



Adolescent Mental Health in country name: Needs and Strengths

SPAIN NATIONAL REPORT

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Overview

Stronger Youth project highlights the urgency of addressing the issue of mental health among young people, considered one of the most significant challenges of the contemporary world. It is clear how phenomena such as economic changes, the COVID-19 pandemic, and other crises have increased the mental difficulties of young people, leading to an increase in anxiety, depression, and suicide attempts.

This project addresses the issues of youth mental health and resilience on a global scale. It enables partner institutions to enhance their activities in areas such as youth resilience, prevention of social exclusion, and communication with young people. Each partner country benefits uniquely, with potential outcomes including improved social inclusion efforts in Italy, increased engagement with at-risk youth in Romania, and strengthened preventive mental health activities in Portugal, the Czech Republic, and Spain.

The national report is divided into two parts, the bibliographic research with the research in Spain, and the empirical research, the practical part carried out among the target groups.

Part One: Bibliographic Research

Introduction

Bibliographic research involves systematically searching, analyzing, and synthesizing existing literature on a specific topic. Its primary goals are to gather comprehensive knowledge, identify gaps, and establish a foundation for new research or practice. This process is crucial for understanding the current state of knowledge, developing theoretical frameworks, and informing evidence-based practice.

Adolescents' mental health and well-being related problems

Adolescent mental health is a growing concern, with various problems and risk factors affecting their well-being. To delve deeper into these problems and risk factors, it is useful to consider various perspectives and recent studies. The following are the main difficulties faced by young people today.

1.1. Main Mental Health problems

- Anxiety disorders, depression and suicide:

Anxiety disorders are very common, affecting 3.6% of adolescents aged 10-14 years and 4.6% of those aged 15-19 years. Adolescents may experience several types of anxiety disorders, including panic attacks and generalized anxiety. Anxiety can present as excessive worry, fear of social situations, or specific phobias. The prevalence of these disorders increases with age during adolescence.

Depression is also significant, with 1.1% in the 10-14 age group and 2.8% in the 15-19 age group. Depression in adolescents can manifest as persistent sadness, loss of interest in previously enjoyable activities, changes in appetite and sleep, and feelings of worthlessness or guilt. In severe cases, it can lead to suicidal thoughts. Depression affects adolescents' ability to function in school and social relationships.

Suicide is one of the leading causes of death among adolescents. Factors such as bullying, family problems, and social isolation contribute to this problem. Early identification and appropriate psychological support is crucial to prevent these cases.

- Behavioural disorders and substance abuse:

Two of the most common disorders in adolescents and young people in this age range are ADHD and Dissocial Disorder.

Attention Deficit Hyperactivity Disorder (ADHD) is characterised by inattention, hyperactivity and impulsivity. Adolescents with ADHD may have academic difficulties and problems with discipline at school.

On the other hand, dissocial disorder includes behaviours such as aggression towards people and animals, destruction of property, and violation of social norms. These behaviours can lead to significant legal and social problems.

Substance abuse in adolescents is also a serious problem that can have long-term consequences on their physical, mental and social health. This problem encompasses the use of alcohol, tobacco and illegal drugs, as well as the abuse of prescription drugs. It is a public health concern that requires a multifaceted approach to prevent and treat, involving schools, families and health professionals.

- Eating Behavioural Disorders

Disorders such as Anorexia Nervosa and Bulimia usually manifest during adolescence

and can have serious consequences, including premature death.

Anorexia is characterised by extreme restriction of food intake and intense preoccupation with body weight. Bulimia involves episodes of excessive eating followed by compensatory behaviours, such as self-induced vomiting.

- **Psychosis:**

Although less common, psychotic disorders may begin to appear in adolescence, marked by hallucinations and delusions, severely affecting daily life. They may include schizophrenia and other disorders that cause hallucinations and delusions and require immediate medical intervention.

1.2. Risk factors

Adolescent mental health can be affected by a wide variety of risk factors. These factors can be grouped into several main categories, including individual, family, social and environmental factors. Some of the most prominent risk factors are described below:

- **Individual factors**

Genetics and biology play an important role in human mental health. Genetic predisposition can increase the risk of developing mental disorders. If there is a family history of mental disorders, an adolescent is more likely to develop them as well. Thus, chemical imbalances in the brain can contribute to problems such as depression and anxiety.

Another individual factor to consider is personality, characteristics such as perfectionism or low self-esteem, may be more susceptible to mental health problems.

Also, traumatic experiences such as abuse, neglect and significant stressful events increase the risk of mental health problems.

- Social and environmental factors

A good family environment is crucial for good mental health. A dysfunctional family environment, lack of emotional support, and parental substance abuse are significant risk factors. The quality of family relationships can directly influence the mental health of adolescents.

The school environment in which adolescents develop is also of great importance. Bullying, academic pressure, and difficulties in peer relationships can contribute to stress and mental health problems in adolescents.

Another factor is the intensive use of social media. It is linked to an increase in mental health problems, including anxiety, depression and body image dissatisfaction. Adolescents who spend more time on social media have a higher risk of emotional and behavioral problems.

- Economic and community factors.

Poverty and social exclusion are significant risk factors for mental health. Adolescents living in poverty are at increased risk of developing mental disorders due to factors such as food insecurity, lack of access to health services and exposure to violence.

Second, discrimination and stigma also contribute to and affect the mental health of adolescents. Discrimination on the basis of race, sexual orientation, and other personal characteristics can lead to feelings of exclusion and increase the risk of mental health problems.

Similarly, the recent COVID-19 pandemic has exacerbated mental health problems among adolescents. The disruption of school services, increased family stress and the

additional burden on parents have contributed to a significant deterioration in young people's mental health.

1.3. Intervention and support strategies

- **Psychosocial support**

Providing supportive environments, such as school counselling and support groups, can help adolescents manage stress and emotional problems. Strengthening social support networks is also crucial for mental well-being.

Schools play a critical role in promoting adolescent mental health. Implementing social-emotional learning strategies, providing safe and supportive environments, and connecting students to mental health services are some of the actions that educational institutions can take.

- **Education and awareness-raising**

Promoting understanding of mental health and reducing the stigma associated with mental disorders can improve adolescents' willingness to seek help.

In addition, open and honest communication within the family, adequate supervision and active participation in adolescents' school life are essential to support their mental health. Parents should also watch for signs of mental health problems and seek professional help when necessary.

- **Early intervention**

Identifying and treating mental health problems as early as possible can prevent the development of more serious disorders. In addition to schools and families, health care

providers should incorporate mental health assessments into routine check-ups and educate parents and adolescents about mental health development and risks. It is vital to provide a holistic approach that includes psychological support and counselling for handling stressful situations.

This affirms and substantiates that providing supportive environments and access to appropriate mental health services is critical. Education and mental health awareness in families and communities can help reduce stigma and encourage help-seeking. Programmes that promote resilience and coping skills are also essential to improving adolescent well-being.

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

Adolescence is a time of profound changes and challenges that affect the physical, emotional and mental development of young people. Mental health and well-being during this period are essential for long-term healthy development. Competencies and protective factors play a crucial role in promoting positive mental health and preventing psychological problems. This research explores key competences and protective factors that support adolescents' well-being, based on academic studies and references.

2.1. Key skills related to adolescent mental health and well-being

- Emotional regulation:

The ability to regulate emotions is a critical skill for adolescents to develop in order to

maintain a healthy mental balance. Emotional regulation involves recognising, understanding and managing emotions constructively. Adolescents who are able to control their negative emotions, such as anger or anxiety, are less likely to develop mental health problems such as depression and anxiety disorders.

- Resilience

Resilience is the ability to bounce back and adapt in the face of adversity. Resilient adolescents can overcome challenges and resist the impact of stressors. Resilience is fostered through supportive relationships, positive experiences and the development of a growth mindset. Resilient adolescents tend to have better mental health and overall well-being.

- Coping mechanisms

Coping mechanisms are strategies used to manage stress and difficult emotions. Positive coping mechanisms, such as physical activity, meditation and relaxation techniques, can significantly improve adolescents' mental health.

- Problem-solving skills

The ability to solve problems effectively is another essential skill for mental well-being. Adolescents who can identify problems, generate solutions and make informed decisions are better able to handle stress and difficult situations. This skill is also related to greater self-efficacy and self-confidence.

- Self-awareness

Self-awareness is the ability to recognise and understand one's own emotions,

thoughts and behaviours. This skill enables adolescents to have a better understanding of themselves, which facilitates decision-making and emotional management. Self-awareness also includes the ability to recognise how emotions and thoughts influence behaviour, which can help adolescents respond more appropriately to various situations.

- **Empathy**

Empathy is the ability to understand and share the feelings of others. This skill is fundamental to building healthy relationships and developing social skills. Adolescents who are empathetic can establish deeper connections with their peers, which can provide greater emotional support and reduce feelings of isolation.

- **Self-efficacy**

Self-efficacy is the belief in one's ability to face and overcome challenges. Adolescents with high self-efficacy are more likely to attempt new tasks, persist in the face of difficulties and recover quickly from failures. This skill is closely related to academic success and emotional well-being, as it fosters a positive attitude towards challenges and difficulties.

- **Decision-making**

The ability to make informed and responsible decisions is crucial to adolescents' mental health. Effective decision-making involves considering the possible consequences of actions, evaluating available options and selecting the best alternative. This skill helps adolescents avoid risky behaviours and make decisions that promote their long-term well-being.

- Time management

Time management is the ability to organize and plan time efficiently to meet responsibilities and goals. Adolescents who develop good time management skills are better able to balance their studies, extracurricular activities and leisure time. This can reduce stress and increase a sense of control and accomplishment.

- Critical thinking

Critical thinking is the ability to analyse, evaluate and synthesise information objectively and rationally. This skill enables adolescents to make informed decisions and solve problems effectively. Critical thinking also fosters curiosity and a desire to learn, which can contribute to academic success and personal development.

The development of a diverse set of skills is crucial to adolescents' mental health and well-being. These are all essential competencies that enable young people to cope with everyday challenges and maintain good mental health. By promoting these skills, adolescents can increase their resilience and cultivate a positive attitude towards life.

Adolescents' help-seeking preferences

In adolescence, young people face multiple challenges and personal issues that can influence their mental health and general well-being. Understanding how they prefer to communicate and seek help to address these problems is crucial to designing effective interventions and providing appropriate support. This section of the research explores adolescents' preferences in terms of communicating and seeking help to address personal problems, based on recent studies and academic references.

3.1. Communication preferences

- Digital communication

Today's adolescents prefer to communicate through digital media such as social networks, text messaging and instant messaging applications. Digital communication offers a quick and convenient way to express thoughts and emotions, as well as providing a sense of anonymity that can be comforting for young people who are uncomfortable talking face-to-face about sensitive topics.

- Privacy

On the other hand, many adolescents value privacy and may feel more comfortable talking about their personal problems in settings where they feel their confidentiality is assured. This may include talking to close friends through messaging applications rather than in person, or using online platforms that offer anonymous counselling services.

- Communicating with peers

Close friends are a source of emotional support and understanding, as they are going through similar experiences. This tendency to confide in friends can influence the effectiveness of interventions designed for adolescents.

3.2. Help-seeking preferences

- Online resources

Many adolescents turn to the Internet for information and support in dealing with

personal problems. Mental health websites, online forums and mobile applications designed for emotional well-being are popular resources among young people. These resources offer accessibility and anonymity, which can be particularly appealing to those who are hesitant to seek help in person.

- Anonymous advice

Anonymity is an important factor for many adolescents when seeking help for personal problems. Anonymous counselling services, such as telephone helplines and online chat, are preferred by those who fear the stigma associated with seeking help for mental health problems.

- Family support

Although adolescents may show an initial preference for communication with peers and online resources, family support remains crucial. The presence of a supportive and open family can facilitate seeking professional help and accessing mental health services. Adolescents who feel supported by their families are more likely to seek and receive the help they need.

3.3. Factors influencing preferences

- Stigma

The stigma associated with mental health problems remains a significant barrier to help-seeking among adolescents. Many young people fear being judged or ostracised if they admit to having mental health problems, which can lead to a refusal to seek professional help.

- Accessibility of services

The availability and accessibility of mental health services also play a crucial role in help-seeking. Adolescents who have easy access to mental health resources, either at school or in their community, are more likely to seek help. Geographic and economic barriers can limit access to these services, especially in rural or low-income areas.

- Education and awareness

Mental health education and awareness of the importance of seeking help can positively influence adolescents' willingness to seek support. Educational programmes in schools and public awareness campaigns can reduce stigma and encourage a more positive attitude towards help-seeking.

Understanding both communication and help-seeking preferences is crucially important and essential to creating effective interventions that promote adolescents' mental well-being.

Peer mentoring programs

Peer tutoring is an educational strategy widely recognised for its effectiveness in supporting students' learning and social development. This method involves more experienced or skilled students (tutors) providing academic, emotional or social support to their peers (mentees). Peer tutoring programs are varied and can range from homework help to emotional and social support. This research discusses the benefits, challenges and examples of peer mentoring programs, drawing on academic

studies and references.

4.1. Benefits of tutoring programmes

- Improved academic performance

Peer tutoring can lead to significant improvements in academic performance for both tutors and mentees. Mentees receive more understandable and personalised explanations from their peers, which facilitates learning. On the other hand, tutors reinforce their own knowledge by teaching and explaining concepts.

- Increased self-esteem and confidence

Both tutors and mentees experience an increase in self-esteem and confidence. The mentees benefit from personalised support and attention, while the tutors develop a sense of achievement and competence by helping their peers.

- Promoting inclusion and emotional support

These programs can help create a more inclusive and supportive school environment. Students who participate in these programs develop a sense of belonging and community, which can reduce feelings of isolation and promote emotional well-being.

4.2. Challenges of peer mentoring programmes

- Level of training and supervision

One of the most significant challenges is ensuring that mentors are adequately trained

and supervised. Lack of training can lead to ineffective or even harmful interactions. It is crucial to provide tutors with the necessary skills and knowledge to support their peers effectively.

- Power imbalances

Power dynamics between mentors and mentees can create differences. It is important to foster equitable and respectful relationships to avoid mentees feeling internalised or mentors abusing their position of authority.

4.3. Examples of programs

- TEI Program (Peer Tutoring)

The TEI Program (Peer Tutoring) is an initiative designed to improve school coexistence and prevent bullying through the creation of supportive relationships between students of different ages. This program has been implemented in numerous schools and focuses on pairing older students (tutors) with younger students (mentees) to provide guidance and emotional support.

- University of Salamanca's Peer Support Program (Programa de Apoyo Entre Iguales, PAI)

The University of Salamanca's Peer Support Program (PAI) is an initiative that seeks to improve the integration and academic performance of first-year students. Veteran students act as tutors for new students, helping them to adapt to university life and providing them with academic and personal support.

- University of Seville University Mentoring Program

The University of Seville University Mentoring Program is designed to support incoming students through mentoring by veteran students. This program aims to ease the transition to university and improve the academic performance and social integration of new students.

- Mentoring Program "MentorJove" at Jaume I University

The MentorJove program at Jaume I University is an initiative that connects final-year students with first-year students to offer guidance and support. Mentors help new students adjust to university life by providing information on academic, administrative and welfare resources.

- IES San Juan Bautista Peer Mentoring Program (Madrid)

IES San Juan Bautista in Madrid implements a peer tutoring program in which upperclassmen act as tutors for younger students. This program is aimed at improving the school environment and fostering collaboration and support among students.

Peer tutoring programs in Spain have proven to be successful in a variety of educational settings, from primary to university level. These programs not only raise academic achievement and facilitate students' social integration, but also foster a supportive and cooperative environment. The adoption of these programs reflects the commitment of Spanish educational institutions to the well-being and success of their students.

Main conclusions

Research on the mental health of adolescents in Spain shows that they face serious problems such as anxiety, depression and substance abuse, compounded by individual and social factors. Developing skills such as emotional regulation and resilience is key to their well-being. They prefer to seek help through digital means and from their friends, but face stigma and lack of accessibility of services. Peer mentoring programs work well, but they need good training. This information is crucial to guide the actions of the Stronger Youth project and improve the resilience and well-being of young people in Spain.

Part Two: Empirical Research

Introduction

The second part of this report delves into the empirical research conducted to further understand the mental health challenges faced by adolescents in Spain. Building on the insights gained from the bibliographic review, this section aims to provide a data-driven perspective on the prevalence, causes, and impacts of mental health issues among young people. By analyzing survey results, with qualitative and quantitative data, we seek to paint a clearer picture of the current mental health landscape. This empirical investigation is crucial for identifying gaps in existing services, understanding the specific needs of adolescents, and developing targeted interventions. The findings from this research will serve as a foundation for practical recommendations and strategies to enhance the mental health and well-being of youth, aligning with the goals of the Stronger Youth project.

Method

The empirical research conducted in this section follows a mixed-methods approach, combining quantitative and qualitative data collection and analysis to provide a comprehensive understanding of adolescent mental health in Spain. The methodology is designed to capture a broad spectrum of experiences and perspectives from the target population.

Participants

The study involved 45 adolescents between 14 and 20 years old from the city of Valencia, Spain. Participants were recruited through a VET school and belonged to different grades and grades, to ensure a diverse and representative sample. Informed

consent was obtained from all participants and their school.

| | Max | Min | Mean | Frequency (N) | Percentage (%) |
|----------------------------|-----|-----|-------|------------------|-------------------|
| Age | 20 | 18 | 18,79 | - | - |
| Gender | - | - | - | (total N) | 100 |
| Boy | - | - | - | 17 | 37,7 |
| Girl | - | - | - | 27 | 60 |
| Other | - | - | - | 1 | 2,2 |
| No report | - | - | - | | |
| Grade | - | - | - | | 100 |
| Administration and Finance | - | - | - | 29 | 64,4 |
| Socio-cultural animation | - | - | - | 16 | 35,5 |
| Course | - | - | - | | |
| 1 | - | - | - | 45 | 100 |
| | - | - | - | | |

Table 1: Participants sociodemographic characteristics

Instrument

The "Adolescents Well-Being Questionnaire" gathers insights from Spanish adolescents on their mental health and well-being. It includes demographic questions, life satisfaction ratings, and open-ended queries about psychological challenges and coping mechanisms. The questionnaire explores the influence of family, school, peers, and social networks, and assesses adolescents' likelihood of seeking help from various sources. Additionally, it asks about preferred communication methods for discussing personal issues, offering options like face-to-face meetings, phone calls, texting, social networks, chatbots, and other websites. This comprehensive tool aims to understand the factors affecting adolescent mental health and the resources they find most supportive.

Procedures

Translation. The translation process consisted of converting the survey and related material from English into Spanish. This was done by bilingual team members who are fluent in both languages and familiar with the subject matter. The translation process followed the guidelines described in the "Methodological framework and guidelines for empirical research". Initially, a direct translation was carried out and discrepancies were discussed between the translators, which ensured that the translated version retained the original meaning and nuances of the English version.

Ethics. All participants were informed of the purpose of the study, the procedures and their rights, including the right not to answer any questions. Consent was obtained from participants and informed consent forms were obtained from the school. The study ensured confidentiality and anonymity by assigning unique codes to participants rather than using personal identifiers.

Questionnaire administration. The questionnaire was administered to adolescents in a controlled environment, within their school premises. The administration process followed the guidelines provided the "Methodological Framework and Guidelines for Empirical Research". The trainers facilitated the process, providing instructions and assistance when necessary. Participants were given sufficient time to complete the questionnaire and we made sure to ensure that they understood all the questions and felt comfortable during the process).

Database building. Data collected from the questionnaires were systematically organised and securely stored to facilitate quantitative and qualitative analysis. Data were anonymised and stored in accordance with data protection regulations. Back-up copies were made to prevent data loss, and access to the database was restricted to personnel authorised to work on the project only.

Data analysis. Quantitative and qualitative methods were used to analyse the data collected. In the case of quantitative data, analyses were carried out to help

understand the distribution, relationships and differences between variables. The qualitative data from the open-ended responses to the questionnaire were analysed thematically. The qualitative analysis allowed us to delve deeper into participants' experiences and perspectives and to complement the quantitative results.

Results and Discussion

| | N | % | Minimum | Maximum | Mean | Standard Deviation |
|----------------------------------|----|-------|---------|---------|------|--------------------|
| Life satisfaction | - | - | 1 | 10 | 7,60 | 1,44 |
| Help-seeking | - | - | - | - | - | - |
| Intimate partner | - | - | 1 | 7 | 5,91 | 1,52 |
| Friend | - | - | 1 | 7 | 5,93 | 1,40 |
| Father | - | - | 1 | 7 | 4,77 | 1,91 |
| Mother | - | - | 3 | 7 | 5,66 | 1,50 |
| Peer | - | - | 1 | 7 | 3,28 | 1,47 |
| Other relative/ family member | - | - | 1 | 7 | 4,55 | 1,81 |
| Psychologist or psychiatrist | - | - | 1 | 7 | 4,57 | 1,67 |
| Phone help line | - | - | 1 | 7 | 2,04 | 1,50 |
| Doctor / GP | - | - | 1 | 6 | 2,82 | 1,65 |
| Teacher | - | - | 1 | 7 | 3,31 | 1,66 |
| Pastor/priest | - | - | 1 | 6 | 1,51 | 1,10 |
| Youth worker | - | - | 1 | 6 | 2,04 | 1,34 |
| No one | - | - | 1 | 7 | 2,55 | 1,80 |
| Other | - | - | 1 | 6 | 1,5 | 1,58 |
| Means to get help | - | - | - | - | - | - |
| Face to face | 42 | 93,3% | - | - | - | - |
| Telephone | 19 | 42,2% | - | - | - | - |
| Texting | 13 | 28,8% | - | - | - | - |

| | N | % | Minimum | Maximum | Mean | Standard Deviation |
|----------------------------|---|-------|---------|---------|------|--------------------|
| Social networks (internet) | 8 | 17,7% | - | - | - | - |
| Chatbots | 1 | 2,22% | - | - | - | - |
| Other websites | 1 | 2,22% | - | - | - | - |
| Other | 2 | 4,4% | - | - | - | - |

Table 2: Life satisfaction and help-seeking descriptive statistics

Life satisfaction

The study examined adolescents' life satisfaction using a scale ranging from 1 to 10. Results indicated a mean life satisfaction score of 7.60, with a standard deviation of 1.44, suggesting moderate to high levels of life satisfaction among participants. These results are consistent with studies in similar demographic groups, indicating a generally positive outlook during this stage of development.

Help-Seeking

Analysis of help-seeking behaviour revealed that adolescents are more likely to turn to friends and mothers for support. Psychologists or psychiatrists were also significant sources of help, highlighting the importance of professional mental health services. Less likely sources were pastors/priests and youth workers. Preferred channels for seeking help included face-to-face interactions (93.3%), followed by telephone (42.2%) and text messaging (28.8%). These preferences are consistent with other studies, which show a tendency for adolescents to seek help from close and trusted people and through direct communication channels).

| Category | Example | N | % |
|---------------------------------|---|----|------------|
| Mental Health Challenges | - | | 100 |
| Emotional challenges | Loneliness, insecurity, misunderstanding, anxiety and depression. | 30 | 66,6 |
| Behavioral problems | Rebellion, self-exclusion | 6 | 13,3 |
| Coping and help-seeking | - | | 100 |
| Coping strategies | | | |
| Interpersonal | Friends, family | 27 | 60 |
| Intrapersonal | Carrying problems on the inside, | 1 | 2,2 |
| Barriers to help-seeking | | | |
| Mental health stigma | | | |
| Gender norms | | | |
| Individual barriers | | | |
| Family barriers | | | |
| Other interpersonal barriers | | | |
| Structural barriers | | | |
| Other barriers | | | |
| Facilitators of help-seeking | | | |

| Category | Example | N | % |
|---|---|----|------|
| Trust | Good self-esteem, self-confidence and self-assurance. | 5 | 11,1 |
| Peer or family intervention | | | |
| Internet access | | | |
| Availability of mental health services | See a psychologist, | 2 | 4,4 |
| Other facilitators | No overthinking, time, meditation, positivity, sport | 13 | 28,8 |
| Contextual Risk and Protective Factors | - | - | - |
| School – source of protection | | | 100 |
| Caring teachers and supportive services | Talks, support from teachers, fellowship activities | 5 | 11,1 |
| Expanding horizons | Psychological support | 4 | 8,8 |
| Safe space | Knowing how to socialize, healthy environment, committed teachers | 16 | 35,5 |
| School – source of risk | | | 100 |
| Academic pressure | Failing, pressure, lack of companionship | 24 | 53,3 |
| Unsupportive teachers | Lack of confidence, lack of help, | 8 | 17,7 |
| Abusive teachers | Lack of respect, judging | 7 | 15,5 |
| Financial barriers | | | |
| Peers – source of protection | | | 100 |
| Social support | Trust, support, understanding, security | 34 | 75,5 |

| Category | Example | N | % |
|---|---|----|------|
| Peers – source of risk | | | 100 |
| Lack of trust | Loneliness, insecurity, lack of acceptance, lack of interest | 4 | 8,8 |
| Lack of supportive peers | Lack of esteem, lack of friends | 6 | 13,3 |
| Bullying | Bullying, insults, lack of attention, teasing | 20 | 44,4 |
| Peer pressure | Bad influences | 6 | 13,3 |
| Family – source of protection | | | 100 |
| Family support | Support in decisions, security, help, trust | 29 | 64,4 |
| Parent-child communication | Giving space, understanding, dialogue, good manners | 8 | 17,7 |
| Family – source of risk | | | 100 |
| Lack of support | Lack of trust, lack of attention | 11 | 24,4 |
| Abuse and neglect | Judging, violence, crushing, belittling, conflicts, undervaluing | 13 | 28,8 |
| Parental pressure and control | Overburdening, demands, comparisons, restrictions, strict parents, pressure | 15 | 33,3 |
| Financial instability | Poor family finances | 2 | 4,44 |
| Digital technologies | | | 100 |
| Digital technologies – source of protection | Ease of meeting people, communication, learning tool, help and resources, distraction | 28 | 62,2 |
| Digital technologies – source of risk | Bullying, scams, lack of intimacy, self-esteem problems, addiction | 34 | 75,5 |

| Category | Example | N | % |
|----------|---------|---|---|
| Other | - | - | - |

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

Mental Health Challenges

Adolescents reported a variety of mental health problems, mainly emotional and behavioural. Emotional problems included loneliness, insecurity, misunderstanding, anxiety and depression, which affected approximately 66.6% of the participants. Behavioural problems, such as rebellion and self-exclusion, were less frequent, and were reported by 13.3% of adolescents. These results highlight the prevalence of emotional difficulties during adolescence, which requires specific interventions to address these problems.

Coping and Help-Seeking

Adolescents report using interpersonal and intrapersonal coping strategies to manage their mental health problems. Interpersonal strategies, such as seeking support from friends and family, are used by 60% of participants. Intrapersonal strategies, including internalising problems, were less frequent (22%). Barriers to help-seeking included mental health stigma, gender norms, and individual, family and structural barriers. Facilitators of help-seeking included trust, peer or family intervention, internet access and availability of mental health services, with trust being a critical factor (11.1%).

School Perceived Influence

School as a source of protection

Schools were identified as protective environments by providing caring teachers and support services (11.1%), broadening horizons through psychological support (8.8%) and providing a safe space for socialisation and healthy environments (35.5%). These protective factors highlight the key role that schools play in supporting adolescent mental health.

School as a source of risk

Conversely, schools also pose risks, with academic pressure (53.3%) being the most significant. Lack of support from teachers (17.7%), mistreatment by teachers (15.5%) and financial barriers were also notable risk factors. These challenges underline the need for schools to create more supportive and less stressful environments for students.

Peers Perceived Influence

Peers as a source of protection

75.5% of adolescents reported feeling trust, support, understanding and security from their friends. This support is crucial for fostering a sense of belonging and emotional well-being among adolescents.

Friends as a source of risk

However, peers also contributed to risks such as bullying (44.4%), peer pressure (13.3%), lack of supportive peers (13.3%) and lack of trust (8.8%). These negative peer influences highlight the importance of addressing bullying and promoting positive peer interactions within schools and communities.

Family Perceived Influence

Family as a source of protection

Families provided significant support, with 64.4% of adolescents reporting receiving help, trust and security from their families. Effective communication between parents and children was also a protective factor (17.7%), underlining the importance of open dialogue and understanding within families.

Family as a source of risk

On the other hand, lack of family support (24.4%), abuse and neglect (28.8%), parental pressure and control (33.3%) and financial instability were significant risk factors. These results highlight the dual role that families can play in either protecting or endangering the mental health of adolescents.

Digital technologies Perceived Influence

Digital technologies as a source of protection

Digital technologies serve as protective tools by facilitating communication, learning and providing support and resources. Approximately 62.2% of adolescents find digital technologies useful for meeting people and as a learning tool.

Digital technologies as a source of risk

However, digital technologies also pose risks, such as bullying, scams, lack of privacy, self-esteem issues and addiction, which affect 75.5% of participants. These risks underline the need for responsible use of digital technologies and interventions to mitigate their negative effects on adolescents.

Conclusions

The findings of this study highlight the complex interplay of protective and risk factors that influence adolescents' mental health. School, peers, family and digital technologies play an important role, both positive and negative. Interventions should focus on enhancing protective factors, such as supportive school environments, positive peer and family relationships, and responsible use of digital technologies. Addressing identified risks, such as academic pressure, bullying, family instability and negative aspects of digital technology, is crucial to promoting adolescents' mental wellbeing. These ideas will inform future work packages of the Stronger Youth project,

guiding efforts to develop comprehensive youth support systems.

General Conclusions

This research, which encompasses both literature and empirical studies, is in line with the objectives of Work Package 2 and the overall objectives of the Stronger Youth project. The main findings highlight the multifaceted nature of adolescent mental health, which is influenced by emotional, behavioural, social and environmental factors. The findings underline the importance of supportive environments in schools and families, the role of peers and the significant impact of digital technologies on mental health.

Key findings:

- **Mental health challenges:** Adolescents face a range of emotional challenges such as loneliness, anxiety and depression, along with behavioural issues such as defiance and self-exclusion.
- **Coping and help-seeking:** Adolescents employ both interpersonal (seeking support from friends and family) and intrapersonal (internalising problems) coping strategies. Barriers to help-seeking include mental health stigma, gender norms and various structural and individual barriers.
- **Influence of contextual factors:** School, peers and family play a dual role as sources of protection and risk. For example, supportive teachers and a safe school environment are protective factors, while academic pressure and unsupportive teachers are risk factors. Similarly, family support is protective, while parental pressure and financial instability are risk factors.
- **Digital technologies:** These technologies offer both supportive opportunities and risks, such as cyberbullying and addiction.

Implications for Practice

The practical implications of this research are critical for guiding future decisions in the Stronger Youth project. The insights gained provide a foundation for developing effective strategies and interventions in subsequent Work Packages. The findings underscore the necessity for holistic approaches in the Stronger Youth project, integrating mental health support within educational systems and community structures. Future Work Packages should focus on developing interventions that foster resilience, enhance coping mechanisms, and facilitate access to mental health resources. Emphasis should be placed on reducing stigma through education and promoting help-seeking behaviors among adolescents.

Practical Implications:

- **Educational Interventions:** Schools should integrate mental health education and social-emotional learning strategies to create supportive environments. Training for teachers on recognizing and addressing mental health issues is essential.
- **Parental Involvement:** Programs aimed at enhancing parent-child communication and reducing family-related stressors can significantly improve adolescents' mental well-being.
- **Peer Support Programs:** Initiatives that leverage peer influence, such as peer mentoring and support groups, can be effective in promoting mental health.
- **Digital Literacy:** Educating adolescents about the safe and positive use of digital technologies can mitigate risks and maximize the benefits of these tools.
- **Accessibility to Services:** Ensuring easy access to mental health services, especially in underserved areas, is crucial. This includes expanding school-based mental health services and utilizing online platforms for counseling.

These implications highlight the need for a coordinated effort involving educators, parents, peers, and mental health professionals to support adolescent mental health comprehensively. The findings from this research will inform the development of targeted interventions and resources in the Stronger Youth project, ensuring that the needs of adolescents are effectively addressed.

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