

Slides, Script, Link and References

Slides:

Protective Factors, Resilience and Well-being

Kayleigh Evans - ECAP5007

INTRODUCTION

Resilience is a dynamic process which gives the individual the capacity to be able to cope and bounce back when they are faced with difficult situations (Mesman et al., 2021). Higher levels of resilience can lead to less mental health problems, lower risk of psycho-emotional problems and less behaviour issues (Konaszewski et al., 2021). The lack of resilience may lead to unstable psychosocial development or even psychopathology in adulthood (Banerjee et al., 2018).

Well-being is a multi-dimensional state in which the person is physically and psychologically healthy and happy (Avedissian & Alayan, 2021). Well-being is associated with improved recovery from illness and positive health behaviours, such as being physically active, only drinking alcohol in moderation, and not smoking or consuming illegal substances (GOV UK, 2020).

Adolescence is a critical time frame in which there are major changes happening both mentally and physically such as puberty. During this time, adolescents are more susceptible to be influenced by a range of risk factors such as substance abuse, smoking, illness and more recently, the use and potential overuse of social media (Buda et al., 2021; Salam et al., 2016). Risk factors such as these can have detrimental effects of the resilience and wellbeing of the adolescent individual.

Protective factors are a variety of attributes (social or environmental) which lead to a positive and healthy life. Protective factors include, family and non-family support, safe and supportive neighbourhoods and a positive school environment (Moore & Ramirez, 2016). These factors can all influence resilience and well-being of the adolescent.

When an individual is faced with risk factors, such as those mentioned previously, they need to have good protective factors and also resilience in order to adapt and cope with adversity and negative experiences.

FAMILY RESILIENCE THEORY

There have been many psychological theories that have aimed to explain the concept of resilience. The family resilience theory (Walsh, 1966; 2003) is made up of the assumption that resilience is a combination of nine processes, which enable families to work together in order to overcome adversity. These processes are:

1. Making meaning of adverse experiences
2. Having a positive outlook about the situation you are facing
3. Transcendence and spirituality
4. Flexibility with experiences
5. Connectedness with others
6. Stabilizing social and economic resources
7. Clarity of information
8. Having open emotions
9. Collaborating when problem-solving

This theory primarily focuses on the ideology of having a positive outcome, however this may not always be the case. Some people may never be able to be positive about their life experiences, meaning this theory may not be applicable to them.

RESEARCH

Moore and Ramirez (2016) examined how adverse childhood experiences (ACEs) affect an adolescent's well-being and they also importance of protective factors. They conducted a cross-sectional study, consisting of 34,152 participants, aged 12-17 years old. Data was collected through telephone interviews with the parents. Parents were asked a series of questions, and were instructed to simply answer yes or no. The results of this study showed that adolescents who had a greater number of ACEs, had lower well-being and those with more ACEs had fewer protective factors. Indicating that there is a negative association between ACEs and well-being, as well as the mediation between protective factors and the overall well-being of the adolescent. Suggesting that if an adolescent individual had more protective factors, the effects of their ACEs would decrease and positively impact their well-being.

Results are representative of the adolescent population due to the large sample size. However, due to this being a cross-sectional design study, it does not allow the researchers to identify if the positive or negative trends in well-being are constant throughout adolescence or if they change over time. A longitudinal study may have been more beneficial to gain an insight into this.

A further study conducted by Dias and Cadime (2017) explored protective factors and resilience in adolescents. This study consisted of 393 adolescents between the ages of 14-21 years old. All participants were required to complete a resilience questionnaire and a self-regulation questionnaire. The results of this study showed that home environment had the largest influence on resilience, with schools appearing to have no influence on resilience. This indicates that if a child has no protective factors within the home environment, their resilience and well-being may not improve based solely on the school influences. However, with a combination of multiple protective factors such as positive home and school life, and a positive community for example, then the adolescent is more likely to become more resilient to adversity and also have more positive well-being.

Despite these findings, a limitation of this study is that all participants attended a secondary school. This means that those who potentially dropped out of secondary school due to their negative well-being or resilience and also those who are home schooled have been unaccounted for within this study. This is an issue because those adolescent individuals who did not attend school, would not have the school as a protective factor which could largely impact their resilience and consequently their overall well-being if they do not have any other protective factors, such as at home for example.

CONCLUSION

Resilience and well-being are both important when it comes to adolescent's mental health and development. Resilience enables the individual to overcome and bounce back from any adversity they experience throughout life and without resilience, their psychosocial development may be dysfunctional, and they may be at higher risk for stress, and more mental health issues. However, some people are not naturally resilient and rely on protective factors to help build their resilience. For example, having a positive home life, positive school environments and positive communities are all protective factors, and the more protective factors a person has, the more resilient they become to overcome their adversities, specifically adverse childhood experiences. When a person has good protective factors, and resilience, their overall well-being is positive and increased as they have a more positive self-perception of their life, leading to increased happiness and life satisfaction. Overall, having positive protective factors is fundamental to having a positive lifestyle. More research should be conducted to explore the longitudinal aspects of protective factors throughout each stage of adolescence and the effects that they have on resilience and well-being.

FIGURE 1

Factor	Average resilience score
Peer or friend	22
Family	27
Peer trust	25
Peer communication	28
Victim of bullying	26

creativecommons.org/licenses/by/4.0/link is external

FIGURE 2

Age Group	Average resilience score
Neither 12-13 or 14-15 years	24
Either 12-13 or 14-15 years	26
Both 12-13 and 14-15 years	27

Close with parents
creativecommons.org/licenses/by/4.0/link is external

References

- Avedissian, T., & Alayan, N. (2021). Adolescent well-being: A concept analysis. *International Journal of Mental Health Nursing*, 30(2), 357-367. <https://doi.org/10.1111/inm.12833>
- Banerjee, R., Dasgupta, A., Burman, J., Paul, B., Bandyopadhyay, L., & Suman, S. (2018). Resilience level among adolescent children: A school-based study in Kolkata, India. *International Journal of Contemporary Pediatrics*, 5(4), 1641-1645. <https://doi.org/10.18203/2349-3291.ijcp20182581>
- Buda, G., Lukoševičiūtė, J., Šalčiūnaitė, L., & Šmigelskas, K. (2021). Possible effects of social media use on adolescent health behaviors and perceptions. *Psychological Reports*, 124(3), 1031-1048. <https://doi.org/10.1177/0033294120922481>
- Dias, P. C., & Cadime, I. (2017). Protective factors and resilience in adolescents: The mediating role of self-regulation. *Psicologia Educativa*, 23(1), 37-43. <https://doi.org/10.1016/j.pse.2016.09.003>
- GOV UK. (2022, February 28). *Wellbeing and Mental Health: Applying All Our Health*. <https://www.gov.uk/government/publications/wellbeing-in-mental-health-applying-all-our-health/wellbeing-in-mental-health-applying-all-our-health>
- Konaszewski, K., Niesiołbiedzka, M., & Surzykiewicz, J. (2021). Resilience and mental health among juveniles: role of strategies for coping with stress. *Health and Quality of Life Outcomes*, 19(1), 1-12. <https://doi.org/10.1186/s12955-021-01701-3>
- Mesman, E., Vreeker, A., & Hillegers, M. (2021). Resilience and mental health in children and adolescents: an update of the recent literature and future directions. *Current Opinion in Psychiatry*, 34(6), 586. <https://doi.org/10.1097/YCO.0000000000000741>
- Moore, K. A., & N Ramirez, A. (2016). Adverse childhood experience and adolescent well-being: Do protective factors matter? *Child Indicators Research*, 9(2), 299-316. <https://doi.org/10.1007/s12187-015-9324-4>
- Salam, R. A., Das, J. K., Lassi, Z. S., & Bhutta, Z. A. (2016). Adolescent health and well-being: Background and methodology for review of potential interventions. *Journal of Adolescent Health*, 59(4), S4-S10. <https://doi.org/10.1016/j.jadohealth.2016.07.023>
- Walsh, F. (1996). The concept of family resilience: Crisis and challenge. *Family process*, 35(3), 261-281. <https://doi.org/10.1111/j.1545-5300.1996.00261.x>
- Walsh, F. (2003). Family resilience: A framework for clinical practice. *Family process*, 42(1), 1-18. <https://doi.org/10.1111/j.1545-5300.2003.00001.x>

Script:

Resilience is a dynamic process which gives the individual the capacity to be able to cope and essentially bounce back when they are faced with difficult situations (Mesman et al., 2021). Research has found that adolescents who have higher levels of resilience have less mental-health problems, lower risk of psycho-emotional problems and less behaviour issues compared to their peers with low resilience (Konaszewski et al., 2021). The lack of resilience may lead to unstable psychosocial development or even the possibility of psychopathology in adulthood (Banerjee et al., 2018).

Well-being has been defined as being a multi-dimensional state in which the person is physically and psychologically healthy and happy (Avedissian & Alayan, 2021). Research has shown that well-being is associated with improved recovery from illness and positive health behaviours, such as being physically active, only drinking alcohol in moderation, and not smoking or consuming illegal substances for example (GOV UK, 2020).

Adolescence is a critical time frame in which there are major changes happening both mentally and physically such as puberty for example. During this time, adolescents are more susceptible to be influenced by a range of risk factors such as substance abuse, smoking, illness and more recently, the use and potential overuse of social media (Buda et al., 2021; Salam et al., 2016). Risk factors such as these can have detrimental effects of the resilience and wellbeing of the adolescent individual.

Protective factors are a variety of attributes whether this be social or environmental, which lead to a positive and healthy life. Examples of protective factors include, family and non-family support, safe and supportive neighbourhoods and a positive school environment (Moore & Ramirez, 2016). These factors can all influence resilience and subsequently the well-being of the adolescent.

When an individual is faced with risk factors, such as those mentioned previously, they need to have good protective factors and also resilience in order to adapt and cope with adversity and negative experiences.

There have been many psychological theories that have aimed to explain the concept of resilience. When considering the resilience and well-being of adolescents in particular, the family resilience theory by Froma Walsh (1966) is an important theory to note. This theory is made up of the assumption that the concept of resilience is a combination of nine processes, which can enable families to work together in order to overcome adversity.

These processes are:

- Making meaning of adverse experiences
- Having a positive outlook about the situation you are facing
- Transcendence and spirituality – connecting with larger beliefs such as religion
- Flexibility with experiences
- Connectedness with others
- Stabilising social and economic resources
- Clarity of information
- Having open emotions
- Collaborating when problem-solving

This theory primarily focuses on the ideology of having a positive outcome, however this may not always be the case. Some people may never be able to be positive about their life experiences, so in this case they just need to cope rather than be positive, so this theory may not be applicable to them.

A study by Moore and Ramirez (2016) examined how adverse childhood experiences (ACE'S) affect an adolescent's well-being and they also studied the importance of protective factors. This was a cross-sectional study, consisting of 34,152 participants between the ages of 12-17 years old, with data collected through telephone interviews with the parents. Parents were asked a series of questions, and were instructed to simply answer yes or no. The results of this study showed that adolescents who had a greater number of ACEs, had lower well-being compared to their peers and it was also found that those with more ACEs had fewer protective factors. Indicating that there is a negative association between ACEs and well-being, as well as the mediation between protective factors and the overall well-being of the

adolescent. This suggests that if an adolescent individual had more protective factors, the effects of their ACEs would decrease and positively impact their well-being.

A large sample size was used for this study, which ensures that the results are representative of the adolescent population. However, due to this being a cross-sectional design study, it does not allow the researchers to identify if the positive or negative trends in well-being are constant throughout adolescence or if they change over time. A longitudinal study may have been more beneficial to gain an insight into this.

A further study conducted by Dias and Cadime (2017) explored protective factors and resilience in adolescents. This study consisted of 393 adolescents between the ages of 14—21 years old. All participants were required to complete a resilience questionnaire and a self-regulation questionnaire. The results of this study showed that home environment had the largest influence on resilience, with schools appearing to have no influence on resilience. This indicates that if a child has no protective factors within the home environment, their resilience and well-being may not improve based solely on the school influences. However, with a combination of multiple protective factors such as positive home and school life, and a positive community for example, then the adolescent is more likely to become more resilient to adversity and also have more positive well-being.

Despite these findings, a limitation of this study is that all participants attended a secondary school. This means that those who potentially dropped out of secondary school due to their negative well-being or resilience and also those who are home schooled have been unaccounted for within this study. This is an issue because those adolescent individuals who did not attend school, would not have the school as a protective factor which could largely impact their resilience and consequently their overall well-being if they do not have any other protective factors, such as at home for example.

The image labelled figure 1 shows that adolescents with a protective factor of positive peer relationships scored much higher in resilience if they had at least one good friend, had good trust and communication with their peers and had not experienced any bullying compared

to those who had no good friends, no positive communication with peers or had been bullied.

As you can see from the image labelled figure 2, in adolescents between 12-15 years old, if they are not close to either parent, they score lower in resilience compared to those who are close to one parent, who score slightly higher in resilience, and then finally those being close to both parents displayed the highest resilience scores.

These 2 figures suggest that parents and peers can both be a positive or negative influence on the resilience of the adolescent individual.

In conclusion, resilience and well-being are both extremely important when it comes to an adolescent's mental health and development. Resilience enables the individual to overcome and bounce back from any adversity they experience throughout life and without resilience, their psychosocial development may be dysfunctional, and they may be at higher risk for stress, and more mental-health issues. However, some people are not naturally resilient and rely on protective factors to help build their resilience. For example, having a positive home life, positive school environments and positive communities are all protective factors, and the more protective factors a person has, the more resilient they become to overcome their adversities, specifically adverse childhood experiences. When a person has good protective factors, and resilience, their overall well-being is positive and increased as they have a more positive self-perception of their life, leading to increased happiness and life satisfaction. Overall, having positive protective factors is fundamental to having a positive lifestyle. More research should be conducted to explore the longitudinal aspects of protective factors throughout each stage of adolescence and the effects that they have on resilience and well-being.

Link to presentation: https://uowtsd-my.sharepoint.com/:p:/g/personal/1800672_student_uwtsd_ac_uk/EXFzdNIP5gJBkf3CJvA0zDUB79NZxzwFGkfovNy4nXhILw

References

- Avedissian, T., & Alayan, N. (2021). Adolescent well-being: A concept analysis. *International Journal of Mental Health Nursing*, 30(2), 357-367.
<https://doi.org/10.1111/inm.12833>
- Banerjee, R., Dasgupta, A., Burman, J., Paul, B., Bandyopadhyay, L., & Suman, S. (2018). Resilience level among adolescent children: A school-based study in Kolkata, India. *International Journal of Contemporary Pediatrics*, 5(4), 1641-1645.
<https://doi.org/10.18203/2349-3291.ijcp20182581>
- Buda, G., Lukoševičiūtė, J., Šalčiūnaitė, L., & Šmigelskas, K. (2021). Possible effects of social media use on adolescent health behaviors and perceptions. *Psychological Reports*, 124(3), 1031-1048. <https://doi.org/10.1177/0033294120922481>
- Dias, P. C., & Cadime, I. (2017). Protective factors and resilience in adolescents: The mediating role of self-regulation. *Psicologia Educativa*, 23(1), 37-43.
<https://doi.org/10.1016/j.pse.2016.09.003>
- GOV UK. (2022, February 28). Wellbeing and Mental Health: Applying All Our Health.
<https://www.gov.uk/government/publications/wellbeing-in-mental-health-applying-all-our-health/wellbeing-in-mental-health-applying-all-our-health>
- Konaszewski, K., Niesiołędzka, M., & Surzykiewicz, J. (2021). Resilience and mental health among juveniles: role of strategies for coping with stress. *Health and Quality of Life Outcomes*, 19(1), 1-12. <https://doi.org/10.1186/s12955-021-01701-3>
- Mesman, E., Vreeker, A., & Hillegers, M. (2021). Resilience and mental health in children and adolescents: an update of the recent literature and future directions. *Current Opinion in Psychiatry*, 34(6), 586. <https://doi.org/10.1097/YCO.0000000000000741>

Moore, K. A., & N Ramirez, A. (2016). Adverse childhood experience and adolescent well-being: Do protective factors matter? *Child Indicators Research*, 9(2), 299-316.

<https://doi.org/10.1007/s12187-015-9324-4>

Salam, R. A., Das, J. K., Lassi, Z. S., & Bhutta, Z. A. (2016). Adolescent health and well-being: Background and methodology for review of potential interventions. *Journal of Adolescent Health*, 59(4), S4-S10. <https://doi.org/10.1016/j.jadohealth.2016.07.023>

Walsh, F. (1996). The concept of family resilience: Crisis and challenge. *Family process*, 35(3), 261-281. <https://doi.org/10.1111/j.1545-5300.1996.00261.x>.

Walsh, F. (2003). Family resilience: A framework for clinical practice. *Family process*, 42(1), 1-18. <https://doi.org/10.1111/j.1545-5300.2003.00001.x>