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Mapping study on children's access to quality mental health care

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This study was prepared by the Children's Rights Division under the supervision of the Steering Committee for the Rights of the Child (CDENF). The opinions expressed in this study do not necessarily reflect the official policy of the Council of Europe.

Mapping study on children's access to quality mental health care

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List of acronyms

CDENF	Council of Europe Steering Committee for the Rights of the Child
CRC	UN Convention on the Rights of the Child
CRC Committee	UN Committee on the Rights of the Child
CRPD	UN Convention on the Rights of Persons with Disabilities
ECHR	European Convention on Human Rights
ECtHR	European Court of Human Rights
ESC	European Social Charter
ICESCR	International Covenant on Economic, Social and Cultural Rights
MHAP	WHO Comprehensive Mental Health Action Plan
NGO	Non-Governmental Organisation
Oviedo Convention	Council of Europe Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine
PACE	Parliamentary Assembly of the Council of Europe
UNICEF	United Nations Children's Fund
WHO	World Health Organization

List of definitions

For the purposes of the study, the following definitions will be used:

Preventive care focuses on various measures and interventions aimed at helping children avoid developing mental health difficulties and promoting good mental health for all. It includes interventions to the general public aimed at enhancing competencies and developing abilities in the sphere of mental health. It also includes universal preventive interventions, such as public campaigns as well as targeted education and selective preventive interventions that support those groups and individuals at a higher risk of developing mental health challenges than others. Finally, it also includes indicated preventive interventions aimed at helping those children who have mental health challenges to stay well.[1] This type of approach is also referred to as "Prevention and Promotion" to capture both the prevention of mental health conditions and the promotion of positive mental health and wellbeing.

Traditional mental healthcare services refer in this study to care that is provided by hospitals, clinics, and other healthcare institutions or private practitioners – both for inpatient care and outpatient care. It encompasses diagnoses, treatments, and maintenance, such as rehabilitation and other measures to help individuals recover from harms to their mental as well as their physical health. Treatment interventions include different forms of psychotherapy and pharmacological treatment.

Care for mental health other than traditional mental healthcare services includes a wide array of services and interventions including psychological support and social support, as well as other services designed to alleviate mental health challenges that have already manifested and need to be abated. It includes services that focus on helping individuals manage mental health problems before they require psychiatric or medical interventions in traditional healthcare settings, or parallel to or after those interventions. In some states and contexts, in this category, there could be an overlap with interventions classified here as preventive care, particularly when children are showing early signs of worsening mental health and the need for support. For example, programmes for children with identified signs of behavioural challenges.

[1] World Health Organization (2022), World mental health report: transforming mental health for all, p.14.

Executive Summary

1. The provision of mental health care, which is vital for children to realise their abilities and rights, faces global challenges. According to global data provided by WHO, approximately 8% of young children and 14% of adolescents live with mental disorders.[2] However, access to quality mental health care is essential for all children who might experience mental health challenges at some point. Stigma, resource scarcity, and service fragmentation hinder accessibility, exacerbated by a shortage of trained professionals. International and European legal instruments, including the Council of Europe's Oviedo Convention and the UN Convention on the Rights of the Child, establish comprehensive frameworks supporting children's right to access quality mental health care.

2. This mapping study shares the results of a survey carried out by the Steering Committee for the Rights of the Child (CDENF), motivated by the findings and conclusions of the High-level Launching Conference of the Council of Europe Strategy for the Rights of the Child (2022-2027). The Report of the Conference points to the alarming numbers of children in need of mental health support and the urge to support research in the area of children's mental health.

3. The Council of Europe took on the challenge to explore these issues further through the development of a Mapping study on children's access to quality mental health care, which the Committee of Ministers mandated the CDENF to prepare as part of its Terms of Reference for 2022-2025.

4. This mapping study assesses the situation in Council of Europe member states with regards to the provision of mental healthcare to children. Based on a comprehensive questionnaire answered by 21 states over the summer of 2023, the qualitative analysis identifies barriers, risks, and promising practices, to serve as a first step towards further in-depth analysis of specific areas. Aligning with the WHO's holistic approach, the study emphasises equitable access to health care from a transdisciplinary standpoint. Ensuring sustainability and considering each state's unique circumstances, the study aims to inform future initiatives by blending legal and medical perspectives for comprehensive understanding.

5. The mapping study includes key **findings and recommendations** across three areas:

   Availability of mental healthcare services, covering geographic disparities and waiting times, as well as the availability of trained professionals;

   Accessibility of mental healthcare services for children, including funding schemes, parental authorisation and consent, and the use of digital spaces; and

   The quality of mental healthcare provided to children, covering the standards of care, as well as diverse types of mental healthcare, including preventive care and community-based care.

[2] World Health Organization (2022), World mental health report: transforming mental health for all, p.44.

1. Introduction: Access to mental health services for children in context

a. Background of the study: Definition of mental health, why is children's mental health important?

6. According to the World Health Organization (WHO), mental health is conceptualised as a "state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."[3] This holistic conceptualisation underscores the significance of mental health as a crucial determinant in the realisation of children's abilities. Enjoying a good state of mental health is a pre-condition for the enjoyment of the rest of children's rights, such as the right to education or the right to play. However, the WHO estimates that approximately 8% of the world's young children (aged 5–9 years) and 14% of adolescents (aged 10–19 years) live with a mental disorder.[4] It is worth mentioning that, among the possible actions suggested by children consulted in the context of the Council of Europe Strategy for the Rights of the Child (2022-2027), they invited the Council of Europe to "provide support to children in coping with difficult life situations such as depression or other mental health issues…".[5]

7. The implications of these statistics extend far beyond personal struggles, influencing the functioning of society. Recent analyses by UNICEF reveal an alarming annual loss in human capital, a staggering €359.9 billion (purchasing power parity), attributable to mental health conditions in children aged 0–19.[6] These elements underline the urgency of comprehensive strategies to address and uplift the mental health landscape for children.

8. However, the road to effective provision of mental health services to children is lined with many obstacles. One barrier lies in the pervasive stigma surrounding mental health. Moreover, the scarcity of resources and the fragmentation of mental health services are an added difficulty. In many regions, mental health services are disproportionately underfunded and inadequately integrated into broader healthcare systems, resulting in lack of sufficient mental health services across sectors and settings (health, education and social services/child protection services), and exacerbating disparities in accessibility. The shortage of trained professionals in child and adolescent mental health further strains the system, leaving a considerable portion of the youth population without the support they need.[7]

b. Aim of the study and methodology

9. Ensuring sustainability and considering each member state's specific circumstances are imperative for adequate mental health care availability and accessibility. The study, based on information provided by 21 Council of Europe member states and complemented by desktop research, identifies challenges and best practices. It aims to serve as a foundational resource for future work within the Council of Europe and beyond, blending legal and medical perspectives for a comprehensive understanding of equitable access to mental healthcare.

10. This mapping study aims to assess how Council of Europe member states fulfil their obligations under human rights law with regard to mental health service provision to children. This entails an identification of risks and barriers to ensuring equitable access to quality mental health

[3] World Health Organization (2021), Comprehensive Mental Health Action Plan 2013-2030, para 6.
[4] World Health Organization (2022), World mental health report: transforming mental health for all, p.44.
[5] Council of Europe (2022), Strategy for the Rights of the Child (2022-2027), p. 24.
[6] UNICEF (2021), On My Mind: Promoting, protecting and caring for children's mental health, p.10.
[7] UNICEF & WHO (2022), Global Case for Support: joint programme on mental health and psychosocial well-being and development of children and adolescent, p.7.

care as well as the promising practices implemented in some member states. The study formulates recommendations of how any deficiencies in ensuring equitable access to quality care might be addressed or remedied.

11. The data and information included in the study are mainly based on states' replies to a dedicated questionnaire, which was specifically developed based on an analysis of the relevant human rights treaties and international instruments to evaluate children's access to quality care for mental health in Council of Europe member states.

12. The questionnaire, consisting of 103 questions, was circulated in April 2023, with a deadline for responses until July 2023. 21 Council of Europe member states[8] replied to the questionnaire and hence were included in the analysis to provide an essential basis for comparison and give insight into the current state of availability, equity, accessibility, and acceptability of mental healthcare for children in different contexts. The data is primarily qualitative, with the addition of some quantitative data at a comparative transnational level. The data obtained from the states' replies to the questionnaire have been completed with independent desk research.

13. The cross-disciplinary mapping study utilises medical and legal methods. This approach resembles that of the WHO's Comprehensive Mental Health Action Plan (2013-2030). Adopted in May 2012, the WHO's plan emphasises a holistic approach, integrating health and social services for mental health promotion, prevention, treatment, rehabilitation, care, and recovery.

14. Focused on equitable access, the study required member states to provide data on resources dedicated to children's mental health. Notably, it aligns with the views of the UN Committee on the Rights of the Child (CRC Committee) and that of Economic, Social and Cultural Rights, and those of the WHO, emphasising the need for a thorough assessment to prevent cost-intensive traditional mental health care from hindering financing for early interventions and preventive care.

[8] Andorra, Armenia, Austria, Azerbaijan, Bulgaria, Denmark, France, Germany, Hungary, Iceland, Ireland, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovenia, Sweden, Switzerland, United Kingdom.

2. Overview of international and European legal instruments on mental health service provision to children

15. Children in Council of Europe member states enjoy a comprehensive range of rights under various international and European instruments, such as the European Convention on Human Rights (ECHR) – which fully applies to all children as human rights bearers,[9] and the European Social Charter. The Council of Europe actively works to implement these treaties, address outstanding issues, and ensure the protection of every child's rights.[10] At a global level, all Council of Europe member states are Party to the UN Convention on the Rights of the Child (CRC) and the UN Convention on the Rights of Persons with Disabilities (CRPD). Since 2006, the Organisation's work on children's rights has been developed under the programme "Building a Europe for and with children", implementing multiannual strategies through setting standards, monitoring compliance, and supporting projects. The current 2022-2027 Strategy for the Rights of the Child outlines six priority areas for action.[11] Under priority area no. 2, the Strategy outlines the objective to foster "children's access to mental health support, dealing with the root causes of children's mental health difficulties, and promoting children's mental well-being, including through support for parents, carers, professionals and volunteers working with children to raise awareness and fight taboos about children's mental health".

16. The most relevant European convention on the provision of mental health services to children is the **Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine** (hereafter "**Oviedo Convention**"), which has been ratified by 30 Council of Europe member states[12]. The European Court of Human Rights (ECtHR) has been using the Oviedo Convention as an instrument of interpretation of certain rights enshrined in the ECHR relevant to health-related issues. Article 3 of the Oviedo Convention contains a binding legal obligation on all state parties to "take appropriate measures with a view to providing, within their jurisdiction, equitable access to health care of appropriate quality".

17. From the child's perspective, the Oviedo Convention's Explanatory Report affirms that "equitable" access to health care first and foremost requires the absence of unjustified discrimination against any child.[13] Although not synonymous with absolute equality, equitable access implies effectively obtaining a satisfactory degree of care.[14]

18. In 2011, the Committee of Ministers of the Council of Europe adopted two sets of standards relevant to children's right to access mental health care, the Guidelines on child-friendly health care and the Recommendation CM/Rec(2011)12 on Children's rights and social services friendly to children and families. The Recommendation recalls that general social services should include "support systems for children in vulnerable situations, for example, […] children with mental health problems" and that specialised social services should "include

[9] Council of Europe, Fundamental Rights Agency and European Court of Human Rights (2022). Handbook on European Law Relating to the Rights of the Child

[10] Council of Europe Strategy for the Rights of the Child (2022-2027), p. 5

[11] Six priorities areas: Freedom from violence for all children; Equal opportunities and social inclusion for all children; Access to and safe use of technologies for all children; Child-friendly justice for all children; Giving a voice to every child; Children's rights in crisis and emergency situations.

[12] As of February 2024.

[13] See also non-discrimination as part of accessibility under the right to the highest attainable standard of health. UN Committee on Economic, Social and Cultural Rights (CESCR), *General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12 of the Covenant)*, 11 August 2000, E/C.12/2000/4, para. 12.b.

[14] Convention on Human Rights and Biomedicine (Oviedo conference) Explanatory Report, para. 25.

services for children and parents with regard to: […] children with behavioural and emotional difficulties, including […] mental disorders". Finally, the Recommendation invites to take measures "to ensure […] design and organisation of social service offices responding to the special needs of persons with […] mental disorders".

19. The Parliamentary Assembly of the Council of Europe (PACE) also emphasised the significance of prioritising mental health and well-being of children and young adults in Resolution 2521 (2023). It stresses the need to empower children and young adults, enabling them to participate in decisions, especially those related to their health and well-being.[15]

20. The protection of health for children in Europe more generally is shaped by the **European Social Charter (ESC)**, providing everyone "the right to benefit from any measures enabling him to enjoy the highest possible standard of health attainable."[16]

21. Consistent with the World Health Organization (WHO) Comprehensive Mental Health Action Plan 2013-2030, and other relevant standards, the European Committee of Social Rights considers that a human rights-compliant approach to mental health requires at a minimum the following elements[17]:
(a) developing human rights-compliant mental health governance through, inter alia, mental health legislation and strategies that are in line with the Convention on the Rights of Persons with Disabilities and other relevant instruments, best practice and evidence;
(b) providing mental health services in primary care community-based settings, including by replacing long-stay psychiatric hospitals with community-based non-specialised health settings; and
(c) implementing strategies for promotion and prevention in mental health, including campaigns to reduce stigmatisation, discrimination and human rights violations.

22. These treaties reinforce each other in establishing a consensus on the right to health in four key areas:
The right to protection of health – particularly to benefit from the highest possible attainable standard of health (ESC part 1 and Article 11, CRC Articles 17 & 24, ICESCR Article 12, CRPD Article 25)
The right to education, information, and advice to help children to maintain the best possible mental health (ESC Art 11.2, CRC Article 24(2)(e) & (f) & Art. 17, and CRPD Art. 25).
The right to preventive care for children (ESC Art 11.3 & CRC Art 24(2)(a)-(d)&(f), CRPD Art. 25(b)
The protection of children from unequal health care access, without discrimination on any ground (ESC revised Art. E, CRC Arts 2 and Art. 24.1, ICESCR Art. 2 & 12, CRPD Art.25)

23. At the international level, the 1989 **United Nations Convention on the Rights of the Child** (CRC) established a framework for understanding the importance of mental health services for children specifically. In particular, the CRC underscores the responsibility of member states to ensure the maximum survival and development of children and young people, including access to health care. The UN Committee on the Rights of the Child (CRC Committee) has published two relevant general comments on the subject, which specify states' obligations on provision of health care services to children. ***General Comment No. 4 (2003): Adolescent Health and Development in the Context of the Convention on the Rights of the Child*** affirms that "parties should provide health services that are sensitive to the particular needs and

[15] PACE, Resolution 2521 (2023) on Mental health and well-being of children and young adults.
[16] Council of Europe (1996), European Social Charter Revised, Article 11.
[17] European Committee for Social Rights, Conclusions 2021, Austria

human rights of all adolescents, paying attention to (…) the Availability, Accessibility, Acceptability and Quality of care";[18] while ***General Comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health*** asserts that "states have the obligation to provide adequate treatment and rehabilitation for children with mental health and psychosocial disorders while abstaining from unnecessary medication. (…) The Committee strongly encourages States to scale up these interventions by mainstreaming them through a range of sectoral policies and programmes, including health, education and protection (criminal justice), with the involvement of families and communities. Children at risk because of their family and social environments require special attention in order to enhance their coping and life skills and promote protective and supportive environments." [19]

24. The WHO and UNICEF ~~has~~ have also made significant contributions in the past decades, including their Joint Programme on Mental Health and Psychosocial Wellbeing and Development of Children and Adolescents[20] and the **WHO Comprehensive Mental Health Action Plan (MHAP).** Established in 2013, the MHAP features four objectives – with targets and indicators – that can guide countries: effective leadership and governance; comprehensive and integrated provision of services in communities; implementation strategies for promotion and prevention; and strengthened information systems, evidence and research. In 2019, the MHAP was extended to 2030, to align with the timeline for the Sustainable Development Goals and Agenda 2030.[21]

25. All these treaties, Guidelines and action plans form a solid legal and practical basis supporting the right of children to accessible quality mental health care services and specifying the obligations of states to provide such services. This basis is necessary to a steadfast commitment to advancing the mental health and well-being of children.

[18] CRC Committee, General Comment No. 4 (2003): Adolescent Health and Development in the Context of the Convention on the Rights of the Child, para 37.

[19] CRC Committee, General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24).

[20] UNICEF and WHO joint programme on mental health and psychosocial well-being and development of children and adolescents

[21] UNICEF (2021), STATE OF THE WORLD'S CHILDREN: On My Mind: Promoting, protecting and caring for children's mental health, p. 120-121; also see UNICEF's Global Multisectoral Operational Framework for Mental Health and Psychosocial Support of Children, Adolescents and Caregivers Across Settings | Mental Health and Psychosocial Support (unicef.org)

3. Availability of mental health services for children

26. As underlined by the CRC Committee General Comment No. 4 (2003) on Adolescent Health and Development in the Context of the Convention on the Rights of the Child, health services must be available, accessible, respectful of adolescent and their communities' wishes and of high quality.[22] Equitable access to quality healthcare is also one of the core principles of child-friendly healthcare services as established by the Council of Europe Guidelines on Child-Friendly Healthcare.[23] If mental healthcare services are not available across the whole territory, are not affordable or have excessive waiting times, it becomes difficult for children to receive the care they need.

a. Geographic disparities

27. The Council of Europe Guidelines on child-friendly healthcare state that "[w]here possible, care should be delivered close to the child's home or in a familiar environment, for example in pre-school or school, where the child feels comfortable and where care can be delivered in partnership with his or her parents or carers. Where care needs to be delivered in hospital, the environment should be adapted to meet the needs of the child."[24] This applies to mental health services as well.

    Geographical disparities in children's access to traditional mental healthcare services are prevalent across various respondent states, posing challenges to the provision of equitable mental health support.

28. In France, regional differences in mental healthcare availability are addressed through financial catch-up measures and increased funding for targeted services, with a focus on child and adolescent psychiatry. Austria faces reduced access in remote areas, Sweden and Germany also grapple with rural-urban discrepancies, Bulgaria struggles with unequal access to child psychiatrists, primarily due to a limited number of specialists and specialised clinics. To address this, plans are underway to expand mental health services in various regions. The Netherlands stands out with a system that grants all children equal rights and access to traditional mental healthcare services without notable geographic disparities.

29. While several states have implemented measures such as increased funding, specialised centres and telemedicine services to address these geographical inequalities, challenges remain in ensuring that every child in every region has equitable access to mental healthcare services.

b. Waiting time

30. Related to the issue of geographic disparities, **waiting times** are also an important barrier to access mental health services. The length of waiting time can also serve as an important indicator for measuring accessibility of specific services. Aside from the disastrous effects in cases when an urgent need for mental healthcare is not met, long waiting times with no updates can also be perceived by adolescents as a sign that mental-health professionals do not really want to help them, resulting in a degradation of trust and a lower likelihood of seeking help.[25] For these reasons, it is crucial that member states implement effective

[22] CRC Committee, General Comment No. 4 (2003): Adolescent Health and Development in the Context of the Convention on the Rights of the Child, para 37.
[23] Council of Europe (2011), Guidelines on Child Friendly Healthcare, p.8.
[24] Ibid, para 50.
[25] Leijdesdorff, S.M., et al. (2021). Barriers and facilitators on the pathway to mental health care among 12-25 year olds*, 5*.

measures to reduce excessive waiting times in all types of mental healthcare services for children and adolescents.

31. Most states which answered the questionnaire indicated little to no waiting time for inpatient or outpatient urgent traditional mental healthcare services. However, when it comes to accessing regular appointments for traditional mental healthcare services (inpatient or outpatient), waiting times become longer. In Slovenia, the average waiting time for outpatient regular appointments is between 5 and 6 months, in France it ranged from 2 to 8 months (see Table 1). Many states seem to lack precise data on waiting times, which can hinder improvement of this variable.

Table 1: Waiting times for traditional mental healthcare

Question - Can you indicate the average waiting time for children (to access traditional mental healthcare services)?

Respondent state	Average general waiting time for inpatient urgent traditional mental healthcare services:	Average general waiting time for inpatient regular appointments for traditional mental healthcare services:	Average general waiting time for outpatient urgent traditional mental healthcare services:	Average general waiting time for outpatient regular appointments for traditional mental healthcare services:
Andorra	No waiting time	No waiting time, sometimes can be few days if it not in emergency situation	No waiting time, can be a few days	45 days for a psychiatrist 90 days for a psychologist
France	Short	Long	Short	2-8 months
Hungary	No waiting time	No data available	No waiting time	No data available
Iceland	Urgent care is not delayed, cases are triaged based on urgency.	Varies depending on services	Urgent care is not delayed, cases are triaged based on urgency.	Varies depending on services
Luxembourg	24-48h	up to 3 months	non applicable	non applicable
Malta	No waiting time	No waiting time	1-2 months	4-6 months
Slovenia	No waiting time	No waiting time	No waiting time	5,5 months (166 days)

c. Training of professionals

32. Another key factor affecting the availability of quality mental healthcare for children is training professionals to specifically address children's issues. There is a shortage of professionals trained in children's mental health. In its report on children and adolescents' mental health, UNICEF found that the number of psychiatrists who specialise in treating children and adolescents was around 5.5 per 100,000 in high-income countries.[26]

[26] UNICEF (2021), STATE OF THE WORLD'S CHILDREN: On My Mind: Promoting, protecting and caring for children's mental health, p.11.

33. This lack of qualified professionals also extends to non-medical workforces – including community-based workers – who are not adequately equipped to address mental health issues across multiple sectors, including primary healthcare, education, social protection and others.[27]

34. The data produced by respondent states was overall disparate, leading to difficulties when comparing results. Some states only provide a general count of professionals which was not brought back to a ratio per thousand children. Moreover, it is difficult to assess how states interpret the notion of "professionals trained in mental healthcare" in each country. Overall, the data provided points to a lack of monitoring of the availability of personnel trained in mental healthcare and of a common understanding of what specialised training entails.

35. Despite this shortcoming and the fact that there are no international standards on the minimum number of mental healthcare professionals across a specific territory or population, the selected data shows a very low number of personnel trained in mental healthcare per 1000 children. The UK has only 0.093 child psychiatrists per 1000 children and no data on the number of available psychologists working only with children. The country with the highest number of available and trained personnel is the Netherlands with 2.7 psychiatrists per 1000 children and 4.8 psychologists per 1000 children, however the number for professionals specifically working with children is much lower, with 0.1 child and adolescent psychiatrists and 1.1 child and adolescent psychologists per 1000 children.

36. In their Joint Programme on Mental Health and Psychosocial Wellbeing and Development of Children and Adolescents, UNICEF and the WHO indicate which outputs should be put in place to ensure access to quality care services (across health, education and social services/child protection services) for children:

- *Output 2.1: Intervention packages integrating early recognition and care for mental health conditions for children and adolescents are mainstreamed through services at primary and secondary health care and community level.*[28]
- *Output 2.2: Workforce capacity is enhanced to deliver coordinated evidence-based child- and adolescent responsive care for children and adolescents with mental health conditions through the health, social welfare, child protection, education and social services / social protection services.29*
- *Output 2.5: Intervention packages and workforce capacity building are costed and financed to ensure sustainable delivery of child- and adolescent responsive care for children and adolescents as well as delivery of caregiver support.*[30]

4. Accessibility of mental health services for children

a. Digital tools

37. Geographical disparities in mental healthcare coverage and long waiting times in certain regions can be improved by delivering services digitally, for example by introducing telehealth consultations. The use of digital tools also promotes the dissemination of information on available mental health services to children and adolescents. In a study by Leijdesdorff et al, adolescents have also expressed that online contact can be easier to initiate.[31]

[27] Ibid, p.13.
[28] UNICEF & WHO (2022), Global Case for Support: Joint Programme on Mental Health and Psychosocial Wellbeing and Development of Children and Adolescents, p.30.
[29] Ibid.
[30] Ibid.
[31] Leijdesdorff, S.M., et al. (2021). Barriers and facilitators on the pathway to mental health care among 12–25-year-olds*, 7.*

38. Fourteen out of the seventeen respondent states are actively using digital spaces to make mental healthcare more accessible to children, through the implementation of online platforms, chat services, and hotlines.[32]

39. The establishment of **hotlines** is a popular use of digital tools. Armenia has set up a hotline to offer urgent psychological help, operated through the Ministry of Emergency Situations. Iceland has a similar service. However, they provide services to the whole population and are not specific to children. On the other hand, the Netherlands have a specific free and anonymous hotline for children, called the "Kindertelefoon". They also have two support hotlines "Alles Oké? Supportlijn" and "Jongerenhulponline" which aim to improve the possibilities for all children to find the right (online) place for anonymous help and right/quality information about local facilities for help. Furthermore, Denmark has a child helpline called "BørneTelefonen", which is free of charge and is open 24 hours a day. The helpline is managed by the Danish NGO Child's Welfare (Børns Vilkår) that receives state funding for the child helpline each year. In Portugal, there are several helplines: The National Commission for the Promotion of the Rights and the Protection of Children and Young People: Helpline Children in Danger and the Space for Children and Young People, where children can find information on their rights in child-friendly language adapted to the different age groups; the Ombudsperson helpline: Child's Helpline; and the Institute for Child Support helpline: SOS Child Helpline. Other helplines and support lines exist that are not exclusively targeted at children, but also available to them, such as: SOS *Voz Amiga* and the Migrant Support Line.

40. Iceland offers low-threshold NGO services (e.g., Bergið Headspace and Pieta) that provide **online counselling and referrals**, increasing accessibility to mental health services.

41. Covid-19 was a turning point in the provision of mental health services through digital means.[33] Some countries are offering highly developed online tools in a promising manner, for instance, Luxembourg demonstrates a commitment to digital initiatives for children's mental health. The government supports various platforms, including BeeSecure, which promotes online safety. The website Psy-Jeunes.lu offers advice and information on mental health, addressing topics like stress and anxiety. The Kanner-Jugendtelefon provides telephone and online support for children and young people facing various issues, including mental health concerns. The Institute for Sports and Youth in Portugal has an online Interactive question and answer tool (which offers complete anonymity) in the field of youth health, including mental health. It has also online the possibility for a young person to request online and free of charge an appointment for medical care, especially for mental health, in a Youth Health Service.

42. While the proliferation of digital tools is a positive development, states should ensure that this is done in a way which protects children's privacy, pays increased attention to child safeguarding more broadly, and increases accessibility of services to all children. Another risk of using digital tools to provide mental health services to children is the lack of specifically trained professionals on the other end of the line. Member states should aim to set up hotline and chats specifically for children.

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[32] Including Andorra, Armenia, Austria, France, Germany, Hungary, Iceland, Luxembourg, the Netherlands, Poland, Portugal, Slovenia, Sweden and Switzerland.

[33] Pretorius, C. & Coyle, D. (2021). Young People's Use of Digital Tools to Support Their Mental Health During Covid-19 Restrictions, https://www.frontiersin.org/journals/digital-health/articles/10.3389/fdgth.2021.763876/full, accessed 13 February 2024.

43. Moreover, despite the increasing use of digital services, most states do not collect data on children's actual use of these digital platforms.[34]

44. Finally, it should always be borne in mind that digital tools should be a complement to, and not a substitute for, physical consultations and other services.

b. Financial and administrative obstacles

45. In addition to being available across the country and online with limited waiting times, mental health services for children must be accessible by limiting financial and administrative barriers.

46. In its global report on children's mental health, UNICEF has underlined that "mental health is woefully underfunded."[35] Despite demand for support, median government expenditure on mental health globally is a mere 2.1 per cent of the median government expenditure on health in general.[36] Most of these investments are made in inpatient traditional mental healthcare such as clinics and hospitals, however investment is needed across all sectors.[37]This results in expensive treatment, large out of pocket costs and poor coverage by health insurances which represent important barriers to access mental healthcare for children.

47. States have individual approaches to subsidising traditional mental healthcare services for children (see figure 1). Some offer comprehensive coverage, other partial coverage, and some no publicly financed coverage at all. Some states rely primarily on state funding to finance traditional mental healthcare services for children (Azerbaijan, Portugal, and Slovenia), while others employ a combination of financing sources, including state, private, and non-governmental actors. For instance, we find a combination of state and private/NGO funding in Andorra, France, Hungary, Iceland, Ireland, Luxembourg, Poland, the Netherlands and the United Kingdom. Austria has a complex financing structure involving contributions from the state, regions, health insurance, and co-payments. The provision of services in Germany is mainly financed by statutory health insurance. In Sweden, private, non-governmental actors, such as charities, are involved, with private services available for those who can afford it. Similarly, in Switzerland, there are direct payments, which may or may not be later reimbursed from a third-party source (out-of-pocket payments). Finally, Malta and Romania use a combination of government funds and direct payments for care, which may or may not be later reimbursed from a third-party source.

[34] Only 2 of the 12 respondent states collected such data.
[35] UNICEF (2021), STATE OF THE WORLD'S CHILDREN: On My Mind: Promoting, protecting and caring for children's mental health, p. 145.
[36] Ibid, p.10.
[37] Ibid, p.145.

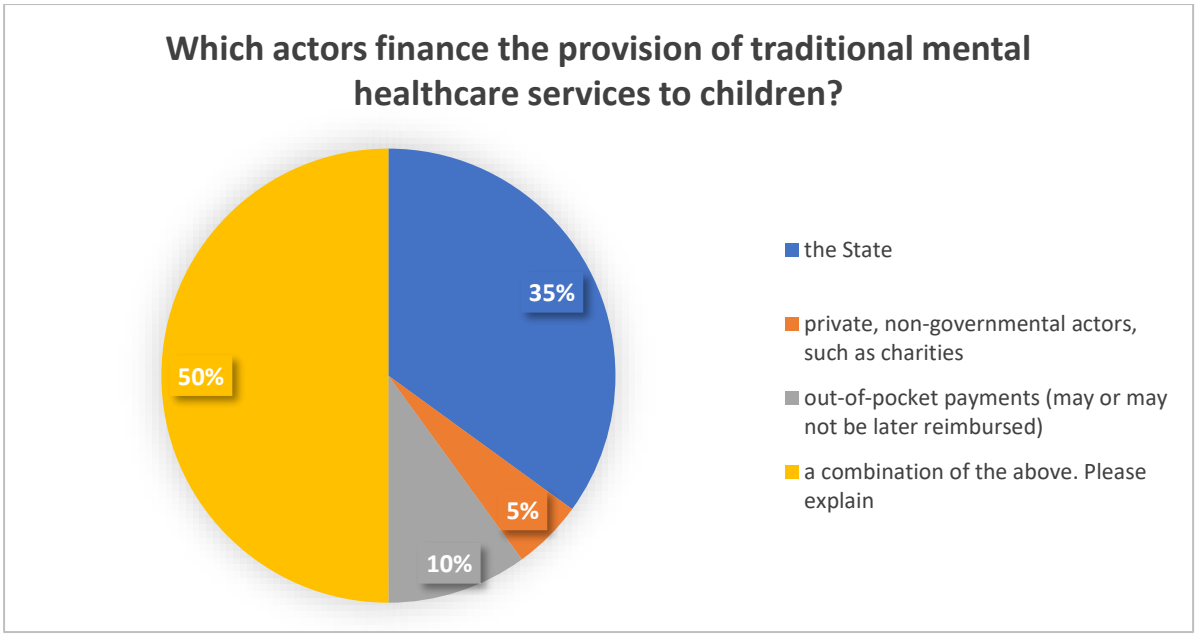

Figure 1: Financing of Traditional Mental Healthcare Services for Children: Clarifying the Actors Involved (N=20)

48. Additionally, the type of actors providing the care also vary with some states relying on independent services to meet the needs of children seeking mental healthcare. This diversity in coverage reflects variations in healthcare systems and policies across Europe.

49. Aside from financial barriers, certain administrative requirements can hinder children's access to healthcare. For instance, the requirement for parental or guardian authorisation when seeking services from mental health professionals can hamper accessible mental healthcare for children.

50. For some children, navigating through the process of obtaining parental authorisation may lead to delays in addressing urgent mental health needs, particularly in situations where parental involvement is challenging due to strained relationships or other complexities.[38] Moreover, the stigma surrounding mental health issues can be an additional obstacle to obtaining parental authorisation, and thus prevent them from getting help. Finally, depending on the child's age and maturity, allowing them to take healthcare decisions on their own can be a recognition of their autonomy.

51. In several countries, including Andorra, Azerbaijan, Iceland and Luxembourg, children have the right to receive specific information about their mental health and traditional mental healthcare services, regardless of parental authorisation. This information includes details about the diagnosed condition, potential uncertainties in the diagnosis, the purpose of the treatment, expected outcomes, the treatment process, potential risks and side effects, and information about safety and efficacy of alternative treatment options. These countries prioritise comprehensive information disclosure to children receiving traditional mental healthcare, ensuring they are informed about all relevant aspects of their care.

[38] See Council of Europe (2023), Guide to children's participation in decisions about their health, CDBIO(2023)3_CDENF(2023)14, https://rm.coe.int/cdbio-2023-3-final-cdenf-2023-14-final-guide-child-participation-in-he/1680ada9e5

52. Striking a balance between the involvement of parents and ensuring streamlined autonomous access to mental health services for children is crucial to fostering an environment where children can readily seek and receive the care they require.

53. Most respondent states allow children to contact mental health professionals without their parents' authorisation depending on their maturity and age (see figure 2).

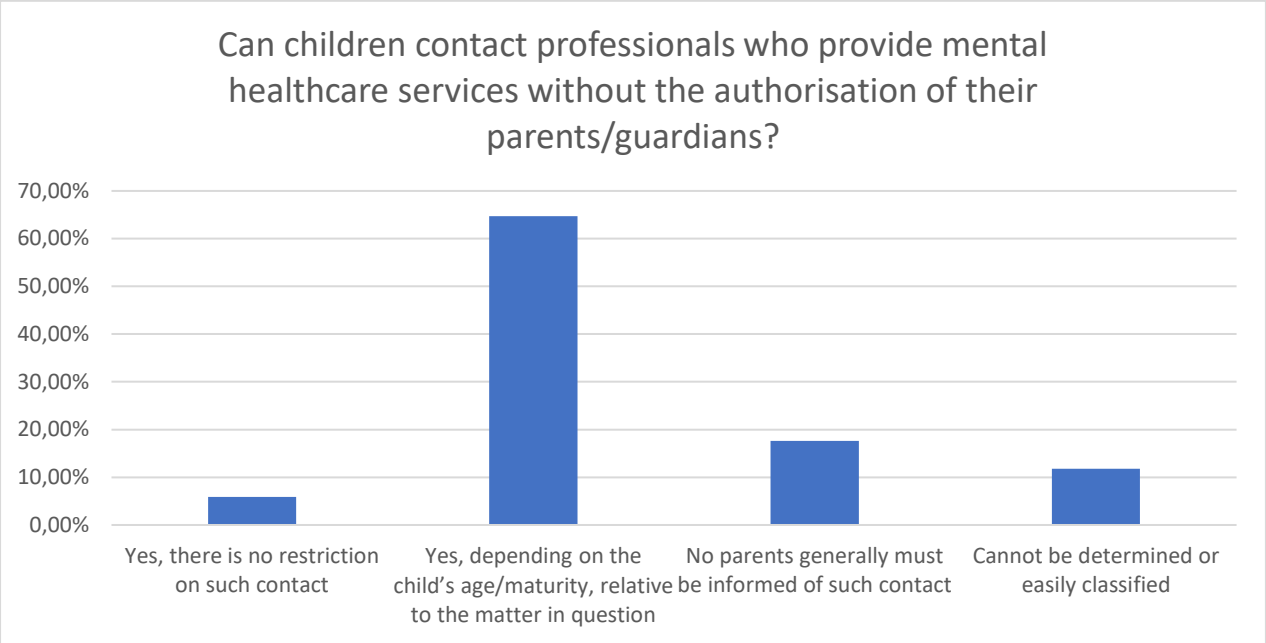

Figure 2: Child Access to Mental Healthcare Services: Parental Authorisation Requirements and Exceptions (N=17)

c. Discrimination

54. Discrimination is a key factor influencing the accessibility of mental health services for all children. As set out in the CRC committee's General Comment no. 4 on Adolescent Health and Development in the Context of the Convention on the Rights of the Child, "states parties have the obligation to ensure that all human beings below 18 enjoy all the rights set forth in the CRC without discrimination (art. 2), including with regard to "race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status". These grounds also cover adolescents' sexual orientation and health status (including HIV/AIDS and mental health)."[39]

55. In order to fully realise the right to health for all children, states parties to the CRC have an obligation to ensure that children's health is not undermined as a result of discrimination, which is a significant factor contributing to vulnerability.[40]

56. All responding member states have comprehensive legislative frameworks that prohibit direct, indirect, and multiple (intersectional) discrimination in all settings related to mental

[39] CRC Committee, General comment No. 4 (2003): Adolescent Health and Development in the Context of the Convention on the Rights of the Child.
[40] CRC Committee, General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24), para 8.

healthcare.[41] These protections are not only incorporated into national law but are also directly enforceable with remedies in the state. This comprehensive approach is crucial for addressing various forms of discrimination and ensuring equitable access to mental health care. Reporting mechanisms are established in some member states to address incidents of discrimination. Independent bodies or advocates are responsible for promoting equality and addressing discrimination in several states.

57. The state's positive obligations in terms of non-discrimination encompass a critical mandate to provide specific access to mental health services for vulnerable populations. Acknowledging that discrimination can exacerbate vulnerability, states should ensure that every child, regardless of their background, has equitable access to tailored mental healthcare by taking proactive measures to address their specific needs and vulnerabilities.

58. In conclusion, discrimination is a crucial factor that affects the accessibility of mental health services for all children. States which have protective measures in place are on the right track. However, positive obligations should also be respected and further efforts should be made to offer children at risk of discrimination specific access to certain services.

d. Child-friendly accessible information on mental health

59. Finally, to ensure full accessibility of mental health services, it is essential to inform children through age-appropriate communication

60. Informing children about mental health issues and available services is crucial for both effective prevention and treatment of children in need. One of the key recommendations of UNICEF's report on children's mental health is "Break the silence, end stigma. (…) It is not just okay to talk about mental health – it is essential."[42] Misconceptions about mental health fuel stigma and discrimination and prevent children and young people from seeking support and participating fully in their families, schools and communities.[43] In a study by Leijdesdorff et al, the surveyed adolescents were asked for information about possibilities of care and what to expect when they would seek help. They generally request mental health education at schools, clear information online as well as leaflets and posters.[44]

61. States like Andorra, Azerbaijan, Portugal, Romania and Slovenia affirm children's right to access mental health information, emphasising age-appropriate communication. Luxembourg goes further, ensuring access for all children, including those with psychological disorders, through tailored information delivery. Other states[45] assert children's right to mental health information without age restrictions. Most states provide unrestricted access to mental health information in libraries or commercial entities. In Portugal, the "Letter for Hospitalised Children" and the "Letter of Children's Rights in Primary Health Care" are available, informing children about their health rights in an age-appropriate language as part of the implementation of the "Cuida-te +" Programme of awareness-raising, as well as free, anonymous and confidential counselling and support by psychologists. Information and requesting of an appointment are available online. Information on the support offered and

[41] Andorra, Armenia, Austria, Azerbaijan, Bulgaria, France, Germany, Hungary, Iceland, Luxembourg, Netherlands, Portugal, Romania, Slovenia, Sweden and Switzerland.
[42] UNICEF (2021), STATE OF THE WORLD'S CHILDREN: On My Mind: Promoting, protecting and caring for children's mental health, p. 146.
[43] Ibid, p.146.
[44] Leijdesdorff, S.M., et al. (2021). Barriers and facilitators on the pathway to mental health care among 12-25 year olds, p. 6.
[45] Including Austria, France, Germany, Iceland, Ireland and Sweden.

how to access it is contained in the Handbook "Take Care of You", published online in child-friendly language for children from 12 to young persons up to 25 years old. The referred Programme aims at early detection and intervention, referral of the target population to health structures and health education, by promoting initiatives using active forms of expression, such as theatre, plastic arts, music, sport or dance, within the programme's areas of intervention.

62. Overall, it appears that member states provide accessible and age-appropriate mental health information to meet children's needs. However, it is difficult to assess whether the information reaches its target group. Aside from providing the information to children and adolescents it is also important to ensure children are consulted on such matters. Young people are gradually raising their voices and sharing concerns about their mental health and well-being. Continued support is needed to provide all children, especially those with lived experience of mental health conditions, with the means for active and meaningful engagement. This can be achieved by investing in community youth groups, co-creating peer-to-peer initiatives, and implementing training programmes.[46]

5. Provision of quality mental healthcare to children

63. In addition to being available and accessible, mental health services for children must also be of appropriate quality. The Council of Europe Guidelines on child-friendly healthcare define quality of care as "effectiveness, efficiency and equity simultaneously with attention to patient safety and satisfaction/experience."[47]

64. In its "World mental health report: transforming mental health for all", the WHO makes a number of recommendations, to guide states in transforming mental healthcare. This guidance aims to restructure mental health services, shifting the focus of care for severe mental health conditions from psychiatric hospitals to communities. Simultaneously, it aims to scale up the availability of care for common conditions. The guidance also aims to move away from fragmented services that currently only meet a small proportion of people's needs, towards co-ordinated services that cater to everyone.[48]

a. Preventive care

65. Quality mental healthcare services cannot be reduced to treating issues when they arise, using only traditional mental healthcare practices. **Preventive care** should be fully included in the state's provision of mental healthcare to children.

66. In early childhood, a safe, secure, and loving environment, with responsive caregiving and opportunities for early learning builds neural connections at a vital time of early brain development.[49] Adolescence is another developmentally sensitive time for a person's mental health. It is a crucial period for developing the social and emotional skills, habits and coping strategies that enable mental health, including healthy sleeping patterns,

[46] UNICEF (2021), STATE OF THE WORLD'S CHILDREN: On My Mind: Promoting, protecting and caring for children's mental health, p. 146, also see UNICEF report: Let's talk about mental health | Voices of Youth and UNICEF and Gallup: Mental burdens | The Changing Childhood Project.

[47] Council of Europe (2011), Guidelines on Child-Friendly Healthcare, Para 29.

[48] World Health Organization (2022), World mental health report: transforming mental health for all, p. 252.

[49] World Health Organization (2018), Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential.

regular exercise, problem-solving and interpersonal skills. Many risk behaviours, such as use of substances, start during adolescence and can be particularly detrimental to mental health. Suicide is a leading cause of death in adolescents.[50]

67. Preventive care focuses on various measures and interventions aimed at helping children avoid developing mental health difficulties and promoting good mental health for all. Targeted interventions can be used to enhance competencies and develop abilities in the sphere of mental health for the general public. Interventions can be universal, such as public campaigns, or targeted towards specific groups or individuals at higher risk of encountering mental health challenges. Preventive interventions can also be provided outside of medical/healthcare systems and by non-healthcare professionals such as teachers, school social workers/counsellors and community center staff. Finally, it also includes indicated preventive interventions aimed at helping those children who have mental health challenges to stay well.[51]

68. Only 50% of respondent states (9 out of 18 respondents) report that preventive care services for children are accessible throughout their respective member states.[52] These states have implemented measures to ensure that children have access to preventive care services, often through school-based programmes, personnel training, and awareness campaigns.

69. Austria focuses on health promotion programmes in kindergartens and schools, ensuring access to mental health support at an early stage in a child's life. This low-threshold approach aims to make mental healthcare accessible to as many children as possible. Germany's statutory health insurance supports preventive healthcare measures for children and adolescents. A multi-sectoral strategy for the development of psychosocial skills for children and adolescents is being implemented in France; by 2037, it aims to ensure that all children benefit from interventions throughout their childhood careers, by training the adults who care for them, both at school and in other living environments. In Portugal, The National Strategy on the Rights of the Child (2021-2024) defined priorities and strategic goals that have been implemented through two Biennial Action Plans, including specific measures to comply with the following operational objectives targeted to children's mental health care: Qualify responses to mental health problems; expand the coverage of services and health units of child and adolescent's psychiatry services covering the age group 0-18 years, aiming at national coverage; and develop the role of culture as a health promoter and facilitator in the accompaniment and insertion of children and young people with physical and mental health vulnerabilities.

70. In contrast, several other states experience obstacles in providing access to preventive care services. Main reasons for that are stigma related to mental health issues, language barriers, and regional disparities in service availability. Financial concerns also prevent access to care in some states.

71. For instance, France faces difficulties in ensuring consistent access to preventive care services, especially in school medical services. Recruitment and retention issues regarding school doctors, nurses, and psychologists, along with budget constraints and a shortage of qualified healthcare professionals can hinder access. Nevertheless, as prevention and promotion

[50] World Health Organization (2022), World mental health report: transforming mental health for all, p.14.

[51] National Research Council (US) and Institute of Medicine (US) (2009) Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities, p.66.

[52] Including Andorra, Armenia, Azerbaijan, Bulgaria, Denmark, Iceland, Luxembourg, Slovenia, and Switzerland.

activities are not solely the responsibility of caregivers, teaching teams are themselves mobilised on certain topics within the framework of the Health Promoting School approach, such as the fight against bullying at school or the development of psychosocial skills.

72. Decentralisation may also result in unequal access due to differences in local priorities, available resources, and administrative capacities. Factors like geographic location, funding allocation, and healthcare infrastructure variations may influence access.

b. Diverse mental healthcare services

73. Secondly, it is crucial to ensure quality care by offering **a diverse range of mental health services**, including **community-based care** and other non-traditional forms of mental health care.

74. In its General Comment no. 4, the CRC Committee found that "every adolescent with a mental disorder has the right to be treated and cared for, as far as possible, in the community in which he or she lives."[53] This entails having traditional mental healthcare settings such as clinics across the territory (see section 2.a. of this mapping study) but also offering alternative community-based care options. This is also an important factor to be considered to ensure equitable access and non-discrimination. To reach children and young people without access, services need to be provided not just through health systems but across a wide range of sectors and delivery platforms, including education, social protection and community care.[54]

75. Research carried out by Gallup for UNICEF's Changing Childhood report indicates strong demand for action. A median of 83 per cent of young people aged 15–24 in 21 countries believe it is better to address mental health issues by sharing experiences with other people and seeking support than by doing it by themselves.[55] Moreover, adolescents who were consulted in the aforementioned study by Leijdesdorff et al, expressed that they appreciated when treatments were personalised with room for spirituality and autonomy, instead of following a strict protocol.[56]

76. Regarding access to non-traditional mental healthcare services for children, states such as Austria, Bulgaria, Germany, Iceland, Luxembourg, Malta, the Netherlands and Sweden have taken affirmative steps to provide non-traditional mental healthcare services for children, recognising the importance of holistic mental well-being.

77. In contrast, Andorra, Armenia, Romania and Switzerland have reported facing challenges related to unequal access, with issues ranging from limited resources and geographical challenges to socio-economic status, awareness levels, resource constraints, and variations in service quality. Switzerland's federal structure also contributes to regional disparities in service availability.

78. In conclusion, countries are still facing barriers to providing equitable access to a sufficient variety of preventive and multifaceted mental health services. Affirmative steps have been

[53] CRC Committee, General comment No. 4 (2003): Adolescent Health and Development in the Context of the Convention on the Rights of the Child.
[54] UNICEF (2021), STATE OF THE WORLD'S CHILDREN: On My Mind: Promoting, protecting and caring for children's mental health, p.149.
[55] Ibid, p.10.
[56] Leijdesdorff, S.M., et al. (2021). Barriers and facilitators on the pathway to mental health care among 12-25 year olds*, p.6*.

taken towards the establishment of such services as a key step in ensuring quality mental health care for children.

c. Standards of care and remedies

79. National legal standards of care are an essential element to ensure quality of services across the territory and to allow children to seek redress when their right to mental healthcare has been violated.

80. All respondent states have established **statutory or regulatory standards for traditional mental healthcare services for children**. These standards encompass specific, science-based criteria to ensure the safety and effectiveness of care. They also cover various aspects of care, including assessment, treatment, and quality assurance.

81. Some states provide additional guidance and regulations that clarify and interpret statutory standards. Iceland, for instance, has laws and guidelines related to mental health promotion and prevention.

82. In addition to implementing precise standards of care, states should establish supervisory bodies overviewing the application of such standards. The Netherlands regulates the quality of care through various means, including legislation and professional codes, with inspectorates responsible for quality supervision while acknowledging that incidents can occur, necessitating continuous attention to quality.

83. In certain states, a national law might generally permit mental healthcare provision not meeting the standard of care. Azerbaijan allows this exception for various forms of care, including preventive and traditional care, for mental healthcare, extending to care other than traditional mental healthcare. Slovenia's law permits mental healthcare provisions if they are not defined as criminal acts according to the Criminal Code, as long as they are not medical services requiring licensed professionals.

84. This lack of regulation can leave room for harmful or ineffective practices to arise. This gap in regulation also represents an obstacle to obtaining remedies in case of violations surrounding mental health services.

85. While regulatory standards regulate the provision of mental health services in most states, safeguards are often lacking when it comes to preventive or non-traditional care. Most states (67 %) do not have specific standards for preventive care for children's mental health. Germany stands out as an exception, with established criteria for preventive care, including requirements for subsidies related to nursery and school programmes. The criteria are enshrined in the "Leitfaden Prävention", which includes targeting children as the primary group, demand assessment, reasonableness of demand, addressing special interests, and forming partnerships.

86. Many states[57] acknowledge that children have the right to seek **redress** when their right to receive safe and effective care for mental health has been denied or violated. These states have legal mechanisms or procedures in place to address such violations and provide reparations.

[57] Including Andorra, Armenia, Bulgaria, France, Germany, Hungary, Ireland, the Netherlands, Poland, Romania, Sweden and Switzerland.

87. Many respondent states[58] recognise that children have the right to access effective **rehabilitation** care for mental health harms, regardless of who caused that harm. This demonstrates a commitment to providing support and care to children in need of mental health rehabilitation.

88. There is a range of responses regarding whether children have the right to access effective **rehabilitation specifically for harms inflicted on them by state actors**. Some states[59] (11 out of 16) affirm that children have the right to access effective rehabilitation for harms inflicted on them by state actors. These states prioritise addressing the consequences of harm caused by state actions and providing rehabilitation support to affected children. In theory, these remedies are also accessible in case of violation of rights in the context of preventive care. In 82 % of state respondents to the questionnaire, legal remedies and mechanisms are in place to address violations of the right to equal access to quality preventive care services for children. These remedies may involve filing complaints with relevant authorities, ombudsman offices, or legal actions.

89. Although over-regulation of standards of care can create obstacles, such as the creation of bureaucratic procedures, appropriate regulation remains a crucial element in ensuring quality mental health care across national territories and in identifying violations of children's rights in this context.

6. Conclusions

a. Summary of main obstacles to provision of quality mental health care services to children

90. The analysis of respondent states' data and existing international standards on mental healthcare for children have yielded several findings. Firstly, in terms of availability of services, the main obstacles to an effective provision of mental healthcare services to children are **geographical disparities and lengthy waiting times** for non-urgent appointments. While several states have implemented measures such as increased funding, specialised centres and telemedicine services to address these geographical inequalities, challenges remain in ensuring that every child in every region has equitable access to mental healthcare services.

91. A lack of timely appointments across the territory hinders accessibility, impacting trust among adolescents. Reliable and systematic data is also lacking on waiting times for inpatient and outpatient, urgent and regular appointments. Currently, there are no international standards setting a minimum number of trained professionals across a certain territory or population and monitoring of the availability of such trained personnel is also lacking.

92. Secondly, several barriers hinder the accessibility of quality mental health services for children. Most importantly, **financial and administrative hurdles** can deter children and adolescents from receiving the care they need. A lack of investment in mental health services partially explains this situation. Moreover, while the **use of digital ~~s~~tools** may be an effective avenue to improve the accessibility of certain services (hotlines, online counselling and referrals), as they may help to sensitise, disseminate information, and combat stigma and discrimination, online care has to be implemented with children's safety and privacy in mind

[58] Including Andorra, Armenia, Austria, Bulgaria, Denmark France, Germany, Hungary, the Netherlands, Poland, Romania, Slovenia, Sweden and Switzerland.

[59] Including Andorra, Austria, Bulgaria, France, Germany, Hungary, the Netherlands, Poland, Romania, Slovenia, and Switzerland.

and should not replace in-person care when needed. In addition, the requirement of parental authorisation may also hamper access mental healthcare.

93. Thirdly, the provision of quality mental healthcare services was explored, most specifically the importance of **preventive care**. In some member states, the provision of a sufficient variety of preventive and multifaceted mental health services could be improved, and early childhood and adolescence would benefit from provision of targeted, universal, and indicated preventive interventions.

94. Lastly, when looking at the **quality of mental healthcare** provided to children, the mapping has shown that not all member states provide a comprehensive framework ensuring standards of care in all settings, and they are particularly lacking when it comes to preventive or non-traditional care.

b. Way forward

95. This mapping study has identified three major areas, which member States could address when developing strategies and implement action plans for strengthening children's access to quality mental health care:

96. First, in terms of **availability** of mental healthcare services, effective steps could be taken to reduce geographic disparities and existing **excessive waiting times**. To these ends,
- **Regular monitoring of mental health service capacity**, including availability of specifically trained staff, could help to respond quickly to increases in occupancy across the territory;
- **A standard on the minimum number of trained professionals** or population could be a useful tool for assessing the need for health care professionals across a certain territory ;
- **Disaggregated data on waiting times** for all types of care, i.e. inpatient and outpatient, urgent and routine, can be an important indicator of the availability of mental health services in different countries;
- **Regular** updates on the concrete estimated delays and waiting times could also be provided to children who are placed on waiting lists, as well as to their carers, to increase transparency.

97. The offer of an **appropriate variety of services**, including preventive and community-based care and other non-traditional forms of mental healthcare, allows to cater for specific needs.
- Such services can be **effectively extended beyond traditional health systems** to education settings and community care to ensure equitable and quality access;
- **Community-based care** is essential in terms of prevention and treatment. A number of measures could be envisaged, such as establishing mandatory school prevention hours or having trained mental health professionals in schools and child settings;
- **Targeted,** universal and preventive interventions during early childhood and adolescence could be reinforced;
- **Digital tools and e-health consultations** by specially trained professional can complement the offer of health-care services and alleviate geographic disparities, but cannot replace physical consultations when needed.
- **Data** could a be collected to asses the use, accessibility [and efficiency] of such digital services;
- When using digital tools to provide mental healthcare, particular attention is to be paid to **the protection of children's safety, privacy and personal data.**

98. Second, the provision of accessible information is key to ensuring access to mental health care service. To these ends:

- **Age-appropriate information** about mental healthcare and available mental health support can be provided through various channels, including general education programmes, (online)information campaigns and hotlines;
- Information campaigns can also aim at supporting the process of **enabling children to participate** in decisions relating to their mental health, both at an individual and a collective level;
- **Community youth groups, peer initiatives and specific training programmes** can provide all children, including children in vulnerable situations such as children with lived experience of mental health conditions, the means **for active and meaningful engagement**;
- Proactive measures can be taken to provide **specific access to mental health services for vulnerable populations**.

99. Thirdly, when looking at the quality of mental healthcare **comprehensive and evidence-based standards of care** can ensure the provision of quality services in all settings and covering gaps in standards for preventive or non-traditional care. The application of such standards can be monitored by supervisory bodies.