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# Resilience: Key protective factors for mental health

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# Background: A changing mental health landscape

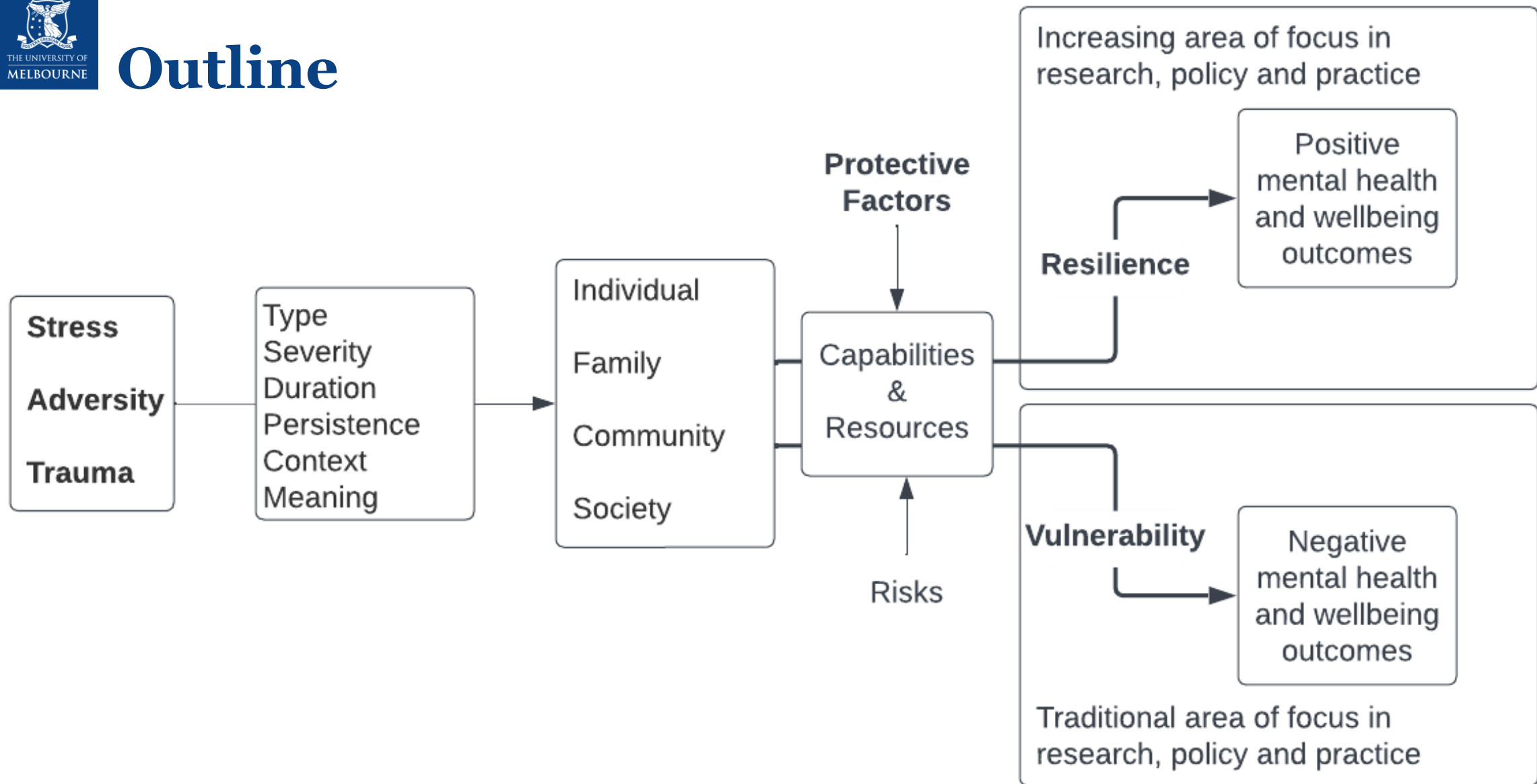
- High prevalence of mental disorders globally
  - Possibly increasing prevalence in children and youth, particularly in the post-pandemic environment
- Changes in thinking about mental illness, and mental health and wellness
  - Substantial and continuing shift from a virtually exclusive focus on deficits and disorders requiring treatment and rehabilitation to mental health promotion, illness prevention and early intervention – with attention to better understanding and enhancing protective factors and identifying and supporting strengths
  - Over the past two decades, increasing interest in **resilience** and its role in maintaining mental health despite stress, trauma and persistent adversity, protecting against onset of mental illness, and contributing to recovery from mental illness



# Stress, adversity, trauma and mental health

- Stress, adversity or trauma, particularly if these are severe and persistent, clearly associated with increased risk of developing mental illness.
- Endless varieties of stress and trauma, with enormous variation in type, severity, duration and meanings attributed to the experience.
  - A few examples: adverse childhood events (e.g. physical and sexual abuse, neglect); domestic violence; political persecution; natural disaster; combat; displacement; bereavement; serious physical illness and disability; unemployment; homelessness; bullying.....
- Exposure to stress, adversity and trauma, and risk of poor mental health outcomes, very unevenly distributed across population sub-groups
- Even with the same exposure different individuals/families/communities experience widely different mental health outcomes

# Outline





# Questions

- Is experience of stress, adversity and trauma associated with mental health, well-being and quality of life outcomes?
- Does increased resilience diminish the negative impact of stress, adversity and trauma on mental health, well-being and quality outcomes?
- What are the protective factors that strengthen resilience and reduce the mental health, well-being and quality of life impacts of stress, adversity and trauma?
- Can interventions and programs strengthen resilience?
- What types of programs in which settings are likely to produce maximum benefit?



# Resilience and protective factors

- Resilience and the interrelated protective factors are a multidimensional, **dynamic process**.
- Resilience is the **process** of effectively negotiating, adapting to, or managing significant sources of stress, adversity or trauma.
- Protective factors are **assets and resources** in individuals and their environment that facilitate the capacity for adaptation in the face of adversity and maintaining or rapidly recovering good mental health, well-being and quality of life.
- Protective factors are internal attributes in the individual family or community **and** external resources that can be mobilised to counteract the impact of stress, adversity or trauma.



# Protective factors for resilience & mental health

- Multiple factors – at individual, family and community levels - have been proposed as being protective
- Which factors are most important depends on:
  - Nature, severity and persistence of the stress/trauma
  - Age, gender and other individual characteristics of the person experiencing the stress/trauma
  - The economic, political, social and cultural context in which the person lives and in which the stress or trauma is experienced
- Both the stress/trauma and the response (resilience or vulnerability) are highly dependent on context

# Protective Factors for Mental Health

**Table 3.** Promotive and protective factors and processes of resilience according to ecological level.

Individual				Microsystem		Meso/exosystem accessible resources <sup>c</sup>	Macrosystem cultural values
Traits <sup>a</sup>	Beliefs	Competencies <sup>b</sup>	Behaviors	Familial	Non-familial		
Courage	Learning is still important	Sense of belonging within ethnic and national community	Political participation	Receipt of love, care, affection, protection, discipline, advice, and encouragement	Positive relationships with neighbors	Financial stability and access to material resources	Religious faith
Morality and good manners	There is meaning in suffering	Sense of normalcy within everyday life	Expression of positive feelings	Familial cohesion	Positive relationships with friends	Political stability	Family unity and harmony
Tolerance of the strengthening effects of stress	Traumatic experiences are no longer distressing	Avoidance of negative feelings such as sorrow and distress		Positive parental coping skills	Positive relationships with religious figures (e.g., mullahs, priests)	Functional schools or other safe spaces for play and learning	Social prominence, respectability, and honor
Physical health	Challenges are exciting opportunities to grow	Sense of responsibility and contribution to household		Good caregiver mental health	Positive relationships with teachers	Physical home to confer environment of protection	Knowledge of religious practice
Empathy	I have purpose in life	Thankfulness			Forming and belonging to a youth group	Sources of happiness to offset suffering	Service to others
Perseverance		Sense of belonging within family				Opportunities to share suffering through social relations	Adherence to dominant cultural values

<sup>a</sup>Additional traits, such as dignity, cognitive flexibility, self-regulation, intelligence, and equanimity are also under consideration.

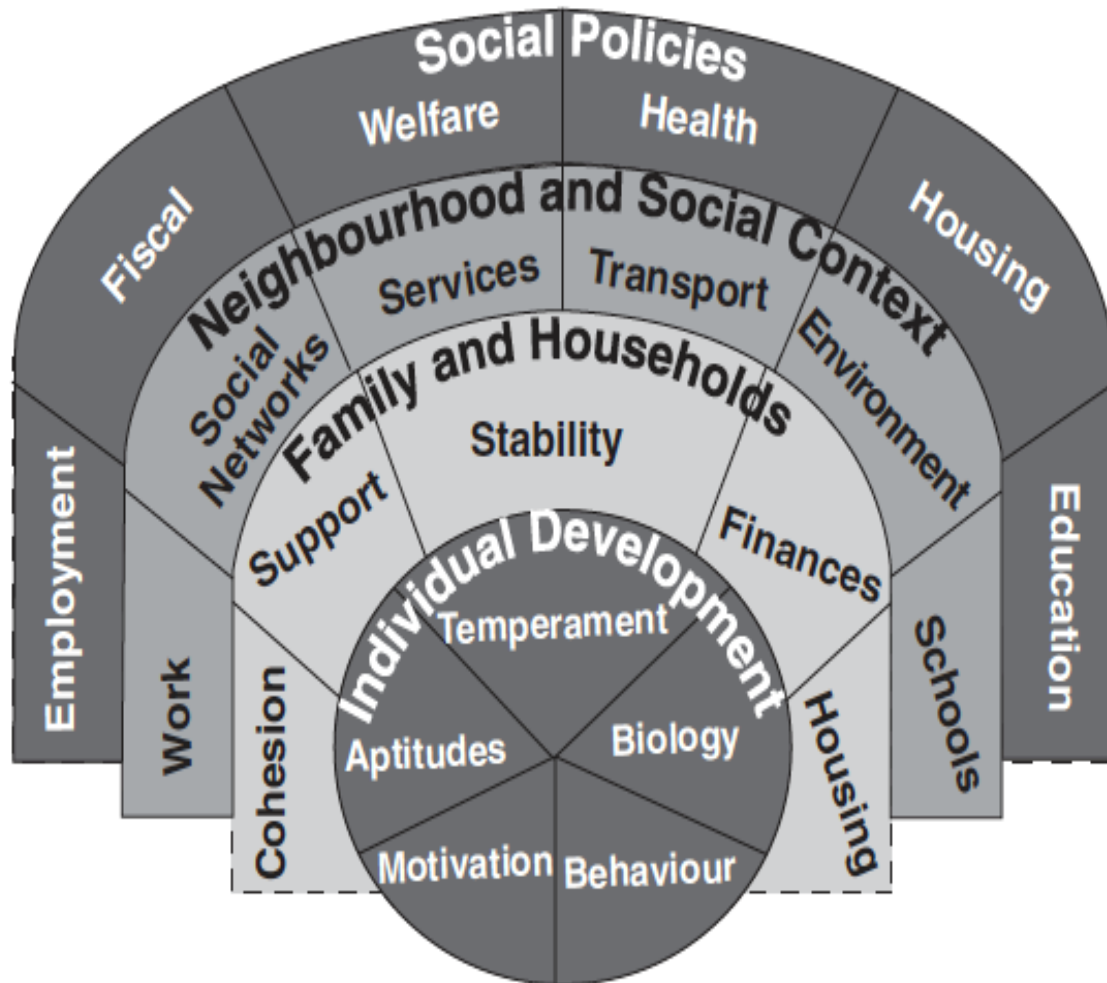
<sup>b</sup>Additional competencies, such as a sense of being resettled, self-efficacy, pride in achievements, acceptance, and a sense of control are also under consideration.

<sup>c</sup>Additional accessible resources, such as the experience of social justice and trust in the national government, mass media, and the police are also under consideration.

Powell et al, 2021



# Resilience: Assets and Resources



Assets and resources that support resilience occur at all levels, individual, family, community and society.

Resilient individuals, families and communities have the necessary capabilities to **mobilise** the necessary assets and resources to respond and adapt to stress and trauma and protect mental health, well-being and quality of life.

These assets and resources are among the key protective factors that strengthen resilience.

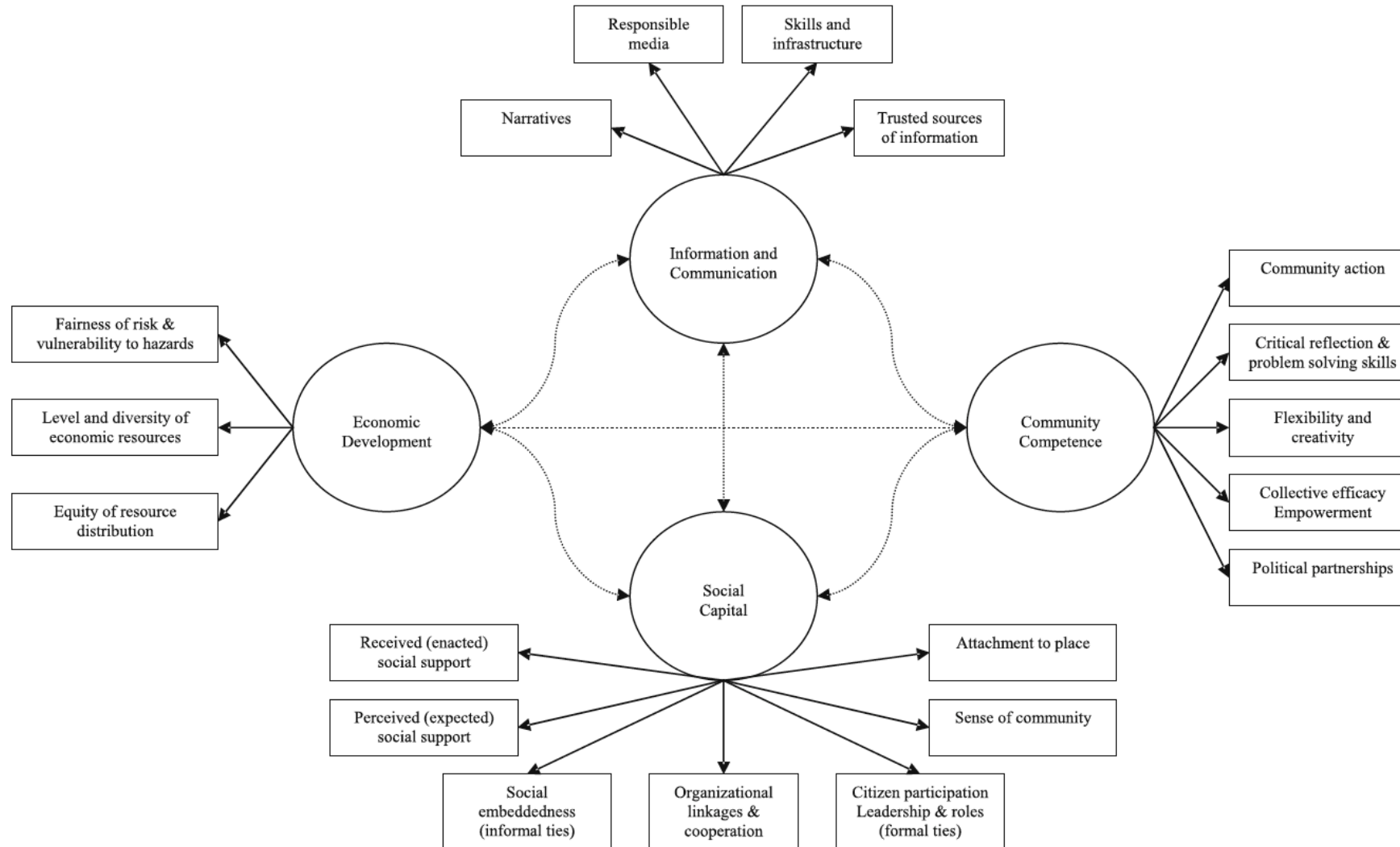
They are also mostly outside the mental health system.



# Resilience Training: Interventions to improve individual resilience

- Systematic review and meta-analysis of 11 RCTs that evaluated interventions to improve individual resilience
- Mostly CBT and mindfulness (and some mixed) interventions, and a range of other approaches – e.g. emotional regulation, relaxation, etc..
- Conclusions:
  - Considerable variation in types and durations of training.
  - A moderate positive effect of resilience interventions.
  - Potentially useful for people at high risk of exposure to stress/trauma
  - Resilience is malleable – it can be developed and enhanced
  - No evidence yet for effectiveness of online/digital interventions or programs.

# Strengthening community resilience



Strengthening community resilience requires attention to multiple domains and multiple processes in political, economic, social and cultural domains

Norris et al, 2008



# School-based Interventions and Programs

- A systematic review and meta-analysis of 57 RCTs examining the effect of universal, school-based, resilience-focused interventions/programs on mental health of children and adolescents (aged 5-18 years).
- Overall, interventions were effective, relative to controls, for 4 outcomes: depressive symptoms, internalizing problems, externalizing problems and psychological distress.
- For child trials programs were effective for anxiety symptoms and psychological distress.
- This is promising evidence for efficacy school-based universal programs.
- Clearly much more work needs to be done to clarify which types of interventions are most effective for which children/adolescents in what circumstances and settings, and to identify which are the most effective protective factors.

Dray et al, 2017



# Questions

Questions	Evidence
Is experience of stress, adversity and trauma associated with mental health, well-being and quality of life outcomes?	Overwhelming evidence of the link between stress/adversity/trauma and mental health
Does increased resilience diminish the negative impact of stress, adversity and trauma on mental health, well-being and quality outcomes?	Although still mixed - strong evidence that resilience can decrease the negative impact of stress/adversity/trauma and mental health
What are the protective factors that strengthen resilience and reduce the mental health, well-being and quality of life impacts of stress, adversity and trauma?	Multiple factors proposed. Not yet clear which factors are most effective for whom in which circumstances. Little understanding of <b>how</b> protective factors have their effect
Can interventions and programs strengthen resilience?	Resilience is not a property or characteristic but a process, and can be strengthened
What types of programs in which settings are likely to produce maximum benefit?	School-based programs for universal interventions, and targeted intervention for with high and predictable exposures to stress/adversity/trauma





# Implications for policy and practice

- Growing evidence that an increased focus on, and **substantially increased investment** in, strengthening protective factors and resilience is likely to contribute to improved mental health, well-being and quality of life outcomes.
- Most of the required interventions and programs will necessarily be outside of health and mental health services.
- Need for greatly increased cooperation between mental health programs and non-health sectors, including particularly social affairs, housing, employment, and education.
- Development, continuing evaluation and scale-up of school-based programs is likely to result in the greatest long-term benefits for population mental health, well-being and quality of life.



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# Thank you

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