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Stress and Coping: Considering the Influence of Psychological Strengths on the Mental Health of At-Risk South African Adolescents

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ABSTRACT

In South Africa, many adolescents are affected by socio-economic adversity, which increases their susceptibility to experiencing stress that negatively affects their mental health. The synthesis of international literature has identified the psychological strengths (that include perceived social support, self-esteem and resilience) as having a protective effect on the mental health of at-risk adolescents who experience stress. Against this background, we argue that psychological strengths may assist South African adolescents in coping with stressors and may mediate the impact of stress on the mental health of adolescents living in conditions of socio-economic adversity. Given that this remains an under-researched area in the South African context, we also highlight the need for South African research that prioritizes the exploration of factors mitigating the experience of stress for adolescents. We also posit that such research should have significant implications for mental-health policy, practice, mental-health promotion and the prevention of mental disorders. We believe that such scholarly inquiries would be central to the intervention strategies aimed at preventing or “containing” the scourge of poverty-induced psychological distress in South African youth.

KEYWORDS

Adolescence; mental health; risk; coping; psychological strengths

Introduction

Available evidence from literature suggests that healthy adolescent development, which includes mental health, is affected by a myriad of biopsychosocial factors (World Health Organization, 2018) that include poverty. In South Africa, an estimated 55.5% of the population experiences poverty, with children and adolescents under the age of 17 years being the group most vulnerable to experiencing poverty (Statistics South Africa, 2017b). These children and adolescents account for the largest proportion of poor people in the country, with an estimated 66.8% of all those under the age of 17 reportedly experiencing poverty, while young people in late-adolescence and early adulthood reportedly account for the second highest proportion (60.1% of all those aged 18–24 years) of poor people in South Africa (Statistics South Africa, 2017b). For adolescents,

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poverty has concerningly been linked to stress, which manifests as symptoms (such as depression and anxiety symptoms) that ensue when adolescents view events or circumstances in their environments as taxing, exceeding their resources to cope and threatening their well-being (Lazarus & Folkman, 1984). The challenging circumstances or events are viewed as stressors, which may evoke stress symptoms. Poverty has been linked to stress symptoms, including depression (Najman et al., 2010; Wadsworth & Berger, 2006) and anxiety (De Carlo Santiago, Wadsworth, & Stump, 2011; Mostert & Loxton, 2008; Muris et al., 2006), which may adversely impact on the mental health state of adolescents.

The inverse relationship between poverty and mental health is articulated in the social causation hypothesis, which postulates that the experience of poverty and its associated features, including stressful circumstances and events (stressors), increases the susceptibility for individuals to experience mental health problems (Simmons, Braun, Charnigo, Havens, & Wright, 2008). Furthermore, the relationship between poverty and stress-symptoms is well-documented (e.g. De Carlo Santiago et al., 2011; Mostert & Loxton, 2008; Wadsworth & Berger, 2006). After encountering a stressor, adolescents may experience stress (symptoms of depression and anxiety). However, their ability to manage their stress symptoms or address the stressor they encounter may be pivotal to protecting their mental health state (Hutchinson & Baldwin, 2006), as it may buffer the impact of experienced stress on mental health.

While we draw emphasis on the importance of the adolescent stress-coping process in the context of poverty, our goal is to highlight that central to the process of coping are what we view as psychological strengths (that is, those internal and external protective factors that serve as a buffer against the experience of stress). We argue that these strengths largely influence adolescents' coping with stress symptoms they may experience, while residing in the context of poverty. Notably, with literature evidence showing the negative effects of poverty on mental health (for example, Cluver & Orkin, 2009; Dashiff, Dimicco, Myers, & Sheppard, 2009), it makes sense that studying aspects of mental health in the context of poverty should be a priority area for mental health research. Such scholarly inquiry would be consistent with the need expressed by some (e.g. World Bank, 2017), for effective psychological interventions to be closely tied to investigating the mental states and experiences of individuals, including children and adolescents, across the world.

Underscoring the burden of poverty in Sub-Saharan Africa, an estimated 42.3% of individuals are estimated to be living with under 1.90 USD per day (World Bank, 2018), with the poverty epidemic affecting more than half of the South African population (Statistics South Africa, 2017b). In the latest South African *poverty trends* report (Statistics South Africa, 2017b), an estimated 51% of children and adolescents under 17 years were living below the lower bound poverty line (at the time of the report it was set at R647 per month, and presently it is set at R758 per month, equivalent to 60 USD). As stated by Statistics South Africa (2017b), this livelihood pertains to the inability to obtain essential food and non-food items, leading to individuals having to sacrifice food items to obtain other essential non-food items. Moreover, 66.8% of those aged 17 years and under were reportedly living below the upper bound poverty line (R992 at the time of the report and presently set at R1138 – equivalent to 90 USD), referring to them experiencing poverty, but still being able to obtain adequate food and non-food items (Statistics South Africa, 2017b).

Growing up in the socio-economically adverse communities of South Africa poses numerous psychosocial and health risks that may evoke stress and negatively affect the mental health of adolescents. These risks include exposure to HIV/AIDS, substance abuse, violence (Flisher et al., 2012), and other stressors associated with teenage pregnancy, such as facing difficulty in continuing to attend school (Statistics South Africa, 2017a). Psychosocial challenges affecting adolescents may lead to those from socio-economically adverse communities to perceive their world and cycle of poverty as inescapable, thus evoking stronger feelings of hopelessness, dejection and poor quality of life (Nepomuceno, Cardoso, Ximenes, Barros, & Leite, 2016). The most salient factor in the loss of hope and the subjective experience of limited life opportunities, which has the potential to exacerbate stress symptoms, is school dropout, with dropout considered as a crisis in South Africa (Weybright, Caldwell, Xie, Wegner, & Smith, 2017). Expanding on the effects of poverty on school drop-out in the African context, Wilson and Somhlaba (2017) have posited that sub-optimally performing school-going children are influenced by the unequal societies in which they reside, as these communities are affected by a wide range of socio-economic challenges. Accordingly, these challenges collectively hinder their progress and thwart access to opportunities later in life that are related to academic success.

Among the plethora of risk factors associated with living in adverse socio-economic conditions, mental illness is documented as a prominent likely psychological outcome in adolescence, as poverty is associated with heightened vulnerability to experiencing mental illness, including mood and anxiety disorders (Najman et al., 2010). While research has contributed to our understanding of mental health problems in adverse contexts, there seems to be a lack of research that focuses on whether the psychological strengths and coping strategies of at-risk adolescents mediate the influence of stress, such as symptoms of anxiety and depression on their overall mental health.

We therefore argue that psychological strengths and coping strategies are crucial to the adaptive management of emotions, feelings and experiences in the context of poverty, positioning adolescents' psychological strengths as pivotal to their mental health. We further argue for an identification of those internal and external protective factors central to the mental health and coping strategies that may aid adolescents in times of need. We postulate that these are essential to adolescents living in conditions of poverty, considering the constellation of challenges they face in their livelihoods. We further posit that the psychological needs of this group of young people need to be addressed through targeted psychological interventions and continued scholarly inquiry into aspects that are pertinent to their mental health.

Stress and coping: the case of at-risk adolescents

Varied risk factors affect South African adolescents experiencing socio-economic stressors. Pertaining to social stressors, some defined population groups who were grossly affected by apartheid are largely affected by poverty, with 64.2% of Black people and 41.3% of Coloured people experiencing poverty compared to other population groups (5.9% of Indian and Asian people and 1% of White people; Statistics South Africa, 2017b). Some South African adolescents may therefore be affected by the remnants of apartheid—a history of socio-economic adversity and limited opportunities that have affected some

families for decades. Notably, Muris et al. (2006) reported increased anxiety levels in Black and Coloured youth, compared to White youth, alluding to a complex set of contextual risk-factors (community violence and socio-economic adversity) that may contribute to stress, including significant anxiety symptoms that threaten the mental health of these young people. It is noteworthy that while the racial terms used to describe members of the population are controversial in South Africa, we have used these terms to capture the different experiences of various population groups, without the intention of being discriminatory.

Adolescents experiencing socio-economic adversity may also experience other stressors with Otwombe et al. (2015) reporting that these adolescents have witnessed and experienced violence, including sexual abuse (Otwombe et al., 2015). Furthermore, adolescents may also be affected by abusive parenting styles, such as suffering physical and emotional abuse by a caregiver (biological parent(s) or a grandparent) (Meinck et al., 2017). Markedly, the authors (Meinck et al., 2017) reported that abusive parenting styles may manifest due to a caregiver experiencing poverty and the caregiver suffering with AIDS. In addition, it was reported that poverty and AIDS experienced by a caregiver was also related to the caregiver experiencing mental health distress. It is worth noting that abusive parenting styles used by a caregiver as well as a caregiver experiencing mental health distress, was found to be associated with increased health risks in adolescents, including mental health, physical health and problem behavior (Meinck et al., 2017).

Reflecting on the findings of Meinck et al. (2017), it may be suggested that adolescents affected by emotional and physical abuse may encounter stress due to previous incidents of abuse and may experience anxiety and fear of being abused in future. Moreover, they may also be confronted with the mental health distress of their caregiver—which we believe may render them concerned for the welfare of the caregiver, themselves and their families, while also feeling hopeless in being able to help their caregiver. We argue that these emotions, anxiety and fear associated with abusive parenting styles and the mental health distress of parents, may explain the increased vulnerability for experiencing health risks in adolescence. We further posit that these experiences are intensified by poverty, with a range of stressors holding adverse implications for the stress levels and mental health state of adolescents.

Cluver, Boyes, Orkin, and Sherr (2013) further noted that stressors such as being orphaned due to AIDS and having a caregiver with AIDS reportedly predicted mental health risks. With many South African youth being affected by the burden of HIV (Cluver, Boyes, Orkin, Pantelic, et al., 2013), it is pertinent to consider HIV/AIDS related stressors as adding to the accumulation of risk factors contributing to stress in the context of poverty. This notion is also emphasized by Petersen et al. (2010) who reported that HIV-positive South African children needed to cope with the loss of their parents, their HIV-positive status, stigma and discrimination. In addition, Mutumba et al. (2017) also reported that various stressors were related to psychological stress in HIV-positive Ugandan adolescents, with the authors outlining daily hassles and stigma as related to stress.

Reflecting on the literature presented, the stigma and discrimination that adolescents face as a result of their HIV-positive status, may result in them not seeking social support from others. We posit that apprehensiveness to seeking support may hinder adolescents' ability to deal with their emotions and to cope with difficult circumstances

(particularly for those who tend to rely on social support), which may contribute to their stress-levels.

Cluver, Orkin, Boyes, and Sherr (2015) also reported on the negative consequences attached to the exposure to an accumulation of adverse childhood experiences among South African adolescents (including food insecurity, abuse, exposure to violence, being orphaned due to AIDS, having a parent with AIDS and the death of a parent due to homicide). Concerningly, the authors found a relationship between cumulative adverse childhood experiences and suicide behavior (planned and attempted suicide; suicide ideation) in 10–15-year olds, at a one-year follow up (Cluver et al., 2015).

Considering the literature presented, adolescents may arguably be overwhelmed and feel taxed by the multiple stressors they encounter, and may feel unable to cope with their emotions, feelings or circumstances, resulting in stress. We posit that suicide behaviors exhibited by adolescents, may therefore be attempts to reduce or eradicate experiences of stress and may also be attempts at avoiding a stressor and associated stress.

The literature attests to a complex set of stressors/burdens that may affect the stress-levels of South African adolescents who experience poverty. Much of the documented literature on stress also suggests that the experience of stress is contingent upon how individuals cope during a stressful encounter (Edlynn, Gaylord-Harden, Richards, & Miller, 2008; Lazarus & Folkman, 1984; Wadsworth & Berger, 2006), with some pointing to whether such coping is adaptive or maladaptive (Edlynn et al., 2008; Harrison, 2014; Lazarus & Folkman, 1984; Wadsworth & Berger, 2006). In this regard, literature alludes to problem-focused coping strategies, which includes problem-solving and social support-seeking, as enabling the individual to manage stressful encounters through decision-making and direct action (Folkman, 1984), and are associated with decreased vulnerability to developing mental disorders in adolescents (Wadsworth & Berger, 2006).

In contrast, emotion-focused coping, which includes avoidant coping (e.g. distraction, fantasy, social disengagement—in order to avoid the problem) involves attempts to alter the meaning of a stressor to enhance control over it (Folkman, 1984) or to regulate a stress response (Lazarus & Folkman, 1984). Avoidant coping has been closely linked to anxiety and depression (Wadsworth & Berger, 2006), which may be due to adolescents not addressing the stressor or emotions surrounding it. While some researchers capture avoidant coping as related to reduced anxiety (Edlynn et al., 2008), as the individual may avoid confronting the stressor or to cope with their stress-symptoms, the long-term sustainability of this coping style has been questioned in previous research (Somhlaba & Wait, 2009).

Investigating stress and coping, one investigation focussed on understanding the coping strategies of South Korean youth who experienced a range of risk factors (Lee et al., 2017), and a couple of coping strategies emerged as instrumental when facing difficulties. The coping strategies used by school-going South Korean adolescents revealed that adolescents who were considered resilient were those who were well adapted at school, including in their peer and teacher relationships, regardless of the multitude of risk factors they encountered. It was reported that this group of adolescents utilized problem-focused and emotion-focused coping strategies. This suggests that resilience in this group of adolescents may have been influenced by the ability to utilize these coping strategies. In contrast, those adolescents who faced fewer risk factors and were viewed as having low adaptability at school used neither of these coping strategies (Lee et al., 2017).

Further investigation into the use of coping strategies in school-going adolescents took place in North America, and this revealed that levels of self-esteem (as defined by Rosenberg (1965) as an individual's perceived self-worth and competence) affected the use of either problem-solving coping or emotion-focused coping. In this instance, the North American adolescents who had high self-esteem were found to utilize more problem-solving coping and less emotion-focused coping than those who had low self-esteem (Mullis & Chapman, 2000). As self-esteem refers to an individual's perceived competence (Rosenberg, 1965), this view of competence relates to adolescents' ability to solve problems, which may explain the increased use of problem-solving coping in adolescents with high self-esteem.

When at-risk adolescents experience stress in the context of adverse socio-economic conditions, this may prompt them to constantly revise coping strategies (Lazarus & Folkman, 1984). They may use those strategies that are appropriate for managing their emotions when they experience stress, or which can assist them in dealing with a stressor directly—and thereby mitigating the impact of stress/stressors on their mental health state. While coping strategies are instrumental in times of stress, the following section will emphasize that adolescents may also rely on a range of psychological strengths, such as perceived social support, self-esteem and resilience to cope adaptively with their stress experience. We argue that these psychological strengths may positively affect mental health as they act as protective factors that may mediate the impact of stress on mental health.

Psychological strengths as mediators of the stress-coping process

Stress, including depression and anxiety symptoms, may occur when adolescents are not able to deal with the taxing circumstances they encounter (Lazarus & Folkman, 1984). Accordingly, the nature and extent of the stress experience may be influenced by the coping strategies individuals appraise themselves to have, and their psychological strengths, which inform their perceived competence, efficacy and control over the stressor. As stated, we argue that adolescents' psychological strengths are equally pertinent to explore and understand when studying the stress-coping processes of adolescents experiencing stressors while residing in socio-economically adverse communities. These protective factors may be central to the coping efficacy of adolescents and thus their ability to manage stress.

Perceived social support

Tied to the consideration of the psychological strengths that influence stress, coping and mental health are the perceptions of available social support when confronted with stress. Through perceived social support, individuals can determine the available avenues for enlisting support from, sharing with, and confiding in significant others in times of need and, with the perceived availability of others to help, perceive the ability to cope with a stressor (Lewis, Abramowitz, Koenig, Chandwani, & Orban, 2015; Smokowski, Evans, Cotter, & Guo, 2014).

The role of social support has been explored with adolescent populations, with Graber, Turner, and Madill (2016) focusing on the impact of a supportive friendship for the

well-being,—particularly the resilience of adolescents. The authors posit that the behaviors involved in making a friend and maintaining that friendship may positively inform the resilience of adolescents and hypothesize a positive relationship between a supportive friendship and resilience in vulnerable adolescents (Graber et al., 2016). When adolescents perceive themselves to have supportive quality friendships, this may result in them utilizing active coping strategies which contribute to their resilience. In their investigation, Graber et al. (2016) found that perceptions of close friendship were related to active coping and social support-seeking in adolescents, while higher perceived friendship quality was reported as significantly related to higher psychological resilience. Notably, the perceptions of social support held by adolescents are pertinent as they may assist in their management of emotions during stressful times, prompting them to seek social support, and encouraging effective coping with stressors encountered.

Camara, Bacigalupe, and Padilla (2017) discuss the pertinence of social support in assisting adolescents in coping with stressors. The investigation focused on understanding the supportive relationships adolescents hold and on explicating the impact of these relationships on the stress experience. While some relationships may be a source of stress for adolescents (such as in the case of conflict with peers, parents or friends), social support remains a protective resource that is pertinent for adolescents to have during stressful encounters (Camara et al., 2017). Moreover, the nature and quality of adolescents' relationships within the social milieu also affects their likelihood of seeking social support, as certain characteristics inform social support-seeking behaviors. These include their trust of the person, as well as the empathy the person shows towards them (Camara et al., 2017). Knowledge of social support or appraisals of support available in times of need may mobilize adolescents to seek support when they are facing certain challenges, which may have an influence on how they address a stressor that they encounter, or their emotions arising from a stressful experience.

On the relationship between social support and mental health in adolescents experiencing socio-economic challenges, Hurd, Stoddard, and Zimmerman (2013), investigated whether poverty and unemployment rates predicted symptoms of anxiety and depression in African American adolescents, when the moderating effects of social support and perceptions of neighborhood cohesion were considered. The authors found that higher neighborhood poverty and unemployment rates were positive predictors of symptoms of depression and anxiety, via lower cumulative social support and perceptions of neighborhood cohesion (Hurd et al., 2013). Particularly focusing on the role of social support, this finding may suggest that depression and anxiety are risk factors in the context of increased neighborhood poverty, when the social support available to adolescents is perceived to be low.

With the literature positioning social support (Camara et al., 2017) and perceived social support (Lewis et al., 2015) as influencing coping ability, we argue that social support is a psychological strength that may be essential for adolescents who face stressors while residing in socio-economically adverse communities. Notably, we note that adolescents' appraisal/perception of social support available from others, would be especially pertinent as it may facilitate social support-seeking and active coping in times of need. Perceived social support may therefore act as a protective factor that could be instrumental in mediating the impact of stress on the mental health state of adolescents.

As emphasized in ecological theories on human development (i.e. Bronfenbrenner, 1979, 2005; Bronfenbrenner & Morris, 2006), the context in which adolescents are located affect their development, and the development of mental disorders. Therefore, an investigation into how perceived social support influences the mental health of adolescents who experience poverty, is warranted. Such an inquiry would be important if it focussed on the exploration of the dynamic social transactions between adolescents and significant others in their environments, which are central to understanding the impact that the relationship between stress and coping (Lazarus & Folkman, 1984) has on mental health.

Self-esteem

Self-esteem, often defined as perceptions of one's own self-worth and competence in the face of challenges, and which contributes to views on self-efficacy (Rosenberg, 1965), is another valuable psychological strength that may aid adolescents when they are distressed. The protective role of self-esteem is evident in the research that contends that high self-esteem positively influences adolescent mental health, with low self-esteem being a risk factor for depression. Accordingly, individuals with low self-esteem are likely to have deficient perceptions of worth and adequacy, with this increasing their vulnerability to experiencing stress (Behnke, Plunkett, Sands, & Bámaca-Colbert, 2011).

In seeking to understand whether low levels of self-esteem during adolescence were related to symptoms of depression in adult life, Steiger, Allemand, Robins, and Fend (2014) found that adolescents who had low levels of self-esteem in early adolescence (or those who had diminished levels of self-esteem throughout adolescence) had a higher likelihood of exhibiting symptoms of depression in later life (two decades later) (Steiger et al., 2014). This finding further points to the potential protective role that self-esteem may exert on adolescents' lives, given that self-esteem is linked to their self-worth and their perceived ability to cope with stressors.

The available research evidence suggests that the self-esteem of adolescents who find themselves in generally stressful life circumstances, which include homelessness, is adversely affected. For example, Saade and Winkelman (2002), comparing adolescents who have been homeless for 3 months or less with those who have been homeless for 6 months or more, indicate differences in levels of self-esteem with those who have been homeless for less than 3 months having significantly higher levels of self-esteem than those adolescents for whom the duration of homelessness has been 6 months or more. This finding may indicate that multiple stressors associated with homelessness, including food insecurity, safety concerns, hunger, exposure to violence and hopelessness, may exert an ongoing and cumulatively detrimental influence on the mental health of adolescents—which includes their self-esteem. Notably, an exploration of the role of self-esteem, particularly for at-risk adolescents is necessary, given the critical role self-esteem-enhancing interventions could play in uplifting adolescents from socio-economically adverse communities.

Resilience

Another consideration of the role of psychological strengths mediating the relationship between experiences of stress and mental health, is founded on the idea that successful adaptation in the context of adversity (known as resilience; Garmezy, 1991; Masten,

2014) may positively affect adolescent mental health in times of duress. Available research on resilience suggests that it involves the process of adapting well and withstanding the stressors experienced, which could explain its documented inverse relationship with depression and anxiety in adolescents (e.g. Skrove, Romundstad, & Indredavik, 2013), with this positioning resilience as instrumental in the stress-coping process of adolescents.

Resilience is a psychological strength that may have a direct impact on the mental health state of adolescents. As in the case of at-risk Rwandan youth who have experienced trauma and poverty (Scorza et al., 2017), resilience has been found to be negatively associated with depression levels—indicating that this psychological strength may be essential to adolescents during emotional upheavals, with the authors suggesting that resilience may be instrumental in preventing mental health challenges.

It may be suggested that when adolescents can manage their emotions due to stress, and attempt to address the source of stress directly, this may allude to them being able to cope and adapt regardless of the circumstances they endure—which is indicative of resilience. Thus, resilience may be a pertinent protective factor when adolescents face stressors and associated stress.

It is pertinent to note that resilience is not only influenced by the interactions within adolescents (i.e. genetic or cognitive factors), but is also shaped by the dynamic interaction between adolescents and their environments (i.e. the family/community) (Masten, 2015). It stands to reason, therefore, that inquiries focused on at-risk adolescents' successful adaptation should therefore be rooted in a consideration of the dynamic interaction between the individual and contextual factors.

Exploring the centrality of resilience in individuals who experience poverty in the South African context, Theron and Theron (2013) highlight the role of the traditional African community in facilitating positive adaptation in individuals. From this study, which was conducted on University-attending resilient individuals from South African communities characterized by poverty, the authors found that the family community was essential to the resilience of participants. From this perspective, the expectation for the individual to be successful and to prosper, and a simultaneous support of their pursuit of success, characterized the transactions between these students and their family communities, which the authors identified as key to the participants' resilience (Theron & Theron, 2013). This investigation offers insight into the socially determined and derived resilience that prevails in the African context, which serves to highlight the pertinence of investigating resilience in African contexts like that of South Africa.

Other authors have emphasized the importance of understanding the role of protective factors and its potential impact on promoting well-being in young people (Savahl, Isaacs, Adams, Carels, & September, 2013). Investigating psychological strengths would enable us to understand the interactions of these variables (perceived social support, self-esteem and resilience) in the context of poverty, and to study their individual/collective impact on the mental health of adolescents—adding to our knowledge of protective factors that operate in the context of risk.

Implications of investigating psychological strengths and the way forward

In this paper, we have emphasized that the stress-coping experience, in line with Lazarus and Folkman's (1984) transactional stress model, is informed by the dynamic interaction

between adolescents and their environments. With specific reference to the South African context, adversity is associated with susceptibility to the stress experience, including depression, anxiety (Strydom, Pretorius, & Joubert, 2012), and posttraumatic stress disorder (Das-Munshi et al., 2016). When adolescents experience an event/ circumstance as stressful, they may evince heightened symptoms of depression and anxiety, with these levels of stress being dependent on the manner in which they subjectively evaluate their coping resources as well as the constellation of internal and external strengths available at their disposal. Furthermore, their navigation of the stress experience is also dependent on the perceived availability of resources for coping this being a factor that may exert an influence on, or positively influence their mental health state.

An intervention conducted by Mostert and Loxton (2008) further underscores the need for interventions with at-risk South African children and adolescents experiencing stress (and therefore research focused on this theme). This CBT (cognitive behavioral therapy) program focused on reducing anxiety, yielded promising long-term effects among school-going South African children who were on the brink of adolescence, and who predominantly lived in low-socioeconomic contexts (Mostert & Loxton, 2008). This alludes to the potential positive impact of psychological interventions aimed at addressing stress in children and adolescents. Given that the study (Mostert & Loxton, 2008) indicates the prevalence of anxiety in childhood, there is also a need for stress-reducing and mental-health promoting interventions to target children prior to adolescence, which could strengthen their coping abilities as they transition into adolescence.

Since no notable study has delved into the mediating influence of psychological strengths (perceived social support, self-esteem and resilience) on the mental health of adolescents who experience stress in the context of poverty, it becomes incumbent on social scientists to investigate aspects central to adolescent mental health in the context of socio-economic adversity. Investigations of this nature would not only be valuable to expanding knowledge about stress, coping and psychological strengths that affect vulnerable adolescents, but can inform interventions focused on mental-health promotion, and the prevention of mental illness in adolescents who already experience socio-economic adversity and related challenges.

Concluding remarks

The experience of poverty in adolescence is related to stress, as manifested in symptoms of depression (De Carlo Santiago et al., 2011; Najman et al., 2010; Wadsworth & Berger, 2006) and anxiety (De Carlo Santiago et al., 2011; Mostert & Loxton, 2008; Wadsworth & Berger, 2006). These symptoms threaten the mental health state of adolescents, and related psychosocial outcomes, such as interfering with pertinent adolescent-milestones, including school achievement (Fröjd et al., 2008). This may result in limited opportunities, unemployment and threaten adolescents' ability to transform their socio-economic circumstances. Moreover, the threat of suicide (Cluver et al., 2015) remains a concerning risk factor associated with experiencing stress, with an accumulation of adverse childhood stressors being related to suicide behavior in South African adolescents (Cluver et al., 2015).

In this paper we have emphasized that South African adolescents are affected by multiple stressors that may result in stress and have an impact on their mental health

state. In addition, it is evident that adolescents need to cope with a range of difficult circumstances, as well as their stress in relation to these challenges. However, adolescents may not be able to cope adaptively with these stressors and may not have the psychological strengths that may assist them with managing stressors and stress (as alluded to by those adolescents who portrayed suicide behaviors in the context of various stressors).

We argued that understanding the stress-coping process of at-risk adolescents is central to identifying the helpful mechanisms of coping that could assist in the prevention of adverse mental health outcomes and the promotion of adaptive coping strategies and strengths that may be vital to adolescents facing hardship. As the discussion revealed that psychological strengths are protective factors that may inform the coping of adolescents when experiencing stress, it becomes necessary to investigate how these strengths are salient determinants of the stress-coping experience for those adolescents living in conditions of poverty. The value of inquiries of this nature has positive implications for transforming the bidirectional relationship between poverty and mental illness in socio-economically adverse South African settings—which may positively affect the population’s mental health, employment opportunities and may contribute to poverty alleviation and eradication.

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Notes on contributors

Carmen Harrison is a doctoral candidate at the Department of Psychology at Stellenbosch University, South Africa. Her research is located in the field of developmental psychopathology and adolescent psychological well-being and mental health. Carmen’s doctoral study explores the aspects of mental health for school-going adolescents living in conditions of socio-economic adversity, in the South African context. This research is aimed at determining whether psychological strengths mediate the impact of psychological stress on the mental health of adolescents attending the no-

fee schools in the Cape Metropole, City of Cape Town. Carmen intends on using the findings of her doctoral research to design and implement mental-health-promoting (and mental-illness-preventing) interventions targeting South African adolescents from communities characterized by socio-economic strife.

Helene Loxton is currently an Associate Professor in the Psychology Department at Stellenbosch University, South Africa, who focuses her teaching on Developmental Psychology in the undergraduate and Child Psychology and Psychotherapy in the postgraduate programmes. She has a particular interest in promoting childhood development within the South African context. Her growing interest and involvement in fear, anxiety and coping research is reflected in her research focus and outputs both nationally and internationally. Her research started with focusing on childhood fears within different developmental stages. From a developmental perspective, the studies with young children from a diverse range of socioeconomic backgrounds contribute significantly to knowledge on planning and implementation of future early intervention programs. Her current research represents two broad themes, namely, childhood fears and anxiety in vulnerable populations, as well as the development, implementation and evaluation of CBT-based anxiety interventions for youth with a specific focus of adapting it for the South African childhood context.

Nceba Z. Somhlaba, having previously taught at Stellenbosch University's psychology department for a period of nine years (following his completion of a masters, doctoral and postdoctoral research at the same South African institution), is presently, with effect from January 2018, an associate professor of psychology at the University of the Western Cape, South Africa. Nceba's teaching spans from pathology, professional ethics, personality development and advanced research projects for graduate students. His research interests include children and adolescents' mental health and psychological well-being in the wake of sibling and parental loss, and children's well-being in contexts characterised by socio-economic adversity – with his research in these areas having included collaborative work in Ghanaian and South African contexts.

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