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EDITORA IBERO-AMERICANA

GROWING AND LEARNING: EMOTIONAL HEALTH AND QUALITY OF LIFE IN ADOLESCENTS FROM A SOCIAL PROJECT

CRESCENDO E APRENDENDO: SAÚDE EMOCIONAL E QUALIDADE DE VIDA EM ADOLESCENTES DE UM PROJETO SOCIAL

CRECIENDO Y APRENDIENDO: SALUD EMOCIONAL Y CALIDAD DE VIDA EN ADOLESCENTES DE UN PROYECTO SOCIAL

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ABSTRACT: Adolescence is a period marked by physical, emotional, and social transformations that require attention to young people's emotional health and quality of life. This study investigated the levels of anxiety, depression, and quality of life in 224 adolescents aged 12 to 19 who participated in a vocational social project in Rio de Janeiro. Using a mixed-methods approach and the MASC, AUQEI, and CDI instruments, the research revealed a high prevalence of anxiety, with 82.6% of the youth presenting moderate to very high levels. Depressive symptoms were significant, with 19.1% of the adolescents showing moderate to severe levels. Most participants (86%) perceived their quality of life as moderate, though with areas of concern related to self-image. The study points to psychological vulnerability within this population, highlighting the need for preventive interventions and mental health support in the context of the social project.

KEYWORDS: Depression. Quality of Life. Anxiety. Social Project.

RESUMO: *A adolescência é um período marcado por transformações físicas, emocionais e sociais, que exigem atenção à saúde emocional e à qualidade de vida dos jovens. O presente estudo investigou os níveis de ansiedade, depressão e qualidade de vida em 224 adolescentes de 12 a 19 anos, participantes de um projeto social profissionalizante no Rio de Janeiro. Utilizando uma abordagem mista e os instrumentos MASC, AUQEI e CDI, a pesquisa revelou uma alta prevalência de ansiedade, com 82,6% dos jovens apresentando níveis de moderados a muito altos. Os sintomas de depressão, mostraram-se significativos, com 19,1% dos adolescentes em níveis de moderado a severo. A qualidade de vida foi percebida como moderada pela maioria (86%), mas com pontos de atenção em relação à autoimagem. O estudo aponta para uma vulnerabilidade psicológica na população investigada, destacando a necessidade de intervenções preventivas e de apoio à saúde mental no contexto do projeto social.*

PALAVRAS-CHAVE: *Depressão. Qualidade de vida. Ansiedade. Projeto social.*

RESUMEN: *La adolescencia es un período marcado por transformaciones físicas, emocionales y sociales que requieren atención a la salud emocional y a la calidad de vida de los jóvenes. El presente estudio investigó los niveles de ansiedad, depresión y calidad de vida en 224 adolescentes de 12 a 19 años, participantes de un proyecto social de formación profesional en Río de Janeiro. Utilizando un enfoque mixto y los instrumentos MASC, AUQEI y CDI, la investigación reveló una alta prevalencia de ansiedad, con un 82,6% de los jóvenes presentando niveles de moderados a muy altos. Los síntomas de depresión fueron significativos, con un 19,1% de los adolescentes en niveles de moderado a severo. La mayoría (86%) percibió su calidad de vida como moderada, aunque con puntos de atención relacionados con la autoimagen. El estudio señala una vulnerabilidad psicológica en la población investigada, destacando la necesidad de intervenciones preventivas y de apoyo a la salud mental en el contexto del proyecto social.*

KEYWORDS: *Depresión. Calidad de vida. Ansiedad. Proyecto social.*

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INTRODUCTION

Adolescence is a period marked by profound physical, cognitive, and emotional transformations, characterized by the search for identity and autonomy, as well as significant shifts in interpersonal and social relationships. These changes make this stage particularly vulnerable to the emergence of emotional difficulties and mental disorders, such as anxiety and depression, which may compromise adolescents' overall well-being and quality of life (Wehry et al., 2015). Studies indicate that between 15% and 20% of adolescents exhibit some form of anxiety disorder, making it one of the most prevalent psychiatric conditions in this age group (Cartwright-Hatton et al., 2006; Wehry et al., 2015). In addition to posing risks to mental health, anxiety and depressive symptoms in adolescence are associated with academic, social, and familial impairments and may persist into adulthood if not properly identified and treated.

From an epidemiological and developmental perspective, anxiety disorders often begin in childhood and intensify during adolescence, potentially progressing into depressive symptoms and other mood disorders (Cartwright-Hatton et al., 2006; Wehry et al., 2015). This bidirectional relationship between anxiety and depression suggests a continuum of emotional vulnerability, in which the presence of one disorder increases the likelihood of the other, thereby exacerbating the overall impact on functioning and quality of life (Lebowitz et al., 2014). Moreover, contextual factors—such as family environment, social support, and academic demands—exert significant influence on symptom expression and adolescents' capacity to cope with adversity (Gomes et al., 2020; Serpa et al., 2015).

Accordingly, the objective of this study was to assess levels of anxiety, depression, and quality of life among students enrolled in a social vocational training project in the areas of Programming and Entrepreneurship in the city of Saquarema, Rio de Janeiro.

Background in the Literature

The literature indicates that adolescents' quality of life is strongly shaped by psychosocial and behavioral factors, including social support, self-efficacy, and health beliefs (Gomes et al., 2020). Adolescents who receive greater emotional support from family members, teachers, and peers tend to exhibit higher levels of self-esteem and sense of coherence, which positively influence their well-being and health-related behaviors (Gomes et al., 2020). Conversely, the absence of such resources is associated with heightened vulnerability to anxiety and depressive symptoms, as well as risk behaviors such as physical inactivity and social isolation.

The school environment also constitutes a key context shaping adolescents' emotional health. Research shows that school-related variables—such as interpersonal relationships, institutional climate, and pedagogical practices—are associated with students' levels of anxiety and perceived self-efficacy (Serpa et al., 2015). In this sense, school experiences can function

either as protective factors or risk factors for mental health and well-being. Adolescents with more positive beliefs about their own abilities tend to demonstrate stronger engagement and adaptive coping, contributing to improved academic performance and enhanced perceptions of quality of life.

Anxiety and depression are highly prevalent among adolescents, producing significant impacts on well-being and development. Shared risk factors and overlapping symptoms complicate diagnosis and treatment; however, identifying bridge symptoms and addressing barriers to care can improve outcomes. Early and targeted interventions—particularly in school settings and through digital platforms—are essential to addressing this growing public health concern (Khatun et al., 2025; Robson et al., 2025; Weiß et al., 2024).

From a clinical standpoint, recent studies demonstrate that anxiety and depression are associated with neurobiological alterations involving structures such as the amygdala and the prefrontal cortex, partially explaining the persistence and comorbidity of these conditions (Wehry et al., 2015). Furthermore, contemporary literature has emphasized the role of family relationships in the genesis and maintenance of anxiety in children and adolescents. Overprotective or highly anxious parents tend to reinforce avoidance behaviors and emotional dependence, which may perpetuate symptoms in their children (Lebowitz et al., 2014). Intervention programs that include parent training, such as the SPACE Program (Supportive Parenting for Anxious Childhood Emotions), have shown promising results in reducing childhood anxiety symptoms by modifying parental accommodation patterns (Lebowitz et al., 2014).

Depression, in turn, is one of the leading causes of psychological distress and disability among adolescents, frequently associated with low perceived quality of life, hopelessness, and an increased risk of self-destructive behaviors (Rask et al., 2024). The simultaneous presence of depressive and anxious symptoms intensifies the negative impact on functioning and social adjustment, contributing to decreased school engagement and reduced participation in meaningful activities. Evidence also suggests that early exposure to stressors and insufficient emotional support are strongly associated with the chronicity of these symptoms (Rask et al., 2024).

National research on adolescent development also highlights the relevance of family bonds, schooling, and community experiences as protective factors against psychological distress (Brito, 2011; Carmo et al., 2009; de Lima Coutinho et al., 2016). These perspectives align with contemporary studies identifying adolescence as a sensitive window for the emergence of disorders, especially anxiety and depression (Patton et al., 2016; Sawyer et al., 2012).

Adolescence is a critical phase for human potential, marked by dynamic brain development in which social interaction shapes capacities for adult life. Investments during this period

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offer a triple dividend: benefits in the short term, during adulthood, and for the next generation (Patton et al., 2016; Sawyer et al., 2012).

In this context, understanding the interrelationship among quality of life, anxiety, and depression in adolescents becomes essential, considering not only clinical aspects but also the social, school, and family dimensions that shape well-being during this developmental stage. Recent research indicates that interventions aimed at promoting socioemotional skills, strengthening self-efficacy, and expanding social support networks can significantly contribute to preventing and managing emotional symptoms (Gomes et al., 2020; Serpa et al., 2015). Thus, an integrated investigation of these constructs represents a critical step in designing strategies for promoting mental health and quality of life among adolescents.

METHOD

This study adopted a mixed-methods approach with a descriptive and correlational design, aimed at identifying relationships among indicators of anxiety, depression, and quality of life in adolescents participating in a social project. The mixed-methods design is justified by its ability to measure psychological variables objectively and conduct statistical analyses that allow for hypothesis testing and examination of associations among constructs (Creswell, 2014; Creswell & Clark, 2011; Sweeney, Anderson, & Cam, 2013).

The instruments used for this research were:

- *Multidimensional Anxiety Scale for Children* (MASC), in its translated and adapted version for the Brazilian context (Nunes & Lotufo Neto, 2004). The scale consists of 39 items distributed across four anxiety factors: physical symptoms, social anxiety, separation/panic, and performance. Responses follow a four-point Likert format ranging from “never true” (1) to “often true” (4), with higher scores indicating greater intensity of anxiety symptoms. The MASC demonstrates evidence of internal consistency and construct validity in both original studies and applications in Brazilian populations.
- Quality of Life Assessment Scale for Children (AUQEI), validated in Brazil (Assumpção Jr. et al., 2000). This instrument assesses the degree of satisfaction among children and adolescents across dimensions of daily life, considering both subjective and contextual aspects. The scale comprises 26 items exploring domains such as family functioning, social relationships, activities, health, and self-image. Each item presents a situation accompanied by four facial expressions (from very sad to very happy), corresponding to scores from 1 to 4. Total scores are obtained by summing all responses, with higher values indicating greater perceived quality of life. The

AUQEI shows strong psychometric indices in both original and Brazilian versions, with internal consistency (α[1] = 0,71 a 0,85) and construct validity confirmed in samples of children and adolescents (Assumpção Jr. et al., 2000).

- Children's Depression Inventory (CDI), originally developed by Kovacs and later adapted to the Brazilian context (Gouveia et al., 1995). This instrument measures the presence and intensity of depressive symptoms in children and adolescents and is widely used in research and clinical settings. The CDI consists of 27 items, each containing three graded statements reflecting different levels of symptom severity (e.g., "I am sometimes sad," "I am often sad," "I am always sad"). Responses are scored from 0 to 2, generating a total score ranging from 0 to 54 points, with higher scores indicating greater intensity of depressive symptoms. The Brazilian version has demonstrated adequate construct validity and internal consistency, and it is sensitive to detecting depressive symptoms in child and youth samples.

METHODOLOGICAL PROCEDURES

This research was approved by the UNASP ethics committee in June 2024. All three instruments were administered in August 2024, when the research team was present to explain the relevance of the study, which contributed to a high response rate.

RESULTS

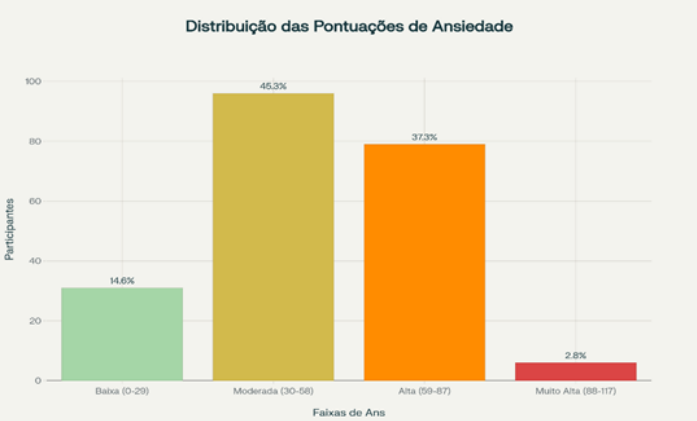
This section presents the results of each scale separately, followed by a comparative analysis of the three instruments used.

MASC Anxiety Scale

A total of 212 adolescents, aged 12 to 19 years, responded to the scale. The sample shows a higher concentration in the 13–15 age range (74.8% of participants), with age 14 being the most representative, accounting for 98 participants (46.2%), as illustrated in Figure 1.

1 Cronbach's alpha (α) is a widely used statistical measure for assessing the reliability or internal consistency of a questionnaire or research instrument, particularly those employing multiple-response scales such as Likert-type formats. For most research applications, values above 0.70 ($\alpha > 0.70$) are generally considered acceptable.

Figure 1
Distribution of participants by anxiety-score ranges



Note. Research data (2025).

The results indicate a concerning distribution of anxiety levels: Moderate (30–58 points): 45.3% of participants; High (59–87 points): 37.3% of participants; Low (0–29 points): 14.6% of participants; Very High (88–117 points): 2.8% of participants. This analysis shows that 82.6% of adolescents present moderate to very high levels of anxiety.

The age-range analysis revealed notable patterns: age 12 showed the highest mean score (68 points); ages 13–15 displayed similar scores (51.0–51.8 points); age 16 had the lowest mean score (40.8 points); age 19 was represented by only one participant (53 points). Chart 1 presents the items with the highest and lowest scores.

Chart 1
Most and least prevalent symptoms

Most common	Least common
"I stay alert for danger" (2.29/3.0)	"I get scared when riding in a car or bus" (0.53/3.0)
"I try hard to obey my parents and teachers" (2.23/3.0)	"I get scared when my parents go out" (0.67/3.0)
"I usually ask for permission before doing things" (2.19/3.0)	"I leave the lights on at night" (0.68/3.0)

Note. Research data (2025).

Regarding the MASC anxiety scale, the main findings include: high anxiety prevalence, with more than 80% of adolescents showing concerning levels; a peak at age 12, representing a potential period of heightened vulnerability; stabilization between ages 13 and 15, with similar score patterns; improvement at age 16, suggesting greater emotional maturity; and a symptom profile marked by vigilance behaviors and a strong need for approval.

AUQEI Scale – Quality of Life

A total of 214 adolescents aged 12 to 19 years responded to this scale. For the AUQEI, results are presented for the Likert-type items as well as the qualitative analysis of open-ended questions in which students were asked to justify their answers. The response options for each statement were: very happy, happy, unhappy, and very unhappy, ranging from 4 to 1 points (Table 1). However, certain items will be presented separately so as to clarify the response frequencies for the most concerning aspects.

Table 1
Mean scores by item

	Válidos	Perdidos	Média	Desvio padrão	Mínimo	Máximo
1. At the table, together with your family.	214	0	3,262	0,669	1,000	4,000
2. At night, when you lie down to sleep.	214	0	3,107	0,746	1,000	4,000
3. If you have siblings, when you play with them.	185	29	3,168	0,807	1,000	4,000
4. At night, when you go to sleep.	213	1	3,160	0,854	1,000	4,000
5. In the classroom.	214	0	2,743	0,874	1,000	4,000
6. When you look at a photograph of yourself.	214	0	2,776	0,927	1,000	4,000
7. During playtime, at school recess.	214	0	3,112	0,815	1,000	4,000
8. When you go to a medical appointment.	214	0	2,229	0,691	1,000	4,000
9. When you practice a sport.	214	0	3,313	0,893	1,000	4,000
10. When you think about your father.	209	5	3,096	1,061	1,000	4,000
11. On your birthday.	214	0	3,364	0,821	1,000	4,000
12. When you do your homework.	214	0	2,350	0,885	1,000	4,000
13. When you think about your mother.	213	1	3,592	0,719	1,000	4,000
14. When you are hospitalized.	214	0	1,659	0,839	1,000	4,000
15. When you play alone.	214	0	2,752	0,898	1,000	4,000
16. When your father or mother talks about you.	214	0	2,939	0,788	1,000	4,000
17. When you sleep away from home.	214	0	3.168	0,692	1,000	4,000
18. When someone asks you to show something you know how to do.	214	0	3,285	0,704	1,000	4,000
19. When your friends talk about you.	214	0	3,005	0,747	1,000	4,000
20. When you take your medication.	35	179	2,171	0,785	1,000	4,000

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21. During school vacations.	214	0	3,589	0,793	1,000	4,000
22. When you think about your future as an adult.	214	0	2,794	0,966	1,000	4,000
23. When you are far from your family.	214	0	2,196	0,711	1,000	4,000
24. When you receive your school grades.	214	0	2,883	0,856	1,000	4,000
25. When you are with your grandparents.	206	8	3,335	0,771	1,000	4,000
26. When you watch television.	214	0	3,304	0,669	1,000	4,000

Note. Research data extracted from JASP software (2025).

To better understand the students' responses, several tables (Tables 2, 3, 4, 5 and 6) are presented to highlight key concerns related to their quality of life.

Table 2
Frequencies for Item 6: When you see a photograph of yourself

	Frequency	Percentage	Valid percentage	Cumulative percentage
1	27	12,617	12,617	12,617
2	40	18,692	18,692	31,308
3	101	47,196	47,196	78,505
4	46	21,495	21,495	100,000
Missing	0	0,000		
Total	214	100,000		

Note. Research data extracted from JASP software (2025).

Table 2 shows that 67 students feel unhappy or very unhappy with their physical appearance. This issue also emerges in the depression-scale data. Although such concerns are common in this age group (Anderson et al., 2024; Barrett et al., 2017; James & Miller, 2017; Kovacs, 1985), it remains a warning sign, especially given that some students present elevated levels of depression.

Table 3
Frequencies for Item 10: When you think about your father

	Frequency	Percentage	Valid percentage	Cumulative percentage
1	28	13,084	13,397	13,397
2	24	11,215	11,483	24,880
3	57	26,636	27,273	52,153
4	100	46,729	47,847	100,000
Missing	5	2,336		
Total	214	100,000		

Note. Research data extracted from JASP software (2025).

Regarding family-related aspects, Item 10 is particularly noteworthy. It is well documented that many families experience either physical or emotional paternal absence. This absence generates negative feelings among students and affects their quality of life (Gomes et al., 2020; Jansen-van Vuuren et al., 2021; Parsons & Darlington, 2021). In this item, 28 students reported feeling very unhappy when thinking about their father. This may reflect not only absence but also the presence of an oppressive, violent, or emotionally distant father figure (Perrin & Dorman, 2003).

Table 4
Frequencies for Item 22: When you think about when you are grown up

	Frequency	Percentage	Valid percentage	Cumulative percentage
1	30	14,019	14,019	14,019
2	36	16,822	16,822	30,841
3	96	44,860	44,860	75,701
4	52	24,299	24,299	100,000
Missing	0	0,000		
Total	214	100,000		

Note. Research data extracted from JASP software (2025).

Item 22 presents an unsettling finding, as it assesses students' future outlook. Over 30% report feeling unhappy when thinking about their future. Understanding how young people perceive their future is crucial, as these expectations shape motivation, well-being, and life choices. Research highlights that future perspectives among youth are shaped by personal, social, and global factors. Individual factors—such as optimism, self-confidence, and mental health—are strongly linked to positive future expectations (Dumont et al., 2024; Iovu, Hărăguș, & Roth, 2018; Tang et al., 2023).

Table 5
Frequencies for Item 23: When you are far from your family

	Frequency	Percentage	Valid percentage	Cumulative percentage
1	28	13,084	13,084	13,084
2	125	58,411	58,411	71,495
3	52	24,299	24,299	95,794
4	9	4,206	4,206	100,000
Missing	0	0,000		
Total	214	100,000		

Note. Research data extracted from JASP software (2025).

Item 23 underscores the importance of family relationships for these students, as more than 70% feel unhappy or very unhappy when they are away from their families. Meanwhile, 4.2% feel very happy and 24.3% feel happy when they are away. These patterns may be associated with dysfunctional family environments (Epstein, 2018; Jansen-van Vuuren et al., 2021; Sahertian et al., 2021).

Depression – CDI

A total of 224 adolescents aged 12 to 19 years responded to this scale. The instrument's cutoff score is 17 points; scores above this threshold indicate possible depressive symptoms. The lowest individual score was 7 points and the highest was 45 points, the latter signaling severe depression. The distribution of depression levels was as follows: minimal (0–15 points)—49.1% of participants; mild (16–20 points)—31.8%; moderate (21–25 points)—14.1%; severe (26 points or more)—5.0%. Chart 2 presents the questionnaire items of greatest concern and their incidence among students.

Chart 2
Frequency of QDI responses

Items	N
I am bad once in a while	114
I am not sure things will work out for me	112
Some days I do not feel like eating	91
My appearance has some negative aspects	87
I often feel lonely	82
I often feel like crying	76
I do not have many friends	75
Many bad things that happen are my fault	66
I am not sure whether I am loved by anyone	56
I often do not like being with people	47
I think about killing myself, but I would not do it	40
I do not like myself	37
I am ugly	36
I never do what I am told	35
I do not like being with people	21
I hate myself	10
I want to kill myself	10
Nobody really likes me	9

Note. Research data (2025).

Most adolescents fall within the categories of absence of depressive symptoms or only mild symptoms, although a significant subgroup (19%) appears in the moderate to severe range. These findings enable targeted interventions and follow-up for the most critical cases in subsequent cycles or post-intervention phases.

It is important to note that many of these statements address serious themes related to mental health—feelings of loneliness, sadness, insecurity, low self-esteem, self-disgust, and suicidal ideation—as well as behavioral and relational issues, such as being "bad" at times, not having many friends, or disliking being around people; and concerns about self-image, including insecurity about appearance.

Comparative Analyses Across the Three Scales

This section presents the comparative results of the three instruments administered.

Table 6 summarizes the distribution of Anxiety, Depression, and Quality of Life levels among the participating students.

Table 6
Comparison of Level Distributions Across the Anxiety, Depression, and Quality of Life Scales

Scale	Level	Percentage of Participants
Anxiety	Low	14,6%
	Moderate	45,3%
	High	37,3%
	Very High	2,8%
Depression	Minimal	52,3%
	Mild	28,6%
	Moderate	15,5%
	Severe	3,6%
Quality of Life	Low	10,3%
	Moderate - Low	36,0%
	Moderate-High	50,0%
	High	3,7%

Note. Research data (2025).

The most concerning finding relates to Anxiety, as 82.6% of students exhibit moderate to very high levels. Younger adolescents presented the highest anxiety scores. Depression levels are more balanced: 52.3% show minimal symptoms (a positive outcome), 28.6% mild symptoms, and 19.1% moderate to severe symptoms. Quality of Life levels show that 86.0% fall within moderate ranges (a concentrated distribution), while 10.3% report low quality of life. The most positive items include thinking about one's mother, vacations, and birthdays, whereas the most problematic items include homework, medical appointments, and hospitalizations.

The data reveal an adolescent population with significant psychological vulnerability, particularly related to anxiety, indicating the need for specialized attention and preventive interventions.

DISCUSSION

The comparative analysis of the three instruments applied in this study identifies Anxiety as the most concerning finding, with 82.6% of students presenting moderate to very high levels. In contrast, 52.3% of participants exhibited minimal levels of Depression,

although a substantial subgroup of 19.1% fell into the moderate to severe categories. The high prevalence of anxiety, with a peak in average scores observed at 12 years of age, suggests a period of heightened emotional vulnerability at the onset of adolescence. The predominant symptom profile—characterized by vigilance and a strong need for approval (items such as *I stay alert for possible danger* and *I try hard to obey my parents* and teachers)—aligns with the nature of Social Anxiety Disorder (Almeida et al., 2023; Flôr et al., 2022; Martins; De Brito Cunha, 2021; Rodrigues, 2023; Tavares et al., 2022). This vulnerability is also reflected in adolescents' views of their future. The AUQEI showed that more than 30% of participants feel unhappy or very unhappy when thinking about adulthood.

This limited future perspective is closely tied to the mental health findings. Qualitative studies with adolescents who have experienced depression and anxiety indicate that these conditions negatively affect their ability to plan and formulate expectations for the future, generating insecurity and a lack of clarity about what lies ahead (Tang et al., 2023). Adolescents with greater optimism and self-confidence tend to report more hopeful perspectives, whereas those with low mental well-being—such as the anxious subgroup and those with depressive symptoms identified in this study—are more likely to report limited future outlooks (Dumont et al., 2024; Iovu et al., 2018).

Family dynamics emerged as both an area of concern and a protective factor. Most students (over 70%) reported feeling unhappy when away from their families, demonstrating the importance of the family context for these adolescents. However, the item related to the father figure (Q10) revealed that 24.8% of adolescents feel unhappy or very unhappy when thinking about their father. This finding indicates that paternal absence generates negative feelings and affects adolescents' quality of life (Gomes et al., 2020; Jansen-van Vuuren et al., 2021; Parsons & Darlington, 2021), and this effect may stem not only from absence but also from the presence of an oppressive, violent, or emotionally distant father (Perrin & Dorman, 2003). The literature suggests that although socioeconomic and family-related challenges may hinder academic performance, parental participation and involvement act as protective factors that encourage student development (Utami, 2022). Furthermore, the 28.5% of adolescents who reported feeling happy or very happy when away from their families may be reflecting experiences of dysfunctional home environments (Epstein, 2018; Jansen-van Vuuren et al., 2021; Sahertian et al., 2021).

Depressive symptoms, although less prevalent than anxiety, are associated with self-image and self-esteem. CDI data show that 87 adolescents indicated that some aspects of their appearance are negative, and 36 stated *I am ugly.* This finding is corroborated by the AUQEI, in which 67 students reported feeling unhappy or very unhappy with their physical appearance. Negative self-image is a common symptom in this age group (Barrett et al.,

2017; Kovacs, 1985), and it becomes more significant when associated with feelings of loneliness, insecurity, and self-disgust identified in the CDI.

FINAL CONSIDERATIONS

The present study aimed to assess the levels of Anxiety, Depression, and Quality of Life among adolescents enrolled in a vocational social program. Data analysis revealed that anxiety is the most prevalent condition, with 82.6% of adolescents presenting moderate to very high levels. This finding, combined with the symptom profile marked by vigilance and the need for approval, suggests the presence of social anxiety and highlights the need for coping strategies. Future hopelessness, reported by more than 30% of participants, and the prevalence of negative self-image—corroborated by the results of both the depression and quality-of-life scales—constitute additional areas of concern.

Although the family environment is valued by most adolescents, it also emerged as a source of stress, particularly regarding the father figure. In this context, the social program in which these adolescents participate becomes even more relevant, serving not only as a space for professional training but also as an environment that fosters emotional support and socioemotional skill development. Therefore, the implementation of mental health promotion and suicide prevention initiatives within the program is recommended, with emphasis on strengthening self-esteem, fostering future-oriented thinking, and reinforcing family and social bonds. Continued research, including the reapplication of the instruments after an intervention period, will be essential to evaluate the effectiveness of the implemented actions and the impact of the program on adolescents' mental health and quality of life.

One limitation of this study concerns the cross-sectional design of the first phase, which does not allow causal inferences between constructs. Additionally, the sample consisted predominantly of younger adolescents (74.8% between 13 and 15 years old), which may have influenced the high scores on the MASC, given the greater vulnerability associated with younger ages. Future studies should also qualitatively investigate the future expectations of adolescents with the lowest AUQEI scores to inform targeted intervention programs.

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