

Article

Impact of the Youth Health Offices of the Portuguese IPDJ Cuida-Te Program on the Quality of Life, Well-Being, and Mental Health of Adolescents and Emerging Adults: A Pre-Post Analysis over 3 Years

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Abstract

The mental health of young people has increasingly emerged as a public health priority due to the growing prevalence of mental health problems during adolescence and early adulthood. The literature has identified community-based programs as effective strategies for promoting well-being and preventing psychological symptomatology. In this context, the present study aimed to evaluate the impact of the interventions provided by junior psychologists working in the Youth Health Offices of the Cuida-te Program of the Portuguese Institute of Sports and Youth (IPDJ) on the quality of life, well-being, and mental health of Portuguese youth through a pre- and post-intervention analysis. A total of 1164 young people, aged between 12 and 29 years old, participated across three editions of the program. Self-report instruments were used to assess the quality of life, the well-being, and the psychological symptoms (stress, depression, and anxiety) of the participants. The results revealed statistically significant improvements between pre- and post-intervention assessments, including increased quality of life and well-being, as well as reduced levels of stress, depression, and anxiety. These findings were observed among both female and male participants and across different age groups. Non-binary participants showed less pronounced results, although with no statistically significant differences identified, suggesting the need for more research with larger samples and for inclusive interventions tailored to the specific needs of sexual and gender minorities. Overall, the work carried out appears to constitute an effective and cost-effective community-based response for the prevention of mental health symptoms and the promotion of mental health in adolescents and young adults, reinforcing the importance of permanent, accessible, and inclusive public policies.



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1. Introduction

Adolescence, defined as the period between 10 and 19 years of age, represents a transitional stage between childhood and emerging adulthood, characterized by rapid physical, cognitive, and psychosocial changes. These transformations influence how adolescents think, feel, and interact with their surrounding environment, making it a critical period for the development of skills and the adoption of behaviors that have long-term health implications across their lifespan.

Although often regarded as a generally healthy stage of life, adolescence is associated with significant levels of morbidity and mortality, many of which are preventable [1]. In this context, UNICEF [2] emphasizes the importance of mental health promotion as a public health priority, especially during adolescence and emerging adulthood.

Community-based mental health promotion and prevention programs have assumed a central role in addressing adolescents' needs, enabling greater proximity, accessibility, and contextual relevance of interventions [3,4]. These programs contribute to the development of emotional competencies and adaptive coping strategies and are particularly relevant in the early stages of intervention. Evidence has consistently demonstrated the positive impact of such programs in reducing psychological symptoms and improving adolescents' and emerging adults' functioning overall [5,6], with particularly strong effectiveness when implemented in community and school settings [7].

In addition, these programs are associated with significant improvements in subjective well-being and quality of life (QoL), fostering the development of personal competencies, greater perceived social support, and more effective coping strategies [8,9]. These findings reinforce the importance of structured, evidence-based interventions in the promotion of youth mental health.

Despite these advances, evidence indicates that minorities, namely sexual and gender minorities, experience significantly higher levels of mental health difficulties compared to their majority peers, including symptoms of anxiety, depression, and self-harming behaviors [10]. These disparities are often explained by the impact of stigma, discrimination, and social exclusion, as proposed by the minority stress theory [11].

Non-binary young people, individuals with diverse gender identities, and, more broadly, young people who do not fit within the social "mainstream", present heightened vulnerabilities. Recent evidence indicates particularly high levels of psychological symptoms and suicide risk [12,13]. These difficulties are frequently associated with experiences of identity invalidation, rejection, and lack of social recognition. Furthermore, the psychological well-being of non-binary individuals and, in general, of all minority groups, including young people with special health or educational needs, those in extreme poverty, or individuals from migrant, culturally, and linguistically diverse backgrounds is strongly linked to relational and contextual factors, such as social support, identity validation, and the quality of interpersonal relationships [14]. These findings underscore the need to consider the complexity of these experiences in the development of mental health interventions.

Despite these identified needs, sexual and gender minorities, as well as other minorities, continue to face significant barriers in accessing mental health services, including fear of discrimination, negative experiences with professionals, and the perception of non-

inclusive environments [10]. These barriers contribute to underutilization of services and the persistence of mental health inequalities.

In this context, community-based programs have emerged as a promising response. Interventions grounded in cognitive-behavioral approaches and structured mental health promotion programs have demonstrated positive impacts, particularly in reducing depressive symptoms [4,15]. However, evidence suggests that these effects may be more limited regarding anxiety, indicating the need to adapt such interventions to the diverse needs of young people [15].

In parallel, studies focusing on community-based programs for sexual and gender minorities, for instance, show that the effectiveness of these interventions depends on their ability to foster feelings of belonging, safety, and identity validation. Generalized interventions may be insufficient to address the specific needs of non-binary youth and other minorities, making it essential to incorporate inclusive practices, appropriate language, and the creation of safe environments [16,17].

Finally, best-practice guidelines for promoting the mental health of sexual and gender minority populations and other minorities emphasize the need for culturally competent, accessible, and person-centered services. These recommendations include professional training, adaptation of interventions, and the promotion of inclusive settings, all of which are essential to enhance intervention effectiveness and reduce mental health inequalities [18].

The current study aims to evaluate the effect of a mental health program prevention focused in the context of a nationwide free mental health support measure. The intervention was designed considering the following issues: a free service, professionals' training and supervision, a preventive community-based approach, an inclusive approach to individual differences and inequalities, especially addressing the issue of different needs of minority groups.

2. Materials and Methods

2.1. Design

This study was conducted within the Youth Health Offices of the Cuida-te Program, promoted by the Portuguese Institute of Sport and Youth (IPDJ) [19]. As part of this program, the Youth Health Offices aim to promote young people's psychological well-being and mental health by providing free, anonymous, and confidential psychological counseling services. These services focus on prevention, early identification of psychological difficulties, and referral to specialized healthcare services whenever necessary [20,21]. To implement these services, junior psychologists were recruited (a designation established by the Portuguese Psychologists Association for professionals who have completed their academic training and are undertaking their first year of supervised professional practice). These professionals were responsible for conducting psychological counseling sessions at the Youth Health Offices.

The research was conducted in accordance with the ethical principles of the Declaration of Helsinki and the Code of Ethics of the Portuguese Psychologists Association. As a community-based research project embedded within a public government service, ethical approval was granted through the institutional authorization and regulatory approval of the IPDJ, I.P., which governs the Cuida-te Program. Participation in the study was entirely voluntary.

The sample of the present study consisted of young people who sought psychological support or counseling through the contact channels provided by the program, namely email or an online form. Following the request for support, the junior psychologist scheduled the first session, with the total number of sessions determined according to the presenting

concerns and the needs identified throughout the intervention. Young people were invited to participate in the study during their first and final sessions. Informed consent forms and study measures were collected using an online questionnaire.

All interventions were delivered within a cognitive-behavioral (CBT) framework. Case conceptualization was based on functional analysis, enabling individualized intervention plans according to each participant’s presenting concerns. Junior psychologists received weekly supervision from senior therapists to ensure consistency and fidelity to the intervention model. Counseling sessions’ structure and evaluation were designed by senior therapists who also supervised weekly the junior psychologists’ interventions. To date, the recruitment process has spanned three editions:

- First Edition: 19 junior psychologists from October 2021 to November 2022 [22];
- Second Edition: 21 junior psychologists from March 2023 to March 2024 [17];
- Third Edition: 10 junior psychologists from December 2024 to December 2025.

2.2. Participants

The study sample included 1164 participants, distributed across three program editions: 33.6% in the first edition ($n = 391$), 45.4% in the second ($n = 528$), and 21.0% in the third ($n = 245$). Regarding gender, the majority of participants were female (74.8%), followed by male participants (22.9%). Participants were aged between 12 and 29 years, with a mean age of 19.95 years ($SD = 3.68$) (Table 1).

Table 1. Sociodemographic characteristics of the sample.

	<i>n</i>	%	<i>M</i>	<i>SD</i>	Min.	Max.
Edition						
First edition	391	33.6				
Second edition	528	45.4				
Third edition	245	21.0				
Gender						
Male	266	22.9				
Female	871	74.8				
Non-binary	27	2.3				
Age			19.95	3.68	12	29
Up to 18 years	382	32.8				
19–21 years	297	25.5				
22 years or older	485	41.7				

2.3. Instruments

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

Table 2. Variables and measures used in the present study.

Variables	Measure
Quality of life (QoL)	Quality of Life Questionnaire (1994) by Canavarro et al. [23] and Vaz Serra [24], consisting 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 rating 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 [25], consisting of 5 items on a rating scale from 0 (Never) to 5 (All the time). The score ranges from 0 (worst well-being) to 25 (best well-being).

Table 2. Cont.

Variables	Measure
Depression, Anxiety, and Stress	Depression Anxiety Stress Scales (DASS) [26], consisting of 21 items distributed in equal numbers across three dimensions: Depression, Anxiety, and Stress. Responses are on a 4-point rating 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.

2.4. Data Analysis

The data were analyzed using the Statistical Package for the Social Sciences (SPSS), version 29 (Chicago, IL, USA). Initially, a descriptive analysis was conducted to characterize the sample. To evaluate the effectiveness of the intervention implemented in the Youth Health Offices, pre- and post-intervention measurements were compared using paired-samples *t*-tests. This analysis allowed an assessment of the intervention’s impact on indicators of QoL, well-being, and psychological symptomatology, both for the total sample and according to gender and age group.

3. Results

The results presented in Table 3 show statistically significant differences between the two assessment moments before and after the intervention, across all analyzed variables ($p < 0.001$). A significant increase was observed in QoL across its different dimensions (overall, physical, psychological, social, and environmental), as well as in well-being. In parallel, a significant reduction was found in levels of stress, depression, and anxiety.

Table 3. Mean differences between baseline and follow-up assessment (paired-samples *t*-test) ($n = 1164$).

	Initial Evaluation		Final Evaluation		<i>df</i>	<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Quality of life (general)	3.51	0.50	3.85	0.55	628	17.363 ***
Physical QoL	3.67	0.57	4.03	0.58	628	15.888 ***
Psychological QoL	3.13	0.67	3.62	0.69	628	18.888 ***
Social QoL	3.48	0.78	3.77	0.76	628	9.220 ***
Environmental QoL	3.67	0.60	3.87	0.63	628	9.152 ***
Well-being index	11.48	4.55	15.10	5.06	617	16.407 ***
DASS Stress	8.58	4.40	5.81	4.30	598	−14.081 ***
DASS Depression	6.56	4.75	3.77	4.08	600	−15.101 ***
DASS Anxiety	5.25	4.27	3.38	3.69	607	−11.239 ***

Note: *** $p < 0.001$.

Analyses conducted according to gender reveal differentiated patterns. Among female and male participants, statistically significant improvements were observed across all analyzed variables ($p < 0.001$), including increases in QoL and well-being, as well as reductions in stress, depression, and anxiety levels (Tables 4 and 5).

Table 4. Mean differences between baseline and follow-up assessment in male participants (paired-samples *t*-test) (*n* = 266).

	Initial Evaluation		Final Evaluation		<i>df</i>	<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Quality of life (general)	3.45	0.53	3.85	0.57	141	9.148 ***
Physical QoL	3.61	0.60	4.08	0.56	141	9.381 ***
Psychological QoL	3.08	0.68	3.66	0.76	141	10.744 ***
Social QoL	3.32	0.87	3.70	0.82	141	4.784 ***
Environmental QoL	3.63	0.62	3.84	0.64	141	4.571 ***
Well-being index	11.81	4.80	15.91	5.02	139	8.808 ***
DASS Stress	8.16	4.27	5.42	4.09	134	−7.657 ***
DASS Depression	7.17	5.01	3.86	4.20	135	−8.367 ***
DASS Anxiety	5.17	4.22	2.93	3.20	138	−6.894 ***

Note: *** *p* < 0.001.

Table 5. Mean differences between baseline and follow-up assessment in female participants (paired-samples *t*-test) (*n* = 871).

	Initial Evaluation		Final Evaluation		<i>df</i>	<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Quality of life (general)	3.53	0.50	3.85	0.54	474	14.739 ***
Physical QoL	3.68	0.56	4.03	0.58	474	13.149 ***
Psychological QoL	3.14	0.67	3.62	0.68	474	15.632 ***
Social QoL	3.52	0.75	3.79	0.75	474	7.797 ***
Environmental QoL	3.68	0.59	3.88	0.63	474	7.811 ***
Well-being index	11.39	4.50	14.90	5.07	466	13.806 ***
DASS Stress	8.71	4.46	5.89	4.36	451	−11.910 ***
DASS Depression	6.36	4.67	3.74	4.09	452	−12.345 ***
DASS Anxiety	5.23	4.30	3.49	3.84	456	−8.847 ***

Note: *** *p* < 0.001.

Among non-binary participants, improvements were also observed across most outcomes. However, these changes did not reach statistical significance, which should be interpreted cautiously given the small sample size (*n* = 27) (Table 6).

Table 6. Mean differences between baseline and follow-up assessment in non-binary participants (paired-samples *t*-test) (*n* = 27).

	Initial Evaluation		Final Evaluation		<i>df</i>	<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Quality of life (general)	3.53	0.40	3.73	0.48	11	1.461
Physical QoL	3.68	0.49	3.70	0.61	11	0.175
Psychological QoL	3.08	0.64	3.89	0.62	11	1.808
Social QoL	3.81	0.74	4.06	0.42	11	1.216
Environmental QoL	3.71	0.48	3.92	0.47	11	1.319
Well-being index	11.09	3.39	13.27	4.20	10	1.544
DASS Stress	8.58	2.94	7.00	4.45	11	−1.368
DASS Depression	7.33	4.21	3.75	2.38	11	−2.890
DASS Anxiety	6.92	3.68	4.17	2.98	11	−2.595

Regarding the analysis by age groups (Tables 7–9), the results indicate that most groups showed statistically significant improvements across the majority of the evaluated variables (*p* < 0.001). Overall, increases were observed in QoL and well-being, alongside

reductions in stress, depression, and anxiety levels. However, these differences were not statistically significant across all variables and age groups, particularly for the well-being index and stress levels among young people aged between 19 and 21 years.

Table 7. Mean differences between baseline and follow-up assessment in participants aged up to 18 years (paired-samples *t*-test) (*n* = 382).

	Initial Evaluation		Final Evaluation		<i>df</i>	<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Quality of life (general)	3.51	0.58	3.81	0.59	201	9.317 ***
Physical QoL	3.62	0.62	3.96	0.60	201	9.137 ***
Psychological QoL	3.10	0.76	3.56	0.74	201	10.510 ***
Social QoL	3.52	0.79	3.75	0.80	201	3.903 ***
Environmental QoL	3.71	0.67	3.89	0.67	201	4.241 ***
Well-being index	12.23	4.98	15.00	5.16	198	8.066 ***
DASS Stress	8.66	4.60	6.20	4.38	189	−8.184 ***
DASS Depression	7.51	5.26	4.41	4.38	191	−9.585 ***
DASS Anxiety	6.49	4.73	4.34	4.17	194	−7.355 ***

Note: *** *p* < 0.001.

Table 8. Mean differences between baseline and follow-up assessment in participants aged 19–21 years (paired-samples *t*-test) (*n* = 297).

	Initial Evaluation		Final Evaluation		<i>df</i>	<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Quality of life (general)	3.44	0.48	3.81	0.54	146	8.149 ***
Physical QoL	3.59	0.59	4.00	0.57	146	7.657 ***
Psychological QoL	3.02	0.62	3.58	0.68	146	9.241 ***
Social QoL	3.42	0.79	3.73	0.80	146	4.351 ***
Environmental QoL	3.62	0.58	3.81	0.61	146	3.947 ***
Well-being index	10.35	4.22	15.00	5.37	144	9.047
DASS Stress	9.16	4.18	6.19	4.67	138	−6.372
DASS Depression	6.91	4.77	3.72	4.14	137	−7.734 ***
DASS Anxiety	5.56	4.03	3.24	3.38	139	−6.518 ***

Note: *** *p* < 0.001.

Table 9. Mean differences between baseline and follow-up assessment in participants aged 22 years or older (paired-samples *t*-test) (*n* = 485).

	Initial Evaluation		Final Evaluation		<i>df</i>	<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Quality of life (general)	3.55	0.45	3.90	0.52	279	12.283 ***
Physical QoL	3.74	0.52	4.11	0.56	279	10.581 ***
Psychological QoL	3.20	0.61	3.69	0.66	279	12.710 ***
Social QoL	3.48	0.77	3.81	0.72	279	7.497 ***
Environmental QoL	3.67	0.54	3.90	0.61	279	7.355 ***
Well-being index	11.54	4.28	15.23	4.83	273	11.221 ***
DASS Stress	8.23	4.33	5.34	4.01	269	−9.701 ***
DASS Depression	5.71	4.19	3.33	3.77	270	−8.908 ***
DASS Anxiety	4.20	3.78	2.76	3.34	272	−5.897 ***

Note: *** *p* < 0.001.

4. Discussion

The results of the present study demonstrate a positive impact of the intervention implemented carried out in the Cuida-te Program Youth Health Offices, reflected in significant improvements in QoL and well-being, as well as in reductions in psychological symptomatology. These findings are consistent with recent evidence showing that community- and school-based interventions produce positive effects on young people's mental health, although with varying magnitudes depending on program characteristics and implementation contexts [27,28].

The observed effectiveness may be associated with the nature of the Cuida-te Program Youth Health Offices as community-based, accessible, and youth-centered services tailored to young people's needs. The literature has consistently shown that community interventions are associated with improvements in psychological symptomatology and psychosocial functioning, as well as increased engagement with services [29,30]. Such settings appear to facilitate the development of emotional competencies and adaptive coping strategies, contributing to sustained improvements in well-being.

Despite the overall positive impact, the gender-based analysis revealed relevant differences in intervention effectiveness. Although statistical significance was not observed among non-binary participants, the direction of change was generally comparable to that observed in the overall sample. Because this subgroup included only 27 participants, these findings should be interpreted cautiously, as the study had limited statistical power to detect significant differences. This pattern is consistent with the literature showing higher levels of psychological vulnerability among non-binary and other sexual and gender minority youth, often associated with experiences of stigma, discrimination, and identity invalidation [12,13,17,31].

The absence of statistically significant findings should not be interpreted as evidence of lower intervention effectiveness. Rather, the limited sample size prevents robust conclusions regarding this subgroup. Evidence increasingly suggests that generalized programs may not be sufficient to effectively address the particular experiences and challenges of sexual and gender minority populations, highlighting the need to integrate more targeted and culturally sensitive approaches [10]. In this regard, affirmative interventions that recognize and validate gender identities and sexual orientations have been identified as essential for promoting safe and inclusive environments [32,33].

It is also important to note that the evidence regarding the effectiveness of mental health promotion programs is not entirely consistent, with reported differences depending on intervention type, implementation quality, and characteristics of the target population [34]. What was proposed in the current study was a free community based preventive counselling intervention, carried out by young psychologists within a frame of an official national program, closely supervised by senior psychotherapists, following a common protocol regarding intervention, evaluation, and supervision. These factors should be considered when interpreting the present findings.

Regarding the analysis by age groups, the results suggest a transversal effectiveness of the intervention, indicating that the Cuida-te Program Youth Health Offices may constitute an appropriate response across different stages of youth development. This finding is consistent with the perspective that early and sustained interventions can contribute to more positive mental health trajectories throughout adolescence and early adulthood [35].

However, some limitations of the present study should be acknowledged. In particular, the small sample size of non-binary participants influenced the statistical significance of the results, limiting the generalizability of conclusions for this group. Future studies should include larger samples of gender-diverse young people and formally compare intervention effects across gender groups. Additionally, the absence of a control group

precludes causal inferences, and therefore the results should be interpreted with caution. Due to the limited timeline and the usual limited financial and human resources allocated to a free community-based program, a randomized control trial, or even a pre-post design with a control group is unfortunately impossible. However, separate analyses considering each of the three series of the study independently have revealed the same pattern of positive and significant results. Additionally, the psychologists involved in the intervention were junior psychologists at an early stage of their professional careers, corresponding to the first year of supervised practice after completing their academic training. Although this model ensures regular supervision by more experienced professionals, the lack of diversity regarding psychologists' levels of professional experience constitutes a limitation of the present study.

Despite these limitations, the findings of the present study have important implications for the future development of mental health promotion programs. In particular, they highlight the need to integrate more inclusive and gender-sensitive approaches, ensuring that interventions can equitably address the needs of all young people. In this sense, it is essential to invest in program adaptation, professional training, and the creation of genuinely inclusive environments, in order to enhance intervention effectiveness and reduce mental health inequalities. It should also be noted that one important issue of this program is its sustainability: assuring that this service can be integrated continuously in the national offer of Cuida-te Program Youth Health Offices, which has a very relevant and effective effect, but cannot be the only mental health offer, presenting the need for it to be associated to a network of stepped mental health care that will allow most young people to be cared for or referred properly.

5. Conclusions

The interventions implemented in the context of the Cuida-te Program Youth Health Offices demonstrate a positive and significant impact on youth mental health, reflected in improvements in QoL and well-being, as well as reductions in psychological symptoms. The results indicate that this preventive community-based intervention model is effective and appropriate across different age groups, facilitating young people's access to specialized mental health care.

However, although improvements were observed among participants who identified as non-binary, the small sample size ($n = 27$) prevents firm conclusions regarding the effectiveness of the intervention in this subgroup. These findings highlight the importance of developing inclusive mental health interventions that address the needs of all young people, including those with special educational or health needs, those experiencing extreme poverty or severe social disadvantage, and those from diverse cultural and linguistic backgrounds. It should be noted that these findings should be interpreted with caution, given the small sample size and the fact that not all minority groups were specifically targeted by the intervention.

Considering this evidence, it is important to reconsider current public mental health policies, particularly regarding preventive community-based responses.

It is recommended that these programs are established as permanent and continuous services, ensuring their long-term availability rather than relying on time-limited editions.

Furthermore, public policies should take these results into consideration, in order to address the current needs of young people, particularly in relation to minority issues, ensuring responses that are technically and contextually appropriate.

In sum, for the Cuida-te Program Youth Health Offices to consolidate robust and integrated responses, public policies must ensure that these structures are accessible, sustainable, and inclusive for all young people.

Only through political commitment that recognizes and values the importance of such services will it be possible to reduce mental health inequalities and ensure that no young person is left behind and left outside the care system.

6. Key Messages

- (a) The Cuida-te Program Youth Health Offices constitute an effective community-based mental health intervention, contributing to significant improvements in young people's QoL and well-being, as well as reductions in psychological symptomatology.
- (b) This intervention model demonstrates applicability across different developmental stages, supporting its relevance for both adolescents and emerging adults.
- (c) The results highlight the need to strengthen inclusivity within mental health interventions, addressing the needs of a wide myriad of minority populations presenting special needs.
- (d) The implementation of community-based mental health services must be sustained and reinforced through permanent and continuous structures, rather than time-limited editions, to ensure continuity and accessibility of care.
- (e) Public policies should prioritize the consolidation of accessible youth mental health services, so as to ensure equitable access and reducing existing disparities, particularly among vulnerable and minority groups.

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Institutional Review Board Statement: The study was conducted in accordance with the principles of the Declaration of Helsinki and was approved by the Institutional Review Board, an independent scientific body within the Institute of Sports and Youth (IPDJ), Protocol No. 2024/2025, approved on 13 September 2024.

Informed Consent Statement: A separate signed informed consent form was not applicable for this study and therefore was not used. The research was conducted within the framework of the Portuguese government's free public psychological support service, "Cuida-te," coordinated by the IPDJ. Access to the service is voluntary, and users (or their legal guardians, in the case of minors) accept the terms and conditions provided by the service. More information about the Cuida-te program is available on the IPDJ website: <https://ipdj.gov.pt/o-programa> (accessed on 13 August 2026).

Data Availability Statement: The data presented in this study is available on request from the corresponding author. The data are not publicly available due to privacy and ethical reasons.

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