

Poster

📅 Sun. Sep 28, 2025 10:00 AM - 11:00 AM JST | Sun. Sep 28, 2025 1:00 AM - 2:00 AM UTC 🏠 Poster Session (Foyer 1)

Poster 25

[P-25-02] Exploring key resilience domains linking symptoms of depression and anxiety, perceived stress, and academic expectation stress – using a network approach

*Kee Juan Yeo¹, John Chee Meng Wong^{1,2}, Shen Liang¹, Dennis Kom³, Victoria Fee³, Ruochen Du¹, Qai Ven Yap¹, Natalie Cheok Ling Lei¹, Natalie HuiJing Yap¹, Muhammad Nabil Syukri Bin Sachiman¹, Nicholas En-Ping Sii¹, Michelle Jing Si Wan¹, Jie Yu Teoh¹, Leoniek M Kroneman¹, Daniel Fung⁴, Say How Ong⁴, Cheong Sing Tian^{1,2}, Jia Ying Teng^{1,2}, Tze Pin Ng¹, Frank Verhulst⁵ (1. National University of Singapore (Singapore), 2. National University Hospital (Singapore), 3. Ministry of Education (Singapore), 4. Institute of Mental Health (Singapore), 5. Erasmus University Medical Center (Netherlands))

Keywords : Resilience, Network Analysis, Depression and Anxiety Symptoms, Perceived and Academic Expectation Stress, Adolescence

Resilience is a well-established protective factor against the early onset of mental health disorders. However, its broad construct, encompassing many protective elements, can be challenging to target comprehensively. This study hence explores how specific resilience mechanisms can protect against mental health distress within Singapore's context of high academic pressure and prevalent internalising symptoms within adolescence.

A network approach is employed to (1) examine reciprocal relationships between resilience, anxiety and depressive symptoms, perceived stress, and academic expectation stress, and (2) identify key resilience domains that bridge these constructs. Data from 3,336 adolescents (54.5% female, M age = 13.6 years) in the Singapore Youth Epidemiology and Resilience (YEAR) study were analysed. Resilience was assessed using the Singapore Youth Resilience Scale (10 nodes), withdrawn and anxious depressed symptoms using the Youth Self Report (2 nodes), perceived helplessness and perceived self-efficacy (R) using the Perceived Stress Scale (2 nodes), and academic expectation stress (self and others) using the Academic Expectations of Stress Inventory (2 nodes). Bootstrapping found general high stability, accuracy, and significant differences between the identified edges and centrality scores for interpretation.

Among resilience nodes – Positive Self-Image (PSI), Personal Control (PC), Emotion Regulation (ER), and Social Support (SS) – had the highest bridge strength and showed strong unique direct inverse relationships with the symptom and/or stress nodes, suggesting their protective role. SS and PSI were linked with withdrawn depressed symptoms, PSI, PC and ER with anxious depressed symptoms, ER with perceived helplessness and positively with perceived self-efficacy, and PC with both academic expectation stresses. Personal confidence emerged as the most central node in the network (highest node strength), connecting to key bridging nodes PSI, ER, and SS – suggesting its foundational role in building and reinforcing resilience's protective effects. These findings provide a preliminary understanding of resilience mechanisms to target in preventative strength-based adolescent mental health interventions.