Cogitare Enfermagem

REVIEW

PSYCHOSOCIAL REPERCUSSIONS OF MENTAL DISORDER IN ADOLESCENTS IN FAMILY RELATIONS: SCOPE REVIEW

HIGHLIGHTS

1. Mental disorder contributes to mutuality in the family.
2. Disunity, interference in relationships, and coercion are evidenced.
3. Mental disorder affects the social functionality of the family.
4. Psychoeducation programs are essential to support families.

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ABSTRACT

Objective: Map the scientific production about the psychosocial repercussions of mental disorder in adolescents in family relationships. **Method:** Scope review based on the Joanna Briggs Institute framework, conducted in the databases: Virtual Health Library (VHL), PubMed, Cumulative Index to Nursing & Allied Health Literature (CINAHL), Scopus, Web of Science, and PsycInfo. Two reviewers independently selected the articles published between January 2015 and July 2023. **Results:** Nineteen studies were included, revealing three thematic categories, consisting of emotional repercussions on the subjective well-being of family relationships, unfavorable emotional repercussions in family relationships, and social repercussions. **Conclusion:** One should seek improvement in the triadic interactions between the family, the adolescent, and health professionals to support them in solving dilemmas and unfavorable psychosocial repercussions, as well as prioritize the protection and strengthening of well-being and quality in relationships.

DESCRIPTORS: Adolescence; Mental Disorders; Family; Family Relations; Mental Health.

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INTRODUCTION

Mental disorders cause biopsychosocial and developmental changes resulting in atypical cognition, emotional regulation, and individual behavior, with notable psychological distress[1,2]. Globally, 10% to 20% of adolescents experience mental disorders, with about half of them emerging before the age of 14, with behavior and anxiety-related disorders being the most common[3,4]. Since 2013, adolescent mental health care has been a priority area in public health policies[5].

The significant adolescent population in Brazil, which represents a considerable portion of the 206.1 million inhabitants[6], faces an alarming prevalence of non-psychotic disorders, affecting 30% of young people, especially among girls and adolescents aged 15 to 17 (33.6%)[7]. These disorders negatively impact the academic, emotional, and social spheres, compromising the integral development of these young people and reverberating in the family dynamics.

In this context, families not only deal with the challenges posed by disorders, but also play an important role in mitigating these effects, providing support and creating an environment that can be both a stressor and a protective factor[8-11]. Thus, understanding the epidemiology of mental disorders in adolescence and family relationships is essential for the development of interprofessional care strategies aimed at improving the health and well-being of these adolescents and their families.

Family relationships are presented in two poles: on one hand, they are stress triggers and contribute to the psychological suffering experienced in its various forms, interfering with the well-being and the capacity for support from the parents and siblings of the adolescent[12-27]. On the other hand, interactions are made up of protective factors and generate security, trust, support, and assistance in facing challenges[11,13,15,18-19,21,28-29]

In this scenario, the family plays a fundamental role in maintaining and developing the adolescent's emotional regulation and social skills, which are essential for their well-being and healthy growth[2]. Since 2015, the World Health Organization (WHO) has emphasized, as a goal, the importance of family involvement and community associations in the planning and development of mental health services[30].

Therefore, it is necessary to support the family in coping, problem-solving, and resilience progression, contributing to strengthening relationships and, consequently, improving the adolescent's psychological suffering. It is important to investigate the family scenario transformed by the repercussions of mental disorders, considering adolescence as a relevant variable. Given this, this study aims to map the scientific production about the psychosocial repercussions of mental disorder in adolescents in family relationships.

METHOD

This is a scoping review developed according to the recommendations of the Joanna Briggs Institute[31]. It aims to map the main concepts and gaps on a specific topic in the literature by analyzing the nature and scope of the investigation[32].

The present scope review's research protocol was registered in the Open Science Framework (https://doi.org/10.17605/OSF.IO/N57PM) and was conducted in five steps: identification of the research question, inclusion criteria, research strategy, extraction of results, and presentation of results31.

To construct the research question, the Population, Concept, and Context (PCC) strategy recommended for scoping review[31] was used, with the following definitions: P – families of adolescents with mental disorders; C – psychosocial repercussions; and, C – family relationships. In light of the above, the following question arose: What are the psychosocial repercussions of mental disorder in adolescents in the daily life of family relationships?

As inclusion criteria, primary studies in the form of articles published between January 2015 and July 2023 in Portuguese, English, or Spanish that evidenced the repercussions of adolescent mental disorder on family relationships in their results were considered. The year 2015 is justified by the time frame of the publication of the Mental Health Atlas by the WHO, which established as a goal the importance of involving families and community associations of people with mental disorders in the planning and development of mental health services[30].

Studies not found in full and productions that did not answer the guiding question or that did not correspond to the review population were excluded. Furthermore, the reviewers did not consider books and editorials, as they did not contain information relevant to the research questions.

From this, a systematic search was conducted in the following databases: Virtual Health Library (VHL), National Library of Medicine and National Institutes of Health (PubMed), Cumulative Index to Nursing & Allied Health Literature (CINAHL), Scopus, Web of Science (WOS), and APA PsycInfo. Two librarians with expertise in health sciences developed and validated the search strategy.

The terminology recommended for each corresponding database was used, based on the descriptors controlled by the Medical Subject Headings (MeSH) and the Health Sciences Descriptors (DeCS), using the boolean operators "OR" and "AND" and the following cross-references and their synonyms: Adolescent "AND" Mental Disorders "OR" Mentally Ill Persons "AND" Family "OR" Caregiver "AND" Family Relations (Chart 1).

Chart 1 – Search strategies of the selected databases. Campinas, SP, Brazil, 2023

Databases	Search strategies
VHL	(Adolescente OR Adolescent) AND (Transtornos Mentais OR Mental Disorders OR Trastornos Mentales) OR (Pessoas Mentalmente Doentes OR Mentally Ill Persons OR Enfermos Mentales) AND (Família OR Family OR Familia) OR (Cuidadores OR Caregivers) AND (Relações Familiares OR Family Relations OR Relaciones Familiares)
PubMed	(Adolescent) AND (Mental Disorders) OR (Mentally Ill Persons) AND (Family) OR (Caregivers) AND (Family Relations)
CINAHL	(Adolescent) AND (Mental Disorders) OR (Mentally Ill Persons) AND (Family) OR (Caregivers) AND (Family Relations)
Scopus	(Adolescent) AND (Mental Disorders) OR (Mentally Ill Persons) AND (Family) OR (Caregivers) AND (Family Relations)
WOS	(Adolescent) AND (Mental Disorders) OR (Mentally Ill Persons) AND (Family) OR (Caregivers) AND (Family Relations)
APA PsycInfo	(Adolescent) AND (Mental Disorders) OR (Mentally Ill Persons) AND (Family) OR (Caregivers) AND (Family Relations)

Source: The authors (2023)

The primary studies from the six databases were imported into Rayyan. This online review platform allowed the display of titles and abstracts, with the assistant researcher blinded, ensuring reliability in the selection of information and methodological rigor[33]. A third reviewer specializing in psychiatric nursing was available to break ties on questionable studies, a procedure that was not necessary.

Therefore, the two researchers reviewed the studies, considering the inclusion and exclusion criteria and analyzing the titles and abstracts independently and blindly to verify their relevance to the research objective. From the full reading of the texts, the data were extracted from the articles, considering an instrument adapted by the reviewers, containing: authorship, year, country of publication, objectives, design/sample, and main results.

The PRISMA Extension for Scoping Reviews (PRISMA ScR)[34] methodology was used to systematize the process of including the studies, as shown in the flowchart presented in Figure 1.

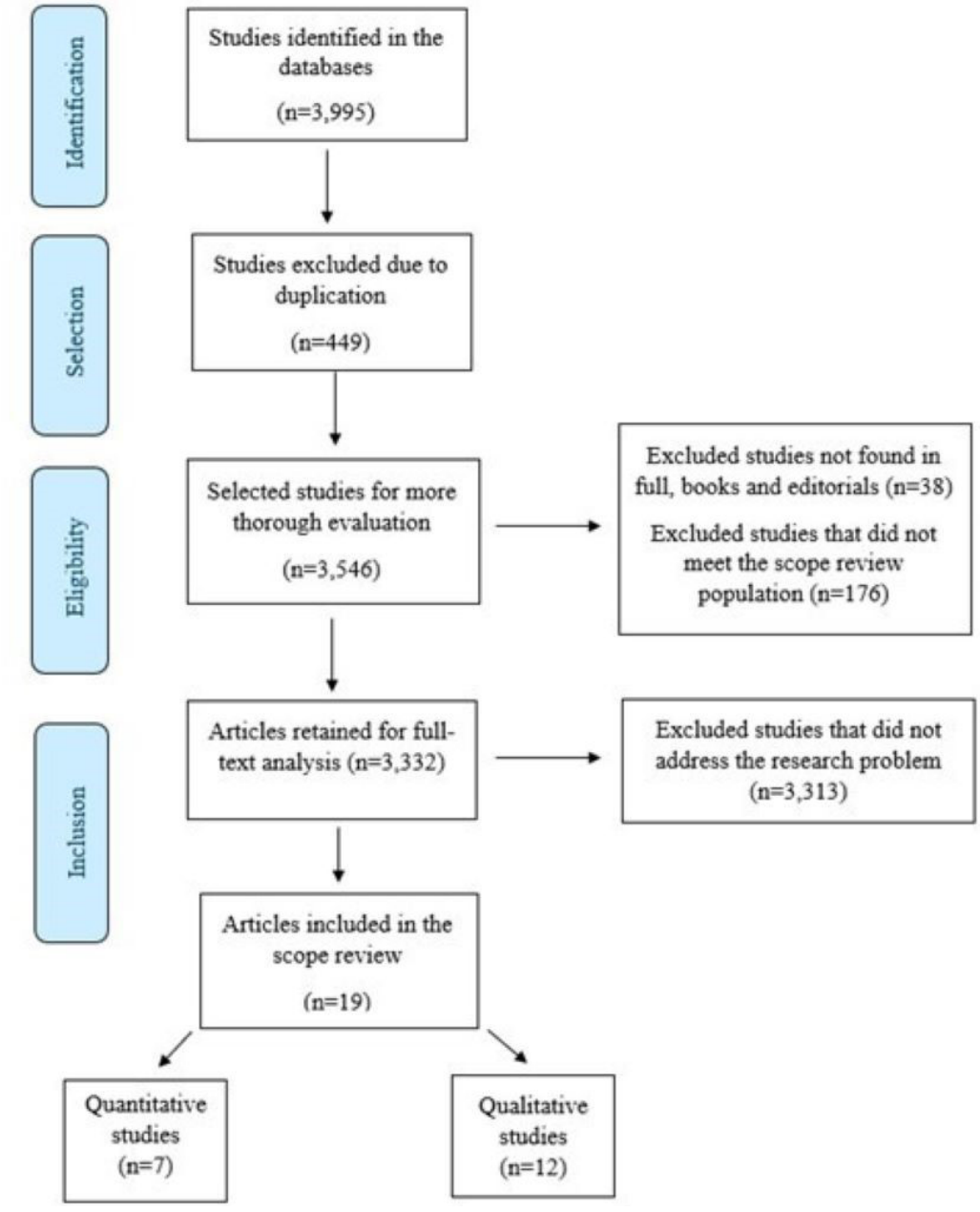

Figure 1 - Flowchart of article selection in the databases, according to Prisma - ScR. Campinas, SP, Brazil, 2023

Source: The authors (2023)

RESULTS

According to Chart 2, 19 studies published in 15 different journals were selected, with two (10%) being national publications[11,13] and 17 (89%) international[9-10,12,14-29]. Regarding the method adopted, seven (37%) were quantitative studies[12,14,16-17,19,26-27] and 12 (63%) were qualitative studies[9-11,13,15,18,20-25,28-29]. Regarding the country of origin, four (21%) studies were conducted in the United States[14,24,26-27], two (10%) in Canada[17,22], two (10%) in China[21,29], two (10%) in Brazil[11,13], two (10%) in Norway[15,20], and one (5%) in Australia[12], Denmark[18], Ireland[28], Malaysia[25], the United Kingdom[23], Switzerland and Germany[19], and Turkey[16], respectively.

Regarding the temporal evolution, most of the analyzed articles, four (31%)[11,17-19,] were concentrated in 2019. The total sample size of all studies was 815 participants, ranging from five to 139.

Chart 2 – Characterization of the articles included in the review. Campinas, SP, Brazil, 2023

Article	Newspaper	Country of study/Year
A1[27]	Journal of Autism and Developmental Disorders	United States/2015
A2[28]	Archives of Psychiatric Nursing	Irlanda/2015
A3[23]	Journal of Child and Family Studies	United Kingdom/2016
A4[26]	Journal of Pediatric Nursing	United States/2016
A5[12]	Family Process	Australia/2017
A6[13]	*Cadernos de Saúde Pública*	Brazil/2017
A7[14]	Journal of Autism and Developmental Disorders	United States/2018
A8[15]	Qualitative Health Research	Norway/2018
A9[16]	Journal of Psychosocial Nursing	Turkey/2018
A10[19]	Child and Adolescent Psychiatry and Mental Health	Switzerland and Germany/2019
A11[11]	*Cadernos Brasileiros de Terapia Ocupacional*	Brazil/2019
A12[18]	Scandinavian Journal of Caring Sciences	Dinamarca/2019
A13[17]	Journal of Marital and Family Therapy	Canada/2019
A14[20]	Eating Disorders	Norway/2020
A15[21]	Perspectives in Psychiatric Care	China/2020
A16[22]	Health Expect	Canada/2021
A17[24]	Journal of Autism and Developmental Disorders	United States/2021
A18[25]	Journal of Autism and Developmental Disorders	Malaysia/2021
A19[29]	International Journal of Environmental Research and Public Health	China/2023

Source: The authors (2023).

After an exhaustive reading of the results, 12 themes were analyzed and grouped by frequency and similarity[31], highlighting the presence of unfavorable feelings and emotions (n=19)[12-29], disunity and interference in communication and relationships between the couple and the adolescents' siblings (n=13)[11-13,15-16,18-23,25,28], and impact on social relations (seven)[15,20-21,23-24,28-29]. Chart 3 represents the main psychosocial repercussions of mental disorders in adolescents in family relationships.

Chart 3 – Main psychosocial repercussions of mental disorders in adolescents in family relationships according to the articles included in the review. Campinas, SP, Brazil, 2023.

Psychosocial repercussions in family relationships	Articles
Presence of unfavorable feelings and emotions	A1, A2, A3, A4, A5, A6, A7, A8, A9, A10, A11, A12, A13, A14, A15, A16, A17, A18, A19
Disunity and interference in communication and relationships within the family system	A2, A3, A5, A6, A8, A9, A10, A11, A12, A14, A15, A16, A18
Impact on social relations	A2, A3, A8, A14, A15, A17, A19
Feeling of helplessness of the parents	A2, A3, A5, A10, A16, A17
Implementation of coercive measures	A3, A8, A9, A10, A12, A16
Intrafamily and social stigma	A2, A3, A15, A17, A19
Family union and strengthening of communication and relationships in the family system	A11, A12, A15, A18, A19
Dilemma between balancing control and freedom in relationships with the adolescent	A2, A3, A8, A10, A12
Lack of support from the school and mental health facilities	A2, A3, A8, A11, A12
Concerns about the future	A2, A4, A15, A17, A19
Financial overload	A2, A6
Hope	A2, A3

Source: The authors (2023).

The themes that constituted the psychosocial repercussions were synthesized into three categories: emotional repercussions on the subjective well-being of family relationships, unfavorable emotional repercussions, and social repercussions (Figure 2).

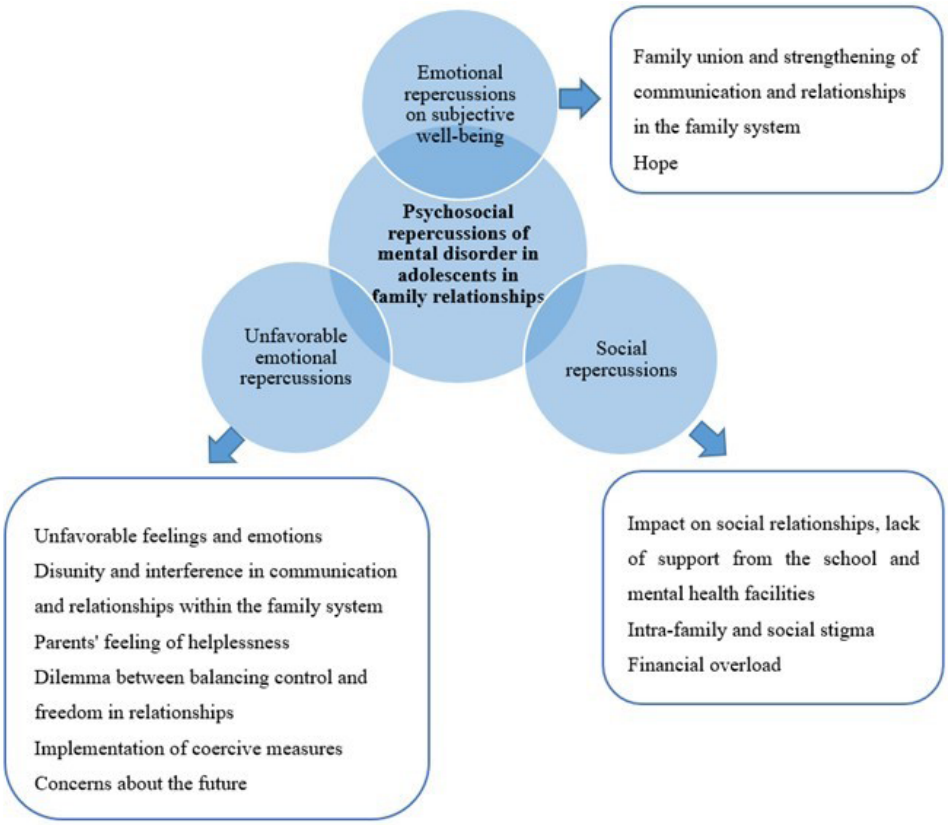

Figure 2 - Main psychosocial repercussions of mental disorder in adolescents in family relationships according to the studies included in the review. Campinas, SP, Brazil, 2023.
Source: The authors (2023)

These repercussions were permeated by broader meanings in family relationships with adolescents and will be presented in the following discussion.

DISCUSSION

Emotional repercussions on the subjective well-being of family relationships

The presence of mental disorder powerfully transformed the relationships between adolescents and their families. The need to face crises and the mutual understanding necessary to overcome them have become agents of family unity[11-12,15,18-19]. This demonstrated the family's ability to adapt and respond positively to challenging situations.

In this sense, the family members noticed a greater emotional closeness with the adolescents due to the changes in relationships during the crises[11,18,21,25,29]. The increase in dialogue and attention strengthened the bonds between the siblings[24] and the couple, who maintained the relationship for the well-being of the children with mental disorders[11,13,21].

Therefore, as the family faced difficulties, its members became more united than before, in favor of the family member's condition[11,18,21,25,29]. In this context, they shared the goal of a better recovery wrapped in hope[23,28], emotions filled with satisfaction, value, intimacy, strength, and achievement – factors intrinsically related to the support of nuclear and extended family members[21].

Given this, the family members adopted open communication, optimism, and resilience as coping strategies, adjusting expectations[21,29]. A study revealed that strengthening resilient families' emotional bonds and communication promoted harmonious relationships and generated feelings of belonging and mutual care[10].

From a favorable point of view, coercion also emerged, characterized by the use of force and power by family members when dealing with their children's mental health challenges. This approach contributed to creating order and control in chaotic situations, such as involuntary hospitalization, ensuring the necessary treatment for the adolescent, and relieving the physical and emotional burden of the primary caregiver, which resulted in greater security for the family[15].

However, despite the various favorable connotations of family transformation mediated by coercion, it is crucial to consider the ethical implications of this approach. To this end, it is necessary to be attentive to the adolescent's dignity, rights, and well-being, seeking a balance between protection and respect for their autonomy following the ethical principle of non-maleficence[35]. Alternatively, coercion can be avoided through negotiation and collaborative attitudes between the adolescent and the family, with the mediation of health professionals[15,35].

Studies highlight the importance of health professionals screening parental feelings in adolescent relationships. This will allow for the development of truly effective therapeutic plans, promote well-being and resilience as protective factors, and strengthen hope in the rehabilitation of adolescents.

Unfavorable emotional repercussions in family relationships

The findings of this category showed that the family experiences a series of unfavorable emotions and feelings in daily life, disunity[9,11-29] and communication

problems[11-12,15,18-20,22-23,25,28] – which reverberated systemically in family relationships, including, in addition to the parents, the adolescent's siblings.

Studies have shown that the adolescent's mental suffering negatively affects the parents, manifesting in feelings such as surprise, perplexity, confusion, sadness, guilt, helplessness, worry, anxiety, fear, doubt, and helplessness[11-12,15,18,20-23]. This resulted in low levels of self-efficacy and high levels of emotional blockage in parents, contributing to the worsening of adolescents' symptoms[17,27] and hindering their rehabilitation[17].

The suffering of the parents reflected their concern for the adolescent's future related to academic performance, financial autonomy, health conditions[21,24,26,28-29], and suicide attempts, self-harm, and aggressive episodes[15,23]. The feeling of guilt was associated with the belief that their children's difficulties were related to their parental inabilities[12,22].

Among the fears reported by family members, the fear of relapse into more severe disorders - that is, psychosis - or self-harming behaviors stood out; these fears resulted in a constant state of hypervigilance on the part of the parents[15] and the siblings of the adolescents[24].

The feeling of helplessness[12,19,22-24,28] was reported as the difficulty of caring for the adolescent without the support of the other parent and the feeling of powerlessness in the face of the children's psychological suffering, whose severity seemed excessive. This situation created uncertainty about the necessary strictness in education and the imposition of limits, impacting the quality of decisions, reactions, and observation of limits in family interactions[23].

In view of the above, the families experienced the dilemma represented by the need to balance control and freedom in relationships in order to establish the normalization of their children's lives[15,18-19,23,28]. In these relationships, maintaining balance was perceived as challenging, as freedom could be misinterpreted by adolescents as reinforcing risky behaviors or even as overprotection[15,23].

In this context, the family dynamics involved strict disciplinary strategies and heated discussions[12,18,20,22], resulting in frequent conflicts with the teenagers. Parents reported tension and avoidance during these conflicts, leading to feelings of isolation, loneliness, and ineffective communication[12,18-19,20-23]. Frustration, despair, and resignation[18,20,23] were also evident.

Faced with the anger of the teenagers, the parents expressed disgust and shock and sometimes resorted to abusive emotional coercion. The feeling of guilt and fear of the children's anger limited their ability to deal with the situation[23].

Coercion, such as involuntary hospitalization, forced medication, or intimidation, was perceived as a drastic intervention, contributing to violent communication, the concealment of information, distrust, and the breaking of family ties[15-16,18-19,22-23].

Parents often reacted to teenagers' behavior without understanding the underlying motivations and how the condition affected their inner lives[18]. Reactive behaviors were more common in the family relationships studied than functional ones, contributing to unfavorable repercussions.

The siblings also felt the impact, as the parents' attention turned more towards the teenager with depression, anorexia, or episodes of self-harm[19-20,23]. This generated a lack of parental energy for the other children, unbalancing sibling relationships. Thus, the siblings adapted their routines and lifestyles to not overburden their parents[19-20,23].

In this context, the relationships between the siblings were marked by coldness, rivalry, and apathy, resulting in less emotional connection and affection. Furthermore, the adolescents' self-harm attempts caused distress among siblings due to the lack of boundaries set by parents, leading to feelings of loneliness, misunderstanding, and internalization of negative emotions associated with conflicts and concerns about the adolescents' mental health[19].

In this logic, studies indicate that the same unfavorable emotions the adolescent's parents felt were reflected in the daily interactions of the siblings. This fact raises the question of investigating the likelihood of them developing mental health issues and the importance of actions in health services that also involve siblings.

Given the unfavorable emotional repercussions, studies highlight the importance of providing individual psychoeducation[15,23], in groups with adolescents[12], or through family members trained in peer support programs[22]. Furthermore, it is essential to conduct family therapy sessions focused on emotions[17] and maintain collaborative communication among healthcare professionals[15].

Social repercussions in family relationships

This category of analysis reveals that the adolescent's mental disorder significantly affected the family's social dynamics[15,20-21,23-24,28-29]. The complexity of relationships contributed to adversities that impacted family social functionality. Parents and siblings reported disruptions in daily routines and interpersonal relationships due to the difficulty in dealing with the adolescent's episodes of emotional dysregulation, which caused anger and unpredictable behaviors[20,23,28]. Furthermore, parents faced challenges in fulfilling their expected parental roles[23].

Amidst all this, the family members still experienced the social stigma of being parents[23,28-29], and siblings[24] of a teenager with a mental disorder. It is emphasized that the parents also reported discrimination within their family environment, manifested through the verbalization of feelings of inferiority, shame, and increased sensitivity to social rejection. In some cases, the stigma was more evident in intrafamily relationships than social relationships[21].

The economic changes brought about by the expenses related to the adolescent's condition treatment also deserve attention, as they impacted the families' standard of living and were perceived as a financial burden[28].

Additionally, it was evidenced that there was no availability of mental health professionals for support and care at critical moments. Family members reported communication difficulties with healthcare professionals during the adolescent's crisis episodes and in the presence of doubts regarding diagnosis and treatment[11,28].

An important finding was the evidence of the lack of specific follow-up for the family[11]. In turn, in the hospital environment, the experience of being excluded by the health service during the adolescent's hospitalization intensified feelings of anguish and affected family connections[15].

It is important to maintain relational ties during involuntary hospitalization, which are weakened for many family members once the suffering of family members can arise from the feeling of being socially excluded, alienated from care, and placed in a role of powerlessness[15].

These results seem to demonstrate a fragility in network work processes, specifically regarding the functioning of the Psychosocial Care Network. The territory is unable to meet the demands, and often, professionals are focused only on caring for adolescents with mental disorders. Therefore, mental health facilities must have strategies and tools to welcome and care for the family system as well.

The lack of clarity from family members in dealing with problems and crises arising from mental disorders resulted in frustrating interactions with young people and mental health services[22]. Therefore, healthcare professionals must guide families on the diagnosis and treatment of adolescents, offering specific support for the impacts of inter-relational psychological suffering.

Weaker social connections were associated with caregiver burden and psychological distress, as evidenced by the use of the ecomap in mothers of adolescents with autism spectrum disorder, which helped map necessary resources and supports[14].

These findings reinforced the perception of helplessness reported by the families due to the difficulty of caring for the child without support from the school[23] and health professionals[11,15,18,23,28]. From this, the family members expressed the desire to receive specific strategies to help them support their children, deal with their difficult feelings and behaviors, and provide psychological care to their children. Thus, the family members realized that it would be possible to manage their emotional problems and deal with the stress of being parents of a teenager with a mental disorder[23].

Mental health professionals must map families caring for adolescents with mental disorders to stratify risks and develop targeted care strategies. This allows for a more comprehensive approach, which considers the impact of psychological suffering on family relationships. Furthermore, it is powerful to empower professionals in the Psychosocial Care Network to involve families and community associations in the planning and development of mental health services, according to the goals of the WHO Mental Health Atlas[5]. The latest version of 2021 revealed that these goals were not achieved due to a lack of financial resources[36].

The study's limitations include the restriction to Portuguese, English, and Spanish literature and the lack of assessment of bias and the quality of the evidence.

CONCLUSION

It was evidenced that the adolescent's mental disorder significantly affects family relationships, manifesting disunity, conflicts between the couple and siblings, coercive attitudes, and ineffective communication. However, it also promoted family unity and strengthened bonds between parents and siblings, influencing interactions with society and mental health services and reflecting social stigma.

The presence of mental disorders requires family members to develop skills to face adversities, maintain connections and relationships, and interact with health services and society. Implementing psychoeducation programs conducted by healthcare professionals or experienced family members is essential to resolve dilemmas, address psychosocial impacts, and strengthen parental skills in managing the adolescent's condition. With this, the family, as a system affected by mental disorders, can balance its needs and the demands of the adolescent, becoming a major factor in the clinical improvement of the condition.

The results highlight the importance of considering the family beyond the adolescent's suffering and the need to invest in research that tests the effectiveness of evidence-based continuing education programs. These programs should empower healthcare professionals in the treatment and management of mental disorders and in the development of parenting skills, better-preparing family members to understand and respond to the needs of adolescents.

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Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - **Leite RC, Saidel MGB, Oliveira DL, Campos CJG.** Drafting the work or revising it critically for important intellectual content - **Leite RC, Saidel MGB, Jamarim MFM, Campos CJG, Lima GMP de A.** Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - **Leite RC.** All authors approved the final version of the text.

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