THE MENTAL WELL-BEING OF YOUNG PEOPLE DURING THE WAR MIGRATION CRISIS
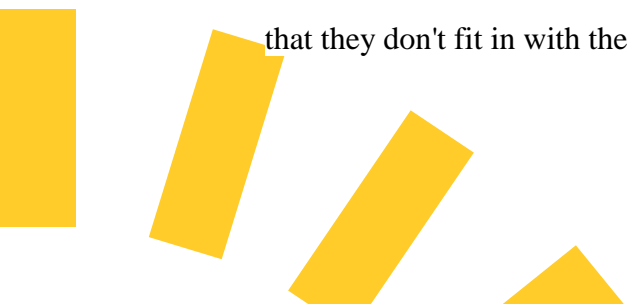
(Handbook for Educators)

DEVELOPMENTAL SPECIFICITY OF YOUTH AGED 13-18

Changes in the physical area

The period of puberty is characterized by a rapid but uneven rate of body growth and physiological changes, significantly affecting the teenager's mental functioning. Changes in the appearance and functioning of the body result in the formation of a new self-image and increased interest in one's appearance. The uneven development of the musculoskeletal system causes the growth of the arms, legs, and head to outpace the development of the spine, causing a temporary loss of movement harmony. This may contribute to shyness and low self-esteem. The uneven circulatory system development (the heart grows faster than the blood vessels) may cause malaise, headaches, and periodic decline in mental performance. In the area of a teenager's nervous activity, excitation processes prevail over inhibition, which causes frequent mood swings, increased emotional sensitivity, and irritability. The puberty processes in girls cause fat tissue accumulation on the abdomen and thighs, breast growth, and the appearance of the first menstruation. In boys, the muscles, arms, testicles, and penis grow, which results in erections and ejaculations, and the pitch and range of the voice also change. Regardless of gender, these changes stimulate the need to establish first intimate relationships and create romantic relationships.

Changes in the body influence how peers and adults perceive and treat a teenager. Sometimes, physical development is faster or slower than typical, which may result in inappropriately high or low expectations towards the teenager. Some research suggests that adolescents who develop more quickly than their peers are more likely to engage in risky behaviors, and adolescents who develop more slowly than their peers may be more likely to be bullied. The pace of puberty is also naturally gender-differentiated, with girls starting to mature sooner. These differences can be difficult for teenagers. They may feel self-conscious or worry that they don't fit in with their peer group.

Tips for adults to support teenagers' physical development:

o explain that changes occurring in the body are natural, and although they follow a general order, their pace is individual

o educate about the principles and advantages of a healthy lifestyle

o encourage you to get to know your body by looking at it, touching it, and observing it during various activities; body awareness promotes healthy behaviors and mental health and well-being

o create opportunities for health-promoting activities (e.g. exercise)

Changes in the cognitive area

During adolescence, changes occur in the way a teenager perceives the world. He develops visual realism, which involves the transition from graphic images to graphic diagrams, which strengthens the influence of emotions and motivation on the productivity of perception. Visual and auditory differentiation improves, children's syncretism of perception is overcome, and the perception of aesthetic forms (poetry, music, painting, etc.) is enriched. There is an increase in planning, systematicity, and consistency of perception, and the influence of thinking on perception deepens through analysis, synthesis, and generalization of perceived images.

The relationship between thinking and memory is changing, losing its dominant position and giving way to thinking itself. There is a process of intellectualization of higher mental functions, which is manifested in typical changes in thinking: a transition from objective and visual thinking to abstract and formal thinking; the ability to classify heterogeneous objects, analyze new combinations of objects and categories; using abstract speech expressions; ability to compare alternative ideas; mastering the ability to systematically formulate hypotheses, draw conclusions and, if necessary, experimentally check their veracity; development of the ability to create an idea in its optimal form and implement it; the ability to reflect (introspection) on one's own mental operations, manifestations of formal thinking; mastery of discursive thinking based on extended reflections; ability to analyze and distinguish words, intentions and actions.

Young people are usually skeptical of adults' explanations, doubt the correctness of their evidence, and look for their counter-arguments. It also develops the skill of metacognition (thinking about thinking), which can help you discover how to learn and absorb new information most effectively.

Imagination develops in parallel with perception, memory, and thinking. This contributes to the expression of creativity of teenagers who begin to write poems and seriously engage in drawing, construction, etc. They also use their imagination to fantasize about social relationships, e.g., desired intimate relationships.

Motivation to learn in adolescence results from social factors, such as parental, teacher, and personal pressure, which are related, for example, to the prospect of obtaining higher education or developing cognitive interests. A conscious positive attitude towards learning in a teenager arises when knowledge becomes essential for building a future adult. Life corresponds to cognitive interests. During adolescence, motivation to learn may deteriorate due to the emotional and mental difficulties typical of this period and external circumstances. Especially those that reinforce the feeling of uncertainty about one's future, place of residence, and prospects for finding a job.

Different parts of the brain develop at other times, with the part of the brain responsible for abstract thinking, planning, and decision-making developing last. Generally speaking, the brain is fully developed at age twenty. This affects teenagers' impulse control problems and decisions based more often on emotions than logic. The consequence is a greater tendency to try new things and take risks than adults. Even if an adolescent's risk assessment is adequate, risky decision-making may be influenced by emotions or social rewards. Young people prefer immediate rewards, such as pleasure or peer approval, over the prospect of possible long-term consequences.

> **Tips for adults to support teenagers' cognitive development:**
> o ask open-ended questions about complex issues
> o to help teenagers consider the consequences of different actions, especially risky ones
> o provide opportunities to learn by taking healthy risks (e.g., trying new activities)
> o create attractive opportunities to engage in learning (e.g. as a leader)
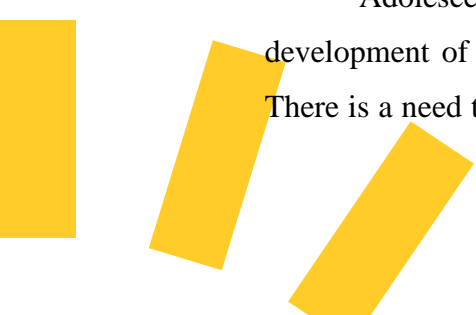> o support young people with learning difficulties

<u>Changes in the emotional area</u>

Puberty is one of the critical stages in the development of emotional and volitional regulation of personality. However, this is difficult and contradictory. So, teenagers are characterized by easy excitability and sudden changes in emotions and mood without particularly significant reasons. Changes in emotional experiences can be rapid, radically opposite, and may even combine ambivalent emotions or feelings. They favor the development of fascinations, which can be very diverse in this period; fascinations in this period are very diverse, for example, intellectual-aesthetic, physical-manual, leadership, related to gambling.

There is a strong hypersensitivity towards oneself in the context of other people's statements and behaviors. The so-called youthful emotional complex combines sentimentality and impressive indifference, painful shyness with ease, the desire to be recognized by others, and the desire for solitude. At the same time, teenagers become more aware of their own and others' feelings and are capable of strong emotional attachment and sacrifice for others. At the end of adolescence, the ability to self-regulate increases, i.e., control one's thoughts, emotions, and behavior, enabling one to undertake and continue goal-oriented activities.

Teenagers experience several psychological needs, the satisfaction of which affects their well-being and mental health. These needs include primarily expressing oneself, being accepted, belonging to a group, meaning something to others, acting and doing something important, strengthening one's sexual identification, and communicating with adults on an equal basis. These needs are met, among others, by the emancipatory reaction (behaviors aimed at freeing oneself from adult control and gaining greater freedom, self-reliance, and independence), the fascination reaction (intense interest, delight, admiration for specific people or phenomena), the response of grouping with peers (the desire to belong to a particular group), rejection reaction (the opposite reaction of a passive-defensive type).

Adolescence is characterized by the search for identity, facilitated by the rapid development of self-awareness encompassing the complex world of one's own experiences. There is a need to know yourself as a person. A teenager's reflection is shaped from the stage

in which individual actions become the subject of adults' expectations, through analyzing one's character traits and personality in relationships with other people, to a critical attitude towards oneself. The ability to evaluate oneself is shaped not only by the demands of authoritative adults but also by the attitude of the peer group, previous successes and failures, and the demands placed on oneself. Teenagers are characterized by solid self-dissatisfaction from comparing themselves with others and the importance of an ideal self-image. Self-esteem affects your mental well-being and the scope and type of activities undertaken, including social relationships. It can also affect school performance. Research shows that teenagers with positive self-esteem are more successful academically than teenagers with negative (low) self-esteem. By the end of adolescence, self-esteem may become a significant regulator of a teenager's behavior.

Teenagers are particularly vulnerable to developing various types of mental health disorders. Typical disorders during this period include anxiety, depression, eating disorders, ADHD, substance and behavioral addictions, and engaging in risky behaviors (including sexual ones).

Tips for adults on how to support teenagers' emotional development:
- accept the teenager's intense and changing emotional
- encourage increased self-awareness
- model constructive expression of emotions
- strengthen building self-confidence and independence
- support in emotionally tricky situations
- respond to symptoms of mental health disorders

Changes in the social area

A teenager is characterized by two substantial opposing tendencies - to isolate himself and to seek belonging to a group. Isolation is manifested by spending time alone thinking or listening to music, giving up participating in social events organized by adults, and searching for territorial autonomy (e.g., the need to stay in one's room). The tendency to belong is expressed by the desire to be in an environment of peers and interact with them. Around the
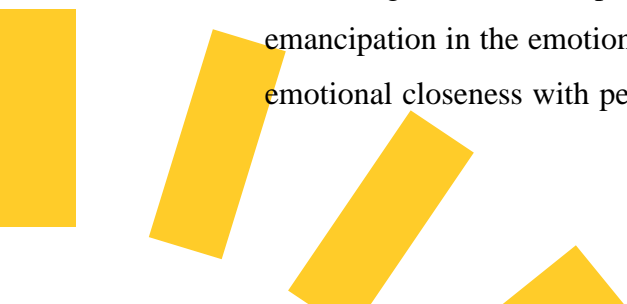
age of 14-15, relationships are selected and differentiated into acquaintances, colleagues, and friends. An essential factor in teenage friendship is overcoming emotional loneliness.

Moreover, it becomes essential to have a reference group whose values the teenager accepts and whose behavioral norms and assessments he follows. This is caused by the need for self-presentation, integration with others, verification of knowledge about oneself, and shaping self-esteem. Psychosocial mechanisms that are activated in this area include adapting to the group, imitating its behavior, or achieving popularity through success in a significant field of activity. A strong tendency to gain group acceptance may lead to harmful and even destructive behavior. Teenagers with a migration/refugee background experience particular difficulties in integrating with their peer group. Cultural differences may, in this case, cause social alienation or even discrimination.

Communication with peers is the leading type of activity in the teenage period. This is because it is an opportunity to obtain information self-knowledge, develop autonomy, acquire and develop social interactions emotional contact, and experience mutual help, enrich empathetic skills, share interests and feelings with others, spend time together, establish contacts with the opposite sex and mastering gender roles, gaining experience in achieving an acceptable social status. Teenagers also take on new social roles in their peer environment, for example, becoming a leader, confidant, or romantic partner. During adolescence, the ability to empathize and appreciate the unique differences between people also increases. Teenagers often learn to consider other people's feelings, empathize with their suffering, actively listen, and interpret and respond to nonverbal signals.

An essential area of difficulty for teenagers is communication with adults. It often leads to conflicts, which on the part of teenagers are reinforced by aspects such as inappropriate ways of expressing a sense of adulthood, manifestations of chronic indifference to learning, excessive criticism, and ignoring the requirements set by adults. Changes in relationships with adults result from the teenager's physical and mental maturation processes, which trigger the desire to become independent from the opinions and influence of adults. The most visible changes are in the teenager's relationship with their parents. They manifest themselves in the pursuit of emancipation in the emotional area (loosening the emotional bond with parents, searching for emotional closeness with peers), normative (denying parents' norms and values, the tendency

to shape one's own evaluative orientations, ideals) and behavioral (seeking to free oneself from control and parental care). Conflict in relationships with parents is also reflected in relationships with other adults, including teachers. It is, among other things, the result of the lack of a clear transition from child dependence to adult independence and clearly defined rules that would enable the weakening of adult power in favor of the emerging autonomy of a teenager. Relationships can develop positively when adults respect a democratic style of interaction. It is characterized by, among others, setting the rules by adults while listening and taking into account the teenager's opinion, using authority only when necessary, explaining the reasons for your demands and talking about them with teenagers, and valuing both obedience and independence. Teenagers, despite their critical attitude towards adults, need authorities and mentors. For this reason, adults who present a democratic, equal way of treating young people have a chance to continue significantly impacting their development and functioning.

Tips for adults to support teenagers' social development:

- recognize the fact that the teenager is building their autonomy
- express acceptance, interest, and care toward him
- appreciate their initiative
- formulate requirements precisely, without repeating them multiple times, and verify their fulfillment
- be fair
- provide tolerant mentoring regarding interests and relationships with peers and behaviors
- avoid the practice of double expectations, i.e., childish submission and adult responsibility at the same time)

Moral development

Teenagers often question social norms, established rules, and people in authority, which may cause conflicts with the environment, especially adults. At the same time, as they ask questions, evaluate answers, and discover new ideas, they exercise their thinking skills and

emotional competencies. This practice of abstract thinking helps prepare them to make complex, concrete decisions in adulthood.

Adolescence is a time of verifying the value system passed on by adults and searching for reference points for shaping one's moral code. The most common changes in thinking about morality and values that occur at this stage of life include the weakening of black-and-white thinking in favor of seeing ambiguity and context, the need and ability to understand the reasons behind social rules and principles, reflections on the nature of the world and interpersonal relationships. Teenagers may experience various ethical dilemmas, such as being honest and risk losing the relationship or remaining silent and maintaining it; devoting time to health-promoting activities or learning; sharing private information with friends or keeping it to themselves.

As with other areas of development, adolescents vary in when, to what extent, and how quickly they establish and change their morals and values.

Tips for adults on how to support teenagers' moral development:
o model an attitude of respect towards others
o encourage people to show concern for others
o encourage you to take responsibility for your own choices
o develop the ability to reconcile individual interests and social obligations
o encourage reflection on moral choices
o promote constructive conflict resolution

MENTAL WELL-BEING

Definition of well-being

The World Health Organization defines mental well-being as individuals' ability to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community. Mental well-being is a subjective experience of happiness and contentment, coping with everyday challenges, and developing and finding meaning in life. For this reason, mental well-being may also be experienced by people who are ill or struggling with life difficulties. It refers to having the personal tools, social

support, and environment needed to lead a satisfying life. Young people experience mental well-being when they have the support, confidence, and resources to develop safe and healthy relationships, realizing their full potential and rights.

Mental well-being is not determined solely by psychological factors but results from functioning in all spheres of life. On the other hand, mental well-being affects all other spheres of life, which globally determine the overall well-being of an individual. The key areas in which the mental well-being of young people is manifested are good physical and psychological health (conditioned by a healthy environment, access to medical care, and a healthy lifestyle), social connections, positive values and contributions to society; safety (physical, emotional, material) and a supportive environment (guaranteeing justice and equal treatment); education, competences, employment opportunities (conditioned, among others, by self-esteem); agency and resilience.

Signs of well-being:
- physical – physical well-being resulting from a healthy lifestyle
- mental - the ability to learn and enjoy learning, the ability to analyze problems and make informed decisions
- emotional - the ability to understand feelings - your own and others, the ability to overcome failures, cope with stress
- social - easy establishing contacts, ability to create friendships and lasting relationships, effective communication, ability to give and receive help, ability to work in a team
- spiritual - awareness of the purpose and meaning of life, perception of universal values, involvement in the cultural heritage of humanity.

Determinants of mental well-being

Mental well-being depends on many factors. Individuals have no or only minor influence on some of them. These factors include biological predispositions affecting health, appearance, and abilities (intellectual, motor). In addition, life events, both everyday ones and critical ones, such as crises or traumas, also contribute to mental well-being. We also know that social distancing and isolation harm developing youth. Social distancing can cause or worsen functional and behavioral disorders and negatively affect brain plasticity, thereby worsening cognitive and emotional development. Social isolation contributes to anxiety and depression in

teenagers. Cultural differences and language barriers may initiate or deepen social isolation, thus threatening mental well-being. They appear when a teenager is forced to change his social environment, such as when migrating or as a refugee. Culture and religion significantly influence, among others, the formation of a specific system of values and a more collectivistic or individualistic social orientation. Changing the living environment to a different one in this respect is a severe adaptation challenge.

However, lifestyle is crucial for mental well-being. This factor can be actively shaped and supported. It triggers the expression of specific innate predispositions but also allows the acquisition of particular skills that can intentionally improve well-being. Below is a brief description of crucial lifestyle activities and tips for youth aged 13-18.

Physical activity

Physical activity affects health and fitness by increasing physical strength, endurance, bone mineral density, neuromusculoskeletal fitness, strengthening immunity, preventing a wide range of chronic diseases (including cardiovascular diseases), better weight control, reducing chronic pain, improving the health of people with chronic diseases, reducing the risk of premature death.

At the same time, physical activity improves health and mental well-being in mood, stress level, attention, concentration, memory, language fluency, decision-making, academic performance, self-esteem, self-confidence, sleep quality, and quality of life. Physical exercises help teenagers release excess energy and psychophysical tension, get to know their specific skills better, develop body self-awareness, make a proper and objective assessment of their abilities, personality, and advantages, and establish and strengthen interpersonal relationships. In addition, regular physical activity alleviates the symptoms of depression, anxiety, ADHD, and substance use disorders.

In line with the guidelines of the World Health Organization, the European Union and its Member States recommend that young people engage in **at least 60 minutes of daily moderate-intensity physical activity, including aerobic activities** (e.g., jogging, cycling, dancing) on most days, **muscle-strengthening activities** (e.g., lifting weights, push-ups) at least three days a week, **bone-strengthening activities** (e.g., jumping rope, playing basketball) at least three days a week. Health-promoting habits related to physical activity are also

recommended, such as giving up the elevator and escalators in favor of climbing traditional stairs, getting off the bus earlier and covering part of the distance on foot, active instead of passive recreation, outdoor activities with friends, walking with dog, participation in physical education classes at school and in extracurricular sports activities.

Research indicates that approximately 80% of children and adolescents are not physically active enough and prefer a sedentary lifestyle. Additionally, older teenagers are less physically active than younger ones, and girls are less active than boys.

Healthy eating

Puberty is a time of intensive development and growth, so the teenager's body needs a diet that provides the necessary nutrients. Although most teenagers still live at home and eat meals their parents or guardians provide, they tend to make changes motivated by individual preferences. This is due to, among others, the need for emancipation, independence, and experimentation. Therefore, it can fulfill positive developmental functions. At the same time, increasing independence in nutrition increases the risk of choosing products that are unfavorable to health. According to a 2022 report from the World Health Organization, approximately one in three children and teenagers in Europe is overweight or obese. The likelihood of obesity may also increase poverty by limiting people's access to healthy foods. Obesity causes several serious health complications, is also a common cause of mental suffering, and may also be a reason for stigmatization and discrimination. This has particularly devastating consequences for young people, for whom acceptance by their peer group is a priority.

Teenagers need a wide range of healthy foods **from five food groups, which include fruit** (teens are recommended two servings a day) **and vegetables** (5-5½ servings a day are recommended), **dairy products** (3½ servings a day is recommended), **cereals** (recommend seven servings a day), **lean meat, eggs, nuts, seeds or legumes** (2½ servings a day are recommended). It is recommended to avoid sweets, sweetened drinks, white flour products, saturated fats (e.g., red meat) and trans fats (hydrogenated vegetable oils), excess salt, highly processed foods rich in fat and sugar, fast food, and salty and sweet snacks. It is recommended to eat fresh or dried fruit as snacks. It is recommended to consume pure water as a drink with

every meal. In addition, the diet should provide a caloric value appropriate to the age, gender, and current body weight of the teenager. It should be balanced, i.e., contain appropriate macronutrients (proteins, carbohydrates, fats) and micronutrients (vitamins and minerals). The diet should be varied, i.e., contain various products from a given food group. Crucial healthy eating habits are eating breakfast every day, avoiding large portions, taking meals and/or healthy snacks to school, eating meals with family, planning meals and grocery shopping, cooking meals at home, biting and chewing food slowly and thoroughly, avoiding doing other activities while eating (e.g., browsing the Internet, watching TV).

The original country's Food-Based Dietary Guidelines

Lithuania: https://sam.lrv.lt/uploads/sam/documents/files/Veiklos_sritys/visuomenes-sveikatos-prieziura/mityba-ir-fizinis-aktyvumas/Sveikos_ir_tvarios_mitybos_rekomedacijos3.pdf

Poland: https://ncez.pzh.gov.pl/wp-content/uploads/2021/03/piramida-dla-doroslych-opis866.pdf

Romania: https://www.spitalsmeeni.ro/docs/ghiduri/ghid_alimentatie_populatie.pdf

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Emotional expression

Recognizing and accepting emotions is the first step towards self-regulation, a skill necessary for mental and physical health. Teenagers need reassurance that there are no "bad" emotions and that everything they feel emotionally is normal and appropriate. Also, negative emotions such as sadness, anger, loneliness, and alienation. Emotions are strongly related to physiological sensations (e.g., heart rate, breathing rhythm, muscle tension) and often specific interpretations about one's state. However, accurately naming emotions may be challenging for young people, so they may need assistance and training, just as in expressing emotions.

Young people should receive a clear message from adults that destructive forms of expressing emotions (such as acting out, bullying, acts of aggression, and self-aggression) are not appropriate and may also be subject to specific consequences. A negative consequence resulting from the rules adopted in a given community is an alternative to punishment that is unexpected and sudden, causing suffering (e.g., harsh judgment, retaliatory actions).

Consequences help shape desired social behaviors in a kind, understanding, and sensitivity to the individual and context, promoting taking responsibility for one's actions.

In turn, constructive forms of expressing emotions should be rewarded. They may be direct (talking about emotions) or indirect, allowing expression without confessions and excessive sensitivity. Teenagers' indirect yet constructive way of expressing themselves, including their feelings, may include:

- using an emotion map (a visual summary of critical emotions), which will allow to identify emotions, understand their natural course, and express them,
- keeping a diary of feelings (in writing, drawings, or using ready-made pictures/photos),
- artistic creation (music, writing, theater, sculpture, painting),
- specific clothing, symbolic accessories, tattoos,
- individual preferences, habits, behaviors,
- sports and recreation.

Adults can support adolescents' emotional expression through an open, encouraging, patient, nonjudgmental attitude and a willingness to listen. Emotional self-regulation, shaped in this way, serves well-being, rational thinking, orientation towards healthy coping strategies, and building positive relationships with oneself and others.

Sleep and rest

Sleep is crucial for physical and mental health. It enables the regeneration of nerve cells, reconstruction and repair of body cells, cleansing the body of toxins, regulation of neurohormonal processes, and activity of immune mechanisms. In addition, it reduces mental tension, regulates the emotional state, helps relieve stress, and improves well-being. Lack of sleep in teenagers hurts their health and mood (irritability, depression), behavior (tendency to take risks), cognitive abilities (problems with attention, memory, decision-making, reaction time), and academic performance. Research shows that most teenagers sleep only about 6.5 to 7.5 hours a night, and some sleep less. This is due to biological conditions that, during puberty, change the teenager's biological clock so that they feel sleepy later in the evening and need
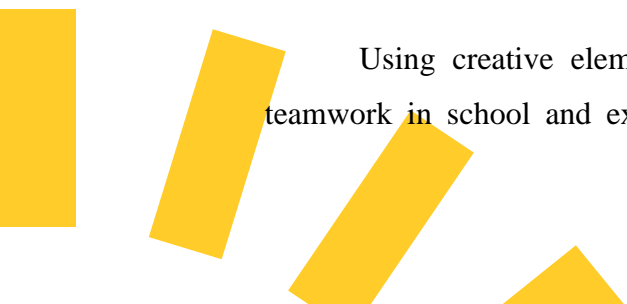
longer sleep in the morning. In addition, spending long hours in the evening in front of a phone or computer screen is essential, as it stimulates physiologically and emotionally and makes it difficult to calm down.

It is recommended that teenagers sleep 8 to 10 hours each night. In terms of habits promoting healthy sleep, it is recommended to go to bed and get up at the same time every day, take naps after school, spend time outdoors every day and engage in daily physical activity, avoid heavy meals, caffeinated and energy drinks, recreational drugs, and chocolate a few hours before bedtime, preventing the use of electronic devices 1 hour before bedtime, following an evening routine (e.g., bathing, reading a book), darkening the bedroom, and setting a fixed wake-up time.

Fun and creativity

Teenagers need peer contact, and play helps establish relationships, integrate, and even create their community. It also promotes rest, pleasure, and reduction of psychophysical tension. When play is for entertainment, it should be voluntary, unproductive, and contain an element of uncertainty. Play is often associated with the creative process - creating new ideas, concepts, and products. Although both play and creativity can be social, related to communicating and strengthening relationships, creativity can be a solitary process, especially in the case of a vocation (e.g., artistic, scientific, athletic). It then involves effort, exercises, individual research, and practice. Young people's creativity related to talent development may require adult support, especially in moments of discouragement, fatigue, and failure.

Adults have a crucial role in supporting teenagers' fun and creativity. They can create the right conditions (e.g., organizing workshops, integration activities, thematic camps, and trips) and propose specific activities, such as learning to play a musical instrument, mastering a specific artistic technique, practicing a specific sports discipline, or enjoying cultural experiences like theater, cinema, or concerts. More culturally specific activities may include visits to museums and/or historical attractions, combined with storytelling in a way that promotes cross-cultural learning and mutual curiosity.

Using creative elements such as experiment, exploration, creative challenge, and teamwork in school and extracurricular activities helps teenagers increase self-awareness,

facilitates emotional expression, and builds positive self-esteem and social relationships. Communication through art or play can also be an excellent alternative to establishing and maintaining contact with teenagers who, for various reasons, refuse to communicate verbally.

Close relationships

Having positive relationships with people such as family members, friends, and schoolmates has a significant impact on teenagers' mental well-being. It is a source of social support, strengthens social competencies, increases self-esteem, reduces symptoms of anxiety and depression, and improves the quality of life. It also supports physical health by protecting against illness, supports recovery, and even extends life. Loneliness, in turn, is associated with unhealthy sleep patterns, high blood pressure, increases in stress hormones, and a weakened immune system. It also causes worse mental well-being and often the experience of mental suffering. Research shows that many teenagers feel lonely, even if they maintain contact with peers. This is an essential reason for the growing rate of mental disorders in this age group.

Healthy interpersonal relationships are based on mutual respect and trust, honesty, positive communication, understanding, acceptance, kindness, and constructive conflict resolution. They provide teenagers with company, spending time together, support, and a sense of belonging. They promote health-promoting and developmental behaviors. In unhealthy relationships, there is an imbalance of power, which involves the use of pressure, arousing dependency, a destructive communication style, and diminishing the importance and value of the other person. There may be various types of abuse and physical, emotional, or sexual violence.

Although teenagers' interactions with their peer group become crucial during adolescence, parents and guardians still play an essential role in their lives. They help them develop self-control, plans for the future, moral and social values, and a broader view of the world. They usually also provide emotional support and a sense of security. In certain circumstances, they can act as an authority or a mentor who positively supports a young person's development. Adults can also model positive social relationships and provide teenagers with knowledge about factors important for establishing and maintaining relationships, such as empathy, seeking similarity to others, positive body language (e.g., smile, eye contact), openness to new
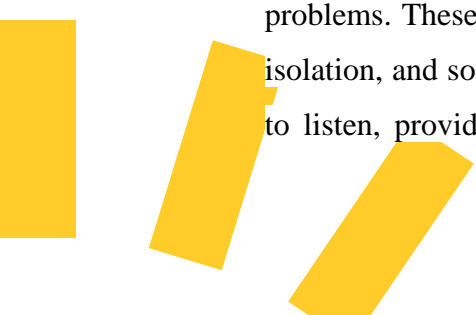
experiences (e.g., sports, hobbies), assertiveness and constructive conflict resolution, cooperation, ability to listen, showing interest, and sense of humor.

Coping with stress

Stress is a relationship between a person and the environment perceived as burdensome and requiring remedial action. Stress is an inherent part of human experience, a response to life's demands. Although it accompanies people of all ages, the specificity of adolescence means that teenagers may be helpless in the face of it. This is caused, among other things, by hormonal imbalance, the transition from dependence on parents to the search for one's independence and identity, and a strong need for acceptance from peers. Stress can be a factor motivating action, but when it occurs chronically, in high intensity, or is associated with destructive coping methods, it can lead to withdrawal, aggression and self-aggression, deterioration of academic performance, development of anxiety and depressive disorders, sleep disorders, and substance abuse: psychoactive substances, development of symptoms, and somatic diseases.

Research shows that many teenagers feel overwhelmed by stress. They perceive the demands (real or imagined) placed by the environment as exceeding their ability to meet them. In addition, teenagers struggle with negative thinking about themselves, concerns about their appearance and attractiveness, and difficulties in relationships with peers. Suppose this is combined with stressful events that go beyond those typical for this age (e.g., parents' divorce, death of a loved one, unsafe living environment, moving). In that case, it may turn into a mental crisis that requires particular intervention from adults.

Constructive stress management methods support a teenager's health, development, and well-being. These include, among others, the ability to regulate one's emotions, maintaining positive social relationships, physical activity, relaxation and meditation techniques, time management, assertiveness, and positive thinking. Destructive methods may be beneficial in the short term but detrimental in the long term and may aggravate previous problems. These include avoiding the issue, substance abuse, aggression and violence, social isolation, and social media abuse. Adults can help teenagers cope with stress by being willing to listen, providing emotional support, modeling healthy coping, modeling and supporting

emotional self-regulation skills, assisting teenagers in solving problems independently, and promoting safe media use skills.

Promoting mental well-being

Strengthening mental well-being is a proactive and preventive measure for the development and severity of cognitive and somatic disorders. A person aware of factors that support well-being can develop a healthy lifestyle and self-confidence, openly and constructively express their emotions, build positive and deep social relationships, and use effective strategies for coping with adversities and stress. Young people need adult support to learn how to increase their mental well-being. This is achieved through health education, social modeling, and creating an environment that objectively promotes well-being. It is helpful to indicate practical applications of the knowledge transferred, to develop practical skills, and to refer to the values appreciated by young people. It is also essential to notice and respect differences, for example, gender or cultural ones.

Key factors supporting young people's mental well-being:
- physical activity
- healthy diet
- emotional expression
- sleep and rest
- fun and creativity
- close social relationships
- coping with stress

MENTAL CRISIS

Characteristics of the phenomenon

A mental health crisis is a state of emotional or mental breakdown. It may occur in response to a sudden event, difficult life situation, stressful situation, or significant difficulty. It involves perceiving the event or situation as unbearable, beyond one's resources

and coping mechanisms. It causes a state of increased tension and anxiety and an inability to function normally. It requires making important decisions or life changes.

In a mental crisis, the subjective perception of a given situation or difficulty as critical is crucial. This is why different people may react differently in a similar situation. The same person may also experience a mental crisis in a given situation, even though they coped well in other, seemingly similar situations. Dealing with difficulties is influenced by many factors, both individual (e.g., mental resilience, previous experiences, knowledge and skills, personality traits), contextual (e.g., living environment, level of social support, social and material status), and also resulting from the event or situation itself (e.g., duration, threat to important life values). **A mental crisis as a reaction to a specific stimulus is acute by nature and lasts up to 6-8 weeks, but ineffective coping may lead to the crisis becoming chronic.**

A mental crisis may be caused by a specific event and a problematic situation that persists over time. **It refers to temporarily impaired functioning and psychological distress**. During adolescence, the source of the crisis may be a severe conflict with peers, exclusion from a peer group, breaking off a romantic or friendly relationship, or social isolation - which occurred during the Covid-19 pandemic but also applies, for example, to seriously ill teenagers. The reason may be a failure in an area of activity essential to the teenager, e.g., in an exam, sports competition, or during a public performance. Similarly, a sudden unfavorable life change, such as a diagnosis of a severe illness, a parent's divorce, or moving house.

A mental crisis may also develop as a result of psychological trauma. At the same time, some crises caused by the so-called traumatic stressors may result in trauma. This applies to health and life-threatening events in which a person experiences powerful negative emotions like fear, terror, and helplessness. This occurs during catastrophic events (e.g., car accidents, natural disasters, assaults) and harsh conditions over time (e.g., war, physical, emotional, sexual violence, neglect). **Trauma** is not the same as a crisis and **means a severe, permanently changed, uninterrupted emotional and mental state affecting the overall functioning of the individual**. It arises under the influence of a traumatic experience, i.e., one that threatens health and life. It should be treated, for example, with psychotherapy, and often requires also the use of pharmacotherapy.

Situational crises happen to many people, but everyone experiences developmental crises. They result from the transition to the next development phase and are associated with the need to deal with challenges and conflicts typical of a given phase. They require a change in the current way of functioning, which is why they arouse solid emotions and resistance. Entering adolescence period triggers **an adolescence crisis, in which the developmental task is to resolve the internal conflict between the fixed and dispersed identity and to shape one's integrated self.** This individual identity is associated with increasing independence and control.

o Stress - the relationship between a person and the environment perceived as burdensome and requiring remedial action, constituting an inherent element of human experience;

o Critical life event - a sudden, extraordinary, and unexpected event that challenges a person's adaptive abilities and causes a strong emotional reaction;

o Mental crisis - a state of emotional or mental breakdown, causing mental suffering and temporarily impairing functioning;

o Psychological trauma – a serious, permanently altered, ongoing emotional and mental state that affects the overall functioning of the individual.

The dynamics of the crisis

The course of a mental crisis may vary slightly from person to person, but it is generally associated with a specific phase, as presented below:

▪ phase of confrontation with the event causing the crisis - it may be accompanied by mental shock, denial, psychophysical arousal, chaos in thinking, speaking, and acting; the person tries to deal with the situation using previously known and effective methods, but they turn out to be insufficient;

▪ phase of increasing emotional tension and anxiety - the person becomes convinced that the difficulties they are experiencing are beyond their strength and that they cannot cope with them; there is a feeling of helplessness, loss of control, and lower self-esteem; if at this stage the person does not receive support or does not finally overcome the crisis on his own, it becomes chronic;

- phase of mobilization - tension reaches a climax because the crisis itself and its consequences continue in a distressing manner; all mental resources are activated to look for new solutions and overcome difficulties; there is also greater openness to external help; if a person receives adequate support and/or starts new, effective ways of coping, the crisis is overcome, and smooth functioning returns, well-being and quality of life improve.

If a person does not develop new, effective adaptation strategies,

- phase of decompensation - because the person is no longer able to withstand the tension, his adaptive abilities break down; distortions of cognitive processes appear (e.g., problems with concentration, memory, decision-making, delusional thinking), internal disorganization (e.g., conflicting emotions) and chaos, loss of meaning in life, deterioration of physical well-being; this condition may lead to the development of mental and somatic disorders and diseases, abuse of psychoactive substances, acts of aggression and self-aggression, and suicide attempts; specialist help is needed - psychological, psychiatric, sometimes medical, and social support.

<u>Symptoms of crisis</u>

Some mental crises have an obvious source and can be quickly noticed by people around the individual. This is facilitated by a sharp psychological reaction reflected in the teenager's external functioning. However, not all teenagers are expressive and manifest their well-being in their relationship with their surroundings. Some try to deal with difficulties independently and even pretend to others that everything is fine. This may result from the desire to maintain a positive self-presentation, fear of the environment's reactions and rejection, or even the desire to protect others from worry (e.g., parents), especially when the teenager perceives them as similarly psychologically burdened. Moreover, not all crises have an external source, so people around may not even suspect that the teenager is struggling with conditions that are difficult to overcome. The primary issue that should attract attention is a sudden change in the teenager's current functioning. It may concern mood (e.g., presence of sadness, apathy, irritation, irritability, short temper), behavior (e.g., withdrawal, avoiding contact, crying, aggression, self-aggression, impulsivity, risky behavior), appearance (e.g., neglect of personal hygiene, loss of interest in appearance), school activities (e.g., refusal to go to school, truancy, decreased

cognitive abilities, decline in achievements), sleep (e.g., insomnia, nightmares, frequent waking from sleep, daytime sleepiness), appetite (e.g., restricting, refusing to eat or overeating). Some changes in a teenager's functioning due to a mental crisis may be poorly noticeable or not disclosed to the outside. These include, for example, loss of interest in previously enjoyable activities, low energy levels, and suicidal thoughts or intentions.

The world of the inner experiences of a teenager in a mental crisis is full of chaos and suffering. The emotional area is dominated by emotions such as anxiety, fear, panic, and uncertainty. They are accompanied by a sense of loss, hopelessness, loneliness, lack of purpose, sometimes guilt, and emotional numbness. In some circumstances, when the perpetrator or perpetrators of the crisis are identified, the teenager may develop hatred and thoughts of revenge. Cognitive problems with concentration, decision-making, intrusive thoughts about a situation, increased vigilance, worry, and blaming oneself and others predominate. A teenager's body also responds to a mental crisis by producing functional symptoms, such as heart palpitations, chest pain, breathing problems, muscle tremors, muscle and joint pain, headaches and dizziness, abdominal pain, digestive issues, weakness, and fatigue. back pain, and excessive sweating.

> **Tips for adults on how to respond to emotional symptoms of a youth crisis:**
> o denial, refusal to accept information, minimizing the threat - provide clear, consistent information from several trusted sources;
> o uncertainty – convey the facts, identify the missing information, and explain how it will be obtained;
> o anxiety, fear, terror - accept, provide emotional support, accurately define the threat, but at the same time use messages that allow you to maintain hope;
> o hopelessness, helplessness - strengthen your proactive attitude, take actions to overcome the crisis, including symbolic ones (e.g., hanging a flag, donating blood), initiate situations conducive to receiving social support;
> o symptoms of anxiety and depression - encourage contact with a specialist (psychologist, psychiatrist), stay in contact with parents/guardians to monitor the teenager's mental condition.

Long-term consequences of critical life events

A critical life event is a sudden, extraordinary, and unexpected event that challenges a person's adaptive abilities and triggers a strong emotional reaction and the need to readjust one's actions to the demands of the environment. These types of events trigger a mental crisis and constitute a turning point in an individual's life. In the long term, they lead to one of three options: return to the pre-crisis level of functioning, mental and/or physical dysfunction, and psychological growth.

A return to the pre-crisis level of functioning is possible when an individual initiates effective remedial methods and overcomes the crisis independently or with the support of others. If this fails, the mental state becomes disorganized, and symptoms of mental disorders appear. The most common disorders include:

- adaptation disorders - characterized by low mood, anxiety, irritability, sometimes outbursts of anger, unreasonable or antisocial behavior, loss of motivation, limited ability to perform daily activities, insomnia,

- anxiety disorders – associated with constant feelings of nervousness, anxiety, helplessness, threat, difficulty concentrating, worrying, muscle tension, tremors, sweating, dizziness, rapid heartbeat,

- depressive disorders - manifested by low mood, constant feeling of depression, excessive pessimism, unjustified sense of guilt, loss of life energy,

- post-traumatic stress disorder - includes symptoms such as uncontrolled memories related to the event, nightmares, intrusions, i.e., the sudden appearance of mental images related to the event, avoidance of conversations, associations about the event, or places that remind them, social isolation, irritability, depressed mood, loss of interest, self-blame, hypervigilance, increased reactivity, trouble concentrating, sleep problems, physical and mental exhaustion

Other serious consequences of critical events and the accompanying mental crises include psychotic disorders (disorganized perception, thinking, speech and behavior, shallow emotions, and motivation), addiction to psychoactive substances (sedatives and hypnotics, drugs, alcohol), and somatization disorders (physical symptoms that any somatic disease cannot
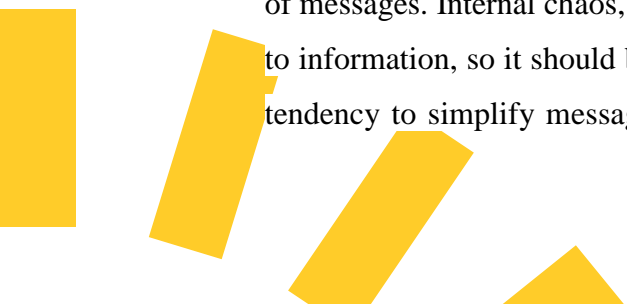
explain). Mental disorders and diseases not only worsen mental well-being, but they are also often a risk factor for social isolation or low socio-economic status. They also limit the ability to learn, acquire a profession, start a family, and develop individually. All disorders described above require specialized diagnosis and psychotherapeutic, often pharmacological, treatment. A person suffering from it also needs psychological support and living conditions conducive to recovery.

Effective coping with a mental crisis depends on many factors, both personal, social, environmental, and related to the critical event itself. It may result in post-crisis psychological growth, i.e., a better level of functioning than before the crisis. This is manifested, among others, in such aspects as increased self-awareness and mental maturity, increased mental resilience, higher self-esteem, better ability to cope with challenges, increased empathy and understanding for others, greater appreciation of life, sometimes the discovery of a new meaning of life, development of interpersonal relationships, strengthening a pro-health attitude.

<u>Help for teenagers in mental crisis.</u>

Crisis intervention is the most specific and comprehensive help for people in crisis. It is a series of interdisciplinary, professional, purposeful, and coordinated activities aimed at helping a person in crisis regain internal balance and a sense of agency and solve problems that are the consequences of a critical life event. It is crucial to rely on the resources available to the person in crisis, their social environment, and supporting people and institutions. Crisis intervention may include psychological, medical, legal, social, material, and organizational assistance. It has a phased nature, namely: stabilizing (emotional and mental state, satisfaction of basic life needs), informing (about the possibilities of specific actions, obtaining support), mobilizing (to survive the situation, taking remedial actions), normalizing (gradual return to normal mode of life).

People in crisis are characterized by an altered mental and emotional state, which affects, among other things, the ability to establish contact with others and process the content of messages. Internal chaos, mental agitation, and anxiety can be alleviated by constant access to information, so it should be provided to the person in crisis on an ongoing basis. There is a tendency to simplify messages because the person tends to receive the message selectively,

interpret it precisely, rely on thought patterns, and may have difficulties in logical thinking and decision-making. The tendency to stick to established thought patterns and existing beliefs increases. Changing them may be difficult, so referring to proven, reliable sources helps promote new solutions. Anxiety increases the need to seek information, which increases the risk of inconsistent or even false messages. This situation increases psychophysical tension, so relying on similar information from independent sources is helpful.

Psychological first aid is ad hoc support that should be used during or immediately after a critical life event. It can also be used by a teenager experiencing a mental crisis. It aims to preliminary stabilize the psyche and emotions, relieve mental tension, and increase the sense of psychological security. It can be provided by any person, regardless of their formal psychological competencies. Providing psychological first aid is often an introduction to subsequent, more specialized, and professional psychological or medical interventions.

> **Tips for communicating information to a teenager in a mental health crisis:**
> o information should be provided on an ongoing basis (as soon as possible)
> o information should be simple (specific, direct)
> o information should be reliable (refer to verified sources)
> o information should be consistent (confirmed by various sources)

Social support is help provided to a person in crisis by others, both those closest to them and those utterly unknown to them. It involves showing care, compassion, friendly accompaniment, keeping spirits up, providing necessary information, and selfless help in kind or by giving time or doing a favor. A teenager experiencing a crisis needs both social support from adults and peers. During this life, the sense of belonging to a group and acceptance is essential and supportive.

Psychotherapy is the conscious and purposeful use of psychological methods to improve the mental state and functioning of the person who uses it and to support the person in making specific, constructive changes in their life. A teenager may need psychotherapy if they have failed to cope constructively with the challenges of a mental crisis and have developed

symptoms of mental disorders, a mental illness has become apparent, or are struggling with mental trauma or difficult experiences from the past. Because psychotherapy is developmental, it can help a teenager overcome the crisis of adolescence.

SUPPORTING THE MENTAL WELL-BEING OF YOUNG PEOPLE IN THE REFUGEE CRISIS

Specificity of the refugee situation

Various aspects trigger peoples' reasons for leaving, such as wars, changes in political forces, economic difficulties, a lack of opportunities for education and development, exposure to violence, poverty, and persecution. At the same time, leaving own country as a refugee is also a situation of potential threat to life, exposure to danger, and lack of primary means of life. This poses a massive challenge to mental well-being, especially for young people who have not yet achieved sufficient maturity and mental resilience.

For example, due to their humanitarian character, collective shelters for refugees rarely offer inclusive, resource-oriented educational and psychological cooperation for refugees on site. Medical and physical care in the accommodation is clearly in the foreground. On the other hand, policies and programs focused on integration often do not take into account pluralism and diversity, promoting an assimilationist, monolingual agenda. This not only ignores the cultural and linguistic wealth present in refugee populations but also inadequately prepares them to succeed in their communities and does not address tensions that emerge related to cultural identity, gender, and social and immigration status. Refugees lack the necessary material and cultural skills to function fully and independently in the host society. Other problems faced by refugees include poor living life, racism and exclusion, tensions between the host population and refugees, issues with social isolation, and possible deportation. The inability to effectively communicate and navigate social relationships can also contribute to social exclusion, affecting an individual's mental well-being, socioeconomic opportunities, health, and general quality of life.

The most critical problems of young refugees

For young Ukrainian war refugees in Europe, social and cultural adaptation causes them to concentrate on the most urgent subsistence issues. They are currently immersed in the foreign language and culture environment. These people are learning or acquiring foreign languages, but this process further impoverishes their advanced abilities to understand and create complex meanings in the new social and cultural reality in which they find themselves. The problem is the symbolization of one's own experiences and the recreation of one's identity, which is necessary for socio-psychological integration. These people need pedagogical tools to effectively symbolize their situation in a culturally contextualized way. Low language competencies make it challenging to understand a culturally different reality. The school is often the first institution to identify and interact with the family's problem. This is the case even if the specific issue is, for example, related to mental health, domestic violence, or difficulties in accessing health care services.

The most critical problems of young people related to refugees are:

- questioning native culture and identity - leads to separation and reluctance to undertake integration efforts. Therefore, when discussing integration, we must know it will only succeed with culture. Culture tames and reinforces the process of enculturation, that is, the gradual growth of the individual into the culture of the surrounding society. This is the necessary, best, and most effective mechanism for the psychological adaptation of young male and female migrants to their new environment;
- exposition to various forms of prejudice-motivated violence or discrimination - many may also become victims of discrimination on grounds other than national or ethnic origin, such as race, religion, gender, level of ability, age, orientation, or economic status, leading to so-called multiple discrimination;
- cultural differences – refugees come from different countries and cultures and have their own beliefs about what is good and right. To open access to full integration for refugees, they need to be systematically provided with knowledge about the culture, history, laws, and norms of the host country in courses and workshops.

- poor mental health – mental health and well-being of refugee children and adolescents are primarily influenced by socio-economic deprivation, discrimination, racism, low family cohesion, and frequent changes in schools. Children separated from their parents have an increased risk of PTSD, depression, anxiety, suicidal thoughts, behavioral disorders, and substance abuse. All mental disorders require specific psychotherapeutic help;
- faster growing up - children exposed to stress, including because of the war, grow up faster. The effect is that changes in the brain during adolescence make learning more difficult in the future, it disturbs neuroplasticity, i.e., the brain's readiness to receive new information.

The integration versus adaptation

In supporting the mental well-being of young refugees, a helpful approach is to use tools based on the cultural integration model. Culture is a vital tool for integration and education: civic, cultural, and historical. Immigrants who participate in cultural life have the chance to have a deeper understanding of the context in which they live, cope better with social relations, and consequently function better psychologically. The cultural integration strategy of young immigrants is based on curiosity, trust, and the natural need to learn about a new cultural context. It requires flexibility and the creation of mechanisms to adapt to changing realities.

The integration model states that the interaction process between immigrants and the host society is bilateral. Both groups not only accept the common culture but also make their contributions to it. At the same time, as people from different civilizations learn from each other's various cultures, each individual or group retains a sense of cultural diversity and an awareness of its cultural heritage. Integration is a dynamic, gradual, long-term process that requires effort from all concerned. It takes place in three different but interrelated dimensions: psychological, economic, and socio-cultural. Integration implies the notion of interculturality, i.e., the interpenetration of diverse cultures rather than co-existing side by side without links or relations. However, integration does not mean unconditional acceptance of all norms and customs of migrants, the boundary in this regard is set by law, universal values and human rights. Host communities have the right to set boundaries, which are defined by social norms

and applicable law, but a condition for this is knowledge and understanding of the migrants' culture, as well as a willingness to dialogue or negotiate certain norms and customs. In this context, civic education and introducing immigrants to the new culture in the early stages of integration is crucial. In the conditions of Central and Eastern European countries, the integration process is strongly linked to a relatively high level of cultural homogeneity, ethnic homogeneity and religious homogeneity.

On the other hand, the strategy of assimilation too often implies the loss of cultural identity and identification and the unconditional adoption of the patterns and norms of the host community, often resulting in radicalization and separation of migrants.

Tips how to support a teenager in a refugee crisis:
o consider the principle of equality and equal opportunities to the level available to residents of the local community
o make the language courses of the hosting country as widespread and accessible as possible for both schoolchildren and their parents
o eliminate factors causing stress in teenager, e.g., sirens; overstress in parents (it can cause discomfort, but also domestic violence)
o make kids 14+ being in school a resource rather than an added stress
o try to support teenagers first and then teach them

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