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Psychological Wellbeing of Adolescents in Disadvantaged Communities: The need for Strength-Based Approaches

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ABSTRACT: Contextual factors play a decisive role in the wellbeing of adolescents. Relationships and interactions in the community in which they live influence their psychological well-being. In this context, understanding the psychological wellbeing of adolescents in disadvantaged communities needs special attention as they face severe adversities in this regard. This study was conducted in the state of Kerala in India, which had made exceptional progress in Human Development by the 1980s itself, as reflected in its social indicators. All sections of the population have not benefited equally from this development process. Among the many vulnerable sections in Kerala, one of the most neglected is the population in the disadvantaged communities.

The present study is a quantitative enquiry of the psychological wellbeing of adolescents in disadvantaged communities of Kerala. Sixty adolescents of age group between 10 and 19 were randomly selected from five communities, which were declared as slums or slum-like areas by municipal corporations in Kerala. It was found that there is a significant relationship between community disadvantage and adolescents' psychological well-being includes autonomy, environmental mastery, personal growth, positive relationship with others, purpose in life and self-acceptance. The need for strength-based approaches focused on the inherent strengths of children, families and communities, to improve the mental health and wellbeing of young children is also discussed in this paper.

Keywords: Adolescents; Disadvantaged communities; Psychological wellbeing; Strength-based approach



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1. Introduction

Mental health is a crucial indicator of the current and future wellbeing of an adolescent. Poor psychological wellbeing leads to various mental health disorders, delinquent and risky behaviours, and poor academic and economic outcomes among adolescents. Therefore, the psychosocial well-being of adolescents' demands added attention as it is recognized as a crucial factor in determining their healthy growth and development and their ability to achieve full potential. Adolescence is a critical period during which a lot of physical, psychological and behavioural changes take place. Opportunity to experience stable relationships, assume responsibility, remain motivated and feel safe and positivity, along with a sense of social relatedness, can have a powerful influence on the wellbeing of adolescents.

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The relationships and experiences that adolescents have in their community have been found to influence their development, psychological well-being, self-esteem and social adjustment (Murray and Greenberg 2000; Barth et al. 2004). In this context, understanding the psychological wellbeing of adolescents in disadvantaged communities assumes special attention. With the extreme deprivation they face, they are a group that is severely affected. Previous studies have mostly focused on the aspects related to the physical health and behavioural traits of adolescents in disadvantaged communities. In the Indian context, only a few works have emerged on the psychological wellbeing of children and adolescents. This study tries to fill this gap.

2. Adolescents, psychological wellbeing and community disadvantage

Adolescence is a transition period linking the life-cycle stage of childhood with adulthood. It is a critical and vital stage in the development of individuals. Adolescents, defined by the United Nations as those between the ages of 10 and 19, are estimated to be about 1.2 billion in the world today. Globally, mental health issues constitute a significant share of the disease burden of adolescents (UNICEF, 2012). According to WHO (World Health Organization), mental health is a state of wellbeing in which an individual realizes his or her activities, can cope with the normal stresses of life and can work productively and can make a contribution to his or her community. Mental health is the basis of individual wellbeing and the effective functioning of a community. The National Institute for Clinical Excellence (NICE, 2013) stated that wellbeing encompasses: a) Happiness, confidence and not feeling depressed (emotional wellbeing), b) 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 c) the ability to have good relationships with others and to avoid disruptive behaviour, delinquency, violence or bullying (social wellbeing).

Psychological wellbeing is a multidimensional concept, including both individual capacities and social competencies. It is fundamental to our quality of life. Uric Bronfenbrenner, in his ecological model of development, states that human development takes place through the interaction between individuals and his immediate external environment" (Bronfenbrenner, 1979). Psychological wellbeing incorporates both the individual characteristics of the child and those of environments such as families, schools and communities. According to Shah et al. (2005), the social context and interactions within which young people exist are at the core of their psychosocial well-being. WHO (2018) also reported that some adolescents are at a higher risk of mental health conditions due to their poor living conditions, stigma, discrimination or exclusion and lack of access to quality support and services. Hence, neighbourhood deprivation is associated with increased mental health problems among children in different ethnic groups (Xue et al., 2005). The domains identified by them were perceived as major interactive components within the overarching ecology that influence the psychosocial well-being of a young person. According to Montpetit, Kapp & Bergeman (2015), proximal contextual factors, such as social integration and neighbourhood stress, can arbitrate the effect that less proximal contextual factors, such as economic conditions, have on the psychological well-being of individuals. Generally, it is suggested that the characteristics of the neighbourhoods in which people live affect their daily lives profoundly and would have a significant effect on the well-being of adolescents.

3. Methodology

The quantitative research method was used in this study. The study is descriptive. The main research questions are as follows:

1. What are the factors that affect the psychological wellbeing of adolescents in disadvantaged communities?

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- 2. How does community disadvantage influence the psychological wellbeing of adolescents?
- 3. How can we use a strength perspective for promoting psychological wellbeing among adolescents?

In this study, a stratified random sampling method was used for data collection by selecting socially and economically disadvantaged concentrated colonies that are declared as slums or slum-like areas by Municipal Corporations in Kerala. Each colony was considered as one stratum. Sixty adolescents, including both the male and female adolescents in the age group of 10 to 19 who reside in the disadvantaged communities were included in the study. An interview schedule was used to collect data. Ryff's scale of psychological Well-being (1989) was used to measure psychological wellbeing among adolescents. It is a 6 point Likert scale in which respondents rate statements on a scale of 1 to 6, with 1 indicating strong disagreement and 6 indicating strong agreement. It consists of 6 dimensions: autonomy, environmental mastery, personal growth, positive relations with others, and purpose in life, and self-acceptance. All of these factors can be considered as critical components that formulate the definition of psychological well-being. Therefore, adolescents who exhibit strength in each of these areas will be in a state of good psychological well-being, while adolescents who struggle in these areas will be in a state of low psychological well-being.

During data collection, participants were informed of the nature of the study and were assured of confidentiality.

4. Results and discussion

TABLE 1: Factors related to social distress

Variables	Category	Frequency	Percent (%)	
Single parent family	Yes	13	21.7	
Single parent family	No	47	78.3	
Low family income stress	Yes	50	83.3	
Low fairing income stress	No	No 10		
Overcrowding	Yes	20	33.3	
	No	40	66.7	
Overcrowding stressful	Yes	19	31.7	
Overcrowding scressful	No	41	68.3	
Domestic violence	Yes	13	21.7	
Domestic violence	No	47	78.3	
Debt	Yes	43	71.7	
	No	17	28.3	
Debt stressful	Yes	38	63.3	
	No	22	36.7	

Table 1 presents the factors of social distress reported by adolescents. 78.3% were from a single-parent family. The majority (83.3) of the participants reported stress in the family due to low income. This low family income led to debt in the family. 71.7% of the respondents said that they have debt, and 63.3% of them felt debt stressful. Domestic violence was reported by only 21.7% of the respondents. Another factor of social distress was overcrowding in the house and community. Only 33.3% of the respondents reported overcrowding and 31.7 percent felt overcrowding stressful.

Table 2: Factors related to community safety

Variables	Category	Frequency	Percent (%)	
Abuse or violence in the	Yes	30	50	
community	No	30	50	
Trouble with police	Yes	46	76.7	
	No	14	23.3	
Criminal convictions	Yes	23	38.3	
	No	37	61.7	
Prison admissions	Yes	24	40	
	No	36	60	
Gambling among elders	Yes	51	85	
	No	9	15	
Community stigma	Yes	52	86.7	
	No	8	13.3	

Community safety-related factors are presented in table 2. Half of the respondents reported abuse or violence in the community. The majority (76.7) of them said that police visit the community frequently, 38.3% and 40% of the respondents reported criminal convictions and prison admissions of elders in the community, respectively. Gambling among elders is common in the community, according to 60% of the respondents. 86.7 percent of the respondents experienced stigma attached to their community and felt that those outside the community were excluding them.

Table 3: The score of psychological wellbeing

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Factors	Mean	Std.	Range
		Deviation	
Autonomy	3.51	.76	3.33
Environmental Mastery	3.50	.77	3.22
Personal Growth	3.57	.86	3.33
Positive Relationship with others	3.98	.43	2.67
Purpose of life	3.45	.92	4.33
Self-acceptance	3.72	.45	2.22
The total score of psychological	3.62	.51	2.59
wellbeing			

The factors of psychological wellbeing are descriptively analyzed in Table 3. The mean score on the factor autonomy among respondents was 3.51, with an SD of .76. This indicates the average level of autonomy among respondents. The second factor is environmental mastery. Analyses revealed that the mean score on the environmental mastery of respondents is 3.50. It also indicates that environment mastery is at the average level among respondents. The mean score of factor 3, i. e., personal growth is 3.57, with S.D of .86 shows the average level of psychological wellbeing. Factor four represents a positive relationship with others. The analysis revealed its mean score as 3.98 and S.D as .43. Respondents' positive relationship with others was better compared to other factors. The mean score and S.D of the fifth factor, i.e., the purpose of life, was 3.45 and .92, respectively. The mean score was below average, which indicates the respondent's weak goal orientation and a lack of conviction that life holds meaning. The analysis also showed the mean score and standard deviation of the sixth factor, i.e., self- acceptance, respectively, as 3.72 and .45. It indicates the above-average level of a positive attitude about his or her self. The total mean score of psychological wellbeing was 3.62 with S.D of .51, which shows a moderate level of psychological wellbeing among adolescents. From the descriptive analysis, it can be concluded that adolescents are not in a good state of psychological wellbeing.

Table 4: Psychological wellbeing and gender

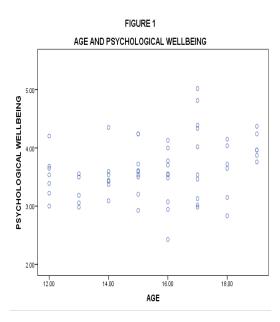
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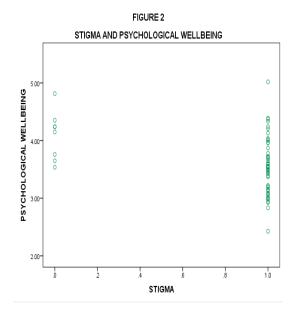
Factors	Boys		Girls		t	df	P-
	Mean	S.D	Mean	S.D	score		value
Autonomy	3.67	.73	3.29	.76	1.945	58	.057
Environmental Mastery	3.38	.79	3.66	.74	-1.391	58	.170
Personal Growth	3.34	.87	3.88	.77	-2.473	58	.016
Positive Relationship with	4.06	.39	3.87	.47	1.680	58	.098
others							
Purpose of life	3.26	.88	3.72	.92	-1.945	58	.057
Self-acceptance	3.71	.47	3.74	.42	292	58	.772
WELLBEING_AVG	3.57	.52	3.69	.49	933	58	.355

Table 4 presents the bivariate analysis to assess the difference in psychological wellbeing between boys and girls using a t-test. Analysis reveals that the difference in personal growth between boys and girls is statistically significant. The mean score of personal growth in boys and girls was 3.38 with S.D of .87. The mean score of personal growth in girls was 3.88 with S.D of .77. It indicates that personal growth is higher among girls than boys. There was statistically no difference between boys and girls in the other factors of psychological wellbeing. However, the mean score of all the factors of psychological wellbeing in girls except autonomy and positive relationship with others was higher than boys. The total score on psychological wellbeing was also higher among girls than boys though it is not statistically significant.

Correlational analysis

The below figures show the correlation analyses of a) Age and psychological wellbeing, b) Social stigma and psychological wellbeing and c) Community disadvantage and psychological wellbeing.





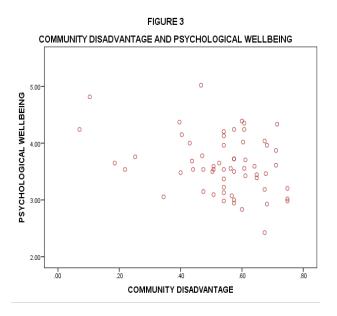


Figure 1 shows that the psychological wellbeing of adolescents is positively correlated with the age of the adolescents (r=.292, p<.05), showing the direction that as the age increases, psychological wellbeing also increases. Figure 2 shows the correlation between social stigma and psychological wellbeing. It indicates that as the stigma increases the psychological wellbeing decreases (r=-.366, p<0.01). Figure 3 shows the correlation between community disadvantage and psychological wellbeing among adolescents. It indicates that psychological wellbeing is inversely related to community disadvantage showing a direction that as the level of community disadvantage increases psychological wellbeing of adolescents decreases (r = -.310, p <0.05).

5. Discussion

Good mental health is central to the healthy development of adolescents. The experiences influence it in the contexts in which a person lives. It is associated with feeling happy and positive

about self and enjoying life, healthy social relationships and community participation and a sense of belonging. Protective factors that are known to correlate with psychological functioning in children and adolescents are the right coping style, optimism, moral beliefs, values, and positive self-regard, which are components of psychological wellbeing (Watson, Clark, Tellegen, 1988). The current study tried to assess the psychological wellbeing of adolescents in disadvantaged communities. It was found that psychological wellbeing among adolescents in disadvantaged communities is below-average level. The study also found that there is a significant relationship between psychological wellbeing and community disadvantage, which points to the need for preventive and promotive efforts involving family and community. The interventions should be focused on enabling them to see themselves as growing and expanding, developing a sense of realizing their potential and of trusting in relationships with others and capable of intense empathy, affection, and intimacy with other persons, and able to manage their environment (Sagone and Caroli, 2013). Protecting adolescents from adverse experiences and risk factors and promoting their psychological wellbeing is not only critical for their well-being during adolescence but also their physical and mental health in the next developmental stage(WHO, 2018).

There has been a marked increase in the studies that focus on the impact of new perspectives on the positive development of adolescents. These new perspectives highlight an individual's potential, personal growth, goal orientation and positive outlook on life rather than their deficits. This positive approach to adolescence raises the notion that even difficulties and challenges are factors that could contribute to the pursuit of happiness and lead to positive changes (Roth and Brooks-Gunn, 2003). According to Shah et al. (2005), every young person is not only capable but also has the potential to be healthy and prosperous; in other words, all young people possess an inherent capacity for positive development and improving their psycho-social well-being. Broadly, psychological wellbeing refers to the way a person thinks and feels about and others. It includes the ability to adapt 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 adolescents, which determine how they respond to adversity. The strength-based approach plays an essential role in this context

6. Strength-based approaches

A strength-based approach is a social work-practice theory that focuses on the strength of individuals rather than their problems. Strengths-based practices in social work have a strong theoretical foundation as a useful helping strategy that builds on a person's positive adaptation. The strength-based perspective offers professional assistance to activate strengths in adolescents who are primarily regarded as a high-risk group. The strengths perspective demands a different way of looking at individuals, families and communities by identifying protective factors at these levels, which help promote resiliency among individuals (Anuradha, Yagnik, Sharma, 2012). It allows social workers to consider each adolescent, his/her family and community not only as entities in need of support, guidance and opportunity but also as those in possession of unrealized resources which must be identified and mobilized to successfully resolve problems and circumstances, which can enhance the psychological wellbeing of the adolescents. Rapp, Saleebey and Sullivan (2008) suggest six standards for determining what a strengths-based approach is.

These are goal orientation, strengths assessment, connecting resources from the community, case management, hope-inducing relationship and meaningful choice.

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The strength-based approach is fueled by a sense of hope and a belief that every adolescent, every family and every community – no matter how distressed they are, have strengths. They must be seen in the light of their capacities, talents, competencies, possibilities, goal orientation, values and optimism. People who find hope and inspiration using their strengths have a stronger sense of well-being (Smock, Weltcheler, and McCollum et al., 2008). Park and Peterson (2009) have found that using the strength-based approach helps individuals develop and maintain a strong sense of well-being.

The current study suggests that there is an urgent need for the formulation of guidelines and policies with specific strategies for a strength-based intervention aimed at the enhancement of the psychosocial well-being of adolescents. This will surely help in protecting against risks related to social disadvantage, family disruption and other adversities in life. Many studies have highlighted that despite the adversities that are ever-present in the lives of adolescents and the communities they live in, young people and their families have demonstrated resilience and an ability to thrive in the face of such adversity (Alvord & Grados, 2005; Theron & Theron, 2010). So the adolescents should be guided and facilitated to use their personal and contextual strengths, resources and skills to enhance their psychological well-being.

7. Conclusion

The idea of psychological wellbeing has long been debated and is not easy to comprehend. Hence, the strategy to improve the wellbeing of children who belong to the marginalized communities should go beyond conventional methods. It must be based on policies that achieve the objective of inclusiveness in all its dimensions. This study provides an insight into the psychological well-being of adolescents and disadvantaged communities and the need for a strength-based approach in improving their wellbeing. Acting on the identified strengths to maximize the protective factors at the individual, familial and community level, along with a focus on minimizing the risks, can go a long way in making considerable gains in their wellbeing.

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