

2<sup>nd</sup> edition

# Student Mental Health

A report  
by Nightline Europe

a network which creates connections and supports the development, quality and impact of Nightlines across the continent.

# in Europe :

By students, for students

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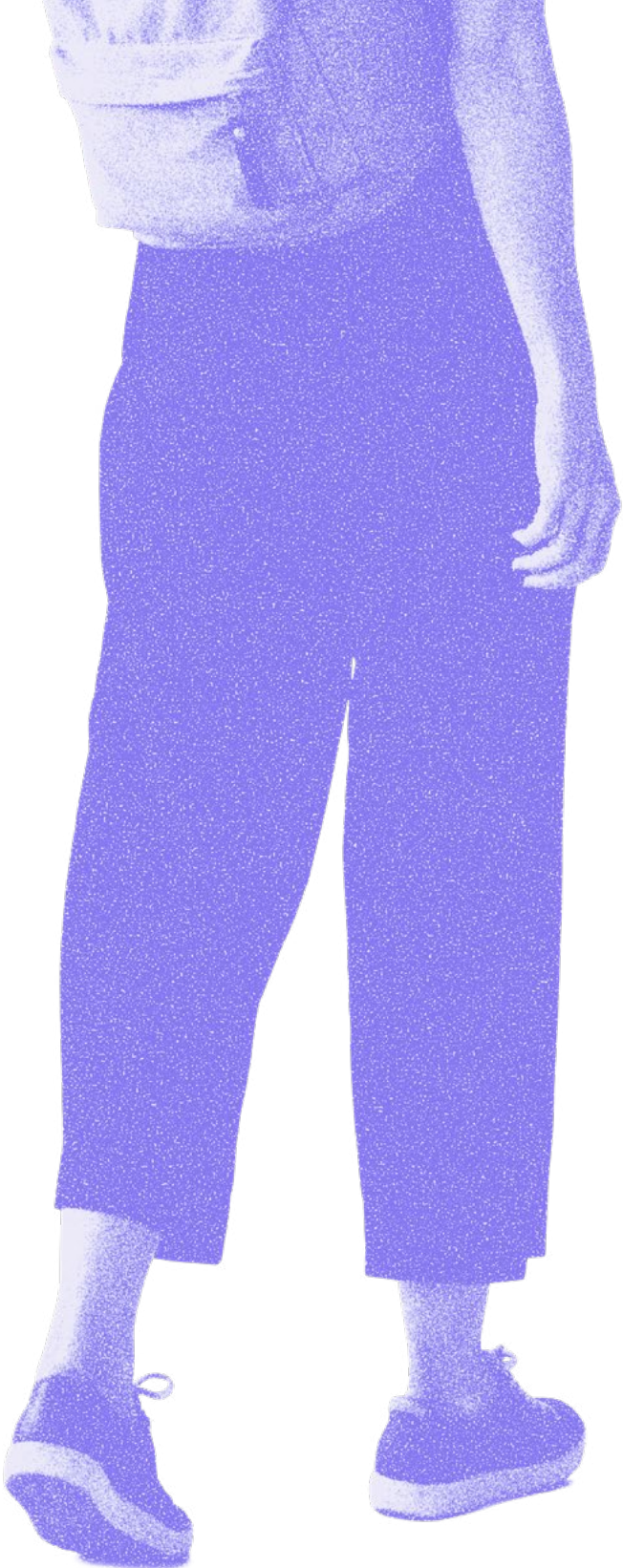
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# Acronyms

## EEA

European  
Economic Area

## ESU

European  
Students' Union

## GDPR

General Data Protection Regulation

## HE

Higher Education

## HEI

Higher Education Institutions

## IMF

International  
Monetary Fund

According to  
the World Health Organisation (*WHO, 2026*)



mental health  
is a state of mental  
well-being that en-  
ables people to cope  
with the stresses  
of life, realize their  
abilities, learn well

and work well, and  
contribute to their  
community [...].

Nightlines stand for a vision where mental health concerns and affects everyone. Everybody can be affected by mental health difficulties whether they are diagnosed with a psychological disorder or not. Mental health is not defined solely by the presence or absence of a mental disorder. Mental health can be defined as a continuous state from low wellbeing to high wellbeing. Nevertheless, some psychological disorders have a high prevalence among students, and are mentioned in our report.

Here are some definitions of the disorders from the ICD-11 (World Health Organization, s. d.).



**LGBTQIA<sup>+</sup>**

Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual +

**MHR1**

1<sup>st</sup> edition Nightline Europe Mental Health Report

**OECD**

Organisation for Economic Cooperation Development

**OSMÉES**

Observatoire sur la santé mentale étudiante en enseignement supérieur

**SCM**

Stepped care model

**UK**

United Kingdom

**WEIRD**

Western, Educated, Industrialized, Rich and Democratic

**WHO**

World Health Organisation

# Definitions

## **ANXIETY OR FEAR-RELATED DISORDERS (ICD-11)**

These disorders are characterized by excessive fear (response to immediate threat) and/or anxiety (anticipation of future threat), accompanied by behavioral disturbances that cause significant distress or functional impairment. They are differentiated by the specific focus of apprehension (i.e., the situations or stimuli that trigger fear or anxiety), such as specific objects, social situations, or a wide range of everyday concerns. Examples include generalized anxiety disorder, panic disorder, phobias, and social anxiety disorder.

## **DEPRESSIVE DISORDER (ICD-11)**

A depressive disorder is defined by the presence of at least five symptoms occurring most of the day, nearly every day for at least two weeks, including at least one core symptom (depressed mood or loss of interest/pleasure). Symptoms may include cognitive (e.g., impaired concentration, guilt, hopelessness, suicidal thoughts) and neurovegetative changes (e.g., sleep or appetite disturbances, fatigue, psychomotor changes). The condition must not be attributable to bereavement, medical conditions, or substances, and it leads to significant impairment in functioning.

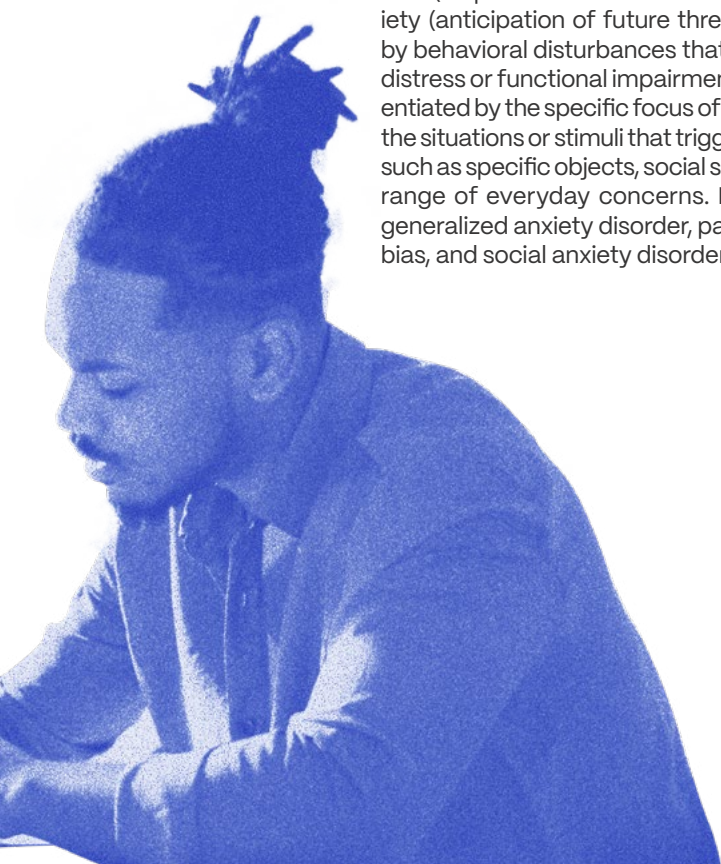
## **SUBSTANCE USE DISORDERS (ICD-11)**

These disorders result from the use of psychoactive substances (or certain non-psychoactive substances used non-medically), whether on a single occasion or repeatedly. Substances typically produce rewarding effects that reinforce use and may lead to dependence over time. They can cause significant harm to both mental and physical health and are classified according to the specific substance involved (e.g., alcohol, cannabis, opioids, stimulants).



## **CONTENT WARNING**

This report contains references to suicide, self-harm, and other sensitive topics. If this content affects you, support resources are available (*see last page*).



# Introduction

In 2025, the OECD reported a concerning decline in the mental well-being of children and young people in the EU/EEA, described as poor and declining (OECD, 2025a). Rising levels of depressive symptoms among youth and young adults had further highlighted the urgent need for early intervention (OECD, 2026).

However, mental health systems seem to face structural pressures, including lack of investments and prioritisation, leading to important needs for the general population to be unmet. For many students, entering higher education can bring challenges, especially for those from lower income backgrounds or facing discrimination. Loneliness, academic pressure and financial stress can make student life overwhelming. **Across Europe, 7% of students report having a diagnosed mental health disorder that limits their studies, a figure that likely underrepresents the true scale of the issue (Ardita Muja et al., 2024).**

Last year, in our report, we carried out a non-exhaustive literature review of academic and grey literature on student mental health in Europe between February and September 2024 (K. Hart et al., 2025), outlining prevalence, trends and action at European level. From our own data, we showed that Nightline Europe member's volunteers took 14,590 calls and chats supporting students between February and September 2024, with students most likely to contact about relationships (28%), mental health (18%), and personal life (15,2%). The report raised awareness and called for action on student mental health across Europe: student mental health crises can be avoided with appropriate, comprehensive approaches. Even if there is currently more attention on student mental health towards proactive, holistic wellbeing strategies, it is important to embed mental health support into every aspect of life rather than relying solely on crisis management.



Today, we want to reaffirm our Blueprint for Action with **7 key recommendations** for policymakers, higher education institutions (HEI), and the wider student ecosystem

01

## Define the issue

Adopt a formal definition of student mental health, recognising the physical, social and psychological dimensions of wellbeing, as well as individual and intersectional contexts

02

## Collect the right data

Invest in data collection at European level to obtain data produced independently, set in a global context and disaggregated by socio-economic determinants

03

## Tackle the principal risk factors with students

Encourage HEI to adopt a holistic approach to address the factors that particularly affect students, involving them in identifying and solving problems and support peer support initiatives such as Nightlines

04

## Build mental health literacy

To destigmatise mental health and give students the means to both understand and take action to seek help for their mental health

05

## Prioritise coordinated investment in prevention

Give greater importance and investment to prevention in student mental health, encourage and enable HEI to adopt a whole university approach to tackling key risk factors and adopt a political vision which creates more inclusive, sustainable and equitable societies

06

## Strengthen coordinated access to diagnosis and treatment

Adopt an EU-wide target and respect international targets for mental health spending and adopt recommendations and a 'best practice' framework on coordination and planning across relevant sectors and ministries

07

## Help the helpers

Invest in training and allocating dedicated resources to higher education staff for student mental health, with clear accountability.



Nightline Europe brings together **37** members

across **6** European countries

With a growing network and strengthened expertise in data analysis, we now have the opportunity to provide both qualitative and quantitative insights into student mental health in Europe, driven by engaged students and supported by Nightline France's researchers. Measuring, quantifying and providing independent data are essential to create appropriate initiatives at European level – but these also keep student mental health, and mental health as a whole, on the political agenda.

This report, developed in collaboration with researchers and supported by Nightline France Scientific Council, explores the evolving landscape of student mental health in Europe, the interventions being developed, and the impact of peer-led support services. →

↳ **Part 1** provides a narrative literature review of trends across Nightline Europe countries: student mental health remains a major public health, educational, and social challenge in the European Continent. Still, suicide is the main cause of death (18,9% in 2021) among 15 to 29 year olds (Dubois & Nivakoski, 2025) within the European Union. In the face of this reality and the lack of funded or available resources, mental health is more than ever a collective responsibility.

↳ **Part 2** presents an analysis of our own data and comparisons with previous findings. In 2025, member Nightlines received around 20,000 calls, a figure that is constantly rising, demonstrating the essential role of peer support in student mental health.

↳ **Part 3** examines the effects of 'by and for' services like Nightline and whole university approaches, emphasizing holistic and preventative care beyond clinical diagnoses. We emphasize the importance of student-led, peer-to-peer initiatives and a whole university approach that addresses the physical, social, and psychological dimensions of wellbeing.

# Executive Summary

**Student Mental Health in Europe (2026):** By students, for students is the second report published by Nightline Europe, a network of 37 European student-led organisations across Europe that provide support and information on student mental health, notably through free night-time helplines operated by trained student volunteers and supported by professionals.

## Student mental health declining mental wellbeing

Based on our narrative literature review between September 2025 and February 2026, we can confirm that student mental health remains a major public health, educational, and social challenges in the European Continent :

In 2024

**50%** of young people aged 15–30 reported experiencing emotional or psychosocial problems during the previous 12 months

(European Commission, 2025).

The mental well-being of children and young people in EU/EEA countries is described as poor and declining (OECD, 2025).

Within the European Union

suicide is the main cause of death

**18,9%**

among 15 to 29-year-olds

(Dubois & Nivakoski, 2025)

Our previous report, *Learning the Lessons (2025)*, reviewed existing evidence on the prevalence, determinants, and economic and social costs of poor student mental health in Europe. It also presented, for the first time, analysis based on 15 000 contacts (chats and calls) handled in 2023–2024 by 19 Nightlines members which provided their data across five countries: Austria, France, Germany, Ireland and the UK. Based on these findings, we put forward a Blueprint for Action with 7 key recommendations for policymakers, higher education institutions, and the wider student ecosystem to strengthen prevention, promotion, investments at all levels to support student mental health.

This new report examines developments in student mental health in Europe in 2025, with a focus on emerging trends, new data, persistent risk factors and shared challenges across Nightline Europe countries. A central contribution of this new report is the analysis of more than 23 200 contacts (calls and chats) handled in 2025 by trained student volunteers. This unique dataset provides direct evidence from the field on the concerns raised by students seeking support. The report then analyses initiatives to complement professional mental health services within a holistic and preventative care beyond clinical diagnoses, notably through by and for services.

## Country-level evidence confirms worsening trends

- In **France significant deterioration in the mental health of French youth aged 15–29 has been observed**, with rising levels of psychological and emotional distress in the last year (Eyrie, 2025);
- In **Switzerland in 2025 one in five young people aged 16 to 25 experience moderate to severe depressive symptoms**, with higher rates among young women (Observatoire suisse de la santé (Obsan), 2025; Philipp Fischer et al., 2025);
- In **Germany most studies indicate that students experience poorer mental health outcomes than the general population and consistently highlight a worsening trend since the COVID-19 pandemic** (Giesselbach et al., 2024; Göhner et al., 2024);
- In **Austria we observe an increase in depression rates among adults and exacerbated impacts on the young population (18–34 years)** and low income population (Dubois & Nivakoski, 2025);
- In the **United-Kingdom, rates of mental health conditions in UK university students are nearly five times higher than a decade ago** (House of Commons Library, 2025), **especially in women**.
- In **Ireland, a 2024 article based on a cross-sectional online survey found high levels of psychological distress among Ireland's student population** (Cullinan et al., 2024).

## Prevalence and risk factors still are underinvested at European level

Aligned with our previous report on prevalence of student mental health, recent reports bring evidence that students' poor mental health is correlated to, and exacerbated by existing socio-economic and intersectional determinants.

### Mental health inequalities among students are closely associated with broader social and structural determinants:

- **Female students report higher levels of anxiety, depression, and psychological distress than male students across multiple European countries**, highlighting the strong influence of gender on student mental health (Blanco et al., 2021; Holleder, 2024; Pilz González et al., 2025; Sanders & Ellingwood, 2025; Zoellick et

al., 2025). Gender norms and social expectations may also discourage men from seeking support and contribute to stigma surrounding mental health difficulties. Overall, "suicide rates remain significantly higher in men than in women" (Vargas Lopes & Llena-Nozal, 2025, p.7). Gender minorities are also disproportionately affected by poor mental health outcomes (Blanco et al., 2021; Curaj et al., 2024).

- **LGBTQIA+ students are more exposed to mental health difficulties as a result of discrimination, exclusion, bullying, and hostile social environments.** These experiences contribute to higher levels of psychological distress and reduced wellbeing compared to non-LGBTQIA+ students (OECD, 2025a).
- **Students with disabilities are at greater risk of mental health disorders**, including anxiety and depression, due to barriers to inclusion, accessibility issues, and higher levels of social isolation (ibid).
- **First-generation students and students from lower socio-economic backgrounds may face increased mental health challenges linked to financial strain, social precarity, and unequal access to academic and psychological support services.** Financial stress is a major determinant of poor mental health, for example, austerity measures can worsen young people's mental health and foster inequalities (Heather Brown et al., 2024). Rising inflation across Europe has also had a lasting impact on students' living conditions, increasing the risks of poverty and social exclusion among young people.

### Environmental and commercial determinants also affect youth well-being:

- **Recent world events** (climate change, armed conflicts, and geopolitical instability) "somewhat" affected the mental health of 50% of people in the EU, and to a "great extent" for 28% according to an analysis of Eurobarometer data by the European Commission in 2023 (Eurofound, 2025, p.13).
- **Commercial practices negatively impact youth's mental health.** The health-harming industries (such as tobacco, ultra-processed foods, fossil fuels, alcohol gambling industries) cause 2,7 million deaths just in the European region every year (Burki, 2024; World Health Organization, 2024), while excessive social media exposure is increasingly associated with body image concerns, anxiety, and psychological distress among young people.
- **Academic pressure is also a key stress factor.** In France, 63% of students say their mental health difficulties are linked to their studies (Merceron Adeline et al., 2025). Other major pressures include loneliness, housing insecurity, discrimination, climate anxiety, geopolitical instability, and uncertainty about the future.



Around half of young adults aged 18–29 who need mental health support do not receive adequate care (OECD, 2025b). Despite growing needs, access to mental health care remains insufficient across Europe. Long waiting times are the main barrier to accessing services. Higher education institutions remain under-resourced.

Investing in student mental health is a social necessity. It is a fundamental human right to set-up a society where mental health is understood, destigmatised and acted upon at every level. Everybody experiences mental health, and it is essential to foster an environment that supports it. Poor mental health has major long-term consequences on well-being, education, employment, healthcare systems and social cohesion. Supporting students' wellbeing strengthens resilience, academic success, inclusion and the capacity of young people to contribute positively to society.

# Nightline Europe

## Data our findings

This section presents 2025 data from 32 of the 37 members of the Nightline Europe network, present in six European countries providing a cross-network overview of students' demand for peer support through listening service :

- Austria** Graz, Innsbruck, Vienna;
- France** Aix-Marseille (Marseille), Grand-Est (Reims), Ile-de-France (Paris, Saclay), Nord-Pas-de-Calais (Lille), Normandie (Rouen), Occitanie (Toulouse), Pays de la Loire (Nantes, Angers), Rhône-Alpes (Lyon);
- Germany** Berlin, Bochum, Bamberg, Dresden, Freiburg, Greifswald, Leipzig, Munich, Passau, Regensburg;
- Ireland** NiteLine Ireland, based in Dublin, it stands for 12 affiliated colleges across Ireland;
- Switzerland** Lucerne;
- United Kingdom** Dundee, Durham, Cambridge, Lancaster, Leeds, Liverpool Hope, Londres, Loughborough, Newcastle, Nottingham, Oxford, Queen's University of Belfast, St Andrews, Warwick.

### Scale of Activity

In 2025, more than **1400 trained student volunteers took turns handling nearly 23 200 calls and chats across Europe.**

However, available data suggests demand significantly exceeds capacity. Network capacity varies widely: Nightlines operated between 50 and 300 days per year, with teams ranging from 10 to 136 volunteers.

### How Students Reach Out

Among the 25 Nightlines offering both phone and chat services, **60% of contacts occurred via chat.** Preferences vary by country: chat predominates in France, while phone calls remain more common in Germany.

This confirms the importance of maintaining multiple communication channels to ensure accessibility.

**Chats are generally longer than calls (46 minutes vs. 35 minutes on average).**

### Themes treated during Contacts

Across Europe, the themes discussed more frequently during Contacts are, in percentage:



Other recurring themes include

- Personal Life (19%), Studies & Work (13%),
- Physical Health (9%),
- Sexuality (7%),
- Society (7%).

As each discussion covers several topics, the total percentage exceeds 100%.

## Suicide and Self-Harm-Related Contacts

Among the 27 Nightlines collecting this data, 7% of all contacts were suicide (including suicidal ideation and immediate risk) or self-harm-related. This underscores the confidence higher education students probably have in peer-to-peer support and the frontline role of Nightline in early intervention, crisis prevention and referral to appropriate services .

## Key Takeaways

- Demand for student mental health support is high and likely underestimated.
- Emotional distress and relational difficulties are the dominant concerns for students contacting Nightline across Europe.
- Students contact Nightline peer listening services to discuss a variety of subjects, including very serious ones, such as suicidal thoughts and self-harm.

- Investment in harmonised data systems and professional service capacity is urgently needed to meet important demand for student mental health support.

**The 2025 data confirms the essential contribution of Nightline Europe members to student well-being across Europe and highlights the need for sustained institutional support.** Nightlines and engaged students across Europe offer a necessary presence, based on the peer-to-peer model, to students.

# Nothing about us without us

↳ involving students to design appropriate mental health services

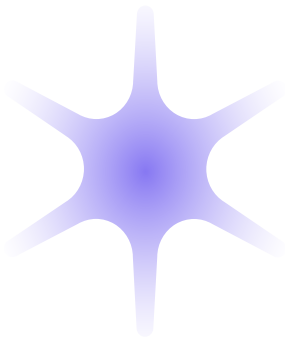
**Addressing student mental health effectively requires not only increased investment in services, but also ensuring that support systems are accessible, inclusive, and responsive to the evolving challenges faced by young people in higher education.** Recent work published in *The Lancet Psychiatry* has highlighted key components of effective youth mental health care, including community awareness, early intervention, prevention, and integrated support systems (McGorry et al., 2024).

Many stakeholders are therefore adopting more comprehensive approaches to mental health. The report emphasises the need for mental health systems to adopt holistic, preventative, and person-centred approaches, as promoted by the Stepped Care Model, which tailors interventions to individual needs across a continuum from prevention to specialized care.

In higher education, the whole university approach incorporates wellbeing into all aspects of campus life and has been shown to be efficient in addressing students' mental health. It promotes access to support services, strengthens collaboration among university professionals, and encourages students to play an active role.

**Complementing this, peer-led and "by and for" initiatives play a key role in enhancing mental health literacy, reducing stigma, strengthening social connections, and enabling the early identification of distress among students and their peers.** However, these approaches are not designed to replace clinical treatment for severe psychological disorders. Digital tools can provide further accessibility to mental health support but should remain complementary to human support. To maximize impact, institutions should be well supported to implement an efficient stepped care model, ensuring rapid access to the appropriate level of expertise and care, if necessary. Furthermore, they also need to involve students at every level in co-design and decision-making; develop and scale peer support initiatives; ensure robust training and supervision, reduce barriers through accessible and inclusive services; and integrate these actions within a structured, evaluated, and sustainable mental health framework.

# Edito



## Words from the Co-Presidents

It is with deep gratitude that we present this collective research on student mental health in Europe. This report reflects the commitment of 1 400 students across the continent who, through their engagement, contribute every day to supporting their peers and strengthening mental health awareness.

Student mental health is deteriorating across Europe. Recent trends point to rising levels of psychological distress among young people, driven by a combination of structural and contemporary challenges. Academic pressure, financial insecurity and precariousness, and loneliness remain key risk factors. They are exacerbated in recent years by a cascade of overlapping global crises: the lasting impact of the COVID-19 pandemic, persistent inflation, increasing geopolitical instability marked by the return of war at Europe's doorstep, and growing anxiety driven by climate inaction and accelerating environmental disruption. To this must be added the rapid rise of artificial intelligence, which is redefining the social link and reshaping how people connect, communicate, and relate to one another. Together, these evolving pressures are shaping a generation marked by heightened uncertainty, fragility, and vulnerability.

At the same time, access to appropriate mental health support remains uneven and insufficient. Many students encounter barriers to care, whether due to limited service capacity, financial constraints, stigma or discrimination. This gap highlights the urgent need to strengthen support systems and to invest in accessible, complementary approaches. In this context, peer-to-peer initiatives such as Nightline play a crucial role. They provide immediate, non-judgmental support and

represent an essential entry point into the broader mental health care ecosystem.

For Nightline Europe, 2025–2026 marks a decisive turning point. The network has taken a major step forward with the election of its first Board and Executive Council, composed entirely of student volunteers from across Europe. This milestone reflects the strength of a model built on student leadership, collaboration, and shared responsibility.

Nightline Europe has continued to pursue its ambition of strengthening cooperation, structuring its activities, and increasing its impact at the European level. The network now brings together 37 members across the United Kingdom, Ireland, France, Austria, Germany, and Switzerland and represents more than 1 400 committed student volunteers. Over the past years, members have worked collectively to develop structuring initiatives aligned with this ambition. They expressed their wish to accompany European students: collectively, we built the [Starter-Kit](#), a program to deploy and open Nightlines in European countries that do not yet have such listening services. Together, these initiatives contribute to building a truly transnational community of mutual support, learning, and solidarity among students. They foster a shared sense of belonging at the European level, grounded in the unconditional acceptance of others, regardless of their origin, and in a commitment to inclusivity, diversity, and mutual respect.

This year, we are pleased to present a report that reflects important progress: the inclusion of a new country, Switzerland, and significant improvements in both the quality and quantity of our data,

# “ A generation of students is building a more supportive Europe

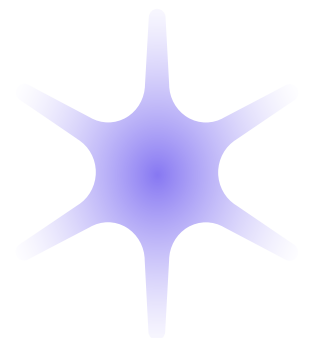
made possible through a collective effort toward greater harmonisation at the European level. The number of contacts increased from 14 000 to 23 000 calls.

This new report builds on the foundations of our previous one, which highlighted the scale of student mental health challenges in Europe and led to seven key recommendations: better defining the issue, improving data collection, addressing key risk factors, strengthening mental health literacy, prioritising prevention, improving access to care and supporting those who provide help.

More than ever, this report highlights a simple but powerful reality: students are not merely recipients of support, they are key actors in designing and delivering solutions. Strengthening mental health in Europe demands listening to them, supporting them, and investing in initiatives built by and for students.

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**Eve Carcas** and **Audran Borella**, Co-Presidents





01

# An overview on Student Mental Health in Europe in 2025



## Introduction

Defining mental health remains a fundamental challenge, as a comprehensive understanding is essential to design appropriate policies, interventions, and support systems. According to the World Health Organisation :

**Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It has intrinsic and instrumental value and is integral to our well-being. Mental health exists on a complex continuum, which is experienced differently from one person to the next. At any one time, a diverse set of individual, family, community and structural factors may combine to protect or undermine mental health. Although most people are resilient, people who are exposed to adverse circumstances – including poverty, violence, disability and inequality – are at higher risk of developing a mental health condition (WHO, 2026).**

This definition highlights that mental health is not merely the absence of a disorder, but a dynamic and multifaceted state that exists along a continuum, varying across individuals and over time. Mental health can range from states of flourishing, characterised by high levels of well-being, to languishing, marked by low well-being (Keyes, 2002). On the continuum of psychic experiences, individuals may experience poor well-being satisfaction without having a diagnosed disorder, or conversely live with a mental health condition while maintaining a satisfactory level of well-being. This perspective is reinforced by the biopsychosocial model (Engel, 1977), which emphasises the interaction between biological, psychological, and social factors in shaping health outcomes. Building on this, approaches such as Antonovsky's concept of positive mental health underline the importance of emotional well-being, functional capacity, and social relationships in achieving overall balance (Provencher & Keyes, 2010). Indeed, by promoting mental health, notably through social prescription, we are strengthening the capacity of individuals and communities to take action on their health and its determinants (Mulligan et al., 2024).

Mental health must therefore be understood as an individual, a collective and systemic issue, shaped by broader structural determinants such as inequality, poverty, and social environment. These factors play a particularly significant role during youth, a critical developmental period.

Mental Health disorders already emerge before the age of 14 in

34,6%  
of cases

and before the age of 25 for

62,5%

(Solmi et al., 2022).

Depending on the definitions used, the category of youth varies, but is widely regarded by the United Nations as being between the ages of 15 and 24 (Journal of Adolescent Health, 2017). Within this section of the population, students represent a particularly important subgroup. We can consider as a student "an individual who is enrolled in an education programme for the purpose of learning" (UNESCO Institute for Statistics, 2026). University is a critical period for development, representing a shift in social roles and environment (Duffy et al., 2019), as well as in biology (Chung & Hudziak, 2017). Additionally, there are specific pressures in this environment that students face, such as exam stress (Deng et al., 2022). Important sources of stress are reported being related to financial situation, love life, relationships at work and school and with family (Karyotaki et al., 2020). Therefore, poor mental health throughout this time has a greater effect on long-term quality of life, education, and overall morbidity and mortality (Duffy, 2023). Students are also a unique group, in that students from each university are centralised to their institution and concentrated geographically around university accommodations, student unions and educational facilities, making them far easier to reach (Iranmanesh & Mousavi, 2022). University therefore represents a critical window of opportunity to intervene in the progression of mental disorders, and support young people to develop healthy coping resources and reach their full potential (Duffy, 2023).



# Despite the scale and urgency, student mental health remains underinvested and insufficiently researched at the European level.

Nightline Europe carried out a non-exhaustive literature review of both academic and non-academic literature on Student Mental Health in Europe between February and September 2024 (Hart et al., 2025). This literature review shed light on prevalence, risk and protective factors and trends about student mental health in Europe. As we outlined, student mental health is an urgent issue with mental health challenges on the rise: "in 2022, 40% of Higher Education (HE) students in the EU experienced mental health or well-being difficulties, with around one in five facing a mental disorder" (Hart et al., 2025, p.5; Van Hees & Bruffaerts, 2024). Despite the scale and urgency, student mental health remains underinvested and insufficiently researched at the European level.

The case for greater support for student mental health is also an economic question. Mental illness is estimated to cost governments globally US \$5 trillion from loss of workforce, absenteeism, presenteeism, and to a lesser extent the provision of care, especially inpatient care (Abdin et al., 2023). In the European Union, direct and indirect costs were estimated at €798 billion in 2010, more than 4% of GDP (Laidi et al., 2023; Trautmann et al., 2016). Recently, the European Observatory on Health Systems and Policies states that "the total costs of mental ill-health on European economies are estimated to be over EUR 600 billion annually in lost productivity, increased healthcare expenses, and social welfare needs." (Redlich et al., 2025, p.17).

The Prague Agreement is a global initiative that emerged in response to the economic consequences of poor mental health, urging governments and international financial institutions, including the IMF and the World Bank, to treat investment in mental health as a foundation for economic growth (Smith & Rackham, 2025). Young people and working-age adults are the most productive ages. Failing to prevent and treat mental illness in its early stages can reduce the national productivity by reducing the number of young people able to achieve full academic potential, contraining their career potential and ultimately taxes paid (Chen et al., 2024). Mental health disorders are, however, both preventable and treatable, especially when identified early. For young people, studies show that **"the very group of patients with the greatest need for care and the best prospects of responding to early intervention and treatment, namely emerging adults, have the worst access to care across the whole lifespan"** (McGorry et al., 2024, p.32).

In response, the Prague Agreement advocates investment in community-based interventions and the prioritisation of mental healthcare (Smith & Rackham, 2025). This includes funding community services (Redlich et al., 2025) such as 'peer-to-peer' and by and for programs, led and/or designed by beneficiaries. Also projects addressing wider socioeconomic determinants of mental health, such as loneliness. Improving wellbeing during education and early adulthood can reduce future demand for physical and mental healthcare services while enhancing long-term productivity and economic participation.

Although the economic determinants of mental health are widely studied by international organizations, and despite strong evidence supporting early intervention, in a context of dwindling public funds, investment in prevention and the coordination of healthcare systems continue to be insufficiently prioritized by political actors. Mental health cannot be reduced to a matter of performance and productivity, nor can responsibility for meeting societal demands be placed solely on individuals. This requires investment strategies that are grounded in individuals' lived realities and embedded within a collective, solidarity-based framework. **As outlined by the Lancet Psychiatry Commission on youth mental health: "Levels of distress, alienation and loneliness have also risen steadily, and while they may not warrant a health service response, they are a broader reflection of societal dysfunction that the public health crisis of youth mental health represents."** (McGorry et al., 2024, p.5).



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## Methodology

Nightline Europe conducted a narrative literature review between September 2025 and February 2026 to identify recent trends in student mental health across Europe, building on our previous report on narratives and prevalence in this field. We searched in academic article databases using the keywords "peer-to-peer," "by and for," "young," "youth," "students", and "mental health". We prioritized publications from 2022 onwards to ensure the inclusion of recent evidence. Studies were selected based on their relevance to the research topic and the methodological quality of the identified works.

The review focuses primarily on studies conducted within Europe, although some articles addressing global trends were included as they provided relevant contextual insights. For the purpose of this review, the term "students" refers to individuals aged 16 years and older enrolled in Higher Education Institutions, including undergraduate, postgraduate taught, and postgraduate research students, across all modes of study (full-time, part-time, and distance learning). Due to limited research data on this population, we sometimes use studies relating to young people instead. Finally, this study focuses on the six countries represented within the Nightline Europe network. A general overview of student mental health in each country is first provided in order to establish contextual background before analyzing the data collected in the following chapter.

1.1

# Overall state of student mental health observed in Europe and countries studied in 2025

There are around one in five adults across the OECD and EU27 countries living with mild-to-moderate depression or anxiety (OECD, 2025). Recent papers suggest a decline in Mental Health across the European continent. **In 2022, Eurostat counted approximately 4,1% of all deaths in the European Union due to mental and behavioural disorders (Eurostat, 2025).** Since Covid-19, the increase of depression and anxiety symptoms reached 25% worldwide (WHO, 2022). The Regional Office of the World Health Organization reported that "mental conditions, including substance use disorders, psychosocial disability and cognitive impairment, present a significant public health challenge in the Region" (WHO Regional Office for Europe, 2025, p.1).

There are about 73 million young people aged between 15 to 29 living in the European Union. In 2024, there were 50% of 15 to 30 aged young people declaring having experienced emotional or psychosocial problems in the past 12 months (European Commission, 2025). In 2024, Eurostudent conducted a study based on aggregated data and micro-data from 22 European countries within the Higher Education Education Area to measure students' well-being (Ardita Muja et al., 2024). The authors used the WHO-5 well-being scale between 0 (worst well-being possible) to 100 (best imaginable well-being).

By aggregating all results by country participating in the study, students' well-being scores at 51 points on this 100 point scale. The lowest score was reported in Poland where students' well-being scores at 45 points.

**19%** students across this study in Europe had a low sense of well-being.

In 2025, the mental well-being of children and young people in EU/EEA countries was qualified as poor and declining (OECD, 2025).

Even today, suicide remains the major cause of death among young people worldwide (WHO, 2025). **Within the European Union, suicide is the main cause of death (18,9% in 2021) among 15 to 29 year olds (Dubois & Nivakoski, 2025).**

↳ The following section therefore examines recent evidence from selected European countries, part of the Nightline Europe network

•Austria •France •Germany •Ireland •United-Kingdom •Switzerland.

↳ A significant deterioration in the mental health of French youth aged 15–29 can be observed, with rising levels of psychological and emotional distress in the last year (Eyriey, 2025).

According to the French Health barometer (Santé Publique France, 2026), depressive episodes have increased by 21,5% in 2024. This trend is corroborated by other findings: the prevalence of depressive episodes doubled between 2010 and 2021 for young people aged between 18 and 24 (Morvan, 2026). Contrary to broader trends observed across OECD countries, the frequency of suicidal thoughts has been increasing since 2020, particularly among young women (Hazo, 2025). Data from the OVE further indicate a steady increase in suicidal ideation among the student population between 2016 and 2024 (Morvan, 2026).

↳ In Switzerland, a 2025 national study reports that one in five young people aged 16 to 25 experience moderate to severe depressive symptoms, with higher rates among young women.

Among students, this figure rises to 29%, approximately twice the prevalence observed in the resident population aged 18 to 35 (Observatoire suisse de la santé (Obsan), 2025; Philipp Fischer et al., 2025). Since 2020, during the COVID-19 pandemic period these trends have shown a marked increase: the proportion of female students reporting depressive symptoms has risen by 8 percentage points, while the increase among their male counterparts has been 3 percentage points (ibid).

↳ The data situation in Germany is more heterogeneous. Depending on the study and university where the data was collected, some find very to good mental health (Gusy et al., 2024; Holleder, 2024), but most claim a worse mental health than the general population (Giesselbach et al., 2024; Göhner et al., 2024).

What all studies have in common, however, is that they find worsening mental health, especially since the Covid-19 pandemic.

↳ In Austria, trends are comparable but without dedicated data for students. For young adults overall, an increase in depression rates among adults and exacerbated impacts on the young population (18–34 years) and low income population is noticeable (Dubois & Nivakoski, 2025).

Austrian students' mental health have been truly affected by the Covid-19 Pandemic (Haider et al., 2023), quadrupling hospitalisation rates for people aged up to 19 years for depression (Dubois & Nivakoski, 2025). In both Austria and Germany, the satisfaction rate with life over a period of 10 years (2013 – 2023) for young people (16–29) decreased as well as other European countries such as Denmark or Finland, compared to the European Union average (data are extracted from the Eurobarometer on Youth and Democracy) (European Commission, 2025).

↳ In the UK, although it is difficult to determine if students have higher rates of mental health disorders than appropriate comparison groups (Universities UK, 2021; Wessely, 2024)

there are worrying signs in the trajectory of student mental health. Rates of mental health conditions in UK university students are almost 5 times higher than a decade earlier (House of Commons Library, 2025), especially in women. This appears to be leading to a 28% rise from 2018–2023 in students dropping out of courses, with the primary reason given as mental health (BBC News, 2023). This could be due to a rise in access to care, presentation and diagnosis, or widening access of higher education, but there are also well-recognised risk factors that could be contributing, described in the section below.

↳ More specifically, a 2024 article based on a cross-sectional online survey found high levels of psychological distress among Ireland's student population (Cullinan et al., 2024).

Since the release of our previous report in 2025, we haven't found recent data on Ireland's student population – mainly on the global population which outlines high prevalence of mental disorders within the country, compared to international rates (Hyland et al., 2022).

## 1.2

# Prevalence and risk factors : general trends and country specificities

**Evidence shows that students' poor mental health is correlated to, and exacerbated by, existing socio-economic and intersectional determinants.**

Most studies accept that mental health is primarily determined by the social, economic and physical environments in which people live, with individual behaviours and biology having a significantly smaller impact. People in "difficult social circumstances" are more vulnerable to mental health disorders due to structural factors that generate and perpetuate cycles of inequality (Kirkbride et al., 2024). **Higher risk of experiencing mental health conditions, mainly because of discrimination, are reported for individuals from minority ethnic or indigenous populations, individuals with low socio-economic status, those living with disabilities and persons identifying as LGBTQI+ (OECD, 2025a).**

**Gender significantly shapes student mental health. Female students report higher rates of anxiety, depression and psychological distress in multiple countries across Europe** (Blanco et al., 2021; Hollenderer, 2024; Pilz Gonzáles et al., 2025; Sanders & Ellingwood, 2025; Zoellick et al., 2025), as well as gender minorities (Blanco et al., 2021; Curaj et al., 2024). However, these differences should be interpreted with caution. Higher reported rates among female students may partly reflect greater help-seeking behaviours and a higher likelihood of reporting psychological distress. Male students are less likely to seek support and may express distress through externalising behaviours. Gender norms and social expectations contribute to higher levels of stigma among men regarding mental health, making it more difficult for them to acknowledge and express distress. This is associated with lower help-seeking behaviours and a greater tendency to exhibit risk-taking or externalising behaviours. These gendered patterns suggest that improving student mental health requires not only increasing access to care, but also adapting outreach strategies and support models to different help-seeking behaviours.

↳ **In the UK, students are also at a far greater likelihood of experiencing rape, sexual assault and domestic abuse than other groups** (Office for National Statistics (ONS), 2025; Office for Students, 2025), which all have significant impacts on mental health, with female and gender minority students significantly more likely to be affected. This links to female students reporting lower well-being scores than male students, particularly in France. Gender minorities are most at risk, with Stonewall in the UK reporting in 2018 that almost half of transgender people have considered suicide in the past year, and 41% self-harming (Stonewall, 2018). **For participating countries in the Eurostudent survey that offered the possibility for students to select different gender identities, they report a well-being score lower by 9 points compared to females and 13 points to male** (Ardita Muja et al., 2024).

↳ **In France, there is a 22 points gap in well-being between students identifying as 'others' and male students.** For Germany, respondents identifying as female or diverse face significantly more depressive symptoms, cognitive distress, and exhaustion (Pilz González et al., 2025). However, rates of suicide are consistently higher in male HE students, with figures in the UK from 2016 to 2023 showing 10.4 deaths by suicide per 100 000 for male students compared to 4.3 per 100 000 in female students (Office for National Statistics (ONS), 2025). This disparity may be due to issues in how data is captured, and male students' increased propensity to exhibit externalising symptoms of distress (UK Parliament, 2019) as well as reduced help-seeking behaviour (Sheikh et al., 2025). Overall, "suicide rates remain significantly higher in men than in women" (Vargas Lopes & Llana-Nozal, 2025, p.7).

Age also affects student mental health, and in the Eurostudent survey, the highest wellbeing scores were seen in students aged 30 or older (Ardita Muja et al., 2024). More broadly, these findings are consistent with existing literature highlighting young adulthood as a critical period of transition, often characterised by instability, identity formation, academic pressure and financial insecurity. These factors contribute to making the student years a particularly vulnerable period for mental health difficulties. However, in the UK students over 24 are at higher risk of self-harm and mental health conditions, and younger students more at risk of alcohol abuse, although older students may have deferred study due to an existing mental health condition (John et al., 2024). Other significant factors are living with a disability, which on average reduces wellbeing scores from 58 to 39, and parental financial status, as students with very well-off parents score highest

erate to severe depression, compared to 25% of those who have none or few financial difficulties), demanding nature studies, workload, and above all experiences of discrimination. Perceived discrimination also shows a strong association with depressive and cognitive stress symptoms in Germany (Pilz González et al., 2025).

↳ **In the UK, structural factors have a clear role in student mental health especially, such as an unstable job and housing market, predicted gaps in prosperity between students and their parents** (Gunnell et al., 2018), increased academic standards, greater financial stress, and an uncertain global and geopolitical climate (Duffy et al., 2023). Being the first generation to study at university, having to work while studying (Universities UK, 2021) and financial difficulties (Jessop et al., 2020; Richardson et al., 2016) have been identified as key risk factors for worse mental health. A systematic review of 31 observational studies measured factors associated with poor student mental health from 2010–2020. Those most at risk were those who had experienced trauma in childhood, LGBTQIA+ students, and those with autism, and who had a lack of engagement with learning and leisure activities. Factors promoting wellbeing were a strong and supportive social network and better mental health literacy which increased help-seeking behaviour. Of those who wanted to seek help, most preferred online resources (Campbell et al., 2022)

↳ **For Germany, the data indicates a similar picture: being in the first academic generation is associated with significantly higher levels of depressive and cognitive stress symptoms as well as exhaustion** (Pilz González et al., 2025). The latter is also strongly affected by having family care tasks (ibid.). Activity is also a relevant risk factor: Students who spend more time with sport and with spare time activities are found to have better mental health. The direction of the effect, however, remains questionable as students were found to have a lower activity in studies if they have a worse mental health (Hollederer, 2024).

↳ **For Austria, unfortunately, very few studies exist specifically describing the situation of local students, especially in recent years.** The data that is available, indicates a similar picture to the other countries described above: the number of students suffering from mental health rose sharply recently from 5% to 9% between 2019 and 2023 with all sub-groups of mental illnesses increasing (Dau et al., 2023). A study among young people aged 14–20 in Austria revealed that the two most frequent things the participants wished for were professional help and someone to talk to (Haider et al., 2023). Of the participants aged 18–20, around two thirds showed signs of depression and/or anxiety, around half of them signs of eating disorders. The platforms Studo and Instahelp (Studo & Instahelp, 2024), who surveyed German and Austrian students using their platforms annually since 2021, state that 47% of students rate their overall mental health as (rather) bad. A total of 82% of students reported feeling stressed by their studies, while 55% stated that they felt affected by current geopolitical events and developments.

↳ **In Ireland also “undergraduates demonstrated higher levels of depression, anxiety, self-harm and suicidal ideation than postgraduates.”** (Mahon et al., 2024, p.202).

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## The findings highlight disparities in well-being, with lower well-being reported among younger individuals, women and gender minorities, people living with disabilities, and those from less privileged backgrounds.

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for wellbeing (Ardita Muja et al., 2024). Other studies suggest that victims of discrimination, such as sexual minorities, show increased vulnerability to depressive syndromes (Hazo, 2025).

↳ **For young people in France studies and work seem to appear to be the main source of stress** (Victor Delage et al., 2025). Crucially, nearly two-thirds of students (63%) report that their mental health difficulties are at least partly related to their studies. These findings highlight not only the high prevalence of psychological distress among students, but also the strong perceived link between academic pressures and mental health (Merceron Adeline et al., 2025). This should be interpreted within a broader context. Academic stress often acts as a visible and immediate source of distress, while underlying factors such as financial difficulties, social isolation, uncertainty about the future, and broader structural conditions may contribute significantly to students' mental health. These findings therefore do not suggest that academic pressure is the sole determinant, but rather that it interacts with a range of individual, social and environmental factors.

↳ **Analyses conducted in Switzerland by the Office Fédéral de la statistique (Philipp Fischer et al., 2025) report similar risk factors affecting Swiss students:** significant financial difficulties (46% of those with significant financial difficulties have symptoms of mod-

## 1.3

# Environmental, economic, commercial determinants

**Recent world events “somewhat” affected the mental health of people in the EU for 50% of them and to a “great extent” for 28% of them according to an analysis of Eurobarometer data by the European Commission in 2023 (Dubois & Nivakoski, 2025, p.13).** Another study estimates that “59% of 16–25-year-olds are very or extremely worried about the state of the planet” (Tarasenko et al., 2025, p.1). World events include both international actualities (COVID-19 pandemic, Russian war in Ukraine..) and long-term issues affecting people more directly in their living conditions (climate change, unemployment, rising food and energy costs). Austerity measures and policies can worsen young people's mental health and foster inequalities (Heather Brown et al., 2024).

Indeed, as presented by the World Economic Forum, young people's happiness is described as declining in the world due to different pressures (social, economic, technological and ecological) (Moose & Bhargawa, 2024).

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## Climate change negatively affects young people's daily life and their mental health

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*(Hickman et al., 2021)*

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French studies outlined the general worries about the future especially regarding climate and political environment (CESE, 2025). Individual factors such as the feeling of loneliness, as well as environmental factors like accommodation (Dubois & Nivakoski, 2025) and financial situation, can also constitute risk indicators for depression symptoms and suicidal behaviours (Hazo, 2025).

The strong rise in inflation in Europe had a long-term impact for students – although inflation is almost back at normal levels (2% as targeted by the European Central Bank). **The risk of poverty and social exclusion is a considerable weight for almost a quarter of European Union young people.** This burden decreases with age (21% risk for 25 to 29 age group) (European Commission, 2025). In their study on the role of financial stress in student well-being, Eurostudent reported that, on average, 26% of surveyed students experienced serious or very serious financial difficulties (Raihhelgauz & Kendrali, 2024). In France, a quarter of students live with less than 100 euros for a month once they have paid their rent (Le Monde avec AFP, 2026). Several studies outlined impacts of financial difficulties on mental health and well-being among students (Raihhelgauz & Kendrali, 2024). The Lancet Psychiatry Commission outlines impacts of neoliberalism, leading to an emerging “precariat” society :

**“In WEIRD [Western, Educated, Industrialized, Rich and Democratic] countries at least, this political and economic megatrend unleashed in the 1980s has produced rising intergenerational inequality and a serious erosion of job security for young people entering the workforce, wealth transfer from the younger to the older generations, reduced prospects of home ownership with the added insult of a rental accommodation crisis, and rising student debt.” (McGorry et al., 2024, p.25)**

It is also worth mentioning that commercial determinants influence mental health. Commercial actors, including transnational companies, may have a positive impact, while others are held “responsible for escalating rates of avoidable ill health, planetary damage, and social and health inequity” (Gilmore et al., 2023, p.5). **The health-harming industry (such as tobacco, ultra-processed foods, fossil fuels, alcohol gambling industries) cause 2,7 million deaths just in the European region every year (Burki, 2024; World Health Organization, 2024).** The commercial practices of social media have the power to influence health and well-being. If we note their capacity to strengthen people’s agency, “multiple studies have shown that the content that young people consume on social media platforms may contribute to heightened body image concerns (Choukas-Bradley et al., 2022) and mental health issues (particularly for girls) (Choukas-Bradley et al., 2022; Twenge et al., 2022, as cited in Pitt et al., 2024, p.3)” (Pitt et al., 2024, p.3). There is evidence that it also affects children and young people’s health, mental health and well-being. Commercial practices, social media content and marketing strategies, negatively impact children’s and adolescents’ mental health (Carrasco et al., 2025).

The European Commission encouraged policies in various areas to encompass mental health issues and consequently support mental health resilience (European Commission, COM/2023/298 final, 2023). Indeed, improving inequality and quality of life will improve mental health, especially in children (World Health Organization and Calouste Gulbenkian Foundation, 2014).

We do not have specific literature on how environmental, economic and commercial determinants affect students’ mental health specifically within the geographic area of our research.



1.4

# Accessibility of mental health services

The accessibility and availability of mental health services across Europe remain unevenly distributed.

**If not treated effectively, mental illness are for young people “a major cause of premature death from physical illness and from suicide”**

*(McGorry et al., 2024, p.2)*

Access to appropriate care at the right time is still limited to a minority of individuals, due to multiple barriers, including insufficient service provision, financial constraints, and reduced care-seeking linked to stigma and discrimination (WHO Regional Office for Europe, 2025).

**In addition, the structural complexity of health-care systems, combined with personal and social barriers, continues to discourage individuals from seeking help.** A significant proportion of young people do not seek treatment while living with mental ill-health (McGorry et al., 2024). As highlighted by the World Health Organization, only a minority of people experiencing mental health conditions in the European region are able to access the care they need (WHO Regional

Office for Europe, 2025). Regional social inequalities in health are a reality : access to healthcare is hampered by numerous structural, personal and societal barriers, such as geographic origins (urban and rural), gender, mobility etc.

**Across the European Union, it is estimated that around half of individuals aged 18 to 29 who require mental health support do not receive adequate care (OECD, 2025a).** Among young people, and students in particular, unmet mental health needs remain especially high, notably due a negative balance between demand and resources (McGorry et al., 2024). Even when services are available, barriers to help-seeking persist. According to a Eurofound survey (2023), long waiting times constituted the primary barrier to mental healthcare access among individuals with emotional or psychosocial problems, with 68% reporting difficulties in obtaining a diagnosis or treatment due to waiting lists, compared with other barriers such as cost, limited knowledge, discrimination, geographical constraints, and fear of specialists (Dubois & Nivakoski, 2025).

In France in 2023, a majority of young people experiencing psychological distress during the months leading up to the survey had not consulted a psychologist or psychiatrist within the past year. **Specifically, 67% of those with moderate psychological distress (MHI-5 ≤ 45) and 57% of those with clinical-level distress (MHI-5 clinical threshold) reported no consultation (Frajerman et al., 2025).** Furthermore, concerns about the quality of care are widespread. According to Eurofound “in the EU, 46% of people who had experienced emotional or psychosocial problems in the previous 12 months scored the quality of mental healthcare services at below 5 on a scale from 0 (poor) to 10 (excellent)” (Dubois & Nivakoski, 2025, p.1).



Across the countries studied (Austria, France, Germany, Ireland, Switzerland, the United Kingdom), no standardized indicator exists regarding the number of psychologists per student. There are no official standards in Europe whereas it is set in international guidelines at 1 psychologist per 1 000 to 1 500 students (IACS / university standards). However, available evidence suggests that most higher education systems operate with ratios significantly below recommended levels. Estimates from our previous report illustrate this gap: in France around 1 psychologist per 15 000 students in 2022, 1 per 6 248 students in Austria in 2022, 1 per 2009 students in Scotland in 2022, 1 per 2600 students in Ireland. Due to the absence of standardized national data, these estimates are based on indirect indicators, including service structure, utilisation rates, and broader mental health system characteristics. These variations highlight both the overall under-provision of services and the significant disparities in resource allocation across countries.

Taken together, these findings highlight a significant mismatch between the growing demand for mental health support and the capacity of existing services. Addressing this gap requires not only increasing the availability of services, but also improving their accessibility, affordability, and acceptability. This need for systemic improvement is emphasized by the European Observatory on Health Systems and Policies **“promoting and protecting the mental health of young people across the WHO European Region is a moral and economic imperative – one that requires stepping beyond traditional silos toward holistic, cross-sectoral strategies”** (Redlich et al., 2025, p.18).

In this context, a wide range of stakeholders have a role to play in strengthening student mental health support systems, including higher education institutions, national and European policymakers, international organisations, and civil society actors (K. Hart et al., 2025).



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## Conclusion

Overall, our literature review has provided new insights into the state of student mental health in Europe as of 2025. These findings build upon our previous research, which offered a deeper analysis of health determinants, and underscore the persistent lack of recent, comprehensive data particularly in countries like Austria, where resources are scarce.

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### Student mental health in 2025 remains a critical concern, with rising prevalence of disorders, significant well-being deficits, and ongoing barriers to care across the continent.

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This evidence gap contributes to fragmented and often inadequate policy responses, emphasizing the urgent need for increased investment, coordinated research, and the development of concrete, evidence-based policies. The WHO estimates that every dollar invested in treating depression and anxiety generates a return of four dollars in improved health and productivity (World Health Organization, 2016). In this context, investing in students' mental health appears all the more strategic, notably thanks to cost-effectiveness with prevention and promotion interventions in mental health (Le et al., 2021). This period of life is a key time for education, integration, and the development of career paths.

Failing to take their mental health into account undermines this initial investment, with potential consequences such as dropping out, reduced career integration, or increased long-term health-care needs. Conversely, supporting mental health during one's studies not only improves well-being and academic success but also sustainably strengthens individual and collective capacities. Student mental health thus emerges as a lever for educational, health, and economic progress. However, investments in mental health cannot be reduced to economic and productivity issues at the societal level. Neither mental health is neglected and underinvested in public policies. There are growing interests in switching from mental health alone to mental health & well-being, and see it from a Human Rights Perspective (Mahomed, 2020).

Aligned with Mental Health Europe, an independent European non-governmental network organization, latest Brief, mental health is not enough considered as a structural issue. There is a need to adopt cross-sectoral policies in a long-term vision (Mental Health Europe, 2026).

To improve access to mental health services, stakeholders must adopt a multi-faceted approach, tailoring interventions to diverse needs. As Eurofound recommends, this includes "referral to support beyond mental healthcare (e.g. debt advice) and, in non-emergency cases, to group sessions, peer support and online mental health promotion and therapy services." (Dubois & Niivakoski, 2025, p.2). Addressing student mental health effectively requires not only scaling up resources but also ensuring that interventions are accessible, inclusive, and responsive to the evolving challenges faced by young people in higher education. The Lancet Psychiatry addressed key elements of youth mental health care such as community awareness; youth engagement; holistic and optimistic approach; easiest, rapid and affordable entry to care; strong connections with schools and tertiary educational organisations... (McGorry et al., 2024).

Building on these findings, it is crucial to complement the existing literature with field-based insights that reflect students' lived experiences. Data collected by student-led support services offer a unique and valuable perspective. The following section therefore draws on Nightline Europe's data to further explore mental health in Europe of students reaching out to a Nightline.

Addressing student  
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effectively

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in higher  
education.



# Nightline Europe

a collaborative network since 2023

## ● The Nightline model

A Nightline is a non-profit, student-run listening and support service offering to other students confidential and non-judgemental peer support by call and/or chat. Nightlines operate at night, providing a listening ear when feelings of loneliness and anxiety can be more intense. They also provide support when other systems may be closed and, when necessary, refer callers to appropriate resources.

The concept of Nightline emerged in 1970 at the University of Essex in England. A university lecturer and a university chaplain noticed high levels of stress and anxiety among university students. They believed that these problems were exacerbated by the fact that students had no one to talk to. They trained a group of students to provide emotional support to their peers over the phone, forming the first Nightline ever.

The first Nightline was thus highly innovative: through its peer support, emphasis on empowerment and on the creation of supportive environments for students, it implemented the participatory and community-based mental health support practices that would later be formalized as health promotion strategies in the Ottawa Charter in 1986.

The Nightline model was replicated elsewhere in the United Kingdom and then in six European countries, in Canada and the United States. There are now nearly 70 Nightlines around the world. In each country and city, the launch of a Nightline is driven by students committed to the mental health of their peers, supported by professionals. They are often situated within a local university/group of universities or High Education community. Some also have employees alongside their volunteers to support the development of the organisation.

**The support provided within a Nightline is generally based on four key principles:**

- ① Confidentiality
- ② Anonymity
- ③ Non-judgmentality
- ④ Non-directivity

This “by and for students” initiative has a positive impact both for beneficiaries and volunteers, according to two studies recently organized by Nightline France (Asdo études, 2025a, 2025b).

**Free, non-judgemental and non-directive,** Nightlines offer a space where students' voices are welcomed, valued and heard. This responds to the callers' need of being able to verbalize their problems in a neutral, accessible and supportive space. The peer-to-peer dimension also plays a decisive role in creating a climate of trust. The listening service supports students' immediate and long-term well-being, emotional understanding, and engagement with mental health.

All Nightlines guarantee a secure framework for volunteers: before starting as Nightline volunteers, students receive a minimum of 15 hours training course (on average 32 hours) on how to take calls safely and without judgement. Afterwards, they are continuously trained and accompanied by a dedicated volunteer team and a number of professionals, including psychologists. An experience at Nightline contributes to volunteers' mental-health literacy, communication and reflexive skills, while supporting their personal development, social integration, and commitment to civic engagement.

**As part of a community health approach, Nightlines have the capacity to provide qualitative insights to better guide local actions and raise awareness about student mental health.** Aware of this and of their unequal internal capacities, in the last few years, the three regional/national Nightline federations in Europe: Förderinitiative Nightlines Deutschland (German-speaking Nightlines in Austria, Germany and Switzerland), Nightline Association United Kingdom (closed since 2025) and Nightline France, together with Niteline Ireland, discussed closer cooperation, recognising the benefits of working together on student mental health to boost attention, investment and action on the issue at European level.

1970

1986

## ● Nightline Europe The emergence of an ecosystem of European Nightlines committed to helping their peers

**2023** In the fall of 2023, Nightline Europe was officially created with a clear vision: to build a Europe where students feel supported, heard, and connected, where mental health is recognised as fundamental to student life and valued by institutions, policymakers, and communities alike. Through collaboration, shared learning, and collective action, Nightline Europe helps ensure that student mental health is understood, destigmatised, and acted upon at every level. Today, Nightline Europe is run by student members elected by its members and is financially supported by Nightline France to sustain its development. Members are individual and autonomous Nightlines except for Nightlines in France and Ireland. Nightline is a registered trademark in France, and each city/regional branch is legally and organisationally part of Nightline France. NiteLine is a registered charity in Ireland, and represents volunteers from 11 affiliated colleges across the country.

Member Nightlines are building a referral network with the following objectives in mind:

### Create links between existing and future European Nightlines in order to :

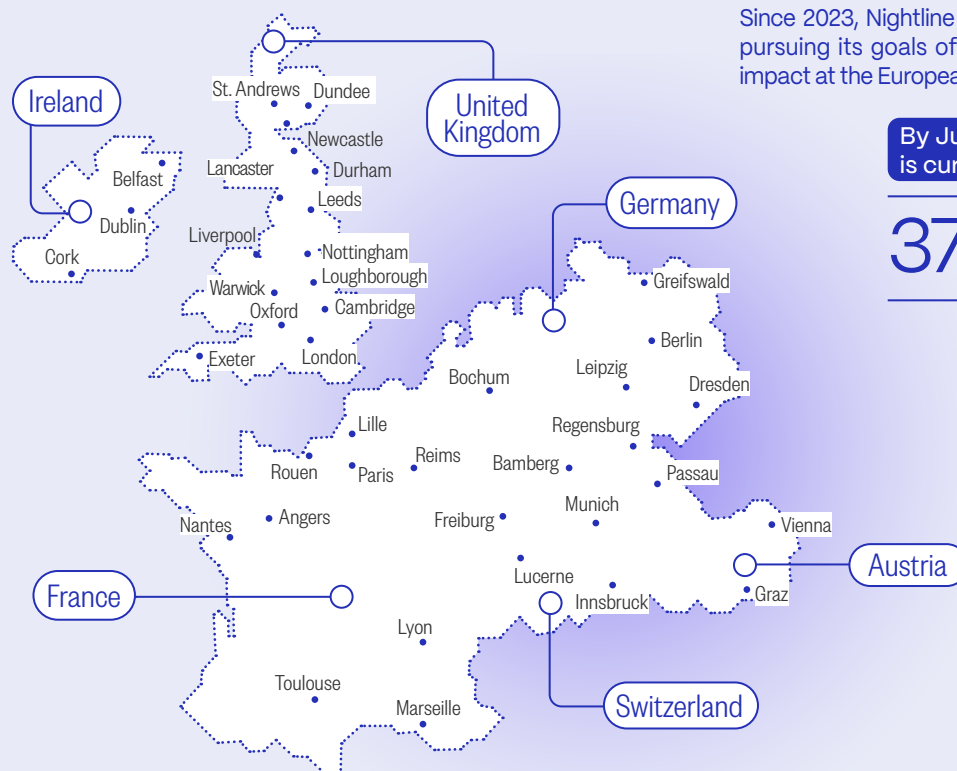
- Share best practice, tools and knowledge on student mental health;
- Safeguard and improve the quality, accessibility and availability of European Nightline student services ;

### Support the development and impact of Nightlines in Europe :

- Implement innovative projects dedicated to mental health for young people;
- Access funding for existing or new Nightlines;
- Boost visibility of the network and its members, its projects, and student mental health as a public policy issue;

### Improve awareness and action on student mental health in Europe.

Since 2023, Nightline Europe has been determinedly pursuing its goals of cooperation, structuring, and impact at the European level.



By June 2026, the network is currently constituted

**37** members in **6** countries

**At the beginning of 2026, the network represented more than 1 400 committed students across Europe, strengthening a transnational community of young people dedicated to student mental health.**

Over the last few years, members have collaborated on the implementation of several structuring projects directly aligned with the network's ambitions, including:

- the publication, in May 2026, of a ["Starter Kit"](#) outlining the principal steps and requirements for opening a Nightline service, now available upon request;

- the consolidation of a European community committed to mutual learning through the Annual European Conference and the online Living Library, both designed to facilitate the exchange of best practices;
- the harmonisation of data collection and analysis, which led to the publication of the first Report on *Student Mental Health in Europe* (Hart et al., 2025). This collaborative project, led by volunteer members and supported by the Programs and Research team at Nightline France, marked a major step forward in recognising the network's expertise and its capacity to provide qualitative insights to better guide actions and public policies related to student mental health at the European level.

02



Nightline Europe  
data on Student  
Mental Health  
in Europe in 2025



## Introduction

The collective analysis of the network's data is particularly important, as field data on student mental health remains insufficient across Europe: not collecting data means not understanding the realities students face. Through Nightline

Europe, both qualitative and quantitative data can be gathered to better understand, for example, the main issues raised by callers, thereby helping to inform and alert public authorities and policymakers.

2.1

# Data collection

While respecting the fundamental principles of a Nightline (confidentiality, anonymity, non-judgmentality and non-directivity) and in compliance with the European General Data Protection Regulation (GDPR), Nightlines routinely collect a number of data about the taken calls and chats. Both caller and volunteer anonymity are secured – Nightlines do not collect any information that could identify either Data collection is done by member Nightlines as it provides notable insight at a local level, for example to understand what are the peak times of contact, who is reaching out to the service and why. Nightlines are autonomous and independent on their collecting systems. Some Nightlines collect data on an online or cloud-based software and others have designed a specific program (such as Portal, Nightline Studio, or Moodle).

For each listening shift, a number of information is registered: number of volunteers present, number of contacts taken (contacts actually answered by the volunteers) and sometimes number of contacts received (all attempts to call/message the Nightline, answered or not). The data privacy provisions are displayed and specific to each Nightline.

### Nightlines do collect

#### Operational data regarding their Nightline

- Number of volunteers;
- Number of shifts;

#### Metadata, automatically recorded

- Duration of contacts;
- Format of contacts (e.g. call or chat);

#### Data reported by volunteers after each contact (such data are based on interpretation)

- Gender of the caller (if known);
- Themes discussed during the contact;
- Whether the contact was abusive (meaning not respecting the purpose of an helpline);
- Whether the contact was suicide or self-harm-related.

Data collection is handled independently by each Nightline and is not standardized. For the purposes of this report, we have agreed on the categories of data to be provided.

### The analysis of data collected across the network serves three main purposes

- 1 To complement and illustrate the research findings presented in this report;
- 2 To identify the themes more often addressed by callers across the network;
- 3 To highlight structural challenges in data collection and the need for greater institutional investment in harmonised monitoring systems at European level.

# 2.2 Methodology

13 members in Austria: Graz, Innsbruck and Vienna; 7 members in France: Grand-Est, Ile-de-France, Nord-Pas-de-Calais, Normandie, Occitanie, Pays de la Loire and Rhône-Alpes; 10 members in Germany: Bamberg, Berlin, Bochum, Dresden, Freiburg, Greifswald, Leipzig, Munich, Passau and Regensburg; 1 member in Ireland: Dublin-Limerick; 1 member in Switzerland: Lucerne; 11 members in the United Kingdom: Cambridge, Durham, Lancaster, Leeds, London, Newcastle, Nottingham, Oxford, Queen's University of Belfast, St Andrews and Warwick

This section presents data collected between January and December 2025 by 32<sup>1</sup> of the 37 members of the Nightline Europe network. Some of our members were unable to provide data due to local difficulties resulting in closure of the Nightline for a long period or because they joined the network after the collection period.

As seen earlier, members currently use different local tools to aggregate data, which can be a specialist application or software connected to each Nightline's volunteer, in which the volunteer can enter the required information. The Nightlines of Nightline France use a specially designed programme called Nightline Studio, many German-speaking Nightlines use Moodle and British Nightlines use Portal. As each member had their own scoring grid after a contact, a collective effort was made to define a common grid for the European network. After that, the data was provided by each Nightline independently in this common framework, consolidated and analysed by Nightline France's Research Team. The selected themes are those listed here

**The data provided by each Nightline include**

- Number of volunteers,
- Number of contacts taken,
- Number of nights opened,
- Average duration of contacts,
- Number of abusive contacts,
- Number of suicide or self-harm-related contacts,
- Gender of the caller (collected by only a few Nightlines),
- Themes addressed during the contacts.

Due to differences in local systems, historical development, and cultural context, not all Nightlines collect the same variables, even within the same country. Moreover, we are not able to conduct comparisons including descriptive analysis on data from Ireland and Switzerland, the sample size being too small – only one Nightline from each country is part of Nightline Europe.

To reduce distortions linked to differences in service size and activity levels, analyses were conducted at the member level using percentages rather than absolute numbers

**For each parameter**

- 1 A percentage was calculated within each Nightline that collected the relevant data;
- 2 Country-level results were calculated as the mean of Nightline percentages within that country;
- 3 The "Global" results were calculated as the mean of Nightline percentages across the network.

# 2.3 Findings

23 members in Austria, 7 in France, 5 in Germany, 1 in Ireland, 1 in Switzerland and 9 in the United Kingdom

The 32 reporting Nightlines vary considerably in size and operational capacity:

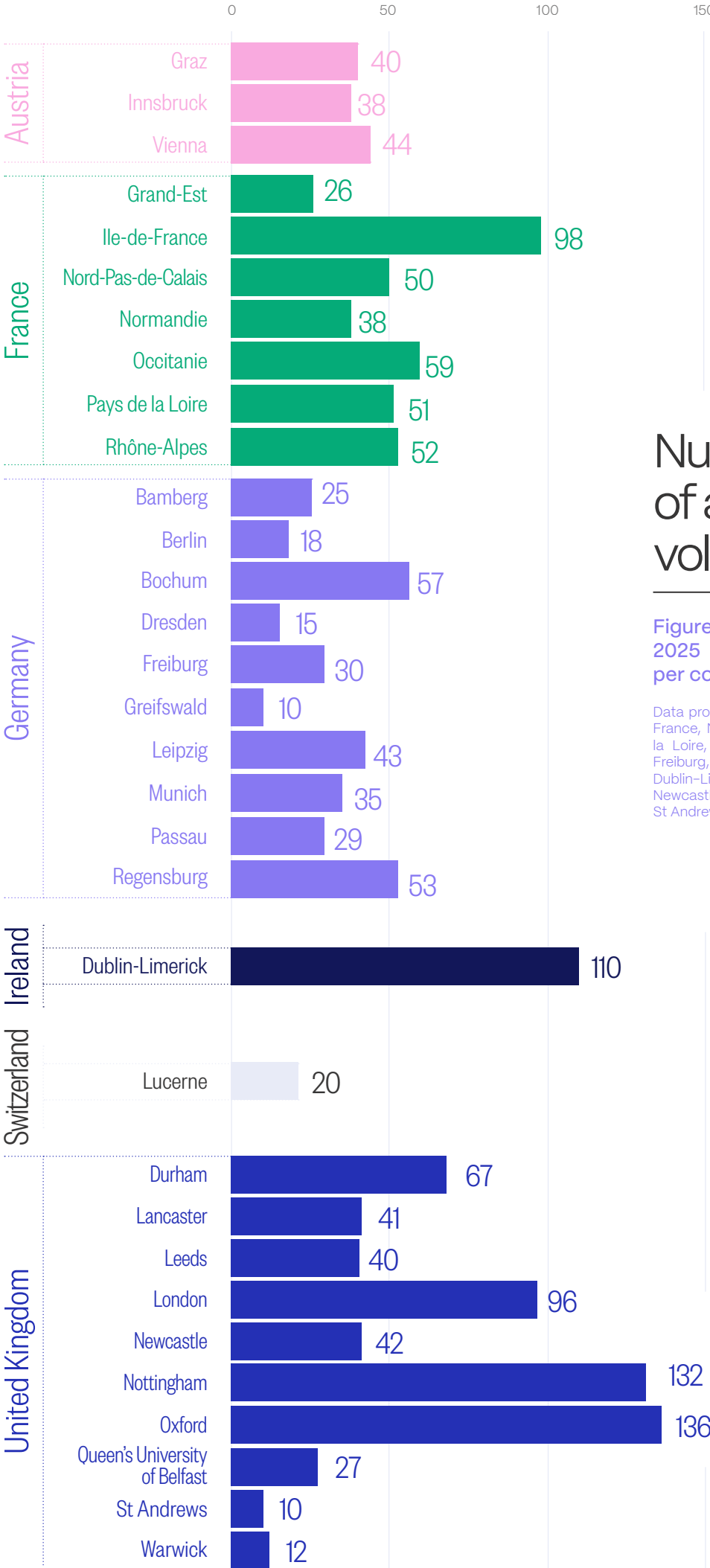
- The number of active volunteers per Nightline in 2025 ranged from 10 to 136 (mean 48) (Fig. 1);
- The number of nights the listening service was open during the report period ranged from approximately 50 to nearly 300 per Nightline in 2025 (mean 172).

All 32 Nightlines offered students the possibility to contact the volunteers by phone (calls), 25 of them also proposed the option of an online messaging system (chats)<sup>2</sup>.

Altogether, in 2025, more than



As not all Nightlines are able to record the number of unanswered contacts, it is not possible to ascertain the total number of times students reached out across the network during the report period. In France, where such data is collected, for 13 195 contacts taken, 17 881 remained unanswered because the volunteers were already engaged on other calls/chats. This suggests that actual demand for support may significantly exceed current Nightlines capacities.



# Number of active volunteers

Figure 1 : Number of active volunteers in 2025 in each Nightline Europe member, per country.

Data provided by Graz, Innsbruck, Vienna, Grand-Est, Ile-de-France, Nord-Pas-de-Calais, Normandie, Occitanie, Pays de la Loire, Rhône-Alpes, Bamberg, Berlin, Bochum, Dresden, Freiburg, Greifswald, Leipzig, Munich, Passau, Regensburg, Dublin-Limerick, Lucerne, Durham, Lancaster, Leeds, London, Newcastle, Nottingham, Oxford, Queen's University of Belfast, St Andrews, Warwick

# Number of contacts per country

● Chats ● Calls

Figure 2 : Number of contacts taken in 2025 by Nightline Europe members, per country and per type of contact (calls and chats)

Data provided by Graz, Innsbruck, Vienna, Grand-Est, Ile-de-France, Nord-Pas-de-Calais, Normandie, Occitanie, Pays de la Loire, Rhône-Alpes, Bamberg, Berlin, Bochum, Dresden, Freiburg, Greifswald, Leipzig, Munich, Passau, Regensburg, Dublin-Limerick, Lucerne, Durham, Lancaster, Leeds, London, Newcastle, Nottingham, Oxford, Queen's University of Belfast, St Andrews, Warwick

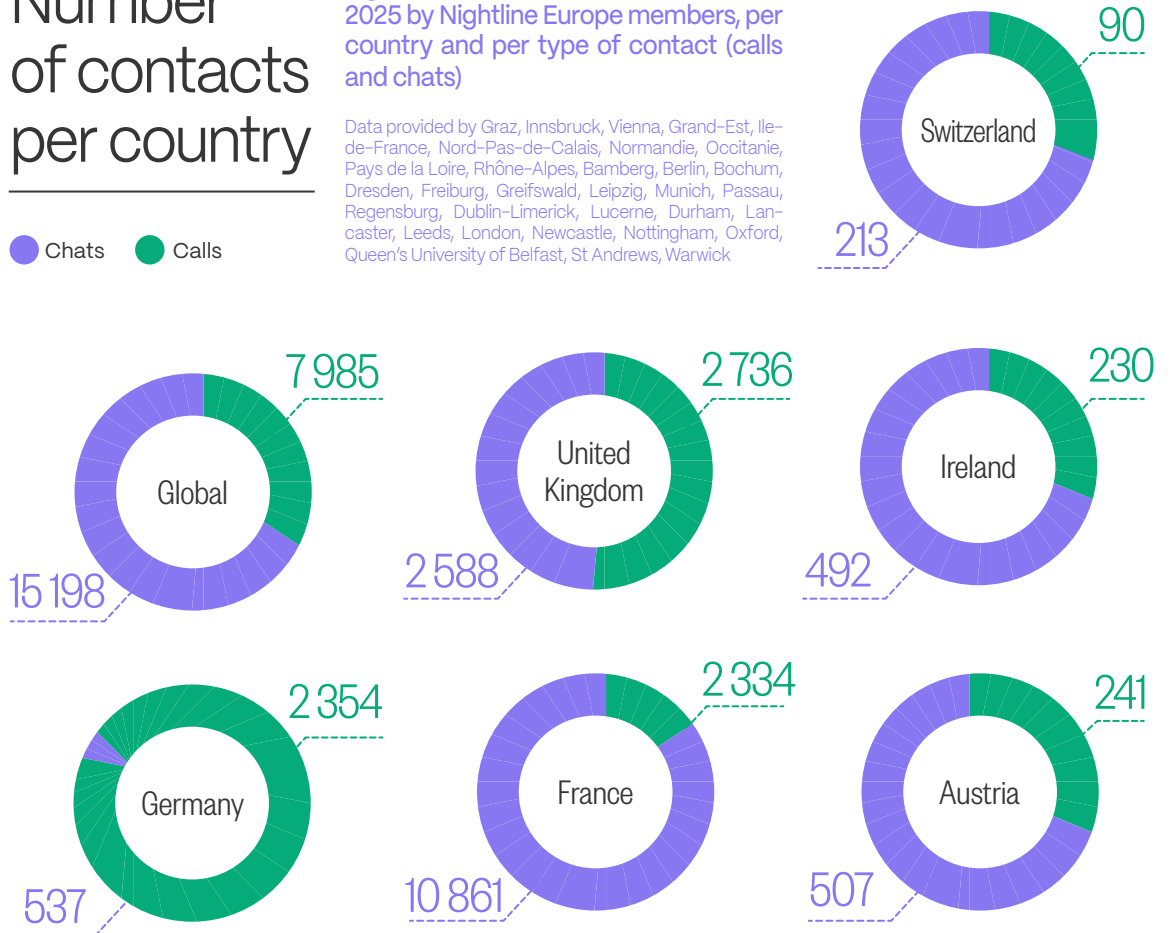
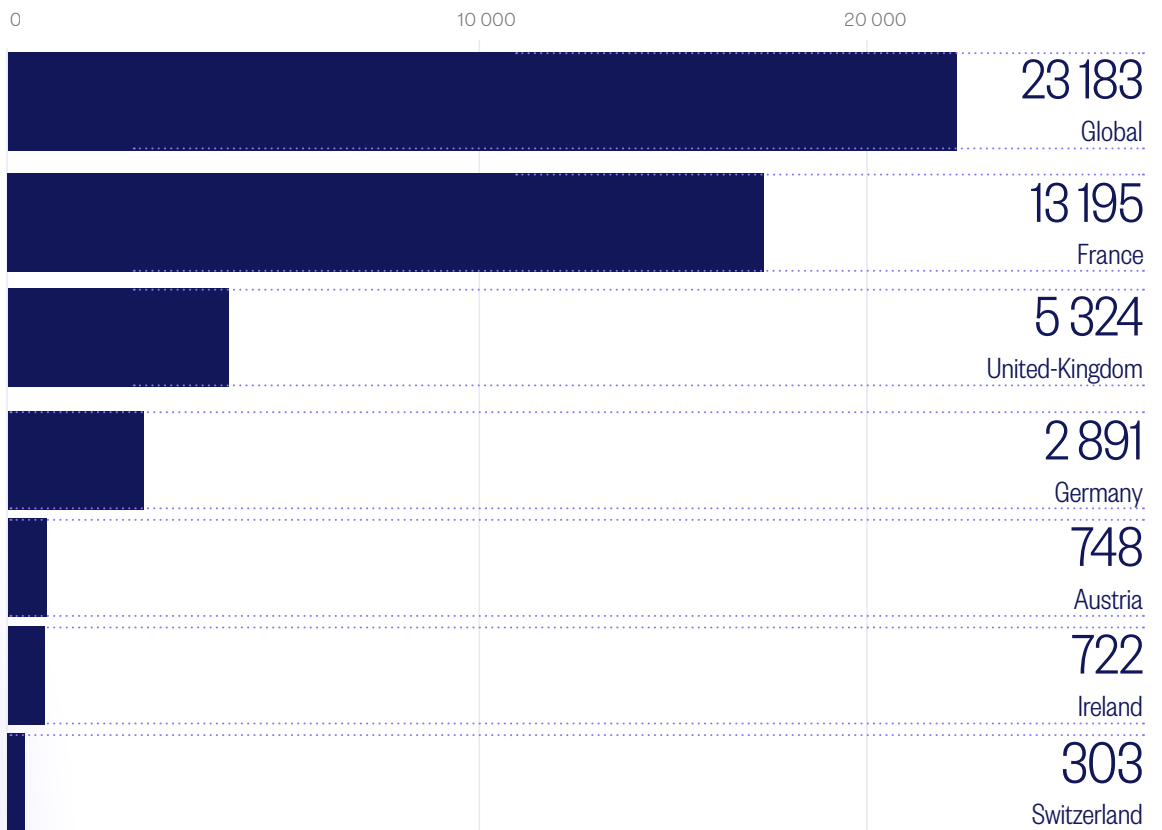


Figure 3 : Number of contacts taken in 2025 by Nightline Europe members, per country and per type of contact (calls and chats)

Data provided by Graz, Innsbruck, Vienna, Grand-Est, Ile-de-France, Nord-Pas-de-Calais, Normandie, Occitanie, Pays de la Loire, Rhône-Alpes, Bamberg, Berlin, Bochum, Dresden, Freiburg, Greifswald, Leipzig, Munich, Passau, Regensburg, Dublin-Limerick, Lucerne, Durham, Lancaster, Leeds, London, Newcastle, Nottingham, Oxford, Queen's University of Belfast, St Andrews, Warwick



## Preferred Contact Methods

Among the 25 Nightlines offering both call and chat options, an average of:

**65,6%** contacts occurred via chat

and

**34,4%**

through calls (Fig. 2).

Some differences among countries were evident: in almost all countries, chats significantly outnumbered calls, in Austria and France, over 80% of contacts occurred by chat. On the contrary, in Germany, contact to Nightline occurred mostly by phone call (73%) and in the United Kingdom approximately half of the contacts occurred by chat.

Some Nightlines do not offer chat possibility, notably in Germany (among all members, Vienna, Bamberg, Berlin, Dresden, Leipzig, Passau, Warwick).

## Duration of Contacts

Comparing the duration of calls and chats, it appears that, on average, **chats were longer than calls** across the Nightline Europe network.

The average call duration was **35** minutes  
(range: 9–62 minutes),

while the average chat duration was **47** minutes  
(range: 21–67 minutes) (Fig. 4)

Overall duration of Calls vs Chats ( $p = .005$ ). Calls were generally longer in France (mean 48 minutes) and shorter in the United Kingdom (mean 21 minutes). Duration of contacts in France vs UK ( $p < .001$ ).

### Reflection

Many factors may determine this preference both from callers and volunteers perspectives. The usage of calls vs chats might be impacted by:

- the size and structure of the Nightline (rooms large enough to take calls at the same time...);
- communication strategy to present the service (emphasis on calls or chats...);
- institutional partnerships;
- local culture and preferences;
- informal practices passed on during peer;
- training sessions;
- technological availability...

It is essential to maintain multiple channels of contact in order to ensure accessibility and inclusivity, and reach a wider audience, who may prefer a phone call or a chat.

### Reflection

The wide variation in both call and chat duration suggests differences in service structure, user expectations, and a heterogeneity in user needs and case complexity.

Longer chat durations may reflect the slower pace of written communication. Also, differences between countries may indicate variations in service organization, cultural communication styles or time management constraints.

# Mean Contacts duration (minutes)

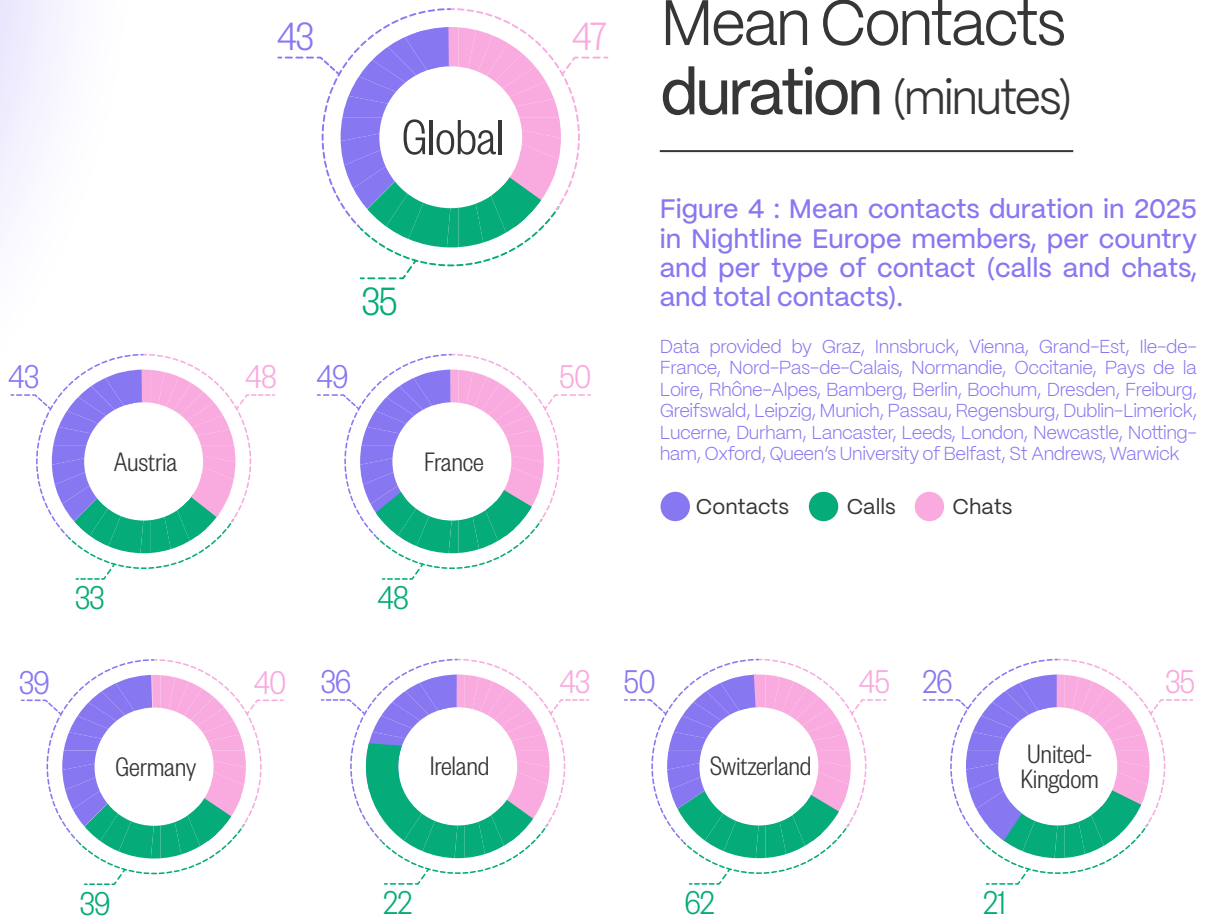


Figure 4 : Mean contacts duration in 2025 in Nightline Europe members, per country and per type of contact (calls and chats, and total contacts).

Data provided by Graz, Innsbruck, Vienna, Grand-Est, Ile-de-France, Nord-Pas-de-Calais, Normandie, Occitanie, Pays de la Loire, Rhône-Alpes, Bamberg, Berlin, Bochum, Dresden, Freiburg, Greifswald, Leipzig, Munich, Passau, Regensburg, Dublin-Limerick, Lucerne, Durham, Lancaster, Leeds, London, Newcastle, Nottingham, Oxford, Queen's University of Belfast, St Andrews, Warwick

● Contacts ● Calls ● Chats

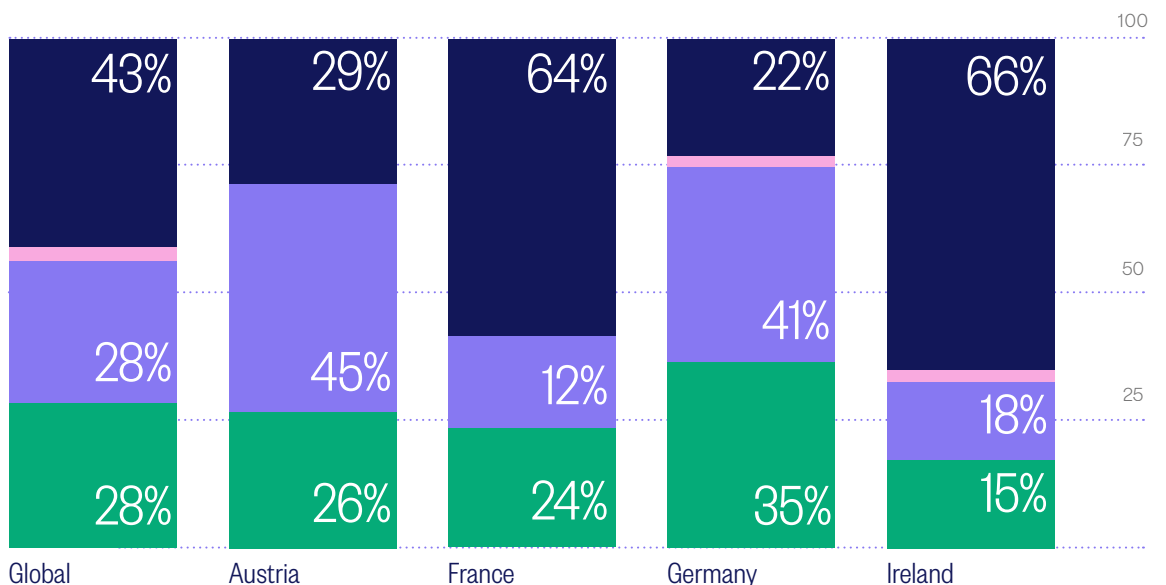
## Gender

Many Nightlines do not collect callers' gender data, as contacts are anonymous. Consequently, we can't assume a trend in gender identity of those who are contacting the listening line. Moreover, it is even more complicated to identify gender through chat. Where the information is collected (2 members in Austria, 7 in France, 7 in Germany and 1 in Ireland), volunteers do not infer gender based on assumptions and gender is documented only if the caller explicitly self-identifies. As a result, a significant proportion of contacts are classified as "unknown gender" (Fig. 5).

Figure 5 : Mean percentage of contacts per gender in 2025 in Nightline Europe members in which this information was collected, per country

Data provided by Innsbruck, Vienna, Grand-Est, Ile-de-France, Nord-Pas-de-Calais, Normandie, Occitanie, Pays de la Loire, Rhône-Alpes, Bochum, Dresden, Freiburg, Greifswald, Leipzig, Munich, Regensburg, Dublin-Limerick

— Women  
— Men  
— Non-binary  
— Unknown



## Reasons for contact

In order to enable a global overview and a cross-country comparison of the principal subjects addressed by students contacting Nightline Europe, the network members agreed on seven harmonised thematic categories: Mental Health, Personal life, Physical health, Relationships, Sexuality, Society and Studies & work.

The subcategories defining each category are as follows

→ **Mental health:** Mental illness – Including mental impairment, eating disorders, depression, addiction; Mental distress – Including alcohol/drug abuse, insomnia, stress/anxiety, sadness/depression, psychological distress; Suicide – Including suicidal thoughts, suicide passive risk, suicide active risk, suicide immediate risk, suicide attempt; Self-harm

→ **Personal life:** Identity – Including gender identity, religion and spirituality, ethnicity; Daily life – Including housing, future and perspective, finances, fears and worries; Intimate – Including pregnancy, abortion, body image, self-esteem, victim of an assault/crime

→ **Physical health:** Illness – Including chronic illness, disability, bodily impairment; Disorders – Including insomnia and/or recurring sleeping problems, eating disorders

→ **Relationships:** Romantic relationships – Including sexual orientation, LGBTQ+, romantic and sexual relationships; Violent relationships – Including discrimination, bullying, domestic violence, attack, harassment (physical or verbal), violence, abuse, emotional abuse; General relations to other: Including social relations and integration, friendships, family, loss, bereavement, isolation, homesickness, loneliness, grief

→ **Society:** General society (news); Direct impact society – Housing, pandemic and consequences, ecology and environment

→ **Studies & work:** Including career, study and work, exams, doubts about the field

→ **Sexuality:** Including sexual health, sexual concerns; Sexual violence – Including incest, sexual abuse, rape, sexual harassment

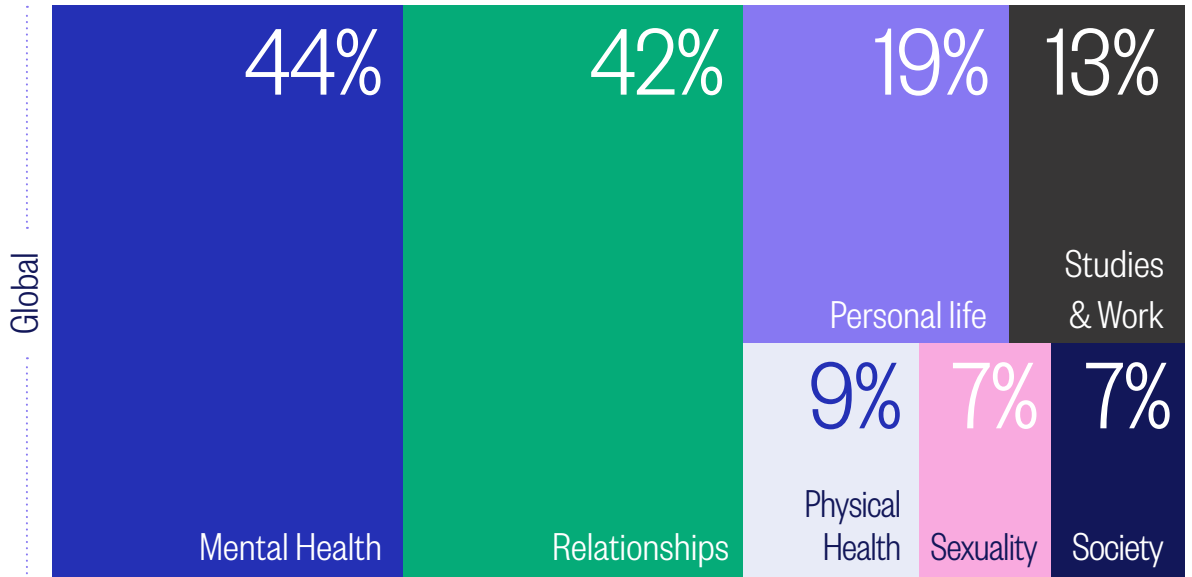
For each contact, volunteers indicate all themes addressed during the call/chat: there are multiple themes for each participant. The results are cumulative.

Across the network, the two most frequently addressed topics were students' Mental Health and Relationships (treated during 44% and 42% of contacts, respectively). Other recurring themes were Personal life and Studies and Work (treated during 19% and 13% of contacts, respectively). Physical Health, Sexuality and Society were treated during 9%, 7% and 7% of contacts, respectively (Fig. 6 and 7). No significant difference was observed in topics discussed over calls or chats.

# Proportion of contacts during which each theme was addressed

Fig. 6: Proportion of contacts during which each theme was addressed by students in 2025 across the Nightline Europe network - NB, multiple themes might be addressed during each call/chat, the results are cumulative.

Data provided by Graz, Innsbruck, Vienna, Grand-Est, Ile-de-France, Nord-Pas-de-Calais, Normandie, Occitanie, Pays de la Loire, Rhône-Alpes, Bamberg, Berlin, Bochum, Dresden, Freiburg, Greifswald, Leipzig, Munich, Passau, Regensburg, Dublin-Limerick, Lucerne, Durham, Lancaster, Leeds, London, Newcastle, Nottingham, Oxford, Queen's University of Belfast, St Andrews, Warwick



## Reflection

In order to go a bit further in the comprehension of motivation for contacting a Nightline, we also analysed the percentage of contacts during which 16 themes' "sub-categories" were addressed. The results are presented in Table 1.

**The data suggest that students primarily seek support for issues related to mental distress and interpersonal relationships (each being addressed in 25% of contacts), while other concerns including romantic relationships and studies or work-related matters (13% each), mental illness (12%) and personal life challenges, such as housing, finances, and future uncertainty (11%) also represent significant areas of discussion.**

Their concerns go beyond academic subjects alone, they focus on psychosocial well-being and challenges of social connection. Accessible support services such as Nightlines can provide a space to create social connectedness and discuss emotional distress.

Fig. 7: tab 1: Mean percentage of contacts during which each theme was addressed by students in 2025 across the Nightline Europe network. Data are presented on a heatmap with a hot-to-cold color gradient representing decreasing quantitative values. The percentages are calculated based on the number of times the associated category was checked following a chat/call. Volunteers can select multiple categories for each call/chat.

Data provided by Graz, Innsbruck, Vienna, Grand-Est, Ile-de-France, Nord-Pas-de-Calais, Normandie, Occitanie, Pays de la Loire, Rhône-Alpes, Bamberg, Berlin, Bochum, Dresden, Freiburg, Greifswald, Leipzig, Munich, Passau, Regensburg, Dublin-Limerick, Lucerne, Durham, Lancaster, Leeds, London, Newcastle, Nottingham, Oxford, Queen's University of Belfast, St Andrews, Warwick

| Category        | Sub-category  | % Contacts |
|-----------------|---|------------|
| Mental Health   | Mental distress – Including alcohol/drug abuse, insomnia, stress/anxiety, sadness/depression, psychological distress  | 25%        |
| Relationships   | General relations to other – Including social relations and integration, friendships, family, loss, bereavement, isolation, homesickness, loneliness, grief | 25%        |
| Relationships   | Romantic relationships – Including sexual orientation, LGBTQ+, romantic and sexual relationships  | 13%        |
| Studies & Work  | Including career, study and work, exams, doubts about the field of study/work, PhD, studies   | 13%        |
| Mental Health   | Mental illness – Including mental functional impairment, eating disorders, depression, addiction  | 12%        |
| Personal Life   | Daily life – Including housing, future and perspective, finances, fears and worries   | 11%        |
| Mental Health   | Suicide – Including suicidal thoughts, suicide passive risk, suicide active risk, suicide immediate risk, suicide attempt; Self harm                        | 7%         |
| Personal Life   | Intimate – Including pregnancy, abortion, body image, self-esteem, victim of an assault/crime   | 6%         |
| Sexuality       | Sexual violence – Including incest, sexual abuse, rape, sexual harassment   | 5%         |
| Relationships   | Violent relationships – Including discrimination, bullying, domestic abuse, attack, harassment (physical or verbal), violence, abuse, emotional abuse       | 5%         |
| Physical health | Illness – Including chronic illness, disability, bodily impairment  | 5%         |
| Physical health | Disorders – Including insomnia and/or recurring sleeping problems, eating disorders   | 5%         |
| Society         | Including general society (news)  | 4%         |
| Personal life   | Identity – Including gender identity, religion and spirituality, ethnicity  | 3%         |
| Sexuality       | Including sexual health, sexual concerns  | 3%         |
| Society         | Direct impact society – Including housing, pandemic and consequences, ecology and environment   | 3%         |

**Overall, themes treated were broadly similar across countries, indicating shared challenges among students contacting Nightline in Europe (Fig 7, Table 2).** Nevertheless, some national variations emerged. For example, Austrian students appeared less likely to discuss relationships compared to students in France (15% vs 57%

of contacts addressing this theme in the two countries, respectively). Also, society issues were more mentioned by German students compared to French ones (14% vs 1% of contacts addressing this theme in the two countries, respectively). Such differences may reflect cultural norms, service positioning, or local student concerns.

Figure 8, tab. 2: Mean percentage of contacts during which each theme was addressed by students contacting Nightline in 2025, per country. Data are presented on a heatmap with a hot-to-cold color gradient representation decreasing quantitative values, per country.<sup>3</sup>

Data provided by Graz, Innsbruck, Vienna, Grand-Est, Ile-de-France, Nord-Pas-de-Calais, Normandie, Occitanie, Pays de la Loire, Rhône-Alpes, Bamberg, Berlin, Bochum, Dresden, Freiburg, Greifswald, Leipzig, Munich, Passau, Regensburg, Dublin-Limerick, Lucerne, Durham, Lancaster, Leeds, London, Newcastle, Nottingham, Oxford, Queen's University of Belfast, St Andrews, Warwick

| Theme           | Global | Austria | France | Germany | Ireland | Switzerland    | United Kingdom |
|-----------------|--------|---------|--------|---------|---------|----------------|----------------|
| Mental Health   | 44%    | 36%     | 36%    | 54%     | 14%     | 54%            | 44%            |
| Relationships   | 42%    | 15%     | 57%    | 43%     | 29%     | 52%            | 38%            |
| Personal Life   | 19%    | 11%     | 14%    | 29%     | 9%      | 7%             | 17%            |
| Studies & Work  | 13%    | 13%     | 11%    | 15%     | 13%     | 25%            | 13%            |
| Physical Health | 9%     | 3%      | 12%    | 11%     | 1%      | 11%            | 8%             |
| Sexuality       | 7%     | 1%      | 9%     | 7%      | 5%      | 1%             | 7%             |
| Society         | 7%     | 7%      | 1%     | 14%     | 3%      | - <sup>3</sup> | 6%             |

Reflection

Comparison of data collected to inform this report (MHR2) and the previous one (MHR1) must be done with caution, as the reporting periods vary (9 months over the academic year for MHR1: September 2023–May 2024, and 12 months over the calendar year for MHR2: January–December 2025) and the themes were not defined as stringently across the network for the first report.

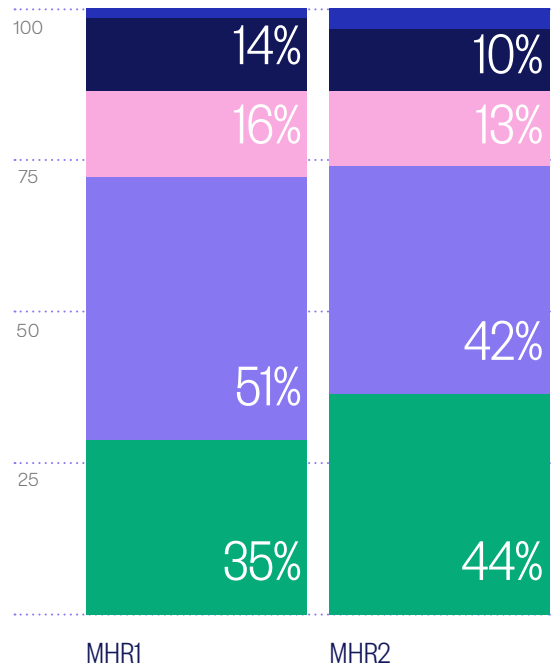
Nevertheless, comparing data collected by the Nightlines that contributed to both reports<sup>4</sup>, we can see that the mean percentage of contacts during which each theme was addressed by students was quite comparable over the two reporting periods (Fig. 8, Table 3). The only significant difference we observed was an increase in the proportion of contacts during which Mental Health was discussed by German students (14% for MHR1 and 55% for MHR2).

<sup>3</sup> The Nightline member in Switzerland did not collect information about Society as a subject of discussion during contacts

<sup>4</sup> 3 members in Austria: Graz, Innsbruck and Vienna; 7 members in France: Grand-Est, Ile-de-France, Nord-Pas-de-Calais, Normandie, Occitanie, Pays de la Loire and Rhône-Alpes, 9 members in Germany: Berlin, Bochum, Dresden, Freiburg, Greifswald, Leipzig, Munich, Passau and Regensburg; 1 member in Ireland: Dublin; 2 members in the United Kingdom: London and Nottingham.

<sup>5</sup> The Nightline member in Austria, Germany, Ireland and the United Kingdom did not collect information about Society as a subject of discussion during contacts for MHR1

Figure 9, Tab 3: Mean percentage of contacts during which each theme was addressed by students contacting Nightline – difference between the two reporting periods: MHR1 (September 2023–May 2024) and MHR2 (January–December 2025).



## Suicide and Self-Harm-Related Contacts

<sup>6</sup> 2 members in Austria, 7 in France, 7 in Germany, 1 in Ireland, 1 in Switzerland and 10 in the United Kingdom

Among the 28 Nightlines collecting this information<sup>6</sup>, 1 653 contacts (i.e., 6% of the contacts taken) were related to suicide (including suicidal thoughts passive or active, suicide immediate risk and suicide attempt) and self-harm (Fig 10).

In our previous report, 1 308 calls/chats (i.e., 10% of total contacts taken) were listed by Nightline Europe members as related to suicide – 15 Nightlines collected this data for MHR1.

### We may distinguish 3 forms of suicide risks

→ **Immediate risk:** the person intends to end their life or has already initiated a suicide attempt (could mean travelled to site of suicide attempt, left notes etc...)

→ **Active risk:** the person sees their own death as something desirable and considers causing it themselves.

→ **Passive risk:** the person sees their own death as something desirable, but without thinking about causing it themselves.

All Nightlines have strong policies on how to handle suicide, written alongside professionals (e.g., suicide calls policies from Nightline Oxford in the United-Kingdom are reviewed by Oxford Samaritans; Nightline France signed a charter of shared values with the national suicide prevention hotline (3114)). Volunteers receive thorough training and ongoing support to respond to these situations. These measures aim to ensure that callers receive safe and appropriate support, and that listeners feel prepared to handle these contacts.

The proportion of suicide or self-harm-related contacts was particularly high among French Nightlines (12%, i.e., 1 235 contacts for 7 Nightlines). Of note, in France there is a higher proportion of chats relating to suicide or self-harm (mean 14%, range 7% to 30%) compared to calls (mean 6%, range 3% to 14%) (Fig 9).

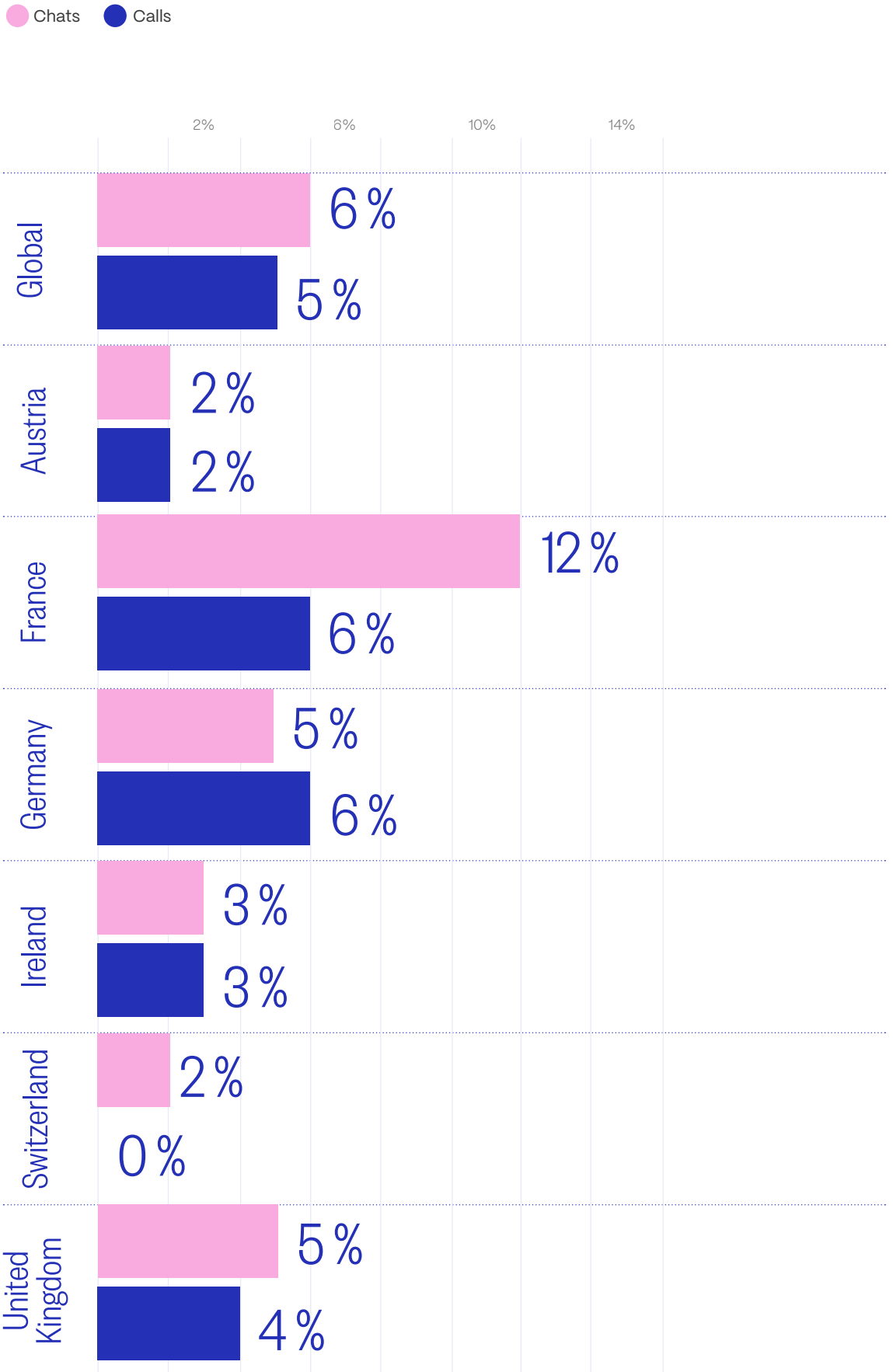
The 7 Nightlines in Germany that collected the data reported 112 contacts related to suicide or self-harm (ranging from 2 to 18% of contacts per Nightline, mean 5%). The 10 Nightlines in the United Kingdom that collected the data reported 266 contacts related to suicide or self-harm (ranging from 1 to 18% of contacts per Nightline, mean 5%).



# Mean of percentage of suicide-related contacts

Figure 10: Mean percentage of suicide and self-harm-related contacts to Nightline in 2025, per country.

Data provided by Innsbruck, Vienna, Grand-Est, Ile-de-France, Nord-Pas-de-Calais, Normandie, Occitanie, Pays de la Loire, Rhône-Alpes, Bamberg, Berlin, Dresden, Freiburg, Munich, Passau, Regensburg, Dublin-Limerick, Lucerne, Durham, Lancaster, Leeds, London, Newcastle, Nottingham, Oxford, Queen's University of Belfast, St Andrews, Warwick



## Conclusion

The 2025 data confirms three major trends across the Nightline Europe network:

- 1 Demand for peer mental health**

support remains high and likely exceeds current capacity.
- 2 Mental health and relational distress**

dominate concerns for students calling Nightlines members
- 3 Structural investment**

in harmonised data systems is needed to improve comparability, transparency, and impact measurement. Although efforts were made to harmonise data-collection guidelines across the network, volunteers' subjective interpretation may still affect certain categories of data, particularly those related to the subjects discussed during contacts. Combined with the overall limited amount of available data, this means that comparisons between Nightlines and across countries must be interpreted with caution, and the findings cannot be considered representative of students' situations at the city, national or European level. Nightline Europe is developing a cross-network data collection system (with common, shared categories, facilitating data transfer via a secure analytics system) to facilitate collection and further analysis .

Helplines, such as Nightlines, provide access to a fast, easily accessible, anonymous first aid resource.

Nightline's model **reduces barriers for seeking help thanks to its availability** (by operating at night), reachability (by being free of charge and easy to access through a computer or mobile) **and capacity to reduce stigma** (by being anonymous and done in a peer perspective).

Students benefit from non-medical and active listening at night, a moment when anxiety, loneliness and unhappiness can be exacerbated. If needed, they can also be referred to appropriate medical services. Students find support to talk about any subject whatsoever: every reason is a good reason to call. This is illustrated in our study by the variety of topics discussed during contacts. **A Nightline allows people to talk, relieves temporary distress and, when necessary, refers them to appropriate resources.** Peer support remains an essential lever in a graduated approach to mental health services.

03



Involve students  
and community  
to improve student  
mental health in Europe



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## Introduction

As highlighted in the preceding chapters, students represent a particularly vulnerable population in terms of mental health. Simultaneously, they frequently encounter barriers to accessing professional support services. **There is a growing demand for rapid and tailored responses for students (Pointon-Haas et al., 2024).**

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It is crucial to recognise that students are not only recipients of support but also active contributors to their own well-being and that of their peers.

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Across Europe, students demonstrate strong capacities for solidarity, engagement, and collective action, playing a key role in creating supportive environments and innovative responses to mental health challenges. While this period of life entails specific vulnerabilities, it is also characterised by resilience, adaptability, and a desire to shape a better and more inclusive society.

In this context, the following chapter introduces a holistic framework for enhancing student mental health, commonly referred to as the “whole university approach.” Building on this foundation, we then turn our attention to “by and for” support initiatives, which are increasingly adopted and promoted by a wide range of stakeholders. We offer a nuanced examination of the benefits and potential risks of these peer-led services, drawing on existing research to provide actionable insights for university decision-makers. Finally, grounded in our practical experience, the chapter concludes with concrete recommendations for the implementation of such services, with a particular focus on helplines.

3.1

# *Strengthening the social safety net on campus in a holistic approach*



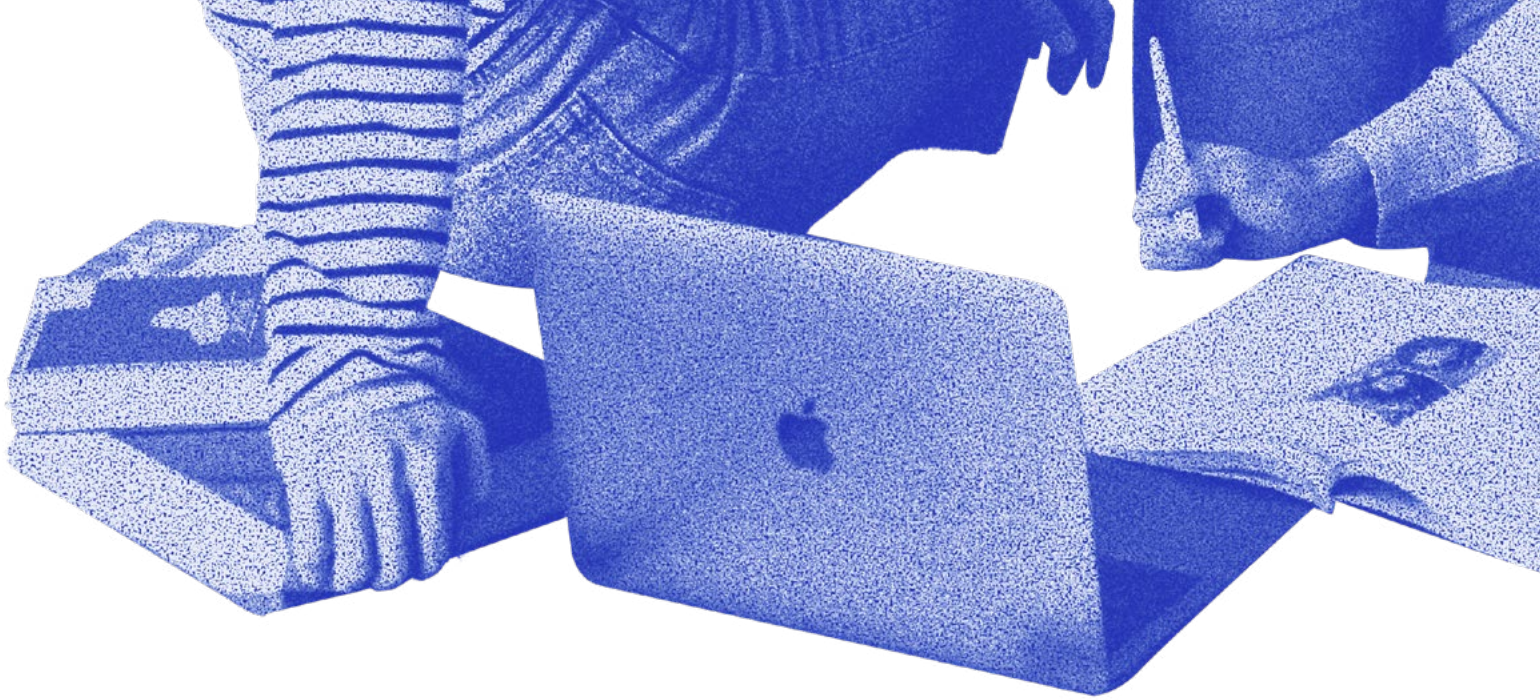
Involving adolescents  
in their treatment  
contributed to greater  
motivation for treatment,  
higher attendance rates,  
and treatment continuation

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**Mental health needs a holistic, preventative approach that treats the whole person and focuses on increasing protective factors for mental health.**

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The Stepped care model (SCM) offers a patient-centred approach to mental health. Meaning that resources and interventions are categorised according to their intensity, and can therefore be tailored to the patient's needs (Mareya et al., 2024). It encompasses a continuum of care, including promotion and awareness-raising, training, targeted prevention and referral, and treatment and hospitalisation. Literature reviews show that the SCM presents clear benefits in terms of resource allocation and the delivery of more efficient, patient-centred mental health care, even though important gaps remain regarding its effectiveness, implementation, and impact on patient experience, highlighting the need for further research (ibid).



The Lancet Psychiatry outlines different levels of care based on resources (McGorry et al., 2024) on how integrated youth mental health care model can be implemented :

→ **at community level:**

such as addressing social, economic and commercial determinants of health, mental health promotion programs, digital mental health platforms (high-resource settings), prevention and school-based programs (medium to low resource settings) etc.;

→ **at primary care:**

school and university mental health services (high-resource settings), volunteer, peer or lay worker programs (low resource settings);

→ **at secondary care:**

multidisciplinary youth mental health systems providing face-to-face and online care closely linked to primary care and community platforms (high-resource settings);

→ **and tertiary care:**

a suite of specialised, codesigned youth inpatient and residential services linked to acuity and stage of illness (high-resource settings); integrated, blended, digital and face-to-face support when feasible (medium-resource settings)

The WHO European Region has also developed policy reports and strategic frameworks in this direction. They propose key strategies and initiatives on how different levels of care and intervention can be structured within the Stepped Care Model to respond progressively to individuals' mental health needs. Moreover, they do integrate community-based mental health services which can offer flexible interventions tailored to the needs of the user. Furthermore, **people can recover with support from their social network but also from care provided by different therapeutic disciplines (WHO Regional Office for Europe, 2025)**. Some reviews show that it also contributes to the reduction of suicidal ideation and suicide attempts, as proven among children and young people (under 18 years) (Barker et al., 2025).

This can be operationalised through the whole university approach. It integrates mental wellbeing into every aspect of university life, supporting all members of the university community, including students and staff. There are benefits in shifting from a competitive model to a more collaborative one, sharing knowledge and tools between different service providers, and thus addressing the various mental health risk factors. **Delivering multiple services in the same physical location can improve access to mental health services while reducing barriers (Baskin et al., 2023)**.

This approach is supported by the Royal College of Psychiatrists, who advocate for changing the culture of a university to place mental health at its heart including in teaching, accommodation, and social networks (Dr John Callender et al., 2021), and by the European University Association who call for systemic changes to connect students with society (European University Association, 2021).

**The whole university approach has the potential to significantly improve mental health and self-esteem for students in higher education (Martineau et al., 2017), as well as improve academic attainment, staff retention and long-term health outcomes for all members of the university (Ariel Lindorff, 2020)**. However, there are difficulties in measuring the impact of the whole university approach in practice, and its potential needs further investigation (Brewster & Cox, 2023). Additionally, the whole university approach cannot meet the needs of all higher education students, and students with severe mental health needs should not be ignored (John Callender et al., 2021). Instead, it must be part of a continuum of care from community to inpatient, that gives appropriate training and support to staff, and addresses systemic and environmental issues harming the mental health of students.

The Student Minds Mental Health Charter in the UK set out evidence-informed principles to support universities in adopting a whole university approach: timely sharing of student concerns, providing proactive interventions and a mentally healthy environment, supporting social integration,

and listening to student voices. Students' priorities for a whole university approach were being inclusive, giving a sense of community, and teaching mental wellbeing skills that could be applied to real-life contexts (Gareth Hughes & Leigh Spanner, 2024). Greater Manchester was the first region in the UK to establish a coordinated student mental health service across five higher education institutions, to provide trauma-informed care that traditional care would not have supported, based on need rather than diagnosis. It aims to provide proactive support and interventions to allow students to enjoy and succeed at their university (Greater Manchester Mental Health NHS FT, 2026). OSMEES, the Observatory on student mental health in Higher Education in Québec, Canada, recently produced a report which provides meaningful recommendations to support the efforts of the student ecosystem. Among them, they outline the need to support the development and acquisition of skills by community members, as well as foster social connections through psychological support services (Gallais et al., 2025).

In Europe, EUniWell (the European University for Well-Being, selected as a European University alliance in 2023) brings together universities from multiple European countries in a holistic approach aimed at "to further boost cutting-edge research and teaching related to well-being to sensibly impact on society" (Euniwell, s. d.). Across Europe, several Erasmus+ and Horizon Europe-funded initiatives such as PROMEHS, CARE+CONNECT and MindGuard illustrate the growing institutionalisation of student mental health support, combining prevention, digital innovation, and peer-led approaches within higher education systems. The whole university approach is already reflected in several European higher education contexts where Nightline services are established, including the United Kingdom, Ireland, Germany, Austria, Switzerland, and France, illustrating how peer-led support initiatives can be integrated into broader institutional mental health strategies.

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**It is crucial to respond to actual needs, preferences and usage patterns of students. For instance, evidence shows that many of them search online to seek mental health support**

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(Anselimus, 2025)

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They often engage with web-based communities (Yuan et al., 2025). Such online peer support has been shown to reduce negative mental health symptoms and improve self-esteem (ibid). In addition, there is a growing usage of artificial intelligence (AI) chatbots among youth (McBain et al., 2025), largely due to their perceived usage (fast, always available, instant, low-cost). However, the effectiveness of such services seems inconclusive (Feng et al., 2025). Concerns have also been raised regarding ecological and ethical considerations, as well as the fact that AI chatbots do not function as healthcare professionals or trained peers within a defined framework, and may lack the capacity to provide nuanced responses in crisis situations or clinically validated interventions. Conversely, on social media usages, studies tend to show that time spent on them seems not correlated to mental health issues (Ferguson et al., 2025) but passive use can be related to depressed symptoms, notably among girls (Thorisdottir et al., 2019). Taken together, these findings highlight the complexity of the topic and the need for continued and emerging research to better understand the multifaceted effects of digital environments and AI-based support on youth mental health.

**To address these gaps, on-campus “by and for” initiatives can provide tailored, context-aware support that directly engages students within their university environment.** Evidence suggests they can offer social support (both online and offline) which can reduce feelings of loneliness, especially true for students away from their family and friends (John et al., 2018). Indeed, students are more keen to turn to their peers while experiencing psychological distress (Grégoire et al., 2024). Public health organizations thus encourage implementation of peer-support initiatives in postsecondary institutions (ibid). Currently, there has been an increase in the number of studies examining the benefits of youth involvement in their mental health care, showing that **“involving adolescents in their treatment contributed to greater motivation for treatment, higher attendance rates, and treatment continuation”** (Viksveen et al., 2024a, p.1). Finally, this could address a public health issue, by enabling young people to contribute democratically to the healthcare systems designed for them (Heselmans et al, 2025) and promoting the agency of young people and adults, taking into account their interdependence (Butler, 2004). This can be also seen from the perspective of the ethics of care, which provides responses tailored to individual circumstances (Gilligan, 2008).

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**In a whole university approach, students can play an active role in supporting mental health by leading initiatives, co-designing services, and creating peer networks, ensuring that interventions are relevant, accessible, and responsive to their needs.**

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For example, helplines and similar initiatives provide accessible, rapid, anonymous, and free support, helping to reduce barriers such as stigma, limited accessibility, and cost, and thereby enhancing the overall reach and responsiveness of mental health care systems (Dubois & Nivakoski, 2025). Nevertheless, as we shall see later, the establishment of a service ‘by and for’ within a university must be properly structured in terms of design, delivery and support for care-givers and beneficiaries.



## 3.2

# *Benefits and impacts in integrating by and for service to support student mental health strategies in Europe*

While 'peer-to-peer' broadly refers to support between individuals with shared characteristics and understanding, which can lead to mutual empowerment (Foye et al., 2025), by and for initiatives emphasise ownership, governance, and delivery by the target group itself. In our literature review some articles on "peer-to-peer" support, on student population, are sometimes used as they provide interesting notions. Some others are based on "by and for" notions.

Research on peer support is very heterogeneous: studies focus on different contexts, where the program is implemented, one-on-one or as a group setting, with differing aims and backgrounds of people attending. Difficulties already begin at the term itself, as there is no widely accepted and repeatedly used definition for peer support services. This paper adopts the definition which proposes an extensive argumentation around their definition. Peer support is thus seen as "social and/or emotional support that combines expertise from lived experience that is delivered with mutual agreement by persons who self-identify as having or had mental health as well as other social, psychological and medical challenges to service users sharing similar challenges to bring about self-determined personal change to the service user" (Fortuna et al., 2022, p.573).

In the following, we present evidence collected in different studies on programs which fulfill the definition presented above. Importantly, the results presented have to be interpreted with the limitation in mind that contexts differ and the applicability to other contexts might be subject to further research.

Several studies have identified benefits of peer-to-peer approaches for beneficiaries, the first one being an improvement of mental health literacy (L. M. Hart et al., 2020; Parikh et al., 2018; Patalay et al., 2017; Wilcox et al., 2023).

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**In practice, peer-to-peer interventions offer tools for students to identify peers' psychological distress as well as key learnings in mental health concepts.**

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Therefore, they can contribute to the early identification of mental health difficulties, including suicidal risk (L. M. Hart et al., 2020; Parikh et al., 2018; Wilcox et al., 2023). Moreover, they provide a better understanding of these conditions in an informal way, contributing in destigmatisation of mental health issues for beneficiaries and volunteers. Research also points towards enhanced social connections, emotional well-being and coping mechanisms (Parmar et al., 2025).

Peer-to-peer interventions are seen to be especially effective because they rely on shared experiences and social proximity (Simmons et al., 2023).

## By providing safe spaces for participants, research indicates that peer-to-peer support reduces feelings of isolation and fosters a sense of mutual understanding

(Horgan et al., 2013; Stoll et al., 2023)

Overall, **peer-led approaches played a significant role in reducing stigma, as discussions about mental health occurred in familiar and non-hierarchical settings, making such topics more accessible and normalized (Parikh et al., 2018; Wilcox et al., 2023).**

A significant effect was also highlighted for beneficiaries on their improvement of self esteem (Parmar et al., 2025; Richard et al., 2022). This effect is more balanced towards severe psychological symptoms such as depressive or anxiety

symptoms (Grégoire et al., 2024b). As mentioned at the beginning of this chapter, peer-to-peer interventions seem to be more effective when used as complementary to other existing services (Horgan et al., 2013; Stoll et al., 2023).

The repercussions of peer approaches do not only apply to beneficiaries, several outcomes were found for volunteering peers such as Nightline volunteers. **Support peers tend to show a greater sense of empathy and self-efficacy (Abrams et al., 2022) and to develop greater interpersonal competencies in communication and comprehension (Glazzard et al., 2021).**

Nevertheless it is needed to note the existing risks and limitations of such programs. A common risk is the stress and emotional exhaustion for volunteer peers due to a repeated exposure of difficult situations (Wogrin et al., 2021). Some studies also highlight the risk of normalisation of psychological distress, discouraging students from reaching professional help. However, literature indicates that these risks could be due to a lack of structure and supervision inside the services.

**These negative outcomes might be reduced by adequate supervision and appropriate training (Fukkink, 2011; King & Fazel, 2021; Wogrin et al., 2021).** Additionally, structural challenges like confidentiality issues and role ambiguities need to be kept in mind too (Parmar et al., 2025).

The research presented points to multiple positive impacts of peer support services when they are carefully designed, despite the limitations discussed above. Building on this evidence, this section draws on existing literature and practice-based insights to propose recommendations for implementing peer-led listening services such as Nightline. Such services can play an important role within a whole university approach to mental health by offering a by and for model that is accessible to students, by training students to support their peers, and by fostering a supportive community for volunteers. Volunteering peer-to-peer initiatives can serve as a facilitating factor in promoting student mental health.



3.3

# *From evidence to practice: implementing by and for support services such as a Nightline : our recommendations*



There are currently no established guidelines defining the most effective ways to implement “by and for” programs addressing student mental health (N. M. John et al., 2018. ). The Lancet Psychiatry drew attention to possible approaches to address youth mental health.

## First

Initiatives must be grounded in the real and diverse needs of students, taking into account not only mental health, but also social, physical, and intersectional dimensions. Indeed, services design needs to consider social determinants of health and risk factors, in an intersectional approach to ensure they will meet the needs of all members of the society (Vautrin-Nadeau, 2023).

## Second

Students should be actively involved in identifying issues and co-creating solutions. This participatory approach enhances both relevance and effectiveness, aligning with the principle of “nothing about us without us” (Anselimus, 2025; Viksveen et al., 2024b).

### Third

Shared decision-making should be central to these initiatives. Building relationships of trust means recognizing students as capable partners in the design and delivery of services (Frédéric Heselmans et al., 2025).

### Fourth

Peer volunteers must be adequately trained and continuously supported to ensure they can provide safe, effective, and ethical support (Foye et al., 2025).

### Fifth

Finally, "by and for" services should offer unconditional, non-judgmental support, especially for individuals facing stigma or discrimination.

### Sixth

They should also foster a strong sense of community and, where possible, encourage connections across institutions and countries, contributing to a shared culture of solidarity and well-being at the European level.



## 3.4

# Nightline's approach in practice

Nightline's activities are grounded in these principles through a collaborative, participatory social model based on acting with students rather than for them. While each Nightline operates within its own local governance structure, all are student-led and share a **common community-based participatory approach**. This is operationalised through structured peer support provided by trained student volunteers, who are supervised and supported by mental health professionals. These models emphasize the co-construction of services with end users to enhance relevance, acceptability, and effectiveness.

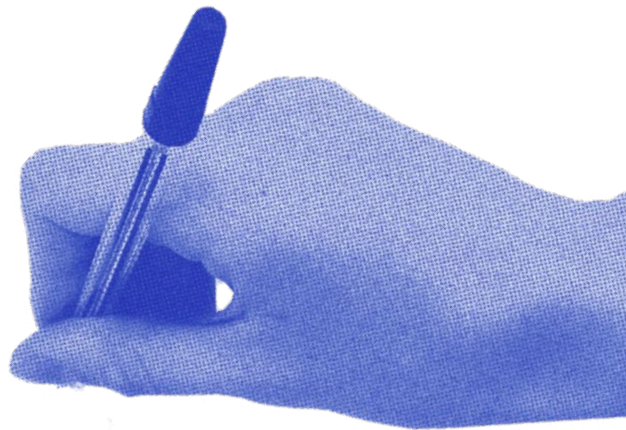
**Nightlines offers a free, anonymous, and confidential peer listening service, which helps reduce financial, social, and stigma-related barriers to accessing support, particularly for students from lower socioeconomic backgrounds.**

**Nightline services are designed for a diverse student population, recognizing that young adults face varied vulnerabilities linked to academic transition, social isolation, and identity development.** Volunteer training includes components on diversity, inclusion, and non-judgmental listening, ensuring culturally sensitive and respectful support.

**Nightline's participatory governance model ensures that students from diverse backgrounds are actively involved in shaping and improving the service.** The implementation of a Nightline also relies on strong collaboration with relevant stakeholders and civil society, including student associations, sports organizations, higher education institutions, and mental health actors. These partners contribute to service design, outreach, referral pathways, and quality assurance, strengthening both legitimacy and impact.

**Within the Nightline framework, it is possible to define indicators at the individual, group and systemic levels to measure effects and impacts of such services on both volunteers and beneficiaries; hereby generating valuable field-based data for research.** By producing and disseminating knowledge on student mental health, Nightlines contribute to long-term transformations grounded in robust evidence and field expertise. Impact assessment and research help better understand the determinants of student well-being, adapt responses to evolving needs, and inform public policies. In this perspective, Nightline France has conducted two studies :

↳ **A first study** focused on the review of the Nightline France Helpline (Asdo Etudes, 2024). The qualitative methodology consisted of 22 semi-structured interviews conducted remotely, by phone, or via video conference between April and December 2024 by sociologists from the Asdo Études research firm. In addition, callers are routinely asked to rate the customer service and provide feedback. The findings highlight a significant positive impact on student well-being. **The service appears to meet a critical need by offering students a neutral, accessible, and non-judgmental space in which they can express their difficulties freely.** Several factors were identified as key factors driving its use, including its accessibility, free-of-charge format, anonymity, and the possibility to communicate through chat, which aligns with many students' preference for flexibility and safety. The peer-to-peer model also seems to foster trust between users and volunteers. The reported effects of the service range from immediate emotional relief to long-term improvements in mental health attitudes and self-care practices. Overall, the helpline complements more traditional support systems by addressing the complexity of student mental health needs and encouraging further innovation in peer-led interventions.



➤ **A second study** examined the effects of volunteering within Nightline France listening service (Asdo études, 2025a). The evaluation relied on a qualitative methodology based on thirty semi-structure interviews with volunteers from the association. These interviews were carried out remotely, by phone or video call, by sociologists from the Asdo études research firm in April and May 2024. **The findings showed that volunteering equips students with mental health knowledge (debunking myths, understanding disorders) and practical skills related to active listening, self-care, and peer support.** Volunteers also reported feeling more confident initiating conversations about mental health, directly supporting students in distress, and developing initiatives aimed at sharing resources and raising awareness.

Beyond mental health-related competencies, volunteering also fosters transferable skills such as teamwork, communication, and self-reflection, which can be applied to academics, professional and personal contexts. Finally, Nightline’s supportive environment fosters social bonds and a shared sense of purpose, reinforcing engagement and personal growth during a pivotal life stage.

**To illustrate the findings of these studies, the following quotations from volunteers provide concrete examples of the perceived benefits of associative engagement:**

➤ **Louis**  
student volunteer in Angers, France

"My involvement at Nightline is incredibly rewarding. I feel useful by offering support to fellow students (...)Through my volunteering, I've also developed valuable skills that will benefit both my personal and professional life."

➤ **Anonymous Volunteer**  
from Nightline London, United-Kingdom

"I have absolutely loved volunteering for Nightline – I have met some incredible people, and felt part of a really supportive and lovely community. The calls have been difficult at times, but I hope that the time I have given has helped some callers think about difficult situations a little more clearly. I am sad to be leaving at the end of this year!"

➤ **Yanic**  
from Nightline Innsbruck, Austria

"What I appreciate most about Nightline is being able to be there for those moments when people just let it all out—sharing what's really weighing on their minds. Sometimes, people are talking to someone else about a certain issue for the very first time—because they're often afraid of how those around them might react. Nightline can provide that anonymous, safe space and lend a sympathetic ear to everyone."

➤ **Niteline Ireland**

"Over the past year, Lucy has found a deep sense of purpose and belonging in the NiteLine community. She shares that being part of a service rooted in empathy and peer support "has been one of the most rewarding parts of her college experience." Volunteering has helped her grow personally while also giving back to others in a way that truly matters."

➤ **Volunteer**  
from Nightline Dresden

"For me personally, it's definitely rewarding to do something helpful, to be there for someone who might not have anyone else to talk to right now, because—as I said—I've been in that situation myself. Other than that, the people at Nightline are a huge asset. It's like this massive safe space filled with really nice people I probably wouldn't have met otherwise."

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## Conclusion

This report has provided an overview on evolving trends in student mental health in Europe in 2025 and of the interventions needed to respond to them. Building on our previous report, the literature review demonstrates the growing demand for mental health support among students, exacerbated by widening social inequalities, economic insecurity, precarious employment, and increasing uncertainty about the future. Our own data further confirms that students across Europe contacting a Nightline are reaching out about a broad range of interconnected issues, while demand for accessible and trusted support services continues to rise.

We set out the potential for a whole university approach for improving student mental health, including peer support services such as Nightline, and recommendations for how to implement it. We hope and want those with the power to do so to take on this essential approach: considering the needs of students in every part of higher educational institutions, and helping students learn to support each other. There is a clear need for action, and Nightline Europe calls for policy- and decision-makers on a European, national and organisational level to meaningfully support student mental health, and offers its support in doing so.

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**Student mental health must be recognised as a political and structural issue, linked to broader questions of social justice, access to education, living conditions, housing insecurity, discrimination, and the future of public higher education in Europe.**

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Universities, governments, and European institutions therefore share a collective responsibility to ensure that mental health support is adequately funded, accessible, independent, and embedded within higher education policy. It is essential for building an inclusive and supportive society.

**The European Union needs to build on the momentum of recent years and deliver a European Mental Health Strategy. By focusing on governance, prevention, stigma reduction, safe environments, community transformation and peer support, a EU Mental Health Strategy can ensure that mental health remains a cross-sectoral priority at European level and that the progress achieved since 2023's EU Comprehensive Approach to Mental Health translates into tangible improvements in youth's lives across Europe.**

We have also looked at the role of Nightlines and other peer-to-peer services in the mental health ecosystem of a university. An analysis of the first Nightline in Essex, UK, when it opened in 1971 is still relevant today: "Nightlines sees itself not as a rival but as an adjunct to the official welfare services provided by the university. Since personal problems arise in such diverse ways, the need is recognised for a wide range of different kinds of help. Volunteers are prepared for lending a sympathetic ear to those in trouble, and knowing how to arrange for their service to be supplemented by professional help as required." (Thomson, 1974)

**Although still a developing network, Nightline Europe embraces the challenge of building a supportive European community capable not only of protecting and strengthening the Nightline model, but also of contributing qualitative and quantitative evidence on student mental health across Europe.** In doing so, it seeks to inform policy-making at institutional, national, and European levels, and to advocate for a vision of higher education in which student wellbeing is treated not as a secondary concern, but as a democratic, social, and political priority.

Nightline Europe  
embraces the  
challenge of  
building a  
supportive  
European  
community





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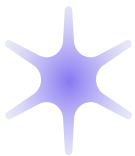
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# Free emergency helplines in the Nightline Europe network member countries



## EUROPEAN EMERGENCY NUMBER

-  112
-  open 24/7
-  From anywhere in the European Union



## AUSTRIA




TelefonSeelsorge – Notruf

Free and confidential number, to call in case of emergencies or if you need to talk to someone.

-  142
-  open 24/7
-  <https://www.telefonseelsorge.at/&ts=1736158039932>

Rat auf Draht

Free and anonymous listening service for young people.

-  147
-  open 24/7
-  <https://www.rataufdraht.at/>






## FRANCE

3114

Numéro national de prévention du suicide

You can call this number if you are in distress and/or having suicidal thoughts, or if you want to help someone who is struggling.

-  3114
-  open 24/7
-  <https://3114.fr/>



## GERMANY

### TelefonSeelsorge

Anonymous helpline open to everyone in Germany.

☎ 0800 111 0 111  
 🕒 open 24/7  
 💬 Chat Service  
<http://www.online.telefonseelsorge.de/>  
 📍 <https://www.telefonseelsorge.de/>

### Krisenchat

Chat service (WhatsApp and SMS) for people under 25 years old.

💬 via SMS or Whatsapp  
<https://krisenchat.de/en?chat=true>  
 🕒 open 24/7  
 ⚠️ TEXT only  
<https://krisenchat.de/en>



## IRELAND

### Samaritans

Free and confidential number, that you can call whatever you're going through.

☎ 116 123  
 🕒 open 24/7  
 📍 <http://www.samaritans.ie>



## UNITED KINGDOM

### UK national emergency number

For life-threatening emergencies only.

☎ 999  
 🕒 open 24/7

### NHS 111

Free number to call when you have an urgent healthcare need that isn't a life-threatening situation. You can receive advice about helpful treatments and mental health services.

☎ 111  
 🕒 open 24/7  
 📍 <https://www.nhs.uk/nhs-services/mental-health-services/where-to-get-urgent-help-for-mental-health/>

### Samaritans

Free and confidential number, that you can call whatever you're going through.

☎ 116 123  
 🕒 open 24/7  
 📍 <http://www.samaritans.ie>

### Shout

Free, confidential, 24/7 text messaging mental health service.

💬 TEXT the word 'Shout' to 85258.  
 🕒 open 24/7  
 ⚠️ TEXT only  
 📍 <https://giveusashout.org/get-help/>



## SWITZERLAND

### Pro juvente

Free and confidential number, to call in case of emergencies or if you need to talk to someone.



147 (143 for adults), english service at 0800 143 000



open 24/7



also available courriel, chat and whatsapp  
<https://www.147.ch/fr/>



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