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The impact of the COVID-19 pandemic on the mental health of young people

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FOREWORD



The Covid-19 pandemic has tremendously impacted young people's lives, especially those of the most vulnerable ones. Separated from their peers, prevented from participating in social life, and restrained to their homes for prolonged periods of time during lockdowns, many young Europeans have suffered from loneliness and isolation. This has brought significant threats to their general well-being and mental health.

Now, almost three years after the breakout of the pandemic, young people are re-adjusting to what used to be normality. However, we are aware that the experience of the pandemic is still affecting their lives and their wellbeing. The need to ensure effective support to their mental health has never been clearer, not only in the aftermath of the lockdowns but also in 'normal' times.

We must continue to support them with concrete interventions. Opportunities to re-engage and participate in the community, dedicated support services and inclusion of those most vulnerable must be at the core of our efforts.

This is why we have included the additional thematic area of health in the new Solidarity Corps programme 2021-2027. With a dedicated budget, the programme supports the engagement of young people in projects addressing health challenges, with a particular focus on the impact of the COVID-19 pandemic.

Reinforcing young people's wellbeing is also a priority of the EU Health Awards – the call for grant launched by the European Commission in 2021 to support community-based initiatives aiming to alleviate the impact of the pandemic on people's mental health.

To strengthen even further our commitment to empowering young people, we have declared 2022 the European Year of Youth (EYY). With it, we have brought young people in the spotlight and acknowledged their resilience during two very difficult years. We are supporting a wealth of actions across the Union to strengthen young people's engagement, participation and inclusion in society. Health, well-being and sport are among the eight policy areas covered by the EYY, and the European Commission is providing financial support to Member States' and civil society's initiatives focusing on youth mental health.

These initiatives have promoted the implementation of numerous measures across Europe to help young people maintain and improve their mental health over the hardest periods of lockdowns. It is essential to take stock of these initiatives and use them to pave the way towards future ones.

This report illustrates well what has been done in European countries to reinforce young people's capacity to overcome the difficulties posed by the pandemic. It also identifies several good practices that have the potential to inspire future ones.

I am convinced that this report will prove extremely helpful to policy-makers to move forward in the pledge to support the well-being of our young generations.

Mariya Gabriel

Commissioner responsible for
Innovation, Research, Culture, Education and Youth

INTRODUCTION

In March 2020, the World Health Organisation (WHO) declared the COVID-19 outbreak a global pandemic⁽¹⁾. The health crisis and its economic and social impacts disrupted the lives of all groups in society⁽²⁾, and 2 years into the pandemic, the medium- and long-term implications are becoming increasingly clear⁽³⁾.

Among these implications, the impact of the COVID-19 pandemic on the mental health of young people has been significant. Mental health is a general term used to cover a variety of issues relating to mental and emotional well-being. This report defines mental health as a state affecting the individual's capacity to make the most of his or her abilities, form relationships with other people, contribute to the community and work productively. Good mental health allows people to overcome normal tensions, sorrows and setbacks in life⁽⁴⁾.

Although mental health among European young people was already deteriorating before the pandemic⁽⁵⁾, numerous studies have observed sharp increases in the rates of depression, tension and anxiety among young people during the COVID-19 crisis⁽⁶⁾. Concern for the health of family members, financial difficulties, and disruption to education and social relations have left many young people afraid, frustrated and uncertain about their future⁽⁷⁾. Moreover, the available data show that young people's mental health has been disproportionately affected in comparison with other age groups⁽⁸⁾.

Several circumstances can help to explain the higher levels of mental distress of many young Europeans, such as loss of physical interaction, physical activity and employment, and protracted time spent online.

The physical closure of schools and educational institutions at large not only significantly disrupted the main social dimension in the lives of young people but also meant that psychological and emotional issues were less detectable, as these are often identified and addressed in educational settings⁽⁹⁾. Furthermore, school closures meant there were major disruptions to learning and the acquisition of knowledge and skills, which may have long-term effects on young people's position in the labour market⁽¹⁰⁾.

Relatedly, loss of employment - one of the major impacts on young people during the pandemic - is an additional crucial source of distress and anxiety⁽¹¹⁾. In general, during economic crises, younger workers are more vulnerable to losing their jobs because of their limited experience and the prevalence of temporary contracts among this age group⁽¹²⁾. In addition, many young people became unemployed during the COVID-19 pandemic because they tended to be employed mainly in the service, retail and hospitality sectors - the sectors most affected by the economic downturn following lockdowns⁽¹³⁾. Unemployment is a risk factor for poor mental health⁽¹⁴⁾, particularly for younger workers who are at the beginning of their professional lives⁽¹⁵⁾.

The lockdowns also meant disruption to recreation and significant restrictions on physical activity, which are essential factors in ensuring good mental health. A recent survey found that young people who reported a negative change in exercise behaviour from before the COVID-19 restrictions to during the initial COVID-19 restrictions demonstrated poorer mental health and wellbeing than those reporting either a positive or no change in their exercise behaviour⁽¹⁶⁾.

The loss of personal interaction due to lockdowns and physical distancing was partially compensated for by more time spent on social media. Although this helped young people keep in touch with peers and limit the feeling of isolation, social media also represented an additional source of mental and emotional distress⁽¹⁷⁾. Concerns have also been raised about the link between the use of social media and the risk of exposure to misinformation⁽¹⁸⁾.

Moreover, the pandemic has affected the mental health of young people unequally. As will be discussed in the last section of this paper, some groups were at particular risk. For example, young people with pre-existing mental health issues found it more difficult to access support services and suffered the psychological consequences of the pandemic to a greater extent⁽¹⁹⁾. Young people belonging to the lesbian, gay, bisexual, transgender, queer, intersex, asexual plus (LGBTQIA+) community were at a higher risk of mental health issues during COVID-19, especially when faced with a difficult family environment. In addition, lockdowns prevented many from participating in community activities, a strong factor protecting LGBTQIA+ young people from the psychological distress caused by discrimination⁽²⁰⁾. Furthermore, the crisis heightened existing economic and social inequalities. Young people from lower-income backgrounds were more vulnerable to social exclusion and related mental and emotional consequences due to the unaffordability of digital hardware and internet connections that could have enabled social contacts and distance learning⁽²¹⁾.

In conclusion, the COVID-19 crisis posed considerable threats to the mental health of young people – especially vulnerable young people – in many ways and to different degrees. In this

context, it is important to identify the concrete policy actions that were implemented to mitigate these challenges, both at EU and national levels. Therefore, this report analyses how European countries addressed the challenges that the COVID-19 pandemic posed to the mental health of young people. The report illustrates the main preventive and supportive measures implemented, analyses the main trends and identifies good practices that might inspire further action.

The report is based on information on national policies and initiatives collected by the Youth Wiki's National Correspondents (NCs) in March 2022⁽²²⁾. Although general measures addressing the whole population irrespective of age group may have been implemented, the report discusses only those specifically dedicated to young people. The analysis covers the period between March 2020 and March 2022. Quantitative data from other sources (the Research-based Analysis and Monitoring of European Youth Programmes (RAY) Network, Eurobarometer, and the United Nations Educational, Scientific and Cultural Organization (UNESCO)) are also included in the analysis.

After an overview of the main actions taken at EU level, Section 1 describes initiatives to collect information on the pandemic's impact on the mental health of young people and whether they were used to develop national measures. Section 2 addresses the main fields in which policies and initiatives were introduced, the type of initiatives and their target groups. Finally, the conclusions summarise the main findings of the analysis and propose possible ways forward.

European Union policy context

When the COVID-19 pandemic struck, its effects on mental health – and especially the effects of

the restrictive social measures implemented to contain it – became evident⁽²³⁾. In this context, several actions were taken at EU level to tackle the harm caused by the COVID-19 health crisis, including the harm to the mental health of young people.

The European Parliament's resolution of 10 February 2021 on 'the impact of COVID-19 on youth and on sport' invited the European Commission and the Member States to put in place measures strengthening young people's psychological and emotional resilience⁽²⁴⁾. Among other actions, the resolution called for the creation of tailored services for mental health care and psychosocial support, including through educational and leisure settings. Sport and physical activity were identified as crucial for protecting individual well-being and for ensuring inclusiveness and social engagement following the isolation suffered during extended periods of lockdown.

Moreover, the European Parliament's resolution stressed that the pandemic had exacerbated the existing digital divide among young people in the EU. Young people with limited access to and skills regarding digital technologies had been disadvantaged, not only in education but also with regard to opportunities to receive online psychological support. To address this issue, the resolution recommended promoting digital literacy for all and strengthening digital competences among teachers, trainers and youth workers.

In this context, the EU4Health programme was launched in March 2021 to address the collateral impacts of the health crisis, including those affecting mental health⁽²⁵⁾. The programme called for action to prevent and mitigate the psychological distress of European citizens, and

indicated several groups requiring protection, such as people suffering from pre-existing mental illnesses and those experiencing social exclusion. The programme recommended actions to improve access to health care services, promote healthy lifestyles and provide outreach to the most vulnerable groups in the population.

A few months later, the European Commission launched a call for grants – the EU Health Awards – to support community-based initiatives aiming to alleviate the impact of the pandemic on people's mental health, with specific reference to young people⁽²⁶⁾.

It is also worth noting that protecting and promoting young people's mental well-being is one of the objectives of the European Youth Goals⁽²⁷⁾. With increasing numbers of young Europeans concerned about stress, anxiety and depression, the sixth cycle of the EU Structured Dialogue with young people advocates for the establishment of prevention measures to ensure that young people are equipped with the knowledge and skills required to maintain a good level of mental health. The cycle also considers mental health a fundamental factor for social inclusion that is to be fostered by providing psychological support following an inclusive and intersectional approach.

It is in this policy context that the European Commission launched the European Year of Youth 2022 (EYY) to support young people in renewing their engagement, participation and inclusion in society⁽²⁸⁾. The initiative aims to mitigate the social impacts caused by isolation and the disruption of interpersonal interactions due to the COVID-19 pandemic by fostering the direct involvement and engagement of young people. The topics of health, well-being and sport are among the eight policy areas covered by the

EYY, which includes a number of initiatives focusing on mental health. This is in line with the results of a survey collecting young respondents' input on the main priorities to be covered⁽²⁹⁾: besides “education and training” and “climate change and the environment”, one in two respondents chose mental health as a crucial emergency that needed to be addressed⁽³⁰⁾.

The policy initiatives described above also call for the collection of information on the measures implemented to counter the negative effects of the pandemic. They advocate for the dissemination of such information and the identification and exchange among Member States of best practices. In particular, the EYY identifies the Youth Wiki as one of the sources of qualitative information on the situation of young people in the EU,

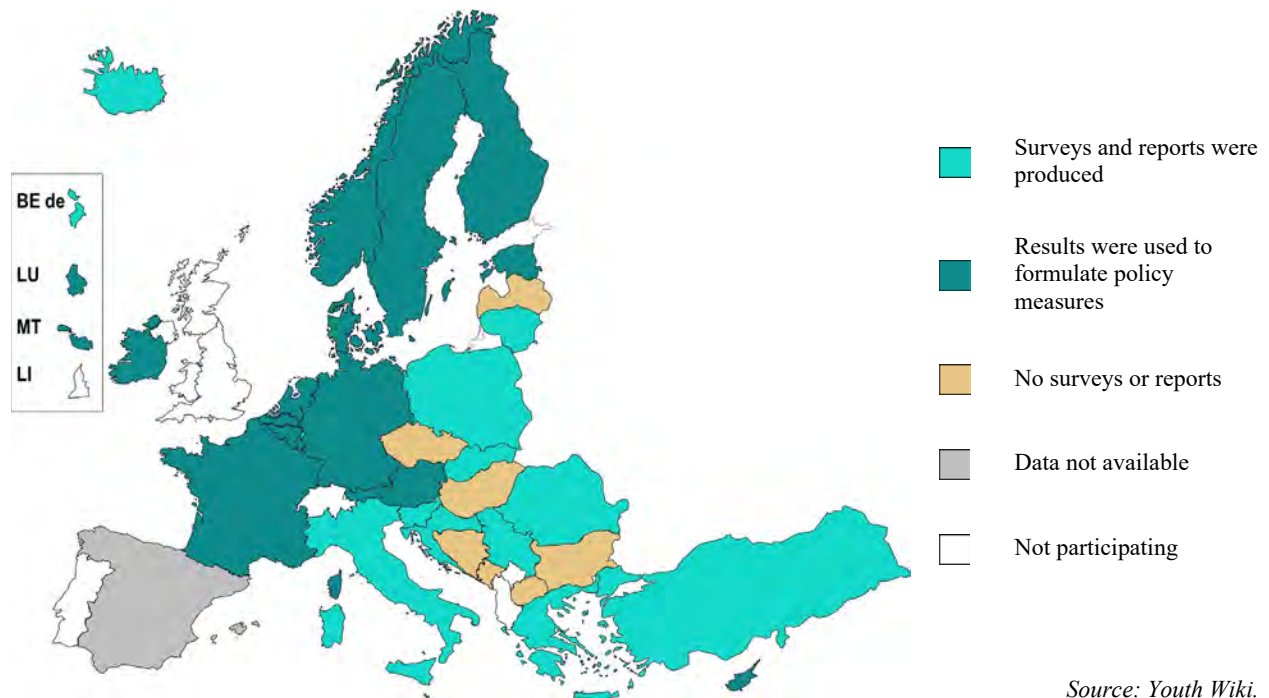
particularly in relation to the effects of the COVID-19 pandemic⁽³¹⁾.

1. BUILDING EVIDENCE: SURVEYS AND STUDIES AT NATIONAL LEVEL

Efficient policies to mitigate the consequences of the pandemic for the mental health of young people need to be based on evidence. It is therefore crucial to collect and analyse relevant data.

During 2020 and 2021, national authorities in the vast majority of countries conducted or commissioned surveys and reports on the mental health of young people during the COVID-19 pandemic (Figure 1).

Figure 1. Surveys and reports on the impact of COVID-19 on the mental health of young people, and their use in formulating policy measures, March 2020 - March 2022



One topic addressed by surveys and reports is the **impact of school closures** during lockdowns on the learning and well-being of students. The

conclusions of these studies are similar across countries. The suspension of face-to-face learning often caused a decrease in students' motivation,

as, for example, reported in the analytical note ‘The corona-situation affects students’ wellbeing’ based on the ‘Education Survey Denmark 2020’⁽³²⁾. Non-compliance with compulsory schooling (e.g. long absences and early school leaving) is aggravated by long periods of distance learning, as observed in a survey conducted in Estonia in 2021⁽³³⁾. In this context, an increase in symptoms of depression and anxiety was often reported, for example in Croatia, where more than half of the students participating in a representative survey conducted in 2021 stated that their mental health had worsened⁽³⁴⁾.

Surveys and reports also investigated the **consequences of lockdowns for the youth sector**, including youth work. For example, a report published in Austria in 2020 indicates that the restrictive measures put in place by national authorities to contain the spread of COVID-19 represented a major challenge for non-profit organisations and social enterprises active in the youth sector⁽³⁵⁾. The measures undermined the capacity of those actors to meet the increased service demand from children and young people.

Studies also addressed the **heterogeneous effects that the pandemic had on different groups** of young people. For example, an analysis conducted by the Institut national de la jeunesse et de l’éducation populaire in France illustrates how socio-economic background, geographical location, provenance and gender combine in determining the severity of the consequences of lockdowns on young people living in rural environments⁽³⁶⁾.

Evidence gathered through surveys and studies becomes particularly relevant when used to **inform policy actions**. National authorities in half of the countries in which studies and surveys were conducted, took stock of the results to develop policies and initiatives to support young

people during the pandemic. For example, based on several surveys, the National Youth Agency of Malta developed an offline and online campaign raising awareness of the potential risks to mental health among young people. With a similar purpose and based on a survey conducted in 2020, the Federal Ministry of Education, Science and Research of Austria launched the initiative ‘Treat yourself!’ for 14- to 19-year-old pupils and apprentices, offering a wide range of interactive online sessions to support young people’s mental and physical health⁽³⁷⁾.

A comprehensive approach to building evidence: the case of Germany. Between 2020 and 2022, several surveys were conducted among young people, teachers and youth workers. The aims were to collect the views of the main actors involved in young people’s lives and to develop a comprehensive assessment of their mental health during the pandemic. The combined results allowed national authorities to identify the main threats lockdowns and physical school closure posed to young people’s well-being. On that basis, in May 2021, the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth and the Federal Ministry of Education and Research launched the funding scheme ‘Catching up after corona for children and young people’⁽³⁸⁾. With a budget of EUR 2 billion for 2021 and 2022, the programme supports actions to help young people recover from the difficulties of the pandemic. It does so from various angles such as sports, leisure and vacation activities, reduction of learning backlogs and investments in school social work and psychosocial support. All parts of German civil society are involved through smaller funding schemes that have been developed in the framework of the programme.

2. THE POLICY RESPONSE: INTRODUCING MEASURES

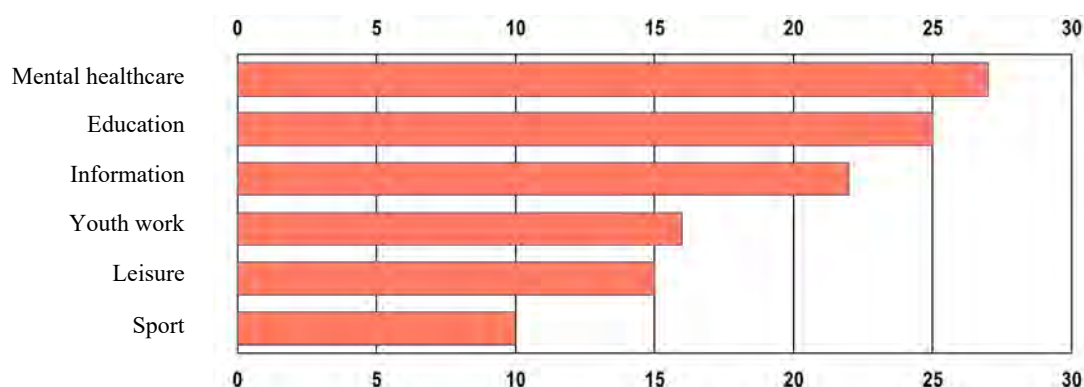
2.1. Fields of intervention

Data indicate that national policy measures tackling the effects of the COVID-19 pandemic on young people' mental health focused on six main fields of action: mental healthcare, education, information, youth work, leisure and sport. However, the measures often overlapped

across these fields and sometimes covered others as well. For example, a small number of countries launched initiatives to support young people who lost their jobs during lockdowns, while a few others fostered participation in volunteering after the lockdowns.

This section first offers a general overview of how the fields of action were addressed by national initiatives. It then illustrates in detail the national approaches for each field.

Figure 2. Policy fields by the number of countries that implemented relevant measures, March 2020 - March 2022



Source: Youth Wiki.

Figure 2 shows the number of countries that implemented measures in each field⁽³⁹⁾.

Unsurprisingly, **mental healthcare** is the most common area of intervention (27 countries). Faced with a decline in the mental health of many young people – as signalled by surveys and research – most countries invested in providing services directly targeting this emergency. According to a survey conducted in 2021, these interventions were aimed at meeting young people's most urgent need: 46% of respondents indicated that the highest priority for national authorities to address in providing support and preventing mental health problems was ensuring access to psychological help, including non-medical help⁽⁴⁰⁾.

Education is the second most common field in which measures were introduced (25 countries). Physical school closures and learning activities moving online represented serious stress factors among students and learners.

Efforts to provide **information** to young people about the potential consequences of the pandemic for their mental health represented the third most common field of action (22 countries). As will be discussed in Section 2.1.3 below, awareness of the challenges of isolation and limited social activity represents the first step towards seeking support.

A smaller number of countries invested in actions to counteract the impact of the pandemic on the mental health of young people in the fields of

youth work (16 countries), **leisure** (15 countries) and **sport** (10 countries).

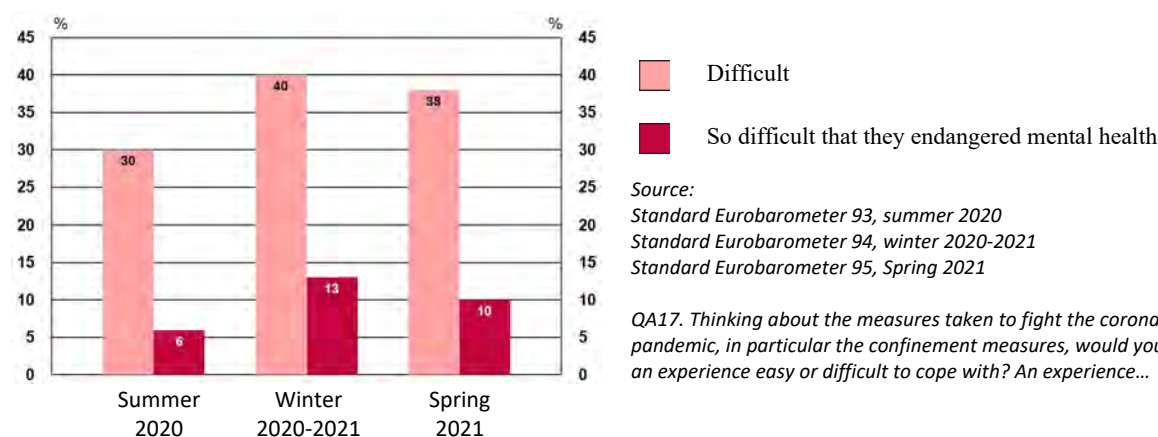
One reason for the comparatively limited number of countries undertaking initiatives in these fields could be the restricted possibilities for intervention by national authorities at central level. Measures can be introduced effectively in sectors under the direct responsibility of governments, such as healthcare and education, while information campaigns can be directly undertaken by public services. Youth work, leisure and sport, however, generally fall within

the remit of civil society initiatives, often at regional or local levels. Indeed, the data collected indicate that the scope of intervention by public authorities mainly lies in the formulation of general guidelines and the allocation of funding.

2.1.1 Mental healthcare

The disruption to life activities and the ensuing loss of social relations caused an increase in depression, anxiety, somatic complaint, and aggressive behaviour, and a decrease in

Figure 3. Share of young people (aged 15-24) who found lockdown measures “difficult” and “so difficult that their mental health is endangered”, EU-27, summer 2020 – spring 2021



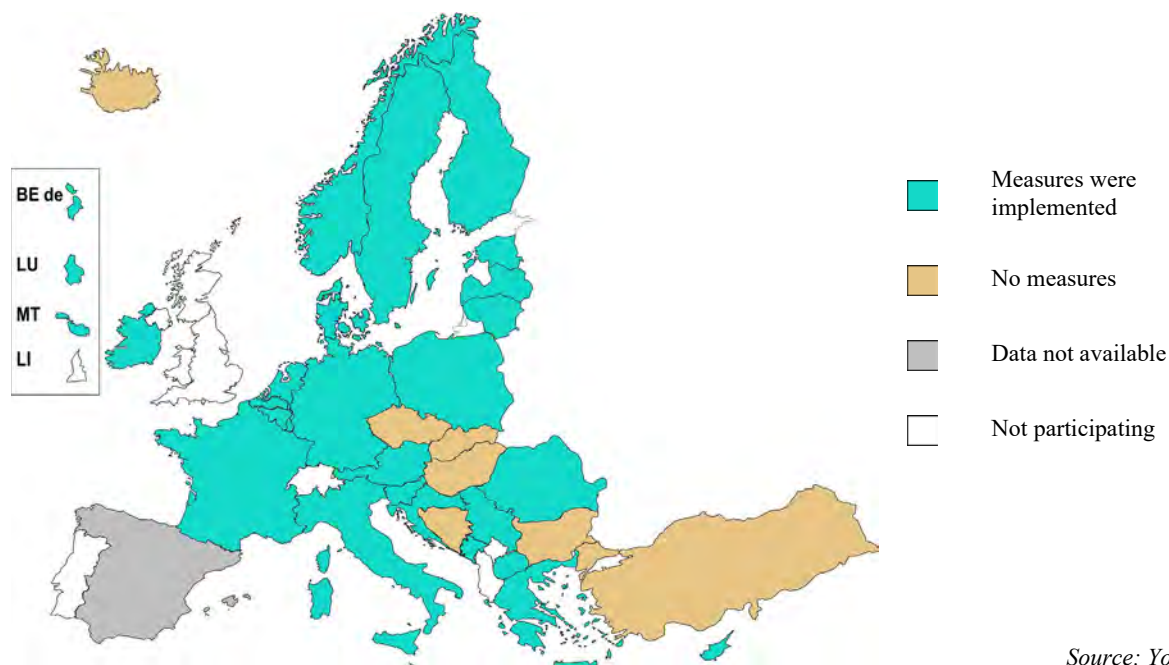
psychological strengths among young Europeans⁽⁴¹⁾. Reduced autonomy and overall psychological well-being were also documented⁽⁴²⁾. Results from three consecutive surveys show the trend in how young people experienced the different lockdowns imposed to combat the diffusion of COVID-19 (Figure 3).

In the first phase of the pandemic, as many as 30% of respondents reported struggling to cope with the experience of lockdowns. During the same period, 6% suffered challenges to their mental health. Both percentages increased through the rest of 2020 until the beginning of 2021 (40% reported finding the lockdowns difficult and 13%

reported danger to their mental health). With the loosening of restrictive measures over the spring of 2021, these percentages diminished, although they remained higher than in 2020.

The mental suffering reported across the survey period is connected to the feeling of uncertainty about the future which reached a higher degree than that normally registered⁽⁴³⁾. Indeed, the national authorities imposing and lifting lockdowns depending on the course of the pandemic resulted in a feeling of unpredictability that made young people feel powerless and insecure⁽⁴⁴⁾.

Figure 4. Countries in which measures in the field of mental healthcare were implemented, March 2020 - March 2022



Source: Youth Wiki.

Under these circumstances, it was vital that mental healthcare services not only addressed the immediate needs of the population but also revised their methods and structures to ensure long-lasting support beyond the most acute phases of the pandemic ⁽⁴⁵⁾.

Faced with this reality, the vast majority of countries implemented specific measures in the field of mental healthcare (Figure 4).

Some countries made **investments to strengthen mental health services**. This was the case in the French-speaking Community of Belgium, which reinforced the psychological support that it offers to young people through mobile teams composed of different professionals who could intervene both in the school environment and at home ⁽⁴⁶⁾.

Providing **information and resources for self-help** is another type of intervention conducted in some countries. For example, Montenegro

developed a mobile application that provides activities and exercises to support emotional well-being, address anxiety and increase of users' awareness of their psychological needs ⁽⁴⁷⁾.

Helplines were also introduced. This was the approach taken by the Ministry of Health in Serbia, which established a phone line with a specific service dedicated to children and youth ⁽⁴⁸⁾. Young people could call the line when suffering from mental and emotional difficulties caused by isolation. Professional counsellors helped users address feelings of anxiety and loneliness, and provided information on how to reach healthcare services for additional help.

Mobilising communities in support of youth mental health: the example of Romania. The project Open Minds – introduced by the Ministry of Health and supported by EEA Grants 2014-2021 – created and reinforced community mental health services for children and adolescents ⁽⁴⁹⁾. Besides raising

awareness of the threats lockdowns posed to the mental health of young people, the project reinforced the capacity of local services to intervene in situations of vulnerability, especially those involving children and young people at risk of exclusion or with pre-existing mental illnesses. Different members of communities – parents, teachers, health professionals, educators and social workers – were activated to create a safety net for youth at risk, and these were provided with resources and training to better detect and address potential mental and emotional difficulties.

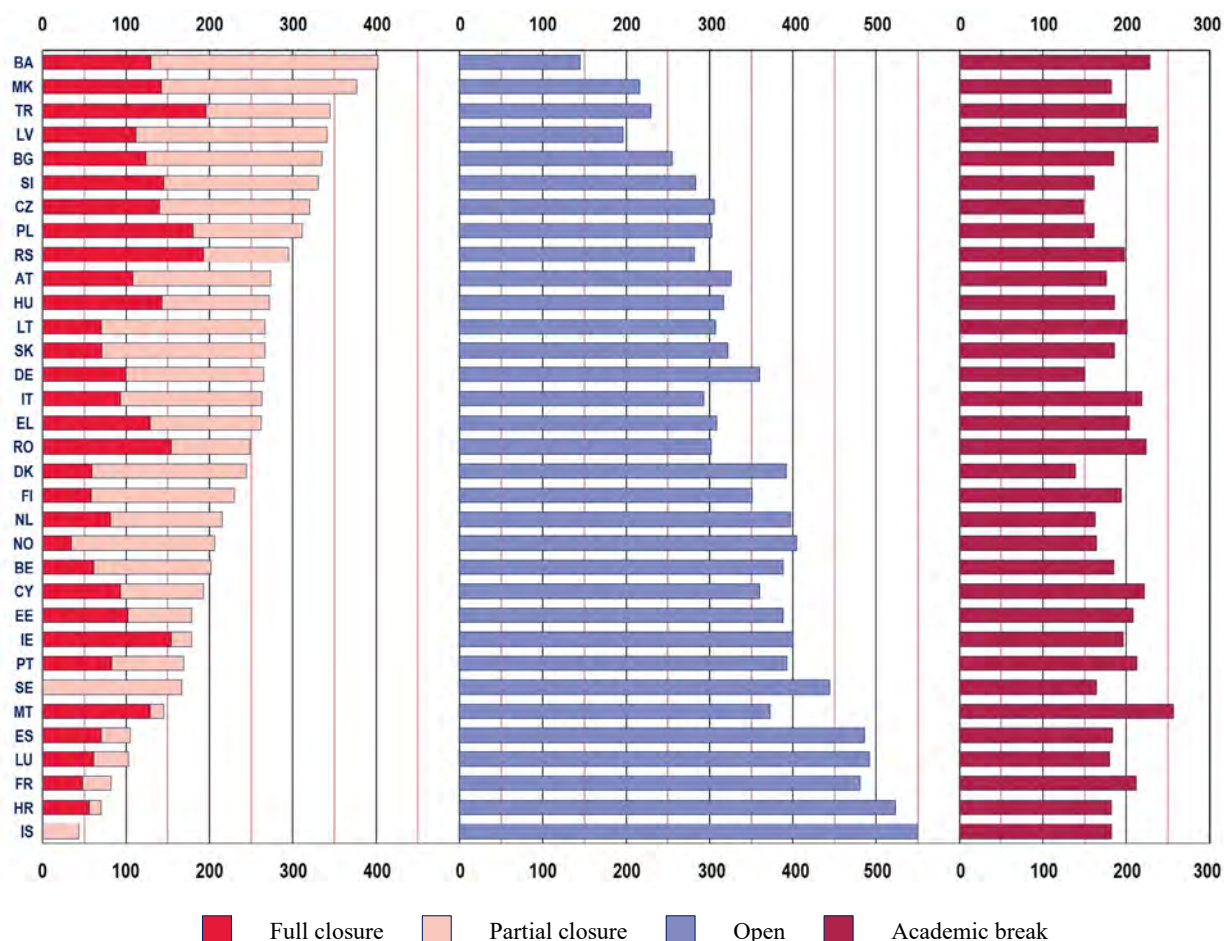
2.1.2 Education

The complete or partial physical closure of educational institutions and the move to online and blended learning had significant implications for the mental health of young people. Schools are not only places of learning and development – they also constitute a protective framework with daily routines, social contact, social and emotional support from teachers, physical activity, and a sense of belonging to a community⁽⁵⁰⁾. Moving to home-based online learning meant that these positive factors ceased to exist. Many students were affected negatively in terms of academic distress, decreased learning effectiveness and reduced motivation to learn⁽⁵¹⁾. School closures are also likely to increase inequalities in education among young people based on their socioeconomic status and gender⁽⁵²⁾. For example, women and girls were found to be more likely than men and boys to drop out of school during lockdowns⁽⁵³⁾. Furthermore, the shift to remote learning meant that students struggled to balance school and home responsibilities and sometimes lacked personal space at home⁽⁵⁴⁾. In summary, the complete or partial suspension of in-person attendance and the shift to remote learning deeply affected the mental health of young people.

Since the outset of the pandemic, UNESCO has tracked the evolution of physical closures of educational institutions caused by COVID-19 as an indicator of the disruptions that pupils and students have experienced during the last 2 years. The data collected cover both full and partial closures. Full closure refers to the suspension of school attendance for the entire student population enrolled from pre-primary through to upper secondary levels, accompanied by distance-learning strategies ensuring educational continuity. Partial closure covers days when schools are closed only in certain regions or for some grade levels/age groups, or are open but with reduced in-person class time, combined with distance learning (hybrid approach)⁽⁵⁵⁾. Figure 5 provides an overview of the days of full and partial school closure, open school days and academic breaks.

Important differences exist between countries. Sweden and Iceland did not impose full school closures at any time and only had periods of partial closures. Some countries, such as Belgium, Denmark, Finland and Norway had a relatively low number of fully closed days, but a larger number of partially closed days, whereas others, such as Ireland and Malta, had a relatively high number of fully closed days and a low number of partially closed days. The lowest number of fully and partially closed days was registered in Croatia, France, Iceland, Luxembourg and Spain, while the highest were recorded in Bosnia and Herzegovina followed by North Macedonia and Turkey.

Figure 5. Days of full and partial school closures due to COVID-19 by country, February 2020 - March 2022.



Source: UNESCO 2022.

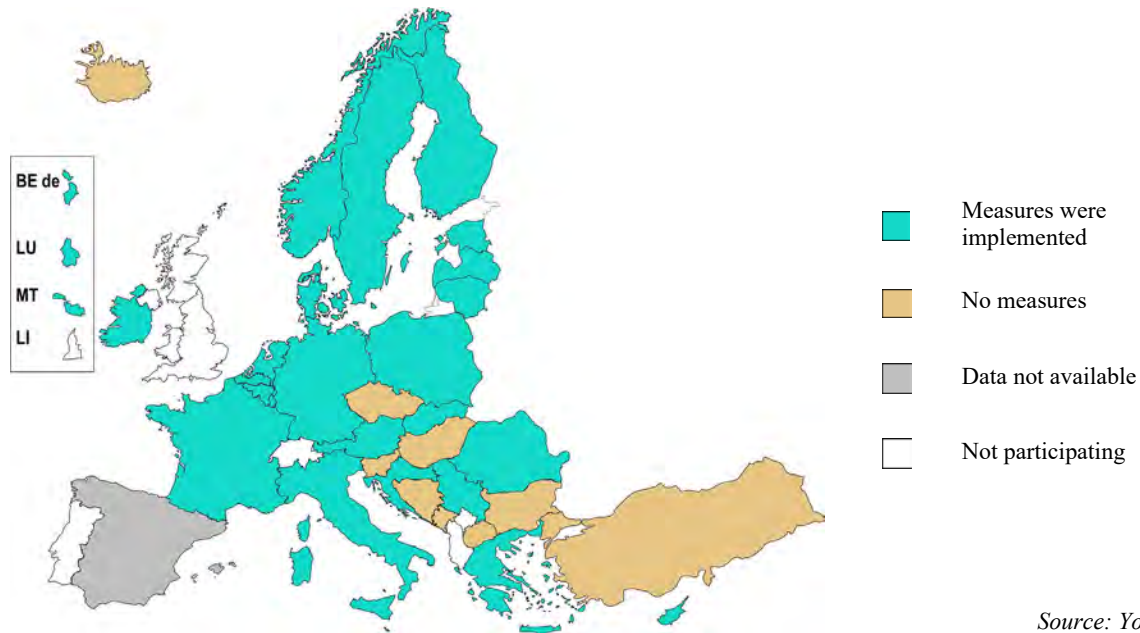
Notes: Data available from 775 school days from 16-02-2020 until 31-03-2022. Full school closures refer to situations where all schools were closed at the nation-wide level due to COVID-19, accompanied by distance learning strategies ensuring educational continuity. Partial school closures refer to school closures in some regions or for some grades, or with reduced in-person instruction. Here the numbers of fully and partially closed days are taken together.

An important factor explaining the differences in the number of days of full and partial school closure between countries is the variation in the general strategies applied to cope with the pandemic. Although the restrictions imposed on mobility and social activities were broadly similar, the timing and enforcement of these differed considerably across countries⁽⁵⁶⁾. It is important to note that, even when schools fully reopened, the disruptions to attendance continued

for many students. The continuing spread of COVID-19 among the teaching staff caused the suspension of courses and temporary resumption of online learning.

In order to address the negative effects of school closures on the mental health of young people, two-thirds of the countries implemented measures in the field of education (Figure 6).

Figure 6. Countries in which measures to support the mental health of young people were implemented in the field of education, March 2020 – March 2022



Source: Youth Wiki.

One of the most common measures taken by national authorities was the **reinforcement of psychological support in schools**. This was pursued by increasing the number of psychologists and counsellors available to students and by training school staff to recognise and address signs of mental distress. For example, in Lithuania, the Action Plan for Reducing the Long-Term Adverse Effects of the COVID-19 Pandemic on Public Mental Health assigned additional psychologists and educators to schools to work individually with students reporting mental and emotional difficulties ⁽⁵⁷⁾.

Psychological stress among students can reduce their academic achievement, decrease their motivation and increase the risk of them dropping out of school ⁽⁵⁸⁾. The interruption of school attendance and the move to online learning represented significant stressors for students, and risked deepening learning disadvantages for the most vulnerable young people. In turn, poor learning outcomes are liable to cause anxiety,

reduce general wellbeing and worsen pre-existing psychological issues ⁽⁵⁹⁾. To counter this situation, several countries introduced **measures to help students catch up** with delays in their learning paths through projects such as summer schools and homework support. This is the case in the Flemish-speaking Community of Belgium, where support was provided to local organisations offering homework guidance to socially vulnerable children and young people ⁽⁶⁰⁾. In addition, summer schools were organised in 2020 and 2021 to close gaps in learning outcomes among students and ensure that they started the new school year on equal footing ⁽⁶¹⁾.

Over the course of extended periods of online learning during lockdowns, **fostering digital inclusion** and avoiding students' isolation were at the core of some countries' actions. In this respect, the national authorities of Malta provided free laptops and fast internet access to those students who could not afford them ⁽⁶²⁾. In parallel, those who risked falling behind were

provided with online support, in the form of e-courses to be followed at home ⁽⁶³⁾.

A comprehensive approach to students' mental health: the example of Italy. In October 2020, the Italian Ministry of Education, in cooperation with the National Council of Psychologists, launched a programme addressing the challenges the pandemic posed to the mental health of students ⁽⁶⁴⁾. The programme included multiple interventions directed at teachers, parents and students. School staff were offered psychological support to deal with the stress caused by drastic changes in teaching activities and to acquire resources to support students in need of mental and emotional help. A support system was also put in place to help parents support students with distance learning. Finally, students were the direct beneficiaries of trainings on how to cope with relational and emotional difficulties and information on healthy habits. In parallel, a national system of psychological counselling was set up to prevent and tackle mental and psychological issues among students of all levels.

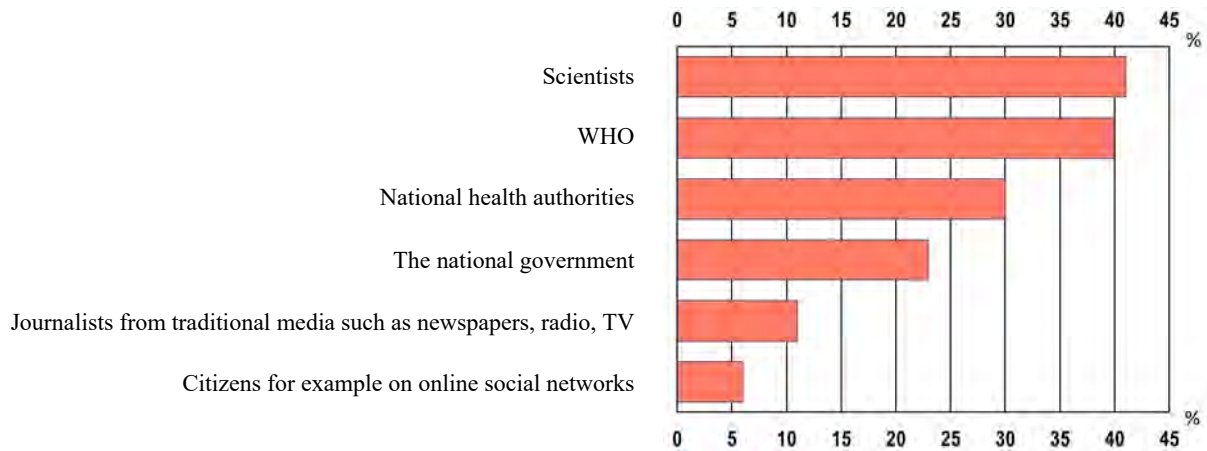
2.1.3 Information

Effective responses to the COVID-19 pandemic depended on significant public involvement in preventive and protective measures ⁽⁶⁵⁾. Therefore, effective and adequate information needed to be available to ensure that the public were aware of the measures that were in place, the consequences of lockdowns, the effects of long periods of isolation on mental health and emotional well-being, and the services available for people in need of help ⁽⁶⁶⁾.

Young people constituted an important target group for this type of information, as they are at a point in their lives at which they are increasingly responsible for their own health behaviours ⁽⁶⁷⁾. Furthermore, young people are more likely than other age groups to encounter misinformation. Their more intense use of social media, which account for 88 % of the fake news related to the pandemic, to gather information exposes young people to higher levels of misinformation ⁽⁶⁸⁾. Indeed, a recent study found that 85 % of young respondents had encountered a significant amount of disinformation and fake news on social media ⁽⁶⁹⁾. This situation is known to provoke higher levels of fear and mistrust in news media ⁽⁷⁰⁾.

During the pandemic, young people reported trusting official sources of information more than media and social networks (Figure 7). Scientists and health authorities were the most trusted sources, followed by national governments. As illustrated in a recent study, trusting government decision making represents a protective factor against negative emotions among young students ⁽⁷¹⁾. This highlights the importance of national authorities taking action to provide young people with reliable information on the pandemic and its effects.

Figure 7. Level of trust among young people (aged 16-24) in various sources of information about the COVID-19 pandemic, EU-27, 2020

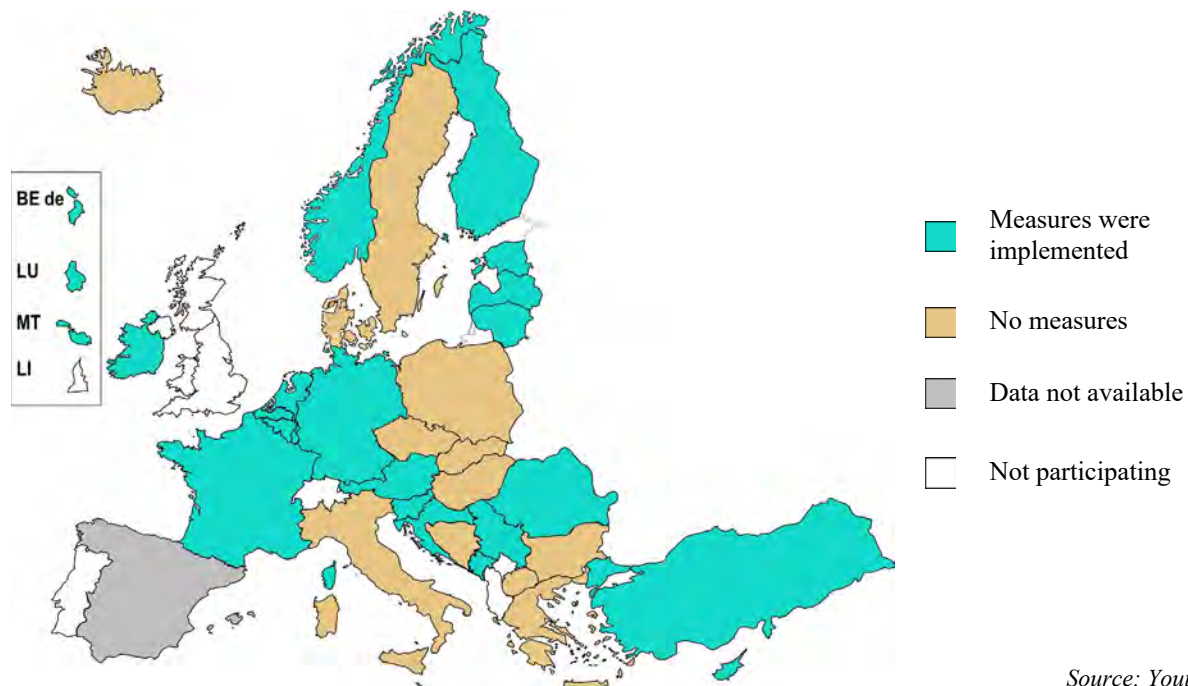


Source: European Parliament Eurobarometer, 2020. Q16. 'From the following list, who do you trust the most to inform you about the coronavirus pandemic? (Max. 3 answers)'.

Young people reported trusting other citizens on social media the least as a reliable source of information regarding the pandemic. The level of trust in journalists is also relatively low compared with that of other sources of information.

Against this background, about two thirds of the countries covered by the analysis introduced measures aiming to inform young people of the effects of the COVID-19 pandemic and of the support services available (Figure 8).

Figure 8. Countries in which measures to inform young people of COVID-19's impact on mental health and the support available were implemented, March 2020 - March 2022



Source: Youth Wiki.

The types of measures implemented in countries focused on the **use of online and social media** to reach out to young audiences. The considerable time spent online by young people and their familiarity with relevant media made such initiatives effective in disseminating information on the risks lockdowns posed to their mental health. In Austria, the awareness campaign ‘Fit & Strong 2021: #better together’ was conducted through posts and podcasts published on Facebook and Instagram⁽⁷²⁾. Well-known influencers were involved in raising awareness of how to recognise symptoms of mental and emotional distress among young people and awareness of available support services.

Online workshops addressing these issues were also organised. For example, Cyprus invited experts and young people to debate the state of youth mental health during the pandemic⁽⁷³⁾. Facebook Live discussions were also conducted to promote awareness of the challenges faced and to support resilience⁽⁷⁴⁾.

Websites were also a common initiative across countries. Germany dedicated an infportal – ‘Corona und du’ - to providing information on the mental health of children and adolescents⁽⁷⁵⁾. The website offered children and young people advice and assistance to support them during the pandemic and strengthen their psychological and emotional wellbeing.

Facilitating communication among young people: the example of Malta. The National Youth Agency of Malta developed the project ‘Stories from young people during coronavirus’ to give young people a voice during the pandemic⁽⁷⁶⁾. The project involved the creation of a platform on which young people could recount their experiences of living through the COVID-19 pandemic. Their stories highlighted the difficulties encountered and the resilience

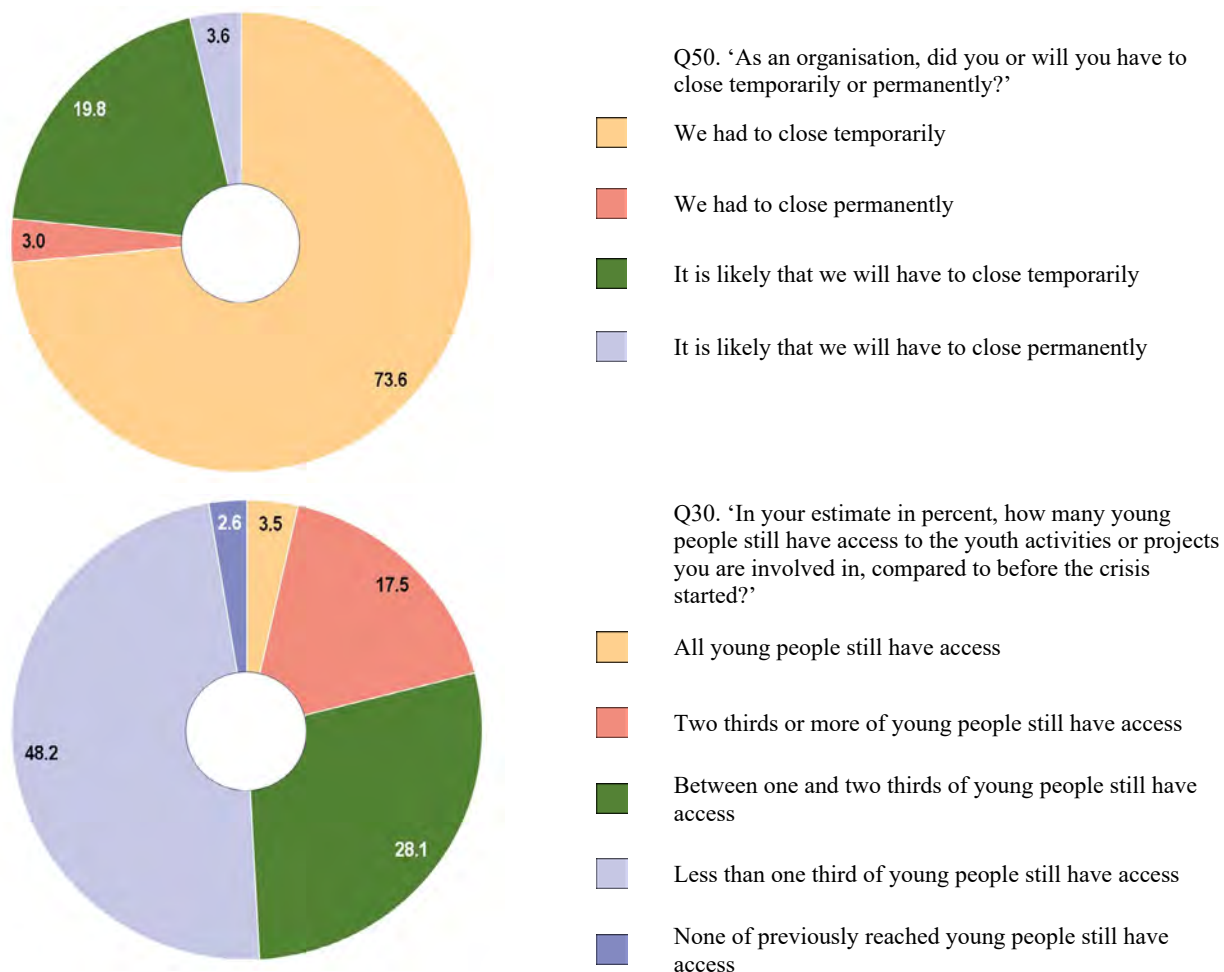
demonstrated to overcome them, provided information on available resources and, in doing so, served as inspiration for others to cope with similar challenges.

2.1.4 Youth work

Participation in youth work plays a key role in protecting the mental health of young people⁽⁷⁷⁾. Youth work creates opportunities for socialisation, sharing experiences, developing a sense of belonging and seeking help to address emotional and psychological difficulties⁽⁷⁸⁾. Through creative, learning and social activities, youth work provides opportunities for social development and inclusion. It can also serve as a catalyst for empowerment, equipping young people with personal and professional skills such as teamwork, problem solving, leadership and critical thinking⁽⁷⁹⁾ – skills that are instrumental in building self-esteem and maintaining good mental health. Furthermore, youth work activities are largely based on relationships and trust between young people and youth workers, thus providing a network of support and socialisation that contributes to psychological well-being⁽⁸⁰⁾.

The social interaction and relationships built through participating in youth work were drastically interrupted at the start of the pandemic. Before 2020, most youth work was based on involving young people in face-to-face activities, but the pandemic and the ensuing lockdowns and physical distancing posed enormous barriers to young people’s participation⁽⁸¹⁾. According to a survey conducted in 2021, 82% of youth workers reported difficulties in conducting activities⁽⁸²⁾. Data that the RAY Network collected from youth workers and young people active in youth work during the first few months of the pandemic reflected its immediate impact on participation⁽⁸³⁾.

Figure 9. Impact of COVID-19 lockdowns on the availability of youth work activities, 2020



Source: RAY, 2020.

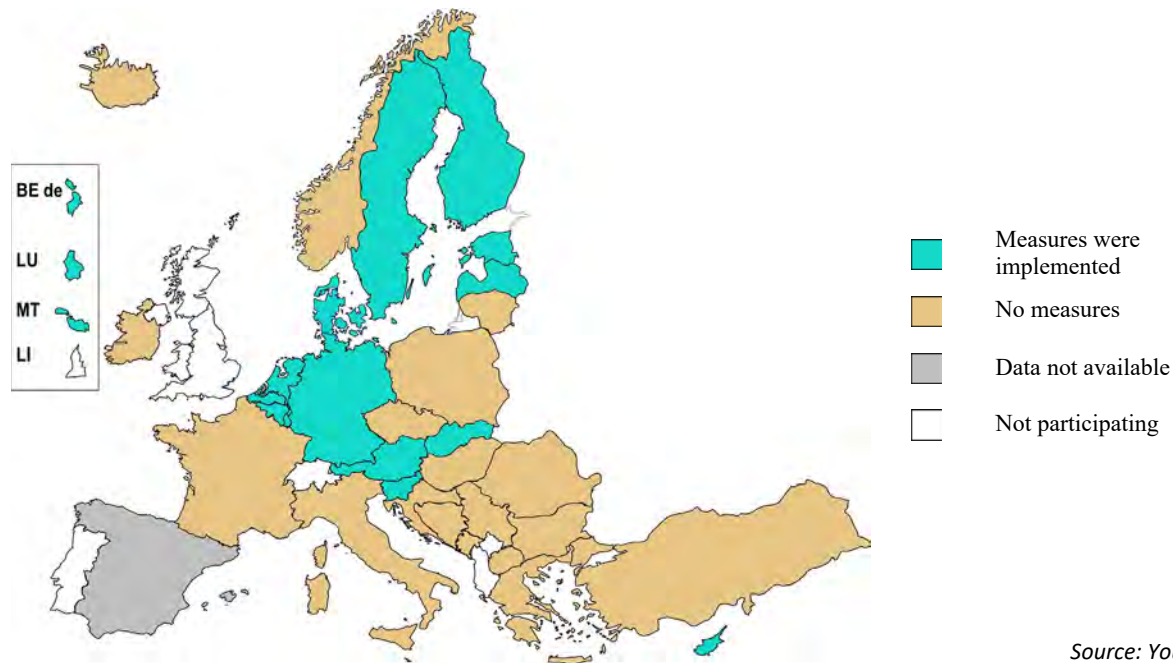
Figure 9 shows that, at the time of the data collection (spring 2020), 73.6 % of youth work organisations had already had to close temporarily, while another 19.8 % expected to be obliged to do so. A few reported permanent closures or expectations of them. The substantial proportion of temporary closures within the sector has limited young people’s access to youth work activities. The same survey reports that 48.2% of the respondents active in youth work estimated that only one third or less of young people still had access to these activities and 28.1% estimated that the number was between one and two thirds. Challenges faced by youth workers and youth organisations during the first lockdown continued

during the second wave and in 2021⁽⁸⁴⁾. Although many face-to-face youth work projects had to be suspended, it is relevant to note that the pandemic forced greater digitalisation of the youth sector as youth workers adapted to the changes by moving activities online, using new social media tools and already familiar platforms in new ways⁽⁸⁵⁾. Besides providing continued support during periods of social isolation, these innovations meant that those young people who would have been reluctant to participate face-to-face or had restricted access owing to geographical distance could participate in online activities⁽⁸⁶⁾.

Looking at the policy response to the challenges youth work faced during the pandemic, about half of the countries participating in the data collection

introduced measures to support young people's participation (Figure 10).

Figure 10. Countries in which measures to support youth mental health were implemented in the field of youth work, March 2020 - March 2022



Source: Youth Wiki.

As indicated at the beginning of this section, youth work is mainly organised by representatives of civil society, which means the types of measures implemented by national authorities mostly focused on providing youth workers with funding, resources and opportunities for **training and guidance**.

National authorities in the French-speaking Community of Belgium set up an emergency fund in 2020 to support practitioners and participants in youth work organisations⁽⁸⁷⁾. The objective was to ensure the survival of the many organisations that were at risk of closing because of the pandemic's negative impact on their finances.

National authorities in Luxembourg made resources available to youth workers in the form of suggestions for activities adapted to the

lockdown conditions and pedagogical material to animate online projects⁽⁸⁸⁾.

In May 2020, the Youth Board of Cyprus announced a complementary funding scheme – “ReCOVer20” - as a response to the consequences of the pandemic for youth organisations, youth clubs and non-governmental organisations⁽⁸⁹⁾. The scheme, targeting young people up to 35 years of age, financed pilot projects at local level in various fields, including mental health. Projects included the production of videos or short movies dealing with the pandemic's psychological impact on adolescents and young people with disabilities.

Supporting youth work through funding and training: the example of Latvia. An example of the combination of the two approaches is offered by Latvia, where a funding programme was established in 2021 to support at least 43 local projects run by non-governmental organisations and municipalities⁽⁹⁰⁾. The main objectives were promoting young people's sense of belonging to their local communities, offering opportunities to socialize and preventing psycho-emotional health risks during the COVID-19 pandemic. With the total funding of EUR 500.000, the projects were provided with 100% pre-financing to ensure that the activities could be completed. In parallel, the programme provided funding to promote the acquisition of competences by those working with young people through trainings covering various aspects, including digital skills for developing online projects.

2.1.5 Leisure

Leisure has a fundamental role in young people's lives. Cultivating interests in cultural and creative fields provides opportunities to express oneself, connect with peers, acquire new skills and, overall, increase well-being⁽⁹¹⁾. Moreover, engaging in creative activities represents a protective factor against anxiety and sadness, especially in times of social isolation⁽⁹²⁾.

Although cross-country data on the COVID-19 pandemic's effect on young people's participation in leisure activities have not been systematically collected yet, the literature points to a drastic reduction in the time dedicated to leisure and a connected negative effect on youth mental

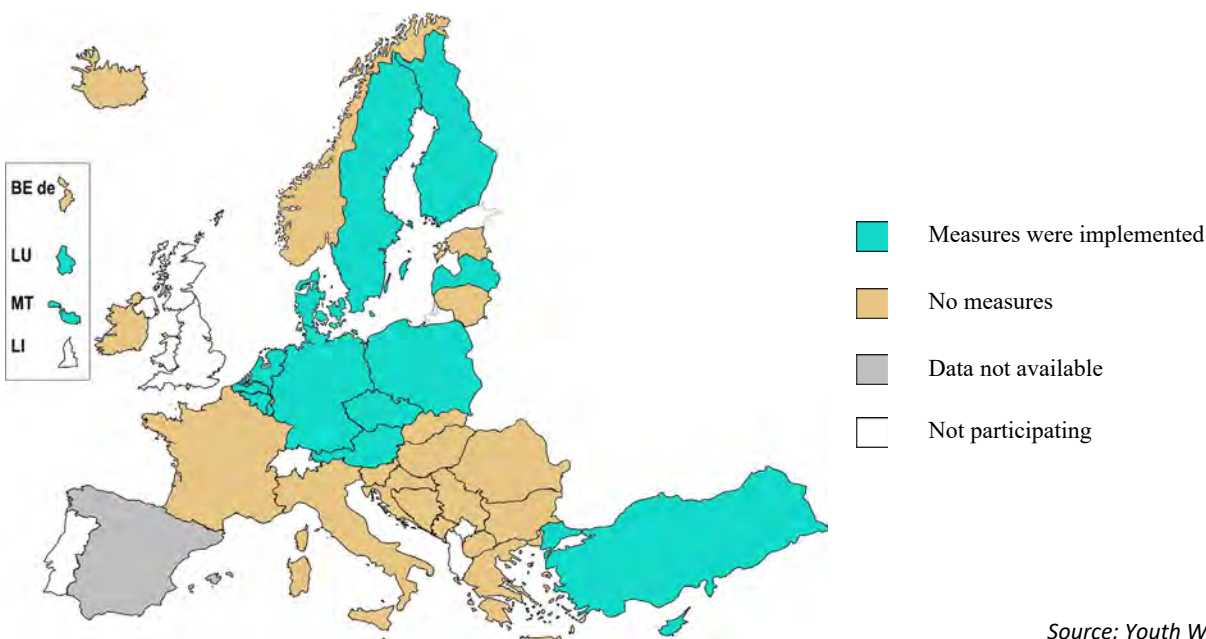
health⁽⁹³⁾. Digital technologies partially compensated for the limitations imposed during lockdowns, but young people suffered from the loss of the social relationships that come with taking part in cultural, recreational and entertainment activities⁽⁹⁴⁾. Even when allowed to leave their homes, many young people chose to practice hobbies alone in order to reduce their physical contacts⁽⁹⁵⁾.

Under these circumstances, less than half of the countries included in the analysis took initiatives to offer young people alternative opportunities for leisure (Figure 11).

Support for the organisation of **summer camps** is one of the initiatives taken by several national authorities. In this respect, the Summer Camp 2021 programme launched by the Ministry of Education, Youth and Sports of the Czech Republic provided funding to the organisers of summer activities through which young people could re-establish social contacts with peers, enjoy leisure time and take advantage of opportunities for non-formal learning⁽⁹⁶⁾.

Other countries have channelled **funds to local organisations** proposing activities for recreation and social interaction in their communities. For example, young people in the Netherlands can take part in projects organised under a national programme that, since the beginning of 2021, has supported local communities to develop artistic and cultural activities⁽⁹⁷⁾.

Figure 11. Countries in which measures to support youth mental health were implemented in the field of leisure, March 2020 - March 2022



Source: Youth Wiki.

Fighting loneliness through leisure: the example of Denmark. The programme ‘1000 New Communities’ of 2021 supported organisations in the cultural and entertainment sectors to develop projects alleviating the feeling of loneliness suffered by several population groups including young people ⁽⁹⁸⁾. The aim was to re-establish social ties around community projects in the cultural and recreational fields. In this context, theatres, museums, cultural centres and similar associations received funding to re-initiate activities after the suspension of all social gatherings at the height of the pandemic, thus offering renewed opportunities of inclusion and connection among young participants.

2.1.6 Sport

The restrictions on personal mobility and social interaction introduced to limit the spread of COVID-19 drastically limited young people’s participation in sport, which is key to their mental health ⁽⁹⁹⁾.

The closure of schools played a significant role: as many young people practice sport in school environments, the suspension of in-person attendance meant a sudden interruption in their physical activities ⁽¹⁰⁰⁾. Coupled with the inaccessibility of leisure and cultural settings and the curtailment of social gatherings, the loss of opportunities for sport took a huge toll on youth psychological well-being ⁽¹⁰¹⁾.

Of all age groups in the population, the restrictions on participation in sport hit young people the hardest ⁽¹⁰²⁾. This is connected to the higher rates of engagement in sport and other physical activities reported by young people in comparison with older segments of the population (Figure 12). Data indicate that 85% of individuals aged between 15 and 24 practice sport, in contrast to 61% of those older than 55.

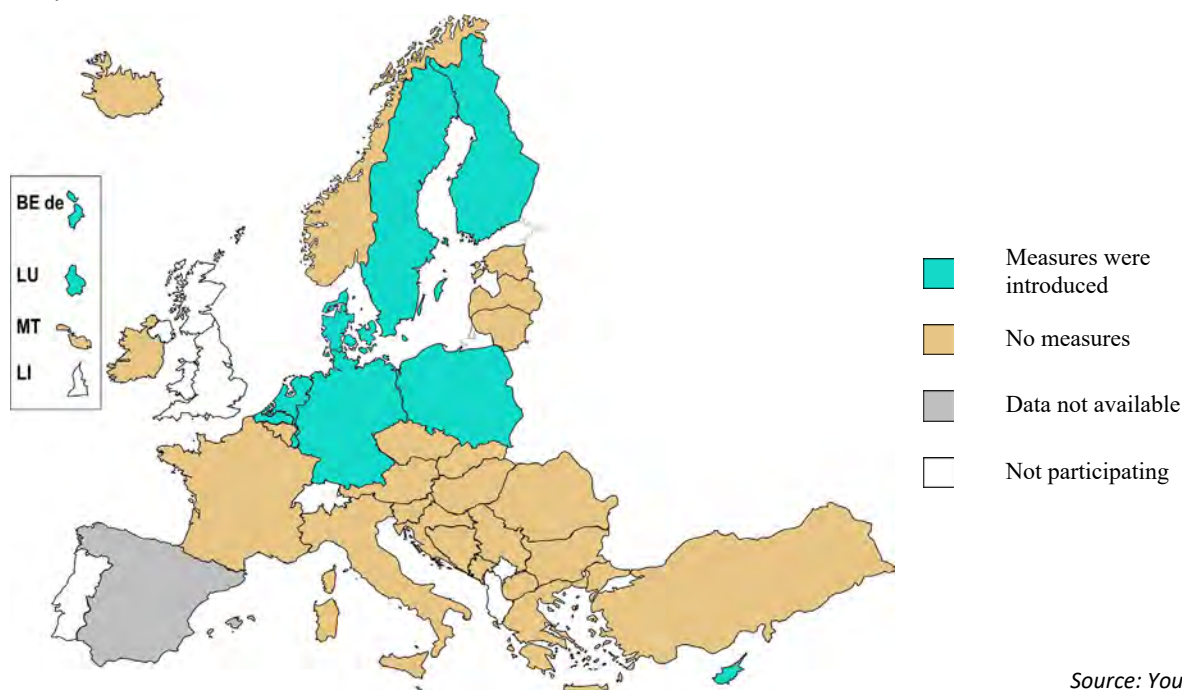
Figure 12. Share of respondents practicing sport or engaging in other physical activity by age group, EU-27, 2018



Source: Special Eurobarometer 472 QB1B2T. 'How often do you play sport or engage in other physical activity?'

Against this backdrop, national authorities in only one third of the countries introduced measures to support young people's participation in sport during the pandemic (Figure 13).

Figure 13. Countries in which measures to support youth mental health were implemented in the field of sport, March 2020 – March 2022



Source: Youth Wiki.

As mentioned at the beginning of this section, the limited number of countries in which initiatives were taken to support youth participation in sport may be connected to the specificity of the sport sector, which is generally run by private or non-profit actors. Therefore, the reach of public interventions is limited and measures can hardly be introduced directly.

In addition, it should be noted that it was mainly countries in the northern part of Europe that introduced measures to support youth participation in sport. This can be at least partly explained by the generally higher number of young people participating in physical activities in those countries⁽¹⁰³⁾, which made the loss of the

opportunities a challenge to the mental health of larger scores of their young people.

In countries where public interventions were undertaken at central level, they often took the form of **financial support** for sports organisations offering activities for young people. This was the case in Finland, where sports clubs could apply for a grant to maintain activities for children and adolescents during the COVID-19 pandemic (¹⁰⁴).

In other countries, national authorities provided **incentives for youth participation**. For example, the German Gymnastics Federation and the German Gymnastics Youth, together with the Federal Centre for Health Education, launched the campaign ‘Exercise Stops’, which enabled gymnastic and sport clubs to develop easily accessible physical activity programmes for children and young people (¹⁰⁵).

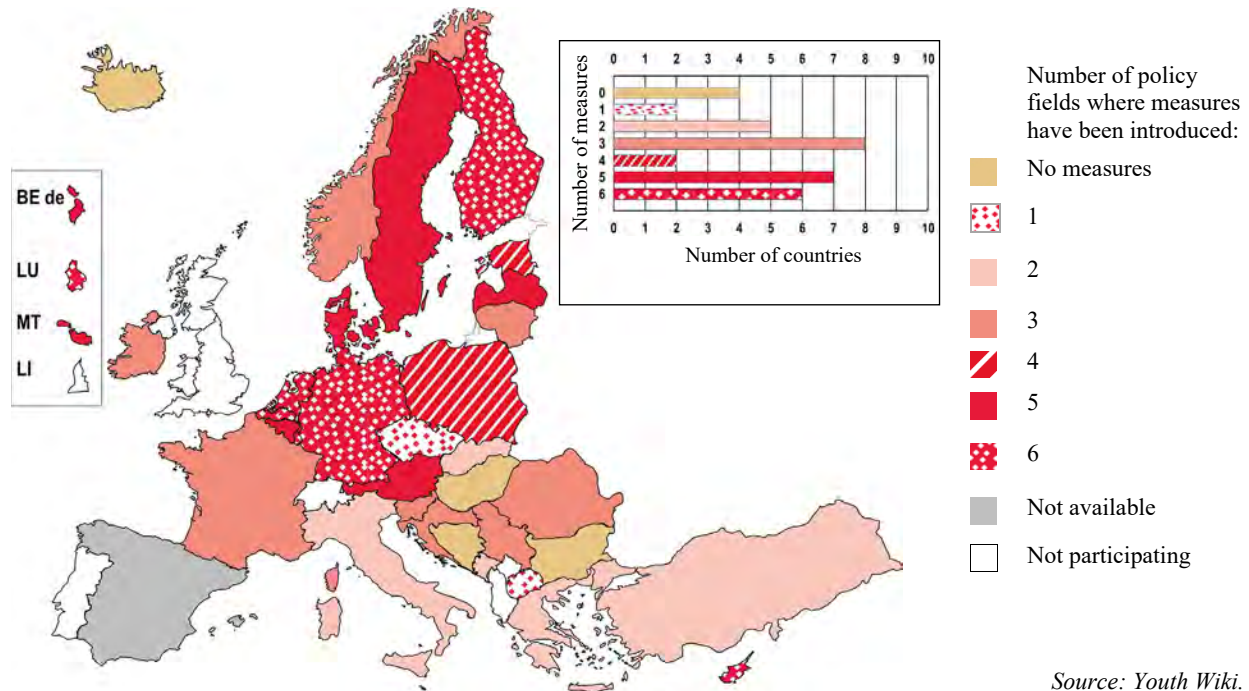
Awareness campaigns on the benefits of physical activities during lockdowns were also conducted. For instance, ‘Do it for yourself’ is a video campaign showing different ways of dealing with mental stress during the pandemic organised by the German-speaking Community of Belgium (¹⁰⁶). Consisting of a total of five videos, it covers the importance of practicing sports, offers examples of exercises that can be practiced at home and indicates sports outlets to which young people can turn.

Access to and investments in sport: the double approach of Sweden. In order to safeguard the benefits for young people of undertaking sports activities, the Swedish national authorities took actions through two parallel approaches. First, they allowed facilities to remain accessible during lockdowns to young people born in 2002 or later (¹⁰⁷). In tandem, resources were made available to support organisations in the field. In 2022, a national budget amendment allocated SEK 300 million (about EUR 30 million) in support to sport (¹⁰⁸). The grant primarily targeted children and young people who had abandoned sports activities during the pandemic. In the same year, an additional SEK 400 million (about EUR 40 million) was earmarked to support the re-opening of sports facilities and foster the participation of children and young people (¹⁰⁹).

2.2. The policy response: an overview

Almost all countries participating in the data collection implemented policy measures aimed at mitigating the effects of the COVID-19 pandemic on the mental health of young people. However, the extent of countries’ interventions varied. For each country participating in the data collection, Figure 14 shows the number of policy fields in which measures were implemented. Data indicate the existence of measures in each policy field and do not take into consideration the extent of the interventions (e.g. if several sub-areas were addressed, a number of different actions implemented, specific target groups identified).

Figure 14. Countries by the number of policy fields in which measures to support the mental health of young people were implemented, March 2020 - March 2022



Source: Youth Wiki.

Although national authorities in some countries – mainly those located in the central and northern regions of Europe – took initiatives in several policy fields, national authorities in others have focused only on a few. The Flemish-speaking Community of Belgium, Cyprus, Finland, Germany, Luxembourg and the Netherlands intervened in all the six fields covered by the analysis. A total of eight countries introduced measures in four or five policy realms, including Sweden and Denmark (five), and Poland (four). More than a dozen countries selected a more limited scope of intervention: two or three policy fields (e.g. Croatia, France, Ireland and Italy). A minority of countries introduced measures to support the mental health of young people in only one area.

The different degrees of intervention may have been influenced by several factors. On the one hand, the severity of the pandemic and of the

measures to prevent its spread may have influenced the response of national authorities in terms of mitigating measures. Varying degrees of mental distress reported by young people during periods of lockdown and the suspension of social activities also shaped policy interventions. In addition, the scope of youth policy in general varies from country to country and can explain the varying degrees of intervention and approaches.

It is interesting to note that countries presenting a more limited scope of intervention focused mostly on the fields of healthcare, education and, to a lesser extent, information. This situation is probably linked to the greater possibilities for introducing measures directly in those fields, as mentioned in Section 2.1. By contrast, fields such as sport and youth work are usually not administered by public authorities (especially at national level) which makes intervention more difficult.

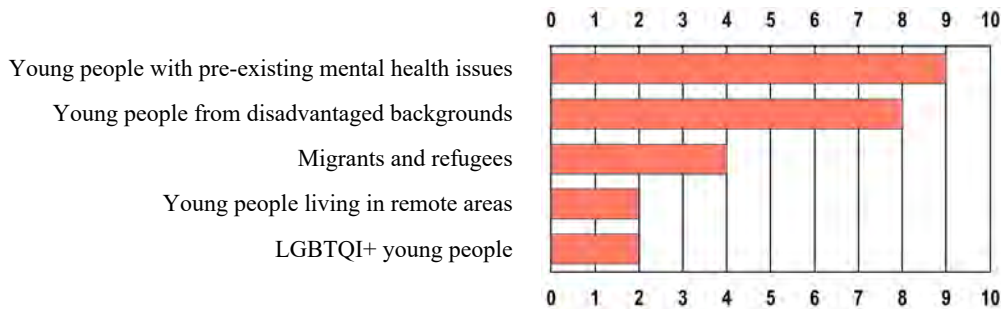
2.3. Target groups

The COVID-19 pandemic has hit certain groups of young people harder than others⁽¹¹⁰⁾. Those already vulnerable to – often multiple – social and economic challenges have suffered from additional consequences compared with others. In addition, pre-existing vulnerabilities have been exacerbated by the pandemic⁽¹¹¹⁾. In this section, groups of young people with specific vulnera-

bilities are treated separately. However, it is important to keep in mind that the factors making individuals particularly vulnerable can coexist⁽¹¹²⁾. In such cases, intersecting vulnerabilities are known to have a particularly detrimental effect on youth mental health⁽¹¹³⁾.

In order to remedy these challenges, countries adopted measures targeting specific groups in the youth population (Figure 15).

Figure 15. Target groups by the number of countries that introduced relevant measures, March 2020 – March 2022



Source: Youth Wiki.

As mentioned in the introduction, **pre-existing mental and emotional issues** aggravated the effects of isolation and restrictions on mobility caused by lockdowns⁽¹¹⁴⁾. Feeling of loneliness and disconnection exacerbated already fragile mental and emotional states, while physical distancing made it difficult, if not impossible to reach support services in person⁽¹¹⁵⁾. In order to respond to the needs of this group of young people, French authorities developed ‘Colos Apprenantes’, a programme that finances young people’s participation in summer camps organised by associations, local authorities and private actors⁽¹¹⁶⁾. One of the groups that were prioritised was young people with mental and physical disabilities, who benefit from reinforcing their interpersonal skills, enjoying socialisation and participating in leisure activities.

‘Colos Apprenantes’ also addressed **young people living in remote areas**, another group particularly exposed to COVID-19’s threats to mental health. Indeed, in these areas, the psychological and social challenges of the pandemic could be aggravated by the low availability of financial resources, obstacles to accessing health services and geographical isolation⁽¹¹⁷⁾.

The COVID-19 pandemic also exposed **young people from disadvantaged backgrounds** to a higher risk of exclusion. Difficulties in affording computers and tablets to follow online courses during school closures could result in a learning disadvantage. Likewise, the lack of home spaces dedicated to studying caused difficulties in concentrating. The unaffordability of fast internet connections limited access to digital environments and reduced the possibilities to cultivate social

inclusion⁽¹¹⁸⁾. These circumstances were aggravated by the fact that many young employees lost their jobs in the sectors most affected by the economic crisis resulting from the pandemic. To address these issues, some countries put in place measures to support youth employment. For example, Sweden lifted a ban on employment for students receiving study grants⁽¹¹⁹⁾. Therefore, students could take up gainful employment while remaining exempt from repaying their study support.

The Swedish national authorities also introduced measures to support young migrants and refugees. Indeed, **migration status** is a factor for mental health issues, one compounded by the decrease in social and educational support during the pandemic⁽¹²⁰⁾. This is also linked to the disproportionate impact of the pandemic on migrant and minority communities in terms of mortality and morbidity⁽¹²¹⁾. This and the worsening of economic conditions combined to deeply affect the mental well-being of families and children⁽¹²²⁾. Against this backdrop, Sweden invested in the creation of approximately 7000 one-year study places in municipal adult education establishments that combine vocational and language courses⁽¹²³⁾.

Young people belonging to the **LGBTQIA+** community were another group at high risk of mental distress during the pandemic. These young people tended to have previous mental health diagnoses, have lower levels of family support and suffer higher levels of discrimination, all conditions that made them more vulnerable to anxiety and depression during lockdowns and social distancing⁽¹²⁴⁾. Indeed, research shows that young LGBTQIA+ people reported comparatively high levels of depression, post-traumatic stress disorder and COVID-related worries⁽¹²⁵⁾. To better understand the consequences that

lockdowns and limited social contacts had for members of the LGBTQIA+ community and to gather evidence for policy making, the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth of Germany funded a study that identified the main challenges and laid the ground for policy action⁽¹²⁶⁾. Limitations imposed on support services such as shelters and counselling, stigma and other barriers to access to healthcare, unsafe conditions at home and risk of violence emerged as the most urgent threats to be addressed.

CONCLUSIONS

Main findings

The COVID-19 pandemic has represented a serious threat to mental health, particularly among young people⁽¹²⁷⁾. The shift from face-to-face to online learning, the restrictions on leisure and sporting activities and the partial or complete interruption of social participation heavily disrupted interpersonal relations. This, coupled with more time spent online and on social media, means that many young people have experienced feelings of isolation and loneliness, suffered from anxiety and reported depressive symptoms⁽¹²⁸⁾.

The crisis has also demonstrated how youth mental health depends on a variety of interdependent factors. For example, counselling services in schools help to detect and address psychological difficulties⁽¹²⁹⁾. Digital competences support learning inclusion, especially in the case of e-learning, and a healthy balance between on-line and off-line activities⁽¹³⁰⁾. Participation in social and recreational activities strengthen the sense of belonging and inclusion in the community⁽¹³¹⁾.

Against this background, the analysis conducted reveals that, overall, **European countries reacted**

proactively to these challenges and introduced a variety of measures to mitigate them. Psychological support services were created or reinforced in order to aid those young people in need of help, within and outside schools. Measures were taken to assist students learning online through, for example, homework support and the provision of digital technologies (e.g. laptops and internet access). Projects in youth work, sport and leisure received funding in order to maintain participation and social engagement.

The pandemic has also made it evident that some groups in the youth population are more vulnerable to the threats posed by lockdowns and social isolation than others. As discussed Section 2.3, young people with pre-existing mental health issues, those living in remote areas, youth from disadvantaged backgrounds, immigrants and LGBTQIA+ young people were among those particularly affected by the consequences of isolation. This report illustrates the fact that countries' policy responses devoted **attention to specific target groups**. Some countries have put in place measures to guarantee access to mental healthcare services for those suffering from pre-existing illnesses and have prioritised the participation of young people affected by mental and physical disabilities in inclusive projects. Initiatives have been designed to reach out to young people living in areas where access to healthcare is more difficult and limited participatory activities are offered. Other countries introduced measures to support youth employment and to compensate for the loss of jobs resulting from the crisis.

Lessons for the future

In addition to the measures implemented by European countries, some areas of intervention could benefit from further action.

Research indicates that the consequences of the pandemic for young people's mental health will continue in the long term⁽¹³²⁾. The scarring effects of extended periods of isolation and distress on youth mental health are likely not only to persist but also to affect several dimensions of the lives of young Europeans, such as education, employment and social inclusion⁽¹³³⁾.

What is more, beyond the emergency caused by the pandemic, the mental health of young people requires continued attention and support in "normal" times as well. Being young is a sensitive time in life involving physical, social and psychological transformations during which difficult circumstances can provoke serious mental distress.

In this light, the **measures implemented during the pandemic should be continued** in the long term. It is crucial to maintain support services that were created during lockdowns – especially those integrated in non-medical fields such as education. Likewise, the resources that have been invested in additional services (e.g. the appointment of mental health-care professionals in schools, funding of youth work projects and the creation of youth friendly medical services) should be continued. The channels of information activated during the pandemic to make young people aware of the threats to their mental health could be utilised beyond that critical period, in order to foster mental health literacy and encourage young people to reach out if in need.

Renewed efforts could also be devoted to addressing some fields of intervention that have been more marginal thus far, in particular **youth work, sport and leisure**. Indeed, the associated activities play a fundamental role in safeguarding the mental health of young people⁽¹³⁴⁾. The relational dimension of these environments fosters inclusion and combats feelings of loneliness and isolation. Against this backdrop, it is important to ensure that interventions in those areas are implemented and strengthened through collaboration with civil society.

Similarly, some groups in the youth population who are at a particular risk of mental distress could benefit from additional policy interventions targeting their needs. For example, **young people at risk of discrimination and exclusion** – such as young migrants and refugees, and members of the LGBTQIA+ community – could benefit from reinforced psychological support and counselling being available⁽¹³⁵⁾. Targeted mental health-care services catering to the specific characteristics and needs of these groups (e.g. linguistic interpretation, cultural mediation and the presence of practitioners trained to provide medical and emotional care to LGBTQIA+ youth) could be created or strengthened in order to encourage contact and access.

If the COVID-19 pandemic has had any positive result, it is that it has placed youth mental health in the spotlight. The emergency that countries faced has revealed the main factors causing psychological distress that can affect the mental health of young people, the factors' intersectional natures and measures that can be implemented to combat them. Resources and services have been activated to support young people's resilience to the negative effects of lockdowns. New approaches to non-medical mental health-care have been explored and translated into innovative interventions. Good practices have emerged that can pave the way for further actions. All these experiences have the potential to serve as steppingstones towards far-reaching policies supporting young people's mental health in the long term.

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The Impact of the COVID-19 pandemic on the mental health of young people

Policy responses in European countries

The impact of the COVID-19 pandemic on the mental health of young people has been significant. Extended periods of lockdowns have disrupted their lives in many respects. The physical closure of schools, the suspension of in-person social and recreational activities and the isolation imposed by confinements have taken a toll on young people's mental health.

The report analyses the policy response given by public authorities in European countries to this emergency. It identifies the main factors affecting young people's mental health during the pandemic and develops a detailed overview of the policies, initiatives and programmes established to address them. It also offers examples of good practices and, on this basis, suggests future directions in policy-making.

The report covers the period from March 2020 to March 2022 and includes 32 countries.

Information was provided by the National Correspondents of the Youth Wiki, Europe's online encyclopaedia of national youth policies. The main objective of the Youth Wiki is to support evidence-based European cooperation in the field of Youth. It does so by providing information on national policies in support of young people – in a user-friendly and continuously updated way. The Youth Wiki is coordinated by the European Education and Culture Executive Agency and accessible at

<https://national-policies.eacea.ec.europa.eu/youthwiki>.

