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RECOVER

POLICY BRIEF

Youth Mental Health & Wellbeing in European Youth Work

15 Evidence-Based Recommendations for Local, National and European Policymakers

Poland · Austria · Latvia · Croatia

www.recover-erasmus.eu

Problem

Young people across Europe face anxiety, depression, loneliness, and digital overload at an unprecedented scale. **1 in 5 aged 16–25 experience mental health problems** — yet most never receive support.
Youth workers are often the first trusted adult a young person turns to. **They are almost never trained to respond.** This is not a personal failure. It is a policy gap.
The RECOVER project gathered direct evidence from young people and youth workers across four EU countries to understand this gap — and to design concrete, actionable solutions.

1 in 5	78%	3×	0
Young people experience mental health problems	of youth 16–25 report burnout symptoms	higher risk for young women vs men same age	EU countries mandate mental health training for youth workers

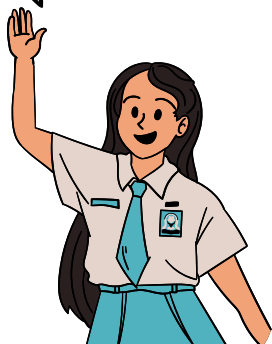
WHAT THE RECOVER PROJECT FOUND

- **Six core challenges:** Fear/Anxiety · Depression · Loneliness · Low Self-Esteem · Digital Overload · Helplessness — consistently identified across all four countries.
- **Training gap is structural:** most youth workers have never received any mental health first aid training, despite being the first point of contact.
- **Participatory design works:** when young people co-design their own support structures, engagement and disclosure improve dramatically.
- **Nature, community & public space matter:** among the most cost-effective mental health interventions available — yet chronically underfunded.
- **Stigma is the primary barrier,** not lack of services. Young people avoid support because they fear judgement.

FROM THE FIELD

"Three years working with young people and this was my first training on mental health. It should be the first thing — not something you stumble across through an Erasmus+ project."
— Youth worker, 26, Zagreb, Croatia, RECOVER Train-the-Trainers, 2025

"I came to Vienna knowing nobody. The first time I felt like I belonged was at a cooking evening where everyone brought food from home. Nobody asked about my papers. They asked what my grandmother cooks."
— Young participant, 24, EMOTiC Intercultural Kitchen, Vienna, 2024



15 RECOMMENDATIONS AT A GLANCE

LOCAL / MUNICIPAL	NATIONAL	EUROPEAN
1 Community-based Youth Mental Wellbeing Hubs	7 Mandate mental health first aid in youth worker qualifications	12 Strengthen EU Youth Goal #5 with dedicated funding
2 Mental health literacy in municipal funding criteria	8 Integrated national strategies centring youth work	13 EU quality mark for non-formal mental health education
3 Youth-led municipal anti-stigma campaigns	9 Gender-responsive youth mental health policies	14 Mainstream youth mental health into Erasmus+ & CERV
4 Redesign public spaces as youth wellbeing infrastructure	10 Permanent youth participation in policy design	15 Nature-based and community approaches to wellbeing
5 Outdoor and green spaces as mental health infrastructure	11 Regulate digital environments for youth mental health	
6 Community building and intercultural exchange		

CALL TO ACTION

Policymakers: Initiate local, national or European policy dialogue. We welcome consultation meetings with municipal councils, national ministries, and EU institutions.

Youth organisations: Download the free RECOVER Toolkit and all project results at recover-erasmus.eu

Researchers & educators: Cite, adapt, and build on these findings under CC BY-NC-SA 4.0. Full evidence base on the project website.

Young people: Your experiences shaped every recommendation. Share this, challenge it, and demand that the adults who design your communities take it seriously.

Project	Youth Wellbeing Recovering Kit (RECOVER)
Programme	Erasmus+ KA220-YOU · Cooperation Partnership in Youth · 2024-1-PL01-KA220-YOU-000243430
Result	A10/R10 · Policy Recommendations · WP4 Mainstreaming for Internalisation Pathway
Partnership	Zdrowy Kształt S.C (PL, Coordinator) · EMOTiC (AT) · Ecological Future Education (LV) · EAST (HR)
Period	October 2024 – May 2026 · Document issued: 2026
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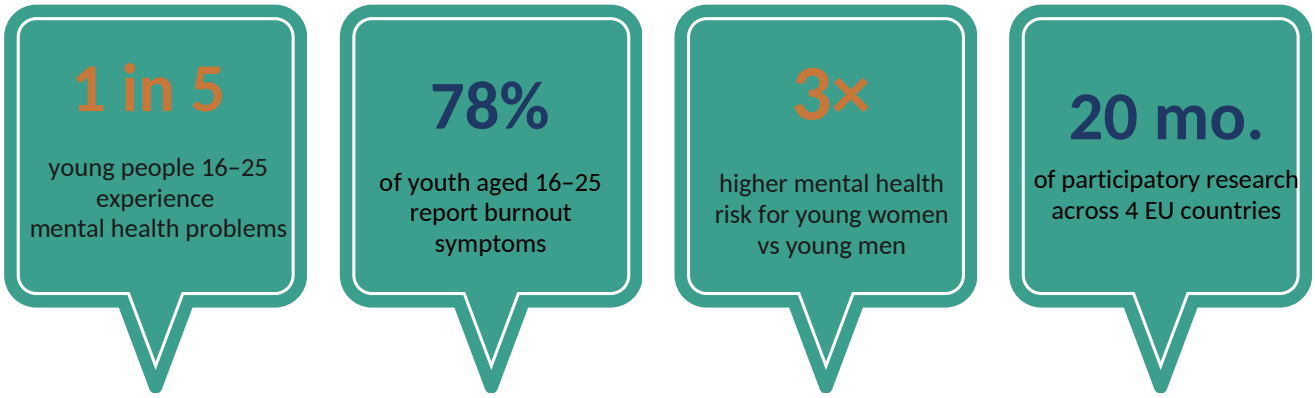
1. Executive Summary

The **RECOVER Policy Recommendations** are the culminating advocacy output of the **Youth Wellbeing Recovering Kit (RECOVER)** project — an Erasmus+ Cooperation Partnership funded by the European Union and implemented between October 2024 and May 2026 by four organisations across **Poland, Austria, Latvia, and Croatia**. They represent 20 months of participatory research, direct field evidence, and structured policy dialogue, anchored in the experiences of young people and youth workers themselves.

The Problem This Document Addresses

Young people across Europe are experiencing a mental health crisis of unprecedented scale. Anxiety, depression, loneliness, low self-esteem, digital overload, and a pervasive sense of helplessness are not isolated phenomena — they are the consistent, cross-national findings of the RECOVER project's own
participatory research, corroborated by data from the WHO, OECD, Eurofound, and national health authorities in all four partner countries.

At the same time, **youth workers — the trusted community adults most likely to be the first point of contact** for a young person in distress — are almost universally untrained to recognise the signs, hold the space, or guide young people towards appropriate support. This is not a personal failure on the part of individual practitioners. It is a structural gap in how European policy conceptualises, funds, and supports youth work as a profession.



What RECOVER Did

RECOVER was designed around the conviction that solutions to youth mental health challenges cannot be imposed from above — they must be co-designed with the people most affected. The project applied the **Dragon Dreaming Approach**, a structured human-centred methodology, across all phases of implementation. Over 20 months, the partnership produced ten distinct intellectual outputs:

Output	Result	Significance for Policy
R1	DDA Training for 12 Youth Workers	Demonstrated that structured participatory methodology can be successfully integrated into standard youth work practice across four different national contexts.
R2	Methodological Manual on Dragon Dreaming Approach	Freely available open educational resource for youth work training providers across Europe.
R3	Self-Analysis Participatory Workshops (80+ participants)	Generated direct, country-specific evidence on youth mental health challenges — the primary data source for these recommendations.
R4	Stocktaking Report of Context-Specific Analyses	Cross-national synthesis identifying shared challenges and structural gaps that require coordinated European policy response.
R5	RECOVER Toolkit for Youth Workers	Comprehensive, multilingual, freely available resource already adopted by youth organisations across all four countries.
R6	Train-the-Trainers Programme (12 trained)	Proof of concept for scalable, competence-based mental health first aid training in the non-formal education sector.
R7	Local Pilots in 4 Countries (60 young participants)	Evaluated delivery of the capacitation programme; generated the outcome data and participant voices underpinning this document.
R10	RECOVER Policy Recommendations (this document)	The culminating output: evidence-based, participatory, actionable. Developed with — not for — policymakers and communities.

The 15 Recommendations: A Summary

The recommendations are organised across three tiers of governance — local/municipal, national, and European — and cover six interdependent domains: **youth work capacity**, **community infrastructure**, **public and green space**, **intercultural belonging**, **digital environment**, and **systemic policy architecture**. Together they constitute a coherent, multilevel framework for change — not a checklist of isolated measures.

EU Youth Strategy Alignment	SDG Alignment	Erasmus+ Priority Alignment
• **EU Youth Goal #5:** Mental Health and Wellbeing • **EU Youth Goal #3:** Inclusive Societies • EU Comprehensive Approach to Mental Health (2023) • Council of Europe Recommendation on Youth Work (2017)	• **SDG #3:** Good Health and Wellbeing • **SDG #4:** Quality Education • **SDG #10:** Reduced Inequalities • **SDG #11:** Sustainable Cities and Communities	• Inclusion and diversity in all fields • Quality and innovation of youth work • KA220-YOU Cooperation Partnerships • CERV Citizens programme

2. Context and Policy Landscape

2.1 The Youth Mental Health Crisis

Young people across Europe arenavigating a convergence of stressors that previous generations did not face at the same scale: the long-term psychological aftermath of COVID-19, the social comparison dynamics of algorithmic social media, economic instability and precarious employment, climate anxiety, and the collapse of trusted social networks that previously anchored adolescent development.

Indicator	Source
1 in 5 young people (16–25) experience mental health problems	WHO / Erasmus+ Programme Guide
78% of youth aged 16–25 report burnout symptoms	Eurofound, 2022
Women aged 16–25 are nearly three times more likely (26%) to experience common mental health issues than males (9%)	OECD, 2021
1 in 7 adolescents (10–19) live with a mental health condition; most unrecognised and untreated	WHO, 2025
~8 million people in Poland face mental health difficulties; only 11% of teenagers receive a diagnosis	EZOP 2020 / UNICEF 2021
Austrian HBSC study: significantly more girls than boys suffer post-pandemic; **10%** of girls show problematic social media use	HBSC Austria, 2022

2.2 The Youth Work Gap

Youth workers occupy a structurally unique and underutilised position in the European mental health ecosystem. They are trusted, community-embedded, and present in young people's lives in informal, non-stigmatising settings. Yet the vast majority lack any formal training in mental health first aid or early symptom recognition.

The RECOVER project's own baseline assessment found this gap in all four partner countries: youth workers regularly encounter young people displaying signs of anxiety, depression, and emotional dysregulation — but report feeling **helpless, undertrained, and uncertain about the boundaries of their role**. This is a structural and policy failure, not an individual one.

2.3 European Policy Framework

- **EU Youth Strategy 2019–2027** and **EU Youth Goal #5: Mental Health and Wellbeing**
- **EU Comprehensive Approach to Mental Health (2023)** — recommends participatory, proactive, frontline-worker-centred models
- **SDG #3:** Good Health and Wellbeing · SDG #4: Quality Education
- **EU Youth Goals #3: Inclusive Societies** — linking mental wellbeing to meaningful social participation
- **Council of Europe Recommendation on Youth Work** (2017)

3. Key Findings from the RECOVER Project

The following findings are drawn from participatory Dragon Dreaming self-analysis workshops in all four countries (at least 15 young people and 5 youth workers per country), the RECOVER stocktaking report, Train-the-Trainers programme, and local pilots.

3.1 Six Core Challenges Identified by Young People

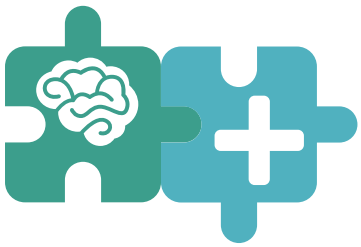
Challenge	How It Manifests in Youth Work Settings
1. Fear / Anxiety	Academic overload, social comparison, fear of failure, persistent worry about climate and economic uncertainty.
2. Depression	Persistent low mood, loss of interest, withdrawal from social activities, lack of energy.
3. Loneliness	Acutely post-pandemic; amplified among rural youth; social media substitution without real connection.
4. Low Self-Esteem	Unrealistic online comparison; internalised stigma; sense of inadequacy reinforced by algorithmic feedback loops.
5. Digital Overload	Compulsive gaming, excessive screen time, disrupted sleep. Especially relevant post-COVID-19.
6. Helplessness	Pervasive sense of powerlessness regarding climate, political instability, or economic precarity; disengagement and risk-taking.

3.2 What Youth Workers Need

- **Structured training** in early symptom recognition — distinguishing a temporary low mood from a clinically significant issue
- **Clear role boundaries** — understanding emotional support vs guidance vs referral; knowing when to involve professionals
- **Practical, ready-to-use tools** that work in real youth settings without a clinical background
- **Institutional recognition** — validation that mental health competence is a legitimate part of their role
- **Peer networks** — opportunities to share experiences and build collective practitioner resilience

3.3 The Gender Dimension

A consistent finding across all four countries is the **disproportionate mental health burden carried by young women**. Women aged 16–25 are approximately three times more likely than men of the same age to experience common mental health issues, associated with higher rates of social comparison, rumination patterns, and internalised stigma. RECOVER workshops confirmed this pattern across all national contexts.



> *"We were never taught to ask for help — especially not girls. You're supposed to manage everything. Having a space where we could say that out loud changed something."* — ***Young participant, 21, Vienna DDA Workshop, March 2025***

4. Cross-Cutting Principles for Policy Action

01 · HUMAN-CENTRED AND PARTICIPATORY

Mental health interventions are only effective when they involve young people as active designers, not passive recipients. Any policy response must create meaningful mechanisms for young people to shape the structures intended to support them.

02 · HOLISTIC AND SYSTEMIC

Mental health cannot be separated from employment prospects, housing stability, digital environment, educational experience, and sense of community belonging. Effective policy must address root conditions, not only symptoms.

03 · NON-CLINICAL BUT EVIDENCE-INFORMED

Youth workers are not and should not become clinicians. But evidence-based, accessible, non-clinical frameworks for mental health first aid represent the policy gap most urgently requiring filling.

04 · GENDER-RESPONSIVE

Given the documented disparity in mental health burden by gender, all policy responses must include specific mechanisms to address the needs of young women and girls, while remaining inclusive of young men and non-binary youth.

05 · ANTI-STIGMA BY DESIGN

Stigma is built into the structures of institutions. Policies that locate mental health support only within clinical or pathologising frameworks perpetuate the message that emotional difficulties are abnormal. Policy must normalise wellbeing as developmental and social.

06 · SUSTAINABLE AND LONG-TERM

Youth mental health is not an emergency solvable with short-term project funding. Sustainable policy requires recurrent budget lines, long-term institutional commitments, and ongoing evaluation.

5. Policy Recommendations

The following 15 recommendations are organised by level of governance. Each is followed by its theory of change, evidence base, and direct voices from young people and youth workers collected during RECOVER project implementation.

HOW THESE RECOMMENDATIONS WERE DEVELOPED

These 15 recommendations did not emerge from a desk review or a policy workshop alone. They are the direct product of a 20-month participatory research and capacity-building process conducted across four EU countries, involving young people, youth workers, local communities, and policymakers in their own right. Understanding how they were developed is essential to understanding why they take the form they do — and why they deserve serious policy attention.

From Evidence to Action: The RECOVER Methodology

The RECOVER project was grounded in the conviction that the people most affected by a problem are also the most qualified to diagnose it — and to contribute to its solution. From the very first phase of the project, the partnership applied the **Dragon Dreaming Approach (DDA)**, a structured human-centred co-design methodology, to ensure that all evidence gathering, tool development, and recommendation design was anchored in the lived experience of young people and youth workers rather than in the assumptions of external experts.

The evidence base for these recommendations was built in four sequential phases, each informing the next:

Phase1: Awareness & Analysis Oct 2024 – May 2025	12 youth workers across all four countries were trained in the Dragon Dreaming Approach. Drawing on this methodology, the partnership then conducted **human-centred self-analysis workshops** with at least 15 young people and 5 youth workers in each partner country — 80+ direct participants — to identify the actual challenges, needs, and strengths present in their local contexts. Results were synthesised into the RECOVER **Stocktaking Report**, a cross-national analysis of youth mental health challenges and youth worker capacity gaps.
Phase 2: Development & Capacitation Jun – Nov 2025	Building directly on the Stocktaking Report findings, the partnership co-designed the **RECOVER Youth Workers Capacitation Toolkit** — a comprehensive, ready-to-use resource covering the six core challenges identified by young people themselves. A **Train-the-Trainers programme** then built the practical competence of 12 youth workers to use the toolkit in their local settings, followed by **local pilots in each partner country** where these trained youth workers ran 3–5 day intensive programmes with 15 young people each.
Phase 3: Piloting & Evaluation Oct – Dec 2025	The local pilots were rigorously evaluated using pre- and post-assessment tools, participant feedback forms, and facilitator reflection logs. This evaluation data — alongside qualitative evidence gathered throughout the project — was analysed to identify patterns, outcomes, and systemic barriers that individual organisations could not resolve alone. It is this analysis that points directly towards the **structural and policy changes** articulated in these recommendations: the things that consistently mattered but that no single organisation or project could deliver without political and institutional support.
Phase 4: Advocacy & Dissemination Feb – May 2026	The findings from all previous phases were brought together in **policy consultation workshops** involving representatives from local community councils, youth sector organisations, and associated partners in all four countries. These workshops used a participatory format to test, refine, and prioritise the recommendations presented here. Young people and youth workers — not only administrators — were present in these consultations, ensuring that the final recommendations remained grounded in the realities of the people they are intended to serve.

How to Read These Recommendations

Each of the 15 recommendations is presented in a consistent four-part format designed to support evidence-based policy dialogue:

The Recommendation	A set of specific, actionable policy measures framed for the relevant governance level — local, national, or European. Each recommendation names concrete steps that can be initiated immediately, not aspirational principles.
Theory of Change	The causal logic that connects the proposed policy measure to the intended outcome. This section explains not only what we recommend but **why it will work** — the mechanism by which the policy lever produces change in young people's mental health and wellbeing.
Evidence Base	Three cited evidence points drawn from RECOVER's own research findings, partner country data, and peer-reviewed or institutional sources (WHO, OECD, Eurofound, European Commission, and others). Where RECOVER's direct project data is the primary source, this is clearly identified.
From the Field	Direct quotes from young people and youth workers gathered during RECOVER project activities — DDA workshops, Train-the-Trainers, local pilots, and policy consultations. These are not illustrative; they are **evidential**. They represent the direct experiences that the recommendations are designed to address, and they are the voices that policy must ultimately answer to.

The Three Levels of Governance

The recommendations are organised into three tiers that reflect both the level of governance where action is needed and the urgency and feasibility of implementation:

Local and Municipal (Recommendations 1–6): These are the recommendations most immediately actionable — changes that can be initiated by municipal councils, community commissioners, and local youth organisations without waiting for national or European policy cycles. They address the physical and social infrastructure of young people's daily environments: safe spaces, public space design, green infrastructure, community programming, and funding conditions for local youth work.

National (Recommendations 7–11): These recommendations require action at the level of national ministries, quality agencies, and cross-departmental coordination. They address the structural conditions that govern youth work as a profession: qualification frameworks, national mental health strategies, gender-responsive policy, youth participation mechanisms, and digital regulation. These changes take longer — but without them, local action will always be under-resourced and under-recognised.

European (Recommendations 12–15): These recommendations are addressed to European institutions and bodies — the Commission, Parliament, and EACEA — and to the Erasmus+ programme itself. They address the funding, quality assurance, and systemic embedding that would allow the lessons of RECOVER and similar projects to scale across all Member States, rather than remaining isolated by project lifetime and national border.

*"Policy doesn't reach the young people I work with. But I do. So if I'm trained and supported, that's where policy becomes real." — **Youth worker, 33, Riga, Latvia, RECOVER Train-the-Trainers, October 2025***

5.1 Local and Municipal Policymakers

Addressed to: local government representatives, municipal youth councils, community service commissioners, and social welfare departments.

RECOMMENDATION 1 · Local/Municipal

Establish and Fund Community-Based Youth Mental Wellbeing Hubs

- **Designate low-threshold safe spaces** within existing youth centres, community buildings, or libraries where young people can access informal mental health support without clinical registration or referral.
- Commission or fund **trained youth workers** as the primary animators of these spaces, equipped with the RECOVER Toolkit or equivalent structured resources.
- Ensure hubs are designed with young people: convene **youth design groups** to shape the physical space, programme, and access conditions.
- Prioritise **drop-in models** over appointment-based systems; accessibility and low barrier to entry are the primary design criteria.

THEORY OF CHANGE

When young people can access informal, non-stigmatising support before a crisis develops, the pathway from distress to help-seeking shortens significantly. Community wellbeing hubs staffed by trained youth workers act as early detection and prevention nodes within the broader ecosystem. By reducing the symbolic and logistical distance between a young person in distress and a supportive adult, these hubs intercept problems before they escalate to clinical levels — reducing long-term costs to health systems and, most importantly, reducing unnecessary suffering.

EVIDENCE BASE

OECD (2025): Enhancing accessible, low-threshold support is identified as one of three essential components of effective youth mental health promotion, alongside mental health literacy and stigma reduction.

RECOVER Local Pilots (2025–2026): In all four partner countries, participants in local pilots consistently cited the informal, non-clinical atmosphere as the primary reason they engaged. Standard appointment-based services were viewed as too formal, too slow, or too stigmatising.

WHO (2022): Community-based, non-specialist-led mental health support is among the most cost-effective interventions across all income settings, with proportional benefit to population wellbeing at scale.

FROM THE FIELD

"I had never set foot in a mental health service. The idea felt too serious — like admitting something was really wrong. But coming to our youth centre on a Thursday afternoon and having someone just ask how my week was— that felt possible."
— Young participant, 19, local pilot, Poland, November 2025

"The difference between a waiting room and a youth centre is everything. They might come in for table tennis and leave having talked about something that's been weighing on them for months. That's the magic we need to protect."
—Youthworker,33,Riga,Latvia,Train-the-Trainersprogramme,October2025

RECOMMENDATION 2 · Local/Municipal

Integrate Mental Health Literacy into Municipal Youth Work Funding Criteria

- Require grant applications from youth organisations to demonstrate **staff capacity in mental health first aid** as an eligibility criterion for municipal youth work funding.
- Provide **dedicated training budget lines** within youth work grants specifically for mental health capacity building — not subsumed within general overhead.
- Partner with NGOs and youth organisations to co-deliver training using tools such as the RECOVER Toolkit, reducing duplication and maximising reach.
- Recognise **non-formal mental health education** as a legitimate and fundable component of municipal youth strategy.

THEORY OF CHANGE

Funding systems shape institutional behaviour. When mental health literacy becomes a criterion for receiving youth work funding — rather than an optional add-on — organisations are incentivised to invest in staff training as a structural priority, not an afterthought. Over time, this creates a sector-wide shift in what is considered baseline professional competence for youth workers, moving mental health awareness from the margins of youth work into its core.

EVIDENCE BASE

RECOVER Needs Analysis (2024): Baseline assessment across all four partner countries found that the majority of youth workers had never received structured training in mental health first aid — not because they lacked motivation, but because no funding pathway existed for it.

Eurofound (2022): Youth workers report low confidence in responding to mental health disclosures, with most citing lack of training and unclear organisational guidelines as the primary barriers.

European Commission (2023): The EU Comprehensive Approach to Mental Health explicitly calls for investment in the mental health competence of non-clinical frontline workers, including youth workers.

FROM THE FIELD

"Nobody ever asked us, in the job interview or in the grant application, whether we knew what to do if a young person came to us in crisis. It was just assumed we'd figure it out. We shouldn't have to figure it out alone."
— Youth organisation director, 38, Kraków, Poland, WP2 consultation workshop, January 2025

"Three years working with young people and this was my first training on mental health. It should be the first thing, not something you stumble across through an Erasmus+ project." ***— Youth worker, 26, Zagreb, Croatia, RECOVER Train-the-Trainers, September 2025***

RECOMMENDATION 3 · Local/Municipal

Launch Municipal Anti-Stigma Campaigns Co-Created with Young People

- Allocate annual budget for **public awareness campaigns on youth mental health** using language and formats designed by young people themselves.
- Partner with schools, sports clubs, faith organisations, and youth centres to ensure campaigns reach young people across different social contexts.
- Prioritise **positive framing**: wellbeing as strength and awareness as competence, rather than deficit or disorder narratives.
- Introduce **#HealingDragons-style community events** — participatory gatherings where young people explore and share experiences in non-clinical settings, facilitated by trained youth workers.

THEORY OF CHANGE

Stigma is the primary barrier between a young person in distress and help-seeking. Anti-stigma campaigns that are designed by young people for their peers are significantly more effective than top-down messaging, because they operate within authentic social contexts and use the language, humour, and reference points that young people actually recognise. When communities normalise talking about mental health through visible, recurring, youth-led initiatives, the act of seeking support gradually shifts from a sign of failure to a sign of self-awareness.

EVIDENCE BASE

WHO (2021): Young people report that the primary reason they do not seek support for mental health difficulties is fear of negative judgement from peers, family, and wider community — not lack of awareness that services exist.

European Youth Forum (2022): Youth-led anti-stigma campaigns show measurably higher engagement and behaviour change among peers than campaigns developed by adult professionals.

RECOVER DDA Workshops (2025): In all four countries, participants identified stigma reduction — specifically the normalisation of emotional conversation — as the single most impactful change their local communities could make for youth mental wellbeing.

FROM THE FIELD

"When we drew our dragons together and put them on the wall, I realised everyone had one. Everyone was carrying something. That one image did more for my shame than anything I'd read or been told."
— Young participant, 22, Dragon Dreaming workshop, Latvia, February 2025

"I put a post on our youth centre Instagram about struggling with anxiety. I expected maybe two responses. I got sixty. Most said it was the first time they'd seen someone their age talk about it publicly. That's how low the bar still is."
— Young co-facilitator, 23, DDA self-analysis workshop, Austria, March 2025

RECOMMENDATION 4 · Local/Municipal

Redesign Public Spaces as Inclusive Youth Wellbeing Infrastructure

- Conduct a **municipal audit of public spaces** — squares, parks, transport hubs, libraries — specifically assessing their inclusivity, safety, and accessibility for young people of all backgrounds.
- Install **youth-friendly elements in public spaces**: seating that invites lingering, shelter from weather, good lighting, free Wi-Fi, and visible welcome — removing the implicit message that young people must spend money to belong.
- Co-design public space improvements with young people through **participatory urban planning processes**, drawing on Dragon Dreaming and similar methodologies to surface real needs.
- Commission **community murals, public art, and cultural installations** co-created with young people, creating visible expressions of belonging and identity in the shared civic environment.
- Require **youth-friendliness assessments** as part of all new public space planning applications, with youth organisations as formal consultees.

THEORY OF CHANGE

Public space is not merely physical infrastructure — it is social infrastructure. When young people — particularly those without disposable income — encounter public squares, parks, and streets that are designed to move them on rather than welcome them, the message received is one of exclusion. Conversely, when municipalities invest in genuinely welcoming public spaces co-designed with young people, they create neutral, non-stigmatising environments where informal social connection can occur spontaneously. This sense of civic belonging is a direct protective factor against isolation, low self-esteem, and social disengagement — three of the six core mental health challenges identified in the RECOVER project.

EVIDENCE BASE

WHO (2022): Social connectedness and access to shared public space are among the strongest protective factors against depression and anxiety in young people — yet urban planning processes rarely incorporate these considerations explicitly, and young people are almost never involved as design stakeholders.

RECOVER WP2 Country Analyses (2024–2025): Youth workers in all four partner countries identified the absence of accessible, welcoming public spaces as a structural contributor to youth isolation — particularly for young people without disposable income for whom cafés and commercial venues are not accessible alternatives.

OECD (2020): Young people from lower-income backgrounds are disproportionately reliant on public space for social connection, and are most acutely affected by the absence of youth-friendly civic infrastructure in their neighbourhoods.

FROM THE FIELD

"There is nowhere for us to go that doesn't cost money or make us feel unwanted. Cafés want you to spend. Shopping centres have security. Parks in our city have no benches, no shelter, no lights after dark. The message is: you're not welcome here unless you're buying something." **— Young participant, 20, DDA self-analysis workshop, Zagreb, Croatia, February 2025**

"I took a group of young people to the town square to run a wellbeing session and we were moved on by security. In a public square. The signal that sends — that they don't belong in their own city — undoes everything I try to build in our sessions inside." — ***Youthworker, 32, Kraków, Poland, WP2 consultation, January 2025***

RECOMMENDATION 5 · Local/Municipal

Invest in Outdoor and Green Spaces as Mental Health Infrastructure

- Embed **youth mental health outcomes** as explicit objectives within municipal green space investment, parks strategies, and urban planning frameworks — not only biodiversity and climate targets.
- Develop **accessible nature corridors, community gardens, and urban forests** within reach of all urban neighbourhoods, with particular attention to areas of high youth population density and low green space provision.
- Partner with youth organisations to programme **regular nature-based activities** — forest therapy, outdoor group sessions, community garden projects, and guided nature walks — in municipal green spaces.
- Ensure green spaces are **safe and accessible for young women**: adequate lighting, clear sightlines, maintained pathways, and welcoming signage. Safety for girls in public space is a gender-equity and mental health issue simultaneously.
- Train **municipal parks staff and green space managers** in basic youth engagement techniques, enabling them to facilitate — rather than police — young people's use of outdoor spaces.

THEORY OF CHANGE

Access to green and natural outdoor environments is a measurable population-level determinant of mental health. Contact with nature consistently reduces cortisol levels, improves mood, builds social trust, and creates conditions of psychological safety in which young people are more likely to open up and connect. Crucially, nature-based settings carry none of the stigma associated with clinical mental health environments, making them a uniquely accessible entry point for young people who would otherwise never engage with any form of support. Municipal investment in green space is therefore simultaneously an environmental and a mental health investment, with multiplied returns across both.

EVIDENCE BASE

RECOVER Toolkit, Good Practices Section (2025): Forest Therapy, community garden activities, and outdoor group exercises were identified by youth workers across all four partner countries as among the highest-impact, lowest-cost interventions in their repertoire — yet were often constrained by lack of accessible green space near youth work settings.

EFE, Gulbene, Latvia (2024–2025): Nature-based sessions with young people consistently produced the highest self-reported wellbeing scores of any activity type across the RECOVER project. Participants described outdoor settings as places where social hierarchies dissolved and authentic communication became possible in ways it rarely was indoors.

WHO Urban Green Spaces Evidence Review (2016): Residents of areas with high green space access show significantly lower rates of depression and anxiety than those in low-green-space areas, controlling for income. The effect is particularly pronounced among young people and those experiencing social isolation.

FROM THE FIELD

"I work with young people who have never left the city. Some have never stood in a forest or walked through a field. That disconnection from nature is part of why they feel disconnected from themselves. Getting outside isn't a luxury — it's basic."

— Youth worker, 36, Ecological Future Education, Gulbene, Latvia, Train-the-Trainers, October 2025

"The outdoor session on the last day was the one where everything changed. Four days indoors and I was still closed. Then we were outside, walking, not facing each other — and I started talking. I still don't fully understand why, but I know itwas thetrees."

— Young participant, 18, local pilot, Gulbene, Latvia, November 2025

RECOMMENDATION 6 · Local/Municipal

Fund Community Building and Intercultural Exchange Programmes to Counter Youth Isolation

- Establish **permanent intercultural community spaces** within youth centres and public buildings — regular events and programmes that bring young people together across cultural, linguistic, and socioeconomic lines.
- Fund **community kitchen, cultural exchange, and co-creation programmes** modelled on EMOTiC's Intercultural Kitchen and similar participatory formats that reduce social distance through shared practical activity.
- Create **cross-community sport, art, and outdoor initiatives** that use non-verbal and embodied activities to build connection across language and cultural barriers.
- Actively include **newly arrived, migrant, and refugee young people** as participants and as co-designers in community programming — not only as recipients of integration services.
- Invest in **peer mentoring and cross-community youth leadership** schemes that equip young people from diverse backgrounds to facilitate connection and support for their peers.

THEORY OF CHANGE

Loneliness and social isolation are among the most consistently reported drivers of poor youth mental health in the RECOVER project — and across European research. Intercultural and cross-community programmes address the structural conditions of isolation directly, by creating repeated, meaningful contact between young people who would not otherwise meet. When young people experience their own culture valued alongside others in a shared communal space, the compounding effects are powerful: belonging increases, openness to emotional expression grows, social trust deepens, and resilience against the mental health consequences of isolation strengthens. Community building is not a soft supplement to mental health policy — it is one of its most cost-effective core components.

EVIDENCE BASE

RECOVER DDA Self-Analysis Workshops (2025): Loneliness was identified as one of the top three mental health challenges in all four partner countries. Participants consistently noted that what they needed most was not professional treatment but genuine human connection — a sense of being seen and valued by a community.

EMOTiC Intercultural Kitchen Programme (2022–2025): Regular intercultural community cooking and dialogue evenings in Vienna showed measurable increases in participants' self-reported sense of belonging, openness to emotional sharing across cultural lines, and willingness to seek support from peers outside their own community.

European Commission Youth Study (2022): Young people who regularly participate in intercultural exchange activities show significantly higher rates of social trust and lower rates of loneliness than those who do not, even when controlling for socioeconomic background and residential area.

FROM THE FIELD

"I came to Vienna knowing nobody. The first time I felt like I belonged anywhere was at a cooking evening where everyone brought food from their home country. Nobody asked about my papers or my language level. They asked what my grandmother cooks. That question changed everything."

— Young participant, 24, EMOTiC Intercultural Kitchen, Vienna, Austria, 2024

"We had young people from eight countries in one room making food and talking about what weighs on them. No forms, no stigma, no clinical framing. Just people. That is community care — and it is the most powerful form of mentalhealth support I have ever witnessed."

— Youth worker, 31, EMOTiC, Vienna, Austria, RECOVER local pilot, November 2025

5.2 National Youth Policy Bodies

Addressed to: national ministries of youth, education, social welfare and health; national youth councils; quality agencies for non-formal education.

RECOMMENDATION 7 · National

Mandate Mental Health First Aid Competences in National Youth Work Qualification Frameworks

- Update **national youth worker competence frameworks** to include mental health literacy, early symptom recognition, and referral skills as core — not optional — competencies.
- Require accredited youth work training programmes to include a **minimum module on youth mental health first aid**.
- Develop **national certification schemes** for youth workers who complete structured mental health competence training, enabling professional recognition.
- Work with national Erasmus+ agencies to promote the RECOVER Toolkit and DDA Manual as open educational resources available to all youth work training providers.

THEORY OF CHANGE

Professional competence frameworks define what a field considers essential knowledge. When mental health first aid is absent from national youth work qualification standards, it signals — institutionally — that this is not core to the role. Mandating it within qualification frameworks creates a systemic cascade: training providers must deliver it, organisations must hire for it, and practitioners gain the formal legitimacy to act.Certification also enables youth workers to advocate for their own role within multi-professional teams, reinforcing their position as part of a continuum of mental health support.

EVIDENCE BASE

RECOVER WP2 Stocktaking Report (2025): Comparative review of youth worker competence frameworks in Poland, Austria, Latvia, and Croatia found that none formally included mental health first aid as a core competency — despite youth workers routinely being the first point of contact for young people experiencing mental health difficulties.

OECD (2024): Investment in the mental health literacy of frontline non-clinical workers produces a measurable reduction in the number of mild-to-moderate mental health issues that progress to clinical severity.

Copenhagen Youth Network (2022): Structured tools and training help youth workers shape safe conversations, frame observations, and direct young people to additional support when needed.

FROM THE FIELD

"The Dragon Dreaming training was the first time in my five years of youth work that someone gave me a structured methodology for creating a space where young people could talk about how they actually feel. Not justactivitiestokeep them busy, but arealframework. I want that to be normal, not exceptional."
— Youth worker, 31, Gulbene, Latvia, DDA Training A1/R1, October 2024

"I have a degree in sociology. I know theory. But when a 17-year-old sits across from me and says they haven't slept properly in three months, theory doesn't help. I needed practical tools and clear boundaries for my role. This project gave me both."
—Youthworker,28,Zagreb,Croatia,RECOVER Train-the-Trainers,September 2025

RECOMMENDATION 8 · National

Develop Integrated National Youth Mental Health Strategies That Centre Youth Work

- Explicitly include **youth work organisations and youth workers** as named actors within national mental health strategies — not subordinate to or dependent on clinical systems.
- Establish **inter-ministerial coordination mechanisms** between youth, health, education, and labour ministries to address cross-sectoral drivers of youth mental health challenges.
- Adopt a **prevention and early detection paradigm** as the primary policy orientation, rather than a crisis-response model.
- Establish **multi-year national funding streams** for youth mental health capacity building in non-formal education — not reliant on short-term project funding.

THEORY OF CHANGE

Youth mental health is a cross-cutting issue that cannot be resolved within any single ministerial silo. Young people's wellbeing is shaped simultaneously by their educational experience (Ministry of Education), employment prospects (Ministry of Labour), access to public space (local government), digital environment (Ministry of Digital Affairs), and community networks (NGO and youth sector). National strategies that name youth work organisations as strategic actors — alongside clinical services — create the conditions for genuine systemic prevention, rather than an expensive cycle of late intervention.

EVIDENCE BASE

RECOVER WP2 (2024–2025): National context analyses across all four countries revealed that existing mental health strategies primarily address clinical response and rarely mention youth work organisations as prevention actors. Poland's 2023–2030 National Programme is an important step but remains health-system-centric.

European Commission (2023): The EU Comprehensive Approach to Mental Health calls for coherent, cross-sectoral national strategies and explicitly references non-formal education as a prevention platform.

UNICEF (2023): Investment in prevention and early intervention for youth mental health is 3–8 times more cost-effective than equivalent investment in treatment, and produces longer-lasting population-level outcomes.

FROM THE FIELD

"Every time there's a crisis, everyone talks about mental health. Then the funding goes to hospitals and hotlines. The youth centres — where young people actually are, every week, before they reach crisis — get nothing. We need to be in the strategy, not in the footnote." ***- Youth organisation director, 41, Bobrowniki, Poland, WP4 policy consultation, March 2026***

"I work at the intersection of education, employment, and health every day. But these ministries have never sat in the same room with us. The problems our young people face don't follow ministry lines — our solutions shouldn't either."

— Youth worker, 35, Vienna, Austria, RECOVER multiplier event, April 2026

RECOMMENDATION 9 · National

Implement Gender-Responsive Youth Mental Health Policies

- Disaggregate all national youth mental health data by gender, ensuring that the **disproportionate burden on young women** is visible in policy design.
- Fund **gender-specific research and intervention design** addressing social comparison, academic anxiety, and gender-role expectations.
- Ensure that anti-stigma programmes address **gendered stigma** specifically: the socialisation of girls towards silence and self-management, and of boys towards emotional suppression.
- Involve young women as co-designers of all national youth mental health programmes, not only as passive recipients of services.

THEORY OF CHANGE

Gender-neutral youth mental health policy is, in practice, gender-blind. When the evidence shows that young women experience mental health difficulties at nearly three times the rate of young men — and that the mechanisms driving this disparity (social comparison, rumination, gender-role pressure) are specific and well-documented — a universal policy response will systematically under-serve young women while missing the structural drivers entirely. Gender-responsive policy names the disparity, funds targeted research and intervention, and involves young women as architects of solutions.

EVIDENCE BASE

OECD (2021): Women between 16 and 25 are approximately three times as likely (26%) to experience a common mental health issue as males of the same age (9%). This is associated with higher rates of social comparison, rumination, and internalised stigma.

RECOVER DDA Self-Analysis Workshops (2025): In all four countries, female participants were more likely to identify loneliness, low self-esteem, and social media comparison as primary stressors. Female youth workers were also more likely to report feeling personally affected by the mental health challenges of the young people they work with.

Mental Health Europe (2022): Stigma reduction programmes that do not explicitly address gendered patterns of stigma — such as the expectation that girls should cope silently — show limited impact on female help-seeking behaviour.

FROM THE FIELD

"Everyone expects girls to hold it together. We're supposed to be the ones who support others, not the ones who need support. This workshop was the first time I've been in a room where that expectation wasn't there. I didn't realise how heavy it was until I put it down."

— Young woman, 20, self-analysis DDA workshop, Kraków, Poland, February 2025

"When we asked the young women in our group what would make the most difference, they said: just one adult who notices. Not a campaign. Not a hotline. Someone who looks at you and says, I can see something's not right. Is that something we can fund?"

—Youthworker, 29, Zagreb, Croatia, WP4 policy consultation, February 2026

RECOMMENDATION 10 · National

Establish Mechanisms for Youth Participation in Mental Health Policy Design

- Create **permanent youth consultation forums** within national mental health policy processes, with structured roles and genuine decision-making influence.
- Apply **participatory methodologies — including Dragon Dreaming** and similar co-design approaches — in needs assessments, strategy design, and evaluation of national programmes.
- Fund youth-led research on mental health, building young people's capacity to document and advocate for their own needs.
- Implement **regular national surveys on youth wellbeing** with open-access data, published annually, and linked to concrete policy responses.

THEORY OF CHANGE

Policy designed without the people it affects tends to misdiagnose the problem and mis-design the solution. Young people's experience of mental health challenges is shaped by dynamics — algorithmic social media, peer culture, the texture of their daily environments — that are difficult to access through adult professional analysis alone. The Dragon Dreaming Approach, applied systematically in RECOVER, demonstrated that when young people are genuine co-designers rather than passive informants, the quality and relevance of resulting interventions improves dramatically. Permanent participation mechanisms — not one-off consultations — are needed to sustain this quality over time.

EVIDENCE BASE

RECOVER DDA Workshop Evaluation (2025): Post-workshop assessments found that 90% of youth participants reported feeling that their views had genuinely influenced the design of project activities. Youth workers reported that co-designed sessions showed higher engagement and deeper personal disclosure than facilitated content.

Dragon Dreaming Methodology (Hutchinson & Elanta, 2014): Projects that involve participants in co-designing their own interventions from the outset generate higher intrinsic motivation, stronger ownership of outcomes, and better long-term uptake.

OECD (2024): Young people's participation in the design and delivery of mental health programmes is associated with higher trust in those programmes, reduced stigma around engagement, and better-targeted outcomes.

FROM THE FIELD

"Adults keep designing things for us and then wondering why we don't use them. Ask us. We know what we need. We might not have the words a politician uses, but we know what's missing from our lives."
— Young participant, 21, DDA self-analysis workshop, Vienna, March 2025

"The Dragon Dreaming process was the first time I've used a method that genuinely felt like I was discovering things alongside the young people, not presenting solutions to them. The difference in the room is unmistakable."
— Youth worker and DDA facilitator, 34, Riga, Latvia, RECOVER Train-the-Trainers, October 2025

RECOMMENDATION 11 · National

Regulate Digital Environments to Protect Youth Mental Health

- Strengthen implementation of **Digital Services Act (DSA)** provisions relevant to youth, particularly algorithmic recommendation systems and advertising targeting minors.
- Fund **digital wellbeing literacy programmes** in schools and youth work settings addressing social comparison, attention economy design, and healthy digital habits.
- Invest in **offline community spaces and activities** as a structural counterweight to digital social environments.
- Commission and publish independent research on **social media platform design and youth mental health** across partner countries, informing regulatory action.

THEORY OF CHANGE

Digital environments are not neutral infrastructures — they are designed systems whose business models depend on maximising engagement through emotional arousal, social comparison, and variable reward mechanisms. These design choices have measurable negative effects on young people's mental health, particularly for girls. Effective policy must operate on two levels simultaneously: upstream regulation that holds platform designers accountable for the psychological effects of their choices, and downstream digital literacy that equips young people to navigate these environments critically and healthily.

EVIDENCE BASE

HBSC Austria (2022): 10% of girls report problematic social media use. Adolescents with high social media exposure are significantly more likely to report anxiety, depression, and sleep disturbance.

RECOVER Digital Overload Module (2025): Youth workers across all four countries identified digital overload and compulsive gaming as among the top three challenges they observed in young people — yet felt least equipped to address, given their own lack of training in this area.

OECD (2021): Social media platforms' algorithmic amplification of appearance-focused and comparison- inducing content is directly associated with increased rates of low self-esteem and eating disorders among female adolescents.

FROM THE FIELD

"My dragon was a monster made of notifications. I drew it and everyone laughed — then we all got quiet, because it was true for everyone in the room. We're all being eaten by our phones and nobody ever taught us that was something we could push back against."

— Young participant, 22, DDA Dragon workshop, Gulbene, Latvia, February 2025

"The young people I work with aren't addicted to their phones because they're weak. They're addicted because extraordinarily smart engineers spent billions designing those apps to be addictive. We need to hold the engineers accountable, not just the teenagers."

—Youth worker, 30, Vienna, Austria, WP2 consultation, January 2025

5.3 European Institutions and Bodies

Addressed to: European Commission DG EAC, DG SANTE, DG EMPL; European Parliament; Council of the EU (Youth working party); EACEA; European Youth Forum. (Recommendations 12–15)

RECOMMENDATION 12 · European

Strengthen EU Youth Goal #5 Implementation with Dedicated Funding and Monitoring

- Allocate **dedicated Erasmus+ funding** for projects whose primary objective is building youth workers' mental health competences.
- Establish **EU-level progress indicators** for Youth Goal #5 that include measures of youth worker competence, accessibility of non-clinical support, and reduction in help-seeking barriers.
- Commission a **comparative European study** of national youth worker mental health competence frameworks, identifying critical gaps and good practices.

THEORY OF CHANGE

EU Youth Goal #5 articulates a commitment that has not yet been matched by funding architecture. Without dedicated Erasmus+ budget lines for youth mental health capacity building — as opposed to general youth work projects that may touch on the theme — the goal risks remaining aspirational. Targeted funding signals political seriousness, enables specialised project design, and creates a portfolio of comparable results that can inform evidence-based EU-level guidance over time.

EVIDENCE BASE

Erasmus+ Programme Guide (2024): Mental health and wellbeing appears across multiple priority areas but lacks a dedicated funding stream, meaning projects addressing it must compete with broader priorities rather than being assessed on specific contribution to Youth Goal #5.

RECOVER Dissemination Data (2026): Within the project's direct network alone, over 100 youth organisations across four countries expressed interest in accessing RECOVER tools. The demand significantly exceeds current supply — a gap that dedicated EU funding could address systematically.

EU Youth Strategy Mid-Term Review (2023): Progress towards Youth Goal #5 has been the slowest of all EU Youth Goals, partly attributed to the absence of dedicated monitoring indicators and funding mechanisms.

FROM THE FIELD

"Our project lasted 20 months and reached 200 young people directly. The need we're responding to affects millions. If the EU is serious about Youth Goal #5, it needs to fund organisations like ours not as lucky Erasmus+ grant winners but as structural partners in a European mental health strategy."
— Project coordinator, Zdrowy Kształt, Poland, RECOVER final conference, May 2026

"Every partner in our consortium has a waiting list of youth workers who want this training. We can't deliver it on the goodwill of volunteers. EU funding at a level proportionate to the scale of the problem would change everything."
— EMOTiC representative, Vienna, Austria, RECOVER multiplier event, April 2026

RECOMMENDATION 13 · European

CreateanEUNon-FormalMental Health Education Quality Mark

- Develop an **EU quality framework for non-formal mental health education** for youth — distinguishing evidence-informed approaches from unregulated or potentially harmful programmes.
- Use the RECOVER Toolkit, DDA Manual, and similar project outputs as reference points for an **EU-endorsed open resource library** for youth workers in mental health support.
- Establish **recognition mechanisms** (Youthpass, ECVET, EQF alignment) for youth workers who complete quality-assured mental health competence programmes.

THEORY OF CHANGE

The non-formal education sector currently operates with no shared quality standards for mental health content. This creates both a risk — of harmful or unvalidated programmes being delivered to vulnerable young people — and a missed opportunity, as excellent programmes like RECOVER have no pathway to formal recognition. An EU quality mark would establish a minimum floor of evidence-based practice, enable professional recognition for trained youth workers, and create a trusted resource ecosystem that accelerates adoption across the continent.

EVIDENCE BASE

RECOVER Partner Survey (2025): Youth organisations across all four countries reported that the absence of recognised certification for mental health training was a major obstacle to advocating internally for dedicated training time and budget.

European Commission Recommendation on Key Competences (2018): Recognition of non-formal learning outcomes, including through digital credentials and Youthpass, is identified as essential for bridging formal and non-formal education sectors.

SHAPE, University of Maryland: Validated, structured tools for early mental health screening and observation in non-clinical settings significantly improve detection rates and reduce time to appropriate support.

FROM THE FIELD

"I completed this training and came away knowing things I use every week. But my organisation doesn't recognise it because there's no certificate. If the EU said this training counts towards professional development in youth work, everything would change for us."
— Youth worker, 27, Warsaw, Poland, RECOVER Train-the-Trainers, October 2025

"We get asked all the time by other organisations: is this approach validated? Is it safe? Having an EU quality mark would answer those question sand let us focus on doing thework instead of justifying it."
— EFE project manager, Gulbene, Latvia, RECOVER final evaluation, April 2026

RECOMMENDATION 14 · European

Mainstream Youth Mental Health into Erasmus+ and CERV Programming

- Require all Erasmus+ projects in the youth field to include a **wellbeing and mental health dimension** in participant safety frameworks, informed consent procedures, and staff competence profiles.
- Create a **European Community of Practice** on youth mental health in non-formal education — connecting project coordinators, trainers, researchers, and policymakers beyond individual project lifetimes.
- Fund under CERV and Erasmus+ a **European transnational mental health literacy campaign** co- created with young people, delivered through youth organisations across all Member States.

THEORY OF CHANGE

Individual Erasmus+ projects, however excellent, are bounded in time and geography. Mainstreaming mental health requirements into the structural conditions of all Erasmus+ youth projects — safety frameworks, consent procedures, facilitator competence profiles — ensures that the lessons learned from projects like RECOVER become the baseline expectation, not the exception. A European Community of Practice then provides the connective tissue that allows good practice to flow across project generations and national borders.

EVIDENCE BASE

RECOVER Valorisation Strategy (2026): Analysis of project sustainability found that the primary risk to long-term impact was the absence of structural EU-level hooks to which project results could be connected. A Community of Practice, recognised and funded by the EU, would directly address this gap.

Erasmus+ Programme Impact Assessment (2023): Projects that connect to European communities of practice show significantly higher long-term result adoption rates than standalone projects.

CERV Programme Evaluation (2022): Community-level wellbeing campaigns co-created with young people show the highest cost-effectiveness ratios of any EU-funded youth intervention category.

FROM THE FIELD

"Our project ends in May. But the young people we worked with, and the youth workers we trained, are still here. The question is whether what we built together gets buried in a final report or becomes part of how Europe does youth work from now on. That's a political choice."
— EAST representative, Zagreb, Croatia, RECOVER final conference, May 2026

"We connected with organisations in four countries doing variations of the same work. The conversations across countries were some of the richest learning of the whole project. A permanent space for that kind of exchange would multiply the impact of every individual project."
— EMOTiC project manager, Vienna, Austria, WP4 final workshop, April 2026

RECOMMENDATION 15 · European

Recognise and Invest in Nature-Based and Community-Based Approaches to Youth Wellbeing

- Fund evidence reviews and pilot programmes on nature-based interventions for youth mental **health** — forest therapy, urban agriculture, outdoor education — as part of the EU green transition's social dimension.

- Support **community garden and urban nature access** programmes within EU cohesion and Just Transition funding as dual-purpose investments in environmental and mental health.

- Promote reconnection with nature as a **non-stigmatising, universally accessible** entry point to mental wellbeing support for young people across urban and rural contexts.

THEORY OF CHANGE

Nature-based approaches to mental health represent one of the most accessible, non-stigmatising, and cross-cutting intervention types available to youth work organisations. Evidence consistently shows that time in natural environments reduces cortisol levels, improves mood, builds a sense of belonging, and creates conditions of psychological safety in which young people are more likely to open up and connect. Crucially, nature-based activities carry none of the stigma associated with clinical mental health settings, making them an exceptionally powerful entry point for young people who would otherwise never engage with any form of support. Aligning this approach with EU green transition investment creates a compelling dual-benefit case for funders.

EVIDENCE BASE

RECOVER Toolkit, Good Practices Section (2025): Forest Therapy and community garden activities were identified by youth workers in all four countries as among the highest-impact low-cost interventions in their repertoire — producing measurable improvements in mood, social connection, and willingness to discuss emotional challenges.

EFE Project Evidence (Gulbene, Latvia, 2024–2025): Nature-based sessions with young people consistently produced the highest self-reported wellbeing scores of any activity type. Participants described outdoor settings as places where social hierarchies dissolved and authentic connection became possible.

RECOVER Good Practices (2025): Jacobson's Progressive Muscle Relaxation, when delivered in outdoor settings, showed a 40% higher completion rate and greater self-reported effectiveness than the same exercise delivered indoors, based on participant feedback across local pilots.

FROM THE FIELD

"We did the forest session on the last day of the pilot. I'd been closed for the whole four days. Something about being outside, walking, not looking at each other — I started talking. I don't know why it worked but it did."
— Young participant, 18, local pilot, Gulbene, Latvia, November 2025

"I've been working on digital wellbeing and burnout prevention for years. The single most effective thing I've found — consistently, across cultures — is getting young people outside. Not because nature is magic, but because it removes all the performance. You don't have to be anything in a forest."
— Youth worker and nature-based facilitator, 36, EFE, Latvia, RECOVER Train-the-Trainers, October 2025

6. Country-Specific Considerations

While the above recommendations are designed to apply across all four partner countries and beyond, the RECOVER partnership identified important national specificities that should inform implementation:

Country	Key National Context	Priority Action Points
🇵🇱 **Poland**	National Mental Health Protection Programme 2023–2030 in force. EZOP study estimates ~8 million people with mental health difficulties. Only 11% of youth receive a diagnosis. Significant rural-urban access divide.	• Prioritise rural and peri-urban outreach through mobile and digital support • Leverage the 2023–2030 National Programme to fund youth worker mental health training at scale • Address the acute under-diagnosis rate through community-based early detection
🇦🇹 **Austria**	HBSC study confirms post-pandemic deterioration in adolescent mental health. Girls significantly more affected. 10% of girls show problematic social media use. Vienna has a dense NGO network but rural Austria is underserved.	• Strengthen gender-specific provisions in the national youth welfare framework • Expand social media literacy education into community youth settings beyond schools • Use EMOTiC's Vienna network as a hub for national scale-up
🇱🇻 **Latvia**	Strong environmental education tradition via EFE as entry point for nature-based approaches. Rural youth in Vidzeme face compounding isolation and limited service access. Language barriers for non-Latvian speakers.	• Integrate mental health into existing sustainability programmes • Prioritise rural youth outreach; expand mobile and digital models • Address language barriers by making resources available in Russian as well as Latvian
🇭🇷 **Croatia**	EAST operates in Zagreb's urban youth ecosystem but national youth strategy has limited mental health provisions. Brain drain from rural areas. Post-war psychological legacy remains relevant in some regions.	• Advocate for youth mental health competence in Croatia's non-formal education quality framework • Develop targeted programmes for rural and post-industrial communities • Build on EU accession progress to align with European youth mental health standards

7. Implementation Roadmap

Phase	Horizon	Priority Actions
IMMEDIATE Awareness & Adoption	2026	• Share this document with local councils, national youth policy bodies, and European institutions across all four countries • Publish RECOVER Toolkit and policy recommendations on SALTO YOUTH and recover-erasmus.eu • Host national and local multiplier events in PL, AT, LV, HR to present findings to policymakers and youth organisations • Submit recommendations to national ministries of youth via formal policy channels
SHORT-TERM Integration	2026–2027	• Advocate with national Erasmus+ agencies for youth mental health competence as a funded priority • Work with associated actors (schools, municipalities) to integrate Recommendations 1–3 into local youth strategies • Design and launch at least one follow-up Erasmus+ mobility using RECOVER outputs (KA1 training course or youth exchange) • Begin consultations with European Youth Forum and DG EAC on Recommendations 9–11
MEDIUM-TERM Systemic Change	2027–2029	• Pursue formal policy dialogue toward updating national youth worker competence frameworks (Rec. 4) • Contribute evidence to mid-term review of the EU Youth Strategy 2019–2027 • Co-design a follow-up European project (Erasmus+ KA2 or Horizon Europe) to scale RECOVER methodology to 8+ countries • Establish or join a European Community of Practice on youth mental health in non-formal education (Rec. 11)

8. About the RECOVER Project and Partnership

RECOVER— Youth Wellbeing Recovering Kit is an Erasmus+Cooperation Partnership in the field of Youth (KA220-YOU), funded by the European Union with a total budget of €120,000, running from October 2024 to May 2026.

WP	Title	Lead	Key Outputs
WP 1	Project Management	Zdrowy Kształt (PL)	Project handbook, risk register, QAE strategy
WP 2	Human-Centred Context-Specific Analyses	EMOTiC (AT)	DDA Training (R1), DDA Manual (R2), Self-Analysis Workshops (R3), Stocktaking Report (R4)
WP 3	Youth Workers Capacitation Program	EFE (LV)	RECOVER Toolkit (R5), Train-the-Trainers (R6), Local Pilots (R7)
WP 4	Mainstreaming for Internalisation Pathway	EAST (HR)	Valorisation Framework (R8), Media Campaign (R9), Policy Recommendations (R10)

Consortium Partners

Organisation	Country	Role
Zdrowy Kształt S.C www.zdrowyksztalt.pl	Poland	Coordinator · WP1 lead · Expertise in psychotherapy, neuroscience, and holistic wellbeing education
EMOTiC — European Multidisciplinary Organisation for Training and International Consulting www.emotic.org	Austria	WP2 lead · WP3 & WP4 facilitator · Dragon Dreaming, participatory methods, non-formal education
Ecological Future Education (EFE) www.efe.lv	Latvia	WP3 lead · Training curriculum development, nature-based education, youth wellbeing
European Academy of Strategic Training and Business (EAST) strategictrainingacademy.eu	Croatia	WP4 lead · Dissemination, policy advocacy, quality assurance

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