



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

Module 4: Basic knowledge about psychological aspects

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Objectives

Clarify the developmental period of young adulthood and its aspects

Identify common mental disorders among young adults

Take steps to prevent mental disorders and maintain well-being regarding mental health

Table of contents

The developmental period of adolescence and young adulthood and its aspects:

- Biological development
- Cognitive development
- Emotional development
- Behavioral development
- Summarizing psychological aspects of development

The most common mental disorders among young adults:

- Eating disorders
- Anxiety
- Depression
- Substance abuse

Maintaining mental health

- Definition of mental health
- Mental health principles

References

The developmental period of adolescence and young adulthood

WHO Definition

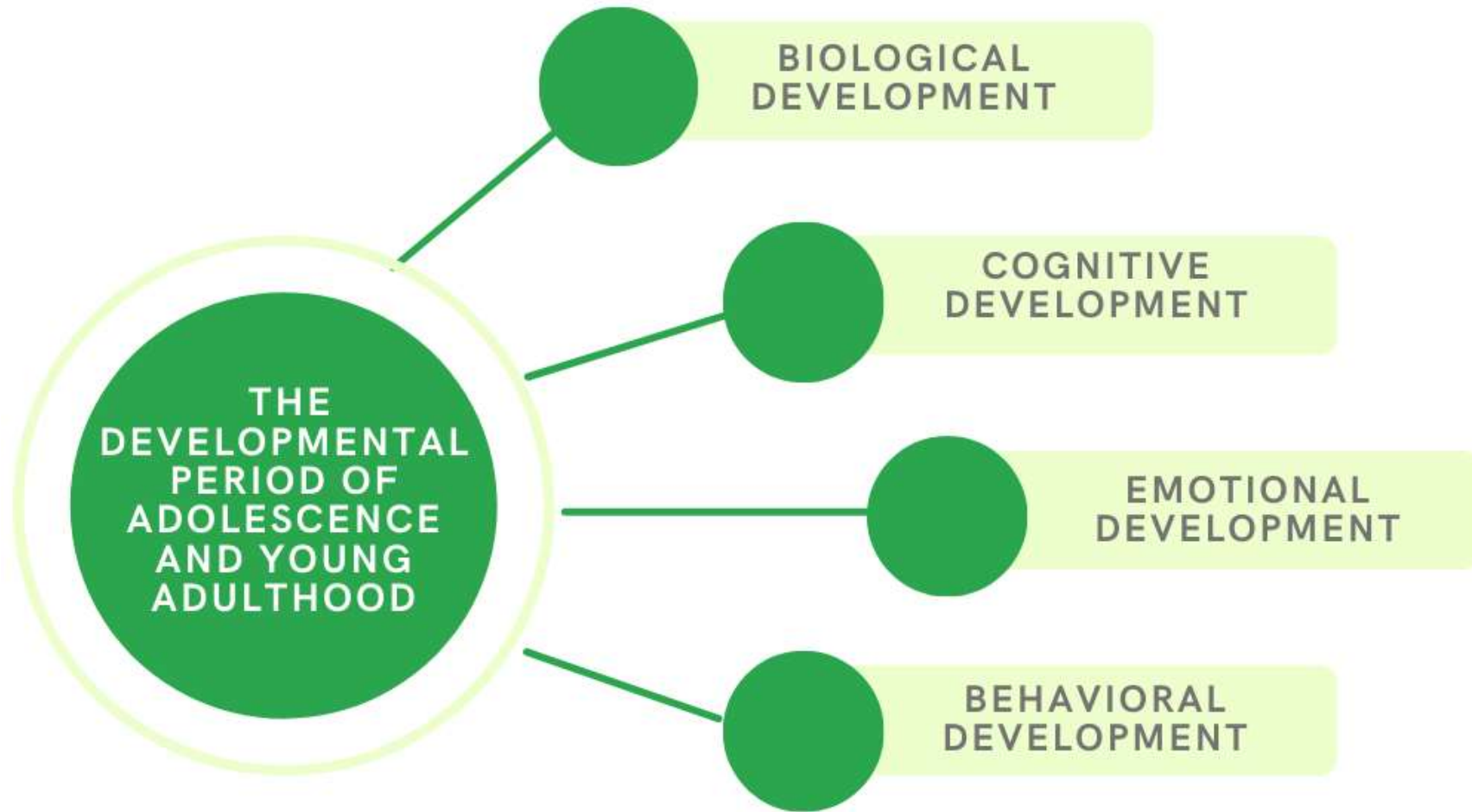
Adolescence: 10-19 years

Youth : 15-24 years

Young people: 10-24 years

National Institutes of Health

Young adulthood: 18-26 years



Biological development



- Major biological changes
- Individuals may feel unprepared for the changes of adolescence, which may affect their behavior and future actions
- **Dramatic changes** in the physical appearance of young people can cause individuals to behave differently
- Significant impact on adolescent behavior, including sexual behavior, sleep and mood
- The brain development is not complete until approximately age 25 years



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2021-1-ES02-KA220-YOU-000028863

Cognitive development



- Changes in how individuals **think, reason, and understand**
- Higher-level thinking: analysing situations logically in terms of cause and effect; using symbols, metaphors, and hypothetical situations
- Better thinking about the future, evaluate alternatives, and set personal goals

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 give opportunity 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 other's perspectives into account is a skill which takes time to learn.
- Constantly find fault 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 simply comes with the territory.

Emotional development



- Challenging period of learning to cope with stress and manage emotions

TO BOOST SENSE OF IDENTITY AS WELL AS HELP TO ENCOURAGE EMOTIONAL DEVELOPMENT HERE ARE SOME CONVERSATIONS SUGGESTIONS THAT MAY BE HELPFULL:



Choose nonthreatening 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. It 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.



Behavioral development



- All these changes also bring new behaviors.
- Risk taking and drastic decisions reflect their developing decision-making skills to form their identity

FACTORS ASSOCIATED WITH RESILIENCE AND PREVENTION OF RISK TAKING ACTIONS:

- Positive family environment: safe and affectionate environment in the family; warm, nurturing and respectful parenting styles are connected to resilience.
- 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 academic and employment expectations and adequate support: high expectations for participation and providing high levels of individual support for youngsters is linked to enhanced resilience.

Summarising psychological aspects of development



- Unique and important period of life
- Need to cope with the role of independence from parents and their own individualization
- Pressure from society to achieve specific life milestones

IT IS IMPORTANT TO MENTION THAT YOUNG ADULTS ALREADY

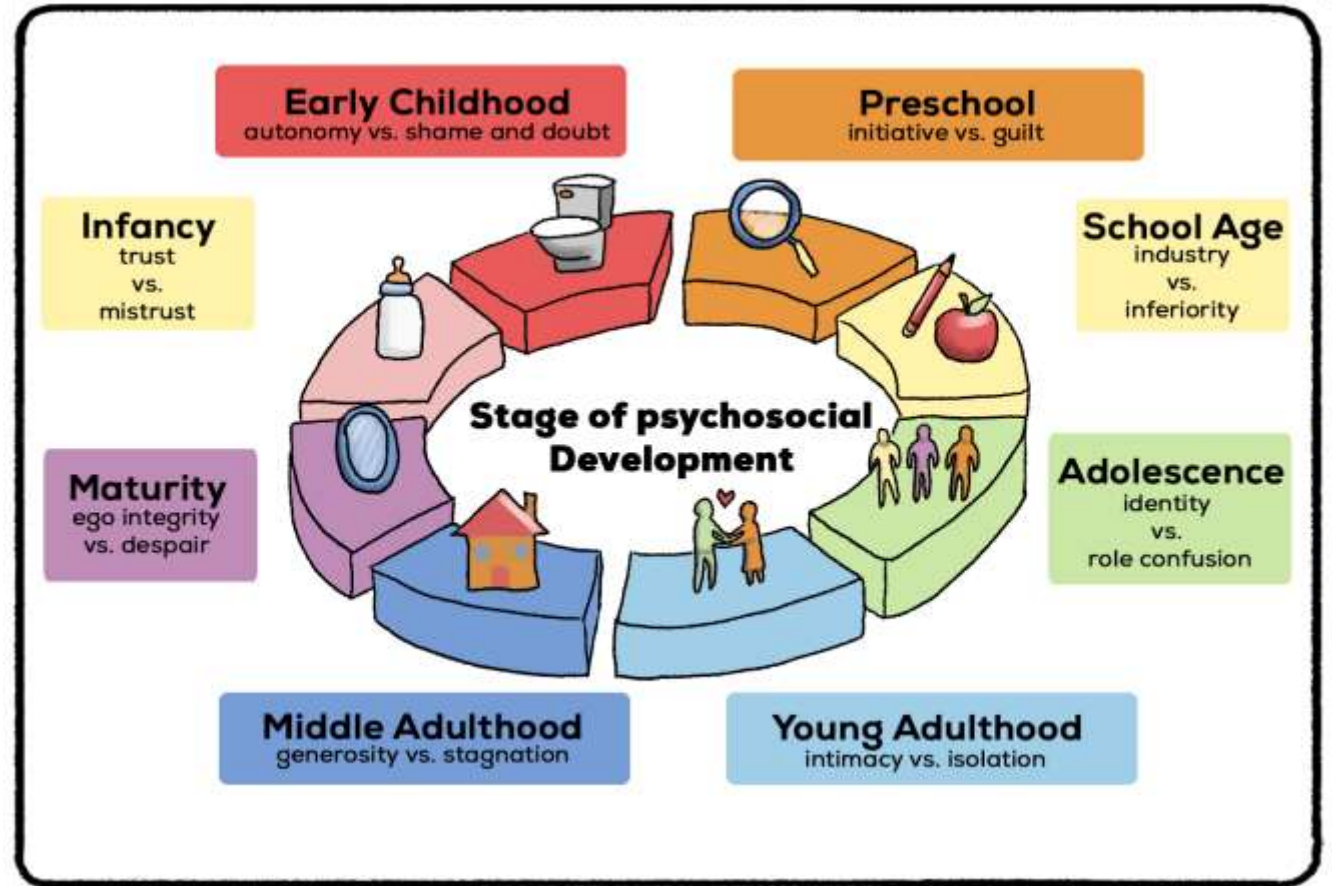
- Take longer to consider complex issues before deciding on a course of action
- Are less influenced by the lure of behavioral rewards
- Are more sensitive to the potential costs associated with the behavior
- Have better developed impulse control

Erikson's stages of development theory



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](#)



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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.

Through the gradual acquisition of social experience and success at work, the person gains a **sense of power and self-confidence**. Through the gradual fulfillment of one's own goals and desires, one begins to feel the need to be useful to society and enters the next phase of life. The next stage in psychosocial development is the generativity stage, which is defined as an interest in creating and leading the next generation.



[Source](#)

Young adulthood as a critical developmental period



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](#)



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 household is increasing, which also reflects the current economic situation.



[Source](https://ec.europa.eu/eurostat)

ec.europa.eu/eurostat



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The 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.

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

Eating disorders
Anxiety
Depression
Substance abuse

Eating disorders

CLINICAL PICTURE

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.

- **Physical symptoms:** loss of libido; gastrointestinal symptoms; difficulty concentrating; dizziness; fainting; feeling cold all the time; sleep irregularities; menstrual irregularities; dry skin; thin nails; thinning hair; muscle weakness; poor wound healing; poor immune system function
- **Mental symptoms:** dramatic weight loss; concern about eating in public; preoccupation with weight, food, calories, fat grams, or dieting; cold intolerance; abdominal pain, lethargy, or excess energy; excuses to avoid mealtime; intense fear of weight gain or being “fat”; dressing in layers to hide weight loss or stay warm; severely limiting and restricting the amount and types of food consumed; refusing to eat certain foods; denying feeling hungry; expressing a need to “burn off” calories; developing rituals around food; excessive exercise

Eating disorders

WHO CAN DETECT IT

- Parent
- Psychologist
- Educator at the child's school
- Sports coach
- General practitioner
- Another specialist

PREVENTION

- Rational healthy eating and communal eating
- Adequate sports activity, diet, and discussions on the subject
- Educate parents, children in primary and secondary schools, and teachers and coaches

Worldwide statistics refers that 1-4% of people between 18 to 29 experience an eating disorder.

Anxiety

CLINICAL PICTURE

The person manifests fear and tension for at least 6 months. At least 4 of the symptoms listed (one of these symptoms must be physiological in nature) are required.

- **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; depersonalization or derealization; 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.

Anxiety

WHO CAN DETECT IT

- Psychologist
- Psychotherapist
- Cognitive-behavioral psychotherapist
- Psychiatrist
- General practitioner
- Another specialist

PREVENTION

- 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)

Anxiety disorders in adults are seen in 22.3% of people aged 18–29.

Activity

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 on your own. Relaxing is important! Recommend any kind of relaxation technique to others as a mental health booster.



[Source](#)

Depression



CLINICAL PICTURE

Deterioration of mood and decreased energy and activity. 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).

- **Symptoms:** 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); motor decline or agitation; apathy and loss of interest; fatigue and lack of energy; loss of sense of self; inappropriate feelings of guilt and unworthiness; impaired concentration; thoughts of death and/or suicidal ideation.

Depression



WHO CAN DETECT IT

- General practitioner
- Psychiatrist
- Psychotherapist
- Clinical psychologist
- Counselling psychologist
- School psychologist
- Another specialist

PREVENTION

Within the types of prevention, the following can be distinguished (WHO, 2016):

- Universal prevention, which 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 targeting those exposed to risk factors (e.g. children of parents with mental disorders).
- Indicated prevention that targets individuals with subclinical-level depressive symptoms (e.g., general practitioner patients who exhibit subclinical depressive symptoms).

The prevalence of adults experiencing a major depressive episode was highest among individuals aged 18-25 at 18.6%.



Substance abuse



CLINICAL PICTURE

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



Substance abuse



CLINICAL PICTURE

In medicine, addiction is defined by the World Health Organization as a disease (i.e. not merely a manifestation of weakness of character or will) and is defined as follows: 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. To be diagnosed as an addict, an individual should exhibit at least three of the seven symptoms listed above in the same 12-month period.

Addictions can be divided according to the object of the addiction into two main groups:

- **Substance addictions:** e.g. Alcohol-barbiturate type (e.g. Diazepam, Lexaurin, Xanax, Neurol, Meproamat); amphetamine type; 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; caffeineism; alcoholism
- **Non-substance addictions:** e.g. 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

Substance abuse



WHO CAN DETECT IT

- Psychiatrist
- Psychotherapist
- Clinical psychologist
- Healthcare psychologist
- Therapeutic educator
- Other physician without specialisation in psychiatry
- Another specialist

PREVENTION

- Primary prevention: represents 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.



Maintaining mental health

Maintaining mental health studies 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 maintain 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



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 healthy mentally 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;
- we feel good among other people;
- we 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



[Source:](#)



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Mental health principles



Lifestyle

Adequate diet

Adequate sleep

Avoidance of addictive substances

Suitable regime and composition of work activities, leisure activities, and rest

Daily biorhythms

Daily activities

Proper time-management

Partner, family, friendship relationships

Time for family and social life should be purposefully reserved

Social support or clarifying the extent the people around us are able to help, listen or understand when we need it most

Clarity about the overall concept of self, the world, and one's work

Positive self-image or awareness of one's positive as well as negative aspects, appreciation of oneself

Proactivity- action i.e. not just reacting to what circumstances bring

Reciprocity- togetherness with other people

Optimistic worldview- sense of humor



10 Mental Health Tips



Exercise



Relaxation



Time Outdoors



Good Diet

Sleep



Gratitude



Routines



Socializing



Avoid Drugs



Get Help

[Source](#)

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