



# **Supporting Children & Young People's Mental Health in Europe**

**The Impact and Role  
of Child Helplines**

# Supporting Children & Young People's Mental Health in Europe

## The Impact and Role of Child Helplines

## Executive Summary

### Child Helpline International

Bruggebouw Suite 5.08  
Bos en Lommerplein 280  
1055 RW Amsterdam  
The Netherlands

[www.childhelplineinternational.org](http://www.childhelplineinternational.org)

Contact us at: [info@childhelplineinternational.org](mailto:info@childhelplineinternational.org)

### Executive Summary

Introduction

Data

The Role of Child Helplines

European Policy Environment

### Key Recommendations & Improvements Needed

Our Child Helpline Members in Europe

Glossary

3

4

5

9

13

14

16

18

### Written and edited by:

Angharad Wells, Anastasia Shuster PhD,  
Ronja Ulvfot

### Data compilation:

Anastasia Shuster PhD

### Design and layout:

Steve Erwood

Mental health concerns are a major reason why children and young people contact child helplines in Europe. This report presents mental health-related contacts to 30 child helplines across Europe from 2019 to 2022. Below are some key facts and key recommendations from the report:

- Mood disorders, such as depression, loneliness and grief were the most common issues, with nearly 200,000 counselling sessions provided over three years.
- Anxiety and fear-related problems were also prevalent, accounting for about a fifth of mental health contacts.
- Suicidal thoughts and suicide attempts were the third most common issue, rising from 16.7% of all contacts in 2020 to 18.5% in 2022.
- Self-harming behaviour and concerns about identity and eating disorders saw significant increases.
- For nonbinary children and young people who contact child helplines, suicidal thoughts and suicide attempts are the leading mental health concerns, making up a quarter of contacts.
- Addiction is far more prevalent among boys.
- Girls are three times more likely to contact child helplines with mental health issues than boys.

Child helplines are heavily involved in the prevention, promotion and protection of children's mental health, through direct counselling, referrals, online campaigns, workshops in schools and collaboration with key stakeholders within the national child rights system.

**While child helplines are crucial in addressing mental health needs, stronger integration into national and European policies and practices is necessary to ensure they can continue promoting and protecting the wellbeing of children and young people.**

Our key recommendations are:

### Increase Funding and Resources for Child Helplines

Provide enhanced financial support to sustain 24/7 operations and meet the growing demand, especially in schools and rural areas.

### Improve Access and Reduce Waiting Times

Implement systemic reforms to make mental health services more accessible and reduce waiting lists, with the introduction of dedicated psychiatric hotlines.

### Expand Mental Health Education and Awareness

Strengthen societal awareness campaigns and mental health education for children, parents, educators and communities, to reduce stigma and promote early intervention.

### Establish National Mental Health Action Plans

Create clear national frameworks that recognize child helplines as essential services and ensure adequate legal and financial support for mental health initiatives.

### Enhance Support for Vulnerable Groups

Provide specialized services for children from vulnerable groups, including refugees and LGBTQ+ youth, to address their unique mental health needs.

### Promote Collaboration Among Stakeholders

Foster better communication and coordination between child helplines, schools, government bodies and other relevant stakeholders, to ensure holistic and timely support for children and young people.



This publication was co-funded by the European Union's Rights, Equality and Citizenship Programme (2022-2025). The content of this publication represents only the views of Child Helpline International. The European Commission does not accept any responsibility for use that may be made of the information it contains.

# Introduction

Children and young people across Europe are facing an escalating mental health crisis driven by a complex mix of social, economic and digital influences. Alarming trends, such as rising rates of anxiety, depression, suicide and self-harm highlight the struggles young people face today<sup>1</sup>. These challenges have been exacerbated by the Covid-19 pandemic, which intensified feelings of isolation, grief and trauma. For many children, access to mental health support has become more urgent than ever.

Mental health concerns are a major reason why children and young people contact child helplines in Europe<sup>2</sup>, many of whom operate the [harmonized 116 111 number](#). Sixteen years since its inception, the 116 111 number is now active in 23 of the 27 EU countries and seven additional European nations, offering a unified and accessible support system. Child helplines have become vital lifelines, offering immediate, anonymous and confidential support to children in distress. They play a critical role not only in **crisis intervention** but also in **early detection**, providing a safe space where children can express their emotions and receive psychological support and referrals to necessary services. This role is especially crucial for vulnerable groups, such as children experiencing violence, neglect or those from marginalized communities who face barriers to accessing traditional mental health services.

Child helplines also highlight broader systemic issues that affect children and young people. These include, chronic underfunding, long waiting times for mental health services, inadequate policy frameworks, societal stigma surrounding mental health and insufficient support for vulnerable groups. Child helplines observe how these gaps leave many young people without timely and appropriate care, exacerbating issues such as suicide risk, online safety concerns and the mental health impacts of social media.

Despite their vital role, child helplines are not sufficiently mentioned or integrated into EU policies related to mental health, even though they are heavily cited in policies concerning violence prevention and response, child helplines. Being under-recognized in policy and practice as key mental health services for children impacts funding negatively, which leads to numerous child helplines facing significant challenges in sustaining their operations or operating to their full potential.

To improve mental health services for children across Europe it is essential to strengthen the integration of child helplines into national and EU-level mental health strategies, ensuring they have sufficient resources and fostering greater collaboration among stakeholders. **In this report, we present data on mental health contacts to our child helpline members in Europe and how these mental health contacts have varied over time between 2020 and 2022. We also explore the current role of child helplines in supporting children's mental health, examine existing gaps, and provide policy recommendations to enhance their impact.** With better funding, training and policy support, child helplines can continue to play a pivotal role in promoting and protecting children's mental health, providing early intervention and preventing crises.

# Data

The data from 30 European child helplines between 2020 and 2022 reveals a clear trend: **mental health remains one of the most pressing concerns for children and young people.**

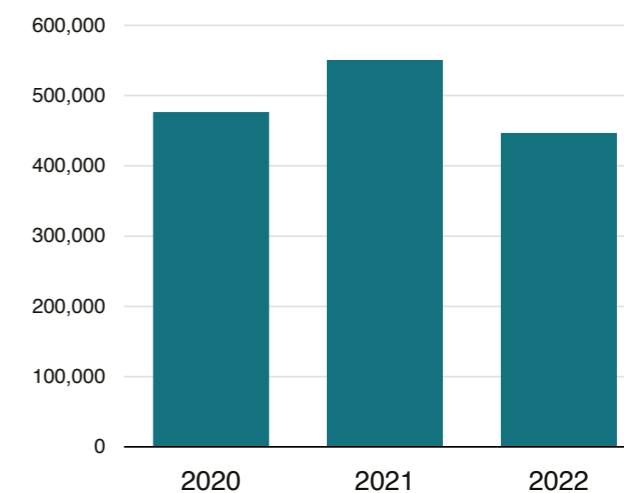
During this three-year period, mental-health-related contacts spiked in 2021, rising from 476,382 in 2020 to 550,600, and then going down again to 446,793 in 2022. A similar pattern is observed in other types of contact to child helplines, such as those relating to violence. This may be the consequence of the Covid-19 pandemic and the many hardships it brought upon children, young people and their families. Due to this fluctuation over time, the data below is presented not just in absolute numbers of contacts but also as a fraction of all mental health-related contacts. This provides an account of how the topics of mental health vary over time.

## Mental Health-Related Issues

The data highlights the urgent need for support, with mood disorders, anxiety, suicidal thoughts and self-harm among the most common concerns.

**The most common mental health issue is mood disorders, which include feeling depressed, sad, lonely, grieving, feeling overwhelmed or lacking motivation** (see Annex II for our glossary of the mental health terms used in our data collection). In the three years, European child helplines<sup>3</sup> provided nearly 200,000 counselling sessions on this topic. Almost as common are fear and anxiety problems, which include feelings of persistent and irrational fear of a specific thing or situation, stress and obsessive thoughts. Both mood and anxiety each constitute about a fifth of all mental health-related contacts. This was true in 2020 (22.1% and 19.9%, respectively), as in 2022 (21.1% and 21.9%).

Contacts about Mental Health



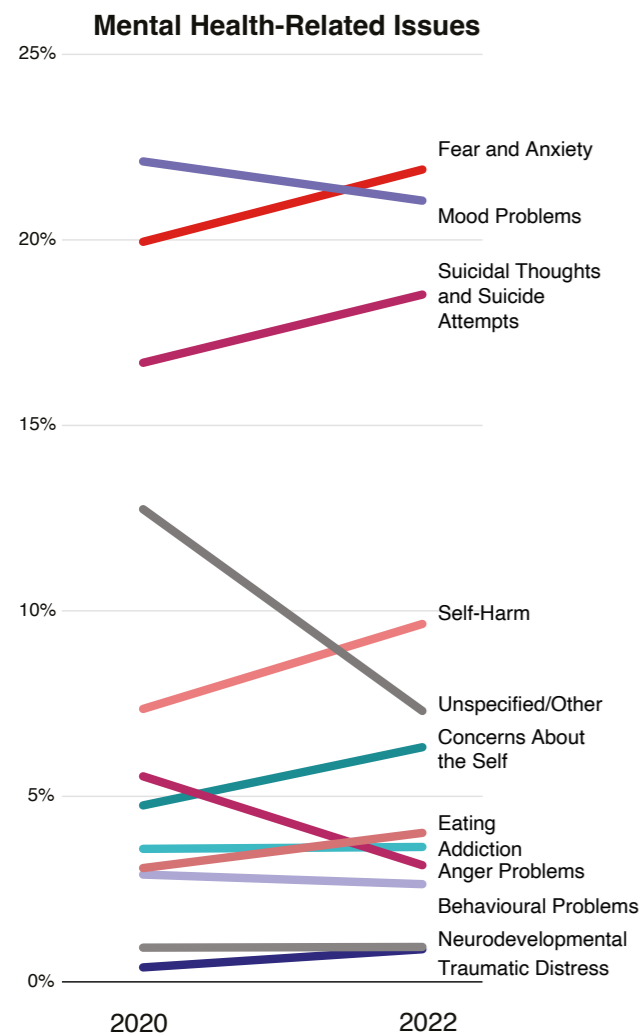
**Suicidal thoughts and suicide attempts are the third most common type of mental-health-related issue that child helplines in Europe provide counselling on.**

While such contacts accounted for 16.7% of all mental health-related contacts in 2020, their share increased slightly over time to 18.5% in 2022. In absolute numbers, this means an increase from 44,974 contacts to 63,992.

Two types of mental health issues have seen an increase above and beyond the longitudinal fluctuations in mental health contacts – self-harming behaviour and concerns about the self. Self-harm has gone from taking up 7.4% of mental health contacts to 9.6% of them, and concerns about the self has gone from 4.8% to 6.3%. Contacts concerning eating disorders have also gone up, accounting for 4% of all mental health-related contacts in 2022, from 3.1% in 2020. **These increases highlight the urgent need for targeted mental health support in these areas.**

1. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>  
2. <https://childhelplineinternational.org/voices-of-children-young-people-around-the-world-2022-data/>

3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3184300/> and <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4255466/>



Alongside the decrease in the frequency of contacts categorized as Unspecified/Other, we observe less frequent contacts related to Anger Problems (5.5% to 3.1%). Issues that remain stable in their frequency are Addictive Behaviour and Substance Use (~3.6%), Behavioural Problems (~2.75%), Neurodevelopmental Concerns (<1%), and Traumatic Distress (0.9%).

### Unspecified/Other Subcategory

This “catch-all” subcategory is used for cases that don’t fit a specific topic or when the child helpline’s categorization doesn’t align with Child Helpline International’s data framework. For example, if a child helpline has a single subcategory for contacts relating to either depression or anxiety, then it will be impossible to disentangle the depression-related contacts from the anxiety-related ones, so all would go under Unspecified/Other. **This subcategory has decreased from 29% of all mental health-related contacts in 2020 to less than 6% in 2022.**

This significant decrease could indicate improved data categorization and logging systems and mechanisms by child helplines, allowing for more accurate and nuanced data collection. We have asked our members about this change directly and they indicated that it reflects improved standardization across child helplines, strengthened counsellor training on categorizing contacts, more efficient reporting methods and a clearer understanding and categorization of mental health issues.

As child helpline counsellors log fewer contacts under Unspecified/Other, other subcategories naturally see an increase, making it harder to interpret trends in mental health issues. For example, if loneliness-related contacts are now categorized as Mood Disorders, it may seem like there’s an increase in Mood Disorders, even though the number remains stable. To overcome this challenge, we identified two child helplines where the change in the use of “Other” altered drastically – ChildLine UK and Smile of The Child, both reporting no “Other” contacts in 2022, after reporting around 70,000 and 30,000 such contacts in 2020, respectively – and removed their data from subsequent analyses in this section.

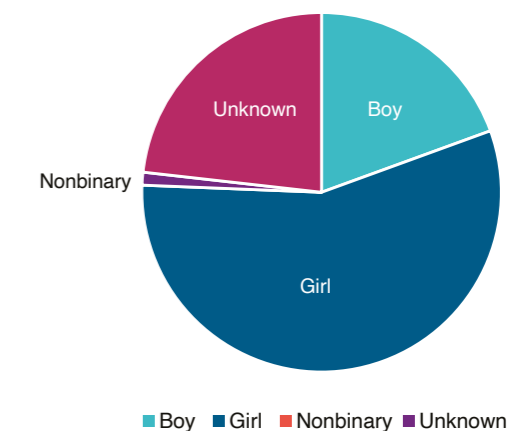
### Gender differences

Girls are generally more likely to contact child helplines compared to boys or nonbinary children or young people. This is especially true when it comes to mental health issues, where girls represent 73% of all contacts whose gender is known<sup>4</sup>. In other words, **girls are three times more likely to contact a child helpline with mental health concerns.**

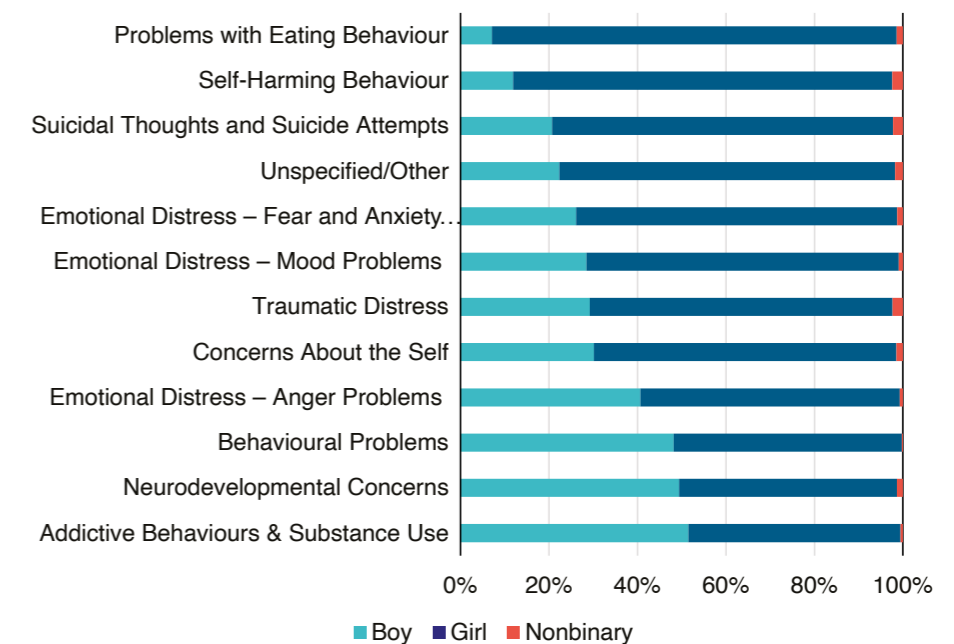
Girls make up the majority of contacts for each type of mental health issue except addiction, where boys are a majority (18,078 compared with 16,831 contacts from girls), and neurodevelopmental disorders, where boys and girls account for a similar share of contacts.

Another way to analyse this data is by looking at each gender separately and identifying the specific issues they face. For example, we can examine how many of the contacts from girls were about suicide or self-harm. **This approach reveals that boys are more likely to struggle with addiction— 6.3% of boys’ contacts were about addiction, compared to 2% for girls and 1.1% for nonbinary individuals.** Similarly, behavioural problems and anger affect boys (accounting for 4.8% and 5.5% of their contacts, respectively) but less so

Mental Health-Related Contacts 2020-2022



girls (1.8% and 2.7%). Conversely, while 16.5% of girls’ contacts concern suicide, only 12.8% of boys’ contacts do. The same is true for self-harming behaviour, which comes up in 1 in every 10 contacts girls make about mental health, but only in 4% of boys’ mental health-related contacts.



4. <https://www.heretohelp.bc.ca/infosheet/bipolar-disorder-what-does-it-feel-like>

# The Role of Child Helplines

Nonbinary children and young people are just as likely as boys and girls to contact child helplines about depression and anxiety, but they are much more likely to struggle with self-harm and suicide. **In fact, suicidal thoughts and suicide attempts are the leading mental health concerns among nonbinary children and young people, making up a quarter of all their mental health-related contacts.**

**We also observe a general increase in contacts from children and young people who identify as nonbinary, going up from 2,280 contacts in 2020 to 7,200 in 2022.** This could be explained in one of two ways. Either there are more contacts from nonbinary children and young people than before, or there has been a change in the way child helplines log contacts from this group, for example by adding a “nonbinary” gender modality to their logging systems.

We asked our members and they explained that nonbinary individuals often lack the opportunity to identify as such because they are not specifically asked. For instance, many surveys or reports do not include a “nonbinary” option when collecting data on gender identity. Therefore, an increase in contacts may reflect more inclusive data reporting and better recognition of nonbinary identities.

Child helplines have recognized this and, in many cases, have added “nonbinary” as a categorization to ensure more accurate representation and support for this group. They also noted that nonbinary individuals face greater challenges, such as discrimination and bullying. Additionally, broader societal issues, such as conflict and war, have further worsened their mental health.

As well as providing their call response data, we asked our members to share the vital contributions that their child helplines make both locally and nationally to address mental health challenges.

## Prevention and Early Detection

Child helplines play a crucial role in preventing youth mental health issues, including suicide, by offering child-friendly, accessible and free support on a range of factors affecting mental wellbeing. They are often the first point of contact for children and young people, making it easier for them to seek help as soon as they experience distress, addressing concerns before they escalate into more serious crises. Many child helplines operate 24/7 or with extended late-night hours, providing support during the hours when children and young people are most vulnerable, and when other services may be unavailable, improving early detection and intervention for mental health issues, including suicidal thoughts.

## Case Study: BRIS – Sweden

BRIS takes a proactive approach to early intervention, by providing training for kindergarten teachers, professionals and by engaging with parents on how to support children up to 6 years. BRIS’ work nurturing children in the best way in these critical early years is crucial to minimizing the risk of later developing mental health issues later on in life.

BRIS also works on prevention through its bereavement support groups for children and young people going through loss—providing a space to express emotions and process grief in a supportive environment, helping to ensure that issues don’t escalate.

|  | Boy            | Girl           | Nonbinary     | Boy (%)     | Girl (%)    | Nonbinary (%) |
|--|----------------|----------------|---------------|-------------|-------------|---------------|
| Addictive Behaviours and Substance Use | 18,078         | 16,831         | 192           | 6.3%        | 2.0%        | 1.1%          |
| Neurodevelopmental Concerns            | 2,732          | 2,722          | 76            | 1.0%        | 0.3%        | 0.4%          |
| Behavioural Problems                   | 13,818         | 14,787         | 75            | 4.8%        | 1.8%        | 0.4%          |
| Emotional Distress – Anger Problems    | 15,719         | 22,683         | 274           | 5.5%        | 2.7%        | 1.6%          |
| Concerns About the Self                | 16,305         | 36,964         | 800           | 5.7%        | 4.5%        | 4.7%          |
| Traumatic Distress                     | 2,802          | 6,573          | 224           | 1.0%        | 0.8%        | 1.3%          |
| Emotional Distress – Mood Problems     | 60,264         | 149,381        | 2,005         | 21.0%       | 18.0%       | 11.8%         |
| Emotional Distress – Fear and Anxiety  | 62,754         | 174,249        | 3,097         | 21.9%       | 21.0%       | 18.2%         |
| Unspecified/Other                      | 42,780         | 145,530        | 3,359         | 14.9%       | 17.6%       | 19.7%         |
| Suicidal Thoughts and Suicide Attempts | 36,816         | 137,023        | 3,968         | 12.8%       | 16.5%       | 23.3%         |
| Self-Harming Behaviour                 | 11,507         | 82,958         | 2,357         | 4.0%        | 10.0%       | 13.8%         |
| Problems with Eating Behaviour         | 2,988          | 38,413         | 608           | 1.0%        | 4.6%        | 3.6%          |
| <b>Grand Total</b>                     | <b>286,563</b> | <b>828,114</b> | <b>17,035</b> | <b>100%</b> | <b>100%</b> | <b>100%</b>   |

## Case Study: Kék Vonal– Hungary

Kék Vonal has a structured approach to suicide prevention. When a child or young person contacts the child helpline with suicidal thoughts or other serious issues, counsellors ask them to consider relinquishing their anonymity so they can work directly with authorities, such as child protective services, to ensure they receive appropriate help.

Kék Vonal’s aim is to be the first point of contact in critical situations, ensuring timely intervention.

Through early intervention, trained counsellors help young people understand their emotions, reduce isolation and develop coping mechanisms. By connecting individuals to appropriate services, child helplines fill gaps in formal mental health care. Many children and young people reach out while waiting for therapy, and child helplines provide ongoing emotional support to prevent issues from worsening. The consistently high number of contacts — peaking at 550,600 in 2021 — demonstrates the vital role child helplines play, particularly during the Covid-19 pandemic when other services were limited. As under-resourced mental health services struggle to meet demand, child helplines have become an indispensable part of the child protection and public health systems, playing a critical role in suicide prevention and overall youth mental health support.

### Case Study: National Telephone Helpline (TOM) – Slovenia

The “TOM Travels and Visits Children” campaign has been running for the past three years, featuring workshops at primary schools across the country. These workshops focus on the importance of open conversation and introduce the child helpline as a valuable resource for children in distress. Students also learn about their own sources of strength for problem-solving. In 2024, the campaign was expanded to include secondary schools.

### Case Study: 147 Rat Auf Draht - Austria

147 Rat Auf Draht raises awareness of mental health issues through daily posts on its Instagram account and on its website, offering information on topics such as mental health and medication education. Their online presence engages both children and adults, extending the reach of their messages.

Additionally, it uses press releases, public transport ads and TV spots to further promote mental health awareness and the support available within the community.

### Case Study: The Smile of the Child - Greece

The child helpline has recently launched a partnership with the National Foundation for the Deaf, making it accessible to deaf and hard-of-hearing individuals through the Relay Service. The increasing migration flow in recent years has highlighted emerging needs in areas such as mental health, physical health, housing, adaptation and integration. Refugees, as a crisis-affected population, face diverse challenges. In many cases, The Smile of the Child serves as the first point of contact, guiding and referring individuals to appropriate support services. By leveraging its networks, it fills gaps in service provision, especially for those in unstable housing, offering vital relief to both children and caregivers.

### Case Study: National Toll-Free Hot Line for Children and Youth - Ukraine

The child helpline collects crucial statistical and analytical data on the issues it receives and shares this information with state structures and the public sector.

Additionally, the child helpline in Ukraine serves as part of the National Referral Mechanism, where state agencies and public organizations can refer children for crisis counselling. Hotline consultants can also direct children to other services for intensive care or therapy.

### Outreach to schools

Many child helplines actively raise awareness and promote open conversations about mental health through targeted outreach programmes in schools. These initiatives educate students on mental health, emphasize that seeking help is a sign of strength and create safe spaces for discussing their struggles, reducing stigma and normalizing conversations about mental wellbeing. Many child helplines work closely with schools to provide direct support and information, where they conduct workshops for teenagers, teachers, and parents, as well as individual counselling sessions offered on school premises multiple times a week, fostering a holistic approach to mental health in the school environment.

### Raising awareness and reducing stigma

Child helplines run awareness campaigns – both online and in communities – that aim to dismantle the myths and misconceptions surrounding mental health. By fostering a culture of acceptance, education and understanding, these campaigns encourage young people to seek help without fear of judgment. Social media platforms have become critical tools in this effort, with countries such as Austria and Ukraine using these channels to engage youth and provide mental health resources. These campaigns not only reduce stigma but also normalize seeking help, creating safe spaces where children and young people can discuss their mental wellbeing and encouraging early intervention and support. Many child helplines in Europe also have peer-to-peer platforms where children can communicate with one another in a moderated environment, fostering openness and reducing stigma around mental health by creating safe spaces for shared experiences and mutual support.

### Providing support to vulnerable groups

Child helplines are also focusing on providing specialized support for vulnerable groups, such as LGBTQ+ youth and children in conflict zones. Additionally, several child helplines are focusing on refugee and migrant populations, offering multilingual support and culturally sensitive services. For young refugees who may be facing trauma, language barriers, or unfamiliarity with local systems, child helplines provide a safe space where they can express their concerns and receive emotional guidance.

Child helplines can play a critical role in filling the gap in hard-to-reach areas, such as rural and island communities in places such as Greece where mental health resources are scarce or non-existent. The geographical barriers and unequal distribution of services in these areas often prevent children from accessing the care they need. By providing immediate, accessible and anonymous support, with the right support in developing infrastructure, child helplines can help bridge this gap.

### Partnerships and integrated child protection systems

Child helplines help ensure children’s safety, health and wellbeing through strong partnerships with various referral and strategic partners. Through these coordinated efforts, child helplines act as vital links between young people and the broader child rights system, helping to ensure that no child is left without the support they need.

Collaborations with social services, healthcare providers, and law enforcement enable child helplines to refer and consult on cases that exceed their scope, ensuring children and young people with serious mental health or protection needs receive the support and care they need. Furthermore, child helplines partner with universities, local authorities, municipalities and ministries for data-sharing and policy and practice improvements. These partnerships allow child helplines to contribute to national-level strategies to ensure that children receive the long-term support and protection they need.

# European Policy Environment

## Advocacy and Policy Influence

Child helplines are also involved in advocacy, influencing policy and raising awareness about child mental health issues. Many child helplines lead in this area, frequently meeting with politicians and consulting on legal proposals to ensure children's voices are represented. Their advocacy work also extends to crime prevention and creating better societal structures for children.

## Case Study: Børns Vilkår - Denmark

Børns Vilkår plays a significant role in advocating for children's rights at the European level, serving among 21 different actors tasked with engaging with tech giants on protecting and strengthening children's rights. Through its participation in meetings in Brussels, Børns Vilkår works to ensure that the voices of Danish children, supported by data from contacts to the child helpline, are included in discussions that often involve tech industry leaders and other stakeholders whose primary interests may not align with child protection.

Børns Vilkår has invested heavily in gathering data from children and conducting research to bring a clear, child-centered perspective to these discussions. By utilizing the direct input of children, alongside robust research, it ensures that Danish children's experiences and needs are heard, influencing policy decisions and urging the tech industry to adopt practices that prioritize children's safety and rights in digital spaces. Through this advocacy, Børns Vilkår is helping shape policies that better reflect the needs of children, leveraging data and research to drive meaningful change at the policy level.

European policy documents stress the need for a cross-sectoral approach to child mental health, integrating services across schools, communities and digital spaces. **While these policy frameworks are essential for promoting children's mental health, child helplines are not sufficiently mentioned or integrated into these strategies.**

The European Commission's 2023 [communication on a comprehensive approach to mental health](#) emphasizes the impact of recent crises, such as Covid-19, on children's mental health, exacerbating issues such as anxiety and online abuse. The Commission calls for accessible, integrated care systems, with a focus on vulnerable groups, including displaced and migrant children. It also highlights the role of child helplines in supporting prevention efforts and providing immediate psychological support.

The [Digital Services Act](#) and the [Better Internet for Kids \(BIK+\)](#) Strategy aim to protect children's mental health by regulating digital spaces to mitigate risks like cyberbullying and digital addiction. Additionally, the [European Child Guarantee](#) promotes early intervention and access to essential services for vulnerable children, including those facing mental health challenges.

The [Strategy on the Rights of the Child \(2021-2025\)](#) highlights the school environment as critical for mental wellbeing, advocating for a whole-school approach that involves mental health professionals, educators and families. It also recommends anti-bullying initiatives to foster a supportive environment in both schools and digital spaces. Additionally, the [2023 Commission Recommendation on Strengthening Integrated Child Protection Systems](#) calls for the integration of mental health support into child protection systems, urging Member States to prioritize mental health and allocate the necessary resources for its implementation, urging Member States to prioritize mental health and allocate resources for its implementation.

**Child helplines play a critical role in providing immediate support and filling gaps in mental health services, yet more policy recognition and financial backing are needed to fully leverage their potential in the mental health landscape.**

## United Nations Convention on the Rights of the Child (UNCRC)

The UNCRC highlights children's overall health, protection and development. Article 24 guarantees the right to the highest attainable standard of health, including mental wellbeing, while Articles 19 and 39 focus on protecting children from abuse and promoting recovery from trauma.

The UNCRC's General Comments provide further guidance, including General Comment No. 15 on integrating mental health into primary care and No. 4 on adolescent mental health. They also address the needs of vulnerable groups, such as children with disabilities (General Comment No. 9) and the impact of violence on mental health (General Comment No. 13).

## 116 111 – Same Number, Same Service

The majority of child helplines in Europe operate the [116 111 number](#), which is recognized in policy by the European Commission as a service of social value. For children and young people, having a short, easy-to-remember number is very important to make child helplines accessible, at the same time ensuring quality and consistency across Europe in terms of "same number – same service".

# Key Recommendations & Improvements Needed

To fully address children and young people's mental health needs, improvements are required across the entire mental health landscape, not just within policy frameworks. Strengthening the role of child helplines, increasing resources, and enhancing collaboration between stakeholders are critical steps toward ensuring comprehensive support for children and young people.



## Better Funding and Resources for Child Helplines

Many child helplines have highlighted the urgent need for increased funding and resources to address children's mental health. While these child helplines are stepping in to fill gaps in the system, providing critical support where services are limited or unavailable, they face financial challenges that make it difficult to sustain 24/7 operations and meet the growing demand for their services, especially in schools and rural areas. Enhanced financial backing and better resource allocation are essential to ensure that child helplines can continue to offer timely and effective care for children and young people in need.

## Improved Access and Shortened Waiting Times

Waiting lists for mental health services are a common challenge. The prolonged delays in accessing mental health care can exacerbate children's issues, leading to further complications such as suicidality or severe anxiety. Several child helplines emphasized the need for systemic reforms to make mental health services more accessible and reduce waiting times. Additionally, there is a call for the creation of dedicated psychiatric hotlines and clear guidelines on when and how to access them.

## Comprehensive mental health education and campaigns for societal awareness to address stigma

Reducing stigma around mental health is crucial, and while child helplines are already doing a significant amount of work in this area, this effort needs to be more widespread and better supported. These initiatives are essential for normalizing conversations about mental health, promoting early intervention and creating a culture of prevention where mental health is seen as integral to overall wellbeing. With stronger backing, these efforts could ensure that children and young people feel safe seeking support without fear of judgment, before issues have the chance to escalate.

## National Mental Health Action Plans

The creation of National Action Plans on mental health is seen as a critical step in addressing the mental health crisis. Child helplines advocate for clearer national frameworks that prioritize mental health as a fundamental child rights issue, with formal recognition of child helplines as essential services. This recognition would provide the legal and financial support necessary for their sustainability. While child helplines are frequently cited in policies related to violence prevention, they remain underrepresented in mental health discussions. Their vital role in offering psychological support and early intervention for children facing mental health challenges is often overlooked in key policy frameworks.

## Accessibility and support for children with enhanced vulnerabilities

Addressing the needs of vulnerable populations, such as children from refugee backgrounds, LGBTQ+ youth and those in unstable housing, is also a major concern. Many child helplines emphasized the need for specialized services that cater to these groups. For example, some countries highlighted the challenges faced by migrant children and the need for targeted support to address their unique mental health concerns. Child helplines are crucial in providing immediate assistance and referral services for these vulnerable groups, filling gaps where other services may not be available.

## Greater Collaboration and Communication Between Stakeholders

There is a strong need for improved communication and collaboration between child helplines, schools, government bodies and other stakeholders. Child helplines call for better interaction between institutions involved in child protection and mental health care. More coordinated efforts and information-sharing are essential to ensure that children and young people receive holistic support.



# Our Child Helpline Members in Europe

|                                 |   |
|---------------------------------|---|
| <b>Albania</b>                  | <b>ALO 116</b><br>☎ 116111<br><a href="https://www.alo116.al">https://www.alo116.al</a>   |
| <b>Armenia</b>                  | <b>FAR Child Protection Hotline &amp; Helpline</b><br>☎ 0800 61 111<br><a href="http://www.farusa.org">http://www.farusa.org</a>  |
| <b>Austria</b>                  | <b>Rat Auf Draht</b><br>☎ 147<br><a href="http://www.rataufdraht.at">http://www.rataufdraht.at</a>                                |
| <b>Azerbaijan</b>               | <b>Azerbaijan Child Helpline</b><br>☎ 116 111<br><a href="https://www.childhelpline.az">https://www.childhelpline.az</a>          |
| <b>Belgium</b>                  | <b>Jongerenlijn AWEL</b><br>☎ 102<br><a href="http://www.awel.be">http://www.awel.be</a>  |
| <b>Bosnia &amp; Herzegovina</b> | <b>National Telephone Line for Children</b><br>☎ 116 111<br><a href="https://sacp.government.bg/">https://sacp.government.bg/</a> |
| <b>Bulgaria</b>                 | <b>Hrabritelefon</b><br>☎ 0800 0800 / 116 111<br><a href="https://www.hrabritelefon.hr">https://www.hrabritelefon.hr</a>          |
| <b>Croatia</b>                  | <b>Hrabritelefon</b><br>☎ 116 111<br><a href="https://www.hrabritelefon.hr">https://www.hrabritelefon.hr</a>                      |
| <b>Cyprus</b>                   | <b>Call 116 111 Cyprus</b><br>☎ 116111<br><a href="http://www.call116.111.com">http://www.call116.111.com</a>                     |
| <b>Czechia</b>                  | <b>Linka Bezpečí</b><br>☎ 116 111<br><a href="https://www.linkabezpeci.cz">https://www.linkabezpeci.cz</a>                        |
| <b>Denmark</b>                  | <b>BørneTelefonen</b><br>☎ 116 111<br><a href="https://bornetelefonen.dk/">https://bornetelefonen.dk/</a>                         |
| <b>Estonia</b>                  | <b>Lasteabi</b><br>☎ 116 111<br><a href="http://lasteabi.ee/en/">http://lasteabi.ee/en/</a>                                       |
| <b>Finland</b>                  | <b>MLL Nuortennetti</b><br>☎ 116 111<br><a href="https://www.nuortennetti.fi">https://www.nuortennetti.fi</a>                     |
| <b>France</b>                   | <b>Allô Enfance en Danger</b><br>☎ 119<br><a href="https://www.allo119.gouv.fr/">https://www.allo119.gouv.fr/</a>                 |

|                      |   |
|----------------------|---|
| <b>Germany</b>       | <b>Kinder- und Jugendtelefon</b><br>☎ 116 111<br><a href="https://www.nummergegenkummer.de">https://www.nummergegenkummer.de</a>      |
| <b>Gibraltar</b>     | <b>Childline Gibraltar</b><br>☎ 88008<br><a href="http://www.childline.gi">http://www.childline.gi</a>                                |
| <b>Greece</b>        | <b>The Smile of the Child</b><br>☎ 116 111<br><a href="http://www.hamogelo.gr">http://www.hamogelo.gr</a>                             |
| <b>Hungary</b>       | <b>Together for Children</b><br>☎ 11525<br><a href="http://www.mazigiatiopaidi.gr">http://www.mazigiatiopaidi.gr</a>                  |
| <b>Hungary</b>       | <b>Lelkiségély-vonal</b><br>☎ 116 111<br><a href="https://www.kek-vonal.hu">https://www.kek-vonal.hu</a>                              |
| <b>Iceland</b>       | <b>Red Cross Helpline - Hjálparsíminn 1717</b><br>☎ 1717<br><a href="https://www.raudikrossinn.is">https://www.raudikrossinn.is</a>   |
| <b>Ireland</b>       | <b>ISPCC Childline</b><br>☎ 1800 66 66 66 / 116 111<br><a href="http://www.childline.ie">http://www.childline.ie</a>                  |
| <b>Israel</b>        | <b>ERAN</b><br>☎ 1201<br><a href="http://en.eran.org.il">http://en.eran.org.il</a>  |
| <b>Italy</b>         | <b>Natal Helpline</b><br>☎ 1800 363 363<br><a href="https://www.natal.org.il">https://www.natal.org.il</a>                            |
| <b>Italy</b>         | <b>Hello Telefono Azzurro</b><br>☎ 19696<br><a href="https://www.azzurro.it">https://www.azzurro.it</a>                               |
| <b>Latvia</b>        | <b>Bērnu un Pusaudžu Uzticības Tālrunis</b><br>☎ 116 111<br><a href="https://uzticibastalrunis.lv/">https://uzticibastalrunis.lv/</a> |
| <b>Liechtenstein</b> | <b>Pro Juventute Beratung + Hilfe 147</b><br>☎ 147<br><a href="http://www.147.ch">http://www.147.ch</a>                               |
| <b>Lithuania</b>     | <b>Vaiku Linija</b><br>☎ 116 111<br><a href="http://www.vaikulinija.lt">http://www.vaikulinija.lt</a>                                 |
| <b>Luxembourg</b>    | <b>Kanner Jugendtelefon (KJT)</b><br>☎ 116 111<br><a href="https://www.kjt.lu/en/">https://www.kjt.lu/en/</a>                         |

|                        |   |
|------------------------|---|
| <b>Malta</b>           | <b>Kellimni.com</b><br><a href="http://www.kellimni.com">http://www.kellimni.com</a><br><b>Support Line 179</b><br>☎ 116 111<br><a href="https://fsws.gov.mt/en/appogg/Pages/supportline.aspx">https://fsws.gov.mt/en/appogg/Pages/supportline.aspx</a> |
| <b>Moldova</b>         | <b>Telefon Copilului</b><br>☎ 116 111<br><a href="https://telefonulcopilului.md/">https://telefonulcopilului.md/</a>  |
| <b>Montenegro</b>      | <b>National Child Helpline of Montenegro</b><br>☎ 116 111<br><a href="https://dombijela.me/">https://dombijela.me/</a>  |
| <b>Netherlands</b>     | <b>De Kindertelefoon</b><br>☎ 116 111<br><a href="http://kindertelefoon.nl">http://kindertelefoon.nl</a>  |
| <b>Netherlands</b>     | <b>Helpwanted</b><br>☎ +31 20 261 5275<br><a href="http://helpwanted.nl">http://helpwanted.nl</a>   |
| <b>North Macedonia</b> | <b>Alo Bushavko</b><br>☎ +389 703 90632<br><a href="https://alobushavko.mk/">https://alobushavko.mk/</a>  |
| <b>Norway</b>          | <b>Alarmtelefonen for barn og unge</b><br>☎ 116 111<br><a href="http://www.116111.no">http://www.116111.no</a>  |
| <b>Norway</b>          | <b>Kors På Halsen</b><br>☎ 0800 333 21<br><a href="http://korspaahalsen.rodekors.no">http://korspaahalsen.rodekors.no</a>   |
| <b>Poland</b>          | <b>Telefon Zaufania</b><br>☎ 116 111<br><a href="https://fdos.pl">https://fdos.pl</a>   |
| <b>Portugal</b>        | <b>SOS Criança</b><br>☎ 116 111<br><a href="http://iacrianca.pt/intervencao/sos-crianca">http://iacrianca.pt/intervencao/sos-crianca</a>  |
| <b>Romania</b>         | <b>Telefonul Copilului</b><br>☎ 116 111<br><a href="http://www.telefonulcopilului.ro">http://www.telefonulcopilului.ro</a>  |
| <b>Serbia</b>          | <b>NADEL</b><br>☎ 116 111<br><a href="https://www.116111.rs/o-nadelu.html">https://www.116111.rs/o-nadelu.html</a>  |
| <b>Slovakia</b>        | <b>Linka Detskej Istoty</b><br>☎ 116 111 / 0800 500 500<br><a href="http://www.lidi.sk">http://www.lidi.sk</a>  |

|                       |   |
|-----------------------|---|
| <b>Slovenia</b>       | <b>National Telephone Helpline TOM</b><br>☎ 116 111<br><a href="http://www.e-tom.si">http://www.e-tom.si</a>                          |
| <b>Spain</b>          | <b>Teléfono ANAR</b><br>☎ 116 111<br><a href="https://www.anar.org">https://www.anar.org</a>  |
| <b>Sweden</b>         | <b>BRIS</b><br>☎ 116 111<br><a href="http://www.bris.se">http://www.bris.se</a>   |
| <b>Switzerland</b>    | <b>Pro Juventute Beratung + Hilfe 147</b><br>☎ 147<br><a href="http://www.147.ch">http://www.147.ch</a>                               |
| <b>Ukraine</b>        | <b>Ukraine National Child Toll-Free Hotline</b><br>☎ 116 111<br><a href="http://www.la-strada.org.ua">http://www.la-strada.org.ua</a> |
| <b>United Kingdom</b> | <b>BEAT</b><br>☎ 0808 801 0677<br><a href="http://www.beateatingdisorders.org.uk">http://www.beateatingdisorders.org.uk</a>           |
| <b>United Kingdom</b> | <b>Childline UK</b><br>☎ 116 111<br><a href="http://www.childline.org.uk">http://www.childline.org.uk</a>                             |
| <b>United Kingdom</b> | <b>HopelineUK</b><br>☎ 0800 068 4141<br><a href="http://www.papyrus-uk.org/">http://www.papyrus-uk.org/</a>                           |

The highlighted child helplines provided data that contributed to this report.

## Disclaimer

Data presented and statements made do not capture the full scope of practices and policies of all countries and cases handled by child helplines and other child protection organizations at the national level. The exact data can be requested from Child Helpline International.

Child Helpline International's work is firmly grounded in the principles and values enshrined in the UN Convention on the Rights of the Child, including children's right to privacy and protection from harm. To preserve the trust and confidence children and young people place in child helplines every day, any personal details cited in case summaries has been altered and anonymized.

# Glossary

## Terms Used in Child Helpline International's Data Collection

| Sub-Category                                      | Description  |
|---|--|
| 1. Addictive Behaviours and Substance Use         | <p>An <b>Addictive Behaviour</b> is a behaviour that is both rewarding and reinforcing, which can be associated with the development of addiction, possibly resulting in overdose, dependence, withdrawal, and harmful use. Addictive behaviours include but are not limited to <i>Gambling, Gaming, Excessive Use of Social Media or the Internet, Exercising or Watching Pornography</i>.</p> <p><b>Substance Use</b> refers to the excessive use of psychoactive substances and includes substances such as drugs, alcohol, cigarettes, prescription drugs, inhalants and solvents. A substance use problem occurs when using alcohol or other drugs causes harm to the individual or to others.</p> <p>The consequences of addictive behaviours and substance use usually result in negative consequences for the child, for example, resulting in negative affects to their grades, school attendance, sleeping or eating patterns and relationship with friends or family.</p> |
| 2. Behavioural Problems                           | Behavioural problems include <i>Emotional Outbursts, Tantrums, Hyperactivity and Inattention, Rule Breaking and Aggressive or Oppositional and Antisocial Behaviour</i> [1].   |
| 3. Concerns About the Self                        | Concerns about the self can include but are not limited to negative feelings or opinions, questions or concerns about one's identity, the appearance of one's body, one's abilities or one's talents. They can take the form of <i>Lack of Self-Confidence</i> and <i>Existential Thoughts About One's Life and Future</i> , among others.   |
| 4. Emotional Distress – Anger Problems            | Anger problems refers to difficulties related to the experience of anger or frustration. <b>Anger</b> is an emotion involving the strong feeling of displeasure and hostility aroused by a real or supposed wrong. <b>Frustration</b> is an emotional response of dissatisfaction which may arise when one perceives resistance to attaining one's goals.  |
| 5. Emotional Distress – Fear and Anxiety Problems | <p>Fear and anxiety problems refer to complaints related to these two emotions. <b>Fear</b> is a response to a real or perceived immediate threat involving feelings of distress, apprehension, or alarm. <b>Anxiety</b> is an intense, excessive and persistent worry and fear about everyday situations. It can be hard to control and can be out of proportion to the actual danger.</p> <p>Fear and anxiety problems can include but are not limited to <i>Stress, Sudden Episodes of Intense Fear, Persistent and Irrational Fear of a Specific Thing or Situation, Flashbacks, Disturbing Thoughts, Obsessive Thoughts or Behaviours</i> and <i>Stress Related to a Past Traumatic Event</i>.</p>  |
| 6. Emotional Distress – Mood Problems             | <p>A mood is an emotional state that may last from a few minutes to several weeks.</p> <p>Mood problems refer to negative or low mood, including but not limited to <i>Sadness, Depressed Mood, Grief, Loneliness, Lack of Energy or Motivation</i> and <i>Feeling Overwhelmed with (Certain Aspects of) Life</i>.</p> <p>Mood problems can also refer to persistent <i>Mania or Optimism</i>, including but not limited to being <i>Full of Energy, Unable or Unwilling to Sleep, Irritated with Others Who Don't Share the Same Optimistic Outlook, Making Unusual Decisions</i> and <i>Less-Inhibited Behaviour</i>[1].</p>   |

| Sub-Category                               | Description  |
|--|--|
| 7. Neuro-developmental Concerns            | Neurodevelopmental concerns include Intellectual <i>Disability, Learning Difficulties</i> and <i>Autism Spectrum Symptoms</i> . These developmental issues usually have an early onset, impairment or delay in functions related to central nervous system maturity. They include, but are not limited to, <i>Suspected or Diagnosed Autism Spectrum Disorder, Developmental Delay (Delayed Language/Motor/Social Development in a Baby or Young Child), Intellectual Disability, Problems with Stuttering or Tics</i> and <i>Severe Learning Problems (Learning Disorders)</i> .  |
| 8. Problems with Eating Behaviour          | <p>Problems with eating behaviour refer to disordered eating behaviour. This can include, but is not limited to, <i>Limiting the Amount of Food Eaten, Eating Very Large Quantities of Food at Once</i> and <i>Getting Rid of Food Eaten Through Unhealthy Means</i> (for example vomiting, laxative misuse, fasting or excessive exercise) or a combination of these behaviours. The way the person interacts with food may make them feel more able to cope, and/or may make them feel in control<sup>[2]</sup>. Any mental health issues that are <i>Weight-Related</i> are included in this subcategory.</p> <p><i>If weight-related issue is caused by a physical health problem, this would fall under the sub-category "Nutrition" under the "Physical Health" data category.</i></p> |
| 9. Self-Harming Behaviour                  | <p>Self-harming behaviour refer to deliberately hurting or harming oneself, including but not limited to <i>Taking Too Many Tablets, Cutting Oneself, Burning Oneself, Banging Head Against Something Hard, Punching Oneself and Sticking Things Into the Body</i>. Self-harm can help a person feel in control, reduce uncomfortable feelings or distress. It can also be a way of punishing oneself if a person feels guilty over something.</p> <p><i>If self-harming behaviour includes thoughts or behaviours threatening one's life, please refer to the sub-category Suicidal thoughts and suicide attempts in the present category (below).</i></p>  |
| 10. Suicidal Thoughts and Suicide Attempts | <p>Having thoughts about taking one's own life or having attempted to take one's own life. Suicide warning signs or suicidal thoughts include, but are not limited to, <i>Talking About Suicide, Getting the Means to Take One's Own Life, Withdrawing from Social Contact, Being Preoccupied by Death, Feeling Trapped or Hopeless, Doing Risky or Self-Destructive Things</i> and <i>Saying Goodbye to People as if They Would Not See Them Again</i>[3].</p> <p><i>Related sub-category: Self-harming behaviour.</i></p>  |
| 11. Traumatic Distress                     | <p>Problems related to <i>Traumatic Events</i> experienced or witnessed by a child or young person, resulting in challenges in functioning or coping normally after the event.</p> <p>Traumatic distress can include but is not limited to <i>Ongoing Sadness, Depressed Mood or Anxiety, Behavioural Changes, Attention and Academic Difficulties, Nightmares, Difficulties Sleeping and /or Eating</i> and <i>Physical Symptoms, such as Aches and Pains</i>.</p>  |
| 12. Unspecified/ Other                     | If the contact cannot be categorized under any of the sub-categories above, this option should be used. Details should be provided on how the child helpline has defined this issue.   |

[1] <https://www.heretohelp.bc.ca/>

[2] <https://www.beateatingdisorders.org.uk/get-information-and-support/about-eating-disorders/types/>

[3] <https://www.mayoclinic.org/diseases-conditions/suicide/symptoms-causes/syc-20378048>



## Every child has a voice. No child should be left unheard.

Child Helpline International is a collective impact organization with over 150 members in more than 130 countries and territories around the world.

We coordinate information, viewpoints, knowledge and data from our child helpline members, partners and external sources. This exceptional resource is used to help and support child protection systems globally, regionally and nationally, and to help our members advocate for the rights of children and amplify their voices.

### Child Helpline International

Bruggebouw Suite 5.08  
Bos en Lommerplein 280  
1055 RW Amsterdam  
The Netherlands

[www.childhelplineinternational.org](http://www.childhelplineinternational.org)



### Support us!

Every child has a voice. **Your** support helps us continue **our** work to ensure **their** voices are heard.

Donate today via PayPal