Policy paper

Promoting good mental health in children and young adults

Best practices in public health

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Abstract

Children and young people's mental health is a critical public health concern, with depression and anxiety among the most common conditions in EU/EEA countries. Mental ill-health symptoms can go unrecognised, and without timely intervention, mild to moderate symptoms can escalate into more severe disorders. With support from the European Commission, the OECD has identified and evaluated 11 best practices for preventing mental ill-health and promoting good mental health. This report offers policymakers effective strategies to safeguard the mental health of future generations, enhancing their well-being, productivity, and long-term prosperity.

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Executive summary

Mental well-being of children and young people in EU/EEA countries is poor and declining. Between 2018 and 2022, the rate of multiple health complaints in adolescents increased, especially amongst girls, and the prevalence of anxiety and depression amongst under 20-year-olds increased by about 20%. Alarmingly, **suicide is the second leading cause of death among young people aged 15-29 in EU countries**.

Mental ill-health affects educational outcomes. On average across EU countries, students indicating mental distress are 25% more likely to have repeated a grade, although causality may run in both directions. Furthermore, the mental disorders that emerge in childhood and adolescence tend to **persist throughout life.**

Many EU/EEA countries have national strategies and action plans on mental health in place, but levels of policy implementation vary, and **all countries have significant policy gaps**. Top priority areas for action include the primary care sector as well as school-based and workplace interventions, with only 10-25% of countries that have fully implemented relevant policies in these sectors. During the pandemic, an estimated half of Europeans aged 18-29 had unmet needs for mental health care.

The OECD has identified and assessed 11 candidate best practices that can help countries bridge the current policy gaps and improve the mental health of children and young adults. These can be grouped into three main categories:

- **School-based programmes**, such as *Zippy's Friends* and *This is Me*, can reduce difficult behaviour by 4-9%, and social isolation by 15%. *Icehearts* improved social behaviour and reduced the number of adolescents not in employment, education, or training by nearly 50%.
- **Proactive mental health support** can be delivered by mental health professionals, but also by teachers, school staff, and young people with peer-based programmes. **Prompt and free access** to psychological therapy, such as in the recent Belgian reform, can reduce prevalence of mental disorders by 10%. **Peer-based programmes** such as *@Ease* have reduced levels of mental distress by 19% and improved school participation by 60%.
- **Suicide prevention programmes** such as *Suicide Prevention Austria* (SUPRA) and *VigilanS*, save lives by reducing suicide risks and improving follow-up after suicide attempts.

Common success factors among the identified candidate best practices include: i) access to low-threshold support is facilitated; ii) schools are used to ensure near-universal coverage of the target population; iii) mental health literacy is enhanced and the seeking of mental health support is destigmatised; and iv) action is tailored to the needs of children and young adults.

Scaling up and transferring best practices for promoting good mental health in children and young adults requires increasing the capacity of the mental health workforce and creating new roles. Additionally, this process will incur costs for the government, although the cost of failing to act is also high.

Better understanding of the drivers of declining youth mental health, and "what works" to create a healthy and safe digital environment for young people, is needed. The OECD is working to fill this knowledge gap, and will be drawing on expert insights from mental health professionals, teachers and parents, and young people themselves.

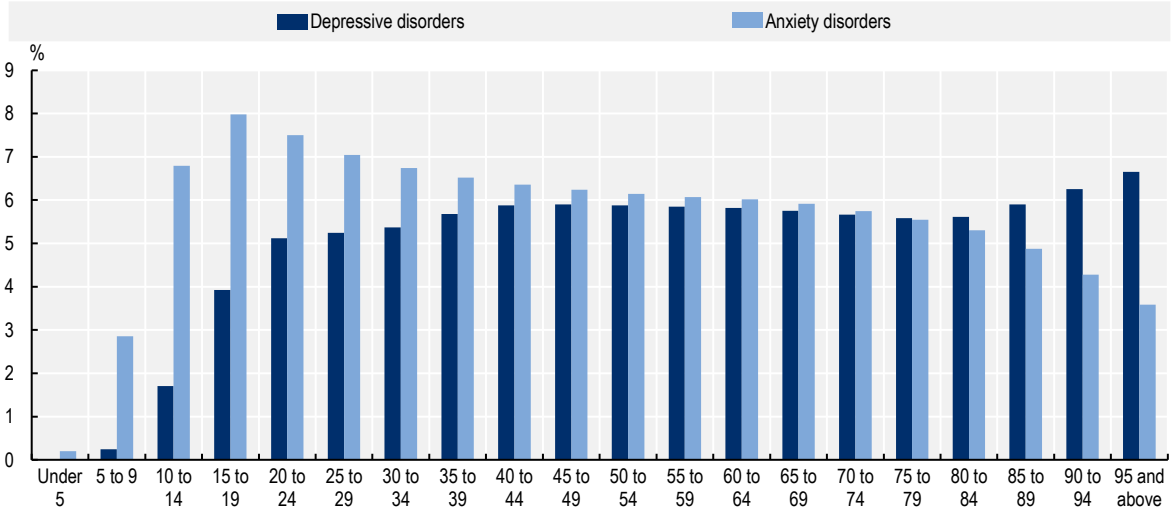
1 There are serious concerns about young people's mental health and well-being

Mental health is a critical public health issue. The importance of good population mental health became even clearer during and after the COVID-19 pandemic, when a sharp rise in mental distress highlighted the urgent need for broad, cross-sectoral action. This paper focusses on anxiety and depression, while other mental health issues, such as eating disorders, affect children and young people. Levels of mental distress, anxiety and depression remain elevated compared to pre-pandemic levels. Depression and anxiety are the most common mental health conditions, with a significant burden of mild and moderate symptoms that too often go unrecognised and that, if untreated, can lead to more severe mental disorders. With the support of the European Commission, the OECD has been supporting countries in identifying and assessing candidate best practices for major public health threats, including mental ill-health. Building on this work and to support Poland's presidency of the Council of the European Union (EU), this policy paper focuses on children and young adults and summarises relevant key findings of a forthcoming OECD publication on best practices for the prevention of mental ill-health and the promotion of good mental health (OECD, forthcoming[1]).

1.1. Mental well-being of children and young people in EU/EEA countries is poor and declining

Mental health conditions are common amongst children and adolescents. The latest available data suggest that, in 2022, about 6% of people of all ages in the EU/EEA suffered from anxiety disorders, and 5% suffered from depressive disorders (IHME, 2024[2]). Adolescents aged 15-19 suffer the highest burden of anxiety disorders, and although rates of depression peak later in life, it still affects 4% of adolescents and young adults from age 15 onwards (Figure 1). The high prevalence rates led the 2024 Lancet Commission on youth mental health to identify mental illness as "the leading health and social issue impacting the lives and futures of young people for decades", which has now entered "a dangerous phase" due to the steadily declining mental health of young adults (McGorry et al., 2024[3]).

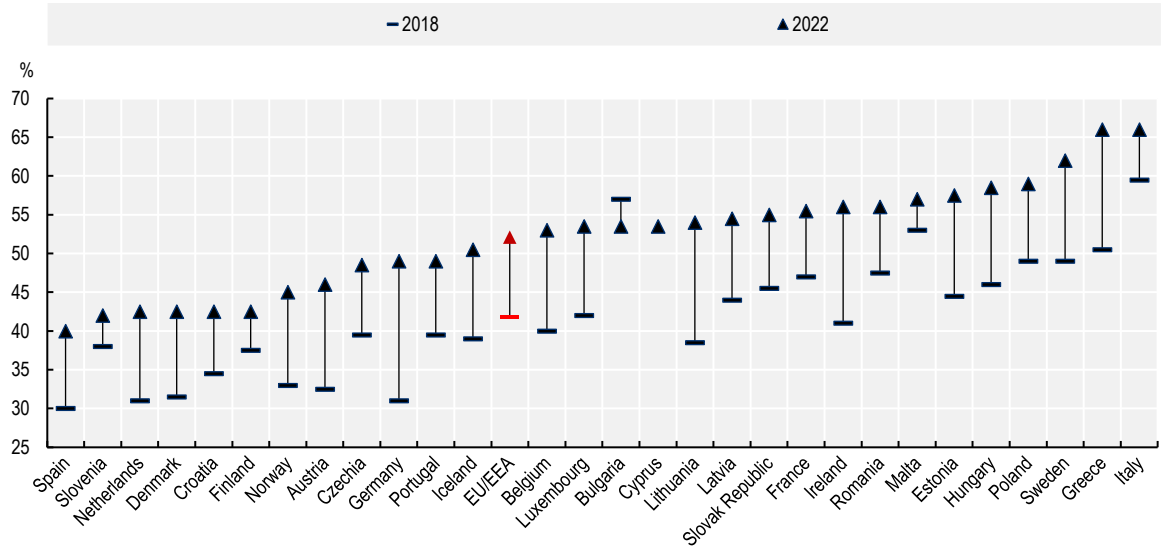
Figure 1. Prevalence rates of anxiety and depressive disorders, by age group, EU/EEA countries, 2022



Source: IHME (2024[2]), *Institute for Health Metrics and Evaluation (IHME) at the University of Washington*, www.healthdata.org (accessed on 18 October 2024).

There are strong signs that the mental well-being of children and young people has declined, especially since the COVID-19 pandemic. Rates of multiple health complaints in children and adolescents, often taken as a general well-being proxy, have increased in all EU/EEA countries except Bulgaria (Figure 2). For example, between 2018 and 2022, the rate of "multiple health complaints" among 15-year-olds increased by +25% on average across EU/EEA countries. Data also indicate that girls generally demonstrate poorer mental well-being than boys, with a more pronounced deterioration over time. This evidence supports other statistics suggesting that rates of mental illness among those aged under 20 increased significantly by about +20% during the COVID-19 pandemic (IHME, 2024[2]). While this paper focusses on EU/EAA countries, the trend of declining mental health among children and young people is a global phenomenon (McGorry et al., 2024[3]).

Figure 2. Adolescents aged 15 who report multiple health complaints, 2018 and 2022



Note: Multiple health complaints refer to two or more symptoms for more than once a week in the previous six months, including: headache; stomach ache; backache; feeling low; feeling irritable or bad tempered; feeling nervous; difficulties in getting to sleep; and feeling dizzy.
Source: Health Behaviour in School-based Children (HBSC) Data Browser, https://data-browser.hbsc.org/.

Suicidal behaviour is the second leading cause of death among people aged 15-29 across EU countries (Eurostat, 2024[4]). An OECD analysis of Eurostat data indicates that between 2011 and 2021, suicide deaths as a proportion of all deaths increased by 0.9 percentage points for those aged under 25, while it decreased by 0.3 percentage points for adults over 25. Up to a quarter of young people reported having had suicidal ideation during the COVID-19 crisis, a proportion five times higher than pre-pandemic levels (OECD/European Union, 2022[5]). Mental health disorders, as well as cyber-bullying, academic pressure and performance anxiety, interpersonal problems and access to lethal means are all risk factors for suicide among young people. National-level data confirms these worrying trends of suicidal behaviour and self-harm among young people. For example, in France between 2010-19 and 2021-22, the rate of hospitalisations for self-harm amongst adolescent girls rose by +71% for age 10-14, +44% for age 15-19, and +21% for age 20-24 (Hazo et al., 2024[6]).

1.2. Poor mental health in early life affects lifetime mental health, educational and labour market outcomes

Mental ill-health in early life is not just a significant burden during childhood and adolescence – and a risk factor for suicide and self-harm – it also increases the likelihood of poor mental health in adulthood, affects educational outcomes, and makes young people's transition into the labour market more difficult.

On average across EU countries, students indicating mental distress are 25% more likely to have repeated a grade although causality may run in both directions (OECD, 2021[7]). In some countries, this relationship is particularly pronounced; students indicating mental distress in Greece, Estonia, Denmark and Iceland are all at least 75% more likely to have repeated a grade. Young people with mental health conditions are in general less likely to reach a high level of education: only 25% of those with mental distress had achieved a tertiary education, compared with 32% for those not experiencing mental distress across EU countries (OECD, 2021[7]).

2 What is driving declining child and youth mental health?

The mental health of the population, including children and young people, is influenced by a range of factors. These factors include finances, socio-economic status, social relationships, family and school environment, genetics, physical activity, diet, and sleep, among others. Some of these dimensions strengthen mental health and well-being, while others leave individuals at greater risk of poor mental health and mental disorders. In recent years, significant social, economic, political and environmental shocks have taken a toll on population mental health (OECD, 2023[8]; 2023[9]). Many of these shocks have had a detrimental impact on population mental health, and in some instances, children and young people have been particularly vulnerable:

- The COVID-19 pandemic exacerbated mental health issues through social isolation, economic instability, and job precarity, leading to increased rates of depression and anxiety across Europe (OECD, 2021[10]; Leung et al., 2022[11]). Where data were available, they showed that young people's mental health declined precipitously during the pandemic period, as young people were significantly more likely to be affected by school and university closures, social isolation, and fear and hopelessness (OECD/European Union, 2022[5]). Young people with pre-existing and severe mental health issues reported a worsening of their symptoms during the pandemic (ibid).
- The climate crisis has contributed to stress, trauma, and climate anxiety, particularly among young people, due to the increase in extreme weather events and climate migration. A 2021 survey of 10 000 adolescents and young adults aged 16 to 25 years from ten countries[1] worldwide found that almost 60% of the respondents felt "very" or "extremely" worried about climate change and more than 45% said their feelings about climate change negatively affected their daily lives (Hickman et al., 2021[12]). Climate distress was correlated with perceived inadequate government response and associated feelings of betrayal (ibid).
- War and conflict have led to heightened rates of post-traumatic stress disorder, depression, and anxiety in regions directly engaged in war or conflict as well as beyond, with long-term intergenerational effects (Kalaitzaki et al., 2024[13]). Young people directly affected by Russia's war of aggression against Ukraine have experienced significant disruptions in their lives and education, and some have experienced loss and bereavement. Research has pointed to high rates of mental distress including anxiety, depression, stress and trauma-related symptoms amongst Ukrainians who have taken refuge in neighbouring countries, and indicates that children and young people may be particularly vulnerable to mental health problems (Vintilă et al., 2023[14]).
- Finally, excessive use of social media has generally been linked to increased anxiety and depression, potentially related to increased exposure to cyber-bullying and sleep deprivation, although evidence on causal pathways is not yet considered to be conclusive (Fassi et al., 2024[15]). The relationship between social media and mental health is however complex and bidirectional, and varies by pattern and amount of social media use as well as by population (Mader et al., 2025[16]). Some current evidence points to the benefits of moderate use of digital technologies, but some harms are associated with "excessive use" or "overuse" (usually defined as daily usage of four hours or more) (OECD, 2024[17]). There are signs that problematic use of social media is

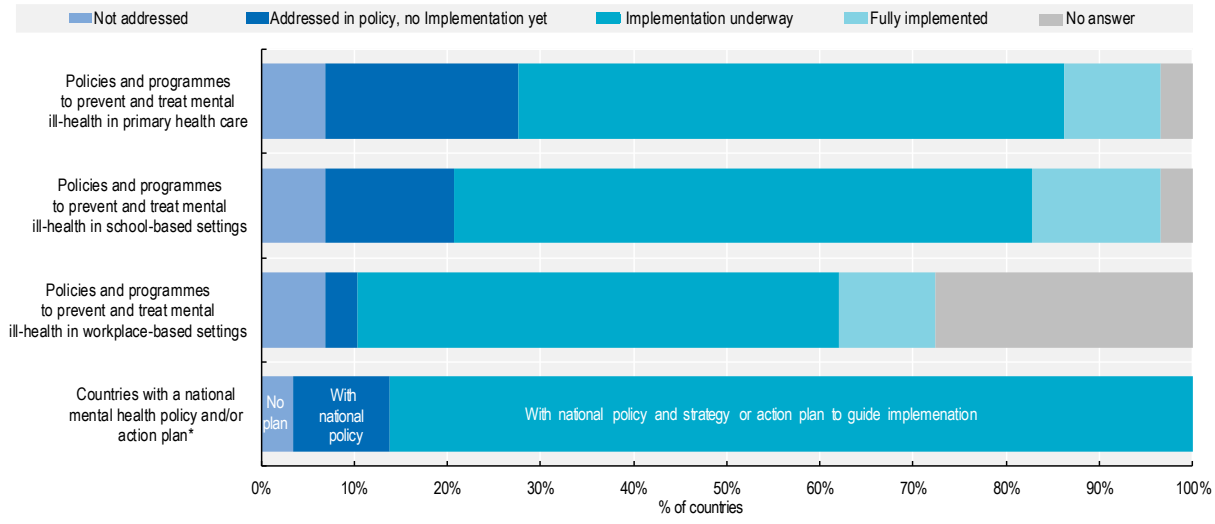
growing. In Europe, central Asia and Canada, the proportion of children and adolescents with problematic use of social media, characterised by addictive-like symptoms, has increased by +50%, from 7% to 11% between 2018 and 2022 (Boniel-Nissim et al., 2024[18]).

Conversely, **stable family relationships, supportive social environments, improved physical health, and access to mental health services contribute to foster positive mental health**. All aspects of family cohesion are associated with mental health, with positive relationships boosting mental health and negative relationships undermining it (Marth et al., 2022[19]). More broadly, positive social networks and interactions contribute to enhanced feelings of security and self-esteem among younger people (Zhou and Cheng, 2022[20]).

3 There are gaps in policy implementation to prevent and treat mental ill-health

Data from the OECD-WHO Mental Health Questionnaire 2023 show that 94% of respondent countries have either expanded or introduced new measures on prevention and promotion since the COVID-19 pandemic. In addition, around 96% of EU/EEA countries had a national mental health policy in 2023, with a vast majority also having a strategy or action plan to guide the implementation of the mental health policy (Figure 3). However, despite the large number of countries with national strategies and action plans on mental health, countries are at different stages of the implementation. Nearly 28% of surveyed countries have not addressed or have not yet started to implement a strategy or action plan on mental health in primary healthcare settings, while only 10% report having a fully implemented strategy or plan (Figure 3). The implementation of mental health policies in school-based settings has yet to be initiated in 21% of countries, while only 14% report that they have fully implemented a school-based mental health plan or policy. Finally, regarding workplace-based interventions, which may provide support to young adults as they enter the workforce, 10% of countries have not addressed or implemented a strategy or action plan, while another 10% have fully implemented one.

Figure 3. Most EU/EEA countries are yet to fully implement mental health policies across settings



Notes: * Levels correspond, from lower to higher, to 1) No mental health policy, strategy or action plan, 2) Countries with a national mental health policy, and 3) Countries with a strategy or action plan to guide implementation of the mental health policy.
Source: OECD-WHO Mental Health Survey 2023.

Significant unmet needs for mental health care remain, and further action is needed to prevent mental disorders before they emerge. The levels of unmet needs for mental health care across all age groups are high in OECD countries. About two in three people who wanted to receive mental health care had difficulties accessing it for financial or geographical reasons, or because of long waiting lists (OECD, 2021[21]). In young people, rates of unmet needs for mental health care are similarly high. During the pandemic, an estimated half of Europeans aged 18-29 had unmet needs for mental health care (OECD/European Union, 2022[5]).

Several factors contribute to low access to mental health services. Structural barriers within health systems (e.g. lack of services, long waiting time, cost) limit availability, while personal barriers (e.g. lack of mental health literacy and stigma around mental illness) may discourage individuals from seeking help. Critically, access to support for early, mild symptoms of mental ill-health is even more limited, despite evidence that early intervention is essential. Individuals with mild and moderate symptoms are significantly less likely to receive a mental health support compared to those with severe symptoms (Evans-Lacko et al., 2018[22]). Yet, milder symptoms, if left untreated, can deteriorate to more severe mental disorders. For instance, research indicates that there is a 10% to 20% risk that subclinical depression deteriorates to major depression (Teepe et al., 2023[23]). This risk is particularly concerning for children and adolescents as mental health disorders that develop in youth tend to persist into adulthood, affecting lifelong well-being. Approximately 75% of adult mental disorders have their onset during adolescence, and this early onset increases the risk of recurrence and disabling physical conditions in adulthood (Kessler et al., 2005[24]). Promoting good mental health and addressing early symptoms can reduce the long-term burden of mental illness, improve quality of life, and ease pressure on already strained healthcare systems.

4 The OECD has identified and assessed 11 candidate best practices to promote the mental well-being of young people

To help countries close policy gaps and put promotion and prevention at the forefront of their mental health approach, the OECD has identified[2] and assessed 11 candidate best practice interventions that promote good mental health and prevent mental ill-health in children and young adults (Table 1). These interventions cut across five domains including school-based implementation, training front-line actors (e.g. parents, teachers, social workers), increasing mental health literacy and addressing stigma, facilitating access to low-threshold mental health support, and preventing suicide.

Table 1. Eleven best practices can promote good mental health, prevent mental ill-health, and improve educational and occupational outcomes

Name	Description and target population	Country	Improvements in enabling factors for good mental health	Improvements in mental health outcomes	Improvements in school-based and occupational outcomes
Support to maternal health and infant health					
Next Stop: Mum	Early diagnosis of post-partum depression, indirectly addressing child's health	Poland		Extends screening of postpartum depression, reaching 10% of the target group	
School-based intervention and training school staff					
This is Me	School-based programme and online platform for adolescents	Slovenia	Reduces interpersonal difficulties by 4% on a 144-point scale; Increases knowledge		Improves classroom climate after 10 workshops
Icehearts	Programme to accompany socially vulnerable children and adolescents	Finland	Improves prosocial behaviour in 49% of participants after 4 years		Reduces by 50% the number of children being not in employment, education, or training
Zippy's friends	School-based programme enhancing social and coping skills in children	Multiple	Reduces oppositional behaviour by 9% and social isolation by 15%		
Mental Health First Aid (MHFA)	Training front-line actors (e.g. parents, school staff, social workers) to listen to people with mental distress and provide first aid	Multiple	Increases knowledge on mental health (effect size 0.63), increases helping behaviour (effect size 0.56)		
Mental health support for young people					
@Ease	Walk-in centres, based on peer support, for adolescents with mild to moderate symptoms	Netherlands	Improves social functioning score by 6% on a 100-point scale between the first and third visit	Reduces mental distress score by 19% on a 40-point scale between the first and third visit	Reduces school dropout by 61% between the first and third visit
Belgian reform	Improved access to mental health support via a network of psychologists, including network dedicated to children and adolescents	Belgium		Reduces prevalence of mental health disorders by 10% after 6 months	Decreases the number of absence days by 60% after 6 months
I Fight Depression® (iFD)	Web-based, guided self-help programme, including a version for young people	Germany		Reduces symptoms by 40% more than controls, after 6 weeks and 3 months, on a 84-level scale; improves remission after 8 weeks	
Prompt mental health care (PMHC)	Improved access to mental health support for individuals with mild to moderate symptoms, targeting those aged 16 and over	Norway		Reduces symptoms by 87% more than controls on a 27-level scale; increases recovery at 6 months by 83% compared to control	
Suicide Prevention					
Suicide Prevention Austria (SUPRA)	Suicide prevention with multiple components, for all populations, including youth interventions	Austria			
VigilanS	Prevention of reiteration of suicide attempts, for all populations including youth interventions	France		Reduces repetition of suicide attempts by 24% within one year	

Note: The effectiveness of Suicide Prevention Austria (SUPRA) has not been assessed in the country.

Applied effectively, and broadly, these best practice interventions have the potential to transform the mental resilience and mental health outcomes of young people across European countries. These interventions have been shown to positively affect child mental health, and school-related and occupational outcomes, from infancy to young adulthood.

4.1. Supporting maternal mental health contributes to better outcomes for infants and children

Good maternal mental health is a major predictor of mental health of infants and children. Maternal post-partum depression (PPD) has been associated with increased childhood morbidity and mortality, as well as lasting consequences on cognitive and social-emotional development. ***Next Stop: Mum*** is a PPD screening programme from Poland which supports perinatal and maternal health, with indirect benefits for children's mental health. ***Next Stop: Mum*** aims to inform women about PPD and train midwives to screen for PPD in perinatal women and refer those with higher risk for psychological consultations. Research indicates that receiving a PPD diagnosis is associated with a reduced risk of depression within a year after childbirth (O'Connor et al., 2016[25]), suggesting the potential of programmes such as ***Next Stop: Mum*** to prevent mental health issues. By enhancing perinatal and maternal health, the programme indirectly benefits children's mental health.

4.2. School-based programmes improve prosocial behaviour, reduce dropout, and reduce interpersonal difficulties

School-based programmes with a focus on social and emotional learning and support can improve prosocial behaviour and reduce dropout from learning and training. They also help children navigate the challenges through adolescence and into adulthood. ***This is me*** and ***Zippy's friends***, teach essential skills to manage emotional and mental problems, and provide solutions to mental health problems. The universal design of school-based interventions can reach individuals from different socio-economic backgrounds and those at higher risk who may not seek help. ***Zippy's Friends*** is a multi-country social and emotional learning programme for school-based children aged 5-7 years. The programme reduced oppositional behaviour by 9%, reduced social isolation by 15%, and improved social and emotional skills including for children with low socio-economic backgrounds.

School-based interventions can be combined with online or off-site approaches. ***This is Me*** from Slovenia encompasses an online information and counselling service (#*Tosemjaz*) available at any time and at no cost for adolescents with mental distress; and a school-based workshop programme that teaches social-emotional competencies for successful psychosocial adaptation. The programme reaches 180 000 unique visitors per year and has been found to reduce interpersonal difficulties by 4% and to improve the overall classroom climate. ***Icehearts*** in Finland uses team sports to provide long-term mentoring support to socially vulnerable children and adolescents. The programme improved prosocial behaviour amongst 49% of participants and reduced the number of young people out of education, training or employment by 50%.

4.3. Peer-based programmes to support young people and training programmes for parents and teachers can break down mental health stigma

Peer-based programmes, involving front-line actors who are not mental health professionals, help improve mental health literacy and destigmatise seeking mental health support. While treatment of mental illnesses should remain with healthcare professionals, these programmes can help lift the taboo regarding mental ill-health, and can encourage people to seek help. Reducing the stigma of mental health helps young

people discuss their own emotions and needs – a protective factor for mental health – making them more likely to seek help when needed. ***@Ease*** are walk-in centres in the Netherlands where young people who experience mental distress can come, seek help and talk with a young adult peer. The young peers are trained and supervised by a healthcare professional on site. ***@Ease*** has been found to improve social functioning by 6%, reduce mental distress by 19%, and reduce school dropout by 61% between the first and third visit. ***Mental Health First Aid* (*MHFA*)** is a multi-country training programme that teaches front-line actors, including parents, teachers, and social workers, how to recognise, understand and help someone experiencing mental distress or a crisis. ***MHFA*** was found to increase mental health literacy, helping-behaviour and confidence in helping people with mental health problems.

4.4. Easier access to mental health support for young people can improve functioning, reduce social distress and mental ill-health

In **Belgium**, access to psychological support for children is now easier, faster, and free thanks to a major mental health reform initiated in 2009. The country created **multidisciplinary mental health networks**, including 11 networks for people under 24, offering rapid and free access to psychologists. Reimbursement is now available for 8 consultations for low-threshold support and up to 20 consultations for specialised treatment per patient per year, a crucial step given that nearly 40% of users (of all ages) report that they have previously foregone treatment due to its cost. Across all ages, these multidisciplinary networks have been found to reduce by 10% the prevalence of mental health disorders and by 60% the number of absence days after six months.

Teleconsultation and online tools offer the potential for greater reach and may be perceived as offering greater confidentiality by patients. For instance, the ***Prompt Mental Health Care* (*PMHC*)** from Norway uses teleconsultations to facilitate access for individuals with mild to moderate symptoms. Additionally, online services can increase the coverage and reduce waiting times. Evidence from ***Next Stop: Mum*** show that the intervention's coverage doubled from 5% to 10% when face-to-face deployment was supplemented with virtual interventions. Similarly, the ***I Fight Depression*®** (***iFD***) online tool – which has a dedicated version for young people with less formal language and specific workshops on social relationships and social anxiety – provides early support to patients by making available information and exercises to address mental health challenges, while the patient waits for an appointment with a professional.

4.5. Effective suicide prevention must be a public health priority

Suicide Prevention Austria* (*SUPRA*)** is a national strategy for suicide prevention, including a gatekeeper programme (e.g. front-line actors trained to listen to people at risk of suicide and provide essential support), safeguarding hotspots for suicide attempts (e.g. bridges, railways), and reducing access to means of suicide (e.g. firearms, substances). ***SUPRA includes actions on crisis management and suicide prevention in school-based programmes related to addiction and violence. The programme also aims to inform policy makers nationwide about these actions targeting children and young people.

VigilanS is a suicide reiteration prevention programme in France that maintains contact with patients after they are discharged from hospital following a suicide attempt. The programme has been shown to reduce reiteration of suicide attempts by 24% within one year. *VigilanS Ado*, a version specifically for children and adolescents, offers tailored support through earlier phone calls after discharge and includes text messaging as an additional communication tool.

5 The way forward: Priority actions to safeguard the mental health of future generations

The mental health needs of children and young people in EU/EAA countries are significant, likely growing, and not fully met with existing policies and interventions. To safeguard the health, productivity and flourishing of future generations, countries have a range of good practices to build upon.

5.1. Countries should implement proven best practices to build children and young people's mental resilience, prevent mental ill-health, and treat mental health conditions

The best practice examples in this paper highlight the strong evidence base for policy interventions which can support good mental health outcomes for children and young people in both the short and longer term. Across all the assessed interventions, several high-level lessons have emerged that can inform future efforts. In particular, the following characteristics seem to play a key role in determining the effectiveness of these interventions:

- **Enhance availability and facilitate access to low-threshold support**. This could involve cross-sectoral networks (e.g. schools and social services), such as those established in the Belgian reform, as well as teleconsultation and online tools, such as those introduced by *PMHC* and *iFD*.
- **Use schools to ensure a near-universal coverage to build social and emotional skills** and mental resilience of children and young people. Best practices include school-based universal programmes such as *Zippy's Friends* and *This is me*, and more tailored initiatives like *Icehearts*.
- **Enhance mental health literacy and destigmatise seeking mental health support**. School-based interventions and peer-based initiatives, such as *@Ease* and *MHFA*, can support these environments.
- **Implement tailored programmes**, that are adapted and appropriate for children and adolescents' needs and their specific risk profile.

5.2. Countries should share knowledge to build good practices and strengthen mental health support

Transferring interventions is a complex task that needs to be thoroughly planned and resourced. The OECD has assessed the transferability potential of these best practices, and EU/EEA countries generally have the conditions and enablers in place for successful implementation of the interventions in their national context. However, in some cases, practical attempts to transfer and implement these interventions have encountered difficulties due to, for example, variations in the integration of mental health programmes

across government sectors, differences in school context, and gaps in mental health workforce capacity. In addition, differences in programme implementation can influence intervention outcomes.

Policy makers should encourage implementers to share knowledge and experiences from previous transfers as learnings from past experiences can improve future transfer efforts. It is also crucial that implementers have at their disposal guidelines and standards to facilitate the transfer and implementation process. A leading example is the Joint Action ImpleMENTAL (Box 1), which utilised an established implementation strategy and provided a legacy for future transfers. As also showed by the work from CHRODIS Plus and the OECD guidebook for best practices in public health (OECD, 2022[26]), key factors for successful transfer and implementation of best practices include conducting a country's situation analysis and an assessment in the early phases of implementation, as well as using Plan-Do-Study-Act cycles during the implementation process. For example, effective programme implementation in schools would require evaluating programme's acceptability and feasibility by engaging with school staff, ensuring adaptability to the school environment, and involving stakeholders throughout the implementation process (Dekkers and Luman, 2024[27]).

Box 1. Joint Actions ImpleMENTAL and MENTOR

The 2022-24 European Union-funded Joint Action ImpleMENTAL aimed at transferring and implementing two mental health best practices across EU member countries: *Suicide Prevention in Austria (SUPRA)* and the *Belgian mental health reform* (JA-ImpleMENTAL, n.d.[28]). By end 2024, 17 European countries have initiated pilots of SUPRA in their national setting, and 14 countries have initiated pilots of the Belgian Mental Health reform. The Joint Action ImpleMENTAL supported countries in the implementation process, such as assessing the situation and needs in the target countries, establishing local networks for mental health care, sharing knowledge, setting achievable goals, fostering stakeholder engagement and advocacy, and building capacity for mental health care services. These efforts will continue through the 2024-27 EU Joint Action MENTOR (Mental Health Together) that aims to promote mental health by sharing experiences across political and clinical spheres.

6 Scaling up and transferring best practices will have practical implications

Increasing provision of low-threshold and specialised treatment should be supported by increasing the capacity of the mental health workforce and by creating new roles. Policy makers should plan and, when necessary, increase the capacity of mental health professionals, including psychologists, mental health nurses, general practitioners, psychiatrists, social workers and occupational therapists. Where necessary, policy makers can also increase workforce capacity by creating new roles for existing professions, such as midwife-led PPD diagnosis in *Next Stop Mum*, or new professions, such as orthopaedagogues in the Belgian reform. At the same time, they should ensure integrating these new roles with established, traditional roles across healthcare and other sectors, such as the social sector.

Providing free access to psychological treatment will incur cost for the governments. Reducing cost barrier is essential to increasing accessibility of psychological therapy. Both *PMHC* and the Belgian reform removed the cost barrier, either partly or in full. *PMHC* is totally free of charge for patients, and the Belgian reform entitles patients up to 20 free psychological consultations per year. In practice, this reform enabled mental health support and treatment to be provided to more than 140 000 patients per year at a cost of EUR 1 122 per patient. Implementing interventions that facilitate access will inevitably increase government costs, but extensive work has pointed to the high direct and indirect costs of untreated mental ill-health (OECD, 2021[7]; 2021[21]) and the forthcoming OECD publication on the economics of mental ill-health will report on the return on investment of the commonly used mental health interventions, taking into account a broader societal perspective.

Finally, implementing best practice interventions will require paying attention to the emergence of new drivers of declining child and adolescent mental health. The OECD Recommendation on Children in the Digital Environment highlights both the risks and opportunities of digitalisation, offering governments and stakeholders a framework for policies that protect and empower children online (OECD, 2022[29]). A deeper understanding of the association between digital device use, social media, and poor mental health is urgently needed. The OECD's "How's Life for Children in the Digital Age" (OECD, forthcoming[30]) will address some of these questions, and goes some way to responding to OECD Health Ministers call for the OECD to develop a co-ordinated initiative to mitigate the risks of digitalisation and social media platforms on the mental health of children and young people. Additionally, there is an urgent need to capture critical expert data (from parents, teachers, health professionals), hear from young people themselves, and to understand the impact of new policies or interventions, such as school phone bans. To this end, the OECD will be starting a major new project to better support policy makers in their efforts to understand and safeguard young people's mental health.

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Further reading

OECD Best Practices in Public Health webpage, www.oecd.org/en/about/projects/best-practices-in-public-health.html.

OECD Mental Health webpage, www.oecd.org/en/topics/sub-issues/mental-health.html.

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Notes

[1] Australia, Brazil, Finland, France, India, Nigeria, Philippines, Portugal, the United Kingdom, and the United States.

[2] With the help of the EC Best Practice Portal and member countries of the OECD Expert Group on the Economics of Public Health.