



## The 15 Core Components of Adolescent Mental Health

Component	Highlight
They are able to love.	I am talking not just about an overall articulated feeling (“I love Grandma”) but about a host of other small and large behaviors, thoughts, and feelings, all with neurological correlates, conscious and nonconscious,
They are able to work.	Can they gather resources—people, information, tools, items from nature, manufactured products—to put something together and figure out how to utilize these resources in a coherent fashion? Can they do these steps to make a meal? Play a piece of music? Make a piece of art? A babysitting “business”?
They are able to play and enjoy.	Play creates and extends new physical capacity; play brings new understandings of social relationships and social relating in general; plays produces pleasure and linkages in memory between experience and desire; play allows for the experience of “context” in learning of all kinds.
They are able to create and maintain attachments with others.	If relationships and safe interdependence on others is avoided, experienced as dangerous and chaotic or ambivalent and confusing, there is a significant narrowing down of what constitutes an acceptable “relationship.” The ability to attach to and feel close to and understood by others, while still being able to have a strong, consistent sense that you won’t be deeply hurt, abandoned, or neglected “on purpose,” is therefore, one of the hallmarks of adolescent mental health.
They have a strong sense of self-efficacy and authorship.	This involves a strong sense of “writing the story” of one’s own life, and being able to accurately see one’s role in things going well and badly allow for the ability to reflect on what happened, analyze the situation, and make adjustments. That whole process is about engagement in the world, which is one of the strongest protective factors for teenagers’ mental health.
They are able to form fully developed, realistic ideas of themselves and others, which includes good parts and bad parts in the same person (and oneself).	If a teen can hold in consciousness the image or idea or feeling of a kind or loving presence (of themselves or another) they are safer and have real protection against the inevitable losses and disappointments of living. Teens need “self and object constancy” <sup>i</sup> or the knowledge that we go on existing for others, and they for us, when we’re not together. This is a bulwark against one of the most pervasive feelings of adolescence—loneliness.
They are able to respond well to stress—both positive and negative stress—and be resilient and perseverant.	So, what happens to your teen when he’s “stressed”? Does he find it a challenge and kind of exciting or does he feel undone by it? Everyone needs a way to deal with stress—a defense against stress when it feels like “too much,” and a way to process the information contained in the challenge to our bodies/feelings. When we’re relatively healthy, we have quite a few ways to deal with stress. Teens in America are dealing with considerable stressors; some are normal and expectable and some are not.

They have an assessment of themselves (“self-esteem”) that is both realistic and reliable.	When we tell our kids, “You can succeed at anything you want to do!” they know it just isn’t true if their actual experience in the world does not match that overblown statement. That’s one strong reason why consideration of self-esteem requires knowledge about how your child is actually performing on task understanding and completion, because that kind of industriousness and “successful commerce” is one big part of what allows a child to feel successful in the world. If a child’s “great feeling” about herself doesn’t match the reality of her performance, her self-esteem will not rise or it will be extremely fragile.
They have a developing ethical “muscle.”	If your son or daughter <i>does not have to think or feel</i> , in deciding how to approach, treat, care for, or refuse another, they are not exercising the ethical <i>muscle</i> , so to speak. In this view, mental health implies the <i>ongoing</i> activity of ethical development, including assessment, data gathering, theorizing, and behavior change. It implies failure and recalibration.
They can recognize, understand, articulate and manage their feelings (and have the awareness of their bodies necessary to carry out these capacities), with flexible means of doing so.	Our good mental health and the good mental health of our children is in part dependent upon our ability to <i>tolerate</i> feelings and thoughts about ourselves and others and not to have to (always) project them onto others or the world in general. It means not having to condemn (and then “get rid of”) difficult thoughts and feelings, so that we can work with them, learn from them, and transform them into positive action.
They have awareness of where they're at now, and who they might want to be, and have some measure of the distance between the two.	A 16-year-old boy once told me that he realized at some point he wasn’t feeling as scared about the prospect of meeting new people. I asked him, “Do you remember when we first started meeting and you told me that you’d never be able to make friends—it just wasn’t in your nature?” He laughed and then I asked him, “How did you get from <i>that to this</i> ?” That is a question about <i>insight</i> , because it is a reflection on the space between his previous felt lack of capacity and the current quality of his changed self.
They have a developing theory of mind.	This process—referred to as <i>mentalization</i> or having a theory of mind—includes the understanding that others have beliefs, desires, and intentions <i>that are different from one’s own</i> . This is crucial for the development of empathy and capacity for cooperation.
They have a reasonable balance between taking care of things on their own—and feeling good about that—and relying on the capacities and presence of others.	The balance of depending upon close others and being self-reliant has enormous bearing on adolescence and thinking about the overall health of our teenagers. This is one of the greatest difficulties of adolescence—discovering a balance between self needs and the needs of close others—and it’s captured so well in my favorite definition of maturity as “doing what you want, even if your parents want you to do it.”
They feel for themselves—and others feel, too—a sense of passion and “aliveness” to their life.	But keep in mind, it's not unusual for a budding teenager to <i>hide</i> signs of vitality from a parent or caregiver. After all, showing you what she loves <i>potentially</i> exposes your daughter to your disagreement, disapproval, faint praise, or condemnation. It also exposes her to the vulnerability and risk of your <i>approval</i> .
They have the ability to perceive and deal with failure, loss, and things larger than themselves.	Life is filled with beauty and loss; there is no denying that. the ongoing adaptation to a world and forces bigger than us is our last component of assessing mental health. This adaptation is largely unconscious but it is so necessary, it takes up much of our conscious attention as well—we just tend to fight that.