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INFRA4NEXTGEN

Topline Results

Mental health among young Europeans

Insa Backhaus-Hoven and Terje Andreas Eikemo
CHAIN – Centre for Health Equity Analytics

David Consolazio
University of Milan

Funded by the European Union

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Introduction

Mental health is increasingly recognised as a crucial determinant of overall health and wellbeing throughout life. However, Europe faces a major mental health crisis, with around one in six adults (17%) experiencing poor mental health and about one-third lacking access to suitable treatment (The Lancet Regional Health – Europe, 2025).

Adolescence and young adulthood are particularly sensitive periods, as many mental health disorders tend to surface before or during this time (McGrath et al., 2023; Viner et al., 2012). Major life events such as starting higher education, leaving the parental home, entering the workforce, and forming new personal relationships have been linked to uncertainty, stress, and the onset of depressive symptoms among young people (Arnett, 2000).

While the European Parliament has repeatedly urged the prioritisation of mental health, especially among vulnerable groups such as adolescents and young adults, several reports show that young people's mental health is worse than ever (Cosma et al., 2023). According to some findings, the proportion of young people aged 18-29 reporting poor mental health has more than doubled in recent years (WHO, 2023). It is, therefore, crucial to continuously monitor their wellbeing and understand the factors that can influence young people's mental health.

At the individual or micro-level, for example, the immediate social environment can play a key role. This may include relationships with family members and the availability of social support. At the macro-level, it could encompass access to support services as well as current and past crises such as the COVID-19 pandemic, climate change, and economic and political instability, all of which young people today face.

This rise in poor mental health has not affected all groups of young people equally, with young women and those of a lower socioeconomic position (SEP), for

example, reporting worse mental health compared to men and those of a higher SEP.

In this Topline Results report, we summarise key findings related to the Make it Healthy pillar and examine the current state of mental health and wellbeing in Europe, as well as mental health system performance across the continent. We compare younger Europeans (18-34 years old) with older Europeans (35 and above). Specifically, in this report, we aim to:

> **"Mental health is a state of mental wellbeing that enables people to cope with the stresses of life, realize their abilities, learn and work well, and contribute to their community (WHO, 2026)."**

- identify who is most at risk
- present available evidence on Europeans' mental health status
- explore factors linked to mental health
- highlight policy needs

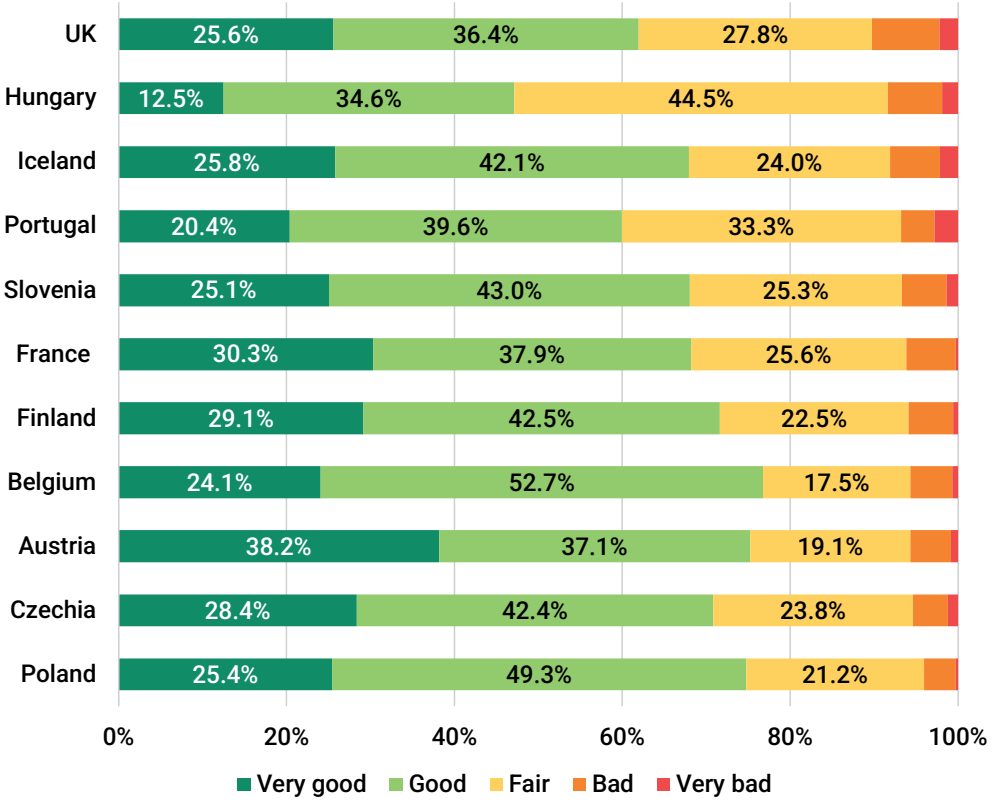
To do so, we analyse data from the CROss-National Online Survey 3 (CRONOS-3) panel, a large-scale, cross-national, probability-based, mixed-mode panel conducted across eleven European countries: Austria, Belgium, Czechia, Finland, France, Hungary, Iceland, Poland, Portugal, Slovenia, and the United Kingdom. CRONOS-3 consists of five waves, conducted between September 2024 and June 2025, collecting data through both online (web-based) and offline (paper-based) methods.

The 90 items surveyed across all participating countries align with the five pillars of the NextGenerationEU recovery plan: Make it Healthy, Make it Equal, Make it Strong, Make it Green, and Make it Digital. We focus on key determinants of mental health included in CRONOS-3, such as healthcare access, internet usage, drug use, social support, and loneliness.

Subjective mental health

Against the backdrop of efforts by the European Parliament to promote mental health, the poor mental health of Europeans remains a pressing issue. The World Health Organization defines mental health as “a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn and work well, and contribute to their community” (WHO, 2026). Among CRONOS-3 respondents, nearly 7% reported bad or very

Figure 1. Subjective mental health across participating CRONOS-3 countries

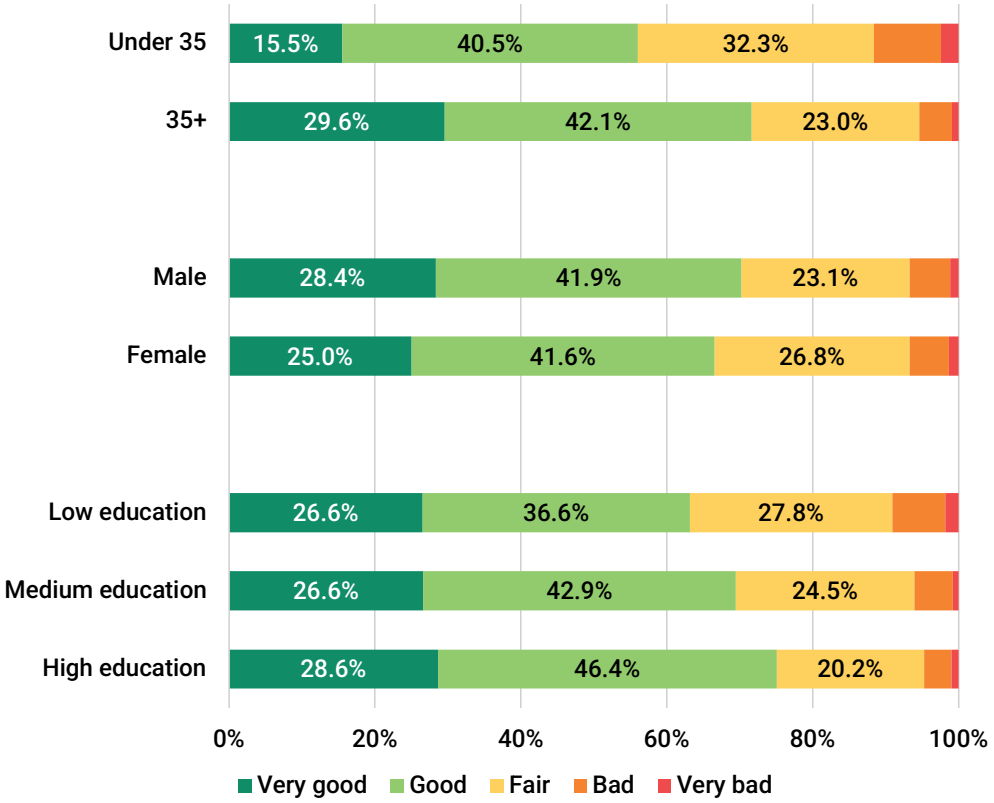


Source: CRONOS-3, Wave 3 (2024). Subjective mental health in general, post-stratification weights applied for country level analysis: w3hq57 (n=9974).

bad mental health, with notable variations across European countries (Figure 1). Respondents in the United Kingdom (10.2%), Hungary (8.3%), and Iceland (8.1%) had the highest proportions of individuals reporting poor mental health.

Furthermore, younger adults (11.6%) and those with a low level of educational attainment (9.1%) also reported poor mental health more often compared to older adults (5.4%) and those with higher levels of education (4.7%) – as shown in Figure 2.

Figure 2. Subjective mental health by age, sex and education



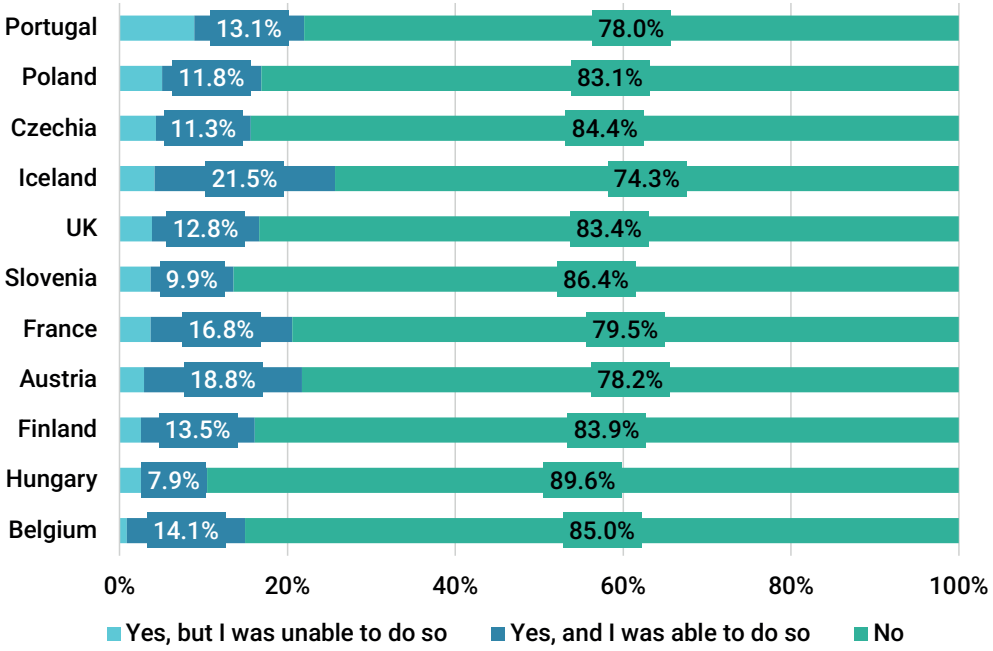
Source: CRONOS-3, Wave 3 (2024). Subjective mental health in general, post-stratification weights applied for country level analysis: w3hq57 (n=9974).

Accessing mental health services

A fundamental principle of European healthcare systems is equal access to healthcare, yet in many countries, access remains limited for various reasons, including availability issues and long waiting times. This also applies to mental health care. Figure 3 shows that 5% of CRONOS-3 participants had unmet mental healthcare needs, with Portugal reporting the highest unmet needs at 8.9%, followed by Poland at 5.1% and then Czechia at 4.3%. The main reasons given for unmet needs were costs (41%*) and waiting times (37%*).

Unmet healthcare needs also often disproportionately affect certain sociodemographic groups, such as older adults and migrants. Women slightly more frequently reported unmet mental

Figure 3. Unmet mental healthcare needs by country



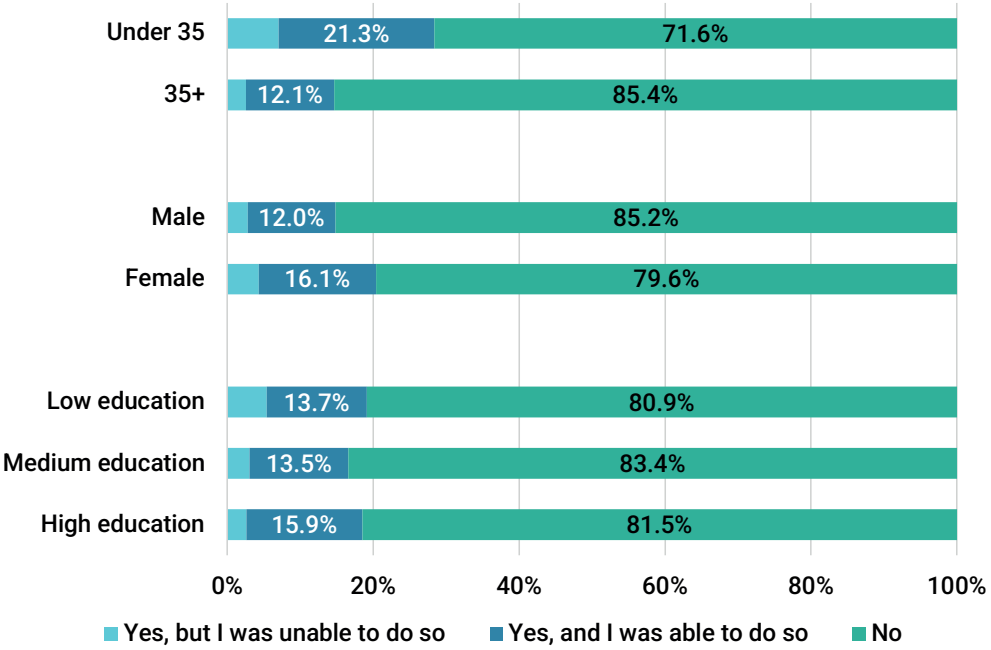
Source: CRONOS-3, Wave 1 (2024). Needed to see psychologist, psychiatrist or other mental health service personnel, post-stratification weights applied for country level analysis: w1hq8 (n=8,920).

* Of those needing to see a mental health specialist

healthcare needs (4.3%) than men (2.8%), and individuals under 35 years of age showed significantly higher rates (7%) compared with those aged 35 and over (2.6%). A clear educational gradient is also evident, with unmet needs more commonly reported among those with lower educational attainment (5%) than among those with medium (3.6%) or high (2.6%) educational attainment.

These patterns indicate that governments and public health experts should adopt targeted interventions that tackle both structural obstacles and the specific needs of vulnerable groups, ensuring mental health services are accessible, affordable, and responsive to the populations most at risk.

Figure 4. Unmet mental healthcare needs by age, sex and education



Source: CRONOS-3, Wave 1 (2024). Needed to see psychologist, psychiatrist or other mental health service personnel, post-stratification weights applied for country level analysis: w1hq8 (n=8,920).

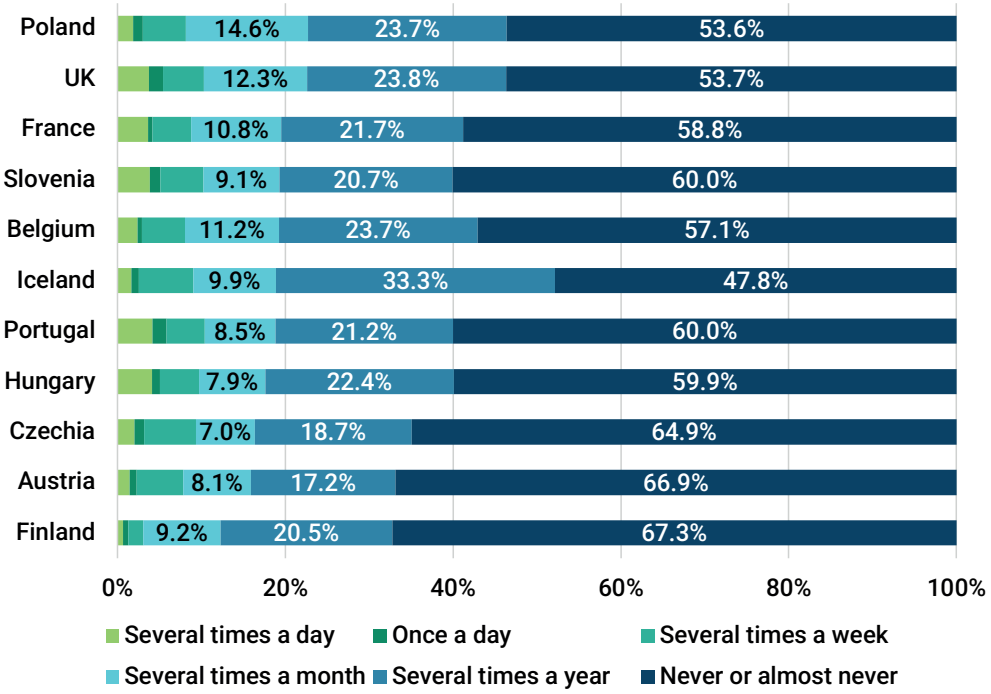
Internet use

Internet use has become a widely used resource for seeking mental health information, with many people using search engines to learn about symptoms, illnesses, and available treatments (Montagni et al., 2016). In CRONOS-3, respondents were asked whether they had used the Internet to look for mental health information in the past 12 months.

Figure 5 shows that nearly 17% of respondents searched the Internet for mental health information at least several times a month, with individuals in Slovenia, Portugal, the United Kingdom, and Hungary reporting the most frequent use.

Younger adults, women, and those with a medium level of education tend to use the Internet

Figure 5. Internet search for mental health information during the last 12 months



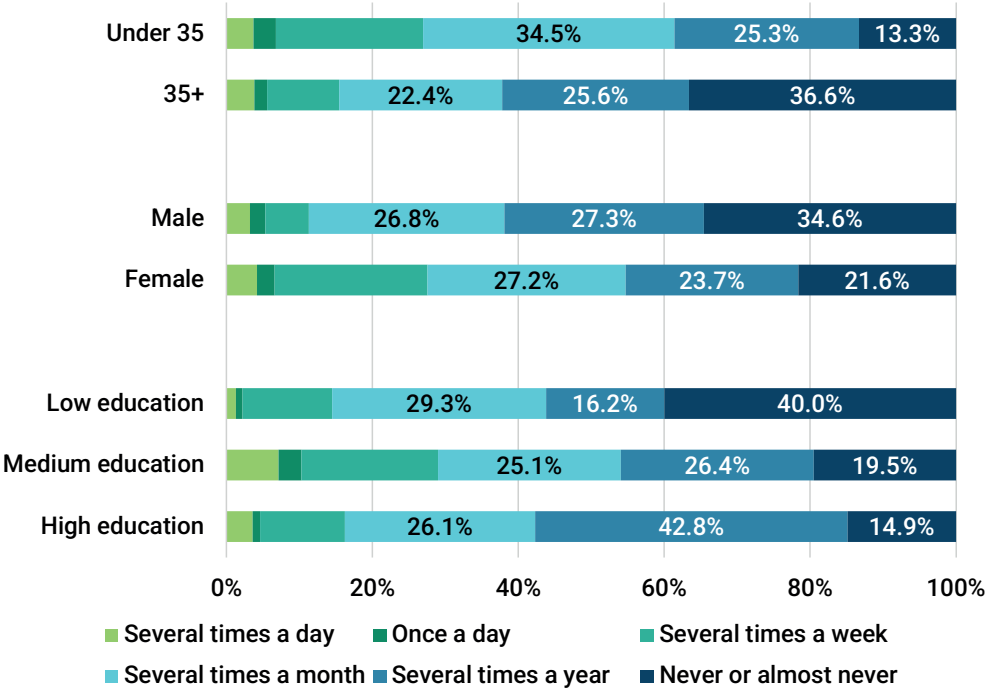
Source: CRONOS-3, Wave 2 (2024). Used internet to look for information of mental health during the last 12 months, post-stratification weights applied for country level analysis: w2hq4 (n=9,749).

more frequently for seeking information about mental health (Figure 6).

The findings indicate that expanding digital mental health initiatives and enhancing the visibility of online mental health resources and information – especially in countries where online searches are already prevalent – can be a valuable support for mental health.

To address existing disparities in the use of digital tools, these initiatives should be easily accessible, simple to use, and have a user-friendly interface so that individuals from different sociodemographic backgrounds can access them.

Figure 6. Internet search for mental health information during the last 12 months by age, sex and education



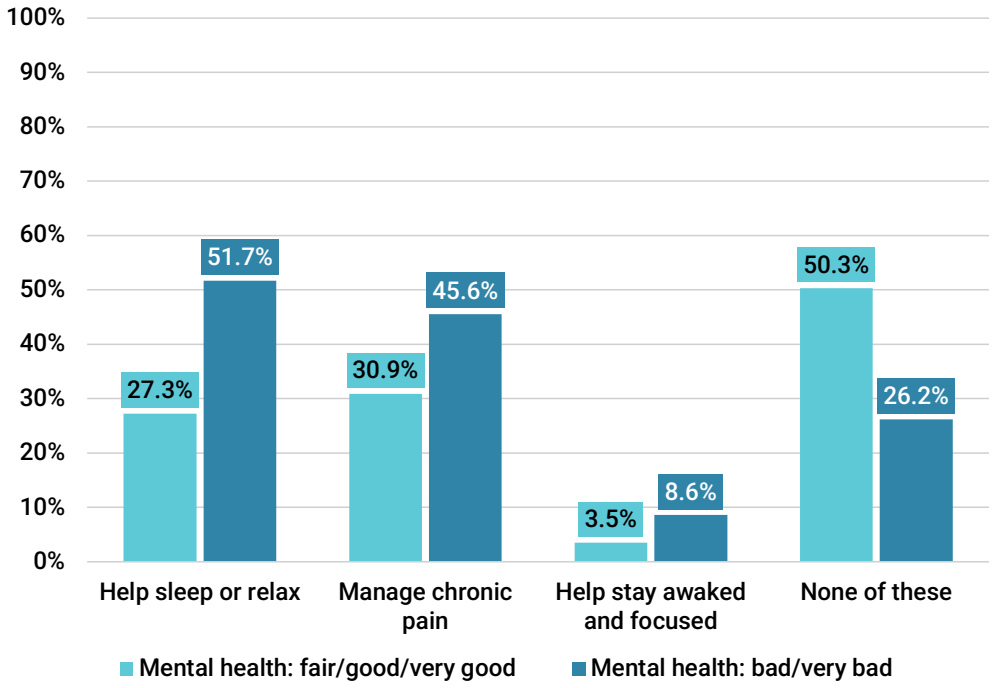
Source: CRONOS-3, Wave 2 (2024). Used internet to look for information of mental health during the last 12 months, post-stratification weights applied for country level analysis: w2hq4 (n=9,749).

Therapeutic drug use

Drug use for therapeutic or functional purposes – such as medications to aid sleep or reduce pain – is closely linked to mental health outcomes, as individuals with mental health issues often depend on pharmacological strategies to manage psychological distress and related symptoms (Birkinshaw et al., 2023; Everitt et al., 2018).

As Figure 7 illustrates, respondents with bad or very bad mental health are considerably more likely to report ever having used drugs to aid sleep or relaxation (around 52%) and to manage chronic pain (about 46%), compared to those with fair, good, or very good mental health, at 28% and 31% respectively. However, the use of drugs to stay awake and focused was less prevalent in both groups but still higher among individuals with

Figure 7. Ever used drugs and self-reported mental health

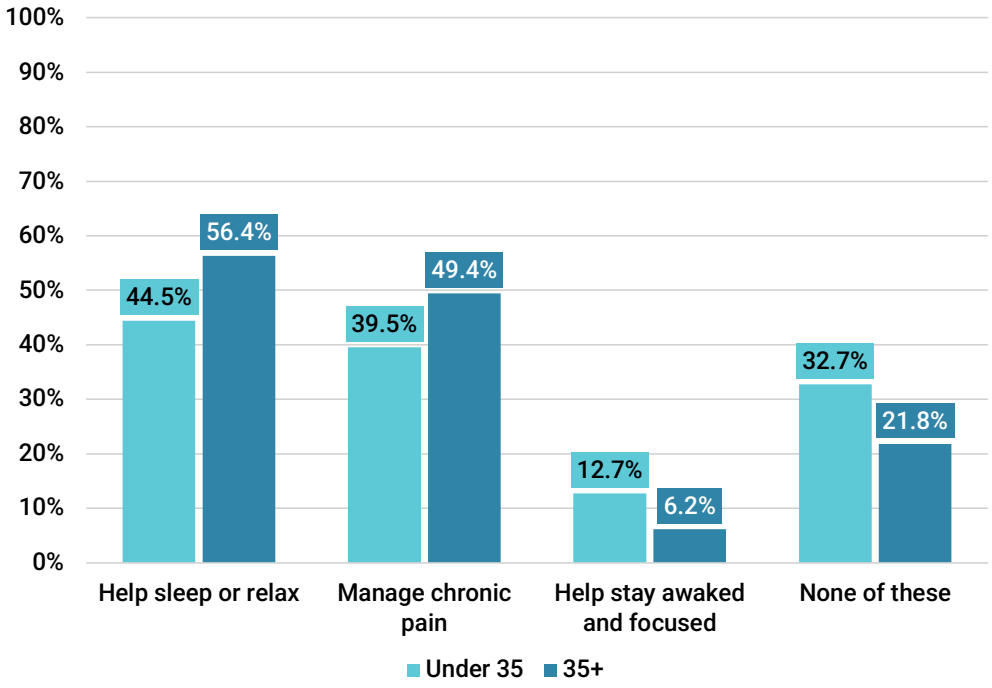


Source: CRONOS-3, Wave 2 (2024). Ever used drugs to help a) sleep/relax, b) manage chronic pain and c) stay awake/focused. Post-stratification weights applied for country level analysis: w2hq13 (n=10,442).

bad or very bad mental health (approximately 9%) compared to those with better mental health (around 3%).

The analysis also indicates age-related variations in drug use, with older Europeans with poor mental health reporting more frequent use of drugs for relaxation and pain relief, while younger Europeans with poor mental health report a higher tendency to use drugs to stay awake and concentrate (Figure 8). Specifically, among respondents aged 35 and over, a higher percentage reported using drugs to aid sleep or relaxation (56%) and to manage chronic pain (49%) compared with those under 35 (44% and 39%, respectively). However, younger individuals (<35 years) were more likely to report drug use to stay awake and focused (12%) compared to the older age group (6%).

Figure 8. Ever used drugs among those with self-reported poor mental health

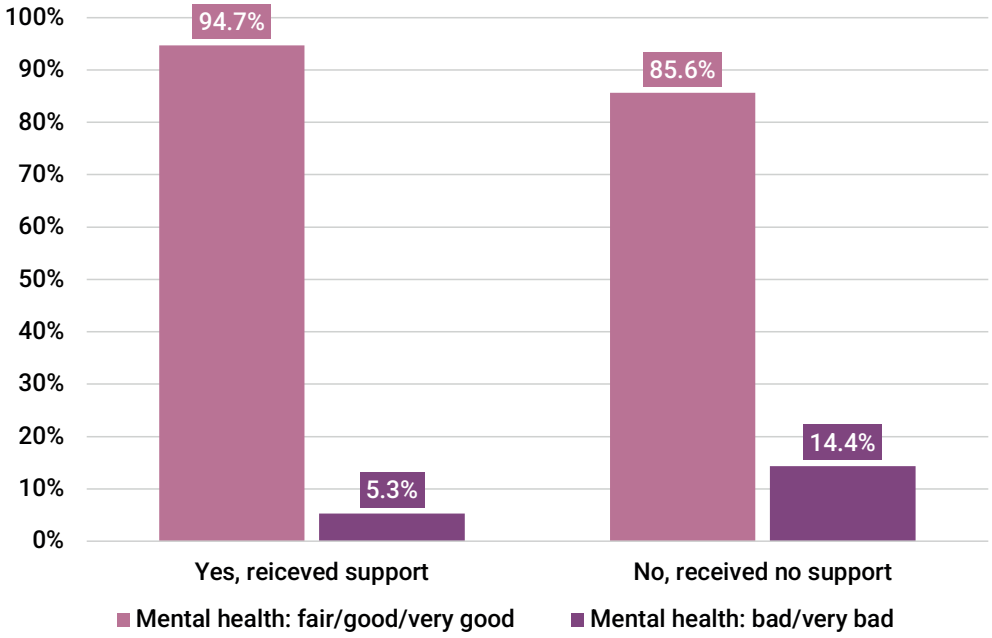


Source: CRONOS-3, Wave 2 (2024). Ever used drugs to help a) sleep/relax, b) manage chronic pain and c) stay awake/focused. Post-stratification weights applied for country level analysis: w2hq13 (n=10,442).

Social support networks

Another important determinant for mental health is social support. Social support can be understood as a multidimensional concept that includes several characteristics, such as the amount of support available – reflected in the size of one's close personal network – the level of care and interest, and the accessibility of support from family, friends, and neighbours when needed. In CRONOS-3, social support is measured using several indicators. These include the perceived availability of help and support from close contacts when needed, having had at least one good friend during the first 18 years of life, and the quality of family relationships, assessed by how well respondents reported getting along with their family in the past 12 months.

Figure 9. Self-reported mental health among individuals with and without receiving support



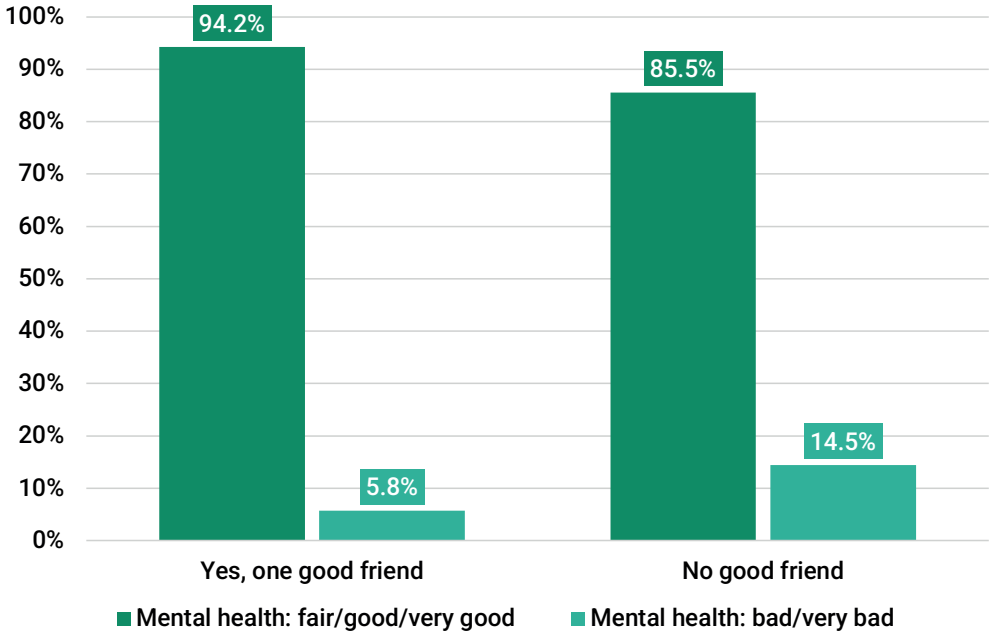
Source: CRONOS-3, Wave 5 (2024). Receive help and support from close contacts when needed, post-stratification weights applied for country level analysis: w5hq11 (n=9,288).

6% of respondents reported that they did not have a close friend during their first 18 years, and nearly 8% stated they were not getting along with family members in the past 12 months (data not shown). This is important because previous evidence has consistently demonstrated a link between social support and improved mental health (Santini et al., 2020).

The analysis of CRONOS-3 shows that strong interpersonal relationships, including receiving support, having a good friend, and maintaining good family ties, are associated with better mental health (Figures 9, 10, and 11).

For instance, good mental health was reported by 94.7% of individuals who received support, compared to 85.6% of those

Figure 10. Self-reported mental health among individuals with and without a good friend



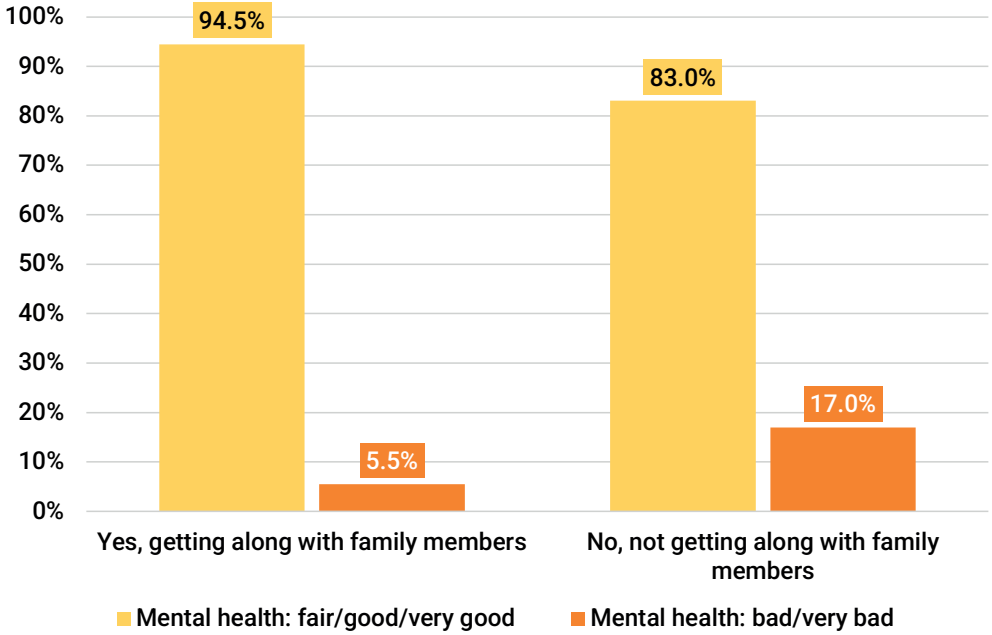
Source: CRONOS-3, Wave 5 (2024). Had at least one good friend during first 18 years of life, post-stratification weights applied for country level analysis: w5hq6 (n=9,356).

who did not. Similar patterns were observed for having a good friend. Specifically, among those who reported having one good friend, the vast majority (94.2%) reported good mental health, while 5.8% reported poor mental health. Conversely, among those who did not report having a good friend, the proportion reporting good mental health was lower (85.5%), and the proportion reporting poor or very poor mental health was substantially higher (14.5%) (Figure 10).

Getting along with family members was also positively linked to mental health (Figure 11)

The findings emphasise the need to prioritise strengthening social support systems throughout the life course. Early-life interventions aimed at fostering stable friendships and supportive peer environments should be expanded to ensure that young people develop lasting and trusted friendships.

Figure 11. Self-reported mental health and getting along with family members

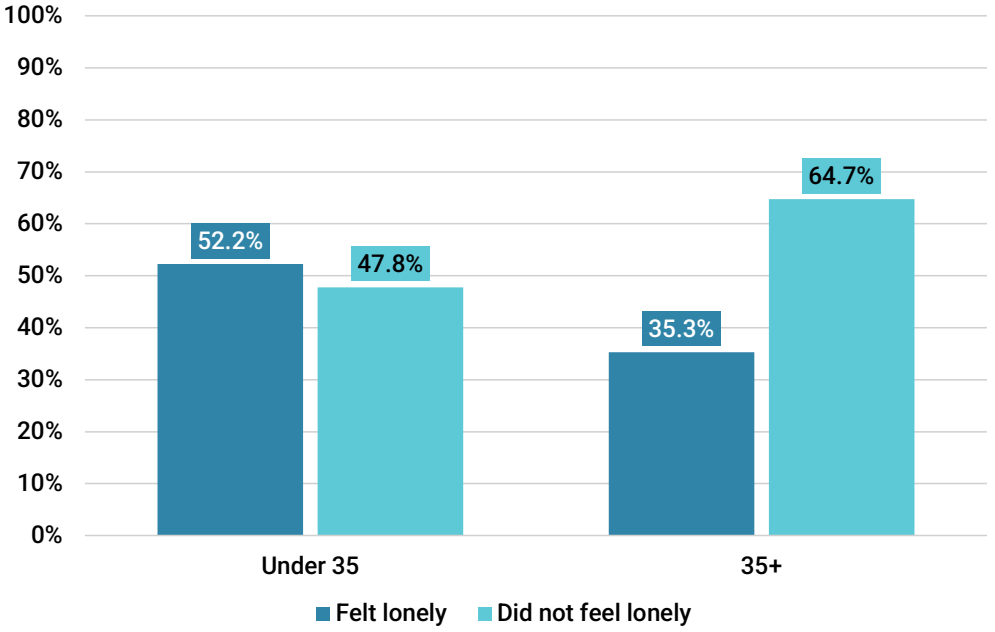


Source: CRONOS-3, Wave 5 (2024). Getting along with family members in the last 12 months, post-stratification weights applied for country level analysis: w5hq10 (n=9,181).

Loneliness

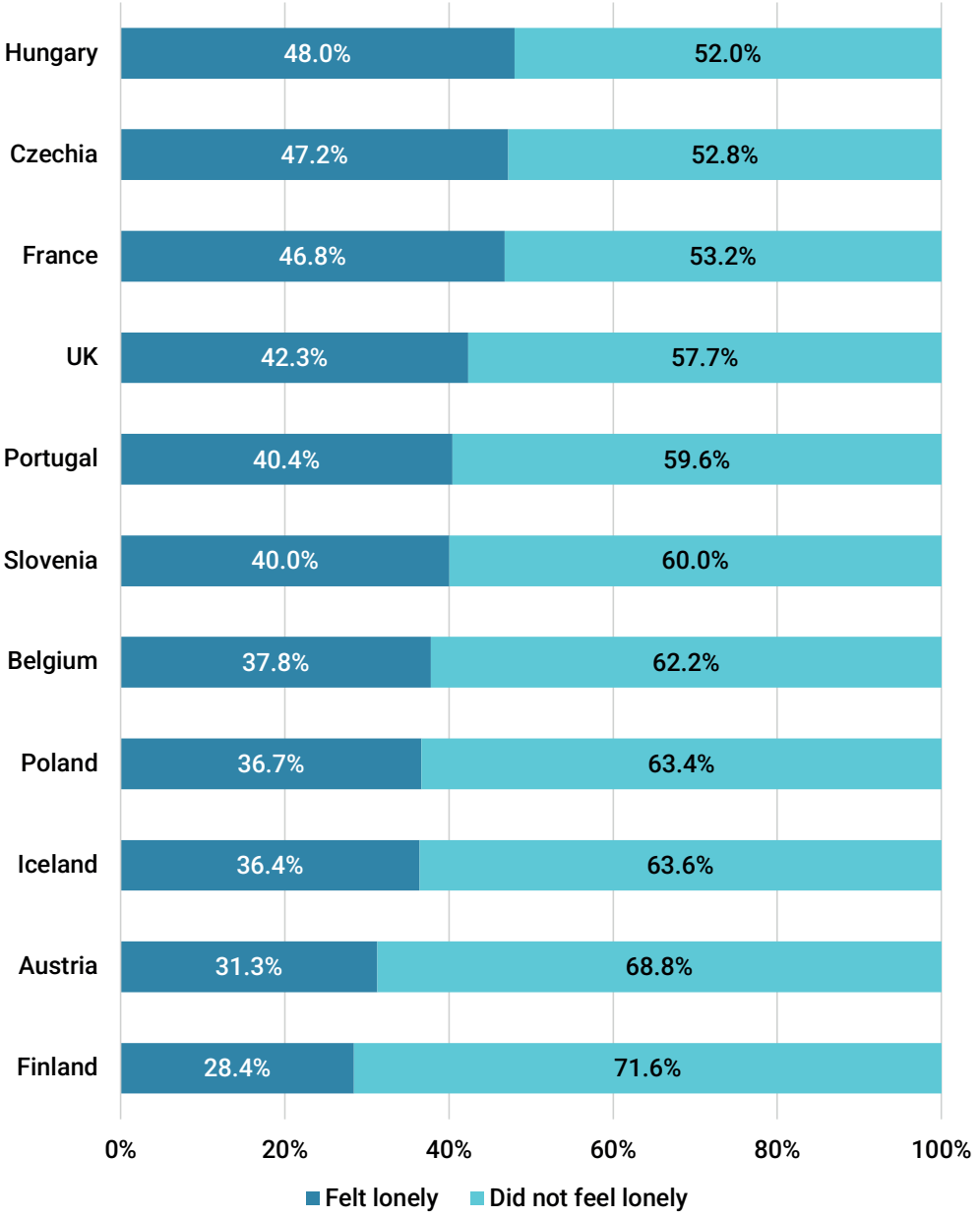
The Joint Research Centre found that, in 2022, 13% of Europeans felt lonely over the past four weeks, and 35% reported feeling lonely at least some of the time (European Commission, 2022). In CRONOS-3, respondents were asked how often they felt lonely during the past week. Responses were measured on a four-point Likert scale ranging from “None or almost none of the time” to “All or almost all of the time”. Figure 12 shows that 39% of respondents felt lonely most of the time during the past week. Young adults are lonelier than older adults: 52.2% feel at least moderately lonely, compared with 35.3% of older adults.

Figure 12. Loneliness during the past week



Source: CRONOS-3, Wave 5 (2024). Felt lonely during the past week, post-stratification weights have been applied for country level analysis: w5hq12 (n=9,343).

Figure 13. Loneliness by country



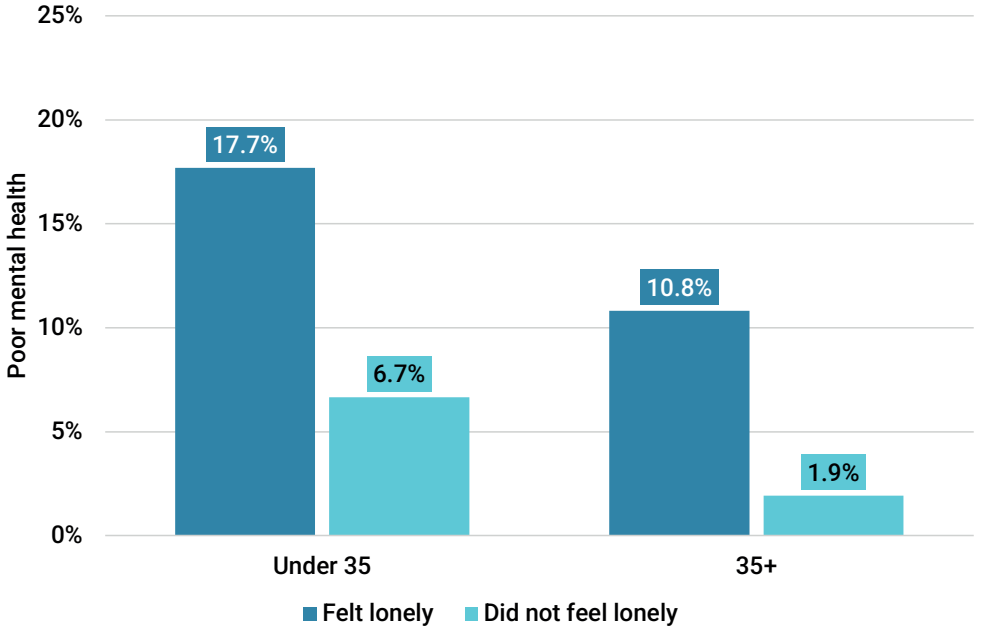
Source: CRONOS-3, Wave 5 (2024). Felt lonely during the past week, post-stratification weights have been applied for country level analysis: w5hq12 (n=9,343).

While loneliness is an issue for everyone, levels vary across countries. In this sample, respondents from Hungary report particularly high levels of loneliness (48%), followed by Czechia (47.2%) and France (46.8%). Loneliness is lowest in Finland (28.4%) and Austria (31.3%) (Figure 13).

Loneliness has been linked to various chronic physical health conditions, such as pain and fatigue, and is recognised as a key factor in depression and anxiety (Klein et al., 2021). In our analysis, both younger and older CRONOS-3 respondents who reported feeling lonely were more likely to report poor mental health compared to those who did not report loneliness (Figure 14).

The high prevalence of loneliness among CRONOS-3 respondents is concerning, and the results suggest that further monitoring for loneliness is warranted to promote mental wellbeing.

Figure 14. Loneliness and mental health



Source: CRONOS-3, Wave 5 (2024). Felt lonely during the past week, post-stratification weights have been applied for country level analysis: w5hq12 (n=9,343).

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Conclusion

The CRONOS-3 findings offer a timely overview of mental health across eleven European countries and find significant inequalities still exist, especially by age. The overall prevalence of poor mental health (7%) being lower than in some previous reports is likely due to differences in coverage, measurement, and/or definitions rather than real differences in population mental health. In nearly all areas, age differences were more noticeable than educational ones. Younger Europeans (15-34) consistently reported worse mental health, higher loneliness, greater unmet mental healthcare needs, and more frequent use of the internet for mental health information than older adults.

These generational disparities merit particular attention. While educational inequalities remain significant, the extent and consistency of age-related differences indicate that younger cohorts are disproportionately vulnerable. This aligns with international evidence documenting a marked decline in children's and adolescents' mental health following the COVID-19 pandemic, with effects lasting beyond the acute crisis (Theberath et al., 2022). The CRONOS-3 results reinforce concerns that these impacts continue to influence young people's mental wellbeing.

The findings also highlight the multifaceted nature of mental health. Mental health is closely linked to healthcare access, digital environments, medication, social support, and loneliness. Younger adults report greater unmet mental healthcare needs, reflecting ongoing structural barriers such as costs and waiting times. Digital behaviour plays a key role, providing both opportunities for information and support and risks related to stress, misinformation, and problematic use, as highlighted by the OECD (2018). Age-specific patterns also appear in drug use, indicating different coping strategies throughout the lifespan, while social support and loneliness emerge as key factors, especially among younger respondents.

Taken together, these results confirm that mental health is a societal challenge that cuts across multiple sectors, including education systems, digital infrastructures, social relationships, and health systems. Effective responses, therefore, must not be sector-specific or short-term.

The evidence highlights four key policy priorities. First, access to youth-focused mental healthcare must be improved by expanding affordable, youth-friendly services and reducing structural barriers such as high costs and long waiting times.

Second, mental health should be integrated into the digital ecosystem by promoting safe, evidence-based online resources while reducing risks through better digital literacy and stricter platform accountability. Additionally, national-level regulatory measures, including potential age-based restrictions or bans on children's access to certain social media platforms, should be carefully considered as part of a broader protective framework.

Third, social connectedness needs to be actively encouraged through investment in community initiatives, peer support networks, and hybrid online-offline platforms to reduce loneliness and strengthen supportive relationships.

Fourth, ongoing investment in longitudinal and comparative research, like the GUIDE Study (Ramaj & Pollock, 2025; Babarovic et al., 2025), is crucial to systematically monitor children's digital use and mental wellbeing from early childhood onwards.

Without continuous, life-course-oriented monitoring, Europe faces long-term social and economic repercussions, including widening health inequalities. Therefore, systematic comparative data must become a cornerstone of evidence-based mental health policy and preventative strategies.

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