

LUND UNIVERSITY

Attrition analysis in the 2023 follow-up of the "Deliberate Self-Harm, Emotion Regulation, and Interpersonal Relations in Youth" Project

Claréus, Benjamin; Daukantaité, Daiva; Wångby Lundh, Margit; Lundh, Lars-Gunnar; Bjärehed, Jonas; Foster, Lo; Nilsson, Moa

2024

Document Version: Publisher's PDF, also known as Version of record

Link to publication

Citation for published version (APA):

Claréus, B., Daukantaité, D., Wångby Lundh, M., Lundh, L.-G., Bjärehed, J., Foster, L., & Nilsson, M. (2024). Attrition analysis in the 2023 follow-up of the "Deliberate Self-Harm, Emotion Regulation, and Interpersonal *Relations in Youth" Project.* (1 ed.) (Lund Psychological Reports; Vol. 20, No. 1). Lund Psychological Reports. https://www.psy.lu.se/en/sites/psy.lu.se.en/files/2024-10/The%20SOL%20project%20-%20Attrition%20report%202024.pdf

Total number of authors: 7

General rights

Unless other specific re-use rights are stated the following general rights apply:

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

• Users may download and print one copy of any publication from the public portal for the purpose of private study or research. • You may not further distribute the material or use it for any profit-making activity or commercial gain • You may freely distribute the URL identifying the publication in the public portal

Read more about Creative commons licenses: https://creativecommons.org/licenses/

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

LUND UNIVERSITY

PO Box 117 221 00 Lund +46 46-222 00 00 Lund Psychological Reports Volume 20, No. 1, 2024

The SOL project: Attrition report Attrition analysis in the 2023 follow-up of the "Deliberate Self-Harm, Emotion Regulation, and Interpersonal Relations in Youth" Project



LUND UNIVERSITY

Lund Psychological Reports ISSN 1404-8035

Attrition analysis in the 2023 follow-up of the "Deliberate Self-Harm, Emotion Regulation, and Interpersonal Relations in Youth" Project

Authors of the report: Benjamin Claréus & Daiva Daukantaite¹

Other SOL research group members: Margit Wångby-Lundh, Lars-Gunnar Lundh, Jonas Bjärehed, Lo Foster, Moa Nilsson

Department of Psychology, Lund University

Abstract

In this report, we analyse attrition at the two most recent data collection points of the longitudinal Swedish project "Deliberate self-harm, emotion regulation, and interpersonal relations in youth", that collected survey data from the same cohort in 2007 (T1), 2008 (T2), 2017 (T3), and 2023 (T4). We compared T4 responders and non-responders using variables assessed at T1–T3, and T3 responders and non-responders using variables assessed at T4.

The results indicate that responding at T4 was significantly associated with responding at T3 (Cramer's V = 0.40). Additionally, T4 responders were more likely to be women (V = 0.19), to have a non-foreign background (V = 0.11), have a higher socioeconomic status (V = 0.11-0.15), and score lower on measures of aggression and impulsivity (Cohen's d = 0.15-0.28) at previous assessments. They were less likely to have encountered the death of someone important or physical assault between 2007–2017 (V = 0.10-0.13), but more likely to have experienced sexual assault within the same time frame (V = 0.10). Comparisons between T3 responders and non-responders on T4 variables revealed minimal differences, except that T3 responders were less likely to have been on extended sick leave (V = 0.12).

Overall, while most differences showed small effect sizes between responders and non-responders, these findings suggest that attrition is associated with specific demographic, behavioral, and experiential factors. These factors need to be considered when interpreting longitudinal data and understanding the limitations they may impose on generalizability.

¹ All correspondence should be addressed to Daiva Daukantaitė at daiva.daukantaite@psy.lu.se

SOL: Attrition report

Introduction

The project "Deliberate self-harm, emotion regulation, and interpersonal relations in youth", also known as SOL, was initiated in 2006 by Lars-Gunnar Lundh and Margit Wångby-Lundh at Lund University. The project aimed to study the associations between different kinds of self-harming behaviours (e.g., non-suicidal self-injury [NSSI], disordered eating [DE]), emotion regulation, and interpersonal experiences among Swedish adolescents, utilizing a prospective design with one assessment in 2007 (T1) and another in 2008 (T2). In 2017 (T3) and 2023 (T4), we have contacted eligible participants at T1/T2 with an invitation to respond to a new survey.

In a previous attrition report, we found that while the response rate at T3 was about 50%, any statistically significant differences in T1 and T2 variables between T3 responders and non-responders were relatively weak (Cohen's d/Cramer's V = 0.07-0.21; Daukantaitė et al., 2019). The current report has two main aims: (1) to explore whether variables assessed at either T1, T2, or T3 are associated with attrition at T4; (2) to build on our previous report by investigating whether variables observed at T4 help to explain attrition at T3. To achieve these aims, the current report utilizes most of the available data from T1–T4, including previously unpublished such.

Methods

Participants and procedure

The participants and procedures at T1, T2, and T3 has been detailed in previous publications (e.g., Claréus, 2023; Daukantaitė et al., 2021; Daukantaitė et al., 2019); therefore, they will only be briefly summarized here. Figure 1 shows the number of respondents over time and explanations for non-response when such data were available. Participants' gender is overviewed in Table 1. Ethical approval for data collection in 2007–2008 and 2017 was obtained from the Regional Ethics Committee at Lund University (no. 2006/49; no. 2016/1059), and for 2023 from the Swedish National Ethical Review Board (no. 2021-06695-01).

T1 and **T2**

At T1, 992 (mean age [SD] = 13.73 [0.68] years; response rate: 93.23%) Grade 7 and Grade 8 students across five schools in a southern Swedish municipality completed self-report questionnaires during a dedicated lecture hour, supervised by trained research assistants. Participation was based on passive consent from parents or guardians and active consent/assent from the students themselves. The procedure was similar at T2, with 987 students (mean age [SD] = 14.87 [0.69] years; response rate: 89.89%) completing the

questionnaire. Both data collections took place during the spring semester. In total, 909 students participated at both T1 and T2.

T3 and T4

At T3 and T4, the personal identification numbers of all students eligible for participation at either T1 and/or T2 (N = 1109) were used to obtain their current addresses through the Swedish state's person address register. If a valid address was found, an invitation letter detailing the purpose of the study was sent out by mail in September 2017 (T3) and February 2023 (T4). Participants had the option to complete the questionnaire online using personalized login credentials or submit a paper survey included with the second reminder. As a cost-saving measure, only participants who responded at T3 were given the paper option at T4. Participation was incentivized with four lottery tickets/two cinema tickets at T3 (valued at approximately 180 SEK), and a 150 SEK online gift card at T4. A total of 557 participants (mean age [SD] = 25.33 [0.68] years; response rate: 50.2–52.8%) completed the survey at T3, and 386 (mean age [SD] = 29.85 [0.75] years) completed the survey at T4. As shown in Table 2, the response rate at T4 was about 35% among all eligible participants at T1 and/or T2, and around 54% when comparing with responders at T3.

Measures at T1, T2, and T3

Variables representing participant demographics, future prospects, health and vitality, leisure activities, or participation history, which were assessed with a single item, are presented in Table 3. These variables were chosen because they were used in the previous attrition report (Daukantaitė et al., 2019), had been used as outcomes in earlier publications (e.g., Daukantaitė et al., 2021), or were considered relevant for evaluating attrition. *All* instruments included in the data collections at T1–T4 were used to assess attrition and are presented in Table 4. Table 4 also provides references to the authors of each measurement along with their revised and/or official translation.

Assessment of participant gender

The gender of the participants in the current project was primarily assessed through self-report. At T1 and T2, participants could identify themselves as either a *girl* or a *boy*. At T3 and T4, they could respond that they identified as a *woman*, *man*, or select *other/do not want to answer*. In cases of discrepant responses between T1 and T2 or missing data at these time points, the participants' first name and/or Swedish personal identity number (which indicates legal gender; see Skatteverket, 2024) were used to resolve inconsistencies or impute missing data. If discrepancies occurred between T1/T2 to T3 and/or T4 (e.g., identifying as a *girl* in adolescence and as a *man* in adulthood), the participant's gender was retrospectively

3

adjusted during analysis (e.g., changed from *girl/woman* to *boy/man*; see Daukantaitė et al., 2019 and Daukantaitė et al., 2021; and Table 1). This approach was considered as preferable to creating a separate category, referencing the personal identity number, or leaving gender unchanged, as those procedures could invalidate the participants' current gender identity, or incorrectly assume they identified as transgender, thereby incorrectly grouping them with others who might not share similar experiences (Lindqvist et al., 2020). This adjustment did not affect the effect size or *p*-value of any analyses.

Categorization of responses

Due to issues with non-normality and the low endorsement of certain response options by participants (which could negatively impact the reliability of some statistical analyses), several variables presented in Table 3 had their response options categorized. This approach is consistent with the method used in our previous attrition report (Daukantaitė et al., 2019). The associations of these variables with attrition were evaluated using both χ^2 -tests for independence (on the categorized variable) and Mann Whitney U-tests (on the original variable).

Additionally. since certain life events within specific time frames were endorsed by few participants, the different time frames were combined into a single category. This category represented whether a life event had been experienced at *any* time within the past 10 years at T3 and/or within the past 5 years at T4.

Results

We employed various tests to examine differences in means or rank-sum (e.g., Student's *t*-test, Mann Whitney *U*-test) and proportions (e.g. chi-square tests for independence) to compare T3/T4 non-responders and responders on variables assessed at the other time points. Missing data was handled on a case-wise basis, and effect sizes were estimated using Cohen's *d* (for mean differences), Cramer's *V* (for distribution differences), or Pearson's *r* (for rank differences). Where relevant, results from our previous attrition report (Daukantaitė et al., 2019) have been included.

Comparing T4 responders and non-responders on T1-T3 variables

The results of comparisons between T4 responders and non-responders are presented in the following tables: Table 5 (differences in variables related to participant demographics, future prospects, health and vitality, leisure activities, and study participation), Table 6 (differences in NSSI/DE), Table 7 (differences in validated measures assessed at T1/T2), Table 8 (differences in validated measures assessed at T3), and Table A1 in the supplementary appendix (differences in specific self-injurious behaviours).

Differences in demographic variables and variables related to survey participation

Table 5 shows that women were significantly overrepresented among T4 responders $(\chi^2 = 37.25, p < 0.001, V = 0.19)$, similar to the findings at T3 (V = 0.15). Additionally, individuals with a foreign background ($\chi^2 = 12.25, p < 0.001, V = 0.11$) and those living in smaller housing at T1/T2 (e.g., 1–4-bedroom apartment as compared to a semi-/detached house) were less likely to respond at T4 ($\chi^2 = 10.68-13.86, p < 0.005, V = 0.11-0.12$), however no such effects were observed at T3 (p > 0.29). Moreover, lower educational attainment at T3 was associated with non-response at T4 ($\chi^2 = 12.48, p = 0.002, V = 0.15$). Responding at *both* T1 and T2 ($\chi^2 = 9.23, p = 0.002, V = 0.10$) or at T3 ($\chi^2 = 167.92, p < 0.001, V = 0.40$) increased the likelihood of responding at T4.

Differences in variables assessed at T1/T2

In comparison to T4 non-responders, Table 5 shows that T4 responders expected achieving a higher level of future educational attainment ($\chi^2 = 9.23$, p = 0.002, V = 0.14; V = 0.13-0.15 at T3), reported worse sleep quality at T1 (W = 115264.5, p = 0.009, r = 0.07; r = 0.07 at T3), and spent fewer hours playing videogames on both weekdays and weekends ($\chi^2 = 4.17-15.18$, p < 0.003, V = 0.07-0.13 and W = 91774.5-90309.5, p < 0.002, r = 0.10-0.13; V = 0.07-0.12/r = 0.10-0.13 at T3).

Additionally, as shown in Table 7, T4 responders reported higher levels of rumination (t = 2.86-3.24, p = 0.001-0.004, d = 0.20-0.22; d = 0.16 at T3), lower body esteem (t = -3.04--3.59, p < 0.002, d = 0.21-0.24; d = 0.14-0.15 at T3), less difficulties with concentration at T1 (t = -2.34, p = 0.019, d = 0.16; d = 0.18 at T3), less directly aggressive behaviours at T1 (t = -3.14, p = 0.002, d = 0.21; d = 0.16 at T3), more frequent experiences of indirect victimization at T2 (t = 2.13, p = 0.034, d = 0.14), fewer problems related to inattention/hyperactivity (t = -2.19--2.66, p = 0.008-0.029, d = 0.15-0.18; d = 0.21 at T3), but only for T1), more emotional issues (t = 3.64-3.74, p < 0.001, d = 0.25), less conduct problems at T1 (t = -2.54, p = 0.011, d = 0.17; d = 0.14 at T3), and more prosocial behaviours at T2 (t = 2.76, p = 0.006, d = 0.19).

Differences in variables assessed at T3

Compared to T4 non-responders, T4 responders reported drinking alcohol more frequently (Table 5: W = 41284.5, p = 0.001, r = -0.13) and showed a lower inclination toward physical aggressiveness (Table 8: t = -2.83, p = 0.005, d = 0.25), less positive urgency (Table 8: t = -2.26, p = 0.024, d = 0.20), were more premeditative (Table 8: t = -2.28, p = 0.023, d =0.2), and demonstrated less sensation-seeking behaviour (Table 8: t = -3.16, p = 0.002, d =0.28) at T3. Additionally, T4 responders were less likely to report experiencing the death of someone important (Table 8: $\chi^2 = 9.23$, p = 0.002, V = 0.11) or a physical assault (Table 8: $\chi^2 = 8.59$, p = 0.003, V = 0.13) within the 10 years preceding the T3 data collection. However, they were more likely to have experienced a sexual assault or other unwanted sexual experience during the same period (Table 8: $\chi^2 = 9.23$, p = 0.002, V = 0.10).

Comparing T3 responders and non-responders on T4 variables

As shown in Table 9 and Table A2 in the supplementary appendix, there were no statistically significant differences between T3 responders and non-responders on most variables assessed at T4. The only exception was that T3 responders were significantly less likely to have been on sick leave for longer than 2 months in the past five years at T4 ($\chi^2 = 4.62$, p = 0.032, V = 0.12).

Conclusion

In the current report, we examined the differences between T4 responders and non-responders on variables observed at T1–T3, as well as the differences between T3 responders and non-responders based on variables observed at T4.

Regarding T4 attrition, most statistically significant differences had weak effect sizes, indicating small differences; however, some patterns emerged that may be important to note. For instance, men and individuals with a foreign background were underrepresented among T4 responders. The findings also suggest that T4 responders may have a higher socioeconomic status than T4 non-responders, as indicated by differences in housing situations at T1/T2, expected educational attainment at T1/T2, and actual educational attainment at T3. Furthermore, T4 non-responders scored higher than responders on several measures of aggression/impulsivity at T1–T3 (i.e., difficulties with concentration at T1, direct aggression, positive urgency, lack of premeditation, and sensation seeking at T3). When variables were significantly associated with attrition at both T3 and T4 (c.f., Daukantaitė et al., 2019), the effect was stronger at T4 than T3, suggesting that the sample has become more biased over time with regards to these variables. Furthermore, apart from a reduced likelihood of having been on sick leave for more than two months between T3 and T4, non-response at T3 was not associated with variables observed at T4.

In conclusion, while the findings suggest some potential areas of bias due to attrition particularly regarding demographic and aggression/impulsivity, the effect sizes were generally small, and the impact on the generalizability of the results is likely limited. Nevertheless, it is important to consider the restrictions that these patterns impose on generalizability when interpreting longitudinal data.

SOL: Attrition report

Funding

This work was funded by the Swedish Research Council for Health, Working Life and Welfare (2005-0597, 2016-00248, 2023-00735), the Thora Ohlsson Foundation, and the Lundh Research Foundation.

References

- Berscheid, E., Snyder, M., & Omoto, A. M. (1989). The relationship closeness inventory: Assessing the closeness of interpersonal relationships. *Journal of Personality and Social Psychology*, 57(5), 792-807. https://doi.org/10.1037/0022-3514.57.5.792
- Bjureberg, J., Ljótsson, B., Tull, M. T., Hedman, E., Sahlin, H., Lundh, L.-G., Bjärehed, J.,
 DiLillo, D., Messman-Moore, T., & Gumpert, C. H. (2016). Development and
 validation of a brief version of the difficulties in emotion regulation scale: the DERS16. Journal of Psychopathology and Behavioral Assessment, 38(2), 284-296.
 https://doi.org/10.1007/s10862-015-9514-x
- Buss, A. H., & Perry, M. (1992). The aggression questionnaire. *Journal of Personality and Social Psychology*, 63(3), 452-459. https://doi.org/10.1037/0022-3514.63.3.452
- Claréus, B. (2023). More than just enduring Mental health and well-being among Swedish young adults who ceased self-injuring since adolescence Lund University]. https://lup.lub.lu.se/record/54dd8333-1472-41d7-a840-31860e26b63c
- Claréus, B., & Daukantaité, D. (2023). Off track or on? Associations of positive and negative life events with the continuation versus cessation of repetitive adolescent nonsuicidal self-injury. *Journal of Clinical Psychology*. https://doi.org/10.1002/jclp.23533
- Claréus, B., Daukantaitė, D., Wångby-Lundh, M., & Lundh, L.-G. (2017). Validation of a Swedish version of the short UPPS-P impulsive behavior scale among young adults. *Addictive Behaviors Reports*, 6, 118-122. https://doi.org/10.1016/j.abrep.2017.10.001
- Cyders, M. A., Littlefield, A. K., Coffey, S., & Karyadi, K. A. (2014). Examination of a short English version of the UPPS-P Impulsive Behavior Scale. *Addictive behaviors*, *39*(9), 1372-1376. https://doi.org/10.1016/j.addbeh.2014.02.013
- Daukantaitė, D., Lundh, L.-G., Wångby-Lundh, M., Claréus, B., Bjärehed, J., Zhou, Y., & Liljedahl, S. I. (2021). What happens to young adults who have engaged in selfinjurious behavior as adolescents? A 10-year follow-up. *European Child & Adolescent Psychiatry*, 30, 475-492. https://doi.org/10.1007/s00787-020-01533-4
- Daukantaitė, D., Lundh, L.-G., Wångby Lundh, M., Claréus, B., Bjärehed, J., & Zhou, Y.
 (2019). Evaluating respondent attrition in a 10-year follow up of the SOL project
 "Deliberate self-harm, emotion regulation and interpersonal relations in youth". *Lund*

Psychological Reports, 1(19), 1-20.

https://www.psy.lu.se/sites/psy.lu.se/files/lpr_1901.pdf

- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. Journal of personality assessment, 49(1), 71-75. https://doi.org/10.1207/s15327752jpa4901 13
- Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D.-w., Oishi, S., & Biswas-Diener, R. (2010). New well-being measures: Short scales to assess flourishing and positive and negative feelings. *Social indicators research*, 97(2), 143-156. https://doi.org/10.1007/s11205-009-9493-y
- Ekbäck, M., Benzein, E., Lindberg, M., & Årestedt, K. (2013). The Swedish version of the multidimensional scale of perceived social support (MSPSS)-a psychometric evaluation study in women with hirsutism and nursing students. *Health and quality of life outcomes*, *11*, 1-9. https://doi.org/10.1186/1477-7525-11-168
- Foster, L., Lundh, L. G., & Daukantaité, D. (2023). Disordered eating in a 10-year perspective from adolescence to young adulthood: Stability, change, and body dissatisfaction as a predictor. *Scandinavian journal of psychology*. https://doi.org/10.1111/sjop.12950
- Gilbert, P., Clarke, M., Hempel, S., Miles, J. N., & Irons, C. (2004). Criticizing and reassuring oneself: An exploration of forms, styles and reasons in female students. *British Journal of Clinical Psychology*, 43(1), 31-50. https://doi.org/10.1348/014466504772812959
- Goodman, R. (1997). The Strengths and Difficulties Questionnaire: a research note. *Journal* of child psychology and psychiatry, 38(5), 581-586. https://doi.org/10.1111/j.1469-7610.1997.tb01545.x
- Gratz, K. L. (2001). Measurement of deliberate self-harm: Preliminary data on the Deliberate Self-Harm Inventory. *Journal of Psychopathology and Behavioral Assessment*, 23(4), 253-263. https://doi.org/10.1023/A:1012779403943
- Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the Difficulties in Emotion Regulation Scale. *Journal of Psychopathology and Behavioral Assessment*, 26(1), 41-54. https://doi.org/10.1023/B:JOBA.0000007455.08539.94
- James, R., Daukantaité, D., & Nilsson, M. (2023). A validation of the Swedish self-concept and Identity Measure (SCIM) and its association with mental health problems. *Heliyon*, 9(7). https://doi.org/10.1016/j.heliyon.2023.e18151

- Kaufman, E. A., Cundiff, J. M., & Crowell, S. E. (2015). The development, factor structure, and validation of the self-concept and identity measure (SCIM): A self-report assessment of clinical identity disturbance. *Journal of Psychopathology and Behavioral Assessment*, 37, 122-133. https://doi.org/10.1007/s10862-014-9441-2
- Lindqvist, A., Sendén, M. G., & Renström, E. A. (2020). What is gender, anyway: A review of the options for operationalising gender. Psychology & Sexuality, 12(4), 332-344. https://doi.org/10.1080/19419899.2020.1729844
- Lovibond, P. F., & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behaviour research and therapy*, *33*(3), 335-343. https://doi.org/10.1016/0005-7967(94)00075-U
- Lundh, L.-G., Daukantaitė, D., & Wångby-Lundh, M. (2014). Direct and indirect aggression and victimization in adolescents-associations with the development of psychological difficulties. *BMC psychology*, *2*, 43. https://doi.org/10.1186/s40359-014-0043-2
- Lundh, L.-G., Wångby-Lundh, M., & Bjärehed, J. (2008). Self-reported emotional and behavioral problems in swedish 14 to 15-year-old adolescents: A study with the selfreport version of the strengths and difficulties questionnaire. *Scandinavian journal of psychology*, 49(6), 523-532. https://doi.org/10.1111/j.1467-9450.2008.00668.x
- Lundh, L.-G., Wångby-Lundh, M., Paaske, M., Ingesson, S., & Bjärehed, J. (2011).
 Depressive symptoms and deliberate self-harm in a community sample of adolescents: A prospective study. *Depression research and treatment*, 2011(935871). https://doi.org/10.1155/2011/935871
- Lundh, L.-G., Wångby-Lundh, M., & Bjärehed, J. (2011). Deliberate self-harm and psychological problems in young adolescents: Evidence of a bidirectional relationship in girls. *Scandinavian journal of psychology*, 52(5), 476-483. https://doi.org/10.1111/j.1467-9450.2011.00894.x
- Lynam, D. R., Smith, G. T., Whiteside, S. P., & Cyders, M. A. (2006). *The UPPS-P: Assessing five personality pathways to impulsive behavior (Technical Report)*. Purdue University.
- Löve, J., Moore, C. D., & Hensing, G. (2012). Validation of the Swedish translation of the general self-efficacy scale. *Quality of Life Research*, 21, 1249-1253. https://doi.org/10.1007/s11136-011-0030-5

- Mendelson, B. K., Mendelson, M. J., & White, D. R. (2001). Body-esteem scale for adolescents and adults. *Journal of personality assessment*, 76(1), 90-106. https://doi.org/10.1207/S15327752JPA7601_6
- Prochazka, H., & Ågren, H. (2001). Aggression in the general Swedish population, measured with a new self-rating inventory: The Aggression Questionnaire-revised Swedish version (AQ-RSV). Nordic Journal of Psychiatry, 55(1), 17-23.
- Repinski, D. J., & Zook, J. M. (2005). Three measures of closeness in adolescents' relationships with parents and friends: Variations and developmental significance. *Personal Relationships*, 12(1), 79-102. https://doi.org/10.1111/j.1350-4126.2005.00103.x
- Schwarzer, R., & Jerusalem, M. (1995). *Generalized self-efficacy scale*. UK: NFER-NELSON.
- Skatteverket. (2024). *Personal identity numbers*. Retriveved on 17 January 2024 from https://www.skatteverket.se/servicelankar/otherlanguages/inenglishengelska/individual sandemployees/livinginsweden/personalidentitynumbers
- Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: assessing the ability to bounce back. *International journal of behavioral medicine*, 15, 194-200.
- Statistiska Centralbyrån. (2002). Personer med utlänsk bakgrund: Riktlinjer för redovisning i statistiken [Statistics on persons with foreign background: Guidelines and recommendations]. Retrieved on March 3, 2023, from https://www.scb.se/contentassets/60768c27d88c434a8036d1fdb595bf65/mis-2002-3.pdf
- Waaddegaard, M., Thoning, H., & Petersson, B. (2003). Validation of a screening instrument for identifying risk behaviour related to eating disorders. *European Eating Disorders Review: The Professional Journal of the Eating Disorders Association*, 11(6), 433-455. https://doi.org/10.1002/erv.537
- Wångby-Lundh, M., Lundh, L. G., Claréus, B., Bjärehed, J., & Daukantaitė, D. (2023).
 Developmental pathways of repetitive non-suicidal self-injury: predictors in adolescence and psychological outcomes in young adulthood. *Child and adolescent psychiatry and mental health*, 17(1), 116. https://doi.org/10.1186/s13034-023-00660-5
- Zanarini, M. C., Frankenburg, F. R., Hennen, J., & Silk, K. R. (2003). The longitudinal course of borderline psychopathology: 6-year prospective follow-up of the phenomenology of

borderline personality disorder. *American Journal of Psychiatry*, *160*(2), 274-283. https://doi.org/10.1176/appi.ajp.160.2.274

- Zhou, Y., Daukantaitė, D., Lundh, L.-G., Wångby-Lundh, M., & Ryde, A. (2020).
 Adolescents' emotion regulation strategies questionnaire: initial validation and prospective associations with nonsuicidal self-injury and other mental health problems in adolescence and young adulthood in a Swedish youth cohort. *Frontiers in psychiatry*, *11*(462). https://doi.org/10.3389/fpsyt.2020.00462
- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of personality assessment*, 52(1), 30-41. https://doi.org/10.1207/s15327752jpa5201_2

		Cro	oss-sectiona	l gender repor	Longitudinally adjusted gender			
				Other/Do				Other/Do
		Girls/	Men/	not want to		Girls/	Men/	not want to
Time	Ν	women	boys	disclose	Missing	women	boys	disclose
T1	992	500 (50.4%)	492 (49.6%)	NA	0	497 (50.1%)	493 (49.7%)	2 (0.2%)
T2	987	503 (50.96%)	478 (48.43%)	NA	6 (0.61%)	502 (50.9%)	483 (48.9%)	2 (0.2%)
Т3	557	329 (59.07%)	228 (40.93%)	0	0	327 (58.7%)	229 (41.1%)	1 (0.2%)
T4	386	`242 (62.69%)	`140 (36.27%)	2 (0.52%)	2 (0.52%)	243 (65.5%)	`141 (38.0%)	2 (0.5%)

Table 1.Gender distribution at T1-T4.

Note. In the three rightmost columns, gender has been adjusted for discrepancies over time; between T1–T2, participants' first name and/or personal identity number was used to resolve discrepancies (n = 7); between T1/T2–T3/T4, the latest observation was used to resolve discrepancies (n = 7).

NA = not applicable, as "other/do not want to disclose" was not an available response option at T1–T2.

Table 2.

Response rate at T3 and/or T4 among eligible participants and respondents at different (and combined) time points.

		Response rate at T3	Response rate at T4	Response rate at T3 and T4
At T1	Eligible	538/1064 = 50.56%	373/1064 = 35.06%	290/1064 = 27.26%
	Responders	516/992 = 52.02%	356/992 = 35.89%	279/992 = 28.13%
At T2	Eligible	553/1098 = 50.36%	384/1098 = 34.97%	298/1098 = 27.14%
	Responders	505/987 = 51.17%	335/987 = 33.94%	277/987 = 28.06%
At T3	Eligible		384/1075 = 35.72%	
	Responders		300/557 = 53.86%	
T1 and/or T2	Eligible	557/1109 = 50.23%	371/1109 = 33.45%	288/1109 = 25.97%
	Responders	541/1070 = 50.56%	375/1070 = 35.05%	292/1070 = 27.29%
At T1 and T2	Eligible	534/1053 = 50.71%	371/1053 = 35.23%	288/1053 = 27.35%
	Responders	480/909 = 52.81%	336/909 = 36.96%	264/909 = 29.04%
At T1 and/or T2 and/or T3	Eligible		386/1109 = 34.81%	
	Responders		383/1086 = $35.27\%^{a}$	
At T1, T2, and T3	Eligible		370/1025 = 36.1%	
	Responders		264/480 = 55%	

Note. In the current report, we a) utilize T1–T3 data from 383 T4 responders and 703 T4 non-responders to evaluate missingness at T4. We also utilize T4 data from 300 T3 responders and 84 T3-nonrespondents to evaluate missingess at T3. Missing values have been removed casewise.

Table 3.

Variables representing demographics, future prospects, health and vitality, leisure activities, and aspects related to study participation that were used to assess differences between T3/T4 responders and non-responders.

Category	Variable	T1 & T2	T3	Τ4	Answer options	Comment
Demographic variables	Gender	х	х	х	girl; boy (T1, T2) woman; man; other/do not want to disclose (T3, T4)	The resolution of discrepancies is detailed in Table 1 and in the methods section.
	Foreign background	X			Sweden; Afghanistan; Bosnia- Herzegovina; Denmark; Iraq; Iran; Hungary; other (free text answer)	Participants provided information about their own and their parents' birth country. Having foreign background (<i>no/yes</i>) was operationalized as being born abroad and with at least one parent born abroad as well, or born in Sweden with both parents born abroad (Statistiska Centralbyrån, 2002).
	Housing situation	x			apartment 1-2 rooms; apartment 3-4 rooms; apartment, ≥5 rooms; row house; detached house	In addition to examining differences between (non-)responders with rank-order, comparisons were made between the following aggregated groups: <i>apartment 1-2 rooms/apartment 3-4 rooms</i> vs. <i>apartment</i> , \geq 5 rooms vs. row/detached house
	Educational achievement		х	х	elementary education; upper secondary education; university education, <3 years; university education, ≥3 years	In addition to examining differences between (non-)responders with rank-order, comparisons were made between the following aggregated groups: <i>elementary/upper secondary</i> vs. <i>university</i> <i>education</i> < 3 years vs. <i>university education</i> \geq 3 years
	Occupational status		x	х	studying; working; job-seeking; on sick-leave; on parental leave; in workplace training; other	Only participants who indicated they were either <i>studying</i> or <i>working</i> were included in comparisons, due to few respondents in the other categories.
	Unemployment		x	х	no; yes	Operationalized at T3 as having been unemployed for >2 months within the past 10 years (<i>no/yes</i>), and within the past 5 years at T4 (<i>no/yes</i>).
Future prospects	Educational level	х			elementary education; upper secondary education; university education	
	Overall life quality	х	х	x	very poor; poor; neither good not poor; good; very good	In addition to examining differences between (non-)responders with rank-order, comparisons were made between the following aggregated groups: <i>very poor/poor/neither good nor poor</i> vs. <i>good/very good.</i>
	Possibility to influence future	x	X	х	not at all; very little; somewhat; pretty much; very much	In addition to examining differences between (non-)responders with rank-order, comparisons were made between the following aggregated groups: at all/very little/somewhat vs. pretty much/very much.

Table 3 continued.

Category	Variable	T1 & T2	Т3	Τ4	Answer options	Comment
Future prospects	Society overall		х	Х	very poor; poor; neither good not poor; good; very good	In addition to examining differences between (non-)responders with rank-order, comparisons were made between the following aggregated groups: <i>very poor/poor/neither good nor poor</i> vs. <i>good/very good</i> .
	Possibility to influence future society		х	Х	not at all; very little; somewhat; pretty much; very much	In addition to examining differences between (non-)responders with rank-order, comparisons were made between the following aggregated groups: <i>not at all/very little/somewhat</i> vs. <i>pretty much/very much.</i>
Health and Frequency of vitality alcohol consumption		x	Х		never; only sometimes; almost every day; every day (T1, T2) never; once per month; 2-3 times a month; once per week; 2-3 times per week; ≥4 times per week (T3, T4)	In addition to examining differences between (non-)responders with rank-order, comparisons were made between the following aggregated groups: <i>never</i> vs. <i>only sometimes/almost every day/every day</i> (T1, T2) and <i>never</i> vs. <i>Once per month/2-3 times a month/Once per week</i> vs. <i>2-3 times per week/≥4 times per week</i> (T3, T4).
	Covid-19: Impact on health			x	changed to becoming a lot worse; changed for the worse; no difference from before; changed for the better; changed to becoming a lot better	In addition to examining differences between (non-)responders with rank-order, comparisons were made between the following aggregated groups: changed to becoming a lot worse/changed for the worse vs. no difference from before vs. changed for the better/changed to becoming a lot better
	Covid-19: Impact on everyday life			x	changed to becoming a lot worse; changed for the worse; no difference from before; changed for the better; changed to becoming a lot better	In addition to examining differences between (non-)responders with rank-order, comparisons were made between the following aggregated groups: changed to becoming a lot worse/changed to worse vs. no difference from before vs. changed to the better/to becoming a lot better
	Feeling energized	х			never; seldom; sometimes; often; always	In addition to examining differences between (non-)responders with rank-order, comparisons were made between the following aggregated groups: <i>never/seldom</i> vs. <i>sometimes/often/always</i> .
	Health	x			not very healthy; pretty healthy; completely healthy	In addition to examining differences between (non-)responders with rank-order, comparisons were made between the following aggregated groups: <i>not very healthy</i> vs. <i>pretty healthy/completely healthy.</i>

Table 3 continued.

Category	Variable	T1 & T2	Т3	Τ4	Answer options	Comment
Health and vitality	Psychiatric diagnosis		х	х	no; yes	Operationalized at T3 as having received a psychiatric diagnosis within the past 10 years (<i>no/yes</i>), and within the past 5 years at T4 (<i>no/yes</i>).
	Sick leave		х	х	no; yes	Operationalized at T3 as having been on sick-leave for >2 months within the past 10 years (<i>no/yes</i>), and within the past 5 years at T4 (<i>no/yes</i>).
	Sleeps well	Х			never; seldom; sometimes; often; always	In addition to examining differences between (non-)responders with rank-order, comparisons were made between the following aggregated groups: <i>never/seldom</i> vs. <i>sometimes/often/always</i> .
	Smoking	х			never; sometimes; almost every day; every day	In addition to examining differences between (non-)responders with rank-order, comparisons were made between the following aggregated groups: <i>never</i> vs. <i>sometimes/almost every day/every day</i> .
Leisure activities	Exercise	х			never; sometimes; almost every day; every day	In addition to examining differences between (non-)responders with rank-order, comparisons were made between the following aggregated groups: <i>never</i> vs. <i>sometimes/often/every day.</i>
	Hours spent watching TV on weekdays/week ends	x			none; <1 hour daily; 1-2 hours daily; 3-4 hours daily; >4 hours daily	In addition to examining differences between (non-)responders with rank-order, comparisons were made between the following aggregated groups: <i>none/<1 hour daily</i> vs. <i>1-2 hours daily/3-4 hours daily/>4 hours daily</i> .
	Hours spend playing videogames on weekdays/week ends	X			none; <1 hour daily; 1-2 hours daily; 3-4 hours daily; >4 hours daily	In addition to examining differences between (non-)responders with rank-order, comparisons were made between the following aggregated groups: <i>none/<1 hour daily</i> vs. <i>1-2 hours daily/3-4 hours daily/>4 hours daily.</i>
Study participation	Participation was meaningful	х	х	х	not at all; not very; kind of; very much	In addition to examining differences between (non-)responders with rank-order, comparisons were made between the following aggregated groups: <i>not at all/not very</i> vs. <i>kind of/very much.</i>
	Responded previously	na	na	na	na	High participation rates at T1/T2 (89.89–93.23%) meant that T4 (non-)responders were only compared on whether they participated at T3 or not.

Table 4.

Summary of all validated scales that have been utilized at T1-T4.

Instrument	Author	T1 &	Т3	Τ4	Subscales	Comment
(abbreviation)		T2				
Adolescents' Emotion Regulation Strategies Questionnaire (AERSQ)	Zhou et al. (2020)	х			Rumination; Reorientation; Communication; Distraction; Cultural activities	
Aggression Questionnaire - revised (AQ-RSV)	Buss and Perry (1992); revised and translated by Prochazka and Ågren (2001)		x		Physical aggression; Verbal aggression; Anger; Hostility	
Body Esteem Scale for Adolescents and Adults (BESAA)	Mendelson et al. (2001)	х		х	Appearance; Weight; Attribution;	Only the appearance subscale was administered at data collection.
brief Difficulties in Emotion Regulation Scale (DERS-16)	Gratz and Roemer (2004); revised and translated by Bjureberg et al. (2016)		X	х	Lack of emotional clarity; Difficulties engaging in goal-directed behaviour; Impulse control difficulties; Limited access to effective emotion regulation strategies; Nonacceptance of emotional response	Differences between (non-)responders was only assessed in the summed total.
Brief Resilience Scale (BRS)	Smith et al. (2008)		Х	х	None	
Depression Index (DI)	Lundh, Wångby- Lundh, et al. (2011)	X			Dysphoric relations to parents; Negative self-image; Dysphoric relation to friends; Fatigue/somatic complaints; Sadness/loneliness; Difficulties in concentration	Differences between (non-)responders was only assessed in the summed total.
Depression, Anxiety, and Stress scale (DASS-21)	Lovibond and Lovibond (1995)		х	х	Depression; Anxiety; Stress	
Emotional Tone Index (ETI)	Berscheid et al. (1989); revised by Repinski and Zook (2005)	х			Positive feelings towards parents; Positive feelings towards peers; Negative feelings towards parents; Negative feelings towards peers	
Flourishing Scale (FS)	Diener et al. (2010)		Х	Х	None	

Table 4 continued.

Instrument (abbreviation)	Author	T1 & T2	Т3	Τ4	Subscales	Comment
Forms of Self- Criticizing/attacking and self-Reassuring Scale (FSCRS)	Gilbert et al. (2004)		х	x	Inadequate self; Reassure self; Hated self	
General Self-Efficacy scale (GSE)	Schwarzer and Jerusalem (1995); translated by Löve et al. (2012)			х	None	
Life Events Questionnaire (LEQ)	Claréus and Daukantaité (2023); see also Claréus (2023)		x	X	Positive life events; Negative life events; Profoundly negative life events	Differences between (non-)responders in singular life events was assessed as well. Responses for singular event were categorized as <i>has not happened to me</i> vs. <i>happened to me within the last</i> <i>year/1-5 years ago/5-10 years ago</i> at T3, and <i>has not happened to me</i> vs. <i>happened to me within the last year/1-3</i> <i>years ago/3-5 years ago</i> at T4. The question about parental divorce was excluded at T4.
McLean Screening Instrument for Borderline Personality Disorder (MSI-BPD)	Zanarini et al. (2003)		x		None	Item 2 about self-injury/suicide attempts was removed, and one was added to their score if participants affirmed to have injured themselves or attempted suicide in the DSHI-9r.
Multidimensional Scale of Perceived Social Support (MSPSS)	Zimet et al. (1988); translated by Ekbäck et al. (2013)		x	х	Family; Friends; Significant other	Differences between (non-)responders was only assessed in the summed total.
Positive And Negative Interpersonal Behaviours Inventory (PANIBI)	Lundh et al. (2014)	x			Direct aggression; Indirect aggression; Victim of direct aggression; Victim of indirect aggression; Treated well by others; Treating others well	

Table 4 continued.

Instrument (abbreviation)	Author	T1 & T2	Т3	Τ4	Subscales	Comment
revised Deliberate Self- Harm Inventory (DSHI- 9r)	Gratz (2001); final revision of translated version by Lundh, Wångby- Lundh, et al. (2011)	x	x	X	None	Differences between (non-)responders in summed total, frequency groups (i.e., No NSSI: 0 instances; Infrequent NSSI: 1-4 instances; Repetitive NSSI: ≥5 instances; c.f., Daukantaitė et al., 2021), and patterns from different articles (i.e., Claréus et al., 2017; Daukantaitė et al., 2021; Wångby-Lundh et al., 2023) were assessed.
Risk Behaviors for Eating disorder (RiBED- 8)	Waaddegaard et al. (2003)	X	х	x	None	Differences in summed total and risk groups (No DE: 0–2 critical answers; Risk DE: 3–5 critical answers; DE: 6–8 critical answers; c.f., Foster et al., 2023) were assessed.
Satisfaction With Life Scale (SWLS)	Diener et al. (1985)		Х	х	None	
Self-Concept and Identity Measure (SCIM)	Kaufman et al. (2015); translated by James et al. (2023)			X	Consolidated identity; Disturbed identity; Lack of identity	Differences between (non-)responders in summed total was assessed as well.
Short UPPS-P Impulsivity Scale (SUPPS-P)	Lynam et al. (2006); revised by Cyders et al. (2014); translation by Claréus et al. (2017)		X		Negative urgency; Positive urgency; Lack of perseverance; Lack of premeditation; Sensation seeking	
Strength and Difficulties Questionnaire – self- report version (SDQ-s)	Goodman (1997); translation by Lundh et al. (2008)	X			Inattention/hyperactivity; Emotional symptoms; Peer problems; Conduct problems; Prosocial behaviour	Differences between (non-)responders in summed total difficulties score was assessed as well.

Table 5.

Differences in single-item variables for T4 non-responders and responders.

Variable	Responders <i>– n</i> (%)	Non-responders <i>– n</i> (%)	Statistics
Demographic variables			
Gender, Woman ^a	243 (63.28%)	297 (43.68%)	χ ² (1) = 36.96, p < 0.001, V = 0.188
Foreign background, <i>No</i>	338 (90.37%)	531 (82.07%)	χ ² (1) = 12.25, p < 0.001, V = 0.112
T1 Housing, apartment 1-2 rooms/apartment 3-4 rooms; apartment, ≥5 rooms	51 (14.61%); 12 (3.44%)	143 (24.44%); 25 (4.27%)	χ^2(2) = 13.86, p < 0 .001, V = 0.122
T2 Housing, apartment 1-2 rooms/apartment 3-4 rooms; apartment, ≥5 rooms	48 (13.64%); 14 (3.98%)	129 (21.72%); 30 (5.05%)	χ^2(2) = 10.68, p = 0 .005, V = 0.106
T3 Educational achievement, Elementary/Upper secondary; University education <3 years	135 (45%); 44 (14.67%)	142 (58.68%); 36 (14.88%)	χ ² (2) = 12.48, p = 0 .002, V = 0.152
T3 Occupation, Student	82 (31.3%)	61 (29.47%)	χ ² (1) = 0.11, p = 0.7 44, V = 0.00
T3 Unemployment, <i>No</i>	165 (55.18%)	125 (51.65%)	χ ² (1) = 0.54, p = 0.464, V = 0.035
Future prospects			
T1 Educational attainment, Elementary; Upper secondary	2 (0.57%); 167 (4 7.99%)	15 (2.6%); 338 (5 8.48%)	χ^2(2) = 17, p < 0.00 1, V = 0.136
T2 Educational attainment, Elementary; Upper secondary	4 (1.14%); 166 (47.29%)	12 (2.04%); 359 (60.95%)	χ^2(2) = 19.36, p < 0.001, V = 0.144
T1 Overall life quality, Very poor/Poor/Neither good or poor	29 (8.19%)	48 (8.12%)	χ^2(1) = 0, p = 1, V = 0.001 ^b
T2 Overall life quality, Very poor/Poor/Neither good or poor	27 (7.65%)	50 (8.45%)	χ^2(1) = 0.1, p = 0.756, V = 0.014 ^b
T3 Overall life quality, Very poor/Poor/Neither good or poor	49 (16.33%)	33 (13.64%)	χ [^] 2(1) = 0.56, p = 0.453, V = 0.037 ^b
T1 Ability to influence own future, <i>Not at all/Very little/Somewhat</i>	34 (9.6%)	42 (7.16%)	χ ² (1) = 1.47, p = 0.225, V = 0.044 ^b
T2 Ability to influence own future, <i>Not at all/Very little/Somewhat</i>	21 (5.98%)	52 (8.77%)	χ ² (1) = 2.02, p = 0.155, V = 0.05 ^b
T3 Ability to influence own future, <i>Not at all/Very little/Somewhat</i>	41 (13.67%)	23 (9.47%)	χ^2(1) = 1.89, p = 0.169, V = 0.065 ^b
T3 Development of society, Very poor/Poor/Neither good or poor	215 (71.67%)	159 (65.7%)	χ ² (1) = 1.96, p = 0.7 62, V = 0.064 ^b
T3 Ability to influence future society, <i>Not at all/Very</i> <i>little/Somewhat</i>	263 (87.67%)	211 (86.83%)	χ ² (1) = 0.03, p = 0.8 72, V = 0.012 ^b

Table 5 continued.

Variable	Responders - <i>n</i> (%)	Non-responders - <i>n</i> (%)	Statistics
Health and vitality	X/	X/	
T1 Frequency of alcohol consumption, <i>Never</i>	241 (67.89%)	405 (68.53%)	χ ² (1) = 0.02, p = 0.894, V = 0.007 ^b
T2 Frequency of alcohol consumption, <i>Never</i>	159 (44.79%)	244 (41.15%)	$\chi^{2}(1) = 1.06, p = 0.303, V = 0.036^{b}$
T3 Frequency of alcohol consumption, Never; Once per month to once per week	34 (11.41%); 191 (64.09%)	42 (17.5%); 153 (63.75%)	x^2(2) = 5.49, p = 0.0 64, ∨ = 0.101; W = 4 1284.5, p = 0.001, r = -0.128
T1 Feeling energized, <i>Never/Seldom</i>	31 (8.73%)	55 (9.26%)	χ ² (1) = 0.02, p = 0.875, V = 0.009 ^b
T2 Feeling energized, <i>Never/Seldom</i>	28 (7.91%)	67 (11.32%)	χ ² (1) = 2.48, p = 0.115, V = 0.055 ^b
T1 Health, <i>Not very healthy</i>	13 (3.67%)	13 (2.2%)	χ ² (1) = 1.29, p = 0.257, V = 0.044 ^b
T2 Health, Not very healthy	10 (2.82%)	15 (2.53%)	χ ² (1) = 0, p = 0.954 V = 0.009 ^b
T3 Psychiatric diagnosis, <i>No</i>	253 (84.33%)	210 (87.14%)	χ ² (1) = 0.64, p = 0.424, V = 0.04 ^b
T3 Sick-leave >2 months, <i>No</i>	270 (91.84%)	216 (90.38%)	χ ² (1) = 0.19, p = 0.662, V = 0.026 ^b
T1 Sleep well, <i>Never/Seldom</i>	26 (7.32%)	37 (6.23%)	χ ² (1) = 0.27, p = 0.602, V = 0.021; W = 115264.5, p = 0.009, r = 0.068
T2 Sleep well, Never/Seldom	24 (6.76%)	42 (7.09%)	χ ² (1) = 0, p = 0.949 V = 0.006 ^b
T1 Smoking, <i>No</i>	333 (93.8%)	542 (91.25%)	χ ² (1) = 1.68, p = 0.195, V = 0.046 ^b
T2 Smoking, <i>No</i>	292 (82.25%)	478 (80.74%)	χ ² (1) = 0.24, p = 0.623, V = 0.019 ^b
Leisure activities			
T1 Exercise, <i>Never</i>	27 (7.63%)	43 (7.26%)	χ ² (1) = 0.01, p = 0.938, V = 0.007
T2 Exercise, <i>Never</i>	34 (9.6%)	63 (10.62%)	χ ² (1) = 0.15, p = 0.697, V = 0.016
T1 Hours spent watching TV on weekdays, <i>None/Less than 1 hour</i>	85 (23.94%)	136 (22.97%)	χ ² (1) = 0.07, p = 0.793, V = 0.011
T2 Hours spent watching TV on weekdays, <i>None/Less than 1 hour</i>	103 (29.1%)	145 (24.45%)	χ ² (1) = 2.24, p = 0. 35, V = 0.051; W = 9 6544, p = 0.026, r = 0.075
T1 Hours spent watching TV on weekends, <i>None/Less than</i> 1 hour	59 (16.62%)	95 (16.1%)	χ ² (1) = 0.01, p = 0.906, V = 0.007
T2 Hours spent watching TV on weekends, <i>None/Less than</i> 1 hour	81 (22.95%)	123 (20.74%)	χ ² (1) = 0.51, p = 0.474, V = 0.026
T1 Hours spent playing video games on weekdays, <i>None/Less than 1 hour</i>	213 (60%)	276 (46.7%)	χ ² (1) = 15.18, p < 0 .001, V = 0.129; W = 89368, p < 0.001, r = 0.133

Table 5 continued.

Variable	Responders - <i>n</i> (%)	Non-responders - <i>n</i> (%)	Statistics
T2 Hours spent playing video games on weekdays, None/Less than 1 hour	222 (63.07%)	310 (52.45%)	χ ² (1) = 9.68, p = 0. 002, V = 0.104; W = 90309.5, p < 0.001, r = 0.117
T1 Hours spent video games on weekends, <i>None/Less</i> than 1 hour	187 (52.68%)	269 (45.59%)	χ ² (1) = 4.17, p = 0. 041, V = 0.069; W = 91774.5, p < 0.001, r = 0.114
T2 Hours spent video games on weekends, <i>None/Less</i> <i>than 1 hour</i>	210 (59.66%)	293 (49.49%)	χ ² (1) = 8.76, p = 0. 003, V = 0.099; W = 91922.5, p = 0.002, r = 0.102
Study participation			
T1 Was it meaningful for you to participate, <i>Not very/Not at all</i>	283 (80.17%)	468 (79.32%)	χ^2(1) = 0.05, p = 0.819, V = 0.01 ^b
T2 Was it meaningful for you to participate, Not very/Not at all	229 (65.06%)	393 (66.72%)	χ ² (1) = 0.2, p = 0.652, V = 0.017 ^b
T3 Was it meaningful for you to participate, <i>Not very/Not at all</i>	27 (9.03%)	34 (13.99%)	χ ² (1) = 2.83, p = 0.093, V = 0.078 ^b
Respondent at both T1 and T2, <i>No</i>	52 (13.47%)	144 (21.18%)	χ ² (1) = 9.23, p = 0. 002, V = 0.096
Respondent at T3, No	89 (22.88%)	437 (64.26%)	χ ² (1) = 167.92, p < 0.001, V = 0.398

Note. Significant differences ($\alpha = 0.05$) are marked in bold. ^a Those participants who identified as neither woman nor man (n = 2) are casewise excluded; ^b The Mann-Whitney U-test utilizing ordinal levels was not statistically significant (p > 0.05)

Table 6.

Differences in self-injurious behaviours and disordered eating at T1-T3 between T4 non-responders and responders.

Variable	Responders	Non-responders	Statistics
T1 DSHI-9r summed score, <i>M</i> (SD)	3.52 (8.71)	3.36 (7.64)	t(943) = 0.31, p = 0.76, d = 0.021
T2 DSHI-9r summed score, <i>M</i> (SD)	3.46 (7.92)	3.97 (9.52)	t(942) = -0.85, p = 0.394, d = 0.057
T3 DSHI-9r summed score, <i>M</i> (<i>SD</i>)	1.36 (4.85)	1.59 (4.89)	t(540) = -0.54, p = 0.59, d = 0.047
T1 NSSI groups, No NSSI - n	204 (57.63%);	352 (59.66%); 125	χ^2(2) = 2.88, p =
(%); Infrequent NSSI - <i>n</i> (%)	91 (25.71%)	(21.19%)	0.237, V = 0.055
T2 NSSI groups, No NSSI - <i>n</i> (%); Infrequent NSSI - <i>n</i> (%)	198 (56.09%); 80 (22.66%)	344 (58.21%); 129 (21.83%)	χ ² (2) = 0.42, p = 0.811, V = 0.021
T3 NSSI groups, No NSSI - n	244 (81.33%);	197 (81.4%); 17	$\chi^{2}(2) = 1.51, p =$
(%); Infrequent NSSI - n (%)	28 (9.33%)	(7.02%)	0.47, V = 0.053
NSSI groups from Daukantaitė		(110270)	$\chi^{2}(3) = 1.71, p = 0.$
et al. (2021) - <i>n</i> (%)			34, V = 0.045
No NSSI	149 (44.9%)	240 (45.3%)	
Infrequent NSSI	96 (28.9%)	139 (26.2%)	
Unstable repetitive NSSI	55 (16.6%)	104 (19.6%)	
Stable repetitive NSSI	32 (9.6%)	47 (8.9%)	
NSSI groups from Wångby- ₋undh et al. (2023) - <i>n</i> (%)			χ ² (3) = 1.55, p = 0. 71, V = 0.063
No repetitive NSSI	180 (81.4%)	141 (82%)	
Stable adolescence-limited repetitive NSSI	20 (9%)	13 (7.6%)	
Late-onset repetitive NSSI	13 (5.9%)	8 (4.7%)	
Prolonged repetitive NSSI	8 (3.6%)	10 (5.8%)	
NSSI groups from Claréus & Daukantaitė (2023) - <i>n</i> (%)			χ^2(3) = 2.36, p = 0. , V = 0.08
No NSSI	131 (61.8%)	95 (59.7%)	
Full cessation of repetitive NSSI	55 (25.9%)	41 (25.8%)	
Partial cessation of repetitive NSSI	13 (6.1%)	7 (4.4%)	
Continuation of repetitive NSSI	13 (6.1%)	16 (10.1%)	
T1 RiBED-8 summed score, <i>M</i> (SD)	13.46 (4.29)	13.19 (4.01)	t(914) = 0.97, p = 0.334, d = 0.066
T2 RiBED-8 summed score, <i>M</i> (<i>SD</i>)	13.17 (4.38)	13.14 (4.57)	t(908) = 0.11, p = 0.912, d = 0.008
Γ3 RiBED-8 summed score, <i>M</i> <i>SD</i>)	13.48 (4.42)	13 (4.36)	t(536) = 1.25, p = 0.211, d = 0.109
DE groups from Foster et al. 2023)			
T1 At risk for eating	10 (3.8%); 46	7 (3.47%); 40	χ^2(2) = 0.42, p =
disorder, No DE - <i>n</i> (%); Risk DE - <i>n</i> (%)	(17.49%)	(19.8%)	0.809, V = 0.03
T2 At risk for eating	15 (5.7%); 41	11 (5.45%); 38	χ^2(2) = 0.84, p =
disorder, No DE - <i>n</i> (%); Risk DE - <i>n</i> (%)	(15.59%)	(18.81%)	0.657, V = 0.043
T3 At risk for eating	16 (6.08%); 36	9 (4.46%); 38	χ^2(2) = 2.63, p =
disorder, No DE - <i>n</i> (%); Risk DE - <i>n</i> (%)	(13.69%)	(18.81%)	0.269, V = 0.075

Note. DSHI-9r = Deliberate Self-Harm Inventory revised; RiBED-8 = Risk Behaviours for Eating Disorder.

Table 7.

Descriptive statistics and tests for significant differences between T4 non-responders and responders on variables measured at T1-T2.

Variable	Responders	Non-responders	Statistics
AERSQ subscales, <i>M</i> (<i>SD</i>)	0.04 (0.0)	0.00 (0.70)	
T1 Rumination	2.24 (0.8)	2.09 (0.79)	t(897) = 2.86, p = 0.004, d = 0.197
T2 Rumination	2.36 (0.82)	2.17 (0.85)	t(910) = 3.24, p = 0.001, d = 0.221
T1 Reorientation	3.4 (0.82)	3.32 (0.85)	t(925) = 1.42, p = 0.156, c = 0.096
T2 Reorientation	3.36 (0.84)	3.37 (0.87)	t(919) = -0.16, p = 0.873, d = 0.011
T1 Communication	3.15 (1.16)	3.12 (1.15)	t(943) = 0.42, p = 0.671, c = 0.029
T2 Communication	3.23 (1.18)	3.1 (1.22)	t(942) = 1.54, p = 0.124, c = 0.103
T1 Distraction	3.31 (0.76)	3.39 (0.83)	t(934) = -1.4, p = 0.16, d = 0.095
T2 Distraction	3.39 (0.82)	3.38 (0.85)	t(937) = 0.06, p = 0.956, c = 0.004
T1 Cultural activites	2.15 (0.92)	2.05 (0.9)	t(934) = 1.74, p = 0.083, c = 0.117
T2 Cultural activites	2.05 (0.91)	1.96 (0.9)	t(934) = 1.41, p = 0.16, d = 0.095
T1 BESAA Body esteem, M (SD)	28.09 (6.86)	29.73 (6.62)	t(918) = -3.59, p < 0.001 d = 0.245
T2 BESAA Body esteem, M (SD)	27.82 (6.71)	29.25 (7.01)	t(910) = -3.04, p = 0.002, d = 0.207
T1 DI total score, M (SD)	0.02 (0.52)	-0.01 (0.49)	t(944) = 0.88, p = 0.379, c = 0.059
T2 DI total score, M (SD)	-0.01 (0.53)	0.01 (0.58)	t(1017) = -0.5, p = 0.619, d = 0.032
ETI subscales, M (SD)			
T1 Parents, positive feelings	3.07 (0.53)	3.06 (0.47)	t(884) = 0.42, p = 0.677, c = 0.029
T2 Parents, positive feelings	3.08 (0.49)	3.07 (0.49)	t(906) = 0.44, p = 0.659, c = 0.03
T1 Parents, negative feelings	1.69 (0.49)	1.67 (0.47)	t(907) = 0.32, p = 0.75, d = 0.022
T2 Parents, negative feelings	1.7 (0.46)	1.7 (0.48)	t(911) = 0.13, p = 0.9, d = 0.009
T1 Peers, positive feelings	3.23 (0.52)	3.23 (0.5)	T(908) = -0.04, p = 0.971 d = 0.003
T2 Peers, positive feelings	3.31 (0.48)	3.3 (0.52)	t(928) = 0.35, p = 0.729, c = 0.024
T1 Peers, negative feelings	1.52 (0.44)	1.51 (0.42)	t(924) = 0.15, p = 0.881, c = 0.01
T2 Peers, negative feelings	1.57 (0.47)	1.54 (0.47)	t(936) = 0.78, p = 0.438, c = 0.052
PANIBI subscales, M (SD)			
T1 Direct aggression	1.28 (0.4)	1.37 (0.46)	t(942) = -3.14, p = 0.002 d = 0.211
T2 Direct aggression	1.4 (0.61)	1.44 (0.59)	t(924) = -0.91, p = 0.361, d = 0.062

Variable	Responders	Non-responders	Statistics
T1 Indirect aggression	1.42 (0.49)	1.39 (0.46)	t(938) = 0.98, p = 0.327, d = 0.066
T2 Indirect aggression	1.54 (0.59)	1.48 (0.6)	t(930) = 1.47, p = 0.141, d = 0.1
T1 Victim of direct aggression	1.51 (0.59)	1.56 (0.6)	t(934) = -1.38, p = 0.168, d = 0.093
T2 Victim of direct aggression	1.56 (0.65)	1.57 (0.64)	t(932) = -0.06, p = 0.954, d = 0.004
T1 Victim of indirect aggression	1.78 (0.82)	1.75 (0.78)	t(932) = 0.63, p = 0.527, d = 0.043
T2 Victim of indirect aggression	1.9 (0.91)	1.78 (0.81)	t(931) = 2.13, p = 0.034, d = 0.144
T1 Treated well by others	3.56 (0.72)	3.57 (0.74)	t(900) = -0.15, p = 0.883, d = 0.01
T2 Treated well by others	3.69 (0.69)	3.65 (0.75)	t(915) = 0.77, p = 0.441, c = 0.052
T1 Treating others well	3.61 (0.7)	3.54 (0.76)	t(917) = 1.31, p = 0.19, d = 0.089
T2 Treating others well	3.69 (0.7)	3.63 (0.72)	t(912) = 1.42, p = 0.157, c = 0.097
T1 SDQ-s total score, M (SD)	9.97 (5.32)	10.12 (4.86)	t(894) = -0.43, p = 0.668, d = 0.03
T2 SDQ-s total score, M (SD)	10.49 (4.86)	10.46 (5.1)	t(891) = 0.08, p = 0.936, c = 0.006
SDQ-s subscales, M (SD)			
T1 Inattention/hyperactivity	3.52 (2.25)	3.91 (2.12)	t(937) = -2.66, p = 0.008, d = 0.18
T2 Inattention/hyperactivity	3.86 (2.13)	4.18 (2.19)	t(928) = -2.19, p = 0.029, d = 0.149
T1 Emotional symptoms	2.9 (2.27)	2.39 (1.97)	t(930) = 3.64, p < 0.001, d = 0.247
T2 Emotional symptoms	3.04 (2.21)	2.5 (2.13)	t(933) = 3.74, p < 0.001, d = 0.253
T1 Peer problems	1.9 (1.77)	1.9 (1.53)	t(922) = 0.01, p = 0.991, c = 0.001
T2 Peer problems	1.84 (1.58)	1.77 (1.57)	t(932) = 0.67, p = 0.502, c = 0.045
T1 Conduct problems	1.67 (1.62)	1.96 (1.68)	t(934) = -2.54, p = 0.011, d = 0.172
T2 Conduct problems	1.83 (1.69)	2.01 (1.77)	t(934) = -1.54, p = 0.123, d = 0.104
T1 Prosocial behaviour	7.57 (1.89)	7.45 (1.91)	t(936) = 0.94, p = 0.348, c = 0.063
T2 Prosocial behaviour	7.88 (1.85)	7.51 (1.98)	t(935) = 2.76, p = 0.006, d = 0.186

Table 7 continued.

Note. Significant differences ($\alpha = 0.05$) are marked in bold. AERSQ = Adolescents' Emotion Regulation Strategies Questionnaire; BESAA = Body Esteem Scale for Adolescents and Adults; DI = Depression Index; ETI = Emotional Tone Index; PANIBI = Positive and Negative Interpersonal Behaviours Inventory; SDQ-s = Strengths and Difficulties Questionnaire, self-report version.

Table 8.

Descriptive statistics and tests for significant differences between T4 non-responders and responders on variables measured at T3.

Variable	Responders	Non-responders	Statistics
AQ-RSV subscales, <i>M</i> (<i>SD</i>)			
Physical aggression	1.64 (0.54)	1.78 (0.61)	t(531) = -2.83, p = 0.005, d = 0.246
Verbal aggression	2.1 (0.51)	2.14 (0.48)	t(531) = -0.98, p = 0.326, d = 0.086
Anger	1.88 (0.59)	1.96 (0.62)	t(531) = -1.57, p = 0.117, d = 0.137
Hostility	2 (0.63)	1.93 (0.64)	t(532) = 1.2, p = 0.231 d = 0.104
BRS: Resilience, <i>M</i> (<i>SD</i>)	3.34 (0.82)	3.42 (0.8)	t(531) = -1.2, p = 0.229, d = 0.105
DASS-21 subscales, M (SD)			
Depression	4.02 (4.74)	3.76 (4.62)	t(526) = 0.63, p = 0.53 d = 0.055
Anxiety	3.2 (3.55)	3.44 (3.97)	t(532) = -0.73, p = 0.464, d = 0.064
Stress	6.55 (4.7)	6.65 (5.22)	t(533) = -0.22, p = 0.825, d = 0.019
DERS-16: Emotion dysregulation, <i>M</i> (<i>SD</i>)	33.84 (14.33)	33.45 (14.93)	t(520) = 0.3, p = 0.762 d = 0.027
FS: Flourishing, <i>M</i> (<i>SD</i>)	46.2 (7.64)	46.6 (7.44)	t(531) = -0.61, p = 0.54, d = 0.053
FSCRS subscales, <i>M</i> (<i>SD</i>)			
Inadequate self	14.52 (8.43)	13.66 (8.32)	t(531) = 1.19, p = 0.236, d = 0.103
Reassure self	15 (7.61)	15.74 (7.56)	t(521) = -1.11, p = 0.269, d = 0.097
Hated self	3.25 (4.17)	3.09 (4.19)	t(533) = 0.45, p = 0.651, d = 0.039
MSI-BPD: Above cutoff, <i>No</i> – n (%)	267 (90.2%)	205 (86.86%)	χ ² (1) = 1.15, p = 0.2 4, V = 0.052
MSPSS: Social support, <i>M</i> (<i>SD</i>)	5.88 (1.07)	5.95 (1.02) t	(526) = -0.83, p = 0.404, d = 0.073
SUPPS-P subscales, <i>M</i> (<i>SD</i>)			
Negative urgency	2.1 (0.71)	2.09 (0.75)	t(537) = 0.23, p = 0.818, d = 0.02
Positive urgency	1.68 (0.58)	1.8 (0.73)	t(533) = -2.26, p = 0.024, d = 0.196
Lack of perseverance	1.81 (0.49)	1.77 (0.45)	t(534) = 1.01, p = 0.314, d = 0.088
Lack of premeditation	1.83 (0.51)	1.94 (0.55)	t(525) = -2.28, p = 0.023, d = 0.2
Sensation seeking	2.38 (0.66)	2.57 (0.73)	t(530) = -3.16, p = 0.002, d = 0.276
SWLS: Life satisfaction, <i>M</i> (<i>SD</i>)	23.86 (7.19)	23.4 (7.81)	t(535) = 0.71, p = 0.475, d = 0.062
LEQ subscales, <i>M</i> (<i>SD</i>)			
Positive events within past 10 years	4.09 (2.02)	3.89 (1.99)	t(532) = 1.13, p = 0.26 d = 0.098
Negative events within past 10 years	1.6 (1.33)	1.78 (1.46)	t(526) = -1.45, p = 0.147, d = 0.127
Profoundly negative events within past 10 years	0.73 (1.13)	0.79 (1.13)	t(536) = -0.56, p = 0.578, d = 0.048

Variable	Responders	Non-responders	Statistics
LEQ Singular life events, No – n	Responders	Non-responders	อเลแรแบร
(%)			
Reaching an important life goal	28 (9.33%)	23 (9.54%)	χ^2(1) = 0, p = 1, V = 0.004
Finding a meaningful hobby	96 (32.11%)	77 (31.82%)	χ^2(1) = 0, p = 1, V = 0.003
Receiving an award	102 (34.23%)	93 (38.59%)	χ ² (1) = 0.92, p = 0.338, V = 0.045
Meeting (a) significant other(s) with a positive impact on their life	63 (21.07%)	55 (22.63%)	χ ² (1) = 0.11, p = 0.738, V = 0.019
Death of close family member	246 (83.11%)	195 (80.91%)	χ^2(1) = 0.3, p = 0.584, V = 0.028
Death of relative	89 (29.77%)	73 (30.04%)	χ^2(1) = 0, p = 1, V = 0.003
Death of someone else important to them	242 (80.94%)	174 (71.9%)	χ^2(1) = 5.65, p = 0.017, V = 0.107
Subject of serious accident	257 (86.24%)	201 (82.72%)	χ ² (1) = 1.02, p = 0.312, V = 0.049
Parents' or guardian's divorce	261 (87.29%)	212 (87.6%)	χ ² (1) = 0, p = 1, V = 0.005
Recovery from physical illness/injury	276 (92.62%)	213 (87.65%)	χ ² (1) = 3.25, p = 0.072, V = 0.084
Subject of physical assault	259 (86.62%)	186 (76.54%)	χ^2(1) = 8.59, p = 0.003, V = 0.131
Subject of sexual assault or other unwanted sexual experience	247 (82.33%)	217 (89.3%)	χ ² (1) = 4.7, p = 0.03, V = 0.098
Experiencing serious physical/mental illness	258 (86.29%)	211 (87.55%)	χ ² (1) = 0.09, p = 0.761, V = 0.019
Recovery/adaptation to mental illness	242 (80.94%)	188 (77.37%)	χ^2(1) = 0.84, p = 0.361, V = 0.044

Table 8 continued.

Note. Significant differences ($\alpha = 0.05$) are marked in bold. AQ-RSV = revised Aggression Questionnaire; BRS = Brief Resilience Scale; DASS-21 = Depression, Anxiety, and Stress scale; DERS-16 = brief Difficulties in Emotion Regulation Scale; FS = Flourishing Scale; FSCRS = Forms of Self-Criticizing/attacking and self-Reassuring Scale; MSI-BPD = McLean Screening Instrument for Borderline Personality Disorder; MSPSS = Multidimensional Scale of Perceived Social Support; SUPPS-P = Short UPPS-P Impulsivity Scale; SWLS = Satisfaction With Life Scale; LEQ = Life Events Questionnaire

Table 9.

Descriptive statistics and tests for significant differences between T3 non-responders and responders on variables measured at T4.

/ariable	Responders	Non-responders	Statistics
/alidated scales			
BRS: Resilience, <i>M</i> (<i>SD</i>)	3.45 (0.8)	3.45 (0.84)	t(382) = -0.04, p = 0.967, d = 0.005
DASS-21 subscales, M (SD)			
Depression	3.41 (4.48)	3.7 (4.48)	t(379) = -0.52, p = 0.605, d = 0.063
Anxiety	2.22 (2.9)	2.41 (2.55)	t(378) = -0.56, p 0.578, d = 0.069
Stress	4.89 (4.05)	5.59 (4.03)	t(382) = -1.41, p 0.158, d = 0.173
DERS-16: Emotion dysregulation, <i>M</i> (<i>SD</i>)	31.14 (13.57)	30.33 (11.8)	t(380) = 0.5, p = 0.614, d = 0.062
DSHI-9r summed score, M (SD)	0.81 (3.15)	0.64 (3.1)	t(385) = 0.44, p = 0.657, d = 0.054
NSSI groups, No NSSI - <i>n</i> (%); Infrequent NSSI - <i>n</i> (%)	2 (2.38%); 12 (1 4.29%)	17 (5.69%); 59 (1 9.73%)	χ ² (2) = 3.15, p = .207, V = 0.091
FS: Flourishing, <i>M</i> (<i>SD</i>)	46.57 (8.28)	47.1 (7.19)	t(382) = -0.55, p 0.584, d = 0.067
FSCRS subscales, M (SD)			
Inadequate self	12.72 (8.13)	12.35 (8.03)	t(380) = 0.37, p = 0.712, d = 0.045
Reassure self	15.6 (7.7)	16.2 (7.3)	t(377) = -0.64, p 0.524, d = 0.079
Hated self	2.56 (3.83)	2.16 (3.09)	t(376) = 0.88, p = 0.38, d = 0.108
GSE: Self-efficacy, M (SD)	29.98 (5.01)	30.13 (5.79)	t(380) = -0.23, p 0.815, d = 0.029
MSPSS: Social support, <i>M</i> (<i>SD</i>)	5.9 (1.08)	5.87 (1.12)	t(382) = 0.26, p = 0.795, d = 0.032
RiBED-8 summed score, <i>M</i> (<i>SD</i>)	13.43 (4.37)	13.12 (3.6)	t(381) = 0.6, p = 0.549, d = 0.074
At risk for eating disorder, No DE - <i>n</i> (%); Risk DE - <i>n</i> (%)	76 (87.36%); 8 (9. 2%)	254 (84.67%); 28 (9.33%)	χ ² (2) = 0.87, p = .648, V = 0.047
SCIM total score, M (SD)	62.51 (21.64)	66.01 (22.67)	t(368) = -1.28, p 0.201, d = 0.16
SCIM subscales, M (SD)			
Consolidated identity	55.21 (8.65)	53.98 (8.92)	t(378) = 1.15, p = 0.253, d = 0.142
Disturbed identity	24.53 (8.7)	25.6 (9.07)	t(378) = -0.99, p 0.322, d = 0.122
Lack of identity	13.15 (7.69)	13.78 (7.76)	t(377) = -0.66, p 0.509, d = 0.081
SWLS: Life satisfaction, <i>M</i> (<i>SD</i>)	25.3 (6.9)	24.9 (6.95)	t(384) = 0.48, p = 0.631, d = 0.059
LEQ subscales, <i>M</i> (<i>SD</i>)			
Positive events within past 5 years	3.57 (2.08)	3.64 (1.75)	t(384) = -0.29, p 0.769, d = 0.036
Negative events within past 5 years	1.03 (1.1)	1.16 (1.14)	t(380) = -1, p = 0.316, d = 0.123
Profoundly negative events within past 5 years	0.58 (1.04)	0.74 (1.06)	t(382) = -1.25, p 0.212, d = 0.153

Table 9 continued.

Variable	Responders	Non-responders	Statistics
LEQ Singular life events			
experienced in the past 5 years,			
<i>No</i> – n (%)			
Reaching an important life	40 (40 000/)	10 (11 100/)	χ^2(1) = 0.08, p =
goal	40 (13.38%)	10 (11.49%)	0.78, V = 0.023
Finding a meaningful hobby	116 (38.67%)	29 (33.33%)	$\chi^{2}(1) = 0.61, p =$
5 5 ,			0.436, V = 0.046
Receiving an award	149 (49.67%)	33 (37.93%)	$\chi^{2}(1) = 3.27, p =$
ricconnig an anala			0.07, V = 0.098
Meeting (a) significant	82 (27.33%)	15 (17.24%)	$\chi^{2}(1) = 3.14, p =$
other(s) with a positive	•= (=: ••• /•)		0.076, V = 0.097
impact on their life			0.010, 1 0.001
Death of close family	266 (89.26%)	72 (83.72%)	χ^2(1) = 1.45, p =
member	200 (00.2070)	12 (00.1270)	0.228, V = 0.071
Death of relative	143 (47.67%)	39 (44.83%)	$\chi^{2}(1) = 0.12, p =$
Deall of relative	143 (47.0770)	39 (44.03 %)	$\chi^{2}(1) = 0.12, p = 0.73, V = 0.024$
Death of company also	246 (920/)	70 (02 700/)	
Death of someone else	246 (82%)	72 (83.72%)	$\chi^{2}(1) = 0.04, p =$
important to them	070 (000()	70 (00 00()	0.835, V = 0.019
Subject of serious accident	279 (93%)	79 (90.8%)	$\chi^{2}(1) = 0.21, p =$
		((-))	0.65, V = 0.035
Recovery from physical	279 (93.62%)	77 (88.51%)	χ^2(1) = 1.85, p =
illness/injury			0.174, V = 0.081
Subject of physical assault	279 (93%)	81 (93.1%)	χ^2(1) = 0, p = 1, V
			= 0.002
Subject of sexual assault or	273 (91.3%)	75 (86.21%)	χ^2(1) = 1.44, p =
other unwanted sexual			0.23, V = 0.071
experience			
Experiencing serious	265 (88.63%)	74 (85.06%)	χ^2(1) = 0.5, p =
physical/mental illness	(, , , , , , , , , , , , , , , , , , ,	· · · · ·	0.478, V = 0.046,
Recovery/adaptation to	235 (78.6%)	59 (67.82%)	$\chi^{2}(1) = 3.74$, p =
mental illness		(<i>'</i>	0.053, V = 0.106
Other variables			,
Educational achievement,	37 (44.05%); 8 (9.	95 (31.67%); 44 (χ^2(2) = 4.87, p =
Elementary/Highschool - n (%);	52%)	14.67%)	0.088, V = 0.113
University education <3 years -	0270)	14.0170)	0.000, V 0.110
n (%)			
Current occupation; Studying –	8 (11.59%)	19 (7.31%)	χ^2(1) = 0.82, p =
n (%)	0(11.0070)	19 (7.5170)	0.365, V = 0.064
	10 (12 200/)	10 (11 400/)	
Future overall life quality, Very	40 (13.38%)	10 (11.49%)	χ [^] 2(1) = 0.08, p = 0.78, V = 0.023°
poor/Poor/Neither good or poor -			$0.76, V = 0.023^{\circ}$
n (%)	AZ (AE 070/)	0 (0 00/)	(40/4) = 4.00
Ability to influence one's own	47 (15.67%)	8 (9.2%)	$\chi^{2}(1) = 1.82, p =$
future, <i>Not at all/Very</i>			0.178, V = 0.077 ^c
little/Somewhat - n (%)	04 (70 400)	000 (74 000()	
Future development of society	64 (76.19%)	223 (74.33%)	$\chi^{2}(1) = 0.04, p =$
			0.838, V = 0.018 ^c
Ability to influence future society	77 (91.67%)	273 (91%)	χ ² (1) = 0, p = 1, V
			= 0.01°
Psychiatric diagnosis, <i>No</i> – n	257 (86.24%)	71 (81.61%)	χ^2(1) = 0.81, p =
(%)	·		0.369, V = 0.055
Sick-leave >2 months, No – n	258 (88.66%)	67 (78.82%)	χ^2(1) = 4.62, p =
			0.032, V = 0.12

Table 9 continued.

Variable	Responders	Non-responders	Statistics
Unemployment >2 months, <i>No</i> – n (%)	66 (78.57%)	240 (80.54%)	χ ² (1) = 0.06, p = 0.807, V = 0.02
Covid-19: Impact on health, <i>To</i> the worse – n (%); <i>No change</i> – n (%)	22 (26.19%); 45 (53.57%)	87 (29%); 155 (51.67%)	chi^2(2) = 0.26, p = 0.88, V = 0.026 ^c
Covid-19: Impact on everyday life, <i>To the worse – n</i> (%); <i>No</i> <i>change – n</i> (%)	28 (33.33%); 39 (46.43%)	76 (25.42%); 154 (51.51%)	chi^2(2) = 2.08, p = 0.353, V = 0.074°
Was it meaningful for you to participate, <i>Not at all/Not very</i> - n (%)	33 (11.07%)	14 (16.28%)	χ ² (1) = 1.23, p = 0.267, V = 0.066°

Note. Significant differences ($\alpha = 0.05$) are marked in bold. BRS = Brief Resilience Scale; DASS-21 = Depression, Anxiety, and Stress scale; DERS-16 = brief Difficulties in Emotion Regulation Scale; DSHI-9r = revised Deliberate Self-Harm Inventory; FS = Flourishing Scale; FSCRS = Forms of Self-Criticizing/attacking and self-Reassuring Scale; GSE = General Self-Efficacy scale; MSPSS = Multidimensional Scale of Perceived Social Support; RiBED-8 = Risk Behaviors for Eating disorder; SCIM = Self-Concept and Identity Measure; SWLS = Satisfaction With Life Scale

^c The Mann-Whitney U-test utilizing ordinal levels was not statistically significant (p > 0.05)

Figure 1.



Overview of responders and non-responders at T1-T4*.*