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

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What is Resilience?


Due to the complex and individualistic nature of coping, resilience has evolved into a multi-faceted concept (Olsson et al., 2003).

Resilience involves two aspects: the adverse event and adaptation (Masten, Cutuli, Herbers, & Reed, 2009)

- **Adversity**: a single traumatic event or the accumulation of events over time

- **Adaptation**: a process where internal individual factors interact with the external stressor, mediating an individual’s ability to cope.
Why Study Resilience?

- 50% of mental health problems emerge by age 14, and 75% by the age of 24.
- Understanding the difference between young people who develop mental health problems and those who don’t can inform both preventative and reactive clinical practice (Masten, 2001).
- Resilience offers a strength based approach promoting internal and external resources (Fergus & Zimmerman, 2005).

But

- Definitions of resilience are difficult to consolidate
- There are no gold standard assessment or intervention methods
Application of Resilience in Tier Four Services

- Resilience becomes more complicated when a person has already experienced adversity and is in the process of adapting (such as being in therapy).

- The service found that the available resilience assessments don’t work for young people in tier four services.

- The service reported this population find it difficult to accurately reflect on their own protective factors and struggle to see the positives and strengths within themselves. (particularly young women)

- Young people with complex mental health needs may under-report positives and over-report negatives leading to difficulties estimating risk and resilience.
The Aims of this Study

• To explore what resilience means for this population of young people

• The service wanted to understand what helps young people bounce back (rather than what creates the problem)

• From the results the service hope to create a tool for assessment and intervention tools based on resilience. Therefore, the aim was to create a concise number of statements which were most important for resilience based on previous research conducted by the service
What’s a Delphi Study?

Design

- Developed by Dalkey and Helmer (1963), the Delphi was a technique for goal- and policy-setting
- A combination of qualitative and quantitative methods
- Delphi design typically involves three or more survey rounds (Powell, 2002).

- First survey round- a panel decide on all the possible important factors relating to a topic
- Second survey round- the panel (often a wider panel) rate each of the items. Items reaching a threshold are included, between a threshold are re-rated and items bellow a threshold are excluded
- Third survey round- items between a threshold are re-rated.

Panel members

- Expert vs large panel
Adaptations

• In this study, the first step of the Delphi design was adapted to accommodate pre-existing qualitative research from the service.

• The themes and sub-themes from the previous were reviewed by the research team (instead of the panel) and converted into corresponding statements.

• We also added a qualitative component in second panel survey
Method

Participants

- We chose an expert panel of 15 Clinical Psychologists with 2 or more years experience working in tier four services. (15 panel members completed the first panel survey, 14 completed the second)

Procedure

Stage 1: statement creation

- 67 statements were created from themes and sub-themes of previous research. These were uploaded onto Qualtrics using a 5 point Likert scale measuring perceived importance 1 - Least important, 2 - Do not know/depends, 3 - Somewhat important, 4 - Important, 5 - Most important.

Stage 2: First panel survey

- Panel members were asked to rate the importance of each statement in relation to resilience.

- The results were analysed using the following thresholds: Statements rated as ‘most important’ or ‘important’ by 85% or more of the panel 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.

Stage 3: Second panel survey

- Results from the first survey are fed back and the panel are asked for comments

- Statements are re-rated by the panel
Results

Stage 2: First panel survey

- 17 statements were rated as “most important” or “important” by 85% or more of the panel.
- 21 statements were rated between 70-84% and were re-rated in the second panel survey.
- 29 statements were rated as “most important” or “important” by less than 69% of the panel and were excluded from the final statements.

Stage 3: Second panel survey

- Two further statements which reached a consensus of 85% or above were included. Total of 19 statements.
- Qualitative comments from the panel were reviewed and discussed. However, the statements that individuals commented on had low levels of consensus and were therefore not included in the final statements.
<table>
<thead>
<tr>
<th>Included statements rated 85% or more</th>
<th>% consensus</th>
<th>Statements rated between 70%- 84%</th>
<th>% Consensus</th>
<th>Excluded statements rated below 69%</th>
<th>% consensus</th>
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</thead>
<tbody>
<tr>
<td>Feeling safe within their environment</td>
<td>100%</td>
<td>Having a stable home environment</td>
<td>80%</td>
<td>Having a cohesive community team of mental health, education and health professionals</td>
<td>67%</td>
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<td>Having an understanding of their own difficulties</td>
<td>93%</td>
<td>Being engaged and motivated to change (rather than being a passive recipient of care)</td>
<td>80%</td>
<td>Having opportunities for success and achievement apart from exams</td>
<td>67%</td>
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<td>Being involved in decisions or choices about their own care</td>
<td>93%</td>
<td>Having a role other than the role of a mental health patient (for example being involved in a buddy system)</td>
<td>80%</td>
<td>Having opportunities to socialize</td>
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<td>Having a sense of agency over own recovery</td>
<td>93%</td>
<td>Having the ability to self-soothe</td>
<td>80%</td>
<td>Having a shared understanding of psychological formulation between the young person, family/carers and services</td>
<td>67%</td>
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<tr>
<td>Having good therapeutic relationships</td>
<td>93%</td>
<td>Having individualized coping strategies</td>
<td>80%</td>
<td>Having supportive structures at school or employment</td>
<td>67%</td>
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<tr>
<td>Feeling connected to others</td>
<td>93%</td>
<td>Having the ability to self-reflect</td>
<td>80%</td>
<td>Having the ability to recognise small achievements</td>
<td>67%</td>
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<td>Feeling understood by another person</td>
<td>93%</td>
<td>Having emotional awareness</td>
<td>80%</td>
<td>Accepting their situation</td>
<td>67%</td>
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<td>Having consistent and reliable support</td>
<td>93%</td>
<td>Having the ability to forgive themselves</td>
<td>80%</td>
<td>Having an opportunity for emotional expression/regulation through activities</td>
<td>67%</td>
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<td>Experiencing positive regard from another person</td>
<td>93%</td>
<td>Having motivation for recovery</td>
<td>80%</td>
<td>Having structure to their day</td>
<td>60%</td>
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<tr>
<td>Having the ability to communicate needs and emotions to others</td>
<td>87%</td>
<td>Having a stable routine</td>
<td>80%</td>
<td>Having skills and/or talents and the opportunity use them</td>
<td>60%</td>
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<td>Having the opportunity to make mistakes and survive failure</td>
<td>87%</td>
<td>Engagement in education or employment</td>
<td>80%</td>
<td>Being engaged and having ownership of treatment plan</td>
<td>60%</td>
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<tr>
<td>Developing a positive relationship with themselves</td>
<td>87%</td>
<td>Opportunity for personal growth and new learning about themselves</td>
<td>80%</td>
<td>Having community mental health services available and easily accessible</td>
<td>60%</td>
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<tr>
<td>Finding a purpose and having things to work towards</td>
<td>87%</td>
<td>Engaging in hobbies and interests</td>
<td>80%</td>
<td>Having self-confidence</td>
<td>60%</td>
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<td>Seeking out positive relations</td>
<td>87%</td>
<td>Having access to crisis support</td>
<td>73%</td>
<td>Having one mental health professional that they connect with and can talk to</td>
<td>60%</td>
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<td>Understanding themselves as individuals and recognising their own need</td>
<td>87%</td>
<td>Being part of a community</td>
<td>73%</td>
<td>Receiving support with the re-integration into education services within the community</td>
<td>53%</td>
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<td>Having someone available to provide emotional support and co-regulation of emotions.</td>
<td>87%</td>
<td>Being supported to maintain their identity and/or independence whilst having input from mental health services</td>
<td>73%</td>
<td>Having an understanding of their psychological formulation</td>
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<td>Having friendships that provide opportunity to have fun and share experiences</td>
<td>87%</td>
<td>Taking control of their recovery</td>
<td>73%</td>
<td>Engaging in some forms of distraction from difficulties</td>
<td>53%</td>
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<td>Receiving support with the re-integration into mental health services within the community</td>
<td>73%</td>
<td>Opportunities to receive advice from a mental health professional</td>
<td>53%</td>
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<td>Having empathy and understanding of others</td>
<td>73%</td>
<td>Having time to engage and build a relationship with a mental health professional</td>
<td>53%</td>
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<td>Taking responsibility for their recover</td>
<td>73%</td>
<td>Having the opportunity to release emotions through talking with others</td>
<td>53%</td>
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<td>Having the ability to recognise and end unhelpful relations</td>
<td>73%</td>
<td>Having the ability to see wider context and consequences of behaviours</td>
<td>47%</td>
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<td>Having an understanding of the difficult journey to recovery</td>
<td>47%</td>
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<td>Having an understanding of the process of recovery</td>
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<td>Early acknowledgment of difficulties</td>
<td>40%</td>
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<td>Feeling needed by others</td>
<td>33%</td>
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<td>Having a plan for the future</td>
<td>27%</td>
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<td>Having access to people with similar mental health difficulties</td>
<td>13%</td>
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<td>Being an advocate for others and/or being an expert in the context of mental health services</td>
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<td>Having access to religious and/or spiritual guidance</td>
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<td>Statements re-rated in second round</td>
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<td>Being engaged and motivated to change (rather than being a passive recipient of care)</td>
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<td>Having the ability to self-soothe</td>
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<td>Having individualised coping strategies</td>
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<td>Having emotional awareness</td>
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<td>Taking responsibility for their recovery</td>
<td>64%</td>
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<td>Having a role other than the role of a mental health patient (for example being involved in a buddy system)</td>
<td>62%</td>
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<td>Having empathy and understanding of others</td>
<td>62%</td>
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<td>Having a stable home environment</td>
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<td>Having access to crisis support</td>
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<td>Receiving support with the re-integration into mental health services within the community</td>
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<td>Engagement in education or employment</td>
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<td>Having a stable routine</td>
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<td>Being part of a community</td>
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<td>54%</td>
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<td>Themes</td>
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</table>
| Understanding the self         | Having an understanding of their own difficulties  
Understanding themselves as individuals and recognizing their own need  
Developing a positive relationship with themselves  
Having the ability to self-soothe |
| Agency in recovery             | Being involved in decisions or choices about their own care  
Having a sense of agency over own recovery  
Having the opportunity to make mistakes and survive failure  
Being engaged and motivated to change (rather than being a passive recipient of care) |
| Interpersonal relationships    | Feeling connected to others  
Feeling understood by another person  
Experiencing positive regard from another person  
Having the ability to communicate needs and emotions to others  
Seeking out positive relations  
Having friendships that provide opportunity to have fun and share experiences |
| Therapeutic setting and       | Feeling safe within their environment  
Finding a purpose and having things to work towards  
Having good therapeutic relationships  
Having consistent and reliable support  
Having someone available to provide emotional support and co-regulation of emotions. | relationships |
Discussion

• Similar to the existing literature, the statements suggest that resilience is a psychosocial process involving internal and external resources including interpersonal skills, family, and wider community factors (Masten et al., 2009).

• However, the statements demonstrate that for these young people, factors of resilience are influenced by their experience of mental health and the in-patient setting.
Resilience and Having Complex Mental Health Needs

The importance of a young persons understanding/perception

- Unlike the existing literature, statements such as “Understanding themselves as individuals and recognising their own needs”, and “Having an understanding of their own difficulties” suggests that the young person’s understanding of themselves has as an impact on resilience as well as adverse events or experiences.

- Young people in tier four services have already experienced significant negative life events (resulting in complex mental health needs), therefore understanding the events and how these impact them may become more important than whether they have happened.

- the importance of ‘meaning making’? (Park, 2010)

- Can resilience be facilitated by encouraging young people to explore and understand their experiences and identities?
Resilience and Having Complex Mental Health Needs

Post-traumatic growth could be relevant for resilience

- Post-traumatic growth - following adversity some individuals can experience positive effects including changes in self-concept and confidence, relationships, and priorities (Park & Helgeson, 2006).

- 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.
Resilience and Adolescent In-patient Settings

Agency and in-patient settings

• A number of statements indicated the importance of choice and independence for resilience. This is different from the existing literature and perhaps reflects the experience of inpatient settings.

• As a developmental period young people typically gain increasing independence however this population are experiencing less

• In-patient settings could hinder young peoples sense of independence and choice?
Resilience and Adolescent In-patient Settings

Relationships with staff

- Caregiving roles that professionals provide are important attachments relationships, which are known to be important for resilience (Atwood, 2006).

- The proximity of staff may mean they temporarily take on roles as family or community?

Relationships beyond staff

- Opportunities to “seek out positive relationships” and create “friendships that provide opportunity to have fun and share experiences” are important for resilience.

- These opportunities could be limited by in-patient settings?

- Services should consider ways that they could provide opportunities for young people to explore relationships in their community.
Strengths and limitations

• Incorporating pre-existing literature. A novel method for validating qualitative research?

• High levels of consensus offer some validation of previous research conducted by the service

• Service led- focuses on protective factors and creating a concise understanding of resilience

• Recruited intended sample size

• Research team bias? – panel may have come up with different statements

• Doesn’t include risk factors- the reverse of protective factors can not be assumed to representative

• Statements could be general factors relating to therapy, mental health or recovery?

• One panel member did not complete the second survey which affects the percentage consensus.
Clinical Implications

• For resilience in tier four services, supporting the young person’s understanding and appraisal of their situation and the impact this has on their identity as a developing adolescent is important.

• Services should have an awareness of the importance of their caregiving relationships and the opportunity to provide positive attachment and mentoring relationships. How is this continued or supported in the community?

• Services should consider how they can provide as many ‘normal’ opportunities for young people to make decisions, have independence, and find meaningful relationships.
Future Research

Research

- exploration of specific risk factors
- the creation and validation of measures and tools
- other adult and child mental health settings.
References


Any Questions?