Understanding resilience in young people with complex mental health needs: A Delphi study

Abstract

Background: Resilience is a term used to describe an individual's adaptive coping following an adverse experience; it is important for gaining insight into the development of mental health difficulties in young people and their ability to manage adversity, informing both preventative and reactive clinical practice. **Method:** The Delphi method was used whereby a panel of 15 clinical psychologists rated 67 statements, generated from focus groups with young people and interviews with multi-disciplinary staff, in terms of their importance relating to resilience for young people with complex mental health needs. A consensus level of 85% across the panel was set to include/exclude statements in terms of their importance for resilience. **Results:** Nineteen statements were included in the final list. These were grouped into the following four themes: 1) understanding the self; 2) agency in recovery; 3) interpersonal relationships; 4) therapeutic setting and relationships. **Conclusions:** The results highlight specific resiliency factors for young people with complex mental health needs, based upon ratings by clinical psychologists. Recommendations are made which focus upon how to promote resiliency within this specific population. These include offering secure therapeutic relationships and a safe environment for young people to make decisions, develop a greater understanding of themselves, and build relationships and a sense of connection with others, both within the specialist mental health service, and upon discharge.

Keywords: Resilience; Delphi; Young People; Mental health; Inpatient

Introduction

Resilience is a term used to describe an individual's adaptive coping following an adverse experience (Olsson et al., 2003) and a dynamic process of "endurance, self-righting, and growth in response to crisis and challenge" (Walsh, 2006, p. 4). Resilience involves two factors: the adverse event and adaptation (Masten, Cutuli, Herbers, & Reed, 2009). Adverse events can be defined as any hardship experienced by a person that causes distress (Fletcher & Sarkar, 2015). These can result from the accumulation of everyday stressors and/or isolated events of extreme stress (Davydov, Stewart, Ritchie, & Chaudieu, 2010). Adaptation has been defined as effective functioning under stress and successful attainment of developmental outcomes (Olsson et al., 2003). Luthar (2006) argues that adaptive coping must be considered within the context of the adverse event, and thus the level of expected adaptation could vary depending on the severity of the event. The individual's prior functioning, current resources, and sociocultural context (Mahoney & Bergman, 2002) will also affect how they can be expected to cope. Thus, the same event could have a different impact on people depending on their resources and social functioning; for example, having a supportive family may protect against negative psychological experiences. Furthermore, whether an event causes distress in itself could be an indicator of resilience.

As a process, resilience is influenced by psychosocial factors, and research generally organises these into three categories: intrapersonal, family, and the wider community and societal factors (Masten et al., 2009). The most commonly-reported intrapersonal factors relate to an individual's cognitive or personality abilities pertaining to skills in problem-solving, self-regulation, and adaptability (Masten et al., 2009). Within the family, resilience is associated with having at least one positive relationship with an adult caregiver (Werner, 1995) and the family's socioeconomic resources (Masten et al., 2009). At a community and societal level, resilience is associated with the ability to seek out and maintain positive

support from peers in the community (Wenrer, 1995), adult mentoring relationships, and opportunities to participate in pro-social activities in community organisations such as schools and clubs (Zimmerman et al., 2013). However, it is important to note that this ability to seek out this support and resources will depend on what is available to the individual within their local area.

Resilience in Clinical Practice

Naglieri et al. (2013) argue that for resilience to become clinically useful, it must be consistently defined across time, subject, and research. Once key factors in promoting resilience are better understood, it can guide the focus of interventions for vulnerable young people, families, and the systems around them by informing therapeutic efforts to build upon protective factors, increase coping mechanisms, and minimise risk (Hunter, 2012; Naglieri et al., 2013).

Promoting resilience relies on accurate assessment of the protective and risk factors (Olsson et al., 2003). However, the literature has taken diverse approaches to assessing resilience, resulting in a lack of consensus (Naglieri et al., 2013; South et al., 2016). Some assessment measures have focused on gathering information on the resources available to an individual, with the assumption that the more resources a person possesses, the better they can manage adversity (Olsson et al., 2003). Others measure an individual's observable coping skills, such as communication and relational skills (Olsson et al., 2003), self-efficacy, self-perceived competence, and optimism (Tedeschi & Kilmer, 2005).

There has been a range of resilience assessments developed, yet these have not been widely used, resulting in a lack of validation and consensus (Windle, Bennet, & Noyles, 2011). In a review of 15 resilience measures, Windle et al. (2011) found no gold-standard measures. None of the measures reviewed had adequate theoretical and/or conceptual

groundings and the authors identified that there was a need for further clinical validation (Windle et al., 2011). The authors recommend that assessments should reflect a dynamic process, measuring an individual's sense of personal agency, and their individual, family, and societal resources across a temporal dimension (Windle et al., 2011).

Beyond assessment, resilience has become the focus of interventions for young people (Ahern, Ark, & Byers, 2008) which promote both internal and external resources (Fergus & Zimmerman, 2005). Interventions have generally focused on building internal resources through skills training and external resources involving families (Fergus & Zimmerman, 2005). Fergus and Zimmerman (2005) suggest that because of the multi-dimensional qualities of resilience, interventions that span multiple risks and resources are the most effective.

Current Study

The current study aims to establish how clinical psychologists prioritise key factors identified by young people and a multi-disciplinary team that promote resilience when accessing or being discharged from inpatient mental health services. As professionals with several years' experience of working with young people with mental health needs, clinical psychologists have a wide range of experience to draw upon in their judgements.

An adolescent inpatient service in the North of England had undertaken two studies ascertaining young people's (Fagan, Knowles, & Greasley, 2016) and professionals' (Barrow, Knowles, Worrell, & Rogers, 2017) views on resiliency factors pertinent to this population. Fagan et al. (2016) explored the views of ten young people accessing specialist mental health services through individual and group interviews. The data were analysed using thematic analysis and three themes were identified: Relationships and support; Perspectives on recovery and the self; The process of learning. Barrow et al. (2017) undertook semi-structured interviews, with ten staff from the multi-disciplinary team, which focussed upon

participants' views of what helps young people to cope with difficult life events and what helps young people to recover/progress after they have struggled with their mental health. Participants were asked to specifically consider their experiences of working in adolescent inpatient mental health services. The data were analysed using thematic analysis resulting in seven key themes: Relationships with family and friends; Structure, stability and safety; Supportive education and employment opportunities; Empowerment and ownership; Engagement, understanding and support with community teams; Soothing and coping with your emotions; Awareness of self and others. The results of these studies were used to inform the generation of statements for the current study.

Method

Design

The Delphi technique utilises the decision-making of a group of experts to establish agreement on a topic (Okoli & Pawlowski, 2004; Powell, 2003). Firstly, a panel generate a list of factors relating to a given topic; then a survey on the factors is distributed to the panel to ascertain levels of agreement about their relevance (Okoli & Pawlowski, 2004). Following analysis, results are then fed-back to the panel; and finally, any items not reaching consensus are re-surveyed (Okoli & Pawlowski, 2004) until a final set of statements is produced.

In the current study, the Delphi method was chosen as it allowed the integration of ecologically valid service user and staff perspectives with an expert clinical psychology panel. The first step of the Delphi design was adapted to accommodate pre-existing qualitative research from the service (as outlined above), whereby the resultant themes and sub-themes were reviewed by the research team (instead of the panel) and converted into corresponding statements. These statements, presented as an e-survey using a five-point

Likert scale measuring perceived importance, were rated and re-rated by the panel in two separate survey rounds.

Participants

Panel members were included if they had doctorate level training in Clinical Psychology and were registered with the Health and Care Professions Council as a Practitioner Psychologist. Each panel member had two or more years of professional experience working with young people accessing inpatient mental health services. Of the 20 participants invited, 15 completed the first panel survey and 14 completed the second panel survey. 14 panellists currently worked in adolescent inpatient mental health services in the North of England and one panel member had previously worked in such a service.

Procedure

Ethics. This study gained ethical approval from the Faculty of Health and Medicine Research Ethics Committee (FHMREC) at Lancaster University.

Panel recruitment. Potential participants were recruited through professional contacts of the research team, the Forum for Inpatient Child and Adolescent Psychology Services, and on closed social media groups. Following initial contact, participants who qualified to take part in the panel were notified and assigned a unique panel ID.

Delphi stage 1: Statement and e-survey creation. The focus groups and staff interviews generated 17 themes and 12 sub-themes. From this, ET and SK created corresponding statements by extracting from the themes and sub-themes. The statements were reviewed and those that covered similar topics were discussed, and combined or removed. These were crosschecked by PG. This resulted in 67 statements. The statements were presented as an e-survey using a 5-point Likert scale to measure their perceived

importance to the concept of resilience in young people: 1 - Least important, 2 - Do not know/depends, 3 - Somewhat important, 4 - Important, 5 - Most important.

Delphi stage 2: First panel survey. Panel members were asked to rate each of the 67 statements on the e-survey.

Delphi stage 3: Analysis of first panel survey. Using a common method of analysis, percentages were calculated for each Likert point (Powell, 2003) and those for 'important' and 'most important' were summed, to give a percentage of consensus for each statement.

In the literature, it is common for research projects to use cut-off points that reflect the aims of the study, the type of statements being examined, and the data (Keeney, Hasson, & McKenna, 2006). As the statements used in this Delphi were deduced from studies undertaken with young people and staff, it was expected that the statements would generate a high level of consensus. To create a manageable number of statements that were highly relevant, the following inclusion and exclusion criteria were agreed by the authors. Statements rated as 'most important' or 'important' by 85% or more of the panel in the first and second round were included. Statements rated by less than 69% of the panel as 'most important' or 'important' were excluded from further consideration. Statements rated between 70-84% as 'most important' or 'important' were re-presented in the second panel survey.

Delphi stage 4: Second panel survey. The panel was asked to re-rate the statements that had previously achieved a consensus of 70-84%, using the same instructions, format, and Likert scale as in the first panel survey. The results for the second panel survey were analysed using the same cut-off points used in step 3.

Results

From the first panel survey, 17 statements were rated as "most important" or "important" (hereafter 'most/important') by 85% or more of the panel and would therefore be included in the final list of statements. Twenty-nine statements were rated most/important by less than 69% of the panel and, according to the inclusion/exclusion criteria, were excluded from the final list of statements (Table 1). In round 2, the panel re-rated 21 statements that achieved between 70-84% consensus in round 1; only two of these statements achieved a consensus of 'most/important' over 85%. These were added to the list of final statements presented in Table 2 which are organised into four themes: 1) Understanding the self; 2) Agency in recovery; 3) Interpersonal relationships; 4) Therapeutic setting and relationships.

Table 1

Table 2

The results suggest that the panel of clinical psychologists appears to see resilience as a dynamic process for this population, rather than a stable developmental trait (Windle, 2011; South et al, 2016). The statements align with the model describing resilience as an interplay between interpersonal skills, family, and wider community factors (Masten et al., 2009). The results highlight the perceived importance of the young person's awareness of the self and their understanding of the difficulties they are experiencing, being able to communicate this to others, and taking responsibility for their recovery, which represent cognitive and

personality skills such as self-regulation and adaptability described by Masten et al (2009). The importance of relationships, feeling "connected", "understood" and having "positive regard" from others reflects what is known about how family relationships can affect resilience (Masten et al., 2009). Finally, the statements relating to "purpose" and friendships could be understood as the young person's connection to the wider community (Masten et al., 2009). These statements, created by service users and refined by experts, capture how resilience is understood, and how it can potentially be influenced by young people's experiences of mental health and the inpatient setting.

Discussion

Most of the existing literature understands resilience as a complex combination of protective and risk factors ranging from interpersonal skills and family, to the wider community and society (Masten et al., 2009). The literature generally discusses this in terms of experiences, events, skills, or qualities that a person has or has experienced. Whilst the list of statements in Table 2 identify positive factors which are present, such as "having good therapeutic relationships", the results also suggest that a young person's experience of their situation, and how they perceive themselves within it, may be important. For example, the statements show how feeling "supported", "safe", "connected", "understood", and "experiencing positive regard" have been perceived by our sample as significant for resilience and indicate that the young person's perception of their support may be important. Statements such as "Understanding themselves as individuals and recognising their own needs", and "Having an understanding of their own difficulties" suggest that the young person's understanding of themselves may have an impact on resilience as well as adverse events or experiences.

It is likely that understanding the self and their mental health needs relates to the characteristics of the population. Young people in inpatient services have often already experienced significant negative life events (resulting in complex mental health needs), therefore understanding the events and how these impact upon them may become more important than whether they have happened. The literature identifies the importance of 'meaning making' in adjusting to negative life events, often involving a process of re-appraising the experience and integrating the events into their self-concept (Park, 2010). Reflecting on the final list of statements in this context, 'understanding the self' suggests that to be resilient is to understand or create meaning in one's situation and identity.

The literature generally focuses on the presence or absence of personal skills relating to resilience (Condly, 2005). However, the statements identified in this study suggest that the process of engaging in skill *acquisition* may be significant for resilience. The statements indicate that young people's ability to actively engage and be motivated in the recovery process is important for resilience. The idea of having agency, choice, and motivation around mental health is well-recognised within the literature and underpins the shift in practice towards recovery-focused therapeutic work (Lysaker & Leonhardt, 2012). Statements including "Finding a purpose and having things to work towards", "Having the opportunity to make mistakes and survive failure", and "Developing a positive relationship with themselves" suggest that it is not only that these things exist for a young person, but also the process of learning or implementing them that may be significant for resilience. The importance of the processes in recovery and therapy, rather than the outcome, has been recognised frequently in the literature (Rogers, 1958; Hubble, Duncan, & Miller, 1999).

Post-traumatic growth is the idea that following adversity some individuals can experience positive outcomes (Park & Helgeson, 2006) which include changes in self-concept and confidence, relationships, and priorities (Joseph & Linley, 2005). These ideas are

reflected in statements around young people understanding their self and difficulties, having the confidence to make mistakes, connection and emotional support from others, and finding purpose. Thus, for this population, it is perceived that resilience includes an understanding of what a young person has gained from their experiences and how this can positively support them.

Furthermore, these perspectives on resilience may be particularly important considering the developmental adolescent period. Adolescence is traditionally seen as a period for the development of self, goals and values (Marcia, 1980), and these statements highlight the added challenges that this population may face in developing an identity. Additionally, research indicates that beliefs about self-competency develop through childhood and adolescence, and these beliefs influence coping in daily life (Cole et al., 2001); the importance of this is reflected in the theme "Understanding the self".

Resilience and Adolescent Inpatient Settings

It is evident that the unique experience of inpatient care is also reflected in the statements. The theme "therapeutic setting" reflects both what inpatient care offers young people and what is lacking in their typical environment. "Feeling safe within their environment" achieved 100% consensus from the panel. This is reflected in a recent qualitative study by Gill, Butler and Pistrang (2016) in which young people reflected that inpatient services should provide a consistent, safe, and non-judgemental environment which supported their recovery.

The theme "Agency in recovery" reflects the structured environment young people experience in inpatient settings (Gill et al., 2016). The theme incorporates the idea that for resilience, young people need to experience a level of control and responsibility over their situation and mental health, but in inpatient settings may feel this is restricted. Young people

have identified that despite inpatient structure being helpful, the experience can feel like a "fake world" (Gill et al., 2016 p. 62), with high levels of structure that can feel confining, whereas they sought independence and wanted to try things out for themselves (Gill et al., 2016). These issues highlight the different experiences that these young people have compared to their peers. This is reflected in statements such as "Having friendships that provide the opportunity to have fun and share experiences" and "Having the opportunity to make mistakes and survive failure", suggesting that having opportunities to create typical adolescent experiences is perceived as important for resilience. This suggests that gaining independence whilst maintaining a safe and supportive base is likely to be important for resilience in young people.

The statement "Having good therapeutic relationships" attained a consensus of 93%, highlighting the significance of professionals' roles in supporting resilience. The caregiving roles that professionals provide can form important attachments (Atwood, 2006), and professionals may also provide key mentoring (Zimmerman et al., 2013). The statements in this theme relating to therapeutic settings and stable and supportive relationships, reflect existing concepts of resilience from the influence of family and wider community factors (Masten et al., 2009; Werner, 1995).

Furthermore, the theme "Interpersonal relationships" indicates the significance of young people having opportunities to "seek out positive relationships" and create "friendships that provide opportunity to have fun and share experiences". Young people need "connection", "positive regard", "emotional support" and "co-regulation" from others. In the context of understanding their needs, statements such as "Having the ability to communicate their needs and emotions to others", suggest that the need for support is perceived as paralleled with a young person's ability to communicate and elicit this support from others. These opportunities for peer support may be limited in inpatient care (Gill et al., 2016).

Study Strengths and Limitations

In a Delphi study, the statements are typically created by an expert panel (Powell, 2002), but in this study the statements were created from a former study in which young people discussed the concept of resilience. This adaptation allowed for the inclusion of valuable perspectives from service users and staff, and facilitated the production of relevant statements yielding a relatively high proportion of statements that achieved consensus (cf. a recent Delphi study by South et al, 2016). However, the study had a panel solely comprised of clinical psychologists, which means that the findings are based upon the perceptions of these professionals (although initial statements were drawn from service user and multi-disciplinary staff research).

Clinical Implications and Future Research

The primary aim of this study was to better understand the concept of resilience within young people accessing adolescent inpatient mental health services, to inform the development of assessment and intervention materials. These statements could therefore aid the development of an assessment capturing the dynamic process of resilience including personal agency and resources more specific to young people in inpatient services (cf. Windle et al 2011). As the results show resiliency as a dynamic process, with many dynamic factors, these could be used to focus intervention and treatment plans to support the young people to use the resiliency factors that they already have, and build on the factors that can be strengthened (such as developing emotional regulation skills or a greater understanding of the young person by family members) to support them to 'bounce back' from their inpatient stay and make a good transition back home. The findings of this study could also be helpful when thinking about young people in other settings, such as the secure estate, who may be looking to transition back home following a prolonged stay away from their home environment.

Several wider implications that could inform practice have been identified throughout the discussion. It was seen that improving resilience involves supporting the young person's understanding and appraisal of their situation and the impact this has on their identity as a developing adolescent. Psychological formulation could be undertaken with each young person and shared with their family (or caregivers) and multi-disciplinary team (including community team) to develop a greater shared understanding of the young person as an individual, their strengths and needs. The statements suggest that services should have an awareness of the importance of caregiving relationships and the opportunity to provide attachment and mentoring relationships. Therefore, services should support ongoing positive contacts between young people and their families (or other important adults in their lives), and family support or therapy where appropriate, to build on their attachment relationships. It may be useful to have groups for parents whose children are in inpatient settings, to learn how to best support their child upon discharge and continue to build their resilience. Key work sessions with a regular member of staff would also be important to support the development of trusting therapeutic relationships. Services should also consider and regularly review what influence the experience of inpatient care is having on a young person (whether it is helpful or not). The statements indicate that to support resilience, services should consider how they can provide as many 'normal' opportunities for young people to make decisions, have independence, and find meaningful relationships. Discharge planning is a key part of this process, to ensure that the young person has a sense of choice and agency in treatment decisions and their ongoing care (ascertaining their views and offering choice), to ensure that community services are on board with the treatment plan, and that the young person feels 'safe' in the environment that they are going to be discharged to, with the correct level of support.

Future research could focus upon resilience factors for young people who have left the secure estate – their views of the resilience factors which have supported them to transition back into their everyday lives.

Conclusion

The statements reflect the views of a group of clinical psychologists on the meaning of resilience for young people with complex mental health needs, and suggest that resilience can be supported by services offering secure therapeutic relationships, and a safe environment for young people to make decisions, explore relationships, and understand themselves and their experiences.

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Table 1: Excluded statements

Round 1: Excluded statements rated below 69%	% consensus
Having a cohesive community team of mental health, education and health professionals	67%
Having opportunities for success and achievement apart from exams	67%
Having opportunities to socialise	67%
Having a shared understanding of psychological formulation between the young person, family/carers and services	67%
Having supportive structures at school or employment	67%
Having the ability to recognise small achievements	67%
Accepting their situation	67%
Having an opportunity for emotional expression/regulation through activities	67%
Having structure to their day	60%
Having skills and/or talents and the opportunity use them	60%
Being engaged and having ownership of treatment plan	60%
Having community mental health services available and easily accessible	60%
Having self-confidence	60%
Having one mental health professional that they connect with and can talk to	60%
Receiving support with the re-integration into education services within the community	53%
Having an understanding of their psychological formulation	53%
Engaging in some forms of distraction from difficulties	53%
Opportunities to receive advice from a mental health professional	53%
Having time to engage and build a relationship with a mental health professional	53%
Having the opportunity to release emotions through talking with others	53%
Having the ability to see wider context and consequences of behaviours	47%
Having an understanding of the difficult journey to recovery	47%
Having an understanding of the process of recovery	47%
Early acknowledgment of difficulties	40%
Feeling needed by others	33%
Having a plan for the future	27%
Having access to people with similar mental health difficulties	13%
Being an advocate for others and/or being an expert in the context of mental health services	7%
Having access to religious and/or spiritual guidance	0%
Round 2: Excluded statements below 85% consensus	
Having individualised coping strategies	77%
Having the ability to forgive themselves	77%
Opportunity for personal growth and new learning about themselves	77%
Having the ability to self-reflect	69%
Having emotional awareness	69%
Taking responsibility for their recovery	64%
Having a role other than the role of a mental health patient (for example being involved in a buddy system)	62%
Having empathy and understanding of others	62%
Being supported to maintain their identity and/or independence whilst having input from mental health services	62%
Having motivation for recovery	62%
Having a stable home environment	57%
Having access to crisis support	54%
Receiving support with the re-integration into mental health services within the community	54%
Engagement in education or employment	54%
Having a stable routine	54%
Being part of a community	54%
Taking control of their recovery	54%
Having the ability to recognise and end unhelpful relationships	54%
Engaging in hobbies and interests	54%

Table 2 Importance for resilience: Final statements arranged into themes

Themes	Statements	% Consensus
Understanding the self	Having an understanding of their own difficulties	93%
	Understanding themselves as individuals and recognizing their own need	87%
	Developing a positive relationship with themselves	87%
	Having the ability to self-soothe	85%*
Agency in recovery	Being involved in decisions or choices about their own care	93%
	Having a sense of agency over own recovery	93%
	Having the opportunity to make mistakes and survive failure	87%
	Being engaged and motivated to change (rather than being a passive recipient of care)	85%*
Interpersonal relationships	Feeling connected to others	93%
	Feeling understood by another person	93%
	Experiencing positive regard from another person	93%
	Having the ability to communicate needs and emotions to others	87%
	Seeking out positive relations	87%
	Having friendships that provide opportunity to have fun and share experiences	87%
Therapeutic setting and relationships	Feeling safe within their environment	100%
	Having good therapeutic relationships	93%
	Having consistent and reliable support	93%
	Finding a purpose and having things to work towards	87%
	Having someone available to provide emotional support and co-regulation of emotions	87%

* Two statements achieving over 85% consensus in round 2.