

UNDERSTANDING AND FOSTERING RESILIENT MENTAL HEALTH OUTCOMES

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RESILIENCE DEFINITIONS

- “The protective factors, processes and mechanisms that contribute to a good outcome despite experiences with stressors shown to carry significant risk for developing psychopathology”

(Hjemdal et al., 2007)

- An interactive concept that refers to relative resistance to environmental risks or overcoming stress or adversity.

(Rutter, 2006)

RESILIENCE DEFINITIONS (Cont.)

- An interactive dynamic construct that considers protective factors and positive adaptation in adversity.
- The capacity of individuals and systems (families, groups, communities) to cope successfully in the face of significant adversity or risk.

ADVERSITY

- “Negative life events that are statistically associated with adjustment difficulties or subsequent mental disorders”
- Poor/absent parenting
- Violence/war
- Traumatic events
- Poverty
- Parental mental illness
- Physical illness
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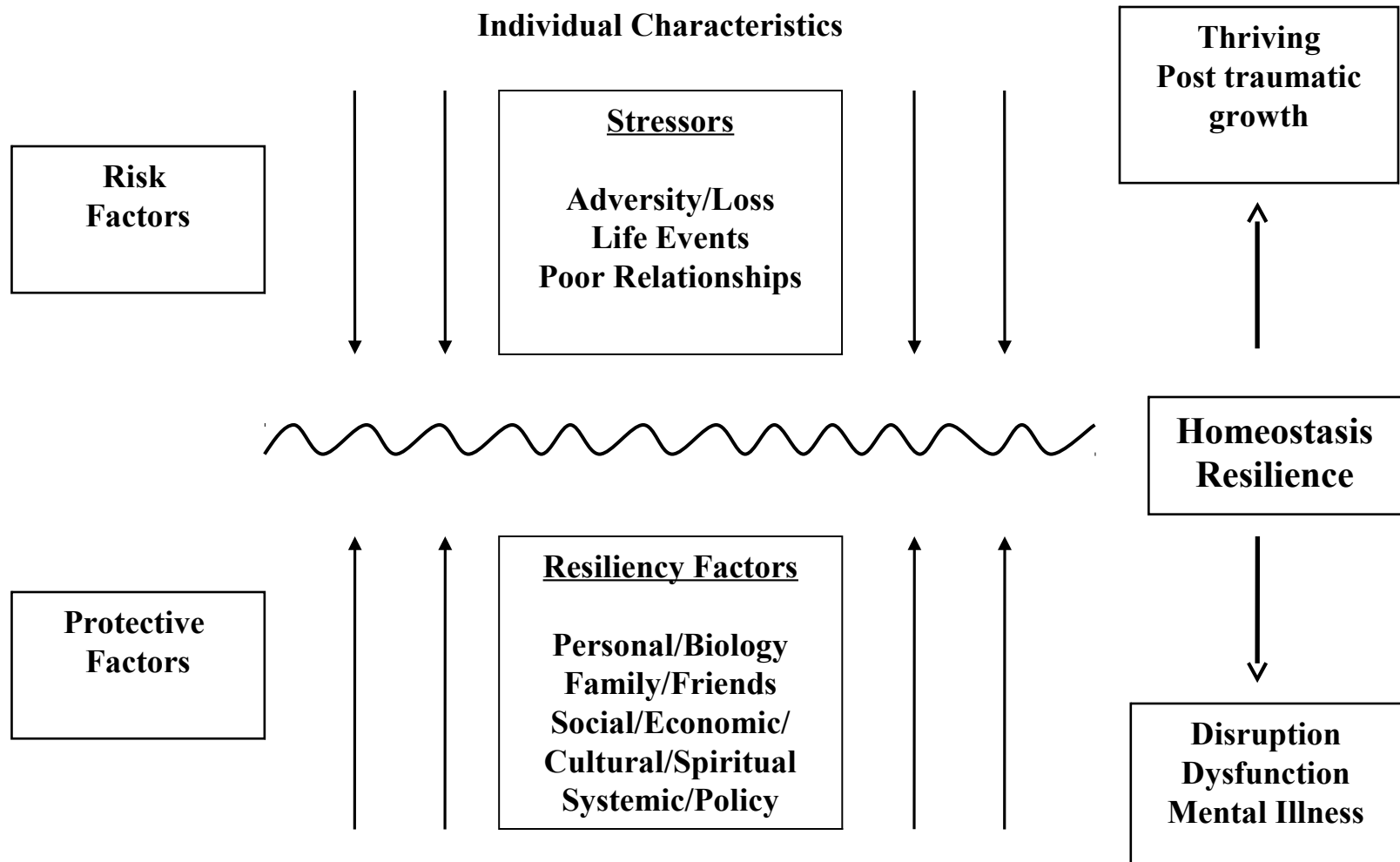
CENTRAL QUESTION

- What enables some girls, boys, women and men to withstand adversity, not develop impairment and at times to even thrive?

RESILIENCE CONSIDERATIONS

- Individual characteristics
- Context
- Risk factors
- Counteracting factors
- Protective factors
- Changes over time

RESILIENCE MODEL



UNDERSTANDING RESILIENCE

- As there are many factors that affect resilience we need a multidisciplinary, transdisciplinary perspectives for better understanding and implementation (psychology, neuroimmunology, epigenetics, neuroscience, psychiatry, sociology, philosophy, theology)
- Based on a strengths not deficit model

RESILIENCE RESEARCH

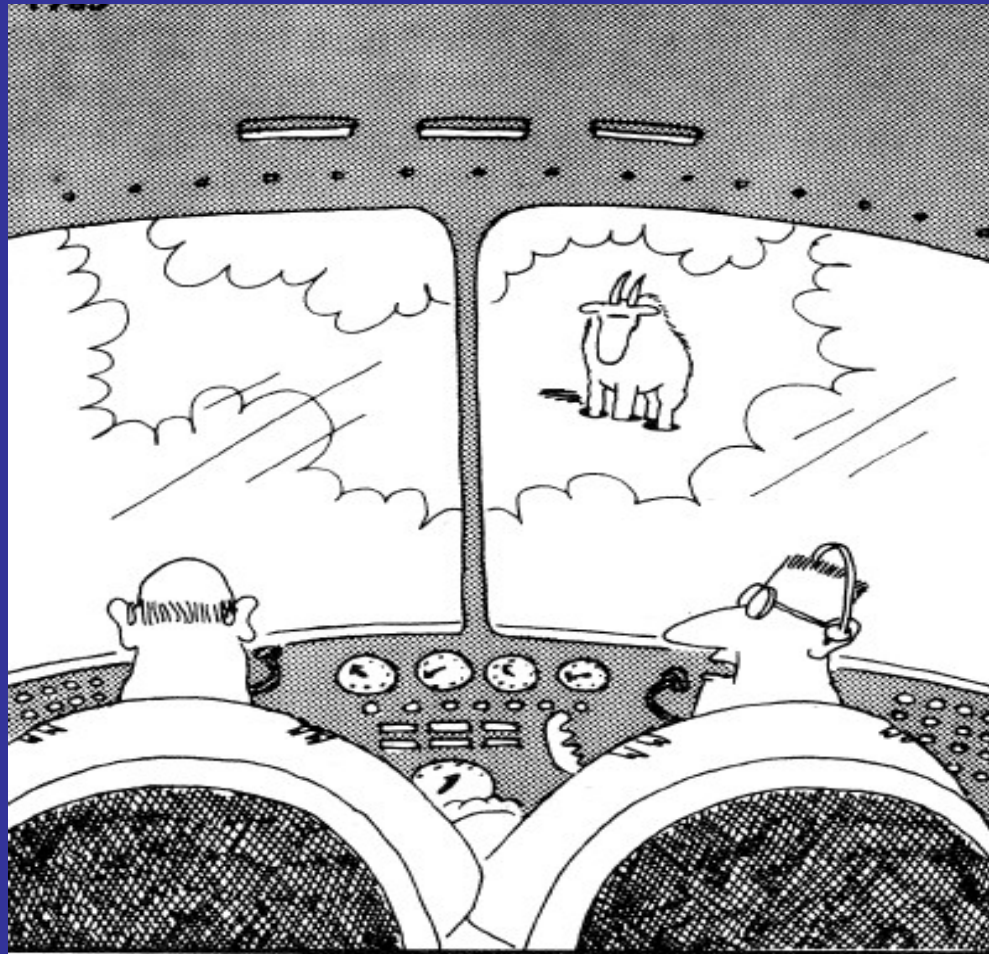
- Research on resilience relatively new
- “85% articles published in last decade” (2007)
- 4000 since 2006
- First wave of resilience research focused on individuals “people possess selective strengths or assets to help them survive adversity”
- Might reveal promising knowledge useful in designing health-promoting and treatment interventions

(Hjemdal 2007; Rutter 1979; Werner 1982; Hjemdal et al., 2006)

INDIVIDUAL FACTORS CONTRIBUTING TO RESILIENCE

- Hardiness
- Optimism/hope
- Resourcefulness
- Self efficacy/self esteem
- Adaptability
- Internal locus of control
- Sense of coherence
- Cognitive appraisal

COGNITIVE APPRAISAL



“Say ... what’s a mountain goat doing way up here in a cloud bank?”

NEWER THEORIES OF RESILIENCE

- Individuals, social determinants of health and systems
- Relationships form the foundation of resiliency
- A process that also involves broad contextual factors family, peers, schools, community, social support, policy
- May be context and content specific
- Not static and may vary over time

LOCATION OF RESILIENCE

- Individual
- Family
- Community
- Social determinants of health
- Social Context
- Policy



Newer
concepts of
resilience

“Enhancing individuals/communities
capacity to cope with adversity”

WHAT IS THE ROLE OF EXPECTATIONS?

- Do we expect individuals to develop psychological problems with trauma/adversity?
- Why do mental health professionals rush into schools, work places, fire stations, ambulance headquarters after various traumatic events? (critical incident debriefing has no positive effect in controlled studies)
- How do we create an expectancy of resilience without stigmatizing those who need help?

BIOLOGY OF RESILIENCE

- Harsh early environments affect developing brain structure and function and neurobiological systems
- Changes neural networks, brain size, HPA axis

Chronic exposure to stress increases cortisol which

- Damages neurons
- Affects synthesis of reuptake neurotransmitters
- Affects sensitivity of receptors
- Supportive, sensitive early caregivers in infancy and childhood increase resilience “reduces toxicity”
- Sensitive periods when interventions work best

BIOLOGY OF RESILIENCE (Cont.)

- Genes x Environment

- ‘Meaney-Szyf Paradigm’:

- Maternal care of rat pups influences the development of hypothalamic-pituitary-adrenal (HPA) responses to stress
- Adult rat offspring of mothers which had increased pup licking/grooming and arched back nursing had more modest HPA responses to stress

RESILIENCE AND LIFESPAN

- Very little research across lifespan
- Infancy, childhood, adolescents, young adulthood, new parents, middle aged and elderly
- Intriguing early studies on increased resilience in elderly
- Needs more studies ~ huge gaps
- Our CIHR Centre grant – McMaster, UofT, UWO
“Violence, Gender and Mental Health” or “Prevail”

RESILIENCE IN CHILDREN

- Adults can enhance children's chances of doing well by providing consistency, building trust and encouraging inner strengths
- Strong relationship with a caring and competent adult can be a protective measure for children exposed to violence
- Child adjustment largely influenced by parental functioning

(Finkelstein et al., 2005)

(Graham-Bermann et al, 2009)

MEASURING RESILIENCE ACROSS DOMAINS

- Children exposed to maltreatment may vary in resilience across domains
- Behavioural and emotional competence/regulation
- Social competence
- Educational competence
- Competence in 1 domain may not guarantee it in another
- May also vary across developmental life stages
- No results reported by sex!

CROSS CULTURAL STUDIES OF RESILIENCE

- Strong parental attachment in childhood increases resilience in all studied cultures (Aisenberg et al., 2008)
- Differences in individualistic vs. collectivistic cultures?

MULTINATIONAL STUDY OF RESILIENCE IN YOUTH

1500 youth from 14 communities in 11 countries.

Depends on

- Material resources
- Connections to family, peers, community
- Sense of purpose and identity
- Ability to effect change in one's circumstances
- Ability to adhere to cultural practices, values,
- Social justice (role in community, social equality)

RESILIENCE, SEX AND GENDER

- Sex is a significant predictor of resilience
- Werner (1982) resilience predicted by being female, self esteem, robust, socially responsible, adaptable, tolerant, achievement-oriented, good communicator
- Follow up scholastic competence at age 10 was stronger predictor for men than women
- Follow up at at 18, high self esteem, efficacy, sense of personal control stronger predictor for women than men

RESILIENCE, SEX AND GENDER (Cont.)

- Higher self esteem and assertiveness in men
- Extroversion, trust, gregariousness and nurture in women
- Resilience may vary between boys, girls, men and women in different contexts

SPECIAL CHALLENGES FOR GIRLS AND WOMEN

- Few studies analyze by sex/gender
- May be less valued in family or society (self esteem)
- Lower expectations than for boys (family, school, career)
- More vulnerable to sexual violence, abuse, discrimination
- More vulnerable to depression/anxiety disorders
- Social norms value self sacrifice (nurturance)
- “Selfishness” vs. self efficiency
- Wage gaps/double shifts/lower SES
- Fewer successful role models/mentors

MEASURING PSYCHOLOGICAL RESILIENCE

- Resilience Scale for Adults (RSA)
- Measures presence of protective resources that promote adult resilience
- Individuals scoring high on RSA are psychologically healthier, better adjusted, more resilient, report less pain and stress
- Unrelated to cognitive abilities
- Reliable: internal consistency, test-retest reliability, and predictive validity

MEASURING RESILIENCE: RSA

- Looks at social context, family support and individual factors
- Assesses protective factors to maintain and regain M.H.
- Separates healthy controls from psychiatric patients (Norway)
- Tested in military college applicants (Norway)
- Potential in armed forces

MEASURING RESILIENCE: READ

- 28 item scale measures adolescent resilience in 3 areas:
 - 1) Personal and Social Competence
 - 2) Family Cohesion
 - 3) Social Resources
- Sound psychometric qualities
- Useful for examining differences in stress tolerance among young adolescents

MEASURING RESILIENCE: CD-RISC-10

- Connor Davidson Resilience Scale-10 item
- Abbreviated from CD-RISC (5 part scale)
- “Adapt to change
- See humorous side of things
- Stress makes me stronger
- Bounce back
- Overcome obstacles
- Stay focused and think clearly
- Not easily discouraged
- Strong person
- Able to handle”

QUALITATIVE CONTRIBUTIONS

- A rich source of exploratory data
- Different views about same question
- Adolescents value sense of agency, self reflection, investment in relationships outside of family

INTERVENTIONS

- Shift from maladjustment to competence
- Attention to at-risk individual's strengths
- Explore links between vulnerability and protective factors
- Look beyond individual to the environment
- Foster resilient trajectories not just individuals
- Consider sex/gender/life stage
- Consider health policy

INTERVENTIONS TO ENHANCE RESILIENCE

- Resilience rests on relationships
- Parent interventions are the simple most effective way to prevent conduct disorders and promote social competence in young children.
- Parenting skills, peer counseling
- Attachment interventions
- Teach parents how to help children modulate stress and arousal
- Help parents cope with their own depression
- Marital/couple interventions

RESILIENCE INTERVENTIONS FOR GIRLS/WOMEN

- Few sex/gender specific interventions published
- Parenting skills interventions
- Supports for mentally ill mothers and their children
- Bullying, prevention/intervention
- Dating violence prevention/intervention
- IPV prevention/intervention
- Even fewer described for mid-life and older women
- Projects which include girls/women seldom analyze by sex/gender

ENVIRONMENTAL PROGRAMS

- School readiness programs
- Conflict resolution tactics
- Anti bullying
- Poverty/food insecurity program
- Peer counseling programs

AUSTRALIAN TEMPERAMENT PROJECT

- 2433 infants and families in Victoria
- Started 1983, last data 2007
- Pathways to vulnerability and resilience in children
- Problem groups differentiated early and strengthened over time
- Change occurred at sensitive transition points (? Intervention opportunities)
- Parent-child relationships critical
- Good parenting and strong social support most influential

FRIENDS PROGRAM: CBT TO PROMOTE EMOTIONAL RESILIENCE (Aust & UK)

- 10 session CBT for at-risk children (PTSD and anxiety symptoms) (n=213) aged 9-10
- Spence Children's Anxiety Scale, Culture Free Self-Esteem Questionnaire
- 92.5% lower rates of anxiety and improved self-esteem
- >50% of children with most severe emotional problems significant improvements
- Efficacious and acceptable, and has 1 year follow up.

NOBODY'S PERFECT

- PHAC administered with 9 languages
- Aimed at parents who are overwhelmed/ isolated with children age 0-5
- Discusses parenting in group format
- Helps make social and community connections
- Six consecutive weekly meetings
- Provides transport, snacks, babysitting, books
- Needs rigorous evaluation

BETTER BEGINNINGS; BETTER FUTURES

- Ontario Trillium Foundation
- Prevention programs for high risk communities
- Baby's Breath Teen Parenting Program
- Parents and tots play groups
- Before and after school programs 4-8 years
- Adolescent Life Skills Club
- Breakfast programs
- Community closet clothes
- Needs rigorous evaluation

ROOTS OF EMPATHY

- Canada, New Zealand, U.S, U.K
- Classroom program where parent and baby visits classroom every 3 weeks
- Observe baby's development
- Label's baby's feelings
- Learn about own feelings and others
- Trained instructors visit before and after baby
- Evaluations show reductions in aggression, bullying and more pro-social behaviour

FUTURE RESEARCH AGENDA

- Reduce abuse and neglect in families.
- Develop better understanding of resilience and effective interventions
- Determine critical ingredients in evidence-based, interventions at individual and systemic level
- Go to scale with effective interventions
- Disseminate and use knowledge about the nature, limits and antecedents of resilient adaption across diverse at-risk groups across the lifespan.