

CoR INTERREGIONAL GROUP ON HEALTH & WELL-BEING

Thursday, 20 June 2024, 13h30-14h30

“Championing youth mental health at the European regional and local level”

Minutes

13.30 Welcome, introduction by the Chair, Birgitta Sacrédeus

Birgitta Sacrédeus, CoR Member and Shadow Rapporteur for CoR’s Opinion on “Mental Health,” welcomed all the participants as Chair of the Interregional Group and presented the agenda. The meeting's purpose was to discuss the current situation in the European Union regarding youth mental health, presenting examples of projects currently implemented at the local and regional levels.

13:35 Mental Health in Europe and the perspective of the CoR

Dorota Tomalak, Deputy Head of Unit, CoR’s NAT, opened the panel by presenting the current situation regarding mental health in the European Union. In the last 12 months, 46% of European citizens reported emotional or psychological problems, and 25% reported that they or a family member encountered issues accessing mental health services. In this context, the problem is more widespread in some Member States, such as Italy and France, where the number of people reporting these symptoms is around 80%. In this context, 89% of EU citizens agree that promoting mental health more strongly is one of the fundamental aspects of overall well-being. Speaking about the situation among young people, about 14 million European youth aged 15 to 24 suffer from mental health issues, a number that has doubled since the pandemic. The problem, however, is that 49% of young people do not have access to mental health support. In 2020, there were over 47,000 deaths due to intentional self-harm in the EU (an average of 10.2 deaths per 100,000 people). Geographically, this problem is more prevalent in Northern Europe than in Southern Europe. To address these issues, the support of medical personnel is crucial, but access to these services varies significantly depending on where one lives. On average, there is one hospital bed for every 188 people, but many rural areas are defined as "rural deserts." Additionally, there is a general and progressive aging of the healthcare workforce, not accompanied by an effective replacement process. The European Commission has allocated 1.23 billion EUR to address these problems through three guiding principles: (1) adequate and effective prevention, (2) access to high-quality and affordable mental healthcare and treatment, and (3) reintegration into society after recovery. These principles have been concretely translated into 20 flagship initiatives. The CoR believes this is a good start but that a comprehensive approach is needed that includes mental health aspects in all EU policies, the development of a European Year of

Mental Health and a European Mental Health Plan, and the inclusion of mental health implications in the European Semester recommendations. Moreover, it is emphasized that access to EU funds related to this issue is still too complicated, and local and regional actors need a Technical Support Instrument. Finally, it is hoped that a new edition of the 2013 report on health inequalities in the EU will be drafted.

13:45 A regional example from Basque Country (ES): The Resilience and Socioemotional Curriculum project

Mr. Miguel Angel Gonzalez Torres, Head of Psychiatry at Basurto University Hospital, presented the Project SEE / DBT-STEPS-A implemented in the Basque Country during the period 2017-2024. The objective of the project is to prevent and promote adolescent mental health through the implementation of socio-emotional education (SEE) in schools, achieved through collaboration between experts from mental health and education. The project followed Dialectical Behavior Therapy (DBT), focusing on students aged 12 to 17. The method involves training on issues such as distress tolerance and emotion regulation, conducted directly by class teachers after receiving training from experts in DBT steps. A second, more specific training can be provided for moderate-risk students. This method can be flexibly adapted based on, for example, linguistic and cultural aspects. The direct cost of this procedure is relatively low, reaching a maximum of €25.80 per student per year. The results are not limited to the classroom group but have also been appreciated by the families of the students.

13:55 A promising practice from Emilia-Romagna Region (IT): the recovery college model for young people

Ms. Aki Ishiwa, Senior Policy officer at Region Emilia-Romagna delegation to the EU Office, presented a project named "Recovery College Model for Young People" aimed at individuals aged 16 to 25. These colleges allow young people to share their experiences with professionals through a process of training and learning. Although it may not achieve full clinical recovery, it is a journey of living with symptoms, focused on learning to feel better and recognizing one's own needs.

14:05 Rooting mental health in schools through education and sport

Mr. Hannes Jarke, Project Coordinator - Mental Health Policy, EuroHealthNet, presented the "Schools4Health" Project (2023-2025), which aims to introduce, strengthen, and sustain the adoption of participatory health-promoting school approaches. The initiative aims to demonstrate the importance of providing the right conditions for children and adolescents to adopt healthier behaviours through a cross-sectoral cooperation approach. Then, Mr. Jarke presented the IceHearts Europe Project, focusing on mental health for children aged 6 to 18. The idea is to combine learning a

sport with learning social norms, how to be in a group, and interact with others in daily activities. The cost of a team for a year's activities is about 50,000 euros, a limited amount compared to the 2.8 million euros resulting from inaction. An attempt was made to import the IceHearts model from Finland to Spain, Italy, Slovenia, Denmark, and Estonia by applying the Situation Analysis and Need Assessment (SANA) Methodology. However, some barriers and difficulties were encountered, especially in Italy and Spain. For example, there was a different ability to engage with schools, especially where contact with schools or municipalities is already established (i.e., Italy takes approaches depending on the region). Additionally, there are different national regulations on hiring mentors and educators and the need to adapt the project to different sports.

14:15 Open debate and Q&A

During the Q&A session, it was noted that the European Commission is actively following this dossier, particularly its connection with school activities, as demonstrated by the publication of the guidelines "Supporting Wellbeing at School." **Mr. Jean-Luc Vanraes**, member of the European CoR Interregional Group on Health and Wellbeing, emphasized that mental health should be pursued through better cooperation among existing actors, who are sometimes too isolated or not well known. He also reiterated the importance of working on a holistic approach that includes support for parents and families alongside activities for schools. A participant highlighted the importance of focusing not only on the school phase but also on young people (18-29 years old) who face different challenges and factors, such as financial or job instability. **Mr. Miguel Angel Gonzalez Torres** responded by explaining that a structural change in the system is needed, considering a local approach that guarantees access for all citizens, achievable through better communication of these issues. Finally, **Mr. Hannes Jarke** emphasized the importance of improving teaching mental health literacy to the entire population.

14.30 End of the meeting

The meeting concluded with an invitation for participants to register for the European Week of Regions and Cities, scheduled for October 7-10, with the presence of EUREGHA.