

The Correlation Between Adolescent' Mental Health Status and Parental Support: A Quantitative Study

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ABSTRACT

Background: Parental social support serves as a protective factor for the mental health of adolescents. This study examines the correlation between parental social support—encompassing emotional, informational, instrumental, and companionship support—and the mental health condition of adolescents. **Methods:** This study employs a quantitative methodology utilising a cross-sectional design. Using purposive sampling, 93 unmarried teenagers aged 15 to 24 were selected as research respondents. The research instrument encompasses four categories of social support as delineated in Sarafino and Smith's theory, while mental health status is assessed using the DASS (Depression Anxiety Stress Scale) 21. **Results:** Emotional support (p -value=0.018) and informational support (p -value=0.032) showed a significant relationship with mental health status among adolescents. On the other hand, 83.7% of participants who experienced mild depression did not receive instrumental support from their parents. Instrumental and companion support do not constitute risk factors for mild depression in teens. They perceive parents as an uncomfortable source for dialogue and absent during challenging moments. **Conclusion:** Schools must perform regular mental health screenings, and parental involvement in counselling sessions is essential to foster a pertinent interaction among schools, parents, and adolescents to address mental health issues.

Keyword: Companionship support, Emotional support, Informational support, Instrumental support, Mental health

INTRODUCTION

Mental health significantly impacts daily living, including decision-making, cognitive processes, and behaviour. When an individual's mental health is compromised, their emotions may become erratic, frequently resulting in fatigue, ennui, dizziness, and challenges in social interactions. Mental and emotional issues in adolescents may arise from multiple variables, including familial context, peer dynamics, educational setting, neighbourhood surroundings, and social media influence (Fitri, Neherta and Sasmita, 2019).

Mental health issues are prevalent in Indonesia, particularly among adolescents who exhibit emotional instability and lack problem-solving skills. Adolescence is a period during which individuals frequently encounter stress, particularly after significant life events. Adolescents require increased attention due to their heightened susceptibility to mental disorders (Fitria Amalia Rochimah, 2020).

In 2018, the prevalence of emotional mental disorders among adolescents in Indonesia aged 15 years and older was 9.8%. This figure has risen by 6% compared to 2013. The prevalence of emotional and mental problems among individuals aged 15 to 24 was 10%. Data from 2019 indicated that 40.2% of adolescents aged 10-19 reported anxiety and depression problems, while 20.1% exhibited behavioural issues (UNICEF, 2021). Meanwhile, the Special Region of Yogyakarta (DIY) Province exhibits a depression incidence of 5.5% among those aged 15 years and older, while the prevalence of emotional mental disorders is 10.1% (The National Basic Health Survey, 2018). A preliminary study including 18 teenagers in Warungboto Village, utilising the DASS-21 questionnaire for early identification, suggested that 11 adolescents were classified as depressed. The early detection survey results indicated that 5 adolescents exhibited mild depression (27.8%), 5 adolescents exhibited moderate depression (27.8%), and 1

adolescent exhibited severe depression (5.6%).

Parents ought to furnish solace and attentiveness to their children. Parents who administer harsh criticism, excessive control, and rejection may instil bad thoughts and precipitate psychiatric issues in their children (Mubasyiroh, Suryaputri and Tjandrarini, 2017). The family constitutes the initial environment a child experiences and significantly influences the child's psychological development. Children will acquire self-awareness, interpersonal skills, and emotional regulation through familial interactions. The family's communication dynamics, particularly the parents' approach to caregiving and education, significantly influence the child's mental health (Djayadin and Munastiwi, 2020). The family serves as the foundation for the development of personality, behaviour, character, ethics, and education in children (Devita, 2020). Moreover, adolescents' psychological issues will diminish with social assistance from others (Putri Latifa Aslam, Rochmawati and Susanto, 2025).

Parental support significantly impacts adolescents. Parents are the paramount influence on adolescent development throughout physical, cognitive, social, and emotional domains (Rahmawati and Rahmayanti, 2019). Children residing in homes that adequately meet their biological, psychological, and social needs will mature into individuals capable of addressing the challenges they encounter (Amseke, 2018). The family serves as the most proximate support system for adolescents; thus, increased parental support correlates with improved mental health outcomes in teenagers (Fitria and Maulida, 2018). In Warungboto, Yogyakarta, there are 36 teens, of whom 47% lack familial support to get mental health care (Isni, Qomariyah and Nurfatona, 2020). This indicates that individuals without social support in obtaining mental health services are more likely to encounter mental health issues. This study seeks to examine the correlation between parental social support and adolescent depressive state. This study examines parental social support, encompassing emotional, instrumental, informational, and social network support.

METHODS

Study Design and Participants

This study is a quantitative observational analysis employing a cross-sectional design. It was performed on unmarried adolescents aged 15 to 24 residing in the Warungboto sub-district of Yogyakarta. Out of 1,426 recorded adolescents, 93 were chosen as research respondents by the use of the Slovin formula and selected via a purposive selection technique. Adolescents who failed to complete the questionnaire were excluded from the respondent pool.

Instrument

This study investigates the correlation between parental social support and the depressive status of adolescents. In this study, parental social support serves as the independent variable, while teenage depressive status functions as the dependent variable. The study instrument employs two distinct questionnaires. The parental social support questionnaire is based on Sarafino's notion of social support. This questionnaire evaluates four categories of social support: emotional support, instrumental support, informational support, and social network support, comprising a total of 36 statement items. The response options employ a Likert scale, specifically Very Disagree, Disagree, Neutral, and Very Agreeable. Favourable statements are assigned the following values: Strongly Agree = 4, Agree = 3, Disagree = 2, Strongly Disagree = 1; unfavourable statements are assigned the inverse values. Favourable and unfavourable remarks mitigate social desirability bias, which prevents respondents from answering questionnaire items in a manner that projects a more positive image or aligns with socially accepted attitudes.

The questionnaire testing was conducted on 30 adolescents exhibiting similar characteristics to the responders. The validity assessment was conducted via the Pearson Product-Moment correlation, whereby the instrument is deemed valid if $r > 0.3$. The validity test results indicated one invalid statement in the emotional support category, four invalid statements in the instrumental support category, six invalid statements in the informational support category, and four invalid

statements in the social network support category. Erroneous statement items were eliminated from the statement list. Simultaneously, a reliability test was conducted, revealing that the instrument's statements possessed a coefficient value of ≥ 0.6 . All valid statement items can also be considered dependable. The validity and reliability assessment of the questionnaire was completed alone once. After removing erroneous claims, the questionnaire was employed to gather primary data from research participants.

The mental health variable employs the DASS-21 questionnaire. The DASS 21 (Depression Anxiety Stress Scale) is a standardised instrument with a validity and reliability coefficient of 0.93 (95% CI 0.93-0.94), derived from Cronbach's alpha evaluation. The test findings demonstrate that the DASS-21 instrument is both valid and trustworthy (Lovibond, 2025).

Data Analysis

This study included univariate and bivariate data analyses. Univariate data analysis seeks to identify the attributes of each variable in the study, presented as a frequency distribution. This study's univariate analysis encompasses the respondents' characteristics (age, gender, education, occupation, income), mental health, emotional or esteem support, tangible or instrumental support, informational support, and companionship support, all reported in tabular format. This study used the chi-square test for bivariate data analysis. This test seeks to ascertain the correlation between the dependent variable (adolescent mental health) and the independent variables (Emotional or Esteem Support, Tangible or Instrumental Support, Informational Support, Companionship Support). The independent variable exhibits a significant link with the dependent variable when the $p\text{-value} < 0.05$, and conversely. The alternative test employs the Fisher exact test when the expected count < 5 .

Furthermore, the categories of mild depression and normal is derived from the Depression Anxiety and Stress Scale (DASS-21) questionnaire, with mild depression indicated by a score of ≥ 10 and absence of depression indicated by a score of < 10 (Lovibond, 2025).

Ethical Clearance

The Research Ethics Committee of Universitas Ahmad Dahlan authorised the feasibility of this research via letter number 012211174 on November 15, 2022. This study is optional, and all participant information will remain confidential.

RESULTS AND DISCUSSION

The data from the results of medical records of patients with hypertension at Puskesmas Waru, Pamekasan in 2018 obtained as many as 220 people with hypertension status. The sample characteristics are presented in Table 1.

Respondents' Characteristics

This study examines the correlation between parental social support and teenage mental health. This study encompasses parental social support in emotional, instrumental, informational, and social network dimensions. Simultaneously, the evaluation of mental health concentrates on the condition of mild depression. The mental health status screening findings indicated that 76.3% of participants fell inside the mild depression group (Table 1). Suboptimal mental health results in adverse effects, such as suicidal inclinations, behavioural disorders, and psychiatric conditions (Jameel *et al.*, 2024). Prior systematic evaluations have demonstrated that social support and family functioning serve as psychological protective variables that facilitate individual adaptation and recovery from adversity (Yu *et al.*, 2022) including teenagers.

The World Health Organisation (WHO) defines adolescents as neither children nor adults, with changing physical, psychological, and sexual maturity. These alterations may render adolescents more susceptible to mental health issues (World Health Organization (WHO), 2024). Table 1 indicates that among 93 respondents, 66 teens (71%) fall under the late adolescence age category, specifically aged 19-24 years. With advancing age, adolescents exhibit pronounced indicators of psychological distress, particularly among females. The findings of this survey indicate that 53.8% of participants are female, and nearly 80% had attained basic education, specifically up to the high school level. Thirty-four of the ninety-three adolescents

acknowledged having engaged in employment. Research indicates that adolescent females exhibit a higher susceptibility to mental health issues, experience elevated anxiety levels, and perceive an escalating weight of stress over time in comparison to their male counterparts. This condition adversely affects an individual's emotional well-being (Anniko, Boersma and Tillfors, 2019). Moreover, psychological stress highlights the disparity in mental health between women and men, particularly for life satisfaction. Reports indicate that men exhibit greater life satisfaction than women, resulting in lower stress levels (Campbell, Bann and Patalay, 2021; Yoon *et al.*, 2023). Simultaneously, it was revealed that students are more susceptible to mental health illnesses than those at lower educational levels (Dharma, 2019). The findings contradict previous research indicating that groups of youth with higher educational attainment exhibit superior mental health relative to those with lower educational levels (Tabor, Patalay and Bann, 2021). Higher education frequently grants access to resources, including fulfilling employment and novel social opportunities. These elements substantially influence an individual's mental health (Montez and Friedman, 2015). Nonetheless, alternative research indicates that students exhibit superior mental health compared to employees (Wiens *et al.*, 2020; Paz and Evans, 2023). Students possess proficient mental health literacy abilities, enabling them to recognise their issues (Wiens *et al.*, 2020) and have enhanced access to mental health treatments (Tabor, Patalay and Bann, 2021). Conversely, study indicated that there was no substantial variation in the prevalence of mental health issues between students and non-students aged 19-25 years (Paz and Evans, 2023). This study revealed that fifty percent of respondents perceived social support from their parents, whereas the remainder did not. Successful social support is fundamentally a bidirectional interaction process, characterised by "co-development" between the supporter and the supported, rather than a mere one-dimensional provision of assistance (Wei, 2022).

Sarafino identifies four categories of social assistance: emotional support,

instrumental support, informational support, and companionship support (Sarafino, 1998). Emotional support is characterised by expressions of compassion, friendliness, concern, care, love, and trust from others towards an individual, along with a sense of comfort and belonging during interactions with that individual. Emotional support, instrumental support, informational support, and companionship support (Sarafino and Smith, 2019). Examples of emotional support include empathy, confrontation, affectionate engagement, worry, encouragement for others, love manifested via care and attention, feelings of appreciation, and strong friendships (Shaheen, Bano and Ahmed, 2021).

Table 1. Sociodemographic Characteristics of Respondents

Variables	Categories	Freq.	Percent.
Age	Middle teens (15-18 years)	27	29
	Late teens (19-24 years)	66	71
Sex	Male	43	46.2
	Female	50	53.8
Level of Education	Primary education	74	79.6
	Higher education	19	20.4
Daily activity	Student	59	63.4
	Worker	34	36.6
Emotional Support	Yes	45	51.6
	No	48	48.4
Instrumental Support	Yes	50	53.8
	No	43	46.2
Informational Support	Yes	47	50.5
	No	46	49.5
Companionship Support	Yes	47	50.5
	No	46	49.5
Mental Health Status	Mild Depression	71	76.3
	Normal	22	23.7

Source: Primary Data, 2023.

Approximately 48.4% of respondents reported a lack of emotional support from their parents. The cross-tabulation results indicate that 87.5% of respondents without emotional support from their parents encountered a higher prevalence of mental health issues, specifically mild depression (Table 2). Approximately 32.3% of respondents indicated that parental treatment became increasingly disheartening during their difficulties,

while 30.1% of adolescents acknowledged their parents' indifference towards their mental health. It is particularly striking that parents infrequently enquire about the respondent's condition (37.6%). There exists a substantial correlation between these two variables (p value = 0.018). The Prevalence Ratio (RP) is 1.358, indicating that the RP is greater than 1, with a 95% Confidence Interval (CI) ranging from 1.066 to 1.729. Since the CI does not surpass 1, it is statistically significant, suggesting that emotional support is a risk factor for mild depression in adolescents. Adolescents lacking parental emotional support are 1.358 times more likely to experience mild depression.

A robust positive correlation and a significant association between the factors of emotional support and mental health (Shaheen, Bano and Ahmed, 2021). Adolescents devoid of social and emotional support are susceptible to social isolation (Zablotsky *et al.*, 2016; Preston and Rew, 2022), which is intricately connected to physical and emotional well-being, life happiness, and suboptimal sleep quality (Grey *et al.*, 2018; Almeida *et al.*, 2021; Mann *et al.*, 2022). Simultaneously, the incidence of social isolation within the population has been documented to have escalated in recent years (Kannan and Veazie, 2023). Consequently, the availability of emotional support from parents results in adolescents seldom reporting low health levels (Zablotsky *et al.*, 2016). Nonetheless, more assistance is required, such as instrumental support.

Instrumental support is characterised as a type of tangible assistance that entails direct aid, such as the provision or loan of items, or assistance with duties during periods of stress (Sarafino and Smith, 2019). This study indicates that 53.8% of adolescents perceive receiving assistance or instrumental support from their parents. They believe their parents consistently meet their requirements, including providing pocket money, covering educational expenses, and offering parental counsel in times of difficulty. Notably, 29% of respondents disagree, and 28% strongly disagree with the assertion concerning parental financial support for accessing teenage mental health treatments. The Prevalence Ratio (RP) is 1.196, indicating that the RP exceeds 1,

with a 95% Confidence Interval (CI) ranging from 0.956 to 1.497. Since the CI includes values below 1, it is not statistically significant, suggesting that parental instrumental support is not a risk factor for mild depression in adolescents. This indicates that adolescents perceive a lack of instrumental support from their parents, and statistically, there is no correlation between these two characteristics. Instrumental support directly enhances self-confidence, hope, optimism, and resilience, although it does not directly augment psychological well-being (Huang *et al.*, 2023). This dimension is substantially associated with enhanced teenage mental health (Prasath *et al.*, 2021).

Table 2. Cross Tabulation Results between Parental Social Support Variables and Adolescent Mental Health Status

Variables	Cate gorie s	Mental Health Status				RP	Sig n.
		Mild Depres sion		Norm al			
		n	%	n	%		
Emotio nal Support	No	4 2	87 ,5	6 2,5	1 2,5	1, 358 (1, 066 - 1,729)	0, 018
	Yes	2 9	64 ,4	1 6	3 5,6		
Instrum ental Support	No	3 6	83 ,7	7 6,3	1 1,9	1, 196 (0, 956 - 1,497)	0, 191
	Yes	3 5	70	1 5	3 6,0		
Informa tional Support	No	4 0	87	6 3	1 3,1	1, 318 (1, 043 - 1,666)	0, 032
	Yes	3 1	66	1 6	3 4		
Compan ionship Support	No	3 8	82 ,6	8 7,4	1 1,7	1, 177 (0, 936 - 1,479)	0, 245
	Yes	3 3	70 ,2	1 4	2 9,8		

Source: Primary Data, 2023.

Instrumental support is strongly associated with intrinsic motivation and somewhat linked to the propensity to seek assistance. This support encompasses practical application, aid, or direction offered by others (Federici and Skaalvik, 2014).

Actions recognised as instrumental support encompass questioning, clarifying, correcting, elaborating, and modelling. Moreover, in the structural equation modelling (SEM) framework, only instrumental support significantly influences intrinsic motivation and the propensity to seek assistance (Federici and Skaalvik, 2014; Korlat *et al.*, 2021; Huang *et al.*, 2023). If assistance is not perceived as beneficial, it is improbable that it will alleviate our tension. For instance, when individuals require concrete assistance or instrumental support but receive emotional support instead, they regard the support as unhelpful and ineffective. Likewise, when individuals require emotional support yet receive offers of instrumental assistance, they regard the support as ineffective (Sarafino and Smith, 2019).

This study also investigates informational support, encompassing the provision of advice, guidance, recommendations, or feedback regarding an individual's condition. A patient may obtain treatment information from relatives or a physician regarding their illness (Sarafino and Smith, 2019). The study's findings indicated that 49.5% of teenagers perceived a lack of informational support from their parents concerning mental health. The chi-square test results indicated a strong correlation between informational support and teenage mental health status ($p < 0.05$). Adolescents perceived that their parents consistently failed to offer appropriate information or guidance during stressful situations, such as seeking mental health care. Furthermore, parents did not offer guidance on mental health maintenance, and 35.5% of respondents expressed discomfort in sharing various matters with their parents. The Prevalence Ratio (RP) is 1.318, indicating that the RP exceeds 1, with a 95% Confidence Interval (CI) ranging from 1.043 to 1.666. Since the CI does not surpass 1, it is statistically significant, suggesting that informational support is a risk factor for mild depression

in adolescents. Individuals lacking parental support in informative matters are 1.318 times more likely to experience mild depression.

Specifically, adequate informational assistance correlated with a reduction in mental health symptoms, but possessing a mental health diagnosis correlated with an increase in mental health symptoms. For instance, the availability of family members for support correlated with a reduction in mental health symptoms. Subsequently, adequate information support correlated with increased life satisfaction, whereas possessing a mental health diagnosis correlated with decreased life happiness. Men exhibited greater life happiness than women. While participants exhibited trustworthy sources of support, these sources did not consistently provide all forms of assistance (Friedenberg, Meurs and TF, 2020; Evans *et al.*, 2022). Indeed, informative help is the most accessible form of assistance. Indeed, informative help is the most accessible form of assistance (Okpych *et al.*, 2018).

Alongside the other three forms of support, Saraino's theory posits the existence of an additional category of social support, specifically friendship support. This support pertains to the presence of individuals who dedicate time to another, so fostering a sense of belonging to a community with shared interests and social pursuits (Sarafino and Smith, 2019). This study indicates that, similar to informational assistance, 49.5% of teenagers do not receive either sort of help. Conversely, the chi-square test results indicate that companionship support does not exhibit a significant correlation with the prevalence of mental health disorders in teenagers (p value > 0.05). Nearly fifty percent of the respondents acknowledged that their parents were absent during challenging situations, even to hear their narratives. Consequently, 36.6% of respondents acknowledged that parents were not the appropriate individuals to serve as confidants. The Prevalence Ratio (RP) is 1.177, indicating that the RP is greater than 1, with a 95% Confidence Interval (CI) ranging from 0.936 to 1.479. Since the CI exceeds 1, it is not statistically significant, suggesting that parental support in the companionship aspect does

not constitute a risk factor for mild depression in adolescents.

Reduced parental participation correlates directly with diminished teenage mental health (Baig *et al.*, 2021). Systematic reviews and several well-documented studies indicate that insufficient warmth due to limited parental contact with teenagers correlates with a heightened risk of depression and anxiety (Yap *et al.*, 2018; Baig *et al.*, 2021). Several studies state that parental guidance plays a very important role. Parent-child relationships significantly affect adolescent mental health. When parent-child relationships are good, then appropriate behavioral control by parents strengthens the positive effects of parent-child relationships that affect adolescent mental health, and vice versa (Katsantonis and McLellan, 2024; Ren *et al.*, 2025; Xu and Ren, 2025). Parent-child conflict adversely affects adolescent mental health (Haddad *et al.*, 2015). The transformations experienced during adolescence can induce strain in parent-adolescent communication and connection (Pine *et al.*, 2024). Moreover, parents and adolescents collaboratively establish their roles and expectations. This frequently induces strain in the communication and engagement between parents and teenagers.

Certain stressful circumstances compel individuals to seek solace from others for assistance. In other stressful circumstances, individuals may exhibit diminished sociability and increased hostility, becoming less attuned to the needs of others (Sarafino and Smith, 2019). This study indicates that adolescents require parental social support, although half of the respondents lack it, resulting in the emergence of mental health illnesses among adolescents. Social support can alleviate psychological stress via social connections and enhance both physical and mental well-being (Yan *et al.*, 2022; Jameel *et al.*, 2024; Yan, Yu and Lin, 2024). Consequently, parental social support is crucial in the adolescent development process, particularly in mitigating the prevalence of mental health disorders in teenagers.

CONCLUSION

The survey indicated that 76.3% of adolescents were classified as experiencing mild depression. Only emotional and informational support from parents shown a substantial correlation with the mental health state of teenagers. Adolescents perceived their parents as absent during challenging times, rendering them an uncomfortable source for sharing experiences. Consequently, parental involvement is essential in adolescent mental health interventions. Schools can serve as a conduit between parents and teenagers by conducting regular mental health screenings and facilitating sessions for parents to interpret screening results and receive counselling in partnership with psychologists from primary health services.

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