

Growing up in the unhappy shadow of the economic crisis

*Mental health and well-being of the
European child and adolescent
population*

EPHA Report – November, 2014

EPHA Report

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Mental health and well-being of the European child and adolescent population

Summary

This report from the European Public Health Alliance (EPHA) highlights existing evidence on the detrimental effect of the ongoing economic crisis and austerity-driven measures on the mental health and well-being outcomes of the European child and adolescent population.

The report shows how political choices, made within a framework of fiscal consolidation on many socio-economic determinants of people's health, have had negative impacts on citizens' mental health and well-being. The determinants include, for instance, employment status, household income and ability to provide adequate living conditions fundamental to optimal and sustainable human development¹.

Children, as a particularly vulnerable group, are disproportionately affected by declining living standards. The restrictive atmosphere of the crisis, where political and financial choices of many national governments is to cut, rather than invest in early years, means that living standards and social and labour environments for families have been adversely affected.

Introduction

Mental health² remains a major health challenge and is linked to increasing social inequalities in the 20th and 21st centuries (1). The World Economic Forum classified the increase of chronic diseases as one of the top three global risks to world economic order in terms of likelihood (2009-2010), quickly outpaced by severe income disparity (2012-2013) (2).

In the European Union (EU) alone, over one third of the population suffers from some form of mental disorder at some point in their life. On average at a single point in time, almost 50 million citizens (about 11% of the population) are estimated to be living with a mental disorder, with women, men, children and youth developing and exhibiting different symptoms (3) and therefore requiring different diagnostic tools, treatment and management. A range of preventative measures needs to be considered.

Threading through all social strata and population groups, one commonality is that mental health and well-being has always been neglected relative to more visible physical, non-communicable diseases (NCDs). Mental health is frequently given a lower political priority despite a well-established knowledge base of risk and protective factors that cross-governmental policies can influence. Knowledge of this offers opportunities for better and more equal social and health

¹ The term sustainable human development is defined as “*development that promotes the integral human development of people today without compromising the integral human development of people tomorrow*”. See for example: <http://hdr.undp.org/en/2014-report> (24 November 2014).

² World Health Organization (WHO) defines as: “*Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.*” Available at http://www.who.int/features/factfiles/mental_health/en/ (3 November 2014)

outcomes: This is where policy-makers and other stakeholders should turn their attention, rather than revisiting a pathogenic approach. Those are also salutogenic³ factors that have to be considered in relation to mental health and resilience of the child population. Notoriously invisible and voiceless, children have become unintentional victims of the failings of the political and economic system.

Some child- and health-focused analysis of the Europe 2020 strategy, the European Semester process and its implications have shown the measures to deliver better health to be insufficient, unambitious and inadequate,⁴ in particular regarding social inclusion of children, adolescents⁵, their families⁶ and the most vulnerable social groups in Europe. As governments are still trying to restructure and re-prioritise our health, social and economic systems in a crisis-driven Europe, these issues should be prioritised as key policy questions (4).

Inequalities in mental health

Rising concerns over mental health across Europe have to date been met with little action. This might be caused partly by the largely underestimated burden of mental illness and the connection (co-morbidity) between mental health and other health conditions. Mental ill-health and physical ill-health share a large number of underlying risk behaviours and factors which are associated with increased incidence of many non-communicable diseases (NCDs). NCDs themselves are also a major risk factor for mental health problems (5).

There are considerable inequalities in mental health status between and within EU Member States and also between social groups, of which socioeconomically disadvantaged groups are the most vulnerable. **Inequality in mental health means the unequal distribution of factors that promote and protect positive mental health and factors that are detrimental to mental health and well-being.** Despite growing attention to and increasing calls for investment to address social disadvantage, deep inequalities remain in our societies and the gap between the richest and poorest is widening at an alarming rate (6). In Europe, the increase in the number of people in poverty is the main factor influencing mental health, primarily in vulnerable groups including children, young people, single-parent families, the unemployed, ethnic minorities, migrants and older people.

People with severe, and even mild, **mental health problems can have a (healthy) life expectancy up to 20–30 years lower than that of the general population**, largely caused by co-existing poor physical health. **Adverse mental health outcomes are 2 to 2.5 times higher among those experiencing greatest social disadvantage compared to those experiencing least disadvantage** (7). People living with a disability or a mental health issue remain at the highest risk of poverty and exclusion (8). Findings from a study by the Equality Trust show that there is a strong (negative) relationship between mental illness and income inequality in developed countries, with mental illness being more common in more unequal countries (9).

³ Salutogenesis (coined by Aaron Antonovsky) describes an approach focusing on factors that support human health and well-being, rather than on factors that cause disease. More specifically, the "*salutogenic model*" is concerned with the relationship between health, stress, and coping.

⁴ Such as EPHA www.ephpa.org

⁵ Such as Eurochild www.eurochild.org

⁶ Such as COFACE www.coface.eu

Determinants of mental health and well-being

McCulloch and Goldie (2010) summarise the key determinants of mental health for children and adolescents (10). On the basis of these (slightly amended), it is clear how the economic crisis impacts the wider environment of the individual and influences health effects:

- **at society level:**
 - o general equality versus discrimination, including gender, age, religion, disability
 - o family and adolescents un- and under-employment levels, but also life-work balance, job satisfaction and quality of work
 - o social coherence
 - o (pre-) school and vocational education
 - o healthcare provision
- **at community level:**
 - o personal safety
 - o housing and access to open space, including energy and fuel security
 - o economic status of the community, including deprivation, cleanliness and attractiveness (general physical design)
 - o isolation and connectivity, including public transport and local infrastructure
 - o neighbourliness (sense of community and cohesion)
- **at family level:**
 - o family structure
 - o family dynamics and lifestyle factors (tobacco, alcohol, diets, physical activity)
 - o genetic makeup
 - o intergenerational contact
 - o parenting
 - o debt versus financial security
- **at individual level:**
 - o lifestyle factors
 - o attributional style (how events are understood)
 - o physical health
 - o individual relationships and responses to these

On this basis, there are at least three entry points for the economic crisis to impact on children's mental health:

- **genetic predisposition to certain mental conditions** and/or certain biologically-constituted **vulnerabilities** (that would manifest themselves regardless of the crisis) may show themselves with different levels of intensity (symptoms may be less or more severe); their onset may come earlier; be more abrupt; progress quickly and cause more disruption; or even be triggered by - or compounded by external factors related to the crisis and therefore be acted upon later than needed for optimal 'damage' limitation;

- **mild, situation or context-caused mental ill-health** could be directly, but usually indirectly, linked to the economic crisis itself by a powerful event in one's life (such as a job loss within the family); although most frequently short-term; if of an enduring nature, in a non-changing external environment, the problem can deepen and transform into a dysfunctional syndrome that requires therapeutic intervention;
- and lastly, all of the above could be put in the **perspective of an economic crisis where a restrictive and austere framework is responsible for public spending cuts at society and community levels** in vital public service areas, such as healthcare (prevention, diagnosis, treatment and management), social care (including social benefits and allowances), community and family care and support, (pre-) school and vocational education, leisure and physical activity facilities, housing, culture, public transport and participation in daily activities in urban and rural areas. All of which are services that build, strengthen and maintain good mental health, well-being and resilience of the child and adolescent population.

Mental health and the child and adolescent population

More than 10% of children and adolescents⁷ in Europe have some form of mental health problem. Neuropsychiatric conditions are the **leading cause of short- or long-term disability**, representing the major cause of disability-adjusted life years in the EU; depression and anxiety are the leading causes (11). Major depressive disorders⁸ are the most frequent conditions in children and adolescents, followed by anxiety disorders, behavioural or emotional disorders and substance-use disorders.

Depression is the leading cause of illness and disability for both boys and girls aged 10 to 19 years. Although adolescents are often thought of as a healthy group, **many die prematurely from accidents, suicide, violence and other illnesses that are preventable or treatable.**

Injury constitutes the leading cause of inequity in childhood death, according to the [TACTIS project report](#). The report established that each year approximately 9,000 children die as a result of unintentional or intentional injury, and hundreds of thousands more are treated in hospitals, emergency departments and GP offices across the EU (12). Child Helpline International's report "[Voices of Young Europe](#)" stated that **abuse and violence against children and young people in Europe has doubled during the economic crisis.** European child helplines have received almost 58 million calls in the last ten years – "*an average child helpline in Europe received more than 490 contacts per day, every day*" with reports of abuse, domestic violence, family break-up and child maintenance conflict doubling in the first three years of the economic crisis alone and remaining high ever since (13).

Children and young people in Europe suffer significant problems with peer relationships, psycho-social mental health issues and family relationships. They also increasingly contact child

⁷ Age range: 0 – 18 years of age

⁸ Major, clinical depression characterised by chronic feelings of sadness or worthlessness, lack of interest in previous activities, and physical symptoms like fatigue and insomnia.

helplines about food and basic needs, sexual abuse and exploitation, begging, forced and domestic labour.

'Regular' and cyber-bullying⁹ and also a newly-emerging trend among teens - *'sexting'*¹⁰ - are a growing concern across the EU, associated or not with the onset of the crisis. Although there is no consensus on the extent of the phenomenon, the number of children, young people and adults affected is immense and for some victims, the consequences of (cyber)bullying and sexting can even lead to self-harm or suicide, according to the findings of a project from the Confederation of Family Organisations in the European Union (COFACE). More than half of children in Europe who have been bullied self-report depression, with over a third disclosing self-harm or suicidal thoughts, according to polls conducted by [BeatBullying](http://www.beatbullying.org)¹¹ and the [#DeleteCyberbullying](http://deletecyberbullying.eu)¹² campaigns (14). In relation to the economic crisis, financial support from public budgets for vital support services such as those mentioned above is currently under threat, and organisations like BeatBullying or MindFull in the UK were not able to secure continuous funding for the services they provide¹³.

Suicide remains a significant cause of premature death, with over 50,000 deaths per year in the EU. In nine out of ten cases it is preceded by the development of mental disorders. **The adolescent suicide rates of some European countries are amongst the highest in the world (15); suicide is among the leading causes of death among young people** in many settings (16). Besides 'completed' suicides, prevalence of (unsuccessful) suicide attempts and self-harm are also very high in the European region(17).

Over 70 percent of children in institutional care have behavioural or emotional problems of some type, and more than half of all adults with existing mental health problems were diagnosed in their childhood. Less than half were treated appropriately at the time, highlighting the value of early diagnosis and management, but more importantly of prevention and building up children's resilience through investment in a wide range of socio-economic determinants of mental health (18). In Greece, an increase in psychosocial problems in child and adolescent patients was reported in hospitals between 2007 and 2011 (19).

⁹ CEFACE's comments on the EESC draft Opinion TEN/390 "Impact of Social Networking Sites"
http://www.eesc.europa.eu/resources/docs/comments_coface-en-2.pdf

¹⁰ 'Sexting' refers to sending sexually explicit messages or images, primarily between mobile phones. The term was first popularised in the early 21st century. Sexting is regularly linked to bullying and blackmail has significant potential to affect mental health and well-being.

¹¹ <http://www.beatbullying.org>

¹² <http://deletecyberbullying.eu>

¹³ note on <http://www.beatbullying.org> website from 24 October 2014: "We are sorry MindFull and BeatBullying services are currently down. (...) As has been widely reported in the media and on social networks, The BeatBullying Group (BBG) has been experiencing some financial difficulties and in recent months these have become increasingly challenging."

Recession, poverty, inequality and children's mental health

EPHA's Briefing on "*The impact of the economic crisis on public health*"¹⁴ states that the impacts of austerity policies and recession continue to threaten health and wellbeing. Trends in increased suicide rates, unemployment, social exclusion and unmet health needs continue, most acutely in the newer member states and in those receiving financial support. The updated facts and figures briefing aims to map the changing indicators and provide a snapshot of health in Europe as work to rebuild and strengthen the EU's social dimension continues.

The unemployment rate of the EU28 has increased continuously, from 7.2% in 2007 to 11% in 2013. Some EU countries in particular have suffered severely: in Greece, for example, the unemployment rate rose from 8.4% in 2007 to 27.5% in 2013 and in Spain unemployment rose from 8.3% in 2007 to 26.2% in 2013.

The percentage of the EU28 population at risk of poverty and social exclusion stood at 23.7% in 2010 and increased to 24.8% in 2012. Three member states have displayed particularly worrying unemployment figures for 2012: Greece (34.6%), Romania (41.7%) and Bulgaria (49.3%). Young people seeking to enter the job market are often disproportionately affected.

Mental health inequalities and child poverty

Mental health problems do not have to present themselves with violent, severe, clinically established symptoms to negatively affect children and adolescents' physical health (20) and social and academic functioning. Its effects are felt in multiple contexts in which children and youth are born to, grow up and play in, learn and as they enter adult lives. Within the family environment – one of the most important and closest structures all human beings are biologically bound to belong to - powerful life events and stressors such as job loss, home eviction and debt or loss of family savings place significant strain on relationships (21). Having a child has become an independent factor contributing to rising levels of material deprivation at family levels in countries like Greece, Ireland, Latvia, Lithuania, Spain or Hungary.

In 2011 FEANTSA, the European body of homelessness organisations, published a report¹⁵ which found that cuts to housing and related services and increased demand from those struggling to meet their costs of living were resulting in a proliferation of evictions, debt, homelessness and applications for social housing. FEANTSA members reported that in Italy, a quarter of families were not able to pay their mortgage costs. In Wales, 21% of adults responsible for paying rent or a mortgage said that they were cutting back on the amount they spent on heating so as to meet their housing costs. In Ireland, applications for social housing increased from 56,000 in 2008 to 100,000 in 2011. In Spain, the percentage of people who said that they had been late over the past 12 months with household expenses such as mortgage payments or electricity bills had increased to 7.7% in 2011 from 4.7% in 2005.

¹⁴ <http://epha.org/a/6220>

¹⁵ http://www.feantsa.org/spip.php?action=accéder_document&arg=841&clic=9e44d965191324e48ae45d43ee9226416f19c416&file=pdf%2Fimpact_20of_20austerity_20measures_20on_20homeless_20services_policy_20paper_en.pdf

The evidence on the impact of the global and European economic and financial crisis on child health has only recently caught up with the systematic reviews and meta-analysis carried out (22). Evidence has been collected at an increasing rate and shows shocking levels of childhood poverty, such that according to the recent report by UNICEF “*Children of the Recession: The impact of the economic crisis on child well-being in rich countries*”, went up by 2.6 million in more than half of the developed world since 2008, to total 76.5 million children living in poverty in rich countries (23). From 2007 to 2013, feelings of insecurity and stress rose in 18 of the 41 countries studied, according to measurable self-perception indicators (including access to food and satisfaction with life). **Some 1.6 million more children were living in severe material deprivation in 2012 (11.1 million) than in 2008 (9.5 million) in 30 European countries.**

Research clearly shows that **poverty is the single greatest threat to children’s well-being, its physical, mental and social dimensions** (24). Prolonged exposure to material poverty, social exclusion and discrimination in early years, later childhood and adolescence can have a damaging effect on mental well-being, health outcomes and future opportunities. Family un- or underemployment, poor, unsafe and crowded housing, energy and nutrition insecurity, child abuse, neglect and maltreatment, gender inequalities, as well as risk factors such as alcohol, tobacco and drug abuse, all can be triggers for worsening mental well-being of the child population.

Youth unemployment

When it comes to the adolescent population, the **currently prevailing political attention around this age group goes to youth unemployment, its impact on present and future mental health, but most importantly (from an economic perspective) on the future productivity of the European workforce.** It is estimated that 7.5 million young people aged between 15 and 24 years old (roughly equivalent to the population of Switzerland) were “*Not in employment, education or training*” (“NEET”), across the EU in 2013 (25). In Greece alone, it was one in five, nearly a quarter of a million young people. The 15-24 age group includes young people at different stages in their lives. Being unemployed at the beginning of one’s professional career, tends to have lasting negative effects on future wages and employment prospects, as well as on subjective well-being and health. Even those who find employment during the economic crisis may end up on a lower earnings trajectory, with many of them trapped in temporary, intermittent and part-time work. The societal costs include not only the loss of growth and revenue potential, but also the breakdown of intergenerational trust, with many young people having no confidence in socio-economic and political institutions (26).

Lifestyle factors: drugs, alcohol, tobacco, poor diets and physical inactivity

The **economic crisis has been also linked to over-consumption of alcohol and tobacco among the child and youth population**¹⁶. Because of the crisis, family and youth unemployment have risen significantly, leaving the child and adolescent population more

¹⁶ WHO (2012). Risks to mental health: an overview of vulnerabilities and risk factors. Background paper by WHO Secretariat for the development of a comprehensive Mental Health Action Plan. Available at: http://www.who.int/mental_health/mhgap/risks_to_mental_health_EN_27_08_12.pdf (25 November 2014).

vulnerable to addictions. In the midst of the economic turmoil, young people have been found to turn towards new drugs at the fraction of the cost of traditional drugs. Strong links have also been found between child maltreatment, physical and emotional violence, and alcohol use. A number of studies have established that alcohol is a significant contributory factor to '*passive drinking*'¹⁷ effects, with **child maltreatment** being one of the most abusive ones. Maltreatment in childhood is associated with marked increases in the risk of hazardous or harmful drinking in later life (27).

Another example of '*passive drinking*' effects is **alcohol consumption during pregnancy** (and its most severe health outcome, Fetal Alcohol Spectrum Disorders) - a prevailing phenomenon which may be on the rise with the economic crisis. A recent "*Alcohol and Childhood Don't Mix*" campaign launch report by DrinkWise in the United Kingdom revealed shocking evidence on how the child population is increasingly exposed to cheap, heavily and attractively advertised alcoholic beverages, possibly explaining the shocking statistic that **15 children (as young as 11) per on average day are hospitalised because of alcohol, 250,000 children suffer mental distress due to others' drinking and a further 170,000 children are neglected because of others' drinking** (28).

Despite the largely under-researched link between mental health outcomes of the child population and tobacco consumption, poor diets and nutrition, some studies have found a significant adverse effect from the economic crisis on food intake and mental health, particularly in vulnerable children.

Economic crisis and migration

The main immediate effects of the current economic crisis as mentioned above include **unemployment, the impoverishment of certain population groups, but also migration**. Both inter- and intra-national migration has grown exponentially in recent decades, and the economic crisis seems to add significantly to this ongoing trend. Globalisation and economic development have benefited from migration trends while at the same time fuelling them. **Children are affected by migration on many levels: when they are left behind by one or both migrating parents, in migrating with parents (or born abroad), or when they migrate alone**. Migrant children, crossing borders in greater numbers, face serious risks at every stage of the migration process. Children and women, especially those migrating without documentation, are vulnerable to trafficking, abuse and exploitation as they embark on frequently prolonged migratory processes (29).

The impact of parents' migration on the well-being of children left behind in the EU (in the so-called sending countries) has been a topic of many political debates, recently through the European Commission-funded study '*Social Impact of Emigration and Rural-Urban Migration in Central and Eastern Europe*' (30) that analyses the social impact of international and internal migration over the past two decades. The publication shows that "***children left behind suffer emotional impact due lack of parental care, especially the ones with both parents abroad, reflected in lower school achievement, school dropout, youth criminality, alcoholism and psychological problems***".

¹⁷ Passive drinking refers to consumption of others' alcoholic drinks in a physical and/or psychological proximity of an affected individual ; this term is similar to a concept of 'passive smoking' in tobacco consumption related health effects

The economic downturn is also linked to a **rise in discrimination, racism and xenophobia**, particularly in countries such as Italy, Slovakia and Hungary, according to the latest Amnesty International report on human rights (31). It cites Italy for having passed new legislation as part of a security package, establishing as a criminal offence "irregular migration", which would deter irregular migrants from accessing education and medical care for fear of prosecution. Segregation of Roma continues to be a serious problem in central and Eastern Europe, but also in Italy, where "*unlawful forced evictions*" drive the Roma further into poverty. Italy also passed new legislation enabling local authorities to authorise associations of unarmed civilians not belonging to police forces to patrol the territory of a municipality, a measure which "*may result in discrimination and vigilantism*", especially against Roma and their children (32).

Economic crisis and mental health budgets and cuts to services

In addition to an introduction of overall cuts to social services (childcare, child and family benefits), some EU countries have seen significant decline in budgets designated specifically to mental health priorities (including of the child population). For example, Manchester Mental Health and SocialCare Trust has reduced its funding for supporting homeless people, young people at risk, older people, people with mental health problems and drug and alcohol related problems by £8.6 million¹⁸. In 2011, the Greek Government decreased its mental health services by 50% and in 2012 the budget further reduced to cover only 45% of the psychosocial rehabilitation services, essentially only covering operating costs until June 2012¹⁹.

However, a number of European governments have started to take steps to mitigate the effects of the crisis and of policy changes which may have reduced access to services, including mental health services for the child population and their families. For example, in Ireland the government invested €35 million in the development of mental health services in 2012 to offset the recognised impacts of the financial crisis.

Children's mental health in European policies and strategies

The response to a growing realisation of the importance and urgency, but lack of a coherent action or a strategy at the European Union level, came with the creation of [The European Pact for Mental Health and Well-being](#) (2008). The Pact recognised that there is a need for preventative measures and to raise awareness of mental health problems with the general public; it also recognised that good mental health is a human right – an important impetus for political action. The Pact focused on [five priority areas](#):

1. Promotion of Mental Health and Well-being of Children and Adolescents:

- to ensure cross-EU and national schemes for early intervention in educational settings;

¹⁸ http://epha.org/IMG/pdf/Economic_Crisis_and_Health_Facts_Figures_2014_10-09-2014_.pdf

¹⁹ <http://www.theguardian.com/world/2011/dec/18/greek-woes-suicide-rate-highest>

- programmes to promote parenting skills;
 - training of professionals involved in the health, education, youth and other relevant sectors in mental health and well-being of this age group;
 - integration of socio-emotional learning into the curricular and extracurricular activities at pre-school and school settings;
 - prevention of abuse, bullying, violence against children and young people and their exposure to social exclusion;
 - promotion of the participation of young people in education, culture, sport and labour market.
2. **Prevention of Suicide and Depression:** as one of the most common and serious mental disorders and a leading risk factor for suicidal behavior, including for the child and adolescent population; prevention and treatment for depression in this age group and for parents and carers is essential to prevent negative health outcomes for the child population.
 3. **Promotion of Mental Health and Well-Being in Workplaces:** although not directly linked with the child and adolescent population's mental health outcomes, by adequately addressing parents and carers' working conditions negative impacts on their mental well-being can be reduced, which has a knock-on effect for the mental health of their children.
 4. **Older People's Mental Health and Well-being:** not directly linked but may hold a potential through an intergenerational relationship route.
 5. **Promoting Social Inclusion and Combating Stigma:** both risk factors and consequences of mental disorders, which may create major barriers to seeking help and recovery.

Two years after the Pact's adoption, its results were summarised in the June 2011 [Council Conclusions](#), supported by proposals for future action, making mental health and well-being a priority of national health policies, including the cross-sector collaboration on prevention of mental disorders and the promotion of mental health and well-being, improving quality of and access to social determinants and infrastructure supporting mental well-being, and **specifically targeting children** – *“strengthening mental health promotion of children and young people by supporting positive parenting skills, holistic school approaches to reduce bullying and to increase social and emotional competences as well as supporting families where a parent has a mental disorder”*. The Council recommended that the European Commission and the Member States set up a **Joint Action on Mental Health and Well-being** (33) that would specifically seek to tackle mental disorders through health and social systems, analyse policy impacts on mental health, address mental health problems of vulnerable groups and the links between poverty and mental health problems, as well as improve data and evidence on the mental health status of various populations, including children and adolescents along a social gradient.

Within the EU Joint Action, a particular attention has been devoted to a thematic area of mental health and schools, with an aim to *“strengthen the cooperation between health, social and*

educational sectors". Through this, the Joint Action plans to map the scientific evidence and the best practices relevant for the implementation of effective actions in the field of mental illness prevention and mental health and well-being promotion, including educational attainment, among children and adolescents in Europe. In addition, a report will be written that includes results from situational analyses and recommendations for action to promote the good mental health of children/adolescents in the European Union and its Member States.

In addition to the above, European governments can make full use of the **WHO European Region's European Mental Health Action Plan** operational since 2013 (34). Following the agenda set by the WHO Global Mental Health Action Plan (WHA66.8), adhering to the United Nations Convention on the Rights of Persons with Disabilities (2008) and incorporating the conclusions of the European Pact for Mental Health and Well-being (2008), its objectives are to ensure full implementation of the WHO Health 2020 strategy, by taking a coherent approach towards inequities and social determinants, governance, life-course, empowerment, health systems and public health.

While complementary to the EU's approach regarding the child and adolescent population, this Action Plan makes concrete recommendations to:

- provide support for family life, ante-/post- natal care and parenting skills; identify and provide adequate and timely resources to support families that look after children requiring long-term care, including education, relief services and adequate benefits;
- provide opportunities for pre-school education and encourage parents to value the home as a learning environment, through play, reading to children and family meals;
- apply whole-of-community approaches to health, social support and education in areas of multiple deprivation to break the cycle linking poverty, deprivation and poor educational outcomes; offer outreach programmes in areas with a high prevalence of risk populations such as poor and minority groups or homeless people;
- promote lifelong learning: improving literacy, numeracy and basic skills in those who are most deprived and excluded;
- recognise a link between healthy diets and environments by putting emphasis on promoting healthy nutrition and physical activity for all age groups, through sport and other activities, and providing safe play space for children, establishment and protection of healthy places outdoors and contact with nature;
- base community mental health services in accessible settings, close to the most vulnerable groups and provide essential support services; create community services that are age-appropriate and competent to offer early intervention and continuing support to children and young people; remove obstacles to access to services for the most deprived by evaluating transport, finance and availability.

Additionally, in September 2014 the WHO Regional Committee for Europe adopted the **European Child and Adolescents Health Strategy (2015-2020)** (35), where mental health has been made a strategic priority for the years to come.

Conclusions

The existing, newly and continuously emerging evidence on the effect of the ongoing economic crisis and austerity-imposed measures show numerous negative consequences on the mental health and well-being outcomes of the European child and adolescent population. For obvious reasons, in order to adequately and timely address any mental health problems of this age group, mental health services need to be strengthened – and not cut down in terms of resources and importance – and integrated and brought closer to community level interventions. This becomes particularly evident when making sure preventative and promotion of good mental health and well-being of children are to happen.

But more importantly, however, preventative actions should take place outside the health sector itself, which is where the biggest promise for a change rest. Numerous and vital determinants of mental health, resilient and optimal human development of the youngest population group in our societies belong to areas of social welfare and employment policy, early years development, physical environments, justice in access to opportunities and enjoyment of common public goods.

The ongoing economic crisis, by profoundly shifting a value of public goods and political importance of good health, protection of the most vulnerable population groups and investing in the future generation, has – yet again – proved how short-sighted current European and national policy-making can be, how time and financial constraints make the decision-makers and whole societies alike turn a blind eye on limitations instead of opportunities for change. Protection of children against the negative consequences of the crisis should be a necessity, not a luxury if we are to emerge from it whole and strong to take up on the challenges awaiting us.

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