

Chapter 1 : Adolescence Introduction | Adolescents and youth | UNICEF

Children aged need to assume responsible and challenging roles as part of their adolescent development. Based on the physical, social, moral and ethical, and emotional developmental characteristics of this age, adolescents need to discover and test new skills; develop a sense of competence.

When they grow up they are granted with new rights like voting, consent, driving, etc. There are different minimum limits of age at which youth are not free, independent or legally competent to take some decisions or actions. Some of these limits are voting age , age of candidacy , age of consent , age of majority , age of criminal responsibility , drinking age , driving age , etc. After youth reach these limits they are free to vote, have sexual intercourse, buy or consume alcohol beverages or drive cars , etc. Voting age Voting age is the minimum age established by law that a person must attain to be eligible to vote in a public election. Typically, the age is set at 18 years; however, ages as low as 16 and as high as 21 exist see list below. This is an important right since, by voting they can support politics selected by themselves and not only by people of older generations. Age of candidacy[edit] Main article: Age of candidacy Age of candidacy is the minimum age at which a person can legally qualify to hold certain elected government offices. In many cases, it also determines the age at which a person may be eligible to stand for an election or be granted ballot access. Age of consent[edit] Main article: Age of consent The age of consent is the age at which a person is considered legally competent to consent to sexual acts , and is thus the minimum age of a person with whom another person is legally permitted to engage in sexual activity. The distinguishing aspect of the age of consent laws is that the person below the minimum age is regarded as the victim, and their sex partner as the offender. Defense of infancy[edit] Main article: Defense of infancy The defense of infancy is a form of defense known as an excuse so that defendants falling within the definition of an " infant " are excluded from criminal liability for their actions , if at the relevant time, they had not reached an age of criminal responsibility. This implies that children lack the judgment that comes with age and experience to be held criminally responsible. After reaching the initial age, there may be levels of responsibility dictated by age and the type of offense committed. Drinking age The legal drinking age is the age at which a person can consume or purchase alcoholic beverages. These laws cover a wide range of issues and behaviors, addressing when and where alcohol can be consumed. The minimum age alcohol can be legally consumed can be different from the age when it can be purchased in some countries. These laws vary among different countries and many laws have exemptions or special circumstances. Most laws apply only to drinking alcohol in public places, with alcohol consumption in the home being mostly unregulated an exception being the UK, which has a minimum legal age of five for supervised consumption in private places. Some countries also have different age limits for different types of alcoholic drinks. The Canadian province of Alberta and several U. Niger has the highest minimum driving age in the world at In India, driving is legal after getting a license at the age of Legal working age[edit] See also: Right to work The legal working age is the minimum age required by law for a person to work, in each country or jurisdiction. The threshold of adulthood, or "the age of majority " as recognized or declared in law in most countries has been set at age Some types of labor are commonly prohibited even for those above the working age, if they have not reached yet the age of majority. Activities that are dangerous, harmful to the health or that may affect the morals of minors fall into this category. Student rights in higher education[edit] Main article: Student rights in higher education Student rights are those rights , such as civil, constitutional, contractual and consumer rights, which regulate student rights and freedoms and allow students to make use of their educational investment. These include such things as the right to free speech and association, to due process, equality, autonomy, safety and privacy, and accountability in contracts and advertising, which regulate the treatment of students by teachers and administrators. Most countries regulate this law at the national level while at some it is done by the state or province. Socioeconomic issues[edit] The growth of youth unemployment , which reached new heights of One of the most dramatic possible consequences of this growing divergence could arguably be the disenfranchisement of labour market outsiders, especially young people, from social and political participation Ferragina et al.

School and education[edit] Main article: Schooling Young people spend much of their lives in educational settings, and their experiences in schools, colleges and universities can shape much of their subsequent lives. These factors also increase the likelihood for the youth to not go to a college or university. These behaviors are often established during youth and extend into adulthood. Since the risk behaviors in adulthood and youth are interrelated, problems in adulthood are preventable by influencing youth behavior. These are behaviors that contribute to unintentional injuries and violence ; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases STDs , including human immunodeficiency virus HIV infection; unhealthy dietary behaviors;.

Chapter 2 : Youth - Wikipedia

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Mental disorders Abstract Young people with mental illness face many barriers in accessing care and often have different needs to those of adult consumers. Existing youth participation programs provide examples of what can be achieved at national and local levels and with varying levels of financial and other support. Ybblue, the youth program of beyondblue; Reach Out! Current practice in youth participation in mental health services involves a variety of methods, such as ensuring information and education is appropriate for a youth audience, and participating in peer-support programs and staff selection panels. Challenges in the future development of youth participation in mental health services include avoiding tokenism, acknowledging that young people are not a uniform group, translating national strategies into local improvements in services, and gaining the support and cooperation of health care workers in genuine participation. Participation of consumers in mental health services has developed rapidly in Australia, and by the late s most adult mental health services had a formal mechanism to involve consumers in planning, policy making and service delivery. In addition, the Plan supports the empowerment of consumers, as well as their families and carers, stating that they should be able to participate fully and meaningfully at all levels, and that participation and partnership are the hallmarks of a quality mental health system. The Plan recognises that different approaches to participation will be required for each group of consumers, including children and adolescents; however, to date, few models of youth participation in mental health have been implemented. For young people, the experience of mental illness is often episodic rather than chronic and, as such, they view their time as a consumer of mental health care to be short term rather than longer term. Although the onset of mental illness is highest in adolescence and early adulthood, young people experience substantial barriers in promptly accessing health care services. Most young people have little previous experience of the health system – particularly the mental health system – and how it is structured. They might not have a general practitioner of their own, or may not think their problems are related to their health or that they could benefit from treatment. Some find the symptoms of mental illness disturbing, embarrassing or shameful. In addition, the illness itself can interfere with their capacity to seek appropriate care. Young people have been described as being very discerning about when, where and from whom they seek assistance. Young people are best positioned to judge what is youth-friendly and what is not, whether they feel welcomed by a particular system of care, whether the style and content of education and information works for them, and whether their opinions and wishes are respected. The resources of headspace include a Youth Services Development Fund to help support the development of more accessible, effective and integrated approaches to service delivery in local communities. The participation of young people, including those who have not been consumers of mental health services, will be central in refining the activities of headspace. Existing youth participation programs provide an insight into what can be achieved, at both national and local levels. The examples of youth participation given below are leading the way in terms of best practice for involving young people in mental health care services. They demonstrate the range of circumstances in which participation can occur, varying in scope from national to local, and differing markedly in the level of financial support. Communicating the message depends on meaningful participation by young people, achieved partly through the Ybblue Crew. The Crew advise on the content and presentation of the Ybblue website <http://www.ybblue.com.au>. Two Ybblue Crew members are on the management committee of blueVoices, the consumer and carer arm of beyondblue. It provides information, guidance about where to find help, and the opportunity for discussion. The program is supported by corporate and other sponsors, and health professionals contribute their expertise see Burns et al, "Reach Out! Innovation in service delivery". They can initially join an advisory board and then progress to Youth Ambassador status as they develop their commitment, level of knowledge and skills. Youth Leaders and assume extra responsibilities. The project started with two full-time equivalent positions in , although funding

has declined since then. Headroom reflects the commitment of the service to working with young people, providing mechanisms to support their participation in mental health care. The group also plans and conducts promotional activities, including presentations to funding and health bodies. Feedback from young people has been very positive: I really feel that this has answered a lot of questions I have had for a very long time. Especially things like self-esteem, friends, trauma and independence. Chances are they have problems with a lot of the issues discussed here too. The Platform Team is a group of current and past clients who meet regularly, initiating issues for discussion themselves, as well as responding to issues raised by staff and others. The Team operates as a group, in contrast to the individual consumer consultation model often used in adult services, and has considerable autonomy and responsibility in determining its activities. Panel members receive training and payment for their participation. A personal account of the experiences of one Platform Team member is given in Box 1. Challenges

Enthusiasm about youth participation in mental health services must be matched by adequate resources, a clear understanding of the rights and responsibilities of those who become involved, and a genuine appreciation of the benefits that can flow from seeking input from young consumers. Some of the issues to be considered in expanding the role of youth participation are listed in Box 2. In these situations young people are not the only victims, as their friends and families suffer too. Despite unsafe practices like eating disorders and suppressing my emotions, my mental illness went unnoticed. One day it became too much and my life was in jeopardy. Before my first overdose I had told my medical team of my plans to kill myself, but it was the police intervention that led to me being admitted to a child psychiatric ward. Life as a teenager is very confronting and hard enough to cope with by itself, let alone while carrying the extra burden of mental illness. Our health system needs to take the next step forward in removing the barriers between health professionals and young people. It needs to start listening to what we are saying and what we are asking for. To know what works best for us, the system has to become youth-friendly and youth-oriented. For us to pick up the phone, to see a professional, and to acknowledge and discuss our problems takes immense courage. Fear of the unknown and the stigma of mental illness stands in the way. Fear of rejection can be enough to prevent young people from asking for help. Some people think that treatment will cost too much, so they or their families will not be able to afford it. Some live in regional or remote areas far removed from services. No young person should be stripped of their right to access treatment, but financial and geographical inequalities make this happen every day. For society to develop youth-friendly mental health services, it must learn to listen to young people, do so willingly and frequently, and take notice of what it hears. A company designing a new mobile phone would ask their market what they would like, and then design the product. Mental health care is no different – the more the authorities and the experts listen to young people, the more successful our health care system will be. Young people deserve to feel safe and comfortable when accessing all types of medical services. We need to be kept informed throughout our treatment, and told about our rights, roles and responsibilities. This will increase the level of control we feel over our own situation and give us the power to participate in our treatment. Young people are not always willing to comply with recommendations about their treatment, but this happens in all age groups. Look below the surface to find out why. Instead, including us in our recovery, for example by carefully discussing the choice of a new medication, will make it more successful and sustainable. Youth mental health services must understand that they need the opinions and input of their young clients as well as the advice of clinicians, academics and scholars. People accessing health services should not be disadvantaged by geography, or by their financial status or their socioeconomic rank. Neither should they be disadvantaged by their young age, or their type of illness. If the health care system thinks the same way, then we will all benefit. They can vary markedly in age, developmental stage, experience with mental illness, knowledge and skills. Mental health care aims for recovery. Similarly, young people have many other interests and needs that should be respected. Expect that participation requires a degree of commitment, but it should also allow the flexibility to accommodate demands, such as study or the fluctuating effects of illness. Encourage health care workers to accept, appreciate and encourage the benefits of youth participation, even though it may challenge traditional perceptions of professional roles. Ensure that youth participation is adequately resourced, to maximise its contribution and avoid disappointment from insufficient support.

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received an honorarium for writing this article. National Mental Health Plan " Access to health care among NSW adolescents. The mental health of young people in Australia. Youth Affairs Council of South Australia. Mental health seeking in young people. You will be notified by email within five working days should your response be accepted.

Chapter 3 : Effects of Early Sport Participation on Self-esteem and Happiness – The Sport Journal

*Youth Participation for Early Adolescents: Learning and Serving in the Community (Fastback,) [Joan G. Schine, Diane Harrington] on racedaydvl.com *FREE* shipping on qualifying offers.*

Data were collected in the spring and summer semesters using survey questionnaires which included the Rosenberg Self-esteem scale, the Satisfaction with Life Scale SWLS , and demographic questions. This study found that a lifetime of sport participation beginning in youth and adolescence improved physical and psychological well-being of individuals as they enter young adulthood. These staggering statistics are most concerning since physical activity significantly declines through childhood and adolescence Childhood obesity is one of the most serious public health issues of the 21st century The positive influence of sports and physical activity are widely recognized as directly combatting and preventing obesity and its related health issues According to Bailey 1 , participants in physical education and sports experience several benefits. For instance, Talbot 30 asserted that involvement in sports can help children develop respect for their body as well as respect for others. He also stated that sport participation contributes to positive development of mind and body leading to higher self-confidence, and self-esteem Adolescence is a transitional period, which can be challenging for boys and girls and as a result they may suffer low self-esteem; especially in terms of physical appearance, athletic competence, and academic competence Physical self-esteem, or physical self-concept in particular is greatly affected during adolescence, when bodies are rapidly changing physically and hormonally 4. By instilling lifetime skills through precollege sport participation, perhaps some of the negative effects one experiences in college, such as low self-esteem and depression, can be negated. According to the Office of Applied Studies, reports of major depressive episodes in youth ages have increased 27 ; and according to Pratt and Brody 22 , participation in sport helps to promote psychological benefits by reducing anxiety and depression. Research on the outcomes of early sport participation has been in favor of sport experiences for individuals of all ages. Existing research associates sports participation with higher self-esteem 4, 5, 6, 18, 20, 21, 24, 28, 31, and 33 , and happiness 3, 10, 11, 13, 16, 19, 26, 32, and Literature supports a positive association between sport participation and an increase in self-esteem. Noteworthy, is that self-esteem was found to be highest in the youngest group and early adolescence, declines through middle adolescence and slightly recovers in late adolescence Similarly, results from Pedersen and Seidman 20 indicated that global self-esteem increased over time Slutsky and Simpkins 28 also showed that those who participated in team sports rather than individual sports reported higher sport self-concept. Those with higher sport self-concept had higher self-esteem. Comparably, Daniels and Leaper 6 indicated that peer acceptance has a mediating role in the sport participation global self-esteem relationship in both boys and girls. Bowker 4 , Perry-Burney and Takyi 21 , and Taylor and Turek 31 also examined the relationship between adolescent sport participation and self-esteem, and the possible mediating role of physical self-esteem, which is similar to sport self-concept. In general, Bowker 4 found that sports participation had a strong positive effect on self-esteem, most significantly for physical self-esteem. Previous studies conducted on college students have also linked sport participation with higher self-esteem 5, One such study that addressed college self-esteem as it relates to precollege sports participation was conducted by Richman and Shaffer Richman and Shaffer 24 revealed that of the college females examined, earlier participation in sports was positively correlated with the intervening variables and self-esteem. Similarly, Chen et al. Findings indicated that sport participation was positively correlated with peer acceptance and sport self-concept. Sport self-concept and peer acceptance were found to act as mediators between sport participation and self-esteem 5. Diener 9 suggested that self-esteem is closely aligned to happiness. The higher the self-esteem, the higher the level of happiness, or subjective well-being. Aside from the physiological benefits, participation in sports can help promote psychological benefits which may lead to happiness and increased success. Many researchers studied this relationship longitudinally and used adolescents as subjects. Examples of such studies were done by Jewitt et al. These researchers determined that depressive symptoms were positively associated with perceived stress and negatively with mental health. The authors indicated that school sport participation can enhance self-esteem, mastery,

emotional well-being, self-concept, and quality of life; all leading to better mental health. Since adolescence is a crucial time in which to instill lifelong healthy behaviors, research suggests that the benefits of participating in physical activity in adolescence will positively impact adult physical and mental health. Conversely, those who do not engage in physical activity throughout their life, are at increased risk of physical and mental illness as one ages. Results from this study indicated that heavy SBM usage was associated with being less happy and having emotional issues. Similarly, Varca et al. A significant positive correlation was found between adolescent sport participation and adolescent life satisfaction. In addition, there was a positive and significant correlation between adolescent, adult sport experience, and adult life satisfaction. Downward and Rasciute 11 conducted a large-scale, longitudinal study to examine the effect of sport participation on happiness. Downward and Rasciute 11 suggested that sport participation is important and encouraged for the general population in order to improve not only health but increase happiness. Further, Rasciute and Downward 23 took data from a previously conducted longitudinal study on participants ages 16 and up, which explored possible connections between sport participation and physical activity and health and well-being. It was found that physical activity through sport participation had a statistically significant positive impact on health and happiness. The most often reported mental and physical problems are anxiety, depression, stress, and low self-esteem. Donaldson and Ronan 10 studied adolescents and their self-reported perceptions of sport involvement. Significant findings from this study included those who reported more participation in sports also reported enhanced emotional and behavioral well-being. Results indicated that those who were more involved with sports clubs had better body image, and had a higher self-perception of mental and physical health. Most importantly, those who participated in sports clubs indicated that they will go on to live a good life and be happy. They found that participants in Rheinberg, Germany who participated in sports were happier than those that did not participate in sports. Specifically, being generally physically active contributed more to SWB as the individual gets older. Taken together, the results indicated that early sport participation plays an important role in adolescent happiness and self-esteem, through mediating variables of sport self-concept and peer acceptance. It can be assumed from the reviewed literature that early sport participation has a positive effect on self-esteem and happiness. As most literature examined adolescents, research on pre-college sports participation and its subsequent effect on college students remains scarce. The current study aimed to provide additional evidence of the effects of sport participation on self-esteem and happiness. Therefore, the purpose of this study was to determine if there is a significant relationship among precollege sports participation, self-esteem and happiness. The second purpose was to determine if there are statistically significant differences in self-esteem and happiness among college students with precollege sports participation and students without precollege sports participation. Self-esteem was also defined by Rosenberg, who described it as a favorable or unfavorable attitude toward the self. Diener 7, 9 equated happiness with life satisfaction, or the overall satisfaction enjoyed in life. Participants were male and female undergraduate students, with and without prior sport experience. They completed the survey tool electronically via online survey software called SurveyMonkey or in-person via pencil and paper. The researcher administered paper surveys in classes, after coordinating with faculty members. Undergraduate students in some departments received the online survey link. The final number of subjects surveyed in this study was . The survey was designed to take less than five minutes to complete in order to prevent subjects from losing interest during the time they were working on the survey. Finally, an item asked participants to answer yes or no to pre-college participation in formal, organized individual or team sports. After data were collected via survey method, online responses were captured in SurveyMonkey from those subjects who consented to participate. Sport experience was measured in the demographic section of the survey using the item for self-reported participation in sport. Table 2 shows the mean, standard deviation, minimum, and maximum for the dependent variables. SWLS scores ranged from 5. RSES scores ranged from . Screening for Outliers Univariate outliers were detected by first standardizing the variables. Cases whose standardized values fell above the absolute value of 3. As seen in Table 4, there were no outliers for the dependent variables. To test if the distribution for SWLS was significantly skewed, the skew coefficient of 0. To test if the distribution for RSES was significantly skewed, the skew coefficient of 0. This variable exceeded the critical value and the assumption of

normality was not met. As a result, a square root transformation was used to address skewness with this variable. With this transformation, the critical value and the assumption of normality were finally met. The square root transformed skew coefficient of 0. This transformed variable for RSES was used in the analysis as appropriate. A Bonferonni adjustment was used to lower the threshold of statistical significance to. Table 7 shows the descriptive statistics for RSES score by prior sports participation. In addition, the Welch statistic was statistically significant, Welch 1, Table 10 shows the descriptive statistics for SWLS score by prior sports participation. The mean score for each student group is plotted in Figure 4. A statistically significant correlation was found in self-esteem in those who participated in sports prior to college and those that did not. In other words, undergraduate students who indicated having prior sport experience also indicated having higher levels of self-reported self-esteem. No significant difference was found for happiness in those who participated in sports prior to college. Specifically, those who reported having pre-college sport experience did report higher levels of self-reported happiness than those without prior sport experience, although it was not statistically significant. In general, results from this study were consistent with existing literature.

DISCUSSION The main goal of the present study was to examine if there was a difference in self-reported measures of self-esteem and happiness between those who participated in sports prior to college and those who did not. The researcher predicted that both factors would be higher in subjects who reported sport participation as compared to those who indicated no sport participation. The target population was undergraduate college students attending a four-year college. The study revealed that subjects who participated in sport prior to college reported higher levels of self-esteem and happiness, lending support to previous studies on all different age groups. Current literature indicates positive associations between self-esteem and sport experience, and the findings of this study are similar 4, 5, 6, 18, 20, 21, 24, 28, 31, and These studies targeted adolescents and college females respectively. Specifically, if one felt accomplished and competent in sport, then his or her self-esteem was higher, and if competence in sport was not achieved, then self-esteem was lower.

Chapter 4 : Adolescents and Young Adults | Surgeon General Report | CDC

Early adolescence is a time when a transition away from sport and physical activity participation is at its highest level among female youth (Hedstrom & Gould,). This has led to the identification of barriers and facilitators of physical activity participation for adolescent females.

This article has been cited by other articles in PMC. Sports specialization is intense training in 1 sport while excluding others. Sports specialization in early to middle childhood has become increasingly common. While most experts agree that some degree of sports specialization is necessary to achieve elite levels, there is some debate as to whether such intense practice time must begin during early childhood and to the exclusion of other sports to maximize potential for success. There is a concern that sports specialization before adolescence may be deleterious to a young athlete. PubMed and OVID were searched for English-language articles from to discussing sports specialization, expert athletes, or elite versus novice athletes, including original research articles, consensus opinions, and position statements. For most sports, there is no evidence that intense training and specialization before puberty are necessary to achieve elite status. Risks of early sports specialization include higher rates of injury, increased psychological stress, and quitting sports at a young age. Sports specialization occurs along a continuum. Survey tools are being developed to identify where athletes fall along the spectrum of specialization. Some degree of sports specialization is necessary to develop elite-level skill development. However, for most sports, such intense training in a single sport to the exclusion of others should be delayed until late adolescence to optimize success while minimizing injury, psychological stress, and burnout. Consequently, many children and adolescents participating in sports now aspire to achieve elite levels. Ericsson et al defined the necessary components for expert skill acquisition in musicians, and these concepts have been extrapolated to sports. This intense practice is more likely to be successful if begun during the early years of development. Lesser practice and a delayed start resulted in less expertise. In contrast, others believe that fewer hours are needed to achieve elite-level skills and that intense specialized training is more effective during later stages of development. If the child has an injury as a result of training, the medical provider may treat the injury but may not have enough information to provide appropriate training recommendations for injury prevention. Defining Sports Specialization Sports specialization is defined as intense, year-round training in a single sport with the exclusion of other sports. Some advocate that a minimum volume of training is required to meet the definition, 16 , 42 while others define specialization as simply limiting participation to a single sport on a year-round basis, regardless of training volume. As a result, sports specialization may be better defined along a continuum. In an ongoing study, the rates of sports specialization in young athletes years old presenting to a pediatrician or family physician for sports physicals were compared with those presenting for an injury. Preliminary data suggest that the most relevant question is whether they have quit other sports to focus on 1 sport. The reality is that few athletes achieve the elite or professional level. There is general agreement that the number of hours spent in deliberate practice and training positively correlates with level of achievement in both individual and team sports; whether this intense practice must begin during early childhood and to the exclusion of other sports is a matter of debate. There are relatively few data to validate these theories. Professional medical organizations have published position statements on sports specialization and intense training in young people but have limited data upon which to base their recommendations and thus rely on expert opinion. Musicians began training around 5 years of age; those who began after age 5 years were unable to catch up. Research in athletes has not consistently demonstrated that early intense training is essential for attaining an elite level in all sports Table 1. In gymnastics, peak performance occurs before full maturation, requiring intense training before puberty. Evidence for and against early sports specialization to achieve elite status Before Age 12 Yearsa.

Chapter 5 : UNICEF - Adolescence - Child and Youth Participation Guide

Moreover, late childhood to early adolescence (i.e., years old) is an opportune time to promote health Typology of Youth

Participation and Empowerment.

Chapter 6 : Sports Specialization in Young Athletes

Early adolescent involvement in new activities was perceived to be constrained by parents denying permission to join, lack of skills, and lack of transportation. Loss of interest, dislike for leaders, moving, and feeling too old were perceived reasons for ceasing participation.

Chapter 7 : Principles of youth participation in mental health services | The Medical Journal of Australia

Read "Patterns of Early Adolescents' Participation in Youth Development Programs Having Positive Youth Development Goals, Journal of Research on Adolescence" on DeepDyve, the largest online rental service for scholarly research with thousands of academic publications available at your fingertips.