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*Research Article*

## **A Systematic Review On Resilience & Mental Health Interventions For Youngsters**

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### **Abstract:**

This article provide a brief review of intervention programmes of resilience, which were designed to enhance resilience, focusing on their efficiency and application on youngsters populations. Being resilient means having the capacity to adjust and overcome hardship, sadness, anxiety, depression as well as. This review paper synthesizes findings from multiple studies, evaluating programmes implemented in educational settings, and community environments. Key intervention strategies include cognitive-behavioural techniques, mindfulness training, life skill education, counselling programme. The effectiveness of these intervention programme is assessed by outcomes of the articles such as increase resilience and cope-up ability in youngsters and reduced sadness, anxiety and depression. Methodological includes study design, size of the population, research design, duration & content of intervention and results of these programme. The results indicate that intervention programme show promise in enhancing resilience, a major positive effect on a variety of psychological outcomes, comprising academic achievement, positive relationships with others, cognitive functions, emotional, behavioural, and attitudinal school adjustment and the ability to deal with crisis in the future. But not effective in severe impaired youngsters. This review paper concluded that there is a need for more intervention for severe impaired youngsters.

**Keywords:** Resilience, Mental Well-Being, Youngsters, Intervention Programme, Adolescents.

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## **Introduction:**

The age range of 10 to 19 signifies the transition from childhood to adulthood is marked as adolescents. According to WHO data, there are 1.2 billion adolescents worldwide, or one-sixth of the world's population, more than at any other time in history. The prevalence of mental health issues among adolescents has significantly increased during the last several years (World Health Organization, 2021). Family system disruptions, peer disputes, the educational environment, sociocultural obstacles, susceptibilities to problems with one's bodily and mental health, as well as being in a rapid fire, media dominated, multitasking society with high expectations for achievement, success, and competition can all be sources of stress [1]. The Global Health Data Exchange (GHDx), released An estimated one out of seven (14%) of 10 to 19 year old worldwide suffer from psychological health issues. Research shows that mental health problems that will last into adulthood start to manifest by the time a person is 14 years old. Early prevention of mental illness is crucial since childhood is a crucial period for the social and emotional development.

Youngsters with mental illnesses may struggle with decision-making, health management, and academic success. The risk of drug use, experiencing domestic violence, child abuse, bullying, peer pressure, parental death, poverty, child labour, and unsafe sexual behaviours that can result in HIV, STDs, and unintended pregnancy is higher among youngsters with mental illness who frequently act out or use drugs [Error! Reference source not found.; 2]. A variety of mental health issues result from this, including emotional immaturity, sadness, anxiety, stressful life events, low self-esteem, aggression, behavioural and mood disorders, bad body language, social isolation, and academic failure. Teaching young people resilience skills to help them better endure adversity is therefore of great importance. "The process and result of effectively adjusting to demanding situations in life is resilience, particularly when it comes to behavioural, emotional, and mental flexibility and adjusting to both internal and external expectations," states the American Psychological Association. Youth who are resilient are more likely to maintain their mental health and are less likely to be depressed or consider suicide. Additionally, as it is a vulnerable time for the emergence of mental illnesses, programmes aimed at providing youngsters with coping mechanisms to handle challenging circumstances have been encouraged [3].

Given the prevalence and consequences of mental health issues among young people today, effective

intervention is crucial[4]. For this reason, schools are among the most important settings for developing resilience in this population. Schools and communities provide the best settings for intervention since social interaction is essential to childrens and adolescents development. By utilising their surroundings to the fullest, schools and communities can support the mental health and development of youngsters. Mental health interventions used in schools support the development of learning objectives, socioemotional competencies, and social skills. Additionally, it has been demonstrated that adolescents resilience is increased in high schools via resilience-based interventions[5]. Interventions for resilience that are grounded on cognitive-behavioral therapy[6; 7] or reduce depressive and symptoms of anxiety and have a favourable impact on personal resilience. Additionally resilience interventions have been shown to improve in their academics, relationships with friends and family, concentration in the class, focus on hobbies, stress management, and social-emotional learning [1; 8].

## **Objective-**

This systematic review's objective is to determine the efficacy of youngster's school intervention programmes based on resilience. Also to analyse the effect of interventions with reference to target population, the nature and time of intervention. This review will lay the foundation to those who plan and carry out research in the context.

## **Inclusion criteria-**

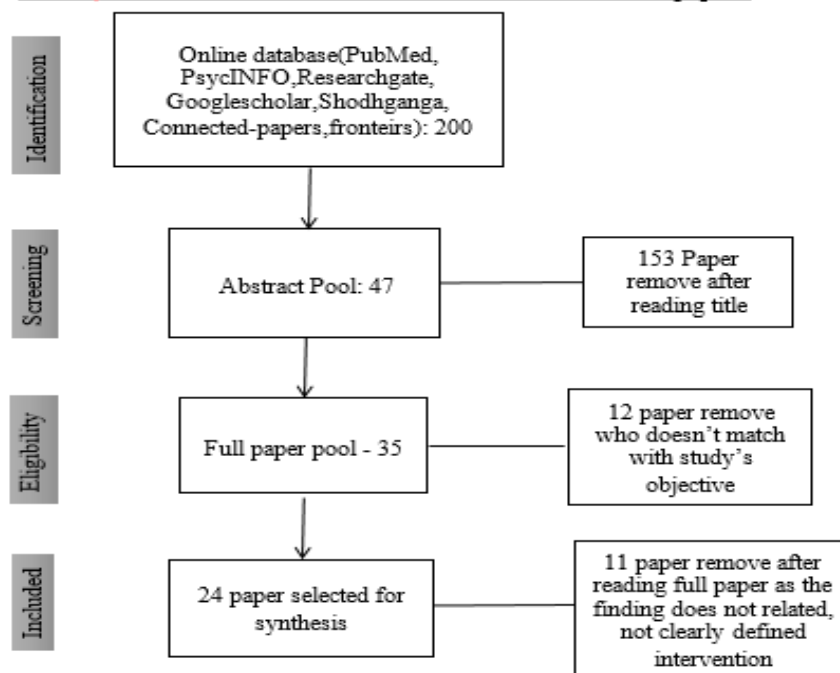
Included are peer-reviewed studies over the past 20 years aimed at promoting resilience and mental health in youngsters.

## **Exclusion criteria:**

- ☐ Studies that did not have human beings as sample.
- ☐ Studies that was conducted before 2004.

## **Search Strategies:**

To discover the studies utilising cross-references, a web-based search was carried out using the databases PubMed, PsycINFO, Researchgate, Google scholar, Shodhganga, Connected-papers, and Frontiers. Search keywords were combined in various ways. The search method consisted of the following search strategies, which were combined in several ways: ("mental health" or "depression or suicide" or "anxiety" OR "substance abuse" OR "behavioural problems" OR "psychological stress" OR "resilience" OR "disaster") AND ("intervention" OR "intervention study" OR program\*) AND ("children", "adolescents" OR "adolescent").

**Table (i) Flow chart of inclusion and exclusion of the research papers:**


### Search Outcomes-

After reviewing the titles of the papers, 153 of the 200 publications found by the search technique were eliminated. Twelve more articles were eliminated since their abstracts did not align with the study's objectives. Twenty-four papers made it to the final review afterwards a review of the whole text. Of the study included in the study [Azeez A, (2015), Attwood M. et al., (2012), Xing J. et al.,(2023), Tripa L. et al.,(2021), Leventhal KS. et al.,(2015), Garmy P. et al.,(2019),Okuyama J. et al., (2018), Volanen SM. et al., (2015), Castro-Olivo SM. (2014), Ritchie SD. et al., (2014), Lee PC & Stewart DE. (2012), Chaplin TM. et al., (2006), Sharma B. (2015), N Rusmana and D Suprihatin (2019), Ebrahimi S & Esmaeili M (2023), Berger R. (2018), Sarkar K. et al., (2017), Srikala B. et al., (2010), Ijadi-Maghssoodi R. et al, (2017), Stapleton

P. et al. (2017), Chen Y. et al. (2014), Ruttledge R et al., (2016), Balaji M et al., (2011), Krishna RN. et al., (2021) ], 3 were experiment, 7 were quasi-experimental, 2 were clustered randomized, 5 were random control, 1 was longitudinal, 2 were mixed method, and one was empirical study design. In this article, in some studies sample size of youngsters reduced at the end.

**Outcomes:** Improved resilience and well-being benefits are the main outcomes of interest. These benefits include positive mental health indicators like emotional wellbeing, problem-solving, self-efficacy, self-esteem, social participation, communication, and social support; poor mental health indicators like mental stress, depression, anxiety or loneliness were also identified.

**Table (ii) Overview of characteristics of resilience & mental health interventions:**

S. No.	Authors	Purpose	No. of participants and target of population	Research design	Psychological assessment	Duration & content of intervention	Intervention outcome
1.	Azeez a, 2015	The effectiveness of life skill education on adolescents' psychological health and self-esteem with psychosocial issues	30 (22 boys and 8 girls). Age range: 15–19	Quasi-experimental design with a single group	Ryff's scale of psychological well-being, self-esteem inventory	A total of 28 hours of intervention including icebreakers, role plays, games, group discussions, and relaxation techniques are covered in the seven sessions of life skills education, which address ten fundamental life skills with an emphasis on psychological well-being and self-esteem.	Positive impact on mental health and well-being of adolescents
2.	Attwood M. Et al. (2012)	An exploratory study into the think, feel, do cbt programme, which is taught in schools as a general and focused intervention	13 sample in study one and 12 sample in study two	Randomised trial design	Spence children's anxiety scale child and parent version, Schema questionnaire for children,	The cbt Program consists of six, 45 minute Sessions: Involves quizzes, animation, music, and video clips.	Study 1 found a reduction in total, social and generalized anxiety in the cbt but Not placebo

					adolescent well-being scale, strengths and difficulties questionnaire parent version		condition. The second study demonstrated significant improvements on Depression, self-esteem, cognitive schemas and generalized anxiety.
3.	Xing j. Et al.,(2023)	To investigate the pattern of psychological resilience development in adolescents in order to support teenage resilience during the pandemic	559 students of (7,8,10,11 class)	Clustered randomised trial	The connor-davidson resilience scale (cd-risc)	Four weeks, combined physical activity with psychological coursework	The results showed that in the vii <sup>th</sup> and viii <sup>th</sup> grades, resilience was successfully developed by the psychology course training, but not in the x <sup>th</sup> and xi <sup>th</sup> grades.
4.	Tripa I. Et al, (2021)	To create and evaluate a school-based group counselling programme for children who are left behind as a preventative and intervention measure.	62 children, aged 12-15 (33 girls and 29 boys)	Empirical study, quasi-randomized trial	Adolescent self-regulatory inventory (asri), brief resilience scale (brs), strengths and difficulties questionnaire (sdq), school liking and avoidance questionnaire, Loneliness and social dissatisfaction questionnaire	6 weekly session of 1.5 hours, different type of activities	Enhanced resilience and self-control, as well as a decrease in social discontent and loneliness.
5.	Leventhal ks. Et al, (2015)	Resilience curriculum effects on psychosocial assets and well-being of girls	Intervention group: 1752 in starting and 1681 at the time of 5 month, Control group: 756 in starting and 706 at the time of 5 month class-vii-viii	Four arms comprise the randomised control trial (rct): Arm 1: Rc arm 2: Hc arm 3: Rc + hc control: Sc	The connor-davidson resilience scale-10, schwarzer's general self-efficacy scale, The child and youth resilience measure-28, The patient health questionnaire-9, the general anxiety disorder-7, the kidscreen-52 psychological wellbeing sub-scale, the kidscreen-52 social support and peers sub-scale,	Intervention sessions cover character qualities, listening techniques, life stories, goals, and the ability to identify emotions such as worry, stress, and fear. They also cover group problem-solving, forgiving, and making amends, as well as cooperating to plan and carry out projects that will bring more peace to their own or others' lives. Using manuals, curriculum, sessions, etc., programme facilitators conducted weekly sessions in pairs with groups of about 12-15 girls over the course of five months (1 hour per week for 23 weeks) during school hours. The sessions were conducted in hindi, the local language.	The intervention group exhibited enhanced psychological and social wellness, self-esteem, and resilience to emotions.
6.	Garmy p. Et al.,(2019)	To look at the viability and economic benefit of a cognitive behavioural (cb) depression prevention programme implemented in schools.	948 (8 <sup>th</sup> class)	Quasi-experimental investigation	The center for epidemiological studies depression scale, visual analog scale	For ten weeks, the programme met once a week for one and a half hours, from baseline to follow-up after three and twelve months. The intervention disa programme was run using a manual that included a set curriculum for each session that included exercises to improve social skills and networks, communication training, training in problem-solving techniques, and cb techniques to alter negative thoughts. It also increased	A effective school-based preventive programme is the disa programme.

						participation in health promotion activities.	
7.	Okuyama j. Et al., (2018)	To gather preliminary information about the features of resilience among high school children affected by a disaster	760 (10 <sup>th</sup> class)	Longitudinal study and random sampling	10-item Connor-Davidson resilience scale, The quick inventory of depressive symptomatology-japanese version, the zung self-rating anxiety scale, And the impact of event scale-revised	1 hour each student once a month, if student desired twice a month counselling - Counselling with home room teacher and a interview with psychiatrist (high risk individuals)	For the students who had serious consequences, the intervention mechanism created for this study might not have been adequate.
8.	Volanen sm. Et al., (2015)	To investigate the efficacy of a mindfulness intervention programme used in schools in contrast to a typical relaxation programme.	3000 (12 to 15 year old)	Cluster randomised controlled	The finnish version of the beck depression inventory (rbd) . The well-being was measured with the strengths and difficulties questionnaire (sdq), resilience scale (rs14)	Mindfull Intervention for 9-week (45 min. Per week), 6 and 12 month follow-up	Intervention program has an positive effect on students.
9.	Castro-olivo sm. (2014)	To assess how well latino middle and high school students' self-reports of sel resilience and their understanding of sel have increased as a result of the strong adolescents culturally customised social-emotional learning curriculum.	102 (middle or high school)	Quasi-experimental design	Behavior emotional rating scale (bers-2) and the social Validity questionnaire	Training for four hours on the socioemotional requirements of ell children, the concepts behind sel programmes, and cultural adjustments	Positive effects of intervention on social-emotional resilience and awareness of sel
10.	Ritchie sd. Et al., (2014)	To evaluate the impact of an outdoor adventure leadership experience (oale) on the general well-being and resilience of young first nations people residing in a single reserve community.	73 (12-18 years)	Mixed method design	14-item resilience scale(rs-14), the sf-12v2's mental component score (mcs)	A half-day solo component called "Talking circles" Was experienced around a campfire, along with leadership responsibilities and natural challenges like rapids, portages, navigation, and open water crossings.for ten days	The oale programme enhanced the resiliency of wikwemikong's teenage population.
11.	Lee pc & Stewart de. (2012)	To examine the effect of the hps (health promoting school )approach on changing students' resilience.	Intervention (n=1526) control (1232) Pretest phase and Intervention (n=828) control (449) post-intervention phase. Students of 3.5.7 grade (8,10,12 years)	Quasi-experimental design, random sampling	Combined version of the california healthy kids survey and The perception of peer support scale	Activities, workshops, training for 18 months and followed by two and a half years	According to the findings, adolescents in the hps group outperformed those in the control group in terms of resilience.
12.	Chaplin tm. Et al., (2006)	"the penn resilience program is a depression prevention program. The authors looked at whether girls in all-girls groups or coed groups responded better to the program.	208 (11-14 years)	Random control design	Children's Depression inventory scale, Hopelessness scale for children, the Children's attributional style questionnaire (casq)	12 weeks (90 min per week) -a week long training and a detailed manual given to school personnel (teachers, counsellor, guidance) provided by prp developer. And then teacher provided the information to students.	Depressive symptoms were reduced in coed groups; however, there was no gender difference in this.
13.	Sharma b. (2015)	To find out how cbt-based interventions affected resilience and its predictive factors	588 (13-18 years)	Intervention program	Perceived stress scale, general self efficacy scale, life orientation test-revised, social problem solving inventory Revised, resilience scale	27 sessions for 6 months- Cbt-based intervention-audio-visual computer aided module and narration module	Resilience enhanced by cbt based intervention.

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14	N rusmana and d suprihat in (2019)	To investigate whether group e xercise methods help students b ecome more resilient.	From the population of 421 only 22 were selected- 11 for experiment, 11 for control design (10 <sup>th</sup> grade)	A quantitative approach and Quasi- experimental method with non- equivalent pre-post test control-group design	-	Group exercise with counselling program	The method of group exercises works well for building students' resilience.
15	Ebrahi mi s & esmaeili m (2023)	The impact of an educational programme centred on character traits on the psychological health and resilience of a group of male pupils	30 (12 years)	Quasi Experimental study with pre-test and post-test design with non equivalent control group.	Psychological well-being scale, child and adolescent Resilience scale	10 session for one hour, Character strengths- based Educational program	Educational programmes that focus on character characteristics have a positive impact on resilience and psychological well-being.
16	Berger r. (2018)	The effectiveness of a widespread, school-based intervention in building pro- social behaviours and resilience among tanzanian students.	183 (4-6 grade), age 11- 14 years	Randomly select	-	16 session of 90 min for 4 months	Tanzanian children' resilience can be strengthened and pro-social behaviours can be encouraged with the use of a universal school- based intervention that has been culturally adjusted.
17	Sarkar k. Et al, (2017)	Find out how an integrated life skills-based health empowerment programme affects school-age adolescents' resilience in a tribal location.	Intervention sample- 381, control group 361, age 11-17 (grade 6-9)	Quasi- experimental	Child youth resilience measurement scale (cyrm).	Weekly sessions last between 45 and 120 minutes and cover basic life skills as well as targeted health interventions such as relationship building, awareness of oneself, inspiration, discipline, nutrition, knowing one's body and mind, and societal duty.	Improved resilience and self- determination , reduced pathological behaviour.
18	Srikala b. Et al, (2010)	Adolescents mental health promotion in schools through life skills instruction (lse)	Intervention group- 605, control group- 423, age 14-16 (8-10 grade)	Experimental research (pre- post evaluation)	Rosenberg scale of self-esteem, pre-adolescent adjustment scale, generalized self- efficacy scale, strengths and difficulties questionnaire,	During the academic year, life skills were taught once a week for an hour, spread between 12 to 20 sessions. These included critical and creative thinking,making decisions and solving problems, speaking and interacting with others, managing stress and emotions,self- awareness, and empathy	Students in the program better adapted to the school and teachers and students believed that they are ready for coping with challenges with improved self- worth.
19	Ijadi- maghso odi r. Et al, (2017)	Adapting and implementing the resilience classroom curriculum to fit the needs of their multicultural, urban childrens'	100 children from low income racial and ethnic minorities, ages 14 to 15, were included in the eg (n = 100).	Mixed- methods	Resilience youth Development module (rydm)	9, 45-55 min module / week for 9 months : Skills related to social and emotional intelligence, educational environment, goal- setting, problem- solving, emotional control, communication, and stress management	Students receiving the programme showed significantly higher scores on the subscales measuring empathy and problem solving as well as significantly higher overall scores on internal resilience.
20	Stapleto n p. Et al. (2017)	To look into how well an eft (emotional freedom technique) intervention to improve a group's levels of resilience, self-worth, strengths and weaknesses, and failure-related anxiety	204, 10 years	Experimental design	Rosenberg self- esteem scale, connor-davidson resilience scale, strengths and difficulties questionnaire for ages 11-17, performance failure appraisal index-short form.	5, 75 mins sessions per week, held during regular school hours. Group skills, discussion, interactivities activities, sports etc. 3 month and 12 month follow up	A notable reduction in the fear of failing, but no discernible changes in resilience or self- esteem scores. According to the findings, some students may benefit from eft as

							a group intervention to help them cope with their anxiety of failing.
21	Chen y. Et al. (2014)	Investigated how well short-term cognitive behavioural therapy (cbt) worked in comparison to a control group that received no treatment and a general supportive intervention	Sample-32, The short-term cbt group (n=10), the general support group (n=10), and the non treatment control group (n=12)	Experimental design	Connor-davidson resilience scale, children's revised impact of events scale, center for epidemiology studies depression scale	Short-term cbt group intervention, 3-month follow-up.	For adolescents who had lost parents in the earthquake, a short-term cognitive behavioural therapy (cbt) group intervention was more successful in improving psychological resilience and lowering ptsd and depression than both general supportive intervention and the no treatment group.
22	Ruttledge et al. (2016)	The purpose of this study was to increase the body of evidence by examining the impact of the friends for life programme on strengths-based characteristics like self-concept, coping, and school connectedness, as well as to confirm the worldwide reviews of the curriculum for reducing anxiety.	709 children aged 9 to 13 years	Randomised controlled design	Spence children's anxiety scales, beck self-concept inventory for youth, coping efficacy scale, school connectedness scale	10 session program on weekly basis, a combination of interactive exercises, games, role plays, workbook exercises, and group work, Training workshops	Favourable results for children, such as increased coping mechanisms, emotional stability, and a stronger feeling of school connection.
23	Balaji met al. (2011)	To evaluate an intervention focused on improving population health that is feasible, acceptable, and effective For youth in rural an urban community	Age: 16-24 years Baseline rural-1803, urban-1860 and follow up rural- 1620, urban- 1942	Exploratory controlled	General health questionnaire (ghq-12)	Educational institutions based peer education in, training for teachers, community-based peer education programmes, and the use of health information resources (provided by social workers, psychologists, and peer educators) over a period of 12 months, followed by an 18-month follow-up	Reduced likelihood of depression and physical aggression - improved attitudes and understanding around reproductive and sexual health - decreased substance abuse and suicidal thoughts and actions
24	Krishna rn. Et al, (2021)	How children's resilience and mental health are related to their involvement in creating and implementing a dre intervention	-	Qualitative study	-	5 sessions; skit, practice skills etc.	The intervention said it gave them more faith, self-esteem, and self-reliance in addition to teaching them the skills they would need to be ready for future dangers.

Abbreviation: Resilience Curriculum (RC), Health Curriculum or HC, school control (SC), Randomised Control Trial(RCT), Cognitive Behavioural Therapy(CBT), Rural (R), Urban(U), General Health Questionnaire (GHQ), Post-Traumatic Stress Disorder (PTSD), Emotional Freedom Techniques(EFT), Health Promoting School (HPS), Outdoor Adventure Leadership Experience (OALE), Depression in Swedish Adolescents (DISA), English Language Learners (ELLs), Social-emotional learning (SEL), Disaster Resilience Education (DRE), Resilience Curriculum (RC), Health Curriculum(HC),

## Results:

### Types of intervention-

Of the 24 studies that were included, 2 articles were based enhancing mental well-being, coping skill, self esteem by provide life skill training- life skill education

training, life skills education program, 4 studies were Cognitive behavior therapy based, 5 studies were based on promoting overall resilience in students, 5 researches were based on social emotional learning and psychological intervention, few were selected with outdoor activity and group exercise (some counselling were also included) to enhance resilience, Character strengths based educational program, ERS- Stress- Prosocial program, The FRIENDS for Life programme, population-based intervention, and one program were developed by focusing on coping from disaster experience disaster resilience education intervention.

### Study design-

The studies included resilience group-based educational interventions, in which 7 studies were used quasi-experimental design<sup>[9,6,8,17,19,20,22]</sup>, 5 studies were used randomised control trial design<sup>[10,13,16,18,27]</sup>, 2



studies were used cluster randomized control trial<sup>[11,1]</sup>, 2 study used mixed-method design<sup>[16,24]</sup>, 3 were used experimental research (pre-post evaluation)<sup>[23,25,26]</sup>, one study used longitudinal study and random sampling<sup>[14]</sup> and one study were used empirical study design<sup>[12]</sup>.

### **Population type-**

A few studies on ordinary youngsters and other studies on youngsters with psychosocial and emotional issues, the COVID-19 pandemic, abandoned children, affected by disaster, physical or mental health issues, poverty, severe health problems, sexual and physical abuse, armed conflicts, urban and ethnically diverse students, and students who lost their only parent in an earthquake were included in this research article.

### **Measures -**

Resilience and mental health were measure using :-

#### ◆ **Resilience measure-**

The Connor-Davidson resilience scale (CD-RISC), Brief Resilience Scale (BRS), Child and Youth Resilience Measure-28, Resilience Scale (RS14), Child and Adolescent resilience-28, Resilience Youth Development Module (RYDM), Coping Efficacy Scale (CES), and Connor Davidson Resilience Scale-10.

#### ◆ **Self Esteem and Self Efficacy measure**

To measure the self-esteem of children in social settings & positive and negative feeling about self following scales were used - Self Esteem Inventory, Rosenberg Self Esteem Inventory, General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995), General Self Efficacy scale.

#### ◆ **Psychological Well-being**

Ryff's Scale of Psychological Well Being (SPWB, 22 items), Adolescent Well-Being Scale (AWS), the KIDSCREEN-52 Psychological Wellbeing Sub-scale.

#### ◆ **Anxiety and Depression Measure-**

Spence Children's Anxiety Scale Child and Parent Version (SCAS, Spence, 1998), General Anxiety Disorder-7 (Spitzer, Kroenke, Williams, & L  owe, 2006), Self-Rating Anxiety Scale, Spence Children's Anxiety Scales (SCAS), the Finnish version of the Beck Depression Inventory (RBDI), The Quick Inventory of Depressive Symptomatology-Japanese version, Children's Depression Inventory (CDI; Kovacs, 1992), the Center for Epidemiological Studies Depression Scale(CES-D).

#### ◆ **Others-**

Schema Questionnaire for Children (SQC, Stallard & Rayner, 2005), Adolescent Self-Regulatory Inventory (ASRI), Strengths and Difficulties Questionnaire (SDQ), School Liking and Avoidance Questionnaire, Loneliness and Social Dissatisfaction Questionnaire, the Patient Health Questionnaire-9 (Kroenke, Spitzer, & Williams, 2001), Social Support and Peers Subscale (Ravens-Sieberer et al., 2005), Performance Failure Appraisal Index-Short Form, visual analog scale, the Impact of Event Scale-Revised, Behavior Emotional

Rating Scale (BERS-2), The social validity questionnaire, the SF-12v2's Mental Component Score (MCS), combined version of the California Healthy Kids Survey and the Perception of Peer Support Scale, Hopelessness Scale for Children, the Children's Attributional Style Questionnaire (CASQ), Perceived Stress Scale, Life Orientation test-Revised, Social problem solving inventory Revised, Pre-adolescent Adjustment Scale, Children's Revised Impact of Events Scale, Beck Self-Concept Inventory for Youth, Coping Efficacy Scale, School Connectedness Scale, General Health Questionnaire (GHQ-12), Schema Questionnaire for Children.

### **How intervention provide-**

Most of the intervention were given by direct researchers or practitioners in their regular classroom time. Whereas, in some researches, researchers needed a second person to execute their intervention program. Almost all the research in this article was done in school settings. Of the 24 article include in this study, the intervention program provide by- 4<sup>[9,11,12,17]</sup> provide by researcher itself, 7<sup>[10,14,1,8, 18,23,27]</sup> by teacher of schools, 2 by clinical psychologist, psychotherapist<sup>[25,28]</sup>, 1<sup>[28]</sup> peer educators, 2<sup>[10,6]</sup> by nurse or school nurse, 5<sup>[13,6,18,24,28]</sup> by social worker, 1<sup>[6]</sup> study counsellors, school assistants and in one<sup>[21]</sup> article original intervention program were modified by professionals before giving to childrens. In some article two or more than two persons included in their intervention program.

### **Duration of the Interventions-**

Six studies that reported follow-up data starting from lowest of three months to a highest of thirty months were included in this article.

### **Age range and sample size-**

In the researches sample size of youngsters were started from minimum 22<sup>[19]</sup> to maximum 3663<sup>[28]</sup>. Mostly researches were experimental and quasi experimental design which were pre-test and post-test intervention. Youngsters from the general community who were inside an environment of risk, violence, or trauma (ages 9 to 19+) met the qualifying requirements. The meta-analysis revealed variations across studies when they were categorised as early-mid adolescents (11-17). There were 14 research in this age range, and there were 4 studies that started from early, mid, adolescents and ended in late adolescents or above ( $\geq 18$ ).

### **Conclusion-**

The article's goal was to list studies that have been done to improve resilience and encourage good mental health in youngsters. This article demonstrated the beneficial effects of various interventional investigations. Previous Research has indicated that intervention programmes have a major positive effect on a variety of psychological outcomes, comprising academic achievement, positive relationships with others, cognitive functions, self-esteem, emotional adjustment, problem solving abilities, emotional, behavioural, and attitudinal school adjustment, personal



growth, a purposeful life, and the ability to deal with crisis in the upcoming time. This brings use to the conclusion that the majority of intervention programmes have a positive impact on students' resilience and psychological health and were designed for youngsters. According to Okuyama J. et al. (2018), the intervention strategy they used in their study was insufficient for students with severe impairment.

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