

Submission to the Office of the United Nations High Commissioner for Human Rights

Study on the impact of mental health challenges on the enjoyment of human rights by young people.

Human Rights Council Resolution 57/30.

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Introduction

This submission is presented by AEGEE-Europe (European Students' Forum), a youth-led organisation headquartered in Brussels with a pan-European network of over 30 countries, 100 local branches and around 10 000 volunteers. It has been prepared in partnership with the YOUTHreach project, focused on improving access to early mental health support for young people.

The information presented is based on a structured online survey conducted via Google Forms from 23 January 2026 to 17 February 2026. The survey collected both quantitative and qualitative data from AEGEE-Europe's and YOUTHreach's network.

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.

1. Methodology

The questionnaire combined quantitative (multiple-choice) and qualitative (open-ended) **questions** addressing:

1) What are the main mental health challenges that young people face in your community or country?

How do these challenges affect their daily lives and their ability to enjoy their rights (such as education, decent work, adequate standard of living, participation, or safety, for example)? Please include the situation of marginalized youth or young people in vulnerable situations.

2) What actions is the Government taking to address the root causes of mental health challenges among young people and to protect and promote their human rights in this regard? Please include the situation of marginalized youth or young people in vulnerable situations.

3) What are the main barriers that prevent young people from getting the mental health support they need? How do these obstacles affect their rights and opportunities? Please consider the availability, accessibility, acceptability, and quality of mental health care and the situation of marginalized youth or young people in vulnerable situations.

4) Are there any laws, policies, or programmes in your country that focus on young people's mental health?

a. Please share examples of laws, strategies, or programmes that aim to improve mental health for young people.

b. Were young people involved in creating these measures? How have these measures improved mental health services for young people in terms of availability, accessibility, acceptability, and quality?

5) What proportion of total public expenditure (funding) is allocated to health, specifically to mental health services for young people? In particular, have there been cuts or increases in budgets for mental health programmes and services addressing youth mental health?

6) What more should governments and international organizations do to make sure young people can fully enjoy their right to mental health? How can civil society and young people themselves be part of the solution?

1.2. Respondent demographic overview

Age distribution:

[22 - 59] years.

The majority of the survey respondents (76%) are aged 22 - 30, predominantly female (87%), and all identified as caucasian, with most reporting no religious affiliation. Sexual orientation was diverse, and two participants reported living with a disability. Respondents were drawn from multiple European countries, including Germany, Hungary, Portugal, Romania, Bulgaria, and Austria.

20% of the respondents identified as mental health professionals, with expertise in child and youth psychology, clinical psychology and research while the remaining 80% did not have a professional background in mental health.

2. Survey results and analysis

Question 1)

The survey shows that young people's mental health challenges are shaped by a combination of personal, social, and structural factors. The most commonly reported contributing to poor mental health are:

1. Academic and occupational pressures.
2. Economic insecurity.
3. Structural barriers to care.
4. Social and societal pressures.
5. Vulnerability and marginalization.

Anxiety, depression, burnout, and stress are the most commonly experienced problems, exacerbated by financial insecurity, limited access to mental health services, and societal pressures. Vulnerable and marginalized youth face additional barriers that increase their risk and reduce their ability to fully enjoy rights such as education, work, and social participation.

Question 2)

The survey responses indicate that government action to address youth mental health across Europe is highly variable and often limited. Governments have made some structural and strategic efforts, including awareness campaigns, school-based services, and youth-focused policy frameworks, but systemic barriers, underfunding, and limited attention to marginalized youth prevent these measures from fully addressing the root causes of mental health challenges.

Question 3)

The main barriers preventing young people from accessing mental health support can be categorized along four dimensions - availability, accessibility, acceptability, and quality - and across general and marginalized populations. The most frequently reported obstacles are:

1. Limited availability of services and trained professionals.
2. Economic and geographic accessibility barriers.
3. Stigma and cultural pressures.
4. Under-resourced and uneven-quality services.

These barriers are mutually reinforcing: long waiting lists, financial costs, and poor service distribution combine to delay or prevent effective care, disproportionately impacting vulnerable groups.

Question 4)

Across Europe, laws, policies, and programs addressing youth mental health exist, but their scope, youth involvement, and visibility vary significantly between countries. National and regional frameworks, such as Bulgaria's National Strategy for Mental Health (2021 - 2030), Italy's CAMHS reforms, and Romania's 2024 - 2029 action plan, provide a foundation for

improving services through prevention, early intervention, and cross-sector collaboration (health, education, social systems).

Programs involving young people, including peer support networks and co-designed initiatives like @ease in the Netherlands, show positive outcomes but remain limited in scale and are not consistently embedded in national policymaking.

A substantial number of respondents, about 35% reported being unaware of existing policies or programs: one respondent noted, *“I do not know about formal ways that actively address mental health in my country. Or at least it is so limited, that I never heard.”*

Overall, European governments have laid important policy foundations, but limited youth involvement, uneven implementation, and low public awareness reduce their effectiveness.

Question 5)

Public funding for youth mental health is limited, poorly defined, and often difficult to track. Most countries do not allocate a clearly earmarked budget for children and adolescents, and mental health remains a small fraction of overall health expenditure. Even in countries with modest increases in mental health spending, these allocations are typically general and do not prioritize youth-specific services, such as school-based programs or community mental health centers.

As a result, young people continue to face long waiting lists, inadequate access to care, and gaps in specialized services, which exacerbate existing mental health challenges and limit their ability to fully exercise their rights to health, education, and social participation.

Another significant proportion of respondents (~35%) were unaware of the exact funding allocations, highlighting both transparency issues and low public awareness regarding governmental commitment to youth mental health.

Question 6)

Respondents overwhelmingly emphasize that ensuring young people's right to mental health requires greater investment, systemic reform, and coordinated action. Governments should treat youth mental health as a core public health and human rights priority, expanding community-based, youth-friendly services, strengthening prevention and early-intervention programs in schools and universities, and addressing structural determinants such as poverty, housing insecurity, discrimination, and precarious employment. Chronic shortages of qualified mental health professionals and long waiting lists remain major barriers.

Civil society is seen as essential for reducing stigma, providing peer support, and fostering community. Young people themselves should be empowered as co-creators and leaders, not merely passive recipients, with genuine participation in program design, policymaking, and evaluation.

In short, respondents are in agreement that only coordinated, rights-based action, combined with investment, structural reform, and youth participation, can allow young people to fully enjoy their right to mental health. Without such comprehensive measures, access remains fragmented, inequitable, and insufficient to meet the diverse needs of adolescents and marginalized youth.

3. Conclusion

In response to this study on the impact of mental health challenges on the enjoyment of human rights by young people, this consultation highlights that mental health challenges significantly undermine young people's enjoyment of their human rights. Respondents consistently link anxiety, depression, stress, and burnout to structural factors such as economic insecurity, academic and employment pressures, stigma, and limited access to services. These challenges directly affect rights to health, education, work, participation, and an adequate standard of living.

Although policy frameworks and initiatives exist in several countries, implementation remains uneven, funding is often insufficient or unclear, and youth participation in decision-making is limited. Persistent barriers, including long waiting lists, workforce shortages and financial constraints, disproportionately affect marginalized and vulnerable young people.

The findings point to the need for coordinated, well-resourced, and rights-based action: sustained public investment, strengthened prevention and community-based services, expansion of the mental health workforce and transparency in funding. Ensuring young people's right to mental health is not only a policy objective, but a human rights responsibility, requiring systemic commitment.

4. Limitations

This submission is based on a limited, self-selected sample (n=15), and therefore the findings should not be interpreted as statistically representative of all young people in Europe.

Nevertheless, the findings provide meaningful qualitative insights into how young people across different European contexts experience mental health challenges and how these impact the enjoyment of their human rights.