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Recommended Citation
Available at: https://scholarsarchive.byu.edu/joni/vol3/iss3/4

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The Power of Protective Factors: 
A Framework for Mental Health Action and Education

By Rich Stowell, PhD, VP of Programs, Cook Center for Human Connection

Overview: Mental health advocates, practitioners, and researchers have long used the framework of risk factors and protective factors to understand mental health. This article examines the origins of the concept of protective factors in the field of risk management and its evolution to the health and mental health disciplines. Exploring the relationship between the language of risk management and resilience is explored. The article defines and describes specific protective factors for adolescent mental health and offers examples of how they can be operationalized by mental health practitioners.
Introduction
In a recent advisory, the US Surgeon General, Dr. Vivek Murthy warned of the massive negative impact of the epidemic of loneliness plaguing the country. After demonstrating the ill effects of loneliness, he offers an antidote:

*Given the totality of the evidence, social connection may be one of the strongest protective factors against self-harm and suicide among people with and without serious underlying mental health challenges.* (Office of the U.S. Surgeon General, 2023, 30)

What is a protective factor? It sounds like the key to a solution, or even a solution itself. The surgeon general doesn’t define the term in his advisory because it has become part of the parlance of mental health in the last 30 years. This article will explore the genealogy of the term “protective factor” and how it has been appropriated in the mental health field. This discussion will lead to learning how the term has empowered mental health providers and advocates to advance mental health solutions more efficiently and effectively.

The concept of protective factors gives advocates and providers of mental health resources a useful toolkit to organize their activities by helping them direct resources, identify best practices, and educate lay people, especially teachers and parents, about the best ways to join in the effort of improving mental health for all.

Genealogy of the Concept
Analysis of the concept of protective factors begins with an examination of the field of risk management, a discipline which developed largely as a result of events the early 20th century (Koman, 2011).

World War I was largely understood to be an avoidable cataclysm that erupted in the wake of a series of accidents and misunderstandings. In its aftermath many scholars retrospectively evaluated events that led up to it (Pinker, 2011). They believed that leveraging the vast information and communication resources then newly available could help them systematically evaluate the uncertainties to make better predictions and decisions. In their optimistic view, better evaluation would lead to a reduction in war and ultimately a perfected society (Kloman 21). The emerging risk management movement was born.

In the aftermath of World War I, risk management practitioners moved past the ancient beliefs in luck, chance, and deity as an explanation for major events. Instead, it demanded a “logical, consistent, and disciplined approach” to organizing people and resources (Kloman, 22). The re-allocation of resources allowed governments and enterprises to invest more in large plans further into the future.

All of this was aimed at reducing waste and suffering on a large scale. The risk management movement also introduced new vocabulary. For instance, the term “risk factor” became a way to quantify riskiness and use numbers to generate probabilities and predictions.

Soon the ideas associated with risk management spread to individuals, groups, and other fields of study. The earliest use of the term “risk factor” was in finance and credit. Quickly, the medical field adopted it to label contributors to overall risk for disease. Along with it, the term “protective factor” described things that could mitigate risk.

Factors, both risk and protective, offered health practitioners a way to assess risk in increments. Protective factors became tools to reduce overall risk at lower costs. Shonkoff and Meisels use the term “protective factor” to refer to any moderator of risk (Shonkoff & Meisels, 2000, 116). The earliest examples showed the medical field’s reliance on risk management as a way of viewing public health problems and solutions. A risk factor often describes a behavior or state that could be reduced with behavioral changes. For instance, smoking was a risk factor for heart disease so smoking cessation and education programs would become a protective factor.

The terms risk factors and protective factors entered the mental health literature in the 1960s.
Early on, they were largely viewed as states or dispositions, rather than behaviors. The eminent child psychologist Martin Seligman refers to these states as “strengths of character,” mostly enduring traits that correlated with positive mental health outcomes. Weisaeth (1998) similarly wrote of “protective individual characteristics” (85).

Risk and Resilience

Related to the development of risk management and protective factors as theoretical concepts is the idea of resilience. That concept grew out of the study of ecological systems, but soon became embedded in efforts to explain how other systems grow, bounce-back, and achieve sustainability.

Like the vocabulary of risk management, the language around resilience spread to other domains, from cognitive science to global political economics (Holling, 1973). The application to so many disciplines make “resilience” difficult to define. Indeed, Brand and Jax have suggested that “resilience” is most powerful as a “boundary object,” a term that “facilitates communication across disciplinary borders by creating shared vocabulary” notwithstanding the differences in precise meaning of the term.

In psychology, one definition is “a person’s capacity for adapting psychologically, emotionally, and physically reasonably well and without lasting detriment to self, relationships or personal development in the face of adversity, threat or challenge” (Bonnano, 2004, 20).

Adversity, threat, and challenge tie resilience and risk at the hip. In the resilience-risk framework Copeland and Linder describe protective factors as “resources that promote resilience by reducing risk or by buffering the impact of stress on well-being.” (Copeland-Linder et al. 177). By some counts, protective factors contributed to more resilience in individuals (Yoon et al., 2021). According to an emerging consensus, resilience itself would become a protective factor.

Types of Protective Factors

Now, protective factors are part of the common vocabulary of the language used to study and understand mental health. They are “characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor’s impact.” (Risk and Protective Factors, n.d.).

Another way to put it is that they blunt or counter the effect of risk factors. As currently understood, some protective factors are fixed: they don’t change over time. Others are considered variables. Protective factors fall into three categories, according to Garmezy:
(a) individual characteristics,
(b) family characteristics, and
(c) community characteristics.” (Garmezy, 1991, 422). These categories have subsequently been affirmed by others.

The first category refers to individual dispositions, traits, and characteristics. They are often enduring but can be taught.

The second type is marked by ties that the individual can rely upon during times of stress. The most important of these relationships is in the family. Parenting, above all, is included in many important factors that have been demonstrated in studies.

The third type are the external supports that bear upon the individual. These are community supports, extra-familial relationships, school support, work, and church, “that reward the individual’s competencies and determination, and provide a belief system by which to live.” (Garmezy, 422). They are social and societal.

In the mental health realm, and particularly for youth, it is important to note that these types of
factors radiate outward from the individual. In each category, protective factors are variables that can be quantified, measured, and studied. The following is a list of some of the most mentioned and studied factors for youth mental well-being.

**Individual Characteristics**
- Positive self-concept or self-esteem (Copeland-Linder et al., 2010)
- Attachment style (Monaco et al., 2019)
- Optimism in the face of hardship or grit (Dailey et al., 2023)
- Meaning in life (Brassai et al., 2011)

**Family Characteristics**
- A home relatively free of conflict (Wille et al., 2008)
- Parents engaged in achievement-oriented activities (Shonkoff & Meisels, 2000)
- Parents who exercise firm and consistent rules enforcement (Shonkoff & Meisels, 2000)
- Parents who provide liberal nurturing and support (Crouch et al., 2019)

**Community Characteristics**
- Exposure to stimulating, supportive schoolteachers (Copeland-Linder et al., 2010)
- Participation in extracurricular activities (Magson et al., 2021, #)
- Affiliation with a church group (Garmezy, 1991)
- Membership in a group marked by strong cohesion (Weisaeth, 1998)

How Caregivers can Employ Protective Factors
Organizations committed to improving mental health for individuals and groups can contribute to the public good by understanding the protective factor framework. Such organizations include non-profits dedicated to a particular group or a particular outcome, like eradicating suicide. Or organizations dedicated to research to understand variables in the most pressing mental health problems. Or clinical providers who need to know where to focus their therapy. Or funding groups that want to put money toward practices that make a difference.

There are three main benefits that the protective factor framework gives all these groups: it helps direct resources, it focuses on best practices, and it can begin an education for lay people.

Protective factors are precise enough to be measured, and through consistent research, refined. These refinements then become part of the service model created by the many organizations dedicated to helping individuals improve their mental health.

**Direction of Resources**
The identification of factors supported by peer-reviewed research helps organizations allocate resources. It’s particularly powerful to sort scientific aims from ideologically driven ones. It also helps funders direct grants and other funds by giving them a score card or a rubric by which to judge competing funding requestors.

The Cook Center for Human Connection (the organization for whom the author works) is both a public-good organization and a grantor of funds. Protective factors have helped in both regards, giving us the research-based justification for our work, helping us identify areas of emphasis to meet our mission, and at the same time provide a rationale for the hundreds of thousands of dollars we dispense in grant opportunities every year.

**Best Practices**
As researchers and experts (like those at the Office of the Surgeon General) learn more about the factors that lead to mental well-being,
organizations operationalize them for individuals. This results in a consensus around best practices.

For instance, resources like ParentGuidance.org, an offering of the Cook Center for Human Connection, gives parents courses about how to reduce conflict in the home, strengthening one of the demonstrated family protective factors. The course is developed by clinicians informed by the latest research data. Moreover, as more parenting courses are added to the ParentGuidance.org library, research around protective factors will guide which topics are chosen and how they are taught.

Every day, the precision and rigor of protective factors research gives organizations in the mental health space a list of action items.

**Education**

Action items are no good unless someone completes them. Knowing protective factors is one thing for organizations dedicated to the cause of mental health, but quite another for individuals who need them in their lives.

The real power in protective factors is that they give individuals—parents, teachers, therapists, or any adult of influence—clear things to do. They are powerful insofar as they can be translated into action: “protective factors can be used to pinpoint specific targets for intervention” (McGinnis, 2022). In this way, parents and other trusted adults can introduce the factors into the lives of children and measure in their own way, changing a variable here and there, in the aim of helping their children thrive.

The risk management field developed to help large organizations minimize the negative effects of risk while maximizing opportunities. Protective factors represent a conceptual framework that emerged from organizational risk management and found a useful application in mental health studies.

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**References**


