

# Children's Mental Health in Europe: Urgent Gaps and Policy Recommendations

Taken from  
*Unequal Childhoods: Rights on paper should be rights in practice*  
Eurochild 2025 flagship report  
on children in need across Europe



**Eurochild**  
Putting children at  
the heart of Europe

February 2026

# Children's Mental Health in Europe: Urgent Gaps and Policy Recommendations

*On 20 November 2025 - World Children's Day - Eurochild released its flagship report on children in need titled "Unequal Childhoods: Rights on paper should be rights in practice". The report is based on information provided by 84 Eurochild members and contributors in 36 countries across Europe. This sub-report outlines the progress and ongoing challenges affecting children's mental health and well-being across Europe. It highlights the key issues shaping children's mental health, including access to timely, high-quality and preventive mental health support in schools, communities and health systems. It also sets out recommendations to European governments and institutions to ensure the effective fulfilment of children's rights to mental health and well-being, in line with the United Nations Conventions on the Rights of the Child.*

## Introduction

Children's mental health services in Europe are under intense pressure. Without urgent action to expand, coordinate, and invest in services, millions of children face preventable psychological harm. Governments must prioritise child-centred, equitable, and evidence-based mental health systems to safeguard the well-being and rights of all children. This sub-report includes information from 34 countries, provides examples of promising and effective practices, and offers general recommendations to support children's mental health and well-being.

## Key Children's Mental Health Issues across Europe

### Limited Access to Child Mental Health Services:

- School and community-based mental health support is often limited, particularly in rural areas.
- Shortages of child psychologists, psychiatrists, and multidisciplinary teams.

### High Demand, Long Waiting Times:

- Children face delays in accessing care; private services are costly and not accessible to all.

### Lack of Preventive and Early Support:

- Limited early intervention programmes and suicide prevention initiatives.

### Data Gaps:

- National child mental health monitoring is absent or outdated in many countries.
- Vulnerable groups (migrant, refugee, minority, or conflict-affected children) are often under-represented.

**Social and Digital Risks:**

- Poverty, discrimination, school pressure, bullying, cyberbullying, social media, and AI-generated harmful content exacerbate mental health challenges.

**Crisis Impacts:**

- COVID-19, armed conflicts (e.g., Ukraine), and economic instability have worsened children's mental health.

## Recommendations for Policymakers

**1. Expand Access and Coverage:**

- Increase the number of child mental health professionals and multidisciplinary teams.
- Extend services to rural and underserved areas; implement mobile mental health units.
- Ensure trauma-informed, refugee-sensitive, and child-centred approaches.

**2. Invest in Prevention and Early Intervention:**

- Strengthen school-based counselling and low-threshold services.
- Detect mental, behavioural, and developmental challenges early.

**3. Improve Data Collection and Monitoring:**

- Create child-focused national monitoring systems.
- Include disaggregated data and children's voices in surveys and research.

**4. Enhance Coordination and Holistic Support:**

- Integrate health, education, social services, and civil society efforts.
- Adopt rights-based approaches with child and family participation in service design.

**5. Address Inequalities and Emerging Risks:**

- Focus support on vulnerable children: migrant, refugee, minority, children in care, or conflict-affected.
- Reduce school pressure, address bullying, and raise awareness about online harms.

**6. Ensure Sustainable Investment:**

- Provide long-term funding for child mental health services.
- Train, retain, and incentivise professionals, particularly in underserved regions.

Mental health support for children remains insufficient in many countries, with notable gaps in services provided within schools and communities, in rural areas in particular. There is very little preventive support, including suicide prevention. When services are available, there are often long waiting lists, and private provision is expensive.

# Country-Specific Issues and Recommendations on Children's Mental Health

## Albania

Albania lacks a centralised system for child mental health data. The Ministry of Health only records psychiatric cases in hospitals, missing children seen in primary care. Support relies heavily on helplines and online referral platforms. Access to quality healthcare remains unequal, especially in rural and peri-urban areas. Mental health support services for children are either unavailable or only offered through donor-funded projects in a limited number of municipalities. There is an urgent need to reform the mental-health sector to ensure children receive timely, accessible, inclusive and comprehensive care.

## Austria

Austria records regular data and consistently reports high psychological distress among young people, including depression, suicidal thoughts and substance use. Services exist but are insufficient, with long waiting lists and limited access to psychotherapy. COVID-19 significantly worsened mental health outcomes. Expanded school-based psychological support and specialist training are urgently needed. There is a lack of low-threshold therapeutic support; however, the ['Healthy from the crisis' flagship model](#) for low-threshold free psychotherapy for young people is a positive initiative, but requires long-term sustainability.

## Belgium

In Flanders, Belgium, evidence shows rising emotional distress among children linked to schooling pressures, segregation, exclusion, discrimination and punitive approaches in education. Children face stress, anxiety and fear of failure, with vulnerable groups such as young carers, children with disabilities and migrant-background pupils at heightened risk. School environments are often ill-equipped to provide sufficient emotional and psychosocial support. Structural inequities in education and a severe teacher shortage exacerbate challenges to well-being. Children can get support from [Awel](#), a children's helpline. The Centre for Student Guidance supports school-age children and their parents with questions about health problems, vaccinations, feelings of depression, fear of failure, bullying, and much more. Children can also visit a team of doctors, nurses, psychologists, educationalists and social workers for free. Young people up to the age of 25 can stay in an ['OverKop'](#) house, a free, walk-in centre that provides a safe place for fun activities and to seek professional therapeutic help. However, there are increasing and more complex requests; therefore, a more inclusive, rights-based and supportive education system is needed to protect children's mental and emotional health.

## **Bosnia and Herzegovina**

Children in Bosnia and Herzegovina face significant mental-health and emotional-well-being challenges, strongly linked to poverty, social exclusion, discrimination and instability in families and communities. Long-standing structural weaknesses in child protection and welfare systems mean that many children do not receive timely psychological or psychosocial support when they need it. Mental-health and counselling services for children are limited, unevenly distributed and often difficult to access, particularly outside major cities. Schools frequently lack trained psychologists and counsellors, and stigma continues to discourage families from seeking help. Coordination across services remains weak, and there are gaps in data collection, meaning the scale of children's mental-health needs is likely under-recognised. Eurochild member, 'Novi put' operates a specialised counselling centre that provides psycho-social support to children and youth from vulnerable backgrounds, including victims of violence, trafficking, and exploitation. However, such services remain limited and require greater institutional recognition and funding. Bosnia and Herzegovina requires greater investment in accessible, community-based, child-centred mental health and psychosocial support, alongside stronger prevention and early intervention systems.

## **Bulgaria**

Bulgarian members highlight that mental health support is a critical need, yet remains insufficiently prioritised in policy and investment. Children face barriers to participation, discriminatory social environments and weakening protection structures, all of which directly affect emotional well-being. Collecting data on the number of children with mental health difficulties and assessing the effectiveness of existing mental health programmes and services for children should be a government priority. Systematic investment in child mental health services, alongside inclusive education, participation mechanisms and stable protection systems, is essential to address children's psychological vulnerabilities.

## **Croatia**

The Croatian Government collects data on children's mental health, but only children who are registered within the healthcare system. Support for children with mental health issues is mainly through the healthcare system, but staff shortages have created long waiting lists. Mental-health concerns among children include anxiety, emotional distress, behavioural challenges and pressures linked to poverty, family stress and school workload. Services are uneven, with insufficient numbers of child psychiatrists and psychologists. Access is particularly difficult outside major cities. Community-based support remains limited, while stigma still discourages children and families seeking help. More investment in early intervention, school-based psychological support, and regional mental health coverage is needed to ensure timely, non-stigmatising care.

## **Cyprus**

In Cyprus, children's mental health needs are becoming increasingly visible, particularly in relation to stress, anxiety, emotional insecurity and trauma linked to social inequality, displacement and vulnerable family environments. Mental-health services are present but remain fragmented and capacity-limited, especially for specialised child and adolescent support. School systems provide some counselling services, but consistency and reach are uneven. There is a need for walk-in clinics (as per the Ministry of Health's Strategy on Child Health) to ensure that children can receive support and counselling without parental consent. Strengthening integration between education, health and social services, alongside improved data and investment, is essential to ensure quality holistic mental health and psychosocial support for all children.

## **Czechia**

The National Parliament of Children and Youth repeatedly concludes that mental health is children's number one concern. Czechia faces persistent challenges in meeting children's mental-health needs. Many children experience psychological distress linked to poverty, exclusion, academic pressure and discrimination, particularly Roma children and those in institutional care. The transition away from institutionalisation has highlighted the need for stronger community and family-based psychosocial services. Domestic violence - exacerbated by multiple factors (economic, financial, the pandemic, war and climate change) - means that more than 30% of the population needs psychological and psychiatric care, which is rarely available. This has repercussions on children who do not feel safe either within the family or in society, and affects their mental health. Access to child mental-health professionals remains insufficient, and waiting lists are long. More coordinated, preventive, early-support structures and investment in equitable access are required to address widening mental-health inequalities.

## **Denmark**

Many children in Denmark report low life satisfaction, loneliness and stress, particularly those from low-income families. Mental-health support exists through social services and regional psychiatry, but children face long waiting times and weak coordination between services. Schools lack structured mental-health provision. Expanding capacity, reducing delays in accessing services, and ensuring quality integrated support by strengthening coordination among health, education, and social services are key priorities for children's mental health and well-being.

## **England**

Children's mental health in England remains a serious and persistent concern. The latest NHS survey (2023) shows one in five 8-25-year-olds has a probable mental health disorder, with prevalence among 8-16-year-olds significantly higher than in 2017 and now stabilised at historically high levels. Support exists across CAMHS, schools and the voluntary sector,

but access is limited: CAMHS has high thresholds and long waits, and Mental Health Support Teams currently reach only 41% of schools, leaving many children without timely help. Meanwhile, punitive school discipline practices such as rising suspensions, exclusions, and isolation are harming mental well-being, particularly for children in poverty, those with SEND and racialised children, whose needs are often unmet. England faces a widening gap between the increasing mental health needs of children and inadequate support. Urgent action is required to expand early intervention, ensure equitable access to services, embed trauma-informed practice in education, and adopt child-rights-based approaches across justice and policing.

## **Estonia**

Estonia reports significant mental-health concerns among children, particularly anxiety, depression and stress, with gender and socio-economic inequalities clearly shaping outcomes. Digital risks, bullying and school pressures contribute to declining well-being in some groups. While Estonia has improved mental health services for adults, those for children remain underdeveloped. Existing mental health support is provided by mental health centres (mainly in larger cities) and school-based services, but the latter are often overstretched and vary significantly in availability and quality. Positive developments include the implementation of evidence-based mental health and antibullying programmes. Estonia is also investing in teacher in-service training and in strengthening educational leadership. Stronger preventive action, school-level support, early access pathways and regional capacity building are essential to ensure children receive timely help.

## **Finland**

Finland has strong data collection, including on mental health, but limited use of evidence in decision-making and policymaking. Around one-third of girls report moderate to severe anxiety. A new “therapy guarantee” for those under the age of 23, aims to ensure timely access to services within a month. Support is free of charge. The guarantee applies to some psychotherapy within the healthcare system, as well as to short interventions in social services and healthcare. However, gaps persist; child welfare services often compensate for insufficient mental-health resources, and regional disparities remain significant. Increased collaboration and integration between services are needed to address disparities, along with greater consistency and shared approaches across regions.

## **France**

France’s Enabee study, launched in 2022 by Santé Publique France with support from the Ministries of Health and Education, aims to improve understanding of children's well-being and mental health aged 3-11. Covering children from the first year of kindergarten to the fifth year of elementary school, it measures well-being levels and the prevalence of emotional, behavioural, and attention-related difficulties. Initial findings show that just over 8% of kindergarten children have at least one probable mental health difficulty affecting

daily life, while around 13% of elementary-age children present a probable mental health disorder.

## **Germany**

Germany currently lacks a comprehensive, government-led system to monitor children's mental health, and reliable national data remains limited. Independent research, including the [COPSY](#) study, indicates concerning trends. In 2024, 22% of children reported serious psychological distress, 21% a low quality of life, and rising anxiety linked to war, economic instability and climate, alongside increasing loneliness. While younger children (aged 5–11) reported generally positive well-being, overall support systems are under pressure. The government plans a National Strategy for Mental Health in Young People, focusing on prevention and early intervention, but services remain overstretched with long waiting times for therapy and under-resourced school-based support. Strengthening access to psychological care and expanding consistent mental health provision in schools are key priorities.

## **Greece**

Greece lacks systematic, nationwide monitoring of children's mental health, with data collected only intermittently and mainly through isolated studies or NGO reporting. Recent surveys show worrying levels of distress: among 8–17-year-olds, 16% reported anxiety, 10% depression, 14% self-harm, and 9% aggression, while 43% had experienced at least one traumatic event; other research found 60% of children experiencing persistent psychological distress. Children with special educational needs face particularly high vulnerability. Support exists through public and private child mental health services and school-based staff, but long waiting lists, limited staffing, and a lack of permanent school psychologists undermine access. Overall, Greece faces significant gaps in workforce, infrastructure, coordination, and data collection, while migrant and minority children face additional trauma-related mental health risks.

## **Hungary**

Since COVID-19, children's mental health in Hungary has continued to deteriorate, with a growing need but long waiting times for support. A [2024 report](#) highlights worsening trends, including severe school bullying, online abuse, and persistently high cases linked to sexual abuse. Reports of self-harm rose dramatically from 301 in 2020 to 1,627 in 2024, and suicidal crisis calls now average five per day. Meanwhile, service capacity has shrunk, even as demand increased sharply, and there are only around 50–60 practising child psychiatrists nationwide. Strengthened services, earlier intervention and integrated cross-sector approaches are needed to prevent deterioration in children's mental well-being.

## Italy

Italy systematically collects data on children's mental health through national surveys and health monitoring systems, including ISTAT and Ministry of Health studies such as the HBSC survey. Recent evidence shows rising psychological distress, particularly among girls, while helpline data from Telefono Azzurro indicates increasing reports of self-harm, suicidal thoughts and emotional crises. Support is provided through public health services, school psychologists, community mental health centres and NGO-run helplines, but demand highlights the need for stronger prevention and early intervention. New investments, such as the €30 million "Bando BenEssere" programme supporting projects for 11–18-year-olds, aim to improve well-being through multidisciplinary, community-based support, alongside calls to expand access in underserved areas and to strengthen early identification.

## Kosovo

Very few schools have psychologists or counsellors capable of responding to trauma, anxiety and behavioural challenges. Poverty, discrimination and exclusion heighten children's emotional distress, while mental-health and preventive services are extremely limited and unevenly accessible. Mental health remains a taboo topic, and children rarely have someone to talk to about emotional or family challenges. A national expansion of mental-health and psychosocial support is urgently needed.

## Latvia

Latvia has increasingly prioritised monitoring children's mental health since COVID-19, using national studies, clinical data and surveys that directly capture children's experiences. Research shows significant concerns. Girls report more emotional difficulties, boys more behavioural challenges, and large numbers of children experience depression, loneliness, anxiety, sleep problems and self-harm risks. Cyberbullying is widespread and has a severe impact on children's mental health and well-being. The closure of small rural schools means children must travel farther to reach the nearest school, which can lead to additional fatigue and mental health issues. Service demand is rising sharply, with over 13,000 young clients in 2024 and long waiting lists, particularly for mood disorders and self-harm support. Expanded, accessible national mental health services and preventive programmes are urgently needed across Latvia.

## Luxembourg

Luxembourg benefits from strong institutional structures, including the Ombudsman for Children and Youth, which promotes awareness of children's rights and supports environments conducive to well-being. However, persistent violence, inequality and protection concerns highlighted in recent studies showed that emotional security and psychosocial support remain unevenly guaranteed. Girls are reported as worse off than boys, and children's mental health and well-being decrease with age. Children living in poverty are more likely to suffer from mental ill-health. The number of antidepressant

prescriptions for children aged 6-17 increased by almost 50%. Key priorities include strengthening monitoring to inform targeted policies, establishing psychosocial support services in primary schools (as in secondary schools), and promoting early detection through a comprehensive school health approach that integrates mental health and well-being. It is also essential to promote mental health among all children from an early age.

## **Malta**

Mental-health services are available in Malta, but despite growing attention to children's well-being, major gaps remain, including a lack of child-focused Mental Health First Aid training and limited access to professional mental health support in schools. Findings from the [Well-being Index Project](#), which surveyed children aged 7-15, indicate generally high well-being but also highlight key concerns, including limited involvement in family decision-making, social and peer difficulties, academic pressure, bullying, a lack of play spaces, environmental issues, and physical health complaints. Well-being varies by age, gender, and background, with older children, boys experiencing more bullying, girls experiencing negative emotional well-being, and children from poorer, migrant, or disabled backgrounds reporting lower well-being.

## **Moldova**

Children in Moldova face serious and growing mental-health and emotional-well-being challenges, closely linked to high levels of poverty, social hardship and family separation caused by migration. Many children grow up without one or both parents due to labour migration, which contributes to emotional insecurity, anxiety, behavioural difficulties and vulnerability to neglect. Mental-health and psychosocial services for children remain limited, under-resourced and unevenly available across the country, with rural children facing the greatest barriers. There is a shortage of specialised child mental-health professionals, long waiting times and insufficient community-based support. Schools frequently lack trained counsellors and systematic emotional-well-being provision, while stigma continues to discourage help-seeking. Moldova urgently needs stronger investment in accessible, child-centred mental-health services, improved preventive and early-intervention systems and better coordination between education, social welfare and health services to ensure that children's right to mental well-being is realised in practice.

## **Netherlands**

The government does not consistently collect data on children's mental health. [The National Institute for Public Health and the Environment](#) publishes a national mental health monitor every four years, including data on children. Children aged 10–12 rate their mental well-being at an average of 17.2 out of 25. Available support includes “In je bol” (an online platform for young people aged 16–27) and [“PRAATPOWER”](#) (“TalkPower”), which gives children opportunities to discuss challenges and explore solutions to mental health issues.

## Portugal

Eurochild members are not aware of national statistics on children’s mental health in Portugal, although the country does participate in the [WHO Health Behaviour in School-aged Children](#) study. Evidence from the “[More with You](#)” school mental health and suicide prevention programme shows concerning trends. In 2022–2023, around 45% of a sample of 13,000 adolescents displayed depressive symptoms. The national child helpline also reflects high levels of need, with 44% of contacts in 2024 relating to mental health and 17% to violence. Despite mental health services being available free through the National Health System up to age 18, resources remain insufficient, and many children struggle to access timely support, with civil society organisations helping fill gaps. While access has improved somewhat through school psychologists and the TEIP programme in disadvantaged areas, stronger investment and coverage are still needed.

## Romania

Romania reports deep structural challenges affecting children’s mental health, including widespread poverty, social exclusion, institutionalisation legacies and insufficient family and community support services. Many children experience emotional distress linked to neglect, instability and limited access to psychological care. In [2022](#), 33% of children aged 11–15 reported feeling sad several times a week. Almost half had suicidal thoughts at least once, and 21% had felt depressed in the previous six months. Professional capacity remains weak, specialist services are scarce, and waiting times are long, particularly outside large cities. Prevention and early intervention are underdeveloped. Romania requires substantial investment in modern child mental-health systems, for early intervention, training for professionals, school-based support and community psychosocial services.

## Scotland

Scotland collects and publishes children’s mental health data through [Public Health Scotland, national surveys and specialist observatories](#). Services include Child and Adolescent Mental Health Services (CAMHS) [with persistent but improving waiting times](#), secondary school counsellors, and the [Distress Brief Intervention model](#) for 14–18-year-olds, which provides rapid, compassionate crisis support. However, there are major gaps, including insufficient holistic early intervention and prevention, and CAMHS is underfunded.

## Serbia

Children in Serbia face escalating mental health risks linked to online harms, including AI-generated harmful content, gambling, excessive screen time, and social media pressures. Following the 2023 Belgrade school shooting, Serbia launched its first national study on child mental health. Preliminary findings reveal a severe crisis, with 1 in 5 children and adolescents showing signs of psychiatric disorders, 9% reporting suicidal thoughts or attempts and 8.7% showing signs of major depression, particularly among older primary and secondary pupils. Despite rising needs, mental health services are critically under-resourced.

Only 78 of 391 psychologists in primary healthcare work with children and youth, meaning one psychologist per 16,540 children, with even less availability outside Belgrade, where services are often absent or lack capacity. Child rights organisations in Serbia are calling for sustained, systematic funding for child and youth psychosocial and mental health services, an increased mental health workforce, and stronger cross-sector collaboration among health, education, and social services.

## **Slovenia**

Reports from Slovenia's national child helpline TOM show a worrying rise in online risks facing children, including sexual abuse, invasion of privacy, online fraud, unwanted contact, and identity theft. Mental health concerns are also significant, with one in five contacts relating to eating disorders, self-harm, or suicidal thoughts. 95% of children say they cannot talk to their parents about what troubles them, leaving many without support. Although Slovenia has initiatives and services in place, including 22 Centres for the Mental Health of Children and Adolescents (offering multidisciplinary care - psychiatrists, psychologists and social workers) and school-based counselling, capacity remains insufficient, with long waiting times (often over 6 months) and persistent shortages of child mental health professionals. Data gaps also hinder effective policymaking, as available national statistics are outdated. Children themselves are calling for urgent action. At the 2024 National Children's Parliament, they stressed the need to take mental health as seriously as physical health, reduce stigma, lower academic pressure, and improve access to psychological support. Children also demanded faster access to mental health professionals, including psychologists, psychotherapists and psychiatrists. To better support young children in Slovenia, early identification and intervention for developmental delays and mental health challenges need to be strengthened. Detection remains inconsistent, especially outside urban areas, and capacity gaps persist, with too few therapists and developmental teams available to provide timely support.

## **Spain**

Spain is facing a growing mental health crisis among children and adolescents, with evidence showing high levels of distress, particularly among those at risk of poverty, migrant and refugee children, children in care and children with disabilities. Conditions in emergency accommodation centres for migrant children in the Canary Islands are of serious concern, with reports of overcrowding, poor living conditions, limited access to education and recreation, and inadequate mental health support. Across Spain, mental health services remain insufficient, with gaps in public provision forcing many families to rely on unaffordable private care. [Plataforma de Infancia](#) recommends strengthening data collection, ensuring universal access to quality, interdisciplinary mental health services, and investing in support systems for the most vulnerable children to prevent exclusion and long-term harm.

## Sweden

Sweden continues to observe high and rising levels of mental-health concerns among children and young people, including anxiety, stress, depression and psychosomatic symptoms. Mental health concerns are the most common reason children contact [Bris](#), Sweden's national helpline for children, with over 50% of all contacts relating to mental health issues. National surveys consistently show rising levels of anxiety, sleep problems, irritability and low mood among children and adolescents, with adolescent girls particularly affected. Although many young people still report generally good health and life satisfaction, this trend is deteriorating. Broader challenges such as economic strain, excessive screen time, sedentary lifestyles and wider global uncertainty are compounding children's mental distress. Sweden has adopted a new national mental health strategy, but effective implementation is now critical. Persistent challenges include long waiting times for specialised child mental health services and insufficient mental health support within primary care. The healthcare system must work more effectively, with better coordination and fewer silos.

## Switzerland

Although Switzerland has strengthened efforts to collect mental health data, significant gaps remain, especially for children under 12 and for vulnerable groups. Available youth surveys indicate rising anxiety, sleep difficulties linked to screen use and social pressure, loneliness, and digital overstimulation, with girls often more affected. Helpline data also highlights increasing reports of anxiety, depression, family conflict and suicidal thoughts. Support in schools is uneven due to cantonal variation, and mental health statistics are not consistently disaggregated by vulnerability. [Unaccompanied asylum-seeking children](#) in Switzerland face heightened risks of abuse, neglect, trauma and untreated mental health problems, particularly in reception centres where their protection and psychosocial needs may be overshadowed by immigration procedures. To address the gaps in services for children's mental health, [Ariel Foundation International](#) recommends that Switzerland introduce a national mental health monitoring system for children and adolescents and expand support for school-based mental health professionals and peer-led programmes.

## Türkiye

There is no nationwide child mental health monitoring system in Türkiye, and existing data largely relies on adults rather than children's own voices. Services are mainly delivered through hospitals, clinics, NGOs and new multidisciplinary centres, but these are concentrated in urban areas. Severe shortages of child and adolescent psychiatrists result in long waiting times, difficulty accessing appointments, and rushed consultations that undermine the quality of care. Rural access and refugee-sensitive mental health support also remain major gaps. Meanwhile, cyberbullying and Online Child Sexual Exploitation and Abuse are widespread, with adolescents particularly exposed via social media and facing serious mental health risks as a result. Türkiye should establish a child-focused national

monitoring system, expand specialised mental health professionals and service centres, and ensure access beyond cities. Mobile mental health teams could serve resource-poor regions, services must be child-centred to include children’s perspectives, and dedicated, trauma-sensitive support must be strengthened for refugee children.

## **Ukraine**

The mental health of children in Ukraine has been severely affected by Russia’s ongoing invasion. A [2023 survey](#) by the Ukraine Children’s Action Project, involving around 2,000 mothers, found that 55% of children were frightened by loud noises in the past month, and 41% showed irritability or apathy, highlighting the severe impact of the ongoing war on children’s mental well-being, particularly younger children who are highly sensitive to noise. Bullying remains prevalent in schools, affecting children’s mental health and well-being. While counselling and therapy are available through schools and community centres, access remains limited. The Ukrainian Public Health Foundation’s online platform “Support Me” provides consultations with psychologists and doctors for adolescents and offers referrals to offline services. Expanding online mental health support could help bridge service gaps, making care more accessible and responsive to children’s needs. The government should also promote mental health and well-being services by developing and funding comprehensive mental health programmes for children, focusing on trauma support, counselling, and community-based services to address the psychological impacts of poverty and war.

## **Wales**

Wales collects a range of mental health data, including service access, referrals, and suicide rates, which are published through an interactive [Welsh Government dashboard](#). Surveys show that nearly a quarter of adolescents report high levels of mental health difficulties, with girls affected more than boys, and highlight links between mental health, poverty, poor school attendance, and self-harm, particularly among children from low-income households. Support is available through helplines (Childline, [Meic](#), Samaritans), the NHS 111 service for urgent help, and specialist Child and Adolescent Mental Health Services (CAMHS), accessed via health or school referrals. The [NEST](#) framework aims to better coordinate mental health support for babies, children, and families. However, key gaps remain in early intervention, timely access to support, and comprehensive data collection, particularly for identifying inequalities and the needs of vulnerable children.

**For more information, contact:**

Dr Ally Dunhill

Director of Policy, Advocacy and Communications

[Ally.Dunhill@eurochild.org](mailto:Ally.Dunhill@eurochild.org)

**Eurochild AISBL**

Avenue des Arts 7/8, 1210 Brussels

Tel. +32 (0)2 511 70 83

[info@eurochild.org](mailto:info@eurochild.org) – [www.eurochild.org](http://www.eurochild.org)

© Eurochild 2026