



Adolescent Mental Health in Portugal: Needs and Strengths

NATIONAL REPORT

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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 provide a methodology and complete toolkit for conducting peer mentoring to prevent depressive behaviors and social exclusion among young people. This includes an online skill assessment tool for evaluating social and communication 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, PELICAN; Italy, VITECO and PRISM; Poland, FRAME; Portugal, UE/CIEP; Romania, CPIP; and Spain, INNOHUB).

This document concerns research tasks of Work Package #2 (WP2) – Developing the On-Line Skills Assessment Tool (OSAT), led by the Portuguese team, which includes two research activities, namely a bibliographic and empirical research on adolescents’ problems/needs, resources, and communication preferences, to be conducted in each partner country. The bibliographic research was prepared 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. To conduct this research, bibliographic and methodological framework and guidelines were developed by the Portuguese team so that the partners can implement the same research procedures in their countries and report their results in comparable ways. Both researches are foundational for the project’s subsequent proposals, as the On-line Skill Assessment Tool (OSAT; in the WP2 too), organization (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.

This Portuguese National Report refers to the bibliographic and empirical research on adolescents' mental health and well-being in the Portuguese context, the first bringing information and scientific evidence already produced within the Portuguese scientific community; and the second, providing new and more specific information collected from Portuguese adolescents. The Part One presents the bibliographic research. The procedures, results and conclusions of the national empirical research will be presented in the Part Two.



Part One: Bibliographic Research

Introduction

This bibliographic search aims to provide scientific information about Portuguese adolescents' mental health. It 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.

We used specialized Search Engines and Databases, namely the Web of Science, Google Scholar's Advanced Search functionality, and the national Portuguese repository of scientific publications (i.e., RCAAP, <https://www.rcaap.pt>). We also search the final reference list of relevant publications to find additional publications not captured by the search engine/s. The publications were recorded in a table, prepared by the Portuguese team, with the indication of main indicators to be recorded.

The collected information is expected to enlighten the construction of the 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).

Adolescents' mental health and well-being related problems

Portuguese adolescents have the second highest estimate of mental health disorders (respectively, 21.1% for girls and 18.5% for boys) in Europe (UNICEF, 2021), and the Portuguese report of the Health Behavior in School-aged Children survey (Gaspar et al., 2022), relative to adolescents from 6th, 8th and 10th grades, revealed a decreasing in youth happiness and satisfaction with life, as well as an increase in physical and psychological symptoms (e.g., feeling nervous, irritability, sadness, fear). Decreases were also found concerning the family relationship quality, family support and easiness of communicating with parents. Reports revealed that less adolescents like school a lot, the school pressure with homework increased and they feel less competent academically. Difficulties with school and schoolwork increased as well as the stress related to school evaluation. The expectations for the future have decreased. The support and quality of relationship with friends diminished and the involvement in physical fights and self-harm increased. The substance use has decreased (except for medication used as drugs).

In face of that alarming estimate prevalences of mental disorders and increase of problematic behavior and risk factors, we aimed to review recent research on the relationship between adolescents' mental health problems and possible risk factors. Electronic search was conducted the 26 March 2024 in the Web of Science, one of the most reputable publications databases. The terms used were "mental health", adolescen* and "Portugal or Portuguese", and the search was performed in the publications title, abstract and keywords. Two hundred and fourteen results emerged first, which were then filtered to remain only open access titles, original articles and reviews, published 2014 to 2024, in English and Portuguese languages, which reduced to 106 titles. Their abstract and full text reading (when necessary) allowed the selection of 11 publications to be included in the final review and the exclusion of 95. The inclusion criteria were study participants aged from middle to late adolescence and used measures of both psychological problems and candidate risk

factors. Exclusion criteria comprised: participants were not Portuguese, belonged to a different population group (university students, children, etc.) or to specific groups (e.g., institutionalized adolescents); no measures of psychological problems (e.g., measures of positive mental health or mental health literacy); covid-19 impact; studies about the construction or validation of psychological assessment instruments; case studies; neurodevelopmental disorders; interventions/programs; book reviews; international project presentations; international studies where the results of the Portuguese adolescent sub-sample were not reported separately; or the focus was on protective factors.

The studies focused adolescents' psychological problems such as internalizing problems (depression, anxiety, etc.; António et al., 2015; Branquinho et al., 2023; Dias et al., 2022; Fraga et al., 2017; Freitas et al., 2017; Sousa et al., 2021), externalizing problems (disruptive behavior, etc.; António et al., 2015; Dias et al., 2022; Freitas et al., 2017; Sousa et al., 2021), bullying and cyberbullying (Carvalho et al., 2021; Sousa et al., 2021), substance use (António et al., 2015; Cerqueira et al., 2022), internet addiction (Rodrigues et al., 2022), lack of well-being (low quality of life or satisfaction with life; Branquinho et al., 2023), self-harm (Carvalho et al., 2017), suicidal ideation (Carvalho et al., 2017), school maladjustment (Dias et al., 2022; Freitas et al., 2017) and a set of different psychological symptoms (Lopes et al., 2019).

A diversity of potential risk factors was also investigated. For instance, studies revealed that gender has a role on several psychological and psychosocial problems. Boys presented more externalizing problems (Dias et al., 2022) and were more likely to be cyberbullies and cyberbully-victims and provocative-victims in traditional bullying situations (Carvalho et al., 2021). Girls were more likely to be (cyber)victims in (cyber)bullying, more involved as bullies in cyber- than traditional bullying (Carvalho et al., 2021), and presented more anxiety (including test anxiety), stress and depression, and lower perceived quality of life and satisfaction with life (Branquinho et al., 2023); they presented also higher levels of diverse psychological problems

(Lopes et al., 2019).

School grades seem to be an important factor to consider. Branquinho et al (2023) found increasing anxiety (including test anxiety), stress and depression levels from 7th to 12th grade, and decreasing bullying involvement, perceived quality of life, satisfaction with life (Branquinho et al., 2023). Older adolescents exhibited higher levels of a diversity of psychological symptoms (Lopes et al., 2019), but age-related differences were not found in bullying involvement (Carvalho et al., 2021).

In the Carvalho et al. (2017) sample, 30% reported at least one non-suicidal self-injury behavior, which was predicted by lower socioeconomic status, negative emotions, strong self-criticism, memories of being neglected by the father, and high-risk behaviors. Some predictors of suicide ideation were depression, followed by shame, severe self-criticism, stress, and anxiety. The authors highlight the (maladaptive) role of self-harm as an emotion regulation strategy to diminish negative emotional states, as well as the need of promoting self-compassion and the ability to tolerate negative feelings and emotions in adolescents.

Social relationships revealed to be a risk factor for bullying, especially because bullies and bully-victims seemed to spend more time with friends in the evening, than victims (Carvalho et al., 2021). Worse relationships with teacher and parents (but not with peers) and lack of family support showed to be risk factors of both tobacco and alcohol use (Cerqueira et al., 2022). Communication in the family is a negative predictor of internet addiction (Rodrigues et al., 2022). Sibling violence, particularly the perpetration of psychological aggression, is related to higher levels of different psychopathology symptoms, and the perpetrators tend to show more psychological problems than the victims (Lopes et al., 2019).

Lack of social skills was related to problem behaviors, such that lack of empathy favored aggressive bullying behaviors, lack of assertiveness favored bullying victimization behaviors (Sousa et al., 2021) and submissive behavior was a risk factor of self-harm (Carvalho et al., 2017).

Peer victimization (physical and verbal, and social exclusion) was related to several adjustment difficulties, namely unfair treatment, personal rejection, social and school maladjustment, poor mental health, satisfaction with life, and self-esteem (Freitas et al., 2017).

Among the versions of homophobic bullying, psychological violence was the most frequent (António et al., 2015). The same study found that victims' psychological distress (including suicidal ideation and school difficulties) was higher when social support was low.

Academic achievement revealed to be a risk factor for internalizing and externalizing problems, being this relation between academic underachievement and externalizing more relevant in boys than girls (Dias et al., 2022).

Internalizing problems (depression, anxiety, etc.), in addition of being a psychological challenge in themselves for many adolescents, they work also as risk factor for other problems, such as non-suicidal self-injury behavior and suicidal ideation (Carvalho et al., 2017), low quality of life and satisfaction with life (Branquinho et al., 2023), or bullying victimization (Sousa et al., 2021). Persistent depression (i.e., at 13 and 17) is related to a higher likelihood of physical fighting in 17 years old boys, whereas in 17 years old girls more involvement in fighting is related only with the present depressive symptoms (Fraga et al., 2017). Low future expectations were a predictor of alcohol use (Cerqueira et al., 2022).

On the other hand, externalizing problems seems to be a risk factor to involvement in bullying as an aggressor, and this may be due to the mediation role of lack of empathy (Sousa et al., 2021).

Bullying involvement, anxiety (including text anxiety), stress and depression levels are predictors of adolescents perceived quality of life; on the other hand, age, stress, depression, and test anxiety were negative predictors of satisfaction with life, and the sense of school belonging a positive predictor (Branquinho et al., 2023).

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

Considering the difficulties associated with adolescent development, it is essential to analyze and identify what contributes to adolescents' mental health and well-being.

Electronic search was conducted the March 2024 in the Google Scholar. The terms used were Adolescents AND “mental health” OR “well-being” AND socioemotional skills OR social skills AND Portugal OR Portuguese; Adolescents AND “mental health” OR “well-being” AND protective factors AND Portugal OR Portuguese; 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.

The search was performed in the publications in English and Portuguese languages by title, abstract and keywords. The inclusion criteria were study published in the last 5 years (2019 to 2024), with Portuguese adolescents. Exclusion criteria comprised: participants were not Portuguese, non-adolescent participants, covid-19 impact. After reading the abstract and full text, when necessary, twenty results emerged and according to the application of inclusion and exclusion criteria were reduced to five publications to the final review. The studies focused on adolescents' well-being in relation to several aspects: social support (Ramião et al., 2021); emotional regulation (Raposo & Francisco, 2022); contexts and well-being such as quality of life at school (Guedes et al., 2023) and family environment (Guedes, 2022; Raposo et al., 2022); and the role of leisure (Caldwell & Freire, 2023).

A study on how social support affects psychological well-being (BEP) was done with 283 Portuguese students between 12 and 17 years old (Ramião et al., 2021). The data showed that social support (from friends, family, and teachers) had a significant impact on different dimensions of psychological well-being. Adolescents who feel less supported by their friends score lower on the BEP dimensions of environmental mastery, personal growth, and life goals. When it comes to social support from family,

the more support students perceive to get it from their family, the higher their BEP levels tend to be. Students who feel less supported by their families have less levels of autonomy. The same is true for the other BEP dimensions. On the other hand, when families are perceived as more supportive, adolescents tend to score higher in the environmental domain. When it comes to emotional support from teachers and the BEP, the higher the level of support the student feels they get from their teachers, the higher their BEP score. Adolescents with lower levels of teacher support also tend to score lower on autonomy (Ramião et al., 2021).

Adolescents who felt their teachers supported them well scored higher in areas like environment, personal growth, positive relationships with others, life goals, and self-acceptance. In terms of overall BEP: 1) The higher the level of perceived general support, the higher the average score, and the greater the capacity for mastery of the environment, positive relationships, life goals, and self-acceptance; 2) Lower perceived levels of general support show lower levels of autonomy and personal growth; 3) Adolescents involved in sports/physical exercise show higher levels in the life goals dimension compared to adolescents who don't practice leisure activities; 3) There is a greater perception of general support in adolescents involved in sports compared to students without associated leisure activities (Ramião et al., 2021).

Schools can be a context for health and well-being. The relationship between the quality of life (QoL) of Portuguese adolescents and school was explored in a study with 8215 adolescents, aged between 10 and 22 years, with an average age of 14.36 years (Guedes et al., 2023). The results indicate the existence of statistical and significant differences between gender. Girls like school, teachers, school breaks (between classes) and classes more than boys and have less worries/difficulties with school. They report more pressure with schoolwork and a better perception of safety at school. Boys have better relationships with peers and teachers, miss more classes on purpose, and report higher perceptions of quality of life. Being a boy and being younger (8th grade) are statistically and significantly associated with above-average

QoL, liking school, peers, teachers, school breaks (between classes) and classes, feeling less pressure with schoolwork, better perception of academic success, and feeling safe in the school environment. Above-average QoL is also statistically significantly associated with better relationships with peers and teachers and less worry/difficulty with school, perception of academic success, and relationships with peers and teachers (Guedes et al., 2023)

The issue of family environment and its relationship to well-being and quality of life was the subject of a study involving 8215 adolescents with an average age of 14.36 years (Guedes et al., 2022). Statistically significant differences were found between gender and school grade, region, family affluence, communication with parents, family meals, parental help in decision making, parental pressure to get good grades, quality of family relationships, family support, and quality of life (QoL). Above-average QoL is statistically and significantly associated with: i) age, gender, region, and family wealth (being a boy, being younger (8th grade), being from the northern region, and having high family affluence); ii) better communication with both parents; iii) living in the same house with both parents, having family meals; iv) having parental help in making decisions but not having parents make decisions for them; v) being treated fairly and not being pressured by parents to get good grades; vi) having better family relationships and greater family support. Girls have more difficulty communicating with their parents, but they are more involved in family activities, show a greater perception of fairness in the way they are treated by their parents, feel less help from their parents in making decisions, and feel less parental pressure regarding school performance than boys. Boys have higher perceptions of family affluence, report better family relationships, greater family support, and better quality of life than girls. To understand the role of well-being in the relationship between emotional regulation difficulties, family environment, and internalizing problems (e.g., depression, anxiety) among adolescents, a study was conducted with 723 adolescents of both sexes (12-18 years old) from middle to high school (Raposo & Francisco, 2022). The emotional

regulation difficulties considered were failure to accept negative emotions, inability to engage in goal-directed behavior when experiencing negative emotions, difficulty controlling impulsive behavior when experiencing negative emotions, limited access to emotional regulation strategies that are perceived to be effective, lack of emotional awareness, and lack of emotional clarity. It appears that there is a negative relationship between emotional regulation difficulties and well-being; the more emotional regulation difficulties experienced, the less well-being and the more internalizing problems there are. In addition, there is a positive relationship between emotional regulation difficulties and internalizing problems. It was also found that the greater the family conflict, the lower the well-being and the greater the internalizing problems. The greater family cohesion and support is associated with greater well-being and fewer internalizing problems.

Well-being experiences (WBE) were the subject of a study with 303 Portuguese adolescents, with an average age of 16 years (Caldwell & Freire, 2023). In this study, subjective and psychological well-being are integrated under the term well-being experiences (WBE) to refer to the overall experience of well-being. The results showed that the most important positive predictors of life satisfaction were perceptions of parental autonomy support and boredom, which was negatively associated with life satisfaction. In terms of subjective happiness, adolescents who perceived their leisure time as healthy contributed most to their happiness, followed by whether they felt their parents were aware of their leisure time activities. Positive predictors of self-esteem and self-efficacy were being male, being in the 12th grade, feeling that what they did in their free time was healthy, and being able to restructure a boring situation. Being bored in leisure time has a negative effect on self-esteem. Being able to restructure a boring situation (the strongest predictor) and being active in leisure time are predictors of self-efficacy. Regarding positive and negative affect, it was verified that being able to restructure a boring leisure situation (the strongest predictor), participating in more active activities, and having healthy leisure were positive predictors of positive affect. Being bored in leisure time was the strongest

contributor to negative affect. Perceiving that parents have too much control over adolescents' autonomy was the strongest positive predictor of boredom. Having healthy leisure time was the strongest negative predictor of boredom, followed by being able to restructure a boring situation and being more active in leisure time.

Adolescents' help-seeking preferences

This 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.

Electronic search was conducted the March 2024 in the Google Scholar. The terms used were “Adolescents” AND “mental health” AND “help-seeking” AND “Portugal or Portuguese”. The search was performed in the publications in English and Portuguese languages by title, abstract and keywords. The inclusion criteria were study published in the last 10 years (2014 to 2024), with Portuguese participants aged from middle to late adolescence. Exclusion criteria comprised: participants were not Portuguese, non-adolescent participants, mental health literacy, self-help strategies, covid-19 impact; interventions/programs. After reading the abstract and full text, when necessary, sixty-three results emerged and according to the application of inclusion and exclusion criteria were reduced to six publications to the final review.

The studies focused on adolescent's help seeking strategies (Dias et al, 2015; Gonçalves & Farcas, 2024; Loureiro et al., 2019; Matos et al, 2016), differences in adolescents' help seeking strategies (Dias et al., 2025), preferences for help (Loureiro et al., 2019), facilitators and main issues to access mental health services (Gonçalves & Farcas, 2014), relational/communication preferences and gender, age and school grades differences (Gaspar et al., 2022; Inchley et al., 2020).

Diverse help-seeking strategies have been considered in studies with Portuguese adolescents. These include personal improvement, focusing on the positive, seeking support (from others or professionals), seeking spiritual support, using humor,

emotional release, drugs (Dias et al., 2015), fun/distraction (Dias et al., 2015; Gonçalves & Farcas, 2024; Matos et al., 2016), talking to someone (friends, mother, father), calling phone numbers created for these situations (Gonçalves & Farcas, 2024). For 12 to 16 years, the most common way to get help is to distract yourself, for example by reading or listening to music (Gonçalves & Farcas, 2014). Between 10-18 years, adolescents prefer informal help from family and friends, social support, and passive referral. They also consider self-help groups (Loureiro et al., 2019). At these ages, the most useful help is support/encouragement (97.2%), listening and understanding (96.8%) and accompanying / not leaving (92.8%). Active referral and adult involvement strategies are devalued (Loureiro et al., 2019).

Differences in the use of help-seeking strategies depending on gender and age was found. Girls seek more support from others (family and peer) and personal improvement, while boys use more often drugs or humor (Dias et al. 2015). These authors also found a positive relationship between age and drug use and a negative relationship between age and seeking family and professional support.

Previous positive experience as well as social support may ease the mental health help-seeking behavior of adolescents. At 12-16 years the main issues to access mental health services are concentration, grade problems and problems with their classmates (Gonçalves & Farcas, 2014).

Differences by gender, age and school grade were found in adolescents' relationship/communication (Gaspar et al., 2022; Inchley et al., 2020). The Health Behaviour School-aged Children (HBSC, 2017/2018) included 45 European countries (namely Portugal) and Canada, with adolescents aged 11, 13 and 15 years, and reported that 35% of adolescents use electronic media to communicate with others (Inchley et al., 2020). Overall, one in ten young people (10%) reported intensive online communication with people they met through the internet and did not know before. The prevalence was higher among boys. Most young people preferred face-to-face communication with friends to online communication when talking about their

feelings, worries and secrets. However, 14% of boys and 13% of girls said they strongly preferred online communication to face-to-face communication. Frequency of online communication increases with age and different gender patterns are observed. Boys show a higher preference for online communication than girls (this difference decreases with age), are more likely to prefer discussing personal issues online and to be perpetrators of both physical and online violence. Girls are more likely to be intensive users of online communication, more at risk of problematic social media use as they get older and more likely to be victims of cyberbullying.

Most adolescents reported easy communication with their mothers (87% of boys and 84% of girls) but fewer with their fathers (79% of boys and 66% of girls), although boys were more likely than girls to report easy communication with their father at all ages. However, the ease of communication within the family declined with age. In most countries, younger girls and boys were more likely to report high levels of family support. Around three fifths (59%) of adolescents reported high levels of support from other student's at school. Boys (62%) were more likely than girls (56%) to report high levels of support from other students. Around three fifths (59%) of young people reported a high level of support from other students at school. Boys (62%) were more likely than girls (56%) to report high levels of student support. Gender differences were greater at ages 13 and 15 (Inchley et al., 2020). Over half of young people (56%) reported high levels of support from their teachers. This was higher for younger students, with 72% of 11 year reporting high levels of support, compared to only 52% at age 13 and less than half (44%) at age 15. Younger students also reported liking school more, feeling less pressured by school and feeling more supported by their teachers. Girls tend to like school more than boys but feel more pressured by schoolwork and report less support from their peers. Social and emotional well-being declines as adolescents get older, especially for girls (Inchley et al., 2020).

Data exclusively from the Portuguese sample integrated into the Health Behaviour School-aged Children (HBSC, 2022) with adolescents in 6th, 8th and 10th grade

(Gaspar et al., 2022) shows differences between girls and boys in how they use the internet. Girls keep in touch online with close friends and other people, such as family members and classmates and exchange messages on WhatsApp and Snapchat. They use social media more and are more addicted to it. Older girls (10th grade) often use it to escape negative feelings. Boys have more online contacts with friends from a larger group (e.g., neighbor's; friends they met online) and exchange messages on Facebook and Messenger.

Communication with family is perceived as easy (Gaspar et al., 2022). Boys have better relationships with their families and get more support from them than girls do. They also report better relationships with their peers and teachers, better perceptions of academic success, and feeling safer at school than girls. Younger adolescents (grade 6) report better relationships with peers and teachers. Girls say they have better support from their friends, while boys say they have better relationships with their friends. Older students (grade 10) say they have better support from their friends (Gaspar et al., 2022).

Comparing the 2018 HBSC (Inchley et al., 2020) with the 2022 HBSC (Gaspar et al., 2022), there is evidence of a decline in support from the friendship group and in the quality of relationships with friends. Online contact with close friends increased from 60.8% in 2018 to 62.4% in 2022; with people other than friends from 40.7% in 2018 to 42.3% in 2022; with friends from a wider circle of friends from 38.7% in 2018 to 39.2% in 2022; and with friends they met online from 18.4% in 2018 to 20.6% in 2022. The use of the internet to escape negative emotions will also increase among Portuguese teenagers, from 28.6% in 2018 to 47.6% in 2022. Teenagers report new habits and spend their time consulting content on TikTok (43.1%) and/or exchanging messages on WhatsApp (35.5% in 2018 to 38.8% in 2022).

Peer mentoring programs

Peer Mentoring Programs have been developed with the aim of promoting gains in

students' social and communication skills, self-esteem as well as increased academic motivation, involvement in school activities and improved academic results (Ministry of Education, 2020). Therefore, it is pertinent to understand how they are developed and implemented to fulfil the objectives for which they were designed. To this end, an electronic search was carried out in April 2024 on Google Scholar. The following descriptors were used: Adolescent AND Peer mentoring AND Mental health AND Program AND Portugal; Adolescent AND Peer mentoring AND well-being AND Program AND Portugal; Adolescent AND Peer mentoring AND social skills AND Program AND Portugal; Adolescent AND Peer mentoring AND mentor skills AND Program AND Portugal. The search was performed in the publications in English and Portuguese languages by title, abstract and keywords. The inclusion criteria were study published in the last 5 years (2019 to 2024), with Portuguese adolescent's peer mentoring program. Exclusion criteria comprised: peer mentoring program were not Portuguese. After reading the abstract and full text, when necessary, fifteen results emerged and according to the application of inclusion and exclusion criteria were reduced to three publications to the final review. The studies focused on several aspects of adolescent's peer mentoring program with: collaborative and metacognitive skills with a technology-enhanced peer learning program (Carvalho & Santos, 2022); encouraging healthy lifestyles through a peer-led social marketing intervention: Training and key competencies learned by peer leaders (Llauradó et al. 2021) and Mentoring Program Guidelines for Educational Psychologists (Martins, et al. 2022). The collaborative and metacognitive skills with a technology-enhanced peer learning program (Carvalho & Santos, 2022) reports findings on the impact of a technology-enhanced peer learning program on the promotion of upper secondary English as a Foreign Language (EFL) student mentors' metacognitive and collaborative skills as well as on how digital technologies (social media, multimedia production and collaborative online tools) contributed to their participation. The participants were 47 mentors age ranged from 14 to 18 years old, and the age average was 16 years old, from three Portuguese schools.

Given Covid-19 restriction measures, especially regarding face-to-face contact between learners from different classes, and more restrictive schedules, no conditions were found to implement the intervention as an extracurricular project, and based on that, it was determined that implementation would happen within the scope of EFL curricular activities of specific EFL classes. Although mentors' willingness to integrate the research study was considered, participation in the intervention was not voluntary, since it was integrated in the curricular activities of learners' EFL classes. Study findings confirmed that participation in the peer learning program had a positive impact on mentors' metacognitive awareness and on the development of communication and collaboration skills related competencies - interaction and sharing with technologies, adding new evidence of the effectiveness of an innovative peer learning program design as to the deployment of skills on secondary education. Study findings also indicated that the role of digital technologies was critical to supporting mentors' collaborative work and interaction with their peers while participating in the program.

Encouraging healthy lifestyles through a peer-led social marketing intervention aims training and key competencies learned by peer leaders (Llauradó et al. 2021). The study identifies the competencies gained by adolescents who participated as peer leaders in a healthy lifestyle study determine whether the training characteristics were related to improvement in competencies. The participants were eighteen peer leaders (aged 13–15 years, three or five leaders per country) from disadvantaged neighborhoods received training in designing and implementing activities for their peers. The study was part of the European Youth Tackling Obesity (EYTO) project, a multicenter social marketing intervention involving four European countries, one of which is Portugal. The training process of the peer leaders was designed according to the Association of American Colleges and Universities (AAC&U) and included the acquisition of adolescent skills through frequent interactions with peer coaches and other peer leaders. The EYTO training consisted of two stages over 12 months. Peer leaders' initial training: CZ and Portugal developed brainstorming activities to begin

the design of activities. In contrast, the training of peer leaders from Spain focused on education about healthy lifestyles, health communication through social media and social marketing for 4 hours. Peer leaders' continued training ranged from 0 to 36 h in the participating countries. In the UK and Portugal, peer leader training sessions were performed only as support strategies when the peer leaders requested them. Coach support: the role of the coaches was to guide the peer leaders to ensure the fulfilment of the five requirements of the intervention while incorporating the peer leaders' preferences for training, without a predetermined training schedule. The coaches were experts and professionals, such as practitioners, monitors, publicists and communication professionals, public relations professionals, and nutrition professionals, from each of the participating countries. In Portugal, the peer leaders were in contact with the coaches every weekend. Peer leader training characteristics: techniques of brainstorming and group meetings was used to encourage creativity and were applied during the initial and continued trainings in each of the four countries. Collaboration: In all the countries, stakeholder involvement was similar and focused on city/community environments, such as youth centers, local theatres, public libraries, local markets, academics, private sector stakeholders, policymakers, parents of adolescents and teachers. Assessment: were based on the skills of the peer leaders identified in the focus group and included their degree of confidence in developing tasks, their experience and knowledge required to complete the tasks, and their degree of interest in developing and implementing the tasks. Identification of specific tasks related to the key competencies: 11 specific tasks that all individuals need for personal fulfilment, development, employment, social inclusion and active citizenship were identified. The 11 specific tasks to assess the peer leaders' skills were created based on the WHO health educators' definitions as follows: (1) organize an event, for example, a cooking contest, exhibition or gymkhana; (2) evaluate the event activities; (3) design a poster; (4) design a website; (5) design a logo; (6) design a graphic; (7) draft written material to be disseminated to many people; (8) give an oral presentation to a large audience; (9) use social media to communicate a message (through texts,

pictures, videos, posters and other formats); (10) engage in a project with unfamiliar people and (11) work with people from other countries. Moreover, from the 11 tasks mentioned above, three different subgroups of tasks were assessed and analyzed: (1) management, which included task numbers 1, 2, 7 and 10; (2) design, which included task numbers 3, 4, 5 and 6 and (3) communication, which included task numbers 8, 9 and 11. Gains: adolescents who participated as peer leaders demonstrated improvements in experience, confidence, and interest in different tasks, such as research, website or logo design, oral presentations, social media use and collaboration with people from other countries. They increased their confidence in management tasks and their confidence and experience in communication tasks. The peer leaders from Spain and Portugal had greater improvements than those from the other countries (Llauradó et al. 2021).

Mentoring Program: Guidelines for Educational Psychologists (Martins, et al. 2022). In Portugal, the Ministry of Education (2020) recommends that the coordination of mentoring programs should be carried out by a multidisciplinary team made up of the coordinators of the class directors, the psychologist and possibly a representative of the Students' Association and the Parents' Association. The coordinating team's role is: i) Publicizing the program to the educational community and raising awareness among those potentially involved; ii) Collect applications from student volunteers; iii) Selecting or guiding the selection of student mentors; iv) Collaborate with class directors and others in planning the activities to be carried out in the program, as well as monitoring and implementation; v) Create dyads between potential mentors and mentees; vi) Providing feedback on the mentoring process at least once a term. The development and implementation of a mentoring program goes through several phases, namely preparation, recruitment of mentors, training of mentors, creation of dyads (mentor-mentee), development of the program/follow-up, conclusion, and evaluation (Martins, 2022).

Main conclusions

Adolescents' mental health and well-being related problems. The literature review revealed a series of psychological and psychosocial adjustment problems among Portuguese adolescents (anxiety, depression, self-harm, stress, school maladjustment, bullying and violence, substance use, internet abuse, suicidal ideation, etc.). 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., bullies and bully-victims spend more time with friends in the evening, than victims; 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 (risk of involvement in bullying as an aggressor), etc.

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; Ramião et al., 2021), 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 are significant aspects for the adolescents' quality of life (Guedes et al., 2023). Better well-being and quality of life are 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 grades (Guedes et al., 2022). Emotional regulation plays a central role on internalizing problems such as depression, and anxiety, and well-being (Raposo & Francisco, 2022). The major positive predictors of life satisfaction were perceptions of parental support for autonomy (Caldwell & Freire, 2023). On the other hand, boredom was negatively associated with life satisfaction; in addition, 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.

Adolescents' help-seeking preferences. The bibliographic review shows that in stressful situations adolescents value distraction, personal improvement, focus on the positive, fun, talk with someone (preference for informal contacts, like friends, mother, father) and call to helplines (Dias et al., 2015; Gonçalves & Farcas, 2024; Matos et al., 2016), as help seeking strategies. It is also important to encourage adolescents to seek help. Adolescents believe that support/encourage, listen and understand, and accompany/not abandon are relational qualities that help them (Loureiro et al., 2019). On the other hand, a negative relationship between age and seeking family and professional support was found (Dias et al., 2015). Frequency of online communication increases with age and adolescents spend some of their time consulting content on TikTok and/or exchanging messages on WhatsApp (Inchley et al., 2020).

Peer Mentoring Programs. Peer Mentoring Programs have been developed with the aim of promoting gains in students' social and communication skills, self-esteem as well as increase academic motivation, involvement in school activities and academic results (Ministry of Education, 2020). In Portugal, the Ministry of Education (2020) recommends that the coordination of mentoring program should be carried out by a multidisciplinary team made up of the coordinators of the class directors, the psychologist and possibly a representative of the Students' Association and the

Parents' Association. Martins (2022) prepared a document of “Guidelines for Educational Psychologists” concerning this subject and defended that the development and implementation of a mentoring program goes through several phases, namely preparation, recruitment of mentors, training of mentors, creation of dyads (mentor-mentee), development of the program/follow-up, conclusion, and evaluation. Two studies focused mentors’ skills and found improvements in metacognitive awareness, development of communication and collaboration skills (Carvalho & Santos, 2022) and experience, confidence, interest in different tasks and collaboration with people from other countries (Llauradó et al. 2021).



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 foundational empirical study carried out in Portugal and with Portuguese adolescents, a study that will simultaneously be carried out in other countries of the Stronger Youth project's European partners (Czech Republic, Italy, Poland, Romania, Spain). 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. This study took place also in other European countries (Czech Republic, Italy, Poland, Romania, Spain) that are partners in the Stronger Youth Project, to achieve a general frame on European adolescents that could enlighten the next choices and decisions throughout the project.

The specific goals are:

- 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.

Next, the Method to obtain and analyze the data is presented, then the main results

Method

This study encompasses both qualitative and quantitative data, obtained from a convenience sample of Portuguese high school students.

Participants

Fifty-one Portuguese high school students attending the same secondary school located in a town in the South of Portugal, filled up the questionnaires for this study.

	Max	Min	Mean (SD)	Frequency (N)	Percentage (%)
Age	15	19	16.16 (1.102)	-	-
Gender	-	-	-	-	-
Boy	-	-	-	20	39.2
Girl	-	-	-	30	58.8
Other	-	-	-	1	2.0
No report	-	-	-	-	-
Grade	-	-	-	-	-
10th	-	-	-	29	56.9
11th	-	-	-	6	11.8
12th	-	-	-	16	31.4
Course	-	-	-	-	-
Science & Technology	-	-	-	38	74.5
Socio-Economic Sciences	-	-	-	6	11.8
Languages and Humanities	-	-	-	7	13.7

Table 1: Participants sociodemographic characteristics (N = 51)

Table 1 show the descriptive statistics of the main sociodemographic characteristics. Participants were more frequently girls than boys, average 16.2 years old, the majority were attending the 10th grade and/or the secondary education program on Science and Technology.

Instrument

The “Adolescents Well-Being Questionnaire” (AWBQ) (Carapeto, Grácio, Martins & Pires, 2024) was created for this study and the original Portuguese version was used. It comprises five parts: (a) Brief sociodemographic characterization (questions 1 to 5); (b) Satisfaction with life (question 6, single-item scale, from 0 to 10; based on Veenhoven, 2018); (c) Participants' perceived mental health problems and difficulties, and strengths and resources, of adolescents (two open-ended questions, 7 and 8); (d) Four double open-ended questions about the perceived risk and protective factors in four contexts (family, school, peers and social networks and the internet; questions 9 to 12); (e) Measurement of the intention to ask for help (question 13, which included 14 items, each one introducing a different potential help agent, to answer on a scale of 1-*Extremely unlikely*, to 7- *Extremely likely* (adaptation of the General Help Seeking Questionnaire; Wilson et al., 2005); and (f) Identification of the preferred communication channels (question 14, with 7 answer options; created for this study).

Procedures

Questionnaire Building. The AWBQ was built by the Portuguese team in the Stronger Youth Project (Carapeto et al., 2024) to collect data from the adolescents, concerning (a) their perceived mental health and well-being related difficulties; (b) their strengths, when they need to cope with difficult situations; (c) the most challenging and supportive aspects in the contexts they live in; and (d) the preferred channels for obtaining help and support.

With this in mind, the building of the questionnaire was inspired or based on: (a) 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"; (b) A measure of satisfaction with life mentioned in Veenhoven (2018); (c) The Wilson and colleagues (2005)'s General Help-Seeking Questionnaire. The former version of the AWBQ was in Portuguese language (except for questions 6 and 13, as presented below) and was tested with two Portuguese adolescents who filled up the questionnaire. A cognitive interview followed, with the same adolescents, which suggested a few corrections to increase readability, facilitate the emergence of relevant contents according to the questionnaire goals, and become close to the adolescents' language use.

Translations. The AWBQ questions 6 (about satisfaction with life, based on Veenhoven, 2018) and 13 (adaption of the General Help Seeking Questionnaire; Wilson et al., 2005) were originally English written and required a cultural translation to the Portuguese language (Borsa et al., 2012). Two persons (English fluent and Portuguese native) performed two independent translations; then, they met together with a third part (English fluent and Portuguese native) to solve the discrepancies and achieve consensus for a final version. The final version was tested by two independent adolescents who participated in a cognitive interview, which pointed a few corrections to increase readability, facilitate the emergence of relevant contents according to the questionnaire goals, and become close to the adolescents' language use.

Ethics. First, permission was obtained from the school principal(s) to administer the questionnaires and collect the data from student classes in the school setting. An informed consent form containing information about this 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. The study complied with national and international ethical and legal principles for research involving human subjects and received the approval of the

Ethics Committee of the University of Évora, Portugal.

Questionnaire administration. The questionnaires, printed on paper, were administered with the support of the school psychologists and the class directors, 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 given to the team of researchers. No documents remained in the school.

Database building. The qualitative data was transcribed to digital doc. files (one file per question) by a team of undergraduate Psychology students, who also inserted the quantitative data in a database file of the SPSS statistical program.

Data analysis. The responses to the open-ended questions were coded according to a previously defined system of categories for content analysis (Bardin, 2007), using the categories found in the Johns Hopkins Bloomberg School of Public Health and United Nations Children's Fund report (2022; see Table 4). All responses to a given question were examined for the presence of content related to each related category, and the code(s) of the category(ies) found to be present were recorded. 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 done by two independent coders. Once the individual coding was completed, the coders met to identify and resolve any discrepancies in the coding 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) and inferential (whenever possible; e.g., gender differences) with the help of a statistical software (e.g., SPSS).

Results and Discussion

Tables 2 and 3 show the descriptive statistics of life satisfaction, help-seeking intentions and preferred means to get help.

	N	%	Minimum	Maximum	Mean	Standard Deviation
Life satisfaction	-	-	1	10	7.45	1.747
Help-seeking	-	-	-	-	-	-
Intimate partner	50	-	1	7	5.52	1.446
Friend	51	-	1	7	5.22	1.419
Father	50	-	2	7	5.12	1.612
Mother	50	-	2	7	5.88	1.48
Peer	51	-	1	7	3.2	1.484
Other relative/ family member	49	-	1	7	3.8	1.554
Psychologist or psychiatrist	50	-	1	7	4.04	1.807
Phone help line	50	-	1	7	2.62	1.748
Doctor / GP	50	-	1	7	3.04	1.726
Teacher	50	-	0	7	2.84	1.503
Pastor/priest	51	-	1	7	1.84	1.488
Youth worker	46	-	1	5	1.52	1.07
No one	50	-	1	7	3.12	2.037
Other	17	-	0	7	3.12	2.891
Means to get help	-	-	-	-	-	-
Face to face	39	76.5	-	-	-	-
Telephone	24	47.1	-	-	-	-
Texting	17	33.3	-	-	-	-
Social networks (internet)	9	17.6	-	-	-	-
Chatbots	1	2.0	-	-	-	-
Other websites	1	2.0	-	-	-	-
Other	2	3.9	-	-	-	-

Table 2: Life satisfaction and help-seeking descriptive statistics (N = 51)

	N	1 Extremely unlikely	2	3 Unlikely	4	5 Likely	6	7 Extremely likely
Intimate partner	50	2	2	6	4	40	10	36
Friend	51	2	2	7.8	13.7	31.4	21.6	21.6
Father	50	-	6	12	20	18	14	30
Mother	50	-	6	2	8	18	14	52
Peer	51	13.7	19.6	29.4	15.7	15.7	3.9	2
Other relative/ family member	49	8.2	14.3	20.4	18.4	28.6	6.1	4.1
Psychologist or psychiatrist	50	10	10	18	24	20	2	16
Phone help line	50	38	16	20	10	10	6	38
Doctor / GP	50	26	16	22	12	14	8	2
Teacher	51	24	18	30	12	12	2	2
Pastor/priest	51	66.7	9.8	11.8	2	5.9	2	2
Youth worker	46	76.1	6.5	10.9	2.2	4.3		
No one	50	38	6	10	20	12	6	8
Other	17	25	-	8.3	8.3	25	-	33.3

Table 3: Help-seeking preferences (%)

Life satisfaction

The participants reported an average life satisfaction of 7.45 which is in line with the reported 7.5 level in the Portuguese (Gaspar et al., 2022) and the international report of the HBSC 2021/2022 study (Cosma et al., 2023). In addition, 29.4 % reported the highest levels of life satisfaction (9 and 10), a slightly smaller percentage then the reported in the Portuguese HBSC study (i.e., 30.6%). There is a marginal gender difference, such that boys ($M = 8.05$, $SD = 1.43$) tended to report more life satisfaction then girls ($M = 7.07$, $SD = 1.87$), Mann-Whitney $U = 206.000$, $p = .057$.

Help-Seeking

The mother is clearly the person to whom the participants are more likely to turn to

for help if they have personal or psychological problems, followed by the intimate partner (boy/girlfriend, best friend, etc.), friend and father (Table 2). On the other hand, the more unlikely persons the participants intended to ask for help were the youth worker (job not much frequent in Portugal), priest, phone help line, and teacher. Yet, the peers are in the “not likely” zone. The phone help line polarizes the participants, with similar proportions of participants pointing “extremely likely” and “extremely unlikely” intentions to ask for help (38 % in both cases; Table 2).

Concerning the, most of the participants prefer face to face encounters (76.5 %), as preferred means to obtain help; via the telephone (47.1%), texting (33.3 %) and social networks (17.6 %) follow. A residual number of participants (one or two) considered chatbots, other websites and other means to get help.

Mental Health Challenges

The participants mentioned more emotional than behavioral challenges (Table 4). Anxiety, depression and stress due to school and family pressures, and problems in the home, were among the most reported emotional problems. Misbehavior, social isolations, eating problems, dating violence and bullying, aggressive behavior, self-harm, technology addiction, and bad influences are among the mentioned behavior problems. An “others” category was created to include the numerous reports of relational problems, lack of knowledge or minimizing the very existence of adolescents’ psychological problems.

Category	Example	N	%
Mental Health Challenges	-	49	100
Emotional challenges	"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." (Participant 6)	35	71.4
Behavioral problems	"... often even become a little more aggressive by responding badly, but this is completely understandable" (Participant 2) "They are aggressive" (Participant 17)	12	24.5
Other	"So far, I haven't heard of anyone experiencing this kind of problem" (Participant 54)	16	32.7
Coping and help-seeking	-	50	100
Coping strategies	-		
Interpersonal	"Better communication, with parents, siblings, friends, whatever, to talk, chat, find a solution to a problem" (Participant 40). "(...) doing activities they enjoy, such as spending time with family/friends, ..., etc." (Participant 47)	33	55
Intrapersonal	"What will help to maintain a certain well-being in the face of problems and difficulties is knowing how to deal with problems and keep calm " (Participant 3). "I speak from experience and I believe that the best way is to try to erase the difficulties and only think about the good things" (Participant 18).	25	50
Barriers to help-seeking			
Mental health stigma	-	-	-

Category	Example	N	%
Gender norms	-	-	-
Individual barriers	"(...) people have different characteristics, some people keep everything to themselves (...)" (Participant 15)	2	4
Family barriers	-	-	-
Other interpersonal barriers	-	-	-
Structural barriers	-	-	-
Other barriers	-	-	-
Facilitators of help-seeking	-	-	-
Trust	"(...) having the ability to get things off our chest with someone we trust so that we don't accumulate our problems" (Participant 43).	4	8
Peer or family intervention	"I believe that the main reason, at least one of them, is the 'support' offered by close friends" (Participant 54).	16	32
Internet access	-	-	-
Availability of mental health services	"(...) go to professionals like psychologists and maybe take some pills" (Participant 44).	8	16
Other facilitators	"(...) a good financial situation will certainly make it easier to deal with problems and difficulties" (Participant 57).	3	6
Others	"Very few of my friends know how to deal with these problems, I think that nowadays the school load (timetables, assignments) is very heavy, very demanding, there's a lot of pressure because of university" (Participant 13). "I don't know" (Participant 56).	6	12
Contextual Risk and Protective Factors	-	-	-

Category	Example	N	%
School – source of protection	-	51	100
Caring teachers and supportive services	“There are teachers, assistants and (responsible) psychologists who can help us and with whom we can talk” (Participant 8).	25	49
Expanding horizons	“Helping students develop knowledge” (Participant 24).	15	29.4
Safe space	“It helps to make new friends. We can spend time with friends” (Participant 4).	26	51
Other	“School doesn’t influence the well-being of teenagers, it only worsens our psychological state” (Participant 6). “Not having tests” (Participant 27).	9	17.6
School – source of risk	-	50	100
Academic pressure	“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” (Participant 6).	29	58
Unsupportive teachers	“Not paying attention to the complaints the student makes about their classmates.” (Participant 16).	12	24
Abusive teachers	“Teachers who mistreat students contribute negatively” (Participant 14).	1	2
Financial barriers	-	-	-
Other	“Teachers help students too much because they get the idea that all the teachers are going to help them and they get bored of studying” (Participant 1). “Bullying, blackmail, offenses, disrespect, theft, etc.” (Participant 8).	23	46
Peers – source of protection	-	51	100
Social support	“Most of our friends/colleagues help us in our difficulties, and support us in our decisions” (Participant 19).	48	94

Category	Example	N	%
Other	“Our friends are themselves, they're not the ones who solve our problems, it depends on how good we are at making friends, we either have balls or we're in trouble, excuse the expression” (Participant 12). “Colleagues and friends contribute to our happiness because they make us laugh and have fun, thus distracting us from our problems” (Participant 15). “You don't know, it's different for each individual” (Participant 27).	14	27.5
Peers – source of risk	-	51	100
Lack of trust	“If teenagers have fake classmates and friends, he will feel bad, because those same classmates and friends will only bring him down” (Participant 20).	25	49
Lack of supportive peers	“Não nos ajudarem, e quererem estar melhor que nós sempre” (Participant 19).	6	11.8
Bullying	“By bullying us” (Participant 47).	15	29.4
Peer pressure	“Influenciando-os a beber bebidas alcoólicas e fumar” (Participant 7).	16	31.4
Family – source of protection	-	51	100
Family support	“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.” (Participant 23).	50	98
Parent-child communication	“(…) by putting themselves in the shoes of teenagers and talking in a more serious way” (Participant 58).	20	39.2
Other	“We don't know, it's different for each individual” (Participant 27).	3	5.9
Family – source of risk		51	100

Category	Example	N	%
Lack of support	"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" (Participant 43).	37	72.5
Abuse and neglect	"Hitting, shouting, swearing and not caring what we feel or what we really think" (Participant 11).	10	19.6
Parental pressure and control	"Forcing us to study; punishing us for getting a bad grade" (Participant 13).	17	33.3
Financial instability	-	-	-
Other	"By spoiling them and protecting them from what life is all about" (Participant 12).	2	3.9
Digital technologies – source of protection	-	51	100
Exposure to new ideas	"we can get to know new cultures and traditions through videos" (Participant 56). "offering information that is useful, interesting or stimulates the young person's curiosity" (Participant 57).	26	51
Knowing new people	"We can meet new people and make new friends" (Participant 43).	8	15.7
Social support	"Find more friends and possibly a boyfriend" (Participant 17).	26	51
Sharing experiences	"meet people (...) to help, talk and discuss" (Participant 40).	2	3.9
Other	"They help with school research" (Participant 48). "Receive positive feedback" (Participant 50). "Distracting us a little from reality" (Participant 11). "Social networks and the internet can be used for recreational purposes" (Participant 41).	15	29.4
Digital technologies – source of risk	-	51	100
Erode self-esteem	"Many people, if not all, compare themselves with photographs that are	13	25.5

Category	Example	N	%
	often fake and edited, leading to low self-esteem" (Participant 46). "They can negatively influence people, point out flaws and bring up new insecurities, set impossible standards of beauty" (Participant 59).		
Need of online validation	"The question of appearances and followers sometimes causes anxiety for the young man in question" (Participant 54).	1	2
Addiction	"excessive use of social networks and the Internet can contribute to addiction, which in turn leads to obesity and aggressive reactions" (Participant 56).	8	15.7
Cyberbullying	"Permanent bullying" (Participant 53).	21	41.2
Exposure to harassment	"They can influence us to the point of making bad decisions" (Participant 23).	6	11.8
Other	"In order to contribute negatively, we have to be careless, because it's enough not to create accounts and not to enter there in order not to be bad. So, it only contributes negatively to those who want to" (Participant 14). "Social networks and the internet can be harmful because of the content that can be found on them, such as fake news, etc." (Participant 41).	21	41.2

Table 4: Frequency and percentage of participants that mentioned content category, and examples

Coping and Help-Seeking

The participants emphasized the importance of interpersonal coping strategies to manage adolescents' psychological challenges. As general conditions to prevent and help to solve problems, participants mentioned the importance of having a stable group of friends, a good family environment and unconditional support of some people that favor self-disclosure. They value the diversion and distraction from problems provided by the interaction with friends, and, in the other hand, that others (friends, parents, professionals, etc.) can help solve problems.

As intrapersonal coping strategies were referred, such as good self-esteem, self-acceptance and self-assertion; problem solving skills; be informed; healthy lifestyle (sports, pleasant activities, rest, etc.); ability to trust and help seek; among others.

As help-seeking facilitators emerged mainly the intervention of parents and friends and the availability of mental health services and professionals. As expected, not many barriers to help-seeking were mentioned, except for individual barriers related to personal difficulties with help-seeking and self-disclosure (only two participants).

A category of "others" was created to register answers of lack of knowledge and assertions that "only everyone knows about themselves".

School Perceived Influence

The following sections describe the adolescents' perception about school's protective and risk factors, highlighting the results presented in Table 4.

School as a Source of Protection. The most mentioned protective effect of school is related to the perception of school as a safe place to live, a source of happiness and support, focusing above all on friendship relationships. Teachers and school services were also among the most mentioned school protective factors; participants refer teachers and school services concerns about both students grades and psychological well-being (including attention to bullying); having trustful relationships, listening

adolescents' problems and offer advice; ensure that all areas and corners of the school are monitored to reduce bullying; the organization of talks with psychologists, older students, etc. on adolescent development topics.

School was also seen as a place where teenagers can expand their horizons, in terms of acquiring academic knowledge, personal skills (healthy lifestyles, autonomy, interest, etc.), knowledge about the world (different cultures, etc.), preparation for the job market, and developing new ambitions, among others.

It is worth noting that most of the comments included in the new "other" category refer to a lack of knowledge about how schools can contribute to the well-being of adolescents or state that schools do not have a positive influence. This is consistent with the troubled relationship with school already reported by a proportion of Portuguese adolescents in the HBSC study (Inchley et al., 2020), and with participants responses on the next section.

School as a Source of Risk. The most frequent mentioned school's negative contribution for adolescents' well-being is pressure due to demanding and numerous evaluation tasks; willingness to attain good grades and have a place in a preferred University/graduation in a near future; too many classes and academic tasks consuming much of the adolescents' time, making it difficult to have other activities (fun, physical exercise and sports, etc.); tiredness; and so on.

Adolescents also mention as a source of risk the lack of support from teachers, suggesting that teachers are responsible for the overload of schoolwork, but also, they disregard students' efforts and fatigue. Also mention the lack of a good relationship in which the teacher is genuinely interested and listens to the students' problems.

However, the second most common category of meaning is "others," which mainly includes references to bullying.

Peers Perceived Influence

Peers as a Source of Protection. Peers were mentioned by most of the participants as a source of protection because of the social support they offer adolescents, considering companionship and sharing moments, unburden themselves, helping to solve problems, supporting personal decisions, etc. On the other hand, there were also responses related to a more hedonic side of well-being, such as providing happiness, fun, distraction from problems, etc. These were grouped together in an "Other" category, which also includes references to lack of knowledge about the positive role of peers and personal responsibility in resolving personal problems and difficulties.

Peers as a Source of Risk. The issue most often mentioned as a source of risk from peers is the lack of trust, such as the falsehood and toxicity of some "friends" who take every opportunity to diminish their peers or who spread the secrets confided to them. Bullying is also mentioned, as well as peer pressure that leads to poor choices and decisions (e.g. drinking, smoking, neglecting classes and studies, distancing themselves from other friends) by teenagers or even limits them in making their own personal decisions. It is also mentioned that this pressure is often accepted given the adolescents' need to belong to a group. The lack of supportive peers is mentioned to a small number of participants (e.g., peers who do not understand the other's point of view, ignore other's support need signs, or criticize them).

Family Perceived Influence

Family as a Source of Protection. All participants (except one) mentioned the importance of general family support that provides adolescents with the material, social and emotional conditions for a good life and development, including the response to adolescent developmental needs (e.g., let them go out with friends, help

with school and sports, help identify adolescents' problems and difficulties, support adolescents ideas and projects, support adolescents in difficult moments, an authoritative parental style, provide education to live in a community). Many participants also mentioned specific ways in which parent-child communication works for the better: encourage free expression and listen adolescents' problems, respect their point of view, offer support and counseling in difficult moments, sharing personal experience to help adolescents prepare to the future, etc.

A new category of "others" was proposed to receive answers about lack of knowledge and excessive help or overprotection.

Family as a Source of Risk. Most participants mentioned lack of family support as a risk factor for adolescents' mental health and well-being. Lack of family support includes parents' lack of effort to create positive emotional bonds, not having time for their children, the adolescents' perception that they are not listened to with respect by their parents or that they don't care about their children, not supporting their children's choices, negative reactions to their children's failures (e.g. at school), criticizing a lot and making comparisons with other "better" teenagers, poor family environment (including conflicts).

The second most frequent content was related to parental pressure and control. Adolescents complain about the negative consequences for their well-being of the pressure from their parents regarding school and grades, and choices for the future. They also remark parents' rigidity, who set too many prohibitions and obligations, who limit their children's freedom too much, who punish them and get angry if children deviate from what they want.

A third issue that emerged was abuse and neglect, especially emotional neglect, of parents who don't listen to or show no interest in their children or their problems (including permissiveness), thus leaving the adolescents on their own.

Financial issues were never mentioned and a category of “other” was added to receive the point of view of only two participants, who mentioned the negative effect on adolescents’ well-being of overprotecting and parents’ divorce.

Digital technologies Perceived Influence

Digital technologies as a Source of Protection. Many adolescents mentioned that the internet exposures young people to new, different ideas. It provides young people with useful knowledge and information that they wouldn't otherwise have access to (about the job market, culture, world news, etc.), and provides support and enrichment for doing schoolwork, inspiration for crafts and a new lifestyle, or clarification on subjects they feel they can't ask their parents about. Social support is also one of the most mentioned benefits of the internet and social networks, as offering opportunities for socialization, as places where young people feel more protected to talk about their problems and doubts, allows people to stay in touch with friends and relatives who live far away, and provides personal validation that promotes self-esteem. Internet and its platforms are also mentioned as a means to know new, different people. However, included in the expressive category of “other”, adolescents mentioned the benefit of digital technologies use for entertainment and fun, as well as commented on some negative effects along with some positive ones, especially the difficulty sometimes in identifying some content as negative.

Digital technologies as a Source of Risk. One of the most mentioned risks of the digital technologies for adolescents’ well-being was cyberbullying, followed by the erosion of adolescents’ self-esteem through social comparisons, invalidation experiences, and providing demanding standards (of beauty, for instance). Participants also mentioned the risks of internet addiction and exposure to harassment (including the unwanted exhibition, by others, of personal intimate videos or pictures). A wide variety of other meanings were included in the “other” category, especially

highlighting the existence of inappropriate content and the negative impact on physical (obesity, eyes/vision) and mental health, a wide variety of other meanings were included in the "other" category, especially highlighting the existence of inappropriate content and negative impact on physical (obesity, eyes, visual) and mental health. The risks of distraction from important tasks and the harm to face-to-face relationships were also mentioned, as well as the importance of awareness of the dangers and personal responsibility when using the internet.

Conclusions

This study aimed to collect evidence on Portuguese adolescents' perspectives on adolescents' mental health and well-being issues, including the challenges they face and the strengths to cope, preferred help seeking options and perceived risk and protective factors.

Portuguese adolescent participants' own life satisfaction revealed to be in line with that found in other Portuguese samples (Gaspar et al., 2022) and international reports (e.g., Cosma et al., 2023). They perceived more emotional than behavioral challenges, especially anxiety, depression and stress due to school and family pressures. Among the behavioral problems, misbehavior, aggressive behavior and violence, social isolation and self-harm were mentioned. Relational problems were also indicated.

Portuguese participants valued interpersonal relationships as a strategy for coping with and preventing adolescents' psychological difficulties. In the same vein, parents, friends and the availability of mental health services and professionals were referred as help seeking facilitators. Intrapersonal strategies were also mentioned, such as self-esteem, self-acceptance and self-assertion; problem solving skills; be informed; healthy lifestyle (sports, pleasant activities, rest, etc.); ability to trust and help seek. The use of peer interaction as a diversion and distraction from problems, mentioned several times by the youth, may be a concern.

The mother is clearly the person to whom the participants said they would most likely

turn for help with personal or psychological problems, followed by the intimate partner (boy/girlfriend, best friend, etc.), friend, and father. But 63% of participants considered unlikely seeking help from peers. In addition, Portuguese adolescents prefer face-to-face encounters (76.5%) to self-disclosure of their personal problems, followed by telephone (47.1%), text messages (33.3%) and social networks (17.6%).

Perceived risk and protection for mental health and well-being were explored in four contexts: school, peers, family and digital technologies. School was perceived as a source of protection, where there is a safe space, caring teachers and supportive services, a place where adolescents can expand their horizons. Academic pressure, bullying, and unsupportive teachers were identified as sources of risk.

Peers were seen as a source of protection, considering the social support and the opportunities of pleasure and fun they offer. As a source of risk, they considered the lack of trust in peers, peer pressure, and bullying.

The family was perceived as a source of support for adolescents, providing them with the conditions for a good life and development, a "safe haven" when difficulties arise, and support in dealing with the problems they face. The importance of parent-child communication was also recognized. Family was also perceived as a source of risk, when it does not provide support, exerts pressure and control over the adolescents, or even abuse and neglect (mostly emotional).

Digital technologies, such as the internet and social networks, were perceived as providing adolescents with new, diverse and useful ideas and knowledge; social support (including, maintain and strength existing relationships); and, less frequently, knowing new people. But several risks were recognized, most frequently the cyberbullying, followed by the opportunities they favor to erode self-esteem, internet addiction, and exposure to harassment. Yet, many participants mentioned harmful or inappropriate contents and the negative impact on adolescents' health (including mental health).

Finally, it's worth saying that some participants devalued or showed a lack of

knowledge about the existence of mental health challenges for adolescents and the importance of resources to deal with them, as well as devaluated the influence (positive and/or negative) of school, peers, family and digital technologies on adolescents' psychological adjustment.



General Conclusions

The review of existing research in Portugal on adolescent mental health (problems and risk factors, competencies and protective factors; Part 1 of this Report) is largely consistent with the results of the original study conducted as part of the Stronger Youth project with secondary school students (Part 2).

Both studies 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.

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, 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 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 is scarce in Portugal. Recently, The Ministry of Education (Ministério da Educação, 2020) encouraged schools to promote mentoring programs to help students in their academic and personal / social development. Some guidelines were published to guide school professionals (e.g., educational psychologists) in the organization of mentoring programs (not necessarily peer mentoring; Martins, 2022) and some materials circulated informally in schools that helped set up peer mentoring programs in several schools.

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). The design of the OSAT can benefit also from this research domain concerning the adolescent knowledge (and empathy) about adolescents' problems and mental health literacy in general.

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, etc.) are important resources for both the selection of mentors (WP2) 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, the construction of OSAT; WP2).

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 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 (OSAT construction), in the mentors and educators training (WP4) and in the activities toolkit and educator's guide (WP3).

Research in Portugal about peer mentoring programs is scarce. However, some guidelines for mentoring programs in schools were proposed (Martins, 2022) and suggest the formation of a coordination multidisciplinary team in the school, with the role 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 class directors 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 guidelines proposal is in line with the Mentor (2020)'s 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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Appendix 1 - Adolescents' mental health and risk factors



Authors (date)	Type of publication	Problems / risk factors	Adolescents' sample	Conclusions
Lopes et al. (2019)	Original article	Psychological symptoms / Sibling violence	N = 463 14 to 20 years (M = 16.26) Azores (only)	Females and older adolescents (17–20 years) presented more psychological symptoms (anxiety, hostility, phobic anxiety and paranoid ideation). The perpetration of psychological aggression is the only type of violence that positively predicts psychological symptoms. Victims seem to be mentally healthier than perpetrators. Hostility and psychoticism have a significant negative relationship with negotiation. High rates of sibling violence can be an alert to psychopathological problems.
Carvalho et al. (2017)	Original article	SH Suicide ideation Several risk factors	N = 1,763 14 – 22 years	30% of youths reported at least one SH behavior (twice as high as other studies), biting oneself is the most frequent. SH behaviors served predominantly automatic reinforcement purposes, like regulation of disruptive emotional states. SH and suicide ideation involve different risk factors. Presence of high-risk and submissive behaviors, anger, anxiety, severe self-criticism, and suicide ideation suggests that SH can arise as a coping mechanism with more dysfunctional emotional states and interpersonal strategies. The best predictor of suicide ideation was depressive symptoms, followed by high-risk behaviors, self-criticism, external shame, stress, and memories of being neglected by one's father.
Fraga et al. (2017)	Original article	Depressive symptoms (at 13 and 17) Physical fighting (at 17)	N = 1,380 13 and 17 years (longitudinal)	Depressive symptoms were significantly related to physical fighting involvement during adolescence, for both genders. However, whereas for girls the association was significant when depressive symptoms and fighting occurred in the same period (17), for boys depressive symptoms must have persisted from 13 to 17 years of age.
António et al. (2015)	Original article	Psychological symptoms	N = 211 12 - 20 years (M	The majority of participants have witnessed homophobic bullying situations against students who are LGB, perceived to be LGB, or other gender non-

Authors (date)	Type of publication	Problems / risk factors	Adolescents' sample	Conclusions
		(emotional, school, behavioral, and substance use) Risk factors: homophobic bullying (protective factor: parental support)	= 17)	traditional, and the majority of the situations take place in school. Males are more frequently victims of homophobic bullying than are females. Victims of homophobic bullying showed greater psychological distress than non-victims. No differences in substance use (tobacco, alcohol, and drugs) and behavioral problems. The emotional impact on victims (including suicidal ideation and school difficulties) was higher when social support was low.
Cerqueira et al. (2022)	Original article	Alcohol and tobacco use Risk factors: Gender Relationship with teachers and peers Family support Future expectations	N = 8215 10 - 22 years (M = 14.36)	Substance use is associated with more physical and psychological symptoms, worse relationship with teachers, less family support, and lower future expectations (except for tobacco). The quality of the relationship with peers does not seem related to substance use. (HBSC Study)
Dias et al. (2022)	Original article	Emotional and behavioural problems Risk factors: Academic achievement	N = 1350 6–15-year-old	Low academic achievement is a risk factor of internalizing, externalizing and total problems, especially for boys.

Authors (date)	Type of publication	Problems / risk factors	Adolescents' sample	Conclusions
		Gender		
Freitas et al. (2017)	Original article	External and internal adjustment (socially problematic behaviours, educational failure, mental health, self-esteem and life satisfaction) Risk factor: peer victimisation and discrimination Others	N = 2975 M = 16.6 years (high school)	Five patterns of adjustment/risk were found with different sociodemographic risk factors: Unchallenged (more parents with higher education; attending scientific courses); Externally Maladjusted (more boys, attending vocational courses); Internally Maladjusted (more girls; parents with secondary education; attending scientific courses); Resilient, and At-Risk. The results suggest that there is no complete resilience in the face of social victimisation.
Sousa et al. (2021)	Original article	Internalizing and externalizing problems Social skills Bullying	N = 669 12 - 19 years	Boys presented more aggressive behaviors and externalizing problems and girls more internalizing problems, communication, cooperation and empathy. Empathy negatively mediated the association between externalizing problems and aggressive bullying behaviors. Assertiveness negatively mediated the relationship between internalizing problems and victimization bullying behaviors.
Rodrigues et al. (2022)	Original article	Internet Addiction Risk factor: Family functioning	N = 568 aged 14 – 18 years	73.1% of the participants had mild to moderate addiction (no gender differences). Boys referred more difficulties in communicating in the family and more family difficulties. Normal users, users with mild dependence and users with moderate dependence, differ in all dimensions of family functioning. Positive associations between the dimensions of family (dys)functioning and

Authors (date)	Type of publication	Problems / risk factors	Adolescents' sample	Conclusions
				internet addiction. Difficulties in family functioning, especially difficult communication among family members, are related to the development of internet addiction.
Branquinho et al. (2023)	Original article	Socioemotional skills Gender Age Quality of life and life satisfaction Psychological symptoms	N = 3235 11 - 18 years M = 14.46 years	Younger adolescents had better psychological health, greater skills, and a better perception of quality of life and life satisfaction. Boys and girls showed a different pattern of skills; girls presented higher anxiety, depression and stress levels. Socioemotional skills, psychological symptoms, gender and age explain the levels of quality of life and satisfaction with life.
Carvalho et al. (2021)	Original article	Bullying and cyberbullying Gender, age, risk behaviors, emotional symptoms, social relationships, body mass index, and well-being	N = 6026 10-19.9 years M = 13.77 years	Involvement in cyberbullying is more frequent (10.9%, as cybervictims, cyberbullies or cyberbully-victims) than in bullying (47.9%). Cybervictims tended to be more females and most of the cyberbullies and cyberbully-victims, males. No significant associations were found for age and for Body Mass Index. Comparisons between groups, based on the participants' role in cyberbullying, showed significant differences for substance use, emotional symptoms, school context, fights and friends.

Adolescents' mental health and risk factors (publications in the review)

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



Authors (date)	Type of publication	Skills/protective factors	Adolescents' sample	Conclusions
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.
Raposo & Francisco (2022)	Journal article, empirical report	Psychological well-being	N=723 adolescents (12–18years old) both sexes	The results indicated that the mediating role of well-being was partially established between emotional regulation difficulties and internalizing problems, explaining 31% of the variance in these problems. Well-being was also considered a partial mediator between family environment (cohesion and support and conflict) and internalizing problems, explaining 19 and 26% of the variance, respectively. Furthermore, the group with a higher risk of developing internalizing problems (n=130) revealed higher levels of emotional regulation difficulties and family conflict. In contrast, this group reported less family cohesion and support and lower levels of well-being.
Guedes et al. (2022)	Journal article, empirical report	Social support (family support)	N=8215 adolescents, mean age =14.36 years (SD = 2.28)	Results: Girls are more involved in family activities (such as family meals), report being treated with fairness by their parents and feel less parental pressure to get good grades. Boys have a higher perception regarding their family affluence, better

				<p>family relationships and support and better QoL. Having an above-average QoL is significantly related to high family affluence, better communication with both parents, greater involvement in family activities, greater perception of help from parents regarding decision-making, greater perception of being treated with fairness by parents and less pressure from parents to get good grades, as well as a better family relationship/support. Conclusion: It is important to determine the impact that parental divorce/separation or a weak parent-child relationship can have on adolescents. It is also necessary to consider the family relationship and structure when devising strategies and public policies related to the promotion of adolescents' health and well-being.</p>
Caldwell & Freire (2023)	Journal article, empirical report	Perceptions of healthy leisure	N=303 adolescents Average age= 16 years	<p>Except for subjective happiness, experiencing boredom in leisure and/or the ability to make a boring situation more interesting were strong predictors of each wellbeing experience in the predicted direction. Perceptions of healthy leisure were associated with higher levels of life satisfaction, subjective happiness, self-esteem, and positive affect. Active leisure was important to adolescent self-efficacy and positive affect. Those who could restructure a boring situation into something more interesting exhibited higher levels of wellbeing experience. Adolescents who perceived parental autonomy control were more likely to experience boredom in leisure.</p>

Guedes et al. (2023)	Journal article, empirical report	Having a better relationship with peers and teachers and less concerns/difficulties with school	N= 8215 adolescents average age=14.36 years (SD =2.28).	The results show that girls like school, teachers, school breaks (between classes) and classes more than boys and present less concerns/difficulties with school. Compared to boys, they report more pressure with the schoolwork and a better perception of safety at school. On the other hand, boys have a better relationship with their peers and teachers, miss more classes on purpose and report a higher perception of quality of life. An above-average QoL is statistically and significantly related with liking school, peers, teachers, school breaks (between classes) and classes. It is also related with feeling less pressure with the schoolwork, a better perception of school success and of safety in the school environment. Additionally, having an above-average QoL is statistically significantly associated with having a better relationship with peers and teachers and less concerns/difficulties with school. This is an important message for the reorganization of schools in terms of their practices and curricula. The need to develop strategies to promote greater identification of students with school is reinforced.
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Adolescents' mental health-related skills and protective factors (publications in the review).

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



Authors (date)	Type of publication	Help-seeking strategies	Adolescents' sample	Conclusions
Dias et al. (2015)	Original article	<p>Help seeking strategies:</p> <p>Personal improvement</p> <p>Focus on the positive</p> <p>Use of humor</p> <p>Fun</p> <p>Drugs</p> <p>Emotional release</p> <p>Seeking support from others</p> <p>Seeking spiritual support</p> <p>Seeking professional support</p> <p>Gender Differences</p> <p>Age differences</p>	N= 783 15 to 18 years	<p>In general, in stressful situations, they value seeking: support from others (M = 3,87, DP = 0,68), focus strategies on the positive (M = 3,86, DP = 0,80) and trying personal improvement (M = 3,64, DP = 0,81). They seem to use fewer drug use strategies (M = 1,66, DP = 0,80) or emotional discharge (M = 1,92, DP = 0,74).</p> <p>Gender differences:</p> <p>There are differences in coping strategies, with girls seeking more support from others and personal improvement, while boys use more often drugs or humor.</p> <p>Girls have higher average scores for coping strategies focused on self-improvement, seeking spiritual support, entertainment, family and peer support.</p> <p>Boys have higher average scores in mood and drug use strategies.</p> <p>Boys score higher on the emotional responses while girls score higher in seeking social support.</p> <p>Age differences:</p> <p>There is a positive relationship between age and drug use and a negative relationship between age and seeking family support and professional support.</p>

Authors (date)	Type of publication	Help-seeking strategies	Adolescents' sample	Conclusions
				Depending on age, it was found a positive relationship with substance use and decreased demand for support from family and professionals Contrary to other studies, a negative relationship was found between age and seeking help from professionals.
Gonçalves & Farcas (2014)	Original article	<p>Help seeking strategies: Distraction Talk with someone Call to phone numbers created for these situations</p> <p>Facilitators to help-seeking</p> <p>Main issues to access mental health services</p>	<p>N = 51 12–16 years EAC- Expatriate Adolescent Children Non PT EAC</p>	<p>The most predominant help-seeking behavior is distraction (e.g. reading, listening to music), /primary strategy of action in case of mental illness is distraction. Such activities, presents the highest average value among all the other behaviors proposed. It was possible to identify that the “someone “chosen by the students to talk with, are the friends, the mother, and the father Call one of those phone numbers created for these situations” is the other help-seeking behavior.</p> <p>Being balanced and able to go to school and talking to someone about the problem or using help lines are mentioned by EAC with higher values than non-EAC. The facilitators to help-seeking have been less explored, but there is evidence that previous positive experience as well as social support may ease the mental health help-seeking behavior of adolescents. Concentration (3.0 %) and grade problems (3.0%) were the main issues mentioned by 42.4 % of the non-EAC who accessed mental health services. EAC who accessed mental health services at some point of their</p>

Authors (date)	Type of publication	Help-seeking strategies	Adolescents' sample	Conclusions
				life was mainly due to problems related to their classmates
Loureiro et al. (2019)	Original article	<p>Preferences of help</p> <p>Health first aid strategies</p>	N = 251 10-18 years	<p>Preference for informal sources of help (family and friends) and option for social support and passive referral.</p> <p>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.</p>
Matos et al. (2016)	Original article,	<p>Help seeking strategies.</p> <p>Trying to fix the problem.</p> <p>Distraction</p> <p>Social support</p>	<p>N= 3869</p> <p>46.8% boys, attending grades 8 and 10</p> <p>mean age 14.7 years, SD = 1.18</p>	<p>The majority of adolescents got worried frequently, part of them let worries interfere significantly with their lives.</p> <p>The best coping strategies are either trying to fix the problem or distraction.</p> <p>Family, peers (social support) and leisure time (distraction) are important factors in ensuring young people's well-being.</p>
Inchley et al (2020)	International Report	<p>Online communication</p> <p>Gender</p> <p>Age</p>	<p>N= 227 441</p> <p>11, 13 and 15 years</p> <p>in 45 European countries (Including Portugal) and Canada</p>	<p>Intense use</p> <p>Thirty-five per cent of adolescents use electronic media to communicate with others almost all the time throughout the day (intensive use).</p> <ul style="list-style-type: none"> • One in 10 adolescents report intensive online communication with people they got to know through the Internet and did not know before. <p>Overall, one in 10 adolescents (10%) reported intensive online communication with people they got to know through the Internet and did not know before. Prevalence was higher among boys across all three age groups.</p>

Authors (date)	Type of publication	Help-seeking strategies	Adolescents' sample	Conclusions
		<p>Face to face /online communication</p> <p>Gender</p> <p>Age</p> <p>Risk factors of online</p>		<p>Patterns of age and gender on online communication: Frequency of online communication increases with age and different gender patterns are observed. Girls are more likely to be intensive users of online communication, but boys are more likely to prefer discussing personal issues online. Girls are more likely than boys to communicate with friends online and are also more at risk of problematic social media use as they get older. Substantial cross-national variation in online behaviour was observed, suggesting that cultural, policy and economic factors play a role in shaping these aspects of young people's lives.</p> <p>Preference for online or face to face communication When talking about their feelings, concerns and secrets, most adolescents preferred face-to-face communication with friends over online communication. However, 14% of adolescents (14% of boys and 13% of girls) said they strongly preferred online communication compared to face-to-face communication. Substantial cross-national variation was observed. Boys reported higher preference for online communication than girls, but this difference declined with age. Gender differences were observed in almost half of countries/regions at age 11 but in only six at age 15.</p>

Authors (date)	Type of publication	Help-seeking strategies	Adolescents' sample	Conclusions
		communication Physical and online violence/Cyberbullying and gender Family communication and support Gender Age		<p>Preference for online social interaction, which is more anonymous and controlled, over face-to-face communication has been well documented as a factor associated with social vulnerability (such as social anxiety, shyness and low social competence) and psychosocial problems (Caplan, 2003, cit in Inchley et al., 2020).</p> <p>Boys are more likely to be perpetrators of both physical and online violence, while girls are more likely to be victims of cyberbullying.</p> <p>Most adolescents report high family and peer support, but levels are generally lower among adolescents from poorer families</p> <p>Family communication, gender and age Most adolescents reported easy communication with their mothers (87% of boys and 84% of girls) but fewer with their fathers (79% of boys and 66% of girls). Boys were more likely than girls to report easy communication with their father across all ages. Ease of family communication declined with age.</p> <p>Family support Over two thirds of adolescents reported high levels of support from their family (73% of boys and 71% of girls). Across most</p>

Authors (date)	Type of publication	Help-seeking strategies	Adolescents' sample	Conclusions
		<p>Others students support</p> <p>Gender</p> <p>Age</p> <p>Teacher support</p> <p>Well-being</p>		<p>countries, younger girls and boys were more likely to report high family support.</p> <p>Students support</p> <p>Around three fifths (59%) of adolescents reported high levels of support from other students at school. Boys (62%) were more likely to report higher student support than girls (56%). Gender differences were greater at ages 13 and 15.</p> <p>Teachers support</p> <p>Over half of adolescents (56%) reported high levels of support from their teachers. This was higher among younger pupils, with 72% of 11-year-olds reporting high support compared to only 52% by age 13 and less than half (44%) by age 15.</p> <p>Compared to older students, younger students report liking school more, feel less pressured by school and feel more supported by their teachers</p> <p>Girls tend to like school more than boys but feel more pressured by schoolwork and report lower levels of support from their fellow students. Social and emotional well-being decreases as adolescents get older, especially among girls.</p>

Adolescents' help-seeking preferences to cope with personal/psychological issues (publications in the review)

Appendix 4 - Peer mentoring programs/projects



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
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 relationship	No mention	No mention
Llauradó, E. et al. (2021)	Original article	N = 18 13 – 15 years United	Identify the competencies gained by adolescent	Three or five leaders per country from disadvantaged	No mention	Peer leaders' initial training: CZ and Portugal	The training process of the peer leaders was	No mention	No mention	No mention

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		Kingdom; Spain; Portugal; Czech Republic	s who participated as peer leaders in a healthy lifestyle study and to determine whether the training characteristics were related to improvement in competencies.	ged neighbourhoods received training in designing and implementing activities for their peers		developed brainstorming activities to begin the design of activities. In contrast, the training of peer leaders from Spain focused on education about healthy lifestyles, health communication through social media and social	designed according to the Association of American Colleges and Universities (AAC&U) and included the acquisition of adolescent skills through frequent interactions with peer coaches and other peer leaders. ²⁶			

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						marketing for 4 h. For peer leaders from the UK, a social marketing agency developed the initial training based on building adolescent communication skills and self-confidence. This training was presented in	The EYTO training consisted of two stages over 12 months,			

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Martins (2022)	Guia de Orientações Programas de Mentoria: Orientações para Psicólogos da Educação	Todas as idades em escola	O programa deve enfatizar os "Cinco Cs" de competência, confiança, conexão, caráter e carinho	O Diretor de Turma (DT)/Psicólogo explica à turma o significado de mentoria e pede a alunos que se voluntariem para serem mentores. - Os DTs/Conselhos de	Mentor: Ser um modelo positivo e otimista (preferencialmente); Ter vontade de ajudar altruisticamente os seus pares (requisito essencial); Ter disponibilidade para aprender	two 3-h sessions Promover e valorizar o desenvolvimento de uma sólida relação pessoal entre mentor e mentorando.	No mention	Vamos conhecer-nos! (Quebra-gelo): elaborar lista com características ou interesses pessoais Agrupar os participantes em mentores e mentorandos. Dar indicações	É fundamental que haja suporte da direção, mas também de outras estruturas, como as direções de turma, as	No mention

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
				Turma poderão indicar/sugerir potenciais alunos mentores. - Preenchimento do questionário por parte dos candidatos a mentores e mentorandos. - Recolha de	em contexto relacional (de pares e em grupo); Revelar-se disponível para apoiar o seu mentorando a descobrir as suas capacidades e a atingir o seu potencial (Eby, Rhodes, &			aos mentorandos para que identifiquem um mentor por tópico, sem repetir nomes. Exemplos de tópicos: - Tem um animal de estimação;- Gosta de contar anedotas; - Gosta de dançar/cantar;	coordenar ações, os professores, os assistentes operacionais e outros profissionais, bem como dos pais/encarregados de educação e	

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
				indicadores de seleção: valores e motivações dos mentores, disponibilidade de tempo semanal para dedicar ao mentorando. - Sensibilização de professores e dos pais a	Allen, 2007); Gostar de trabalhar em equipa; Revelar maturidade (capacidade e reflexiva) e empatia (colocar-se no lugar do outro); Apresentar responsabilidade (comprometer-se com horários e atividades)			- Toca um instrumento musical; - Gosta de viajar; - Gosta de ler; - Gosta de fazer voluntariado; - Gosta de Instagram; - Já fez anos este ano; - Gosta de Netflix, TikTok	associações de estudantes. Poderá igualmente ser relevante e formar parcerias com recursos comunitários, uma vez que a articulação com estes represe	

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
				realizar pela equipa multidisciplinar de coordenação.	e persistência (capacidade de manter o compromisso apesar das dificuldades). Perfil do mentorando: Expressar vontade ou aceitar ser ajudado nalguma área (com				nta um contributo importante para a comunidade escolar	

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
					uma pessoa de referência) de modo a auto propor-se; Disponibilidade para aprender em contexto relacional (de pares e em grupo); Responsabilidade (comprometer-se com horários e atividades)					

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					<p>e persistência (capacidade de manter o compromisso apesar das dificuldades);</p> <p>Capacidade de envolvimento no processo e motivação para a mudança;</p>					

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
					Necessidade de melhorar os relacionamentos interpessoais; Necessidade de melhorar os métodos e hábitos de estudo; Fragilidade ao nível académico; Necessidade de melhorar					

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
					competência as pessoais.					
Carvalho, A. & Santos, C. (2022)	Original article	N = 47 mentors Secondary education Portugal (only)	Development of metacognitive and collaborative skills. The impact of a technology-enhanced peer learning program on the promotion of upper secondary	Selection was based on the following criteria: i) receptiveness from the corresponding school board to host a research project amid the Covid-19 pandemic; ii) no	Nonprobability convenience sampling was the method used to select the study sample	The technology-enhanced peer learning program The peer learning prototype also incorporated a challenge- and project-based approach with the purpose of designing an	No mention	No mention	No mention	No mention

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
			English as a Foreign Language student mentors' metacognitive and collaborative skills as well as on how digital technologies (social media, multimedia production and collaborative online tools)	previous experience implementing a technology-enhanced peer learning program, incorporating project- and challenge-based learning; iii) willingness from school boards and the		innovative educational solution, enhanced by the assets of digital technologies as for the facilitation of collaboration and communication, and the promotion of learners' interaction and engagement.				

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
			contributed to their participation	corresponding EFL teachers to collaborate with the researchers as for accommodating the requirements of a cross-level educational intervention involving a group of prospective mentors, attending upper						

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
				secondary education, and another of prospective mentees, attending lower secondary education; iv) availability of participant EFL teachers to support learners in all stages of the						

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
				intervention; v) participants' commitment to the project and consistency over the six months of the educational intervention; and vi) availability of digital resources (e.g. digital devices, Internet						

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
				connection, institutional communication platform).						

Peer mentoring programs/projects (publications in the review)