



Steps Forward to Meaningful Employment of young people with emotional well-being problems

Module 4: Basic knowledge about psychological aspects

Authors: Alexandra Goľová, Ondrej Štefák, TENENET o.z.



Co-funded by
the European Union

The European Commission's support for the production of this publication does not constitute an endorsement of the contents, which reflect the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.



Objectives

- 1: Clarify the developmental period of adolescence and young adulthood and its biological, cognitive, emotional and behavioural aspects
- 2: Identify common mental disorders among young adults like eating disorders, anxiety, depression and addiction and substance abuse
- 3: Identify steps to prevent mental disorders and maintain well-being regarding mental health



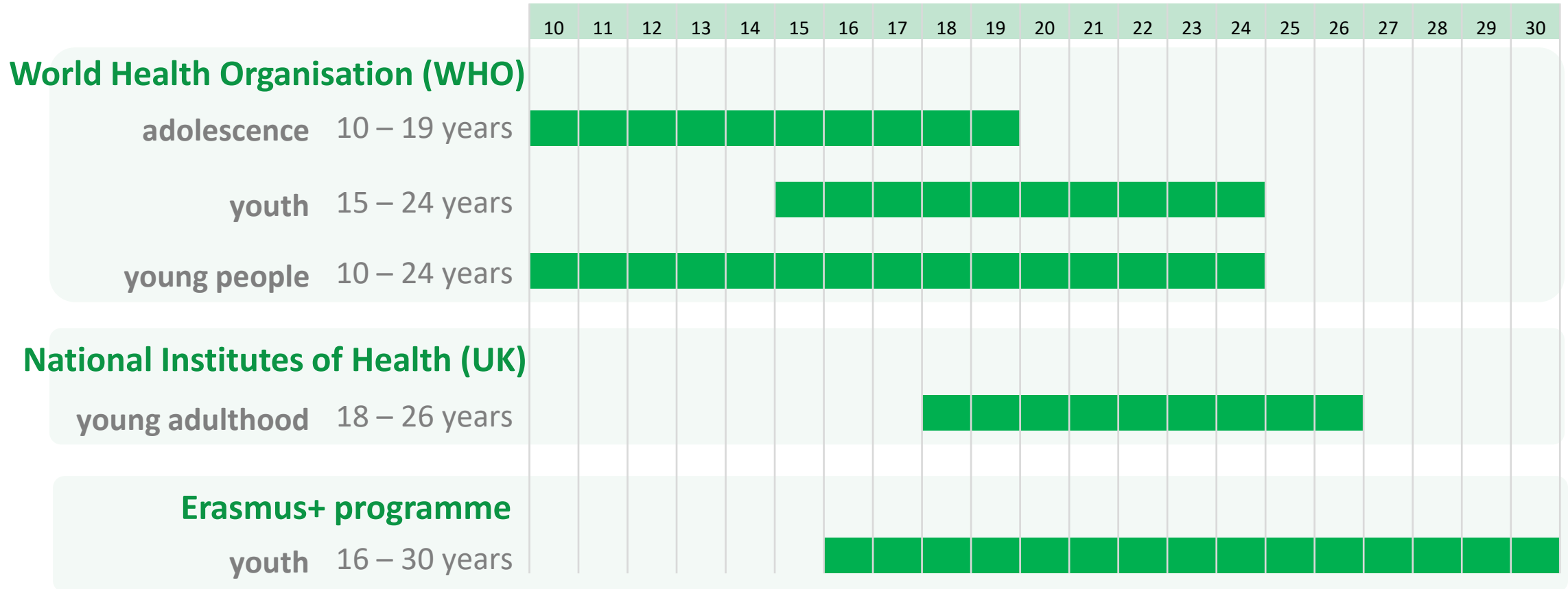
Table of contents

- 1: The developmental period of adolescence and young adulthood
- 2: The most common mental disorders among young adults
- 3: Maintaining mental health
- 4: References

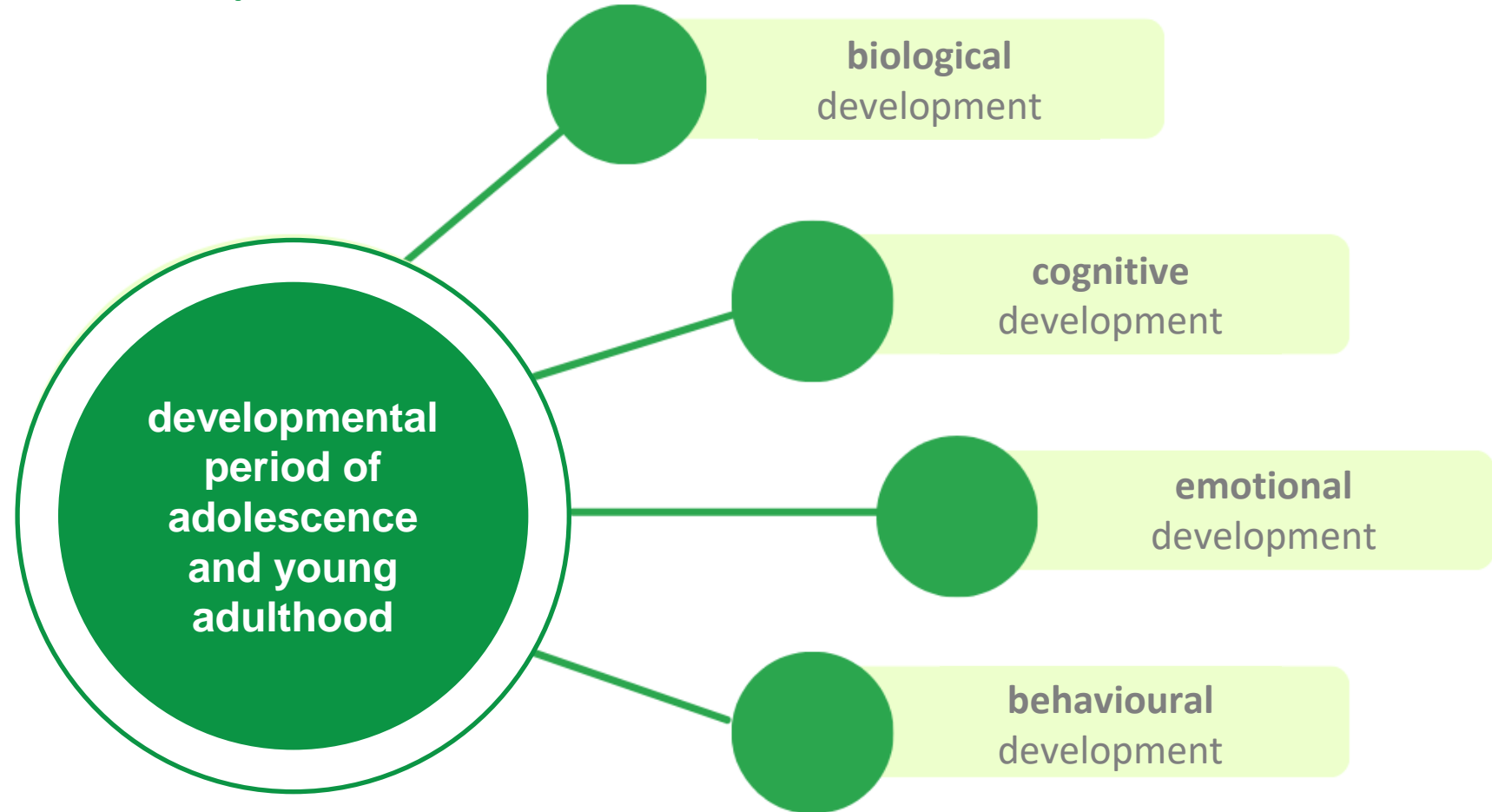


Chapter 1: The developmental period of adolescence and young adulthood

Age spans for adolescence and young adulthood



Aspects of development



Biological development

Adolescence brings **major biological changes**.

Individuals **may feel unprepared for the changes** of adolescence, which **may affect their behaviour and future actions**.

Dramatic changes in the **physical appearance** of young people can cause individuals **to behave differently**.

The changes have a **significant impact on** adolescent behaviour, including **sexual behaviour, sleep and mood**.

The **brain development** is not **complete** until approximately **25 years**.



Cognitive development

The cognitive development changes the way how individuals **think, reason, and understand**:

- **Higher-level thinking** is developed: analysing situations logically in terms of cause and effect; using symbols, metaphors, and hypothetical situations,...
- **Thinking about the future**, evaluating alternatives, and setting personal goals improves.



It is natural for adolescents and young people to ...

... **argue for the sake of arguing** as they need the opportunity to experiment with the new skill of reasoning capabilities.

... **jump to conclusions**.
It is recommended to **listen instead of immediately correcting** them. It can be helpful to **find what is realistically positive** in what is being said and **engage in open discussions**.

... be **self centered**.
Taking others' perspectives into account is a skill which takes time to learn.






... constantly **find faults in the adult's position**.
Largely open criticism of adults is reserved for adults whom the young person feels especially safe with.

... be **overly dramatic**.
Exaggerating the opinions and behaviors for some adolescents and young adults is simply the way to express themselves.

Emotional development

In this challenging period adolescents learn how to **cope with stress** and **manage emotions**.





Here are some suggestions that may be **helpful in conversations for boosting the sense of identity** as well as **encouraging emotional development**:

-  **Choose non-threatening questions** that help them define their identity when communicating.
For example: Who is your idol? What you admire about him/her? What do you like to do in your free time? What do you consider to be your strengths?
-  **Listen actively without judgement.** That can enable to realize values or opinions and build trust.
-  **Ask open-ended questions.** Show genuine interest that can help the young adult expand their thoughts on ideas and possibilities. Avoid “why” questions because they can appear defensive.
-  **Be sensitive about emotions.** This can help the individual feel understood if we reflect his or her mood and are sensitive about various emotion’s identification.
-  **Create a space to discuss moral and ethical issues.**
This can encourage young adults to think aloud about these issues.

Behavioural development

All these changes also bring new behaviours. **Risk taking and drastic decisions** reflect the young persons' **developing decision-making skills** to form their identity.

Factors associated with resilience and the prevention of risky actions are:

-  **A positive family environment:** safe and affectionate environment in the family; warm, nurturing and respectful parenting styles are connected to resilience.
-  **A stable and positive relationship with at least one caring person:** positive emotional attachment is associated with resilience.
-  **Emotional intelligence and ability to cope with stress:** effective strategies for coping with difficult situations are a predictor of an overall better quality of life.
-  **Realistic expectations regarding education and employment and adequate support:** high expectations for participation and providing high levels of individual support for youngsters is linked to enhanced resilience.

Summary from a psychological perspective

In this unique and important period of life, young adults need to **cope with their new role of being independent** from their parents and **their own individualisation**, and they **experience pressure from society** to achieve specific life milestones.

It is important to mention that young adults already ...

- ... **take longer to consider complex issues before deciding** on a course of action.
- ... are **less influenced** by the **lure of behavioural rewards**.
- ... are **more sensitive to the potential costs** associated with their behaviour.
- ... have a **better developed impulse control**.

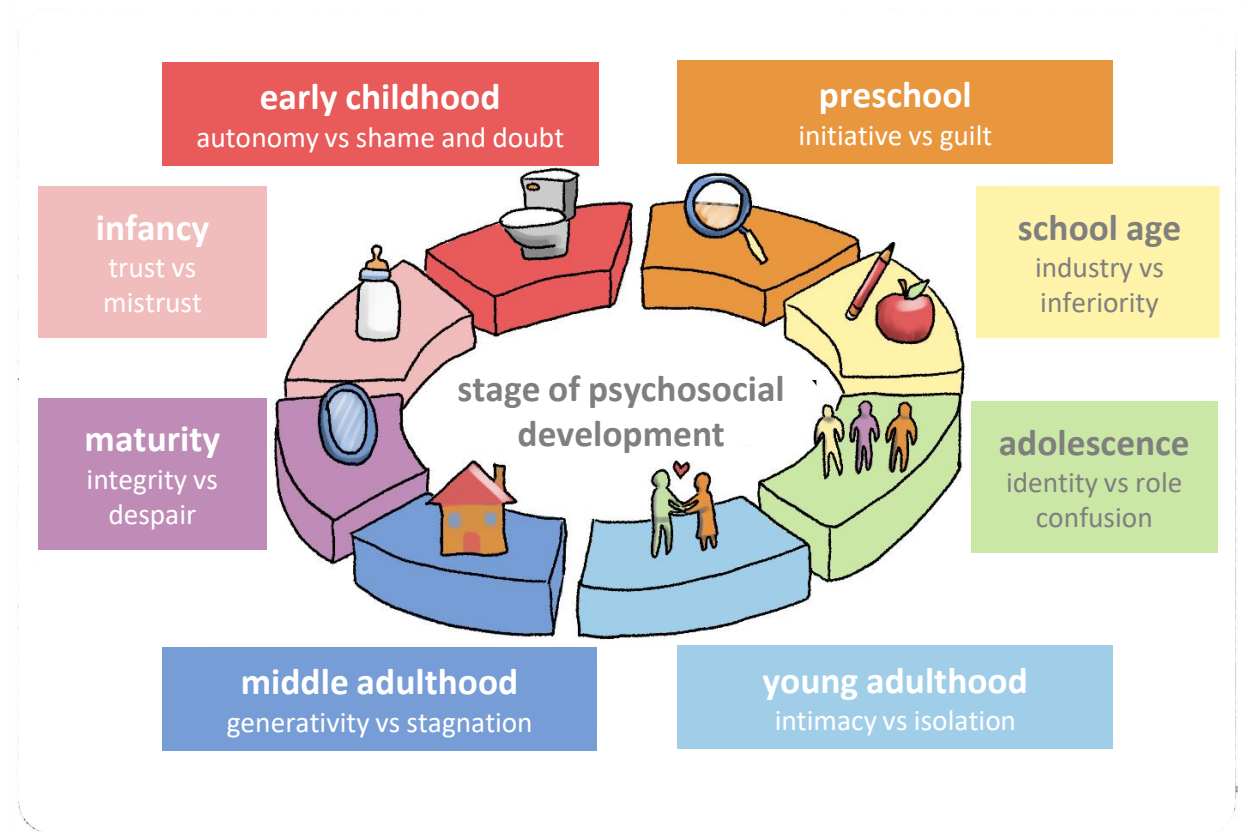
Erikson's theory of developmental stages

Erikson's theory of developmental stages includes **eight stages of psychosocial personality development**.

During personality development, a person **passes through these stages gradually acquiring the qualities of each stage** over the course of a lifetime.

Each stage is defined by **two opposing terms** and describes the development of individual intrinsic qualities of personality in a social context.

The process of moving through the stages is **considered successful when a person is closer to the positive pole of the individual pair**.



[Source](#)

Young adulthood

Young adulthood is described by Erikson as a time when one is confronted with the fundamental **conflict between the need for closeness and loneliness**.

If he or she manages to mature in an intimate relationship, it is likely that he or she subsequently successfully forms close relationships with other people including in the workplace, at school, or in personal life.

This marks **the successful fulfillment of the sixth developmental stage**.



Source

Young adulthood as a critical developmental stage

Young adults undergo enormous changes and are expected to take on new obligations and responsibilities. This expectation exists regardless of the success or failure of these **difficult decisions** and can **strongly influence the trajectories of their lives**.

Although no significant changes in physiological and biological development have occurred over many generations, **the world in which youngsters evolve has changed significantly**.

The **daily social environment is more global and networked**, marked also by **increased transmission of knowledge and information, increased risks**, relatively **low social mobility, greater economic inequality**, and **advances in information and communication technologies**.

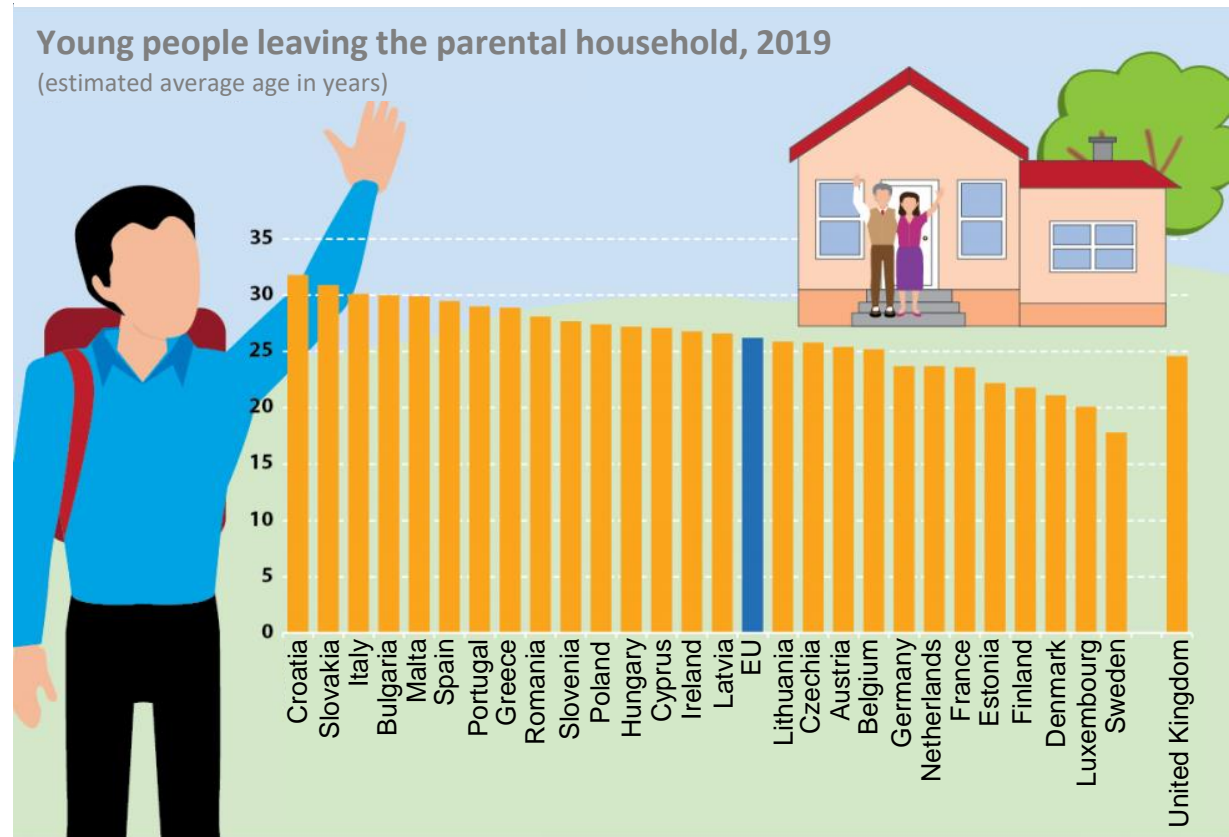


Source

Independence and individual development

Despite tremendous advances in recent years, **today's world does not always create sufficient conditions for the independence and individual development of young people.**

For example, according to Eurostat, the **age of those leaving the parental household is increasing**, which also reflects the current economic situation.



Source ec.europa.eu/eurostat



Chapter 2: The most common mental disorders among young adults



Most common mental disorders among young adults

According to Mental Health Foundation, **20% of adolescents may experience a mental health problem** in any given year.

50% of mental health problems are established by age 14 and 75% by age 24.

According to WHO the **leading causes of illness and disability among adolescents are depression, anxiety, and behavioral disorders.** Therefore, this chapter covers the mental disorders listed in the right-hand graph.

Suicide is the fourth leading cause of death among 15–29-year-olds.



Eating disorders: clinical picture

- The patient's weight is at least 15% below expected weight or BMI is 17.5 or less (BMI = body weight (kg)/height (m)²)
- In particular prepubertal patients have lower weight gain than expected for their age.
- This **weight loss is self-inflicted** (diet, exercise, laxatives, vomiting, etc.)
- Fear of being overweight, a **distorted image of one's own body**, and intrusive thoughts about this self-image are present.

Eating disorders

Anxiety

Depression

Addiction

Physical symptoms

- dramatic weight loss
- loss of libido
- gastrointestinal symptoms, abdominal pain
- difficulty concentrating
- dizziness, fainting
- lethargy or excessive energy
- feeling cold all the time
- sleep irregularities, menstrual irregularities
- dry skin, thin nails, thinning hair
- muscle weakness
- poor wound healing, poor immune system function

Eating disorders

Anxiety

Depression

Addiction

Mental symptoms

- concern about eating in public
- preoccupation with weight, food, calories, fat grams, or dieting, severely limiting and restricting the amount and types of food consumed, refusing to eat certain foods, developing rituals around food
- excuses to avoid mealtime, denying feeling hungry
- intense fear of weight gain or being “fat”
- dressing in layers to hide weight loss or stay warm
- expressing a need to “burn off” calories, excessive exercise

Eating disorders

Anxiety

Depression

Addiction

Detection and prevention of eating disorders

Worldwide statistics state that **1 to 4% of young people between 18 to 29** experience an **eating disorder**.

Who can detect it

- parents
- psychologists
- educators at the youngster's school
- sports coaches
- general practitioners
- other specialists

How to prevent it

- rational healthy eating and communal meals
- adequate sports activities, diets, and discussions on the subject
- education of parents, pupils in primary and secondary schools, and teachers and coaches

Anxiety: clinical picture

The person **manifests fear and tension for at least six months**. At least 4 of the symptoms listed below are required. One of these symptoms must be physiological in nature.

- **Vegetative symptoms:** sweating; dry mouth; trembling; heart palpitations
- **Chest or abdomen:** a feeling of choking; difficulty breathing; chest pain or discomfort; nausea or abdominal upset.
- **Mental symptoms:** fainting; dizziness; restlessness; light-headedness; depersonalisation or derealisation; fear of loss of control, consciousness, or death
- **General symptoms:** hot or cold flashes; numb or tingling sensations
- **Symptoms of tension:** tension; aching or pain in muscles; feeling irritated or unbearable mental tension; feeling of a lump in throat; difficulty swallowing
- **Other symptoms:** overreaction to small surprises or excitement; decreased concentration; constant irritation; difficulty falling asleep.



Detection and prevention of anxiety

Anxiety disorders in adults are seen in **22,3% of people aged 18 to29.**

Who can detect it

- psychologists
- psychotherapists
- cognitive-behavioral therapists
- psychiatrists
- general practitioners
- other specialists

How to prevent it

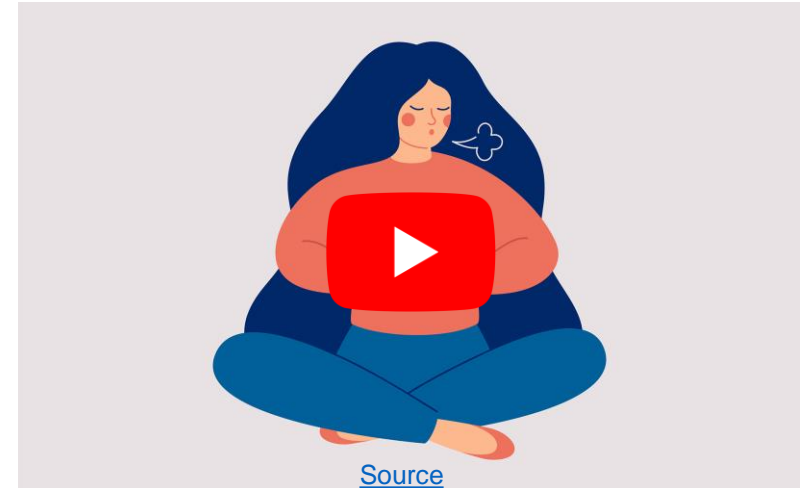
- not overly intensive and controlling education in childhood
- healthy lifestyle
- elimination of stress
- form of relaxation, sufficient rest or physical exercise
- reinforcement of coping strategies that strengthen coping skills (coping mechanisms)

Relaxation exercise

Relaxation is a tool to help keep a healthier heart, reduce muscle tension, improve brain function, and helps avoid depression, anxiety, and stress.

It boosts immune system performance and helps alleviate the symptoms of many medical and psychological disorders.

Check this video and try this short relaxation exercise on your own.



Relaxing is important!

Recommend any kind of **relaxation technique** to others as a **mental health booster**.

Depression: clinical picture

Deterioration of mood and **decreased energy and activity** are typical for depression. **Self-esteem and self-confidence** are almost always **diminished**, and **self-blame** and **feelings of worthlessness** are common even in mild cases.

Depressed mood fluctuates little from day to day, is unresponsive to circumstances, and **may be accompanied by somatic symptoms** such as waking up several hours before usual time in the morning with highest feelings of depression experienced in the morning.

Depending on the amount and severity of symptoms, a depressive episode is **rated as mild, moderate, or severe** (profound).

Eating disorders

Anxiety

Depression

Addiction

Symptoms of depression

- Sad mood; loss of interest and pleasure in ordinary activities; feelings of sadness, hopelessness, and/or irritability
- eating disorders (usually inappetence but can include fewer cases of overeating)
- sleep disturbances (insomnia but can include fewer cases of hypersomnia); apathy and loss of interest; fatigue and lack of energy
- motor decline or agitation; impaired concentration
- loss of sense of self; inappropriate feelings of guilt and unworthiness
- thoughts of death and/or suicidal ideation

Eating disorders

Anxiety

Depression

Addiction

Detection and prevention of depression

The prevalence of adults experiencing a major depressive episode was **highest among individuals aged 18 to 25 at 18,6%**. Three types of prevention can be distinguished (WHO, 2016).

Who can detect it

- general practitioners
- psychiatrists
- psychotherapists
- clinical psychologists
- counselling psychologists
- school psychologists
- other specialists

How to prevent it

- **Universal prevention** targets the general population with the intention of increasing resilience and mental health (e.g., all pupils and students from a selected school; all clients of a social services home, etc.)
- **Selective prevention** targets those exposed to risk factors (e.g. children of parents with mental disorders).
- **Indicated prevention** targets individuals with subclinical-level depressive symptoms (e.g., general practitioner patients who exhibit subclinical depressive symptoms).

Addiction and substance abuse

In medicine, **addiction is considered a disease** (i.e. not merely a manifestation of weakness of character or will) and is defined as follows by the World Health Organization: **a mental or even physical condition characterised by the presence of a desire or overwhelming need to repeatedly and periodically introduce a substance into the body.**

Eating disorders

Anxiety

Depression

Addiction

Characteristics of an addiction

Mark M. Griffiths (2005) compiled an operational definition of the following **six components** characterising an addiction:

- Preoccupation** - refers to the state where a given activity becomes the most important thing in the life of an individual who spends most of his or her time doing or thinking about it
- Mood changes** - refers to the acute effect on the psyche of the individual who may experience excitement or feelings of relief
- Tolerance** - indicates that the individual needs more activity to achieve the effect compared to beginning levels
- Withdrawal syndrome** - often represents irritability and moodiness; classic withdrawal symptoms are absent in behavioural addictions
- Conflict** - is a key component and can manifest itself both interpersonally (for example, as problems in relationships or employment) and intrapsychically (as feelings of loss of control or remorse)
- Relapse** - is a term for a return to previous patterns of behavior after a period of abstinence when the individual reaches an extreme relatively quickly



The clinical picture of addictions and substance abuse

Addictions can be divided according to the object of the addiction into **two main groups: substance addictions and non-substance addictions.**

Substance addictions are for example:

alcohol-barbiturate type (e.g. Diazepam, Lexaurin, Xanax, Neurol, Meprobamat); amphetamine type (stimulant drugs); cannabis type (e.g. hashish, marijuana); cocaine type; hallucinogenic type (e.g. Mescaline, LSD); opiate type (e.g. Alnagon); solvent type (e.g. sniffing toluene, acetone); nicotineism; caffeinism; alcoholism

Non-substance addictions are for example:

gambling - an irresistible urge to play games, coupled with a desire to win; kleptomania - the inability to resist the urge to steal; erotomania; workaholism; addiction to television/phone/videogames

Eating disorders

Anxiety

Depression

Addiction



Detection and prevention of addiction

To be diagnosed as an addict, an individual should exhibit **at least three of the six symptoms** listed above in the same **12-month period**.

Who can detect it

- psychiatrists
- psychotherapists
- clinical psychologists
- healthcare psychologists
- therapeutic educators
- other physicians without specialisation in psychiatry
- other specialists

How to prevent it

- **Primary prevention:** the aim is the formation of optimal conditions for the development of the individual as a bio-psycho-social being. Motivation for a healthy lifestyle and the reinforcement of good habits are the dominant ideas of primary prevention.
- **Secondary prevention:** the aim is to prevent the emergence of social and psychological development disorders, to catch them at an early stage, and to provide the necessary measures for the so-called at-risk or endangered individuals.
- **Tertiary prevention:** the aim is to prevent the deterioration of the condition, to eliminate the number of relapses and the consequences of socio-pathological phenomena. It is aimed at individuals who show special signs or symptoms of social pathology.



Chapter 3: Maintaining mental health



What does mental health mean?

World Health Organization (WHO) offers the **basic criteria** by which we can examine how we are doing with our mental health.

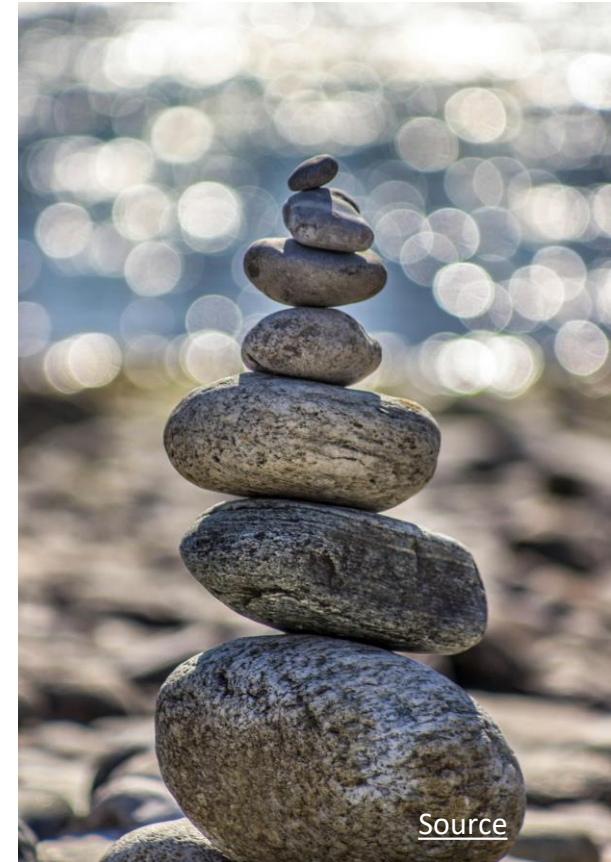
According to WHO's criteria, we are **mentally healthy when we ...**

- ... have a **good attitude towards ourselves** – i.e. when we do not let ourselves be overwhelmed by emotions, do not underestimate or overestimate our abilities, we accept ourselves as we are;
- ... **feel good among other people**;
- ... **are able to handle the demands of the life** – we try to manage problems, plan things in advance, we are not afraid of the future, we take advantage of the opportunities that we have



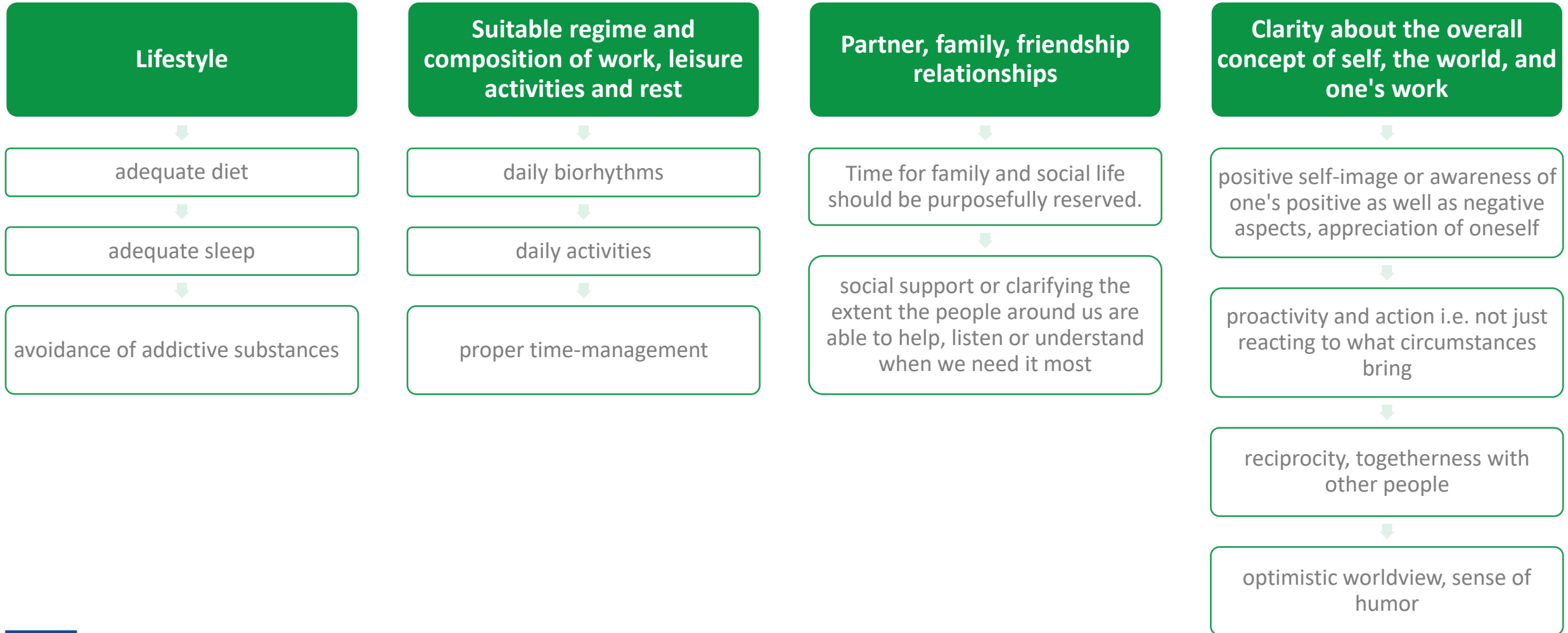
Maintaining mental health

- **Maintaining mental health** focuses on the **conditions necessary to ensure mental health**, psychological well-being, performance, and improved mental functioning.
- Maintaining mental health **examines the human psyche in terms of the potential for stress**, but it is also concerned with the **prevention of mental illness**.
- It includes a set of **preventive measures** to promote mental health.
- As well, it touches on **several areas** of a person's life, since **a person's health is not only an optimal physical but also a psychological condition**.





Mental health principles



10 mental health tips



Source



References



References

World Health Organization (2004). Prevention of mental disorders: effective interventions and policy options: summary report / a report of the World Health Organization Dept. of Mental Health and Substance Abuse; in collaboration with the Prevention Research Centre of the Universities of Nijmegen and Maastricht. World Health Organization.
<https://iris.who.int/handle/10665/43027>

Bell, Beth (2016). Understanding Adolescents. 10.1007/978-3-319-33450-9_2. Available at:
https://www.researchgate.net/publication/305813308_Understanding_Adolescents

Committee on Improving the Health, Safety, and Well-Being of Young Adults; Board on Children, Youth, and Families; Institute of Medicine; National Research Council; Bonnie RJ, Stroud C, Breiner H, editors. Investing in the Health and Well-Being of Young Adults. Washington (DC): National Academies Press (US); 2015 Jan 27. 1, Introduction. Available at:
<https://www.ncbi.nlm.nih.gov/books/NBK284791/>

Developing Adolescence: Reference for Professional - American Psychological Association (APA). Available at: <https://www.apa.org/pi/families/resources/develop.pdf>



References

Erikson, E. H, (1997). The life cycle extended and completed. Prague: Portal

Gymerska, Krssakova (2019). Beeing a human...that's enough. Psychohygiene in our lives. The Handbook for the Program Participants. Bratislava: Persona

<https://www.smporadna.sk/index/zivotny-styl?id=44>

<https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

<https://vedanadosah.cvtisr.sk/ludia/psychologia-a-pedagogika/zakladom-vsetkeho-je-prevencia-aj-voci-zavislostiam/>

<https://www.mentalhealth.org.uk/explore-mental-health/statistics/children-young-people-statistics>

<https://nezavislost.sk/sk/o-zavislostiach/>

PhDr. Ingrid Hupková, PhD., Mgr. Kristína Liberčanová, PhD. : Drogové závislosti a ich prevencia.
Pedagogická fakulta Trnavskej univerzity v Trnave



References

<https://www.standardnepostupy.sk/>

[https://ec.europa.eu/eurostat/statistics-explained/index.php?title=File:Estimated average age when leaving the parental household 2019.png](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=File:Estimated_average_age_when_leaving_the_parental_household_2019.png)





Steps Forward to Meaningful Employment of young people with emotional well-being problems

Innovation in social care
iSocial
Foundation



UAB
Universitat Autònoma
de Barcelona



CHANCE B
GRUPPE



**Co-funded by
the European Union**

The European Commission's support for the production of this publication does not constitute an endorsement of the contents, which reflect the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.