



## Research Article

# Mental Health and Well-being in Children: The Protective Role of Resilience, Self-esteem, Self-efficacy, and Parent-child Relationship

Louiza Ioannidou <sup>a\*</sup>, Katerina Michael <sup>b</sup>

[a] Department of Social and Behavioral Sciences, European University Cyprus, Cyprus.

[b] Department of Education, Frederick University Cyprus, Cyprus.

## Abstract

Stressful and adverse events pose a challenge to children's mental health and well-being, as they are associated with internalizing and externalizing problems. The present study examined how family and individual factors act protectively to enhance children's mental health and well-being. The study involved 421 children aged 9 to 12 and their parents/guardians. Children and parents completed questionnaires concerning their mental resilience, children's self-esteem and self-efficacy, children's mental difficulties, and child-parent relationships. Research findings indicated that children with high self-esteem and self-efficacy display more significant levels of mental resilience. Furthermore, children develop fewer mental difficulties when parents and children have high resilience and engage in positive interaction practices. The study also highlighted that children's self-esteem predicts resilience through the mediating role of children's self-efficacy. Additionally, parents' resilience indirectly impacts children's mental health through children's resilience and parent-child closeness relationships. The findings underscore the importance of developing prevention programs to bolster children's resilience and well-being.

*Keywords:* mental resilience; children's self-esteem; children's self-efficacy; child-parent relationship; children's well-being.



## Table of Contents

Research Purpose

Method

Results

Discussion

Conclusion

References

Psychological Thought, 2024, Vol. 17(2), 483-507, <https://doi.org/10.37708/psyct.v17i2.946>

Received: 2024-02-09. Accepted: 2024-08-31. Published (VoR): 2024-10-31.

Handling Editor: Natasha Angelova, South-West University "Neofit Rilski", Blagoevgrad, Bulgaria.

\*Corresponding author at: European University Cyprus, Cyprus.

E-mail: [i.ioannidou@euc.ac.cy](mailto:i.ioannidou@euc.ac.cy)



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Children's mental health has become an increasingly worrisome issue, especially in the face of recent worldwide challenges like the COVID-19 pandemic. The mental health crisis affecting children extends beyond pandemic-related concerns and encompasses many stressors, such as academic demands, family dynamics, victimization, and social interactions (Brooks et al., 2020; de Miranda et al., 2020). These stressors have resulted in elevated psychological distress in children, which is evident through heightened levels of internalizing and externalizing problems, such as anxiety, stress, depression, nervousness, and conduct problems (Ioannidou et al., 2022; Ioannidou & Zafiropoulou, 2024). Moreover, studies have demonstrated that the emotional turmoil experienced by parents as a result of the pandemic and other stressful occurrences has a substantial effect on the overall well-being of their children (Davidson et al., 2021; Ioannidou et al., 2022; Spinelli et al., 2020). The convergence of these difficulties highlights an urgent need to identify adaptive and protective factors that can mitigate the negative impact on children's mental well-being and alleviate the potential load on children and their families. Effective interventions and support systems can be developed to improve the mental well-being of children by identifying these protective factors.

### Resilience as a Crucial Adaptive Mechanism

One critical adaptive and protective factor is resilience. Recognizing how to improve children's resilience is essential for adapting and flourishing in the face of difficulties and challenges (Mancini, 2020). According to Luthar et al. (2000), resilience is a dynamic process in which people exhibit positive adaptive behaviors when dealing with complex and adverse situations. Enhancing resilience in children is crucial for their mental health as it helps them recover from setbacks, reduce the impact of stress, and maintain psychological well-being (Masten, 2018).

Certain protective factors have been linked to resilience, as they aid in developing positive attitudes toward life even after experiencing adverse situations (Zolkoski & Bullock, 2012). One significant protective factor is self-esteem. Self-esteem, which refers to people's positive attitudes toward themselves, plays a crucial role in dealing with challenges and building resilience (Balgiu, 2017; Rosenberg et al., 1995). Many studies have explored the relationship between mental resilience and self-esteem in children, suggesting a reciprocal connection (Tian et al., 2018). Improving children's self-esteem can significantly boost their mental resilience, leading to better-coping mechanisms and reduced symptoms of mental difficulties (Kocatürk & Çiçek, 2023; Shi, 2022; Tian et al., 2018).

Another critical factor is self-efficacy (Sagone & De Caroli, 2013). Self-efficacy refers to people's beliefs about their capabilities in performing a specific action required to attain a desired outcome (Bandura, 2005). Research suggests that people with high levels of self-efficacy tend to perceive themselves as more capable and efficient (Sagone et al., 2020). Self-efficacy reflects people's sense of control and ability to overcome challenges and take control of their surroundings, which in turn promotes resilience and minimizes the likelihood of developing internalizing and externalizing problems (Schwarzer & Warner, 2013a).

Furthermore, the quality of the parent-child relationship plays a significant role in children's ability to cope and adapt to challenges (Masten, 2018). A loving and supportive parent-child relationship significantly impacts children's mental health, well-being, happiness, and resilience (Li et al., 2018; Sandler et al., 2015; Tian et al., 2018; Winston & Chicot,

2016). Studies have found that involved and nurturing parenting can enhance children's resilience and well-being during stress and developmental transitions by exhibiting love, warmth, low hostility, monitoring activities, appropriate consequences, and reasonable expectations (Conger & Conger, 2002; Masten & Barnes, 2018). Children who experience such positive parenting are more likely to function competently, report fewer emotional and behavioral difficulties during adolescence, and show excellent proficiency in early adulthood (Borden et al., 2010; Conger & Conger, 2002; Ioannidou & Georgiou, 2021).

Finally, parental resilience also significantly predicts children's mental health and resilience (Gavidia-payne et al., 2015). Parents' resilience can be a protective factor leading to decreased internalizing and externalizing problems in children. Resilient parents can provide effective and high-quality parenting to their children, even in adverse situations, and serve as role models, demonstrating how to handle effectively stressful and adverse situations. This modeling behavior fosters resilience in children, therefore enhancing their mental health status and well-being (Borden et al., 2010; Eisenberg et al., 2001; Kim & Im, 2014; Nikstat & Riemann, 2020; Sandler et al., 2015).

### Research Purpose

When taken together, evidence suggests that stressful events affect children's well-being, and there is an urgent need to identify the protective factors that empower their mental health. Previous studies have highlighted the role of self-esteem and self-efficacy in fostering children's resilience and mental health (Sagone et al., 2020; Santos et al., 2021; Supervía et al., 2022; Tian et al., 2018; Trong Dam et al., 2023). However, the current literature is lacking in research on the extent to which these factors interact with parental resilience and the parent-child relationship to influence the mental health of children. The aim of this study was to address this deficiency by analyzing these interactions in a group of primary school students in Cyprus. Consequently, the study provides a culturally tailored perspective and contributes to the scarcity of research in this field. The study's uniqueness is its comprehensive approach to analyzing the interplay between individual and family factors, which includes children's resilience, self-esteem and self-efficacy, parent-child relationships, and parental resilience. In this study, the Ecological Systems Theory highlights the significance of analyzing individual factors, such as children's self-esteem,



self-efficacy, and resilience, along with family dynamics, including parental resilience and parent-child relationships, in order to understand children's mental health and well-being (Bronfenbrenner, 1977). This research deviates from past studies by utilizing mediation and parallel mediation models to examine the intricate pathways via which these variables interact and impact the mental health of children. This comprehensive perspective offers a more intricate comprehension of the mechanisms that underlie resilience in children. This research aims to utilize knowledge of protective variables that contribute to the improvement of children's mental health and well-being. The findings can be used to build intervention programs that specifically target mental health promotion and prevention of psychological challenges from an early stage. Based on the literature review and the research's scope, the following research hypotheses were formed:

1. Children's self-esteem and efficacy would enhance and empower children's mental resilience.
2. Parents' and children's resilience, and parent-child closeness relationship would be protective factors for children's mental health and well-being (fewer mental difficulties).
3. Parents' resilience may indirectly impact children's mental health and well-being through the mediating role of children's resilience and parent-child closeness relationship.

## Method

### Research Design

The research focused on primary school children, examining how individual and family factors enhance children's mental health and well-being in the face of stressful and adverse events. It employed a quantitative methodology utilizing self-reported questionnaires to gather data from participants. The study was conducted in Cyprus from October to November 2023, with data collection occurring after obtaining the necessary ethical approvals and parental consent.

### Participants

Initially, the questionnaires were distributed in five primary schools in Cyprus, in the fifth and sixth grades, which consisted of 572 children. However, the final sample of the study was 421 children aged 9 to 12 and their parents/guardians, as only the parents of these children gave written consent for their participation in the study. The initial distribution aimed to reach a broad and diverse group of primary school children to ensure the representativeness and generalizability of the findings. As shown in Table 1, 223 were girls (53%), and 198 were boys (47%). 207 (49%) children attended the fifth grade of primary school, and 214 (51%) attended the sixth grade. Of the 421 parents, 346 were mothers, and 75 were fathers. 86.2% of the parents were married, 2.9% were living together, 9.3% were divorced, 1.2% were unmarried, and 0.5% were widowed.

**Table 1.**  
*Participants' Socio-demographic Variables*

<b>Socio-demographic Variables</b>	<b>N</b>	<b>%</b>
<b>Gender (Children)</b>		
Girls	223	53
Boys	198	47
<b>Grade</b>		
5 <sup>th</sup> grade	207	49
6 <sup>th</sup> grade	214	51
<b>Gender (Parents)</b>		
Mothers	346	82.2
Fathers	75	17.8
<b>Parents' marital status</b>		
Married	363	86.2
Living together	12	2.9
Divorced	39	9.3
Unmarried	5	1.2
Widowed	2	.5

### Procedure

The research was approved by the Cyprus National Bioethics Commission, the Ministry of Education and Culture of Cyprus, and the Directors of the schools where the research was conducted. Initially, a sealed envelope was given to the children, which included the information leaflet for the purposes of the research, the parental consent form, the parent



demographics form, and the questionnaires to be completed by the parents. After receiving parental consent, researchers administered the student demographic form and the relevant research questionnaires to the children on the school premises. This was done to ensure that the children were in a familiar and comfortable environment. The children completed the questionnaires within a 40-minute teaching period, which was sufficient to maintain their concentration without causing fatigue. Researchers were present to supervise the completion of the questionnaires by the children, providing assistance if needed and ensuring that the children understood the questions and answered them independently and that the process adhered to ethical guidelines. For the purposes of the study, several instruments were used to capture a comprehensive and multidimensional understanding of the factors influencing children's mental health. Each questionnaire was selected for its specific ability to measure distinct constructs critical to the research. Administering multiple instruments in a single study allowed for seamless integration of data. This integration is crucial for complex analyses, such as mediation and parallel mediation models, where different variables measured by different instruments interact (Hayes, 2017).

## Measures

### *Demographic Information*

First, parents/guardians completed an ad hoc questionnaire regarding their sociodemographic characteristics, such as age, gender, marital and professional status, and education level. Furthermore, they completed information regarding their child's gender, age, and school. Children also completed demographic information regarding age, gender, educational level, and school name.

### *Children's Mental Health and Well-being*

The Strengths and Difficulties Questionnaire (Goodman, 1997) was used to screen for children's mental difficulties and psychosocial states. The scale comprises 25 3-point Likert-type questions, with 1 indicating "does not apply" and 3 representing "definitely applies." It assesses parents' perception of their children's difficulties, possibilities, and prosocial behavior. The questionnaire gauges positive and negative attributions of the child across five domains: emotional symptoms, conduct problems, peer-related issues,

hyperactivity-lack of attention, and prosocial behavior. Examples of the question items include: "Many worries or often seems worried" and "Often loses temper." The Cronbach's alpha reliability coefficient of this scale was  $\alpha = .72$ .

#### *Child-Parent Relationship*

The Child-Parent Relationship Scale (Driscoll & Pianta, 2011) was used to evaluate parents' perceptions of their relationship with their children. The questionnaire comprises 15 statements and requests parents to select a degree on a 5-point Likert-type scale that most accurately expresses their feelings and thoughts about their relationship with their child, ranging from "not at all" to "absolutely." The questionnaire consists of two subscales: conflict and positive relationship. The conflict subscale (eight statements) measures how parents perceive their relationship with their child to be characterized by negativity. The positive relationship subscale (seven statements) evaluates how parents view their relationship with their child as being characterized by warmth, affection, and open communication. Some examples of the questionnaire items are: "I share a loving and warm relationship with my child" and "There appears to be some tension between my child and me." The measure used in the study showed a good level of internal consistency, with a Cronbach's alpha coefficient of  $\alpha = .79$ .

#### *Parents' Resilience*

Connor-Davidson Resilience Scale (CD-RISC) (Connor & Davidson, 2003) was used to assess parents' psychological resilience. This questionnaire comprises 25 self-reported statements, rated on a 5-point Likert scale (0= "Not at all true", 1= "Rarely true", 2= "Sometimes true", 3= "Often true", 4= "Almost always true"). The scale consists of five factors, including "Personal competence, high standards & persistence" with eight questions, "Trust in intuition, tolerance of difficulties" with seven questions, "Positive acceptance of change and secure relationships" with five questions, "Control" with three questions, and "Spiritual type influences" with two questions. Scores range from 0 to 100, where higher scores indicate higher mental resilience. Some examples of the questionnaire items are: "I can adapt to change" and "I have close and secure relationships". The internal consistency of the scale was  $\alpha = .90$ .



### *Children's Resilience*

The Mental Resilience Scale (Wagnild & Young, 1993) assessed children's ability to bounce back from challenges. This scale comprises 25 questions, and children rate their responses on a 7-point Likert scale ranging from strongly disagree (1) to strongly agree (7). The scale is divided into two subscales. The first subscale includes 17 items that measure personal adequacy, while the second consists of eight items that measure self-acceptance and acceptance of life. Some examples of the questionnaire items are: "When I make plans, I make them happen" and "I rarely wonder what the meaning of life is". The internal consistency of the scale was  $\alpha = .81$ .

### *Children's Self-Esteem*

The Rosenberg Self-Esteem scale (Rosenberg et al., 1995) assessed children's self-esteem. This scale comprises ten questions that assess the individual's self-concept and overall sense of personal worth. Participants are required to rate their level of agreement or disagreement with the questions on a 4-point Likert scale (ranging from strongly agree to disagree strongly). A higher value indicates higher self-esteem among the children. Some examples of the questionnaire items are: "I feel that I am a worthy person, at least as much as others" and "Sometimes I think I am not good at all". The internal consistency of the scale was  $\alpha = .80$ .

### *Children's Self-efficacy*

The New General Self-Efficacy Scale (Chen et al., 2001) assessed the general self-efficacy of children aged 9-12. This scale includes eight statements and asks children to rate their agreement on a 5-point Likert-type scale (1 = strongly disagree, 5 = strongly agree). Some examples of the questionnaire items are "When I face difficulties, I am sure that I will succeed" and "I can succeed in any endeavor in which I use my mind." The internal consistency of the scale was  $\alpha = .82$ .

## **Data Analysis**

First, descriptive statistics were used to analyze the demographic characteristics of the sample and the mean score and standard deviation of the examined variables (children's self-esteem, self-efficacy, resilience, mental difficulties, parents' resilience, child-parent

conflict relationship, and child-parent closeness relationship). Bivariate correlations among study variables were also calculated. Internal consistency was also evaluated to measure the reliability of each scale. Furthermore, Multiple Regression Analysis was employed to understand the influence of multiple factors (children's self-esteem, self-efficacy, resilience, parents' resilience, and child-parent relationship) on the children's resilience and mental difficulties. Finally, Mediation and Parallel Model analyses using the Process Model in SPSS were conducted. Mediation analysis helps in identifying whether the effect of an independent variable on a dependent variable is mediated by another variable. For example, the study examined whether children's self-efficacy mediates the relationship between self-esteem and resilience. Parallel mediation analysis allows for the assessment of multiple mediators simultaneously, providing insights into the different pathways through which parental resilience might influence children's mental difficulties, mediated by both children's resilience and the parent-child relationship (Hayes, 2017). Data were analyzed using the Statistical Package for Social Sciences (SPSS) version 26.

## Results

### Descriptive Statistics and Bivariate Correlations

The means, standard deviations, and bivariate correlations between the examined variables - children's self-esteem, self-efficacy, resilience, and mental difficulties, parents' resilience, child-parent conflict relationship, and child-parent closeness relationship - are presented in Table 2. As expected, there was significant inter-correlation among the examined variables. Multicollinearity did not appear to be infringed, as the Tolerance index was greater than 0.2 and the VIF index was less than 10. Bivariate correlations revealed significant positive correlations between children's resilience and children's self-esteem ( $r(419) = .58, p < .01$ ), self-efficacy ( $r(419) = .74, p < .01$ ), parents' resilience ( $r(419) = .11, p < .05$ ), and closeness ( $r(419) = .13, p < .05$ ). There were also statistically negative correlations between children's resilience and children's mental difficulties ( $r(419) = -.17, p < .01$ ) and conflict ( $r(419) = -.10, p < .05$ ). There were also significant positive correlations between parents' resilience and children's efficacy ( $r(419) = .11, p < .05$ ), children's self-esteem ( $r(419) = .13, p < .05$ ), and closeness ( $r(419) = .47, p < .01$ ). Negative correlations between parents' resilience and conflict ( $r(419) = -.16, p < .01$ ) and

children's mental difficulties were found ( $r(419) = -.27, p < .01$ ). Furthermore, the children's self-esteem was positively related with the self-efficacy ( $r(419) = .63, p < .01$ ) and closeness ( $r(419) = .14, p < .01$ ), and negatively related with conflict ( $r(419) = -.20, p < .01$ ) and mental difficulties ( $r(419) = -.26, p < .01$ ). Children's self-efficacy was positively related with closeness ( $r(419) = .11, p < .05$ ) and negatively related with children's mental difficulties ( $r(419) = -.17, p < .01$ ). Finally, conflict and mental difficulties were positively related ( $r(419) = .58, p < .01$ ) and closeness and mental difficulties were negatively related ( $r(419) = -.35, p < .01$ ).

**Table 2.**  
*Pearson Correlations of the Variables*

	1	2	3	4	5	6	7
1. Children's resilience	1						
2. Self-esteem	.58**	1					
3. Self-efficacy	.74**	.63**	1				
4. Parent's resilience	.11*	.13*	.11*	1			
5. Mental difficulties	-.17**	-.26**	-.17**	-.27**	1		
6. Closeness	.13*	.14**	.11*	.47**	-.35**	1	
7. Conflict	-.10*	-.20**	-.10	-.17**	.58**	-.27**	1
<i>M</i>	5.49	3.08	3.98	3.08	1.35	4.30	1.79
<i>SD</i>	.65	.51	.62	.47	.24	.59	.62

\*\*  $p < .01$ \*  $p < .05$

### Multiple Regression Analysis

Two multiple regression analysis models (forced entry method) were conducted to examine whether children's self-esteem and self-efficacy predict children's resilience and whether parents' resilience, children's resilience, closeness, and conflict relationship predict children's mental difficulties. Initially, the basic conditions of the multiple regression were checked, which showed that the condition of error independence was not violated since the value of the Durbin - Watson index was close to 2 (Durbin - Watson = 1.92 for the first model and 2.09 for the second model). The multilinearity condition was also not violated for both models since the Tolerance index was greater than 0.2 and the VIF index was less than 10. The homoskedasticity condition and the regularity of errors were not violated.



The results of the multiple regression analysis for the first model showed that the model was statistically significant,  $F(2,407) = 265.404$ ,  $p < .001$ . The analysis interpreted 75% of the total variation in children's resilience ( $r^2 = 0.57$ , Adjusted  $r^2 = 0.56$ ). As shown in Table 3, children's self-esteem ( $\beta = .20$ ,  $p < .001$ ) and self-efficacy ( $\beta = .61$ ,  $p < .001$ ) positively predicted children's resilience. The second multiple regression model (Table 4) was also statistically significant,  $F(4,363) = 58.09$ ,  $p < .001$ , explaining 63% of the variation in children's mental difficulties ( $r^2 = .39$ , Adjusted  $r^2 = .38$ ). Parents' resilience ( $\beta = -.10$ ,  $p < .05$ ), children's resilience ( $\beta = -.09$ ,  $p < .05$ ) and closeness relationship ( $\beta = -.13$ ,  $p < .01$ ) negatively predicted children's mental difficulties. Furthermore, conflict relationship positively predicted children's mental difficulties ( $\beta = .52$ ,  $p < .001$ ).

**Table 3.**  
*Multiple Regression Analysis. Model 1*

	<i>B</i>	<i>SE B</i>	$\beta$
Constant	2.16	.15	
Self-esteem	.25	.05	.20*
Self-efficacy	.64	.04	.61*

$R^2 = .57$ , \*  $p < .001$

**Table 4.**  
*Multiple Regression Analysis. Model 2*

	<i>B</i>	<i>SE B</i>	$\beta$
Constant	1.56	.12	
Parents' resilience	-.05	.02	-.10***
Children's resilience	-.03	.02	-.09***
Closeness	-.06	.02	-.13**
Conflict	.21	.02	.52*

$R^2 = .39$ , \*\*\*  $p < .05$ , \*\*  $p < .01$ , \*  $p < .001$ .

### Mediation Analysis

A PROCESS mediation analysis was conducted using Model 4 in SPSS to investigate the indirect effect of children's self-esteem (independent variable) on their resilience (dependent variable) through their self-efficacy (mediator variable). Results showed (Figure 1) that children's self-esteem is a statistically significant predictor of children's self-efficacy ( $b = .76$ ,  $t = 16.42$ ,  $p < .001$ ) and children's resilience ( $b = .74$ ,  $t = 14.55$ ,  $p < .001$ ). Children's self-efficacy also significantly predicts children's resilience ( $b = .64$ ,  $t = 14.51$ ,  $p < .001$ ). When children's self-efficacy was a mediating factor in the model, the



children's self-esteem had a weaker predictive ability in children's resilience. However, it still remained significant statistically, showing partial mediation ( $b = 0.25$ ,  $t = 0.05$ ,  $p < .001$ ). The analysis also revealed a significant indirect effect of children's self-esteem on children's resilience, mediated by children's self-efficacy ( $b = 0.49$ , BcaCI [0.39, 0.60]).

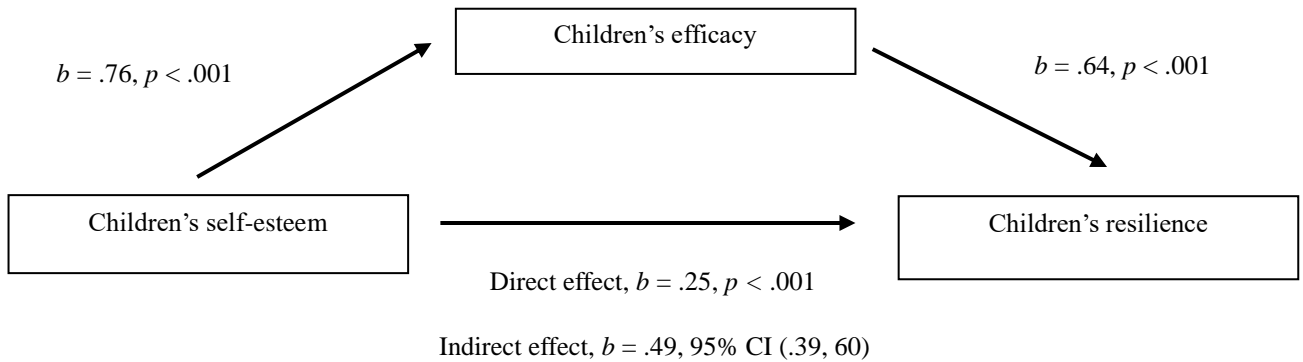


Figure 1. Mediation Model

### Parallel Mediation Analysis

A Parallel Mediation Model was developed to examine the indirect effect of parents' resilience (independent variable) on children's mental difficulties (dependent variable) through children's resilience and closeness relationship (mediator variables). The parallel mediation model, using Model 4 in process, allows the existence of two parallel mediators. Figure 2 shows that parents' resilience is a statistically significant predictor of children's resilience ( $b = .16$ ,  $t = 2.15$ ,  $p < .05$ ), closeness relationship ( $b = .59$ ,  $t = 10.40$ ,  $p < .001$ ), and children's mental difficulties ( $b = -.14$ ,  $t = -5.36$ ,  $p < .001$ , total effect). Children's resilience ( $b = -.05$ ,  $t = -2.50$ ,  $p < .05$ ) and closeness relationship ( $b = -.11$ ,  $t = -4.73$ ,  $p < .001$ ) significantly predict children's mental difficulties. Additionally, when the mediating factors are in the model, the predictive power of parents' resilience on children's mental difficulties was less. A partial mediation was found, with statistical significance remaining at  $b = -.07$ ,  $t = -2.37$ ,  $p < .05$ . Furthermore, results indicated an indirect effect of parents' resilience on their children's mental difficulties. This effect was mediated by their children's resilience, with  $b = -.01$  and BcaCI [-.03, -.00], as well as by the closeness of the parent-child relationship, with  $b = -.13$  and BcaCI [-.19, -.07]

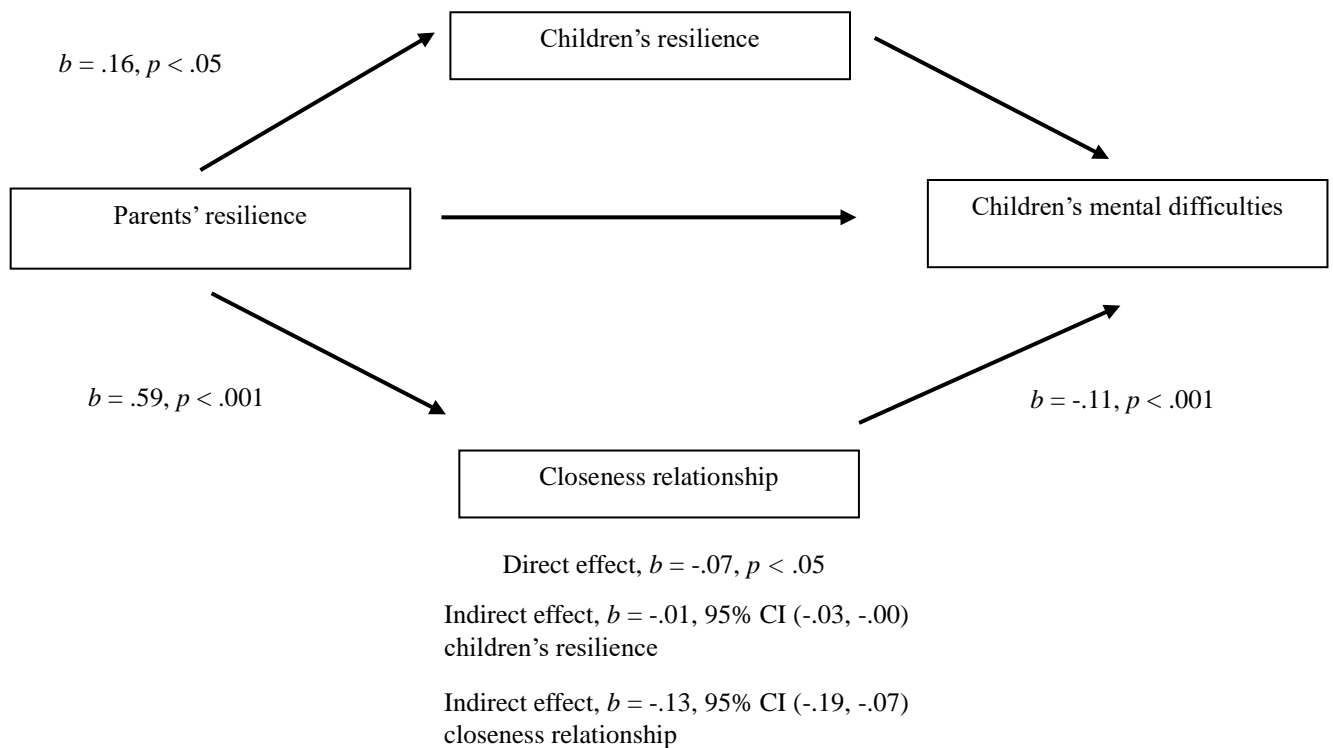


Figure 2. Parallel Mediation Model

## Discussion

Adverse and stressful events negatively affect children's mental health and well-being (Oshri et al., 2015). These situations can range from an unusual event like the Covid-19 pandemic to more common transitional situations, such as transitioning to a new stage of development (like adolescence), changing schools, losing a loved one, bereavement, or divorcing parents (McCubbin & Figley, 2014; Wong, 2015).

Considering that adverse and stressful events during childhood can have short—and long-term effects on children's mental health, it is crucial to identify the protective factors that enhance and empower children's mental health during these situations (Resnick, 2000). The present study addressed these issues by focusing on how various family and individual factors, such as parents' resilience and parent-child closeness relationships, as well as children's resilience, self-esteem, and self-efficacy, can positively impact children's mental health and overall well-being.

According to the results of the current study, children with high self-esteem and self-efficacy display more significant levels of mental resilience. Children who possess a positive self-image and believe in their abilities are more likely to exhibit resilience in the face of challenges, such as adapting to changes, coping with stress, experiencing fewer mental difficulties, and viewing obstacles as surmountable. These results align with other researchers who have emphasized the positive relationship between self-esteem and mental resilience (Alvord & Grados, 2005; Kocatürk & Çiçek, 2023; McCubbin & Figley (Eds.), 2014; Santos et al., 2021; Tian et al., 2018; Vázquez-Morejón Jiménez et al., 2021) and between self-efficacy and mental resilience (Sagone et al., 2020; Schwarzer & Warner, 2013b, 2013a). In addition, our mediation model confirmed that children's self-esteem predicts children's resilience through the mediating role of children's self-efficacy. This result is consistent with our previous result, suggesting that children who believe in themselves have a strong attitude toward being capable and efficient. As a result, they can develop adaptive behaviors and be resilient. Indeed, research suggests that self-efficacy and self-esteem are core resilience factors and that self-efficacy has a mediation role in resilience (Armstrong et al., 2005, Sabouripour et al., 2021; Sagone & De Caroli, 2013; Tian et al., 2018).

Furthermore, research findings highlighted that when parents and children have high resilience, and parents interact with positive practices towards their children, such as warmth, understanding, and reflection, their children develop fewer mental difficulties and problems. Resilient parents have the ability to cope with stress, bounce back from adversity, and maintain a positive outlook. Thus, they can more effectively create a supportive and nurturing environment for their children. This emotional support promotes



children's resilience and well-being by fostering a sense of security, positive attachment, and emotional regulation. These findings align with other research results supporting that parents' resilience and positive parenting practices are protective factors for children's wellbeing (Borden et al., 2010; Conger & Conger, 2002; Gavidia-payne et al., 2015; Grotberg, 1995; Ioannidou & Zafiropoulou, 2021b, 2021a; Lind et al., 2018; Masten, 2018). Finally, the parallel mediation model confirmed that parents' resilience indirectly impacted children's mental health through the mediating role of children's resilience and parent-child closeness relationship. It seems that resilient parents tend to exhibit greater warmth, responsiveness, and effective communication with their children. These positive parent-child interactions contribute to a secure attachment, emotional connection, and a sense of belonging for children. Such nurturing relationships are associated with better psychological well-being, social competence, and overall mental development in children (Bendau et al., 2021; Borden et al., 2010; Ioannidou & Georgiou, 2021; Kim & Im, 2014; Mancini, 2020). Furthermore, highly resilient parents seem to build highly resilient children (with high self-esteem and self-efficacy, as shown in the above results) as they act as role models towards them and teach them how to manage adverse situations from early life (Lind et al., 2018; Monn, 2015; Sandler et al., 2015; Tian et al., 2018; Winston & Chicot, 2016). Taken together all these results, our study findings suggest that children with high resilience have positive self-esteem and self-efficacy. Furthermore, parents with high resilience keep a close relationship with their resilient children, and as a result, children indicate fewer mental difficulties. All these individual and family factors act protectively and empower children's mental health and well-being. Utilizing mediation and parallel mediation models enhances our comprehension of the intricate mechanisms by which individual and family influences impact the mental well-being of children. This analytical approach can be used as a framework for future research that aims to understand similar complicated relationships in many contexts and populations.

### Limitations and Future Research

The current research provides valuable information on the factors that enhance resilience and well-being in children. However, the study has some limitations that must be noted. The sample only comes from the Greek-Cypriot population, so the results may not be generalizable to other cultures. Moreover, the study's cross-sectional design makes



drawing any causal relationship among the variables difficult. Longitudinal or experimental/quasi-experimental designs can provide more dependable conclusions regarding the direction of these effects in the future. Furthermore, the questionnaires utilized were self-administered. While self-reports may provide a more precise reflection of a perceived construct (such as self-esteem) than other reports, they are prone to subjective biases and personal perceptions (Tian et al., 2018). Future research should use multiple assessment methods (e.g., quantitative and qualitative) to improve the data quality and, therefore, the validity of the findings.

### Conclusion

The present study provides valuable insights into the complex interplay between individual and familial factors that contribute to the mental health and overall well-being of children. The findings emphasize the significant impact of different protective factors, such as self-esteem, self-efficacy, the resilience of both children and parents, and the quality of the parent-child interaction, on the overall welfare of children. Research findings specifically reveal that children who possess high levels of self-esteem and self-efficacy exhibit increased mental resilience. Furthermore, the finding that self-efficacy acts as a mediator in the relationship between self-esteem and resilience offers a nuanced understanding of the interaction among these concepts. The study also emphasizes the indirect impact of parental resilience on the mental well-being of children, mediated through children's resilience and the quality of the parent-child relationship. This underscores the significance of taking parental influences into account in studies on child resilience and mental health, in line with ecological models of child development that emphasize the impact of family dynamics. These findings offer new insight and enhance our comprehension of how family and individual factors contribute to the promotion of children's mental health and well-being.

Finally, the study results indicate that interventions targeting the improvement of children's mental well-being should adopt a comprehensive and holistic approach that encompasses the enhancement of self-esteem and self-efficacy, together with the promotion of nurturing parent-child connections. The research offers a complete framework for establishing effective interventions and policies by emphasizing the crucial roles of self-esteem, self-efficacy, children's and parents' resilience, and the parent-child relationship (Ioannidou, et

al., (2024). These findings highlight the need to implement a comprehensive and unified approach to support children's mental health and well-being, ultimately enhancing their capacity to flourish in challenging circumstances.

### **Funding/Financial Support**

The authors have no funding to report.

### **Other Support/Acknowledgement**

The authors have no support to report.

### **Competing Interests**

The authors have declared that no competing interests exist.

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## About the Authors

**Louiza Ioannidou** is an Assistant Professor in Mental Health for Children and Adolescents at the European University Cyprus and a Registered School Psychologist. She is the author and editor of the books “Building Mental Resilience: Positive Psychology, Emotional Intelligence, and Play” (2024) and “Effective Practices for Mental Health Promotion in Education” (2024) published by IGI Global.

**Katerina Michael** is a Visiting Lecturer in Health Education at the Frederick University (Cyprus). Her research interests include developing, implementing, and evaluating health promotion programs in various settings and populations.

### **Corresponding Author's Contact Address** <sup>[TOP]</sup>

6, Diogenous Str, 2404 Engomi, Nicosia, Cyprus.

E-mail: [l.ioannidou@euc.ac.cy](mailto:l.ioannidou@euc.ac.cy)

