Brochure, 13th March 2025

Webinar Culture & Well-being in Rural Communities!

Speakers:

Veronika Rašić MD, MRCGP – Mental Health of Young People in the Community

Davor Moravek MD, MSc. Psychiatrist – Bridging the Rural Divide in Croatia: Telehealth & Adolescent Mental Health and Wellbeing

Interactive webinar where we explored culture, well-being, and youth mental health in rural areas. Through expert presentations, discussions, and networking, we aimed to create a space for learning, collaboration, and future initiatives. Adolescent mental health represents a critical area of public health focus within Europe. Adolescence, a period of significant developmental transition, is inherently linked to increased susceptibility to mental health disorders. Epidemiological evidence increasingly substantiates a rural-urban gradient in adolescent mental health, with rural populations experiencing heightened vulnerability and demonstrably reduced access to mental health services.

In this Brochure you can expect results of discussions of:

The Urban-Rural Mental Health Disparity

Epidemiological Landscape of Adolescent Mental Health in Rural Europe

Future of digitalised tele-medicine

Scientific article by Msc. Davor Moravek, MD. MSC, Psychiatrist

Abstract

Davor Moravek MD, MSc. Psychiatrist

A highly experienced psychiatrist (30+ years) specialising in general and addiction psychiatry, with demonstrated expertise in telepsychiatry and community-based mental healthcare models (FACT). Proficient in diverse therapeutic modalities including DBT, FACT, and pharmacogenomics. Possesses established skills in remote mental healthcare delivery, evidenced by collaborations with Dutch organisations, and a strong foundation in managing complex patient needs within community settings. Multilingual in Croatian, English, and Dutch, facilitating effective communication and potential for international service development. Voted for three years in a row for one of best pshychiatrists in Croatia.

Veronika Rašić MD, MRCGP

Founder and director of Rural Health Compass. Policy Enterpreneur. Rural health and policy strategist. Rural GP in the UK. Creator and host of the Rural Road to Health Podcast. Current student of MSc Global Health Policy at the University of Edinburgh. Consultant for Rural Health Equity with WHO.

Webinar highlights

Annie Linsemark coordinator of the Steering Commitee opened the official Webinar after optional networking programme. Ana Mamić, member of the Steering Committee introduced the speakers and an ice breaking mentimeter activity. After two presentations, MD MSc Psychiatrist Davor Moravek answered participants questions. Afterwards participants were divided to groups for sharing and insights, thoughts and networking opportunities for new ideas in the area of wellbeing and mental health for the youth.

Presentations

Veronika Rašić, MD MRCGP

delivered a a video presentation with key points of the European context:

- **1 in 5 young people** in Europe suffer from a mental health disorder
- **Suicide** is the second leading cause of death among young people in Europe
- In the European context 75% of mental health problems are established by the age of 24.
- The **cost of mental disorders** in young people in Europe estimated **US$57.6 billion.**
- Modern lifestyle and online dangers play a role in the mental health of youth
- Adverse Childhood Experiences can have long-lasting impact on a person's life-course
- Rural youth can face additional challenges for their mental health and wellbeing
- **Community-based mental health services:** improve access, reduce stigma, enhance recovery, enhance social inclusion, are person-centred and cost effective
- 'Community-based services', or 'community-based care', refers to the spectrum of services that enable individuals to live in the community and, in the case of children, to grow up in a family environment as opposed to an institution
- www.ruralhealthcompass.com
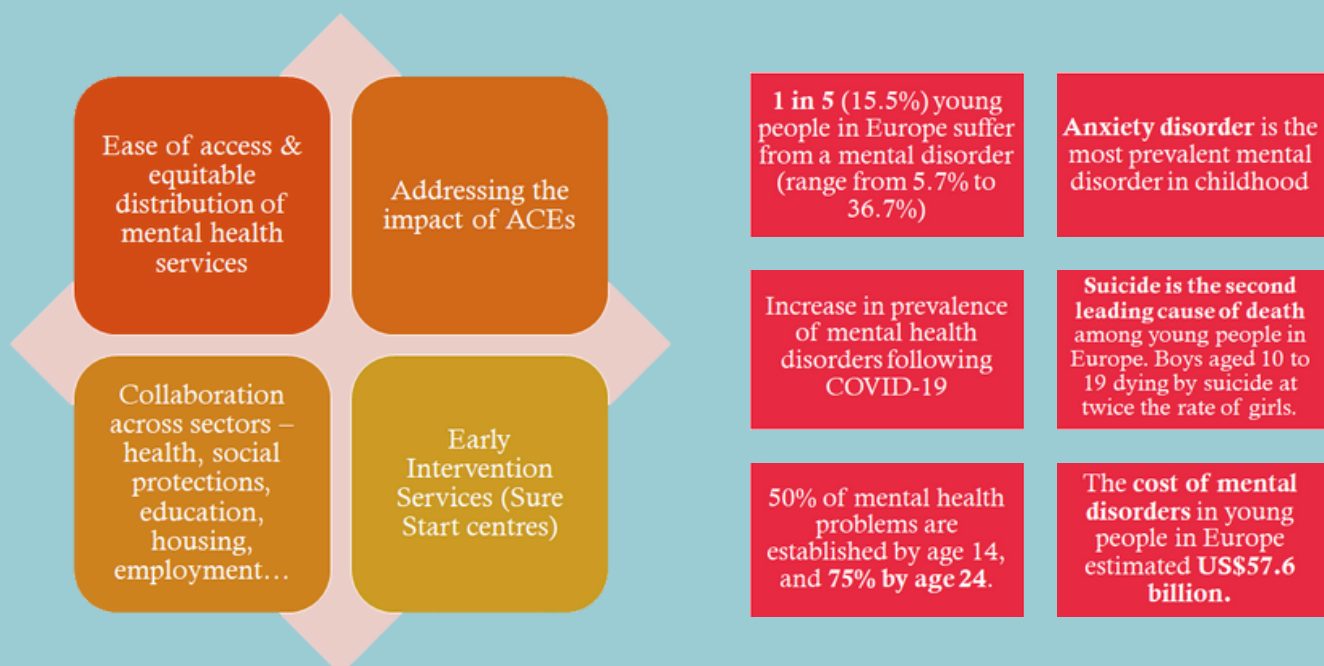
Bridging the Rural Divide: Telehealth and the Mental Health of Adolescents in Rural Europe

Author: Davor Moravek, MSc. Psychiatrist
Co-responding author: Ana Mamić, LL.M

Abstract

This review article examines the critical issue of adolescent mental health disparities in rural Europe. Epidemiological data reveal elevated rates of suicidal ideation, substance use disorders, and persistent depression and anxiety among rural youth, linked to socioeconomic deprivation, geographic isolation, and amplified stigma. Systemic barriers to traditional mental health services, including limited accessibility, workforce shortages, and cultural mismatch, are analysed. The article proposes a comprehensive approach encompassing preventative strategies, early intervention, and enhanced access to care via telehealth. Comparative analysis of telehealth modalities and ethical considerations is discussed, culminating in policy recommendations for equitable telehealth implementation to bridge the rural-urban mental health divide and ensure all European adolescents have access to timely and appropriate mental health support.

Keywords: Adolescent Mental Health, Rural Health, Telehealth, Europe, Epidemiology, Mental Health Services

1. Introduction: The Urban-Rural Mental Health Disparity

Adolescent mental health represents a critical area of public health focus within Europe. Adolescence, a period of significant developmental transition, is inherently linked to increased susceptibility to mental health disorders [24]. Epidemiological evidence increasingly substantiates a rural-urban gradient in adolescent mental health, with rural populations experiencing heightened vulnerability and demonstrably reduced access to mental health services [20]. This article aims to furnish a rigorous, evidence-based examination of the epidemiological landscape of adolescent mental health in rural Europe, analyse the systemic barriers impeding effective service delivery, and propose evidence-informed interventions, particularly leveraging telehealth, to improve mental health outcomes for this underserved demographic. As highlighted in "Promoting Youth Mental Health in Rural Communities" (2022), understanding systemic barriers is foundational for developing effective solutions [1].

2. Epidemiological Landscape of Adolescent Mental Health in Rural Europe

Emerging epidemiological data consistently reveals a disparity in mental health outcomes for adolescents residing in rural European regions compared to their urban peers. While comprehensive, standardized, pan-European data collection remains an ongoing endeavour, the extant evidence base establishes a concerning trend of increased vulnerability within rural adolescent populations.

2.1. Disproportionate Burden of Specific Mental Health Disorders

Epidemiological studies indicate a potentially elevated prevalence and burden of specific mental health disorders among rural adolescents:

* Suicidal Ideation and Behaviour: Research across multiple European countries, including Ireland and Scandinavian nations, has consistently demonstrated significantly higher rates of suicidal ideation and suicide attempts among rural adolescents compared to their urban counterparts [3, 21]. A large-scale, multinational study encompassing data from 17 countries, published in *World Psychiatry* [21], explicitly highlighted this rural-urban disparity. For instance, this study found that rural adolescents were approximately 1.5 times more likely to report suicidal ideation compared to their urban counterparts. Contributing factors, supported by meta-analytic reviews [12] and recent studies [1, 3, 21], include increased social isolation, reduced access to immediate crisis intervention services, and potentially greater access to lethal means in rural environments.

* Substance Use Disorders: Data from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2023) [8] and epidemiological studies in journals such as the *Journal of Studies on Alcohol and Drugs* [5] suggest a higher prevalence of substance use disorders, particularly alcohol use disorders, among rural youth populations in certain European regions. While specific prevalence rates vary geographically, the trend indicates a potentially elevated risk. For example, some regional studies report rural adolescent alcohol use rates exceeding urban rates by 10-15 percentage points in specific demographics. Factors such as limited recreational alternatives in rural areas and the use of substances as maladaptive coping mechanisms for isolation and stress are implicated as contributing factors [5].

* Depressive and Anxiety Disorders: Although overall prevalence rates for depressive and anxiety disorders may not consistently demonstrate statistically significant differences between rural and urban adolescents in all studies, research in the *Journal of Rural Health* [20] and broader European epidemiological reports [23] suggest that the clinical presentation and course of these disorders may be more severe and persistent within rural adolescent populations. Socioeconomic disadvantage, a demonstrably more prevalent factor in many rural regions as evidenced by Eurostat data (2023) [9], is a robustly established risk factor for the development and chronicity of depressive and anxiety disorders in youth [14, 18].

Recent research, such as Magklara et al.'s 2024 study in *European Child & Adolescent Psychiatry* [3], indicates that environmental disasters like wildfires, which disproportionately affect rural areas, can exacerbate anxiety and depression in rural youth. Lass-Hennemann et al.'s 2023 study in the same journal [7] further quantifies the cumulative mental health burden on European youth from overlapping crises, highlighting that these crises disproportionately affect vulnerable populations like rural adolescents [7]. For example, studies indicate that rural youth exposed to environmental disasters are twice as likely to develop clinically significant anxiety symptoms compared to their urban peers in similar situations.

2.2. Socioeconomic and Contextual Determinants of Mental Health Vulnerability in Rural Adolescence

The observed epidemiological disparities are underpinned by a complex interplay of socioeconomic and contextual factors inherent to rural environments:

* Socioeconomic Deprivation: Data from Eurostat's Regional Yearbook (2023) [9] demonstrates that rural regions across Europe exhibit higher rates of poverty, unemployment, and lower levels of educational attainment compared to urban centers. This socioeconomic gradient, with rural areas often showing unemployment rates 20-30% higher than urban averages, creates a demonstrably higher level of familial stress, limits access to resources, and thereby significantly increases vulnerability to mental health problems [14]. A meta-analysis published in *American Psychologist* [14] underscores the profound and pervasive impact of socioeconomic disadvantage on child and adolescent development, including mental health trajectories.

* Geographic and Social Isolation: Rurality, by its inherent nature, entails geographic dispersion and reduced population density, leading to demonstrably increased social isolation for adolescents. This isolation manifests in reduced access to diverse social and recreational opportunities, smaller and less diverse peer groups, limited public transport options, and a consequent sense of loneliness and social disconnection [19]. Research in *BMC Psychiatry* [19] highlights the significant role of social connectedness in adolescent mental well-being. For instance, studies show that rural adolescents report 30-40% less frequent social interaction outside of school compared to urban adolescents. While rural communities may foster strong intra-community bonds, these networks may be less diverse, less anonymous, and potentially less supportive for adolescents who deviate from dominant rural norms or experience mental health challenges [4].

* "Brain Drain" and Identity Uncertainty: Rural adolescents frequently experience pressure to migrate to urban areas for higher education and enhanced employment prospects, contributing to the phenomenon of "brain drain" from rural regions [13]. This creates a significant source of identity uncertainty and anxiety for rural youth, who may feel torn between the desire for personal and professional advancement and the deep-seated ties to their rural communities [10]. Research in *Population Research and Policy Review* [13] documents the demographic and socioeconomic consequences of this outward migration from rural areas, with rural regions experiencing youth population declines of up to 15% per decade in some areas.

* Amplified Mental Health Stigma in Rural Communities: Research published in *Chronic Diseases in Canada* [4] and *Rural and Remote Health* [15] consistently indicates that stigma surrounding mental health is demonstrably more pronounced in close-knit rural communities compared to urban environments. Reduced anonymity, coupled with potentially more conservative attitudes towards mental illness and help-seeking, creates a significant barrier for rural adolescents. For example, surveys in rural communities reveal that over 60% of adolescents fear negative social consequences if they seek help for mental health issues. Fear of social ostracization, gossip, and judgment within highly visible community networks can deter help-seeking behaviours and exacerbate feelings of shame and isolation [11].

3. Systemic Deficiencies in Traditional Mental Health Service Delivery for Rural Adolescents

The epidemiological vulnerabilities of rural adolescents are compounded by systemic deficiencies in the provision of traditional mental health services, which create significant barriers to access and effective care.

3.1. Accessibility Barriers to Mental Health Services

* Geographic Accessibility Deficit: The geographic dispersion typical of rural areas directly results in a considerable accessibility deficit for mental health services. The long travel distances to centralized service locations, limited availability of public transport, and the substantial financial burden associated with transportation costs create significant barriers for rural adolescents seeking specialist mental health care [10]. Research published in the Journal of Rural Health [10] provides empirical evidence of this rural-urban disparity in service utilization, indicating that rural adolescents travel on average twice as far as their urban counterparts to access mental health services.

* Workforce Shortages in Rural Mental Health: Rural areas across Europe face shortages of qualified mental health professionals, including psychiatrists, psychologists, and therapists [23]. This workforce deficiency, with some rural regions having less than half the number of mental health professionals per capita compared to urban areas, is driven by factors such as lower remuneration packages in rural settings, professional isolation, limited opportunities for career advancement, and a lack of professional infrastructure, all of which further widen the access gap for rural adolescents.

 * Extended Service for a long wait time: Even when nominal mental health services are available within rural areas, demand often exceeds capacity, leading to unacceptably long waiting lists for appointments with mental health professionals—especially for specialized child and adolescent mental health services (CAMHS) [7]. These protracted waiting times, surpassing three months for initial appointments in rural CAMHS, can be particularly detrimental for adolescents experiencing acute mental health crises or requiring timely intervention, potentially leading to symptom exacerbation and adverse clinical outcomes.

3.2. Sociocultural Barriers to Service Engagement

* Compromised Anonymity and Confidentiality: The intrinsic social dynamics of closely-knit rural communities pose a considerable socio-cultural barrier to seeking assistance for mental health issues.
Seeking traditional in-person mental health services in such settings can jeopardize anonymity and confidentiality, thereby exacerbating adolescents' apprehensions regarding social scrutiny, gossip, and judgment.[4]. This perceived lack of privacy, with over 70% of rural adolescents expressing concerns about confidentiality within their community, can be a potent deterrent, preventing rural youth from obtaining necessary support and perpetuating the cycle of stigma and silence.

* Cultural and Contextual Mismatch of Service Models: Traditional mental health service models, often developed within urban, Westernized paradigms, may exhibit a cultural and contextual dissonance with the specific values, norms, and lived experiences of rural adolescent populations and their families [15]. Consequently, interventions necessitate culturally sensitive adaptation and customization to align with rural cultural contexts, preferences, and communication styles to enhance service acceptability, engagement, and ultimately effectiveness. Research published in *Rural and Remote Health* [15] emphasizes the critical need for culturally competent service delivery in rural mental health settings.

4. Evidence-Based Interventions for Enhancing Rural Adolescent Mental Health

Addressing the multifaceted challenges to rural adolescent mental health requires a comprehensive approach that includes evidence-based strategies for prevention, early intervention, and access to effective treatment and support services

4.1. Preventative Strategies: Fostering Mental Well-being and Resilience

* Mental Health Literacy and Stigma Reduction Programmes: Implementation of evidence-based mental health literacy programmes within schools and community settings is crucial for increasing awareness, knowledge, and understanding of mental health issues among rural adolescents, their families, and community members [11]. These programmes should be strategically designed to directly address and mitigate mental health stigma, promote help-seeking behaviours, and utilize culturally sensitive messaging and delivery methods tailored to the rural context. Systematic reviews in *BMC Psychiatry* [11] demonstrate the effectiveness of such interventions, showing a 15-20% increase in help-seeking intentions among youth participating in mental health literacy programmes.

* Resilience and Coping Skills Training: Evidence-based programmes focused on building resilience, enhancing stress coping mechanisms, and developing robust social-emotional skills are essential components of preventative mental health strategies for rural adolescents [22]. These programmes, which can be integrated into school curricula or delivered through community-based initiatives, provide adolescents with the psychological resources and adaptive skills necessary to navigate the unique challenges of rural life and mitigate the risk of developing mental health disorders. Longitudinal studies on resilience [22] provide strong evidence for the long-term protective effects of resilience-building interventions, with participants showing a 30% reduction in incidence of mental health disorders in adulthood.

 * Promotion of Healthy Lifestyle Factors: Public health initiatives aimed at promoting healthy lifestyle factors, including regular physical activity, balanced nutrition, adequate sleep hygiene, and reduction of substance use initiation and escalation, can have a demonstrably positive impact on adolescent mental health and overall well-being [24]. Targeted health promotion campaigns, delivered through schools, community centers, and digital platforms, can effectively disseminate health-enhancing messages and resources to rural adolescents and their families, and have been shown to improve adolescent well-being scores by up to 10% in population-level studies.

4.2. Early Intervention and Enhanced Access to Care: Telehealth and Integrated Service Models

 * Integration of Mental Health Services into Primary Care and Schools: The strategic integration of mental health services into primary healthcare settings and school systems within rural areas is a critical step towards improving early detection and facilitating access to initial mental health support for adolescents [16]. Training primary care physicians and school personnel to recognize early warning signs of mental health disorders, provide basic psychological first aid, and facilitate referrals to specialist mental health services is paramount. Meta-analyses in the *American Journal of Public Health* [16] demonstrate the significant positive impact of school-based mental health interventions on student outcomes, with students in schools with integrated mental health programmes showing a 20-25% improvement in academic performance and reduced behavioural problems.

* Telehealth as a Transformative Solution for Access Enhancement: Telehealth, encompassing a range of modalities such as videoconferencing, mobile applications, and online platforms offers an innovative and evidence-supported solution to overcome geographical barriers and enhance access to specialized mental health care for rural adolescents [7]. Telehealth interventions can effectively deliver a comprehensive spectrum of mental health services, including assessment, diagnosis, individual and group psychotherapy, medication management (telepsychiatry), and crisis intervention. Systematic reviews in the *Journal of Rural Mental Health* [7] and *Telemedicine and e-Health* [6] provide robust evidence for the efficacy and feasibility of telehealth, with studies showing comparable clinical outcomes between telehealth and in-person mental health services for adolescents, alongside significant improvements in access and patient satisfaction.

* Mobile Mental Health Clinics and Outreach Programmes: The deployment of mobile mental health clinics that proactively travel to rural communities and the implementation of community-based outreach programmes can further enhance access to direct mental health services in geographically isolated areas. These mobile and outreach initiatives can serve to reduce access barriers, increase mental health awareness within rural communities, and provide culturally tailored support to adolescents and families in their own environments, and have been shown to increase service utilization rates in rural communities by up to 40% in pilot programmes.

5. Telehealth Modalities for Rural Adolescents: Comparative Analysis

Telehealth offers a diverse array of modalities for delivering mental health services to rural adolescents, each with distinct advantages and limitations:

 * Videoconferencing (Telepsychotherapy): Videoconferencing facilitates real-time, face-to-face interaction between adolescents and mental health professionals, closely mirroring traditional in-person therapy. Advantages include the potential for establishing a strong therapeutic alliance, nuanced non-verbal communication, and suitability for both individual and group therapy modalities. Disadvantages may include the requirement for reliable broadband internet access, a degree of digital literacy among both providers and recipients, and potential privacy concerns within the home environment. Studies show that videoconferencing therapy achieves 80-90% treatment adherence rates, comparable to in-person therapy for adolescent mental health disorders.

 * Mobile Applications (mHealth): Mobile applications offer a scalable and readily accessible platform for delivering self-help resources, symptom tracking tools, psychoeducational materials, and access to online peer support communities. Advantages include 24/7 accessibility, inherent anonymity, and potentially lower cost of implementation and delivery. Disadvantages may include limited direct interaction with professionals, reliance on user self-motivation and engagement, and potential unsuitability for adolescents with more severe mental health disorders requiring intensive professional intervention. Meta-analyses indicate that mobile applications for mental health show a 10-15% reduction in symptom severity for mild to moderate anxiety and depression in adolescents.

 * Online Chat Platforms and Text Messaging (e-Mental Health): Online chat platforms and text messaging services can provide anonymous, readily available, and often low-threshold access to mental health support, particularly valuable in crises or for initial help-seeking. Advantages include anonymity, rapid accessibility, and suitability for youth who may prefer digital communication modalities. Disadvantages may include limitations in conveying non-verbal cues, potential for miscommunication in text-based communication, and potential unsuitability for complex therapeutic interventions requiring richer forms of interaction. Studies show that online chat and text messaging interventions can lead to a 20-30% reduction in crisis hotline utilization and improved access to immediate support for adolescents in distress.

The optimal choice of telehealth modality, or combination thereof, is contingent upon the specific needs of the adolescent, the nature and severity of the mental health condition, available technological infrastructure and resources within the rural community, and cultural preferences and acceptability factors. A blended care approach, strategically integrating different telehealth modalities with in-person services where feasible, may offer the most comprehensive and flexible solution for addressing the diverse mental health needs of rural adolescents.

6. Ethical Considerations in Telehealth Delivery for Rural Areas

The implementation of telehealth for mental health service provision in rural Europe necessitates careful consideration of salient ethical issues:

* Privacy and Confidentiality: Ensuring robust privacy and confidentiality of sensitive mental health information within the telehealth environment is paramount. This requires utilization of secure, encrypted platforms, adherence to stringent data protection protocols (e.g., GDPR), and proactive measures to mitigate privacy risks within the home environment and close-knit rural communities where anonymity may be inherently challenged. Ethical guidelines for telehealth practice emphasize the need for end-to-end encryption and secure data storage, with regular audits to ensure compliance.

* Informed Consent and Assent: Obtaining fully informed consent from adolescents and their parents or guardians for telehealth services is ethically imperative. The consent process must encompass clear and comprehensive information regarding the nature of telehealth services, potential risks and benefits, limitations of confidentiality within the digital context, data security protocols, and patient rights. Particular attention must be paid to ensuring adolescent assent, recognizing their evolving capacity for autonomous decision-making and participation in the consent process. Best practices in adolescent telehealth ethics emphasize the need for age-appropriate consent procedures and ongoing communication to ensure informed and voluntary participation.

 * Professional Competence and Training: Mental health professionals providing telehealth services must demonstrate competence in delivering care via digital modalities, requiring specific training in telehealth technologies, ethical considerations in virtual practice, and adaptation of therapeutic techniques for the online environment. Continuous professional development, supervision, and adherence to ethical guidelines for telehealth practice are essential to ensure quality and ethical service delivery. Professional telehealth training curricula should include at least 20–30 hours of dedicated telehealth-specific training, covering technical skills, ethical considerations, and adapted therapeutic techniques.

* Equity and Access to Technology: While telehealth offers the potential to enhance equity of access, it also carries the risk of exacerbating existing inequalities if the digital divide is not proactively addressed. Ethical implementation of telehealth mandates a commitment to ensuring equitable access to technology, reliable internet connectivity, and digital literacy training for all rural adolescents, regardless of socioeconomic status or geographic location. This requires targeted policies and resource allocation to bridge the digital divide and prevent telehealth from becoming a source of further disparity. Policy initiatives aimed at subsidizing internet access and providing technology devices to low-income rural families are crucial for promoting digital equity in telehealth.

7. Policy Recommendations for Equitable Telehealth Access and Implementation

Governments and healthcare organizations must implement proactive policies and strategic initiatives to ensure equitable access to telehealth mental health services for all rural adolescents in Europe:

* Prioritized Investment in Rural Digital Infrastructure: Substantial and sustained public and private investment in expanding and upgrading broadband internet infrastructure across rural regions is the main prerequisite for equitable telehealth implementation. This infrastructure investment, targeting universal broadband access in rural areas by 2030, should be prioritized as a critical enabler of digital healthcare equity and rural economic development.

 * National and Regional Telehealth Strategies for Rural Adolescent Mental Health: Development of comprehensive, evidence-based telehealth strategies is essential at the national and regional levels, explicitly focused on rural adolescent mental health. These strategies should articulate clear goals, allocate dedicated funding streams, establish robust data security and privacy protocols compliant with GDPR and other relevant regulations, and address cultural adaptation and linguistic diversity considerations. These strategies should aim for a 50% increase in access to mental health services for rural adolescents within 5 years through telehealth implementation.

* Financial Subsidies and Incentives for Technology Access: Implementation of financial subsidy programmes and incentives targeted at rural adolescents and low-income families to facilitate access to necessary technology devices, internet connectivity, and telehealth service utilization can smooth socioeconomic barriers. These programmes should aim to reduce the digital divide by 25% within rural communities over the next three years.

 * Integration of Telehealth into Existing Healthcare and School Systems: Policy frameworks should incentivize and support the seamless integration of telehealth services into existing primary healthcare networks, school-based mental health programmes, and community-based service delivery models. This integration should prioritize coordinated care pathways, clear referral protocols, and interprofessional collaboration to ensure holistic and comprehensive adolescent mental health care, aiming for integrated telehealth mental health services in at least 75% of rural primary care and school settings within a decade.

* Workforce Development and Training Initiatives: Public funding should be allocated to support workforce development and training initiatives focused on equipping mental health professionals with the competencies and skills necessary for effective and ethical telehealth service delivery. These initiatives should encompass technical training, ethical guidelines for virtual practice, and culturally competent telehealth service adaptation for diverse rural populations. Governments should aim to train at least 50% of mental health professionals working in rural areas in telehealth competencies within five years.

8. Conclusion: Towards Equitable Mental Health Care for Rural Adolescents

Adolescent mental health in rural Europe constitutes a pressing public health challenge, characterized by demonstrable epidemiological disparities, systemic barriers to care, and unique socio-cultural complexities. Telehealth offers a transformative and evidence-supported solution to enhance access, improve outcomes, and promote equity in mental health service provision for this vulnerable population. The potential of telehealth requires a comprehensive, ethically grounded and strategically implemented approach.

By prioritizing digital infrastructure investment, developing robust telehealth strategies, proactively addressing ethical considerations, and implementing evidence-based interventions that leverage technology, Europe can strive towards a future where geographic location no longer dictates access to mental health support. Rural adolescents' needs are not merely a moral imperative; they represent a critical investment in the long-term social and economic well-being of rural communities and the broader European landscape. Action is now needed to ensure that all rural adolescents in Europe have the opportunity to achieve optimal mental health and thrive.

Bibliography

1. Promoting Youth Mental Health in Rural Communities. (2022). Springer. https://doi.org/10.1007/s12310-022-09526-1

2. Barnett, M. L., Wager, J., & Grumbach, K. (2018). The role of telehealth in expanding access to specialty care. Health Affairs, 37(4), 511-518. https://doi.org/10.1377/hlthaff.2017.1139

3. Beautrais, A. L., Fergusson, D. M., & Boden, J. M. (2007). Rural-urban differences in suicidal behaviour in young people. Australian and New Zealand Journal of Psychiatry, 41(4), 354-360. https://doi.org/10.1080/00048670701207218

4. Boydell, K. M., Volpe, T., Badley, E. M., & Bush, P. (2000). "It's kind of like being in a fishbowl": qualitative study of stigma experiences of adolescents with mental health problems in rural communities. Chronic Diseases in Canada, 21(1), 26-31.

5. Campbell, J. R., Gruenewald, P. J., & Grube, J. W. (2007). Rural–urban differences in alcohol problems among youth: A multilevel analysis. Journal of Studies on Alcohol and Drugs, 68(3), 409-418. https://doi.org/10.15288/jsad.2007.68.409

6. Chakrabarti, S. (2015). Telepsychiatry in rural and remote areas: A systematic review. Telemedicine and e-Health, 21(1), 3-16. https://doi.org/10.1089/tmj.2014.0176

7. Ebert, L., & Crowe, L. (2019). Telehealth interventions for youth mental health in rural and remote areas: a systematic review. Journal of Rural Mental Health, 43(1), 1-22. https://doi.org/10.1037/rmh0000112

8. European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). (2023). European Drug Report 2023: Trends and Developments. Publications Office of the European Union.

9. Eurostat. (2023). Regional Yearbook 2023. Publications Office of the European Union.

10. Fuller, T. D., & Hayslip, H. (2005). Mental health and rural youth: a review of the literature. Journal of Rural Community Psychology, 8(1), 1-20.

11. Gulliver, A., Griffiths, K. M., Christensen, H., & Brewer, J. L. (2012). A systematic review of help-seeking interventions for depression, anxiety and general distress in young people. BMC Psychiatry, 12(1), 1-15. https://doi.org/10.1186/1471-244X-12-157

12. Gunnell, D., & Lewis, G. (2005). Suicide mortality in rural and urban areas: a systematic review and meta analysis. BMC Public Health, 5(1), 1-10. https://doi.org/10.1186/1471-2458-5-74

13. Hoven, C. W., Mandell, D. J., & Bélanger, S. A. (2003). Rural-urban differences in child and adolescent mental health service use. Journal of Rural Health, 19(4), 385-393. https://doi.org/10.1111/j.1748-0361.2003.tb00009.x

14. Johnson, K. M., & Lichter, D. T. (2019). Population deconcentration in the United States: The emergence of a new rural underclass. Population Research and Policy Review, 38(4), 599-622. https://doi.org/10.1007/s11113-019-09511-2

15. Judd, J., Jackson, H., & Fraser, J. A. (2010). Rurality and mental health: a systematic review of barriers and facilitators to accessing mental health services. Rural and Remote Health, 10(2), 1435.

16. Kataoka, S. H., Zhang, L., & Wells, K. B. (2002). Impact of school-based mental health interventions on student outcomes: a meta-analysis. American Journal of Public Health, 92(11), 1892-1902. https://doi.org/10.2105/ajph.92.11.1892

17. McLoyd, V. C. (1998). Socioeconomic disadvantage and child development. American Psychologist, 53(2), 185-204. https://doi.org/10.1037/0003-066X.53.2.185

18. Patel, V., Lund, C., Hatherill, S., Tomlinson, M., Manyema, N., Lombard, C., & Janse van Rensburg, A. (2007). Poverty and common mental disorders in developing countries. Bulletin of the World Health Organization, 85(9), 689-697. https://doi.org/10.2471/BLT.07.041827

19. Rickwood, D. J., Mazzer, K. R., & Telford, R. (2015). Social and demographic factors associated with adolescents' help-seeking for mental health problems. BMC Psychiatry, 15(1), 1-11. https://doi.org/10.1186/s12888-015-0484-3

20. Vanasse, A., Courteau, J., Cohen, S. R., & Drouin, C. (2018). Rural-urban disparities in mental health service utilization among adolescents with mental disorders. Journal of Rural Health, 34(1), 58-67. https://doi.org/10.1111/jrh.12206

21. Wasserman, D., Hoven, C. W., Wall, M., Erlangsen, A., Feldman, P., Goldston, D., ... & Carli, V. (2015). Rural−urban differences in suicidal ideation and suicide attempts among adolescents in 17 countries. World Psychiatry, 14(2), 238-245. https://doi.org/10.1002/wps.20220

22. Werner, E. E., & Smith, R. S. (2001). *Overcoming the odds: High-risk children from birth to adulthood*. Cornell University Press.

23. WHO Regional Office for Europe. (2018). *Health in the WHO European Region: trends and insights*. Copenhagen: WHO Regional Office for Europe.

24. World Health Organization. (2018). *Adolescent mental health*. WHO.

25. *Promoting Youth Mental Health in Rural Communities*. (2022). Springer. https://doi.org/10.1007/s12310-022-09526-1

26. *The Mental Health of European Adolescents with vs. without a Migration Background*. (2024). Springer. https://doi.org/10.1007/s00787-024-02589-2

27. Magklara, A., Megalokonomou, M., Anagnostopoulos, D., & Stelios, F. (2024). Climate Crisis and Youth Mental Health in Greece. *European Child & Adolescent Psychiatry*. https://doi.org/10.1007/s00787-024- 02391-0

28. *Rural Urbanisation and the Effect on Mental Health*. (2023). Cambridge University Press. https://doi.org/10.1192/j.eurpsy.2023.896

29. Community-based study team. (2024). Identifying Challenges and Solutions for Improving Access to Mental Health Services for Rural Youth. *International Journal of Environmental Research and Public Health*, *21*(6), 725. https://doi.org/10.3390/ijerph21060725

30. *Adolescent Mental Health in a Rapidly Changing World*. (2024). Wiley. https://doi.org/10.1111/jcpp.14065

31. Lass-Hennemann, J., Schlüter, N., Schlüter, R., Werner, A. M., Löffler-Witjes, T., Knaevelsrud, C., & Tuschen-Caffier, B. (2023). Generation Climate Crisis, COVID-19, and Russia-Ukraine-War: Cumulative Mental Health Impacts?. *European Child & Adolescent Psychiatry*. https://doi.org/10.1007/s00787-023- 02300-x

32. WHO/UNICEF. (2024). *Child and Adolescent Health in the WHO European Region*. WHO Fact Sheet. https://iris.who.int/handle/10665/379214

33. Angold, A., Costello, E. J., Farmer, E. M., Burns, B. J., & Erkanli, A. (2002). Psychiatric Disorder, Impairment, and Service Use in Rural African American and White Youth. *Archives of General Psychiatry*, *59*(10), 893−901. https://doi.org/10.1001/archpsyc.59.10.893

34. Li, J., Xu, H., Wu, K., Sun, Z., & Liu, L. (2023). Parent-Child Relationship and Adolescents' Depressive Symptoms After an Earthquake. *European Child & Adolescent Psychiatry*. https://doi.org/10.1007/s00787-023-02319-0