THE IMPACT OF MENTAL HEALTH CHALLENGES ON THE ENJOYMENT OF HUMAN RIGHTS.

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European Students' Forum
Association des **E**tats **G**énéraux des **E**tudiants de l'**E**urope

ABSTRACT

This report is complementary to the source:

AEGEE-Europe's contribution to the United Nations OHCHR for the 2026 Human Rights Council Resolution 57/30 - Study on the impact of mental health challenges on the enjoyment of human rights by young people.

This report synthesizes findings from AEGEE-Europe's and YOUTHreach's network, and situates them within the broader landscape of global evidence. It argues that youth mental health must be understood as a human rights issue requiring coordinated, well-funded, and youth-led responses. The first half of the report provides a theoretical foundation, while the second half identifies research gaps, and areas for future study.

AEGEE-Europe
contact@aegee.eu
Rue du Noyer / Notelaarsstraat 55 1000 Brussels, Belgium

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AEGEE-Europe
contact@aegee.eu
Rue du Noyer / Notelaarsstraat 55 1000 Brussels, Belgium

1.INTRODUCTION

The World Mental Health Report (World Health Organization, 2022) describes mental health as an integral component of health and well-being. Rather than being defined by the absence of illness, mental health reflects a person's ability to function, adapt, and flourish within the social environments that shape their lives.

It is estimated by the World Health Organization (WHO, 2021) that one in seven adolescents between ten and nineteen years old, experience a mental disorder, with depression and anxiety among the leading causes of illness and disability in young people. Accounting for 13% of the global burden of illness in this age group. These conditions often emerge during adolescence and early adulthood, a period marked by rapid social, emotional, and cognitive development, and can have lifelong consequences if left unaddressed.

Garson, Lenoir, & Jarrett (2022) argue that distress after difficult or traumatic experiences can sometimes become a turning point in a person's life, prompting reflection, resilience, and personal transformation. When individuals are supported in ways that respect their autonomy and dignity, they are better able to understand their experiences and define what recovery means for them. Approaches grounded in human rights and centered on the person's own goals are essential to ensure that support is meaningful and empowering.

Mental health and well-being are also fundamental to broader social and economic development. When people experience mental health challenges or psychosocial disabilities, they often face a heightened risk of poverty, poorer physical health outcomes, and reduced access to stable income, education, and other essential resources (Lund et al., 2010). These inequalities reinforce one another, making it more difficult for individuals to participate fully in society and to secure the conditions necessary for a dignified life.

The importance of addressing youth mental health extends beyond individual well-being. Mental health is foundational to human development, social cohesion, and democratic participation. When young people are unable to access adequate support, the consequences reverberate across society: reduced educational attainment, lower workforce participation, increased social exclusion, and weakened civic engagement. As the UN High Commissioner for Human Rights has emphasized, "mental health is a human right, and its realization is essential for the exercise of all other rights" (OHCHR, 2023). This framing compels governments and institutions to move beyond fragmented or medicalized approaches and adopt comprehensive, rights-based strategies that address both the symptoms and the structural determinants of mental health.

1.1 HUMAN RIGHTS FRAMEWORKS AND OBLIGATIONS

International human rights law provides a clear normative framework for understanding and responding to these patterns. Under the International Covenant on Economic, Social and Cultural Rights, states must ensure the right to the highest attainable standard of physical and mental health, operationalized through the availability, accessibility, acceptability, and quality (AAAQ) of services. The Convention on the Rights of Persons with Disabilities (CRPD) goes further by requiring the transformation of mental health systems away from coercion and segregation and toward community-based, rights-respecting support.

A WHO guide on mental health and human rights (2023) and an OHCHR (2023) stresses that these obligations extend beyond clinical care to the social determinants that shape mental well-being, education, housing, income security, protection from violence, and non-discrimination. It also underlines that children and young people are rights-holders in their own right and must be meaningfully involved in decisions that affect them.

1.2 ABOUT AEGEE-EUROPE AND YOUTHREACH

AEGEE-Europe (European Students' Forum) is one of the largest interdisciplinary, student-led organizations in Europe, bringing together young people from across more than 30 countries through a network of over 100 local branches and approximately 10,000 active volunteers. Founded on principles of youth empowerment, democratic participation, and European integration, AEGEE-Europe works to strengthen young people's capacity to influence policy, advocate for their rights, and contribute to a more inclusive and equitable society. Headquartered in Brussels, the organization engages directly with European institutions, civil society actors, and grassroots communities, ensuring that the perspectives and lived experiences of young people are represented in policy debates at local, national, and international levels.

This report has been prepared in partnership with YOUTHreach, a research project funded by the European Union, dedicated to improving early access to mental health support for young people across Europe.This Horizon+ project emphasizes prevention, early intervention, and the reduction of stigma, while advocating for systems that recognize the structural and social determinants of mental well-being. The project places strong emphasis on co-creation and participatory research and works directly with academic partners to generate evidence on youth mental health needs, barriers to care, and three effective early-intervention models. At the same time, it engages young people as equal contributors in the design, testing, and evaluation of its interventions, ensuring that the solutions developed are grounded in real experiences and responsive to diverse needs.

2. METHODOLOGY

The information presented is based on a structured online survey that collected data from AEGEE-Europe's network and the YOUTHreach consortium members.

The findings offer insight into the lived experiences of mental health professionals and young people across Europe regarding mental health challenges and their impact on the enjoyment of fundamental human rights. The questionnaire combined six quantitative (multiple-choice) and qualitative (open-ended) questions.

3. RESULTS

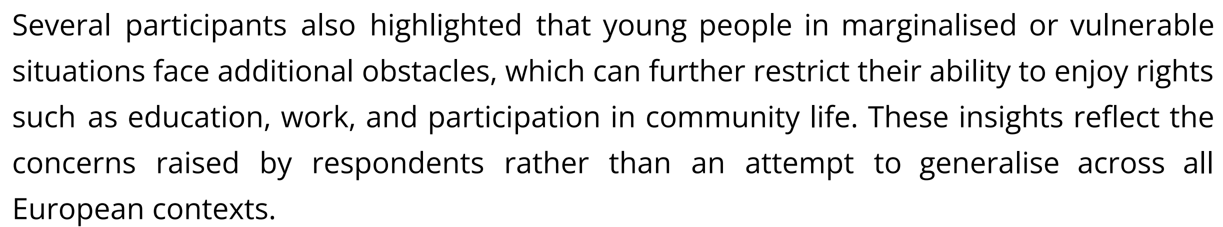
The findings presented here are derived from a small, self-selected group of respondents (n=15), including both young people and mental health professionals. While the sample is not representative of all young people in Europe, the responses offer valuable qualitative insights into the main concerns and recurring themes raised by participants.

Most participants were between 22 and 30 years old (76%), with a predominantly female sample (87%). All participants identified as caucasian, and the majority reported no religious affiliation. Sexual orientation varied across the group, and two participants indicated living with a disability. Demographically, they came from several European countries, including Germany, Hungary, Portugal, Romania, Bulgaria, and Austria.

We requested responses from young people residing in Europe, around 80% of respondents did not have formal training or professional experience in the mental health field, while 20% identified as mental health professionals working with young people in Europe, with backgrounds in child and youth psychology, clinical practice, or research.

3.1. KEY MENTAL HEALTH CHALLENGES IDENTIFIED

Across the survey, participants consistently described young people's mental health as shaped by a combination of personal pressures, social expectations, and broader structural conditions. Academic workload, job insecurity, financial stress, and limited access to support services were the most frequently mentioned contributors to poor mental health. Respondents commonly referred to experiences of anxiety, depression, burnout, and stress.



Several participants also highlighted that young people in marginalised or vulnerable situations face additional obstacles, which can further restrict their ability to enjoy rights such as education, work, and participation in community life. These insights reflect the concerns raised by respondents rather than an attempt to generalise across all European contexts.

3.2. PERCEPTIONS OF GOVERNMENT ACTION

The participants described government action on youth mental health as uneven across countries. Some noted positive steps, such as awareness campaigns, school-based initiatives, or national mental health strategies, while others felt that existing measures were limited, poorly communicated, or insufficiently implemented. Because the survey did not collect detailed country-by-country data, the findings should be interpreted as perceptions rather than a comparative assessment of government performance.

A notable number of respondents reported being unaware of any policies or programmes in their country, suggesting that even where initiatives exist, they may not be visible or accessible to young people.

3.3. BARRIERS TO ACCESSING MENTAL HEALTH SUPPORT

Respondents identified a range of barriers that make it difficult for young people to access mental health support. These concerns fell broadly into four dimensions:

- Availability: shortages of professionals, long waiting lists
- Accessibility: financial costs, geographic distance, limited service hours
- Acceptability: stigma, cultural expectations, fear of judgment
- Quality: inconsistent standards, lack of youth-friendly approaches

Participants emphasised that these barriers often interact: for example, long waiting times combined with high costs or limited local services, making it harder for young people to receive timely and appropriate support. These concerns were especially pronounced for marginalised groups.

3.4. AWARENESS OF LAWS, POLICIES, AND YOUTH INVOLVEMENT

Young people from the survey mentioned several examples of national strategies or reforms aimed at improving mental health services for young people. However, youth involvement in shaping these measures was perceived as limited, and many participants were unsure whether such policies existed in their own country. This suggests a gap not only in implementation but also in communication and public awareness.

3.5. PERCEPTIONS OF FUNDING AND RESOURCE ALLOCATION

Survey responses indicated that many young people find it difficult to understand how mental health services, particularly youth-specific services, are funded at the national level. Several respondents expressed uncertainty about whether dedicated budgets exist or how resources are allocated. This reflects a visibility and transparency issue rather than a claim about the overall availability of funding, especially given the significant investment in EU-level projects.

3.6. PRIORITIES IDENTIFIED

When asked what should change to ensure that young people can fully enjoy their right to mental health, respondents highlighted several recurring priorities. Their answers reflected a strong desire for services that are easier to access, more youth-friendly, and better adapted to the realities young people face. Many participants stressed the importance of expanding community-based support and creating environments where young people feel safe, respected, and understood. They also emphasised the need for earlier intervention, particularly in schools and universities, where mental health challenges often emerge but support remains inconsistent.

Several participants pointed to broader structural issues that shape young people's well-being, such as poverty, discrimination, housing insecurity, and precarious employment. They felt that mental health policies cannot be effective unless these underlying conditions are addressed. Another recurring theme was the shortage of trained mental health professionals, which contributes to long waiting times and limited availability of specialised care.

The responses also expressed a clear wish for young people to be more meaningfully involved in shaping mental health policies and programmes. They felt that youth participation is often symbolic rather than substantive, and that policies would be more effective if young people were included as co-designers rather than passive beneficiaries. Finally, many participants highlighted the important role of civil society organisations in raising awareness, reducing stigma, and offering peer-based support, and they encouraged stronger collaboration between governments, institutions, and youth-led groups.

4. MENTAL HEALTH AND HUMAN RIGHTS: CONTEXT AND ANALYTICAL FRAMEWORK

4.1 IMPACT ON HUMAN RIGHTS ENJOYMENT

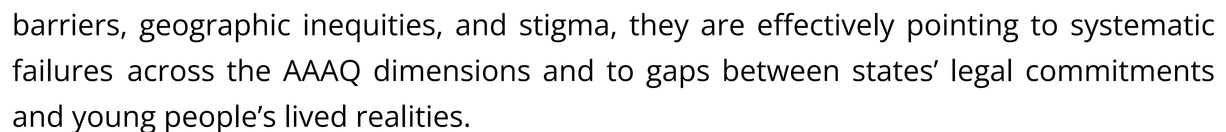
Under international human rights law: Article 12 of the International Covenant on Economic, Social and Cultural Rights (1966), young people are entitled to the highest attainable standard of mental health. However, mental health challenges across Europe can be limiting to their ability to fully exercise their rights. While policy frameworks exist in several countries, persistent barriers, including insufficient funding, workforce shortages, and limited access to services, continue to prevent many young people from receiving adequate support. Ensuring that young people can fully enjoy their right to mental health requires sustained political commitment, targeted investment, and inclusive policymaking processes that actively involve youth themselves. Correlate with our findings

Although mental health legislation is often introduced to organise services and safeguard rights, these frameworks frequently reveal enduring conflicts between clinical practice and human rights norms, showing that legal reform alone cannot resolve the deeper structural tensions embedded in mental health systems (Gooding, 2017).

Many modern mental health laws still treat people with mental health diagnoses as having fewer rights. Even when these laws use 'human-rights' language, they tend to justify reduced protections for people diagnosed with mental health conditions, affecting core rights such as informed consent, privacy, liberty, bodily integrity, and access to justice, leading to reinforcement of harmful stereotypes, like the idea that people with mental health conditions are dangerous or incapable, which leads to ongoing discrimination (Kay, 2021).

Mental health laws have often been used in ways that give certain groups less power and fewer rights. Instead of protecting people, these laws can reinforce existing inequalities in society. For example, research shows that women and girls, especially those with disabilities, have historically been subjected to decisions about their bodies without their consent, including forced contraception, sterilization, or abortion, often justified as being in their "best interests" or to protect their mental health (Hellum Braathen et al., 2017). These practices violate basic rights to bodily autonomy and informed consent.

Children and adolescents face similar problems. Many mental health laws do not fully respect young people's ability to express their views or participate in decisions about their care. When AEGEE-Europe participants describe long waiting lists, financial



barriers, geographic inequities, and stigma, they are effectively pointing to systematic failures across the AAAQ dimensions and to gaps between states' legal commitments and young people's lived realities.

The limited awareness of existing policies and funding reported in the survey also speaks directly to human rights principles of transparency, participation, and accountability. If young people do not know which services exist, how they are funded, or how to influence them, then core procedural aspects of the right to health remain unfulfilled, even where formal strategies or action plans are in place.

Across the fifty-two countries examined by Noroozi et al., only eleven had a defined minimum age for consenting to mental-health treatment, and in many of these, the consent age did not align with other legal standards. These inconsistencies limit young people's autonomy and fail to recognise their evolving capacities (Noroozi et al., 2018). These laws have also enabled the institutionalization of children in psychiatric or social care facilities, where services hold significant power over their lives. Such placements can separate children from their families and communities, undermining their rights to family life, participation, and development.

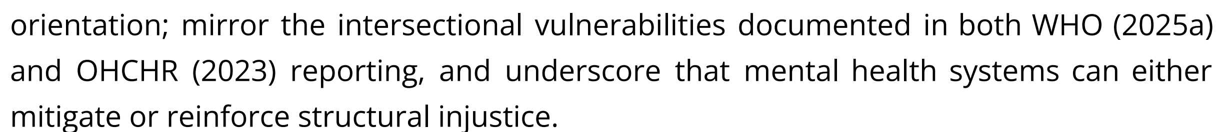
4.2 MENTAL HEALTH CHALLENGES AMONG YOUNG PEOPLE

On theLancet Regional series by Tarasenko et al., it shows that most mental disorders begin before adulthood, are highly disabling, and are being intensified by COVID-19, armed conflict, the climate crisis, and unregulated digital environments.

The Health Behaviour in School-aged Children (HBSC, 2024) survey, covering Europe, Central Asia and Canada, documents marked increases in self-reported psychological complaints, loneliness, and stress among adolescents, with clear social gradients by family affluence, gender and migration background. Editorial work in the *European Journal of Public Health* by Lindert et al. (2023), similarly frames youth mental health conditions as a growing public health concern, stressing that they are closely linked to social determinants such as poverty, educational pressure and precarious labour markets.

Against this backdrop, AEGEE-Europe's findings are not an outlier but an illustration of these trends. Participants' report distress experiences that mirror the symptom patterns described in WHO (2025a) and HBSC (2024) data.

The young people in the survey give these dynamics concrete form: they describe how distress interferes with studying, working, engaging in civic life, limited access to services and feeling safe in public spaces. Their accounts of marginalized youth facing compounded barriers; because of disability, migration status, gender identity or sexual



orientation; mirror the intersectional vulnerabilities documented in both WHO (2025a) and OHCHR (2023) reporting, and underscore that mental health systems can either mitigate or reinforce structural injustice.

When support is inaccessible, coercive, or stigmatizing, it does not merely fail to help; it actively undermines rights and dignity.

According to the WHO report on Mental health of adolescents (2025b), behavioural disorders, including ADHD and conduct disorder, tend to appear earlier and can disrupt education and social development. Eating disorders often emerge in mid- to late adolescence, disproportionately affecting girls and carrying some of the highest mortality risks of any mental health condition. Risk-taking behaviours frequently begin during adolescence and can have long-term consequences for health and well-being.

Supporting adolescents' mental health requires approaches that strengthen their ability to manage emotions, cope with stress, and build resilience, while also creating supportive environments across schools, communities, social services, and digital spaces. Reaching the most vulnerable young people means using multiple platforms and early identification of emerging difficulties. When adolescents do need care, responses should prioritise psychosocial, non-pharmacological support, avoiding unnecessary institutionalisation, and fully respect children's rights in line with international human rights standards (WHO 2025b).

4.2.1 GENDER DISPARITIES

Gender differences also emerged as a significant dimension of young people's mental health. According to the conclusions of WHO (2025a), in the European Region, girls and young women are more likely to be living with a mental health condition than boys and young men, and this gap widens with age. Among those aged 0 - 19, 14.79% of females are living with a mental health condition compared with 12.99% of males. The divide becomes particularly stark in late adolescence: at ages 15 - 19, one in four females (25.86%) is affected, compared with one in five males (19.06%). In younger age groups, the difference is smaller but still present, with 11.09% of girls aged 0 - 14 living with a mental health condition compared with 10.95% of boys.

These gendered patterns are also reflected in specific diagnoses. Anxiety disorders show the most pronounced disparity, with rates among females almost double those of males (9.14% compared with 5.27%). By contrast, attention deficit/hyperactivity disorders are more than twice as common in males (2.39%) as in females (0.92%). Substance use conditions follow a similar pattern: 1.00% of males aged 0 - 19 live with a substance use disorder compared with 0.55% of females, with higher rates for both alcohol and drug use among males.

AEGEE-Europe
contact@aegee.eu
Rue du Noyer / Notelaarsstraat 55 1000 Brussels, Belgium

4.3 WHY MENTAL HEALTH IS A HUMAN RIGHTS ISSUE

The empirical picture described above makes clear why mental health cannot be treated as a purely biomedical or individual issue. When one in seven children and adolescents lives with a mental health condition, and suicide is the leading cause of death among young adults the consequences are not confined to symptom burden they directly affect the enjoyment of rights to life, education, work, participation and non-discrimination (WHO, 2025b).

Research consistently shows that mental health problems in adolescence are associated with early school leaving, lower educational attainment, unemployment and social exclusion in adulthood. The Lancet Commission on global mental health and sustainable development (2018) explicitly links youth mental health to disrupted developmental trajectories and lost opportunities for social and economic participation.

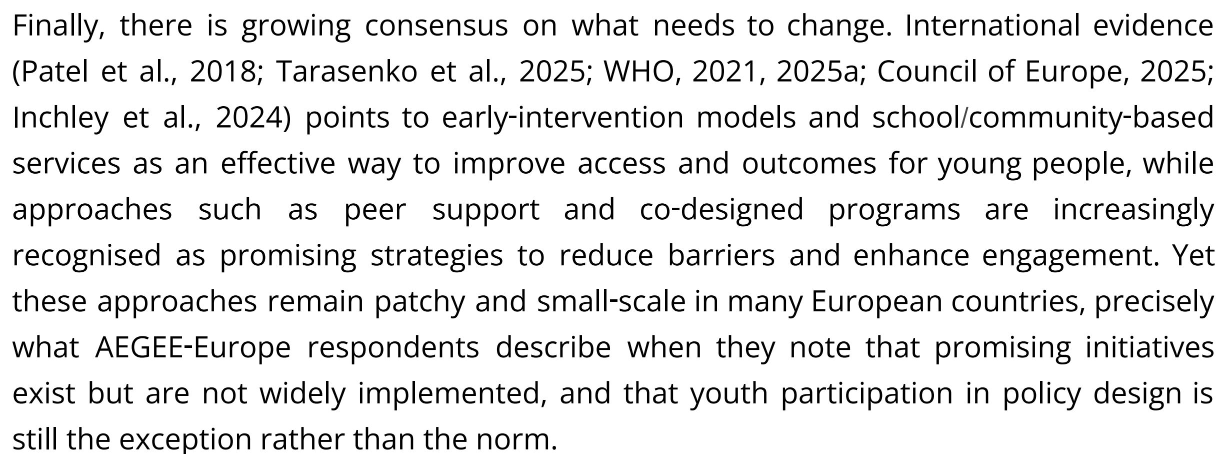
4.4 EXISTING RESEARCH AND GLOBAL TRENDS

A growing body of research converges on several key trends that resonate with AEGEE-Europe's assumptions.

There is robust evidence that youth mental health problems are increasing in prevalence and severity. The Europe child and youth mental health report (2025a) synthesizes regional data to show rising rates of diagnosed conditions, self-harm and suicide, with particularly high burdens among adolescent girls and young women.

Large comparative surveys such as the HBSC (2021) clear social gradients: adolescents from less affluent families, with migrant backgrounds or experiencing bullying and violence report substantially worse mental health. This aligns with participants' emphasis on economic insecurity, precarious employment and discrimination as core drivers of distress. Their accounts of structural barriers, housing instability, insecure work, lack of social protection, are not anecdotal noise but empirically supported determinants of mental health.

Global monitoring shows that mental health systems remain structurally under-resourced. The Mental Health Atlas reports that mental health receives only a small fraction of health budgets, with even less earmarked for children and adolescents, and that services are heavily skewed toward hospital-based care rather than community-based, youth-friendly support. AEGEE-Europe's findings on long waiting lists, shortages of professionals, and opaque or non-existent youth-specific budgets are a direct manifestation of this underinvestment.



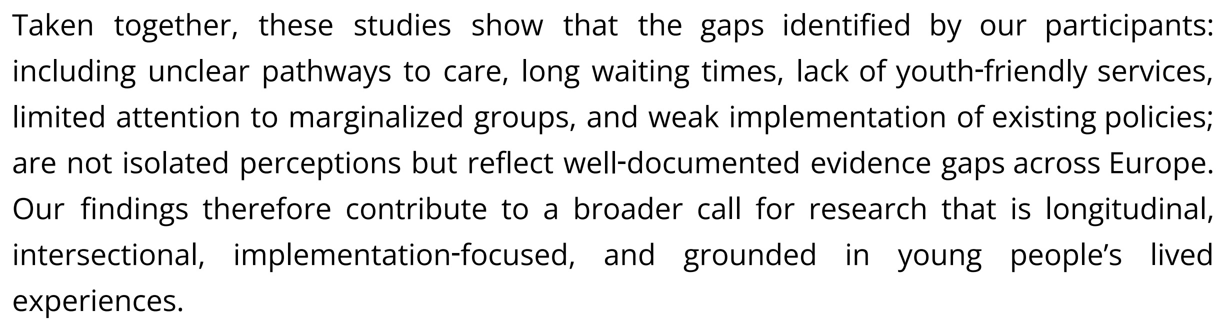
Finally, there is growing consensus on what needs to change. International evidence (Patel et al., 2018; Tarasenko et al., 2025; WHO, 2021, 2025a; Council of Europe, 2025; Inchley et al., 2024) points to early-intervention models and school/community-based services as an effective way to improve access and outcomes for young people, while approaches such as peer support and co-designed programs are increasingly recognised as promising strategies to reduce barriers and enhance engagement. Yet these approaches remain patchy and small-scale in many European countries, precisely what AEGEE-Europe respondents describe when they note that promising initiatives exist but are not widely implemented, and that youth participation in policy design is still the exception rather than the norm.

Taken together, the external evidence base provides a powerful lens through which to interpret AEGEE-Europe's data. Rather than standing alone, the voices of participants sit squarely within a well-documented pattern: rising distress, deep social gradients, chronic underinvestment, and slow progress toward rights-based, youth-centred systems. Their testimonies are not merely illustrative; they are contemporary, lived confirmation of what the research has been warning for years.

5. AREAS FOR FUTURE STUDY

Across the European evidence base, several authoritative studies highlight persistent gaps in youth mental health research that closely mirror the experiences reported by our participants. Tarasenko et al. (2025) noted that although most mental health conditions begin before age twenty five, data on service access, quality of care, and real-world outcomes for young people remain fragmented and incomplete, limiting the ability to evaluate whether systems are meeting youth needs. The Council of Europe's Mapping of Youth Mental Health Policy Frameworks (2025) similarly identifies major gaps in implementation research, stressing that many countries have policies on paper but little systematic evidence on how these policies are enacted, who they reach, or whether they reduce inequalities. They also highlight a lack of disaggregated data on marginalized groups, making it difficult to understand how discrimination, migration status, disability, or socioeconomic disadvantage shape mental health trajectories. The WHO (2025a) report reinforces these concerns, pointing to inconsistent national monitoring systems, limited evidence on youth-friendly and community-based models, and insufficient research on early-intervention pathways, despite widespread recognition that early support is critical. Finally, Lindert et al.'s editorial work argues that youth mental health research remains dominated by cross-sectional studies and individual-level risk factors, leaving significant gaps in longitudinal, intersectional, and structural research that examines how social determinants and inequalities accumulate over time.

AEGEE-Europe
contact@aegee.eu
Rue du Noyer / Notelaarsstraat 55 1000 Brussels, Belgium



Taken together, these studies show that the gaps identified by our participants: including unclear pathways to care, long waiting times, lack of youth-friendly services, limited attention to marginalized groups, and weak implementation of existing policies; are not isolated perceptions but reflect well-documented evidence gaps across Europe. Our findings therefore contribute to a broader call for research that is longitudinal, intersectional, implementation-focused, and grounded in young people's lived experiences.

6. CONCLUSION

This report reinforces what a wide range of European and international studies have already documented: youth mental health is shaped by structural conditions, unequal access to support, and persistent gaps between policy commitments and lived reality. Young people in our network described academic pressure, financial insecurity, discrimination, and limited access to youth-friendly services as central contributors to distress. These experiences echo the broader evidence base, which shows rising psychological complaints, stress, and loneliness among adolescents across Europe (Inchley et al., 2024), and highlights the strong influence of social determinants such as poverty, exclusion, and precarious work on mental health outcomes (Lindert et al., 2023).

Despite clear human rights obligations under instruments such as the ICESCR and CRPD, young people continue to face barriers across all dimensions of availability, accessibility, acceptability, and quality. Long waiting lists, financial and geographic obstacles, and a lack of youth-appropriate services reflect systemic shortcomings that have also been identified in regional assessments. For example, the Council of Europe (2025) notes that many countries have youth mental health policies on paper but little evidence on implementation, coverage, or effectiveness, while WHO (2025a) highlights inconsistent monitoring systems and limited data on service quality for children and young people.

Taken together, the evidence suggests that improving youth mental health in Europe is not simply a matter of expanding clinical services. It requires systemic reform, sustained investment, and a shift toward approaches that recognize mental health as a human rights issue; one rooted in dignity, equality, and the social conditions that allow young people to thrive. This report contributes to that effort by amplifying young people's voices and situating their experiences within the broader landscape of structural determinants, rights obligations, and persistent research gaps.

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