Student: Catherine Fraser

Student number 254408

Supervisor: Vanessa Heaslip



# **MASTER THESIS**

NORDIC MASTER'S IN SOCIAL WORK AND WELFARE (NOSWEL)

# WHAT DO ADOLESCENTS VIEW A THE MAIN FACTORS IMPACTING ON THEIR EMOTIONAL AND MENTAL WELL-BEING; A SYSTEMIC REVIEW OF QUALITATIVE RESEARCH INTO THE YOUNG PERSONS PERSPECTIVE

Department of Social Sciences
University of Stavanger, Norway
30/06/2022

Content	Page Number
Abstract – background, method, results, conclusions	3
Key Words	3
Introduction	4
Theoretical background	4
Definition of adolescence	4
Description of identity formation in adolescent years	6
Current trends on the mental well-being of young people	8
Adolescence as a specific category of mental health	9
Implications of the Reported mental health statistics for Adolescence,	10
Summary of the concept of Adolescence	13
Factors Influencing the Well-being of Young People Today	14
Influence of social media on youth of today	14
impact of societal changes to adolescent physical health	15
Increasing Pressure to Succeed	16
Experience of Stigma and Shame	
Summary of present thinking	16
Methodology	
Justification of Methodological Framework	17
What Is a Systematic Literature review	18
Method	19
Literature search strategy	19
Inclusion/ Exclusion Criteria	20
Method of analysis	22
Results	23
Search Results	23
Data extraction and validity	29
Thematic Analysis of Data	30
Discussion	
Limitations	

#### **Conclusions**

WHAT DO ADOLESCENTS VIEW A THE MAIN FACTORS IMPACTING ON THEIR EMOTIONAL AND MENTAL WELL-BEING.

A SYSTEMIC REVIEW OF QUALITATIVE RESEARCH INTO THE YOUNG PERSONS PERSPECTIVE

# **Abstract**

**Background** – Globally, the reported numbers of depressive and anxiety symptoms in young people is rising. Concern over this phenomenon has been expressed through advocacy organisations such as the World Health Organisation (WHO) and governments world-wide. Despite concerted efforts, in the form of research and new social initiatives, to reduce these mental health difficulties in young people, the upward trend seems to be continuing. Whilst there have been numerous national scale quantitative studies undertaken to explore the prevalence of the phenomenon, there have been far fewer qualitative enquiries to consider these mental health difficulties from the young person's perspective. This Systematic Review aims to access the research evidence thus far uncovered regarding young people thoughts as to the factors that are most significantly impacting their experience of mental well-being and distress.

**Method** This review was guided by the Preferred Reporting Items for Systemic Reviews and Metaanalysis (PRISMA) protocols to ensure that the most valid and relevant literature was accessed in a transparent and methodological manner. 26 qualitative studies were identified as meeting the criteria of this review. The resulting data was then investigated using Thematic Analysis to ascertain the main themes emerging from young people's accounts of the mental health difficulties in the present social environment. The aim being to ascertain what are the most helpful strategies young people utilise in striving to gaining positive mental well-being and the factors that hinder this.

**Results** Through thematic analysis of all studies found that met the criteria of this reviews, key themes were identified and subsequent amalgamate into comparable categories Six core themes were identified as helpful in aiding our understanding the research aim of a greater understanding the lived experience of young people's mental health in the present socio-economic environment. The six main themes were:- distractions, de-stressor and calming tool; workload, life balance and future aspirations; use of social media; identity, social networks and fitting in; the role of the family and peer support; and isolation, misrepresentation and shame.

# **Conclusions**

Key words. Adolescents or young people, mental health, qualitative inquiry, lived experience,

#### Introduction

A marked trend in national and international surveys indicate a substantial increase in observed cases of mental health difficulties among young people in many Western cultures. This is noted both in general population surveys of life satisfaction, and in reports of clinical diagnoses of mental illness by professional health and social care providers. These figures suggest that mental health problems among young people are increasing year on year and spreading at an accelerating rate. Young Minds in the UK estimate that in 2017 one in nine young people aged 5 to 16 had mental health struggles and this figure increased to one in six by 2021 (Young mind 2021). The World Health Organisation (WHO) estimates that one in five young people globally currently experience a mental health problem (WHO 2005, 2020). It has also been suggested that one in three adolescents meet the criteria for an anxiety disorder in the United States (US) (National Institute of Mental Health (NIMH) 2017).

This trend has been observed despite an increasing amount of research being conducted to identify the preventive and supportive factors that have an impact youth mental health, and the subsequent introduction of policies to improve mental well-being in this age group. Example of such policy innovations includes the introduction mental health awareness and mindfulness programmes in schools. The remit of such programmes being to provide universal awareness of mental health and preventative coping skills. The aim being to help reduce anxiety and stress and increase emotional regulation for young people. The school environment is seen as common not threatening location most adolescents have access to (Brodderick and Frank 2014, McDowella et al 2020). National examples of such initiatives include Youthspace in the UK and Headspace in Australia (Hall et al 2016). There has also been an increase in research into how to better engage with and provide services which are therapeutical welcoming to young people. This being in response to evaluative research finding, which suggest young people are reluctant to seek help and it can be challenging to retain their attendance once the initial crisis for the original intervention has been resolved (McDowella et al 2020 Young minds 2018).

A number of theories from differing disciplines have been proposed within current literature to explain this trend. However, these explanations do not appear to be able to decrease the level of cases being reported and sometimes seem contradictory in relation to one another. In order to gain a better insight into the numerous interpretations for why mental distress is impacting young people today a systematic exploration of the relevant data to evaluate current knowledge would be helpful to gain clarity. This review will therefore evaluate such research to access the relative merits of its finding from a young person's perspective. Utilising a systemic literature search and subsequent thematic analysis methodology, it will consider the different factors that young people report as being impactful on their wellbeing and consider what they see as being most effective in helping young people with their mental health issues and compare their views with views proposed in wider literature on the topic.

When using the term mental health in this paper it is referring to the broader definition of mental health conceptualised as continuum between mental well-being and mental illness used in the United Nation Convention on the Rights of Children and Adolescents rather than a fixed definition of a mental illness condition (UNCR 1990, Atlas 2005). This allows for the inclusion of Article 29 of the convention, which advocates for interventions to be in the best interest of the child/adolescent. The aim being to provide each young person with the education and recourses they need to fully develop their personality, talents, and mental and physical abilities. This way of defining mental health allows for a much broader discussion than that of a medical diagnosis and treatment plan. When referring

mental health difficulties, the term is being using to incorporate a generalised umbrella term of symptoms on a continuum of factors of psychological distress such as anxiety, depression and stress that interfere with individual's ability function optimally. When symptoms are prolonged, they are recognised as a mental illness or mental disorder.

The term young people refers to individuals who are in the biological and developmental transitional stage of adolescence, which is characterised as the passage from childhood to adulthood (Hall 2016, Newman & Burleson 2012). Whilst being aware that there could be discussion about the timescale at which this transition occurs, and acknowledging it is alters for different individuals, this paper will consider onset of adolescents to be from 11 years old, which both co-insides with a social change from a younger school system to an older school in many societies and it is the age that physical changes most commonly start to be observed. It will further consider the stage of adolescence as incorporating the period though until 24 years old. This stance is in line with the now generally accepted view that brain development extends throughout and up to this age (Jenson 2915). Additionally, social transition towards independent living is happening at later chronological ages due to longer period in education and training. Although there may be cultural differences in the perception of changes during this stage of life, it is nevertheless a recognised time of physical change and growth that all people experience.

# Theoretical background

#### **Definition of adolescence**

Adolescence has been almost universally accepted as a second period of substantial personal development both in terms of identity formation and neurological development. The period of adolescence being described as the period of transition from childhood to adulthood. It is characterised by physical, neurological, hormonal changes at the biological level. However, it is also marked by a number of psychological and social changes as the young person matures and begins to formulate independence and self-identity outside to their family network (Geldard, K. & Geldard. 1999)

Although the concept of adolescence is widely used in Western societies, there is nevertheless considerable debate about the nature of the term depending on the historical, social, or cultural standpoint from which it is viewed. At the heart of this debate is the question of whether adolescence is a social construct or a specific biological stage of development in a young person's life. Crosscultural studies of the meaning attached to adolescence suggest that the way this chronological period in a person's life is viewed is culturally defined (Kroger 2014). Logically, if the meaning of adolescence is, at least in part, culturally determined, its definition can also be conceptualised differently at different historical points within a culture. Therefore, the way adolescence is conceptualized and the meaning attached to this period of life can vary greatly and it is important to maintain a culturally sensitive lens so as not to make assumptions that one person's experience is the same as other. However, advances in technology that allow us to study hormonal and brain development have shown that there is a universal period of growth, physical changes and brain development and reconfiguration that demonstrates that adolescence is a biologically distinct period in a person's life span that marks the transition from childhood to adulthood (Jensen 2015). This being a stance that is endorsed by WHO with its call for adolescence to be treated as a distinct and vulnerable population group in its own right. Adolescence should therefore be considered a universally significant developmental phase that may vary culturally. (WHO 2005)

Traditionally, much emphasis has been placed on the importance of positive early childhood development as an indicator of well-being in adulthood. Theories of attachment, in which a maturing infant will gain a new sense of themselves as an individual separate from their primary care giver, and will being to explore the immediate physical world around them safe in the knowledge, if this carer infant bond is strongly formed, that they have a safe and secure place to return should they need it (Holmes, 2014) Interventions to ensure children reach their potential have often focused on positive early attachment training and positive parenting skills. However, there is growing evidence that adolescence is an equally important developmental period, particularly in terms of the formation of personal identity and positive self-esteem, which are crucial for later psychological well-being (Buchanan & Ritchie 2004, Mruk 1999). Therefore, this stage of development is crucial for the realisation of potential life chances throughout a person's lifespan. However, the statistics discussed in the introduction section suggest that this is a developmental stage is becoming increasingly difficult to manage for many young people and this is leading to increasing mental health distress.

The WHO states that mental well-being is more that merely the absence of mental distress. Rather it is a young person's ability to develop their potential to the full in relation to all aspects of their life, including having the ability to formulate a positive view of their own identity, and through supportive role models. reach the maturity to manage their emotions and thought processes; have access to and built meaningful social connections; and have access to the education they need to reach their full potential as functioning members of the society into which they belong (WHO 2021) Whilst the unfair disadvantages that poverty, lack of structural resources, social stability and safety young people in many Low Income Countries endure should not be minimized, it is noteworthy that mental health difficulties and all the associated risks regarding not reaching full potential being experience by many young people in High income Countries. This poses the question what more is happening for the youth of today besides the conventional theories of deprivation that explain risk of mental illness (WHO 2005, 2021, Buchanan & Ritchie 2004)?

Many reasons could be suggested for this. Does increased access to choose from nationwide or even global opportunities, afforded to young people today due to global travel and technological advances, have the side effect of leading to more anxiety? Could it be that modern education methods are ill-preparing today's young people to navigate the vastly changing modern world they are entering into as young adults? Could the same be said of modern parenting methods and modern family lifestyle choices? What impact does social media have on young people's self-esteem? Is it simply a matter of better reporting and recording of such experiences? The following section examines some of the literature and theories that have attempted to answer some of these questions and critically analyses the extent to which they are useful in explaining the statistics outlined above

# Description of identity formation in adolescence

Adolescence has been described as feeling caught between the two meaningful social niches of childhood and adulthood and as a time when one struggles with feelings of identification and belonging (Kroger 2004). It is the time when individuals move away from the influence and protection of their families and experiment with their self-identity and explore what roles they will take on in society as an independent being (Geldard & Geldard 1999). It stands to reason that the transition from childhood to adulthood is a crucial phase of identity formation. It influences how a young person perceives their place in society; how they organise themselves and respond to different social institutions. These patterns of behaviour are often continued into adulthood with adolescent identity formation laying the foundation of later life chances (Buchanan & Ritchie 2004).

However, Kroger (2004), drawing on Eriksons theories of psychological development highlighted that that such notions of identity formation in adolescence also have a historical significance that only became an important issue in Western societies from the late 19th century onwards. Erikson proposed that all individuals experience eight stages of psychological development within their lifetime. He saw adolescence as being a period categorised as identity verse's role confusion. It was defined as a time of increasing independence as the young person venture into society without the family and builds a sense of self through the social interactions they engage in. (Erikson, J 1997, Kroger 2004) Before modernity, adult identities were fixed in that the social rank into which one was born determined one's place in life. It was only with the Industrial Revolution, which enabled the emergence of a middle class and social mobility, that self-definition and achievement based on effort became a means of changing social status. The concepts of self-definition and personal belief became a means to achieve social status as opposed to mere birth right. This process of self-definition and identity formation became a modern normative task of Western social development (Baumeister 2022, Kroger 2004). Baumeister (2022), in his overview of the difficult nature of identity formulation in adolescence, argues that the issue of self-determination has evolved and intensified throughout history. Could it be asked whether this evolving modern search for identity is impacting adolescent mental health struggles?

One might ask what relevance this historical context has regarding the mental health problems that young people experience today. To answer this question, it is important to first look at the definition of identity and how one's identity is formed. Baumeister and Muraven (1996), argued an individual's identity is an expression of their 'adaptation' to the social and cultural contexts in which they find themselves. This suggests that people are active agents who choose to modify and change their identities in order to achieve the best outcomes they can from the social situation they find themselves in. (Kroger 2004). Adams and Marshall (1996) analyse this dynamic further, pointing out that identity formulation operates at both a macro-level (including cultural ideologies and societal organisations), and the micro level of interpersonal interaction. This definition shows that individuals both help shape the identity they choose but that this choice is also influenced by the social and cultural structures around them. Cushman (1990) has pointed out that alongside modernisation, which brought the process of self-definition and identity formulation to the forefront in recent history, there has also been a loss of community, tradition, and shared meaning. He suggests that this has contributed to another modern phenomenon which he calls the 'state of empty self' that individuals are expected to fill with consumer purchases in modern capitalist societies. One could extend this concept further and say to that with the proliferation of social media we are using the same process in relation to the consumption of images. In order to belong people metaphorically fill themselves up through buying into an image to create the desired identity. Phases such as 'dress for the job you want' and 'fake it till you make it' encourage people to create an external representation of what they want others to see or what they think is desirable to project, and therefore, just as with physical consumption, a sense of belonging is created through external signs that are purchased or artificially created through image.

From this overview of identity formulation, it is apparent that whilst the biological process is universal, the meaning that is attached to this process and the psychological impact is culturally determined according the social interactions that an individual is exposed to during this period of development. It may be this socially constructed meaning that an individual attributes to their experiences that dictates how they respond to such experience in term of mental health and well-being. Therefore in the following sections this paper will consider what factors may be influencing young people experience and how it relates to their mental health. Following this the literature review will look at how young people perceive such factors are impacting on their mental well-being

# Current trends on the mental well-being of young people

As stated in the previous section, the World Health Organisation (WHO) characterises good mental health as the ability of a child or a young person to "achieve and maintain optimal psychological and social functioning." with positive self- esteem, the ability to maintain positive relationships and cope effectively with challenges being the desired outcome. These skills are critical to an individual's well-being and their ability to participate socially and economically in society (WHO 2005 p7). Yet up to 20% of children and young people at any one time have mental health difficulties and 50% have at least one episode of mental distress throughout their childhood or adolescence (Young minds 2018) If these episodes are severe, prolonged or are not support with the help needed in a timely fashion, these difficulties can persist into adulthood and can have a significant impact on both the individuals long term opportunities and life satisfaction (WHO 2021), It is widely acknowledged that many mental health difficulties begin in adolescents and therefore to effective support for this cohort of the population could be advantageous in decreasing occurrence of adult mental health. Since poor mental health in general is now one of the most prevalent and costly health problems across the globe, both in terms of treatment cost and lack of productively, understanding the root causes of adolescent mental health and effective interventions would be advantageous to society as a whole. (WHO 2005)

Concerningly, as explored in the introduction of this paper, despite considerable attention and funding being allocated to the task of reducing poor mental health in adolescence, the numbers of young people struggling with mental health is increasing. Young minds UK has highlighted that despite greater awareness and government investment from 2015 to 2020 young people and their families are still struggling to access support. This is concerning as moderate difficulties can escalate and become more entrenched whilst waiting for professional help (Young minds 2018) Additionally it has been reported that young people are the hardest demographic to engage in, and maintain attendance in, mental health services. This could indicate that when offered the service does not necessarily meet the young persons need.

# Prevalence of mental health difficulties in global populations as a whole

To gain a better understanding of the scale of what has been referred to as a world mental health crisis Steel et al (2014) conducted a global systematic review and meta-analysis examining a series of largescale studies, to evaluate the reported population estimates of the prevalence of common mental disorders in people between 16 and 65. Bringing together 174 surveys from 63 countries, it was found that 17.6% of respondents suffered from common mental health issues, such as mood, anxiety or substance misuse difficulties, within the past 12 months and 29.9% experienced difficulties during their lifetime. This is in line with the findings of World Mental Survey Initiative (WHS) which found a prevalence of 9.8% to 19.1% in the last 12 months and 18.1% to 36.1% over a lifetime (Steel et al 2014, WHO). Steel et al also noted a difference in experiences between genders, with women more likely to suffer from mood and anxiety disorders reporting a prevalence of 7.3% in the past 12 months and 14% over their lifetime. In contrast men reported a prevalence of 4% and 7.3%. However, men reported a higher prevalence of substance use disorders of 7.5 % in the past 12 months and 10% over a lifetime compared to 2% and 5% for women. This trend was noted in all 3 subcontinents and the pattern was similar in high income countries (HIM) and low-income countries (LIM) This review also found a higher prevalence of common mental disorders in English speaking countries and the lowest prevalence in Chinese and East Asian countries (Steel, z et al 2014). Likewise, the world health survey when assessing depressive disorders found a 7.1% in HIC prevalence compared to 6% in LIC (Steel et al 2014) This was a noteworthy aspect of the results, suggesting the opposite of what would be expected. It has been argued that HICs are less likely to be in conflict areas, have more financial stability and therefore less relative poverty and better preventive services. Logic would suggest that there would therefore be less mental health difficulties in these countries due to the absence of these well documented risk factor. Yet the statistics do not confirm this and leads to a question why this is the case However, caution should and further investigation should be taken to consider whether these results are due to inadequate reporting and inconsistent services in LICs, where there may be a lack of funding and specialization. There may also be cultural differences in the way these disorders are conceptualised in different countries.

Nonetheless, the review does suggest a significant and persistent global problem in relation to how to support these mental health difficulties. Steel et al (2014) also limited the age range to 16 years and older, recognising that adolescence is a specific age group that require more specialised targeted reviews. In accordance with WHO research and the background literature discussed above Steel er al proposed that adolescence was a distinct area with its own socio-economic influences. However it has been reported that as much as half of all adult mental health disorders have their roots in adolescent mental distress, therefore this Meta- analysis does provide an overview of the scale of the issue that needs to be addressed (Kieling 2011 Manfro et al 2021). This suggests that while the statistical analysis above is helpful in capturing the current picture of mental health more knowledge and targeted research on is the specific developmental stage of adolescence is needed.

# Adolescence as a specific category of mental health

Arguing that most mental disorders begin in adolescence and that this is the leading cause of death or disability in adolescents aged 10-19, Carvajal (2021 Kessler et al 2007) advocated for the urgent need for quality data on the risk and protective factors for adolescent mental health. (Carvajal et al. 2021) This point of view is supported by evidence found in a study on the average age at onset of mental disorders. Arguing that this is an under-studied factor, Kessler et al (2007) undertook an analysis of the results of surveys conducted by WHM on the age of onset of mental health problems. While acknowledging the disadvantages of retrospective self-reporting methods, the researchers argue that any misreporting would lead to an underestimation of the early age of first onset of mental disorders, as there is often a time lag between the first episode of mental distress and first seeking professional help, and that this would likely mean that there would be even more cases of adolescent onset, which would only strengthen the argument for investing in knowledge and specialised intervention services for this age group. (Kessler et al 2007)

Kessler et al (2007) argued that knowing the statistics for age of onset for mental struggles enables policy makers and practitioners to target prevention and early intervention to at-risk groups. This is all the more important as an early age of onset is associated with greater severity and intransigence of mental health struggles throughout life. The WHS has conducted population surveys in 28 countries using the WHO Composite Diagnostic Interview (CIDI). Sixteen countries have published these results individually including countries from Africa, North and South America, Asia, Europe and the Middle East, 7 of which were classified as developing countries and the others as developed countries. They found that there were striking similarities across countries when systematically comparing the results of these national surveys. They found that impulse control disorders occurred earliest, with ADHD emerging most often between 7-9 years of age and conduct disorders tend to occur slightly later between 13-21 years of age. Anxiety disorders such as phobias and separation anxiety also emerge at a young age with an average onset of between 7-14, while other anxiety disorders such as panic disorder and PTSD at a later age of between 25 -53. They found that mood disorders to have a similar pattern to late onset anxiety disorders with cases beginning in early teens as showing a "roughly linear increases" right through to middle age. Interestingly, they did not find much difference between countries or world regions and noted that the distribution of cases did not seem to be related to economic or cultural differences. They also found that respondents who

developed impulse control disorders and early-onset anxiety disorders often went on to develop later substance dependence or late-onset anxiety disorder as a secondary disorder (Kessler 2007)

# Implications of the Reported Mental health Statistics for Adolescent

As mentioned earlier, mental health problems are estimated to affect 10-20% of young people worldwide and are the main cause of health inequalities in this age group. Further research suggests that the early onset of mental health problems has lifelong implications. (Keiling 2011, WHO 2103) The phenomenon is concerning as it affects a multitude of layers of daily life and thus permeates and influences all areas of society. It is therefore of great interest to those in the caring professions who work to improve the quality of life of disadvantaged people. This would include youth workers, social workers, mental health professionals, councillors and teachers. (Kieling 2011, Trevithick 2005)

The World Health Organisation advocates that "the social ecology of children and adolescents is such that their interests and needs are met in a range of settings" (2005 p3) It further states that Member States must adopt a "comprehensive and multisectoral approach" to mental health that involves both health and social services to promote, prevent, and support young people's mental health treatment and recovery in order to facilitate positive mental health in young people (WHO 2021). A systemic understanding of the factors influencing ongoing levels of mental distress in young people, and an indication of what factors are helpful in creating positive mental health to alleviating the tide of distress for this population would be of benefit to all helping professions.

For example, the main remit of social worker is to work alongside some of the most complex and perplexing examples of human experience and support them in making improvements in these difficult situations. (Trevithick 2005) This mission is enshrined in the International Federation of Social Workers (IASSW) which has agreed that the 'social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being' furthermore it aims is to 'enable all people to develop their full potential, enrich their lives, and prevent dysfunction (IASSW/IFSW 2014, Trevithick 2005). The above statistics suggest that an understanding of mental health and the factors that impact this, either negatively or protectively, is a key component in achieving this. |Similarly, it is the responsibility of mental health professionals to understand not only the medical diagnosis of mental disorders but also the socioeconomic conditions that can affect a person's mental health.

The main points of note within this statement in relation to the topic of this paper are the commitment to the empowerment of individuals to enhance well-being and enable people to develop their full potential.' Research has shown that the early onset of poor mental health is an indicator of significant difficulties being encountered throughout adult life (WHO 2005, 2021). The younger the age at which such difficulties first occur, the more likely of that individual having recurrent difficulties (Douglas et al 2019). Recent research indicates a high percentage of mental health difficulties occur before the age of 24, with earlier onset becoming more common in recent years (Young Minds 2021). This trend is also reflected in The United States of America (USA) where almost one in three adolescents are thought to show signs of an anxiety disorder (McDowell et al 2020).) Kessler estimates that half of all people who struggle with a mental disorder in adulthood develop it by the age of 14 (Kessler et al. 2007). In a systematic review of global data on the prevalence of mental health problems in adolescent and the service available, ALTAS found that in 2005 approximately 20% of all young people were affected by some form of mental health struggle and 4 to 6% of these cases required

significant clinic intervention. They also found that the estimated need for services was comparable in high- and low-income countries (ATLAS 2005). This period coincided with a significant shift in the way young people interacted with the social world, with the present cohort of teenagers being born after this date into the rapidly changing landscape of technology and globalised communication. As discussed in previous sections recent national surveys suggest that mental health difficulties have continued to rise at an alarming rate. Some have hypothesised whether the expansion of media technology into every aspect of our daily lives has been a contributing factor to this phenomenon.

The societal costs of the long-term effects of poor mental well-being in adolescence are considerable, both in terms of individual access to opportunities, and the financial costs of supporting the societal impact of such difficulties. WHO estimates that the impact of depression accounts for 4.3% of all global financial costs of illness and that the cumulative projected impact of mental health problems to the global economy between 2011 and 2030 will be over 16million US dollars (WHO 2021). The above statistic shows that the prevalence of mental disorders manifests in adolescence, requires targeted understanding and intervention at this age to address mental health these mental health needs. It is important to note that this trend predates the recent Covid 19 health epidemic, which has further impacted the mental wellbeing of young people. Promoting positive mental health support during adolescent development could therefore be seen as imperative for the functioning of social, from the ability to work, to the ability to parent, to the ability to support oneself and function well socially.

The need to provide resources to support people with mental health difficulties has a significant impact on modern social welfare systems and has a limiting and discriminatory effect on the individual's life chances. (Clark 2000) As ALTAS (2005) highlights in its report, the lack of adequate care can be particularly devastating for young people as adult skills are often determined in early childhood and these lost opportunities are difficult to recover from. They argue that

"Opportunities lost may never be recouped. The final cost to society of an adult who fails to perform at his or her highest capability will be far greater than outlays for care in childhood and adolescence. The needs of children cannot be deferred while we wait for a more convenient time" (ATLAS 2005 p4)

Yet they report that the development of interventions for children and young people in general lags behind adult mental health services. (ATLAS 2005)

Although the need for high quality interventions to ensure good mental health in children and young people is widely recognised, it was pointed out that there are gaps in expertise as to how this can be achieved. This was noted in a UK government paper setting out the theories that inform policy. There was criticism that many policy makers are more accustomed to economic or legal principles than the influence of psychology and that this paper was limited in bringing this knowledge together in a systemic way It was therefore argued that there is a need in the future to strengthen theoretical understanding of what influences behaviour change and good mental health in society (Trevithick 2005).

One study examined the relationship between multiple victimisation experiences and the occurrence of mental disorders in a sample undergoing clinical interventions. Based on a study of 11 European countries, which found that depression among adolescents ranged from 7.1% (Hungary) to 19.4% (Israel) (Balazs et al 2012), They advocated for a general call for a better understanding of the factors that affect the development of such disorders, in order to improve interventions. Guerra et al (2015) investigated the relationship between internalising disorders, multiple victimisation experiences ('Poly victimisation'), unproductive coping mechanisms and the impact of social support. They found that poly victimization from experiences such as bullying, parental neglect, exposure to violence

increased the likelihood of developing a internalized mental health disorder as blame for such experiences was often turned in on oneself. However, it also found this effect could be mediated by supportive environmental factors (Guerra 2015). This study suggests that given the right type of interventions it is possible to mitigate against the impact of victimising experience. The task for research is to identify which interventions are most effective.

Given the concern about the apparent increase in mental health struggles there have been calls to understand the phenomenon to be understood in a broader context than the medical model in which these problems are often conceptualized. One criticism is that the symptoms listed in the DSM do not fully reflect the lived experience of young people with mental health struggles. This may be because the DSM was created based on expert opinion about psychopathology rather than on data driven (Manfro et al. 2021).

Manfro et al (2021) examined this critique of current diagnostic methods by surveying two comparable samples of adolescents aged 14 to 16 years in school settings, utilizing the PHQ-A, which uses only DSM criteria, in one cohort group and the MFQ survey in the other. They found that whilst the PHQ-A questionnaire revealed low mood and worthlessness as the most commonly reported symptoms, while the MFQ found self-hatred and loneliness to be significant (Manfro et al. 2021). These findings are consistent with other studies showing that self-hatred and loneliness are significant factors in depressive symptoms in community studies with youth suffering from mental health problems. (Mullarkey, 2019) Given their findings, Manfro et al (2021) questioned whether DSM-based research and diagnostic questionnaires are able to adequately capture adolescents' experiences with mental health problems. To better understand and thus successfully target interventions, research in this area should include more nonmedical research focused on young people's perspectives.

It could be argued that the core mission of social work is to strengthen the skills and capabilities of people who are struggling. Social workers intervene with people in trouble in their own social environment to identify how they can help facilitate change to enhance people's ability to reach their best potential. (Clark 2000) This can translate into increased self-esteem or self-worth, as well as improved life choices and the way they interact with institutions that have an impact on their lives. It is important to note, however, that if these interventions are not implemented in a timely, effective, and informed manner, they may also perpetuate the status quo or even inadvertently cause further difficulties. Therefore, it is imperative that professionals know how best to intervene to achieve the best outcome for these vulnerable clients. There is a growing trend for such interventions to be based on empirical research conducted in a practical context to develop evidence-based best practices. With the current rise in mental health struggles with adolescent's one should be asking whether the currently advocated best practices are working for this client group (Trevithick, 2005)

The observed social phenomenon of deteriorating adolescent mental health is occurring at a time when the socioeconomic living conditions of young people in Western societies are steadily improving. Research indicates a link between low socioeconomic status and the risk of mental health difficulties. As living standards have risen in many Western cultures in recent decades, it would be logical that young people's mental health would improve, but statistics suggest that the opposite is true, despite the widespread promotion of positive mental health initiatives and the introduction of numerous preventive measures. (Buchanan & Ritchie 2004) Other improvements in life chances, such as greater social mobility, more opportunities due to technological and globalized changes, and increased rights enshrined in laws and international declarations, are other factors that suggest young people have more opportunities than ever before. This phenomenon suggests a possible paradox in what one would expect in observable social trends, given traditional professional thinking about the

causes and effective interventions to support young people with these difficulties, thus improving later life opportunities.

Significantly, such trends are also reported in Scandinavian countries, which paradoxically also consistently rank being ranked towards the top of global happiness indexes which undertake surveys of global quality of life (Martinsson et al. 2017). For example, in Norway, there has been a 40% increase in young people experiencing some form of social anxiety over the past five years. (NCM 2019)

The figures are stark and suggest that current interventions across the board are not effective as they need to be or are not reaching the right young people at the right time. However, there is evidence that effective intervention and support can provide positive outcomes as adolescence is a time of great adaptability change and the potential for resilience building. Some would even argue that emotional disturbance in adolescences this is a 'biologically normative' experience for young people during a transformational period of uncertainty, experimentation, and development of their own self-identity. Others would suggest that rather than an increase in the experience of poor mental health in adolescence, the rising statistics point to a greater awareness and reporting of such experiences. To comment on such debate, it is necessary to consider the nature of adolescence and the stresses, strains and resilience factors that accompany this developmental period. Whilst statistic allow us to understand the what of the situation a closer look at this may help shed light on the why?

# **Summary of concept of Adolescence**

The sections above have indicated that research on adolescent identity and well-being has been expanding at rapid pace in recent years in response to concern over the societal impact of this increase in reported mental distress in adolescences. Alongside this has been the increasing acceptance adolescence is a distinct that this and critical period of development in terms of establishing positive mental health. As such it needs to be considered as a distinct subject matter in regards to the unique characteristic of adolescent mental distress and the types of intervention required to support those in this age group who are struggling with their mental well-being. Propositions as to the major factors that interplay to influence this phenomenon include theories of the effects of social deprivation, reduction in physical activity in modern teenager, the rise of social media, increased academic, peer pressure and bullying in schools The following section will consider the research in these key areas form a number of perspectives and will then be later evaluated against the views that young people report as being impactful to them from a qualitative perspective.

# Impact of social media

In recent years social networking sites (SNSs) have become a prevalent part of modern society and have fundamentally altered the way many, particularly young people, interact socially. It has been highlighted that compared to previous generations, current adolescents have been 'immersed in a web connected world' throughout their lives leading to different social experience like no one before them. (Common Sense media 2017). A systematic review of SNS use and depressive and anxiety symptoms in adolescents found that in the United States 51% of 13-17year olds used Facebook, 72% had Instagram accounts, 69% utilised snapchat and 85% used YouTube in 2017 (Pew Research Centre 2018) likewise in Australia 34% of 8 –13-year-olds and 82% of 14–17-year-olds used social media (Piteo & Ward 2020) The review found some evidence for an association between the hours young people spent on SNSs and depressive symptoms (Kelly et al 2018 and Woods and Scott 2016) However, the results also found that type of use and meaning given to the use of SNS was an important

factor with frequency of checking, passive use i.e., following but not actively engaging in SNS, making comparisons and fear of missing out being important mediators (Piteo & Ward 2020) Research on frequency of use fails to account for the type of material and associated meaning given to this use.

Therefore, whilst SNSs are a vehicle to creating social connections there is also an inherent risk of its usage exacerbating risk factor for adolescent poor mental health through internalisation of negative thoughts of comparison leading to depressive or anxiety factors. However, whilst giving some valuable insights much research does not provide insight into some young people are affected and others are not. Piteo and Ward (2020) suggest that when young people utilise social media, they perceive themselves as either identifying with or not meeting the ideal depicted and that it is a 'discrepancy between the ideal and their true self that may cause anxiety and low mood' (p213). This suggests that SNS may be a facilitator of depressive symptoms but not necessary a fundamental.

Emerging alongside studies warning as to the difficulties that social media can create with young people's mental health, there is also a proponent who are arguing that social media is not necessarily a negative experience but that it is a new and evolving way in which identity formation is happening in your young people. Duffy (2019) equates the way teens construct a social media identity to that of the construct of main characters in the children's novels which whereby the main character embarks on a journey of some life changing discovery. He proposes social media can be viewed as a quasifictional social platform in which individuals' form identities, negotiates privacy issues, and places this identity within a social framework where feedback in the form of comments leads to a co creation of an evolving identity. The above systemic review suggests that social media is not a generic on size fits all process of usage but that differing types of usage lead to differing types of feelings and social conceptions in relation to oneself. This would suggest that further research should be undertaken into the manner in which social media aid or hinders self-expression and identity formulation in adolescents.

Therefore, rather than warning of its dangers, the significant adults in teenagers' life should perhaps see social media as an opportunity to see into their world and how they wish to be perceived. Whilst acknowledging adolescents will invariably make errors in judgement and rash comments and choices, (NOTE - link to developmental lit on it being a normative time to explore and recreate identity) it is suggested that adults should be engaging with young people in a more understanding manner and offering guidance rather than warnings about the ills of social media.

# Impact of change societal changes to adolescence physical health

An association has been suggested between recent technological advances, modern sedentary lifestyle and decreasing mental well-being. This by-product being in addition to the well documented effects of screen time on physical health. As discussed above adolescence is a risk period for the onset of mental health difficulties. It is however, also a time where individuals increasingly make independent life choices which can impact of longer life health habits A recent systemic review drew together research data on mental health and sedentary lifestyle choices and found experiences of anxiety loneliness and stress are strongly influenced by screen time and psychological distress and low self-esteem are moderately affected by screen time use. (Hoare et al 2016) However whilst a strong connection was found, it was not established weather these reported depressive symptoms have led to a more sedentary lifestyle due to a lack of motivation or if high use of screen time leads to sedentary life choice which in turn impacts on mental health symptoms.

#### Increased pressure to succeed

Greater emphasis on academic attainment has also been reported as creating increased pressure on young people today with ever increasing assessment leading to exam pressure being sighed from a young age.

However, these explanations although likely to be adding to young people experience of stressful situations does not necessarily lead to difficulties in mental health. Factors such as resilience and why some people experience difficulties in these situations and others do not needs to be considered. As mentioned above there is little difference in statistical occurrence between cultures and these explanations are to some extent culturally contextual. That is not to say they do not play a part but they may be a culturally specific way of expressing a more fundamental experience

A number of factors have been antidotally cited as impacting on young people today. The fast pace of social life fitting into a joint image with your peers has been suggested as an increasing pressure for young people and it has been suggested this need to fit in and always be socially engaged with peers is further heightened by the explosion of social media usage, leading young people to have no opportunity to switch off from the outside world.

# Experience of Stigma and Shame

Available global data regarding mental health provision ATLAS identified the stigma of asking for help was as being more of significant barrier in high income countries (80.0 %) than in low-income countries (37.5%), where transportation and lack of available treatment were the highest barriers to care. Overall stigma was identified as a barrier in 68.1% of countries. (2005, p20). This figure suggested that there is still a judgement, or perceived judgement, associated with the experience of mental health difficulties despite attempts to alleviate misconceptions and increase societal understanding of the subject. (ATLAS 2005) As the figures above suggest that the majority of mental health problems arise between the age of 12- 24 (Who 2005) The combining of these pieces of data would suggest that adolescents experience a high degree of concern about being stigmatised, The prevalence of stigma in high income countries is an interesting phenomenon when considered in relation to shame.

Shame plays a central role in the social development of identity and the formulation of self-esteem. It has been referred to as a 'social barometer', which regulates individuals thoughts feelings and actions. Temporary shame, when social behaviour does not receive the hoped-for response is common and adaptive in that it helps to modify behaviour into more successful forms of expression. However, this process can have a detrimental effect if this experience of shame is persistent and unrelenting, leading to feelings of 'inferiority, inadequacy and worthlessness' (Paulo et al 2020)

Gilbert Evolutionary and Biopsychosocial model of shame suggests everyone has an innate need to experience care, social connections and acceptance, which is sort through social interaction. However, if this social interaction instead leads to a feeling of being devalued or neglected the person becomes more vulnerable to internal and external shame. The former being when an individual has a persistent negative view of themselves and the latter being when they perceive others as holding negative beliefs about them (Gilbert 2009) .

Research indicates the period of adolescence with its emphasis on formulation of identity is a particularly vulnerable time for the negative effects of shame (Heaven et al 2019) as it is a transitional time from parental influence being of importance to peer opinions being an important factor in gaining views on and providing orientation towards the wider society, in which they are increasingly engaging in independently. What is socially accepted and sought after and how well one's character fits into the desired outcome of society and the fear of social exclusion if it does not is integral in this process (Irons & Gilbert 2005. The above described feeling on unrelenting shame are likely to be experienced if an individual is ill equipped to embark on these newly independent social interactions as they try to navigate new social roles. The process described here has echoes of the way Piteo and Ward (2020) suggest discrepancies between the ideal and true self in relation to images on social media have on mental wellbeing.

It has been further suggested that the experience of fear of shame or further shaming can lead to four maladaptive coping strategies. These have been categorised as attack self, withdrawal, avoidance and attack others (Nathanson, D 1992). In the first response, attack self the individual tolerates the shame in order to maintain relationships with others but becomes internally angry at their own perceived failings. With a withdrawal coping strategy the individual is unable to tolerate the experience and separate themselves from the shameful experience. Similarly, those utilising avoidance strategies withdraw from the situation, however they find an alternative distraction to minimalize or mask the feelings of shame. Lastly an individual might externalise the shame by turning their anger onto others (Paulo, M et al 2020).

Many of the responses highlighted above are linked to poor states of mental health. As research also suggests that poor mental health onset frequently occurs during adolescence this and can impact social life chances, mental health crisis in adolescent therefore has a major impact on individual achievement and the healthy functioning of society in general. It can be argued that the manner in which adolescents experience shame may have a significant impact on their mental wellbeing. The concept of shame and the manner in which society helps young people navigate such experiences could therefore be argued as being crucial component in establishing positive mental health during adolescent development

# **Summary of present thinking**

In summary there has been a vast increase in the interest the increase in mental distress in adolescents and ways in which those working along adolescent can understand and support the levitation of this. However, despite this increase in both research and initiatives the research above indicates that incidents of adolescent mental distress continue to rise. This should lead researchers and practitioners alike to question what is being overlooked in our understanding of this phenomenon. Preliminary searches suggest that much research is quantitative and large scale in nature (add figures from search) Yet with the apparent continued rise there is a suggestion that research is missing some important factors influencing this phenomenon

# Research aim

To consider what the lived experience of feelings of mental distress for young people in the present socio-economic climate

# Methodology

# Justification of methodological approach

The above overview of current thinking regarding adolescent development, and the factors that aid or hinder the growth of a positive mental health foundation from which to launch into adult life, has been shown to be complex and multi-faceted. Whilst the above discussion highlights some important considerations, it has also pointed to some gaps and contradictions in knowledge. Due to the large-scale nature of the phenomenon of mental health, quantitative large-scale surveys have often been the method utilised to understand population trends on this issue. The resulting data provides statistics which help to indicate frequency and severity of the risk or resilience factors regarding mental health difficulties or wellbeing. This information has been influential in informing public policy regarding health and wealth fare provision. (ref) However, as mentioned in the ATLAS review of global child mental health provision, there is a tendency in western meritocratic societies to believe that numbers 'speak for themselves'. However, they argue this is not the case and numbers should only be understood in context, as only accounts of individual experience have the capacity to arose compassion necessary for change (ATLAS 2005).

Therefore, identifying risk and resilience factors are helpful in determining why difficulties are occurring and the type of difficulty that are most prevalent. However, this knowledge can lead to as many questions as answers. The lack of individual context in statistical research studies means that it is not possible to answer a number of apparent paradoxes and further questions on the topic(ref). For example, why is mental health not improving despite considerable research generating practice-based theory? innovative services, emerging in light of such research are being introduced to counteract identified risk factors with young people in schools, health, and social service. (Examples of these initiatives have been discussed earlier in section two of this review.)

In order to better understand the reasons such innovations do not appear affective in achieving their aim of reducing the numbers of mental health difficulties, one solution might be to turn to qualitative research literature. The fundamental principle of qualitative methods is to gain a better understanding of the meaning individuals placed upon particular experience (Aveyard 2018). A qualitative stance seeks to look deeply into the world of an individual in order to gain understanding of the subjective experience of that phenomenon to glean a better insight into the individual's motivations and actions . Reviewing in-depth contextual research data regarding a person's experience of their journey into adolescence, and the stresses and coping strategies employed on this journey, could shed light on the reasons why mental health struggles are remaining so prevalent. However, this is turn runs into the research problem when considering a situation from a social constructionist lens that individual experience cannot be generalised to others as each experience is interactionally constructed in different and individual ways (Aveyard 2018).

However, in an attempt to bridge that gap between considering in depth data (the why), with the inherent difficulties of generalising from individual accounts to a wider population, and the statistically validated quantitative source data offers indications of trend but little individual context (the what), it is possible re consider existing qualitative data from the new lens of Meta Synthesis. This being a methodological process of revisiting existing qualitative data from several studies and analysing it in new ways. Thus, providing the opportunity to pull together all the individual research data, which individually provides a part of the overall picture, in systemic and methodical way. This approach, by drawing the individual strings of different aspects of the topic together, creates a better understanding of the big picture. In doing this we can make new connections and bring into focus what we have not yet seen in the available data (Walker, 2015).

From this perspective an emerging form of research, namely the Systemic Literature Review, has been gaining credibility as tool to bring together and analysis existing research to glean what new knowledge can be gained from collating and analysing all the available date on a particular topic (Page. 2021). A systemic review is a process of 'information synthesis', whereby all the available literature on a particular topic is identified through a rigorous research methodology utilising a predefined and explicit search strategy. The aim being 'to identity, appraise and synthesise' often large amounts of research to create better clarity from which to inform practice and future research needs (Gough, Thomas & Oliver 2012).

Reviewing literature is not a new concept and is a central element to any health or social care-based research. It is an integral part of shaping the design plan for research to understand the current thinking and questions that need to be explored further. However, a systemic literature research goes beyond this remit to be considered research in its own right, and if executed with methodological rigor could prove more helpful than another small-scale primary data project. Bearman and Dawson (2013) called this qualitative synthesis and describe the process as the 'pooling' of qualitative and mixed methods research to find a collective meaning in the research. They define qualitative synthesis as any methodology, whereby study findings are systematically interpreted though a series of expert judgements to represent the meaning of the collected work (Bearman & Dawson 2013).

This concept fits into the increasing emphasis on the need for the knowledge of social workers to be embedded in evidence-based practice research and in practical application. Trevithick (2005) argues 'that in order to be effective social work practitioners must work from a sound knowledge base, which is one relevant and identifiable,' a notion that can be extended to all helping professions (2005, p2). Aveyard (2018) emphasises the benefit of literature review as a research method arguing that whilst individual research can offer important insights, the systemic and comprehensive analysis and synthesis of a number of simpler studies can create better understanding of the whole picture.

#### What is a Systematic Literature Review?

A Systemic literature review is therefore piece of research in its own right and has a specific method with recognised stages of the research process. Such reviews have a clearly defined question that the researcher wishes to be answered by searching for relevant literature. By then appraising and evaluating that literature in a methodologically sound process, new insights are discovered which highlights gaps in knowledge that could require further research. As Helen Aveyard (2018) suggests this thorough search for and the consequential evaluation of applicable research, when reviewed together, provides the opportunity for each piece of existing knowledge to be seen in a within the context of other pieces of information gleaned from other research in similar circumstances, thereby building up a more robust and new perspective of the situation in question.

With the increasing emphasis on the need for evident based practice in social care, one way for this to be achieved is to acquire comprehensive knowledge summaries of what professional understand about the field, alongside the experience of the individual clients themselves. From this knowledge practitioners and policy makers can base practice decisions with in the context of their experience. The literature review is one means of obtaining such knowledge (refs)

Echoing the need to review existing literature Xiao and Watson (2019) argue that all knowledge production is built on existing knowledge and that through rigorous and transparent methods literature reviews allow greater understanding and theoretical depth of to be gained from existing knowledge of a field. Through the 'summarizing, analysing and synesizing' knowledge in existing literature we,

can evaluate and find new links weaknesses and contradictions in what we already know (Xiao and Watson 2017) they distinguished between literature views which are commonly utilised to justify a research design, provide a theoretical context to a piece of research and identify gaps in research and 'standalone' reviews which are pieces of researching their own right and seek to provide a greater understanding of current literature through the 'aggregation, interpretation or integration 'of existing research. Drawing on Pare et al (2015) they utilise four categories of research methodology which aim at describing, testing, extending, or critiquing the body of knowledge they are reviewing and trying to obtain a greater understanding from.

Additionally, Wallace and Wray there are 4 categories of literature that can be utilised in systemic reviews, each servicing a different purpose These being theoretical literature which discusses the theoretical underpinning of particular ideas, practice literature with provides frameworks for best practice or policy literature highlighting ways to identity and implement procedures to counter a particular issue. This systemic research will focus on the category of research literature. The justification for this decision being that this review is interested in exploring as its remit is to explore how young people view the theories that inform polices implemented to support their mental wellbeing. Therefore, the other 3 types of literature would not answer the remit of the research question.

In order to bring some structure and validity to this emerging research methodology of systematic reviews, which are considered helpful in aiding practitioners and clinicians to remain abreast of all the current information being obtained in their relevant field and point to gaps in knowledge, an international group of researchers devised a reporting framework to adhere to standardise and add creditability to systemic review methodology/ The latest reversion of this, the Preferred Reporting and Meta- Analysis Guidelines, established in 2009 and revised in 2020 offer a comprehensive ad transparent set of protocols on how to systematically perform a Systematic Literature Review in a way that was methodologically valid (Moher et al 2009).

#### Method

This review will be undertaken in adherence of the Preferred Reporting Items for Systematic Reviews and Meta Analyses (PRIMSA) guidelines to inform this research which is an endorse structure of literature research aimed at providing systematic unbiased and thorough searches of all available data on a particular topic (Page et al 2021). Therefore the researcher underwent the systematic steps of identifying, screening and testing for eligibility of data as laid out in the PRISMA guidelines

When I am referring to research literature, I am including qualitative report papers that have undertaken an investigation of a specific question that is answerable through observing what happens in the real world, the lived experience of the research group in question, through observation, questionnaires and or interview methods. (Aveyard 2018) Whilst there may be some merit in the other three categories of literature identified by Wallace and Wray, that of theoretical literature, practice literature and policy literature they are not relevant for answering this reviews research question as I am looking at qualitative data provided by young people only in the scope of this review, Although the other types of literature may be of relevance and used in background discussion or to inform the results found from analysis the research papers included.

#### **Literature Search Strategy**

The search criteria for this research was formulated from within the SPIDER framework (sample, phenomenon of interest, design, evaluation, and research type) in order to provide a structured and

methodological outline from which to undertake the research (Methley 2014). Taking the main themes from the research question the search parameters where set as being

Sample – Adolescent

Phenomena of Interest- experience of mental health

Design – interviews and open-ended questionnaires

Evaluation – Views attitudes and perspectives

Research - Qualitative

Working from the PRIMSA guidelines a search criterion was devised that incorporated all possible phrases associated with the key search elements devised from the SPIDER. The research question was broken down to its logical parts and these were used as Key words to guide a comprehensive and unbiased search for all relevant studied that include these key themes inherent within the question posed (see table 1 below) A literature search was then conducted utilising the EBSCO academic search host searching the Academic search ultimate, CINAHL, MEDLINE and SocINDEX . These databases were selected due to their academic orientation with CINAHL (nursing publications) and Meline (medicine) focusing on health-related issues and SocINDEX looking at the socio-economic experiences in society. The Boolean and phrases functions were also utilised to catch all relevant data.

Table 1 key search words and phrases

Key phrase 1	Key phrase 2	Key phrase 3	Key phrase 4
AND	AND	AND	
Adolescent*	"experience of"	"mental health"	qualitative
or	Or	Or	Or
Teen*	"lived experience"	"mental wellbeing"	interviews
Or	Or	Or	Or
Youth*	"Knowledge of"	"emotional health"	in-depth
Or	Or	Or	Or
"young adult"	"understanding of"	"Emotional wellbeing"	contextual
or	Or	Or	
"young people"	insight	"Mental welfare"	
or	Or	Or	
Young person"	Narrative	"mental stability"	
Or	Or	Or	
"school aged"	Perspective*	"emotional health"	
Or	Or	Or	
juvenile	"views of"	"Psychological wellbeing"	
Or	Or	Or	
Student"	feelings	"Psychological health"	
	Or		
	perception		
	Or		
	attitudes		

#### **Inclusion/Exclusion Criteria**

When considering which research papers were legible to remain in this review a strict inclusion and exclusion criteria in line with PRIMSA guidelines were adhered to in order for the research to be transparent, unbiased in its selection process and repeatable. These parameters where guided by the SPIDER framework and by the inclusion criteria of the search strategy outlined above. (See table 2)

Other considerations included the time span of research to include. A limit of research from the last 20 year was implemented to incorporate only research that includes view regarding the lived experience of recent societal influences. This was because the research was focus was on considering factors in recent society that may be influencing young people who are experiencing present mental health influences today, especially any recent societal changes that may be influencing the rise in this phenomenon. As the adolescent age span in question is the current cohort of adolescents between the age of 11 and 24 the research to be consider were papers that would cover this time frame, thus considering the specific live experience of the current cohort of adolescents whom are experiencing the current social climate as this is the phenomenon in question in this literature review. Additional confines of only including papers published in English were a necessity based on the researcher language ability.

Table 2 inclusion / eligibility Criteria.

Inclusion criteria	exclusion critera
Age of participants was between 11 and 24 years old (This being the most prevalent age of onset of MHD)	Mean age outside of this age critera
Literature after 2003 as looking for recent factors influencing increase MHD in current adolescent cohorts	all literature before 2003
Qualitative research papers as interest in young people's accounts of their experiences	all other research methodologies and types of literature or papers that are qualitative in nature but highlights the experience of others i.e., practitioners, teachers orcare givers,
Provides young people's perspectives of their views on factors effecting mental wellbeing and MHD generally	research on young person's specific physical or neurological issues such as difficulty i.e., autism, ADHD, physical disability, long term illness.  Also, research exploring the experience of a particular social situation that cannot be generalised to the wider population such as experience of race, gender minority, culturally specific issues, substant abuse experience of being care Research evaluating a specific service outcome

# Process of identifying eligible research

Having established research question and the search strategy the resulting possible sources of research access through a 4-step process as laid out in PRIMA. The initial stage of identification (stage 1) comprises of a search being implemented using the search criteria highlighted above and the possible sources of research fitting the remit laid out above were identified. These possible pieces of data were then screened (second stage) based on the title and abstract to make an initial assessment of whether the paper met the inclusion criteria. Once eligible research paper has been identified through this

screening process these possible papers are read in their entirety (stage 3), providing a more comprehensive analysis to ensure they match the inclusion criteria and are robust enough to be included in the final study at this stage each research paper was accessed using the Clinical Appraisal Skills programme (CASP) checklist to check the merits and validity of the possible research papers. All papers that meet this criterion were included in the systematic review analysis (Stage 4).

Caution was taken if it was unclear at first assessment based on title alone. If the research met two of the three keyword criteria, for example it looked at mental health experience but the country involved was not immediately apparent, or it was looking at adolescent experience in Norway but it was not clear from what perspective, the study was retained for a closer look. All literature that meets the initial keyword criteria was then re-examined in closer detail by appraising the abstract for fit of key word and inclusion /exclusion compatibility

# **Method of Analysis**

Once relevant studies have been identified according to the search criteria outlined above each paper was explored using the thematical analysis framework proposed by Braun and Clark (2006) whereby eligible data is identified, analysed and scrutinized for recurring patterns that are emerging in the data which are relevant to the research aim in question, In this case the analysis focus on emerging themes that provided an understanding as to the young person perception of factors impacting on their positive or negative experience of mental wellness. The descriptive data in the studies identified was be analysed through an inductive lens. Which means the themes emerged from the text, without any pre-conceived ideas or particular theories to providing a framework for the analysis, rather the themes were identified as repeating patterns of meaning emerged from the text. (Braun & Clark 2006) This method was deemed appropriate as the process of identifying thematic meaning in data is considered a generic methodological skill set that can be applied to a number of qualitative methods of enquiry (Holloway & Todres 2003) As this was a systemic literature review the thematic analysis by its very nature included a variety of qualitative methods within the identified eligible data. Therefore, a methodology that could incorporate this variety was necessary.

Bruan and Clark (2006) argued for a transparent and methodological thematic analysis arguing that this process is more in-depth than merely summarising and giving a voice to the participants of qualitative research. Rather it is a process of consolidating and integrating the data into a new level of understanding, whilst still staying true the essence of the information provided by the participants to the study. To this end Bruan and Clark devised a six step guidance to be used as a comprehensive analytical tool. This consisted of phase 1 data familiarization, including reading, re-reading, transcribing if necessary, and noting initial observations, followed by systematic initial coding of emerging subjects(phase 2), from which emerging themes are identified (phase 3), which are then checked to see if they work in relation to the data and the research question (phase 4) before being defined and named as the interpretive results of the study (phase 5) that can be written as valid findings of the reseach (Braun and Clark 2006, p 87)

These guided steps were undertaken for the results section of each of the 26 studies identified in this systematic literature review (Details of the studies are included in table 3) and will be discussed in full in the results section below

# **Results**

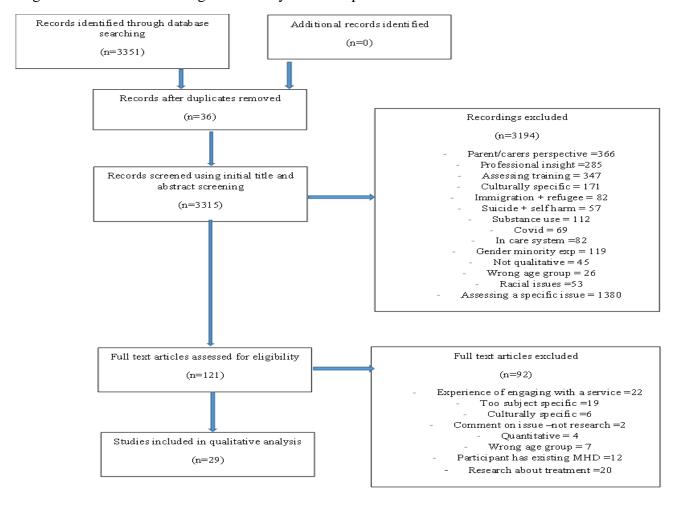
# **Search findings**

From this search a total of 3,351 possible research papers where identified. These were accessed in an initial title and abstract search based on inclusion and exclusion criteria and either accepted or rejected. Papers were rejected if they did clearly did not fit with the inclusion/ exclusion criteria outlined in table 1, which outlined the decision process governing whether a research paper was included in the study. Decisions were made of factors such as not being a study which included the young person's perspective but from another perspective such as a practitioner or a teacher. Titles that where culturally specific and therefore could not be a phenomenon that could be experienced by those outside of that culture were also rejected. A third category of rejected studies where those that referred to adolescent of specified topic, such as considering adolescent experience of immigration or asylum seeking. Mental health experience in relation to particular illnesses or situations was the fourth category of rejection. Examples include adolescent experience of ADHD, being a young carer, living in residential care, being gay or transgender. Full figures of inclusion and exclusion are included in the flow chart below. Caution was taken if it was unclear at first assessment based on title and abstract alone. If the research met two of the three keyword criteria the paper was included for further examination.

From the initial title and abstract search 121 papers were included as possible papers to utilise in the systematic analysis of this paper. An initial first read of these papers led to a further exclusion of 92 papers due to being too specific in nature, considering experience of a service only, being two culturally specific, or the wrong age group or a mixed method research paper with little detail as to the qualitative aspects of the research. Having followed the methodological exclusion of all papers that did not meet the criteria established prior to the search being carried out, in order to guard against researcher bias, 29 studies were accessed as being eligible to be included in the analysis of this systematic literature review

Caution was taken if it was unclear at first assessment based on title alone. If the research met two of the three keyword criteria, for example it looked at mental health experience but the country involved was not immediately apparent, or it was looking at adolescent experience in Norway but it was not clear from what perspective, the study was retained for a closer look. All literature that meets the initial keyword criteria was then re-examined in closer detail by appraising the abstract for fit of key word and inclusion /exclusion compatibility. A further 3 studies were rejected on the second reading of the papers as they proved to be too topic specialized in their findings (1) or did not have enough qualitative content to make a useful contribution the understanding the lived experience of young people (2). The final studies included for thematic analysis was 26 eligible studies.

Figure 1. PRIMSA flow diagram of study selection process



# Data extraction and validity checks

**Table 2. Core data and CASP checks** 

	First author	Year	No. partic ipant	Age , gender Ethnicity, location	Research aims	Methodology of study and Assessment of Study	outcomes	stren gth
1	Ladejo, J	2021	118 blog entries	Unknown Uk University students on a student help site	Explore university student experience of anxiety	Internet search for blogs meeting criteria Inductive thematic analysis	3 main themes Balancing priorities Fear of failure Coping with a critical incident	mid
2	Sunquist, A	2021	11	17-28 Finland	Explore loneliness from adolescent and young adults' perspectives	Semi structured interviews Content analysis	Factors effecting loneliness and how to alleviate it Identified 7 sub theme of isolation, group difference, social expectation	
3	Einberg, E	2015	8	Girls 13-16 Sweden Students recruited through school nurses	Describe girl everyday lived experience from them to inform practice	Phenomenological Life world research Qualitative interviewing Content analysis	Themes of connectedness, security and friendship Sub categories of pressure to succeed, become something and ue false image to fit in	high
4	Anttila, K	2015	70	15-17 Finland Outpatient clinic Interviews prior to intervention	Describe concerns thoughts and hopes at point of referral through essays	Qualitative essay writing Inductive thematic analysis	4 main themes of relationships, friendships, family and dating Loneliness, feeling excluded, lacking confidence socially, trust, ability to function	
5	Shinde, S	2020	100	15-18 India School pupils	How do pupils understand depression and when and how do they seek help	Focus groups Thematic analysis	4 themes – description of, beliefs' about, impact of and how to get help for depression Reported descriptive language used sad grumpy. Reported its more a girls problem	low
6	Stapley,E	2019	82	9-12 Mean age 10.8 UK School pupils in headstart programme	What are adolescent worries in early transitions from childhood	Qualitative Semi structured interviews Thematic analysis	8 main theme Coping strategies, activities to distract, disengage, acceptance, social support. Standing up for yourself, hiding feelings, professional help	high
7	Michikyan,M.	2019	261	College students	Examine the relationship between depression and negative emotions expressed online	Mixed method Qualitative and quantitative questionnaires Thematic analysis	4 main theme Hassle of life, relationships. Work amd academics	mid

							Those who scored higher on depressive symptoms 2x more likely to express negative mood online	
8	Jofffer, J	2016	58	29 boys 29 girl from 7 <sup>th</sup> and 12 <sup>th</sup> grade Sweden School pupils	How Young people think when answering and views on self-help questionnaire that much research relies on	Qualitative Think aloud interviews Content analysis	Younger more concrete old more abstract in answers. Described how feel holistically including social mental and physical wellbeing Both genders equally aquatinted how well feel with strength of social connectedness	mid
9	West, M.	2021	36 11 in- depth intervi ews	15-year-olds Australia Year 9 pupils from 4 schools	Obtain adolescent's perspective on how social media impacts on relationships	Qualitative Focus groups and indepth interviews Reflective thematic analysis	Main themes – developing and strengthening relationships verses diminishing relationships.  Sub themes – new friends deepening connections enhancing belonging rifts and strains.	
10	Charles, A	2020	10	18-25 No ethnicity or gender details UK Youths in youth centre	Young people took photos to represent their thoughts on mental health	Qualitative Semi structured interviews Thematic analysis	Found thoughts on mental health internalised and private Themes of stigma, social exclusion and marginalisation merged	low
11	Young, C	2017	76	12- 15 65% female 92% white USA Student in secondary school	Exploring stressful life events and they impact of adolescent's depressive symptoms	Analysis qualitative data from a previous mixed method study Thematic coding of data	4 stressor domains Family (Loss, expectation and turmoil Peers (interpersonal conflict, romantic rel and loss Academic (conflict, expectation Intrapersonal; (loss of control, unrealistic goals)	mid
12	Tharalden, k	2017	8	17-18 2-b 6-f Purposeful self selection Norway Students Nonclinical sample	Exploring adolescent perspectives on seeking help for MHD	Qualitative Open-ended structured interviews Deductive content analysis	4 themes identified Knowledge of, barriers to seeking help, content of help, stigma	mid
13	McKenna, S	2021	72	14-18  Australia Student - number of different school across 3 cities	Exploring adolescent expectations, attitudes and beliefs towards their parental relationships	Qualitative Speech samples Thematic analysis Secondary study on data from a larger study	4 themes Closeness -(emotional support, companionship, acceptance) Role model (caring, self-sacrificing, hardworking) Authority (rules and respect) Conflict is not the rule	high

	a	•		13-18	To explore young people's	Qualitative	Themes of threat and judgement and	
14	Singleton,A	2016	12	F= 9 M=3	online social media activity and perception of mental	Semi structured interviews	connections and support were reported to	high
				UK	health	Constructionist grounded	Safe sharing verse negative impact	
				Young people receiving		theory	explored	
			14	MH support	Understand comparative	Phenomenology	Overarching theme, everyone needs to	
	Kostennius.C	2019	6	13 – 21 11 female	perceptions of yp views on	Focus group	be there for everyone.	mid
15	Rostellinas, e	2017	Swede	3 male	MH education	Connet analysis	Sub themes of being safe, inclusive,	ina
			n	Scotland and sweden		Í	being significant and feeling significant	
			8 UK	Voluntary			to others	
				Youth services				
	Th I	2018	140	62% = F	Identify and understand	Mixed methods	9 resources	
16	Theron,L			Black Mean age	what enable and hinders resilience factor over time	Longitudinal qualitative study	Educational aspirations, supportive family, faith based support, personal	2
10				13.8 first data collection	from a young person's	Content and thematic	strength, agency. Supportive peers,	
				15.8 second collection	perspective	analysis	community, culture	
				South Africa				
				Schools				
				Drawn and written				
	Mortorell-	2015	105	description 17- 21	Qualitatively analysis self-	Qualitative analysis	Found preference to finding help	
	poveda	2013	103	68.8% = f	care strategies among	Indepth semi structured	through social networks rather than	high
17	F			33 diagnosed	young people	interviews	professional help.	
				35 self-perceived MHD		Hermeneutic theory	4 thematic areas reinforcement of	
				35 control		Ethnographic	individualism, interactions with the	
				Spain Recruited from a		methodology	adult world, outside support an	
				national cohort servery		Thematic analysis	sensory/artistic expression	
				sample				
				•				
		2020	107		Aimed to understand how	Qualitative research.	Showed three overarching themes of	
10	Munford, R			63 = m	the lived experience of high	Longitudinal 3x annual	misconception, seeking recognition and	high
18				44=f Used statutory services	level of adversity affect view on shame and	in-depth interviews Thematic analysis	being respected as the three dominant themes	
				New Zealand	recognitions	Interpretive reflection	themes	
				Sample drawn from a	recognitions	interpretave refrection		
				larger study				
	Viduani, A	2021	54	6 adolescents 14-17	Explore the views health	Qualitative	Found 4 main themes that together	
				years old	about depression among	Focus groups and semi	highlighted a relational model of	high
19				6 parents 12 healthcare wk	young people and other relevant stakeholders	structured interviews	depression Need to be heard, depression in relation	
				12 nearthcare wk	relevant stakenoiders		to self (emptiness sadness, and others	
				12 social workers			and isolation	
l				6 policy makers				

				Brazil Sample drawn from wider Idea study				
20	O'Reilly, O	2020	N+54	Mean age 14 15 white, 18 south Asian, 4 African, 9 middle east 8 other 30 males 24 female UK Secondary school students	Explore perspectives pf adolescents and practitioners about the interplay between social media and MH	Qualitative Sequential focus group until all new data exhausted Thematic analysis	Found 122 conceptual concept that fitted into three board categories Good (reduces isolation, distraction from stress, continuous platform for communication)  Bad (too much = don't engage in other activities, fear of missing out, comparisons)  Ugly – bullying and trolling and info access	mid
21	Hemberg, j	2021	15	No mean age or ethnicity data College students Finland Self-volunteered college students	Explore loneliness, as a closely associated component of MHD to understand the young person perspective	Qualitative One to one interview Hermeneutical approach Thematic analysis	Two main themes. 7 subthemes Involuntary loneliness leading to emptiness fear isolation anxiety and invisibility and shame Whereas positive experience led to solitude, freedom, calmness, creativity reflection, recharging and personal growth	
22	Quinn, B	2018	37	No age specified college undergraduate 76% =f 62% white USA College under-graduates recruited through advertising	Preliminary stage in research on how to improve mental health in universities	Qualitative Focus groups Directed precoding and thematic analysis	Theme highlighted by focus groups were Nutrition, finance, barriers to health, safety, assaults, isolation	low
23	Hjeltnes, A	2016	29	19-25 mean age 22 norway University students	What are the factors that lead young people to seek help for social anxiety	Qualitative Hermeneutic phenomenological framework Indepth semi structured interviews Team based thematic analysis	5 main themes Shy verses anxiety as a MHD Emotions as uncontrollable Encountering loneliness Hiding vulnerability Facing fears	mid
24	Gasper de matos, M	2016	3869	Mean age 14.7 years old 46.8% = m Portugal From the HBC study	Explore adolescent worried and the strategies they use to make themselves feel better	Mixed method This paper looks at the open-ended questions in a wider questionnaire.	Found they employed strategies of fix or distract from worries Using family, peer or leisure distractions school and financial worried reported a being problematic	low

						Content analysis of data from these answers		
25	Yang,Z	2021	265	mean20.2years 46 = m 219 - f UK University student	Explore the self-reported impact of smart phone usage amongst young people	Qualitative Free writing narrative accounts to 5 open ended questions Framework and content analysis	Reported three main consequences Uncontrolled frequent checking Late night usage Feeling of missing out if unconnected Reported both positive and negative consequence for life satisfaction	mid
26	Volstad,C	2020	9	18-20 Canada 1 <sup>st</sup> year university students	What promotes flourishing during the adolescent development transition from the student perspective	Qualitative Interpretative Phenomenological approach Semi structured in depth interviews .	Reported themes Personal/ind - self-care strategies, willing to adapt, flexibility, being involved Also reported positive personal insights through challenges Family supports a significant buffer Creating a sense of belonging Flourishing linked to personal growth rather than academic attainment	mid

# **Thematic Analysis of Findings**

A total of 26 qualitative research papers were identified, through the systematic process highlighted in the above methods section, as being relevant to the research goal. The aim of this review being to gain a better understanding of how adolescent perceive, experience and lived with mental distress. The research papers included studies that spanned a number of countries. Although the majority originated from the European region, some research from wider global regions were identified. Seven of the studies included originated from the UK, eight from the Nordic region, three from the USA and Canada, three from Australia or New Zealand, one from Spain and Portugal, and one from India, South Africa, Brazil. (See table 2) This distribution pattern mirrors the finding of the of many national research organisations who point to the lack of research being undertaken in LIC. (WHO, ATLAS) However, it was of noted that within the data included in this review, many of the themes being discussed by participants were echoed cross culturally across studies from several global regions. For example, one theme to emerge consistently was the supportive nature of the role of the parent/family in elevating stress. This factor was highlighted in studies from Australia (MeKenna 2021) Uk, (Ladejo 2021) Sweden (Einberg 2015, Joffer 2016) Brazil (Viduani 2021) Spain (Mortell-Poveda 2015) and South Africa (Theron, 2018), suggesting that some themes for many adolescences may be a common experience despite global and socio-economic differences. Only the study in India expressed a negative attitude to parents help, stating a that although parent care they are not able to help as they did not understand the nature of their children's distress (Shind 2020) Another noteworthy observation regarding the demographics is that although the literature search included studies from previous twenty years in the eligibility criteria, the publishing date for all identified papers were clustered in the period from 2015 till present. This suggests that the call for greater subjective understanding of the experience of young people's struggles with mental health in order to provide better context and understanding of the issue is being recognised and acted upon in more recent research.

Through the conducting of a comprehensive thematic analysis of all the written data in the eligible studies identified 6 distinct themes emerged. These were given the overarching thematic titles of: -

- o Distractions, de-stressor and calming tools
- o Workload, life balance and future aspirations
- Use of social media and other electrical devices.
- o Identity, Social networks and fitting in
- o The role of the family and peer support.
- o Isolation, misrepresentation and same

# Distractions, de-stressors and calming tools

In a number of studies, the young people described the use of distraction as a mechanism to calm down of escape from the stresses of strains they associated with adolescence. Young people identified social media and other devices, (Stapley 2019, Yang 2021 Viduani 2021, Charles, A 2020, Viduani 2021) creative outlets such as reading, art, writing and listening to music playing and instrument/singing (Stapley 2019, Viduani 2021, Martorell-Poveda 2015, Charles 2020) and physical activities such leisure groups, sports (Stapley, 2019) and hanging out with friends (having a coffee going for a walk) as ways to 'escape' from everyday worried (Martorell-Poveda 2015, Charles 2020), and saw these as pursuits that could support their mental well-being. However, a number of worries

were expressed about work life balance in relation to school/college work and steps into initiating a career, hindered young people's ability to utilise these strategies to destress and unwind

Other coping and self-help strategies included use of positive affirmations, (Viduani 2021) being determined and preserving (Stapley 2019), actively trying to forget problems though interacting about other things with family and friends or using techniques role models have shown them such a breathing exercises and stress balls and just trying to ignore the problem and move on, were all reported as strategies young people utilise (Stapley 2019, Charles 2022).

# Workload, life balance and future aspirations

A number of studies reported worries and stress in relations to school being a significant stressor for young people today (Gasper de Matos, 2016, O'Reilly 2020, Ladejo, 2021, Joffer 2016) Some highlighted the overwhelming nature of academics, feeling the takes up their whole life (Joffer, 2016) Participants in several studies sighted stress from academic workload leading to them neglecting other interests they deemed important for maintenance of their mental well-being. (Ladejo 2021) Additionally, feeling of not meeting others and self-expectations when surrounded by other equally qualified individual lead to comparison and self-doubt (Ladejo (2021) Some also reported this in response to starting work (Michikyan 2020) Others highlighted this in the particular context of transitions to the next stage of life and feeling overwhelmed withing this transition (Michikyan 2020)

# Use of social media

When discussing the use of social media, the young people included in the data in this review provided a very comprehensive and balanced view reporting experiences of both the positive and negative effects of social media on their mental well-being. Social media was considered an integral part of young people's daily life (Kostenius 2020) Young people across several studies reported the use of social media as being a protecting feature of mental well-being due to the fact it distracted them from daily stress (Stapley 2019, O'Reilly 2020) provided a platform to strengthen friendships (Ref) and be continuously connected to friends, especially for those who are socially isolated(Kostenius 2020) or live a more transient lifestyle (O'Reilly 2020), allowed individuals to maintain friendships with physically living some distance away (O'Reilly 2020)

Young people also showed an awareness of the possible negative pitfalls of social media. Such possibilities included fear of missing out (O'Reilly 2020) and being feeling excluded as a result. They also acknowledged the possible addictive nature (O'Reilly2020) leading to interference with other aspects of life. Participant highlighted the need to use social media (Kostenius 2020) Additionally, many respondence recognised the pressure it placed on them socially to adhere to perceived ideal images and be validated through likes and comments could have a detrimental effect on their metal well-being (O'Reilly 2020, Kostenius 2020). Social media was also highlighted as a possible source of conflict with adults who did not understand the social importance of it for them (O'Reilly 2020)

# Identity, social networks and fitting in

Young people in late adolescence reported that the transition to independent living for study or work had a significant impact on their mental wellbeing. They used description such as 'a culture shock' (Ladejo 2021, Michikyan 2020), a period of feeling vulnerable and isolated (Sundquist 2021)

Socialising was seen as having positive and negative consequences for young people (Ladejo 2021, Joffer 2016,), providing feeling of connection, empowerment and stress and self-doubt. (Joffer 2016) Having a social network was viewed positive in gaining connections and support (Viduani 2021) and

gaining a feeling of affirmation and acceptance(Joffer 2016). Youth and interest groups were highlighted as places where you can connect with people who really 'understand' (Charles 2020). However, the pressure to be sociable and join in was reported as being overwhelming, with one respondent suggesting they felt they had failed for not being able to go out and meet load of interesting people, echoing the general feeling of being overstimulated during key transitional periods (Ladejo 2021) It was also reported that many felt being in a group but not feeling connected to the group (Sundqvist 2021,) or needing to wear a mask it fit in (Hjeltnes 2016), could be equally isolating experience that lead to feelings of inferiority. This feeling was portrayed in a photographic representation of of a bench on the outer edge of a collage green and the explanation given by one respondent that although they had met great people, they always felt sat on the bench alone looking in (Charles 2020 p15) Another respondent commented on how the value of 'social life is very elevated and very idealistic' (Sundqvist 2021p 244) and not living up to this ideal makes you feel like a social deviant. Some participants suggested these feelings could be compounded through comparison to others (Sundqvist 2021, Hjeltnes 2016) and often lead to self-blaming feelings of not being good enough and possible withdrawal and avoidance strategies (Sundqvist 2021)

# The role of family and peer support

In many studies the young people reported the central role talking to a trusted person when stresses or worries became overwhelming. Parents, carers and wider family member were often sighted as being trust worthy and an essential constant source of support. (Stapley 2019, MeKenna 2021 Sundqvist 2021, Viduani 2021, Joffer 2016, Martorell-Poveda 2015) for emotional support companionship and authority, stating they could talk about anything due to not being judged by them (McKenna 2021) Young people also reported feeling of being hurt and resentful over incidents when they felt misunderstood or overlooked by their parent (Mckenna 2012) Linked to this was a sense that it was important that parents were available when needed, or dismissal could be seen as rejections. This was cited as a major cause of conflict and not respecting boundaries (McKenna 2021) although negative data was sparse, but when mentioned it was in relation to a sadness due to unwanted conflict with parents (Viduani 2021).

Friendship networks were also often discussed as a positive source of support. However, the relationship between supportiveness and friends held more ambiguity than support from family (Martorell-Poveda 2015). Friendship often being described as a good distraction from worries, but for sensitive or complex difficulties it was better to talk to a family member. (Stapley 2019) In this sense they were reported as being more supportive and reliable than other sources of support. (Mekenna 20210 Parents were also described as having an important role a mediator when the young people experienced situations of conflict (Stapley 2019) Although adolescences is a time of striving for independence and self-identify they still reported viewing their parents a 'role models' (Mckenna 2021) However, adolescents still felt a need for personal autonomy and when seeking help (Martorell-Poveda 2015) and wanted to be listened to respectfully about their views in a reciprocal manner rather than just advise giving. They wanted a parent to 'stand by them without being overly controlling and stifling' (Martorell-Poveda 2015 p6)

Additionally, despite 76% of respondent saying they would confide in parents and 85% saying they talk to friends, of the same sample 45% also stated they would hide some feelings from some people or everyone (Stapley 2019) and that they did not want to show anyone the worst sides of themselves. Additionally, a number of young people reported fear that confiding in parents as they did not want to be seen in a bad light and such disclosures could be a burden to them and contribute to their parent's stress (McKenna 2021).

# Isolation, misrecognition and shame

A number of examples were found of young people describing that they felt isolation and loneliness despite participating in social situations and belonging to various social groups (Sundqvist 2021) suggesting isolation is not as simple as not having people to interact with. Young people conceptualised it more as being unable to connect with people in meaningful ways and feel understood (Munford2020) Isolation was also associated with feelings of sadness and experience of depressive symptom with respondents describing a feeling of emptiness and wanting to be alone (Viduani 2021. Stapley 2019) It was also reported that this feeling of isolation and loneliness often went unnoticed (Viduani 2021) Some participants linked the need to withdraw and isolate as being a response to past difficult events such as bullying (Viduani 202, Hjeltlnes 2016), shyness leading to feelings of anxiety (Hjltnes 2016), or self-consciousness due to self-comparison. (REF)

However, the opposite of this was also expressed in a number of studies. Adolescents also reported an active seeking of being alone and isolating themselves as a choice in order to escape pressure and be able to withdraw from the stressful situations they were finding themselves in (Vinuani 2021) They saw this as a type of active avoidance which was a coping strategy in times of distress

Whatever the cause of loneliness, it was often described as being the individual's fault for not being good enough and internalized as self-blame and seen shamefully (Sundqvist 20221) Social groups that emphasised 'receptivity, inclusion, and safety' were seen as important resource in combating isolation and loneliness. It was suggested that greater publicising and normalising of loneliness would be beneficial in this regard. (ref) Conversely, recognition and loving connections, were seen as the resilience factors that guarded against these experiences of shame. (Munford 2020) They saw these factors as being action such a taking time to listen, act on promises, being treated fairly and acknowledging strengths as helping to guard against withdrawal dur to the shame of misrecognition (Munford 2020) Similarly though attempts to acquire help some participants reported feeling of not be prioritized or properly listened to and this lead to further feelings of abandonment and shame (Kostenius 2020)

The theme of feeling significant, being significant to others, being respected, being listened to and accepted was a theme that appeared in a number of the research papers included in the research across of young people today (Kostenius 2020.)

# **Additional Noteworthy observations**

A number of participants commented on the need to acceptance of the problem getting used to the situation, waiting for it to pass, just part of life (Stapley 2019 Shinde 2020) This suggests a note of hopefulness may be present in the date.

However it was also articulate that some respondent did not feel school staff not always able to offer effective support (Stapley Shinde). Professional help was sometimes referred to in negative term with some respondents to self-rated health questionnaire's advising they were concerned about answering honestly due to the risk of being identified and offered help (Joffer 2016) Martorell-Poveda (2015) also found young people were more likely to use existing social networks and self-help rather than professional support. It was also reported that young people felt teachers did not have the time to deal with mental health issues and would just refer you on, and they worried about confidentiality (Kostenius 2020) They wishes this was a source of support and thought it was a good idea but school was not presently set up to help,

Girls more likely to seek support from friend and boy more likely to problem solve (Gasper de Matos, 2016 Viduani 2021, Martorell-Poveda 2015))saw mothers a offering emotional support and fathers as offering shared activities (MeKenna 2021)

# **Discussion**

Given the predominance data from studies considered in this review that highlights the value that young people place on parentals and their wish to utilise this relationship for both advice giving and emotional soothing, it must be acknowledged the adolescent parent relationship is seen by young people as a significant buffer to poor mental health (refs from research papers added) These finding run counter to developmental literature emphasising the influence of peer relationships over parental influence on young people' identity as they mature into independence. (ref) Instead, the evidence from this study suggested that in accordance previous findings a secure, stable and nurturing home environment in which young people feel of significance and able to communicate with family members in an open and respected manner is an important coping mechanism for mental well-being (Repetti et al 2002, Moreno 2009. Einsberg 2015) Whilst there is no denying that peer relationships are very important to young people and feeling of fitting in and gaining their own unique identity this does not seem to supersede their reliance on family a as a safe environment in which to be soothed and distracted from the pressures of maturation into adulthood

Less about not recognising parents' authority to create boundaries or when seeking help about them being part of the solution but more about feeling in control and listened to in this setting of boundaries and exchange of information when they need help. Also, several incidents that young people are reactive and switch the coping strategies they employ. There is a need to have the right person there at the right time. As one respondent suggested in sometimes, I want people their other times I want to be alone. Timing and response to need seems to have a significant impact on young people with them internalising business for being a burden or not being important enough. This ability to react could be problematic for busy working parents, school staff with other responsibilities and social services and mental health teams that are stretched to the limit with waiting lists

Connection and security were other important factors highlighted throughout the research papers identified in this systematic review, This aspect was a factor young people both talked about having and talked about craving in incidents where it was not present, particularly from parents. It should be noted that it was often insightfully articulated that it was not due to lack of a wish to provide this that hindered this in most incidences but a lack of knowledge about how to achieve it. This was perhaps also highlighted from a parental perspective included in Viduani (2021) study which highlighted their concerns that it was difficult to distinguish between anxious and depressive symptoms from other normative teenage experiences and a lack of knowledge about their understanding of how adolescents express their emotions

Work life balance whether school work, college or university work or employed work led to considerable stress and a sense of low worth from not being able to maintain and meet all goal set for themselves, this appeared especially relevant for girls (Einbsberg 2015) The finding of this review seem consistent with Weems et al (2000) view that school is often cited as a stressor of worries, especially around academic ability, yet despite a focus on providing mental health support in education settings schools are not often highlighted as a source of potential support for young people, suggesting at these initiatives are not yet hitting their target audience (Weem 2000, Gasper de Matos 2016)

Many experiences described in a number of the studies included in the review appeared to be describing the process of social anxiety even when it was not labelled as such the American

Psychiatric Association (2013) describes social anxiety disorders as a feeling of anxiety that is as an intense fear or reaction to social situations in which a person may feel scrutinized or judged by others. This phenomenon was described by many respondents in the studies being analysis in this review in terms of, not fitting in, feeling the need to use a false image to try to feel accepted and that the burden on trying to achieve this led them to withdraw. As people with social anxiety often struggle for years before seeking help (Hjeltnes et al 2016) one could argue that these experiences could be seen as precursor feeling to developing a diagnosed social anxiety disorder and more research into why young people find it particular difficult to feel understood or find a place to feel they belong, what are the social mechanisms that make these experiences so prevalent and how is it overcome.

Many accounts in a number of these studies also made reference to the theme of need for positive connection and recognition, These findings are in line with Honneth's theory of intersubjective theory of recognition utilised by Munford (2020) which described the innate needs of people to experience love, care respect and feeling valued, Frost, drawing on attachment theory suggests being loved and cared for is an experience that is closely linked to feeling recognised in later years. This study upholds this view in that young people rated being connected to family and experiencing them as a safe haven that is always there is an important element to feelings of mental well-being. (Frost 2016, Munford 2020) love was also experienced through actions and many of the studies discussed the young persons desired for significant people in their lives to have time to stop and listen and to be there when needed. This finding has parallels to some of the positive parenting technique to get to the same level as young children, As mentioned earlier in this paper whilst much emphasis has been placed on early years interventions, it is important to remember that adolescence is an equally important developmental stage. The narratives of young people in the papers included in this review suggest that these fundamental communication skills are equally important to adolescence as they embark on new level of independence but still need the secure anchor of family support as they move into and experiment with the new personal self-identities they will carry with them into adulthood.

# Limitations

As identified earlier the Campbell collaboration represents the highest quality and rigorous form of systematic review standard. Constraint of time required a cut off point for research of all relevant material and limitations of working individually rather than the desired counterbalance that teamwork creates in countering researcher bias have not been in this review. Whilst thought and effort have been placed on adhering as closely as possible to the qualities and processes of working in a comprehensive and transparent manner with clear and replicable methods, the small scale of this project means that some relevant data may have been inadvertently overlooked (Aveyard 2018.)

# **Conclusions**

It is clear from the background literature explored in the initial sectors of this paper that mental health difficulties are a prevalent and rising difficulty for adolescence globally. This is of concern to everyone as experience of mental difficulties has a detrimental and costly impact all on members of society. Whilst acknowledging the unequal distribution of wealth and risk factors across the world, it must be acknowledged however that this in a phenomenon that all adolescence globally are experiencing and this experience in increasingly prevalent. The common occurrence of mental health distress in HIC suggested that a different influence is occurring to those traditionally assumed to be the driving force behind mental distress. This reason for this could be due to changes in the social influences being experienced by adolescent in the current technology lead, constantly connected perfectionist culture that adolescence today feel they must fit into to be successful. Failure to do so seems to lead to internalisation of self doubt and self blame. However it is possible their could also

be a fundament essence of adolescent experience that we are simply failing to recognise or accommodate for . The overarching themes of the data to be examined in this review seem to suggest that young people both crave and are not getting consistent, meaningful connections where they have an experience of fully belonging, feeling understood and achieving recognition through validation of themselves. This seems to be a universal experience amongst young people today even when the cultural context and focus of analysis is varied. This suggests that additional research needs to be undertaken regarding the processes and ways that young people find meaningful connections that can serve as a resilience factor against experiences of emotional distress, isolation and lack of connectivity.

#### References

Atlas (2005) Child and Adolescent Mental Health Resources Global Concerns: Implications for the Futu

Aveyard. H (2018) *Doing a Literature Review in Health and Social Care: A Practical Guide* 4<sup>th</sup> ED Open university press.

Balazs, J Miklosi, M, Kerezteny, A Bobe, J et al (2012) Prevalence of adolescent depression in Europe European Psychiatry 27: 1

Baumeister (2022) The Self Explained: Why and how we become who we are, Guilford Press

Bearman. M and Dawson. P (2013) Qualitative Synthesis and systematic review in health Professionals Education. *Medical Education* 2013: **47** 252-260

Buchanan. and Ritchie. C (2004) – What works for troubled children – Barnardo's

Virginia Braun & Victoria Clarke (2006) Using thematic analysis in psychology, *Qualitative Research in Psychology*, 3:2, 77-101

Brodderick and Frank (2014) Learning to Breath: an intervention to foster mindfulness in adolescence: *New directions in Youth development* vol 124: 31-44

Carvajal, L et al (2021) Increasing Data and understanding of adolescent mental health worldwide: UNICEF's measurement of mental health among adolescents and the population level initiative. *Journal of Adolescent health* xxx 1-3

Clark. C (2000) Social Work Ethic. Politics, Principles and Practice PUB Palgrave

Charles, A & Felton, A (2020) Exploring young people's experiences and perception pf mental health and well-being using photography *Child and mental health* 25 no 1 13-20

Cushman, P (1990) Why the Self is Empty: Towards a Historically Situated Psychology. *American Psychologist* Vol 45 no 5 599-611

Duffy. A (2019) Narrative Matters: you do you: Teen's co-construction of narrative, reality, and identity on social media. *Child and Adolescent Mental Health* 24: 3 p288-290

Einberg, E, Lidell, E & Clausson, E (2015) Awareness of demands and unfairness and the importance of connectedness and security: Teenage girl lived experience of their everyday lives. *Qualitative Studies on Mental Health and Well-being.* **10**: 27653

Erikson, J (1998) The Life Cycle Completed by Erik Erikson. Extended Version with New Chapters on the Ninth Stage of Development by Joan Erikson Pub Norton paperback

Frost, L (2016) Exploring the concepts of recognition and shame for social work. *Journal of social work Practice* 30(4) 431-446

Geldard, K and Geldard, D. (1999) Counselling Adolescents Sage publications

Gasper de Matos, M, et al (2016) Worries, coping strategies and well-being in adolescence: highlights from HBC study in Portugal. *Vulnerable Children and Youth Studies* vol 11; 3 274-280

Gilbert. P, & Irons, C (2009) Shame, self-criticism and self compassion in adolescence: *Adolescence Emotional Development and the Emergence of Depressive Disorders* 195-214

Guerra. C, Pereda, N, Guilera, G. Abad, J (2016) Internalizing symptoms and poly-victimization in a clinical sample of adolescents: The role of social support and non-productive coping strategies *Child Abuse and Neglect* vol 54 57=65

Hall, S. Mckinstry, C. & Hyett, N (2016) Youth perceptive of positive mental health. *British Journal of Occupational Therapy* vol 79 9\*) 475-483

Heaven. P, C, Ciarrochi J & Leeson, B (2009) The longitudinal links between shame and increasing hostility during adolescence. *Personality and Individual Differences* 47 841-844

Hjeltnes, A, Moltus. C, Schanche, E & Per-Einar. B. (2016) What Brings you Here? Exploring Why Young Adults Seek Help for Social Anxiety *Qualitative Health Research* Vol 26: (12) 1705-1702

Hoare, E et al (2016) The associations between sedentary behaviour and mental health among adolescents: a systemic review. *International journal of behavioural and nutritional and physical activity* 13:108 p 1-22

Holloway, I. and Todres, L. (2003) The status of method: flexibility, consistency and coherence. *Qualitative Research* 3, 345 -57

Holmes, J (2014) John Bowlby and Attachment Theory Routledge 2<sup>nd</sup> Ed

IASSW (2014) The International Association of Schools of Social Work: Global Definition of Social Work <a href="https://www.iasse-aiets.org/global-definition-of-soical-work-review-of-the-global-definitions/">https://www.iasse-aiets.org/global-definition-of-soical-work-review-of-the-global-definitions/</a>

Irons, C & Gilbert, P (2005) Evolved mechanisms in adolescent anxiety and depression symptoms: The role of attachment and social rank systems. *Journal of Adolescence* 28: 325-341

Jensen, F (2015) The Teenage Brain: A Neuroscientist Survival Guide to raising Adolescents and Young Adults HarperCollins Publishers Limited

Joffer, J., Jerden, L., Ohman, A., Flacking, R. (2016) Exploring self-rated health among adolescent: a think-aloud study *BMC Public Health* 16:156

Keiling, C et al (2011) Global Mental Health 2. Child and adolescent mental health worldwide: Evidence for action. Lancet 2011: 378 1515-25

Kessler, C et al (2007) Age of onset of mental disorders: A review of recent literature. *Current opinion in Psychiatry* July: 20(4) 359-364

Kotenius, C, Gabrielsson, S, Lindgren, E (2020) Promoting Mental Health in School- Young People from Scotland and Sweden Sharing their Perspectives *International Journal of Mental Health and Addition* 18: 1521-1535

Kroger, Jane (2004) *Identity in Adolescence* The balance between self and others 3<sup>rd</sup> ed Routledge

Ladejo, J (2021) A thematic Analysis of the Reported Effect Anxiety has on University Students: *Education and Urban Society* 1-25 DOI: 10.1177/00131245211062512

Martinsson, L, Griffin, G & Nygren, Challenging the Myth of gender equality in Sweden. Bristol Policy Press

Martorell-Poveda, M, Martinez-Hernaez, A. Carceller-Maicas & Correa-Urquiza (2015) Self-care strategies for emotional distress in young adults in Catalonia: a qualitative study. *International Journal of Mental Health Systems* 9:9

Manfro, P et al (2021) Adolescent depression beyond DSM definitions: a network analysis *European child and Adolescent Psychiatry* 

McDowella, G et al (2020) Centring, Affective Regulation and Exposure (CARE) Group: Mindful Meditation and Movement for Youths with Anxiety *Evidence-Based Practice in Child and Adolescent Mental Health* Vol 5:2:139-146

McKenna, S, Olsen, A & Paalich, D (2021) Understanding Strengths in Adolescent-Parent Relationships: A qualitative Analysis of Adolescent Speech Sample *Journal of research on Adolescence* 1-18

Methley.A, Campbell,S, Chew-Graham, C, McNally, R Cheraghi-Sohi, S (2014) PICO, PICOS, and SPIDER: a comparative study of specificity and sensitivity in three search tools for qualitative systematic reviews *BMC health services research* 14: 579

Michikyan. M (2020) Depression Symptoms and Negative Online Disclosure among Young Adult in college: a mixed-methods approach *Journal of Mental Health* Vol 29 No 4 392-400

Moreno, C Sanchez-Queiia, I, Munoz-Tinoco, V Gasper de Matos, M, Dallago, L, et al (2009) Crossnational associations between parents and peer communication and psychological complaints. *International Journal of Public Health* 54: 235- 242

Mullarkey, Mc, Marchetti, I & Beevers, C (2019) Using network analysis to identify central symptoms of adolescent depression

Munford, R & Sander, J (2020) Shame and recognition: Social work practice with vulnerable young people. *Child and Family Social Work* **25**: 53-61

Mruk. C (1999) Self-esteem - research theory and practice - 2<sup>nd</sup> ed - free association press

Nathanson, D. L (1992) Shame and pride: Affect Sex and the bird of the self. New York: Norton.

Newman, L. & Birleson (2012) Mental Health Planning for children and youth. Is it developmentally appropriate? *Australian psychiatry* 20 (2) 91-97

O'Reilly M. Social media and adolescent Mental Health: the good, the bad and the ugly. *Journal of Mental Health* Vol 29: 2 200-206

Page, M et al (2021) The PRISMA 2020 Statement: an updated guideline for reporting systemic reviews: *Systematic reviews* 10: 89

Paulo,M, Vagos, P, Riberiro De Silva, D & Rijo, R (2020) The role of shame and shame coping strategies on internalizing/externalizing symptoms: Differences across gender in adolescents *European Journal of Developmental Psychology* 17: 4 578-597

Piteo, E & Ward, K (2020) Social networking sites and associations with depressive and anxiety symptoms in children and adolescents *Child and Adolescent Mental Health* 25: 4 201-216

Theron L et al (2018) Resilience over time: Learning from school attending adolescents living in conditions of structural inequality *Journal of Adolescence* 67 167-178

Trevithick, P (2005) Social work skills: a practical handbook. 2<sup>nd</sup> Ed, Open University Press

Shinde,S, Khandeparkar, P, Pereira, B, Sharma, A (2020) A Qualitative study of understanding depression and help seeking behaviours among rural school-going adolescents in India *Journal of Indian Association of Child and Adolescent Mental Health* **17:** 8-24

Stapley, E, Demkowicz, O, Eisenstadt, M. Wolpert, M & Deighton, J (2020) Coping with the Stresses of Daily life in England. A Qualitative Study of Self-care Strategies and Social and Professional Support in Early Adolescence *Journal of Early Adolescence* Vol 40: 5 605-632

Steel, Z et al (2014) The Global prevalence of common mental disorders: A systematic Review and meta-analysis 1980-2013 *International Journal of Epidemiology* 476-493

Sundqvist, A & Hemberg, J. Adolescents' and Young Adults experience of loneliness and their thoughts about its alleviation. *International journal of Adolescence and Youth* **26:** 1, 238-255

UNCR (1989) The United nations Convention on the rights of the child: Article 29 available on <a href="https://www.cypcs.org.uk/rights/uncrc/full-uncrc/">https://www.cypcs.org.uk/rights/uncrc/full-uncrc/</a>

Viduani, A, et al (2021) Social Isolation as a core feature of Adolescent Depression; A qualitative study in Porto Alegre, Brazil. *International Journal of Qualitative Studies on Health and Well-being* vol 16: 1978374

Volstad et al (2020) you have to be okay with okay: experiences of flourishing among university students transitioning directly from high school *international journal of Qualitative studies on health and well-being* Vol 15 1834259

Walker, S (2015) Literature reviews, Generative and transformative Textual Conversations *Forum Oualitative Social Research* vol 16: 3 Article 5 ??? PN

Weems, C, Silverman, W & La Greca, A (2000) What do Youths referred for anxiety problems worry about? Worry and its relation to anxiety and anxiety disorders in children and adolescents. *Journal of Abnormal Child Psychology* 28: 1 63-72

West, M, Rice, S & Vella-Brodrick, D (2021) Exploring the 'Social' in Social Media: Adolescent Relatedness – Thwarted and Supported *Journal of Adolescent Research* 1-32

WHO (2005) Mental Health Policy and Service Guidance Package: Child and Mental Health Policies and Plans

Xiao. Y and Watson, M (2019) Guidance on conducting a systemic Literature Review Journal of Planning and Educational Research vol 39 (1) 93-112

Young Minds (2018) A new era for young people mental health. http://www.england.nhs.uk/publications/nhs-mental-health-dashboard/

YoungMinds (2021) NHS Digital – Mental Health of Children and Young People in England 2021 <a href="https://digital.nhs.uk/date-and-information/publications/statistic/mental-health-of-children-and-young-people-in-england/2021-follow-up-to-the-2017-survey">https://digital.nhs.uk/date-and-information/publications/statistic/mental-health-of-children-and-young-people-in-england/2021-follow-up-to-the-2017-survey</a>