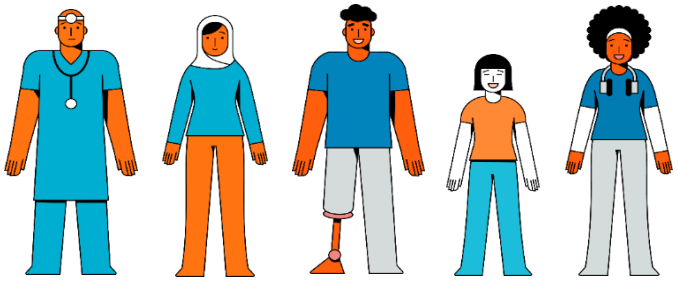
Mental health, social inclusion and young people aged 18–29 in the WHO European Region

Rapid evidence synthesis to build economies of well-being that deliver better lives and livelihoods for all young people in Europe

DRAFT FOR CONSULTATION



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Introduction

Mental health is critical to the well-being of individuals, families, communities and whole societies *(1)*. Before the COVID-19 pandemic, the prevalence of mental health conditions was high, with great impacts on health and well-being, including for young people,[1] and substantial costs to the economy and wider society. In 2015, the estimated prevalence of mental health disorders in the WHO European Region was 110 million, equivalent to 12% of the population *(2–4)*. Approximately half of all mental health conditions started by age 14, and suicide was the second leading cause of death in young people aged 15–29 *(1)*. By 2019, approximately 16.1% of adolescent boys and 18.6% of adolescent girls aged 10–19 across Europe[2] were struggling with mental health disorders *(5)*. Poor mental health and well-being costs the global economy more than US$ 1 trillion per year and countries of the European Union (EU) over €600 billion, equivalent to approximately 4% of their gross domestic product (GDP) *(1,6,7)*.[3]

While young people have been at lower risk of experiencing severe disease and death from COVID-19, recent evidence suggests that COVID-19 infection is a risk factor for mental health problems, even for those with mild symptoms or asymptomatic cases *(8)*. The mental health and well-being of adolescents and young people has also been heavily affected by COVID-19 containment measures *(8)*. Since the start of the pandemic, the number of young people with mental health problems has at least doubled *(9)*.[4] As many as 64% of all young people are at risk of depression, and young people are between 30% and 80% more likely to report symptoms of depression or anxiety than adults *(9,10)*. Suicide is the leading cause of death for adolescents aged 15–19 in eastern Europe and central Asia and the second leading cause of death for adolescents aged 15–19 in western Europe *(11)*.[5] The economic costs of poor mental health and well-being have continued to increase during the pandemic. Depression and anxiety alone are estimated to have cost the global economy more than US$ 2.5 trillion per year since 2020, and this figure is expected to rise *(11,12)*. Current estimates suggest that the annual human capital loss from mental health conditions in children and adolescents aged 0–19 across Europe and central Asia[6] is approximately US$ 80 billion *(12)*. These estimates capture only the direct economic costs of life lost to disability or death as a result of poor mental health, and do not include the additional burdens passed on to health, education, welfare and criminal justice systems. Evidence from the United Kingdom suggests that these additional systemic burdens are substantial, finding that "the overall cost to public services was 15 times greater for children and young people with mental health conditions than those without" *(11)*.

Real change for better mental health and well-being for all young people requires people in society and across governments to unite and work together. Young people typically are physically healthy and do not frequently interface with health services, which makes it harder for the health sector alone to identify and intervene to tackle new and deepening vulnerabilities since the onset of the pandemic. It also requires an understanding of the reality of young people experiencing poor mental health and social exclusion, with attention to those who are at risk of being left

[1] Throughout this report, the term young people refers to individuals between the ages of 18 and 29 years, inclusive, unless otherwise indicated. Statistics attributed to young people throughout the report include individuals in this age range and may, in some cases, go beyond it, as indicated in the corresponding references. When the age range to which the statistics refers lies predominantly outside of the 18–28 range, the specific ages to which the statistic refers are listed in text.

[2] Here, the term Europe refers to all Member States of the WHO European Region that are also Member States of the European single market, and to San Marino and the United Kingdom.

[3] These figures were calculated before the United Kingdom left the EU, and therefore, they refer to all countries in the current EU-27 in addition to the United Kingdom.

[4] Similar to the treatment of discrepancies in age, statistics from the Organisation for Economic Co-operation and Development (OECD) relating to young people are used in this report, since 28 of the OECD's 38 Member States are also Member States of the WHO European Region. All 28 Member States are part of the European single market, plus Israel.

[5] In line with the United Nations Children's Fund's regional distinctions, the subregions of central Asia, eastern Europe and western Europe include all Member States of the WHO European Region in addition to the Holy See and Liechtenstein.

[6] Here, Europe and central Asia refers to all Member States of the WHO European Region, in addition to the Holy See and Lichtenstein.

behind. In September 2021, the WHO Regional Office for Europe held the first European Young People and Professionals Forum, in which young people emphasized the need to prioritize and address poor mental health and well-being and the importance of more than tokenistic engagement in policy-making *(12)*. This was followed by the first Youth4Health – Tirana 2022 Health and Well-being Forum for Youth from 25-27 October 2022 in Tirana, Albania, where mental health was given a high priority by young people *(13)*. In November 2022, young members of the WHO Pan-European Mental Health Coalition reiterated the need to be meaningfully engaged in policy and decision-making affecting them. In support of this aim, a youth dialogue on mental health and social inclusion was hosted by Nobody Left Outside in December 2022.

In line with the European Programme of Work (EPW) *(14)*, this rapid evidence synthesis has been produced as part of a collaborative initiative between the Mental Health Flagship and the WHO European Office for Investment for Health and Development in Venice, Italy, in partnership with young people, United Nations agencies and third sector organizations. This work takes forward commitments in the EPW to improve mental health and the recommendations of the Pan-European Commission on Health and Sustainable Development (also known as the Monti Commission) to take action at all levels of societies to heal the divisions and social fractures exacerbated and precipitated by the COVID-19 pandemic *(15)*.

Specifically, this rapid evidence synthesis seeks to:

- **bring together the best available evidence on the status and trends in the mental health of young people, with a focus on those who are most at risk and are vulnerable to being left behind;**
- **understand the reality of young people experiencing poor mental health and social exclusion and shed light on how this is holding them back; and**
- **develop a common understanding of the challenges facing young people experiencing poor mental health and social exclusion alongside higher unemployment, non-decent work and income insecurity.**

This rapid evidence synthesis will be accompanied by a second paper synthesizing the solutions proposed by key stakeholders for addressing poor mental health and social inclusion among young people. Together, these papers outline the common space around which to convene key stakeholders at Pan-European, country and other subnational levels, including regions and cities, to accelerate the identification of new solutions and build alliances that will improve the mental health and well-being of young people who have been left behind or who are at risk of falling behind during recovery and transition.

Why the mental health and well-being of *all* young people is essential for building economies of well-being

To lead healthy and prosperous lives, all young people need to feel safe, secure, cared for, included and empowered by wider society and the economy, and be able to contribute to generating those feelings in others. Healthy transitions – from childhood to adolescence and adolescence to adulthood – are critical for protecting and promoting the mental health and well-being of all young people. This is not only because these are the stages of life in which young people develop autonomy, self-control, social interaction and learning, but also because the capabilities formed during this period directly influence their mental health and well-being for the rest of their lives, and also influence the lives of those who care for and depend on them *(16)*.

Exposure to adverse experiences and situations can result in trauma and even mental impairment for adolescents and young people. The socioeconomic conditions in which children and adolescents grow up before entering young adulthood affect their choices and opportunities. When these conditions are poor, the risk that adolescents and young

people will enter into a negatively reinforcing cycle of increased vulnerability and poor mental health and well-being increases. For example, adolescents and young people with deprived living conditions or living in unsafe neighbourhoods may have reduced exposure to positive social interactions and increased exposure to crime, substance abuse, disease and injury. In turn, adolescents and young people engaged in substance abuse or criminal behaviour are increasingly likely to face risk factors for poor mental health, such as unemployment, debt and social exclusion *(17)*. Amid growing inequality and repeated economic crises, young people who were not previously vulnerable are now at greater risk of poor mental health and well-being due to the prevalence of atypical and insecure work and higher numbers of young people not in employment, education or training (NEET) *(18,19)*. These negative experiences and their accumulation over time affects young people's mental health, well-being and several other determinants of their health, such as income security, employment and educational attainment, over the course of their lives *(20–22)*.

Many young people also transition into parenthood and caregiving roles. As a result, their mental health and socioeconomic conditions affect not only their own choices and opportunities, but also those of their children and future generations and others who depend on them. For example, when poor mental health leads to poor socioeconomic conditions for young people who are parents, children are at greater risk of adverse childhood experiences (ACEs) *(23,24)*. ACEs make children vulnerable to poor mental health and well-being throughout their lives; over time, they account for over 25% of cases of anxiety and depression across the WHO European Region. ACEs also bring costs to wider society. Before the COVID-19 pandemic, ACEs were estimated to cost the WHO European Region US$ 581 billion, or 2.7% of GDP *(23)*. These costs may be as high as 6% of GDP in some countries across the Region and are likely to have increased since the onset of COVID-19 *(24)*. In turn, caring for children with mental health conditions places parents and caregivers, including young people, under greater emotional and financial strain, and these negative impacts are felt most by women *(1,11).*

The places and settings in which young people and parents often seek mental health support – schools, universities, community and training centres, workplaces and religious and faith-based institutions – have experienced extensive and prolonged disruption during the pandemic *(9)*. Those who have missed out on income, education, training, decent jobs and work, and employment opportunities during the pandemic are being left behind, placing the health and well-being of these young people and those who depend on them at great risk. The disruptions have hit hardest young people who were already struggling and who depend most on these settings and institutions for safety, security, growth and support *(25)*. As young people have struggled with job and income insecurity, for example, some have moved home and/or gone to live with an intimate partner or family members, resulting in a loss of control over their living conditions. For those who grew up in adverse conditions and who are at risk of, or already subject to, intimate-partner violence (IPV), this may increase their exposure to IPV and the resultant emotional, physical and mental harm, with disproportionate impacts for women and girls. Research suggests that emergency calls from women subjected to IPV have increased by an average 60% during the pandemic across the WHO European Region, with a 23–32% increase in IPV and domestic violence *(26)*.

Without good mental health, young people will be excluded from making contributions to the economy, their communities and to wider society, and they will be less able to shoulder the intergenerational care responsibilities that come with middle age. They will also be unable to enjoy and share the full benefits of good mental health and well-being to which we are all entitled. If the focus is only on returning the economy to business as usual and not on building an economy that also addresses poor mental health and well-being and the exclusion of young people, the levels and quality of human and social capital and the community and family resilience needed to ensure a better future for all will simply not be there.

Inequities in poor mental health and well-being among young people: the impact of the COVID-19 pandemic and beyond

Inequities in mental health and well-being among young people are being perpetuated in at least three ways (Fig. 1). First, in inequities in mental health and access to mental health services that have resulted from the disease itself, disruption to mental health services during the pandemic and insufficient levels of mental health service provision that preceded the pandemic *(8,27)*. Second, poor mental health and well-being among young people have been exacerbated by repeated economic crises, resulting in new vulnerabilities and increases in the number of young people with insecure livelihoods. This impact has not been felt equally, and the mental health and well-being of young people experiencing vulnerability before the pandemic has been particularly hard-hit *(8)*. Third, shifts in the social relations that underpin livelihoods and economies, such as remote working and learning and the normalization of economic precarity among young people, are causing many factors that protect against poor mental health and well-being, such as physical and social activity, daily routine, building personal relationships and helping others in the community, to deteriorate *(28)*. In the context of COVID-19 and its containment measures, this has resulted in isolation, a reduced sense of belonging, and decreased trust in institutions that are critical for recovery and resilience in wider society and the economy. Beyond inequities in mental health and access to mental health services alone, the combination of insecure livelihoods and deteriorating social relations have left a growing number of young people at risk of being left behind, with long-term consequences for their mental health and prosperity, the mental health and prosperity of those who depend on them, and for wider society and the economy.

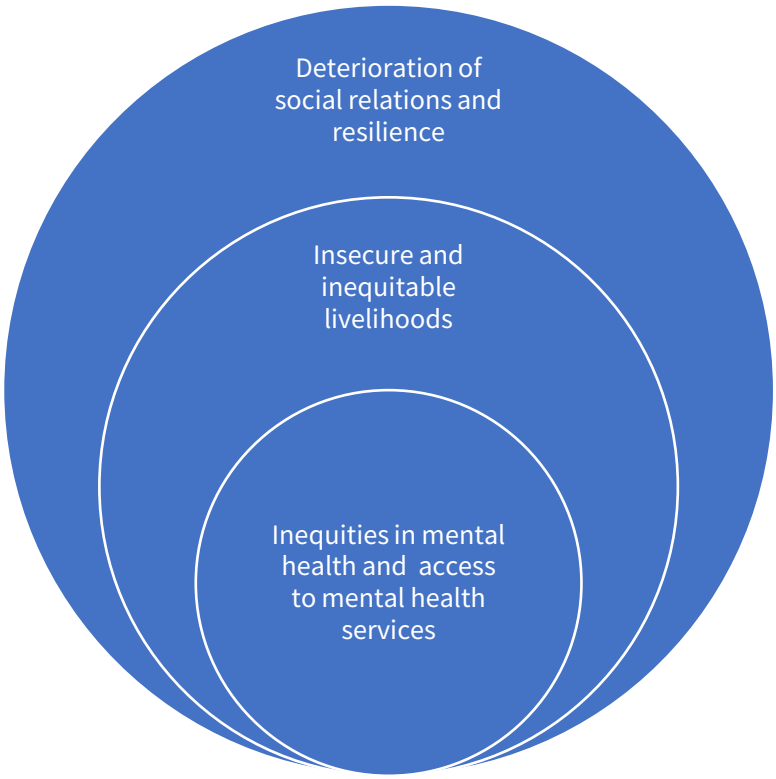

Fig. 1. Drivers of inequities in poor mental health and well-being among young people in the WHO European Region

Inequities in mental health and access to mental health services for young people

Mental health status of young people before the COVID-19 pandemic

Before the COVID-19 pandemic, a growing and disproportionate number of adolescents in Europe[7] were moving into adulthood with poor mental health, with 16.3% of adolescents aged 10–19 in Europe struggling with mental disorders compared to 13.2% globally *(5)*. Approximately half of all mental health conditions started by age 14, and suicide was the second leading cause of death in young people aged 15–29 *(1)*. Patterns of poor mental health among young people were also gendered. In the WHO European Region, rates of depression and anxiety disorders were 50% higher in women than men, and men were almost five times more likely to commit suicide than women *(2,4)*. Young people identifying as lesbian, gay, bisexual, transgender or queer/questioning (LGBTQ+) had significantly lower levels of good mental health and well-being *(29)*; in the United Kingdom, for example, as many as 33% of young people aged 18–24 and identifying as LGBTQ+ rated their mental health as "extremely poor" or "poor" before the pandemic, and 13% had attempted to take their own life in the previous year *(30,31)*. Mental health services were already overstretched before the pandemic and were weakly integrated across health, education, social welfare, labour and youth policies *(27,32)*.

Mental health status and inequities of young people since the COVID-19 pandemic

The onset of COVID-19 compounded these already worrying trends in mental health and well-being across the WHO European Region, resulting in a mental health crisis for young people. Current evidence suggests that the number of young people with mental health problems has at least doubled *(9)*. As many as 64% of all young people are at risk of depression, and young people are between 30% and 80% more likely than adults to report symptoms of depression or anxiety *(9,10)*. Evidence also suggests that increases in poor mental health in young people have been abrupt, indicating that young people have been disproportionately affected by COVID-19. In Belgium, for example, "18–29-year-olds were the age group least likely to report symptoms of anxiety or depression in 2018, but since the onset of the pandemic, they have become the age group most likely to report symptoms of anxiety or depression" *(9,33).* While suicide rates across populations have remained stable, suicides among young people are increasing in many countries across the European Region. Croatia, for instance, has seen a 57.1% increase in suicides in the 15–25 age group, and young people account for 70% of suicides in Bulgaria *(34)*.

This increase in mental health problems has not impacted young people equally. Young people with pre-existing mental health conditions or substance abuse disorders, individuals from lower-income and/or ethnic minority backgrounds, individuals who identify themselves as LGBTQI+ or gender-diverse and young carers are at particularly high risk *(9)*. Evidence suggests that LGBTQI+ populations are more than twice as likely to report symptoms of depression, and self-selecting survey results from the United Kingdom suggest that four times as many young people aged 18–24 identifying as LBGTQ+ reported self-harming "very often" or "every day" during the pandemic compared to pre-pandemic *(9,29)*. Young people from minority ethnic groups are significantly more likely to report symptoms of anxiety and depression and suicidal thoughts *(9)*. Migration status has also been shown to increase the risk of anxiety, depression and insomnia in adolescents aged 14 and over in Europe during the pandemic *(35)*. The negative impacts on mental health have been gendered. Across all age and gender groups, women aged 18–24 registered the lowest mental well-being in absolute terms in spring 2021, recording a score of 41 on the WHO-Five Mental Well-being Index;[8] men aged 18–24 registered the largest drop in mental well-being, from 54 in summer 2020 to 44 in spring 2021 on same WHO index *(10)*.

[7] Here, the term Europe refers to all Member States of the WHO European Region who are also Member States of the European single market, as well as to San Marino and the United Kingdom.

[8] The WHO-Five Mental Well-being Index ranges from 0, which indicates the absence of well-being, to 100, which indicates maximum well-being.

Disruption to mental health services since the COVID-19 pandemic

Access to mental health services has been disrupted due to COVID-19 in as many as 90% countries in the WHO European Region *(36)*. Some life-saving emergency and essential mental, neurological and substance use services were disrupted, with prevention and promotion services most severely affected *(36)*. Approximately 75% of school or workplace mental health services were wholly or partially disrupted, and only 30% of mental health services for children and adolescents or for older adults were available with no disruption *(36)*. The main causes of disruption to mental health services included a decrease in outpatient volume due to patients not presenting, travel restrictions hindering access to health facilities for patients and a decrease in inpatient volume due to cancellations of elective care. While 80% of high-income countries shifted to digital modalities of service provision to close this gap, only 50% of low-income countries pursued similar strategies, presumably as a result of less developed physical digital infrastructure *(36)*.

Insecure and inequitable livelihoods exacerbating the risk of poor mental health and well-being among young people

Livelihoods of young people before the COVID-19 pandemic

Before COVID-19, many young people in Europe already had lived experience of economic vulnerability, which increases the risk of poor mental health and well-being for young people and impacts also on those who care for and depend on them. During the 2007–2013 economic crisis, "youth unemployment rates skyrocketed, reaching more than 40% in many EU countries, and the share of young people not in employment, education or training (NEET) peaked at an historic high of 16% of the entire population aged 15–29 in the EU" *(17)*. Reasons most cited for the disproportionate impact of the 2007–2013 economic crisis on young people include, "less secure contracts, less seniority and less control over decisions; often, they were among the people most recently recruited, and the 'last in, first out' principle was often used in making decisions on redundancy" *(17)*. As a result of increased job and income insecurity, young people often lacked permanent housing, and many had moved back home with their parents *(17)*. Fertility rates also declined across Europe during this time, particularly among young women below the age of 25; these declines have been more pronounced in countries that have experienced stronger economic downturns and faster increases in unemployment, irrespective of family and welfare policies *(37,38)*. Youth unemployment only returned to pre-crisis levels of 12% in the EU in 2019, and the estimated cost of the displacement of young people from productive activity over more than a decade was estimated at €1.68 trillion *(17)*. At the start of the pandemic, youth unemployment and labour underutilization rates were approximately 43% and 33% higher, respectively, in Europe and central Asia compared to global averages, and young people in work were more likely to have temporary contracts and atypical forms of work *(39,40)*. The NEET rate for young people aged 15–24 in Europe and central Asia in 2019 was 14.1%, and the rate was 1.37 times higher for young women than for men *(41)*. Together, this resulted in higher levels of labour market and income insecurity, particularly for women and those in the bottom 20% *(39)*.

Livelihoods and their inequities among young people since the COVID-19 pandemic

Since the start of the COVID-19 pandemic, income insecurity, job losses and higher unemployment for young people have exacerbated pre-existing economic vulnerability, resulting in poor mental health and well-being and the accumulation of negative experiences. Declines in mental health and well-being across the EU have been most pronounced among those who have lost their job, resulting in a 17% drop in the WHO-Five Mental Well-being Index; this has disproportionately impacted the mental health of young people, who were the most likely to have lost their job across all age groups *(10)*. Youth unemployment rates for those aged 15–24 were nearly three times higher than those of older workers at the beginning of the crisis and young people were overrepresented in sectors that were negatively impacted by the restrictions, such as retail, travel and hospitality *(40)*. By the end of 2020, youth unemployment rates in Europe and central Asia had increased from 15.6% at the start of the pandemic to 17.1%,

backsliding to rates unseen since 2016–2017 and well above the 2020 global average of 15.2% *(42)*. The increase in youth unemployment was equally distributed according to gender but has exacerbated the gap between urban and rural areas; young people in urban areas are now almost 1.2 times as likely to be unemployed than those in rural areas *(42)*.

Work and employment status and trends among young people since the COVID-19 pandemic

In addition to increases in youth unemployment, there have also been substantial increases in young people aged 15–24 who are NEET. By the end of 2020, the NEET rate for young people aged 15–24 in Europe and central Asia was 15.3%, an increase of 1.2% compared to 2019 *(41)*. This backsliding has returned the rate of young people who are NEET to levels last seen between 2014 and 2015, erasing at least five years of progress in the wake of the 2007–2013 economic crisis *(41)*. While a higher percentage of young women are classified as NEET (17%), there was a larger increase in the percentage of young men included, reducing the gender gap in NEETs by one third *(41)*. There is also evidence to suggest that countries hard-hit during the previous economic crisis again saw above average increases in youth unemployment and that pre-COVID-19 clusters of young people who were NEET persisted during the pandemic *(43)*. The NEET rate for young people in the EU ranged from 23% in Italy to 6% in the Netherlands, with the largest increases in the NEET rate being seen in women, those whose highest educational attainment was vocational training and long-term unemployed people *(17)*. Given that young people in rural areas "tend to be more affected and vulnerable in the face of economic and social changes, digital exclusion, mental health issues, we can expect to witness higher levels of early school leaving and unemployment among this group" *(44)*, resulting in higher levels of young people classified as NEET in these areas.

Young people who still have jobs have found their working hours falling by nearly a quarter, and 42% have reported a reduction in income, with young workers in low- and lower-middle-income countries at higher risk *(45)*. Young people who are frontline and essential workers, like workers of all ages in these positions, have faced unsafe conditions due to higher risk of exposure to COVID-19 and its negative consequences, including for their mental health and well-being *(8,45)*. While young people are less likely to experience severe complications, disease and death from COVID-19 and consequently were lower on the priority list for vaccination, young people with chronic conditions and diseases have, in some cases, struggled to be prioritized fairly *(46)*.

Social protection status and trends among young people since the COVID-19 pandemic

Disruptions to work and employment have also affected young people's social protection, with negative impacts on their income security, lifetime earnings and physical and mental health, and for those who depend on them and wider society. As the number of economically inactive young people and young people on atypical, informal, temporary and less secure work contracts has increased, effective coverage and contributions to social protection programmes, such and pensions and unemployment insurance, have also declined *(47)*. In countries in central Asia and the Caucuses, for example, only 5.7% and 6.6% of unemployed persons, including young people, receive unemployment benefits, compared to 67.1% and 96.5% in eastern and western Europe, respectively *(47)*. Across all countries and subregions in Europe and central Asia, women have less effective coverage for old-age protection, even though in some cases a higher percentage of economically active women than men contribute to these schemes *(47)*. By spring 2021, one third of young people in the EU had requested financial support from public authorities, but approximately one in 10 had not received any *(17)*. Increased economic vulnerability among young people has not gone unnoticed by those seeking to exploit others: "Some of the most threatening [organized crime groups] OCGs, such as mafia-type OCGs, are likely to take advantage of a crisis and persistent economic hardship for the foreseeable future by recruiting vulnerable young people, engaging in loan-sharking, extortion and racketeering, among other criminal activities" *(48)*.

Insecurity among young people since the COVID-19 pandemic

The negative impacts of the pandemic have left a substantial portion of young people struggling to make ends meet and to find safe, decent work that leads, at a minimum, to a secure and protected future. In the EU, 43% of unemployed or inactive young people have had trouble making ends meet, 17% have experienced housing insecurity and 39% do not have savings *(17)*. Eroding income security and social protection has made it more difficult for young people to ensure their own access to safe and healthy living and working conditions. Working and learning from home requires, at a minimum, a reliable Internet connection, computer access and personal space without noise pollution and interruption. Young people without access to these conditions, particularly those who are unable to rely on their families and social networks for safe and timely assistance, may struggle to continue with their professional growth and educational attainment. While approximately half of young people experiencing housing insecurity have been able to live with their parents, those without this option are now at even greater risk of being left behind due to no fault of their own and for reasons beyond their control *(17)*. While living with family provided some young people relief from financial insecurity, "on average there was no statistically significant difference in the risk of depression and feeling socially excluded between young people who had moved out and those who were living with their parents" *(17)*. Together, these negative impacts and experiences have worn the resilience and mental health and well-being of young people, particularly for those who had experienced acute insecurity and economic vulnerability during the 2007–2013 economic crisis.

Deterioration of social relations and factors that protect the mental health and well-being of young people

Rights-based protective factors for mental health and wellbeing of young people before the COVID-19 pandemic

Before the COVID-19 pandemic, stigma, discrimination, stereotyping, prejudice and bullying, including cyberbullying, were widely recognized to have negative consequences for mental health; equally, mental health problems were known to increase the risk of experiencing these harms and misconceptions. Reducing barriers to accessing mental health care, including barriers to the enjoyment of economic, social and cultural rights, is paramount to protecting and promoting mental health of all young people over the life-course *(49)*. Stigma and discrimination present barriers to "health-seeking behavior, engagement in care, and adherence to treatment" across a range of health conditions, and they "[influence] population health outcomes by worsening, undermining, or impeding a number of processes, including social relationships, resource availability, stress and psychological and behavioral responses, exacerbating poor health" *(50)*. In particular, stigma can lead to social exclusion of young people from community settings and can have an impact on health-seeking for both them and their families *(51)*. Current estimates are that mental health conditions will affect one in four people throughout their lifetime, but nearly two thirds of people with mental health conditions will not seek treatment *(49).* Cyberbullying is becoming normalized at concerning rates, with 34% of adults considering it to be a "normal part of growing up" and 16% of adults as a "character-building experience" *(52)*.

Disruption to social relations and factors that protect the mental health and wellbeing of young people since the COVID-19 pandemic

COVID-19 containment measures have led to a deterioration of social relations and factors that protect the mental health and well-being of young people in ways that no one could have predicted before the pandemic. The closure of education institutions, training centres and workplaces has disrupted working and learning. This includes *(9)*:

> daily routines, social contact, social and emotional support from teachers, sense of belonging to a community, and access to physical exercise. While many young people have been able to maintain connection with peers through digital means, the loss of in-person interaction resulting from school closures could have long-term negative consequences for mental health.

These closures have also meant that mental health problems among young people are increasingly unidentified, disrupting traditional pathways to care and support *(9,27)*. Even when education institutions and training centres have remained open, reduced income and income insecurity due to work and employment losses have forced young people to temporarily or permanently withdraw from fee-based programmes. Together, reduced access to these institutional environments has disproportionately impacted young people from disadvantaged backgrounds who rely on them for safety, support and the accumulation of positive social experiences *(9)*.

Amid closures and physical distancing, spending time online has offered a social lifeline to many people during the COVID-19 pandemic, including young people, enabling them to cope with increased social isolation and to socialize, learn and work from home. It has also, however, placed adolescents and young people at increased risk of cyberbullying and exposure to other forms of harmful content, abuse and exploitation, with negative consequences for their mental health and well-being. Available evidence since the onset of COVID-19 suggests that of the 50% of adolescents who have experienced cyberbullying, nearly half (44%) said the rates of cyberbullying had increased, while 22% reported a decrease *(53)*.

Changes to trust in institutions among young people since the COVID-19 pandemic

Evidence suggests the pandemic has reduced young people's trust in institutions, including national governments and health-care systems, and left young people with deep-seated concerns about the future and their place in it *(10)*. Young people nevertheless continue to place higher trust in institutions than older groups, with women, students and young people with high levels of educational attainment displaying the highest levels of trust *(17)*. The lowest levels of trust in government across EU countries are found in the eastern part of the Region, and emerging evidence suggests that lower levels of trust and increased social marginalization may be correlated with vaccine hesitancy *(17,54)*. Despite maintaining relatively high levels of trust amid an overall decline, young people's optimism about the future has reduced dramatically. Fewer than half of young people in Europe have expressed optimism about their future, with results similar for young men and women. The lowest levels of optimist in the EU have been recorded in Spain (35%), Poland (37%) and Cyprus (40%), and the highest levels in Malta, Latvia and Slovenia, where over two thirds of young people remained optimistic about their future *(17)*. Optimism was lowest among young people experiencing job insecurity, housing insecurity or financial difficulties *(17)*, reinforcing the way in which secure and equitable livelihoods are inextricably linked to a strong social fabric (Fig. 1).

Despite experiencing mental health problems disproportionately during the pandemic, reduced trust in institutions and declining optimism about the future, young people have been resilient and active participants in promoting a recovery that repairs and rebuilds the social relationships on which all people depend. Young people in Europe have reported more prosocial experiences, or social acts directed towards the benefit of others, with their friends and families during the pandemic, independent of their socioeconomic status *(25)*. Research has shown that helping others is associated with increased vigour among adolescents and young people, highlighting a positive reinforcing cycle that emerges from receiving and giving help *(25)*.

Investing in mental health and well-being and prosperous lives for all young people in the WHO European Region

Protecting and promoting the mental health and well-being of all young people is essential for building the human and social capital needed to recover from COVID-19 and to ensure the resilience and prosperity of young people, wider society and future generations. Yet mental health has been "one of the most neglected areas of health" *(1)*. Even before the pandemic, countries spent, on average, only 2% of their health budgets on mental health, and only 0.3–1% of development assistance was dedicated towards improving mental health *(1,55,56)*.

Despite chronic underinvestment and an early understanding that the pandemic was likely to generate an increase in poor mental health and well-being, planning and investment in protecting and promoting mental health has been woefully insufficient *(1)*. Across the WHO European Region, mental health and psychosocial support was not part of COVID-19 response plans in as many as 20% of countries *(36)*. Even when mental health and psychosocial support was included in COVID-19 response plans, no funding was allocated in as many as 30% of cases *(36)*.

While additional investments in the health sector are needed, addressing drivers of poor mental health and well-being in young people is essential to preventing these problems before they start, to stopping cycles of poor mental health between generations and over the life course, and to improving the well-being of all young people today. If no action is taken, poor mental health in young people will likely lead to increases in poverty, homelessness, exposure to (and involvement in) crime and violence, lower levels of educational attainment and early dropout from the labour market – all of which place young people and future generations at greater risk of poor mental health, premature death and social exclusion.

Failure to build economies of well-being that improve both economic performance and the mental health and well-being of young people will further erode the social protection of young people, as well as the social protection of those who depend on them and the wider society. Reduced contributions to social protection systems and revenue generated from income tax will lead to financial shortfalls that further constrain the budget and fiscal space of governments and increase the temptation towards fiscal consolidation and austerity when, in fact, additional investments in health and social systems are needed to support recovery and resilience across all sectors *(15, 47)*. If these pressure points are left unaddressed, the negative impact of COVID-19 on the mental health and social inclusion of today's young people will be lifelong, and the economic and social fractures resulting from the pandemic will not heal *(15)*.

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