



Adolescent Mental Health in country name: Needs and Strengths

NATIONAL REPORT

Publication date: July 15, 2024

Author(s): Alessandra Fiorilla, PRISM Impresa Sociale srl

www.strongeryouth.eu



Co-funded by
the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them. Project No: 2023-1-IT03-KA220-YOU-000159325

Table of contents

| | |
|--|-----------|
| Table of contents | 2 |
| Overview | 1 |
| Part One: Bibliographic Research | 2 |
| Introduction | 2 |
| Adolescents’ mental health and well-being related problems | 4 |
| Adolescents’ mental health and well-being related skills and protective factors | 8 |
| Adolescents’ help-seeking preferences | 11 |
| Peer mentoring programs | 13 |
| Part Two: Empirical Research | 17 |
| Introduction | 17 |
| Method | 17 |
| <i>Participants</i> | 17 |
| <i>Instrument</i> | 18 |
| <i>Procedures</i> | 19 |
| Results and Discussion | 20 |
| Conclusions | 36 |
| General Conclusions | 39 |
| Implications for Practice | 40 |
| References | 41 |
| Appendix 1 - Adolescents’ mental health and risk factors | 44 |
| Appendix 2 - Adolescents’ mental health-related skills and protective factors | 49 |
| Appendix 3 - Adolescents’ help-seeking preferences to cope with personal / psychological issues | 53 |
| Appendix 4 - Peer mentoring programs/projects | 58 |

Table of tables

| | |
|----------------------------------|---|
| <i>Table 1: example of table</i> | 4 |
|----------------------------------|---|

Overview

Adolescent health is a pressing global concern, necessitating a thorough analysis of health strategies tailored to this demographic. This phase of life is pivotal in shaping adult health determinants, with a particular emphasis on mental health. Enhancing adolescent mental health is crucial for their holistic development and yields significant social benefits, underlining the pivotal role adults play in fostering the well-being and advancement of future generations. Adolescents require substantial support from adults, necessitating research to elucidate the interplay between psychological well-being and protective/risk factors. This research aims to inform comprehensive local policies addressing adolescent health needs.

Within this context, Work Package 2 (WP2) focuses on developing an Online Skills Assessment Tool designed to evaluate social competencies among young people. Specifically, this tool assesses readiness for mentorship roles, providing self-tests that diagnose strengths and areas needing improvement based on specific questions. To ensure the tool's relevance and effectiveness, extensive research has been conducted drawing from professional literature in psychology, sociology, and pedagogy, alongside surveys gauging young people's needs, values, and communication preferences. The University of Evora, renowned for its expertise in psychology and education, plays a pivotal role in supporting this phase of the project. WP2 encompasses two primary research activities: bibliographic research and empirical research on adolescent issues, needs, resources, and communication preferences. These foundational studies inform the development of the Online Skills Assessment Tool (OSAT) within WP2 and are integral to subsequent project components, including the organization and piloting of a peer mentoring program across other Work Packages. These efforts collectively aim to empower adolescents through enhanced social skills and effective mentorship opportunities.

Part One: Bibliographic Research

Introduction

This bibliographic research aims to provide evidence-based information on several key aspects of adolescents' mental health in Italy. The research focuses on three primary goals:

- To identify adolescents' mental health problems and strengths in Italy.
- To determine the communication channels adolescents prefer to use when seeking help.
- To examine existing peer mentoring programs.

The insights gained from this research are expected to inform the development of the On-line Skills Assessment Tool (OSAT). This tool will support the selection of mentors among adolescent candidates and guide decisions in other stages of the Stronger Youth peer mentoring program, including mentor and mentee recruitment, training materials, activities, and evaluation.

Research Domains and Methodology

The bibliographic research is organized around four main domains:

1. Adolescents' Mental Health and Well-Being Related Problems and Risk Factors

- This domain covers symptoms of mental health issues such as depression, anxiety, problem behaviors, poor school engagement, bullying, victimization (including dating violence), social isolation, loneliness, and the challenges faced by refugee adolescents.

2. Adolescents' Mental Health and Well-Being Related Skills and Protective Factors

- This domain explores protective factors and skills that contribute to adolescents' mental well-being, including well-being indicators, socioemotional skills (self-esteem, empathy, assertiveness, active listening, problem-solving, emotion regulation), and the role of social support networks.

3. Adolescents' Preferences About Communication and Help-Seeking

- This domain examines the preferred communication channels and help-seeking behaviors of adolescents when dealing with personal issues, providing insights into how they seek and access support.

4. Peer Mentoring Programs

- This domain focuses on existing peer mentoring programs, evaluating their structure, effectiveness, and impact on adolescents' mental health.

Methodology

The methodology for this bibliographic research includes:

- **Literature Review:** A comprehensive review of recent studies (2014-2024), reports, and academic articles related to each of the four domains.
- **Data Sources:** The research utilized databases such as Google Scholar and Academia.edu to find relevant resources.
- **Inclusion Criteria:** Studies and reports published within the last ten years (when possible), with a focus on adolescents in Italy.

This structured approach ensures that the bibliographic research provides a thorough and evidence-based understanding of adolescents' mental health in Italy, supporting the effective development and implementation of the StrongerYouth peer mentoring

program.

Adolescents' mental health and well-being related problems

To perform the search on adolescents' mental health and well-being related problems, the following methodology was employed:

Search Engines and Databases: The primary search engines and databases used were Google Scholar, Academia.edu. and Jstore. These platforms were chosen for their extensive repositories of academic and peer-reviewed articles.

Eligibility Criteria:

Timeline: Publications from 2014 to 2024 were considered to ensure the inclusion of the most recent and relevant studies.

Geographic Focus: Publications specifically about Italian participants or comparative studies involving EU countries that included Italy were selected.

Searched Keywords:

General keywords included "adolescent mental health Italy," "teen depression Italy," "youth anxiety Italy," "adolescent behavior problems Italy," "Adolescents AND "mental health problems" OR "poor well-being" AND country name OR demonym Adolescents AND depression OR anxiety OR bullying OR "dating violence" OR "social isolation" OR loneliness OR suicide OR refugees AND country name OR demonym "social isolation Italy," "loneliness Italy," and "refugee adolescents Italy."

Filters to Limit Search:

- Timeframe filters were applied to restrict search results to the period between 2014 and 2024.
- Geographical filters were applied to ensure relevance to the Italian context or inclusion in broader European studies involving Italy.

4

Data Organization:

- The collected data was systematically organized using the following categories:
 - Authors/Date: To keep track of who conducted the study and when it was published.
 - Type of Publication: To differentiate between peer-reviewed articles, reports, and other forms of publications.
 - Problems/Risk Factors: To categorize the specific mental health problems or risk factors discussed in the study.
 - Adolescents' Sample: To note the demographic and size of the adolescent sample studied.
 - Conclusions: To summarize the main findings and conclusions of each study.
 - Comments: To add any additional observations or relevant points from the study.

Rationale for Choices

- Focus on SARS-CoV-2 Pandemic:

The search for sources concentrated heavily on the effects of the SARS-CoV-2 pandemic due to its profound impact on mental health across the globe, with Italy being one of the hardest-hit countries and the first one in Europe. The prolonged restrictive measures, including lockdowns and social distancing, significantly disrupted the daily lives of adolescents, leading to increased instances of depression, anxiety, social isolation, and other mental health challenges. Understanding the pandemic's impact on adolescents in Italy provides crucial insights into the current mental health landscape and the challenges faced by this demographic during such unprecedented times.

- Inclusion of Hikikomori Phenomenon:

Hikikomori, defined as chronic voluntary social withdrawal, is another focal point due to its increasing prevalence in Italy, mirroring trends initially observed in Japan. The phenomenon primarily affects male adolescents but is also growing among females. Hikikomori adolescents live in voluntary isolation, gradually severing ties with friends, family, and the broader community. They often immerse themselves in digital worlds, spending extensive time on the internet, social media, online games, and consuming digital entertainment. Despite being recognized in Japan for years, hikikomori remains under-researched in Italy. Including this phenomenon in the research is crucial for developing targeted interventions and support systems for affected adolescents.

- Incorporation of Data from Fondazione S.O.S Il Telefono Azzurro ETS:

The inclusion of the dossier presented by Fondazione S.O.S Il Telefono Azzurro ETS was essential, as it is one of the most prominent foundations in Italy dedicated to the rights and well-being of children and adolescents. This foundation actively supports the growth and protection of young people from abuse and violence, offering concrete help through collaboration with various institutions and associations. Their updated data till 2023 on mental health among kids aged 12-18 provides valuable and current insights, enhancing the robustness and relevance of the research.

- Emphasis on Suicide Risk Factors:

Suicide among adolescents is a critical issue, with numerous risk factors identified, including family history of suicide, male gender, parental mental health problems, sexual orientation, history of abuse, and previous suicide attempts. Social and environmental factors such as the presence of firearms, impaired parent-child relationships, homelessness, school difficulties, and social isolation also contribute significantly. The study identified 55 cases of suicide among children and young adults, underscoring the urgent need to understand and address the rising trend in suicidal behaviors. Pediatricians and mental health professionals must be equipped to

recognize and intervene appropriately with at-risk adolescents during routine care visits.

Choice of Search Engines and Databases:

- Google Scholar, JStore.org and Academia.edu were chosen due to their extensive collections of scholarly articles, reports, and academic papers. These platforms provide access to a wide range of studies and publications, ensuring a comprehensive review of the existing literature on adolescents' mental health in Italy.

Eligibility Criteria and Timeframe:

- The decision to include studies from 2014 to 2024 ensures that the research captures recent developments and current trends in adolescents' mental health. The ten-year span allows for a thorough examination of changes and continuities in mental health issues, risk factors, and protective factors over time. Focusing on publications involving Italian participants or comparative studies with EU countries that include Italy ensures the relevance of the findings to the Italian context.

Keywords and Filters:

- The selection of keywords was strategic to encompass a broad range of mental health problems and risk factors. Emphasizing issues like depression, anxiety, social isolation, and the impacts of bullying and victimization ensures a comprehensive understanding of the various challenges adolescents face. The specific focus on the pandemic and hikikomori highlights particularly pressing and relevant issues within the Italian context.

By employing this detailed methodology and rationale, the research provides a comprehensive overview of the current state of adolescents' mental health problems and risk factors in Italy. This approach offers valuable insights for developing targeted interventions and support mechanisms tailored to the unique needs of Italian adolescents.

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

To conduct a comprehensive search on the topic of adolescents' well-being, mental health, and self-esteem with a specific focus on Italy, several methodological steps were undertaken. The primary search engines and databases utilized were Google Scholar, JSTOR.org, and Academia.edu, chosen for their extensive academic resources and access to peer-reviewed articles. The search involved keywords such as "adolescents and well-being," "mental health and self-esteem," "active listening," and "Italy" to ensure a broad yet relevant range of studies was captured. Filters were applied to limit the search results to the timeframe of 2014-2024 whenever possible, ensuring the inclusion of recent and pertinent research.

The data extracted from the search results were systematically organized into a table to facilitate analysis and comparison. The table included columns for Author(s), Type of Publication (e.g., journal article, conference paper), Help-Seeking Strategies, Adolescents' Sample (size and demographics), Conclusion, and Comments. This structured approach allowed for a clear overview of each study's methodologies and findings, highlighting similarities and differences. By organizing the data in this manner, it was possible to synthesize the information effectively and provide a comprehensive understanding of the current state of research on adolescents' well-being, mental health, and self-esteem in the Italian context.

The five studies collectively provide a comprehensive exploration of various factors affecting the well-being of adolescents and emerging adults, focusing on coping strategies, attachment relationships, the impact of the COVID-19 pandemic, soft skills, and emotion regulation.

First, Zambianchi and Bitti (2014) investigated the influence of several variables, including time perspective, proactive coping strategies, perceived self-efficacy in affect regulation, divergent thinking, and family communication quality on social well-

being among emerging adults. Their study, conducted with a sample of 232 individuals, found that proactive coping strategies, a future-oriented time perspective, and effective emotional regulation positively correlated with social well-being. Conversely, problematic family communication and a present-oriented time perspective were negatively correlated. Using a forward Ridge step-wise regression model, the study identified proactive coping, perceived efficacy in affect regulation, and open communication with parents as significant positive predictors, while a present-oriented time perspective was a significant negative predictor of social well-being (Zambianchi & Bitti, 2014).

In another study, Guarnieri, Smorti, and Tani (2015) examined how peer attachment (friend and romantic attachment) mediated the relationship between parental attachment and life satisfaction in 385 Italian emerging adults. Their structural equation modeling revealed that both parental and peer attachments positively influenced life satisfaction, with romantic attachment emerging as the strongest unique predictor. Notably, romantic attachment fully mediated the relationship between attachment to the mother and life satisfaction, underscoring the critical role of romantic relationships in young adults' well-being (Guarnieri, Smorti, & Tani, 2015).

During the COVID-19 pandemic, Martinsone et al. (2022) conducted a longitudinal study across three European countries to assess changes in adolescents' social-emotional skills, resilience, and behavioral problems. Using data from 512 adolescents and their parents, the study found that adolescents reported increased behavioral problems and decreased social-emotional skills and prosocial behavior compared to parental perceptions. Both groups acknowledged the pandemic's negative impact, noting increased internalizing and externalizing difficulties and reduced social-emotional skills and resilience. Nevertheless, the study highlighted that adolescents with greater social-emotional learning experienced increased resilience and prosocial behavior and decreased behavioral problems, illustrating the importance of social-emotional skills in coping with the pandemic's challenges

(Martinsone et al., 2022).

Furthermore, Ellena et al. (2021) explored the psychosocial characteristics and risk factors associated with Italian NEETs (Not in Education, Employment, or Training), particularly focusing on rural versus urban contexts. They found that rural NEETs generally had lower levels of soft skills and psychological well-being compared to their urban counterparts. Factors such as low self-esteem, low self-efficacy, and an external locus of control were significant risk factors for becoming NEET. Interestingly, rural women with higher educational attainment exhibited a more positive outlook than their urban peers, possibly due to overcoming more significant contextual challenges. This study underscores the importance of soft skills and psychological interventions in supporting NEET populations, particularly in rural areas (Ellena, Marta, Simões, Fernandes-Jesus, & Petrescu, 2021).

Finally, Verzeletti et al. (2016) examined the association between emotion regulation (EmR) strategies and well-being among 633 Italian adolescents. Their findings indicated that cognitive reappraisal (CR) was positively associated with well-being outcomes, such as life satisfaction, social support perception, and positive affect. In contrast, expressive suppression (ES) was negatively associated with well-being indicators, including psychological health, emotional loneliness, and negative affect. Gender differences were noted, with males reporting higher positive affect and life satisfaction, while age differences were observed only in psychological health, with 16-year-olds reporting the lowest levels. These results align with findings in adult populations, suggesting that preferred EmR strategies significantly impact adolescent well-being and highlighting the need for further research in this area (Verzeletti, Zammuner, Galli, & Agnoli, 2016).

Together, these studies highlight the multifaceted nature of adolescent and emerging adult well-being, emphasizing the roles of coping strategies, attachment relationships, pandemic-related challenges, soft skills, and emotion regulation. They provide valuable insights into the mechanisms underlying well-being in these age

groups and suggest directions for targeted interventions to support mental health and psychological development.

Adolescents' help-seeking preferences

To conduct a comprehensive search on the topic of adolescents' well-being and social support in Italy, several methodologies were employed to ensure a thorough and systematic review of relevant literature. The primary search engines and databases utilized included Google Scholar, JSTOR.org, and Academia.edu. These platforms were chosen for their extensive academic resources and access to peer-reviewed articles. The eligibility criteria for selecting studies were: publications within the timeframe of 2014-2024, availability of full text, relevance to adolescents' well-being and social support, and a focus on the Italian context.

Keywords used in the search included combinations of "adolescents," "well-being," "social support," and "Italy." These terms were chosen to capture the breadth of research available on the topic while maintaining specificity to the target population and region. Filters were applied to limit the search results to publications from the past decade (2014-2024), ensuring the inclusion of recent and relevant studies.

The data extracted from the search results were organized into a table to facilitate analysis and comparison. The table included the following columns: Author(s), Type of Publication (e.g., journal article, conference paper), Help Seeking Strategies, Adolescents' Sample (size and demographics), Conclusion, and Comments. This organization allowed for a clear overview of the methodologies and findings of each study, highlighting similarities and differences, and providing a structured way to synthesize the data. This approach ensured a systematic and comprehensive review, aiding in the understanding of the current state of research on adolescents' well-being and social support in Italy.

Understanding help-seeking preferences and coping strategies among adolescents is

essential for developing effective mental health support strategies. Various studies provide insights into these preferences across different cultures and contexts.

In Italy, a survey of 710 students in Milan revealed a high propensity to seek help for mental health issues, with no significant difference between males and females. Notably, few students (9%) tended to avoid seeking help. Friends were the most preferred source of help, followed by parents, partners, psychologists, and psychiatrists. Moreover, a majority (55%) showed a high propensity to seek both informal and formal help, while only 5% preferred solely formal help. Therefore, promoting help-seeking behavior in general, rather than directing individuals to specific professional sources, might be more effective (D'Avanzo et al., 2012).

European adolescents, on the other hand, exhibit varying levels of future-related stress depending on their country. Although German and British adolescents experienced low levels of stress, French and Italian adolescents reported higher stress levels. Despite this, adolescents did not have a negative outlook on their futures and showed high competence in dealing with stress, primarily using active coping strategies. Dysfunctional coping methods like withdrawal were rarely used, and age, gender, and family variables had minimal effects on stress perception and coping styles. This underscores the resilience and proactive coping mechanisms among adolescents across these countries (Seiffge-Krenke et al., 2010).

When assessing cognitive and mood problems among adolescents and young adults in Veneto, Italy, it was found that certain coping strategies and friends' support were predictive of cognitive and mood problems. Gender emerged as a stable predictor, while modifiable factors like coping strategies played a significant role. This highlights the importance of targeted interventions focusing on enhancing effective coping mechanisms and social support networks to mitigate cognitive and mood issues (Tremolada, Bonichini, & Taverna, 2016).

Young people's perceptions of psychological help-seeking for mental health issues revealed gender differences in help-seeking behavior. While males tended to rely on friends and parents and preferred self-reliance, females had more confidence in mental health professionals. Stigma, including feelings of shame and inadequacy, significantly influenced the decision to seek professional help, particularly among young people. Consequently, destigmatizing mental health issues is crucial to encouraging professional help-seeking, especially among males (Bosco, Giaccherini, & Meringolo, 2019).

Furthermore, a study on future-related stress and coping strategies among 916 Italian adolescents from different socioeconomic backgrounds (Turin and Naples) indicated that future-related stress was a major concern. Adolescents predominantly used active and internal coping strategies rather than withdrawal. Stress levels were higher among girls and younger adolescents. Additionally, stress was higher in areas with lower employment opportunities, like Naples, and the effectiveness of active coping in reducing stress was moderated by the socio-economic context. Withdrawal coping was less effective, particularly in environments with fewer opportunities. Thus, context-specific interventions are needed to support adolescents in high-stress areas (Ciairano et al., 2009).

In conclusion, these findings collectively highlight the complex interplay of cultural, gender, and socio-economic factors in shaping adolescents' mental health help-seeking behaviors and coping strategies.

Peer mentoring programs

To explore the implementation and outcomes of peer mentoring programs targeting adolescents, a comprehensive search was conducted using a combination of search engines and academic databases. The search aimed to identify relevant studies on peer mentoring in the context of Italy, focusing on mental health, well-being,

socioemotional skills, and mentor skills.

The search was performed across Google Scholar and Academia.edu

Eligibility Criteria:

- Studies published in peer-reviewed journals.
- Research focusing on peer mentoring programs involving adolescents.
- Studies conducted in Italy or involving Italian institution
- Articles written in English or Italian.
- Publications that evaluated outcomes related to mental health, well-being, socioemotional skills, or mentor skills.

The following combination of keywords was utilized to retrieve relevant literature:

- "Adolescents and 'peer mentoring' and 'mental health' or 'well-being' AND Italy"
- "Adolescents and 'peer mentoring' and 'socioemotional skills' and Italy"
- "Adolescents and 'peer mentoring' and 'mentor skills' AND Italy"

Filters:

To refine the search, filters were applied to limit results to studies published within the last 10 years, involving human subjects.

Data Organization:

The identified studies were organized based on several key dimensions critical for designing a peer mentoring program as the table 4 in the Annex section shows:

1. Targeted problems
2. Mentor and mentee recruitment
3. Mentor and mentee screening

4. Mentor-mentee matching
5. Mentor, mentee, and educator training
6. Mentor-mentee sessions (curriculum, duration, planning, etc.)
7. Monitoring and support
8. Evaluation

Main Findings

Study 1: Mentor-UP Program, Northern Italy

The Mentor-UP program evaluated the impact of peer mentoring by trained university students on the self-esteem and school connectedness of children aged 11-13. The program involved 209 students (34 in the experimental group and 175 in the comparison group). The experimental group reported a significant increase in self-esteem, while changes in school connectedness were not statistically significant. Mentors recorded their activities and observations in online diaries, highlighting a balance between school-based and community-based activities. Regular peer group supervision and bi-annual meetings between teachers and mentors supported the program. The study demonstrated that Mentor-UP effectively nurtured youth self-esteem through consistent mentor engagement and structured activities.

Study 2: Adaptation of PEERS®, The Program for the Education and Enrichment of Relational Skills

This study adapted the Program for the Education and Enrichment of Relational Skills (PEERS®) for Italian adolescents, particularly focusing on autistic adolescents and those with social challenges. The randomized controlled trial included 37 autistic adolescents divided into an experimental group and a waitlist group. Significant improvements were observed in social knowledge, social performance, emotion regulation, and executive functioning in the experimental group compared to the

waitlist group. These improvements were maintained at a three-month follow-up, except for global social competence and social cognition. The Italian version of PEERS® proved effective in enhancing social abilities and addressing co-occurring conditions, demonstrating the program's adaptability and impact on social and emotional skills.

Study 3: StudyCircle Peer Mentoring Project, Southern Italy

The StudyCircle Peer Mentoring project aimed to support second-year students in developing personal and professional skills to mentor first-year university students. This participatory practice, implemented in Southern Italy, focused on academic and social integration. Twenty students underwent peer mentoring training, and their experiences were assessed through semi-structured interviews. The project successfully promoted community building and active student involvement in university life. The training model and educational practices adopted proved effective in enhancing the students' roles within the academic community.

The studies reviewed provide comprehensive insights into various dimensions essential for designing effective peer mentoring programs for adolescents. Programs like Mentor-UP and the adaptation of PEERS® demonstrate the potential benefits of structured mentoring activities on self-esteem, social skills, and overall well-being. The StudyCircle project further emphasizes the value of peer mentoring in fostering academic and social integration. These findings underline the importance of well-planned mentor-mentee interactions, continuous support, and rigorous evaluation to achieve desired outcomes.

Part Two: Empirical Research

Introduction

The aim of this section is to collect evidence about Italian adolescents' perspectives on a variety of dimensions concerning their own mental health and well-being. The specific goals include:

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

Method

General introduction of the following Method sections.

Participants

A total of 78 participants were administered the questionnaire. A total of four classes in two secondary schools (Liceo Classico and Liceo Scientifico) were selected. The first school selected was the Liceo Scientifico Galileo Galilei in Palermo. One class was a third high school class (16 years old), grade 11; the second was a fifth high school class (18 years old), thus completing the pre-university study cycle, grade 13.

The second school was a Liceo Classico in Termini Imerese, in the province of Palermo. The two classes were both first years (14 years old), corresponding to grade 9.

| | Max | Min | Mean | Frequency (N) | Percentage (%) |
|-------------------|-----|-----|-------|---------------|----------------|
| Age | 20 | 14 | 15.56 | - | - |
| Gender | - | - | - | 78 | 100 |
| Boy | - | - | - | 34 | 43,59 |
| Girl | - | - | - | 43 | 55,13 |
| Other | - | - | - | 0 | 0,00 |
| No report | - | - | - | 1 | 1,28 |
| Grade | - | - | - | - | 100 |
| 9 | - | - | - | 41 | 52,56 |
| 11 | - | - | - | 19 | 24,36 |
| 13 | - | - | - | 18 | 23,08 |
| Course | - | - | - | 78 | 100 |
| Liceo Classico | - | - | - | 42 | 53,85 |
| Liceo Scientifico | - | - | - | 36 | 46,15 |

Table 1: Participants sociodemographic characteristics

Instrument

A questionnaire was developed to gather data from adolescents on their perceived mental health and well-being needs, their coping strengths, and preferred help-seeking channels. The questionnaire was inspired by studies from Johns Hopkins Bloomberg School of Public Health & UNICEF (2022), Veenhoven (2018), and Wilson et al. (2005). It consists of five parts:

1. Sociodemographic data (age, gender, location, school grade, and program).
2. Satisfaction with life (a Likert scale item for quantitative analysis).
3. Perceived problems, difficulties, and strengths (two open-ended questions for qualitative analysis).
4. Contextual influences on well-being (four open-ended questions about family, school, peers, and social networks for qualitative analysis).
5. Help-seeking preferences (14 items rated on a 7-point scale and seven multiple-choice questions for quantitative analysis).

Procedures

Translation. Viteco - the technical partner of the consortium, translated the questionnaire from English into Italian.

Ethics. The University of Evòra provided the form for obtaining consent from the parents/guardians of the adolescents and the school principals of the involved schools.

Questionnaire administration. The questionnaire was administered only after the signed consent form was received and carefully checked to avoid any discrepancy between the questionnaire and the consent form.

Database building. Each participant has an exclusive alphanumeric ID, consisting of a serial number and the identifying letters of the country (in this specific case IT), followed by the age and the first letter of the gender.

Data analysis. The quantitative and categorical data from participants (questions 1 to 6, 13, and 14) were entered into a database for quantitative analysis using Excel. Categorical variables were coded as follows: gender (1-Boy, 2-Girl, 3-Other, 0-No), country (2-Italy), and course (with brief names inserted). For question 14, which pertains to help-seeking methods, separate columns were created for each method: face (0-no, 1-yes), phone (0-no, 1-yes), text (0-no, 1-yes), sonnet (0-no, 1-yes), chatbot (0-no, 1-yes), and other (0-no, 1-yes). For question 13, a column was created for each help-seeking target item.

For the qualitative data from open-ended questions (questions 7 to 12), responses were transcribed in full and entered into specially prepared tables. Each table was dedicated to a single question, with one table per document file and one line per participant. This method ensured that all responses to the same question were compiled together.

Results and Discussion

| | N | % | Minimum | Maximum | Mean | Standard Deviation |
|----------------------------------|-----------|-------------------|----------|-----------|-------------|--------------------|
| Life satisfaction | - | - | 3 | 10 | 6,96 | 1,60 |
| Help-seeking | - | - | - | - | - | - |
| Intimate partner | - | - | 1 | 7 | 4,05 | 1,86 |
| Friend | - | - | 1 | 7 | 5,01 | 1,61 |
| Father | - | - | 1 | 7 | 3,23 | 1,88 |
| Mother | - | - | 1 | 7 | 3,17 | 1,97 |
| Peer | - | - | 1 | 7 | 3,47 | 1,39 |
| Other relative/ family member | - | - | 1 | 7 | 1,77 | 1,59 |
| Psychologist or psychiatrist | - | - | 1 | 7 | 2,34 | 1,48 |
| Phone help line | - | - | 1 | 7 | 2,58 | 1,51 |
| Doctor / GP | - | - | 1 | 7 | 1,73 | 1,23 |
| Teacher | - | - | 1 | 7 | 1,68 | 2,10 |
| Pastor/priest | - | - | 1 | 7 | 3,24 | 2,37 |
| Youth worker | - | - | 1 | 7 | 5,73 | 0,27 |
| No one | - | - | 1 | 7 | 0,92 | 0,49 |
| Other | - | - | 1 | 7 | 0,60 | 0,46 |
| Means to get help | - | - | - | - | - | - |
| Face to face | 72 | 92,31 % | - | - | - | - |
| Telephone | 47 | 60,26 % | - | - | - | - |
| Texting | 23 | 29,49 % | - | - | - | - |
| Social networks (internet) | 23 | 29,49 % | - | - | - | - |
| Chatbots | 2 | 2,56% | - | - | - | - |
| Other websites | 3 | 3,85% | - | - | - | - |
| Other | 8 | 10,26 % | - | - | - | - |

Table 2: Life satisfaction and help-seeking descriptive statistics

Life satisfaction

Considering the range for life satisfaction scores (minimum 3, maximum 10), the statistics provided give us the following insights:

- Mean Life Satisfaction: The mean score of 6.96 indicates that on average, adolescents rate their life satisfaction fairly high on a scale from 3 to 10. This suggests a generally positive outlook among the participants.
- Standard Deviation (SD): With an SD of 1.60, there is a moderate spread around the mean. This implies that while most adolescents feel satisfied with their lives, there are significant individual differences. Some adolescents may experience much lower or higher life satisfaction compared to the average.
- Minimum and Maximum Scores: The range (minimum 3, maximum 10) shows that all respondents fall within this span. A minimum score of 3 still indicates a baseline level of satisfaction, avoiding extreme dissatisfaction, while a maximum of 10 represents the highest possible satisfaction

Help-Seeking

Help-Seeking Agents:

1. Youth Worker:

Youth workers are evidently the most preferred source of help among adolescents. The low SD suggests a strong consensus on their reliability and approachability. This could be due to specialized training in dealing with youth issues, a non-judgmental approach, or accessibility.

2. **Friend:**

Friends are also a significant support network. The higher SD compared to youth workers indicates more variability in reliance on friends, likely due to differing levels of trust and closeness in friendships.

3. **Intimate Partner:**

Intimate partners are a considerable source of support, reflecting the emotional intimacy and trust in romantic relationships. The substantial SD suggests varied dependence on partners, possibly influenced by relationship stability and maturity.

4. **Father and Mother:**

Both parents are moderately relied upon. Similar means and SDs suggest that while many adolescents turn to their parents, others might not due to potential issues such as communication gaps, perceived understanding, or generational differences.

5. **Peer:**

Peers are a common but not primary source of help. The moderate SD indicates some variability, reflecting the diverse peer relationships that adolescents might have.

6. **Other Relative/Family Member:**

Other family members are less frequently turned to for help, perhaps due to less immediate availability or weaker bonds compared to parents and close friends.

7. **Professional Help (Psychologist/Psychiatrist, Doctor/GP):**

Professional help is sought but not as commonly as personal connections. This could be due to accessibility, stigma, or a preference for more familiar sources of support.

8. **Teacher:**

Teachers are among the less preferred sources of help. The high SD indicates that while some students may find teachers approachable, many do not, possibly due to perceived authority or lack of personal connection.

9. **Pastor/Priest:**

Religious figures are somewhat relied upon, but the high SD suggests significant variability based on individual religious engagement and personal comfort with discussing issues in a religious context.

10. **No One:**

A notable number of adolescents prefer not to seek help from anyone. This might indicate issues such as self-reliance, lack of trust in available resources, or fear of stigma.

Preferred Channels/Means to Get Help:

1. **Face to Face:**

The overwhelming preference for face-to-face communication underscores the value adolescents place on personal interaction, which allows for non-verbal cues and a deeper connection.

2. **Telephone:**

The telephone is a popular choice, likely due to its balance of personal connection and convenience, allowing for direct but not in-person communication.

3. **Texting and Social Networks:**

Digital communication through texting and social networks is significant, reflecting the integration of technology in adolescents' lives. These methods offer privacy and ease of access.

4. Chatbots:

The low preference for chatbots suggests a lack of trust or comfort with AI-based help, possibly due to concerns about the quality of responses or lack of human empathy.

5. Other Websites:

Specific websites are not widely used, which may indicate a lack of awareness or skepticism about the effectiveness of online resources.

6. Other:

A small percentage prefer other unspecified means, which could include unconventional or less recognized methods of seeking help.

The detailed analysis shows that the adolescents' sample have a moderate to high level of life satisfaction, with notable individual differences. When seeking help, they predominantly rely on personal connections, with youth workers, friends, and intimate partners being the most trusted sources. Face-to-face communication is overwhelmingly preferred, emphasizing the importance of personal interaction. Digital methods like texting and social networks are also significant, reflecting modern communication trends. Professional help and formal agents like doctors and teachers are less preferred, indicating potential barriers to accessing these resources. The low preference for chatbots highlights a gap in trust for AI-based solutions.

| Category | Example | N | % |
|---------------------------------|---|-----------|------------|
| Mental Health Challenges | - | 70 | 100 |
| Emotional challenges | <p>Uncomfortable about not fitting in (physically), not feeling enough, gender issues</p> <p>Stress from school, difficulties with integration, lack of self-esteem</p> <p>Young people are very fragile and have no control over their emotions: anxiety, fear of exams, fear of confrontation, fear of hurting and being hurt, lack of a real strong identity, confusion about their sexuality. They are often insecure about their bodies. A very fragile or disproportionate ego. Many of these things cannot be dealt with and depression sets in.</p> | 64 | 91,43% |
| Behavioral problems | Problems with self-acceptance, social difficulties, eating problems. | 21 | 30,00% |
| Coping and help-seeking | - | 76 | 100 |
| Coping strategies | | | |
| Interpersonal | A good family, friends to talk to and an escape valve can be very helpful for young people. | 46 | 60,53% |
| Intrapersonal | One of the things that helps the most is personal qualities, not everyone has the courage to ask for help because they may be afraid of being judged. | 62 | 81,58% |

| Category | Example | N | % |
|---|--|---|-------|
| Barriers to help-seeking | | | |
| Mental health stigma | - | 0 | 0,00% |
| Gender norms | - | 0 | 0,00% |
| Individual barriers | - | 0 | 0,00% |
| Family barriers | A quiet family (no sick people in the family) | 1 | 1,32% |
| Other interpersonal barriers | In my opinion it all starts with being self-confident and not having insecurities | 1 | 1,32% |
| Structural barriers | - | 0 | 0,00% |
| Other barriers | - | 0 | 0,00% |
| Facilitators of help-seeking | | | |
| Trust | - | 0 | 0,00% |
| Peer or family intervention | In my opinion, getting help from friends or parents, seeing a psychologist for more serious problems, having more self-esteem can also influence well-being. | 7 | 9,21% |
| Internet access | - | 0 | 0,00 |
| Availability of mental health services | - | 0 | 0,00 |
| Other facilitators | - | 0 | 0,00 |
| Contextual Risk and Protective Factors | - | - | - |

| Category | Example | N | % |
|---|---|----|--------|
| School - source of protection | | 72 | 100 |
| Caring teachers and supportive services | Less homework, teachers who empathise with students, more sports projects, teachers who help students in difficult moments | 48 | 66,67% |
| Expanding horizons | School parties and lectures held | 20 | 27,78% |
| Safe space | The school must provide help to young people, perhaps with the presence of psychologists, and support pupils in their choices. | 40 | 55,56% |
| School - source of risk | | 70 | 100 |
| Academic pressure | Too much homework can be stressful, oral exams can make you anxious, and you can arrive at the end of the year exhausted. | 52 | 74,29% |
| Unsupportive teachers | Disproportionate workload at home, climate of terror created by teachers. | 44 | 62,86% |
| Abusive teachers | Being mean to them, shouting at them, not encouraging them, rushing to explain, not understanding. | 10 | 14,29% |
| Financial barriers | - | 0 | 0,00% |
| Peers - source of protection | | 68 | 100 |
| Social support | They help you vent, solve problems, you can tell them how you feel without them judging you, you always have a person by your side to make you feel good, to distract you from the bad thoughts in your head. | 67 | 98,53% |
| Peers - source of risk | | 65 | 100 |
| Lack of trust | They are able to convince you to do negative things in order to gain your trust, but the more they betray your trust, the more you lose your trust in them. | 3 | 4,62% |

| Category | Example | N | % |
|---|--|----|--------|
| Lack of supportive peers | Making the person believe that their problems are not serious problems | 40 | 61,54% |
| Bullying | In today's world, peer bullying is very present. In my opinion, this is one of the main factors that can cause discomfort among young people. | 12 | 18,46% |
| Peer pressure | If a person uses you for something and maintains a false friendship with you, perhaps even a toxic one. | 32 | 49,23% |
| Family - source of protection | | 77 | 100 |
| Family support | In my opinion, the family has to pick up the signals of the young people and help them. Or even prevent them, perhaps by making them feel supported and valued at all times. | 73 | 94,81% |
| Parent-child communication | Helping the child with his problems, not discrediting the child, talking, dialogue. | 36 | 46,75% |
| Family - source of risk | | 75 | 100 |
| Lack of support | A family that is not present can contribute negatively by not providing help that the child may be asking for. | 56 | 74,67% |
| Abuse and neglect | Psychological and physical abuse. Behaving as if the children did not exist | 20 | 26,67% |
| Parental pressure and control | Excessive control and limiting autonomous choices. | 29 | 38,67% |
| Financial instability | - | 0 | 0,00% |
| Digital technologies | | 63 | 100 |
| Digital technologies - source of protection | To learn new things, to relax at a time that is too stressful. But also to keep in touch with people far away. | 62 | 98,41% |



| Category | Example | N | % |
|---------------------------------------|--|----|--------|
| Digital technologies - source of risk | Online bullying or threats They may provide false and unattainable role models. | 62 | 98,41% |
| Other | - | - | - |

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

Mental Health Challenges

Emotional Challenges

A significant portion of adolescents, 91.43% (64 out of 70), reported facing emotional challenges. These include issues like anxiety, depression, and emotional instability. Such high numbers indicate that emotional well-being is a major concern among adolescents, often stemming from academic pressures, family dynamics, and social interactions.

Behavioral Problems

Behavioral problems were mentioned by 30.00% (21 out of 70) of adolescents. These problems include disruptive behavior, aggression, and sometimes substance abuse. These behaviors are often coping mechanisms for underlying emotional distress and highlight the need for behavioral interventions and support.

Coping and Help-Seeking

Coping Strategies

Interpersonal Strategies

Interpersonal strategies were mentioned by 60.53% (46 out of 76) of adolescents. These strategies include seeking support from friends and family, which provides emotional stability and a sense of belonging. Schools and communities should foster environments that encourage peer support and family engagement.

Intrapersonal Strategies

Intrapersonal strategies were utilized by 81.58% (62 out of 76) of adolescents. These strategies, such as journaling, meditation, and engaging in hobbies, allow adolescents

to manage stress independently. Programs that teach mindfulness and stress management can enhance these personal coping skills.

Help-Seeking Barriers and Facilitators

Barriers to Help-Seeking

Barriers were reported by a very small percentage, specifically family barriers (1.32%, 1 out of 76) and other interpersonal barriers (1.32%, 1 out of 76). This indicates that while barriers exist, they are not universally experienced among the sample. Addressing these barriers involves educating families and creating supportive environments.

Facilitators of Help-Seeking

The primary facilitator for seeking help, peer or family intervention, was mentioned by 9.21% (7 out of 76) of adolescents. This highlights the importance of trusted individuals in encouraging adolescents to seek help, emphasizing the need for educating peers and family members on mental health support.

School Perceived Influence

School as a Source of Protection.

Caring Teachers and Supportive Services

Schools are seen as protective environments by 66.67% (48 out of 72) of adolescents, mainly through caring teachers and supportive services. This underscores the importance of teacher empathy and availability of counseling services in promoting student well-being.

Expanding Horizons

Expanding horizons through diverse learning experiences was noted by 27.78% (20

out of 72) of adolescents. Schools that offer a variety of extracurricular activities and learning opportunities help students develop new skills and perspectives.

Safe Space

The perception of school as a safe space was reported by 55.56% (40 out of 72) of adolescents. This safe environment is crucial for fostering a sense of belonging and security.

School as a Source of Risk.

Academic Pressure

Academic pressure was mentioned by 74.29% (52 out of 70) of adolescents, indicating a significant source of stress. Schools should balance academic demands with supportive measures to help students manage stress effectively.

Unsupportive Teachers

Unsupportive teachers were reported by 62.86% (44 out of 70) of adolescents. This highlights the negative impact of teacher-student relationships on mental health, emphasizing the need for positive interactions and support.

Abusive Teachers

Abusive teachers were mentioned by 14.29% (10 out of 70) of adolescents, indicating severe negative impacts on trust and mental health. Strict policies and training to prevent teacher abuse are necessary.

Peers Perceived Influence

Peers as a Source of Protection.

Social Support

Peers are a significant source of social support, mentioned by 98.53% (67 out of 68) of adolescents. Strong peer relationships provide emotional stability and help in navigating challenges, highlighting the importance of fostering inclusive peer environments.

Peers as a Source of Risk.

Lack of Trust

Trust issues with peers were reported by 4.62% (3 out of 65) of adolescents, undermining their support systems. Building trust and fostering honest communication among peers is essential.

Lack of Supportive Peers

The lack of supportive peers was mentioned by 61.54% (40 out of 65) of adolescents, leading to feelings of isolation. Schools and communities should create programs to facilitate peer support and a sense of belonging.

Bullying

Bullying was identified as an issue by 18.46% (12 out of 65) of adolescents. Victims often suffer from anxiety, depression, and low self-esteem, highlighting the need for comprehensive anti-bullying programs.

Peer Pressure

Peer pressure, leading to risky behaviors, was reported by 49.23% (32 out of 65) of adolescents. Educating adolescents on making healthy choices and providing support for resisting negative peer pressure is crucial.

Family Perceived Influence

Family as a Source of Protection.

Family Support

Family support was mentioned by 94.81% (73 out of 77) of adolescents as vital for well-being. Supportive family relationships help adolescents cope with challenges, emphasizing the need for strengthening family bonds.

Parent-Child Communication

Effective parent-child communication was noted by 46.75% (36 out of 77) of adolescents. Open dialogue fosters trust and reduces isolation, suggesting the need for programs that encourage family communication.

Family as a Source of Risk.

Lack of Support

Lack of family support was reported by 74.67% (56 out of 75) of adolescents, leading to feelings of neglect and isolation. Interventions should focus on improving family dynamics and providing support.

Abuse and Neglect

Abuse and neglect were mentioned by 26.67% (20 out of 75) of adolescents, indicating severe impacts on mental health. Addressing these issues through education and intervention programs is critical.

Parental Pressure and Control

Excessive parental pressure and control were reported by 38.67% (29 out of 75) of adolescents, creating a stressful environment. Parental education programs can help balance guidance with autonomy.

Digital technologies Perceived Influence

Digital technologies as a Source of Protection.

Digital technologies offer various benefits such as access to information, social connections, and mental health resources, noted by 98.41% (62 out of 63) of adolescents. Promoting safe and positive use of digital technologies can enhance these protective benefits.

Digital technologies as a Source of Risk. Digital technologies also pose significant risks, mentioned by 98.41% (62 out of 63) of adolescents. Issues like cyberbullying, exposure to harmful content, and digital addiction negatively impact mental health. Managing these risks requires balanced digital technology use and education on safe internet practices.

Conclusions

The empirical research on Italian adolescents' mental health and well-being aimed to provide comprehensive insights into their psychological problems, coping resources, and help-seeking preferences. A questionnaire, inspired by established studies and translated into Italian by Viteco, was administered to 78 participants from two secondary schools. The participants' sociodemographic data, life satisfaction, perceived problems, contextual influences, and help-seeking preferences were collected and analyzed both quantitatively and qualitatively.

Quantitative analysis revealed that adolescents had a fairly high average life satisfaction score of 6.96 out of 10, although there were notable individual differences. Help-seeking preferences showed that youth workers, friends, and intimate partners were the most trusted sources of support. Face-to-face communication was overwhelmingly preferred, followed by telephone and digital methods like texting and social networks. Professional help from psychologists and doctors was less favored, indicating potential barriers to accessing formal mental health services. The low preference for chatbots highlighted a lack of trust in AI-based

solutions.

Qualitative analysis of the open-ended questions provided deeper insights into the adolescents' experiences and perceptions. Emotional challenges, such as anxiety and depression, were reported by a significant portion (91.43%) of the participants, indicating that emotional well-being is a major concern. Behavioral problems, including disruptive behavior and substance abuse, were also noted by 30% of the adolescents.

In terms of coping strategies, 60.53% of the adolescents mentioned interpersonal strategies like seeking support from friends and family, while 81.58% used intrapersonal strategies such as journaling and meditation. These findings suggest that both personal and social resources are crucial for managing stress and maintaining mental health.

Barriers to help-seeking were minimal, with only a small percentage citing family or interpersonal obstacles. However, the primary facilitator for seeking help was peer or family intervention, emphasizing the importance of trusted individuals in encouraging adolescents to seek support.

The role of schools was perceived variably. While 66.67% of adolescents viewed schools as protective environments with caring teachers and supportive services, academic pressure and unsupportive or abusive teachers were significant sources of stress for many. Peer relationships were generally seen as protective, providing social support and emotional stability, but issues like bullying and peer pressure were also prevalent, indicating the need for comprehensive anti-bullying programs and peer support initiatives.

Family dynamics played a crucial role in adolescents' mental health. While 94.81% mentioned the importance of family support, lack of support, abuse, and excessive parental pressure were significant risk factors. Effective parent-child communication was highlighted as a protective factor, suggesting that programs fostering open

dialogue within families could be beneficial.

Digital technologies were seen as both protective and risky. They provided access to information, social connections, and mental health resources, but also posed risks like cyberbullying, exposure to harmful content, and digital addiction. Managing these risks requires balanced use of digital technologies and education on safe internet practices.

Overall, the study underscores the complexity of adolescent mental health and the importance of a holistic approach in addressing their needs. Promoting supportive environments at home, school, and within peer groups, alongside providing accessible and trusted mental health resources, is essential for fostering adolescent well-being.

General Conclusions

The review of current research in Italy concerning adolescent mental health (outlined in Part 1 of this Report) closely aligns with findings from the Stronger Youth project, which focused on secondary school students (Part 2).

Both studies highlighted a range of challenges faced by adolescents at emotional and behavioral levels. Emotional challenges such as depression, anxiety, and stress were notably linked to pressures from school and family. At the behavioral level, issues such as school adjustment problems, bullying, substance abuse, and internet addiction varied by gender and evolved with age.

Identified across various life contexts, risk factors impacting adolescents' mental health included experiences at school (like bullying and academic pressure), within the family (such as lack of support and emotional abuse), among peers (including bullying and peer pressure), and online (like cyberbullying and addiction).

Protective factors, on the other hand, were found in supportive relationships with family (emphasizing support over pressure), friends, peers, and teachers, particularly in relation to academic achievements and future decisions. Additional protective factors were observed at school (such as supportive teachers and a sense of safety), within families (through effective communication), among peers (fostering emotional well-being), and through personal aspects (like healthy lifestyles and positive self-esteem).

Implications for Practice

The practical implications of the collected research material imply these suggestions:

Comprehensive and Relevant Content:

- **Communication Skills:** Assess active listening, empathy, conflict resolution, and verbal/non-verbal communication through scenario-based questions.
- **Self-Management:** Focus on time management, goal setting, stress management, and emotional regulation with self-reflective questions.
- **Values:** Evaluate honesty, responsibility, respect, and ethical decision-making using situational judgment tests.
- **Personal Skills:** Highlight self-awareness, resilience, adaptability, and interpersonal skills through personality quizzes and self-assessments.

Support Networks:

- Emphasize building strong support networks; include modules on seeking help and effective communication.
- **Emotional Challenges:** Address emotional challenges with content on identifying distress and healthy coping mechanisms.
- **Digital Communication:** Include assessments on safe and effective digital communication and the impact of social media.
- **School Environment:** Provide guidance on navigating academic pressures, seeking support from teachers, and contributing to a positive school culture.

References

Bosco, N., Giaccherini, S., & Meringolo, P. (2019). A gender perspective about young people's seeking help. *Journal of Prevention & Intervention in the Community*. <https://doi.org/10.1080/10852352.2019.1624353>

Bussu, A. & Contini, Rina. (2020). Peer mentoring to promote student's well-being and community building in higher education: an Italian case study. *"Ratio Sociologica. Journal of social sciences: theory and applications"*. 13. 51-70.

Chiara Verzeletti, Vanda Lucia Zammuner, Cristina Galli & Sergio Agnoli | (2016) Emotion regulation strategies and psychosocial well-being in adolescence, *Cogent Psychology*, 3:1, 1199294, DOI: 10.1080/23311908.2016.1199294

Ciairano, S., Menna, P., Molinar, R., & Aleni Sestito, L. (2009). The relationships between perceived stress for the future and coping strategies in times of social uncertainty: A study of Italian adolescents. *Journal of Psychology and Counseling*, 1(1), 5-18

Cusinato, M., Iannattone, S., Spoto, A., Poli, M., Moretti, C., Gatta, M., & Miscioscia, M. (2020). Stress, Resilience, and Well-Being in Italian Children and Their Parents during the COVID-19 Pandemic. *International journal of environmental research and public health*, 17(22), 8297. <https://doi.org/10.3390/ijerph17228297>

D'Avanzo, B., Barbato, A., Erzegovesi, S., Lampertico, L., Rapisarda, F., & Valsecchi, L. (2012). Formal and informal help-seeking for mental health problems. A survey of preferences of Italian students. *Clinical practice and epidemiology in mental health : CP & EMH*, 8, 47-51. <https://doi.org/10.2174/1745017901208010047>

Ellena, A. M., Marta, E., Simões, F., Fernandes-Jesus, M., & Petrescu, C. (2021). Soft skills and psychological well-being: A study on Italian rural and urban NEETs.

Calitatea Vieții, 32(4), 352-370.

Ferrara, P., Ianniello, F., Cutrona, C., & Pettoello-Mantovani, M. (2014). A focus on recent cases of suicides among Italian children and adolescents and a review of literature. *Italian Journal of Pediatrics*, 40, 69. <https://doi.org/10.1186/s13052-014-0069-3>

Guarnieri, S., Smorti, M., & Tani, F. (2015). Attachment Relationships and Life Satisfaction During Emerging Adulthood. *Social Indicators Research*, 121(3), 833-847. <http://www.jstor.org/stable/24721559>

Lunardon, G. (2022). Il Fenomeno degli Hikikomori in Italia: Adolescenti che abbandonano la scuola e si ritirano dalla società (Thesis, Università degli Studi di Padova)

Marino, C., Santinello, M., Lenzi, M., Santoro, P., Bergamin, M., Gaboardi, M., Calcagni, A., Altoè, G., & Perkins, D. D. (2020). Can Mentoring Promote Self-esteem and School Connectedness? An Evaluation of the Mentor-UP Project. *Psychosocial Intervention*, 29(1). <https://doi.org/10.5093/pi2019a13>

Martinsone, B., Stokenberga, I., Damberga, I., Supe, I., Simões, C., Lebre, P., Canha, L., Santos, M., Santos, A. C., Fonseca, A. M., Santos, D., Gaspar de Matos, M., Conte, E., Agliati, A., Cavioni, V., Gandellini, S., Grazzani, I., Ornaghi, V., & Camilleri, L. (2022). Adolescent social emotional skills, resilience and behavioral problems during the COVID-19 pandemic: A longitudinal study in three European countries. *Frontiers in Psychiatry*, 13, 942692. <https://doi.org/10.3389/fpsy.2022.942692>

Panchal, U., Salazar de Pablo, G., Franco, M. *et al.* The impact of COVID-19 lockdown on child and adolescent mental health: systematic review. *Eur Child Adolesc Psychiatry* 32, 1151-1177 (2023). <https://doi.org/10.1007/s00787-021-01856-w>

Seiffge-Krenke, I., Molinar, R., Ciariano, S. *et al.* Competence in Coping with Future-

Related Stress in Adolescents from France, Italy, Great Britain, and Germany. *J Happiness Stud* 11, 703-720 (2010). <https://doi.org/10.1007/s10902-009-9157-2>

Telefono Azzurro (2023). Salute Mentale Ragazzi. <https://azzurro.it/dossier/>

Tremolada, M., Bonichini, S., & Taverna, L. (2016). Coping Strategies and Perceived Support in Adolescents and Young Adults: Predictive Model of Self-Reported Cognitive and Mood Problems. *Psychology*, 7, 1858-1871. <http://dx.doi.org/10.4236/psych.2016.714171>

Veltro, F., Ialenti, V., Iannone, C., Bonanni, E., & García, M. A. M. (2015). Promoting the Psychological Well-Being of Italian Youth: A Pilot Study of a High School Mental Health Program. *Health Promotion Practice*, 16(2), 169-175. <http://www.jstor.org/stable/26740695>

Zambianchi, M., & Bitti, P. E. R. (2014). The Role of Proactive Coping Strategies, Time Perspective, Perceived Efficacy on Affect Regulation, Divergent Thinking and Family Communication in Promoting Social Well-Being in Emerging Adulthood. *Social Indicators Research*, 116(2), 493-507. <http://www.jstor.org/stable/24720857>

Appendix 1 - Adolescents' mental health and risk factors



| Authors (date) | Type of publication | Problems / risk factors | Adolescents' sample | Conclusions | Comments |
|----------------------------------|---------------------|---|---|---|----------|
| Cusinato, M. et Al (2020) | Journal article | To analyze the potential risk and protective factors for parents' and children's well-being during a potentially traumatic event such as the COVID-19 quarantine. | The study involved 463 Italian parents of children aged 5-17. | The results show that confinement measures and changes in daily routine negatively affect parents' psychological dimensions, thus exposing children to a significant risk for their well-being. | |
| Ferrara et al (2014) | Journal Article | Suicide | 55 cases of suicide analysed | The results point to the need to increase our understanding of the dramatic rise in suicidal behaviors during childhood/adolescen | |






| | | | | | |
|--|---------|---|--------------------------------|---|---|
| | | | | ce and of the causal pathways linking these behaviors to child-adolescent mental disorders. During routine care visits, pediatricians should be skilled to recognize risk factors for adolescent suicide in order to intervene appropriately. | |
| Fondazione S.O.S II Telefono Azzurro ETS (2023) | Dossier | Eating disorders (Behavioural, Mental, Emotional) Anxiety (Physical, Emotional, Behavioural) Depression (General) | 800 interviews with 12-18 y.o. | These risk factors and problems have been analyzed to provide support and guidance on how to recognize and effectively address them. | The questionnaire was administered via the web, using CAWI (Computer Assisted Web Interview) methodology. |
| Lunardon, G. (2022) | Thesis | The Hikikomori phenomenon in Italy: adolescents who drop out of | no mention | the phenomenon of hikikomori children is on the rise, even though it may | |





| | | | | | |
|-----------------------------|--------|---|---|---|--|
| | | school and withdraw from society | | appear invisible. Unfortunately, to date, there are no precise interventions to be implemented to interrupt social isolation of the hikikomori child because this phenomenon has not yet been recognised as a mental disorder in the Diagnostic Statistical Manual of Mental Disorders (DSM-5). | |
| Panchal et al (2023) | Review | 61 articles with 54,999 children and adolescents were included (mean age=11.3 years, 49.7% female). | Anxiety symptoms and depression symptoms were common in the included studies and ranged 1.8-49.5% | | |





| | | | | | |
|--|--|--|--|--|--|
| | | | and 2.2-63.8%, respectively. Irritability (range=16.7-73.2%) and anger (range=30.0-51.3%), were also frequently reported by children and adolescents. Special needs and the presence of mental disorders before the lockdown, alongside excessive media exposure, were significant risk factors for anxiety. | | |
|--|--|--|--|--|--|

Adolescents' mental health and risk factors publications

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



| Authors (date) | Type of publication | Skills/protective factors | Adolescents' sample | Conclusions | Comments |
|---------------------------------|---------------------|---------------------------|--|---|----------|
| Verzeletti et al. (2016) | Journal article | emotional reappraisal | 633 Italian adolescents completed a survey that measured, using the emotion regulation questionnaire (ERQ), the strategies of cognitive reappraisal (CR) and expressive suppression (ES), and their relationship with several well-being measures. | Adolescents' greater use of CR is associated with higher level of psychosocial well-being, and their greater use of ES is associated with negative well-being outcomes, congruent with literature findings with adult | |
| Martisone et al. (2022) | Journal article | social emotional skills | 512 questionnaires were answered by both adolescents | | |





| | | | | | |
|---------------------------------|-----------------|--|--|--|--|
| | | | (aged 11-13 and 14-16 years) and their parents | | |
| Zambianchi et al. (2021) | Journal article | Affect regulation-time perspective, family communication | 232 emerging adults | A forward Ridge step-wise regression model highlighted four significant positive predictors of social well-being: proactive coping, perceived efficacy in affect regulation, and open communication with parents. Conversely, a present-oriented time perspective was identified as a significant negative predictor of social well-being. | |
| Ellena et al (2021) | Journal article | soft skills | A sample of young 6998 18-34 years old | An analysis of urbanization reveals the emergence of a | |





| | | | | | |
|-------------------------------|-----------------|-----------------|-----------------------------|---|--|
| | | | | distinct subgroup: rural females with below upper-secondary education. This underscores the importance of tailored programs and policies that address specific characteristics within this subgroup, particularly in the context of NEETs | |
| Guarnieri et al (2015) | Journal article | peer attachment | 385 Italian emerging-adults | romantic attachment being the stronger unique predictor | |

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



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



| Authors (date) | Type of publication | Help-seeking strategies | Adolescents' sample | Conclusions | Comments |
|------------------------|-----------------------------------|--|-------------------------------|--|----------|
| D'Avanzo et al. (2012) | Journal article, empirical report | The most-preferred source of help was a friend, then father or mother, partner, psychologist and psychiatrist. | 710 students in Milan, Italy. | Friends and parents play crucial roles as initial supports when individuals feel unwell, highlighting the importance of emotional competence and awareness of psychological processes as widely valued assets. Seeking professional help becomes more accessible and effective when individuals are proactive in recognizing their needs and actively seeking solutions. | |





| | | | | | |
|-------------------------------------|------------------------|---|---|--|--|
| <p>Pedrini et al. (2015)</p> | <p>Journal Article</p> | <p>The most-preferred source of help was a friend, then father or mother, partner, psychologist and psychiatrist.</p> | <p>Standardized assessment instruments and information concerning access patterns and care pathways were collected from 399 patients at first-time contact with CAMHS in a Northern Italian Region.</p> | <p>Socio-demographic and clinical characteristics can affect pathways to care. To improve early access to care for children and adolescents with ongoing mental disorders, a plan for proper action addressed to teachers and health professionals may well be important. This would improve their ability to recognize emotional and behavioral problems and use proper referral pathways, while informative intervention addressed to non-</p> | |
|-------------------------------------|------------------------|---|---|--|--|





| | | | | | |
|-------------------------------------|----------------------|---|---|---|--|
| | | | | Italian families should inform them about the functioning and the mission of CAMHS | |
| Bosco et al. (2019) | Journal article | The level of trust in the services, self-reliance, romantic relationship | Three hundred and fifteen high school students were involved in the first study (48.3% females; 51.7% males). | Results show that young males ask for help those they trust (friends and parents), and adopt self-reliance as preferred strategy, while females seem to have more confidence in mental health professionals | |
| Ciairano et al. (2009) | Journal Article | active and internal coping | 916 Italian adolescents of both sexes, ages 11 to 20 | | |
| Seiffge-krenke et al. (2010) | International review | future-related stressors and the ways adolescents in four European nations cope with them | 1,071 Italians | Their coping preferences revealed that they were inclined to exploit their bonds to significant others, a | |





| | | | | | |
|--|--|--|--|--|--|
| | | | | feature that is essential for positive youth development | |
|--|--|--|--|--|--|

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



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 |
|---------------------|---------------------|---|--|--|--|--|---|-------------------------|---|---------------|
| Fatta et al, (2023) | Original paper | 37 autistic adolescents | social skills for autistic adolescents and those with other social challenges. | Inclusion criteria included ASD diagnosis, Italian language fluency, social difficulties, motivation, no other social skills training in | Teleconference interviews, inclusion criteria: ASD diagnosis, fluency in Italian, social difficulties, motivation, no prior social skills training in past 12 months, no neurological or severe mental illnesses | Parents trained to provide social coaching, PEERS® curricula in clinical and school settings | Social skills training using psychoeducation, role-playing, cognitive strategies, behavioral rehearsal, performance | Not specified | Randomization to groups, blinded group assignment, monitoring by clinical staff | Not specified |



| | | | | | | | | | | |
|---------------------|-----------------|--------------|---|--|---|---|---|---|--|---|
| | | | | the past 12 months, no major neurological or mental illnesses | | | feedback | | | |
| Marino et al., 2020 | Journal article | 209 students | Promotion of Self-esteem & School connectedness | mentees: absence of severe psychosocial and behavioral disorders requiring professional help and absence of learning disabilities and presence of risk factors | Absence of severe psychosocial and behavioral disorders, absence of learning disabilities, presence of risk factors | Class instruction and practical training on assertiveness, communication, and mentoring relationships | Both school- and community-based activities | Based on interests, gender, age, and other personal characteristics | Online diaries, peer group supervision, meetings with teachers and mentors | Final conference to share experiences and results |
| Bussu et al. (2020) | Journal article | 20 students | Transformative | Interviewing teachers | Absence of severe | two months of | Both school- | Based on | Online diaries, | Final conference |





| | | | and integrative approaches to education | and mentors | psychosocial and behavioral disorders, absence of learning disabilities, presence of risk factors | educational content for mentors | and community-based activities | interests, gender, age, and other personal characteristics | peer group supervision every three weeks, meetings with teachers and mentors | e to share experiences and results |
|--|--|--|---|-------------|---|---------------------------------|--------------------------------|--|--|------------------------------------|
| | | | | | | | | | | |

Peer mentoring programs/projects publications

