

Strengthen Youth Mental Health

Through Evidence-Informed Traditional, Complementary, and Integrative Medicine

Youth mental health has become one of the most urgent public health challenges in the WHO European Region. While access to mental health services remains insufficient and reliance on pharmacological interventions continues to increase, evidence-informed Traditional, Complementary and Integrative Medicine (TCIM) approaches offer additional opportunities for prevention, early intervention and person-centred care.

THE CHALLENGE

Youth mental health in WHO European region is in a critical crisis:

1 in 7
children and adolescents live with a mental health condition[1].

#1 cause of death
among young people aged 15–29 is suicide[1].

1 in 4
countries lack community-based mental health services for young people[2].

WHY TCIM?

A growing body of evidence highlights the potential of TCIM approaches and practices to support young people's mental health across prevention, early intervention, and clinical care.

Depression & anxiety	• Structured yoga and mindfulness-based interventions in school settings reduce anxiety and depressive symptoms[3,4]. • Nature-based exposure and mindfulness may ease climate-related eco-distress and support relaxation[5]. • Traditional Chinese Medicine (TCM) practices, including Tai Chi and Qigong, effectively reduce depressive symptoms in young adults[6].
Trauma-exposed youth	• Somatic and expressive mind-body therapies may lower physiological arousal and symptoms of Post-Traumatic Stress Disorder (PTSD) symptoms[7]. • Trauma-focused acupuncture protocols show promising early results[8].
Attention & neuro development	• School-based yoga shows positive effects on attention and executive function[9]. • Individualized homeopathy showed promising results in improving emotional, attentional, and behavioral disorders in children and adolescents[10,11]

Therefore, and in line with the *WHO Global Traditional Medicine Strategy 2025-2034*[12] and the *WHO global research priorities and agenda for TCIM 2025–2034*[13], which identifies youth mental health as a high-burden clinical priority, and supported by a recently published paper representing academic consortia called for the evidence-informed integration of TCIM into mainstream healthcare systems[14].

EUROCAM calls on Europe's policy makers and the WHO Regional Office for Europe to:

1. **Support the integration of TCIM as a core pillar for mental health promotion, prevention, and well-being in the upcoming regional strategy:**
   "Toward a strategy and action plan for tackling noncommunicable diseases and advancing well-being through health promotion in the WHO European Region 2027–2037" (document EUR/SC33(4)/7).
2. **Include low-threshold TCIM practices in school and community frameworks for mental health support.**
3. **Encourage interdisciplinary research and the development of standardised research protocols on TCIM for youth mental health.**



ABOUT EUROCAM

EUROCAM is the European foundation uniting umbrella organisations of patients, physicians, practitioners, and veterinarians in the Traditional, Complementary, and Integrative Healthcare (TCIH) sector. EUROCAM represents acupuncture, Ayurveda, anthroposophic medicine, herbal medicine, homeopathic medicine, naturopathic or traditional European medicine, reiki therapy, and traditional Chinese Medicine. The practice of TCIH modalities is based on clinical expertise and the best available clinical evidence from scientific research built over the last few decades.

1. **WHO Europe (2025)**. Addressing digital determinants of youth mental health and well-being: Policy brief. World Health Organization Regional Office for Europe. [WHO IRIS: 10665/381496]
2. **OECD (2026)**. Child, adolescent and youth mental health in the 21st century. OECD Publishing. [DOI: 10.1787/1092c3cb-en]
3. **AAP (2016)**. Mind-body therapies in children and youth. Pediatrics, 138(3). [DOI: 10.1542/peds.2016-1896]
4. **Volanen et al. (2020)**. Healthy Learning Mind – Effectiveness of a mindfulness program in schools. J Affect Disord, 260. [DOI: 10.1016/j.jad.2019.08.087]
5. **Argyriadis et al. (2024)**. Outdoor nature mindfulness and youth mental well-being: A cross-cultural approach. Mat Soc-Med, 36(1). [DOI: 10.5455/msm.2024.36.73-76]
6. **Yao et al. (2025)**. TCM intervention methods for depression among college students: A review. Front Psychol, 15. [DOI: 10.3389/fpsyg.2024.1506965]
7. **Grasser & Marusak (2023)**. Mind-body interventions to address growing mental health needs among youth. Ment Health Sci, 1(2). [DOI: 10.1002/mhs2.16]
8. **Schottdorf & Musil (2026)**. Exposure-based trauma acupuncture in children (EX.TRACT). Dtsch Z Akupunkt, 69(3). [DOI: 10.1007/s15009-026-0331-5]
9. **Hart et al. (2022)**. Scoping review of yoga in schools: Mental health and cognitive outcomes in neurotypical and neurodiverse youth. Children, 9(6). [DOI: 10.3390/children9060849]
10. **Fibert et al. (2016)**. Pragmatic randomised controlled trial of homeopathic care for ADHD in children. BMC Complement Altern Med, 16(115). [DOI: 10.1186/s12906-016-1104-2]
11. **Gilla et al. (2023)**. Scoping review of homeopathic literature in child psychiatry. Indian J Res Homoeopathy, 17(3).
12. **WHO (2025)**. WHO global traditional medicine strategy 2025–2034. World Health Organization. [WHO IRIS: 10665/383310]
13. **WHO (2026)**. WHO global research priorities and agenda for traditional, complementary and integrative medicine 2025–2034. World Health Organization. [WHO IRIS: 10665/383310]
14. **Hoenders et al. (2024)**. Academic consortia review of WHO strategy on traditional, complementary, and integrative medicine. Front Med, 11. [DOI: 10.3389/fmed.2024.1395698]