Table 1. Summary of Main Findings of the Included Studies

Studies	Study population (diagnosis, age, sex, duration of illness [DI])	Resilience scale used	Other scales used	Main findings	Summary
Palagini et al[18] (2022a) Italy	Diagnosis BD1 in current depressive episode: 48.9% (92/188) BD2 in current depressive episode: 51.1% (96/188) Age (mean ± SD) 46.4 ± 13.0 y Sex F: 43.0% (81/188) M: 57.0% (107/188) DI 18.4 ± 11.5 y	RSA	Early Trauma Inventory Self Report-Short Form Insomnia Severity Index Scale for Suicide Ideation Beck Depression Inventory-II YMRS	Patients with insomnia had lower overall resilience and poorer ability to plan ahead and formulate clear goals (Planned Future subscale RSA) and were less likely to be goal- or routine-oriented (Structured Style subscale RSA) Passive suicidal ideation was correlated with low total resilience scores Active suicidal ideation was correlated with low total resilience scores and low scores in Planning Future and Structured Style subscales (RSA) Insomnia was a mediator between early life stress and total resilience scores, as well as between total resilience and suicide risk	↑Resilience a/w ↓Insomnia ↓Suicidal ideation
Palagini et al[19] (2022b) Italy	Diagnosis BD1 with current depressive episode: 48.7% (96/197) BD2 with current depressive episode: 51.3% (101/197) Age (mean ± SD) 46.4 ± 13.0 y Sex F: 42.6% (84/197) M: 57.4% (113/197) DI (mean ± SD) 18.2 ± 11.5 y	RSA	Biological Rhythms Interview of Assessment in Neuropsychiatry (BRIAN) • >40 = circadian rhythm disorder • 5 domains: Sleep, Activity, Social life, Eating pattern, Chronotype Difficulties in Emotion Regulation Scale (DERS) • 6 subscales: Non-acceptance of emotion, Difficulties engaging in goal-directed behaviors, Impulse control difficulties, Limited access to effective regulatory strategies, Reduced emotional clarity, Lack of emotional awareness Scale for Suicide Ideation Beck Depression Inventory-II YMRS	Patients with circadian rhythm disorders had lower total resilience scores and lower scores on Planned Future and Structured Style subscales (RSA) Suicidal risk (total Scale for Suicide Ideation) was correlated with low total resilience scores and low scores on the Planned Future subscale (RSA) Low total resilience was related to total chronobiological dysrhythmicity (BRIAN) and limited access to effective regulatory strategies (DERS)	↑Resilience a/w ↓Circadian rhythm disorders ↓Depressive symptoms ↓Suicide risk ↓Difficulties in emotion regulation through access to effective regulatory strategies
Echezarraga et al[20] (2022) Spain	Diagnosis BD in (hypo)mania phase: 56.7% (55/97) BD in depression phase: 12.4% (12/97) BD in euthymia phase: 30.9% (30/97) Age (mean ± SD) 45.0 ± 10.7 y Sex F: 63.9% (62/97) M: 36.1% (35/97) DI • Not provided	RBD • 5 factors: self-management of BD, turning point, self-care, self-confidence, interpersonal support	Brief-QoL.BD Bipolar Recovery Questionnaire (BRQ) Work and Social Adjustment Scale (WSAS)	Self-confidence (RBD) moderated relationship between hypomania/depression and work and psychosocial functioning impairment (WSAS) Self-management (RBD) moderated the relationship between hypomania and personal recovery (BRQ) Self-management and self-care (RBD) were positively associated with personal recovery (BRQ) Resilience not directly associated with QoL or with work and psychosocial functioning impairment (WSAS)	↑Resilience a/w ↑Personal recovery
Dou et al[21] (2022) China	Diagnosis BD: 78.1% (246/315) HC: 21.9% (69/315) Age (mean ± SD) BD: 28.4 ± 11.9 y HC: 31.3 ± 9.3 y Sex BD F: 63.4% (156/246) BD M: 36.6% (90/246) HC F: 60.9% (42/69) HC M: 39.1% (27/69) DI (mean ± SD) 7.6 ± 8.0 y	CD-RISC	Family Assessment Device (FAD) Functioning Assessment Short Test (FAST) • Autonomy • Occupational functioning • Cognitive functioning • Financial issue • Interpersonal relationships • Leisure time Social Support Rating Scale (SSRS) Beck Scale for Suicide Ideation YMRS 17-item HDRS	Lower resilience (CD-RISC) in BD than HC Worse family functioning (FAD) correlated with poorer resilience (CD-RISC) Worse psychosocial functioning (FAST) correlated with poorer resilience (CD-RISC) Better social support (SSRS) correlated with better resilience (CD-RISC)	↑Resilience a/w ↑Family functioning ↑Psychosocial functioning ↑Social support
Fernández-Rocha et al[22] (2021) Spain	Diagnosis BD1: 67.4% (58/86) BD2: 16.3% (14/86) BD with mixed phase: 10.5% (9/86) BD not specified: 5.8% (5/86) Age (mean ± SD) 47.9 ± 12.4 y Sex F: 39.5% (34/86) M: 60.5% (52/86) DI (mean ± SD) 22.0 ± 12.8 y	CD-RISC	NA	No significant differences in resilience between the BD subtypes Those who had attempted suicide recorded lower resilience Resilience is inversely associated with a greater number of depressive episodes	↑Resilience a/w ↓Depressive episodes ↓Suicide attempts
Aslan and Baldwin[23] (2021) United Kingdom	Diagnosis Unipolar depression: 33.3% (50/150) BD: 33.3% (50/150) HC: 33.3% (50/150) Age (mean ± SD) Unipolar depression: 31.9 ± 11.35 y BD: 37.3 ± 14.3 y HC: 28.8 ± 8.8 y Sex Unipolar depression • F: 68.0% (34/50) • M: 32.0% (16/50) BD • F: 72% (36/50) • M: 28% (14/50) HC • F: 70% (35/50) • M: 30% (15/50) DI • Not provided	BRS	Ruminative Response Scale-Short Form Positive Beliefs about Rumination Scale Negative Beliefs about Rumination Scale Emotion Regulation Questionnaire • Two dimensions: cognitive reappraisal and expressive suppression Stroop Test Trail Making Test A and B • Two parts (A and B)	BD patients had higher resilience than unipolar depression group Negative correlation between rumination and resilience in BD and unipolar depression	↑Resilience a/w ↓Rumination
Citak and Erten[24] (2021) Turkey	Diagnosis BD1 90.9% (100/110) BD2 9.1% (10/110) Age (mean ± SD) 37.2 ± 10.6 y Sex F: 59.1% (65/110) M: 40.9% (45/110) DI (mean ± SD) 11.0 ± 7.82 y	RSA	HDRS YMRS Childhood Trauma Questionnaire-Short Form Experiences in Close Relationships-revised (ECR-R)	Emotional abuse scores negatively associated with resilience Resilience scores were negatively associated with attachment-related anxiety and avoidance Impact of childhood trauma on resilience was partly mediated by attachment-related anxiety and avoidance	↑Resilience a/w ↓depressive symptoms (HDRS scores) ↓Total childhood trauma scores ↓Attachment-related anxiety and avoidance behavior (ECR-R) Attachment-related anxiety and avoidance behavior (ECR-R) mediated effect of childhood trauma on resilience
Nunes and da Rocha[25] (2021) Brazil	Diagnosis BD: 18.5% (71/384) MDD: 52.1% (200/384) SCZ: 29.4% (113/384) Age (mean ± SD) Overall: 43.4 ± 15.1 BD: 43.5 ± 16.1 MDD: 45.7 ± 15.2 SCZ: 39.4 ± −13.6 Sex Overall: • F: 55.5% (213/384) • M: 45.5% (171/384) BD: • F: 67.6% (48/71) • M: 32.4% (23/71) MDD: • F: 65.0% (130/200) • M: 35.0% (70/200) SCZ: • F: 31.0% (35/113) • M: 69.0% (78/113) DI (median, percentiles 25–75) Overall: 8 (2–20) BD: 11 (3.0–21.0) MDD: 4.5 (1.0–15.3) SCZ: 11.5 (6.8–23.0)	RS—Brazilian adapted version • 2 domains: Personal Competence, Acceptance of Life and Self	World Health Organization QOL-Brief Form (WHOQOL-BREF) Global Assessment of Functioning Scale (GAF) Clinical Global Impression (CGI) Cumulative Illness Rating Scale (CIRS) HDRS YMRS Brief Psychiatric Rating Scale	Resilience negatively correlated with overall depressive symptoms and Acceptance of Life and Self domain No significant correlation between overall general psychiatric symptoms and resilience No significant correlations between resilience and clinical severity (CGI), global assessment of function (GAF), manic symptoms (YMRS), impairment of health state (CIRS) In BD, resilience is predicted by female gender, younger age, higher IQ, and lower educational level Overall resilience positively correlated with overall and all domains of QoL (physical, psychological, social, environmental)	↑Resilience (Acceptance of Life and Self) a/w ↓Overall depressive symptoms ↑General QoL and all subdomains (physical, psychological, social, environmental)
Post et al[6] (2021) Germany	Diagnosis BD1: 100.0% (60/60) Age (mean ± SD) 43.2 ± 11.0 y Sex F: 58.3% (35/60) M: 41.7% (45/60) DI (mean ± SD) 11.1 ± 10.3 y	RS-25	MADRS YMRS Personal and Social Performance Scale Cannon-Spoor Premorbid Adjustment Scale Internalized Stigma of Mental Illness scale • 2 subscales: self-stigma, stigma resistance	Resilience correlated negatively with self-stigma and positively with stigma resistance	↑Resilience a/w ↓Self-stigma ↑Stigma resistance
Verdolini et al[26] (2021) Spain	Diagnosis Psychiatric patients: 32.8% (174/530) • Anxiety and depressive disorders: 24.1% (42/174) • SCZ and BD: 71.8% (125/174) • Others: 4.02% (7/174) Unaffected relatives: 15.7% (83/530) HC: 51.5% (237/530) Age • Not provided Sex Psychiatric patients: • F: 59.8% (104/174) • M: 40.2% (70/174) Unaffected relatives: • F: 75.9% (63/83) • M: 24.1% (20/83) HC: • F: 86.5% (205/237) • M: 13.5% (32/237) DI • Not provided	BRS	Study-customized survey with 9 broad topics • Depression and anxiety • Trauma experiences • Psychotic-like experiences • Affective temperament • Perceived family environment • Cognition • Cognitive reserve • Physical aggressiveness	In psychiatric patients, the strongest predictor of poor state resilience was depressive symptoms In all subgroups, poor state resilience was associated with depressive and negative psychotic-like experiences In psychiatric patients, cohesion and organization in the family were associated with good state resilience Affective temperament and state resilience Across all subgroups, anxious and cyclothymic temperaments were significantly associated with poor state resilience, while hyperthymic temperament was associated with good state resilience In psychiatric patients, the association between poor state resilience and depressive symptoms was partially mediated by all affective temperaments (cyclothymic, dysthymic, irritable, anxious), with dysthymic temperament showing the strongest effect	Associations with poor state resilience: ↑Depressive symptoms ↑Negative psychotic-like experiences ↑Anxious and cyclothymic temperament Associations with good state resilience: ↑Pursuit of hobbies or conducting home tasks ↑Cohesion and organization in family environment ↑Good state resilience ↑Hyperthymic temperament Effect of poor state resilience on depressive symptoms mediated by affective temperaments
Masi et al[27] (2020) Italy	Diagnosis BD and ASD with severe suicidal ideation or attempt (BD-ASD-S): (17/52) BD and ASD without suicidal ideation or attempt (BD-ASD-noS): (17/52) BD without ASD and with severe suicidal ideation or attempt (BD-noASD-S): (18/52) Age (mean ± SD) • BD-ASD-S: 14.53 ± 2.03 y • BD-noASD-S: 14.78 ± 1.86 y • BD-ASD-noS: 14.94 ± 2.22 y Sex BD-ASD-S: • F: 17.6% (3/17) • M: 82.4% (14/17) BD-noASD-S: • F: 66.7% (12/18) • M: 33.3% (6/18) BD-ASD-noS: • F: 41.2% (7/17) • M: 58.8% (10/17) DI • Not provided	READ • 5 subscales: personal competence, social competence, structured style, family cohesion, social resources	Child Behavior Checklist Columbia–Suicide Severity Rating Scale Multi-Attitude Suicide Tendency Scale (MAST) • 4 attitudes: attraction to life, repulsion by life, attraction to death, and repulsion by death Barratt Impulsiveness Scale-11 • 3 subscales: attentional, motor, non-planning	BD-ASD-S scored higher than BD-noASD-S on Personal Competence subscale (READ) Personal Competence and Structured Style (READ) were negatively correlated with repulsion by life (MAST), while Social Resource subscale (READ) was negatively correlated with attraction to death (MAST)	↑Personal Competence and Structured Style (READ) a/w ↓Repulsion to life (MAST) ↑Social resources (READ) a/w ↓Attraction to death (MAST)
Pardeller et al[28] (2020) Germany	Diagnosis • BD1: 7.41% (10/135) • MDD: 37.0% (50/135) • HC: 55.6% (75/135) Age (mean ± SD) BD1 + MDD: 45.1 ± 12.4 y HC: 42.7 ± 12.0 y Sex BD1 + MDD: • F: 60.0% (36/60) • M: 40.0% (24/60) HC: • F: 61.3% (46/75) • M: 38.7% (29/75) DI • Not provided	RS-25 • 2 subscales: acceptance of self and life, personal competence	MADRS WHOQOL-BREF • 5 domains: global QoL, physical health, psychological health, social relationships, and environment	Mean degree of resilience (RS-25) was significantly lower in patients compared to HC BD1 + MDD group had significant positive correlation between resilience (RS-25) and the WHOQOL-BREF domains global QoL, psychological health, and environment Resilience mediated the effect of diagnostic group (BD1 + MDD vs HC) on QoL global score	↑Resilience a/w ↑Global QoL, psychological health, and environment subdomains Resilience partially mediated the effect of BD diagnosis on QoL
Şenormancı et al[29] (2020) Turkey	Diagnosis BD1: 100.0% (142/142) Age (mean ± SD) 37.8 ± 12.3 y Sex F: 49.3% (70/142) M: 50.7% (72/142) DI 11.7 ± 9.5 y	RSA—Turkish version • 6 subscales: perception of the self, perception of the future, structured style, social competence, social resources, family cohesion	Schedule for Assessment of Insight Temperament Evaluation of Memphis, Pisa, Paris, and San Diego Autoquestionnaire Barratt Impulsiveness Scale (BIS-11) • 3 subscales: motor, attentional, non-planning Buss-Perry Aggression Questionnaire (AQ) • 4 subscales: physical aggression, verbal aggression, anger, hostility Michigan Alcoholism Screening Test	Resilience (total RSA) negatively correlated with number of depressive episodes and number of suicide attempts Resilience (total RSA) negatively correlated with aggression (total AQ, anger, hostility, physical aggression subscales) and impulsivity (attentional impulsivity and total BIS-11) Resilience (total RSA) positively correlated with hyperthymic temperament and negatively associated with cyclothymic, depressive, irritable, anxious temperament	↑Resilience a/w ↓Depressive episodes ↓Suicide attempts ↓Aggression ↓Impulsivity hyperthymic temperament ↓Resilience a/w cyclothymic, depressive, irritable, anxious temperament No association between resilience and insight or alcohol consumption
Vieira et al[30] (2020) Brazil	Diagnosis BD: 7.2% (90/1244) MDD: 25.5% (317/1244) HC: 67.3% (837/1244) Age (mean ± SD) BD: 25.8 ± 2.11 y MDD: 26.0 ± 2.13 y HC: 25.9 ± 2.16 y Sex F: 58.0% (721/1244) M: 42.0% (523/1244) DI • Not provided	RS-25	Childhood Trauma Questionnaire (CTQ) MADRS Alcohol, Smoking and Substance Involvement Screening Test	Negative correlation between childhood trauma (CTQ) and resilience (RS-25) in MDD and BD Resilience (RS-25) mediates relationship between childhood trauma (CTQ) and diagnosis and severity of mood disorders	↑Resilience a/w ↓Childhood trauma (CTQ) Resilience mediates effect of childhood trauma on diagnosis and severity of MDD and BD
Uygun et al[31] (2020) Turkey	Diagnosis BD: 75.0% (90/120) HC: 25.0% (30/120) Age (mean ± SD) BD: 37.3 ± 11.6 y HC: 35.3 ± 10.2 y Sex BD • F: 70.0% (63/90) • M: 30.0% (27/90) HC • F: 60.0% (18/30) • M: 40.0% (12/30) DI • Not provided	RSA	Multidimensional Scale of Perceived Social Support (MSPSS) • 3 sources: family, friends, a special person	Social support (MSPSS) and resilience (RSA) scores were significantly lower in BD vs HC In BD group, weak correlation was found between resilience (RSA) and age at onset In BD group, resilience (RSA) was correlated with social support from family, a special person and friends (MSPSS)	↑Resilience a/w later age at onset of BD ↑Perceived social support from family, a special person, and friends (MSPSS)
Sánchez et al[32] (2019) US	Diagnosis MDD: 38.1% (74/194) BD: 35.6% (69/194) SCZ: 25.8% (50/194) Age Not provided Sex F: 53.1% (103/194) M: 45.9% (89/194) Transgender: 0.5% (1/194) Nil response: 0.5% (1/194) DI Not provided	BRS	World Health Organization Disability Assessment Schedule 2.0 (WHO-DAS-2) 6 domains: communication, mobility, self-care, interpersonal interactions and relationships, life activities, participation Perceived Social Self-Efficacy scale Adaptation to Disability Scale-Revised-23 Multidimensional Scale of Perceived Social Support 3 sources: family, friends, significant other Satisfaction with Life Domains Scale (SLDS)	Resilience (BRS) was not found to mediate the relationship between functional disability (WHO-DAS-2) and QoL (SLDS)	Resilience did not mediate relationship between functional disability and QoL
Sivri et al[33] (2019) Turkey	Diagnosis SCZ: 9.4% (16/171) BD: 19.9% (34/171) MDD: 24.0% (41/171) Anxiety disorder: 11.1% (19/171) Alcohol/substance use: 19.9% (34/171) Other disorders: 15.8% (27/171) Age • Not provided Sex F: 43.9% (75/171) M: 56.1% (96/171) DI • Not provided	RSA • 6 dimensions: structured style, perception of the future, family cohesion, perception of the self, social competence, social resources	Temperament and Character Inventory (TCI) • 4 temperaments: novelty seeking, harm avoidance, reward dependence, persistence • 3 characters: self-directedness, cooperativeness, self-transcendence Symptom Checklist (SCL-90-R) • 10 basic symptom clusters: somatization, obsession-compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychoticism, other symptoms	Negative correlation between resilience (RSA) and novelty seeking and harm avoidance (TCI) Positive correlation between resilience (RSA) and persistence (TCI) Positive correlations between resilience (RSA) and self-directedness and cooperativeness (TCI) Persistence, self-directedness, and self-transcendence (TCI) predicted overall resilience scores (RSA) Severity of psychopathology (total SCL-90-R) negatively predicted resilience (total RSA)	↑Resilience a/w ↓Severity of psychopathology (SCL-90-R) ↓Novelty seeking and harm avoidance (TCI) ↑Self-directedness and cooperativeness (TCI) ↑Persistence, self-directedness, and self-transcendence (TCI) predicts ↑resilience
Bozikas et al[34] (2018) Greece	Diagnosis BD1: 45.0% (36/80) BD2: 5.0% (4/80) HC: 50.0% (40/80) Age (mean ± SD) BD: 42.1 ± 9.70 y HC: 42.1 ± 9.99 y Sex BD: • F: 70.0% (28/40) • M: 30.0% (12/40) HC: • F: 70.0% (28/40) • M: 30.0% (12/40) DI (mean ± SD) 11.1 ± 9.44 y	CD-RISC	MADRS YMRS Mini International Classification of Functioning, Disability and Health rating of activities and participation in mental illnesses (Mini-ICF-APP)	BD had lower resilience levels (CD-RISC) vs HC Negative correlation between resilience levels (CD-RISC) and depressive symptoms (MADRS) and social functioning deficit (Mini-ICF-APP)	↑Resilience a/w ↓Depressive symptoms (MADRS) ↓Impairment in social functioning (mini-ICF-APP)
Camardese et al[43] (2018) Italy	Diagnosis BD1: 50.0% (15/30) • Euthymic: 6 • Depressed: 9 BD2: 50.0% (15/30) • Euthymic: 9 • Depressed: 5 Age (mean ± SD) For all patients: 46.1 ± 10.4 y Euthymic: 47.0 ± 11.1 y Depressed: 45.3 ± 10.0 y Sex Euthymic: • F: 53.0% (8/15) • M: 47.0% (7/15) Depressed: • F: 47.0% (7/15) • M: 53.0% (8/15) DI (mean ± SD) • Not provided	CD-RISC	YMRS 21-item HDRS Hamilton Anxiety Rating Scale Questionario per la Valutazione della Conoscenza e dell'Apprendimento per il Disturbo Bipolare • Questionnaire to assess knowledge and learning	Longitudinal study • 37 recruited, 32 completed program, and 30 returned for follow-up visit after 1 year Significant improvement in resilience (CD-RISC) in all patients without significant differences between euthymic and depressed patients	A mixed psychoeducation and psychosocial intervention was efficacious in improving resilience
Chung et al[35] (2018) Korea	Diagnosis BD: 6.12% (77/1259) • BD1: 67.5% (52/77) • BD2: 32.5% (25/77) MDD: 17.9% (224/1259) HC: 76.1% (958/1259) Age (mean ± SD) BD: 41.6 ± 12.5 y MDD: 49.6 ± 15.2 y HC: 25.9 ± 6.7 y Sex BD: • F: 68.8% (53/77) • M: 31.2% (24/77) MDD: • F: 80.4% (180/225) • M: 19.6% (44/225) HC: • F: 53.4% (512/958) • M: 46.6% (446/958) DI (mean ± SD) BD: 11.5 ± 10.2 y MDD: 7.0 ± 9.7 y	CD-RISC	Composite Scale of Morningness • 3 types: morning, intermediate, evening	Resilience scores (CD-RISC) were significantly lower in patients with MDD/BD vs HC BD1 subgroup had significantly higher resilience (CD-RISC) than the BD2 subgroup MDD and BD patients had higher resilience (CD-RISC) with older age Older illness onset age of MDD and BD groups was associated with greater resilience (CD-RISC) Duration of illness and the number of mood episodes of MDD and BD groups were not correlated with resilience (CD-RISC)	↑Resilience a/w ↑Age ↑Age at BD onset
Deng et al[36] (2018) China	Diagnosis BD: 20.4% (34/167) SCZ: 48.5% (81/167) HC: 31.1% (52/167) Age (mean ± SD) BD: 22.7 ± 2.90 y SCZ: 22.8 ± 3.94 y HC: 22.1 ± 2.25 y Sex BD: • F: 50.0% (17/34) • M: 50.0% (17/34) SCZ: • F: 35.8% (29/81) • M: 64.2% (52/81) HC: • F: 57.7% (30/52) • M: 42.3% (22/52) DI (mean ± SD) BD: 38.1 ± 46.7 y SCZ: 33.4 ± 35.9 y	CD-RISC	Information subscale of Wechsler Adult Intelligence Scale-Chinese Revised (WAIS-CR) Tests of verbal fluency (VF) N-back task (N-back) Scale for Assessment of Positive Symptoms Scale for Assessment of Negative Symptoms HDRS YMRS	BD and SCZ groups had lower resilience (CD-RISC) vs HC Resilience (CD-RISC) was positively correlated with all 3 cognitive measures (VF, N-back, WAIS-CR) in the entire sample All 3 cognitive measures (WAIS-CR, VF, N-back) do not mediate relationship between diagnostic subgroups and resilience (CD-RISC)	↑Resilience a/w ↑Cognitive functioning (WAIS-CR, VF, N-back)
Echezarraga et al[44] (2018) Spain	Diagnosis Timepoint 1: • BD1: 100.0% (125/125) Timepoint 2: • BD1: 100.0% (63/63) Age (mean ± SD) Timepoint 1: 46.1 ± 10.9 y Timepoint 2: 45.1 ± 11.1 y Sex Timepoint 1: • F: 62.1% (77/125) • M: 37.9% (48/125) Timepoint 2: • F: 58.1% (36/63) • M:41.9% (27/63) DI • Not provided	RBD • 5 factors: self-management of BD, turning point, self-care, self-confidence, interpersonal support	Bipolar Recovery Questionnaire (BRQ) Internal States Scale (ISS) • 4 subscales: activation, well-being, psychopathology, depression The Work and Social Adjustment Scale Brief-QoL.BD	Resilience (RBD) positively correlated with well-being (ISS), personal recovery (BRQ), and QoL (Brief-QoL.BD) Resilience (RBD) was negatively related to psychosocial functioning deficit (The Work and Social Adjustment Scale) and depression (ISS)	↑Resilience a/w ↑Personal recovery (BRQ) and well-being (ISS) ↓Depression (ISS) and ↑Psychosocial functioning (Work and Adjustment Scale)
Mizuno et al[37] (2018) Austria Japan	Diagnosis BD1: 32.5% (120/369) Paranoid SCZ: 30.3% (112/369) HC: 37.1% (137/369) Age (mean ± SD) Austria: • BD1: 43.2 ± 11.0 y • SCZ: 44.1 ± 10.6 y • HC: 42.7 ± 12.0 y Japan • BD1: 50.2 ± 13.8 y • SCZ: 45.9 ± 10.0 y • HC: 41.0 ± 17.6 y Sex Austria • BD1: - F: 58.3% (35/60) - M: 41.7% (25/60) - SCZ: - F: 48.1% (25/52) - M: 51.9% (27/52) • HC: - F: 62.3% (48/77) - M: 37.7% (29/77) Japan • BD1: - F: 53.3% (32/60) - M: 46.7% (28/60) • SCZ: - F: 63.3% (38/60) - M: 36.7% (22/60) • HC: - F: 50.0% (30/60) - M: 50.0% (30/60) DI (mean ± SD) Austria • BD1: 11.3 ± 10.3 y • SCZ: 15.1 ± 10.5 y Japan • BD1: 15.8 ± 10.5 y • SCZ: 18.9 ± 10.6 y	RS-25	Religiosity questionnaire designed by Miller et al • Assessed 3 areas: denomination, attendance of religious services, personal importance of religion Functional Assessment of Chronic Illness Therapy–Spiritual Well-Being Scale (FACIT-Sp) • 2 subscales: meaning/peace, faith Personal and Social Performance Scale PANSS MADRS YMRS	Attendance and importance of religious/spiritual activities were not associated with resilience (RS-25) in patients with SCZ or BD1 Strong positive correlation between spiritual well-being (FACIT-Sp) and resilience (RS) in combined patient group	↑Resilience a/w ↑Spiritual well-being for combined patient group (BD1 + SCZ) Religious attendance and religious importance not correlated with resilience
Post et al[38] (2018) Germany	Diagnosis BD1: 43.8% (60/137) HC: 56.2% (77/137) Age (mean ± SD) BD1: 42.9 ± 11.1 y HC: 42.8 ± 12.1 y Sex BD1: • F: 58.0% (35/60) • M: 42.0% (25/60) HC: • F: 65.0% (50/77) • M: 35.0% (27/77) DI (mean ± SD) BD1: 11.6 ± 10.2 y	RS-25	MADRS YMRS Internalized Stigma of Mental Illness scale Berliner Lebensqualitätsprofil (BELP) • German version of the Lancashire Quality of Life Profile • Nine domains: work/occupation, leisure time, financial situation, housing, personal safety, family life, friends, physical health, mental health	BD patients had lower resilience (RS-25) vs HC Positive correlations between resilience (RS-25) and QoL (BELP subscales of overall QoL, work/occupation, leisure time, friends, physical health, and mental health)	↑Resilience a/w ↑Overall QoL and QoL subscales of work/occupation, leisure time, friends, physical health, and mental health (BELP)
Lee et al[39] (2017) Korea	Diagnosis BD1: 30.1% (41/136) BD2: 14.7% (20/136) BD-NOS: 5.15% (7/136) HC: 50.0% (68/136) Age (mean ± SD) BD: 38.1 ± 11.3 y HC: 38.4 ± 11.9 y Sex BD: • F: 44.9% (31/69) • M: 55.9% (38/69) HC: • F: 47.8% (33/69) • M: 52.9% (36/69) DI • Not provided	CD-RISC	WHOQOL-BREF • 4 subscales: physical, psychological, social, environmental • 2 questions: overall QoL, general health Barratt Impulsivity Scale • 3 subscales: attention, motor, non-planning	BD patients had lower resilience vs HC Resilience (CD-RISC) was positively correlated with overall QoL and all its subscales in the BD group	↑Resilience a/w ↑Overall QoL and all its subdomains (WHOQOL-BREF)
Hofer et al[40] (2017) Austria	Diagnosis BD1: 31.7% (60/189) SCZ: 27.5% (52/189) HC: 40.7% (77/189) Age (mean ± SD) BD1: 43.2 ± 11.0 y SCZ: 44.1 ± 10.6 y HC: 42.8 ± 12.1 y Sex BD1: • F: 58.0% (35/60) • M: 42.0% (25/60) SCZ: • F: 48.0% (25/52) • M: 52.0% (27/52) HC: • F: 62.0% (48/77) • M: 38.0% (29/77) DI (mean ± SD) BD1: 11.6 ± 10.2 y SCZ: 15.4 ± 10.5 y	RS-25	WHOQOL-BREF • 4 subscales: physical, psychological, social, environment PANSS MADRS YMRS	BD patients had lower resilience (RS-25) vs HC Resilience (RS-25) was associated with better QoL (WHOQOL-BREF)	↑Resilience a/w ↑QoL (WHOQOL-BREF)
Mizuno et al[12] (2016) Japan	Diagnosis BD: 33.3% (60/180) SCZ: 33.3% (60/180) HC: 33.3% (60/180) Age (mean ± SD) BD: 50.2 ± 13.8 y SCZ: 45.9 ± 10.0 y HC: 41.0 ± 17.6 y Sex BD: • F: 53.3% (32/60) • M: 46.7% (28/60) SCZ: • F: 63.3% (38/60) • M: 36.7% (22/60) HC: • F: 50.0% (30/60) • M: 50.0% (30/60) DI (mean ± SD) BD: 15.8 ± 10.5 y SCZ: 18.9 ± 10.6 y	RS-25	PANSS MADRS YMRS Personal and Social Performance Scale (PSP) Premorbid Adjustment Scale Japanese Adult Reading Test Insight and Treatment Attitudes Questionnaire Drug Attitude Inventory (DAI) Hopelessness Scale (HS) Internalized Stigma of Mental Illness Scale WHOQOL-BREF Rosenberg Self-esteem Scale (RSES) Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being Scale (FACIT-Sp)	In BD group, self-esteem (RSES), spirituality (FACIT-Sp), QoL (WHOQOL-BREF), social functioning (PSP), age, and drug attitude (DAI) showed significant positive correlations with resilience (RS-25) In BD group, hopelessness (HS) and depression (MADRS) showed significant negative correlations with resilience (RS-25)	↑Resilience a/w ↑Self-esteem (RSES) ↑Spirituality (FACIT-Sp) ↑Social functioning (PSP) ↑Drug attitude (DAI) ↓Hopelessness (HS) ↓Depressive symptoms (MADRS)
Choi et al[41] (2015) Korea	Diagnosis BD1: 29.0% (36/124) BD2: 16.1% (20/124) BD-NOS: 4.84% (6/124) HC: 50.0% (62/124) Age (mean ± SD) BD: 37.0 ± 10.9 y HC: 37.1 ± 11.0 y Sex BD: • F: 56.4% (35/62) • M: 43.5% (27/62) HC: • F: 56.4% (35/62) • M: 43.5% (27/62) DI (mean ± SD) BD: 12.3 ± 9.1 y	CD-RISC	Barrett Impulsivity Scale (BIS) • 3 subscales: attention, motor, non-planning Clinical Global Impression (CGI)	BD had significantly lower resilience (CD-RISC) and higher impulsivity (BIS) vs HC Degree of impulsivity (BIS), number of depressive episodes, (CES-D) and non-remission status (CGI) were negatively correlated with resilience (CD-RISC) for the BD group Length of education was positively correlated with resilience (CD-RISC) for the BD group No significant associations between resilience (CD-RISC) and age, age at onset, or duration of illness for the BD group	↑Resilience a/w ↑Length of education ↓Degree of overall impulsivity (BIS) ↓Severity of illness Remission status (CGI) ↓Number of depressive episodes for BD group
Kesebir et al[42] (2015) Turkey	Diagnosis BD1: 100.0% (100/100) Age (mean ± SD) 32.7 ± 13.2 y Sex F: 54.0% (54/100) M: 46.0% (46/100) DI • Not provided	RSA—Turkish version	Turkish version of the Temperament Evaluation of Memphis, Pisa, Paris, and San Diego Autoquestionnaire (TEMPS-A) • 5 temperaments: depressive, hyperthymic, irritable, cyclothymic, anxious temperament Childhood Trauma Questionnaire (CTQ)	Lower resilience (RSA) associated with childhood trauma (CTQ) Higher sexual abuse, emotional abuse, emotional neglect (CTQ), and anxious temperament (TEMPS-A) predicted lower resilience (RSA)	↑Resilience a/w ↓Childhood trauma (CTQ) in BD ↓Anxious temperament (TEMPS-A) in BD with childhood trauma

Abbreviations: a/w = associated with, ASD = autism spectrum disorder, BD1 = bipolar type 1, BD2 = bipolar type 2, BD-NOS = bipolar not otherwise specified, Brief-QoL.BD = Brief Quality of Life in Bipolar Disorder, BRS = Brief Resilience Scale, CD-RISC = Connor-Davidson Psychological Resilience Scale, DI = duration of illness, F = female, HC = healthy controls, HDRS = Hamilton Depression Rating Scale, M = male, MADRS = Montgomery-Asberg Depression Rating Scale, MDD = major depressive disorder, PANSS = Positive and Negative Syndrome Scale, RBD = Resilience Questionnaire for Bipolar Disorder, READ = Resilience Scale for Adolescents, RS = Resilience Scale, RS-25 = 25-item Resilience Scale, RSA = Resilience Scale for Adults, SCZ = schizophrenia spectrum disorder, SD = standard deviation, QoL = quality of life, WHOQOL-BREF = World Health Organization QOL-Brief Form, YMRS = Young Mania Rating Scale.