A modified systematic literature review examining current support provided for young people to manage stress

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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which, to a substantial extent, has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

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Abstract

Adolescence is an important stage of human development with potential for the positive growth of social and emotional health. According to Waters et al., (2012), adolescence is a stage of intensive personal, social, and emotional development, in which essential physical, social, and emotional health changes take place. The ages of 10-24 years are recognised as a fundamental period for emotional health which strengthens long lasting well-being (Patton et al., 2016). Yet, rates of mental illness in young people are rising, requiring interventions that promote stress management and the capacity to live well (Schwartz et al., 2012). As individuals are being increasingly exposed to rapid change in ways of living, support for positive health development is becoming more important than ever before (Waters et al., 2012). Using a modified systematic literature review, this dissertation aimed to answer the research question, "What educational support is currently provided to increase young people's capacity to manage stress?" The review found several effective programmes that meet the standards of inclusion for the study and which can be adapted to classroom, outdoor, and online contexts. However, more research is required to confirm efficacy of the interventions used in programmes which are already producing promising results.

Chapter 1: Introduction

Context of the Research

For this dissertation, I have decided to explore an area I have felt passionate about for a number of years: young people's capacity to manage and respond to stress. My interest in this area began in 1992 growing up in a middle-class, Christian, Pākehā family in Aotearoa New Zealand. During childhood and adolescence, I experienced stress under high expectations in various aspects of my life. There was little support in place. The education curriculum did not provide stress management skills, nor was information provided that could direct young people to resources or support outside the education environment. To manage times of stress, I engaged in "peer orientation"—a reliance on peers for support, development, and influence (Neufeld & Mate, 2005). According to Neufeld and Mate (2005), due to multiple factors, peer-orientation reliance is increasing. Engagement in peer-orientation causes young people to close down emotionally in order to protect themselves; hence, they become unable to perceive the possibilities and potential of life (Neufeld & Mate, 2005). I would have hoped to have been taught skills to manage stress, or have been provided resources to turn to during times of stress. My own history, experiences, and continual journey of developing a capacity to manage stress marks the beginning of my interest in this research.

During my clinical psychotherapeutic training and current therapeutic client work, I frequently find myself coming into contact with individuals who are adversely challenged by the impacts of stress in their lives. An absence of skills, techniques, and resources appear to be a consistent pattern found across these individuals. Noticing these connections through my therapeutic client work has developed my curiosity in how the stress response becomes experienced as disabling for some, yet manageable for others.

As I began this research in 2020, a worldwide pandemic, COVID-19, was taking place. Russell and Akoorie (2020) identified the mental health of many New Zealanders are in an unpredictable state, at this time, as social repercussions of New Zealand's lockdowns take hold. The authors further stated that "Internationally previous economic downturns and crises have been linked to growing mental health problems and spikes in suicide rates" (Russell & Akoorie, 2020, para. 6). New Zealand's health service for young people—Youthline—has disclosed that under 25 year olds are struggling with negative impacts of COVID-19 in their lives (Russell & Akoorie, 2020). Young people, along with the rest of the community, are finding themselves in a position without control of external events, experiences, and changes. Their situation highlights the importance of having skills to manage one's stress response to uncontrollable experiences. According to the Greek and Stoic philosopher Epictetus, "It is our attitude toward events, not events themselves which we can control" (cited in Amato & Monge, 1990, p. 36).

In 1936, Hans Selye coined the term 'stress', describing stress as the body's response to change, wherein stress is "anything that puts wear and tear on the body" (Scheid & Brown, 2010, p. 107). Today, stress generally refers to the physical and psychological changes that impact homeostasis (Cullinan et al., 1995). In this literature review, I refer to the definition of stress as a response to a perceived threat, which includes the withholding of an essential need, resulting in the destabilisation of the body's homeostasis (Mate, 2019). Mate (2019) identified a stressor as a threat, real or perceived, that tends to disturb an individual's homeostasis.

Recent statistics demonstrate a need to explore the current ways mental health and well-being is addressed in New Zealand. In New Zealand, deaths by suicide have reached the highest level since records began 12 years ago; and, in 2019, New Zealand suicide rates have increased at 1.9%, rising from 13.67 to 13.9 per 100,000 people (Henry, 2019). Since 2018,

annual figures show the highest increase in death by suicide amongst young people (Henry, 2019). Among young people between the ages of 15 and 19 years, there has been a 37% increase from 16.88 to 23.14 per 100,000; and among those aged 20-24 years, a 27% increase from 21.21 to 26.87 per 100,000 (Henry, 2019). The suicide rate for young people, currently at its peak, suggests a need for urgent attention and interventions (Toole et al., 2019). New Zealand's Prime Minister, Jacinda Ardern, considers these rates too high and has set reducing them as one of the nation's biggest long-term goals (Henry, 2019).

Through the development of psychotherapeutic practice, there have been many theories suggesting early relationships, specifically the parent-child relationship, are the source for enabling an individual to develop healthy responses to stress. Some examples include theories of Donald Winnicott (1960) and John Bowlby (1969), who indicated family experiences during infancy and childhood shape an individual's ability to relate to others and to situations in their adult lives.

Lieberman and Van Horn (2008) also suggested that it is the individual's relationship with their caregivers, rather than their educators, which plays a critical role in mediating their response to stress. However, Lieberman and Van Horn also indicated that, for multiple and complex reasons, a caregiver may be unable to fulfil the role of a stress response mediator. If a caregiver is unable to be an individual's stress response mediator, where can individuals learn to respond to stress? Booth and Samdal (1997) have suggested that health promotion programmes can reach nearly all individuals across socio-economic groups within educational environments. Therefore, places of learning can become a means to approach young people who may require further assistance in equipping themselves with skills to build resilience in response to stress.

The World Health Organization (2020) has defined a 'young person' as anyone aged 10-24 years. Siegel (2013) characterised the years between 12 and 24 as the most crucial

stage to discover purpose, activate courage, and explore creativity. According to current prevention strategies (Ministry of Health, 2019), it is young people who experience many life transitions, requiring skills to adapt to these changes. During these years, individuals learn key skills, such as how to develop and maintain relationships with others, and how to manage safety whilst taking risks, thereby creating a way of living in a world with multiple complexities (Siegel, 2013). Based on these premises, a key action to promote well-being must occur in places of learning, with the aim to provide young people with the essential support to help them navigate these life changes (Ministry of Health, 2019).

Key Point of Concern

Within the field of social and emotional learning, there has been a considerable volume of theory, research, and practice addressing stress (Martin et al., 2017), with increasing interest from policymakers and educators (Dyson, Colby, & Barratt, 2016; Humphrey, 2013; Jones & Doolittle, 2017). International findings show increased long-term well-being and mental health outcomes can result from school-based interventions promoting education, techniques, and behaviours to cope with life stressors (Taylor et al., 2017).

Internationally, the Collaborative for Academic, Social and Emotional Learning (CASEL) is one of the most notable and largely applied skills frameworks for social and emotional education (Ross & Tolan, 2018). CASEL (2015) identified five key skills: self-awareness, social awareness, relationship skills, self-management, and decision making. Large-scale reviews demonstrating CASEL effectiveness show increased progress in academic performance and interpersonal behaviours, and reduced levels of distress and conduct problems (Durlack et al., 2011). A meta-analysis conducted by Taylor et al., (2017) revealed that enhanced well-being effects, resulting from models placed in schools, can persist through to adulthood and beyond.

In the current Secondary School New Zealand Education Curriculum (Ministry of Education, 2015), there are no models such as the CASEL (2015) identified as mandatory to enhance young people's skills in the areas of academic performance and social behaviour. Within the subjects of health and education, students are to learn about well-being and how to employ it (Ministry of Education, 2015). Key areas of learning include nutrition, physical safety, care and activity, sport studies, outdoor education, mental health and sexuality (Ministry of Education, 2015). The aim is to develop young people's knowledge of the components that influence health; as well as build resilience through learning how to manage change and loss, strengthening their own unique identity, and developing responsible decision-making (Ministry of Education, 2015).

The New Zealand curriculum provides a guide for teaching and learning for students (Ministry of Education, 2015). Although each school curriculum needs to be in line with curriculum documents, when determining curriculum detail, schools have significant flexibility to allow for a broad range of ideas, frameworks, and resources (Ministry of Education, 2015). Being aware of the flexibility for educators, Schonert-Reichl et al., (2017) urged, "To reach students, teach the teachers" (p. 6); identifying a need for teachers pre-service training to become more definite, and professional development to continue in-service in order to effectively deliver programmes and education within the subjects of health and well-being.

Current literature shows increased long-term well-being outcomes resulting from school-based programmes that address skills for young people to cope with life stressors; however, these are not included or mandatory in New Zealand's current education curriculum. There is a need for further qualitative research in order to find effective and culturally appropriate programmes addressing young people's capacity to manage stress at a practical level in Aotearoa New Zealand (Dyson, Howley, & Shen 2019).

Aim and Scope

The aim of this research is to discover what educational support is currently provided for young people in New Zealand, Australia, and the United Kingdom that addresses their capacity to manage stress. Through this research I hope to discover what current educational support is in place for young people and in what context it is provided in order to find any best practice programmes, and to identify gaps or areas for further research.

The scope of this research is the existing literature of peer-reviewed articles in the databases PsycINFO, Scopus, and ERIC (Educational Resources Information Centre), published in the English language between 2010 and 2020, from New Zealand, Australia, and the United Kingdom, with the exception of seminal works. I have chosen PsycINFO, Scopus, and ERIC databases as they provide access to scholarly peer reviewed journal articles, and their subject focus is relevant to the research topic in question. PsycINFO is a database containing information on psychotherapy and psychology that provides scholarly literature in behavioural sciences and mental health. Scopus is a multidisciplinary database providing comprehensive overviews of the world's scientific research across all disciplines. ERIC contains scholarly educational-related literature.

I have limited this research enquiry to New Zealand, Australia, and the United Kingdom due to their shared history as settler colonies from the British Empire and their existence as current Commonwealth realms (P. J. Marshall, 1996). Australian and New Zealand institutions, culture, and language are based on British cultural influences, systems of government, patterns of education, and layout of societal structure (P. J. Marshall, 1996). There are also unique cultural differences between these countries, and I acknowledge a specific bicultural context in New Zealand, where Māori and Pākehā relationships are structured through Te Tiriti o Waitangi. While research into the stressors of young Māori populations would be a worthy undertaking, it remains beyond the scope of this dissertation.

Literature relating to other nations, timeframes, databases, or peer-reviewed articles written in alternative languages to English may represent relevant scholarly research within this subject area, and may have been expected to be included; however, they remain outside the scope of this research.

This research inquiry will be conducted using critical theory located within the radical paradigm (Grant & Giddings, 2002). Critical theory is "designed not just to explain or understand social reality but to change it" (Smith, 1993, p. 77), predominantly through encouraging others to engage in life-changing actions through achieving three tasks: critique, education, and understanding (insight) (Deetz, 1982). According to Grant and Giddings (2002), the role of the radically positioned researcher is to "illuminate social structures and oppressive effects, to raise conscious awareness as the basis for collective action and struggle" (p. 19).

Significance of the Research

Suicide rates in New Zealand are continuing to increase. The suicide rate for young people is at its highest level (Toole et al., 2019), indicating a need to address what methods are currently in place to support young people's capacity to manage stress. Discovering what support is provided for young people can benefit the psychotherapy community through highlighting what skills, programmes, and resources are currently being taught and provided to individuals, as well as potential areas for future research in developing theories to address skills for managing stress.

Summary and Overview of the Research

This chapter has provided the context and key points of concern, and highlighted the aim and scope of the research and the significance of the research. Below is a brief overview

of the following three chapters demonstrating how the aim of this dissertation will be achieved.

Chapter 2: 'Methodology and Method' identifies the chosen methodology and method, describing what they are, and explaining why these are used for this dissertation. It provides a description and explanation for the use of qualitative research in comparison to quantitative research. It identifies the use of the radical paradigm, offers a detailed description of critical theory and constructivism lens within the radical paradigm, and describes the epistemological and ontological orientations of the research. Lastly, it provides an outline of the methodological steps (method) to conduct this research.

Chapter 3: 'Results and Findings' identifies the search results and provides an explanation for further exclusion criteria applied. Tables demonstrating the search results are provided. An explanation of the search results, identifying current educational frameworks, current applications, and contributions to this area are provided. Specifically, this chapter covers step six of Okoli and Schabram's (2010) 'data extraction' and step seven 'synthesis of studies' through the use of mapping techniques.

Chapter 4: 'Discussion and Conclusion' provides further explanation and interpretation of the data results, highlighting emerging trends, identifying what is working, and future research recommendations.

Chapter 2: Methodology and Method

This dissertation is a qualitative piece of research, collecting and analysing empirical data to answer the research inquiry, "What educational support is currently provided to increase young people's capacity to manage stress?" Empirical data provides detailed information about human behaviour within the scope of the specific research inquiry (Aliaga & Gunderson, 2005). Although quantitative studies are known to use mathematically based methods to collect numerical data (Aliaga & Gunderson, 2005), Grant and Giddings (2002) contend that qualitative studies may also gather numerical data. The epistemology and ontological assumptions of a research paradigm demonstrate the fundamental differences between conducting qualitative and quantitative research studies, rather than the level of data within a study (Atieno, 2009). Research paradigms are disciplines of shared beliefs, values, and world views that provide guides for problem-solving (Schwandt, 2001).

Ontology and Epistemology

This research inquiry makes ontological and epistemological assumptions. Crotty (2003) stated "ontology is the study of being" (p. 10) and is concerned with 'what is'; that is, the structure and reality of existence. Ontological assumptions centre upon what forms reality (Scotland, 2012). Epistemology is a philosophical position regarding the nature of knowledge—how we perceive the world, and how we understand and interpret the world (Crotty, 1998). Epistemological assumptions centre upon how knowledge can be acquired, communicated, and created (Scotland, 2012).

This research takes the ontological assumption that "reality is shaped by social, political, cultural, economic, ethnic, and gender values" (Guba & Lincoln, 1994, p. 109). The epistemological assumption is that "knowledge is socially constructed through media, institutions, and society" (Mack, 2010, p. 9). These ontological and epistemological

assumptions place this research within what Grant and Giddings (2002) referred to as the 'radical paradigm' using critical theory. Critical theory believes reality is changeable through human action and aims to address concerns such as marginalism and social justice (Scotland, 2012).

Radical Paradigm

The following assumptions and values characterises the radical paradigm: "we live in an unjust world in which inequalities are configured along predictable social lines of gender, ethnicity, class, age, sexual orientation, and so on" (Grant & Giddings, 2002, p. 18). The radical paradigm researcher's focus is on the experiences and voice of people from disempowered and marginalised groups (Grant & Giddings, 2002) in order to do something to address the observed injustices, particularly by embracing the interests of the "traditionally marginalised, silenced and oppressed" (Smith, 1993, pp. 25-26).

Critical Theory

Critical theory is a social theory underpinning the radical research paradigm (Couzens-Hoy & McCarthy, 1994). Research using critical theory is "designed not just to explain or understand social reality but to change it" (Smith, 1993, p. 77); it is not merely concerned with how things are, but how they might be and should be (Bronner, 2017). Critical theory aims to achieve three tasks: critique, educate, and provide understanding (insight) (Deetz, 1982). Overall, the critical researcher operates under the assumption there is a need to facilitate social change, seeking to empower and serve in the best interest of the oppressed, rather than only in the interests of the privileged. In this research, the focus is on the population of young people, as most do not have the skills or experience to manage stressors or their emotional impact (Burckhardt et al., 2016; Hart et al., 2016). Furlong and

Cartmel (2007) argued that young people do not necessarily have access to structures of power for changing their situations, as "young people increasingly perceive themselves as living in a society characterised by risk and insecurity, which they expect to have to negotiate on an individual level" (p. 12).

Aim

The aim of this research is to discover what educational support addressing young people's capacity to manage stress is currently provided for young people in New Zealand, Australia, and the United Kingdom. In identifying current supports, and the context of such supports, this research aims to highlight strengths, gaps, and areas for further research. The radical paradigm conceives that knowledge can be turned into practice that encourages, empowers, and changes the lives of the oppressed (Chilisa & Kawulich, 2012). Thus, the aim of this research matches the radical researcher and critical theorist's goal to change the world, as well as understand it (Smith, 1993), predominantly through encouraging others to engage in life-changing action.

Methodology and Method

Research under the radical paradigm is conducted using methodologies where the purpose of research is to eradicate false knowledge, myth, and misconception; and encourage people to take life-changing actions to re-establish society (Chilisa & Kawulich, 2012). A methodology is a guideline of principles which impacts the choice of a research method, the specific procedure used to gather and analyse data (Crotty, 1998). Methodologies express ontology and epistemology within modes of inquiry, "how we know the world or gain knowledge of it" (Denzin & Lincoln, 1994, p. 13).

The method chosen to conduct this qualitative research is a modified systematic literature review using the eight-step method recommended by Okoli and Schabram (2010). Okoli and Schabram defined modified systematic literature reviews as "an explicit comprehensive and reproducible method for identifying, evaluating and synthesising the existing body of completed and recorded work proceeded by researchers, scholars, and practitioners… conducted using a systematic and rigorous standard" (p. 2). A systematic literature review provides a synthesis of research and information on a particular subject, via gathering, assessing, and synthesising the findings and results from scientific research studies, to provide information, knowledge, and answer scientific research inquiries (Dickson, 1999).

The method here is a modified systematic literature review rather than a traditional systematic literature review. A traditional systematic literature review identifies, evaluates and syntheses all available research on the topic or research inquiry (Kitchenham, 2004). In traditional systematic literature reviews, quantitative methods are most often used for the gathering, assessing, and synthesising research material to minimise bias and remain easily reproducible (Greenhalgh, 1997). Traditional systematic reviews are conducted through gathering a large number of studies for examination; in contrast, modified systematic reviews are undertaken in areas where only few studies have been conducted (Dixon-Woods et al., 2000). This research will not consist of all existing literature on the topic, nor will a large number of studies be included in the review. Therefore, due to the smaller scope, this research provides a modified, rather than traditional, systematic literature review.

A modified systematic literature review methodology is best suited to answer this research inquiry in comparison to other methodologies such as heuristic, hermeneutic, and thematic analytic studies. Heuristic inquiry is in search of understanding "one's self and the world in which one lives" (Moustakas, 1990, p. 15). Heuristic uses self-inquiry to search for

underlying meanings of human experiences, and tends to be autobiographical (Moustakas, 1990). In hermeneutic studies, the objective is to identify the meanings conveyed within images, metaphors, descriptions, and ways of thinking. The philosophical insights, thoughts, and feelings one comes across through investigating the research inquiry is what cultivates the research process and produces findings (Smythe, 2012). Thematic analysis is a methodology aimed at reflecting reality or unravelling the surface of 'reality' through reporting and identifying the patterns (themes) found in data to evaluate meanings and experiences in a population (Braun & Clarke, 2006). However, the heuristic, hermeneutic, and thematic methods will not produce answers to the current research inquiry. An investigation of existing literature is needed. Therefore, a modified systematic literature review has been chosen for this research inquiry.

The purposes for conducting a modified systematic literature review include: analysing the development of a particular area of research inquiry (Venkatesh et al., 2007); identifying areas in need of future research and making suggestions (Venkatesh et al., 2007); developing new frameworks, models, or programmes (Joseph et al., 2007; Morrison & Bies, 1991); and providing an answer to the particular research inquiry (Cotton & Tuttle, 1986; Jasperson et al., 2002). Therefore, a modified systematic literature review is best suited for conducting this research inquiry given the aim of discovering what current support is in place for young people and for highlighting any gaps in need of future research. Through using this method, my intention is to identify and synthesise the existing body of literature on the research topic.

Method

Methods are specific and practical instructions for gathering and analysing data (Grant & Giddings, 2002). I will be searching and reviewing the relevant literature,

assembling and analysing the data in a reflective fashion, following the modified systematic literature review eight-step method recommended by Okoli and Schabram (2010).

Eight-Step Modified Systematic Research

1. Purpose of the literature review: "Clearly identify the purpose and intended goals of the review" (Okoli & Schabram, 2010, p. 7). The purpose of this modified systematic literature review is to gather existing literature available to answer the research question: "What support is currently provided to increase young people's capacity to manage stress?" By answering this research question I hope to achieve the following goal: to discover what educational support is currently provided for young people in New Zealand, Australia, and the United Kingdom that addresses young people's capacity to manage stress and to highlight any gaps or areas for further research.

2. Protocol and training: Provide "a written, detailed protocol document and training for researchers to ensure consistency in the execution of the review" (Okoli & Schabram, 2010, p. 7). The PGR1 was written as the protocol document to describe the conduct of this systematic literature review within these eight steps. There was only one researcher conducting this review so no training of other reviewers was required.

3. Searching for literature: Describe the details of the literature search (Okoli & Schabram, 2010). The following key terms were searched: teen* or adolescen* or youth* or "young adult" or "young people" or juvenile and stress* or challeng* or struggl* or distress* or difficult* and support* or cope or coping or technique* or strateg* or manage* or skill* or resilien* and educat* or school* or university or college; Australia* or "New Zealand*" or Aotearoa* or "United Kingdom" or England* or Britain* OR Australia* or "New Zealand*" or Aotearoa*. These key terms were searched through the following databases: PsycINFO, ERIC, and Scopus. Justification for the selection of these key terms is offered in Table 1 below.

Table 1

Demonstration of why these key terms were chosen.

Key Ideas	Terms Searched
Young People (Age frame)	(teen* or adolescen* or youth* or "young adult" or "young people" or juvenile)
Stress (Key idea in question)	(stress* or challeng* or struggl* or distress* or difficult*)
Support (Key idea in question)	(support* or cope or coping or technique* or strateg* or manage* or skill* or resilien*)
Context (Key idea in question)	(educat* or school* or university or college)
Country (Location parameter/scope of search)	(Australia* or "New Zealand*" or Aotearoa* or "United Kingdom" or England* or Britain*)

Table 2 overviews the chosen databases used to gather data for this research inquiry, what the databases are used for, and why they were chosen to explore and gather data for this research inquiry. The three databases—PsycINFO, ERIC, and Scopus—were accessed via the online AUT library search engine and were chosen as they provide scholarly peer-reviewed journal articles with a subject focus relevant to the research topic in question. All three databases are listed under databases used for Psychology and Psychotherapy on the AUT library website library guide.

Table 2

Outline of the reasons for choosing these three databases.

Database	About	Explanation for choice
PsycINFO	A specialised health, subject-specific database containing information on psychotherapy and psychology, providing scholarly literature in behavioural sciences and mental health.	This database includes literature relevant to psychologists and professionals in related fields such as psychiatry, business, management, education, social science, neuroscience, law, medicine, and social work. This research is being conducted within the Department of Psychotherapy; therefore, PsycINFO was chosen as it is suitable for searches covering topics within the health area, in particular the psychotherapy/psychology speciality.
ERIC	Educational Resources Information Centre: A subject-specific database containing scholarly educational-related literature.	The research inquiry has a focus on educational support, hence this database was chosen as it is the world's largest source of education information including education research and practice.
Scopus	A multidisciplinary database providing comprehensive overviews of the world's scientific	In order to widen the scope of data retrieved, this multidisciplinary database was chosen as it covers most subject

research across all disciplines.	areas containing academic journal articles, including science, technology, medicine, business, social sciences, and humanities.

The literature found through this search and included for review will be in the form of e-books written by credible authors such as medical doctors and mental health professionals, and peer-reviewed journal articles.

4. Practical screen: Identify the inclusion criteria for "which studies will be considered for review and which ones are to be eliminated without examination" (Okoli & Schabram, 2010, p. 7). For an item to be considered for review it had to meet the following inclusion criteria: Publication language is English, peer-reviewed, published in New Zealand, Australia, or the United Kingdom, contains information addressing young people aged 10-24 years (World Health Organization, 2020), and the date of publication is between the years 2010 and 2020, with the exception of seminal works. These inclusion and exclusion criteria were applied to the key terms searched across the three databases. Each database has different limitation criteria options and, where possible, these inclusion and exclusion criteria were applied. If a criterion was unable to be applied to the search engine in the database, it was applied manually via the researcher taking into account which exclusion and inclusion criteria were unable to be automatically applied to the search. Table 3 shows which inclusion and exclusion criteria were applied to each database on the basis of the search engine limitation options available.

Table 3

The limitations placed in each database search engine to match the inclusion and exclusion criteria for this practical screen step.

Database	Limitations/Inclusion and Exclusion Criteria
PsycINFO	Peer-reviewed journal, English language, published between 2010 and 2020, human population groups.
ERIC	English language, peer-reviewed, published between 2010 and 2020.
Scopus	Published between 2010 and 2020, English language, peer-reviewed articles only, open access (in order to view items that do not require a subscription).

5. Quality appraisal: Identify the exclusion criteria for "which articles are of insufficient quality to be included in the review synthesis" (Okoli & Schabram, 2010, p. 7). The process of identifying which studies to be included in this review was based upon the relevant information provided in the literature being related to, and providing evidence for, answering the research-question. Literature that did not provide information relevant to answer the research question was excluded. For an article to be considered relevant and included in the review it had to meet all of the following criteria:

1. The article is written in the English language.

2. The article is published between 2010 and 2020, in Australia, New Zealand, and United Kingdom.

3. The target population in the article are individuals living in Australia, New Zealand and the United Kingdom.

4. The target population are young people aged between 10 and 24 years.

5. The article is a peer-reviewed journal article.

6. The focus of the article is exploring or discussing an educational framework aimed at increasing young people's capacity to manage stress.

7. The aim of the educational framework being explored is to increase young people's psychological well-being through addressing resilience, providing stress management skills, coping mechanisms, or techniques.

If an article did not meet one of the criteria outlined above it was automatically excluded.

6. Data extraction: Extraction of information from the literature reviewed to the included in this dissertation (Okoli & Schabram, 2010). Information was systematically taken from each article producing the raw material that was used in the synthesis stage. This step involved developing a data extraction form or table (Petticrew & Roberts, 2006) which the researcher completed for every study in the review to ensure consistency and objectivity (Okoli & Schabram, 2010).

7. Synthesis of studies: "Combining the facts extracted from the studies using appropriate techniques" (Okoli & Schabram, 2010, p. 7). The raw material extracted from the reviewed literature were synthesised through analysis and extracted information compared through mapping. Mapping is the creation of a visual map to provide a clear display of the key themes, findings, connections of interest, show associations, and a layout of the review (Webster & Watson, 2002).

8. Writing the review: "Writing the research article in sufficient detail and reporting the findings and writing the review" (Okoli & Schabram, 2010, p. 7). I have provided a clear and comprehensible write-up of my findings, highlighted novel findings discovered during this modified systematic literature review, and indicated areas needed for future research. To render the data as comprehensively as possible, I have included a discussion of any similarities and controversies between reviewed items. This literature review has provided

sufficient detail allowing the entire procedure to be scientifically reproduced; that is, other researchers desiring to replicate the results of this review will be able to arrive at the same results from following the same steps described in this review (Okoli & Schabram, 2010).

Research Validity

Scientific rigour in qualitative research requires validity and reliability to reflect the trustworthiness of the study, which requires genuine and authentic investigations (C. Marshall, 1990). Validity refers to the truthfulness of the research findings, and reliability refers to the stability of the study's results (Altheide & Johnson, 1994). Blumberg et al., (2005) stated validity is the extent the research investigates what it claims to investigate. To ensure the research conducted in this study produced valid and reliable results, Lincoln and Guba's (1986) Four-Dimensions Criteria (FDC)—credibility, transferability, dependability and confirmability— was used for assessing the rigour of the qualitative research (Jones et al., 2012; Morse, 2015). The FDC provides an essential and useful approach to produce trustworthy qualitative findings. It is effective as it demonstrates that qualitative research is no less rigorous than quantitative methods (Forero et al., 2018).

1. Credibility: Is used in preference to internal validity (Shenton, 2004), referring to the study's ability to be replicated. To ensure credibility, this research aimed to increase assurance that the results are accurate and credible by following Okoli and Schabram's (2010) step by step method procedure within the predetermined inclusion and exclusion criteria.

2. Transferability: Is used in preference to external validity or generalisability (Shenton, 2004). Transferability demonstrates whether the results of the research are transferable to other contexts or settings (Last, 2001). To enable transferability, this research has provided sufficient detail of the research procedures in order for the

reader to see how the findings can be applied in other settings (Shenton, 2004). An explanation of how Okoli and Schabram's (2010) eight-step method has been followed is provided throughout this dissertation to ensure accuracy of the research findings.

3. Dependability: The term dependability, correlates to the concept of 'reliability' in quantitative research (Shenton, 2004). This research endeavours to assure that the findings of this qualitative research inquiry are replicable for different researchers and across different research projects and investigations, ensuring reliability as future researchers are able to repeat the research (Shenton, 2004).

4. Confirmability: Is used in preference to objectivity, to create assurance that the results can be confirmed in other research studies (Shenton, 2004). To achieve confirmability, this research provides tables to demonstrate that the findings and results are from the data, and not from any other propensity (Shenton, 2004).

Summary

This chapter has described how, using empirical data, this qualitative research aims to answer the research question, "What educational support is currently provided to increase young people's capacity to manage stress?" The underlying assumptions of historical realism, and ontological and epistemological assumptions, place this research under the radical paradigm using critical theory, as the goal of this research matches the goal of the radical researcher and critical theorist to change the world as well as understand it (Smith, 1993). The chapter has discussed the chosen method to conduct the qualitative research; that is, a modified systematic literature review using the eight-step method recommended by Okoli and Schabram (2010). Each of the eight steps has been described, with explanations of how they are followed in this research. Lastly, a description of how the research meets the

requirements of rigour and quality was given through the framework of the FDC (Lincoln & Guba, 1986).

The following chapter "Results and Findings", provides the results from Okoli and Schabram's (2010) step three "searching for literature"; step four "practical screen"; and step five "quality appraisal".

Chapter 3: Results and Findings

This chapter identifies the processes taken to acquire the final data results that are to be analysed and synthesised in this modified systematic literature review. It describes the way that Okoli and Schambram's (2010) steps three to seven have been carried out. Due to a high number of results in step three 'searching for literature', the search terms identified in the previous chapter—Methodology and Method—were reviewed and some terms excluded. This chapter begins by identifying and explaining the exclusion of previous key terms.

Step Three: Searching for literature (Okoli & Schabram, 2010)

Whilst completing step three "searching for literature" (Okoli & Schambram, 2010), this research found a high number ($n = 1,604$) of data results across the three chosen databases, indicating that further exclusion criteria needed to be applied. To minimise the volume of data results, data published in the United Kingdom were excluded. Thus, the search terms "United Kingdom" or England* or Britain* were removed from each database search, and any limitations that could be applied to the database were reduced to Australia and New Zealand only, providing significantly lower results ($n = 867$). Data from Australia and New Zealand were considered as they are both current Commonwealth realms in the South Pacific sharing similar colonial histories (Marshall, 1996). Table 4 demonstrates the difference in data results when the search terms "United Kingdom" or England* or Britain* were included or excluded.

Table 4

Comparison of results of key term searches.

Database	Number of items with the inclusion of search terms "United Kingdom" or England* or Britain*	Number of items with the exclusion of search terms "United Kingdom" or England* or Britain*
PsycINFO	501	342
ERIC	414	191
Scopus	689	334
Total	1,604	867

The key terms were searched in each database with the appropriate limitations applied. As stated in Chapter 2, where exclusion criteria could not be applied within the database limitation options, they were applied in step four 'practical screen'. Tables 5-7 demonstrate how each database search was conducted to retrieve the search results.

Table 5

PsycINFO final database search results.

Database	Key Terms Searched	Limitations	Result
PsycINFO	(teen* or adolescen* or youth* or "young adult" or "young people" or juvenile) AND (Stress* or challeng* or struggl* or distress* or difficult*) AND (Support* or cope or coping or technique* or	Peer-reviewed articles English language Published between 2010 and 2020 Human population groups	342

strateg* or
manage* or skill*
or resilien*) AND
(educat* or
school* or
university or
college) AND
(Australia* or
"New Zealand*"
or Aotearoa*)

Table 6

ERIC final database search results.

Database	Key Terms Searched	Limitations	Result
ERIC	(teen* or adolescen* or youth* or "young adult" or "young people" or juvenile) AND (Stress* or challeng* or struggl* or distress* or difficult*) AND (Support* or cope or coping or technique* or strateg* or manage* or skill* or resilien*) AND (educat* or school* or university or college) AND (Australia* or "New Zealand*" or Aotearoa*)	English language Peer-reviewed Published between 2010 and 2020	191

Table 7

Scopus final database search results.

Database	Key Terms Searched	Limitations	Result
Scopus	(teen* or adolescen* or youth* or "young adult" or "young people" or juvenile) AND (Stress* or challeng* or struggl* or distress* or difficult*) AND (Support* or cope or coping or technique* or strateg* or manage* or skill* or resilien*) AND (educat* or school* or university or college) AND (Australia* or "New Zealand*" or Aotearoa*)	Published between 2010 and 2020 English language Articles only Open-access (in order to view items that do not require a subscription) Country/territory: Australia or New Zealand	334

Step Four: Practical screen (Okoli & Schabram, 2010)

The results in each of the three databases were then practically screened. This process identified which items were to be considered for review and which were to be excluded without examination based on the inclusion and exclusion criteria. Table 8 demonstrates the number of results for each database that met the inclusion criteria.

Table 8

Results of step 4 practical screen.

Database	Step 3: 'Literature Search' Result	Step 4: 'Practical Screen' Result
PsycINFO	342	60
ERIC	191	40
Scopus	334	48
Total	867	148

Step Five: Quality appraisal (Okoli & Schabram, 2010)

The remaining items ($n = 148$) were assessed to ensure those of insufficient quality were excluded from the final review synthesis. As stated in Chapter 2, if an item did not meet all of the relevant criteria, then the item was automatically excluded. Results were significantly lowered when applying the quality appraisal criteria to the remaining items, leaving a total number of items ($n = 22$) to proceed to step six 'data extraction'. Table 9 demonstrates the final number of items to be included in this modified systematic literature review.

Table 9

Demonstration of final items after step 5 'quality appraisal'.

Database	Practical Screen Results	Quality Appraisal Results
PsycINFO	60	9
ERIC	40	4
Scopus	48	9
Total	148	22

Step Six: Data extraction (Okoli & Schabram, 2010)

Information from the final items ($n = 22$) were systematically taken from each of the literature to provide the primary material for the synthesis stage and placed in a data extraction table to ensure consistency and objectivity of the information (Petticrew & Roberts, 2006). This step included gathering the same information from each item, including: the aim, technique—tool, framework being assessed, results of the research, and suggestions for future research.

Step Seven: Synthesis of studies (Okoli & Schabram, 2010)

As suggested by Okoli and Schabram (2010), creating a visual map of the information extracted from the literature is an effective way to arrive at the final writing process. Mapping is the creation of a visual map displaying the themes, findings, connections, and layout of the review, in order to help visual connections and relative relationships between things (Webster & Watson, 2002), as well as to help classify material collected (Hart, 1999). Mapping visually displays connections between literature in order to help identify ideas, themes, findings, and issues (Webster & Watson 2002). The map below (Figure 1) is a visual representation of the main themes, results, and findings of the studies, as well as future research recommendations from each of the final items ($n = 22$).

Results

Figure 1 demonstrates three key themes across the final data analysed: 1) assessing the effects of therapeutic frameworks as preventative programmes, 2) assessing the feasibility of using the programme in schools, and 3) assessing the effects the programme has on young people. The findings of these key themes have been divided into the following groups: additional insights found (findings differ from article's focus), significant effects found and the programme demonstrates potential, no significant effects found, mixed results, and some

studies yet to produce findings because the study is not yet evaluated. These findings developed recommendations for future research which have been put into the subcategory recommendations for larger sample size, longitudinal studies, randomised and controlled designs, and identification of other areas in need of research. Below is a description of the map and the items placed into each theme.

Figure 1

Map showing main themes, results, findings and future recommendations of the studies.

Main focus/ theme of the article

Assessing the effects of threapeutic frameworks as preventative programmes

Assessing feasibility of using the programme in schools

Assessing the effects the programme has on Young People

Burckhardt et al. (2016)
Burckhardt et al. (2017)
Nehmy & Wade (2015)
Robinson et al. (2016)

Burckhardt et al. (2015)
Calear et al. (2016)
O'Dea et al. (2019)
Werner-Seidler et al. (2020)

Arthurson (2015)
Buttigieg et al. (2015)
Chillemi et al. (2020)
Dobud (2016)
Dray et al. (2017)
Furness et al. (2017)
Hart et al. (2016)
Hetrick et al. (2017)
King et al. (2018)
Leahy et al. (2019)
Midford et al. (2017)
Shaykhi et al. (2018)
Tracey et al. (2018)
Wong et al. (2014)

Findings

Additional insights found (findings differ from article focus)

Significant effects found/ programme demonstrates potential

No significant effects found

Mixed Results

Study not yet evaluated

Hetrick et al. (2017)
King et al. (2018)
Robinson et al. (2016)
Tracy et al. (2018)

Burckhardt et al. (2016)
Burckhardt et al. (2017)
Chillemi et al. (2020)
Dobud (2016)
Furness et al. (2017)
Hart et al. (2016)
Nehmy & Wade (2015)
Wong et al. (2014)

Burckhardt et al. (2015)
Buttigieg et al. (2015)
Dray et al. (2017)
Shaykhi et al. (2018)

Arthurson (2015)
Midford et al. (2017)
O'Dea et al. (2019)

Calear et al. (2016)
Leahy et al. (2019)
Werner-Seidler et al. (2020)

Future Research reccomendations

Larger sample size

Longitudinal studies

Randomised and controlled designs

Study identified other areas in need of research

Arthurson (2015)
Burckhardt et al. (2016)
Burckhardt et al. (2017)
Chillemi et al. (2020)
Dobud (2016)
Furness et al. (2017)
Hetrick et al. (2017)
King et al. (2018)
Midford et al. (2017)
Tracey et al. (2018)

Robinson et al. (2016)
Wong et al. (2014)

Hart et al. (2016)
Midford et al. (2017)
O'Dea et al. (2017)
Tracey et al. (2018)

King et al. (2018)
Nehmy & Wade (2015)

Items assessing the effects of therapeutic frameworks as preventative programmes

Studies assessing the effects of therapeutic frameworks as preventative programmes include: Burckhardt et al., (2016), Burckhardt et al., (2017), Nehmy and Wade (2015), and Robinson et al., (2016).

Burckhardt et al., (2016) evaluated a new school-based mental health programme and early intervention model "Strong Minds", using both positive psychology and Acceptance and Commitment Therapy (ACT). Burckhardt et al., (2017) examined the feasibility and acceptability of using an ACT-based preventative programme to reduce symptoms of anxiety and depression in young people in school settings. Nehmy and Wade (2015) evaluated the programme "Healthy Minds" involving eight lessons promoting skill development, highlighting the difference between maladaptive behaviours and health practices as a preventative programme. Lastly, Robinson et al., (2016) assessed "Preventative Life Skills Curriculum", a 12-week curriculum focusing on promoting resilience and the need for prevention programmes to be applicable, suitable, and align with the challenges faced by Indigenous communities.

Findings

Of these four studies, three found significant results, including Burckhardt et al., (2016) "Strong Minds", Burckhardt et al., (2017) "ACT as a preventative programme", and Nehmy and Wade's (2015) "Healthy Minds". Robinson et al., (2016) did not find significant results; however, the authors did find additional insights outside of their study focus.

Burckhardt et al., (2016) findings show participants' symptoms of depression, stress, and overall psychopathology were significantly lower than what they were at the start of the programme. This suggests that positive psychology and ACT may contain key early intervention skills appropriate for young people. Burckhardt et al., tentatively suggested that lowering symptoms and improving the well-being of young people could be effectively

managed through early interventions that include the emotion regulation strategies of acceptance.

At the five-month follow-up, Burckhardt et al., (2017) results demonstrated moderate to large effect size differences between conditions, indicating ACT-based prevention programmes provided in school environments are acceptable to students and feasible to administer in school settings. Burckhardt et al., suggested ACT "may create a more fundamental shift in how a person relates to their thoughts and feelings, rather than teaching them a new set of skills" (p. 8).

Nehmy and Wade (2015) found their intervention group had statistically significant improvements at the six-month follow-up, including a decrease in self-criticism, negative affect, and unhelpful perfectionism in comparison to the controls. Nehmy and Wade stated that these results are favourable towards the use of this intervention to decrease self-criticism, unhelpful perfectionism, and negative affect, as well as preventing the growth of negative affect.

Robinson et al., (2016) study of "Preventative Life Skills" did not produce significant results. However, their pilot programme generated meaningful insights into what is important and necessary to include in a curriculum for young people, confirming there is a need to change both the academic approach, as well as the content of the curriculum, in order for the programme to be comprehensible for students in disadvantaged community settings, from different cultural backgrounds, and with different levels of experiences of stressors.

Future Research

Both Burckhardt et al., (2016) and Burckhardt et al., (2017) suggested future research with larger sample sizes utilising "Strong Minds" and "ACT as a preventative programme" is needed to confirm programme efficacy. Nehmy and Wade's (2015) study of "Healthy Minds" identified there is a need for further research of the effects the interventions have on various

psychopathologies, and the effects of negative affect. Robinson et al., (2016) suggested future research using longitudinal studies will be beneficial, as their pilot project of "Preventative Life Skills" provided an opportunity to evaluate long-term programme implementation, assessing programme efficacy through individual outcome measures.

Items assessing the feasibility of using the programme in schools

Items assessing the feasibility of using the programme in schools include: Burckhardt et al., (2015), Calear et al., (2016), O'Dea et al., (2019), and Werner-Seidler et al., (2020).

Burckhardt et al., (2015) examined the feasibility of "Bite Back", an online positive psychology programme designed to improve young people's happiness and well-being, through delivery within the school setting. Calear et al., (2016) assessed the effectiveness of "Sources of Strength", a peer leadership programme aiming to improve help-seeking behaviours for suicide, as well as overall psychological challenges within school settings. O'Dea et al., (2019) evaluated whether the online mental health programme "Smooth Sailing", was a feasible, acceptable, and safe service. "Smooth Sailing" assesses the young person and provides psychological interventions to enhance mental health help-seeking behaviours, whilst reducing anxiety and depression among young people in the school setting. Lastly, Werner-Seidler et al., (2020) examined the impact of a mental health app— "Future-Proofing"—administered in the school environment to assist with adolescent depression.

Findings

Of these four studies, none found significant results. Burckhardt et al., (2015) investigating "Bite Back" found no significant results, O'Dea et al., (2016) investigating "Smooth Sailing" found mixed results, and both Calear et al., (2016) investigating "Sources

of Strength" and Werner-Seidler et al., (2020) investigating "Future-Proofing" are still to develop results as the studies are not yet evaluated.

Burckhardt et al., (2015) showed that "Bite Back" did not generate any significant improvements in mental health in comparison to the control condition. Both conditions demonstrated reductions in depression and stress, with no significant difference between the two. Burckhardt et al., suggested this may not be an accurate representation of the programme's effectiveness; there may be issues within the application of "Bite Back" to school settings.

O'Dea et al., (2019), when investigating "Smooth Sailing", did not find significant results; however, the authors did find potential for this intervention programme to identify mental health problems in young people, which could stop the progression of mental illness, and prevent the development of severe mental health problems later in life. These results support the feasibility, acceptability, and safety of "Smooth Sailing". O'Dea et al., indicated that improvements are needed as the findings revealed changes to the intervention and its procedure are required in order for controlled trials to be successful in the future.

Calear et al., (2016) research of the universal social connectedness programme for suicide "Sources of Strength" is yet to be evaluated. The authors argued that, if proven effective, "Sources of Strength" could become broadly implemented in secondary schools, stating there is possibility this programme may provide a significant contribution to young people's mental health through increasing their help-seeking behaviours for suicide. They proclaimed that this would be a "cornerstone to preventing and reducing suicidal ideation, attempts, and death" (Calear et al., 2016, p. 11).

Werner-Seidler et al., (2020) study on "Future-Proofing" is also yet to be evaluated. "Future-Proofing" hopes to contribute to the technological mental health field of prevention programmes through providing insights into assessment and application processes, as well as

knowledge about the demographic and societal impacts of preventing depression. Werner-Sidler et al., contended that, if "Future-Proofing" is successful, these programmes could be regularly administered in school settings, "future-proofing all young people who go through the school system against mental illness" (p. 18).

Future Research

Due to obtaining no significant results of the "Bite Back" programme, Burckhardt et al., (2015) did not provide any suggestions for future research in this area. O'Dea et al., (2019) suggested further research of the "Smooth Sailing" programme should include a randomised controlled trial to confirm the genuine effects and benefits for students. Calear et al., (2016) "Sources of Strength" and Werner-Seidler et al., (2020) "Future-Proofing" research are yet to be evaluated and, therefore, the authors have yet to provide suggestions for future research.

Items assessing the effects the programme has on young people

Items assessing the effects the programme has on young people included Arthurson (2015), Buttigieg et al., (2015), Chillemi et al., (2020), Dobud (2016), Dray et al., (2017), Furness et al., (2017), Hart et al., (2016), Hetrick et al., (2017), King et al., (2018), Leahy et al., (2019), Midford et al., (2017), Shaykhi et al., (2018), Tracey et al., (2018), and Wong et al., (2014). Due to the large number of items within this theme, these studies have been grouped for discussion on the basis of their similarities.

Arthurson (2015) and King et al., (2018) both assessed the effects of mindfulness skills. Arthurson explored the effects of the "mindfulness" skills, to be calm and to manage emotions, with particular focus on anxiety, anger, and stress, while increasing concentration and awareness, as a school-based teaching programme over nine weeks. King et al., (2018) assessed the effectiveness of "deep breathing mindfulness", a mindfulness tool involving

abdominal deep breathing, used while maintaining a focus in the present moment to develop emotion-management skills.

Buttigieg et al., (2015) and Shaykhi et al., (2018) both evaluated the protective effects of the "Resilient Families Intervention", a family-centred school-based intervention, in lowering the adolescent rates of depressive symptoms. Shaykhi et al., (2018) also evaluated the effects that "Resilient Families Intervention" has on enhancing adolescent protective factors against the development of adolescent antisocial behaviour.

The studies of Chillemi et al., (2020), Wong et al., (2014), and Hetrick et al., (2017) all evaluated the effects of online-internet-based programmes. Chillemi et al., provided preliminary research results demonstrating the efficacy of "IRCB; Increasing Resilience to Cyberbullying", a self-guided online psychoeducation programme providing cognitive behaviour therapy (CBT), aiming to increase and develop adolescents' cyberbullying coping skills. Wong et al., investigated the effects of the "ThisWayUp", anxiety and depression internet-based prevention programmes. Hetrick et al., tested the effectiveness of "Reframe-IT", an online cognitive behavioural programme reducing suicide-related behaviours in school students.

Hart et al., (2016), Midford et al., (2017), and Dray et al., (2017) conducted studies evaluating the effects of school classroom-based lessons. Hart et al., contributed initial results of the effects and feasibility of providing "Teen Mental Health First Aid" in schools, a classroom-based programme focusing on developing knowledge and skills to manage mental health concerns. Midford et al., assessed the effects of a "10-Lesson Classroom Programme" teaching "emotional literacy, personal strengths, coping and problem-solving strategies, stress management, emotional regulation, and support seeking" (p. 362), additionally aiming to provide information on the effectiveness of large-scale research trials. Dray et al., evaluated

the efficacy of a "Universal-school-based intervention" aiming to lower mental health problems in young people by focusing on resilience and its protective factors.

Dobud (2016), Furness et al., (2017), Tracey et al., (2018), and Leahy et al., (2019) examined the effects of programmes involving physical activity or the outdoors. Dobud explored the use and effects of "Onwards Adventures", an adventure therapy programme using adventure experiences and survival skills provided by mental health professionals to continue therapeutic growth and progress through psychological distress. Furness et al., investigated the effects of "Project K", a positive youth development programme involving wilderness adventure, community challenge, and individual mentoring to build self-confidence, learn essential life skills, and promote good health and positive attitude. Tracey et al., provided a preliminary appraisal of "ACT in the Outdoors", a programme comprising 'ACT' and 'adventure therapy', amongst young people who present with struggles and challenges that suggest emotional and/or behavioural needs. Leahy et al., investigated the effects of "Burn-2-Learn", a high-intensity interval training programme involving intense bouts of vigorous activity on the physical, psychological, and emotional health of young people.

Findings

Of these 14 studies, 5 found significant results, including: Chillemi et al., (2020) "IRCB: Increasing Resilience to Cyberbullying", Dobud (2016) "Onward Adventures", Furness et al., (2017) "Project-K", Hart et al., (2016) "Teen Mental Health First Aid", and Wong et al., (2014) "ThisWayUp". Two studies—Arthurson (2015) "Mindfulness" and Midford et al., (2017) "10-Lesson Classroom Programme"—found mixed results. Three studies found no significant results: Dray et al., (2017) "Universal school-based intervention", and Buttigieg et al., (2015) and Shaykhi et al., (2018) who both assessed the "Resilient Families Intervention". Three studies found additional insights outside of the focus

of their study, including Hetrick et al., (2017) "Reframe-IT", King et al., (2018) "Deep Breathing Mindfulness", and Tracey et al., (2018) "ACT in the outdoors". Leahy et al., (2019) study on "Burn-2-Learn" is yet to be evaluated and, therefore, yet to produce results.

Chillemi et al., (2020), Dobud (2016), Furness et al., (2017), Hart et al., (2016), and Wong et al., (2014) all found significant results. Chillemi et al., (2020) found a significant increase in the help seeking attitudes and behaviours of young people when falling victim to cyberbullying, as well as a significant increase in young people's use of the coping skills 'self-compassion' and 'challenging unhelpful thinking' to withstand an experience of cyberbullying. The authors' results suggest that young people can easily access affordable or free online interventions to promote effective cyberbullying coping skills, and alleviate the emotional and psychological effects of cyberbullying victims.

Dobud (2016) results were based on students' self-reported experiences which identified "Onward Adventures" as a valuable experience that young people may turn to as an alternative to traditional treatments. Furness et al., (2017) found that after completing "Project K" young people experienced significant positive effects on their resilience, well-being, and self-efficacy, highlighting the importance of building strengths in young people. The authors concluded that "Project K" is a positive youth development programme that appears to be effective for young people who have low self-efficacy.

Hart et al., (2016) study found statistically significant results. Young people's mental health literacy significantly improved, their confidence in providing "Mental Health First Aid" to a peer increased, as well as help-seeking intentions, and decreases in young people's psychological distress were reported along with their stigmatising attitudes towards mental health. The authors concluded that "Teen Mental Health First Aid" shows potential to be a feasible and effective programme for young people.

Wong et al., (2014) found that symptoms of anxiety and depression had significantly improved for the intervention group participants in comparison to the control groups. The authors argued that using the curriculum-based programme "ThisWayUp", implemented by classroom teachers, appears to reduce anxiety and depressive symptoms of young people.

Two studies by Arthurson (2015) and Midford et al., (2017) found mixed results. Arthurson found the classes assisted some students in managing emotions such as stress and fears about bullying, sleep, and calming assistance. The author stressed that it is important to address the way these mindfulness practices are developed, integrated, and taught to students, to ensure these practices do not simply "become another set of teaching tools in the classroom linked to better performance" (Arthurson, 2015, p. 38). During this study, classroom teachers identified that there was no consistent, regular "special space" for the students to engage in their mindfulness practices, suggesting young people need their own personal space for the practices to have a significant effect on all students (Arthurson, 2015).

Midford et al., (2016) found that young people experience some positive effects when provided with brief social and emotional education programmes, and that there is a need to improve psychological well-being of students. According to the authors, this small-scale study demonstrates that social and emotional competency can be significantly improved when social and emotional education programmes are incorporated into the school curriculum and taught in classrooms.

Three studies found no significant results: Dray et al., (2017), Buttigieg et al., (2015), and Shaykhi et al., (2018). When assessing a "Universal-school based intervention" Dray et al., found no significant differences between the intervention and control groups. The authors stated that addressing young people's mental health through school-based prevention programmes often have many development difficulties. Buttigieg et al., found no significant effects when examining the "Resilient Families Intervention", demonstrating no intervention

effectiveness or decreases in school-wide rates of young people's depressive symptoms. Similarly, Shaykhi et al., found there was no universal school-wide effect in decreasing early adolescent antisocial behaviour by using the "Resilient Families Intervention".

Three studies found additional insights outside of their primary focus, including Hetrick et al., (2017), King et al., (2018), and Tracey et al., (2018). Hetrick et al., found no significant differences between control and intervention groups; however, discovered that the "Reframe-IT" programme produced improvements in young people's cognitive behaviour skills, whilst decreasing suicidal ideation. Although the observed improvements between groups were not statistically significant, as both the intervention and control group demonstrated improvements, Hetrick et al., asserted that "these findings give confidence that there are safe ways for professionals to engage with suicidal young people via online platforms" (p. 80).

King et al., (2018) found that the effectiveness of the deep breathing exercises varied, observing that responses to deep breathing exercises are "individual and variable, depending on how the student chooses to participate and if the student can see the purpose of the exercises" (p. 99). Tracey et al., (2018) argued that although their results were not significant, they provide insight into the potential positive impacts for developing prevention programmes which focus on increasing psychological skills and well-being. Rather than identifying changes to psychological well-being, participating students gained new skills and behaviours that could be used as a springboard for psychological well-being to be improved in the future, including: using mindfulness for self-soothing and calming, actively engaging in commitment to actions and team-work, and enhanced ability to trust and respect others (Tracey et al., 2018).

Leahy et al., (2019) study, investigating the impact of the high-intensity interval training "Burn-2-Learn" programme, is yet to be evaluated and results provided. Leahy et al.,

hope that their results will determine the effects this programme has on young people's overall health status, including the impact this programme has on stress and psychological well-being.

Future Research

Studies that suggested future research are in need of larger sample sizes to confirm programme efficacy include: Arthurson (2015) "Mindfulness", Chillemi et al., (2020) "IRCB: Increasing Resilience to Cyberbullying", Dobud (2016) "Onward Adventures", Furness et al., (2017) "Project-K", King et al., (2018) "Deep Breathing Mindfulness", Midford et al., (2017) "10-Lesson Classroom Programme", and Tracey et al., (2018) "ACT in the outdoors". In addition to a larger sample size, King et al., also suggested that school teachers trial deep breathing exercises in high school classes, for example a science class, integrated with education on health, well-being, and anxiety management strategies.

Hart et al., (2016), Tracey et al., (2018), and Midford et al., (2016) recommended future research of the programmes "Teen Mental Health First Aid", "ACT in the Outdoors", and "10-Lesson Classroom Programme" using randomised controlled designs in addition to larger sample sizes in order to strengthen the efficacy of programmes, provide confirmation that the changes observed are a result of the programme being assessed, and to clarify the influence the programme has in the observed changes.

Wong et al., (2014) stated that due to their study's limitations, the results can only be considered preliminary and need further research using longitudinal designs in order to be replicated. Buttigieg et al., (2015) and Shaykhi et al., (2018), who studied the "Resilient Families Intervention", Dray et al., (2017) studying "Universal school based intervention", and Hetrick et al., (2017) studying "Reframe-IT" have not made suggestions for future research in this area. As previously noted, Leahy et al., (2019) "Burn-2-Learn" study is yet to be evaluated, and the authors have yet to make suggestions for future research.

Tables 10, 11, and 12 provide an outline of the framework being assessed, interventions used, and whether the programme was successful in what it aimed to do. Table 10 demonstrates the items assessing the effects of therapeutic frameworks as preventative programmes; Table 11 demonstrates the items assessing the feasibility of using the programme in school; and Table 12 demonstrates the items/studies assessing the effects the programme has on young people.

Table 10

Items assessing the effects of therapeutic frameworks as preventative programmes.

Article reference	Framework assessed	Interventions used	Demonstrated success
Burckhardt et al., (2016)	"Strong Minds"	ACT and positive psychology interventions	Yes
Burckhardt et al., (2017)	"ACT as a preventative programme"	ACT exercises and education	Yes
Nehmy and Wade (2015)	"Healthy Minds"	Cognitive behavioural principles to target unhelpful perfectionism	Yes
Robinson et al., (2016)	"Preventative Life Skills"	Education on social skills development	No

Table 11

Items assessing the feasibility of using the programme in schools.

Article reference	Framework assessed	Interventions used	Demonstrated success
Burckhardt et al., (2015)	"Bite Back"	Positive psychology interventions through online interactive exercises	No
Calear et al., (2016)	"Sources of Strength"	Peer leaderships providing coping strategies for psychological distress	Yet to be evaluated
O'Dea et al., (2019)	"Smooth Sailing"	Online psychoeducation modules	Mixed
Werner-Seidler et al., (2020)	"Future-Proofing"	Smartphone apps: SPARX and Sleep Ninja – using CBT techniques addressing depression and insomnia	Yet to be evaluated

Table 12

Items assessing the effects the programme has on young people.

Article reference	Framework assessed	Interventions used	Demonstrated success
Arthurson (2015)	"Mindfulness"	Mindfulness skills	Mixed
Buttigieg et al., (2015)	"Resilient Families Intervention"	Parental and adolescent psychoeducation	No
Chillemi et al., (2020)	"IRCB: Increasing Resilience to Cyberbullying"	Online CBT and psychoeducation of coping skills	Yes
Dobud (2016)	"Onwards Adventures"	Outdoor Adventure Therapy	Yes
Dray et al., (2017)	"Universal-school- based intervention"	Psychoeducation and teaching strategies of resilience protective factors	No
Furness et al., (2017)	"Project K"	Wilderness adventure, community challenges and individual mentoring	Yes
Hart et al., (2016)	"Teen Mental Health First Aid"	Psychoeducation followed by interactive exercises	Yes
Hetrick et al., (2017)	"Reframe-IT"	Online educative and interactive CBT modules	No

King et al., (2018)	"Deep breathing mindfulness"	Abdominal deep breathing and mindfulness	No
Leahy et al., (2019)	"Burn-2-Learn"	High intensity interval training - short and intense bouts of vigorous physical activity	Yet to be evaluated
Midford et al., (2017)	"10-Lesson Classroom Programme"	Classroom psychoeducation lessons	Mixed
Shaykhi et al., (2018)	"Resilient Families Intervention"	Parental and adolescent psychoeducation	No
Tracey et al., (2018)	"ACT in the Outdoors"	Combined ACT and adventure therapy interventions	No
Wong et al., (2014)	"ThisWayUp"	Online CBT principle-focused prevention programmes	Yes

Summary

This chapter identified the processes taken to acquire the final data results that are to be analysed and synthesised in this modified systematic literature review. A detailed description of Okoli and Schambram's (2010) steps three to seven has been provided, including how each step was conducted and the results of each step. Tables have been provided to demonstrate the final results for each database search, results of the practical screen, and the final items to be reviewed after step five 'quality appraisal'. A visual map (Figure 1) of the information extracted from the literature offers a visual representation of the main themes, results, and findings of the studies; followed by a detailed description of the

map. Overall, the interventions used in the programmes with significant results include; ACT, CBT, and Adventure Therapy interventions.

     The following chapter 'Discussion and Conclusion' provides an in-depth discussion of the significant results, as well as an explanation and interpretation of these findings with particular focus on comparing items that generated significant results and areas for future research.

Chapter 4: Discussion and Conclusion

This chapter provides an interpretation of the results and findings from the modified systematic literature review researching the question "What educational support is currently provided to increase young people's capacity to manage stress?" The limitations of the research are identified, along with ethical considerations of the review. The chapter concludes with discussion of the implications for psychotherapeutic practice, and recommendations for future research in the area.

Interpretation of Results

Literature addressing young people's capacity to manage stress covered a range of themes based around the effects of therapeutic frameworks as prevention programmes, the feasibility of using a programme in schools, and the effects a programme has on young people. Studies that produced significant results and/or potential, demonstrated similarities within used interventions as well as the context in which these interventions were delivered. These studies were "Strong Minds" (Burckhardt et al., 2016), "ACT as a preventative programme" (Burckhardt et al., 2017), "Healthy Minds" (Nehmy & Wade, 2015), "IRCD: Increasing Resilience to Cyberbullying" (Chillemi et al., 2020), "Onwards Adventures" (Dobud, 2016), "Project K" (Furness et al., 2017), "Teen Mental Health First Aid" (Hart et al., 2016), and "ThisWayUp" (Wong et al., 2014).

ACT-based programmes: "Strong Minds" and "ACT as a preventative programme"

"Strong Minds" (Burckhardt et al., 2016) and "ACT as a preventative programme" (Burckhardt et al., 2017) are programmes which produced significant results, or demonstrated potential through using ACT interventions that aimed to educate and encourage young people to use ACT concepts throughout their daily lives. Burckhardt et al., (2016) found participants

in the intervention group receiving the "Strong Minds" programme reported significant

decreases in stress, anxiety, and depression symptoms, as well as an overall increase in

well-being; leading the authors to tentatively suggest that learning strategies of acceptance in

early intervention and prevention programmes could be an effective emotion regulation

strategy to decrease symptoms of mental illness and increase the well-being of young people.

It is important to note that "Strong Minds" (Burckhardt et al., 2016) also consisted of

"positive psychology" (PP) interventions, which Burckhardt et al., (2016) found to be

complementary to ACT emotion regulation approaches as it also aims to decrease stress and

depression symptoms, whilst increasing overall well-being. "ACT promotes mindfulness as a

means to manage negative thoughts and emotions, while PP promotes mindfulness to

increase positive emotions in order to improve subjective well-being" (Burckhardt et al.,

2016, p. 42). Although Burckhardt et al., (2017) did not find that implementing "ACT as a

preventative programme" produced significant results between the control and intervention

conditions, as the researchers expected due to the small sample size, at the five-month

follow-up the condition groups showed moderate to large effect size differences, leading to

the conclusion that "it is conceivable that with larger sample size, a universal prevention

evaluation study of an ACT-based programme may find mean differences that are statistically

significant" (p. 7).

Both "Strong Minds" and "ACT as a prevention programme" provided education and

exercises on values, committed action, mindfulness, and thought diffusion. ACT emphasises

the use of mindfulness in regulating emotions (Burckhardt et al., 2017) through applying

mindfulness techniques to physical sensations, thought processes, and feelings. It also teaches

behavioural skills to help young people recognise and accept their experiences, instead of

engaging in avoidance patterns, as well as increasing their understanding of values through

identifying personal values and encouraging engagement in behaviours that are consistent

with these personal values to regulate emotions (Hayes, 2004). Burckhardt et al., (2017) found the concept of values "particularly useful for adolescents as they are in an important transitional period where they are creating self-identity" (p. 2). Drawing on the concept of values guides intervention techniques, improves life-satisfaction, and increases motivation (Burckhardt et al., 2017).

The results of these two research studies reveal that ACT strategies appear to be acceptable and feasible for school environments, and can decrease young peoples' symptoms of depression, anxiety, and stress; suggesting there is potential for a successful implementation of a prevention programme for young people using ACT strategies.

CBT interventions

"Healthy Minds" (Nehmy & Wade, 2015), "IRCD: Increasing Resilience to Cyberbullying" (Chillemi et al., 2020), "Teen Mental Health First Aid" (Hart et al., 2016), and "ThisWayUp" (Wong et al., 2014) are programmes that produced significant results using CBT techniques as interventions. CBT aims to improve an individual's mental health through psycho-social interventions focussing on changing maladaptive cognitions and behaviours to improve the emotional health and well-being of the individual (Hofmann et al., 2012)

CBT-based programme: "Healthy Minds"

"Healthy Minds" (Nehmy & Wade, 2015) uses CBT techniques to emphasise the difference between maladaptive behaviours and health practices. At the six-month follow-up, Nehmy and Wade (2015) found that the intervention group's unhelpful perfectionism, negative affect, and self-criticism had significantly decreased compared to the control group. According to the authors, this is a contrast to findings from other research studies in the area naming those of Nehmy and Wade (2014), and Stice et al., (2009), who did not report finding significant effects. "Healthy Minds" used CBT principles to identify and decrease maladaptive thinking associated with perfectionism, whilst enhancing self-compassion

through promoting adaptive and flexible thought patterns by encouraging realistic and balanced thinking, aiming to interrupt the growth of maladaptive cognition, behaviours, and affect (Nehmy & Wade, 2015). The link between maladaptive behaviours and perfectionism was highlighted and emphasis on 'healthy' practices was found to be valuable for all individuals, both those who considered themselves to be perfectionists and those who did not (Nehmy & Wade, 2015).

CBT-based programme: "Increasing Resilience to Cyberbullying"

"IRCD: Increasing Resilience to Cyberbullying" (Chillemi et al., 2020) uses CBT interventions that challenge maladaptive thinking patterns in order to manage an experience of cyberbullying through an online self-guided psychoeducation programme. The IRCD study found significant increases in young peoples' use of the three CBT psychoeducation coping skills: self-compassion, challenging maladaptive thinking, and recognising the usefulness of support-seeking, when falling victim to an experience of cyberbullying. The authors also found help-seeking behaviours and attitudes to engage in counselling services increased when experiencing cyberbullying. However, the results show no evidence that a young person's confidence to support a friend with cyberbullying experiences was increased through the IRCB programme (Chillemi et al., 2020). The authors concluded that these results demonstrate that an online intervention is an affordable and easy-to-access platform to promote and provide young people with effective coping skills (Chillemi et al., 2020). "Online Pestkoppenstoppen" (stop online bullies) is another example of a web-based intervention that has been successful in reducing the negative impacts of cyberbullying through the use of CBT techniques which provide effective strategies for managing depression and anxiety (Jacobs et al., 2014). According to Foody et al., (2015), online interventions have the potential to help victims manage the traumatic psychological effects of

being cyberbullied; however, cyberbullying research is relatively new and needs thorough investigation and further research.

CBT-based programme: "ThisWayUp"

"ThisWayUp" (Wong et al., 2014) anxiety and depression prevention programmes are based on CBT principles such as skill acquisition and psychoeducation to manage the emotions, behaviours, and thoughts specific to anxiety and depression. "ThisWayUp" found that learning these CBT skills helped students identify symptoms and ways to deal with them. Wong et al., (2014) reported that post-intervention, the intervention group showed significant decreases in their symptoms of anxiety and depression in comparison to the control group. According to the authors, the results of this study compare favourably with other studies assessing programmes that also use CBT techniques in school environments. However, due to the study's limitations, these results must be replicated in future research to confirm efficacy; and, therefore, must be considered preliminary (Wong et al., 2014).

CBT-based programme: "Teen Mental Health First Aid"

"Teen Mental Health First Aid" (Hart et al., 2016) found significant results with providing CBT techniques, such as focusing on developing knowledge and skills to manage mental-health concerns when responding to mental health crises. For example, psychoeducation and interactive skills focusing on increasing young peoples' understandings and abilities to recognise the signs of mental health problems, learning how to communicate with others about mental health, how and when to seek help, how to access mental health resources or seek professional help, and skills for managing a crisis (Hart et al., 2016). Hart et al., (2016) found that the "Teen Mental Health First Aid" programme produced statistically significant increases in young peoples' knowledge of mental health, confidence in their abilities of supporting a peer with mental health concerns and help-seeking intentions, whilst decreasing stigmatising mental health attitudes. After completing the "Teen Mental Health

First Aid" course, reports indicated young people became at least five times more likely to seek a school counsellor for help, at least two times more likely to oppose stigmatising attitudes and beliefs towards mental health problems, and four times more likely to help a peer with mental health problems (Hart et al., 2016). Although previous evaluations of "Mental Health First Aid" programmes found statistically significant improvements on participant mental health, the authors stated these results have not been consistently replicated in other studies (Hart et al., 2016). Therefore, Hart et al., suggested further evaluation of the "Teen Mental Health First Aid" programme using randomised controlled trial designs would be beneficial in rendering the benefits of this programme.

Adventure Therapy-based programmes: "Onwards Adventures and "Project K"

The programmes "Onwards Adventures" (Dobud, 2016) and "Project K" (Furness et al., 2017) produced significant results using adventure therapy interventions. Practical life skills are learnt in both programmes through experiential learning whilst building strong relationships with leaders and mentors, with a focus on relapse plans and ongoing support post programme completion (Dobud, 2016; Furness et al., 2017). Both "Onwards Adventures" and "Project K" use adventure therapy techniques as a space to encourage therapeutic growth.

Adventure Therapy-based programme: "Onwards Adventures"

"Onwards Adventures" (Dobud, 2016) uses adventure experiences in the outdoors, including hiking, camping, and teaching survival skills, to engage students on cognitive, affective, and behavioural levels. Using an 'eight-point Likert scale' pre and post programme to assess participant change, Dobud (2016) found participants' pre-programme average rating of 3.69 increased to 6.46 post-programme. Participants reported they developed important relationships with their programme leaders; identified a follow-up service as a crucial

component; and experienced increases in their self-esteem, social and behavioural skills, and coping skills (Dobud, 2016). Although participants reported a variety of positive outcomes resulting from their participation in "Onwards Adventures", the authors indicated there is a need for further research to evaluate and confirm efficacy of this programme with larger sample sizes.

Adventure Therapy-based programme: "Project K"

"Project K" (Furness et al., 2017) also used outdoor wilderness adventures combined with community challenges and individual mentoring to increase self-esteem whilst teaching life skills such as working in a team, setting goals, encouraging healthy behaviours and positive attitudes to build self-confidence. The results of this study are large enough to have practical significance, providing evidence of a positive effect on well-being, self-esteem, and resilience (Furness et al., 2017). An interesting finding was that the participants in the control group showed decreases in well-being over time, while participants engaged in "Project K" demonstrated a consistent and balanced well-being over time. By the end of the programme, the self-esteem levels of participants in "Project K" had overtaken those in the control group despite beginning the programme with considerably lower mean levels of self-esteem (Furness et al., 2017). The authors stated their results reflect the findings of Deane et al., (2016) who found that "Project K" has a positive effect on self-esteem, well-being, and resilience. Further previous research also suggests adventure therapy has the ability to build resilience and reflects an association with positive academic and behavioural outcomes (Neil & Dias, 2001). From the results of these studies, it appears that adventure therapy provides an opportunity for individuals to overcome challenging tasks contributing to a sense of achievement and increasing self-esteem.

ACT, CBT, and Adventure Therapy Programme Interventions Summary

The results suggest that programmes using ACT, CBT, and adventure therapy interventions show promise in successfully increasing young people's capacity to manage stress through educational support programmes. Education and exercises on ACT concepts, particularly with emphasis on personal values, enhances adolescents' ability to regulate emotions, improve life-satisfaction, increase motivation, and recognise and accept experiences instead of engaging in avoidance patterns (Burckhardt et al., 2016; Burckhardt et al., 2017). Using CBT techniques, adolescents developed abilities to identify maladaptive behaviours from healthy behaviours, pick up anxiety and depression symptom-management skills, and gained the ability to respond to a mental health crisis (Chillemi et al., 2020; Hart et al., 2016; Nehmy & Wade, 2015; Wong et al., 2014). Adventure therapy techniques provide adolescents with practical life skills, building strong relationships and preventing relapse, as well as ongoing support plans to increase their capacity to manage stress over their lives (Dobud, 2016; Furness et al., 2017). These significant results indicate that programmes which focus exclusively on alleviating symptoms or decreasing maladaptive behaviours are not the only feasible approaches for addressing the well-being of young people. Arthurson (2015) noted that although moderate stress levels are known to promote motivation and goal achievement, past this level is detrimental to mental health and well-being. Enhancing protective factors, through the use of ACT, CBT, and adventure therapy interventions, has the potential to enhance young people thriving (Furness et al., 2017).

Context and Delivery

It is important to acknowledge the context and delivery of ACT, CBT, and adventure therapy interventions is a key factor in producing significant results across these programme studies. The context and delivery of ACT, CBT, and adventure therapy within studies that

demonstrated significant results can be summarised into three areas: classroom education activities, outdoor and online programmes.

Classroom Education Activities

"Strong Minds" (Burckhardt et al., 2016), "ACT as a preventative programme" (Burckhardt et al., 2017), "Healthy Minds" (Nehmy & Wade, 2015), and "Teen Mental Health First Aid" (Hart et al., 2016) all used lecture-style presentations providing education on one topic per session and encouragement to apply the topic to daily life. This was done through the use of PowerPoint presentations, verbal discussions, anecdotes, metaphors, and videos followed by experiential exercises (Burckhardt et al., 2016; Burckhardt et al., 2017). In addition, "Teen Mental Health First Aid" (Hart et al., 2016) provided a booklet for participants to use in lessons and for reference after programme completion. Similarly, "Healthy Minds" (Nehmy & Wade, 2015) used highly interactive exercises promoting skill development through audio-visual material, group activities, written activities, and facilitated discussion. This suggests educational and experiential classroom exercises may be a potential context for ACT and CBT interventions to be delivered to young people with the aim to increase their capacity to manage stress.

Educational environments are a potential platform for the delivery of prevention programmes focussing on increasing young people's capacity to manage stress. According to Durlak et al., (2011), educational environments have the potential to become significant settings for mental health prevention and intervention opportunities. Young people spend most of their time in schools, where the focus is on developing and enhancing academic competence, permitting access to young people for prolonged periods of time (Seligman et al., 2009). Midford et al., (2017) argued that it is possible for schools to become a platform for the delivery and implementation of preventative programmes supporting young people's

mental health. These insights suggest schools have the potential to become a setting which targets and addresses the protective and preventive factors for mental health problems, and increasing young people's capacity to manage stress.

Outdoor Programmes

"Onwards Adventures" (Dobud, 2016) and "Project K" (Furness et al., 2017) are two programmes which demonstrated significant results providing adventure therapy interventions in outdoor settings. "Onwards Adventures" (Dobud, 2016) provided exposure to challenges and problem-solving tasks in the outdoors while building strong therapeutic relationships to establish a sense of safety and security. "Project K" (Furness et al., 2017) also provided outdoor activities and wilderness adventures involving problem-solving, adventure education, goal-setting, teamwork, community projects, and mentoring programmes. This suggests that outdoor settings can be effective contexts for young people to learn and use adventure therapy intervention skills to increase their capacity to manage stress.

Literature indicates that providing outdoor programmes to young people has a variety of benefits. Maynard and Waters (2007) stated the outdoors provides an experience of freedom, physical movement, and connection with the constantly changing outside world, giving young people an opportunity to experience natural phenomena which cannot be replicated indoors. Bilton (2010) identified other benefits of being outdoors such as sunlight exposure and fresh air, contributing to physical development, strengthening the immune system, and engagement in physical activity. Bento and Dias (2017) argued it is increasingly important for young people to experience the outdoors as individuals are living more sedentary lifestyles, where outdoor play is diminishing, contributing to a disconnection from the natural world and current climate crisis, highlighting the importance of promoting the sustainable use of the environment. In summary, outdoor programmes have a wide variety of

positive impacts on personal and social development, gaining and enhancing practical skills, physical health benefits, and increasing knowledge of environmental care.

Online Programmes

"IRCD: Increasing Resilience to Cyberbullying" (Chillemi et al., 2020) and "ThisWayUp" (Wong et al., 2014) provided CBT interventions via online programmes. "IRCD: Increasing Resilience to Cyberbullying" (Chillemi et al., 2020) offered an online, self-guided, classroom-based programme providing coping strategies and psychoeducation, encouraging students to actively participate and consider how these strategies can benefit them personally. Similarly, "ThisWayUp" (Wong et al., 2014) provided online, self-directed web-based courses where students solve 'real life problems' as they follow a storyline of teenage cartoon characters with anxiety or depression. These courses were followed by class worksheets to prompt discussion and place emphasis on the learnings from the cartoon storyline. The significant results produced by Wong et al., (2014) and Chillemi et al., (2020) suggest online contexts may be a potential platform for CBT skills to be delivered to young people aiming to increase their capacity to manage stress.

Banos et al., (2017) stated online platforms focusing on the prevention, intervention, and the promotion of positive mental health in young people have many beneficial effects such as accessibility, low financial cost, and effectiveness. Banos et al., also suggested that using online platforms to approach adolescents could facilitate the implementation of prevention strategies.

In today's society, the finding of successful online programmes is important. The COVID-19 pandemic has resulted in tremendous migration toward online platforms, including online learning for educational facilities (Adedoyin & Soykan, 2020). Topooco et al., (2017) remarked that, until now, online mental health has not been considered a common or

acceptable approach in addressing mental health, nor integrated into practice care practice. However, the COVID-19 pandemic has opened a new door for wider-scale engagement and acceptance of online mental health participation, which Wind et al., (2020) suggested is likely to result in online mental health work becoming more commonly used. Thus, adopting online mental health applications as a method for future care should be strongly considered.

Overall, online platforms offer new accessible and sustainable opportunities for mental health, particularly within the field of young people's mental health and well-being. Banos et al., (2017) stated there is a need for further research with controlled studies and long-term follow ups to assess any negative effects online platforms may have on individuals with more severe mental illnesses considering online programmes as substitutes for psychological treatments, confidentiality, privacy, and the rigour of contents. Similarly, Foody et al., (2015) argued that empirical evidence is lacking, and that there is a need for further randomised control trials in order to demonstrate success. Foody et al., further suggested future researchers also look at incorporating strategies from other current successful psychological interventions that indicate decreases in psychopathology into online programmes. For example, investigating online therapies, such as CBT and ACT, should be considered an essential process when addressing future research of online programmes, in order to see which has the most significant impact on stress alleviation whilst increasing valued behaviour (Foody et al., 2015).

Brief Summary

These results suggest the context and delivery of ACT, CBT, and adventure therapy interventions may be significant variables in programmes which claim to successfully increase young people's capacity to manage stress. Use of the classroom setting to provide ACT and CBT skills through psychoeducation, interactive experiential exercises, and online

programmes through both facilitated and self-directed learning, have demonstrated significant

results in increasing young people's capacity to manage stress. Delivery of adventure therapy

interventions in outdoor settings has also demonstrated successful results in increasing young

people's capacity to manage stress.

Why is this Research Important?

These studies have highlighted that addressing preventative measures in young

people, in comparison to other age brackets, is of particular importance. Developmental

(neurological and hormonal) changes during the ages 10 to 24 years compound many

difficulties that young people experience when dealing with stress (Arnsten & Shanky, 2004;

Saz et al., 2015). In comparison to children and adults, young people are more impacted by

emotions due to the developmental changes that occur during adolescent years. Young people

have a stronger startle reflex, a greater sensitivity to threat, and are more influenced by

emotional stimuli when completing tasks due to their frontal lobe still undergoing

development (Johnson et al., 2010). Siegel (2013) stated these neurological and hormonal

changes occurring between the ages 10 and 24 years are an onset for vitally important

developmental changes that enable new abilities to emerge, which is crucial for both the

individual and the human species.

Furthermore, literature highlights the need for prevention strategies directed towards

young people. Burckhardt et al., (2016) stated a substantial number of young people do not

have the necessary or essential resources to manage the emotional impact caused by stressors,

leading to the first appearance, or peak period, of mental illness in adolescent years.

Prevention programmes and early interventions have the potential to increase the likelihood

that human developmental stages will be successfully achieved, interrupt the progression of

mental illness, and increase the overall quality of life for those already experiencing mental

illness (McGorry et al., 2007).

Erik Erikson: Developmental Theory

Erik Erikson's eight stages of psychosocial development are congruent with current

literature highlighting the importance of addressing the adolescent life stage. According to

Erikson, individuals who are unsuccessful at passing through a developmental stage will

develop a disposition, leading to the experience of emotional discomfort and mental ill health

(Batra, 2013). Erikson's fifth stage of development "identity versus role confusion" occurs in

adolescence, between 10 and 24 years (Batra, 2013). 'Identity' refers to having a sense of

knowing who one is, on the basis of "who one has been and who one can imagine oneself as

becoming" (Marcia, 2009, p. 671), and achievement of identity involves the individual

undergoing a period of exploration in which they become dedicated to a direction of

important areas in their life (Marcia, 2009). A strong sense of identity is one of deep

emotional awareness of who one is, which emerges after free experimenting and exploring,

allowing an individual to actively discover and create who they are (Stevens, 1983). These

important emotional, social, and physical changes in developments, taking place at this

essential stage of life, highlight how the variety of environmental stressors young people are

faced with can be particularly detrimental to their mental health and long-term well-being

(Gore et al., 2011).

Despite originating within clinical experiences and the psychoanalytic models,

Erikson's theoretical insights have implications for educational settings, and young people's

development towards becoming healthy, caring, and responsible adults (Batra, 2013). Marcia,

(2009) stated "psychosocial development will occur within a school setting, whether or not

that setting takes such development into consideration or furnishes optimal conditions for it"

(p. 670). This observation highlights that educational environments and school settings are places in which young people spend a substantial proportion of their lives as they navigate important psychological, social, neurological, hormonal, and physical transitions (Durlak et al., 2011; Siegel, 2013). Seligman et al., (2009) contend that it is possible to access young people for prolonged periods of time within schools, which provides an opportune setting to prompt their development, well-being, and create necessary changes through prevention programmes which target young people's mental health. Therefore, consciously restructuring school settings and educational environments in ways which provide optimal conditions to thrive through development is essential. It is possible that taking no action could lead to detrimental developments (Marcia, 2009).

The findings indicate that educational environments have a much larger role than previously speculated (Batra, 2013). Batra (2013) made the case that teachers are not simply individuals who relay predetermined knowledge; rather, they are the key players in determining healthy and thriving lives for our future generations. Thus, there is a need to facilitate dramatic shifts in the ways young people are taught, interacted with, and provided spaces to assimilate developmental readiness to manage the stressors of life. Overall, Erikson's developmental theory provides insights for contributing to the design of developmentally sensitive and thoughtful educational programmes for young people, where they can safely engage in essential experiences and exploration to become a healthy human being (Batra, 2013).

Limitations

A limitation of this modified systematic literature review is its small scope—restricted to articles from Australia and New Zealand; published between 2010 and 2020; from the databases PsycINFO, ERIC, and Scopus. This review does not encompass items outside that

scope, which may have limited valuable information about the interventions discussed or alternative interventions. As a result, this review must be considered preliminary research.

Ethical Standard of Research

This review aimed to maintain an ethical standard through the application of a rigorous process. This research strived to meet Lincoln and Guba's (1986) four criteria: credibility, transferability, dependability, and confirmability through following Okoli and Schabram's (2010) eight-step method specifically designed to generate reproducible and scientifically reliable review results. As recommended by Okoli and Schabram, all eight steps were followed in precise order to ensure this review is scientifically rigorous. The detailed explanation throughout this dissertation of how these steps have been carried out allows for replication, a function of the four criteria (Roberts et al., 2019). This process also demonstrates the lines of inquiry that have led to particular conclusions, reflecting the validity and trustworthiness of the research (Seale, 1999).

Implications

This research contributes to current research and knowledge regarding the educational support provided for young people in Australia and New Zealand that increases their capacity to manage stress. Further research assessing ACT, CBT, and adventure therapy interventions in the classroom, online and outdoor programmes, both facilitated and self-directed, is needed to evaluate the impact and effects these have on young people and their ability to increase stress management skills.

The results of this research suggest further research evaluating preventative programmes is needed to confirm the efficacy of eight current programmes that have thus far produced significant results: "Strong Minds" (Burckhardt et al., 2016), "ACT as a

preventative programme (Burckhardt et al., 2017), "Healthy Minds" (Nehmy & Wade, 2015), "IRCD: Increasing Resilience to Cyberbullying" (Chillemi et al., 2020), "Onwards Adventures" (Dobud, 2016), "Project K" (Furness et al., 2017), "Teen Mental Health First Aid" (Hart et al., 2016), and "ThisWayUp" (Wong et al., 2014). These programmes need to be further researched with larger sample sizes to replicate results (Burckhardt et al., 2016; Burckhardt et al., 2017; Chillemi et al., 2020; Dobud, 2016; Furness et al., 2017; Hart et al., 2016), investigate the long-term effects through longitudinal designs (Wong et al., 2014), using randomised controlled trials to increase confidence that the changes observed are due to programme influence (Hart et al., 2016), and evaluate the impact that these interventions have on different types of psychopathology (Nehmy & Wade, 2015). Burns et al., (2010) contended that the number of young people seeking formal and informal support online is increasing; yet, there is only a small amount of online programmes developed for stress management. Based on the significant results of online programmes produced by Wong et al., (2014) and Chillemi et al., (2020), further development and research of online programmes providing stress-management skills for young people is warranted.

Conclusion

This dissertation has highlighted the importance of addressing young people's mental health and well-being, with the intention to best support them through an essential human developmental stage, continuing into living healthy adult lives. By orienting our focus towards mental health and well-being preventative measures, as well as recovery measures, we can enhance future generations' abilities to be best equipped in dealing with the natural stressors of human life.

Using a modified systematic literature review to answer the research inquiry "What educational support is currently provided to increase young people's capacity to manage

stress?", this dissertation found that educational facilities (e.g., schools) appear to be a suitable and acceptable setting in which preventative programmes enhancing young people's capacity to manage stress can be successfully provided. Yet, secondary schools worldwide do not routinely provide social and emotional education programmes despite the wide-ranging benefits demonstrated through extensive research evidence (Midford et al., 2017). The adolescent period is a time of great vulnerability (Siegel, 2013), and most young people appear to be under-equipped to manage the emotional impact of stressors (Burckhardt et al., 2016). Therefore, it is important for school curriculum designers to consider including effective programmes and learning in areas of mental health, well-being, coping skills, stress management, and preventative strategies (Wong et al., 2014).

This research provides insight and understanding into the current educational supports provided for young people that increase their capacity to manage stress, through a rigorous critique and analysis of each item producing promising results; thus accomplishing the three tasks of critical theory (Deetz, 1982). The results of this inquiry provide benefits for the psychotherapy profession through highlighting the programmes and interventions currently provided for young people, as well as potential areas for future research to address the skills for managing stress.

Due to the small scope of this research, it can only be considered preliminary. The results of this research and existing literature indicate a need for future research in this area. Future research should include randomised controlled trials and longitudinal studies to confirm efficacy of the interventions used in programmes which are already producing promising results: ACT, CBT and adventure therapy interventions, delivered in classroom, outdoor and online contexts. Alternative prevention interventions outside of ACT, CBT, and adventure therapy that may provide young people with the best possible way to manage stressors throughout their development into healthy adult lives is also warranted. As Siegel

(2013) stated "adolescence is not a stage to simply get over, it is a stage to cultivate well" (p. 74). The qualities acquired during this developmental stage foster the ability to live a full and meaningful life in adulthood.

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