

**Theoretical and practical approaches to exploring resilience
in young people aged 12-18 years**

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The candidate confirms that the work submitted is his own and that appropriate credit has been given where reference has been made to the work of others.

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We will get through it in the end but it might take time, but at the end of the day we shall all be OK again... the sun will shine on you again and the clouds will go away.

-Captain Sir Tom Moore-

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Abstract

This thesis sought to explore the conceptualisation of resilience in relation to young people under the age of 18 years. The results from Systematic Review One (see chapter two) provided a theoretical foundation for the thesis. Study One (see chapter three) explored young people's (aged 16-17 years) conceptualisation of resilience and factors that promote and hinder resilience in young people. Systematic Review Two (see chapter four) investigated valid and reliable measures of resilience when conducting research with young people aged 12-17 years. Study Two (see chapter five) enabled the identification and quantification of the activities encompassed within an Outdoor and Adventurous Activity Programme (OAAP). This study aimed to evidence the planning and delivery of an OAAP that would inform the method and measurement for Study Three. Study Three (see chapter six) was designed to examine the long-term impact of participation in an OAAP on resilience in young people aged 14 to 15 years. This study was developed from the findings of Systematic Review One, Study One, Systematic Review Two and Study Two and used the Belief Resilience and Adventure in Youth (BRAVERY) survey. Study Four (see chapter seven) was designed to examine the factors associated with low response rate and high attrition of Study Three. This study sought the views of young people under the age of 16 years regarding willingness to participate in mental health research. In synthesising the thesis findings the discussions and conclusions identify three areas of future research, firstly the role of bravery and dedication in resilience development in young people. Secondly the need for more robust psychometric analysis of resilience measures and finally, the methods for increasing the participation of young people in mental health research.

Table of Contents

Acknowledgements	iv
Abstract	v
Table of Contents	vi
List of Tables	xii
List of Figures	xiii
Preface	xiv
Chapter 1 Introduction	1
1.1 Resilience.....	2
1.2 The concept of resilience	4
1.3 Models of resilience.....	5
1.3.1 Metatheory of resilience	5
1.3.2 Compensatory model	7
1.3.3 Protective factor model.....	8
1.3.4 Challenge Model	8
1.3.5 Trait, Outcome, Dynamic process	10
1.3.6 Trait	11
1.3.7 Outcome	11
1.3.8 Dynamic process	12
1.4 Definitions of resilience	13
1.5 Resilience and Young people	17
1.5.1 Protective factors.....	18
1.5.2 Individual Factors	19
1.5.3 Family Factors.....	19
1.5.4 External or community factors.....	21
1.6 Resilience, mental health and young people	23
1.7 Researcher positionality	25
1.7.1 Positionality	25
1.7.2 Ontology and epistemology.....	26
1.8 Ethical Considerations.....	27
1.8.1 Informed consent.....	29
1.8.2 Confidentiality	30
1.8.3 Anonymity.....	30
1.8.4 Research on sensitive issues with young people.....	31

Chapter 2: Systematic Review One A systematic review examining the relationship between self-efficacy and resilience in young people.....	33
2.1 Introduction.....	33
2.1.1 Resilience.....	34
2.1.2 Self-efficacy.....	36
2.1.3 Resilience and self-efficacy.....	37
2.1.4 Objectives.....	38
2.2 Methodology.....	39
2.2.1 Eligibility criteria.....	39
2.2.2 Search strategy.....	39
2.2.3 Article selection.....	40
2.2.4 Quality assurance.....	43
2.2.5 Quality analysis.....	43
2.2.6 Synthesis of results.....	44
2.3 Results.....	45
2.3.1 Quality assessment.....	45
2.3.2 Article characteristics.....	45
2.3.3 Integrative review.....	51
2.4 Discussion.....	62
2.4.1 Trait model.....	64
2.4.2 Outcome Model.....	65
2.4.3 Dynamic Process Model.....	66
2.5 Implications and limitations.....	68
2.6 Conclusion.....	69
Chapter 3: Study One Bravery, dedication, and exposure: An exploration of the meaning of resilience to young people.....	71
3.1 Introduction.....	71
3.1.1 Resilience and young people.....	72
3.1.2 Aim.....	74
3.2 Method.....	74
3.2.1 Sample.....	74
3.2.2 Data collection.....	75
3.2.3 Data analysis.....	75
3.3 Results.....	76
3.3.1 Primary aim: Meaning of resilience.....	76

3.3.2 Internal	77
3.3.3 External	79
3.4 Secondary aim: Factors that promote or hinder resilience.....	80
3.4.1 Social theme.....	82
3.4.2 Personal theme	85
3.4.3 Environment Theme	87
3.5 Discussion	90
3.6 Strengths and limitations	95
3.7 Conclusion.....	96

Chapter 4: Systematic Review Two A systematic review of the reliability and validity of resilience measures for young people.....98

4.1 Introduction.....	98
4.1.1 Measuring resilience	99
4.1.2 Study Objectives	100
4.2 Methodology.....	100
4.2.1 Inclusion criteria	101
4.2.2 Search strategy	101
4.2.3 Paper selection.....	102
4.2.4 Quality assurance.....	102
4.2.5 Synthesis of results	105
4.2.6 Measure Selection.....	105
4.3 Results	106
4.3.1 Identified measures.....	106
4.3.2 Adolescent Psychological Resilience Scale (APRS).....	120
4.3.3 Child Health and Illness Profile-Adolescent Edition (CHIP-AE)	121
4.3.4 Chinese Positive Youth Development Scale (CPYDS)	122
4.3.5 The Child and Youth Resilience Measure (CYRM-12).....	123
4.3.6 The Child and Youth Resilience Measure (CYRM-28).....	124
4.3.7 Design My Future (DMF).....	125
4.3.8 Resiliency Attitudes and Skills Profile (RASP)	125
4.3.9 Resilience scale for adolescents (READ).....	127
4.3.10 The Resilience Scale (Short Form RS-14).....	127
4.3.11 Resilience Scale for Early Adolescents (RSEA)	128
4.3.12 Subjective Resilience Questionnaire (SRSQ).....	129

4.3.13	Youth Ecological Resilience Scale (YERS).....	130
4.4	Discussion	132
4.5	Strengths and Limitations.....	137
4.6	Implications and conclusion	138
Chapter 5: Study Two An investigation to identify the activities and method of delivery of an outdoor and adventurous activity programme.		139
5.1	Introduction.....	139
5.1.1	Outward Bound	142
5.1.2	Aim	142
5.2	Method	143
5.2.1	Analysis.....	144
5.3	Results	144
5.3.1	Residential programme	146
5.3.2	Planning	147
5.3.3	Delivery	148
5.3.4	Challenges	148
5.4	Discussion	149
5.5	Conclusion.....	150
Chapter 6: Study Three An investigation of the long-term impact of an outdoor and adventurous activity based programme on resilience in young people: The BRAVERY survey		152
6.1	Introduction.....	152
6.1.1	Outdoor Education	153
6.1.2	Aim	154
6.2	Methodology.....	155
6.2.1	Sample	155
6.2.2	Procedure.....	156
6.2.3	Outdoor Education Programme.....	156
6.2.4	Data collection.....	157
6.2.5	BRAVERY Survey	157
6.2.6	Resilience.....	159
6.2.7	Self-efficacy	160
6.2.8	Mental health.....	161
6.2.9	Physical health	161
6.2.10	Physical activity.....	162
6.2.11	Social support	163

6.2.12	School Belonging	164
6.2.13	Social media use.....	164
6.2.14	Adverse experiences.....	165
6.2.15	Emotional reactivity	165
6.2.16	Risk taking.....	166
6.2.17	Intervention satisfaction	166
6.2.18	Data analysis.....	166
6.3	Results	167
6.4	Discussion	167
6.5	Considerations for future research	169
6.6	Conclusion.....	170
Chapter 7 An exploration of the barriers to young people participating in mental health research.		172
7.1	Introduction.....	172
7.1.1	Aim	173
7.2	Method	173
7.2.1	Sample	175
7.2.2	Data Collection	175
7.2.3	Data analysis.....	175
7.3	Results	176
7.3.1	Participation theme.....	179
7.3.2	Age theme	182
7.3.3	Communication theme	188
7.3.4	Motivation theme	192
7.4	Discussion	196
7.5	Strengths and Limitations.....	205
7.6	Conclusion.....	206
Chapter 8 General Discussion		208
8.1	Discussion	208
8.2	Summary of findings.....	208
8.3	Resilience and Young people	211
8.3.1	Trait Model	212
8.3.2	Outcome model	212
8.3.3	Dynamic Process model.....	214
8.4	Participation in research.....	216

Chapter 9 Conclusions	220
List of Abbreviations.....	268
Appendix A Study One Focus group schedule	269
Vignette one: To Post or Not To Post.....	269
Questions	269
Vignette two: Decision Time	270
Questions	271
Final question (if required).....	271
Appendix B Study Two Interview schedule	272
Question One	272
Question Two	272
Question Three.....	272
Question Four.....	272
Question Five	273
Question Six	273
Appendix C Study Four Interview schedule	274
Question One	274
Question Two	274
Question Three.....	275
Question 4 Vignette.....	275

List of Tables

Table 1- Quality Check ratings for the quantitative studies	46
Table 2- Quality Check ratings for the qualitative studies	49
Table 3- Definitions of resilience, self-efficacy and proposed relationships between the concepts.	53
Table 4- Models of Resilience within included articles.....	61
Table 5- The meaning of resilience to young people.....	77
Table 6- Factors that promote or hinder resilience.....	81
Table 7- The original validation of the final included measures of resilience.....	107
Table 8- A sample timetable for a standard five day Outward Bound Residential programme.....	145
Table 9- Domains and assessment points of the BRAVERY Survey...	159
Table 10- Reasons for young people choosing to participate in mental health research	178

List of Figures

Figure 1. The definitions of resilience mapped to the trait, outcome and dynamic process models of resilience	16
Figure 2. Systematic review process (PRISMA) flow diagram	42
Figure 3. Factors that promote or hinder resilience in young people.....	80
Figure 4. Systematic review process (PRISMA) flow diagram	104
Figure 5. Reasons for low participation in research	177

Preface

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Chapter 1

Introduction

The World Health Organisation defines adolescence as the phase of life between childhood and adulthood, from ages 10 to 19 years old (WHO, 2021). Adolescence is a critical period for developing self-identity and healthcare autonomy (Huang et al., 2018). An international study across 18 countries found that adolescents across the world tend to perceive their futures to be full of risks and reported high levels of future related stress, with all 5,126 adolescents (mean age 15 years) in the study being concerned with apprehensions about their futures (Seiffge-Krenke et al., 2012). The effects of early life experiences on health and well-being are well documented in the field of childhood development and adolescent studies (Twum-Antwi et al., 2020). Given the unprecedented restrictions experienced by the global population due to the COVID-19 pandemic, it is increasingly important to better understand the development of resilience in young people. It is already known that resilience is protective of mental health in young people (Dray et al., 2017; Zhao et al., 2020).

Adolescence is a unique and important stage for the development of skills that are essential for maintaining a healthy lifestyle in adulthood (Huang et al., 2018; WHO, 2021). For example, during this phase adolescents establish patterns of behaviour relating to diet, physical activity, substance use, and sexual activity, that protect their health and the health of others around them (WHO, 2021). For the adolescent this is a period of rapid changes physically,

psychologically and socially (Blakemore, 2019). These changes may lead to feelings of insecurity due to fear of the future, and thus may negatively impact the life satisfaction and mental health of the adolescent (Lange, 2013). Research suggests that positive experiences at this age may shape an individual's capacity to learn, cope with adversity, and respond to challenges (Twum-Antwi et al., 2020). Negative experiences in childhood, such as abuse and neglect, growing up in non-supportive or overly stressed family environments, and other environmental challenges (poverty and social exclusion), have been linked to decreases in physical, psychological, and social health in adulthood (Anda et al., 2006; Duncan & Brooks-Gunn, 2000; Knutson et al., 2005).

The aim of this thesis is to explore resilience in young people, and specifically in middle adolescence, namely aged 14-17 years (Allen & Waterman, 2019). This introduction will explore the changes in the conceptualisation of resilience over the past 50 years, and the relationship between adolescent resilience and mental health.

1.1 Resilience

It is well established that acute and highly aversive events such as natural disaster, serious injury, and the death of loved ones have affected humans at every stage of the life cycle (Bonanno & Diminich, 2013). Human beings typically encounter a variety of difficulties and challenges, and experience at least one potentially traumatic event in their lifetime (Bonanno, 2008). While

these events are intensely distressing, it has become clear that not everyone reacts in the same way over time (Bonanno, 2004; Bonanno et al., 2011). Following such events some people suffer from chronic distress, recurrent intrusive memories, or sadness for years after such experiences (Mancini & Bonanno, 2006). Many people find it difficult to concentrate, whilst others may experience more negative effects (anxiety, depression, lack of sleep or not eating properly), such reactions can be stronger or be enduring reactions that result in the individual being unable to function normally for years afterward (Bonanno, 2005). While some experience more acute reactions and then gradually return to former levels of functioning, others show short-lived reactions and a quicker return to previous levels of functioning (Mancini & Bonanno, 2006). It is these different responses to adversity that have been a major focus of resilience research (Fletcher & Sarkar, 2013).

Research on resilience seeks to understand why some individuals withstand or even thrive on the negative experiences in their lives, whereas others experience adversity and struggle to return to previous levels of functioning. Garmezy and colleagues (Garmezy et al., 1984) viewed individual responses to adversity as the unifying concept in the study of psychopathology and this informed the conceptualisation and study of resilience from the early 1970s onward (Kolar, 2011; Rutter, 2012). Garmezy was interested in the meaning of experiences to individuals and the gathering of evidence to inform interventions for children who experience stress and adversity (Rutter, 2012).

1.2 The concept of resilience

Over the last 30 years evidence has demonstrated resilience to be a multidimensional phenomenon that varies in an individual according to context, internal variables (such as self-efficacy), and external context (environmental factors) (Connor & Davidson, 2003; Guilera et al., 2015; Hunter, 2001; Luthar, 2003; Rana, 2020). Psychology based research has recently begun conceptual studies to explore the history, consequences, and essential attributes of resilience (Earvolino-Ramirez, 2007; Kolar, 2011; Rutter, 2012; Windle, 2011). Arguments that resilience is a repackaged and updated insight to the concepts of risk and protective factors have added to the confusion around the concept (Rutter, 2006).

Risk and protective factors start with a focus on variables, and then move to outcomes, with an assumption that the impact of risk and protective factors will be broadly similar in everyone, with outcomes being dependant on the mix and balance between risk and protective factors (Rutter, 2006). Whereas resilience starts with a recognition of the individual variation in responses to the same experiences, and considers outcomes with the assumption that an understanding of the mechanisms underlying that variation will have implications for intervention strategies (Rutter, 2006). Nevertheless, the uncertainty and continued application of older concepts (such as risk and protective factors) is still evident in resilience research. Studies have failed to adequately operationalise resilience, resulting in a great deal of conceptual ambiguity in theoretical approaches to resilience (Ungar, 2019). For example, in the field of child development, where children are often sampled using

descriptors (including demographic details such as gender, race or ability) (Ungar, 2019). It has been argued that this conceptualisation of resilience fails to encapsulate the structural and institutional barriers confronting young people living on the margins of society (Allen et al., 2014).

1.3 Models of resilience

This thesis is underpinned by the Trait, Outcome and Dynamic Process models of resilience and these models will be discussed throughout several chapters. However, it is important to discuss some of the other models to demonstrate the challenges in conceptualising resilience and to build a rationale for the selection of the trait, outcome and dynamic process models.

1.3.1 Metatheory of resilience

The metatheory model of resilience argues that resilience is a process that begins with a state of biopsychospiritual homeostasis (comfort zone), where a person is in balance physically, mentally, and spiritually (Fletcher & Sarkar, 2013). Disruption from this homeostatic state occurs if an individual has insufficient resources (i.e., protective factors) to buffer against adversity (Fletcher & Sarkar, 2013). For those individuals who have experienced adversity they will adjust and begin the reintegration process to the homeostatic state, with this process leading to one of four outcomes (Richardson, 2002; Richardson et al., 1990). The first outcome is resilient reintegration (experiencing adversity leads to the attainment of additional

protective factors and a new, higher level of homeostasis), where an individual has increased balance physically, mentally, and spiritually. The second outcome is homeostatic reintegration (an individual remains in their comfort zones), and the third outcome is reintegration with loss (adversity leads to the loss of protective factors and a new, lower level of homeostasis). The fourth outcomes is dysfunctional reintegration (adversity that causes an individual to resort to destructive behaviours such as substance abuse) (Fletcher & Sarkar, 2013).

The metatheory model of resilience (Richardson, 2002; Richardson et al., 1990) has been cited and applied in a range of resilience research (Agaibi & Wilson, 2005; Connor & Davidson, 2003; Galli & Vealey, 2008; White et al., 2008), with advocates of the model arguing that it includes a range of theoretical ideas from physics, psychology, and medicine (White et al., 2008). Richardson (2002) claims that this model addresses the need for a theory in resilience research and that it can be utilised across multiple study populations (Richardson, 2002). There has been some support for the use of this model in the field of sport performance (Galli & Vealey, 2008). However, there is a lack of evidence to validate the model and the model has been criticised for being a linear model that only accommodates a single adversity rather than exposure to multiple adversities.(Fletcher & Sarkar, 2013). Richardson (2002) proposes that people may experience multiple adversities simultaneously, and thus the model does not compensate for the effect this has on the disruption and reintegration processes (Richardson, 2002). Despite the acknowledgment that disruption results in primary emotions (such as fear,

anger, and sadness), the model has been criticised for failing to account for the impact of meta-cognition and emotion on the reintegration process (Efklides, 2008). There is a growing body of evidence that suggests resilience and coping should be considered as conceptually distinct constructs (Campbell-Sills et al., 2006; Van Vliet, 2008). As a result, the metatheory model draws attention away from examining resilience and despite the metatheory model offering an insight to the multiple meanings of resilience, it is conceptually flawed (Fletcher & Sarkar, 2013).

1.3.2 Compensatory model

The compensatory model of resilience proposes that risk factors and protective factors combine additively to predict outcomes to adversity (Hollister-Wagner et al., 2001). The model argues that compensatory factors (such as parent-family connectedness or self-esteem), help to neutralise exposure to adversity (Garmezy et al., 1984). The compensatory model proposes to address the independent contribution of adversity to an outcome and involves the examination of protective factors that can be beneficial when exposed to adversity (Windle, 2011). This model of resilience may enhance understanding of the mechanisms by which compensatory factors reduce the likelihood of negative outcomes following exposure to adversity (Eisman et al., 2015). However, to date there is a lack of evidence to validate or support the use of this model in resilience research.

1.3.3 Protective factor model

The protective factor model is another interaction model and refers to the processes in which protective factors (such as socio-economic status) moderate the negative effects of adversity (Zimmerman et al., 2013). The protective factor model proposes that personal attributes may moderate the impact of stress and thus the probability of a negative outcome (Windle, 2011; Zolkoski & Bullock, 2012). Protective factors influence outcomes by moderating the effects of adversity, or by enhancing the positive effect of another promotive factor (Fleming & Ledogar, 2008). There is some support to validate this model with evidence showing the presence of a close bond with an adult, combined with high self-esteem reduces the association between exposure to violence and the use of aggression, more than either of the protective factors operating alone (Hollister-Wagner et al., 2001).

1.3.4 Challenge Model

The challenge model of resilience describes a curvilinear relationship between a risk factor and outcome (Zimmerman et al., 2013). The assumption that protective factors are stimulated by low levels of adversity underlies this model, with levels of risk reducing the likelihood of a negative outcome (Hollister-Wagner et al., 2001). When an individual copes with the exposure to adversity, their repertoire of protective factors is stimulated and strengthened, thus preventing expression of the negative outcome despite exposure to adversity (Hawkins et al., 1992; Rutter, 1987). In the challenge model a stressor (i.e. adversity) is treated as a possible enhancer of competence (for example resilience), assuming that the amount of stress is

not overwhelming (Garmezy et al., 1984). Research shows that situations where levels of stress are perceived by the individual as too high or too low, combined with the challenge being deemed as insufficient, these situations have the potential to result in maladaptive behaviour (Zimmerman & Arunkumar, 1994). Defined as behaviours which entail negative consequences that impact everyday life (Hartley et al., 2008; Liliana et al., 2013). However, moderate levels of stress have the opportunity to provide the individual with a challenge that, once overcome, strengthens competence (Zolkoski & Bullock, 2012). Within the challenge model exposure to adversity enables young people to better overcome subsequent adversity exposure (Zimmerman et al., 2013). However, the initial exposure to adversity must be challenging enough to help the individual learn from the experience and develop the coping mechanisms to overcome its effects, but not so taxing that it overwhelms efforts to cope (Fleming & Ledogar, 2008). An example of the challenge model is the examination of an interpersonal conflict that is resolved amicably, this can help young people overcome social tensions to avoid a violent response in a later, more heated social disagreement (Zimmerman et al., 2013).

However, there is limited research examining the validity of the challenge model, partly due to the need for growth curve modelling to examine changes over time. Therefore requiring the collection of longitudinal data and knowledge of variation in adversity exposure over time (Zimmerman et al., 2013). There is also the need to examine longitudinal data for the proposed

stress-inoculation effect of prior coping to future coping with adversity (Windle, 2011).

Within these three models (compensatory, protective, challenge), the protective factors are examined as the same variable, with the distinguishing feature being the level of exposure (Windle, 2011). Research has elaborated on the three models as focusing on different pathways after adversity (Masten & Narayan, 2012), whilst other research has explored the role of resilience on long-term developmental outcomes (Masten & Cicchetti, 2010; Masten et al., 2010). The three models provide frameworks for understanding the role of promotive factors in the presence of adversity, or interaction with each other to reduce negative outcomes or enhance positive development (Zimmerman et al., 2013). Understanding the mechanisms by which promotive factors operate in conjunction with exposure to adversity is vital for mental health prevention and intervention research (Zimmerman et al., 2013).

1.3.5 Trait, Outcome, Dynamic process

Each of the models discussed so far have predominantly focused on one of three definitions of resilience: resilience as a stable personality trait (which protects individuals from the negative effects of adversity); resilience as a positive outcome (defined by the presence of positive mental health and the absence of psychopathology despite exposure to adversity), and resilience as a dynamic process (dependent upon interactions between individual and contextual variables that evolve over time) (Everall et al., 2006).

1.3.6 Trait

The trait model defines resilience as a personality trait that is an intrinsic and stable attribute (Chmitorz et al., 2018). Research that considers resilience as a trait identifies attributes associated with the concept, such as resilience being strongly associated with cognitive functioning in the form of intelligence quotient, good problem-solving skills, and strategies (Dumont & Provost, 1999; Friborg et al., 2005). Other traits that have commonly been identified as contributors to resilience include social competence, humour, empathy, flexibility, and an easy going temperament (Everall et al., 2006). The trait model posits that resilience reflects the characteristics (some of which are detailed above) that enable individuals to adapt to the circumstances they encounter (Connor & Davidson, 2003). The trait model assumes that resilience is primarily determined by a trait that helps individuals cope with adversity (suggesting resilience is predetermined), and thus enhances individual adaptation to stress or adversity (Connor et al., 2003; Hu et al., 2015; Ong et al., 2006).

1.3.7 Outcome

The Outcome model defines resilience as an outcome of positive adaptation during (and after) exposure to adversity. In young people adversity includes parental separation and divorce (Gest et al., 1993), abuse and neglect (Heller et al., 1999; Hollister-Wagner et al., 2001); and serious illness or disability (Carbonell et al., 1998). In simpler terms resilience is viewed as a specific type of adaptation (Everall et al., 2006). Some of these positive adaptations include

improved positive self-concept and self-esteem, academic achievement, and success at age-appropriate developmental tasks (e.g. emotional separation from parents), following exposure to adversity (Hauser, 1999; Masten et al., 1999). In recent years, resilience has increasingly been considered as an outcome, such that mental (or physical) health is maintained or regained despite adversity (Kalisch et al., 2014). It is the exposure to adversity that is a central prerequisite of resilience (Earvolino-Ramirez, 2007; Luthar et al., 2000; Masten, 2001), and thus resilience is determined by historical or current exposure to adversity (Chmitorz et al., 2018).

1.3.8 Dynamic process

The dynamic process model incorporates elements of the trait and outcome models and defines resilience as the dynamic developmental process that reflects evidence of positive adaptation despite exposure to adversity (Luthar, 2003). While psychological resilience has been conceptualised as a personality trait, it has also been proposed as a dynamic process encompassing positive adaptation within the context of adversity (Luthar et al., 2000), as well as a process that changes over time. The dynamic process model shows the effects of the protective and promotive factors that vary contextually (from situation to situation) and temporally (throughout a situation and across an individual's lifespan) (Fletcher & Sarkar, 2013). The dynamic process model acknowledges that resilience is contextual and may fluctuate, therefore accounting for the interaction of protective and risk factors on the adaptive capacity of an individual (Kolar, 2011). This demonstrates that despite an individual reacting positively to adversity at one point in life, it does

not mean that the person will react in the same way to adversity at other points across a lifespan (Davydov et al., 2010; Rutter, 2006; Vanderbilt-Adriance & Shaw, 2008). For example a change in circumstances could lead to a change in resilience for an individual (Rutter, 1985).

This section has highlighted that current research must progress the understanding of resilience through data driven theories (Fletcher & Sarkar, 2012). The research encompassed within this thesis will be centred on the dynamic process model. This aims to address the aforementioned limitations of the current resilience theories and models.

1.4 Definitions of resilience

Resilience as a concept has attracted criticism due to ambiguities in the definitions and terminology (Earvolino-Ramirez, 2007; Luthar et al., 2000). Despite the word resilience having clear roots, there are a multitude of definitions forwarded for the concept. The word resilience has roots in the Latin verb, *resilire* (to rebound) (Fletcher & Sarkar, 2013), and it is claimed that social scientists selected the term resilience due to research focusing on attempts to understand how some people escape the harmful effects of severe adversity, cope well, bounce back, or even thrive (Masten, 2014). Both theoretical and empirical research on resilience reflects little consensus about definitions, with variations in operationalisation and measurement of key constructs (Luthar et al., 2000). This lack of consensus has led to difficulties in both developing and conducting resilience research (Fletcher & Sarkar,

2013). This may be partly due to the concept of resilience being adapted across a growing number of disciplines. This is evident in the research that has led to the development of understanding in human functioning when experiencing demanding or stressful situations, with resilience being examined across a range of contexts (Fletcher & Sarkar, 2013), including education (Martin & Marsh, 2006), sports performance (Galli & Pagano, 2018; Hill et al., 2018), and communities (Hamann et al., 2020). A further detailed exploration of this lack of consensus is discussed in Chapter 2 where a systematic review reports on the definitions of resilience.

It is important to highlight from the beginning of this thesis that many definitions have been proposed in the literature. These include resilience being defined as:

- Protective factors which modify, ameliorate or alter a person's response to some environmental hazard that predisposes to a maladaptive outcome (Rutter, 1987).
- A dynamic process encompassing positive adaptation within the context of significant adversity (Luthar et al., 2000).
- The personal qualities that enables one to thrive in the face of adversity (Connor & Davidson, 2003).
- The ability of adults in otherwise normal circumstances who are exposed to an isolated and potentially highly disruptive event (such as the death of a close relation or life-threatening situation) to maintain relatively stable, healthy levels of psychological and physical functioning (Bonanno, 2004).

- The reduced vulnerability to environmental risk experiences, the overcoming of a stress or adversity, or a relatively good outcome despite risk experiences (Rutter, 2006).
- The capacity of individuals to cope successfully with significant change, adversity or risk (Lee & Cranford, 2008).
- The capacity of a dynamic system to adapt successfully to disturbances that threaten system function, viability, or development (Masten, 2014).
- Resilience is a personality trait that helps individuals cope with adversity and achieve good adjustment and development (Hu et al., 2015).

The examples shown in Figure 1 demonstrate the confusion associated with resilience research, with some definitions aligning with models discussed in the previous section, as well as showing the overlap that occurs between definitions. It could be suggested that this lack of clarity within the definitions reflects the lack of adherence to a model. The development of such definitions occurs within a context. A definition can therefore be influenced by the historical and sociocultural context within which the research was conducted, the researchers conceptual predisposition, and the population sampled (Fletcher & Sarkar, 2013). This is important as research claims the varying definitions of resilience have resulted in confusion among researchers and policy makers (Kolar, 2011). The distinction between definitions is particularly important, if resilience is interpreted as a personal trait, policy makers could use it as justification to withhold important services to at-risk children by arguing that resilience is inherent within an individual (Luthar & Cicchetti, 2000). If resilience is defined as a protective factor, then policy makers need

to be careful to select other protective factors that have been shown to be beneficial for the targeted population in regards to the outcome of interest (Vanderbilt-Adriance & Shaw, 2008), in this instance resilience development.

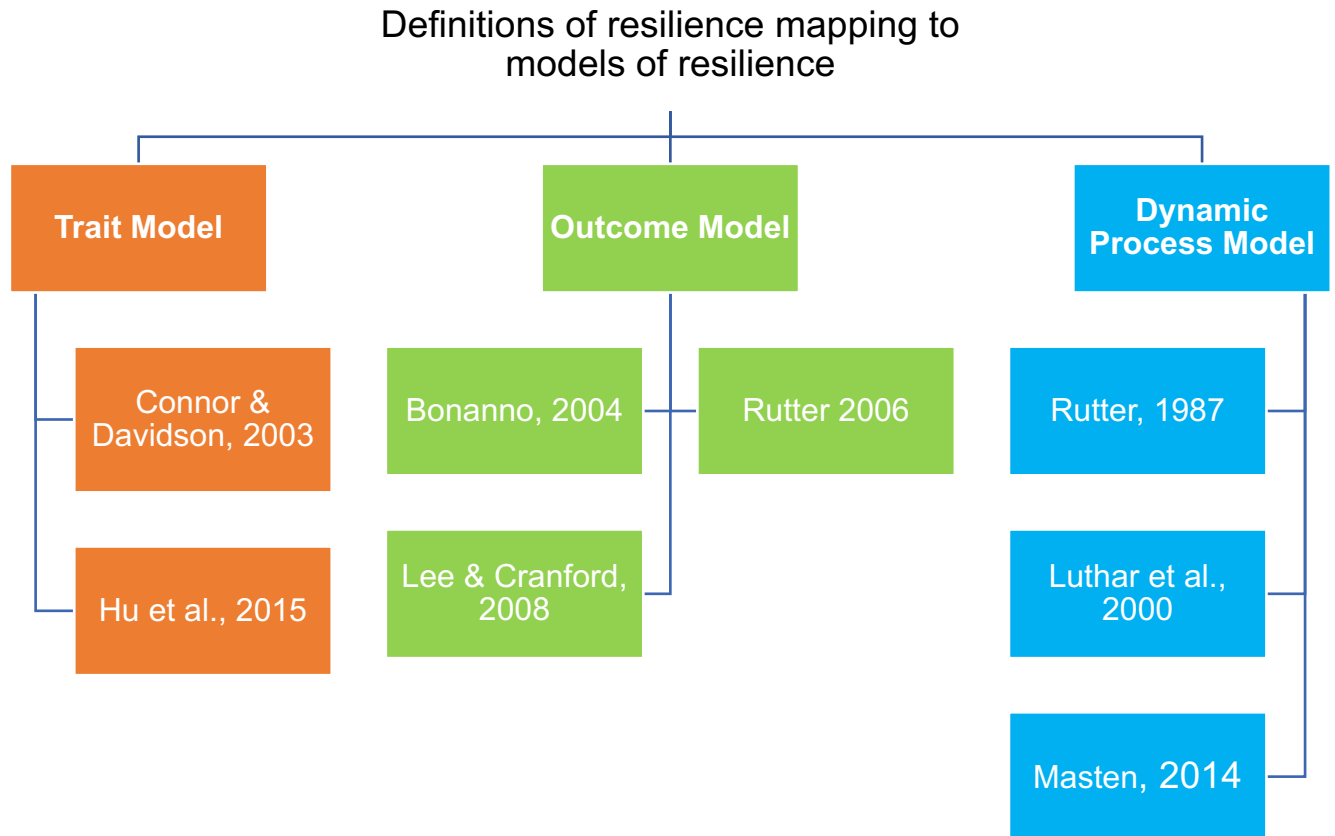


Figure 1. The definitions of resilience mapped to the trait, outcome and dynamic process models of resilience

Having highlighted the difficulties associated with conceptualising and defining resilience and the impact this has had upon research, it is important to have a definition that underpins the research encompassed within this thesis. Resilience within this thesis is closely aligned with the definition posited by Rutter (1987). However, with the research focused on exploring resilience in young people it has been important to modify this adult focused definition.

This thesis therefore defines resilience as a protective factor that modifies, ameliorates or alters a young person's response to adversity that predisposes to a maladaptive outcome. This thesis has altered the Rutter (1987) definition to rephrase 'environmental hazard' to 'adversity'. Adversity generally involves exposure to biological hazards (e.g., malnutrition, environmental toxins), psychological hazards (e.g., maltreatment, domestic violence) or both (Nelson & Gabard-Durnam, 2020), therefore justifying the change in terminology in the definition underpinning this thesis.

1.5 Resilience and Young people

In the past decade, research on and applications of resilience have included researchers from psychology, psychopathology, sociology, biology, and even cognitive neuroscience (Hu et al., 2015). Over the past three decades, adolescent resilience research has focused on positive adolescent development in association with resilience, and mechanisms underpinning healthy outcomes in adulthood despite exposure to adversity in childhood (Garmezy, 1991; Rutter, 1987). Research shows that resilience is increasingly recognised as important for a holistic understanding of the development of children and young people (Masten, 2001; Mohamed & Thomas, 2017).

The focus on resilience from developmental psychologists and educators has been occurring for over 50 years (Dole, 2000). More recently, research has posited resilience as a concept within normative development, this is in order to understand the factors and processes that resist adversity (Davey et al., 2003;

Prince-Embury & Steer, 2010). However, to date resilience research with young people does not provide sufficient evidence to support resilience as a predictor of health-oriented outcomes during adolescence, and it is this information that has been highlighted as important to the promotion of health in young people (Scoloveno, 2015).

1.5.1 Protective factors

Resilience is inhibited by risk factors and promoted by protective factors, which help to alter responses to adversity so that potential negative outcomes can be avoided (Alvord & Grados, 2005; Benzies & Mychasiuk, 2009; Martinez-Torteya et al., 2009; Zolkoski & Bullock, 2012). Protective factors can be defined as factors that ameliorate the effects of individual vulnerabilities or environmental hazards, so that development reflects greater adaptation to a given adverse situation than would occur in the absence of a protective factor (Hauser, 1999). Protective factors have typically been categorised in one of three ways; individual, family, and external or community factors (Everall et al., 2006). With resilience reflecting adaptive functioning and the ability to deal with adversity it is essential to explore potential protective factors for resilience. These protective factors have been shown to help buffer against adversity, bolster a sense of hope and optimism for the future, and interact with other protective factors such as social support (Brodhagen & Wise, 2008; Gomez & McLaren, 2006; McLaren et al., 2007).

1.5.2 Individual Factors

Evidence suggests that individual factors such as having above average intelligence may help young people understand experiences and thus enhance their ability to make choices (Kronborg et al., 2017). Associations between high intellect and the ability to cope with stressors, and intelligence have been noted as a factor related to resilience (Morales, 2010; Peterson, 2006). Further evidence supports the idea that above average intelligence can act as a key protective factor in resilience (Condly, 2006; Dole, 2000; Kitano & Lewis, 2005; Prince-Embury, 2008). Evidence also shows that other personal attributes that differentiated resilient young people from their peers included adaptability, flexibility, autonomy, a strong future orientation, positive self-concept, ability to communicate well (social maturity), and an internal locus of control (Borman & Overman, 2004; Condly, 2006; Davey et al., 2003; Kitano & Lewis, 2005; McMahon, 2007; Morales, 2010; Prince-Embury, 2008; Prince-Embury & Steer, 2010; Reis et al., 2004). Evidence demonstrates that resilient young people tended to have strong social skills (Hollister-Wagner et al., 2001; Werner, 1995), humour, empathy, flexibility, and an easy-going temperament, all of which were deemed as likely to enhance sociability (Fraser & Richman, 1999; Rutter, 1987).

1.5.3 Family Factors

For those young people who experience adversity, having a secure attachment with at least one caring adult has been shown to promote resilience (Heller et al., 1999; Hollister-Wagner et al., 2001; Rutter, 1987). When nurturing and support are not consistently available from parents,

resilient young people are adept at seeking support from alternate caregivers in the family (Werner, 1995). This can include members of the extended family (e.g. grandparents, aunts, uncles) or from older siblings, and these often provide positive role modelling and support that help buffer the effects of adversity (Carbonell et al., 1998; Rak & Patterson, 1996; Smokowski et al., 1999).

Parental support, such as providing resources and services to their child, can be instrumental in promoting resilience (Everall et al., 2006). These include informative guidance that can assist young people in navigating life's challenges, or emotional guidance whereby the young person is provided with companionship and given the message that they are valued (Dumont & Provost, 1999; Smith & Carlson, 1997). Evidence has shown that resilient young people value a type of guidance named 'motivational support' guidance and that this is associated with feeling motivated, optimistic, and reassured that someone believed in their ability to succeed (Smokowski et al., 1999).

Evidence shows that a negative home environment (reflected by poor family congeniality, comfort level with sharing problems with parents, parental interference, and parental pressure for academic performance) and a parental personality type (short-temperedness versus perceived friendliness) is associated with a young person's anxiety, their emotional adjustment, self-concept, and self-confidence (Deb et al., 2015). In environments where there is exposure to chronic poverty, overcrowding, and high levels of crime, a parenting style that is structured and directive while at the same time warm

and nurturing may contribute to the development of resilience in young people (Rak & Patterson, 1996; Smokowski et al., 1999). Further family protective factors of resilience include intimate-partner relationships, family cohesion, supportive parent–child interactions, stimulating environments, social support, and a stable and adequate income (Benzies & Mychasiuk, 2009).

1.5.4 External or community factors

Evidence has shown that role models outside the family can be potential buffers for children who are identified as being at-risk of abuse, neglect or other kinds of harm (Masten, 2001). These role models include teachers, school counsellors, coaches, mental health workers, and good neighbours (Zolkoski & Bullock, 2012). Community protective factors for resilience include early prevention and intervention programmes, safety in neighbourhoods, relevant support services, recreational facilities and programmes, accessibility to adequate health services, economic opportunities for families and religious and spiritual organisations (Alvord & Grados, 2005; Benzies & Mychasiuk, 2009).

The school environment can also be a protective factor of resilience for young people, with school–community partnerships being important for the development of positive relationships or a sense of relatedness for young people between school, home, and community (Kronborg et al., 2017). Evidence shows in times of adversity, resilient young people seek out and accept the support of caring nonparent adults, such as teachers, coaches, school counsellors, ministers, and neighbours (Rak & Patterson, 1996; Walsh,

2002). This impact of teachers whether in school or in the larger community, who demonstrate a willingness to listen to young people, provide information and guidance, and motivate young people to perform at their best can make a difference in the lives of young people (Everall et al., 2006). Evidence also suggests that as well as the positive impact a teacher can have on resilience for young people, the participation in school beyond the classroom and school community can allow for young people to build their self-esteem, sense of accomplishment, and connection with peers and school in meaningful ways (Kronborg et al., 2017). For some young people, involvement in relationships and extracurricular activities outside the home helps promote resilience (Everall et al., 2006). It is argued that this can be important for young people who are coming from hostile family environments, where the use of external support systems and participation in sports, hobbies, or religious activities provide relief from the stresses of family life and expose young people to conditions more favourable for development (Smith & Carlson, 1997; Smokowski et al., 1999). Establishing positive relationships with peers can serve as a major source of support (Everall et al., 2006) which in turn helps to promote resilience in young people. This is achieved through affiliation and identification with close friends, which allows young people to benefit from companionship, emotional and motivational support, role modelling, and a sense of belonging (Hauser, 1999; Smith & Carlson, 1997; Smokowski et al., 1999).

The investigation of protective factors dominated resilience research with young people from the early 1990s, whereas research in the past two decades

has shifted from identifying protective factors to understanding the mechanisms through which individuals return to levels of functioning having been exposed to adversity (Fletcher & Sarkar, 2013; Luthar et al., 2000). This shift towards understanding the process is reflected in the dynamic process model of resilience. This thesis recognises the importance of considering protective factors when investigating resilience in young people.

1.6 Resilience, mental health and young people

Research and the application of resilience interventions in the mental health field have been hindered due to the lack of a uniform operational definition for resilience and a corresponding methodology for studying it (Davydov et al., 2010). Having a better understanding of resilience is important in the development of interventions to prevent and/or treat common mental health disorders (Connor & Zhang, 2006). Evidence shows trait resilience to be negatively associated with mental ill-health (depression, anxiety, and negative affect) and positively associated with mental wellbeing (life satisfaction and positive affect) (Hu et al., 2015). In the context of mental health in young people resilience can be viewed as a process by which risks are encountered, and assets or resources (internal and external resilience factors) are used to avoid a negative outcome, such as mental ill-health (Fergus & Zimmerman, 2005; Hjemdal, Friborg, Stiles, Rosenvinge, et al., 2006; Patel & Goodman, 2007). There is some evidence to suggest that high levels of resilience may prevent the development of mental health disorders in young people (Hjemdal et al., 2007). For example, a study of 307 Norwegian young people (aged 14

to 18 years) showed higher resilience levels were associated with lower scores for levels of depression, stress, anxiety and obsessive–compulsive symptoms (Hjemdal et al., 2011). In a separate sample of 387 Norwegian young people aged 13 to 15 years higher resilience levels were associated with lower levels of depressive symptoms (Hjemdal et al., 2007). Both sets of findings suggest that resilience may prevent the development of mental ill-health and disorders in young people (Hjemdal et al., 2011).

Many of the secondary risk factors for mental health and behavioural problems begin during adolescence, these include tobacco, alcohol and cannabis use, and unhealthy diets (Patton et al., 2016). This is combined with the onset of mental health disorders such as depression and anxiety typically occurring in childhood and adolescence (Gatt et al., 2020). Findings from a decade ago showed 20% of the world's young people experienced mental health disorders, half of those disorders beginning prior to the age of 14 years (Kessler et al., 2007). If these disorders remain untreated it can severely impact development, educational attainment, and place young people at higher risk of suicide (Viner et al., 2011). The research completed within this thesis also reflects the renewed interest in resilience across many fields of research as governments and international agencies search for evidence and guidance to mitigate risk and promote resistance or recovery in the face of adversity (Masten, 2014).

1.7 Researcher positionality

1.7.1 Positionality

Positionality both describes an individual's world view and the position they adopt about a research task with both the social and political contexts (Foote & Gau Bartell, 2011; Rowe, 2014; Savin-Baden & Major, 2013). It has been suggested that a researcher may identify and develop their positionality in three primary ways (Savin-Baden & Major, 2013). Firstly, researchers locate themselves in relation to the subject, for example acknowledging personal positions that may potentially influence their research. Secondly, a researcher must situate themselves in relation to the participants, for example how the researcher views themselves, and how they are viewed by others. Thirdly, researchers locate themselves in relation to the research context and the research process. This includes acknowledging that the research will be influenced by the research context (Savin-Baden & Major, 2013). Positionality is an important consideration in research because it directly influences how the research is carried out but also determines the outcome and results, for example whose voices will be represented in the final reports (Rowe, 2014).

Self-reflection and a reflexive approach are both a necessary prerequisite and an ongoing process for the researcher to be able to identify, construct, critique and articulate their positionality (Holmes, 2020). Reflexivity is the concept that researchers should acknowledge and disclose their selves in their research seeking to understand their part in it or influence on it (Cohen, 2011). However, it is important to consider that these reflections may be influenced by political allegiance, religious faith, gender, sexuality, geographical location,

race, culture, ethnicity, social class, age, linguistic tradition, and so on (Sikes 2004). Therefore researchers must be acutely conscious of the positionality issues and how they will influence the programme of research and what is reported, this therefore requires the researcher to continually bring the participants to the forefront of each project in order to maximise the voice of the participants (Rowe, 2014)

1.7.2 Ontology and epistemology

Having discussed the importance of researcher positionality and reflection, it is now important to consider the ontological and epistemological approaches to research. A key debate within research still exists between the insider-outside positionality and where one position provides the researcher with an advantageous position compared to the other, and how each standpoint influences the research process (Hammersley, 1993; Holmes, 2020; Weiner-Levy & Abu Rabia Queder, 2012). Ontologically the insider perspective is usually referred to as an emic account while the outsider perspective is an etic account (Holmes, 2020). The emic (insider) view of reality is situated within a cultural relativist perspective, that recognises behaviour and action as being relative to the persons culture and context in which the behaviour or action is both rational and meaningful within that culture (Fetterman, 2008; Holmes, 2020). For example, a researcher would include colloquial language, spelling and grammar in interview transcriptions. Whereas an etic account (outsider) is situated in a realist perspective, which attempts to describe the differences across cultures in relation to a general external standard and from an ontological positions that assumes a pre-defined reality in respect of the

researcher (Nagar & Geiger, 2007). Etic accounts aim to be culturally neutral, therefore, interview transcripts would not include colloquial language, grammar, and spelling.

The debates are centred on whether being an insider to the culture is more or less advantageous to the researcher. Epistemologically this is concerned with how it is possible to present information accurately and truthfully. This debate has become increasingly important with researchers frequently coming from different backgrounds to those they are engaging with in their research (Holmes, 2020). It is therefore important to state that the candidate prior to completing all the research encompassed within this thesis worked as a teaching assistant in both Australia and England. These experiences helped to shape the candidates understanding of how to communicate and work effectively with young people aged 12-18 years old. This therefore places the candidate as an Insider whose research is more closely aligned to an emic approach when working with young people. Whether an insider or outsider to research it is important for a researcher to be aware of their unconscious bias (Buetow, 2019). The candidate attempted to reduce this through the use of an independent coder when analysing the qualitative data within this thesis. The independent coder would be considered an outsider to the research having never worked in schools with young people.

1.8 Ethical Considerations

Research with vulnerable groups are particularly suited to the use of qualitative inquiry (Dickson-Swift et al., 2009). Qualitative methods allow for depth and the personal experiences of the participant to be examined (Fahie,

2014). However, it is important to consider that the open-ended nature of some qualitative research (for example interviews and focus groups), can lead to unexpected directions in the conversation, which in turn can lead to considerations of ethical issues that are above and beyond what would be considered usual (Dempsey et al., 2016). This is most applicable when working with children and young people, in the UK only those children and young people under the age of 16 are classed as vulnerable for research purposes (Beyens et al., 2016). This is due to children and young people regularly being considered as incapable of providing informed consent (McInroy, 2017). The candidate therefore used parental consent as well as informed assent when conducting the qualitative research encompassed within this thesis for those participants under the age 16 years old. The candidate ensured at all stages informed consent was acquired before commencing any aspect of the research encompassed within this thesis. Informed consent requires the participants' voluntary involvement in the study after weighing the potential risks and benefits (Choudhury & Ghosh, 2020). This was essential because age is a protected characteristic, due to the power dynamic that exists between a researcher and a young person being significantly different (Lenton et al., 2021). When working qualitatively with children and young people it is vital for researchers to consider the participants confidentiality and anonymity as well as the ethics associated with asking young people to discuss potentially sensitive issues, such as mental health or previous exposure to adversity.

1.8.1 Informed consent

Informed consent refers to fully describing and explaining to participants in a research study of their rights and responsibilities and the study's specific purposes, methods, risks and benefits (Reamer, 2010). Facilitating informed consent is a key ethical standard to consider when conducting social research (Klykken, 2021), and only after a participant has been fully informed then they must explicitly and voluntarily consent to participate in the study (Reamer, 2010). Informed consent is understood as an ongoing process of providing relevant information wherever possible to potential, current, and past participants throughout a study, rather than a single, straightforward occurrence of acquiring participant agreement before participation (Alderson & Morrow, 2011; Wiles et al., 2007). The research within this thesis ensured informed consent was provided in both the signature of the consent forms and verbal assent before commencing the qualitative components of this thesis. Whilst completing the consent forms all participants had the opportunity to contact the candidate with any questions about the study. Whereas the verbal consent was given having heard information regarding confidentiality and how the participants data would be stored, analysed and disseminated.

Although discussions within the literature vary on the specific elements required to satisfy informed consent, there is a general consensus on a number of important elements (McInroy, 2017). These include detailed information about participation, the independence of the participants, the absence of coercion, explicitly (verbal or written) provision of consent, and the ability for all participants to renegotiate or end participation at any time

(Alderson & Morrow, 2011). All of these elements were implemented and adhered to throughout the research within this thesis.

1.8.2 Confidentiality

Confidentiality is primarily upheld as a means to protect research participants from harm and as a way to protect the privacy of all participants, to build trust and rapport, and to maintain ethical standards and the integrity of the research process (Baez, 2002; Kaiser, 2009). Researchers must collect, analyse, and report data without compromising the identities of their participants, with the ultimate goal being complete confidentiality for every research participant (Kaiser, 2009). Researchers will typically present confidentiality agreements at the beginning of the data collection process. Discussing confidentiality at the outset is necessary for acquiring informed consent and building trust with respondents (Crow et al., 2006). Confidentiality must also be addressed during data cleaning and analysis. Only the candidate had access to the original transcripts, with access being granted to the research team once all participants had been deidentified. Researchers will remove identifiers to create a “clean” data set. A clean data set will not contain information that identifies respondents, such as a name or address (Kaiser, 2009), and for the purpose of this thesis, all study material (consent forms, transcripts) were stored on the participating universities secure servers.

1.8.3 Anonymity

Anonymity has traditionally been considered as one of the key elements of research ethics, the purpose of which is to protect participants from harm, and

is regarded as the mechanism in which privacy and confidentiality are maintained (Vainio, 2013). In this thesis, anonymity is defined as the process of not disclosing the identity of research participants (Wiles et al., 2008). Anonymity is one way to apply confidentiality, which is defined as not discussing information provided by research participants with others and presenting findings in a way that research participants cannot be identified (through anonymisation) (Wiles et al., 2008). Anonymity in practice means that information on the identity of research participants (name, nationality, ethnicity, age, occupation) should be removed from the final research reports, which makes anonymity unique because it involves modifying empirical data, so that the research participants cannot be identified (Vainio, 2013). It is a common practice that all people referred to in interview transcripts and other forms of data are anonymised in the earliest phases of data analysis (Vainio, 2013). Within this thesis, participants' names were replaced with unique codes and numbers.

1.8.4 Research on sensitive issues with young people

Although young people are increasingly taking part in research, they can be hard to reach and engage, however it has been found that using some qualitative methods can lead to more open conversations on topics that young people otherwise have not engaged with (Morrow, 2001). Further, qualitative methods enable a rapport and a relationship of trust to be built (Nolan et al., 2018) and so is preferable for use with young people than more traditional scientific methods (Lenton et al., 2021). Young people have a tendency to engage in psychology as a discipline due to an interest in human behaviour

and as an outcome of their own life experiences (Huynh & Rhodes, 2011). However, the researcher needs to be aware that this generally involves the exploration or discussion of sensitive subject areas. From the conception of the study ethical considerations should be paramount and ongoing, with a researcher having to consider all eventualities and more importantly the avoidance of harm to participant (Lenton et al., 2021).

When undertaking research with young people it is the researcher's responsibility to be aware of signals that can be both verbal and non-verbal, that could suggest the young person is feeling overwhelmed, upset or uncomfortable, and that the discussion or even the study should not proceed any further (Lenton et al., 2021). Prior to the undertaking the final study (see chapter 7) within this thesis the candidate completed the Youth Mental Health first aid qualification. This was important as the last study was designed to explore the barriers to participation for young people aged between 14-15 years old. This included discussions around the young people's personal and school life, and therefore increased the potential for the disclosure of sensitive information. When a young person makes a disclosure for the first time it is important that this be met with an appropriate response, otherwise, this can have detrimental effects on the participant (Crisma et al., 2004). Completing the Youth Mental Health first aid course offered practical guidance on how the researcher could respond to such a disclosure.

Chapter 2: Systematic Review One

A systematic review examining the relationship between self-efficacy and resilience in young people.

2.1 Introduction

With one in five young people likely to experience a mental health disorder each year, there are global concerns to address the mental health and wellbeing of the next generation (UNICEF, 2018). In the United Kingdom (UK) one in 10 children experience mental health conditions such as depression, anxiety or conduct disorder prior to adulthood (Foundation, 2018). Around 50% of mental health problems are established by the age of 14 years and 75% by the age of 24 years (Kessler et al., 2005). Rising rates of adolescent depression are being reported (Mojtabai et al., 2016), as are demands on outpatient mental health services and the use of psychotropic medications (Olfson et al., 2015).

Adolescence is defined as the phase of life between childhood and adulthood, from ages 10 to 19 years old (WHO, 2021). Adolescence is a transitional developmental stage characterised by rapid physical, cognitive and socio-emotional growth thus presenting challenges and opportunities for development (Bluth et al., 2018). Development of mental health during the adolescent period may also carry implications for functioning in subsequent developmental periods (O'Connor et al., 2017). Resilience and self-efficacy have been found to play a key role throughout this development (Bandura, 1997; Firoze & Sathar, 2018). Resilience in young people is described as the positive adaptation to adverse life experiences (Masten, 2007), whereas self-

efficacy is the belief of an individual in their ability to successfully manage situations to achieve goals, or cope effectively in stressful situations (Bandura, 1997).

2.1.1 Resilience

Resilience in adolescence has been described as successful navigation of challenges as evidenced by reaching age-appropriate competencies (such as having good peer relationships or being employed) combined with positive mental health and the ability to overcome stress and adversity (Masten, 2007; Rutter, 2006). Over the past two decades resilience has been proposed as a trait, an outcome or a dynamic process (Chmitorz et al., 2018).

The trait model was first described as ego resilience that encompasses a set of traits reflecting general resourcefulness, strength of character and flexibility of functioning in response to varying environmental demands (Fletcher & Sarkar, 2013). The trait model has since described resilience encompassing personality characteristics that enhance adaptation or enable maintenance of well-being in the presence of adversity (Hu et al., 2015; Mutz & Mueller, 2016). However there is weak empirical evidence to support resilience solely as a personality trait (Bonanno & Diminich, 2013).

The outcome model proposes resilience is measured in terms of social competence, good mental health, and functional capacity (Olsson et al., 2003). These outcomes are characterised by the maintenance of functionality,

that occurs despite exposure to adversity (Masten, 2001; Olsson et al., 2003). It has been suggested that resilience is a result of experiencing adversity, whereby moderate exposure to adversity serves to facilitate resilience and therefore protect individuals against maladaptive outcomes when experiencing future adversity (Rutter, 2012). Despite the outcome model being used widely, the requirement of adversity needing to be present has led some to criticise this model as being too narrow (Brooks, 2006). Therefore, suggesting that there are other phenomena that impact upon resilience.

The dynamic process model of resilience proposes an interaction between both risk and protective processes, internal and external to the individual that modify the effects of an adverse life event (Rutter, 1999). This dynamic process does not imply an invulnerability to stress, but rather an ability to recover from negative events (Garmezy, 1991). This is evident in the definition that posits resilience as normal development under difficult conditions (Fonagy et al., 1994). Resilience has also been proposed as a dynamic process encompassing positive adaptation within the context of adversity (Luthar et al., 2000). Findings suggest that this dynamic process involves reciprocal interactions between the individual and the environment (Everall et al., 2006). The dynamic process focused research aims to understand the mechanisms that modify the impact of a risk and the developmental process by which young people successfully adapt (Olsson et al., 2003). An understanding of the process of adaptation needs assessment of both risk factors that intensify the reaction to adversity (make more vulnerable), and protective factors that improve an individual's response to adversity (make

more resilient) (Olsson et al., 2003; Rutter, 1999). Both the outcome and dynamic process models propose that mental health is maintained or regained despite significant stress or adversity, and that the exposure to risk and adversity is a central prerequisite of resilience (Earvolino-Ramirez, 2007).

2.1.2 Self-efficacy

Self-efficacy is the belief of an individual in their ability to successfully manage situations to achieve goals, or cope effectively in stressful situations (Bandura, 1977; Karademas, 2006). Self-efficacy is concerned with the exercise of control over action as well as the self-regulation of thought processes, motivation, affective and physiological states (Bandura, 1997). The self-efficacy model acknowledges the diversity of human abilities, therefore treating self-efficacy not as a collection of traits, but as a differentiated set of self-beliefs connected to distinct realms of functioning (Bandura, 1977). Self-efficacy has been shown to inform self-development, adaptation and change at different phases of the life course (Bandura, 1997). Self-efficacy is strengthened and developed through mastery experiences, social modelling and persuasive forms of social influences (Bandura et al., 2003). For young people self-efficacy has been shown to contribute uniquely to variance in developmental outcomes, while for adolescents these include major biological, educational, and social role transitions (Bandura et al., 2003). These outcomes occur during the complex interplay of socioeconomic, familial, educational and peer influences (Bandura et al., 2001). Self-efficacy has been positively associated with self-esteem, well-being, physical functioning, adaptation and recovery from both physical and mental acute and

chronic conditions (Bandura, 1997; Bisschop et al., 2004; Kuijer & de Ridder, 2003). By contrast, low self-efficacy has been associated with the likelihood of symptoms of anxiety and depression (Kashdan & Roberts, 2004). The ability of adolescents to be self-efficient in problem-solving and in managing the expression of positive and negative emotions, has been associated with resilience (Sagone & Caroli, 2016).

2.1.3 Resilience and self-efficacy

Research has shown that participation in a five day outdoor and adventurous activity programme (OAAP) has a positive impact on self-reported resilience and self-efficacy for young people aged 10-16 years (Whittington et al., 2016). Self-efficacy includes the belief an individual has in their ability to cope with difficult circumstances and thus has an important role in determining psychological status following exposure to adverse life events (Aydogdu et al., 2017). Further exploration of the relationship that exists between resilience and self-efficacy throughout adolescence could lead to a greater understanding of the support that young people need during this stage of development. When faced with challenges, individuals with higher levels of self-efficacy cope better and are perceived as more resilient (Atkins & Shrubbs, 2019). It is proposed that resilience is influenced by self-efficacy and other coping skills such as emotion regulation and positive emotion, self-esteem and self-control (Curtis & Cicchetti, 2007; Wilson & Agaibi, 2006). Self-efficacy and coping skills are perceived to impact on resilience status by promoting changes in the individual's judgements, emotions, thoughts and perceptions

(Curtis & Cicchetti, 2007). This in turn may be protective for depression and anxiety (Bandura, 1993).

A proposed relationship between resilience and self-efficacy suggests support for the outcome model of resilience. This is the proposal that self-efficacy development is built on outcomes in which beliefs are strengthened and developed through mastery experiences, social modelling and persuasive forms of social influences (Bandura et al., 2003). However, there is also evidence from the self-efficacy literature supporting the dynamic model of resilience. When the relationship is considered as a dynamic process it is built on the interaction between both risk and protective factors in which exposure to adversity is essential for the development of resilience and self-efficacy. When considered as a dynamic process the relationship between resilience and self-efficacy would align with the research that suggests both concepts change over time (Bandura, 1997). This review arises from research identifying the need to further explore the concept of resilience in specific population groups (Aburn et al., 2016), and importantly the paucity of research examining the relationship between resilience and self-efficacy for young people.

2.1.4 Objectives

This review aimed to examine the concepts of resilience and self-efficacy and the potential interactions of these concepts for young people.

2.2 Methodology

The systematic review was registered with the PROSPERO database and considered all articles that were concerned with young people and had been published from 1987 to the date of the first search (January 2018), and the updated search (January 2020). The rationale for this was based on one of the earliest definitions of resilience by a founding theorist (Rutter, 1987), as discussed in chapter one.

2.2.1 Eligibility criteria

The inclusion criteria for the review were (i) the article discussed both of resilience and self-efficacy concepts, (ii) the participants were aged 12-18 years, (iii) a peer reviewed research article, (iv) published in English and, (v) published since 1987. There were no restrictions on study design.

2.2.2 Search strategy

With the assistance from the university library liaison officer JM developed the search terms listed below and identified frequently accessed psychological and educational research databases.

The search terms used in this study were:

Resilien*

AND,

School OR "Middle School" OR "Middle-School" OR "High School" OR "High-School" OR Education,

AND,

Adolescen* OR Young* OR Teen* OR "Post Sixteen" OR "Post-Sixteen" OR Youth* OR Pupil OR Student,

AND,

"Self Efficacy" OR "Self-Efficacy" OR "Personal-Efficacy" Or "Personal-Efficacy"

The following databases were searched in January 2018: Education Abstracts (H.W. Wilson), ERIC, British Education Index, Education Administration Abstracts, PsycINFO, Web of Science, ASSIA, Sociological Abstracts, Humanities International Complete, and Australian Education Index. This was followed by an updated search using the same search terms within the same databases in January 2020.

2.2.3 Article selection

The initial search in January 2018 returned 3,012 articles, and once duplicates were removed 2,443 articles remained for the first stage of screening by titles and abstracts. This initial screening process resulted in 81 articles meeting the inclusion criteria and following the full text screening 10 articles were included in the systematic review. The articles were screened by two reviewers independently (JM and SM), and any discrepancies were discussed by the two reviewers. If consensus was not achieved through discussion, then a third reviewer was utilised. Two independent reviewers screened 10% of the excluded studies after the initial screening by titles and abstracts and

screened a further 10% of the excluded studies following full text screening. Figure 2 provides a full overview of the screening process for inclusion of studies.

The updated search in January 2020 returned 741 articles and once duplicates had been removed 592 articles remained for the screening of titles and abstracts. The screening of titles and abstracts resulted in 17 articles meeting the inclusion criteria. However, once the full text screening had been completed only two additional articles were included in the final articles for this systematic review.

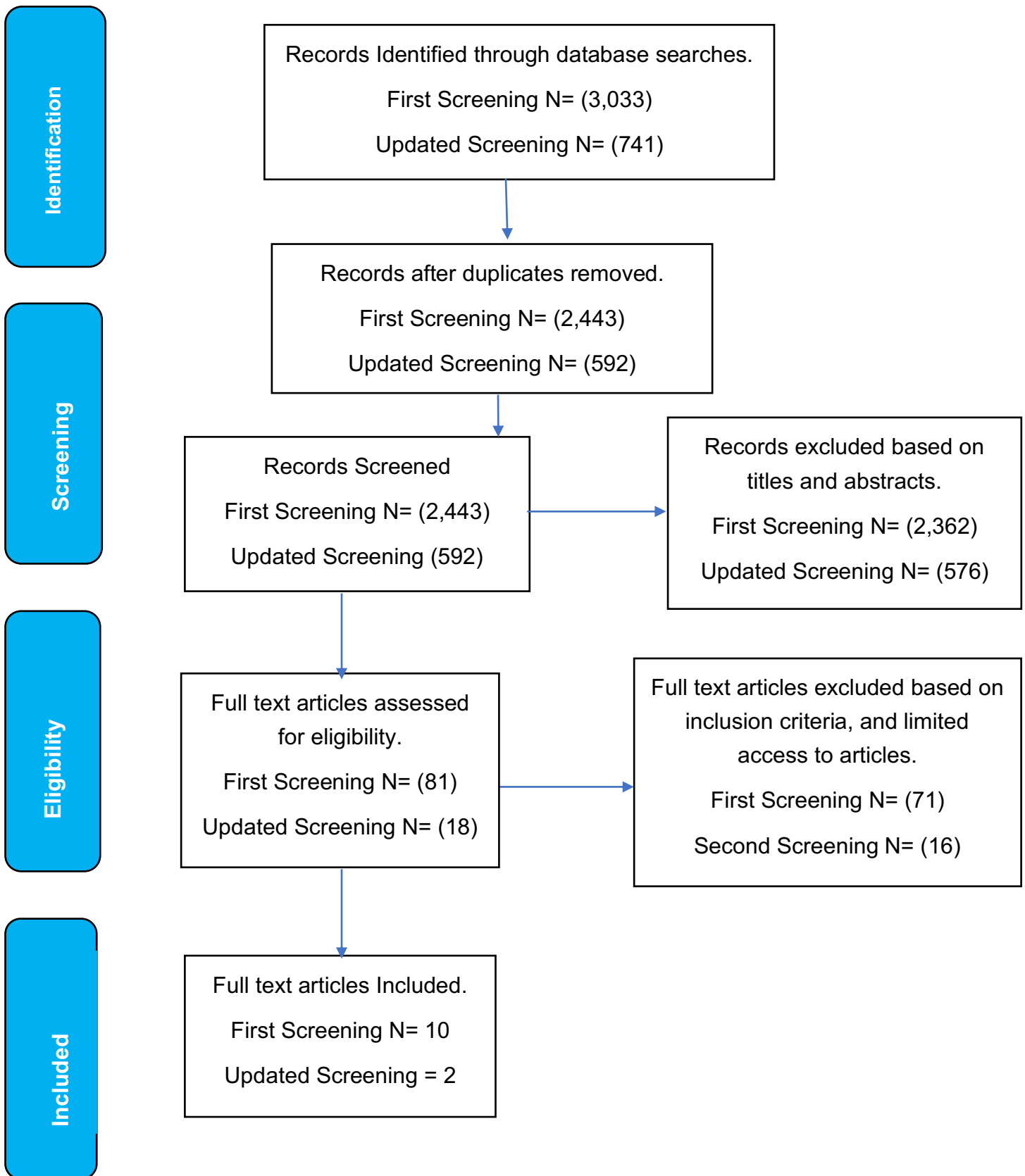


Figure 2. Systematic review process (PRISMA) flow diagram

2.2.4 Quality assurance

Independently JM and SM screened all titles and abstracts against the eligibility criteria with full consensus reached through discussion at all screening phases. At each stage 10% of the excluded articles were selected through the utilisation of a random number generator. These were independently screened by HJS and LW with full consensus reached through discussions with the independent reviewers. JM and SM then independently screened the full texts of the remaining included articles against the eligibility criteria, with full consensus being reached through discussions with HJS and LW.

2.2.5 Quality analysis

All 12 of the included articles were rated independently by JM and SM using the Critical Appraisal Skills Programme (CASP, 2018a). The cohort study checklist was used for the quantitative articles (CASP, 2018a) and the qualitative checklist was used for the qualitative articles (CASP, 2018b). Risk of bias ratings for each article (see Table 1 and Table 2) were examined using the appropriate Cochrane risk of bias tool. The quality evaluation of included articles was performed by two investigators (JM and SM). Any disagreement in both study selection and quality assessment was resolved through discussion. Each article received a score of 1 for a Yes answer, 0 for a Cannot Tell/No, and 0.5 for the A and B sections of a question. The scores were not rounded up, so any score ending with 0.5 would be scored at the proceeding number (e.g. 6.5 would be scored as 6). The quality of the cohort study articles was scored out of a maximum of 10. A score between 1 and 4 indicated 'weak'

quality, 5 to 7 was 'moderate' and 8 to 10 was 'strong'. The quality of the qualitative articles was scored out of a maximum of 9, with 1 to 3 being 'weak', 4 to 6 as 'moderate' and 7 to 9 as 'strong' quality.

2.2.6 Synthesis of results

An integrative review method was used for this systematic review. An integrative review summarises past empirical or theoretical literature to provide a more comprehensive understanding of a specific phenomenon (Broome, 1993). The focus of this review is the relationship that may exist between resilience and self-efficacy. Integrative reviews are described as the broadest type of research review method as it allows for simultaneous inclusion of experimental and non-experimental research in order to better understand a phenomenon (Whittlemore & Knafl, 2005).

The data abstraction involved the reading of each article to ensure all the definitions of resilience, self-efficacy and all links between the two concepts were extracted, similar to previous research using an integrative review methodology (Aburn et al., 2016). The aim of the data synthesis was to group together definitions, and relationships between the two concepts from the included articles. This involved the definitions being divided into subgroups with common patterns. Themes and relationships were then identified between the definitions provided. This method is forwarded within the guidelines and previous research (Aburn et al., 2016; Whittlemore & Knafl, 2005).

Theoretical coding was also utilised, alongside constant comparative analysis (Aburn et al., 2016). Once the final articles had been identified and the final analysis began, categories and codes were developed and then constantly compared and revised. The comparisons occurred in each of the included articles, as well as wider literature to support the development of a final understanding of the meaning in the data, as suggested in the wider literature (Birks & Mills, 2011; Charmaz, 2006).

2.3 Results

From the final 12 articles included, 10 were empirical quantitative studies, one was a concept analysis review and the other was a case review.

2.3.1 Quality assessment

See Table 1 and 2 for the quality assessment of the final articles showing that one was classified as weak, eight articles as moderate and three articles as strong.

2.3.2 Article characteristics

The samples in the included articles ranged in ages from 10 to 25 years old. However, three articles only gave descriptions of the sample with no direct specification of the age of the participants, for example female adolescents. The articles had samples from nine countries. Two included articles were reviews and therefore had no sample.

Table 1- Quality Check ratings for the quantitative studies

	Article Number									
	1 (Alessandri et al., 2016)	2 (Amitay, 2015)	3 (Arastaman & Balci, 2013)	4 (Hayhurst, 2015)	5 (Li et al., 2019)	6 (Liu & Ngai, 2019)	7 (Murphy & McKenzie, 2016)	8 (Mutz & Mueller, 2016)	9 (Narayanan & Betts, 2014)	10 (Whittington et al., 2016)
Quality Check Item	Article Score									
1. Did the study address a clearly focused issue?	1	1	1	1	1	1	1	1	1	1
2. Was the cohort recruited in an acceptable way?	1	1	0.5	0.5	1	1	0.5	1	0.5	1
3. Was the exposure accurately measured to minimise bias?	1	1	1	1	0.5	1	0.5	1	0.5	1

7. Do you believe the results?	0.5	1	1	0.5	1	1	1	1	1	1
8. Can the results be applied to the local population?	0.5	0.5	0.5	0.5	1	1	0.5	0.5	1	0.5
9. Do the results of this study fit with other available evidence?	1	1	1	1	1	1	1	1	1	1
10. What are the implications of this study for practice?	0.5	0.5	0.5	1	1	1	1	0.5	0.5	1
Total Score	7	7.5	6.5	6.5	8.5	9	6	7.5	5.5	8

Scoring: weak 1-4, moderate 5-7, strong 8-10. Yes = +1, No/Can't Tell = 0, A/B = 0.5

Table 2- Quality Check ratings for the qualitative studies

	Article Number	
	11 (Earvolino-Ramirez, 2007)	12 (Turner et al., 1995)
Quality Check Item	Article Score	
Was there a clear statement of the aims of the research?	1	1
Is a qualitative methodology appropriate?	1	0
Was the research design appropriate to address the aims of the research?	1	0
Was the recruitment strategy appropriate to the aims of the research?	0	0
Was the data collected in a way that addressed the research issue?	1	0
Has the relationship between researcher and participants been adequately considered?	0	0

Have ethical issues been taken into consideration?	0	0
Was the data analysis sufficiently rigorous?	0	0
Is there a clear statement of findings?	0	1
How valuable is the research?	Brief discussion of the contribution. New areas of research are highlighted. Discusses how the research may be wider used.	No detailed contribution to the wider literature is present. Future research avenues are discussed. No mention of transferability
Total Score	5	2

Scoring: weak 1-3, moderate 4-6, strong 7-9. Yes = +1, No/Can't Tell = 0

2.3.3 Integrative review

The findings from the data abstraction of the articles in relation to the definitions provided for resilience, self-efficacy and the relationship between the two concepts are detailed in Table 3.

From the 12 included articles, resilience was most frequently (11 articles) defined in relation to the outcome model of resilience. The remaining definitions were proposed in nine articles as being related to the trait and dynamic process models. The remaining definitions had no affiliation with the three models of resilience discussed in this review. These definitions include resilience being defined as; a construct, a situational specific reaction and finally being associated with coping.

Self-efficacy was defined in 10 different ways throughout the included articles. It was forwarded twice as a belief, twice as an ability and twice as managing emotions. The remaining definitions were only forwarded once and these include self-efficacy being concerned with managing emotions, having faith, changing over time, having a sense of mastery, being an asset, an approach and finally being a self-perception.

The links between resilience and self-efficacy were detailed as having seven different relationships throughout the included articles. The most discussed relationship was self-efficacy as a protective factor for resilience. This relationship was discussed five times throughout the included articles. The

second most discussed relationship was that resilience and self-efficacy are internal factors/characteristics, this was mentioned four times throughout the included articles. The remaining relationships were only mentioned once or twice throughout the included articles. Some of these relationships included self-efficacy as a predictor, component or facilitator for resilience, and both concepts as important for development in young people. Throughout the included articles it was stated that outdoor and adventurous activity (OAA) interventions afforded an examination of the relationship and development of both concepts in young people. It was also forwarded within the included articles that there was no relationship between resilience and self-efficacy, with the two concepts influencing development separately.

Table 3- Definitions of resilience, self-efficacy and proposed relationships between the concepts.

Article Number Authors and Year	Country	Design and Sample	Resilience definitions	Self-efficacy Definitions	Identified relationships between Resilience and Self-efficacy
1 (Alessandri et al., 2016)	Italy	Longitudinal survey N= 335 adolescents (173 females, 162 males) aged 15 to 25 years.	Ego-resiliency as (i) A stable personality characteristic (ii) No assumption of exposure to risk (iii) Not a rare characteristic of extraordinary individuals.	Beliefs in managing negative emotions and in expressing positive emotions as proxy measures of self-regulation.	Low levels of perceived familial support and self-efficacy beliefs in expressing positive emotions at age 15 associated with lower in ego-resiliency at base line and more marked increased ego-resiliency from 19 to 25 years. (Empirical results)

<p>2 (Amitay, 2015)</p>	<p>Israel</p>	<p>Longitudinal Survey N= 46 female adolescents</p>	<p>The term resilience describes a positive yet unexpected developmental adaptation to irregular and distressing circumstances, which may include either the preservation of competency or the ability to recover from trauma.</p>	<p>Beliefs change over the course of one's life, and since self-efficacy is situationally specific; beliefs in one domain may or may not affect beliefs in others.</p>	<p>A source of resilience is the belief in one's self-efficacy.</p>
<p>3 (Arastaman & Balci, 2013)</p>	<p>Turkey</p>	<p>Cross sectional survey N= 509 students from high school.</p>	<p>A set of personal characteristics or factors that assist the individual in overcoming hardship.</p>	<p>Not Provided</p>	<p>Determination, sociability, communication skill, self-efficacy and problem solving skill are components of resilience.</p>
<p>4</p>	<p>New Zealand</p>	<p>Longitudinal survey</p>	<p>The ability to react to adversity and challenge in an</p>	<p>Not Provided</p>	<p>Evidence suggests that resilience-focused</p>

<p>(Hayhurst, 2015)</p>		<p>Sample 1: N= 126 (54 males and 72 females) (mean age = 16.55).</p> <p>Sample 2: N= 146 (73 males and 73 females) (mean age=16.51).</p>	<p>adaptive and productive way and is therefore considered crucial to healthy development</p>		<p>interventions should be designed to increase positive chain reactions, reducing risk while developing individual competencies such as self-efficacy. (Empirical results)</p>
<p>5 (Li et al., 2019)</p>	<p>China</p>	<p>Longitudinal Research N= 331 middle school students (age: $M = 14.13$, $SD = 1.409$; 48% girls).</p>	<p>Two aspects: (i) An adaptive process against adversity, (ii) A combination of adaptive characteristics such as positive emotions, self-efficacy</p>	<p>Not provided</p>	<p>Self-efficacy is a key characteristic of resilience. Resilient people who have higher perceived self-efficacy and believe that their actions can help them</p>

			self-esteem and positive affect.		achieve their goals (Yu, Lam, Liu, & Stewart, 2015) (Empirical results)
6 (Liu & Ngai, 2019)	China	<p>Cross sectional Research</p> <p>N= 571 students in the economically disadvantaged group (32.6% male)</p> <p>1047 students for the non- economically disadvantaged group (45.1% male)</p> <p>The students ranged in age from grade 10</p>	A trait which refers to those assets and resources within the individual that enable him or her to adapt and to return to previous levels of functioning having experienced adversity.	Beliefs involving a sense of mastery that is developed from positive experiences, social modelling and social influences.	Traits such as self- efficacy and resilience can promote youth developmental outcomes.

		to grade 12 (aged 15 to 18 years)			
7 (Murphy & McKenzie, 2016)	Australia	Cross sectional research N=75 students (46 female, 29 male) aged between 10 and 12 years (M = 10.84, SD = .66).	Describes the process of gaining positive outcomes despite the presence of challenging circumstances.	Defined as the self-belief of having the ability to perform tasks successfully and overcome challenges to attain desired outcomes.	Perceptions of poor family functioning impair the successful development of self-efficacy and optimism, both of which are factors contributing to resilience.
8 (Mutz & Mueller, 2016)	Germany	Study One Longitudinal survey: N= 12 pupils in upper Secondary School (aged 14 years).	Psychological characteristics that enable people to maintain a solid level of well-being even in face of adverse conditions.	Not provided	Evidence shows that participation in OAA experiences foster psychological factors associated with resilience, well-being and good health.

		<p>Study Two Longitudinal survey: N= 15 undergraduates.</p>			(Empirical results)
<p>9 (Narayanan & Betts, 2014)</p>	India	<p>Cross sectional research N= 393 (191 men, 202 women) adolescents (Mean age = 15.88 years, SD = 0.64) from schools in India.</p>	<p>Pertains to the maintenance of positive adaptation by individuals despite experiences of significant adversity and, as such, can be regarded as a dynamic process.</p>	<p>The belief in one's capabilities to organise and execute the courses of action required to manage prospective situations.</p>	<p>Resilience was found to mediate the relationship between bullying behaviours and self- efficacy such that engaging in higher levels of bullying behaviours predicted lower levels of resilience and higher levels of resilience, in turn, predicted higher levels of self-efficacy in young men.</p> <p>(Empirical results)</p>

<p>10 (Whittington et al., 2016)</p>	<p>USA</p>	<p>Longitudinal research N= 87 girls aged between 10 and 15 years (mean age of 11.6).</p>	<p>A combination of traits, the ability to effectively cope with challenges, stress or adversity and the internal and external factors that shape and/or support an individual.</p>	<p>One's approach to obstacles or problems; and adaptability is flexibility and problem-solving.</p>	<p>Resilience consists of both internal and external factors that shape an individual.</p>
<p>11 (Earvolino-Ramirez, 2007)</p>	<p>Not mentioned</p>	<p>Concept analysis No sample</p>	<p>A personality trait or a dynamic, modifiable process.</p>	<p>Not Provided</p>	<p>Self-esteem and self-efficacy are attributed with levels of resilience.</p>
<p>12 (Turner et al., 1995)</p>	<p>Not mentioned</p>	<p>Case review No Sample</p>	<p>Not a fixed constitutional attribute, but a process, and the choices one makes at key turning points in life can greatly influence this process.</p>	<p>A self-perception that one has the ability to successfully perform specific tasks.</p>	<p>Self-esteem and self-efficacy are important traits for resilience.</p>

Table 4 indicates how the definitions in the included articles align with the three models of resilience forwarded earlier in this review. Some of these definitions for resilience include:

“The term resilience describes a positive yet unexpected developmental adaptation to irregular and distressing circumstances”

Or

“Simply defined, resilience is a combination of traits”

Some examples of self-efficacy were discovered to be concerned with:

“Self-efficacy is one’s approach to obstacles or problems; and adaptability is flexibility and problem-solving.

Or

“Self-efficacy can be defined as the self-belief of having the ability to perform tasks successfully and overcome challenges to attain desired out- comes”

Whereas the relationship between resilience and self-efficacy was defined by some as:

“Self-esteem and self-efficacy are attributed with many stages, forms, and levels of resilience.”

Or

“Perceptions of poor family functioning appear to impair the successful development of self-efficacy and optimism, both of which are factors contributing to sense of mastery and overall resilience”

Table 4- Models of Resilience within included articles

Article Number and Author	Resilience Models			
	Trait or Characteristic	Outcome	Dynamic Process	Other Model
1 (Alessandri et al., 2016)	Yes	Yes	Yes	Yes
2 (Amitay, 2015)		Yes		Yes
3 (Arastaman & Balci, 2013)	Yes	Yes		
4 (Hayhurst, 2015)	Yes	Yes	Yes	
5 (Li et al., 2019)	Yes	Yes	Yes	
6 (Liu & Ngai, 2019)	Yes	Yes		
7 (Murphy & McKenzie, 2016)		Yes	Yes	
8 (Mutz & Mueller, 2016)	Yes	Yes	Yes	
9 (Narayanan & Betts, 2014)	Yes	Yes	Yes	
10	Yes	Yes	Yes	Yes

(Whittington et al., 2016)				
11 (Earvolino-Ramirez, 2007)	Yes	Yes	Yes	
12 (Turner et al., 1995)			Yes	

2.4 Discussion

The findings of this review show a range of definitions for resilience for young people, with eight being forwarded in the included articles. However, there is commonality with the trait, outcome and dynamic process models of resilience. Despite some commonalities and this review identifying a model of resilience to underpin future resilience research, it could still be argued as challenging for research as there is no one unifying theory to follow (Fletcher & Sarkar, 2013).

The same could be said for self-efficacy which has theoretical underpinning grounded in the early work of Bandura (1977), yet the current review discovered nine different definitions for self-efficacy within the included articles. However, despite the different definitions being forwarded in the included articles, these definitions still have links to Bandura's (1977) definition of self-efficacy as the belief of an individual in their ability to successfully achieve goals or cope effectively in stressful situations (Bandura, 1977). One article defined self-efficacy as the self-belief of having the ability

to perform tasks successfully and overcome challenges to attain desired outcomes (Murphy & McKenzie, 2016). Whereas another article defined self-efficacy as beliefs involving a sense of mastery developed from positive experiences, social modelling and social influences (Liu & Ngai, 2019). However, within the included articles some definitions moved away from Bandura's understanding of self-efficacy. This is evident in the definition of self-efficacy being one's approach to obstacles or problems (Whittington et al., 2016). Demonstrating a move from self-efficacy being concerned as a belief in oneself to navigate a stressful situation to an individual's approach to stressful situations. This highlights an issue when considering a relationship between the two concepts, as self-efficacy has evolved from one theoretical model, whereas the theoretical underpinning of resilience has been forwarded in a multitude of ways. This adds to the difficulties facing researchers in delineating the relationship between resilience and self-efficacy.

This systematic review has established the current state of evidence concerning the relationship between resilience and self-efficacy in young people. Seven differing relationships have been reported in the included articles concerning resilience and self-efficacy in young people. Throughout these definitions some grouping occurs with some of the articles attempting to build an argument for presenting resilience in a new way despite the bases of these definitions being the earliest understandings of resilience. When the proposed relationships are considered against the three models of resilience (trait, outcome, dynamic process) the number of identified relationships decreases. Nevertheless the discussions from this review are based on the

quality and strength of evidence and frequency of discussion within the included articles.

2.4.1 Trait model

The relationships that support the trait model are centred on both resilience and self-efficacy being internal traits or characteristics within an individual. The importance of this for young people is highlighted by one of the strong quality articles that showed self-efficacy and resilience promote positive youth developmental outcomes (Liu & Ngai, 2019). The most commonly discussed internal traits within the included articles are centred on the impact of protective factors on resilience in young people. The relationship between resilience and self-efficacy being centred around the presence of protective factors was discussed five times in the included articles. One of the moderate quality articles reported that the development of protective factors enhanced resilience in 14-16 year old students (Arif & Mirza, 2017).

The importance of self-efficacy as a protective factor of resilience is evidenced with one article reporting that self-efficacy mediates the impact of external factors (family and school) on adjustment (Murphy & McKenzie, 2016). While another articles suggests self-esteem and self-efficacy may be the most important traits for the development of resilience in young people (Turner et al., 1995). It is argued within other included articles with a moderate quality that both self-esteem and self-efficacy are associated with many stages, forms, and levels of resilience, and may offer insight as to differential outcomes following adversity (Earvolino-Ramirez, 2007). A high quality

included article examined language patterns in 14 year old young people showed those with high resilience levels also exhibited more resilience-related characteristics (positive emotions, self-efficacy, self-esteem, positive affect and factors related to reasoning and social support) (Li et al., 2019).

2.4.2 Outcome Model

The evidence that supports the outcome model is restricted to the included articles that involved OAA experiences. Evidence from this review suggests that when a young person experiences adversity, self-efficacy and resilience aid in the recovery and learning from these experiences This is supported in the wider literature with evidence suggesting self-efficacy facilitates resilience through the belief in mastery of experiences, therefore providing confidence to tackle adversity (Schwartz & Warner, 2013). However, it could also be suggested from the evidence that resilience and self-efficacy co-occur alongside each other in which the exposure to these experiences facilitates the development of both. The evidence from this review is not clear as to whether self-efficacy facilitates the growth of resilience with both concepts co-occurring alongside each other, or whether the concepts are enhanced by the same factors present within OAA experiences. This is an avenue for future research.

Evidence from the included articles suggests OAA experiences have a positive impact on resilience development, especially when there is a focus on the development of internal traits such as self-efficacy. The evidence from an included moderate quality article suggests that OAA experiences may

facilitate well-being and resilience among adolescents and young adults (Mutz & Mueller, 2016). Self-efficacy was found to be one of the factors within OAA experiences that foster psychological factors supportive of resilience, well-being and good health (Mutz & Mueller, 2016). The results from the included articles suggest self-efficacy is a crucial component to consider in the development of resilience, and this is further influenced by exposure to risk and adversity.

2.4.3 Dynamic Process Model

The relationships that are proposed in the dynamic process model are built on the foundations of the trait and outcome models of resilience. The dynamic process model proposes that an individual has inherent traits such as resilience and self-efficacy, but exposure to adversity is required for development of these. Resilience has been proposed as the ability to 'bounce back' from and lessen the impact of adversity (Martin & Marsh, 2008). This is further supported with evidence suggesting that young people may activate protective mechanisms such as composure (low anxiety), supportive relationships, self-efficacy and academic engagement to help in situations of perceived or actual risk (Martin & Marsh, 2008). The dynamic process model is discussed in relation to resilience including both internal (trait model) and external factors (outcome model). One of the strong quality included articles proposed resilience comprises both internal and external factors that shape an individual (Whittington et al., 2016). Self-efficacy is described as an internal factor, with evidence demonstrating self-efficacy mediates the impact of external factors (such as socio-economic status) on adjustment (Murphy &

McKenzie, 2016). Within the included articles some of the internal factors include determination, sociability, communication skill, self-efficacy and problem solving skills, all of which are deemed to be significant components of resilience (Arastaman & Balci, 2013).

The findings from the articles included in this review show evidence that participation in an OAA experience has the potential to enhance self-efficacy, with evidence demonstrating increases in resilience levels in adolescents (Whittington et al., 2016). One of the strong quality articles reported that females who participated in an OAA residential showed improved levels of resilience, as well as displaying trends toward greater optimism (Whittington et al., 2016). This encompassed having a positive attitude about the world and life in general, increased self-efficacy, flexibility and problem-solving, post intervention (Whittington et al., 2016). Similar evidence is provided in another included article, that had a mixed sample of a similar age, but utilised a different type of OAA experience. This article found increased levels of resilience were predicted by elevated social effectiveness, self-efficacy and less positive perceptions of the weather (Hayhurst, 2015). These findings showed that participants experienced increases in self-efficacy at the end of the intervention, as well as increases in resilience being maintained five months after the experience.

The purpose of this review was to investigate the relationship between resilience and self-efficacy for young people. Throughout the included articles

the evidence shows support for the trait and the dynamic process models. When resilience is viewed as an internal trait, the relationship is built on the positive development of self-efficacy being essential for the positive development of resilience (Earvolino-Ramirez, 2007; Narayanan & Betts, 2014). For the development of resilience to occur an individual must be exposed to risk and adversity, however, it is the learning from these experiences that allows for positive development physically, socially and emotionally. The evidence from this review has shown that participation in an OAA experience may help to foster the development of self-efficacy which leads to the development of resilience as individuals are exposed to adversity in a controlled and safe way (Hayhurst, 2015; Hunter et al., 2010; Whittington et al., 2016). This could suggest there is a linear relationship between resilience and self-efficacy and requires further investigation. The findings from the strong and moderate quality articles show strong evidence for the dynamic process model of resilience and that this model encompasses the relationship between self-efficacy and resilience. Whereby resilience encompasses internal traits (such as self-efficacy) and requires exposure to adversity in order for learning and development to occur. This review provides a foundation for future research to examine these relationships further in each of the three models.

2.5 Implications and limitations

This review indicates the importance for further research on the impact of participation in and OAA experience and the effect this has on the

development of resilience and self-efficacy in young people. The review identified a strong evidence base for the dynamic process model of resilience. Research specifically investigating the meaning of resilience and theories underpinning the concept, is still required. However, this review has provided direction for future research and identified three models for examining the relationship between resilience and self-efficacy

The limitations associated with this review include a lack of access to articles identified in the initial screening phase of the review. This review was limited by the inclusion of only papers translated into English that may have led to the exclusion of articles for non-English speaking researchers. Which may have limited the evidence included in the final review. Limitations also include the lack of detail in the reporting of samples which led to the exclusion of some articles and thus may have impacted on the overall findings of the review.

2.6 Conclusion

With increasing rates of mental health problems for young people, there is a need for a greater conceptual understanding of resilience. This review has shown a lack of consistency in the conceptualisation of resilience with each of the three models failing to capture the complexity of the development of resilience for young people. Importantly the review has identified positive relationships between the concepts of resilience and self-efficacy. This review has shown strong evidence for the dynamic process model of resilience as

encompassing the relationship between resilience and self-efficacy. The results of this review have identified future directions for resilience research. For example, the emerging area of influence participation in an outdoor and adventurous activity programme has on resilience development. Evidence from this review shows these experiences may be beneficial in developing resilience and self-efficacy in young people. Consistent with the dynamic model of resilience, these activities provide exposure to adversity yet in a controlled and safe manner and therefore provide grounds for further investigation.

Chapter 3: Study One

Bravery, dedication, and exposure: An exploration of the meaning of resilience to young people

3.1 Introduction

Resilience as a concept has attracted much debate over recent years as researchers and services seek to protect the emotional wellbeing of young people. Resilience is defined in this thesis as a protective factor that modifies, ameliorates or alters a young person's response to adversity. Resilience has also been described as the capacity of an individual to cope successfully with significant change, adversity or risk (Lee & Cranford, 2008), or that it is a personal attribute that enables someone to thrive in the face of adversity (Connor & Davidson, 2003). These differing conceptualisations of resilience have failed to result in a single unifying theory that can be utilised across multiple research populations (Fletcher & Sarkar, 2013). This has been further influenced by the concept being applied to research and practice in many domains such as education, medicine, business and psychology (Garcia-Dia et al., 2013) thus gathering further definitions and interpretations of resilience.

Models of resilience include the trait model, outcome model and the dynamic process model (Chmitorz et al., 2018). The trait model proposes that resilience is determined by a specific personality type that enhances the adaptation of an individual to stress or adversity (Hu et al., 2015) or inoculates individuals against adversity (Connor & Davidson, 2003; Ong et al., 2006). However, there is limited empirical evidence to support the trait model of resilience as

an intrinsic and stable attribute (Bonanno & Diminich, 2013). The outcome model suggests that rather than a process there is an outcome in which an individual shows functional or behavioural recover or adaption following adversity (Harvey & Delfabbro, 2004; Masten, 2001). The dynamic process model views resilience as a dynamic process in which individuals actively adapt and recover from adversity (Fergus & Zimmerman, 2005; Luthar et al., 2000). Both the outcome and process models propose that resilience is the maintenance or regaining of positive mental health despite significant stress or adversity, and that exposure to risk or adversity is necessary for the development of resilience (Earvolino-Ramirez, 2007).

3.1.1 Resilience and young people

Resilience research has been focused on understanding the ability of some children to thrive or survive under adverse conditions while others do not (Kronborg et al., 2017). Resilience is increasingly recognised as essential for a holistic understanding of the development of children and young people (Masten, 2001). Both internal and external factors have been shown to be associated with resilience in young people (Chmitorz et al., 2018). Internal factors that differentiate resilient children and young people from their peers include adaptability, flexibility, autonomy, a strong future orientation, positive self-concept, social maturity and an internal locus of control (Borman & Overman, 2004; Condly, 2006; McMahon, 2007; Prince-Embury & Steer, 2010). Parent or family connectedness and support has been identified as a promotive external factor that protects against negative outcomes following exposure to adversity, with evidence supporting the critical role of caring

adults in helping young people overcome adversity in their lives (Zimmerman et al., 2013). Likewise, a stable and caring relationship with a caregiver in the early years of life is protective across the lifespan for children growing up in highly deprived environments (Werner, 2013).

External factors shown to be protective for resilience for young people include the school environment (Kronborg et al., 2017), school connectedness and school belonging (Roffey, 2013). Children spend more waking time at school than anywhere else, thus the school environment is likely to have an impact on development (Eccles & Harold, 1993). School connectedness has been defined as the belief held by students that their school, peers and teachers accept them and support their academic and personal needs (Frydenberg et al., 2009; Goodenow, 1993). Students with higher levels of school connectedness have been shown to experience greater resilience (Stewart et al., 2004).

Despite resilience being identified as a key concept in the development of young people, there is a lack of research examining the meaning of resilience to young people themselves. Some research has aimed to address this gap in the literature (Manijeh et al., 2016; Nourian et al., 2016; Shepherd et al., 2010; Wallace et al., 2007). However, the specific context of each study limits the generalisations of findings to the UK context. It is proposed that exploring the understanding of resilience to young people will inform the scientific debate of the conceptualisation of resilience and the trait, outcome and process models. Furthermore, focusing on subjective experiences of

resilience enhances the identification of new or contextual protective factors as well as informing the development of ecologically valid theories of resilience (Graber et al., 2015).

3.1.2 Aim

The primary aim of the study was to explore the meaning of resilience to young people. The secondary aim was to explore the factors that young people perceive as hindering or promoting their levels of resilience.

3.2 Method

This research was conducted in June 2018 and adopted a qualitative approach that utilised focus groups to explore the meaning of resilience to young people. This chosen method provides a depth of information that is rich in both content and context (Tracey, 2013). Qualitative methods provide a comprehensive investigation of the complexity of human phenomena (Gough & Lyons, 2016).

3.2.1 Sample

The inclusion criterion for this study was that a participant had to be aged between 16 and 18 years. The participants were recruited from a secondary school in England through posters displayed in the student common room and a brief assembly to provide information about the study. The study was

granted ethical approval by the Ethics Committee of the participating institution (SSHS-2018-010).

3.2.2 Data collection

Two focus groups were conducted with a one hour limit to accommodate the lesson timetable and to minimise participant burden. The focus groups followed a schedule (See Appendix A) that included two vignettes, developed by the research team as hypothetical scenarios of relevance to young people (See Appendix A). The first focused on the impact of social media and the second on financial difficulties young people may encounter. Each vignette was followed by four mandatory questions, and three optional follow up questions to aid in the discussions (See Appendix A).

3.2.3 Data analysis

Focus groups were audio recorded and transcribed verbatim with all participants being anonymised. Thematic analysis was conducted to identify key themes within the data sets. The six-phase guide to thematic analysis was followed (Braun & Clarke, 2006) with JM and SM conducting stages 1-3, then during stages 4-6 HJS and LW assisted in reviewing and defining themes. The research adopted an inductive analysis approach in which codes are developed from the data by using phrases or terms used by the participants themselves, rather than using the often theoretical, vocabulary of the researcher (Linneberg & Korsgaard, 2019). This allows for codes to stay close to the data, mirroring what is actually in them rather than the ideas and prior

understandings of the researcher (Linneberg & Korsgaard, 2019). The use of an independent coder (SM) accounted for any bias that may have been present in interpreting the data and ensured themes that were identified were accurate and representative of the data set.

3.3 Results

The sample comprised 19 participants (10 male, nine female) aged between 16 and 18 years. For the primary aim of the study two themes emerged with four subthemes, whilst for the secondary aim three themes were identified with nine encompassing subthemes. The titles for each theme were built on the foundations of existing literature.

3.3.1 Primary aim: Meaning of resilience

The two themes for the meaning of resilience are titled *internal* and *external*. The *internal* theme comprised three subthemes titled trait, dedication and bravery. The *external* theme had one subtheme of reaction. Table five provides examples for each of the themes and subthemes for the meaning of resilience to young people.

Table 5- The meaning of resilience to young people.

Theme	Subtheme	Example
Internal	Trait	It's like a character trait.
	Dedication	Getting where you want to be, like not letting other people's opinions or something like that stop what you want to do.
	Bravery	Like you've got to be brave.
External	Reaction	Going through a hard situation would make you more resilient so then next time you have a difficult situation you probably have more resilience to get through that one.

3.3.2 Internal

The trait subtheme encompasses the meaning of resilience as centred around internal traits and characteristics.

I think you've got your base, your base and then you can build on that so you have your natural kind of resilience...

It's like a character trait

These thoughts demonstrate that for these young people resilience is an internal trait or characteristic within an individual that is further developed by life experiences. The dedication subtheme is built on thoughts around

resilience being dependant on the dedication of an individual to succeed, as well as being able to function each day.

Not giving up when things get hard

You probably still have to be resilient in terms of like achieving your aspirations

Thus resilience is portrayed as dedication by not giving up when life gets tough and showing the strength to keep going and function in everyday life. This suggests that resilient young people need to be dedicated to themselves in achieving aspirations and not giving up when facing difficulties.

The subtheme bravery is built on the meaning of resilience to young people encapsulating an aspect of being brave in life and being able to function despite being exposed to difficulties.

Erm, say something really kinda knocks your confidence to give it another go and try really pursue it is really brave and takes a lot courage...

I think any time you show bravery it has an element of resilience in it, because to be brave you kind of need to be resilient and try again.

This subtheme shows the young people perceived resilience as having inner strength and bravery to continue to try new things, as well as being brave

enough to try them in the first place. This subtheme also demonstrates ideas of having to be brave to learn from difficult experiences and to try again.

3.3.3 External

The second theme *external* comprised one subtheme of reaction, which is centred on resilience being dependant on reactions to a situation by an individual.

Going through a hard situation would make you more resilient so then next time you have a difficult situation you probably have more resilience to get through that one.

I think it's if you choose to learn from it like some people might just ignore it and let it go over their heads and the same thing keeps happening and its on you whether you pick up on it and think oh I could do it a different way.

This theme demonstrates that for some participants the meaning of resilience is centred on the need to react and learn from experiencing hard situations. The theme also encompasses ideas relating to the need for external factors to be present that push an individual to learn from difficult situations and discover how they can push themselves further in the future.

3.4 Secondary aim: Factors that promote or hinder resilience

The three key themes that emerged for factors that promote, or hinder resilience are titled *social*, *personal*, and *environment*. Each theme encompasses subthemes that have been built on a theoretical approach to the results. Figure 3 is a model of the findings for the secondary aim of this study, whilst Table 6 provides examples for each of the themes that promote or hinder resilience.

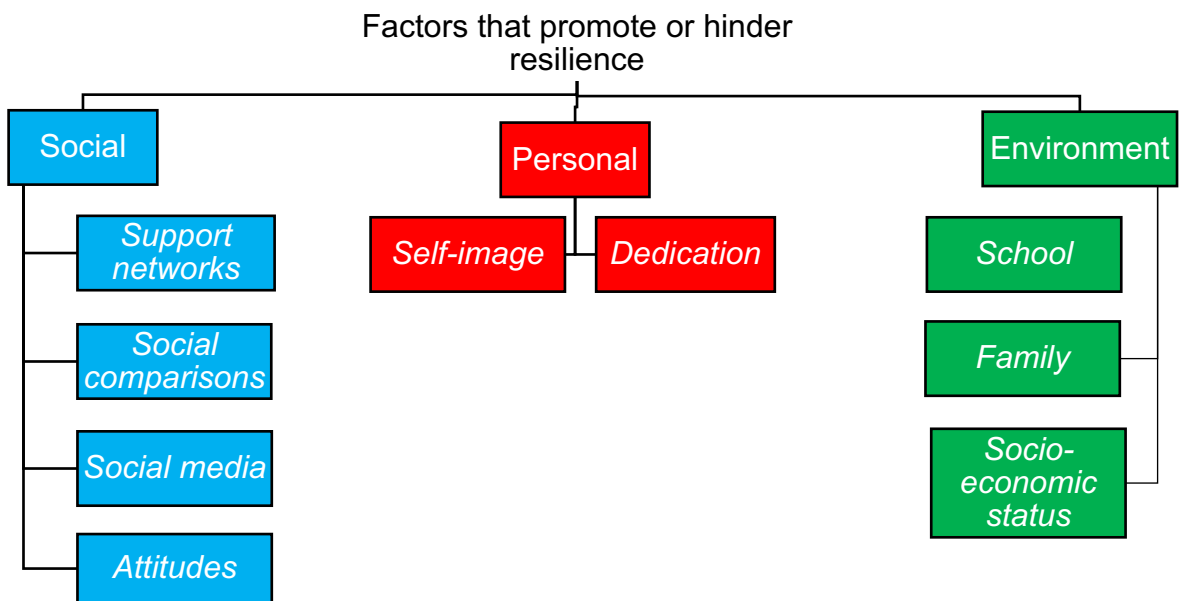


Figure 3. Factors that promote or hinder resilience in young people

Table 6- Factors that promote or hinder resilience.

Theme	Subtheme	Example
Social	Support Networks	No one is going to turn you away, they don't just say go away.
	Social Comparisons	I think it's probably more harder for boys to seek help because like boys shut down and have to be manly.
	Social Media	Girls are quite complimentary of each other like on social media whereas guys aren't that just isn't the way they express yourself to their friends as much.
	Attitudes	Even if she is bothered, she shouldn't let on that she is bothered, because it gives them power.
Personal	Self-image	Just the whole image of it, like the point where you, you've got to be strong because you're a boy and stuff like that.
	Dedication	I think if something means that much to you, you can make it happen.
Environment	School	I think they probably push the more like academically talented people more as well.
	Family	I dunno, I think parents do like determine how resilient you are because I think like my dad really like motivated to work hard.
	Socio-economic status	I don't think it's necessarily that we aren't resilient people it's just like we've never needed to be.

3.4.1 Social theme

The *social* theme includes four subthemes of: support networks, social comparisons, attitudes and social media. The subtheme of support networks demonstrates the effect support network have on promoting resilience through the help and guidance of others.

No one is going to turn you away, they don't just say go away.

There is support and there's like hotlines and stuff.

Such support networks are clearly regarded as positive in nature and inclusive.

The social comparisons subtheme highlights the promotive ability of comparisons by young people across gender, age, and socio-economic status.

If you live in an awful place your in an awful situation your going to try your best to get out of that situation.

..there's a lot more forms of support and there's people who are a lot more accepting about thing's...

For these young people wanting to improve their social situation improves resilience and consequently leads to an increase in sources of support and

social acceptance. However, this subtheme also shows that low self-efficacy of young people acts as a hindrance to resilience. Discussions centred on resilience being hindered by low confidence, pressures and perceptions of others and comparisons young people make with others in relation to gender, socio-economic status and age.

... people's opinions of you and what you're doing and all that, that would, that could limit what you want to do and what you aspire to be, I think that's one of the biggest er setbacks for what you want to do.

I think it's probably more harder for boys to seek help because like boys shut down and have to be manly.

This subtheme demonstrates for these young people the feelings of comparing and being compared to others acts as negative influences on resilience, as well as the accompanying stigma related to help seeking behaviour.

The subtheme of attitudes, which reveals that the promotion of resilience is centred on beliefs that young people perceive the wider community have towards them, and the attitudes young people have towards each other.

...but we go through school and it's like your grades define you and then what I've been told is when you get out you realise nobody really cares you know.

Or she could take the negative comments and work harder in the gym.

This shows that young people have concerns beyond school and academic ability. Potential negative attitudes towards a young person may act as a driving force to make changes, thereby promoting resilience.

However, the perceptions of others can also be a hindrance to developing resilience.

Yeah like girls especially, are very much, like someone, if you post a photo and some comments on it, it's a self-esteem boost, but like if say someone would like comment something negative, then you'd be like ohh that's what everyone thinks of me.

I think people kind of have this image that if they look for help they are a bit weak, which obviously isn't a nice image to have coz you do need the help, but sometimes that puts people off, if they don't want to show any weakness.

As a consequence of these attitudes young people experience stigma which impacts on their help-seeking as well as negatively impacting their perceptions of themselves.

The social media subtheme shows that issues relating to body image and people posting negative comments on social media is a hindrance to resilience.

Yeah because you don't listen to the positive, you listen to the negative, so yeah I think she might lose confidence.

I think it's like life's just not as easy as people make out like, you know like famous people you think, it's like they show its smooth sailing but the like, for our age its quite difficult, so I think it's just keep on going.

Engaging with social media can lead to young people losing confidence in themselves and feeling the need to act in ways in which they believe to be the social norm.

3.4.2 Personal theme

The *personal* theme encompasses two subthemes of self-image and dedication. The subtheme of self-image is centred around role models, family and friends having a positive effect on the resilience of young people.

Yeah so but then I think now because it is becoming such a stigma like I think more people now will be more open to guys actually wanting to talk about how they feel.

Maybe someone who has been through that experience, and help her, tell her what they did.

Despite the acknowledgment of existing stigma associated with men seeking help, some of these young people discussed that young men are starting to feel more able to discuss personal difficulties.

Other findings within the self-image subtheme included discussions around the perceived social pressures facing young males having to behave in a certain way, as well as the influence of home life acting as a hindrance to resilience.

Just the whole image of it, like the point where you, you've got to be strong because you're a boy and stuff like that, I think sort of looked down if you do go look for help.

And if your already in a good situation then your like yeah this is fine why would I ever want anything else so there's not resilience needed.

The perceived negative gender stereotypes of young males needing to appear as strong, as well as the accompanying pressures from home life was discussed by the young males in this sample as limiting the support they choose to seek.

The dedication subtheme provided insight into the ways the young people believed this was important for promoting resilience.

Also like doing stuff now that can benefit you in the future like even though you wouldn't see sort of the rewards of it immediately, but it would help you out in the long run..

Dedication to the cause she needs to be dedicated to not listening to the erm hate and he needs to be dedicated to either getting his own way or showing maturity to make the right decision.

For young people looking ahead and having aspirations was important as it allowed them to take control and adapt to situations.

3.4.3 Environment Theme

The *environment* theme includes three subthemes of: school, family and socio-economic status. The subtheme of school highlights that for these young people having the support schools offer and the opportunities for support within school act as promoting factors of resilience.

Not like taking the immediate gain, like going out and seeing your friends might seem like momentary thinking it's going to be more enjoyable, but then sitting at home doing work will actually benefit you for the rest of your life.

There's much more of a set like a path that's already been made.

Young people see that the school they attend promotes resilience through making them work hard for the path they would like to follow, as well as providing the support to them for making these choices.

The school subtheme also offers insight as to the environment acting as a hindrance to resilience in young people.

I think they probably push the more like academically talented people more as well.

School only help when its past the point of giving help so they kinda tend to help you after its gone too far and don't help people before they really need the help if that makes sense they don't put the help in place for people to seek it.

These young people believed that within the school environment only the more academically gifted students received support initially yet those who need help are offered it too late.

The subtheme of family was a promotive factor of resilience for these young people due to the support that the family provides:

I think like if you have like resilient parents or like you know someone around you that is constantly pushing you I think then you will grow up to be more resilient...

I think it is a whole different world like the thing about resilience coz I think we have more open relationships with our parents then they did with their parents...

The examples cited throughout the focus groups demonstrate the impact of having positive (aspirational) role models.

Closely linked to the family subtheme is the socio-economic status subtheme. The young people discussed that having the financial support and backing from their parents could hinder resilience.

I don't think it's necessarily that we aren't resilient people it's just like we've never needed to be...

I think people that are given a lot tend to be less resilient because they haven't got as much to work towards.

These young people described the continued financial support from families as contributing to complacency for finding work and achieving academic success.

3.5 Discussion

In relation to the primary aim of this research the young people in this sample showed that resilience is understood in ways that encompass the three models of resilience. Some of the young people described resilience as being an internal characteristic that is personal to the individual. As a trait, resilience is deemed to be fairly constant against external factors that influence resilience and can provide a relatively stable prediction of the mental health of an individual (Hu et al., 2015). Although there is weak empirical evidence to support this view of resilience (Bonanno & Diminich, 2013), the findings from this study could suggest that some young people view resilience as a trait. Throughout the discussions the young people named bravery as a trait of resilience and that being brave was important for resilience. This became most apparent when discussing the first vignette in the focus groups and the perils of posting images and having a presence on social media. Research with an adult sample found that bravery was one of the strengths most strongly associated with resilience (Martínez-Martí & Ruch, 2017). This shows the need for a similar study to be conducted with young people as to date research shows that resilience and bravery have been considered and measured as separate concepts. Research suggests resilience involves the development of courage, defined as the capacity to move into situations when we feel fear or hesitation (i.e. bravery) (Martínez-Martí & Ruch, 2017). The findings from this study demonstrates the need for future research to investigate bravery and resilience in young people and the relationship that exists between the two concepts.

The findings showed that to these young people dedication was another trait of resilience and encompassed the notion of keeping going, having a goal and achieving personal aspirations. Dedication was also identified as a trait of resilience in the included articles in Systematic Review One (reported in chapter 2). Although defined as a trait important to young people, this meaning of resilience could also be viewed in relation to the outcome model of resilience. The outcome model proposes that resilience leads to a functional or behavioural outcome indicative of recovery from adversity (Harvey & Delfabbro, 2004; Masten, 2001). In this study the outcome for these young people was being able to maintain academic and personal aspirations, being dedicated to not giving up on themselves when life gets hard and to be strong enough to not choose the 'easy' road.

The findings also show support for the dynamic process model of resilience. The dynamic process model suggests that resilience is not a static characteristic but rather a dynamic process that develops across contexts and throughout the life span (Gartland et al., 2011). The young people described resilience as encompassing reactions to situations, and learning from these experiences, especially when the wrong choices had been made. This is evident from the responses showing an individual needs to experience a hard situation and choose to learn from it to avoid the same thing happening again. This is supported by previous research showing that, moving forward despite a difficult and stressful life, constituted one of the major components of resilience for the adolescents in the study (Nourian et al., 2016). This meaning of resilience to the young people in this research supports the evidence that

exposure to risk or adversity is necessary for the development of resilience (Earvolino-Ramirez, 2007).

The findings from this study supports the evidence that existing research has failed to capture the complexity of the concept of resilience, with no one model fully accounting for resilience (Kolar, 2011). However, the findings extend the current knowledge of resilience in young people to suggest the need for a multi-faceted model rather than the current trait, outcome or dynamic process models. The importance of this is highlighted when considering some of the external factors that have an impact on the development of resilience such as a young person's family socio-economic status, and the challenges these pose when designing interventions to promote resilience in young people.

The secondary aim of this study was to explore the factors that young people perceived as hindering or promoting resilience. One of the key findings from this study was the impact of gender on resilience in young people. Evidence shows the influence of gender on resilience is complex due to the array of environmental and personal interactions that influence the capacity for people to develop resilience (Kaplan, 1999). The results from this study suggest that young males struggle to share thoughts, feelings and issues with each other due to concerns of stigma and social pressures around perceptions of masculinity. Evidence from research within outdoor education has shown that male participants have the greatest difficulty in comparison to females in discussing interpersonal issues within the groups (Overholt & Ewert, 2015). Findings from this study implies this is based on the misconceptions of young

males having to appear as masculine to their peers and wider society. The impact of this suggests that further education within school and communities regarding stigma around masculinity and social pressures is still needed.

Social pressure placed on young people from perceived social norms and social media was also identified as a hindrance to the development of resilience. This was most apparent within the social comparison subtheme when participants described the introduction of social media as transforming the way young people portray and perceive themselves, and that seeking help can appear as being '*weak*'. It is important to note here that Facebook was launched around the time of birth of the participants in this study, and therefore the participants had not experienced life without these social media platforms. The overarching concern from the young people in this study was the avoidance of the label '*weak*', this was most apparent for the young males in the study. The belief of the young people that being labelled as '*weak*' by peers or themselves would damage the perceptions of others was discussed as a key factor that prevented young people seeking help. Other qualitative studies with adolescent boys and young males have identified shame, or the need to save face, as a salient barrier to help-seeking (Grace et al., 2018; Rice et al., 2018). Our findings demonstrate that the fear of losing status with peers limits personal sharing, especially for males. Other research that has explored the meaning of resilience to young people found that young people preferred to be independent and self-reliant when faced with difficulties, rather than reaching out to others (Nourian et al., 2016). This external factor of social

pressures showed the importance of social standing and perceptions of others.

The positive effects of a support network on the resilience of young people were discussed throughout the study. The participants were recruited from a school that serves a catchment area defined as being in the top 10% of least socio-economically deprived postcodes in the UK (Government, 2016). However, some participants described their socio-economic status as having both a positive and negative impact on their resilience. Those who came from a lifestyle that encompassed strong positive relations with affluent parents, and an upbringing within which everything was done for them, resulted in the young people only having to focus on academic achievement. This in turn resulted in a lack of exposure to adversity which some of the young people believed was important for the development of resilience. Having a lack of exposure to adversity contradicts the evidence that parent-family connectedness and support can compensate for exposure to risk across a range of negative outcomes (Zimmerman et al., 2013). Furthermore, evidence shows that for young people from highly deprived socio-economic contexts, a stable and caring relationship with a caregiver in the early years of life is protective across the lifespan (Werner, 2013).

The young people believed that the school only attended to the more academically gifted students, reinforcing the idea that academic ability defined them, and this acted as a hindrance to resilience development. This was centred on this restricting the opportunities to connect with their teachers, an

aspect of school life that has been identified an important process in the development of resilience (Stewart et al., 2004). However, it could be argued that this connection with teachers would not enhance resilience directly, instead it would enhance the self-efficacy of a young person when dealing with adversity, therefore developing the coping skills through the social support offered by teachers. Evidence suggests students with higher levels of school connectedness report greater resilience. This connectedness builds and supports the positive relationships that enable the development of a sense of relatedness for students between school, home and community, which in turn may improve the chances of academic achievement (McMahon, 2007).

The issues that arise from the findings of this study are centred around the next steps for research and interventions. Specifically the support offered to young people who feel they are unable to seek help due to the avoidance of labels and the stigma associated with young men seeking help. The study provides a starting point for the development of a more complex ecological model of resilience. Future research could extend on the findings from this study and provide a framework that could allow for the successful development of an intervention to develop resilience in young people.

3.6 Strengths and limitations

The main strength of this research is the direct engagement of young people to explore the meaning of resilience to them. While there were substantial

findings in regards the young males, the females within each focus group acted as facilitators to draw more answers from their male peers. However, the value of extending this research with a larger sample could have a greater impact upon the wider literature, as this could address the limitations due to the lack of socio-economic status variability. Although a mixed methods approach would allow for the quantification of the experiences of the young people and provide a degree of contextualisation of the results, a lack of definition as to the meaning of resilience in young people prohibits measuring the concept with any confidence. However, this highlights the value of this study as it provides a greater understanding of resilience to young people.

The findings of the impact of social media and socio-economic status on resilience and young people may have been influenced by the social media context of the first vignette and the socio-economic status context of the second vignette. It could be argued that varying the content of the vignettes may have prompted different discussions within the focus groups.

3.7 Conclusion

The findings demonstrate the complexity of the meaning of resilience to young people, and the need for a more comprehensive model. The meaning of resilience varied, with some believing the concept was associated with an internal trait, and others believing it to be based on a dynamic process in which learning from hard situations is vital for the development of resilience. The inclusive nature of the research which allowed the identification of a new aspect (bravery) has added depth to research concerning resilience and

young people. The identification of bravery is an important finding and perhaps shows the need to examine when the identification of needing to be brave first becomes apparent, and then whether this continues through the lifespan.

Chapter 4: Systematic Review Two

A systematic review of the reliability and validity of resilience measures for young people

4.1 Introduction

In the past decade research investigating resilience has become prominent in domains such as psychology, psychopathology, sociology, biology and cognitive neuroscience (Hu et al., 2015). However, with resilience being considered a multi-faceted concept that is researched across many academic domains, the lack of an applicable definition for resilience has led to methodological concerns for research of the concept (Davydov et al., 2010). Given the increasing need for preventative interventions for mental health in young people, and the prevailing burden and impact of mental health disorders in young people, it is essential that effective preventative mental health interventions are identified and implemented (Das et al., 2016). More than 50% of adult mental disorders have their onset before the age of 18 years, highlighting the importance of establishing preventative interventions in young people aged 12-17 (Jones, 2013; Kessler et al., 2007). It is critical for a life course approach to mental health interventions such that interventions early in life having a positive impact on the mental health of young people throughout the life span (Das et al., 2016).

The dynamic process model of resilience will be used to ground this review in which resilience is viewed as trait inherent within an individual, as well as being influenced by exposure to adversity and learning from these

experiences. In the general population, higher resiliency levels in young people have been associated with lower levels of anxiety, depression and stress (Hjemdal et al., 2011). It has also been shown that resilient young people are less likely to engage in risky behaviours such as substance use (Veselska et al., 2009). Research has shown that resilience was correlated with indicators of mental ill-health including depression and anxiety (Fredrickson et al., 2003) and positively correlated with positive mental health indicators such as life satisfaction (Rossi et al., 2007) and positive affect (Fredrickson et al., 2003; Ong et al., 2010).

4.1.1 Measuring resilience

Previous reviews of the validity and reliability of measures in young people aged 12-17 years, have reported that these measures primarily focused on trait resilience (Ahern et al., 2006; Windle et al., 2011). However, with differing models for resilience such as the outcome (positive adaptation after exposure to adversity) or the dynamic process model, it could be argued that those developing measures are not using a theoretical framework which has resulted in no singular measure being widely adopted (Connor & Davidson, 2003). The impact of a lack of robust evidence evaluating the psychometric properties of resilience measures makes the justification of a measure arbitrary and/or unsuitable for the demographic and context in which the study is situated (Windle et al., 2011).

This review aims to identify psychometrically robust measures of resilience in young people aged 12 to 17 years old. The findings from the previous reviews

showed that future resilience measurement research must include more published studies that include details on the psychometric development and evaluation of instruments and tools (Ahern et al., 2006; Windle et al., 2011). With increasing rates of mental health problems in young people aged 12-17 years (Foundation, 2018), and the introduction of interventions to promote resilience, there is a need for a valid and reliable measure of resilience in this age group in order to evaluate the effectiveness of resilience interventions.

4.1.2 Study Objectives

The aim of this systematic review is to identify valid and reliable measure of resilience in young people aged 12-17 years.

4.2 Methodology

The systematic review was registered with the PROSPERO database and considered all papers that were concerned with discovering valid and reliable measures for assessing resilience in participants between the ages of 12 and 17 years. The review was concerned with articles that had been published between 1987 to the date of the search April 2018 and an updated search in February 2021. This rationale for search dates was used in a previous systematic review conducted in chapter two of this thesis.

4.2.1 Inclusion criteria

For the initial search, the inclusion criteria were that the paper had to (i) discuss resilience, (ii) use a measure of resilience in the study, (iii) have a sample that included participants aged between 12-17 years, (iv) empirical research articles only, (vi) published in English, (vii) published since 1987.

Inclusion criteria for the second stage (once measures were identified) were gaining access to the original validation paper that reported details of the validation sample and the psychometric properties of the measure (validity and reliability).

4.2.2 Search strategy

In April 2018, with an updated search in February 2021, the following search terms were identified and searched within the following psychological and educational research databases: ERIC, MEDLINE, PsychARTICLES, PsycINFO, PsycTESTS, Psychology and Behavioural Sciences Collection.

The search terms used in this study were:

Resilien*

AND,

Adolescen* OR Young* OR Teen* OR "Post Sixteen" OR "Post-Sixteen" OR Youth* OR Pupil OR Student,

AND

Measure* OR scale OR tool OR apparatus OR device OR Instrument

4.2.3 Paper selection

The initial search returned 9,007 papers and once duplicates were removed 7,071 papers remained for the first stage of screening by titles and abstracts. This initial screening process resulted in 826 papers meeting the inclusion criteria and following the full text screening 325 papers were included in the systematic review.

The updated search returned 2,161 papers and once duplicates were removed 1,980 papers remained for the first stage of screening by titles and abstracts. This resulted in 109 papers meeting the inclusion criteria and following the full text screening 97 papers were added to the final included papers in the systematic review. This resulted in a total of 422 papers being included.

4.2.4 Quality assurance

All papers were screened independently by two reviewers (JM and SM), beginning with the titles and abstracts, and followed by the main text. All papers were screened against the inclusion criteria associated with this review with full consensus reached through discussion at all screening phases with any discrepancies being discussed by the two reviewers. If consensus was not achieved through discussion, then a third reviewer was utilised (HJS or LW). At each stage 10% of the excluded papers were selected using a random number generator and these were independently screened by HJS and LW with full consensus reached through discussions with the independent

reviewers. Figure 4 provides a full overview of the screening process for inclusion of papers.

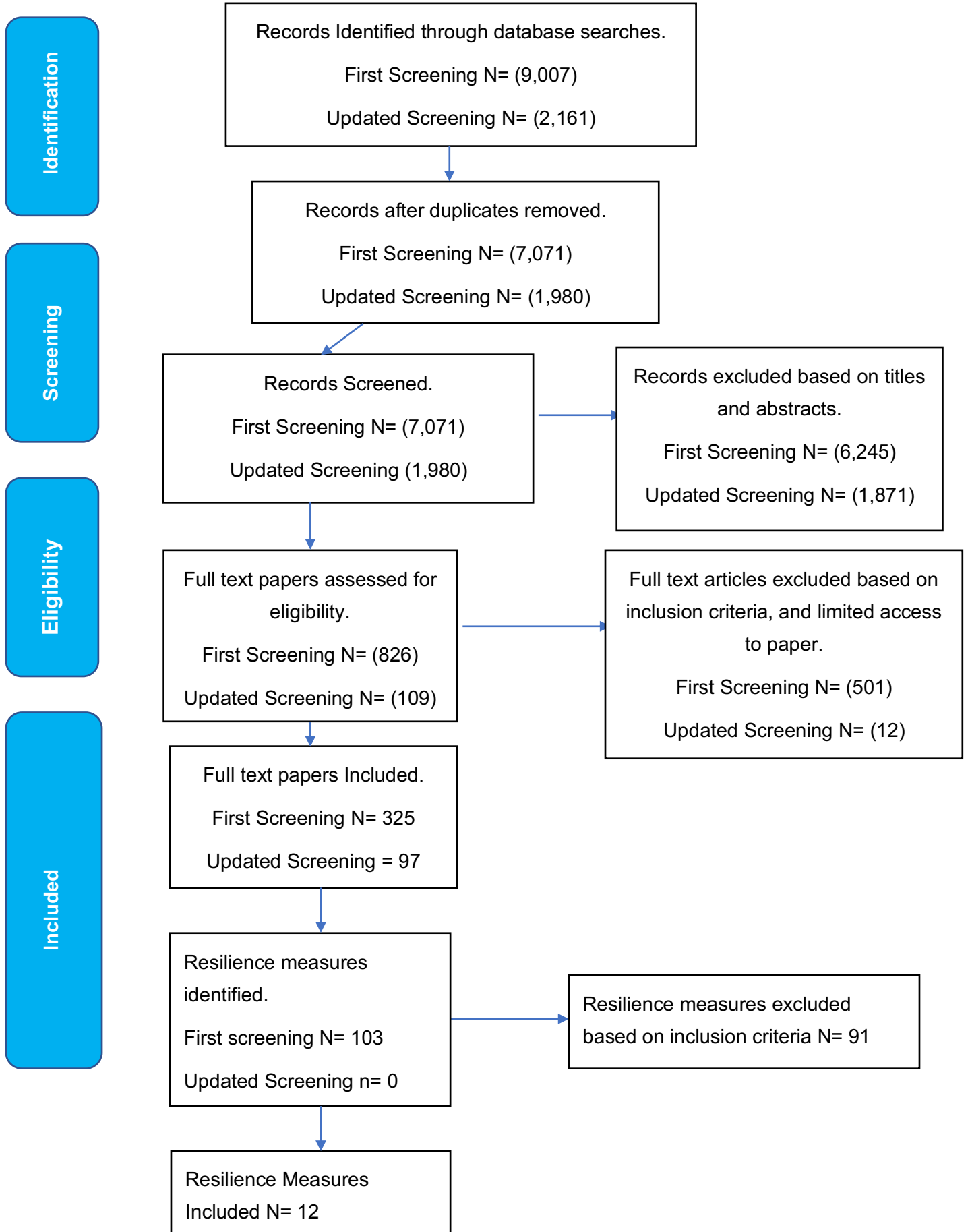


Figure 4. Systematic review process (PRISMA) flow diagram

4.2.5 Synthesis of results

A narrative synthesis approach was adopted, that relied primarily on the use of words and text to summarise and explain the findings of the synthesis (Popay et al., 2006) The narrative synthesis was based around the psychometric properties of each measurement tool when used with a sample of young people aged 12-17 years old.

4.2.6 Measure Selection

From 422 papers in the initial search of the literature this review identified 103 measures of resilience that had been used to assess resilience in young people aged 12-17 years. No further measures were identified within the updated search, only further citations were added to those measures that had been identified in the initial search. Following the screening against the inclusion criteria of the 422 included papers, 12 measures of resilience were identified to be included in the final review. The data abstraction for each identified measure involved the thorough process of listing all measures used throughout the included articles, sourcing the original author(s) validation, date of publication, number of citations throughout included articles, descriptions of the measure, validation samples, and the psychometric properties of the measure. Psychometric properties of the measurement tools included the reliability and validity (Roberts & Priest, 2006). The psychometric properties were assessed using the original validation paper, which could then be supported with the included articles within the review.

4.3 Results

This review identified 12 measures for resilience with Table 7 providing an overview of the included measures. The identified measures had differing target ages, with the age range of 12 to 36 years old. The identified measures have been translated into a minimum of one and a maximum of 43 languages.

4.3.1 Identified measures

The aim of this systematic review was to identify valid and reliable measures of resilience for young people aged 12-17 years old. The results of the narrative synthesis are presented in Table 7. The results provide an overview of the characteristics of each measure and the appraisal.

Table 7- The original validation of the final included measures of resilience

Measure	Reference & No Citations	Description (Subscales, Number of measure)	Validation Samples	Validity	Reliability
1. Adolescent Psychological Resilience Scale	(Bulut et al., 2013) Citation: 2	Self-Report 29 item, 5 Point Rating scale 6 Domains: Family Support, Confidant-Friend Support, School Support, Adjustment, Sense of Struggle, Empathy	347 high school students, aged 14 to 17, with an average age of 15.56, (38%) were males.	Criterion validity analysis showed a 0.47 ($p < 0.001$) with the Problem-Solving Inventory, a -0.46 ($p < 0.001$) correlation with the Rotter's Internal-External Locus of Control Scale; and a -0.61 ($p < 0.001$) correlation with the Beck's Hopelessness Scale. Structure validity using the Kaiser, Mayer, Olkin (KMO) score, showed a coefficient of 0.86 (Bulut et al., 2013).	Cronbach's alpha of 0.87, 0.61, and 0.89 for the subscales-ranged alpha values. After an interval of 1 month, a result of the test-retest correlation coefficient was found to be 0.87. Item-total correlation analysis of the relationship was examined and found to vary between 0.59 and 0.81.
2. Child Health and Illness Profile-Adolescent	(Starfield et al., 1995) Citation:1	Self-Report The CHIP-AE contains 107 items	3451 high school students aged 11-17 years.	Criterion validity analysis showed correlation coefficients ranging from 0.11 to 0.51, with an average of 0.30 across	Test-retest stability over a one-week period indicated was described as adequate across the 20 subdomains. Cronbach

Edition (CHIP-AE)		<p>plus 46 additional optional items specific to disease or injuries</p> <p>6 domains with 20 subdomains. The domains are Discomfort, Disorders, Satisfaction with Health, Achievement (of age-appropriate social roles), Risks, and Resilience.</p>		<p>the scales between the participants and their parents scores. The convergent and discriminant validity analysis correlation scores were between 0.59-0.68.</p>	<p>Alpha's of at least 0.70 were present for each subdomain scale.</p>
3. Chinese Positive Youth Development Scale (CPYDS)	<p>(Shek et al., 2007)</p> <p>Citation:1</p>	<p>Self-Report</p> <p>90-item, 15 aspects of positive youth development</p> <p>Bonding subscale (BO): six items.</p>	<p>Adolescents</p> <p>Group 1= 69 boys and 93 girls, mean age= 14.54 years (SD = 1.98)</p> <p>Group2; 69 boys, and 91 girls; mean age</p>	<p>A series of <i>t</i> tests provided support for the criterion-related validity of the CPYDS and its related subscales. The convergent validity and discriminant validity analysis showed the CPYDS and its subscales were positively related to indices of thriving, life satisfaction, and</p>	<p>Internal consistency was reported as mean inter-item correlation coefficients ($r = 0.19-0.51$) and Cronbach alphas of 0.63 to 0.91.</p>

		<p>Resilience subscale (RE): six items.</p> <p>Social Competence subscale (SC): seven items</p> <p>Emotional Competence subscale (EC): six items</p> <p>Cognitive Competence subscale (CC): six items</p> <p>Behavioural Competence subscale (BC): six items</p>	<p>14.27 years, (SD = 1.55).</p>	<p>perceived academic results, as well as the CPYDS and its subscales being negatively related to substance abuse, delinquency, and behavioural intention to engage in adolescent high-risk behaviour.</p>	
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		<p>Moral Competence subscale (MC): six items</p> <p>Self-Determination subscale (SD): five items</p> <p>Self-Efficacy subscale (SE): Seven items</p> <p>Spirituality subscale (SP): Seven items</p> <p>Beliefs in the Future subscale (BF): Seven items,</p> <p>Clear and Positive Identity subscale (CPI): Seven items</p>			
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		<p>Prosocial Involvement subscale(PI): five items</p> <p>Prosocial Norms subscale (PN): five items</p> <p>Recognition for Positive Behaviour subscale (PB): four items</p>			
<p>4. The Child and Youth Resilience Measure (CYRM-12)</p>	<p>(Liebenberg et al., 2012)</p> <p>Citation:2</p>	<p>Self-Report</p> <p>12 Items, 5 Point scale</p> <p>Two Domains: Resilience and Coping</p>	<p>Two samples:</p> <p>1) 122 youth; mean age = 18 years).</p> <p>2) School-based sample of youth (n=1494; mean age = 15 years).</p>	<p>Content validity, and a reliability score for the chosen questions from the original longer version of the measure were classified as satisfactory (Cronbach Alpha =0.754).</p>	<p>Reliability of this grouping of questions is, Cronbach Alpha 0.754.</p>

		Higher Scores indicate higher levels of resilience.			
5. Child and Youth Resilience Measure (CYRM-28)	(Ungar & Liebenberg, 2009) Citation:28	Self-Report 28-item, 5 Point scale Two Domains: Resilience and Coping Designed to measure youth resilience while accounting for diverse social contexts across numerous cultures. Developed with youth aged 13-23. Higher Scores indicate higher levels of resilience.	1,451 youth aged 13-23 years from 11 countries.	R= .327 suggests good construct validity.	Cronbach alphas ranged from .65 to .91

<p>6. Design My Future (DMF)</p>	<p>(Di Maggio et al., 2016) Citation: 1</p>	<p>Self-Report 19 Item, 5 Point Likert Scale. 2 Domains: Resilience and Future Orientation Aims to assess future orientation and resilience in adolescence</p>	<p>1214 Adolescents (M= 617 , F=597, mean age 17.58 years).</p>	<p>Content validity was assessed by two scholars with expertise in the scale development and the career counselling field. Discriminant validity analysis of the DMF was evaluated by calculating the average variance and showed negative and weak correlations with the visions about future, and strong correlation between Future Orientation and Hope (r= .65).</p>	<p>Cronbach alphas internal-consistency reliability was .88 for Future orientation and .80 for Resilience.</p>
<p>7. Resiliency attitudes and skills profile (RASP)</p>	<p>(Hurtes & Allen, 2001) Citation:1</p>	<p>Self-Report 40 Item, 6 Point Likert scale 7 Domains: Humour, Initiative, Independence,</p>	<p>464 participants aged 12-19 years.</p>	<p>Acceptable level of construct validity. Bearing its psychometric properties the RASP should not be used as an individual assessment tool.</p>	<p>Alpha coefficients range from 0.92 to 0.96</p>

		<p>Insight, Creativity, Values Orientation, Relationships</p> <p>Higher the score, the greater the healthy resilience.</p> <p>Designed to be used in a recreation setting</p>			
8. Resilience scale for adolescents (READ)	<p>(Hjemdal, Friborg, Stiles, Martinussen, et al., 2006)</p> <p>Citation: 21</p>	<p>Self-Report</p> <p>28 Item, 5 Point Likert Scale.</p> <p>5 Domains: Personal competence; Family cohesion; Structured style; Social resources; Social cohesion</p>	425 adolescents(aged 13 to 15 years),	Construct validity analysis showed the correlations between the READ and the Short Mood and Feelings Questionnaire (SMFQ) were all negative, with the READ total score being significantly negatively correlated with the SMFQ ($r = -.60$, $p = .01$).	Internal consistency was reported as Cronbach alpha = 0.91, with alpha for the factors ranging from .69 to .85.

		<p>A measure of different resilience factors for young people.</p> <p>Higher scores indicating higher resilience.</p> <p>Used with Key Stage 3, Key Stage 4, Key Stage 5</p>			
9. The Resilience Scale (Short Form RS-14)	<p>(Wagnild, 2011)</p> <p>Citation:17</p>	<p>Self-Report</p> <p>14 Item, 7 Point Likert Scale.</p> <p>5 Domains: Purpose, perseverance, self-reliance, equanimity, external aloneness (authenticity).</p>	<p>The first sample had an average age of 36 years.</p> <p>The second sample was described as rural and frontier residents, with</p>	<p>No details of the validity of the RS-14 were provided in the original validation paper.</p>	<p>Internal consistency of the RS-14 was reported as Cronbach alpha of 0.93, and Cronbach's alpha ranging from .89 to .96.</p>

		<p>Higher scores show higher resilience.</p> <p>The RS14 is written at the 6th grade level (12-13 years).</p>	no age provided.		
10. Resilience scale for early adolescents.	(Sahin-Baltaci & Karatas, 2014) Citation: 1	<p>Self-Report</p> <p>23 Items, Likert Scale</p> <p>Four domains: Self originated resilience; Family originated resilience; Friends originated resilience; School/teacher originated resilience.</p>	A total of 760 school aged students across four groups were used (aged between 12-14 years).	<p>Structural validity analysis showed the item-total correlations range between 0.31 and 0.56.</p> <p>Criterion validity analysis showed a negatively significant relation (-0.373, $p < 0.01$) between the Depression Scale for Children and the RSEA.</p>	Internal consistency was reported as Cronbach alphas of 0.85 for the RSEA as a whole.

<p>11. Subjective Resilience Questionnaire</p>	<p>(Alonso-Tapia et al., 2013) Citation:2</p>	<p>Self-Report 30 Item, 5 Point Likert Scale. 3 Domains: Students Relating with teachers, peers, parents. Used with Key Stage 3, Key Stage 4, Key Stage 5.</p>	<p>471 students (231 females and 240 males, aged 12 to 17 years ($M = 15.3$; $SD = 1.56$).</p>	<p>The estimated loadings (λ) were significant ($p < .001$), and the <i>Chi-square</i> statistic was significant, the adjusted ratio $\chi^2/df = 1.91 < 5$ and $RMSEA = .06 < .08$ (<i>root mean square error of approximation</i>) were well inside the limits that allow the model to be accepted. The remaining fit indexes fell slightly short on the standard limits of acceptance: GFI (<i>goodness of fit index</i>) = .80; CFI (<i>comparative fit index</i>) = .69.</p>	<p>Internal consistency was reported as Cronbach alphas of 0.85.</p>
<p>12. Youth Ecological Resilience Scale (YERS)</p>	<p>(van Breda, 2017) Citation:2</p>	<p>Self-Report 145 Items, 5 point Likert Scale. Four Domains: Mental health and</p>	<p>Two child and youth care centres ($n = 65$), three public high schools ($n = 295$), and two private high schools ($n = 215$), age range of 14–21 years.</p>	<p>Construct validity analysis showed higher values for the mean correlations with other scales (The Impression Management Index, Short version of the Connor–Davidson Resilience Scale, and the Multidimensional</p>	<p>Internal consistency was reported as Cronbach alphas of at least 0.70. Nine of the 21 scales exceeded a reliability of 0.80. Only one scale (role model relationships) met the 0.90 standard.</p>

		<p>wellbeing, Resilience and coping, Social and Emotional Competence</p> <p>Sub Scales: Family relationships; Friend relationships; Teacher relationships; Community Relationships; Role model relationships; Love relationships; Community safety; Family financial security; Social activities; Interdependent problem solving; Self-efficacy; Resourcefulness; Teamwork; Empathy; Positive learning experience; High self-</p>		<p>Scale of Perceived Social Support). The lowest construct validity coefficient was 0.483, while the highest mean correlation between the items and the other constructs was 0.182, providing evidence of the factorial or construct validity of the YERS.</p>	
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		expectations; Bounce back ability; Optimism; Self- esteem; Distress tolerance; Spirituality Used with Key stages 4 and 5.			
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4.3.2 Adolescent Psychological Resilience Scale (APRS)

The Adolescent Psychological Resilience Scale (APRS) (Bulut et al., 2013) is a 29 item self-report measure designed to assess psychological resilience in adolescents aged 15-18 years old. The APRS consists of six domains: family support, confidant-friend support, school support, adjustment, sense of struggle, and empathy. The 28 items were selected from explanatory factor analysis of an 81-item scale designed in a study conducted with 347 high school students. The APRS validation sample comprised 347 high school students aged 14 to 17 years old (mean=15.56 years), and 62% (214) were female (Bulut et al., 2013). The scoring system of the APRS was not detailed in the original validation paper.

Criterion validity analysis showed a correlation of .47 ($p < 0.001$) with the Problem-Solving Inventory, a -.46 ($p < 0.001$) correlation with the Rotter's Internal-External Locus of Control Scale; and a -.61 ($p < 0.001$) correlation with the Beck's Hopelessness Scale. Structure validity using the Kaiser, Mayer, Olkin (KMO) score, showed a coefficient of .86 (Bulut et al., 2013).

Test-Retest reliability with 38 students after a one-month interval was .87. Internal consistency was reported as Cronbach alphas of .81 for the scale as a whole; .89 for the Family Support domain; .84 for the Confidant/Friend Support domain; .81 for the School Support domain, .70 for the Adjustment domain, .67 for the Sense of Struggle domain and .61 for the Empathy domain. The APRS was cited twice in the included articles.

4.3.3 Child Health and Illness Profile-Adolescent Edition (CHIP-AE)

The Child Health and Illness Profile-Adolescent Edition (CHIP-AE) (Starfield et al., 1995) is a 107 item self-report measure (46 additional disease and injury specific items) designed to assess health across six domains; satisfaction, discomfort, disorders, risks, resilience and achievement, with 20 subdomains. Resilience is assessed across four subdomains, family involvement, problem solving, physical activity (physical fitness), and home safety and health. No examples of the questions are given in the included papers. The CHIP-AE validation sample comprised of 3451 high school students aged 11-17 years. The measure uses higher and lower scores to indicate more or less of the measured characteristics.

Criterion validity analysis showed correlation coefficients ranging from .11 to .51, with an average of 0.30 across the scales between the participants and parents scores. The convergent and discriminant validity analysis correlation scores were between .59-.68.

Test-retest stability over a one-week period was described as adequate across the 20 subdomains. Cronbach Alpha's of at least .70 were present for each subdomain scale (Starfield et al., 1995). The CHIP-AE was cited once in the included articles.

4.3.4 Chinese Positive Youth Development Scale (CPYDS)

The Chinese Positive Youth Development Scale (CYPDS) (Shek et al., 2007) is a 90 item self-report measure of positive youth development. The CYPDS consists of with 15 subscales that include bonding, resilience (7 items), social competence, emotional competence, cognitive competence, behavioural competence, moral competence, self-determination, self-efficacy, spirituality, beliefs in the future, clear and positive identity, prosocial involvement, prosocial norms, and recognition for positive behaviour. An example of a resilience item includes “When I face difficulty, I will not give up easily”. The CPYDS validation sample comprised a contrasted group design, including adolescents classified as well adjusted (Well Adjusted Group; $n = 69$ boys, $n = 93$ girls; age $M = 14.54$ years, $SD = 1.98$) and adolescents with poor adjustment (Poor Adjusted Group; $n = 69$ boys, $n = 91$ girls; age $M = 14.27$, $SD = 1.55$) (Shek et al., 2007). The scoring system of the CPYDS was not detailed in the original validation paper.

A series of t tests provided support for the criterion-related validity of the CPYDS and its related subscales with t values ranging from 2.99 to 8.12 across all domains, and a t value of 7.10 for the total scale. The convergent validity and discriminant validity analysis showed the CPYDS and its subscales were positively related to indices of thriving, life satisfaction, and perceived academic performance, with the total scale ranging in scores from .28 to .83, as well as the CPYDS and its subscales being negatively related to substance abuse, delinquency, and behavioural intention to engage in

adolescent high-risk behaviour, with scores for the total scale ranging from -.24 to -.38 (Shek et al., 2007).

Internal consistency was reported as mean inter-item correlation coefficients of ($r = 0.19$ to 0.51) and Cronbach alphas of .63 to .91 (Shek et al., 2007). The CYPDS was cited once in the included articles.

4.3.5 The Child and Youth Resilience Measure (CYRM-12)

The Child and Youth Resilience Measure (CYRM-12) (Liebenberg et al., 2012) is a 12 item self-report shortened version of the CYRM-28 that measures resilience across cultural and contextual diversity of youth populations (Liebenberg et al., 2012). The CYRM-12 has two domains (resilience and coping) and is designed to be conducted with a sample aged between 12 to 23 years. An example item includes “I have people I look up to”. The original validation sample comprised two samples, the first consisted of 122 Canadian young people with a mean age of 18 years (37% females), and the second consisted of 1,494 Canadian school students with a mean age of 15 years (53% females). A higher score on the CYRM-12 indicates higher levels of resilience.

No psychometric properties were reported for the original validation of the CYRM-12, instead content validity and a reliability scores were chosen from questions in the original longer version of the measure, which were classified as satisfactory ($\alpha = .754$) (Liebenberg et al., 2012). The CYRM-12 was cited twice in the included articles.

4.3.6 The Child and Youth Resilience Measure (CYRM-28)

The Child and Youth Resilience Measure (CYRM-28) (Ungar & Liebenberg, 2009) is a 28 item self-report shortened version of the original 58 item Child and Youth Resilience Measure. An example item includes “I aim to finish what I start”. The validation sample comprised 1,451 young people aged 12 to 23 years from 14 communities (694 males = 47.9%, 757 females = 52.1%; mean age = 16 years, $SD = 2.65$). Based on results from the pilot administration, the CYRM was shortened to 28 items by examining nonresponse rates and variance on the 58 items then calculating the communality of items (Ungar & Liebenberg, 2009). The validation of this measure relies on the psychometric properties of the longer 58 item CYRM (Ungar & Liebenberg, 2009). Therefore the 28 item was not originally validated independently, but rather used the psychometrics of the 58 item measure. Higher Scores on the CYRM-28 indicate higher levels of resilience.

Internal consistency of the 28 item measure was reported as Cronbach alpha scores for the individual domain (.84), relational domain (.66), community domain (.79), and culture domain (.71). When the original 58 items are sorted according to a traditional Minority World notions of social ecology, the structure has reliability, but no validity as indicated by results from the factor analysis (Ungar & Liebenberg, 2009). Construct validity analysis for the 28 item measure was reported $r = .327$ suggesting good construct validity of the CYRM-28. The CYRM-28 was cited 28 times in the included articles.

4.3.7 Design My Future (DMF)

The Design My Future (DMF) scale (Di Maggio et al., 2016) is a 19 item self-report measure anchored on a five point Likert response format (1= It describes me not at all, 5= it describes me very well) and consists of two domains; future orientation and resilience. An example item includes “Thinking about my future life fills me with hope”. The DMF validation compromised two independent studies with a combined sample of 1,214 adolescents, 617 (50.8%) were male, aged 15-22 years old (M=17.58 years, SD= 1.29). The scoring system of the DMF was not detailed in the original validation paper.

Content validity was assessed by two scholars with expertise in the scale development and the career counselling field (Di Maggio et al., 2016). Overall the 19 items showed a Flesch-Kincaid Grade Level of 11.4, suggesting they would be understood by high school students. The discriminant validity analysis of the DMF was evaluated by calculating the average variance and showed negative and weak correlations (r ranged in magnitude from .20 to .65) with the visions about future, and strong correlation between Future Orientation and Hope ($r = .65$) (Di Maggio et al., 2016). Internal consistency was reported as .88 for Future orientation and .80 for Resilience. The DMF was cited once in the included articles.

4.3.8 Resiliency Attitudes and Skills Profile (RASP)

The Resiliency Attitudes and Skills Profile (RASP) (Hurtes & Allen, 2001) is a 40 item self-report measure of resiliency in young people and is anchored on

a 6 Point Likert response format. The RASP consists of seven domains: humour, initiative, independence, insight, creativity, values orientation and relationships. An example item includes "I learn from my mistakes". The RASP validation comprised two samples, the first included 274 young people aged 12 to 19 years (58% =male), and the second included 190 young people aged 12-17 years. For the RASP a higher score indicates higher levels of resilience.

Construct validity analysis showed a chi square/df ratio of 1.71 ($x^2 = 879.90$, $df = 516$) and that each of the seven domains in the RASP loaded significantly on the overall concept of resiliency (Hurtes & Allen, 2001). Convergent validity analysis showed a significant relationship between the Mental Health Inventory (MHI) and the RASP with a CFI of .85 and a chi- square/df ratio of 1.61 ($x^2 = 832.49$, $df = 518$).

Internal consistency was reported as a Cronbach alpha of .91. However the alpha levels for the seven subscales were lower: Insight = .65, Independence = .62, Creativity = .68, Humour = .49, Relationships = .71, Initiative = .53, and Values Orientation = .68. For each analysis of the RASP, the comparative fit index was below the recommended standard of .90, but the chi-square/df ratio clearly met standards of acceptability (Hurtes & Allen, 2001). The RASP was cited once in the included articles.

4.3.9 Resilience scale for adolescents (READ)

The Resilience scale for adolescents (READ) (Hjemdal, Friborg, Stiles, Martinussen, et al., 2006) is a 28 item self-report measure adapted from the Resilience Scale for Adults, a 41-item self-report measure (RSA) (Friborg et al., 2003; Hjemdal et al., 2001). The READ consists of five domains of resilience; personal competence; family cohesion; structured style; social resources; social cohesion). An example of an item includes “I will reach my goal if I work hard”. The measure was designed for young people aged 11 to 18 years, with the original validation sample comprising 425 adolescents (184 males, 235 females, 6 did not report gender, aged 13-15 years old). A higher score on the READ indicates higher levels of resilience.

Construct validity analysis showed the correlations between the READ and the Short Mood and Feelings Questionnaire (SMFQ) were all negative, with the READ total score being significantly negatively correlated with the SMFQ ($r = -.60, p = .01$). Internal consistency was reported as Cronbach alpha = .91, with alpha for the domains ranging from .69 to .85, (Hjemdal, Friborg, Stiles, Rosenvinge, et al., 2006). The READ was cited 21 times in the included articles.

4.3.10 The Resilience Scale (Short Form RS-14)

The Resilience scale (RS-14) (Wagnild, 2011) is a 14 item self-report measure and consists of five domains: purpose, perseverance, self-reliance,

equanimity, external aloneness (authenticity). An example item includes “I feel that I can handle many things at a time”. The RS-14 is the short form of the 25 item self-report Resilience Scale (Wagnild & Young, 1993). A higher score in the RS-14 indicates higher levels of resilience. The authors of the 25 item Resilience Scale (Wagnild & Young, 1993) intended the instrument to be applicable to other populations, including males and younger people (Neill & Dias, 2001). The RS-14 is written at the sixth-grade reading level (12-13 years old). The number of participants in each of the RS-14 validation samples was not provided, the first validation sample ranged in age from 18-60+ years of age (mean age of 36 years), with more than 70% of the respondents being female. (Wagnild, 2011). Whereas the second sample was described as rural and frontier residents.

There is a high correlation ($r = 0.62$) between the original RS and the RS-14, with an overall alpha coefficient exceeding .80 (Wagnild, 2011). Internal consistency of the RS-14 was reported as Cronbach alpha of .93. No details for the validity of the RS-14 are provided in the original validation paper. The RS-14 was cited 17 times in the included articles.

4.3.11 Resilience Scale for Early Adolescents (RSEA)

The Resilience Scale for Early Adolescents (RSEA) (Sahin-Baltaci & Karatas, 2014) is a 23 item self-report measure designed to measure resilience in secondary school students (aged 11- 18 years) in Turkey. The RSEA consists of four domains: self-originated resilience; family originated resilience; friends originated resilience; school/teacher originated resilience. An example item

includes “I keep up even under the most difficult circumstances”. The RSEA validation sample comprised four groups of young people aged 12-14 years old. The first sample included 50 students, the second group 459 students (234 females, 225 males), the third group 201 students (118 females, 84 males), and the final sample of 50 students. This measure was cited once in the included articles. The scoring system of the RSEA was not detailed in the original validation paper.

Structural validity analysis showed the item-total correlations ranged between .31 and .56. Criterion validity analysis showed a negatively significant relationship (-0.373, $p < 0.01$) between the Depression Scale for Children and the RSEA. Internal consistency was reported as Cronbach alphas of .85 for the RSEA as a whole (Sahin-Baltaci & Karatas, 2014). The RSEA was cited once in the included articles.

4.3.12 Subjective Resilience Questionnaire (SRSQ)

The Subjective Resilience Questionnaire (SRSQ) (Alonso-Tapia et al., 2013) is a 30 item self-report measure designed to measure subjective resilience. The SRSQ is anchored on a 5 Point Likert response format and consists of three domains: Students Relating with teachers, peers, and parents. An example item includes “Despite the fact that my parents do not give me support to me when I need their help, I do not allow difficulties to overwhelm me”. The SRSQ validation sample comprised 471 students (231 females and 240 males) aged between 12 to 17 years old ($M = 15.3$; $SD = 1.56$). The scoring system of the SRSQ was not detailed in the original validation paper.

To test the validity and reliability of the SRSQ the Motives and expectancies questionnaire (MEVA3) and the Classroom Motivation Climate Questionnaire (CMCQ) were used. The estimated loadings (λ) were significant ($p < .001$), and the *Chi-square* statistic was significant, the adjusted ratio $\chi^2/df = 1.91 < 5$ and RMSEA = $.06 < .08$ (root mean square error of approximation) were well inside the limits that allow the model to be accepted. The remaining fit indices fell slightly short on the standard limits of acceptance: *GFI* (goodness of fit index) = $.80$; *CFI* (comparative fit index) = $.69$ (Alonso-Tapia et al., 2013).

To test the validity of the model the fit indices were inside acceptable limits, though CFI fell slightly short on accepted cut-off points. Internal consistency was reported as Cronbach alphas of $.85$ (Alonso-Tapia et al., 2013). The SRQ was cited twice in the included articles.

4.3.13 Youth Ecological Resilience Scale (YERS)

The Youth Ecological Resilience Scale (YERS) (van Breda, 2017) 145 item self-report measure designed to measure resilience in young people. The YERS is anchored on a five-point Likert response format and consists of four domains, mental health and wellbeing, resilience and coping, social and emotional competence. The YERS was designed for young people aged 14 to 21 years old. No examples of the items are included in the original validation paper. The YERS validation sample comprised 575 young people aged

14–21years old. The scoring system of the YERS was not detailed in the original validation paper.

Construct validity analysis showed higher values for the mean correlations with other scales (The Impression Management Index, Short version of the Connor–Davidson Resilience Scale, and the Multidimensional Scale of Perceived Social Support). The lowest construct validity coefficient was .48, while the highest mean correlation between the items and the other constructs was .18, providing evidence of the factorial or construct validity of the YERS (van Breda, 2017). The analysis showed that 19 of the 21 scales demonstrated adequate construct validity, 8 of which exceeded the .60 standard. Two scales within the four domains (positive learning experience and distress tolerance) obtained construct validity coefficients in the .48–.49 range, however, these were retained, despite not meeting the quality criterion, because they met all of the other construct validity criteria (van Breda, 2017).

Internal consistency was reported as Cronbach alphas of at least .70. Only one scale (role model relationships) met the .90 standard (van Breda, 2017). The YERS was cited twice in the included articles.

4.4 Discussion

The purpose of this review was to identify valid and reliable measures of resilience for young people aged 12 to 17 years old. Despite previous research on resilience measures (Ahern et al., 2006; Windle et al., 2011), emphasising the need to test and publish the psychometric properties of measures, this review has shown the assessment of psychometric properties remains limited. This is evident with only 12 of the 103 measures of resilience being identified within this review had validation. Despite this omission, some of these measures have been continuously used throughout the included papers for measuring resilience in young people. The results from this review show that despite some of the original validation papers including robust and comprehensive assessments of the validity and reliability of a measure, there are many measures that lack validation.

From the final included measures the Subjective Resilience Questionnaire (SRSQ) was classified as having limited psychometric analysis. The SRSQ provides little evidence to support the use with young people aged 12-17 years, and no further validation articles were identified in the review. Therefore, highlighting this measure as unsuitable for measuring resilience in young people aged 12 to 17 years old.

The Child and Youth Resilience Measure (CYRM-12) and the Child and Youth Resilience Measure (CYRM-28), were initially categorised as having weak psychometric properties from the original validations, however within the

included articles in this review further validation has been conducted on the CYRM-28 (Daigneault et al., 2013; Govender et al., 2017; Langham et al., 2018; Sanders et al., 2017; van Rensburg et al., 2019) and the CYRM-12 (Mu & Hu, 2016). The further validation of the CYRM-28 adds support to the reliability with analysis showing that the French-Canadian version of the CYRM-28's total scale and its three subscales have strong temporal stability over two weeks and three months (Daigneault et al., 2013). The coefficients were satisfactory, respectively .84, .78 and .64 for the three components (Individual/Social, Family, and Community/Spiritual) and .88 for a total score. Only the Community/Spiritual component revealed weaker internal consistency. Correlations between the three components ranged from .38 to a high of .48 (Daigneault et al., 2013). The scale's content validity is further strengthened by neither Study 1 nor Study 2 finding evidence of floor or ceiling effects of the scale, this absence allows for greater sensibility in detecting important clinical changes over time, such as in treatment effectiveness studies (Daigneault et al., 2013). The analysis and findings from these further validations give evidence of internal consistency, construct validity, test-retest reliability and absence of floor or ceiling effect problems (Daigneault et al., 2013).

The original validation of the CYRM-12 reported sufficient content validity, and a Cronbach alpha score for the chosen questions from the original longer version of the measure being satisfactory ($\alpha=.754$) (Liebenberg et al., 2012). However, the lack of information provided in the original validation paper, limits the assessment of the reliability and validity of the measure, with no

scores or reference to either criterion-related validity or construct validity. A Chinese version of CYRM-12 was validated with a sample of 2,632 students aged 9 to 17 years old and showed high internal consistency, the Cronbach's alpha of the original and the translated CYRM-12 was .75 and .92 (Mu & Hu, 2016). The English translation of the measure is freely accessible and requires no licensing agreement to use, therefore making it more accessible for research. Further validation with other populations is required to recommend the use of this resilience measure with a sample aged 12-17 years old.

Despite robust and comprehensive assessments of the psychometric properties some of the included measures require further validation, these include: The Adolescent Psychological Resilience Scale (APRS), The Child Health and Illness Profile-Adolescent Edition, The Chinese Positive Youth Development Scale, The Design My Future (DMF), The Resiliency attitudes and skills profile (RASP), and the Youth Ecological Resilience Scale (YERS). This recommendation is based on the limited psychometric assessments in the original validation paper and the lack of further validation included in the final included articles. For example the RSEA that reports satisfactory level of reliability and validity for Turkish early adolescents (Sahin-Baltaci & Karatas, 2014) has not been tested in other populations. If the findings from the original validation are supported in other samples, this measure could be a valid and reliable measure of resilience in young people aged 12-17 years old.

The findings from this review demonstrate that measures classified as being valid and reliable include The Resilience scale for adolescents (READ) and

The Resilience scale (RS-14). The READ demonstrated validity and reliability through robust and comprehensive analysis included within the original validation paper. Whereas the RS-14, whose original validation demonstrated reliability with a sample aged above 18 years old and a sample where the age was not detailed, but no validation of the measure, further validations of the measure with 12 to 17 year olds (Chung et al., 2020; Pritzker & Minter, 2014; Surzykiewicz et al., 2019; Sutherland et al., 2020) were included in the final papers in the review which merited its inclusion.

The original validation of the READ showed high reliability and good construct validity, but acknowledged the need for an assessment of convergent validity (Hjemdal, Friborg, Stiles, Rosenvinge, et al., 2006). The age range for the validation sample was not reported but could be inferred as 13 to 15 years based on the school year levels reported. The READ has also been validated with an Irish sample of 6030 students aged 12 to 18 years old showing support for the factor structure, and validity of READ to assess resilience factors in adolescents (Kelly et al., 2017). This measure was widely cited (19 instances), is freely accessible and has been tested in different populations. Based on the evidence in this review the READ is deemed to be a valid and reliable measure of resilience in young people aged 12 to 17 years old.

In contrast to the READ, the RS-14 was included despite questions regarding the validity for use with a sample aged 12-17 years. Throughout the original validation paper no precise details of the ages of the sample are detailed, only that the average age in the first sample was stated as about 36 years old, with

no age given for the second sample (Wagnild, 2011). This measure was included over the longer original version of the Resilience Scale (Wagnild & Young, 1993) due to the original RS validating the measure with a demographic that the current review was not investigating. However the authors of the 25 Item Resilience scale (Wagnild & Young, 1993) intended the instrument to be applicable to other populations, including males and younger people (Neill & Dias, 2001). Despite the questions regarding the age of the participants in the validation sample, the RS-14 has been included in the final review as it was written at the 6th grade level (12-13 years). This provides an argument that the measure was designed to be used with a sample aged above 12 years old. Further validation of the RS-14 supports the inclusion, with findings from a study including 2,982 young people (aged 11 to 19 years old) demonstrating excellent internal consistency for both male ($\alpha = .91$) and female ($\alpha = .90$) students (Pritzker & Minter, 2014). The RS-14 demonstrated moderate convergent validity with the modified SEQ-C social self-efficacy subscale ($r(2872) = .633, p < .001$) and correlation between the RS-14 and the SEQ-C academic self-efficacy subscale also suggesting moderate convergent validity ($r(2872) = .566, p < .001$). (Pritzker & Minter, 2014).

Further validation with three samples of Polish adolescents (aged 13- to 27 years old) that analysed the stability of the RS-14, using t-Student test showed that the scale is reliable; $t(41) = 1.57; p > 0.50$. The analysis showed high levels of time stability of the RS-14; $r(40) = 0.88; p < 0.001$. The research indicates a high time stability of the overall RS-14 result (Surzykiewicz et al., 2019). The sample of juveniles ($N = 120$) aged 13 to 18 years old ($M = 16.22$,

SD = 1.07) assessed the validity of the RS-14. To assess for construct validity, correlations were calculated between the RS-14 and the satisfaction-with-life scale, as well as with the three subscales of the depression scale. Results show correlations of -0.34^{**} with the Kutcher Adolescent Depression Scale, and the satisfaction-with-life scale was positively and significantly associated with resilience (RS-14) in both the young adults and special needs groups (.63). This analysis shows the RS-14 is a valid and reliable instrument for assessing resilience in diverse Polish adolescent groups, including those with special needs (Surzykiewicz et al., 2019). From the evidence provided in the further validation studies detailed above and the others included in the final review (Chung et al., 2020; Sutherland et al., 2020) this review would recommend the RS-14 to be a valid and reliable measure of resilience when working with a sample aged 12-17 years old. However, the financial requirements may limit accessibility.

4.5 Strengths and Limitations

This review provides a much needed evaluation of the psychometric properties of resilience measures for young people. This has enabled this review to identify psychometrically robust measures of resilience for this age group (12 to 17 years old), measures that require further validation, and those measures that are neither valid or reliable for measuring resilience in young people aged 12 to 17 years old.

This review was limited by the inclusion of only papers translated into English as this may have led to the exclusion of measures suitable for non-English

speaking young people. While a narrative synthesis has been criticised for risk of bias due to prejudices of reviewers (Cruzes et al., 2015), the risk was minimised throughout by ensuring independence of reviewers.

4.6 Implications and conclusion

This review has shown that there is a lack of attention to the psychometric properties of resilience measures for young people aged 12 to 17 years old. This challenges resilience intervention research, however, this review has added further evidence to previous reviews (Ahern et al., 2006; Smith-Osborne & Whitehill Bolton, 2013) and provides more robust guidance on resilience measures for young people aged 12-17 years.

Chapter 5: Study Two

An investigation to identify the activities and method of delivery of an outdoor and adventurous activity programme.

5.1 Introduction

The findings from Systematic Review One (reported in chapter two) showed the emerging area of influence that participation in outdoor and adventurous activity programmes (OAAP) has on resilience development. Evidence shows these experiences are beneficial in the development of self-efficacy and resilience in young people (Hayhurst, 2015; Hunter et al., 2010; Whittington et al., 2016). OAAP are built on the foundations of outdoor and adventurous education (OAE) which has evolved as a separate entity from other aspects of education, including physical education. This independence is built on OAE involving learning in, through and about the outdoors, alongside embracing a strong emphasis on interpersonal and intrapersonal relationships (Hammerman et al., 2001). It is further suggested that the primary focus of OAE is deemed to be the development of interpersonal and intrapersonal relationships (Zink & Boyes, 2006).

A set of values has been proposed for working or being educated in an OAAP (Priest, 1990). These values take the form of 10 commandments which include; not rescuing by giving away the answers, encourage challenge by choice, deal in perceived and acceptable risk, and maximise learning potential (Priest, 1990). Some argue that these values limit access to OAAP (Loynes, 1998), while others state that maintaining values in outdoor and adventurous

education is imperative due to the unique learning opportunities provided by these activities (Hannay & Campbell, 2014). These activities are linked to the developmental outcomes of personal growth, interpersonal skills and group progress (Ewert & Garvey, 2007). Evidence has shown that OAAP facilitate the development of self-concept and self-esteem (Fengler & Schwarzer, 2008; Gehris et al., 2010; Goldenberg & Soule, 2015), higher resiliency (Hayhurst, 2015; Neill & Dias, 2001; Whittington et al., 2016), higher academic efficacy (Widmer et al., 2014), reduced school truancy (Ang et al., 2014), more pro-social behaviour (Cook, 2008), and improved levels of well-being (Mutz & Mueller, 2016).

It is claimed that OAAP have the potential to provide an effective environment for enhancing resilience in young people (Beightol et al., 2009). Evidence shows these types of programmes have been effective in the development of resilience in young people globally (Blaine & Akhurst, 2020; Hayhurst, 2015; Mutz & Mueller, 2016; O'Brien & Lomas, 2017; Overholt & Ewert, 2015; Scarf et al., 2017; Whittington et al., 2016). OAAP draw on internal characteristics such as self-efficacy (developing belief in oneself) and having aspirations (completing activities) as well as the influence of external factors such as caring relationships, which evidence suggests are necessary for developing resilience (Constantine & Benard, 2001).

Findings suggest that this development occurs because an OAAP involves spending time in pristine environments, these environments are defined as those where the impress of human presence is not obvious, (Slattery, 2001).

OAAP have (i) a separation from everyday life, (ii) social support present, and (iii) an intense and challenging nature to experience (D'Amato & Krasny, 2011; Ewert & Yoshino, 2011). OAAP that have a focus on competencies, strengths, and not accentuating the deficits of young people have been found to serve as a model for supporting development in physical, mental and social competencies (Lee & Ewert, 2013).

Outdoor and adventurous activity programmes (OAAP) tend to vary in length (e.g. one day up to two months), purpose (development of technical skills or the development of interpersonal and intrapersonal growth), and the types of adventure activities (such as a high ropes challenge, backpacking and climbing). OAAP also vary by setting with some taking place indoors (e.g. indoor ropes course or climbing wall), in the wilderness, or in therapeutic environments (Sibthorp, 2003; Sibthorp & Morgan, 2011). Common features of OAAP include: taking place in an unfamiliar setting, small group sizes, activities involving problem solving and decision making, tasks are physically and mentally challenging, and the instructors or facilitators guide participants toward a desired goal (Sibthorp & Morgan, 2011). Evidence shows that OAAP may facilitate personal growth, improved educational outcomes, physical outcomes (aerobic fitness), group development skills, leadership, improved self-concept, identity development and interpersonal skills (Bernard, 2012; Sibthorp & Morgan, 2011; Whittington et al., 2016), as well as the development of autonomy, competence and relatedness (Lee & Ewert, 2013).

5.1.1 Outward Bound

The Outward Bound Trust is an educational charity based in the UK and helps young people to challenge their limitations through learning and adventures in the outdoors (<https://www.outwardbound.org.uk>). The goal of Outward Bound is to empower young people to succeed; for themselves, their communities and society. Since the 1940s Outward Bound's OAAP were designed to counter the assumed negative influences of modern life (Freeman, 2011; Priest & Gass, 2005). The co-founder Kurt Hahn proposed Outward Bound as a means to combat a perceived decline of fitness, leadership, spirit of enterprise and self-discipline, which he regarded as negative by-products of industrialisation and urbanisation (Freeman, 2011). However today, it is no longer the industrial life that deeply affects the living conditions of young people in Western societies (Mutz et al., 2019). Instead research suggest that it is the media-based lifestyle with unprecedented levels of screen time, which likely have unfavourable consequences for physical and mental health of young people (Shiue, 2016). This and other societal issues are proposed to impact mental health, with one in 10 children experiencing depression, anxiety or conduct disorder before becoming an adult (Foundation, 2018).

5.1.2 Aim

The aim of this study was to identify and quantify the activities encompassed within an outdoor and adventurous activity residential.

5.2 Method

This study utilised semi structured telephone interviews to collect data on the type, frequency and duration of activities of an Outward Bound OAAP. Telephone interviews were conducted for participant convenience and effective time management, as this method of data collection has been found to relax respondents and make them more willing to talk freely and disclose information (Novick, 2008). Telephone interviews served to reduce the time burden on participants and provided more flexibility against existing commitments for participants. The study was granted ethical approval by the Ethics Committee of the participating institution (SSHS-2018-047).

The study consisted of five interviews with Outward Bound staff holding differing roles within the organisation. Participants were selected based on their role within the organisation, with these roles identified as being able to provide a breadth of knowledge and experience. The interviews were completed with instructors, senior instructors, learning and adventure managers and course directors.

Each interview consisted of six questions with optional follow up questions to aid in discussion (See Appendix B). The semi-structured telephone interviews were scheduled to last a maximum of one hour. Semi-structured interviews allow the researcher and the participant to engage in a dialogue in real time, as well as giving enough space and flexibility for original and unexpected

issues to arise, which the researcher may investigate in more detail with further questions (Pietkiewicz & Smith, 2014).

5.2.1 Analysis

The interviews once conducted were transcribed verbatim. Analysis then involved identifying the processes, quantifying and describing the activities. The information associated with the types of activities planned and delivered on a OAAP were then extracted from the transcripts, to map the structure, content, and delivery of activities. The data therefore would be associated with activity types and their duration, as this would allow the research to map the process of delivering these activities and the 'dosage' of each activity when attending an Outward Bound OAAP.

5.3 Results

The sample for this study included five participants from roles within Outward Bound. The interviews were conducted with two learning and adventure managers, one course director, one senior instructor, and one instructor. The findings from the study are centred around the standard (five day four night) OAAP delivered for a school group (aged 11-16 years). The findings also include information around the planning, delivery, and challenges associated with a residential programme. The results were discussed across all five interviews with Table 8 providing an example timetable for an Outward Bound residential programme.

Table 8- A sample timetable for a standard five day Outward Bound Residential programme.

Session	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Arrive Introduce groups to instructors Ice breaker activities	Adventure Activity	Full day and overnight expedition.	Return from expedition Clean all equipment and return it to the kit cages.	Reflective activity Followed by Awards assembly
Afternoon	Adventure activity Or High Dynamics	Adventure Activity Or High Dynamics		Depart Outward Bound centre	
Evening	Low Dynamics	Prepare for Expedition		Low dynamics	

5.3.1 Residential programme

The standard residential programme for a school consists of arriving on a Monday before midday and being split into their instructor groups, that include no more than 12 participants to one instructor, plus a teacher from the school. The teacher is encouraged to engage in all activities and help with managing behaviour as needed. The standard programme has a maximum of 12 activities with each activity lasting for a half day to a full day. Generally, the evening sessions aim to build on the activities undertaken that day such as attempting some of the low dynamic activities (such as low wall) or be used to prepare for the more adventurous activities that will be completed the following day. While the standard programme is available at all locations of the OAAP, there are some activities that are location specific. There is one activity that is integral to all programmes, the 'jog and dip'. This activity requires the group to jog from the OB centre down to the onsite lake and jump into the water. This is commonly used once the ice breaker activities such as spiders web, where the group have to help get each member through a rope based puzzle without touching the 'spiders web', has been completed or as an ice breaker activity itself. The 'jog and dip' activity was discussed across all five interviews as being a historical activity for the programme. The onsite activities can include both low and high dynamic activities, while more adventurous activities occur off site, within the local area. The low dynamics activities include activities such as a nightline (the group navigate a maze whilst blindfolded), spiders web, climbing over the low or high wall. High dynamics activities include a tree climb, Jacob's ladder, crate stack, zip line, and trapeze jump. The more adventurous activities require the presence of two members of staff

(dual staffed activity), due to the risk associated with these activities. These activities constitute two instructors to a maximum of 14 participants which will often include a teacher from the school. These more adventurous activities include: canoeing, kayaking, rowing, caving, climbing, abseiling, hill walking, gorge walking, gorge scrambling, sailing, and a power boat jump.

The main activity of the programme is a half day, full day, or a full day and overnight expedition. The half or full day expedition involves the group leaving the centre in the morning and returning once they have completed a long walk or reached the summit of a local mountain. Whereas the full day and overnight adventure involves an overnight stay in the wilderness. The aim of providing such a diverse range of activities enables OAAP to facilitate the needs and aims of each school group.

5.3.2 Planning

The first stage of planning a residential programme is completed by the Learning and Adventure managers following discussions with the school prior to their arrival. The residential programme is tailored to the specific needs of a school, including developmental goals. The other key component of the planning is the preparation of the schedule of activities for each group. The planning process is one built on support across the organisation, with the senior instructors, learning and adventure managers and course directors helping instructors to design a residential programme matched to needs and skill level of a given group.

5.3.3 Delivery

Every participant discussed the delivery of the OAAP as being centred around the principles of self-discovery and challenge by choice. This allows participants to be given the choice of whether they participate in an activity. However, if they feel like challenging themselves the instructors will allow them to do so in a safe and supportive manner. This method of delivery is reinforced with the instructors assigned to each group remaining with them throughout the residential programme. This was discussed as facilitating strong relationships between the participants within the group and instructors.

5.3.4 Challenges

The challenges for the organisers involved both the planning and delivery of a residential. The greatest challenges for planning were unanimously agreed upon as being the weather. If the weather had been too hot it could lead to the creeks and rivers drying out therefore making some of the more adventurous activities too dangerous (for example gorge walking), as well as leading to risk of dehydration or sun stroke when out on activities. Conversely, adverse weather may consist of heavy rain, flooding creeks and gorges and thus the water level may be too high for some activities. Despite planning prior to OAAP, the instructors must show flexibility to adapt each programme as demanded by external factors. Other challenges included the misalignment of expectations such that the ability of the students does not match the level of 'adventure' desired by the school.

5.4 Discussion

The evidence from this study shows that residential programmes are built around the specific developmental goals the school provides to the learning and adventure managers prior to participation in an OAAP. This could include developing leadership, resilience, social skills, or simply for enjoyment. This demonstrates the pivotal role of the Outward Bound staff communicating with the school to identify the desired goals. Having clear goals enables the development of a targeted residential programme to focus on the development of physical, mental and social competencies. The programme may be adapted at the start of a residential by the Outward Bound instructors to match the needs of a group, as well as accounting for any adverse weather conditions.

Throughout all the interviews it was stated that the delivery of an OAAP should be built on the foundations of self-discovery for the young people as for the majority of participants this will be an unfamiliar environment for many participants. The remote locations of the Outward Bound centres provides a novel setting for the majority of people attending an OAAP. The residential programmes are designed to encourage participation through a challenge by choice principle established by the instructor. This stance allows some level of engagement with any given activity.

However, it is important to consider the issues with the challenge by choice stance, notably the disagreement that those activities that push young people outside their 'comfort zone' are not necessarily the types of activities that lead

to peak learning experiences (Leberman & Martin, 2003). This is combined with the consideration that not everyone perceives or experiences risk in the same ways. However, these types of activities embody the 10 commandments associated with OAAP, particularly when dealing in perceived and acceptable risk (Priest, 1990). Elements of danger, risk and uncertain outcomes are considered essential for OAAP activities (Ewert & Garvey, 2007). Throughout the interviews it was discussed that including activities with high levels of risk is essential for development throughout the OAAP. This is supported with claims that including high levels of risk in activities may have a positive impact on the growth and development of individuals as well as teams (Brown & Fraser, 2009). Using risk in outdoor education programmes is built upon the assumption that the instructors are capable of assessing the level of perceived risk, which allows them to facilitate optimal learning experience for all participants (Brown & Fraser, 2009). While the safety of participants is central for Outward Bound instructors, opportunities for participants to push themselves outside of comfort zones is available in an Outward Bound OAAP.

5.5 Conclusion

This study provides a foundation for methodological developments for future research examining OAAP run by Outward Bound. This study has provided the data for measuring the activities undertaken by young people when participating in an OAAP, through offering an insight into the structure, content and delivery of an Outward Bound OAAP. Furthermore, it provides avenues

of future research into the specific benefits of each activity for the development of young people.

The aim of this research was to inform the method of a longitudinal study measuring the impact of OAAP on the resilience of young people. With a lack of research that has directly sought to gain insights to the planning and delivery of an OAAP, this study informs methodologies and has provided an evidence-based insight to the inner workings of an OAAP within a globally recognised organisation. Despite the growing evidence base for the positive developments OAE experiences have on young people, very few studies have examined whether these short-term adventure experiences can impact upon levels of resilience in young people (Ewert & Yoshino, 2011). This would therefore suggest the need for a longitudinal study that examines the impact of attending an OAAP on resilience development of young people.

Chapter 6: Study Three

An investigation of the long-term impact of an outdoor and adventurous activity based programme on resilience in young people: The BRAVERY survey

6.1 Introduction

Evidence shows that people with mental health disorders such as depression, personality disorders and schizophrenia, die on average 10 to 20 years younger than the general population (Chesney et al., 2014). Suicide is the second most common cause of death in young people worldwide (Hawton et al., 2012), and with young people experiencing mental health disorders, prior to age 14 (Kessler et al., 2007) there is a need to address mental health in young people. Specifically for those classified as middle adolescents (aged 14-17 years) (Allen & Waterman, 2019). Throughout this transitional stage young people experience changes in behaviour, values and attitudes occurring more rapidly than in early life, and this stage is marked by substantial psychological and physical development (Firoze & Sathar, 2018). This developmental period is characterised by rapid physical, cognitive, and socio-emotional growth thus presenting both challenges and opportunities for development (Bluth et al., 2018). Development in adolescence is crucial in forming foundations for the promotion of good mental and physical health throughout adulthood (WHO, 2014). Concepts such as resilience and self-efficacy have a key role throughout this development (Bandura, 1997; Firoze & Sathar, 2018). Resilience in young people is described as the positive adaptation to adverse life experiences (Masten, 2007), whereas self-efficacy

is the belief of an individual in their ability to successfully manage certain situations to achieve goals, or cope effectively in stressful situations (Bandura, 1977).

Findings from Systematic Review One (reported in chapter two) have shown that Outdoor and Adventurous Activity Programmes (OAAP) can be beneficial to the development of resilience in young people aged 14 to 17 years old. OAAP provide the opportunity for exposure to risk and adversity in a controlled and safe manner, with evidence showing that participation in OAAP has the potential to enhance self-efficacy, with evidence demonstrating increases in resilience levels in young people (Whittington et al., 2016). Trends towards greater optimism have also been observed, this encompassed having a positive attitude about the world and life in general, increased self-efficacy, flexibility and problem-solving, compared to the baseline measures taken before the OAAP (Whittington et al., 2016). Increased levels of resilience within an OAAP have also been positively associated with increased levels of social effectiveness, self-efficacy, and less positive perceptions of the weather (Hayhurst, 2015). These findings revealed gains in self-efficacy and resilience which were maintained at five months post OAAP (Hayhurst, 2015).

6.1.1 Outdoor Education

OAAP interventions include learning in, through and about the outdoors, with a strong emphasis on interpersonal and intrapersonal relationships (Hammerman et al., 2001; Zink & Boyes, 2006). There are a set of values viewed as essential for working or being educated in OAAP. These values are

termed the 10 commandments, and include, not rescuing by giving away the answers, encourage challenge by choice, deal in perceived and acceptable risk, and maximise learning potential (Priest, 1990).

OAAP provide unique learning opportunities that include many internal (self-efficacy, aspirations) and external factors (caring relationships) associated with the development of resilience (Constantine & Benard, 2001). Research has shown that OAAP are effective in the development of resilience and self-efficacy due to time in unfamiliar environments, having a separation from everyday life, having social support networks present, and involving an intense and challenging nature to experience (D'Amato & Krasny, 2011; Ewert & Yoshino, 2011). There is evidence that OAAP support development in young people due to a focus on competencies, strengths, and not accentuating their deficits (Lee & Ewert, 2013). However, few studies in the UK have examined the impact of OAAP on resilience (Ewert & Yoshino, 2011). This research aims to address this gap in the literature.

6.1.2 Aim

This study aimed to examine the long-term impact of participation in an outdoor and adventurous activity programme on resilience in young people aged 14 to 15 years old.

6.2 Methodology

This research adopted a longitudinal design using an online survey (JISC Online Surveys) to investigate the benefits of attending an OAAP over a six-month period. The study was designed to assess the general functional change immediately following the intervention (outdoor and adventurous activity programme) and to assess the maintenance of any intervention change over time (six months post the intervention). Longitudinal research is essential for studies of development in young people due to the dynamic nature of this phase of human development.

6.2.1 Sample

Having identified the links between mental health and resilience throughout this thesis (reported in chapter two and three) and that half of mental health disorders begin prior to age 14 (Kessler et al., 2007), the inclusion criteria for participants was being aged 14 to 15 years old. Participants were recruited from a school in Scotland that had arranged with Outward Bound to participate in an OAAP. There were no exclusion criteria. The sample included an experimental group (the outdoor educational activity programme intervention group) and a control group (matched for age and gender, attending the same school as the experimental group but not participating in the programme). A total of 32 young people provided written informed consent. Only 17 participants (10 females and 7 males) completed the Survey at Time 1 and seven of these participants (4 females, 3 males) completed the Survey at Time

2. The study was granted ethical approval by the Ethics Committee of the participating institution (SSHS-20110-022).

6.2.2 Procedure

The Belief Resilience and Adventure in Youth (BRAVERY) Survey was administered at three assessment times, namely, Baseline (T1) – one week prior to the intervention, Post intervention (T2) – within three weeks of completion of the intervention and Follow up (T3) – six months after the intervention.

The study distributed hard copies of the information letter and consent forms to be signed by participants and their parent/guardian during two information sessions by the lead researcher (PhD candidate). The password and link to access the online survey was distributed by a school staff member using the school email system to the participants who had provided written informed consent. The survey could be completed in more than one session within a specified time frame. T1 had to be completed in the two weeks prior to the intervention, T2 the two weeks following the intervention, and T3 within two weeks of six months post intervention date.

6.2.3 Outdoor Education Programme

The intervention group participated in a five day Outward Bound OAAP, with a maximum of 12 participants to one instructor and a teacher from the school. As reported in Study Two (reported in chapter five) these programmes usually

consist of 12 activities for the participants. The timeframe for these activities differed depending on how well the participants were completing the activity, the logistics of the centre and levels of enjoyment. The activities were scheduled as half day or full day adventures, half day or full day expeditions that include a camp out overnight. Outward Bound staff members consult with the schools to identify specific goals such as developing leadership, resilience, social skills, or enjoyment. Outward Bound staff have reported that a programme should be built on the foundations of self-discovery for the young people. This is facilitated by the residential settings providing an unfamiliar environment for participants. In comparison, the control group had a timetable consistent with a normal school day but had two days at home at the end of the week.

6.2.4 Data collection

6.2.5 BRAVERY Survey

The BRAVERY Survey included six domains of Health, Vulnerability, Functioning, Social functioning, Resilience and Self-efficacy. It comprised self-report measures chosen by the research team based on validity and suitability for the sample age group. The measure of resilience was identified in Systematic Review Two (reported in chapter 4), with the other variables being identified in the previous research associated within this thesis (see chapter two and three). The BRAVERY survey also included an intervention satisfaction measure. Details of the domains and measures by assessment times can be found in Table 9.

Measures for the BRAVERY Survey were selected based on discussions amongst the research team with a survey requiring (i) psychometric properties to ensure validity and reliability, (ii) validation with the age group, and (iii) limiting participant burden by selecting measures with fewer items where possible. However, if no validation with the target sample was available, a measure could be chosen through discussions by the research team based on the assessment of research that had used the measure with the target sample. The BRAVERY Survey was piloted with individuals of a similar age to the proposed sample and showed a completion time of around 20 minutes.

Table 9- Domains and assessment points of the BRAVERY Survey

Variable	Measure	T1	T2	T3
Demographic	Age	YES	YES	YES
	Gender	YES	YES	YES
	Socio-economic Status (parental postcode as proxy)	YES	YES	YES
Health	Physical Health	YES	YES	YES
	Mental Health	YES	YES	YES
Vulnerability	Risk Taking	YES	YES	YES
	Adversity	YES	YES	YES
Functioning	Physical Activity	YES	YES	YES
	Emotional Reactivity	YES	YES	YES
Social Functioning	Social Media Use	YES	YES	YES
	Social Support	YES	YES	YES
	School belonging	YES	YES	YES
Resilience		YES	YES	YES
Self-efficacy		YES	YES	YES
Satisfaction	Researcher designed measure	NO	YES	NO

6.2.6 Resilience

Resilience was measured by the Short Form Resilience Scale (RS-14). The second Systematic Review (see chapter four) identified the RS-14 as a valid

and reliable measure of resilience for this age group (14 to 15 years old). The RS-14 is a 14 item self-report measure with a seven-point Likert response format ranging from 1= Strongly Disagree to 7= Strongly Agree, for example, “I usually manage one way or another”. A higher score indicates higher resilience. Original validation of the measure included a high correlation ($r = 0.62$) between the original RS and the RS-14, with an overall alpha coefficient exceeding .80 (Wagnild, 2011). Further analysis details the Resilience Scale and the RS-14 being strongly correlated ($r = 0.97$, $p < 0.001$), with internal consistency reliability for the RS-14 having a coefficient alpha of .93, and Cronbach’s alpha ranging from .89 to .96. Further validation of the RS-14 (Pritzker & Minter, 2014; Zolkoski & Bullock, 2012) show the RS-14 to be a valid and reliable measure for assessing resilience in young people aged 12 to 17 years old.

6.2.7 Self-efficacy

Self-efficacy was measured using the General Self-Efficacy Scale (GSE), a 10 item measure with a four-point Likert response format, ranging from 1= Not at all, to 4 = Exactly true, for example “I can always manage to solve difficult problems if I try hard enough “. For the GSE the total score ranges from 10 to 40, with a higher score indicating greater self-efficacy. Internal reliability for GSE has Cronbach’s alphas between .76 and .90. The validity of the General Self-Efficacy Scale is correlated to emotion, optimism, work satisfaction. Negative coefficients were found for depression, stress, health complaints, burnout, and anxiety. (Schwarzer & Jerusalem, 1995). The GSE has been validated for use with the target sample (Lonnfjord & Hagquist, 2018).

6.2.8 Mental health

The Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) is a short version of the Warwick–Edinburgh Mental Well-being Scale (WEMWBS). The SWEMWBS uses seven of the WEMWBS's 14 statements about thoughts and feelings. The seven statements are positively worded with five response categories from 'none of the time' to 'all of the time', for example "I've been feeling optimistic about the future". Participants are asked to describe their experiences over the past two weeks. The SWEMWBS is scored by first summing the score for each of the seven items and then transforming the total score for each person according to a conversion table. In terms of face validity, the 7-item scale was robust to Rasch model expectations, whereas the original 14 item scale (WEMWBS) was not (Stewart-Brown et al., 2009). Cronbach's alpha coefficient for the overall sample was .90, indicating high internal consistency reliability. (Vaingankar et al., 2017). The SWEMWBS has been validated for use with the target age group (Koushede et al., 2019).

6.2.9 Physical health

The eight item Short Form Health Survey (SF-8) was used as a measure of physical health. The SF-8 is an abbreviated version of an original 36-item health survey which operates on five-point Likert response for six questions and a six-point Likert response format for two questions. For example "how much bodily pain have you had during the past 4 weeks", can be answered as none, very mild, mild, moderate, severe, very severe. The SF-8 contains psychometrically based physical and mental health summary measures. The eight domains include general health, physical functioning, role physical,

bodily pain, vitality, social functioning, mental health, and role emotional. Summary scores are produced and can be compared against well-developed norms in other populations.

Test-retest reliability showed a good intraclass correlation of .61 for Physical Component Summary (PCS) and .68 for Mental Component Summary (MCS). The SF-8 achieved a Cronbach alpha score of .90, with the principal component analysis indicated strong construct validity between the 8 items and PCS and MCS summary score, moderate instrument validity, and strong known groups validity (Roberts et al., 2008). The SF-8 to date has not been validated with the target sample, however it has been used to measure physical health in the target sample (Lindqvist et al., 2007).

6.2.10 Physical activity

The International Physical Activity Questionnaire (IPAQ), is a seven item measure of physical activity undertaken in the past seven days and was designed for participants aged 15 years and older. The IPAQ assesses the types and intensities of physical activities and sitting time that people do over the seven day period. This provides an estimate of total physical activity in Metabolic equivalent (MET)-min/week and time spent sitting. For example the question "During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?" is answered by giving a number of days per week, or by ticking "No vigorous physical activities" which requires the participant to skip to another question.

Test-retest reliability indicated good stability, with a Cronbach alpha score of .80 indicating high reliability. The content validity of IPAQ is high because frequency, intensity, and duration of physical activity are assessed, as well as sedentary behaviour (Craig et al., 2003). The IPAQ has been validated for use with the target age group (Guedes et al., 2005).

6.2.11 Social support

The 24 item Social Provisions Scale (SPS) has a four-point Likert response format ranging from 1= strongly disagree, to 4= strongly agree. The SPS measures the extent to which respondents perceive their social relationships as providing social support. Each subscale has four items: two positively-worded items describing the presence of a type of support and two negatively-worded items assessing the absence of a type of support. For example “there are people I can depend on to help me if I really need it”. The SPS has demonstrated test-retest reliability coefficients ranging from .37 to .66 over a six-month period, with Cronbach alpha coefficients of the six factors ranging from .67 to .76, and items loaded on the respective factors supporting the construct validity of the scale (Cutrona & Russell, 1987). In addition, moderate to high correlations between the SPS and other measures of support provided evidence for the construct validity of the scale (Chiu et al., 2016). The SPS to date has not been validated with the target sample, but has been used with the target age group (Motl et al., 2004).

6.2.12 School Belonging

The five item Students' Sense of School Belonging (SSB) scale has a four-point Likert response format ranging from 'Agree a lot' to 'Disagree a lot'. The SSB identifies a participant's attitude towards school. For example "I like being in school". With a higher score indicating a higher sense of school belonging. The Cronbach's Alpha reliability coefficients generally were at an acceptable level, with a range between .70 and .90. The SSB to date has no validation, however after the research team assessed other school belonging measures, the SSB was chosen to reduce participant burden.

6.2.13 Social media use

The 10 item Social Media Use Integration Scale (SMUIS), uses a five point Likert response format, anchored by 1=strongly disagree and 5=strongly agree. For example "I prefer to communicate with others mainly through Social Media". High mean values represent high levels of social media use. The SMUIS consists of two social media use dimensions reflected in two subscales, namely Social Integration and Emotional Connection (SIEC), and Integration into Social Routines (ISR). For the SMUIS both a total score and a score for each of the two dimensions can be calculated. The SMUIS scale was reliable as the Cronbach alpha value for the total scale was .89 and for the two subscales (SIEC=.874; ISR=.766) exceeded .70 (Maree, 2017). There is also preliminary evidence confirming the validity of the internal structure of the SMUIS in the Facebook context (Maree, 2017). The SMUIS to date has not been validated with the target sample, however it was originally validated

with 17 year olds (Jenkins-Guarnieri et al., 2013) and after the research team assessed other social media use measures the SMUIS was selected.

6.2.14 Adverse experiences

The 20 Item version of the Life Events Checklist is a self-reported questionnaire that asks participants to record the life events that may have occurred in the past 12 months by responding yes or no to each statement. For example “Were you the victim of a crime, a violent act, or assault?”. The four types of life events measured are separation, death, family environment, and social adversity. No psychometric evaluations have been conducted on the measure. This measure was originally validated with the target age sample (Jaschek et al., 2016).

6.2.15 Emotional reactivity

The Emotional Reactivity Scale (ERS) is a 21 item self-report measure that asks participants how they experience emotion. Respondents rate their agreement with 21 statements on a 5 point-Likert response format anchored by 0=not at all like me to 5= completely like me. For example “when something happens that upsets me, it's all I can think about it for a long time”. The 21-item ERS demonstrated good internal consistency (Cronbach's $\alpha = .94$). The authors state the measure also demonstrates construct validity (Nock et al., 2008). The ERS was originally validated with the target age sample (Nock et al., 2008).

6.2.16 Risk taking

The eight item General Risk Propensity Scale (GRiPS) measures risk taking behaviours and utilises a five-point Likert response format ranging from 1= strongly disagree to 5= strongly agree. For example “taking risks makes life more fun”. A general risk score is calculated by summing responses to all items. The eight-item GRiPS has excellent internal reliability ($\alpha = .92$), with the authors stating the measure shows discriminant and convergent validity (Zhang et al., 2019). To date the GRiPS has not been validated with the target sample, however after the research team assessed other risk taking measures, the GRiPS was chosen to reduce participant burden.

6.2.17 Intervention satisfaction

A measure of satisfaction with the intervention (OAAP) was developed by the research team based on the literature. The measure included seven items with a yes/no response format plus one open ended free response item. For example “do you feel the residential was beneficial to you?”.

6.2.18 Data analysis

The analysis plan included descriptive statistics, correlations and repeat measures ANOVA to detect group differences. Univariate analysis was to be conducted to determine the variables to be included in the regression models. A step wise regression analysis was to be conducted to determine predictors of the primary outcome (resilience) and the secondary outcome (self-efficacy).

6.3 Results

Due to low response rates (32 participants) and high attrition (17 participants completed T1 assessment) a decision was made to review the status of data collection once the intervention was completed. Criteria for continuation of data collection was that all participants who completed the T1 assessment would also need to complete the T2 assessment. As only seven participants completed the T2 assessment, data collection and the study itself was ended. The lead researcher (PhD candidate) informed the school of the termination of the study. There was no data analysis conducted. The lead researcher adhered to the ethical guidelines and processes when terminating the study.

It is important to note at this stage that the school who engaged in this research were not able to provide any further help. The staff at the school fully supported the study and aided in the promotion of the research as well as providing the lead researcher with ample opportunity to speak to the potential participants. This was combined with email reminders sent to the year 10 cohort through the internal email system.

6.4 Discussion

Despite the extensive preparation and time given to developing this research, the recruitment of young people (under 16 years old) was known to the research team as a challenge. However it was considered essential to address the gap in the literature regarding resilience, in order to benefit future

research by facilitating the engagement of young people during this developmental stage. Research has shown that despite children and young people often being participants in research, their voices are rarely heard directly, with most researchers collecting data from parents, teachers, or other proxy sources (Schelbe et al., 2015).

The recruitment methods of this study may have impacted on the response rates. In accordance with the ethical guidelines of the participating University, and many other universities this research required written consent from both participants and a parent/guardian, due to the participants being under the age of 16 years old. These consent forms were distributed as paper copies during an information session about the research. This may have resulted in these paper copies being lost in transit to home and therefore could not be signed with a parent/guardian. Therefore, future research should consider the use of both paper and online copies of the consent forms that could be printed at home or completed online.

Another reason for a low response rate could include the young people may not have understood the research or had a lack of familiarity with participating in research. The opportunity was given for participants to ask questions in person with two information sessions given in the school, however asking questions regarding understanding whilst being surrounded by peers may have limited this opportunity. Other reasons may also include the young people not having enough free time to complete aspects of the study. The BRAVERY survey had to be completed three times in a six-month period, however with the pressures of completing schoolwork some of the young

people may not have had the time to complete all assessments. It could be suggested that the use of an incentive to promote participation rates could have been used, however the impact of incentives on participation in young people under the age of 16 years requires further investigation.

6.5 Considerations for future research

This research utilised multiple recruitment strategies including the delivery of two information sessions, emails to all students aged 14-15 years, and the distribution of hard copies of the information packs. However, the most important aspect of the study was having the students take information letters and consent forms home to be signed with a parent/guardian. This study would suggest that in future research having an information session with parents/guardians present could be a more effective way of recruiting young people under the age of 16 years. This would reduce the potential to lose consent forms, as well as allowing the parents/guardian opportunities to hear more about the research and ask questions in person. A consideration for this is the scheduling for families, therefore this research suggests that linking the information session with a parent evening could facilitate the attendance of more parents/guardians. An alternative could also be making a switch from paper copies and in person talks to online information videos with participant documents converted to online versions. This would limit the opportunities to lose the important documents associated with the research as well as accommodating the work schedules and family logistics of more families. However, an issue with this recruitment technique is the assumption all

families will have online access at home. Highlighting the importance of finding recruitment techniques that are inclusive for all.

It could also be beneficial to discover the ways in which the ethics processes could be streamlined whilst maintaining the rigor required to keep all parties associated with the research safe. This could involve conducting research where young people are active members of the research team and their parents/guardians join the ethics committee as active members, thus sharing their expertise and learning more about the ethical guidelines and challenges. The involvement of young people and parents/guardians in the ethics stage of research development is of importance as it would directly engage the intended participants in research as well as allowing a platform to discuss the ways research could be made more meaningful to young people.

6.6 Conclusion

The impact of this study being concluded due to a lack of recruitment demonstrates the need for research exploring the factors underpinning the lack of engagement of young people in mental health research. It has been suggested that little is known about the additional barriers (anxiety or stigma) that may be faced when working with young people (Mawn et al., 2016). Despite a growing interest in the engagement of young people in research, the process for this is not clearly articulated for researcher. Currently the emerging literature on the engagement of young people in research fails to

provide any practical guidelines for engaging young people in complex research projects (Hawke et al., 2018).

Chapter 7

An exploration of the barriers to young people participating in mental health research.

7.1 Introduction

Increasing engagement of young people under the age of 16 years in mental health research is of importance, with one in 10 children experience mental health conditions such as depression or anxiety prior to adulthood (Foundation, 2018). However, to date there is a lack of research that has directly asked young people under the age of 16 years for their opinions on participation in mental health research. Given the importance of research in informing programmes and policy, it is imperative to address the inclusion of young people in this research (Alderson, 2001; Alparone & Rissotto, 2001; Fielding, 2007). While children and young people are often the subjects of research, their voices are rarely heard directly, with researchers opting to gather data from proxy sources (teachers and parents) (Schelbe et al., 2015). Although research with proxies is informative, it represents research about rather than with children and may not capture the perspectives of young people (MacNaughton & Smith, 2005). However, it has been argued that engaging individuals with lived experience in research related to their experiences and needs increases the quality of the research and the relevance to the target population (Bell, 2015). For mental health research, the lack of involvement of young people in the design, development and implementation of robust research is evident by the paucity of published research that acknowledges and describes meaningful involvement of young

people (Mawn et al., 2016). It has been suggested that this is due in part to the belief that children and young people are incompetent, passive, conforming, immature, incomplete and highly vulnerable individuals whose participation would be unreliable and susceptible to adult suggestion (Laenen, 2009; Mason & Hood, 2011). However, some researchers value young people's perspectives, seeing young people as active agents in constructing and communicating their own realities (Kirk, 2007).

Despite a growing interest in promoting participation, the process for meaningful engagement of young people remains unclear (Hawke et al., 2020). The lack of guidance in the literature may contribute to the hesitation of researcher to involve young people (Schelbe et al., 2015). This denies young people the opportunity to contribute and discourages them from becoming future ambassadors of research.(Hawke et al., 2020).

7.1.1 Aim

The aim of this study is to explore the opinions of young people about barriers preventing young people from engaging in mental health research.

7.2 Method

This research adopted a qualitative approach that utilised online one on one interviews. Online audio-visual interviews via video chat platforms provide

qualitative researchers with powerful tools for overcoming the physical and financial challenges that sometimes accompany in-person interviews (Jenner & Myers, 2019). This method was essential as the study was conducted when the COVID-19 restrictions had increased to national lockdown levels in the UK.

It is stated within the literature when exploring participants experiences beliefs or identities, using qualitative interviews is recommended (Mann, 2011), with qualitative interviews described as the most widely adopted technique for collecting information from participants (Cassell, 2005; Nunkoosing, 2005). A semi-structured format was chosen due to the more structured format hindering the depth and richness of the responses (Bryman, 2008). Semi-structured interviews allow the researcher and the participant to engage in a dialogue in real time, whilst allowing enough space and flexibility for original and unexpected issues to arise, which the researcher may investigate in more detail with further questions (Pietkiewicz & Smith, 2014).

To enhance engagement and participation in the research all participants who completed an interview were reimbursed £10 to acknowledge and compensate for their time. Questions remain within research about the best practices for providing incentives to young people engaged in research; however few studies suggest incentives are inherently harmful (Afkinich & Blachman-Demner, 2020). The researcher provided vouchers to the school to be distributed to the participants post interview.

7.2.1 Sample

The inclusion criterion for this study was that a participant had to be in Year 10 (aged 14-15 years) at secondary school, as school was the source of recruitment. The participants were recruited from a secondary school in England through a brief informational video and letter that was distributed on the school email system to the Year 10 cohort. The study was granted ethical approval by the Ethics Committee of the participating institution (SSHS-2020-02a).

7.2.2 Data Collection

Interested participants were invited to complete an online consent form and provide demographic information including age, gender, and a contact email address for arranging the interview. Those who completed consent forms were contacted by the researcher to arrange an interview time. Ten individual interviews were conducted by using Microsoft Teams. Each interview had a one-hour limit to minimise participant burden. All interviews followed the same schedule (See Appendix C), with some follow up questions based on the participant responses to core questions.

7.2.3 Data analysis

Interviews were audio recorded and transcribed verbatim with anonymisation of participants. Thematic analysis was conducted to identify key themes within the data sets. The six-phase guide to thematic analysis was followed (Braun & Clarke, 2006) with JM and SM conducting stages 1-3, then during stages 4-

6 HJS and LW assisted in reviewing and defining themes. The research adopted an inductive analysis approach in which codes are developed from the data by using phrases or terms used by the participants themselves, rather than using the often theoretical, vocabulary of the researcher (Linneberg & Korsgaard, 2019). This allows for codes to stay close to the data, mirroring what is actually in them rather than the ideas and prior understandings of the researcher (Linneberg & Korsgaard, 2019). The use of an independent coder (SM) accounted for any bias that may have been present in interpreting the data and ensured themes that were identified were accurate and representative of the data set.

7.3 Results

The sample comprised 10 participants (1 Male, 8 Female, 1 gender not indicated) aged between 14 and 15 years. Four themes emerged from the data; *participation*, *age*, *communication*, and *motivation*, with up to three subthemes encompassed within each theme. The titles for each theme were derived from the findings within the transcripts and the literature. Figure 5 is a model of the findings, whilst Table 10 provides examples for each of the themes.

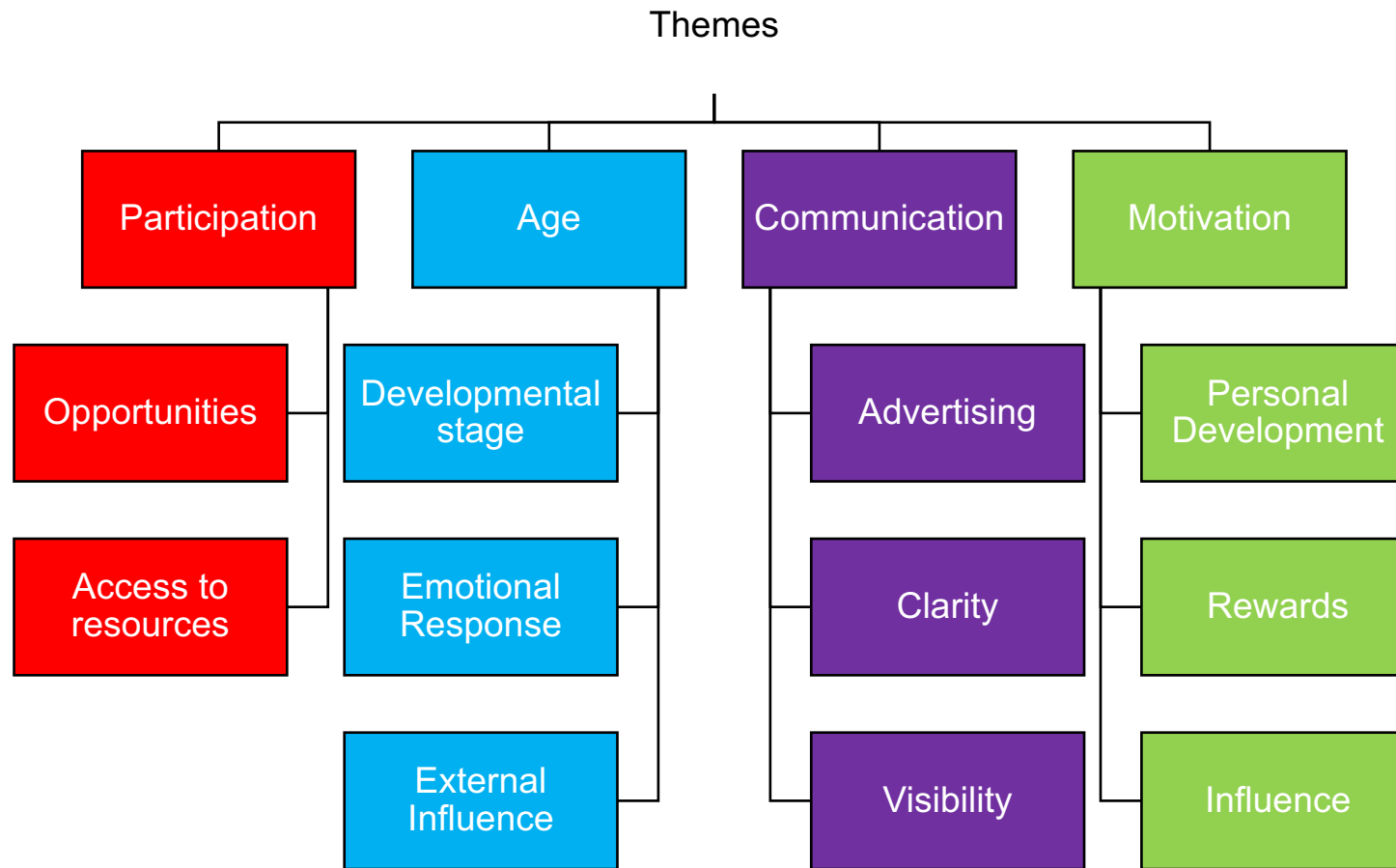


Figure 5. Reasons for low participation in research

Table 10- Reasons for young people choosing to participate in mental health research

Theme	Subtheme	Example
Participation	Opportunities	Er it's kinda exciting trying something new so I wanted to do it
	Access to resources	Erm if like before they don't have the correct technology that could prevent
Age	Developmental stage	They have a lot of things going off in their mind
	Emotional response	quite...they'll be afraid to talk out loud so yeah
	External Influence	Erm my friends joined and I went with them together
Communication	Advertising	online advertising definitely
	Clarity	Erm probably them not understanding what to do or not find it as appealing
	Visibility	Erm probably get someone to give like an assembly for example and talk about the research and the benefits
Motivation	Personal Development	Erm probably trying to see if I can come become a better person out of it
	Rewards	they'd be more interested because there is a reward
	Influence	Erm honestly speaking it was for the sixth form thing

7.3.1 Participation theme

The *participation* theme comprised two subthemes, firstly *opportunities* which demonstrates the importance of giving young people the opportunity to engage in research.

Erm it just seemed really interesting and I wanted to have a go and see what it would be like

Erm I just thought it would be great chance to finally take part in something since I've never done this before

For these young people it was important to have the opportunity to try something new, as to date they had never been asked to participate in research previously. This lack of opportunity for young people was identified as a reason that restricts the participation in research by young people.

The fact that the opportunity's not there

Erm I've just never been offered any or known any...

...this was the first time our school has done it

This shows that despite young people wanting to take part in research, the opportunities are not widely available. This is accompanied with the location of the research being perceived as a factor that may also hinder participation in research.

Yeah because location if your not near a place and you can't afford to go

Yes it would because everyone has different timings and they live like in different areas

...if where talking about the ease like you wouldn't want the erm the research to be going on like the other side of the city.

This indicates that young people find it difficult to participate in research that requires travelling to locations not easily accessible to them. However the young people did identify completing the research during school time as likely to enhance engagement.

In school

Yeah because it's more... like I don't how to say more available for you

However it was discussed throughout the interviews that a researcher needed to arrange the data collection to take place at a time that would not interfere with break times as this may limit participation.

Err I think most people might not because it's their free time and they want to have some time to themselves

I think some people would still but most wouldn't

For these young people if their free time was not affected, completing data collection in school would be an effective way of increasing participation in research.

The second subtheme *access to resources* highlights the impact of having adequate access to resources has on young people's engagement in research. If a young person has access to resources such as smartphones

and the internet this was perceived as being a positive way for improving engagement in research.

Erm I think that would be a good way because it's easy to do than talking to someone face to face

It does because the surveys they're more easier to access

I think they encourage because they're quite easy to do

However, throughout all interviews having access to resources was discussed as a barrier to participation. Predominantly the impact of having access at home to the technology required to participate in online research.

Erm well some people don't have access to internet

Maybe not having the resources to actually do research

This was also discussed in association with a school's access to resources.

I mean if like the research was on like electronics or something else you wouldn't be able to do it in school

Cos the school might not have resources for it

These thoughts demonstrate that access to technology and resources may negatively impact the ability for young people to participate in research.

7.3.2 Age theme

The *age* theme encompasses three subthemes: *developmental stage*, *emotional response* and *external influence*. The *developmental stage* subtheme shows that for these young people aged 14-15 years old, age specific developmental changes can impact on participation in research.

*....probably just mental it's like the psychological going through
Erm as you grow older you might have to do more stuff take more
responsibility at home and all that yeah
And you don't want anything to go wrong*

These young people believed that having higher levels of confidence allows people older than themselves to participate more freely in research.

*... yes as your older you think your like more confident and stuff whereas
when your younger your like worried
There not older having a wider range of thoughts and as compared to
teenage life
Like if they do it more often...they'd be more comfortable with doing it
again and again*

This suggests that as an individual progresses through the adolescent developmental stages choosing to participate in research may increase due to higher levels of self-confidence.

Another factor discussed in relation to age was having the time to participate in research.

Erm people might not have enough time to er to take part

Erm...probably er not having enough time or...erm being stressed out or whatever

And they might be doing erm like online tuition lessons through zoom or teams and that may stop them

Because they're doing extra work not just like online in school

This shows the value young people place on their free time and the difficulty this can cause in increasing engagement with research. Therefore the onus is on researchers to engage young people and make the research personally meaningful

The influence of age on young people's understanding of the research was also identified as a potential barrier to participation.

If your older then you might understand it more and might want to contribute

and maybe they don't understand what the what the interview what the research is about

Erm probable being busy or thinking of it as being boring

This shows that having a clear understanding of the research and highlighting the potential benefits of participation are important in increasing engagement in research.

The subtheme *emotional response* reveals that the initial thoughts and feelings towards a study is a key factor in young people choosing to take part in research.

*So people might be scared what if this happens then
they haven't seen other people do They might be nervous about it or like
it so they are like why do I need to do it then*

For these young people, there may be a fear of the unknown, due to not having participated in research previously. This is combined with the perceived safety and legitimacy of the research.

*Erm others could be paranoid about it they are like aww I'm just worried
about what happens with this what happens that
not exactly fully safe*

And I was like it's a safe thing don't worry and they were like still cautious

Another factor is the personal desire to take part and the influence of the research methodology.

*and its whether for their personality like do they like doing new things and
stuff*

*Erm sort of because everyone has their own opinions on why they can't
do anything*

Erm I think it's better in person yeah

*Erm because there's more to talk about like it's kinda er hard to explain
but when your online you just feel blank but when your person to person
it's more like comfortable you have more to say yeah*

This suggests that conducting the research in person, face to face with young people could be a way of increasing participation.

Linked closely to the personal factors is the importance of having an interest in the subject.

*erm...sometimes if it's like if you might just wanna do it because your
more interested about the research*

*Yes it is important because you can erm talk about it with passion and
you know what you are saying*

*And if I'm passionate about something knowing that I'm learning more
about it will just make you happy*

However, it was also discussed that topics may also discourage some young people from taking part.

*then people might erm engage in it like the people who like science might
engage whereas other people who don't like science might not engage*

They may find it a chore rather than something you should enjoy

hmm...they might not be like they might not specify in the field

This shows the importance of effective communication regarding the benefits of the research to improving engagement.

The *external influence* subtheme is centred around the impact of external factors on young people's engagement in research, with friends having the biggest impact on participation.

Erm my friends joined and I went with them together

Er because we could can talk about it and try give our own share of opinions

I'd probably discuss it with my friends

This was closely linked to the impact of having support and encouragement from others has on a young person's participation in research.

Well I mean if my friends are taking part like it gives you a bit of confidence

Yeah because they could recommend or encourage me to

Erm yeah so I could get more people interested into it so like I would tell my friends and maybe family who are around my age and somehow get them to participate and we could do it together as well so that would be more of an advantage

This shows the influence friends have on participation in research, specifically the importance of discussing the research, encouraging participation and supporting each other throughout the study.

Yes because its better because it's like your not going in it alone there's other people with you

That more people of their age are doing it as well so it might encourage them to do it as well

erm they might they might not wanna do it alone

The young people also discussed the impact their family has on participating in research in both positive and negative ways. The positive aspects were based on the discussion of the research with family members and the role this has in participation.

I think most parents would be okay with it

(talk to) my cousins because they're the same age

Yes if the parent knows it's like safe then yeah

Erm...well the parents could certainly encourage

The negative aspects were centred around whether parents would allow their child to participate in the research and the impact of this.

It's whether the parents allow them or not

Erm their parents could stop them taking part cos I know loads of people who won't be able to do as much as their parents want them to focus more on education

I mean there are some limits like if the parent doesn't want the child to participate they wouldn't be able to

This shows the need for researchers to directly engage the parents/guardians of young people to highlight the safety as well as the benefits of participating in research.

7.3.3 Communication theme

The *communication* theme includes three subthemes titled *advertising*, *clarity*, and *visibility*. The *advertising* subtheme reveals the role a school can play in boosting participation in research.

Erm the headteacher or whoever is holding the assembly could erm give details about a certain research project

Erm maybe...teachers sending out emails to the children's parents and and also giving out letters as well every now and often like you know like newsletters

This shows that recruitment could be enhanced by the researcher communicating directly with the school and encouraging the school to talk to the young people about the research.

The young people shared some of the most effective ways to use advertising to improve engagement with research.

like if you want to do it to a wider range of people mostly social media because it has like most people have access to social media than others

online advertising definitely because that's where they'll spend I mean most young people spend most time online so

Erm if there advertisement is nicely presented then you'd want to take part because it's pleasing aesthetically

This shows that these young people believe the use of online advertising through social media platforms would benefit recruitment. The young people also discussed other effective ways that advertising may encourage participation.

In yeah make erm and use colours that will engage the younger audience

If someone see's it in a lot of different places then they might think it's good and decide to do it

they start putting in leaflets and then in school they could erm do like clubs erm regarding that topic

This indicates the need for advertising to engage the reader as well as being visible across the school.

The *clarity* subtheme demonstrates the importance of the information that is distributed about the research.

Erm probably them not understanding what to do or not find it as appealing

Cos they might think of it as they might not be interested in it

Erm if someone comes to do a talk then you can understand it more and ask questions

This demonstrates the importance of insightful, engaging and accurate communication when working with young people.

The young people also discussed how the understanding of the information provided throughout all stages of recruitment is important.

Erm you can give out more information and like erm like vibrant facts or something

And then I would like tell them or look you're going to have fun don't worry nothing's going nothings bad gonna happen

Because everyone would be able to hear and you'd give a detailed explanation so everyone would know what it's about

Without this reassurance some young people may not understand the research and therefore choose not to participate.

erm it might be that its they don't know like enough information about it

Erm sometimes it can be a little stressful because you don't know like what your meant to be doing sometimes.

This is something that can be avoided with the use of young people providing information about the research to their peers.

If I describe it and tell see what happens they might be interested

Erm like talks about people who have done it

This subtheme demonstrates for these young people having detailed information about the benefits of research, as well as hearing from other young people who have taken part in research previously could be beneficial in promoting participation in research.

The *visibility* subtheme highlights the importance of well-designed strategies that will engage young people, with delivering an information session likely to improve engagement in research.

*Do assemblies as well then they have the opportunity to ask questions
Erm probably get someone to give like an assembly for example and talk
about the research and the benefits*

*Yeah and also like when you've got people you can make a PowerPoint
with them and show it in assembly like for example I'm in year ten I could
gather my friends ask erm maybe like one of my erm key stage teachers
if I could show a PowerPoint in assembly and they would probably say
yes*

The young people highlighted the positive impact that speaking to young people face to face may have on wanting to participate in a study.

*Because like an assembly you can talk about it and then... you can talk
to them face to face*

*I think if the researcher is there in person it's much better for the
questions*

As well as school assemblies that allow face to face contact with young people, other considerations to improve recruitment were discussed.

Do like activities that involve it so younger children understand more about it

So the researchers could expand their opportunities out to different schools and to different year groups

Like do send them videos about like more information then like talks but online

This highlights the multiple methods of recruitment a researcher needs to consider for engaging young people in mental health research.

7.3.4 Motivation theme

The *motivation* theme contains three subthemes titled *personal development*, *rewards*, and *influence*. The *personal development* subtheme highlights that for these young people an incentive to take part in research does not have to be associated with a financial gain or recognition.

Doing things that are new to me and being able to develop my understanding of different things

Erm yeah but there are some young people who may want to like take part because they want to develop develop their brain from a young so they can get more like advanced when they're older

Erm probably trying to see if I can come become a better person out of it

These opportunities to develop personal skills were also identified as important for the future prospects of the young people.

Erm I really thought it would be interesting and I could put it on my CV

And also it will look great on my erm application

Erm...knowing that taking part in this research will give me opportunities...

Give opportunities for futures

This shows that some young people consider personal development as an incentive and may encourage some people to participate in research.

The rewards subtheme shows that offering some form of compensation to young people may increase participation in research.

I think if they offered a reward then more people would be able to do it and they'd be more interested because there is a reward

Oh yeah erm that helps people want to do it more and then they want to erm push themselves in to doing more interviews putting more work in to the interviews

Oh no I was just saying it would increase the participation of young people because they know they are going to get a reward out of it

These young people described the importance of a reward for taking part in research.

Er that would be nice because it's something they enjoyed doing and they're getting something back for it

Cos they spend their time and get something in return so they'd be more willing to do it

Erm yeah because like they're getting something erm in exchange of giving their time to do like a certain research

The types of rewards that would interest young people were also discussed.

Erm most would probably want like a gift voucher

An award or a certificate of something would

Probably like trips or trophies

This shows there are many types of incentives to consider when designing research with young people.

The *influence* subtheme reflects different motivations of young people and that this may impact participation, with some young people taking part in research to focus on personal development.

know that would help others in the future

Erm I wanted to do something outside of school that won't give me stress as much

Being able for me to understand within other people's thoughts

Erm honestly speaking it was for the sixth form thing

Offering external rewards such as the opportunity to go on a school trip was discussed by the young people

So that will engage people like people would want to go on trips more rather than stay in school for some time erm so yeah and another thing is it's not asking you to fill forms like often

Yes because you've got the trip and then you've got an extra reward so it's like a double win

Some for a financial gain or compensation for giving their time to participate.

erm if they know they are going to get rewarded after they might motivate them to do it

And more students are like oh yeah how much so they were already starting to get interested in it more

Finally some were motivated by the chance to take part in research that may make a difference in the lives of other young people in the future.

Just to give people an understanding of what kids go through

Hmmm...like if like after the research if they were going to do something about the topic like the problem or something that the people are saying then they'd be more likely to participate in it to show the problem

These findings demonstrate the richness of working directly with young people in developing and conducting research, as well as the complexities of working with young people, given the diversity of factors that may influence the decision to take part in research.

7.4 Discussion

The aim of this study was to explore the perceptions of young people in regards their engagement in mental health research. The first key finding from this study is the perceived lack of opportunities for young people to engage in research, with all of the 10 participants stating this was the first opportunity for them to participate in research. This is combined with the impact of the location of the research, specifically if travelling is required this can act as a factor that would disinterest or make access to research difficult for some young people. Completing research in school was highlighted throughout all the interviews as being a potential method of increasing participation. However, potential conflicts between the school wanting to complete the research at break and lunch times needs to be considered. It was discussed in all interviews to increase engagement the research would need to take place at times that would not impact upon the participants free time within school. Therefore, a compromise between the researcher, the school and the participants would need to be agreed in advance to recruitment and data collection commencing. This compromise could include allowing participants to complete the research prior to the school day beginning in tutor groups, or in designated lessons for data collection. This also highlights the importance of involving the school and young people in the development stages of research. The barriers to participation highlighted above have been discovered previously (George et al., 2014), reinforcing the positive role schools can play in facilitating access to research opportunities for young people. Completing research in schools could act as a method of reducing the burden for participants, as well as addressing other barriers to participation

such as the concerns young people have with participating and the time commitments required to participate (Birtle et al., 2011; Paskett et al., 2008).

These young people highlighted the positive and negative effects of having access to resources to allow participation in research. The positive impact of completing research online was reflected in young people already spending a lot of time online, either on personal smartphones or family devices (tablets, phones, games consoles). This was discussed as potentially encouraging more young people to take part in research if they could complete it on these devices, instead of completing paper copies of questionnaires. Despite these ideas, recent research examining the use of smartphones among college students showed that 38.2 percent spent between 1 and 5 hours per day on their phones, with 98 percent using their phones to communicate with family members and friends, about 75 percent used their smartphones for social networking, and only 24 percent use their smartphones for academic activities (schoolwork) (Nwachukwu & Onyenankeya, 2017). These findings suggest that these young people do not use mobile devices to facilitate their studies (Apuke & Iyendo, 2018). Future research that examines young people aged 14 to 15 years old usage of electronic devices such as tablets or smartphones for completing schoolwork or research tasks would be beneficial in determining whether designing research to use these types of devices could improve young people's participation and engagement in research.

As suggested above for some young people completing research online would be preferable, however this requires the participant having access to the resources. These include access to the internet, a device to complete the research on and in some instances the knowledge and understanding of how to navigate an online questionnaire. This was discussed as a barrier to participation for some young people who do not have access to these resources, and has also been identified as a barrier to participation for research more generally (Smith & Bailey, 2010). Highlighting that despite positive attitudes towards participatory research and being appropriately skilled, the participation of young people in online research is unlikely to be genuine without adequate financial investment to provide the resources needed (Faithfull et al., 2019). This may require the participating schools to help in providing access to these devices. However simply providing the appropriate resources does not solve the problems associated with online research, with findings that show poor internet connectivity and the high cost of data subscription are still major challenges confronting young people (Apuke & Iyendo, 2018). One way of addressing this could be allowing participants to use the resources available to them in school, however not all schools have access to this technology, placing further demands on schools time, resources and funding of the school. This was an issue discussed by one of the young people in this research. A solution could be for the researcher to apply for a grant to purchase the equipment that can then be taken to schools during data collection.

The age theme highlights the difficulties facing researchers wishing to work with young people under the age of 16 years. Age specific changes associated with young people aged between 10 to 19 years include changes to how they feel, think, make decisions, and interact with the world around them (WHO, 2021). The findings from this research show for these young people levels of confidence play an important role in choosing to participate in research. These young people discussed fear of failure, uncertainty, wanting things to be perfect and that with age came greater levels of confidence to participate in research as factors that limit participation from young people in research. This suggests that if researchers can engage young people from an earlier age, they would be more inclined to participate in future research. However what needs to be considered is the anxiety of even younger participants, whereby the researcher could use participants from previous research to reassure younger people that taking part in research does not pose any threats. This is reinforced with the young people from this research suggesting they would feel more comfortable with participating having had positive experiences with research from a young age. These findings also suggest that future research exploring the experiences of adult participants in research prior to their adulthood could be beneficial to increasing the participation of young people in research.

The timing of research was identified as a key barrier to participation, specifically in relation to the value young people place on free time. Based on the understanding of the research, young people will determine whether the research is worthy of their free time. This highlights the impact having an

interest in the subject area has on participation. If a young person has an interest in the subject area this may increase the likelihood of participation. The findings would suggest that to increase interest in the subject using other young people who have participated previously or having teachers promote the research could be an effective way of increasing interest. Whereas if the topic was perceived as boring or not relevant to them engaging young people would be difficult. These ideas are supported in findings that suggests young people have a range of interests that motivate their participation in qualitative research (Lohmeyer, 2020). Some research suggests that active involvement of young people in the research process, from advising research studies as expert consultants, designing and assisting with recruitment, completing data collection, and analysing data as part of the research team, may be beneficial in increasing interest in the research and therefore increase participation (Collins et al., 2020; Ergler, 2017).

The final impact of age on participation is associated with the external influences on young people, specifically the impact of friends and family on choosing to participate. All participants stated the pivotal role friends have on participating in research, evidence shows young people were more likely to participate in similar activities as their friends, as well as friendship groups assisting with recruitment and retention for young people (Simpkins et al., 2012). Our research showed friendship groups are more likely to participate in research together and support each other in the process. The evidence suggests that utilising focus groups where friendship groups can participate together is a positive way of encouraging participation in young people.

The impact of family was also discussed, with these young people believing some parents would be willing to allow and encourage participation in research. However, the impact of needing parental consent was highlighted as a potential barrier to participation. The reasons some parents accept, and some decline an invitation to enrol their children in research has been relatively under explored (Fisher et al., 2011) There is some evidence that suggests parental nonresponse regarding consent for child participation in research may represent an unwillingness of parents to have their children participate in research (Fletcher & Hunter, 2003). As well as the nonreceipt of or inability to read consent forms, lost or misplaced consent forms, or confusion regarding the consent process (Fletcher & Hunter, 2003). Findings from this study suggest the reluctance to allow young people to participate in research stems from parents simply not wanting their child to participate, or because they want them to focus on education. This highlights the importance of outlining the benefits to parents/guardians of participation in research. Research suggests parents/guardians understanding of information given during the consent process may be limited (Eder et al 2007). Therefore, making the decision to allow their child/ward to participate in research parents can experience vulnerability, responsibility and regret, and often fear making the wrong decision (Shilling & Young, 2009). Hence if a researcher can provide clear, understandable and accessible information to both participants and parents/guardians this could be beneficial in boosting participation in research with young people under the age of 16 years old.

The communication theme highlights the importance of using advertisements to gain the attention of young people. The impact of the visibility of the research was discussed as a key consideration when designing recruitment strategies to engage young people. A common idea was using posters, both paper and digital to help boost recruitment, with bright, vibrant colours being essential to engage the reader. This could be more beneficial if young people are included in the designing of the posters. As well as advertising through paper posters displayed around school, or in the local community, the benefits of the researcher holding an information session was highlighted as potentially improving engagement with research. This would allow parents and young people to meet the researcher in person and ask questions to ensure the research is safe, beneficial and worthy of their time.

The findings from this research suggest that the most effective way of recruiting young people to take part in a study would be through social media. In this context the term social media refers to the various internet-based platforms that enable users to interact with others, verbally and visually (Carr & Hayes, 2015). Research has shown that around 92% of young people were active on social media, with the 13 to 17 year old age group being particularly heavy users of social media (Lenhart, 2015). Utilising social media has been identified as a beneficial recruitment technique, with social media approaches reaching more potential participants from a wider geographic area, as well as receiving higher engagement compared to in-person approaches (Moreno et al., 2017). Similarly our research showed that young people recommended social media for the recruitment process. However, the need for an information

session for the researcher to speak directly to potential participants was discussed as equally important. This would suggest that combining these recruitment techniques could address the problems with recruiting young people and be an effective way of increasing young people's engagement in research.

Our participants suggested that having young people assist with recruitment would allow potential participants to hear their peers' experiences of research participation. It was suggested that this may help reduce anxiety in regard to participation. Utilising young people throughout all aspects of research has been found to be beneficial in identifying important topics, sharing insights and experiences, providing useful advice for engaging young people, and identifying key findings (Jones et al., 2018; McDonagh & Bateman, 2012; Moore et al., 2016). Having young people assist with all stages of the research process can increase recruitment rates (Staley et al., 2013; Vale et al., 2012), improve the efficacy and sustainability of outcomes (Orlowski et al., 2015), ensure that the language of interventions is appropriate and youth friendly (Faithfull et al., 2019) and ensure the relevance of the research question (Kavanagh et al., 2012).

Motivation was proposed as another key factor that influences participation in research and may inform future studies and provide a better understanding of the experiences of young people. This is reflected in the findings that specific topic areas will motivate young people to participate (Lohmeyer, 2020). It is further suggested that when research findings more accurately reflect the

priorities and the lived realities of young people, the services and policies built on these findings will better support young people (Kana'iau- puni, 2005; Krenichyn, Schaefer-McDaniel, Clark, & Zeller- Berkman, 2007). The young people in our research discussed how participating in research has the potential to develop their own understanding and could make them better people. These findings are supported with research suggesting integrating the perspectives of young people into research, will more closely align with the priorities and experiences of young people, therefore increasing the impact and success of research (Liebenberg et al., 2017). However, despite the benefits associated with the meaningful engagement of young people in the research process and respecting young people as experts on their lives, it is suggested that research overwhelmingly continues to relegate young people to research participants (Holland et al., 2010; Vromen & Collin, 2010). This contradicts the evidence from the wider literature (Mawn et al., 2016) with our study demonstrating young people feel capable of being involved in all aspects of research and that this could be an effective way of increasing participation.

The final key finding concerns the use of rewards and incentives to promote participation from young people, with some of the participants identifying the compensation associated with this research as a reason for choosing to participate. The compensatory gift for participation was in line with the hourly minimum wage for the UK. This ensured incentives were not disproportionate to the time involved and did not result in any person feeling pressured to consent to take part (Seymour, 2012). When considering offering incentives

to young people it is important to note that international scholarship remains divided on the most effective and ethical methods of doing so (Bessant, 2006; Gibson, 2007; Graham & Fitzgerald, 2010; Morrow, 2008). Incentives in research with young people has received a renewed interest resulting in emerging debates about the practice and ethics of using incentives in research with children and young people (Bell, 2008; Henderson et al., 2010; Kirk, 2007). However, our results show that using a compensatory incentive actively encouraged some of the young people to participate and was suggested as a method of increasing participation in future research.

Some of the young people also discussed that receiving a non-financial reward could also increase participation in research. These included receiving an award or certificate, going on a school trip or receiving a gift voucher. These would correspond with findings that suggest incentives for young people can include refreshments (Leahey et al., 2004), tokens, gifts, or reimbursements (Gibson, 2007), public recognition (Cooper-Robbins et al., 2012) and participation awards (Hill et al., 2009).

7.5 Strengths and Limitations

The main strength of this research was working directly with young people. This research presented young people the opportunity to provide practical examples for engaging young people in mental health research. A further strength of this research was that the online data collection method reduced the impact of COVID-19 restrictions on the study. However, this reduced the

opportunity to meet the potential participants in person or deliver an information session, something this research discovered as important when recruiting young people for research. This may suggest that the nature and topic area of this research was of interest to these young people. However, to have a greater impact upon the wider literature having more young males involved would have been beneficial. Also having more than one school participate in the research would have been beneficial for making recommendations, however due to the COVID-19 restrictions this was not possible.

Despite the apparent low engagement from young males, evidence shows that there has been a difficulty in recruiting males to participate in research (Ellis et al., 2014; Griffiths & Christensen, 2006). Some of the young people stated that they felt anxious about the prospect of completing online one on one interviews, which may have reduced the number of participants wanting to participate in the research. All participants stated a preference to taking part in a focus group (this was the original methodology for this study) and that this would have reduced the feelings of anxiety and apprehension about participating in the research.

7.6 Conclusion

This study has discovered that young people believe that despite having a willingness to participate, there is a lack of opportunities for young people under the age of 16 years to engage in research. The benefits of engaging

young people in the research process include increased feelings of belonging and ownership within their communities, the development of more friendly spaces for young people, enhanced social development, and social and intergenerational connectedness (Osborne et al., 2017). However given that young people have low engagement with research, ongoing reflection and evaluation will be required and needs to be done in partnership with young people, who are the ultimate beneficiaries of this work and best placed to comment on its effectiveness (Faithfull et al., 2019).

Despite the increasing awareness of the benefits that young people provide to research (Derr & Tarantini, 2016; Freeman & Aitken-Rose, 2005; Kim, 2016), future research is required to evaluate the impact of having young people engage with all stages of the research process on levels of participation in research (Faithfull et al., 2019). When conducted appropriately those who engage young people in research have regularly found it to be rewarding, validating and solidified the feeling that they were making a difference (Faithfull et al., 2019).

Chapter 8

General Discussion

8.1 Discussion

The aim of this discussion is to compare and summarise the findings presented within this thesis. Furthermore, the implications of these findings and their potential impact on future research will be addressed.

8.2 Summary of findings

The findings from Systematic Review One (reported in chapter two) provided the theoretical foundations for this thesis. The lack of consistency in the conceptualisation of resilience within each of the three resilience models (trait, outcome, dynamic process) demonstrated the difficulties associated with capturing the complexity of resilience in young people. The findings showed the dynamic process model best accounted for resilience, and the relationship between resilience and self-efficacy, than the trait or outcome models.

Study One (reported in chapter three) informed the body of knowledge on resilience by exploring the meaning of resilience to young people, as well as identifying the factors that promote or hinder resilience in young people. The findings demonstrated the complexity of the meaning of resilience to young people. Some young people believed the concept was associated with an internal trait, while others believed resilience was based on a dynamic process in which learning from hard situations was vital for the development of resilience. The findings from Systematic Review One and Study One (reported

in chapter two and three) demonstrate the need for a more comprehensive model of resilience that encompasses young people's understanding of resilience.

Systematic Review Two (reported in chapter four) aimed to identify valid and reliable measures of resilience for young people. The findings demonstrated numerous measures had been used in the included papers. However, many of these measures had limited or no validation with an appropriate sample or detailed psychometric assessments. Despite this omission, the continued use of these poorly validated measures impedes the advancement of our understanding of resilience in young people. However, this systematic review identified two valid and reliable measures of resilience in young people aged 12 to 17 years.

Having established the theoretical framework and identified a valid and reliable measure of resilience (reported in chapter two, three and four), Study Two (reported in chapter five) collected data to map the structure, content and delivery of an outdoor and adventurous activity programme (OOAP) conducted by Outward Bound for young people. This allowed the different types of activities young people can experience on an Outward Bound residential, therefore allowing the investigation of which activities have an impact on resilience development in young people.

Study Three (reported in chapter six) was designed to examine the long-term impact of participation in an OOAP on resilience in young people aged 14-15

years. The study used the Belief Resilience and Adventure in Youth (BRAVERY) survey. A survey designed by the research team that included 11 self-report measures that had been validated for the target sample. The BRAVERY survey included six domains namely, health, vulnerability, functioning, social functioning, resilience and self-efficacy. Having identified the variables within Systematic review One and Study One, (see chapters two and three) to be measured alongside resilience, a valid and reliable measure of resilience in Systematic Review Two (see chapter four) and Study Two enabling the mapping of the activities that a participant would encounter (see chapter four). Study Three was designed as a longitudinal study of resilience development in young people aged 14 to 15 years. Despite Study Three having a low response rate the findings from the research completed in this thesis (see chapters two and three) has reinforced the need for future research to investigate the impact of OAAP on the long-term development of resilience in young people. The BRAVERY survey offers a comprehensive assessment of variables identified in the literature and by young people as important in the development of resilience and therefore should be used in further investigations on the impact of OAAP and resilience development.

Study Three was terminated due to a low response rate and high attrition at the follow up assessment. Study Four (reported in chapter seven) was designed to explore the reasons young people under the age of 16 years have low participation rates in research. Consistent with Study One (see chapter three), focus groups were planned for the data collection of this study. However, due to the COVID-19 pandemic and the UK returning to a third

national lockdown, it was necessary to collect data online using one on one interviews. This may have resulted in the relatively small sample size, as the findings showed that young people would feel more comfortable participating in focus groups with friends and peers present, rather than on an individual basis. This is consistent with the findings of Study One, such that young people reported that taking part in the focus group was enjoyable and reduced the pressure on participation. The results include practical suggestions that the young people believed could increase participation in research for participants under the age of 16 years. However, this thesis would recommend further exploration of the reasons why young people under the age of 16 have low participation rates in research in which focus groups are completed. Further research should also include the impact involving young people as part of the research team, in which they offer their expertise in the ethics application process, the recruitment and data collection stages has, and the effects this may have on participation rates of young people.

8.3 Resilience and Young people

The findings from this thesis (specifically chapter two and three) demonstrate support for all three models of resilience (trait, outcome, dynamic process) encapsulating resilience in young people. However, the key findings within this thesis showing that concepts such as bravery and dedication identified in Study One (see chapter three) need to be considered in research exploring resilience in young people.

8.3.1 Trait Model

The trait model proposes that resilience is an intrinsic and stable attribute (Chmitorz et al., 2018). The findings from Systematic Review One and Study One (see chapters two and three) demonstrate that despite the weak empirical evidence for the trait model (Bonanno & Diminich, 2013), the definitions included in the final papers of Systematic Review One and the young people's understanding of resilience in Study One, reflect a continued belief that resilience is still considered a personality trait inherent within an individual. The findings of this thesis show that the understanding of resilience by young people includes internal traits such as bravery or dedication. The findings within Study One support the findings within Systematic Review One, however the concept of resilience having to encompass an aspect of bravery could be argued as new trait that informs the development of resilience.

The findings of Systematic Review Two (see chapter four) demonstrate a lack of attention to the psychometric properties of resilience measures, including a lack of validation with young people aged 12 to 17 years. This Systematic Review identified two valid and reliable measures of resilience for this age group.

8.3.2 Outcome model

As stated in Study One (reported in chapter three), the outcome model proposes that resilience is a functional or behavioural outcome that can help individuals to recover from adversity (Harvey & Delfabbro, 2004; Masten,

2001). Although defined by the young people in Study One (see chapter three) as a trait important to young people, the identification of dedication that encompasses the notion of keeping going, having a goal, and achieving personal aspirations, could also be viewed in relation to the outcome model of resilience. The findings from this thesis would suggest that the outcome model incorporates maintaining academic and personal aspirations, being dedicated to not give up and being strong enough to not choose the 'easy' road. These findings were consistent with Study Four (see chapter seven) whereby some of the young people suggested taking part in research may be beneficial when wanting to access higher education in the future.

Further evidence from Systematic Review One (see chapter two) supports the outcome model of resilience, in those included papers where participants engaged in an outdoor and adventurous activity experience. The systematic review suggests that an individual has to experience adversity within which self-efficacy and resilience aid in recovery of functioning after the exposure to adversity. Findings from both Systematic Review One and Study One suggest the development of resilience for young people is also dependant on the learning from adverse experience. In Study One some of the young people shared that 'there was no need to be resilient' as everything was done for them. The findings within the literature suggest that attendance on an OAAP has the potential to expose young people to adversity in a safe and controlled manner. Evidence shows that participation in an OAAP has the potential to enhance self-efficacy, as well as increasing resilience levels in young people (Whittington et al., 2016).

8.3.3 Dynamic Process model

The findings from this thesis also show support for the dynamic process model of resilience. The dynamic process model proposes that resilience is not a static characteristic but rather a dynamic process that develops across contexts and throughout the life span (Gartland et al., 2011). The findings from Study One (reported in chapter three) show that young people believe resilience encompasses reactions to situations, and learning from these experiences, especially when the wrong choices have been made. This is supported by previous research findings that going through life's hardships, moving forward despite a difficult and stressful life, constituted one of the major components of resilience in the sample of young people aged 13 to 18 years (Nourian et al., 2016).

The dynamic process model of resilience provided the theoretical framework for Study Three (see chapter six). The dynamic process model is discussed in relation to resilience having to encompass both internal and external factors that shape an individual (Whittington et al., 2016). Study Three included the assessment of important variables that were identified as internal and external factors that have an influence on resilience development in young people. These factors were identified within chapters two and three and included: self-efficacy, mental health, exposure to adversity, school belonging and social media use. This was further supported with evidence suggesting that young people may activate protective mechanisms such as composure (low anxiety), supportive relationships, self-efficacy and academic

engagement to help in situations of perceived or actual risk (Martin & Marsh, 2008).

The evidence from this thesis demonstrates that individually the trait, outcome and dynamic process models continue to fail to capture the complexity of the development of resilience in young people. This is evident in the definition that underpinned this thesis, protective factors which modify, ameliorate or alter a person's response to some environmental hazard that predisposes to a maladaptive outcome (Rutter, 1987), not suitably encompassing resilience and young people. The findings from this thesis would suggest resilience is more closely aligned with the definition of resilience forwarded by Bonanno (2004). However, with the Bonanno (2004) definition being adult focused, it has been important to modify this based on the findings of this thesis. Therefore, this thesis suggests that resilience is defined for young people as *the ability to maintain stable, healthy levels of psychological and physical functioning despite exposure to adversity, as well as having the capacity to create experiences and positive emotions*. This definition accounts for how young people react differently to life events, reflects the importance of being exposed to adversity for the development of resilience in young people, whilst considering the complexity of resilience encompassing both psychological and physical functioning. This is important with the research considering young people who are navigating the complex and unique developmental stages associated with this stage of the life cycle. This definition arguably encompasses aspects of the trait, outcome and dynamic process model and demonstrates the lack of consistency in defining and measuring resilience, as

well as not one of these three models (trait, outcome and dynamic process) fully accounts for resilience (Kolar, 2011).

The findings from this thesis suggest that the dynamic process model of resilience needs to incorporate a greater emphasis on the influence of internal factors, such as bravery and dedication on the return to previous levels of functioning having experienced adversity. However, it is not simply experiencing adversity that develops resilience, as proposed by the young people in Study One. The individual needs to learn from and reflect on these situations in order to navigate adversity in the future. Future research is required to examine this model to determine whether the findings from this thesis are unique, or if this model can be utilised to further the understanding of resilience development in young people. Without a more comprehensive model of resilience, resilience research will continue to be hindered and therefore find it difficult to make meaningful changes in the lives of young people.

8.4 Participation in research

With evidence showing that one in five young people will experience a mental health disorder each year (UNICEF, 2018), and with the global impact the COVID-19 pandemic has had on the mental health of young people, being able to engage young people in research is essential. Evidence shows children and adolescents globally have experienced deterioration in their mental health during the initial phase of the implementation of the emergency

measures (Cost et al., 2021). This is reinforced with evidence showing physical distancing and quarantine have immediate as well as prolonged effects on mental health, including depression, anxiety, psychosis, and perceived stress (Brown et al., 2020; Holmes et al., 2020; Kozloff et al., 2020; Leigh-Hunt et al., 2017). Despite the findings in Study Four (see chapter seven) showing important considerations to improve participation rates in research, the findings throughout the thesis have demonstrated key issues that need to be addressed to facilitate the engagement of young people in mental health research.

The first challenge reported by Study Four is the hesitance of researchers to engage participants under the age of 16 years. This was evident with the findings from Study Four showing that the young people (aged 14-15 in February 2021) had not participated in research previously. There are claims that researchers find it difficult to work with young people, as they do not know how to interpret and respond to their experiences in meaningful and effective ways (Cele & van der Burgt, 2015; Derr & Tarantini, 2016). A lack of practical guidelines for engaging young people in research, may contribute to the hesitation to involve young people in research (Schelbe et al., 2015). The findings from Study Four provide some practical recommendations for future research working with young people. However, the completion of a study that explores the impact of involving young people and their parents/guardians as active members of an ethics committee, in which they can share their expertise and learn more about the ethical guidelines and challenges could be beneficial for future research.

The second issue is the lack of participation from young men in research, the participation rates within this thesis reflect that young females had a greater willingness to participate, however recruiting males to participate in research has been highlighted as a difficulty (Ellis et al., 2014; Griffiths & Christensen, 2006). The results in Study One suggest that stigma may be central for this, with the participants in Study One (see chapter three) stating young men still struggle to share thoughts, feelings, and issues with each other as this threatened their masculinity. Evidence from research within outdoor education has shown that male participants have the greatest difficulty in comparison to females in discussing interpersonal issues within the groups (Overholt & Ewert, 2015). This highlights the need to address the stigma around young men having to appear as 'masculine' in which they feel unable to share their thoughts and feelings. These pressures felt by young men may be causing an unwillingness to participate in research designed to explore the experiences of young people.

The young people in Study Four also stated that levels of confidence influenced the decision to participate in research. As reported in Study Four young people fearing anything going wrong and wanting things to be perfect limited participation in research. The young people stated they would feel more comfortable with participating in research if they had positive experience of research from a young age. Thus, engaging young people in the research process, specifically the recruitment phase, from an early age may lead to a greater likelihood of participation in future research.

The onset of mental disorders such as depression and anxiety disorders typically occur in childhood and adolescence (Gatt et al., 2020), therefore, without meaningful participation of young people in mental health research, those who require help will continue to struggle with mental health disorders. If these disorders remain untreated it can severely impact development, educational attainment, and place young people at higher risk of suicide (Viner et al., 2011). Future research is required to examine the dynamic process model of resilience forwarded from the findings of this thesis. Without a more comprehensive model of resilience, resilience research will continue to be hindered as it will continuously be challenged theoretically and potentially overlook important aspects of resilience (such as bravery), therefore making it difficult to make meaningful changes in the lives of young people. However, this research needs to involve young people from the start, as addressing the engagement of young people will assist with increasing levels of participation in research.

Chapter 9

Conclusions

This thesis has identified three issues that are critical to address: (i) the role of bravery and dedication in resilience development in young people, and how these might influence a model to underpin resilience. (ii) the need for psychometrically robust resilience measures for young people aged 12 to 17 years and (iii). the reasons preventing young people from participating in mental health research, specifically young males. By exploring resilience in young people this thesis has demonstrated that resilience has continued to be defined, interpreted, and applied in a multitude of ways. This causes problems for researchers, from building theoretical foundations, to choosing a valid and reliable measure when assessing resilience in young people. The identification of bravery as a key influence on resilience in young people, highlights the importance of engaging young people in research. With the research to date measuring resilience and bravery as separate concepts, the findings from this thesis would suggest that resilience encompasses concepts such as bravery. Bravery has not been cited as key aspect in the wider resilience literature regarding resilience and young people, demonstrating that young people are experts in their own lives and are therefore uniquely placed to guide researchers (James, 2007). The findings within this thesis outline the complexities that exist when designing research to develop resilience in young people aged 12-17 years. Despite some commonalities and this thesis identifying the dynamic process model (that incorporates aspects of the trait and outcome model) of resilience to underpin research, it could still be argued as challenging for research as there is no one unifying theory to follow

(Fletcher & Sarkar, 2013). This is important as the varying definitions of resilience have resulted in confusion among researchers and policy makers (Kolar, 2011), this could be argued as making it difficult to help and support more young people as future interventions could be based on research that is theoretically flawed. Addressing this confusion highlighted within Systematic Review One and Study One is important for future research that aims to develop resilience in young people. The results from this thesis show that encompassing young people's understanding of resilience could inform a more comprehensive model of resilience.

If the practical recommendations highlighted within Study Four (see chapter seven) had been available prior to this thesis commencing, the recruitment and retention of participants may have been improved. A further consideration for research after discussing the research with the schools in Study Three and Study Four is the unfortunate reality that some year groups will have lower levels of engagement with research. However, as highlighted within chapter seven offering a variety of incentives to participants in the research may encourage more young people to participate.

This thesis has outlined key avenues of future research that need to be pursued before any further research can be designed to improve resilience in young people ((i) the role of bravery in resilience development in young people, (ii) the need for resilience measures with robust psychometric properties, and (iii) the challenges preventing young people from participating in mental health research. Despite the evidence in the literature and within

Systematic Review One showing OAAP have the potential to improve resilience in young people, this research will not be as meaningful until the key issues discovered within this thesis are investigated. Until the engagement of young people in research is addressed, conclusions will always be limited, a factor that has been shown throughout this thesis where participation has remained low, in turn hindering the wider impact this research can have on young people. Despite these limitations, this programme of research has enhanced the knowledge base of resilience, with the young people identifying bravery and dedication as key influencing factors on resilience in young people. This thesis also provides practical recommendations for increasing participation in research informed by young people themselves.

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List of Abbreviations

Order of appearance:

- 1 Outdoor and Adventurous Activity Programme = OAAP
- 2 Belief Resilience and Adventure in Youth = BRAVERY
- 3 United Kingdom = UK
- 4 Adolescent Psychological Resilience Scale = APRS
- 5 Child Health and Illness Profile-Adolescent Edition = CHIP-AE
- 6 Chinese Positive Youth Development Scale = CYPDS
- 7 The Child and Youth Resilience Measure = CYRM-12
- 8 The Child and Youth Resilience Measure = CYRM-28
- 9 Design My Future = DMF
- 10 Resiliency attitudes and skills profile = RASP
- 11 Resilience scale for adolescents = READ
- 12 The Resilience scale (Short Form) = RS-14
- 13 Resilience Scale for Early adolescents = RSEA
- 14 Subjective Resilience Questionnaire = SRSQ
- 15 Youth Ecological Resilience Scale = YERS
- 16 Outdoor and Adventurous Education = OAE
- 17 General Self-Efficacy Scale = GSE
- 18 Short Warwick Edinburgh Mental Wellbeing Scale = SWEMWBS
- 19 Short Form Health Survey = SF-8
- 20 International Physical Activity Questionnaire = IPAQ
- 21 Social Provisions Scale = SPS
- 22 Students' Sense of School Belonging = SSB
- 23 Social Media Use Integration Scale = SMUIS
- 24 Emotional Reactivity Scale = ERS
- 25 General Risk Propensity Scale = GRiPS

Appendix A

Study One Focus group schedule

Vignette one: To Post or Not To Post

Beth is a sixteen year old girl who started sixth form and has just returned to school following the Christmas holiday.

She recently decided that like many of her friends at school she wants to start going to the gym to improve her fitness and feel more comfortable for an upcoming summer holiday.

Beth decides to post an image on Instagram on the Friday night of herself in the gym, as she wants to track her journey from before she started going to the gym and has seen lots of other people her age posting similar images.

Beth has never thought of herself as being either under or overweight.

After receiving initial positive encouragement from close friends and family members, some of the comments over the rest of the weekend begin to become offensive and hurtful.

On the Monday in school it would appear everyone has seen the image and has been talking about it, in relation to both the positive and negative comments.

Questions

1. What would/should Beth do next?
2. Tell me about the characteristics this person needs to show?
3. How would this experience change them?

4. Can you tell me why you think is it important to learn from this experience?

(Follow up questions if required)

- *Who else could help?*
- *What support could (name) seek out?*
- *What skills could be learnt from this experience?*

Vignette two: Decision Time

Ted is a seventeen year old boy who has entered the final year of his studies.

Ted and his group of closest friends have planned to go on a holiday at the end of the year to celebrate finishing school, and before everyone moves on to further education or a job.

The group find a place to go and pay the deposits for the trip.

At this point because he doesn't have a job, Ted's mum and dad pay the deposit for him.

By the time the new year comes around Ted's friends have been able to pay for the holiday either through a part time job or their parents have paid for it all.

Ted's parents told him when they first booked the trip that after the deposit they simply couldn't afford to pay for anymore, and if Ted can't go on the holiday he will be the only one from his group to not going.

After some looking around his local area it would appear there are a few local part time jobs offering evening work and the occasional weekend shift.

Ted plays for a sports team on the weekends, which requires training two nights a week, and has been tipped to play to a higher standard if he carries on playing and training the way he is.

The holiday is the centre of most conversations in his friendship group as well as the rest of the year group who are comparing destinations with each other.

Ted understands that this will most likely be the last time his friendship group will all be together before people go to university or full-time employment and move on to the next stage of their lives.

Questions

1. What would/should Ted do next?
2. Tell me about the characteristics this person needs to show?
3. How would this experience change them?
4. Can you tell me why you think is it important to learn from this experience?

(Follow up questions if required)

- *Who else could help?*
- *What support could (name) seek out?*
- *What skills could be learnt from this experience?*

Final question (if required)

Having heard and discussed the two scenarios could you tell me about an experience you believe requires someone to be resilient?

Appendix B

Study Two Interview schedule

Key:

Bold text – Mandatory Question

Italic text – Optional probe question if necessary

Question One

So to begin with can you please tell me your role within Outward Bound?

Please can you tell me about your expertise for this role?

If you do not mind me asking, please can you tell me what qualifications you currently hold?

Question Two

Can you tell me your role in the planning of a residential experience?

Does this differ from residential to residential?

Question Three

Can you tell me some of the challenges that exist when planning a residential?

Is there any support available throughout this process?

Question Four

Can you tell me some of the activities that will be included in the residential experience?

Are some activities given greater importance? How is this done and for which activities?

Do all students participate in all activities?

Are there certain activities that are always included? Why?

Question Five

Can you tell me about your role when the residential is being delivered?

What are the challenges for you in the delivery of the activities?

How do you manage these challenges?

Question Six

Can you tell me how the activities are delivered throughout the residential?

For example, how is the schedule or order of activities determined?

Is there an expectation that all students participate in all activities? (if no) How are students matched to activities?

Can/do students change their allocated activities during the residential?

How many students and how many facilitators per activity? How long is each activity session?

How many activities in total would a student complete?

Appendix C

Study Four Interview schedule

Key:

Bold text – Mandatory question,

Italic text – Follow up question if necessary

Question One

What do you understand by the term research?

(Definition: Research is a careful and detailed study into a specific problem, concern, or issue using the scientific method)

- *Have you ever taken part in research?*
- *If you have what were the reasons that you wanted to take part?*
- *If you haven't taken part were there any reasons for not taking part?*
- *What made you want to participate in this study?*

Question Two

What might stop young people from wanting to take part in research?

- *Do you think other young people can relate to this?*
- *Are some more important than others?*
- *Do you think these change with age?*
- *What might make research more interesting for young people to take part?*
- *What else stops young people taking part?*

Question Three

What would make you want to participate in research?

- *Would incentives/rewards for your time help?*
- *Does having an interest in the subject matter?*
- *Would your friends taking part make you want to?*
- *Does the location and time of the study make a difference?*
- *Would the use of technology (for example online surveys) have a role in choosing to take part?*
- *How would advertising the study make you want to take part?*

Question 4 Vignette

A research study wants 14-15 year old students to answer questions on an online survey. It takes about 20 minutes to complete. The survey will measure the long term effects on the health of young people after participating in an adventure programme. The students will need to complete the survey three times over six months. To be allowed to participate, students will need to take the study consent forms home and sign them together with their parent/guardian and return the form to school.

Do you understand what the study is?

What would encourage young people to take part in this research?

What if the researchers offered some type of reward in exchange for participation?

Would you discuss the research with anyone?

What kind of things might prevent young people from taking part?

How would you try recruit people to participate in this research?