



Adolescent Mental Health in Czech Republic: Needs and Strenghts

NATIONAL REPORT

Publication date: May 20, 2024

Author(s): Name Surname, Name Surname
Organisation

www.example.eu



Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them. Project No: KA220-YOU-3BAF79FF

Table of contents

Overview	1
Part One: Bibliographic Research	3
Introduction	3
Adolescents' mental health and well-being related problems	4
Adolescents' mental health and well-being related skills and protective factors	4
Adolescents' help-seeking preferences	6
Peer mentoring programs	9
Main conclusions	12
Part Two: Empirical Research	16
Introduction	16
Method	17
<i>Participants</i>	17
<i>Instrument</i>	18
<i>Procedures</i>	19
Results and Discussion	20
Conclusions	35
General Conclusions	36
References	40
Appendix 1 - <i>Adolescents' mental health and risk factors</i>	43
Appendix 2 - <i>Adolescents' mental health-related skills and protective factors</i>	47
Appendix 3 - <i>Adolescents' help-seeking preferences to cope with personal / psychological issues</i>	54
Appendix 4 - <i>Peer mentoring programs/projects</i>	59
Insert a title here	Errore. Il segnalibro non è definito.

Table of tables

Table 1: example of table	4
---------------------------	---

Overview

The Stronger Youth project extends the idea of empowering young people through the most appropriate communication channel - their peers, i.e. peer mentoring. Peer mentoring is a suitable tool for the process of inclusion of teenagers with low social competences and skills. However, peer mentoring is not yet widespread, which is one of the main objectives of this project. Apart from supporting the organization of peer mentoring, the project has as further objectives to find young resilient volunteers and to provide methods and/or tools to work with people of their age who are at risk of social exclusion and depression.

A range of experts from six European organizations from Italy, Portugal, Spain, Romania, the Czech Republic and Poland are working together on this project.

The Stronger Youth project team, led by the University of Évora, will work on several deliverables to guide the peer mentoring process. First, a national survey will be conducted to map out the communication needs of teenagers in peer-to-peer communication. This will be followed by a further output, the Mentor Skills Assessment Tool, which will assess social and communication skills and provide feedback in an online environment. The next output will be a toolkit for group and individual activities to develop mental and social resilience, designed for both mentors and young people seeking help. As a final output, the team will produce a guide for educators detailing the mentoring process and how to supervise it.

Adolescence is a pivotal stage marked by significant physical, emotional, and social changes. While it offers opportunities for growth, it also presents challenges that can impact mental health and well-being. This project in Part One examines four key domains of adolescent mental health: risk factors, protective factors, help-seeking preferences, and peer mentoring programs. In risk factor domain we explore how family dynamics, social relationships, stress, and media exposure contribute to mental

health challenges like depression, anxiety, substance abuse, and self-harm. In the second domain we discuss elements that mitigate adverse experiences, including academic achievement, positive self-concept, stress resilience, supportive relationships, and active leisure activities. In the third domain we examine where adolescents seek help for mental health issues, highlighting the roles of teachers, family, and peers, and emphasizing the importance of peer support. In the last domain we evaluate peer mentoring as a support strategy, focusing on how peer support networks enhance communication, prevent issues, and improve understanding of adolescent problems.

In the Part One we conduct a systematic review and synthesis of existing research to understand these domains. Our comprehensive search strategy covers scholarly databases and academic sources. Through this rigorous analysis, we aim to gain insights into the dynamics shaping adolescent mental health.

Part One: Bibliographic Research

Introduction

Adolescence represents a critical juncture in human development, marked by significant physical, emotional, and social transformations. This period, while rich with opportunities for growth and exploration, also presents numerous challenges that can impact adolescents' mental health and overall well-being. Understanding the complex interplay of factors influencing adolescent mental health is essential for designing effective interventions to support this vulnerable population. In this project, we undertake a comprehensive examination of four key domains pertinent to adolescent mental health: risk factors, protective factors, help-seeking preferences, and peer mentoring programs.

Our methodology involves a systematic review and synthesis of existing research literature across the four domains of interest. We employ a comprehensive search strategy to identify relevant studies from scholarly databases, journals, and other academic sources. Through a rigorous analysis of empirical findings, theoretical frameworks, and conceptual models, we aim to generate novel insights into the complex dynamics shaping adolescent mental health and well-being.

Adolescents' mental health and well-being related problems

Adolescence is a challenging developmental period marked by numerous physical, emotional, and social changes, during which young people face various challenges and pressures. There are shifts in the perception of self-identity, as well as in relationships with others – parents, peers, romantic partners (Kocourková & Koutek, 2022).

In connection with this developmental period, adolescents often exhibit risky behavior, which is a special form of deregulated behavior with various causes and factors contributing to its persistence (Čerešník & Banárová, 2021). According to Čerešník and Banárová (2021), several factors increase the likelihood of adolescents engaging in risky behavior. These include the family's economic status, poorer relationships with close individuals, higher levels of anxiety, escape into virtual reality, increased aggressiveness, lower self-control, higher impulsivity, or lower self-esteem. Loneliness is also a significant factor influencing negatively the well-being of adolescents, as research has shown. In the Czech Republic, approximately one in ten adolescents struggles with strong feelings of loneliness. This loneliness is associated with various factors, such as shyness, inconsistent parenting, and experiences of peer victimization (Stickley et al., 2016).

Other authors (Prajsová et al., 2018) list mental health issues, especially depressive disorders, anxiety disorders, or emotional instability, as risk factors in adolescents. Sensitivity and impulsivity are also highlighted. Another risk factor is stress, including stressful situations and substance abuse. Dysfunctional family relationships, unsatisfactory social bonds, bullying, academic failures, or economic problems within the family are additional risk factors. Furthermore, the media and its presentations may also play a role.

In the Czech Republic, we have observed a significant increase in self-aggressive behavior in terms of suicide attempts, often combined with self-harm, over the past two years. This is a trend that was already noticeable before the COVID-19 pandemic (Koutek & Kocourková, 2022). Adolescent girls in problematic relationships are more commonly affected, reacting to emotional crises with self-destructive behavior, particularly suicidal behavior and non-suicidal self-injury (Kocourková & Koutek, 2022). Risk factors play an important role here, representing the background upon which current stressful situations unfold. In this process, primary psychiatric disorders, personality traits, and current situational stressors all play a role. The support or failure of the primary support group, typically families for adolescents, is significant. Peer relationships are also important (Koutek & Kocourková, 2022).

In the Czech Republic, the abuse of psychoactive substances such as alcohol, nicotine, and cannabis is also very common. Some individuals start consuming alcohol as early as age 11. Alcohol use in adolescence is associated with an increased risk of addiction or harmful misuse in later years. The earlier adolescents start using alcohol, the higher the risk of future addiction-related problems. Thus, if an individual starts using alcohol after turning 18, the probability of facing addiction-related difficulties in the future significantly decreases. Similarly, smoking is a common phenomenon among adolescents, with some individuals starting to smoke as early as age 15. Research has provided significant associations between addictive substances and certain psychological characteristics. Risky individuals who exhibit higher levels of substance abuse are often verbally and physically more aggressive and show higher levels of impulsivity, meaning they act recklessly and without restraint. Increased anxiety has also been associated with substance abuse. Substance abuse is often used as a means to alleviate feelings of anxiety or stress. Individuals with higher levels of anxiety may resort to substance use as a way to cope with their emotions (Suchá et al., 2016).

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

Given the above risk factors, it is also important to mention protective factors that reduce the likelihood of adverse events or risky behaviours and contribute to the positive development of the individual. In the case of risky behaviour in adolescents, protective factors can help to build resilience to negative environmental influences or personal characteristics and strengthen their psychological health and well-being.

Recent research has shed light on the crucial role of protective factors in shaping the mental health and well-being of adolescents. One key aspect highlighted in the literature is the relationship between academic achievement and risky behavior. Lower academic performance has been associated with higher levels of risky behavior, such as substance abuse, delinquency, and bullying, which can adversely impact adolescents' overall psychological health and well-being. Similarly, a negative correlation between self-efficacy for learning and risky behavior suggests that a lower sense of competence in education may be linked to increased engagement in risky behaviors, thereby affecting adolescents' overall well-being (Trchalíková & Banárová, 2023).

Moreover, protective factors play a crucial role in mitigating the impact of adverse experiences and personal characteristics on adolescent development. These factors help build resilience against negative environmental influences and strengthen adolescents' mental health and well-being. Examples of protective factors include emotional stability, social skills development, positive self-concept, academic performance, stress resilience, resistance to peer pressure, goal-oriented problem-solving skills, positive parent-child relationships, emotional support within the family, clear rules and boundaries, supportive peer relationships, healthy school environments, positive teacher-student relationships, and timely, systematic, and effective primary prevention strategies (Charvát & Nevoralová, 2015).

Additionally, individual characteristics, such as personality traits, dispositional optimism, and perceived social support, significantly influence adolescent mental health (Burešová et al., 2020). Personality dimensions like extraversion and neuroticism have been found to correlate strongly with overall mental health, emphasizing the significant impact of personality traits on adolescents' psychological well-being. Dispositional optimism, reflecting a positive outlook on the future, and perceived social support are also robust predictors of mental health among adolescents (Burešová et al., 2020).

Furthermore, leisure-time activities and outdoor socializing with friends or engaging in sports have been identified as critical factors in supporting adolescents' positive mental health, especially during crises such as the COVID-19 pandemic. Active leisure activities, such as physical exercise and social interactions, have emerged as strong positive predictors of adolescent mental well-being, while passive activities, such as idle leisure, pose potential risks. These findings underscore the importance of promoting outdoor recreational opportunities for young people as part of public health policies (Cosma et al., 2021).

The study by Kvardova, Smahel, Machackova, and Subrahmanyam (2021) emphasized the role of the family environment in protecting adolescents from harmful online content. Adolescents from supportive family environments were less likely to be exposed to such content, highlighting the importance of positive parent-child relationships and open communication in guiding adolescents' online behavior and protecting them from online risks. Moreover, parenting factors emerge as pivotal contributors to adolescent well-being, as indicated by recent research findings. Greater parental warmth has been linked to a decreased risk of loneliness among girls in the Czech Republic (Stickley et al., 2016).

Recent research underscores the importance of protective factors in shaping the mental health and well-being of adolescents. These factors serve to mitigate the impact of adverse experiences and personal characteristics on adolescent development, fostering resilience against negative environmental influences and strengthening psychological health. Among the main protective factors in adolescents, the role of the family appears to have an irreplaceable function. Other key protective factors include academic achievement, positive self-concept, stress resilience, resistance to peer pressure, supportive family and peer relationships. Also individual characteristics are important, such as personality traits, dispositional optimism, and perceived social support also significantly influence. Furthermore, engagement in active leisure activities and outdoor socializing with friends emerge as critical factors in supporting adolescents' positive mental health.

Adolescents' help-seeking preferences

Types of support can be different and five forms of support can be distinguished. It can be an offered support, which is signalled by the provider as an option to a specific recipient, leaving it up to the recipient to accept the help or not. Another form of support is the support sought, which means that the individual in need indicates in various ways that he or she is looking for help, that he/she needs help and that he/she would welcome it. This may be nonverbal, but it may also be explicit, for example by asking a friend, classmates, teacher or family to provide some form of social support. Another form of support is provided support, where action is already occurring to help the individual cope with the burden. This is real support that has been endorsed and accepted by the individual and is seen as positive. The other form is acquired support, which the individual has received, and perceived support, which is the part of the support that the individual has perceived (Mareš, 2003).

Teachers have a key role in providing support and assistance to pupils, both in ordinary teaching situations and in special cases such as bullying or pupil hospitalisation. While younger pupils often see teachers as a source of help and are willing to turn to them, older pupils may be more reserved and fear the negative consequences of asking for help. Overall, teachers play an indispensable role in providing social support to pupils and their work has a profound impact on pupils' learning and development (Mareš, 2003).

The importance of the role of the teacher, especially the classroom teacher, is also confirmed by Zemančíková (2022) who states that the role of the teacher is not only teaching, but also includes social and emotional support, which has a major impact on the success and well-being of students. Teachers can create an accepting environment for students, they can work with parents and help the student integrate with their peers and create a non-stigmatizing environment.

Kressa (2018) comes up with some surprising findings, stating that in some cases bullied students feel that they do not receive any social support from their peers, which he states in his article. Bullied students in the research perceived the least support from their classmates. This fact suggests that they might not be identified as bullied if they perceived higher levels of support from their peers. The downplaying of bullying and aggressive acts may be more common in such environments, which may further reduce the perceived support of bullied students from their peers.

It is important to note that the perception of peer support can play a crucial role in preventing and addressing bullying. If bullied students do not feel support from their peers, they may tend to downplay bullying and seek help less frequently.

Family and friends play a big role as support when dealing with depression and should not underestimate the aspects and diagnosis of depression. The depressed individual can be encouraged to see a doctor or psychiatrist. Social support can help an individual with depression to persevere with treatment. Knowing that loved ones are willing to pay attention to him or her and not leave him or her in isolation can significantly help with the healing process and its successful completion (Praško et al., 2010).

Due to the lack of current and non-current research on this topic, I drew my knowledge from a neighbouring country, namely Germany. I believe that due to the cultural similarities, the results could be close to the situation in the Czech Republic. The research carried out this year dealt with the help-seeking of bullied individuals, i.e. who they would seek help from, if they sought any at all.

According to the information provided, most adolescents who were victims of bullying sought help from both formal and informal sources. Formal sources included teachers, social workers and therapists, while informal sources included family members and friends. Specifically, 32% of bullying victims sought help from a formal source only, while 68% sought help from an informal source only. Of those who sought help from a formal source, 98% sought help from a trusted teacher, social worker, or therapist, while only 5% sought help from a counseling center. In addition, 63% of these adolescents also sought help from an informal source such as family members or friends. These data suggest that adolescents often combine formal and informal sources of help in coping with bullying (Grüne & Willems, 2024).

Based on the qualitative research that has been conducted in the Czech Republic in 2018, it is not possible to generalise the data, but I still believe that it should be mentioned here. Adolescents still perceive their family, particularly parents, as a primary source of support when facing personal or psychological issues. Despite spending less time with their parents, they still seek their support and confide in them, especially in serious matters. While adolescents value friendships highly and rely on them for emotional support, they don't necessarily consider peers as their primary source of information or guidance in navigating the challenges of adolescence (Nováčková, 2018).

It is evident that adolescents seek help in addressing their personal and psychological issues primarily from several key sources. One of them is teachers, who play a crucial role in providing social support and assistance to students, especially in the school environment. Furthermore, in addition to teachers, adolescents often turn to their family and friends for help. According to studies, these close relationships have a significant impact on how successfully an individual copes with depression and other difficulties. Importantly, adolescents often combine both formal sources of help, such as teachers, social workers, and therapists, as well as informal sources, such as family members and friends, in coping with various situations.

Peer mentoring programs

Peer support involves creating a network of individuals who mutually exchange knowledge, experiences, and provide emotional or social assistance to one another. Participants in peer support programs may not be specially trained, but often consist of students who are pre-trained to be able to support others. Peer support takes various forms, one of which is peer mentoring. In school settings, this could occur when a student transitions from one school level to another. Many aspects of the new environment may be unfamiliar but knowing that there is someone to turn to provides a sense of control and confidence in managing the new situation. Conversely, mentors gain the experience to be helpful simply by being present, without requiring any special skills or knowledge. Another example is when a child entering first grade is assigned a mentor from among the ninth graders, whom they meet during enrolment. An essential aspect of peer mentoring is that the mentor has recently experienced the same situation and understands firsthand what difficulties the newcomer may face and where support is needed. The goal of peer support is to improve peer relationships among students and enhance the overall school climate. Students are encouraged to solve problems independently, with supervision from educators.

The uniqueness of this approach lies in allowing students to identify their own problems and devise solutions, addressing issues such as bullying, relationships between students, discipline, and more (Tannenbergerová, 2016).

Peer programs for preventing risky behaviors represent a form of peer influence or peer learning, where prepared students positively impact the attitudes of their peers in school. These programs engage peers who share similar values, norms, and language with the target group, making it easier for them to relate and learn from one another. By involving older students, these programs effectively prevent risky behaviors by imparting knowledge, skills, and attitudes that are applicable to real-life situations (Uhlířová, 2016).

According to research, peer mentoring offers numerous benefits for participants, including improved communication within groups and the ability to prevent issues like bullying. Participants appreciate the approachability and effectiveness of peer activists, as well as the program's ability to address minor shortcomings. Importantly, the peer-to-peer format is highly regarded, providing a fun and relaxed way of acquiring information in the presence of similarly aged individuals. Furthermore, participation in peer mentoring can lead to better understanding and prevention of adolescent-related issues such as bullying. Participants report improved communication skills and the ability to form sustainable relationships within the group. Overall, peer mentoring is considered a highly beneficial and recommended program with the potential to assist adolescents in their personal development and the prevention of risky behaviors (Nováčková, 2018).

Main conclusions

Adolescence is a critical time marked by multifaceted challenges adolescents face during their developmental period, including risky behaviors, mental health issues, such as depressive disorders, anxiety disorders, and substance abuse, emerge as

significant risk factors. Factors contributing to these issues include family dynamics, social relationships, stress, and exposure to media. Furthermore, self-aggressive behaviors, particularly suicide attempts and self-harm, have seen a concerning increase, especially among adolescent girls. This dimension underscores the urgency of addressing mental health challenges among adolescents to mitigate adverse outcomes. Understanding these challenges is vital for identifying at-risk youths who may benefit from peer mentoring support.

Moving to the second dimension, protective factors play a crucial role in bolstering adolescent mental health and well-being. These protective factors include academic achievement, positive self-concept, stress resilience, supportive family and peer relationships, and individual characteristics like dispositional optimism and perceived social support. Engagement in active leisure activities and outdoor socializing also emerges as critical factors in fostering positive mental health among adolescents. Recognizing and fostering these protective factors can enhance the effectiveness of peer mentoring interventions.

Adolescents primarily seek help from a combination of formal and informal sources, including teachers, family members, and friends, to cope with various challenges, including bullying and mental health issues. Teachers play a pivotal role in providing social and emotional support, especially within the school environment. Notably, the perception of peer support significantly influences help-seeking behaviors, highlighting the importance of peer relationships in addressing mental health challenges.

Finally, peer mentoring programs emerge as a promising intervention to support adolescents' mental health and well-being. These programs foster peer support networks where students exchange knowledge, experiences, and emotional assistance. Peer mentoring not only improves communication and prevents issues but

also enhances understanding and prevention of adolescent-related problems. The peer-to-peer format is highly regarded for its effectiveness and accessibility, making it a valuable tool for empowering resilient youngsters to support their peers.



Part Two: Empirical Research

Introduction

This empirical research aims to gather and analyze data on the mental health and well-being of adolescents from the Czech Republic. The primary objectives are threefold. First, the study aims to describe how adolescents perceive their psychological problems and the coping mechanisms they employ. Second, it seeks to identify the risk and protective factors for mental health and well-being as perceived by adolescents in their primary living contexts. Third, it aims to identify the preferred methods and channels adolescents use to seek help and communicate about their mental health issues.

The data collected from this research is expected to be instrumental in developing the Online Screening for Adolescent Mentoring (OSAT), a tool designed to aid in screening potential adolescent mentor candidates. Additionally, the findings are anticipated to provide evidence-based insights crucial for various stages of organizing mentoring programs.

The following sections of this report are structured to provide a comprehensive overview of the research. The Method section outlines the research design and procedures used for data collection and analysis. The Participants section describes the demographics and characteristics of the participants. The Instrument section details the tools and questionnaires employed for data collection. The Procedures section elaborates on the steps and protocols followed during the research process. The Results section presents the findings, providing a detailed analysis of the data collected. Finally, the Discussion section interprets the results, discusses their implications, and suggests potential applications and directions for future research.

Through this structured approach, the research aims to provide comprehensive insights into the mental health and well-being of Czech adolescents, contributing valuable information to the field of adolescent mental health and mentoring programs.

Method

This study utilized a questionnaire to collect data from Czech adolescents aged 18-19. This part of empirical research outlines the research design, detailing the participants, instrument and procedures of the empirical research.

Participants

The participants in this study were 45 students enrolled at the PELICAN language school, aged between 18 and 19 years. All participants completed the questionnaires, which were included in the analysis. The sample consisted of 15 boys (33.3%), 27 girls (60%), and 3 participants who did not specify their gender (6.67%).

All participants were at the post-secondary education level, specifically classified under ISCED 4^a – 1st grade. This uniform educational background ensured consistency in the sample, facilitating a focused investigation into their perceptions of mental health and well-being, coping strategies, and preferences for seeking support.

	Max	Min	Mean	Frequency (N)	Percentage (%)
Age	19	18	18,98	-	-
Gender	-	-	-	45	100
Boy	-	-	-	15	33,3%
Girl	-	-	-	27	60%
Other	-	-	-	-	-
No report	-	-	-	3	6,67%
Grade	-	-	-	45	100
ISCED 4 ^a – 1 st grade	-	-	-		
	-	-	-		
Course	-	-	-	45	100
post- secondary studies	-	-	-	45	100%
	-	-	-		

Table 1: Participants sociodemographic characteristics

Instrument

The research instrument used in this study was a comprehensive questionnaire designed to gather data on various aspects of adolescents' mental health and well-being. It comprised five main sections: sociodemographic data, satisfaction with life, perceived problems and difficulties, contextual influence on well-being and help-seeking preferences.

Participants provided sociodemographic data such as age, gender, country/city of residence, school grade, and program of study, establishing a contextual understanding of their backgrounds. To measure life satisfaction quantitatively, participants rated their satisfaction on a scale from 0 (Totally dissatisfied) to 10 (Totally satisfied), adapted from Veenhoven's work on subjective well-being (2018). Qualitative insights into participants' perceived challenges, strengths in coping, and contextual influences on well-being (family, school, peers, social networks/the internet) were gathered through open-ended questions. Help-seeking preferences were assessed using 14 items rating the likelihood of seeking help from various individuals, alongside seven multiple-choice options for discussing personal

problems.

This structured approach facilitated a comprehensive exploration of adolescents' mental health concerns, coping strategies, and preferences for seeking support, ensuring robust data collection and analysis for the study's objectives.

Procedures

Translation.

The questionnaire was translated from English by two Czech native speakers who are fluent in English. Cross-cultural adaptation and validation were respected during translation. Afterwards, the two Czech language versions were compared, inconsistencies were clarified and one final Czech language version of the questionnaire was finalized.

Ethics.

All students or their parents signed a consent form to participate in the survey. Students were provided with the instructions for writing the test prior to the survey. Students were informed that the survey questionnaire is anonymous, secret, and individual and that the data provided is confidential and will be used exclusively for the purposes of this study. The school principal signed a permission to administer the questionnaire in the school and collect data from their students.

Questionnaire administration.

The questionnaires were distributed in printed form to the students for filling. The instructions from the Questionnaire Guidelines document were followed while distributing and writing the questionnaire.

Database building. The completed questionnaires were systematically organized into separate Excel spreadsheets to categorize qualitative and quantitative data. Quantitative data were subjected to straightforward statistical processing, while qualitative responses were transcribed verbatim into another Excel spreadsheet.

Within the qualitative data spreadsheet, relevant indicators in each thematic area were highlighted, and responses were subsequently entered into a prepared table.

Data analysis. For quantitative data, basic statistical methods were employed to analyze responses. Descriptive statistics such as means, frequencies, and percentages were calculated to summarize quantitative findings. Categorical data were analyzed using frequency distributions to identify patterns and trends among participants.

Qualitative analysis involved systematic coding of responses according to predetermined themes. Responses were categorized and summarized to identify recurring patterns and themes. This methodical approach ensured that qualitative insights were systematically extracted and compared across different categories and themes as per the Methodological Framework and Guidelines for Empirical Research.

Results and Discussion

The following sections present the results and discussion of the quantitative and qualitative analyses conducted in this study, addressing the research goals related to life satisfaction and help-seeking behaviors among adolescents. The quantitative results, summarized in Table 2, include computed frequencies, percentages, and other relevant statistics, offering a detailed examination of the data collected. These findings are integrated into the Life Satisfaction and Help-Seeking sections, ensuring clarity and avoiding redundancy. Additionally, Table 3 provides insights from the qualitative analysis, featuring computed frequencies, percentages, and representative examples for each category mentioned by the participants.

	N	%	Minimum	Maximum	Mean	Standard Deviation
Life satisfaction	-	-	2	9	6,44	1,84
Help-seeking	-	-	-	-	-	-
Intimate partner	-	-	3	7	5,86	1,09
Friend	-	-	2	7	5,38	1,37
Father	-	-	1	7	3,07	2,04
Mother	-	-	1	7	4,76	2,08
Peer	-	-	1	6	3,13	1,21
Other relative/ family member	-	-	1	7	2,87	1,84
Psychologist or psychiatrist	-	-	1	7	4,67	1,89
Phone help line	-	-	1	7	1,93	1,6
Doctor / GP	-	-	1	6	2,53	1,49
Teacher	-	-	1	7	2,44	1,56
Pastor/priest	-	-	1	5	1,22	0,77
Youth worker	-	-	1	6	1,7	1,23
No one	-	-	1	7	3,53	2,06
Other	-	-	7	7	7	0
Means to get help	-	-	-	-	-	-
Face to face	43	96%	-	-	-	-
Telephone	17	38%	-	-	-	-
Texting	13	29%	-	-	-	-
Social networks (internet)	15	33%	-	-	-	-
Chatbots	7	16%	-	-	-	-
Other websites	2	4%	-	-	-	-
Other	3	7%	-	-	-	-

Table 2: Life satisfaction and help-seeking descriptive statistics

Life satisfaction

Based on the collected data, the average life satisfaction score among participants was 6.44, with a standard deviation of 1.84, indicating a moderate level of satisfaction with life overall. The scores ranged from a minimum of 2 to a maximum of 9. The comprehensive analysis of life satisfaction among Czech adolescents reveals that the majority are satisfied with their lives. Utilizing Cantril's ladder (scale 0–10), most children (82.5%) reported values higher than two-thirds of the possible maximum score, with a mean life satisfaction (LS) score of 7.36 (SD = 1.90). Over the years surveyed (2002, 2006, 2010, and 2014), mean LS scores ranged from 7.21 to 7.51, with significant differences noted between specific years. Boys consistently reported higher LS scores compared to girls, with significant variations over the years. The highest LS was observed in 11-year-olds, with a noticeable decline by age 15. When compared internationally, Czech children's life satisfaction scores were lower than average, indicating a need for further analysis and potential interventions. These findings underscore the importance of understanding and addressing the diverse factors influencing adolescents' well-being to support their optimal development (Hodacova, Hlaváčková, Sigmundová, Kalman, & Kopcakova, 2017).

Help-Seeking

The analysis of help-seeking behavior among adolescents reveals that intimate partners are the most preferred source of support, with a mean score of 5.86 (SD = 1.09). This indicates that close, personal relationships play a crucial role in adolescents' lives, providing a sense of trust and understanding that is essential during times of need. Friends are the second most preferred source of support, with a mean score of 5.38 (SD = 1.37), further highlighting the importance of peer relationships in the help-seeking process.

Mothers, with a mean score of 4.76 (SD = 2.08), are also a significant source of support, reflecting the traditional familial bond and the role of parents in providing

emotional support. Interestingly, professional help from psychologists or psychiatrists is considered quite favorably, with a mean score of 4.67 (SD = 1.89), indicating an openness among adolescents to seek formal mental health support. Conversely, fathers (M = 3.07, SD = 2.04) and peers (M = 3.13, SD = 1.21) are moderately preferred, suggesting that while these relationships are important, they may not be as pivotal as those with mothers or intimate partners in the context of seeking help.

The least preferred sources of help include religious figures such as pastors or priests (M = 1.22, SD = 0.77), phone help lines (M = 1.93, SD = 1.60), and youth workers (M = 1.70, SD = 1.23). These findings suggest that adolescents may perceive these sources as less accessible or less effective in providing the necessary support.

When it comes to the preferred channels for seeking help, the overwhelming majority of adolescents prefer face-to-face interaction, with 96% indicating this as their preferred method. This preference underscores the importance of direct, personal communication in the help-seeking process, which likely provides a greater sense of empathy and immediate support. Telephone communication is also a significant channel, preferred by 38% of the respondents. This method allows for direct interaction while providing some level of anonymity and convenience. Social networks are utilized by 33% of adolescents, reflecting the growing influence of digital communication and the role of online platforms in modern help-seeking behavior.

Less frequently preferred channels include other websites (4%) and other unspecified means (7%). These channels are less favored, possibly due to a perceived lack of personal connection or effectiveness compared to more direct methods.

These findings highlight the critical role of personal relationships and direct communication in the help-seeking behaviors of adolescents. The strong preference for intimate partners, friends, and face-to-face interactions underscores the need for

supportive environments where adolescents feel safe and understood. Interventions should focus on strengthening personal relationships, enhancing the availability and appeal of professional mental health services, and integrating modern digital communication methods to provide comprehensive support



Category	Example	N	%
Mental Health Challenges	-	45	100
Emotional challenges	"Many people my age feel depression and anxiety, fear of the future (school, work, etc.)" "Adolescents feel anxious, stressed, depressed. They may have trouble being social, around people, lose motivation for everything"	37	82,2%
Behavioral problems	"Borderline personality disorder, anxiety, depression, bipolar disorder, ADHD, eating disorder. They may feel inferior, sad, ignorant and not know how to move on with their lives." "We don't feel good enough, pretty enough, overall perfect enough. We can be moody, agresive, sassy, and that's only because we don't meet the ideal of a cow according to soc. networks." "Self-harm and other unhealthy coping mechanisms, suicidal thoughts, addictions"	20	44,4%
Other	"I'm currently surrounded by people in good mental health." "I don't have anyone with a behavioral problem or disorder in my midst."	5	11,1%
Coping and help-seeking	-	45	100
Coping strategies			
Interpersonal	"The support of family, friends. If they go to school, teachers can help them too - talk about your problems."	19	42,2%
Intrapersonal	"They consult themselves, absorb their emotions, and put them out there when they need to."	18	40%

Category	Example	N	%
	"One has to help oneself. The most important thing is to decide to do something and no one can make us do that. There's always a solution, it's just up to everyone to figure it out. Understanding yourself and hope."		
Barriers to help-seeking			
Individual barriers	"Most of the problems aren't that bad, and people needlessly underestimate their ability to cope with them."	2	4,4%
Family barriers	"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." "Your family hates you for something that's out of your control"	13	28,9%
Structural barriers	"In my experience, it is especially hard to find professional help when one is committed mainly for capacity reasons or lack of quality therapists."	2	4,4%
Facilitators of help-seeking			
Trust	"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."	7	15,6
Peer or family intervention	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."	18	40%
Internet access	"Information can be drawn from good and verified sources. E.g. useful links on the internet."	5	11,1%
Availability of mental health services	"In my experience, it is especially hard to find professional help	2	4,4%

Category	Example	N	%
	when one is committed mainly for capacity reasons or lack of quality therapists."		
Contextual Risk and Protective Factors	-	-	-
School – source of protection		42	100
Caring teachers and supportive services	"Good, understanding and tolerant teachers." "Availability of school psychologists."	21	50%
Expanding horizons	"Help to achieve goals, improve and gain knowledge in different spheres and provide space for development. To learn about problems that teens may have."	11	26,2%
Safe space	"An open collective that allows you to ask anything." "Pleasant environment and people we can confide in."	14	33,3%
School – source of risk		38	100
Academic pressure	"Time pressures, assignments, tests, deadlines, exams can put pressure on us." "Putting pressure on students, they only care about the students' achievements not their psychological well-being."	23	60,5%
Unsupportive teachers	"Teachers are not always completely understanding." "Employing burnt-out and uninnovative teachers."	18	50%
Abusive teachers	"When teachers shout at you because you don't understand a topic or try to laugh at you in front of the class." "Frequent downgrading of a person in front of others because they can't do something."	15	41,7%
Financial barriers	"If you are from a socially disadvantaged family, the attitude of the students and the teachers towards the student in school changes."	1	2,8%

Category	Example	N	%
Peers – source of protection		43	100
Social support	"They will hold you up in times of need, they will provide help. You can confide in them."	38	88,4%
Peers – source of risk		43	100%
Lack of trust	"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."	4	9,3%
Lack of supportive peers	"Failure to provide support and assistance in time of need." "Not being supportive, questioning his problems, not taking him seriously, laughing at him, stopping to talk to him."	16	37,2%
Bullying	"Bullying, peer conflicts, ridicule, exclusion from the collective."	14	32,6%
Peer pressure	"Encouraging addictions, encouraging them to do bad things, projecting their problems onto you, bad habits." "Peers having unhealthy views, putting too much pressure on the individual to follow their rules." "Forcing them into things they don't want to do (drugs, alcohol)."	21	48,8%
Family – source of protection		43	100
Family support	"Support and encouragement. Confidence and support, don't knock their self-esteem." "Support, love, when they accept you as you are." "A source of motivation and support, financial security, feeling loved and safe, empathy and understanding, sharing time together."	36	83,7%
Parent-child communication	"Talking openly with them, empathy, disinterestedness. Listen, give advice, but don't judge."	17	39,5%

Category	Example	N	%
	<p>“Good communication, relationships, openness.”</p> <p>“Communication and listening would definitely contribute to psychological well-being.”</p>		
Family – source of risk		44	100%
Lack of support	<p>“Judging everything the person does, lack of interest, lack of time.”</p> <p>“Judgement of their decisions and opinions, emotional unavailability, lack of interest in their problems.”</p>	22	50%
Abuse and neglect	<p>“Family quarrels (fear, depression, feeling unloved, falling into addictions, cigarettes, alcohol, drugs), behavioural changes.”</p> <p>“Constant criticism, arguments, innuendo or physical punishment. These are not the solution, humiliation, overall probably CAN syndrome.”</p>	27	61,4%
Parental pressure and control	<p>“Great demands on the child. Their expectations are often too high.”</p> <p>“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.”</p>	17	38,6%
Financial instability	<p>“The family does not have a stable income, non-ideal living conditions.”</p> <p>“Zero financial support.”</p>	2	4,5%
Digital technologies		43	100
Digital technologies – source of protection	<p>“On the internet you can make friends, find all kinds of useful information, listen to music, watch movies, read books and just develop yourself.”</p>	42	97,7%

Category	Example	N	%
	"We can learn a lot of new and useful things, meet new people, and quite often various important topics (mental health, behavioural disorders, relationships, etc.) are openly discussed on the internet."		
Digital technologies – source of risk	<p>"Comparison with others, not living reality, unconscious influences, eating disorders/poor sleep."</p> <p>"Comparing characters, not telling the truth, retweeting, spreading fake news, cyberbullying, "encouraging" assertiveness, creating a positive environment for pedophilia, cyber theft, distorting reality."</p>	43	100%
Other	-	-	-

Table 3: Frequency and percentage of content categories mentioned by the participants, and examples

Mental Health Challenges

Based on the data collected, adolescents in the study identified significant mental health challenges, with a predominant focus on emotional and behavioral issues. A substantial 82.2% of participants reported experiencing anxiety, stress, and depression, often linked with fears about the future concerning school and work. Concurrently, behavioral problems were noted by 44.4% of respondents, encompassing conditions like borderline personality disorder, anxiety, depression, bipolar disorder, ADHD, and eating disorders. Participants also highlighted issues such as self-esteem struggles, self-harm, suicidal ideation, and addictive behaviors. These findings underscore the multifaceted nature of adolescent mental health concerns, emphasizing the need for targeted interventions and support systems to address these challenges effectively.

Coping and Help-Seeking

Adolescents in the study employed diverse coping strategies to manage their mental health challenges. Approximately 42.2% mentioned relying on interpersonal support, seeking guidance from family, friends, and teachers to discuss their issues and receive empathy. Another 40% highlighted intrapersonal strategies, such as self-reflection and emotional absorption, emphasizing the importance of self-reliance and maintaining a positive outlook.

Regarding help-seeking behaviors, adolescents identified barriers and facilitators. Barriers included individual factors like underestimating problem severity and feeling capable of handling issues independently. Family-related barriers involved dismissive attitudes towards their concerns. Structural barriers encompassed difficulties in accessing professional help due to capacity limitations or perceived service quality.

Facilitators of help-seeking included trust in supportive peers and family members

who encouraged seeking help without judgment. Peer and family interventions played crucial roles in adolescents' decisions to seek professional help or employ coping strategies. Internet access also emerged as a facilitator, providing information and resources related to mental health.

These findings highlight the complex factors influencing adolescents' coping and help-seeking behaviors, underscoring the need for supportive systems addressing emotional challenges and practical barriers effectively.

School Perceived Influence

In the study, adolescents identified schools as both sources of protection and risk regarding their mental well-being. As a source of protection, participants cited caring teachers and supportive services as crucial. They appreciated teachers who were understanding, tolerant, and accessible school psychologists, which accounted for 50% of responses. Additionally, 26.2% mentioned that schools provided opportunities to expand horizons, supporting goal achievement and knowledge enhancement. A safe environment where they could freely express themselves was highlighted by 33.3% of respondents.

Conversely, schools were also perceived as sources of risk by participants. The predominant risk factor was academic pressure, with 60.5% citing pressures from assignments, tests, and exams, which often overshadowed students' psychological well-being. Additionally, 50% reported experiencing unsupportive teachers who lacked empathy or were burnt out. Abusive teacher behavior, such as public humiliation, affected 41.7% of respondents negatively. Financial barriers due to social disadvantage were mentioned by 2.8% of participants, indicating a disparity in treatment based on socioeconomic status.

These findings underscore the dual role of schools in adolescents' lives, highlighting the importance of supportive environments while addressing the significant challenges posed by academic pressures and negative teacher interactions. Efforts to

enhance supportive school climates and mitigate risks are crucial for promoting adolescent mental health and well-being.

Peers Perceived Influence

Peers play a significant role in adolescents' lives, acting as both sources of protection and risk. As a source of protection, participants acknowledged the importance of social support from peers. Specifically, 88.4% stated that friends provided help in times of need, offering someone to confide in and emotional support during challenging times.

Conversely, peers were also seen as a source of risk. A lack of trust was identified by 9.3% of participants, noting that misunderstandings and betrayals by friends could be particularly painful. A lack of supportive peers was mentioned by 37.2% of respondents, who experienced instances where their problems were not taken seriously, faced ridicule, or felt abandoned by friends. Bullying, including peer conflicts, ridicule, and exclusion, was a significant issue for 32.6% of participants. Additionally, peer pressure was reported by 48.8% of adolescents, who felt coerced into adopting harmful behaviors, dealing with peers' unhealthy views, and facing pressure to conform to detrimental actions such as substance abuse.

These findings highlight the dual influence of peers on adolescent well-being. While strong peer support can offer substantial protection and emotional resilience, negative peer interactions can significantly contribute to stress and psychological challenges. Addressing these risks involves fostering positive peer relationships and developing interventions to mitigate the adverse effects of peer pressure and bullying.

Family Perceived Influence

Adolescents identified several protective factors within their families. The majority, 83.7%, highlighted family support as crucial, encompassing emotional support, encouragement, and acceptance. They noted that having a supportive family contributed significantly to their motivation, financial security, feelings of love and

safety, empathy, and understanding. Additionally, 39.5% of participants emphasized the importance of parent-child communication, describing open conversations, empathy, and non-judgmental listening as vital to their psychological well-being. These protective factors underscore the critical role of family dynamics in fostering a positive environment for adolescent development.

Conversely, families also posed significant risks to adolescents' well-being. A lack of support was reported by 50% of participants, who experienced judgment, emotional unavailability, and disinterest from their family members. More severe issues such as abuse and neglect were noted by 61.4%, with instances of constant criticism, arguments, physical punishment, and feelings of being unloved leading to adverse behavioral changes. Additionally, 38.6% of adolescents mentioned parental pressure and control, citing high expectations, lack of a safe space to rest, and excessive criticism as detrimental to their mental health. Financial instability was another risk factor, mentioned by 4.5%, highlighting the challenges of living in non-ideal conditions without stable financial support.

Digital technologies Perceived Influence

Adolescents recognized digital technologies as a significant source of protection and development. An overwhelming 97.7% acknowledged the internet as a platform for making friends, accessing a wealth of information, and engaging in various forms of entertainment such as listening to music, watching movies, and reading books. They appreciated the internet's role in self-development and learning, with many noting the availability of important discussions on mental health, behavioral disorders, and relationships. This highlights the positive impact digital technologies can have on adolescents' lives by providing resources and opportunities for personal growth and social connection.

However, digital technologies also present substantial risks. All participants, 100%, indicated that the internet can lead to negative comparisons with others, detachment from reality, and exposure to unconscious influences. They identified specific issues such as eating disorders, poor sleep, spreading of fake news, cyberbullying, and the promotion of assertiveness in harmful ways. Moreover, the internet can create environments conducive to pedophilia, cyber theft, and other forms of online abuse, distorting users' perceptions of reality. These risks underscore the need for careful navigation and critical engagement with digital technologies to mitigate their potential harm to adolescents.

Conclusions

The findings from this empirical research highlight the complex landscape of adolescent mental health and well-being in the Czech Republic. Adolescents perceive a range of mental health challenges, primarily emotional and behavioral, and employ diverse coping strategies. They face various barriers and facilitators in help-seeking, with significant influences from school, peers, family, and digital technologies. The results underscore the need for targeted interventions, supportive environments, and comprehensive mental health services to address the multifaceted needs of adolescents. These insights are crucial for developing the Online Screening for Adolescent Mentoring (OSAT) tool and organizing effective mentoring programs.

General Conclusions

The comprehensive research outlined above identifies significant mental health challenges and help-seeking behaviors among adolescents, emphasizing the intricate interplay of various risk and protective factors. Bibliographic research highlighted the prevalence of mental health issues such as anxiety, depression, and risky behaviors, including substance abuse and self-harm. Key risk factors include family dynamics, social relationships, stress, and exposure to media. Protective factors, such as academic achievement, positive self-concept, stress resilience, supportive family and peer relationships, and active leisure activities, were also underscored as vital for fostering adolescent mental health and well-being.

Empirical findings collaborate these insights, revealing high levels of anxiety, stress, and depression among adolescents. Behavioral problems like borderline personality disorder, ADHD, and eating disorders were also prevalent. Adolescents employed a mix of interpersonal and intrapersonal coping strategies and faced various barriers and facilitators in help-seeking. Schools, peers, family, and digital technologies play dual roles as sources of both protection and risk.

The research conclusions align closely with the goals of Stronger Youth project, which aims to develop and implement effective mentoring strategies to support adolescents' mental health and well-being. WP2 focuses on identifying at-risk youths and fostering resilience through mentoring programs. The research findings underscore the necessity of addressing both risk and protective factors in adolescents' environments to enhance the efficacy of these programs. Key conclusions relevant to WP2 goals include the need for comprehensive support systems, because adolescents require a combination a formal and informal support system, including teachers, family, friends, and professional services, to effectively address their mental health challenges. The second important key conclusion is the importance of

protective factors. Strengthening protective factors such as academic achievement, positive self-concept, stress resilience, and supportive relationships is crucial for fostering adolescent well-being.



Implications for Practice

The insights from the present research have several practical implications for the Stronger Youth project's subsequent Work Packages, particularly concerning the development of the Online Screening for Adolescent Mentoring (OSAT) tool and the organization of mentoring programs. For the development of the OSAT Tool, it is essential to incorporate comprehensive screening to identify a wide range of mental health challenges, including emotional and behavioral issues, and key risk and protective factors in adolescents' lives. The OSAT tool should provide personalized recommendations for both formal and informal support tailored to the individual needs of each adolescent.

To effectively design and implement mentoring programs for adolescents, several key strategies must be considered. First, mentors should undergo comprehensive training to grasp the nuanced landscape of adolescent mental health. This training should encompass understanding the impact of family dynamics, peer relationships, and digital technologies on mental well-being. Additionally, mentoring programs should actively promote protective factors like academic support, positive self-concept, and stress resilience through structured activities and interventions. Leveraging digital technologies within these programs can enhance engagement and learning opportunities for adolescents while also educating them on safe and responsible usage to mitigate potential risks.

Integration of support systems is crucial for the success of mentoring initiatives. Schools play a pivotal role by providing a supportive environment and access to resources such as caring teachers and school psychologists. Engaging families in the mentoring process is equally essential to ensure a supportive home environment that complements the efforts of the program. Moreover, addressing barriers to help-seeking is imperative. Efforts should focus on improving accessibility to mental health

services by reducing structural barriers and enhancing their availability and quality. Building trust with adolescents is also paramount, encouraging them to feel comfortable seeking help from both formal and informal sources as needed. These integrated approaches can significantly contribute to fostering resilience and well-being among adolescents through effective mentoring programs.



References

Hodacova, L., Hlaváčková, E., Sigmundová, D., Kalman, M., & Kopcakova, J. (2017). Trends in life satisfaction and self-rated health in Czech school-aged children: HBSC study. *Central European Journal of Public Health*, volume 25, issue: Supplement 1.

Čerešník, M., & Banárová, K. (2021). Rizikové správanie, blízke vzťahy a osobnostné premenné dospievajúcich v systéme nižšieho sekundárneho vzdelávania: Vol. 1. vydanie. Palacký University Olomouc. <https://doi.org/10.5507/ff.21.24459370>

Kocourková, J., & Koutek, J. (2022). Emočně nestabilní adolescenti a možnosti jejich ovlivnění. *Česká a Slovenská Psychiatrie*.

Koutek, J., & Kocourková, J. (2022). Suicidalita a sebepoškozování v dětství a adolescenci – aktuální situace. *Czecho-Slovak Pediatrics / Česko-Slovenská Pediatrie*, 77(3), 131–136.

Prajsová, J., Chomynová, P., Dvořáková, Z., Příhodová, K., & Csémy, L. (2018). Analýza projevů suicidálního chování u českých adolescentů: rizikové faktory pro suicidální myšlenky, plány a pokusy. *Československa Psychologie*, 62(1), 16–31.

Stickley, A., Koyanagi, A., Koposov, R., Blatný, M., Hrdlička, M., Schwab-Stone, M., & Ruchkin, V. (2016). Loneliness and its association with psychological and somatic health problems among Czech, Russian and US adolescents. *BMC psychiatry*, 16, 1–11. <https://doi.org/10.1186/s12888-016-0829-2>

Suchá, J., Dolejš, M., Skopal, O., & Vavrysová, L. (2016). The Degree of Impulsiveness, Anxiety, and Aggression in Risk and Non-Risk Students at Czech Secondary Schools. *Addictology / Adiktologie*, 16(4), 320–328.

Burešová, I., Jelínek, M., Dosedlová, J., & Klimusová, H. (2020). Predictors of mental health in adolescence: the role of personality, dispositional optimism, and social support. *Sage open*, 10(2), 2158244020917963.

<https://doi.org/10.1177/2158244020917963>

Cosma, A., Pavelka, J., & Badura, P. (2021). Leisure time use and adolescent mental well-being: insights from the COVID-19 Czech spring lockdown. *International journal of environmental research and public health*, 18(23), 12812.

<https://doi.org/10.3390/ijerph182312812>

Charvát, M., & Nevoralová, M. (2015). Protektivní a rizikové faktory. In M. Mioviský, et al. (Eds.), *Prevence rizikového chování ve školství*. Praha: Klinika adiktologie 1. LF UK v Praze a VFN v Praze.

Kvardova, N., Smahel, D., Machackova, H., & Subrahmanyam, K. (2021). Who is exposed to harmful online content? The role of risk and protective factors among Czech, Finnish, and Spanish adolescents. *Journal of youth and adolescence*, 50(12), 2294-2310. <https://doi.org/10.1007/s10964-021-01422-2>

Stickley, A., Koyanagi, A., Koposov, R., Blatný, M., Hrdlička, M., Schwab-Stone, M., & Ruchkin, V. (2016). Loneliness and its association with psychological and somatic health problems among Czech, Russian and US adolescents. *BMC psychiatry*, 16, 1-11. <https://doi.org/10.1186/s12888-016-0829-2>

Trchalíková, K., & Banárová, K. (2023). Vztah Mezi Školní Úspěšností a Rizikovým Chováním Dospívajících. *E-Psychologie*, 17(2), 1–15. <https://doi.org/10.29364/epsy.466>

Grüne, B., & Willems, D. (2024). Help-Seeking for Bullying Victimization Among

Adolescents in Germany. In Child & Youth Care Forum (pp. 1-19). Springer US.

<https://doi.org/10.1007/s10566-024-09799-4>

Kressa, J. (2018). Percipovaná sociální opora od spolužáků u vybraných rolí v šikaně. e-Pedagogium, (3).

Mareš, J. (2003). Učitel jako zdroj sociální opory pro žáky a studenty. Studia paedagogica, 51(8), 41-54.

Praško, J., Buliková, B., & Sigmundová, Z. (2010). Depresivní porucha a jak ji překonat. Galén.

Zemančíková, V. (2022). Problémové správanie žiaka ako sekundárny dôsledok poruchy učenia a možnosti podpory žiaka triednym učiteľom. E-Pedagogium, 22(3).

<https://doi.org/10.5507/epd.2022.016>

Nováčková, I. (2018). Peer programy jako podpora jedince v riziku poruch chování (Doctoral dissertation, Masaryk University, Faculty of Education).

Nováčková, I. (2018). Peer programy jako podpora jedince v riziku poruch chování (Doctoral dissertation, Masaryk University, Faculty of Education).

Tannenbergerová, M. (2016). Průvodce školní inkluzí, aneb, Jak vypadá kvalitní základní škola současnosti? Wolters Kluwer.

Uhlířová, M. (2016). Magazín o vzdělávání bez hranic. Vrstevnické programy v prevenci rizikového chování na školách dostupné z:

<https://perpetuum.cz/2016/06/vrstevnickeprogramy-v-prevenci-rizikoveho-chovani-na-skolach/>

Appendix 1 - Adolescents' mental health and risk factors

Čerešník, M., & Banárová, K. (2021). Rizikové správanie, blízke vzťahy a osobnostné premenné dospievajúcich v systéme nižšieho sekundárneho vzdelávania: Vol. 1. vydanie. Palacký University Olomouc. <https://doi.org/10.5507/ff.21.24459370>

Kocourková, J., & Koutek, J. (2022). Emočne nestabilní adolescenti a možnosti jejich ovlivnění. Česká a Slovenská Psychiatrie.

Koutek, J., & Kocourková, J. (2022). Suicidalita a sebepoškozování v dětství a adolescenci – aktuální situace. Czecho-Slovak Pediatrics / Česko-Slovenská Pediatrie, 77(3), 131–136.

Prajsová, J., Chomynová, P., Dvořáková, Z., Příhodová, K., & Csémy, L. (2018). Analýza projevů suicidálního chování českých adolescentů: rizikové faktory pro suicidální myšlenky, plány a pokusy. Československa Psychologie, 62(1), 16–31.

Stickley, A., Koyanagi, A., Koposov, R., Blatný, M., Hrdlička, M., Schwab-Stone, M., & Ruchkin, V. (2016). Loneliness and its association with psychological and somatic health problems among Czech, Russian and US adolescents. BMC psychiatry, 16, 1–11. <https://doi.org/10.1186/s12888-016-0829-2>

Suchá, J., Dolejš, M., Skopal, O., & Vavryšová, L. (2016). The Degree of Impulsiveness, Anxiety, and Aggression in Risk and Non-Risk Students at Czech Secondary Schools. Addictology / Adiktologie, 16(4), 320–328.

Authors (date)	Type of publication	Problems / risk factors	Adolescents' sample	Conclusions	Comments
Čerešník, M., & Banárová, K. (2021)	Book	Various types – family's economic status, relationships, anxiety, aggressiveness, impulsivity etc.	N=524; Aged 10-16	The book identifies the basic variables that increase the likelihood of producing risk behavior.	
Kocourková, J., & Koutek, J. (2022)	Journal Article	Self-destructive behavior, suicidal behavior, self-injury	x	Emotional instability in adolescents, especially girls, often involves self-harm and suicidal behavior.	case study
Koutek, J., & Kocourková, J. (2022)	Journal Article	Self-aggressive, self-harm, suicide attempts	statistical data	Self-harm and suicidal behavior in youth pose developmental risks and are linked to psychiatric disorders.	
Prajsová, J., Chomynová, P., Dvořáková, Z., Příhodová, K., &	Journal Article	Various types - depressive disorders, anxiety, emotional	N=5999; Aged 16-17	Analyses showed that indicators of factors of risk behavior are - daily	

Csémy, L. (2018)		instability, sensitivity, impulsivity, stress, dysfunctional family, bullying etc.		smoking, satisfaction with a relationship to one's parents, and the suicide of a loved one - significant predictors of suicidal behaviors in adolescents.	
Stickley, A., Koyanagi, A., Koposov, R., Blatný, M., Hrdlička, M., Schwab-Stone, M., & Ruchkin, V. (2016)	Research article	Loneliness	N=2205 – Czech Republic; N=1995 – Russia; N=2050 – USA; total N=6250; Aged 13-15	Adolescent loneliness, influenced by family structure, parenting, friendship ties, and personal characteristics, significantly impacts psychological and somatic health.	
Suchá, J., Dolejš, M., Skopal, O., & Vavryšová, L. (2016).	Research study	Psychoactive substances – alcohol, nicotine, cannabis.	N=2387; Aged 15-19	The study reveals that a significant portion of high school students engage in risk behaviors, with 73.65% of boys and	

				<p>73.27% of girls consuming alcohol in the past 30 days, and 22.20% of boys and 15.42% of girls experiencing drunkenness. Daily smoking of more than five cigarettes is reported by 5.29% of boys and 5.52% of girls. Risky individuals display traits of coldness, cynicism, vindictiveness, emotional instability, and higher levels of anger and aggression, often engaging in controlling and manipulative behavior.</p>	
--	--	--	--	---	--

Adolescents' mental health and risk factors publications

Appendix 2 - Adolescents' mental health-related skills and protective factors

Burešová, I., Jelínek, M., Dosedlová, J., & Klimusová, H. (2020). Predictors of mental health in adolescence: the role of personality, dispositional optimism, and social support. Sage open, 10(2), 2158244020917963. <https://doi.org/10.1177/2158244020917963>

Cosma, A., Pavelka, J., & Badura, P. (2021). Leisure time use and adolescent mental well-being: insights from the COVID-19 Czech spring lockdown. International journal of environmental research and public health, 18(23), 12812. <https://doi.org/10.3390/ijerph182312812>

Charvát, M., & Nevoralová, M. (2015). Protektivní a rizikové faktory. In M. Mioviský, et al. (Eds.), Prevence rizikového chování ve školství. Praha: Klinika adiktologie 1. LF UK v Praze a VFN v Praze.

Kvardova, N., Smahel, D., Machackova, H., & Subrahmanyam, K. (2021). Who is exposed to harmful online content? The role of risk and protective factors among Czech, Finnish, and Spanish adolescents. Journal of youth and adolescence, 50(12), 2294-2310. <https://doi.org/10.1007/s10964-021-01422-2>

Stickley, A., Koyanagi, A., Koposov, R., Blatný, M., Hrdlička, M., Schwab-Stone, M., & Ruchkin, V. (2016). Loneliness and its association with psychological and somatic health problems among Czech, Russian and US adolescents. BMC psychiatry, 16, 1-

11. <https://doi.org/10.1186/s12888-016-0829-2>

Trchalíková, K., & Banárová, K. (2023). Vztah Mezi Školní Úspěšností a Rizikovým Chováním Dospívajících. E-Psychologie, 17(2), 1–15.

<https://doi.org/10.29364/epsy.466>



Authors (date)	Type of publication	Skills/protective factors	Adolescents' sample	Conclusions	Comments
Burešová, I., Jelínek, M., Dosedlová, J., & Klimusová, H. (2020)	Research article	Personality traits, optimism, social support.	N=1239; Aged 12-19	The study underscores the multifaceted nature of adolescent mental health. Dispositional optimism and social support emerged as the strongest protective factors, greatly reducing the impact of personality characteristics, particularly neuroticism. This suggests that while personality traits influence mental health, optimism and social support play a more critical	

				role in enhancing mental health outcomes	
Cosma, A., Pavelka, J., & Badura, P. (2021)	Journal Article	Leisure- time activities, social interaction	N=3438; Aged = 11, 13, 15	Leisure activities significantly influenced mental well-being of adolescent. The overall model predicting life satisfaction indicated that leisure activities and sports were strong positive predictors, while idle activities and excessive media use (EMU) were negative predictors.	
Charvát, M., & Nevoralová, M. (2015)	Monographs	Emotional stability, social skills, positive self-concept, solving skills, stress resilience, academic performance etc.	x	x	

Kvardova, N., Smahel, D., Machackova, H., & Subrahmanyam, K. (2021)	Empirical Research	Family environment	N=1848 – Czech republic; N=788 – Finland; N=1837 – Spain; N total = 4473; Aged 12-16,	The results indicate that the quality of the family environment plays a protective role against exposure to harmful online content for adolescents	
Stickley, A., Koyanagi, A., Koposov, R., Blatný, M., Hrdlička, M., Schwab-Stone, M., & Ruchkin, V. (2016)	Research article	Parental warmth, social support	N=2205 – Czech Republic; N=1995 – Russia; N=2050 – USA; Aged 12-17	The findings underscore the multifaceted nature of loneliness and highlight the importance of addressing various psychosocial factors in interventions aimed at reducing adolescent loneliness. Having at least one close friend decreased the odds of feeling lonely by 83% among Czech	

				females and 85% among U.S. males compared to those without close friends.	
Trchalíková, K., & Banárová, K. (2023)	Research study	Academic achievement	N=200; Aged 15-19	Poorer academic performance was associated with higher levels of risk behavior, including substance abuse, delinquency, and bullying. Additionally, higher self-efficacy for learning correlated with lower risk behavior, except for delinquency. Gender was found to be a significant factor, with females generally exhibiting lower levels of risk behavior compared to males.	

Adolescents' mental health-related skills and protective factors publications.

Appendix 3 - Adolescents' help-seeking preferences to cope with personal / psychological issues

Grüne, B., & Willems, D. (2024). Help-Seeking for Bullying Victimization Among Adolescents in Germany. In Child & Youth Care Forum (pp. 1-19). Springer US.
<https://doi.org/10.1007/s10566-024-09799-4>

Kressa, J. (2018). Percipovaná sociální opora od spolužáků u vybraných rolí v šikaně. e-Pedagogium, (3).

Mareš, J. (2003). Učitel jako zdroj sociální opory pro žáky a studenty. Studia paedagogica, 51(8), 41-54.

Praško, J., Buliková, B., & Sigmundová, Z. (2010). Depresivní porucha a jak ji překonat. Galén.

Zemančíková, V. (2022). Problémové správanie žiaka ako sekundárny dôsledok poruchy učenia a možnosti podpory žiaka triednym učiteľom. E-Pedagogium, 22(3).
<https://doi.org/10.5507/epd.2022.016>

Nováčková, I. (2018). Peer programy jako podpora jedince v riziku poruch chování (Doctoral dissertation, Masaryk University, Faculty of Education).

Authors (date)	Type of publication	Help-seeking strategies	Adolescents' sample	Conclusions	Comments
Grüne, B., & Willems, D. (2024)	Article	Formal and informal sources such as teachers, social workers, family, friend.	N=453; Aged 12-17	Results Of the bullied adolescents, 60% sought help after experiencing victimization. Among these, 32% sought formal help, for example, from social workers. Most (63%) also sought help from family and friends. Family cohesion and self-efficacy were positively and well-being was negatively associated with help-seeking.	
Kressa, J. (2018)	Research article	Perceived support when bullied from	N=512; Aged 11-13	The study found significant	

		peers		differences in perceived social support among bullying roles: supporters received the most support, followed by bullies, uninvolved students, and victims, with no significant gender differences in perceived support	
Mareš, J. (2003)	Journal article	Teachers	X	The article highlights the importance of teachers as a source of social support for students, yet finds that this role is underexplored in current research. It discusses different types of social support, the teacher's role among other support	

				sources, and the unique challenges teachers face in providing this support.	
Praško, J., Buliková, B., & Sigmundová, Z. (2010)	Book	Family and friends	X	Theoretical framework	
Zemančíková, V. (2022)	Article	Classroom teachers	N=39; first and second level of primary school	The role of the teacher is not only teaching, but also includes social and emotional support, which has a major impact on the success and well-being of students. Teachers can create an accepting environment for students, they can work with parents and help the student integrate with their peers and	

				create a non-stigmatizing environment.	
Nováčková, I. (2018)	Doctoral dissertation		N=6; Aged 14-15	Adolescents still perceive their family, particularly parents, as a primary source of support when facing personal or psychological issues. Despite spending less time with their parents, they still seek their support and confide in them, especially in serious matters.	Qualitative research

Adolescents' help-seeking preferences to cope with personal/psychological issues publications

Appendix 4 - Peer mentoring programs/projects

Nováčková, I. (2018). Peer programy jako podpora jedince v riziku poruch chování (Doctoral dissertation, Masaryk University, Faculty of Education).

Tannenbergerová, M. (2016). Průvodce školní inkluzí, aneb, Jak vypadá kvalitní základní škola současnosti? Wolters Kluwer.

Uhlířová, M. (2016). Magazín o vzdělávání bez hranic. Vrstevnické programy v prevenci rizikového chování na školách dostupné z:
<https://perpetuum.cz/2016/06/vrstevnickeprogramy-v-prevenci-rizikoveho-chovani-na-skolach/>

Authors, date	Type of publication	Adolescents' sample (age, school level)	Target domains	Recruitment (mentors and mentees)	Screening (Mentor and mentees)	Training	Curriculum/ activity guide	Matching and initiating	Monitoring and support	Closure	Comments
Nováčková, I. (2018)	Doctoral dissertation	N=6; Aged 14-15	Various games and activities, mostly aimed at consolidating collective and dealing with bullying in the classroom	Participation in peer programmes is always voluntary. The selection of peer activists is entrusted to the school	Peer activists should be controlled and guided by the peer programme coordinator.	Educate themselves on the subject and work on their presentation skills and develop their Skills, self-assessment	No mention	Final year students who are natural peer activists are selected as authority and have developed social competence	Monitoring and support from school psychologist, educational counselor, school prevention method	There is a view among informants that the peer programme is effective	

			m	psychologist, the educational counsellor, the school prevention methodologist or another teacher who has become the coordinator or peer programme in their school.		ent of their work.		nces,	ologist, pedagogical-psychological counselling centre or prevention centre	because it is different from other prevention programmes. They would recommend the programme to all their classmates.	
Tannenbergerová, M.	Theoretic	No mention	No mention	No mention	No mention	No mention	No mention	No mention	No mention	No mention	

(2016)	al Book									on	
Uhlířová, M. (2016).	Web	School classes of fourth, fifth, sixth and seventh grades	Bullying in and out of school, exposure to pervasive advertising, use of alcohol, marijuana, illegal drugs and other dangerous behaviours such as gambling and gambling	Pupils of the ninth grade. The pupils are involved in the creation of the program measures on a voluntary basis. The school does not set any of the traditional criteria.	School prevention methodologist and program manager - health education teacher.	Theoretical preparation, rehearsing the implementation of the program, consultation, focus on target groups.	No mention	No mention.	School prevention methodologist and program manager - health education teacher.	The students, together with their programme leader, evaluate their output and draw lessons for improvement in future work.	Primary school - ZŠ Ohradní

			g.								
--	--	--	----	--	--	--	--	--	--	--	--

Peer mentoring programs/projects publications

