

BUILDING MENTAL HEALTH IN YOUNG AUSTRALIANS:  
A POSITIVE PSYCHOLOGICAL APPROACH

Anthony John Venning

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School of Psychology

Faculty of Health Sciences

The University of Adelaide

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## SUMMARY

In the last decade positive psychology has contributed significantly to the conceptualisation of mental health and shown that increases in positive virtues or strengths are associated with better physical, psychosocial, and psychological functioning, and fewer symptoms of mental illness (Seligman & Csikszentmihalyi, 2000; Seligman, Steen, Park, & Petersen, 2005; Seligman, 2005). It is suggested that if such a positive focus is adopted early in life it can then help develop a young person's psychological strengths, such as resilience, optimism, and hope, and lay the foundations of a sustained healthy life in adulthood (Licence, 2004). However, despite this knowledge, the focus of mental health in Australia appears to remain on the prevention or alleviation of mental illness. This thesis represents one of the first attempts to redirect the focus of mental health in Australia away from mental illness and towards building positive resources that will enable young Australians to flourish in life. The results of five independent but related studies are presented in three published and two submitted papers that contribute to the conceptualisation and promotion of mental health in young Australians.

Paper one (*study one*) reports the results of a meta-analysis and indicates that when compared to Cognitive Behavioural Therapy (CBT) that contains zero hopeful elements, CBT that contains multiple hopeful elements significantly reduces a young person's level of depression compared to a control, no treatment, or usual care group. Although evidence was limited by the number of studies available, the results suggest that the inclusion of a specific hope-focus may increase the effectiveness of CBT to prevent depression in young people. Paper two (*study two*) reports the results of a meta-synthesis and indicates that when promoting mental health in young people with chronic illness, young people

require a positive approach in order to bolster their sense of self, normalise the experience, help them accept the situation, and help them develop the cognitive and future-orientated strategies they need to facilitate a sense of hope at this time.

Papers three, four, and five report the results of three quantitative studies that used data obtained in the South Australian Youth Mental Health Survey (SAYMHS). The SAYMHS ( $N = 3913$ ; 13-17 years) collected cross-sectional information from a large sample of young South Australians from both regional and metropolitan areas. The SAYMHS was undertaken specifically for this thesis. Paper three (*study three*) reports the prevalence of the four key states outlined by the Complete State Model (CSM) of mental health (Keyes & Lopez, 2002), along with the association of each of these states to health-risk and health-promoting behaviour. It was shown that less than 50 percent of young Australians were flourishing in life, that flourishing in life was associated with increased health-promoting behaviour and floundering was associated with more health-risk behaviour, and that the propensity to engage in health behaviour (positive or negative) varied by gender and region. Paper four (*study four*) reports the results of a Confirmatory Factor Analysis (CFA) and indicates that hope, used as an exemplar of a psychological strength, is a stronger predictor of mental health than is mental illness, and that differences existed in the individual predictive value of hope's components (Agency and Pathways scores). Paper five (*study five*) provides Australian normative scores for the Adult Hope Scale (AHS) (Snyder et al., 1991) and indicates that differences in total Hope scores exist across age and region, and in its component scores across age, region, and gender.

The current results have several implications for the development of strategies to promote mental health in Australian youth. First, an explicit focus on hopeful strategies may be a useful way to ensure that strategies employed to prevent the symptoms of mental illness are effective, as successful hopeful thinking then also builds the resources needed to reach and sustain a state of flourishing in life. Second, a positive focus on hopeful strategies may facilitate the development and maintenance of a young person's mental health when they are diagnosed with chronic illness. Third, the prevalence of mental health in young Australians has previously been overestimated, with this project demonstrating that the majority are not flourishing in life and, when compared to those who are flourishing, young Australians who are languishing, struggling, or floundering in life are more likely to engage in health-risk behaviour. Fourth, hope may be a better focus of efforts to promote mental health and build the resources needed to reach and sustain a state of flourishing in life than the prevention or alleviation of mental illness. Fifth, Australian clinical psychologists and other health practitioners now have a way to identify young Australians who differ from the developmental norm in terms of the hopeful thinking to then help guide strategies to promote mental health.

## DECLARATION

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material that has been accepted for the award of any other degree or diploma of a university or other institute of higher learning, except where due acknowledgement is made in the body of the text. All work contained in the submission was initiated, undertaken, and prepared within the period of candidature. I give consent to this copy of my thesis when deposited in the University Library, being made available for loan and photocopying, subject to the provisions of the Copyright Act 1968. The author acknowledges that copyright of published works contained within this thesis (as listed below) resides with the copyright holder(s) of those works.

Venning, A., Kettler, L., Elliott, J., & Wilson, A. (2009). The effectiveness of Cognitive Behavioural Therapy with hopeful elements to prevent the development of depression in young people: a systematic review. *International Journal of Evidence Based Healthcare*, 7, 15-33.

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Anthony Venning

Signed: \_\_\_\_\_

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## DEDICATIONS

To my fiancée for her belief and support

To my parents and friends in all of their shapes and forms

## KEY TO ABBREVIATIONS

ABS	Australian Bureau of Statistics
AHS	Adult Hope Scale
AIHW	Australian Institute of Health and Welfare
BDI	Beck Depression Inventory
CASQ	Children's Attributional Style Questionnaire
CBT	Cognitive Behavioural Therapy
CDI	Children's Depression Inventory
CES-D	Centre for Epidemiological Studies-Depression Scale
CFA	Confirmatory Factor Analysis
CFI	Comparative Fit Index
CHS	Child Hope Scale
CI	Confidence Interval
CMH	Complete Mental Health
CPQ	Child's Perception Questionnaire
CSM	Complete State Model
DASS-21	Depression Anxiety Stress Scale 21
DECS	Department of Education and Children's Services
HMO	Health Maintenance Organisation
OLSP	Optimism and Life Skills Program
OR	Odds Ratios
PC	Preventative Curriculum
PEP	Penn Enhancement Program
PPP	Penn Prevention Program
PRP	Penn Resiliency Program
PSFL	Problem Solving for Life
PWBS	Psychological Well Being Scale
OARI	Qualitative Assessment and Review Instrument
RCAMS	Revised Children's Manifest Anxiety Scale
SAEL	Social Aspect in Everyday Life
SAYMHS	South Australian Youth Mental Health Survey
SRMR	Standardised Root Mean Square Residual
SLS	Satisfaction with Life Scale
SMD	Standardised Mean Difference
SWBS	Social Well Being Scale
WMD	Weighted Mean Difference

## OVERVIEW

### *Outline of Thesis*

The program of research that formed the basis of this thesis sought to provide information about the mental health of young Australians, from a positive perspective, that will then contribute to the content and targeting of future strategies to promote mental health. In this thesis, the term young person refers to an adolescent between the ages of 13 and 17 years. This age range was chosen to coincide with the traditional ages that a young person attends secondary school in Australia (years 8-12), and to make the results comparable to previous Australian research that has examined mental health in this population (Sawyer et al., 2000). Five independent but related studies were undertaken and the five papers produced are reported here as chapters in the manuscript. They are book-ended by chapters providing broader context and discussion relevant to the research program as a whole.

*Chapter One* provides an introduction to mental health, the promotion of mental health in Australia, positive psychology, the cognitive process of hope, and how a positive perspective may be applied to promote mental health. *Chapter Two* outlines the aims of this thesis and the practical issues faced. *Chapter Three* provides an exegesis for each of the five studies undertaken. The aim of this chapter is to provide the rationale for each study in the context of the broader research goals and provide information that was outside of the scope of the published papers. *Chapters Four to Eight* contain the five papers that were produced and the statements outlining each author's respective contributions. The Appendices relating to papers one and two are included in chapters four and five

to make it easier for the reader to refer to the information contained within them.

*Chapter Nine* provides a summary of results, a proposed model of the role of hope in mental health, the discussion on the practical application of the results, issues to be overcome, future directions, and a concluding statement.

### *Outline of Candidature*

The current thesis was undertaken to fulfil the requirements of a combined Clinical Master of Psychology / Doctor of Philosophy undertaken at The University of Adelaide, South Australia. This program (*4 years fulltime*) combines a full Clinical Masters course load (*equivalent 2 years fulltime*) and a full research program for a Doctor of Philosophy (*equivalent 3 years fulltime*), and stipulates that the research undertaken has to adopt a clinical focus. The five papers that form the body of this work, along with nine master's subjects and three clinical 18 week placements, were completed within 3.5 years of fulltime study. A total of \$1250 in funding over and above the standard support provided to Doctor of Philosophy students was received from the School of Psychology to fund data collection and conference travel. All subject and practical requirements of the Masters component of the program were completed successfully. The following thesis is submitted to fulfil the requirements of a Doctor of Philosophy.