

Expanding Our Understanding of “Positive Mental Health”

By Gordon R. Hodas. M.D.

Introduction

In their article, “A Dual-Factor Model of Mental Health: Toward a More Comprehensive Understanding of Youth Functioning,” Susan Antaramian and her colleagues (E. Scott Huebner, Kimberly Hills, and Robert Valois) at the University of South Carolina report the results of their study measuring the mental health status of adolescents (2010). The study outlines a conception of mental health that takes into account both the symptoms (psychopathology) and the subjective well-being of the individual. In contrast to the traditional view that equates mental health with the absence of psychopathology, the authors indicate that “positive mental health” and positive youth functioning are best seen as involving circumstances in which one’s psychopathology is low and what they refer to as subjective well-being is high. Thus, positive mental health involves more than the mere absence of mental illness or psychopathology. The authors refer to the combined assessment of psychopathology in conjunction with subjective well-being as a “dual-factor model of mental health,” and discuss the reasons why this model is more useful than the more limited, traditional approach to understanding mental health. They then apply these concepts to the functioning of middle school students to investigate the elements involved in successful school achievement.

The Context of the Study

The authors describe the limitations of a traditional view of mental health that is based solely on the presence or absence of psychopathology. According to the traditional view, positive mental health involves the absence of psychopathology—not having any symptoms of a psychiatric disorder and disability. If there are few or no symptoms, the individual is probably both “healthy” and “happy.”

Rejecting this traditional view, the authors embrace a dual-factor model of mental health which maintains that one’s mental health status is best understood by considering two independent sets of factors: psychopathology and subjective well-being.

The idea of subjective well-being (SWB) is useful in that it incorporates key aspects of positive psychology and can be used in research related to positive adaptation and mental health status. Citing previous work, the authors indicate that SWB involves “the way in which, and the reasons why, individuals experience their lives positively.” SWB involves a combination of frequent positive emotions, infrequent negative emotions, and a high level of life satisfaction, including a positive cognitive appraisal of one’s life as a whole. SWB has been shown to have direct relevance to coping: “Among adolescents, SWB is an important determinant of resilience in the face of stressful life experiences.” In addition, research has shown that adolescents who report satisfaction with their lives also have “lower levels of internalizing behaviors and reduced peer victimization.”

In general, use of the dual-factor model allows for a richer understanding of different types of human adaptation. Combining the variables of psychopathology and SWB leads to the delineation of four distinct groups, or quadrants, of individuals:

- Group 1 has low psychopathology and average-to-high subjective well-being. This group of individuals is referred to as having *positive mental health*.
- Group 2 has low psychopathology but also has low subjective well-being. This group of individuals is referred to as being *vulnerable*.
- Group 3 has high psychopathology but also has high subjective well-being. This group of individuals is referred to as being *symptomatic but content*.
- Group 4 has high psychopathology and low subjective well-being. This group of individuals is referred to as being *troubled*.

The authors then turn their attention to the domain of school, to consider what factors contribute to positive school achievement. Two important factors related to positive school achievement involve student engagement and specific environmental variables. *Student engagement* as a facilitator of academic achievement consists of three related elements:

- *Behavioral engagement* involves the student's school participation in academic activities within the classroom and extracurricular activities outside of the classroom, and the acceptance of school rules.
- *Emotional engagement* involves the student's sense of belonging in school, with positive feelings toward teachers, academic tasks, and peers.
- *Cognitive engagement* involves the student's recognition of the importance of school, willingness to put forth effort, and desire to be challenged.

Environmental variables involve the student's view of the influence of parents, teachers, and peers:

- The degree of active parental support for the student's learning, along with parental willingness to help the student when problems arise.
- The quality of the student's relationships with teachers, along with the teachers' willingness to provide support as needed.
- The quality of the student's relationships with peers, and the extent to which the student feels cared about by peers and experiences peer support for learning.

How the Study Was Conducted

The study sample consisted of 414 students in 7th and 8th grade in one middle school. The gender distribution was 54.2% females and 45.8% males. The majority were Caucasian (63.6%), while 29.6% were African American, 2.6 % were Asian, and 1.3% Hispanic. Approximately 20% of the students came from families with lower socioeconomic status. Survey questions were given to students during the fall of 2008, nine weeks after the start of the school year.

Specific research tools were used to measure the key areas of interest. In terms of the components of the dual-factor model, this involved quantitative measures of psychopathology, along with separate measures of positive affect, negative affect, and life satisfaction as dimensions of SWB. To assess student engagement, measures of behavioral, emotional, and cognitive engagement were used. The nature of the environmental context was determined through the use of questions for students about their family, teachers, and peers. Academic achievement was measured through student grade point averages (GPAs) and standardized achievement test scores, with primary reliance on GPAs.

The Results of the Study

Use of the dual-factor model resulted in the following distribution of students within the four quadrants:

- The vast majority of students (66.9%) were found to be in Group 1 (low psychopathology and average-to-high subjective well-being). This is the group regarded as having *positive mental health*, the most positive level of adaptation.
- The next most common group of students (Group 3, 17.3% of the sample) had high psychopathology in the presence of high levels of SWB. These students are therefore appropriately referred to as *symptomatic but content*.
- Students with low psychopathology in the presence of low SWB (Group 2) constituted 8.1% of the sample – they were not content, even though their level of psychopathology was low. These students are referred to as *vulnerable*.
- Finally, students with high psychopathology and low SWB (Group 4, with the least positive combination) constituted 7.7% of the sample. These students are therefore referred to as *troubled*.

The study also explored which of the groups had the highest academic achievement, student engagement, and facilitative environmental contexts. The results are summarized below:

1. Academic achievement as measured by grade point average (GPA):
 - As would be expected, students in Group 1, with “positive mental health,” had the highest GPAs.
 - Interestingly, students with high psychopathology in the presence of high SWB (Group 3, “symptomatic but content”) had higher GPAs than students with low psychopathology in the presence of low SWB (Group 2, “vulnerable”).
2. Student engagement:
 - Students with “positive mental health” (Group 1) had the highest levels of student engagement, as measured in terms of behavioral, emotional, and cognitive engagement.
 - Students from Group 3 (“symptomatic but content”) had higher student engagement scores than students from Group 2 (“vulnerable”), despite the fact that the Group 3 students had high psychopathology and the Group 2 students did not.
3. Environmental context:
 - Students from the “positive mental health” group (Group 1) reported significantly higher levels of *family support* than did the other three groups. Group 1 students also reported the highest levels of positive *relationships with teachers*, and the highest levels of *peer support for learning*.
 - Students from the “symptomatic but content” group (Group 3) had higher levels of family support, and higher levels of positive relationships with teachers, than students from the “vulnerable” group (Group 2).

- The only environmental context where students from the “vulnerable” group (Group 2) had slightly higher ratings than the students from the “symptomatic but content” group (Group 3) involved peer support for learning.

Analysis and Implications

The study offers a useful conceptualization of what constitutes positive mental health and helps us better understand wellness, an important individual and public health concept. While the idea that positive mental health involves the combination of low psychopathology and high subjective well-being may not prove to be the final word on wellness, it is an important contribution nevertheless.

The dual-factor approach to mental health, which gives rise to four distinct quadrants, has many benefits. Unlike the traditional model, the dual-factor model does not presume that individuals with low psychopathology will necessarily have high subjective well-being, or that individuals with high psychopathology will necessarily have low subjective well-being. Traditional assessment based on a single psychopathology continuum presumes that all individuals with low psychopathology have positive mental health, and that all individuals with high psychopathology have poor mental health. In this study, the use of traditional assessment based on psychopathology would have yielded only two groups of students – students with low psychopathology and students with high psychopathology. Two important categories of students would have been obscured: those with high psychopathology who also have high subjective well-being, and those with low psychopathology whose overall functioning is compromised by low subjective well-being. It is important that each of these groups of students be identified and their needs understood and addressed, in order to have an overall profile of mental health functioning for all students.

It is easy to appreciate why students with low psychopathology and average-to-high SWB (Group 1) would have the highest levels of student engagement and overall academic achievement – they benefit from limited symptoms and they view their lives positively. It is also easy to appreciate why students with high psychopathology and low SWB (Group 4) would do the poorest – their symptoms are high and they do not derive great satisfaction from their lives. Significantly, the dual-factor model gives us two other groups to consider – Group 2, “vulnerable” students who have low psychopathology in the presence of low SWB, and Group 3, “symptomatic but content” students who have high psychopathology in the presence of high SWB. We learn that students from Group 3 generally fared better than those from Group 2. This suggests that, in terms of overall mental health functioning, positive subjective well-being may be as important as – if not more important than – the absence of psychopathology.

The research thus suggests that symptomatic individuals, if they regard their life positively, may have relatively positive outcomes and relatively positive mental health. We therefore need to broaden our attention to individuals with psychiatric disorders who are “symptomatic but content” and doing relatively well. Such individuals may not often seek our assistance, even though we can support them if given the opportunity. We also need to broaden our attention to those individuals who have low levels of psychopathology in the presence of low levels of subjective well-being. As noted, these individuals are “vulnerable,” but due to their limited overt symptoms they may often fly under our radar. A substantial number of students (25.4%) in this study fell into Groups 2 and 3, a figure that shouldn’t be dismissed.

From my perspective, this study is highly consistent with the seminal mental health concepts of resilience and recovery. *Resilience* involves the capacity to overcome environmental or internal adversity, including the presence of symptoms reflective of psychiatric disorder or developmental challenges. Resilient youth somehow find ways to persevere despite their distress, symptoms and environmental barriers. Perhaps resilient youth succeed because, despite their challenges and distress, they continue to value their life and have high levels of life satisfaction. In addition, they might envision even more life satisfaction in the future, which helps sustain them as they summon the courage and strength to push forward. So it may be that many resilient youth fall into Group 3 – individuals who are “symptomatic but content.”

The authors’ concepts and outcomes are also highly consistent with the principles of *recovery*, especially for youth in transition. A core goal of recovery is finding meaning and purpose in life, despite the persistence of psychiatric symptoms. The focus on personal meaning in recovery ties in with the concept of subjective well-being, in that people in recovery find value in life and have positive expectations despite continuing challenges. Many individuals in recovery who are doing well would also fall into Group 3 – they are “symptomatic but content.”

In terms of both public health and clinical practice, the following are relevant implications of the dual-factor model and the authors’ findings:

- In clinical interviews with youth and their families, we need to ask questions about life satisfaction and subjective well-being, and not confine ourselves to the identification of symptoms and behaviors of concern.
- Mental health assessment and research also need to incorporate questions and tools that tap into subjective well-being. Similar considerations apply to assessment and research in other child-serving systems and academic centers.
- We need to maintain a focus on identifying, highlighting, and building on the strengths of youth and their families, since strengths are often the driver of subjective well-being, resilience, and recovery.
- Youth in Group 2 (“vulnerable” youth with low subjective well-being in the presence of low psychopathology) tend to be missed in schools and the community. From a public health perspective, we need to be alert to this population and find ways to support these individuals.
- Youth in Group 3 (“symptomatic but content” with high psychopathology in the presence of high levels of SWB) may be doing relatively well and therefore also be missed in school and the community. Mental health professionals could help these youth with their symptoms, promote their skill development, and further bolster their subjective well-being.
- The importance of student engagement at school serves as a reminder of the importance of youth engagement in all aspects of life and in mental health treatment. We need to engage youth actively, listening and providing respect and encouragement. Research in psychotherapy identifies the importance of the therapeutic alliance, which we can continue to promote. In so doing, we also model and promote hopefulness, likely an essential component of subjective well-being.
- While this study may not demonstrate complete causality – e.g., academic success may generate as much student engagement as student engagement generates academic success – mutually reinforcing patterns work to the advantage of students. Success begets success.

- Finally, we need to learn more about how to promote positive subjective well-being for youth and their families. Useful resources include the literature on positive psychology and the therapeutic alliance, in addition to specific evidence-based clinical treatment approaches.

Conclusion

This article is significant in that it offers a perspective that goes beyond solitary consideration of symptoms and disability and offers us a useful classification system for understanding mental health functioning. It also reminds us that the absence of a psychiatric disorder does not in itself confer wellness. The article reinforces the importance of asking about and enhancing the individual's subjective well-being, and encourages a focus on strengths and quality of life, consistent with the promotion of resilience and recovery. Finally, for those also interested in promoting academic success for youth, it highlights the importance of student engagement and the important role of family, teachers, and peers.

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