

Building Resilience in Children - Moving from treatment to prevention

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Interest and concern about the mental health and emotional well-being of young people has increased exponentially. In Europe, the prevailing economic crisis has exacerbated the feelings of

insecurity and anxiety among the younger generation. Mental health problems constitute the largest single source of world economic burden, with an estimated global cost of £1.6 trillion (or US\$2.5 trillion) – greater than cardiovascular disease, chronic respiratory disease, cancer, and diabetes on their own (Insel, 2011). The World Health Organization (2013) estimates that, worldwide, 20% of adolescents in any given year may experience a mental health problem.

Children and adolescents are suffering from increasing levels of stress and anxiety. There is a large gap between the early onset of mental health problems and the point at which young adults find appropriate help. Unfortunately, young people tend to access services as a last resort. There exists an opportunity to support young people before the onset or at the early stages of mental health problems and thus prevent the need for costly medical/psychiatric interventions. Moreover, such preventive support programs can be optimized by involving young adults in the actual design, delivery and evaluation of programs that aim to increase their resilience. In this special issue, we will present the background to a European project aimed at Building Resilience in Children (BRIC). The BRIC idea has been developed using a bottom up approach by a consortium of like-minded

European researchers. The aim of this special issue is to introduce the ideas and concepts behind BRIC, and identify some of the key challenges in a selection of European countries.

Background and methodology

Student participation is the core of citizenship education (Holdsworth, 2002). Through active participation in discussion and policy development in topics that affect them directly, participatory research can provide opportunities for young people to develop the knowledge, skills and attitudes that will enable them to take an informed and active role in a democratic society (McLaughlin, 1992). Community-based participatory research can meaningfully involve youth in program design and improvement efforts. Participatory research and evaluation engages youth in the process of identifying the health needs of their peers, defining research questions, creating research instruments, and interpreting their findings to shape the more appropriate health interventions (Ballonoff, Suleiman, Soleimanpour, & London, 2016). Innovative ways to improve wellbeing and social inclusion are urgently required, as the growing demands on student counselling services exceed capacity. Previous research in a variety of different populations has shown that participatory arts projects may have beneficial effects on general wellbeing (Lomas, 2016).

The ultimate aim of the BRIC project will be to develop on-line accessible support services that are aimed at prevention and increasing resilience. Most

importantly, the developed services will be developed by young people for young people. The main objective of the proposed project is to engage young¹ people in the promotion of positive mental health and resilience among their peers. It is envisaged that the service will be delivered online to increase the reach and impact of the developed tool. Our target group will be 14-16 year-old children.

The overarching approach of the BRIC project will be rooted in action research. Action research differs from more traditional empirical research paradigms in that it conducts research with participants rather than on participants. Action research is an emergent inquiry process that engages in an unfolding story, where actions shift as a consequence of interventions and where it is not possible to predict or control what takes place (Coghlan & Shani, 2013). Action research involves five stages: (1) Problem identification, (2) Planning of action, (3) Implementation of action, (4) Evaluation, (5) Reflection. This framework can be further reduced to Look, Think, Act, and Repeat for use with young adults.

In action research, the content and process issues are equally important. Thus, we are interested in the outcomes of the research (content) and the way the children experience the research (process). The project will address the gap in terms of mental health issues in young children by putting the schools at the core of prevention, intervention and awareness activities. Few preventive resources are offered to young people so that they can identify, let alone manage, mental health issues. We have situations where whole communities of students are left helpless to deal with critical events by themselves, like the death of a fellow student, and circumstances, like living with jobless parents.

The BRIC project will integrate three parallel but distinct areas of knowledge; health psychology, health promotion and student voice. Health promotion activities are increasingly putting an emphasis on actual user involvement in the design and delivery of services. Congruently, there is a movement within education towards greater involvement by students in the organization and planning of educational activities, referred to as 'student voice'. Finally, health psychology emphasizes the importance of self-regulation as a key to successful behaviour change initiatives. We have joined elements from these three bodies of knowledge to create a project that is evidence-based, practical and is located in key institution in every community; the school (Montgomery & Kehoe, 2016). The proposed project will facilitate young people to develop resources in terms of teaching material, training material, activities, exercises, awareness material, preventions and intervention strategies, case studies, success and failure stories that can be used to buffer the resilience of their peers in terms of their positive mental health. Additionally, the project will utilize tools from the social sciences and humanities to develop resilience strategies aimed at promoting functional coping strategies.

The project will create innovative material that can be applied (1) as courses embedded in the curriculum, (2) as long term workshops for students and teachers, (3) as short term workshops for students and teachers and (4) as a resource pool that students' mental health groups can draw ideas from and work with. In order to ensure the sustainability of the BRIC project, support networks will be created and run by students in the form of BRIC NGOs that will be managed by the students with the support of the university partner and school.

¹ We have adopted the classification used by the Health Behaviour in School-aged Children Network <http://www.hbsc.org/>, whereby children are classified as being between 11-13, and youths 14-16.

Ethical issues in BRIC

Involving children in the BRIC project means that we must devote special attention to protecting their wellbeing. Guidance or guidelines on conducting research with children is a relatively new (e.g., Greene & Hogan, 2005). Indeed, the interest in accessing the perspective of children has been prompted by the United Nations Declaration on the Rights of the Child. From a scientific perspective, 'we have much to learn about children from children' (Greene & Hogan, 2005). The newness of the field, suggests that it would be unhelpful to search for one 'definite' set of guidelines on doing research with children. Instead, we should attempt to bring a broad range of perspectives to the analysis and exploration of children's experience. Thus, in the following, we outline observations and guidance recommended when conducting research with children.

Morrow and Richards (1996) recommend the following when conducting research with school children; conceptualizing children as less competent is unhelpful and it is important to see it critically, because it can provide teachers and parents with powerful normative models for what children are (or should be) like. Moreover, the authors reflect that it is important to take children's ideas seriously. Thus, researchers and adults need to resist the urge to trivialise and devalue children's acts as a matter of course. Researchers should be wary of setting themselves up as the understanders, interpreters and translators of children's behaviours. Rather researchers should see children's competencies as 'different' rather than lesser. The biggest ethical challenge is the disparities in power and status between adults and children.

Craig (2003) reviews children's participation in community development research and observes that while evaluative practice has developed considerably, evaluation practice with children had

tended not to develop in tandem. Furthermore, Craig (2003) advises that for researchers who are promoting the development of policy with children and young people, and its evaluation, also have to accept that the outcome of such work may not be simply that the aims or methods of certain interventions are challenged but that challenge extends also to the organisational context within which such interventions are made. Put simply, work with children may increasingly challenge the power of adults both about what is done and how it is done.

Moving from treatment to prevention

The BRIC Project represents an innovative way of empowering school children to cope with the mental health issues that arise as a natural consequence of growing up. The project will be both preventive - address problems at an early stage and longitudinal - imbue students with the appropriate coping strategies that will be useful as they progress to adulthood and their chosen careers.

The project will particularly focus on building positive mental health and resilience as a tool to navigate relationships, conflict with peers and psychosomatic problems. To date solutions for mental health problems have been mainly individual-focused and pathogenic (e.g., therapy, medication) and have not addressed the system-level factors that contribute to dysfunctional coping strategies. Furthermore, these solutions are also limited as a result of the budgetary cuts associated with the current economic crisis. As a result, there is a pressing need for us to involve school children in developing tools to enhance resilience, and by doing so take ownership of their own school journey. Moreover, schools have not properly utilized the potential of their students to

self-develop solutions that are easy to use, accessible and focus on the potential for social rather individualistic approaches.

This special issue is devoted to delineating the objectives, concepts and rationale of the BRIC project. In the first paper, Barnes and Montgomery introduce us to the conceptual and measurement issues involved in operationalizing resilience. The authors argue for a connected or social approach to resilience, whereby young people are empowered to engage the already existing networks around them. Following this, we have a series of articles that highlight the key challenges in addressing youth mental health in Bulgaria (Alexandrova-Karamanova & Todorova), Romania (Ciuca & Baban), Turkey (Dogan, Goregenli, & Karakus), Greece (Karagianni), and FYROM (Mijakoski et al.). The aforementioned countries that are situated in the Balkan South European region are facing significant challenges as the impact of the economic crisis has resulted in critical cuts in funding and staffing levels. Matos, Carmen, and Cicognani (2016) present an integrative review of the challenges in Portugal, Spain and Italy. In particular, the authors highlight the fact that young people in disadvantaged contexts perceive their role in their community and participation in civic activities as diminished. We finish the special issue with a UK perspective, firstly with Chase et al. (2016) who delineate a picture of contracting services in UK and note a turn towards preventative solutions as a way to address the shortfall in services. Secondly, Kasteel and Barnes (2016) provide an insight in to how social media and creativity can successfully provide younger people with tools to explore mental health and wellbeing. Additionally, their paper represents a great example of how a child psychiatrist and media company can collaborate.

References

- Ballonoff Suleiman, A., Soleimanpour, S., & London, J. (2006). Youth action for health through youth-led research. *Journal of Community Practice*, 14, 125–145. doi:10.1300/J125v14n01_08
- Coghlan, D., & Shani, A. B. (Rami). (2013). Organizational-development research interventions perspectives from action research and collaborative management research. In L. H. S. Leonard, R. Lewis, A. M. Freedman, & J. Passmore (Eds.), *The Wiley-Blackwell Handbook of the Psychology of Leadership, Change, and Organizational Development* (pp. 443-460). UK: Wiley-Blackwell.
- Craig, G. (2003). Children's participation through community development: Assessing the lessons from international experience. In Hallet, C., & Prout, A. (Eds.), *Hearing the voices of children: Social policy for a new century* (pp. 38-56). London: Routledge Falmer.
- Greene, S. & Hogan, D. (Eds.) (2005). *Researching children's experience: Approaches and methods*. Sage Publications: Place
- Holdsworth, R. (2000). Schools that create real roles of value for young people. *Prospects*, 30, 349–362. doi:10.1007/BF02754058
- Insel, T. (2011, September 28). The global cost of mental illness. [Blog post]. Retrieved from: <http://www.nimh.nih.gov/about/director/2011/the-global-cost-of-mental-illness.shtml>
- Lomas, T. (2016). Positive art: Artistic expression and appreciation as an exemplary vehicle for flourishing. *Review of General Psychology*, 20, 171-182. doi:10.1037/gpr0000073
- McLaughlin, T. H. (1992). Citizenship, diversity and education: A philosophical perspective. *Journal of Moral Education*, 21, 235–250. doi:10.1080/0305724920210307
- Montgomery, A., & Kehoe, I. (Eds.). (2016). *Reimagining the purpose of schools and educational organizations: Developing critical thinking, agency, beliefs in schools and*

educational organizations. Springer: Switzerland.
Morrow, V., & Richards, M. (1996). The ethics of social research with children: An overview. *Children and Society*, 10, 90-105.
doi:10.1111/j.1099-0860.1996.tb00461.x
World Health Organisation (2003). Caring for children and adolescents with mental disorders: Setting WHO directions. Retrieved from World Health Organization website
http://www.who.int/mental_health/media/en/785.pdf



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