

Interreg



Co-funded by
the European Union

North-West Europe

Forest4Youth

Policy Brief:
Nature-based Interventions
for Youth Mental Health

December, 2025



Inclusive
society

Executive Summary

Youth mental health rates across North-West Europe have reached crisis levels, with depression, anxiety, and social isolation rising sharply among adolescents.

Nature-based interventions offer an evidence-based, cost-effective complement to traditional psychiatric care that addresses critical gaps in current treatment approaches.

This policy brief outlines policy momentum across Belgium, France, Germany, Ireland, and Luxembourg, and provides actionable guidance for psychiatric institutions, environmental agencies, and government stakeholders to advance implementation.



The Crisis

Mental health challenges among youth have intensified across the region:

- **Belgium:** 16.3% of adolescents experience mental health issues ¹
- **France:** Only 51% of high schoolers meet WHO mental well-being criteria ²
- **Germany:** 21% of youth report reduced quality of life; 72% express concern about global crises ³
- **Ireland:** 4th highest youth suicide rate (ages 15-24) in the EU ⁴
- **Luxembourg:** 28% of girls and 14% of boys (ages 11-18) at risk of depression ⁵

Many adolescents resist traditional talk therapy due to stigma or emotional fatigue, creating demand for alternative, experiential interventions.

The Evidence

Research demonstrates that nature exposure supports mental well-being, resilience, and emotional regulation:

- Forest exposure reduces cortisol levels and improves mood regulation ⁶
- Pilot studies show promising outcomes for youth with ADHD, anxiety, and PTSD in structured nature programs ⁷
- Group-based forest activities enhance peer bonding and reduce isolation ⁸
- Multisensory nature experiences support trauma recovery and emotional safety ⁹

Nature-based interventions are non-stigmatizing, experiential, and complement clinical treatments at relatively low cost.

Regional Policy Landscape

Country	Strengths	Key Gaps
Belgium	100% coverage for qualifying nature-based activities through first-line psychology care (INAMI); established reimbursement infrastructure ¹⁰	Poor health-education integration; lack of certification standards
France	Growing grassroots innovation (écoles de la nature, Sainbiote Project); increasing national awareness ¹¹	No formal national policy or insurance coverage; interventions fragmented and perceived as "alternative"
Germany	Deep cultural affinity with forests; 3,000+ trained practitioners; established forest categories (recreational, preventive, therapeutic) ¹²	No protected titles, national standards, or reimbursement; limited youth-focused programming
Ireland	Europe's most robust social prescribing framework; link workers connect users to community activities ¹³	No specific nature contact in formal health policies; fragmented mental health initiatives
Luxembourg	Strong prevention focus in 2023-2028 Coalition Agreement; abundant natural resources ¹⁴	No reimbursement mechanisms; providers poorly connected; no universal certifications

International Context: Green prescription models in the UK and New Zealand demonstrate measurable mental health improvements and provide replicable frameworks for European adoption.¹⁵⁻¹⁶

Stakeholder Guidance

► For Psychiatric Institutions & Practitioners

Nature-based therapies complement traditional treatments and offer non-stigmatizing options for resistant patients.

Priority Actions:

- Partner with environmental organizations to pilot nature-based group therapy programs
- Develop staff training protocols for outdoor therapeutic interventions
- Create measurable outcomes data to support future reimbursement pathways
- Leverage existing infrastructure (Ireland's social prescribing, Germany's forest categories)

► For Environmental Agencies

Planetary health recognizes that ecological and human health are interdependent. Healthy forests reduce stress, restore mental fatigue, and justify green space protection through health co-benefits.

Priority Actions:

- Inventory publicly accessible green spaces for therapeutic potential and accessibility
- Develop therapeutic-grade natural environments within existing park systems
- Connect with health departments to pilot nature prescription programs
- Integrate mental health outcomes into environmental impact assessments and urban planning

► For Government Stakeholders

WHO analysis shows every \$1 invested in mental health treatment yields \$4 in economic returns through reduced medical costs and increased workforce participation.¹⁷

Priority Actions:

- Align nature prescriptions with existing mental health frameworks (Ireland's Sharing the Vision, Luxembourg's Coalition Agreement)
- Develop certification standards for nature-based therapeutic practitioners
- Create reimbursement mechanisms within healthcare systems (expand Belgium model)
- Integrate therapeutic green space requirements into urban planning and school health services
- Invest in research to quantify environmental, social, and economic returns

Implementation Pathway

Phase 1: Foundation (6-12 months)

Stakeholder mapping, staff training protocols, pilot design, baseline data systems

Phase 2: Pilots (12-24 months)

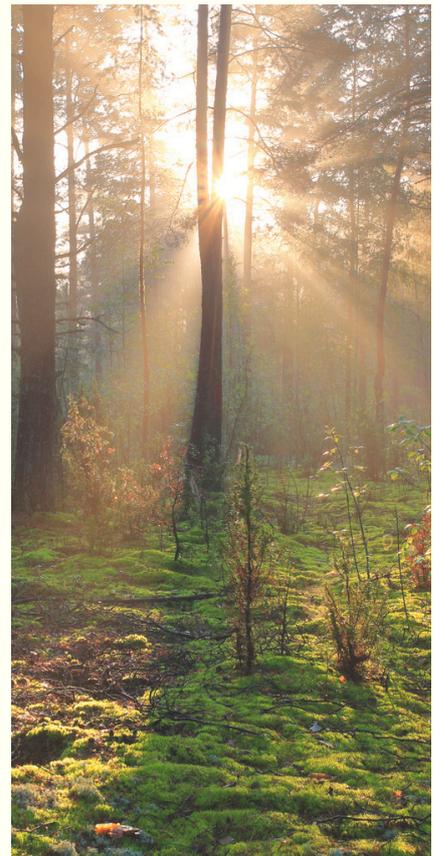
Small-scale programs, outcome measurement, protocol refinement

Phase 3: Scale (24+ months)

Multi-site expansion, policy framework development, reimbursement establishment

Essentials for sustainable implementation:

- Evidence-based protocols with professional supervision
- Geographic and economic accessibility across populations
- Integration with existing healthcare and education systems
- Diversified, sustainable funding mechanisms



Call to Action

The convergence of crisis, evidence, and emerging policy frameworks creates an unprecedented opportunity. Each country offers unique advantages that early adopters can leverage to shape standards and influence regional policy:

- 1 Convene cross-border working groups** to share best practices and explore partnerships
- 2 Assess organizational capacity** using existing frameworks (social prescribing, forest categories, prevention strategies)
- 3 Identify pilot opportunities** within current reimbursement structures
- 4 Develop measurement protocols** to track outcomes across implementation models
- 5 Engage policy processes** at regional, national, and EU levels

Nature-based interventions represent a paradigm shift toward integrated mental health approaches that build upon each country's unique strengths. The evidence is clear, momentum is building, and the opportunity is immediate.

References

1. OECD/European Observatory on Health Systems and Policies. (2023). Belgium: Country Health Profile 2023. State of Health in the EU. OECD Publishing. Paris/European Observatory on Health Systems and Policies. Brussels. ISBN 9789264700949 (PDF) Series: State of Health in the EU SSN 25227041 (online)
2. Santé publique France. (2024). *La santé mentale et le bien-être des collégiens et lycéens en France hexagonale - Résultats de l'enquête EnCLASS 2022*. <https://www.santepubliquefrance.fr/maladies-et-traumatismes/sante-mentale/depression-et-anxiete/documents/enquetes-etudes/la-sante-mentale-et-le-bien-etre-des-collegiens-et-lyceens-en-france-hexagonale-resultats-de-l-enquete-enclass-2022>
3. Ravens-Sieberer, U., Erhart, M., Devine, J., Gilbert, M., Reiss, F., Barkmann, C., Siegel, N. A., Simon, A. M., Hurrelmann, K., Schlack, R., Hölling, H., Wieler, L. H., & Kaman, A. (2022). Child and adolescent mental health during the COVID-19 pandemic: Results of the three-wave longitudinal COPS study. *Journal of Adolescent Health, 71*(5), 570–578. <https://doi.org/10.1016/j.jadohealth.2022.06.022>
4. Department of Health. (2019). Healthy Ireland framework 2019-2025. Government of Ireland. <https://assets.gov.ie/static/documents/healthy-ireland-framework.pdf>
5. Ministry of Education, Children and Youth. (2024). Étude HBSC 2022. <https://men.public.lu/fr/actualites/communiqués-conference-presse/2024/10/17-etude-hbsc.html>
6. Twohig-Bennett, C., & Jones, A. (2018). The health benefits of the great outdoors: A systematic review and meta-analysis of greenspace exposure and health outcomes. *Environmental Research, 166*, 628–637. <https://doi.org/10.1016/j.envres.2018.06.030>
7. Gabrielsen, L. E., Fernee, C. R., & Aasen, G. O. (2019). Why adolescents engage in adventure therapy: A qualitative study of client perspectives. *Journal of Adventure Education and Outdoor Learning, 19*(4), 313–326. <https://doi.org/10.1080/14729679.2019.1686040>
8. Dettweiler, U., Becker, C., Auestad, B. H., Simon, P., & Kirsch, P. (2017). Stress in school: Some empirical hints on the circadian cortisol rhythm of children in outdoor and indoor classes. *International Journal of Environmental Research and Public Health, 14*(5), Article 475. <https://doi.org/10.3390/ijerph14050475>
9. Tillmann, S., Tobin, D., Avison, W., & Gilliland, J. (2018). Mental health benefits of interactions with nature in children and teenagers: A systematic review. *Journal of Epidemiology and Community Health, 72*(10), 958–966. <https://doi.org/10.1136/jech-2018-210436>
10. Institut National d'Assurance Maladie-Invalidité. (n.d.). Soins psychologiques de 1re ligne. <https://www.inami.fgov.be/fr/professionnels/professionnels-de-la-sante/psychologues-cliniciens/dispenser-des-soins-psychologiques-de-premiere-ligne-via-un-reseau-de-sante-mentale>
11. La Relève et La Peste. (2025). *Les prescriptions de nature sur ordonnance arrivent en France*. <https://lareleveetlapeste.fr/les-prescriptions-de-nature-sur-ordonnance-arrivent-en-france/>
12. Wagner, L., Gaggermeier, A., Suda, M., & Koller, N. (2022). *Wald und Gesundheit Leitfaden*. Technische Universität München. <https://www.ep.mgt.tum.de/wup>
13. Health Service Executive. (2023). *Social Prescribing Framework for Ireland: HSE Healthy Communities Programme*. <https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/mental-health-and-wellbeing/hse-social-prescribing-framework.pdf>
14. Government of Luxembourg. (2023). *Accord de coalition 2023-2028*. <https://gouvernement.lu/fr/publications/accord-coalition/accord-de-coalition-2023-2028.html>
15. Du Plooy, K., Wishart, B., & Scarf, D. (2025). A qualitative study of former participants' experiences of the Green Prescription program in Aotearoa New Zealand. *BMC Public Health, 25*, Article 3251. <https://doi.org/10.1186/s12889-025-24524-z>
16. Social Prescribing Academy. (2023). *Green Social Prescribing Test and Learn Programme, to Tackle and Prevent Mental Ill-health: 2021-2023: Practice report*. https://socialprescribingacademy.org.uk/media/xyfxnm2/green_sp_practice-report-2.pdf
17. World Health Organization. (2016). *Investing in treatment for depression and anxiety leads to fourfold return*. <https://pubmed.ncbi.nlm.nih.gov/27083119/>



Forest4Youth

THE PROJECT

Forest4Youth aims to develop forest-based therapies for young people in North-West Europe by assessing current practices and co-designing care protocols.

Transnational collaboration will ensure these protocols are harmonised and evidence-based, implement pilot projects, explore VR-based alternatives to enhance access, and offer training for professionals adopting these interventions.

Total project budget

€5,5 million

EU funding

€3,3 million

Timeline

2025 - 2028

