Cuida-te + Program: First and Second Edition Highlights

Programa Cuida-te+: resultados destacados de la primera y segunda edición

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Abstract:

Access to physical and mental health programs tailored to the needs of young people is an important factor in their development. The Cuida-te + Program is a resource for the young population, providing services that promote their well-being and mental health. In this context, Aventura Social – Association, as a promoting entity in collaboration with the Portuguese Institute of Sports and Youth, I.P. (Instituto Português do Desporto e Juventude - IPDJ, I.P.) and with the Portuguese Psychological Association (Ordem dos Psicólogos Portugueses - OPP), created a recruitment grant for junior psychologists. This study, conducted within the framework of this collaboration, aims to analyze the differences between the first and second editions of the work developed by junior psychologists in the Cuida-te + Program, focusing on three types of interventions: Mobile Units (customized vans for awareness-raising actions), Youth Health Offices (psychological counseling) and Youth Health in Portal (providing content for social networks). Several achievement indicators were considered for each of the interventions and the results of the first and second editions of the program were compared. The number of activities and young people engaged through the Mobile Units increased, as did the number of consultations, screenings, and referrals conducted in the Youth Health Departments. The responses and publications shared on the Youth Health Portal also increased. Furthermore, there was an improvement in quality of life and well-being after the intervention of the Youth Health Offices and a reduction in psychological symptoms (i.e., levels of stress, anxiety and depression). Finally, it was found that young people's expectations regarding services provided by Youth Health Departments also increased. These results suggest the importance of making this type of Programs and services available to young populations, as well as their constant monitoring, aiming to adjust the response to the needs of the target population.

Keywords:

Youth programs; Healthy lifestyles; Mental health; Adolescents; Young adults.

Resumen:

El acceso a programas de salud física y mental adaptados a las necesidades de los jóvenes es un factor importante para su desarrollo. El Programa Cuida-te + es un recurso para la población joven, proporcionando servicios que promueven su bienestar y salud mental. En este contexto, la Asociación Aventura Social, como entidad promotora en colaboración con el Instituto Português do Desporto e Juventude (IPDJ, I.P.) y con la Ordem dos Psicólogos Portugueses (OPP), creó una beca de contratación de psicólogos junior. Este estudio, realizado en el marco de esta colaboración, tiene como objetivo analizar las diferencias entre la primera y la segunda edición del trabajo desarrollado por los psicólogos junior en el Programa Cuida-te +, centrándose en tres tipos de intervenciones: Unidades Móviles (furgonetas personalizadas para acciones de sensibilización), Gabinetes de Salud Joven (asesoramiento psicológico) y Salud Joven en Portal (aportación de contenidos para redes sociales). Para cada una de las intervenciones se consideraron varios indicadores de logros y se compararon los resultados de la primera y la segunda edición del programa. Aumentó el número de actividades y de jóvenes que participaron a través de las Unidades Móviles, así como el número de consultas, revisiones y derivaciones realizadas en los Departamentos de Salud Juvenil. También aumentaron las respuestas y las publicaciones compartidas en el Portal de Salud Juvenil. Además, se observó una mejora de la calidad de vida y el bienestar tras la intervención de las Oficinas de Salud Juvenil y una reducción de los síntomas psicológicos (es decir, los niveles de estrés, ansiedad y depresión). Por último, se constató que también aumentaron las expectativas de los jóvenes con respecto a los servicios prestados por los Departamentos de Salud Juvenil. Estos resultados sugieren la importancia de poner a disposición de la población joven este tipo de Programas y servicios, así como su seguimiento constante, con el objetivo de ajustar la respuesta a las necesidades de la población diana.

Palabras claves:

Programas para jóvenes; Estilos de vida saludables; Salud mental; Adolescentes; Adultos jóvenes.

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Introduction

Adolescence is a period of transition between childhood and adulthood, where the expansion of life scenarios can lead to new challenges associated with risks that are detrimental to current and future physical and psychological health (Aceves-Martins et al., 2019; Matos et al., 2015; Sawyer et al., 2018). In Portugal, there was an increase in the percentage of young people reporting any indicator of psychological distress (Gaspar et al., 2022; Matos & Equipa Aventura Social, 2018). In 2022, it was found that 2 in 10 young people reported feeling nervous almost every day, and around 1 in 10 reported feeling irritable and in a bad mood almost every day (Gaspar et al., 2022). A study in a school environment reports that 1 in every 3 young people of school age reports signs of psychological distress, especially girls, and this worsens as they progress through school (Matos et al., 2022, 2023[a], 2023[b], 2023[c]).

With the proper guidance and resources, young people can face these challenges more easily and emerge as confident, flexible, self-regulated, and resilient young adults (Matos, 2022). Access to adjusted and tailored responses to the young population, aiming to promote physical and mental health (World Health Organization [WHO], 2023) is therefore of the utmost importance, as suggested by a recent study published in Nature (Albarrancín et al., 2024). According to the World Health Organization (WHO, 2023), youth programs to promote physical and mental health and a healthy lifestyle emerge as examples of effective responses. These prevention and health promotion programs respond to a multilevel approach, whether through a multidisciplinary approach or multiple intervention platforms, i.e., digital media, health and/or social environments, schools and communities (WHO, 2021).

Method

Design

This study is part of the Cuida-te+ Program from the Portuguese Institute of Sports and Youth, I.P. (Instituto Português do Desporto e Juventude - IPDJ, I.P.) and aims to promote young people's well-being and mental health. 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.. Under the Cuida-te + Program, junior psychologists were recruited to collect data and provide services in three areas of intervention: (1) Mobile Units, which consist of vans adequately equipped to carry out awareness-raising actions in places with a large influx of young people, such as schools, associations, festivals, among others, (2) Youth Health Offices that are intended to provide free, anonymous and confidential psychological counseling to identify and intervene in a prevention approach, screening and referring the target population to other health structures or services, and (3) Youth Health in Portal, which aims to create relevant content for social media as well as prepare answers for the "Place Your Questions Here" tool (Education - Portuguese Institute of Sports and Youth, I.P., 2021, 2022). This recruitment has already had two editions, with the first edition recruiting 19 junior psychologists from October 2021 to November 2022 (Matos et al., 2023[d]; 2025) and the second edition recruiting 21 junior psychologists from March 2023 to March 2024 (Matos et al., 2024).

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Participants

The study participants constitute a convenience sample, consisting of young people who voluntarily sought and attended the different services of the Cuida-te+ Program throughout the two editions. 3,217 young people participated in the Mobile Units in the first edition and 4,295 young people in the second. The following table describes the sample of the first and second editions of the Mobile Units.

Table 1

Mobile Units - Sociodemographic characteristics of the sample

	n	%	M	SD	Min.	Max.
1st edition						
Gender						
Female	1734	53.7				
Male	1483	46.3				
Age			14.99	1.90	10	28
2nd edition						
Gender						
Female	2325	54.1				
Male	1908	44.4				
Non-binary	62	1.4				
Age			15.18	1.86	10	29

In the Youth Health Offices, 390 young people participated in the first edition and 526 young people in the second. Table 2 describes the sample of the first and second editions of the Youth Health Offices.

Table 2

Youth Health Offices - Sociodemographic characteristics of the sample

	n	%	M	SD	Min.	Max.
1st edition						
Gender						
Female	295	75.3				
Male	88	22.4				
Non-binary	7	1.8				
Age			19.70	3.77	12	26
2nd edition						
Gender						
Female	391	74.1				
Male	125	23.7				
Non-binary	10	1.9				
Age			19.73	3.48	12	26

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Instruments

The following table describes the variables and measures used in the present study (table 3).

Table 3

Variables and measures used in the present study.

Variables	Measure
Youth Health Offices	
Number of consultations, screenings and referrals	Number of consultations, screenings and referrals carried out by Junior Psychologists.
Level of young people's expectations	Scale adapted from Cantril (1965), consisting of 11 steps, ranging from 0 - the session did not meet the young person's expectations at all and 10 - the session completely met the young person's expectations.
Quality of life (QoL)	Quality of Life Questionnaire (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 Environmental QoL (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.
Mobile Units	
Number of actions	Number of actions of mobile units led by Psychologists in Junior Professional Year.
Number of participants	Estimated number of participants reached in the actions of the mobile units organized by the Psychologists in the Junior Professional Year.
Youth Health in Portal	
Contents	Number and reach of the contents and the number of interactions.

Data analysis

Data was analyzed using the Statistical Package for Social Sciences – SPSS, version 29. A descriptive analysis of the variables was conducted to explore the differences between the two editions. First, a descriptive analysis of the variables under study was performed. Subsequently, the t-test for independent samples was used to study the differences between the first and second editions. The t-test for dependent samples was used to study the effectiveness of the intervention carried out in the Youth Health Offices.

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Results

Youth Health Offices

Regarding the Youth Health Offices, there was an increase in the indicators from the first to the second edition, with 6342 consultations, 736 screenings and 357 referrals being carried out in the first edition and 8446 consultations, 901 screenings and 362 referrals in the second edition. Table 4 shows the number of consultations, screenings and referrals in the first and second editions distributed by the Youth Health Office. It should be noted that Lisboa and Braga had the addition of one more Junior Psychologist from the first to the second edition.

Table 4

Distibuition of the number of consultations from the 1st and 2nd edition by Youth Health Office

	Consultations		Screening		Referrals	
	1st edition	2nd edition	1st edition	2nd edition	1st edition	2nd edition
Aveiro	379	398	38	33	7	16
Beja	303	364	32	13	5	7
Braga	549	779	25	3	26	19
Bragança	310	424	36	2	20	1
Castelo Branco	263	401	10	29	15	16
Coimbra	315	514	47	45	17	7
Évora	263	300	25	14	1	13
Faro	248	568	71	149	43	14
Guarda	271	454	20	0	27	9
Leiria	345	617	13	37	16	6
Lisboa Expo	551	955	46	273	8	176
Lisboa Sede	555	396	126	55	30	13
Portalegre	295	256	1	14	6	5
Porto	250	297	86	92	44	12
Santarém	379	359	49	20	45	14
Setúbal	351	354	23	55	3	26
Viana do Castelo	275	294	38	5	16	3
Vila Real	274	348	34	24	27	2
Viseu	166	368	16	38	1	3
Total	6342	8446	736	901	357	362

Regarding the assessment of young people's expectations regarding the consultations, there are statistically significant differences in several national districts, except for Castelo Branco, Coimbra, Viana do Castelo and Viseu. In most youth health offices, there was an increase in the average from the first to the second edition, except in Aveiro, Portalegre and Setúbal where the average decreased (table 5).

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Table 5

Differences in averages between session expectations and the 1st and 2nd edition by Youth Health Office

	1st edition		2nd edition		F
	M	SD	M	SD	
Aveiro	**9.39**	**0.73**	9.11	1.12	11.880***
Beja	9.13	0.99	**9.67**	**0.63**	32.787***
Braga	8.29	1.69	**9.52**	**0.84**	93.021***
Bragança	7.98	1.77	**9.52**	**0.80**	15.695***
Castelo Branco	9.55	0.85	9.66	0.79	1.193
Coimbra	8.53	0.82	9.53	0.79	3.628
Évora	8.00	0.89	**9.03**	**1.01**	4.730*
Faro	8.22	1.10	**9.69**	**0.74**	56.188***
Guarda	9.44	1.15	**9.57**	**0.73**	4.913*
Leiria	9.22	1.06	**9.82**	**0.52**	179.153***
Lisboa Expo	8.96	0.95	**9.74**	**0.66**	13.766***
Lisboa Sede	7.83	0.84	**9.62**	**0.76**	7.750**
Portalegre	**9.41**	**0.84**	8.70	1.24	18.446***
Porto	8.79	1.67	**9.51**	**0.88**	13.976***
Santarém	8.60	1.44	**9.51**	**0.91**	20.899***
Setúbal	**9.23**	**0.88**	9.18	1.02	2.890*
Viana do Castelo	8.88	1.18	9.13	0.98	1.514
Vila Real	9.34	1.25	**9.39**	**0.60**	19.434***
Viseu	8.84	0.91	9.51	0.77	2.229

Note: ***p<.001; **p < .01; *p<.05

Regarding the study of the intervention's effectiveness in the Youth Health Offices of the first edition, statistically significant differences were observed in all variables under study. The quality of life (i.e., general, physical, psychological, social and environmental) and well-being of young people increased after the intervention while symptomatology reduced (i.e., levels of stress, anxiety and depression) (table 6).

Table 6

Differences in averages between the initial and final evaluations of the 1st edition

	Initial evaluation		Final evaluation		df	t
	M	DP	M	DP		
Quality of life (general)	3.81	0.55	**4.13**	1.41	194	-3.359***
Physical QoL	3.65	0.56	**3.92**	0.58	194	-6.909***
Psychological QoL	3.14	0.71	**3.47**	0.69	194	-7.597***
Social QoL	3.49	0.75	**3.63**	0.79	194	-2.836**
Environmental QoL	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***

Note: ***p<.001; **p < .01

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In terms of the study of the intervention's effectiveness in the Youth Health Offices in the second edition, the results were identical to the first edition, with statistically significant differences observed in all variables under study. As in the first edition, the quality of life (i.e., general, physical, psychological, social and environmental) and well-being of young people increased after the intervention, while symptomatology reduced (i.e., levels of stress, anxiety and depression) (table 7).

Table 7

Differences in averages between the initial and final evaluations of the 2nd edition

	Initial evaluation		Final evaluation		t
	M	DP	M	DP	
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<0,001

Mobile Units

During the first edition of the Mobile Units, 192 actions reached 9700 young people. In the second edition, the number of actions increased to 304, engaging 16332 young people. Table 8 shows the distribution of the number of actions and young people reached in the first and second editions by the Youth Health Office. It should be noted that the number of actions and young people is directly associated with local entities's existing applications for this service.

Table 8

Distribuition of the number of actions and participants in the 1st and 2nd editions, by Youth Health Office

	Number of actions		Number of participants	
	1st edition	2nd edition	1st edition	2nd edition
Aveiro	7	11	161	260
Beja	3	29	275	979
Braga	13	11	956	1018
Bragança	8	12	207	282
Castelo Branco	4	8	172	307
Coimbra	11	13	304	516

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Évora	12	27	885	1497
Faro	6	16	408	365
Guarda	10	13	425	469
Leiria	9	13	731	375
Lisboa Expo	9	26	335	2314
Lisboa Sede	6	3	239	221
Portalegre	10	38	358	1803
Porto	18	23	1292	1805
Santarém	13	13	331	468
Setúbal	7	12	284	429
Viana do Castelo	21	16	1076	1331
Vila Real	12	11	826	579
Viseu	10	8	337	614
Direção Regional Lisboa e Vale do Tejo	0	1	0	700
Total	192	304	9700	16332

Youth Health in Portal

For the Youth Health in Portal, junior psychologists prepared content for social media as well as provided answers to questions submitted by young people through the "Ask Your Questions Here" tool. 52 responses were given in the first edition, increasing to 80 in the second edition.

Regarding social media content, the number of publications rose from 22 total Facebook/Instagram posts in the first edition to 26 in the second. As shown in Table 9, Instagram recorded the highest number of interactions, with likes increasing from 1367 in the first edition to 3559 in the second. Conversely, Facebook saw a decline in engagement, with the number of likes dropping from 707 to 479.

Table 9

Distribuition of the number of likes in the 1st and 2nd edition by social media platform

	1st edition	**2nd edition**
Facebook	707	479
Instagram	1367	3559

Conclusions

From the first edition of the evaluation of the Cuida-te + Program to the second, there was a general improvement in the indicators considered for the different services. This result demonstrates an increase in the demand from young people for this type of response, and greater adhesion to the services provided. Providing responses tailored to the needs of young people contributes effectively to promoting their physical and mental health (WHO, 2023).

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More actions were conducted through the Mobile Units, reaching more young people. However, overall satisfaction with these initiatives declined in the second edition. Therefore, a thorough evaluation is recommended to assess the feasibility of expanding outreach while maintaining existing resources. In the Youth Health Offices, the number of consultations, screenings, and referrals and young people's overall positive expectations regarding their consultations increased. The alignment of psychology consultations with young people's expectations plays a crucial role in fostering their engagement in the clinical process and influencing outcomes (Watsford & Rickwood, 2013). Moreover, the interventions improved quality of life and well-being while reducing symptoms in both the first and second editions. Additionally, more responses were provided through the "Ask Your Questions Here" tool and more content was created for social media as part of the Youth Health in Portal.

The study is part of the Cuida-te + Program, as such the results should be interpreted considering the convenience sample – comprising young people who accessed services voluntarily or at the request of schools and guardians. Additionally, two key factors influenced the outcomes: the internship duration was shorter in the second edition compared to the first. In contrast, the number of psychologists increased from the first to the second edition.

Based on the findings from this and the previous edition of the Cuida-te + Program, the following recommendations are proposed:

a) Continuing the work carried out by Junior Professional Year Psychologists at a national level.

b) Hiring experienced psychologists registered with the OPP to ensure appropriate responses to complex cases and continuity during transition periods.

c) Recruiting additional professionals to establish a multidisciplinary team.

d) Clarifying the scope of the Cuida-te + Program, particularly regarding its target population and its collaboration with professionals in education, health, justice, and social security.

e) Implementing a more structured dissemination strategy for the Cuida-te + Program, incorporating insights from these two editions and submitting them for evaluation and recommendations.

f) Developing a network of local partners to ensure faster, more tailored responses to young people's needs.

g) Optimizing the use of physical spaces, including renovating deteriorated areas and improving thermal and acoustic insulation.

h) Adapting online content and platforms to provide quicker and more effective responses aligned with the needs of the target population.

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