

**A REVIEW ON PROMOTING SUSTAINABLE WELL-BEING INTERVENTIONS
AMONG ADOLESCENTS**

Harshmeet Kaur

Department of Psychology, Panjab University, Chandigarh, Punjab, India.

Email: harshmeetkaur8@gmail.com

ABSTRACT

Achieving well-being is a highly prized goal for humanity. Owing to “The 2030 Agenda for Sustainable Development” initiatives around the country, a dramatic rise can be felt in ensuring and investing in physical and psychological well-being among adolescents. Adolescence is immensely crucial not just in terms of being a critical transitional phase but also in being the gateway to adulthood. Adolescents have to confront a number of novel physical, psychological and practical realities which predispose their vulnerable minds to distress, helplessness, emotional turmoil, sadness, aberrant mental conditions and lowered quality of life. The field of positive psychology brought a change of trend in psychology from studying the negatives to studying and promoting the positives in life. The paper discusses the challenges faced by adolescents and how can we prevent them.

INTRODUCTION

“Ensure healthy lives and promote well-being for all ages” is one of the important goals of “The 2030 Agenda for Sustainable Development.” A Youth Speak Survey conducted by AIESEC in over 120 countries reported that 45% of youth is aware of sustainable development goals. 48% youth showed their desire to work on goals of quality education, 33% on no poverty and 29% on good health and well-being (United Nations Educational, Scientific and Cultural Organization, 2017). Sheehan et al. (2017) recommended in their health policy related article to invest in adolescents, young people, girls and young women and their better lives today and tomorrow. In low income and middle income countries, adolescents’ health and well-being is compromised (Global Burden of Disease study, 2013; Demographic and Health Surveys, 2016; Patton et al., 2016). Adolescence is a transition stage marked by several developmental changes at physical, physiological, cognitive, emotional, social and moral levels. This is known to be a period of

“storm and stress” (Hall, 1904) as well as a period for positive growth and development (Lerner & Steinberg, 2009). There is no doubt that adolescents go through multiple conflicts and mood swings but adolescents can channelize their energies, take best in many aspects of their lives, develop skills and expertise to enter workforce, feel satisfied in their relationships, be optimistic and hopeful about their future and contribute to country’s productivity (Offer & Schonert-Reichel, 1992; Salam, Das, Lassi, & Bhutta, 2016).

Challenges faced by adolescents

It has been reported in The Lancet Adolescent Health series that adolescents in the current scenario are the victims of number of problems such as substance abuse, sexually transmitted infections, and social media (Sawyer, Afifi, & Bearinger, 2012; Patton, Coffey, & Cappa, 2012; Viner et al., 2012). World Health Organization and partners released a piece of news in Geneva that more than 3000 adolescents are dying every day from preventable causes. Data in *Global accelerated action for the health of adolescents (AA-HA!): Guidance to support country implementation* report revealed that more than two-thirds of deaths among adolescents occurred in low and middle-income countries in Africa and South-East Asia (WHO, 2017).

Common health challenges faced by adolescents as per WHO (2017) fact sheet on “Adolescents: Health risks and solutions” are given below:

- Unintentional injuries like road traffic injuries
- Violence such as interpersonal violence, physical violence, sexual assaults
- Mental health issues (depression and suicide mainly) and self-harm
- Communicable (respiratory problems, anaemia) and non-communicable diseases (tobacco use, alcohol use, overweight, malnutrition and obesity issues)
- Early pregnancy, maternal mortality, unsafe abortion among adolescent girls
- HIV-AIDS

A systematic review and meta-analytic study related to prevalence of child and adolescent psychiatric disorders in India conducted by Malhotra and Patra (2014) indicated 6.46% prevalence of such disorders in the community which indicates that 29 million children and adolescents suffer from one or other form of psychiatric disorders at a given point of time. They analyzed several community-based and school-based studies and also concluded that there is a need for conducting adequate reporting systems of psychiatric disorders in children and

adolescents. Challenges described above have an impact on adolescents' quality of life, society and economy.

Enhancing well-being among adolescents through preventive interventions

Transitional changes create unprecedented challenges not only for adolescents but also for parents, educators and mental health professionals to equip them with positive skills which are much needed for optimal functioning. Available evidence has suggested that promoting well-being can reduce the risk of developing mental health disorders (Keyes, Dhingra, Simoes, 2010; Wood & Joseph, 2010). Promotion of well-being among adolescents is a key priority worldwide. Well-being is a multifaceted construct i.e. it is concerned with two distinct yet overlapping paradigms of well-being i.e. subjective well-being and psychological well-being (Ryan & Deci, 2001). Subjective well-being refers to affective and cognitive evaluation of one's life (Diener, Suh, Lucas, & Smith, 1999). Psychological well-being focuses on human flourishing by realizing one's potential, not just attainment of pleasure and includes concepts like autonomy, environmental mastery, purpose in life (Ryff & Keyes, 1995; Ryff & Singer, 1998). According to WHO (2004), a state of well-being is *"in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community ..."* Clinical treatment approaches have focused on using various therapies like cognitive behavior therapy, interpersonal therapy etc. in treating psychological disorders/ issues. Mental health is more than treating disorders. Substantial research evidence has indicated that psychological issues can be prevented (Calear & Christensen, 2010; Van-Zoonen et al., 2014). Evidence has also suggested that early intervention i.e. intervening during early years of life will be beneficial (O'Connell, Boat, & Warner, 2009; Gladstone, Beardslee, & O'Connor, 2011). Prevention is an action-oriented process which is aimed to build protective factors i.e. promoting strengths (WHO, 2004). Developmental psychologists have shifted their focus from following only deficit-focused models to health promoting models (Masten, 2001). Child and Adolescent psychology aims to facilitate optimal psychological functioning in children and adolescents by empowering them to successfully cross the challenges. In 1990, Search Institute released Developmental Assets Model which focused on protective factors identifying intrinsic and extrinsic assets that will help children and adolescents to thrive (Roehlkepartain, 2015). Positive youth development rests on the assumption that children and adolescents are 'assets to be developed' rather than 'problems to be solved'.

Positive Youth Development perspective has identified ‘six C’s (Competence, Confidence, Connection, Character and Contribution) which are considered as the building blocks for healthy adolescent development (Benson, Scales, Hamilton, & Sesma, 2006; Zarrett & Lerner, 2008). Morgan and Aleman-Diaz (2016) pointed out that a health asset approach refers to “a system which creates positive paradigms for building the capacities of young people to be active in their own development and strengthens their ability to connect to a range of networks that facilitate health and wellbeing gains for themselves and for others”.

Positive Psychology Based Interventions

Positive psychology as an applied field has been promoting strength-based programs in enhancing well-being among various age groups. Martin Seligman introduced positive psychology as a new branch in his presidential address in 1998. Seligman, Steen, Park, and Peterson (2005) defined positive psychology “as an umbrella term for the study of positive emotions, positive character traits, and enabling institutions.” At the subjective level, the field is concerned about positive subjective experiences such as well-being, flow, happiness, hope etc. At the individual level, the field is concerned with positive character strengths such as love, wisdom, forgiveness, gratitude etc. At the group or community level, the field is concerned with building positive institutions such as work ethics, altruism, moderation, parenting, responsibility, etc. Seligman (2011) proposed PERMA model of flourishing which defines well-being in terms of five important domains. P refers to positive emotions, hedonic happiness (such as feeling joyful, content, and cheerful); E refers to engagement (example, feeling immersed in activities of life and work); R refers to relationships (building and maintaining positive relationships); M refers to meaning (having a purpose in life, meaningful goals and values); A refers to accomplishment (working towards goals, having a sense of achievement). The model follows a combined approach of well-being i.e. considers hedonic as well as eudaimonic viewpoint of well-being. PERMA has effects on psychological and physical functioning of an individual and society as a whole. Salagame (2014) pointed out that Positive psychology and Indian psychology are birds of the same feather. The Indian perspective of positive psychology relates to achieving *sattva* i.e. goodness and harmony (Singh & Misra, 2013). The concept of well-being in Indian philosophy refers to well-being at physical, psychological as well as spiritual levels which is parallel to Western models of well-being i.e. hedonic well-being and eudaimonic well-being (Gupta, 2012; Singh et al., 2016). Research in positive psychology in India among different age

groups and different sections of the society is in full swing (Mohan, Sehgal, & Tripathi, 2009; Dalal & Mishra, 2011; Shourie & Adhiya, 2012; Mann, Shourie, & Preet, 2016; Singh, Junnarkar, & Kaur, 2016). It is well understood that research in positive psychology is concerned with promoting well-being and happiness for all and follows a universal approach.

Within the framework of positive psychology research, there has been an increased focus on devising and imparting positive psychology interventions commonly known as PPIs. Sin and Lyubomirsky (2009) defined PPIs “as intentional activities specifically aimed to cultivate positive emotions, cognitions, and behaviors”. Substantial evidence has indicated that PPIs are effective tools in preventing psychological disorders and in improving well-being (Sin et al., 2009).

Examples of PPIs

Gratitude-based interventions

Experiencing gratitude triggers an upward spiral of positive emotions which enhances well-being. Gratitude based interventions have been quite effective in improving psychosocial functioning. Simple and easy gratitude based exercises like keeping gratitude journals, counting one’s blessings and visualizing best possible selves (Emmons & Shelton, 2002; Froh, Sefick, & Emmons, 2008) can be incorporated in school curriculum.

Forgiveness-based interventions

During this time, adolescents are capable of understanding the construct of forgiveness (Chiaromello, Mesnil, Munoz Sastre, & Mullet, 2008; Worthington, Jennings, & DiBlasio, 2010). Baskin and Enright (2004) conducted a meta-analytic study in which they reviewed the effectiveness of nine empirical studies based on forgiveness interventions. They suggested that forgiveness interventions can be put under three categories i.e. decision-based interventions, process-based individual interventions, and process-based group interventions. Forgiveness workshops can be conducted in schools based on above categories. Forgiveness exercises like writing a forgiveness letter have been tested in research and is quite promising (Peterson, 2006).

Mindfulness-based interventions

Mindfulness will strengthen not only executive functioning among adolescents (Oberle, Schonert-Reichl, Lawlor, & Thomson, 2012; Westbrook et al., 2013), but will enable adolescents to channelize negative emotions which can interfere with executive brain (Shackman, Maxwell, McMenamain, Greischar, & Davidson, 2011). Several mindfulness-based programs have been

designed and carried out in Western setting among children and adolescents, for example, Still Quiet Place (Saltzman et al., 2008), Mindfulness for Adolescents (Dewulf, 2009), Mindful Schools (Mindful Schools, 2010), Learning to BREATHE (Broderick, 2013) (c.f. Sanger & Dorjee, 2015). The programs can be modified or adapted according to Indian school setting and can be incorporated in the school curriculum. Regularly practicing mindfulness can strengthen emotion regulation (Boyce, 2005; Zelazo & Cunningham, 2007).

Strength-based interventions

Promoting character strengths in the form of ‘Positive Education’ will enhance well-being along-with academics. Manifold psychological problems of school going children and adolescents can be prevented through Positive Education (Waters, 2011; White & Murray, 2015). Interventions based on character strengths like hope, optimism, creativity etc. boost one’s well-being. Research has provided support for promoting optimism among adolescents (Sun & Shek, 2012). Seligman (1998) pointed out that optimism can be learned and he used attributional retraining in his program to help adults as well as children to their pessimistic style towards optimistic style. The Penn Optimistic program has also utilized attributional retraining to help school going children develop optimism (Jaycox, Reivich, Gilham, & Seligman, 1994). Self-esteem is an important factor to be considered in strength-based interventions. It acts as a buffer against negative consequences and promotes wellbeing (Furnham & Cheng, 2000). Mental health promoting school programs in Western setting have suggested that incorporating self-esteem will be helpful in preventing problem behaviors in children and adolescents. A meta-analytic review of 116 intervention based studies conducted among children and adolescents indicated that improving self-esteem resulted in improvement in academic and behavioral functioning (Haney & Durlak, 1998).

Other interventions like empathy-based, humor-based, patience-based, courage-based have been quite effective in increasing positive emotions and coping abilities among individuals (Positive Psychology Program, 2017). Web-based applications which promote mental health have been showing effective results in reducing depressive symptoms and in improving depression literacy (Griffiths et al., 2004). Positive Nutrition has been a new focus in the field of Positive Psychology. Evidence has indicated positive relationship between nutrition and well-being (World Bank, 2015). Research evidence has clearly pointed out PPIs can act as strong buffers against stress.

CONCLUSION

Although peace-building organizations like WHO, UNESCO, UN, UNICEF etc. are making remarkable efforts to collaborate with local NGO's in ensuring healthy life and well-being of young people with an active network of expert academicians, advocates, policy makers, practitioners. Medical journals like Lancet commission on adolescent health and well-being are committed to outline challenges and opportunities for investing in adolescents at national and international levels (Patton, Sawyer, & Santelli, 2016). Indian education system still needs to fill up the gaps by bringing the knowledge into practice. Although the interest in promoting life skills has been ignited in Indian setting for example, Central Board of Secondary Education and NCERT have introduced life skills education as an essential part of school curriculum. In India, the need to inculcate and impart strength-based education in schools as well as at home is yet to be recognized. School authorities and school counsellors can arrange weekly or monthly talks and hands on workshops by mental health professionals and nutritionists etc. in order to create well-being awareness among school children and adolescents. To understand adolescents and adolescent well-being in depth, there is a need to design well-being measures particularly for this age. Action research is needed to understand which areas of well-being deserve more attention in enhancing adolescent well-being. Furthermore, there is a need to monitor research progress at national and global level.

“We must start early to go far”; if we equip our children and adolescents with positive life skills, we can surely help them to cope with the exigencies of adolescence, without compromising with their well-being, and sail through adult life with ease and happiness.

REFERENCES

- Baskin, T.W., & Enright, R.D. (2004). Intervention studies on forgiveness: A meta-analysis. *Journal of Counseling and Development* 82, 79-90.
- Benson, P. L., Scales, P. C., Hamilton, S. F., & Sesma, A. (2006). Positive youth development: Theory, research, and applications. In W. Damon, and R. M. Lerner (Eds.), *Handbook of child psychology* (6th ed., pp. 894–941). New York, NY: John Wiley.
- Boyce, B. (2005). Two sciences of the mind. *Shambhala Sun*, 13, 34–43.

- Broderick, P. C. (2013). *Learning to breathe: A mindfulness curriculum for adolescents to cultivate emotion regulation, attention, and performance*. Oakland, CA: New Harbinger.
- Calear, A. L., & Christensen, H. (2010). Systematic review of school-based prevention and early intervention programs for depression. *Journal of Adolescence*, 33, 429–438.
- Chiaromello, S., Mesnil, M., Muñoz Sastre, M. & Mullet, E. (2008). Dispositional forgiveness among adolescents. *European Journal of Developmental Psychology*, 5(3), 326-337.
- Dalal, A. K., & Misra, G. (2011). Psychology of health and well-being: Emergence and development. In A. K. Dalal & G. Misra (Eds.), *New Directions in Health Psychology*. New Delhi: Sage Publications.
- Dewulf, D. (2009). *Mindfulness voor jongeren*. Tiel, Belgium: Lannoo.
- Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. E. (1999). *Subjective well-being: Three decades of progress*. *Psychological Bulletin*, 125, 276-302.
- Freedman, S. R., & Enright, R. D. (1996). Forgiveness as an intervention goal with incest survivors. *Journal of Consulting and Clinical Psychology*, 64, 983-992.
- Froh, J. J., Sefick, W. J., & Emmons, R. A. (2008). Counting blessings in early adolescents: An experimental study of gratitude and subjective well-being. *Journal of School Psychology*, 46, 213- 233.
- Furnham, A., & Cheng, H. (2000) Perceived parental behaviour, self-esteem and happiness. *Social Psychiatry and Psychiatric Epidemiology*, 35(10), 463-470.
- Gladstone, T. R. G., Beardslee, W. R., & O'Connor, E. E. (2011). The Prevention of Adolescent Depression. *The Psychiatric Clinics of North America*, 34(1), 35–52.
- Global Burden of Disease study (2013). *Age-sex specific all-cause and cause-specific mortality 1990–2013*. Seattle, WA: Institute for Health Metrics and Evaluation. Retrieved from <http://ghdx.healthdata.org/record/global-burden-disease-study-2013-gbd-2013-age-sex-specific-all-cause-and-cause-specific>.
- Griffiths, K.M., Christensen, H., Jorm, A.F., Evans, K., & Groves, C. (2004). Effect of web-based depression literacy and cognitive-behavioural therapy interventions on stigmatizing attitudes to depression: Randomised controlled trial. *Br J Psychiatry* 185: 342–349.
- Gupta, A. (2012). Psychological Well-being. In N. K. Chadha, H. Bhatia, & D. Sharma (Eds.). *Perspectives in Positive Psychology* (pp. 36-52). New Delhi: Pinnacle Learning.

- Hall, G. S. (1904). *Adolescence: Its psychology and its relations to physiology, anthropology, sociology, sex, crime, religion, and education* (Vols. I & II), New York: D. Appleton & Co.
- Haney, P., & Durlak, J. A. (1998). Changing self-esteem in children and adolescents: A meta-analytic review. *Journal of Clinical Child Psychology, 27*, 423-433.
- Jaycox, L.H., Reivich, K.J., Gillham, J.E., & Seligman, M.E.P. (1994). Prevention of depressive symptoms in school children. *Behaviour Research & Therapy, 32*, 810–816.
- Keyes, C. L. M., Dhingra, S. S., & Simoes, E. J. (2010). Change in Level of Positive Mental Health as a Predictor of Future Risk of Mental Illness. *American Journal of Public Health, 100*(12), 2366–2371.
- Lerner, R. M., & Steinberg, L. (Eds.). (2009). *Individual bases of adolescent development. Volume 1 of Handbook of adolescent psychology* (Ed.). Hoboken, NJ: Wiley.
- Malhotra, S., & Patra, B. N. (2014). Prevalence of child and adolescent psychiatric disorders in India: a systematic review and meta-analysis. *Child and Adolescent Psychiatry and Mental Health, 8*, 22.
- Mann, A., Shourie, S. & Preet, C. (2016). *Published Psychological Skills Training Manual for Sports*. Chandigarh, India: White Falcon Publishing.
- Masten, A. (2001). Ordinary Magic: Resilience Process in Development. *American Psychologist, 56*, 227-228.
- Mindful Schools Non-Profit Organisation (2010). Programme information. Retrieved September 9, 2017, from www.mindfulschools.org/
- Mohan J., Sehgal M., & Tripathi A. (2009). The forgiving Personality: Identifying its structure in terms of happiness and well-being among Indian Youth. *Journal of Well Being, 3*(2).
- Morgan, A., & Aleman-Diaz, A. Y. (2016). Measuring what matters for young people's health and well-being: an asset approach. *Learning for Well-being Magazine, 1*(2).
- O'Connell, M. E., Boat, T., & Warner, K. E. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. Washington, DC: National Academies Press.
- Oberle, E., Schonert-Reichl, K. A., Lawlor, M. S., & Thomson, K. C. (2012). Mindfulness and inhibitory control in early adolescence. *Journal of Early Adolescence, 32*, 565–588.

- Offer, D., & Schonert-Reichl, K. A. (1992). Debunking the myths of adolescence: Findings from recent research. *Journal of the American Academy of Child and Adolescent Psychiatry*, *31*, 1003-1014.
- Patton, G.C., Coffey, C., Cappa, C., Currie, D., Riley, L.M., Gore, F.M. et al. (2012). Health of the world's adolescents: a synthesis of internationally comparable data. *Lancet*, *379*, 1665-75.
- Patton, G.C., Sawyer, S.M., Santelli, J.S., Ross, D.A. et al. (2016). Our future: a Lancet commission on adolescent health and wellbeing. *The Lancet*, *387*, 2423–78.
- Patton, G.C., Sawyer, S.M., Santelli, J.S., Ross, D.A. et al. (2016). Our future: a Lancet commission on adolescent health and wellbeing. *The Lancet*, *387*, 2423–78.
- Peterson, C. (2006). *Primer in Positive Psychology*. Oxford: Oxford University Press.
- Positive Psychology Program (2017, February 15). *12 Positive psychology interventions + 3 ways to find the one you need*. Retrieved from <https://positivepsychologyprogram.com/positive-psychology-interventions/>.
- Roehlkepartain, E. C. (2015). *25 years of developmental assets: Personal reflections (and a little data)*. Minneapolis, MN: Search Institute.
- Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. In S. Fiske (Ed), *Annual review of psychology*, *52*, 141-166. Palo Alto, CA: Annual Reviews, Inc.
- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, *69*, 719–727.
- Ryff, C. D., & Singer, B. H. (1998). The contours of positive human health. *Psychological Inquiry*, *9*, 1–28.
- Salagame, K. K. K. (2014). Positive psychology and Indian psychology: Birds of the same feather. *Psychological Studies*, *59*(2), 116–118.
- Salam, R. A., Das, J. K., Lassi, Z. S., & Bhutta, Z. A. (2016). Adolescent Health and Well-Being: Background and Methodology for Review of Potential Interventions. *The Journal of Adolescent Health*, *59*(4 Suppl), S4–S10.
- Saltzman, A., & Goldin, P. (2008). Mindfulness based stress reduction for school-aged children. In S. C. Hayes & L. A. Greco (Eds.), *Acceptance and mindfulness interventions for*

- children, adolescents, and families* (pp. 139–161). Oakland, CA: Context Press/New Harbinger.
- Sanger, K. L., & Dorjee, D. (2015). Mindfulness training for adolescents: A neurodevelopmental perspective on investigating modifications in attention and emotion regulation using event-related brain potentials. *Cognitive, Affective & Behavioral Neuroscience*, *15*(3), 696–711.
- Sawyer, S.M., Afifi, R.A., Bearinger, L.H., Blakemore, S.J., Dick, B., Ezeh, A.C., et al. (2012). Adolescence: a foundation for future health. *The Lancet*, *379*, 1630-1640.
- Seligman, M. E. P. (2011). *Flourish*. New York, NY: Simon & Schuster.
- Seligman, M. E. P., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist*, *60*, 410–421.
- Seligman, M. E.P. (1998). *Learned Optimism*. New York, NY: Pocket Books.
- Shackman, A. J., Maxwell, J. S., McMennamin, B. W., Greischar, L. L., & Davidson, R. J. (2011). Stress potentiates early and attenuates late stages of visual processing. *Journal of Neuroscience*, *31*, 1156– 1161.
- Sheehan, P., Sweeny, K., Rasmussen, B., et al. (2017, April 19). Building the foundations for sustainable development: a case for global investment in the capabilities of adolescents. Retrieved from [http://dx.doi.org/10.1016/S0140-6736\(17\)30872-3](http://dx.doi.org/10.1016/S0140-6736(17)30872-3).
- Shourie, S., & Adhiya, K. (February, 2012) *The Effect Of Relaxation Exercises On Aggression And Strengths And Difficulties Among Senior Secondary School Children*. Presented in International Conference of Applied Psychology.
- Sin, N.L., & Lyubomirsky, S. (2009). Enhancing Well- Being and Alleviating Depressive Symptoms with Positive Psychology Interventions: A Practice-Friendly Meta-Analysis. *Journal of clinical psychology*, *65*, 467-487.
- Singh, A.K., Choubey, A.K., & Singh, S. (2016). Does Mindfulness Enhance Psychological Well-being of the Students. *Journal of Psychosocial Research*, *11*(2), 241.
- Singh, J.K., & Misra, G. (2013). A Psycholexical Study of Personality Trait structure of Hindi Speaking Indians. In Y. Kashima, E. Kashima, and R. Beatson (Eds.), *Steering the Cultural Dynamics: Selected Papers from the 2010 Congress of the International Association for Cross-Cultural Psychology* (pp. 154-59). Melbourne, Australia: International Association for Cross-Cultural Psychology.

- Singh, K., Junnarkar, M., & Kaur, J. (2016). *Measures of Positive Psychology, Development and Validation*. Berlin: Springer.
- Sun, R. C. F., & Shek, D. T. L. (2012). Positive Youth Development, Life Satisfaction and Problem Behaviour Among Chinese Adolescents in Hong Kong: A Replication. *Social Indicators Research*, *105*(3), 541–559.
- The DHS Program. Demographic and Health Surveys. (2016). Retrieved from <https://dhsprogram.com/data/available-datasets.cfm>.
- United Nations Educational, Scientific and Cultural Organization, Youth ready to act for Sustainable Development Goal on Quality Education (2017). *Report of the United Nations Educational, Scientific and Cultural Organization, Youth ready to act for Sustainable Development Goal on Quality Education*. Retrieved from <http://en.unesco.org/news/youth-ready-act-sustainable-development-goal-quality-education>
- van Zoonen, K., Buntrock, C., Ebert, D. D., Smit, F., Reynolds, C. F., 3rd, Beekman, A. T., & Cuijpers, P. (2014). Preventing the onset of major depressive disorder: A meta-analytic review of psychological interventions. *International Journal of Epidemiology*, *43*, 318–329.
- Viner, R. M., Ozer, E. M., Denny, S., Marmot, M., Resnick, M., Fatusi, A., & Currie, C. (2012). Adolescence and the social determinants of health. *Lancet*, *379*, 1641-1652.
- Waters, L. (2011). A review of school-based positive psychology interventions. *The Australian Educational and Developmental Psychologist*, *28*(2), 75-90.
- Westbrook, C., Creswell, J. D., Tabibnia, G., Julson, E., Kober, H., & Tindle, H. A. (2013). Mindful attention reduces neural and self-reported cue-induced craving in smokers. *Social Cognitive and Affective Neuroscience*, *8*, 73–84.
- White, M.A., & Murray, A.S. (2015). Building a positive institution. In: White, M.A., & Murray, A.S. (Eds.). *Evidence based approaches to positive education in schools*. Netherlands: Springer.
- Wood, A. M., & Joseph, S. (2010). The absence of positive psychological (eudemonic) well-being as a risk factor for depression: A ten year cohort study. *Journal of Affective Disorders*, *122*, 213–217.
- World Bank. (2015). *Promoting positive nutrition behavior in Bihar, India. SAFANSI The South Asia Food and Nutrition Initiative*. Washington, D.C.: World Bank Group. Retrieved from

<http://documents.worldbank.org/curated/en/475221467999961575/Promoting-positive-nutrition-behavior-in-Bihar-India>.

World Health Organization. (2004). *Prevention of Mental Disorders: Effective Interventions and Policy Options: Summary Report/a Report of the World Health Organization Department of Mental Health and Substance Abuse; in Collaboration with the Prevention Research Centre of the Universities of Nijmegen and Maastricht*. Geneva: World Health Organization. Retrieved from

http://www.who.int/mental_health/evidence/en/prevention_of_mental_disorders_sr.pdf

World Health Organization. (2017, May 16). *More than 1.2 million adolescents die every year, nearly all preventable*. Retrieved from <http://www.who.int/mediacentre/news/releases/2017/yearly-adolescent-deaths/en/>

Worthington, E. L., Jennings, D. J., & DiBlasio, W. (2010). Interventions to promote forgiveness in couple and family context: Conceptualization, review, and analysis. *Journal of Psychology and Theology*, 38, 231–245.

Zarrett, N. & Lerner, R.M. (2008, February). Ways to promote the positive development of children and youth. *Child Trends: Research-to-Results Brief*, 2008-11, Washington, DC: The Atlantic Philanthropies.

Zelazo, P. D., & Cunningham, W. (2007). Executive function: Mechanisms underlying emotion regulation. In J. Gross (Ed.), *Handbook of emotion regulation* (pp. 135–158). New York, NY: Guilford Press.