International Journal of Stress Prevention and Wellbeing
Vol 7, Article 3, 2023
ISSN 2397-7698
www.nationalwellbeingservice.com/journals

RESEARCH PAPER

Evaluating the impact on Adolescents' mental health and wellbeing: a United Kingdom inner city resilience schools programme

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Processing dates
Submitted: 14th December 2021; Re-submitted 2nd September 2022; Accepted: 15th September 2022; Published: 16th March 2023

New paper statement
This paper has not been published elsewhere and is not under consideration in any other publication

Ethical approval
University of Northampton Ethics approval 16/04/2018

Funding
This work was supported by London Borough of Barnet (Oct 2019)

Declaration of conflicting interests
None

Acknowledgements
The authors wish to acknowledge the support of Jayne Abbott, Emma Waters and Janet Djomba who work within the London Borough of Barnet.
We also wish to thank Dr Tanya Hart, Dr Rosalyn Collings, Dr Mike Scanlon and Mrs Kelly Smith who supported this project in various capacities

Abstract

Background: This paper explores the impact on the adolescents involved in an independent second phase evaluation of a resilient schools' programme undertaken during 2019 in inner city London borough within the United Kingdom. It was designed and implemented with the aim of educating adolescents about mental health using the following hypothesis.

Hypothesis: How effective is the resilient schools' programme in assisting adolescents develop resilience?

Methods and Methodology: A total of twelve (12) schools engaged in the second phase evaluation, using a mixed method design. Quantitative surveys, a qualitative focus group and mental health awareness courses were utilised in this evaluation.

Results: The quantitative analysis established that with age, social media connectedness scores increased as did the adolescents' scores on three mental health and well-being sub-scales. The mental health workshops reported significant improvements in mental health knowledge and understanding. Personal confidence and an increased ability to support both themselves and others was also reported. The peer-led workshops assisted the adolescents in being significantly more likely to consider mental health a normal part of their everyday life. The qualitative analysis generated three themes: understanding and knowledge of resilience, improved mental health and resilience and engagement in strategies for support. The adolescents interviewed unanimously believed they had benefitted from resilience training, supporting the hypothesis.

Discussion/Conclusion: The programme and its interventions may be beneficial in supporting the prevention of mental health issues among adolescents with good levels of wellbeing and resilience, and beneficial in providing targeted intervention among those reporting low mental health and wellbeing.

Key words: *Adolescent Mental Health, Evaluation, Health Promotion, wellbeing and resilience*

BACKGROUND

Mental health difficulties amongst adolescents are rising exponentially, with the proportion of adolescents experiencing a probable mental health disorder increasing over the past three years, from one in nine in 2017 to one in six in 2020 (NHS England, 2020). Hodkinson et al, (2020) conducted a systematic review of recidivism and resilience intervention which suggested that potential disruption of normative adolescent psychological growth and adverse childhood experiences was a key factor attributed to young people in the youth justice system. Positive mental health and wellbeing of adolescents is

vital not only for the avoidance of admission to the criminal justice system but is strongly associated with academic success, relationship development and the ability to overcome challenges individuals may face (Mental Health Foundation, 2018). The increased level of pressure on adolescents is evident with intensified academic demands; expectations via social media; cyber bullying and challenging levels of economic change (Bask & Salmela-Aro, 2012). While the Covid-19 pandemic has potentially added additional stressors, isolated adolescents and shaped their world like no other single factor (NHS England, 2020) as Palmer et al, (2020) question could this experience have a positive focus on mental health and resilience. Schools are well placed to provide preventative and intervention-based work and thus play a key function in the growth of measures to flourish and creating resilience amongst these adolescents.

In this paper, we discuss the impact on adolescents involved in a resilient schools' programme in inner city London borough within the United Kingdom (Redwood et al, 2020). This independent phase two evaluation, (July 2019) engaged twelve (12) secondary schools involved in the resilient schools' programme.

This evaluation used the resilience definition of, "the process of effectively coping by mobilizing internal and external resources to adapt to or manage significant sources of stress or trauma" (Lee & Kwong, 2012).

The resilient schools' programme champions developing coping strategies and understandings about where to seek mental health support when needed. It adopted a multifaceted consideration of resilience; focusing on outcome measures of strengths and difficulties, process measures from the Children and Young People Resilience measures (Ungar & Liebenberg, 2011) relating to where to turn for support and information, including the character traits from the Connor-Davidson resilience scale (2003). The rational for these variables were defined by the commissioners of the research as a local need identified from a scoping review, phase one evaluation and the researchers as important for measuring mental health and wellbeing within the context of flourishing. From a positive psychology perspective, the term 'flourishing' is to capture and provide a holistic view of what it means to thrive (Gudbka et al, 2021). For the purpose of this paper, to evaluate phase two of this programme, the following hypothesis was developed to assess if these adolescents had subsequently strengthened their resilience.

HYPOTHESIS

How effective is the resilient schools' programme in assisting adolescents develop resilience?

OBJECTIVES

1.Explore adolescents' knowledge and understanding of mental health and resilience
2. Evaluate the effectiveness of the resilience schools programme using a mixed methods approach
3. Develop in partnership the resilience programme, drawing out key lessons and supporting development

METHODS AND DESIGN

A mixed methodological and methods design was adopted for this phase two evaluation, using quantitative surveys, qualitative focus groups and a mental health awareness course evaluations following ethics approval from the University (16/04/18). The research design, data collection and data analytical choices provide a balanced mechanism of gathering, measuring, and evaluating the programme to assess the adolescents' resilience development. This is in accordance with the hypothesis, providing both numerical evidence and supportive narrative.

PARTICIPANTS AND SAMPLE

The Resilient Schools programme evaluation (Phase 2) engaged with a total of Twelve (12) secondary schools including one pupil referral unit and one special needs school. A total of 728 adolescents engaged across 12 secondary schools in the pre-evaluation and 150 adolescents from 12 secondary schools in the post-evaluations. A total of 96 engaged in two mental health course evaluations from three secondary schools.

For the qualitative phase of the evaluation, ten (10) adolescents engaged in this phase of the evaluation, five (5) from Year 7 aged, 12 – 13 years and five (5) from Year 10 aged 14 – 15 years.

RECRUITMENT

The project team and commissioners of this evaluation facilitated recruitment by providing contact details of the schools who were signed up to engage in the intervention. Schools who

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had signed up to engage in the intervention also agreed to support evaluation activity as part of their engagement. The research team contacted the schools engaged in the intervention to invite them to engage in evaluation activity. Schools that responded to this communication agreed to support recruitment by encouraging school staff to complete the online surveys (the quantitative phase) with adolescents during class time, and to identify adolescents who would like to engage in focus group (the qualitative phase) research activity.

DATA COLLECTION MATERIALS

For the quantitative data collection, a pre-post online survey design was used with the adolescents using carefully chosen, reliable and valid assessment tools, in line with the objectives of the programme. Questionnaires measured changes in the intended programme outcomes, including changes in wellbeing, worrying, resilience and flourishing. The same survey version was used for 13, 14 and 15-year olds following piloting with adolescents in these age groups. Quantitative surveys are a useful way to gather a large amount of data, and a pre- and post-programme design enables the research to specifically focus on potential changes among adolescents during the programme period on the constructs of interest (e.g. mental health, wellbeing, resilience) and to potentially identify relationships across constructs. Additional questionnaires evaluated the impact on 96 adolescents who participated in the mental health awareness courses.

Qualitative data collection added more in-depth information on the adolescents' perceptions about the programmes impact on their mental health and wellbeing. It provided insight into the challenges, opportunities and recommendations they have about the programme and its interventions. The qualitative data was gathered using a focus group with the adolescents. This was useful in obtaining information about individual and collective group perceptions of the adolescents engaged in the programme to provide a broader, more in-depth understanding of the programme.

DATA ANALYSIS

The quantitative data was analysed using SPSS software with both the descriptive and inferential statistics presented and discussed in this paper. Two data sets are analysed within the quantitative analysis: (Part 1) pre-post intervention; and (Part 2) evaluation of a mental health awareness programme. Analysis of data for Part 1 used descriptive statistics to evaluate the adolescents understanding of resilience, coping strategies and when to seek mental health support. Analysis of data for part 2 used inferential statistics to generalise the adolescents' understanding and development, aligned to this papers' hypothesis. Paired t-tests were used when the data met the assumptions for parametric tests whereas Wilcoxon Signed Ranks tests were used when data did not meet the assumptions for parametric testing. These analytic choices provided the stakeholders with a comprehensive understanding of environmental changes due to the resilience programme. They allowed for an interpretation and evaluation of all the results.

The qualitative data was analysed using Braun and Clarke's 6-step thematic framework (Braun and Clarke, 2014) by two of the project team independently and are presented in written and table formats. This thematic analysis framework is recognised as a systematic process used to identify patterns and process qualitative information (Braun and Clarke, 2014).

The researchers' and commissioners in striving to test the hypothesis, used a mixed methodology, exhibited in numerical and narrative formats presented in the following results section, prior to the discussion.

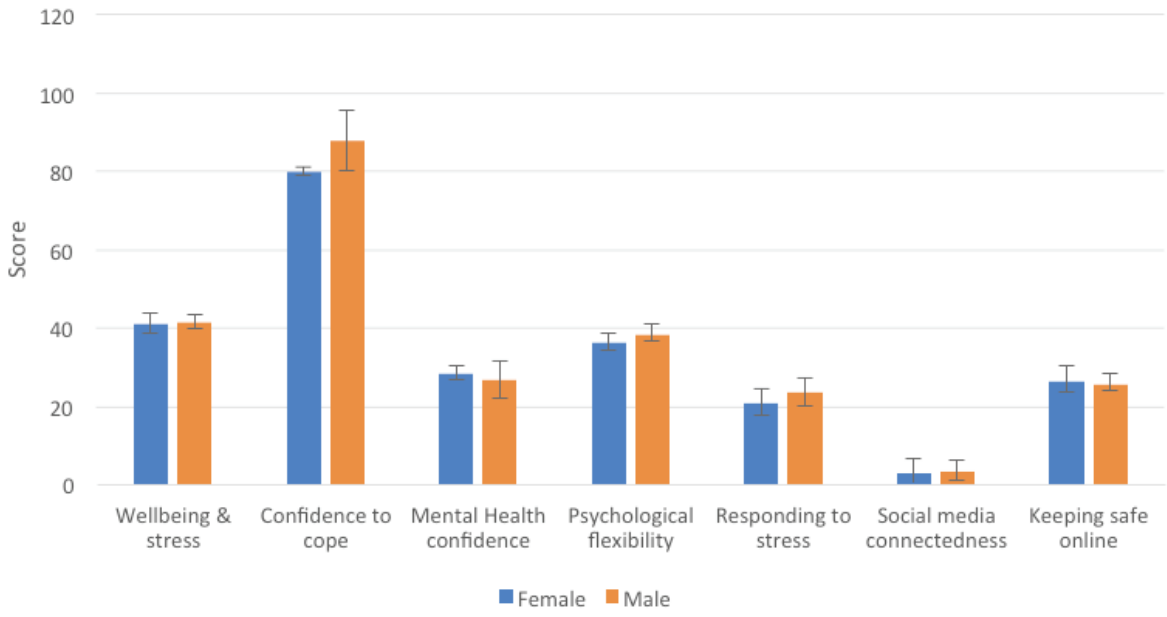
RESULTS

The demographics of the pre-programme consisted of the sample (n=728), comprised of 389 males and 339 females predominantly. The adolescents represent a range of backgrounds including white (n=398; 53%), mixed/multiple ethnic groups (n=86; 11%), Asian/Asian British (n=90; 12%), black, African, Caribbean, black British (n=108; 14), prefer not to say (n=43; 6%) and other (n=23; 3%).

The health status of the sample was largely good with only 8% (n=63) reporting a long-term illness, health problem or disability which limits daily activities or work.

The post-programme group consisted of smaller numbers (150) of adolescents from whom descriptive statistics data were collected and are presented in Figures 1 and 2. Figure 1, shows the mean scores of seven measures. All students engaged on the programme showed increased confidence to cope. Findings indicate largely similar results between genders

Figure 1:
Post-programme mean scores of each of the seven measures by gender including 95% confidence interval error bars (sample 150)



and ethnicities except on the confidence to cope where males report feeling more confident to cope than females (see Figure 1). Figure 2, details the same seven measure responses by ethnicity. Regarding ethnicity, Asian/Asian British adolescents reported feeling the most confident to cope. Black, African, Caribbean, or Black British and mixed or multiple ethnic groups reported similar levels of confidence. Those who identified as white reported the lowest confidence to cope (see Figure 2)

The survey data concentrated on changes occurring over the course of the programme targeting the adolescents': mental health, stress prevention, wellbeing, resilience and digital resilience.

For the survey data collection, a total of seven hundred and twenty-eight (728) adolescents were engaged in the pre-survey from twelve (12) schools, and one hundred and fifty (150) adolescents were engaged in the post survey from four (4) schools.

The post-programme results are largely comparable to the pre-programme scores apart from mental health confidence. Mental health confidence was reduced post-programme. Figure 3 provides an overview of the findings and summaries the pre- and post-gramme sample using the sample seven measures. It is important to note that the research design was intended for adolescents engaged in the survey to complete the survey at both time point 1 (pre-programme) and time point 2 (post-programme) to enable changes in mental health variables to be measured during the programme. The respondents to the pre-programme questionnaires were a significantly higher sample as those in the post-programme questionnaires which impacts upon the ability to confidently draw conclusions. Figure 3 shows the increased 'confidence to cope' as a prominent finding in these evaluated adolescents.

The pre-programme data indicates that there are no significant differences in mental health and well-being for both gender or ethnicity but that there is a difference for age. More specifically, the 15-year olds indicated poorer well-being, increased stress, less confidence to cope and less mental health confidence than the 13-year olds. The 14 and 15-year olds reported feeling significantly more connected to friends when using social media than the 13-year olds. When looking at comparisons between

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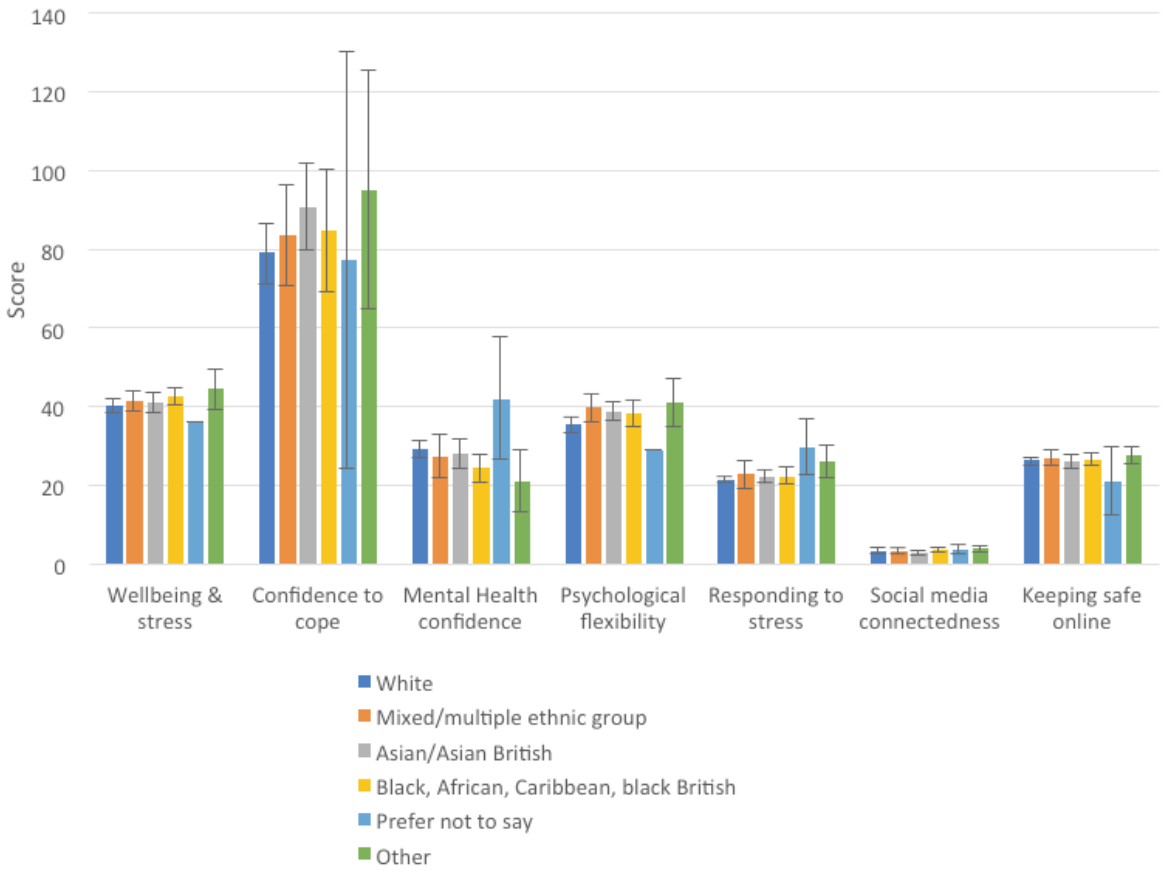
Figure 2:
Post-programme mean scores of each of the seven measures by ethnicity including 95% confidence interval error bars (sample 150)



social media connectedness and mental health and well-being there were only significant correlations for the 15-year olds. These indicate that for them, as social media connectedness scores increased, so did scores on three mental health and well-being sub-scales (1. Stress and well-being; 2. Mental health confidence; and 3. Psychological flexibility). The results indicate an increasing role of social media as age increases. This would tentatively suggest that there is a relationship between social media connectedness and mental health and well-being. However further research would be required to investigate factor influences, that is, if mental health and wellbeing influences feelings of social media connectedness or is the other way around.

A total of ninety-six (96) adolescents on the mental health awareness courses completed the course evaluations.

There were two types of courses delivered; (1) mental health awareness course delivered by peer mentors, and (2) the mental health awareness course delivered by adult mentors.

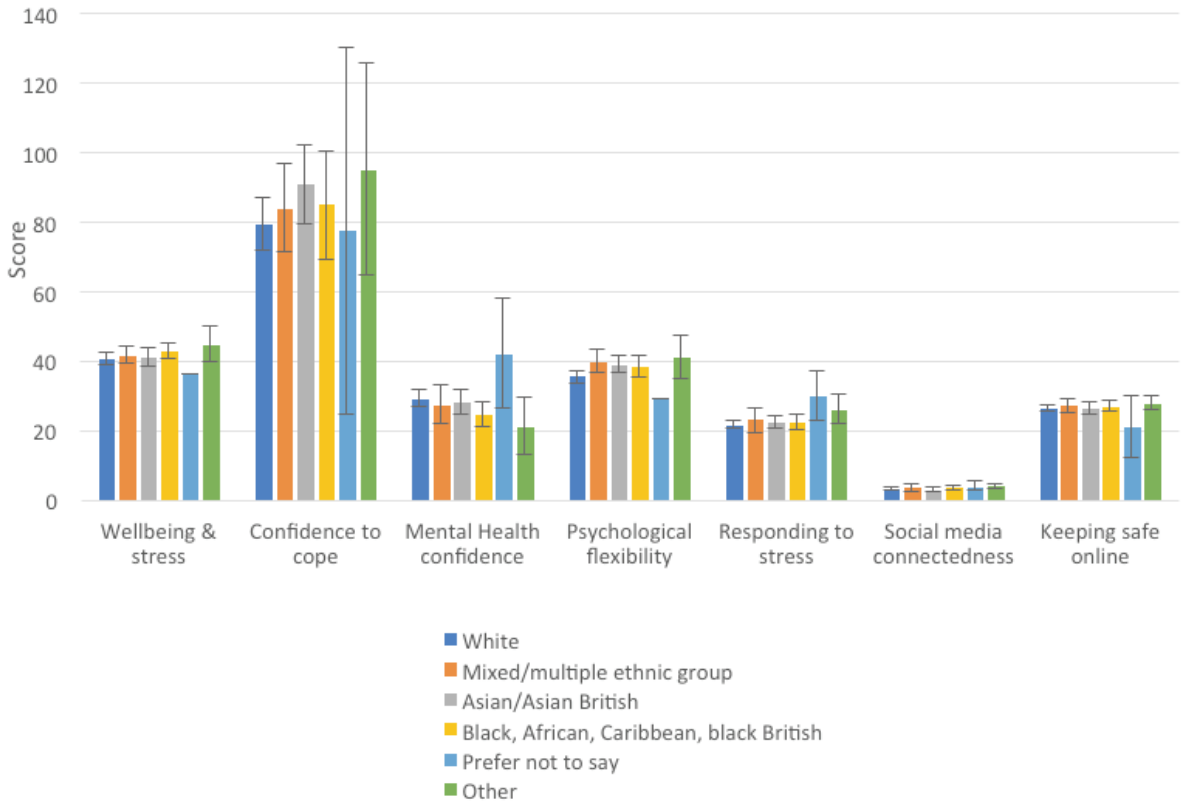
A total of ninety-six (96) adolescents on mental health awareness course evaluation forms were completed from 3 schools:

26 x 14-year olds from school 1; engaged in course delivered by peer mentors

47 x 13-year olds from school 2; engaged in course delivered by adult mentors

28 x 15-year olds from school 3); engaged in course delivered by adult mentors

Figure 3:
Summary of finding from the seven measures from the adolescents pre and post-programme samples with 95% confidence interval error bars (sample 728/150)



The peer mentor course evaluations (Figure 4) and the adult mentor course evaluations (Figure 5) have been evaluated are presented separately.

Twenty-three adolescents provided feedback for the peer mentor facilitated workshop. All were 14 years old and from one single school. A paired samples t-test found a significant improvement post workshop in both mental health knowledge and understanding, t (21) = -8.55, p < .001, and the adolescent's personal confidence to support both themselves and others, t (22) = -6.54, p < .001. Figure 4 shows the self-reporting by the adolescents on their mental health knowledge and their understanding post workshop led by their peers. Personal confidence to support themselves and others is included within this figure highlighting significant improvement post workshop by the adolescents.

Seventy-three adolescents provided feedback for the adult-led mentor mental health workshop. These 13 and 15-year olds were from two different schools. A Wilcoxon Signed Ranks test found significant improvements post workshop on both knowledge and understanding of mental health, T = 1891, Z = -6.817, p <.001, and the adolescent's personal confidence to support themselves and others, T = 1716, Z = -6.308, p <.001. Figure 5 shows the self-reporting by the adolescents on their mental health knowledge and their understanding post workshop led by adults. Personal confidence to support themselves and others is included within this figure highlighting once again, significant improvement post workshop by the adolescents.

After engaging with the workshop, the adolescents were asked to report information about their mental health judgement,

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Figure 4:
Peer Led: Adolescents' self-reported scores on mental health knowledge and understanding and personal confidence to support self and others

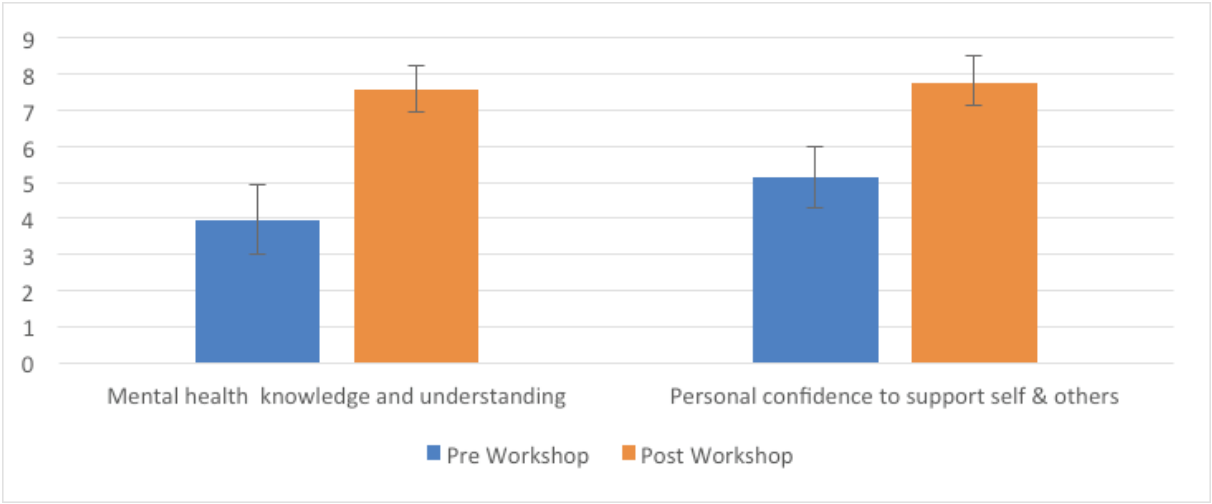
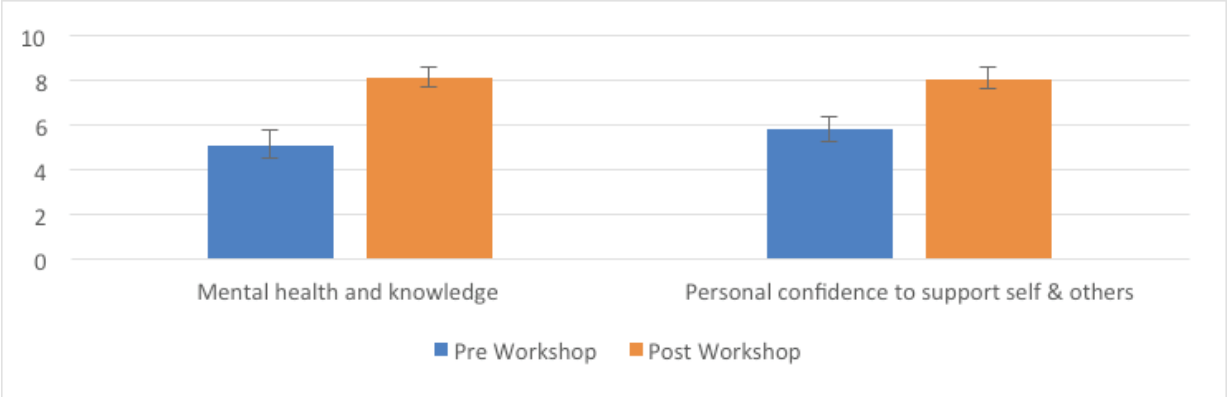


Figure 5:
Adult Led workshops: Adolescents' self-reported scores on mental health knowledge and understanding and personal confidence to support self and others

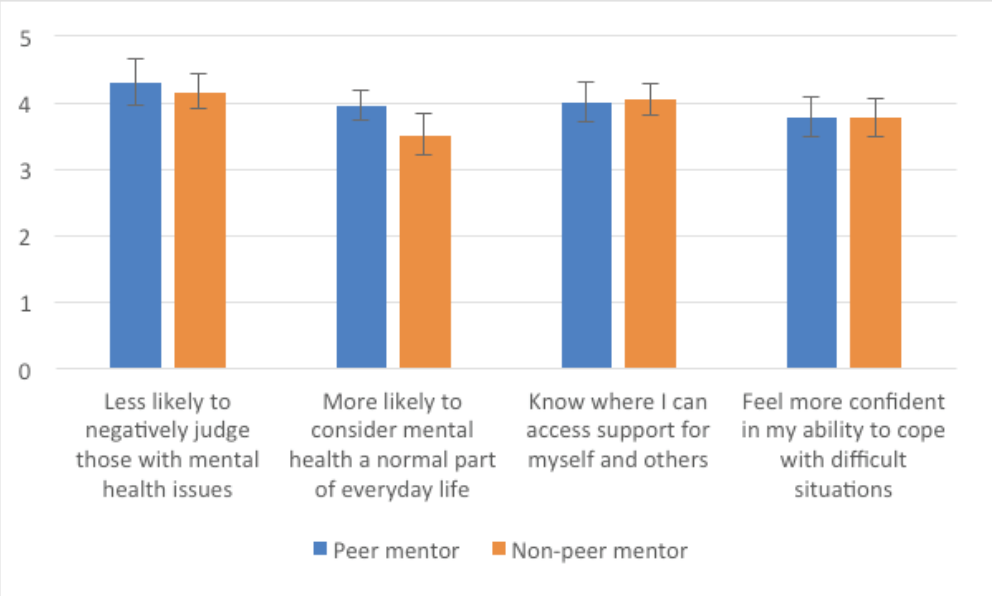


perception of mental health, knowledge of available support and confidence to cope with difficult situations. Figure 6 shows the significant difference that was indicated when the workshop was led by peers; the adolescents were more likely to consider mental health a normal part of their everyday life (t (90) = 2.29, p < .024). No further significant differences were observed between the peer-led (Figure 4) and adult-led (Figure 5) workshops (all p's > .119). Comparison of the peer-led and adult-led workshops are shown in the following Figure 6.

The adolescents commented on specific aspects of the mental health courses and most believed it to have been beneficial. For example: *"The part which they talked about the celebrities and what mental health they have"* (14-year-old).

Mental health problems were identified and highlighted with comments like, "mental health problems cannot be seen from the outside". They reflected; "knowing that if you have a mental problem you can still have a successful career", and "the bit about how to relieve stress". These

Figure 6:
Comparison of peer-led (F4) and adult-led (non-peer F5) workshop adolescent scores on mental health judgement, perception of mental health, knowledge of support and confidence to cope with difficult situations



adolescents were equipped with new knowledge, for example, "I know the difference between big feelings and little feelings", "the breathing exercise" and "how to cope better with stress".

These comments demonstrate the tools and strategies these adolescents were enabled to use when challenged to deal with mental illness, either within themselves or for those they encounter within their daily lives. The adjectives of "dealing", "listening" and "coping" are fundamental concepts which they integrated, increasing their personal confidence.

Those adolescents who attended the mental health workshops reported significantly improved mental health knowledge and understanding, and personal confidence to support both themselves and others.

The peer-led workshops assisted them to consider mental health a normal part of their everyday life.

The qualitative focus group with the adolescents provided insights into a range of benefits of the programme, such as increased understanding around resilience. It highlighted how they chose to seek support about mental health issues and identified a range of strategies the adolescents employed when they encountered difficulties.

The focus group data collection consisted of a total of ten (10) adolescents in a focus group consisting of half between 12 and 13 years and half between 14 and15-years old. The focus group was conducted to coincide with the second year of the Resilient Schools programme evaluation (Phase 2) and identified the following three (3) key themes.

Theme 1: Knowledge, confidence and understanding resilience

These adolescents were confident about their knowledge and understanding of resilience. They were able to verbalise how they were more resilient in their daily activities. This new knowledge enabled them to explain what resilience meant personally and the support they were able to access. They unanimously believed they had benefitted from resilience training and had a priory order of to engage when they encountered difficult issues. They believed they required frequent input, in the form of teaching, to assist with their resilience implementation.

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The adolescents defined resilience using several terms presented in the following table:

Table 1:
Adolescents understanding of resilience

• **Helping people build their self esteem**
• **Sticking up for yourself having the confidence and courage to do something that you are having doubts about, but you want to do it**
• **Respecting yourself and self-esteem**
• **You can apply into different aspects of your life, just not in school. Like, if You've a game of football and stuff, you can apply it then, somewhere else**

The adolescents focussed on personal characteristics and traits acquired through their education of resilience. These findings align with their psychological development however may also correlate with their resilience education. They employed words like "self-esteem", "confidence", "courage" and "respect". In defining themselves using these words they demonstrated the positive attributes their education aims to provide for them. The example about football, from Table 1, illustrates the application of their knowledge, "into different aspects of your life". This knowledge application or transference demonstrates a true internalised response to their learning.

Some of the adolescents were ambiguous in addressing their understanding relating to resilience. The following quote demonstrates one 14-year-olds thoughts, even if unsure of the outcome. They demonstrated a positive belief that regardless of an outcome it would not affect their self-belief.

"And…to know that if you just give up straight away you won't really know the impact that - if you don't get it but even if you try that will still feel good that you tried, even if you try it on something, you know that you'll still be good enough yourself" (14-year-old).

The adolescents were well versed in knowing where to seek mental health support should they require it. They were quick to list the resources available to them to prevent stress, both within the school and home environment. There was an element of repetition with some of these resources and this is indicated within the brackets in the table below:

Table 2:
Available resources for mental health support

• **We have an antibullying assembly (x3)**
• **Antibullying ambassadors: we go around and round and help anyone (x2)**
• **They can be a friend to each other**
• **Antibullying people (staff)**
• **Teachers (x2)**
• **Friends**
• **Parents**
• **Counsellors in the school**
• **Peer mentors**
• **Adult mentors**

The adolescents explained they believed in a preferential or priority order when seeking assistance or support. The first point of contact with someone in your peer group or close friend, then a peer mentor, followed by an older mentor and finally a teacher. Interestingly, parents were not mentioned in the priority context of contacts for support. These adolescents believed that peer mentors should be highly visible to ensure they were accessible which is all the more important when considering a priority order scheme.

The adolescents did not have an overview of how often they received resilience support initiatives. They were quite task and reward orientated, believing should they be given a role, they received support in undertaking that role or a reward. One of the examples of a reward was the issuing of badges and lanyards for undertaking extracurricular peer resilience training. These adolescents believed they had received more resilience education in their younger years, relating to academic and wellbeing strategies, than in their current school environment. Social media was acknowledged as a forum for learning, primarily about what not to do.

Theme 2: Recognition and dealing with difficult situations

These adolescents described several concepts to assist them when dealing with difficult situations personally (internally) and within their environments (externally). This included a list of strategies they could personally use to deal with different categories or environments such as "annoying people", "argumentative people" and the concept of "peer acceptance". This later conformist concept they applied personally when they believed they might encounter difficulties or judgement especially by their own peers.

Those involved in the focus group placed emphasis on their wishes to have more resilience input within the school environment. This reflected their belief that the information and education they had received was important, useful, and worth investing time and effort. The quote below demonstrates resilience education is not always viewed from a personal perspective but concerning "others" to increase self-esteem and encourage perseverance.

"more - not training, just teaching about resilience. Those people who feel like they give up really easily and you think they have so much they want to do in life and to give up and they don't really know what it means to give up" (15-year-old).

This next quote discussed the importance of having peer ambassadors as trustworthy, friendly, nice people who you can approach for assistance as required.

"I think there should be more people around, like more anti-bullying ambassadors and more people who will just be there for you and be a friend for you if you feel like you have no-one to go to and you feel like you can't trust people. So, I feel like there should be more people like that who will just be your friend…be nice to you and help you" (14-year-old).

Theme 3: Engagement in support strategies

When questioned about support seeking behaviours when encountering problems, the adolescents spent considerable energy discussing the types of problems and their strategies. This next quote provides an exemplar.

"It depends what problem it is. Because if it's bullying for example, I would say give it about a week or two and if it carries on, if they are really, really starting to annoy you, then that's when you "take action". Because if someone says something to you and you just go and tell the teacher, that's just like you can't really - because you wouldn't know if they are joking or not. And they'd just be like, 'Oh, you can't really take a joke'. But if it's for one or two weeks and you can tell that they're being serious then it's like, 'Okay, I'm going to tell someone" (14-year-old).

The following quote relates to family difficulties and does not advocate seeking support outside the home environment.

"Yes, something stressful at home - with the home thing I don't think you should tell your friends at least because that's personal. I don't know if you should let people too close, apart from our families and stuff, because you never know what could happen" (13-year-old).

These responses both demonstrate elements of caution and of thoughtful consideration which these adolescents engaged in prior to deciding on a course of action.

These adolescents overwhelmingly believed that resilience training should be begun early in their lives, be embedded from an early age, so that it can be built on throughout their school careers. They discussed secondary school as a time when they were too old "at our age" to "change our way of living". These next two quotes reflect how they fundamentally believed resilience measures, incorporated from a young age, effects every aspect of their lives.

"Because that's when you started that action development stuff. If you grow up a certain way, it will be easier, whereas if you do it at our age it's like we're trying to change our way of living, if that makes sense" (15-year-old).

"I think maybe because not many people have - don't really know what resilience is in a sense. Because from a young age you are taught certain stuff. But it's not really expanded on so it's there but it's not really there. So maybe in school they could teach about it more…" (15-year-old).

These adolescents identified stressful times in the academic year, as stressful transitions times. These include transition from primary to secondary school, beginning of terms times, exam preparation, mocks, periods pre-Christmas and winter. The following quote highlights one of these transitions.

"the start of Year 7 because it…you do have a lot on but in school you have a loads of new stuff and you feel quite isolated…so that's why it's better to have more people who will be your friend right at the start, so you can ask people" (14-year-old).

The adolescents were enthusiastic in brainstorming ideas on how to improve their experience of stress prevention and resilience training. They began with broad ideas and developed these ideas into achievable training exercises, they would personally wish to be involved, such as online blogs or apps.

DISCUSSION

This phase two evaluation of the Resilient Schools programme explored the effectiveness of the programme in keeping with

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the hypothesis, it aimed to provide lessons learnt and to support its ongoing improved development to assist those adolescents engaged. To achieve this a mixed methods approach was used to assess these adolescents' knowledge and understanding of mental health and resilience, and their engagement with mental health and resilience strategies.

These results indicate that most of the adolescents reported medium to good levels of wellbeing and resilience prior to the programme. However, the programme and its interventions were beneficial in supporting the prevention of mental health issues, increasing resilience and allowing these adolescents the opportunity to flourish. While some adolescents' mental health and wellbeing was low prior to the programme these individuals seemed to acquire improvements in mental health and personal confidence. These results suggest that the programme and its interventions may be beneficial in supporting the prevention of mental health issues among adolescents with good levels of wellbeing and resilience, and beneficial in providing targeted intervention, including stress management among those reporting low mental health and wellbeing. Therefore, the hypothesis is supported, the resilient schools' programme is effective in assisting adolescents to develop resilience.

The pre-post analysis found very little differences based on demographic variables, with the exception of age which was significant. Similar findings on age related effects were explored in relation to school bullying, subject well-being and resilience by Andreou et al, (2020). Females scored higher in levels of worry and lower in levels of resilience as presented in Figure 1. This again aligns with Andreou et al, (2020) who reported males in all year levels as having higher levels of wellbeing and resilience compared to females. However, this pattern was not consistent among all adolescents involved in this evaluation. These results suggest that resilience programmes may be improved by targeting age, gender and ethnicity to allow adolescents to flourish.

The qualitative findings identified themes on knowledge confidence and understanding of resilience (T1), recognition and dealing with difficult situations (T2) and engagement in support strategies (T3). Schools are a predominant learning environment for social conduct, social skill development and of important social understandings (Eccles & Roeser, 2011). Those involved in this evaluation were engaged, positive and informative about issues which directly affected them within their school environment. They provided timeframes and knew when they should engage with resilience support and training. They were reflective of both what was working well for them and what areas needed improvement or adjustment. Essentially, these adolescents presented worthwhile ideas on improvements to resilience training

For adolescents, how they interact within secondary schools with peers is important and this information feeds into their understanding of how they are likely perceived in society at large. Peers provide adolescents with an abundance of information about who they appear to be and hold power to assign them into social categories based on perceived social characteristics (Stone et al, 2008). These concepts influence the normative work of identity formation (Crosnoe, 2011) and were expressed by those engaged in these focus groups. Fitting in, or gaining peer acceptance, is a primary objective for the majority of adolescents and, for many, may be more important than academic goals (Crosnoe, 2011; Eccles & Roeser, 2011).

The implications of the Covid-19 pandemic on these adolescents cannot be underestimated (NHS England, 2020) however the strategies and resources available to them as a result of this resilience programme have hopefully provided stress reduction strategies allowing them to flourish. As Palmer et al, (2020) suggested, the UK lockdowns could have given these adolescents an opportunity to reflect and experience being in a different way.

Consideration of these results and findings must include digital resilience, incorporating adolescents' ability to develop a critical mind-set when accessing digital information to reduce vulnerability to potentially harmful information (DoE, 2019). Information on the internet and social media platforms can often be presented in a very persuasive, yet misleading, manner. The mental health awareness courses enabled this type of information to be safely explored by these adolescents. With the difficulties the adolescents have experienced within the UK education system due to Covid-19 lockdowns their ability to critic readily available information is of paramount importance (NHS England, 2020).

CONCLUSIONS

In recognition of the current situation within this London inner city borough the commissioners developed an education package to bolster resilience. This whole school resilience

approach aimed to educate holistically about mental health (recognising mental health difficulties and supporting others), coping strategies and where to seek support. The mixed methods approach employed in this evaluation used qualitative data to explore the programme perception enabling the quantitative results to be more accurately interpreted and explained from the adolescents' perspective. This paper has presented the phase two evaluation, both results and supportive findings, of these adolescents enhanced resilience and the mechanisms allowing them to flourish having undertaken the schools' resilience programme.

It is the sincere wish of the researchers and commissioners that the resilience training these adolescents undertook assisted their health and wellbeing during the Covid-19 pandemic and lockdown measures within the UK, allowing them to flourish. ■

Citation

Redwood, T., Payne, K-L., & Bayes, N. (2023). Evaluating the impact on Adolescents' mental health and wellbeing: a United Kingdom inner city resilience schools programme. *International Journal of Stress Prevention and Wellbeing*, 7, 3, 1-13. http://www.stressprevention.net/volume/volume-7-2023/volume-7-article-3/

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