

What is the Covitality Principle?

The SEHS covitality principle proposes that people build self-other cognitive dispositions as the life-long developmental process unfolds. These dispositions foster positive development and protect against psychological distress. In addition, the covitality principle hypothesizes that these dispositions boost higher levels of coping, adaptation, and well-being. The covitality model conceptually links with self-determination theory, which proposes that development is a “natural, active process characterized by (an)...organic integration process” (Deci & Ryan 2014). Individuals are active creators and participants of their psychological development and shape their social cognitive competencies. The covitality model hypothesizes that this developmental process is life-long, emerging in childhood and continuing through adolescence into the adult transition age of college students.

The covitality principle is operationalized with the 36-item Social Emotional Health Survey-Secondary (SEHS-S) measure that assesses 12 subscales assessing psychosocial strengths derived from the social emotional learning (SEL) and positive youth development (PYD) literature. The 12 subscales are associated with four correlated general positive social emotional health domains that assess the higher-order covitality latent construct. The first domain, belief-in-self, consists of three subscales grounded in constructs from self-determination theory literature: self-efficacy, self-awareness, and persistence. The second domain, belief-in-others, comprises three subscales derived from constructs found in childhood resilience literature: school support, peer support, and family support. The third domain, emotional competence, consists of three subscales based on constructs drawn from SEL scholarship: emotion regulation, empathy, and behavioral self-control. The final domain engaged living, comprises of three subscales grounded in constructs derived from the positive youth psychology literature: gratitude, zest, and optimism.

The covitality principle proposes that “more is better;” that is, youths who develop various social and psychological skills and assets will be more likely to have traverse childhood on a positive trajectory, with an increased likelihood of having beneficial developmental outcomes. This principle provides an analog to the cumulative risk principle evoked in risk and resilience research, which has found that no single risk factor is determinative of adverse outcomes. Instead, multiple risks produce an accumulation of disadvantages, increasing the odds of various negative consequences. Similarly, the covitality principle proposes that social and psychological assets have accumulation advantages, increasing the odds that youth will engage in health-promoting behaviors and have positive mental well-being, among other desirable developmental outcomes.

Considering the Number of Student Assets

Of course, a key question when using the SEHS is how the number of assets is associated with crucial outcomes? Researchers have examined how various risk behaviors (e.g., substance use, risk-seeking) and circumstances (low parental supervision, poor school climate) are associated

with outcomes such as gang membership and aggressive behavior. This research has found that as the number of risk factors increases, adverse effects increase. In some instances, rather than a smooth, incremental increase in the odds of adverse outcomes, there are “tipping points” in the number of risks associated with jumps in the odds of negative consequences. For instance, a youth with six risk factors has substantially higher odds of adverse outcomes than youths with 3-4 risk factors. The SEHS covitality principle proposes that a similar dynamic operates when considering social and psychological assets. Our previous research found evidence supporting an accumulation of advantages (Lenzi et al., 2014, 2015). These studies found that high school students reporting multiple SEHS assets are much less likely to report chronic sadness and suicidal ideation within the past year. However, these studies did not examine the accumulation of advantages effect for positive mental wellness indicators. This brief report presents this information to aid school mental health professionals using the SEHS-S-2020 for psychoeducational assessments or schoolwide wellness screening. In particular, we offer information about the association between the number of SEHS-S-2020 assets and an indicator of their global mental wellness.

How Many SEHS-S-2020 Assets Do Students Report?

We used a sample of 9943 California high school students to count the number of SEHS-S-2020 subscales at or above the median of each subscale (the blue shaded area in Chart 1 below). These students' responses were collected as part of the California Student Wellness Study (funded by the U.S. Institute of Education Science) as a subset of the 2017-2019 California Healthy Kids Survey.

We counted each SEHS-S-2020 subscale as an asset when a student's total subscale score was at or above the median for all students. Each subscale has three items with four response options (0 = Not True, 1 = A Little True, 2 = Pretty Much True, and 3 = Very True) with a score range of 0 to 9. The table immediately below shows the percentage of students with each number of assets. For example, 3.0% of students reported 0 assets, and 9.9% reported 12 assets. The median number of assets was about 7-8, indicating that students tended to answer the SEHS-S-2020 items positively.

	0	1	2	3	4	5	6	7	8	9	10	11	12
	3.0	4.4	5.9	6.5	7.7	8.4	8.1	8.9	9.0	9.2	9.7	9.3	9.9
	%	%	%	%	%	%	%	%	%	%	%	%	%
	←							53%	47%	→			

Chart 1 shows the subscale values that are at and above the median (blue shading). For example, Self-efficacy values between 6 and 9 are an asset. Values between 5 and 9 are an asset for Gratitude and Optimism. A student could have from 0 to 12 assets. Use Chart 1 to plot a student's profile and record their number of assets.

Interpreting the Number of Assets

To aid interpretation of a student's covitality asset profile, we examined the relationship between the number of students' assets and their mental wellness. This analysis provided information about how SEHS-S-2020 responses are associated with well-being, a core consideration for universal screening.

We used the Mental Health Continuum-Short Form (MHC-SF) as a criterion-reference measure of students' subjective well-being. As shown in the diagram on the right side of Chart 2 below, responses to the MHC-SF emotional, psychological, and social well-being items can be used to form three groups: Languishing (18.4%), Moderate Mental Health (37.2%), and Flourishing (44.4%) with values in the parentheses show the percentage of students, out of 9943, in each MHC-SF group.

Considering the cumulative benefits of the SEHS-S-2020 assets, Chart 2 shows that the odds of students reporting overall positive mental well-being increased with each asset increment. In addition, 7 to 9 assets are a tipping point at which students are more likely to report having positive subjective well-being. That is, most students reported positive mental wellness when they reported a combination of any 8 assets. The covitality principle effect was most evident for students reporting 11 or 12 assets with 81% and 92%, respectively, reporting Flourishing well-being. Finally, we note that the 7-9 tipping zone applies to student mental wellness, and not necessarily other indicators, although our previous research (Lenzi et al., 2014, 2015) also found that 7-9 covitality assets were a tipping zone for decreased odds of chronic sadness and suicidal ideation.

SEHS-S-2020 Asset Profile **Student:** _____ **Date:** _____

Chart 1. Covitality Asset Profile

Circle subscale if value in shaded zone		S-E	S-A	Persist	Peer	School	Family	Emp	ER	S-C	Grat	Zest	Opt	Number of Assets
Very True	9													
	8													
	7													
Pretty much True	6													
	5													
	4													
A Little True	3													
	2													
	1													
Not True	0													
		Self-Efficacy	Self-Awareness	Persistence	Peer Support	School Support	Family Support	Empathy	Emotional Regulation	Self-Control	Gratitude	Zest	Optimism	

Shaded cells show approximately the subscale sum values at or above the median for the respective subscale.

Notes: -

SEHS-S-2020 Asset Profile **Student:** _____ **Date:** _____

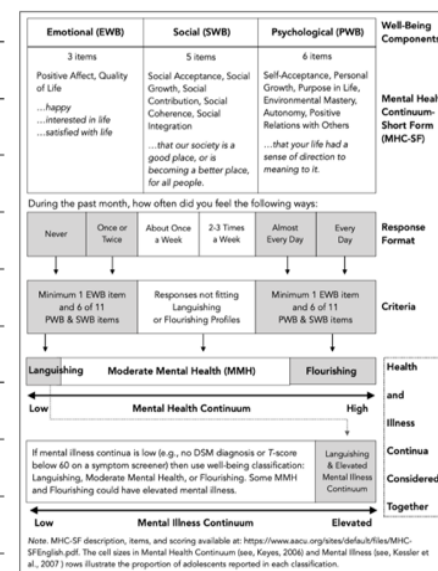
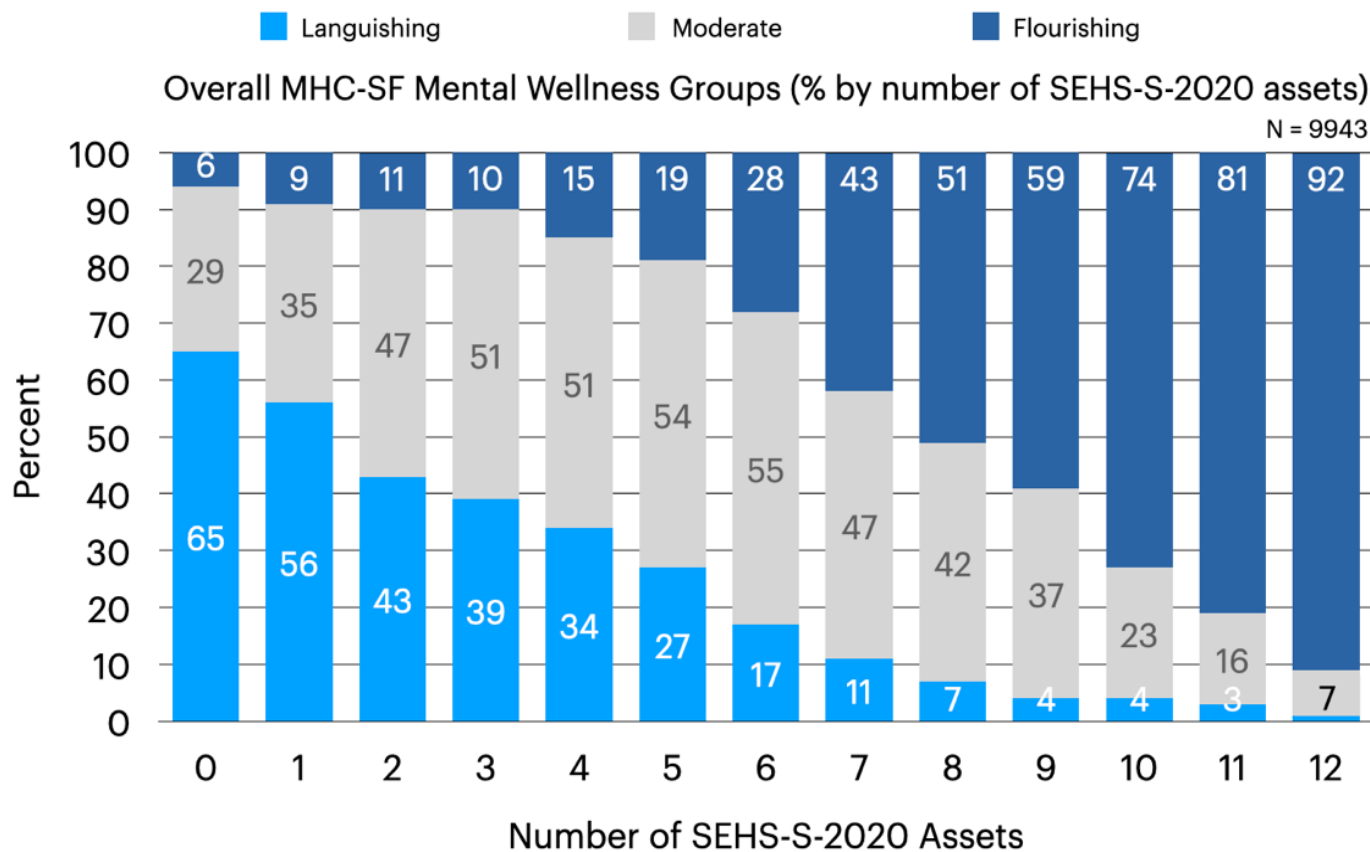
Example: Covitality Asset Profile

Circle subscale if value in shaded zone		S-E	S-A	Persist	Peer	School	Family	Emp	ER	S-C	Grat	Zest	Opt	Number of Assets
														7
Very True	9													
	8													
	7													
Pretty much True	6													
	5													
	4													
A Little True	3													
	2													
	1													
Not True	0													
		Self-Efficacy	Self-Awareness	Persistence	Peer Support	School Support	Family Support	Empathy	Emotional Regulation	Self-Control	Gratitude	Zest	Optimism	

Shaded cells show approximately the subscale sum values at or above the median for the respective subscale.

Notes: -

Chart 2. Mental Health Continuum -Short Form Well-Being Groups by Number of SEHS-S-2020 Assets



Mental Health Continuum-Short Form (See next page for description)

More on the Mental Health Continuum-Short Form

The Mental Health Continuum-Short Form (MHC-SF; Keyes, 2005) measures emotional, psychological, and social well-being. Adapted from the 40-item MHC-Long Form (MHC-LF; Keyes, 2002, 2005), the MHC-SF includes the 14 MHC-LF items that best represented each construct under three dimensions of well-being: emotional (EWB; i.e., life satisfaction, positive affect, negative affect), psychological (PWB; i.e., autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance), and social well-being (SWB; i.e., social integration, social acceptance, social contribution, social actualization, and social coherence; Keyes, 2005). Example items are: How often did you feel satisfied with life? (EWB), How often did you feel that the way our society works made sense to you? (SWB), and How often did you feel confident to think or express your own ideas and opinions? (PSW). The MHC-SF asks students to self-report the frequency of past-month experiences on a six-point response scale (1 = never, 2 = once or twice, 3 = about once a week, 4 = two or three times a week, 5 = almost every day, and 6 = every day). The scale has shown acceptable internal consistency and discriminant reliability among adolescents and adults across countries (e.g., Joshanloo, 2019; Söderqvist & Larm, 2021; Zemojtel-Piotrowska et al., 2018). The Omega values of the internal reliability of EWB, SWB, and PWB subscales for the present sample were .88, .90, and .91, respectively.

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