recognize it as essential for their lives. If liberal parties would like to attract voters from this segment of the population, it is worth considering mental health as a topic for open discussion. Supporting mental health is the pathway

depression, and voter turnout. *Journal of Health Politics, Policy and Law*, 44(3), 479–504.

² Ojeda, C., Slaughter, C. M. (2019). Intersectionality, depression, and voter turnout. *Journal of Health Politics, Policy and Law*, 44(3), 479–504.

³ Satcher Health Leadership Institute at Morehouse School of Medicine (2022). *The Economic Burden of Mental Health Inequities in the United States*. <https://satcherinstitute.org/wp-content/uploads/2022/09/The-Economic-Burden-of-Mental-Health-Inequities-in-the-US-Report-Final-single-pages.V6.pdf>

toward effective, accessible, and resilient democracies, health systems and societies that strive and thrive. Therefore, the purpose of this paper is to identify the threat behind the mental health crisis, to address its impact for European liberals and to specify solutions to protect liberal values from a young liberal point of view.

Mental health in a nutshell

The notion of mental health is explored in social sciences. In a nutshell, mental health includes three main components: our emotional, psychological, and social wellbeing⁴. It determines the way we think, feel, and act, and helps us when:

- handling stress — i.e. when adverse situations happen in our lives;
- relating to others — especially when interacting as citizens;
- making choices — from rather simple ones to important societal choices such as when casting a vote.

Mental health is important at every stage of life, from childhood and adolescence through adulthood. The widely used definition established by the World Health Organisation emphasises the positive dimension that “mental health is a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”⁵. On the contrary, “the broad terms “mental ill-health”, “mental illness” and “mental health problems” are used interchangeably and

- ⁴ World Health Organization (2022). *World mental health report: Transforming mental health for all*. World Health Organization. Geneva: WHO. Westerhof, G. J., Keyes, C. L. (2010). Mental illness and mental health: The two continua model across the lifespan. *Journal of Adult Development*, 17, 110–119. Jovanović, V. (2015). Structural validity of the Mental Health Continuum-Short Form: The bifactor model of emotional, social and psychological wellbeing. *Personality and Individual Differences*, 75, 154–159.
- ⁵ World Health Organization (2001). *The World Health Report 2001: Mental health: new understanding, new hope*. Geneva: WHO.

refer to mental disorders but also include psychological distress, [...] which can account for significant suffering and hardship, and can be enduring and disabling”⁶. Mental health problems usually affect thinking, mood, and behaviour and result in social changes. The wider the mental health problems among the population, the worse a society functions. Unexpected events, geopolitical transformations and societal modifications usually affect mental health and could lead to crisis. Political processes, societal structures, and social conditions contribute to mental illnesses. All of these situations have been present in the last three to five years leading to some authors⁷ to claim that, due to poorly integrated services, lack of public investment, and very few innovation breakthroughs, EU populations are experiencing mental health crises. Recent research conducted in 2023 in France, Poland, and Ireland says that “the multiple crises facing Europe have intensified a ‘hidden pandemic’ in mental health”⁸. Furthermore, a study from 2024 reveals the significant impact of the climate crisis, COVID-19, and the Russia-Ukraine War are having on the mental health of the current generation of adolescents. It suggests that “mental health policies should include interventions that help youth to cope with the stress caused by the crises”⁹. An integral role in the social and economic functioning of the EU lays upon the intrinsic value of good mental health. Even before the pandemic, around 84 million individuals in the European

⁶ OECD/European Union (2018). *Health at a Glance: Europe 2018. State of Health in the EU Cycle*. Paris: OECD Publishing.

⁷ Volkos, P., Symvoulakis, E. K. (2021). Impact of financial crisis on mental health: A literature review ‘puzzling’ findings from several countries. *International Journal of Social Psychiatry*, 67(7), 907–919. Talamonti, D., et al. (2023). The impact of national and international financial crises on mental health and wellbeing: a systematic review. *Journal of Mental Health*, 1–38.

⁸ Mitchell, G., et al. (2023). *Is an EU-wide Approach to the Mental Health Crisis Necessary*. Brussels: Foundation for European Progressive Studies.

⁹ Lass-Hennemann, J., et al. (2024). Generation climate crisis, COVID-19, and Russia-Ukraine-war: global crises and mental health in adolescents. *European Child & Adolescent Psychiatry*, 33(7), 2203–2216.

Union suffered from mental-health disorders (roughly one in six). COVID-19, post-pandemic economic downturns, environmental crises and geopolitical tensions have only exacerbated these challenges. A recent survey from Eurobarometer (2023) confirms that nearly half the EU population (46%) had experienced emotional or psychosocial issues, such as depression and anxiety, within the past year. This alarming data raises several questions: is the new crisis a mental-health one, can we tackle it, and what measures should be employed on the EU level? And even more questions arise: how resilient is the current mental health provision in the EU? Do EU mental health systems have the capacity to meet ongoing crises?¹⁰ Given the scale of the problem, indeed it is a crisis. Mental health just does not receive the priority it deserves and the funding it needs. Yes, we can tackle it but first we have to open our eyes to the scale of the problem.

Mental health actually costs money

October 10th is World Mental Health Day. On this day in 2023 the World Health Organization initiated an awareness campaign to promote mental health as a universal human right. Human rights are inherent to all, regardless of nationality, sex, national or ethnic origin, colour, religion, language, or any other status. The responsibility to address the topic as accessible, affordable, and universal extends to decision-makers, think tanks, and political organisations who can contribute to their community and cope with the challenges of mental ill-health.

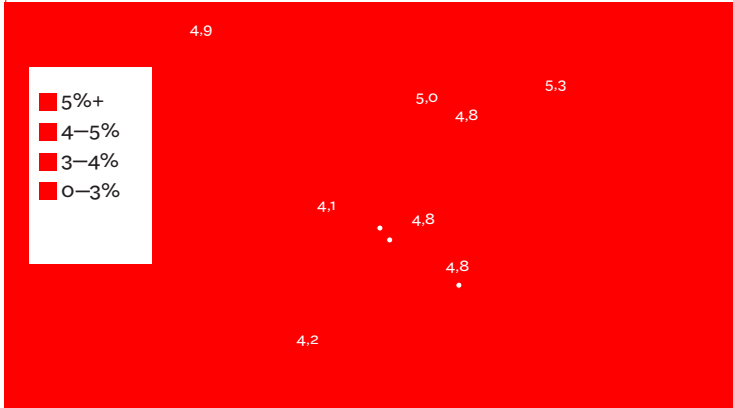
In many European countries, around “a quarter of the population reported suffering from at least one mental health condition.

OECD data shows that Europe’s mental health care has been neglected and underfunded within member states for years. The cost for treating mental health has been high in Finland, the Netherlands, Belgium, and Norway. Treating mental health

¹⁰ Mitchell, G., et al. (2023).

How Much Does Mental Health Cost Europe?

Cost of mental health as percentage of GDP in Europe*



* Includes mental health and social spending plus indirect costs linked to lower employment and lost productivity (2015)

Source: OECD

disorders such as anxiety and depression also alleviates the cost of mental health. The COVID-19 pandemic which spread around the world in early 2020 has caused and exacerbated mental health problems as almost every part of everyday life was affected”¹¹. One in two people in EU felt depressed or anxious in the last 12 months¹². Over 150 million people live with mental-health conditions, nevertheless, such conditions are usually either undiagnosed or individuals do not gain access to treatment. One of the most prevalent health disorders is depression and a leading cause of disability globally. Regardless of the type of the metal illness, a treatment gap is formed and it impedes the solution to the problem. The overall scale of the mental health

¹¹ Statista Research Department (2024, September 2).Mental health in Europe – statistics & facts (2024). *Statista*. <https://www.statista.com/topics/7916/mental-health-in-europe/>

¹² Eurobarometer (2023). Mental Health Report. <https://europa.eu/eurobarometer/surveys/detail/3032>

crisis is not easily calculated as over 50 percent¹³ of costs are indirect, related to factors like absenteeism and productivity losses from work, and direct costs are related with social security benefits.

Mental health does have a cost and it is projected to rise to more than EUR 5 trillion globally by 2030 from EUR 2.3 trillion in 2010, according to a study published by the World Economic Forum and the Harvard School of Public Health. That would make the cost of poor mental health greater than that of cancer, diabetes, and respiratory ailments combined. Mental health is especially important for young people, who represent one in six of the world's population. The total costs of mental health problems in the European Union were estimated at more than 4% of GDP (more than EUR 600 billion) across the 27 EU countries and the United Kingdom even before the COVID-19 pandemic¹⁴. The 2022 *Health at a Glance* report showed that almost one in two young Europeans report unmet needs for mental health care.

The majority of the costs related to mental health treatment before the pandemic were distributed as follows:

- direct healthcare spending (consultations, pharmaceutical products, hospitalisations): EUR 190 billion or 1.3% of GDP;
- social security programmes (sick leave, disability leave, unemployment benefits): EUR 170 billion or 1.2% of GDP;
- indirect costs in the labour market (lost income due to mortality, lower employment, absenteeism and less productivity): EUR 240 billion or 1.6% of GDP¹⁵.

There is a dire need for a European strategy for mental health and it should go beyond the sharing of best practices among member states. Unless mental health is placed centre-stage, it

¹³ Kirkbride, J. B., et al. (2024). The social determinants of mental health and disorder: evidence, prevention and recommendations. *World Psychiatry*, 23(1), 58.

¹⁴ Simon, J., et al. (2023). Assessing the value of mental health treatments in Europe. *European Psychiatry*, 66(1), e59.

¹⁵ OECD (2018). Simon, J., et al. (2023).

will be hard for the European Union to cope with the resulting crisis. A positive sign comes from the fact that during the recent Belgian presidency in the first half of 2024, the EU placed mental health in the workplace at the top of its agenda. The Commission emphasised the importance of treating mental health with the same gravity as physical health but financial and practical measures are yet to be discussed. It is the different political groups in the European parliament who could play a critical role and take action to address the mental health crisis and to suggest solutions. The benefits of mental wellbeing are well-known and include “improved educational outcomes; healthier lifestyle; reduced health risk behaviour, such as smoking; increased productivity at work; fewer missed days off work, higher income, improved social relationships, and reduced antisocial behaviour and crime”¹⁶. Mental health is an integral part of people’s health and is essential to a resilient society and a productive economy. For young people this means better educational outcomes and job opportunities in the future. For the adults, good mental health leads to more productive work and for elderly people, better integrations and active roles in their communities. The recent EU4Health programme¹⁷ (2021–2027) of the European Commission’s Communication with a budget of EUR 5.3 billion, is the fourth and largest of the EU health programmes since their launch in 2003. It could be a starting point for comprehensive approach to mental health. However, a wide variety of additional measures are necessary to cope with a crisis. As a comparison, in the United States, new research by economists at Yale University, Columbia University, and the University of Wisconsin-Madison shows mental illness annually costs the US as much as an average economic recession or approximately USD 282 billion

¹⁶ Wilkinson, R., Pickett, K. (2019). *The Inner Level: How More Equal Societies Reduce Stress, Restore Sanity and Improve Everyone’s Wellbeing*. London: Penguin.

¹⁷ EU4Health programme 2021–2027 — vision for a healthier European Union: https://health.ec.europa.eu/funding/eu4health-programme-2021-2027-vision-healthier-european-union_en

annually¹⁸. Increasing mental health care access would boost the economy¹⁹ which is valid for both Europe and the United States. “For every \$1 invested in mental health, there is a \$4 return in improved health and productivity”, a recent Deloitte analysis outlines²⁰. Employers that prioritize human sustainability in turn foster increased opportunities for employee-led innovation and productivity²¹. From promoting mental health awareness to providing access to counselling services, supporting mental wellbeing can be beneficial. Mental health means productive individuals who are capable to live, work, and enjoy life. Isn’t what a society actually needs?

**Political trust, human rights, democracy,
and liberal values matter**

To address challenges in societies trust is an important aspect in order to ensure engagement and sustainability. In recent decades, trust, both interpersonal and institutional, has garnered much attention as a crucial social determinant of health²². According to a large body of literature, it is negatively associated with depressive symptoms²³ but positively associated with psychological wellbeing in the general population. Political trust “becomes

- ¹⁸ Abramson, B., Boerma, J., Tsyvinski, A. (2024). Macroeconomics of Mental Health (No. w32354). *National Bureau of Economic Research*.
- ¹⁹ Leake, L. (2024, April). Hidden recession? Mental illness costs the U.S. a staggering USD 282 billion annually, shows new study. *Fortune*.
- ²⁰ Daves, D. E., et al. (2024, May). The economic burden of mental health inequities. *Deloitte*. <https://www2.deloitte.com/us/en/insights/industry/health-care/economic-burden-mental-health-inequities.html>
- ²¹ Cantrell, S., et al. (2024). When people thrive, business thrives: The case for human sustainability. *Deloitte Insights*.
- ²² Moore, S., Kawachi, I. (2017). Twenty years of social capital and health research: A glossary. *Journal of Epidemiology and Community Health*, 71(5), 513–517.
- ²³ Fujiwara, T, Kawachi, I. (2008). A prospective study of individuallevel social capital and major depression in the United States. *Journal of Epidemiology & Community Health*, 62(7), 627–633.

especially critical during natural disasters and catastrophes because people tend to display greater loyalty toward and support for their political leaders in times of crisis”²⁴. The relationship between COVID-19 pandemic and political trust has been vastly examined and shown that political trust increased during the early phase of the pandemic²⁵. Political trust is also critical in maintaining and promoting citizens’ overall psychological health – in particular, the wellbeing of older individuals cross-nationally²⁶. From a psychological point of view, therefore, to address mental health crises, one of the first steps would be to foster political trust. Another approach would be to focus on a common problem, to raise awareness, to offer research-based solutions or solid policies – and, thus, build trust. Both approaches require understanding of human beings, national values, cultural specifics, and social systems.

Mental health is a two-fold aspect in the EU – it is understood both as an intrinsic human right and as an invaluable resource. Therefore, it affects all of us as human beings and as citizens. It is very easy to say that policies are the key solution to problems, however individuals can have complex needs and policies often transcend one sector. Intersectoral collaboration is essential to corral their outcomes effectively. In a variety of sectors such as education, workers’ rights, justice, environment, transport, housing, and welfare, focused policies and programmes are required to prevent mental-health conditions and promote health and wellbeing. The scarcity of mental health professionals, particularly in low-resource settings, and inadequate investment in services and research, are often identified as the core reasons for the global mental health crisis. Some of the measures that

²⁴ Perrin, A. J., Smolek, S. J. (2009). Who trusts? Race, gender, and the September 11 rally effect among young adults. *Social Science Research*, 38(1), 134–145.

²⁵ Esaiasson, P., et al. (2021). How the coronavirus crisis affects citizen trust in institutions and in unknown others: Evidence from ‘the Swedish experiment. *European Journal of Political Research*, 60(3), 748–760.

²⁶ Lee, S. (2020). Subjective wellbeing and mental health during the pandemic outbreak: Exploring the role of institutional trust. *Research on Aging*, 44(1), 10–21.

could mitigate the problem include a recognition of the problem from policy makers on national level, addressing the stigma with educational campaigns and national strategies for different population groups. However, “despite the amount of money spent on mental health care, the availability of mental health professionals in high-income countries, or mental health research as currently imagined, the crisis has not eased”²⁷. Therefore, one of the easiest ways to promote mental health and to cope with the crisis is to talk about it and most importantly to address values that foster mental health, give strong orientation and sense of belonging. Identity and values are the foundation bricks for people. They could come from family and from society. It is a society that creates individual identity. Without values, social norms, history, and culture, the individual would be an undefined biological being. According to the liberal way of thinking, the political community citizen is free, rational, and morally autonomous.

By the very fact of being human, a citizen has inherent rights and freedoms that do not require justification. Liberals emphasize that societies are communities of free individuals of different world views. If the basic human needs are met, if human rights are well-protected, if we have the necessary conditions to live, then values from a higher level such as freedom, expression, and democracy actually become a priority. Both are very well known for the liberal people and can be systematically addressed by way of different initiatives. Mental health crisis threatens liberal values and this is why liberals should play a key role in promoting mental health. They could act as ambassadors for the topic as they have the advantage of strong identity and merit. The best thing is to start talking about the topic and to take actions via initiatives. Measures should be culturally specific and could include:

- Assessment of country needs and current status of the mental health challenges for citizens in all member states based on academic data;

²⁷ Patel, V., et al. (2023). Transforming mental health systems globally: principles and policy recommendations. *The Lancet*, 402(10402), 656–666.

- Evidence-based recommendations by specialists from the health and psychological fields;
- A comprehensive approach at national and international level – such an approach requires the participation of all relevant stakeholders, from policy-makers and health and care workers to people who live with mental health conditions and their families²⁸;
- Access to mental health care – each member state has different health systems but there is a need for more and stronger programmes aimed at preventing mental ill-health and promoting wellbeing;
- Fight against the stigma on mental health illnesses;
- Capacity building for health care professionals, therapists, counsellors;
- “Fields of medicine and public health entities recruiting promising clinicians to mental health disciplines and helping to establish integrated care models and centres, which could increase access to care and treatment;
- Employers providing culturally informed mental health and wellbeing resources for an increasingly diverse workforce;
- Elected officials providing the political appetite and will to influence policy for the greater good;
- Local governance distributing providers and other resources to the places where they are most needed and least found (such as neighbourhoods characterized by a high mental health need and high social polarization) to help address the social and political determinants of health that influence mental health inequities”²⁹.

²⁸ WHO (2023). Partnering with the European Union (EU) to tackle mental health challenges. [https://www.who.int/europe/activities/partnering-with-the-european-union-\(eu\)-to-tackle-mental-health-challenges](https://www.who.int/europe/activities/partnering-with-the-european-union-(eu)-to-tackle-mental-health-challenges)

²⁹ Deloitte (2024, May). The economic burden of mental health inequities. Accessed via <https://www2.deloitte.com/us/en/insights/industry/health-care/economic-burden-mental-health-inequities.html>

Conclusion

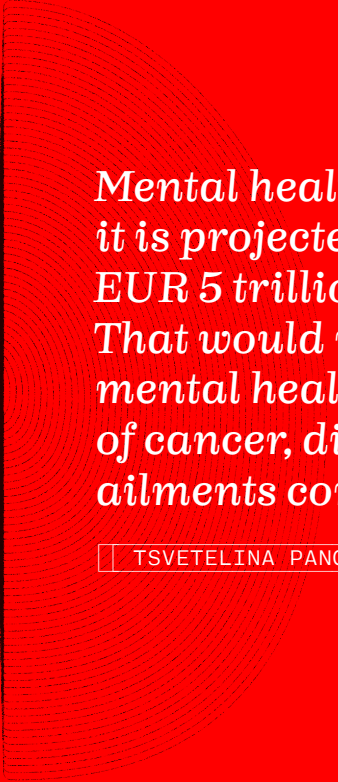
With its scale and economic consequences for the EU, society's mental health can be considered as a crisis. It impairs political participation by reducing the motivation and physical energy of the voters. Mental health illness and its symptoms negatively affect political interest and internal efficacy, thereby confirming that they diminish political motivation³⁰. Of utmost importance for societal wellbeing and for the sake of liberal values is to act: to raise awareness, to provoke open discussion, to implement policies. Furthermore, the crisis challenges the liberal understanding of the world as it threatens wellbeing. The promoters of mental health, especially in the new European Parliament, should include liberals to ensure intrinsic democratic values and freedoms.

³⁰ Ojeda, C., Slaughter, C. M. (2019). Intersectionality, depression, and voter turnout. *Journal of Health Politics, Policy and Law*, 44(3), 479–504.

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Mental health does have a cost and it is projected to rise to more than EUR 5 trillion globally by 2030 [...]. That would make the cost of poor mental health greater than that of cancer, diabetes, and respiratory ailments combined.

TSVETELINA PANCHELIEVA



MÁTÉ HAJBA & VERONIKA HAJBA

INVESTING INTO THE FUTURE THROUGH **EARLY CHILDHOOD INTERVENTION**

WHY PAYING ATTENTION
TO THE MENTAL
HEALTH OF CHILDREN
AS EARLY AS POSSIBLE
IS AN INVESTMENT
INTO THE FUTURE

CHILDHOOD INTERVENTION
INTERVENTION ADHD

The European Union is facing a mental health crisis. The publicly acknowledged¹ extent of the problem is so large, that it is posing a sizable² financial burden in the form of affected people missing from the labour market, healthcare and benefits. Yet despite knowing how dire the problem is as a whole, the minute details of the issue have not received the attention they deserve. Although it is a complex topic, this article will focus on the importance of early childhood development. The earlier the development and recognition of mental health issues begins, the better it can be managed in later stages of life.

First, we will outline why it is critical to pay more attention to children from birth, and even before, with emphasis on their mental health. Then we will examine the current state of early childhood intervention in the EU and point out systemic problems and bad practices primarily using Hungary as an example. Hungary is not singled out because the situation is especially dismal there, but because the lack of overall data leads us to focus on a country we know through work experience in the relevant field of early childhood intervention and special needs education.

Then the article will look at best practices in early childhood intervention throughout the world and will go on proposing recommendations from a liberal perspective on how to improve early childhood development in the EU. It is a critical field that needs more attention as intervention in early childhood can have a multiplying effect in later development. It is a field with long term returns, but providing much more emphasis on children and investing in their future is critical in solving or mitigating the growing mental health crisis.

¹ ALDE (2021, May 11). Renew Europe demands EU action on mental health. https://www.aldeparty.eu/renew_europe_demands_eu_action_on_mental_health

² OECD (2018, November 22). Health at a Glance: Europe 2018. https://www.oecd-ilibrary.org/docserver/health_glance_eur-2018-4-en.pdf?expires=1721251427&id=id&accname=guest&checksum=FFA209DA1069A9F29BBD3F453CCCC949

The importance of early childhood

Over the centuries the attitude about child rearing has undergone many changes. Nowadays, modern applied developmental psychology views early childhood (0–7 years) as a very important and sensitive period, when the basis of healthy coping mechanisms, emotion regulation and social skills would become established³. As *The Science of Early Childhood Development* (2015)⁴ declares, the healthy early years supported by available early interventions on the field of special needs education, child psychology, parent-infant consultation and psychotherapy, is an investment for the future because of the sensitive period of these early years when correction of developmental delays in both fields takes less effort, leading to less time spent in the supply system. An early intervention ensures appropriate physical, cognitive and emotional development and, in the case a neurotypical development, detects the good timing of the start of the therapies resulting in the person achieving the highest possible degree of independence. All of these factors lead to less time spent in the supply system, meaning fewer contact hours, less time and money spent. The short- and mid-term outcomes are choosing the best-fitting educational institution and more time spent in the education system, leading to better job opportunities down the road.

Psychological and historical background

In this part of the article the psychological background will be defined based on current studies in the field of modern applied child

³ Oats, J., Danis, I. (2009). *A koragyermekkorai fejlődés természete – fejlődési lépések és kihívások*. Budapest: Nemzeti Család- és Szociálpolitikai Intézet. http://gyerekese-ly.maltai.hu/upload/file/Biztos_Kezdet_Kotet_II_belivek.pdf

⁴ National Scientific Council on Developing Child (2007). *The Science of Early Childhood Development*. https://harvardcenter.wpenginepowered.com/wp-content/uploads/2015/05/Science_Early_Childhood_Development.pdf

development psychology. The theoretical basis was already given by Bowlby's (1982)⁵ and Ainsworth's (1978)⁶ attachment theories. Infants have an evolutionary need to be attached, and there is a sensitive period of the formation of attachment among them in the first 12 months, after which point this developmental window closes making time of attachment formation limited. As Danis (2015)⁷ points out, the attachment pattern may develop during life's journey, so the early interventions can help in the field of parent-infant relationship. Danis (2015)⁸ also draws attention to the fact that early childhood interventions can make changes in the nurturing of infants, which affects the improved attachment pattern. Therefore long-term studies show that a more secure attachment leads to better developmental opportunities.

The idea of the early childhood interventions leads us back to Bowlby's experiments in the first decade of the 20th century. Furthermore Skeels and Dye (1939)⁹ also proved in their experiment, that the hospitalization of children under the age of 3 years affected the children's behaviour, social and emotional skills and cognitive functions negatively. Therefore, when their attachment needs were cared for and they were held both emotionally and physically, they started functioning significantly better in those mentioned fields. These results led to more scientific research on the field of early childhood development. In the 1960s, based on these scientific results, early childhood therapies became more and more widespread in the USA and some European countries

⁵ Bowlby, J. (1969). *Attachment and Loss: Vol. 1. Attachment*. (1982, 2nd edition). London: Hogarth Press.

⁶ Ainsworth, M. D. S, Blehar, M. C., Waters, E., Wall, S. (1978), *Patterns of Attachment: A Psychological Study of the Strange Situation*. Hillsdale, NJ: Lawrence Erlbaum Associates.

⁷ Danis, I. (2015). A csecsemő- és kisgyermekkorai lelki egészség támogatásának helye a koragyermekkorai intervencióban. *Gyógypedagógiai Szemle*, 100.

⁸ Danis, I. (2015).

⁹ Skeels, H. M., Dye, H. B. (1939). A study of the effects of differential stimulation on mentally retarded children. *Proceedings. American Association on Mental Deficiency*.

eg. UK, the Netherlands and Germany¹⁰. These therapies focused on developmental delays and started before school age, based on the sensitive period theory¹¹. On the other hand, these interventions focused only on the delays which can be seen in the field of hearing, visual and mobility impairment, as well as in speech delay. These early interventions are based on a medical model, working with the main concepts of healthiness and unhealthiness¹². Due to the WHO redefined the concepts of health¹³, the neurodivergent concept became more widespread and the early childhood therapies started to work with whole families – started strengthening the parents and strengthening the bonding between the parent-infant dyads and triads.¹⁴ Nowadays the concept of sensitive periods is well known in scientific fields¹⁵ and good timing is one of the main points of the early intervention. These evidence-based facts should affect policy decisions. As the 0–3’s team makes a point that the first three years are the most sensitive period of brain and sensory development, furthermore satisfactory parental care can be the fundament of mental well-being in adulthood¹⁶.

¹⁰ Kereki, J. (2022). A kora gyermekkori intervenció elmélete és gyakorlata I.-Néhány elméleti és módszertani összefüggés. *Párbeszéd: Szociális munka folyóirat*, 9(2).

¹¹ Shonkoff, J. P., Bales, S. N. (2011). Science does not speak for itself: Translating child development research for the public and its policymakers. *Child development*, 82(1), 17–32.

¹² Kereki, J. (2022).

¹³ According to the new definition: ‘Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.’ <https://www.who.int/about/governance/constitution>

¹⁴ Kereki, J. (2022).

¹⁵ Johnson, M. H. (2005). Sensitive periods in functional brain development: problems and prospects. *Developmental Psychobiology: The Journal of the International Society for Developmental Psychobiology*, 46(3), 287–292.

¹⁶ <https://www.zerotothree.org/why-0-3/>

Benefits of early childhood interventions

Waldfoegel (1999)¹⁷ and Shonokoff and Bales (2011)¹⁸ take the point of view that early interventions can affect firstly in the stage of the person, because every child is unique, every person's life must be equivalent and all children have the right, to access all the special needs that can help to reach all the developmental potential that is available. Secondly, the results of well-timed interventions and therapies lead the children to reach a higher level in education which in turn leads to more knowledge in studies and as many soft skills needed in the 21st century¹⁹ as possible. This long-term benefit is hard to quantify, therefore García, Heckman, Leaf, and Prados (2020)²⁰ in their article show that early intervention programs have significant long-term economic benefits beside the benefits at the individual level. Their other article also calls attention to those social and generational long-term changes which can be measured among socially deprived groups, thanks for the HighScope Perry Preschool Project, which affected the participants' own parenting skills, and made more functioning family environments²¹. Compared to control groups, the participants broke intergenerational chains, have higher levels of education and employment and also lower levels of criminal activity.

Because of the complexity of long-term follow-up, this field needs more research as Jeong et al. (2021)²² state in their article. The Cohort '18²³ is a good practice, which was organized in

¹⁷ Waldfoegel, J. (1999). *Early childhood interventions and outcomes*. London: CASE.

¹⁸ Shonkoff, J. P., Bales, S. N. (2011).

¹⁹ https://www.rand.org/pubs/research_briefs/RB9145.html

²⁰ García, J. L., et al. (2020). Quantifying the life-cycle benefits of an influential early-childhood program. *Journal of Political Economy*, 128(7), 2502–2541.

²¹ García JL, et al. (2020).

²² Jeong, J., Pitchik, H. O., Fink, G. (2021). Short-term, medium-term and long-term effects of early parenting interventions in low-and middle-income countries: a systematic review. *BMJ Global Health*, 6(3), e004067.

²³ <https://www.kohorsz18.hu/en/about-the-study/study-goals.html>

Hungary starting in 2018, and is a longitudinal survey based on three main pillars like demographics, social background and health and development.

In the USA, the locally-based Head Start Programs and Early Heads Start²⁴ have reached nearly 38 million children and their follow-up research shows that participation came with benefits. This can be seen in ages spent in the educational system and long-term economically benefits within two generations. In the UK, the Sure Start Program²⁵ is another good practice. It cooperated with the Hungarian government in 2003 which led the Biztos Kezdet Gyerekház Program, whose main goals were to bring early family-centred interventions to socially deprived parts of the country. Surányi (2010)²⁶ in her research shows those mid-term benefits of the Biztos Kezdet Gyerekház Program in Hungary, that the participants reached higher level scores in the standard developmental scales at the end of the programme compared with the incoming scores and parental employment increased because of the quality daycare.

The success of the adaptation of this programme is Janus-faced. Because of the quality care and available services those families started to visit the houses, who had more favourable social background, so the original target group was put on the edge in some areas²⁷.

What is the current situation?

Having demonstrated the importance and benefits of early childhood intervention it is crucial to contextualise all that was

²⁴ <https://www.acf.hhs.gov/ohs/about/head-start>

²⁵ <https://webarchive.nationalarchives.gov.uk/ukgwa/20091124055519/http://www.dcsf.gov.uk/everychildmatters/earlyyears/surestart/whatsurestartdoes/>

²⁶ Surányi, É. (2010), A Biztos kezdet program hatásvizsgálatának bemeneti mérése. *Kapocs*, 2, 2–11.

²⁷ Kovai, C. Szőke, A. (2021). "A „siker kovácsai”: Biztos Kezdet Házak és Tanodák intézményesülésének dilemmái." *Tér és Társadalom* 35.4. 166–189.

mentioned so far in light of the international, EU and member states' legal frameworks and strategies and to see the current situation in numbers. It is noteworthy that data is sparse so many statistics are only tangential to the relevant field. Comparative data would be needed from member states from the private sector and more detailed statistics are lacking from the public sector.

The international framework on the rights of children is enshrined in the *Convention on the Rights of the Child*²⁸, an international human rights treaty of the United Nations. Article 27 of the treaty specifically mentions the mental well-being of children and the parents' as well as the states' responsibility in ensuring it: 'States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.' This is the document that is foremost referenced in other strategies, action plans and frameworks dealing with children. The UN's *Convention on The Rights of Persons With Disabilities*²⁹ includes mental disabilities and states in Article 7: 'States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.'

The European Union has several frameworks related to early childhood intervention, education and mental health. Some of the important agencies and institutions include: the European Education Area³⁰ that 'fosters collaboration among European Union Member States to build more resilient and inclusive national education and training systems'; Eurydice³¹, 'a network whose task is to explain how education systems are organised in Europe and how they work'; and the European Agency for

²⁸ <https://www.unicef.org/child-rights-convention/convention-text>

²⁹ <https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-articles>

³⁰ <https://education.ec.europa.eu/>

³¹ <https://eurydice.eacea.ec.europa.eu/>

Special Needs and Inclusive Education³², that aims to ‘facilitate collaboration regarding country priorities that are in line with the Council of the European Union’s priorities for education and training’. EU member states have their own agencies dealing with early childhood intervention and special needs education³³. It is important to understand who cares for children. Parents play a vital role, but so too does formal childcare. If organized to provide high quality services, formal childcare helps improve female employment, reduce child poverty and improve early childhood development³⁴. These statistics also show who the target of new policies on early childhood intervention should be.

As Eurostat shows (2022), in the EU 32.3% of children were enrolled in formal childcare for at least one hour a week in 2020, with Denmark leading the ranking with 67.7% followed by the Netherlands (67.6%), Luxembourg (63.2%) and France (57.2%)³⁵. The lowest rate was in Czechia and Slovakia each with 4.8%, followed by Romania (6.8%), Hungary (10.5%) and Poland (11.2%).

In the 2020–2021 school year in 17 EU member states plus Norway, Switzerland, Serbia and the UK (where data was available), the identification rate of children/learners with an official decision of Special Educational Needs (SEN) for pre-primary (ISCED 02) levels (based on the overall enrolled [pre-]school population) is on average 2.28%. The highest was in Lithuania with 20.42% and the lowest in Sweden with 0.59%. On average boys had a higher identification rate (1.58%) than girls (0.70%) in the 16 countries where data was available.

The enrolment rate of children/learners with an official decision of SEN in mainstream education was 2.11% on average in 22

³² <https://www.european-agency.org/>

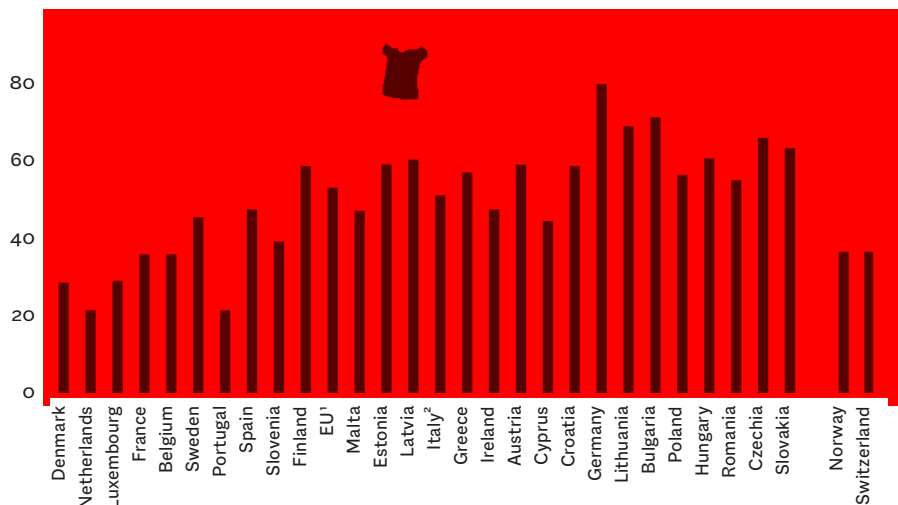
³³ For more information see: <https://www.european-agency.org/country-information>

³⁴ Blaskó, Zs., Gábos, A. (2013). Redistribution effects of the childcare system in Hungary – Who is cared for? https://www.budapestinstitute.eu/uploads/V4_child_care_enrolment_HU1.pdf

³⁵ Eurostat (2022, May 4). Childcare arrangements in the EU. <https://ec.europa.eu/eurostat/web/products-eurostat-news/-/ddn-20220504-2>

Childcare arrangements in the EU (% of children aged less than 3 years, 2020)

- Formal childcare (children aged less than three receiving at least one hour of formal childcare per week)
- Parents (children less than three cared for only by their parents)



¹ Estimated ² 2019

Source: ec.europa.eu/eurostat

countries with available data for ISCED O2 levels, and 1.98% for inclusive education (in 19 countries). The enrolment rate for separate, non-inclusive groups/classes within mainstream education was on average 0.10% (in 12 countries), and their share educated outside of mainstream education was 0.46% (in 23 countries)³⁶.

According to UNICEF³⁷ (2024) 13% of young people aged 19 and below suffer from mental health problems in the EU. The prevalence of mental health issues is 2% in children aged 5 and

³⁶ EASIE (2021). 2020/2021 School Year Dataset Cross-Country Report. https://www.european-agency.org/sites/default/files/EASIE%20Cross-Country%20Report_2020%E2%80%932021_.docx

³⁷ UNICEF (2024). Child and adolescent mental health. <https://www.unicef.org/eu/media/2576/file/Child%20and%20adolescent%20mental%20health%20policy%20brief.pdf>

below and the rate increases with age. The prevalence of ADHD³⁸ in Europe was the lowest from all regions (4.6%), while the highest rate was in South America (11.8%). The prevalence of dyslexia³⁹ is estimated to be 8–20% in Europe. According to a Gallup poll (2011)⁴⁰, Europe is the best place for people with intellectual disabilities, with 80% calling it a good place. The worst is Asia (46%) and the global average is 55%. Within Europe, the Netherlands is the best (91%) and Bulgaria is the worst (52%). Much more data is needed to better understand the issue and to take informed actions.

What could be done?

The scope of the mental health crisis is well known yet there are no action plans and strategies that go beyond mere platitudes. There should be clear and measurable goals and guides to strengthen early childhood development and by laying a strong foundation for later development and support in older individuals. Any action improving the field of early childhood intervention is an investment in the future, with the returns showing in the long term but with apparent benefits early on as well.

When looking at policies, measures and actions that need to be done, liberal principles must be observed. It should be acknowledged that there is no-one-size-fits-all solution, there are regional, cultural and demographic differences that might require different solutions. Proposed actions should be incentivizing

³⁸ Moffitt, T. E., Melchior M. (2007). Why does the worldwide prevalence of childhood attention deficit hyperactivity disorder matter? *American Journal of Psychiatry*, 164(6):856-8. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1994964/#:~:text=The%20highest%20rates%20emerged%20from,scored%20about%20average%20\(7\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1994964/#:~:text=The%20highest%20rates%20emerged%20from,scored%20about%20average%20(7))

³⁹ <https://erasmus-plus.ec.europa.eu/projects/search/details/2016-1-BG01-KA202-023687>

⁴⁰ English, C., Muller, G. (2011, June 27). Europeans Most Open to Those With Intellectual Disabilities. *Gallup*. <https://news.gallup.com/poll/148253/europeans-open-in-intellectual-disabilities.aspx>

first and foremost rather than coercive. Relying more heavily on the latter rather than the former should not be a priority either on an EU, national or local level.

Due considerations must be made for the taxpayers. They must only be burdened as a last resort and with strict and proper mechanisms ensuring that their money is allocated properly, reasonably and effectively without boondoggles and embezzlement. As such private solutions should be incorporated in any action, and the public and private sector should work hand in hand supplementing and reinforcing each other rather than directly against each other. It is not a problem if the two are competing, such as in providing services, but this competition should drive the quality and effectiveness of such services rather than being a hindrance. The public sector should not use legislation against the private sector to gain advantages for public solutions.

Ultimately the best outcome from a liberal perspective would be an educational and support system, on all levels from the earliest age on, which prioritizes the individual needs of children with a child-centric approach rather than focusing on the corpus. Instead of indoctrination and the teaching of lexical knowledge, children's skills, interests and strengths should be honed and developed, critical thinking engendered and diversity of thinking encouraged.

At this point this is utopian thinking, as educational reforms are glacial⁴¹ and trends are not necessarily going in the desired direction⁴². Large scale educational reforms are not in the purview of this article so we will focus on action directly affecting the development of children aged 0–7.

⁴¹ Tamma, P. (2017, September 7). Europe's investment in education keeps dropping. *Euractive*. <https://www.euractiv.com/section/economy-jobs/news/europes-investment-in-education-keeps-dropping/>

⁴² European Commission (2024, February 12). Report of PISA 2022 study outlines worsening educational performance and deeper inequality. <https://education.ec.europa.eu/nl/news/report-of-pisa-2022-study-outlines-worsening-educational-performance-and-deeper-inequality>

Key recommendation

These are the key recommendation for a better early childhood intervention mechanism in the European Union:

- 1 More data;
- 2 A comprehensive strategy;
- 3 Better defined legal framework;
- 4 Digital solutions; and
- 5 Cooperation with the private sector.

1. More data

Data on early childhood intervention is sorely lacking. In order to make informed decisions and effective and evidence-based policy, the situation needs to be better understood. Although broad data on children with special needs is available usually from the age of compulsory education or pre-primary school, the crucial developmental period before then needs more data. How many families are participating in screening or apply for any sort of relevant support? What is the prevalence of mental health issues? What are these specifically? How much do families wait from the time they apply for a screening to the actual appointment and how fast they can get an opinion or diagnosis?

The achievements of children with special needs in the education system need to be understood more and the preparedness of schools and other educational institutions in integration and/or supporting children with special needs must be measured. Private service providers also need to supply data. When data is more readily available in detail, countries and regions need to be ranked by a methodology developed using the available data. This would show which areas need more attention and development and which policies produce better results.

2. A comprehensive strategy

Although the European Union started to deal with the mental health issue and the European Commission has outlined its mental health approach⁴³, the issue at hand would require a stand-alone strategy and action plan. Though the EC's plan mentions prevention toolkits for children and an integrated child protection system, it is not enough. There should be a systemic action in facilitating early development, better and more timely screenings, support, inclusion and family- and child-centric approaches. This would require a multidisciplinary, comprehensive strategy based on evidence and data, involving healthcare, education, the private sector and, most importantly, families.

Although around a third of children below the age of 3 were enrolled in formal childcare, an important institution which needs to be involved in the strategy, families play an even more vital role and the strategy should reflect how crucial it is to involve them in early childhood intervention and give families assistance even before a child's birth. It should outline objectives that are specific, measurable, attainable, relevant and time-bound, with long term goals in mind. It should also acknowledge that there is no one-size-fits-all solution and allow for different solutions in different areas. It should also prepare a legal framework applicable for all member states.

3. A better-defined legal framework

There are minimum requirements which should be observed by all member states. These should be laid down in a legal framework based on the strategy and comprehensive data and which is agreeable to all member states as well as feasible for timely implementation. The legal framework should set deadlines in

⁴³ https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/promoting-our-european-way-of-life/european-health-union/comprehensive-approach-mental-health_en

providing screening and diagnosis of children, which must be kept, so that agencies cannot make people wait way past the deadline for the diagnosis or not grant them an appointment in time. If a public agency is unable to do that, families should be directed to private services with financial support granted if needed. This is needed to prevent late diagnoses which would influence school choice and the sooner a diagnosis is given the sooner families can prepare and adjust.

Public institutions need to accept the screenings, diagnoses and results as well as the trainings of private services to supplement the public sector, in which often many educators and relevant professionals are missing. Private schools should be incentivized rather than hindered and their acceptance of special needs children should be encouraged.

To prevent unqualified people from giving diagnoses and training, professionals should be licensed in both the public and private sector. There needs to be international criteria on which degrees qualify for early childhood educators and professionals, but preventive measures must be put in place so that the education and the training of these professionals do not become protected government monopolies and that private education could also give accepted degrees if it so chooses.

Corruption should also be strictly sanctioned. Nobody should be able to slip money to relevant services for a faster or more favourable diagnosis, as is the danger as with all administrative procedures in countries with a high amount of corruption⁴⁴. Nor should corruption enable better schooling or services for those who give more money illegally. Corruption weakens institutions and damages opportunities and education and, in the long term, worsens the mental health crises. Healthcare⁴⁵ is especially

⁴⁴ Transparency International (2023). Corruption Perception Index. <https://www.transparency.org/en/cpi/2023>

⁴⁵ U4 (2019). Corruption risks in maternal and perinatal health. <https://www.u4.no/publications/corruption-risks-in-maternal-and-perinatal-health/fullversion#corruption-at-the-point-of-service-delivery>

vulnerable to corruption often in the form of informal payments. The more corrupt a country is, the higher the mortality rate for children under five⁴⁶. Bribing officials to give diagnoses faster or to give a more favourable diagnosis can deprive children from getting the services they need. Corruption in education⁴⁷ undermines equality, by securing places for children, for example for children with SEN, not based on their needs or merits but based on corruption. This distorts the whole system of childcare and special needs education, undermining all early childhood intervention efforts.

The legal framework should not create more red tape and regulatory burdens and regulations should not distract professionals from their jobs by piling them under more administrative burdens. The exception to this is the need to gather more data from both the private and public sector to better hone future tools and measures to better early childhood development.

4. Digital solutions

The digital education forced upon students and schools by Covid showed that in early stages of education personal presence is more beneficial over isolated, digital learning. Both the mental health and performance of students in lockdowns worsened⁴⁸.

⁴⁶ Hanf, M., et al. (2011). Corruption kills: estimating the global impact of corruption on children deaths. *PLoS one*, 6(11), e26990. <https://doi.org/10.1371/journal.pone.0026990>

⁴⁷ Albu Ardigó, I., Chêne, M. (2017). Corruption in education services. *Transparency International*. <https://knowledgehub.transparency.org/guide/topic-guide-on-corruption-in-education/4488>

⁴⁸ Cortés-Albornoz, M. C., et al. (2023) Effects of remote learning during COVID-19 lockdown on children's learning abilities and school performance: A systematic review. *International Journal of Educational Development*, 101:102835. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10266495/#:~:text=Overall%2C%20academic%20performance%20was%20negatively,factors%20contributed%20to%20lower%20performance>

This however does not mean that online and digital sessions should be avoided in all cases. In certain cases, screenings, assessments, developments and trainings can be done online and thus digitalization should be encouraged in the public sector as well. This would grant better access for families in rural areas with no relevant services nearby, save time and money and could provide a more comfortable environment for children who feel anxious in a strange or new environment.

5. Cooperation with the private sector

As mentioned before it is vitally important that the public and private sector should cooperate in this matter. One should not hinder the other but should supplement each other. The public services should cater to the needs of those who cannot afford a private service, and the private sector should be allowed to take the load of the public sector through delegation. The usually private sector offers better wages for professionals, so in countries where the public education and service system is lacking an adequate workforce the private sector could help. The private sector should have the same diagnostic and therapeutic licences as the public sector and private schools should not be prohibited by governments. Of course they have to abide by the same laws.

There should also be competition between the two sectors in methods and equipment as it drives innovation and development. To this end an international platform should be created in which public and private educators, professionals, therapists, experts and professionals can share best practices and experiences with each other, so that not only the relevant public bodies but the private businesses cooperate with each other internationally. Participation on this platform should be voluntary.

Liberals should advocate for the betterment of early childhood intervention so that the children of today grow up to be mentally balanced adults, whose mental health needs are cared for, and are able to take initiative, think critically and participate

in the labour market. This investment into the future will help people as private individuals and as taxpayers as well.

Conclusion

Mental health is posing a huge problem in the EU and children are not exempt from it. Early intervention is key to a better life later and thus it requires great attention. Studies agree on the vast benefits of early childhood intervention and decision makers also adopt this view yet there is much more to be done. National governments and the EU are slow to react to issues, educational reforms are needed and there is no short-term return. Yet decision makers must invest into the future by implementing much needed policies for the benefit of future generations.

In order to make informed decisions and not to fall into error of the empty promises of populists, more data is needed in order to form a comprehensive strategy and to lay the foundation of a legislative framework to better the current situation. Every policy must be based on current evidence-based scientific results, for which data must be provided.

Families and states have the moral and legal obligation to respect the rights of children, among them their right to good mental wellbeing and education. To fulfil this obligation, a lot more work needs to be done around early childhood development. Parents, educators and decision makers must also prepare for future challenges posing a threat to mental health: wars, immigration, climate change, new technologies, social media. Children must also be prepared so that they themselves are able to cope with new challenges. Traumas can be inherited and thus it is important not to see children as separate groups but as part of families and social groups.

Mental health is a complex system which needs complex solutions. Early childhood intervention is just a small, yet important part of the solution. It is itself not a simple issue, but if we want the future generation to thrive in prosperity, wellbeing and peace,

we must invest into the future. Children are not subject to much political debate. All sides of the aisle agree how important their wellbeing is. Both the public and private sector, decision makers, politicians and families want them to be happy, balanced and to be able to do well. Let's start making it a reality.

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[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1994964/#:~:text=The%20highest%20rates%20emerged%20from,scored%20about%20average%20\(7\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1994964/#:~:text=The%20highest%20rates%20emerged%20from,scored%20about%20average%20(7))

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MENTAL HEALTH *LITERACY*

A USEFUL MEASURE TO
PROMOTE *EARLY DETECTION*
OF MENTAL DISORDERS,
REDUCE STIGMA AND IMPROVE
HELP-SEEKING BEHAVIOUR

LITERACY

DISORDERS

ANXIETY

HELP-SEEKING

Introduction

Recent results from *The Global Burden of Disease Study 2019*¹ revealed that mental disorders remain among the top ten causes of the global burden of disease, with no indication of decline since 1999. On the contrary, the burden of mental disorders is increasing worldwide, affecting society and healthcare systems across the globe. The worry, anxiety and depression caused by the devastating effects of the pandemic, military conflicts, climate change and biodiversity loss, unemployment and the rising cost of living, as well as the pressures of the digital world and social media, have worsened the already poor mental health of children and young people in particular. Estimates of the prevalence and burden of mental disorders suggest that mental health will be a major public health issue in the coming years and concerns about mental wellbeing will have a significant impact on our thinking and on virtually all areas of our lives. Anxiety and depressive disorders are among the most common mental disorders and represent a serious public health problem, both in terms of the suffering of those affected and their families and the significant costs associated with treatment and consequences for society^{2,3}. In this regard, depression stands out considerably, ranking at the top of the global burden of disease in terms of years lived with disability (YLD) compared to other health problems⁴. Furthermore, the COVID-19 post-pandemic period

- ¹ GBD 2019 Mental Disorders Collaborators (2022). Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. *The Lancet Psychiatry*, 9(2), 137–150. [https://doi.org/10.1016/S2215-0366\(21\)00395-3](https://doi.org/10.1016/S2215-0366(21)00395-3)
- ² Olesen, J., et al (2012). The economic cost of brain disorders in Europe. *European Journal of Neurology*, 19(1), 155–162. <https://doi.org/10.1111/j.1468-1331.2011.03590.x>
- ³ Prince, M., et al. (2007). No health without mental health. *Lancet*, 370(9590), 859–877. [https://doi.org/10.1016/S0140-6736\(07\)61238-0](https://doi.org/10.1016/S0140-6736(07)61238-0)
- ⁴ Smith K. (2014). Mental health: a world of depression. *Nature*, 515(7526), 181. <https://doi.org/10.1038/515180a>

and the recent uncertain global situation do not contribute to an improvement, but only exacerbate the existing negative mental health trends⁵.

The field of mental health differs considerably from the usual practises and behaviours in physical health in the understanding of problems and the use of professional help. Prejudice and misinformation about mental disorders are the rule rather than the exception. Among the lay public, mental disorders are often equated with psychosocial problems or stress and vulnerabilities of the person rather than a health problem, which is reflected in the utilisation of professional help and interest in treatment, as well as in beliefs about the effectiveness of treatment. Namely, practise shows that around half of people who suffer from mental health problems and need professional help do not seek it⁶. The most common reasons for this behaviour are primarily a lack of knowledge about the characteristics and consequences of mental disorders and stigmatisation⁷. Whereas for decades mental health was seen primarily as an illness, with its negative aspects strongly emphasised, and people with mental health problems were considered mentally ill and worthless, today our view is less discriminatory and exclusionary and the realisation that anyone can suffer from a mental disorder is increasingly widespread.

Current approaches to mental health prevention and promotion emphasise that the focus is about good mental health. Preventing mental disorders and seeking appropriate help can by no means be a matter for medical practise alone as the field of mental health is closely linked to a range of subjective experiences

- ⁵ Vadivel, R., et al. (2021). Mental health in the post-COVID-19 era: challenges and the way forward. *General Psychiatry*, 34(1), e100424. <https://doi.org/10.1136/gpsych-2020-100424>
- ⁶ Kessler, R. C., et al. (2001). The prevalence and correlates of untreated serious mental illness. *Health Services Research*, 36(6 Pt 1), 987–1007.
- ⁷ Vogel, D. L., Wade, N. G., Haake, S. (2006). Measuring the self-stigma associated with seeking psychological help. *Journal of Counseling Psychology*, 53(3), 325–33.

and social processes. Therefore it must also include cultural practises and necessarily take into account different contexts of the situation of individuals, families and communities⁸. In this respect, the empowerment of the public in the field of mental health can be influenced by various prevention and promotion activities that increase so-called mental health literacy⁹.

The concept of mental health literacy

The promotion of mental health and the prevention of mental disorders are increasingly becoming one of the most important public health measures. As early as 2013, the World Health Organisation recognised the role of good mental health as key to achieving the goal of “Health for All” and recommended in its *Mental Health Action Plan 2013–2020* that national policies should make implementation of mental health promotion and prevention measures mandatory¹⁰.

Strengthening mental health of the general public can be influenced by various activities that increase “Mental Health literacy” (MHL)¹¹. The construct of MHL is based on the fundamental concept of “Health Literacy” (HL), which is well established in the field of physical health¹², having first been developed in

- ⁸ Alarcón, R. D. (2009). Culture, cultural factors and psychiatric diagnosis: review and projections. *World Psychiatry*, 8(3), 131–139. <https://doi.org/10.1002/j.2051-5545.2009.tb00233.x>
- ⁹ Jorm, A. F. (2012). Mental health literacy: empowering the community to take action for better mental health. *The American Psychologist*, 67(3), 231–243. <https://doi.org/10.1037/a0025957>
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- ¹¹ Kutcher, S., Wei, Y., Coniglio, C. (2016). Mental Health Literacy: Past, Present, and Future. *Canadian journal of psychiatry. Revue canadienne de psychiatrie*, 61(3), 154–158. <https://doi.org/10.1177/0706743715616609>
- ¹² Nutbeam, D. (2000). Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century. *Health Promotion International*, 15(3), 259–267. <https://doi.org/10.1093/heapro/15.3.259>

the mid-1970s¹³. However, issues directly related to HL have only been systematically addressed theoretically and empirically in recent decades. Lay people in industrialised countries are already quite well informed about how to take care of their physical health (e.g. the importance of leading a healthy lifestyle, knowing about diabetes, going to regular check-ups, administering first aid, etc.), precisely because this approach has already been well implemented.

HL often also touches on mental health, which is why experts have expanded this construct and begun to address MHL as an independent concept. In 1997, Jorm and colleagues¹⁴ defined MHL as knowledge and beliefs about mental disorders that contribute to their recognition, treatment and prevention. Five main factors for MHL were identified: 1) the ability to recognise different mental disorders; 2) knowledge and beliefs about the causes and risk factors for mental disorders; 3) knowledge and beliefs about different types of self-help; 4) knowledge about how to find relevant information about mental health problems; and 5) attitudes that facilitate recognising mental disorders and seeking appropriate help. The newer concept of MHL, established by Kutcher and colleagues¹¹, builds on the upgraded earlier concept and defines MHL as a set of cognitive and social skills that enable individuals to understand how to achieve and maintain good mental health, understand mental disorders and their treatment, reduce the stigma associated with mental disorders, improve help-seeking skills (knowing when and where to seek help), develop skills to improve mental health care, and acquire self-care skills.

¹³ Mancuso, J. M. (2008). Health literacy: a concept/dimensional analysis. *Nursing & Health Sciences*, 10(3), 248–255. <https://doi.org/10.1111/j.1442-2018.2008.00394.x>

¹⁴ Jorm, A., et al. (1997) Mental health literacy: a survey of the public's ability to recognize mental disorders and their beliefs about the effectiveness of treatment. *Medical Journal of Australia*, 166, 182–186. <https://doi.org/10.5694/j.1326-5377.1997.tb140071.x>

Various studies have shown that in societies with higher levels of MHL, the mental health of the population is better, as timely help is sought. In these societies, the use of effective prevention strategies is increased and the burden of mental disorders on individuals and society is reduced¹⁵. Most research in MHL has focused on the ability to identify specific mental disorders¹⁶, rather than on the understanding of mental disorders and their treatment, help-seeking strategies and the impact of prevention programmes on stigma and attitudes towards help-seeking in different populations. Experts therefore recommend that future MHL programmes should be better contextualised and tailored to specific target groups and circumstances (e.g. considering the characteristics of different work environments, age, gender, occupational orientation, sensory disability, etc.)¹¹.

Similar to how HL has increasingly focused on specific physical diseases in recent years (e.g. diabetes, cancer, cardiovascular diseases, etc.), we observe in more recent studies that the concept of MHL is increasingly focusing on specific mental health conditions as well. To this end, specific instruments have been developed to assess knowledge and understanding of specific mental disorders, e.g. anxiety¹⁷, depression¹⁸ and schizophrenia¹⁹.

- ¹⁵ Hadlaczky, G., et al. (2014). Mental Health First Aid is an effective public health intervention for improving knowledge, attitudes, and behaviour: a meta-analysis. *International Review of Psychiatry*, 26(4), 467–475. <https://doi.org/10.3109/09540261.2014.924910>
- ¹⁶ O'Connor, M., Casey, L., Clough, B. (2014). Measuring mental health literacy--a review of scale-based measures. *Journal of Mental Health*, 23(4), 197–204. <https://doi.org/10.3109/09638237.2014.910646>
- ¹⁷ Hadjimina, E., Furnham, A. (2017). Influence of age and gender on mental health literacy of anxiety disorders. *Psychiatry Research*, 251, 8–13. <https://doi.org/10.1016/j.psychres.2017.01.089>
- ¹⁸ Singh, S., Zaki, R. A., Farid, N. D. N. (2019). A systematic review of depression literacy: Knowledge, help-seeking and stigmatising attitudes among adolescents. *Journal of Adolescence*, 74, 154–172. <https://doi.org/10.1016/j.adolescence.2019.06.004>
- ¹⁹ Loureiro, L. M., et al. (2015). Mental health literacy about schizophrenia: a survey of Portuguese youth. *Early Intervention in Psychiatry*, 9(3), 234–241. <https://doi.org/10.1111/eip.12123>

An example of good practise from Slovenia

The low level of knowledge about mental disorders and the available help is related to the stigmatisation of mental disorders, which is very present in the general public²⁰. All this has a very negative impact on people with mental health problems, as they seek help very late (if at all), which in most cases means a poorer treatment prognosis and a higher economic and social burden for the individual and society. Data from 2011 for Slovenia show a large gap between the number of people suffering from mental disorders and those seeking professional help²¹, also in comparison to statistics in international health studies. For example, the percentage of visits to psychiatric outpatient clinics in relation to the expected number of all patients was 9.9% for depression, 9.6% for bipolar mood disorder, 3.6% for panic disorder, 2.2% for generalised anxiety disorder and 3.1% for obsessive-compulsive disorder.

A decades-long lack of review on the impact of public policies regarding mental health, weak intersectoral cooperation, an underdeveloped information system for monitoring mental disorders and a lack of multidisciplinary teams trained to provide comprehensive treatment for mental disorders, uneven territorial coverage of professional services and prevention and support measures, poor access to psychotherapy and psychiatric treatment and, last but not least, insufficient resources for mental health protection have led to major inequalities and an increase in mental health problems in Slovenia. Therefore, the adoption of the first action-oriented document, the *Resolution on the National Mental*

²⁰ Švab, V. (2018). Stigma in mental disorders: What is psychiatry able to do? *Psychiatria Danubina*, 30(Suppl 4), 172–174.

²¹ Šprah, L., Novak, T., Dernovšek, M. Z. (2011). *Assessment of risks for the development of mental health problems in the population of the Republic of Slovenia: Analysing the risks for the development of mental health problems in the population of the Republic of Slovenia in individual statistical regions using the adapted methodology of the Better Life Index: project report* (in Slovenian language). Ljubljana: Družbeno-medicinski inštitut Znanstvenoraziskovalnega centra Slovenske akademije znanosti in umetnosti.

*Health Programme 2018–2028*²², which provides a comprehensive mental health regulation, was welcomed with great hope by professionals and laypeople alike. In an area that has been neglected for years, this document has finally laid the foundation for major changes in Slovenia that will lead to a stronger focus on the mental health of the population. The resolution sets out eight key strategic objectives to be achieved by 2028:

- 1 Develop 25 regional action plans to ensure sustainable and effective implementation of policies and measures to promote the mental health of the whole population, in particular vulnerable groups, and to develop measures to protect the rights of people with mental health problems.
- 2 Develop and implement ten evidence-based promotion and prevention programmes at national level and 25 at local level with a cross-sectoral and interdisciplinary approach.
- 3 Reduce the suicide rate by 15%. Increase the number of alcohol-dependent people entering treatment and fully reintegrating into active social life by 20%.
- 4 Ensure accessible, integrated and high-quality community-based mental health care through the establishment of 25 interdisciplinary centres/teams and associated multi-agency community-based mental health services for children, young people and adults. Reduce by 40% the number of institutional beds for people with mental and behavioural disorders who are in long-term residential care.
- 5 Introduce evidence-based interventions that strengthen knowledge, expertise and sharing of best practise in mental health among professionals (sectoral and disciplinary) and lay people.
- 6 Establish seven proven effective social and family support programmes integrated with health programmes and services for people with ASD in the community.

²² Resolution on the National Mental Health Programme 2018–2028. <https://pisrs.si/pregledPredpisa?id=RESO120>

- 7 Promote and strengthen horizontal and vertical sectoral and intersectional collaboration on mental health.
- 8 Reduce the deficit in the professions that form the basis for better mental health care for the population by increasing the number of specialisations in clinical psychology, regulation of psychological activity, psychotherapy and psychosocial counselling.

In 2017, OMRA, an innovative national mental health programme that did not yet exist in Slovenia was introduced. The programme was developed by a group of researchers and experts from the Sociomedical Institute at the Research Centre of the Slovenian Academy of Sciences and Arts. It is based on the concept of MHL, which addresses a set of skills that define a person's motivation to obtain, understand and critically use information to promote and maintain mental health. The OMRA programme aims to provide a more comprehensive view of mental health, including the ability to manage risk factors, strengthen protective factors, recognise and treat individual mental health problems more quickly, reduce stigma and have more realistic expectations of the impact of professional mental health treatment. The programme targets both the general public and professionals, vulnerable groups (people with mental health problems and their relatives, people with disabilities, the rural population, early school leavers, etc.). In 2020, the OMRA programme was recognised by the WHO as a programme of national importance²³.

Programmes based on the MHL concept are rarely evaluated in such a way that all aspects of literacy are examined, as there are not yet enough reliable tools. The most established tools in the field of MHL are still those that focus primarily on a person's ability to recognise certain characteristics of mental disorders.

²³ WHO (2020, September). Looking back, looking forward: Rapid assessment of the mental health system in Slovenia. Report of a virtual mission by the WHO Regional Office for Europe. https://dmi.zrc-sazu.si/sites/default/files/who_porocilo_-_rapid_assessment_of_the_mental_health_system_in_slovenia_.pdf

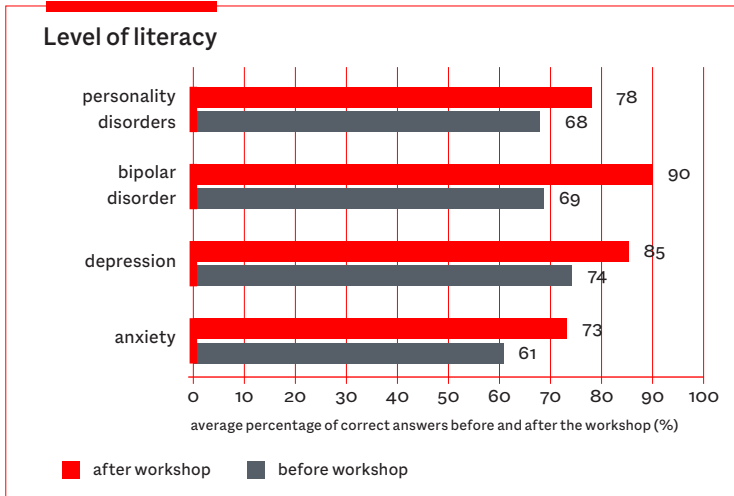
Several evaluation tools have been developed for this purpose²⁴, but these are of limited use from a clinical perspective and for the design of interventions and evaluations. The literature indicates that most research focuses on assessing the recognition depressive disorders, and stigma associated with help-seeking. It is also noted that there is a lack of studies looking at the evaluation of knowledge about bipolar mood disorders and personality disorders.

Due to the lack of tools mentioned above, the authors of the OMRA programme decided to develop their own tools to evaluate the impact of the OMRA workshops on mood and personality disorders. This would allow the adaptation and implementation of such workshops that could cover more aspects of the MHL concept, not only in terms of identifying the characteristics of the disorders, but also in terms of raising awareness of the available forms of prevention, (self-)help and treatment procedures. The evaluation of the impact of the OMRA workshops included 1908 participants attending workshops on stress and mood disorders and 1006 participants attending workshops on personality disorders. The workshops lasted six hours and were delivered both online and in-person between 2018 and 2024.

Before and after the workshop, participants were asked to complete questionnaires on their knowledge of the characteristics and appropriate forms of support for anxiety, depression, bipolar disorder and personality disorders. Analysis of the data showed that the average level of literacy before the workshops was highest for depression and lowest for anxiety (Figure 1). After all workshops, there was a statistically significant increase in the level of literacy. The greatest improvement in literacy was seen for bipolar disorder (22%), followed by anxiety (12%), depression (11%) and personality disorders (10%). The evaluation

²⁴ Wei, Y., et al. (2016). Measurement properties of tools measuring mental health knowledge: a systematic review. *BMC Psychiatry*, 16(1), 297. <https://doi.org/10.1186/s12888-016-1012-5>

of the OMRA workshops is very encouraging and revealed that we have developed an effective evidence-based training protocol that is well received by lay people and professionals.



Comparison of the level of literacy about mood and personality disorders before and after OMRA workshops.

The OMRA programme is the first (and, currently, only) multi-disciplinary literacy programme for mood and personality disorders in Slovenia, which has a complex structure and systematically addresses the understanding of mental health problems, their destigmatisation and the strengthening of (self-)help skills. The programme comprises a range of mental health promotion and prevention interventions based on the latest evidence-based approaches in psychology, psychiatry, cultural and medical anthropology, sociology, psychotherapy and social work. To this end, various forms of information dissemination have been set up: an educational web platform (www.omra.si), social networks, public awareness events, workshops, newsletters, manuals, and intensive media work. The programme is co-financed by Slovenia's Ministry of Health so that it can be constantly updated with new content in the field of mental health. The OMRA

programme is very well received by the public, which is reflected in the high number of visitors to the website and social networks, and high level of interest from participants to take part in OMRA workshops and public lectures. Despite the positive response and visibility of the programme, we have also identified some shortcomings, which we are gradually trying to rectify through updates. In particular, the selectivity of the content and its tailoring to the target groups should be emphasised. For example, the rural population, the elderly, the unemployed and relatives of people with mental disorders face particular circumstances causing them great distress. Therefore, the general recommendations for good mental health care must be adapted to their needs. In addition, we note that it is very difficult to involve the male population in the programme's activities. We are therefore considering new and adapted communication channels and content that are better tailored to this target group.

Future challenges for Europe

Mental health is an essential component of a person's overall health. In recent decades, the concept of mental health and well-being has become an important issue in Europe due to the increasing burden of mental disorders. On 7 June 2023, the European Commission adopted the Communication on a comprehensive approach to mental health²⁵, which will help Member States and stakeholders to take swift action to address mental health challenges. Following extensive consultations with Member States, stakeholders and citizens, a comprehensive, prevention-oriented approach to mental health has been developed. This cross-sectoral approach aims to equalise physical health with mental health. In this regard, the situation requires a shift in priorities towards prevention, including addressing behavioural risk

²⁵ EU comprehensive approach to mental health. https://health.ec.europa.eu/non-communicable-diseases/mental-health_en

factors and social, environmental and economic determinants, as well as the implementation of concrete and ambitious initiatives to promote mental health and prevent mental illness.

As one of the key objectives of the MHL concept is to increase competences to improve mental health care and to know when and where to seek professional help, MHL fits well with the European Commission's initiative. Namely, significant correlations were found between MHL and positive outcomes, including stigma towards professional help, self-efficacy, attitudes towards help-seeking, social support, positive psychological state, participation in mental health training and psychological distress. By addressing these factors, EU Member States can promote MHL in the community and create an environment characterised by empathy, understanding and proactive engagement in addressing mental health issues²⁶. This can serve as a foundation for future policy development and implementation of practical strategies to improve mental health literacy in community settings.

The future implementation of MHL programmes should be tailored to the target groups and the community context and should take into account the determinants of mental health. These programmes should be guided also by the priorities set by the EU Commission²⁴:

- 1 Comprehensive approach: recognising biological and psychological factors, taking into account determinants such as family, community, economy, society, environment and safety. This also includes the balance between work and leisure, the educational and professional environment, the digital world and social, economic and commercial factors.
- 2 Promotion, prevention and early intervention: promoting good mental health, preventing problems and ensuring that people know where to seek help.

²⁶ Suwanwong, C., et al. (2024). Modifiable predictors of mental health literacy in the educational context: a systematic review and meta-analysis. *BMC Psychology*, 12(1), 378. <https://doi.org/10.1186/s40359-024-01878-4>

- 3 Focus on children and young people: tackling the deteriorating mental health of younger generations, particularly in the post-COVID-19 period where increased rates of depression and loneliness have been identified²⁷.
- 4 Support for vulnerable groups: paying attention to groups such as single mothers, migrants, refugees, the elderly, the rural populations and the economically disadvantaged. Increased support for groups with multiple vulnerable categories.
- 5 Psychosocial risks in the workplace: managing workplace stress and psychosocial risks. Promote a good working environment to improve mental health and reduce job dissatisfaction, conflict, burnout, absenteeism and turnover.
- 6 Reducing stigmatisation: Combating stigmatisation and discrimination related to mental health, especially in social media and in the workplace. Encourage safe disclosure of mental health issues without fear of professional consequences²⁸.

At a systemic level, mental health regulation is crucial and access to treatment and care needs to be strengthened and improved. Health systems need to strengthen their capacity to deliver mental health interventions, from prevention to early intervention, diagnosis, treatment, care and support for patient reintegration. The budget for mental health support should be commensurate with the scale of the challenge. The EU and Member States must provide adequate resources to help people in need, which is a social and economic necessity.

²⁷ Mann, F., et al. (2022). Loneliness and the onset of new mental health problems in the general population. *Social Psychiatry and Psychiatric Epidemiology*, 57(11), 2161–2178. <https://doi.org/10.1007/s00127-022-02261-7>

²⁸ European Agency for Safety and Health at Work (2024). Mental health at work after the COVID-19 pandemic – What European figures reveal. https://osha.europa.eu/sites/default/files/documents/Summary%20-%20Mental%20health%20at%20work%20after%20the%20COVID%20pandemic_en.pdf

Conclusion

As much as mental health problems are a burden for the individual, the economy and society, it is also possible to avoid or at least mitigate negative trends. Many European countries already have measures and programmes in place to promote and prevent mental disorders. But much more can be done to maintain and promote good mental health. It is important to recognise that ensuring good mental health in the population, the prevention of mental disorders and access to appropriate help is not just the domain of medical practise. It is linked to a range of subjective experiences and social processes and therefore includes cultural practises. A number of anthropological, sociological and cross-cultural studies have clearly shown how a person's cultural background can influence all aspects of mental disorders, from linguistic or emotional expression to somatic complaints²⁹.

While on the one hand research shows that there is a large grey area of inappropriate treatment of people seeking professional help for mental health problems, it should not be overlooked that an individual's decision to seek professional help is a complex issue influenced by several factors. Research shows that women, middle-aged people and people with higher levels of education are more likely to seek professional help^{30,31}. An important factor influencing the decision to seek help is recognition (i.e. whether a person perceives their problem as a mental health

²⁹ Kirmayer, L. J. (2001). Cultural variations in the clinical presentation of depression and anxiety: implications for diagnosis and treatment. *The Journal of Clinical Psychiatry*, 62 Suppl 13, 22–30. Copeland, W. E., et al. (2023). Cultural contributions to adults' self-rated mental health problems and strengths: 7 culture clusters, 28 societies, 16 906 adults. *Psychological Medicine*, 53(16), 7581–7590. <https://doi.org/10.1017/S0033291723001332>

³⁰ Boerema, A. M., et al. (2017). Demographic and need factors of early, delayed and no mental health care use in major depression: a prospective study. *BMC Psychiatry*, 17(1), 367. <https://doi.org/10.1186/s12888-017-1531-8>

³¹ Picco, L., et al. (2016). Attitudes Toward Seeking Professional Psychological Help: Factor Structure and Socio-Demographic Predictors. *Front Psychology*, 7: 547.

disorder). A high level of MHL is crucial for both society and the individual, as it contributes significantly to seeking appropriate professional help in a timely manner, reducing stigmatisation and steering the population towards prevention³².

If we want MHL-based interventions to be effective, we also need to consider some regularities in their design and implementation¹¹. MHL interventions need to be developed and applied contextually. That is, although the core components of MHL interventions must be considered in all situations, the way in which they are developed and applied must fit the context in which they are to be used. The assertion that MHL interventions are one-size-fits-all may not be entirely accurate. For example, MHL interventions for farm workers are not necessarily comparable to MHL interventions for police officers, although they should reflect the same core MHL principles (knowledge, attitudes or stigma, and help-seeking effectiveness). MHL interventions need to be developmentally appropriate and applied in the most appropriate context for development. In addition to embedding MHL constructs in appropriate lifespan domains, MHL interventions for youth should be delivered within educational settings (e.g., schools) using intervention strategies that are known to improve literacy competencies, are familiar to educators and students alike and utilise modern electronic delivery platforms. When measuring MHL interventions, robust, contextually appropriate, developmentally valid and reliable psychometric methods need to be applied to adequately determine their evaluation, as demonstrated in this article using the example of the evaluation of the OMRA workshops in Slovenia.

³² Jorm, A. F. (2000). Mental health literacy. Public knowledge and beliefs about mental disorders. *The British Journal of Psychiatry*, 177, 396–401. <https://doi.org/10.1192/bjp.177.5.396>

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TRAUMATIC EFFECTS OF DISASTERS AND VIOLENT ACTS ON YOUTH

TRAUMA

DISASTERS

VIOLENCE

EMOTIONAL COMPETENCE

Introduction

Youth mental health and well-being¹ are currently in crisis due to a variety of events involving Europe. Among such events, an increasingly significant role is played by disasters and violent acts. They include natural disasters such as earthquakes, pandemics, and floods; technological disasters such as road accidents, industrial accidents, and collapses; and violent acts such as wars, terrorism, and related migrations. Among the most recent disasters, a prominent role was played by the COVID-19 pandemic, which directly involved children and adolescents throughout Europe — and worldwide.

Disasters and violent acts can have traumatic consequences on children and adolescents who experience them directly and/or indirectly, for example, through media exposure². They can provoke both disruptions in youth's psychological functioning and increases in psychopathological symptoms and disturbances such as anxiety, depression, and post-traumatic stress disorder (PTSD). When dealing with minors, it is also relevant to remember that children and adolescents' vulnerability depends on their level of cognitive and emotional development³. However, notwithstanding the attention of international research and policies for developing youth's resilience after a disaster, few resources have been invested in promoting preventive initiatives, particularly those following scientific research standards.

- ¹ Raccanello, D., et al. (2023). Coping Strategies and Psychological Maladjustment/Adjustment: A Meta-Analytic Approach With Children and Adolescents Exposed to Natural Disasters. *Child & Youth Care Forum*, 52, 25–63. <https://doi.org/10.1007/s10566-022-09677-x>. Slone, M., Mann, S. (2016). Effects of War, Terrorism and Armed Conflict on Young Children: A Systematic Review. *Child Psychiatry & Human Development*, 47, 950–965. <https://doi.org/10.1007/s10578-016-0626-7>.
- ² UNDRR, United Nations Office for Disaster Risk Reduction (n.d.). Affected. *UNDRR*, <https://www.undrr.org/terminology/affected>
- ³ Kar, N. (2009). Psychological Impact of Disasters on Children: Review of Assessment and Interventions. *World Journal of Pediatrics*, 5, 5–11. <https://doi.org/10.1007/s12519-009-0001-x>.

In this chapter, we will deal with this matter from a psychological perspective, merging contributions coming mainly from developmental psychology and emergence psychology. Such approaches can offer valid scientific knowledge to describe this problem and favour a better understanding of the consequences of experiencing disasters and violent acts, pointing out possible preventive solutions. We will focus on psychoeducation as a fruitful way to enhance disaster-related prevention and preparedness targeting a broad audience, including children and adolescents. We will present the case of HEMOT® (Helmet for EMOTions), an Italian centre of research that developed a variety of preventive initiatives focusing on disaster-related emotional resilience, such as school-based interventions, guidelines, technological applications, and public communication campaigns. In Italy, we implemented these activities about earthquakes⁴, pandemics⁵, floods⁶, and wars⁷, offering methods for generalising them to other contexts. This can be the basis for developing large-scale standards at the European level, with the challenge of promoting emotional competence related to current and future disasters, focusing specifically on children and adolescents.

- ⁴ Raccanello, D., et al. (2023). Preparing Children to Cope With Earthquakes: Building Emotional Competence. *British Journal of Psychology*, 114(4), 871–907. <https://doi.org/10.1111/bjop.12661>. Raccanello, D., et al. (2021). *Prevenzione Emotiva e Terremoti: Linee Guida per la Realizzazione di un Training Nella Scuola Primaria [Emotional Prevention and Earthquakes: Guidelines to Realise a Training in Primary School]*. Verona: Department of Human Sciences, University of Verona; HEMOT. <https://www.hemot.eu/2021/09/07/linee-guida-e-webinar-conclusivo-del-progetto-premt/>
- ⁵ Raccanello, D., et al. (2024). Can a Web Application Foster Emotional Competence in Children and Adolescents? The Case of PandHEMOT. *Applied Psychology: Health and Well-Being*, 16(2), 672–695. <https://doi.org/10.1111/aphw.12511>.
- ⁶ Raccanello, et al. (2023). Floods: How to help children and adolescents manage emotions. *HEMOT*. <https://www.hemot.eu/2023/11/03/flood/>
- ⁷ Vicentini, G., et al. (2022). Development and Evaluation of Psychoeducational Resources for Adult Carers to Emotionally Support Young People Impacted by Wars: A Community Case Study. *Frontiers in Psychology*, 13, 995232. <https://doi.org/10.3389/fpsyg.2022.995232>.

General Assessment of the Problem

Disasters and violent acts can have traumatic consequences at physical, psychological, material, economic, and environmental levels⁸, both for adults and youth. But what do we mean by disasters and violent acts? How do the experts define and classify them? What are their main consequences for children and adolescents' psychological functioning and mental health?

Disasters and Violent Acts

Disasters and violent acts can be defined as traumatic events that involve many individuals or an entire community⁹. According to international classifications¹⁰, we can distinguish three main types of disasters: natural disasters, technological (also called anthropogenic or human-induced) disasters, and violent acts. Natural disasters comprise those caused by natural phenomena. They include geological (e.g., earthquakes, tsunamis, landslides, volcanic eruptions), meteorological (e.g., heat/cold waves, fog, storms), hydrological (e.g., floods, avalanches), climatological (e.g., drought, fires), biological (e.g., epidemics, pandemics, insect infestations), and extraterrestrial disasters (e.g., geomagnetic storms). Technological disasters are events due to human

⁸ UNDRR, United Nations Office for Disaster Risk Reduction (n.d.). Disaster. *UNDRR*. <https://www.undrr.org/terminology/disaster>

⁹ McFarlane, A. C., Norris, F. H. (2006). Definitions and Concepts in Disaster Research. in Norris, F. H., et al. (eds.). *Methods for Disaster Mental Health Research*. New York: Guilford Press, p. 3.

¹⁰ EM-DAT, Emergency Events Database (n.d.). General classification. *EM-DAT*, <https://www.emdat.be/classification>. IRDR, Integrated Research on Disaster Risk (2014). *Peril Classification and Hazard Glossary*. Beijing: Integrated Research on Disaster Risk. https://www.irdrinternational.org/uploads/files/2020/08/2h6G5J59fs7n-Fgoj2zt7hNAQgLCgL55evtT8jBNi/IRDR_DATA-Project-Report-No.-1.pdf. Peek, L., et al. (2018). Children and Disasters. In Rodríguez, H., Donner, W., Trainor, J. E. (eds.). *Handbook of Disaster Research*. Cham: Springer, p. 243. UNDRR, United Nations Office for Disaster Risk Reduction (n.d.). Hazard. *UNDRR*. <https://www.undrr.org/terminology/hazard>

activities, industrial or technological procedures, or infrastructure failures. We can list among them industrial (e.g., chemical/oil spills, industrial collapses, poisoning), transport (e.g., road/air/water/rail accidents), and miscellaneous accidents (e.g., generic collapses, explosions, fires). The expression “violent acts” refers to armed conflicts or other human activities, such as war, that can create extensive social instability or tension, including the cascading events around migration.

Notwithstanding differences between them, disasters tend to share a common sequence of events over time¹¹. Some experts distinguish between non-disaster, pre-disaster, impact, emergency, and reconstruction or rehabilitation phases. The first phases imply a departure from normality (*non-disaster phase*) which consists of triggers of alarm and protection systems (*pre-disaster phase*). The following phase is the one in which the disaster happens (*impact phase*). After this, during a short-term *emergency phase*, the priority is on rescue operations and victim assistance, and during a long-term *reconstruction or rehabilitation phase*, the focus is on restoring the pre-disaster conditions or conditions as similar as possible to them. We anticipate that all the activities about psychoeducation (see the following parts of this chapter) should be implemented mainly during the non-disaster and the pre-disaster phases, but they could also be relevant during other phases as well.

We can differentiate disasters and violent acts by taking into account a variety of characteristics, comprising the extent of the affected geographical area, their frequency, onset rapidity, predictability, avoidability, and duration¹². The awareness about these characteristics has an applied relevance at various levels,

¹¹ Noji, E. K., (1997). The Nature of Disasters: General Characteristics and Public Health Effects. In Noji, E. K. (ed.). *The Public Health Consequences of Disasters*. New York: Oxford University Press, p. 3.

¹² Pietrantonio, L., Prati, G. (2009). *Psicologia dell’Emergenza [Psychology of Emergency]*. Bologna: Il Mulino. Raccanello, D., Vicentini, G. (2022). *Psicologia dell’Emergenza in Età Evolutiva. Dall’Infanzia all’Adolescenza [Psychology of Emergency in*

for example in planning activities to support individuals coping with such events. If we focus on duration, there are evident differences between the impact phase of an earthquake compared to that of an epidemic or a pandemic. For the former, it can be a few seconds or minutes, while for the latter, it can last weeks or months and could even be in part coincident with the following emergency phase. Therefore, while psychoeducational initiatives about earthquakes are impossible to recognise during their impact phase, we witnessed a great variety of activities that were deployed during the impact phase of the COVID-19 pandemic.

Impact of Disasters and Violent Acts on Psychological Functioning During Development

Disasters and violent acts can affect youth's psychological development at a variety of levels. Some psychologists broadly distinguish between two areas pertaining to cold cognition versus hot cognition¹³. Cold cognition comprises all the cognitive processes that regard the logic and analytic processes that we use when interacting with our internal and external world, such as attention, intelligence, executive functions, memory, or learning. Hot cognition, explored more recently by experts, includes all the emotional, motivational, and social processes that are traditionally considered as less rational. The interaction between cold and hot processes shapes individuals' behaviour in everyday life, also when stressors are particularly salient, as in the case of traumatic events.

Developmental Age. From Infancy to Adolescence. Bologna: Il Mulino. UNDRR, United Nations Office for Disaster Risk Reduction (n.d.). Disaster.

¹³ Gladwin, T. E., Figner, B. (2015). "Hot" Cognition and Dual Systems: Introduction, Criticisms, and Ways Forward. In Wilhelms, E. A., Reyna, V. R. (eds.). *Frontiers of Cognitive Psychology. Neuroeconomics, Judgment, and Decision Making*. New York: Psychology Press, p. 157.

Impact on Cold Cognition

What do we know about disasters and violent acts' effects on cold cognition during development? Empirical evidence about children and adolescents indicates that they can negatively impact attention and concentration, documenting disturbances also in the long term, even after one year. This was revealed, for example, in children and/or adolescents who directly experienced the 2005 Hurricane Katrina in the United States; who indirectly experienced the 11 September 2001 terrorist attacks in the United States, and the 2004 tsunami in the Indian Ocean; and who directly or indirectly experienced the 2004 terrorist attacks in North Ossetia¹⁴. As it relates to intelligence, usually measured using the Intelligent Quotient (IQ), this is not negatively impacted by having experienced traumatic events such as disasters, terroristic attacks, or community violence, or by the subsequent post-traumatic disturbances¹⁵. Nevertheless, it gets worse after traumatic events such as maltreatment, abuse, abandonment, and

- ¹⁴ Hock, E., et al. (2004). Predicting Children's Reactions to Terrorist Attacks: The Importance of Self-Reports and Preexisting Characteristics. *American Journal of Orthopsychiatry*, 74(3), 253–262. <https://doi.org/10.1037/0002-9432.74.3.253>. Math, S. B., et al. (2008). Psychological Impact of the Tsunami on Children and Adolescents From the Andaman and Nicobar Islands. *Primary Care Companion to The Journal of Clinical Psychiatry*, 10(1), 31–37. <https://doi.org/10.4088/pcc.v10n0106>. Scrimin, S., et al. (2009). Attention and Memory in School-Age Children Surviving the Terrorist Attack in Beslan, Russia. *Journal of Clinical Child & Adolescent Psychology*, 38(3), 402–414. <https://doi.org/10.1080/15374410902851689>. Sprung, M., Harris, P. L. (2010). Intrusive Thoughts and Young Children's Knowledge About Thinking Following a Natural Disaster. *Child Psychology and Psychiatry*, 51(10), 1115–1124. <https://doi.org/10.1111/j.1469-7610.2010.02273.x>.
- ¹⁵ Deprince, A. P., Weinzierl, K. M., Combs, M. D. (2009). Executive Function Performance and Traumatic Event Exposure in a Community Sample of Children. *Child Abuse and Neglect*, 33(6), 353–361. <https://doi.org/10.1016/j.chiabu.2008.08.002>. Hadi, F. A., Llabre, M. M. (1998). The Gulf Crisis Experience of Kuwaiti Children: Psychological and Cognitive Factors. *Journal of Traumatic Stress*, 11(1), 45–56. <https://doi.org/10.1023/A:10244453015176>. Saigh, P. A., Mroueh, M., Bremner, J. D. (1997). Scholastic Impairments Among Traumatized Adolescents. *Behaviour Research and Therapy*, 35(5), 429–436. [https://doi.org/10.1016/S0005-7967\(96\)00111-8](https://doi.org/10.1016/S0005-7967(96)00111-8).

family violence¹⁶. Similarly, deterioration in some executive functions (such as verbal fluency or the ability to be flexible and inhibit irrelevant information) is associated with exposure to violence, abuse, or neglect, especially for youth presenting post-traumatic disturbances or symptoms¹⁷. As for memory, preschoolers can already remember the core characteristics of traumatic events such as kidnappings¹⁸, earthquakes¹⁹, or hurricanes²⁰. The quality of the memory, however, can vary according to factors such as age, amount of stress, level of the threat against their life, and coping modalities²¹. Finally, mere exposure to disasters and violent acts would not be associated with worse school learning; rather, such impairments would be related to the presence of post-traumatic symptoms or to the interruption of school attendance as a cascading effect derived from those events²². To sum up, disasters and

- ¹⁶ Perfect, M. M., et al. (2016). School-Related Outcomes of Traumatic Event Exposure and Traumatic Stress Symptoms in Students: A Systematic Review of Research From 1990 to 2015. *School Mental Health*, 8(1), 7–43. <https://doi.org/10.1007/s12310-016-9175-2>.
- ¹⁷ Nyvold, O., et al. (2022). Unity or Diversity of Executive Functioning in Children and Adolescents With Post-Traumatic Stress Symptoms? A Systematic Review and Meta-Analysis. *Child Neuropsychology*, 28(3), 374–393. <https://doi.org/10.1080/09297049.2021.1979950>. Op den Kelder, R., et al (2018). Executive Functions in Trauma-Exposed Youth: A Meta-Analysis. *European Journal of Psychotraumatology*, 9(1), 1450595. <https://doi.org/10.1080/20008198.2018.1450595>.
- ¹⁸ Terr, L. C. (1983). Chowchilla Revisited: The Effects of Psychic Trauma Four Years After a School-Bus Kidnapping. *The American Journal of Psychiatry*, 140(12), 1543–1550. <https://doi.org/10.1176/ajp.140.12.1543>.
- ¹⁹ Najarian, L. M., et al. (1996). Relocation After a Disaster: Posttraumatic Stress Disorder in Armenia After the Earthquake. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35(3), 374–383. <https://doi.org/10.1097/00004583-199603000-00020>.
- ²⁰ Fivush, R., et al. (2004). Weathering the Storm: Children's Long-Term Recall of Hurricane Andrew. *Memory*, 12(1), 104–118. <https://doi.org/10.1080/09658210244000397>.
- ²¹ Blandón-Gitlin, I., Pezdek, K. (2009). Children's Memory in Forensic Contexts: Suggestibility, False Memory, and Individual Differences. In Bottoms, B. L., Najdowski, C. J., Goodman, G. S. (eds.). *Children as Victims, Witnesses, and Offenders: Psychological Science and the Law*. New York: Guilford Press, p. 57.
- ²² Kousky, C. (2016). Impacts of Natural Disasters on Children. *The Future of Children*, 26(1), 73–92. <https://www.jstor.org/stable/43755231>.

violent acts can negatively impact youth's attention and concentration, executive functions, memory, school performance, and, in some cases, intelligence.

Impact on Hot Cognition

We could argue that the impact of disasters and violent acts on hot cognition is even more salient and pervasive than that exerted on cold cognition. When we reason about such events, one of the main thoughts concerns the huge psychological suffering associated with them. Some experts underline that the emotional reactions to traumatic events are “normal reactions to abnormal events”²³. As such, the latter is the source of extremely intense and frequent negative emotions, such as fear, sadness, anger, disgust, disappointment, regret, and many others – varying extensively for a plurality of factors²⁴. Indeed, the emotions felt in the context of a disaster influence all the psychological processes involved and are, in turn, influenced by them, sometimes positively and sometimes negatively. For example, during an earthquake a child could freeze due to an uncontrollable fear, staying motionless and as such being unable to make decisions and implement safety behaviours to escape from a dangerous place. On the contrary, still due to fear, another could be more cautious and avoid risky behaviours, safeguarding their health. Empirical evidence indicates that, in uncertain or risky situations, stimuli provoking fear are processed faster, leading to more probable, rapid, and adaptive reactions²⁵. However, this could be

²³ Stanulovic, N. K. (2005). *Psicologia dell'Emergenza. L'Intervento con i Bambini e gli Adolescenti [Psychology of Emergency. The Intervention With Children and Adolescents]*. Roma: Carocci.

²⁴ Villalta, L, et al. (2018). Emotion Regulation Difficulties in Traumatized Youth: A Meta-Analysis and Conceptual Review. *European Child & Adolescent Psychiatry*, 27(4), 527–544. <https://doi.org/10.1007/s00787-018-1105-4>.

²⁵ Ekman, P. (1992). An Argument for Basic Emotions. *Cognition and Emotion*, 6(3–4), 169–200. <https://doi.org/10.1080/02699939208411068>. Liddell, B. J., et al. (2005). A Direct Brainstem-Amygdala-Cortical 'Alarm' System for Subliminal Signals

counterproductive when it is necessary to use such processes in a flexible, innovative, slower, and creative way to find solutions to problems that are perceived as new. Indeed, positive emotions, such as calm, are the ones that favour these ways of processing information. As we argue later in this chapter, psychoeducation can play an important role in assisting children and adolescents to learn adaptive ways to cope with their emotions so that they can behave appropriately in the face of unanticipated emergencies.

Hot cognition also includes motivational and social factors. Among the first, it is interesting to reflect on the consequences of self-efficacy, the perception of one's own capacity to cope with the demands of a task, even when it threatens or challenges an individual²⁶. We know, for example, that self-efficacy can influence the development of mental disturbances, but also a variety of other states related to how people cope with pain and health. Nevertheless, self-efficacy can increase due to different aspects, which include observing how other people cope with difficult events and social persuasion. As we will see, both aspects can be taken into account within psychoeducation initiatives aiming to improve youth's resources to deal with disasters of various kinds. Among social factors, researchers' attention has been attracted by the role of social support. While the direction of the relation between this construct and well-being is still discussed — does social support result in better well-being²⁷ or does psychological distress erode social networks²⁸? There is no doubt

of Fear. *Neuroimage*, 24(1), 235–243. <https://doi.org/10.1016/j.neuroimage.2004.08.016>.

²⁶ Bandura, A. (1997), *Self-Efficacy: The Exercise of Control*. New York: Freeman.

²⁷ Cohen, S. (2004). Social Relationships and Health. *American Psychologist*, 59(8), 676–684.

²⁸ Kaniasty, K., Norris, F. H. (2008). Longitudinal Linkages Between Perceived Social Support and Posttraumatic Stress Symptoms: Sequential Roles of Social Causation and Social Selection. *Journal of Traumatic Stress*, 21(3), 274–281. <https://doi.org/10.1002/jts.20334>.

that receiving or giving social support has a protective role for children and adolescent victims of disasters or violent acts²⁹.

Impact on Children and Adolescents' Physical and Mental Health

As disasters and violent acts are exceptional events that often happen unexpectedly, they can have terrible consequences for all the affected people. However, children and adolescents are often considered more vulnerable in such contexts and, therefore, need more attention than adults³⁰.

Impact on Physical Health

Notwithstanding the great recovery capacity that usually characterises children and adolescents, even when experiencing traumatic events, disasters and violent acts can have both direct and indirect consequences on their physical health³¹. In addition to injuries or breathing problems directly caused by collapses or dust clouds, after a disaster, the availability of food or drinking water could be reduced and the healthcare facilities (e.g., hospitals) could be saturated or not available. Due to these disruptions, preexisting pathologies could be neglected and new health problems could go undiagnosed.

In such contexts, children and adolescents are more vulnerable than adults for both biological and social reasons. Their immune system has not yet completely developed, and they suffer more from dehydration, leading to a higher risk of negative health consequences. At the same time, particularly younger children

²⁹ Allen, L., et al. (2021). The Correlation Between Social Support and Post-Traumatic Stress Disorder in Children and Adolescents: A Meta-Analysis. *Journal of Affective Disorders*, 294, 543–557. <https://doi.org/10.1016/j.jad.2021.07.028>.

³⁰ Peek, L., et al. (2018).

³¹ Kousky, C. (2016).

depend on parental care for many issues and cannot fulfil their needs by themselves.

Impact on Mental Health

Many studies have documented the presence of psychopathological symptoms or disturbances among children and adolescents exposed to natural disasters, technological disasters, or violent acts. PTSD is the most studied consequence. However, disasters can also result in other psychological problems such as depression, anxiety, behavioural or sleeping problems, and psychosomatic symptoms. In some cases, consequences of disasters also have potentially long-term traumatic sequelae that may even be inter-generational in scope³².

Factors Influencing Mental Health

Some personal or contextual factors could facilitate good mental health (i.e., protective factors) or, conversely, increase the risk of negative psychological consequences (i.e., risk factors). One of the most important factors is exposure³³, referring not only to the objective proximity to the event but also to the severity of the physical and social problems experienced as a result of the disaster (e.g., injuries, losses). The more a youth has been exposed to a disaster, the worse the impact on his/her mental health. A second factor is time, which has a controversial role. Some studies

- ³² Dashorst, P., et al. (2019). Intergenerational Consequences of the Holocaust on Offspring Mental Health: A Systematic Review of Associated Factors and Mechanisms. *European Journal of Psychotraumatology*, 10(1), 1654065. <https://doi.org/10.1080/20008198.2019.1654065>. Payne, E. A., Berle, D. (2021). Posttraumatic Stress Disorder Symptoms Among Offspring of Holocaust Survivors: A Systematic Review and Meta-Analysis. *Traumatology*, 27(3), 254–264.
- ³³ Memarzia, J., Walker, J., Meiser-Stedman, R. (2021). Psychological Peritraumatic Risk Factors for Post-Traumatic Stress Disorder in Children and Adolescents: A Meta-Analytic Review. *Journal of Affective Disorders*, 282, 1036–1047. <https://doi.org/10.1016/j.jad.2021.01.016>.

found an improvement in mental health a year after the disaster³⁴; others suggest that some psychopathological problems tend to get worse in the long term, especially when immediate interventions are lacking³⁵.

Other factors regard personal characteristics (e.g., age, gender, previous mental health), that can play a role in influencing the psychological consequences. Age has often been used to investigate developmental differences. Many studies documented a worse impact on older children and adolescents' mental health compared to younger children, due to their higher awareness about the event and its consequences³⁶. However, in particular contexts (such as the conscription of child soldiers³⁷), younger children showed more severe mental health problems. Regarding gender (considering the binary division), males and females are both potentially exposed to the negative impact of disasters and violent acts; however, some research evidence indicates differences in the type of consequences, with males experiencing more externalising (e.g., behavioural problems, aggressiveness) and females more internalising problems (e.g. depression, anxiety)³⁸. In addition, pre-existing mental health conditions could be a risk factor after a disaster: Children and adolescents suffering

³⁴ Furr, J. M., et al. (2010). Disasters and Youth: A Meta-Analytic Examination of Post-traumatic Stress. *Journal of Consulting and Clinical Psychology*, 78(6), 765–780.

³⁵ Wang, C. W., Chan, C. L., Ho, R. T. (2013). Prevalence and Trajectory of Psychopathology Among Child and Adolescent Survivors of Disasters: A Systematic Review of Epidemiological Studies Across 1987–2011. *Social Psychiatry and Psychiatric Epidemiology*, 48(11), 1697–1720. <https://doi.org/10.1007/s00127-013-0731-x>.

³⁶ Vossoughi, N., et al. (2018). Mental Health Outcomes for Youth Living in Refugee Camps: A Review. *Trauma, Violence, & Abuse*, 19(5), 528–542. <https://doi.org/10.1177/1524838016673602>.

³⁷ Betancourt, et al. (2013). Research Review: Psychosocial Adjustment and Mental Health in Former Child Soldiers—A Systematic Review of the Literature and Recommendations for Future Research. *Journal of Child Psychology and Psychiatry*, 54(1), 17–36. <https://doi.org/10.1111/j.146-7610.2012.02620.x>.

³⁸ Pereda, N. (2013). Systematic Review of the Psychological Consequences of Terrorism Among Child Victims. *International Review of Victimology*, 19(2), 181–199. <https://doi.org/10.1177/0269758012472771>.

from already-existing psychopathological problems or who have previously experienced other traumatic events are more at risk³⁹.

Finally, social factors can also influence youth's psychological well-being. Social support is considered a key protective factor for the mental health of children and adolescents exposed to disasters and violent acts. In particular, the presence of one or both parents is fundamental for favouring a good adjustment after a traumatic situation, especially for younger children⁴⁰. Social relations can also be promoted by guaranteeing school activities. In the aftermath of a disaster, learning opportunities are often suspended. However, restoring such activities as soon as possible is a protective factor for youth's mental health, not only for educational purposes but also for the possibility of getting in touch with friends and teachers⁴¹. Lastly, the socio-economic conditions of the area impacted by the disaster are another important factor⁴². Children and adolescents living in contexts characterised by medium-low economic development, struggling with resource paucity and difficult access to healthcare facilities, are more vulnerable to mental health problems.

Answers: Promoting Resilience and Emotional Competence

Notwithstanding their widespread negative consequences, in some cases, traumatic events may lead to positive long-term

³⁹ LeMoult, J., et al. (2020). Meta-Analysis: Exposure to Early Life Stress and Risk for Depression in Childhood and Adolescence. *Journal of the American Academy of Child and Adolescent Psychiatry*, 59(7), 842–855. <https://doi.org/10.1016/j.jaac.2019.10.011>.

⁴⁰ Jin, S. S., et al. (2021). Systematic Review of Depression and Suicidality in Child and Adolescent (CAP) Refugees. *Psychiatry Research*, 302, 114025. <https://doi.org/10.1016/j.psychres.2021.114025>.

⁴¹ Aghajafari, F., et al. (2020). Academic Achievement and Psychosocial Adjustment in Child Refugees: A Systematic Review. *Journal of Traumatic Stress*, 33(6), 908–916. <https://doi.org/10.1002/jts.22582>.

⁴² Aghajafari, F., et al. (2020).

consequences such as increased resilience⁴³. The term resilience has emerged in various contexts, characterising everyday language as well as national and international policies. The common denominator at the basis of the widespread use of this term is the view of resilience as a phenomenon which reflects a relatively positive adjustment in front of significant traumatic events⁴⁴. Having its roots in physical science and engineering — as the property of a material to absorb energy when it is being deformed up to its elastic limit — this expression began to be applied to the psychological field in the 1970s, and nowadays is the core element of a multi-disciplinary approach called “science of resilience”. Resilience is conceptualised as a dynamic and limited resource, which is, however, renewable. Given the malleability of this psychological process, explicit efforts to maintain or improve children and adolescents’ resilience can, therefore, be effective.

One way to improve people’s resilience towards disasters and violent acts, and particularly their emotional resilience, is to increase their emotional competence. Emotional competence is the ability to express, understand, and regulate one’s own and others’ emotions, and it is a fundamental resource to successfully adapt to contextual requests, also during stressful events⁴⁵. Children begin early to express and recognise emotions through verbal and non-verbal channels. The first relies on the words that we use to describe how we feel — the so-called emotional lexicon — together with all the verbal contents that permit us to describe the causes or the consequences of emotions. The second regards all the ways that enable us to externalise — and, in turn, to recognise — emotions through facial expressions, gestures, tone of voice, etc. During development, children progressively

⁴³ Masten, A. S. (2021). Resilience of Children in Disasters: A Multisystem Perspective. *International Journal of Psychology*, 56(1), 1–11. <https://doi.org/10.1002/ijop.12737>.

⁴⁴ Luthar, S. S., Grossman, E. J., Small, P. J. (2015). Resilience and Adversity. In Lamb, M. E., Lerner, R. M. (eds.) *Handbook of Child Psychology and Developmental Science: Socioemotional Processes*. Hoboken: John Wiley & Sons Inc., p. 247.

⁴⁵ Denham, S. A. (1998). *Emotional Development in Young Children*. New York: Guilford.

refine their understanding and knowledge about the nature of emotions and the related mechanisms, and such knowledge is a fundamental requisite to regulate them, especially in case of negative stressors. The cognitive, emotional, and behavioural processes through which individuals react in the face of real or perceived stressful events are defined by the experts as coping strategies⁴⁶. In an effort to produce a broad classification of these strategies taking into account age changes, some authors⁴⁷ proposed a developmental classification with three categories corresponding to different adaptive functions of the strategies themselves, focused on three basic human needs concerning the need for competence, relatedness, and autonomy⁴⁸. Each category includes two connected families of strategies and their opposites. The first set, focused on competence, involves problem solving and information seeking in contrast to helplessness and escape or avoidant reactions. These strategies help individuals to adapt their behaviours to the environmental constraints they face. The second set, focused on relatedness, comprises self-reliance and support seeking in contrast to delegation and social isolation. It revolves around endeavours to build reliance amongst and between people caught up in the situation. The third set, focused on autonomy, includes accommodation and negotiation in contrast with submission and opposition. These strategies are organised around efforts to trade options to reach one's own goals. Following disasters, children and adolescents can use a range of coping strategies. Acknowledging that the efficacy of each strategy depends on various elements pertaining

⁴⁶ Lazarus, R. S., Folkman, S. (1984) *Stress, Appraisal, and Coping*. New York: Springer.

⁴⁷ Zimmer-Gembeck, M. J., Skinner, E. A. (2011). The Development of Coping Across Childhood and Adolescence: An Integrative Review and Critique Research. *International Journal of Behavioral Development*, 35, 1–17. <https://doi.org/10.1177/0165025410384923>.

⁴⁸ Deci, E. L., Ryan, R. M. (1985). The General Causality Orientations Scale: Self-Determination in Personality. *Journal of Research in Personality*, 19(2), 109–134. [https://doi.org/10.1016/0092-6566\(85\)90023-6](https://doi.org/10.1016/0092-6566(85)90023-6).

to individual, contextual, and task characteristics, some empirical evidence gives hints about the most and least adaptive strategies concerning disasters and violent acts. For example, for natural disasters, children and adolescents' strategies such as escape, social isolation, and opposition are associated with negative psychopathological indicators, while strategies such as problem solving and social support are associated with indicators of positive functioning⁴⁹. Therefore, acquiring and being familiar with a range of potentially adaptive or maladaptive strategies in advance with respect to the occurrence of a disaster or a violent act is one way to provide children and adolescents with resources to demonstrate resilience during and after them.

Answers: Enhancing Disaster-Related Prevention and Preparedness Through Psychoeducation

According to the United Nations, increasing children and adolescents' awareness about disasters is among the key pillars to favour their readiness towards them, in turn promoting their emotional resilience⁵⁰. Psychoeducational resources, also based on the use of technology, are key instruments to increase awareness and knowledge about protective behaviours and emotional resources to cope with possible and future disasters and violent acts. However, the efficacy of such resources to increase disaster-related prevention and preparedness has been investigated only in rare cases following the standards of evidence-based research⁵¹, as “the use of prior research in a systematic and transparent way to

⁴⁹ Raccanello, D., et al. (2023). Coping Strategies and Psychological Maladjustment/Adjustment: A Meta-Analytic Approach With Children and Adolescents Exposed to Natural Disasters.

⁵⁰ Seddighi, H., et al. (2020). Students' Preparedness for Disasters in Schools: A Systematic Review Protocol. *BMJ Paediatrics Open*, 4(1), e000913. <https://doi.org/10.1136/bmjpo-2020-000913>.

⁵¹ Flay, B. R., et al. (2005). Standards of Evidence: Criteria for Efficacy, Effectiveness and Dissemination. *Prevention Science*, 6(3), 151–175. <https://doi.org/10.1007/s11121-005-5553-y>.

inform a new study so that it is answering questions that matter in a valid, efficient, and accessible manner”⁵². But what do we mean by disaster-related preparedness and prevention? And what is psychoeducation?

To respond to the first question, we must refer to the concept of disaster risk reduction⁵³, related to the prevention of the risk of new disasters, the diminishment of the risk of already existing disasters, and the management of the residual risk, to promote resilience at the economic, social, environmental, and health (both physical and mental) levels. Both prevention and preparedness are referred to in the United Nations’ guidelines described in the *Sendai Framework for Disaster Risk Reduction 2015–2030*⁵⁴. Disaster-related prevention includes all the activities aimed at reducing the risk of existing and new disasters, such as realising works for the safety of a territory for the hydro-geologic risk, constructing buildings according to the anti-seismic legislation, or respecting measures for water contamination for the risk associated with industrial accidents. Disaster-related preparedness is the range of competencies and capacities of governments, organisations, communities, and individuals to anticipate, respond, and recover in relation to the impact of probable, imminent, or current disasters. Examples are planning alert or evacuation systems, storing food, but also promoting knowledge and competencies to better deal with safety responses, both behavioural and emotional, in relation to a disaster, also through psychoeducational initiatives.

Psychoeducation is a kind of intervention that can amply target a whole community in relation to a disaster or a violent

⁵² Robinson, K. A., et al. (2021). Evidence-Based Research Series-Paper 1: What Evidence-Based Research Is and Why Is It Important? *Journal of Clinical Epidemiology*, 129, 151–157. <https://doi.org/10.1016/j.jclinepi.2020.07.020>.

⁵³ UNDRR, United Nations Office for Disaster Risk Reduction (n.d.). Disaster risk reduction. *UNDRR*, <https://www.undrr.org/terminology/disaster-risk-reduction>

⁵⁴ UNISDR, United Nations International Strategy for Disaster Reduction (2015). *Sendai Framework for Disaster Risk Reduction 2015–2030*. Geneva: UNISDR.

act, including children and adolescents. It is focused on giving information that can help in the process of natural recovery. It can include structured interventions with different sessions, workshops, or informative materials such as pamphlets⁵⁵. It usually covers knowledge about the traumatic event, common reactions to that event, psychological consequences, and coping strategies, sometimes also referring to specific psychological services available in the territory. One of its benefits is that it can be used in all the disaster phases, but its efficacy is particularly relevant during the phases preceding a disaster or a violent act. However, from the perspective of the psychological international research on disaster risk reduction, there is still a gap in the development of psychoeducational research conducted from a preventive perspective deputed to support children and adolescents, following the standards of scientific research.

How to Implement Psychological Prevention

The American Psychological Association's guidelines about prevention in psychology⁵⁶ suggest at least three elements responsible for a successful intervention programme, which are relevant also for disaster risk reduction. The first element is constituted by the link between an intervention and a scientific theory. The development of an intervention should be based on a theoretical approach, from which implementable actions derive that must be monitored on-course and evaluated at the end. This enables us to cyclically revise and improve the intervention itself with a view to bringing about some prompt changes. At the same

⁵⁵ Hisli Sahin, N., Yilmaz, B., Batigun, A. (2011). Psychoeducation for Children and Adults After the Marmara Earthquake: An Evaluation Study. *Traumatology*, 17(1), 41–49. <https://doi.org/10.1177/153476561039562>.

⁵⁶ APA, American Psychological Association (2014). Guidelines for Prevention in Psychology. *The American Psychologist*, 69(3), 285–296. <https://doi.org/10.1037/a0034569>.

time, the development should be anchored on empirical evidence that documents its efficacy following the standards of scientific research.

A second element regards the use of culturally relevant practices, differentiating the interventions according to the characteristics of the involved people to respond appropriately to their needs. Focusing on psychoeducational interventions, it descends the relevance of adapting them both to specific cultural characteristics, and to the individual characteristics that change with age, devising interventions that consider developmental differences.

The third element refers to the need to jointly consider individual and contextual characteristics. From a preventive perspective, this implies having the resources to understand in detail how a specific disaster in a specific domain can impact a specific territory. Therefore, the relevance of involving different professionals on an interdisciplinary basis – e.g., for an intervention about emotions and earthquakes, we need psychologists and geologists; for an intervention about emotions and pandemics, we need psychologists and doctors – becomes evident, as well as the need to involve a network of professionals and volunteers already existing in a specific territory.

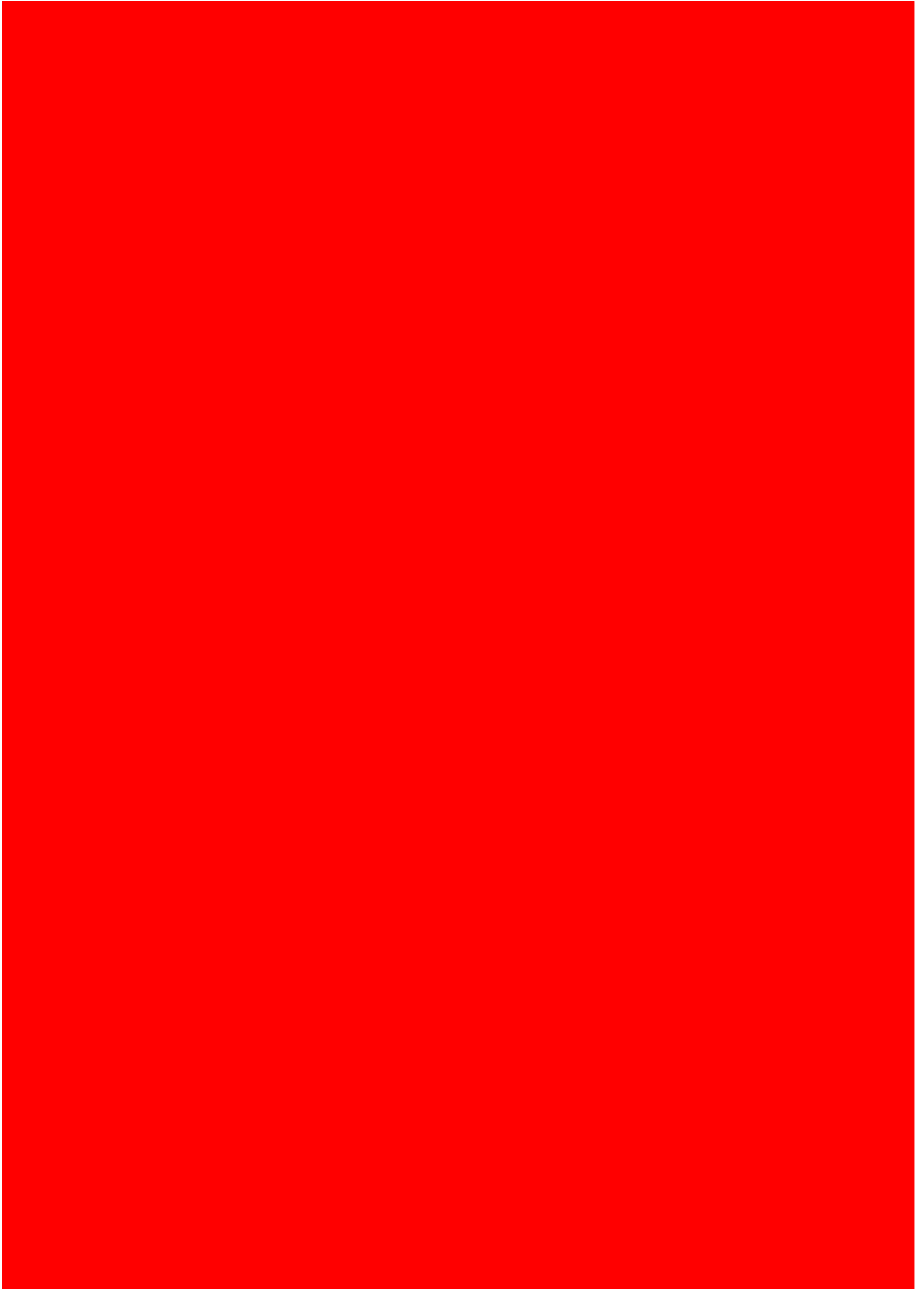
These guidelines could represent the ingredients for implementing effective preventive actions towards a variety of different disasters, also benefitting from the advantages of psychoeducation for increasing psychological resilience.

The Case of HEMOT®

In light of the importance of activities enhancing emotional prevention and preparedness towards disasters and violent acts, we instituted the Centre of Research in Psychology HEMOT® – Helmet for EMOTions (www.hemot.eu), within the Department of Human Sciences of the University of Verona in Italy. Among the initiatives promoted by HEMOT® there are school-based

interventions⁵⁷, guidelines⁵⁸, applications⁵⁹, and public communication campaigns⁶⁰ (see Figure 1 for an example of disseminated pamphlet) in relation to a variety of disasters and violent acts (i.e., earthquakes, pandemics, floods, and wars). These psycho-educational resources were based on a patented method⁶¹, tested through scientific research, and conducted in collaboration with a variety of stakeholders. The aim of such initiatives was to develop in children, adolescents, and adults psychological – especially emotional – resources to cope with possible, imminent, or ongoing disasters. The focus was first on the promotion of awareness about how people emotionally react to disasters and violent acts and, as a second step, about a range of coping strategies that can be chosen by each individual to tackle disaster-related emotions, taking into account one’s own characteristics, those of the context, and those of the specific situation. However, they also fostered a basic understanding of the main characteristics of specific disasters

- ⁵⁷ Raccanello, et al. (2023). Preparing Children to Cope With Earthquakes: Building Emotional Competence. Raccanello, D., Vicentini, G., Burro, R. (eds.) (2021). *Prevenzione Emotiva e Terremoti. Un Percorso per Bambini [Emotional Prevention and Earthquakes. A Training for Children]*. Milan: McGraw-Hill Education.
- ⁵⁸ Raccanello, et al. (2021). *Prevenzione Emotiva e Terremoti: Linee Guida per la Realizzazione di un Training Nella Scuola Primaria*.
- ⁵⁹ Raccanello, et al. (2024). HEMOT (2022).
- ⁶⁰ Raccanello, D., et al. (2020). Public health emergency: Psychological tips for children and adolescents’ emotions, *HEMOT*. <https://www.hemot.eu/2020/02/28/public-health-emergency/>. Raccanello, D., et al. (2020). Raccanello, D., et al. (2022). News about wars: How to help children and adolescents cope with related emotions. *HEMOT*. <https://www.hemot.eu/2022/03/28/news-about-wars-psychological-tips-for-children-and-adolescents-emotions/>. Vicentini, G., et al. (2022). Raccanello, D., et al., (2023). Floods: How to help children and adolescents manage emotions.
- ⁶¹ Raccanello, D., Burro, R. (2019). Metodo per l’allenamento della prevenzione ad un disastro, nonché sistema computerizzato ed un programma eseguibile al calcolatore per l’implementazione di tale metodo [Method for disaster prevention training, as well as a computerized system and a computer executable program for the implementation of this method] (Italian patent n. 102019000008295). *Ufficio Italiano Brevetti e Marchi*. https://it.espacenet.com/publicationDetails/biblio?C=C=IT&NR=201900008295A1&KC=A1&FT=D&ND=5&date=20201206&DB=&locale=it_IT



Pamphlet disseminated by HEMOT® through a public communication campaign for supporting adults to help child and adolescent direct and indirect victims of floods.

and related safety behaviours, as we are aware that emotional and behavioural preparedness are two sides of the same coin.

Examples of Other European Solutions

In the European Funding and Tenders Portal⁶², it is possible to find several examples of projects tackling problems concerning disasters at the European level, sometimes benefiting from psychoeducational approaches targeting youth.

For example, the ongoing project “Volunteering teams supporting refugees fleeing disasters in Greece (Volteri 5)”⁶³ aims to create a team of young people providing psycho-social support to migrants, refugees, and asylum-seekers from war-affected areas, also through educational activities. However, its objective is to deal with the psychological consequences of already existing violent acts, paying less attention to preventive actions. Another example is the completed project called “Training and knowledge sharing platform for first responders and educational tools for students’ and citizens’ awareness and preparedness against natural and manmade disasters and risks”⁶⁴. Among its aims was the implementation of an educational platform, also for primary and secondary school students, with a specific focus on prevention.

⁶² European Commission (n.d.). EU funding & tenders portal. *European Commission*, <https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/home>

⁶³ Associacio Open Cultural Center (2023–2025). Volunteering teams supporting refugees fleeing disasters in Greece (Volteri 5) [EU funded project]. *European Commission*. <https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/opportunities/projects-details/43254037/101126548/ESC2027?order=DESC&pageNumber=1&pageSize=50&sortBy=title&keywords=%20disaster&isExactMatch=true>

⁶⁴ Diethnes Panepistimio Ellados (2021–2022). Training and knowledge sharing platform for first responders and educational tools for students’ and citizens’ awareness and preparedness against natural and manmade disasters and risks’ [EU funded project]. *European Commission*. <https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/opportunities/projects-details/31082527/101017819/UCP-M?order=DESC&pageNumber=1&pageSize=50&sortBy=title&keywords=%20disaster&isExactMatch=true>

However, the proponents focused only on behavioural preparedness, and not on psychological aspects. Also, the projects “Improving disaster risk understanding”⁶⁵ and “Drafting disaster risk reduction awareness raising guidelines and disaster loss data & assessment system”⁶⁶ – both still ongoing – assume an educational perspective and aim at developing various educational materials to improve disaster risk awareness, for communities and youth, but it is not clear how they address psychological issues.

These examples, together with many other initiatives, demonstrate the current European attention to the themes of disaster risk reduction. However, they still leave unexplored many roads that could have a substantial impact in reducing youth’s mental health problems concerning disasters and violent acts, for instance, by taking into account at the same time behavioural and psychological aspects, preventive actions, and psychoeducational initiatives.

**WH-Questions for Policy-Makers Interested
in Promoting Disaster-Related Youth’s
Emotional Resilience Through Psychoeducation:
Possible Responses**

Are there any practical suggestions for policy makers offering clear paths to improve the situation of European youth, as far as risk disaster reduction is concerned? Is it possible to intervene

⁶⁵ Glavna Direksia Pojarna Bezopasnost i Zashtita na Naselenieto (2023–2025). Improving disaster risk understanding’ [EU funded project], *European Commission*. <https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/opportunities/projects-details/43298203/101142694/UCPM2027?keywords=%20disaster&isExactMatch=false&order=DESC&pageNumber=1&pageSize=50&sortBy=title>

⁶⁶ Croatian Ministry of Interior (2024–2025). Drafting disaster risk reduction awareness raising guidelines and disaster loss data & assessment system’ [EU funded project]. *European Commission*. <https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/opportunities/projects-details/43298203/101142799/UCPM2027?keywords=%20disaster&isExactMatch=false&order=DESC&pageNumber=2&pageSize=50&sortBy=title>

to promote youth's disaster-related emotional resilience? Resorting to the well-known WH-questions can constitute a simple way to tackle this conundrum, following the path tracked by psychoeducation.

How is it possible to intervene concerning disaster risk reduction? Psychoeducation can be a viable way to intervene in the context of disaster risk reduction. Psychoeducational initiatives can be implemented in a potentially infinite number of ways. They can include school-based interventions, development of guidelines, applications, public communication campaigns, and many others – always respecting the standards of scientific research.

Who can be the target of disaster-related psychoeducation? Psychoeducational initiatives can target all levels of society, from individuals to communities, countries, and international organisations. They can be specifically developed for children and adolescents, and then be progressively extended to all the other population segments. Psychoeducation has the greatest potential of reaching a high number of people in a brief time, including those who still have preconceptions about psychological help services.

What contents should disaster-related psychoeducation promote? Disaster-related psychoeducation should foster emotional resilience, focusing on understanding disaster-related emotions and coping strategies, together with knowledge about the nature of disasters and violent acts and associated safety behaviours.

Where is it possible to intervene? Acknowledging the challenges of a globalised society, disaster-related psychoeducation can be implemented both at the European and at wider levels, in all the contexts in which professionals such as psychologists, teachers, educators, or social workers, as well as non-professionals such as volunteers of civil protection agencies or parents can operate with

youth and educational contexts, focusing on families, schools, extracurricular activities, and larger communities.

When is it better to intervene through disaster-related psychoeducation? Psychoeducational initiatives can be conducted in all phases of the disaster cycle, but their potential is maximum when they are promoted before a disaster or a violent act, also in light of the plethora of advantages of preventive actions.

Why is it necessary to intervene through disaster-related psychoeducation? All these initiatives are a priority to contrast disruptions in youth's psychological functioning and increases in psychopathological symptoms and disturbances such as anxiety, depression, and PTSD, that disasters and violent acts can provoke.

Following these directions, psychoeducation could really become a keyword for improving youth's mental health in relation to the challenges of disaster risk reduction, both at a European and at a more global level.

Conclusion: Future Challenges and Options

All the described initiatives about disaster-related prevention and preparedness play a key role in promoting resilience, and in particular emotional resilience, of individuals, communities, countries, and international organisations. They offer a range of psychoeducational techniques to which all people interested in preserving and fostering children and adolescents' well-being — professionals such as psychologists, teachers, educators, or social workers, as well as non-professionals such as volunteers of civil protection agencies or parents — can resort.

To conclude, the initiatives promoted by HEMOT® can be the basis for developing large-scale standards at the European level to foster emotional competence related to current and future disasters in a plurality of contexts, beginning from schools

and then involving a larger variety of contexts. A critical future challenge involves the need to identify resources to educate youth to cope with current and future disasters, through psychoeducational initiatives aiming at promoting and supporting their emotional competence, whenever possible assuming a preventive perspective.

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Children and adolescents living in contexts characterised by medium-low economic development, struggling with resource paucity and difficult access to healthcare facilities, are more vulnerable to mental health problems.

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**DISSOLUTION
OF COMMUNITIES
AND MENTAL
HEALTH CRISES
AMONG THE YOUTH
IN EUROPE**

AGGRESSION

SOCIAL NETWORKS

SILOS

ALGORITHMS

The idea for the article is to provide some basic research findings on spread of pandemics of mental illness among youth (case of Serbia) with an assumption that social media algorithms are one of the main causes. Ample data suggests that younger generations are especially prone to harmful psychological influences by the social networks that is causing effect of “silos” i.e. compartmentalized reality in which an individual is surrounded exclusively (as facilitated by the algorithm of the software application) with the likeminded people. This further means that genuine dialogue is suspended as a possibility, where collective identity as such is contrasted towards other groups that emerged and persevere within their own “bubble”. Consequences of such phenomena that is becoming omnipresent (high internet penetration rates) may lead to tragic outcomes as was witnessed in the beginning of May 2023 when mass murders of youth by their peers occurred at two locations in Belgrade and in the vicinity of Smederevo. Thus, education of educators working with youth seems necessary when it comes to moderated and constant dialogue as face-to-face human communication within limited public (such as classroom) recognizing diversity and enabling genuine exchange of opinions. In the absence of such socially nourished and moderated dialogue consequences of interaction of diverse opinion holders go inevitably in direction of collision as diversity seems unacceptable leading to urge the individual to annihilate the other as the safest way to come back to the security of known group that implies aggression (virtual, facilitated by the social networks or the one in real world).

Well-structured and rational (science-based) response that goes in the direction of prevention of aggression and subsequent violence is in empowering educators to support human-centred values of empathy and tolerance within youth that are necessary underlining values and building blocks of democratic society that is protecting human rights of individual.

By researching the phenomena that may be called disintegration of the real human communities we intend to offer policy

recommendations to the decision makers in public health and education sectors, with focus on Serbia as an EU accession country that is leaning dangerously to the East and drifting further away from the Euro Atlantic values.

Introduction

The development of technology, communication, and social media in recent decades has significantly altered human life, affecting social, emotional, and mental health. While most innovations in media are primarily viewed from the perspective of technical advancements —highlighting benefits for the development of communication, the economy, and understanding neural networks — recent decades, particularly since the COVID-19 pandemic (2020), have underscored the importance of this segment from the perspective of mental health. The impact of technology and social media on the emotional and social life of individuals, their mental weaknesses, fears, and dilemmas has become increasingly apparent.

This paper investigates the mental health of young people amid the rapid expansion of social media, considered one of the most transformative technological changes in the last century, with a specific focus on the post-COVID-19 period. It examines the distinct characteristics of technology and the influence of social media on youth in Serbia and across Europe, delving into the causes of diminished empathy and the emergence of violent behaviour among youth, which frequently goes viral.

Concurrently, such technological development is often heralded as “the progress of humanity,” with dominant discursive frameworks in contemporary scientific and theoretical considerations predominantly adopting a technocentric approach. However, this orientation frequently subordinates humans to technology, side-lining critical inquiries into the societal benefits and foundational frameworks of these technological advancements. This study aligns with EU policies on digital wellbeing and youth

protection, emphasizing the need for a balanced approach that critically assesses the societal impacts of technological change, highlighting both the potential benefits and the unintended consequences of increased connectivity and media consumption.

This research focuses on the emerging mental health crisis among young people in Serbia and Europe, particularly examining the breakdown of traditional communities and its implications. The objective is to comprehend the escalating mental health challenges linked to the breakdown of these communities, with a specific inquiry into the role of social media algorithms and modern technological advancements.

Research Objectives & Methodology

The impact of the internet, social networks, and digital technology on the mental health of young people is a complex and multi-layered phenomenon that necessitates thorough examination. This paper draws on various studies conducted in Serbia and other European countries to explore different facets of this impact. Key areas of investigation include levels of digital literacy, the prevalence and influence of peer violence on social networks, and the overall effect of digital technologies on the emotional and social wellbeing of youth.

Building on previous studies in Serbia, this research extends its scope to encompass the broader European context, considering unique socio-cultural factors.

Methodology

Literature and Research Review: We synthesized existing research on the intersection and impact of technology, social media, mental health, community dissolution, and the increase in violence among young people in Serbia and Europe. Additionally, we explored the Silo Effect to examine how younger generations are susceptible to harmful psychological influences, resulting in

the creation of isolated online communities and a breakdown of traditional communal bonds.

Identification of consequences and tragic outcomes, as well as analysis of potential effects of widespread mental health crises, including increased rates of addiction and violent behaviour among European youth, points to issues that may have their roots in early childhood.

Comparative Study: Using the comparative method, we compared research from different countries to identify common patterns and unique contextual factors shaping the mental health landscape of young people and their connection to social media.

Research Findings

In this paper, we will use several different studies on the mental health of young people and digital literacy, conducted in Serbia and other European countries.

According to the World Health Organization, mental health is “... a state of mental wellbeing that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It has intrinsic and instrumental value and is integral to our wellbeing.”¹ Mental health encompasses an individual’s emotional, psychological, and social wellbeing².

According to the official *STADA Health Report 2023*³, only 60% of young Europeans aged 18–24 are satisfied with their mental health. The health study, which included more than 16 countries, shows that the quality of mental health across the continent has significantly improved (10%) compared to 2022, with

¹ World Health Organisation (2014). Mental Health. https://www.who.int/health-topics/mental-health#tab=tab_1

² Galderisi, S., et al. (2015). Toward a new definition of mental health. *World Psychiatry*, 14(2):231–3

³ STADA Health Report 2023: Representative survey with over 32,000 respondents from 16 European countries; more details at: www.stada.com.

Serbia and Romania leading the way. Currently, 67% of Europeans rate their mental health as “good” or even “very good”. Romania and Serbia have shown significant improvements; 86% of Romanians and 80% of Serbians rate their mental health as “good” or “very good,” with Romania seeing a 15% increase and Serbia a 22% increase⁴. The lowest mental health ratings are found in the UK, Poland, and the Czech Republic, where only 57% of respondents describe their mental health as “good,” and every fifth Briton explicitly states their mental health as “poor.” In terms of gender, nearly three-quarters of men (73%) compared to 62% of women describe their mental health as “good.” Satisfaction significantly increases with age, influenced heavily by financial stability, and similar issues⁵. Despite the improvements in mental stability, many fears still burden young Europeans, such as: the fear of losing loved ones, health problem with illnesses (are a significant fear for every second European), personal financial problems, wars and geopolitical conflicts, etc.

In 2021, a study⁶ on the health of young people in Serbia, including topics of mental health and digital literacy, was conducted among 0.09% of youth aged 15–29 (the estimated required sample size for the study), of which 70% were girls, 27.8% were boys, and 2.2% (23 participants) chose not to disclose their

⁴ More at Hemofarm (2023, October 19). STADA Health Report 2023: Mental Health of Europeans Is Improving. <https://www.hemofarm.com/eng/vest/252/STADA-Health-Report-2023--Mental-Health-of-Europeans-Is-Improving>

⁵ Hemofarm (2023, October 19).

⁶ The research was carried out using an online questionnaire distributed via social media and partner organizations throughout Serbia. Participation in the study was voluntary and anonymous. Data collection lasted from mid-August to the end of September 2021 or until the necessary sample quota was filled. More than half of the participants (58.6%) reported living in a large city (Belgrade, Novi Sad, Nis, Kragujevac). One in five (22%) lived in a town, one in ten (10.7%) in a municipality or settlement with up to 30,000 inhabitants, and the fewest participants (8.7%) reported living in a village or settlement with up to 10,000 inhabitants. Research on Youth Health: The Status and Needs of Young People in the Republic of Serbia the National Youth Council of Serbia conducts this research as part of the “Healthy Twenties” program, with the support of Galenika a.d. Beograd.

gender. A summary of results shows that only 30.7% of young people have stress levels within normal limits; a significant 68.5% of respondents experience anxiety; more than half (51.9%) show symptoms of moderate to severe depression; 34.2% of respondents needed psychological or psychotherapeutic services in the past six months but did not consult with a psychologist or psychotherapist.

Research from the EU Kids Online⁷ study indicates that students spend, on average, more than three hours per day on the Internet, with the oldest students spending up to 4.5 hours daily. During weekends, this time increases, with two-thirds of young people spending four to seven hours online. The same study shows that the Internet is primarily used for entertainment and communication, with more than two-thirds of children and young people (74%) having a profile on a social network or a gaming platform. An interesting finding is that most of them violate the rules for creating social media accounts. Specifically, although the minimum age for creating social media accounts is 13 years, 41% of students aged 9 and 10 and even 72% of those aged 11 and 12 have an open profile.

Results from another study, which included a sociodemographic questionnaire filled out by 80 hospitalized patients at the Day Hospital for Adolescents, indicate that 90% of the total sample used social networks (Facebook or Instagram). Individuals who authentically present themselves on social networks (20.8%) exhibit higher levels of positive affect, higher levels of social contacts, and lower levels of stress, compared to those who are insincere on the networks (41.7%) and share likes to please others and be accepted⁸.

⁷ Kuzmanović, D., et al. (2019). *Korišćenje interneta i digitalne tehnologije kod dece i mladih u Srbiji: rezultati istraživanja Deca Evrope na internetu*. Beograd: Institut za psihologiju Filozofskog fakulteta u Beogradu. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3514189

⁸ "In total, 20.8% of respondents in some forms were insincere when they shared information on social networks, while 41.7% of respondents manifested dishonest

A significant problem is that technology and media are increasingly “replacing” parents’ time and attention becoming a part of the daily habits of children even younger than two years old. In the research conducted by Nataša Ljubomirović and Roberto Grujučić published in the journal *Psychiatry Today*, it is noted that even 79% of children under the age of two are already using mobile phones in some way. “According to research from the United States, about 72% of children under 6 years of age, know how to use a computer, about 30% do it on average an hour every day, while about 40% of children are introduced to an electronic device at the age of 3. This percentage is constantly increasing”⁹. This leads to numerous consequences, not only addiction to phones and media, but also the development of synapses in the brain, the growth of empathy and awareness of others’ emotions, attention disorders, understanding nonverbal communication in others, and many more.

In investigating the impact of the internet on the emotional lives of young people, Trebješanin highlights the lack of empathy because of growing up in the digital age, which is a significant factor in the prevalence and support of peer violence on social media. Trebješanin states, “Digital violence is particularly widespread on social media among young people and children because they lack sufficiently developed empathy and social intelligence, and thus are unaware of the consequences of their inappropriate social behaviour on others. Devoid of empathy, they often do not perceive their hurtful behaviour as something painful to others because they do not see them as like themselves.

liking behaviour to be accepted by friends/followers on social networks. In this study, depression did not affect the presentation on the social networks in forms of sharing information and liking behaviour, but the presence and severity of anxiety symptoms significantly made difference when it comes to sharing information insincere on social networks”. Munjiža, A., Kostić, M., Košutić, Ž. (2019). Deljenje podataka i ‘lajkovanje’ radi dopadljivosti na društvenim mrežama u odnosu na depresivnost i anksioznost kod adolescenata. *Psychiatry Today/Psijihijatrija Danas*, v. 51, Issue ½, p33.

⁹ Munjiža, A., Kostić, M., Košutić, Ž. (2019), p. 5.

Additionally, in digital, mediated communication at a distance, which is anonymous and where the victim is neither seen nor heard, aggressiveness is not perceived as harmful or dangerous. All these factors facilitate uninhibited expression of aggressiveness and seemingly heartless brutality”¹⁰. This lack of empathy and social intelligence, coupled with the anonymity of digital communication, underscores the urgent need for targeted educational interventions and ethical guidelines to mitigate digital violence and foster a more empathetic and socially responsible online environment.

Silo Effect

Another problem faced by younger generations and teenagers is the “silo effect” – a situation where different groups or departments within an organisation or community isolate themselves from one another and do not communicate. These conditions, where isolated social environments and fragmented sources of information exist, can impact mental health negatively, especially among younger generations. These influences can come from various sources, such as peer groups, educational systems, family dynamics, social networks, and the way social media algorithms function.

The silo effect can be further exacerbated using social media platforms, which often employ algorithms that create “echo chambers.”¹¹ This means that users are predominantly exposed to content that confirms their existing beliefs and interests. Such exposure frequently leads to isolation from diverse perspectives

¹⁰ Trebjesanin, Z., Kopunovic, D. (2024). Psychological problems of education of children and youth in the digital world. *Education and Social Development*, 21.

¹¹ This concept is widely discussed in various sources. One perspective explains that social media platforms create echo chambers by showing users content that aligns with their preferences, which can exacerbate ideological divides and limit exposure to diverse at Strategic America, <https://www.strategicamerica.com/blog/2019/09/the-social-silo-problem/> and Huron Diocese, <https://diohuron.org/news/avoiding-the-silo-effect-in-our-social-media-behaviour>.

and critical discussions, increasing vulnerability to harmful psychological influences such as misinformation, cyberbullying, and unrealistic social comparisons.

The silo effect and social media echo chambers can significantly impact mental health, particularly among younger individuals. In this context, individuals become sensitive to criticism, which is generally experienced by all who use open Internet platforms and social media. Additionally, young people often form tightly knit peer groups, both online and offline. This isolation can worsen peer pressure, exclusion, or even peer violence. When groups of young people operate in “silos,” they lack access to broader social support networks or professional mental health resources. Research shows that social media platforms often use algorithms that create echo chambers, where users are primarily exposed to content that aligns with their existing beliefs and interests. This environment can limit exposure to diverse perspectives and critical discussions, which can contribute to social isolation and reinforce existing biases¹².

Studies have specifically examined the mental health impacts of these echo chambers. For example, the Digital Wellness Lab at Boston Children’s Hospital highlights that social media’s algorithm-driven content curation can lead to increased anxiety, depression, and feelings of isolation among teens¹³. Another study published in the *International Journal of Environmental Research and Public Health* explored how social media interactions contribute to echo chambers, which can exacerbate the spread of misinformation and polarize user attitudes (MDPI)¹⁴.

¹² Pazzanese, C. (2017, March 24). Danger in the internet echo chamber. *Harvard Law Today*. <https://hls.harvard.edu/today/danger-internet-echo-chamber/>. Quraishi, A. (2023, February 26). How the social media “echo chamber” can harm teens’ mental health. *Digital Wellness Lab*. <https://digitalwellnesslab.org/press/how-the-social-media-echo-chamber-can-harm-teens-mental-health/>

¹³ Quraishi, A. (2023, February 26).

¹⁴ Sun, M., Ma, X., Huo, Y. (2022). Does Social Media Users’ Interaction Influence the Formation of Echo Chambers? Social Network Analysis Based on Vaccine Video

Moreover, Harvard Law Professor Cass Sunstein discusses in his book *#Republic: Divided Democracy in the Age of Social Media* how social media's curation of information can intensify group polarization, making it harder for individuals to find common ground and increasing the potential for mental health issues¹⁵.

Similarly, families and schools can sometimes function as silos, where mental health education and support are not integrated into the broader curriculum or school culture. This can prevent students from learning about and accessing mental health resources. In the case of families, especially in communities with strong cultural or social norms that stigmatize mental health issues, the consequences can also lead to a lack of open communication about mental health or prevent young people from seeking help. Thus, isolation and lack of connectivity in various aspects of young people's lives can make them more susceptible to harmful psychological influences.

Mitigating the silo effect by promoting integration, open communication, and access to diverse perspectives and support systems can significantly enhance the mental wellbeing of young people. Additionally, increasing transparency, promoting content diversity, and enhancing user control over algorithmic recommendations on social media platforms are essential measures. These actions are crucial to creating a safer and more supportive digital environment, thereby reducing the negative mental health impacts associated with the silo effect and social media echo chambers, particularly among younger generations.

Policy Implications

There are several key points through which the mental health crisis can be prevented and mental health can be improved: mental

Comments on YouTube. *International Journal of Environmental Research and Public Health*. 2022; 19(23). <https://www.mdpi.com/1660-4601/19/23/15869>

¹⁵ Pazzanese, C. (2017, March 24).

health education, community and family involvement, regulation of social media algorithms, empowering educators.

Key measures for regulating and controlling social media algorithms:

- 1 Increase algorithm transparency: social media platforms should disclose how their algorithms work and what factors influence content ranking. Legislation can mandate social media companies to publish detailed information about their algorithms and regularly report their impact on users.
- 2 Promote diverse content: algorithms should be designed to expose users to a wide range of information sources and perspectives to reduce echo chambers. Platforms can adjust their algorithms to prioritise content diversity and promote credible sources of information.
- 3 Enhance user control: users should have more control over the content they see on their feeds. Social media platforms can introduce features that allow users to customize their algorithmic recommendations, including options to turn off personalized recommendations or select different algorithmic models.

Advocating for comprehensive mental health education programs in schools is essential for fostering resilience, wellbeing, connectivity, and a sense of belonging among youth. Such programs should be evidence-based and integrate strategies to address and mitigate digital isolation, which has become increasingly prevalent in the modern age.

In alignment with European Union values and policies, it is crucial to encourage state intervention through governmental and policy-making bodies to support these initiatives. This support can be manifested in various forms, including the integration of mental health education into national curricula, the provision of training for educators, and the development of school-based mental health services. Furthermore, public campaigns that promote empathy, tolerance, and constructive dialogue can play a significant role in enhancing mental health

outcomes not only among young people but within the broader community.

Additionally, the EU and member states should prioritise the regulation of social media platforms, addressing the negative impacts of algorithmic manipulation on youth mental health. This includes advocating for transparency in algorithmic processes, enforcing ethical standards, and implementing policies that protect users from harmful digital practices. Collaborative efforts between governments, educational institutions, and social media companies can lead to the development of innovative solutions that safeguard mental health while respecting user rights.

Support from EU projects and funding mechanisms can further bolster these efforts by providing resources for research, pilot programs, and the scaling of effective interventions. By fostering a multi-faceted approach that includes educational reform, state intervention, and regulatory oversight, we can create a supportive environment that promotes mental wellbeing and resilience among the youth of Europe and beyond.

Conclusion

This research aims to shed light on the complex interplay between technological advancements, social dynamics, and mental health outcomes in contemporary Europe. By understanding the root causes of community dissolution and mental health crises, targeted interventions can be developed to support the wellbeing of European youth and strengthen the fabric of our societies.

Policy recommendations

- Bearing in mind the fact that individual citizens throughout Europe (unlike North America) are enjoying universal minimal health insurance that is funded in great majority of the cases through employment benefits. In addition, a significant percentage of citizens are additionally insured with privately

held funds. Thus, governments need to secure the right of free choice when it comes to mental health checks and psychotherapy services available in the private and/or public sectors as the matter of decisions of insurance holders (equal access to private and public sector services providers) that will support preventive health care approach as recommended by the recent WHO findings when it comes to vulnerable groups such as youth¹⁶;

- Programs of psychosocial support that are increasingly been supported by employers in this post-pandemic period should be encouraged and additionally enabled by the fiscal policy measures by the governments in the form of legitimate tax deductions leading to lower taxable income of corporations for the amount (still rather modest) invested for the benefit of improvement of the mental health of their employees. Parents supported in this way will now be able to prioritise quality time with their children;
- Through facilitated multi-sector dialogue encompassing civil society, local and central governments as well as the private sector legal and financial frameworks should be developed that enable provision of free mental health support services provided within local communities and “promote responsible media reporting in relation to cases of suicide by training media professionals and others producing content for screen or stage on how to cover suicide”¹⁷. The former includes training of trainers when it comes to the transmission of the knowledge related to the developmental needs of young children so they are not prematurely exposed to the electronic devices, implying access to social media.
- Beneficiaries of free mental health protection services are primarily seen as vulnerable groups of society experiencing

¹⁶ World Health Organisation (2021, September 21). Comprehensive Mental Health Action Plan 2013–2030 https://www.who.int/health-topics/mental-health#tab=tab_1

¹⁷ World Health Organisation (2021, September 21), p. 29.

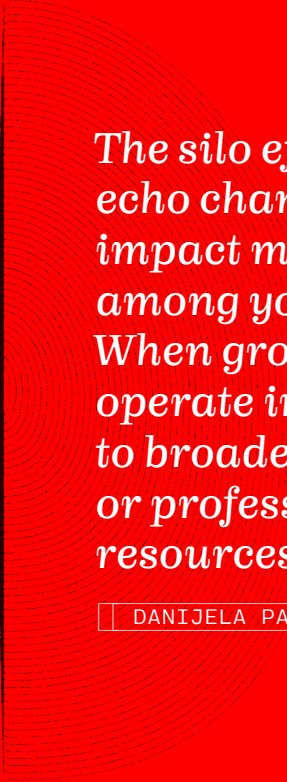
increased hazard of abuse and emotional suffering such as: internally displaced persons, refugees, migrants, former convicts, extremely poor and marginalized individuals (such as homeless) as well as certain minority groups, for example Roma who may not demonstrate a desire to be settled for prolonged periods of time within same jurisdiction/territory i.e. prone to the nomadic lifestyle within the continent.

To put into practice all the described policy recommendations political leadership is required that favours liberal values and principles of free choice, accountability, and solidarity. A special role in this process is reserved for the European institutions (i.e. European Parliament) that may provide an impetus for the policy makers at the national level as improving the mental health is leading to renewal of interaction and solidarity within reinvigorated local communities that may increase productivity and overall life satisfaction in Europe¹⁸

¹⁸ Mineo, L. (2017, April 11). Harvard study, almost 80 years old, has proved that embracing community helps us live longer, and be happier. *The Harvard Gazette*. <https://news.harvard.edu/gazette/story/2017/04/over-nearly-80-years-harvard-study-has-been-showing-how-to-live-a-healthy-and-happy-life/>

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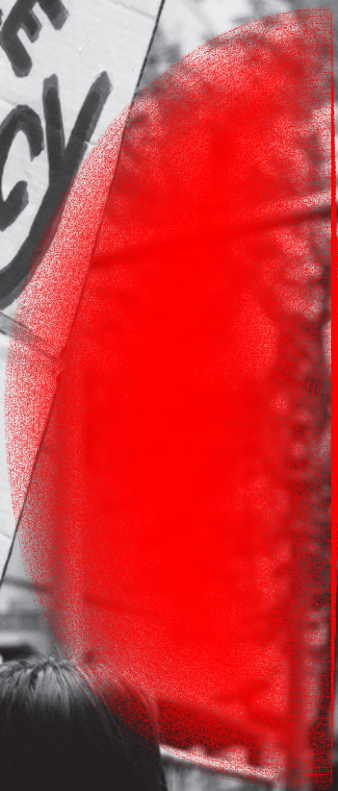
The silo effect and social media echo chambers can significantly impact mental health, particularly among younger individuals. [...] When groups of young people operate in “silos,” they lack access to broader social support networks or professional mental health resources.

DANIJELA PANTIC CONIC

&

DANIJEL PANTIC

THE ONLY WAY
TO PRACTICE
DEMOCRACY
IS TO
PRACTICE
DEMOCRACY



NINA GAGIC

MENTAL HEALTH AND POLITICS

DEMOCRATIC PROCESSES IN ACTION

STIGMATISATION

POLICYMAKERS

EU MENTAL HEALTH STRATEGY

HUMAN RIGHTS

Introduction

Talking about the importance of mental health in our everyday lives is as essential as talking about it in the public life. As it is in most democratic processes, improving a certain factor in the lives of citizens can be done through policies and laws. At the same time, these policies are bringing destigmatization, solely by giving space to an issue that is common for most people though they might not be vocalizing it. Highlighting the importance of mental health in the society can bring the issue to the fore, making it visible to greater masses who are the cornerstone of democratic processes and change. In addition, human rights are the focal point of democratic states, and protection and promotion of human rights of citizens is being done through laws and legislations brought by political parties. With ever growing interest in mental health, policies and individual opinions of political party members can show the level of commitment they have in protecting and promoting the importance of mental health of their voters.

This article will firstly point out the most important connections between mental health of individuals and political parties and processes in democratic states. This will be done through an overview of existing literature on the connection between democracy and mental health, and recent reflection on the status of mental health in human rights. Following that, the research will delve into individual policies of liberal European political parties on the importance of mental health and their personal reflections on the issue. These insights will provide steps for addressing future policymakers, as well as directing towards the gaps which may exist between political parties, or even within the parties themselves. As a whole, the aim of this article is to provide a general overview and a base for both political parties themselves, and their voters, who are on the receiving end of the policies made within the parties they elect to be ruling.

Mental health and democratic processes

Overview of the connection of mental health and democratic processes is bringing to light why respecting and promoting mental health is beneficial for both political parties and their respective voters. Taking into consideration the importance mental health has in their policies, political parties show interest in individual lives of citizens, and promotion of their human rights in a democratic state. Looking at the benefits of good mental health for individuals can be approached to form the basis of the individuals themselves, of the society, or the governing bodies and political parties in a country. This is possible due to the understanding that benefits of citizens' health, and respect for their human rights, create a healthy society which participates in political life and has the ability to elect representatives who have their best interest in mind. Democratic states, and their respective parties, benefit from participation of all citizens in political life. Mental health of individuals is connected with their participation in the society and feeling of belonging to a community.

Having this perspective in mind is important. In reflecting on participation in political life of individuals, it is noted by DeLuca and Lin that overall, the existing literature documents a clear impact of health on political participation. The magnitude of the effects is considerable and seems relatively similar across physical and mental health¹. Wise and Sainsbury have concluded that if more people are involved in political decision making, more potential actions are generated for consideration, there is better monitoring and control of government and government bureaucracies, decisions are more likely to reflect the wishes of the majority, and hence government decisions are more likely to

¹ DeLuca, G. D., Lin, X. (2024). The role of health and health systems in promoting social capital, political participation and peace: A narrative review. *Health Policy*. <https://doi.org/10.1016/j.healthpol.2024.105009>

be health promoting². This indicates, as per prior research, that higher voter turnout is related to higher quality of life.

Participation in society can also be seen through activism, lobbying, and policy making, or the presence of the society in policy making process. If it is not supported, political parties may not know the need of the citizens. In relation to mental health policies, it is noted that if people with mental illness think that representatives do not “stand for” them, then they will feel less represented and less motivated to participate in politics. The fact that politicians pay more attention to the opinions of voters than to those of non-voters may further dampen feelings of efficacy and of perceived responsiveness and representation³. This creates a perpetual dissatisfaction between the voters, lower voter turnout, and eventually fewer possibilities for a fully democratic state.

In recent years, political parties in Europe have started paying attention to and actively promoting and protecting mental health of the citizens and advocating for improvement of the status of mental health in governing policies. This is also seen through meetings and reports numerous bodies and representatives in the European Union are having to spotlight mental health. In a report of European Economic and Social Committee (EESC) on young people and mental health, many representatives have emphasized on the disregard mental health is having in policies. Among others, EESC co-rapporteur for the opinion on measures to improve mental health said: “We need to urge politicians to address mental health risks. Not only here, not only in the European Parliament. We have to speak out in our own countries to push politicians”⁴. This represents many voices raised

² Wise, M., Sainsbury, P. (2008). Democracy: the forgotten determinant of mental health, *Health, promotion journal of Australia. Official Journal of Australian Association of Health Promotion Professionals*, 18(3):177–83.

³ Bernardi, L. (2021). Mental Health and Political Representation: A Roadmap. *Frontiers in Political Science*, vol. 20. <https://doi.org/10.3389/fpos.2020.587588>

⁴ Kolakov, I. (2023). Public hearing on Young people and mental health. *European Economic and Social Committee and the European Parliament*.

at the meeting in regards to the detrimental effects low mental health of citizens has on democratic values and procedures in a country individually, and in the European Union as a whole.

Importance of policies

European Union states highly value promoting and protecting human rights of people within their borders, with most human rights declarations and conventions cross cutting borders, with EU having adopted a *Charter of Fundamental Human Rights* as a supranational organization. The *Vienna Declaration* states that human rights and democracy are interdependent and mutually reinforcing. Understanding this allows us to comprehend the importance democratic processes have on human rights and how protecting human rights helps democracies to grow. The following chapter will bring out the importance of a right to mental health and that it is deemed as universally important.

A 2022 WHO report on mental health emphasized that formal global mandates for health and human rights should work as protective structural factors. Likewise, greater democracy and equal access to justice, reductions in poverty and greater acceptance of diversity are all important global trends that work towards better mental health⁵. Human rights bodies must work through democratic processes and respect of human rights relies on policies governing parties bring in their respective countries. In reflection to this report, protecting human rights and promoting democratic values is beneficial for mental health of individuals. These are one of greatest factors of resilience that political parties can bring in order to improve lives of the citizens. Having in mind that mental health is mentioned as part of a human right to health, directly addressing it in policies brings benefits in multiple levels, eventually bringing out in unison respecting needs

⁵ World Health Organization (2022). *Mental health in Europe: The need for democratic processes*. Copenhagen: WHO Publications.

of individuals, and gaps noted by numerous organizations which are focused on improving and protecting human rights. Being that human rights and democracy are mutually reinforcing, filling the gaps by policies are going to help growth of democracy.

Another example is the Special Rapporteur on the Commission on Human Rights Resolution 2002/31, which urges states to guarantee the right of everyone to the highest attainable standard of physical and mental health will be exercised without discrimination of any kind⁶. It can be concluded that international reports reflecting the importance of health, with focus on mental health, have become increasingly present within the discourse of human rights. This is important for liberal political parties especially, because following these reports and taking direct action within their policies will enable those parties to serve as a connecting point between individuals in their states, and supranational organizations — such as United Nations or European Union. This will enable for benefit and growth of the parties, individual voters well as the human rights they are addressing with their policies.

Having seen the relevance and space mental health is taking in human rights and democracy, and the role political parties can play, it is useful to review policies and opinions of liberal political parties in Europe and how are they positioning themselves in the role of connection point between their voters, themselves, their respective states, and supranational organizations.

EU Mental Health Strategies and Policies: 2009–2023

The period from 2009 to 2024 has brought significant changes and challenges, including global health crises, geopolitical

⁶ Hunt, P. (2023). Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health. *UN Commission on Human Rights*.

shifts, humanitarian crises, energy crises, inflation, and digital transformation. Analysing studies on OECD countries, Guerra and Eboeime note that a significant relationship was found between periods of economic recession and increased depressive symptoms, self-harming behaviour, and suicide⁷. The COVID-19 pandemic significantly impacted healthcare, the economy, and social structures, revealing the fragility of health systems and the importance of rapid responses to crises. UNDP states that in many contexts, the social contract between the state and its population was under strain, with diminishing levels of trust in governance systems, and democratic political processes being disrupted as the pandemic is used to centralize and consolidate power⁸. This brings us back to the importance of participation and feedback from citizens, who are direct users of mental health services. Through a short overview of strategy development over the years, we will look at key takeaways in EU mental health action plans and inclusion of citizens.

In 2009 the European Parliament published a *Report on Mental Health*, in which it, under section 18, calls on the Commission to keep the proposal for a European Strategy on Mental Health and Wellbeing as its long-term objective⁹. Goals for improving mental health across the EU and increasing access to quality services were outlined in the *EU Mental Health Strategy 2013–2020* and the *Action Plan for the EU Mental Health Strategy 2013–2020*. The prevalence of mental disorders and the percentage of those without adequate help did not significantly change from the previous strategy. This Action Plan followed the agenda

⁷ Guerra, O., Eboeime, E. (2021). The Impact of Economic Recessions on Depression, Anxiety, and Trauma-Related Disorders and Illness Outcomes—A Scoping Review. *Behavioural Science*, 11(9):119.

⁸ UNDP (2021). COVID-19 and the Crisis of Governance: The impact of the Pandemic on Peace, Justice and Inclusion (SDG 16). <https://www.undp.org/sites/g/files/zskgke326/files/2022-07/COVID-19%20and%20the%20crisis%20of%20Governance.pdf>

⁹ European Parliament (2009). Report on Mental Health. https://www.europarl.europa.eu/doceo/document/A-6-2009-0034_EN.html

of the *WHO Global Mental Health Action Plan*, and was fully aligned with *Health 2020*, which is a European policy framework supporting action across government and society for health and wellbeing. In this policy it is noted that maintaining wellbeing and providing services is economically challenging for Member States; negative treatment and care experiences are another factor contributing to failure to engage; and that reforms need to achieve higher confidence in the safety and effectiveness of care¹⁰.

The *EU Comprehensive Approach to Mental Health 2023* claims that before COVID-19 one in six Europeans experienced a mental disorder annually, and that the situation has worsened over the past few years. These figures indicate that mental disorders are a leading cause of disability in the EU. Chavira notes that studies conducted at the onset and throughout the course of the pandemic have noted increased mental health problems among youth, with greater impact noted among vulnerable subgroups¹¹. Data shows that individuals with mental disorders do not receive adequate help, with the numbers for young people being almost one in two with unmet mental healthcare needs.¹² Data further reveals that about one in five Europeans is at risk of social exclusion, including those facing various forms of marginalization, poverty, and social injustices impacting their mental health. The 2023 Communication from the Commission identifies this as a link with the chance of exacerbating mental health issues¹³. In this approach, the Commission is investing EUR 1.23 billion to tackle the mental health crisis.

¹⁰ World Health Organisation (2015). *The European Mental Health Action Plan 2013–2020*. Copenhagen: WHO Publishing. https://who-sandbox.squiz.cloud/_data/assets/pdf_file/0020/280604/WHO-Europe-Mental-Health-Acion-Plan-2013-2020.pdf

¹¹ Chavira, D. A., Ponting, C., Ramos, G. (2022). The impact of COVID-19 on child and adolescent mental health and treatment considerations. *Behavioral Research and Therapy*

¹² European Commission (2022). *Health at glance: Europe 2022*. https://health.ec.europa.eu/state-health-eu/health-glance-europe/health-glance-europe-2022_en

¹³ European Commission (2023, June 7). *Communication from the Commission to the European Parliament, The Council, The European Economic and Social Committee*

Citizen involvement in strategy development has varied year by year. According to the European Commission, citizens were not sufficiently involved in creating previous mental health strategies, and there is a need for creating platforms for involvement of citizens of different groups (such as children and youth)¹⁴. The focus was on researching and analysing mental health issues, with citizen involvement limited to consultations through mental health organizations and experts. Since 2021, with the adoption of the *EU4Health Programme 2021–2027* and the *EU Comprehensive Approach to Mental Health 2023*, significant progress in citizen involvement has been observed. One such example is EU health policy platform set by the Commission, which allows for easier communication among the stakeholders¹⁵. The participatory approach positively impacted dialogue between the European Commission and citizens in providing feedback, increasing transparency and openness to citizen initiatives and proposals. Citizens have become part of the decision-making process, facilitating significant improvements to ensure adequate representation of all societal segments.

Media statements and their impact

Media statements play a crucial role in informing the public about current policies and initiatives, shaping public opinion, and influencing political processes. By analysing media statements from various political parties, we can understand how mental health is integrated into political agendas of individual parties and their representatives and how citizen participation can be integrated

and the Committee of the Regions. https://health.ec.europa.eu/document/download/cef45b6d-a871-44d5-9d62-3cecc47eda89_en?filename=com_2023_298_1_act_en.pdf

¹⁴ European Commission (2023, June 7).

¹⁵ European Parliament (2023). Mental health in the EU [briefing]. [https://www.europarl.europa.eu/RegData/etudes/BRIE/2023/751416/EPRS_BRI\(2023\)751416_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/BRIE/2023/751416/EPRS_BRI(2023)751416_EN.pdf)

in this sphere. Media statements are essential tools for political dialogue, with platforms such as television, radio, newspapers, and social media becoming a space for setting political agenda¹⁶. Research has noted that what parties emphasize or decide to talk about on Twitter contributes to what their supporters will know¹⁷. This analysis includes 12 statements from different political parties in the EU, including ALDE parties, other democratic parties and right-wing nationalist parties.

To set the stage for broad discussions and contribute to understanding the crisis and needs of mental health across all segments of society, it is crucial that political representatives positively impact citizens through media appearances. Positive influence through media engagement adheres to the principles of political dialogue and clearly articulated strategic goals. Research shows the use of the communications media is positively associated with a wide range of indicators of political knowledge, trust and mobilization¹⁸. Such influence and mobilization of citizens is crucial for the democratic functioning of a state where mental health stability and satisfactory living standards and opportunities prevail. Following subsection will include analysis of statements grouped in similar topics of reflection, from different representatives.

In furtherance of demonstrating the liberal commitment to mental health, the declarations present mental health as a fundamental issue that cuts across all societal sectors and affects societal wellbeing in general. They support integrating mental health into all aspects of public policy because they understand how important it is to the advancement of society. But what frequently

¹⁶ Gilardi, F., et al. (2021). *Social Media and Political Agenda Setting. Political Communication*, 39(1). <https://www.tandfonline.com/doi/full/10.1080/10584609.2021.1910390>

¹⁷ Popa, S., et al. (2020). Informing the public: How party communication builds opportunity structures. *Political Communication*, 37(3), 1:21.

¹⁸ Norris, P. (2000). *A Virtuous Circle: Political Communications in Post-industrial Societies*. Cambridge: Cambridge University Press.

appears is a disconnect between this vision and the practical methods required to make it a reality. Although there is an obvious need for more funding for mental health services, guaranteeing all citizens have equal access to care is still a key concern. Liberals are always focussing on the necessity of addressing issues of assistance, inclusivity, and accessibility for people of all backgrounds, as well as the fair distribution of services. Besides, there is a strong emphasis on de-stigmatizing mental health, promoting an environment in which candid political discourse promotes trust and breaks down obstacles to care-seeking. Even with these admirable goals, it is nonetheless difficult to turn these ambitions into comprehensive frameworks or policies. Liberals are good at recognising the role of mental health in the advancement of society but lack answering “how” questions and instead rely on overarching objectives without offering a well-thought-out plan, both of which will be shown in their statements below.

Statements from Ska Keller and Guy Verhofstadt emphasize the need to *integrate* mental health into all EU policies. Although their following statements are clear in their objectives, they often lack concrete strategies to achieve these goals¹⁹:

- 1 Ska Keller (Green-Liberal Alliance, EU) 2014: “Mental health must be a priority in all EU policies as it is a key factor in the quality of life for our citizens.”
- 2 Guy Verhofstadt (Open VLD, Belgium) 2016: “Investing in mental health is essential for building more resilient communities and a better society for all.”

Responsibility of political leaders for improving mental health is evident in the statements of Christian Lindner and Elisa Ferreira. Lindner calls for clear strategies and resources, while Ferreira highlights the importance of equal access for all citizens:

- Christian Lindner (FDP, Germany) 2016: “Mental health must be included in all aspects of health policy. We need clear strategies and resources to ensure high levels of mental health.”

¹⁹ All sources can be found in the reference section.

- Elisa Ferreira (Socialist Party, Portugal) 2017: “Access to mental health must be equal for all, and funding and support are crucial to achieving this goal.”
- Christian Lindner (FDP Germany) 2023: “Mental health is as important as physical health. Reforms are needed to improve the availability and quality of mental health services.”

Inclusivity in strategies is emphasized by Jeppe Kofod and Inés Arrimadas. However, concrete measures for including citizens and relevant stakeholders are often underdeveloped:

- Jeppe Kofod (Socialist Party, Denmark) 2018: “All EU citizens deserve adequate mental health support. We need a consistent strategy that covers all member states.”
- Inés Arrimadas (Ciudadanos, Spain) 2017: “Mental health is crucial for societal wellbeing. We need clear strategies and resources to improve access and quality of mental health across the country.”

Accessibility and financial investment are highlighted by Sigrid Kaag and Beate Meinl-Reisinger. Kaag emphasizes the priority of mental health in government policies, while Meinl-Reisinger calls for increased financial resources:

- Sigrid Kaag, (D66, The Netherlands) 2018: “Mental health must be a priority in our health policies. Increased financial resources are needed for mental health and to ensure access to services for all citizens.”
- Beate Meinl-Reisinger (NEOS, Austria) 2023: “Mental health is crucial for our society. We need to increase financial resources for mental health and ensure that everyone has access to necessary services.”

Trust through political dialogue on mental health is reflected in statements by Micheál Martin and Matthias Strolz. Martin focuses on investing in mental health as key for the future, while Strolz emphasizes the need to reduce stigmatization:

- Matthias Strolz (NEOS, Austria) 2018: “Mental health should be a focus of our political initiatives. We need to work on reducing stigmatization and increasing access to mental health support.”

- Micheál Martin (Fianna Fáil, Ireland) 2019: “Mental health must be a key part of our health system. Investing in mental health ensures that all citizens have access to the needed support.”

Right-wing and extremist parties frequently integrate worries about immigration, national security, and social stability with mental health crisis, framing them in a nationalist and populist framework. This strategy usually makes the case that uncontrolled immigration seriously strains the country’s healthcare systems, particularly mental health services. This viewpoint is indicative of a larger right-wing trend that supports resource allocation that is selective in favour of the national community. Right-wing discourse regularly relates mental health challenges to perceived threats to community cohesion, implying that the erosion of established social values and cultural standards contributes to widespread mental health issues, as well as blaming liberals for mental health crisis in their country. In this framing, mental health is portrayed as an issue that is made worse by outside factors, mainly immigration, fast societal change and their counterparts being not up to par.

Right-wing groups suggest sovereign and ultra-conservative solutions, including harsher immigration laws and a return to traditional values. Such reactions have consequence on health and wellbeing of groups of citizens and residents, in particular people disadvantaged by the system. For example, when Matteo Salvini signed a decree of preventing immigrants to enter the country, psychologists noted that this was exposing them to mental and physical health hazards²⁰. Marine Le Pen stresses the need to allocate healthcare funds to citizens rather than immigrants²¹ and data shows that anti-LGBTQI+ discourse of the former Polish government contributed to the worsening of the

²⁰ InfoMigrants (2019, March 20). Salvini decree a health hazard for migrants, psychologists say. <https://www.infomigrants.net/fr/post/15807/salvini-decree-a-health-hazard-for-migrants-psychologists-say>

²¹ Doddman, B. (2023, November 13). French doctors vow to ‘disobey’ bill stripping undocumented migrants of healthcare rights. *France24*. <https://www.france24.com/>

mental health condition of the targeted minority (e.g. increase in the number of suicides)²².

- Marine Le Pen (National Rally, France) 2023: “In the US, immigrants must work to live. In France, they’re taken care of by public finances. In France, there are millions of unemployed people already. We cannot house them, give them health care, education... Our citizens’ mental health must come first. We cannot afford to stretch our resources thin with uncontrolled immigration.”

Various crises and restrictive measures by governments have put more strain on mental health of individuals²³. This has led to urgency in developing more specific policies and actions in regard to mental health in the previous years. European liberals have responded with policies supporting the integration of mental health into broader health strategies. The ALDE Party noted the importance of mental health in one of the adopted resolutions of the 2022 Dublin Congress. The resolution calls for governments to provide the option of a psychologist on site in educational facilities, digital access to counselling and for mental health to be increasingly present in the work of ALDE and Renew in the European Parliament²⁴. As shown through the EU strategy development overview, participation of citizens in development and giving feedback is important on all levels, and it promotes political participation of citizens feeling represented. Media participation of politicians also promotes the participation of citizens, and their engagement. This is positive reinforcement for

en/france/20231113-french-doctors-vow-to-disobey-bill-stripping-undocumented-migrants-of-healthcare-rights

²² Leight University (2024, February 9). Anti-LGBT Bills Led to More Suicides in Poland, Research Finds. <https://www2.lehigh.edu/news/anti-lgbt-bills-led-to-more-suicides-in-poland-research-finds>

²³ EuropeanParliament (2023). Mental health in the EU. [https://www.europarl.europa.eu/RegData/etudes/BRIE/2023/751416/EPRS_BRI\(2023\)751416_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/BRIE/2023/751416/EPRS_BRI(2023)751416_EN.pdf)

²⁴ LYMEC (2022). LYMEC Delegation on ALDE Congress in Dublin (2022). https://www.lymec.eu/lymec_delegation

the collaboration of European liberal parties and their citizens for mutual benefits and improvement of mental health policies.

Significance of European solutions for mental health crisis

The significance and challenges of policymaking in Europe reflect the complexity of processes and the difficulties faced by citizens and decision-makers. Political decisions not only shape living conditions but also directly impact citizens' mental health, as they may have direct impact on their levels of insecurity, stress, mood disorders, and other aspects of their mental health. Understanding these challenges enables better alignment of policies with citizens' needs and identifies areas requiring further attention. Democratic processes play a crucial role in improving mental health and vice versa. Open and inclusive processes facilitate a better understanding of citizens' needs and enable the adjustment of policies to enhance access to mental health services. This response highlights the mutual impact between democratic processes and mental health, demonstrating how democracy can contribute to the development of fairer and more effective policies for mental health. Analysing liberal political parties' perceptions of the mental health crisis provides insight into how these parties interpret and respond to challenges faced in this area. This contributes to identifying different approaches and strategies for addressing the mental health crisis overall.

The gap between policies and citizens' conditions provides insight into the mismatch between policy intentions and actual needs. This helps identify areas for improving mental health policies, pointing out the need for greater alignment between policies and real conditions. Adjusting policies to meet the needs of the citizens can be mirrored in the approach of creation of an EU Mental Health Strategy can be applied within the policies of individual parties within EU. Citizen participation in drafting and giving feedback on policies, as done with an EU Mental

Health Action Plan, contributes to formulating fairer policies that better reflect citizens' challenges and needs, providing them with a platform for participation, as well as representation.

Defining goals and foundations of dialogue analysis enables understanding how liberal politicians communicate with citizens and how their mental health strategies can be compared. This response aids in evaluating the effectiveness of communication and policies and contributes to a better understanding of the approaches and strategies used by politicians. Comparing statistical data, goals, and budgets of EU mental health strategies allows for understanding changes and continuity in approaches over time. Analysing media statements and strategies reveals how policies evolve and adapt to changes in societal needs. This can also help with having the insight on how dialogue with citizens can help bring changes and improvement of policies, as well as how effective and beneficial the dialogue is.

Comparing the implementation of strategies of liberal parties with media statements provides insights into each parties' successes and challenges. Analysing different approaches can identify best practices and areas for improvement, as it is possible that a certain approach can be good, but still has gaps and needs that citizens have which were not addressed in that policy. The value of this approach lies in understanding various methods and strategies for addressing mental health challenges and improving the existing approaches if found to have gaps. This analytical journey highlights that effectively addressed issues offer significant insights into the complex relationships between mental health and political processes. The value lies in clarifying these relationships, providing a foundation for improving policies and understanding citizens' real needs, and finding and addressing mutual benefits and negative effects policies have on citizens and vice versa.

Conclusion and recommendations

1. Increase Transparency and Citizen Involvement

Liberal political parties should work on increasing transparency regarding mental health policies. Involving citizens in decision-making processes through public consultations and participatory approaches can improve the quality and effectiveness of policies.

2. Increase Financial Resources and Support for Research

Boosting financial resources for mental health and supporting research that studies policy effectiveness can significantly improve service quality. Policies that incorporate these elements can deliver better results and greater service accessibility.

3. Consolidate and Harmonise Mental Health Strategies

Parties should work on consolidating and harmonising various mental health strategies to ensure coherence and effectiveness in policy implementation across Europe.

4. Initiative for Preventing Mental Health Crises Among Youth in EU Accession Countries

Parties should develop specialized mental health crisis prevention programs targeting youth from countries in the EU accession process. This initiative should include providing support, resources, and education to address the specific challenges faced by young people in transition, thereby improving their social inclusion and preparation for EU integration.

Media and political decisions play a crucial role in shaping and presenting of mental health strategies. Analysing media statements and the impact of political decisions reveals how policies evolve and adapt to citizens' needs. Identifying challenges and recommendations for policy improvement can aid in developing more effective strategies that better address citizens' needs. Examining current policies can uncover solutions to existing problems. Analysing media statements and strategies provides political parties and voters with essential insights for improving mental health policies. Such analysis helps parties better understand and address citizens' needs, allowing them to develop and adjust policies that are more aligned with actual challenges, thereby increasing the effectiveness and relevance of their interventions. Liberals view mental health as a fundamental human right and a key component of social justice. This response offers insight into the ideological positions of liberal political parties, based on principles of individual autonomy and social equality. The value lies in understanding how ideological stances shape mental health policies and how these stances are reflected in actual policies.

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Mental health disorders cost Europe over EUR 600 billion in 2015, equating to around 4% of GDP. Some data suggest that total economic cost of mental health will rise globally to EUR 14.5 trillion by 2030. The number of people acknowledging mental health problems after the pandemic has increased several-fold – a Eurobarometer survey conducted in June 2023 found that nearly half the EU population had experienced emotional or psychosocial issues, such as depression and anxiety, within the past year. And even before the pandemic, Europe was already facing a wave of mental illness. Around 84 million individuals in the EU grappled with mental-health disorders in 2019. Anti-depressant consumption has more than doubled between 2000 and 2020. People with mental disorders who also suffer from other treatable diseases (e.g. hypertension, rheumatism) live 10–20 years less than the general population. Furthermore, in 2015 alone, more than 84 000 EU residents died prematurely due to mental illness or suicide.

Europeans will not be healthy unless their mental life is taken seriously and services for its improvement are fully integrated into the whole system of state and society. Mental health cannot be an isolated island, it must be part of the design of the health system, education, urban planning, social security services, housing.

The mental health crisis is a huge challenge that requires not only great resources, but also outstanding ideas, innovation, great governance and cooperation. It is crucial that liberals participate in the process of finding solutions in a way that actively promotes fundamental liberal values such as respect for individual freedom and dignity, the inclusion of the broadest possible groups of citizens in the decision-making process or openness to cooperation with private and social actors. Liberal proposals must be forged in dialogue with academics, think-tank representatives and NGOs. This was also the ambition behind this publication, which has been produced through the involvement of authors with a background in politics and science, authors who are confronted with the impact of the mental health crisis in theory and practice, and who recognise the challenges at micro and macro levels.