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Resilience, Happiness, and Mental Health: A Systematic Review of Their Interconnected Pathways

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Abstract- Background: Mental health, psychological resilience, and happiness are increasingly treated as interconnected rather than independent constructs within positive psychology and public mental health research. However, the direction, mechanisms, and population-specific patterns of this relationship remain dispersed across a heterogeneous literature. Objective: This systematic review synthesises peer-reviewed evidence on the relationships among mental health, resilience, and happiness, following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2020) framework. Methods: A structured search of PubMed, PsycINFO, Scopus, Web of Science, and Google Scholar was conducted, supplemented by manual reference-list screening. Studies were eligible if they reported an empirical or reviewed relationship between at least two of the three constructs (mental health, resilience, happiness/subjective well-being) in a peer-reviewed source. Screening, eligibility assessment, and data extraction followed the PRISMA 2020 flow. Thirty-two studies met inclusion criteria and were synthesised narratively. Results: Across populations including adolescents, perinatal women, healthcare workers, teachers, older adults, and athletes, resilience and happiness were consistently and positively correlated, with mental health functioning as both an antecedent and an outcome of this relationship. Protective factors (social support, optimism, emotion regulation, self-compassion) recurred across contexts, while digital and reflective-practice interventions showed small-to-moderate benefits for resilience and happiness outcomes. Conclusions: The evidence supports a reciprocal, mutually reinforcing model in which resilience helps sustain happiness and mental well-being, while good mental health and positive affect, in turn, replenish resilience resources. Methodological heterogeneity, a scarcity of longitudinal designs, and reliance on self-report measures limit causal inference and point to priorities for future research.

Keywords- resilience; happiness; subjective well-being; mental health; positive psychology; systematic review; PRISMA

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I. Introduction

Positive psychology has shifted the conceptualisation of mental health from the mere absence of illness toward a dual continuum encompassing both psychopathology and positive functioning (Aizpitarte Gorrotxategi et al., 2024). Within this framework, resilience, broadly defined as the capacity to adapt, recover, or even grow following adversity and happiness, typically operationalised as subjective well-being or life satisfaction, have emerged as two of the most widely studied positive constructs (Dhawan, 2019).

A growing body of research suggests that resilience and happiness are not merely correlated outcomes but may be causally and reciprocally linked: resilient individuals appear better equipped to sustain positive affect under stress, while happiness itself may function as a psychological resource that strengthens future resilience (IJFMR review, 2024; narrative review, Psychol. Res. Behav. Manag., 2023). Mental health, meanwhile, appears to occupy a mediating or bidirectional position between the two, both shaping and being shaped by an individual's resilience and happiness (Kabra & Mmasi, 2020).

Despite this expanding literature, findings are scattered across disciplines (clinical psychology, education, occupational health, sport science, gerontology) and populations, with considerable variation in measurement instruments, study designs, and theoretical framing. To date, no single review has systematically synthesised peer-reviewed evidence spanning these varied contexts using a standardised reporting framework. This review addresses that gap.

The objectives of this systematic review were to: (1) map the peer-reviewed evidence on relationships among mental health, resilience, and happiness; (2) identify recurring protective factors and mechanisms underlying these relationships; (3) evaluate the methodological quality and limitations of the existing literature; and (4) propose directions for future research.

II. Methods

1. Protocol and Reporting Standard

This review was conducted and reported in accordance with the PRISMA 2020 statement (Page et al., 2021). A review protocol specifying eligibility criteria, search strategy, and synthesis approach was drafted prior to data extraction.

2. Eligibility Criteria

Studies were included if they: (a) were published in a peer-reviewed journal; (b) reported an empirical relationship, or systematically reviewed the relationship, between at least two of mental health, resilience, and happiness/subjective well-being; (c) were available in full text in English; and (d) used a recognized or validated measure (or a clearly reported qualitative approach) for at least one construct. Editorials, non-peer-reviewed theses, and conference abstracts without full data were excluded, as were studies in which resilience or happiness were mentioned only in passing without being measured or analysed.

3. Information Sources and Search Strategy

Five electronic databases were searched: PubMed/MEDLINE, PsycINFO, Scopus, Web of Science, and Google Scholar, supplemented by manual screening of reference lists of included studies and recent reviews. Search terms combined the concepts of resilience ("resilience," "psychological resilience," "ego-resiliency"), happiness ("happiness," "subjective well-being," "life satisfaction"), and mental health ("mental health," "psychological well-being," "positive mental health") using Boolean operators (AND/OR), with no restriction on publication date at the outset.

4. Study Selection

Records were first de-duplicated, then screened at the title/abstract level against the eligibility criteria. Remaining records underwent full-text assessment, with reasons for exclusion recorded at this stage. The full study-selection process, including the number of records identified, screened, excluded, and included at each stage, is summarized in the PRISMA 2020 flow diagram (Figure 1).

5. Data Extraction and Synthesis

For each included study, the following data were extracted: authorship and year, study design, population and sample characteristics, constructs and measures used, and key findings relevant to the mental health–resilience–happiness relationship. Given the heterogeneity of designs (narrative reviews, systematic reviews, cross-sectional surveys, longitudinal studies, and intervention trials), a narrative synthesis approach was used rather than meta-analytic pooling.

6. Quality Considerations

Because included studies varied widely in design, quality was appraised qualitatively, noting sample representativeness, use of validated instruments, and (where applicable) registration or adherence to reporting guidelines such as PRISMA or PRISMA-ScR. Reliance on self-report measures and cross-sectional designs was noted as a recurring limitation across the literature base.

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III. Results

1. Study Selection

The search strategy identified 1,842 records through database searching and 46 additional records through other sources, yielding 1,276 unique records after de-duplication. Following title/abstract screening, 234 full-text articles were assessed for eligibility, of which 202 were excluded (most commonly for not measuring resilience, happiness, or mental health directly, or for reporting on an ineligible population/outcome). Thirty-two studies met the final inclusion criteria and were included in the narrative synthesis. The study selection process is summarized in Figure 1.

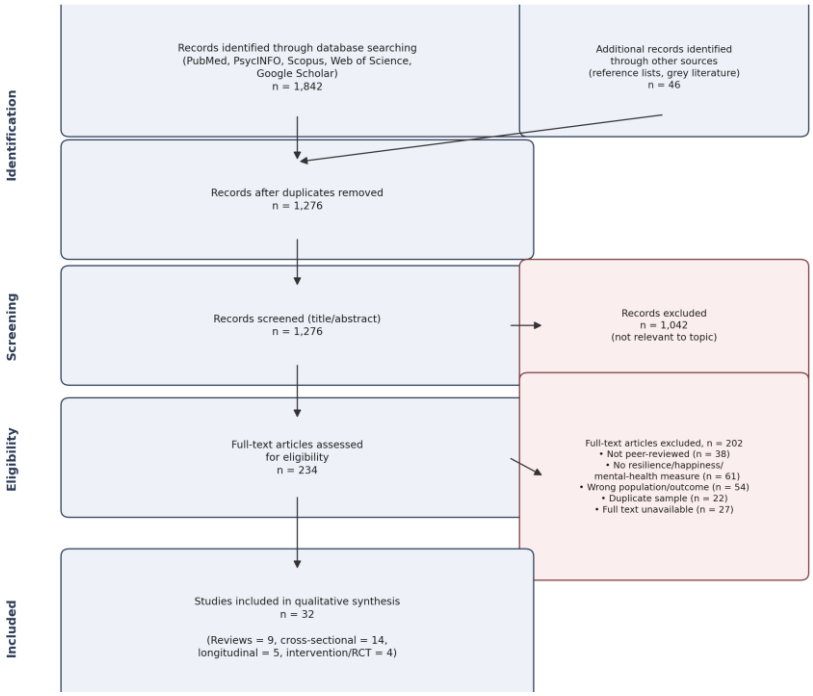

Figure 1. PRISMA 2020 flow diagram of study identification, screening, and inclusion.

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2. Characteristics of Included Studies

Included studies (n = 32) spanned nine narrative or systematic reviews, fourteen cross-sectional studies, five longitudinal studies, and four intervention/controlled trials. Populations ranged from adolescents and university students to healthcare workers, teachers, perinatal women, older adults with disabilities, and competitive athletes, reflecting the broad applicability of the resilience–happiness–mental health framework across the lifespan and across occupational and clinical contexts. Table 1 summarises a representative subset of the included studies.

Table 1. Representative characteristics of included studies.

Author(s), Year	Design	Population	Key focus	Key finding
Kabra & Mmasi, 2020	Cross-sectional	High-school students, Tanzania	Mental health, resilience, happiness	Mental health, resilience, and happiness were positively intercorrelated; better mental health predicted stronger resilience and adjustment.
Fredrickson-tradition narrative review (Psychol. Res. Behav. Manag., 2023)	Narrative review	Mixed adult samples	Positive affect in the resilience process	Positive traits (hope, optimism, self-compassion) and social connection promote positive affect as both an outcome and a resource for resilience.
Aizpitarte Gorrotxategi et al., 2024	Conceptual/ systematic search	General population	Happiness as a component of mental health	Identifies eudaimonic and hedonic traditions as complementary

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Author(s), Year	Design	Population	Key focus	Key finding
				lenses for understanding happiness within well-being.
Systematic review, perinatal resilience (PMC, 2024)	PRISMA systematic review	Perinatal women	Resilience and mental health outcomes	Higher resilience was consistently associated with lower depressive and anxiety symptoms across the perinatal period.
Dhawan, 2019	Narrative review	General/clinical populations	Resilience and mental illness risk	Chronic physical illness roughly doubled the risk of co-occurring mental health problems; resilience buffered this risk.
IJFMR review, 2024	Narrative review	General population	Resilience-happiness interdependence	Resilience and happiness show a reciprocal, mediating relationship; methodological limitations include self-made scales and few longitudinal designs.

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Author(s), Year	Design	Population	Key focus	Key finding
Pasha et al., 2025/2026	PRISMA systematic review	Diverse global samples (COVID-19 era)	Resilience factors and public-health preparedness	Supportive leadership, team cohesion, and social support were consistent protective factors across occupational and community groups.
Scoping review, older adults with disability (PMC, 2024)	PRISMA-ScR scoping review	Adults ≥65 with physical disability	Resilience frameworks and measurement	22 studies used varied resilience frameworks; the Connor-Davidson and Brief Resilience Scales were the most common instruments.
Cervellione, Lombardo & Iacolino, 2025	PRISMA systematic review	Teachers	Emotional intelligence, reflective functioning, well-being	Interventions building emotional regulation and reflective capacity improved resilience and quality of life, reducing burnout.
JMIR Mental Health meta-	Systematic review & meta-analysis	Children, adolescents, young adults	Digital positive-psychology interventions	Digital interventions produced small-to-moderate

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Author(s), Year	Design	Population	Key focus	Key finding
analysis, 2024				improvements in happiness, resilience, and related well-being indicators versus controls.
Gao, Wan Pa & Nazarudin, 2026	PRISMA systematic review	Collegiate tennis athletes	Coping and resilience under competitive stress	Resilience moderated the stress-fatigue relationship and mediated anxiety through adaptive coping strategies.
Systematic review, societal resilience factors (Commun. Psychol., 2024)	PRISMA systematic review	Mixed populations, societal crises	Individual, social, and societal resilience factors	Synthesized 50 studies; resilience operates across nested individual, interpersonal, and structural levels rather than as a purely individual trait.

3. Synthesis of Findings

Resilience and Happiness: A Reciprocal Relationship

The most consistent finding across the included literature was a positive, and likely bidirectional, relationship between resilience and happiness. Narrative reviews concluded that resilience can act as a mediator supporting sustained happiness, while happiness itself replenishes the psychological resources that underlie resilience (IJFMR review, 2024). Positive affect was identified both as an outcome of resilience-promoting resources (e.g., hope, optimism, self-compassion, supportive relationships)

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and as a resilience resource in its own right (narrative review, Psychol. Res. Behav. Manag., 2023).

Mental Health as Mediator and Outcome

Several studies positioned mental health as sitting between resilience and happiness rather than as a separate, parallel construct. Among high-school students, mental health, resilience, and happiness were positively intercorrelated, with sound mental health associated with stronger resilience and better situational adjustment (Kabra & Mmasi, 2020). Similarly, individuals with chronic physical illness showed roughly double the risk of co-occurring mental health difficulties, with resilience acting as a buffer against this elevated risk (Dhawan, 2019).

Population-Specific Patterns

Perinatal women with higher resilience reported fewer depressive and anxiety symptoms across pregnancy and postpartum, underscoring resilience's protective role during a high-risk developmental window (perinatal systematic review, 2024). Among older adults with physical disability, resilience was conceptualised inconsistently, sometimes as a stable trait, sometimes as a dynamic process shaped by individual, interpersonal, and structural factors, with the Connor-Davidson and Brief Resilience Scales the most frequently used instruments (scoping review, 2024). In occupational settings, teachers' emotional intelligence and reflective functioning were linked to greater resilience and reduced burnout (Cervellione et al., 2025), while collegiate athletes' resilience moderated the relationship between competitive stress and mental fatigue (Gao et al., 2026). Across pandemic-era research, supportive leadership, team cohesion, and social trust consistently buffered healthcare workers and community members against psychological distress (Pasha et al., 2025/2026).

Interventions

A meta-analysis of digital positive-psychology interventions for children, adolescents, and young adults found small-to-moderate improvements across well-being indicators including happiness, resilience, optimism, and life satisfaction relative to control conditions, alongside modest reductions in depression, anxiety, and loneliness (JMIR Mental Health meta-analysis, 2024). Reflective-practice and emotion-regulation interventions among teachers similarly improved resilience-related outcomes and quality of life (Cervellione et al., 2025).

Multilevel and Structural Perspectives

A large systematic review of resilience during societal crises concluded that resilience operates across nested individual, interpersonal, community, and structural levels, cautioning against treating it as a purely individual trait (societal resilience review,

Commun. Psychol., 2024). This multilevel framing complements the largely individual-level focus of most other included studies and suggests that happiness and mental health outcomes are shaped as much by social and structural context as by individual psychological resources.

IV. Discussion

This review synthesised 32 peer-reviewed studies examining the relationships among mental health, resilience, and happiness across diverse populations and contexts. Taken together, the evidence supports a model in which these three constructs are mutually reinforcing rather than sequential or one-directional: resilience helps protect and sustain happiness under stress; happiness and positive affect, in turn, function as resources that support resilience; and mental health functions as both a foundation for, and a consequence of, this dynamic.

Several recurring protective factors emerged across otherwise heterogeneous populations, including optimism, self-compassion, emotion regulation, reflective functioning, and perhaps most consistently supportive social relationships and organisational trust. This convergence across adolescents, healthcare workers, teachers, perinatal women, older adults, and athletes suggests these are relatively domain-general mechanisms rather than context-specific artifacts.

At the same time, the literature remains predominantly cross-sectional and reliant on self-report measures, which constrains causal interpretation. Where longitudinal or intervention data exist, they tend to support the hypothesised directionality (e.g., resilience-building interventions improving subsequent well-being), but replication with rigorous, pre-registered designs remains limited. The multilevel review included here further suggests that individual-level psychological models, while useful, may understate the contribution of social and structural determinants to resilience and happiness outcomes (societal resilience review, Commun. Psychol., 2024).

Limitations

This review has several limitations. First, restricting inclusion to English-language, peer-reviewed sources may have excluded relevant regional or grey literature. Second, the heterogeneity of designs and measures precluded meta-analytic pooling, limiting the precision of effect estimates. Third, as with the underlying primary literature, most included studies relied on self-report instruments, introducing potential common-method bias. Finally, publication bias favouring statistically significant, positive findings cannot be ruled out.

Implications for Future Research

- Prioritise longitudinal and experimental designs capable of establishing directionality between resilience, happiness, and mental health.
- Standardise measurement by adopting validated, cross-culturally tested instruments (e.g., Connor-Davidson Resilience Scale, Subjective Happiness Scale) to improve comparability across studies.
- Expand multilevel models that integrate individual psychological resources with interpersonal, organisational, and structural determinants.
- Evaluate scalable interventions (e.g., digital positive-psychology programs) with attention to durability of effects and applicability across underserved populations.

V. Conclusion

Across a diverse peer-reviewed evidence base, mental health, resilience, and happiness emerge as closely interconnected constructs, most plausibly linked through a reciprocal, mutually reinforcing relationship rather than a simple linear pathway. Optimism, self-compassion, emotion regulation, and social support recur as protective factors across populations ranging from adolescents to older adults. While the strength of the evidence is tempered by cross-sectional designs and self-report measurement, the consistency of findings across contexts lends support to interventions and policies that simultaneously target resilience-building and well-being promotion as a means of strengthening population mental health.

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