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Committee on Social Affairs, Health and Sustainable Development

Taking into consideration the impact of the fight against the Covid-19 pandemic on the mental health of minors and young adults²

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Preliminary draft report

1. Introduction

1. On 11 February 2021, I tabled, together with 29 other members of the Assembly, a motion for a resolution on “Taking into consideration the impact of the fight against the Covid-19 pandemic on the mental health of minors and young adults”.³ The motion called on the Parliamentary Assembly to study the link between the health measures taken during the pandemic and the increase in psychological disorders among children, adolescents and young adults and to advise states on the proportionality of restrictive measures in relation to mental health consequences. The motion was referred to our committee for report and I was appointed rapporteur on 12 April 2021.

2. The motion was tabled during a period with strict measures in place to contain the spread of the virus, and which consequently had a large impact on the mental health and well-being of people across the world. However, challenges to the mental health and well-being of adolescents and young adults were already present before the pandemic. Young people face a world with multiple crises and much uncertainty. Apart from the pandemic and its effects on mental health and well-being, today's young generation will have lived through the global financial crisis and its repercussions, a cost-of-living crisis, uncertainties on the job market, and a war in Europe.⁴ Moreover, global transformations such as the climate crisis, ageing of populations, digitalisation and rising inequalities have created significant uncertainties about the future young people and unborn generations can expect.⁵ Despite the many crises and turbulent events which have unfolded, there are few studies on their impact on the mental health and well-being of young people. Thus, I propose to change the title of the report to better reflect the challenges we are dealing with.

3. In November 2022, I undertook a fact-finding visit to Oslo, Norway to learn more about the country's efforts to lower barriers to access mental health care, but also what challenges young people in Norway face with the current system. During the visit, I had the pleasure to meet with representatives of NGOs, local mental health care services, the Norwegian Ministry of Health and Care Services, and the Norwegian Public Health Institute. I also met with two of my colleagues, Ms Lisa Marie Ness Klungland (ALDE) and Mr Morten Wold (EC/DA) from the Norwegian Delegation to PACE for an interesting exchange of views on the topic. I would like to express my sincere gratitude to the Secretariat of the Norwegian Delegation who helped organise my fact-finding visit in short timeframe.

4. I believe it is urgent that our member States address the pre-existing fault-lines in our health systems and the way we think about mental health and accelerate efforts to improve the mental health and well-being of minors and young adults. With this report, I aim to give some practical policy recommendations to member States as to how that can be done.

¹ Preliminary draft report declassified by the Committee on Social Affairs, Health and Sustainable Development at its meeting held on 24 January 2023.

² A change of title will be proposed by the Rapporteur, subject to Committee approval.

³ [Doc 15223](#).

⁴ The Lancet, Editorial, (20 August 2022): [An age of uncertainty: mental health in young people](#).

⁵ OECD (2020): [One Step Forward, Two Steps Backwards? Youth Are Facing an Uncertain Future](#).

2. The right to mental health

5. Mental health is an integral and essential component of health. The World Health Organization (WHO) recognises health as a state of complete physical, mental, and social well-being. Moreover, it is more than just the absence of mental health disorders or disabilities. Mental health is “a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community”.⁶ The increased acknowledgement that there is no health without mental health, indicates a shift in how “the right to a standard of living adequate for health and well-being” as enshrined in the Universal Declaration of Human Rights, which was adopted 75 years ago, is now understood.⁷

6. The International Covenant on Economic, Social and Cultural Rights (ICESCR) provides a legally binding framework for the right to the highest attainable standard of mental health in its Article 12.1. This is complemented by other United Nations (UN) legal standards, including the Convention on the Rights of Persons with Disabilities (CRPD), the Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW), and the Convention on the Rights of the Child (CRC). At the regional level, the right to protection of health is recognised in Article 11 of the European Social Charter (ESC). Consequently, States parties have an obligation to “respect, protect and fulfil the right to mental health in national laws, regulations, policies, budgetary measures, programmes and other initiatives”⁸.

7. The right to mental health is moreover understood as the belief that all individuals should have access to appropriate and effective mental health care and support, regardless of their socioeconomic status or other factors. The Office of the United Nations Commissioner for Human Rights (OHCHR) emphasises that the right to mental health includes access to timely and appropriate mental health care and treatment. Good mental health must be defined by the creation of environments where people can live their lives in dignity in the equitable pursuit of their full potential.⁹ It is fundamental to our collective and individual ability to think, emote, interact with each other, earn a living, and enjoy life. On this basis, WHO underlines that the promotion, protection and restoration of mental health should be regarded as a vital concern of individuals, communities and societies throughout the world.¹⁰

8. This new and holistic approach to mental health emerged at the end of the 20th century and contains a critical mass of new evidence on the importance of mental health and the effectiveness of integrated approaches.¹¹ In a report by the UN Special Rapporteur on the Right to the Highest Attainable Standard of Physical and Mental Health, former Special Rapporteur Pūras noted that we are standing before a unique momentum and opportunity to advance with regard to improving mental health. Recent efforts by the WHO and other influential global actors are proof that mental health is emerging at the international level as a human rights development imperative. This is supported by the 2030 Agenda for Sustainable Development where most of the development goals implicate mental health.¹²

3. Challenges to the mental health and wellbeing of adolescents and young adults

3.1 An age of uncertainties

9. Young people face a world with multiple crises and much uncertainty. Adolescence is a crucial period for the development of social and emotional habits that are important for mental health and well-being. Half of all mental health disorders in adulthood start by age 14, but most cases are undetected and untreated.¹³ The consequences of not addressing adolescent mental health conditions extend to adulthood, impairing both physical and mental health and limiting opportunities to lead fulfilling lives as adults. One such challenge can be developmental changes, as the developmental transition into adulthood can be a time of significant physical, emotional and cognitive changes, which can be both overwhelming and stressful.

⁶ WHO (17 June 2022): [Mental health: strengthening our response](#).

⁷ OHCHR (24 May 2018): [Mental health is a human right](#).

⁸ UN Human Rights Council, A/HRC/35/21 (2017): [Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health](#).

⁹ UN Special Rapporteur on the Right to Health (5 July 2019): [A rights environment for the highest standard of mental health](#).

¹⁰ WHO (17 June 2022): [Mental health: strengthening our response](#).

¹¹ UN Special Rapporteur on Health: [The right to mental health](#).

¹² UN Human Rights Council, A/HRC/35/21 (2017): [Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health](#).

¹³ WHO (10 August 2022): [Adolescent and young adult health](#).

10. Adolescents and young adults face a variety of challenges to their mental health and well-being. The more risk factors young people are exposed to, the greater the potential impact on mental health. According to WHO, factors that can contribute to stress during adolescence include exposure to adversity, pressure to conform with peers and exploration of identity. Moreover, media influence and gender norms can exacerbate the disparity between an adolescent's lived reality and their perceptions of aspirations for the future. Difficult living conditions, stigma, discrimination or exclusion, or lack of access to support and services can negatively impact the mental health and well-being of young people. These include young people living in humanitarian emergencies and fragile settings; young people with chronic illness, autism spectrum disorder, an intellectual disability or other neurological condition; pregnant adolescents, adolescent parents, or those in early or forced marriages; orphans; and young people from minority ethnic or sexual backgrounds or other discriminated groups.¹⁴

11. There is evidence to suggest that capitalism may be associated with poor mental health outcomes and that it exacerbates inequities.¹⁵ Some argue that the competitive and individualistic nature of capitalism as such can lead to high levels of stress, anxiety, and depression. The pressure to constantly strive for success and material wealth can create a sense of never-ending dissatisfaction and can lead to feelings of inadequacy and failure. Additionally, the emphasis on individualism and self-sufficiency within capitalist societies can make it difficult for individuals to ask for help or support, which can exacerbate mental health issues. Furthermore, the focus on consumerism and material possessions can make it difficult for individuals to find meaning and fulfilment in life, which can lead to feelings of loneliness.

12. Lack of access to affordable healthcare, job insecurity and poverty can also contribute to poor mental health. Studies show that young people are overrepresented in these statistics. Negative trends on the labour market disproportionately affect young people, including by reducing their opportunities for part-time work and work-based learning for students. Many recent graduates (and students who are soon to graduate) face difficulties finding and maintaining jobs, which puts them at increased risk of developing mental health issues throughout the course of their lives.

13. The climate crisis is another contributing factor to increased levels of anxiety among young people. Climate anxiety, or eco-anxiety, is distress related to worries about the effects of climate change.¹⁶ It is not a mental illness, but rather anxiety rooted in uncertainty about the future and reactions to a vision of a better future in jeopardy. A survey published in the *Lancet Planetary Health* in 2021, revealed that among 10,000 children across ten countries, more than 50% of them reported feeling sad, anxious, angry, powerless, helpless, and guilty about climate change.

3.2 The impact of Covid-19 on the mental health and well-being of adolescents and young adults

14. According to WHO, in the first year of the Covid-19 pandemic, global prevalence of anxiety and depression increased by 25%.¹⁷ Young people and women were the most affected. Concerns about mental health conditions had already prompted 90% of countries surveyed to include mental health and psychosocial support in their Covid-19 response plans, but major gaps remain.

15. A report on the "Impact of Covid-19 on young people in the EU", indicates that young people were more likely than older groups to experience job loss, financial insecurity, and mental health problems due to the Covid-19 pandemic. Moreover, young people reported reduced life satisfaction and mental well-being associated with requirements to stay at home, and disruptions in education.¹⁸ Overall, the Covid-19 pandemic had a disproportionate impact on young people's life satisfaction and their mental well-being, compared to older groups.

16. At least one in seven children globally have been directly affected by lockdowns. Key findings from a study conducted by UNICEF suggest that the pandemic had a substantial negative effect on child and adolescent mental health, mostly because of rising anxiety related both to the disease itself and the restrictive public health measures that were put in place to contain the virus.¹⁹ Social isolation, disruptions in daily life, family grief, and uncertainty about the future in the context of Covid-19 are all factors that put children and adolescents at higher risk for depression.

¹⁴ WHO (17 November 2021): [Adolescent mental health](#).

¹⁵ J. Eisenberg-Guyot and S. J. Prins (2022): [The impact of capitalism on mental health: An epidemiological perspective](#).

¹⁶ S. Collier (13 June 2022): [Harvard Health Publishing: If climate change keeps you up at night, here's how to cope](#).

¹⁷ WHO (2 March 2022): [COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide](#).

¹⁸ EUROFUND (November 2021): [Impact of COVID-19 on young people in the EU](#).

¹⁹ UNICEF (2021): [Life in Lockdown: Child and adolescent mental health and well-being in the time of COVID-19](#).

17. The economic and social impacts of the pandemic will have profound consequences for many years to come, resulting in a setback for the UN Sustainable Development Goals. Findings from a report by *Save the Children* show a correlation between income loss and decreased psychological well-being.²⁰ The pandemic tends to magnify pre-existing social inequalities with respect to access to quality education, health care, and other services, resulting in an unequal impact on children and young adults from different socio-economic backgrounds.²¹ Children living in poverty are more likely to experience stress due to loss of income in the family. Unsurprisingly, children living in households that had lost more than half of their income since the outbreak of Covid-19 reported a higher level in the increase of negative feelings compared to children from other households.²²

18. Moreover, the Covid-19 pandemic has had a devastating effect on young people with a history of mental health needs, who reported aggravation of their condition and more difficulties when searching for help.²³ The Norwegian Ministry of Health and Care Services, and the Norwegian Public Health Institute, whose mission is to produce, summarise and disseminate knowledge to support good health efforts and healthcare, have observed similar tendencies. The foundations of lifelong mental health are built in early childhood, this period is known by the increase in prevalence of many psychological symptoms and the emergence for the first time of psychological problems. The hardships of the pandemic severely undermined those foundations.

19. However, not all children and young adults have the same experience of the pandemic, and thus its impact on their mental health is different. For example, some young people have reported certain positive aspects of the pandemic alongside the negative ones, including discovering oneself, deepening family relationships, and sharing life at a distance.²⁴ In particular, the amount of parental engagement during lockdown has made a significant impact on children's wellbeing.²⁵ However, the negative impacts of the pandemic clearly outweigh the positive aspects of it for most children and young adults.

20. Studies indicate that alcohol and substance abuse among adolescents and young people increased during the pandemic. Moreover, this was found to be associated with other negative mental health issues. Containment measures such as lockdowns and subsequent social isolation were found to be a risk factor for alcohol consumption.²⁶

4. Some challenges and good-practice examples to take away from the fact-finding visit to Norway

21. The Norwegian health system offers a high level of social and financial protection. Population coverage is universal (although with some exemptions such as undocumented migrants and persons whose asylum applications have been rejected) and includes essential mental health care. Public financing accounts for the majority (85%) of health expenditure. Various mechanisms, including exemptions and ceilings on out-of-pocket payments, limit the financial burden of care on individuals. For 2023, the ceiling for annual out-of-pocket user fees is 3.040 NOK (approximately 285 EUR). Once someone has reached this ceiling, they will receive an exemption card, and will not have to pay user fees for the remainder of the calendar year.

22. In Norway, health care policy is controlled centrally. However, responsibility for the provision of health care is decentralised. Primary mental health care services are financed and organised by local authorities at municipal level, and according to local demand. Specialised mental health services, on the other hand, are the responsibility of the Regional Health Authorities. They are provided in highly specialised mental hospitals, community mental health centres, and in outpatient setting (treatment by privately practicing psychiatrists and psychologists under contract with the Regional Health Authorities).

23. User fees for treatments by psychologists that specialise in clinical psychology, and have funding contracts with Regional Health Authorities, will count towards the ceiling for out-of-pocket fees and the exemption card for health services. Children and adolescents up to 18 years old do not have to pay any user fees for treatment by a psychologist. Patients will need a referral either from a doctor, psychologist, or child welfare officer. However, the number of psychologists with funding contracts is limited. This has resulted in long waiting times, in extreme cases up to two years²⁷ (although patients with urgent needs will normally skip

²⁰ Save the Children (2020): [Hidden impact of Covid-19 on child poverty](#), page 32.

²¹ S. Mastrotheodoros, EU/COE Youth Partnership (2022): [The effects of COVID-19 on young people's mental health and psychological well-being](#).

²² Save the Children (2020): [Hidden impact of Covid-19 on child poverty](#).

²³ Young Minds (2021): [Coronavirus: Impact on young people with mental health needs](#).

²⁴ *Ibid.*

²⁵ Save the Children (2020): [Hidden impact of Covid-19 on child poverty](#).

²⁶ *Ibid.* Pages 46-49.

²⁷ More information can be found in [this news article](#) (Norwegian only).

the line and receive care faster). In 2020, nearly one in four patients with a referral were declined by the specialised mental health services.²⁸ Patients who are declined by the specialised mental health services, or who find the waiting lists to be too long, will have to bear the full cost of private psychologists, without any reimbursement.

24. Local municipalities will often have a wide range of mental health services available, depending on the demand and capacity. Municipalities are required to employ psychologists within their health and social care services. The municipality psychologists provide free short-term treatment for mild to moderate mental illnesses and disorders.

25. During my visit to Oslo, I met with representatives of “Health Clinics for Adolescents” (HFU), “UNG Arena” and “FACT Ung”. Health Clinics for Adolescents are free services for young people that offer help and advice from nurses, doctors, and psychologists. My interlocutors informed me that young people often come to them with questions regarding sexual and reproductive health, as well as mental health issues, ranging from school refusals and heartbreak to more serious problems that need long-term care. If the HFU finds that the latter is the case, they will often refer the person to UNG Arena, for follow-up on mental health. UNG Arena is a low-threshold mental health service offered to young people aged between 12 and 25 years old that was built together with young people and offers peer-support. FACT, which stands for Flexible Assertive Community Treatment, and draws inspiration from the Netherlands, aims to provide a holistic and coordinated service to young people with more serious mental health problems and disorders. They target young people who should normally receive treatment within the specialised mental health services, but who for various reasons do not fit in, and thus try to accommodate their individual needs.

26. All three care services experienced a sharp increase of young people struggling with poor mental health both during the first stages of the outbreak of the pandemic, and post-confinement. Moreover, Gamle Oslo, the district where the three care services are located, has one of the highest percentages of children growing up in poverty in Norway, including a lot of refugees and immigrant children, who are often at increased risk of mental health problems, marginalisation, and stigma. My interlocutors were worried that despite the very high increase of young people seeking care, they were not able to reach out to some of the most vulnerable groups.

27. Another low-threshold treatment service that is provided by the municipality is “Urgent Mental Health Care”. It is offered to persons over 16 years old who are experiencing various types of anxiety together with mild or moderate depression. This service can also help with sleeping difficulties and incipient substance misuse problems.²⁹ The service is free and provides direct assistance without the need for referral from a person’s doctor. The aim is to ensure that young people can access support within one to two weeks so that the condition does not become more severe.

28. The NGOs that I met with in Oslo drew my attention to several other critical issues for vulnerable groups in Norway. In particular, the Norwegian Organisation for Asylum Seekers (NOAS), pointed out that there is no vulnerability screening of asylum seekers and that immigration authorities are not trained in detecting mental health problems and disorders, which has resulted in fatal consequences for some individuals. On one occasion, it was detected long after the asylum interview that the asylum seeker, whose legal age was 24 years old, had an intellectual disability and had the intellectual level of a 12-year-old. Moreover, undocumented migrants and asylum seekers whose applications have been rejected, will only be able to receive immediate assistance and healthcare which is absolutely necessary and cannot wait, despite the many traumas they may have lived through.

29. Queer Youth represents another group vulnerable to mental health problems. The mental health of many of their members has deteriorated since the mass shooting at locations associated with Oslo Pride, on 25 June 2022, with many receiving death threats and feeling unsafe. They underlined the need to decentralise health care services so that queer people could get adequate health care and support in their local communities. Queer Youth has phone and chat services that risk being defunded by the government. They experienced an increase in calls concerning suicide prevention in 2020 and 2021, and noted that people calling are getting younger, with 8 out of 10 being under 18 years old.

30. Lastly, Mental Health Carers Norway (LPP), an advocacy group solely working for the well-being and needs of mental health carers, underlined the importance of including carers and other family members in national strategies concerning mental health and well-being. For reasons of space, I have integrated the additional learnings and good practice examples in the chapter below.

²⁸ More information can be found in [this news article](#) (Norwegian only).

²⁹ Helsenorge: [Mental healthcare for adults in Norway](#).

5. Practical recommendations to member States

31. In a report to the UN Human Rights Council, the Special Rapporteur on the Right to the Highest Attainable Standard of Physical and Mental Health notes that mental health includes both immediate obligations and requirements to take deliberate, concrete and targeted action to progressively realise other obligations.³⁰ States are urged to use appropriate indicators and benchmarks to monitor progress, and should be disaggregated by factors including sex, age, race, ethnicity, disability and socio-economic status. Below, I will include some policy proposals that member States should consider in order to improve the mental health and well-being of young people.

32. In many member States, waiting lists have hit all-time highs due to the pandemic and critical mental health services have been disrupted or halted in 93% of countries worldwide.³¹ The pandemic has highlighted the fragility of support systems for mental health in many countries and underlined how these hardships fall disproportionately on the most disadvantaged communities.³² Many member States have been forced to divert already overstretched health system resources away from mental health needs and towards the fight against the virus. In March 2022, the Director General of WHO, Dr Tedros Adhanom Ghebreyesus, warned that the numbers should serve as a wake-up call to all countries to step up mental health services and support.³³

33. After nearly three years of pandemic disruption, it is time for governments to urgently allocate the necessary funding and take other steps to build stronger health systems. First of all, states must increase funding for mental health. This may include funding for community-based services, but also funding for research and training for mental health professionals. Despite the recognition that mental health is an integral and essential component of health, mental health has been continuously underfunded in all of our member States. In fact, spending on mental health stands at less than 10% of spending on physical health.³⁴

34. This year, the United Nations will hold a high-level meeting on Universal Health Coverage. Universal Health Coverage means that everyone, everywhere, should be able to access health services they need without suffering financial hardship. Regrettably, in many countries, there are high coverage gaps of care and services for common mental health conditions, such as depression and anxiety. Even when services are available, they are not necessarily rights-based and cost-effective.³⁵

35. The need for Universal Health Coverage has never been clearer, and it is pivotal that mental health is an integral part of this. If we want to ensure the full success of the implementation of Universal Health Coverage, mental health must be integrated into health systems, especially primary and community-based health services.³⁶ There are several studies that suggest that integration of mental health in physical health programmes will improve the mental health outcomes of populations, as well as support the effective delivery of physical and mental health. This corresponds well with the understanding of WHO that there is no health without mental health. In fact, when integrated, the combined physical and mental health treatment contributes to better overall outcomes. Moreover, from a financial perspective, the overall care may also cost less.

36. Another important measure is to expand access to mental health care and treatment, to anyone within a territory, regardless of legal status, and have in place targeted and holistic measures that meet the needs of underserved communities. Having mental health as an integral part of Universal Health Coverage will increase access to mental health services by removing financial barriers, such as high out-of-pocket costs which may prevent individuals from seeking help. This is an important step to ensure that vulnerable groups, who are often disproportionately affected by crises, and in general may have poorer health, have easier access to necessary care and treatment.

37. Early detection and treatment are pivotal to addressing the challenges to the mental health and well-being of minors and young people. Member States can increase focus on mental health promotion and prevention by providing education and resources to help children, their carers, and young people maintain good mental health. Integrating mental health into Universal Health Coverage would also increase early identification and treatment of mental health conditions. Moreover, having mental health and well-being as part

³⁰ UN Human Rights Council, A/HRC/35/21 (2017): [Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health](#); see ICESCR art. 2(1).

³¹ UNICEF: [Mental health alert for 332 million children linked to COVID-19 lockdown policies](#).

³² UNICEF (2021): [On My Mind, the State of the World's Children](#), Page 2.

³³ WHO (2 March 2022): [COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide](#).

³⁴ *Ibid.*

³⁵ United for Global Mental Health: [No health without mental health: Why integrating mental health into UHC matters](#).

³⁶ UHC 2030 (2020): [Putting mental health firmly into UHC efforts is critical to the success of UHC, and will reap benefits far beyond the health sector](#).

of the school curriculum will help foster well-being and develop resilience, and may include talking about emotions, recognising signs of mental health illnesses, and practicing self-care.

38. Reducing stigma and shame associated with mental health problems is another critical step. We have a long way to go with regard to acceptance of mental health and well-being and treating it as equal to physical health in all population groups. However, there is no denying that mental health problems are more stigmatised in certain population groups. Member States could reduce stigma by improving the overall health literacy within the population and have targeted campaigns towards certain groups by reaching out and collaborating with trusted organisations/people in their respective local communities. Moreover, Universal Health Coverage can help reduce stigma associated with mental health problems by treating mental health as equal to physical health. This would also help reduce discrimination and marginalisation of people with mental health problems.

39. Finally, Universal Health Coverage would provide a more holistic overall health care service. A holistic approach to healthcare focuses on treating the whole person, rather than just their physical symptoms, and includes addressing mental health, as well as social, economic, and environmental factors that can impact a person's overall well-being. Following the good practice example from Norway, where seven ministries are working together on a new escalation plan on mental health, a cross-sectoral approach that integrates mental health into other policy areas is necessary for the success of national strategies. For instance, education and access to meaningful work that is conducive to the mental health and well-being of young people, requires a multisectoral approach.

40. Offering a wide range of multisectoral and low-threshold care services will contribute to lowering barriers to seek help for mental health issues. Building on the good practice examples from Norway, this could include drop-in-centres, community-based outreach programmes, peer support and phone and chat services. It is an excellent way to reduce pressure on health systems, through early detection and prevention, so that people get the help they need before their condition develops into something more serious. Such services are also beneficial because they are less stigmatising than traditional mental health services and are more accessible to people who may not have the resources or support to access more traditional services. However, it cannot replace specialised mental health services.

41. Member States should also simplify administrative procedures and bureaucratic processes to make them more user-friendly and provide better information to users on their rights. Navigating complex bureaucratic systems can be overwhelming and confusing, leading to feelings of frustration, helplessness, and stress. All the NGOs highlighted that dealing with administrative procedures can be time-consuming and require a significant amount of paperwork, which can be burdensome and increase stress levels. Moreover, dealing with administrative procedures can be costly for people who may have financial difficulties, which can add to their stress levels.

42. Although priority should be given to children and young adults, the mental health of parents and other caregivers is pivotal for the well-being of the younger generations as well, as underlined by the advocacy group for mental health carers in Norway. The stress experienced by parents and caregivers can affect their ability to meet their children's needs. It can also be transferred to younger generations and have a negative effect on their mental health.

43. As for the pandemic, disruptions in education had a negative impact on the mental health of children and young adults, and disproportionately affected the most vulnerable and marginalised within our communities. Many lacked access to internet and/or other necessary equipment, as well as adult support and supervision. As pointed out by UNESCO, the pandemic and the following restrictive measures exacerbated already existing disparities within the education system.³⁷ For this reason, UNICEF, UNESCO and WHO recommend that if and when restrictions are imposed to decrease transmission and control the spread of the virus, schools should be the last places to close and the first to reopen.³⁸

44. The pandemic has had a negative impact on the fulfilment of children's rights and the transition into adulthood. As pointed out by my colleague, Mr Stefan Schennach, in his report on "Beating the Covid-19 pandemic with public health measures", it is of utmost importance that governments and decision makers are transparent and open on the reasons for imposing restrictive measures. In addition to ensuring that measures fulfil a legitimate aim and that they are proportionate, decision makers must assess and determine the best interests of the child, as well as consult children and young adults in all cases concerning them, in line with Resolution 2414 (2022) on "The right to be heard: child participation, a foundation for democratic societies".

³⁷ UNESCO (2022): [Education: from school closure to recovery](#).

³⁸ WHO Europe (2021): [Keep schools open this winter – but with precautions in place](#).

6. Preliminary conclusions

45. Mental health and well-being are fundamental components of a child's healthy development and future. Failing to address mental health needs among youth can have profound consequences and extend into adulthood, including limiting young people's opportunities to lead fulfilling lives, as well as societies' pathways for upward growth.³⁹ Young people with mental health conditions often face disproportionate challenges if they do not receive adequate support. They are more vulnerable to social exclusion, discrimination, stigma (which may affect their readiness to seek help), poor physical health and human rights violations. This may lead to the inability to continue education, unemployment, troubles with criminal justice systems, substance abuse, self-harm and suicide, and poor quality of life.

46. Despite the fact that mental health is increasingly acknowledged as a key component to children and young people's development, greater recognition and promotion of mental health and well-being are needed. Social and cultural stigma attached to mental health still need to be addressed. Promotion, prevention, and early intervention strategies may produce the greatest impact. Recognising that mental and physical health are equally important for the well-being of children and young adults, more resources are needed for timely, integrated, and multidisciplinary interventions. This would limit the risk of poor long-term outcome, with potential benefits for healthcare system costs.⁴⁰

47. It is urgent to ensure that mental health care services are free and accessible to everyone, regardless of socioeconomic status, sexual orientation and gender identity, legal status, ethnic background, disability, and other factors that may put minors and young people at increased risk of poor mental health and well-being.

³⁹ UNICEF (2022): [The Global Coalition for Youth Mental Well-being](#).

⁴⁰ M. Colizzi et al. (2020): [Prevention and early intervention in youth mental health: is it time for a multidisciplinary and trans-diagnostic model for care?](#)