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## **The improvement of the well-being of children and adolescents: both healthy ones and those suffering from mental disorders**

### **Abstract:**

#### **The improvement of the well-being of children and adolescents: both healthy ones and those suffering from mental disorders**

The term of subjective well-being (often referred as quality of life) concerns life in physical and mental health or material wealth, but also includes such elements as a sense of happiness, possibility of development, fulfillment of desires or acceptance. In the article, the main components of subjective well-being were briefly presented. Subsequently, factors influencing children's and adolescents' quality of life as material and social conditions or the family environment were discussed. The dependence between the subjective well-being of children and their parents was also raised. Next, a reference was made to a group of children and adolescents suffering from mental disorders. Possible ways to improve, support and develop quality of life were proposed, such as care for the family, support from state bodies, judiciary or foundations (NGOs), conducting social debates or participating in various types of training to improve cognitive and emotional functioning.

Term well-being (quality of life) concerns primarily being happy and living in health and prosperity. Yet it is far more complex and embodies different components which are affecting well-being for example: development, fulfillment of desires, balance between pain and pleasure, being successful, mental and physical health, acceptance (Ben-Arieh, Casas, Frønes, Korbin, 2014).

Well-being is significant area of life of every person and particularly children. Complexity of well-being concerning children has its evidence in by United Nations Convention on the Rights of the Child. Ben-Arieh, Casas, Frønes, Korbin (2014) states aforementioned agreement emphasizes following aspects of well-being: material and economic conditions, social and cultural environment, mental and emotional state and opportunity to develop oneself according to one's potential. Cummins (1996, 1997; for: Land, Lamb, Mustillo, 2001) determined aspects regarding well-being from

27 researches and grouped them into seven following domains: material well-being, emotional well-being(mental health, spirituality), safety, health, productive activity, place in community, intimacy (relationships with friends and family). Huge impact on children undoubtedly have conditions prevailing in social and familiar environment.

In the evaluation of well-being, subjective feelings, objective life conditions and experiences are important (Ben-Arieh, Casas, Frønes, Korbin, 2014). One of the most significant items regarding evaluation of child's well-being is it's own subjective well-being. The term consists of three following elements: one cognitive process (satisfaction/dissatisfaction) and two affective processes (positive and negative affect) (Cummins and Cahill 2000; for: Gonza'lez-Carrasco et al., 2015). These elements are: (1) judgments regarding life satisfaction; (2) the presence of positive affect; and (3) the absence of negative affect (Argyle 1993, Diener 1994; for: Gonza'lez-Carrasco et al., 2016, pp. 64).

### **1. Material and Social Conditions**

Material conditions have undoubtedly great impact on children's well-being. Bad material conditions often result from situation prevailing among family. It can be caused by lower education of parents, unemployment of parents or low parental income. More often than not in those kind of families there is only one parent or parents are divorced (Brooks-Gunn, Duncan, Maritato, 1997).

Children from poor families have worst levels of cognitive development and worst school results in comparison with children from prosperous families. Poverty negatively affects well-being and health (Brooks-Gunn, Duncan, Maritato, 1997). It may be caused by high costs of health care. Moreover low levels of well-being negatively affect health.

With certainty children's well-being is affected by lack of basic livelihood and much needed equipment (for example: school starter kit). Brooks-Gunn, Duncan, Maritato (1997) stress indirect impact of poverty on children's well-being. For that reason poor families can deal with prolonged, stressful tensions caused by lack of money. Moreover those parents can be irritable and use inadequate parenting for their children. Lack of much needed parental attention and time (due to extended time of work) for their children which is very important for their proper development is a very significant matter.

Time of experiencing poverty (short-term/long-term) also influences child. Children from poor families on account of lack in parenting, low economic status and familiar issues can be rejected by their peers. This, in turn, can lower their level of well-being. Consequences of children's poverty are burden to whole society: violence, crime, unemployment, homelessness (Brooks-Gunn, Duncan, Maritato, 1997).

Children's well-being depends upon other people, because children on their own cannot improve their life conditions (Brooks-Gunn, Duncan, Maritato, 1997). Therefore it is important to support poor families on many levels. There is a need to support them on political level in order to provide families with better salary and life conditions. The poorest families are in need to be financially supported and they need to be given a possibility to upscale their qualifications as well as improving education of parents. Voluntary services and foundations could carry out activities aimed at health protection and education of poor children. Charity could conduct food collection and fundraise commodities for children. Social campaigns could rise awareness about issues of poor families and they could show poverty implications for whole society.

## **2. Family Situation**

Research shows that children from poor families with only one parent have higher levels of well-being than children remaining in social welfare (Kortenkamp, Ehrle, 2002). This is due to the fact that children are placed in foster families or among distant relatives who are not mentally stable. These kind of caregivers only provide children with minimal cognitive development and harsh educational conditions. Placing a child in foster family can result in good development of a child if foster parents or distant relatives are well prepared for such a task. In Poland PORT center supports foster care. It's focus is to prepare foster parents via PRIDE training course (Retrieved from: <http://towarzystwonaszdom.pl/port/>). It provides help and meetings for families who took on that kind of task. The preparation improves conditions of children experiencing family difficulties.

It also appears that stable stay among foster family has significant impact on child's well-being (Rubin et al., 2007). Younger children, who have never stayed in foster families or other similar social care, whose biological parents were mentally healthy, had quicker and better stabilization. Children with stable conditions had

greater level of well-being and they didn't have behavioral problems like children whose situation is not stable. Therefore it is important to take care of stability of the taking the children in process and ensure that they don't stay too long in unfavorable conditions. Court trials in Poland which go on for a long periods of time are the major factor which prevent child's situation from being stabilized quickly. It might be advisable to change procedures in cases of children being taken from their parents.

Previous evidence shows that family structure and prevailing situation is very important factor connected with child's well-being. What's interesting is children living with non-marital biological parents have lower level of well-being than children living with couple of biological parents that are married (Brown, 2004). However economical and parental resources can lower that difference. Cohabitation of parents is negatively connected with well-being no matter the resources, among adolescents (12-17 years old). There are no significant differences in child's levels of well-being between biological non-marital parents and foster parents as well as between all kinds of parental cohabitation and single mothers. In order to improve development conditions and levels of well-being among children it is worth it to publicize this research.

Another major matter which has impact on child's well-being is divorce of parents or father's absence. As it might be expected children living in family with only one parent after the divorce have lower level of well-being than children living with not divorced parents (Amato, Keith, 1991). Pre-divorce situation where parents are arguing and children are very stressed has huge impact on this matter. Assumption that children adapt to situation of parents' divorce with ease is not in accordance with research results. Moreover it appears that fathers' alimony payments positively influence child's well-being (Amato, Gilbreth, 1999). Frequency of child's meeting with father was not connected with child's level of well-being. Feelings of closeness and authoritative parenting in relation father-child were positively connected with child's successes in school and negatively connected with external and internal problems of a child. Therefore it is important for father to stay in touch with child and pay alimony. It is advisable for modern society to teach how to build a relationship at schools in order to improve marriage sustainability as well as publicize research results concerning well-being. Politics and judiciary should take care of families after the divorce and enforce paying the alimony.

### **3. Children's and Their Parents' Subjective Well-being**

The interest of researchers dealing with issues of quality of life also applies the question whether and if there is any correlation between the subjectively assessed well-being of children or adolescents and their parents. The sources of expectations for such relationship could be an genetic impact / determination, similar personality, religious values, shared living conditions and a level of material well-being (Casas et al., 2012).

However, empirical researches brings different results. Casas et al. (2012) received the results showing that the subjective well-being of parents and their children is poorly connected. A slightly higher impact was noticed for the group of girls than boys. In case of satisfaction with health, with a standard of living, with security for future, a significant difference was achieved between parents and their children. Regarding to the areas related to social functioning such as satisfaction with friends, relations with other people and groups she / he belongs to there was also no relationship between the results of children and their parents. This interpretation showed that children and adolescents have significant non-family relationships, e.g. belonging to peer groups which could be a source of social fulfillment or satisfaction.

Perhaps the non-intuitive results of research make this area worth exploring and developing. It will allow to understand better how to support children and adolescents to develop their quality of life, which may be quite independent of well-being of their parents.

### **4. The Improvement of the Quality of Life among Children and Adolescents which are Suffering from Mental Disorders**

The authors point to the large scale of the phenomenon of mental health problems among adolescents – among Warsaw adolescents surveyed in 2016, about 30% of girls and about 14% of boys made a negative mental health self-assessment, about 10% of surveyed were at risk of depression, and about 25% had externalization problems defined as a various types of risky behaviors (Bobrowski, 2017). However, this is not a new phenomenon. Several years earlier in a representative group of Polish adolescents, about 43% of the respondents showed lowered mental condition, the mental health of 11-13% of adolescents were seriously

endangered, and about 21% of them had last time suicidal thoughts (Czabała, Brykczyńska, Bobrowski, Ostaszewski, 2005). The same researchers indicate that the most frequently reported symptoms were an anxiety or depression. What is more, also appeared the coexistence of various mental disorders in the same person (Czabała, Brykczyńska, Bobrowski, Ostaszewski, 2005).

This scale of occurrence of mental symptoms or disorders bring the question of how to improve the quality of life of children and adolescents suffering from them effectively? Maria Oleś (2016) referring the WHO classification lists several domains of quality of life such as physical (relating to, e.g. experience of somatic pain, sleep), mental (e.g. feelings, self-esteem), spiritual (e.g. religious belief), independence (e.g. mobility, uninhibited communication with other people), social relations, environment (e.g. home or work), and in case of children, kid rights.

The above mentioned statement shows the social context several times, which can show how significant it is and perhaps it is worth taking it firstly than the interventions in this area leading to better quality of life. Mental disorders are still one of the most stigmatizing problems (Dobrzyńska, Rymaszewska, Kiejna, 2007) that affect adults, but also children or adolescents. This may favor marginalization of such people in community, while a satisfaction regarding various types of social relations is considered as one of the variables in reports of well-being studies among children, e.g. in Children's views on their life and well-being in 15 countries: A report on the Children's Worlds survey, 2013-14 (Rees, Main et al., 2015).

Patients may still find it difficult to disclose the information that they suffer from schizophrenia or bipolar disorder, but also depression or eating disorders, although these topics are brought up, above all in media. Mental disorders affecting children and adolescents can be considered even more embarrassing and covered with silence, because they can be connected with the sense of guilt among parents. That is why the social campaigns, debates or socio- scientific events have a big importance and bring the problem of mental disorders to the public space. In Polish conditions, we can list, above all the "Faces of depression" campaign in which many psychiatrists and psychologists are involved. They show that it is not a shame to use their help<sup>1</sup>. In May 2017, in Warsaw was organized the 1st Congress of Mental Health, in which, apart from clinicians, took part others, above all Representative of the Chancellery of the President of the Republic of Poland, Ombudsman or

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<sup>1</sup> Retrieved from: <http://twarzedepresji.pl>



Ombudsman for Children. The mission of the debate was, first of all promoting a mental health, but also counteracting stigmatization of psychiatric patients<sup>2</sup>.

Such events may contribute to the improvement of awareness, better understanding, acceptance or support for people struggling with mental symptoms or disorders in their micro-society. In case of children and adolescents, it will be a school environment, peer group and also home.

Another initiatives are activities undertaken by non-profit foundation members, e.g. The Foundation The Other Side of Mirrors, which helps to break the silence about mental disorders among children and adolescents<sup>3</sup>. Trainees and volunteers organize weekend artistic classes for patients struggling with mental crisis, and staying in child psychiatric wards. Thanks to this, patients can discover whether develop their talents and abilities while strengthening self-esteem. While by cooperating in a group, they can return to function in the community from which the disorder can isolate.

The next way to improve the quality of a social life of patients can be a different type of techniques and trainings aimed at improving cognitive or emotional functioning, e.g. Training of social cognition skills (Wilkos, Tylec, Kułakowska, Kucharska, 2013), that can help to adapt better in society.

In case of children and adolescents may require the adjustment to the specific development period of the patient. Summing up, the activities described in this article, which can be undertaken on the macro- and micro-social scale, may contribute to the development of well-being of children and adolescents both healthy ones and those struggling with various types of mental symptoms and disorders. However, it is worth noting that every young person is a unique individual, therefore any activities should be referred and modified to their particular needs.

#### References:

- Amato, P. R., Gilbreth, J. G. (1999). Nonresident fathers and children's well-being: A meta-analysis. *Journal of Marriage and the Family*, 557-573.
- Amato, P. R., Keith, B. (1991). Parental divorce and the well-being of children: a meta-analysis. *Psychological bulletin*, 110(1), 26.
- Ben-Arieh, A., Casas, F., Frønes, I., Korbin, J. E. (2014). Multifaceted concept of child well-being. In *Handbook of child well-being* (pp. 1-27). Springer Netherlands.
- Bobrowski, K. (2017). Symptomy zaburzeń zdrowia psychicznego, in: K. Ostaszewski (ed.), *Monitorowanie zachowań ryzykownych, zachowań nałogowych i problemów zdrowia*

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<sup>2</sup> Retrieved from: <http://www.kongreszp.org.pl/history.html>

<sup>3</sup> Retrieved from: <http://2stronalustra.tumblr.com>

- psychicznego 15-letniej młodzieży (pp. 55-76). Warszawa: Instytut Psychiatrii i Neurologii w Warszawie.
- Brooks-Gunn, J., Duncan, G. J., Maritato, N. (1997). Poor families, poor outcomes: The well-being of children and youth. *Consequences of growing up poor*, 1-17.
- Brown, S. L. (2004). Family structure and child well-being: the significance of parental cohabitation. *Journal of Marriage and Family*, 66(2), 351-367.
- Casas, F., Coenders, G., González, M., Malo, S., Bertran, I., Figuer, C. (2012). Testing the relationship between parents' and their own children's subjective well-being. *Journal of Happiness Studies*, 13, 1031-1051. DOI 10.1007/s10902-011-9305-3
- Czabała, C., Brykczyńska, C., Bobrowski, K., Ostaszewski, K. (2005). Problemy zdrowia psychicznego w populacji gimnazjalistów warszawskich. *Postępy Psychiatrii i Neurologii*, 14(1), 1-9.
- Dobrzyńska, E., Rymaszewska, J., Kiejna, A. (2007). Problem jakości życia osób z zaburzeniami psychicznymi. *Adv Clin Exp Med*, 16(1), 173-178.
- González-Carrasco, M., Casas, F., Malo, S., Viñas, F., Dinisman, T. (2017). Changes with age in subjective well-being through the adolescent years: Differences by gender. *Journal of Happiness studies*, 18(1), 63-88.
- González-Carrasco, M., Casas, F., Viñas, F., Malo, S., Gras, M. E., Bedin, L. (2017). What leads subjective well-being to change throughout adolescence? An exploration of potential factors. *Child Indicators Research*, 10(1), 33-56.
- Kortenkamp, K., Ehrle, J. (2002). The well-being of children involved with the child welfare system: A national overview. *New Federalism. National Survey of America's Families*, B-43, 1-8.
- Land, K. C., Lamb, V. L., Mustillo, S. K. (2001). Child and youth well-being in the United States, 1975–1998: Some findings from a new index. *Social indicators research*, 56(3), 241-318.
- Oleś, M. (2016). Kryteria jakości życia dzieci i młodzieży. *Rocznik Filozoficzny Ignatianum*, 22(1), 114-129.
- Rees, G., Main, G. (Eds.) (2015). *Children's views on their lives and well-being in 15 countries: An initial report on the Children's Worlds survey, 2013-14*. York: Children's Worlds Project (ISCWeB).
- Rubin, D. M., O'Reilly, A. L., Luan, X., Localio, A. R. (2007). The impact of placement stability on behavioral well-being for children in foster care. *Pediatrics*, 119(2), 336-344.
- Wilkos, E., Tylec, A., Kułakowska, D., Kucharska, K. (2013). Najnowsze kierunki terapeutyczne w rehabilitacji pacjentów z zaburzeniami psychicznymi. *Psychiatria Polska*, 47(4), 621–634.