Youth mental health: an insight into the reasons for young people's requests for psychological support through the lens of the ecological model

Salud mental juvenil: una visión general de las razones por las que los jóvenes buscan apoyo psicológico desde la perspectiva del modelo ecológico

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Abstract:

During adolescence, young people substantially expand their life contexts, which on the one hand can strengthen their skills but on the other hand increases their vulnerabilities. In this sense, adolescents and young adults are a strategic target for mental health prevention and promotion programs, which must include not only young people, but their ecosystem as well. This study is part of device 1.2., Youth Health Offices of the Cuida-te + Program of the Portuguese Institute of Sports and Youth, I.P., which aims to promote the health and lifestyles of young people aged 12 to 25. The present study aims to identify the reasons for requesting a consultation from the perspective of an ecological model and evaluate the effect of the intervention in terms of psychological health. Therefore, the information collected in the first and last psychological consultation was used, including all consultations carried out by 21 psychologists in their professional internship over the course of 12 months. It was found that mental health problems, interpersonal difficulties related to interpersonal management and self-management were the young people's most cited reasons. In terms of the effectiveness of the intervention carried out, it was found that the perception of quality of life (i.e. general, physical, psychological, social and environmental) and well-being of young people increased significantly after the intervention and the depressive and anxious symptoms, as well as stress levels, have been significantly reduced. These results are relevant for professionals and policy makers, reinforcing the importance of organizing effective and efficient support services targeted at specific populations and consolidating this type of services in terms of local and national responses.

Keywords:

Adolescents; Young adults; Mental health; Ecological Model; Consultation reasons

Resumen:

Durante la adolescencia, los jóvenes amplían considerablemente sus contextos de vida, lo que, por un lado, puede reforzar sus habilidades, pero, por otro, aumenta su vulnerabilidad. En este sentido, los adolescentes y los adultos jóvenes son un objetivo estratégico para los programas de prevención y promoción de la salud mental, que deben incluir no solo a los jóvenes, sino también a su ecosistema. Este estudio forma parte del dispositivo 1.2., Oficinas de Salud Juvenil del Programa Cuida-te + del Instituto Portugués de Deportes y Juventud, I.P., cuyo objetivo es promover la salud y los estilos de vida de los jóvenes de entre 12 y 25 años. El presente estudio tiene como objetivo identificar las razones para solicitar una consulta desde la perspectiva de un modelo ecológico y evaluar el efecto de la intervención en términos de salud psicológica. Para ello, se utilizó la información recopilada en la primera y última consulta psicológica, incluidas todas las consultas realizadas por 21 psicólogos en sus prácticas profesionales a lo largo de 12 meses. Se constató que los problemas de salud mental, las dificultades interpersonales relacionadas con la gestión interpersonal y la autogestión eran las razones más citadas por los jóvenes. En cuanto a la eficacia de la intervención llevada a cabo, se observó que la percepción de la calidad de vida (es decir, general, física, psicológica, social y ambiental) y el bienestar de los jóvenes aumentaron significativamente tras la intervención, y que los síntomas depresivos y de ansiedad, así como los niveles de estrés, se redujeron considerablemente. Estos resultados son relevantes para los profesionales y los responsables políticos, ya que refuerzan la importancia de organizar servicios de apoyo eficaces y eficientes dirigidos a poblaciones específicas y de consolidar este tipo de servicios en términos de respuestas locales y nacionales.

Palabras claves:

Adolescentes; Adultos jóvenes; Salud mental; Modelo ecológico; Motivos de consulta.

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Introduction

According to the WHO, in 2021 one in seven young people aged 10 to 19 experienced a psychopathological disorder, with depression, anxiety and behavioral disorders being the main causes of disability in adolescence. In Portugal, a prevalence of around one third of school-age young people with some clear indicator of psychological distress was observed (Matos et al., 2022).

Adolescence is a complex and multifaceted developmental phase, influenced by a variety of biological, social and cultural factors (Matos, 2022). As a period of significant transition, adolescence involves several challenges related to the formation of identity, the establishment of autonomy and the construction of new social relationships (Sawyer et al., 2018). These changes tend to be associated with greater vulnerability and emotional and behavioral difficulties (Aceves-Martins et al., 2019; Granic, 2003).

Bronfenbrenner's Ecological Model (1979) states that an individual's development is influenced by the various contexts in which he or she is inserted, as well as the interaction between these contexts. This model proposes that the environment in which a person develops is composed of five distinct levels: (1) the microsystem encompasses the most immediate contexts, such as family, school and friends; (2) the mesosystem is linked to the relationships between two or more microsystemic contexts, such as the interaction between family and school; (3) the exosystem refers to the processes that occur between contexts in which the individual does not participate directly, but which influence them, such as the parents' work environments; (4) the macrosystem encompasses the broader sociocultural, economic and political contexts that indirectly impact development; and (5) the chronosystem relates to the passage of time and the processes of stability and change (Bronfenbrenner, 1986; Bronfenbrenner & Morris, 2006; Hamwey et al., 2019; Rosa & Tudge, 2013).

By applying this model to adolescence, we understand how different contextual levels influence young people's development (Matos et al., 2015). Immediate interactions in the microsystem, such as family and school relationships, the interaction between these systems in the mesosystem, indirect influences from the exosystem, such as the parents' work environment, sociocultural factors from the macrosystem, and temporal changes from the chronosystem influence the development and experiences of adolescents (Aura et al., 2016).

At the first level, immediate interactions with family, friends and school provide young people with opportunities to promote skills and provide support and essential tools for a healthy personal, emotional and social development (Aura et al., 2016; Collins & Laursen, 2004; Matos, 2022; Matos et al., 2015). Adolescence is characterized by a search for identity and autonomy (Compas et al., 2017), by the intensification of social interactions, especially the establishment of bonds with peers and the beginning of romantic relationships (Collins & Laursen, 2004) and by the transition to a more complex school environment, in which young people face new challenges and an increase in personal responsibility (Zimmerman, 2002).

Due to the numerous challenges that this period encompasses, the development of personal, social and emotional skills (Collins & Laursen, 2004; Compas et al., 2017), as well as the social, emotional support and guidance provided by the contexts closest to the young person are essential for a healthy development and for promoting high self-esteem (Collins & Laursen, 2004; Guo et al., 2023; Nikitorowicz, 2017). In addition, other skills such as organization, planning, the ability to set realistic goals and time management are fundamental for

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both academic performance and for adolescents' self-esteem and confidence (Renn & Smith, 2023; Zimmerman, 2002).

In addition to the young person's direct interactions with contexts, it is important to consider the impact of interactions between different contexts (Bronfenbrenner, 1979). For example, parent-teacher engagement can create a cohesive environment that promotes academic success and emotional well-being for young people. Good practices in the mesosystem, such as school-based programs that engage the community and families, tend to positively reinforce adolescents' connections with their social environments, strengthening family and friendship ties. Cross-context interactions, such as parental involvement in their children's school lives, can help create a supportive environment that is critical to a positive youth development (Nikitorowicz, 2017).

The exosystem encompasses contexts that indirectly influence adolescents, such as their parents' work environments or educational policies (Bronfenbrenner, 1979). Although young people do not directly participate in these contexts, the events and processes that occur in them can significantly impact their lives (Bronfenbrenner, 1979). For example, parents' work dynamics can affect the family environment, consequently influencing young people's well-being and interpersonal relationships (Nikitorowicz, 2017). Exosystem influences, such as the availability of community resources or economic opportunities, can also affect young people's developmental choices and their ability to engage in adult roles and make important decisions about their lives. The political and economic context of the country can create an environment of uncertainty regarding future opportunities, impacting young people's expectations and future plans (Matos et al., 2018; Gaspar et al., 2022). At this level of the model, the profound influence that external factors, which are beyond the direct control of adolescents, can have on their development is noticeable (Nikitorowicz, 2017).

The macrosystem includes the broader sociocultural, economic and political contexts that indirectly impact adolescent development (Bronfenbrenner, 1979). Cultural norms, social values and expectations regarding education and work shape young people's aspirations and decisions, influencing how they perceive and prepare for the future (Guo, et al., 2021). The country's political and economic context can also create an environment of uncertainty regarding future opportunities, impacting their expectations and plans (Matos et al., 2018; Gaspar et al., 2022).

The chronosystem emphasizes the impact of experiences over time, such as evolving relationships with family and friends, that shape young people's development and influence their ability to adapt to new situations and challenges (Bronfenbrenner, 1986). Managing one's life and future prospects plays a crucial role for young people, especially in a context of economic and social uncertainty, influenced by cultural norms and broader social expectations (Nikitorowicz, 2017).

Taking into account the impact that different systems have on the healthy development of young people, the present study aims to identify the reasons for requesting a psychological consultation from the perspective of an ecological model, as well as to evaluate the effect of the intervention in terms of psychological health (i.e., quality of life, well-being and symptoms of anxiety, depression and stress).

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Method

Design

This study is part of the Cuida-te + Program of the Portuguese Institute of Sport and Youth, I.P. (IPDJ). The Cuida-te+ Program aims to promote the health and lifestyles of young people aged 12 to 25. Since September 2024, the Cuida-te+ Program has been updated, including changes to its services and target population. Now aimed at young people aged 12 to 30, the program has been rebranded as the Cuida-te Program, in accordance with Portaria n.º 235/2024/1, of September 26, 2024. Within the scope of Cuida-te+ Program, young people have at their disposal a service called Youth Health Offices, which is a free, anonymous and confidential service with the aim of early identification, psychological intervention as well as referral of the target population to other health structures. Services are provided in person at the 19 Youth Health Offices and online using the Microsoft Teams platform. Its objectives, on the one hand, are to identify the reasons for requesting a psychological consultation from the perspective of an ecological model and, on the other hand, to evaluate the effect of the program on a set of assessments in terms of psychological health and lifestyle.

With this in mind, the present study examines the information collected in the first and last consultation, including all consultations carried out by 21 psychologists in professional internship to access the Portuguese Order of Psychologists, over the course of 12 months within the scope of the Cuida-te + Program.

Participants

The sample is constituted by young people who attended psychological consultations at the Youth Health Offices. 528 young people aged 12 to 26 participated (M=19.73; SD=3.48), 74.1% female (n=391), 23.7% male (n=125) and 1.9% non-binary (n=10). Of the 528 participants, only 319 young people (60.4%) completed the final assessment. This difference is due to the existence of dropout situations and young people who, despite having attended all consultations, did not complete the final assessment.

Instruments

During the first consultation, young people answered an open question about the reason for requesting the consultation, as well as a set of questionnaires aimed at assessing their quality of life, well-being and the presence of symptoms of anxiety, stress and depression. In order to assess the impact of the intervention, at the last consultation young people once again completed the questionnaires applied initially. Table 1 describes the variables used in this study.

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Table 1

Variables and measures used in the present study.

Variables	Measure
Quality of life (QoL)	Quality of Life Questionnaire (WHOQOL-BREF) (1994) by Canavarro et al. (2007) and Vaz Serra (2006) consists of 26 questions. Two of them are general QoL questions, and the rest correspond to four dimensions: Physical QoL (7 items), Psychological QoL (6 items), Social QoL (3 items), and QoL Environmental (8 items). The questionnaire is self-reported using a Likert scale, which varies between 1 and 5. The higher the score, the better the participant's perceptions of QoL.
Well-being	World Health Organization Well-Being Index (WHO, 1998), consisting of 5 items on a Likert scale from 0 (Never) to 5 (All the time). The score ranges from 0 (worst well-being) to 25 (best well-being).
Depression, Anxiety, and Stress	Depression Anxiety Stress Scales (DASS) (Pais-Ribeiro et al., 2004), consisting of 21 items distributed in equal numbers across three dimensions: (1) Depression, (2) Anxiety and (3) Stress. Responses are on a 4-point Likert scale ranging from 0 "did not apply to me" to 3 "applied to me most of the time". The scale comprises 3 scores, one for each dimension, which varies between 0 and 21, with higher values corresponding to more negative affective states.
Reasons for requesting psychological support	An open question, asked verbally by psychologists to young people during the first consultation, was used.

Data analysis

In the first phase, the participants' responses regarding the reason for requesting support were grouped into categories through a qualitative analysis using the MAXQDA 2020 Software. Quantitative analyses of the data were carried out with the support of the analysis program "Statistical Package for Social Sciences – SPSS", version 29. First, a descriptive analysis of the variables under study was carried out and subsequently, the paired t-test (repeated measures) was used to analyze the effectiveness of the intervention.

Results

In terms of the reason for requesting support (Table 2), it was found that mental health problems were the most cited reason amongst young people (38.3%). Within this group, anxiety symptoms as well as depressive and mood-related symptoms were the most prevalent mental health problems (23.4% e 8.9% respectively). In addition to mental health, at a relational level, young people reported difficulties related to interpersonal (28.6%) and intrapersonal management (21.2%). In terms of interpersonal management, family-related problems were the most cited reason (8.8%) while in terms of self-management, participants reported low self-esteem, self-confidence, self-image and self-knowledge (10.3%). In addition to these, participants also reported problems related to interaction with broader levels such as academic management (9.8%) and more general levels such as a concern about life and the future (2.1%).

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Table 2

Distribution of the reasons for requests for support from young people

	N	%
Mental health	**344**	**38.3**
Anxious symptoms	210	23.4
Depressive and mood-related symptoms	80	8.9
Self-injurious behaviors and suicidal ideation	33	3.7
Other mental health problems (OCD; ADHD; ODD; Autism spectrum; *Borderline* disorder; dissociation, depersonalization)	21	2.3
Self-management	**191**	**21.2**
Low self-esteem/ self-confidence/ self-image/ self-knowledge problems	93	10.3
Emotional management (frustration, sadness, fear, jealousy, managing criticism, anger management, emotional instability, self-control)	47	5.2
Questions and concerns about sexual orientation/sexuality	13	1.4
Substance use problems and other addictions	13	1.4
Difficulties associated with eating behavior	12	1.3
Sleep-related problems/ tiredness	10	1.1
Concerns about chronic health problems	3	0.3
Interpersonal management	**257**	**28,6**
Problems in family relationships	79	8.8
Problems in interpersonal relationships in general	51	5.7
Problems in romantic relationships	47	5.2
Problems and losses in interpersonal relationships (both friendships and romantic relationships - grief, breakups, toxic relationships)	33	3.7
Traumatic interpersonal relationships (sexual abuse/ intimate or domestic violence/ bullying)	25	2.8
Difficulties in socialization/ school integration	22	2.4
Academic management	**88**	**9.8**
Academic or work management, burnout, difficulties with concentration/ time management/ stress management/ procrastination/ lack of motivation/ decision making	88	9.8
Life and the Future	**19**	**2.1**
Concerns about personal and professional future	19	2.1
Total	**899**	**100%**

Figure 1 shows the reasons for requesting support by young people according to Urie Bronfenbrenner's Ecological Model (1979). At the individual level, mental health problems reported by young people were considered, such as anxiety and mood-related issues, self-harm behaviors and suicidal ideation, as well as other mental health problems. In the microsystem, issues related to self-management were included, namely problems with self-esteem, self-confidence, self-image and self-knowledge, emotions, issues related to sexuality, substance use and other addictions, difficulties associated with eating behaviors, sleep problems, and concerns about chronic health problems. At the mesosystem level, problems associated with interpersonal management were considered, as well as relationship problems in general, with family, romantic partners, traumatic interpersonal relationships, and socialization difficulties. At the exosystem level, issues related to academic life were included, such as academic or work management, burnout, lack of concentration, time and stress management, procrastination, lack of motivation and decision-making. Finally, at the macrosystem level, issues related to life and the future were included, such as concerns about the personal and professional future.

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Figure 1

Distribution of the young people's reasons for requesting psychological support, according to Bronfenbrenner's Ecological Model

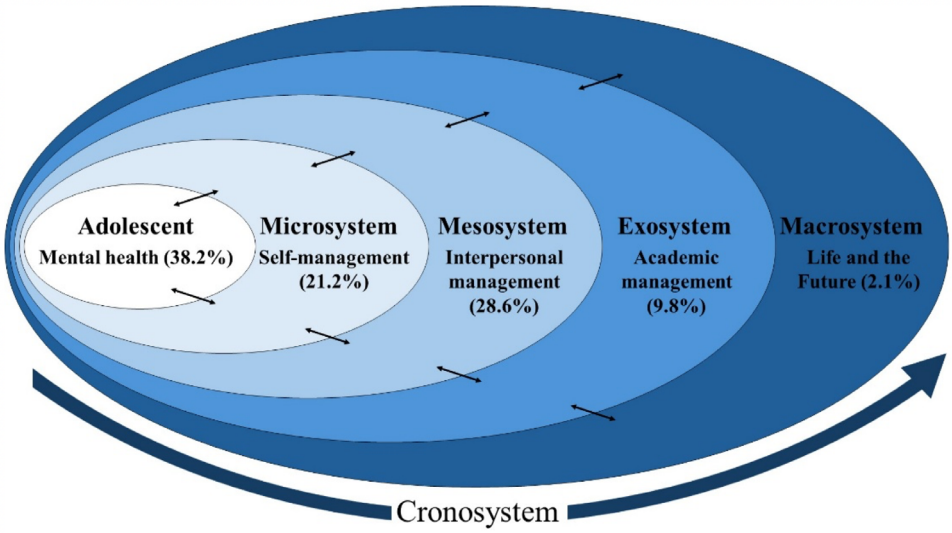

Table 3 describes the quantitative variables under study. In terms of quality of life, a high environmental quality of life (*M*=3.66; *SD*=0.64) and physical quality of life (*M*=3.64; *SD*=0.61) as well as a low psychological quality of life (*M*=3.10; *SD*=0.68) stand out. Regarding well-being, young people present an average of 11.63 (*SD*=4.68) on a scale of 0 to 25, in which the higher the score, the better the perception of well-being. Regarding the psychological symptoms, young people have an average of 8.9 (*SD*=4.74) in stress levels, 7.16 (*SD*=5.01) in depression levels and 5.88 (*SD*=4.76) in anxiety levels. These dimensions range from 0 to 21 (the higher the number, the greater the presence of the symptoms).

Table 3

Descriptive statistics of the variables under study

	N	Min.	Max.	M	SD
Quality of life (general)	528	1	5	3.52	0.77
Physical QoL	528	2	5	3.64	0.61
Psychological QoL	528	1	5	3.10	0.68
Social QoL	528	1	5	3.50	0.82
Environmental QoL	528	2	5	3.66	0.64
Well-being index	525	1	25	11.63	4.68
DASS Stress	517	0	21	8.90	4.74
DASS Depression	523	0	21	7.16	5.01
DASS Anxiety	526	0	20	5.88	4.76

In order to assess the effectiveness of the intervention, young people were asked to complete psychological assessment instruments at the beginning and end of the intervention period, which varied according to each individual's needs. However, the instruments described

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in this study were common to all users. Statistically significant differences were observed in all variables under study, with the quality of life (i.e., general, physical, psychological, social and environmental) and well-being showing an increase after the intervention and symptoms of depression, anxiety and stress a decrease (Table 4).

Table 4

Differences in averages between the initial and final assessment (paired t-test - repeated measures) (n=319)

	Initial assessment		Final assessment		
	M	**SD**	**M**	**SD**	**t**
Quality of life (general)	3.56	0.75	3.97	0.72	-9.604***
Physical QoL	3.66	0.57	4.11	0.56	-12.814***
Psychological QoL	3.12	0.66	3.72	0.70	-15.202***
Social QoL	3.48	0.82	3.90	0.73	-8.389***
Environmental QoL	3.65	0.62	3.90	0.65	-7.406***
Well-being index	11.68	4.44	15.98	5.02	-13.670***
DASS Stress	8.71	4.54	5.55	4.21	11.313***
DASS Depression	6.83	4.77	3.50	3.75	13.129***
DASS Anxiety	5.47	4.45	3.27	3.49	9.276***

Note: ***p<.001

Discussion

The present study aimed to identify the reasons for requesting a consultation from the perspective of an ecological model, as well as to evaluate the effect of the intervention in terms of psychological health (i.e., quality of life, well-being and symptoms of anxiety, depression and stress).

Mental health problems were the most frequently reported reason for young people's symptoms, accounting for 38.3% of cases, with anxiety (23.4%) and depression (8.9%) symptoms standing out. This result is in line with a study carried out in Portugal in which one third of school-age young people presented some clear indicator of psychological distress (Matos et al., 2022). Promoting mental health is an important point at this stage of development. It is often interconnected with the micro and mesosystem, where immediate interactions, such as family and school relationships, play a crucial role in preventing mental health problems (Matos et al., 2015). Furthermore, Compas et al. (2017) highlight the importance of emotional self-regulation at this stage as a protective factor for the development of psychological symptoms.

In addition to mental health-related problems, 21.2% of young people reported problems in the area related to self-management, namely problems with self-esteem, self-confidence, self-image and self-knowledge. This period of life is characterized by an intense search for identity and autonomy, which can exacerbate problems with self-esteem and self-confidence (Compas et al., 2017). It was also observed that 28.6% of young people reported difficulties in interpersonal management, with a particular prevalence of problems in family relationships (8.8%). It is worth highlighting that establishing healthy relationships and bonds with family

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and peers constitutes a protective factor for the social and emotional development of young people (Collins & Laursen, 2004).

In addition to the reasons mentioned above, it was observed that 9.8% of young people mentioned problems related to academic management. This area involves organization, planning and self-regulation of study, essential for academic performance and self-esteem (Zimmerman, 2002). During this period of life, young people face transitions to more complex school environments, which require significant adaptation on their part (Gaspar et al., 2020). In this sense, family support, school dynamics and interaction between school and family are important aspects in preventing problems related to the academic context (Renn & Smith, 2023).

Finally, it was found that 2.1% of young people report concerns about life and the future, reflecting the economic and social uncertainty that characterizes the current context. Sociocultural and economic factors influence young people's perspectives on the future, their professional aspirations and the behaviors they adopt (Bronfenbrenner, 1979; Gaspar et al., 2022; Matos et al., 2018; Nikitorowicz et al., 2017). In a study by Gaspar et al. (2023), it was found that approximately 15% of young people report feeling worried almost every day and approximately 12% report that they worry or are worried several times a day. Furthermore, 22.8% of young people report that they have an intense worry that does not leave them and does not allow them to think about anything else.

In terms of the impact of the intervention, there was an increase in the quality of life and well-being of young people and a reduction in anxiety, depression and stress symptoms. These results are in line with what is reported in the literature, with psychological intervention programs proving to be effective in reducing anxiety, depression and stress symptoms and in promoting quality of life and well-being in adolescents (Das et al., 2016).

Conclusion

The Cuida-te+ Program aims to promote the health and lifestyles of young people aged 12 to 25. As part of this program, the present study examines the information collected in the first and last consultation over the course of 12 months, including all consultations carried out by 21 psychologists in their junior professional year. Its objectives are, on the one hand, to identify the reasons for requesting the consultation from the perspective of an ecological model and, on the other hand, to evaluate the effect of the intervention carried out in terms of the psychological health of young people.

In terms of the reason for young people's support request, there was a high prevalence of mental health problems (38.3%), with anxiety, depression and mood being the most mentioned mental health problems (23.4% and 8.9%, respectively). Young people also reported interpersonal difficulties related to interpersonal management (28.6%) and self-management (21.2%). At the level of interpersonal management, family-related problems were the most cited reason (8.8%) while at the level of self-management, participants mentioned problems with self-esteem, self-confidence, self-image and self-knowledge. In addition to these relational problems, participants also mentioned problems related to their relationship with broader social contexts, such as academic management (9.8%) and more general problems such as concerns about life and the future (2.1%).

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In order to assess the effectiveness of the intervention, young people were asked to complete psychological assessment instruments at the beginning and end of the intervention period. Statistically significant differences were found in all variables under study, with the perception of quality of life (i.e., general, physical, psychological, social and environmental) and the perception of well-being of young people increasing significantly after the intervention and depressive symptoms of anxiety and stress reducing significantly.

This assessment of the effectiveness of a locally based program, in the form of supportive psychotherapy, in significantly improving the perception of well-being and quality of life and in significantly reducing symptoms of anxiety, depression and stress, is hampered by the lack of a control group, which was not viable in a program of these characteristics and with such limited human and financial resources. However, this evaluation is a replication of the evaluation of the previous series of this program along the same lines, with the same target population and with the same instruments and with the same positive and significant results (Matos et al., in press; Matos et al., 2023), which is why this type of offer is suggested as effective in terms of a psychological health promotion service.

These results contribute to mental health professionals and policy makers as a way to organize effective and efficient support services targeted at specific populations. As previously stated, it is urgent to publicize and consolidate this type of service in terms of local and national responses available.

Key messages

1. The Health Office offered by the Cuida-te+ Program is an effective and efficient offer in terms of prevention and promotion, within the scope of psychological well-being;
2. It is urgent to define the scope of the Health Offices' action in terms of their action and target population, as well as their relationship with other structures in the local areas, and to provide the Offices with the resources necessary for their action;
3. It is up to political decision-makers, in collaboration with the managers of the Cuida-te+ Program and the external evaluation team, to define the conditions for optimization and sustainability of the program.

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