Promoting Mental Health Wellbeing Among Vulnerable Young Adolescents: EASE-Y Project

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Background

- Adolescence (10–15 years) is a **critical period** during which mental health difficulties can emerge, and if unaddressed, evolve into persistent disorders.
- Vulnerable adolescents (e.g., living in socio-economic adversity, displaced, in alternative care) face a **large mental health treatment gap**.
- The **EASE-Y project** seeks to address this gap by targeting especially high-risk groups: adolescents in precarious socio-economic conditions; forcibly displaced children; Roma youth; children in alternative or unstable care environments.

- The EASE-Y Project will implement the **WHO Early Adolescent Skills for Emotions (EASE)**: a group-based, evidence-based intervention to reduce internalising problems (stress, anxiety, depression) of young people.

Aim of the EASE-Y Project

- Implement the EASE intervention in **European settings** (Bulgaria, Croatia, Hungary, Slovakia) using a **task-shifting** model (non-specialist facilitators delivering intervention).
- Improve mental health and access to psychosocial support for vulnerable adolescents (10–15 years old).
- Identify **contextual barriers and facilitators** for implementing EASE across Bulgaria, Croatia, Hungary and Slovakia.

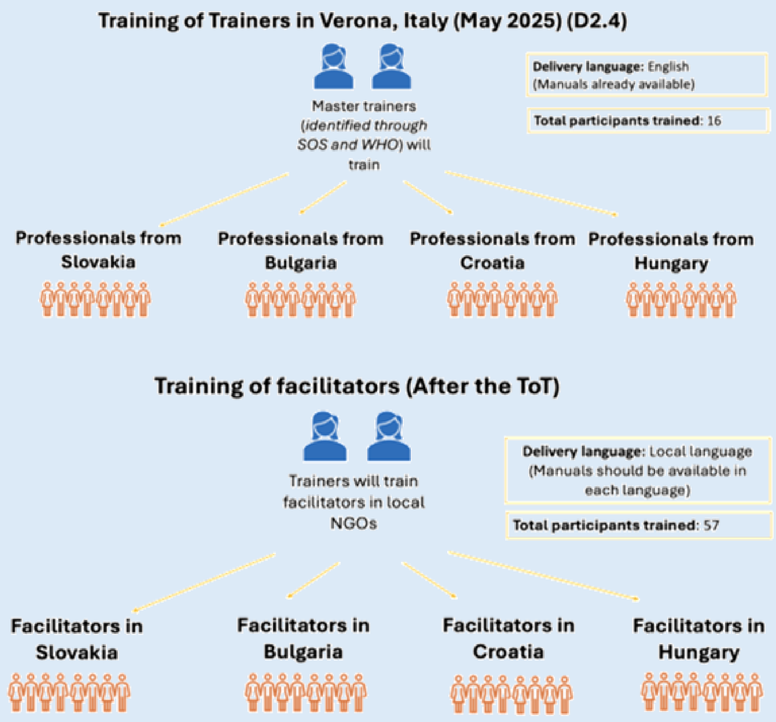

Figure 1. The cascade implementation process in EASE-Y project.

Figure 2. Pictures of the ToT in Verona (Italy), May 2025.

Methods

Table 1. *Table describing design, participants, sampling, measures, and analysis plan for EASE-Y Project Research Component*

Dimension	Quantitative study design	Qualitative study design
Design	Pre- and post-observational quantitative design: assessments at baseline (T0) and 10 weeks after intervention (T1).	Semi-structured interviews to explore contextual factors, implementation barriers & facilitators
Participants / sampling	720 adolescents (aged 10–15) Recruited through NGO partners in Bulgaria, Croatia, Hungary, Slovakia.	18 interviews with service providers (NGO staff, facilitators); 6-8 adolescents with caregivers per country
Measures / data collected	- **Adolescents**: PSC-17 (Pediatric Symptom Checklist), PHQ-A (depression), CRIES-8 (traumatic stress), SWEMWBS (well-being) - **Caregivers**: PHQ-9 (depression), GAD-7 (anxiety), Parenting Scale, WHO-5 (well-being) - Demographic variables: age, gender, type of care (as predictors / moderators)	Semi-structured interview guide covering topics to evaluate EASE intervention implementation barriers and facilitators
Analysis	Repeated measures and mixed models	Thematic analysis (*Braun, V., & Clarke, V., 2006). T*hemes coded based on Proctor & Lund frameworks *(Proctor et al., 2011; Lund et al., 2018)*

Hypotheses

1) Psychological distress of adolescents will significantly reduce after taking part in the EASE intervention
2) Certain demographic factors (e.g. gender, age, parental care) will be associated with better baseline outcomes of adolescents
3) Decreased caregiver distress over-time will be associated with larger improvements in adolescent mental health post-EASE

Preliminary Qualitative Results

Table 2. *Summarised preliminary results of qualitative study which inform the contextualization and refinement of the intervention's delivery. Interviews were conducted with 18 service providers (psychologists, social workers, researchers) across Bulgaria, Croatia, Hungary, Slovakia, Italy and Netherlands. The sample was 77.8% female with a mean age of 41.4 years.*

Barriers	Facilitators
Limited infrastructure	Community engagement
Lack of trained providers	Integration into schools and primary care
Partial cultural adaptation	Task-sharing
Stigma	Cultural adaptation
Weak coordination	Supportive policies and partnerships
High staff turnover	
Limited supervision	

Discussion

- Qualitative insights can already guide the **contextual adaptation** of the intervention.
- Implementing the EASE intervention across Bulgaria, Croatia, Hungary, and Slovakia will yield **critical empirical data** on:
  - Feasibility (Can non-specialists deliver interventions effectively? Are sessions attended by children and caregivers?)
  - Acceptability (Do participants like the intervention?)
  - Preliminary effectiveness in improving mental health outcomes (from T0 to T1)

Next steps:

- Recruitment of participants to complete Qualtrics questionnaires for quantitative data collection.

Follow our LinkedIn page to stay up to date with the EASE-Y project!

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