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Emotional Strengths and Difficulties in Italian Adolescents: Analysis of Adaptation through the SDQ

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Abstract: An adolescent's knowledge of him/herself (positive aspects and weaknesses) is shaped by interactions with external and internal factors, including the family context and the educational environment. The assessment of this knowledge serves to construct the concept of self-esteem. The main objective of the present study was to examine the prevalence of self-reported emotional and behavioral symptoms in a representative sample of Italian adolescents and their relationship with gender and age, using Goodman's Strengths and Difficulties Questionnaire (SDQ). A total of 440 adolescents (49.8% female) aged 15–18 years from the southern Italy region participated. The results show the prevalence of emotional and behavioral symptoms in the analyzed sample. Gender differences were also found in the variables under study. In conclusion, the SDQ test is offered as an agile, simplified, and effective tool, to be proposed to all formative agents who are concerned with the interest and care not only of young people, but also of the future of socio-political realities.

Keywords: adaptation; adolescence; age; coping; educational psychology; emotions; gender; strengths; stress; weaknesses

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1. Introduction

One way to measure the emotional adjustment of students is through their self-assessment, the presence or absence of violent behaviors, and the analysis of their values, among other aspects [1]; therefore, self-assessment is a useful way to obtain information at these ages. In this line, to detect emotional problems during adolescence, it is possible to use the assessment of the person's strengths and weaknesses since it is an indication of his or her emotional and psychological health [2].

In adolescence, this personal assessment is strongly influenced by the environment [3] and is related to other factors that predict good adjustment, such as social satisfaction and low levels of exclusion [4]. It has also been shown that students who are more adapted to the environment and with better adjustment present greater autonomy and independence [5].

In general terms, adolescents are well adapted, although when they present difficulties, these are relatively stable and can sometimes be detected from the beginning of their schooling [6]. Two conclusions can be drawn from this: adolescents are a well-functioning group in general, but this does not imply that there are not problems. For this reason, it is necessary to detect them and act on them as early as possible.

The support perceived by the adolescent and the vision he/she has of the resources available to him/her have a buffering effect on variables of a negative nature [7]. Therefore, those who self-report adequate emotional management and perceive a support network will be

more satisfied and will have resources that are incompatible with violent behaviors. Likewise, it has been observed that intervention based on the promotion of cognitive empathy and the reduction in anxiety levels promote better social functioning and reduce manifestations of violence [8]. This is essential in order to understand and act on the emotional strengths and difficulties of the adolescent [9]. It appears that the ability to overcome a difficult situation or to perceive that one has the necessary skills to do so is directly related to satisfaction levels and inversely related to stress levels [10]. To achieve this, fostering independence and autonomy in students seems to allow for better levels of adjustment [5].

Good emotional adjustment develops differently in each subject depending on multiple variables such as the ability to understand the emotions of others, understanding one's own feelings, adapting to the environment, and so on [11].

Among the variables that influence the adaptive capacity of young people are their socioeconomic level and the possibilities that this provides in terms of interactions and resources [9], although the approach is complex and multifactorial [12]. To cite an example, there are also variables such as kindness, social adjustment, and balance in educational styles that are closely related to adolescents' ability to manage their emotions and to the development of their emotional competencies [13].

The study of the emotional aspect in young people shows that 7.7% of teenagers are suspected of having psychological problems [14]. This is in line with the findings of a study of Italian pre-adolescents in which early indicators of problems in emotional and behavioral adjustment were found; in particular, predominantly externalizing symptoms were found in 6.5% and internalizing symptoms in 19% [15]. It was also found that approximately 1 in 5 students had depressive symptoms during the COVID-19 pandemic [16]. In another study, 6.3% were found to be above the cut-off point for considering psychological symptoms [17], so there is a large cultural variability and an upward trend after COVID-19. In this regard, according to a meta-analysis of 308 empirical studies, student success was strongly linked to educational and external factors, the capacity for autonomy, and behavioral control [18–20].

Concerning the situation of adolescents in different regions (mainly Europe, America, Asia, and Africa), it was found that Asian students had higher levels of anxiety compared to European and American students [19]. It is estimated that, depending on the culture and language, there are differences that influence the development of the subject in multiple dimensions [20]. This limits the generalization of the results to other countries due to the existence of particularities [19,20].

Regarding the psychological and social genesis of the emotional state of adolescents, there seems to be a certain consensus on the influence of the family on adolescents' knowledge of themselves, on their self-esteem, social skills, prosociality, and, ultimately, in the development of emotional intelligence [21–29]. Of course, the educational system also plays a relevant role in shaping the perceptions of adolescents, as well as in the development of their potentialities and difficulties [30–32]. Therefore, it is foreseeable that the results found in any study with adolescents will be influenced by the relationship between family and school [16,33–35].

With respect to the main sociodemographic variables, on the one hand, emotional intelligence does not seem to differ in general terms according to age when comparing students between 12 and 18 years old in secondary and high school [36], although the improvement in personal appraisal increases in higher grades [37]. In fact, it seems that the most widely supported position is that emotional intelligence increases with age, with increased life experiences and greater knowledge of the world [38]. As for gender, it is not yet possible to state that there are unequivocal differences in emotional intelligence between women and men [39–41]. Gender seems to mediate the influence of context on adolescent development [33,42,43]. Undoubtedly, equity in education is synonymous with educational quality [44].

Hence, it is necessary to emphasize the need to make the scientific community aware of the strengths and weaknesses of students, differentiating between clinical and subclinical

populations at an early stage [9,45–48]. In order to assess how adolescents are doing, the SDQ (Strengths and Difficulties Questionnaire) is used to evaluate the potential of the subjects and their weaknesses or difficulties; it is considered an effective tool, and for this reason, several studies encourage further research along these lines [47,48]. With respect to the factors of the SDQ, a previous study in students aged 11 to 15 years found arguments in favor of the multifactorial structure of the questionnaire consisting of five dimensions [49]. The study of strengths and difficulties in adolescents has also proven to be effective in studying self-injurious behaviors and suicidal ideation, situations in which students lack adequate emotional adjustment [50]. In this sense, knowing the emotional difficulties of the students implies working on the prevention of major problems [51].

The application of this instrument has been shown to be equally recommendable at different stages of the development of the subject without educational needs or with them, including hyperactivity [47,52,53]. Along these lines, another descriptive observational study once again showed that the SDQ was an effective instrument for assessing and differentiating between adolescents with other disorders [49,54]. This has tremendous implications for the system's ability to detect and refer different disorders to specialized services and offers a useful tool for differential assessment. Along these lines, another study conducted with 500 adolescents with the SDQ found that this tool was suitable for detecting behavioral and emotional problems [55]. In addition, if sex is related to the use of the SDQ differences have been found according to this variable: girls had a more adjusted and real vision of emotions and knew how to interpret them to a greater degree, although they presented greater emotional problems, while boys showed greater behavioral problems and higher self-evaluation [2].

The main objective of this research was to study the prevalence of emotional and behavioral symptoms in Italian adolescents through Goodman's Strengths and Difficulties Questionnaire (SDQ) [56]. The specific objectives were (1) to perform a descriptive analysis of the SDQ among Italian adolescent students, (2) to examine the existence of significant differences according to sex, and (3) to study the existence of significant differences associated with age.

Our initial hypotheses were as follows: (h1) We expected to find levels of emotional difficulties in adolescents close to a 1:10 ratio, specifically that approximately 10% of the participants present symptomatology [14]; (h2) We expected to find gender differences in the emotional adjustment of adolescent students with higher scores in the macro dimension of difficulties (formed by other dimensions of the SDQ) in females, having previously found a higher prevalence of emotional problems [55]; (h3) We expected to find homogeneous rates in the levels of emotional adjustment in adolescents by age [36].

2. Materials and Methods

2.1. Design and Procedure

This was a quantitative approach study with an ex post facto design. The data were collected in southern Italy. Data collection was performed through an online survey completed by the students individually in class. The research application was carried out by a researcher of this study. The students were informed that the administration of the tests had been approved by the school board and that it was an exploratory survey to obtain information about the aforementioned study. It was specified that it was voluntary and no one refused to participate. At all times, the students knew that they could end their participation without consequences. The data were collected in the Apulia region, located in southern Italy. The ethical principles of the Helsinki Protocol were taken into consideration throughout the research process. Participation in the study was voluntary and confidential, and data processing was anonymous. The research project passed through the Ethics Committee of the University of Murcia from which the study was conducted (ID: 2821/2020), also respecting the rules of the host Italian region.

2.2. Participants

After obtaining permission and having previously explained the objective, the study proceeded. N = 440 adolescents between 15 and 18 years of age participated and were administered Goodman's SDQ (Strengths and Difficulties Questionnaire) [56] to assess their strengths and weaknesses. Regarding the distribution of the participants by sex, 219 were females (49.8%) and 221 were males (50.2%) aged between 15 and 18 years who were in the 3rd and 4th grades of Italian secondary school. In relation to age, participants were distributed according to these frequencies: 15 years (n = 11; 2.5%), 16 years (n = 209; 47.5%), 17 years (n = 205; 46.6%), and 18 years (n = 15; 3.4%). The economic and cultural levels were fairly homogeneous. The fact that the study was conducted on adolescents with relatively similar socioeconomic levels was positive to control a variable that has been shown to be related to the subject's adaptive capacity [54].

2.3. Instruments

The Italian adaptation [56] of the original SDQ test [57] was administered. It consists of 25 closed-ended items and 5 items with 3 optional responses for each question, where 0 is not true, 1 is somewhat true, and 2 is completely true. It is a tool to assess behavior and emotions in the age group of 3 to 17 years old. The scale ranges from 1 to 10 for dimensions and from 10 to 20 for each macro dimension, except for the macro dimension "difficulties", which has 25 items ranging from 0 to 40. The dimensions are the following: emotional level (items 3, 8, 13, 16, and 24), behavioral level (items 5, 7, 12, 18, and 22), peer problems (items 6, 11, 14, 19, and 23), hyperactivity (items 2, 10, 15, 21, and 25), and prosociality (items 1, 4, 9, 17, and 20). In all these dimensions, higher scores indicate greater severity, with the exception of prosociality, for which the higher the score, the better the prosocial behavior. There are also 3 macro dimensions: difficulties (all subscales except prosociality), externalization (behavioral level and hyperactivity), and internalization (emotional level and peer problems). Cronbach's alpha was around 0.84. An example of an item is "I try to be kind to others; I am respectful of their feelings". Macro dimensions and dimensions of the SDQ are grouped by ranges and location differentiating between normal (No), borderline (Bo), or abnormal (Ab): emotional level (ranges No = 0–5, Bo = 6, and Ab = 7–10); behavioral level (No = 0–3, Bo = 4, and Ab = 5–10); hyperactivity (No = 0–5, Bo = 6, and Ab = 7–10); peer problems (No = 0–3, Bo = 4–5, and Ab = 6–10); prosociality (No = 6–10, Bo = 5, and Ab = 4–0); difficulties, all scales except prosociality (No = 0–15, Bo = 16–19, and Ab = 20–40); externalization (global range 0–20); and internalization (0–20). Higher scores indicate greater severity, except in prosociality, where higher scores indicate better prosocial behavior.

2.4. Data Analysis

Once the data were obtained, they were entered into a database of the SPSS statistical package (version 24). Initially, a descriptive analysis was performed in which the frequencies, percentages, means, and standard deviations of the main variables were calculated. Secondly, an inferential analysis was performed in which Student's t-test was applied to study the existence of differences between means when there were two independent groups, as well as Levene's F-test to examine the principle of homogeneity of variance. The significance level was 0.05 and the confidence interval for the difference was 95%.

3. Results

A considerable percentage of the participants reported affective and behavioral symptoms: 82% reported having a lot of worries. By age, 92% of participants aged 16–17 years claimed to often have anger attacks or to be in a bad mood (item 5). It is also worth noting that 93% stated in item 2 that they were agitated ("I am agitated, I cannot stay still for a long time"). The items that obtained a lower rate of affirmative responses were item 11 with 16.6% ("I have at least one good friend") and item 14 ("Other people my age usually like me"). These items should be interpreted in the opposite sense, since according

to the SDQ correction criteria, they have been recoded; for example, item 11, "I have at least one good friend", once recoded, indicated that 83.4% of the total sample, in general, did not have a good friend, and item 14 indicated that 47.5% did not like their peers. In relation to the prosocial behavior subscale of the SDQ, a higher score was indicative of better prosocial behavior.

Table 1 shows the main descriptive statistics for emotional, behavioral, hyperactivity, peer problems, prosociality and difficulties (composed of all scales except prosociality).

Table 1. Descriptive statistics of the 5 subscales and the macro difficulties.

		Emotional Level	Behavioral Level	Hyperactivity	Peer Problems	Prosociality	Macro Dimension Difficulties
N		440	440	440	440	440	440
M		3.70	2.94	3.60	1.83	7.70	12.07
SD		2.45	1.90	1.99	1.75	1.77	5.73
Percentile	10	1.00	1.00	1.00	0.00	5.00	5.00
	20	1.00	1.00	2.00	0.00	6.00	7.00
	30	2.00	2.00	2.30	1.00	7.00	8.30
	40	3.00	2.00	3.00	1.00	7.00	10.00
	50	3.00	3.00	4.00	1.00	8.00	11.00
	60	4.00	3.00	4.00	2.00	8.00	13.00
	70	5.00	4.00	4.00	2.00	9.00	15.00
	80	6.00	4.00	5.00	3.00	9.00	17.00
	90	7.00	5.90	6.00	4.00	10.00	20.00
	95	8.00	7.00	7.00	5.00	10.00	22.00
	99	9.00	8.00	9.00	8.00	10.00	27.00

Note. N: total number; M: average; SD: standard deviation. Source: Own elaboration.

The frequencies and percentages of each of the levels, dimensions, and the macro dimension of difficulty are shown in Table 2.

Table 2. Descriptive statistics of the frequencies (F) of the 5 subscales and the macro dimension difficulties.

		Emotional Level		Behavioral Level		Hyperactivity		Peer Problems		Prosociality		Difficulties	
		F	%	F	%	F	%	F	%	F	%	F	%
Valid	0	30	6.8	24	5.5	23	5.2	104	23.6			1	0.2
	1	69	15.7	84	19.1	48	10.9	130	29.5			3	0.7
	2	68	15.5	99	22.5	61	13.9	80	18.2	1	0.2	9	2.0
	3	61	13.9	87	19.8	74	16.8	58	13.2	8	1.8	9	2.0
	4	53	12.0	64	14.5	103	23.4	34	7.7	14	3.2	7	1.6
	5	47	10.7	38	8.6	62	14.1	19	4.3	32	7.3	24	5.5
	6	49	11.1	17	3.9	32	7.3	5	1.1	48	10.9	24	5.5
	7	25	5.7	18	4.1	25	5.7	4	0.9	80	18.2	19	4.3
	8	23	5.2	6	1.4	6	1.4	3	0.7	95	21.6	36	8.2
	9	12	2.7	1	0.2	3	0.7	2	0.5	83	18.9	23	5.2
	10	3	0.7	2	0.5	3	0.7	1	0.2	79	18.0	33	7.5
	11											36	8.2
	12											33	7.5
	13											14	3.2
	14											33	7.5
	15											18	4.1
	16											21	4.8
	17											19	4.3
	18											14	3.2
	19											18	4.1
	20											11	2.5
	21											11	2.5

Table 2. *Cont.*

	Emotional Level		Behavioral Level		Hyperactivity		Peer Problems		Prosociality		Difficulties	
	F	%	F	%	F	%	F	%	F	%	F	%
	22										3	0.7
	23										5	1.1
	24										4	0.9
	25										2	0.5
	26										4	0.9
	27										3	0.7
	28										1	0.2
	29										1	0.2
	30										1	0.2
	31										-	-
	32										1	0.2
Total	440	100	440	100	440	100	440	100	440	100	440	100

Figure 1 shows the percentage of clinical and subclinical cases for each of the dimensions as well as for the difficulties macro dimension.

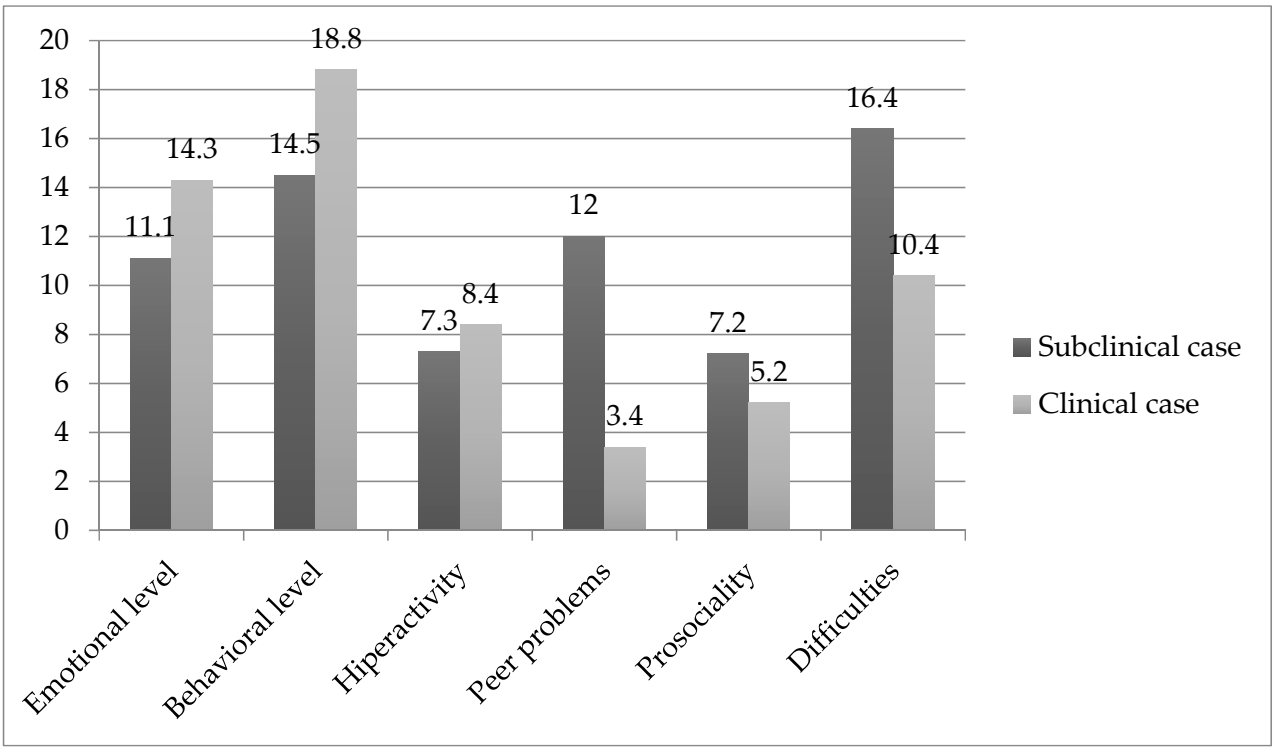

Figure 1. Percentage of subclinical and clinical cases in the 5 subscales and difficulties. Source: Own elaboration.

The emotional level obtained a mean of 3.70 (SD = 2.45), the behavioral level was at a mean of 2.94 (SD = 1.90), hyperactivity was 3.60 (SD = 1.99), peer problems were found at 1.83 (SD = 1.75), and the difficulties macro dimension at 12.07 (SD = 5.73). Student's *t*-test to study the existence of differences between the means obtained for women and men did not show significance between sexes for behavioral level (M_{women} = 2.92, M_{men} = 2.96, p = 0.839), peer problems (M_{women} = 1.72, M_{men} = 1.94, p = 0.198), and prosociality (M_{women} = 7.83, M_{men} = 7.57, p = 0.129), although differences were found for emotional level (M_{women} = 4.77, M_{men} = 2.63, $p < 0.001$), hyperactivity (M_{women} = 3.84, M_{men} = 3.38, p = 0.015), and difficulties (M_{women} = 5.51, M_{men} = 10.90, $p < 0.001$). On the other hand, the relationship between the variables studied through Pearson's correlation is shown in Table 3.

Table 3. Correlation of Pearson of the five dimensions and macro dimension of the SDQ.

	1	2	3	4	5	6
1. Emotional level	1	0.317 **	0.450 **	0.317 **	−0.024	0.786 **
2. Behavioral level	0.317 **	1	0.404 **	0.254 **	−0.270 **	0.685 **
3. Hyperactivity	0.450 **	0.404 **	1	0.199 **	−0.124 **	0.734 **
4. Peer problems	0.317 **	0.254 **	0.199 **	1	−0.101 *	0.594 **
5. Prosociality	−0.024	−0.270 **	−0.124 **	−0.101 *	1	−0.174 **
6. Difficulties	0.786 **	0.685 **	0.734 **	0.594 **	−0.174 **	1

Note. 1: emotional level; 2: behavioral level; 3: hyperactivity; 4: peer problems; 5: prosociality; 6: difficulties; * $p < 0.05$; ** $p > 0.001$. Source: Own elaboration.

Regarding the SDQ difficulties macro dimension and sex, Student's *t*-test obtained means that differed significantly ($p < 0.05$) between the results of women (M = 13.25, SD = 5.51) and men (M = 10.90, SD = 5.72) with the mean score of both groups being 12.07 (SD = 5.73).

As for the SDQ difficulties macro dimension and age, the descriptive analysis of the main indices of central tendency and dispersion found different values depending on the interval: 15 years (M = 11.55, SD = 5.26), 16 years (M = 11.72, SD = 5.39), 17 years (M = 12.30, SD = 5.89), and 18 years (M = 14.20, SD = 8.02). It is possible to observe a progression in SDQ scores as age increases. Despite this, the ANOVA test did not show significant differences between the means ($p > 0.05$).

4. Discussion

The main objective of this study was to investigate the prevalence of emotional and behavioral symptoms in adolescents in Italy using the Strengths and Difficulties Questionnaire (SDQ). Thanks to the SDQ, it has been possible to detect such maladjustments, and we conclude that it is an effective tool for this purpose, in line with other authors [47–51,56].

With regard to h1, according to which we expected to find a prevalence of emotional difficulties in close to 1 in 10 adolescents, this hypothesis is confirmed. Although it is true that the percentage of clinical cases in the sample was 10.4%, it is also true that the prevalence of subclinical cases was 16.4%. If an average between subclinical and clinical cases were to be calculated, the percentage would be 13.2%, a proportion slightly higher than the 1:10 ratio but closer to previous data [14]. According to these studies, almost one in ten adolescents was suspected of having emotional problems that required psychological treatment. At the same time, the rest of the percentages have been presented to know the situation of the students in the remaining dimensions, which helps to elucidate the degree of emotional adjustment of Italian adolescents, which will help us to understand how they are in terms of their emotional, behavioral, hyperactivity, peer problems, and prosociality levels. This information is in line with emotional problems previously found in Italian teenagers [15]. When explaining this situation, it is necessary to include contextual and personal variables [4,18]. Moreover, the values obtained in the present study may have been slightly higher than in others because after COVID-19, psychological symptoms in adolescents seem to have increased, in line with the findings of other authors [16,17]. Regardless of the etiology, the need to implement programs from educational psychology to reduce this prevalence of emotional difficulties is justified. Since it is possible to detect emotional problems in the Italian population at an early stage, it is obvious that the design and application of detection and prevention programs would be feasible [10,15].

With respect to h2, according to which we expected to find differences between women and men in their levels of emotional adjustment, this hypothesis was partially confirmed. Significant differences by sex were obtained for emotional level and hyperactivity, with higher levels in women, as expected [55]. The problems/symptoms were not greater among women since men obtained higher scores on difficulties. Moreover, no differences were found in behavioral level, prosociality, and peer problems. In other studies, however, it has been found that women manage interpersonal interactions better and have a larger social network of peers [33], which prevents conflict. In the current investigation, the

differences found depending on the score and the absence of significant differences in some dimensions suggest that this is a complex issue that requires further research [43,47,52]. As for the overall scores found in the SDQ, Student's *t*-test to study the existence of differences between the means obtained by women and men did not show significance between sexes, although there were higher scores in women than in men when analyzing the results obtained in the SDQ. The differences found between women and men may be due to different educational patterns, which are expected to be less segregating and differentiating in the future [36]. Working along the lines of equality is a basic element to achieve higher quality in the educational system [32]. Also with respect to the sex variable, it should be noted that the level of participation in the present study was 49.8% in the case of women and 50.2% in the case of men. Similarly balanced participation percentages between women and men were used in previous studies [4,33].

Regarding h3, according to which we expected to find similar levels of emotional adjustment in Italian adolescents regardless of age, this hypothesis is confirmed, in line with what has been suggested in previous studies [36]. Perhaps the fact that adolescence is a stage with stable and homogeneous characteristics allows the maintenance of a certain emotional adjustment. This does not prevent adolescents from feeling a progressive pressure from the educational system [31]. As long as the adolescent learns to manage his or her own behavior, he or she will be able to maintain an adequate emotional adjustment, which is an excellent strength at this evolutionary stage [11,18]. These results may be controversial since there is diverse evidence that supports a change in the emotional adjustment of people as a function of their age, so that those with greater experience have developed greater emotional strategies and skills and, therefore, also a greater capacity for emotional adaptation [37,38]. A possible hypothesis that explains why results contrary to this approach have been obtained is that we used a sample of participants close in age. It may be that if the study was carried out among adolescents and adults, data in line with the prevailing opinion would have been obtained. Another postulated explanation is that the older adolescents in this study may have been more affected by the pandemic in psychological terms and this may have led to a narrowing of the gap between the scores with the younger students. Further studies may shed light on this issue.

4.1. Educational Implications

In order to improve students' strengths and reduce their weaknesses, it will be necessary to allow students to express themselves, observe their behavior, and share the results, as these are essential strategies to detect emotional regulation problems [28]. Likewise, since the perception of potentialities and weaknesses is partly constructed through the family, instruction in regulation strategies in which they are also involved should be a basic objective to in turn foster emotional intelligence in their children [19,28,29].

In the educational context, it is necessary to detect the weaknesses of students and to use methodologies that help develop the maximum potential of the subject, such as those based on comprehension and the applied aspect, cooperative learning, and active learning [30]. It should not be forgotten that students learn in meaningful contexts and this also includes situations in which their potentialities and difficulties are shown [12].

The existence of gender differences in emotional adjustment in adolescents may be due to specific and idiosyncratic interactions of families with their daughters and sons [43,49]. From this derives the need to take gender into consideration in order to design more adjusted programs [54]. Precisely to avoid biases and prejudices, a more proactive use of language is considered necessary, avoiding negative qualifiers that may interfere in the students' perceptions [58].

In terms of intervention, a group approach is recommended in which all educational agents can share experiences, trying to encourage preventive programs (preventive programs, counseling, screening, and detection of clinical and subclinical symptomatology; coordination protocols between health services and educational centers; pilot programs for the inclusion of psychology professionals within the educational system; school for mothers

and fathers; and so on). Such programs and measures can deal with the parent–child relationship, the reconceptualization of social interactions, as well as the most appropriate and adaptive strategies to develop educational and emotional competencies [59]. Psychological intervention in young people has been shown to reduce behavioral problems, decrease levels of aggression and risky behaviors, and promote a healthy lifestyle [60]. This is an ongoing process that must be progressively advanced, and there is still a long way to go [34].

Working along these lines involves promoting a sustainable society in educational terms. In fact, one of the sustainable development goals is quality education (goal 4) according to the United Nations Educational, Scientific and Cultural Organization (UNESCO) [61], which entails the integral development of students, including the emotional aspect, addressing both their strengths and weaknesses, which also implies a sustainable development of the educational system, gender equality, and the training of the educational community [62].

4.2. Limitations and Future Lines of Research

In terms of limitations, although the family responses were not analyzed in this research, it is expected that there will be coincidence between the observations. In this sense, in previous studies, it has been found that there is a close relationship and agreement between the answers given by the family and those given by the students in the SDQ [49]. On the other hand, the fact that a self-reported questionnaire was used means that responses may be influenced by unconscious motives or automated responses [35,48]. Another aspect to take into account is the fact that all the participants belonged to the same educational center, which could imply a bias. This gives reason to justify an increase in the number of participants and groups in future studies, in order to triangulate the results.

Looking to the future, and given the long time required to develop emotional competencies, it is considered appropriate to promote longitudinal studies that help to understand the mechanisms of emotional adjustment in adolescence in line with previous studies [49], and that allow following the evolution of students whose mental health is suspected to be compromised [14]. It is considered necessary in further research to include other educational agents, and specifically families, in the study of the strengths and difficulties of adolescents. The answers provided by the families will be useful to understand the situation of the young people in greater detail. Furthermore, the inclusion of methods based on artificial neural networks to predict the behavior of the educational community has yielded satisfactory results [63,64], so it is proposed to make use of these in further studies.

5. Conclusions

The conclusions of this study mark the necessary and timely path to verify and monitor the strengths and weaknesses of boys and girls in the pre-adolescence and adolescence phase. The SDQ test is offered as an agile, simplified, and effective tool to be proposed to all training agents concerned with the interest and care not only of young people, but also of the future of socio-political realities. It has been observed that 10.4% of students were considered clinical cases while 16.4% were subclinical cases in terms of their emotional adjustment difficulties, with the difficulties being greater in females than in males. Therefore, the present study provides useful information in the field of educational psychology in order to use updated scales for Italian adolescent students. It also provides a starting point for subsequent comparative studies between different countries [19]. In short, knowing the current situation of the students will make it possible to design more appropriate health and educational care [65].

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