

Article title

"Relevance of well-being, resilience and health-related quality of life to mental health profiles of European adolescents: results from a cross-sectional analysis of the school-based multinational UPRIGHT project"

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Pearson correlation coefficients for the continuous variables for males and females are presented in Table 4.

Table 4

Pearson correlation between positive mental health factors and mental disorder-related factors

	Well-being	HRQoL	Resilience	School resilience	Stress	Depression	Anxiety
Well-being	1.00	0.68	0.70	0.48	-0.50	-0.44	-0.36
HRQoL	0.72	1.00	0.71	0.50	-0.61	-0.59	-0.51
Resilience	0.72	0.75	1.00	0.53	-0.51	-0.46	-0.38
School resilience	0.50	0.57	0.60	1.00	-0.40	-0.35	-0.30
Stress	-0.59	-0.69	-0.58	-0.42	1.00	0.53	0.51
Depression	-0.56	-0.70	-0.56	-0.43	0.62	1.00	0.71
Anxiety	-0.48	-0.60	-0.44	-0.33	0.60	0.72	1.00

White area represents correlations for females and grey area, for males. Scales: mental well-being (WEMWBS) [1], HRQoL, health-related quality of life (KIDSCREEN) [2], resilience (READ) [3], school resilience [4], perceived stress (PSS-4) [5]; depression (PHQ-9) [6], and anxiety disorder (GAD) [7].

All correlations were statistically significant. The correlations for female participants were slightly higher than for the males, especially the negative correlation of depression or anxiety scores with positive mental health outcomes. The highest positive correlation coefficients were found for well-being, HRQoL, and resilience (r coefficients from 0.68 to 0.75), and for anxiety and depression ($r = 0.72$ and $r = 0.71$, for females and males, respectively). The highest negative correlation was between the HRQoL and perceived stress ($r = -0.69$) and the depression scale ($r = -0.70$), for female adolescents only.

Conclusion

The correlations between positive aspects of mental health and mental disorder-related factors were negative and of moderate strength. These results suggest that such associations, although generally inversely related, are highly variable. The analysis of these correlations indicates that the positive mental health variables are not the opposites of those linked to mental disorders but are different and related concepts. Thus, the interventions designed to promote subjective well-being should be considered complementary and as worthy of implementation as interventions whose object is to prevent mental disorders.

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