

## PAPER

# Rethinking Youth Mental Health: Challenges, Interventions, and Cultural Perspectives

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isawuhan.com](mailto:matteo.angotti@isawuhan.com)**ABSTRACT**

Youth mental health disorders, particularly anxiety and depression, are rising globally, exacerbated by factors such as the COVID-19 pandemic, technology overuse, and climate anxiety. This paper explores key challenges, cultural influences, and potential interventions through qualitative interviews with three psychologists from different cultural backgrounds who are experts in youth mental health, supported by a comprehensive literature review. Thematic analysis identified four major themes: 1) cultural influences on mental health, 2) the role of community support, 3) digital psychotherapy, and 4) mental health literacy (MHL). Findings highlight the necessity of culturally responsive interventions, the benefits of integrating digital solutions with traditional therapy, and the importance of education and policy reforms in reducing stigma and improving accessibility to mental healthcare. While experts agree on the need for systemic changes, differences in perspectives on the feasibility of solving the youth mental health crisis emerged. Addressing this crisis requires a holistic, multidisciplinary approach that balances medical, social, and educational strategies while promoting personal responsibility for mental well-being.

**KEYWORDS**

youth mental health, mental health solutions, cultural influences in psychotherapy, experts opinion, mental health literacy, community support, digital psychotherapy

## 1 INTRODUCTION

Depression and anxiety affect around 150 million people worldwide, with a higher incidence in women compared to men [1]. Among youth between 10 and 19 years old, these conditions are so prevalent that they account for over 40% of mental health disorders, with suicide being the fourth leading cause of death in adolescents worldwide [2, 3]. Besides the usual risk factors contributing to depression and anxiety in youth—such as family history, exposure to violence and abuse, peer pressure, gender norms, and harsh parenting—the COVID-19 pandemic, excessive

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technology use, and climate change anxiety may have further exacerbated these issues [1, 3, 4].

The COVID-19 pandemic has significantly impacted youth mental health due to social isolation and loneliness, with effects varying based on social and environmental factors. For example, students with weak school connections before the pandemic reported improved mental health during lockdowns due to reduced academic and social pressures, while children under 11 years struggled more due to a lack of peer connections [5, 6]. The pandemic also exacerbated problematic smartphone usage (PSU), with 10%–30% of young people showing signs of smartphone addiction, often linked to depression, anxiety, insomnia, stress, and suicidal thoughts [7, 8]. Another factor affecting emotional well-being in young people is ‘climate anxiety,’ defined as the fear and dread of climate change impacts, which studies suggest has worsened youth mental health [9].

Despite the growing burden of depression and anxiety since the 1980s, only one-third of mental health research investments target young people [4]. Are we moving toward a solution or are we worsening the problem? Whether our efforts to address youth mental health are keeping pace with the growing need or falling short is a dilemma explored in the current paper through insights from three psychologists with diverse cultural perspectives, whose statements are further supported by a review of the literature.

## 2 MATERIALS AND METHODS

### 2.1 Study design and participants' selection

This study employed a qualitative approach, integrating semi-structured interviews with three psychologists from different cultural backgrounds and an extensive review of existing literature. The goal was to identify key challenges, culturally specific influences, and potential interventions for addressing youth mental health issues. Participants were selected based on their expertise in youth mental health and their geographical diversity, representing global perspectives. The selected psychologists were:

1. Dr. Michael Tzvi Epstein (USA): Assistant Professor, Department of Psychiatry and Behavioral Sciences, Emory University
2. Dr. Evelyn Peeters (Spain): Clinical Psychologist and Family Relation Therapist, GGZONLINE
3. Dr. Xueyao Ma (China): Clinical Psychologist, Wuhan Renren Jianghu Psychological Counseling

### 2.2 Data collection

Data were gathered through virtual semi-structured interviews conducted via video conferencing platforms. Each interview lasted approximately 60 minutes and followed a standardized guided question covering different topics (refer to Table 1).

The interviews were recorded with the participants' consent and transcribed verbatim for analysis. A thematic analysis framework was applied to identify key themes and patterns.

**Table 1.** Semi-structured interview questions used to gather expert responses

N.	Interview Questions
1	What are the societal and environmental factors contributing to mental health issues?
2	What are some evidence-based therapies and coping mechanisms in your country?
3	What is the importance of creating supportive environments in school and community?
4	Is there a cultural influence for anxiety and depression in youth?
5	What are some effective approaches to mental health education and awareness?
6	What are some effective policy and healthcare system reforms to improve access to mental healthcare for youth?
7	Do you believe that there is a solution to this youth mental health epidemic?

### 2.3 Data analysis

Thematic analysis was used to extract recurring patterns and unique insights from the interviews. Identified themes were cross-referenced with findings from peer-reviewed literature to validate the results and provide a broader context.

## 3 RESULTS

Four main themes were identified in the guided interviews with the three experts: cultural influence on mental health, community support systems, the role of technology on mental health, and mental health literacy (MHL).

### 3.1 Theme 1: Cultural influences on mental health

Dr. Peeters (Spain): *In Spain, mental health issues are often viewed as shameful due to the strong Catholic tradition, which contributes to higher rates of untreated depression and anxiety.*

Dr. Ma (China): *In China, social norms discourage open discussions about emotions, which reduces people's willingness to seek help.*

Dr. Epstein (USA): *While mental health discussions are more open in the U.S., racial disparities in access to care remain significant (refer to Table 2).*

### 3.2 Theme 2: Community and support systems

Dr. Epstein: *A supportive community can positively influence youth and mitigate the effects of negative experiences.*

Dr. Peeters: *Schools should focus on creating safe spaces for open discussions between students and teachers.*

Dr. Ma: *The one-child policy disrupted traditional community support in China, leading to increased mental health challenges (refer to Table 2).*

### 3.3 Theme 3: The role of technology in psychotherapy

Dr. Ma: *Digital psychotherapy can make mental health support more accessible to individuals in remote areas or those hesitant to seek in-person help.*

Dr. Epstein: *Technology allows interventions to meet youth where they are most comfortable—online.*

Dr. Peeters: *Technology makes mental health therapies more accessible to patients with social interaction avoidance issues (refer to Table 2).*

### 3.4 Theme 4: Mental health literacy

Dr. Ma: *Governments should promote mental health literacy campaigns to encourage open discussions and reduce stigma.*

Dr. Epstein: *The language we use matters. Phrases like ‘committing suicide’ perpetuate stigma and isolation.*

Dr. Peeters: *Celebrity involvement in mental health issues allow people to relate more to these issues (refer to Table 2).*

**Table 2.** Summary of expert statements based on the four main themes

Theme	Dr. Epstein (USA)	Dr. Peeters (Spain)	Dr. Ma (China)	Supporting Literature
Cultural influences	Racial disparities in care access	Stigma due to catholic traditions	Norms discourage open discussions	[36–37]
Community support	Importance of schools as safe spaces	Focus on family and teacher support	Disruption of traditional community	[16]
Technology in mental health	Meeting youth online	Online therapy help socially avoidant individuals	Increasing accessibility through tech	[30]
Mental health literacy	Language matters: reduce stigma	Celebrities promote mental health awareness	Campaigns to promote awareness	[22]

## 4 DISCUSSION

Many different types of interventions are available that address anxiety and depression in youth, such as problem-solving strategies, preventative therapies, and pharmacological treatments [10, 11]. Despite these options, mental health issues continue to rise among young people [4]. Are there additional solutions we can consider to address this growing epidemic? WHO’s *World Mental Health Report* [4] stated that major global changes are needed to reduce the mental health epidemic among young people. This should include a serious commitment to making things better, changing how we live, and improving mental healthcare [4]. In this regard, Dr. Peeters and Dr. Epstein believe the youth mental health crisis can be addressed through the strong commitment of mental health professionals, emphasizing awareness, patient care, and societal acceptance. In contrast, Dr. Ma argues the crisis may worsen unless there are societal changes driven by governmental actions. Similarly, Dr. Peeters highlights the critical role of government in expanding access to therapy, citing Belgium as an example, where insurance companies are heavily

involved in the psychotherapy sector, often medicalizing it by accessing patients' information [12]. While acknowledging the benefits of insurance coverage, she stresses the need for the government to develop policies that ensure universal access to mental healthcare and prevent excessive mental health commercialization.

Furthermore, the three interviewed experts highlighted four key areas that could contribute to addressing the youth mental health crisis: 1) cultural influences on mental health, 2) the role of community support, 3) digital psychotherapy, and 4) MHL. The following sections explore these themes, integrating expert insights with existing literature to provide a comprehensive understanding of their impact and potential solutions.

#### 4.1 Mental health literacy: Reducing stigma in youth

The three psychologists were asked their opinion about the impact of MHL on improving youth mental health. MHL is defined as the knowledge and beliefs about mental disorders that aid their recognition, management, and prevention, and it is recognized to be a critical factor in promoting early interventions and reducing stigma among adolescents [13]. The three interviewed psychologists believed that a change in public attitude towards mental health is the key factor for a clear remedy. Specifically, Dr. Ma stated that it is critical to develop a good “mental health literacy” among youth. This could be achieved by the government increasing financial support to promote educational campaigns about mental health, which would encourage young people to talk about psychological problems and solutions, as well as to promote awareness in the community. In this regard, Dr. Peeters emphasized the crucial role of celebrities in promoting MHL. She noted that when public figures openly share their experiences with mental health challenges, young people are more likely to relate to them and feel a sense of connection, which can help reduce stigma and encourage help-seeking behaviors. Additionally, Dr. Ma underlined the importance of involving youth in mental health services and community initiatives, which would help them understand the challenges faced by people with mental illnesses and foster respect and support for them. Similarly, Dr. Epstein agreed that we need to change the words we use for mental health issues such as “committing suicide,” which implies a criminal act. This kind of wording strongly stigmatizes people with mental health disorders, increasing their isolation.

These statements are supported by a study performed by Nobre et al. [14], which examined 29 studies on MHL interventions in adolescents aged 10–19 years in school-based programs aimed at reducing stigma towards mental health disorders. For instance, school-based interventions showed a significant increase in mental health knowledge and a reduction in stigma following educational programs. However, help-seeking behavior improvements were less consistent, suggesting that short-term interventions may be insufficient to produce lasting behavioral change [14]. For example, program duration varied widely, from 45 minutes to multiple sessions spanning weeks or months, with longer interventions generally yielding more positive outcomes. Despite the effectiveness of many programs, challenges such as non-standardized assessment tools and implementation barriers remain [14]. The review emphasizes the need for more structured, evidence-based interventions focusing on how to obtain and maintain good mental health, with standardized evaluation methods to ensure consistent measurement of MHL progress [14]. Moreover, selecting the most appropriate media format for each adolescent group is crucial. For instance, videos or movies may be more effective than newspapers for engaging

adolescents, including active learning strategies, such as scenario-based games or video interventions [15]. It is critical that when implementing these interventions for adolescents, the context in which they are applied must be considered [15].

## 4.2 Community support in youth mental health

One aspect that emerged in the interviews with the three mental health professionals is the critical role the community has for the implementation of psychological interventions that could bring a solution to mental health issues among youth. For example, Dr. Epstein underlined how a supportive community can positively influence youth and reduce the impact of negative experiences. Dr. Peeters added that connections are essential for our sense of identity and suggested schools should focus on identifying factors that prevent problems in students' lives and promote a safe space for open discussions between teachers and students. Dr. Ma pointed out that China's one-child policy has disrupted traditional community support, leading to increased mental health issues among young people. In line with these statements, a recent study performed by Samji et al. [16] reported the urgent need to "*bring back the village*" to support teens and young people's mental health by creating positive and safe community environments. Specifically, the development of community-based interventions can prevent, treat, and support people with mental health disorders [16]. These programs can also promote equity by reaching under-resourced populations and improving overall outcomes [17]. Under-resourced youth often receive mental healthcare in schools, which makes it easier to provide help and prevent problems on a large scale. Therefore, experts suggest improving policies, school culture, and leadership to better support students with mental health problems and provide better solutions [18, 19].

In addition, extensive research indicates that community members, even those without formal mental health training, can play a crucial role in identifying and addressing mental health challenges [20]. These studies have demonstrated that lay individuals can effectively recognize early signs of mental health disorders, provide emotional support, and assist with foundational psycho-social interventions [20]. This community-based approach enables timely intervention, potentially preventing the progression of conditions such as anxiety and depression. Experts advocate for a paradigm shift in mental healthcare, emphasizing that support should extend beyond clinical settings and become a shared societal responsibility [21]. By equipping more individuals with the knowledge and skills to assist those in distress and facilitate access to professional care when needed, we can reduce stigma, enhance early intervention efforts, and expand mental health support to underserved populations [21].

## 4.3 Expanding youth access through online psychotherapy

One of the major problems in youth with mental health issues is finding the courage to seek help [22]. In fact, despite the growing need for mental health services, access remains critically inadequate, with only 16.5% of individuals with major depressive disorder receiving minimally adequate treatment worldwide [23]. For example, by 2025, the United States is projected to experience a widespread shortage of mental health professionals across all specialties [24]. The situation is even more severe in low-income countries, where the availability of psychiatrists is 0.05 per 100,000 people, a figure 172 times lower than in high-income nations [25]. In this regard, Dr. Ma stated that the digital media might bring a solution to allow individuals who have difficulty

in accessing traditional psychological interventions, such as those with mobility issues, feeling distressed during in-person sessions, or living in remote areas, to gain better access to psychotherapy. Additionally, Dr. Ma stated that digital psychotherapy can help reduce costs associated with traditional interventions, making mental healthcare more accessible to under-resourced people. Similarly, Dr. Epstein added that incorporating technology into mental health services aligns with current trends and meets people where they are most comfortable—online. This can offer a convenient and effective way to address mental health needs in our modern world [26]. Given the 90% Internet usage and 96% cellphone ownership among U.S. adults [27], and a global Internet penetration of 53%, digital mental health interventions have rapidly emerged as a potential solution, including in regions such as Central Africa and Southern Asia, where Internet access is expanding rapidly [28]. For example, Dr. Peeters, who has provided online mental health therapy to some of her patients, also stated that online psychotherapy is generally used more widely, especially by individuals with avoidant tendencies and those who struggle with social interactions due to social anxiety. She also noted that our increasingly digitalized society has made mental health services more accessible. For example, she pointed out that online psychotherapy is already widely used in Belgium, where it boomed during the COVID-19 pandemic, whereas it remains somewhat less developed in Spain [29]. While these online methods show promise and are generally well-received by young people, more studies are needed to analyze their efficiency, since they often lack evidence-based therapies and core principles needed for reliable effectiveness [26, 30]. Additionally, concerns about data privacy and transparency persist, as some apps fail to disclose data-sharing practices [31]. Research suggests that digital interventions incorporating human interaction significantly enhance user engagement [32, 33]. Thus, integrating human support with technology offers a more sustainable, community-driven approach to mental healthcare [20].

#### 4.4 Cultural differences: The forgotten variable in psychotherapy

Furthermore, the three psychologists emphasized that psychological interventions must consider patients' cultural differences to be both inclusive and effective. Thus, a question that we should address is, "Can mental health treatments that were mainly developed in a Western cultural context be effective solutions for patients from different cultures?" Both Dr. Peeters and Dr. Ma agree that psychopathology is influenced by culture, with previous studies supporting their view [34]. Since psychotherapy is viewed as a cultural phenomenon, then culture must play a significant role in shaping how people think, feel, and behave, influencing their daily lives and affecting mental health treatments as well [35]. For example, Dr. Peeters pointed out that in Spain, where there is a strong Catholic background, mental health problems are often seen as "shameful," which contributes to higher rates of depression and anxiety among young people. Similarly, Dr. Ma highlighted that cultural and social norms in China discourage open discussion of personal emotions, which might reduce people's willingness to seek help [36].

In line with the above statements, previous studies have also highlighted the importance of considering cultural and contextual factors in treating and preventing mental health disorders [37]. For example, a case study from Latin America demonstrated the effectiveness of culturally adapted cognitive behavioral therapy (CBT) for treating depression in adolescents [38]. Researchers found that incorporating indigenous healing practices, such as community storytelling and traditional rituals, significantly improved therapy engagement and outcomes [38]. Similarly, a study by Chu et al. [39]

examined the impact of youth race, racial matching, and therapists' cultural understanding on early engagement in mental health services. The study included Latino (67.1%), African American (19.1%), White (12.0%), and Asian American (1.8%) youth in the USA. The findings revealed that cultural understanding, rather than racial matching, plays a crucial role in engaging racially marginalized youth in mental healthcare. This underscores the importance of therapists developing cultural competence and deeply understanding their clients' cultural backgrounds. These results challenge the assumption that racial matching alone is sufficient for positive therapeutic outcomes and emphasize the need to prioritize cultural awareness and responsiveness [39]. This culturally responsive approach bridges the gap between conventional Western therapy and local cultural practices, making mental health services more accessible and acceptable. Specifically, culturally informed treatments have the advantage of understanding the individuals within their family and cultural context, increasing positive outcomes [40]. While many mental health interventions use a "top-down" approach, which adapts existing treatments to fit the patient's cultural needs, they are criticized due to crucial cultural elements that are neglected [40]. In contrast, a "bottom-up" approach tends to achieve better results by developing interventions that are rooted in the cultural context of the patient's ethnic group. These interventions directly address differences in mental health perceptions, potentially making patients feel more understood and supported, achieving better outcomes [40]. In line with this concept, Dr. Epstein underlined that racial differences, including physiological ones, should be considered. He added that, for instance, African Americans have a lower kidney filtration rate, which could affect mental health medication metabolism [41].

Therefore, to achieve a solution to the mental health epidemic, a unified effort from professionals across medical disciplines is essential to ensure equal access to healthcare, including minorities. In this regard, the American Psychological Association adopted the multicultural guidelines, which *recognizes the importance of multicultural sensitivity/responsiveness, knowledge, and understanding about ethnically and racially different individuals* [42]. The guidelines bring attention to the importance of the client history and culture, suggesting that mental health practitioners should have a wide range of interventions that incorporate the patients' ethnic, linguistic, and racial backgrounds [42]. After all, cultures influence the way we construct reality, so they should be strongly acknowledged in mental healthcare [43].

## 5 CONCLUSION

This paper explores the complex nature of youth mental health and identifies four key themes from expert interviews, each highlighting potential interventions to improve youth mental well-being: 1) MHL, 2) the role of cultural influences in psychotherapy, 3) the integration of technology in mental health interventions, and 4) the effectiveness of community-based interventions in supporting youth mental health. The three interviewed experts emphasized the importance of culturally responsive interventions to respect sociocultural backgrounds to enhance treatment effectiveness [38]. In fact, cultural competence in mental healthcare remains a crucial yet often overlooked factor, and psychotherapy developed in Western contexts may not be universally effective, especially in societies where discussing mental health is taboo [39]. Moreover, the three experts underlined the role of community support, such as schools and peer-support programs, on youth resilience [16]. Digital media can also bridge gaps in access to care, particularly for under-resourced populations or those with mobility challenges, but concerns remain about evidence-based

digital interventions and data privacy [31]. Both community support and digital platforms can contribute to supporting MHL campaigns to reduce stigma and promote early intervention. The three experts emphasized the need for education and awareness campaigns to shift societal perceptions of mental health and to encourage help-seeking behaviors [13, 14].

Despite the growing availability of mental health services, the rates of anxiety and depression continue to rise, suggesting traditional approaches may not address the root causes of distress [3, 4]. Therefore, one obvious question arises from this review: “Despite the availability of these tools, why do anxiety and depression among youth continue to rise? Is there something missing?” According to Dr. Ma, the factor that is missing is our lack of a sense of responsibility towards our own mental health. This concept is also supported by Breuning [44], which stated that the idea of “help” in the mental care system is based on the *disease model*. This model promotes the belief that societal factors are the primary cause of mental health challenges, positioning individuals as victims, and shifting the responsibility for emotional well-being from the individual to the healthcare system, which is expected to provide solutions and ensure happiness [44]. This approach, which treats young people as problems to be solved, often renders interventions ineffective, as it fails to recognize that youth are not inherently “a problem.” However, when young people’s mistakes are overlooked or even inadvertently rewarded, it can lead to a diminished sense of accountability for their actions [44]. Therefore, encouraging self-awareness, emotional regulation, and problem-solving skills can help youth navigate challenges and build resilience. A shift from a purely medicalized approach to one that fosters agency and responsibility may be the key in addressing the ongoing mental health crisis [44].

In conclusion, addressing the youth mental health crisis requires a holistic and culturally sensitive approach, with long-term solutions that must involve systemic changes, including policy reforms, educational initiatives, and greater societal commitment to mental well-being. Therefore, it is critical to foster a supportive and stigma-free environment, empower young people to take responsibility for their mental health, and ensure equitable access to culturally appropriate care in order to reduce the growing mental health challenges faced by youth worldwide.

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