

POLICY BRIEF 2:

Child and adolescent mental health

The State of Children in the European Union 2024

The issue

- Mental health is inherently positive; it is more than the absence of distress. Rather, it entails a state of positive psychological, emotional, and social well-being.¹
- Globally, almost one billion people are living with a mental health condition, including more than one in seven adolescents.²
- Mental health and well-being encompass a wide range of domains, including diagnosable conditions such as depression and anxiety, as well as broader aspects like improvement in psychological symptoms, functioning in daily life, social connectedness, and individuals' perceptions of their own happiness, life satisfaction, and sense of purpose.
- Around half (48 per cent) of all mental health conditions globally manifest by age 18³, yet many cases remain undetected and untreated.
- The risk of poor mental health during childhood and adolescence is linked to factors such as exposure to violence, bullying, discrimination, conflict and displacement, and poverty. The protracted war in Ukraine and associated displacement has had enormous consequences on the

Estimates suggest that around 11.2 million (13 per cent) of children and young people aged 19 and younger in the EU suffer from a mental health condition.

mental health of millions of children and caregivers, many of whom continue to be scattered throughout the EU.

- Poor mental health is hugely damaging and costly for both individuals and societies. Yet currently, investment in mental health services is small compared to physical health services in EU countries.⁴
- There is a need for a greater emphasis on tackling the root causes of mental health problems through prevention initiatives and the promotion of positive mental health and well-being.
- The Convention on the Rights of the Child recognizes children’s right to “the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health”, including mental health.
- Barriers to access include insufficient availability of services and trained providers, long waiting lists, high costs, poor coordination across sectors, as well as stigma, feelings of fear or shame, and low mental health literacy (among both youth and their caregivers) which may discourage help seeking.⁵

The picture in the EU

Data on children’s access to services are limited, but evidence indicates that, in 2022, almost half of young adults (18 to 29)⁶ had unmet mental health care needs.

Although some individual countries have excellent studies of child and adolescent mental health, there is limited comparable data at the EU level. This brief summarizes what is known based on:

1. Estimates of the prevalence of mental health conditions.
2. Estimates of suicide rates.
3. Self-reported adolescent mental health and well-being.

Mental health conditions

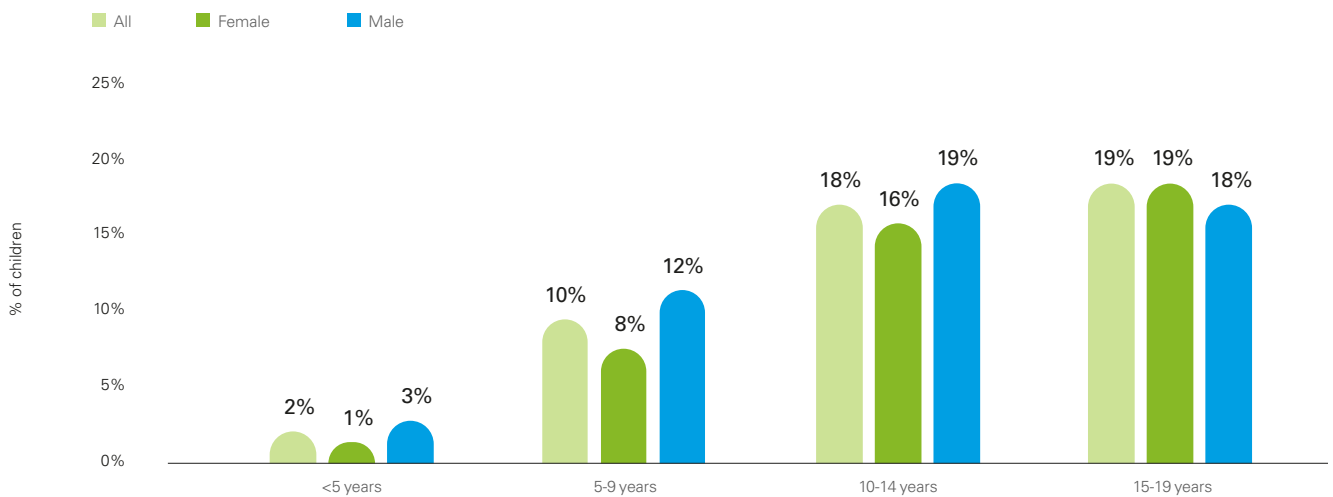
The term ‘mental health conditions’ is used here to refer to diagnosable disorders including depression, anxiety, conduct disorders, hyperactivity/inattention, eating disorders and others.

- Estimates suggest that around 11.2 million (13 per cent) of children and young people aged 19 and younger in the EU suffer from a mental health condition.⁷
- The rates increase with age from around 2 per cent of children under the age of 5 to around 19 per cent of young people aged 15 to 19 (see *Figure 1*).
- In total around 5.9 million males and 5.3 million females up to the age of 19 have mental health conditions. Rates are higher for males than

females up to the age of 14 and a little higher for females than males in the 15 to 19 age group (Figure 1).

- Among those aged 15 to 19, approximately 8 per cent suffer from anxiety and 4 per cent from depression. Rates for both conditions are higher in this age group for females (9.6 per cent and 4.6 per cent respectively) than for males (5.5 per cent and 2.6 per cent respectively).⁸
- Multiple studies suggest that mental health problems among European youth increased during the COVID-19 pandemic.⁹ The longer-term impact of the pandemic on child and adolescent mental health is yet to be determined.

Figure 1. Estimated prevalence of mental health conditions aged 0-19, EU, 2019



Source: 2019 Global Burden of Disease Study, <https://vizhub.healthdata.org/gbd-results/>, accessed 20 January 2024

Suicide

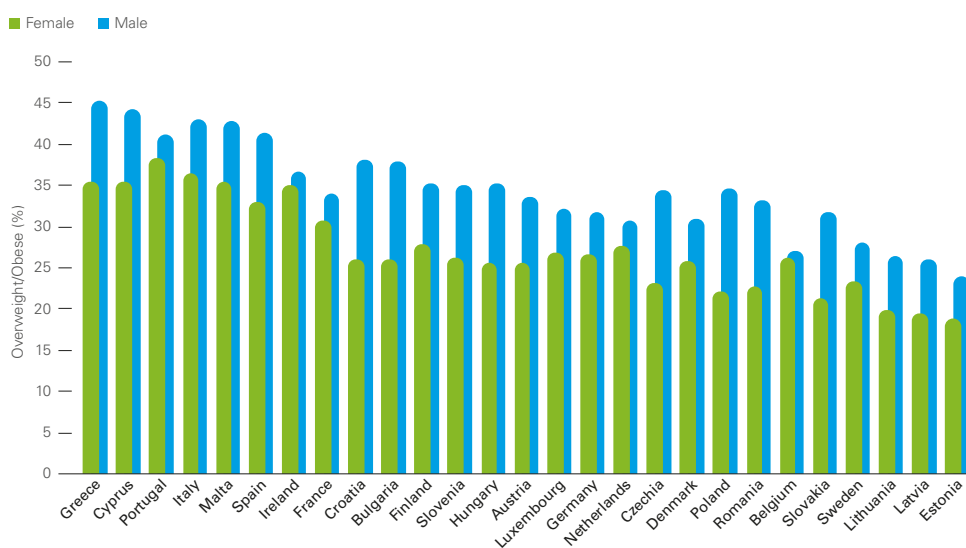
Suicide is the second most common cause of death (after traffic accidents) among young people aged 15 to 19 in the EU, accounting for approximately one in six (17 per cent) of deaths¹⁰.

- In 2020, approximately 931 young people died by suicide in the EU, equivalent to the loss of around 18 lives per week (Figure 2)¹¹.
- The prevalence of suicide has decreased over time in the EU, with 20 per cent fewer suicides in 2020 in comparison with 2011.
- At the time of writing, complete data for 2021 is only available for 25 EU countries. Numbers are slightly higher than for 2020 but within the

range of fluctuations evident in *Figure 2*, so there is not evidence of an increase in the peak years of the COVID-19 pandemic.

- Males are more likely to die by suicide than females. Approximately 70 per cent of young people aged 15 to 19 in the EU who die by suicide are male. However, numbers for suicides of males are falling, while those for females are stable, so the gender gap is closing.

Figure 2. Intentional deaths of young people aged 15 to 19 in the EU, 2011 to 2020



Source: Eurostat: Database, 'Causes of death - deaths by country of residence and occurrence (Intentional self-harm)', https://ec.europa.eu/eurostat/databrowser/view/HLTH_CD_ARO_custom_9438377/default/table, accessed 20 January 2024

Life satisfaction

As discussed in the introduction, it is important to also look at positive indicators of mental well-being. A commonly used measure is to ask people to rate their life satisfaction. Data on this indicator are available for most EU countries from the OECD's PISA studies.¹²

- Across 25 countries in the EU for which data are available, just under threequarters (71 per cent) of children aged 15 years old reported high life satisfaction (a self-rated score of more than 5 out of 10) in 2022.
- Rates of high life satisfaction ranged from around 87 per cent in the Netherlands to around 64 per cent in Malta and Poland.
- A higher proportion of males (78 per cent) than females (64 per cent) reported high life satisfaction.

- Levels of high life satisfaction among 15-year-olds fell from around 74 per cent in 2018 to 69 per cent in 2022 across 23 countries for which data are available.
- This equates to over 220,000 fewer children aged 15 in 23 EU countries having high life satisfaction in 2022 than in 2018.

What can the EU do to improve child and adolescent mental health?

UNICEF welcomes the consistent and increasing attention of the EU to the mental health agenda in recent years, and especially since the COVID-19 pandemic. The EU plays a key role in supporting its member States and in leading by example. The European Commission's Communication on a comprehensive approach to mental health, adopted in June 2023, is a commendable step in the right direction. But now is the time for the European Commission to build on this work with the creation of a Mental Health Strategy and to allocate associated funding. UNICEF therefore echoes the main calls of the European Parliament's first ever report on mental health, adopted in December 2023. The EU must ensure that the mental health and well-being of children and adolescents remains high on the political agenda in 2024-29.



The European Commission's Communication on a comprehensive approach to mental health is a commendable step in the right direction. But now is the time to build on this work.

More specifically, UNICEF is calling for:

1. **A comprehensive, multi-sectoral Mental Health Strategy from the European Commission, based on socio-ecological, inclusive and human rights approaches.** This should include specific, actionable objectives, a clear timeline, adequate budget, and indicators to monitor progress across countries. This Strategy would steer national level work by requiring member States to develop and implement national action plans tailored to context, with recognition of disparities in mental health needs and resources among various countries, urban and rural areas, and different sociodemographic groups.
2. **Increased EU funds for actions on mental health, with a focus on prevention, early intervention and quality, age-appropriate, community-based mental health services for children, adolescents and their caregivers.** Such funds would help EU member States fill national funding gaps, and further accelerate increased national expenditure on mental health from an average of 3.6 per cent of total health budgets to 10 per cent – the figure recommended by UNICEF and WHO for high income countries (or 5 per cent in middle income countries).¹³
3. **The European Child Guarantee must be fully implemented.** Free access to quality health services is one of the key components of the European Child Guarantee¹⁴ and children with mental health conditions are recognized as one of the groups who may experience specific disadvantages.
4. **Mainstream mental health in all EU policies – both internal and external.** This would ensure that mental health considerations are built into the design, implementation, monitoring and evaluation of policy, legislation, and spending programmes.
5. **Raise awareness and tackle stigma.** An EU initiative to tackle stigma and discrimination, as well as build mental health literacy, would support European policy and programme activities as well as help normalize the conversation around mental health needs and associated help seeking behavior among the general public. We echo the call in the European Parliament's report on mental health for the next European Year (2025) to be focused on mental health.
6. **Improve the evidence base.** While this brief attempts to make the best use of existing data sources, it can only create a partial picture. Currently, there is a lack of up-to-date, comparable information on child mental health across the EU. This prevents timely and accurate monitoring and hampers efforts to improve the situation. This can only be addressed by concerted efforts to develop systematic data-gathering directly from children. The EU can play a lead role in promoting and coordinating such data collection efforts.

Endnotes

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