

MENTAL HEALTH RESILIENCE

A systematic review of factors that build mental health resilience

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AIM

The incidence of mental illness has increased considerably within the last 10 years and there are no signs of an end to the growth. [1]

An essential factor protecting against the development of a mental illness is an individual's mental health resilience. It can be understood as an individual's capacity to withstand stressors and not to manifest psychological dysfunction and it is often described as an individual's 'ability to bounce back'.

Many studies focused on mental health resilience are only analyzing it in a specific context. The aim of this work is to identify the evidence base for factors which support the development of mental health resilience.

METHODS

This was a systematic review which used the following databases: EMBASE, Medline, PsychInfo and the Cochrane library, accessed via NHS Athens.

The search focused on randomised control trials and longitudinal studies in humans. Studies were excluded which focused on populations with mental disorders or physical illnesses as the direction of the causality relationship might not be clear and studies which are not published in English.

The search string was developed to capture as wide a description of resilience as possible. The key words used were: ((mental or emotional or psychological) and (resilience or hardiness or resourcefulness or toughness or positive or wellbeing)) and (build* or creat* or develop* or increas*). The term mental health was used further down a 20 step search string.

RESULTS

The final 18 studies identified a diverse range of factors which showed evidence of building up or strengthening mental health resilience.

These included individual modifiable factors such as sleep behaviour and relaxation techniques, familial relationships and parenthood were factors, as were employment and skills base.

Children, especially, appear to benefit from early measures for improving mental health resilience, although there was evidence that resilience can be improved at any day.

Key findings within different age groups

Children

- Sleep disruption is associated as a vulnerability factor for depression symptoms and worse self-esteem. [2]
- The presence of older siblings is associated with relatively good mental health. [3]
- Family counselling programs can reduce the level of children's mental symptoms. [4]
- Having a natural mentor is related to less depressive symptoms and less sexual risk behaviour over time. [5]
- A father reported to be in better mental health may buffer the influence of a mother's poorer mental health on a child's behavioural and emotional problems. [6]
- Maternal sensitivity during infancy significantly predicted children's emotional resilience during preschool. [7]

Adults

- Acculturation to different sociocultural settings affects self-esteem and social support positively and indirectly promotes a healthy development. [8]
- Belief in a 'just' world and mental health are positively related. [9]
- Meditation can lead to higher physical and mental stress resistance. [10]
- High reward experience was associated with reduced future affective symptoms after previous exposure to childhood adversity or recent stressful life events. [11]

- Parenthood, marriage /partnership reported significantly better subjective well-being and greater life satisfaction. [12, 13, 14, 15]
- Increased training and promotion and improved job security had a beneficial effect on employee mental health. [16]

Older people (50y +)

- High social support pre-adversity and during adversity (like bone fractures after falls) increased the likelihood of resilience by 40–60% (compared with those with low social support). [17]
- Professionally conducted cultural programs can increase the overall rating of mental health. [18]
- Poor emotional well-being is significantly associated with poor appetite. [19]

CONCLUSION

The evidence shows that there are specific factors which can build mental health resilience and these are different in different age groups.

These are factors which are potentially modifiable, and hence there's potential to create interventions which increase resilience and potentially prevent future mental ill health.

Health and Wellbeing Boards and Mental Health Commissioners should consider how these factors can be developed and enhanced as part of primary prevention programmes to build mental health resilience.

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