

Improving Resilience in Youth During Difficult Times

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Dear Editor

The human experience of suffering has never been more prominent than in this period when the world is recovering from a global pandemic that affected people irrespective of age, race, or social and economic condition. Presently, there are also pockets of conflict, natural disasters, political instability, and economic upheaval all over the world. Thus, we are living in a world that is more VUCA (volatile, uncertain, complex, and ambiguous) (1). Young people are no less affected by the current world realities and are sometimes the victims of decisions and actions that heighten volatility, uncertainty, complexity, and ambiguity. Therefore, more than ever, we need to focus on building human resilience, especially among young people.

The United Nations advocates that schools provide safe and supportive learning environments to allow youth to thrive and be resilient through five pillars: mental health enabling policies, access to early interventions and mental health services, promoting teacher well-being, building mental health capacity in the education workforce, and ensuring collaboration between the school, family, and community to foster these goals (2). There is an urgent need for low-cost, accessible, and acceptable interventions for improving youth mental health and resilience. Schools are a prime place to build resilience in young people after the home because youth are required to spend several hours in school daily for most of their formative years.

Modern resilience research started precisely in this age group by psychologists and psychiatrists

working with children post-trauma or abuse (3). Resilience etymologically comes from the Latin word meaning “to jump back or spring back,” referring to the ability to manage and recover from physical, emotional, or spiritual disruptions, i.e., suffering and adversity. Resilience is needed during difficult times, but if not acquired prior to those trying times, it is unlikely to be exercised. When one shows resilience in the presence of adversity, it is because one was already resilient. Herein, we propose that resilience is both a learned skill and a virtue that can be acquired through the use of the human faculties of intellect and will. Resilience involves a set of skills and abilities that translate to coping or not, depending on the ability to enhance competencies and integration into one’s community, family, and self to achieve a new proficiency.

In ordinary circumstances, resilience can be acquired as a skill through the practice of making an effort when necessary, not taking the easiest way out, and building physical and mental capacities. An often-neglected intervention for building the skill of resilience is physical activity (PA) or exercise. Physical activity has been shown in several worldwide reviews to improve youth wellbeing, reduce depression and anxiety, improve self-esteem, and cognitive functioning, all of which lead to better school functioning (4, 5). The World Health Organization (WHO) recommends at least 60 minutes of moderate to vigorous physical activity or exercise daily for youth under 18 years (6). Sadly, many youths do not meet this requirement. For example, Guthold and colleagues (7) reported that in 2016, 81.0% of adolescents aged 11–17 years were physically inactive, with

boys (77.6%) being less inactive than girls (84.7%). Biologically, PA works through the integration of neural brain networks such that there is better top-bottom control over bottom-up processes in the brain leading to improved behavioral and emotional regulation (8). In addition, regular PA is associated with an increase in the “happy” neurotransmitters: serotonin, dopamine, and endorphins (9). Psychologically and socially, self-efficacy, resilience, and social connectedness are thought to mediate the pathway between PA and improved wellbeing (10).

In its conception as a virtue, resilience transcends physiological and psychosocial demands. It incorporates personal experience, relational assistance, and divine support. Moral agency becomes possible, and the experience is inserted into the overall growth and flourishing of the individual. Adverse conditions push one’s situation to the foreground and demand attention so that meaningful action taken at the time requires consciousness, intentionality, and deliberation. Through gradual exercise in ordinary situations, resilience continues to grow and can be meaningfully applied in adverse conditions. As we strive to build a more resilient world, schools need to focus on and prioritize cultivating resilience in youth. This will also help to stem the mental ill-health epidemic among this very important age group.

Conflict of Interest

The authors of this manuscript declare no relationships with any company whose products or services may be related to the subject matter of the article. Tolulope Bella-Awusah is a member of the editorial board.

References

- Kniffin KM, Narayanan J, Anseel F, Antonakis J, Ashford SP, Bakker AB, et al. COVID-19 and the workplace: Implications, issues, and insights for future research and action. *American Psychologist*. 2021;76(1):63-77.
- World Health Organization. Building resilience: a key pillar of health 2020 and the sustainable development goals: examples from the WHO small countries initiative. Available from: <https://apps.who.int/iris/handle/10665/338752>.
- Manyena SB. The Concept of Resilience Revisited. *Disasters*. 2006;30(4):433–50. doi: 10.1111/j.0361-3666.2006.00331.x. PubMed PMID: 17100752.
- Biddle SJ, Ciaccioni S, Thomas G, Vergeer I. Physical activity and mental health in children and adolescents: An updated review of reviews and an analysis of causality. *Psychology of Sport and Exercise*. 2019;42:146-155. doi: 10.1016/j.psychsport.2018.08.011.
- Rodriguez-Ayllon M, Cadenas-Sánchez C, Estévez-López F, Muñoz NE, Mora-Gonzalez J, Migueles JH, et al. Role of physical activity and sedentary behavior in the mental health of preschoolers, children and adolescents: a systematic review and meta-analysis. *Sports Med*. 2019;49(9):1383-1410. doi: 10.1007/s40279-019-01099-5. PubMed PMID: 30993594.
- Bull FC, Al-Ansari SS, Biddle S, Borodulin K, Buman MP, Cardon G, et al. World Health Organization 2020 guidelines on physical activity and sedentary behaviour. *Br J Sports Med*. 2020;54(24):1451-1462. doi: 10.1136/bjsports-2020-102955. PubMed PMID: 33239350; PubMed Central PMCID: PMC7719906.
- Guthold R, Stevens GA, Riley LM, Bull FC. Global trends in insufficient physical activity among adolescents: a pooled analysis of 298 population-based surveys with 1·6 million participants. *Lancet Child Adolesc Health*. 2020;4(1):23-35. doi: 10.1016/S2352-4642(19)30323-2. PubMed PMID: 31761562; PubMed Central PMCID: PMC6919336.
- Belcher BR, Zink J, Azad A, Campbell CE, Chakravartti SP, Herting MM. The roles of physical activity, exercise, and fitness in promoting resilience during adolescence: effects on mental well-being and brain development. *Biol Psychiatry Cogn Neurosci Neuroimaging*. 2021;6(2):225-237. doi: 10.1016/j.bpsc.2020.08.005. PubMed PMID: 33067166; PubMed Central PMCID: PMC7878276.
- Peluso MAM, De Andrade LHSG. Physical activity and mental health: the association between exercise and mood. *Clinics*. 2005;60(1):61-70. doi: 10.1590/s1807-59322005000100012. PubMed PMID: 15838583.
- Hu T, Zhang D, Wang J. A meta-analysis of the trait resilience and mental health. *Personality and Individual Differences*. 2015;76:18-27. doi: 10.1016/j.paid.2014.11.039.