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Examining the Relationship Between Adolescent Perception of the Family Psychosocial Climate with Depression and Suicidal **Tendencies in Adolescent Girls**

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ABSTRACT

Objective: Adolescence is a critical stage of psychological development, during which many psychological and personality disorders typically begin to manifest. The aim of this study was to examine the relationship between adolescent perception of the family psychosocial climate with depression and suicidal tendencies in adolescent girls.

Methods and Materials: The research method was quantitative and correlational. The statistical population included all high school female students in the city of Torbat-e Jam during the 2021-2022 academic year, from which 160 individuals were selected using cluster sampling. The research instruments in this study included the Adolescents' Perception of Family Psychosocial Climate Questionnaire by Rajayi, Khoei Nejad, and Toosi (2013), the Beck Depression Inventory (1961), and the Teenagers' Suicide Questionnaire by Keith (1984). Data analysis was performed using Pearson correlation coefficient and regression analysis with SPSS-25 software. Findings: The results of the study indicated that there is a significant negative relationship between adolescents' perception of the family psychosocial climate with depression (r=-0.55, p<0.01) and suicidal tendencies (r=-0.51, p<0.01) in adolescent girls. Furthermore, the results showed that the family autonomy and parental intimacy components predict adolescent depression, while the family security and agreement and consistency between parents and children components predict adolescent suicidal tendencies.

Conclusion: The family psychosocial climate is an important variable that is associated with depression and suicidal tendencies in adolescent girls.

Keywords: Psychosocial climate, depression, suicide, psychological disorders.



1. Introduction

dolescence is a dynamic period of life, during which a significant portion of an individual's personality and psychological characteristics are formed. Adolescents are considered an important segment of society due to their crucial role in the future administration of any country. Due to the complex and rapid changes they experience during this period of life (Niknam et al., 2023), adolescents are more vulnerable to behavioral disorders and psychological abnormalities. Adolescents, having not yet fully established their identity, defined their value system, or achieved sufficient cognitive and emotional development, seem to face more emotional and psychological problems compared to other groups (Dick et al., 2021). Among these, the family undoubtedly remains the first and most important social group that can significantly influence the mental health of adolescents, either positively or negatively. Many adolescents, due to their desire for independence, powerseeking tendencies, and engaging in risky behaviors without fully understanding the consequences of their actions, often encounter challenges and conflicts with family, society, and relatives (Rice et al., 2019). The way parents and family members communicate and interact, their feelings and affection towards each other, their involvement or lack thereof in each other's affairs, and their competition and cooperation can impact the emotional and behavioral health of their children (Mohler-Kuo et al., 2021).

The family psychosocial climate is determined by several variables, including specific parenting behaviors, the time, amount, and types of emotions expressed by family members. The family psychosocial climate refers to the way family members communicate and interact, their feelings and affection towards each other, their involvement or lack thereof in each other's affairs, and their competition and cooperation (Abbasi et al., 2022). In fact, inappropriate parental patterns and behaviors influence an individual's cognition, affecting their beliefs and perceptions about themselves and others, thereby creating a significant barrier to emotional regulation and distress, increasing the risk of psychological problems (Smetana & Rote, 2019). Research has shown that parental functioning significantly influences the development of thoughts, behaviors, and emotions in children and adolescents. Based on the stress-vulnerability model in psychopathology, numerous studies have examined the role of family-related factors as predisposing factors for individual vulnerability (Cooper et al., 2021; Mohler-Kuo et al., 2021). Parents who use control without affection in their interactions with their children increase the likelihood of future psychological disorders. The more negatively the emotional and psychological climate of a family is perceived, the lower the mental health of family members, particularly children and adolescents. Among these, depression is one of the most debilitating psychological disorders, which appears to be increasing among adolescents with emotional problems with their families (Rice et al., 2019).

Depression is characterized by a set of behaviors marked by slowed movements and speech, and includes symptoms such as sadness, crying, lack of active responses, lack of interest, feelings of worthlessness, insomnia, and loss of appetite (Pacchiarotti et al., 2020). In adolescents and adults with major depressive episodes, lack of pleasure, hopelessness, psychomotor retardation, and delusions are more common than in children. Adolescents may exhibit overt antisocial behaviors and substance abuse, showing additional diagnoses such as oppositional defiant disorder, conduct disorder, and substance abuse or dependence (Scott et al., 2019). Restlessness, irritability, aggression, reluctance to cooperate in family interactions, withdrawal from social activities, and a desire to leave home are common problems among depressed adolescents (Khesht-Masjedi et al., 2019). Unfortunately, depression negatively affects a wide range of adolescent lives, including academic problems like declining grades and academic stress, which can further negatively impact the family's emotional and psychological climate, leading to family tension (Deimazar et al., 2019). Depression in adolescents may also manifest in other forms; for instance, adolescents may neglect their appearance, exhibit increased irritability, and be particularly sensitive to rejection in romantic and emotional relationships (Kansky et al., 2019). The severity of depression is a critical factor that mental health professionals must always consider, as severe cases can threaten adolescents' lives, leading to suicide (Rice et al., 2019).

In recent years, there has been an increasing trend in suicide rates compared to previous years among various segments of the population, especially young and adolescent groups in the country. Previous studies have shown that the highest rates of mortality due to suicide are seen among adolescents and young adults aged 15-24 years (Mokhtari et al., 2019). In such circumstances, society not only loses its productive force but also has to bear the stigma, disabilities, and psychosocial damages resulting from this issue, as well as the long-term costs of care and special services. Suicide among adolescents has multiple social, economic, cultural,



psychological, and familial causes. While depression is a primary cause of suicide, it should not be considered the only factor (Ati et al., 2021). Previous studies have shown that the psychological and emotional state of families is one of the significant factors affecting adolescent suicide (Manzar et al., 2021).

If the psychosocial and emotional climate in the family is perceived as unpleasant by the adolescent, the likelihood of self-harming behaviors increases. Furthermore, in families where constructive interaction and mutual respect do not exist, where the efforts and talents of adolescents are ignored and unappreciated, the likelihood of risky behaviors, including substance and alcohol abuse, risky sexual behaviors, running away from home, and suicide, increases (Hunt et al., 2022). In a family where adolescents do not feel valued, do not receive emotional support, are constantly criticized, humiliated, and subjected to unreasonable strictness, they will not have healthy psychological development. In such a cold and frustrating emotional climate, the adolescent perceives themselves as a burden and, therefore, is more likely to engage in self-harming behaviors (Runcan, 2020). Unfortunately, suicide not only poses a serious threat to the individual's life but also has devastating effects on the entire family system, friends, and community. Families of individuals who attempt suicide face social stigma, blame, and a range of negative emotions such as shock, fear, guilt, shame, feelings of rejection, selfblame, anger, and even suicidal thoughts (Sekowski et al., 2020), all of which exacerbate the family's negative emotional state.

Addressing the issues and problems of adolescents and their mental health care and education is highly valuable and necessary. The family is one of the most important social institutions that directly affects children's mental health, academic progress, and social maturity (Jafari et al., 2023). In recent years, the prevalence of psychological disorders, including depression and suicide, among Iranian adolescents has been increasing. Therefore, the family psychosocial climate needs to be given more attention and study. Unfortunately, due to the stigma surrounding mental health problems and suicide in less developed societies, there have been very few in-depth studies on the relationship between family emotional and psychological climates and serious mental disorders like depression and suicide in adolescent girls, with most studies conducted in large cities like Tehran. Thus, based on what has been stated, the present study aims to investigate whether there is a relationship between adolescent perceptions of the family psychosocial climate

and the levels of depression and suicidal tendencies among adolescent girls in Torbat-e Jam.

2. Methods and Materials

2.1. Study Design and Participants

The present study is quantitative, correlational, and descriptive. The statistical population in this study included all second-year high school female students in the city of Torbat-e Jam during the 2021-2022 academic year. Using Cochran's formula, 160 female students were selected through multistage cluster sampling. Initially, three high schools were chosen from among the second-year high schools for girls, and one class from each school was randomly selected. The students from these three classes completed the questionnaires. In this study, all ethical principles were adhered to. Initially, correspondence was made with the Torbat-e Jam Education Department, and permission for the study was obtained. The participants were then selected through cluster sampling. Before starting the study, all participants were informed about the research objectives. They were assured that all ethical principles, including confidentiality and anonymity, would be maintained. Participants were also informed that they had the right to withdraw from the study at any stage.

Key inclusion criteria included residing in Torbat-e Jam, being female, studying in the second year of high school, not having psychotic disorders requiring hospitalization, not receiving medication or psychotherapy, and giving informed consent to participate in the study. Key exclusion criteria included losing any inclusion criteria, not responding accurately and thoroughly to all questionnaire items, and withdrawing from the study.

2.2. Measures

2.2.1. Psychosocial Climate

This questionnaire was developed by Rajayi, Khoei Nejad, and Toosi (2013), consisting of 68 items and 7 components (social security, autonomy, parental intimacy with adolescents, parental intimacy with each other, adolescent-parent agreement and consistency, parental agreement and consistency, and social support). The scoring method for this questionnaire is based on a Likert scale ranging from strongly disagree (score 1) to strongly agree (score 5). Therefore, the minimum score is 68, and the maximum is 340, with higher scores indicating a more positive family psychosocial climate. The validity of this



questionnaire has been confirmed by experts in the field of family and parenting. The instrument has acceptable reliability, with an overall reliability of 77% using Cronbach's alpha in the study by Rajayi, Khoei Nejad, and Toosi (2013). The reliability of the subscales—social security, autonomy, parental intimacy with adolescents, parental intimacy with each other, adolescent-parent agreement and consistency, parental agreement and consistency, and social support—was found to be 80%, 72%, 79%, 74%, 75%, 72%, and 81%, respectively, indicating good psychometric properties of the questionnaire (Sekowski et al., 2020; Sela et al., 2020).

2.2.2. Depression

The revised version of the Beck Depression Inventory by Beck et al. (1996) is aligned with DSM-IV criteria for depression, assessing the level and severity of depression. This 21-item self-report instrument is used worldwide, including in Iran, for individuals aged 13 and above and has demonstrated good validity. This tool measures depression in adolescents and adults over the past two weeks, with response values ranging from 0, 1, 2, to 3, where higher scores indicate greater severity of depression. The minimum and maximum scores are 0 and 63, respectively. Scores of 0 to 13 indicate no depression, 14 to 19 mild depression, 20 to 28 moderate depression, and 29 to 63 severe depression. The psychometric properties of this instrument have been examined in various clinical and non-clinical populations. Ghasemzadeh et al. (2005) reported a reliability of 74% in adolescents and a reliability of 87% using Cronbach's alpha (Ghassemzadeh et al., 2005; Nikdel et al., 2022).

2.2.3. Suicide Tendency

This 13-item questionnaire was designed by Keith (2001) to assess the likelihood or tendency of suicide in adolescents. Each question has two options: yes (1 point) and no (0 points), with reverse scoring for items 1, 5, and 11. The total score is obtained by summing the scores of all items, ranging from 0 to 13, with higher scores indicating a greater tendency toward suicide. Horowitz et al. (2012) reported a reliability of 88% using Cronbach's alpha. This questionnaire was also standardized in Iran by Noori et al. (2013), with a reliability of 71% using Cronbach's alpha (Horowitz et al., 2012; Javdan, 2022).

2.3. Data analysis

Data analysis was performed using Pearson correlation coefficient and regression analysis with SPSS-25 software.

3. Findings and Results

The results of the demographic characteristics of this study showed that the mean age of the participants was 16.7 years, with 47 (29%) students in the first year of high school, 58 (36%) in the second year, and 55 (35%) in the third year of high school. More than half of the participants had a medium income, and most of their mothers had a high school diploma or associate degree. Additionally, over 90% of the subjects lived with both parents.

For statistical data analysis, descriptive statistics including central tendency and dispersion indicators were first described. Pearson's correlation coefficient was then used to examine the relationship between adolescents' perception of the family psychosocial climate and depression and suicidal tendencies in adolescents.

Table 1

Descriptive Statistics of Adolescents' Perception of the Family Psychosocial Climate

Variable	N	Mean	Standard Deviation
Family Security	160	32.70	9.02
Agreement and Consistency between Parents and Children	160	83.41	10.88
Family Support	160	19.75	5.70
Family Autonomy	160	33.90	6.45
Parental Intimacy with Adolescents	160	23.77	6.19
Parental Intimacy with Each Other	160	39.01	9.24
Adolescents' Perception of the Family Psychosocial Climate	160	232.54	31.07
Depression	160	36.81	11.84
Suicide	160	8.30	2.59

As shown in Table 1, the mean for adolescents' perception of the family psychosocial climate is 232.54. The highest

mean is related to the subscale of agreement and consistency between parents and children (M = 83.41), and the lowest





mean is related to the subscale of family support (M = 19.75).

Moreover, the mean and standard deviation for depression are 36.81 and 11.84, respectively, and for suicide, they are 8.30 and 2.59, respectively.

As mentioned, a thematic analysis was performed on the scientific texts. A sample of the results of the theory-driven deductive thematic analysis of the scientific texts related to healthy body image strategies is presented in Table 2.

 Table 2

 Pearson's Correlation Coefficients between Adolescents' Perception of the Family Psychosocial Climate and Depression

Variable	N	r	p
Family Security	160	34**	.001
Agreement and Consistency between Parents and Children	160	28*	.01
Family Support	160	23*	.02
Family Autonomy	160	42**	.001
Parental Intimacy with Adolescents	160	47**	.001
Parental Intimacy with Each Other	160	44**	.001
Adolescents' Perception of the Family Psychosocial Climate	160	55**	.001

p < .05. *p < .01

As shown in Table 2, there is a significant negative correlation between adolescents' perception of the family psychosocial climate and depression (r = -.55, p < .01). Thus, it can be stated with 99% confidence that there is a significant negative relationship between adolescents' perception of the family psychosocial climate and adolescent depression. This correlation is significant for the components of adolescents' perception of the family psychosocial climate, including family security (r = -.34, p < .01), agreement and consistency between parents and children (r = -.28, p < .05), family support (r = -.23, p < .05), family autonomy (r = -.42, p < .01), parental intimacy with adolescents (r = -.47, p < .01), and parental intimacy with each other (r = -.44, p < .01). The highest negative

correlation is between parental intimacy with adolescents and depression (r = -.47, p < .01), and the lowest negative correlation is between family support and depression (r = -.23, p < .05).

In the next stage, the frequency of the basic themes was used as the most common criterion for determining the amount of time to be allocated to each of the intermediary themes. To decide on the design and focus level appropriate to the organizing and basic themes in the healthy body image educational package, the frequency and percentage frequency of the basic themes for each of the four organizing themes were calculated and ranked. The results of this stage are presented in Table 3.

 Table 3

 Pearson's Correlation Coefficients between Adolescents' Perception of the Family Psychosocial Climate and Depression

Variable	N	r	p
Family Security	160	39**	.001
Agreement and Consistency between Parents and Children	160	41**	.001
Family Support	160	29**	.001
Family Autonomy	160	35**	.001
Parental Intimacy with Adolescents	160	24*	.02
Parental Intimacy with Each Other	160	28**	.001
Adolescents' Perception of the Family Psychosocial Climate	160	51**	.001

^{*}p < .05. **p < .01

As shown in Table 3, there is a significant negative correlation between adolescents' perception of the family psychosocial climate and suicidal tendencies (r = -.51, p < .01). Thus, it can be stated with 99% confidence that there is a significant negative relationship between adolescents'

perception of the family psychosocial climate and suicidal tendencies in adolescents. This correlation is significant for the components of adolescents' perception of the family psychosocial climate, including family security (r = -.39, p < .01), agreement and consistency between parents and





children (r = -.41, p < .01), family support (r = -.29, p < .01), family autonomy (r = -.35, p < .01), parental intimacy with adolescents (r = -.24, p < .02), and parental intimacy with each other (r = -.28, p < .01). The lowest negative correlation is between parental intimacy with adolescents and suicidal

tendencies (r = -.24, p < .02), and the highest negative correlation is between agreement and consistency between parents and children and suicidal tendencies (r = -.41, p < .01).

 Table 4

 Regression Model for Predicting Depression Based on Adolescents' Perception of the Family Psychosocial Climate

Model	R (Multiple Correlation Coefficient)	R ² (Coefficient of Determination)	Adjusted R ²	Standard Error of Estimate	Durbin-Watson Statistic
1	.61	.37	.33	9.68	1.61

The results of Table 4 indicate that the multiple correlation coefficient between the criterion variable (adolescent depression) and the independent variable (components of adolescents' perception of the family psychosocial climate) is .61, indicating a moderate correlation between the criterion variable and the

independent variables. The adjusted R² in the model suggests that 37% of the changes in adolescent depression scores are explained by the components of adolescents' perception of the family psychosocial climate. Given that the Durbin-Watson statistic is between 1.5 and 2.5, the independence of residuals is accepted.

 Table 5

 Regression Model for Predicting Suicidal Tendencies Based on Adolescents' Perception of the Family Psychosocial Climate

Model	R (Multiple Correlation Coefficient)	R ² (Coefficient of Determination)	Adjusted R²	Standard Error of Estimate	Durbin-Watson Statistic
1	.57	.32	.28	2.20	1.88

The results of Table 5 indicate that the multiple correlation coefficient between the criterion variable (adolescent suicidal tendencies) and the independent variable (components of adolescents' perception of the family psychosocial climate) is .57, indicating a moderate correlation between the criterion variable and the independent variables. The adjusted R² in the model suggests that 32% of the changes in adolescent suicidal tendency scores are explained by the components of adolescents' perception of the family psychosocial climate. Given that the Durbin-Watson statistic is between 1.5 and 2.5, the independence of residuals is accepted.

4. Discussion and Conclusion

The present study aimed to investigate the relationship between adolescents' perception of the family psychosocial climate with depression and suicidal tendencies among adolescent girls in Torbat-e Jam. The results showed a significant negative relationship between adolescents' perception of the family psychosocial climate and adolescent depression. These findings are consistent with Chen et al. (2020), who found a relationship between the emotional

atmosphere of the family and depression, internet addiction, self-efficacy, and self-esteem in adolescents (Chen et al., 2020). Similarly, Sela et al. (2020) found that the more positive and supportive the emotional atmosphere in a family, the lower the likelihood of depression and obsessive-compulsive behaviors in children (Sela et al., 2020). Previous domestic studies have also reached similar conclusions (Nikdel et al., 2022).

In explaining these results, it can be said that family health is linked to creating commonalities within the family, one of which can be parental intimacy with adolescents, leading to close relationships between parents and children. When family members share more commonalities, their health and adaptation improve (Cook, Chen, & Wang, 2015).

Conversely, if the family psychosocial climate is perceived negatively, inappropriate parental patterns and behaviors influence the individual's cognition, affecting their beliefs and perceptions about themselves and others negatively. This creates a significant barrier to emotional regulation and distress, increasing the risk of psychological issues. Previous studies have also shown that the less supportive and ineffective the family psychosocial climate is, the more children feel lonely, guilty, and blame



themselves for family problems, feeling less valued and important compared to their peers. These factors can significantly lead to poor academic performance in children. In such families, children feel less control over problems, leading to higher incidences of learned helplessness, thereby increasing the risk of depression (Daly, 2022).

Another result of the present study was a significant negative relationship between adolescents' perception of the family psychosocial climate and suicidal tendencies. Similar to the present study, Bean, Keenan, and Fox (2022) reported that the family psychosocial and emotional climate is one of the most important predictors of self-harming and suicidal behaviors in adolescents (Bean et al., 2022). Recent domestic research by Nikdel et al. (2021) also showed that the family emotional atmosphere is not only related to suicidal thoughts in adolescents but also to risky behaviors such as drug addiction, which is itself a major cause of suicide (Nikdel et al., 2022). Javidan (2022) also demonstrated that the family psychosocial-emotional climate can predict suicidal behavior in adolescents (Javdan, 2022).

In explaining the above results, it can be said that the family can create unbreakable bonds between individuals. Attachment among family members is often lifelong, acting as a model for relationships in larger contexts such as school and society. Indeed, the family emotional atmosphere, as one of the most important pillars of personal development, can positively influence developmental aspects, particularly enhancing mental health in stressful situations. This means the individual gains the capacity to resist stress and disaster, ultimately enabling them to cope with life's stressors independently.

Conversely, adolescents who perceive their family security and emotional climate negatively face multiple problems. First, these children, feeling lonely, struggle with effectively coping with life's stresses and have lower resilience compared to their peers. In a family lacking emotional empathy and healthy attachment, children blame themselves in difficult situations and feel more inferior and weak. Most individuals with psychological problems come from dysfunctional families. Children from conflict-ridden families, due to lack of mental peace, concentration, and increased turmoil, are more prone to maladaptive behaviors (Chen et al., 2020; Nikdel et al., 2022; Sela et al., 2020).

Conflict and confrontation among family members, parental strictness, criticism and blame, academic pressure from parents, and psychological problems are among the most significant reasons for suicide in adolescents. When an

adolescent feels psychologically distressed and needs help but does not perceive their family as supportive or a source to share their problems with, they feel frustrated, abandoned, and undervalued. Consequently, many adolescents do not express their problems and are deprived of mental health services precisely when they need them the most.

If a family fails to create a calming psychological climate filled with support and kindness, their children will experience stress and psychological pressure. These individuals may resort to risky sexual behaviors or substance abuse to escape their psychological problems and compensate for feelings of inferiority and worthlessness. Although these behaviors may provide temporary relief, they will likely exacerbate physical, psychological, and financial problems in the near future. In cases of severe problems, where adolescents feel that their family and others cannot help them and lack emotional and supportive resources, they may exhibit self-harming behaviors. Additionally, as adolescence is a period where individuals lack sufficient self-awareness and emotional understanding and act impulsively, they may not express their needs or seek help appropriately, potentially endangering their lives.

5. Limitations & Suggestions

This study, like any other, has certain limitations. The first and most important limitation is the use of only one gender (girls) in a single educational level. Therefore, different results may be obtained for boys. Another limitation is that the study samples were collected from only one city. Consequently, different results may be obtained in other Iranian cities with diverse cultural, linguistic, and religious backgrounds. Another limitation is the inability to establish causality. Therefore, it cannot be conclusively stated that depression and suicide are due to the family psychosocial-emotional climate. To address limitations, future studies should include boys and be conducted at other educational levels. For better generalizability, the study should be conducted in various cities across Iran with different backgrounds. Additionally, experimental research should be used instead of correlational studies to determine causality between variables.

The results of this study showed that the perception of the family psychosocial-emotional climate is related to depression and suicide in adolescent girls in Torbat-e Jam. Since the family is the first and most important emotional and supportive source for children, there is no doubt that



improving the family psychosocial-emotional climate is essential for enhancing adolescents' mental health and reducing depression and suicide rates. Therefore, it is recommended that families be provided with the necessary training in empathy and creating an appropriate psychosocial-emotional climate to prevent and reduce depression and suicide rates. Additionally, mental health professionals should closely monitor the psychosocial-emotional climate when treating depressed and suicidal adolescents and help create an appropriate psychosocial-emotional atmosphere between parents and children.

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Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors contributed equally.

References

- Abbasi, E., Rajaei, A., Bayyazi, M. H., & Jafarian Yasar, H. (2022). Predicting the Tendency to Risky Behaviors According to Parenting Style and Mental-Affective Atmosphere Perception of the Family with the Mediation of Healthy Life Style in the Adolescents. *Rooyesh-e-Ravanshenasi Journal (RRJ)*, 10(10), 119-132. http://frooyesh.ir/article-1-2871-en.html
- Ati, N. A., Paraswati, M. D., & Windarwati, H. D. (2021). What are the risk factors and protective factors of suicidal behavior in adolescents? A systematic review. *Journal of Child and Adolescent Psychiatric Nursing*, 34(1), 7-18. https://onlinelibrary.wiley.com/doi/abs/10.1111/jcap.12295
- Bean, R. A., Keenan, B. H., & Fox, C. (2022). Treatment of Adolescent Non-Suicidal Self-Injury: A Review of Family Factors and Family Therapy. *The American Journal of Family Therapy*, 50(3), 264-279. https://doi.org/10.1080/01926187.2021.1909513
- Chen, H.-C., Wang, J.-Y., Lin, Y.-L., & Yang, S.-Y. (2020). Association of Internet Addiction with Family Functionality, Depression, Self-Efficacy and Self-Esteem among Early Adolescents. *International journal of environmental research* and public health, 17(23).
- Cooper, K., Hards, E., Moltrecht, B., Reynolds, S., Shum, A., McElroy, E., & Loades, M. (2021). Loneliness, social relationships, and mental health in adolescents during the COVID-19 pandemic. *Journal of affective disorders*, 289, 98-104.
 - https://www.sciencedirect.com/science/article/pii/S01650327 21003402
- Daly, M. (2022). Prevalence of Depression Among Adolescents in the U.S. From 2009 to 2019: Analysis of Trends by Sex, Race/Ethnicity, and Income. *Journal of Adolescent Health*, 70(3), 496-499. https://doi.org/10.1016/j.jadohealth.2021.08.026
- Deimazar, G., Kahouei, M., Forouzan, M., & Skandari, F. (2019). Effects of online social networks on sleep quality, depression rate, and academic performance of high school students. https://www.cabidigitallibrary.org/doi/full/10.5555/2019325 8145
- Dick, A. S., Lopez, D. A., Watts, A. L., Heeringa, S., Reuter, C., Bartsch, H., Fan, C. C., Kennedy, D. N., Palmer, C., Marshall, A., Haist, F., Hawes, S., Nichols, T. E., Barch, D. M., Jernigan, T. L., Garavan, H., Grant, S., Pariyadath, V., Hoffman, E., . . Thompson, W. K. (2021). Meaningful associations in the adolescent brain cognitive development study. *NeuroImage*, 239, 118262. https://www.sciencedirect.com/science/article/pii/S10538119 21005395
- Ghassemzadeh, H., Mojtabai, R., Karamghadiri, N., & Ebrahimkhani, N. (2005). Psychometric properties of a Persian-language version of the Beck Depression Inventory Second edition: BDI-II-PERSIAN. *Depression and Anxiety*, 21(4), 185-192. https://onlinelibrary.wiley.com/doi/abs/10.1002/da.20070
- Horowitz, L. M., Bridge, J. A., Teach, S. J., Ballard, E., Klima, J.,
 Rosenstein, D. L., Wharff, E. A., Ginnis, K., Cannon, E.,
 Joshi, P., & Pao, M. (2012). Ask Suicide-Screening Questions
 (ASQ): A Brief Instrument for the Pediatric Emergency
 Department. Archives of pediatrics & adolescent medicine,
 166(12),
 https://doi.org/10.1001/archpediatrics.2012.1276
- Hunt, Q. A., Krauthamer Ewing, E. S., Weiler, L. M., Ogbaselase, F. A., Mendenhall, T., McGuire, J. K., Monet, M., Kobak, R., & Diamond, G. S. (2022). Family relationships and the interpersonal theory of suicide in a clinically suicidal sample of adolescents. *Journal of marital and family therapy*, 48(3), 798-811. https://doi.org/10.1111/jmft.12549





- Jafari, N., Tajalli, P., Panah, A. G., & Ahmadi, M. S. (2023).
 Recognizing the causal model of psychological well-being of students with hearing impairment based on attachment styles, family emotional atmosphere, social support and the mediating role of hope. *Journal of Adolescent and Youth Psychological Studies (JAYPS)*, 4(1), 145-157.
 http://journals.kmanpub.com/index.php/jayps/article/view/11
 03
- Javdan, M. (2022). The Effect of Family Emotional-Psychological Atmosphere on Suicide Attempt of Adolescents Referred to Hospitals in Hormozgan Province. *Journal of Family Relations Studies*, 2(6), 38-46. https://jhrs.uma.ac.ir/article_1723.html
- Kansky, J., Allen, J. P., & Diener, E. (2019). The young adult love lives of happy teenagers: The role of adolescent affect in adult romantic relationship functioning. *Journal of research in personality*, 80, 1-9. https://www.sciencedirect.com/science/article/pii/S00926566 19300285
- Khesht-Masjedi, M. F., Shokrgozar, S., Abdollahi, E., Habibi, B., Asghari, T., Ofoghi, R. S., & Pazhooman, S. (2019). The relationship between gender, age, anxiety, depression, and academic achievement among teenagers. *Journal of Family Medicine and Primary Care*, 8(3). https://journals.lww.com/jfmpc/fulltext/2019/08030/the_relationship_between_gender, age, anxiety,.6.aspx
- Manzar, M. D., Albougami, A., Usman, N., & Mamun, M. A. (2021). Suicide among adolescents and youths during the COVID-19 pandemic lockdowns: A press media reports-based exploratory study. *Journal of Child and Adolescent Psychiatric Nursing*, 34(2), 139-146. https://onlinelibrary.wiley.com/doi/abs/10.1111/jcap.12313
- Mohler-Kuo, M., Dzemaili, S., Foster, S., Werlen, L., & Walitza, S. (2021). Stress and Mental Health among Children/Adolescents, Their Parents, and Young Adults during the First COVID-19 Lockdown in Switzerland. International journal of environmental research and public health, 18(9).
- Mokhtari, A. M., Gholamzadeh, S., Salari, A., Hassanipour, S., & Mirahmadizadeh, A. (2019). Epidemiology of suicide in 10–19 years old in southern Iran, 2011–2016: A population-based study on 6720 cases. *Journal of Forensic and Legal Medicine*, 66, 129-133. https://www.sciencedirect.com/science/article/pii/S1752928 X19300654
- Nikdel, M., Bakhtiyar Pour, S., Naderi, F., & Ehteshamzadeh, P. (2022). Investigating the Mediating Role of Meaning of Life in the Relationship between Depression, Family Emotional Atmosphere, and Suicidal Ideation in Drug-Addicted Women. *Journal of Applied Psycology Research*, 12(4), 117-138. https://www.magiran.com/paper/2401654
- Niknam, M., Karimi, G. Z., & Amiri, F. (2023). Effectiveness of Training to Overcome the Learned Helplessness on Academic Procrastination and Self-efficacy of Adolescent girls. *Journal* of Adolescent and Youth Psychological Studies (JAYPS), 4(4), 71-80.
 - http://journals.kmanpub.com/index.php/jayps/article/view/11 44
- Pacchiarotti, I., Kotzalidis, G. D., Murru, A., Mazzarini, L., Rapinesi, C., Valentí, M., Anmella, G., Gomes-da-Costa, S., Gimenez, A., Llach, C., Perugi, G., Vieta, E., & Verdolini, N. (2020). Mixed Features in Depression: The Unmet Needs of Diagnostic and Statistical Manual of Mental Disorders Fifth Edition. *Psychiatric Clinics of North America*, 43(1), 59-68. https://www.sciencedirect.com/science/article/pii/S0193953 X19300991

- Rice, F., Riglin, L., Lomax, T., Souter, E., Potter, R., Smith, D. J., Thapar, A. K., & Thapar, A. (2019). Adolescent and adult differences in major depression symptom profiles. *Journal of affective disorders*, 243, 175-181. https://www.sciencedirect.com/science/article/pii/S01650327 18306426
- Runcan, R. (2020). Suicide in adolescence: A review of Literature. Revista de Asistență Socială, 19(3), 109-120. https://www.ceeol.com/search/article-detail?id=942437
- Scott, K., Lewis, C. C., & Marti, C. N. (2019). Trajectories of Symptom Change in the Treatment for Adolescents With Depression Study. *Journal of the American Academy of Child* & *Adolescent Psychiatry*, 58(3), 319-328. https://doi.org/10.1016/j.jaac.2018.07.908
- Sekowski, M., Gambin, M., Cudo, A., Wozniak-Prus, M., Penner, F., Fonagy, P., & Sharp, C. (2020). The relations between childhood maltreatment, shame, guilt, depression and suicidal ideation in inpatient adolescents. *Journal of affective disorders*, 276, 667-677. https://www.sciencedirect.com/science/article/pii/S01650327 20325015
- Sela, Y., Zach, M., Amichay-Hamburger, Y., Mishali, M., & Omer, H. (2020). Family environment and problematic internet use among adolescents: The mediating roles of depression and Fear of Missing Out. Computers in human Behavior, 106, 106226.
 - https://www.sciencedirect.com/science/article/pii/S07475632 19304455
- Smetana, J. G., & Rote, W. M. (2019). Adolescent–Parent Relationships: Progress, Processes, and Prospects. Annual Review of Developmental Psychology, I(Volume 1, 2019), 41-68
 - https://www.annualreviews.org/content/journals/10.1146/annurev-devpsych-121318-084903

