



The EU Mutual Learning Programme in Gender Equality


Gender Equality, Mental Health and Gender Mainstreaming Health Policies

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Gender Mainstreaming in (mental) health in Slovakia

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Abstract:

The situation in Slovakia in the field of mental health gender mainstreaming and gendered influences of digital and social media is similar to situation in the Czech Republic. In decades, there were no investments in improving care for mental health in Slovakia, but the new government has created a new advisory body and is planning investments in mental health institutions and establishing of new centres from Recovery plan. Unfortunately, the gender perspective in strategic documents covering mental health and gender equality is missing. But available data confirms that there are specific needs of women and men in the mental health. In the area of digital media and social media influence on boys and girls the specialised research is needed, the good start is the National Concept for the Protection of Children in the Digital Space. In the social science there is a lack of research in these fields and a lack of research capacities.

1. Relevant country context

1.1 Gender specific data

In Slovakia, the general life expectancy is 74.3 years for men and 81.2 years for women. However, the healthy years of life expectancy are only 56.3 years for women and 56 years for men (the same for both genders).¹ According to the Gender Equality Index 2021², 26% of women in Slovakia have difficulty paying unexpected medical expenses in the field of mental health and only 13% of men. According to the Value for Money Department, 10 to 16% of people are at risk of a significantly worse quality of life due to the degree of impact of stressful experiences on a child's development and women and members of ethnic minorities are more at risk.³ Also during the COVID - 19 pandemic, many women found themselves in a situation where they had to secure unpaid work while having a reduced income and in some cases trying to

¹ Eurostat database

<https://ec.europa.eu/eurostat/databrowser/view/tps00150/default/table?lang=en%20https%2F%2Fec.europa.eu%2Feurostat%2Fdatabrowser%2Fview%2Ftps00208%2Fdefault%2Ftable%3Flang%3Den>

² EIGE. Gender Equality Index Slovakia. 2021 <https://eige.europa.eu/gender-equality-index/2021/country/SK>

reconcile work and family life in a crowded household, which affected their mental health. This was also confirmed by a survey conducted by the Institute for Labour and Family Research in Slovakia, where up to 73% of women felt exhausted, 57.44% felt depressed and 44.3% hopeless.⁴

Regarding the use of psychiatric care, the National Health Information Centre⁵ has quite detailed gender-disaggregated statistics in the field of mental health. However, these data do not consider the gender perspective and gender analysis in strategic materials. According to these data, in total 364,464 people were examined in psychiatric outpatient clinics in 2020, a decrease of 7.5% due to the COVID - 19 pandemic, when the services were not available. In terms of gender, women predominated (762.4 / 10,000 women), compared to men (568.2 / 10,000 men) in the most frequently represented affective disorders (32.6%) such as depression and various anxiety disorders. Men significantly, more than 3-times, dominated in mental development disorders (e.g., dyslexia, autism), and mental and behavioural disorders caused by alcohol consumption. In 2020, a mental disorder was diagnosed for the first time in life of 61,030 people while the number of women exceeded the number of men by 22.4%. There were also 36,862 hospitalisations (67.5 / 10,000 inhabitants) performed in psychiatric hospitals for mental and behavioural disorders, from which 55.9% were men (77.3 / 10,000 men, 58.2 / 10,000 women), especially men with mental and behavioural disorders caused by alcohol use. Women predominated over men in hospitalisations in the group of affective disorders diagnoses.⁶ 489 completed suicides were also committed (9.0 people per 100,000 inhabitants). Male suicides (83.6%) prevailed over female suicides (16.4%), like in the Czech Republic.⁷

1.1.1 Gender specific data of young people

The situation is no better for young people, where girls perceive their mental health as excellent, compared to boys to a lesser extent and also experience multiple health problems. Their situation worsened even more, compared between 2014 and 2018 (differences from 6% to 15% between boys and girls).⁸ These are alarming figures, especially for girls, and mental health policies do not reflect this.

⁴ Institute for work and family research. Life situation survey during COVID – 19 pandemic in Slovakia. https://www.totojrovnost.eu/downloads/Prieskum_zivotnej_situacie_pocas_pandemie_COVID19.pdf

⁵ www.nczi.sk

⁶ NCZI. Psychiatric care in SR 2020.

http://data.nczisk.sk/statisticke_vystupy/Psychiaticka_starostlivost/Psychiaticka_starostlivost_v_SR_2020_Sprava_k_publikovanim_vystupom.pdf

⁷ NCZI. Suicides and attempts suicides in SR 2020

http://data.nczisk.sk/statisticke_vystupy/Psychiaticka_starostlivost/Psychiaticka_starostlivost_v_SR_2020_Sprava_k_publikovanim_vystupom.pdf

⁸ WHO. Spotlight on adolescent health and well-being Edited by: Jo Inchley, Dorothy Currie, Sanja Budisavljevic, Torbjørn Torsheim, Atle Jåstad, Alina Cosma, Colette Kelly, Ársæll Már Arnarsson & Oddrun Samdal Findings from the 2017/2018 Health Behaviour in School-aged Children (HBSC) survey in Europe and Canada International report VOLUME 2. KEY DATA <https://lnk.sk/xwpg>

At the same time, the report of the Commissioner for Children points at the unavailability of outpatient pedopsychiatric services, the enormous shortage of pedopsychiatric acute and aftercare beds in psychiatric facilities, the absence of psychiatric hospitals and centres for children, and the lack of professional medical staff in child psychiatry clinics.⁹ Again, however, it does not address the specific mental health needs of girls and boys.

1.1.2 Missing data on psychological and therapeutic help

Although data on psychiatric care are available in Slovakia, data on provided psychological and therapeutic help in various types of counselling centres are largely absent. This is due to the fragmentation of the system of psychological and psychotherapeutic assistance in Slovakia¹⁰, there is no coordination, lack of data monitoring (not gender specific). These services occur under several departments, whether the Ministry of Health SR (clinical psychologists, insurance therapists), the Ministry of Education, Science and Research (Centres for pedagogical-psychological counselling and prevention) or Ministry of labour, social affairs and family (Departments of counselling and psychological services at employment, social affairs and family offices).¹¹ Only few of them are reimbursed through health insurance companies and work privately. The fact that the aid is being used, is addressed at least by the general information that the mental health helplines together dealt with more than 170,000 contacts¹² from people seeking help and support in 2020. At the same time, it is known that women use more psychological help, and men are less likely to seek help with problems such as depression, addiction, physical disability, and stressful life events.

1.2 Institutions and strategic documents

Investment in the quality and modernisation of mental health care has been minimal in recent decades. The new government of the Slovak Republic after the 2020 elections decided to improve the situation in the field of mental health. For this purpose, the Government Council for Mental Health was established, and the topic of mental health became one of the priorities and reforms of the EU-funded Slovak Recovery Plan. Investments are 105 mln EUR to modernisation of mental health care help and for affordable and high-quality long-term social and health care 265 mln EUR.¹³

⁹ Komi Commissioner for Children <https://komisarpredeti.sk/vyhlasenie-komisarky-pre-deti-k-problemom-dusevneho-zdravie-deti/>

¹⁰ <http://www.komorapsychologov.sk/> <https://psychoterapeuti.org/sps/stranka/uvod>

¹¹ https://www.upsvr.gov.sk/socialne-veci-a-rodina/rodina/poradensko-psychologicke-sluzby/cinnost-referatov-poradensko-psychologicke-sluzieb.html?page_id=1351

¹² <https://bratislavskykraj.sk/ludia-kontaktuju-linky-pomoci-trojnasoobne-viac-nemaju-dostatok-kapacit/>

¹³ Recovery plan SR 2020. Human, modern and available care for mental health https://www.planobnovy.sk/site/assets/files/1065/komponent_12_moderna_a_dostupna_starostlivost-dusevne-zdravie_dnsn-update_1.pdf

1.2.1 Government Council for Mental Health

The Council of the Government of the Slovak Republic for Mental Health was established on 24 February 2021 as government's permanent advisory body. It performs coordination, consultative and professional tasks in the field of protection and support of mental health, prevention of mental disorders, psychodiagnostics, treatment of mental disorders, aftercare on patients with mental disorders, mental health research, training of mental health professionals and services, mental health policy making, and quality monitoring in these areas.¹⁴ Representatives of state administration and their advisory bodies are represented in the Council chambers, such as the National Coordination Centre for Violence against Children. Patients are represented by the National Council of Citizens with Disabilities and one representative of the Association for the Protection of Patients' Rights of the Slovak Republic, so only two organisations.¹⁵ The Council has so far largely lacked the involvement of civil society through non-governmental organisations working on the subject, and representatives of the institutions and NGOs responsible for coordinating the implementation of gender equality policies. Representatives of NGOs should be part of the advisory committees of the Council of the Committee for Primary Prevention, the Committee for the Quality of Mental Health Care, the Research Committee, Committee on Vocational Training and Education. So far, relevant representation is missing. It can be said that there is no gender perspective in the Council's activities, even though women predominate in it.

There is also a Gender Equality Committee under the Ministry of Labour, Social Affairs and Family, which has set up a working group on health, but no information is available on whether the group has also addressed the mental health of women and their needs.¹⁶

1.2.2 National Mental Health Programme

Despite the establishment of the Council of the Government of the Slovak Republic for Mental Health, the Ministry of Health of the Slovak Republic still follows the old National Mental Health Programme prepared in accordance with Government Resolution No. 911 from 21 August 2002.¹⁷ It was updated several times in the following years. On its basis, a plan of tasks is adopted and implemented every two years. The last one was set for the years 2019 – 2020. It focuses for example to implement mental health prevention and risk behaviour prevention, support the development of community psychiatry and community services, improve the availability of mental health care services for groups and others.¹⁸ The problem is that

¹⁴ <https://www.health.gov.sk/?rvdz>

¹⁵ Members of Council <https://www.health.gov.sk/?rvdz-rada-dokumenty>

¹⁶ <https://www.employment.gov.sk/sk/vybor-pre-rodovu-rovnost/>

¹⁷ National Mental health program <https://www.uvzsr.sk/docs/info/podpora/NPDZ.pdf>

¹⁸ Plan of activities for 2019 – 2020 years. <https://www.slov-lex.sk/legislativne-procesy/SK/LP/2019/385/pripomienky/zobraz>

the tasks are mostly formulated in general, their financial coverage is low, and again the gender perspective is missing from their formulation.

1.2.3 Slovak Republic Recovery Plan

As already mentioned, the situation in this area should be shifted by major reforms and investments of the Slovak Recovery Plan. The problem is that the word 'gender equality' is not even included in the plan, nor the word 'woman'. No gender analysis was conducted during its creation, despite the fact that the professional public drew attention in its comments to it.¹⁹ Many of the proposed measures are much needed, but there is a great risk that the specific needs of different disadvantaged groups, including women and men, will be absent in their implementation. For example, as part of the reform, an inter-ministerial working group developed the concept of a psychosocial centre (Mental Health Centres), which aims to strengthen the community approach to mental health problems. By 2026, it is planned to set up 30 pilot centres for adults and 8 centres for children. The target population are patients with long-term mental illness who depend on the help of another person. The specific needs of women, men, and young people resulting from the data presented above are not mentioned. Similarly, part Modern Staff Training includes a review of staff training in mental health care, which states that Slovakia has an acute shortage of psychiatrists, especially for children and the elderly, as well as professionals who can provide psychotherapy and / or psychological counselling, which is of course true. But again, the need for gender sensitivity trainings for staff is not mentioned, as well as the sensitivity to the needs of other minorities, e.g., LGBTI people. As part of reducing the impact of the COVID-19 pandemic, the National Mental Health Support Line has been set up, completely not taking into account the fact that there are long-term specialised NGO helplines that do not have sufficient support. At the same time, it does not reflect that COVID-19 has a greater impact on women's mental health, as we mentioned above.

1.2.4 National Strategy for Equality between Women and Men, and Equal Opportunities and the Action Plan for Equality between Women and Men, and Equal Opportunities for 2021-2027

Despite the new National Strategy and Action Plan on Equality between Women and Men, and Equal Opportunities, the operational objectives in the field of health are limited to respecting human rights in accordance with current Slovak law and reviewing the implementation of World Health Organisation recommendations on care and elimination of inappropriate behaviour towards pregnant women by continuously checking compliance with the quality of provided health care and improving the

¹⁹ Recovery plan SR 2020. Human, modern and available care for mental health
https://www.planobnovy.sk/site/assets/files/1065/komponent_12_moderna_a_dostupna_starostlivost-dusevne-zdravie_dnsh-update_1.pdf

provision of health care in the area of reproductive and sexual health.²⁰ However, in the field of reproductive and sexual health, the action plan does not even set itself any tasks, not even in the field of sex education. The issue of gender mainstreaming in the field of mental health is completely absent.

1.3 Research

In the field of research, the topic of the gender perspective in the field of mental health is given little professional attention, although sometimes scientific articles are published that address this. There is no specialised mental health research institution at the national level. However, it exists for example Research Institute of Child Psychology and Pathopsychology²¹, which conducts basic research in this field with emphasis on psychological, personal, emotional, somatic, and social development of children and students and the development of psychological and pedagogical research methodology. The gender perspective in current research tasks is not defined.

1.4 Good practice

Thus, good practices in mainstreaming gender into policies, strategies, and the reform of mental health itself come predominantly from civic initiatives funded by the national schemes but also from EU and Norwegian grants. These often stand or fall precisely on these enthusiastic actors or small teams involved in these specific projects. The civic sector also implements several beneficial projects that are focused for example on women's mental health but focus primarily on care of pregnant women. There are NGOs such as Women's Circles (<https://zenskekruhy.sk/>), Family centre Kvapka (<http://dietaaja.sk/>), Omama (<https://cestavon.sk/projekt-omama/index>), Healthy Communities, which specifically deal with mothers from marginalised Roma communities, or their activities are aimed at support of women's reproductive rights (which is the topic that currently resonate in our society) by NGOs such as Možnosť voľby (<http://moznostvolby.sk/>), Aspekt (www.aspekt.sk). Significant benefits of some of the NGOs are that they have created several counselling helplines in the field of mental health, such as ipecko.sk for young people, the Nezábudka line of League for Mental Health Line (<https://dusevnezdravie.sk/>), the Child Safety Line (<http://www.lidi.sk/>), as well as the National Line for Women Experiencing Violence (0800 212 212 www.ivpr.gov.sk). The NGOs 'No Stigma' and 'Psychiatry is not bad' are working in the field of destigmatisation of psychiatry.

²⁰ National Strategy for Equality between Women and Men and Equal Opportunities and the Action Plan for Equality between Women and Men and Equal Opportunities for 2021-2027 <https://www.slovlex.sk/legislativne-procesy/SK/LP/2020/668/pripomienky/zobraz>

²¹ Research Institute of Child Psychology and Pathopsychology <https://vudpap.sk>

1.5 Extensive use of digital and social media and their impact on girls and boys in a gender-sensitive way

The latest data from Slovakia show that 83% of children aged 9-17 use mobile phones to connect to the Internet, while 38% access the Internet several times a day. Two thirds of children spend 1 to 3 hours a day on the internet on weekdays. 51% of children aged 9-12 use social networks at least once a week, although the age limit for using Facebook and Instagram, which are the most popular, was 13 at the time (now 16). In terms of content, 29% of children saw bloody or violent images depicting people who harm other people or animals, 28% saw some type of sexual content, 26% saw hate messages attacking certain groups or individuals (for example people of a different colour, religion, nationality, or sexual orientation).²² However, the data are not disaggregated by gender and the report is missing gender analysis of the impact of digital and social media on girls and boys.

Gender-disaggregated data are in cyberbullying, where the Slovak National Centre for Human Rights²³ conducted research in schools in 2018. They found that 44.9% of girls spend most time on social networks and 26.4% at chats and 30.2% of boys play games and 26.7% of them are on social networks. There are differences between girls and boys in both the choice of activities and the time they spend online. According to the results, girls are also victims of cyberbullying more often than boys. The most common form of attacks are carried out via telephone and online applications from people whom they don't know, 19,5% of children had experienced ridicule or humiliation on social networks or chat apps.

IUVENTA - Slovak Youth Institute implemented the research project Youth and Media - Media Literacy of Young People in Slovakia but did not focus on their impact on the mental health of girls and boys.²⁴ The new Youth Strategy for 2021 - 2028 is currently in the comment legislative process. It also includes a part aimed at the mental health of young people and uses gender-disaggregated statistics. It also contains tasks that address the implications of social media for girls and boys.²⁵

In Slovakia, we have developed National Concept for the Protection of Children in the Digital Space, which was prepared by the National Coordination Centre for the

²² National Conception for the Protection of Children in the Digital Space
https://detstvobeznasilia.gov.sk/web_data/content/upload/subsubsub/2/narodna-koncepcia-ochrany-deti-v-digitalnom-priestore-1.pdf

²³ Slovak National human rights Centre. Prevention on solutions for bullying and cyberbullying of students http://www.snslp.sk/wp-content/uploads/Prevenicia_a_riesenie_sikanovania_a_kybersikanovania_ziakov.pdf

²⁴ National Conception for the Protection of Children in the Digital Space
https://detstvobeznasilia.gov.sk/web_data/content/upload/subsubsub/2/narodna-koncepcia-ochrany-deti-v-digitalnom-priestore-1.pdf

²⁵ <https://www.slov-lex.sk/legislativne-procesy/SK/LP/2021/681>

Protection of Children from Violence. Its duration is until 2025.²⁶ The main goal is to support effective measures in the areas of prevention, awareness-raising, suppression of cybercrime, education, research, law, political and institutional area, cooperation, and coordination at national and international level. A significant problem remains that Slovak legislation does not clearly define how to deal with and prosecute cases of child abuse in the digital space. The shift is that the crime of cyberbullying has recently been added to the Criminal Code. The concept does not specifically address the impact on their mental health, although some tasks provide a framework where similar topics and research tasks could be addressed but are not directly named. The concept itself is a good start how to tackle the problem although again it lacks a gender perspective.

The manager of the concept is the National Coordination Centre for the Protection of Children from Violence, which coordinates the fulfilment of the strategic goals of the Slovak Republic in the field of protection of children from violence, evaluates and updates government documents in the field of violence against children. It also implemented the Campaign to Raise Awareness of Violence against Children – “Protecting Children in the Digital Space” through five video spots, each focusing on a different form of digital space risk.²⁷

For example, due to the impact of the pandemic, the Ministry of Education issued COVID-19 Application Tool for the Prevention of Mental Health in Schools, which, however, lacks a gender perspective and does not address preventive activities in the digital media²⁸.

2. Comparison of Slovak situation with the Czech Republic and Sweden

The situation in Slovakia is close to the situation in the Czech Republic, there are also remains of the health care paternalistic system, and health care is provided through health insurance companies. On the other hand, the Czech Republic is slightly better off in terms of life expectancy and health, compared to Slovakia.

Within institutional care, Slovakia is relatively deinstitutionalised, compared to the Czech Republic. There are three hospitals in Slovakia, where the treatment lasts on average 4 months, of which two for adults and one for children, the largest with a capacity of 250 beds. Five specialised hospitals have a capacity of 260 to 480 beds, of which 40% in specialised wards. In the Czech Republic, psychiatric health care has

²⁶ National Coordination Centre for the Protection of Children from Violence.
<https://detstvobeznasilia.gov.sk/o-nas>

²⁷ Campaign. <https://www.youtube.com/channel/UCexGZsCQuf0ewGJDRuHOV0A>

²⁸ Application Tool for the Prevention of Mental Health in Schools.
<https://www.minedu.sk/data/att/20724.pdf>

historically been more concentrated in large institutions, and the reform is planning a significant shift from follow-up to acute beds.²⁹

Following the example of the Czech Republic, where they founded the Advisory board on Mental health in 2019, the Council of the Government of the Slovak Republic for Mental Health was established in Slovakia. However, it lacks greater involvement of NGOs and care recipients themselves.

Similarly, the Recovery plan of the Slovak Republic, foresees the creation of psycho-social centres (Mental Health Centres) according to the model of neighbouring countries that operate this network (Austria), or are just introducing it, as mentioned in the Czech administration, and wants to strengthen the community approach in mental health.

Unlike the Czech Republic, which has a National Institute for Mental Health, a special research institution in this topic is absent in Slovakia.

If we consider good practice of Sweden in the field of influence of digital media on mental health, as presented in their report, then such activities are absent in Slovakia. In Slovakia, there is the Media Council for Broadcasting and Retransmission³⁰, which is an administrative body that carries out state regulation in the field of radio and television broadcasting, retransmission, and the provision of audio-visual media services on request. However, it focuses more on law enforcement and does not carry out specific surveys about the influence of the media like the Media Council in Sweden does. Another problem is that digital and social media, and their control are not yet regulated in Slovakia, and the Slovak Council has no impact in this area.

No information is available on the mental health effects of pornography on boys and girls. The Ombudswomen has dealt with several issues related to children, such as the Commissioner for Children, but they have not addressed this issue and thus it remains as grey area in the field of working with children.

The introduction of sex education to Slovak schools is problematic, there is no comprehensive subject that deals with the topic comprehensively and provides young people with relevant information about sexuality, relationships, and consent. This is also because the topic is the subject of cultural backlash discussion in society, which prevents helping young people in this area and leaves them to information from digital media. The conservative NGOs, politicians and church are fighting against sex education in schools. The situation is partly replaced by non-governmental organisations such as the Planned Parenthood Society, Aspekt and others.

²⁹ The Value for Money Department. Mental health and state finance. 2020
https://www.mfsr.sk/files/archiv/9/Dusevne_zdravie_verejne_financie_UHP.pdf

³⁰ <http://www.rvr.sk/>

3. Conclusions and recommendations

In all current documents analysed for discussion paper, the gender perspective or any link to specific conditions reproducing gender inequality in mental health are non-existent. Gender mainstreaming in Slovak policies is minor, despite the National Strategy and Action Plan on Equality between Women and Men and Equal Opportunities for years 2021-2027. This also applies to health and mental health. At the same time, as in the Czech Republic, the data in Slovakia show a different situation of women and men in the field of mental health and the requirement to consider their specific needs. In recent decades, few investments have been made in improving institutional support as well as the quality of mental health care provision. This started changing only after the new government took office in 2020, which has aim to improve the situation. It created the Government Council for Mental Health and, as part of a recovery plan, decided to reform the mental health system, which could improve it and bring a modern and community way of working with women and men with mental health problems. Nevertheless, in the measures proposed so far, the gender perspective and gender analysis are again absent. In terms of gender inequalities, the emphasis is on the topics of prenatal and maternity care for women and women's reproductive and sexual rights. It is therefore that these rights are currently under constant threat, as lawmakers are regularly bringing new laws in parliament, which could worsen the current women's reproductive rights. This situation is lowering capacity of women's and feminist organisations to address other areas of health. Some representatives of the current government reject concepts such as gender equality and directly speak and conspire about gender ideology, so thanks to the conservative part of the political spectrum and the influence of the church, the gender perspective is erased from the prepared government documents. Unfortunately, formalism and ideology prevail over the real needs of people. Particularly little attention is paid to girls' and boys' mental health, although several studies indicate that girls perceive their health much worse than boys. There is also a lack of professional care, for example, for young transgender people who need it. In the area of the impact of digital media on the mental health of girls and boys, the situation is like that in Sweden, but data on their impact on mental health are lacking and the newly adopted National Concept for the Protection of Children in the Digital Space does not mention this area, although the framework for further research is made.

National level recommendations in the integration of a gender equality perspective in (mental) health policies

- involvement in the activities of the Government Council for Mental Health of organisations from the public and non-governmental sector, which are dedicated to gender equality and policies to balance gender inequality and gender-based violence;
- by the relevant bodies (Ministry of Health of the Slovak Republic, Government Council for Mental Health) prepare a Report focused on gender aspects and

inequalities in mental health and to take the necessary steps to apply a gender perspective in the provision of health care to women and men;

- when implementing the reforms defined in the Recovery Plan focus on mental health, ensure the application of the gender perspective when adopting measures, in established psycho-social centres. The specific needs of both women and men, as well as other minorities, (whether seniors, people from ethnic, especially marginalised Roma communities, people with disabilities, LGBTI people, etc.) should be taken into account;
- to implement gender-sensitive trainings within the framework of modern education of mental health workers;
- to strengthen research capacities in the field of mental health, and to apply gender research, either by creating a special institute or by including the topic in grant schemes, the work of the Slovak Academy of Sciences, VÚDPaP;
- pay special attention to the mental health of girls and boys, where the situation is alarming with the cooperation of several ministries and actors involved in the issue (Commissioner for Children, Public Defender of Rights, National Coordination Centre for Protection Children before violence).

Addressing potential negative effects of extensive digital and social media consumption on girls 'and boys' mental health in a gender-sensitive way:

- within the adopted strategy of the National Concept for the Protection of Children in the Digital Space, the implementation of research about the impact of digital and social media on the mental health of boys and girls, with a special focus on the impact of pornography and the adoption of preventive measures in education and aftercare;
- strengthening education in the field of sexuality, relationships, and consent in schools by relevant actors, introduction into the content curriculum for schools;
- the creation of a new Concept for Youth development, which would also consider the mental health issues of young people;
- address potential negative effects of extensive digital and social media consumption on girls' and boys' mental health in a gender-sensitive way;
- consider setting up a Digital and Social Media Council to address this issue as well.

European level recommendations

- conduct Europe-wide research and report on the mental health of women and men as well as other minorities;
- create a collection of good practices on how to apply the gender perspective in mental health in different countries;

- strengthen the topic in the financial schemes of the European Commission, create a space for networking;
- address potential negative effects of extensive digital and social media consumption on girls' and boys' mental health in a gender-sensitive way;
- implementation of a campaign to mitigate the impact of digital and social media on the girls' and boys' mental health;
- a Europe-wide survey and specific action plan to address and prevent the impact of digital and social media on the mental health of girls and boys.