



# Trends in youth mental health since the pandemic

Prior to the pandemic, mental health had already been declining among Slovenian youth (Klanšček et al., 2018; Lavrič et al., 2021). This is a trend that has further accelerated in the aftermath of the pandemic. A national analysis of data under the WHO's Health Behaviours of School-Aged Children (HBSC) Study revealed that between 2018 and 2022, there was a decrease in the proportion of individuals reporting a high-level of **life satisfaction**; meanwhile, there was an increase in those reporting frequent **psychosomatic symptoms**, elevated **stress levels**, and a high likelihood of **depression** (Jeriček Klanšček et al., 2023). The same study also found a significant rise in the percentage of girls reporting **thoughts of suicide**. During this period, adolescents reported getting less sleep and engaging in more sedentary behaviour. Apart from this, another significant concern is the excessive use of digital technologies, which is marked by an increase in the percentage of adolescents engaging in **online bullying** and experiencing **gaming addiction**. Despite these negative trends, positive trends related to well-being were observed as adolescents also reported reduced cannabis use, smoking, alcohol consumption, and unprotected sexual activity. Concerning the pandemic, one-third of adolescents reported that the enforced preventive measures negatively impacted their mental health and lives overall. Since then, more adolescents have experienced increased **emotional distress**, **depression**, **anxiety**, **loss of motivation**, and **difficulties in interpersonal relationships**. This has been particularly apparent among those who had already faced mental health challenges before the pandemic, those with special educational needs, youth from socially disadvantaged families with poor living conditions, those from families with parental conflicts, and those exposed to violence or maltreatment.

The Youth Study 2024 has exposed a similarly concerning trend among older adolescents and young adults (Hasanović et al., 2024). The study revealed a nearly threefold increase in the proportion of individuals aged 15–29 who reported feeling that life seems **empty and meaningless** (from 5% in 2010 to 22% in 2024). However, it should be noted that up until 2018 the proportion of respondents feeling this way was similar to that in 2010 (8%). The sudden increase is very likely a result

of the pandemic. The study also showed a significant increase in the percentage of those experiencing stress more than once a week between 2010 (17%) and 2018 (36%). After 2018, there was an additional slight increase (41% in 2024). Similarly, youth are reporting growing concerns about their personal future, and have a generally **pessimistic outlook on the future** of Slovenian society. Their main concerns are centred on the inadequacies of the healthcare system (61% of respondents were concerned in 2024), the lack of accessible and affordable housing (56% of respondents in 2024), and unemployment (43% of respondents in 2018 and 2024).

One indicator of the severity of the mental health crisis is the suicide rate. It should be noted though that suicide rates among youth are low in absolute numbers; therefore, researchers advise caution when interpreting this data. Two data points stand out. Firstly, there was an increase in the suicide rate among girls (but not boys) aged 10–14 in 2018, 2021, and 2022 compared to other years since 2010. Secondly, for older adolescents (aged 15–19), the suicide rate in 2021 exceeded the 2010–2020 average for both sexes, though it levelled off in 2022. Among young adults (aged 20–29), suicide rates did not show any significant changes.

Despite improvements in many aspects of material living standards over time, young people in Slovenia are reporting more mental health problems. While several hypotheses have been proposed to explain this apparent paradox, it remains one of the key puzzles for researchers. The main explanations include the social media hypothesis (Haidt, 2024; Twenge, 2020; Twenge & Campbell, 2019), increased levels of pressure and stress relating to school among adolescent females (Boer et al., 2023), as well as changes in reporting practices and social contagion (Foulkes & Andrews, 2023). There is no clear explanation yet as to why Slovenian youth appear to be faring worse than their peers in other countries included in the FES study. Based on the available data, one plausible factor is the rise in school-related pressure and stress, which have roughly doubled from 2010 to 2022, with 47% of 13-year-old girls and 58% of 17-year-old girls reporting feeling a great deal of school-related pressure and stress in 2022 (Jeriček Klanšček et al., 2023)

# Interventions implemented and strengthened since the pandemic

Since the previous Youth Study, significant efforts have been made to enhance the mental health of youth in Slovenia. The most significant development was the launch of **MIRA** (2018–2028), Slovenia's first National Mental Health Framework, which was introduced just before the pandemic (Vinko et al., 2019). The programme promotes mental health in schools, workplaces, families, and communities. It focuses on preventing disorders. The programme's primary focus has been the establishment of mental health centres for children and adolescents at the primary healthcare level. These centres aim to improve accessibility to mental healthcare within local communities. Due to the high demand for these services, more centres have been built than initially planned.

Several prevention programmes for teachers and parents were expanded on in schools and healthcare centres in order to enhance children's

emotional and social development. Notable initiatives include **Incredible Years**, designed for children up to age 12, encompassing both a parenting programme and classroom management training; **CoolKids**, aimed at addressing anxiety in children and adolescents; **A se štekaš**, a preventive-intervention project promoting mental health and preventing suicidal behaviour among adolescents; **To sem jaz**, an online advisory portal for adolescents focused on developing social and emotional skills and building psychological resilience; **Hand in Hand**, a programme empowering teachers to navigate increasingly diverse classroom and school environments; and **Safe and Supportive Learning Environment**, which trains teachers to foster positive teacher-student relationships, support emotional and social learning, build empathy, and manage challenging classroom behaviour.

## Challenges

The primary challenge in providing mental healthcare for young people in Slovenia is the **insufficient and uneven availability of support at the primary level** (Maučec Zakotnik et al., 2021). It is therefore essential to expand the capacity of child and adolescent mental health centres, where preventive programmes are implemented. In the 2019-20 period, funding from the Health Insurance Institute of Slovenia (ZZS) enabled the establishment of 11 general mental health centres (CDZOM) and 10 child and adolescent mental health centres (CDZO). However, due to a significant shortage of child and adolescent psychiatrists, clinical psychologists, and general psychiatrists, these centres currently operate with minimal teams rather than the standard interdisciplinary teams of 16 professionals needed for optimal functioning.

Furthermore, educational institutions also require concrete and long-term systemic support to address the worsening mental health of children and adolescents. Following the return to schools after months of remote learning, there has been a pressing need to **enhance school counselling services** and to **systematically implement evidence-based prevention programmes** promoting emotional well-being and social competence. To achieve this, it is crucial to empower educators in schools, kindergartens, and other educational settings by providing them clear guidelines, thematic resources, and most importantly, adequate staff to ensure they are capable of effectively implementing these initiatives.

# Recommendations

Outlined below are the key measures that are proposed in the new action plan of the National Mental Health Programme, which is still awaiting approval.

1. Tackling **staffing shortages** in mental healthcare across all sectors by ensuring systematic funding for 30 clinical psychology specialisations annually, enabling accessible, free, and timely support for young people facing mental health challenges.
2. Establishing **unified emergency centres** dedicated to the mental health of children and adolescents.
3. Developing a **systematically organized network of counselling centres** for children, adolescents, and parents.
4. Systematically implementing **preventive mental health programmes** in all secondary schools as part of the core curriculum, rather than as optional or extracurricular activities. These programmes would focus on promoting mental well-being and increasing public awareness on mental health issues and disorders among adolescents. The education sector is particularly committed to ensuring that all these valuable programmes become part of a **whole-school approach**.

To meet the growing needs, **the budgets of the relevant ministries**—Health (MZ), Social Affairs (MDDSZ), and Education (MIZŠ)—must be increased to support the implementation of the planned measures. Additionally, **intersectoral collaboration** is crucial, as experts across sectors stress that meaningful progress will require an even stronger commitment to coordinated cross-sectoral efforts. Specifically, greater collaboration and networking are needed among healthcare institutions, educational institutions, the youth sector, and non-governmental organizations working in addressing the mental health of youth (MSS, 2021).

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