STRONGER YOUTH

Adolescent Mental Health in Six European Countries: Needs and Strenghts

GLOBAL REPORT

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Author(s): Maria João Carapeto, Luísa Grácio, Heldemerina Pires, Ana Farinha & Daiessy Miranda
University of Évora, Portugal

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Overview

The project “Stronger Youth”-Empowering young people social competences and soft skills through peer mentoring” highlight the urgency of addressing the issue of mental health among adolescents. It aims to prevent depressive behaviors and social exclusion among young people by providing a methodology and complete toolkit for conducting peer mentoring. This peer mentoring methodology includes an online skill assessment tool for evaluating socioemotional skills and providing feedback for those interested in becoming a mentor, a Guide for Educators on supervising the mentoring process, and a set of activities for mentors and mentees to develop social and psychological resilience. The project involves partners from six countries and seven organizations (Czech Republic, CR, PELICAN; Italy, IT, VITECO and PRISM; Poland, PL, FRAME; Portugal, PT, UE/CIEP; Romania, RO, CPIP; and Spain, ES, INNOHUB).

This document concerns the research task of Work Package #2 (WP2) – Developing the On-Line Skills Assesment Tool (OSAT), led by the Portuguese team. Specifically, this document reports two research activities (bibliographic and empirical) that were carried out in each partner country. The bibliographic research was designed to bring information and scientific evidence already produced within the scientific community of each partner country, and the empirical research to provide new and more specific information collected from adolescents from each partner country. At first, the Portuguese team at the University of Évora developed two methodological framework and guidelines documents, for the bibliographic search and the empirical research with adolescent samples, respectively, by so that the partners implemented the same research procedures in their countries and could report their results in comparable ways. Both documents were discussed, improved and agreed on by the partners in the Kick-off-Meeting in Évora, PT, 31 January-1 February 2024.

Both researchs convey foundational information for the project's subsequent tasks, such as the On-line Skill Assessment Tool (OSAT; in the WP2 too), organization

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(Work Package #3 – Set of activities for educators and mentors; WP3) and piloting (Work Package #4, training mentors and educators and piloting) of the Stronger Youth Project's peer mentoring program.

The partners conducted the research in their countries and prepared, each one, their National Report. This document is a global report that combines the findings of the six partners into one integrative view. The Part One synthesizes the bibliographic research on adolescents' mental health and well-being based on the information and scientific evidence already produced by each country's scientific communities. Part Two summarizes the new and specific evidence gathered by partners about adolescents' point of view on adolescents' mental health problems, resources and help seeking.

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Part One: Bibliographic Research

Introduction

This bibliographic search aimed to provide evidence-based information about European adolescents' mental health, that can enlighten the construction of the Online Skills Assessment Tool, an instrument devised to support the selection of mentors among the adolescent candidates, as well as to support partners decisions in the other stages of the design and organization of the Stronger Youth peer mentoring program (e.g., mentor and mentees' recruitment, training materials and mentor-mentee activities, monitoring and evaluation).

The present search was conducted to provide evidence-based information about four domains:

1) Adolescents' mental health and well-being related problems and risk factors: symptoms, bullying and other victimization experiences social isolation, loneliness, etc.;

2) Adolescents' mental health and well-being related skills and protective factors: well-being, socioemotional and other skills social support networks, etc.;

3) Adolescents' preferences about communication and help seeking to cope with personal issues;

4) Peer mentoring programs.

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The Methodological Framework and Guidelines (ANNEX 1) for the bibliographic research provided in February 2024 by the Portuguese team (University of Évora, WP#2 leader) made a set of recommendations to harmonize partners' research procedures and allow comparable results and an integrated analysis of the findings. The document comprehended recommendations on topics such as the separated research on the four domains mentioned above, search Engines and databases, eligibility criteria to include publications, keywords, filters to limit search, organizing the collected data, etc. Other aids were also included in a template provided for the National Report. A consensus was made in the project's Kick-off-Meeting (Évora, Portugal, 31 January – 1 February 2024) about the minimum number of publications to be included: five publications by partner/country for the domains 1 to 3 and three publications to 4th domain.

Adolescents' mental health and well-being related problems

More than 34 publications were reviewed by the partners, as listed in the ANNEX 2. The six reports identified a range of problems affecting the mental health of adolescents, among the most frequently mentioned being internalizing problems, such as anxiety and depression. In Portugal, it is estimated that around 21.1% of girls and 18.5% of boys face mental disorders (United Nations Children's Fund, 2021), involving mostly depression and anxiety. In Spain, anxiety disorders affect 3.6% of adolescents aged 10 to 14 and 4.6% of adolescents aged 15 to 19. In Romania, 8% of adolescents aged between 12 and 17 reported having experienced at least one major depressive episode.

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In addition of being a psychological challenge in themselves, internalizing problems also act as risk factors for other serious problems. In Portugal, depression has a major impact on adolescents' happiness and satisfaction with life, leading to a decrease in quality of life. In addition, it also negatively affects adolescents' social relationships and school performance and is often cited as one of the main predictors of suicidal ideation.

Suicide is one of the main causes of death among Spanish teenagers and suicidal tendencies and attempts one of the most studied mental health issues in Polish adolescents. In Poland and the Czech Republic, suicide attempts are more common among girls, while in Italy boys are the most affected. In Portugal, 30% of adolescents reported having practiced some form of non-suicidal self-harm and it was reported that self-harm has increased recently in Czech Republic. Factors such as: bullying; family problems; school performance; social isolation; substance use; stress; feelings of helplessness, abandonment and guilt contribute to self-injurious and suicidal behavior.

Czech Republic report highlight the issue of loneliness which was found to be related to shyness, inconsistent parenting, and experiences of peer victimization, and is itself a risk factor for adolescents' mental health. In Poland, loneliness is reported as a consequence of the stress, as adolescents tend to focus on (and amplify) those internal experiences instead of asking for help.

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In addition to internalizing problems, externalizing problems, which involve disruptive, impulsive, acting out behavior, were also widely documented. These behaviors appear to be risk factors for involvement in bullying as an aggressor. In Portugal, boys have more externalizing problems, and are more likely to be both cyberbullies and cyberbully-victims of cyberbullying and bully-victims in traditional bullying. Girls, on the other hand, are more likely to be victims of (cyber)bullying and tend to be more involved as aggressors in cyberbullying than in traditional bullying. This aggression, often aligned with a lack of empathy, reveals problems with emotional control. A lack of social skills such as empathy accentuates aggressive behavior, while a lack of assertiveness increases the risk of bullying.

Substance use, such as alcohol, tobacco and drugs, is a major problem in several countries. In Romania, alcohol and drug use has been increasing among adolescents, while in Portugal substance use has decreased in recent years, except for the misuse of medication. Adolescents who use these substances often turn to them to relieve feelings of anxiety or stress, as mentioned in the Czech Republic report. Lack of family support and poor relationships with parents and teachers are other risk factors associated with this behavior, as is a lack of future expectations, which is a predictor of alcohol consumption. In turn, substance use is a risk factor for impulsivity and aggressive behavior.

Countries such as Portugal, Romania, the Czech Republic and Spain have highlighted the quality of family relationships as a crucial factor for young people's emotional stability, and the absence of family support or the presence of family conflicts are often associated with worsening mental health problems.

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In Portugal, family support has a direct impact on adolescents' mental health. The deterioration of family relationships and difficulties in communicating with parents are identified as risk factors for the development of problems such as depression, anxiety and disruptive behavior. This pattern is similar to that observed in Romania, where the emigration of many parents in search of better economic conditions abroad has left their children in a situation of emotional vulnerability. These teenagers, who live far away from their parents, report feelings of loneliness, anxiety and depression, exacerbated by the lack of a present family structure and continuous support. Also in Poland, family characteristics such as broken, single parent or reconstructed families, were linked to adolescents' mental health problems.

From an economic point of view, the family's financial situation also plays an important role in adolescents' mental health. Families with financial difficulties face greater pressure, which can lead to a tense family environment and consequently increase emotional problems in adolescents. In the Czech Republic, for example, it has been observed that adolescents from families with economic problems are more prone to risk behaviors, such as substance abuse and aggressive behavior. The same is reported in Spain, where poverty and social exclusion are identified as factors that aggravate mental health disorders. In addition, stress caused by economic problems in the family can result in difficulties in school performance, which further exacerbates mental health problems such as anxiety and depression.

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Academic difficulties and the pressure associated with school success were also addressed in the six national reports as sources of stress and anxiety, with significant impacts on the emotional balance and well-being of adolescents. In Portugal, an increase in school-related stress was reported, especially in terms of pressure with homework and difficulties in achieving academic goals. Portuguese adolescents show growing dissatisfaction with school, and this frustration is linked to a negative perception of their own academic competence, which contributes to a decrease in their happiness and satisfaction with life. In fact, poor school performance is identified as a risk factor for the development of internalizing problems such as anxiety, especially in relation to tests and assessments.

In Spain, academic difficulties are also one of the main sources of anxiety among adolescents, contributing to an increase in disorders such as depression. The pressure to achieve good grades, combined with bullying and social problems, has a profound impact on young people's emotional well-being. In Poland, more than 60% of teenagers reported feeling overwhelmed by school obligations, which contributes to feelings of stress.

In Romania, dropping out of school and difficulty keeping up academically are often associated with mental health problems, especially in teenagers whose parents have emigrated to work abroad. These young people, in addition to facing the loneliness and anxiety resulting from parental absence, often lack the emotional and academic support needed to cope with school demands, which aggravates their mental health.

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It is also worth noting that: (1) Italy was the only country to mention the Hikikomori phenomenon. This phenomenon is gaining prominence among Italian adolescents, mainly males, and consists of voluntary social isolation. This behavior reflects a growing trend of social disconnection, often associated with excessive use of technology and social networks; (2) Italy report mentioned the consequences of the SARS-CoV-2 Pandemic and lockdown social distancing for adolescents' depression, anxiety, social isolation, and other mental health issues; and (3) In Spain, in addition to the problems mentioned, Attention Deficit Hyperactivity Disorder (ADHD) and psychotic disorders were also major mental health issues among Spanish teenagers.

Adolescents' mental health and well-being related skills and protective factors

The bibliographic search covered more than 28 publications in the six countries (ANNEX 2). One point common to all six countries is the emphasis on protective factors such as: (1) family support; (2) healthy relationships; and (3) emotional resilience. In Portugal, studies show that social support from family and friends is directly associated with the psychological well-being of adolescents, impacting areas such as autonomy and personal growth. The Czech Republic, on the other hand, highlighted emotional stability, the development of social skills and positive relationships with parents and teachers as crucial to young people's mental health. In Italy the crucial role of romantic attachment on life satisfaction was stressed.

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Resilience was a much-discussed aspect in all six reports, as it is an essential skill for facing the various challenges of adolescence. In Spain, resilience was seen as a fundamental skill that enables adolescents to overcome challenges and maintain emotional balance. In Portugal, differences in emotional regulation were found to be directly related to internalizing problems such as depression and anxiety. In Poland, adolescents who show greater resilience and ability to deal with stressful situations are those with better defined goals. Emotional regulation strategies of cognitive reappraisal were positively associated with well-being outcomes (e.g., life satisfaction, social support perception, and positive affect) in Italian adolescents, and expressive suppression was negatively associated with well-being indicators.

In all countries, the school environment and social support are determining factors for adolescents' well-being. In Portugal, emotional support from teachers is strongly associated with higher levels of autonomy and life satisfaction. Romania report findings that the valorization of the school self has a protective role against behavioral problems in Romanian adolescents with low self-esteem. In Spain, the development of social skills and emotional regulation are essential for mental health, and the support received at school is highlighted as a key protective factor. Active leisure activities, social interactions and outdoor sports or recreational practices are strong positive predictors of adolescent well-being in countries such as the Czech Republic, Spain and Portugal. These activities help reduce stress and improve self-esteem.

In the Czech Republic, teenagers find outdoor activities and social interactions with friends an effective way to combat stress. In Poland, they focus on hobbies that provide comfort and ensure a pleasant time. In Italy, emotional regulation and open communication with parents emerged as the main factors affecting young people's well-being. In Romania, positive self-perception and active participation in family and community decision-making are central themes in mental health studies.

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It's worth noting the existence of gender differences between some countries. For instance, while girls in Portugal tend to have more difficulties communicating with their parents, this is not the case in the Czech Republic.

Adolescents' help-seeking preferences

This research domain enlightens about what adolescents do or intend to do when they face psychological /psychosocial problems (e.g., help-seeking, social support), sources of help, and their relational/communication preferences to do so. More than 26 references were reviewed by the partners (ANNEX 2).

Knowing adolescents' help-seeking strategies is crucial for creating strategies and interventions to promote adolescents' mental well-being. In all countries it seems consistent that adolescents make a combination of formal and informal requests for help.

In all the reports, the presence of peers is mentioned as an important source for help seeking. Spanish report points out that the tendency to confide in friends can influence the effectiveness of interventions designed for adolescents. In Italy, certain coping strategies and support from friends can be predictive of cognitive and mood problems. In Romania, we were told that 25% of adolescents said that interaction with friends provides them with emotional support and reduces feelings of isolation. The Czech Republic focuses on the importance of peer support for the prevention and treatment of bullying, as well as for dealing with depression.

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Five of the six countries mentioned families, concerning the ease of communication between adolescents and their families, as well as their importance in adolescents seeking support. The Portuguese report mentions that, even so, boys seem to have a better relationship with their families and receive more support than girls. The importance of a supportive and open family make it easier for adolescents to seek help from mental health services, is reported by Spain and seems to be consistent with Romania findings 44% of young people who complain about bullying prefer to tell their parents. The Czech Republic also tells us about the importance of family members in the face of depression: adolescents' understanding that their family members pay attention to them and don't leave them alone can be extremely important for the healing process. Also reports that family members, especially parents, continue to be the main source of support when adolescents face personal or psychological problems, providing both information and guidance to face various challenges. Italy highlights peers as the main source of help-seeking, followed by family members.

Poland mentions that almost 50% of teenagers believe that the teacher will listen to their problems with interest and that the teacher is often the only source of professional contact and help. In the same vein, in Romania, teachers are seen as playing a key role in providing support and assistance to students, as well as in students' learning and development, and the youngest students seems to be the ones who turn to them the most. In addition, teachers can foster an accepting environment among students, work with parents and facilitate integration with peers. Focusing on the problem of bullying in Romania, 65% of young people say that teachers talk to them about bullying, name-calling and other humiliations (appearing to be important agents for awareness).

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Mention should be made of the issue of new technologies and online contacts. In Portugal, comparing the 2018 HBSC with the 2022 HBSC, online contact increased with friends (close and not so close), friends they met only online, and other than friends. There was also an increase in the use of the internet to escape negative emotions, and new habits such as consulting content on TikTok and exchanging messages via WhatsApp. This is in line with the Spain report about teenagers' preference for online communication because it provides them with a sense of anonymity and a quick way for them to express their thoughts and emotions, and mentions internet use to seek information and help. However, the Polish report suggests that teenagers seem to prefer direct contact since the pandemic.

According to the report from Poland, 1 in 5 teenagers have no idea that there is a psychologist at school, although it is known that boys are more willing to receive help from a psychologist. In Italy, boys tend to rely more on friends and parents and prefer self-sufficiency, while girls trust more in mental health professionals.

In terms of mental health issues, what leads young people to seek mental health services are problems with concentration, grades and problems with peers, as Portugal reports. Italy, on the other hand, highlights stress related to the future and mentions differences between countries (young people from Germany and the United Kingdom seem to have lower levels of stress compared to French and Italian adolescents.

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Peer mentoring programs

More than 16 publications were considered in the partners review about peer mentoring programs in their countries (ANEXX 2). Peer mentoring programs, as reported by the Czech Republic, involve the creation of a network of individuals who exchange knowledge, experiences, provide emotional support or social assistance with each other. Mentoring programs are an educational strategy recognized for their effectiveness in supporting students both in terms of social development and learning, and this method will involve more experienced students (tutors/mentors) who will provide support to their peers (mentees) in various areas: academic, social or social. Poland reports that the existing projects offer limited activities to be carried out in the peer environment, as they focus more on support, and the prevention role is limited to the educational dimension.

By analyzing the reports from the six countries, with the various examples they describe, it was possible to see the benefits and importance of peer mentoring programs. Most reported peer mentoring programs were embedded in schools and universities and include older, more experienced and trained students who provide support to younger students.

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Portugal reports on three peer mentoring programs, one of which reveals the results of the impact that a peer learning program using technology to promote the metacognitive and collaborative skills of secondary school student, mentors on English as foreign language learning, and how new technologies can contribute to their participation. The results revealed a positive impact on mentors' metacognitive awareness and the development of communication and collaboration skills, as well as the important role of technology in supporting mentors and peers. The second program focuses on encouraging healthy lifestyles through a peer-led social marketing intervention, aimed at training and develop peer leaders' key competencies, in a study included in the "European Youth Tackling Obesity" project. The adolescents who participated as peer leaders showed improvements in terms of experience, confidence, but also interest, as well as increased confidence in management tasks and communication experiences; best results were obtained in Spain and Portugal. The third mentoring program reported is better described as a document with guidelines for educational psychologists. The Portuguese Ministry of Education recommended a multidisciplinary coordination of mentoring programs namely by the class director, psychologist and some representative of the student association and the parents' association. These programs should be considered to go through several phases from planning, recruiting mentors, training them, creating dyads, developing and monitoring and finally concluding and evaluating.

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Italy reports three mentoring programs, the first being the Mentor-UP Program in northern Italy, which aimed to evaluate the impact of peer mentoring of university students on school bonding and self-esteem in children aged 11 to 13, which provided significant improvement in self-esteem. The second program was Adaptation of PEERS®, The Program for the Education and Enrichment of Relational Skills, focused on autistic or socially challenged students and proved to be effective in improving social skills. Finally, the StudyCircle Peer Mentoring Project in Southern Italy aimed to support second-year university students in developing their personal and professional skills so that they could mentor first-year university students, and was found to be effective in creating a community and actively involving students.

In Poland the project The Peaceful Youth House gave the role of teachers to the students under the teacher's supervision. In most of projects conducted in Poland, the role of the mentors is to support or signaling and referral to appropriate professionals, after receiving educational materials about how to recognize problems and difficulties in their peers. The mentors' recruitment and the planning of activities to preventive purposes was also mentioned as important steps, which have received little attention in Poland.

Romania listed a number of programs designed for adolescents between the ages of 12 and 20, some face-to-face and others online, where the main objectives of the various programs include the development of positive personal values, emotional support, the construction of a healthy self-image, the development of resilience, the development of skills for more effective learning, time management, stress reduction and the support of young people in their personal development.

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Czech Republic report doesn't give concrete examples of programs but mentions their importance. Peer mentoring can take place, according to them, when there is a transition from one school grade to another, and an important aspect is that the mentor has been through the same experiences recently, which helps to have a clearer view of what the mentee may need. The aim of this peer support is to improve peer relationships and the general school climate. There are also peer programs to prevent risky behavior through peer influence or peer learning. Peer programs seem to bring several benefits, including better communication between groups and the ability to prevent problems such as bullying.

Main conclusions

Adolescents' mental health and well-being related problems. The literature review revealed a series of psychological and psychosocial adjustment problems among European adolescents from the six countries, such as anxiety, depression, self-harm, stress, school maladjustment, bullying and violence, substance use, internet abuse, and suicidal ideation, conduct disorder, just to name a few. A number of risk factors were also highlighted, such as gender (e.g., girls are more vulnerable to internalizing problems or being victims of bullying, and boys are more vulnerable to externalizing problems and being bullies), year of schooling (e.g., internalizing problems increase with schooling), social relationships (e.g., poor relationships with parents and teachers are risk factors for drug use; poor communication in the family is a risk factor for internet addiction), lack of social skills (low empathy was a risk factor for aggressive behavior, and low assertiveness favored victimization by peers), peer victimization (risk of social and psychological adjustment problems), school underachievement (risk factor for internalizing and externalizing problems), internalizing problems (risk of suicidal ideation and self-harm, low quality of life and life satisfaction) and externalizing problems (risk of involvement in bullying as an aggressor), poor emotion regulation skills, children of emigrant parents staying in country with relatives (higher risk of depressive and anxiety problems), overuse of social networks, among others.

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Adolescents' mental health and well-being related skills and protective factors. Well-being is a construct closely related to mental health. The existence of social support from friends, family and teachers has a positive impact on several well-being dimensions (e.g., positive relationships, self-acceptance, environmental mastery, personal growth and life goals), as well as physical exercise and leisure activities. The relationship with peers and teachers, the perception of safety at school, perception of academic success, and less concerns/difficulties with school were significant aspects for the adolescents' quality of life. Better well-being and quality of life were the outcome of a good communication, feeling treated with fairness, support provided by family, parental help to make decisions and less pressure to have good grade. Emotional regulation plays a central role on protecting from internalizing problems (e.g., depression, anxiety), and well-being. The major positive predictors of life satisfaction were perceptions of parental support for autonomy. Adolescents feeling that what they did in leisure was healthy, and their ability to restructure a boring situation are positive factors of self-esteem, self-efficacy and positive affect. Other protective factors were academic achievement, positive self-concept and self-esteem, stress resilience, and individual characteristics (e.g., optimism and perceived social support).

Adolescents' help-seeking preferences. In stressful situations adolescents value distraction, personal improvement, focus on the positive, and fun. Talk with someone (preference for informal contacts, like mother, father, friends; less frequently teachers) and call to helplines emerged as help seeking strategies. It is also important to encourage adolescents to seek help, as many of them do not do it usually. Adolescents believe that support/encourage, listen and understand, and accompany/not abandon are relational qualities that help them. Some highlight teachers' pivotal role in providing social and emotional support, especially within the school environment.

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Others highlight that adolescents prefer to seek help through digital means and from their friends, but face stigma and lack of accessibility of services.

Peer Mentoring Programs. The bibliographic research on peer mentoring programs revealed that they are now considered a valuable option for promoting the mental health and development of adolescents in all partner countries. The present literature reviews suggest the benefits of these programs for young people, both mentors and mentees, but also suggest the importance of moving towards more mature programming based on the evidence so far. Different steps and phases have been identified to deserve careful planning, namely preparing the program, mentors' recruitment and training, mentees recruitment, forming mentor-mentee dyads, designing the program and its activities, monitoring, closing the program, and evaluating. The peer-to-peer format stands out for offering preventive strategies embedded in the social ecology of young people, based on activities to be developed by mentors and mentees, in which educators have the role of monitoring from a distance. It was also considered important that mentoring programs respond to the identified needs of adolescents and give participants the opportunity to express themselves and highlight and promote personal development.

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Part Two: Empirical Research

Introduction

The collective awareness of young people's mental health problems that the covid-19 pandemic has brought to light, has encouraged the design and implementation of psychosocial interventions aimed at preventing problems and promoting protective factors for adolescents' mental health. The Stronger Youth project is an example of one of these efforts, which aims to create, organize, implement and evaluate a pilot peer mentoring program that could be implemented in European schools.

This report documents the project's empirical study on adolescents' mental health and well-being needs that was carried out simultaneously in each European partner country (Czech Republic, Italy, Poland, Romania, Spain, Portugal). Once Laurence Chandy & Ellen J. MacKenzie adverted "If we want to better understand and support young people, we first need to listen to them" (Foreword, in Johns Hopkins Bloomberg School of Public Health & United Nations Children's Fund, 2022, p. 5). In this vein, this study aims to provide knowledge about what European adolescents think about adolescents' mental health and psychosocial adjustment, which are the risk and the protective factors and what kind of help will be welcome by adolescents. The findings would help to achieve a general frame on European adolescents needs that could enlighten the next choices and decisions throughout the project.

The specific research goals were:

- Describe adolescents' point of view about their psychological problems and coping resources;
- Identify the risk and protective factors for mental health and well-being that adolescents perceive in the key contexts in which they live;

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- Identify adolescents' preferred channels for help-seeking and communication.

In February 2024, the Portuguese team (University of Évora) provided the Methodological Framework and Guidelines for this empirical research (ANNEX 3), that was the outcome of the discussion and consensus during the Kick-Off-Meeting of the project in Évora, Portugal (29 January - 1 February 2024). The Methodological Framework and Guidelines for the Empirical Research made recommendations for the research procedures and reporting, namely about the inclusion criteria of participants; the characteristics, translation, and administration of the "Adolescents Well-Being Questionnaire" (Carapeto, Grácio, Martins & Pires, 2024), created for this study; ethic requirements for research with human beings; database building; data analysis of quantitative and qualitative data; results report (tables were provide to organize the data) and discussion. The English version of the questionnaire was provided as well as the categories for the content analysis for the qualitative analysis, informed consent forms (schools and participants legal guardians), and a protocol for the administration of the questionnaire. Reporting guidelines were also included in the template for the National Reports.

Method

This study comprehended both qualitative and quantitative data, obtained from six convenience samples of adolescents in each partner country (Czech Republic, Italy, Poland, Romania, Spain, and Portugal).

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	CZ	ES	IT	PL	PT	RO	Total
N	45	45	78	89	51	56	364
Age: Mean (Min-Max)	18,98 (18-19)	18,79 (14-20)	15.56 (14-20)	15.89 (14-18)	16.16 (15-19)	16.55 (14-19)	(14-20)
Gender (N, %)	-	-	-	-	-	-	-
Boy	15 (33,3%)	17 (37,7)	34 (43.59%)	29 (33%)	20 (39.2%)	29 (51.79%)	144 (39.56%)
Girl	27 (60%)	27 (60)	43 (55.13%)	57 (64%)	30 (58.8%)	25 (44.64%)	209 (57.42%)
Other	0 (0%)	1 (2,2)	0 (0%)	0 (0%)	1 (2%)	0 (0%)	2 (0.55 %)
No report	3 (6,67%)	0 (0%)	1 (1.28%)	3 (3%)	0 (0%)	2 (3.57%)	9 (2.47%)
Grade (N, %)	-	-	-	-	-	-	-
7th					-	6 (10.71%)	6 (1.65%)
9th	-	-	41 (52,56%)	-	-	14 (25%)	55 (15.11%)
10th	-	-	-	-	29 (56.9)	-	29 (7.97%)
11th	-	-	19 (14.36%)	-	6 (11.8)	15 (26.79%)	40 (10.99%)
12th	-	-	-	-	16 (31.4)	21 (37.5%)	37 (10.16%)
13th	-	-	18 (23.08%)	-	-	-	18 (4.95%)
1st (post-second – ISCED 4)	45 (100%)	-	-	-	-	-	45 (12.36%)
Non specified / varied	-	45 (100%)	-	89 (100%)	-	-	134 (36.81%)
Course (N, %)	-	-	-	-	-		
Science & Technology	-	-	-	-	38 (74.5)	-	38
Socio-Economic Sciences	-	-	-	-	6 (11.8)	-	6
Languages and Humanities	-	-	-	-	7 (13.7)	-	7
Post-secondary studies (ISCED 4)	45 (100%)	-	-	-	-	-	45
VET- Adm. and Finance	-	29 (64,4%)	-	-	-	-	29
VET - Socio-cultural animation	-	16 (35,5%)	-	-	-	-	16
Liceo classico	-	-	42 (53.85%)	-	-	-	42
Liceo cientifico	-	-	36 (46.15%)	-	-	-	36
General Secondary School	-	-	-	89 (100%)	-	-	89
Mathematics-computing	-	-	-	-	-	41 (73.21%)	41
Intensive mathematics-computing	-	-	-	-	-	15 (26.79%)	15

Table 1: Participants sociodemographic characteristics

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Participants

As showed in Table 1, a total of 364 adolescents from six countries (Czech Republic, Italy, Poland, Romania, Spain, and Portugal) filled up the questionnaire, 57% girls and 40% boys, aged from 14 to 20 years old. The participants attended from the 7th grade (Romania) to post-secondary programs (Czech Republic), in some countries a variety of non-specified grades was reported (Spain and Poland).

Instrument

The "Adolescents Well-Being Questionnaire" (Carapeto et al., 2024; Appendix 1 in ANNEX 3) was created for this study to collect data from the adolescents concerning their perceived mental health and well-being related needs, their strengths when they need to cope with difficult situations and the preferred channels for obtaining help and support. It comprises five parts:

(a) Brief sociodemographic characterization (questions 1 to 5, to collect data about gender, age, school grade, etc.);

(b) Satisfaction with life (single-item scale: "All things considered, how satisfied are you with your life as a whole these days?", to rate from 0 to 10; based on Veenhoven, 2018);

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(c) Two open-ended questions (7 and 8) about participants' perceived mental health problems and difficulties ("You probably know adolescents who experience psychological difficulties or behavioral problems. Please describe how adolescents feel and what psychological difficulties and behavioral problems young people your age experience"), and strengths and resources ["You certainly know adolescents who feel good in general or who manage to cope well with the problems and difficulties they face. In your opinion, what helps them maintain a certain well-being or recover quickly (personal characteristics, other help, etc.)?"], of adolescents. Both questions were inspired by the Johns Hopkins Bloomberg School of Public Health & United Nations Children's Fund (2022) study;

(d) Four double open-ended questions about the perceived risk ("Considering both your personal experience and that of other adolescents you know, how does the family/school/peers and friends/ social networks and the internet influence the well-being of adolescents? Give examples of how the family/school/peers and friends/ social networks and the internet can contribute positively to the well-being of adolescents") and protective factors ("Now, give examples of how the family/school/peers and friends/social networks and the internet can contribute negatively to the well-being of adolescents") in four contexts (family, school, peers and social networks and the internet; questions 9 to 12). The questions were inspired by the Johns Hopkins Bloomberg School of Public Health & United Nations Children's Fund (2022) study;

(e) Intention to ask for help (question 13, which included 14 items, each one introducing a different potential help agent (e.g., mother, teacher, peers), to answer on a scale of 1-Extremely unlikely, to 7- Extremely likely (adaptation of the General Help Seeking Questionnaire; Wilson et al., 2005);

(f) Identification of the preferred communication channels (question 14, with 7 answer options, such as face-to-face or telephone; created for this study).

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Procedures

The Methodological Framework and Guidelines for the Empirical Research, together with the template for the National Reports, recommended the partners to follow certain procedures: translation, ethics, questionnaire administration, data base building, data analysis e reporting.

Questionnaire preparation. The questionnaire was originally in Portuguese language [except for the b) and e) parts]. The open-ended questions in c) and d) parts were inspired by the Johns Hopkins Bloomberg School of Public Health & United Nations Children's Fund (2022) study, On My Mind: How adolescents experience and perceive mental health around the world, concerning, for instance, their division of protective and risk factors in four contexts (school, family, peers, and internet). The b) and e) parts of the questionnaire were originally in English and required translation to Portuguese, that was performed following the same international guidelines to questionnaires' cross-cultural adaptation and validation (e.g., Borsa et al., 2012) bellow recommended to partners.

The original version was tested with two Portuguese adolescents who filled up the questionnaire. A cognitive interview followed with the same adolescents and a few corrections could be made to increase readability, facilitate the emergence of relevant contents according to the questionnaire goals, and become close to the adolescents' language use.

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Translation. An English version was prepared to be translated by the partners to their national languages. Two researchers (Portuguese native and fluent in English) independently performed the translation of the questionnaire to English. Afterwards, a third researcher (Portuguese native and fluent in English, also) conducted a meeting with both translators to solve translation discrepancies until a consensus was reached and a final version was synthesized. The original English version of parts b) and e) was maintained.

Procedures following international guidelines to questionnaires' cross-cultural adaptation and validation (e.g., Borsa et al., 2012). Thus, two persons (English fluent and national language native) were recommended to performed two independent translations; then, they would meet with a third part (English fluent and national language native) to solve the discrepancies and achieve consensus for a final national language version. The final version was recommended to be tested by two independent adolescents who should participate in a cognitive interview, to point any corrections to increase readability, facilitate the emergence of relevant contents according to the questionnaire goals, and become close to the adolescents' language use.

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Ethics. Two forms were provided, in English, to the partners. First, a form to inform and document the permission of the schools' principals to administer the questionnaires and collect the data from student classes in the school settings (APPENDIX 2 in ANNEX 3). Second, an informed consent form containing information about the research project (study objectives and methodology, anonymity of responses, etc.) was distributed to the students to be signed by the parents or guardians and returned to the classroom teacher (APPENDIX 2 in ANNEX 3). The study complied with national and international ethical and legal principles for research involving human subjects. In addition, the Portuguese team received the approval of the Ethics Committee of the University of Évora, Portugal, for the Portuguese part of the research.

Questionnaire administration. An administration protocol (APPENDIX 3, in ANNEX 3) was provided by the Portuguese team as a part of a brief training of the persons who should administrate the questionnaires. The questionnaires, printed on paper, were administered by Stronger Project team members, school psychologists or class teachers, who received a brief training for this purpose. The completed questionnaires and the students' declarations of informed consent were kept in different envelopes, which were returned to the research teams. No documents remained in the school.

Database building. The qualitative data was recommended to be transcribed to digital doc. files (for instance, one question per file) and the quantitative data to be inserted in a database file to allow simple descriptive statistics (e.g., Excel, SPSS).

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Data analysis. The responses to the open-ended questions were coded according to a previously defined system of categories for content analysis (Bardin, 2007), based on the Johns Hopkins Bloomberg School of Public Health and United Nations Children's Fund report (2022). In the Methodological Framework and Guidelines document, the Portuguese team presented this content categories system, with examples (APPENDIX 4 in ANNEX 3), and a table to report the results. All responses to a given question were examined for the presence of content related to each related (sub)category, and counted as present, if that were the case. If a new content, not covered by the proposed categories, seemed to be present, it was recorded in a new category of "other". All coding was recommended to be done by two independent coders. Once the individual coding was completed, the coders met to identify and resolve any discrepancies until a consensus coding was reached. The frequency of participants who mentioned contents by category was counted and the percentage of was computed. Quantitative and categorical data received statistical analyses, both descriptive (counts, percentage, mean and standard deviation).

Results and Discussion

Table 2 shows the results of the life satisfaction and help-seeking descriptive statistics (frequency, percentage, mean, standard deviation) in the partner countries.

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	CZ	SP	IT	PL	PT	RO
N	45	45	78	89	51	56
Life satisfaction (Boys-Girls, 15 years-old; HBSC, Cosma et al., 2023)	2: 6.8-7.7	4: 6.4-7.2	5: 6.2-6.9	6: 5.7-6.8	3: 6.8-7.4	1: 7.6-8.0
Life satisfaction	6,44 (1,84)	7,60 (1,44)	6,96 (1.60)	6.5 (1.94)	7.45 (1.75)	7.75 (1.79)
Help-seeking	-	-	-	-	-	-
Intimate partner	5,86 (1,09)	5,91 (1,52)	4,05 (1.86)	5.9 (1.35)	5.52 (1.45)	5.33 (1.90)
Friend	5,38 (1,37)	5,93 (1,40)	5,01 (1.61)	6.15 (1.4)	5.22 (1.42)	5.35 (1.63)
Father	3,07 (2,04)	4,77 (1,91)	3.23 (1.88)	4.39 (2.84)	5.12 (1.61)	5.35 (1.92)
Mother	4,76 (2,08)	5,66 (1,50)	3.17 (1.97)	5.48 (1.59)	5.88 (1.48)	5.73 (1.76)
Peer	3,13 (1,21)	3,28 (1,47)	3.47 (1.39)	2.8 (1.50)	3.2 (1.48)	3.2 (1.50)
Other relative/family member	2,87 (1,84)	4,55 (1,81)	1.77(1.59)	3.13 (1.82)	3.8 (1.55)	3.5 (1.84)
Psychologist or psychiatrist	4,67 (1,89)	4,57 (1,67)	2.34 (1.48)	3.78 (1.97)	4.04 (1.81)	3.31 (2.07)
Phone help line	1,93 (1,6)	2,04 (1,50)	2.58 (1.51)	2.40 (1.83)	2.62 (1.75)	1.94 (1.65)
Doctor / GP	2,53 (1,49)	2,82 (1,65)	1.73 (1.23)	1.93 (1.26)	3.04 (1.73)	2.35 (1.60)
Teacher	2,44 (1,56)	3,31 (1,66)	1.68 (2.10)	1.73 (1.19)	2.84 (1.5)	2.20 (1.33)
Pastor/priest	1,22 (0,77)	1,51 (1,10)	3.24 (2.37)	1.42 (1.12)	1.84 (1.49)	2.37 (2.03)

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	CZ	SP	IT	PL	PT	RO
Youth worker	1,7 (1,23)	2,04 (1,34)	5.73 (0.27)	1.69 (1.16)	1.52 (1.07)	1.40 (1.10)
No one	3,53 (2,06)	2,55 (1,80)	0.92 (0.49)	3.83 (2.22)	3.12 (2.04)	3.0 (1.87)
Other	7 (0)	1,5 (1,58)	0.60 (0.46)	6.67 (0.5)	3.12 (2.89)	1.44 (1.43)
Means to get help	-	-	-	-	-	-
Face to face	43 (96%)	19 (93,3%)	72 (92.31%)	72 (81%)	39 (76.5)	50 (89.29%)
Telephone	17 (38%)	13 (42,2%)	47 (60.26%)	51 (57%)	24 (47.1)	34 (60.71%)
Texting	13 (29%)	8 (28,8%)	23 (29.49%)	49 (55%)	17 (33.3)	32 (57.14%)
Social networks (internet)	15 (33%)	1 (17,7%)	23 (29.49%)	9 (10%)	9 (17.6)	13 (23.21%)
Chatbots	7 (16%)	1 (2,22%)	2 (2.56%)	8 (9%)	1 (2.0)	4 (7.14%)
Other websites	2 (4%)	2 (2,22%)	3 (3.85%)	3 (3%)	1 (2.0)	4 (7.14%)
Other	3 (7%)	19 (4,4%)	8 (10.26%)	3 (3%)	2 (3.9)	4 (7.14%)

Table 2: Life satisfaction and help-seeking descriptive statistics in six countries

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Life satisfaction

As shown in Table 2, the average life satisfaction ranged from 6.44 (CZ) to 7.75 (RO). In general, the results for each country were in line with the reported by Cosma and colleagues (2023) in the Health Behaviour in School-aged Children (HBSC) international report from the 2021/2022 survey, for 15-year-old boys and girls in each country. Even so, compared Cosma et al. (2023), our results suggest better satisfaction with life of our Spanish adolescents' sample and lower for CR adolescents.

Help-Seeking

Concerning help-seeking, the answer to the question "which agents are adolescents more and less likely to turn to for help?", was provided in a scale from 1-extremely unlikely to 7-extremely likely (1 to 3: unlikely; 5 to 7: likely).

First, there was some consensus among adolescents from the different countries about the most likely persons to help seeking. The intimate partner (e.g., boy/girlfriend) emerges the most likely help source for PL and CR, but important for SP, PT and RO also. The mother was the main source of help for PT and RO adolescents but also important for SP and PL adolescents. Friends' role was highlighted by SP and IT adolescents, and important for CR, RO and PT. For IT adolescents, the most likely source of help mentioned was the youth worker, a figure that was not highlight by any other country. CR and PT mention another person as the most likely to disclose with.

Peers were mentioned as unlikely in all countries, as well as teachers. And, hopefully, tell "no one" is in the "unlikely" field in all countries (however, some adolescents reported this choice everywhere).

Concerning the channels/means preferred to self-disclosure, face-to-face meetings

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were the most mentioned by adolescents of all six countries, from 77% (PT) to 96% (CR). It follows telephone (61%, RO, to 38%, CR), texting (29%, CR, SP and IT, to 57%, RO) and internet's social networks (10%, PL, to 33%, CR). Some adolescents signal also chatbots (2%, PT, to 16%, CR), other websites (2%, SP and PT, to 7%, RO) and other non-mentioned channels (3%, PL, to 10%, IT).

Mental Health Challenges

Adolescents perceived mental health about psychological difficulties or behavioral problems were obtained through one open-ended question. Adolescents of all countries report more emotional challenges than behavior problems.

Regarding psychological difficulties, adolescents report anxiety, depression, lack of understanding, feeling lost, loneliness, insecurity, lack of self-confidence, low self-esteem, problems with self-acceptance, uncomfortable about not fitting in (physically, IT), misunderstanding and gender issues (IT). Only Romanian teenagers refer to panic attacks or anger. Fatigue is only referred by Romanian and Poland teenagers.

> "Adolescents feel anxious, stressed, depressed. They may have trouble being social, around people, lose motivation for everything" (CR).

> "Many teenagers nowadays suffer a lot from anxiety and depression. This is due to personal problems at home, a lot of pressure at school and the fear of not being able to achieve our goals and our future" (PT).

The behavioral problems mentioned by adolescents refer to self-harm (CR, PT); eating problems (CR, IT, RO, PT); diverse addictions (CR, IT, PL, PT, RO) like drugs, alcohol, tobacco (PL) and technology addiction (PT); social difficulties/isolation, relational problems (only PL and CR adolescents don't mention them), rebellion (SP), impulsivity (PL), and suicidal thoughts (CR).

Behavior problems also emerge as misbehavior, dating violence (PT), bullying (PT, RO), impulsivity (RO) and aggressive behavior in general (PL, PT, RO).

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Category	CR		IT		PL		PT		RO		SP	
	N	%	N	%	N	%	N	%	N	%	N	%
Mental Health Challenges	45	100	70	100	89	100	49	100	-	100	-	100
Emotional challenges	37	82,2	64	91,43	69	78	35	71.4	36	64.29	30	66,6
Behavioral problems	20	44,4	21	30,00	36	40	12	24.5	20	35.71	6	13,3
Other	5	11,1	-	-	-	-	16	32.7	-	-	-	-
Coping and help-seeking	45	100	76	100	89	100	50	100	-	-	-	100
Coping strategies	-	-	-	-	89	100	-	-	-	-	-	-
Interpersonal	19	42,2	46	60,53	63	71	33	55	17	30.36	27	60
Intrapersonal	18	40	62	81,58	67	75	25	50	36	64.29	1	2,2
Barriers to help-seeking	-	-	-	-	89	100	-	-	-	-	-	-
Mental health stigma	-	-	-	-	0	0	-	-	5	8.93	0	0
Gender norms	-	-	-	-	0	0	-	-	1	1.79	-	-
Individual barriers	2	4,4	-	-	59	66	2	4	14	25	-	-
Family barriers	13	28,9	1	1,32	27	30	-	-	3	5.36	-	-
Other interpersonal barriers	-	-	1	1,32	27	30	-	-	6	10.71	-	-
Structural barriers	-	-	-	-	76	85	-	-	2	3.57	-	-
Other barriers	-	-	-	-	7	8	-	-	2	3.57	-	-

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Category	CR		IT		PL		PT		RO		SP	
	N	%	N	%	N	%	N	%	N	%	N	%
Facilitators of help-seeking	-	-	-	-	89	100	-	-	-	-	-	-
Trust	7	15,6	-	-	70	79	4	8	14	25	5	11,1
Peer or family intervention	18	40	7	9,21	78	88	16	32	5	8.93	-	-
Internet access	5	11,1	-	-	61	69	-	-	2	3.57	-	-
Availability of mental health services	2	4,4%	-	-	29	33	8	16	-	-	2	4,4
Other facilitators	-	-	-	-	-	-	3	6	4	7.14	13	28,8
Others	-	-	-	-	-	-	6	12	-	-	-	-
Contextual Risk and Protective Factors	-	-	-	-	-	-	-	-	-	-	-	-
School – source of protection	42	100	72	100	89	100	51	100	-	100	-	100
Caring teachers and supportive services	21	50	48	66,67	29	33	25	49	16	28.57	5	11,1
Expanding horizons	11	26,2	20	27,78	27	30	15	29.4	8	14.29	4	8,8
Safe space	14	33,3	40	55,56	7	8	26	51	45	80.36	16	35,5
Other	-	-	-	-	50	56	9	17.6	-	-	-	-
School – source of risk	38	100	70	100	89	100	50	100	-	100	-	100
Academic pressure	23	60,5	52	74,29	66	74	29	58	41	73.21	24	53,3
Unsupportive teachers	18	50	44	62,86	19	21	12	24	12	21.43	8	17,7
Abusive teachers	15	41,7	10	14,29	34	38	1	2	24	42.86	7	15,5

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Category	CR		IT		PL		PT		RO		SP	
	N	%	N	%	N	%	N	%	N	%	N	%
Financial barriers	1	2,8	-	-	-	-	-	-	3	5.36	-	-
Other	-	-	-	-	-	-	23	46	-	-	-	-
Peers – source of protection	43	100	68	100	89	100	51	100	-	100	-	100
Social support	38	88,4	67	98,53	78	87	48	94	55	98.21	34	75,5
Other	-	-	-	-	-	-	14	27.5	-	-	-	-
Peers – source of risk	1	88,4	65	100	89	100	51	100	-	100		100
Lack of trust	4	9,3	3	4,62	7	8	25	49	5	8.93	4	8,8
Lack of supportive peers	16	37,2	40	61,54	12	14	6	11.8	11	19.64	6	13,3
Bullying	14	32,6	12	18,46	62	70	15	29.4	26	46.43	20	44,4
Peer pressure	21	48,8	32	49,23	27	30	16	31.4	26	46.43	6	13,3
Family – source of protection	43	100	77	100	89	100	51	100	-	100	-	100
Family support	36	83,7	73	94,81	71	80	50	98	53	96.64	29	64,4
Parent-child communication	17	39,5	36	46,75	39	44	20	39.2	16	28.57	8	17,7
Other	-	-	75	100	-	-	3	5.9	-	-	-	-
Family – source of risk	44	100	77	100	89	100	51	100	-	100	-	100
Lack of support	22	50	56	74,67	27	30	37	72.5	11	19.64	11	24,4
Abuse and neglect	27	61,4	20	26,7	71	80	10	19.6	41	73.21	13	28,8

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Category	CR		IT		PL		PT		RO		SP	
	N	%	N	%	N	%	N	%	N	%	N	%
Parental pressure and control	17	38,6	29	38,67	43	48	17	33.3	14	25	15	33,3
Financial instability	2	4,5	-	-	2	2	-	-	2	3.57	2	4,44
Other	-	-	-	-	-	-	2	3.9	-	-	-	-
Digital technologies	-	-	-	-	-	-	-	-	-	-	-	-
Digital technologies – source of protection	42	97,7	62	98,41	83	93	51	100	-	-	28	62,2
Digital technologies – source of risk	-	-	62	98,41	84	94	51	100	55	98.21	34	75,5
Other	-	-	-	-	-	-	-	-	-	-	-	-

Table 3: Frequency and percentage of participants that mentioned the categories content

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> "... often even become a little more aggressive by responding badly, but this is completely understandable" (PT).

> "We don't feel good enough, pretty enough, overall perfect enough. We can be moody, aggressive, sassy, and that's only because we don't meet the ideal of a cow according to soc. networks" (CR).

Only polish adolescents refer to withdrawals, difficulties with learning, attention deficit, overthinking and, only Portuguese adolescents refer to bad influences among behavior problems and lack of knowledge or minimizing the very existence of adolescents' psychological problems.

Coping and Help-Seeking

Coping Strategies. Teenagers from CR, PL, and PT report interpersonal and intrapersonal coping strategies to manage adolescents' psychological challenges with not too different percentages. On the other hand, Italian (81.58%) and Romanian teenagers (64.29%) report far more intrapersonal strategies and Spanish almost exclusively interpersonal ones (60%).

Diverse interpersonal coping strategies were mentioned. Adolescents of all the countries say that seeking interpersonal support, talking and having support from family and friends helps them maintain a certain well-being. Discuss their issues and receive empathy are seen as useful strategies to cope well with the problems and difficulties that adolescents may face.

> "Better communication, with parents, siblings, friends, whatever, to talk, chat, find a solution to a problem" (PT).

Seeking support from teachers (CR, PT) or professionals (PT, RO) was mentioned very residually.

> "The support of family, friends. If they go to school, teachers can help them too - talk about your problems." (CR)

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Intrapersonal help-seeking and coping strategies were mentioned by teenagers from all countries except from SP, where only one mention was made.

Adolescents from PL, PT and RO refers to diversion and distraction from problems and ways of spending their free time (an escape valve, IT; family, friends, PT; hobbies, music, sports, PL) as coping strategies to deal effectively with problems.

> "(...) doing activities they enjoy, such as spending time with family/friends, ..., etc." (PT).

Distance for others and problems (PL), and ability to block out disturbing things (RO) are considered helpful. Only Romanian teenagers mention also avoiding social networks, faith and church attendance as good coping strategies to help them to maintain well-being.

Personal characteristics like self-confidence (PL), maintaining a positive outlook (CR) and self-control (PL) are considered by adolescents as coping strategies for having better wellbeing. Some behaviors are also seen by some adolescents as helpful (organization of time, good sleep, PL; perseverance in pursuing goals, RO). Teenagers from the Czech Republic are the only ones to mention self-reflection, emphasizing the importance of self-reliance and maintaining a positive outlook.

Barriers to help-seeking. Despite no direct question on barriers to help-seeking, it is interesting that, even so, adolescents, manly Polish and Romanian, have reported them. Only a very small percentage of adolescents from CR, IT, PT mentioned it and Spanish adolescents don't mention it at all.

Mental health stigma (depression, judgmental society, self-image problems) and gender norms (hormonal imbalance in adolescence) were referred by some RO teenagers. Individual barriers (withdrawal, shyness, lack of self-esteem, feeling of loneliness, PL; feelings of inferiority, RO) were mostly reported by Polish (66%) and RO (25%) teenagers. Adolescents from IT, and SP don't mention them, and CR (4.4%) and PT (4%) only a few.

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> "(...) people have different characteristics, some people keep everything to themselves" (PT).

> "Most of the problems aren't that bad, and people needlessly underestimate their ability to cope with them." (CR).

Family barriers, are mostly mentioned by PL (lack of understanding, lack of support), and CR teenagers. IT and RO teenagers mention them very little (lack of family attention, family problems, abusive or absent parents, negative relationships between parents, RO). Portuguese and Spanish don't mention them at all.

> "A very popular phrase: "How can you have problems?" Everyone has problems and they should not be belittled. This phrase makes a young person shut down when told that his troubles are nothing" (CR).

> "A quiet family (no sick people in the family)" (IT).

Other interpersonal barriers, are referred much more by PL adolescents (false friends at school, exclusion) than for other countries teenagers. Scarce RO (regarding marginalization, feeling like you don't matter or not understood, lack of communication for fear of being judged, social pressure to fit in) and IT adolescents mentioned it, and none CR, PT and SP adolescents.

> "In my opinion it all starts with being self-confident and not having insecurities" (IT)

Structural barriers, are referred a lot by PL adolescents (unavailability of psychologist, too much pression on learning). Only two teenagers from CR (increased stress, disappointing attitude) and RO. Adolescents from IT, Pt and SP do not mention any.

"In my experience, it is especially hard to find professional help when one is committed mainly for capacity reasons or lack of quality therapists" (CR)

Other barriers were mentioned by PL (social pression for achievement), and RO (too much technology, lack of activities) adolescents.

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Help-seeking facilitators. Trust. PL youngsters mention trust a lot as a key factor in facilitating help-seeking behavior (79%), particularly in terms of the perceived ability to self-disclosure without fear of others' judgement. Only a few CR, PT, SP and RO adolescents mention trust. Italians don´t mention it at all.

> "When we surround ourselves with comfortable and positive people that we can confide in and are always there for us, it's like a breath of fresh air. With people like that, we relax. Trust"(CR).

> "(...) having the ability to get things off our chest with someone we trust so that we don't accumulate our problems" (PT).

Peer or family intervention. Adolescents from PL (80%) are the ones that most consider peer or family as facilitators of help-seeking, referring common talks, understanding and help. In a lesser extent, CR, IT, PT and RO teenagers also mention peers or family as facilitators (e.g., support from family and friends, friendly living environment).

> Friends are the people you allow near you. Therefore, these people can help you to improve your mental state. They can make you see a psychologist; they will go there with you, they will support you." (CR)

> "In my opinion, getting help from friends or parents, seeing a psychologist for more serious problems, having more self-esteem can also influence well-being" (IT).

> "I believe that the main reason, at least one of them, is the 'support' offered by close friends" (PT).

Internet access. Once again, adolescents from PL (69%) are the ones that most consider internet access as facilitator of help-seeking, mentioning the possibility of finding someone with the same interests and understanding without judging, source of inspiration and social contacts. Few CR and RO teenagers see internet access as facilitating help seeking and IT, PT and SP do not.

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"Information can be drawn from good and verified sources. E.g. useful links on the internet" (CR).

"Access to information" (RO).

Availability of mental health services. Once again, PL adolescents were the ones that most consider this aspect (33%), considering the existence of psychologist at school and teachers who can be trusted as facilitators of help-seeking. Adolescents from CR, PT and Spain mention far less, and IT and RO don't mention it at all.

"In my experience, it is especially hard to find professional help when one is committed mainly for capacity reasons or lack of quality therapists." (CR).

"go to professionals like psychologists and maybe take some pills" (PT).

"See a psychologist" (SP).

School Perceived Influence

The data analyzed reveals the opinion of young people about how the school can contribute positively and negatively to the well-being of adolescents.

School as a Source of Protection. Adolescents from all countries mentioned it, but IT (66.67%), CR (50%), PT (40%) and PL (33%) were the ones that most mentioned caring teachers and supportive services as sources of protection, and RO (28.57%) and SP (11.1%) mentioned less. Understanding, tolerant and motivating teachers and existence of psychologist in the school are important protective factors.

There are teachers, assistants and (responsible) psychologists who can help us and with whom we can talk" (PT).

"Good, understanding and tolerant teachers"; "Availability of school psychologists" (CR).

"Encouragement from teachers" (...). Inspirational teachers" (RO)

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Lower workload at school (IT) and extra-curricular activities were also consider by adolescents' (IT, PL, SP) as being protective.

> "Less homework, teachers who empathize with students, more sports projects, teachers who help students in difficult moments" (IT).
>
> "Support from the teachers, confidence in teachers and psychologists, excursions" (PL).
>
> "Talks, support from teachers, fellowship activities" (SP).

Teachers teaching regarding attitudes to help to understand, providing new knowledge, experiences and rewards are seen by RO adolescents as protective in school environment.

> "Some teachers help you understand without making you feel bad" (RO).
>
> "If teachers explain well, students understand better "(RO).
>
> "Offering new experiences (...). Providing new information "(RO)
>
> "Reward hard work with good grades" (RO).

Adolescents from all countries considered expansion of horizons as a school's protective factor. RO (14.29%) and SP (8.8%) mentioned it the least.

They considered its importance as helping personal development (self-knowledge, self-concept and self-esteem, perspective of life), relational skills, knowledge (general, academic), and future and professional goals.

> "Help to achieve goals, improve and gain knowledge in different spheres and provide space for development. To learn about problems that teens may have" (CR).
>
> "Facilitating socialization and teamwork "(RO).
>
> "A new perspective on life" (RO).
>
> "Helping students develop knowledge" (PT).

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"Provides a general knowledge" (RO).

"Knowledge consolidation" (RO).

"Preparing to future life, possibility of pursuing passions, possibility of self-development" (PL).

"Education to facilitate a future career" (RO).

Adolescents from IT, RO and SP also mention school climate that values teenagers, offers academic guidance and psychological support, provide education and extra-curricular activities.

"An environment where we can excel, which makes us feel valued" (RO).

"Academic guidance" (RO).

"Psychological support "(SP).

"Providing education on different levels" (RO).

"School parties and lectures held" (IT).

"Extracurricular projects and activities" (RO).

Adolescents from all countries considered school as a safe space as protective factor. RO adolescents were the ones that mentioned the most (80.36%), and PL the ones that mentions it the least (8%). A general characteristic of school as a safe space included to have a pleasant environment. More specifically, they mention the psychologists' help; engaged teachers; an environment where they can speak openly and ask questions, and people can be trusted, and socialize with their peers and be integrated in society; be occupied but also where there are places and time to relax.

"Nice and supportive atmosphere, places for relaxing" (PL).

"The school must provide help to young people, perhaps with the presence of psychologists, and support pupils in their choices." (IT).

"An open collective that allows you to ask anything." /"Pleasant environment

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and people we can confide in." (CR).

"It helps to make new friends. We can spend time with friends" (PT).

"Friends and integration into society with their peers "(RO).

"Keeps them occupied" (RO)

"Knowing how to socialize, healthy environment, committed teachers" (SP).

School as a Source of Risk. The school risk factors identified by adolescents were academic pressure, unsupportive teachers, abusive teachers and financial barriers.

Academic pressure was the most referred source of by the adolescents of all countries (CR, 60.5%; IT, 74.29%; PT, 58%; RO,73.21%; SP 53.3%), causing stress, pressure, fatigue and fear of failure. According to teenagers, this academic pressure results from: i) Schools demands, such as too much homework, multiple tasks at the same time, due dates, assessments, focus on grades; ii) Hostile environment; iii) Curriculum, including too many lessons and hours at school, lack of practical or useful knowledge for future life; iv) Lack of personal interest of teachers towards students; v) Peers relational competition and lack of companionship; v) Personal aspects, as fear of failing, school marks, lack of understanding of subjects.

"Too much homework can be stressful, oral exams can make you anxious, and you can arrive at the end of the year exhausted." (IT).

"Lots of classes"/"Multiple tasks at the same time" (RO).

"Overloaded curriculum, too much stress, focus on grades, competition, lack of practical knowledge, too many hours "(PL).

"A lot of information that is not useful in the future" (RO).

"Hostile environment at school" (RO).

"Putting pressure on students, they only care about the students' achievements not their psychological well-being." (CR).

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"Failing, pressure, lack of companionship" (SP).

"School can contribute negatively to the well-being of teenagers because we're afraid of not being able to get an average for the course we want, of not being able to get into university" (PT)

"We don't understand what we're doing and can't do our homework" (RO).

Adolescents from all countries consider **unsupportive and abusive teachers** as affecting their wellbeing. However, adolescents of IT (62.86%) and CR (50%) were the ones that most referred unsupportive teachers, and RO (42.86%), CR (41.7%) and PL (38%) youngsters the ones that most mentioned abusive teachers.

Unsupportive teachers were perceived as those who do not understand students and learning difficulties and show little interest about their students. These teachers were perceived as sometimes creating a climate of fear, mistrust, don´t helping, unfairness (treating students differently/marginalizing; unfair evaluations), not innovative, given too much assignments to students and being the teachers it-selves in burn-out.

"Lack of understanding, lack of interests, especially paying no attention on peer bullying" (PL).

"Lack of understanding from teachers if a child is not good at a subject" (RO).

"Not paying attention to the complaints the student makes about their classmates." (PT).

"Lack of confidence, lack of help" (SP).

"Social marginalization"./ Differences between children" (RO).

"Undeserved low grades" (RO).

"Disproportionate workload at home, climate of terror created by teachers" (IT).

"Employing burnt-out and non-innovative teachers" (CR).

Abusive teachers were mostly mentioned regarding their behaviors and attitudes to

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students. Relational aspects included making fun and comparations of students in front of class, shouting, humiliating, being disrespectful, unfair, judging and discriminating students, being racist. Besides, some teaching was seen as affecting negatively the students, such as explaining too quickly and having too high expectations and requirements.

> "When teachers shout at you because you don't understand a topic or try to laugh at you in front of the class." (CR)
>
> "Being mean to them, shouting at them, not encouraging them, rushing to explain, not understanding" (IT).
>
> "Unfair treatment, comparison with others, humiliation, singling out some at the expense of others, comparing with others" (PL).
>
> "Lack of respect, judging "(SP)
>
> "Too high demands/ Excessive expectations" (RO).
>
> "Racism" (RO).

Financial barriers as source of risk in school context were rarely mentioned and only by CR (2.8%) and RO (5.36%) teenagers. They reported discrimination against students based on their economic situation, differences in quality between city and village schools, inexistence of extracurricular activities and school facilities.

> "If you are from a socially disadvantaged family, the attitude of the students and the teachers towards the student in school changes." (CR)
>
> "Lack of air conditioning "(RO).
>
> "No extracurricular activities offered" (RO).
>
> "Gap between the quality of schools in big cities and those in villages" (RO).

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Peers Perceived Influence

Peers as a Source of Protection. Adolescents from all countries considered peers as affecting positively their wellbeing. Peers were considered as source of help and support when needed (emotionally, problems solving, decisions making), reliable, understanding, making them feel good, appreciated, belonging, secure and compensating any possible negative family atmosphere. Spending time together, jokes, leisure times and fun, sharing interests, were mentioned as helping to overcome routine, creating lasting bonds, and developing empathy and social skills.

> "They will hold you up in times of need, they will provide help. You can confide in them" (CR).
>
> "They help you vent, solve problems, you can tell them how you feel without them judging you, you always have a person by your side to make you feel good, to distract you from the bad thoughts in your head" (IT).
>
> "Most of our friends/colleagues help us in our difficulties and support us in our decisions" (PT).
>
> "Trust, support, understanding, security" (SP).
>
> "Make you feel appreciated" (RO).
>
> "Spending time together, doing passions together, playing games and having fun, giving and taking support, altruism, they're escape from toxic parents, giving respect and understanding, doing no assessment "(PL).

Peers as a Source of Risk. Adolescents of all countries considered peers as a source of risk, also, namely when there is lack of trust, of support, bullying and peer pressure.

Unsupportive peers were referred by adolescents of all the countries. Unreliable peers, perpetrators of bullying, and exerting pressure were considered to cause emotional pain, loneliness, exclusion, inferiority feelings and insecurity. PT

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adolescents were the ones who considered more frequently the lack of trust (49%) as a risk factor. Adolescents from the other countries make little mention of this aspect.

> “Friends will misunderstand and betray you, that's what hurts a person the most and they know it very well. That is why it is good to check your friends." (CR).

> “They are able to convince you to do negative things in order to gain your trust, but the more they betray your trust, the more you lose your trust in them”. (IT).

> “False friends, abusing” (PL).

> “If teenagers have fake classmates and friends, he will feel bad, because those same classmates and friends will only bring him down” (PT).

> “Loneliness, insecurity, lack of acceptance, lack of interest “(SP).

> “You can be judged/ Exclusion” (RO).

> “If you don't have friends, you can feel ignored and unimportant” (RO)

Although adolescents from all countries mentioned peer bullying as a source of risk for adolescents’ wellbeing, it was much more frequently referred by PL (70%), RO (46.43%), and SP (44.4%). Bullying was considered as physical, verbal and mental violence. Conflicts, arguing, teasing, insults, gossiping, ignore the other, and comparing to each other, were bullying behaviors consider by adolescents as affecting negatively their well-being and self-confidence.

> “Bullying, peer conflicts, ridicule, exclusion from the collective” (CR).

> “In today's world, peer bullying is very present. In my opinion, this is one of the main factors that can cause discomfort among young people” (IT).

> “Hate, Physical and mental violence, ridicule, insults, gossip” (PL).

> “Bullying, insults, lack of attention, teasing” (SP).

> “Constant comparison and low self-confidence” (RO).

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Adolescents from all countries consistently (except for SP, 13.3%) mentioned peer pressure as a risk factor for their wellbeing (from 30%, PL, to 49%, IT). Peer pressure was seen as a risk to the extent that it can encourage diverse additions, undesirable behaviors and attitudes, forcing to do something that one's don't want to do (violence, hate) and even affecting adolescent's future.

> "Encouraging addictions, encouraging them to do bad things, projecting their problems onto you, bad habits." (CR)
>
> "Encouraging bad behavior, stimulants, exclusion, unfair competition" (PL).
>
> "Negative environment that forces you to do things you don't want to do" (RO).
>
> "Can hold us back through lack of aspirations for the future" (RO).
>
> "Instigation of hatred and violence" (RO).

Family Perceived Influence

Family as a Source of Protection. Characteristics of supportive families were strongly referred as providing well-being by adolescents from all countries. This support included love, attention and affection, acceptance, trust, encouragement, valorization, take the adolescents seriously, providing help, emotional and financial security, understanding adolescents' needs, lack of pressure, integration in the community, teaching, respecting privacy, freedom, to be there and having time together.

> "Support, love, when they accept you as you are."/ Support and encouragement. Confidence and support don't knock their self-esteem" (CR).
>
> "The family can help the teenager integrate into a community, teaching them how to do it, or even supporting them in more complex situations, if they don't have any close friends. In other words, the family acts as a "safe haven" for any teenager." (PT).

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"A source of motivation and support, financial security, feeling loved and safe, empathy and understanding, sharing time together." (CR).

"Support, understanding, help, financial help, finding psychologists, lack of pressure, especially regarding school assessment" (PL).

"Parental presence makes me feel good" (RO).

Parent-child communication as source of protection is mentioned by adolescents of all countries. Spanish adolescents are the ones that less mention it (7.7%). According to adolescents a good communication involves talking, dialoguing, listening, communicating about feelings, understanding, showing empathy, supporting and helping, giving advice, having friendly attitudes, providing encouragement and appreciation, having activities in family, time availability and spending time together.

"Helping the child with his problems, not discrediting the child, talking, dialogue" (IT).

"Talking openly with them, empathy, disinterestedness. Listen, give advice, but don't judge." (CR)

"Talks, spending time together, listening" (PL).

"Giving space, understanding, dialogue, good manners" (SP).

Family as a Source of Risk. Family as source of risk was perceived by adolescents in all countries as related to lack of support, abuse and neglect, parental pressure, control and financial instability.

Lack of support is mostly referred as source of risk by IT (74.67%), PT (72.5%) and CR (50%) adolescents. Judgements, and lack of attention, trust, understanding, emotional support, availability, time, interest for teenagers' problems; non-acceptance (e.g., choices, gender issues); and devaluation were considered as risk factors for adolescents' well-being.

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"Judging everything the person does, lack of interest, lack of time"; "Judgement of their decisions and opinions, emotional unavailability, lack of interest in their problems." (CR).

"Lack of trust, lack of attention" (SP).

"A family that is not present can contribute negatively by not providing help that the child may be asking for "(IT).

"Lack of understanding, lack of support, diminishing the problems of children" (PL).

"Often family members don't like our choices and end up not wanting what we want, even if it is what we want for our future" (PT).

"Parents' constant dissatisfaction"; "Emotional unavailability"; "Not accepting of gender or sexuality issues"; "Not supportive of children's talents" (RO).

Abuse and neglect were considered by adolescents of all countries and the most by PL (80%), RO (73.21%) and CR (61.5%). Abuse and neglect were viewed as related to intra-family relationships marked by conflicts, discussions; psychological violence, such as devaluation, criticisms/ negative remarks, innuendo, humiliation, ignore the youngster (feelings, thoughts, point of view, needs), shouting; physical violence, such as punishments; inadequate educational practices and boundaries, such stressing teen with parents' personal issues, invasion of personal space, severity, non- involvement, excessive or unwanted involvement.

"Constant criticism, arguments, innuendo or physical punishment. These are not the solution, humiliation, overall" (CR).

"Psychological and physical abuse. Behaving as if the children did not exist" (IT).

"Hitting, shouting, swearing and not caring what we feel or what we really think" (PT).

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"Judging, violence, crushing, belittling, conflicts, undervaluing" (SP).

Also, RO adolescents highlighted the consequences of parents' neglect for the adolescents, namely fear, depression, feeling unloved, falling into addictions (cigarettes, alcohol, drugs) and behavioral changes. They also referred some causes of parental neglect, such stress and post-traumatic stress, dependencies in the family (e.g., alcohol), parents' fatigue and lack of time for children.

Parental pressure was referred by adolescents from all countries and was mainly related to excessive high expectations (in general, concerning school achievement, or as a means of transferring parents' ambitions to teenagers), sometimes together with criticism, comparations, overburdening and excessive demands.

"Great demands on the child. Their expectations are often too high." (CR).

"Forcing us to study; punishing us for getting a bad grade" (PT).

"High pressure on school achievements, overcontrolling, undercontrolling, high expectations including transferring parents' ambitions to the child" (PL).

Parents control was seen as excessive, inappropriate involvement, undue restrictions, and overprotection. These was perceived as having consequences such as limiting autonomy, choices and decisions, restricting rest, relaxation and leisure time and affecting negatively adolescents' well-being and development namely sociability.

"Excessive control and limiting autonomous choices" (IT).

"The family often puts pressure on the teen in all areas, does not provide a safe place to rest, negatively interferes with the young adult's decision making, excessive criticism." (CR).

"Overburdening, demands, comparisons, restrictions, strict parents, pressure" (SP).

"Overprotective parents, to the point that the child misses opportunities or special moments that are important in their development"; "Parents forbidding

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children to attend social gatherings or activities" (RO).

Parental pressure and control were considered to negatively affect various areas of adolescents' lives, including their diet.

"Encouraging unhealthy relationships with food" (RO).

Financial instability was reported as lack of financial support; it was rarely mentioned as a risk factor only by CR (4.5%), PL (2%) and RO (4.44%).

"The family does not have a stable income, non-ideal living conditions."; "Zero financial support." (CR).

Digital technologies Perceived Influence

Digital technologies as a Source of Protection. Digital technologies were seen by adolescents of all countries as a source of protection and well-being through: i) Learning by access to information and exposure to new ideas; ii) Creativity; iii) Intellectual development; iv) Facilitating communication; v) Providing Socialization (way of knowing people, building international/online friendships and sharing experiences, no others judgements); vi) Obtain social support; vii) Entertainment, relaxation, humor; viii) Creating a refuge from everyday problems.

"We can get to know new cultures and traditions through videos" (Participant 56, PT)/ "meet people (...) to help, talk and discuss" (PT).

"To learn new things, to relax at a time that is too stressful. But also to keep in touch with people far away (IT).

"On the internet you can make friends, find all kinds of useful information, listen to music, watch movies, read books and just develop yourself."(CR).

"Find more friends and possibly a boyfriend" (Participant 17, PT).

"Ease of meeting people, communication, learning tool, help and resources,

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distraction" (SP).

"Relax, entertainment, fun, finding new friends, finding someone with the same interests and hobby, finding knowledge, keeping contacts with friends, putting oneself in better position" (PL).

"You can find your world, your phone won't judge you" (RO).

Digital technologies as a Source of Risk. Digital technologies were seen by adolescents of all countries as source of diverse risks, namely: erode self-esteem, comparison with others as source of complexes and bad feeling while comparing into patterns (ideal silhouette, behavior, material status); need of online validation and false social satisfaction; destroying motivation; Insecurity; addiction; cyberbullying (threats, hate, humiliating nasty comments); exposure to harassment and to inadequate models (pedophilia); social pressure; distorting reality and life; false information, misinformation; manipulation; blackmail; wasting time; sleep and eating problems; fatigue, agitation and impatience (caused by TikTok).

"They may provide false and unattainable role models" (IT).

"The question of appearances and followers sometimes causes anxiety for the young man in question" (PT).

"Excessive use of social networks and the Internet can contribute to addiction, which in turn leads to obesity and aggressive reactions" (Participant 56, PT).

"Comparing characters, not telling the truth, retweeting, spreading fake news, cyberbullying, "encouraging" assertiveness, creating a positive environment for pedophilia, cyber theft, distorting reality" (CR).

"Bullying, scams, lack of intimacy, self-esteem problems, addiction" (SP).

"Anonymity can lead to bullying, nasty comments "(RO).

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Main conclusions

This research carried out in the various countries involved makes it possible to assess adolescents' life satisfaction level, the persons they are more likely to ask for help and the preferred channels to do it, as well as understand in more detail the adolescents point of view concerning adolescents' emotional challenges to mental health, coping and help-seeking strategies, and perceived risks and protective factors in the context of school, family, peers and digital technologies.

In general, the level of satisfaction with life was in line with previous research (Cosma et al., 2023) and the persons adolescents were more likely to ask for help were the intimate partner (e.g., boy/girlfriend; PL, CR), mother (PT, RO) and friends (ES, IT). Peers and teachers were mentioned as unlikely persons for help seeking, and face-to-face meetings were the preferred channel for adolescents' self-disclosure.

Concerning adolescents' point of view on mental health, all countries adolescents reported more emotional than behavior challenges. At emotional level adolescents report anxiety, depression, lack of understanding, feeling lost, loneliness, insecurity, lack of self-confidence, low self-esteem, problems with self-acceptance, misunderstanding and gender issues. At behavior level they reported substance and technology addiction, social and relational problems, eating disorders, suicidal thoughts and diverse misbehaviors (rebellion, impulsivity, aggressivity, bullying).

For coping with mental health challenges and obtain help adolescents mentioned both interpersonal (looking for support and empathy mainly of family and friends, talk about their issues) and intrapersonal strategies. Although many of these strategies seemed to be adaptive, the use of peer interaction as mere diversion and distraction from problems, and intrapersonal strategies of distancing themselves and avoid thinking about their problems (diversion and distraction, block out problems, etc.) may be a concern. Facilitators of help-seeking emerged mainly as having people they can

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trust, positive peer or family intervention (common talks, understanding and providing help) and internet access which were considered mainly as a way of social contact (allowing to find someone understanding, not judging them, with the same interests and being source of inspiration). Spontaneously adolescents also identified barriers to help seeking such as mental health stigma (society judgmental), gender norms, individual barriers (shyness, self-image problems, lack of self-esteem, feelings of inferiority and loneliness, depression, withdrawal), family barriers (lack of understanding, support, attention, abusive or absent parents, and family problems such negative relationships between parents), interpersonal barriers (false friends at school, exclusion/marginalization, feeling as don't matter, not understood, fear of being judged, social pressure to fit in, and structural barriers such as unavailability of psychologist and too much pression on learning.

Contextual risk and protective factors for adolescents' mental health and well-being were identified at school, family, peers and the internet. School was perceived as protecting students' mental health and well-being when there are caring teachers, supportive services (psychologist), when perceived as a safe place and expanding students' horizons through academic knowledge (allowing to reach professional goals) and personal development (self-knowledge, self-concept and self-esteem, relational skills, perspective of life). Besides, school was also considered a source of risk mostly due to academic pressure and work overload, unsupportive and abusive teachers (regarding their teaching and relational behaviors with students) and financial barriers as a source of inequality (discrimination against students based on their financial conditions, differences in schools' quality of teaching, extracurricular activities and facilities).

Peers were perceived as source social support to help adolescents to face emotional and other personal problems, and decision-making. That happens when peers are reliable, understanding, making them feel good, appreciated, belonging and secure. For that, they considered important spending time together, jokes, fun, leisure times

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and sharing interests. Peers' risks factors also emerged, manly when peers were unreliable, unsupportive, bullies and pressure adolescents to undesirable behaviors.

At the family level, family support and parent-child communication emerged as being protective and providing adolescents well-being. Family support meant to adolescents "to be there and having time together". This was considered at emotional (love, attention, understanding adolescents' needs), relational (acceptance, trust, encouragement, valorization, providing help), and educative practices (encouragement, valorization lack of pressure, respect of privacy, freedom, integration in the community) levels. Communication between family and adolescents was considered by adolescents to be protective when there is dialogue about what they feel, listening, understanding, encouragement, and moments and activities in family. Families were considered a source of risk by adolescents when emotional support and attention to them are lacking, and it happens abuse and neglect related to family dysfunctional relationships (conflict, psychological and physical violence), inadequate educational practices and boundaries, parental pressure (excessive high expectations, demands) and control (excessive, non-appropriate involvement, undue restrictions, overprotection).

The present researches also revealed adolescents' perceptions about digital technologies as source of protection and risk. As source of protection, they were seen as allowing adolescents to know new ideas, people, obtaining social support and opportunity for sharing new experiences. As source of risk adolescents perceived it as eroding self-esteem, as well as promoting the need of online validation, addiction, cyberbullying, exposure to harassment, distorting reality and life, and causing sleep and eating problems, fatigue, agitation and impatience.

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General Conclusions

The review of existing research on adolescent mental health in the partners countries (CR, SP, IT, PL, PT and RO; problems and risk factors, competencies and protective factors, in Part One of this Report) is largely consistent with the results of the original studies conducted with adolescents (Part Two) as part of the Stronger Youth project. Despite some differential tendencies mentioned above, the findings were largely consistent across countries.

Both, literature review and empirical research, highlighted various problems and difficulties faced by adolescents, at the emotional (e.g. depression; anxiety; stress, especially related to school and family pressure) and behavioral level (school maladjustment, bullying and violence, substance and internet abuse, suicidal ideation, self-harm, etc.), which also vary with gender and evolve with age. Adolescents seemed to employ a mix of interpersonal and intrapersonal (not always adaptive) coping strategies and face various barriers (mental health stigma, gender norms, family, individua, interpersonal and structural) and facilitators in help-seeking (trust, peer and family support, internet access, availability of mental health services), with significant influences from school, peers, family, and digital technologies.

Risk and protective factors for adolescents' mental health and well-being were also identified in important contexts of their lives. Risk factors were identified at school (bullying, school pressure, school failure, school achievement, etc.), family (lack of support, emotional abuse, parental pressure and control, etc.), peers (bullying and other forms of victimization, lack of trust, pressure for inappropriate behavior, etc.) and the internet (cyberbullying, erosion of self-esteem, addiction, etc.). Protective factors also emerged, as, for example, the perception of support (but not pressure) from family (parents), friends, peers and teachers, including in relation to school achievement and decisions about young people's futures; and the existence of unconditional and trusting relationships. Other protective factors were also pointed

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out at the level of the school (supportive teachers and services, different kinds of learning, perception of safety, etc.), the family (good parent-child communication, etc.), peers (emotional well-being, etc.) and more personal factors for adolescents (healthy lifestyle including physical activity, leisure activities, etc.; personal characteristics such as self-esteem, ability to restructure situations perceived as boring; problem-solving skills), etc.

The present research also revealed some adolescents' weaknesses in terms of knowledge of mental health issues, including, for example, ignorance and denial of psychological and psychosocial difficulties in adolescence or the influence of school, peers, family and the internet (positive or negative influences) on adolescents' mental health and well-being, or the reliance on distraction and fun as strategy for dealing with problems. This finding is consistent with research suggesting that adolescents highlight help seeking strategies that value fun and focus on the positive. However, adolescents seem also believe that support, to be listened to and understood, and unconditional, continuing relationships, are relational qualities perceived as helpful.

Research on peer mentoring programs with adolescents was scarce, but they are now considered a valuable option for promoting the mental health and development of adolescents in all partner countries. The present literature reviews suggest the benefits of these programs for young people, both mentors and mentees, but also suggest the importance of moving towards more mature programming based on the evidence so far (e.g., Mentor, 2020).

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Implications for Practice

Findings about adolescents' mental health problems and risk factors bring important ideas to consider when defining the selection criteria of adolescents to integrate a peer mentoring program as mentors and mentees (WP 3 and 4), planning the training for mentors and educators / coordinators of school-based peer mentoring programs (e.g., comprising issues of mental health literacy, among others; WP4), and deciding which skills promote through the peer mentoring program and which activities propose to develop in the context of the mentor-mentee relationship (WP3). In addition, the design of the OSAT (WP 2) should consider mentor candidates', and other adolescents', knowledge (and empathy) about adolescents' problems and mental health literacy in general as a topic to address. In addition, is crucial to raise the awareness that mentoring programs should be perceived as a preventive approach to mental health issues and that preferential mentees candidates are adolescents facing risk factors but with no significant mental health concerns. Adolescents with mental health conditions must be followed by mental health specialists; peer mentoring could possibly play a supporting role but, in this case, it should be framed by these professionals.

Knowledge about protective factors of the adolescents' mental health is important to prepare OSAT, as a device to support mentors' selection and adolescents' self-knowledge. Socioemotional skills (e.g., emotion regulation, communication and relational skills, autonomy, problem solving and decision-making skills, purpose in life, etc.) are important resources to consider in the selection of mentors (WP2, WP4) and as goals to develop in the mentees through the mentoring relationship. Thus, socioemotional skills are important contents to consider when designing the peer mentoring program (WP3) and the mentees and educators training (WP4). The knowledge about adolescents' help seeking preferences can guide the assessment and selection of mentors (thus, OSAT preparation; WP2).

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Availability to offer continuous support and a positive regard on the other, ability to listen and understand others, empathy, for instance, are desirable characteristics for mentors, that can be included in mentors' selection process (including the OSAT, WP 2, and WP 3 and 4), promoted in the mentors' training (WP4) and included in the activities toolkit and educator's guide (WP3). On the other hand, findings suggest the importance of structuring the peer mentor role in the mentor-mentee relationship (he/she is not a friend nor just a peer) and a face-to-face interaction seems to be preferable, what should be considered in the selection of mentors (e.g., OSAT construction), in the mentors and educators training (WP4) and in the activities toolkit and educator's guide (WP3). Adolescents' digital literacy is also a topic deserving attention (WP3 and 4).

Adolescents' peer mentoring programs have been consensually considered an important approach to promote adolescents' mental health and well-being and help seeking, and reducing stigma. Their ecological (e.g., embedded in the adolescents' school environment) and holistic (e.g., can involve different life domains, such as academic achievement, personal skills, social networks, psychological and/or psychosocial maladjustment, etc., and their relationships) nature have been highlighted.

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Although they are still poorly documented in publications, some guidelines for mentoring programs have emerged (e.g., Mentors, 2020) and suggested the key role of a coordination, multidisciplinary team in the hosting organization (e.g., schools). For instance, Martins (2020) distinguished the roles of: i) Publicizing the program to the educational community and raising awareness among candidates, both mentors and mentees; ii) Collect applications from student volunteers; iii) Selecting or guiding the selection of student mentors; iv) Collaborate with teachers and others in planning the activities to be carried out in the program, as well as monitoring and implementation; v) Matching mentors and mentees; vi) Providing feedback on the mentoring process at least once a term. This proposal is in line with Mentor (2020) that identifies several important steps in the making of a peer mentoring program: (a) mentors and mentees' recruitment; (b) mentors and mentees screening; (c) mentors, mentees, and parents / guardians training; (d) matching mentor and mentee; (e) monitoring and support; and (f) closure. Both proposals will be useful in the conceptualization and implementation of the Stronger Youth peers mentoring program.

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ANNEX 1 - Methodological Framework and Guidelines for the Bibliographic Research

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STRONGER YOUTH

Methodological Framework and Guidelines Bibliographic Research

February 2024

Maria João Carapeto & Luísa Grácio

University of Évora

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Methodological Framework and Guidelines for Bibliographic Research

Work Package #2 (WP2) – *Developing the On-Line Skills Assesment Tool* includes two research activities, namely a bibliographic research and empirical research on adolescents' problems/needs, resources, and communication preferences. Both researches are foundational for the project's subsequent proposals, as the On-line Skill Assessment Tool (OSAT; in the WP2 too) and the organization and piloting of a peer mentoring program in other Work Packages (support materials, mentors and educators' training, piloting the mentoring program, etc.).

This document concerns itself with the bibliographic research task, providing a framework for the partners to search the existing literature in their own countries. The procedures, results and conclusions of the national research will be presented in the Partner's report Part One. The Part Two presents the empirical research above mentioned. The Partners reports will be compiled later in a single report by the University of Évora (Portugal).

This proposal was presented, discussed, refined, and approved overall at the Project's Kick-off-Meeting in Évora, Portugal (2024 January 31st and February 1st).

Bibliographic Research Goals

This bibliographic search aims to provide evidence-based information about: (a) adolescents' mental health problems and strengths in partners' countries (Czech Republic, Italy, Poland, Portugal, Romania, Spain); (b) the communication channels they prefer to use to get help; and (c) the peer mentoring programs already in place.

The collected information is expected to enlighten the construction of the On-line Skills Assessment Tool (OSAT), an instrument devised to support the selection of mentors among the adolescent candidates, as well as to support decisions in the other stages of the design and organization of the Stronger Youth peer mentoring program (e.g., mentor and mentees'

recruitment, training materials and mentor-mentee activities, monitoring and evaluation.

Research Guidelines

Domains of research

Four domains of research are proposed for partners search in its own country:

1. Adolescents' mental health and well-being related problems and risk factors: symptoms (depression, anxiety, problem behavior, poor school engagement, etc.), bullying and other victimization experiences (e.g., dating violence), social isolation, loneliness, to be a refugee, etc.;
2. Adolescents' mental health and well-being related skills and protective factors: well-being, socioemotional and other skills (self-esteem, empathy, assertiveness, active listening, problem solving, emotion regulation, etc.), social support networks, etc.;
3. Adolescents' preferences about communication and help seeking to cope with personal issues;
4. Peer mentoring programs.

Search Engines and Databases

Use scientific article specialized databases, if available (EBSCO, etc.). Otherwise, Google Scholar is free and a useful engine for scientific search. Use the Advanced Search functionality.

Check if a national repository of scientific publications is available (e.g., RCAAP in Portugal, https://www.rcaap.pt).

Search the final reference list of relevant publications to find additional publications not captured by the search engine/s.

Record (to report back later) the used search engines and databases the used, and other procedures to identify relevant publications.

Eligibility Criteria

The following kinds of publications are eligible:

- quantitative and qualitative studies;
- only studies with participants from the partner´s country;
- studies involving more than one country (i.e., international studies);
- empirical research reports or review/meta-analysis publications;
- scientific articles, books, book chapters, reports,

full text available.

Recommended Research Keywords

Domain 1: Adolescents' mental health

This research might help to identify the kind of problems adolescents are faced with that could benefit from help, according to studies in each country. Partner can perform a more comprehensive, or a more focused on specific problems /potential risk factors, research, according to the mentoring program goals.

Main keyword examples:

adolescent

"mental health problems"

"poor well-being"

country name OR *demonym*

Etc.

Examples of other, more specific keywords:

depression

anxiety

bullying

"dating violence"

"social isolation"

loneliness

suicide

refugees

“school failure”

“school dropout”

Etc.

Examples of search terms combination:

Adolescents AND “mental health problems” OR “poor well-being” AND *country name OR demonym*

Adolescents AND depression OR anxiety OR bullying OR “dating violence” OR “social isolation” OR loneliness OR suicide OR refugees AND *country name OR demonym*

This is not an exhaustive list of keywords list or combinations. Partners can add new keywords that could be considered potential problems or risk factors of interest (if so, the partners should report it).

Domain 2: Adolescents’ mental health and well-being related skills and protective factors

Positive mental health issues, which could enlighten adolescents’ strengths to cope with their life challenges (socioemotional skills, for instance) and the building of well-being it-self. Partners can perform a more comprehensive, or a more focused on specific adolescents’ strengths /potential risk factors, research, according to the mentoring program goals.

Example of main keywords:

Adolescent

“mental health”

“well-being”

“socioemotional skills”

“social skills”

“protective factors”

“coping strategies”

Etc.

country name OR *demonym*

Examples of other, more specific keywords:

empathy

assertiveness

“problem solving”

“active listening”

“self-esteem”

“emotional regulation”

“social support”

“career planning”

Etc.

Example of search terms combinations:

Adolescents AND “mental health” OR “well-being” AND socioemotional skills OR social skills AND *country name* OR *demonym*

Adolescents AND “mental health” OR “well-being” AND protective factors AND *country name* OR *demonym*

Adolescents AND “mental health” OR “well-being” AND empathy OR assertiveness OR problem solving OR active listening OR self-esteem OR emotional regulation OR social support AND *country name* OR *demonym*

This is not an exhaustive keywords list or combinations. Partners can add new keywords that could be considered potential strengths, skills or protective factors of interest (if so, the partners should report it).

Domain 3: Adolescents’ help-seeking preferences to cope with personal/psychological issues

This domain could enlighten about what adolescents to or intend to do when they face psychological /psychosocial problems (e.g., help-seeking, social support) and their relational/communication preferences to do so.

Examples of main keywords:

Adolescent

“mental health”

“well-being”

“help-seeking"

“social support”

“mentoring activities”

country name OR *demonym*

Etc.

Example of search terms combination:

Adolescents AND “mental health” AND “help-seeking” AND country name OR demonym

This is not an exhaustive keywords list or combination. Partners can add new, more specific keywords concerning help-seeking behavior, adolescents’ communication preferences or other possible factors of interest (if so, the partners should report it).

Domain 4: Peer mentoring programs

This search provides knowledge about previous peer mentoring programs implemented with adolescents and aims mapping the main dimensions to be considered when designing a program: targeted problems; mentor and mentees’ recruitment; mentor and mentees’ screening; mentor-mentee matching; mentor, mentees and educators’ training; mentor-mentee sessions (*curriculum*, duration, planning, etc.); monitoring and support; and evaluation (Mentor, 2015, 2020).

Examples of main keywords:

Adolescent

“Peer mentoring”

“Mental health”

“well-being”

“socioemotional skills”

“social skills”

“mentor skills”

country name OR *demonym*

Etc.

Examples of search terms combinations:

Adolescents AND “peer mentoring” AND “mental health” OR “well-being” AND *country name* OR *demonym*

Adolescents AND “peer mentoring” AND “socioemotional skills” AND *country name* OR *demonym*

Adolescents AND “peer mentoring” AND “mentor skills” AND *country name* OR *demonym*

Add new keywords concerning peer mentoring programs organization or other possible factors of interest.

Filters to limit search

Some important filters to limit search are:

- Two languages: “national/s”, English
- Time frame: 2014-2024
- Type of document: any (articles/research reports, articles/reviews or meta-analysis, dissertations/thesis, conference papers, books, chapter books, etc.)
- Full text

Organizing the Data

A minimum of publications per partner organization must be included:

- Domain 1: 5 publications;
- Domain 2: 5 publications;
- Domain 3: 5 publications;
- Domain 4: 3 publications;

To report back later in the National Report, the Partners should always record the search terms used and the total number of results considered for analysis (if adequate/possible, also report the number of results per search and the reasons to exclude results from the analysis – for instance, exclusion of studies with another adolescents from another country, not concerned with peer mentoring, peer mentoring in the workplace, not evidence-based, etc.).

The publications abstract reading uses to be useful at first, but complete document reading uses to be needed for the relevant publications.

Four tables are provided to synthetize de data, one for each domain of research (see Tables 1 to 4). In each table, the Partners should insert the information provided by the relevant publications according to the column headers, one publication by line.

The full references should be inserted in the national Report's final reference list (American Psychological Association Style, 7th Edition; APA, 2020).

Guerreiro et al. (2016)	Journal article, empirical report	Self-harm (SH)	N = 1713 12-20 years old	7.3% reported at least 1 episode. Rates were 3 times higher for females. Anxiety, depression, and substance abuse were linked to SH, particularly repeated SH. Anxiety, trouble with the police, and exposure to SH or suicide of others, were independently associated with SH. SH is a public health concern in Portugal.	
Pereira et al. (2016)	Journal article, empirical report	Cyber-harassment	N = 627, aged 12–16	High prevalence rate of adolescents (66.1%) double involved as both cyber-victim and cyber-aggressor. Although not all adolescents reported fear (37%) or sought help (45.9%), persistent victimization increased fear, and fear increased help-seeking behaviors. Younger girls reported more fear and more help-seeking behaviors while older boys were more often victim-aggressors.	

Table 1: Adolescents' mental health and risk factors (examples)

References (final list in the Report):

Guerreiro, D. F., Sampaio, D., Figueira, M. L., & Madge, N. (2017). Self-harm in adolescents: A self-report survey in schools from Lisbon, Portugal. *Archives of suicide research*, *21*(1), 83-99. https://doi.org/10.1080/13811118.2015.1004480

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Ramião et al. (2021)	Journal article, empirical report	Psychological well-being Social support	N = 283, 12-17 years old	Social support (friends, family, teachers, and general support) influences psychological well-being. Still, low levels of support perception were associated with lower levels of psychological well-being. Adolescents' social support can limit the development of capacities inherent to their positive achievement..	
Moreira et al. (2014)	Journal article, empirical report	Socioemotional skills School engagement, internalizing and externalizing problems	N (Exp) = 37 N (cont) = 135 Mean age = 13	First to fourth grade program to promote socioemotional skills follow-up: experimental group registered lower internalizing (anxiety and depression) and attention problems and higher intrinsic motivation four years later.	

Table 2: Adolescents' mental health-related skills and protective factors (examples)

References (final list in the Report):

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Loureiro et al. (2019)	Journal article, empirical report	Informal social support; Self-help groups; Passive referral	N = 251, 10-18 years	Preference for informal sources of help (family and friends) and option for social support and passive referral. As first aid, considered more useful to give support/encouragement (97.2%); to listen and understand (96.8%); and to accompany/not abandon (92.8%), devaluing active referral and adult involvement strategies.	

Table 3: Adolescents' help-seeking preferences to cope with personal/psychological issues (examples)

References (final list in the Report):

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Authors, date	Type of publication	Adolescents' sample (age, school level)	Target domains	Recruitment (mentors and mentees)	Screening (Mentor and mentees)						
Silva (2022)	Master dissertation	Qualitative study with school 9 responsible persons (3 schools)	Academic learning; behavior improvement; positive development	Addressed to all students; Older student application; Insufficient dissemination	Commitment and willingness to play the roles	Mentors: Mentors' duties, active listening, problem solving and goal setting, communication skills To teachers: no training	No mention	Mentee's interest areas Mentors' preferences Grade /year (mentor older), expected quality relashionship	No mention	No mention	

Table 4: Peer mentoring programs/projects (examples)

References (final list in the Report):

Silva, I. M. V. D. (2022). Mentoria entre pares: Um estudo de caso de programas desenvolvidos em Portugal (Master's thesis, ISCTE, University Institute of Lisbon).

The Partners National Reports

The bibliographic research process, results and conclusions should be reported in the Part One of the WP2' partners national Report (delivery date by the end of May). The guidelines and a template will be available soon.

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ANNEX 2 – References searched in the six countries

DOMAIN 1 - Adolescents' mental health and well-being related problems

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DOMAIN 2 - Adolescents' mental health and well-being related skills and protective factors

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ANNEX 3 – Methodological framework and guidelines for the empirical research

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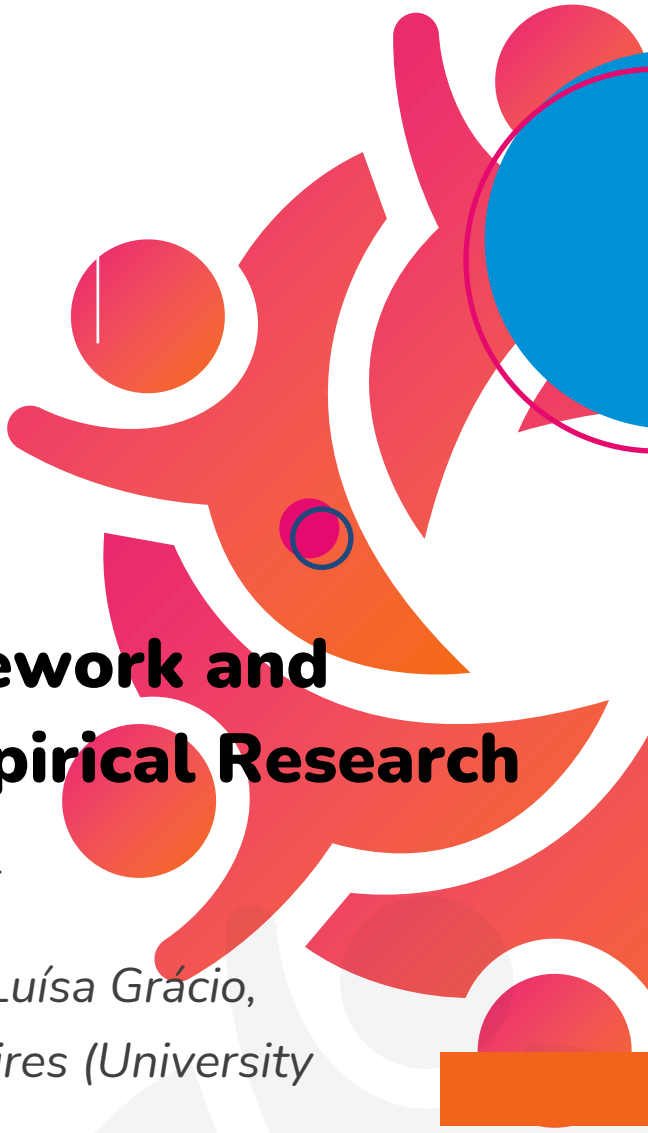
STRONGER YOUTH



Methodological Framework and Guidelines for the Empirical Research

Publication date: February, 2024

Author(s): *Maria João Carapeto, Luísa Grácio, Helena Martins & Heldemerina Pires (University of Évora, Portugal)*

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Methodological Framework and Guidelines for the Empirical Research

"If we want to better understand and support young people, we first need to listen to them"

Laurence Chandy & Ellen J. MacKenzie

(Foreword, in Johns Hopkins Bloomberg School of Public Health & United Nations Children's Fund, 2022, p. 5).

Stronger Youth project Work Package #2 (WP2) includes two research activities, namely a bibliographic and empirical research on adolescents' problems/needs, resources, and communication preferences. Both are foundational for the project's subsequent activities, especially the construction of the OSAT. Both researches are foundational for the project's subsequent proposals, as the On-line Skill Assessment Tool (OSAT; in the WP2 too) and the organization and piloting of a peer mentoring program in other Work Packages (support materials, mentors and educators' training, piloting the mentoring program, etc.).

This document proposes a methodological framework and guidelines, so that the Partners can implement the same research procedures in their countries and report their results in comparable ways. This includes a questionnaire especially built for this research and the proposal of a framework for its administration to an adolescent sample in partner's countries and data analysis. The procedures, results and conclusions of the national research will be presented in the national report's Part Two. The Part One presents the bibliographic research above mentioned. The Partners reports will be compiled later in a single report by the University of Évora (Portugal).

This proposal was presented, discussed, refined, and approved overall at the Project's

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Kick-off-Meeting in Évora, Portugal (2024 January 31st and February 1st).

Empirical Research Goals

The aim of this work is to collect evidence about European adolescents from different countries (Czech Republic, Italy, Poland, Portugal, Romania, Spain)' perspectives on a variety of dimensions concerning their own mental health and well-being. The specific goals include:

- Describe adolescents' point of view about their psychological problems and coping resources;
- Identify the risk and protective factors for mental health and well-being that adolescents perceive in the key contexts in which they live;
- Identify adolescents' preferred channels for help-seeking and communication.

The collected data should provide useful information to building the OSAT, an instrument intended to help screening adolescent mentor candidates. In addition, it is expected to bring evidence-based information to the several stages in the mentoring program organization.

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Method

Participants

The participants should be adolescents (N = 50, by country/partner), aged 14-19, both genders (important to obtain a balanced representation of boys and girls).

Inclusion criteria: adequate reading and writing abilities.

The data are expected to be collected in school context.

Instrument

A questionnaire (see Appendix I) was built to collect data from the adolescents concerning their perceived mental health and well-being related needs, their strengths when they need to cope with difficult situations and the preferred channels for obtaining help and support.

The building of the questionnaire was inspired or based on:

- Johns Hopkins Bloomberg School of Public Health & United Nations Children's Fund (2022) study, On My Mind: How adolescents experience and perceive mental health around the world.
- A measure of satisfaction with life in Veenhoven (2018) chapter book, Subjective well-being in nations.
- The Wilson and colleagues (2005)'s General Help-Seeking Questionnaire.

The questionnaire comprises five parts:

- Sociodemographic data (age, gender, country/city, school grade and program);
- Satisfaction with life (one item to be responded in a Likert scale, from 0 – Totally dissatisfied, to 10 – Totally satisfied; Veenhoven; 2018) (for quantitative analysis);
- Perceived problems and difficulties, and perceived strengths (two open questions, to receive qualitative analysis);

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- Contextual influences on well-being (both positive and negative, in four contexts: family, school, peers and social networks and the internet; four open questions, to receive qualitative analysis);
- Help-seeking preferences (14 items relative to persons to obtain help in case of personal problems, to be scored from 1 – Extremely Unlikely to 7 – Extremely likely; adapted from Wilson et al., 2005; and seven multiple-choice means to talk to someone about personal problems, constructed for this study. To receive quantitative analysis).

Procedures

Translations

The former version of the questionnaire was performed in Portuguese language; this version was then tested with two Portuguese adolescents who filled up the questionnaire. A cognitive interview followed with the same adolescents and a few corrections could be made to increase readability, facilitate the emergence of relevant contents according to the questionnaire goals, and become close to the adolescents' language use.

Following the revised Portuguese version, its translation to English was performed according to international guidelines to questionnaires' cross-cultural adaptation and validation (e.g., Borsa et al., 2012). Two researchers (Portuguese native and fluent in English) independently performed the translation of the questionnaire to English. Afterwards, a third researcher (Portuguese native and fluent in English, also) conducted a meeting with both translators to solve translation discrepancies until a consensus was reached and a final version was synthesized.

Some recommendations follow to translate the English version into the Partners' national languages (Borsa et al., 2012):

- Two persons (English fluent and national language native) perform two independent translations; then, they meet with a third part (English fluent and national language native) to solve discrepancies and achieve consensus for a final version;

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- The final version should be tested by at least two of independent adolescents followed by a cognitive interview, therefore pointing corrections to increase readability, facilitate the emergence of relevant contents according to the questionnaire goals, and become close to the adolescents' language use.

Ethics

Written informed consent to participate in the study should be obtained from the adolescents and their legal guardians. All the rules of confidentiality, anonymity, etc., and other international rules about ethics in studies with humans need to be respected. Study approval by an Ethics Committee is recommended.

The University of Évora's team will provide a form to obtain the informed consent from the adolescents and their legal guardians, which must be returned signed to the responsible Partner before the adolescent fill up the questionnaire (see Appendix 2).

A form will be provided also to ask and document the schools' principal permission to administer the questionnaire in the school and collect data from their students.

Questionnaire Administration

The partners agreed that the administration of the questionnaire will be in school context, paper and pencil, by a trained professional from Partners' organization. The University of Évora team will provide a document with the guidelines to questionnaires administration (see Appendix 3). Only adolescents who have returned the signed informed consent form can answer the questionnaire.

Database building

Each participant is given an exclusive, alphanumeric ID, consisting, for instance, of a serial number and the identifying letters of the country, followed by age and the gender first letter (e.g. 1PT15G, 2PT18B, etc.).

Quantitative and Categorical Data. The participants quantitative and categorical data (questions 1 to 6, 13 and 14) are inserted in a database to perform a quantitative analysis (SPSS, Excel, etc.).

Examples to codify categorical variables:

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Gender: 1-Boy, 2-Girl, 3-Other, 0-No

Country: 1-Czech Republic, 2-Italy, 3-Poland, 4-Portugal, 5-Romania, 6-Spain

Course: (insert brief name)

Question 14, about means to help-seeking: create one column for each:

face: 0-no, 1-yes

phon: 0-no, 1-yes

text: 0-no, 1-yes

sonnet: 0-no, 1-yes

chatb: 0-no, 1-yes

ot: 0-no, 1-yes

For question 13, a column should be created for each help-seeking target item. Table 1 provides an example of database structure.

Qualitative Data. For each open question (questions 7 to 12), the qualitative data are inserted in tables specifically prepared with this purpose (see the example in Table 2): the full transcription of the participants responses is to be inserted in the respective table (one table per doc. file, one table per question, one line per participant). In this way, all the answers to the same question will be together in the same table/file.

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ID	age	gend	countr	grad	course	lifSat	int	frie	fath	moth	pee	othre	ment	line	doc	teac	prie	ywor	nots	oth	face	phon	text	soNet	chatb	ot
1PT15G	15	2	1	10	Cientifico-tecnologico	7	4	5	7	2	2	5	2	6	7	2	2	6	7		1	0	0	0	0	

Table 1: Example of database structure for the quantitative and categorical data (by question)

Participant #ID, country age, gender	Question #7: "Even if it is not your case, you probably know adolescents who experience psychological difficulties or behavioral problems. Please describe how adolescents feel and what psychological difficulties and behavioral problems young people your age experience."	**Category/ies**	**Comments**
1PT15G	(Answers' full text)		
2PT18B	(Answers' full text)		

Table 2: Content analysis and coding

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Data Analysis

Quantitative and Categorical Data. Quantitative and categorical data will receive statistical analyses, both descriptive (counts, percentage, mean and standard deviation, etc.) and inferential (whenever possible; e.g., gender differences in means preferences for help-seeking) with the help of a statistical software (e.g., SPSS).

Qualitative Data. For the answers to open questions, the content analysis (Bardin, 2007) can be performed using the categories found by the JHBSPH & UNICEF (2022), as shown in Appendix 4. Later, these categories can be refined; an on-line meeting with the partners will be scheduled to discuss the need to change, suppress or add categories.

A basic content analysis procedure is recommended to facilitate comparability and increase the accuracy of the analysis performed by the partners organizations:

- All the answers to a given question (e.g., question 8, about coping and help-seeking skills) are scrutinized for the presence of content related to each category, and the code(s) of the category(ies) considered to be present is(are) recorded in the respective column. If a new content, not covered by the proposed categories seems to be present, record it in order to be discussed in the partners meeting mentioned above.
- All the coding is performed by two independent coders. When the individual coding work is finished, the coders meet to identify any discrepancies in the coding of the answers and discuss them until they reach a consensus coding.

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Results and Discussion

The results of the quantitative and qualitative analysis should be presented considering the previously proposed research goals. In general, quantitative results are recommended to be presented in both tables (see Tables 3 and 4) and text, avoiding repetitions. Concerning the qualitative analysis, also adolescence speech examples should be provided by content category.

	N	%	Minimum	Maximum	Mean	Standard Deviation
Life satisfaction						
Help-seeking						
Intimate partner						
Friend						
Father						
Mother						
Peer						
Other relative/ family member						
Psychologist or psychiatrist						
Phone help line						
Doctor / GP						
Teacher						
Pastor/priest						
Youth worker						
No one						
Other						
Means to get help						
Face to face						
Telephone						
Texting						
Social networks (internet)						

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	N	%	Minimum	Maximum	Mean	Standard Deviation
Chatbots						
Other websites						
Other						

Table 3: Life satisfaction and help-seeking descriptive statistics

Category	N	%
Mental Health Challenges	AAA	AAA
Emotional challenges	AAA	AAA
Behavioral problems	AAA	AAA
Coping and help-seeking	AAA	AAA
Coping strategies	AAA	AAA
Interpersonal	AAA	AAA
Intrapersonal	AAA	AAA
Barriers to help-seeking	AAA	AAA
Mental health stigma	AAA	AAA
Gender norms	AAA	AAA
ETC.....		

Table 4: Frequency and percentage of content categories mentioned by the participants

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The Partners National Reports

The empirical research process, results and conclusions should be reported in the Part Two of the WP2' partners national Report (delivery date by the end of May). The guidelines and a template will be available soon.

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APPENDIX 1

Questionnaire

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Adolescents Well-Being Questionnaire

(Carapeto, Grácio, Martins & Pires, 2024)

Nowadays it is common to hear that at least some adolescents face some psychological and/or behavioral problems. We would like to know the point of view of adolescents themselves in different countries of the European Union, so it is important to have your opinion.

1. Age_____
2. Gender
   - ❑ Boy
   - ❑ Girl
   - ❑ I identify my gender as (please specify) _____
   - ❑ I prefer not to say.
3. Place/country you live in._____
4. School grade you attend _____
5. Course you attend _____

6. All things considered, how satisfied are you with your life as a whole these days? (mark the most appropriate number)

Totally dissatisfied										Totally satisfied
0	1	2	3	4	5	6	7	8	9	10

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7. You probably know adolescents who experience psychological difficulties or behavioral problems. Please describe how adolescents feel and what psychological difficulties and behavioral problems young people your age experience.

8. You certainly know adolescents who feel good in general or who manage to cope well with the problems and difficulties they face. In your opinion, what helps them maintain a certain well-being or recover quickly (personal characteristics, other help, etc.)?

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9. Considering both your personal experience and that of other adolescents you know, how does the family influence the well-being of adolescents?

   Give examples of how the family can contribute positively to the well-being of adolescents:

Now, give examples of how the family can contribute negatively to the well-being of adolescents:

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10. Considering both your personal experience and that of other adolescents you know, how does the school influence the well-being of adolescents?

    Give examples of how the school can contribute positively to the well-being of adolescents:

Now, give examples of how the school can contribute negatively to the well-being of adolescents:

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11. Considering both your personal experience and that of other adolescents you know, how does peers and friends influence the well-being of adolescents? Give examples of how peers and friends can contribute positively to the well-being of adolescents:

Now, give examples of how peers and friends can contribute negatively to the well-being of adolescents:

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12. Considering both your personal experience and that of other adolescents you know, how does social networks and the internet influence the well-being of adolescents?

    Give examples of how social networks and the internet can contribute positively to the well-being of adolescents:

Now, give examples of how social networks and the internet can contribute negatively to the well-being of adolescents:

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13. If you were having a personal or emotional problem, how likely is it that you would seek help from the following people? Please indicate your response by putting a mark through the number that best describes your intention to seek help from each help source that is listed.

	1 Extremely unlikely	2	3 Unlikely	4	5 Likely	6	7 Extremely likely
Intimate partner (boy/girlfriend, etc.)	1	2	3	4	5	6	7
Friend	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
Mother	1	2	3	4	5	6	7
Peer	1	2	3	4	5	6	7
Other relative / family member	1	2	3	4	5	6	7
Mental health professional (psychologist, psychiatrist)	1	2	3	4	5	6	7
Phone help line	1	2	3	4	5	6	7
Doctor / General Practitioner	1	2	3	4	5	6	7
Teacher	1	2	3	4	5	6	7
Pastor/priest	1	2	3	4	5	6	7
Youth worker	1	2	3	4	5	6	7
I would not seek help from anyone	1	2	3	4	5	6	7
I would seek help from another not listed above. Who? _____ (If not applicable, leave blank).	1	2	3	4	5	6	7

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14. By what means would you prefer to talk to someone about your difficulties and problems? Please mark the three options you prefer most.

- ❑ Meeting face to face.
- ❑ Telephone calling.
- ❑ Texting.
- ❑ Social networks on the Internet.
- ❑ Chatbots (e.g. ChatGPT)
- ❑ Other websites.
- ❑ Other: which ones?____

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APPENDIX 2

Informed Consent Forms

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Informed Consent Form - Schools

In the context of the European project 'STRONGER YOUTH' - Empowering Young People Social Competences and Soft Skills Through Peer Mentoring" we are conducting a study to understand adolescents' mental health problems and strengths in several countries (Czech Republic, Italy, Poland, Portugal, Romania, Spain), as well as the communication channels they prefer to use to get help.

This study is carried out as part of this project, so we ask for your permission so that a project staff member can administer a questionnaire to students in your school. Authorization will also be requested from student´s legal guardians (or the student itself if she/he is 18 years or older) through an Informed Consent Form, as attached.

Participation by young people in this study will require completing a paper and pencil questionnaire, which will take approximately 20 - 30 minutes to fulfill. Their participation will be anonymous. There are no foreseeable discomforts, disadvantages, and risks for young people in participating in this research. In any case, they are free to stop fulfilling the questionnaire at any time. The identity of the young people will not be identifiable in any report or publication.

Your school and students' participation in this study will improve our understanding of adolescents psychological and psychosocial needs, thus pointing to new paths to mental health preventive interventions.

If you have any question about this study, please contact us [team member/organization] at [contact information].

I, the Principal of the school _____, have been informed of the objectives and methodology of the Stronger Youth study, and

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give my permission to the member(s) of [PARTNER ORGANIZATION NAME] to administer the mentioned questionnaire to students in my school.

Date: _____

Signature: _____

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Informed Consent Form – Legal Guardians and/or Students (18 and older)

In the context of the European project 'STRONGER YOUTH' - Empowering Young People Social Competences and Soft Skills Through Peer Mentoring" we are conducting a study to understand adolescents' mental health problems and strengths in several countries (Czech Republic, Italy, Poland, Portugal, Romania, Spain), as well as the communication channels they prefer to use to get help.

This study is carried out as part of this project. We ask for your permission for your child/ yourself (if the student is 18 or older) to answer a paper and pencil questionnaire in his/her/your school, which will take approximately 20 - 30 minutes to fulfill. His/her/your participation will be anonymous. There are no foreseeable discomforts, disadvantages, and risks for young people in participating in this research. In any case, he/she/you is/are free to stop fulfilling the questionnaire at any time. He/she/your identity will not be identifiable in any report or publication.

The students participation in this study will improve our understanding of adolescents psychological and psychosocial needs, thus pointing to new paths to mental health preventive interventions.

If you have any question about this study, please contact us [team member/organization] at [contact information].

I confirm that I have read and understood the information on the study. I have had an opportunity to consider the information and what is expected of the student. I consent that he(she) participates in the study and respond to the questionnaire. I understand that all personal information will remain confidential and that my student cannot be identified.

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I voluntarily authorize him/her to participate in this investigation.

Date: _____

Signature: _____

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APPENDIX 3

Guidelines to Questionnaire Administration

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Guidelines to Questionnaire Administration

Before starting to administer the Questionnaire, the person who administers the questionnaire (henceforth, the administrator) must briefly introduce himself, saying his name and his/her organization name. It should also be explained that this is part of a project, Stronger Youth Project, in which several young people from different European Union countries participate and therefore the opinion of Portuguese/Italian/etc. adolescents is very important.

The administrator must present the purpose of the questionnaire, as collecting data on the difficulties or behavioral problems that adolescents experience and the ways they overcome them, from adolescents own point of view, and remember that only the young people who have returned signed informed consent forms (by his/her legal guardian or the adolescent him/herself if aged 18 or older) can fulfill the questionnaire.

The administrator must assure that only the students who have returned a signed informed consent form respond to the questionnaire.

In addition, for each participant, the consent form must be stored separately from the questionnaire, so that it's impossible to pair every student's both documents.

It is also important to inform young people that the questionnaire is anonymous, secret, and individual and that the data provided is confidential and will be used exclusively for the purposes of this study. Adolescents must be asked to read the questions carefully; in particular, it must be explained that some questions ask them to talk about their personal experience, but other questions are more general and refer to their own experience or the experiences of other teenagers they may know.

Young people should be reminded that they must read each question carefully and respond with their true opinion in writing as much complete answers as possible or by marking the alternative(s) that they consider representative of their opinion. Also, should inform that there are no right or wrong answers and that all answers are

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important as they represent their opinion. Should remember that no question should be left unanswered

The administrator should say the young people that if they do not understand what is being asked, they can ask the administrator to explain it. During the filling of the questionnaire, if a student asks, the administrator should not provide specific examples of possible answers, especially for open questions; instead, he/she can rephase the questions. The administrator should provide clarification without influencing young people answers.

In the end, young people should be thanked for their collaboration!

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APPENDIX 4

Content Analysis Categories

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Content Analysis Categories

(Carapeto, Grácio, Martins & Pires, 2024)

Code	Theme / Category	Definition	Example [1]
Mental Health Challenges (Question 7)			
Emo	Emotional Challenges	Internal maladjustment or suffering (e.g., depression, anxiety, etc.)	A person becomes depressed and does not seem happy. When his friends are playing, he isolates himself. He does not participate in what his friends are doing. – Younger boy, Malawi (p. 15)
Behav	Behavioral challenges	Problematic behavior, externally exhibited and that can harm the self or others or conduce other maladjustment in society.	Most people nowadays abuse drugs to reduce stress, then slowly-by-slowly you find yourself becoming an addict…when you use them you kind of forget about your worries and the stress. – Older boy, Kenya
OthChal	Other		
Coping and help-seeking (Question 8)			
Cop	Coping strategies		
CopInter	Interpersonal coping strategies	Others as help resources.	When you are unhappy, or when you can't figure something out, you can talk to your friends for a few words and a smile, then you can solve it. – Older boy, China (p.60)
CopIntr	Individual coping strategies	Intrapersonal resources to cope with problems.	I think when young people face these problems, they generally don't think about relying on the help of others, but about solving them by themselves. – Older boy, China (p.60)
Bar	Barriers to help-seeking		
BarStig	Mental health stigma	References to negative discrimination, fear of being discriminated or devaluated, if personal vulnerabilities become know by others.	I think we have a hard time with mental health as youth because we do not talk enough about it, because people are scared to talk about it. Maybe if we…[could] express ourselves more without feeling judged or assaulted, maybe we would make some progress. – Older

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Code	Theme / Category	Definition	Example [1]
			boy, Switzerland (p. 61)
BarNor	Gender norms	Social expectations that favor not talking about mental issues and/or being tough.	For me as a boy it's much harder to go to my parents or even to my brother to talk about a problem because of the shame. – Older boy, Democratic Republic of the Congo (p.62)
BarInd	Individual barriers	Personal characteristics that limit coping; shyness; limited repertoire of coping strategies; etc.	Young people are reserved about talking to people about their problems because they are often ashamed. – Younger boy, Democratic Republic of the Congo (p. 63)
BarFam	Family barriers	Fear of being critized or judged by family members; fear of disappointing the family members; etc.	I find that it is difficult for [adolescents] to ask for help because of being criticized, judged...they prefer to keep quiet instead of expressing themselves to others. – Older girl, Chile
BarInter	Other interpersonal barriers	Fear of being critized or judged by others; fear of disappointing others; etc.	You try to express yourself or talk to another person, but they end up like telling somebody else. – Older girl, United States (p.65)
BarStruc	Structural barriers	Lack of financial resources to pay specialized mental health services; not to have support services available in the area of residence.	Whenever you have a session with a psychologist, you pay for them, right?... Now what I would like to have is for that service to be free of charge, so that children can get help without any burden of financial concerns. – Older boy, Indonesia (p. 65)
BarOth	Other		
Fac	Facilitators of help-seeking		
FacTrust	Trust	The existence of trusting persons, able to keep confidentiality, etc.	If we have people we can count on and who we can speak to, it helps...The more we talk, the more we feel better. – Younger girl, Switzerland (p. 66)
FacInterv	Peer or family intervention	Close persons who take the initiative to help; etc.	[If a friend is having a problem] you just give your support. If it's to a severe degree, you should get an adult involved so that they get them help, get them into like therapy or something. – Younger girl, Jamaica (p. 66)

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Code	Theme / Category	Definition	Example [1]
FacNet	Internet access	Online resources that could provide some kind of help (social networks, info in websites, etc.), etc.	I would definitely say technology [makes it easier to get help], because you can kind of do everything behind your parents' back. I know that sounds kinda bad but you can do that without telling them and reach out to people without telling them so I definitely think technology makes it easier. – Younger girl, Jamaica (p. 66)
FacServ	Availability of mental health services	Availability of mental health services in the community, etc.	Let's say you don't want your parents to know, or you need a somewhat more private space to talk other than the school, then you can seek help in the puskesmas [primary health care centre]…I prefer to go to the puskesmas. I guess it's because they don't know us personally. So I can just walk in for an appointment, meet the psychologist for the first time, then I'd talk to them about my problems. – Older boy, Indonesia (p. 67)
FacOth	Other		
Contextual Risk and Protective Factors (Questions 9 to 12)			
SP	School – source of protection (Question 10)		
SPTsupp	Caring teachers and supportive services	Teachers support to students and the existence of services or other people (professionals) at school that provide support to students.	If you feel quite sad, it is good to go to the school counsellor. Because it can be good with someone you do not know, who has a duty of confidentiality. – Older boy, Sweden (p.31)
SPhorz	Expanding horizons	Providing new knowledge and perspectives that allow adolescents to develop their abilities, know the world, etc..	At school every day we will learn a new idea and the level of thinking will get bigger… and we want to move to the university and so on. – Young girl, Jordan (p. 31)
SPsaf	Safe space	School as a place where students get rest from aggressions and gain support, satisfy other personal needs.	I think school kinda helps most of us children because sometimes we can get away from the toxic household and we can actually be with friends that make us happy. – Younger girl, Jamaica (p.31)

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Code	Theme / Category	Definition	Example [1]
SR	School – source of risk (Question 10)		
SRpress	Academic pressure	Demanding tasks, overload of academic work, grades high standards, etc.	I could be studying well and get a bad grade on that subject, a grade I don't imagine nor deserve, it would really make me upset. – Younger girl, Egypt (p. 32)
SRnsupT	Unsupportive teachers	Teachers that exert pression, are not kind or understanding, etc.	[If] a girl is stressed and cannot answer a question, the teacher will make her more afraid instead of calm her or help her to answer. – Younger girl, Egypt (p.32)
SRabTea	Abusive teachers	Teachers that verbally or fisically offends students.	You have teachers that would belittle students…like tell them, "Oh, you dunce." … The student is not doing well in the class or [will] like just stop learning overall, like shut down completely because of all that emotional abuse. – Older boy, Jamaica (p.33)
SRfin	Financial barriers	Lack of money to acquire the needed goods to perform academic tasks or go to school.	I feel lack of school supplies is one serious problem…When one does not have school necessities, then she cannot go to school…You cannot go to school and sit on the desk and just stare at the teacher. – Younger girl, Malawi (p. 34)
PP	Peers – source of protection (Question 11)		
PPsup	Social support	The help, support and validation adolescents perceive they receive from peers.	Good friends can hold your hand, [but] they can also hold you accountable…when you are about to do something that is bad. – Older boy, Kenya (p. 36)
PR	Peers – source of risk (Question11)		
PRntrus	Lack of trust	Fear of trusting secrets or intimate issues to others, or the actual experience of	I don't like to confide in friends because they can expose your secrets, so I keep things to myself, and this increases my suffering. I am unable to talk about my [feelings] and can't find someone to trust. – Older girl, Egypt (p. 37)

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Code	Theme / Category	Definition	Example [1]
PRnsupP	Lack of supportive peers	The fear or the very experience of being exposed by a peer who divulges personal matters entrusted to them	Isolation is…one of the most dangerous [things]…Many guys suffer from it…[it] soils their relationships with friends, [leads to] intolerance of friends. – Older boy, Jordan (p.37)
PRbull	Bullying	Repeated experience of being physically, psychologically or relationally abused by one or more peers or, conversely, the experience of being the aggressor or witnessing other peers being victimized.	I don't like to get along with girls because there will be many small groups among girls. If you leave one or two days…they will say plenty of things you don't know about behind your back, and also say something not good for you. – Older girl, China (p.38)
PRpeepr	Peer pressure	Peers that directly or indirectly influence an adolescent to exhibit maladjusted behavior.	When you have friends that drink alcohol and you do not drink, they can pressure you to do it, and you end up becoming like them. – Older boy, Democratic Republic of the Congo (p. 39)
FR	Family – source of risk (Question 9)		
FRnsup	Lack of support	Parents and/or other family members are not available to assist the adolescent when he/she needs, shows no interest in the daily events and experiences (lets adolescent alone with his/her life), lack of communication.	My parents, they have another mentality…they do not understand youth of this generation. So, I will not go to speak to them first because they will be the first to judge in a way and not necessarily help me. – Younger girl, Switzerland (p.50)
FRabus	Abuse and neglect	Family members, particularly parents, show clear lack of basic care (emotional, material, etc.) or even attack (psychologically, physically) the adolescent.	Your parent really doesn't bother about you or where you are, so you feel [like], "Let me do what I want to do because no one cares," so you go and use those drugs. – Older girl, Kenya (p.53)
FRpress	Parental pressure and control	Parents exert tight control on	Parents also put pressure…If there are problems with school or

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Code	Theme / Category	Definition	Example [1]
		adolescents behavior and choices or pressure to the adolescent behave or obtain some valuable good (e.g., high grades at school) beyond (or against) the adolescent will or ability.	academics, and the parents are always asking for more, and finally the person is more and more stressed, it creates a type of vicious cycle without solutions. – Older girl, Switzerland (p. 53)
FRfin	Financial instability	Lack of financial resources inspires adolescents to unhealthy, maladjusted behaviors.	The first thing that torments young people is the money problem because if there are girls who prostitute themselves it is because of lack of money and if there are boys who act like 'kuluna' [gang members] it is because of lack of money. – Older girl, Democratic Republic of the Congo (p. 54)
FP	Family – source of protection (Question 9)		
FPsupp	Family support	Parents or other family members show interest regularly by the adolescent and his/she daily life events, validate him/her, maintain open communication channels and inspires trust for the adolescent share problems, fears, etc.	[It] is a good relationship with their parents that alone can defend them from anything in the outside world because they know that when they come home, they can come home to mom or dad and say, "This is what happened today, I don't know what to do."...Having this strong relationship with their parents...[they] have the belief in themselves that they are okay, they're safe [and]...nothing can bother that. – Older boy, Jamaica (p. 55)
FPcomm	Parent-child communication	The adolescent feels confident and able to share their problems and ask for advice with parents. The parents show interest in knowing about adolescent daily life.	The mother and father must support the child in all respects. For example, they would sit with them for five minutes and ask them about their condition, how they are doing, and what happened to them today. – Older girl, Jordan (p. 55)
Dig	Digital technologies (Question 12)		
DigR	Digital technologies – source of	Negative consequences from internet	Before, harassment was at school, and you were protected when

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Code	Theme / Category	Definition	Example [1]
	risk	and other technologies use, as perceived by the adolescent.	you went home. Now, harassment can continue at home. – Older boy, Switzerland (p.44)
DigP	Digital technologies – source of protection	Perceived benefits of internet and other technologies use.	I think that social networks help us to find ourselves in the sense that we follow those who resemble us. For example, at school, we would follow the group whereas now, we have access to many ideas. – Older boy, Switzerland (p.45)
Other			
OTH			

[1] Page numbers are referred to the Johns Hopkins Bloomberg School of Public Health & United Nations Children's Fund (2022) report from which the examples were taken.

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