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## ROLE OF PSYCHOLOGICAL HEALTH OF STUDENTS IN THE EDUCATIONAL PROCESS

**Abstract:** *The article compares various concepts of psychological health, periods of personality formation. During an empirical study, it was found that the corresponding indicators of various diagnostic methods in the sample of students are closely interconnected with the educational process. Addresses issues related to the correlation of the concepts of psychological health, psychological well-being, individual health, lack of mental disorders.*

**Key words:** mental health; psychological well-being; psychological health; structure.

**Language:** English

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### Introduction

Psychological health is a conditional concept, highlighting only one of the components of human health, it can be divided into individual and social. Individual psychological health is such a “state of the individual’s psyche, which is characterized by the integrity and consistency of all mental functions of the body, providing a sense of personal psychological comfort, the ability to purposefully meaningful activities and the optimal fulfillment of social functions, adequate human values and ethnocultural characteristics of the group to which the individual” [1, 21]. Assessment of psychological health should take into account the uniqueness and uniqueness of each personality and its very identity.

Adolescence (10-19 years) is a unique period of personality formation. Most adolescents enjoy good mental health, but a wide variety of physical, emotional, and social changes, including exposure to

poverty, abuse, or violence, can make them vulnerable to mental problems. Improving the psychological well-being of adolescents and protecting them from negative experiences and risk factors that may affect their ability to successfully develop is not only a guarantee of their well-being in adolescence, but also of their physical and mental health in adulthood [8].

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Some adolescents are at increased risk of mental health problems due to their living conditions, stigma, discrimination or rejection, or lack of access to quality care and services. This applies in particular to adolescents living in humanitarian crises and instability; adolescents suffering from chronic diseases, autism spectrum disorder, mental retardation or other neurological disorders; pregnant teens, teens who have become parents or have entered into an early or forced marriage; orphans and adolescents from ethnic or sexual minorities or other discriminated groups.

### The problem and basic concepts of research

In modern psychology, the interest of many authors is focused on issues related to the correlation of the concepts of psychological health, psychological well-being, individual health, and the absence of mental disorders. However, the question of the structure of psychological health is still open. A few options for the structure of psychological health are proposed mainly by foreign authors. It is worth noting that, from the point of view of Western psychology, psychological health involves personal maturity.

The historical initiative in the formulation and development of the problem of psychological health belongs to the scientists of humanistic orientation - G. Allport, A. Maslow, C. Rogers. In the humanistic approach, the common basis, the core of psychological health is the person's desire to become and remain himself, despite all the difficulties of life [7].

Representatives of the humanistic paradigm in psychology were the first to attempt to determine the structure of mental health. The authors included components such as a positive attitude towards themselves; optimal development, growth and self-actualization of personality; mental integration (authenticity, congruence); personal autonomy; realistic perception of others; ability to adequately influence other people and others. Modern humanistic psychologists believe that psychological health is determined by the characteristics of balance, harmony of human vitality and the originality of living space.

From this position, psychological health provides the opportunity for personal choice and autonomous development. Its mechanisms include self-knowledge, the ability to make decisions in the direction of the future, the willingness to change and the ability to identify alternatives, trends, explore and effectively use their resources, be responsible for their choices, etc.

Another position regarding psychological health is presented in the individual psychology of A. Adler. As a genuine compensation for the sense of inferiority inherent in all people, the author considers a sense of community. He puts this feeling above any individualistic aspirations (including self-actualization). Moreover, in his opinion, the joint desire of people to improve is most preferable.

According to his theory, the criteria of psychological health are related to how successfully a person is able to solve three basic life tasks: work, make friends and love [3].

The concept of "flow" of the representative of positive psychology M. Chiksentmihayli is close to the concept of V. Frankl. The author describes the state of the flow in which a person is fully included in what he is doing, which is characterized by active concentration, full involvement and focus on success in the process of activity. A person who is in a state of flow often feels the pleasure of self-realization, increased and justified self-confidence, a pronounced increase in communication skills, the ability to clearly and clearly express his thoughts, convince the interlocutor, effectively solve problems of any complexity or find innovative ways to solve them.

According to M. Chiksentmihayli, the following features contribute to the experience of a stream state: clear goals (distinguishable expectations and rules); high concentration on a limited area of attention; loss of self-awareness - the fusion of action and awareness; distorted perception of time; obvious successes and failures in the process.

The concept of E. Erickson reveals the internal complexity of the phenomenon of psychological health, correlates the characteristics of the vital personality with age, presenting them as several forms of identity that have already passed the main path of development, the forms that are yet to come, and the forms that are in the process of formation [3].

E. Fromm and P. Tillich specify the characteristics of psychological health - unhealthy in the cultural and historical terms. K. Horney was one of the first to draw attention to the social aspect of psychological health, indicating that its criteria vary from culture to culture, with each culture holding the belief that its inherent feelings and aspirations are the only normal expression of "human nature". E. Fromm connects the psychological health of the individual with the state of society - whether an individual is healthy or not depends primarily not on him, but on the structure of the society, the unhealth of the society restrains the development of the individual.

The concept of "psychological health" was introduced into modern Russian psychology by I.V. Dubrovina. Moreover, this concept is not opposed to the concept of mental health, but is inextricably linked with it. I.V. Dubrovina notes that "if the term "mental health" refers primarily to individual mental processes and mechanisms, the term "psychological health" refers to the personality as a whole, is closely related to the higher manifestations of the human spirit and allows us to highlight the psychological aspect of the problem itself mental health in contrast to the medical, sociological, philosophical and other aspects" [2; 21].

If mental health is associated with the development of the psyche, with the development of what nature gave to man, then psychological health is

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associated with the development of personality, the upbringing of a person as a subject of activity and life in certain social conditions [2].

According to I.V. Dubrovina, psychological health involves:

- mental health as a result of full mental development and personal development; - awareness by a growing person of the features and qualities of their mental and personal development;
- attitude to conscious mental and personal characteristics and qualities;
- the humanistic orientation of personality and the emerging worldview [3].

Mental health disorders in adolescents. An estimated 10–20% of adolescents worldwide experience mental health problems, but are not diagnosed and treated. Signs of deteriorating mental health can go unnoticed for a variety of reasons, such as ignorance or lack of understanding of the specifics of mental health by health workers and the stigma that keeps a teenager from seeking help.

Emotional distress. In adolescence, emotional disorders often develop. In addition to depression or anxiety, adolescents with emotional disorders may also experience increased irritability, discontent, or anger. Symptoms can resemble several emotional disorders at once and are characterized by unexpected mood swings and flashes of emotions. Younger adolescents may additionally experience emotionally determined physical symptoms, such as stomach pain, headache, or nausea.

Depression ranks ninth in the world among the leading causes of morbidity and disability among adolescents; eighth place is anxiety disorder. Emotional disturbances can severely limit the functional capabilities of adolescents, affecting their studies and attendance. Isolation and a feeling of loneliness can be exacerbated by alienation or avoidance of family, peers, or social surroundings. In the worst case, depression can lead to suicide [8].

Examples of mental health promotion and prevention activities:

- psychological classes conducted individually, in groups or offline online;
- family-oriented activities, such as training caregivers, including measures to meet the needs of such people;
  - School-based events, in particular:
    - the introduction of organizational changes in the interests of creating a safe, secure and positive psychological environment;
    - Mental health and vital skills training;
    - training staff to identify suicide risk and provide basic assistance;
  - School preventative programs for adolescents at risk for mental health problems;
  - activities at the level of local communities, in particular, programs to educate leaders and mentors in the teenage environment;

- prevention programs targeted at adolescents in vulnerable situations, for example, those affected by humanitarian crises or instability, as well as minorities and discriminated groups;

- programs to prevent and mitigate the effects of sexual violence against adolescents;
- multisectoral suicide prevention programs;
- multilevel measures for the prevention of alcohol and substance abuse;
- comprehensive sexual education in order to prevent risky forms of sexual behavior;
- violence prevention programs.

When choosing measures to help adolescents, the following considerations should be considered:

- the importance of the early detection of mental and narcological disorders and the adoption of evidence-based measures. The WHO Mental Health Gaps Program of Action contains evidence-based guidance for lay people to better identify priority mental health disorders and provide assistance when resources are scarce;
- the use of transdiagnostic methods, in particular, simultaneously oriented to several mental health problems;
- assisting personnel acting under control and trained to solve specific problems of adolescents;
- Attracting caregivers, if necessary, strengthening their potential and studying the preferences of adolescents;
- the use of self-help methods in personal communication mode, as well as in an independent mode according to the instructions of a specialist, including using electronic channels for the provision of psychiatric care. Given stigmatization or the inability to access services, self-help methods that do not require specialist supervision may be an acceptable option for adolescents;
- psychotropic drugs should be used with extreme caution and should be offered to adolescents with moderate to severe mental health problems when psychosocial methods are ineffective, and only if there are clinical indications and informed consent. Treatment should be carried out under the supervision of a specialist and with close clinical monitoring of possible adverse reactions [8].

### Conclusion:

1. Various aspects and manifestations of mental, psychological health and well-being are statistically reliable and directly proportional to each other. At least in the sample of students, we can talk about the existence of a common latent factor corresponding to these constructs of diagnostic scales.

2. In fact, various diagnostic markers of mental, psychological health or well-being relate to one phenomenon. We characterize it as the psychological health of the individual.

3. The results of an empirical study support the hypothesis of the existence of a general, “general”,

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factor in the manifestations of psychological health and the corresponding diagnostic markers.

4. Such an empirical community opens up prospects for the development of a generalized concept of human psychological health.

5. For practical psychologists, the results of the study allow the use of a small set of compact diagnostic tools for conducting screening

examinations of psychological health in samples of different ages.

6. Finally, the question arises of the source of the relationship of various manifestations of psychological health. One of the hypotheses about the corresponding sources may be the hypothesis about the activity of the individual as the source and general characteristic of the psychological health of the individual.

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# CERTIFICATE

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