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REPORT OF MENTAL HEALTH AMONG CHILDREN

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HEALTHY MIND,
HEALTHY CHILD

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INTRODUCTION

Introduction

The mental health of children and adolescents is becoming an increasingly important aspect of public health, especially in the context of modern challenges that shape the emotional and psychological functioning of young people. Rapid societal, educational, and family pressures, changes in communication patterns, and heightened stress stimuli contribute to a growing number of youth displaying various forms of emotional difficulties, including symptoms of depression. The latest meta-analyses indicate that in recent years—particularly in the context of global crises such as the COVID-19 pandemic—the prevalence of depressive and anxiety symptoms in children and adolescents has reached concerning levels (Racine et al., 2021). Furthermore, social isolation and feelings of loneliness exacerbate the mental health of young people, creating long-term consequences for emotional development and overall functioning (Loades et al., 2020). For this reason, early identification and understanding of mental health issues among children and adolescents are essential steps in ensuring quality preventive and intervention care.

This report is based on an international study conducted in three European countries—Croatia, Slovenia, and Spain—with the aim of examining the prevalence of mental health issues in the age group of 7 to 14 years, using validated instruments and scientifically grounded methodologies. The study employs a comprehensive approach to analyzing the mental health of children and adolescents through a combination of quantitative and qualitative methods. In the quantitative part of the research, a shortened version of the Moods and Feelings Questionnaire (MFQ) was used, enabling reliable assessment of depressive symptoms among young individuals. The results were analyzed using statistical methods, including descriptive analysis and distribution of results by age group and country, thus providing a detailed insight into the emotional functioning of adolescents across various cultural contexts. Furthermore, the qualitative component of the research was enriched by in-depth interviews with relevant stakeholders—experts from the fields of psychology, education, sports pedagogy, and parents—who, through their personal experiences and professional knowledge, shed additional light on the specific challenges faced by young people in the context of mental health. These interviews provided valuable insights into subjective experiences, perceptions of risk, and existing forms of support, and helped interpret the quantitative findings from a broader social and emotional perspective. In addition, the research includes a thorough analysis of current scientific and professional literature dealing with youth mental health, with particular emphasis on children involved in organized sports activities. A comprehensive analysis of existing national and international research in the field of youth mental health was also conducted, identifying key trends, challenges, and recommendations for future action. This analysis ensures the robustness of the findings and enables the comparison of results with current scientific knowledge, further reinforcing the validity of the conclusions presented in this report. Finally, consultations were conducted with key stakeholders in the fields of education, health, sports federations, and the non-governmental sector. Their suggestions, experiences, and

recommendations were integrated into the conclusions of the report, with the aim of shaping sustainable and effective guidelines for improving the mental health of children and adolescents, especially those involved in sports activities. This multidimensional approach enables a more comprehensive understanding of the problem and provides a foundation for developing preventive and intervention strategies tailored to the real needs of young people in various social and cultural contexts.

The research and the accompanying analysis clearly indicate the need for systematically raising awareness about the importance of youth mental health. The results suggest that, although most young people do not exhibit pronounced symptoms, a significant number still display certain levels of emotional vulnerability which, if neglected, may escalate into more serious mental health difficulties. There is a need for continuous education of the general public, parents, teachers, policymakers, and all those working with young people about the importance of early detection and prevention of mental health issues, as well as the promotion of a more open societal discourse that de-stigmatizes psychological difficulties among youth. Therefore, this report represents not only a scientific evaluation of the current state but also a call to socially responsible action aimed at creating safer and more supportive environments for the healthy development of young people.

LITERATURE ANALYSIS

As part of this work, a literature review was conducted with the aim of gaining insight into the state of youth mental health and the effectiveness of various preventive and intervention programs targeted at this population. The analysis included a total of 33 scientific studies that directly address the mental health of young people, focusing specifically on research conducted with this age group.

Only studies that, in their methodology, analyzed youth mental health or evaluated interventions implemented among young people were included. The research encompassed various types of interventions – from universal mental health programs in educational institutions, through targeted preventive measures, to specific therapeutic approaches such as cognitive-behavioral therapy.

The literature search was conducted systematically using relevant scientific databases, including Web of Science (WoS), Scopus, Google Scholar, and the ResearchGate platform. The search used a combination of key terms such as "mental health", "youth", "school-based intervention", "resilience", "depression", "anxiety", and "social-emotional learning", to ensure comprehensive coverage of the topic and relevance of selected sources.

The objective of this analysis was to synthesize existing knowledge and identify effective approaches in promoting youth mental health, as well as to recognize gaps and needs for future research and program development.

Literature Review

NO.	AUTORES	TÍTULO DEL PAPER	EDAD	PRINCIPALES CONCLUSIONES
1	Grande, I. et al. (2023)	Efficacy of school-based interventions for mental health problems in children and adolescents in low and middle-income countries: A systematic review and meta-analysis	6 – 18	School-based interventions are effective in reducing PTSD symptoms; moderate effects observed for ADHD and depression.

2	Amado-Rodríguez, I.D. et al. (2022)	Effectiveness of Mental Health Literacy Programs in Primary and Secondary Schools: A Systematic Review with Meta-Analysis	10 - 19	Mental health literacy programs improve knowledge and reduce stigma; behavioral effects are limited.
3	Bjerre, N. et al. (2021)	Effective interventions targeting the mental health of children and young adults: A scoping review	0 - 24	Multi-domain approaches and well-trained implementers enhance intervention effectiveness.
4	Lam, C. & Lam, M. (2023)	Child and adolescent mental well-being intervention programme: A systematic review of randomised controlled trials	12-18	Activity-based and psychoeducation programs show potential; more high-quality research is needed.
5	García-Carrión, R. et al. (2019)	Children and Adolescents Mental Health: A Systematic Review of Interaction-Based Interventions in Schools and Communities	6-18	Interaction-based interventions in schools and communities improve mental health and social skills.
6	Tennant, R. et al. (2007)	A systematic review of reviews of interventions to	6-19	Early preventive interventions are crucial for

		promote mental health and prevent mental health problems in children and young people		promoting mental health and preventing problems.
7	Etchells, P. & Haidt, J. (2024)	Screen Time for Kids Is Fine! Unless It's Not	5-18	The impact of screen time on children's mental health is complex and requires further research.
8	McLaughlin, K.A. et al. (2022)	Childhood Maltreatment and Mental Health Problems: A Systematic Review and Meta-Analysis of Quasi-Experimental Studies	7-18	Strong association between childhood maltreatment and later mental health issues.
9	Caldwell, D.M. et al. (2020)	Long-term outcomes of psychological interventions on children and young people's mental health: A systematic review and meta-analysis	4-18	Psychological interventions have long-term positive effects on children's mental health.
10	Barry, M.M. et al. (2015)	A systematic review of the effectiveness of mental health promotion interventions for young	6-18	Mental health promotion interventions are effective in low and

		people in low and middle-income countries		middle-income countries.
11	Weare, K. & Nind, M. (2011)	Mental health promotion and problem prevention in schools: what does the evidence say?	5-11; 12-18	School-based programs are effective in promoting mental health and preventing problems.
12	Fazel, M. & Soneson, E. (2023)	Current evidence and opportunities in child and adolescent public mental health: a research review	7-18	Integration of public health approaches is needed in child and adolescent mental health.
13	Mychailyszyn, M.P. et al. (2012)	Cognitive-behavioral school-based interventions for anxious and depressed youth: A meta-analysis	6-18	CBT-based school interventions are effective for anxiety and depression in youth.
14	Durlak, J.A. et al. (2011)	The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions	5-18	Social and emotional learning programs improve students' mental health and academic performance.
15	Werner-Seidler, A. et al. (2017)	School-based depression and anxiety prevention programs	6-18	School-based programs are effective in

		for young people: A systematic review and meta-analysis		preventing depression and anxiety among youth.
16	Neil, A.L. & Christensen, H. (2009)	Efficacy and effectiveness of school-based prevention and early intervention programs for anxiety	6-18	School-based programs effectively prevent and reduce anxiety symptoms in children.
17	Merry, S.N. et al. (2011)	Psychological and educational interventions for preventing depression in children and adolescents	6-18	Interventions are effective in preventing depression in children and adolescents.
18	Stallard, P. et al. (2013)	Classroom-based cognitive behavioural therapy (FRIENDS): A cluster randomised controlled trial to prevent anxiety in children through education in schools (PACES)	9-10	Classroom-based CBT programs prevent anxiety in children.
19	Clarke, A.M. et al. (2015)	A systematic review of the effectiveness of mental health promotion interventions for young people in low and	10-19	Mental health promotion interventions are effective in low and middle-income countries.

		middle-income countries		
20	O'Connor, C.A. et al. (2018)	School-based universal mental health programs: A systematic review and meta-analysis of quality and effectiveness	6-18	Universal school-based programs improve mental health outcomes in students.
21	Higgins, A. et al. (2015)	Evaluation of mental health promotion and prevention interventions for children and adolescents in schools: A systematic review	6-18	School-based interventions are effective in promoting mental health and preventing disorders.
22	Dray, J. et al. (2017)	Systematic review of universal resilience-focused interventions targeting child and adolescent mental health in the school setting	5-18	Resilience-focused interventions in schools improve mental health outcomes.
23	Corcoran, R.P. et al. (2018)	A systematic review of evidence-based interventions for social, emotional and behavioral difficulties in primary school children	5-11	Evidence-based interventions improve social, emotional, and behavioral outcomes in children.

24	Taylor, R.D. et al. (2017)	Promoting positive youth development through school-based social and emotional learning interventions: A meta-analysis of follow-up effects	5-18	SEL interventions have lasting positive effects on youth development.
25	Das, J.K. et al. (2016)	Interventions for adolescent mental health: An overview of systematic reviews	10-19	Various interventions are effective in improving adolescent mental health.
26	Jiménez-Barbero, J.A. et al. (2016)	Effectiveness of school-based programs for preventing bullying and cyberbullying: A systematic review	6-18	School-based programs are effective in preventing bullying and cyberbullying.
27	Langford, R. et al. (2015)	The WHO Health Promoting School framework for improving the health and well-being of students and their academic achievement	6-18	The Health Promoting School framework improves student health and academic outcomes.
28	Ttofi, M.M. & Farrington, D.P. (2011)	Effectiveness of programs to reduce school bullying: A systematic review	6-18	Anti-bullying programs are effective, especially when parent training and disciplinary

				methods are included.
29	Wright, M. et al. (2023)	Interventions with Digital Tools for Mental Health Promotion among 11–18 Year Olds: A Systematic Review and Meta-Analysis	11-18	Digital interventions show promising effects in promoting well-being and reducing anxiety.
30	Li, J. et al. (2023)	Effect of exercise intervention on depression in children and adolescents: a systematic review and network meta-analysis	6-18	Exercise interventions reduce depression symptoms among children and adolescents.
31	Nazari, A. et al. (2023)	The effect of web-based educational interventions on mental health literacy, stigma and help-seeking intentions/attitudes in young people: systematic review and meta-analysis	10-18	Web-based interventions significantly improve mental health literacy and reduce stigma..
32	Paunesku, D. et al. (2015)	Mind-set interventions are a scalable treatment for academic underachievement	11-18	Growth mind-set interventions improve academic performance and psychological resilience.

33	Jones, S.M. et al. (2017)	Navigating SEL from the inside out	5-18	High-quality SEL programs improve emotional regulation, relationships, and mental health in school settings.

Based on the analysis of 33 scientific studies focused on the mental health of youth, several key scientific conclusions can be drawn regarding the current state, challenges, and effective approaches in the promotion and protection of youth mental health.

Youth mental health is increasingly recognized as a public health priority. Numerous studies confirm a rising prevalence of mental health difficulties among young people, including anxiety and depressive disorders, attention disorders, post-traumatic stress disorder (PTSD), and the negative consequences of emotional and physical abuse. These issues often arise at an early age, and if not recognized and addressed in a timely manner, they can have long-term negative effects on education, employment, social relationships, and overall life functioning.

The literature particularly emphasizes the importance of the school environment as a key platform for the implementation of preventive and intervention measures. Schools are recognized as optimal settings for universal mental health programs, as they provide access to a wide range of students, including those who might not otherwise seek help through healthcare systems. Interventions based on social-emotional learning (SEL) have proven especially effective in improving emotional regulation, strengthening peer relationships, reducing behavioral problems, and enhancing academic performance. In addition to universal approaches, targeted programs for at-risk youth and therapeutic interventions, particularly those using cognitive-behavioral therapy (CBT), have also demonstrated strong effectiveness.

Early intervention has been identified as the most cost-effective and impactful strategy. Interventions introduced during preschool and early school years have a significantly stronger effect in preventing severe mental disorders later in development. Furthermore, programs that improve mental health literacy contribute to better understanding of mental well-being, reduce stigma, and increase help-seeking behavior among young people.

Moreover, findings indicate that digital and online interventions, though still in development and evaluation stages, hold great potential in supporting youth, particularly in preventing anxiety, providing education, and enhancing resilience. Nevertheless, further research is needed to determine their long-term effectiveness and implementation safety.

Youth mental health cannot be considered in isolation from the broader social and family context. Poverty, violence, abuse, adverse family conditions, and social exclusion are strongly associated with poorer mental health outcomes. Therefore, it is essential to develop integrated strategies that foster cooperation between educational, healthcare, and social systems, as well as involve families and communities in the planning and implementation of interventions.

In conclusion, the analysis of the available scientific literature clearly indicates that youth mental health is an area requiring continuous attention, investment, and an interdisciplinary approach. It is necessary to further improve programs aimed at enhancing youth mental health, ensure their long-term sustainability, and tailor them to the specific needs of diverse age, social, and cultural groups.

METHODS

Participants

A total of 991 participants from three European countries took part in the study: 315 from Spain, 359 from Slovenia, and 317 from Croatia. The sample was carefully structured to ensure balance across countries, allowing for valid cross-cultural comparisons and greater representativeness within each national population. The participants were aged between 7 and 14 years, representing a key developmental group of children and adolescents.

Special attention was given to the ethical aspects of the research process. The study was conducted in accordance with the highest ethical standards. All participants received detailed information about the objectives, procedures, duration, and potential implications of the study before taking part. Informed consent was a prerequisite for participation. For all underage participants, written consent was obtained from their parents or legal guardians, along with a clear explanation of the study's purpose and the voluntary nature of participation. Participants were informed that they could withdraw their consent at any time without any negative consequences.

To protect the privacy and personal dignity of the participants, all collected data were anonymized and used exclusively for scientific analysis. It is not possible to reconstruct the identity of any participant based on the collected data, and access to the database was strictly limited to members of the research team. The entire study was conducted in full compliance with the ethical principles of the World Medical Association's Declaration of Helsinki, which establishes international standards for conducting medical and behavioral research involving human subjects.

Furthermore, special attention was given to the protection of sensitive and personal data, which were processed and stored in accordance with applicable national data protection laws in Spain, Slovenia, and Croatia, as well as with the provisions of the European Union's General Data Protection Regulation (GDPR). This ensured a high level of legal and ethical compliance and directed the research process toward maximizing the protection of the rights, safety, and well-being of all participants.

Questionnaire

In this study, the short version of the Moods and Feelings Questionnaire (MFQ) was used, a tool developed to assess depressive symptoms in children and adolescents. The short version of the MFQ includes 13 key items that focus on emotional, cognitive, and somatic aspects of depression, allowing for a quick yet reliable identification of depressive symptoms in young individuals (Thabrew et al., 2018). Despite its brevity, this version retains the core psychometric properties of the original instrument, making it suitable for use in larger samples and in contexts where participant time burden needs to be minimized. The choice of the short version of the MFQ was based on the aim to reduce cognitive and emotional load on participants, thereby preventing fatigue effects and improving the quality of the collected data. Despite its shorter format, the instrument has

demonstrated a high level of internal consistency, reliability, and construct validity in previous studies (Thabrew et al., 2018; Jarbin et al., 2020).

Table 1. Questionnaire Moods and Feelings Questionnaire (MFQ)

No.	Pregunta
1	I felt sad or unhappy.
2	I didn't enjoy things the way I used to.
3	I felt worthless.
4	I felt very tired and low on energy.
5	I felt like I couldn't do anything right.
6	I felt frustrated or angry.
7	I felt like no one loves me.
8	I felt like I didn't care about anything.
9	I had trouble sleeping.
10	I felt like I had no reason to be happy.
11	I had no appetite or ate too much.
12	I cried often.
13	I felt overwhelmed with worries.

The questionnaire items are presented as statements that participants rate using a three-point Likert scale (0 – never, 1 – sometimes, 2 – always). This rating system was designed to be easily understood and age-appropriate, thereby increasing the reliability of responses among adolescents. To ensure the cultural and linguistic adaptation of the measurement instrument, the questionnaire was translated from English into Croatian, Spanish, and Slovenian using the back-translation method. This process involves an initial translation of the questionnaire from English into the target language, followed by an independent back-translation into English to verify the semantic and conceptual

equivalence of the items. This ensured the linguistic accuracy and cultural relevance of the questionnaire in all three national contexts (Harkness, 2003).

The distribution of the questionnaire was conducted electronically using the Google Forms platform. This method allowed for simple, practical, and anonymous access for participants, without physical contact or additional burden. Online distribution also enabled data collection within a short time frame and minimized the risk of data entry errors.

The short version of the MFQ represents a valuable tool for the early identification of potential emotional difficulties among adolescents. The results obtained can serve as a basis for the development of targeted preventive and intervention programs aimed at preserving and improving youth mental health, both in school settings and in the broader social context.

Statistic analysis

For the purpose of data processing and interpretation, descriptive statistical methods were used, including frequency distribution by categories based on country. The analysis was conducted to gain insight into the range and prevalence of depressive symptoms in the surveyed adolescent sample.

Each participant's total score on the short version of the Moods and Feelings Questionnaire (MFQ) was treated as a continuous variable that quantifies the intensity of depressive symptoms. The maximum possible score is 26, while the minimum is 0, with higher values indicating a greater level of emotional distress and presence of depressive symptomatology.

To allow for the interpretation of results and comparison within the sample, participants were further categorized into four levels based on predefined cutoff points for total scores, derived from previous research and clinical recommendations (Angold et al., 1995). Scores from 0 to 5 indicate the absence or a very low level of depressive symptoms, within expected developmental variations. Scores between 6 and 10 suggest the presence of occasional, mild symptoms that do not yet require professional intervention, but may signal the need for monitoring. Scores from 11 to 20 indicate moderately expressed depressive symptoms, which may potentially affect daily functioning and require further evaluation. Scores from 21 to 26 represent a high level of depressive symptomatology and may point to significant emotional distress, in which case professional psychological or psychiatric support is recommended.

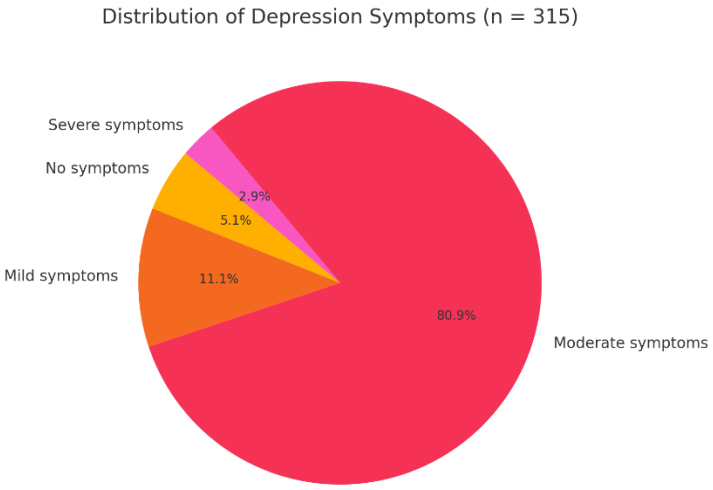
This categorization enabled a deeper understanding of the structure and intensity of emotional difficulties present in the sample and served as a foundation for further inferential analysis and consideration of associations with other relevant variables.

RESULTS

Spain

Based on the analysis of the results from the short version of the Moods and Feelings Questionnaire (MFQ), completed by a total of 315 participants, several significant conclusions can be drawn regarding the presence of depressive symptoms among the respondents. Participants were categorized into four groups based on their total scores: no symptoms, mild symptoms, moderate symptoms, and severe symptoms of depression.

Graph 1. Depressive Symptoms Among Spanish Adolescents



The largest number of participants falls into the “no symptoms of depression” category, indicating that a significant portion of respondents did not show signs of emotional dysfunction or depressive mood at the time of assessment. This result suggests a relatively stable emotional state in this group of youth, which may reflect a supportive environment, healthy coping mechanisms, or general psychological well-being.

The next most numerous group includes those with mild symptoms, which indicate the occasional presence of depressive indicators. These participants may experience mood fluctuations associated with everyday stressors, but such symptoms do not reach the clinical threshold. Nevertheless, this group represents an important target for preventive programs aimed at strengthening emotional resilience and raising awareness about mental health.

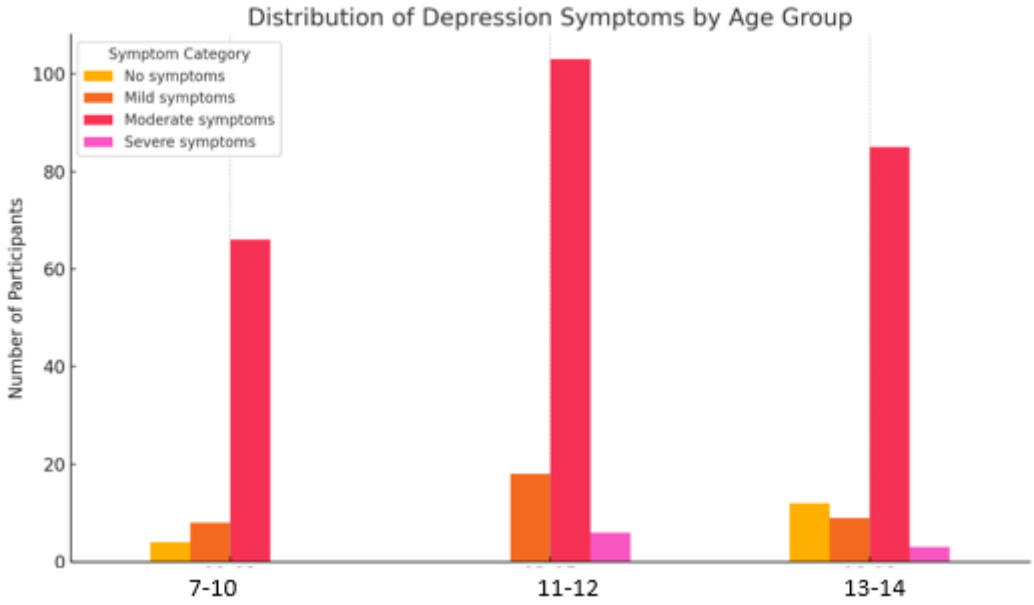
Moderately expressed depressive symptoms were reported by a considerable number of participants, which warrants additional attention. The presence of such symptoms can affect the daily functioning of young individuals, including academic performance, social relationships, and personal satisfaction. Although not necessarily clinically depressed, these individuals could benefit from structured psychological support or a mental health evaluation by a professional.

Finally, a smaller but concerning percentage of participants falls into the category of severe depressive symptoms. High scores in this group point to pronounced emotional difficulties that may indicate clinical depression. For these participants, timely intervention by mental health professionals is crucial in preventing the worsening of symptoms and ensuring appropriate support.

The overall distribution shows that more than half of the respondents exhibit at least mild depressive symptoms, further emphasizing the need for systematic monitoring of young people's psychological well-being. The implementation of educational and preventive programs within the school system, as well as ensuring access to psychological support, could play a key role in mitigating these issues and improving adolescent mental health.

The results presented in Graph 2 highlight clear differences in the intensity of depressive symptoms across age groups. The youngest group, children aged 7 to 10, shows the highest proportion of participants without depressive symptoms. This may indicate a relatively stable emotional state during early adolescence, when external pressures and expectations (e.g., school-related stress, social relationships, identity issues) are still less pronounced compared to older groups.

Graph 2. Depressive Symptoms Among Spanish Youth by Age Group



In the 11–12 age group, there is an observable increase in the proportion of participants exhibiting mild and moderately expressed depressive symptoms. This stage of adolescence is often characterized by more intense emotional changes, conflicts within family and school environments, and the process of identity formation, all of which can contribute to heightened emotional vulnerability.

The oldest age group, 13 to 14 years, shows the highest concentration of moderate and severe depressive symptoms. This is a developmental phase in which existential pressures intensify (e.g., decisions about the future, academic achievement, peer pressure), which can lead to more serious forms of psychological difficulties. Special attention should be

paid to the presence of severe symptoms in this age group, as they may be indicative of clinical depression and require timely professional intervention.

The distribution of depressive symptoms by age confirms that the risk of developing depressive conditions increases with age. This highlights the need for age-specific preventive strategies and interventions. While younger children may benefit from general emotional education, adolescents in middle and late developmental stages require more structured psychological support, including counseling, emotional resilience workshops, and access to school psychologists.

Slovenia

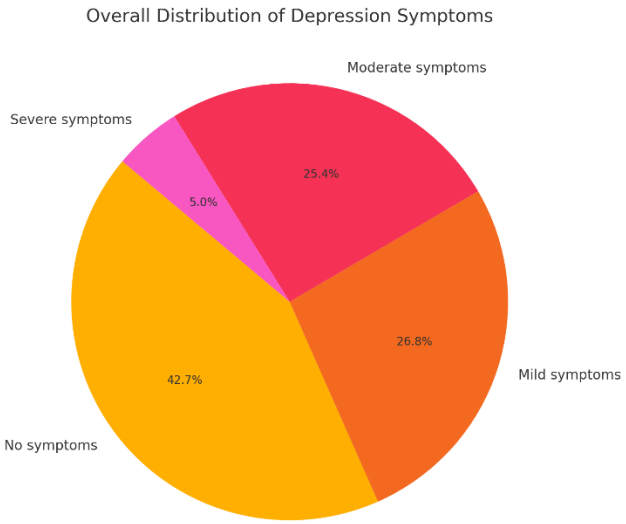
Based on the analysis of the overall results obtained from the short version of the Moods and Feelings Questionnaire (MFQ), it is clear that there is significant variability among participants in the expression of depressive symptoms (Graph 3). The results, presented in the form of a pie chart, provide a comprehensive insight into the emotional state of the respondents by classifying symptoms into four levels of severity: no symptoms, mild, moderate, and severe symptoms.

The majority of participants belong to the groups showing either no symptoms or only mild levels of depressive symptoms. The absence of symptoms in this population suggests relatively preserved mental health and emotional stability, which may be the result of protective factors such as a supportive family environment, a positive school experience, or well-developed stress-coping mechanisms. However, the presence of mild symptomatology in some participants may indicate early forms of emotional difficulties which, if left unaddressed, have the potential to develop into more serious psychological issues. Although these symptoms do not yet constitute a clinical condition, they require careful monitoring and the inclusion of preventive measures.

Moderate depressive symptoms are present in a significant number of participants. This level of symptomatology can seriously impair an individual's everyday functioning, including their ability to concentrate, maintain social relationships, and sustain self-confidence. Individuals with this profile of difficulties are potentially at increased risk of worsening mental health and, in such cases, engagement in individual or group forms of psychological support is recommended.

Particular concern is raised by the proportion of participants exhibiting severe depressive symptoms. These individuals are likely experiencing clinically significant forms of depression, which may include intense feelings of worthlessness, a loss of interest in daily activities, sleep and appetite disturbances, and in some cases, the presence of suicidal thoughts. Such symptomatology clearly indicates the need for urgent professional intervention and involvement in the mental health care system in order to ensure adequate diagnosis and treatment.

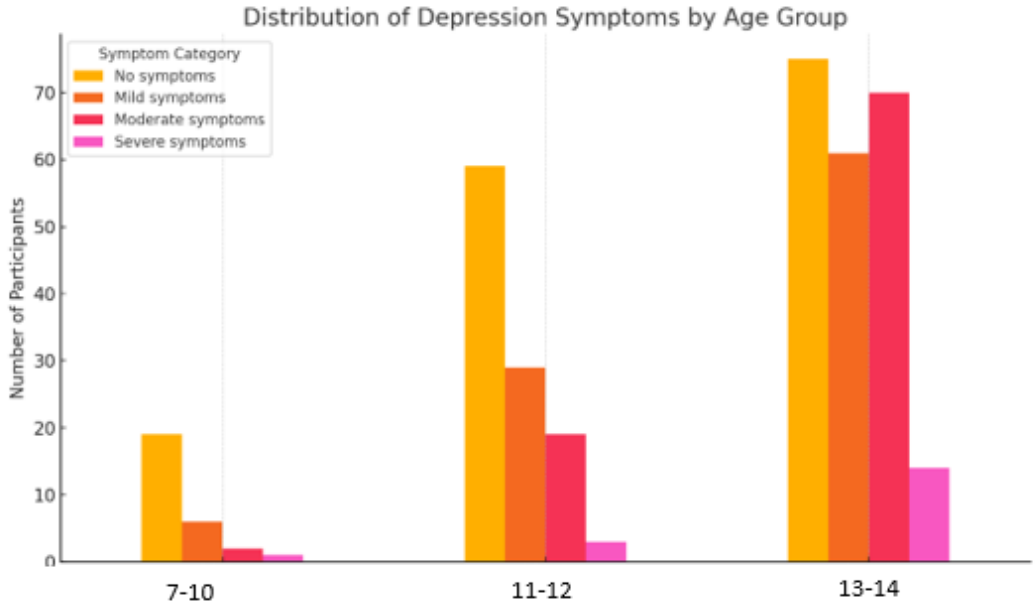
Graph 3. Depressive Symptoms Among Slovenian Youth



The general conclusion drawn from the analysis is that, although there is a group of young individuals without pronounced emotional difficulties, a significant portion shows symptoms ranging from mild to severe. This situation highlights the need for a systematic improvement in mental health care for children and adolescents, the strengthening of preventive programs in schools, and better access to professional psychological and psychiatric support. Such an approach can not only prevent the development of serious psychopathological conditions but also contribute to a better quality of life for young people in both developmental and academic contexts.

An analysis of the graphical representation (Graph 4) reveals that the younger age groups, particularly those aged 7 to 10, show a higher proportion of participants without depressive symptoms. This finding can be interpreted as an indicator of emotional resilience and reduced exposure to the complex stressors that typically characterize middle and late stages of adolescence.

Graph 4. Depressive Symptoms Among Slovenian Youth by Age Group



The 11 to 12 age group shows an increase in the proportion of participants with mild and moderate symptoms. This developmental stage involves significant changes on cognitive, emotional, and social levels, which often result in increased emotional sensitivity. During this period, there is also heightened awareness of one's role in society, peer relationships, and academic expectations, all of which may contribute to the emergence of emotional difficulties.

The oldest group, aged 13 to 14, demonstrates a more pronounced presence of moderate and severe depressive symptoms. This developmental phase is associated with increased pressures related to making decisions about the future, completing school, preparing for college, and becoming more independent—factors that can significantly contribute to the onset of more intense forms of emotional dysfunction. The elevated level of depressive symptoms in this group highlights the need for targeted preventive programs and the availability of professional support specifically during this period.

In general, the graph supports the hypothesis that the risk of developing depressive symptoms increases with age. These findings further emphasize the importance of timely psychological assessments, particularly for older adolescents, as well as the implementation of developmentally appropriate mental health programs within educational institutions. Systematic care for the emotional well-being of children and adolescents is a key component of public health strategies aimed at reducing the prevalence of depression in the adolescent population.

Croatia

Graph 5 presents the percentage distribution of depressive symptom levels in the sample, categorized according to the standardized clinical thresholds of the Moods and Feelings Questionnaire – Short Form (MFQ-SF). The results are grouped into four clearly defined categories: No symptoms of depression (52.1%), Mild symptoms (22.3%), Moderate symptoms (17.8%), and Severe symptoms (7.8%).

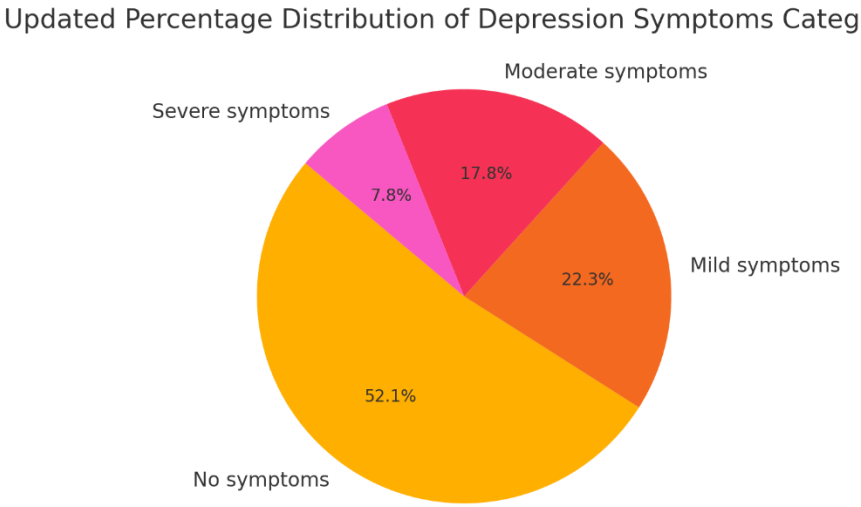
The largest share of participants falls within the “no symptoms” category, indicating a predominant presence of functional emotional status in the population. This distribution is consistent with epidemiological findings suggesting that the majority of children and adolescents in the general population do not exhibit symptoms of clinical depression. However, even within subclinical limits, it is important to consider the protective and risk factors that contribute to the maintenance or disruption of emotional balance.

The group of participants with mild depressive symptoms (22.3%) represents a relevant segment due to the potential risk of symptom progression if preventive action is not taken. Although this level of symptomatology does not imply a disorder, it may reflect temporary adjustment difficulties, reactive emotional responses to external stressors, or early manifestations of affective dysfunction. For this reason, this group holds high preventive value and warrants systematic monitoring within school-based or community mental health support services.

Moderate depressive symptoms, present in 17.8% of participants, already reflect a more significant impairment in emotional functioning and may require structured assessment and intervention by mental health professionals. This category often includes more pronounced symptoms such as dysthymia, disturbances in sleep and appetite, low self-esteem, and even subtle forms of social withdrawal and cognitive distortions.

Finally, the group with severe depressive symptoms, although the smallest quantitatively (7.8%), is the most clinically significant. The presence of such pronounced symptomatology in the adolescent population strongly correlates with functional impairments, academic failure, social isolation, and an increased risk of suicidal ideation and behaviors. This group requires timely recognition, diagnostic evaluation, and inclusion in professional psychological and/or psychiatric care systems.

Graph 5. Depressive Symptoms Among Croatian Youth

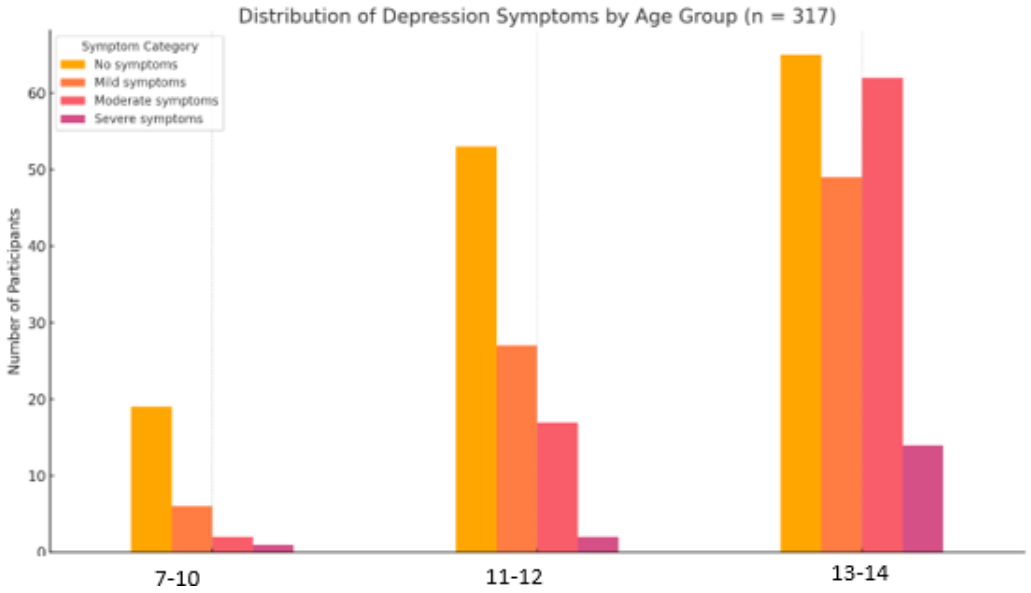


From the graph (Graph 6), it is evident that the youngest age group (7–10 years) shows the highest proportion of participants without symptoms of depression, which is consistent with developmental expectations and the lower levels of emotional complexity

characteristic of this stage. In the 11–12 and 13–14 age groups, there is a noticeable increase in the frequency of mild, moderate, and especially severe symptoms, reflecting heightened psychosocial stress, changes in self-perception and interpersonal relationships, and more demanding academic and life responsibilities typical of middle and late adolescence.

The oldest age group (13–14 years) is particularly concerning, as it records the highest number of participants with moderate and severe depressive symptoms. These findings support previous research indicating adolescence as a developmental period of increased risk for affective disorders, including clinically significant depression. Such results point to the need for systematic mental health care for youth in this age group, including preventive measures, early symptom detection, and access to professional psychological support.

Graph 6. Depressive Symptoms Among Croatian Youth by Age Group



Comparison of Depressive Symptoms Among Youth Across Countries (Spain, Slovenia, and Croatia)

The comparative results presented (Graph 7) reveal pronounced differences in the prevalence of depressive symptoms among adolescents from Croatia, Slovenia, and Spain, indicating significant variations in emotional functioning patterns across the three populations. In Croatia, the highest proportion of adolescents without depressive symptoms was recorded, suggesting a relatively stable emotional profile within the sample. At the same time, the share of adolescents with severe depressive symptoms stands at 7.8%, representing the highest percentage among the observed countries. This finding may reflect a greater ability to recognize and express psychological difficulties or a different distribution of risk factors within family, school, and community contexts.

In Slovenia, there is a lower proportion of adolescents without symptoms, but a more balanced distribution across mild (26.8%), moderate (25.4%), and severe symptoms

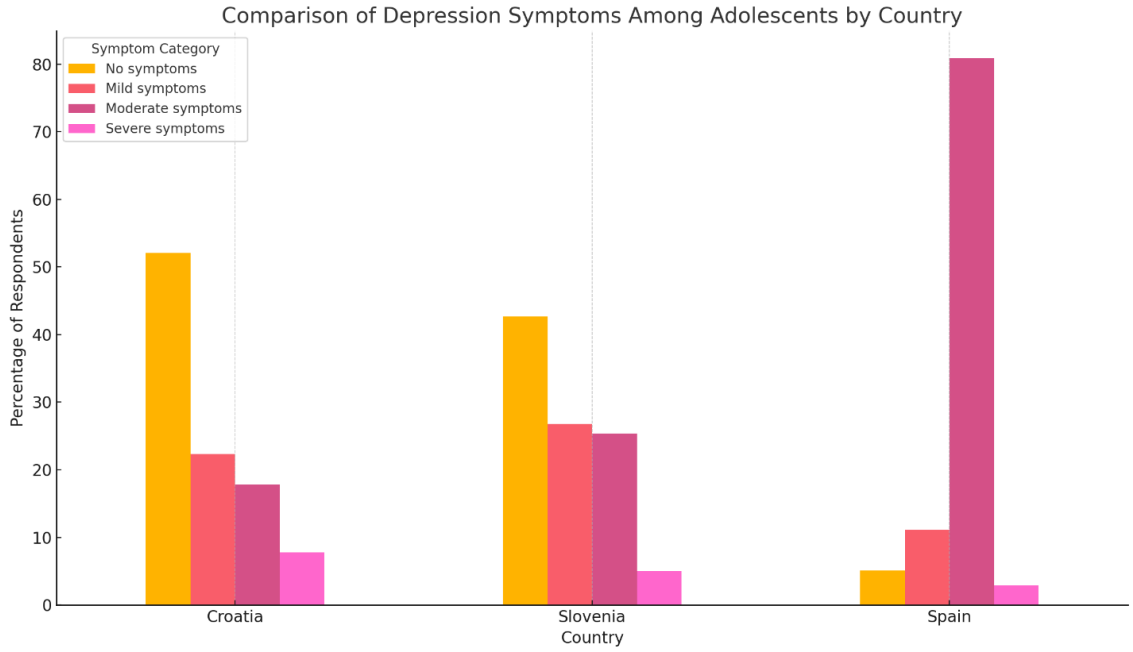
(5.0%). This pattern may reflect a higher level of emotional sensitivity and openness in expressing psychological states, as well as potentially greater awareness of mental health among the adolescent population.

At the same time, the relatively low proportion of severe symptoms in the Slovenian sample may suggest more effective protective mechanisms and support systems that prevent symptom escalation to clinically significant levels.

In the case of Spain, a very specific pattern emerges: an almost complete absence of adolescents without symptoms (5.1%), a dominance of moderate symptoms (80.9%), and simultaneously the lowest proportion of participants with severe symptoms (2.9%). This distribution may be the result of a different cultural context in which moderate emotional difficulties are normalized and more frequently verbalized, while more severe psychological problems may be underreported due to possible stigma or lower recognition of serious issues among youth. Methodological differences in the way the questionnaire was administered may also have influenced the interpretation of symptom levels.

These differences in both the expression and distribution of severe depressive symptoms among adolescents highlight the need for more precise, culturally adapted tools for assessing mental health, as well as the development of locally specific preventive and intervention strategies. The comparison clearly shows that adolescents' emotional difficulties are not universal in pattern or intensity but reflect a complex interaction of individual, social, and cultural factors.

Graph 7. Comparison of Depressive Symptoms Among Adolescents by Country



QUALITATIVE ANALYSIS OF YOUTH MENTAL HEALTH

A qualitative analysis was conducted in three European countries – Croatia, Slovenia, and Spain. In each country, 15 in-depth interviews were carried out with decision-makers and key stakeholders, including school principals, teachers, psychologists, pedagogues, representatives of associations, and others. The purpose of the interviews was to gain a deeper understanding of how youth mental health is perceived, to assess the effectiveness of existing support systems, and to identify key challenges and opportunities for improving policies and practices aimed at the well-being of young people.

Special emphasis was placed on understanding youth mental health within a broader social context – including family dynamics, the educational system, local communities, and social influences such as digital technologies and socioeconomic conditions. The interviews provided valuable insights into the everyday challenges faced by young people, as well as the ways in which various stakeholders perceive their roles in maintaining and promoting their psychological well-being. These findings support the development of recommendations grounded in real-life experiences and community needs, contributing to the creation of more sustainable and effective models of support for youth mental health.

Spain

Table 2. Semi-structured Interview

Participant	1. How would you describe the current state of students' mental health in schools?	2. What mental health support systems are currently available and how effective are they?	3. What role do teachers and psychologists play in promoting and supporting mental health in schools?	4. What are the main challenges or obstacles in addressing mental health issues in schools?	5. Do you believe there is adequate training for teachers and staff to address mental health issues?	6. What additional resources or changes would you recommend to improve mental health support in schools?	7. What one major policy change would you propose to improve mental health services in schools?
Teacher	Young people are strongly influenced by social media, which creates unrealistic expectations and insecurity.	There are school psychologists in Spain, but too few given the number of students.	Teachers have a limited role due to lack of time for individual support.	Parents are often not involved in their children's mental health problems.	Training exists, but is neither regular nor mandatory for teachers.	Incorporating emotional education into the daily curriculum.	Creating a national program for youth mental health in schools.
Teacher	Young people are confused by social pressure, especially in urban areas.	Support exists but is uneven between regions.	Pedagogues help but are burdened with administrative work.	The stigma of mental health is still present in Spanish society.	Trainings are available but not well structured.	Better coordination between school and family.	Mandatory presence of a psychologist in every school.
Teacher	Young people	Counseling services	School psychologist	Parents sometimes	Education is available but	Organize mental health	Financial investment

	often lack mechanisms for managing stress.	exist but are rarely used preventively.	s are essential but insufficient.	downplay the seriousness of the problem.	not implemented in practice.	workshops for students.	in youth mental health must increase.
Teacher	Young people have issues with identity and self-confidence.	Support systems are not sufficiently developed in rural areas.	Teachers are often unprepared for students' emotional problems.	Parents are often focused on grades, not well-being.	Mandatory annual training for teachers is necessary.	Increase the number of school psychologists.	Introduce a weekly mental health class in the schedule.
Teacher	Society tells them they must be perfect – this creates pressure.	Support programs are fragmented and short-term.	Teachers can only help if their teaching load is reduced.	Neglect of emotional education.	Lack of a multidisciplinary approach.	Interdisciplinary teams in schools (teacher, pedagogue, psychologist).	Legal regulation on minimum standards of psychological support.
Pedagogue	Young people are strongly influenced by social media, which creates unrealistic expectations and insecurity.	There are school psychologists in Spain, but too few given the number of students.	Teachers have a limited role due to lack of time for individual support.	Parents are often not involved in their children's mental health problems.	Training exists, but is neither regular nor mandatory for teachers.	Incorporating emotional education into the daily curriculum.	Creating a national program for youth mental health in schools.
Pedagogue	Young people are confused by social pressure, especially in urban areas.	Support exists but is uneven between regions.	Pedagogues help but are burdened with administrative work.	The stigma of mental health is still present in Spanish society.	Trainings are available but not well structured.	Better coordination between school and family.	Mandatory presence of a psychologist in every school.
Pedagogue	Young people often lack mechanisms for managing stress.	Counseling services exist but are rarely used preventively.	School psychologists are essential but insufficient.	Parents sometimes downplay the seriousness of the problem.	Education is available but not implemented in practice.	Organize mental health workshops for students.	Financial investment in youth mental health must increase.
Principal	Young people have issues with identity and self-confidence.	Support systems are not sufficiently developed in rural areas.	Teachers are often unprepared for students' emotional problems.	Parents are often focused on grades, not well-being.	Mandatory annual training for teachers is necessary.	Increase the number of school psychologists.	Introduce a weekly mental health class in the schedule.
Pedagogue	Society tells them they must be perfect – this creates pressure.	Support programs are fragmented and short-term.	Teachers can only help if their teaching load is reduced.	Neglect of emotional education.	Lack of a multidisciplinary approach.	Interdisciplinary teams in schools (teacher, pedagogue, psychologist).	Legal regulation on minimum standards of psychological support.
Principal	Young people are strongly influenced by social media, which creates unrealistic expectations and insecurity.	There are school psychologists in Spain, but too few given the number of students.	Teachers have a limited role due to lack of time for individual support.	Parents are often not involved in their children's mental health problems.	Training exists, but is neither regular nor mandatory for teachers.	Incorporating emotional education into the daily curriculum.	Creating a national program for youth mental health in schools.
Psychologist	Young people are	Support exists but is	Pedagogues help but are	The stigma of	Trainings are available but	Better coordination	Mandatory presence of

	confused by social pressure, especially in urban areas.	uneven between regions.	burdened with administrative work.	mental health is still present in Spanish society.	not well structured.	between school and family.	a psychologist in every school.
Association President	Young people often lack mechanisms for managing stress.	Counseling services exist but are rarely used preventively.	School psychologists are essential but insufficient.	Parents sometimes downplay the seriousness of the problem.	Education is available but not implemented in practice.	Organize mental health workshops for students.	Financial investment in youth mental health must increase.
Psychologist	Young people have issues with identity and self-confidence.	Support systems are not sufficiently developed in rural areas.	Teachers are often unprepared for students' emotional problems.	Parents are often focused on grades, not well-being.	Mandatory annual training for teachers is necessary.	Increase the number of school psychologists.	Introduce a weekly mental health class in the schedule.
Association President	Society tells them they must be perfect – this creates pressure.	Support programs are fragmented and short-term.	Teachers can only help if their teaching load is reduced.	Neglect of emotional education.	Lack of a multidisciplinary approach.	Interdisciplinary teams in schools (teacher, pedagogue, psychologist).	Legal regulation on minimum standards of psychological support.

Table 3. Thematic Analysis of Responses After Coding the Transcribed Interview (Spain)

THEMATIC CATEGORY	KEY THEMES	INTERVIEW EXAMPLES
State of Youth Mental Health	Social media, identity, stress, pressure to be perfect	"Young Spaniards are strongly influenced by social media…"
Existing Support Systems	Psychologists exist but are too few; regional disparities; weak preventive work	"There are counseling centers, but they are rarely used preventively."
Role of Professionals	Teachers are overburdened; pedagogues and psychologists are key but limited	"Pedagogues help, but are overloaded with administrative tasks."
Challenges and Obstacles	Stigma, focus on grades, neglected emotional education	"Parents are often focused on grades, not well-being."
Training and Qualification	Trainings are irregular, poorly structured, and often non-mandatory	"Trainings exist, but they are neither regular nor mandatory for teachers."
Improvement Proposals	Introduction of emotional education, interdisciplinary teams, cooperation with families	"Incorporating emotional education into the daily curriculum."
Systemic Changes	National programs, legal standards, presence of	"Legal regulation on minimum standards of psychological support."

	psychologists in all schools

Table 3 for Spain illustrates how stakeholders perceive the state of youth mental health, which, according to their accounts, is increasingly deteriorating—primarily due to the strong influence of social media, unrealistic expectations, pressure to be perfect, and increasingly frequent identity crises. Young people are often confused, emotionally sensitive, and exposed to constant comparison with others, which further amplifies feelings of insecurity and low self-esteem.

Although there are certain forms of support within the educational and healthcare systems—such as school psychologists and counseling centers—most respondents emphasize that the system is fragmented, underdeveloped, and highly inconsistent across different regions. The number of professionals is generally insufficient relative to the needs, and their availability, especially in rural areas, is extremely limited.

Teachers and pedagogues are recognized as individuals who are in daily contact with young people and therefore play a key role in the early detection of mental health problems. However, their actual ability to act is limited—administrative overload, lack of time for individual engagement with students, and the absence of continuous training and professional support are often highlighted.

One particularly significant challenge is the persistent stigma surrounding mental health—among students, parents, and society at large. This stigma often leads to denial of the problem, delayed help-seeking, or complete silence about psychological difficulties, which complicates timely intervention.

Among the proposed improvements, several stand out: the need to integrate emotional and social education into the regular school curriculum, the development of interdisciplinary teams within the school system (teachers, pedagogues, psychologists, social workers), and the creation of a national framework that would legally define minimum standards of psychological support in all schools. There is also a strong call for greater investment in human and organizational capacities, as well as for strengthening collaboration between schools, families, and local communities to foster a supportive environment for youth development.

Slovenia

Table 4. Semi-structured Interview

Participant	1. How would you describe the current state of students' mental health in schools?	2. What mental health support systems are currently available and how effective are they?	3. What role do teachers and psychologists play in promoting and supporting mental	4. What are the main challenges or obstacles in addressing mental health issues in schools?	5. Do you believe there is adequate training for teachers and staff to address mental health issues?	6. What additional resources or changes would you recommend to improve mental health support in schools?	7. What one major policy change would you propose to improve mental health services in schools?

			health in schools?				
Teacher	Students are increasingly insecure and have difficulty concentrating.	Support is available from homeroom teachers and the school psychologist.	Teachers can help a lot, but they have little time.	Lack of expertise and time among teachers.	Training exists, but it is not regular.	More workshops and video content on mental health.	Include mental health topics in school subjects.
Principal	More and more students are experiencing anxiety.	Training and access to professionals is available.	Teachers and psychologists are key to providing support.	Lack of staff and lack of trust from parents.	Trainings exist, but are rare.	More professionals and workshops for students.	Introduce a mandatory mental health program from grade 1.
Teacher	Mental health is poor, especially among girls.	Mental health centers exist, but waiting lists are long.	Teachers and psychologists are the first to notice changes.	Parents often downplay the seriousness of the issue.	Training exists, but is poorly implemented.	Organize more school-based workshops.	Invest more in children's mental health.
Pedagogue	Children are often apathetic and disinterested.	Help is available but there is a lack of prevention.	Teachers spend the most time with students.	Parents ignore symptoms.	Annual trainings are needed.	More free time and less curriculum.	A weekly mental health class.
Psychologist	Students have self-confidence issues.	We have a counseling center, but capacity is limited.	Teachers need more knowledge to help.	No room in the curriculum for discussion.	Training depends on individual willingness.	Include parents in school education.	Reduce pressure on students.
Psychologist	Increasing emotional outbursts among students.	We work reactively, not preventively.	The psychologist is important but overburdened.	Parents often refuse help.	Trainings are rare and insufficient.	Teach children empathy and communication.	Mandatory weekly mental health classes.
Teacher	Students are under constant stress due to expectations.	Help is sought too late.	Teachers are often the only support.	Parents shift responsibility to the school.	Teachers need psychological training.	More physical activities and rest.	Better legal regulation and support.
Principal	Technology reduces attention and socialization.	Psychologists are overburdened.	Teachers need tools for emotional challenges.	Mental health is a taboo topic.	There is no systematic training.	Workshops with professionals.	Reduce the number of students per class.
Special Education Teacher	Anxiety and isolation among students are increasing.	Help often comes too late.	Collaboration between teachers and psychologists is key.	Not enough time for conversations.	Trainings are not encouraging.	Introduce workshops and discussions into classes.	Require schools to employ psychologists.
Teacher	Students are showing less and less empathy.	Mental health centers are being developed.	Teachers are the first to notice changes.	Parents deny the problems.	Training is expensive and inaccessible.	More outdoor and group classes.	Mental health as a priority in education.
Principal	An increasing number of children are being diagnosed.	Help is only available with a diagnosis.	Psychologists and teachers must work together.	Too much administration, too little time with children.	Need for institutional support.	Prevention and support programs.	Reduce stress in the school system.
Speech Therapist	Aggressiveness and mood swings are more frequent.	Not enough staff for counseling.	Teachers must create a safe environment.	Parents do not give consent for help.	Training lacks practical solutions.	Teachers need supervision.	Introduce a subject on emotional education.
Special Education Teacher	Insomnia and stress are increasingly common among children.	Help is short-term and lacks continuity.	Psychologists get involved too late.	Too many students for individual work.	Training is not accessible to everyone.	More self-expression and less burden.	Law requiring schools to carry out prevention.

Association President	Students are losing motivation to learn.	Help depends on student status.	We create a safe classroom environment.	More crisis response than prevention.	Teachers don't know who to turn to.	Teachers also need their own support.	A therapist in every school.
Teacher	Children are withdrawn and stressed.	Insufficient psychological support.	Teachers don't have time to react.	Too much is expected without support.	Training is inconsistent and hard to apply.	More time for individual work.	Mental health must be a core school value.

Table 5. Thematic Analysis of Responses After Coding the Transcribed Interview (Slovenia)

THEMATIC CATEGORY	KEY THEMES	INTERVIEW EXAMPLES
State of Students' Mental Health	Emotional instability, apathy, increase in diagnoses, technology addiction, reduced motivation	Children are emotionally more unstable, often apathetic and disinterested.
Existing Support Systems	Psychologists and pedagogues present but insufficient; long waiting lists; focus on curative care	There is a psychologist, but the waiting lists are long.
Role of Teachers and Psychologists	Teachers are the first to notice problems; psychologists are key but overburdened; importance of cooperation	The teacher is often the only one a child can turn to.
Challenges and Obstacles	Teacher overload, lack of knowledge, parental resistance, digital distractions	Parents often don't want to accept that the child has a problem.
Teacher Education and Training	Training is available but not mandatory; depends on personal initiative; financial barriers	Training exists, but it depends entirely on the individual's will.
Improvement Proposals	More professionals, more physical activity, integration into curriculum, support for teachers	More movement, fewer grades – we learn for life.
Proposals for Systemic Change	Mandatory mental health programs, phone bans, smaller class sizes, stronger educational role	Ban phones, introduce more physical activities.

In Slovenia, stakeholders emphasize a growing increase in emotional difficulties among students, particularly anxiety, apathy, mood swings, and a decline in interest in learning and social activities. It is especially concerning that these issues are becoming more pronounced among girls and students in the upper grades of primary school. One of the key contributing factors to the deterioration of mental health is the negative impact of technology—excessive use of smartphones, social media, and online content, often without supervision or awareness of its harmful effects.

Although there are certain forms of support, such as school psychologists, pedagogues, and youth counseling centers, respondents point out that these services have limited capacity. The number of professionals is insufficient compared to the actual needs of students, and the waiting time for advisory services is often too long. Moreover, the work of school support staff is predominantly curative, meaning that action is usually taken only after a problem has already emerged, while preventive activities—which could avert more serious difficulties—are underdeveloped and inconsistently implemented.

Teachers were recognized in the interviews as those who first notice changes in children's behavior and emotional state. However, they also report numerous obstacles in responding to these issues—from being overwhelmed with teaching and administrative tasks to lacking adequate training for working with emotionally vulnerable students. Additionally, cooperation with parents is often difficult, as many parents deny or minimize the seriousness of the problem, and mental health remains a taboo topic in some communities.

Stakeholders also point out that although mental health training for teachers exists, it is irregular, insufficiently accessible, and mostly dependent on individual initiative. Financial barriers, time constraints, and a lack of practical tools further reduce the effectiveness of such training.

Key proposals for improving the youth support system in Slovenia include introducing mandatory weekly mental health classes into the school curriculum, reducing the number of students per classroom to allow for better individual attention, and ensuring stronger institutional support—this includes increasing the number of psychologists and school specialists, as well as strengthening intersectoral cooperation between education, health care, and social services. In addition, there is a clear need for greater parental involvement in support processes and the creation of national guidelines to ensure a standardized, long-term, and developmentally appropriate approach to safeguarding children's and adolescents' mental health.

Croatia

Table 6. Semi-structured Interview

Participants	1. How would you describe the current state of students' mental	2. What mental health support systems are currently available and how	3. What role do teachers and psychologists play in promoting and	4. What are the main challenges or obstacles in addressing mental health issues in schools?	5. Do you believe there is adequate training for teachers and staff to address	6. What additional resources or changes would you recommend to improve mental health	7. What one major policy change would you propose to improve mental

	health in schools?	effective are they?	supporting mental health in schools?		mental health issues?	support in schools?	health services in schools?
Principal	Children are overwhelmed, emotionally vulnerable, and unmotivated.	We have a school psychologist and pedagogue, but they are overburdened.	The teacher plays a key role and is often the first to notice a problem.	Lack of time, parental resistance, and limited training.	Some training exists, but it is neither systematic nor mandatory.	More sports, smaller classes, and mental health content.	Introduce mandatory mental health classes in schools.
Teacher	An increasing number of students are experiencing anxiety and behavioral issues.	There are resources, but not enough time and staff.	Teachers should have support to recognize problems.	Technology, lack of sleep, lack of communication at home.	Trainings exist, but they are not available to everyone.	More informal socializing and peer support.	Ban phones in schools, more physical activity.
Teacher	Student mental health is worsening, especially among girls.	School psychologist, mental health centers – long waiting lists.	Teachers and psychologists can help together.	Parents do not want to acknowledge the problem, it's a taboo topic.	Insufficient knowledge among teachers, training is needed.	Introduce workshops on emotions and stress.	Systematic education starting from grade 1.
Teacher	Children are often apathetic and lack motivation for school.	Support is available, but preventive action is insufficient.	Teachers play the biggest role because they are with students daily.	Parents often ignore the symptoms.	Seminars and mentoring programs are needed.	More free time and fewer assignments.	Funding for mental health programs.
Pedagogue	Many students struggle with self-confidence and concentration.	We have a counseling center at school, but capacity is limited.	Teachers need better training for first responses.	Too little space in the curriculum for emotional topics.	Only motivated teachers pursue additional training.	Include parents in workshops.	Reduce academic pressures.
Psychologist	Increasing emotional outbursts, especially in lower grades.	Counselors exist, but prevention is not adequately implemented.	The psychologist plays a key role, but is often busy.	There is not enough trust between parents and the school.	Trainings exist, but they are not continuous.	Teach children about empathy and communication.	Introduce mandatory weekly mental health classes.
Association President	Children are under constant stress and pressure to succeed.	Help is sought only after the problem escalates.	We are the first line of help, but we lack support.	Parents do not see the problem and shift all the responsibility to the school.	Every teacher needs psychological training.	More physical education and rest.	Better legal framework for faster intervention.
Association President	Technology negatively affects students' attention and socialization.	Psychologists and social pedagogues are overburdened.	Teachers must have tools to work with emotional states.	Taboo topics, shame, lack of education.	There is no systematic education on mental health.	Workshops with experts in the classroom.	Reduce the number of students per class.
Principal	I notice an increase in anxiety and isolation.	Psychological help exists, but is often delayed.	Teacher-psychologist collaboration is key.	There is no time to talk to students.	Training is optional and lacks incentives.	Conversations and workshops as part of teaching.	Legal obligation for schools to have a mental health team.
Teacher	Lack of empathy and mutual understanding among students.	Mental health centers are still in development.	We are the first to notice changes in behavior.	Parents deny or delay responding.	Most trainings are paid and poorly accessible.	More field teaching and group work.	Mental health as the focus of school policies.

Pedagogue	Increased number of diagnoses and need for professional help.	Support is available only with a decision and diagnosis.	Psychologists and teachers work together, but there's not enough time.	Too much administration, little real work with children.	Institutional support for training is needed.	Violence prevention and self-help programs.	The evaluation system needs to change – less stress.
Pedagogue	Mood swings and aggression are increasingly common.	Counseling exists, but there is not enough staff.	The teacher must create a safe environment.	Parents do not allow psychological support.	Most trainings do not cover practical techniques.	Teachers must receive supervision.	Introduce emotional education as a subject.
Speech Therapist	Insomnia, stress, and fatigue are common among students.	Short interventions, but lack of continuous support.	Psychologists get involved too late.	Large class sizes hinder individual support.	Training exists but is not equally accessible.	Children need more space for self-expression.	A law requiring schools to work on prevention
Speech Therapist	More and more students lack motivation to learn.	Access to help depends on student status.	We create an atmosphere of safety.	More effort goes into crisis response than prevention.	Many teachers do not know whom to turn to.	Teachers need support just like students.	Every school should have an in-house therapist.
Association President	Students are becoming increasingly withdrawn and stressed.	Insufficient psychological support in schools.	Teachers often don't have time to respond.	Too much is expected from teachers without support.	Trainings are inconsistent and impractical.	More time for individual work with students.	Mental health should be a core value of the school.

Table 7. Thematic Analysis of Responses After Coding the Transcribed Interview (Croatia)

THEMATIC CATEGORY	KEY THEMES	INTERVIEW EXAMPLES
State of Students' Mental Health	Anxiety, apathy, stress, lack of motivation, influence of technology	Children are overwhelmed, emotionally vulnerable, and unmotivated.
Existing Support Systems	Psychologists and pedagogues are overburdened, insufficient preventive work	Psychological support exists, but often comes too late.
Role of Teachers and Psychologists	Teachers as first contact, important but time-limited role	Teachers and psychologists can help together.
Challenges and Obstacles	Lack of time, parental resistance, technological challenges	Parents often ignore the symptoms.
Teacher Education and Training	Trainings are rare, unstructured, and dependent on initiative	Trainings exist, but they are not continuous.
Improvement Proposals	Workshops, physical activity, parent involvement	Introduce workshops on emotions and stress.

Systemic Changes	Mandatory programs, therapists in schools, legal support	A law requiring schools to work on prevention.

In Croatia, the state of youth mental health is increasingly recognized as concerning, particularly among adolescents. There is a noticeable rise in anxiety, emotional exhaustion, loss of motivation, and symptoms of stress, often linked to pressures from school, family, and the influence of digital media. Although schools employ professional staff such as psychologists and pedagogues, their availability is limited, and the support system is fragmented and overburdened.

Teachers, although often the first to notice changes in students, lack sufficient time and professional support to act effectively. Cooperation with parents is frequently challenging, either due to avoidance of mental health topics or diminished trust in the system. Training programs for teachers are neither systematic nor widely accessible.

Among the stakeholders' recommendations, the most emphasized are the need for mandatory mental health training, strengthening preventive programs, increasing investment in school specialists, and establishing legal regulations to better integrate youth mental health into the educational and broader societal framework.

CONCLUSION

The research conducted in Croatia, Slovenia, and Spain clearly highlights the growing need for a systematic and comprehensive approach to youth mental health. The qualitative analysis revealed that stakeholders from all three countries, despite cultural and institutional differences, share almost identical concerns: youth mental health is declining, emotional difficulties are becoming increasingly common, and existing support systems are insufficient to meet the challenges faced by young people.

The emotional vulnerability of youth is becoming more evident, especially during puberty, when they face increasing pressures from academic demands, social norms, and the formation of their personal identity. The main challenges include the negative impact of social media, excessive use of digital technologies, a rise in feelings of insecurity, low self-esteem, and an increasing sense of isolation and stress. Many students exhibit signs of emotional exhaustion and loss of motivation, with particularly vulnerable groups being those without adequate family or school support.

Although school psychologists, pedagogues, and counseling centers formally exist, the capacity of these services in all three countries is limited—typically characterized by an insufficient number of professionals, overburdened staff, sporadic and unstructured training, and poorly developed preventive mechanisms. Teachers, although in daily contact with students, often lack the knowledge, resources, and institutional support needed to recognize and effectively address early signs of difficulties. Meanwhile, parents are frequently unprepared for open collaboration, due to stigma, denial of problems, or a sense of helplessness.

The need for destigmatizing mental health is particularly emphasized—strong resistance still exists within both school environments and broader society, which complicates timely recognition and intervention. A lack of conversation, education, and accessible tools often leaves young people feeling unheard and misunderstood.

Across all three contexts, similar recommendations emerge: introducing emotional and mental health education into curricula, mandatory training for teachers and parents, developing interdisciplinary teams (teacher–psychologist–pedagogue–social worker), reducing the number of students per class, increasing investment in mental health professionals and infrastructure, and establishing clear legal frameworks that define minimum standards of care in schools.

These findings demonstrate that safeguarding the mental health of young people cannot be the responsibility of individuals alone but must be a collective task requiring the cooperation of educational, healthcare, and social systems, along with broader societal engagement. It is necessary to develop policies that are not merely reactive to crises, but that consistently prioritize the psychological well-being of youth as the foundation for a stable, just, and healthy society.

Thus, this report serves not only as a diagnostic tool but also as a call to action: to shape inclusive, resilient, and compassionate communities where every young person has the

opportunity to grow in a safe and supportive environment—emotionally, socially, and mentally.

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