



LET'S TALK

Developing gender sensitive mental health program for young people

POLICY ANALYSIS AND RECOMMENDATIONS ON YOUTH'S MENTAL HEALTH GENDER SENSITIVE NEEDS

Transnational Report

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Introduction

According to the UN's Policy Brief: COVID-19 and the Need for Action on Mental Health (2020), approximately 70 per cent of mental health services for children and adolescents were disrupted during pandemic. The impacts of disrupted services are compounded by young people missing out on peer support and some of the most significant moments of their lives due to school closures, cancelled events or postponed exams. Emotional difficulties are also increased by family stress and social isolation, with some facing increased abuse, disrupted education, and uncertainty about their futures, occurring at critical points in their emotional development. All this points to the dire need to support all those working with young people to gain basic knowledge on the mental health of young people, mainly to provide support to recognise when to provide support, call on expert support, and support families and other structures in communities. According to the Final declaration of the 3rd European YW Convention (2020), youth work should develop to a stage where it can be a safety net for all young people in times of uncertainty. In the Declaration, mental health promotion is seen as crucial in youth work. Youth workers should be empowered to carry on projects promoting and maintaining the MH of young people, particularly those facing intersectional and other vulnerabilities.

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According to the feedback from practice (youth workers) and academic and clinical experts, the gender difference is of particular interest as they described different mental health problems and self-destructive and destructive behaviour among young women/girls and young men/boys and (and others who identify themselves as non-binary). This often leads to difficulty in obtaining adequate support. Their statements are supported by existing research showing that for example, during adolescence, girls have a much higher prevalence of depression and eating disorders and engage more in suicidal ideation and suicide attempts than boys. On the other hand, boys experience more problems with anger, engage in high-risk behaviours, and commit suicide more frequently than girls. Adolescent girls are generally more prone to inwardly directed symptoms, while teenage boys are more prone to act out (Gender and Mental health, WHO, 2002). All these issues are much more visible in the pandemic crisis. Another important conclusion from the policy reports in most EU countries is that mental health services are mainly targeted at children and/or grown-ups, while rarely are they tailored to the specific needs of adolescents and young people. A gender-sensitive approach to mental health means looking at the topic of mental health with understanding the impact of gender and gender roles on mental health. This approach was taken into account in this report and is the central idea in the "Let's Talk" project.

According to available literature, some of the gender-sensitive approaches in mental health of youth can be:

- **Activities in which children and young people are encouraged to explore the role of gender in their emotional and mental health and well-being**
- **Work that responds to gendered ways in which mental health issues affect children and young people (in response to a disproportionate impact, e.g. of eating disorders upon young women, or addressing minority experiences, e.g. of young men who have eating disorders)**
- **Gender-specific work to address the needs of particular groups of children and young people, including trans and non-binary children and young people**
- **Work relating to mental health that takes account of gender in service planning and delivery, e.g., to improve inclusion and access.** (Hamblin and Young, 2017.)

Let's Talk project

The **“Let’s talk” project** carried out by a consortium of organizations from Croatia ([Forum for Freedom in Education](#)), Greece ([Social Action and Innovation Centre](#)), Italy ([Centre for Creative Development “Danilo Dolci”](#)) and Serbia ([Centre of Youth Work](#)) within [Erasmus+ programme](#) aims to strengthen youth workers' capacity to support young people's mental health, focusing on gender-sensitive approaches to mental health issues. The project primarily develops personal and social competencies of youth workers to better understand and support youth's mental health with particular sensitivity for gender differences, as they seem to be a crucial factor in tailoring mental health interventions for young people.

The specific objectives of the project are:

Providing Policy analyses and recommendations related to young people's mental health on the EU and national level, with a focus on the gender perspective;

Strengthening capacities of partner organisations and youth workers to support young people's mental health adequately;

Developing the gender-sensitive tools for understanding and supporting one's mental health for young people, and

Disseminating the acquired knowledge and resources in 4 partner countries and on the EU level, especially through the platform [“Let’s Talk”](#).

To achieve these objectives, the consortium's first step was to develop this Policy document based on the desk research and field research in 4 partner countries, aimed at the decision and policymakers, but also the managers and experts in the field of youth mental health and youth education. This document summarises all countries' research and will be the basis for the project's

next steps. More information and findings from each country can be found in National Road Maps available at the project website in the [Results](#) section.

For the development of this document, each partner conducted national activities: desk research, interviews, and focus groups, mapping the best practices and discovering gaps and needs. Each partner analysed the existing national, regional and local policies and services regarding young people's mental health and reviewed them from a gender perspective. In addition, the partners used up-to-date research on the impact of COVID-19 on young people's mental health.

In the following phases, especially with the development of the program and tools for youth workers, the project will seek to support youth workers and decision makers in mitigating the negative consequences of the pandemic on young people's mental health, using the gender-sensitive approach.

Desk Research

In the desk study, all partner countries researched studies that generally depict the state of young people's mental health and matters of gender sensitivity. Their approach focuses on the effects of COVID-19 on the youngsters' mental health. From the review of the desk research of the partner countries, we can conclude some common mental health issues that most young and adolescent people face, especially after the COVID-19 pandemic.

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EFFECTS OF COVID-19 ON CHILDREN AND YOUNG PEOPLE

Young people were generally to a great extent negatively emotionally, physically and mentally affected by the pandemic - confined to their homes and/or isolated from friends they were prevented from meeting their fundamental psychological needs. Despite the absence of total home confinement, not being able to attend school seems to be the factor that best predicts depressive symptoms. Daily stay at home with parents and the fear of potential future COVID-19 infections seem to be associated with manifestations of anxiety. Croatia's findings show that young people today are more pessimistic than before the pandemic, and they lack faith that there will be fewer problems in the future while compared to the period before the COVID-19 pandemic, educators and educational professionals in Croatia noticed an increase in depressive and anxiety states, phobias,

fears, peer violence in the virtual environment, a burst of anger, and peer violence among young people. Also, an increase is visible in difficulties with motivation to learn, difficulty with attention, emotional challenges, and problems in social relationships and behaviour. According to one of the recent research 59.1% of high school students from final years (17-18) believe that the pandemic COVID-19 had a negative or very negative impact on their lives in general, among others areas, mostly on mental health (52.4% believe that it has had a very negative or negative impact) (IDIZ, 2021). Italy's findings are similar. According to the Italian Society of Neuropsychiatry of Childhood and Adolescence (Sinpia), the aggravating factor to mental health of young people has undoubtedly been the pandemic and all that it has entailed: lockdown, lack of social relationships, and a stop in the process of education. Due to the COVID-19 emergency scenario, about 9 million children have experienced substantial changes in living environments, daily routines, and relational, educational, and social networks that promote mental health and resilience to traumatic events. According to a survey carried out by UNICEF among boys and girls aged between 15 and 19 after the first lockdown, 1 in 3 adolescents is asking for more listening networks and psychological support (UNICEF Italy,2020). The "I care" research conducted at the University of Palermo shows that during the lockdown period in Italy, i.e., between March and May 2020, 35% of adolescents experienced feelings of anxiety and discomfort, 32% low levels of optimism, and 50% low expectations for the future.

Additionally, the Greek report pointed out that factors such as parents working from home led to more family conflicts, a decline in parents' psychological well-being, and a history of declining children's mental, developmental, and physical health (Androutsos et al., 2021). The lack of socialisation significantly affects younger people since they rely heavily on social connections and friendships to feel accepted and recognised (Nikolaou, 2020). It is worth mentioning a survey that was conducted in 2021, coordinated by the Serbian National Youth Council (KOMS), which found that more than two-thirds of young people surveyed (68.5%) had increased anxiety and higher-than-average stress levels. More than half of young people (51.9%) have moderate to severe depression symptoms. As for the impact of COVID-19 in Serbia, the pandemic has affected young people's health in two key ways: by disrupting mental health and well-being and by making access to health care more difficult, especially for young people from vulnerable groups. One-third of young people identified a deterioration in their mental health during the pandemic. The percentage of young people who think isolation has had a harmful effect on them is 53.4%. Regarding violence during the pandemic, more than a third of young people were exposed to some form of violence including physical, digital violence and verbal.

Gender in mental health

Gender, race and other socio-economic factors have not been sufficiently taken into account in research of mental health of young people and in designing policies and mental health services for youth. In this report we are focusing on the impact of gender as a very important aspect in mental health. The product of gender stereotypes and labelling, patriarchal views and approaches in the education of girls and boys, and a different process of their support and understanding is the fact that young people of different genders experience mental health issues differently and according

to this, have different experiences with receiving help. Due to the number of factors women are considered as one of the vulnerable groups globally. Particularly one research shows that women in Greece are generally more likely to experience depression. Seven of ten depressed patients are female (Hellenic Statistical Authority, 2016). During the COVID-19 pandemic, the psychological impact of the pandemic was more significant in women (Parlapani et al., 2020). The results have shown that women experience higher levels of COVID-19-related fear and more severe anxiety than men. In addition, women showed significantly more severe symptoms of depression than men. This may be related to the fact that women in Greece, like in Europe, have reported experiencing more stress than men since the pandemic.

Domestic and gender based violence affecting women

Greece is emerging as an exceptional case regarding the question of gender-based violence during the COVID-19 period and after the pandemic. Three out of four women (77%) in the EU believe that the COVID-19 pandemic has led to increased physical and emotional violence against women. In some countries, this result is above 50%, but in Greece, it reaches an outstanding 93% (Eurobarometer, 2022). In both March and April of 2020, the most dominant form of gender-based violence was domestic violence resulting in almost 84% of all the calls (Chatzifotiou & Andreadou, 2021). In Croatia, in the first three months of 2020, the Ministry of the Interior recorded 37% more offenses and 57% more domestic violence crimes than in the same period in 2021. Globally, Italy (along with France and Japan) is among the countries where the population has been most affected regarding its mental health. An Ipsos survey conducted for AXA confirms that women and younger people, particularly in Europe and especially in Italy, are among the groups of people most affected in well-being and mental health due to the COVID-19 pandemic (48% in Italy vs 33% global). Additionally, in Italy, with the start of the COVID-19 pandemic in the first months of 2020, the media began to talk about a future increase in cases of domestic violence against women, because of the increased risk of violence due to the lockdown and the difficulties for victims living with their abuser, to report and seek support services. In particular, many women who lost their jobs during quarantine were more exposed, being forced to stay at home for long periods and becoming more economically dependent on their partners. In Italy, the explosion of cases of violence has been substantial. The calls from victims who asked for help to the national anti-violence hotline 1522, increased during the pandemic (73%, while in the same period in 2019 the percentage was 59%), while there was also an increase in chat requests for help (from 829 to 3,346 messages). Data on gender-based violence in Serbia is even more alarming: women who have experienced physical and/or sexual violence and harassment mainly do not report it. Of the total number of women who experienced violence, 59% did not contact the police or an organisation after the most severe incident of violence, and 39% of women did not tell anyone about the sexual harassment they experienced (Добробит и безбедност жена, 2019) More vulnerable are Roma women, because of the acceptance of the patriarchal family and community structure (Посебан извештај Заштитника грађана о репродуктивном здрављу Ромкиња са препорукама, 2017).

LGBTQI+ groups of young people

The LGBTQI+ community is particularly vulnerable to psychological problems, even during a non-pandemic period. Regarding LGBTQI+ youth's mental health, the 2019 Eurobarometer data show how COVID-19 intensifies the difficulties for LGBTQI+ groups of populations. LGBT people who have been exposed to violence and discrimination have poorer mental health (Kamenov et al., 2016). Although covering-up one's sexual identity prevents people from being exposed to victimization and discrimination, it is also the cause of lack of self-esteem and lower quality of life and reduced subjective well-being. The data shows that in general people in Europe still have certain social restraint toward these groups. For example, only 55% of Europeans would be comfortable if their child was in a relationship with an LGBTQI+ person. The percentage drops when talking about an intersex or a trans person (Eurobarometer, 2019). In addition, the pandemic and complicated relationships at home may result in increased domestic violence experienced by LGBTQI+ people. In some countries, this is evidenced by the enlarged number of calls to LGBTQI+ support phone lines. Another factor that can contribute to psychological issues is work-related problems. Data reveals that LGBTQI+ people are more likely to work in those industries that were the most affected by the quarantine restrictions. Italy's findings referred to a recent research that was published in the Journal of Homosexuality (Gato, 2021) which examines the impact of COVID-19 pandemic on LGBTQI+ community, especially on mental health of LGBTQI+ young adults. The research was conducted in 6 different countries including Italy. The results show that rates of depression and anxiety were observed as higher among younger, unemployed individuals living in Europe who reported feeling very emotionally affected by the pandemic. Also, the study highlights the fact that failure to attend school, seems to be the factor that best predicts depressive symptoms, while daily stay-at-home with parents and the fear of potential future COVID-19 infections seem to be associated with manifestations of anxiety. It concludes that it is important for LGBTQI+ community groups, health and educational services, and other social support networks to pay special attention to the needs and requirements of LGBTQI+ young people. Additionally, Serbia's research shows a high degree of intolerance of young people towards people of different sexual orientations and gender identities. Employees in educational institutions are not trained to sensitise and approach LGBTQI+ young people appropriately ("Дуг пут до ЛГБТИ равноправности", Агенција Европске уније за основна права, Луксембург, 2020). Almost one-third of LGBTQI+ youth suffered violent abuse, and 40% of respondents said they had suffered physical violence, most of which occurs in schools, where young LGBTQI+ people report incidents to school authorities. Still, half of the cases end without results and with complete rejection of appeals ("Дуг пут до ЛГБТИ равноправности", 2020). The data obtained from the research in Serbia among the population of young men of homosexual orientation indicate that they have more intense suicidal thoughts and are at a higher risk of suicide compared to heterosexually oriented peers. Risk factors for suicidal behaviour of LGBTQI+ people are age (younger), gender (male), and the existence of mental disorders. However, all studies highlight social factors as the main risk factors for suicidal behaviour in LGBTQI+ youth. The key factors are discrimination, abuse, and prejudice that exist in society, and rejection from family and peers (Срдановић Мараш, Ј. и Мирковић, Б., 2019).

Intersectionality

Alongside with gender there are other personal and social risk factors that negatively affected youth mental health, especially during COVID-19 crisis. New conditions for everyday life led to greater social inequality related to access to housing, the health care system, technology, and labour. These inequalities make some groups, such as women, people with disabilities, precarious workers, poor people, and ethnic minorities, even more vulnerable (Vatavali et al., 2020) while there are also differences between the different areas in a country regarding accessibility. For example, the Greek rural healthcare enterprises have shown adaptability to the new critical environment. They operated with increased responsibility toward the rural areas' healthcare. However, difficulties have emerged in the supply of sanitary material with transportation and the shortages that occurred (Apostolopoulos et al., 2021). Mantzikos & Lappa (2020) talked about the experience of deaf or hard of hearing people during the pandemic in Greece. People with hearing impairments face a greater risk of feeling excluded from social life, education, or other areas of life, even during non-pandemic periods. As for the field of education, although studies show that the majority of teachers have positive attitudes towards the inclusion of children with disabilities in the educational process, at the same time, most of them feel that they are still unprepared and do not have the appropriate resources to properly implement this, especially during the pandemic (Mantzikos & Lappa, 2020).

Another vulnerable group that faces mental health problems is refugees and asylum seekers. Greece's findings show that even before the COVID-19 outbreak, refugees and asylum seekers were excluded from the health care system (Libal et al. 2021) while during the pandemic most camps were overflowing with people, making social distancing a form of COVID-19 prevention impossible. Additionally, regarding their mental health, the PIN research in Serbia from 2016 to 2021 indicates that more than 80% of refugees staying in Serbia can be considered mentally vulnerable and should be referred for further psychological assessment and the services of professionals. Moreover, studies have shown a negative trend in the last three years, indicating an increased percentage of those with mental health problems, especially symptoms of depression (UNHCR – Агенција УН за избеглице, 2021).

Stigmatisation

Finally, an important issue regarding mental health and accessibility of mental health services is that mental disorders are often associated with stigma, prejudice, and discrimination. According to the Croatian Institute of Public Health, the most common prejudice related to mental disorders is that they are incurable, an expression of weakness and that people with mental disorders are dangerous, incompetent, and guilty of their illness. Stigmatisation and prejudice of people with poor mental health and disorders lead to people not wanting to seek help. The most vulnerable groups are children and young people.

MENTAL HEALTH OF YOUNG PEOPLE IN HEALTH POLICIES

In order to analyse the results of the four countries' research in-depth, it is important to also study the existing health policies. Health policies such as the national legislation framework, international treaties, government campaigns, and other strategic policies play a crucial role in the situation regarding mental health in each country. Especially when the aim of the "Let's Talk" projects is to focus on gender-sensitive mental healthcare for young people.

Greece, during the last decades, has developed its legislation system and its (health) policies but mental health and especially from a gender-sensitive perspective is still excluded. Most of the Greek laws refer to psychiatric clinics and mental healthcare without a specific mention neither young people as a separate (vulnerable) group nor gender and sexuality (Psychargos Programme and Law 2716/1999, L.4052/2012, L.4272/2014, L.4368/2016, L.4461/17). Regarding other mental health policies in Greece, there are some good examples such as the Promotion of Children and Adolescents Mental Health which is a series of activities by the Ministry of Health for young people regarding the promotion of mental health. It includes programmes and experiential activities regarding stress management, emotions, and alcohol. However, gender and LGBTQI+ approaches are not included.

Croatia has established many legal frameworks and National Development Plans, Programmes, and Strategies that focus on mental health but they do not focus specifically on young people. The only policy which refers to young people as a recognised vulnerable and heterogenous group of the Croatian population is the National Recovery and Resilience Plan 2021 – 2026. However, the specific strategic plan does not refer to mental health as an aspect. A positive example is the Working Group for Youth Mental Health, operating as part of the Youth Council of the Republic of Croatia since 2021, currently in the process of developing guidelines and proposals in this area. The problem with Croatian health policies is the lack of implementation. Some of them are not adopted while some of them are not known to the public. Finally, gender and LGBTQI+ approaches are not included.

Serbia has developed some mental health policies which include young people such as the Mental health protection program 2019 – 2026 with Action plan, and Youth Strategy 2022 – 2030 (draft). These strategies do not include any gender-sensitive perspective and they do not refer to LGBTQI+ young people. There is only one project which refers to gender issues which is the Strategy for prevention of gender-based violence against women and domestic violence 2021 - 2025 but without connection to mental health or COVID-19.

Italy's policies do refer to children and young people as a separate group of the population. Some examples are the following: National Strategy from the Ministry of Health: a national strategy to promote mental well-being in children, adolescents, and youth; National Table on Mental Health; Youth Advice Bureau (dedicated to young people aged 14 to 20 for assistance and advice on problems related to sexuality, affective and relational life, gynecology, and andrology).

The data above shows that there is a lack of mental health policies, especially for children, adolescents, and young people while the approach to gender and sexuality is missing.

GOOD PRACTICES

Although in all four countries there is discrimination, stigma, prejudices about mental health in the societies, and a lack of knowledge and skills in the professional sections, at the same time there are number of good examples of good practices, which can be helpful for people and especially children and young people who seek professional – and gender-sensitive – help. These good practices can include campaigns in cooperation with strategic policies, NGOs, community centres, or online access to psychosocial support. Some examples are:

- **Transcending Youth – Supporting Trans Youth.** It is being implemented by Colour Youth –Athens LGBTQ Youth Community (Greece)
- **Preventive programmes for students:** organisation Status M – working on deconstructing toxic masculinity; association Zenska soba working on empowering women and raising awareness of gender-based violence; organisations raising awareness and helping young people struggling with eating disorders (e.g., Bea Centre) (Croatia)
- **National Youth Council:** consultative body with representatives of young people – creating a dialogue with the institutions relating to policies on youth and promotion of mental well-being (Italy)
- **Sazvezde Podrske:** a non-formal network of 14 organisations and institutions that provide psychological psychotherapy and emotional support for youth in the city of Novi Sad. It also includes vulnerable groups (LGBTQI+, young offenders, young people suffering from PLHIV, and MSM, youth at risk of suicide, young victims of trafficking, women with disabilities, and young people with experienced psychiatric hospitalisation, psychosocial difficulties, and experience of violence. Online and in-person services – counselling, therapy, legal support, and education. (Serbia)

Additionally, research findings show that in all four countries one of the most important forms of good practices is the online one. During the last years and after the COVID-19 pandemic, many people seek help through online sources and chats, apps, and helplines. These are some examples:

- Covid helpline for psychosocial support 10306. It is run by the National Kapodistrian University of Athens (EKPA), in collaboration with the Ministry of Health and 40 mental health organisations and NGOs. (Greece)
- Sve Je ok by the City of Rijeka and Centre for Youth Health by City of Zagreb: free online and/or in-person counselling and a list of phone numbers of hospitals/urgent public services (Croatia)
- App to Young: fight youth discomfort – young people between 14 and 18, parents, and teachers. Also, there is a function on the app called “I want to talk about someone”: advice on behalf of someone who may not have the strength or the ability to ask for help, encouraging solidarity and giving the chance to support other people who don’t have the courage to speak and look for support. (Italy)
- Sve Je ok website: an online tool with professionally verified and useful information for mental health issues for young people, their parents, and professionals. (directed by young people of all genders 15-30) helpline and chat which is connected with Child Helpline International offices in Serbia. (Serbia)

Field Research

OVERVIEW

In all the partner countries, the data received during the field study were gathered through semi-interviews with experts working closely with young people. All participants stated that more recently youngsters tend to internalise their problems, leading to various disorders. Even though all partners agree that the stigma of receiving help for your mental health is fading, there are still cases of parental stigma and ignorance toward mental health problems.

As for gender differences, participants mainly agreed that there are differences in how genders cope with their mental health state and express their feelings. However, all youth of all genders and all sexualities seem to face similar feelings of loneliness, phobias, and disorders. Regarding the LGBTQI+ community, it was noted throughout the review that lack of acceptance comes mainly from

their family and not from their peers. This led to a drastic incline in their state of mental health during the COVID-19 times because they mainly interacted with their family and not with their source of support, their peers.

Finally, all the partner countries' experts mentioned a lack of knowledge on gender issues. However, the professionals are eager to learn. On the contrary, the school and the home environment often fail to connect to the youth at a deeper level and learn more about their everyday life and the issues they face. This seems to be one of the main risks that youngsters face.

METHODOLOGY

The field research was done in four partner countries through focus groups with young people and interviews with mental health experts working with youth or in the youth field. Greece: The research was conducted on participants aged 16-25 in focus groups and with mental health experts through 10 interviews. Italy: The research was conducted on participants aged 15-20 in focus groups and on mental health experts through 10 interviews. Serbia: The research was conducted in a focus group with participants aged 15-30 and on mental health experts through 10 interviews. Croatia: The research was conducted on participants aged 16-25 in two focus groups and on mental health experts through 15 interviews.

FINDINGS

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Effects of Covid-19 on children and young people - gender sensitive approach

In general, in all four countries, the most common mental health problems for children and young people are anxiety, loneliness, distress, difficulties with school learning and demotivation, behavioural issues, depression, and eating disorders.

Due to the COVID-19 pandemic, there is an increase in mental health problems and according to Croatia's research, especially social problems, anxiety, and depression among girls and boys, lack of communication skills, and suicidal thoughts. Experts mentioned specific factors that affected young people's mental health such as despair of the future, isolation, the pressure of meeting the expectation of others (adults), a solid need to fit into society, double identity (digital - virtual identity vs real identity), isolation from reality and reality disorientation, increased focus on the body and recognising symptoms in time (COVID-19), lack of responsibility. Additionally, Italian professionals mentioned the same factors and added the economic problems as an important factor negatively affecting young people's mental health, as well. It is important to mention that in all four countries, experts noticed an increase in seeking help.

Regarding gender perspective, experts in all countries stated that young boys are reluctant to open up regarding their emotional state, unlike young girls, who are less reluctant to share their feelings. Most experts in Serbia and Croatia agree that the problems young people face are linked to the gender perspective and other social roles and society requirements. The acceptance of one's identity and other development creates problems that can be connected to various adolescent crises, such as multiple disorders, suicidal thoughts, abuse, and difficulties in learning. Because of traditional gender roles, both boys and girls have problems in identifying emotions (depending on which emotions they are; some feelings are "allowed" and some are forbidden for a particular gender, e.g., fear (for men) or anger (for women)).

It is worth mentioning that most experts in Greece noticed that boys' most frequent emotion was anger, whereas, for girls, it was sadness. Additionally, a Greek school psychologist noted that adolescent boys showed higher gaming addiction and gambling levels after the lockdown. However, in cases of diagnosed (severe) mental health illness, both girls and boys were not eager to receive medication due to fears of the side effects. The boys were primarily afraid of a reduction in sexual desire, whereas the girls had concerns regarding the impact of the medication on their weight. The same differences are shown in Serbia's findings. It is worth mentioning that even though underage boys seek help because of identity and insecurity issues, the older young men (18 to 30 years old) turn to mental health professionals for problems with self-perception, learning or work difficulties, but also inadequate romantic relationships or the inability to establish romantic relationships, which for them represents chronic stressors. Girls also appear more often to have problems related to physical appearance, how to be acknowledged by society through physical likeability, and similar issues.

Finally, in Greece and in Croatia, regarding COVID-19 and the new academic environment, both age groups mentioned difficulty adjusting to it and "not feeling a part of the process", especially in the transition periods - from elementary to high school and from high school to university (in Croatia). This disconnection caused elevated stress and anxiety regarding academic achievements.

Vulnerable Groups

Different population groups who are recognized as vulnerable in society (such as women, LGBTQI+ people, refugees, asylum seekers, and ethnic minorities) face mental health problems in combination with other forms of social or economic difficulties (e.g., sexism, racism, homo/transphobia, discrimination, social exclusion).

First of all, there is a significant increase in gender-based violence cases against women in Greece. The focus group with the young adults stated that women and girls are more exposed to family violence while mental health experts referred to social media as a toxic environment that affects mental health and creates self-image issues. Also, girls are believed by both groups to be more prone to online malpractice like cyberbullying and sexual blackmail through private photos. Croatian experts working with young people stated that girls (in adolescence, especially at a transition from elementary to secondary school, which is in Croatia around the age of 14 and later young adult

population) especially 'academically high-achieving' girls are at greater risk of developing mental health problems and/or disorders due to the pressure from adults and from themselves as well. According to Croatian findings from both experts and young people from focus groups young people are generally stigmatized if they seek professional help, more young men than girls, and more so in smaller towns and rural areas than in larger cities. They recognize the differences in the willingness to express one's inner state and the willingness to seek and accept (professional) support. However, part of the interviewed experts working directly in the counselling centres notice a trend in the gradual equalization of the ratio of girls and young men seeking help (or come by recommendation).

Regarding the LGBTQI+ community (and its youth members), Croatian professionals stated that the problems of LGBTQI+ are the same as heterosexual and/or cisgender youth, but during the treatment, they open the theme, such as guilt of their sexuality or questioning their gender. Although their problems are similar to those of their peers, part of their problems arises from belonging to the LGBTQI+ population. The most common issues they face are fears of rejection, discrimination, stigmatisation, fear of "coming out" and violence, which further impair their quality of life and create additional stress levels ("minority stress"), but also impaired mental health, addiction, and suicidal thoughts. According to Greek psychologists, LGBTQI+ young people face even more elevated levels of anxiety, loneliness, and family tension, especially in less accepting families, due to the lack of only source of support compared to their peers. In Serbia as well, the participants stated that the underage groups believe that the family, in the case of LGBTQI+ young people, is the main source of stress and psychological problems, especially if it does not accept their sexual orientation. They also stated that LGBTQI+ young people are at high risk of becoming victims of violence. Especially during the COVID-19 pandemic, the LGBTQI+ community was more excluded during the lockdown due to unsupportive families. In Italy the professionals mentioned that during the COVID-19 outbreak, there was massive damage to the mental health of the youngsters, especially of the young LGBTQI+, who suffered more, staying inside the house with their families, who had not accepted them. They did not have opportunities to express themselves, which was an aggravating factor. Also, during the research in Greece, it was mentioned that LGBTQI+ rights were set back during the two years of lockdown because events like the Pride were postponed.

Regarding gender differences, Greek and Croatian professionals noted that the adult group highlighted that males of the LGBTQI+ community are more vulnerable to stigmatisation because of toxic masculinity. Additionally, in Serbia's findings, it is shown that transgender men usually come briefly for counselling and instrumental support (e.g., regarding the information on what the transition process looks like), while transgender women who have not started the transition process often look for help regarding suicidal thoughts, depression, being afraid for their safety and frequent problems with abuse and domestic violence.

The need for gender-sensitive competences

Finally, regarding gender and sexuality issues or specifics important in the work with LGBTQI+ youth it is important to mention that these topics are recognized as important both among interviewed

experts and young people and that continuous training in this area is needed, not only for young people but also for experts and professionals working with them. For example, in Greece's research, all of the psychologists and educators felt unprepared to talk about these issues and highlighted that there is no official training on the matter integrated into their university curricula. One psychologist said that until recently, there was no module about gender identity and/or sexuality in BSc Psychology courses throughout the country. New modules have been incorporated recently, however. When asked about existing gender-sensitive good practices, none of the professionals could remember any. Respectively, in Serbia, there is not enough knowledge and skills in the CSOs and institutions in which they work to deal with issues of young people focused on gender (e.g., gender dysphoria, sexual orientation, and expression, transphobic/homophobic violence, etc.), except for topics related to gender-based violence, which most experts consider to have sufficient knowledge on. All experts stated that neither in the system of formal education (for psychologists) nor in the system of non-formal education for psychotherapists, there are gender issues in the curriculum, let alone the problems of young people connected to gender. Another problem is that young people's counselling and mental health services are based almost exclusively on volunteer work. Finally, in Italy's research the professionals admitted that even though an awareness-raising process and improvement have been happening during the last years, much work still needs to be done.

The last important aspect, regarding the stigmatisation of mental disorders, most of the participants from all countries mentioned that prejudices about mental health still exist. For example, the results from Croatia and Serbia's research show that young people are stigmatised if they seek professional help and this is the reason that many of them seek help too late or they do not talk about it publicly. Specifically, a participant in Serbia's field research mentioned that "it is not normal to go to a psychologist preventively" and society considers people who do it "crazy" or like "there is something wrong with them". Also, it is important to mention that information from the focus groups indicates that young people mostly inform themselves about mental health problems via the Internet, various streaming platforms, Instagram, TikTok, YouTube, etc. Several young people stated that they get information in person, from friends, through a workshop, and from peer educators, and the least amount of knowledge they have gained through education at school. On the contrary, in the research conducted in Greece, both groups of young people surprisingly agreed that there is no stigma among young people for someone who seeks help from a mental health professional. Finally, they also mentioned financial dependency, lack of accessibility, and the fear of parental stigma as the biggest obstacles for young people who want to seek professional help.

Recommendations

Panic attacks, loneliness, agoraphobia, social phobia, depression, family problems, peer issues, and anxiety about academic achievements are the most commonly reported mental health problems that youth face, especially during and after the COVID-19 pandemic.

The research results from all four countries show that there is a necessity for a gender-sensitive approach among mental health professionals and professionals working with children and young people. Even though some of the countries' good practices refer to gender-based violence or/and the LGBTQI+ community, a holistic gender-sensitive approach is missing, especially when the focus is on mental health. For example, young women and girls are identified as more 'vulnerable' to mental health issues, due to social norms. Young men and boys are considered by some as more 'tough' and having higher resilience to mental health problems which prevents them in acquiring professional help at an early stage.

Except for social norms and gender roles, also stigmatisation is an obstacle in seeking mental health help. The factors that also seem to greatly discourage access to mental health services are low socioeconomic, ethnic, and rural environments. Young people are willing to try alternative forms of therapy like online sessions, to enhance accessibility but different variables, like personal space, need to be taken into account. Resources like professional websites, blogs, and videos are widely used by young people to obtain information.

Finally, it is important to mention that there is a lack of school role in mental health protection and prevention of mental health problems. Schools need to be the main foundation for the prevention and support of mental health problems of the youth.

POLICIES FOR THE SCHOOL SYSTEM

- Mental health as a priority in school and educational environments. School system should be one of the main foundations for the prevention and support of mental health problems in young people. Along with the family system, the social welfare system and school medicine can prevent mental health problems and intervene from a young age. Straightening the school system for primary intervention is important.
- Reformation of the school system and introduction of Mental Health as one of the topics of the curricula. Education in mental health is necessary not only for children and youth but also for the educators and the other professionals working with them.
- Introduction of topics and workshops of mental health in schools for students – prevention programs, strengthening the schools counselling service, more use of group approach, cooperation in solving problems in order to develop their knowledge and skills not only in recognizing mental health problems, but also in

handling them. Every educator and professional working with children and youth should have information and basic knowledge in developmental phases and basic psychological needs of them and skills of recognizing youth in vulnerable situations and at risk of developing mental health problems. Also, it is important to show genuine interest in young people and their interests.

- Additional finance for schools for educated and present teachers and counsellors. Investment in education is crucial; in that way, capacity building for teachers, education specialists, but also health and mental health professionals such as school counsellors, psychologists, and psychiatrists.
- Reformation of both educational and health systems. Special focus on children. Educators should be provided with professional training with special emphasis on a gender-sensitive approach. In general, educators should develop their knowledge regarding specific topics that interest young people (e.g., gender sexuality, self-awareness, human rights, etc.)
- Combating gender stereotypes through school talks and psychoeducation early in the sessions is the gateway to removing any remaining false social beliefs of young people.
- Sexual education in schools' curricula education on gender roles, sexual orientation, gender-based violence, etc.
- Also, as a part of the education system, universities, research centres, and organisations should conduct continuous longitudinal research on the mental health of young people and children with a gender-sensitive approach.

RECOMMENDATIONS FOR USEFUL MATERIAL AND RESOURCES FOR PROFESSIONALS

- Less written information in the forms of textbooks and guides is required, and more practical, easy-to-access resources like podcasts, videos, and experiential activities. Those resources can be used by professionals to keep young people more engaged in the therapy/counselling process.
- When a child is diagnosed with a specific disorder (ASD, ADHD, Anorexia, etc.) there are no clear next steps for parents. Creating a universal protocol of structured recommended professionals (occupational therapist, psychotherapist, psychiatrist,

etc.), interventions, and hours provides families with a clear purpose, aim and route that prevents dropping out of the process due to lack of information

POLICIES REGARDING ACCESSIBILITY

- Improving accessibility and availability of mental health services. Providing free and free will services for young people and children and making services more youth-friendly. For example, community youth centres and youth clubs should open as spaces where youth workers are employed and implement free individual or group programmes. They also need to be tailored to young people's needs and ensure safe spaces. The youth programmes should be inclusive for young people coming from different personal and social backgrounds and marginalised groups.
- Investment for provision of a sufficient number of child and youth psychologists, therapists, counsellors, and psychiatrists in community centres and schools as well.
- The creation of an accessible-to-all portal with collected resources and tools can also prove a useful tool that professionals can collect available information on gender issues, as well as recommend them to young people themselves.
- Ensure free and accessible mobile mental health services for local communities, people living in rural areas, and schools in geographically remote areas.

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CROSS-SECTORAL COOPERATION

RECOMMENDATIONS

- Continuous cross-sectoral cooperation of all relevant stakeholders regarding mental health issues such as mental health professionals, educators and teachers, the youth community centres and the local community. Also, cooperation with national and international stakeholders (governments, NGOs, international organisations, etc.) in order to create a holistic approach about mental health and connecting it with physical health as well.
- Interdepartmental cooperation with interventions of experts working with young people and institutional help and support to schools and other youth work services. Part of structured national programmes regarding mental health, continuity in service delivery for young people, supervision, and complete school counselling service (especially psychologists).

PROMOTION OF MENTAL HEALTH IN PUBLIC SPACE

- Raising awareness campaigns for mental health and mental health disorders of children and young people in order to understand the concepts of mental health and wellbeing. Also, the promotion of mental health services at a local and national level.
- Media as an ally by ensuring quality and professional reporting on the topic of mental health. The media should provide information to the community regarding mental health, but also information without gender stereotypes.
- Raising awareness and destigmatising psychotherapy and counselling.

GENDER-RELATED SUGGESTIONS

- Men take more time to open up, identify and talk about their emotions. For this reason, they require more time initially towards psychoeducation to learn to identify their emotions.
- Men take more time to open up and require more time and caution when building a therapeutic relationship.
- Boys exhibit symptoms of disorders earlier in their lives than girls. This makes them less prepared to deal with them. Therefore, screening boys earlier in their lives for possible disorders and addressing them early on may prove crucial in the prognosis.
- Women often require more self-empowering at the beginning of the sessions, due to the powerful emotions that they are feeling. In the beginning, boosting their resilience and self-esteem through self-care may prove beneficial.
- Paying extra attention to young men 's sexual needs when prescribing medication can prove life-changing to prevent relapse due to side effects. Making sure the side effects are eradicated and proper psychoeducation is delivered is very important.
- Young women feel more reluctant to receive medication due to increased weight and side effects. Paying extra attention to this need and eradicating any emerging side effects should be one of the priorities for any clinical practitioner.

Conclusions

Research from all the partner countries has led to some suggested measures. All experts agree that if these topics were addressed from a young age in schools and in other places that affect the young, it would be possible to prevent violence and also help people who face these kinds of problems be more open to seeking help and accepted by others. The topic of mental health needs to be a priority and urgent issue in national policies, especially in youth, education, and health policies. Additionally, cross-sectoral cooperation of all relevant stakeholders must be ensured while helping the youngsters with mental health issues. Relevant research needs to be conducted in the mental health field of young people, especially with the gender-sensitive approach, to face the lack of knowledge of the experts. On that topic, supervision and individual counselling with particular emphasis on a gender-sensitive process need to be conducted in schools and other aspects of young people's lives. All educational employees/youth workers should have skills and knowledge in recognising students' mental health difficulties, and the topic must be identified and represented through school documents. That is why a sufficient number of professional associates, especially psychologists, in all primary and secondary schools need to be present and available (at this point, measures of additional finance for schools will probably be required). Parents often don't give consent for their child to visit a professional. Suppose we can raise awareness and destigmatise psychotherapy and counselling, by promoting mental health as a lifestyle rather than a disease. In that case, parents may be more eager for their child to visit a mental health professional, even as a precautionary measure.

Destigmatisation in the community is very important, especially in how mental health disorders are depicted in the media. For example, youth centres should promote their mental health services more and offer opportunities for all target groups by carrying out volunteering group activities for migrants and refugees, online group activities for remote places, etc. In that context, creating an accessible-to-all portal with collected resources and tools can also prove a useful tool that professionals can collect available information on gender issues and recommend them to young people themselves. When a child is diagnosed with a specific disorder (ASD, ADHD, Anorexia, etc.), parents have no clear next steps. It is crucial to create a universal protocol of structured recommended professionals (occupational therapist, psychotherapist, psychiatrist, etc.), interventions, and hours to provide families with a clear purpose, aim, and route that prevents dropping out of the process due to lack of information.

References

Androutsos, O., Perperidi, M., Georgiou, C., Chouliaras, G. (2021). Lifestyle changes and determinants of children's and adolescents' body weight increase during the first COVID-19 lockdown in Greece: The COV-EAT study. *Nutrients*, 13(3), 930.

Argyriadou, S., & Lionis, C. (2009). Research in primary care mental health in Greece. *Ment Health Farm Med*, 4(6), 229–231. <https://doi.org/PMID: 22477914>; PMID: PMC2873879

Chatzifotiou, S., Andreadou, D. (2021). Domestic violence during the time of the COVID-19 pandemic: Experiences and coping behaviour of women from northern Greece. *International Perspectives in Psychology: Research, Practice, Consultation*, 10(3), 180.

Doctors of the World / Médecins du Monde – Greece (MdM-Greece) [Γιατροί του κόσμου - όπου υπάρχουν Άνθρωποι. (n.d.).] Retrieved October 4, 2022, from https://mdmgreece.gr/app/uploads/2018/11/Cover_1_Con_5_BB.pdf

European Parliament (2022). **New Eurobarometer survey highlights the severe impact of the COVID-19 pandemic on women.** <https://www.europarl.europa.eu/news/en/press-room/20220223IPR23904/new-eurobarometer-survey-highlights-severe-impact-of-covid-19-pandemic-on-women>

Final declaration of the 3rd European Youth Work Convention, 2020. https://www.youth.ie/wp-content/uploads/2020/12/Declaration_of_the_3rd_European_Youth_Work_Convention.pdf

Hamblin, E., Young, H. (2017): [Gender – sensitive approaches to addressing children and young people's emotional and mental health and well-being](#), National Children's Bureau

Hellenic Statistical Authority (2016). Health Interview Survey 2014. Announcement: Piraeus, June 10, 2016. Hellenic Statistical Authority (2016).

Jokić, B. i Ristić Dedić, Z. (2021) Nacionalno praćenje učinaka pandemije Covid-19 i potresa 2020. na organizaciju obrazovnih procesa i dobrobit učenika i odgojno-obrazovnih djelatnika u Republici Hrvatskoj, Institute for Social Research and Ministry of Science and Education

Libal, K., Harding, S., Popescu, M., Berthold, S. M., Felten, G. (2021). Human rights of forced migrants during the Covid-19 pandemic: an opportunity for mobilisation and solidarity. *Journal of Human Rights and Social Work*, 6(2), 148-160.

Madianos, M. G. (2019). The Adventures of Psychiatric Reform in Greece: 1999–2019. *BJPsych International*, 17(2), 26–28. <https://doi.org/10.1192/bji.2019.30>

Nikolaou, S. M. (2020). The effects on the socio-emotional state of students in the national exams in Greece from the Covid-19 pandemic-pilot research. *European Journal of Education*, 3(1), 61-69.

Parlapani, E., Holeva, V., Voitsidis, P., Blekas, A., Gliatas, I., Porfyri, G. N., Diakogiannis, I. (2020). Psychological and behavioral responses to the COVID-19 pandemic in Greece. *Frontiers in psychiatry*, 821.

The Hellenic Ministry of Health [Υπουργείο Υγείας. (n.d.).] Retrieved October 4, 2022, from <https://www.moh.gov.gr/>

UNHCR – Агенција УН за избеглице. (2021). Србија, децембар 2021.

UN - Policy Brief: COVID-19 and the Need for Action on Mental Health, 2020.

Vatavali, F., Gareiou, Z., Kehagia, F., Zervas, E. (2020). Impact of COVID-19 on urban everyday life in Greece. Perceptions, experiences, and practices of the active population. *Sustainability*, 12(22), 9410.

World Health Organization. (2002). Gender and mental health. World Health Organization.

„УНИЦЕФ: У Србији 115.000 деце живи у апсолутном сиромаштву“ Данас, 6. март 2019. <https://www.danas.rs/vesti/drustvo/unicef-u-srbiji-115-000-dece-zivi-u-apsolutnom-siromastvu/>

Развојно квалитативно истраживање младих људи у ситуацијама NEET – кључни налази, Београдски центар за људска права, 2020.

Алтернативни извештај о положају и потребама младих, КОМС, 2021, стр. 232, <https://koms.rs/wp-content/uploads/2021/08/Alternativni-izvestaj-o-polozaju-mladih-2021-4.pdf>

Извор верификације: Извештаји реализатора програма ЈЛС, Истраживање положаја и потреба младих, МОС

Последице ковида-19 на положај осетљивих група и група у ризику, 2020, <https://serbia.un.org/sites/default/files/2020-12/Posledice%20Kovid%2019%20na%20polo%C5%BEaj%20osetljivih%20grupa%20i%20grupa%20u%20riziku.pdf>

Живот младих у Србији: утицај ковид-19 пандемије, Кровна организација младих Србије — КОМС, 2020, Београд. 74 Види <https://serbia.ureport.in/opinion/2434/>

ПИН (2021). Алтернативни извештај за 71. седницу Комитета за економска, социјална и културна права Уједињених Нација у вези са правом на ментално здравље. (Преглед Трећег периодичног извештаја Србије)

Посебан извештај Заштитника грађана о репродуктивном здрављу Ромкиња са препорукама, 2017. <https://www.rodnaravnopravnost.rs/attachments/article/276/Poseban%20izvestaj%20ZG%20Rep%20zdravlje%20Romkinja%2011.pdf>

Добробит и безбедност жена, 2019, www.osce.org/files/f/documents/7/5/419756_1.pdf, стр. 66.

Истраживање родно заснованог насиља у школама у Србији, http://www.mpn.gov.rs/wp-content/uploads/2015/08/Istrazivanje_rodno_zasnovanog_nasilja_u_skolama_u_Srbiji.pdf

„Дуг пут до ЛГБТИ равноправности“, Агенција Европске уније за основна права, Луксембург, 2020, стр. 44. https://fra.europa.eu/sites/default/files/fra_uploads/fra-2020-lgbti-equality-1_en.pdf

Срдановић Мараш, Ј. и Мирковић, Б. (2019). Приручник за рад са младим ЛГБТ особама и њиховим породицама. Група "Изађи" и Центар за развој демократског друштва "Еурополис".

<https://www.lastampa.it/cronaca/2021/11/03/news/effetto-covid-in-italia-quasi-2-milioni-di-adolescenti-hanno-problemi-di-salute-mentale-1.40880762>

coordinated by prof.ssa Sonia Ingoglia and Alida Lo Coco of the Department of Psychological Sciences, Pedagogical, Physical Exercise and Training Sciences Department (SPPEFF) of the University of Palermo,

<https://www.unipa.it/Progetto-di-ricerca-UniPa-I-CARE---Impegno-Civico-Atteggiamenti-e-fattori-individuali-e-sociali-di-Reazione-durante-e-dopo-lEmergenza-da-COVID-19/>

<https://www.axa.com/en/press/publications/being-mind-healthy>

https://www.salute.gov.it/imgs/C_17_notizie_5029_0_file.pdf

https://www.salute.gov.it/imgs/C_17_pubblicazioni_1905_allegato.pdf

<https://www.salute.gov.it/portale/saluteMentale/dettaglioContenutiSaluteMentale.jsp?lingua=italiano&id=5231&area=salute%20mentale&menu=azioni>

<https://www.ospedalebambinogesu.it/app-to-young-94902/>



LETsTALK

Developing gender sensitive mental health program for young people



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