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SOCIAL EMOTIONAL HEALTH SURVEY RESEARCH

Rationale (SEHS-S) Secondary


SEHS-S Psychometric and Validation Studies


This study reports on the preliminary development and validation of the Social and Emotional Health Survey (SEHS) with a sample of 4,189 (51 % female) California students in Grades 8, 10, and 12. The SEHS was designed to measure the psychological building blocks of adolescents’ positive mental health and is operationalized in the present study by a theoretical model comprised of 12 measured indicators that form four first-order domains (belief-in-self, belief-in-others, emotional competence, and engaged living) that, in turn, contribute to one underlying, second-order meta-construct called covitality. This study was the first to investigate the validity and utility of the adolescent covitality construct, which is conceptualized as the synergistic effect of positive mental health resulting from the interplay among multiple positive-psychological building blocks. Findings from confirmatory factor analyses, invariance analysis, and latent means testing all supported the theoretical model underlying the SEHS, indicating that the second-order covitality model was the best fit for both males and females. Results from a path-modeling analysis indicated that covitality was a strong predictor of students’ subjective well-being (operationalized as a composite of life satisfaction, positive affect, and negative affect), and findings from additional concurrent validity analyses indicated that adolescents’ covitality level was significantly associated with self-reported academic achievement, perceptions of school safety, substance use, and experiences of depressive symptoms. Implications for theory, practice, and future research are discussed.


The article explores the use of the Social and Emotional Health Survey—Secondary version (SEHS-S) with a sample of 975 Japanese students in Grades 7–9 attending schools located northwest of Tokyo. A confirmatory factor analysis using half the sample confirmed the four-factor structure of the SEHS-S, and further analyses verified its second-order factor model including Belief-in-Self, Belief-in-Others, Emotional Competence, and Engaged Living, all of which contribute to a latent second-order construct labeled Covitality. Additional SEM validity analyses found
that the four identified first-order SEHS constructs and the second-order covitality construct were positively associated with subjective well-being. SEHS-S scores also predicted several variables indicative of positive school engagement for Japanese students, including academic performance, social relationships, and willingness to assist others. Results of the study are discussed in terms of the advantages of using strength-based assessments such as the SEHS-S for Japanese students and in promoting well-being in this population.


The Social Emotional Health Survey–Secondary (SEHS-S) was developed to assess adolescent’s core mindsets that are associated with positive psychosocial development. The present study extended SEHS–S research by examining its use with a nonwestern sample of Korean adolescents (Grades 7–12; \( N = 686 \)) and examined the invariance of the SEHS–S factor structure for males and females. Factor analyses were conducted in two stages. In stage 1, using a split-half of the total sample (S1), confirmatory factor analysis (CFA) was employed to test the fit of the previously known factor structure of the SEHS–S. In stage 2, using S2, structural equation modeling was used to test two alternative SEHS–S factor structures and invariance across gender groups in a series of multigroup CFAs. Results indicated that the CFA analyses supported the SEHS–S measurement model. The multigroup invariance analysis found that the SEHS–S higher-order structure had full invariance across gender groups, which indicated that the measured latent traits have similar meaning across groups and that the students responded to the items in similar ways. Latent means analysis found that females more strongly (moderate effect size) endorsed belief-in-others items than males. A SEM analysis also found that the SEHS–S measurement model, including the second-order covitality latent trait was a significant positive predictor of subjective wellbeing. Finally, students with higher levels of covitality reported better school achievement and fewer depressive symptoms. Implications for the applied use of the SEHS–S in Korea to assess complete mental health are discussed.


This study investigated the psychometric properties of a Turkish-language adaptation of the Social and Emotional Health Survey–Secondary (SEHS-S), a measure of core psychological assets hypothesized to be associated with adolescents’ flourishing mental health. Convenience samples of students (Grades 9–12) from six Turkish high schools were used; one sample had 402 students (45% male and 55% female) and the second sample had 452 students (44% male and 56% female). Using Sample 1, confirmatory factor analysis replicated the previously identified SEHS-S higher-order factor structure, consisting of 12 subscales that formed four first-order latent traits (belief-in-self, belief-in-others, emotional competence, and engaged living) and a second-order trait (covitality). Using Sample 2, additional validity analyses showed that covitality was positively correlated with psychological resilience and prosocial behaviors. There was a negative correlation with externalized and internalized psychological distress. Acceptable alpha reliability coefficients were found for the four SEHS-S domains (males = .74–.89; females = .75–.81) and the covitality total score (.89 for males and females). The findings supported the use of the SEHS-S as a valid and reliable measurement instrument for use in positive mental health research with Turkish adolescents and generalized the SEHS-S covitality measurement model to another cultural context.


The Social Emotional Health Survey (SEHS) was developed with the aim of assessing core cognitive dispositions associated with adolescents’ positive psychosocial development. Using a new sample, the present study sought to extend previous SEHS research by co-administering it with the Behavioral Emotional Screening System (BESS). The sample included 2,240 students in Grades 9-12 from two comprehensive high schools located in a major west coast USA city. Most of the students were of Latino/a heritage (72%) and had experienced disadvantaged economic circumstances (80% at school 1 and 68% at school 2). Confirmatory factor analyses supported the original SEHS
factor structure composed of the first-order constructs of belief-in-self, belief-in-others, emotional competence, and engaged living, which parsimoniously mapped on to a second-order “covitality” factor. Complete factorial invariance was found across four groups formed by crossing gender (male, female) and age (ages 13–15, ages 16–18). Latent means analysis found several small to moderate effects size differences, primarily for the belief-in-self and belief-in-others first-order latent traits. A SEM analysis found that the SEHS measurement model, including covitality was a significant negative predictor of psychological distress as measured by the BESS and was positively associated with students’ end-of-semester grade point average. The discussion focuses on implications for conceptualizing the core psychological components of adolescents’ positive quality of life and how schools can use the SEHS as part of a whole-school procedure to screen for students’ complete mental health.


Social-emotional health influences youth developmental trajectories and there is growing interest among educators to measure the social-emotional health of the students they serve. This study replicated the psychometric characteristics of the Social Emotional Health Survey (SEHS) with a diverse sample of high school students (Grades 9–12; N = 14,171), and determined whether the factor structure was invariant across sociocultural and gender groups. A confirmatory factor analysis (CFA) tested the fit of the previously known factor structure, and then structured equation modeling was used to test invariance across sociocultural and gender groups through multigroup CFAs. Results supported the SEHS measurement model, with full invariance of the SEHS higher-order structure for all five sociocultural groups. There were no moderate effect size or higher group differences on the overall index for sociocultural or gender groups, which lends support to the eventual development of common norms and universal interpretation guidelines.


**SEHS-Secondary Applications**


Universal screening for complete mental health is proposed as a key step in service delivery reform to move school-based psychological services from the back of the service delivery system to the front, which will increase emphasis on prevention, early intervention, and promotion. A sample of 2,240 high school students participated in a schoolwide universal screening to identify behavioral and emotional distress as well as personal strengths. School psychologists, as part of a multidisciplinary team, coordinated the use of these screening data to engage in preventive consultation with administration to make decisions regarding the refinement and expansion of mental health service delivery options. Schoolwide and individual student prevention and intervention activities were tailored according to screening results. The roles of the school psychologist and multidisciplinary team members are discussed as critical components of this approach to service delivery change. Implications for future consultation research, practice, and training are provided.

Increasingly, schools are implementing school-based screening for risk of behavioral and emotional problems; hence, foundational evidence supporting the predictive validity of screening instruments is important to assess. This study examined the predictive validity of the Behavior Assessment System for Children-2 Behavioral and Emotional Screening System Student Form (BESS Student) in the authentic context of an urban high school that conducted universal screening over 3 years. Multivariate regression, sensitivity, specificity, and receiver operating characteristic curve analyses were used to examine the BESS Student scores' prediction of internalizing symptoms. BESS Student scores explained a significant proportion of the variance in internalizing symptoms concurrently, but predictive validity estimates decreased over time. Significant gender differences were present; BESS Student scores were better able to predict internalizing symptoms for females. Implications for research and practice involving screening for behavioral and emotional problems are discussed.


This study explored the effects of being bullied from a dual-factor lens, specifically examining the relation between victimization and constructs that contribute to social-emotional well-being. Prior to carrying out the main analyses, the factor structure of self-report items related to experiencing bullying and harassment from the California Healthy Kids Survey, which was administered to more than 14,000 high school students, was examined to establish that these items represent an overall factor: students' experience of victimization. This factor was then used as an independent variable in a series of planned comparisons with a dependent variable represented by constructs addressed by the Social Emotional Health Survey–Secondary: belief-in-self, emotional competence, belief-in-others, and engaged living. With increased frequency of victimization, suicidality increased and belief-in-others decreased. For other constructs, belief-in-self, engaged living, and depression, there were significant differences found between individuals who had experienced frequencies of bullying as low as less than once a month and those who did not experience bullying at all but no further detrimental impacts were seen with even higher frequencies of victimization, indicating that being victimized at all is significantly worse than not being victimized for these variables. Implications and future directions for research are explored.


Student surveys are often used for school-based mental health screening; hence, it is critical to evaluate the authenticity of information obtained via the self-report format. The objective of this study was to examine the possible effects of mischievous response patterns on school-based screening results. The present study included 1,857 high school students who completed a schoolwide screening for complete mental health. Student responses were reviewed to detect possible mischievous responses and to examine their association with other survey results. Consistent with previous research, mischievous responding was evaluated by items that are legitimate to ask of all students (e.g., How much do you weigh? and How many siblings do you have?). Responses were considered "mischievous" when a student selected multiple extreme, unusual (less than 5% incidence) response options, such as weighing more than 225 pounds and having 10 or more siblings. Only 1.8% of the students responded in extreme ways to 2 or more of 7 mischievous response items. When compared with other students, the mischievous
responders were less likely to declare that they answered items honestly, were more likely to finish the survey in less than 10 min, reported lower levels of life satisfaction and school connectedness, and reported higher levels of emotional and behavioral distress. When applying a dual-factor mental health screening framework to the responses, mischievous responders were less likely to be categorized as having complete mental health. Implications for school-based mental health screening are discussed.


Despite the limited literature available regarding SW-PBIS in an alternative setting, the principles of SW-PBIS should apply to these environments, as the strategies were developed to increase effective learning environments and encourage positive behaviors in all youth. It is hypothesized that SW-PBIS is a promising intervention strategy for this high-risk population and could be a cost-effective resource for alternative education settings (Simonsen & Sugai, 2013). This present study is a one-year evaluation designed to examine the implementation of SW-PBIS in a unique alternative high school setting. The main foci of this article are twofold: (a) to evaluate the impact of a high school SW-PBIS model on discipline outcomes (incident reports, teacher reports) at an alternative education program, and (b) to identify ways in which the typical SW-PBIS models can be adapted to meet the needs of students in the alternative school setting.


To identify and intervene with students in need of services, the South Korean government has implemented national mental health screening. However, concerns raised about the unintended stigmatization of the screening assessment that focuses on student deficits prompts the need for additional research. This study evaluated the potential utility of an alternative screening approach that considers student strengths, in addition to symptoms of distress. Using a sample of 1,190 Korean adolescents enrolled in grades seven to nine, two latent profile analyses were conducted to identify underlying mental health strength and distress subtypes. Results identified five subtypes of psychological strengths and three subtypes of psychological distress. As hypothesized, students with higher levels of strengths and lower levels of distress reported better quality of life, academic performance, and higher life satisfaction. Implications for school-based mental health screening and future directions for researchers and practitioners are discussed.


Early school-based mental health screeners were informed by a deficit paradigm that aimed to identify psychological distress symptoms. In comparison, following a whole-child perspective, a dual-factor approach has been proposed that assesses complete mental health using both positive dispositions and distress symptoms. Applying the dual-factor approach, the current study involved 118 tenth-grade students and examined how strongly subjective well-being was associated with measures of positive psychological dispositions (Social Emotional Health Survey [SEHS]) and psychological distress (Behavioral and Emotional Screening System [BESS]). Results indicated that
the strengths-based SEHS explained 32% of the variance in the students’ global subjective well-being with the deficit-based BESS adding an additional 8% of explained variance. Implications for school-based mental health screening are discussed.


Objective: Studies on protective factors for school victimization are rare and usually focus on specific assets. The current study examined the association between quantity and variety of domains of developmental assets and school victimization in adolescence. Method: Data were drawn from the California Healthy Kids Survey (CHKS; N = 11,790 high school students attending 17 schools). The Social and Emotional Health Survey—Secondary (SEHS-S) was administered as part of a federally funded school climate initiative in the spring of 2013. A mixed-effects modeling approach tested associations between configurations of assets and school victimization. Results: Adolescents reporting a higher quantity of assets in multiple domains had a lower likelihood of experiencing physical and relational victimization and fear of being victimized in school compared to youth having zero assets. Conclusions: Results supported the importance of considering the quantity of psychological and social assets and the variety of assets across multiple domains. Interventions promoting multiple protective factors in multiple areas of youths’ lives may have the highest likelihood of impacting adolescent well-being.


The current study examined the association between quantity, variety, and configuration of developmental assets with risk behaviors (tobacco and alcohol use) and developing emotional problems (depressive feelings and suicidal thoughts). A sample of 12,040 high school students completed surveys investigating youth health and risk behaviors, and developmental assets. Independent one-step logistic regression analyses showed that adolescents reporting a higher quantity of assets, and possessing them in multiple domains, tended to have a lower likelihood of experiencing behavioral and emotional problems. The negative association between developmental assets and negative outcomes was more consistent when quantity and variety were considered simultaneously, thus supporting the configuration protective model. A sufficient number of strengths, in an adequate number of different domains, seems to provide the strongest protection against negative developmental outcomes. The research and clinical implications of findings are discussed.


www.cambridge.org/core/journals/educational-and-developmental-psychologist/article/exploring-the-contributions-of-school-belonging-to-complete-mental-health-screening/EF7CB96B591AFCA5820BFA3CE67C953B

Considering the many positive outcomes associated with adolescents’ sense of school belonging, including psychological functioning, it is possible that including an assessment of school belonging within a complete mental health screening process could contribute to the prediction of students’ future mental health status. This exploratory study used complete mental health screening data obtained from a central California high school (N = 1,159). At Time 1 (T1) schoolwide screening was used to identify complete mental health groups by applying a dual-factor strategy and concurrently measuring students’ school belonging. One year later at Time 2 (T2), social-emotional wellbeing and internal distress were assessed. Cross-sectional T1 results indicated that there were significant differences in school belonging between students who reported low global life satisfaction and those who reported average or high global life satisfaction, regardless of reported level of psychological distress. A comparison of T1 to T2 data revealed that global life satisfaction and psychological distress were predictive of wellbeing and internal distress. However, contrary to study expectations, school belonging at T1 added little to the prediction of T2
psychological distress beyond the information already provided by the T1 dual-factor screening framework. Implications for practice and future directions are discussed.


Dual-factor models of mental health including a focus on well-being and distress are increasingly supported. The current study utilized latent profile analysis (LPA) to empirically identify subtypes of dual-factor mental health during high school and to examine the relation of mental health groups to distal indicators of academic performance, well-being, and psychopathology. A sample of 332 adolescent high school students reported on their social-emotional strengths and psychological distress during the Fall of their ninth, tenth, and eleventh grade years. In twelfth grade, students reported on outcome measures assessing their academic and social-emotional experiences. Independent LPAs for each grade year yielded four mental health subtypes: complete mental health, moderately mentally healthy, symptomatic but content, and troubled. Across high school years, most students belonged to the complete or moderate mental health classes, with the troubled class consistently representing the smallest proportion of the sample. Students in classes with higher levels of strengths and lower levels of distress reported higher grades, prosocial contribution to community, and life satisfaction, and less frequent symptoms of anxiety and depression, illustrating the validity of the LPA approach. Implications and future direction for research and school-based practice are discussed.


Dual-factor models of mental health focusing on well-being and psychopathology are increasingly supported. Although the cross-sectional literature regarding dual-factor mental health and the relation of mental health group membership to later youth outcomes is growing, research examining longitudinal trends in dual-factor mental health is needed. The current study used latent profile analysis (LPA) to empirically identify dual-factor mental health profiles at each of Grades 9 through 12 and latent transition analysis (LTA) to examine stability of profiles over the four academic years. A sample of 861 adolescents from two cohorts (Cohort A = Grades 9 to 11, Cohort B = Grades 10 to 12) reported on their social-emotional strengths and psychological distress. Cross-sectional LPAs for each grade year resulted in four mental health profiles: complete mental health, moderately mentally healthy, symptomatic but content, and troubled. An LTA model assuming full measurement invariance, nonstationary transitions, and controlling for cohort indicated that the complete mental health profile exhibited the most average stability, followed by moderately mentally healthy and symptomatic but content profiles. The troubled profile exhibited the least stability. Less than 24% of participants remained in the same mental health class across all academic years. However, the most stable patterns were youth who remained in the complete mental health (10%) and moderately mentally healthy (9%) profiles. Findings support regular monitoring of students’ dual-factor mental health to accurately inform mental health promotion, prevention, and intervention efforts.


Universal screening is increasingly becoming part of prevention and early intervention best practice in schools. Although the number of schools engaging in universal screening has increased over the past decade, emotional and behavioral problems are often their primary focus. Problem-focused screening, however, does not address positive contributions to mental health and is useful for only a small percentage of students. Conversely, the information obtained when assessing for strengths is relevant for all students. The inclusion of a strength-based approach in school-based universal mental health screening serves to broaden educators’ understanding of mental health and can inform reactive and proactive interventions that address problems and enhance strengths. This article discusses the knowledge and skills needed to implement universal complete mental health screening, that is, screening that assesses for students’ strengths and problems. A detailed description of complete mental health screening is provided, followed by a step-by-step implementation guide with specific considerations for practitioners who wish
to engage in complete mental health screening as part of comprehensive efforts to promote the well-being of all students. Finally, the process of complete mental health screening is illustrated with a case example.


This study examined the relations between the psychological social and emotional health self-schemas and subjective well-being for Turkish adolescents and a United States sample of American adolescents. The participants were 2,242 high school students (1,123 from Turkey and 1,119 from American). The Students’ Life Satisfaction Scale (SLSS), Positive and Negative Affect Schedule for Children (PANAS-C), and Social and Emotional Health Survey-Secondary (SEHS-S) were used as data collection tools. A comparison across national samples found that Turkish adolescents expressed higher levels of self-awareness, persistence, family coherence, behavioral self-control, and belief-in-self. American adolescents reported higher levels of school support, empathy, and subjective well-being. Positive associations were found between the social and emotional health components and the subjective well-being of the adolescents in both cultures. Multiple regression analyses indicated that self-efficacy, self-awareness, family coherence, and zest were significant predictors of subjective well-being for both the Turkish and American samples. For the American sample only, peer support, gratitude, and optimism were significant predictors. The findings are discussed in the context of individualist and collectivist cultures.


This study investigated the psychometric properties of a Turkish-language adaptation of the Social and Emotional Health Survey–Secondary (SEHS-S), a measure of core psychological assets hypothesized to be associated with adolescents’ flourishing mental health. Convenience samples of students (Grades 9–12) from six Turkish high schools were used; one sample had 402 students (45% male and 55% female) and the second sample had 452 students (44% male and 56% female). Using Sample 1, confirmatory factor analysis replicated the previously identified SEHS-S higher-order factor structure, consisting of 12 subscales that formed four first-order latent traits (belief-in-self, belief-in-others, emotional competence, and engaged living) and a second-order trait (covitality). Using Sample 2, additional validity analyses showed that covitality was positively correlated with psychological resilience and prosocial behaviors. There was a negative correlation with externalized and internalized psychological distress. Acceptable alpha reliability coefficients were found for the four SEHS-S domains (males = .74–.89; females = .75–.81) and the covitality total score (.89 for males and females). The findings supported the use of the SEHS-S as a valid and reliable measurement instrument for use in positive mental health research with Turkish adolescents and generalized the SEHS-S covitality measurement model to another cultural context.

Elementary Schools (SEHS-P) Primary


This study reports on the preliminary development of the Positive Experiences at School Scale (PEASS), which was developed to measure a new construct, student covitality—conceptualized as the synergistic experience of well-being that results from the interactions of multiple school-grounded positive traits in youth. The PEASS is a brief, self-report, developmentally-appropriate assessment with subscales measuring four school-anchored positive-
psychological traits that are linked with youth well-being and school engagement: gratitude, zest, optimism, and persistence. The composite score of the four PEASS subscales was hypothesized to represent student covitality. Construct validity was examined using confirmatory factor analyses, invariance analysis, and latent means analysis. Factor analysis results supported four first-order PEASS subscales; in addition, multigroup invariance testing showed that a measurement model including the second-order covitality latent trait was a good fit for both males, RMSEA = .040, 90% CI [.033, .046], and females, RMSEA = .053, 90% CI [.047, .059], providing support for student covitality as a parsimonious construct representing youths’ global positive experiences at school. Additional concurrent validity analyses were conducted by examining the association between student covitality and other behavioral and psychological variables (i.e., feelings of school safety, bullying experiences, and responses to a school-anchored Prosocial Behavior scale and the Psychological Sense of School Membership scale). Implications for theory, practice, and future research are discussed.


The present study reports on an investigation of the generalizability of the technical adequacy of the Positive Experience at School Scale (PEASS) with a sample of students (N = 1,002) who differed substantially in age/grade level (i.e., adolescents in middle school as opposed to children in elementary school) and ethnic identity (i.e., majority Black/African American as opposed to majority Latino/a) in comparison with the measure’s primary development sample. Findings from confirmatory factor analyses indicated the original latent structure of the PEASS was tenable in the current sample and that the measure was invariant across gender and grade level, with some small demographic differences identified via latent means testing. Additional psychometric findings regarding the technical adequacy of the PEASS with this sample, including its observed scale characteristics and simulated classification utility with criterion measures of academic self-efficacy and school connectedness, are also presented. Implications for future research and practice are discussed.


The Social Emotional Health Survey-Primary (SEHS-P) was developed to assess elementary school children’s positive psychological traits toward the past (gratitude), present (zest), and future (optimism and persistence), and the higher-order latent construct of covitality in U.S. The present study extended research on SEHS-P by validating it with a sample of children in a rural area in China (Grades 4-6; N = 653; M_age = 11.42, SD = .99) and examining the measurement invariance for males and females. CFA results supported the SEHS-P measurement model and the covitality latent construct. The multigroup analysis indicated the SEHS-P higher-order model had full measurement invariant across gender groups. Boys and girls did not differ on covitality, gratitude, zest, optimism, or persistence. Validity analysis showed that the second-order covitality latent trait positively associated with Chinese elementary students’ mental health (e.g., less depressive symptoms), prosocial behaviors at school, peer relationship (less peer victimization, less bullying perpetration) concurrently; and predicted academic achievement (better course marks in Chinese, math, and English) six month later. Implications for using SEHS-P in Chinese schools to promote students social emotional health are discussed.

College Age (SEHS-HE) and Adults


This study investigated whether five positive psychological constructs (self-efficacy, gratitude, grit, hope and optimism) had a combined effect on levels of depression. The co-occurrence of these psychological factors, defined as an example of covitality, was examined in relation to predicting lower levels of depression. Participants were 278
retirees living in Brisbane, Australia. Each participant completed either an online or hard-copy self-report, related to positive psychological functioning. A standard multiple regression found that self-efficacy, grit, optimism and hope were individually all significant predictors of depression (small effect sizes); however, the combinatorial relation of all these four factors with depression was substantial \( R^2 = 0.34 \); large effect size). Gratitude was not a significant predictor. While no causality can be inferred from this cross-sectional study, having a combination of positive psychological factors might affect levels of depression in retirement.


The emergence of positive psychology has generated increased interest about the correlates of positive psychological functioning. Researchers have identified and studied various positive psychological constructs (e.g., hope, optimism, self-efficacy, gratitude, and life satisfaction) and found them to covary and to be positively associated with optimal human functioning and negatively associated with mental illness. This study of 528 college students examined the co-occurrence of selected positive psychological traits and explored their relations with a proposed second-order latent construct called covitality and with psychological well-being. Structural equation modeling examined each first-order positive psychology construct related to the second-order concept of covitality. Findings supported the second-order latent factor model of covitality, which was also significantly related to indicators of psychological well-being. Implications for theory development related to understanding positive human resources and applications within the context of college student populations are discussed.


Psychopathology often emerges and is exacerbated during emerging adulthood. The Depression, Anxiety, and Stress Scale (DASS) is a well validated and widely used self-report measure for assessing emotion regulation problems among adolescents and adults. The current study surveyed two subsamples of undergraduate students (\( N = 1,413 \)) using an online survey, to examine the latent structure of the DASS-21 using a bifactor model that examined a general Negative Affectivity factor and three specific factors of Depression, Anxiety, and Stress. Four models were tested, including (a) a one-factor model with each of the 21 items loading onto a single general factor, (b) the original correlated three-factor model, (c) a bifactor model, and (d) a final model which constrained all items originally hypothesized to load onto the Stress factor to load onto only the general Negative Affectivity factor. The bifactor model with specific orthogonal factors of Depression, Anxiety, and Stress yielded the best fit. All items loaded onto the general Negative Affectivity factor. Implications are discussed.


We report on the development of the Social Emotional Health Survey-Higher Education (SEHS-HE), a multidimensional measure of covitality (the combinatorial effects of multiple positive psychological constructs). Scale development was carried out over 18 months involving five phases: conceptual grounding and item pool generation; cognitive interviews and item refinement; pilot survey and item reduction; structural validation survey and analyses; and, validity and stability analyses. Starting with a pool of 72 items, item selection and reduction was carried out using a sample of 771 college students. A second sample of 1,413 students (63.5 % female, mean age 20.0 years) completed the refined 48-item measure. Confirmatory factor analyses found acceptable fit for the SEHS-HE higher-order covitality latent structure. A final set of 36 items consisted of four latent traits (each comprised of three measured subscales): belief-in-self (subscale: self-efficacy, persistence, self-awareness), belief-in-others (subscale: family support, institutional support, peer support), emotional competence (subscale: cognitive reappraisal, empathy, self-regulation), and engaged living (subscale: gratitude, zest, optimism). Complete invariance was found for males and females with small effect size differences on latent mean scores. Evidence supported the SEHS-HE total score’s concurrent and predictive validity for students’ subjective well-being \( r = .72 \), \( r = .65 \), respectively) and psychological distress \( r = -.56 \), \( r = -.45 \), respectively). The 4-month stability coefficient...
for the SEHS-HE total score was .82, indicating it measures trait-like psychological constructs. The discussion focuses on the uses of the SEHS-HE in support of mental health programs, and refinement of the conceptual understanding of the covitality construct.


This study examined the combined influence of six positive psychology variables (optimism, hope, self-efficacy, grit, gratitude, and subjective life satisfaction), termed covitality, in relation to buffering individuals against anxiety symptoms. In addition, the influence of self-deception was examined to test whether this construct had an influence on the reporting of these positive psychology variables. A total of 268 individuals (203 females and 65 males) with a mean age of 22.2 years (SD = 7.4 years) from one Queensland university took part in the study. The participants completed an online questionnaire, which included a battery of positive psychological measures, plus a measure of anxiety and self-deception. The results indicated that the covitality constructs had a moderation effect on anxiety. In a regression analysis, the six covitality constructs explained an additional 24.5% of the variance in anxiety, after controlling for self-deception. Further analyses revealed that those higher in self-deception scored higher in self-efficacy and all positive covitality measures and lower in anxiety, than those lower in self-deception. These findings illustrate the importance of considering the role that self-deception might play in the reporting of positive psychology variables.

Related Resources


The SEHS-S (Furlong et al., 2014) is a strengths-based measure that has been widely supported and validated for use within a complete mental health screening context (e.g., Furlong, You. Renshaw, Smith, & O’Malley, 2014; You, Furlong, Felix, & O’Malley, 2015). Empirical support exists for a higher-order model consisting of a total covitality score that can be efficiently used in complete mental health screening; covitality is defined as the counterpart to comorbidity and conceptualized as “the synergistic effect of positive mental health resulting from the interplay among multiple positive-psychological building blocks” (Furlong et al., 2014; p. 1013). Although the SEHS-S has been co-administered with a variety of distress measures, including the BESS and the Strengths and Difficulties Questionnaire (Goodman, 1999), a companion distress measure that is designed specifically for use in complete mental health screening is needed. This manuscript reports on the initial validation of a population-based distress measure, the Social Emotional Distress Survey—Secondary (SEDS-S) to be co-administered along with the SEHS-S to efficiently accomplish complete mental health screening.


This special issue of Contemporary School Psychology aims to contribute to the growing literature on approaches that school psychologists can use to better understand and implement practices grounded in positive principles that enhance optional youth development, and, given school psychologists’ focus, particularly subjective well-being and complete mental health. The manuscripts examine best practice addressing how school psychologists are working effectively to foster the development of “noncognitive” factors that promote student success and foster the flourishing well-being of all students. These articles provide examples of how school psychologists are engaged in assessment, prevention, and intervention practices that foster the internal assets and external resources that help all students manage life’s myriad development tasks in a manner that lead to robust subjective well-being and purposeful life engagement.

Although remaining in its emergent stage, there are empirically validated SWB promotion strategies that warrant attention. The aim of this chapter is to provide an overview of a number of these programs and strategies that have been used to foster youths’ positive SWB, with a particular focus on school-based practices. This chapter is divided into four sections. First, the benefits of SWB among youth will be summarized. Second, specific domains that have been addressed vis-à-vis SWB promotion strategies will be described. Third, the chapter will summarize multicomponent programs and narrow-band strategies that have been shown to promote SWB levels. Finally, the chapter concludes with a description of the factors to consider when implementing efforts to foster SWB and provides some key resources to support these efforts.


This chapter includes five sections that examine core issues related to children’s well-being rights as articulated in the United Nations Convention on the Right of the Child (hereafter referred to as the Convention; UN General Assembly, 1989), which was adopted by the United Nations General Assembly in 1989. The first section addresses the importance of ensuring that all children are given the opportunity to provide input to assessments of their well-being, and that comprehensive well-being assessments incorporate negative and positive indicators of well-being. The second section presents a conceptual framework for organizing child well-being research that incorporates key elements of the Convention. The third section addresses the notion that respect for children’s rights implies that the most useful assessments of child well-being require additional measures of core, malleable social and psychological assets and risk factors that are known to be associated with child well-being. This perspective is based on the
principle that monitoring systems should provide actionable information about each child that informs access to well-being enhancing support services and resources. In addition, an overview of the dual-factor model of mental health is used to illustrate a specific approach to measuring well-being that incorporates negative and positive indicators. The fourth section provides guidance for school psychologists on how to infuse well-being assessments into their professional practice, and thereby advocate for children’s rights. The fifth section concludes with a discussion of how the adoption of a holistic model of youth development, consistent with the Convention, offers school psychologists the opportunity to provide services that facilitate the well-being of all children.


As part of universal screening efforts in schools, validated measures that identify internalizing distress are needed. One promising available measure, the Depression, Anxiety, and Stress Scales–21 (DASS–21), has yet to be thoroughly investigated with adolescents in the United States. This study investigated the underlying factor structure of the DASS–21 in a sample of U.S. adolescents (N = 2,454) by using confirmatory factor analytic techniques to test several alternate models. A bifactor model specifying general Negative Affectivity and three specific factors of Depression, Anxiety, and Stress yielded the best fit. Results from this study suggest that (a) the DASS–21 scales reflect a common factor, indicating that a total score of the DASS–21 can be derived as a measure of general negative affectivity, and (b) the DASS–21 may not adequately differentiate between the experiences of negative affectivity, anxiety, and stress in U.S. adolescents.

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**Other studies using the Social Emotional Health Surveys**

**SEHS-Primary and Secondary**


Social exclusion experiences thwart fundamental human needs, and threaten youths’ mental health and wellbeing. Given the literature supporting the protective effect of social support, the present study investigated whether social support mediated and moderated the relation between social exclusion and psychological wellbeing at school.

Sample consisted of 407 adolescents (49.9% of female) with ranging in age between 11 and 18 years (M = 13.94, SD = 1.64). Findings of the structural equation modeling analyses indicated that social support sources—family, peer and school—had mediating effect on the relationship of social exclusion and youths’ psychological wellbeing. Additionally, regression analyses showed that social support had also a moderator role on this association. However, the role of these resources (family, school and peer support) varied with regard to gender, and herein the effect of social support was greater in female students. Moreover, school support moderated the association of social exclusion and female students’ psychological wellbeing, while peer support had a moderator role on this relation for male students. In sum, the study results support that youths who perceive themselves as being socially excluded at school have lower social support and psychological wellbeing, and the importance of social support resources on youths’ psychological wellbeing in adolescents. Implications for future research and practice are discussed, and several suggestions are presented.

The main goal of the project was to provide high school seniors with the knowledge and preparation necessary to thrive in their educational experience once they move on to Community College. A collaborative action research team developed a program to reach the project goal. Students participated in guidance lessons, an online application process and group discussions. By the end of the program, seniors understood the Community College system and the transfer process to a four-year university. The program also provided information on the steps required for early registration in community colleges and on financial aid applications as well as special programs and club organizations such as the Puente Project, Extended Opportunity Programs and Services (EOPS), and the Chicano Student Movement of Aztlán (MEChA). By the end of the program, seniors showed their knowledge and understanding of the Community College system and the transfer process to a four-year university.


The aim of the diploma thesis is to determine the level of social-emotional health of secondary-school students and the relationship between social-emotional health and depression. Our assumptions were based on the European and Slovak health policy, relevant terminology, particularities of adolescence, positive and humanistic psychology and M. J. Furlong’s Model of Social-Emotional Health. We assumed an average level of social-emotional health of secondary-school students and a negative relationship between social-emotional health and depression. The sample included 168 secondary-school students of two Slovak regions. The level of social-emotional health was determined by the Questionnaire of social-emotional health (SEHS-S). The level of depression was determined by the Children’s Depression Inventory (CDI). Results of the research fulfilled the aim of the thesis. Social-emotional health of selected secondary-school students has an average level, being situated in the range of higher average. Depression experienced by selected secondary-school students is situated within the range of healthy adolescents. Results of the research proved strong negative link between social-emotional health and depression experienced by secondary-school students. All correlations between social emotional health and primary dimensions of depression are negative. We proved negative link between depression and key domains of social-emotional health. Theoretical and practical implications are presented as well.


The study presents a characterization of an inclusive secondary school in Bratislava and provides information about the forms and methods used in the work of the teachers, school psychologists, special teachers with regard to students with special needs (students with Attention and Hyperactivity Disorder, i.e. ADHD, with learning difficulties, with emotional and behaviour difficulties, etc.), who are educated together with mainstream students. It also provides information on the first results of the measurements of the socio-emotional health of the students in the inclusive school, both as to its overall level (covitality index) and as to the level of the four psychological dimensions of mental health. The pilot project of the inclusive school confirms that inclusive secondary schools and inclusive education operating within the intentions of positive psychology help the students to develop their cognitive and socio-emotional competences, to create favourable attitudes to diversity, to form the students’ scale of positive values and to encourage positive interpersonal relationships, social cohesion and social classroom climate.

The aim of the Master thesis was to analyze correlations between social emotional health, personality and school achievement in adolescents. We consider information about social emotional health of children very important because it is essential for creating positive environment in schools. We examine social emotional health in relation to personality which explains how we behave and how we think in general. In this study, we also analyze the relation of school achievement with mental health and personality. Subjects of the study were 89 pupils from elementary school in Modra aged 12-15. Social emotional health was measured by Social Emotional Health Survey (SEHS), which defines four domains of mental health: belief in self, belief in others, emotional competence and engaged living. Those key domains represent overall mental health - covitality. Personality was measured by Junior Eysenck Personality Inventory (B-J.E.P.I.), which defines personality according to dimensions: extraversion, neuroticism, psychoticism and lie scale. School achievement was represented by an average mark from all study subjects presented on the last certificate of a pupil. The highest domain of SEHS tend to be engaged living, the lowest domain is belief in self. Belief in self is significantly lower in girls compared to boys. Girls and boys do not differ in overall mental health. There is no difference between pupils from family with both parents and single parent family, in their mental health. Girls score higher on neuroticism than boys. Higher social emotional health and its domains are associated with lower psychoticism. Negative correlation was found between neuroticism and covitality, belief in self and engaged living. Higher lie score is associated with higher covitality, belief in self and emotional competence. No correlation was found between school achievement and social emotional health, neither personality.

Mošovská, Katarína: Attitudes of adolescents to themselves, to their family and to school depending on level of social and emotional health [Master thesis– Paneuropean university in Bratislava. Faculty of psychology; Institute of school and organizational psychology. – Thesis supervisor: Prof. PhDr. Eva Gajdošová, PhD. Degree of classification: Master (Mgr.). – Bratislava: FP, 2017. 60 pages

In our thesis, we focused on examination the attitudes of adolescents to themselves, to their family and to school. I examined the attitudes depending on their level of socio-emotional health. This is a secondary analysis of data collected by Erik Radnőti (2016) for his doctoral thesis. Another important factor for us was adolescent attitudes in the context of health. By processing data about attitudes, their analysis and interpretation is a completely new part of the thesis. Thus, monitoring attitudes regarding socio-emotional health is a completely new issue that has not yet been investigated so far in Slovakia and internationally. It is therefore a completely new research in this field with results contributing to the development of science, research and school practice. To examine the level of socio-emotional health, we used the International questionnaire SEHS-S (Social-emotional health survey – secondary), created by American psychologist Michael Furlong, and an adjective attitudes test of semantic selection in a picture version of Czech expert Doležal. Analysis of the results showed that adolescents housed positive attitudes towards themselves and the family. Attitudes towards classmates were not so clearly positive and half of them possesses a positive attitude to school, but the other half it possesses negative. It was also shown that there is a significant association between the social and emotional health and attitude to themselves and to the family. It is obvious, that positive attitude towards yourself and family, has positive influence on health. However, it didn’t show a significant association between socio-emotional health and attitudes to school and the classmates.


Objective: We introduced the theoretical model(Covitality) and measuring tool (Social and Emotional Health Survey, SEHS) of positive psychological quality. Methods: We selected 726 students in 17 classes from four secondary schools in Sichuan and Hebei in China. All students completed the online questionnaire (including SEHS and subject well-being scale) in computer classes, and their academic performances were collected. Results: The items’ qualities of SEHS were good; result of CFA indicated that data fitted the second-order model of covitality; the covitality significantly predicted the students’ subjective well-being and academic performance; Cronbach’s alpha coefficient of SEHS was 0.923, and test-retest reliability was 0.803. Conclusion: The Chinese version of SEHS is a reliable and valid instrument for assessing positive psychological quality of Chinese secondary school students.


The present study reports on an investigation of the generalizability of the technical adequacy of the Positive Experience at School Scale (PEASS) with a sample of students (N = 1,002) who differed substantially in age/grade level (i.e., adolescents in middle school and as opposed to children in elementary school) and ethnic identity (i.e., majority Black/African American as opposed to majority Latino/a) in comparison with the measure’s primary development sample. Findings from confirmatory factor analyses indicated the original latent structure of the PEASS was tenable in the current sample and that the measure was invariant across gender and grade level, with some small demographic differences identified via latent means testing. Additional psychometric findings regarding the technical adequacy of the PEASS with this sample, including its observed scale characteristics and simulated classification utility with criterion measures of academic self-efficacy and school connectedness, are also presented. Implications for future research and practice are discussed.


A sizeable body of research has investigated the impact of specific character strengths or traits on significant outcomes. Some recent research is beginning to consider the effects of groups of strengths, combined as a higher order variable and termed covitality. This study investigated the combined influence of four positive character traits, gratitude, optimism, zest and persistence, upon school engagement, within a sample of 112 Australian primary
school students. The combined effect of these four traits, in defining covitality as a higher or second-order factor within a path analysis, was found to predict relatively higher levels of school engagement and pro-social behaviour.

**College Age (SEHS-HE) and Adults**


In our study, we examine the level of social-emotional health in college students of the Paneuropean University in Bratislava. We used the SEHS-HE Social-emotional Health Questionnaire by Michael Furlong, who is also the author of the mental health model upon which we based our study. Our research sample (N = 126) is made up of students from the Paneuropean University, from the Faculty of Law, from the Faculty of Mass Media, from the Faculty of Psychology and from the Faculty of Informatics, together with 66 men and 60 women. The average age of the students was 22.5 years (SD = 2.134). The level of social-emotional health, expressed by the clinical index, is in the higher average. In the research, we were also looking for relationship between covitality and socio-demographic indicators (gender, age, family type, religion, permanent residence, area of permanent residence), subjective happiness and life satisfaction. We have found a very strong positive relationship between covitality and subjective happiness and life satisfaction. From the monitored socio-demographic indicators, the most important influence was examined in student's sex and belief. Within the SEHS-HE dimensions, the strongest correlation was discovered between the "Belief in Others" and religiosity of the participant. Empirical description of our finding is depicted within Results section of our thesis. In the Discussion section, we interpret the findings of our research and present suggestions and recommendations for further improvement of research and education.


This study reports on the preliminary development and validation of the College Student Subjective Wellbeing Questionnaire (CSSWQ) with two subsamples of undergraduates. The CSSWQ is a brief, multidimensional, domain-specific measure of college students' covitality—operationalized by a measurement model comprised of four first-order latent constructs (i.e., academic efficacy, college gratitude, school connectedness, and academic satisfaction) and one second-order latent construct (i.e., college student covitality). Results from exploratory factor analyses, conducted with the first subsample (n = 387), were used to refine a 15-item, four-subscale version of the CSSWQ, which demonstrated strong internal consistency and concurrent validity with several global indicators of subjective wellbeing. Results from confirmatory factor analyses, conducted with the second subsample (n = 584), corroborated the CSSWQ’s four-factor structure and supported the second-order latent construct of college-student covitality. Further concurrent validity analyses conducted with the second subsample, using latent-variable path analysis, indicated that the college-student covitality variable was a strong predictor of both psychological distress and psychological wellness. Analysis of variance also indicated that, when compared with global covitality status (i.e., below average, low average, high average, or above average), college-student covitality status had a stronger effect and thus incremental validity in relation to academic achievement. Implications for theory, research, and practice are discussed.