

**Interreg
Danube Region**



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MEET

From Local Practice to Danube Strategy

FROM IDEAS TO CHANGE:

Mental Health Support for Young People

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Presenter

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Agenda

- 1. From Practice to Policy**
- 2. Key Findings: Pilot**
- 3. The Danube Strategy: What It Is & How It Was Built**
- 4. Recommendations for Systemic Change**
- 5. Key Takeaways**

From Practice to Policy

Pilots & Impact Assessment

What works on the ground?

Vulnerable youth across the Danube Region

learnings feed into



Danube Strategy

Co-developed based on project results & stakeholder consultations

Validated through two transnational policy forums

MEET in Numbers: Plan vs. Reality



"Young people lack a safe space to talk about stress, anxiety and relationships."

Extreme diversity: Tools were tested in Austrian low-threshold clubs (streetwork), Serbian mountains, Romanian schools with teenage mothers, and among Ukrainian youth affected by war.

Common denominator: Young people confirmed that they lack a safe space to talk about stress, anxiety, and relationships.

What the Field Taught Us

Huge hunger for the topic

Absolutely every partner reported that after 120 sessions, young people wanted more — more meetings, discussions, and tools.

The end of boring lectures

Disadvantaged youth respond to purely experiential methods (role-play, creative tasks, visual tools) and digital gamification.

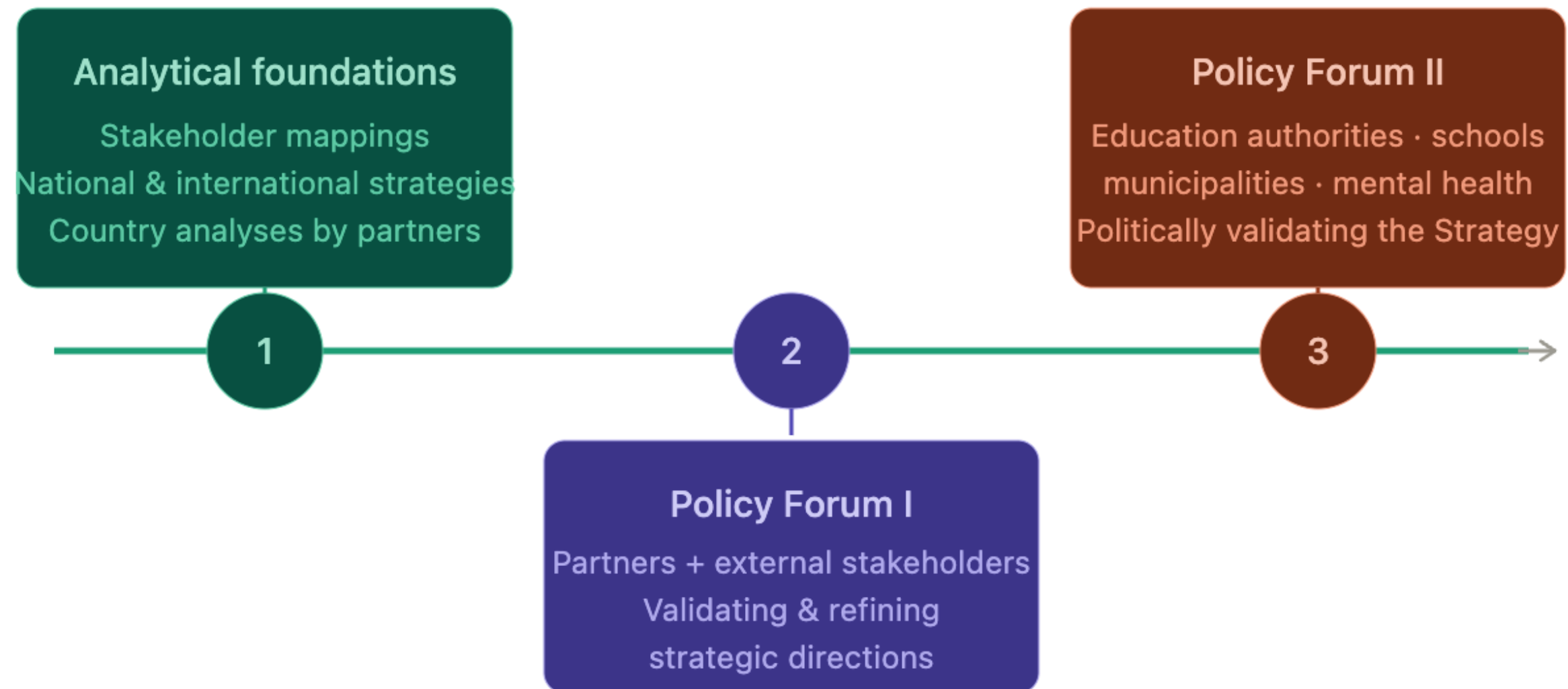
Movement as a "reset button"

Physical activities release tension and allow groups to even begin working with emotions.

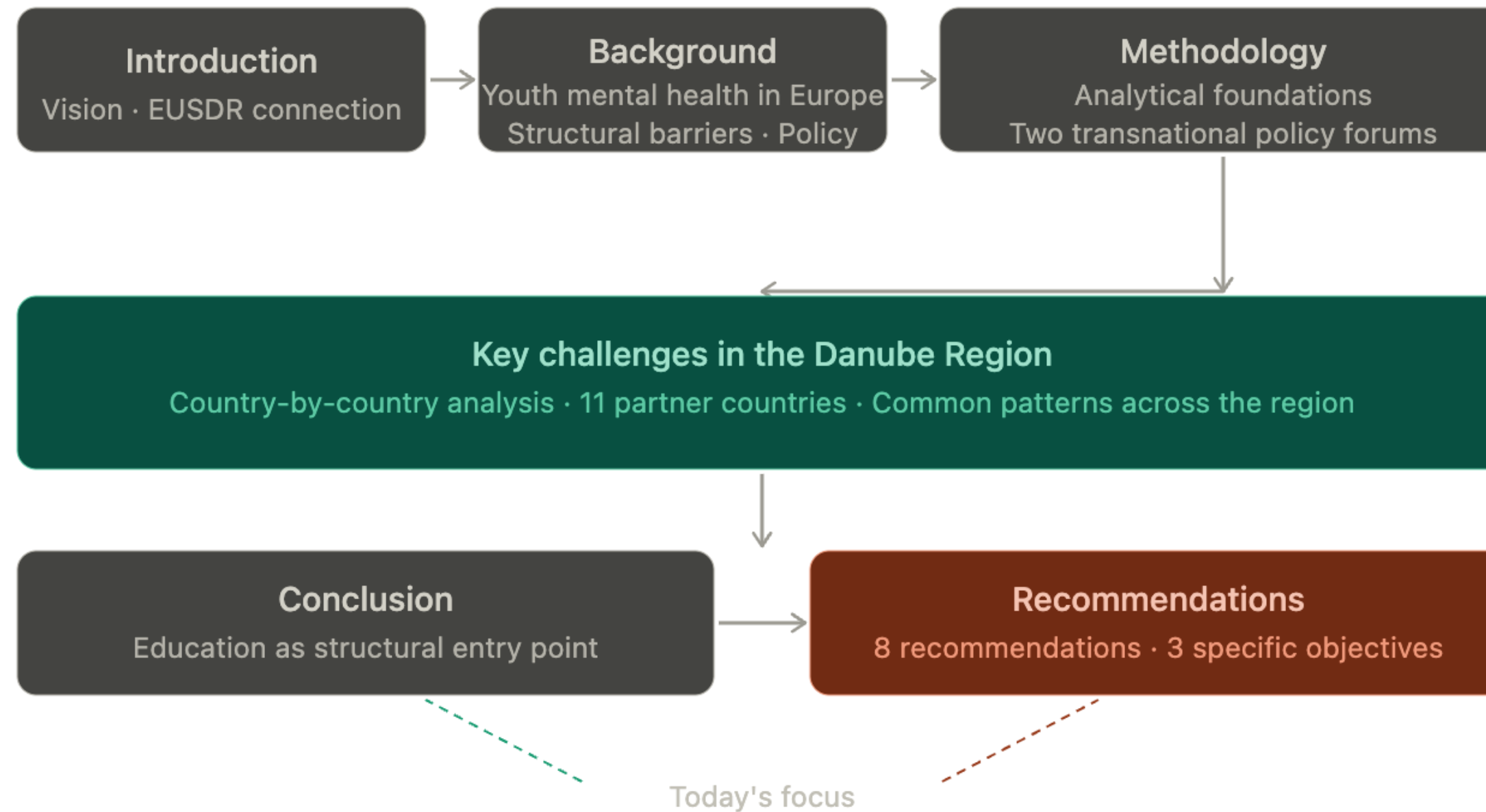
Psychological safety is decisive

The success of the tools does not depend on the tools themselves, but on creating a safe space. Only after building trust did the youth begin sharing deeply personal stories.

Co-creating the Danube Strategy: Methods and Process



What does the Strategy cover?



Common Patterns

1 — Distress is structural, not individual

Roma youth · NEETs · rural · migrant youth — poverty and exclusion as cumulative stressors

2 — Systems operate in crisis mode, without prevention

Support reaches young people only once distress has already escalated into visible symptoms

3 — Stigma is selective and structured along gender lines

Most prohibitive for boys, Roma youth and patriarchal communities — school psychologists avoided

4 — Teachers unprepared to handle psychosocial burdens

De facto frontline mental health responders — without training, tools or supervision

5 — Promising practices remain without institutionalisation

Peer support · community programmes · school pilots — project-based, unstable funding

Recommendations for Systemic Change

SO1 — Prevention and Education

- 1.1** **Embed prevention in formal and non-formal education from early age**
Move from reacting to crises toward early prevention — starting already in childhood
- 1.2** **Guarantee safe and stigma-free environments in education**
Especially for boys, Roma, migrant and LGBTIQ+ youth — without fear of judgement
- 1.3** **Invest in the real capacity of teachers and frontline professionals**
Not one-off trainings — ongoing supervision, practical tools and emotional support

Recommendations for Systemic Change

S02 — Cooperation and Systemic Change

- 2.1** Establish clear and coordinated support pathways across sectors
Schools, youth workers, child protection and mental health professionals — not in isolation
- 2.2** Embed successful approaches into long-term policy and funding structures
Beyond short project cycles — sustainability, national ownership, measurable impact

Recommendations for Systemic Change

S03 — Youth Support and Engagement

- 3.1** Bring support closer to the most vulnerable groups
Community-based, trust-building approaches — culturally and linguistically responsive
- 3.2** Foster commitment of decision-makers to meaningful youth engagement
Young people as partners and stakeholders — not recipients
- 3.3** Recognise and resource peer-led and youth-led initiatives
Most promising practices — yet least stable funding and weakest institutional recognition

Key Takeaways

Mental health is structural

Youth mental health is not an individual coping issue — it is shaped by poverty, exclusion and under-resourced systems. Structural problems need structural solutions.

Education is the entry point

Schools and non-formal settings are where risks become visible earliest — and where low-threshold prevention is most feasible. This is where change must begin.

Local knowledge scales up

The pilots, LAPs and this Strategy show that local practice can become regional policy — if given the right framework and sustained institutional support.

The capacity for change is here

Promising practices already exist across the region. What is missing is not ideas — it is systemic recognition, stable funding and long-term institutional embedding.

Thank you!

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