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Family Emotional Support Strategies for Adolescent Depression

Tang Qianqian, Farhana Kamarul Bahrin*
School of Social Sciences, Universiti Sains Malaysia, Pulau Pinang, Malaysia

Abstract

The risk of depression among Malaysian adolescents has been on the rise in recent years. Families, as the key to preventing depression in adolescents, should pay attention to the mental health of adolescents, improve family functioning, and strengthen emotional and other aspects of support. This research explored the relationship between family emotional support and adolescent depression, focusing on strategies to enhance family emotional support, and the impact of family emotional support. This is a qualitative study where depressed adolescents from the Tzu Chi Life Care Group in Penang were selected and semi-structured interviews were conducted with twelve respondents finally the interviews were coded and summarized using thematic analysis. According to research findings, enhancing family emotional support can help increase the resilience of depressed adolescents and families, thereby alleviating adolescent depression and improving mental health. The intervention of social workers through professional methods has helped families respond to the emotional needs of depressed adolescents, respect their personalities, optimize parenting styles, and increase family interactions, which has helped to increase family emotional support for depressed adolescents. Social workers served as a bridge to intervene in family services for depressed adolescents. In the future field of adolescent mental health services in Malaysia, the emphasis on the introduction of social workers and family support may be more conducive to the alleviation of adolescent depression.

Keywords: *Adolescent Depression, Family Emotional Support, Mental Health, Social Work.*

Introduction

As medicine, psychology and psychiatry continue to develop and mental health is taken seriously, the depressed population is coming to the public's attention. The World Health Organization considers depression to be a common mental disorder that causes persistent low mood and loss of interest in things. Severe depression can also lead to suicide or death. Depression is currently the leading cause of disability around the world [1]. Over the past 20 years, the global point prevalence of self-reported elevated depressive symptoms was 34%, and the prevalence of increased depressive symptoms among adolescents increased to 37% from 24% a decade ago [2]. According to epidemiologic statistics, the prevalence of depression is particularly significant in younger age groups. The peak age of incidence is concentrated between 15 and 29 years of age, and there is a trend towards a younger age group [3]. According to the NIMH (National Institute of Mental Health), 5 million U.S. adolescents ages 12 to 17 experienced at least one major depressive episode in 2021, and more than half had been seriously impaired by a major depressive episode in the past year. The prevalence of major depressive episodes is higher among adolescent females (29.2%) than males (11.5%) [4].

Most studies have shown that adolescent depression is the result of an interaction between genes and environment, with a family genetic history of depression and stressful environments being the main triggers [5]. The onset of depression in adolescence is influenced by the interplay of multiple changes in

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****Corresponding Author: farhanabahrin@usm.my***

hormones, brain development, psychosocial cognition, and other factors. One study found that youth enter adolescence unable to develop well-developed psychological mechanisms to cope with changes in their physical and social roles, and are vulnerable to depression when they have difficulty coping with the risks posed by negative self-concern, anxiety, and interpersonal conflict [6]. Frequently, psychological problems are more insidious than physical problems. A study by the National University of Singapore shows that 1 in 3 adolescents report depression, and anxiety but only 10% of parents can spot mental health issues [7]. Adolescents may exhibit different symptoms of depression than adults, as it can be difficult to tell if an adolescent with behavioural changes is depressed, resulting in them not being properly diagnosed [8]. The current high incidence of depression in adolescents is not being emphasized or alleviated. In the future, the Black Dog Institute considers that poor sleep quality, loneliness and lack of supportive social networks may be contributing to depressive symptoms in young people [9].

This research defines the age of adolescents as 13 to 17 years old, using the NHMS (National Health and Morbidity Survey) 2022 as a reference. There are about 5.5 million adolescents in Malaysia, and one in four of them feel depressed, a significant increase from one in five in 2017 [10]. One in eight of them had had suicidal thoughts, and one in ten had attempted suicide; and the survey shows that teenagers receive limited support from their parents, with only 24% of parents being able to understand their children's problems and worries [11]. In a secondary school study from Malaysia, it was shown that adolescent depression is on the rise in general, with girls typically suffering twice as many depressive symptoms as boys, and that gender, loneliness, bullying, smoking, and lack of parental supervision are important determinants of adolescent depressive symptoms [12]. In other studies, it has also been found that depressed Malaysian adolescents with less parental contact have a higher risk of suicide and that students from single-parent families are twice as likely to be depressed as those from two-parent families [13] [14]. Different parenting styles also affect depression levels in adolescents, with one study finding that neglectful, violent, and authoritarian parenting styles were associated with high levels of depression in their children [15]. Parental verbal aggression and multiple stressful events are risk factors for depression in adolescents, and it is worth noting that when parental warmth and verbal aggression occur frequently at the same time, adolescents' internal insecurities are increased and they are more likely to fall into depression [16]. The results of these studies support the idea that interventions for depression in adolescents cannot be limited to the individual, but also to improvements in parent-child affection and enhancement of family support for the depressed individual. Wu Liyin et al. also suggested that adolescents' mental health is affected by family, school and regional economy and that family neglect and poor interpersonal interactions can easily cause adolescents to develop immoral behaviours and unhealthy mentalities; therefore, the development of proper mental health education in family and school is very important for the healthy development of adolescents' mental health [17].

These studies and data surface that adolescents need adult guidance more than ever to understand all the emotional and physical changes they are going through. Parents or guardians due to take early action against emotional distress in adolescents. In family systems, emotional experiences between members are cross-influenced, and children's dependence on their parents is influenced by the closeness of the parents to the child, as well as by the quality of the marriage between the parents [18]. Most of a child's emotional regulation comes from observing his or her parents and is influenced by a variety of factors

such as parent-child attachment, parenting style, and family member expressivity. Deficits in emotion regulation can be a risk factor for depression in adolescents [19]. Family dysfunction (including affective responses and affective involvement) affects adolescents' self-perceptions and interpersonal relationships, which may lead to depression [20]. Earlier Morris et al. have suggested that critical emotional expressions from parents are more likely to increase a child's risk of future mental illnesses such as depression [21]. A person who grows up in a cold, more aggressive and neglectful hurtful family environment may feel less secure in relationships and less able to express emotions properly. Research has found that families of depressed adolescents display more anger than the average family and that a network of negative emotions is formed between families within the family, with parents' expressed anger interacting with their children's agitation, reflecting the impact of family affective interactions on adolescent depression [22]. On the contrary, positive parental expressions of emotion can help improve a child's emotional regulation and pro-social behaviour [21][23]. A study suggests that increased resilience can help reduce anxiety and depression and that key factors in strengthening resilience in adolescents include family cohesion and support from family and peers [24]. This is supported by another study that improving family conflict and increasing the emotional security of the family system can help promote adolescent mental health [25]. Family adversity in childhood has an impact on adolescents' self-injurious behaviours and this impact can be reversed [26]. Improving family functioning can be effective in reducing depression and suicidal tendencies in adolescents.

Parents have a great deal of subjective initiative when it comes to enhancing the security of affection. Fathers and mothers, with positive behavioural management and autonomous psychological control, can reduce the level of depression in both girls and boys as they enter adolescence [27]. Encouraging parenting and free, supportive emotional expression are more likely to reduce children's perception of stress and increase their self-esteem, thus enhancing their mental health [28]. Staying in close contact with parents helped to reduce adolescents' feelings of isolation, resulting in fewer mental health symptoms [29]. Parents can also help their children to connect with other relatives or friends, identify social risks around them and avoid transgressive behaviours; parents themselves need to discipline their behaviour, as parents with negative behaviours such as substance abuse and domestic violence will hurt the physical and mental health of adolescents; and conflict between family members can lead to negative emotions that children find difficult to cope with [30][31].

In reducing adolescent mental health problems, many of the psychosocial interventions proposed by scholars have been validated as effective. Some analyses point to the need for greater attention to emotion regulation in interventions for adolescent psychosis. [32]. Daros et al. found that positive psychotherapeutic interventions, such as Cognitive Behavioral Therapy (CBT), dialectical behavioural therapy, and emotional regulation therapy, can improve young people's emotional regulation skills (including increasing positive emotional experiences, reframing negative cognitions, and avoiding negative ways of thinking), thereby improving symptoms of depression and anxiety [33]. The mindfulness-based stress reduction is prospective in reducing depressive symptoms and can be widely used in the treatment of depression in young people [34]. The mindfulness-based interventions have a positive impact on depression, anxiety and negative behaviours and help to improve adolescents' mental health [35]. An Internet-based psychodynamic therapy centered on effect and incorporated attachment theory to

reflect on and identify crises brought about in attachment relationships [36]. Findings suggested this intervention reduces negative emotion avoidance and facilitates self-control and regulation, thereby alleviating depression and anxiety in adolescents.

With the risks of depression becoming more and more known, adolescents will not be the only clients receiving depression interventions, and mental health interventions are spreading from internalization to externalization. Anouk Spruit et al. proposed that insecure attachment relationships are a risk factor for depression in adolescents and that attachment insecurity often precedes the development of depressive symptoms [37]. Positive family relationships, emotional support and high levels of family cohesion, on the other hand, are conducive to improved adolescent mental health and can reduce the risk of depression [38]. Thus, addressing crises in attachment relationships is a critical part of intervening in depression. In attachment-based family therapy, is by repairing the broken attachment relationship between the adolescent and the parent, helping the adolescent to turn the parent back into a support that can be sought out for help. This model of intervention can significantly reduce suicidal and depressive symptoms [39]. Current mainstream interventions to reduce attachment insecurity are still focused on the individual depressed adolescent, and Khademi et al. showed that long-term psychodynamic interventions had a positive effect on improving insecure attachment styles in depressed patients and that therapists improved patients' impaired emotion regulation by de-idealizing, encouraging self-expression, and re-self-evaluation [40]. The psychodynamic approach focuses on the concept of the "self", and when it is temporarily difficult for families to re-establish secure attachment with depressed adolescents, this intervention can help adolescents become aware of internal conflicting needs and sensitivities about relationships, leading to self-acceptance. Attachment Secure Initiation can also be used as an intervention for adolescent depression, where a secure attachment environment is simulated through language or pictures, etc., to regulate emotions in place of the lack of attachment to the family [41]. However, when conditions allow, perhaps the inclusion of direct parental involvement in the intervention is more likely to improve attachment. Through Koehn and Kerns' research, it was found that parents can increase the security of parent-child attachment relationships by taking more positive parenting actions and providing emotional support, such as responding to their children's needs, encouraging their autonomy, disciplining their behaviour, and decreasing harsh punitive measures [42]. It is also important not to intervene with one of the parents or adolescents alone in improving emotional support and the security of the attachment relationship; the parents should be involved in the overall intervention. Interventions that include parental involvement (e.g., Cognitive Behavioral Therapy, Systemic Family Behavioral Therapy, Attachment-Based Family Therapy) are effective in improving the mental health of depressed adolescents through improved family functioning enhanced family communication and firm parental emotional support [43]. Although the establishment of family attachment security takes longer, it is a significant intervention for depression. It is important to note that parental attachment does not come from only one of the fathers or mothers, and research has shown that fathers and mothers involved in parenting together help promote adolescents' pro-social behaviours and build safer attachments with their children [44]. It is therefore important for both parents to provide complete parenting for adolescents, and parenting is not the responsibility of one parent.

Some scholars have confirmed the effectiveness of systemic interventions (e.g., family-based interventions, therapy, and training) for adolescents with mental health

problems through meta-analysis [45]. This suggests that effective interventions for depressed adolescents are the result of the combined efforts of the adolescent, family, and others involved (e.g., social workers, and teachers). Relevant interventions are specified below. American scholars have proposed the Strengthening Families Program (SFP), which provides family skills training for parents and children separately, with children learning skills such as interpersonal and emotional regulation and parents learning positive parenting skills, which has been effective in improving family relationships and adolescent mental health [46]. A single-session intervention such as providing parents with tailored parenting strategies through an online platform was supportive of intervening in adolescent depression [47]. The Early Adolescent Skills for Emotions (EAES) intervention has also been developed for adolescents amid adversity, with a curriculum that includes not only mindfulness-enhancing skills for adolescents, but also provides supportive parenting sessions for parents and other caregivers, an intervention that is effective in alleviating adolescent depression, anxiety, and psychological distress, with the advantage of being short-term and not emphasizing the involvement of a professional [48]. Psychoeducational interventions can change individual and parental misconceptions about depression and improve society's overall mental health literacy by providing detailed mental health information about the management and prognosis of depression, which in turn can help to address shame, provide interpersonal support, and improve adolescent depressive symptoms [49][50]. The family-based BEST MOOD intervention improves the mental health of parents and adolescents together, coaching parents in self-care and stress management to boost parental confidence. Adolescents are also directly involved in coping with depressive symptoms through behavioural activation. This intervention, which views the family as a whole and aims to increase family cohesion and healthy attachment relationships, is more effective than conventional treatment in alleviating adolescents' depressive symptoms [51].

However, these studies have their limitations. Although scholars have optimized and improved a variety of psychosocial interventions, there is a lack of professional evaluation indexes to verify the effectiveness of the interventions, and they are easily affected by various factors of the subjects in practice. The diverse factors which affect the replicability and specialization of interventions, so in subsequent studies, psychosocial interventions should focus on adapting to differences such as culture and environment and increasing systematic human synergy [52]. Moreover, the boundaries between these emerging interventions and previous CBT interventions are blurred, and most of them only play the single function of controlling cognition or controlling behaviour, which needs further innovation and optimization. This also corresponds to the meta-analysis by Eckshtain et al. where psychosocial treatment outcomes for adolescent depression did not improve significantly over thirteen years [53]. While most research has been conducted in schools, adolescents outside of the school setting are also very important to study. Detailed interventions targeting the home environment have had a research gap in recent years, which is not conducive to understanding the mental health of marginalized adolescents. Most of the interventions need to be maintained for more than 6 months to show their effectiveness, and lack of adequate follow-up time can affect the accuracy of study results. Since mental health problems are inherently long-lasting, they cannot be rushed either.

What role social workers, as an emerging role, can play in mental health services is something we can find out through some research. The services of social workers

emphasize the improvement of the functioning and the satisfaction of needs of individuals and society; social workers as counsellors and educators can help depressed people face stress through different coping strategies, as intermediaries they can connect depressed people with external resources, and as facilitators, they can call on society to increase its attention to depression; as a kind of social support, social workers are of great significance to people with depression [54]. Social workers have three main roles in the health care system, namely providing behavioural health interventions, management of care, and engaging with other agencies on behalf of the patient [55]. Trained social workers can also provide simple mental health interventions (e.g., cognitive-behavioral therapy and problem-solving therapy) to clients, and the involvement of social workers can improve the quality and efficiency of care. It has been shown that social workers in interdisciplinary teams play a critical role in improving psychosocial needs and poor mental health outcomes in health systems that cannot address mental health problems and poor social relationships [56]. A multidisciplinary and transdiagnostic model of mental health care, suggests that the promotion of adolescent mental health focuses on strengthening the strengths, capacities, and resources of individuals and communities and that interventions need to be adapted to the specific sociocultural context, and that the scope of many of these interventions currently has expanded from personality and substance use to family support [57]. Social workers and other mental health professionals should enhance dialogue and join forces to emphasize early prevention and develop integrated and multidisciplinary service models.

Materials and Methods

The study was conducted in the Life Care Group of the Buddhist Tzu-Chi Merits Society Malaysia Penang. The study population was selected from the current clients of the Life Care Group and the target group was Malaysian adolescents aged 13-17 years old with depression and their families. Twelve respondents were selected for this study to participate in the interviews. These respondents were selected from the Tzu Chi Life Care Group through convenience sampling. Convenience sampling was chosen since there are fewer mental health-related NGOs in Penang and the sample eligible for the study was not easily accessible. We have obtained Tzu Chi's consent to collect data from the cases, so the study selected four optimal cases from the cases currently contacted by the group's social workers through convenience sampling for an in-depth study. Respondents were selected from four eligible cases, including the clients, family members, and Tzu Chi volunteers. The clients are girls between the ages of 13 and 17. We did not specifically select the gender of the clients, but in the cases that Tzu Chi has taken over, girls account for the vast majority of depressed adolescents. So, the sample of respondents showed this result. The conditions for the selection of the sample were proposed based on the conceptual framework of the study, and these underlying conditions, it help the social worker to verify the effectiveness of the intervention by comparing whether the client has changed in the later stages of the intervention. We conducted semi-structured interviews with respondents, transcribed the conversations into text, coded the interview data, and used thematic analysis to sort the data. Each interview lasted from half an hour to an hour, and because the respondents were Chinese, the interview conversations were conducted in Chinese and translated into English when transcribed. Thematic analysis is a qualitative research method that provides the flexibility to deal with a wide range of data to generalize the experiences, ideas, or behaviours in the data [58]. Because this study uses to interview method to collect data and needs to deal with a large amount of conversation data,

the thematic analysis method will be used to find the focus and similarities and differences in the interviews to facilitate further processing of the relationship between the data. Coding was based on the researcher's subjective experience and previous literature references. We sorted and coded the respondents' interview conversations and then summarized similar responses to a question, ultimately summarizing the themes of the conversation and the answers to the interview questions. We discussed the relationship between these themes to further the impact of family emotional support and social work intervention on depressed adolescents and optimized subsequent social work practice.

Because the case involved a minor, when we interview a minor client, we are sure to obtain permission from his or her family beforehand, and all interventions are carried out with the permission and participation of the guardian. To protect the privacy of minors, we do not disclose information that may reveal the identity of the client, and we disguise private information. We numbered the respondents (R1-R12) to protect their real information from disclosure. This case information was used only for this research and for no other illegal purposes. We strictly enforced the relevant confidentiality agreements.

Results

Based on Table 1, the researchers interviewed a total of 12 respondents from four cases of depressed adolescents at Tzu Chi. The four selected cases were able to fulfil the following study conditions: (i) between the ages of 13 and 17 (refers to depressive clients); (ii) depression was diagnosed at the hospital; (iii) having problems getting along with his/her family; (iv) parental involvement in the intervention; and (v) voluntary participation. To fully grasp the status of case completion, the 12 respondents consisted of 4 clients, 4 family members of the clients, and 4 Tzu Chi volunteers. Based on their interviews, we coded and thematically analyzed the content to further explore family emotional support strategies for depressed adolescents.

Table 1. Respondents' Information Codes

Code	Gender	Role	Age
R1	Female	Client	14
R2	Female	Client’s mother	38
R3	Female	Case volunteer	43
R4	Female	Client	15
R5	Female	Client’s mother	42
R6	Female	Case volunteer	50
R7	Female	Client	13
R8	Female	Client’s mother	40

R9	Male	Case volunteer	45
R10	Female	Client	13
R11	Female	Client's grandmother	65
R12	Female	Case volunteer	46

Through the intervention, we found that there was a lack of emotional support in the family, and all the families interviewed had neglected the depressed adolescents, lacked sufficient companionship, and ignored the emotional needs of their children. Verbal or physical violence was present in half of the families. The other part of the families was controlling and deprived the children of their autonomy. To remedy these deficiencies, we targeted parents with interventions that trained them in emotional control and skills for spending time with their depressed children. After being involved in an intervention for emotional management, participants R2 and R5 made some changes.

R2 *"In fact, after using the communication skills I learned and starting to patiently communicate with my child I realized that her world is also very simple, she just needs me to pay more attention to her and identify with her feelings, we are less likely to fight. I used to spend more time taking care of my youngest son, and I neglected her emotional needs. After I changed this, we became closer, and she has a better relationship with her brother, she doesn't lock herself in her room, and she often takes the initiative to bring her brother to play with her. I also feel a bit more relaxed."*

R5 *"I have learnt how to get along with my child. Before, I always felt that my child was too old to be in close contact with me, and I could not help losing my temper with my child, but after I learnt how to write letters from the social worker, I can control my temper gradually, and I seldom get angry with my child anymore. When my child is in need, I try to calm her down by hugging her. I used to be more resistant to intimate contact, but the Tzu Chi volunteers have helped me to get through my psychological knot."*

Correspondingly, their children developed some of the same changes.

R1*"I think my mom has become more open-minded and we get along more like friends now. She also listens carefully to what I say and gives me some appropriate responses, unlike before when she was always perfunctory. It's made me more confident in communicating with other people, and I'm not as afraid of attention as I used to be."*

R4 *"I feel like I can control my emotions better, I couldn't help but smash things and lose my temper before, but I rarely do that now, mainly because the things that make me feel dissatisfied have become fewer as well, because my family is very considerate of my ideas and will do things, I like with me."*

The effects of the intervention were still evident, with all interviewed clients feeling that the biggest change in their families was an increase in time spent with them and a decrease in loneliness. The second was the family's understanding, which made them feel loved and respected. It is worth noting that emotional support from parents had a greater impact on depressed adolescents compared to support from siblings and other relatives, making them feel more important to their families.

R4 *"I had more time to spend with my family when I suspended* my *studies., they were very accommodating to me. And we've gotten to go out more together, and even though I can't go*

to school, my family has been there for me, and I don't feel very lonely."

R7 *"I learned how to communicate with my mom and it helped me recover from my depression. In the past, my mom could not listen to what I said, but the uncles and aunts from Tzu Chi talked to my mom with me, so that my mom could understand and respect my ideas, and I think it is much better than for me to talk about it alone. For example, on the issue of cutting my hair, since the last time the social worker's sister helped me to emphasize my request to my mom, she has not pushed me to cut my hair short anymore."*

R10 stated that her brother used to be grumpy with her, but after the intervention, they got along better. *"My brother didn't tease me or beat me anymore and could feel that he loved me. I also haven't fought with my brother for a long time and didn't make him angry. In fact, everyone in my family cared about me and I could feel that I was loved by them. Mom loves me too, even though she rarely comes home."*

Since the changes produced in each family were varied, we categorized them into four types, optimizing parenting styles (e.g. reducing blame, anger control, more patience), increasing family interaction (e.g. increasing physical contact such as hugging, family meetings, more companionship), responding to the emotional needs of the adolescent (e.g. listening carefully to what the children share, saying "I love you" more often, increasing knowledge of depression) and respecting the adolescent's personality and preferences (stopping prying into children's privacy, reducing restrictions on children and respecting children's interests).

R2 *"The most immediate change I made was to respect my child's privacy, or you could say out of sight, out of mind, haha. After talking to you guys so many times and understanding that a kid needs her own space to grow up, respecting her privacy is also supportive for her. Anyway, I don't supervise her phone anymore, I don't know exactly who she knows and what she does, but at least we don't fight all the time. And I don't see her self-harming behaviour anymore, so that's fine for now."*

R8 *"I feel like my child is more understanding and doesn't want me to worry about a lot of things, and in the past, I was responsible for her not going to school. But now that she can go back to school, I don't put pressure on her, and I allow her to do whatever she wants to do, as long as it's not too difficult, and I don't put any restrictions on her."*

R11 *"After talking to you I realized that this child has a sensitive heart and that I didn't pay too much attention to her skin problems before, ignoring this level of concern she has for her appearance during puberty. Now we are also learning how to show her love, tell her that her family loves her, and make her realize that her existence has meaning. We try to say these things to encourage her."*

Based on the children's feedback, two of the most important were increased family interaction and responding to emotional needs, and this interactive family relationship had a stronger positive impact on depressed adolescents.

R1 *"I was most impressed with the family meeting where my mum took the initiative to apologize to me for peeking at my phone, and I wanted to cry at that time. I don't know how many times I've argued about this, and every time I don't say anything after the argument, I don't think I'm at fault. But she took the initiative to apologize and I would want to forgive her because she is my mum and cares about me because she loves me and she was willing to apologize to me and I should understand her. Being able to talk to my mum from the heart in meetings, and my mum being able to listen, would lead to fewer fights."*

R11 *"I have spoken to her at least three times a week according to the homework, caring and loving words. I have also taught her brother to understand her, not to bully her, and to try to mediate between them. Now she has also taken the initiative to care about the family. Maybe it*

was because we have been showing her love, she is now obviously much more confident than before, she doesn't doubt herself so easily, and she dares to make new friends at school without fear of others' judgment. Her self-harming behaviour has also been under control and is slowly decreasing, and the doctor has allowed her to reduce her medication, so she should be getting better."

However, there is no evidence that optimizing parenting styles and respecting adolescents' individuality and preferences is not generalizable, as we also found that other families originally had these behaviours and therefore could not control for these variables. So, each family needs to choose the right strategy for their situation.

Discussion

Optimize Parenting Styles

In our research, we summarized behaviours such as reducing blame, anger and violence and increasing patience and attention as optimization of parenting style. We learned from the interviews that parents' reduction of blaming and controlling emotions is related to the reduction of negative emotions in depressed adolescents, which confirms the previous view. The direction of the social worker's intervention is to shift parenting from authoritarian to democratic. According to the feedback from the survey respondents, sibling relationships are also associated with depression in families with many children. When dealing with teen depression, parents can't limit themselves to changing their children, but they also need to change their parenting styles, and more supportive interactions with their children, and less questioning and avoidance of their children, are more likely to help improve their mental health [59]. Violent behaviour is all the more important to resist, not only physical violence but also verbal violence, which is detrimental to the mental health of adolescents. When social workers perceived violent behaviour (both physical and verbal) from parents and siblings in their interventions, stops and corrections were quickly proposed. It has been shown that the more parental violence an adolescent experiences, the greater the risk of future psychological problems, including depression, and substance abuse, and that domestic violence is learned intergenerationally, whereas adolescents who are bullied by their siblings are also more likely to be subjected to school bullying [60]. Especially in multi-child families, parents need to balance their attention to their children and actively attend to the mental health of their depressed child. Parents are the mirror of their children, and before disciplining their children, they should discipline themselves and provide great family support by modelling positive behavioural norms and emotional management for adolescents.

Increase Family Interactions

The majority of respondents in the research agreed that children became more optimistic and happier when there was more family interaction and parents spent more time with their children. Our interviews revealed that increased physical contact, family trips, family meetings, and companionship were all ways to increase family interaction. Social workers in their interventions encouraged parents to spend more time with their children and increase their intimacy in these ways. Research by Trong Dam et al. found that adolescents suffering from loneliness or isolation in the family can affect well-being in life, which in turn affects personal self-esteem and increases the risk of developing psychological problems such as depression and anxiety [61]. In previous studies, reported that positive parent-child interactions were more likely to reduce depressive symptoms and improve well-being and mental health in older adolescents. This is consistent with our findings [62]. Even if some parents need to be away from their children because of work or other reasons, they can keep in touch through online media or phone calls to

let love overcome distance. Although adolescents no longer spend as much time with their parents as they did as kids, parent-child interactions are still essential for them, and positive companionship is one of the ways they feel emotional support from their families.

Respond to the Emotional Needs of Adolescents

Our findings supported that parents responding positively to their adolescents' emotional needs can help reduce adolescents' emotional internalization disorders and promote mental health. In their interventions, social workers helped parents acquire listening, positive communication and expression of love skills with their depressed adolescents through training. Attentive listening, expressions of love, and increased knowledge about depression can lead to a reduction in parent-child distance, thereby enhancing family emotional support for adolescents. One study has confirmed that parents actively listening to their adolescents' self-disclosure can increase their adolescents' self-esteem and well-being, and increase the intimacy of the parent-child relationship [63]. The parents should encourage adolescents to share their feelings and strengthen the emotional bonds of the family, which is important for improving adolescent mental health [61]. The conclusion is based on Maslow's theory of needs, that emotional needs cannot be prioritized when adolescents' basic needs are not met [64]. They reported that depressed adolescents from families with poor economic levels had decreased levels of depression after working as adults. On this point, whether family finances affect adolescent depression was not explored in our research, which needs to be confirmed by longer-term studies. But all needs exist simultaneously, and even if emotional needs are not a priority, they are very important for adolescents' mental health.

Respect for Adolescents' Individuality and Preferences

In our research, some of the adolescents' conflicts with their families lie in the fact that they are not understood by their parents and do not feel respected by their families. As self-awareness flourishes during adolescence, parents need to learn to respect their children's individuality and preferences and can provide appropriate guidance to prevent their children from going astray. However, too much interference will reduce the teenager's trust and dependence on the family and worsen the parent-child relationship. Previous research can support our findings. Strict behavioural and psychological control by parents will foster anxiety, depression, and suicidal feelings in adolescents; conversely, caring, appropriate supervision, and respect for autonomy contribute to adolescent mental health [65]. The service philosophy of social workers is also one of respect for individualization and unconditional acceptance, so this helps social workers to better enter the hearts of depressed adolescents. Costa et al. also found that supportive parenting and respecting children's autonomy contribute to promoting adolescents' social and adaptive skills, building self-confidence, reducing negative emotions, and engendering harmonious family relationships [66]. These findings could suggest that parental respect and concessions to autonomy are also a form of emotional support for adolescent mental health.

Implications of Family Emotional Support

At the end of the intervention, clients performed well in terms of increased self-identity, emotion management, positive cognitive and behavioural changes, and reduced problems with internalizing emotions. But changes vary from person to person, and it's not clear if these manifestations affect each other. A meta-analysis similar to our findings concluded that personal resilience-enhancing

factors encompassed cognitive and academic performance, emotion regulation, social interaction, and self-concept and that resilience-enhancing factors such as improved family cohesion, positive family climate, parental support, and positive parenting were beneficial to adolescent mental health resilience [67]. In the four families we interviewed, all children showed a resumption of schooling and enhanced self-focused, increased socialization behaviours. We inferred that family emotional support was more helpful for adolescent resilience in terms of emotional and socialization. This needs to be validated with more data from subsequent studies. But Gallagher and Miller offered a different perspective, that family support or family functioning may not be an indicator of resilience for adolescent suicide-related behaviors, although functions such as family communication do have a protective effect. Certainly, the factors that represent family functioning are complex, and family emotional support is something that can serve as a complement to the emotional functioning of the family and provide a pathway to the feasibility of our interventions [68].

The entire family is more conducive to increased psychological resilience in adolescents than support from individual family members [67]. Thus, the exploration of resilience extends from the level of the individual adolescent to the level of the family. Family resilience is a comprehensive concept, of which this research only explores a part. We found that enhancing family emotional support was associated with strengthening family members' attachment, improving understanding, rationalizing the distribution of family responsibilities, and reducing family conflict. We summarize these performances as increased family cohesion as well as enhanced family resilience. Our findings are consistent with previous research in which Fosco and Lydon-Staley found that cohesive, supportive family relationships provide adolescents with positive emotional values and a sense of well-being, which fosters long-term resilience [69]. These findings support that enhanced family emotional support is not only beneficial for depressed adolescents but is also helpful in harmonizing the family atmosphere and strengthening family emotional bonds. Hence for the intervention of depressed adolescents, parents, siblings and other family members could be actively involved to promote family resilience.

Implications of Social Worker Intervention

The social worker intervened in these cases and played an intermediary role of coordination, education, and empowerment. The social worker's intervention transformed the family's influence on the client from a source of stress to a resource that provided emotional support. The use of CBT by social workers in interventions was significant in improving emotional internalization disorders in depressed patients and in increasing parents' understanding of their child's depression, learning communication skills, and making positive behavioural changes. This supports previous research that CBT helps improve adolescents' negative self-perceptions and catastrophic thinking, and identifies problematic behaviours to reduce behavioural and cognitive dissonance by learning adaptive strategies [70][71]. The study also shows that the use of IPT by social workers can be effective in helping client families identify the link between family interpersonal disputes and adolescent mental health, with a focus on learning effective communication skills to express their own needs while understanding the needs of others and reaching consistent communication. The IPT intervention model drew on the psychotherapeutic approach mentioned by Laura, in which the social worker assisted the parents and the adolescent in learning new communication skills and practising them continuously to resolve

interpersonal conflicts and reduce emotional barriers [72]. However, in this case, the client's interpersonal relationship was relatively simple, so the role of IPT was somewhat limited. In addition to the use of theories, this study also demonstrated that social workers' use of family meetings as an adjunctive intervention strategy helped all family members to engage in problem-solving and improved communication between the client and family. Family meetings provide a resilient space for family members and a platform for practising communication skills, which improves family cohesion [73].

In our research, the advantage of the social worker intervention over the ordinary intervention is that the social worker mobilizes the power of the family, moving further from pushing for change in the individual and family members to mutual reinforcement. Social workers' attention is not only on reducing adolescent depression but also on raising family issues and assisting the whole family to make changes. Incorporating the support of family members in the process of alleviating adolescent depression improves the cohesion and resilience of the entire family, which also contributes to subsequent self-healing after the end of the intervention. Therefore, the involvement of social workers in adolescent mental health interventions makes sense and helps adolescents maximize the use of resources from the family, school, and community to improve the adaptability of emotional internalization.

Limitations

The study also still has some problems. This study employed a qualitative research methodology and used small sample sizes, so the results of the study were influenced by the choice of sample and were difficult to replicate under other conditions. The results of the study may be influenced by gender, personality, and family background. We have not discussed the differences in intervention effects in single-parent, two-parent, father-parenting, and mother-parenting families. It is hoped that more detailed data will be added in subsequent studies. Due to the difficulty in obtaining samples, rigour in controlling variables could not be achieved in this study. The results of this study were limited to girls, and no suitable sample of boys was found, so there is no way to know the effect of this finding on depressed boys. Two families were single mothers, and in one case the parents were not even present, so it could not be detected a difference between father and mother parenting, which will hopefully be improved in future studies.

Moreover, mental illness is constantly changing and is limited by the conditions of the study, and the fact that one client initiated the termination of the case, the social workers' intervention lasted only six months, and the intervals between return visits were not long enough to determine whether the intervention was effective in the long term. In some of the return visits, we found that the clients returned to school and suffered from school bullying, which exacerbated their depressive condition and affected the effectiveness of the intervention, which may require a new intervention program as well as the cooperation of teachers, classmates and parents. Meanwhile, Tzu Chi's group is not all social workers, some volunteers have received professional training, so the intervention process cannot be completely by the social worker's service process, which may have little impact on the results of the study. The shortcomings of this study can be refined by future related studies.

Nevertheless, the study still provides a reference value for social work development in the field of adolescents, families, and mental health. The study provided some case references from the social worker's perspective, explored the feasibility of social worker involvement in adolescent depression intervention, and provided a reference sample for future research. This study also further

brought social workers into public view and portrayed the roles of social workers more clearly. We expect that future research in the field of social work will be more refined, with social work characteristics and localization. Furthermore, in Malaysia, there are still a lot of shortcomings in the intervention of adolescent mental health, and this study re-emphasizes the dangers of depression and shows that there will be more and more NGOs like Tzu Chi focusing on the psychosocial issues and inviting more professionals to participate in the Life Care.

Conclusion

This research reported that enhanced family emotional support could help alleviate depressive symptoms and improve mental health in adolescents. We provide intervention strategies from social work perspectives, such as optimizing parenting styles, responding to adolescents' emotional needs, and helping to enhance family emotional support and family resilience. The study also confirmed the joint participation of family members in interventions for depressed adolescents helps to improve family functioning and enhance family emotional support, whereas increasing family attachment and resilience can help to alleviate adolescents' depressive symptoms. The intervention plans mentioned in the research also vary from person to person and need to be continually added to before they are suitable for replication. In addition to upgrading the intervention methods, enhancing adolescent mental health cannot be achieved without the concerted efforts of social workers, families, schools and the community, and more people need to be mobilized to join in.

The involvement of social workers has helped depressed adolescents make better use of family resources and has had a positive impact on strengthening adolescents' ties to their families. The service concepts and skills of social work can effectively supplement the lack of functioning of adolescent families, improve the concept of family education, and effectively pay attention to the mental health of adolescents. It is worth mentioning that there is still a lack of mental health education for adolescents in Malaysia, and that families, schools and communities do not pay enough attention to the mental health of adolescents. Families and schools should be the first echelon of intervention in adolescent mental health, so it is necessary to convey the correct perception of mental illness and preventive measures for families, which is also the direction of future intervention by social workers and other professionals. In intervening in adolescent mental health issues, Malaysian families still rely more on psychologists and counselors, and less on the integration of resources through the meso- and macro-systems, resulting in insufficient intervention power. We expect that more professionals (including social workers, community workers, and NGOs) can join in preventing adolescent mental health problems in Malaysia.

Furthermore, the development of social work teams in Malaysia is also a cause for concern, as there is currently a shortage of social workers in most parts of the country. The insufficient pool of professionals is not conducive to coping with the growing psychological problems of adolescents. The Malaysian government, universities and NGOs need to pay attention to the cultivation of social work talents, improve professionalism and complete the team of social workers. This will facilitate more professional social workers to join the youth mental health services.

Conflict of Interest

There is no conflict of interest in this study from either party involved.

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