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Article

Between Concern and Resilience: How Parents Cope with Adolescent Psychiatric Admissions

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Abstract

Background: This study aims to determine the parental attitudes and coping strategies of parents of adolescents admitted to a psychiatric clinic (2) **Methods:** Phenomenology design, one of the qualitative research methods, was used in the study. The study population consisted of the parents of adolescents admitted to the Psychiatry Clinic of Ankara University Faculty of Medicine Cebeci Hospital. A semi-structured interview form created by the researcher regarding information on parental attitudes and coping styles was used as a data collection tool. Descriptive analysis was used to analyze the data collected for the study and Maxqda 2020 program was used to analyze the data obtained. **Results:** According to the research results, 4 main themes and 13 sub-themes belonging to these main themes were identified: communication with the adolescent child, boundary rules within the family, parental attitude, and coping in the process of professional treatment and support. **Conclusions:** For a holistic treatment process, the need for family-based social work interventions that consider the needs of parents and provide guidance and further research in this field are discussed.

Keywords: psychiatric treatment; adolescence; parenting; coping; social work

1. Introduction

The subject of this study is the examination of parental attitudes and coping styles of adolescent individuals who apply to a psychiatric clinic. Among the reasons for seeking psychiatric consultation during adolescence are various behavioral problems arising from physical changes, anger issues, stress, and anxiety.

The most common disorders that can affect family functionality and lead to psychological issues within the family system include autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), conduct disorders, and anxiety disorders (Al-Omari, Al-Motlaq, & Al-Modallal, 2015). When assessing the psychiatric needs of a young adult undergoing a transitional phase, certain familial factors must be considered. These include parental expectations and support, family functioning or conflict if the young person lives with their parents, available resources, parenting styles, relationship dynamics, and the impact of these dynamics on the adolescent's sense of confidence and competence (Livesey & Rostain, 2017). The quality of the relationship between a child and his/her parents is one of the most important factors that predict emotional and social development (Kabasakal & Arslan, 2014). Parental attitudes also directly affect the psychosocial development of adolescents and the psychiatric treatment process.

As noted by McKay and Bannon (2004), family involvement in the psychiatric treatment process typically consists of a progressive sequence, including the recognition of children's mental health issues by their parents, the introduction of children and their families to a mental health resource, and the process of bringing children to mental health centers. Emotional and behavioral problems during childhood and adolescence are influenced by family relationships, which serve as a critical factor in child development. While parent-child interactions in functional families are supportive, they may become a source of distress in dysfunctional families (Saroca & Sargent, 2022). In cases of

crises or problems within the family, functional families are assumed to handle the situation with flexibility, whereas dysfunctional families tend to struggle with problem-solving.

Studies conducted in Turkey indicate that adolescents who perceive their parents' attitudes as authoritarian and oppressive exhibit lower levels of autonomy, self-worth, and social adaptation. These adolescents also tend to show a higher inclination toward psychopathological symptoms such as anxiety, depression, aggression, and substance use (Sümer et al., 2010). Caregivers of individuals with psychiatric disorders may experience intense stress, tension, and anxiety when faced with unpredictable and destructive behaviors, and may have difficulty coping with them (Pompeo et al., 2016).

Research findings suggest that dysfunctional parental attitudes and ineffective coping styles significantly predict adolescent behavioral problems. These parents face greater difficulties in problem-solving, granting autonomy and space to their children, and establishing trust (Barrett et al., 2002; Rey et al., 2000). Understanding familial factors contributing to existing issues in child and adolescent psychiatry is crucial not only for comprehending the etiology of the disorder but also for forming a bio-psychosocial formulation. Psychiatric disorders occurring during a critical developmental period such as adolescence, inevitably impact family relationships, while the family system, either consciously or unconsciously, influences the persistence of dysfunctions or the treatment process. In this context, understanding the effects of family relationships on disorders and treatment necessitates considering these dynamics in the treatment process.

The family is approached as a system when examining various aspects such as marriage, parent-child relationships, security, environmental factors, and development. Regardless of its structure and composition, there appears to be a consensus within system perspectives regarding the fundamental functions that all family systems must fulfill. As a system, the family is expected to perform a set of identity-related tasks, regulate boundaries, develop strategies to sustain the household, manage the family's emotional climate, and oversee changes in family structure over time. Understanding these common tasks and the strategies designed to fulfill them is crucial for assessing how a family functions as a system.

Within the context of social work, the individual perspective and the family systems approach provide a holistic framework for analyzing the impact of family relationships on mental health issues and treatment outcomes. As stated by Sabatelli and Bartle (1995), the systems perspective posits that families are expected to fulfill a set of functions, including regulating boundaries, ensuring the protection of the family unit, and managing the emotional climate and transitions. The functioning of families as systems is assessed based on the extent to which these shared tasks and responsibilities are fulfilled.

Approaches that conceptualize the family as a system tend to interpret psychopathologies emerging during adolescence as a consequence of interactions within the family system (Akün, 2013). In this regard, each family possesses unique psychosocial, emotional, cultural, and economic patterns of interaction. Moreover, every family has its strengths and resources to cope with challenges.

A strength-based approach involves mobilizing family members' motivation and encouraging their participation in collaboration to ensure the patient's well-being and positive treatment outcomes (Saroca & Sargent, 2022). This study is significant as it aims to reveal parental attitudes and coping styles, which have a crucial impact on adolescents' psychological attitudes and behaviors and serve as an essential catalyst in the treatment process.

The literature review conducted for this study reveals that research has primarily focused on the effects of parental attitudes on adolescents' self-development, socio-emotional development, psychological attitudes and behaviors, cognitive development, and academic competence (Sümer et al., 2010). Furthermore, studies in the literature have examined the relationship between parental attitudes and dependent variables such as generalized anxiety disorder, aggression, conduct disorder, major depression, anger expression styles, family structure, obesity, internalizing and externalizing problems, family functions, emotional and behavioral problems (Saydam & Dinçöz, 2005; Fidan, 2011; Taşçı et al., 2012; Akün, 2013; Önder et al., 2015; Kızılpınar et al., 2019). In a study

examining 41 studies on the relationship between emotional and behavioral problems and parental attitudes, it was determined that the rate of addiction in adolescent children of parents with permissive attitudes was higher; while the rates of aggressive behavior, emotional-actional avoidance, and depression in adolescents of parents with authoritarian attitudes were higher (Çoban et al., 2021). It was observed that adolescents who grew up in democratic family environments exhibited less problem behaviors compared to their peers with other parental attitudes (Kaplan and Ak, 2018). In an experimental-control study with 30 young people without a psychiatric history and 30 young people who had attempted suicide, impairments in basic family functions such as communication and problem solving were reported in the families of children who attempted suicide (Fidan et al., 2011). In studies conducted with caregivers of patients with psychiatric disorders, the most frequently used coping style was problem solving (Pompeo et al., 2016); emotion-focused coping and social support (Eaton et al., 2011). In the diagnosis and treatment of adolescents' psychiatric disorders, in addition to bio-psycho-social factors, parents' attitudes and coping approaches should also be evaluated. This study aims to determine the general parenting attitudes of parents of adolescents who apply to psychiatry clinics and how they cope with the psychiatric problems experienced by their children.

2. Materials and Methods

This study aims to examine the relationship between parental attitudes and coping styles of parents whose adolescent children seek psychiatric treatment and the psychological attitudes and behaviors of these adolescents. The study employs the phenomenological design, one of the qualitative research methods. According to Baltacı (2019), qualitative research focuses on the distinct and profound nature of human-specific individual characteristics, emphasizing the depth and uniqueness of knowledge. The phenomenological design concentrates on phenomena that we are aware of but do not possess a comprehensive and detailed understanding of (Yıldırım & Şimşek, 2013). Given that families are experiencing challenging situations during their children's critical developmental period, the in-depth interview method was chosen for this research. The qualitative method is more suitable for revealing the contextual dynamics of parents' attitudes and coping resources in depth through the participants' own narratives.

Study Group

The study group consists of parents of adolescent individuals who sought treatment at the Psychiatry Clinic of Ankara University Faculty of Medicine, Cebeci Hospital. The study employed criterion sampling, one of the purposive sampling methods, to form the study group. The criteria for selecting participants were that they volunteered to participate in the study, had a child who was in adolescence and had been admitted to a psychiatric clinic due to mental or behavioral problems, and that the participants were the adolescent's primary caregiver (mother or father). Participants were included in the study after their informed consent was obtained. The parent group specifically focused on in the study has a profile that has sought expert support for their child with emotional and behavioral problems during adolescence, and therefore has been actively involved in the process of confronting their child's psychological or behavioral difficulties. Determining family factors such as coping strategies, boundary and rule-setting patterns, and parenting attitudes is important in understanding the specific needs of this parent group.

In purposive sampling methods, sample size is determined by data saturation, which occurs when no new information emerges, and data begin to be repeated during the data collection process (Shenton, 2004). Based on this principle, the study sample consisted of 25 parents who met the predetermined criterion sampling requirements. The sociodemographic characteristics of the participating parents are presented in Table 1.

Table 1. Socio-Demographic Characteristics of Parents.

Parent age mean	42,4 (Min=35, Max=53)	
Parent gender	N	%
Female	17	68,0
Male	8	32,0
Mother's Education Level		
Secondary Education	4	28,0
High School	14	56,0
Undergraduate	4	16,0
Postgraduate	3	12,0
Father's Education Level		
Secondary Education	4	28,0
High School	12	48,0
Undergraduate	5	20,0
Postgraduate	4	16,0
Income Level		
Low	3	12,0
Medium	16	64,0
High	6	24,0
Parental Mental Health Issues		
Mental health issues	6	24,0
No mental health issues	18	72,0
Child's Mental Health Issues		
Aggression/Anger Issues	11	44,0
Anxiety Disorder	6	24,0
Exam Stress	6	24,0
Grief/PTSD	2	8,0
Total	25	100,00

The average age of the parents participating in the study was 42.5, and 17 mothers and 8 fathers were interviewed. The average age of the children was 16.5, with the youngest child being 13 and the oldest being 22. 14 of the mothers had a high school degree, 4 had a secondary education, 4 had a bachelor's degree, and 3 had a postgraduate degree; 12 of the fathers had a high school degree, 5 had a bachelor's degree, 4 had a postgraduate degree, and 4 had a secondary education. The majority of the parents participating in the study (64%) defined their income status as medium, 6 as high, and 3 as low. While 18 of the parents (72%) did not report any mental health problems, 6 reported having mental problems such as obsessive-compulsive disorder, addiction, and depression. The mental problems that cause adolescent children to apply to a psychiatric clinic are primarily aggression (anger problems), anxiety, exam stress, and post-traumatic stress.

Data Collection Instruments

The data collection instruments consisted of a socio-demographic information form designed to determine the socio-demographic characteristics of the parents of adolescents seeking treatment at the Psychiatry Clinic, as well as a semi-structured questionnaire developed by the researcher. This questionnaire included questions exploring various topics such as parent-child communication,

family boundaries and rules, the family's general attitude towards psychological disorders, the impact of parental attitudes on their children, crisis resolution strategies, coping mechanisms, and ways of supporting their children.

Implementation

The study was conducted with ethical approval from the Ankara University Ethics Committee (Approval No: 471018, dated 05/04/2022) and institutional permission from the Department of Mental Health and Diseases at Ankara University Faculty of Medicine. The data collection process took place over one month, from May 2022 to June 2022.

During this period, in-depth interviews were conducted with voluntary parents of adolescents who were either newly admitted to the psychiatry clinic or were undergoing ongoing treatment. Informed consent was obtained from the parents for both their participation in the study and the audio recording of the interviews. The interviews, each lasting approximately 60 minutes, were conducted in a private interview room designated for the researcher. In each participating family, one parent (either the mother or father) was interviewed.

Data Analysis

Descriptive analysis was employed in this phenomenological study. In phenomenological research, there is an effort to identify themes that reveal experiences and their meanings. The results are presented with descriptive narration and supported by direct quotations (Yıldırım & Şimşek, 2013). The descriptive analysis technique was used for data analysis, ensuring that literature review and data analysis were conducted in parallel, in alignment with the qualitative research approach. After transcribing the in-depth interview recordings, the Maxqda 2020 software was used for analysis.

3. Results

According to the descriptive analysis of the interviews conducted with parents within the scope of the research, 4 main themes and 13 sub-themes belonging to these main themes were determined, namely communication with the adolescent child, family boundaries and rules, parental attitudes and coping during the professional treatment and support process.

Table 2. Themes and Sub-Themes from Content Analysis.

Communication

Adaptation

Empathic response

Friendship-Based Parenting

Conflict

Family boundaries and rules

Giving responsibility

Flexible approach

Rule/boundary violation

Parental attitude during the professional treatment process

Appealing to professional support

Rejecting mental illness

Complaining about side effects of treatment

Coping strategies

Keeping motivation high

Staying calm

Supportive approach

Communication

The communication patterns that parents establish with their adolescent children are categorized into four sub-themes: adaptation, empathic response, establishing peer-like relationships, and conflict.

Adaptation

Parents describe their communication with their children in varying ways. Some adopt a communication style centered on staying calm and accommodating their child's temperament, while others engage in empathetic communication or a more peer-like approach.

P (18) explains their tendency to comply with their child's wishes to avoid confrontation: "Our communication is normal, but when my child gets angry, I try to accommodate their mood. When we go along with them, everything is fine; however, they don't want to go to school. If we push them, they become stubborn and refuse to go at all.

Similarly, P (4) describes their efforts to maintain a calm approach in response to their child's reactive behaviors during adolescence: "*When our child experiences heightened anxiety, they react negatively to us, become angry, and express frustration. We recognize this as part of adolescence, and we try to keep them as calm as possible.*

Empathic Response

Parents express that adolescence makes communication with their children more challenging, yet they focus on the transience of this period and attempt to communicate with their children through empathy.

Participant P (12) emphasizes their preference for empathy by acknowledging adolescence as a difficult but temporary phase: "Adolescence is extremely challenging... I keep reminding myself that this phase will pass, which helps me stay calm, and I try to empathize with my child throughout this process.

Similarly, P (9) highlights the emotional fluctuations of adolescents and their efforts to maintain empathic communication: "At times, we struggle to understand them. The younger generation experiences emotions more intensely, going through ups and downs. We try to empathize with them as much as possible".

Friendship-Based Parenting

Some parents express having strong and open communication with their children, emphasizing a close, friendship-like relationship in which their children feel comfortable sharing everything with them. Participant P (13) describes their friendship-like bond with their child and their commitment to engaging in shared social activities: "D and I are like friends. We watch movies together, listen to music, chat, and go out. As a family, we prioritize participating in social activities"

Similarly, P (10) defines their relationship with their child more as a friendship than a traditional parent-child relationship: "We can talk about everything. They describe me as their closest friend. We have a great relationship. If there is something they cannot initially share with me, they talk to their psychologist about it. After a few weeks, they also share it with me"

Participant (24) acknowledges fulfilling both parental and friendship roles, emphasizing a balanced approach: "Sometimes I am a father, and sometimes I am a friend. We have the kind of father-daughter relationship that should be"

Conflict

When sharing their experiences related to adolescence, conflict emerged as one of the most frequently mentioned patterns by parents. Parents often reported experiencing conflicts due to their children's disobedience, disrespectful behavior, and stubbornness.

P (1) describes the difficulties in communication resulting from their child's anger and stubbornness: "After middle school, my child and I started having opposing views. We can hardly have a proper conversation anymore; they get angry easily. They don't want to understand what I say and have an extremely stubborn attitude"

Similarly, P (22) explains the challenges they face due to their child's strong-willed and confrontational behavior: "They are extremely stubborn. When we argue, they throw things at me. Even when I try to talk, the moment I say 'no,' a fight inevitably starts"

P (18) expresses frustration over their child's defiance and reflects on how their conflicts have reversed their parent-child roles: "They don't listen to anything I say. They are so stubborn that their rules always prevail. It feels like they are the parent, and we are the children"

Likewise, P (12) highlights that conflicts arise because parents struggle to align with their adolescent children's emotional state: "Adults cannot attune to a child's mood... I try to communicate, but I just can't get on the same wavelength as my child, and that's why our communication is not very good."

Family Boundaries and Rules

Parents exhibit diverse attitudes regarding boundaries and rules within the family. The patterns related to family boundaries and rules are categorized into three sub-themes: assigning responsibility, flexible approach, and rule/boundary violations.

Giving Responsibility

Most parents set specific boundaries for their children, expect them to adhere to these rules, and tend to assign responsibilities to foster a sense of accountability and independence. P (7) explains how they encourage their child to take on responsibilities to enhance their sense of trust and self-confidence: "I make an effort to give them responsibilities because I want to instill a sense of trust. Even if they fail at a task, I make sure to say, 'Well done, at least you tried'"

Some parents emphasize setting rules regarding departure and return times and acceptable locations their children can visit. As long as these rules are followed, they tend to allow their children autonomy in decision-making. P (5) highlights their child's adherence to boundaries and sense of responsibility: "We have clear boundaries in place when it comes to permission. We allow our child to visit approved locations. Since our daughter knows where she shouldn't go, we leave the responsibility to her"

Flexible Approach

Some parents adopt a more lenient approach to boundaries, granting their children greater autonomy and emphasizing collaborative decision-making within the family.

P (2) underscores the active involvement of children in family decision-making processes, emphasizing that their opinions are prioritized and valued: "We make decisions together. In fact, our children take precedence... The other day, we were discussing where to go on vacation. While we had one preference, the children wanted to go somewhere else. Ultimately, we decided to follow their choice"

Likewise, P (7) highlights that their children are free to make their own decisions, provided that their choices remain within parental awareness. They further emphasize the family's collective approach to decision-making: "They have freedom, as long as we are informed. They make their own decisions. Whenever we need to decide at home, the four of us discuss it together and reach a consensus"

Rule/Boundary Violations

Adolescence is characterized by a desire for autonomy and the formation of an independent identity, often leading to oppositional behavior and resistance to authority and rules. In some families, adolescents do not adhere to established rules and boundaries, instead acting according to their preferences.

P (15) describes their adolescent child as someone who ignores rules and follows their own will, expressing difficulty in guiding their behavior: "They do not comply with the rules. They don't listen... They do whatever they want and act according to their judgment. We don't know how to handle this situation"

Similarly, P (10) acknowledges the presence of established rules but expresses difficulty in enforcing boundaries, as their child consistently finds ways to circumvent them: "We discuss these rules together, but somehow, they always manage to convince me to agree with what they want... In the end, they do as they please. I keep telling them not to go to the shopping mall every week, yet they always find an excuse and go anyway"

Parental Attitudes in the Professional Treatment Process

When evaluating parental perspectives on professional treatment and support, three sub-themes emerged regarding parental attitudes: seeking professional support, denying mental illness, and complaints about treatment side effects.

Seeking Professional Support

Some parents actively support their children in accessing treatment for psychological disorders, express a willingness to seek professional help, and perceive medication as an effective intervention.

P (4), who has also received psychiatric support, emphasizes that their child independently chose to seek professional treatment: "We thought it would be beneficial for them to see a professional because I experienced the benefits of professional treatment. We did not force them to attend therapy; we left the decision to them, and they chose to come"

Similarly, P (9) views psychiatric treatment as both an educational process and the most rational solution: "The reason I am here is to find the best and most reasonable way forward. I recognize that support is essential and that it is not possible to manage without it"

Denial of Mental Illness

Some parents express difficulty in accepting their child's psychological condition and their involvement in the professional treatment process. P (5), who has a history of psychological illness, admits struggling to accept their son's mental health issues. They describe their tendency to suppress their emotions and maintain a strong front: "I was in treatment for seven years. I couldn't accept that my son had a psychological disorder. I couldn't come to terms with it... I always try to appear strong in front of my child because I have no right to upset him"

Similarly, P (17) shares how their child's need for psychiatric support has deeply affected them emotionally: "In reality, I should have sought treatment as well. I tried to cope with major turning points like divorce and loss by talking to people around me. Seeing my child affected by these experiences and needing treatment has shaken me to my core"

Complaints About Treatment Side Effects

During the treatment process, some parents express concerns about the side effects of medication, stating that these effects negatively impact their children's social lives.

P (13) acknowledges that pharmacological treatment has been beneficial in helping their child with academic focus but expresses dissatisfaction with how it has diminished their child's desire to socialize: "I don't think the medication is beneficial. It makes my son too calm and subdued. It only helps with studying. But he is very young, and he needs to socialize like his peers"

Similarly, P (19) describes how medication has made their child more introverted, reducing both academic interest and social engagement: "D's first medication was Prozac. After starting Prozac, he became indifferent, withdrawn, stopped studying, and refused to go outside"

Coping Strategies

When analyzing parental attitudes and coping mechanisms during their adolescent children's treatment process, three key behavioral patterns emerged: maintaining motivation, staying calm, and adopting a supportive approach.

Keeping Motivation High

Parents emphasize that when they maintain high motivation, adopt a positive mindset, and focus on solutions, their children tend to mirror their attitude and feel more at ease. P (14) believes that projecting strength in front of their child contributes to the child's psychological well-being: "I always appear strong in front of my child. Seeing me like this helps them feel psychologically relieved"

Similarly, P (23) highlights how their emotional well-being positively affects their communication with their child: "If I am feeling good and positive, then my child also feels good. My attitudes influence everything about them. When you are in a good state, you communicate more effectively with your child"

P (18), who accompanies their child to psychiatric clinic visits, expresses that their motivation directly influences their child's motivation: "We come to the clinic willingly and together. We keep our motivation high so that theirs remains high too. We try to stay solution-focused"

Staying Calm

Some parents report prioritizing a calm home environment during their child's treatment process, avoiding tension and conflict as much as possible. P (25), who struggles with their child's intense aggression, explains their efforts to remain calm and understanding, even in highly stressful situations:

If it were in traffic, they would get out of the car and start a fight—I see that potential in them. That's why we are here. At one point, they got angry and smashed plates at home, but I didn't say anything. I see myself as very understanding during this process. The other day, they took my car and got into an accident—I didn't get mad at all.

Similarly, P (6), the parent of a child diagnosed with anxiety disorder, explains their efforts to maintain a calm demeanor to help regulate their child's anxiety: "...We try to stay as calm as possible to prevent escalation. They have an anxiety disorder, so we do our best to speak to them calmly"

Supportive Approach

Parents express that they strive to make their children feel supported, helping them cope with both the psychological disorder itself and the challenges of the treatment process. P (1) describes how they approach their child with unconditional acceptance and understanding during treatment: "I keep telling them, 'I am not judging you; I understand you. Together, we can do better—I know that. We don't need anyone else. I am always here for you'"

Similarly, P (20) emphasizes that their expressions of support have had a positive impact on their child's well-being: "I reassure myself... I support them, especially in their most difficult moments. My son always tells me, 'It's all thanks to you, your support, your presence.' They feel my support. That's how we will get out of this struggle"

4. Discussion

This study discusses parental attitudes and coping mechanisms of parents whose adolescent children have sought psychiatric treatment. The discussion is framed around key questions: How do

parents communicate with their children? What are the family's internal boundaries and rules? How do parents approach professional treatment and support? How do they cope with challenging situations?

The holistic mental well-being of adolescents with psychiatric problems is significantly influenced by family relationships, communication patterns, and coping mechanisms. Recognizing both protective and risk factors within the family serves as a crucial resource for supporting adolescents' treatment and their bio-psycho-social well-being.

Masulani-Mwale et al. (2018) found that families of children with psychiatric disorders often experience low socioeconomic status, high caregiving burden, and a lack of psychological support, all of which are linked to increased psychological distress among parents. Within the family system, an adolescent's mental health struggles can negatively impact the parental system in a bio-psycho-social context.

Gopalan et al. (2010) emphasize that framing parental well-being within the family systems perspective can help parents understand how their mental health affects their children. The findings of this study indicate that parents are aware of how their trauma, psychological distress, and parenting styles influence their child's mental health.

As highlighted by Kim (2013), parental psychopathology and negative parenting strategies can adversely affect children's psychosocial development through interaction and modeling, potentially leading to mental health disorders.

In this study, the communication theme between adolescents and their parents revealed four sub-themes: adaptation, empathic response, establishing peer-like relationships, and conflict. A similar study by Mukhtar et al. (2023) found that mothers' communication patterns with their children were characterized by openness, empathy, support, and a positive attitude. Attunement and empathic response attitudes show that parents are taking into account their children's changing psychological needs and are providing emotional support without threatening the adolescent's individualization process.

However, showing a friendly parenting tendency has been associated with the risk of loss of authority (Baumrind, 1991). A parent's being only friendly can prevent healthy boundary setting. In this respect, it is important to establish a parenting style that provides guidance.

Family boundaries and rules can be a challenging experience for both adolescents with mental health issues and their parents. The key parental behavioral patterns identified about family boundaries and rules were assigning responsibility, flexible approach, and rule/boundary violations. These patterns suggest that some parents adopt democratic approaches, while others exhibit anxious-avoidant or overprotective tendencies. Diamond and Josephine (2005) emphasize that childhood anxiety disorders are associated with family factors, particularly overcontrolling, overprotective, or anxious-avoidant parenting behaviors.

Similarly, Hafetz and Miller (2010) found that parents frequently attempt to persuade adolescents to behave in a specific way and often continue offering advice when they lack knowledge on how to respond. Their study highlights that adolescents find this approach frustrating. Additionally, Saydam and Gençöz (2005) demonstrated that ineffective family problem-solving functions contribute to destructive behaviors in adolescents, and difficulties in behavioral control within the family are significantly associated with adolescent aggressive behaviors and social problems. When we look at the experiences of the families included in our research regarding family boundaries and rules and similar research results, it is possible to talk about unhealthy boundary management, which is control-oriented and uncertain. Again, the conflicts that adolescents experience with their parents show that there are breakdowns in the parenting role; parents have a lack of authority and problems in setting boundaries.

Regarding parental attitudes in the professional treatment and support process, three sub-themes emerged: seeking professional support, denial of mental illness, and complaints about side effects. A study by Honey, Alchin, and Hancock (2014) involving 32 parents found that strategies used by parents regarding their child's mental illness included seeking appropriate treatment

services, encouraging positive actions, supporting positive thoughts and emotions, and facilitating daily life adjustments. Similarly, a study by Harden (2005) with 25 parents revealed that parents often felt unable to fulfill their parental roles due to their child's psychiatric condition, leading them to seek psychiatric services as a solution for their child's issues.

Furthermore, the psycho-social and emotional burdens associated with the treatment process for both adolescents and parents—such as emotional distress and caregiving responsibilities—can act as barriers to the acceptance of mental illness and seeking professional help.

Some parents of adolescents undergoing professional treatment and medication report distress over their child's excessive withdrawal, social isolation, and asocial behaviors. These parents often feel uncertain about how to manage negative attitudes that emerge during the treatment process.

A mixed-methods study conducted by Moses (2011) found that parents experience significant uncertainty regarding their ability to recognize mental health disorders in their children. Similarly, Miklowitz et al. (2020) emphasize that parents rarely receive guidance on how to: understand their child's mental illness, cope with its challenges, evaluate the pros and cons of treatment, manage behaviors at home, and maintain realistic expectations.

Significant research findings indicate that family-based interventions that incorporate psychoeducation, communication training, and problem-solving skills training are associated with improvements in mood disorders, obsessive-compulsive disorder, and psychosis risk symptoms among adolescents (Miklowitz et al., 2020). Additionally, these interventions have been shown to optimize treatment outcomes, reduce relapse rates, and improve overall family well-being (Saroca & Sargent, 2022). The present study observed that parents adopt coping strategies such as maintaining motivation, staying calm, and adopting a supportive approach throughout their adolescent children's treatment process. A positive approach from parents increases children's compliance with treatment and provides a healthier recovery process. Generally, emotional support has been linked to better mental health outcomes for both adolescents and adults experiencing psychological difficulties. The emotional support received from the family system serves as a critical resource for adolescents in coping with and recovering from mental health challenges (Naughton et al., 2018). In the supportive approach, the parent's unconditional acceptance and emotional validation contribute to the development of the child's emotional regulation skills and also support the child's psychological flexibility. In this context, it is seen how decisive the parents' capacity to not only solve problems but also to show emotional presence is.

5. Conclusions

When the treatment process of adolescents with psychiatric problems is approached from a bio-psycho-social perspective, their relationship and communication with their parents emerge as a critical contextual factor. Within the framework of an individual-in-environment perspective, clinical problems should not be considered solely on an individual basis but rather through a systemic lens that includes the entire family unit. Some of the families participating in the study adopt a more flexible, open and supportive approach when communicating with young people and setting boundaries during the treatment process. Some families tend to have more control-based, avoidant or conflictual communication with their adolescents during this process. Parents avoid conflict with their children by using attitudes such as adapting, being friendly, remaining calm, and taking it easy, and they do not know what approach to follow in the process. Consequently, they often feel uncertain about how to navigate the process effectively. Parents seek professional psychiatric support as they struggle with challenging experiences related to both adolescence and mental health issues. Some of the participating parents are concerned about the side effects of the medications during the treatment process and may have difficulty coping with situations that may reduce treatment motivation. This situation shows how critical psychoeducation is in communication between mental health professionals and parents.

To empower adolescent patients and their families, ensure active parental participation in treatment, provide information about the positive and negative psycho-social outcomes of treatment,

and enhance parental advocacy skills, a multi-level intervention plan (micro, mezzo, and macro) should be developed. Social workers, as active members of interdisciplinary teams, play a crucial role in designing and implementing these interventions. Given the limited duration of clinical consultations and the need for parental guidance throughout the treatment process, it is essential to plan psychoeducational sessions and group interventions facilitated by social workers specializing in mental health.

Providing didactic information alone is insufficient for ensuring parental engagement as an integral part of the treatment process. Psychoeducation programs would allow families to seek answers to their concerns, address challenges, and practice effective communication strategies in a structured manner. Family-based social work interventions contribute to the comprehensive support of psychiatric treatment by addressing the adolescent's psycho-social and familial challenges within their environment.

For families to actively participate in the treatment process, they must acquire knowledge and skills to better understand adolescents' emotional distress, develop effective communication and problem-solving strategies, and manage conflicts within the family system. These skills serve as an essential reference point for conflict resolution and support adolescents in navigating the psychological difficulties of this developmental stage.

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References

- Akün, E. (2013). Yapısal aile sistemleri kuramı bağlamında ergenlik döneminde aile yapısı ve ergenlik dönemi sorunları. *DTCF Dergisi*, 53(1), 85-116.
- Al-Omari, H., Al-Motlaq, M.A., & Al-Modallal, H. (2015). Knowledge of and attitude towards attention-deficit hyperactivity disorder among primary school teachers in Jordan. *Child Care in Practice*, 21, 128-137.
- Baltacı, A. (2019). Nitel Araştırma Süreci: Nitel Bir Araştırma Nasıl Yapılır?. *Ahi Evran Üniversitesi Sosyal Bilimler Enstitüsü Dergisi*, 5(2), 368-388. <https://doi.org/10.31592/aeusbed.598299>
- Barett, P., Alison, S., & Healey, L. (2002). Do parent and child behaviors differentiate families whose children have an obsessive-compulsive disorder from other clinics and non-clinic families?. *Journal of child psychology and psychiatry, and allied disciplines*, 43(5), 597-607. <https://doi.org/10.1111/1469-7610.00049>.
- Çoban, A. E., Bilgen, Z., İdrisoğlu, Ö., Sönmez, İ., Köse, H. B. T., & Bozkurt, H. Ü. (2021). Karşılaşılan duygusal ve davranışsal problemlerin ebeveyn tutumu ile ilişkisinin incelenmesi: içerik analizi. *OPUS Uluslararası Toplum Araştırmaları Dergisi*. <https://doi.org/10.26466/opus.907851>
- Diamond, G., & Josephson, A. (2005). Family-based treatment research: a 10-year update. *Journal of the American Academy of Child and Adolescent Psychiatry*, 44(9), 872-887. <https://doi.org/10.1097/01.chi.0000169010.96783.4e>
- Eaton PM, Davis BL, Hammond PV, Condon EH, McGee ZT. Coping strategies of family members of hospitalized psychiatric patients. *Nursing Research and Practice*, 2011; 2011:1-12.
- Fidan, Y.T. (2011). Bir çocuk-ergen ruh sağlığı ve hastalıkları polikliniğine başvuran çocuk ve ergenlerin ruhsal belirtileri ve risk faktörlerinin değerlendirilmesi. *Konuralp Tıp Dergisi*, 3(1): 1-8.
- Gopalan, G., Goldstein, L., Klingenstein, K., Sicher, C., Blake, C., & McKay, M.M.(2010). Engaging families into child mental health treatment: updates and special considerations. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 19 (3), 182-196.
- Hafetz, J., & Miller, V.A. (2010). Child and parent perceptions of monitoring in chronic illness management: A qualitative study. *Child: care, health and development*, 36(5), 655-662. <https://doi.org/10.1111/j.1365-2214.2010.01102.x>

- Harden, J. (2005). "Uncharted Waters": The Experience of Parents of Young People With Mental Health Problems. *Qualitative Health Research*, 15, 207–223. <https://doi.org/10.1177/1049732304269677>
- Honey, A., Alchin, S., & Hancock, N. (2014). Promoting mental health and wellbeing for a young person with a mental illness: Parent occupations. *Australian occupational therapy journal*, 61(3), 194–203. <https://doi.org/10.1111/1440-1630.12111>.
- Kabasakal, Z. ve Arslan, G. (2014). Ergenlikte görülen anti-sosyal davranışlar, psikolojik sağlamlık ve aile sorunları arasındaki ilişki, *Uluslararası Hakemli Aile Çocuk ve Eğitim Dergisi*, 2 (3), 76-90.
- Kaplan, Y., & Ak, T. (2018). Ergenlerde Psikolojik Belirtiler ve Problem Davranışlarda Anne-Baba Tutumlarının Rolü. *Türkiye Bütüncül Psikoterapi Dergisi*, 1(2), 154-171.
- Kızılpınar, S.Ç., Çolak, B., Atak, F.B., & Bedriye, Ö. (2019). Ergenlerde anne baba tutumlarının içselleştirme ve dışsallaştırma bozuklukları ile ilişkisi. *Kriz Dergisi*, 27(2), 63-70.
- Kim, E. (2013). Korean American parental depressive symptoms and children's mental health: the mediating role of parental acceptance-rejection. *Journal of pediatric nursing*, 28(1), 37–47. <https://doi.org/10.1016/j.pedn.2012.04.004>
- Livesey, C. M., & Rostain, A. L. (2017). Involving Parents/Family in Treatment during the Transition from Late Adolescence to Young Adulthood: Rationale, Strategies, Ethics, and Legal Issues. *Child and adolescent psychiatric clinics of North America*, 26(2), 199–216. <https://doi.org/10.1016/j.chc.2016.12.006>
- Masulani-Mwale, C., Kauye, F., Gladstone, M., & Mathanga, D. (2018). Prevalence of psychological distress among parents of children with intellectual disabilities in Malawi. *BMC psychiatry*, 18(1), 146. <https://doi.org/10.1186/s12888-018-1731-x>
- McKay, M. M., & Bannon, W. M. Jr. (2004). Engaging families in child mental health services. *Child and adolescent psychiatric clinics of North America*, 13(4), 905–vii. <https://doi.org/10.1016/j.chc.2004.04.001>
- Miklowitz, D. J., Peris, T. S., & Lord, C. (2020). Helping Families to Understand and Cope With Psychiatric Disorders in Childhood-Beyond Basic Facts. *JAMA psychiatry*, 77(4), 433–434. <https://doi.org/10.1001/jamapsychiatry.2019.4812>
- Mukhtar, M.H, Unde, A..A, & Maria, F.J. (2023). Communication Between Mothers and Children with Mental Disorders. *International Conference on Advance & Scientific Innovation*, 262- 272.
- Moses T. (2011). Parents' conceptualization of adolescents' mental health problems: who adopts a psychiatric perspective and does it make a difference?. *Community mental health journal*, 47(1), 67–81. <https://doi.org/10.1007/s10597-009-9256-x>
- Naughton, J. N. L., Maybery, D., & Sutton, K. (2018). Review of Child and Adolescent Mental Health Recovery Literature: Concordance and Contention. *Journal of Psychosocial Rehabilitation and Mental Health*, 5(2), 151-158. <https://doi.org/10.1007/s40737-018-0119-z>
- Önder, A., Kavurma, C., Çelmeli, G., Adanır, A.S., & Özatalay, E. (2018). Obezite tanılı çocuk ve ergenlerde psikopatoloji, yaşam kalitesi ve ebeveyn tutumlarının değerlendirilmesi. *İzmir Dr. Behçet Uz Çocuk Hastanesi Dergisi*, 8(1), 51-58. <https://doi.org/10.5222/buchd.2018.051>
- Pompeo DA, Carvalho A, Olive AM, Souza MGG, Galera SAF. Strategies for coping with family members of patients with mental disorders. *Rev. Latino-Am. Enfermagem*, 2016; 24:e2799. doi: 10.1590/1518-8345.1311.2799
- Sabatelli, R. M. & Bartle, S. E.(1995). Survey approaches to the assessment of family functioning: conceptual, operational, and analytical issues, *Journal of Marriage and Family*, 57 (4), 1025-1039.
- Saroca, K., & Sargent, J. (2022). Understanding Families as Essential in Psychiatric Practice. *Focus (American Psychiatric Publishing)*, 20(2), 204–209. <https://doi.org/10.1176/appi.focus.20210035>
- Saydam, R., & Gençöz, T. (2005). Aile ilişkileri, ebeveynin çocuk yetiştirme tutumu ve kendilik değerinin gençler tarafından belirtilen davranış problemleri ile olan ilişkisi. *Türk Psikoloji Dergisi*, 20(55), 61-74.
- Shenton, A.K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2): 63-75. <https://doi.org/10.3233/EFI-2004-22201>
- Sümer, N., Aktürk, G.E., & Helvacı, E. (2010). Anne-Baba Tutum ve Davranışlarının Psikolojik Etkileri: Türkiye'de Yapılan Çalışmalara Toplu Bakış. *TPY Dergisi*,13, 42-59.
- Rey, M.J., Walter, G., Plopp, M.J., & Denshire E. (2000). Family environment in attention deficit hyperactivity, oppositional defiant and conduct disorders. *Australian and New Zealand Journal of Psychiatry* 34,453- 457.

Yıldırım, A. ve Şimşek, H. (2013). Nitel araştırma yöntemleri (9. Baskı). Ankara; Seçkin Yayıncılık.

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