

**The Importance of Positive Factors in
Protecting Adverse Mental Health Outcomes
and Suicidal Behavior among Citizens of the
Community of Portuguese Language
Countries**

Versão final após defesa

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Dissertação para obtenção do Grau de Mestre em
Psicologia Clínica e da Saúde
(2º ciclo de estudos)

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agosto de 2022

Declaração de Integridade

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Acknowledgments

Ao Professor Doutor Henrique Pereira, que tão bem me orientou ao longo desta Dissertação. Pelo tempo despendido, pela motivação e incentivo que nunca falhou em transmitir. Pela oportunidade de participar neste projeto que me permitiu concluir mais uma etapa. Obrigada!

À equipa e colegas que me acompanharam ao longo deste projeto, pela partilha e pelos esclarecimentos.

Aos meus pais, por sempre incentivarem os meus estudos. **Ao meu irmão mais novo**, pela pessoa em que me tornei ao crescermos juntos. **Ao bebé da família, o meu Tomás**. Por ser a minha alegria e o meu conforto, mesmo tão pequenino.

À minha irmã mais velha, por ser um modelo de persistência, de competência e uma inspiração para mim. Por incitar em mim o gosto e a curiosidade pela Psicologia. Por torcer pelo meu sucesso, por celebrar comigo as minhas vitórias, e por ajudar-me a ultrapassar as minhas falhas.

Ao grupo de madeirenses que me acompanhou todo este ano, à Cristina, Nery, Ana e Bruno. Pelo apoio e pela galhofa, mas sobretudo por me permitirem ser quem sou. Às amigas que me acompanham há cinco anos e com quem partilho tantas memórias, as boas e as mais difíceis. Por escutarem sempre os meus problemas e por tentarem, sinceramente, ajudar-me a lidar com eles. Um especial obrigado à minha colega de quarto pela companhia, pela cumplicidade e por sempre cuidar de mim. Nery, sabes que nenhuma de nós tem muito jeito para estas coisas, mas deixo aqui o meu agradecimento por um ano de viagens, aventuras e conselhos.

Enfim, **à Universidade da Beira Interior**, pela oportunidade de aprender a ser profissional e a ser pessoa.

Grata de coração por todos!

Abstract

This dissertation is presented in a scientific article format, in which we aimed to assess the importance of social support, self-esteem and resilience in protecting and predicting mental health outcomes and suicidal behavior in a sample of 1006 citizens of the Community of Portuguese Language Countries (CPLC). When it comes to mental health, traditional research has been revolving around risk factors and their repercussions on mental health. On the other hand, understanding positive factors underlies prevention strategies of self-improvement of these skills and social and clinical interventions necessary to maintain good health and well-being. Social support, self-esteem and resilience have been the focus of several studies of this scope, having been associated with better mental health outcomes and lower suicidal behaviors. Our results showed statistically significant differences between the CPLC countries for social support, self-esteem, resilience, mental health, and suicidal behavior. The positive factors were negatively correlated with mental health and suicidal behavior. When added to sociodemographic variables, social support, self-esteem, and resilience are good predictors of both mental health and suicidal behavior. We concluded that, as previously shown in other studies, social support, self-esteem, and resilience all constitute protective factors for mental health and suicidal behaviors. Self-esteem took on an especially relevant role, possibly due to its moderating effect in positive life outcomes, less prevalence of psychological symptomatology and general mental well-being, since a strong sense of self-esteem is also linked to better locus of control and higher personal psychological resources to handle adversity.

Keywords

Mental health;suicidal behavior;social support;self-esteem;resilience;Portugal;Brazil; PALOP;CPLC

Resumo alargado

Esta Dissertação, desenvolvida em formato de artigo científico, visa determinar a importância do suporte social, autoestima e resiliência enquanto fatores protetores e preditores da saúde mental e comportamento suicidário na Comunidade de Países de Língua Portuguesa (CPLC).

Os problemas do foro psicológico representam um fator de risco para o suicídio, que em si é um problema de saúde pública e uma das principais causas de mortalidade a nível mundial (Botega, 2014; World Health Organization [WHO], n.d., 2021a). No que diz respeito ao campo da saúde mental, as investigações tradicionais mostram tendência para focar no défice, ou seja, nos fatores de risco e nas suas repercussões na saúde mental. Em contrapartida, compreender os fatores positivos associados à proteção da saúde mental é essencial para fundamentar estratégias de prevenção e intervenções sociais e clínicas. O suporte social, a autoestima e a resiliência têm-se revelado inversamente relacionados com a presença de sintomatologia psicopatológica e comportamentos suicidários, uma vez que a ativação de recursos psicológicos permite lidar de maneira adaptativa com a adversidade.

Neste estudo, os dados foram recolhidos através de um formulário online que incluiu um questionário sociodemográfico e instrumentos de avaliação das variáveis comportamento suicidário, sintomas psicológicos/saúde mental, suporte social, autoestima e resiliência. A amostra foi constituída por 1006 participantes da CPLC, com idades compreendidas entre 18 e 80 anos, com uma média de idades de 41,76 anos. Os participantes dos Países Africanos de Língua Oficial Portuguesa (PALOP) foram colapsados apenas num grupo dado o número reduzido da amostra.

Através de uma análise de variância ANOVA, verificaram-se diferenças estatisticamente significativas entre países para os fatores positivos, sintomas psicológicos e comportamento suicidário. As correlações de Pearson mostraram correlações estatisticamente significativas entre as variáveis em estudo. Por fim, realizaram-se duas análises de regressão linear hierárquica, cujos modelos que incluíram os fatores positivos revelam que estes são fortes preditores de saúde mental e comportamento suicidário.

Nos PALOP, reportaram-se os níveis mais baixos de sintomas psicológicos e comportamentos suicidários, além dos níveis mais elevados para autoestima e resiliência. Uma possível explicação relaciona-se com os valores e práticas religiosas que são valorizados nas culturas africanas e que têm sido relacionados com melhores competências de regulação emocional. Além disso, estas culturas promovem um forte sentido de comunidade, hospitalidade e união, apesar de muitas destas regiões

enfrentarem dificuldades, incluindo conflitos, violência, e desvantagens e desigualdades estruturais intergeracionais. As relações sociais e outros promotores de resiliência combinados com as práticas culturais reforçam as competências de ajuste positivo nessas populações (Botha & van den Berg, 2016; Dass-Brailsford, 2005; Theron, 2020).

A amostra brasileira contou com a maior elevação dos níveis de sintomas psicológicos, apesar de não ser uma amostra clínica. Estes resultados espelham aqueles de estudos anteriores, que mostram que ambientes violentos e contextos socioeconômicos adversos, encontrados em muitos cenários brasileiros, acentuam desigualdades sociais e de rendimento que se refletem em diferenças na disponibilidade, acesso e qualidade dos serviços de saúde mental (Blay et al., 2018; Botega, 2014; Mangolini et al., 2019; Ramos-Oliveira et al., 2017; D. F. Silva & Santana, 2012). Obtiveram-se ainda nesta amostra os níveis mais elevados de ideação suicida e tentativas de suicídio, resultados que vão ao encontro das tendências do país, cujos problemas socioeconômicos, clima opressivo e características sociodemográficas podem contribuir para o aumento da vulnerabilidade desta população (Blay et al., 2018; D. F. Silva & Santana, 2012; Ramos-Oliveira et al., 2017).

Por último, Portugal registou os níveis mais elevados de risco de suicídio no futuro, apesar de apresentar os níveis mais elevados de suporte social. Isto pode estar relacionado com as elevadas taxas de suicídio não reportado, possivelmente associadas a aspetos culturais e religiosos que reforçam esta tendência e aumentam o risco de suicídio ao manter o estigma associado a este fenómeno (Gusmão et al., 2021; Pritchard & Hansen, 2015; Santana et al., 2015).

Estes resultados contribuem para o avanço científico nesta área e para a propagação da importância de políticas sociais, de saúde e de educação que deem prioridade à promoção da saúde mental e à prevenção do suicídio. Salienta-se a importância dos estudos epidemiológicos na avaliação e planeamento de programas de prevenção e promoção nas escolas e comunidades, como parte do investimento dos governos na saúde mental. Para terminar, sublinha-se a importância de ter em conta as diferenças culturais ao planear programas preventivos e de proteção que sejam específicos às necessidades culturais.

Palavras-chave

Saúde mental;comportamento suicidário;suporte social;autoestima;resiliência;Portugal;Brasil; PALOP;CPLC

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List of Acronyms

BSI-18	Brief Symptom Inventory-18
CPLC	Community of Portuguese Language Countries
CD-RISC-10	Conner-Davidson Resilience Scale-10
EFPA	European Federation of Psychologists' Associations
Europsy	European Certificate in Psychology
MSPSS	Multidimensional Scale of Perceived Social Support
PALOP	Países Africanos de Língua Oficial Portuguesa
RSES	Rosenberg Self-Esteem Scale
SBQ-R	Suicidal Behaviors Questionnaire-Revised
UBI	Universidade da Beira Interior
WHO	World Health Organization

Introduction

Mental health problems are a major risk factor for suicide (Botega, 2014), which in itself is a serious public health problem as it is among the leading causes of death worldwide (WHO, n.d., 2021a). Research in psychology typically focuses on identifying and reducing psychopathological symptoms (Carr et al., 2021). On the other hand, positive psychology seeks to identify and promote aspects that contribute to individuals' well-being and mental health by fostering good relationships, positive emotions, and developing positive coping skills which reduce the influence of negative factors. Therefore, it explores the interaction and impact of positive attributes on psychological and social problems through their balance and regardless of life circumstances, with the purpose of understanding and increasing the quality of the individual's life (Antoine et al., 2018; Flora, 2019; Kim et al., 2018).

Social support is a multidimensional concept that concerns the extent of support perceived and that which is in fact received from the social network. This social network has the role of emotional support, help, informational support (e.g., advice), performance feedback, and sociability through social integration (Drageset, 2021; Gariépy et al., 2016; Harandi et al., 2017). These functional/qualitative aspects of perceived social support reflect the individual's subjective assessment of the support they experience or the extent to which they're integrated into their social network. Social support can be established into two models: when its benefits become present under adverse conditions ("*buffering support*"), and when these benefits occur regardless of the circumstances or level of stress, with a positive impact on physical and mental health ("*main support*"), since social relationships can act as a buffer in stressful circumstances and/or as a predictor of better outcomes in psychological disorders (Alsubaie et al., 2019; Drageset, 2021; Gariépy et al., 2016; Wang et al., 2018). Social support acts as a protector of mental health by fostering efficient communication skills that contribute to more positive social communication and therefore decreasing the incidence of psychopathology and promoting better emotional and social adjustment through the development of adaptive coping strategies (Alsubaie et al., 2019; Harandi et al., 2017).

Self-esteem is a complex and abstract concept that fluctuates throughout life in a systematic and normative way in Western cultures. It encompasses the self-perception or self-assessment that the individual develops, and which depends on the subjective evaluation of their achievements, the quality of their social relationships, and certain personality traits (Doré, 2017; Harris & Orth, 2020; Orth et al., 2018). This is a positive factor that contributes to the individual's better adaptation and thriving in

areas such as mental and physical health, motivation, performance, emotional stability, coping skills, and happiness, with benefits across all age groups, in different racial and ethnic groups, and regardless of gender (Doré, 2017; Orth & Robins, 2022). In addition, it contributes to well-established and more secure relationships within individuals' social network, as it facilitates initiating and maintaining interpersonal relationships and enhances the benefits of social support (Harris & Orth, 2020; Orth & Robins, 2022).

There's no consensus among researchers when defining the concept of resilience. However, all authors refer to adversity and subsequent outcomes, which vary depending on the individual's level of resilience and the personal and environmental resources at their disposal (Stainton et al., 2019; Vella & Pai, 2019). Resilience has been defined as an active process that involves mechanisms of complex interaction between internal factors (e.g., psychological such as self-esteem, neurobiological, neurocognitive, and genetic) and external ones (e.g., social support) that benefit the individual's mental health and overall functioning amidst adverse circumstances, thus reducing their risks (Stainton et al., 2019). Resilience, as a dynamic process, fluctuates with situations and time, which means that the same individual may prove more resilient in one area or at one point in life than another, and the trajectories of mental health and well-being will depend on the internal regulation strategies they use and the resources available in their environment. Therefore, there are systemic influences that can foster or undermine the development of resilient individuals (Stainton et al., 2019; Ungar & Theron, 2020). Hence, research in this area aims to identify the factors associated with resilience, seek how to promote these protective factors and to what extent they interact to nurture resilient outcomes, and finally explore the promotion of resilience when it doesn't occur naturally in the individual in order to develop prevention and intervention strategies to bolster resilience in individuals experiencing psychological problems or at risk of developing psychological disorders (Stainton et al., 2019; Vella & Pai, 2019).

The second wave of positive psychology reworks the perception of well-being as a process and result of the adequate management between developing positive skills and the transformation of negative forces, that is, individuals' flourishing through healthy coping and transformation of suffering. It thus integrates the positive and negative aspects, in theory and in practice, and moves away from this dichotomy and in the direction of a 'dynamic harmonization', drawing near to the reality and complexity of human behavior, and emerges as to complement possible limitations of positive psychology. Existential positive psychology, as it's labeled, takes into account the external circumstances and complex systems in addition to individual strengths,

limitations and difficulties, as individual flourishing and well-being comprehend the condition of the external world and occurs from the cumulative effort to deal with negative external forces' effects and to improve the large-scale systems themselves (Flora, 2019; Wong, 2019, 2020). Lomas et al. (2021) further contemplate the possible upsurge of a third wave of positive psychology, which crosses the boundaries of psychology and includes knowledge and research methodologies from other fields in order to gain a more insightful perspective of the "groups, organizations, cultures, and systems in which people and their wellbeing are embedded" (p.679).

This Dissertation is developed as a partial requirement for obtaining a master's degree in Clinical and Health Psychology and it's intended to promote the learning of research skills in Psychology, with an adequate theoretical basis and generate relevant contributions in this area. It was produced with the aim of contributing to scientific advancement in this area by exploring the effect of protective factors (i.e., social support, self-esteem, and resilience) on mental health and suicidal behavior in CPLC citizens. The scientific article format was adopted, it was written in English and it's divided into two main chapters.

The first chapter is composed of the main scientific article analyzing the studied variables as a quantitative study of inferential, correlational, and predictive nature. It has a brief theoretical introduction to the constructs and their influence in each of the countries included in the sample (i.e., Portugal, Brazil and PALOP), followed by the research methodologies implemented and the results obtained, finishing with the discussion of the findings and their significance in comparison to previous studies.

The second and last chapter is comprised by a general discussion where the themes that emerged throughout the production of this work are articulated in order to analyze the scientific contributions and implications, and the research skills and scientific content output developed through this Dissertation.

Chapter 1. The Importance of Positive Factors in Protecting Adverse Mental Health Outcomes and Suicidal Behavior among Citizens of the Community of Portuguese Language Countries

This chapter was written according to the following scientific activities:

- Publications (Appendice 1 and Appendice 2, respectively)

Pestana, M., & Pereira, H. (Submitted). The importance of positive factors in protecting adverse mental health outcomes and suicidal behavior among citizens of the community of Portuguese language countries. *Psychological Studies*.

Pestana, M., & Pereira, H. (2021). The importance of positive factors in protecting mental health and suicidal behavior among citizens of the Portuguese language countries (CPLC). II Congresso Internacional Interdisciplinar sobre Representações Sociais e sobre Qualidade de Vida do Vale do São Francisco – CIRSQVASF (Brasil), 16 December 2021. *Sağlık Akademisi Kastamonu*, 7(1), pp. 71.

- Oral presentations (Appendice 3)

Pestana, M., & Pereira, H. (2022, June 3). The importance of positive factors in protecting adverse mental health outcomes and suicidal behavior among citizens of the community of Portuguese language countries [Conference presentation]. I Conferências Internacionais em Psicologia Clínica e da Saúde de Universidade da Beira Interior, Covilhã.

Abstract

Background: Research on positive factors underlies strategies for promoting mental health and preventing suicidal behaviors. Objectives: To assess the importance of social support, self-esteem, and resilience in protecting against adverse mental health outcomes and suicidal behavior in different Portuguese Language Countries. Method and Results: We collected an online sample of 1006 citizens from the Community of Portuguese Language Countries (CPLC), mean age of 41.76 years. Instruments assessed psychological symptoms, suicidal behaviors, social support, self-esteem, and resilience. We found statistically significant differences between CPLC countries, and positive factors were found to be inversely correlated with adverse mental health and suicidal behavior. Conclusions: Positive factors protect mental health and prevent suicidal behaviors. Self-esteem was particularly important, likely due to its intrinsic nature which has an overall influence on other psychological assets. Cultural differences should be taken in account when planning preventive and protective programs that should be specific to cultural needs.

Keywords

Mental health; suicidal behavior; social support; self-esteem; resilience

1. Introduction

1.1. Mental health protective factors

Mental health problems are a major risk factor for suicide (Botega, 2014), and although suicide rates have been decreasing globally, this is not the case for all countries (World Health Organization [WHO], 2021b). Suicide is a serious public health problem as it is among the leading causes of death worldwide (WHO, n.d., 2021a). Improving mental health and reducing mortality from suicide is, therefore, a priority for the WHO, which seeks to identify and promote socioemotional skills and positive and protective factors for mental health (WHO, 2021a, 2021b).

Mental health functioning is complex and refers to a person's cognitive, behavioral, and emotional well-being. Hence, several studies have sought to identify and explain the repercussions of risk factors (e.g., sociodemographic variables, psychosocial factors such as insufficient social support network and emotional instability) in mental health (Maharaj et al., 2018; Makwana, 2019; Pacheco et al., 2017; Zimmermann et al., 2020) and their consequences on suicidal behavior (Gvion & Levi-Belz, 2018). An understanding of this phenomenon is critically important to mental health outcomes as it underlies prevention strategies and social and clinical interventions (Arango et al., 2018).

On the other hand, several studies have explored the protective factors of mental health, particularly social support, self-esteem, and resilience in various populations (Batista & Pereira, 2020; H. Pereira & Silva, 2021; Kurtović et al., 2018; Martínez-Martí & Ruch, 2017; Matel-Anderson et al., 2018; Q. Liu et al., 2021; Watson et al., 2019; Williams, 2018; Yıldırım & Tanrıverdi, 2021).

From the perspective of Positive Psychology, social support and self-esteem are good predictors of resilience (Martínez-Martí & Ruch, 2017) and this mental capacity to adaptively overcome adverse circumstances contributes to better mental health and decreases the risk of suicidal behavior (Matel-Anderson et al., 2018; R. Almeida, 2016; Sher, 2019; Venicio & Daiuto, 2017). Social support refers to the emotional, instrumental, or informational help derived from a network of people such as family, friends, and significant others (Alsubaie et al., 2019; Gariépy et al., 2016), while self-esteem can be described as a favorable or unfavorable attitude towards oneself at a given time (Arsandaux et al., 2021; Soto-Sanz et al., 2019). Resilience concerns the active psychological process of mobilizing personal resources and coping mechanisms when faced with distress in challenging circumstances, resulting in successful adaptive outcomes (Botha & van den Berg, 2016; Karaman & Efiltili, 2019). For this reason, resources such as social support and self-esteem may, therefore, be good

predictors of resilience considering that, when mobilized, they contribute to adaptative outcomes under challenging circumstances.

1.1.1. Social support

There are many studies that report an inverse correlation between social support and the presence of depressive and anxious symptoms (Alsubaie et al., 2019; Gariépy et al., 2016; Wang et al., 2018). Social support has also been found to act as a protective factor as it mitigates the risk of suicide in adults (Stickley & Koyanagi, 2016). A review by Gariépy et al. (2016) revealed that people's main source of social support tends to differ by age, as adults and older adults tend to rely more on the support of significant others, followed by support from family and friends, while younger people tend to rely more on parental support. Nevertheless, social support has been consistently portrayed as a protective factor for depression across all ages (Alsubaie et al., 2019; Gariépy et al., 2016; Martínez-Hernández et al., 2016), and it is extremely relevant to more vulnerable groups such as older people or sexual minorities (Batista & Pereira, 2020; H. Pereira & Silva, 2021; Watson et al., 2019).

1.1.2. Self-esteem

Higher levels of self-esteem have also shown to be a protective factor for mental health (Karaca et al., 2019). A strong sense of self-esteem is essential in reducing psychopathological problems, since this builds a strong sense of competence and self-efficacy to deal with adversity and stressful events (Acácio, 2021; Bovier et al., 2004; Lee, 2020). Poor self-esteem can be one of the consequences of depression, which enhances negative beliefs that distort the perception of the world, others, and oneself, or it can be one of the factors that trigger psychopathology (Acácio, 2021; Manna et al., 2016). Overall, women tend to have more psychological symptomatology and lower self-esteem than men (Acácio, 2021), and girls tend to exhibit higher levels of depression and suicidal behavior than boys (Barrera et al., 2020; Manna et al., 2016). Low self-esteem is one of the biggest predictors of suicidal behavior in young people (Barrera et al., 2020; Soto-Sanz et al., 2019), whose unfavorable attitude towards oneself can contribute to emotional and behavioral problems and poor peer relationships, which may in turn contribute to suicidal tendencies (Barrera et al., 2020). This may be explained due to the high-risk profile that young people represent, as poor socioemotional adjustment increases vulnerability to mental disorders (Fonseca-Pedrero et al., 2020).

1.1.3. Resilience

Resilience is a protective factor for mental health even when individuals are exposed to adverse experiences (Färber & Rosendahl, 2018; M. Liu et al., 2020). More recently, resilience has gained prominence in research, specifically in the field of suicide prevention (Sher, 2019), and there are several studies that show that promoting resilience allows for the development of greater flexibility in dealing with psychological distress and reducing the impact of psychopathological symptoms (Rossetti et al., 2017; Venicio & Daiuto, 2017).

1.1.4. Positive factors in CPLC

In Portugal, social support is one of the most frequently mentioned positive factors in literature. In general, the greater the satisfaction with perceived social support, the lower the presence of depressive and anxious symptoms and, consequently, the lower the risk of suicide (Cortêsão, 2020; Faria et al., 2019; Morgado, 2018). Furthermore, the presence of social support also influences the levels of resilience, which in turn is inversely correlated with the presence of psychopathological symptoms in the Portuguese population (R. Almeida, 2016), and corresponds with findings from international literature.

Studies from Brazil also present conclusions that agree with existing investigations. Positive factors have been found to protect against adverse mental health and suicidal behavior and to be determinants of positive outcomes when interacting with risk factors, constituting resources for a successful adaptation to difficulties (A. Pereira et al., 2018). Additionally, results have found that social support and the establishment of relationships with peers contributes to decreasing the development of psychopathology, a better adjustment to challenging contexts and a positive self-perception (Oliveira & Barroso, 2020; Souza, 2017), self-esteem represents a protective factor for suicidal behavior (A. Pereira et al., 2018; D. A. Silva, 2019), and resilience allows flexibility in adaptive problem solving, which is important in the field of suicide prevention (Venicio & Daiuto, 2017).

As for African Countries with Portuguese as an Official Language (PALOP), there is a scarcity of studies on the influence of these positive factors on mental health and suicidal behavior. Among existing literature, a review from Pires et al. (2019) concluded that the Mozambiquan population shows a high burden of mental illness due to the lack of conventional health services and cultural adaptation of therapies.

The CPLC has a population of close to 250 million and occupies an area of about 10.7 million square kilometers across four continents. Most of these countries are rich in cultural diversity and, at the same time, have a human development index below the

global average. Although the CPLC shares the influence of Portuguese culture, countries within the CPLC have differing socioeconomic development patterns, which may influence the effect of positive factors on mental health and suicidal behaviors.

Taking into account the existing literature and the lack of studies on the protective factors of mental health and suicidal behavior in the CPLC, we developed the present investigation, which aims (1) to assess the importance of social support, self-esteem, and resilience in protecting mental health and suicidal behavior, (2) to determine differences in the relationship between protective factors and mental health and suicidal behavior by country of residence, (3) to assess levels of association between variables, and (4) to determine the effect of sociodemographic variables, country of residence, social support, self-esteem, and resilience in predicting mental health and suicidal behavior.

2. Methods

2.1. Participants

This study included 1006 participants who were citizens of the CPLC and between 18 and 80 years of age (mean = 41.76; SD = 14.19). Of these participants, 576 identified as female, 424 as male, and 6 as another gender. In terms of country of residence, 40.7% of the participants lived in Brazil, 29.9% lived in PALOP, and 29.4% lived in Portugal. Regarding sexual orientation, 87.5% of the participants self-identified as heterosexual, 6.5% as bisexual, and 6% as gay/lesbian. Racially, 49.9% of participants were white/European, 25.1% were African/Black, and 24.9% were mixed race. This sample was largely professionally active, as 60.4% were employed and 14.2% were students; in contrast, 4.7% were unemployed and 5.2% were retired. The majority of participants had obtained at least a bachelor's degree (90.1%) and were of average socioeconomic status (58%). In terms of marital status, 37% of participants were married to a person of the opposite sex, 21.9% were single and were not dating, and 16.8% were single and dating. More detailed information on these variables can be found in Table 1.

Table 1.

Sociodemographic characteristics of the CPLC participants (n=1006; M_{age}=41.76; SD=14.185).

		n	%
Country of residence	Portugal	296	29.4
	Brazil	409	40.7
	PALOP	301	29.9
Gender	Male	424	42.1

	Female	576	57.3
	Other	6	0.61
Sexual orientation	Heterosexual	880	87.5
	Bisexual	66	6.5
	Gay/Lesbian	60	6
Race/ethnicity	White/European	502	49.9
	African/Black	253	25.1
	Mixed	251	24.9
Professional status	Employed	608	60.4
	Unemployed	47	4.7
	Student	143	14.2
	Student-worker	82	8.1
	Self-employed	65	6.4
	Retired	52	5.2
	Medical leave	3	0.3
	Volunteer/community work	6	0.6
Educational attainment	≤ High school	100	9.9
	Bachelor's degree	249	24.7
	Master's degree	339	33.7
	Doctorate/Ph.D.	318	31.6
Socioeconomic status	Low	35	3.5
	Low-middle	109	10.8
	Middle	584	58
	Middle-high	227	22.5
	High	51	5.1
Marital Status	Single w/o dating	221	21.9
	Single w/dating	169	16.8
	Married w/same sex	14	1.4
	Married w/different sex	372	37
	De facto union w/same sex	12	1.2
	De facto union w/different sex	134	13.3
	Separated/divorced w/same sex	11	1.1
	Separated/divorced w/different sex	60	5.9
Widower of different sex	13	1.3	

2.2. Measurement instruments

This study utilized six separate questionnaires to capture sociodemographic variables, psychological symptoms, suicidal behavior, social support, self-esteem, and resilience. The sociodemographic questionnaire asked about the participants' age, country of residence, gender, sexual orientation, race/ethnicity, professional status, educational attainment, socioeconomic status, and marital status.

To identify the presence of psychological symptoms (depression, anxiety, and/or somatization), and thus measure participants' mental health, we utilized the Brief Symptom Inventory-18 (BSI-18). This instrument includes 18 items to assess psychological symptoms experienced over the previous week and includes three different scales for depression, anxiety, and somatization. Additionally, the global severity index measures general psychological distress levels and is obtained by adding all 18 items together, with higher scores indicating worse mental health (Nazaré et al.,

2017). This Portuguese-language version has adequate internal reliability, with very good Cronbach's alpha values for the community group sample for all three scales and for the global severity index. Reliability analysis for this study was $\alpha=.926$.

To assess suicidal behavior, we included the Suicidal Behaviors Questionnaire–Revised (SBQ-R), which has four items and utilizes a four-point Likert scale to measure suicidal ideation, intention, and attempt (e.g., the item 'Have you ever tried killing yourself?' assesses suicide attempt; the item 'How likely is that you will attempt suicide someday?' assesses future suicide risk). The Portuguese-language version used in this study is a straightforward translation of the items a psychometric appropriateness with a standardized coefficient alpha of .69 (Campos & Holden, 2019).

To measure social support, the Portuguese-language version of the Multidimensional Scale of Perceived Social Support (MSPSS) was utilized (Carvalho et al., 2011). This instrument measures social support from family, friends, and significant others through a seven-point Likert scale, with options ranging from '*Totally disagree (0)*' to '*Totally agree (7)*' (e.g., 'There is a special person that is close when I'm in need'; 'My family truly tries to help me'; 'I can talk about my problems with my friends'). The MSPSS has appropriate psychometric properties, with a Cronbach's alpha ranging between .87 and .95 for the three dimensions of social support. Reliability analysis for this study was $\alpha=.928$.

To measure self-esteem, we utilized the Portuguese-language version of the Rosenberg Self-Esteem Scale (RSES), which has ten items scored on a three-point Likert scale with responses ranging from *Strongly disagree (0)* to *Strongly agree (3)* (e.g., 'I feel I have a number of good qualities'; 'I take a positive attitude toward myself') (Pechorro et al., 2011). The Cronbach's alpha for the total sample was good (.79), indicating good psychometric properties. Reliability analysis for this study was $\alpha=.866$.

To measure resilience, we utilized the Portuguese-language version of the Conner-Davidson Resilience Scale–10 (CD-RISC-10), a ten-item instrument with a five-point Likert response scale, with responses ranging from '*Totally disagree (0)*' to '*Totally agree (5)*' (e.g., 'I am able to handle stress'; 'I am able to not get discouraged by failure'). The CD-RISC-10 has good psychometric properties ($\alpha=.85$) similar to the original version, and, therefore, is adequate to use among the Portuguese population (M. Almeida et al., 2020). Reliability analysis for this study was $\alpha=.893$.

2.3. Procedures

A website was created to disseminate the questionnaire online through mailing lists and social media from May to October 2021, using a convenience sample method. This research was approved by the Ethical Committee of the University of Beira

Interior (Portugal): CE-UBI-Pj-2021-047, and it respects the ethical principles of informed consent, anonymity, confidentiality, respect for physical and psychological integrity, beneficence, and the right to withdraw at any time. The data bases were encrypted, and no identifiable participant information is accessible by the research team, namely the IP addresses.

2.4. Data analysis

Descriptive statistics for sociodemographic variables were performed using IBM SPSS Statistics for Windows, Version 28.0. To compare differences in positive factors (social support, self-esteem, and resilience), psychologic symptomology/mental health, and suicidal behavior between the comparison groups (CPLC), we carried out a one-way ANOVA. We collapsed the participants from PALOP into one group due to the small sample size. Pearson’s correlations were conducted to identify the correlations between the positive factors, mental health, and suicidal behavior. Finally, two hierarchical linear regression analyses were performed to examine the effects of independent variables (age, gender, sexual orientation, socioeconomic status, country of residency, social support, self-esteem, and resilience) on the dependent variables (mental health and probability of suicide in the future).

3. Results

Differences in mental health, suicidal behavior, and positive factors by country of residence (Portugal, Brazil, PALOP) are presented in Table 2. Statistically significant differences were found between the CPLC countries for social support, self-esteem, resilience, adverse mental health, and suicidal behavior ($p < .05$), with the exception of suicide attempt throughout life ($F(2) = .451$; $p = .637$) and suicidal attempt in the last 12 months ($F(2) = 1.913$; $p = .148$).

Table 2.

Mental health, suicidal behavior, and positive factors by country of residence.

	Country of residence	M (SD)	F(df)	p
Social support	Portugal	5.79 (.95)	9.526(2; 989)	.000**
	Brazil	5.53 (1.14)		
	PALOP	5.42 (1.07)		
Self-esteem	Portugal	3.13 (.54)	6.712(2; 990)	.001*
	Brazil	3.19 (.53)		
	PALOP	3.29 (.47)		
Resilience	Portugal	3.78 (.63)	29.037(2; 991)	.000**
	Brazil	3.87 (.64)		
	PALOP	4.14 (.54)		
Psychological symptoms	Portugal	.76 (.58)	11.101(2; 991)	.000**
	Brazil	.93 (.71)		

Suicidal ideation	PALOP	.71 (.63)		
	Portugal	1.48 (.60)		
	Brazil	1.56 (.66)	11.441(2; 945)	.000**
Suicide attempt	PALOP	1.33 (.55)		
	Portugal	1.17 (.58)		
	Brazil	1.20 (.63)	.451(2; 989)	.637
Suicidal ideation (<12 months)	PALOP	1.16 (.55)		
	Portugal	1.33 (.86)		
	Brazil	1.44 (.92)	7.112(2; 987)	.000**
Suicidal attempt (<12 months)	PALOP	1.20 (.63)		
	Portugal	1.06 (.38)		
	Brazil	1.03 (.23)	1.913(2; 986)	.148
Suicide risk	PALOP	1.08 (.42)		
	Portugal	1.44 (.97)		
	Brazil	1.38 (.99)	5.525(2; 981)	.004*
	PALOP	1.20 (.71)		

*p<.05

**p<.001

Table 3 shows the Pearson's correlation coefficient test results between the positive factors, mental health, and suicidal behavior. Social support, self-esteem, and resilience were all inversely correlated with adverse mental health (social support: $r=-.275$; $p<.001$; self-esteem: $r=-.531$; $p<.001$; resilience $r=-.412$; $p<.001$) and suicidal behavior (social support: $r=-.223$; $p<.001$; self-esteem: $r=-.291$; $p<.001$; resilience: $r=-.237$; $p<.001$).

Table 3.

Pearson's correlations for mental health, suicidal behavior, and positive factors.

	1	2	3	4	5
1 – Psychological symptoms	–				
2 – Suicide risk	.357**	–			
3 – Social support	-.275**	-.223**	–		
4 – Self-esteem	-.531**	-.291**	.298**	–	
5 – Resilience	-.412**	-.237**	.202**	.610**	–

**p<.001

We carried out a hierarchical linear regression analysis to assess the effect of sociodemographic variables, country of residence, and positive factors in predicting mental health (Table 4). The variables 'age', 'gender', 'sexual orientation' and 'socioeconomic status' were added to the first block (Model I). The second block (Model II) included all variables from Model I as well as 'country of residence'. The third block (Model III) included positive factors variables ('social support', 'self-esteem' and 'resilience') as well as all variables from Model II. The first block explained 11.5% of the variance in mental health and this variance did not change when the 'country of residence' variable was added (Model II). The third block, however, explained 33.5% of

variance in mental health, with self-esteem being the strongest predictor among the positive factors.

Table 4.

Hierarchical linear regression analysis predicting mental health.

Variable	Model I			Model II			Model III		
	B	SE B	β	B	SE B	β	B	SE B	β
Age	-.007	.002	-.146**	-.007	.002	-.147**	-.003	.001	-.065*
Gender	.191	.041	.147**	.195	.042	.15**	.156	.037	.12**
Sexual orientation	.106	.04	.085*	.109	.04	.087*	.051	.035	.041
Socioeconomic status	-.163	.027	-.199**	-.161	.027	-.196**	-.062	.024	-.075**
Country of residence				.013	.028	.015	.054	.025	.063*
Social support							-.08	.018	-.131**
Self-esteem							-.439	.046	-.349**
Resilience							-.144	.037	-.139**
R ²			.115			.115			.335
F			29.841**			23.895**			57.481**

*p<.05

**p<.001

We performed another hierarchical linear regression analysis maintaining the same structure of the previous model but changing the dependent variable to assess the effect of the same variables on suicidal behavior (Table 5). The first block (Model I) explained 5.4% of the variance in suicidal behavior and adding the variable ‘country of residence’ on the second block (Model II) explained 6% of the variance in suicidal behavior. Finally, the third block (Model III) explained 14.2% of the variance in suicidal behavior, with self-esteem being once again the strongest predictor.

Table 5.

Hierarchical linear regression analysis predicting suicidal behavior.

Variable	Model I			Model II			Model III		
	B	SE B	β	B	SE B	β	B	SE B	β
Age	-.001	.002	-.014	-.001	.002	-.008	.002	.002	.031
Gender	.08	.06	.044	.044	.061	.25	.031	.059	.017
Sexual orientation	.364	.058	.208**	.345	.059	.197**	.296	.056	.169**
Socioeconomic status	-.092	.039	-.081*	-.105	.039	-.092*	-.016	.038	-.014
Country of residence				-.098	.04	-.082*	-.085	.04	-.071*
Social support							-.127	.029	-.149**
Self-esteem							-.355	.073	-.202**
Resilience							-.042	.058	-.029**
R ²			.054			.06			.142
F			12.988**			11.635**			18.648**

*p<.05

**p<.001

4. Discussion

The main purpose of this study was to assess the importance of social support, self-esteem, and resilience in protecting against adverse mental health outcomes and suicidal behavior among citizens of the CPLC. The study findings demonstrate that, as seen throughout existing literature, these three factors have a positive impact in protecting against mental health symptoms and suicidal behaviors, generating a positive self-assessment and overall self-confidence which, in turn, provide positive coping mechanisms that allow people to adapt and overcome challenges and difficulties (Q. Liu et al., 2021).

The results showed that PALOP participants reported lower levels of psychological symptoms and suicidal behaviors, which is consistent with the fact that they also had the highest scores for self-esteem and resilience. Although many regions of PALOP face a myriad of hardships, including chronic conflict and violence and intergenerational structural disadvantages and inequalities (WHO, 2021a), social relationships and resilience-enablers combined with cultural practices bolster positive adjustment capabilities in these populations (Dass-Brailsford, 2005; Theron, 2020; van Schalkwyk & Wissing, 2010). Research on resilience found that African cultures value religious beliefs and practices (Botha & van den Berg, 2016; Dass-Brailsford, 2005; Theron, 2020), and that both spirituality and religious orientation may lead to more resilient outcomes (Dass-Brailsford, 2005). One explanation for this may be that religious practices and beliefs contribute to emotional regulation abilities (Botha & van den Berg, 2016). Additionally, many African cultures promote a strong sense of community, hospitality, and union, which in turn promotes interactions with people, animals, and the environment, which serve as relevant protective relationships (Theron, 2020).

Despite the fact that overall symptoms do not constitute a clinical sample, Brazilian participants showed the highest levels of psychological symptoms. These results mimic tendencies of previous mental health investigations in this country, including findings that suicidal behaviors have underlying risk factors such as mental disorders, challenging environments, and sociodemographic characteristics (Blay et al., 2018; Botega, 2014; Mangolini et al., 2019; Ramos-Oliveira et al., 2017; D. F. Silva & Santana, 2012). In fact, Brazil has a high prevalence of anxiety disorders and depression (Mangolini et al., 2019), which has been continuously justified throughout literature by the highly unequal and adverse socioeconomic contexts, given the existent

accentuated social inequalities (D. F. Silva & Santana, 2012; Ramos-Oliveira et al., 2017;) and income disparities (Blay et al., 2018). These inequalities reflect on poor mental health services, with effects on availability, access, and quality of mental health care services (Ramos-Oliveira et al., 2017). This is further aggravated by exposure to violence in urban settings, which carries an exacerbated risk for mental health problems (Blay et al., 2018).

The present study found that Brazilian participants had the highest levels of suicidal ideation and suicide attempts, which align with findings from previous investigations (Botega, 2014). WHO reports also state that Brazil is among the top ten countries globally with highest absolute number of suicides due to its large population, although the suicide mortality index is lower than Africa and Western Europe (WHO, 2021b). Despite its multifactorial nature, the risk for suicidal behaviors increases with the presence of mental disorders and previous suicide attempt history (Barbosa & Teixeira, 2021; Botega, 2014). Given that Brazilian participants in the present sample exhibited the highest levels of both these risk factors and suicidal behaviors, these associations are in accordance with existing literature. A few studies have tried to explain the high levels of mental health problems and suicidal behaviors in Brazil amidst its psychosocial context, finding that socioeconomic problems (e.g., unemployment, homelessness), oppressive climate (e.g., sexism and racism), socio-demographic characteristics that increase vulnerability to mental disorders, and a lack of social support all contribute to higher rates of suicidal behaviors in this country (Abuabara et al., 2017; Félix et al., 2016).

On the other hand, Portugal showed the highest scores for suicide risk (i.e., probability of suicide in the future), despite having the highest levels for social support among the three groups. As previously stated, social support is an important protective factor in mitigating suicide risk (Cortêsão, 2020; Faria et al., 2019; Morgado, 2018; Stickley & Koyanagi, 2016). This inconsistency may be due to higher rates of masked suicides, where inaccurate registration procedures and miscommunication between all elements involved in death registration (e.g., police officers, codifiers) lead to underreporting (Gusmão et al., 2021; Pritchard & Hansen, 2015). Portugal presents a high level of undetermined deaths compared to other European countries (Värnik et al., 2010), making it impossible to determine whether the cause of these deaths was accidental, self-harm, or assault (Pritchard & Hansen, 2015). Another justification for our results may be that in the northern and southern regions, where suicide rates tend to be higher, there are also strong cultural roots expressed through social values, attitudes, and behaviors (e.g., religious beliefs and practices) that may discourage suicide reporting (Santana et al., 2015). Furthermore, there is reluctance to report

suicide within Catholic countries such as Portugal (Pritchard & Hansen, 2015), which may reinforce the underreporting of suicidal tendencies (Santana et al., 2015), thus increasing future suicide risk by maintaining suicide stigma.

In the perspective of positive psychology, individuals and professionals should aim not only to eliminate or mitigate negative states, but also to improve positive states by strengthening individuals' positive experiences and reinforcing positive resources that are important to achieving overall well-being (Harding et al., 2019; van Schalkwyk & Wissing, 2010). In the present study, social support, self-esteem, and resilience were found to be negatively correlated with psychological symptoms and suicidal behaviors, results that agree with previous investigations (Martínez-Martí & Ruch, 2017; Matel-Anderson et al., 2018; R. Almeida, 2016; Sher, 2019; Venicio & Daiuto, 2017). Positive relationships, positive self-image, and constructive coping mechanisms promote adjusted psychological well-being, as they build psychological resources and strengths that create a sense of accomplishment when dealing with adverse circumstances. Additionally, they help to develop a sense of comfort and self-worth when interacting in relationships, thus playing a vital part in protecting against adverse mental health outcomes and suicidal behaviors (Theron, 2020; van Schalkwyk & Wissing, 2010).

When it comes to engaging in self-harming behavior, high social support is related to a high level of willingness to seek help and support from others and therefore acts as a way of reducing tension and enhancing emotional regulation (van der Wal & George, 2018). As such, social support helps alleviate risk factors for psychopathology and suicidal behavior (e.g., emotional dysregulation, social isolation) by building and reinforcing relationship bonds, promoting a sense of belonging and buffering negative effects of stress through healthier coping mechanisms. These social resources may help compensate for a lack of internal ones, reducing the risk of mental health problems and suicidal behaviors (Karaman & Efiltili, 2019; Szanto & Whitman, 2021; Yıldırım & Tanrıverdi, 2021).

Furthermore, our research shows stronger correlations as well as predictive power for self-esteem in relation to mental health and suicidal behaviors. Previous studies have shown that self-esteem is inversely correlated to psychological symptoms and suicidal behaviors, effectively predicting these outcomes (Acácio, 2021; Barrera et al., 2020; Bovier et al., 2004; Karaca et al., 2019; Lee, 2020; Soto-Sanz et al., 2019). This may be because self-esteem promotes a positive outlook on personal competence and good judgement of one's skills and self-worth (Karaman & Efiltili, 2019; Kurtović et al., 2018).

Likewise, resilience, seen as intrinsic strengths (e.g., optimism, hardiness) that reflect adaptative coping strategies and positive emotions, creates fundamental skills to

effectively manage difficult situations, reducing negative psychological burden (e.g., intrusive thoughts, feeling of imprisonment) through adequate emotional and cognitive processing (Moore & Woodcock, 2017; Q. Liu et al., 2021; Yıldırım & Tanrıverdi, 2021).

The above-mentioned positive factors operate in a dynamic manner, in the sense that they exert mutual influence over each other: individuals with higher resilience will, in turn, develop a more positive perception of themselves, increasing self-esteem; this raises awareness of their own resources and skills that, in the same way, contribute to building resilience and to developing relationships which form reliable sources for social support and promote autonomy and self-acceptance (Harding et al., 2019; Kurtović et al., 2018).

This study is not without its limitations. The fact that data was collected online and the convenience sample was highly educated compromised representativeness. Additionally, although the CPLC shares a common language, we cannot deny the influence of cultural differences in terms of sociopolitical and demographic realities which may have interfered with results. The questionnaire may have also been subject to social desirability bias, given the sensitive nature and personal demand and vulnerability posed by some of the dimensions assessed (e.g., suicidal behaviors). Furthermore, the cross-sectional nature of the study hinders the ability to monitor changes over time and establish causal relations between variables. Another difficulty was the lack of research and/or lack of access to research regarding the studied variables within PALOP. This is aggravated by the absence of mental health data in some of these countries (WHO, 2020) and the use of western instruments with no cultural adaptation and validation in African countries (van Rensburg et al., 2015).

Our results contribute to existing research on positive factors and mental health, spreading awareness about the importance of health, educational, and social policies. These policies endorse formal environments for the development of positive skills, which are vital to the promotion of mental health, well-being, and general quality of life. This holds governments responsible for the development of policies and measures that emphasize and prioritize plans for mental health promotion and suicide prevention, and for investing in mental health professionals' suicide prevention training, as well as other non-specialized health care workers (e.g., physicians, nurses) and gatekeepers (e.g., teachers, policemen, firefighters) (WHO, 2020). It also highlights the relevance of epidemiologic studies that contribute to the assessment and planning of prevention and promotion programs in schools and communities. It should serve as an incentive to scientific research on the topic of positive and protective factors for mental health and suicidal behavior, particularly in PALOP. Future studies should include longitudinal, mixed-method, and qualitative designs that complement the

quantitative data collected, focusing on the specific interactions of the positive factors and their mediation and/or moderation effects. Additionally, future research should investigate the development, implementation and assessment of social support, self-esteem and resilience-based programs among children and adolescents, families, and communities.

5. Conclusion

This study highlights positive factors such as social support, self-esteem, and resilience as protection against the manifestation of psychological symptomatology and suicidal behaviors. Self-esteem took on an especially relevant role in this study, and this might be explained due to its intrinsic nature that has an overall influence on other psychological assets. Our study also comes to show that it is imperative to take cultural differences into account when planning preventative and protective programs that should be specific to cultural needs. Finally, positive psychology research comes to reinforce the investment in positive adaptation mechanisms, which have been continuously proven to be strong predictors of augmented mental health and human development indicators.

Disclosure statement

No potential conflict of interest was reported by the authors.

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Chapter 2. General Discussion

This dissertation was developed as a partial requirement for obtaining the master's degree in Clinical and Health Psychology from the University of Beira Interior. This research work allowed the development of literature review skills, data collection as well as data analysis and communication in scientific article format, that translate into research skills and output of scientific knowledge in psychology. It stands as part of the core formation of a psychologist's professional practice, as stated in the European Certificate in Psychology (Europsy) elaborated by the European Federation of Psychologists' Associations (EFPA, 2015).

In the face of the pandemic circumstances that we have all been facing for the last two years, we have seen a mental health crisis emerge with an increase in psychological symptoms, worsening of pre-existing conditions, an increase in negative emotions, and an impairment in general well-being. At this time, numerous research and investigations in the field of positive psychology and, in particular, of the protective factors of mental health, emerged and sought positive responses as to deal with the pandemic effects on populations' mental health (Douglas et al., 2022; Gorbeña et al., 2022; Waters et al., 2022; Yamaguchi et al., 2020). After a series of restrictions, including long periods of isolation and quarantine, emphasis was placed on the role of social interaction and the promotion of coping strategies in protecting and maintaining mental health (Waters et al., 2022). The results we obtained in this study therefore portray the importance of promoting positive mechanisms to protect mental health and prevent suicidal behaviors.

Significant differences were found for positive factors, mental health and suicidal behaviors between the countries in our sample. PALOP countries' participants reported the lowest levels of psychological symptoms and suicidal behaviors, in addition to the highest levels for self-esteem and resilience. As previously mentioned, these results may be due to cultural features that promote better emotional regulation skills and where social support is strongly valued and relied upon, thus establishing protective relationships (Botha & van den Berg, 2016; Dass-Brailsford, 2005; Theron, 2020). These regions can further exemplify how even in adverse environments individuals develop resilience mechanisms through not only internal characteristics but also external resources (Kim et al., 2018).

In turn, the Brazilian sample had the highest levels of psychological symptoms, as well as higher levels of suicidal ideation and suicide attempts. These results are in line with previous studies that reveal the vulnerability to mental health problems in this population exacerbated by the challenging characteristics of the socioeconomic environment and urban violence scenarios (Blay et al., 2018; D. F. Silva & Santana, 2012; Ramos-Oliveira et al., 2017). These results illustrate the importance of research, development, and implementation of targeted programs to promote skills that foster more resilient outcomes in populations when they do not develop naturally (Carr et al., 2021; Stainton et al., 2019; Vella & Pai, 2019).

Lastly, Portugal recorded the highest levels for future suicide risk despite having the highest levels of social support, which may also indicate a need for programs to develop strengths internal to the individual that, in interaction with existent external resources, will certainly be promoters of greater resilience that may reflect in a decrease in suicide risk (Flora, 2019; Sher, 2019; Wong, 2019, 2020).

As literature indicates, as well as the results obtained in the study on the first chapter, understanding how to promote factors such as self-esteem and social support, which contribute to building resilience, is at the basis of strategies that improve individual's well-being. Likewise, these factors interact with each other and with the individual's environment, generating a constant feedback loop: high self-esteem contributes to more effective and constructive strategies for addressing interpersonal conflicts, which means greater satisfaction and more positive social relationships that, in return, foster the development of self-esteem throughout life. These factors have been proven to reduce the negative effects of psychological stress. Additionally, the presence of resilience represents in itself the existence of other protective factors, and for this reason it's important that interventions reinforce this feedback loop between positive factors. In addition, the context in which the individual is embedded must be considered, since the culturally relevant resources available in the environment contribute as much to the development of resilience as the individual's internal characteristics (Harandi et al., 2017; Harris & Orth, 2020; Stainton et al., 2019; Ungar & Theron, 2020; Wang et al., 2018; Wong, 2019, 2020).

In conclusion, this work reinforces the relevance of developing intervention plans and policies that prioritize mental health and suicide prevention through governments' investment in positive coping mechanisms. The importance of tailoring these programs to cultural specificities and understanding how to adjust interventions to

the difficulties and the strengths and strategies used by the population to manage them is also highlighted, since cultural, social, and political problems and priorities influence the constructs that are studied in different regions, and different populations experience and express well-being in ways that are in agreement with the culture and context in which they're integrated. Therefore, interventions based on positive factors such as social support, self-esteem, and resilience should consider the human ecology holistically, so that one can identify and work with the factors that enhance the transformation of adversity into more adaptive outcomes.

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