

Youth Partnership

Partnership between the European Commission
and the Council of Europe in the field of Youth



Perspectives on youth seminar report “Youth mental health and well-being”

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Disclaimer: The opinions expressed in this work, commissioned by the European Union–Council of Europe Youth Partnership, are the responsibility of the authors and do not necessarily reflect the official policy of either of the partner institutions, their member states or the organisations co-operating with them.

This document is based on the detailed notes taken during the seminar, the summaries of parallel sessions provided by volunteer participants and the feedback from the European Union–Council of Europe Youth Partnership.

Moreover, the report does not claim to be representative of the views expressed during the seminar nor of the broader debate on young people’s mental health. Omissions are inherent. Nonetheless, we hope it captures the main messages and contributes to the discussion on young people’s mental health and well-being.

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Executive summary

On 18 and 19 March 2025, the Partnership between the European Commission and the Council of Europe in the field of Youth (Youth Partnership) hosted the seminar “Youth mental health and well-being” at the European Youth Centre in Strasbourg, France. The seminar gathered 47 participants from 16 countries including youth workers, young people, researchers and policy makers to identify some of the key challenges to young people’s mental health and to discuss youth sector responses to the mental health and well-being needs of young people and how these can be improved. The seminar was also an opportunity to present the preliminary findings of the study conducted by the Youth Partnership, whose goal is to identify factors that negatively affect young people’s mental health and well-being, as well as policies at the European and national level aimed at addressing mental health and well-being challenges and offering support to young people, and finally to map various forms of services that are available to young people.

Both the study and seminar participants identified a number of structural factors that negatively affect young people’s mental health such as economic hardship (inflation, precarious job circumstances and the housing crisis), climate change-related anxiety, global conflicts and crises and the related trauma, digitalisation such as social media use and mental health-related risks, as well as hate speech, cyberbullying and disinformation risks, among others, and the associated impact on democracy. These challenges go beyond the remit of the youth sector and highlight the importance of mainstreaming mental health and well-being across a range of other policies.

A number of mental health and well-being-specific, youth-specific and youth work policies were identified at the Council of Europe, European Union (EU) and national levels, which are detailed in this report and the study. At the national level, the study identified a relative paucity of targeted policies, namely those that focus on structural triggers of mental health problems in young people, such as climate change, housing challenges, precarity and digital media use. Subsequently, 46 mental health and well-being-related services (physical, online and hybrid) from 18 European countries were identified. The authors of the study and the seminar participants suggested several ways to improve these services and highlighted the need for continuous monitoring and evaluation of their effectiveness from young people’s perspectives. The study also identified the types of professionals who work with young people in this domain and recognised various ways in which states and other stakeholders can support their work. Some of the suggestions include investing in resilience and capacity building, reflecting on how best to approach professionalising their work, distinguishing between prevention and intervention-related work and supporting both, building trust with beneficiaries and ensuring a good balance between online and offline services.

Over the course of the two days, participants presented a range of services, best practices in terms of working with young people and capacity-building approaches. They also identified several factors that would assist youth work in this area, including the need for standardisation of minimum knowledge and prevention and intervention-related training and educational materials for youth workers; co-designing services with young people to help ensure that these services meet young people’s needs; catering to diverse and intersectional populations; and addressing the above-mentioned structural factors. Finally, investing resources in youth work efforts in this area and proceeding with caution when it comes to technological innovation is particularly important in terms of avoiding youth worker burnout in the long term and ensuring that they are able to deliver meaningful care for young people.

Part I – Seminar context, aims and objectives

A number of young people in Europe and globally are experiencing mental health and well-being challenges. According to recent Eurobarometer research (2023), mental health problems are more prevalent among younger demographics, with 59% of 16 to 24-year-olds and 56% of 25 to 39-year-olds¹ experiencing emotional or psychological problems (such as feeling anxious and depressed). A similar trend was revealed on a global scale in the World Health Organization (WHO)'s research (2024): one in seven 10 to 19-year-olds experience a mental disorder, and suicide is the third leading cause of death among 15 to 29-year-olds.

Research suggests that the mental health and well-being of young people have worsened since the Covid-19 pandemic (Cosma et al. 2023). Structural challenges have contributed to this outcome. These include rising unemployment and job insecurity, inflation and related economic challenges, the housing crisis and the consequential inability to leave the parental/caregiver home, as well as global conflicts and crisis situations such as the war in Ukraine (Evlyaoglu et al. 2025 cf. Eurofound 2022, 2023, 2024; Organisation for Economic Co-operation and Development (OECD) 2021). Other structural factors that adversely affect young people's mental health and well-being are the climate change crisis and subsequent eco-anxiety in response to youth perception that governments are not doing enough to address the problem, and youth having little power to mitigate these harms themselves (Brophy, Olson and Paul 2023; Hickman et al. 2021; Whitmarsh et al. 2022). Finally, digitalisation and social media use have been linked with rising mental health concerns in young people, although the empirical evidence base on that matter is inconsistent. There is no scientific consensus that social media causes mental health disorders (EU Kids Online 2025; Haidt 2024; Twenge et al. 2018; Orben et al. 2024; Coyne et al. 2020).

The Council of Europe and the EU recognise mental health and well-being as one of the key priorities in their policies that affect young people, which either target young people's mental health and well-being directly or do so indirectly by creating economic and other opportunities. For example, the EU Youth Strategy (2019-2027) includes provisions for supporting the inclusion of young people with mental health difficulties and for ensuring mental health-related training for those who work with young people (European Council 2018). The European Commission has also created the European Health Union, an initiative with €1.23 billion backing, aimed at prevention and intervention responses to mental health issues, where young people are one of the priorities (Evlyaoglu et al. 2025; European Commission (n.d.)). The European Youth Guarantee and European Child Guarantee are centred on creating educational and employment opportunities and eliminating social exclusion, and therefore aim to improve mental health and well-being indirectly (Eurofound 2024; European Commission, Employment, Social Affairs and Inclusion (n.d.)).

1. Based on a large sample (N= 26 693) designed to be representative according to several criteria of the population of EU27.

At the Council of Europe level, Resolution 2521 (2023) “Mental health and well-being of children and young adults” (Council of Europe 2023)² contains a number of provisions that call on member states to allocate funding to mental health support and ensure a functioning system that supports young people and enables their flourishing. Likewise, the Council of Europe Youth Sector Strategy 2030 acknowledges that uncertainties in contemporary societies are linked with increasing mental health and well-being problems in young people (Council of Europe 2020, pp. 24 and 55).

In this context, young people’s mental health and well-being have been one of the foci of the Youth Partnership’s work since 2020, with two reports published on the topic (Mastrotheodoros 2021; Mastrotheodoros and Ranta 2022) and a [Coyote Magazine \(Issue #32\) devoted to the subject](#). The team also produced [a podcast on the effects of Covid-19 on young people’s mental health](#). Finally, mental health and well-being were among the topics that featured prominently in the Youth Partnership’s symposium “Navigating transitions: adapting policy to young people’s changing realities in 2022”.

In 2024-2025, the Youth Partnership commissioned a research study “Advancing youth mental health and well-being: a mapping of policy frameworks, tools and services across Europe” (Evlyaoglu et al. 2025). The seminar offered an opportunity to present the preliminary findings of this study, examining key factors affecting young people’s mental health and well-being, relevant policies at the European and national level and mapping services available to young people. Finally, a [training kit \(T-kit\) on the well-being and mental health of young people](#) is currently being developed. T-Kits are designed to help practitioners with hands-on materials that support their education and training in relation to youth work.

Seminar approach and structure

The seminar brought together 46 participants from 16 countries, including youth workers, young people, researchers and policy makers, to identify some of the key challenges to young people’s mental health and to discuss youth sector responses to the mental health and well-being needs of young people and how these can be improved. Participants were selected through direct invitations, with special attention paid to ensuring diversity in backgrounds, experience levels and other demographic factors, including gender, age, ethnicity, religion, culture and geographic location.

The event was an opportunity for the youth sector to hear the preliminary findings of the study and to discuss how youth research, youth policy and youth work can best adapt and respond to the challenges to youth mental health and well-being.

Over the course of two days, the participants engaged with the study and concrete examples of tools and services from across Europe.

² Please also see the Resolution report: <https://rm.coe.int/mental-health-and-well-being-of-children-and-young-adults/1680aca16c>

Day 1

- Key themes in relation to young people's mental health and well-being were identified, along with the factors that negatively affect young people's mental health and well-being.
- Relevant policies at the European and national levels were presented and discussed; feedback was gathered from participants based on their experience.
- Services available to support young people's mental health were presented, including an overview by provider, age and type of service, along with examples, challenges and recommendations.
- Seminar speakers representing organisations that provide such services discussed their work in parallel sessions.
- A series of brief mindfulness sessions were held throughout the day, as well as an optional evening session where participants who wished to do so could discuss how they incorporate these practices in their work with young people.
- Participants could also avail themselves of the services of a professional counsellor, Daniele Luzzo.

Day 2

- Competencies and profiles of professionals who work with youth on providing mental health and well-being-related services were identified, along with the challenges they face and insights from their practices.
- Examples of such services in different countries were shared in parallel sessions.
- A panel discussed best practices in supporting young people's mental health and well-being, and the associated challenges in terms of funding, professionalisation and structural support for youth work professionals.
- Two rounds of parallel sessions were convened, where youth work professionals provided examples of inspiring practices in their work on youth mental health and well-being.
- The Council of Europe International Co-operation Group on Drugs and Addictions (Pompidou group) presented its work.
- Reflections and exchanges from participants on key takeaways from the seminar were gathered.

Three keynote speakers opened the seminar: Tobias Flessenkemper, Head of the Youth Department, Council of Europe; Ambassador Vesna Batistić Kos, Head of Delegation of the European Union to the Council of Europe; and Sina Riz à Porta, Board member of the European Youth Forum. Together they identified key contemporary challenges to young people's mental health and well-being, how these are being addressed through the frameworks and policies of their respective organisations and through youth work, as well as recommendations for improving the situation.

Mr Flessenkemper identified the following factors as key negative contributors to youth mental health and well-being: climate change; socio-economic predicaments; the negative impact of the Covid-19 pandemic; global conflicts and consequent trauma (in terms of fear for young people's safety and that of their families and friends; economic impact such as inflation; fear for peers and fellow human beings whose lives are in danger); and digitalisation – while social media and other technologies provide an opportunity for connection, the simultaneous apparent proliferation of hate speech and disinformation has also augmented fears of manipulation, undermined trust in democracy, and contributed to discrimination and fears over online safety. Mr Flessenkemper drew attention to the work of the Council of Europe in this area, such as Resolution 2521 “Mental health and well-being of children and young adults” (Council of Europe 2023); the [Convention on Cybercrime](#); as well as the [new recommendation adopted by the Council of Europe Committee of Ministers on young people and climate action](#), which draws attention to eco-anxiety. He concluded by reminding the audience that the outputs of this seminar will be disseminated at two flagship events later in the year: the 4th [European Youth Work Convention](#), which takes place every five years, and the [Youth ministerial conferences](#).

Ambassador Vesna Batistić Kos emphasised that the mental health of youth is a core pillar of society, and that a number of adolescents and young people in the EU are experiencing mental health problems. Girls are particularly negatively impacted, and many young people need mental health support to improve their well-being. The rising cost of living and social, political and economic problems are all negatively impacting young people's well-being and mental health. She emphasised that mental health has often been overlooked and downplayed and that mental health is not merely personal but a societal, structural issue. Stigma still presents a barrier to help-seeking. It is insufficient to merely acknowledge the problem; it is important to act upon it by creating an environment where mental health is prioritised and where effective prevention is available in order to avoid escalation of mental health issues. She referred to a range of EU initiatives and policies that address young people's mental health and well-being, including the [EU Youth Strategy \(2019-2027\)](#) (referred to above); the [child and youth mental health network](#) (under the umbrella of the European Health Union) with a range of innovative tools to support well-being; the proposal for the [Digital Networks Act](#), which should redefine the EU's regulatory approach to telecommunications and therefore address some concerns around digitalisation; and the [EU's Better Internet for Kids Strategy](#), which addresses some of the key issues around online safety and the impact of social and digital media on children and young people's mental health and well-being. For example, under the Better Internet for Kids Strategy, an action plan on cyberbullying is currently being developed, which aims to address negative impacts of one of the key concerns of young people online. A [partnership between the European Commission and the United Nations Children's Fund \(UNICEF\)](#) has been launched, whose goal is to improve mental health outcomes for children and young people and to develop a toolkit that will serve as a resource for policy makers. She stressed the importance of fostering support for mental health and well-being in schools, engaging families and focusing on the connection between social inclusion and mental health. European youth workers cover key aspects of activities that affect mental health – outreach, awareness raising and inclusion. [Erasmus+](#) funding is available to support this work, as well as the [European Solidarity programme](#) in terms of capacity building. She concluded by emphasising that listening to young people is key, that “human-centred

policies” are needed, making sure young people are “not just surviving but thriving”, living without fear, developing social and emotional competencies and reaching their full potential.

Ms Riz à Porta explained that mental health of young people has been a key issue for the youth sector over the years. While factors that influence young people’s mental health vary from person to person, she pointed to the following key structural factors that tend to be common, which were also identified in a recent Eurobarometer survey: social connections, affordable housing and income security. Mental health is not an individual issue but a political one, and it is impacted by social structure. [Uncertainty, insecurity and overall precarity](#) are especially detrimental to well-being and mental health. Many young people in the EU find it difficult or very difficult to make ends meet, and rents have risen significantly over the past decade ([see Eurofound’s 2024 study on quality of life in the EU](#)). One in four young people in the EU are at risk of poverty and social exclusion. Referring to the [European Youth Forum’s position paper on this topic](#), she explained how precarity adversely impacts young people’s well-being: 1. precarious income places young people at the mercy of employers’ demands and with little free time they find it difficult to plan and maintain social connections; 2. financial strains such as job insecurity and rising living costs leave them without sufficient funds to engage socially – hence, sadness and dissatisfaction with personal life then feed into professional problems at work, forming a vicious cycle; 3. finally, precarity leads to further marginalisation, as temporary and short-term work prevents career progress, leaving young people without a sense of stability, belonging and professional identity that are important for a sense of self-worth. She emphasised that we need to challenge the idea that young people have to struggle and urged participants to reflect on the following key questions:

- Housing: how might different aspects of housing impact our mental health and well-being?
- Work: how could work influence our mental well-being positively or negatively?
- Framing the discourse on mental health (not merely personal but a social issue): who are the dominant voices who shape our understanding of mental health and with what mechanisms?

Hence, it is crucial to think about mental health and well-being in terms of structural factors such as housing, income and precarity, namely in the social rather than merely personal determinants of health.

Finally, Mr Flessenkemper drew attention to the [European Social Charter](#) which addresses these structural issues. He concluded that mental health and well-being are essential to democracy: one needs to be well to have trust in society and to co-operate with others.

Part II – Main insights of the seminar

A. Understanding factors that negatively affect mental health and well-being of young people

Dr Stefanos Mastrotheodoros, presented the findings of the study “Advancing youth mental health and well-being: a mapping of policy frameworks, tools and services across Europe” (Evlyaglu et al. 2025). The study details the factors that negatively impact youth mental health and well-being. Subsequently, feedback was gathered from participants via group discussions and a Mentimeter poll (Figure 1).

Dr Mastrotheodoros distinguished between mental health on the one hand and well-being on the other. Well-being is a broader concept that includes physical, social, financial and other aspects. Mental health, on the other hand, could be defined as a psychological and emotional state that allows individuals to realise their own abilities, cope with stress, work productively and contribute to the community (WHO 2013, 2022a and 2022b; CDC 2024). The issue of whether youth work specific to mental health should be separated from well-being more broadly was also raised in some of the discussions throughout the seminar. Some participants pointed out that one can have mental health problems that one is managing effectively and thus nonetheless experience good well-being (see insights from the panel in this report). Participant perspectives on this topic varied greatly. Some youth workers pointed out that youth work activities that are not specific to mental health (that is, not targeting mental health) can also have a positive impact on both mental health and well-being, which feeds into the subject of mainstreaming mental health across policies.

The study identified four main structural and social drivers of mental health issues among young people: 1. socio-economic factors and precarity; 2. global conflicts and crises; 3. climate change and eco-anxiety; and 4. digitalisation and social media.

1. In addition to socio-economic factors already outlined here – precarious employment, economic uncertainty, the housing crisis (especially in Belgium, Croatia, Cyprus, Greece, Ireland, Italy and Spain) – excessive stress, even burnout, related to pressure in career planning and competitiveness can be observed among young people (Salmela-Aro et al. 2021), coupled with a sense of lack of life control and lack of social support (Mazzocchi et al. 2024).

2. Global conflicts and crises: Covid-19 has had both short-term and long-term effects on mental health (Mastrotheodoros 2021; Mastrotheodoros and Ranta 2022; Ylminds 2023), including an increased risk of psychiatric disorders (Schoeps et al. 2023), depression and suicide (OECD and EU 2022), and a doubling of depressive symptoms among 18 to 29-year-olds in some countries (Belgium, Estonia, France, Sweden and Norway). Young people with pre-existing mental health disorders were worse during the pandemic, while the prevalence of anxiety and depression has

not declined since. Global conflicts, such as the one in Ukraine, brought record-high inflation and a rise in the cost of living (Eurofound 2022), and such labour market precarity may have contributed to the rise of the far right and populism (Zagórski, Rama and Cordero 2021).

3. Climate change: several terms are used in the literature – climate stress, climate anxiety, climate worry – under the umbrella term of “climate emotions,” whereby young people tend to feel powerless in the face of perceived government inaction in relation to the climate crisis (Hickman et al. 2021; Pihkala 2024). A recent non-representative survey of young people aged 16 to 25 in 10 countries showed that 57% of youth said they were “very worried” or “extremely worried” about climate change, while 45% said that climate emotions have a negative impact on their daily lives (Hickman et al. 2021, p. e866).

4. Whether digitalisation, social media use and smartphones have destroyed a generation of young people (see Twenge 2017) has been the subject of much scientific debate. Despite a largely negative public discourse on the effects of digital media use on young people, scientific evidence suggests that the effects appear to be mixed (both positive and negative) and also small (Boer et al. 2021; Haidt 2024; Twenge et al. 2018; Orben et al. 2024; Coyne et al. 2020). While some adolescents who are already vulnerable to mental health issues may experience negative effects from excessive social media use and gaming, and digital media can contribute to mental health struggles for some young people, its use can have a positive effect on others (EU Kids Online 2025).

Participant perceptions of factors that negatively influence youth mental health and well-being

Following the presentation of the research findings, participants had the opportunity to discuss these factors in small groups and provide their own perspectives as to which factors are the most important in their countries and why. As seen in Figure 1, insecurity, stress, inability to maintain or difficulties in relationships, climate change, discrimination, social media (including information overload) and the educational system (that is, pressures to succeed and competitiveness, inability of schools to effectively support young people’s well-being and mental health) featured prominently in the discussions. Participants highlighted additional issues specific to certain countries. In Finland, young people’s mental health and well-being are negatively affected by school pressure to perform, financial issues, a move towards the political right and cuts in social security. [Finland has also tried to pass a ban on phones in schools](#), but there seems to be a significant and visible polarisation as to the effects of social media on young people – some young people are thriving both online and offline, whereas others are not, or are even harmed. In Italy, children and young people from migrant backgrounds can experience pressures on their well-being, mental health and development, due to family expectations to take care of other family members (smaller children), which causes them to drop out of school.

In Serbia, the challenging political situation, demonstrations and a perceived undue pressure on young people to deliver social change can lead to frustration, disillusionment and stress. In the

Figure 1: Seminar participants' perspectives on factors that negatively affect youth mental health

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Lana Pasic, Youth Research and Policy Manager at the Youth Partnership, provided an overview of the policies at the EU, Council of Europe and national levels that relate to youth mental health and well-being. These are all discussed in more detail in the study by Evlyaoglu et al. (2025), and only a high-level overview will be provided here. Among the relevant youth- and child-centred EU policies, the most notable are the EU Youth Strategy (2019-2027) and the European Youth Guarantee, which strengthens access to education, employment and apprenticeships for young people under 30 (Eurofound 2024). The European Child Guarantee addresses child poverty and access to mental health services, and introduces monitoring tools for children who feel low more than once a week, in relation to their gender and family socio-economic situation (European Commission, Employment, Social Affairs and Inclusion (n.d.)).

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especially in the aftermath of the Covid-19 pandemic. The resolution acknowledges mental health as a fundamental human right, fostering co-operation on this matter among workers' and employers' representatives.

At the Council of Europe level, the Youth Sector Strategy 2030 recognises that young people experience mental ill health and anxiety, and that this is a concern for policy. Furthermore, Resolution 2521 (2023) "Mental health and well-being of children and young adults" (Council of Europe 2023) states that member states should advance the right to mental health with timely and appropriate mental healthcare and treatment, as well as with a holistic approach to well-being. States should also foster an environment where young people feel valued and able to bring about change, by being invited to parliamentary hearings and by supporting their well-being.

At the national level, based on available evidence, the study has not been able to ascertain whether targeted policies – namely those that focus on structural triggers of mental health problems in young people, such as climate change, housing challenges, precarity and digital media use – exist in all countries. Some examples of available national policies are detailed in the study by Evlyaoğlu et al. (2025). Judging by those examples, it appears that most national policies do not reflect the previously identified structural contributing factors that negatively impact youth mental health. Examples of existing national policies include the multipillar programme in the Netherlands, "Mental health for us all," which targets mental health at the neighbourhood and school levels, as well as in the workplace and online. North Macedonia has developed a youth mental health strategy based on the United Nations (UN) Sustainable Development Goals. Greece has the "Child and adolescent mental health initiative", a privately funded five-year-project that started in 2021, whose goal is to promote youth mental health and improve public infrastructure for supporting youth mental health. The Youth Engagement Scheme is designed to incorporate young people's voices in mental health promotion efforts.

Participant perspectives on national policies

During group work sessions, participants were invited to share any examples of national policies in their countries that they might be familiar with, and to provide their perspectives on policies during the subsequent plenary sessions. Some representatives observed that the structural issues previously identified as key sources of mental health issues in young people are beyond the remit of what youth work alone can address. In their view, it is not infrequent that policies exist but are not well implemented. In some countries, the prioritisation of a "medical approach" rather than focusing on "universal positive prevention" can be observed. This means that the focus tends to be on people at risk, rather than more broadly on assisting young people to build communities, strengthen psychosocial skills and build resilience.

Participants pointed out that workshops which do not specifically focus on mental health – but more broadly on sports, cooking or outdoor education – can all be beneficial to youth mental health and well-being. They do not need to specifically and explicitly target mental health and well-being (well-being improvement as a by-product of youth work activity). Such work should be

recognised as mental health-related, even when it does not target mental health specifically. Participants also recognised that policies which seek to integrate youth work with education are particularly beneficial. Others observed that, when discussing policies, greater clarity is needed at the outset as to what is meant by policies – that is, mental health-specific policies, youth policies or youth work policies.

Some participants mentioned that they struggled to find, identify or recall policies in their countries that are specific to mental health, and that mental health is a marginalised topic. They recognised that mental health needs to be mainstreamed and that any policy that is designed should have youth mental health in mind. For example, in Finland, the [therapy guarantee became the law](#), and municipalities are required to provide free mental health support to people under the age of 23. Furthermore, the presence of youth workers in schools to support young people's mental health and well-being was also discussed as a relevant policy initiative. The banning of smartphones in schools was mentioned, with mixed views from participants. Teaching mental health skills to young people was suggested as a possible option. It was advised that more training for youth workers is needed to assist young people with mental health. Others mentioned that a lack of funding for mental health-related policies – or funding cuts with respect to youth work – undermines the role of youth workers in being able to support young people.

In Slovenia, the [National Institutes of Health](#) are building centres for mental health and community-based assistance. In Belgium, community-based health services work in co-operation with youth workers, where young people can receive mental health support. In general, participants mentioned the importance of availability of psychologists in schools who can focus on prevention, and also the importance of free access to psychological support.

Participants also emphasised the importance of financial and structural support for helplines, which tend to exist in all countries; the need to prohibit advertising of alcohol and gambling in schools; and the need for a whole-school approach to mental health, [such as in Wales](#). Ensuring that young people are not passed around from one staff member to another – because of their inability to help or lack of remit – was considered crucial. Timely, adequate assistance is needed.

C. Services related to mental health and well-being available to young people

PEYR Researcher Veronica Stefan presented the second part of the study (Evlyaoglu et al. 2025), providing an overview of the services available to young people by provider and type, as well as by the age groups these services cater to, together with examples of services, challenges and recommendations. The research identified 46 services from 18 European countries: Austria, Belgium, Croatia, Cyprus, Czech Republic, France, Germany, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, North Macedonia, Norway, Poland, Serbia, Slovenia and Spain. Regarding age groups targeted by these services, the majority include children under 18 (18 services) and young people up to the age of 25 (11 services), whereas another 11 services are offered to

children, young people and those over the age of 25. Eight identified services do not specify a target age, and three are aimed at young people between 18 and 25.

The study suggests that there is a degree of awareness of these services among young people, and that they do respond to the needs of young people within the constraints of their resources and capacities, but there is space for improvement. As the youth sector tends to address emerging challenges, its responses are often driven by urgency rather than competency frameworks and standardisation, which take time. A relative lack of standardisation of the services has been identified, which impacts the quality of the services provided. It is also unclear to what extent young people participate in co-creation of the services, and what competencies professionals working with young people on mental health and well-being issues possess. Greater standardisation and clarity of focus regarding what these services target are necessary, as well as evaluation of their effectiveness from the perspective of young people. These services are most frequently offered in a hybrid form (both online and offline), and are most often provided by non-governmental organisations (NGOs) with public funding, which raises issues of sustainability.

When referring to online services, we typically mean digital tools such as online hotlines, chat services, email and mobile applications, digital training materials and consulting services. On-premise services tend to offer physical spaces where people can come for mental health support, often including some digital elements that do not provide consulting via online platforms. Hybrid services combine both – services on physical premises alongside online consulting and digital tools. NGOs tend to provide hybrid services, whereas governments usually offer traditional, on-premise services. On-premise centres often engage educational specialists, support family involvement (whole-family approach), and facilitate the involvement of nutritionists, sports coaches, vocational support, sexual health services, as well as psychological counselling. Online services are more flexible in terms of delivery and can offer support for issues such as anxiety around public speaking, worries about one's appearance and insecurities.

Some examples of online services include [Norway's Ung Face It](#) [Young Face it], which is facilitated by the Norwegian Directorate of Health and aims to increase awareness and visibility of these services among young people and other stakeholders. The target age group is 12 to 17-year-olds. Services include self-help materials, self-assessment surveys, online consultations and mental health information provided by experts. Germany's [Jugend Notmail](#) is a non-profit platform targeting 10 to 19-year-olds, offered online and via mobile. It provides text-based support via chat and email by peers (through group chats) and experts at designated times. The website also offers articles, guidelines, discussion forums and advice on a variety of relevant topics. An Austrian service called [Rat auf Draht](#) is an anonymous hotline for children, teens and adults in crisis, with expanded services including email consulting, a missing children hotline, chat consultations, peer support for young people and a digital educational centre for parents.

Examples of on-premise services include [Croatia's Zagreb Child Protection Centre](#), which serves children under 18 suffering from sexual, physical or emotional neglect within their families, as well as those affected by war displacement. It provides individual and group counselling, forensic assessment, family support and training for professionals such as lawyers, kindergarten nurses,

gynaecologists and paediatricians. In France, [Quartier Jeunes](#) is a community centre run by the local government that targets young people aged 16 to 30. It offers a variety of services, including job search support, legal advice, social and cultural activities, and health consulting. The centre also provides individual and group sessions with psychologists and psychiatrists, with a special focus on addiction prevention.

Examples of hybrid services include [MIND Us](#), an NGO in the Netherlands targeting 12 to 27-year-olds, focusing on schools (providing training), neighbourhoods and online support. It trains influencers in mental health awareness, offers in-person activities and a mental health week, and facilitates discussions on mental health challenges. In Slovenia, the [MIRA](#) programme is a national government service aligned with the national mental health strategy, with no specific target age group. It aims to connect existing mental health services across the country and establish 50 centres offering in-person individual and group psychotherapy for young people and their parents, training and awareness programmes for parents and guardians, as well as digital training and awareness-raising materials. In Latvia, the [Adolescent Resource Centre](#) is a non-profit organisation targeting 10 to 18-year-olds, focused on reducing addiction and depression risks and providing dialectical behavioural therapy. Consultations are offered physically in nine cities as well as online. The website offers chat support, videos and educational articles for adolescents and parents, along with digital tools for specialists.

This section of the study concludes with the following recommendations:

- The need to evaluate the effectiveness of these services by establishing data collection procedures that allow impact analysis for policy makers. Such procedures would support decisions on the potential scalability of mental health services.
- The need for long-term strategic planning and monitoring to ensure the sustainability of these services, including identifying relevant resources and stakeholders at all levels.
- Expanding the scope of services to ensure the voices, perspectives and needs of diverse youth demographics are addressed, such as marginalised groups (there is currently insufficient evidence about support for rural youth, and lesbian, gay, bisexual, transgender, intersex (LGBTI), etc.) and ensuring multilingual support.
- Maintaining a balance between online and on-premise services: preserving the flexibility offered by online services, which helps bridge accessibility gaps (location, identity and specific needs), while also ensuring the availability of physical premises that can provide more comprehensive and multifaceted support. These need to be available in rural areas too, well equipped and accessible.
- Considering specific services targeted at age groups: different age groups can have different needs, and ensuring more tailored services with this in mind can be helpful, in addition to having basic generalised services.

Insights from parallel sessions: examples and case studies of mental health services

During parallel sessions, participants had the opportunity to choose among several presentations: Christine Schubart and Yolanda Uloho Jones from Germany talked about [Mental Health Coaches in Schools](#) (on-premise service). Erina Bréhéret from France presented the work of the NGO [Nightline](#) (online service). Jelena Stojanović from [Serbia's national programme of youth work \(NAPOR\)](#) presented the “Hej, tu smo!” [Hey, we are here for you!] programme (on-premise service); Cindy Chen from Wales talked about the [Mind our Future Gwent](#) programme (co-designed with young people and delivered in a hybrid form).

Mental health coaches in Germany are financed by the Ministry of Family Affairs, Senior Citizens, Women and Youth, and undertaken by youth migrant services comprising five organisations. This is a prevention programme that aims to offer young people information, exchange of experience and discussions on mental health. The programme was initiated in the aftermath and largely as a response to the consequences of the Covid-19 crisis. The goals of the programme are to teach young people strategies for dealing with stress; to allow young people to experience reaching out and talking to someone as an effective way to address difficult emotions or mental health problems; to provide referral to support services in their location as well as to strengthen the network of professionals who work in this space to provide better support for young people. Mental health is never imposed as a topic of discussion by the coaches and it is often young people who choose the discussion topics. Over 100 schools in all federal states in Germany participated in the programme, reaching over 62 000 young people. The presenters observed, however, that a lot more work needs to be done, as Germany has over 12 000 schools and the project should be scaled up. Yet, they are concerned that funding cuts to such programmes could hamper their sustainability despite the programmes' effectiveness. Mental health coaches do not need to be mental health professionals such as psychologists or counsellors; they receive some training to be able to fulfil this role. They attend schools during school hours (attending pre-booked time slots during classes) and after school hours as well. They deliver group activities such as art, dance and theatre workshops; mental health discussion groups; safe spaces for open conversation; and even provide first-step counselling. The pilot project was evaluated by researchers at the University of Leipzig (Rodney-Wolf et al. 2024, available in German only) indicating that all participating students (N=27) found the offerings to be good or rather good; and 78% of them indicated that they were likely or very likely to participate again.

[Nightline](#) is an NGO that is specifically geared towards improving mental health and well-being of college students in France. It does so by offering online peer support at nighttime, also referring students to institutions that offer psychotherapy, providing information and advice on mental health. There is also a phoneline and a chat service that are volunteer-based, peer-to-peer support from 9 p.m. to 2 a.m. The goal is to primarily address emergency situations such as suicidal tendencies and intense anxiety. The website also includes a mental health first aid kit and information for peers on how to spot mental health problems in their friends and provide help. The service is provided in both French and English. Although trained volunteers need not be

psychologists, many of them are, or are psychology students; they apply via an online form and receive training and evaluation before they are allowed to begin. The training lasts 28 hours and there are about 450 volunteers across eight locations in France. The focus of the service is often on stress, depression and loneliness. The funding model is via partnerships with universities and private businesses. Nightline exists in other countries as well (Austria, Germany, Ireland and the United Kingdom). The most recent [research report](#), based on 15 000 calls and chats taken by volunteers across this network in 2023 and 2024, highlights the important role of structural factors such as high living and housing costs in particular as a stressor for university students, as well as socio-environmental instability. The report creates a blueprint for action (p. 7) which, among other points, includes encouraging and enabling higher education institutions to adopt a whole university approach to addressing these risk factors, adopting an EU-wide target and respecting international targets for mental health spending, adopting recommendations and best practices for co-ordination and planning across relevant sectors and ministries, and dedicating resources to higher education staff for student mental health with clear accountability.

[Mind our Future Gwent](#) is a [community-funded project \(funded by the National Lottery\)](#) in Wales and delivered by ProMo Cymru and Newport Mind. The project was launched following research with young people after Covid-19, which showed that mental health is one of the key areas of concern. The project's goal is to prevent poor mental health and ensure that young people in Gwent receive the right support at the right time. Relying on a service design approach, the project wanted to map the existing services and understand what is effective from young people's perspectives, identify gaps and focus on filling them. To that end, 10 young people were employed as peer service designers to help design and execute the research and to co-design the services resulting from this research. It is important to emphasise that these young people were not volunteers and that some of them also experienced mental health difficulties, which they were not asked to disclose, but some of them wished to do so. They were trained in research design in order to be able to engage in the research project. The goals of the research were to understand how young people know when the right time to receive help is, to understand the barriers they face when trying to find support and reasons for not doing so, and what they do and who to turn to when they need support. Over 200 young people (convenience sample) between the ages of 11 and 27 participated in the research.

Key points that emerged from the research were that service providers need to be non-judgmental, as there was a considerable fear of stigma; that they need to be flexible in terms of time; and that there should be a seamless transition from one service to another. Passing young people from one staff member to another or one institution to another because staff members are unsure as to how to assist can act as a significant barrier for young people towards seeking help again. Raising awareness and knowledge about the available services was also identified as important, as young people often did not know what services were available to them. Four prototypes for services were co-created with young people based on this research: 1. creating a social media presence; 2. training staff to better support young people; 3. working with a multi-agency mental health support system ([SPACE](#)) in order to improve how young people are supported institutionally; and 4. enabling peer support – where young people are there to help their peers. Following these prototypes, the project developed [a page on Instagram](#) for mental

health support and well-being advice as to where and how to look for help (awareness raising about mental health, services available and encouraging young people to ask for help); two-hour training sessions with young people and professionals were developed, training them on how to support their peers or clients when they experience mental health-related issues, working with agencies (SPACE) that provide mental health support services on improving young people's experience when asking for support. A helpline service is also available for young people and the goal of the project is to scale up and widen delivery of these services.

In Serbia, [NAPOR's "Hej tu smo!"](#) was developed in the aftermath [of a tragic mass shooting incident where a teenage boy killed a number of his peers in a primary school in Serbia](#). The project is a youth work programme for youth mental health and non-violence. It is a comprehensive, standardised prevention programme designed to be replicated in different local environments and adapted to specific needs.³ It targets young people aged 15 to 19 and includes a curriculum for training youth workers, a curriculum for training peer educators and a peer education workshop plan (focusing on combating stigma and advancing mental health and well-being and non-violence). The programme was developed in consultation with 75 stakeholders as well as young people. Some 20 psychologists were trained, who then provided five-day training to 10 youth workers. A mentorship platform was created too, in consultation with 26 youth leaders. The youth workers were hired full-time (they were not volunteers) across six cities in Serbia, which helped ensure programmatic consistency. The piloting included peer education workshops and outreach youth work: 120 peer educators completed the three-day training delivered by youth workers and received ongoing support from youth workers in the form of individual supervision and group support sessions. Peer education workshops were organised for 7 797 young people across 39 high schools and participants rated them very highly (4.22/5). Outreach: 173 young people outside the school system were reached, including 35 with intellectual disabilities, who received various forms of support. Among others, activities included one-on-one support with skill development, social integration and independence. Key factors in ensuring the success of the programme included collaboration with local institutions and a range of stakeholders, which established a co-ordinated response and improved mental health support services. This approach included co-operation with civil society organisations and local mental health teams (health sector representatives, social workers, youth offices and scout groups). Local youth offices played a key role in programme sustainability; collaboration with high schools was secured via the Ministry of Education, which encouraged programme participation. As many as 20 000 indirect beneficiaries were reached, including 16 000 youth via social media, peer education, fieldwork, public events and media outreach. The supervision and mentorship platform had 35 youth workers who signed up, with 60 individual and group meetings, enhancing the quality and scale of support for youth workers in the field.

2. More information is available in the [presentation](#).

Professionals who work with young people on mental health and well-being: challenges and capacity-building opportunities

There is a diverse range of professionals who work with young people. A relative lack of minimum standardisation requirements makes it difficult to assess their competencies and to determine what their roles are, especially when comparing them across countries. Among school-based experts, there are school psychologists, counsellors, school youth workers or social workers as well as other school staff that could be involved in mental health and well-being-related programmes or activities. Psychologists and psychiatrists, as highly specialised professionals, assist in contexts outside school environments too, and youth workers and coaches work across youth centres and NGOs. Other professionals, who are not necessarily highly specialised, often work as first aid responders (for example, helpline volunteers). One of the challenges is that expectations are sometimes too high for unpaid workers (volunteers) vs. paid staff and that there should be limits on what can be expected of each type of service provider.

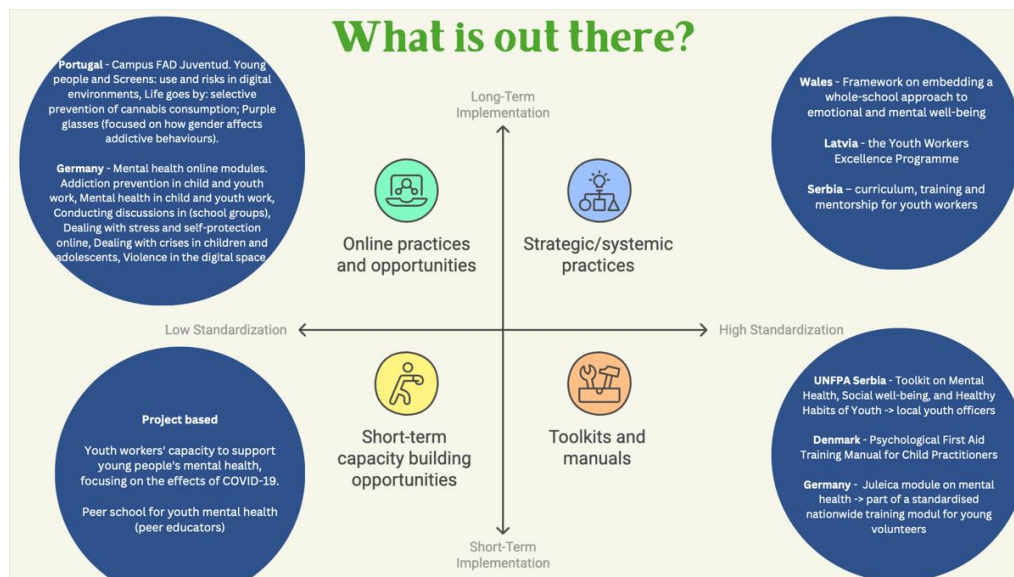
Standardisation of training and competency frameworks is another important challenge. For example, some countries do not have regulation as to what falls under psychological or psychotherapeutic activities and which professionals can engage in psychological or psychotherapeutic work, or who can use the title of a psychologist, psychotherapist or counsellor. Under such circumstances, youth workers can engage in these activities as well, even if they do not have formal degrees in psychology or are licensed psychotherapists or counsellors. An example of an initiative that seeks to address this issue exists in the Netherlands in the form of a [youth quality register](#), where youth care workers, youth and family professionals, psychologists and pedagogues need to register in order to ensure that they meet a set of professional criteria and also undergo professional supervision.

Several structural challenges were outlined: there is a limited number of professionals working in the field and they face organisational pressures with often insufficient structural support. This situation leads them to feel as if they alone were responsible for the well-being of young people. They are likely to experience fatigue and psychological distress. Complex procedures related to the sensitivity of mental health topics, privacy and data security, as well as hierarchical structures in schools for example, also burden their work. Paucity of training opportunities or sufficient funding, short-term contracts and precarity of their own work, and the high cost of mental health services also make their jobs more difficult. Lack of trust from beneficiaries because of perceived stigma is another issue, as well as the perception that they are not sufficiently qualified to address young people's mental health problems. Educational programmes for youth workers in this space do not cover all the competencies, especially those related to emerging issues, or youth workers lack time to join upskilling initiatives. Professionals perceive that they need more support in the form of increased counselling opportunities, contact points, mentoring, coaching or peer networks.

Many training opportunities and capacity-building initiatives for youth workers already exist and have been identified in the Youth Partnership study, some of which are more standardised and

long term than others (see Figure 2); and some of which are presented in this report as well (see NAPOR's initiative on p. 18 Latvia's Youth Work Excellence Programme on p. 22. Main learning objectives of the identified capacity-building initiatives include self-awareness for staff, education about mental health and well-being concepts, training in how best to deliver services for families and caregivers as well as young people, and finally, crises response techniques.

Figure 2: Examples of identified capacity-building initiatives for youth work in the field of mental health⁴



Main considerations for the future based on the findings include:

- the need for various stakeholders (states in particular) to invest in resilience, capacity building and well-being of professionals who work in the field;
- reflecting on how best to approach professionalising mental health and well-being work. For example, determining the basic competencies and training that professionals who engage in well-being and mental health-related work need to have; as well as how this relates to professional titles and roles such as that of psychologist, psychotherapist, etc.;
- distinguishing between prevention and intervention-related work and considering how to approach mental health vs. well-being or whether they need to be addressed together (this topic emerged in the subsequent panel discussion too);
- building trust with beneficiaries (in the services provided and level of professionalisation);
- continuously recognising gaps (self-reflecting on competencies and existing expertise): there is stronger expertise on some topics such as war crises and different types of traumas, whereas there appears to be less expertise in the area of technology use (for

⁴ See Evlyaoglu et al. 2025 for a detailed overview.

instance, understanding social media use and its impact, algorithmic curation of content and the implications of artificial intelligence (AI) development);

- ensuring that services that are delivered digitally are of good quality and are balanced with offline contact as well.

The final point merits additional attention, as the continuous pressure to cut costs and deliver what some participants termed as “cheap” and efficient services can lead to increasing reliance on AI-powered chatbots by service providers. This technology does not always provide good service and can further hamper beneficiaries’ trust. This is why it is important not to force apparently cost-effective digital “solutions” at all costs. The rapporteur urged policy makers to reflect on the following: if recent research should indicate that young people find AI-assisted chatbot technology more relatable than human youth workers or mental health professionals, precisely because these professionals are under-resourced and burnt out and cannot adequately help young people for these reasons (see Ovsyannikova et al. 2025, p. 9), how does this knowledge affect policy choices? This challenge will grow in salience with further development and sophistication of generative AI (GenAI). The rapporteur observed that it is imperative that policy makers prevent further pressure being placed on already under-resourced youth workers and mental health professionals to effectively deliver services in this area under the threat that they will be replaced by GenAI. Such pressure could increase the risk of burnout and reduce the capacity for empathy and authentic connection with beneficiaries. Furthermore, GenAI development comes at an environmental and energy cost (Bashir et al. 2024; Hao, 2025; Zewe 2025), with climate change implications. Climate change anxiety was identified as one of the key drivers of young people’s mental health problems, hence further promulgation of GenAI solutionism (see Whittaker 2024) needs to be carefully balanced with these considerations.

Further examples of youth work and capacity building

During ensuing parallel sessions, three presentations provided further examples of capacity-building initiatives for supporting young people in the field of mental health and well-being. Stanislava Vučković, Youth and Adolescent Development Specialist from the UNICEF office in Serbia, presented her work within the UNICEF Mental Health and Psychosocial Support Programme (MHPSS). Agnese Kalniņa, Head of National Youth Policy at the Agency for International Programmes for Youth, presented the youth work programme in Latvia, and Carla Alvarez Gonzalez talked about the role of youth organisations on behalf of the [Spanish Youth Council \(CJE\)](#), an umbrella organisation/platform that brings together more than 60 youth organisations.

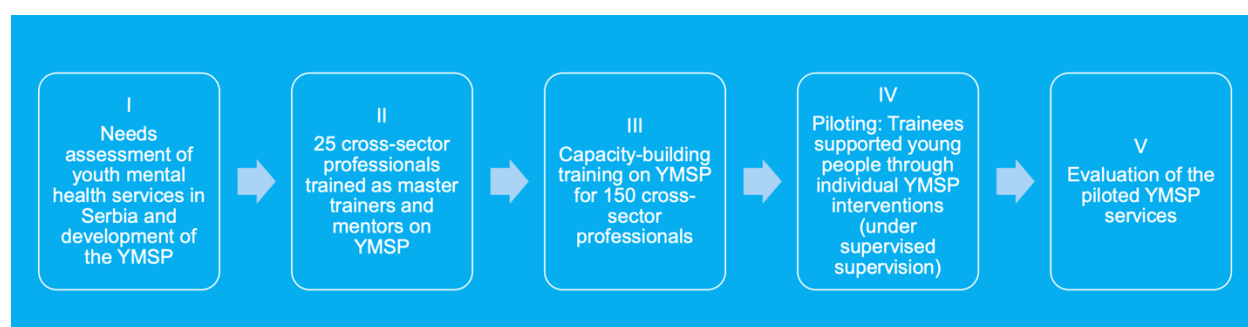
UNICEF’s MHPSS programme aims to ensure non-stigmatising mental health service delivery, accessible mental health services with high-quality mental health support, encourage adolescents to see mental health concerns as both common and treatable, and raise awareness among youth as to where to seek help. The programme was launched following [UNICEF Serbia research from 2019](#), which revealed that a number of adolescents in the country were vulnerable to mental health problems, that there were limited services available to support young people’s

mental health and little intersectoral collaboration (fewer than two psychologists per every 100 000 inhabitants).

The programme thus convened a range of stakeholders to support multisectoral capacity building in this area. Among other initiatives, it established a co-ordination group at the national level and developed psycho-educational materials for parents and children with support from the government ministries. These materials were distributed to schools, the wider public, media and youth. The programme also gathered support for [mental health platform “Sve je ok” \[Everything is ok\]](#). The platform provides a helpline and supports young people’s mental health, parents/caregivers and professionals, and is also used for data collection purposes.

The [programme](#) rests on three innovative models: the Youth MHPSS Minimum Service Package (YMSP) (see Figure 3); the MHPSS telehealth service; and community-based programmes with youth organisations such as [I Support My Friends \(UNICEF\)](#). YMSP is a set of intersectoral interventions for MHPSS professionals from three sectors: education, social and health sectors, aimed at providing direct MHPSS support to children and youth at the local level. YMSP focuses on: 1. psychosocial assessment (for instance, early warning signs of psychological problems, recognising specific risks such as suicide, self-injury, substance abuse, violence, etc.); 2. psychosocial interventions such as the use of cognitive behavioural therapy (CBT) for emotional regulation, trauma-informed care, problem solving, communication skills, and reintegrating youth after psychiatric training, etc.; and 3. inter- and intrasectoral collaboration ensuring smooth transitions between services, continuous follow-up and a unified narrative. The services are available online and in person, to individuals, groups and families, and in varying degrees of intensity (occasional support, self-help resources, intense support), depending on needs. Piloting with young people and professionals indicated that young people’s depression and anxiety decreased and they appreciated free and continuous support, while professionals rated the programme positively too.

Figure 3: Developing the YSMP model



[Latvia’s Youth Work Excellence Programme](#) is an initiative designed to strengthen skills, resilience and collaboration through long-term training, developed by the Latvian Agency for International Youth Programmes, which is part of the Ministry of Education and Science and caters to youth work professionals employed both in local government and NGOs. The programme has been

implemented since 2022 and is residential in nature, offering up to eight three-day modules over the course of two years, taking a broad approach to mental health and well-being (see Figure 4 for an overview of topics). It is designed to train youth workers on how to support young people with training, supervision via a variety of methods, reflection and evaluation. It considers topics such as psycho-emotional health problems in young people, discrimination and violence, cultural differences and empowering underprivileged young people (all at the introductory level).

The second level focuses on youth workers' psycho-emotional health and well-being and delves into topics of antisocial or risky behaviour and conflict resolution as well as addictions. Youth workers who participated in the programme found it particularly valuable that the programme included questions of diversity (LGBTI topics), that there was space for self-reflection and challenging one's own stereotypes, that they were able to better understand youth psycho-emotional states and their causes, that there was a safe space for discussion, shared learning from real-life stories and experiences, as well as an opportunity to apply the knowledge learned on real-life examples and projects. Finally, a helpful resource for working with youth workers and young people alike, the [\(Cat\) Blob Tree Coaching Exercise](#), was shared during the session, which could be helpful to participants.

Figure 4: Overview of topics covered in the Latvian Youth Work Excellence Programme



The Spanish Youth Council (CJE) representative, Ms Carla Alvarez Gonzalez, underlined the role of structural factors that negatively contribute to young people's mental health, such as the housing crisis; for example, only 16% of 16 to 29-year-olds in Spain live independently of their parents. Precarity and unfavourable economic conditions have contributed to an increase in mental health diagnoses in young people (over 40% of young people who are in economic hardship report suicidal thoughts, according to research conducted by [CJE's Emancipation Observatory](#)). At the same time, insufficient resources are provided at the policy level to professional mental health support: 14 psychologists are available per 100 000 people, and waiting times for professional mental health support such as therapy are 32 days on average.

In an effort to support capacity building in this area, the Spanish Youth Council collaborates directly with the European Youth Forum in order to: 1. raise awareness and provide mental health and well-being-related education; 2. provide safe spaces for young people; and 3. advocate for policy action.

1. They train young people engaged in youth work, who are often only 18 years old, on the basics of mental health so that they can support young people effectively. Formal education about mental health provided in schools sometimes does not resonate with young people. They may not find it relatable or even find it stigmatising, and informal education can be more effective. For example, a youth organisation within CJE, the [Don Bosco Foundation](#), trains youth workers to detect signs of mental health problems.

2. Organisations within the Spanish Youth Council provide safe spaces where young people can come in without an appointment or without having to go through complex procedures to ask for help (“first contact spaces”); these are hosting hundreds of young people.

3. Advocacy action for an informed policy: CJE collects data and insights to promote good policy to support affordable housing, job creation and resources for mental health support. This includes increasing the number of mental health professionals available to support young people and support for a helpline.

Ms Alvarez Gonzalez observed that social media plays an important role in listening to young people and providing an informal space to support them. It is essential to co-design these services with young people, listen and honour young people’s perspectives in a way that is not tokenistic or “youth washing” (see [Hart’s Ladder of Children’s Participation](#)). Youth workers are often burnt out because they are under-resourced or lack adequate training and capacity to support young people with mental health problems. For example, it can be quite difficult for a 16-year-old volunteer to provide adequate help to a peer who has serious mental health issues. Finally, it is important to take diversity and intersectionality into account; it can be quite difficult for a cis person or professional to fully understand and adequately assist a lesbian or non-binary young person.

Panel discussion: supporting young people’s mental health and well-being

Paavo Pyykönen of the Finnish National Agency for the Erasmus+ Youth Programme, Nick Morgan of Euro Youth Mental Health in the United Kingdom, and Manca Kozlovič of No Excuse Slovenia discussed their work, challenges and supportive practices for working with young people in the area of mental health and well-being.

[Euro Youth Mental Health](#) is an EU-wide NGO focusing exclusively on mental health. Mr Morgan affirmed that a specific set of methods is needed to work in this area with young people. The organisation convenes volunteers aged 18-25 who have lived experience of mental health problems, which facilitates the work with their peers. Mr Morgan is an accredited/certified mental health supporter through [Youth Mental Health First Aid](#), an organisation from Australia which provides training on how to support young people in a crisis. He also pointed to the importance of standardisation of certification and expressed concern that the term coaching is not always regulated – youth coaches are not the same as youth workers. He emphasised the need for evaluation of mental health programmes and suggested considering separating mental health from well-being youth work. A young person can have a mental health issue or a diagnosis and have good well-being nonetheless, because they are managing it effectively. Hence, different

strategies may be needed for working with these contextually varied circumstances. When this topic came up in a subsequent parallel session, some participants disagreed with this point as they felt one cannot do mental health work without also focusing on well-being.

[No Excuse Slovenia](#) is a member of the National Youth Council with expertise in the field of health and mental health in particular, but they also work on other topics such as the environment and youth participation. The organisation's members are young people aged 15-25 and they encourage youth work and activism through structural youth centres that facilitate local involvement for marginalised youth. Ms Kozlovič observed that there is no formal education for a youth worker in Slovenia and that anyone can engage in such work. Northern and western Europe tend to have more professionalised youth work, whereas in southern and eastern Europe, such work tends to be more voluntary and less professionalised. The organisation facilitates week-long summer camps for marginalised youth where they can learn about health and the environment. They also organise prevention programmes for school-aged children (9-18) where they talk about tobacco and alcohol use and addiction; they also focus on media literacy by deconstructing marketing strategies across these industries as well as beauty and energy drinks industries, which target children as young as 10.

Mr Pyykönen provided an overview of funding and structural support at the European level that can facilitate youth work in the area of mental health and well-being: the [Erasmus+ programmes](#) and the [European Solidarity Corps](#). He encouraged participants to explore these options and emphasised the importance of sustainable funding for this area. He observed that there is support for youth organisations that would like to work with mental health and well-being-related topics. For example, the [Erasmus+ and Youth Solidarity Corps project Mental Health in Youth Work](#) that funded a series of activities such as [a peer-to-peer training support programme in Bulgaria](#), where young people learn how to support one another and challenge stigma. Another example is the creation of [a capable mentor's toolkit](#) that covers the basics of supporting the mental health of volunteers, also funded in this way, as well as a [report from a large event in Portugal on mental health in youth work](#).

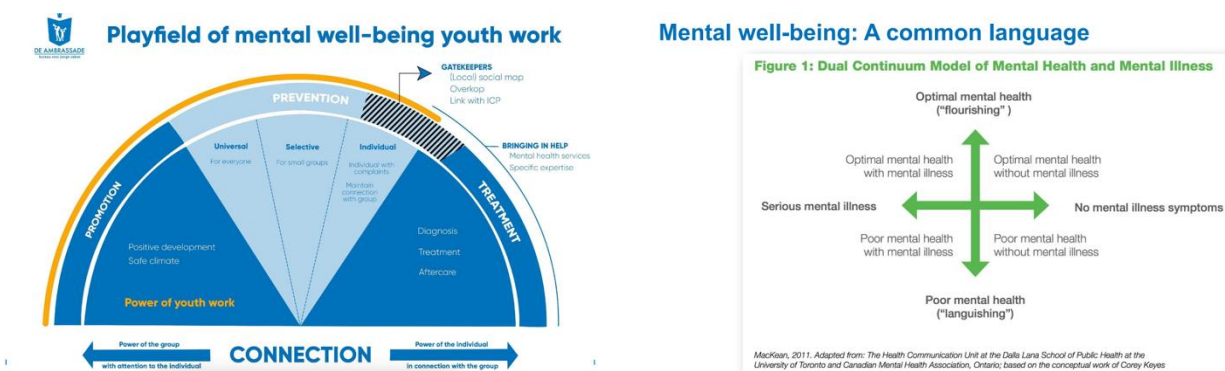
Seminar participants observed that it would be helpful to have guidelines for prevention. They asked for examples on how youth workers co-operate with state health agencies, such as the National Institutes of Health in the United Kingdom, as well as medical staff (primarily doctors) in order to support eating disorders. Others pointed out that there should be a form of standardisation as to the minimum mental health and well-being-related knowledge that different stakeholders (for example, agency workers in medical settings and social work, youth workers, families, etc.) should know; for example, recognising some warning signs of mental health problems. Some observed that with the introduction of AI-powered chatbots, the situation in this respect becomes even more complicated. Others noted the importance of recognising diversity of mental health needs and ensuring that a variety of tailored services are available to cater to those.

Inspiring practices and examples of working with young people

Two rounds of parallel sessions with examples of inspiring practices and capacity building for working with young people on mental health and well-being followed. Aagje Rottiers discussed the Playfield of mental well-being youth work by De Ambrassade, Belgium. Maša Cvar, L'MIT, from Slovenia presented a card game titled "What makes me happy." Anna Aranzhii provided an overview of the Council of Europe's work in this area. Lucia Merlino of AnciLab in Italy detailed the findings of Mind the Gap research. Nik Paddison and Eliza Popper presented the Youth Partnership's T-kit on mental health that is currently in preparation. Ralu Baci, a youth trainer from Romania, talked about their work on an app for neurodiverse young people.

De Ambrassade is a support and network organisation behind all youth work in Flanders and in Brussels, and a catalyst behind the Flemish Youth Council, the official advisory council of the regional (Flemish) government on all areas that concern children and young people in Flanders. The work of the organisation is very much in line with the national and regional policies. Mental health and well-being of young people is one of the three key long-term goals in addition to the related goals of the right to leisure time and supporting public spaces for young people. The Playfield of mental well-being youth work project centres on promotion, prevention and treatment and it attempts to articulate: 1. the role of youth work in providing mental health and well-being support; and 2. what mental health and mental illness mean. This is done by leveraging the concept of optimal mental health or flourishing – with the focus on what it takes for young people to thrive in their environments (see Figure 5).

Figure 5: Defining mental health and categorising youth work in the area of mental health and well-being



These guidelines are designed to help youth organisations formulate their own approach to mental health and well-being policy; define roles and responsibilities of youth work in this area; build bridges to other organisations in this area; provide concrete tools, examples and support. This approach is predicated on the premise that not everyone can be an expert in mental health. Nonetheless, some action needs to be taken, and thus articulating the competencies and

backgrounds needed for young volunteers in this area is paramount.⁵ For the promotional aspect of mental health (see Figure 5, left), examples of activities include working with young people on mental health promotion in a group setting before the development of mental health problems. This ensures a safe climate for young people in the group, which helps in confidence building. As for prevention, three types have been identified: universal, selective and individual. “Universal” includes, for example, talking about substance abuse or who one can approach if they have a problem or need to do so. “Selective” means focusing on specific topics such as cyberbullying, micro-aggressions and eating disorders, for example. “Individual” means a conversation with someone who might be exhibiting some warning signs or if a youth worker feels they might need assistance with something specific such as going through a difficult time (divorce of parents, social anxiety, etc.).

Treatment requires bringing in the help of someone with professional expertise for diagnosis, actual treatment and aftercare. This might mean approaching a therapist with the consent of the young person and collaborating with the therapist in the long term in supporting them. It was emphasised that while teachers and youth workers are not therapists, they have an important role to play in being trauma-sensitive (trauma-informed). Hence there is a need to educate them in that respect.

At the policy level, it was stressed that mental health needs to be a consideration in all policies (mainstreamed; for example in ensuring available and quality housing, environmental policies, etc.). [ERYICA’s YIMinds project](#) was mentioned as a helpful resource to youth work with a guide to identifying mental health distress in young people.

Maša Cvar, L’MIT, of Slovenia presented [“What makes me happy”](#), which consists of cards and a manual that offers youth workers suggestions as to how to use the cards in their work. The card game can also be used by social workers, counsellors and educators who work with young people. It encourages self-reflection – what makes them happy and what they enjoy doing. Based on their interests, youth workers can guide young people towards certain beneficial activities or appropriate organisations.

Anna Aranzhii presented the work of the Council of Europe Youth Department on mental health in a time of war, especially in the context of the war in Ukraine. She highlighted the following documents that are important in this context: the [Reykjavik Declaration 2023](#) “United around our values”, which does not focus on mental health specifically but centres on democratic processes and political participation; [Resolution 2521 \(2023\) “Mental health and well-being of children and adults”](#), which demonstrates how cross-sectoral the issue and approach to mental health need to be; the [Youth Sector Strategy 2030](#); and [the recommendation on young people and climate action](#), which demonstrates the recognition of the importance of this topic for youth mental health.

3. A detailed overview with examples is available [here](#).

Young people need to be consulted on policies, which are in turn more effective with youth buy-in. When it comes to Council of Europe's focus on mental health in the context of conflict, a [Guide on trauma-informed youth work](#) has been created. Ukrainian youth living in other countries were involved in the consultation process on how to improve youth work in this area. She observed that we do not need to reinvent the wheel – community work, engagement and development of skills are already part of youth work. Assuring youth workers that they may not be able to provide professional psychological support but can refer young people to it was also observed as relevant. Other Council of Europe reports and resources relevant to war trauma-related youth work can be found in the [report](#) from the meeting “Coming of age during the war: youth work in Ukraine today” and in the Council of Europe “[Resilience journal for adolescents](#)”.

Lucia Merlino of AnciLab in Italy presented the [Mind the Gap research](#). This research aimed to develop novel knowledge about young people's mental health and well-being during the transitional process from school to work/employment, which is a delicate phase in their lives. This is quantitative, survey-based research conducted in Germany, Italy, Poland, Slovenia and Spain with 1 464 young people aged between 16 and 29. Over half of the surveyed young people (55%) reported having experienced emotional distress (self-perceived emotional distress), and low economic status played a role in the likelihood of reporting such distress. Those who dropped out of school reported more emotional distress.

At the same time, young people, on average, reported having good skills and social connection, but there was a deficit in self-esteem. Those who reported suffering from some form of emotional distress tended to feel less competent than those who did not report such distress. Overall, young people reported nonetheless to have been optimistic about their future, although they also feel pressure to succeed in life.

Nik Paddison and Eliza Popper presented their work on the Youth Partnership's T-kit on mental health that is currently in preparation. In preparation for the T-kit, the authors reviewed the existing literature and EU, World Health Organization and UN reports and policies, as well as Erasmus+ projects on this topic, for example the [Erasmus+ and Youth Solidarity Corps project Mental Health in Youth Work project](#). The T-kit will cover the topics related to the limits, roles and ethical considerations for youth workers and organisations; self-care for youth workers and trainers; specific topics such as AI and mental health, post-truth (disinformation and mental health); as well as training activities. The authors invited participants to suggest more topics and provide feedback and input on them (see Appendix III for some of the topics that are planned and suggested).

It was observed in this session that support for youth work in the field of mental health and well-being needs to be more systematic and systemic rather than ad hoc and merely in response to crises. Youth workers sometimes feel they are doing “band-aid work” and find themselves under a lot of pressure to deliver mental health support. It would be helpful to focus on mainstreaming mental health across all policies rather than necessarily developing more policies that are specific to mental health.

Recognising the need for youth work training that addresses specific mental health and well-being-related topics that are important to young people, youth trainer Ralu Baciuc provided an overview of their [training resource/guide on the topic of neurodiversity](#). The guide provides a helpful overview of key terms, such as defining neurodiverse identities as an umbrella term and deconstructing normalcy. It explains that the concept of disability is culturally constructed and provides distinctions among the concepts of neurodivergence, neurotypical and neurodiverse. The workshop also covered key accessibility principles and discussed attention deficit hyperactivity disorder (ADHD) and autism. It examined some of the common myths related to these concepts and provided some examples of accommodations for young people that youth work can afford (for instance, cognitive and sensory accessibility and how to be a good ally).

Finally, the [Pompidou Group](#) briefly presented their work to participants. Founded in 1971 at the initiative of the French President Georges Pompidou, the Group has been promoting drug policy co-operation, combating trafficking and supporting prevention and treatment for substance abuse disorders. They highlighted their [Prevention prize](#), which is a unique opportunity for youth-led projects focused on drugs and addictions to gain international visibility and recognition. The prize is awarded every two years and highlights innovative approaches to prevention, particularly those leveraging digital technologies for youth under 18. Up to three winning projects receive €6 000 for their work and one of the criteria is that young people under the age of 25 need to be actively involved in the project.

The seminar closed with participants' feedback, evaluation and key takeaways from the seminar (see below) as well as closing remarks from the rapporteur, Tijana Milosevic, and Clotilde Talleu, Manager of the Youth Partnership.

Key takeaways from participants

- Importance of both direct programmes and services as well as indirect ones such as active citizenship.
- Importance of mainstreaming mental health and well-being across different policies.
- Need for multisectoral approaches and some examples of good practices.
- While a number of programmes and services for both youth and youth workers already exist, participants recognised that improved capacity is needed to adequately support youth.
- Programmes fill the gaps in the mental healthcare system, and in order to work effectively, youth workers need to know the system (that is, youth workers should have knowledge of what already exists).
- More support is needed for youth workers (resources and capacity building).
- More attention needs to be given to prevention and support for youth.
- When it comes to referral processes (referring young people to professional mental health support), there are boundaries and limitations to what youth workers can and cannot do, and there needs to be better education and support for youth workers in this process.

- When referral processes are difficult for young people, such limitations can deter them from seeking help; hence investing in simplifying or streamlining referrals is important.
- Involving young people in service design and processes is important; co-designing both research and service design with them is essential.
- Learning from real-life experiences of working with young people and adapting to reality is also important.
- Participants were happy to learn about the funding and resources available to support their work.
- Participants were happy to learn about practical tools and exercises related to mental health.
- Issues that some participants felt still need to be researched and developed included:
 - peer-to-peer support;
 - burnout prevention for youth workers;
 - social media, AI and the role of digital spaces in both eroding and promoting mental health;
 - intersectionality – LGBTI and culturally informed therapy (understanding that young people are not a homogenous group and need tailored approaches);
 - community support;
 - understanding how the erosion of democracy affects young people's mental health;
 - the need for more qualitative and not just quantitative research into mental health and well-being and related youth work.

Part III – Final reflections and policy recommendations

1. Importance of addressing structural challenges

[The Council of Europe Parliamentary Assembly Resolution \(Council of Europe 2023\)](#) recognises mental health as more than merely an absence of mental disorder or illness. Mental health is “[a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well and contribute to their community](#)” (p. 8, Resolution report). This definition, which many seminar participants embraced, indicates that humans have the right to a standard of living that is adequate for health and well-being. Young people have the right to live and flourish, and not merely survive. A number of seminar participants, as well as organisational and policy leaders, agree with the findings outlined in the Youth Partnership’s study (Evlyaoglu et al. 2025) about the role of structural factors in mental health difficulties in young people. Economic precarity, the housing crisis, inflation, climate change, conflict-related issues and trauma, as well the challenges brought about by digital technologies, affect young people’s mental health and well-being in ways that exceed the remit and capacity of youth work. Hence, there is the need for further mainstreaming of mental health and well-being across the range of other policies such as those related to housing, economic policy and climate change.

2. The importance of systematic approaches to youth mental health and well-being, and continuous mapping of this work

Some seminar participants explained that they often see their work in the domain of mental health and well-being as “ad hoc” or “band-aid work” – that is, responsive to young people’s needs and emergency situations, rather than planned in a systematic way, for example in response to national and international policies. Furthermore, much of the work that they do already has positive implications for mental health and well-being even when it is not formulated or articulated as work specific to mental health. Hence, it is important to continuously map the youth work that can have positive implications for youth mental health and well-being. In fact, some participants thought it was more important to do that than to introduce new mental health-specific policies and services. Finally, many observed that what matters is policy implementation, which is often lagging behind.

3. Youth work capacity building and standardisation of approaches and competencies

The Youth Partnership’s study identified a number of training opportunities and tools for youth work in the area of mental health and well-being. Nonetheless, participants agreed that more support is needed, especially in the context of standardised training in the domain of prevention but also intervention. As youth workers are not professional service providers in this domain (that is, psychologists, psychiatrists, counsellors or psychotherapists), having clear guidelines as to what type of work is within their remit and what is not is essential. Furthermore, young (for example, teen) youth workers such as peer supporters particularly need standardised guidelines in this area, which is important for taking care of their own mental health and avoiding burnout. Youth workers of all ages are particularly at risk of burnout when they feel obliged to provide services that they do not have capacity for (namely, resources such as time and training). Evaluation of such programmes for effectiveness is still relatively lacking even when some capacity-building

programmes are piloted. Continuous evaluation, standardisation and recommendations as to what is effective in different contexts is important. It has been observed that regulation as to who can engage in mental health and well-being work differs by country, such as regulations regarding psychological and psychotherapeutic work. Mapping all the activities that a youth worker can engage in and standardising minimum knowledge that different stakeholders need to have about mental health is necessary.

4. Participants largely agreed that it would be helpful to have more guidelines on how to work with specific topics in mental health and well-being

Such guidelines include training on how to address specific factors that contribute to mental ill health – such as climate change and resultant eco-anxiety, as well as social media and AI-related challenges, for instance. Guidelines and training on how to work with diverse populations, such as neurodivergent and non-binary identities, and specific issues such as eating disorders (especially in terms of collaborations with institutional healthcare providers), were also welcomed; and some helpful resources pertaining to these issues were presented in the meeting. The study also found that among the policies at the national level that were identified, few were designed to specifically address the previously identified structural factors that contribute to mental health problems and poor well-being (climate change, precarity, etc.; see Evlyaoglu et al. 2025). Systematising the already available guidelines that address these specific factors and topics, and supporting the creation and maintenance of services that target these, is recommended.

5. Devoting more financial resources and support to youth work that either directly or indirectly addresses mental health and well-being is necessary for effective outcomes in this area

A number of participants observed that they are facing continuous pressure to deliver effective mental health services with minimum resources and support. They feel forced to compensate for the shortcomings of national healthcare systems, with few mental health professionals available to assist young people and long waiting times. Funding opportunities are available to youth work that directly or indirectly addresses mental health and well-being in the form of Erasmus+, the European Solidarity Corps and through the European Youth Foundation.

6. Proceed with caution with AI-based technology for mental health and well-being

Some participants voiced the perception that cheaper solutions are needed to address mental health and well-being challenges, such as AI-based chatbots. While these can be helpful, participants also observed that they are not always relatable or helpful to young people and can further undermine trust in services. At the same time, emerging research suggests that state-of-the-art AI-based support could feel more empathic to young people than human support. This is especially so when humans who are meant to support them lack time and resources to really engage and are constantly under stress. It is important not to force AI-based “solutions” at all costs. The outcome of adoption of this technology should not be more precarity for youth work in this domain, no matter how effective AI use for mental health might become. AI development comes at a significant cost for the environment with climate change implications, and given that climate change is an important factor for youth mental ill health, supporting AI development needs to be carefully balanced with these considerations (see Bashir et al. 2024; Whittaker 2024;

Zewe 2025). Finally, education for youth workers in the domain of GenAI and its implications for mental health, but also climate change and the structural issues around this technology development (see Whittaker 2024), is important. This is particularly so for youth workers who also engage in digital and media literacy education.

7. Multisectoral approach to mental health and well-being and affordability of mental health professional services

A number of participants observed that lack of co-ordination and co-operation among stakeholders who are involved in mental health support processes for young people can act as a significant deterrent to seeking help. The referral process can be difficult, and sending young people from one contact to another without knowing who is able to help and how can also undermine trust in the service. Hence, having a multisectoral approach to assisting young people and to capacity building is especially important, combined with the previously mentioned minimum standards for knowledge that all stakeholders need to have. Some effective initiatives for multisectoral capacity building were presented in the meeting. Finally, investing in affordability of professional mental health support by increasing the number of professionals available per young person and financially supporting such services is crucial for having an effective system.

8. Co-designing services with young people

In order to have services that are effective from a youth perspective and that resonate with their needs, it is important to engage in research with young people and to co-design services with them. Some examples of effective co-design are detailed in this report. Some participants also observed that it is important to go beyond tokenism in leveraging young people's voices and ensure that their participation is solicited in a meaningful way. Systematising best practices with respect to co-design, as applied to mental health and well-being, could be helpful in this respect as well.

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Appendix I: Agenda

18-19 March	Day 1 – 18 March	Day 2 – 19 March
	<p>Opening remarks</p> <p>Tobias Flessenkemper, Head of Youth Department, Council of Europe</p> <p>Ambassador Vesna Batistić Kos, Head of Delegation, Delegation of the European Union to the Council of Europe</p> <p>Sina Riz à Porta, Board Member, European Youth Forum</p>	<p>Opening day 2</p> <p>Youth mental health and well-being: professionals working with young people</p> <p>Veronica Stefan, PEYR Researcher</p>
	<p>Mindfulness moment</p> <p>The Youth Partnership study on young people's mental health and well-being</p> <p>Lana Pasic, Youth Partnership</p> <p>Policy frameworks and strategies on young people's mental health and well-being</p> <p>Dr Stefanos Mastrotheodoros, Researcher</p> <p>[this presentation included an overview of factors that influence young people's mental health and well-being]</p> <p>Sharing rounds: exploring factors that influence young people's mental health and national policies on youth mental health and well-being</p>	<p>Thematic parallel sessions:</p> <p>UNICEF Serbia</p> <p>Stanislava Vučković, Youth and Adolescent Development Specialist</p> <p>Latvia's Youth Work Excellence Programme</p> <p>Agnese Kalniņa, Head of National Youth Policy, Agency for International Programmes and Youth</p> <p>Role of youth organisations in mental health</p> <p>Carla Alvarez Gonzalez, Spanish Youth Council</p> <p>Break</p> <p>Sharing insights from parallel sessions</p> <p>Panel discussion: Supporting young people's mental health and well-being</p> <p>Paavo Pyykonen, Finnish National Agency for the Erasmus+ programme</p> <p>Nicholas Morgan, Euro Youth Mental Health, United Kingdom</p> <p>Manca Kozlovic, No Excuse, Slovenia</p>
	<p>Lunch</p> <p>Services and tools exploring young people's mental health and well-being</p> <p>Veronica Stefan, PEYR Researcher</p> <p>Parallel sessions:</p> <p>Examples and case studies of mental health services:</p> <p>Germany: Mental Health Coaches in Schools</p>	<p>Lunch</p> <p>Parallel sessions: How does your organisation work with young people?</p> <p>Aagje Rottiers, Playfield of mental health and well-being, De Ambrassade, Belgium</p> <p>Maša Cvar, L'MIT, What makes me happy, card game, Slovenia</p>

<p>France: Nightline</p> <p>Serbia: NAPOR, Hej, tu smo! [Hey, we are here for you!]</p> <p>Wales: Mind our Future Gwent</p> <p>Break</p>	<p>Anna Aranzhii, Council of Europe’s work on mental health and well-being</p> <p>Lucia Merlino, Mind the Gap research, Project Manager AnciLab</p> <p>Nik Paddison and Eliza Popper, T-Kit mental health</p> <p>Ralu Baciú, Youth Trainer, app for neurodiverse young people</p> <p>Coffee break</p>
<p>Plenary: Harvesting highlights</p> <p>Closing the day</p> <p>Dinner</p> <p>Evening mindfulness session (optional)</p>	<p>Pompidou Group: Council of Europe International Co-operation Group on Drugs and Addictions</p> <p>Reflections and exchanges</p> <p>Closing remarks: Dr Tijana Milosevic, Rapporteur Clotilde Talleu, Youth Partnership</p> <p>Dinner</p> <p>Optional evening programme</p>

Appendix II: List of participants

Sina Riz à Porta, European Youth Forum, Board Member
Nick Morgan, Euro Youth Mental Health
Youth Advisory Board, Euro Youth Mental Health
Paavo Pyykönen, Finnish National Agency for Erasmus+ and European Solidarity
Corps programmes, SNAC on mental health
Stanislava Vučković, UNICEF Serbia
Laura Cossu, Eurodesk Italy
Andreea Denisa Măslină, EYCA Youth Panel
Dunja Potočnik, PEYR Advisory Group, Croatia
Veronica Stefan, PEYR, Romania
Stefanos Mastrotheodoros, Assistant Professor, Department of Psychology,
University of Crete, Greece
Mette Ranta, Senior Specialist, Ministry of Justice Finland, Researcher
Tuuli Pitkänen, Researcher, PEYR, Finland
Snežana Klačnja, European Knowledge Centre for Youth Policy (EKCYP), Serbia
Lucia Merlino, AnciLab, Italy
Carla Álvarez, National Youth Council (CEJ), Spain
Erina Bréhéret, Nightline, France
Manca Kozlovič, No Excuse, Slovenia
Aagje Rottiers, De Ambrassade, Belgium
Maša Cvar, L'MIT, Slovenia
Christine Schubart, Mental Health Coaches in Schools, Germany
Yolanda Uloho Jones, Mental Health Coaches in Schools, Germany
Jelena Stojanović, NAPOR, Serbia
Ralu Baci, Youth Worker and Trainer, Romania (they/them)
Aleksandra Kulik, Sempre a Frente Foundation, Poland
Alex Rose, Youth Work Practitioner, nature therapy, Spain
Liselotte Bekaert, JOETZ, Belgium
Agnese Kalniņa, Agency for International Programmes for Youth, Latvia
Omid Hotak, Voicify, United Kingdom
Charlotta Ekman, Youth Mental Health Association – Yeesi, Finland
Elina Marjamäki, MIELI Mental Health, Finland
Cindy Chen, Mind Our Future Gwent, Wales
Bárbara Moraes, Aventura Social, Portugal
Irina Firsă, Fundația Județeană pentru Tineret Tulcea [Tulcea County Youth
Foundation], Romania
Nik Paddison, Editorial Team, T-kit 16 on youth well-being and mental health
Eliza Popper, Editorial Team, T-kit 16 on youth well-being and mental health

Youth Partnership and organising team

Council of Europe

Anna Aranzhii, Youth Department
Jeanne Saliou, Pompidou Group
Orsolya Libic, Pompidou Group
Delina Cici, Pompidou Group
Daniele Luzzo, Clinical Psychologist

Youth Partnership organising team

Aleksandra Maldžiski, Facilitator
Alexandre Beddock, Facilitator
Tijana Milosevic, PEYR, Rapporteur
Lana Pasic, Youth Research and Policy Manager
Clotilde Talleu, Youth Partnership Manager
Adrian Bratu, Administrative Assistant
Melike Olgun, Administrative Assistant

Appendix III: T-kit on mental health and well-being, suggested topics



Key takeaways for participants from the seminar

