

Research Article

Adolescent Stressors and Their Perceived Effects on Mental Well-Being: A Qualitative Study

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ABSTRACT

Background: Previous studies have focused on individual stressors in adolescents' lives, and less on the subjective experience of how stressors interact. There is a gap in the literature exploring English adolescents' subjective experiences of stressors.

Objectives: The present study aimed to explore the types of stressors identified by a sample of adolescents ($n = 54$) and the perceived effects on their mental wellbeing, noting differences in perspective by age and gender.

Methods: Secondary analysis of cross-sectional data from a qualitative evaluation of a national programme aiming to increase the resilience and mental wellbeing of adolescents aged 10 to 14, was conducted.

Results: Six types of stressors were found across the dataset: negative mental states and/or emotions, peer difficulties, behaviour difficulties, bullying, school difficulties, and family difficulties. Whilst separate stressors were described, often stressors were reported as cross-cutting and acting to influence stressors in other domains.

Conclusions: Negative mental states and/or emotions was the most common type of stressor reported and was found to interact with external stressors as part of a 'chain of stressors' suggesting scope for interventions to support adolescents with increasing emotion regulation, as well as decreasing external stressors such as bullying. Future research could examine interactions in the causal chains between stressors to determine the best points for intervention, potentially modifying by age and gender.

Introduction

In England, recent evidence suggests there has been a rise in the incidence of psychopathology and a decrease in mental well-being amongst adolescents [1-3]. In the search to understand the causes of reduced mental well-being and increased risk of psychopathology, some authors suggest that the trend may be due to adolescents' increased exposure to stressors, though the underlying mechanisms are not well understood [4]. Normal adolescent development necessitates competence at handling stressors, such as coping with setbacks, disappointments and transitions that are specific to the adolescent period [5]. Yet, there are many ways that adolescents respond to stressors and pathways by which their mental well-being can be affected [5,6]. Exposure to multiple stressors confers a negative effect on well-being and, in fact, can precipitate the development of psychopathology, such as anxiety and depression; there

is a range of evidence linking stressors to different types of psychopathology [4,7,8]. Research also shows that not all adolescents, when exposed to stressors measured as negative life events, will develop psychopathological symptoms or a disorder [9]. The heterogeneity in the possible experiences of, and responses to stressors, suggests the value of exploring adolescents' subjective experiences.

Across studies, there are a range of definitions of the stressor construct. The definition provided by Grant and colleagues is highly cited [7]. This framing views a stressor as an, "environmental event or chronic condition that can objectively threaten the physical health or well-being of individuals of a particular age in a particular society." [7]. However, the challenge with this definition is that it does not include internal events or conditions that may be described as stressors by adolescents or consider daily hassles. Some qualitative studies

suggest that adolescents may perceive stressors more broadly to include both internal and external stressors. For example, Farrell and colleagues conducted a qualitative study of problematic situations experienced by low income, urban African American adolescents in Virginia and found 39 reported stressors [10]. Of these, 'internal child problems' were most frequent, including emotional dysregulation, rumination, and perceptions of unfairness; followed by problems in the external domains of peers, school, family, and neighbourhood [10]. Internal stressors tended to be reactions to experiences or external stressors but were nevertheless viewed by the adolescents as, "problems in their own right" [10]. In light of this, the present study will include all stressors identified by adolescents as difficulties and exerting a negative influence on mental well-being that may be internal or external. The definition of stressors we are proposing in this paper thus includes both environmental stressors (negative life events, traumatic experiences, daily hassles) and internal stressors (mental and emotional states, such as worry or trouble regulating emotions), that may be temporary, intermittent or chronic, which are perceived to affect adolescent mental well-being from the adolescent's point of view.

Within the research base, stressors are often studied singularly and the effects of a range of individual level stressors and negative effects on mental well-being and risk of psychopathology are well-researched. Studies of the effects of singular stressors that adolescents experience include that of poverty [11], peers [12], cyberbullying [13], bullying [14], the influence of social media [15], parental illness or chronic illness [16,17] and greater academic pressures [18]. School-based stressors include difficult interactions with peers and teachers, demands of academic performance and adhering to school rules, as well as managing the balance between school and leisure activities [19-21] and the demands of the transition to secondary school which includes establishing new friendships and relationships [22,23]. Studies have documented that not only completing schoolwork, but the perception of schoolwork as exceeding capacities has been linked to depressive symptoms [21,24]. Research on stressors has examined a given stressor in depth as a risk factor for poor mental wellbeing and specific types of psychopathology. For example, chronic parental illness has been linked with reduced emotional well-being and social isolation in adolescents [16,17]. Whilst associations have been found and risk factors established, the process by which stressors affect mental well-being and psychopathology vary between individuals and can lead to different outcomes, described as multifinality [25]. Such variation in outcomes has been suggested to depend on a range of factors including differences in underlying vulnerabilities and predispositions, the support and resources available and the coping strategies available [26,27].

Whilst studies of singular or several stressors may enable understanding of the mechanisms or precise interactions, they may omit important variables or fail to show how stressors interact. As described, a range of studies have examined the

effects of multiple stressors on adolescent mental well-being and risk of psychopathology [11,29]. This is particularly important because the effects of cumulative stressors can lead to types of psychopathology, such as depression [27]. However, studies that use population-level checklists and surveys [8], such as the Stressful Life Events Schedule (SLES) which involves asking participants to report back on the occurrence of stressful life events during the prior year [29], can have shortcomings for providing the full range of adolescent perspectives on the lived experience of stressors. For example, subscales are based on preconceptions of adolescent experience that limit the type, number, and duration of stressors captured [30]. Interviews are used much less commonly in stressor research; in a review of 500 studies, less than 2% used interviews, with checklists more commonly applied [8].

Whilst a number of qualitative studies on a broad range of stressors that adolescents experience in specific contexts have been conducted, there remains a lack of studies with adolescents in England. A recent qualitative study involved dyadic interviews with 38 White European children (22 boys and 16 girls), aged 7-11 years, and their parents to investigate experiences of stressful life events, adversity, and coping [31]. Four themes were derived through thematic analysis: (1) navigating the social minefield; (2) pressure to thrive in the modern world; (3) fear of the unknown; and (4) learning life's lessons [31]. The children also explained the difficulties that they had experienced in coping with novel stressors [31]. This study provides insight into the experience of children before the transition to secondary school. Yet, an opportunity remains for qualitative research on the lived experiences of the early adolescent age group.

In the American context, a study focused on perceptions of stress and coping levels for 9th grade, African American students in East Baltimore and found that stressors associated with school, friends, and family were most frequently reported [32]. In a recent study of adolescent stressors perceived by Indian adolescents ($n = 191$), aged 11-17 years, participants reported the following stressors: academic pressure, difficulties in romantic relationships, negotiating parental and peer influences, and exposure to violence and other threats to personal safety [33]. These existing qualitative studies [10,33] have provided an overview of a range of stressors articulated by groups of adolescents, and helpfully amassed a range of stressors based on adolescents' own accounts situated in specific contexts.

Previous quantitative studies have also explored whether there are gender differences in the types and frequency of stressors, finding mixed results. A widely cited longitudinal study by Ge et al., [34] found no significant gender differences in the types of stressors experienced by adolescents, although at the age of 13 girls reported experiencing more depressive symptoms than boys. The study concluded that whilst the experience of stressors might be equivalent, girls are more vulnerable to the effects of the stressors [34]. Another study with

a sample of 2505 New Zealand adolescents found that females reported higher stressor frequency after the age of 12 and greater intensity after age 13 [35]. Other research has found that females rate the same stressors as males as being more stressful [36,37]. Female adolescents are more likely to seek support from others (peers, parents) and potentially receive greater levels of social support [37,38]. In terms of age differences, the transition and adaptation to secondary school is a major stressor at age 12-13 years old [39] and the period when adolescents study and take their General Certificate of Secondary Education (GCSE) (age 15-16 years old) in the UK (Scotland has a separate qualification system) is another age-related stressor [13]. More research is potentially required on the topic of the age differences in the experience of stressors.

Qualitative studies of adolescent experiences of stressors can allow the articulation of unforeseen types of stressors, outcomes, and processes based on adolescent reports [40], they offer the potential to illuminate the mechanisms that link stressors to effects on mental well-being. Moreover, if adolescents are viewed as social actors, with perspectives equally valid as those of adults [41], then adolescents are experts in their own experience of their lives [42]. Research suggests that the effects of stressors on adolescent mental well-being and emotions is complicated [43]. Qualitative studies can potentially illuminate individual experiences, without limiting responses to preconceived categories [44]. Yet, there have been few qualitative studies of stressors on adolescent mental well-being, particularly in the English context.

Therefore, the primary aim of the current study was to build on existing work in this area by qualitatively investigating the types of stressors experienced by adolescents in England. The second aim was to understand, from participants' perspectives, the perceived effects of the stressors that they identify on their mental well-being. Whilst it is noted that the definition of stressor employed throughout this study includes a negative effect on wellbeing, the first research question seeks to understand what stressors adolescents perceive. The second research question aims then to explore how stressors are perceived to affect mental wellbeing as defined by the adolescent. The third aim of the current study is to note gender and age differences in reports of stressors. For the purpose of this study mental wellbeing is defined as "a multidimensional phenomenon that includes aspects of both the hedonic and eudaimonic conceptions of wellbeing" (Ryan & Deci, 2001, p148 [45]). Hedonic wellbeing includes happiness, pleasure, and positive feelings. The eudaimonic aspect of wellbeing refers to a sense of purpose and meaning in life [45]. For further clarification of all terms employed, psychopathology is defined as: a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one of more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom [46].

Method

Setting for the study

This study was a secondary analysis of data from a qualitative study, which was conducted to evaluate the HeadStart Phase 2 programme in England. As part of the qualitative evaluation of HeadStart Phase 2, 75 young people aged 10 to 14 in 12 regions across England (Blackpool, Cornwall, Southampton, Lewisham, Hull, London borough of Newham, Wolverhampton, Birmingham, Knowsley, Kent, Middlesbrough, and Cumbria) were interviewed about their experiences of receiving particular mental health and well-being focused interventions as part of HeadStart, including their perceptions of experiencing and overcoming difficulties in life.

Participants

Purposeful sampling was used to select study participants from a pool of 75 interviewees. Participants were selected on the basis of whether they had directly discussed experiences of stressors (or difficulties in life) during their semi-structured interviews as part of the qualitative evaluation of the HeadStart programme funded by The National Lottery Community Fund [47]. This sample selection strategy meant that 21 interviews from the original pool were excluded and thus yielded a final sample of 54 participants (23 males and 31 females). The age of the participants ranged from 10 to 15 years. Age and gender information is provided in Table 1. Participants were recruited through the HeadStart Programme intervention leads or school contacts in each region, who distributed expression of interest forms for the study to young people or nominated individuals. Parents were provided information about the study and what it would involve for their child prior to interview, including how participants' data was stored and the right to leave the study at any time. All participants were attending mainstream secondary schools or special schools at the time of recruitment. All participants were asked to read an information sheet about the purpose of the study and what was involved prior to giving their informed assent to take part on a written form.

Data collection

The data were collected between September 2015 and January 2016 by the HeadStart national evaluation team. The qualitative team was composed of the first author, the second author and three postgraduate students. The interview was the first and only contact with the participant. The interviews were conducted in a private room at the intervention site – the participant's school or a local centre within the community. A semi-structured interview schedule was devised to guide the

Table 1.

Total number of participants in the sample, with gender and school year in England.

	School Year						Total
	Year 6	Year 7	Year 8	Year 9	Year 10	Unspecified	
M	4	2	13	1	1	2	23
F	1	4	13	9	4	0	31
Total	5	6	26	10	5	2	54

interview process whilst adhering to a set of pre-agreed topics. The interviews were designed to last 30 to 45 minutes. The primary aim of the interviews was to enquire into participants' experiences of taking part in resilience and mental well-being focused interventions as part of HeadStart, while the secondary aim was to understand participants' own experiences regarding risk/stressors and well-being. As per the design of semi-structured interviews, the sequencing of the questions varied, to respond to the flow and responses of the interviewee. The interviews were audio-recorded and transcribed verbatim. Information about interview audio file length is not available due to ethical constraints on the length of time that audio files could be stored. The interview transcripts ranged in length from 8 pages to 47 pages (Font: Times New Roman, Size: 11) ($M = 18.59$ pages, $SD = 7.32$).

Data analysis

A thematic analysis (TA) was conducted to address the following research questions: what types of stressors do participants report and what are the perceived effects on their well-being and risk of psychopathology? Thematic analysis is "a method for identifying, analyzing and reporting patterns within data" [48]. TA pays attention to both prevalence (frequency of occurrence) and meaning in response to a given research question across a qualitative dataset [48]. Prevalence can be defined as the number of individual participant accounts across the dataset relating to a given theme [48]. Thematic analysis was chosen on the basis that it is a systematic method for qualitative analysis which enables organising a range of viewpoints into themes, in relation to the main research questions [49]. Braun and Clarke's guidelines for conducting a TA consist of six steps applied in the present study.

The first step, familiarisation with the dataset, involved listening to the interview audio files, checking the transcript quality, and re-reading the dataset. The transcripts were then imported into the NVivo qualitative data analysis software package (Version 11). The transcripts were coded in NVivo, which involved systematically labelling or describing the content of transcript extracts that had direct relevance to the two research questions under study (step two). A long list of codes pertaining to the content of all relevant extracts from the transcripts was generated. Similar codes were then clustered together to form initial themes pertaining to the research questions (step three). The names and definitions of the themes and codes derived from the dataset were captured in a coding frame (a guiding conceptual framework). Through reading the coded transcript extracts and comparing them with the written description of each theme and what it included, all codes and themes were checked for consistency and errors (such as a coded extract being assigned to the wrong theme) (step four). The first author then shared the themes and theme names with the second and third author and these were reviewed and agreed upon (step five). The themes and subthemes were then described with supporting quotes in the final report (step six) [48].

Approach to inquiry

The analysis in the present study was informed by a critical realist epistemological perspective [50] increasingly applied in qualitative studies in psychology [51,52]. This epistemological position stipulates that findings are not objective accounts of reality, and that the underlying mechanisms driving thoughts and behaviour may not be explicitly referenced by participants but may primarily be accessible by the researcher through their analysis of the data [53].

Results

Six main themes of the types of stressors experienced by adolescents were found. These were: negative mental states and/or emotions, peer difficulties, behaviour difficulties, bullying, school difficulties and family difficulties. For each of these themes, a number of subthemes of individual stressors were found, with a total of 32 stressors described. These themes and subthemes are listed in Table 2 in order of prevalence in the dataset. The effects of each theme on mental well-being are discussed in the text. Themes and subthemes represent different types of stressor (e.g. difficulties with anger, a subtheme, is subsumed within the main theme of negative mental states and/or emotions). Within some of the themes, participants discussed how stressors were interrelated, or identified a stressor that had a particular significance, these are highlighted within the text. Gender and age differences have not been reported in relation to the adolescents' perceptions of the effects of stressors on their mental well-being and risk of psychopathology due to the relatively small amount of data available for addressing this research question.

Theme 1: Negative mental states and/or emotions

In total, 90.7% of participants directly reported experiencing some type of difficulty with a negative mental state (e.g. a negative state of mind, such as a negative belief) and/or a negative emotion that they identified as a stressor. Of the negative mental states reported anger (22.4%) and lack of confidence and low self-esteem (22.4%) were most frequent, followed by worry and anxiety (18.4%), 'bottling-up' emotions (12.2%), and worries about exams, school, and future choices (12.24%). Less frequent stressors included low mood, feeling unsafe, sadness and feeling shy. Negative mental states and/or emotions were discussed by participants both as reactions to external stressors, such as relationships with parents and peers, and as problems in their own right that required coping behaviours. Of the participants reporting anger as a stressor, the majority were male (nine males versus two females) aged 12 to 13. Some participants reported difficulties with controlling emotions, such as anger, with it manifesting as externalising behaviours, describing the need to 'let it out' at something or someone. Participants described how their feelings of anger could be elicited by other stressors, such as problems with peers, teachers, and family members, and could potentially lead to disciplinary consequences or that the feelings were overpowering. Some participants directly reported

Table 2.

Frequency of stressor main themes including subthemes, given as percentage in total sample (n = 54) and the total number of males (M) and females (F) reporting each theme.

Themes and Subthemes	n	% of total	M	F	Y6 %	Y7 %	Y8 %	Y9 %	Y10 %
1) <i>Main theme:</i> Negative mental states and/or emotions. <i>Subthemes:</i> Anger, lack of confidence and low self-esteem, worry and anxiety, emotional suppression and worries about exams, school and future choices, low mood, feeling unsafe, sadness and feeling shy.	49	90.7	26	23	100	50	96.2	30	100
2) <i>Main theme:</i> Peer difficulties <i>Subthemes:</i> Peer arguments, rivalry and taking sides, falling out and romantic relationships, secrets, social isolation, and swearing amongst peers.	41	75.9	14	26	80	100	65.4	70	40
3) <i>Main theme:</i> Behaviour difficulties <i>Subthemes:</i> Peer influence, aggressive behaviour, truancy and walking out, risk of exclusion, bad reputation, and binge drinking.	38	70.4	24	14	60	83.3	76.9	40	80
4) <i>Main theme:</i> Bullying <i>Subthemes:</i> Name-calling and teasing, cyberbullying, duration of bullying, lack of support, and feeling depressed.	32	59.3	15	17	0	16.7	76.9	90	40
5) <i>Main theme:</i> School difficulties <i>Subthemes:</i> Misbehaviour at school, difficulties with teachers, emotional issues at or about school and moving school.	31	57.4	18	13	40	66.7	84.6	10	40
6) <i>Main theme:</i> Family difficulties <i>Subthemes:</i> Disruption of the role of parent, family member or caregiver, relationship issues within the family and maltreatment.	26	48.1	9	17	40	50	57.7	20	80

*Number of participants (out of the total sample of 54) who referred to this theme in their interviews.

struggling with a lack of confidence about themselves and in some cases their bodies and appearance. These participants outlined negative beliefs about body image and worries about others perceived them. For example, "I used to think I was ugly, and nobody liked me" (Female, Year 8).

Worry and anxiety, a related subtheme, was reported most by females in Year 6 and 8. The subject of worries included external stressors such as neighbourhood safety and the risk of gangs, for example, "I kind of used to like feel scared... 'cause the gangs would be like sitting on the stairs." (Male, Year 8). Worries about exams, school and future choices was another subtheme, though reported less commonly and often reported as one of many stressors. For example, a participant reported, "I'm in Year 10 next year and that's a year closer to my GCSEs and pressures built on me" (Female, Year 9). Other emotional states included not being able to manage emotions, for instance, participants described 'bottling up' their emotions in the context of interpersonal conflicts. In discussing a peer argument, for example, one participant reported how "expressing my feelings was hard. I was bottling them up until I couldn't control them" (Male, Year 6).

Theme 2: Peer difficulties

Peer difficulties was another highly prevalent stressor discussed by 75.3% of participants. Peer difficulties included the subthemes of: 'peer arguments' (25.3%), 'conflicts in relation to romantic relationships' (20.0%), 'falling out' (17.5%), and 'rivalry and taking sides' (17.5%). Less frequently reported stressors included secrets (in the sense of peers feeling left out that others would not share personal information, gossip, and stories with them), social isolation and peers engaging in swearing. Peer difficulties were markedly higher for females than for males (n = 26 versus n = 14). Peer arguments were discussed mostly by females in Years 6, 7 and 8. Conflict in

relation to romantic relationships was discussed as a stressor by both sexes in year groups 7, 8, and 9 only. This stressor included concerns about a friend's perception of their new girlfriend or boyfriend, "If your mates say, 'He's or she's ugly', [you] just get into an argument which ruins your friendship" (Male, Year 8). It also included a sense of stress about sexual relations. One participant described that, "everyone's thinking about sex and they're getting stressed about it." (Male Year 8). Participants described experiencing both gradual and more immediate effects on their mental well-being, as a result of peer difficulties, that could have large perceived effects on self-esteem. For example, one participant stated, "It [an argument] bothers you and nibbles away at you, eventually" (Female, Year 8), while another described the effect of falling out with a friend on their self-esteem: "When someone's not friends with you, your self-esteem comes off" (Male, age unspecified).

Theme 3: Behaviour difficulties

Behaviour difficulties was also a common type of stressor reported by participants in 70.4% of the interviews. The most prevalent subthemes included peer influence on deviant behaviour (44.0%), aggressive behaviour (18.4%), and truancy and walking out of school lessons (7.9%). Less frequent stressors in this theme included the risk of exclusion, having a bad reputation and binge drinking. Males reported engaging in behaviour difficulties more frequently than females (n = 24 versus n = 14).

Reports of behaviour difficulties were especially common among Year 7s (83.3%), followed by Year 8s (76.9%), Year 10s, (80.00%) with the Year 6 (60.0%) and Year 9 (40.0%) age groups reporting misbehaviour the least. Participants also referenced past periods of misbehaviour and linked to a period of time, for example, "Year 7 was the biggest, naughtiest, moment of my life" (Male, Year 8). The role of peer influence

on misbehaviour was reported as a stressor to contend with by both males and female participants when trying to avoid participating in deviant behaviour, for example, "Some of my friends will tell me to go and fight" (Female, Year 7).

Theme 4: Bullying

Bullying was another prevalent stressor described as experienced by 59.3% of the sample. Bullying included instances of name-calling and teasing (40.6%), cyberbullying (28.1%), and reference to the duration of the bullying (15.6%). Less frequent stressors reported by participants included a lack of support (in relation to bullying) and feeling depressed. Bullying was reported by the majority of Year 8s (76.9%) and Year 9s (90.0%) in the sample. Experiences of being bullied were not reported by Year 6 participants, less frequently reported by Year 7s (16.7%) and reported the least by Year 10s (40.0%).

Episodes of name-calling and teasing were often described as 'taking the mick', which involved mocking perceived differences concerning family, appearance, or identity. For example, one participant described bullying about appearance as a stressor he encountered, "Bullying... like people take the mick out of other people cause like if they're taller they call you like 'talley'" (Male, Year 8).

In terms of effects on mental well-being and the risk of psychopathology, participants described experiencing truancy, social isolation, fighting, feeling depressed, and avoiding school or peers. For instance, one participant stated, "I got bullied and it used to make me feel depressed" (Male, Year 8). Bullying was also often identified as the cause of anger or emotional problems, that led to acts of retaliation. One participant described that after he had been mocked by a peer, he would respond: "I go 'oh, time for me to take the mick out of you now' and then I start taking the mick out of them, [it's] like payback, innit?" (Male, Year 8). Several participants reported finding strategies ineffective to cope with bullying. For example, one participant explained, "I used to try and get my mum to get me off school a lot, trying to skive. I tried to ignore them, but it never worked" (Female, Year 9). Moreover, two participants described that they avoided social media as a strategy: "I find that not going on social media helps" (Male, Year 8).

Theme 5: School difficulties

Reports of school difficulties as a stressor were raised in 57.4% of the final sample. This theme included behaviour difficulties at school (29.0%), difficulties with teachers (25.8%), reasons for disliking school (16.1%), emotional issues at school or about school (25.8%) and moving school ($n=1$). Adolescents in Years 7 and 8 spoke about school difficulties most frequently (66.7% and 84.6% respectively) with participants in Years 6, 9, and 10 discussing it much less (all less than 40.0%). In the context of exams, one participant felt schools were overly focused on success, rather than on emotional well-being: "I think the problem is that where they're [the schools] all trying to look good and it means nothing when you've got unhappy

students." (Female, Year 10). School difficulties were discussed in terms of both minor and severe effects on mental well-being. Minor effects included temporary emotional states and singular disciplinary consequences (e.g. being on report), while more severe effects included symptoms of psychopathology, such as panic attacks, and feeling too emotionally unwell to attend school. "I kept like stressing out in the mornings 'cause I didn't want to come to school" (Female, Year 8). More males reported difficulties with teachers (six males versus one female in Year 8) as a stressor, while more females discussed emotional issues at or about school (four Year 8 females). Some participants pinpointed a previous, negative school incident as the cause of contemporary emotional issues that translated into school avoidance and symptoms of anxiety. For example, one participant recalled an incident of being reprimanded by a teacher in the first weeks of secondary school, which he felt was the cause of his panic attacks and anxiety during his GCSEs, "It all stemmed from an incident in Maths, from Year 6 to Year 7 from [the] second week in" (Male, Year 10).

Theme 6: Family difficulties

In total, 48.1% of the sample reported family difficulties as a stressor. Family difficulties branched into two broad subthemes (and one rarer subtheme) that were: disruption in the role of a family member, parent or caregiver, as articulated by 57.7% of the sample, and relationship issues within the family, reported by 38.5% of participants, with one participant describing experiences of child maltreatment within this theme. Reports of family difficulties varied by age; they were most reported by participants in Year 10 (80.0%) and least reported by those in Year 9 (20.0%). Girls discussed experiencing family-related difficulties more than boys (17 females versus 8 males).

The disruption of the caregiving role of a parent included parental absence or parental mental and physical illness. Some types of disruptions to the role of their caregiver were sometimes cited as a main cause of a negative mental state and behaviours, which was part of chain to negative outcomes. In some examples for this theme, these stressors were assigned particular meaning relative to other stressors. For example, in one case, a participant identified her mother's illness as a trigger for her "spiralling out of control" (Female, Year 10), referring to her experience of emotional issues, delinquency, association with a 'tough crowd' and leaving school prematurely. Moreover, another young person discussed her mother's illness as a stressor that compromised what she could do, such as extracurricular activities, "My mum... 'cause she's got [chronic health0 condition] [...] so I would do things like after-school clubs, but I can't" (Female, Year 8).

The second subtheme, relationship issues within the family, included a cluster of stressors, including conflict with parents, interparental conflict and sibling conflict. This subtheme included stressors such as relationship issues with specific family members and receiving discipline at home, "Me and mum weren't getting on really well and I was grounded"

(Female, Year 8), and associated negative mental states and/or emotions. Finally, one adolescent discussed severe maltreatment by a caregiver that she linked to a range of outcomes such as distrust of others (and difficulties forming relationships), anxiety, and bullying. This participant was now in recovery and receiving support, however, in her account the experiences of maltreatment had a particular significance which the other stressors then stemmed from.

Discussion

This study provided a broad and in-depth overview of subjectively experienced types of stressors reported by participants who had received preventative interventions in England. The six main themes of stressors consisted of negative mental states and/or emotions, peer difficulties, misbehaviour, bullying, school difficulties and family difficulties. The reported stressors were, in many ways, congruent with extant quantitative and qualitative research on the types of adolescent stressors. However, the complete framework of stressors described ($n = 32$) provides evidence of another level of granularity of stressors that included stressors such as not being included in a secret or concerns about peers perceptions of their own appearance and the appearance of a girlfriend. When compared to a previous qualitative study of stressors reported by African American adolescents [10], the present inquiry also found that internal problems, such as: emotional dysregulation, generalised worry, and low self-esteem, were some of the most frequently reported stressors across the sample.

In addition to summarising the experiences of English adolescents, the current inquiry adds to research from other qualitative studies in this area to suggest that some of the participants described chains of stressors, where stressors in different domains, family, school, and friends, interacted to lead to a negative mental well-being outcome. For instance, one female participant discussed her mother's illness as leading to her emotional difficulties, her association with deviant crowds and anti-social behaviours and leading to school before completing her exams. Or, in a different chain reported by another adolescent, low self-esteem and negative views of her body image affected her capacity to attend school and socialise with peers. The study thus finds that whilst clear themes of stressors have been found, different domains of stressors are highly interconnected and influence one-another and thus the experience of stressors are cross cutting across various domains, that are both internal and external. The chains of stressors in this study are consistent with the notion that stress is a link in a causal chain [54]. Aneshensel's notion of 'social stress', is relevant, as adolescent conceptualisations of chains of stressors view them as connected and influencing each other, rather than isolated variables.

Across all six themes, some tentative gender differences were found that suggest some agreement with extant research. For example, within the negative mental states and/or emotions theme, more males reported anger and aggression (intent to hurt or harm others), while more females reported worry. This preliminary finding is consistent with what is known about gender differences in internalising and externalising states [55]. Anger was most commonly reported by Year 8 males, mainly in reaction to others, which is in line with theories of reactive

aggression and research that indicates that there is a surge in direct aggression in males after the transition to secondary school [55-58]. However, boys also discussed appearance in relation to teasing and concerns about peers perceptions. For example, one stressor reported was concerns about peer perceptions of an adolescent's girlfriend (and her appearance). It is often emphasised that girls are more concerned about appearance during adolescence, though it is recognised that both sexes experience some level of appearance anxiety during adolescence [59,60].

Within the final theme of family difficulties, the negative effects of both daily stressors, such as arguing with a parent or discipline at home, and traumatic events featured in adolescent reports and was in agreement with the wider literature. For example, harsh parental discipline has been found to be a risk factor for externalising behaviour [61], and parental illness is a risk factor for adolescent poor well-being [17]. However, from the current qualitative data, some participants perceived that a family-related stressor to be a trigger leading to stressors in the domains of mental states and negative emotions, difficulties at school and with peers. In these examples, the adolescents were assigning a degree of causality and weight to the role of family stressors in causing or precipitating links with other stressors and negative psychopathological outcomes.

Strengths and limitations

The study has provided a comprehensive overview of reported stressors from English adolescents from 12 sites in receipt of preventative interventions. As a piece of qualitative research, the findings are not anticipated to be transferable to other populations [62,63]. However, the overlap in the types of stressors reported in the current study and found in other qualitative studies [10] have been highlighted as a point of interest. The study was limited by the fact that it was based on a single interview with an adolescent and reported stressors may be influenced by factors such as level of rapport with researcher, participant mood and social desirability bias, the tendency of participants to provide socially desirable responses to questions, rather than those that more accurately represent their actual experiences [64,65]. Further, some difficult or emotionally painful stressors may not have been disclosed by participants. Additionally, the unequal numbers of participants per age group means that the findings of age differences are tentative and exploratory.

Future studies

Stressors that involved concerns about peers' perceptions and approval of a girlfriend featured in male adolescent reports and has received relatively little scholarship within the literature and may benefit from further study. Adolescents perceptions regarding the extent that they consider their school to value emotional well-being, as compared with perceptions of the extent a school values the academic performance of students, may benefit from further inquiry, as raised in the current study by a female participant.

Further research to understand the factors associated with increased reports of poor adolescent wellbeing and psychopathology in the British context is needed. Whilst a range of mechanisms have been identified from qualitative data in the present study, further research is vital.

Clinical implications

Difficulties in mental states and emotions was a highly prevalent stressor reported across the sample including difficulties managing emotions. It is thus vital that preventative interventions address difficulties in emotion regulation that may be provoked by external stressors (within the domains of family, peers, school and community). Adolescents that report to experience internal stressors, such as those in the current study, may benefit from interventions that aim to improve emotion regulation and understanding the mental states of themselves and others, such as Cognitive Behavioural Therapy (CBT), mentalization interventions [68] and Mindfulness-Based Cognitive Therapy [66,67]. In addition, given that stressors can elicit negative coping strategies, such as avoidance, psychoeducation that includes coping strategies may assist adolescents to select adaptive coping strategies in the context of stressors, such as challenging their own negative thoughts, problem solving and seeking help and support [69-71]. Frequent difficulties with peers and bullying, combined with managing emotional responses at school, suggests the need for interventions to reduce bullying that address the stressor more broadly, such as through school climate, as well as working with specific individuals [72,73].

Conclusion

The current study identified six themes of the types of stressors reported by adolescents: negative mental states and/or emotions, peer difficulties, behaviour difficulties, bullying, school difficulties and family difficulties. Many of these stressors were reported in combination and linked to poor mental well-being or symptoms of psychopathology. We have suggested in this paper that internal and external stressors can be perceived as highly interconnected in contributing to negative outcomes. Thus, studies that only focus on external stressors may omit relevant aspects of subjective experience. The prevalence of difficulties with emotions and mental states potentially indicates a need for interventions that can strengthen adolescent emotion regulation and enable understanding of the mental states of both themselves and others. Intervention is particularly vital for adolescents who experience a range of both internal and external stressors. Listening to and documenting the subjective experiences of adolescents reporting a high stressor load is potentially important as part of support provision and intervention design for the prevention of psychopathology.

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