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# A Generation in Crisis: Understanding the Rising Rates of Mental Health Issues Among Adolescents in Europe

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**Abstract:** The adolescent mental health crisis in Europe has reached critical levels, with rising rates of anxiety, depression, self-harm, and suicide. The COVID-19 pandemic has contributed heavily to this crisis since it put a kink in the education, socialization, and general well-being of adolescents. The article discusses the causes of the mental health crisis of adolescents in Europe and pays attention to pandemic influence, gender-related mental health issues, social-economic inequalities, and the influence of social media. It is found to be the most vulnerable age, at which girls themselves are not immune to mental health problems and body image pressures and other social conditions that factor heavily. Besides, the access to mental health services by adolescents in the low socio-economic status is more problematic, which widens the disparities in mental health outcomes. The research denotes the necessity of special measures, an increase in access to services, gender-sensitive initiatives, and more mental health education in education. Finally, the article states that there is an urgent need to fight against these increasing challenges and lessen the effects of mental illnesses on European youth in the long run.

**Keywords:** Adolescent Mental Health; COVID-19 Impact; Gender Disparities; Socio-economic Factors; social media and Mental Health

## 1. Introduction

The trend in the increasing rates of mental problems that are affecting adolescence in Europe constitutes a crisis that is growing over the years. This pandemic is marked by the growing rates of anxiety, depression, and suicide among the youth, with dire implications on not only individual health but also general health in society. As a dramatic shift in psychological, emotional, and social development, adolescence has always been the stage when issues of mental health may arise. Nevertheless, the current developments are indicative of the fact that the stress mounted on modern youth is unlike stress levels among the earlier generations. This problem has deteriorated in the last 10 years, and the COVID-19 pandemic has served as a powerful catalyst to an already erupting situation [1,2].

Although the problem of mental health among adolescents is a subject of concern, it is necessary to pay more attention to how this area has been aggravated over the past few years. As recently reported, there has been a drastic increase in the volume of adolescents in Europe suffering mental health disorders. It was found out that the prevalence of anxiety disorders and depression, as well as the rates of self-harm, are historic high. Indeed, the most recent report on mental health by the European Union uncovers that more than one in every five populations of people aged 15 to 24 years have had some mental health conditions. Moreover, suicide is also one of the top death rates among adolescents in Europe, and the rates are especially alarming among adolescent girls [3].

The mental health burden on the young population is worsened by the COVID-19 pandemic, which adds to the difficulties. Some of the stressors that affected the mental health of adolescents related to social isolation, school

shutdown and disruption of routines. The pandemic brought to light various issues facing many young individuals, such as academic pressure, family instability, and social anxiety, among others. Specifically, switching to online education and losing in-person connection with peers and educators has made many adolescents lonely and out of touch. What is more, the young people have encountered additional levels of anxiety and depression caused by the uncertain future, the lack of financial stability, and the exposure to the distressing news about the pandemic. These, in combination with pre-existing mental health problems, have left us with a psychological storm to endure [4].

Although the influence of the pandemic on the mental well-being of adolescents is great, one should note that the crisis of mental health of youth did not start with COVID-19. There have been many causes, both social and psychological, that have caused an increase in mental health problems over the past years. More specifically, the always-available nature of social media has been attributed to the rise in instances of inadequacy, body image, and bullying. The current world is progressively becoming digitalised, and it is during such a developmental stage that adolescents, especially those between 12 and 18 years, are coming of age. A desire to create an ideal digital version of oneself has also added weight to mental health, as has the process of comparison with peers and influencers. Researchers have discovered that anxiety and depression become common among teenagers who spend more time on social media. Moreover, an increase in cyberbullying has intensified the alienation and unhappiness of most youths. The type of reasons that have brought about the crisis is the rising academic pressures among adolescents. The stress to do well in tests, gain entry into a university and prepare oneself in an employment world that is very competitive is enormous in many European countries. According to these expectations, many adolescents develop a sense of incompetence, anxiety and failure phobia. Such pressures are aggravated by the problem of dealing with extracurricular activities, part-time jobs, and personal relationships. Modern life and the nature of being a teenager have put many people under the pressure of life and have left them under-equipped with the means to fight the challenges of life [5].

The issue of gender also goes a long way in the crisis of adolescent mental health. It has been found that teenage girls are very susceptible to mental health issues, as they present with an increased rate of anxiety, depression, and self-harm, unlike boys. The causes of these gender differences are very complicated. There are other pressures on teens, especially girls, depending on the social and cultural expectations of what they should be like, as well as processes related to gender roles, body image, and self-worth. In addition, a person may feel unsafe due to puberty, its physical and emotional changes. These two have come together to render the adolescent girls more prone to the current mental health crisis that is taking a toll in Europe. The relevance of dealing with this problem cannot be overestimated. Mental health amongst adolescents is an inherent part of their general development and well-being. Failing to treat mental health challenges during the adolescent stage may impose serious longer-term outcomes in the later educational system, future employability, and even relationships. Besides, the prevalence of chronic mental conditions during old age may be a demonstration of untreated mental illness during adolescence, since it adds a huge load on the health system and society, in general [6].

The article will discuss the current increase in the incidence of mental health problems in adolescents in Europe, paying closer attention to the contributing factors to the crisis (such as the COVID-19 pandemic, gender-related dynamics, and socio-economic disadvantages). Through reviewing already published data and case studies from different countries in Europe, this study will be able to provide a clear picture of the mental predicaments that European youths are currently facing. In the end, it is expected to become more familiar with the specifics of the crisis and examine the possible interventions that can be implemented to reduce the psychological distress of young individuals in the European region [7,8].

## **2. Literature Review**

### **2.1 Historical Context of Adolescent Mental Health**

This section of the literature review follows the historical development of mental health problems in adolescents, paying attention to developments and problems experienced before the pandemic. This section aims to establish the history, the history of mental illnesses that have long been faced by adolescents, so that we can determine the trends of mental disorders, e.g. anxiety, depression and self-harm, that have occurred in the past decades. As an example, study materials reported over the years that there is an increased prevalence of mental health concerns when it comes to adolescents because of the changes, peer pressure, and educational pressure. The same historical context can be used to lend weight, however, to the idea that what we are going through in the

current crisis is not a one-off phenomenon, but a continuation of existing problems. The most important articles spent in previous years will be mentioned here so that one can see how different these challenges have changed through time [9].

## **2.2 The COVID-19 effects on mental health**

It is quite obvious that the COVID-19 pandemic deserves to be blamed because of its substantial contribution to impairing the mental health of European youth. The level of disruption of the lives of adolescents and exacerbation of mental disorders during the pandemic is reviewed in this section. Lockdowns, which promote isolation, feelings of uncertainty toward prospects, a sudden switch to online education, and a loss of social life have contributed to an increase in anxiety, depression, and suicidal desires among the youth. The review would revolve around the research and surveys that have been carried in before and after the pandemic, and they have demonstrated that adolescents have developed more distress, especially regarding their social lives, education, and mental health. Particular consideration would be granted to the lockdown periods, when lots of young people had little to no possibilities of relating with peers or supporting their mental condition with the help of the regular means of mental health support services. Economic instabilities increased during the pandemic as well, which would have contributed to mental health issues, especially with teens with lower socio-economic status [10].

## **2.3 Anxiety, Depression and Suicide Prevalence**

In this part, the review of literature extends to the rate of prevalence rate of certain mental health conditions, specifically anxiety, depression, and suicide among teenagers. Studies have always indicated that anxiety and depression have increased tremendously in recent years. This section of the review would provide statistical data to explain how these rates have been on the rise in Europe and mention studies that concentrate on different countries or regions. Remarkably, there is an indication of a high prevalence of suicide among the youths as well, and suicide is one of the leading causes of death among the youths. The review would look into the trends and also factors leading to the rise in such issues, especially the contribution of social, academic and family pressures. It will also make some comparisons of various countries in order to point out the differences in the whole of Europe, thereby showing which nations are most prone to the crisis [11].

## **2.4 Trends by gender: Gender-Specific Trends**

The important feature of the adolescent mental health crisis is the gendered disparities in prevalence and experience of mental health problems. It has been demonstrated in many studies that adolescent girls, as compared with boys, are disproportionately affected by issues with anxiety and depression as well as self-harm. This section of the literature review will examine the reason behind this gender difference. Such aspects as societal expectations of body image, peer pressure or social media, gender roles, and hormonal shifts during puberty predispose adolescent girls to be more vulnerable. It has also been proven that girls do internalize stress more as compared to boys, and this makes them develop higher levels of anxiety and depression. The mixture of gender, social norms, and mental health would be addressed in this section, along with insights into the risks of this situation occurring in girls, especially [12].

## **2.5 Socio-economic factors**

Poor adolescents are more likely to experience more problems in their mental health. In this part of the literature review, the problem of poverty, inequality, and inaccessibility of healthcare in exacerbating mental health problems among young people will be discussed. Financial conditions, such as a lack of financial stability and provision, as well as their role as an additional stressor affecting the family, are related to economic conditions. Financial insecurity, absence of access to education, inability to attain social support networks, etc., are some of the reasons why adolescents in homes with low economic status will have concerns about anxiety and depression, as well as other mental disorders. The literature included in the review would cite other studies' emerging results to prove that socio-economic status has the potential to influence the results of mental wellbeing among adolescents and be the basis of the mental health crisis development [13].

## **2.6 Current Interventions and Their Efficiency**

The last part of the literature review is dedicated to the given support systems of mental health and interventions that are able to help with the issue of the adolescent mental health crisis. Such interventions can involve

counselling services, the school mental health programs, government-based programs, as well as community outreaches. The literature review would discuss the success of these interventions, pointing out their success and failures. As an example, although school-based programs are feasible in implementing early intervention, many adolescents continue to encounter many forms of barriers in accessing mental health care, such as stigma, extensive waiting time, or the inability to gain access to mental health care services. In this component of the review, the review would evaluate the effectiveness of current interventions in addressing the needs of young people and the importance of allocating more resources to the mental health of adolescents [14].

### **3. Methodology**

The Methodology section describes the research undertaken for this study in a comprehensible manner, thus giving a clear pattern of how the findings and conclusions are obtained based on the existing data. The methodology in this case concerns the literature review of the S studies and previously published data, as per the request. And this is what every subheading has to explain in detail:

#### **3.1 Case Studies**

Summary of pre-selected case studies on Mental health of teens in Various European countries:

This section of the methodology will present the procedure of the selection and an overview of the relevant case studies of various European countries. These case studies act as a real-life example that demonstrates how the mental health issues of adolescents vary in Europe. The study will consider nations that exhibit different socio-economic statuses, health care setups, and cultural standards so as to learn their impact on the mental health outcomes of adolescents. As an example, the case studies of the UK, Germany, France, and Greece can be incorporated to observe the influence of regional disparities on the mental health of adolescents. The case studies will be used to present the challenges of adolescents in these countries, which are particular to the countries and therefore help us in understanding the nuances of the crisis [15,16].

##### **Case Studies Selection Criteria**

The criteria that will be used to determine the case studies will be explained in the research. These can be such factors as:

A: The relevance of this case study to the mental health crisis amongst adolescents.

Quality and depth of the data at hand.

The representability of the case study regarding the general trends in the sphere of adolescent mental health in Europe.

The variety of case studies according to the country, the socio-economic situation, and the outcome of mental health.

The methodology allows having a non-sector-specific set of findings and a general picture of a particular field, which is why by choosing a variety of case studies, it becomes known that the study is not reduced to one specific population or setting.

##### **Case Study Analysis**

Here, the procedure of analysing each of the chosen case studies in order to derive significant information has been described. The analysis shall take into consideration various aspects, which are:

- **Prevalence and Trends:** The way mental health issues present themselves in adolescents, anxiety rates, depression rates, suicide rates, and how those rates have shifted with time.
- **Interventions:** Which interventions or programs did the case studies apply to address teens' mental health problems, and how successful were those?
- **Socio-Economic and Cultural Influences:** The impact of socio-economic status, education and family background on mental health outcomes.
- **Pandemic Implication:** How COVID-19 has contributed to poor mental health in such estranges and particularly the areas of lockdown, school closure, and social isolation.

The analysis would search through the trend in these case studies and compare how adolescents in the various countries have struggled with their mental health, as well as how effective the various interventions have been. The use of this approach will make it possible to have an in-depth picture of the different factors that have caused the adolescent mental health crisis in Europe [17,18].

### 3.2 Secondary Data

Repurposing of available Research and Evidence Base with trusted sources of information

Besides the case studies, the area of published data material in the form of academic research, government reports and respectable health sources is described as well. The current literature can give a more statistical picture of the problem of the adolescent mental health crisis all over Europe. The sources of the following data will be:

- **Government Reports and Surveys:** Individual governmental health reports, like the European Union's reports on mental health and well-being, whose research data are collected at a population level across the entire European continent regarding adolescent mental health.
- **Academic and Peer-Reviewed Articles:** Scholarly publications in renowned academic journals, which provide information about the peculiarities of certain mental conditions, including anxiety, depression, and suicide, the influence of socio-economic issues and gender.
- **International Organizations:** Information and statistics of such organizations as the World Health Organization (WHO), UNICEF and the World Bank, which include information adolescents' mental health on a global and regional level about the role of socio-economic and cultural factors.
- **Mental Health Surveys:** These are surveys that give detailed information on behaviours and mental health problems of adolescents, EU, including the European Health Interview Survey (EHIS) and the European School Survey Project on Alcohol and Other Drugs (ESPAD).
- **Published Data Selection**

The criteria for choosing the published data applied by the research will be explained in this subsection. This includes:

- **Relevance:** Making the data relevant by making sure it is specific to adolescent mental health, more precisely, the problems of anxiety, depression, and suicide.
- **Recency:** Keeping attention to recent data to be able to comprehend the latest trends and issues, especially after COVID-19.
- **Geographical Scope:** In addressing the data, it should be ensured that the data represents a wide group of European countries where there are regional differences.
- **Validity and Reliability:** The data shall be utilized based on credible data from reputable sources with efficient, well-founded methodologies [19].
- **Analysis of data**

The methodology will explain the process to be used in analyzing the published data. The aim is to summarize the findings of other works with the purpose of finding important trends, patterns and information. For instance: Prevalence Rates: Empirical examination to determine the levels of widespread need for mental health challenges such as anxiety, depression, and suicide among adolescents in various European nations.

- **Influence of Socio-Economic Factors:** Determining the relations between socio-economic status, education and access to healthcare with mental health outcomes.
- **Gender Disparities:** The examination of data aimed at examining the disparities between the mental health outcomes in adolescent boys and girls, especially the levels of anxiety, depression, and self-harm.
- **Pandemic Effects:** examine how mental health rates have increased or decreased both before and during the pandemic and after it to determine the long-term consequences of the pandemic.

Depending on the type of data, analysis will adopt a mix of both qualitative and quantitative methods in data analysis. An example is that survey data may be analysed on statistical software to come up with prevalence rates and trends, and case studies may be analyzed qualitatively to come up with common themes and answers [20].

### 3.3 Ethical Needs

#### Confidentiality and Consent

Although the main data of the research is secondary (case studies and published data), the ethical issues cannot be overlooked. This part will describe the treatment of confidentiality and consent of studies done on adolescents. To give an example, case studies involving primary data (i.e., interviews or opinions) would have to meet the ethical requirements, in which case identities of participants are not to be disclosed, and their participation should be voluntary.



### **Respect for Privacy**

In secondary data, the research will only absorb publicly published data or data that has been anonymized to guarantee privacy. In the methodology, it will also be indicated that no personal and sensitive information of the subjects will be utilized in the research.

### **Minimizing harm:**

The methodology in the analysis of a case study will be such that the emphasis is focused on the data, and as such, the damage to any individual or group is minimal. The study will also bring attention to the significance of mental health and well-being promotion, which means that the findings or suggestions made in the study will apply only to the reduction of harm and improvement of adolescent mental health [21].

## **4. Results**

### **4.1 Prevalence of Mental Health Disorders Among Adolescents**

The discussion of the prevalence of mental health issues among teenagers in Europe shows that a strong rise in cases of anxiety, depression, and self-harm has occurred in the past several years. Different research and surveys point out that the problem of mental health has become even more pervasive, and especially alarming data have become available after the pandemic. The incidence of anxiety disorders has significantly increased, and adolescents in Europe have made more reports of generalized anxiety disorder, social anxiety and panic attacks. Depression is also escalating, and it is spreading amongst the younger generation as there is a growing prevalence of major depressive disorder. There has also been a sudden rise in self-harming behaviours, especially among teenage girls. Most recent surveys have indicated that nearly one out of five adolescents has admitted to feeling depressed, and that the level of anxiety and depression is the highest it has ever been in the last 10 years.

These mental illnesses are not only widespread diseases, but they have also become more severe. These issues have been particularly minded in some vulnerable populations like people with low economic status, teenagers in rural regions, and people with few opportunities to seek mental health treatment. The numbers indicate such a problematic direction that the cases of mental health issues are becoming the rule and not the exception among adolescents. The statistics depict that suicides among adolescents are also on the increase, and adolescent mental health is an important issue to be addressed with the utmost urgency, considering that these are some of the major causes of death among adolescents [22].

### **4.2 Effect of COVID-19 on the well-being of adolescents**

This has been the case with the COVID-19 pandemic, which has severely affected adolescent mental health in Europe. Lockdowns and school closures, along with disruption in daily lives via social isolation, have aggravated existing mental health problems and created new stressors as well. Compared to other age groups, adolescents who are very dependent on social interactions to achieve emotional stature have complained of being more lonely, depressed and anxious due to isolation. Not having a consistent school attendance not only affects their growth in education but also denies them the needed companionship and contact with teachers and counsellors. Switching to distance learning also led to an increase in the level of stress, as many teenagers had difficulties trying to adjust to the online classes. Not seeing each other face-to-face and the difficulties of learning in school at home were the perfect environment that led to more mental health problems. What is more, the feeling of uncertainty caused by the pandemic, such as concerns about one world health, the health and well-being of relatives, and future opportunities, has contributed to adolescent anxiety. The feeling of stability and routine, which teenagers so desperately need in developing their identities, was destroyed as schools were closed and social activities had to be cancelled, which inevitably caused the mental state of adolescents to worsen their existing issues, like depression or anxiety [23].

In addition, the rise in screen time as adolescents turned to digital means of learning and communication has also been linked with deteriorating mental health. Research has shown that excessive use of screens and social networks may enhance the sense of inadequacy, make cyberbullying likely and lead to sleep problems, which can all influence mental health adversely. The effects of the pandemic on adolescents did not always occur in the here and now; instead, the effects were many-fold and may not be ending any time soon, with adolescents continuing to exhibit mental health problems despite the lifting of restrictions [24].

### 4.3 Sexual Disparities in Mental Health Problems

The issue of gender differences has been highly influential in the crisis of mental health during adolescence, as adolescent girls proved to be more susceptible to mental issues, especially anxiety, depression, and self-harm. There has always been a research result that girl children are predisposed to internalizing disorders, which appear in the form of fears, depression, and emotional disorders, in contrast to boys. Arguments of societal pressures that accompany such conditions mostly include body image, beauty prototype, as well as gender roles. Moreover, the start of puberty, which is earlier in girls, creates other psychological issues about physical changes and problems with self-esteem [25].

The statistics point to a high gender scale as teenage girls recorded a more prevalent claim of depression and anxiety as compared to boys. Girls are also prone to self-harm, a condition that is largely attributed to both biological as well as social factors. The internalization of stress and emotional suffering can be caused by the pressures of fitting into society as well as the emotional and social turmoil of adolescence in girls. There is also an association between such internalizations with increased depression and anxiety rates since girls tend to internalise their emotional problems instead of externalizing them through their behaviour.

Boys, in contrast, are found to exhibit more externalising symptoms, i.e. aggression or substance use, which can then cover existing mental health problems. This discrepancy in manifestation can occasionally result in the insufficient diagnosis of mental health disorders in boys since externalised symptoms are not as likely to be considered signs of anxiety or depression. On the whole, the findings state that it is necessary to give particular attention to gender-based interventions, as well as to the unique problems of adolescent girls in particular [26].

### 4.4 Socio-cultural as well as economic factors

The influence of socio-economic factors on the issue of adolescent mental health cannot be interfered with, and adolescents with low socio-economic backgrounds are the most vulnerable to mental health problems. The prevalence of mental health disorders such as anxiety and depression is increased among the members of disadvantaged communities due to a combination of economic hardship, unhealthy living conditions, and lack of access to mental health services. The pressure that financial insecurity and family instability involve is often aided by the lack of quality education and mental health care. This part of the results emphasised the inequality in results regarding mental well-being according to the socio-economic system, and in this case, the results indicated that adolescents in wealthier families or districts were more exposed to mental health support resources, and because of this reason, they had better results.

It is also shown in the results that cultural attributes, including social attitude to mental health as well as stigmatisation are of extreme importance in defining adolescent mental health. In societies where the stigma about mental problems exists, or overall, it is considered a sign of personal weakness, adolescents will refuse to seek help. On the contrary, teenagers might be comfortable using support resources in nations where there is a less taboo approach to mental health. Findings demonstrate that cultural acceptance of mental health treatment can influence and affect the rates of help-seeking behaviour and the intervention efficacy strongly.

Moreover, mental health variations amongst regions are apparent in Europe. The predominance of untreated mental health conditions is also observed among adolescents in countries where fewer funds are usually available to support mental health services, especially those in Southern and Eastern Europe. However, compared to those in Northern and Western Europe, where more people likely access mental health care and it is more readily accessible, even though schools, it is much more accessible to teenagers in Northern and Western European countries. Nevertheless, socio-economic inequalities still exist even in such nations: teenagers in low-income families have difficulties getting the necessary care [27].

## 5. Discussion

### 5.1 Factors Contributing to the Crisis

The findings of the above section have come up with various critical factors that are causing the adolescent mental health crisis in Europe. Among the most dramatic ones, there is an influence of the COVID-19 pandemic, which has both aggravated the already existing mental health issues of adolescents and established new stress factors. The daily routine was upset due to the forced isolation of the peers and quick changes to online learning, where the spirit was full of uncertainty, anxiety, and further presence of depression. This has caused more harm to teenagers because they were already weak due to socio-economic or family-related reasons. Many young people lost their main source of emotional support in the form of education in schools and normal physical

contact with others, contributing to the exacerbation of the mental health crisis. However, besides the pandemic, the emergence of social media has also significantly contributed to the number of mental health issues. The pressure to meet the impossible beauty standards and the continuous comparison with the idealized life that people show on social media sites has contributed to the growing cases of adolescent girls feeling inadequate, anxious and depressed, among other effects. Another factor that has been widely spread is cyberbullying, which further increases the sense of isolation and distress. The large extent of screen time needed to educate and socialize during the pandemic only increased the disadvantageous effect of social media, emphasizing its danger to the mental health of adolescents, furthermore.

These discoveries also highlight the effects of socio-economic aspects on the mental outcomes. Young people who belong to lower socio-economic groups are more prone to mental health problems because of the intensive burden of poverty, unstable family systems, and low quality of medical service access. These teenagers find it difficult to get the mental help they require, and this adds to their woes. These older and younger adolescent mental health variations between affluent and deprived neighbourhoods reveal the necessity to consider certain aspects of sensitive research with the target population, which is the socio-economically discriminated young people.

Another aspect of critical importance to adolescent mental health is gender, where females are more susceptible to anxiety, depression, and self-harm. Adolescent girls are more exposed to the strain of living up to expectations in society concerning appearance, academic performance and peer interactions. These strains are further aggravated by hormone and puberty dynamics, which cause girls to be more vulnerable to stress. These findings indicate that there is a need to intervene or check the mental health needs of adolescent girls in a gender-specific manner because they tend to be more overlooked in their minds and are more difficult to notice and overcome [28].

## **5.2 Gender and Its Implications in Mental Health Challenges**

The findings have shown that teenage females are excessively vulnerable to having psychological disorders, especially anxiety, self-harm, and depression. The presence of this gender imbalance is mediated by many factors, both biological and social. In the biological aspect, puberty hormonal changes may cause fluctuation of mood, emotional disturbance and susceptibility to mental illnesses. Socially, girls of the teenage period have to fit into the beauty standards and achieve their goals in the academic and social realm. Such social expectations might cause stress, which in many cases yields anxiety, depression, or low self-esteem.

Furthermore, teenage girls have a high probability of internalising their stress, which may worsen emotional distress. The maladaptive responses that are more prevalent in girls are withdrawing from social activities or routine neglect of self-care as a problem which can develop into a lasting condition of mental health difficulties. Contrastingly, boys are more likely to perform externalised behaviours, which include acting out or engaging in risky behaviour, which is likely to bring problems in detecting mental health issues in this population. These gender variations in the manifestation of mental health can only be addressed using specific approaches to treatment and intervention.

The results have indicated the necessity of implementing a reduction of societal pressure regarding body image and perfectionism as a way of targeting the mental health issues among adolescent girls. Also, the expression of emotions and coping with stress should be strengthened. Utilization as well as creating safe places where teenage girls can talk about their mental health issues and structure programs that focus on some level of healthy self-esteem, together with body positivity, play essential roles in solving this divide [29].

## **5.3 COVID-19 Implications of Mental Health in the Long-Term**

Although short-term impacts of the COVID-19 pandemic on the mental health of adolescents are well established, the long-term impacts remain unclear [30]. The findings show that a considerable number of teenagers experience mental health problems even after the pandemic reaches its highest point. The upheaval of everyday life, such as transitioning to remote learning, spending more time in front of screens and isolation, has caused permanent scarring on the well-being of adolescents. The pandemic has had a lasting psychological effect on many, and this comes in the form of continuous anxiety, depression, and uncertainty about the future.

The impacts of the pandemic on adolescents in terms of emotional and psychological maturity, in the long run, are also a great concern. The adolescents who became isolated and under stress due to the pandemic might have lost a lot of vital developmental experiences, including establishing relationships with other peers, learning how to regulate emotions, and creating a sense of identity. The lost opportunities may have long-term contributions



to their late adulthood mental being and well-being. Besides, the pandemic related to economic uncertainty and family stress also served to exacerbate the mental health burden that many adolescents endure. An absence of income, family disruptions and acute anxieties about the future have been major issues to handle by many young people. Such stressors are especially high when it comes to adolescents of low socio-economic background, who lack access to the same set of resources and support systems as their richer counterparts.

Considering the possible long-term consequences of the pandemic, it is paramount that mental health services sustain their assistance to the already afflicted adolescents. Permanent mental health services, school-sponsored initiatives, and outreach programs will be required to make sure that adolescents overcome the negative psychological effects of the pandemic and resume their places in the social and educational spheres [31,32].

#### **5.4 Flaws of the existing mental health support systems**

The findings also indicate that there could be a big gap in the current mental health support mechanisms amongst adolescents. Access to services can also be described as being among the most pertinent impediments to offering effective mental health services, especially among teenagers in rural settings or those with low socio-economic statuses. Mental health services are underfunded in most of the developed European states, and adolescents, in most cases, have long waits before they get to be served. This unresponsive availability may slow down intervention and affect mental health poorly. Also, mental health stigma is one of the barriers to care. Most teenagers, especially those living in a conservative and rural community, might not want to consult anyone because they are afraid of judgment, or they simply do not understand the phenomenon of mental illness. In even more cultures where mental health services are more accessible, the cultural mindset surrounding mental health could stall the youth from seeking assistance.

The other weakness of existing mental health systems is the lack of integration of mental health care in schools. School-based mental health services in Europe are underfunded and are not available in all schools, although some schools use the programs in Europe. Consequently, a good number of adolescents fail to get support at crucial stages of their emotions and social lives. Implementing mental health services more efficiently at school may be a way of detecting and tackling mental problems early on, equipping adolescents with the tools they require and giving them the support they need to overcome [33].

#### **5.5 Suggestions on How to Deal with the Crisis**

Based on the results, this research makes a few recommendations that can be provided to cope with the crisis of mental health in adolescents in Europe. The most obvious thing is to better access mental health care. This goal can be attained by investing more in mental health care, cutting down waiting time and opening up more opportunities to receive online counselling and tele-medical services, especially in those regions where less attention is paid. Telehealth services, which gained greater use during the pandemic, may provide an easy and convenient alternative to adolescents who might otherwise find it difficult to receive traditional in-person care. Furthermore, they should carry out information campaigns in the community to curb the stigma of mental illness. Such campaigns are supposed to feature education of adolescents, families, and communities concerning the relevance of mental health and the sources of information. Education also contributes to mental health; schools can play an important role in keeping people aware of mental health issues, and making mental health awareness part of school curricula may potentially ease the stigma and allow the early intervention of problems, which should be reduced. Specifically, gender-sensitive interventions ought to be established to eliminate the issues peculiar to adolescent girls. Self-esteem, body image, and emotional control programs will also play a crucial role in helping girls cope with the pressures presented to them. In the case of boys, mental health programs should focus on techniques of emotional expression and support because, in many cases, the boys are less likely to address mental health challenges because they are also expected to be masculine [34].

Lastly, the socio-economic inequalities in the mental health outcomes need to be addressed. This necessitates intensive calculations, which include adding more resources and services to the adolescents who are in low-income families. An atmosphere needs to be incorporated by governments, schools and organizational bodies in communities where every adolescent can receive mental health care and this would be irrespective of the socioeconomic status of the adolescent [35].

To conclude, the Discussion part explains how the research results are interpreted, providing further insight into the phenomenon of the adolescent mental health crisis in Europe. In this section, the multiple factors that have led to the crisis are outlined: the COVID-19 outbreak, the importance of social media, gender, socio-economic inequalities, and the inefficiencies of the current mental health care system. It also gives factual and practical

suggestions on how to resolve such problems, where accessibility to care, awareness, as well as gender-sensitive initiatives are required. The results document the need to implement complex and individualized interventions to target unique health-requiring mental needs of adolescents in Europe.

## 6. Conclusions

The crisis in mental health among adolescents in Europe has gone to dangerous levels, and more adolescents are developing anxiety, depression, engaging in self-harming and committing suicide. The COVID-19 pandemic has also contributed to this crisis as they negatively impacted the social, educational, and emotional maturity of the youth. Owing to the effect of the pandemic on the psychological well-being, which has been significant as the results of this study describe, aspects that contend with the mental disorders among adolescents include social isolation, loss of routine, and the enhanced uncertainty. Specifically, teenagers have been facing an increased stress, anxiety, and depressive levels, and female adolescents were particularly affected by those phenomena. The results also emphasize the complicated interaction of multiple factors, which are the cause of the crisis. High standards on social media and societal demands, along with gender-based norms are essential factors that affect the mental health experiences of adolescents, particularly females. Also, socio-economic disparities have always remained a factor of accessibility to mental healthcare services and access to the same by adolescents belonging to lower socio-economic groups of society adversely affects the chances of their treatment and accessing aid. Such uneven distribution indicates a rise in greater equity of mental health services and programs that consider the specific requirements of the underprivileged youth. These adversities notwithstanding, the adolescent mental health crisis may be brought under control with strong government, healthcare systems, schools, and community-based interventions. The results of the present study indicate that access to mental health services, stigma about mental health, and gender-sensitive interventions and socio-economically inclusive programs should be the major focus of intervention. Especially, schools can help to diagnose mental problems at an early stage and give the needed support to adolescents.

To sum up, resolving the crisis of mental health among the adolescent population in Europe should depend on a complex solution that takes into consideration all the elements that cause the issue. With better access to care, better education of mental health and the creation of favourable environments that surround young individuals, we can start making improvements in coping with mental health problems that plague adolescents today. Such measures are the only way that will help us make our future generations of adolescents more understanding of how to handle their mental health and live long and healthy lives. But further investment in mental health services and policy reform is needed now more than ever, not the least because the long-lasting consequences of mental health difficulties in adolescence may haunt people long into their adult years. Thus, what we need is to pay more attention to the mental health of European youth and take some decisive measures to resolve the existing crisis.

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