

Social and Emotional well Being of Adolescents

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Abstract: Social and emotional wellbeing was selected as the priority area due to the emphasis on mental wellbeing rather than on mental ill health or pathology (DHS VIC 2008). This emphasis is consistent with the definition of mental health in the World Health Organization (WHO) constitutions; 'Mental health is a state of wellbeing in which an individual realizes his or her own activities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual wellbeing and the effective functioning of a community. Social and emotional wellbeing is a multifaceted concept encompassing both individual capacities and social competencies. Because of the complex developmental stages that children and adolescents experience from birth to 17 years of age, how their social and emotional wellbeing is reflected in their behaviours, thoughts, feelings and abilities differs across the ages .As such no single 'measure' of social and emotional wellbeing can be used afor all children and adolescents. How people report on their overall life satisfaction or happiness is a common measure used to assess social and emotional wellbeing. Across childhood and Adolescence, those from socioeconomically disadvantaged backgrounds are less likely to have positive social and emotional well being. Broadly, social and emotional well being refers to the way a person thinks and feels about themselves and others. It includes being able to adapt and deal with daily challenges (resilience and coping skills) while leading a fulfilling life. Hence, there is an emphasis on tributes he behavioural and emotional strengths of adolescent, as well as how they respond to adversity. Many characteristics of social and emotional well being follow a developmental pathway and age appropriateness is therefore a key factor in measurement.(Denham et al.2009;Humphrey et al.2010).Cultural background is also an important consideration in measurement, due to differences in social norms and values between cultural groups (Hamilton & Redmond 2010).

Keywords: Adolescent, Children, Social and Emotional Wellbeing, Well Being

I. Introduction

The Alma Alta definition of health (WHO 1978) defined health as “ s state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”. Since then, wellbeing had evolved as on overarching concept which is generally held to describe as a dynamic process (Rees et al,2010) in which people interact with the world around them. In Policy terms wellbeing has used to focus attention on how governments can promote good mental and emotional health, thus extending the context beyond the treatment of mental illness or disorder.(caolisle, Henderson and Hanlon 2009:1556) Wellbeing is used as a positive , ecological concept that encompasses developmental stages across the life course, integrating physical, cognitive and social-emotional functions and also having a subjective dimension in the sense of satisfaction associated with fulfilling one's potential (Pollard & Davidson 2001)

II. Wellbeing

Based on the recent literature many domains and components of wellbeing are identified, to study the wellbeing of children and young people. (childhood wellbeing Research centre, briefing paper 1 August 2010). There is some emerging consensus that childhood wellbeing is multi-dimentional should include dimensions of physical, emotional and social wellbeing; should focus on the immediate lives of children but also consider their future lives; and should incorporate some subjective as well as objective measures.While studying the determinants of wellbeing, by children and young people's own views of wellbeing; it was concluded that wellbeing consisted of positive sense of self, security and agency. Emotional and relational wellbeing were integral to these concepts. (Fat lore et al, 2007, 2009) Since social and emotional wellbeing is seen as a key element in a child's development, the terms social and emotional wellbeing and social and emotional development are sometimes used interchangeably. Thus the facilitators and barriers that may support and hinder a given child's development may be regarded as indicator of that child's wellbeing (Hamilton & Redmond 2010) Ben Arich (2006) summarised many developmental theories on child being. Based on that it is understood that wellbeing of children and young people are focussing on their psychological, physical, social, moral and spiritual development are based on a preferred adult outcome, implying the need to prepare children for their

transition into later stages in life or to monitor the developmental process. Since wellbeing is closely connected to development, some theorists emphasise children's 'becoming' (development into adulthood) while others emphasise children's 'being' (childhood as a stage itself and children being persons in their own right.(Hamilton & Redmond 2010) (Fat lore, Mason & Watson 2007) In the process of many wellbeing research studies on children and young people viz; Australian Institute of Health and Welfare (AIHW) report “ A picture of Australia’s children 2009 (AIHW 2009), “ Conceptualization of social and emotional wellbeing for children and young people and policy implications (AIHW 2012), The emotional wellbeing and mental health of young Londoners – A focussed review of evidence (TCRU 2007, London) and the Guernsey emotional wellbeing survey (GEWS 2010 UK)- they all focus on the importance of social and emotional wellbeing in children and adolescents.

Social and emotional wellbeing was selected as the priority area due to the emphasis on mental wellbeing rather than on mental ill health or pathology (DHS VIC 2008). This emphasis is consistent with the definition of mental health in the World Health Organization (WHO) constitutions; ‘Mental health is a state of wellbeing in which an individual realizes his or her own activities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual wellbeing and the effective functioning of a community. (WHO2010) Broadly, social and emotional wellbeing refers to the way a person thinks and feels about themselves and others. It includes being able to adopt and deal with daily challenges (resilience and coping skills) while leading a fulfilling life. Hence there is an emphasis on the behavioural and emotional strengths of children, as well as how they respond to adversity.

The world Health Organization has concluded that emotional wellbeing is fundamental to our quality of life. It enables us to experience life as meaningful and is an essential component of social cohesion, peace and stability in the living environment. (WHO 2005) Emotional wellbeing is a crosscutting concern that touches many aspects of our daily lives and has an impact across the lifespan. The world federation for Mental Health defines emotional wellbeing as “a form of subjective wellbeing, when individuals feel that they are coping, fairly in control of their lives able to face challenges and take on responsibility” (WHO 2010) Adolescence is a period which comes under the broad perspective of children in the developmental psychology. Many literatures which talk about children are inclusive of adolescent. The terms children and adolescent are interlinked. Adolescence is marked by immense turmoil in emotional and behavioural spheres. WHO defines adolescence as the period of life between the ages of 10 to 19 years. The adolescent struggles to develop his individuality while still conforming to societal norms. Rapid urbanization and modernization have exposed them to change in society. The resultant breakdown in family structure, excessive or minimal control confuses the adolescent and makes him/her especially vulnerable to maladaptive patterns of thinking and behaviours.

Collishaw et al (2004) found that emotional wellbeing and mental health ‘Problems’ had increased over the last twenty-five years among children and young people. West & sweeting’s (2003) longitudinal study in west Scotland found a similar trend of increasing emotional difficulties among some groups of young women, but not for young men. Reasons for increasing emotional wellbeing and mental health difficulties are likely to be related to family and socio economic changes but also broader societal changes and generational effects (Collishaw et al 2004). A minority of children and young people continue to experience diagnosable mental disorders over a period of 18 months (Goodnab et al 2002) and a three- year period (Meltzer et al 2003a) Other studies have estimated the short and long term costs of childhood emotional wellbeing and mental health problems. (Knapp el at 1999; Scott et al 2001) Social and emotional wellbeing creates the foundations for healthy behaviours and educational attainment. It also helps prevent behavioural problems (including substance misuse) and mental health problems. That’s why it is important to focus on the social and emotional well being of children and young people.

What are the outcomes of the promotion of Social and Emotional Well Being in children and young people? According to the National Institute for Health and Care Excellence (NICE, Sep 2013 , Lgb12), the outcomes are listed below;

- **Improve the Adolescent’s health and wellbeing**

Social and Emotional Well Being is influenced by a range of factors, from individual make up and family background to the community within which people live and society at large.

Social and Emotional Well Being provides personal competencies (such as emotional resilience, self esteem and interpersonal skills) that help to protect against risks relating to social disadvantage, family disruption and other adversity in life. Such competencies provide building blocks for personal development, which will enable children and young people to take advantage of life chances.

- **Reduce mental health problems in children and young people.**

Evidence shows that poor Social and Emotional Well Being predicts a range of negative outcomes in adolescence and adulthood. For example; negative parenting and poor quality family or school relationship

place children at risk of poor mental health. Early intervention in childhood can help reduce physical and mental health problems and prevent social dysfunction being passed from one generation to the next.

- **Improve social and economic outcomes**

For children and young people with poor social, emotional and psychological health there is an increased likelihood of poor social and economic outcomes, in both the short and long term.

For example; children with behavioural problems are more likely to leave school with no qualifications, become teenage parents, experience relationship or marital problems and experience unemployment in adulthood.

- **Reduce demand on services.**

For children and young people with poor social, emotional and psychological health there is an increased likelihood of criminal behaviour and high-risk behaviours such as substance misuse, lower levels of social interaction and poor mental health, outcomes that may continue into adulthood.

- **Promote educational attainment and reduce bullying and risk-taking behaviour among pupils.**

The emotional wellbeing of children and young people is enhanced through building self-esteem and self-efficacy, reducing bullying behaviours, reducing risk taking behaviours and supporting the development of social and emotional skills. This may also improve all pupils' interest in their learning, lead to better school attendance and improve attainment.

III. Adolescent Well Being

In models of the developing child that draw heavily on development psychology, childhood is perceived as a 'stage', or a 'structured process of becoming'. It is understood in relation to adulthood, perceived as the 'end goal' (James et al., 2005, p148). This is clear in the developmental stages proposed by Jean Piaget, although more recently psychologists have recognised the lifelong nature of development. Nonetheless, the notion of a child as developing or 'becoming' renders her "incomplete" (James et al., 2005, p148). In alternative discourses on childhood, emphasised more perhaps in sociology (and in literature on children's rights) than in psychology, the child is conceived as "being": a person with an ontology in their own right, with a set of needs and rights; a social actor capable of initiating action by choice (James et al., 2005, pp148-9., Jenks, 2005, p38). Viz; "children are human beings, not only 'human becoming', they have not only needs, a fact which is recognised, they also have interests, that may or may not be compatible with other social groups.....and they are exposed to societal forces like other groups....." (1994, p.18). The emphasis on 'becoming' or 'being' raises issues of competence. If childhood is principally associated with 'becoming' an adult and adulthood is associated with competence, then the child is by definition incompetent. As Schapiro (1999) puts it, while she may have voice, she does not know which voice is truly hers. This suggests the need for adult expert judgement (from parents, teachers or clinicians) on the state of her well being. However, this simple dichotomy is blurred by the fact that adulthood is not usually judged according to some test of competence, but according to age. There is little agreement among scientists on the age at which children develop competence for different tasks. Yet notions of age are absolutely crucial in both the social and legal constructions of childhood, and clarity on age is crucial for the scientific measurement of children's wellbeing.

If, on the other hand, childhood is principally associated with 'being', then the child is in effect assumed to be competent. This suggests not only that children should speak for themselves, but also that they should be able to, as Doyal and Gough (1992, p.186) put it, "criticize and if necessary challenge" concepts of wellbeing that adults impose on them. From a child rights perspective, this would suggest an obligation on the part of adults to actively engage with children and young people in order to elicit their views, not only on their wellbeing, but also on the very definition of wellbeing. The issue of age also important in considering children's and adolescent's dependency. Urie Bronfenbrenner's ecological model of development suggests that human development takes place through "interaction between an active, evolving bio-psychological human organism and the persons, objects, and symbols in its immediate external environment" (Bronfenbrenner and Morris, 2006, p.797). Assumptions about competence, agency and dependency among children and young people of different ages are important inputs into the choice of indicators of social and emotional wellbeing for children aged 0-12 and aged 13-15. Because of the complex developmental stages that children and adolescent move through, the challenges associated with selecting indicators that are equally relevant for infants and 12 year olds, and for 13 and 25 year olds, are considerable.

IV. Social and Emotional Well Being of Adolescents

Social and emotional wellbeing is a multifaceted concept encompassing both individual capacities and social competencies. Because of the complex developmental stages that children and adolescents experience from birth to 17 years of age, how their social and emotional wellbeing is reflected in their behaviours, thoughts, feelings and abilities differs across the ages. As such no single 'measure' of social and emotional wellbeing can be used for all children and adolescents. How people report on their overall life satisfaction or happiness is a

common measure used to assess social and emotional wellbeing. Across childhood and Adolescence, those from socioeconomically disadvantaged backgrounds are less likely to have positive social and emotional well being. While, there is no single definition of social and emotional wellbeing. It is usually associated with positive physical health outcomes, positive peer relationships, school readiness and achievement in school. In childhood and adolescence it sets the foundation to successfully manage the challenges of life as an adult. Conversely, children and young people with low social and emotional well being levels are more likely to have difficulties at home and in their peer groups at school and often experience negative emotions (depression, worry, stress), negative behaviours (such as bullying), academic underachievement and disengagement from learning. Poor social and emotional well being can manifest in a range of negative behaviours, feelings and thoughts. Although it may eventuate into a mental problem or disorder in a small number of children and young people. Social and emotional well being is not the same as having a mental health problem or disorder.

The National Institute for Clinical Excellence (NICE) stated that Social and Emotional Well Being encompasses:

- Happiness, confidence and not feeling depressed (emotional wellbeing)
- A feeling of autonomy and control over one's life, problem solving skills, resilience, attentiveness and a sense of involvement with others (Psychological wellbeing), and
- the ability to have good relationships with others and to avoid disruptive behaviour, delinquency, violence or bullying (social wellbeing)

Broadly, social and emotional well being refers to the way a person thinks and feels about themselves and others. It includes being able to adapt and deal with daily challenges (resilience and coping skills) while leading a fulfilling life. Hence, there is an emphasis on behavioural and emotional strengths of adolescent, as well as how they respond to adversity. Many of the characteristics or attributes of social and emotional well being follow a developmental pathway and age appropriateness is therefore a key factor in measurement. (Denham et al. 2009; Humphrey et al. 2010). Cultural background is also an important consideration in measurement, due to differences in social norms and values between cultural groups (Hamilton & Redmond 2010). Social and Emotional Well Being, an umbrella term that's used to describe a whole range of things that may well be qualitatively different. It's used in reference to mental health, as a kind of synonym for mental health, but it's also used to refer to children's competence, social skills—something that is slightly separate from mental health. It's also used interchangeably with social and emotional learning, social and emotional literacy and social and emotional intelligence. It is a fuzzy and intangible concept. (Neil Humphrey, 2011)

Social and emotional wellbeing incorporates both the individual characteristics of the child and those of environments such as families, schools and communities. The literature examining children's social and emotional wellbeing therefore considers multiple characteristics and there is a wide range of terminology used by researchers to identify factors that help children thrive and prosper (Humphrey et al. 2010; Weare & Gray 2003).

V. Conclusion

The extensive field of wellbeing including children and Adolescent's Social and Emotional Wellbeing has emerged recently as new area of focus. In Indian context a very few handful works are emerging on Social and Emotional Wellbeing of children and adolescent. The in-depth study on the proposed field would pave way to yield high-quality of harvest in the arena of the adolescent and create congenial atmosphere for them to live as they would be the future generation of the universe.

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