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Maintaining Psychosocial Well- Being among Children aged 13 to 16

ArctiChildren InNet Project

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ABSTRACT OF THESIS

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Children are the future of our society, and children at the ages of 13 to 16 are especially vulnerable to factors that may be detrimental to their psychosocial well-being. The purpose of this thesis is to find out what children aged 13 to 16 express their psychosocial well-being as. Psychosocial is one part of the general well-being of an individual and it is the duty of everybody in the community to promote the well-being of children aged 13 to 16, including their psychosocial well-being. The aim of this thesis is to provide evidence to support the need that children need help in maintaining their psychosocial well-being and how we, as citizens, may be able to help promote their psychosocial and eventually general well-being.

The theoretical background of this thesis is constructed around the growth and developmental factors, parenting and family environments, social and community environments and the maintenance and promotion of the psychosocial well-being of the child. This thesis has been conducted as part of the ArctiChildren InNet project (2012-2014) and the goal of the authors is to make this material available to school

staff, parents, peers and health care professionals as well as community members so as to learn and understand how to promote the psychosocial well-being of children aged 13 to 16. This material could also be used to help build the Chat Simulation being built by the project to help improve eHealth portals and channels.

The research method used in this study is narrative literature review. This study critically analyses 8 research article and forms conclusions based on the information gleaned from these articles. These are then used to support the claims of the authors.

The articles and materials used and reviewed in this thesis were collected from reputable and reliable databases, e-journals and reputed books. The results of the narrative review of this study shows that children understand their psychosocial well-being as being maintained by resilience, good interpersonal relationships and secondary factors like good social cohesion, economic factors, identifying and respecting the cultural identity, changing the school systems to cater to the more modern needs of students, improved quality of life, physical health, improved interventions and reduced limitations to daily living. These factors seem to be the components that make up and maintain psychosocial well-being in children aged 13 to 16.

Key words: psychosocial well-being, children aged 13 to 16, environment, maintaining

CONTENTS

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DEDICATION

This thesis is dedicated to the Almighty Lord for providing us with a marvelous opportunity to study in Finland in the Lapland University of Applied Sciences and for always blessing us with His Grace.

We also dedicate this thesis to our respective parents and their limitless love. They have always done their utmost for us and we truly would be lost without their support, encourage and the occasional scolding.

1. **INTRODUCTION**

Children are the progress and the reflection of our future. This makes the well-being of children everyone's responsibility, beginning from the immediate individual all the way to the global community. (Child Health, WHO, updated 2014) A lot has been researched and written about the mental illnesses and their effects among children and young adults. This study aims to talk about the psychosocial well-being of among children aged 13 to 16 years of age.

Health is the perfect psychological state. To maintain a good state of mind is to maintain health. (WHO HBSC 2009/2010) The concept of health is very wide and broad and is usually divided into subcategories for better research, management and education purposes. Psychosocial health falls under the general umbrella of mental health, along with emotional well-being and social well-being. (Jané-Llopis et al, 2008)

"Adolescence is the age of opportunity," to address the challenges against health inequalities. (HSBC, 2009/2010) Adolescence is also, incidentally the age frame whereby teenagers and especially teenagers aged13 to 16 are extremely vulnerable. This is because children aged 13 to 16 face the socioeconomic, biologic and environmental factors the hardest. They are especially vulnerable to these factors, which can drastically impact their mental health well-being. (WHO, updated 2014)

In addition to the socioeconomic, biologic and environmental factors, there are psychosocial and personality factors that impact the mental health of an individual. These also make children aged 13 to 16 more vulnerable, as shall be discussed later on in this thesis. Another reason why the age group of 13 to 16 was chosen by the researchers is because WHO HBSC survey of 2009/2010 reports that there was a significant decline in the

prevalence and communication with parents and children aged 11 to 15. (p. 19 to 26) this is especially a sensitive situation because young adolescents are vulnerable to influence from family, peers and their environment. Reduce communication results in increased vulnerability among the children age 13 to 16.

"The children of today are the future of tomorrow" is a popular African saying which holds true as the children will then grow up to be the adults, leaders and elders of the future society. As mentioned earlier, maintaining the general health of the children impacts our future. Positive mental health is an up and coming topic among healthcare workers and among community leaders like governments. This is also why the WHO has drafted a Mental Health Action Plan 2013-2020 to promote positive mental health globally and hence improve the health of the future generations.

Positive mental health is a broad category underneath which fall emotional well-being, psychological well-being and social well-being. (Jané-Llopis et al, 2008) This thesis is aimed at maintaining psychosocial well-being among children aged 13 to 16. Maintaining means using ways and methods that help children aged 13 to 16 to ensure that their psychosocial well-being is not negatively impacted based on the circumstances and difficulties they face during their growth, development and character building years of 13 to 16.

The diagram below represents the researchers' interpretation of the research in relation to every key term and the research question. The child aged 13 to 16 is the main person in this study. This study researches about the psychosocial well-being in children aged 13 to 16. Resilience is a factor in maintaining psychological well-being. (Jané-Llopis et al, 2008) The child in relation to their resilience under the influence of the social and psychological factors and environments affects their psychological well-being. This is the general breakdown of psychosocial well-being in children aged 13 to 16.
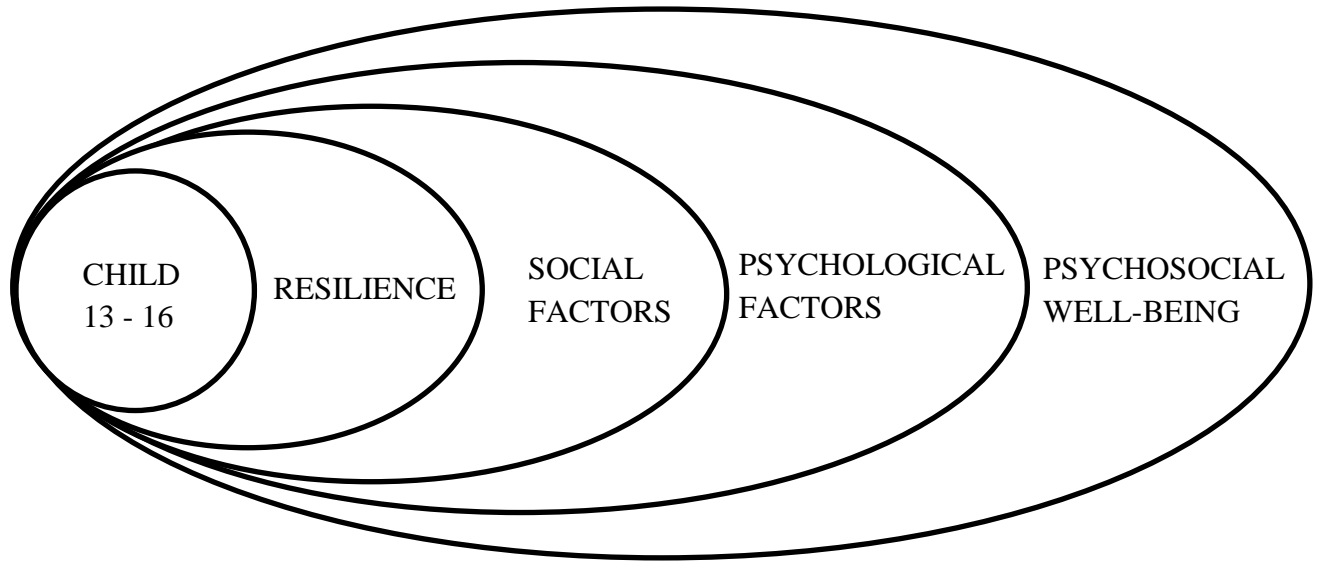
Figure 1 Our interpretation of the research and the study

2. The ArctiChildren InNet Project

This thesis is conducted with the ArctiChildren InNet Project. ArctiChildren project, which is coordinated by the Lapland University of Applied Sciences, it is also called ArtiChildren InNet (2012-2014). It is a progressive project which focuses on empowering e-health model in the Barents region.

The project will be based on the Cross-border ArctiChildren development and research activities implemented during 2002-2008 and its network with new partners. New empowering e-health and e-learning approaches will be utilized for example different culture in learning, physical activities and art in learning in the urban and rural schools. These will be developed together with teachers, pupils, parents, social and health care experts and the university/college network in the four countries of the Barents region. (ArctiChildren InNet.)

This project targets school aged children and young adults in the Barents region of the countries of Russia, Norway, Finland and Sweden. The theoretical content of this program is majorly based on empowerment, dialogue, caring, experiential and the theory of social pedagogy.

The main objective of ArctiChildren InNet project (2012-2014) is to construct cross-border training programs with the material from the studies conducted by the project and improve the common challenges of the schoolchildren's psychical, psychological, emotional, social and spiritual health and well-being, security and cultural identity through Information and Communication Technologies (ICT) applications in the Barents Region. The goal of the project is to develop an Empowering School e-Health Model by implementing new

approaches in every participating country. School e-Health approaches are developed in cross-border cooperation with schoolchildren, parents, teachers, social and health care experts and researchers in the ArtiChildren network.

The project has been written in the official language English and translated into Swedish, Finnish, Norwegian and Russian language. From the website, young people, parents and professional can discuss their problems which will be beneficial for them to improve their psychological social wellbeing. In addition, the project will hold the international conference entitled "New eHealth Approaches for School Children" on 11-13 November, 2014 at the Lapland University of Applied sciences. The conference will gather lectures, researchers, e-health and e-learning experts and students from the universities as practitioners and administrators involved in school children's health and well-being.

The results of this study will be used to develop the ArctiChildren InNet project (2012-2014) web pages and provide a portal where young school aged children can look up about psychological and social wellbeing, its promotion and maintenance and how the community is affected by the wellbeing of each and every individual. The previous studies undertaken by the ArctiChildren InNet project may also be used if seen relevant.

3. THEORITICAL FRAMEWORK

The theoretical framework below describes maintaining well-being in children aged 13-16, maintaining psychosocial well-being in children aged 13-16 and the importance of maintaining psychosocial well-being.

3.1 Puberty

Puberty itself is a large umbrella under which a lot of stressful issues are found. The changes in physical appearance introduce a new self-image and the satisfaction of this individual with a new image. Many young school aged children aged 13 to 16 constantly worry about their changing appearance and how others may see them as a result of these changes. While the rare ones may be satisfied with whatever changes they experience, a majority of the young school aged children aged 13 to 16 are unsure and hence confused and maybe even dissatisfied. Along with the physical changes come the hormonal changes. Although less apparent in males than in females, to some degree these hormones and their imbalances impact the lives of these young adults in one way or another. The hormonal imbalances are generally the ones causing the physical growth and development of an individual and help sharpen the physical characteristics mapped in the genes. It is perhaps females who suffer more dramatic reactions as a result of these changes and may leave many of them confused and dumbfounded. Behavior in School-aged School aged children (HBSC) study, in Europe, on average, individuals become sexually active during adolescence. Although there is a decline in teenage pregnancies, the age of sexual initiation is reducing. The most common use of contraceptives is the condoms and the choice of contraceptive is either the individuals' own or it was a recommendation by a friend. (WHO 2009/2010)

3.2 Parenting and Caregiving

Many health promotion interventions focus on improving health by improving the environment of a community. An individual's social environment, including the social relationships an individual, environment can also have a profound impact on the quality of parenting, which in turn affects a child's health development and future. Inclusive social environments which provide support to parents have been shown to enhance parents' capacity to care for their school aged children aged 13 to 16 and in doing so promote better child health and development. They have also been shown to have a positive effect on the family system, and families who are well connected to networks of supportive individuals are better able to cope with factors which may negatively influence their health. (Fiese, B. 2006)

3.2.1 Parenting skills

A parent who encourages autonomy within the context of affective support and connectedness provide the best environment for development of socials skills, psychological, and so on. (Santrock 2004). Concept of parental upbringing determines their children's parenting style. Therefore, parents should first change their parenting ideas, and then create a relaxed environment for their children, to strengthen guidance and education in children's lives. Environment affects a child's character. School aged children who grow up in environment with good parenting skill usually feel happy and the level of well-being is higher than those bad or wrong parenting skill. Parents may also contribute to their children's health and development by improving their parenting skills. Parenting programs which teach parents to develop their children's emotional competence have reported positive results, and that the development of emotional competence in school aged children aged 13 to 16 improves their social behavior. School aged children aged 13 to 16 who are emotionally confident are more likely to interact with other school aged children aged 13 to 16 and displayed fewer negative emotions which might interrupt their social relationships

(Wentzel, K 1998). Positive pattern of adolescent and parent relationship are linked to adolescent development in many aspects. (Santrock 2011)

The social environment also influences the nature and quality of the social relationships in which parents and school aged children aged 13 to 16 engage, as the social environment largely determines who, how often and on what terms parents and school aged children aged 13 to 16 will interact socially. Developing and maintaining positive social relationships (for example characterized by trust, mutual satisfaction, respect, love and happiness) is fundamental to a good quality of life and psychological health (Wentzel, K 1998). Individuals who have good relationships develop a sense of belonging and receive support from other members of their social network which helps them to function normally from day to day and also to cope with stress and difficult times. Social relationships also provide opportunities for generating new ideas, discussing issues and concerns, sharing good news and obtaining social, economic and emotional support. However, some social relationships involve negative emotions and behaviors (e.g. lack of trust, envy, jealousy, breaking promises and violence) which may undermine an individual's wellbeing and life quality. (Crane, J 1991, 1232)

Living in a good social environment increases the likelihood that a child will develop positive social relationships. Social behavior and the ability to develop positive relationships with others were traditionally conceived as skills which would develop naturally. However, there is an increasing recognition that social behaviors are learned and that school aged children aged 13 to 16 must be taught pro-social behavior.

School aged children aged 13 to 16 learn from their social environment, for example by challenging the social behavior of their peers, and thus what they see in their day to day environment is likely to influence their social behavior. Social skills can also be actively taught, for example when a parent or teacher reinforces and encourages good behaviors, the probability of these behaviors occurring is enhanced. Teachers and parents may also

actively encourage school aged children aged 13 to 16 to apply social skills learnt in one social setting (for example the classroom) to other settings (for example home or the playground). (Wilkenfeld et al.2007)

Both the parents' and children's social relationships are increasingly regarded as important factors influencing the quality of parenting, which in turn is an important contributor to the child's overall development. The children aged 13 to 16 of parents who have strong and supportive social relationships are more likely to develop positive social relationships themselves and having positive and supportive social relationships and networks improves a child's development. In terms of parenting, social relationships of key importance include those between a child and their parents, but also a child and other peers and adults (for example teachers, other children's parents) and other children. Parental involvement with the parents of other children aged 13 to 16 creates trust and obligations, as well as community norms, which the parents set collectively for their children. This means that parents can collectively take responsibility for children's behavior, for example by providing discipline or advising if a child misbehaves. Relationships between parents and children aged 13 to 16 also affect a child's ability to develop social relationships in the community, because each family is a society as a unit. The basic communication set up when school aged children aged 13 to 16can communicate with their family members. One study reported that the school aged children aged 13 to 16of parents who had difficulty disciplining their school aged children aged 13 to 16and being affectionate towards them due to financial stress, received lower teacher ratings in terms of their social behavior compared to school aged children aged 13 to 16 whose parents did not experience these difficulties.

3.2.2 Caregiver

The psychosocial impact of care giving on adolescence has been documented and researched well, but there are few studies that have explored the effects of care giving on school aged children aged 13 to 16 and school aged children aged 13 to 16. Living with a parent affected by illness or disability is associated with moderate psychological distress and maladjustment in school aged children. Previous research on young care giving has been based largely on focus groups using qualitative data, identifying pertinent themes for further research and revealing the many ways in which care giving activities affect school aged children's development. For instance, Hayden (2007) reported that young care givers had greater difficulties with homework and school attendance compared with non-care giving peers. Box 1 outlines some of the effects of young care giving. In a seminal study designed a self-report inventory, the Young had a parent with a disability categorized as either physical (40 per cent), mental (35 per cent) or both (25 per cent) and were involved in the care of a parent for an average of 9.8 years (range two to 16 years).

3.3 Social environment

The social environment refers to an individual's physical surroundings, community resources and social relationships. The social relationship also refer to the social learning environment, student-teacher relationships, relations with school mates, group dynamics, bullying, cooperation between school and homes, decision-making in school and the atmosphere of the whole school organization. (Samdal, 1998).

3.3.1 Community environment

The availability of community resources refers to community structures and organizations, knowledge and support within the community. The extent to which resources are available in the community influences the health of individuals living. Living in a socio-economically deprived, underdeveloped community, has a negative impact on child development. Parents play a key role in educating their children. We believe that parents are first teacher in children´s all of life and parenting affect how the school aged children aged 7 to 16 behavior and affect the well-being of them. However, they also rely on resources within their community including teachers, doctors and other adults (e.g. community members, family, friends) to fulfill their parenting role. The degree of cohesion amongst members of the community (measured for example by the presence or absence of community organizations or community activism) influences the nature of these relationships. Communities characterized by high levels of cohesion, such as those with active community groups, provide good opportunities for individuals to become involved in and develop the resources in their community.

Factors relating to an individual's personal circumstances also affect the extent to which they are able to access resources within the community. For example, the length of time an individual has lived in a community influences the extent to which they engage with resources in the community, and residential stability increases an individual's sense of

belonging to a community and access to resources. A parent's work situation may also influence their access to community resources. For example, parents who are working fulltime or working long distances away from their home community may find it difficult to get involved in community organizations. Long distances can bring a lot of problems between school aged children aged 7 to 16and parents. Because school aged children 13 to 16 especially the school aged children aged 7 to 16need caregiver to supervise and urge them giving much care and love as a guideline. (Huntsinger, C& Jose, P 2009).

3.3.2 Physical environment

The physical surrounding of a social environment including housing, facilities for education, health care, employment and open space for recreation. The nature of physical surroundings can influence the quality of parenting and in turn affect the health and wellbeing of school aged children aged 13 to 16within that environment. An individual's physical surroundings markedly influence adolescents' health. Environments characterized by poor physical surroundings (for example lack of open space, lack of facilities and litter) are associated with poor health outcomes. For example, social environments characterized by quality, affordable housing are associated with reduced poverty and increased residential stability, both of which affect a child's health and the social relationships which they form. School aged children aged 13 to 16 who change neighborhoods frequently because their parents are forced to move to find affordable housing may find it difficult to develop supportive social relationships and are more likely to be absent from or under-perform at school. (Davison, K & Lawson, C 2006)

The availability of good quality educational facilities within an environment is also important. For example, attending early childhood education is associated with improved childhood development and individuals living in socio-economically marginalized communities are less likely to have access to early childhood education facilities, and are thus less likely to attend and experience the benefits of early childhood education. School aged children aged 13 to 16who do not attend early childhood education have also been

shown to be at greater risk of maltreatment during childhood. The school aged children aged 13 to 16 need the right environment to grow up and keep fit.

The availability of job opportunities within a neighborhood or community may also affect a child's development, by influencing their parents' work. Working locally means less travel time and associated stress. Work-related stress and time constraints have been shown to have negative effects on individuals and spill over into the family and affect relationships within it, including the quality of parent-child relationships. Working locally can improve parenting and relationships between parents and school aged children aged 13 to 16 and ultimately child health and development. There is also evidence that the availability of housing and employment within a neighborhood, affect levels of child maltreatment and school aged children aged 13 to 16 are less likely to be maltreated in communities where housing and employment are more readily available. (Harding, D 2003).

3.3.3 Family microenvironment

Family provides significant support to adolescents and family relationship is favorable for adolescent development. (Santrock 2011). The family is the first leg of a child's life, to create a good family environment for school aged children aged 13 to 16 is extremely important. To create an environment conducive to the growth and development of adolescent's microenvironment; the parents have to face the problems.

● Encourage child to positive interactions with peers

● do not give school aged children aged 13 to 16 mislabeling

● let school aged children aged 13 to 16 experience the diverse environment

● Respect the child, caution coercion

● Cautious child's "first"

● Help school aged children aged 13 to 16 out of the self-centered

● Parents verbal caution

● let the school aged children aged 13 to 16 experience the warmth and harmony

● do not give school aged children aged 13 to 16 to instill "fear"

To ensure the child's well-being, we must let them have a way to get a happy personality capital. Therefore, parents should be protected and maintained good nature innocent child support and train him on the basis of social adaptation of excellent quality.

● cultivate school aged children aged 13 to 16good habits

● cultivate children's interest

● develop the child's sense of right and wrong

● Let the school aged children aged 13 to 16 sense of security

● Parents are their adolescents' original ideals

● How to cultivate children's creativity

● learn to see through the phenomenon of nature

● How to cultivate children's "magnanimous"

● Child's self-confidence from the successful experience

● School aged children aged 13 to 16 to concentrate on the quality of training

● protect the child's "real me"

● "Open Door", the comprehensive development of children's intelligence

● let school aged children aged 13 to 16 learn self-reflection

● Guide school aged children aged 13 to 16 to establish the concept of equality

● let the school aged children aged 13 to 16 have the fear

● True happiness to adolescents

3.4 Child well being

Wellbeing is usually recognized as people's lives quality. It is a dynamical status which is improved when people can achieve their goals and social goals. It is comprehend both in addition to objective values, such as household income, educational resources and health state; and subjective measures such as happiness, perceives of life quality and life satisfaction. (Statham, J. & Chase, E., 2010.) No matter in the past or in the modern life, social-economic acts a decisive role in people's health.

Child wellbeing values the children's lives qualities, although there is no unique definition on the concept of child's wellbeing that emerges from the academic literature. (OECD, 2009.) In a recent literature research, Ben-Arieh and Frones (2007a) defined child wellbeing as "Child wellbeing includes quality of life in a broad concept. It is related to a child's economic conditions, peer relations, political rights, and development opportunities." Thus, child wellbeing is a multi-element in combination with psychological, social and physical wellbeing.

Maslow (1970), a psychologist constructed a hierarchy of motivation needs theory (Figure 2) which highlights the complexity of human needs and the basic physiological needs such as having a balanced diet and warm clothes supplement must be satisfied firstly before people can reach much higher level needs such as social contacts and self-esteem. So some researchers showed that if children fulfill all of the needs, they are more likely to behave ease and are much easier to exploring new experiences. Therefore, wellbeing, consists of healthy self-esteem experiencing, and have a feeling of self-content to devote positively. (Underdown, A 2006)

Figure 2. Maslow's hierarchy of needs

3.4.1 Child's psycho social well being

Child wellbeing usually is made up of physical, psychological, social and cognitive well-being. Psychological well-being means the mental and emotional status of individuals. Essentially it addresses how children think about themselves and their future and how they handle and cope with situations. Social well-being refers to how well a child is able to get along in the social ecology or in social relationships. It includes basic social skills, time use, and the ability to contact emotionally to people. (Moore, K. et al., 2011.)

Resilience is one portion in psychological wellbeing. (Jané-Llopis, E., 2008.) And over the several decades, many researchers focus on resilience study, especially in children and adolescents. Commonwealth of Australia (2005) pointed that the term resilience is utilized

in mental health to describe one person's capability to deal with changes and challenges from their own life, and to get through difficult situations. Child social wellbeing is related to the dimension to that child develops to their potential both physically and mentally. (Phillips, I 2012.)

3.4.2 Benefits of child good well being

Just as physical fitness helps our bodies to stay strong, mental fitness helps us to achieve and sustain a state of good mental health. Chances are, you are already taking steps to sustain your mental health, as well as your physical health – you just might not realize it. Nurturing our mental health can also help us combat or prevent the mental health problems. When we are mentally healthy, we enjoy our life and environment, and the people in it. We can be creative, learn, try new things, and take risks. We are better able to cope with difficult times in our personal and professional lives. For the school aged children aged 13 to 16 have the positive mental health is the basic physical situation and it can make difference. These are according to According to CMHA (2012).

One of the benefits is physical wellbeing maintaining. We've known for a long time about the benefits of exercise as a proactive way to enhance our physical condition; now, exercise is recognized as an essential element in building and maintaining mental fitness. So, if you already do exercise of some kind you're improving your physical and wellbeing. Physical activity is increasingly becoming part of the prescription for the treatment of depression and anxiety. Exercise does have a positive impact. Research has found that regular physical activity relieve pressure to maintain a relaxing mood, as well as exercise can reduce anxiety. Many studies have come to this conclusion. Children aged 13 to 16 who exercise report feeling less stressed or nervous. Even five minutes of aerobic exercise (exercise which requires oxygen, such as swimming and walking) can stimulate anti-anxiety effects to keep a positive wellbeing. And it doesn't need too much money. Exercising also can improve the way you perceive your physical condition, athletic abilities and body image. Enhanced self-esteem is another benefit. Exercise brings you into contact with other people

in a non-clinical, positive environment. For the length of your walk or workout or aqua-fit class, you engage with people who share your interest in that activity according to According to CMHA (2012).

Having a right eating is also important aspect for child to maintain wellbeing. Here's some food for thought – Implementing the appropriate nutritional choices can affect more than the fit of our clothes; it can have an impact on child's wellbeing.

We need pay more attention to the nutrition-mental health connection. What we put on our plates becomes the raw material for our brains to manufacture hormones and neurotransmitters – chemical substances that control our sleep, mood and behavior. If we shortchange the brain, we also shortchange our intellectual and emotional potential. And it is so important for these school aged children. Our diet also supplies the vitamins which our bodies cannot create, and which we need to help speed up the chemical processes that we need for survival and brain function. Mental health professionals point out that good eating habits are vital for people wanting to optimize the effectiveness of and cope with possible side effects of medications used to treat mental illnesses according to CMHA (2012).

Taking good control of stress is another benefit from wellbeing maintaining. Stress is a fact of life. No matter how much we might be eager for a stress-free existence, but it is certain that stress is necessary. It's important that child understand how to respond to stress so that can positively affect children's lives. Young school aged children aged 13 to 16 are faced with variety of pressures and challenges including growing academic expectations, changing social relationships with family and peers and the physical and emotional changes associated with maturation. These years mark a period of increased autonomy in which independent decision-making that may influence their health and health related behavior develops. (WHO, 2013.) Stress is defined as any change that we have to fit with. Adapting to life includes controlling well with difficult life events and also positive ones. For

example, getting a new job or going on vacation are certainly perceived to be happy affairs, but it also bring up to stress which children know or don't know once they set out; therefore, that requires some adaptation. There is relationship between wellbeing and stress. Learning to effectively cope with stress can ease children's bodies and our minds. That's because short episodes of stress trigger chemicals that improve their memories, increase energy levels and enhance alertness and productivity. Physically, it can contribute to migraines, ulcers, muscle tension and fatigue. Persistent stress also affects children emotionally and intellectually, and can cause anger, anxiety, fear and confusion. So maintaining wellbeing rightly can make good function on stress issues according to CMHA (2012).

3.4.3 Psychosocial wellbeing maintaining in Children Aged 13 to 16

Children aged 13 to 16 is a period of intense change, coming up at many levels-physical, psychological and social levels. Those changes can happen at some time or all the one time. The high level changes are usually produce various diversely challenges to children aged 13 to 16 and also their parents. If parents can understand and be ware well of the enormous changes that their children are experiencing, children can maintain their wellbeing.

3.4.4 Benefits of psychological wellbeing in children aged 13 to 16

A lot of researches have showed that resilience, autonomy and sense of mastery are the components of psychological wellbeing. (Jané-Llopis, E. 2008, 13).

- Promotes resilience

Although everyone is fronted with difficult times in life, resilient children have more possibilities to hold skills and coping strategies to achieve school success than others. According to Commonwealth of Australia (2005) Due to their skills and abilities, as well as

friendship and other resources, resilient children behave more positively to deal with their personal problems and other difficult issues to get better academic outcomes and personal development. Psychological well-being helps them bounce back from life's difficulties by enhancing protective factors, reducing inequities and ameliorating risk factors for poor mental health.

- Enhances capacity to take control of life and health

Psychological wellbeing can help them take charge of circumstances that affect their mental health, and participate in decisions about their life and health. Commonwealth of Australia (2005) mentioned that, it can enhance their abilities to adapt into society and positive mental health state children aged 13 to 16. And also it can guide them to build appropriate life values which affect them all the times.

3.4.5 Benefits of social wellbeing in children aged 13 to 16

For social wellbeing, it mainly focused on such like interpersonal relationships and citizenship. (Jané-Llopis, E. 2008, 13). Interpersonal relationships mean close relationships. And a lot of researchers have found that an interpersonal relationship is an association between two or more people that may range from fleeting to enduring. (Boutinma, 2010.)

- Better academic achievement

School is a social place and interacting with school friend or classmates are becoming increasingly important for children aged 13 to 16. Some researchers have found that the close connection with positive friendship between academic achievement. They found that positive peer or friendship in school can promote to get better academic achievement. On the contrary, students with lower achievements are bulled with others at school. (Ormrod, J.

E. 2010.) Additional, the importance of positive friendship is growing according to HBSC study (2009/2010, 41).

- More likely to be healthy

According to the HBSC study (2009/2010, 19) , we found that the significance of parental roles played are very important. Appropriate communication with parents is a good way to cope with stress, anxiety, and other negative emotion. It is no doubt that school aged children aged 13 to 16 are faced with variety of pressures and challenges including growing academic expectations, the physical and emotional changes associated with maturation; consequently, positive interpersonal relationship with others can boost the health state including physical, mental and social health completely. (Boutinma, 2010.)

Citizenship also means the relationship with the community in which one is a member. We know that contribute to community is one of the key components about mental health. A good citizenship should have a feeling of compassion to others, proper understanding of honest and fair, show respect to others and maintain self-respect, have a strong sense of responsibility and make good judgments on something. Our children are taught everything by parents, teachers, schools and other communities or groups, and they must be guided through models and guidance to act responsibility and make right choices in life.

- Enables them to make a contribution to the world they live in.
- Strengthen of self-confidence.
- Preparing well for them to enter into adult world in future.

(Washington, D.C.: U.S. Dept. of Education, 2005.)

4. RESEARCH METHODS

The researchers will review and criticize the relevant information based on the articles that have been selected to answer the research question. This is a systematic process of examining the worth and credibility of information of the material used to answer the research question. (Aveyard, H 2010, 17.)

The research method used will be literature review. Literature review is an evaluation of research published till date on specific topic for various purposes like justify a research support a proposal for research, provide an overview on a topic drawing a attention for further needs of research and in some cases as the thesis like this paper. It can be exploratory, descriptive, or evaluative according to the target question. It can be a part of research proposal, a section in a completed research study report, and can also be a part of journal article where it is sometimes called introduction. A literature review is a critical and profound method of research which focuses on a specific topic. It is the summary and synopsis of a particular area of research once published for various purpose like establish a theoretical framework for the topic, state topic as an academic critical article, identify studies, models, case studies to support research and declare own review to enable the readers have an accurate understanding. (Moule & Goodman 2009, 138.)

There are two types of literature review: one is systematic literature review and the other is narrative literature review. Narrative literature review try to provide an overview in wide range of issues within a topic and the research question is descriptive; however, systematic literature review provides clear information focusing on a single specific question. Our research question is "what is psychological and social wellbeing among children aged 13-16?" The aim is to collect information that stress the different factors that are essential in

maintaining psychological and social wellbeing among children aged 13-16. (Moule & Goodman 2009, 13.)

Literature review chiefly handles three things: summarizing, critical appraisal, and synthesis. When the articles are summarized, they are critically appraised and synthesized. Critical appraisal is an important assessing measure of a literature review for producing and it attends to find out answers on our thesis question. Synthesizing is also can be identified the highlighted issues and it can show how the literatures are connected to authors own work. (Massey University 2012.)

This study seeks to provide the reader with clear knowledge on how we undertook this research, and therefore stating a comprehensive and systematic approach to our material makes literature review the best research method available for us. The different sections of this research shall be clearly marked and stated where necessary and it was during our search for the appropriate research method that we were able to polish up our research question and helped us learn more about the topic and the research question.

Our research was conducted using research articles from the vast e-library of the Lapland University of Applied Sciences and our e-resources. There were reputed databases such as PubMed, Cochrane, ebrary, Elsevier Direct and Melinda that were used to help us find relevant articles for our study. These databases are highly respected and approved by the academic system and therefore we relied on them to help us glean our data.

Because of the sensitive nature of the topic of psychosocial well-being and the fact that there are strict rules and regulations in Finland regarding interviewing children and talking to them about their positive mental health and personal factors that may affect them, we were unwilling to talk to children aged 13 to 16 at volunteer schools and talk to them about these sensitive issues. Also, Finnish being the main language spoken here in Finland, we did not think our competence of the Finnish language enabled us to speak to the vulnerable

children in their language as there could have been a possibility of misinterpretation and thus inaccurate results. Qualitative research method was not the option available to us. We were also hesitant to speak to the children aged 13 to 16 in a foreign language, such as English, as we did not feel it would have helped the children remain calm and not feel threatened during the interviews. It is the general opinion of our own experiences that it becomes a bit difficult to communicate in a foreign language in times of stress or when you feel that what you are doing may not be the right thing to do.

Sending out questionnaires was another research method we considered but once again we came up with the language barrier and felt that though we may be able to translate the questions, require appropriate permissions from authorities, school board, parents and students themselves, that the meaning could be lost in the translations. Also the topic of mental and social well-being combined as an entity of psychosocial well-being requires open ended questions and we were unsure of the reliability of the data gleaned. We also felt that the "written proof" of the answers to the questionnaires may be interpreted as negatively and seen to be incriminating by the respondents of the questionnaires, despite our assurances to the contrary.

Therefore, literature review was our ideal method of research. We searched for 8 research articles and critically analyzed them and based the conclusions of our research on the critical appraisal of those 8 articles by professionals in the health care field and persons with inordinate amounts of qualifications and experiences.

5. AIM, PURPOSE AND MOTIVATION OF THE THESIS

This research is being conducted with the **aim** of identifying the psychosocial well-being among children aged 13 to 16. We intend to gather information about what is the psychosocial well-being of children aged 13 to 16 and to find out the best ways that they cope with their psychosocial well-being. Children today are exposed to a number of challenges and if not handled appropriately, these challenges may lead to changes in their psychosocial well-being. We aim to explore more about how children rate their own psychosocial well-being and how they handle and/or manage it.

This is also in keeping with our research question of:

What is psychosocial well-being among children aged 13 to 16?

The **purpose** of this Bachelor's thesis is to gain information about the psychosocial well-being in children aged 13 to 16 and learn the ways and methods they use to maintain their psychosocial well-being. Then the results from this study can be used to build the eHealth portals of the ArtiChildren InNet website. Care is not just about treating a sickness but also about preventing it and promoting well-being. In recognizing the triggers that may eventually lead to psychosocial challenges among children aged 13 to 16, we hope that identification will be easier and also when we know the root of the problem, we may be able to develop strategies and methods that will prevent these incidents from occurring in the first place. This is why the eHealth portal is such an asset to the future generations of the Barents's region.

Generally speaking, we want to utilize opportunities provided by the world to realize adolescents' psychological well-being in our own positions. And that is our **motivation** to do the research. Coming from different backgrounds with different challenges to a new environment of North Europe with its own challenges, we wish to discover more about and help promote the psychosocial health in our host country and her neighbors. This study will also help us understand our new environment better and we hope that we can be able to give a little back for the lot we have been given.

From firsthand experience we know that with so many negative influences readily available in present day living, not being psychosocially affected by the negativity can be extremely difficult. All of us go through some kind of challenges during our growth that either make us or break us. Some of us may find the light at the end of tunnel after all but others may be forever blinded by the darkness of the tunnel itself.

It is our desire to help provide crucial information such as about psychosocial well-being among children of the vulnerable age period of 13 to 16 years and thus help promote their psychosocial well-being and as a whole, their total well-being.

6. IMPLEMENTATION OF THE RESEARCH

Gash, (2000) says in Moule & Goodman (2009) that the purpose of a literature review is to find the "most relevant" practice related to the topic of the research. A narrative review is aimed at convincing the reader that the study is necessary and that it represents the next step in acquiring the knowledge for the topic. Therefore, relevant findings, with comments as seen appropriate on the methods used and the strengths and limitations of the work, along with the findings shall be discussed. A narrative review does not provide databases neither does it employ the use of methodological processes in conducting the research. It also depends on the selection of sources. (Moule & Goodman, 2009, 146)

This thesis is being conducted as a narrative literature review because it provides an overview of psychosocial well-being in children aged 13 to 16. It aims at bringing attention to the various challenges faced by the vulnerable children aged 13 to 16 and to help apply this knowledge for the progress of the future generations. This study also demands that we take the psychosocial well-being of children aged 13 to 16 more seriously than we do and help, as a society, to improve the psychosocial well-being of children aged 13 to 16. This is largely because WHO states that well-being is everybody's duty. We all make an impact in how we react to the challenges we recognize and more often than no, don't recognize.

The selected articles will be evaluated using the qualitative approach. The selection of articles was a tremendous task as we had to read and go through hundreds of articles in an attempt to find those that were most relevant to our study and that fit the research question. Because this thesis is based on the validity and the relevance of the articles selected, it therefore becomes very crucial that we read, understand and assimilate the information in the articles before we decide to use them in our thesis. Therefore, the concluding points of the review go back to the purpose and focus of the literature review.

The material has been taken from reliable networks, portals and databases, largely offered by our Lapland University of Applied Sciences. The material should, however, be reliable in relation to the study and is based on the research works of other authors because the research method is literature review. The theoretical data can be aimed from reputed books, capers in edited books, organization's websites, like the World Health Organization (WHO) website in this study, dissertations of PhD and researches reviewed by international e-journals, library databases and reports such as the HBSC (Health Behavior in School- Aged Children) reports used in this thesis. (Moule & Goodman, 2009)

Narrative literature review has no clear method of analyzing data but includes summaries and critical analyses. (Moule & Goodman, 2009) This research is a narrative literature review study and therefore eight (8) articles selected to help answer our research question were selected and critically analyzed. These analyses will form the basis for our conclusion and help us answer the research question.

The analysis and the tabular summary of the articles are part of the critical review that is done to help answer the research question. These articles were searched using PubMed, Ebsco, Elsevier Direct and Melinda databases. The inclusion criteria for the search were key terms of "children aged 13 to 16", "psychosocial well-being", "environment" and "maintaining". These articles were research articles that conducted researches with schools, parents, peers and children themselves. The inclusion of all aspects of a child of ages 13 to 16 includes roles of parents, peers, teachers and personal factors and that is why these articles were particularly selected to answer the research question.

7. ANALYSIS AND SUMMARY OF MATERIALS

Research I - The research was done in Magill, South Australia, Australia by Johnson, B. (2008). In this research the author proposes that the promotion of resilience in children and adolescents is seen as a valuable and effective means of addressing increasingly chronic psychosocial problems in students in industrialized nations; that most classroom teachers do to nurture and promote their students' resilience at school in local activities and relationships.

Data was collected from interview and videotape. The interviews were concentrated on teachers and students, teaching and learning, school and community. Key interviews questions were:

- What important things have happened to you in your life?
- Who are the important people in your life at the moment?
- How do you like to spend your time?
- What do you like about your life?
- Are there things that have happened in your life that you wish hadn't happened?
- What are you proud of in your life?
- Have you some plans for the future?
- What may help or hinder you in achieving those plans?
- What advice would you give other kids about life?

(Johnson, B 2008)

Research II - The research was done by Løhre, A. et al. (2010) in Møre and Romsdal County, Norway. The research suggests that school wellbeing is associated with factors that are assumed to promote wellbeing and for both genders. The factors relevant for lessons may be more important than the factors related to recess. Data was collected using a questionnaire. Questionnaires were focused on school nurses, teachers, and principals. In this cross-sectional study among school children, high scores on variables that are assumed to promote school wellbeing were associated with higher degree of wellbeing in school. The data collection of the present study was administered by school nurses and headmasters. (Løhre, A. et al. 2010)

Research III-The research was done by Spratt, J. et al. (2006) in Scotland, UK. This research examines the ways in which the school environment may affect the well-being of pupils and their associated behavior. The study highlights tensions between the school structures that exist and the promotion of positive mental health, especially in regard to the curriculum, pastoral care, relationships between students and teachers and discipline. Usually, schools attempt to address psychosocial well-being by drilling fragmented initiatives onto an existing system. This study argues that schools require fundamentally stronger reviews of their values, policies and practices in their systems. This study also researches the roles of interpersonal relationships not just with teachers and club leaders but also with support staff. The students expressed greater trust in teachers and staff members who went down to more of the "students' level" than those who kept a list of rules and regulations between them as a barrier to better interpersonal relationships.

Research IV-The research was done in the UK by Stallard, P et al. (2013) based on depression prevention programmes which can improve children and adolescents resilience. In this research they use randomized controlled trials which demonstrated that effective psychological interventions are available for the treatment of depression in adolescents. Prevention programmes focus on either universal (provide to whole populations regardless of risk status) or target (e.g. provide to those at increased of risk of developing depression). The aim of this study was to examine the feasibility and acceptability of delivering and evaluating a depression prevention programme for adolescents.

Research V- The research was done by in Halifax, Canada by Ungar, M et al. (2014). The research is a scoping review of programs targeting middle school students suggests that resilience is seldom the result of interventions within schools alone, or any other single system that provides services to students. The research based on a scoping review of outcomes from 36 interventions. The authors highlight that the successful programs can affect the resilience of students. They also point out that schools have the potential to influence the positively children´s bio-psychosocial growth and development. They use the articles, books, and reports to investigate the potential for school-based interventions to protect and promote children´s wellbeing. In order to find out the important factors associated with resilience, the authors examined educational programming (beyond the basic pedagogical practices in classrooms). These capacities include: improvement in the size and quality of a child's relationships; the development of a more powerful and positive identity; experiences of efficacy and an internal locus of control; better and just treatment by others; improved access to material resources like quality food, clothing, shelter, and educational supports; social cohesion and a sense of belonging or spirituality; and cultural adherence and continuity in identification with others from the child´s ethno racial group.

Research VI- The research was done by Ellis, M et al. (2013) in UK. The researchers try to analyse the levels of engagement about parents and children in an evidence-based preventive intervention for children. The researchers longitudinally assessed parent and child levels of engagement in an evidence-based preventive intervention for children. The sample included 114 fifth graders with aggressive, disruptive behaviours and their parents who participated in the Coping Power Program. Findings indicate that levels of engagement differentially fluctuated for children and parents throughout the course of the intervention. Results also suggest that child levels of engagement early in the course of the program influenced parent mid-intervention levels of engagement. The researchers have identified a number of factors known to influence both parental involvement and children´ engagement and they also explore family environment factors throughout the course of family-based prevention programs (Chu & Kendall, 2009).

Research VII-The seventh review was done in England by Allen, M (2014). This review was commissioned by Public Health England (PHE) written by the Institute of Health Equity (IHE). It is a summary of detailed evidence review. In this review author believe that schools have an important opportunity to promote and increase the resilience of the pupils they teach, their families, and the wider community. This briefing is based on a longer evidence review which provides more detailed analysis, references and case studies. Successful approaches for building resilience in schools tend to increase protective factors, decrease risk factors or both, in individuals, families, or communities which can improve the resilience. Support, love and positive relationships with others are essential for building resilience in children.

Research VIII- The report was done by Friedli, L (2009) in England. This report explores

the wealth of evidence that mental health influences a very wide range of outcomes for individuals and communities. These include healthier lifestyles; better physical health; improved recovery from illness; fewer limitations in daily living; higher educational attainment; greater productivity, employment and earnings; better relationships with adults and with children; more social cohesion and engagement and improved quality of life. In this report the author stress that improving mental health is a worthwhile goal in itself: most people value a sense of emotional and social wellbeing; in addition, good mental health has many other far reaching benefits. This report highlights the importance of policies and programmes to support improved mental health for the whole population. The report recommends that the heart of questions concerning 'mental health impact' is the need to protect or recreate opportunities for communities to remain or become connected. This report highlight that the connection among mental health and resilience & inequalities. The report point out that:

- Mental health is fundamental to the future of the countries of Europe.
- Mental health is a fundamental element of the resilience, health assets, capabilities and positive adaptation that enable people both to cope with adversity and to reach their full potential and humanity.
- Mental health is also the key to understanding the impact of inequalities on health and other outcomes.

(Friedli, L 2009)

This report highlights the importance of policies and programmes to support improved mental health for the whole population. Health behaviour, low income and lifestyle protect health in the face of adversity and in the determinants of health, as distinct from the determinants of illness (Harrison et al 2004; Bartley et al forthcoming).

8. TABULAR SUMMARY OF THE ARTICLES

ARTICLES	STUDY	DATA SOURCES	METHOD	RESULTS
Article-I Teacher student relationships which promote resilience at school: a micro-level analysis of students' views Ebsco database	A major longitudinal study of child and adolescent resilience in South Australia and the Giddens' project.	Data was collected from an Australian longitudinal study begun in 1997 and completed in 2005. 55 9-12 year old children were identified who took part in a previous study in schools in Adelaide's disadvantaged northern suburbs. These children were selected using a screening device constructed during an earlier study and the children were interviewed each year for 5 years and then again 4 years later.	Over 130 randomly selected 9 12-year-old children and their 25 teachers about (a) what they think a 'tough life' is, (b) why 'some kids have a tough life but do O.K.' and (c) why 'some kids have a tough life but don't do O.K.' 2 (see Dryden et al , 1998).	The promotion of resilience in children and adolescents is a valuable and effective means of addressing increasingly chronic psychosocial problems in students.

| Article-II School wellbeing among children in grades 1 – 10

Ebsco database	A cross-sectional population Study of school children.	This study is based on a convenience sample of children from five schools in Møre and Romsdal County, Norway, who participated in a project that was organized by the schools. 183 children completed the questionnaires.	Children from five schools, 230 boys and 189 girls in grades 1-10, responded to the same set of questions. The researchers used proportional odds logistic regression to assess the associations of promoting and restraining factors with school wellbeing.	In a multivariable analysis, degree of school wellbeing in boys was strongly and positively related to enjoying school work (odds ratio, 3.84, 95% CI 2.38 to 6.22) and receiving necessary help (odds ratio, 3.55, 95% CI 2.17 to 5.80) from teachers. In girls, being bothered during lessons was strongly and negatively associated with school wellbeing (odds ratio, 0.43, 95% CI 0.22 to 0.85).

| Article-III 'Part of who we are as a School Should Include Responsibility for Well-Being': Links between the school environment, Mental Health and Behavior

The Authors Journal compilation (2006) 14-24

Ebsco database	The study was conducted in 2 phases. In phase 1, 66 individuals from local authorities, health boards and voluntary sector organizations across Scotland were interviewed. Then 6 examples of innovative practice were selected for intensive case study.	The sources of the data were the teachers, persons from the health boards, parents, pupils and volunteers workers who participated in this study. These individuals were from all across Scotland.	The data for this study was gained using the interview and observation methods. There were one-to-one interviews conducted with professionals and group interviews with pupils, with parents involved in two of each setting.	Thorough reviews of school structures are required to identify the challenges between accepted policy and practice and pupil well-being. Teachers should integrate the use of appropriate services not only as a source of advice, consultation and professional development but also partners in working towards the general mental well-being of pupils. This would also be complimentary to the academic

Article-IV Preventing depression and promoting resilience: feasibility study of a school-based cognitive-behavioural intervention The British Journal of Psychiatry (2013) 202,18-23 Ebsco database	A three-arm pilot study was conducted in one UK secondary school. (school-based studies)	The data were collected from the Short Mood and Feelings Questionnaire (SMFQ).	Randomised controlled trial used to evaluating the effectiveness of a school-based depression programme.	Delivering and undertaking methodologically robust evaluations of universal school-based depression programme is feasible.

Article-V	Based on a scoping review of outcomes from 36 interventions.	Data collected from literature, the published journal articles and books.	The author conducted a purposeful search of the literature (a scoping review) using a number of search terms to sort published journal articles and books that had been indexed as well as identify non-academic reports on programs that had been described online. In order to identify examples of programs they also use Google Scholar and Google.	The most oft-studied factor is the way students, especially at-risk students, interact with their teachers and how that relationship fosters resilience.
School-Based Interventions to Enhance the Resilience of Students				
Journal of Educational and Development Psychology 2014; Vol. 4(1),p66-83				
Ebsco database				

Article-VI Predictors of Engagement in a School-Based Family Preventive Intervention for Youth Experiencing Behavioral Difficulties Prev Sci. Author manuscript 2013, 14(5),457-467 Ebsco database	Hill´s (2005) and the Coping Power program (manualized cognitive behavioral preventive intervention for youth at-risk for behavior problems).	Data were collected by the sample included 114 fifth graders with aggressive, disruptive behaviors and their parents who participated in the Coping Power Program. The authors used an autoregressive cross-lag model to deal with the data.	A total of 114 aggressive fifth grade boys (68%) and girls (32%) attending one of seven elementary schools were identified as at-risk for delinquent behaviour and participated in the Coping Power intervention.	Findings indicate that levels of engagement differentially fluctuated for children and parents throughout the course of the intervention and the results also suggest that child levels of engagement early in the course of the program influenced parent mid-intervention levels of engagement by the influence of family environment.

Article-VII Building children and young people´s resilience in schools Health equity briefing 2: September 2014 Ebsco database	The programme which called Building emotional resilience in schools in Denny, Scotland and the Marmot Review.	It is a summary of detailed evidence review.	The pilot was funded by the Scottish Government, Falkirk Council and HeadsUpScotland, and was delivered by YoungMinds and a group of eight schools in Denny.	Resilience and vulnerability are not individual personality characteristics, but are closely related to socio-economic factors. Schools have an opportunity to build resilience, and research literature, alongside established programmes and interventions, can suggest possible strategies and provide information on what works.

| Article-VIII

Mental health, resilience and inequalities

WHO (2009)	World Health Organization 2009	53 Member States of the WHO European Region	Summarize the mental health, resilience and inequalities.	Mental health is a fundamental element of the resilience, health assets, capabilities and positive adaptation that enable people to cope, to flourish and to experience good health and social outcomes.

9. RESULTS AND CONCLUSIONS

Once the 8 articles had been critically reviewed and analyzed, some major themes became apparent. According to Johnson, B (2008), resilience in children is used by the children to address psychosocial problems. This study states that the resilience in children helps them overcome difficulties and challenges that affect their psychosocial well-being. Therefore, psychosocial well-being is a larger part of resilience.

Stallard et al (2013) state in their research that depression prevention is linked to increased resilience. Resilience, once again promotes psychosocial well-being in helping prevent depression among children aged 13 to 16. This therapy could be applied on a universal program that targets the whole population or on target groups; those that are at risk and need this therapy.

Allen, M (2014) in the evidence based summary conducted by Public Health England, argues that schools have the responsibility to promote and increase resilience in children, parents, family and the community as a whole. The author argues that these can be achieved by providing support, love and helping build positive relationships. Therefore, using love and support to increase resilience, children are able to better improve their psychosocial well-being.

Spratt, J (2006) states that the traditional school system is archaic and does not cater to the needs of the modern child. According to Spratt, a change in the working and basics of the school system is required that will help promote the student relationships with not only teachers but also with support staff, voluntary members of staff and health board professional. The improvements in these relationships promote psychosocial well-being among children. These relationships also give students a chance to improve academically as well as socially.

Ungar et al (2014) talk about resilience seldom being a result of interventions in schools. They state that improvements in growth and development, improved relationships, positive identity building, improvements in efficacy and challenges of internal loss of control, just and fair treatment, better access to material resources like food, shelter, warmth, support in educational factors, improved social cohesions, having a sense of belonging and spirituality, adherence to cultural practices and being identified as ethno racial groups also help build resilience in children aged 13 to 16 which then go on to improve their psychosocial well-being.

According to Ellis et al, (2013), parents and children need to engage in evidence based interventions that help develop trust and understanding between them. Those parents and children who engaged early into these interventions reported and increased opportunity for mid-interventions by parents. This suggests that these interventions develop and promote trust and understanding between the parents and children, thereby improving their interpersonal relationships which in turn promote psychosocial well-being among children aged 13 to 16.

In the research conducted by Friedli, L (2009), it is stated that a healthier lifestyle, improved physical health, fewer limitation of daily living, improved interpersonal relationships, better social cohesion and employment and economic factors, and the improved quality of life of the whole population is psychosocial well-being among children aged 13 to 16. This means that besides the key factors of relationships and resilience, there are other factors that are used to talk about and improve psychosocial well-being among children.

In the study conducted by Løhre, A. et al. (2010), associated with the factors are assumed to promote well-being and in both genders. These factors are usually more connected to factors affecting lessons than the factors affecting recess. This study therefore talks about

the lessons and how they are conducted as being more popular in promoting well-being than the factors that just affect recess. Better planning and implementation of lessons improves general well-being and hence the psychosocial well-being of children aged 13 to 16. These results are equally applicable to both genders.

From the articles above, we glean that interpersonal relationships with parents, peers and school staff are essential in the psychosocial well-being of children aged 13 to 16. Additional factors that affect the psychosocial well-being of children are economic factors, access to study aid, improved quality of life, changes in the archaic school systems, better social cohesion, involvement in intervention programs to develop and strengthen parent-child relationships, healthier lifestyle, cultural acceptance and recognition, improved physical health and the duty of the school to promote and improve resilience in children.

Resilience is a big part of psychosocial well-being among children aged 13 to 16. Johnson, (2008) states that schools should not only help build but also help promote and maintain resilience in children. This is largely accomplished by providing the children with a healthy social environment where in they can be heard, can be defended, can have access to teachers and counsellors, have improved teaching methods and where they are given a chance to be positive. Interpersonal relationships with staff are seen as a sure method of improving resilience among children aged 13 to 16.

In the study conducted by Spratt et al in 2006 in Scotland, resilience is a key feature of the school system. However, according to Spratt, the systems in schools are outdated and do not promote healthy relationships between students and staff and neither do they provide an environment where in children can develop and maintain their psychosocial well-being by improving their resilience. Having access to educational supports and being identified as an ethno racial group along with getting fair and just having proper access to material resources help build the psychosocial well-being of a child. The development of character relies on these key themes and it is essential to develop such an environment that helps

children develop a good personality along with great psychosocial well-being. (Ungar, M. et al 2014)

Ungar, M at al (2014) also state that resilience is seldom the result of interventions in schools but rather a number of factors that work towards promoting it. These factors include proper growth and development of the child, good nutrition, improved interpersonal relationships, a healthy identity, good efficacy and reduced internal loss of control, improved social cohesion and enhanced sense of community and belonging. All these factors work towards the promotion and development of resilience and psychosocial well-being as a result in children aged 13 to 16.

Adding to Ungar et al's list of factors that promote and build resilience, Allen (2014) states that support from parents peers and teachers, love form persons close to the child and improved positive relationships also help to build resilience. These factors are not exclusive to the school environment and incorporate the children, their families and their community as a whole. Friedli, L (2009) adds that a healthier lifestyle, improved physical health, fewer limitations in daily living, good economic factors and an improved quality of life are also essential in building and maintaining resilience among children aged 13 to 16.

With stress being a leading factor in depression, prevention of depression becomes a very important factor in maintaining psychosocial health. Therapy can be based on either universal programme, in which everybody receives it to prevent depression, or on target programs in which only individuals who are at risk or are already diagnosed with depression receive it. However, they main outcome of depression prevention therapy is improved resilience which in turn promotes psychosocial well-being. (Stallard, P. et al, 2013)

Enrolling in programs such as the evidence based preventive interactions between parents and children help engage the child and parents together. This helps improve familial cohesion, improves the relationship between the parent and child and helps them develop

trust for each other. Such programs have been successful and improve the interpersonal relationships among children with their parents. This helps promote the resilience of the child aged 13 to 16 and their psychosocial well-being as a whole.

In respect to the conclusion above, these factors fall under the three broad categories of environment: school environment, social environment and family environment. This once again hits home the fact that well-being and promotion are not the tasks of just those affected and health care workers but the duty of everyone. It makes us realize how intertwined these issues are and how they can affect the psychosocial well-being of children. This means that as a community, we need to work forward for the benefit of every citizen.

10. ETHICAL CONSIDERATIONS

During all times while conducting the research, ethical issues were always kept in the minds of the researchers. The information gleaned shall be valid based on the validity of the articles and the research material used by the researchers. The researchers ensured that they used relevant articles in relation to the study and that the study was conducted in the proper way. It was also the aim of the researchers to ensure that the information collected remains relevant and valid to the research questions and the nursing profession. Resnik (2011), describes ethics to be "a method, procedure or perspective" used in deciding how to act and for analyzing problems at hand.

The relevance of the articles was determined by the use of appropriate and authoritative key words and key terms. The source of the information and data collected also played a key part in the validity of the research which is why the researchers used the very reliable libraries offered by the Lapland University of Applied Sciences. Relevant inclusion and exclusion criteria was employed in the search for the articles and the researchers also paid particular attention to the researchers of the articles, their qualifications and their experiences in their respective professions. Using appropriate ethical values are important in promoting the aims of research. (Resnik, 2011)

To ensure the validity of the research, the articles and data collected were within the timeline of ten (10) years since the date of publication. This time frame will ensure that they data collected is very recent and thus more applicable than outdated information. This would also reduce errors brought about by using an old idea that may not be in practice today and/or relevant to the study. This will help promote values that are essential to collaborative work and ensure that the researchers can be held accountable for their results. (Resnik, 2011)

11. REVIEW OF RELIABILITY

Reliability of data is the consistency with which a tool calculates what it is indeed for. (Moule & Goodman, 2009) It is difficult to find a specific reliability in literature review as the information is obtained second hand therefore is to be criticized for its relevance and credibility. The research should be conducted without the researchers' personal opinions but with the opinions of the articles that have been selected for review. Using diversifies material is another way of ensuring reliability of the research.

All the articles used in this thesis are from reputed journals, books and academic databases. Although most of the articles employed similar methods of conducting their research, they were geographically located in different areas around the world to help provide reliability, diversity and a clearer picture of the psychosocial well-being of children aged 13 to 16. These researches had well detailed explanations of the concepts in use and the association of these concepts with the studies performed previously and the topic of psychosocial well-being among children aged 13 to 16.

These studies follow hypotheses based on previous researches and aim to explore more about the psychosocial well-being in children aged 13 to 16. Various methods, findings and analyses methods were employed to prove that the hypotheses were scientifically based and thus provide evidenced based results. We ensured the trustworthiness of this thesis by using the methods as per the methodology.

A senior lecturer in social sciences department and highly experience professional as a lecturer and a social worker along with another senior lecturer working in the health care department with decades of experience as a mental health nurse and a psychiatric studies lecturer were supervising us during the long and tedious process of writing this thesis. They are not only the best professionals to accurately guide us in our research about psychosocial

well-being in children aged 13 to 16 but are also members of the ArctiChildren InNet project (2012-2014) We believe that we have attained the absolute best guidance in relation to our topic, our research and the project in the name of these two thorough professionals and lend credibility and reliability to our research.

Mental health as an illness has been vastly researched and investigated. Positive metal health and psychosocial well-being, especially in the vulnerable age group of 13 to 16, has not been so well researched although the issue has gained a lot of media attention and popularity in the recent years. Therefore, finding material based on our topic, placed in the Barents region and in English language was difficult to find. We had to comb through databases of articles to find the appropriate articles and the data necessary. Narrative literature review as a method is usually not a preferred choice of method in terms of research studies and though this may be considered to impact the reliability of our research, we believe our references, articles and use of materials will that the end target of finding out about the psychosocial well-being in children aged 13 to 16 has been achieved. Now we need to work further with the results and findings.

12. RECOMMENDATIONS AND DISCUSSION

In our opinion, life is like a bunch of flowers, admirable; such as a cup of wine, intoxicating; such as a hope, exciting; such as dynamic, inspiring.

Despite the fact that there has been a lot of research done about mental illnesses, some significant research about psychosocial well-being in children aged 13 to 16 most countries have yet to put these plans and researches into action. A lot of models and study ideas have been built and criticized and many of them work but their application on a large national scale is always a challenge. However, with the WHO Mental Health Action Plan (2013-2020), we are hopeful that the implementation of the researches already carried shall be carried out.

With this thesis and the information gathered from it, we aim to provide the ArctiChildren InNet project with data and information that can be applied into their eHealth program. The project is currently working on a Chat Simulation program where children from the Barents region can log in and "consult" with a health care professional that is actually a human health care professional but accessible to the children in the "virtual" format. This helps promote honesty and reduces embarrassment that children often face when discussing personal issues with professionals.

It is not uncommon, from our own personal experiences of ages 13 to 16, to be embarrassed and/or ashamed to talk about intimate and personal issues with others, especially parents and peers. With this Chat Simulation program, the children have less chance to be embarrassed and get quality consultation at the same time. The anonymity factor works wonders for the child in this case and helps the health care professional carry out their tasks more efficiently.

The results from this research can also be used to make knowledge about this topic and psychosocial well-being accessible to children themselves easily, in simple terms and delivered to them the way teenagers like things best – via the internet! This information can also be used by professionals like school workers, parents and peers to know more and learn more and hence be more aware. "Knowledge is power," it has been rightly and aptly stated.

Growing up, we had our personal challenges, goals, targets and expectations to meet. Coming from a non- European background, we did not have the material, the guidance and the sources available to us as do the children of the Barents region. However, putting information in print for all to read is not the same as advising and guiding an individual to access it and hopefully apply it. Each time we came across a challenge, we had to find a way to adapt and overcome the challenge. We hope that with the research and information obtained from this thesis, overcoming a challenge, coping, adapting and maintaining their psychosocial well-being will be a more informed decision now for those who use these services.

We largely got involved in this project because we are fascinated by the mechanics of the Scandinavian countries, and by an extension, the Barents countries. We also had an opportunity to attend a seminar in Alta, Norway in October 2013, although only one of the researchers was able to make it to the seminar as the other experienced visa inconveniences. The seminar in Alta talked about using media as a tool in promoting the well-being of children in the Barents region.

Looking at this thesis from the nursing perspective, the material can be used to educate nurses, especially school nurses in context to the topic, to learn, recognize, identify and help when they notice key changes in the behavior of children aged 13 to 16. This study could also be used to utilize to help build healthier relationships, help the children to focus

on the end goal and not the stumbles that they may come across on the path to their goals. The information gleaned from this thesis could be used to form a baseline and build up on that for the knowledge of nursing professionals. An understanding of the children's view of their own psychosocial well-being may assist the nurse professional to be better prepared and have an insight into the thoughts and idea processes of the 13 to 16 year old. This information will make the nurse professional understand the child better and be able to better serve the needs of the child.

As stated earlier, this thesis was to have been a qualitative review but due to various reasons and limitations, we decided to settle on the narrative literature review method. We come from different countries and from different cultural and social environments. There were times when we had a difference of opinions. At others, we had problems with our schedules and could not really make time to sit together, discuss the articles, review them, follow up on the material collected, get a clearer view of the process and to talk out problems as they appeared. Although this process has not been easy, we must say that it has been a very enlightening experience and we feel that we have come across the process more enlightened and more ready to face the nursing profession. This was a challenge and the fact that we had no prior knowledge of the research method and a vague idea about the research method was a big obstacle in our efforts to complete this thesis. One thing we regret is that we did not use any Finnish material in our research. With the hectic pace and the demands of this thesis, we were mentally exhausted just by the thought of completing this thesis and therefore concentrated on material that was relatively easier to comprehend and analyze.

We as the researchers realize that we are neither the beginning nor the end of this study. A lot of research has been conducted about psychosocial well-being in children aged 13 to 16 of which we used the material to help answer our research question. There will continue to be more research conducted to help promote, maintain and globalize the psychosocial well-being of children. A large reason for this is the increased focus on the well-being of children, which includes psychosocial well-being.

It is our hope that there will be more research done on the largest factors of environment and interpersonal relationships, especially in Nordic countries where independence is so highly valued and employed that personal relationships remain at a bare minimum. Our personal backgrounds vary from the Nordic and the Barents background in terms of community development, good relationships with parents, peers and school staff as well as the expression of emotions and feelings.

To help employ this research and to build up on the information obtained, we suggest two research questions that can be used to ensure continued research. Progress is the way of modern life, and this is relevant also when we speak about researches. These suggested research questions are:

What is the ideal social environment to promote development among children aged 13 to 16?

What is the ideal family environment that promotes development among children aged 13 to 16?

We urge every citizen to take part in the promotion and maintenance of the psychosocial well-being of children by developing better relationships with them, improving our school systems, their resilience, quality of life, social and economic factors, cultural acceptance and recognition and educational support groups. Together, we can make a change. Together, we can improve and maintain the psychosocial well-being of children aged 13 to 16.

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