

An innovative universal and selective service prevention among Young People: The National Cuida-te+ Program (“Take Care+ Program”)

Um inovador serviço universal e seletivo de prevenção entre Jovens: Programa Nacional Cuida-te+ (“Programa Cuida-te+”)

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**An innovative universal and selective service prevention among Young People:
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***Um inovador serviço universal e seletivo de prevenção entre Jovens: Programa Nacional
Cuida-te+ (“Programa Cuida-te+”)***

Abstract:

The Cuida-te+ Program (Take Care+ Program) of the Portuguese Institute of Sports and Youth aims to promote youth health and healthy lifestyles. It targets young people aged 12 to 25. Through the work developed by 19 Psychologists in the Psychologists in the Junior Professional Year, centered in the 18 districts of the mainland Portugal, the aim is to analyze the interventions carried out in the following settings: Mobile Units, Youth Health in Portal and Youth Health (Counseling) Offices. Considering the objective, a quantitative and qualitative methodology was used. The Cuida-te+ Program is innovative in the European space and promising in its objectives, resources, and proximity option. It has the greatest relevance in supporting young people in health prevention and promoting healthy lifestyles. This work includes guidelines that aim to raise awareness among the general population to implement interventions more focused on the needs of young people.

Keywords:

prevention; young people; health; lifestyles; mental health; national programs

Resumo:

O Programa Cuida-te+ do Instituto Português do Desporto e Juventude tem como objetivo promover a saúde e os estilos de vida saudáveis dos jovens. Destina-se a jovens com idades compreendidas entre os 12 e os 25 anos. Através do trabalho desenvolvido por 19 Psicólogos no Ano Profissional Júnior, centrados nos 18 distritos de Portugal continental, pretende-se analisar as intervenções realizadas nos seguintes contextos: Unidades Móveis, Gabinetes de Saúde Juvenil e Saúde Juvenil em Portal. Considerando o objetivo, utilizou-se uma metodologia quantitativa e qualitativa. O Programa Cuida-te+ é inovador no espaço europeu e promissor nos seus objetivos, recursos e opção de proximidade. Tem a maior relevância no apoio aos jovens, na prevenção da saúde e na promoção de estilos de vida saudáveis. Este trabalho inclui orientações que visam sensibilizar a população em geral para a implementação de intervenções mais focadas nas necessidades dos jovens.

Palavras-chave:

prevenção; saúde juvenil; estilos de vida; saúde mental; programas nacionais

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1. Introduction

Adolescence is a significant growth period marked by various physical, psychological, and social challenges (Blakemore, 2019; Dahl et al., 2018; Gomez-Baya et al., 2022; Sawyer et al., 2018). Studies show that more than a third of the young population reported that the pandemic had a negative effect on their mental health, making them feel sadder, in a bad mood, and worried (Carreiras et al., 2021; Gaspar et al., 2022; Instituto Nacional de Estatística, 2020; Martins et al., 2023).

According to the World Health Organization (WHO) (2022), mental health is a fundamental aspect of people's lives, as important as physical health. Poor mental health can have a negative impact on the individual's thoughts, feelings, and interpersonal relationships. It can also affect their behavior and compromise their physical health. This impact occurs in multiple contexts of their lives, leading to family, social, educational, and professional difficulties (Matos, 2022).

Health status is positively or negatively influenced by several factors called health determinants. A single factor or several factors together can influence the health of individuals (Cadon et al., 2023; WHO, 2013). These include individual factors (e.g., age, gender), socioeconomic factors (e.g., access to housing, employment, culture, education), environmental factors (e.g., air quality, water, sound) and organizational/political factors (e.g., health, education, transport system) (Cadon et al., 2023; Kirkbride et al., 2024). Therefore, it is crucial to address these factors to reduce inequalities and disparities in access to mental health services (Kirkbride et al., 2024). Supporting the needs of young people with mental health difficulties, emotional, behavioral, or relational problems involves providing services and professionals in health and education. In addition, health and education policies reinforce the role of parents, teachers, and other education professionals in connecting young people to mental health services in a networking logic (Tomé et al., 2021).

To summarize, services and interventions to promote young people's physical and mental health directly impact how they will behave in various contexts, namely, family, school, and social contexts (e.g., relationship with peers). This will influence their well-being (García-Carrión et al., 2019; Gaspar et al., 2020).

In European and North American countries, promoting health and healthy lifestyles among young people involves the implementation of public policies aimed at public and private organizations working with this population (e.g., schools, associations, and health units). These public policies include guidelines that aim to raise awareness among young people about issues related to their health and lifestyle, seeking to promote healthy behaviors and prevent risky ones. Research is crucial in obtaining relevant information about young people's health and lifestyles, allowing government entities to develop and implement strategies, define action plans, and adjust public policies (WHO, 2021).

1.1. The Cuida-te+ Program (Take Care+ Program)

The Cuida-te Program (Take Care Program) arises from the Decree-Law nº 98/2011, of September 21st, which assigns responsibilities to the Instituto Português do Desporto e Juventude, I. P. (Institute of Sports and Youth, I.P.) to promote awarenessraising and counseling actions regarding health, risk behavior and the protection of minors, to promote their well-being.



Ten years later, the Cuida-te+ Program arose from the need to combine the intervention with conceptual and methodological models, seeking to provide an adjusted response to the specificities of the target population. The Cuida-te+ Program (Take Care+ Program) is aimed at young people aged 12 to 25 and has two areas of intervention: (1) Awareness, information, and counseling of the target population on nutrition, physical and sports activity, addictive behaviours, sexual and reproductive health, and mental health, and (2) Strategic training of the target population in 2 measures: (a) Personalized service: Mobile Units, Youth Health (Counseling) Offices, Non-face-to-face support in the area of sexual and reproductive health and (b) Promotion of health literacy: Youth Health in Portal, Education for Health and Training (Educação, 2019).

In 2021, the Institute of Sports and Youth, I.P nominated Aventura Social – Associação as the promoting entity of a project aims to hire 19 Psychologists in the Ano Profissional Júnior – PAPJ (Junior Professional Year), spread across the 18 districts of mainland Portugal (including 2 in Lisbon) (Educação - Instituto Português do Desporto e Juventude, I. P., 2021). Aventura Social – Associação was responsible for supervising, providing clinical guidance and evaluation of the work carried out by the psychologists. The work of 19 Psychologists in the Junior Professional Year focused on the following settings:

- Mobile Units – Duly equipped mobile units (e.g., vans) that travel to places where the youth population is present (e.g., educational establishments, fairs, festivals);
- Youth Health (Counseling) Offices – free, anonymous, and confidential assistance in the program's areas of operation to identify and intervene early, forwarding and referrals to other health entities;
- 2.1. Youth Health in Portal – Streamlining a section of the portal and providing informational content on the areas of the program.

Within the scope of the work conducted under the Cuida-te+ Program of the Portuguese Institute of Sports and Youth, I.P., the objectives are: 1) to analyze the number of actions carried out by the Mobile Units and the level of satisfaction of youth with these actions; 2) to analyze the number of screenings, consultations and referrals conducted within the Youth Health (Counseling) Offices; 3) to analyze session expectations concerning the months and the districts where the consultations took place; 4) to examine the effectiveness of the intervention through an evaluation conducted at the initial and final stages; 5) to analyze the number of interactions of youth with the Youth Health in Portal device; and 6) to analyze the positive aspects and areas for improvement reported by psychologists using a qualitative methodology.

2. Methods

2.1. Participants

The present article comprises a quantitative study aimed at evaluating the various settings: (1) Mobile Units, (2) Youth Health in Portal, and (3) Youth Health (Counseling) Offices, as well as a qualitative study focusing on the positive aspects and areas for improvement reported by the Psychologists. The study sample is a convenience sample where the youth voluntarily accessed



the different services provided by the Cuida-te+ Program. The following table describes the sample across the different studies:

Table 1
Sociodemographic characteristics of participants

	<i>n</i>	%	<i>M</i>	<i>SD</i>	<i>Min.</i>	<i>Max.</i>
1.1. Mobile Units						
Gender						
Female	1734	53.7				
Male	1483	46.3				
Age			14.99	1.90	10	28
1.2. Youth Health (Counseling) Offices						
Study: Young people's expectations						
Gender						
Female	3748	76.9				
Male	1111	22.8				
Non-binary	14	0.3				
Age			19.99	3.64	12	26
Study: intervention efficiency						
Gender						
Female	144	74.6				
Male	46	23.8				
Non-binary	3	1.6				
Age			20.07	3.70	12	25
Qualitative study						
Gender						
Female	18	94.74				
Male	1	5.26				
Age			32.53	9.78	25	55

2.2. Instruments

Table 2 describes the variables and measures used in the present study.

Table 2
Variables and measures used in the present study

Variables	Measure
Quantitative study	
1.1. Mobile Units	
Actions	Number of actions and young people reached
Level of satisfaction	Recoded variable: 1 - negative, 2 - neutral, 3 - positive (original variable: Likert scale from 1 - Very dissatisfied to 5 - Very satisfied)
1.2. Youth Health (Counseling) Offices	
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: Depression, Anxiety and 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.
2.3. Youth Health in Portal	
Contents	Number and reach of the contents and the number of interactions.
Qualitative study	
Positive aspects and aspects that can be improved	<p>Three moments of data collection with the Psychologists in the Junior Professional Year were considered for the qualitative analysis:</p> <ol style="list-style-type: none"> 1. Meeting to present a 5-minute pitch in which they were asked to mention positive aspects and aspects to be improved; 2. Focus group with 19 junior psychologists, moderated by two members of the ASA team; 3. Final reports delivered after the end of the internship.

3. Data Analysis

Quantitative data analyses were carried out with the support of the Statistical Package for Social Sciences – SPSS program, version 29. Frequencies and chi-square were used for nominal variables, t-student for paired samples, or ANOVA for continuous variables. Qualitative analyzes were performed using the MAXQDA 2020 Software.

4. Results

4.1. Mobile Units

Throughout the project's execution period, 192 actions of the Mobile Units were carried out, with an estimated total of 9700 young people. 93.87% of the actions occurred in closed spaces, of which 59.2% were held in auditoriums. Mobile Unit participants were asked to complete a questionnaire (online or on paper) to analyze their health, well-being, and lifestyles in different areas, namely physical activity, eating habits, substance use, online behaviors, and sleeping habits. This questionnaire included a scale of satisfaction with the activities carried out by the Mobile Units. 3406 young people aged 10 to 28 years old (M=14.99) participated, 53.7% of whom were female. It is important to consider that the Mobile Units were also sought after by young people outside the target age range of the Cuida-te+ Program (i.e., aged between 12 and 25). Regarding the assessment of satisfaction with the actions carried out within the scope of the

Mobile Units device, most young people declared themselves satisfied or even very satisfied with the various parameters considered (Table 3).

Table 3

Assessment of the satisfaction with the Mobile Unit using a 3 points Likert scale

	Negative	Neutral	Positive
Contents/information presented	14.7%	10.2%	75.1%
Usefulness of the contents/information presented	14.9%	10.0%	75.2%
Speakers' performance	14.1%	9.4%	76.6%
Speakers' communication	14.4%	9.2%	76.4%
Clarification of doubts	14.1%	9.9%	76.0%
Participation of those present	15.4%	15.7%	69.0%
Space/facilities	15.0%	11.4%	73.6%
Overall appreciation	14.1%	9.7%	76.1%

4.2. Youth Health (Counseling) Offices

Concerning the number of screenings, consultations, and referrals, 736 screenings, 6342 consultations, and 357 referrals were observed. Table 4 shows the distribution of attendance at the Youth Health (Counseling) Offices by each of the 18 regions.

Table 4

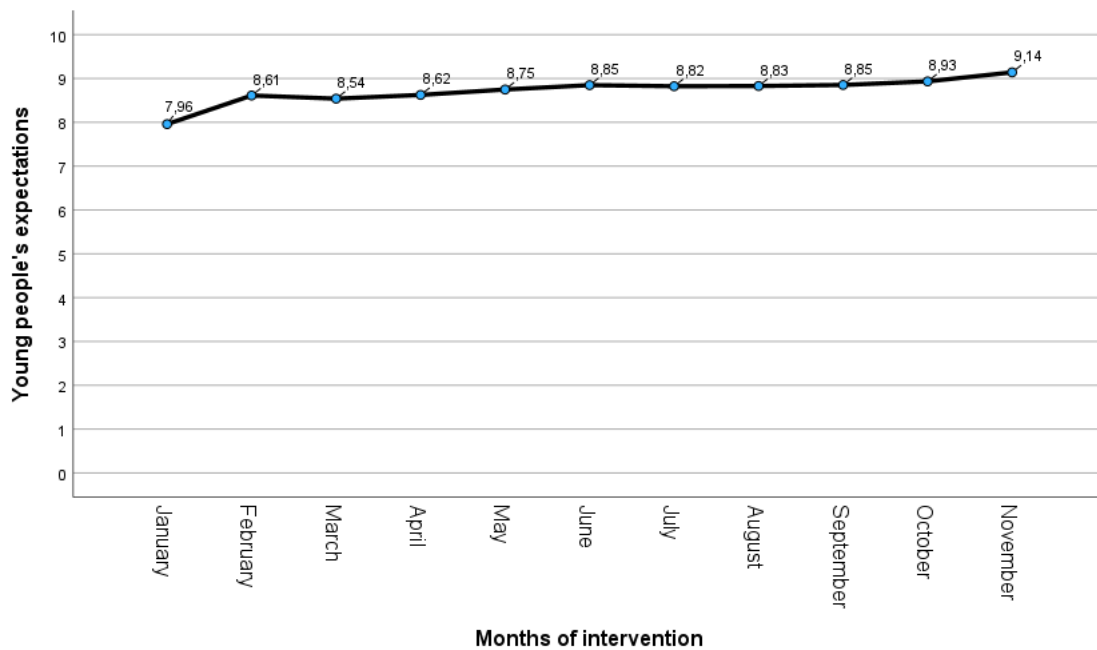
Distribution of attendance at the Youth Health (Counseling) Offices by National Districts

	Screenings	Consultations	Referrals
Aveiro	38	379	7
Beja	32	303	5
Braga	25	549	26
Bragança	36	310	20
Castelo Branco	10	263	15
Coimbra	47	315	17
Évora	25	263	1
Faro	71	248	43
Guarda	20	271	27
Leiria	13	345	16
Lisboa Expo	46	551	8
Lisboa Sede	126	555	30
Portalegre	1	295	6
Porto	86	250	44
Santarém	49	379	45
Setúbal	23	351	3
Viana do Castelo	38	275	16
Vila Real	34	274	27
Viseu	16	166	1
Total	736	6342	357

The Youth Health (Counseling) Offices sessions mainly corresponded to the young people's expectations, obtaining 4874 responses, with an average of 8.79, on a scale from 0 (did not correspond to expectations) to 10 (completely corresponded to expectations). Young people's expectations tended to increase, with a significant difference over the months of intervention (Graphic 1).

Graphic 1

Mean differences concerning the evaluation of expectations during the months in which the intervention took place



There was a statistically significant difference between expectations regarding care provided by the different Youth Health (Counseling) Offices at the national level. Table 5 shows the mean difference in young people's expectations by district.

Table 5

Mean differences between the Youth Health (Counseling) Offices (ANOVA) concerning the evaluation of expectations by National District.

		<i>N</i>	<i>M</i>	<i>SD</i>	<i>Min.</i>	<i>Max.</i>	<i>F</i>
Young people's expectations regarding the sessions							62.470***
	Castelo Branco	190	9.55	0.85	7	10	
	Guarda	219	9.44	1.15	1	10	
	Portalegre	268	9.41	0.84	6	10	
	Aveiro	353	9.39	0.73	7	10	
	Vila Real	242	9.34	1.25	0	10	
	Setúbal	187	9.23	0.88	6	10	
	Leiria	265	9.22	1.06	5	10	
	Beja	254	9.13	0.99	4	10	

		<i>N</i>	<i>M</i>	<i>SD</i>	Min.	Max.	<i>F</i>
	Lisboa Expo	358	8.96	0.95	6	10	
	Viana do Castelo	261	8.88	1.18	0	10	
	Viseu	159	8.84	0.91	7	10	
	Porto	181	8.79	1.67	0	10	
	Santarém	236	8.60	1.44	0	10	
	Coimbra	260	8.53	0.82	7	10	
	Braga	373	8.29	1.69	0	10	
	Faro	182	8.22	1.1	4	10	
	Évora	203	8.00	0.89	6	10	
	Bragança	278	7.98	1.77	0	10	
	Lisboa Sede	405	7.83	0.84	6	10	

***p < 0,001

Young people fill in assessment instruments at the beginning and end of the process to assess the effectiveness of the intervention (n=195). There were statistically significant differences in all variables under study, with the QoL (general, physical, psychological, social e environmental) and well-being of young people increasing after the intervention and the psychological symptomatology (i.e., stress, anxiety, and depression) significantly reducing, as shown in Table 6.

Table 6

Mean differences between the initial and the final assessment (t-test for paired samples)

	Initial assessment		Final assessemnt		<i>df</i>	<i>t</i>
	<i>M</i>	<i>DP</i>	<i>M</i>	<i>DP</i>		
Quality of life	3.81	0.55	4.13	1.41	194	-3.359***
Physical	3.65	0.56	3.92	0.58	194	-6.909***
Psychological	3.14	0.71	3.47	0.69	194	-7.597***
Social	3.49	0.75	3.63	0.79	194	-2.836**
Environmental	3.69	0.56	3.80	0.64	194	-2.815**
Well-being Index	11.09	4.90	13.83	5.05	189	-6.511***
DASS Stress	8.37	4.32	6.07	4.34	177	6.452***
DASS Depression	6.42	4.98	4.14	4.30	174	6.748***
DASS Anxiety	5.08	3.97	3.43	3.60	177	5.731***

4.3. Youth Health in Portal

Regarding the tool “Put your doubts here”, 52 responses were prepared, and 22 publications were made on social networks. The feedback obtained (i.e., "likes") demonstrates that the publications had the attention of young people (Table 7).

Table 7*List of publications made and number of “likes” achieved*

	Instagram	Facebook
Do you have questions about mental health, contraceptive methods, consumption, etc.	--	55
Dealing with anxiety generated by news about the war	97	74
Why is there still stigma in mental health	59	43
When to seek help...	65	37
After all, what is anxiety?	--	26
How can I take care of my mental health?	--	28
Sexual orientation	30	16
The importance of sleep...	30	18
Self-esteem	61	18
Healthy vs abusive relationships	41	13
Anxiety vs Panic Attacks	--	49
Gender identity	32	19
Tell me what you eat... I will tell you about your mental health!	126	24
Suicide	--	10
World Gratitude Day	24	20
For your mental health... Get moving!	101	36
Bullying & Cyberbullying	107	--
Technology Dependence	68	39
Burnout Syndrome (or Professional Stress)	242	56
Empathy and Communication Styles	127	65
Let's talk about self-care?	74	28
Healthy relationships: consent	83	33
Total	1367	707

4.4. Qualitative study

The qualitative study results were grouped into positive aspects and aspects to be improved regarding each device (i.e., Mobile Units, Youth Health (Counseling) Offices, Youth Health in Portal), the work of Psychologists in the junior professional year, and general aspects. Regarding positive aspects, the most frequently points mentioned were service characteristics (24 codifications), supervision and guidance meetings (22 codifications), conducting online consultations (20 codifications), and teamwork (PAPJ, ASA, IPDJ – coordination and technicians) (19 codifications). Regarding areas for improvement, the most frequently aspects mentioned were the unavailability of Mobile Units due to the lack of vehicles (21 codifications), facilities and equipment difficulties (21 codifications), difficulties in terms of dissemination (20 codifications), lack of preparedness by organizing entities for Mobile Unit actions (19 codifications) and lack of a multidisciplinary teams and technicians (19 codifications).

Table 8

Summary table of the positive and negative aspects identified by the PAPJ

Positive aspects	Aspects to improve
1.1. Mobile Units	
<ul style="list-style-type: none"> ▪ Prior contact with professionals from the organizing entities for articulation and preparation of actions (3 codifications); ▪ Realization of the face-to-face event in Lisbon (Mental Health Day) (1 codification). 	<ul style="list-style-type: none"> ▪ Application and registration period (platform problems) (10 codifications); ▪ Applications for Mobile Units (i.e., vans) but vehicles are not available (21 codifications); ▪ Lack of preparation by the organizing entities (19 codifications); ▪ Little time to prepare sessions scheduled on short notice (7 codifications).
1.2. Youth Health (Counseling) Offices	
<ul style="list-style-type: none"> ▪ Physical facilities and equipment available (14 codifications); ▪ Location of offices (8 codification); ▪ Flexibility in managing time and space for consultations (9 codifications); ▪ Online consultations (20 codifications). 	<ul style="list-style-type: none"> ▪ Office hours are not compatible with those of young people (some young people are only available after work) (10 codifications); ▪ Extensive waiting list (12 codifications). ▪ A high number of unannounced absences and cancellations (11 codifications); ▪ Lack of response for cases outside the scope of the Cuida-te+ Program (11 codifications); ▪ Difficulty in referrals to other responses (2 codifications).
2.1. Youth Health in Portal	
	<ul style="list-style-type: none"> ▪ Technical difficulties with the platform (i.e., sometimes they could not answer the questions asked by young people) (6 codifications). ▪ Unattractive content templates for social networks and platforms (6 codifications).
Psychologists in the Junior Professional Year	
<ul style="list-style-type: none"> ▪ Training made available to PAPJ (4 codifications); ▪ Opportunity to propose and implement PAPJ initiatives (12 codifications); ▪ Autonomy of the PAPJ (9 codifications). ▪ Initial Training promoted by the Portuguese Psychological Association (4 codifications). 	<ul style="list-style-type: none"> ▪ Lack of clarity in the functions of the PAPJ (5 codifications).
General aspects	
<ul style="list-style-type: none"> ▪ New partnerships established (10 codifications). ▪ Existing network of partners (17 codifications). ▪ Supervision and orientation meetings (22 codifications); ▪ Teamwork (PAPJ, ASA, IPDJ - coordination and technicians) (19 codifications). ▪ Service characteristics (24 codifications). ▪ Promotion of the services provided by the Cuida-te+ Program (17 codifications). 	<ul style="list-style-type: none"> ▪ Unclear scope and lack of knowledge of the Cuida-te+ Program (14 codifications). ▪ Difficulty in managing the services due to their suspension (16 codifications). ▪ Difficulties in terms of dissemination (20 codifications). ▪ Lack of coordination between hierarchies among IPDJ technicians (10 codifications). ▪ Lack of a multidisciplinary team and technicians (19 codifications). ▪ Facilities and equipment difficulties (21 codifications).



5. Discussion

The Cuida-te+ Program aims to promote health and healthy lifestyles among young people aged 12 to 25. In this regard, a project was developed in which Aventura Social – Associação was responsible for the supervision, clinical guidance and evaluation of the work carried out by 19 Psychologists in the Junior Professional Year in the following settings: 1.1) Mobile Units; 1.2) Youth Health (Counseling) Offices e 2.1.) Youth Health in Portal.

Regarding the Mobile Units, the Psychologists in the Junior Professional Year conducted 192 actions reaching approximately 9,700 young people across mainland Portugal. Out of these, 3,406 participated in a satisfaction survey, reporting that they were satisfied or very satisfied with the actions conducted. This result reinforces the interest and satisfaction of the youth with actions promoting health and healthy lifestyles, as they consider it important to have more school-based actions aimed at improving their knowledge about health and healthy lifestyles, thereby reducing the stigma associated with these issues (Shim et al., 2022; Lusquinhos & Carvalho, 2019).

Mental health is an important component of youth health (Brave et al., 2022). As such, the Cuida-te+ Program provided free consultation with the 19 Psychologists in the Junior Professional Year, in which 736 screening, 6,342 consultations and 357 referrals were conducted. Of the 6,342 consultations, 4,874 responses were collected regarding whether the consultation met the young people's expectations, with the majority indicating that it met their expectations considerably, and this value increased as the therapeutic process progressed. Within this setting, 195 young people were evaluated before and after the intervention, with results showing an increased QoL (general, physical, psychological, social and environmental) and well-being, and a significant reduction in psychological symptomatology (i.e., stress, anxiety and depression). These results align with the literature, indicating that interventions focused on youth mental health contribute to a reduction in symptomatology (e.g., anxiety and depression) and an increase in youth well-being (Das et al., 2016; Zhou et al., 2021).

In the Youth Health in Portal setting, young people had access to 22 publications on social networks and the tool "Put your doubts here", where 52 responses were prepared. Digital tools have proven to be as effective as face-to-face interventions, with young people indicating that they appreciate having access to services utilizing digital technologies and resources (Shueller & Histon, 2019).

6. Recommendations

Based on the obtained results from several participatory panels, including trainees and their supervisors, and the content analysis of the transcript of their contributions, we propose the following six recommendations to the Portuguese Institute of Youth and Sports:

- 1) Dissemination of the Cuida-te+ Program centralized by the IPDJ with the aim of:
 - 1.1) Clarify the scope of its action;



An innovative universal and selective service prevention among Young People: ...

- 1.2) Publicize the services offered with precision;
 - 1.3) Articulate the services offered with the available resources to monetize better the action of the Mobile Units, the Health in Portal, and the Health Offices;
 - 1.4) Increase internal communication through operational guidelines and the reduction of bureaucratic aspects;
 - 1.5) Ensuring privacy in the intervention and recording of confidential information;
 - 1.6) Clarify and create guidelines that regulate the Psychologist's intervention in the Junior Professional Year.
- 2) Consider hiring a psychologist for each district to:
- 2.1) Ensure the continuity of work in the trainees' transition periods;
 - 2.2) Ensure psychological acts outside the scope of the Cuida-te+ Program;
 - 2.3) Articulate with local services in defining the scope of the Cuida-te+ Program;
 - 2.4) Serve as an internal supervisor/clinical supervisor of the trainees;
 - 2.5) Decrease waiting list and response time.
- 3) Increase the diversity of professionals in the Cuida-te+ Program:
- 3.1) Elaboration of new agreements and protocols for the provision of a multidisciplinary team in each Youth Health Office to guarantee the provision of services in all areas;
 - 3.2) Availability of services such as nursing, nutritionist, child psychiatry, and medical assistance duly articulated with support from senior psychologists;
 - 3.3) Development of a multidisciplinary team.
- 4) Better use of IPDJ's physical facilities:
- 4.1) Reinforcement of privacy issues in some offices;
 - 4.2) Increase in the number of offices where these spaces are shared with other professionals to provide extended consultation hours;
 - 4.3) Increase the opening hours of the spaces where the Youth Health (Counseling) Offices are located. The closing time is between 5:30 PM and 6:00 PM, so responding to young people who are only available after these hours is challenging.
- 5) Internal and external referral network:
- 5.1) Creation of a platform for articulating health professionals in which they mention their availability to receive new requests, allowing other professionals to carry out case referrals;
 - 5.2) Creation of networks and protocols for the referral of young people who do not fall within the scope of the Cuida-te+ Program and need a specific response;
- 6) Consider the reformulation of the device 1.1. Mobile Units:
- 6.1) Adapt the application process so that the organizing entities can only compete for services that are available in the district (e.g., vans, nutritionists);



- 6.2) Adjust the application period to the school calendar: Schools make applications according to the needs identified in the current school year, and the actions may only take place in the following school year.

7. Key Message

The Cuida-te+ Program is very innovative in the European space, and it is very promising in its objectives, resources, and “proximity” option, as shown by the present results. It has the most significant relevance in supporting young people in the universal and selective prevention of health risks and promoting healthy lifestyles. Small evidence-based changes like those proposed could lead to an even more practical, effective, and efficient resource.

This is an important message a) for users of this service and their families so that they may use it while always respecting the scope of its action; b) for health professionals to refer and receive referrals from this program while also respecting the scope of their action c) for public policies to invest in the continuity and strengthening of this program in compliance with research-based recommendations.

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An innovative universal and selective service prevention among Young People: ...

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