

Social-Emotional Health of University Students and the Importance of Its Research

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Abstract:

Introduction: Health and well-being are crucial for individuals, a particular country as well as the whole society. Therefore, it is important to focus research on it, and the Social-Emotional Health Survey – Higher Education used on the sample of university students is a good example of it.

Purpose: The aim of the article is to bring information on the current issues of social-emotional health in Slovakia and the possibilities of its measuring with the emphasis on the brand new international questionnaire method Social-Emotional Health Survey – Higher Education (SEHS-HE) by M. Furlong.

Methods: The method measures four basic dimensions and twelve psychological indicators of social-emotional health of university students. It helps to find the strengths and health predictions of students.

Conclusions: Mental health of young people is the priority of the Slovak National Treating Program for Children and Youth, from which goes the necessity to identify the mental health of various groups of people especially of children and youth, to support it and to create the conditions for its optimal development.

Key words: mental health, social-emotional health, university students, civility.

1 Introduction

For decades, mental health of individuals has been neglected. World Health Organization also supported this statement by publishing a report in 2001, describing that one's health, and more importantly well-being, is crucial for a particular country and its society.

World Federation of Mental Health claims that the prevalence of mental disorders is alarming and represents a significant burden for the entire population. Depression and other mental illnesses have a major impact on the quality of life of individuals and, therefore, it is crucial to pay special attention to mental health (World Federation for Mental Health, 2013).

Keyes (2006) states that mental health is a mix of positive feelings, which are applied in real life situations and measure subjective psychological and social well-being. These variables indicate one's prosperity of mental health where mental illnesses are absent and the individual is balanced in terms of emotional, mental and social well-being.

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Based on this statement, we can realize the importance of mental health. The tendency to neglect it can threaten not only the prosperity of the society but may also lead to an increased rate of psychopathological phenomena.

In the year 2000, we could observe an increase in the cases of mental disorders in the Slovak Republic, the number of individuals being diagnosed with some form of mental illness increased by 326,000. Affective, neurotic, stress and somatoform disorders, namely depression, anxiety, and stress responses were the most frequent (Ochrana a podpora duševného zdravia v SR, 2013).

An increase in mental illnesses was also recorded in the Czech Republic, where the occurrence of these diseases increased by 8.3% between 2001 and 2002. Most of the cases were neurotic and affective disorders similar to the ones in the Slovak Republic (Brožová, Daňková, Chudobová, Kamberská, & Lexová, 2003).

Based on these, besides other facts highlighting the importance of mental health, support of positive mental health, preventing mental disorders, providing access to community services and building partnerships between sectors was introduced in 2005 by the World Health Organization (WHO) and the 52 Member States, which supported the Declaration and Action Plan on Mental Health.

The European Commission prepared a document called Green Paper designed to stimulate a debate on the possible approach to the mental health of the citizens and its results were formulated in the European Pact for Mental Health and Well-being, which came into force in 2008. It is pointed out that the European institutions, Member States and various stakeholders are obligated to undertake actions in the following areas:

1. Mental health in youth and education;
2. Prevention of depression and suicide;
3. Mental health of older people;
4. Combating stigma and social exclusion;
5. Mental health at the workplace (Európsky pakt za duševné zdravie a pohodu, 2008).

In 2010, the EU created a work group made up of social and healthcare professionals from eight European countries focused on mental health and well-being. The work group started to closely cooperate with the European Commission in the context of the Pact for Mental Health and Well-being and focused on the objectives and tasks related to the promotion of mental health with regard to the new strategy Europe 2020. Europe 2020 draws attention to man-oriented services called “person centered services” with a focus on the active participation of their users.

The strategic directives to improve health and correct development of children and adolescents based on the implementation of the European strategy to improve the health of EU citizens can also be found in the document called National Programme for Children and Adolescents in the Slovak Republic for the period 2008-2015, which continues. For many young people, the last two priorities are particularly important – adolescent health, and psychosocial development.

The aim of supporting the mental health of the young generation in the EU, and also in Slovakia, is to monitor the health of young people in the social context and to deepen the understanding of the mechanisms causing differences and changes in health and risky behaviors. These findings are important for the creation of effective health support programs, health education programs, monitoring their effectiveness both at national and international levels (Zdravie, 2020; 2013).

Targeted support of mental health is justified especially because current scientific research indicates that the incidence of mental health problems among young people is increasing. It is reported that college students are subject to higher rates of depression than the general population. Depression is common among university students of either gender and is more frequent among individuals who are single compared to those who are married or in a relationship (Sarokhani et al., 2013).

Higher education institutions are trying to support mental health of their students especially during the critical transition from one period of development to another. Even though higher education provides students with many new experiences, promotes academic, social and personal development, it is also a source of new problems, which can cause mental anguish. Trying to find evidence for this claim, we looked at 24 studies focusing on depressive symptoms among college students and found a 31% higher incidence rate of depression in their case than in the case of the general population (Ibrahim et al., 2013; Furlong, 2016).

Therefore, the identification of mental health problems and levels of psychological well-being and life satisfaction is essential for an early detection of those young people who are at potential risk of mental problems as they get older and thus create the basis for necessary prevention (Erhart et al., 2009).

To examine the mental/social-emotional health among university students, an entirely new tool was created - the Social-Emotional Health Survey – HE by M. Furlong from the University of California, USA (2015).

2 Purpose

Over the last few decades, the focus of research has turned to the positive youth development perspective. There is an increase in the attention paid to improving students' quality of life in scientific research. For example, research of mental health of young people brought some interesting findings, particularly when examining the link between anxiety and the lack of personal well-being causing poor academic performance of students; new knowledge about the positive and negative indicators of mental health as well as its impact on the academic achievement in the time span (Dowd, Furlong, & Sharkey, 2013).

The model of mental health by Michel Furlong has 4 positive mental health domains, which are based on social psychology (e.g. Lips, 1995), the image of oneself (Chi-Hung, 2005) and cognitive therapy (Dozois, Eichstedt, Collins, Phoenix, & Harris, 2012). These domains/dimensions are the following:

- a) Belief-in-self;
- b) Belief-in-others;
- c) Emotional competence;
- d) Engaged living.

In the above four essential domains of the model of social-emotional health, 12 psychological indicators can be distinguished, each representing a unique field of mental health. The first domain – belief-in-self – consists of three psychological indicators: self-efficacy, persistence and self-awareness. The second domain – belief-in-others – consists of three psychological indicators: family support, institutional support and peer support. The third domain – described as emotional competence – consists of the following three psychological indicators: cognitive reappraisal, empathy and self-regulation. The last of

domains – engaged living – contains the following psychological indicators: gratitude, zest and optimism (You, Dowdy, Furlong, Renshaw, Smith, & O’Malley, 2013).

Belief-in-Self

- Self-awareness – acceptance of one’s moods and feelings;
- Self-efficacy – the ability to successfully overcome many challenges;
- Persistence – continuing work despite its complexity.

Belief-in-Others

- Family coherence – the presence of a sense of family togetherness;
- Peer support – the presence of social support provided by friends;
- Support campus – contains a sense of integration into a teaching institution.

Emotional Competence

- Emotional re-appraisal – attempt to redirect one’s thoughts from negative to positive in order to improve mood;
- Empathy – seeing how others think and feel;
- Self-control – preferring thinking before impulsive acts.

Engaged Living

- Optimism – expectations of positive experiences and situations during the day;
- Zest – enthusiastic and energetic approach to life;
- Gratitude – awareness and gratitude for everyday things (SEHS, 2015).

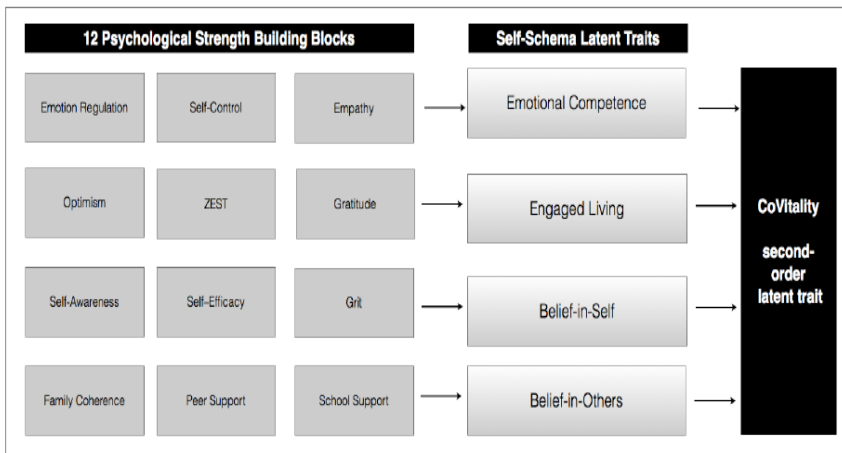


Figure 1. Model of social-emotional health.

In addition, the research of social-emotional health which has brought 12 psychological indicators divided into four major domains of positive mental health, also explained the concept of covitality. Covitality could be described as synergistic to positive mental health, which is composed of a number of positive psychological units (Furlong, You, Renshaw, O’Malley, & Rebelez, 2013).

In one of the most recent studies, Jones, You and Furlong (2012), decided to introduce the term covitality because it captures a wide range of notions including healthy and positive functioning in all areas of life. The primary objective of this research was to

contribute to the study of optimal human functioning and to examine the relationship between covitality as a construct of positive psychology and personal well-being.

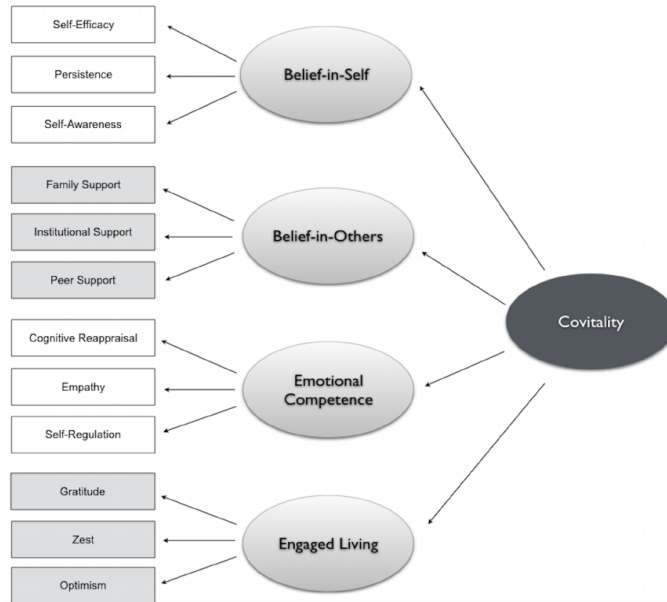


Figure 2. Social and Emotional Health Survey conceptual and measurement model.

Pennell, Boman and Mergler (2015) conducted a research that sought to clarify the relationship between covitality and its basic constructs such as belief-in-self, belief-in-others, emotional competence, and engaged living with two variables – subjective well-being and depression. The results of the first phase of the research showed that belief-in-self, belief-in-others, and engaged living are significant predictors of increased subjective well-being. These predictors showed a higher level than the others. The results of the second phase of the research showed that the above predictors are beneficial in the process of reducing depression as well. In both phases of the research, it was proven that the combined effect of characteristics that create covitality is greater than the individual components of covitality alone.

3 Methods

We decided to use the model of social-emotional health and the Social-Emotional Health Survey for higher education in our research at selected universities in Slovakia and to study the following levels of social-emotional health of university students in general, as well as within the social-demographic variables – gender, residence, field of study; and also, to examine the link between social-emotional health of students and their life satisfaction and well – being.

Our intention was not only to measure the mental health of college students, but also to identify those students who need prevention or intervention services for their personal growth, and also detect in which indicators and domains students reach a high level of

health, i.e. identify their potentials. The existing psychological methods were mainly focused on measuring the deficits which not all students have, but only 15-20% were identified and those with more serious diseases. The advantage of this survey is that it provides an insight into the psychology of the individual schemes and allows students to show how to optimally build their personality, where and in which areas of mental health, and in which social-emotional competencies are their strengths and where are their weaknesses or shortcomings. Furlong himself notes that for example, in the USA, only 2% of schools do screening of the mental health of their students (Romer, McIntosh et al., 2005), which is a really low number. The situation in Slovakia is not any better.

4 Conclusion

Finally, we would like to conclude that social-emotional health of university students should not be neglected, what is more, we should emphasize the importance of research in this area mainly due to the fact that college students are in a period that is critical especially because of the transition from one developmental period to another. Higher education institutions, while providing their students with a stimulating environment that brings them new academic knowledge, expertise, experience and a lot of options to move forward, whether in the social or personal development; also create an environment which is new for students and can be a source of problems that can cause mental anguish.

As Furlong et al. (2016) stated, research on social-emotional health provides us, besides theoretical and psychometric outcomes, with information that is relevant for each university student, and also information for educational institutions that is useful in pursuing comprehensive mental health in schools or groups and provide services aimed at preventing or alleviating the adaptation problems in the college life, and then allow them to track student's existing assets and offer strategies that will further promote the development of their psychological strengths.

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