Adolescent Depression in a Context of Disorganized Family Functioning: A 16-Year-Old's Case

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Abstract
A nurturing family environment serves as a protective factor buffering adolescents from stresses and uncertainties of the formative stage. The primary aim of this study was to understand the associated factors leading to depression in the 16-year-old patient and provide psychosocial intervention to aid in his recovery. The case was selected purposefully from the outpatient department of LGBRIMH, Tezpur, Assam, India. A single-subject case study design was employed for an in-depth qualitative analysis. Data was collected through interviews, case record files, observations. The study focused on recognizing the patient's illness; assess the patient's primary support system and develop coping skills. Results indicate disorganized family functioning aggravating the patient's illness, thereby extensive sessions of psycho-education was planned for the treatment process. The study highlights the importance of psycho-education, as a subset of health education to restorative health and prevent relapse of mental illness.
Keywords: Adolescent, Depression, Family Functioning, Psychiatric Social Work

Introduction

A child's mental health is significantly shaped by the family environment in which they grow up, serving as the primary context for emotional, social, and psychological development. A nurturing and supportive family atmosphere fosters emotional security, resilience, and healthy cognitive development in children. Recent studies emphasize the critical role of positive parenting practices, such as warmth, consistent discipline, and open communication, in promoting children's mental well-being. Smith et al., (2022) found that children raised in emotionally responsive and secure family environments exhibit lower levels of anxiety, depression, and behavioural problems compared to those from conflict-ridden or neglectful households [1]. Furthermore, the World Health Organization (WHO) highlights that a stable family environment with secure attachment figures is crucial for buffering against the adverse effects of stress and trauma, thus contributing to a child's overall mental health [2]. Johnson and Taylor (2021) in Child Development highlighted that secure family attachments are crucial for fostering resilience in children, particularly in navigating social and academic challenges [3]. A family that fosters an atmosphere of acceptance, empathy, and encouragement helps children develop a

positive self-concept, emotional regulation skills, and healthy interpersonal relationships, which are foundational for their lifelong mental health.

Psycho-education is indispensable adjunctive psychotherapy in the field of mental health [4]. Psycho-education plays a critical role in helping families understand and manage mental health issues in children, providing them with the necessary knowledge and tools to create a supportive environment. Psycho-education involves educating parents, caregivers, and children about mental health conditions, their symptoms, and effective management strategies, thereby reducing stigma and enhancing coping skills. Recent studies suggest that psycho-educational programs can significantly improve family members' understanding of mental health disorders, leading to better outcomes for children. A study by Thompson et al. (2023) demonstrated that parents who participated in psycho-educational workshops reported a greater ability to identify early signs of anxiety and depression in their children and felt more equipped to address these concerns proactively [5]. Additionally, psycho-education fosters a collaborative approach to treatment, encouraging open communication within families, which is crucial for maintaining treatment adherence and reducing relapse rates. Research by Martin and Chen (2022) found that families who engaged in psycho-educational interventions experienced a decrease in family stress and an increase in their children's treatment engagement, resulting in improved mental health outcomes [6]. The present case study was undertaken to understand the factors leading to depression in the 16-year-old adolescent and to interpret the effects of family functioning. Additionally, the study explores the influence of psycho education in the treatment process.

Methodology

It uses a single-subject case study design. The case of an adolescent with depression (ICD-10) was selected purposefully from the outpatient department of LGBRIMH, Tezpur, Assam, India. The purpose and benefits of the case study were explained and written informed consent was obtained before assessment and intervention. The information was gathered by interview, case record files, observation

Brief Case History

1. Name: X
2. Gender: M
3. Age: 16
4. Religion: Hinduism
5. Educational Status: Higher Secondary 1st year student
6. Occupational: Not applicable
7. Marital Status: Not applicable
8. Domicile: Tezpur, Assam
9. Language Known: Assamese, Bengali, Hindi & English
10. Socio-economic Background: Lower middle socio economic class (According to Kuppuswamy scale 2019)

The index patient reported to LGBRIMH on June 2020, with the chief complaints of low mood, irritability, withdrawal behaviour, aggression towards family members, lack of interest in daily activities, decrease sleep, decrease appetite, decrease self care and death wishes with a total duration of 7 months. The patient was diagnosed with F 12.2 (Mental and behavioural disorder due to use of cannabinoids, currently abstinent) and F 32.2 (Severe depressive episode without psychotic symptoms).

Patient was apparently well 3 years back, when he was 13 years old. While studying in 8th standard the patient started using substance with his friends in tuitions. He started smoking cigarettes and cannabis under peer influence as he felt more welcomed among the group of friends. As reported all the stress related to failures in academics, worries about future and family conflicts seemed to be lightened. Since then he regularly started taking cannabis, bought 3-4 per day with friends. Later to buy and contribute in buying cannabis he started stealing money in his own house from the maternal uncle ranging from rs.50-500. The cannabis use continued since whenever he went for tuitions. Until December 2018, the patient was doing fine; he was attending school however continued use of substance. The patient was interested more in cricket and participated in several tournaments. In one such instance, he registered for a cricket tournament in Guwahati paying 6000 rupees, and requested his family members to take him, but due to unavailability of guardians to accompany him his maternal uncle refused. As reported by family members, he became very irritable, frequently got angry with crying spells, stopped taking food for a week, didn't slept well, stopped attending tuition classes, and demanded mobile phone. The patient continued such behaviour till few weeks.

In June 2019, he met a girl on facebook, the patient became good friends within a short span of time. They were soon committed in a relationship; they shared emotional and physical intimacy. During the time, the patient was also able to quit cannabis and cigarette. However according to mother, he was overly involved in the relationship, he didn't slept on time, sometime waking up till 3 am at night, wasn't eating food or focusing on studies, the patient gets angry whenever confronted and didn't listened to anyone. With the starting of the relationship with his love interest, the distance between his home and family broadened. In one such instance the elder maternal uncle caught him with condoms in his school bag, out of rage the uncle hit him also the patient hit back, they were verbally and physically abusive. When things were worsening, in November 2019, they called the girl's family and complained about the relationship. When the patient came to know about this, he verbally and physically assaulted his maternal uncle and blamed the family members of causing him pain always.

From December 2019, he remained worried, felt sad as their relationship suffered a setback. The girl started ignoring him. He felt helpless, multiple attempts made, however it always ended in fights and misunderstandings. Similar incident happened in February 2020. With the fear of losing her and making up for the mistakes and complaints from his family side, the patient demanded family members to bring her home. The patient kept blaming them for the relationship failure and the patient banged his head on wall, insisted on committing suicide, frequently going to roof top to jump was marked. In June 2020, the patient became angry and physically abused his mother. When confronted with his maternal uncle, he went in his room, broke mirror with his head, slashed his wrist with glass piece, and he was taken to hospital. Coming back from the hospital to his home, he attempted suicide twice, he was caught stopped by his mother and uncles. Later was admitted to LGBRIMH due to disinhibited behaviour, he once showed his penis, saying he was now a grown up to his maternal uncle when they were trying to make him understand also giving threats of self harm and suicide.

Family Composition

The patient is currently living with his mother, elder maternal uncle, younger maternal uncle and aunt along with his grandmother in the residence of elder maternal uncle. The patient father expired.

Family Details

Father: Patients father died in 2009, at the age of 42 years of age due to liver failure. He studied up to 9th standard and was working as a manager in petrol pump in Itanagar. The father had history of substance abuse and didn't maintain good health ever since the patient was born. The father died when the patient was 6 years of age. He had an introvert personality, rarely mixed with people, however was dutiful towards work and family affairs. The patient has good memories of his father from childhood, which he keeps lamenting and remembering still.

Mother: The patient's mother is 50 years of age. She studied up to 9th standard, was average and not much interested in studies. She is introvert in nature and doesn't socialize much, never initiates fights or gets into arguments. The patients mother have been diagnosed with Obsessive Compulsive Disorder (OCD) in 1996 before getting married in LGBRIMH however she discontinued treatment due to side effects of the drugs. The patient has resentments towards his mother as from childhood he didn't got attention towards his needs as mother was always busy with her obsession.

Maternal uncle (elder): the patients elder maternal uncle is 46 years of age, holds a degree in M.com and is currently working in the PWD. The uncle has asthma, and is currently going through a divorce with his second wife. The first wife left him due to misunderstanding between both. The patient doesn't share understanding relationship between the maternal uncle as he often keeps the patient reminding that he have given him and his mother shelter only for some years.

Maternal uncle (younger): the patient's younger maternal uncle is 43 years of age, holds a degree in M.com and is currently working as a medical representative. He maintains good health. He lives with his family, consisting of his wife who is a music teacher and two school going children, the uncle doesn't share good relationship with his wife, as the uncle reports she is outspoken and doesn't understands him. The patient shares fitting relationship with the maternal uncle. However the patient is neglected and has unhealthy communication with the maternal aunt.

Grandmother: the patient's grandmother is 70 years of age, illiterate and is a home maker. She is currently bed ridden due to health complications. The patient often gets into argument with the grandmother as she reminds him to be disciplined and work hard, so that he and his mother leave her place soon.

Family Interaction Pattern

Interaction between Patient and Parent

The patient shares differences with the mother. Patient has feeling of resentment and complaints regarding her parenting. Growing up with a single parent, the patient often misses the idea of a family with his father. Further, due to the mothers OCD traits, the parent fails to take responsibility and support the patient both emotionally and financially. Problems and issues are not shared, discussed openly with each other.

Interaction between Patient and Other Members in the Family

The relationship with the other family members is damaged, with the maternal uncles, maternal aunt and grandmother who at times verbally taunts as an outsider; always placing his need at the lowest and overlooking his needs and desires. He does not feel important and feels neglected. The elder maternal uncle is the nominal and functional head of the family. The major decision regarding home expenses, savings and management are taken by the uncle. Leadership pattern and decision making of mother and the patient, as a unit is either taken by the maternal uncles, or with the consent of the maternal uncles. Sometimes the patient and mother involve in decision making but at last the patient's maternal uncle takes all the decisions. Roles are not clearly defined, since the death of the father of the patient. Role strain is present as the mother is unable to look after all

the needs of the family. Therefore maternal uncle plays multiple roles in the family. During conflict there are clashes with the roles allocation and decision making. There is unhealthy communication between the patient and the other family members as they often have quarrels with each other when the patient is symptomatic. There use to be clear and direct communication with mother and uncles however after the patient resentments increased there is no healthy communication between the patient and the family members. Switch board communication is present where the patient talks with the uncles through mother. Further patient's mother is not given the freedom to communicate her needs and opinions. There is no healthy connectedness present in the family. We feeling are not among all the family members. Mutual support is not present in the family at the time of crisis. Problem solving ability and coping strategies is found to be poor and inadequate in the family. Patient's family members remains stressed and overburdened due to the ongoing psychosocial issues in the family, with maternal uncles divorce, patient and mothers illness and the arguments happening between maternal aunt and the patient and mother. Primary support system is not adequate among the family members as they don't have cordial relationship with each other in the family. Secondary social support system is adequate from neighbours and well wishers, who often come to meet the patient and the mother and advice with valuable suggestions and advices. Tertiary support is received adequately from LGBRIMH, Tezpur.

Social Diagnosis

The index patient, 16 years old male, hailing from a middle class family of Tezpur came with the chief complaints of intake of cannabis, low mood, irritability, aggression on provocation, frequent crying spells, death wishes, suicidal attempt, decreased sleep & appetite and poor self-care. The total duration of illness is 12 years with deteriorating progress; with the demise of father, loss of love relationship as precipitating factor, family history of the mental illness (alcohol abuse and OCD) as predisposing factor and the poor social support, chaotic family environment and dependence on relatives for financial and emotional needs as the perpetuating factor. Further there is atypical parenting situation and inadequate parental supervision and control on the patient.

Psychosocial Managment

Intervention for Patient	Objectives	Duration Per Session	Tools and Techniques
Rapport establishment	To establish rapport with patient	45	Communication, interview
Psycho education	To discuss about the mental illness of the patient To assess future plans and aspirations	45	Communication, interview
Pre-discharge counselling	To discuss about medication and follow ups	30	Communication, interview

Intervention for family members	Objectives	Duration per session	Tools and techniques
Rapport establishment	• To establish rapport with maternal uncles	45	Communication, interview

Single family psycho education with informative and skill training approach	• To discuss about the mental illness of the patient • To discuss about the mental illness of the mother • To address parenting style • To teach decision making and problem solving techniques	45	Communication, interview
Multifamily psycho education model with Informative approach	• To alliance the pattern of communication in the sub-systems of the family. • To discuss about the mental illness of the patient and mother	45	Communication, interview
Mixed family psycho education model with skill training approach and supportive approach.	• To address the issues of family boundary • To discuss on importance of conducive family environment and family social support. • To build and strengthen ties between patient and family members • To discuss about the treatment and management of patient and mothers illness	45	Communication, interview
Pre-discharge counselling	• To discuss about medication and follow ups	30	Communication, interview

Intervention Plan:

Rapport Building

The purpose of the session was to establish rapport with client which implies building emphatic and shared understanding between the therapist and the family. The session was started with formal introduction followed by the explanation of the purpose of the session. The family was informed about the therapy and the benefit from the therapy. Further confidentiality was assured.

Family Psycho Social Assessment:

Family psychosocial assessment was initiated to understand family dynamics and to find out specific areas of interventions. The session focused on eliciting the psychosocial issues within the immediate family. On assessment the following psycho-social issues were found:

1. After the death of the father, there is no communication with the paternal family side.
2. The patient often had resentments within the family, due to lack of fulfilling his wants and wishes.
3. There is no cordial relationship between the patient and the maternal aunts. The mother reported that there was an incident when the adolescent (patient) was being hospitalized earlier and his maternal aunts would not bother to pay a visit for the same. It was also reported that there is lack of both verbal and non-verbal communication between the adolescent and his maternal aunts in the family for which the adolescent used to feel that he is being despised or ignored.
4. The patient currently does not trust his maternal uncles and mother due to their meddling in his relationship with his love interest.
5. The mother expressed that the patient despise his lack of fatherly support and lack during the current situation, banging his head on the walls, remembering his father.

6. The family is in lot of distress with prevailing misconceptions within the family, blaming the patient's illness on each other.
7. The maternal uncle was accusing himself and the family for the patient's state, unable and perplexed to decide on future course of actions.
8. The patient from a very young age was exposed to an environment where substance abuse was present.

Internal boundary is found to be rigid (not clear and open). Mostly there is poor communication pattern found in the family sub-systems, between the patient and his maternal aunts and patients mother. There is lack of problem solving and decision making between the mother and patient, relying entirely on the maternal uncles.

Single Family Psycho-education Group with Informative and Skill Training Approach

Single family psycho-education group with information model and skill training model was provided in the session. The informative model provides families the knowledge about psychiatric illness and its management. Skill training model helps in systematically developing specific behaviours so that family members can enhance their capability to assist the ill relatives and manage the illness more effectively. The session focused in providing illness related psycho education with special reference to Obsessive Compulsive Disorder (OCD) and depression. The patient's mother perceived knowledge on mental illness, focusing on the causes and consequences was assessed and checked. The perpetuating factors were explained, with reference to patient's diagnosis of severe depression. The signs and symptoms, causes, course, prognosis, relapse and long term intervention and treatment of the illness were explained in brief with analogy. With reference to personal issue, faced by the mother, in terms of the present OCD traits, the treatment process, importance of treatment and the service available for the same is discussed in brief. Highlighted and discussed the areas of concern related with the patient's childhood, lack of parental support, homely environment and adolescence as a crucial stage was discussed. The importance of having a positive parenting style, engaging more in leisure activities, getting the patient engage in productive activity to overcome the relationship issues the patient is currently facing. The patient's mother future course of actions, when discharged was explored; likewise importance of care giving, parental care, and adequate emotional support was discussed. Stigma related issues was explored and checked. The mother was optimistic about the patient recovery. She expressed, about how close relation both have shared during the hospital stay, she is able to spend time, and care, support the patient more.

Multifamily Psycho Education Model with Informative Approach

Multifamily Psycho education model with Informative approach provides families the knowledge about psychiatric illness and its management. Information on the concept of mental illness with special reference to depression was imparted. The session began with imparting psycho education stressing on depression. The attendants were asked to share their perceived general understanding of mental illness. Accordingly the following points were explained in order; the common causes of mental illnesses were discussed in brief, Signs and symptoms of depression. Predisposing, precipitating and perpetuating factors of mental illness particularly associated with the patient's current illness were explained. Role of caregiver in treatment process was stressed. Importance of maintaining cordial family relationship and adequate family social support systems was addressed throughout the session.

Individual Psycho-education

Individual psycho education was provided to provide basic information on mental illness and to assess future plans and aspirations. The patient general understanding on mental illness and

health, was assessed, misconceptions and doubts were checked and answered. The nature, causes and symptoms of mental illness was discussed in brief, with specific reference to depression. The importance of drug compliance, side-effects, and follow ups was discussed. The importance of self care, maintaining a daily routine, healthy diet and exercise was explained and encouraged. The session proceeded with the patient's status and experience living in the hospital and on his illness. The patient started by comparing the aftermath of coming for treatment and prior to illness situations. There are no regrets, rather he is optimistic and appreciates the treatment he received over, during the hospital stay. The patient expresses on changes he wants to execute after discharge, he wishes to change his friends circle, shares that they comes to him only when they need money, never gives him any positive feedbacks, but indulges him into unhealthy habits: use of substance. He is further determined to focus on cricket which was not practiced seriously enough, wishes to start a new beginning with his family members and discard relationships which creates distress and effects his emotions. The patient also shares his worries regarding his mother's state where she has to hear from grandmother and uncles also deal with her illness. Moreover, he wants to go for higher studies to Guwahati and start a new phase by changing environment.

The patient was in a pleasant mood and participated well, was listening carefully, raising concerns and expressing his plans and goals he wishes to fulfil in future. However, there were certain unattainable goals like studying in private college and university which he has targeted for himself which are not in accordance with his family member's plans. The differences in opinions have potential to create conflict which requires being address in mixed family psycho-education group

Mixed Family Psycho-education Model with Skill Training Approach and Supportive Approach

Mixed family Psycho-education model with skill training approach and supportive approach was involved for the session. Skill training model helps in systematically developing specific behaviours so that family members can enhance their capability to assist the ill relatives and manage the illness more effectively. Supportive model aims to enhance and improve the emotional capacities of the families to cope with the burden of caring for their ill relatives. The objective of the session was to have conjoint session with both the maternal uncles to address the issues of family boundary and understand the interpersonal issues in the family. Further to build and strengthen ties between patient and family members and alliance the pattern of communication in the sub-systems of the family and discuss on importance of creating a conducive family environment and family social support. Encompassing the possible solutions of the current disorganized family relationships.

The session was conducted with the mother, maternal uncles, elder and younger, and the patient (immediate family). The session had two phases, in the first phase; an understanding of the maternal uncle on the patient's illness was assessed. In the second phase, the interpersonal issues between the family members and the patient were addressed. The session summarized the earlier discussion on mental illness, its causes and treatment modalities to understand the family member's knowledge after holding earlier sessions. Based on the understanding, focus was instigated in resolving family interpersonal issues and accusation on each other due to conflicting of roles, lack of cohesion, and unhealthy communication patterns among sub systems in the family. The interpersonal issues between the patient and the mother as a unit, against the maternal uncles as different sub system was cleared and attempted to resolve. The ties, relationship between patient's mother and patient was strengthened, by imparting, necessary intervention of healthy and effective communication skills, problem solving and decision making for themselves. The mother was counselled to take treatment for obsessive traits and focus in understanding and supporting the patient. The expectations of the

family members with the patient and vice versa were put forward and possible alternate solution to resolve issues was initiated. The future plan regarding the patient treatment and care was assessed, suggestion of the family members was included and few achievable goals were put forward.

The family members were attentive and supportive all throughout the session. The maternal uncles and mother was asking questions and putting forward possible solutions to problems and issues about the patient's illness and treatment process. They expressed gratitude for the treatment received and are hopeful about the treatment, it was observed the maternal uncle (younger) could be a good support system for the patient, provided the resentments within the family is solved, and effective problem solving skills are developed. Lastly the session ended with solving of the difference in the opinions of the patient and family members regarding his future interest and a consensus was achieved.

Pre Discharge Counselling

The session focused on orienting the family and patient regarding illness. The importance of medication and regular follow ups, importance of physical exercise and engagement in healthy work functioning in recovery of illness was stressed; possible side effects of medication and early signs and symptoms were also discussed. Quick short recap of earlier session was discussed and explained with the focus on the psychosocial issues and stressors which impacted the patient earlier.

Telephonic Consultation and Follow up (3 sessions)

Follow ups session was done over telephonic conversation. The patient was having relapse and suicidal wishes after a week of discharge; the patient was apparently talking with the girl's family. There was an instance where he had sweating and panic attacks when the girl's family arrived to his house. The mother called for assistance and help, however could manage well with the support of the family.

Outcome of Intervention

The psychosocial intervention has brought numerous changes in the patient's and family behaviour:

1. The suicidal wishes and desires disappeared.
2. The patient is more aware of his strengths for instance, passion about cricket and becoming a cricketer and realistic plans about becoming a businessman
3. Conflicting relationship with the mother and other family members
4. Relationship issues with the girlfriend mended on a positive note
5. Optimistic and emphatic outlook of the patient and family members developed regarding illness and handling future episodes.
6. Patient and mother are more in power of their decisions, the relationship strengthen.

Conclusion

Drawing from the outcomes, it can be concluded that healthy family functioning is fundamental for a child's overall well-being and development. John Bowlby's Attachment Theory emphasizes the significance of secure attachments between children and their primary caregivers, which is crucial for emotional regulation and psychological health (Bowlby, 1969). Similarly, Talcott Parsons' concept of primary socialization highlights the family as the essential institution responsible for instilling social norms and values, providing the foundation for a child's growth and development (Parsons, 1951). In the present case study, the adolescent's mental health challenges were exacerbated by the lack of parental presence and emotional support. Research consistently shows that parental absence

and emotional neglect can contribute to maladaptive behaviours, such as substance abuse (Smith et al., 2020). Additionally, the patient in this case was genetically predisposed to mental illness, which, combined with ineffective and emotionally unavailable parenting, intensified his emotional struggles. The mother's obsessive-compulsive disorder (OCD) and financial instability, alongside her reliance on extended family, failed to create a secure and nurturing environment for the child, prompting him to seek comfort and validation elsewhere. Studies further indicate that a lack of parental supervision can lead to premature sexual experimentation among children, and when met with scoldings, this can escalate into anger and depression (Johnson & Becker, 2019). In this case, the lack of a supportive familial environment significantly contributed to the child's psychological decline.

Explaining the family dynamics, it became clear that unhealthy family functioning, such as blurred boundaries between the uncles and the parent-child subsystem, contributed to instability within the family. Psycho education, which has been shown to significantly enhance family functioning by promoting awareness and coping strategies, played a key role in addressing these issues (Lukens & McFarlane, 2004). It is an indispensable method in psychotherapy, helping the family understand their challenges and encouraging healthier interactions. Studies have consistently found psycho education to be effective in reducing relapse rates and improving family communication (Xia et al., 2020). The family's disorganization largely stemmed from a lack of problem-solving skills during crises. With the implementation of psycho-education, the family was better equipped to manage these challenges, and this approach was proven to be instrumental in the therapeutic process (McFarlane, 2016).

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