

A truly comprehensive EU
approach to mental health:

Putting children and families'
wellbeing at the centre

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**SOS CHILDREN'S
VILLAGES**

Mental health: a pre-requisite for children's development

There is no health without mental health. Mental health is a “state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community” (World Health Organization). Still too often associated in a restrictive way to mental disorders and prone to stigmatisation, **mental health is actually about addressing the holistic well-being of people** that will allow them to develop to their full potential and be able to deal with the challenges of life in a healthy way, contributing to their communities and societies. **Mental wellbeing for children is particularly key.** It will allow them to reach developmental milestones, learn ways to cope with problems, acquire social and emotional skills, establish secure and nurturing relationships with peers and adults, and to build the self-confidence they will need to thrive. Being mentally healthy during childhood is also an important foundation of individuals' future well-being. The European Commission communication on the comprehensive approach to mental health launched in June 2023 provides a concrete opportunity for the EU to ensure the mental wellbeing of children and youth, especially those without or at risk of losing parental care.

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Child protection and mental health go hand in hand. This applies to everyone: children, young people, families, and other co-workers. Collective empowerment ensures common understanding that will lead to the shift from information to transformation.

— Teresa Ngigi, PhD and author in the field of childhood trauma at SOS Children's Villages

SOS Children's Villages' work mostly focuses on the prevention of mental health conditions with a specific focus on children and families at risk. In case that the needs of children and young people exceed the capacities of our services (due to severe mental health conditions), we cooperate with and refer to specialized services. We have established a Global Programme Expert Group on MHPSS to strengthen the MHPSS component across SOS Children's Villages programmes. It supports, promotes, and implements training, networking and research on MHPSS for children in our care, staff, volunteers and communities affected by adversity.



Mental health: a right for all children

Children's right to health, including mental health, has been enshrined in international law. The 1989 Convention on the Rights of the Child (CRC) recognizes in article 27 the "right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development". The CRC has been reinforced by specific provisions related to children in alternative care in the United Nations General Assembly Resolution 74/133¹ urging States to "take action to ensure the enjoyment of human rights for all children without parental care, in accordance with the international human rights framework, including the Convention on the Rights of the Child, not least the rights to the enjoyment of the highest attainable standards of physical and mental health."

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To make a change in the lives of children, all people that support them need to be on board, including teachers, judges and doctors.

— Lubos Tibensky, psychologist working as programme advisor for SOS Children's Villages in Europe, Middle East and Central Asia

SOS Children's Villages Programme

Mental health of children and families in SOS Children's Villages Poland

In eight family strengthening programmes in Poland, SOS Children's Villages currently supports nearly 1,500 people, including 880 children. The programmes take a holistic approach to mental health, providing families – mostly in remote villages – with continuous access to specialist support free of charge. A good practice already introduced in one of the programmes is to make two psychologists available for every family – one focused on the needs of children and one working with parents and other caregivers. When psychiatric care or other medical intervention is needed families also receive logistic and financial support. On top of that, the family strengthening programmes foster soft skills crucial for the emotional well-being of children and parents: those related to communications, recognizing one's needs and emotions, self-confidence and sense of agency. In 17 daycare centres in Poland, care professionals work with children to help them discover and develop their talents. To raise mental health awareness among people who care for, teach and work with children, SOS Children's Villages Poland published the brochure [Trauma-informed school. Supporting children affected by trauma in the process of education \(English\)](#) to explain a simple way that every foster parent, teacher and care professional must know about complex childhood trauma and its neurobiological effects on human development.

Children's mental health in EU policy frameworks

In June 2023, the European Commission (EC) released its [Communication on a comprehensive approach to mental health](#) aiming at mainstreaming mental health in all its policies and strategies. This landmark initiative includes a dedicated pillar on “boosting the mental health of children and young people” with several flagship actions targeting children and young people and identifies several groups of children particularly at risk: “forcibly displaced and migrant children, including those who have been forced to flee Russia’s war of aggression in Ukraine, and children who are victims of sexual exploitation, other crime and abuse”. It recognizes childhood as a crucial stage in life and the long lasting impact of mental health challenges during childhood on individuals, on communities and societies as well as the key role played by families. The communication highlights the importance of the social and economic determinants of health as well as the strong links between mental health and inequalities and social exclusion.

Similarly, the EU Strategy on the Rights of the Child and the EU Child Guarantee launched in 2021, recognize the importance of good mental health on children’s development and the long-lasting impact of mental health during childhood. One of the six pillars of the **EU Strategy on the Rights of the Child** aims at “fighting child poverty, promoting inclusive and child-friendly societies, health and education systems”, which includes a specific workstream on “ensuring the right to healthcare for all children”. Mental health is at the heart of this workstream, with a concrete commitment to “provide information and exchange of best practices to address children’s mental health”. The European Commission also invites Member States to “identify children as a priority target group in their national mental health strategies and to build up networks with families, schools, youth, and other stakeholders and institutions involved in mental health of children”. The **EU Child Guarantee** also put a special focus on mental health. “Children with mental health issues” have been identified as one of the priority target groups. The initiative recognizes that children from vulnerable backgrounds do not have equal access to healthcare services compared to their peers and that poverty and social determinants will have an impact on children’s mental health. This is why, the Council recommendation establishing the European Child Guarantee invites Member States to “facilitate early detection and treatment of diseases and developmental problems, including those related to mental health”.

SOS Children's Villages Programme

Expanding effective mental health programmes in the context of the COVID-19 pandemic

Amidst COVID-10 measures, also leading to increased need for mental health services for children, SOS Children’s Villages France adopted a comprehensive focus on mental health. This included setting up crisis units to be available to respond to incidents of behavioural challenges of children in alternative care. It also includes the programme “Support differently” (“Accompagner autrement”) which is based on a psycho-trauma sensitive environment, to develop resources and to innovate the way of meeting the needs of children in complex situations. The approach further includes support for initiatives locally in their programmes such as reception spaces where children facing high levels of stress can unwind and refocus; multi-sensory spaces (Snoezelen rooms); art and equestrian therapy as well as close collaboration with professionals such as osteopaths.

Embedding trauma-informed practices in alternative care settings

As part of the EU co-funded project “[Safe Places, Thriving Children](#)”, SOS Children's Villages has built on its expertise to develop an [e-learning programme](#) and deliver training for care professionals from the social, educational, health and justice sectors to equip them. The objective was to train adults working with children to better identify adverse childhood experiences and understand their impact on the development of children and to apply trauma-informed practices.

Childhood needs renewed attention

Despite political momentum at international and EU levels, the need to realize the right to mental health for all is overdue with **many children and young people being affected by mental health issues**. According to the World Health Organisation, one in seven 10-19-year-olds experiences a mental disorder globally² and nine million adolescents (aged 10 to 19) are living with mental disorders in Europe.³ **Causes of mental health challenges often develop in early childhood**, such as adverse childhood experiences (sexual, physical or emotional violence, neglect, abandonment, parental mental disorders, family separation, or the loss of a parent), discrimination, inadequate access to services, family stress and unstable environments (e.g. living in poverty, parent' unemployment, conflicts, displacement). About half of mental disorders begin before the age of fourteen, which shows the importance of this stage of life in the development of an individual.

The COVID-19 pandemic has also further exacerbated challenges related to mental health for children, especially those at risk. It has shed light on groups that have been under stress before and seen their situation worsening as the last safe spaces for them were closed. The disruption of daily life routines and social contacts, including with the families of origin for children in alternative care, school closures, the reduced capacity of the system to ensure safeguards against domestic violence, abuse and neglect during lockdown and the disruption of basic social services had a negative impact on children's physical and mental health.

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There is a lot of stigma around mental health support needs. Young people fear to turn to family and friends to reveal mental health pressures. Even if they do, counselling is often costly and not available in all areas. [...] We need to demystify mental health and consider that mental health pressure can affect anyone. Mental health care should be part of primary care. If adults would be more empathetic, young people would more easily open up about their stress. More could be prevented.

— Moses, Nigeria

Children without parental care: a group at higher risk due to adverse childhood experiences

Children without adequate parental care are even more at risk than others, due to a combination of intergenerational issues (e.g. substance abuse during pregnancy, injuries, prenatal damage, violence) and psychosocial factors, such as adverse childhood experiences (ACEs), social exclusion and limited access to community services. They have often experienced high levels of stress, traumatic events and repeated childhood experiences, including the separation from their family. Child-family separation impacts their ability to trust others and build relationships and has serious consequences for a child's personality development, including low self-esteem, attachment disorders and anxiety. Exposure to such adverse childhood experiences is associated with a higher prevalence of mental disorders that may persist into adulthood. Therefore, the prevalence of mental health disorders is higher among young people with care experience compared to their peers. 30 per cent of adult care leavers experience mental health disorders – this is almost double the estimates for the general population.⁴ Moreover, mental health pressure is further exacerbated for young adults who lived in alternative care, due to being left with little or no support when transitioning to independent living. It means that adequate support and services are needed for young people who leave alternative care and have no support from parents. This includes financial support, access to housing and employment opportunities, all of which supports their mental wellbeing and thus strengthens their ability to build their lives living independently.

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Alternative care, rather than just giving a place to live, should also be about your mental health. It is easier to deal with trauma at a young age, as part of the process of growing up than to survive adulthood with all these issues. [...] Sometime, you need solutions like therapy. But you always need someone to ask you how your day was and mean it. Someone who cares for you, humanely.

— Ioanna, Greece

Long-term impact of mental health issues during childhood

The consequences of failing to address children and adolescent mental health conditions are severe. It may hinder the development of children, potentially impacting their response to day-to-day events or stressors. Neglected mental health concerns have the potential to cause further stigmatization and social exclusion but also safeguarding and child protection risks. The consequences of unresolved trauma and mental health difficulties can also extend to adulthood, limiting opportunities to lead fulfilling lives as adults and preventing individual to realise their potential and contribute to their communities. Indeed, mental health challenges during childhood can lead to school dropout, impede the individual's capacity to work and access to the job market but also to challenges building lasting relationships with others. Mental health issues have serious consequences for the overall development of children but it also has devastating impact for the whole of society. Mental disorders cost Europe \$57.6 billion annually⁵ and total annual costs attributable to ACEs were estimated to be \$581 billion in Europe.⁶

Country example - Key figures on children and young people's mental health in Germany

- Although the number of licensed psychotherapists has risen steadily in recent years, from 23,622 in 2011 to 35,872 in 2020, experts criticise that young people were already receiving poor care before the pandemic.⁷
- Before the pandemic, children and adolescents were waiting about 3.5 months to start therapy. They currently have to wait six months to start therapy.⁸
- Among 15- to under-25-year-olds, suicide remains the most common cause of death: in 2020, 23.1 per cent of deceased males and 19.8 per cent of deceased females in this age group died by suicide (365 and 118 cases, respectively).⁹

The pandemic has had a lasting impact on children's mental health:

- Since the pandemic, mental illness among children and adolescents has risen sharply: for example, 28 per cent more 15- to 17-year-olds with depression had to be treated in clinics in 2021. Mental illness among primary school children also increased.¹⁰
- Children and adolescents were 75 per cent more likely to show symptoms of depression during the school closures than before the pandemic. In comparison, the frequency of such depression symptoms increased by only 27 per cent during the period without school closures.¹¹
- At the beginning of 2022, 81 per cent of children and adolescents felt "quite" and "extremely" mentally stressed, according to the Corona und Psyche (COPSY) study.¹²
- Children of pre-school age sometimes show significantly increased needs for support in the areas of language, motor skills and social-emotional development.
- According to the Kindergesundheit in Deutschland aktuell (KIDA) study, in the period between February and May 2022, the mental health of 7 per cent of 3 to 15-year-olds was less good or poor. This would be a deterioration of this age group by 21 per cent compared to the time before the pandemic.¹³
- Depression increased by 18 per cent in 10- to 17-year-old girls and anxiety disorders by 24 per cent in 2021. In contrast, boys of the same age showed decreases in the following diagnoses between 2019 and 2021: eating disorders decreased by 4 per cent, depression by 15 per cent and anxiety disorders by 9 per cent.¹⁴

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Don't be afraid to speak about mental health and say that you need help. Once you realize that you have a problem, you can act to prevent it from growing [...] When we understand what trauma is and how it can affect our life, it is easier to develop our own mechanisms to deal with it and approach a traumatic topic.

— Ivan, Croatia

Invest in mental health to support families in staying together

As explained earlier, unstable and difficult family environments (violence, food insecurity, job insecurities, decrease options for livelihood) can have negative effects on the mental health of children. Addressing the **root causes of stress in the families** can have beneficial effects to promote good mental health for children and the rest of the family. Families at risk have often limited access to mental health services (for example due to financial barriers, stigmatization, availability) or might not be aware that they need support. Mental health challenges among parents or children can lead to increased tension and potentially to family break down, increasing further the risk of mental health challenges for children. If there is no adequate support for parents whose children have mental health issues, parents might not cope with the pressure increasing the risk of family breakdown. Adequate mental health and psychosocial support for families at risk can therefore be one **key factor to prevent child-family separation**.

Prioritise training for care professionals

However, even though children in families facing challenges and risks and in alternative care are at a much higher risk of adverse experiences affecting their mental health negatively and often face complex trauma, measures to protect and care for their mental health are insufficient. Professionals working for and with children in alternative care (social, educational, health, justice sectors) and caregivers are **not sufficiently aware** of the impact of mental health issues, adverse childhood experiences and trauma on a child's development. They **are not always well equipped or trained** to address the specific needs of those children. **Trauma informed practices** are neither mainstreamed in child protection systems nor in alternative care settings.

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Caring for the carer

The objective of this programme in Chile is to protect the mental health of caregivers, who may experience symptoms of stress and emotional fatigue, due to the complexity of their work. The programme focuses on prevention, care and support for the mental health of employees, by giving them access to psychological assistance by telephone, available all day. It also teaches methods to deal with situations and stress.

Investing in mental health professionals and wellbeing of caregivers and other professionals working with children

Investments have to be made to equip alternative care settings and services providing support to children and families at risk with sufficient mental health professionals. This may include investments into training service providers on community-based models to improve children and families' wellbeing where referral to psychologists is not immediately necessary and can thus be prevented in the longer term. **Shortages of professionals** including mental health professionals have become a major barrier in some EU Member States to ensure a secure and safe environment including necessary services for children in different care settings. Moreover, **if practitioners and caregivers are not supported enough to take care of their own mental wellbeing**, it can prevent them from being able to invest the strength needed to build trust and focus on the individual needs of children and youth they work for and with.

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Community mental health care models in family strengthening programmes

Problem Management + is a mental health intervention targeting people aged 16 or older who are affected by any form of adversity and are experiencing some level of distress. It aims to decrease early symptoms of mental health issues such as depression and anxiety when there is not yet a need to see a specialist. Used in SOS Children's Villages family strengthening programmes in Nigeria, certified trainers have trained helpers in the community to use PM+. This community mental health care model is quite useful to ensure psychological issues do not deteriorate into full-scale mental health issues, which can lead to the caregiver's inability to provide adequate care and protection for the children as well as to child-family separation.

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Children in alternative care face a specific type of trauma that we call complex trauma. It is caused by repeated adverse experiences during childhood and can result in vulnerability and influence the development of the child.

— Lubos Tibensky, psychologist working as programme advisor for SOS Children's Villages in Europe, Middle East and Central Asia

Recommendations

SOS Children's Villages welcomes the adoption of the European Commission's 2023 Communication on a comprehensive approach to mental health and the three guiding principles that underpin it: 1) access to adequate and effective prevention; 2) access to high quality and affordable mental healthcare treatment; 3) reintegration after recovery. This communication constitutes a key step forward to better support the mental wellbeing of children and young people. The earlier we identify risk factors that have influenced a child's development, the better we can provide appropriate support and services to help them cope with psychosocial stress, build resilience, catch up or compensate for their developmental delays and to prevent mental health conditions with long term positive outcomes for individuals and communities. A majority of children will not require clinical interventions if they are adequately supported.

In order to boost the mental health of all children and young people, the European Union and its Member States should:

- Address the specific needs of groups of children and young people at higher risk of developing mental health problems in addition to the groups identified in the communication, in particular those in precarious socio-economic living conditions and in alternative care
- **Ensure adequate funding in the current and next Multiannual Financial Framework to implement the flagship initiatives outlined in the communication; encourage active participation of children and young people**, especially those from vulnerable groups, in the development of mental health promotion and prevention programs;
- **Address the root causes of stress for families that contribute to mental health issues of children and to child-family separation** (including preventing and addressing violence, advancing economic equality such as through creating employment opportunities, increasing access to comprehensive healthcare and ensuring nutrition and food security, foster the social inclusion of marginalized groups and communities);
- **Create synergies with the implementation of the EU Child Guarantee** and encourage Member States to prioritize mental health as part of their National Action Plans.
- Invest in **preventative measures** such as:
 - o Supporting programmes for parents, counselling, parental skills training in order to create emotional bonds between parents and children;
 - o Offer targeted programmes for children and youth who, independently of their parents, may wish to seek mental health support and tailored to their specific needs in child and youth friendly settings;
 - o Foster peer to peer support groups among children and youth to increase community bonds and support;
 - o Provide free access to sports and cultural activities for children and young people in vulnerable situations to foster social connections.
- Guarantee the **access to quality, free of charge and tailored mental health services** and programmes focusing on specific needs of children and young people, including those without or at risk of losing parental care and their families and address specific barriers, including through:
 - o Reducing the age of consent to psychosocial counselling and therapy to allow children and young people to receive effective mental health support if they wish, irrespective of consent of their parents;
 - o Guaranteeing sufficient placements for psychosocial counselling and therapy for children and young people free of cost including to address barriers in dual public-private healthcare systems providing limited options for free of charge treatment;
 - o Provide various forms of support and develop online forms of providing psychosocial support and the opportunity to pose anonymous questions;
 - o Supporting training and certification schemes for qualified professionals to increase the number of qualified professionals and reduce waiting times including specialists

- on cultural sensitive counselling and specific contexts and needs such as trauma caused by war and conflict;
 - Providing financial means for language support during counselling and therapy for children and young people to be able to express themselves in the language they feel most comfortable speaking;
 - Ensure free and accessible transportation for children, young people, and their parents or caregivers to and from service providers, particularly for those living in rural areas.
- Support **access to psychological first aid, counselling and therapy in culturally sensitive contexts for children in the context of migration**, regardless of residence status;
- Provide **specific support including financially to young adults facing high levels of mental health pressure** and in situations of vulnerability including adults who have left alternative care;
- Support **the integration of mental health and psychosocial support including trauma-informed practices into existing services and structures** (e.g. health clinics, early childhood education and care, schools, alternative care);
- Increase **awareness raising in communities, in schools and social networks** to reduce stigma around mental health;
- Encourage the intersectoral collaboration in the development of mental health promotion and prevention programs (health, education, social sectors, NGOs, academia);
- Ensure that social workers, teachers and other actors interacting with children, especially children in families facing difficulties and in alternative care receive a **specific training on mental health** (including on adverse childhood experiences and trauma);
- Support **mental wellbeing of child and youth care professionals** including opportunities for supervision, training and adequate working conditions;
- Invest in **community based mental health services for parents** to help them be the stable, supportive presence that children need and support specialized training for caregivers to fully support children and young people with experience of adverse childhood experiences and trauma.

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We have to invest now in treating children's mental health [...] If you feel safe and well you will fulfil your potential. The benefits are clear – not just for each child but for the whole of society.

— Lubos Tibensky, psychologist working as programme advisor for SOS Children's Villages in Europe, Middle East and Central Asia

References

1. on the Rights of the Child focusing on Children without Parental Care
2. [Fact sheet on mental health](#) by the World Health Organization
3. United Nations Children's Fund, The State of the World's Children 2021: On My Mind – Promoting, protecting and caring for children's mental health, UNICEF, New York, October 2021.
4. Seker, S., Boonmann, C., Gerger, H., Jäggi, L., d'Huart, D., Schmeck, K., & Schmid, M. (2021). Mental disorders among adults formerly in out-of-home care: A systematic review and meta-analysis of longitudinal studies. *European Child & Adolescent Psychiatry*.
5. United Nations Children's Fund, The State of the World's Children 2021: On My Mind – Promoting, protecting and caring for children's mental health, UNICEF, New York, October 2021.
6. Bellis MA, Hughes K, Ford K, Ramos Rodriguez G, Sethi D, Passmore J. Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: a systematic review and meta-analysis. *Lancet Public Health*. 2019 Oct.
7. ZDF: [Kinder warten halbes Jahr auf Psychotherapie](#); 12.03.2022:
8. Abteilung Klinische Kinder- und Jugendpsychologie, Universität Leipzig und Klinische Psychologie und Psychotherapie des Kindes- und Jugendalters, Universität Koblenz-Landau: Einfluss der COVID-19-Pandemie auf die ambulante psychotherapeutische Versorgung von Kindern und Jugendlichen; 27.06.2022
9. [Bundeszentrale für politische Bildung, kurz & knapp: Todesursachen](#); 01.12.2022:
10. [Kinder- und Jugendreport der DAK-Gesundheit: Pandemie: Depressionen und Essstörungen bei Jugendlichen steigen weiter an](#); 27.05.2022;
11. Die Bundesregierung: Interministerielle Arbeitsgruppe „[Gesundheitliche Auswirkungen auf Kinder und Jugendliche durch Corona](#)“; Berlin/Bonn, 8. Februar 2023;
12. Die Bundesregierung: Interministerielle Arbeitsgruppe „[Gesundheitliche Auswirkungen auf Kinder und Jugendliche durch Corona](#)“; Berlin/Bonn, 8. Februar 2023;
13. Die Bundesregierung: Interministerielle Arbeitsgruppe „[Gesundheitliche Auswirkungen auf Kinder und Jugendliche durch Corona](#)“; Berlin/Bonn, 8. Februar 2023;
14. Die Bundesregierung: Interministerielle Arbeitsgruppe „[Gesundheitliche Auswirkungen auf Kinder und Jugendliche durch Corona](#)“; Berlin/Bonn, 8. Februar 2023;
15. Bellis MA, Hughes K, Ford K, Ramos Rodriguez G, Sethi D, Passmore J. Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: a systematic review and meta-analysis. *Lancet Public Health*. 2019