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A Delphi method investigation to prioritize activity-related determinants thought to affect mental health in adolescent populations

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Abstract

Introduction: Emergent mental illness during adolescence affects daily functioning, causing disruption to daily activities, routines, and patterns. Multiple inter-related personal, social and environmental determinants influence the onset, nature and subsequent course of those difficulties. Research suggests a bi-directional relationship exists between mental health and activity choices. Activity-focused interventions such as occupational therapy may improve adolescent mental health related outcomes. In this study, we identify and select which activity-related determinants should be prioritized in the development of an occupation therapy-based intervention for adolescents with emerging mental health difficulties using expert consensus.

Method: A modified two-round Delphi survey method was conducted with occupational therapists and researchers to ascertain a consensus opinion on the prioritization of specific activity-related determinants that influence 16- to 17-year-olds'.

Results: Eighty-nine determinants were identified and prioritized. Fourteen of these were personal activity-related determinants including 'types of activity' in which young people engage, the 'balance of activities' in which they engage, their 'over and under consumptions of activities', and their 'underdeveloped occupation-based coping skills'. The expert panel prioritized 'personal self-confidence', 'values', and 'perception of confidence' in relation to the activities adolescents do.

Conclusions: This study generated a detailed picture of the activity-related determinants that are important in adolescence, and aligns with the adolescent model of occupational choice. Our findings have potential to inform activity-related intervention development and policy. Further research is needed, particularly to understand young people's perspectives on these determinants and to investigate the determinants that would benefit from further empirical research.

KEYWORDS

Delphi technique, mental health, occupational therapy, social determinants of health, young people

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1 | BACKGROUND

1.1 | Selecting and prioritizing determinants for an occupation-based intervention

The emergence of mental illness during adolescence is known to affect daily functioning, specifically disrupting daily activities, routines, and patterns (McGorry & Mei, 2018; Parsonage, 2016) with potentially long lasting consequences for the individual, their family and society (Patton et al., 2016; Patton & Temmerman, 2016). Conversely, a narrative review of leisure activities and a multi-level theoretical framework of mechanisms of action suggests the relationship between mental health and activity choices is actually bi-directional (Fancourt et al., 2021). Neuroscience provides further insight illuminating potential mechanisms by which engaging in activity within one's environment affects adolescent brain development and may present an opportunity for intervention (Larsen & Luna, 2018).

Novel interventions are needed to address rising levels of adolescent mental health difficulties internationally (Mei et al., 2020). Reviews highlight the limitations of current approaches (Das et al., 2016). Developing interventions using an occupational therapy approach to improve mental health shows potential (Kirsh et al., 2019). Although there is limited research supporting this approach in adolescent populations (Parsonage-Harrison et al., 2022). Occupational therapy approaches incorporate a focus on the person, and their daily activities (known as occupations) in the context of their environment (Creek, 2006). The evidence base for using activity in adolescent populations to improve mental health remains problematic (Das et al., 2016; Parsonage-Harrison et al., 2022). Effective intervention development requires the identification, selection and prioritization of determinants or factors affecting behaviour change to improve health outcomes (Bartholomew-Eldredge et al., 2016).

The onset, nature, and subsequent course of mental health difficulties may be improved if multiple inter-related personal, social and environmental determinants are addressed (McGorry et al., 2014; Mei et al., 2020; Patel et al., 2018; Viner et al., 2012), minimizing the disruption to an individual's life. The value of addressing determinants at sub-clinical symptom threshold levels before severe functional impairments emerge is strongly advocated internationally, but remains a challenge (McGorry & Mei, 2018). Knowledge of the effects of these many determinants on the emerging and early stages of mental health difficulties is limited (Bale et al., 2020; Cairns et al., 2015). Earlier qualitative work identified determinants connected to adolescents' choices about the activities they do (Parsonage et al., 2020). The work, highlighting a process of considering time factors, appraising values and priorities, interaction with the situational context and an exploration of skills and occupational repertoire, that through experience shapes the development of an adolescent's future self (Parsonage et al., 2020). Given the potentially modifiable nature of many of these determinants, knowing which are realistic to attempt to change and have greatest influence on health outcomes, is important for intervention development.

A wealth of experiential knowledge based on using activity to improve adolescent mental health exists internationally in the form of

clinically practicing occupational therapists and researchers, that can help to inform intervention development for adolescent populations. Multiple methods exist to identify and prioritize determinants when developing interventions, we adopted Intervention Mapping framework for intervention development, which advocates a systematic consultation of the literature and a wide variety of stakeholders at all stages of the development process (Bartholomew-Eldredge et al., 2016). Stakeholder involvement helps maintain focus on issues of concern; ensures intervention acceptability to the target population; increases expertise on the project; and improves external validity (Bartholomew-Eldredge et al., 2016). Involvement reduces researcher bias towards certain topics or ideas and can highlight ideas the researcher may not otherwise have thought of (Bartholomew-Eldredge et al., 2016).

This paper reports on a novel Delphi study conducted with an expert stakeholder group of occupational therapists and researchers working with adolescents or related researching topics. The study was undertaken to select and prioritize the determinants connected with what activities or occupations young people choose to do, in their daily lives, that influence their mental health. To the best of the author's knowledge, no study has previously been conducted with occupational therapists and researchers, to prioritize occupation or activity focused determinants related to adolescent choice that may affect or influence mental health.

2 | AIM

To establish an expert consensus view of which occupational determinants should be prioritized within the development of an occupation therapy-based intervention for adolescents with emerging mental health difficulties.

2.1 | Ethics

The study received approval from Oxford Brookes University Research Ethical Committee (UREC no. 191347).

3 | METHOD: THE DELPHI METHOD AND SEEKING CONSENSUS

An electronic two round Delphi survey method was chosen, designed to establish an expert 'consensus of opinion' evolving from individual experts' anonymised judgements, disclosed through multiple iterative rounds of questionnaires (Dimitrijević et al., 2012; Keeney et al., 2001; McPherson et al., 2018; Sossa et al., 2019). The method is suited to addressing practice-related problems where human judgement is required to solve complex problems (Dimitrijević et al., 2012; Donohoe et al., 2012; Powell, 2003; Steurer, 2011) and has previously been used to prioritize determinants important to adolescent mental health (Bale et al., 2020; Cairns et al., 2015). This method enables the inclusion of participants from a broad range of geographical areas

(McPherson et al., 2018), and makes the distribution, collection and analysis of data cost-effective and time-efficient (Dimitrijević et al., 2012; Donohoe et al., 2012), all of which were important for this study.

3.1 | Recruitment and selection of the expert panel

The representativeness of the expert panel is important and the selection of experts is influenced by the information the researcher wants to gather (Steurer, 2011). We set the following criteria for our expert panel: Participants must hold a qualification as an occupational therapist and have experience of working with adolescents, or be a researcher, working with adolescents with an occupation focus. These criteria were checked by potential participant's responses to self-report and verification questions. The research team identified potential participants through specialist groups and the peer reviewed literature. Each potential panel member received an email invitation to participate. We opted for a minimum of 20 participants, reflecting the typical numbers used in the Delphi studies literature, and in light of the lack of formal recommendations in the literature (Dimitrijević et al., 2012; Keeney et al., 2001).

3.2 | Questionnaire development

The Delphi study was structured in two parts. The first part consisted of an information sheet followed by seven consent related questions and questions designed to check about the expert panel members experience. The second part was formed of six questions informed by the intervention mapping framework. Each of the 59 occupation related determinants identified in relation to adolescents' mental health through three earlier studies (Parsonage, 2022; Parsonage et al., 2020; Parsonage-Harrison et al., 2022) were organized under the appropriate question heading. As suggested by Dimitrijević et al. (2012) to ensure reliability, the questionnaire was piloted. The questionnaire format was developed for distribution using Qualtrix XM (Qualtrix, 2005), then piloted by three researchers before being distributed via email following amendments. The development of round two followed the same process.

3.3 | Delphi rounds

We conducted a modified two-round Delphi study, replacing the open-questions round typically used in round one of a Delphi with a ranking question round (Keeney et al., 2001). Participants were given the option to add additional qualitative information in round one. Three rounds were originally planned but due to a moderately high-level agreement after the second round, coinciding with the beginning of Covid pandemic, the research team agreed a third round was not required and should not be conducted to avoid unnecessary burden on clinicians.

Based on their professional opinion, participants completing the first Delphi round were given the option to add determinants before ranking them according to which they considered had the greatest impact on mental health. Following the closure of round one, the data was exported from Qualtrix XM (Qualtrix, 2005) into Microsoft Excel (Microsoft Corporation, 2016). In round two, participants received a summary of their responses and a summary of the whole panel's results. The rationale was to provide the participants with an opportunity to reflect on their choices (McPherson et al., 2018), and encourage a response to round two (Powell, 2003).

3.4 | Achieving consensus

Delphi studies aim to achieve a consensus opinion, defined as the general agreement arrived at (McPherson et al., 2018). Considerable variability exists in how consensus is both defined and achieved (Bowles, 1999). We chose a frequently used ranking system (Powell, 2003), using a weighted points system to reflect the number of times an item was selected and its position in the ranking, resulting in a total score. This total score was used to rank and identify the consensus. A further non-parametric assessment, Kendall's W coefficient of concordance, was used to consider the extent of agreement between those rating each round (Sossa et al., 2019). The following divisions can help to provide a benchmark for considering levels of agreement (Landis & Koch, 1977): poor agreement = less than 0.20, Fair agreement = 0.21 to 0.40, Moderate agreement = 0.41 to 0.60, good agreement = 0.61 to 0.80 and very good agreement = 0.81 to 1.00.

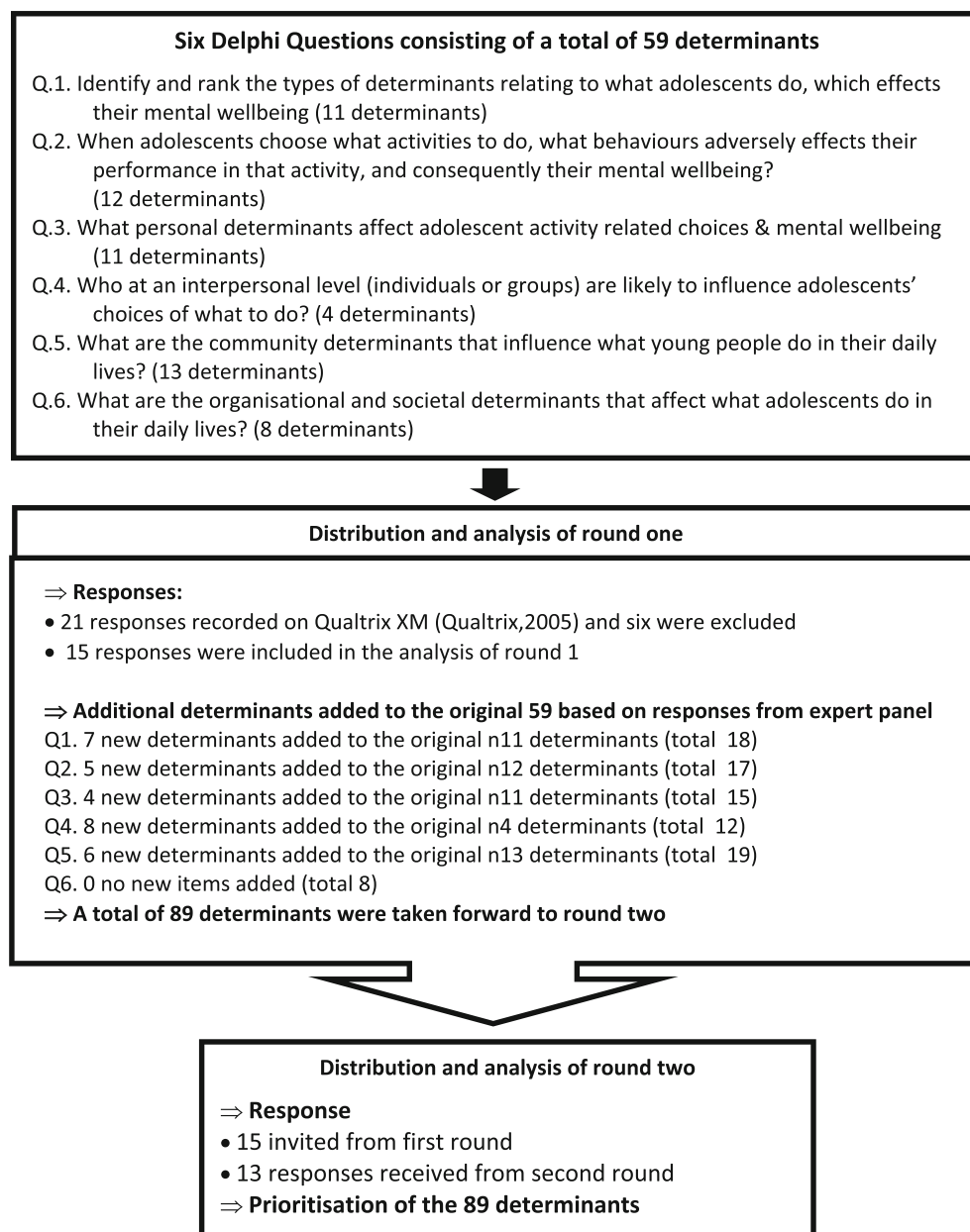
4 | RESULTS

Twenty people agreed to participate as panel members. Two blank responses were excluded. One participant submitted a partial and a completed response, only the completed questionnaire was analysed. A computer error effecting consent questions was identified, so the research team sent an additional email to 11 of the 17 respondents to confirm full consent. This resulted in a total of 15 consenting expert panel members in round one, who were invited to take part in round two. The second Delphi round received 13 responses.

Of the 15 panel members in round one, four self-identified as a researcher and 12 as state registered occupational therapists working with adolescents. Thirteen participants reported at least 5 years of work experience, while six indicated they had over 10 years' experience. All but one panel member agreed with the statement that in their professional opinion the way adolescents spend their time affects their wellbeing. Responses from round one added a further 30 determinants, to the original 59 determinants previously identified (see Figure 1 for details). All of the determinants included in the Delphi are available in Appendix A (Table A1).

In question one, round one item scores ranged from 36 to 175 and 18 to 154 in round two. The most frequently selected determinants relating to what adolescents do, that affects their mental

FIGURE 1 A descriptive outline of the Delphi process: The figure shows the questions asked, the number of determinants identified before the start of the first round and later in the second round.



health, were: 'types of activity' (scored 154) and 'balance of activity' (scored 137). These two determinants achieved the highest level of agreement (31%) in round one and increased in round two to 90% and 60% respectively. The item ranked third was the 'pressure to conform' (scored 130) but the level of agreement decreased from 27% to 20% between rounds (see Table 1 for details).

In question two, concerning the behavioural determinants affecting adolescent activity-related performance and wellbeing, scores ranged from 53 to 167 in round one and 30 to 100 in round two. The level of agreement in round one between the two highest prioritized determinants, 'under-developed coping skills' (scored 167) and 'over or under consumption of activities' (scored 153) is very similar at 33% and 31%. In round two 'over or under consumption of activities', referring to concerns about the amount of time spent in an activity, was ranked highest with a score of 100 (67%), and above that of

'under-developed coping skills' (scored 95), referring to the skills an adolescent has to cope with life's challenges, was rated highest in round one. After these first two determinants, the next highest-ranking items are 'inadequate balance of activities', referring to the balance between the various activities a person does, and 'risk behaviours', referring to activities that put an individual at risk of harm. In question 2 of the second round, the highest level of agreement for the ranking of any of the 17 determinants, was 67%, for items prioritized as most important and least important. The lowest level of agreement, 22%, was for the midrange prioritized items.

Question three concerned which personal determinants have the greatest impact on mental wellbeing, scores ranged from 59 to 173 in round one and 28 to 146 in round two. 'Personal self-confidence' (scored 146), was ranked as having the greatest impact on mental wellbeing, and the level of agreement increased from 46% to 70%

TABLE 1 Determinants, ranking, score and percentage agreement between rounds for question 1 to 6.

| Question 1: What adolescents do that affects mental wellbeing? | | | | | | | |
|--|----------------|-------|---------|----------------|-------|---------|---------|
| Determinants | Delphi Round 1 | | | Delphi Round 1 | | | |
| | Rank | Score | % Agree | Rank | Score | % Agree | |
| Types of activity, for example, sleep, exercise, social media, creative arts, pets, time with friends, reading, time with family, schoolwork | 1 | 175 | 31% | 1 | 154 | 90% | |
| Balance of activity, for example, such as the particular combination of activities that meeting basic needs, like food, safety, security, personal development | 2 | 156 | 31% | 2 | 137 | 60% | |
| Pressure to conform, for example, to achieve, to identify a future career path, fit in with friends | 3 | 132 | 27% | 3 | 130 | 20% | |
| Question 2: What behaviours adversely affect adolescent's activity performance and consequently their mental well-being? | | | | | | | |
| Determinants | | Rank | Score | % Agree | Rank | Score | % Agree |
| Over or under consumption of some activities, for example, social media, passive activities | | 2 | 153 | 33% | 1 | 100 | 67% |
| Underdeveloped coping skills | | 1 | 167 | 31% | 2 | 95 | 44% |
| Inadequate balance of activity types, for example, balance of self-care, leisure & work | | 3 | 144 | 33% | 3 | 89 | 44% |
| Question 3: What are the personal determinant or factors with greatest impact on mental well-being? | | | | | | | |
| Determinants | Rank | Score | % agree | Rank | Score | % Agree | |
| Personal self confidence | 1 | 173 | 46% | 1 | 146 | 70% | |
| Personal values | 2 | 135 | 40% | 2 | 131 | 70% | |
| Perception of competence | 4 | 115 | 27% | 3 | 120 | 50% | |
| Personal skills | 3 | 124 | 27% | 4 | 113 | 70% | |
| Cultural values | 5 | 114 | 36% | 5 | 102 | 50% | |
| Question 4: Who at an interpersonal level are likely to influence adolescent choices about what to do? | | | | | | | |
| Determinants | Rank | Score | % Agree | | | | |
| Peers | 1 | 119 | 90% | | | | |
| Siblings | 1 | 119 | 30% | | | | |
| Parents | 2 | 96 | 50% | | | | |
| Teachers | 3 | 80 | 30% | | | | |
| Question 5: What are the community determinants that influence what young people do in their daily lives? | | | | | | | |
| Determinants | Rank | Score | % Agree | Rank | Score | % Agree | |
| Geography and locality. For example, what facilities are available in the local area or access to public transport | 1 | 145 | 25% | 1 | 169 | 90% | |
| Social determinants. For example, wealth, and culture of the area | 3 | 126 | 36% | 2 | 151 | 50% | |
| Nature and quality of relationships with family members | 2 | 137 | 27% | 2 | 151 | 50% | |
| Quality of available support systems. For example, mentors, guides, counselling etc. | 4 | 96 | 11% | 3 | 124 | 30% | |
| Local Resources to support activities. For example, <i>music lesson, local bus network, sports facilities</i> | 4 | 96 | 22% | 4 | 120 | 20% | |
| Opportunity for exploring or developing interests in specific occupations | 4 | 96 | 33% | 5 | 118 | 40% | |
| Question 6: What are the organizational and societal factors that affect what late adolescents do in their daily lives? | | | | | | | |
| Determinants | Rank | Score | % agree | Rank | Score | % Agree | |
| Local council investment in services | 1 | 101 | 45% | 1 | 75 | 80% | |
| Finance investment in schools for extracurricular activities | 2 | 95 | 50% | 2 | 68 | 70% | |
| National curriculum | 3 | 84 | 22% | 3 | 51 | 40% | |

between round one and two. The ranking, for 'perception of competence' (scored 120), 'personal skills' (scored 113), and 'cultural values' (scored 102), changed between rounds, but the level of agreement increased. At an interpersonal level (question four), scores ranged from 19 to 119 and the determinants most likely to influence adolescents' choices about what to do were thought to be 'peers' and 'siblings', with 'peers' scoring the highest level of agreement (90%) between panellists. The next highest level of agreement was observed in the lower ranked determinants (80%) 'counsellors' and 'other professionals'. The level of agreement between middle ranked determinants was low, ranging from 20% to 50%.

In question five, scores ranged from 38 to 145 in round one and 21 to 169 in round two. 'Geography and locality' (169) was the community-based determinants ranked highest across rounds with an increased level of agreement. Next were two items, 'social determinants' (scored 151) and 'nature and quality of family relationships' (scored 151), with a level of 50% agreement. Panellists' comments suggest this question was difficult to answer because of the variety of different community settings which exist, and because the impact of the environment depends on an adolescent individual's circumstances.

Finally, in question six, Scores ranged from 59 to 101 in round one and 17 and 75 in round two. The highest ranked societal or organizational determinant thought to affect mental health, which had the highest level of agreement, was 'local council investment in services' (scored 75). The first three highest ranked determinants did not change position in the ranking between rounds, but the level of agreement on the ranking increased. Across the different questions it is evident ranking remains similar between rounds, while the percentage level of agreement appears to increase. Agreement appears to be greatest at the upper and lower ends of the ranking with the items in the middle showing lower levels of agreement.

In addition to the percentage level of agreement achieved with regard to the rankings of determinants for each question, the agreement between those rating items between rounds was examined, using the non-parametric test, Kendal's co-efficient of concordance (Kendal's W) (Sossa et al., 2019), the results of are recorded in the Table 2.

Table 2 shows the level of agreement between round one and round two, has increased from that observed in the first round. The observed levels of agreement for round one of the Delphi can be rated as poor, increasing to a moderate level of agreement in round two (Landis & Koch, 1977).

5 | DISCUSSION

Eighty-nine different occupational related determinants thought to affect adolescents' mental health were ranked and prioritized. This Delphi study achieved a level of agreement on the prioritization of determinants with each question but the results highlight a range of different responses when ranking the determinants. The results suggest a range of modifiable and non-modifiable determinants and that the importance of each of them may vary. Our findings highlight the complexity of rating activity related determinants against each other, and the need for consideration of the nuanced areas affecting occupational choices in adolescent populations. These findings are supported by earlier research that highlighted the complexity adolescents experience when making choices about what to do with their time, highlighting a process of weighing up four domains against each, which are 'considering time factors', 'exploring skills and occupational repertoire', 'Interacting with the situational context' and 'appraising values and priorities' (Parsonage 2020). Occupational therapy literature suggests a complex interrelated relationship exists between the subjective concept of 'occupational balance' and the objective concept of 'patterns of daily activities' that have implications for health (Eklund et al., 2017).

In our study occupational therapists and researchers ranked the determinants 'types of activity', 'balance of activity', 'pressure to conform' and 'freedom of choice' as highest for their effect on mental health. The expert panel ranked determinants linked to behaviours affecting occupational performance and health. The highest ranked included 'under and over consumption of activities', 'underdeveloped coping skills', and 'inadequate balance of activity types'. The prioritization of these determinants is important in adolescent populations and provides a valuable life course perspective for occupational therapy research targeting adolescent mental health. Prioritized determinants can be used to focus adolescent mental health research, and may be particularly relevant to occupational therapists. For example, an occupational therapy theory informed intervention for adolescents with emerging mental health difficulties is currently being developed by the first author based on the top three prioritized determinants from the first three questions.

In this study a moderate level of agreement was reached, the levels of agreement increased between rounds and the rankings remained mostly consistent for items at the upper and low ends of the scale. The panel of this study was small, vulnerable to selection bias, and may not represent all views given the loss of some

TABLE 2 Levels of agreement between rounds.

| Question | Round | Kendal's W | Agree | Round | Kendal's W | Agree |
|--|-------|------------|-------|-------|------------|----------|
| 1 Doing determinants | 1 | 0.057 | Poor | 2 | 0.458 | Moderate |
| 2 Behavioural determinants | 1 | 0.289 | Poor | 2 | 0.42 | Moderate |
| 3 Personal determinants | 1 | 0.091 | Poor | 2 | 0.504 | Moderate |
| 4 Interpersonal determinants | 1 | N/A | N/A | 2 | 0.537 | Moderate |
| 5 Community determinants | 1 | 0.083 | Poor | 2 | 0.535 | Moderate |
| 6 Societal and organizational determinants | 1 | 0.078 | Poor | 2 | 0.468 | Moderate |

participants during the study. This should be balanced against the fact that the occupational therapy profession is small and specialized. The panel had a high number of years of relevant experience and responses may reflect an evidenced-based approach embedded in clinicians' thinking. A brief sensitivity checking exercise conducted at a conference in 2022 as part of disseminating the findings, using question one, suggests those with experience of mental health issues as adolescents organized items in a similar way to our study results. This study highlights the need for more research into the impact of occupational determinants on adolescent mental health and research is needed to ensure adolescents' perspectives are properly captured.

In summary, the use of the Delphi methodology enabled access to the valuable, experiential knowledge of researchers and those providing interventions to adolescents with mental health difficulties, and the selection and prioritization of occupational determinants that affect mental health. To the best of the authors' knowledge, this is the first Delphi study identifying and prioritizing occupational determinants that affect mental health in adolescents and could help to inform activity-based interventions targeting adolescent's mental health difficulties.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

Data available on request due to privacy/ethical restrictions. The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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APPENDIX A

TABLE A1 A table of determinants, ranking, score and percentage agreement across first and second round.

| Determinants and responses to question 1: What adolescents do that affects mental wellbeing? | | | | | | |
|---|---------------------|-------|---------|----------------|-------|---------|
| Determinants | Delphi Round 1 | | | Delphi Round 2 | | |
| | Rank | Score | % Agree | Rank | Score | % Agree |
| Types of activity. For example, <i>sleep, exercise, social media, creative arts, pets, time with friends, reading, time with family, schoolwork.</i> | 1 | 175 | 31% | 1 | 154 | 90% |
| Balance of activity. For example, <i>such as the particular combination of activities that meeting basic needs, like food, safety, security, personal development</i> | 2 | 156 | 31% | 2 | 137 | 60% |
| Pressure to conform. For example, <i>to achieve, to identify a future career path, fit in with friends.</i> | 3 | 132 | 27% | 3 | 130 | 20% |
| Other relationships (Non family) | Added by Panellists | | | 4 | 106 | 30% |
| Family | Added by Panellists | | | 5 | 103 | 20% |
| Freedom of choice over activity. For example, <i>Level of autonomy, level of responsibilities, etc.</i> | 4 | 129 | 18% | 6 | 101 | 20% |
| Occupational identity – How one sees one's self from an activity perspective. For example, <i>I am a good footballer, I am a dressmaker etc.</i> | 5 | 118 | 27% | 6 | 101 | 20% |
| Level of personal development. For example, <i>Competence at managing their time to meet differing demands and needs.</i> | 6 | 98 | 30% | 7 | 84 | 30% |
| Level of resources, opportunity and/or support. | 7 | 80 | 25% | 8 | 77 | 30% |
| Internalized expectation | Added by Panellists | | | 9 | 70 | 20% |
| Level of challenge vs level of competence in a given activity or activities. | 8 | 72 | 25% | 10 | 61 | 30% |
| Culture & societal influences | Added by Panellists | | | 11 | 18 | 20% |
| Personal capabilities | Added by Panellists | | | 12 | 20 | 20% |
| Level of engagement | Added by Panellists | | | 13 | 21 | 20% |
| Time related factors. For example, <i>time available for valued activities, etc.</i> | 8 | 72 | 25% | 14 | 21 | 40% |
| Multiple conflicting and competing activity choices | 9 | 62 | 25% | 15 | 21 | 50% |
| Level of transferable skills the adolescent can draw on | 10 | 36 | 25% | 16 | 21 | 50% |
| Determinants and responses to Question 2: What behaviours adversely affect adolescents activity performance and consequently their mental well-being? | | | | | | |
| Determinants | Delphi Round 1 | | | Delphi Round 2 | | |
| | Rank | Score | % Agree | Rank | Score | % Agree |
| Over or under consumption of some activities, for example, <i>social media, passive activities</i> | 2 | 153 | 33% | 1 | 100 | 67% |
| Underdeveloped coping skills | 1 | 167 | 31% | 2 | 95 | 44% |
| Inadequate balance of activity types, for example, <i>balance of self-care, leisure & work</i> | 3 | 144 | 33% | 3 | 89 | 44% |
| Risk behaviours | 4 | 135 | 31% | 4 | 68 | 56% |
| Poor awareness of personal resources and capabilities | 7 | 90 | 33% | 5 | 65 | 33% |
| Inadequate help seeking behaviour or of access to support | 6 | 102 | 25% | 6 | 61 | 22% |
| Procrastination and avoidance | 5 | 118 | 40% | 7 | 59 | 44% |
| Underdeveloped awareness of self-care needs | 7 | 90 | 33% | 8 | 48 | 44% |
| Limited occupational repertoire | 10 | 60 | 40% | 9 | 40 | 44% |
| Poor self-advocacy skills to act on personal needs | 9 | 82 | 33% | 10 | 36 | 33% |
| Ineffective time management | 8 | 84 | 25% | 11 | 34 | 33% |
| Poor priority identification | 11 | 53 | 40% | 12 | 30 | 67% |

TABLE A1 (Continued)

| Determinants and responses question 3: What are personal determinant or factors with greatest impact on mental well-being? | | | | | | |
|--|----------------|-------|---------|----------------|-------|---------|
| Determinants | Delphi Round 1 | | | Delphi Round 2 | | |
| | Rank | Score | % agree | Rank | Score | % Agree |
| Personal self confidence | 1 | 173 | 46% | 1 | 146 | 70% |
| Personal Values | 2 | 135 | 40% | 2 | 131 | 70% |
| Perception of Competence | 5 | 115 | 27% | 3 | 120 | 50% |
| Personal skills | 3 | 124 | 27% | 4 | 113 | 70% |
| Cultural values | 4 | 114 | 36% | 5 | 102 | 50% |
| Friendships | Added by Panel | | | 6 | 93 | 30% |
| Activity preference | 9 | 67 | 29% | 7 | 84 | 50% |
| Societal values | 6 | 111 | 27% | 8 | 77 | 30% |
| Historical experiences/ exposure | Added by Panel | | | 9 | 70 | 30% |
| Activity Priorities, for example, <i>how and why an activity is prioritized over another</i> | 7 | 87 | 25% | 10 | 69 | 30% |
| Activity experiences/ repertoire | 10 | 66 | 13% | 11 | 53 | 30% |
| Hierarchy of activity preference. For example, <i>which activity is meaningful or preferred in any given situations?</i> | 8 | 86 | 25% | 12 | 49 | 60% |
| Health status | Added by Panel | | | 12 | 49 | 20% |
| How much time an activity takes them | 11 | 59 | 38% | 13 | 32 | 60% |
| Perceived occupational roles | Added by Panel | | | 14 | 28 | 70% |
| Determinants and responses Question 4: Who at an interpersonal level are likely to influence adolescent choices about what to do? | | | | | | |
| Determinants | Delphi Round 2 | | | | | |
| | Rank | Score | % Agree | | | |
| Peers | 1 | 119 | 90% | | | |
| Siblings | 1 | 119 | 30% | | | |
| Parents | 2 | 96 | 50% | | | |
| Teachers | 3 | 80 | 30% | | | |
| Celebrities | 4 | 74 | 30% | | | |
| Social media ‘friends’/Virtual Friends | 5 | 72 | 20 | | | |
| Social media – Online groups, for example, <i>tumbler, Facebook, Instagram</i> | 6 | 69 | 30% | | | |
| Gaming ‘friends’ | 7 | 64 | 20% | | | |
| Other family, for example, <i>grandparents, extended family</i> etc. | 8 | 46 | 70% | | | |
| Councillors/advisors in schools | 9 | 29 | 80% | | | |
| Community Leaders, for example, <i>pastors</i> | 10 | 26 | 60% | | | |
| Other professionals | 11 | 19 | 80% | | | |
| Determinants and responses question 5: What are the community determinants that influence what young people do in their daily lives? | | | | | | |
| Determinants | Delphi Round 1 | | | Delphi Round 2 | | |
| | Rank | Score | % Agree | Rank | Score | % Agree |
| Geography and locality, for example, <i>what facilities are available in the local area or access to public transport.</i> | 1 | 145 | 25% | 1 | 169 | 90% |
| Social determinants, for example, <i>wealth, and culture of the area</i> | 3 | 126 | 36% | 2 | 151 | 50% |
| Nature and quality of relationships with family members | 2 | 137 | 27% | 2 | 151 | 50% |
| Quality of available support systems, for example, <i>mentors, guides, counselling</i> etc. | 4 | 96 | 11% | 3 | 124 | 30% |
| Local Resources to support activities, for example, <i>music lesson, local bus network, sports facilities</i> | 4 | 96 | 22% | 4 | 120 | 20% |
| Opportunity for exploring or developing interests in specific occupations | 4 | 96 | 33% | 5 | 118 | 40% |
| Community attitude and support for different activities | 6 | 82 | 20% | 6 | 105 | 20% |

(Continues)

TABLE A1 (Continued)

| Determinants and responses question 5: What are the community determinants that influence what young people do in their daily lives? | | | | | | |
|--|--------------------|-------|---------|--------------------|-------|---------|
| Determinants | Delphi Round 1 | | | Delphi Round 2 | | |
| | Rank | Score | % Agree | Rank | Score | % Agree |
| Behaviour norms of school | 7 | 62 | 22 | 7 | 86 | 40% |
| Local patterns and routines, for example, <i>time table structuring – is there time to do exercise, leisure activities etc</i> | 5 | 83 | 33% | 8 | 84 | 30% |
| Physical attributes of the community, for example, <i>concrete jungle vs. wilderness, urban vs. rural</i> | Added by Panellist | | | 9 | 65 | 30% |
| School time tables | 8 | 50 | 38% | 10 | 55 | 20% |
| School homework policies | 9 | 49 | 25% | 11 | 52 | 20% |
| Support available to parents | Added by Panellist | | | 12 | 52 | 30% |
| Weather | Added by Panellist | | | 13 | 51 | 30% |
| Safety | Added by Panellist | | | 14 | 48 | 10% |
| IT infrastructure, for example, <i>availability of internet, proximity to get daily needs met (which may affect time available for preferred activities)</i> | Added by Panellist | | | 15 | 45 | 50% |
| Academic calendar | 10 | 38 | 50% | 16 | 45 | 40% |
| Crime | Added by Panellist | | | 17 | 21 | 60% |
| Nature and quality of relationships with non-family members | 3 | 129 | 38% | Excluded 2nd round | | |
| Determinants and responses Question 6: What are the organizational and societal factors that affect what late adolescents do in their daily lives? | | | | | | |
| Determinants | Delphi Round 1 | | | Delphi Round 2 | | |
| | Rank | Score | % agree | Rank | Score | % Agree |
| Local council investment in services | 1 | 101 | 45% | 1 | 75 | 80% |
| Finance investment in schools for extracurricular activities | 2 | 95 | 50% | 2 | 68 | 70% |
| National curriculum | 3 | 84 | 22% | 3 | 51 | 40% |
| Resource allocation | 8 | 48 | 38% | 4 | 42 | 20% |
| Public transport networks | 6 | 60 | 25% | 5 | 49 | 40% |
| Government mental health policies | 4 | 82 | 25% | 6 | 31 | 30% |
| Work life balance attitudes | 5 | 64 | 22% | 6 | 31 | 50% |
| High pupil to staff ratios | 7 | 59 | 33% | 7 | 17 | 50% |