

Growing Up Resilient - Ways to Build Resilience in Children and Youth



Mental Health. <https://www.camh.ca/>

RESILIENCE DEVELOPMENT:

1

The document emphasizes the importance of resilience in mental wellbeing, highlighting that resilience is developed at three levels – individual, family, and environmental. It discusses how resilient children can effectively cope with stress and challenges, learn from experiences, and grow stronger.

RESILIENCE FACTORS:

2

It explains that resilient children tend to possess certain qualities such as empathy, good communication skills, dedication to learning, involvement in meaningful activities, hopefulness about the future, strong relationships with adults, and living in safe and supportive environments.

MENTAL HEALTH PROMOTION:

3

The article underscores the link between resilience and mental health, stating that promoting mental health encourages the development of resilience, and vice versa. It describes mental health promotion as a holistic approach that focuses on physical, mental, emotional, and spiritual well-being.

RISK AND PROTECTIVE FACTORS:

4

The document discusses risk and protective factors that influence resilience in young people. It explains that protective factors help shield children from the negative effects of risk factors, and that resilience is determined by the interplay of individual, family, and environmental characteristics.


RESILIENCE BUILDING:

5

It outlines ways to strengthen individuals, families, and environments to build resilience in children and youth. The text emphasizes the importance of nurturing protective factors to help young people adapt, function better, and become more resilient. It also highlights that resilience is a complex concept that can be promoted through multiple approaches.

Resilience is an important aspect of mental well-being.

The development of resilience occurs at three levels: individual, family and environmental.

Bouncing back from today's stresses is one of the best life skills children and youth can develop. CAMH's publication, [Growing Up Resilient](#) , is a must-read for adults (including parents, teachers and front-line workers) who want to increase resilience in the children and youth in their lives. It has been awarded Curriculum Services Canada's Seal of Quality, recommending it as a reference for educators and others who work or volunteer in schools.

The power of resilience

Approaching resilience

What enables some young people to do well in school, to form meaningful relationships and feel hopeful about the future, in spite of adversity, while others become depressed or self-destructive? This is a question that is often asked—by researchers, clinicians, parents, teachers and young people themselves. And it was a question that was raised through Dr. Tatyana Barankin's own clinical practice.

In 1989, Dr. Barankin founded and directed a clinic in Toronto for children at risk for developing mental health problems—the only clinic of its kind in Canada. Over the next 15 years, she—as head of a team—assessed and treated close to 700 families—all of whom had at least one parent with a mental health problem. While she saw many people overwhelmed by the challenges in their lives, she also saw other family members who managed extremely well, and who had an almost supernormal way of coping. The adversity in their lives varied: some had experienced abuse, others had a parent with a severe mental health problem, some had gone through teen pregnancy, still others had been injured in car accidents or had come to Canada seeking refuge from war in their home country. But they all had one thing in common: these young people managed not only to adapt, but to blossom—in spite of the trauma they had experienced. Through individual, sibling and group cognitive therapy, these children and families became more adaptable in dealing with family stress.

Dr. Nazilla Khanlou's experience was a natural complement to Dr. Barankin's. Like Dr. Barankin, she has an understanding of clinical issues (having worked as a psychiatric nurse on an acute inpatient psychiatric unit). As well, she has a community perspective—having, over the last decade, shifted her focus toward mental health promotion among youth in community settings such as schools.

Dr. Khanlou became interested in resilience after doing a study among girls whose parents had immigrated to Canada. While going through transitions associated with adolescence, she saw how the young women in the study were able to straddle their cultures of origin and Canadian mainstream culture, were active in school and their communities and were positive about their future.

Since then, she has conducted other studies that have, like her first study, revealed a profound strength and resilience in youth. Her findings differ from the one-dimensional way youth are often perceived in contemporary society, which is as a “problem” requiring a solution, rather than as young people with strengths, creativity and contributions to make. Dr. Khanlou believes this book will help to change this image by encouraging parents, teachers and front-line workers to focus on young people's strengths, and by making them more aware and understanding of the difficulties in young people's lives. She also believes that we need to address prejudice and discrimination in our society, because inclusive and just environments help all people thrive and reach their potential.

The combination of a clinical and community background has impressed on Dr. Khanlou how promoting mental health and resilience in children and youth requires multiple approaches. Differing approaches are needed not only in improving health and social services, but also in challenging society to look at the social determinants of mental health (such as income, education and inclusion) and their influence on young people. In the last chapter, on environmental factors, she wants to make the reader more aware of how social factors affect young people's sense of well-being—and how resilience in children and youth is a result of the interplay between their individual traits and abilities and the social context in which they live.

Dr. Barankin and Dr. Khanlou draw from diverse fields—such as psychology, psychiatry, nursing, sociology and health promotion—to provide a new way of looking at resilience in children and youth. Their message is hopeful—that is, that most

children are resilient and that resilience is something that can be developed and nurtured.

Current thinking and practice

Resilience is not a new term in academic and prevention circles, nor is the idea of nurturing people's strengths a new idea. In fact, the view that resilience is an important aspect of mental well-being has been gaining attention among health professionals and researchers over the last 25 or so years. Their experience and studies have increasingly shown that how people cope with the challenges they face in different life stages is influenced by their sense of who they are, how they relate to the world and others around them, and how well they manage the various parts of their lives.

However, there is little written for parents, teachers and front-line workers about the qualities that help make young people resilient. The resilience literature has tended to focus on the individual, whereas we see resilience as requiring a more ecological, integrative approach that looks at the interactions between young people and their families, communities and society. We wanted to write a book especially for parents, and for the people who work or volunteer with young people each day—from teachers and school administrators to daycare, recreation-centre and youth-shelter workers; sports coaches; girl guide and boy scout leaders; camp counsellors and directors. By exploring the interplay of factors that contribute to resilience, we hope that front-line workers, teachers and parents will be better equipped to nurture resilience in the young people in their lives.

Understanding resilience

To understand how to nurture resilience in children and youth, we need to first understand its link to mental health and mental health promotion. The following are key concepts used in the book.

Resilience

Resilience involves being able to recover from difficulties or change—to function as well as before and then move forward. Many refer to this as “bouncing back” from difficulties or challenges.

People who are resilient can effectively cope with, or adapt to, stress and challenging life situations. They learn from the experience of being able to effectively manage in one situation, making them better able to cope with stresses and challenges in future

situations. In other words, dealing with challenges can make us grow and can make us stronger. Rather than merely bouncing back, we're better prepared than we were before to face challenges that lie ahead.

Resilient children tend to be empathic; that is, they can understand and sympathize with the feelings of others. They tend to be good communicators who are able to solve problems. They have a strong interest in school, and are dedicated to learning. They're driven to achieve goals. They're involved in meaningful activities. They're hopeful about the future. They have a solid relationship with one or more adults. And they live in safe and well-functioning families and communities.

Mental health

Part of being resilient is having good mental health. Mental health involves balancing the different aspects of life: the physical, intellectual, social, emotional and spiritual. It involves our ability to think, feel, act and interact in a way that we can enjoy our lives and cope with the challenges that arise. Mental health also involves how we think about and appraise ourselves, our lives and the people we know and care about. It involves our ability to make realistic sense of—and react meaningfully to—the world around us. It affects our ability to make choices and decisions.

Mental health promotion

As its name suggests, mental health promotion is about promoting mental health. Promoting mental health encourages the development of resilience. The reverse is also true: promoting resilience leads to better mental health. In fact, resilience is a central concept within the mental health promotion framework. According to the Centre for Health Promotion (1997), mental health promotion (MHP) improves the ability of people and the communities they live in “to take control over their lives and improve their mental health.” MHP strategies nurture individuals and families and the communities they live in; build on their strengths; provide them with opportunities; create safe spaces for them; and support each to become resilient. More specifically, MHP strategies encourage cultural sensitivity and awareness, together with respect for people's differences, regardless of their age, gender, sexual orientation, culture, socio-economic situation or abilities.

MHP benefits everyone in his or her everyday life—whether the person is healthy; is at risk for developing difficulties (such as a substance use problem); or has an existing health problem (such as depression). That's because MHP is a holistic, or ecological, approach to health that focuses on the physical, mental, emotional and spiritual well-being of individuals, families and communities. And it does so in ways that create environments that are respectful to everyone and that enhance people's capacity to adapt and grow from challenges.

In using this book to take steps to building resilience in the children and youth in your life, you will also be involved in the exciting arena of mental health promotion.

Mental health problems and resilience

Can a resilient child or youth develop a mental health problem? And, conversely, can a young person with a mental health problem be resilient? The answer to both of these questions is yes. Not all health problems are avoidable, and even the most resilient young people can have mental health problems, such as anxiety or problems with aggression. Furthermore, being resilient does not guarantee that young people will always have happy and productive lives.

One in five children in Canada has a mental health problem. These problems can show up in different ways. Children may be frequently sad, anxious or rebellious; have difficulty paying attention; have problems eating, sleeping or getting along with schoolmates; or they may skip school. As adolescents, they may use alcohol or other drugs.

While these difficulties can lower a person's resilience, there are many things that can be done to help improve their resilience, as outlined in the tips listed at the end of each section on individual, family and environmental factors. These tips are strategies that parents, teachers and front-line workers can use in their interactions with young people: they are not meant to address more challenging issues that may require the help of a trained health care provider.

Risk and protective factors

Mental health professionals speak about risk and protective factors as the key to understanding resilience. Risk and protective factors are characteristics of individuals, their families and their communities or environments that either increase (protective factors) or decrease (risk factors) the likelihood that a young person will be resilient. In essence, protective factors help to protect children and youth from the negative effects of risk factors.

Human beings are complicated. For example, there likely isn't a simple reason as to why one person (or even one sibling) will be resilient, and another not so resilient, even though they are both brought up under the same circumstances.

Risk and protective factors do not occur in a vacuum, nor do they exist independently of one another. Young people's resilience is determined by the interplay of individual characteristics, the characteristics of the families within which they live, and the characteristics of their physical and social environments. For example, living with both parents is considered a protective factor for children and youth; however, if one parent is abusive to the child or to the other parent, then living with that parent could be a risk factor and not living with that parent could be a protective factor.

The tables of protective and risk factors presented at the end of chapters 3, 4 and 5 might give the impression that they are opposite sides of the same characteristic, and that they carry the same weight in a young person's life. Fortunately that's not the case. Even though there may be risk factors or challenges in young people's lives that cannot

be changed, protective factors can be fostered or nurtured (if they're not already there) to help children and youth adapt and function better and become more resilient.

We can't always foresee how resilient someone will be based solely on risk and protective factors, because no formula exists for predicting human behaviour. What may be a risk factor for one child may be a protective factor for another. And what may be a risk factor for one youth in one situation or at one time may be a protective factor for the same youth in other situations or at other times.

For example, young people sometimes take on parental roles when the parent has a mental health or substance use problem. The challenge—of being confronted with adult problems, of having to take care of themselves, of having to take care of a parent, and of being denied a normal childhood—will be a risk factor for some young people who struggle to cope with roles they are not ready for. For other young people, however, taking on adult responsibilities may develop in them the ability to multi-task, organize, problem-solve and make decisions.

Some young people with many risk factors will be resilient. Other young people with many protective factors might not manage as well. For example, some youth live in troubled family situations in neighbourhoods where the sale of illegal drugs and other crimes are common. Yet they still manage to help raise brothers and sisters, make good friends, graduate from high school and contribute to their communities. Still other youth have loving parents and live in safe, well-resourced communities yet have low self-esteem and develop behavioural problems that compromise their resilience. Even within the same family, one child may be resilient while others are not.

Studies indicate that risk and protective factors are usually cumulative: the more protective factors in young people's lives, and the fewer risk factors, the greater the probability that these children or youth will be resilient. The reverse is also true: the more risk factors and the fewer protective factors in young people's lives, the greater the likelihood that they will not be resilient and will develop a range of problems. These problems can include failure at school, aggressive and criminal behaviour, injuring themselves or others, substance use problems and mental health problems.

The good news is that introducing even a few protective factors can shift the balance and help many children and youth flourish. For example, for young people growing up in families with low incomes, and with little money to pay for extra-curricular activities, the building of a neighbourhood recreation centre offering free or low-cost activities could serve as a protective factor. So could the launching of a youth choir or an amateur-theatre program in a small town or rural church.

The development of resilience

Young people are like trees. They come in various shapes and sizes and grow up in most parts of the world. Families can be thought of as the soil and water at the base of trees. Schools, neighbourhoods, communities and society at large can be compared to

the sun, rainfall, insects, birds and animals. The different characteristics of trees, qualities of soils and weather conditions (such as the amount of sun and rainfall) can affect the health and growth of trees. In a similar way, the varying traits of young people, and the characteristics of their families and environments, can positively or negatively affect young people's health and growth.

Trees go through developmental stages as they mature from young saplings to full-grown specimens. Children also go through developmental stages on their way to adulthood, and what happens to them at various stages of development can affect their outcomes. Resilient children and youth grow, branch out and flower when systems supporting their healthy development (such as well-functioning families and environments) work together. Such young people are more likely to withstand and overcome challenges, learn from them, and develop and succeed in healthy ways.

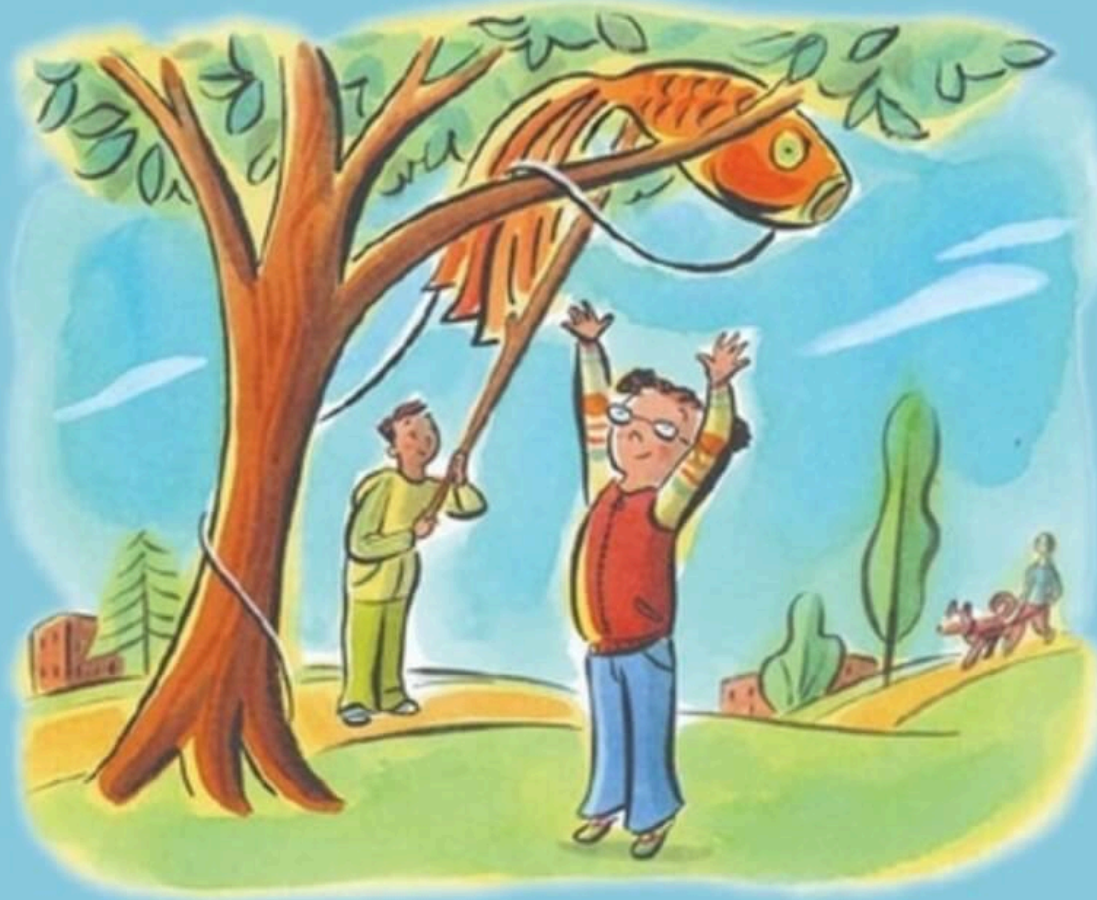
No one can guarantee children and youth lives free from challenges. All young people need protective factors to help cushion them from problems they may encounter. Caring and socially responsible adults (such as parents, family members, neighbours, daycare workers, teachers and other school staff, spiritual leaders, health care providers, social service providers, police, storekeepers and coaches) can support and facilitate young people's resilience.

In the following chapters, we discuss ways to strengthen individuals, families and environments to build resilience in children and youth. We present ways to reduce the presence and impact of risk factors but put more emphasis on how to create and build protective factors that will nurture young people's strengths. We recognize that resilience is a complex concept and that we need to include multiple ways of promoting it.

Resilient children can be encouraged to become more resilient. And children who seem to have less resilience can be helped to develop it.

Growing Up Resilient:

Ways to build resilience
in children and youth




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About the book

[Growing Up Resilient](#)  explains what health care providers mean when they talk about resilience. It explores what risk and protective factors can affect resilience in young people. And it gives tips on how to build resilience in children and youth.

We have divided the factors that affect resilience into three broad categories: those that relate to the individual, the family and the environment or community within which the young person lives. This division not only helps parents, teachers, community workers and others more clearly understand the roots of resilience—it also enables them to use a variety of ways to build resilience in children and youth. Young people's individual, family and environmental factors are interrelated, complex and diverse—and there is more than one way to help young people become resilient.

Each chapter is introduced by the story of a real person from around the world who, as a child or adolescent, lived through extremely difficult circumstances. These stories are meant to inspire us—to remind us how some people not only manage to adapt but actually excel in the face of life's difficulties. Their achievements are remarkable because they showcase how their resilience benefited not only themselves, but also the world around them.

Many of us know people who may not be famous, but who have also shown great strength and resilience in their lives. They may be our parents, friends or neighbours. Or they may be us. The potential for resilience lives in everyone.

About the Authors

This book arose out of an interdisciplinary collaboration. Its authors are mental health professionals whose research, education and practice are in the field of child and youth mental health promotion and treatment.

Tatyana Barankin, MD, FRCPC, DCP

Dr. Tatyana Barankin is a staff psychiatrist in the Child, Youth and Family Program at the Centre for Addiction and Mental Health and staff psychiatrist at Toronto's Hospital for Sick Children. She is an associate professor and Head of Continuing Medical

Education, Child and Adolescent Division, in the Department of Psychiatry at the University of Toronto.

Dr. Barankin graduated from medical school in St. Petersburg, Russia (formerly Leningrad, Soviet Union) and then specialized in pediatrics. She completed her psychiatric training at the University of Toronto, sub-specializing in child psychiatry. Her main areas of work include mood and anxiety disorders across the life spectrum, school psychiatry, preventive interventions in populations at risk, and gender and cultural aspects of mental health problems. Dr. Barankin teaches medical students, residents and community physicians in the Child, Youth and Family Program at CAMH. She has also been a consultant to community agencies, the Toronto District School Board and French boards of education. Dr. Barankin has won numerous awards for her leadership and knowledge dissemination in Continuing Medical Education and was quoted as an opinion leader in Time magazine. To balance her professional life, she devotes time to her family and friends, and to her hobbies, music and art.

Nazilla Khanlou, RN, PhD

Dr. Khanlou teaches at undergraduate and graduate levels and provides student supervision. She has received many academic awards—most recently, a Mentorship Award from the Centre for Equity in Health and Society. Dr. Khanlou is the Health Domain Leader of the Centre of Excellence for Research on Immigration and Settlement (CERIS) in Toronto and was a visiting scholar (2005–2006) at the Wellesley Urban Health Institute. She is a member of the University of Toronto's Social Justice Cluster and the Faculty of Nursing's Diversities and Politics of Health Research Cluster. Dr. Khanlou has published articles and reports on immigrant youth and women, and mental health. She speaks fluent Farsi and Azari.

Dr. Khanlou also devotes herself to family, friends and community participation. She writes poetry, and enjoys walks in nature and travelling.