KMAN PUBLISHING INSTITUTE
Journal Website

Article history:
Received 26 July 2026
Revised 01 November 2026
Accepted 08 November 2026
Initial Publication 08 November 2026
Final Publication 10 May 2027

Journal of Adolescent and Youth Psychological Studies

Volume 8, Issue 5, pp 1-18

E-ISSN: 2981-2526

Identifying the Components Influencing the Holistic Health of Adolescents with Emphasis on the Role of the Family

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A r t i c l e I n f o

Article type:
Original Research

How to cite this article:
Doodman, P., Aghapour, B., Motamedi Barabadi, H., & Safari, N. (2027). Identifying the Components Influencing the Holistic Health of Adolescents with Emphasis on the Role of the Family. *Journal of Adolescent and Youth Psychological Studies*, *8*(5), 1-18.
http://dx.doi.org/10.61838/kman.jayps.6659

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A B S T R A C T

Objective: This study aimed to identify the components influencing the holistic health of adolescents with particular emphasis on the role of the family.

Methods and Materials: This qualitative study was conducted using an exploratory design. The participants consisted of 20 individuals with relevant knowledge and experience in the fields of education, family, children, and adolescents in Lamerd City, who were selected through purposive sampling. Data were collected through in-depth semi-structured interviews focused on perceptions of adolescent holistic health, family functioning, psychological and behavioral characteristics, lifestyle patterns, educational experiences, peer relationships, and environmental conditions. Interviews were audio-recorded with participants' consent, transcribed verbatim, and analyzed using conventional qualitative content analysis. Meaning units were identified, condensed, coded, and continuously compared. Similar codes were organized into subcomponents and broader conceptual categories, and the analytical process continued until sufficient conceptual depth and thematic saturation were achieved.

Findings: Analysis of the interviews resulted in 68 final codes organized into 15 subcomponents and four overarching components. The identified components were family functioning and family-based support, individual and psychological capacities, healthy lifestyle and physical well-being, and educational, social, and environmental support. Family functioning emerged as the central component and included emotional security and affection, effective parent–adolescent communication, parenting and behavioral guidance, family cohesion and stability, and parental monitoring and developmental support. Individual and psychological capacities included emotional regulation, resilience, identity development, self-esteem, self-efficacy, coping, and problem-solving. Healthy lifestyle encompassed physical activity, appropriate sleep and nutrition, balanced digital media use, and prevention of high-risk behaviors. Educational and environmental factors included supportive school environments, healthy peer relationships, and access to cultural, recreational, and community resources.

Conclusion: The findings indicate that adolescent holistic health is a multidimensional phenomenon shaped by interacting personal, familial, educational, social, and environmental factors.

Keywords: *Adolescents, Holistic Health, Family Functioning, Psychological Well-Being, Parenting, Social Support, Lamerd*

1. Introduction

Adolescence is a developmental period characterized by rapid and interrelated biological, psychological, emotional, social, and cognitive changes. During this stage, individuals move progressively from childhood dependence toward greater autonomy, identity formation, social participation, and responsibility, while simultaneously facing new academic, interpersonal, familial, and environmental demands. For this reason, adolescent health cannot be adequately defined as the mere absence of physical disease or psychiatric disorder. Rather, it should be conceptualized as a multidimensional state that encompasses physical health, psychological stability, emotional competence, social connectedness, positive identity development, adaptive behavior, meaningful engagement with school and community, and the capacity to manage developmental challenges. Contemporary discussions of adolescent well-being increasingly emphasize positive mental health, flourishing, resilience, life meaning, competence, and supportive relationships alongside the prevention of symptoms and disorders (Adefolarin & Odubia, 2026; Chaves, 2021; Monika et al., 2023). Such an expanded view is particularly important because adolescents may appear physically healthy while simultaneously experiencing loneliness, low self-worth, emotional dysregulation, poor family communication, academic pressure, or social disconnection.

The distinction between mental illness and positive mental health has further strengthened the need for a comprehensive understanding of adolescent health. An adolescent may not meet clinical criteria for a psychological disorder yet may still experience low life satisfaction, weak social relationships, limited sense of meaning, or poor psychological functioning. Conversely, young people facing significant stressors may maintain important dimensions of well-being when protective personal and environmental resources are available. Research on adolescent flourishing has therefore highlighted the relevance of positive affect, purpose, competence, supportive relationships, and social functioning as indicators that complement symptom-based approaches (Adefolarin & Odubia, 2026; Chaves, 2021). Psychological flexibility is another relevant capacity because adolescents who can adapt their behavior and emotional responses to changing circumstances may be better able to manage stress, conflict, disappointment, and developmental uncertainty (Farley & Renshaw, 2025). These perspectives suggest that holistic adolescent health requires attention not only to problems and vulnerabilities but also to strengths, resources, adaptive capacities, and the contexts that enable healthy development.

The importance of this multidimensional perspective has become even more evident following the COVID-19 pandemic and its prolonged psychosocial consequences. School closures, social isolation, disruption of routines, reduced physical activity, family stress, uncertainty, and limitations on peer interaction affected children and adolescents across different cultural contexts. Studies conducted during and after the pandemic documented emotional distress, anxiety, behavioral difficulties, social disruption, and challenges in restoring normal developmental routines (Bairwa et al., 2021; Basnet, 2022; Yang, 2022). The pandemic also highlighted the importance of schools, families, communities, and social networks as essential developmental systems rather than optional supports. Difficulties associated with returning to school and everyday life demonstrated that adolescent mental health is closely intertwined with educational participation, family circumstances, peer contact, and broader social stability (Matos & Wainwright, 2021). Similarly, research conducted in different settings has shown that the psychosocial consequences of major disruptions can persist beyond the immediate crisis and may vary according to the quality of relational and environmental support available to adolescents (Nwabueze et al., 2025; Silan, 2023).

Within the broader ecology of adolescent development, the family occupies a particularly central position. The family is the earliest and most continuous social environment in which children and adolescents learn emotional regulation, communication, trust, social norms, coping strategies, and patterns of interpersonal behavior. Parent–adolescent attachment, emotional availability, parental responsiveness, and a sense of security within the home can contribute substantially to psychological well-being (Zaki et al., 2022). Adolescents who perceive their families as supportive and emotionally accessible are generally better positioned to seek guidance, disclose concerns, and manage stressful experiences. Family relationships can also influence adolescents' sense of belonging, autonomy, self-worth, and confidence in dealing with social and academic demands. Research on connectedness has consistently indicated that family bonds are closely related to lower internalizing symptoms and better adjustment, especially when accompanied by

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supportive relationships in schools and neighborhoods (Eugene, 2021).

Family functioning extends beyond emotional warmth and attachment. It also includes communication patterns, parental monitoring, behavioral expectations, conflict management, cohesion, role clarity, and the balance between supervision and autonomy. Healthy family functioning can provide adolescents with both stability and sufficient independence to develop competence and identity. Recent evidence has shown that family functioning may also shape adolescents' broader existential and social development. For example, positive family functioning has been linked with greater meaning in life through mechanisms such as school belonging, indicating that the effects of family relationships may extend beyond the household into adolescents' engagement with other developmental environments (Deng et al., 2026). Parenting style and the quality of parent–child relationships remain influential as young people move toward greater independence, suggesting that parental influence is transformed rather than simply diminished during later developmental stages (Jensen et al., 2024).

The role of the family is also evident in intervention research. Parenting programs for parents of adolescents have been examined as potential strategies for improving adolescent mental health, positive development, and the parent–adolescent relationship (Burke et al., 2021). Family-based interventions are particularly important in underserved populations, where limited access to specialized services may increase the importance of strengthening resources already present within the family and community (Wilson & Prinz, 2025). This perspective is relevant because family-centered approaches may influence several domains simultaneously, including communication, behavior management, emotional support, help-seeking, academic functioning, and prevention of risky behavior. Consequently, identifying specific family-related components associated with holistic adolescent health can provide a stronger basis for preventive and developmental programs than approaches focused exclusively on individual symptoms.

Socioeconomic conditions further shape the family environment and the developmental opportunities available to adolescents. Household income can influence access to educational resources, recreation, healthcare, nutrition, safe housing, digital technology, and participation in social activities. Economic instability may also increase parental stress and family conflict, thereby indirectly affecting adolescents' emotional well-being. Longitudinal research has indicated that changes in household income over time may be associated with adolescent mental well-being through multiple family and social mechanisms (Xie et al., 2026). These findings highlight the need to understand family influence within a broader socioeconomic context rather than treating parenting behavior as isolated from structural conditions.

The digital environment constitutes another increasingly important component of adolescent health. Social media, online communication, gaming, streaming, and other forms of screen-based activity are now integrated into adolescents' daily lives. Digital media can provide opportunities for social connection, information, education, creativity, and entertainment, but excessive or poorly regulated use may also be associated with sleep disruption, social comparison, cyberbullying, reduced physical activity, and psychological distress. Family factors play an important role in shaping these outcomes. A systematic review has shown that parental practices, family communication, household rules, and family relationships are associated with adolescents' screen media use and related mental health outcomes (Liu et al., 2024). At the same time, recent research suggests that adolescent social media behavior is heterogeneous and that young people differ considerably in how, why, and how intensely they use digital platforms (Stevens et al., 2026). This variability reinforces the need to avoid simplistic assumptions and instead examine how family guidance, digital literacy, and relational quality interact with adolescents' individual patterns of media use.

Beyond the family, schools represent a second major developmental environment. School belonging, supportive teacher relationships, psychological safety, academic expectations, and access to counseling can strongly influence adolescents' emotional and social functioning. School may serve as a protective context when adolescents experience respect, inclusion, meaningful participation, and support. Conversely, school stress, exclusion, humiliation, or persistent academic pressure may contribute to poorer well-being. Connectedness to school has been associated with lower internalizing symptoms, particularly when combined with supportive family and neighborhood relationships (Eugene, 2021). School-based psychological interventions have also been developed to improve anxiety, depression, well-being, and academic functioning, demonstrating the potential value of strengthening adaptive psychological capacities within educational settings (Venturo-Conerly et al., 2021). These findings indicate that adolescent health is influenced by interactions between

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E-ISSN: 2981-2526

family processes and school experiences rather than by either domain in isolation.

Peer relationships are equally important during adolescence because the developmental importance of acceptance, friendship, belonging, and social comparison increases substantially during this period. Supportive peers can provide companionship, emotional validation, opportunities for identity exploration, and social learning. However, peer rejection, bullying, victimization, and exclusion can have substantial and potentially long-lasting consequences. Prospective evidence indicates that peer victimization during adolescence may affect well-being even into adulthood, underscoring the importance of social relationships during this developmental stage (Armitage et al., 2021). Loneliness has also emerged as a central factor in psychosocial networks of adolescent well-being, suggesting that social disconnection may influence multiple emotional and behavioral outcomes simultaneously (Ni et al., 2025). Accordingly, holistic adolescent health requires attention to the quality of peer relations as well as adolescents' capacity to form healthy friendships, resist harmful social pressures, and seek help when interpersonal problems arise.

Neighborhood and community conditions further contribute to adolescent development. Young people are affected by the safety, cohesion, resources, and social opportunities available in the environments where they live. Neighborhood connectedness may reduce internalizing symptoms by increasing belonging, informal support, and perceived security (Ahmad & Smetana, 2021; Eugene, 2021). Research also suggests that neighborhood characteristics may shape different trajectories of mental health during adolescence through mechanisms involving social cohesion, environmental stress, access to resources, and opportunities for engagement (Knowles et al., 2025). Physical environmental features can also matter. Exposure to green spaces and natural environments has been associated with adolescent well-being, indicating that the built and natural environment should be considered when examining health comprehensively (Scaioli et al., 2023). These findings broaden the concept of adolescent health beyond the individual and family to include social and environmental resources.

Social and emotional well-being is therefore best understood through an ecological framework in which multiple domains interact. Family, peers, school, neighborhood, and broader societal conditions can either amplify or mitigate developmental risk. Research examining ecological domains has shown that supportive relationships and environments may buffer adolescents against adversity and contribute to better social and emotional outcomes (Turkmani et al., 2023). Social support also has a well-established relationship with psychological well-being in populations facing health-related stress, illustrating the broader protective function of relational resources (Parimal & Gupta, 2022). Even among adolescents with serious medical conditions, psychological well-being may vary according to relational, emotional, and contextual resources rather than being determined solely by physical illness (Tremolada et al., 2020; Wellen et al., 2022). Thus, the health of adolescents is inseparable from the systems of support surrounding them.

Cultural, spiritual, and value-related dimensions can also contribute to psychological well-being. In many communities, adolescents develop identity and meaning through family traditions, cultural expectations, religious beliefs, and collective values. Literature examining religiosity and mental health suggests that spiritual and religious resources may be associated with psychological well-being through mechanisms such as meaning, social support, hope, and behavioral regulation, although these relationships are influenced by context and individual interpretation (Herdiansyah et al., 2024). Cultural context may also shape how adolescents and families define healthy behavior, autonomy, emotional expression, family obligation, and help-seeking. Therefore, models of adolescent health developed in one social setting cannot necessarily be applied without modification to another.

Help-seeking behavior is another important dimension of adolescent well-being. Adolescents experiencing anxiety, emotional distress, or interpersonal difficulties may not automatically seek support even when services are available. Their willingness to disclose problems can be influenced by stigma, knowledge, family attitudes, perceived confidentiality, and previous experiences with adults or professionals. Differences in help-seeking among adolescents with anxiety have been documented, highlighting the importance of creating environments in which seeking psychological assistance is perceived as acceptable and accessible (Mustikawati & Ernawaty, 2021). Family members can facilitate help-seeking by recognizing changes in behavior, responding without judgment, and guiding adolescents toward appropriate sources of support.

At the same time, concerns have been raised about overly narrow or pathologizing interpretations of adolescent mental health. Conceptualizing every developmental difficulty as a psychiatric problem may obscure the roles of family conflict,

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E-ISSN: 2981-2526

school pressure, social inequality, peer relationships, and environmental conditions (O'Brien et al., 2023). A more balanced approach should therefore distinguish between clinically significant disorders and the broader challenges of adolescent development while still taking distress seriously. Such an approach is consistent with calls for stronger adolescent mental health data systems that are responsive to the actual needs of young people and capable of capturing contextual, relational, and developmental factors rather than relying exclusively on diagnostic indicators (Verhulst et al., 2023).

Despite the increasing international literature on adolescent mental health and well-being, several gaps remain. First, many studies examine isolated outcomes such as anxiety, depression, screen use, peer victimization, or school belonging rather than integrating physical, emotional, psychological, familial, social, and environmental dimensions. Second, evidence generated in large metropolitan or Western settings may not fully represent the realities of smaller cities with distinct cultural, family, and community structures. Third, quantitative approaches, while valuable for identifying associations, may not adequately reveal how locally knowledgeable individuals understand the mechanisms through which family, school, peers, and community conditions interact. Finally, variations across gender, socioeconomic conditions, and social contexts suggest that adolescent health should be examined within specific local environments rather than assumed to be uniform across populations (Cosma et al., 2021).

These considerations are particularly relevant to Lamerd City, where family relationships, local cultural norms, educational environments, community resources, socioeconomic conditions, and patterns of social interaction may combine in distinctive ways to shape adolescent development. A qualitative examination can provide access to context-sensitive understandings that may not be captured through standardized instruments alone. By drawing on the experiences and perspectives of individuals knowledgeable about education, family, children, and adolescents, it is possible to identify both protective and risk-related components and to clarify the central role of family processes within a broader developmental ecology. Such knowledge can contribute to culturally appropriate family interventions, school-based programs, preventive services, and community strategies designed to strengthen adolescents' physical, psychological, emotional, and social well-being.

Accordingly, the aim of the present study was to identify the components influencing the holistic health of adolescents with emphasis on the role of the family in Lamerd City.

2. Methods and Materials

2.1. Study Design and Participants

This study was conducted using a qualitative research design with an exploratory approach to identify and explain the components influencing the holistic health of adolescents, with particular emphasis on the role of the family in Lamerd City. The qualitative approach was selected because the concept of holistic adolescent health is multidimensional and context-dependent and requires an in-depth understanding of the experiences, perceptions, and professional viewpoints of individuals familiar with adolescent development, family functioning, education, and child and adolescent issues. The study sought to obtain a comprehensive understanding of the individual, familial, educational, social, emotional, and environmental factors that contribute to adolescents' holistic health, while giving particular attention to the ways in which family characteristics, interactions, practices, and resources may facilitate or hinder healthy adolescent development.

The participants consisted of 20 individuals with relevant experience and knowledge in the fields of education, family, children, and adolescents in Lamerd City. Participants were selected through purposive sampling, with the aim of recruiting information-rich individuals who could provide detailed and meaningful perspectives concerning the determinants of adolescent health and the role of the family. Eligibility for participation was based on having sufficient practical, professional, educational, or research experience related to adolescents, families, education, counseling, psychological or social services, or other areas directly associated with child and adolescent development. In selecting participants, efforts were made to achieve diversity in professional experience and perspectives so that the phenomenon could be examined from different viewpoints. Individuals who lacked adequate experience in the study domain or were unwilling to participate in the interview process were not included in the study. Sampling and data collection proceeded concurrently, and recruitment continued until the collected information demonstrated sufficient conceptual richness and no substantially new categories or dimensions emerged from subsequent interviews. All participants were informed about the purpose and procedures of the study before participation.

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Participation was voluntary, and the participants were assured that their identities and personal information would remain confidential and that the collected data would be used exclusively for research purposes.

2.2. Measures

Data were collected through semi-structured, in-depth interviews designed to explore participants' perceptions and experiences regarding the components influencing the holistic health of adolescents and the specific role played by the family in this process. A semi-structured interview format was employed because it provided a consistent framework for addressing the central research questions while simultaneously allowing participants to elaborate on issues they considered important and enabling the researcher to pursue emerging concepts through probing and follow-up questions. The interview guide was developed in accordance with the objectives of the study and focused on participants' understanding of holistic adolescent health, major factors contributing to or threatening adolescent well-being, characteristics of a health-promoting family environment, patterns of parent–adolescent interaction, emotional and psychological support within the family, parental supervision and guidance, communication patterns, educational support, family relationships, social and cultural influences, and the interaction between family conditions and other environments such as schools, peer groups, and the wider community.

The interviews began with general and open-ended questions to encourage participants to describe their views freely and were gradually followed by more focused questions based on the content of their responses. Examples of the areas explored included participants' perceptions of the meaning and dimensions of holistic health during adolescence, the most important individual and environmental determinants of healthy adolescent development, family behaviors and conditions that strengthen adolescents' physical, psychological, emotional, social, and developmental well-being, and family-related challenges that may undermine adolescent health. Probing questions were used whenever clarification, further explanation, concrete examples, or a deeper understanding of a particular statement was required. This flexible procedure enabled the researcher to identify dimensions that might not have been anticipated in the initial interview guide.

Interviews were conducted in an environment that ensured adequate privacy and allowed participants to communicate comfortably and without unnecessary interruption. With participants' permission, the interviews were audio-recorded to ensure that their statements could subsequently be transcribed accurately. Notes were also taken during and immediately after the interviews to document important contextual information, initial analytical impressions, and nonverbal or situational observations considered relevant to the interpretation of the data. Each recorded interview was transcribed verbatim as soon as possible after completion, and the transcripts were reviewed against the recordings to improve accuracy. Data collection and preliminary analysis were conducted simultaneously, allowing concepts identified in earlier interviews to inform the direction of subsequent interviews and permitting the researcher to explore emerging dimensions in greater depth. The interview process continued until sufficient depth and conceptual coverage of the phenomenon had been achieved.

To enhance the rigor of the data collection process, attention was given to credibility, dependability, confirmability, and transferability throughout the study. Credibility was supported through prolonged engagement with the data, repeated review of interview transcripts, and continuous comparison of participants' statements. Where necessary, interpretations were checked against the original interview material to ensure consistency with participants' intended meanings. The analytical decisions and stages of data processing were documented systematically to provide an audit trail and strengthen the dependability of the findings. Efforts were also made to distinguish participants' perspectives from the researcher's assumptions through continuous reflection during data collection and analysis. In addition, adequate descriptions of the participants, research setting, and analytical process were maintained so that readers could evaluate the potential transferability of the findings to comparable contexts.

2.3. Data Analysis

The qualitative data obtained from the interviews were analyzed using conventional qualitative content analysis. The analytical process began simultaneously with data collection so that preliminary findings could guide subsequent interviews and allow emerging concepts to be explored more thoroughly. After each interview, the audio recording was transcribed verbatim and the resulting

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transcript was read several times to develop an overall understanding of the participant's perspective. The researcher then examined the text carefully and identified meaning units consisting of words, sentences, or passages that conveyed information relevant to the research objective. These meaning units were condensed when necessary while preserving their original conceptual meaning and were subsequently assigned initial codes that represented the central idea expressed in each segment of the data.

Coding was performed inductively, meaning that the codes were derived from the participants' statements rather than being imposed in advance through a predetermined theoretical classification. During the initial coding stage, an effort was made to remain as close as possible to the language and meanings expressed by the participants. Codes generated from different interviews were continuously compared to identify similarities, differences, repetitions, and conceptual relationships. Codes with similar meanings were gradually grouped together into preliminary categories, while codes reflecting distinct concepts were maintained separately. As the analysis progressed, categories were repeatedly reviewed, compared, merged, separated, and refined to ensure that each category represented a coherent concept and was sufficiently distinct from other categories.

Following the development of preliminary categories, the relationships among categories were examined at a higher level of abstraction. Closely related categories were organized into broader components and conceptual dimensions representing the major factors influencing the holistic health of adolescents. Particular attention was given to categories associated with the family, including family relationships, parenting practices, emotional support, communication, parental monitoring, educational and developmental support, family stability, patterns of interaction, provision of psychological security, and the family's relationship with the wider social and educational environment. At the same time, non-familial components emerging from the interviews were retained in the analysis to provide a comprehensive account of adolescent health and to clarify how family-related factors interact with individual, educational, peer, social, cultural, and environmental conditions.

The constant comparative method was applied throughout the analytical process. Each newly identified code or category was compared with previously analyzed data to assess conceptual consistency and identify contradictory or complementary perspectives. Earlier transcripts were revisited whenever new concepts emerged to determine whether similar meanings were present in previously analyzed interviews. This iterative process continued until the categories were sufficiently developed in terms of their properties and dimensions and the analysis provided an integrated representation of the factors affecting adolescents' holistic health. The final stage of analysis involved reviewing all codes, subcategories, and main categories in relation to the original interview transcripts and the research objective. This process ensured that the final components were firmly grounded in the participants' accounts and accurately reflected the range and depth of perspectives obtained from the study participants. The resulting conceptual categories formed the basis for presenting the findings concerning the major components influencing holistic adolescent health and the central role of the family in promoting or constraining these dimensions of well-being.

3. Findings and Results

The participants in the qualitative phase consisted of 20 individuals with experience and knowledge related to adolescents, family functioning, education, counseling, and child and adolescent development in Lamerd City. Of the 20 participants, 11 were men and 9 were women. The participants ranged in age from 31 to 58 years, with a mean age of approximately 43 years. In terms of educational level, 3 participants held a bachelor's degree, 11 held a master's degree, and 6 held a doctoral degree. Their professional backgrounds included school counselors, teachers and educational administrators, psychologists and counselors, family-related professionals, social and cultural experts, and individuals with professional experience in programs related to children and adolescents. Their relevant professional experience ranged from approximately 7 to 29 years. The diversity of participants in terms of gender, age, educational background, professional role, and years of experience provided access to a broad range of perspectives concerning adolescent health and facilitated the identification of components extending beyond a single disciplinary or institutional viewpoint. Analysis of the interviews showed considerable convergence in participants' perceptions of adolescent health. Participants generally regarded adolescent health as a multidimensional condition involving physical well-being, psychological stability, emotional competence, healthy family relationships, social adjustment, educational functioning, appropriate lifestyle patterns, and access to supportive social and environmental conditions.

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However, the family was consistently described as the central context within which many of these dimensions were either strengthened or weakened.

Following repeated reading and coding of the interview transcripts, 312 initial meaning-based codes were identified. Through constant comparison, elimination of repetitive codes, conceptual merging, and refinement of overlapping concepts, these codes were reduced to 68 final codes. The final codes were subsequently organized into 15 subcomponents and four overarching components. The four main components identified as influencing the holistic health of adolescents were family functioning and family-based support, individual and psychological capacities, healthy lifestyle and physical well-being, and educational, social, and environmental support. Among these, family functioning and family-based support emerged as the most prominent component in the interviews, both in terms of the number of related codes and the frequency with which participants emphasized its role. Participants frequently explained that although adolescent health is influenced by a combination of individual and environmental factors, the family often determines how adolescents interpret, manage, and respond to educational, emotional, behavioral, and social challenges.

Table 1

Main Components and Subcomponents Influencing the Holistic Health of Adolescents

Main component	Subcomponents	Number of final codes	Number of participants referring to the component
Family functioning and family-based support	Emotional security and affection; effective parent–adolescent communication; parenting and behavioral guidance; family cohesion and stability; parental monitoring and developmental support	25	20
Individual and psychological capacities	Emotional regulation and psychological resilience; self-awareness and identity development; self-esteem and self-efficacy; coping and problem-solving competencies	17	19
Healthy lifestyle and physical well-being	Physical activity and bodily health; sleep and nutrition; balanced use of digital media and prevention of high-risk behavior	12	17
Educational, social, and environmental support	Supportive school environment; healthy peer and social relationships; cultural, recreational, and community resources	14	18
Total	15 subcomponents	68	—

As shown in Table 1, the analysis resulted in four major components encompassing 15 subcomponents and 68 final codes. Family functioning and family-based support constituted the most extensively developed component, containing 25 final codes and being represented in the interviews of all 20 participants. The prominence of this component suggested that participants did not perceive the family merely as one determinant among many, but rather as an organizing context that shaped adolescents' access to emotional support, behavioral guidance, psychological security, identity development, educational motivation, and protection from risky behaviors. Individual and psychological capacities represented the second major component and included 17 final codes. Nineteen of the 20 participants discussed at least one aspect of emotional regulation, resilience, identity formation, self-esteem, self-efficacy, coping ability, or problem-solving capacity. Participants nevertheless frequently linked the development of these individual characteristics to the quality of family relationships and parenting practices. Educational, social, and environmental support consisted of 14 final codes and was mentioned by 18 participants. These findings demonstrated that school climate, peer relationships, opportunities for constructive social participation, and access to recreational and cultural resources were regarded as important complements to family support. Healthy lifestyle and physical well-being included 12 final codes and was discussed by 17 participants. Participants emphasized physical activity, adequate sleep, appropriate nutrition, controlled digital media use, and avoidance of high-risk behaviors as essential to holistic health. Overall, the findings indicated that adolescent health was understood as the product of interconnected systems rather than isolated physical or psychological attributes. Within this interconnected system, family conditions appeared to influence the manner in which adolescents developed personal competencies, maintained healthy lifestyles, engaged with school and peers, and responded to environmental pressures.

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Table 2

Family Functioning and Family-Based Components of Adolescent Holistic Health

Subcomponent	Representative final codes	Participant frequency
Emotional security and affection	Unconditional parental acceptance; expression of affection; psychological safety at home; emotional availability of parents; sense of belonging; avoidance of humiliation and rejection	20
Effective parent–adolescent communication	Active listening; respectful dialogue; opportunity to express emotions; nonjudgmental communication; discussing adolescent concerns; constructive conflict resolution	19
Parenting and behavioral guidance	Consistent rules; appropriate boundaries; democratic parenting; age-appropriate autonomy; behavioral modeling; nonviolent discipline; explanation of family expectations	18
Family cohesion and stability	Positive relationships among family members; low level of destructive conflict; predictable family environment; parental cooperation; family solidarity during crises	17
Parental monitoring and developmental support	Awareness of friendships and activities; monitoring digital media; educational support; recognition of adolescent abilities; encouragement of independence; guidance without excessive control	18

Table 2 presents the family-related components that emerged as the central dimension of adolescent holistic health. Emotional security and affection were the most consistently reported family factors and were identified in the interviews of all 20 participants. Participants repeatedly described the home environment as the adolescent's primary source of psychological security and argued that adolescents were more capable of coping with academic, emotional, and social pressures when they experienced acceptance, affection, respect, and a stable sense of belonging within the family. Emotional availability was considered particularly important during adolescence because participants viewed this developmental period as being characterized by increased emotional sensitivity, identity-related uncertainty, and a growing need for independence. According to the participants, affection was not limited to verbal expressions of love but also included parents' willingness to spend time with adolescents, pay attention to their concerns, respond appropriately to distress, and avoid humiliating, dismissive, or excessively critical behavior.

Effective communication between parents and adolescents was another highly prominent subcomponent and was identified in 19 interviews. Participants emphasized that healthy communication depended on listening, mutual respect, openness, and the adolescent's confidence that personal concerns could be discussed without immediate punishment, ridicule, or moral condemnation. A recurring finding was that the quality of communication was considered more important than the mere frequency of interaction. Participants described situations in which parents interacted frequently with their children but primarily through instructions, criticism, questioning, or control, thereby failing to establish meaningful emotional communication. In contrast, communication characterized by active listening and respectful dialogue was regarded as protective because it increased the likelihood that adolescents would seek help from parents when encountering emotional difficulties, peer pressure, educational problems, digital risks, or other stressful experiences.

Parenting and behavioral guidance were also identified as major elements of family influence. Participants generally rejected both extreme permissiveness and excessive authoritarian control. Instead, they described effective parenting as involving clear boundaries combined with respect for the adolescent's emerging autonomy. Consistency in family rules, explanation of expectations, nonviolent discipline, parental behavioral modeling, and gradual transfer of responsibility were repeatedly emphasized. Participants argued that adolescents needed freedom appropriate to their developmental level, but that freedom without guidance could expose them to avoidable risks. Conversely, excessive restriction was considered likely to weaken trust, increase secrecy, and interfere with the development of autonomy and decision-making competencies.

Family cohesion and stability were discussed by 17 participants. The data indicated that repeated conflict, unpredictable parental behavior, unresolved disputes between parents, emotional disengagement within the household, and inconsistent family relationships could negatively influence adolescents even when conflict was not directed specifically toward them. Participants described a stable family environment as one in which adolescents could anticipate how family members would respond, experience cooperation among caregivers, and perceive the family as a

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reliable source of support during stressful periods. Stability was therefore interpreted in both structural and emotional terms and was not limited to the presence of both parents in the household.

Parental monitoring and developmental support were identified in 18 interviews. Participants emphasized the importance of parents being aware of adolescents' friendships, school activities, leisure patterns, online behavior, and general daily routines while avoiding intrusive surveillance. Appropriate monitoring was portrayed as protective when accompanied by trust, dialogue, and gradual autonomy. Participants also highlighted the developmental function of the family, particularly parents' role in discovering adolescents' abilities, supporting academic progress, encouraging participation in constructive activities, and facilitating independent decision-making. Thus, the family was found to play both a protective and developmental role. It protected adolescents against emotional, behavioral, and social risks while simultaneously providing the foundation through which autonomy, competence, confidence, and responsibility could develop.

Table 3

Individual, Psychological, and Lifestyle Components of Adolescent Holistic Health

Subcomponent	Representative final codes	Participant frequency
Emotional regulation and psychological resilience	Recognizing emotions; managing anger; tolerating frustration; coping with stress; recovering from failure; managing anxiety and emotional pressure	18
Self-awareness and identity development	Recognition of strengths and limitations; formation of personal values; realistic self-understanding; sense of purpose; healthy independence; identity stability	17
Self-esteem and self-efficacy	Positive self-image; confidence in abilities; perceived competence; belief in problem-solving ability; reduced dependence on external approval	16
Coping and problem-solving competencies	Rational decision-making; help-seeking; conflict management; flexible coping; ability to evaluate consequences; problem-solving skills	17
Physical activity and bodily health	Regular exercise; physical fitness; active leisure; attention to bodily changes; preventive health behaviors	15
Sleep and nutrition	Adequate sleep; regular sleep schedule; healthy diet; regular meals; reduction of unhealthy food habits	14
Digital balance and risk prevention	Controlled social media use; prevention of excessive screen time; digital literacy; avoidance of harmful online content; avoidance of substance use and other high-risk behavior	17

As presented in Table 3, participants considered psychological capacities and lifestyle behaviors essential dimensions of holistic adolescent health. Emotional regulation and resilience were among the most frequently mentioned psychological factors, appearing in 18 interviews. Participants explained that adolescents regularly encounter emotional challenges related to school performance, peer relationships, family expectations, body image, social comparison, emerging romantic interests, uncertainty about the future, and the developmental transition toward adulthood. The ability to recognize emotions, tolerate frustration, regulate anger, manage anxiety, and recover from disappointment was therefore regarded as essential to maintaining mental and behavioral health. Participants frequently noted that adolescents who lacked emotional regulation skills were more vulnerable to impulsive reactions, interpersonal conflict, withdrawal, academic difficulties, and risky behavior.

Self-awareness and identity development were discussed by 17 participants. The participants described adolescence as a period during which individuals attempt to answer fundamental questions concerning personal identity, values, abilities, belonging, future aspirations, and social roles. Healthy development was associated with opportunities to explore interests and abilities without excessive comparison or pressure. A recurrent finding was that adolescents required guidance but also needed sufficient psychological space to develop an identity that was not entirely defined by parental expectations, academic competition, or peer approval. Participants emphasized that overly rigid family expectations could interfere with identity development, whereas supportive guidance could help adolescents develop a coherent sense of self and realistic future goals.

Self-esteem and self-efficacy were mentioned by 16 participants. Participants distinguished healthy self-confidence from unrealistic praise and explained that adolescents developed durable self-esteem when they experienced respect, meaningful responsibility, recognition of genuine achievements, and opportunities to solve problems independently. Constant comparison with siblings,

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classmates, relatives, or idealized images on social media was repeatedly identified as a threat to self-esteem. Participants also linked low self-efficacy to dependence, avoidance of challenges, fear of failure, and excessive reliance on the approval of others. In contrast, adolescents who believed that they could influence outcomes and solve problems were described as more capable of coping with stress and making independent decisions.

Coping and problem-solving competencies were identified in 17 interviews. Participants emphasized rational decision-making, consequence evaluation, conflict management, appropriate help-seeking, and flexible coping as protective competencies. These capacities were viewed as especially important because adolescents increasingly encounter situations in which parents or teachers are not immediately available to make decisions on their behalf. Participants therefore considered the gradual development of independent problem-solving to be a major indicator of healthy transition toward adulthood.

The analysis also demonstrated that participants regarded psychological well-being as inseparable from physical and behavioral lifestyle patterns. Regular physical activity was discussed by 15 participants and was associated not only with physical fitness but also with mood regulation, social participation, confidence, and reduction of excessive sedentary behavior. Sleep and nutrition were identified by 14 participants. Irregular sleeping patterns, late-night digital media use, poor-quality nutrition, skipped meals, and excessive consumption of unhealthy foods were described as factors capable of affecting concentration, emotional stability, academic functioning, and physical health. Digital balance and prevention of risky behavior were discussed by 17 participants. Participants were particularly concerned about uncontrolled social media use, prolonged screen time, exposure to inappropriate content, online social comparison, cyber-related risks, and weakening of direct family interaction. Importantly, they did not generally recommend complete restriction of digital technology. Instead, participants favored education, parental modeling, reasonable limits, digital literacy, and negotiated family rules. The findings therefore indicated that individual psychological competencies and healthy lifestyle behaviors constitute closely connected aspects of adolescent health and that many of these capacities are reinforced through supportive family practices.

Table 4

Educational, Social, and Environmental Components Influencing Adolescent Holistic Health

Subcomponent	Representative final codes	Participant frequency
Supportive school environment	Respectful teacher–student relationships; accessible school counseling; psychological safety at school; prevention of humiliation; balanced academic expectations; recognition of individual differences	17
Healthy peer and social relationships	Supportive friendships; peer acceptance; resistance to negative peer pressure; social skills; participation in groups; avoidance of social isolation	18
Cultural, recreational, and community resources	Access to sports facilities; cultural and artistic activities; safe recreational spaces; youth programs; community participation; accessible counseling and support services	16

Table 4 shows that participants considered adolescents' broader educational and social environment to be an important determinant of holistic health. A supportive school environment was identified in 17 interviews. Participants described school as the most important developmental environment outside the family because adolescents spend a substantial proportion of their daily lives within educational settings and because teachers, counselors, administrators, classmates, and academic expectations can substantially influence self-esteem, stress, motivation, and social adjustment. Respectful relationships between teachers and students were repeatedly emphasized. Participants argued that humiliation, harsh comparison, excessive pressure for academic achievement, and failure to recognize individual differences could negatively affect adolescents' psychological well-being even when academic performance remained apparently satisfactory. In contrast, supportive teachers, accessible counselors, opportunities to discuss problems, and a psychologically safe school environment were considered protective.

The findings also indicated that participants perceived cooperation between school and family as particularly important. Several participants emphasized that adolescent problems may be intensified when families and schools operate independently or communicate only after a serious academic or behavioral difficulty has emerged. Continuous and constructive communication between parents and schools was regarded as a means of identifying emotional,

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behavioral, social, or educational problems at an earlier stage. Participants also emphasized that such communication should not be limited to reporting academic grades or disciplinary problems but should include attention to the adolescent's broader adjustment and developmental needs.

Healthy peer and social relationships were among the most frequently reported environmental factors and were discussed by 18 participants. Participants noted that peers become increasingly influential during adolescence and may provide belonging, emotional support, companionship, opportunities for social learning, and validation of identity. At the same time, unhealthy peer relationships were associated with social pressure, risky behavior, bullying, emotional distress, and reduced family engagement. Participants therefore regarded social skills, assertiveness, ability to establish appropriate boundaries, and resistance to negative peer pressure as essential competencies. Social isolation was also identified as an important concern, particularly when adolescents lacked opportunities to establish meaningful friendships or experienced rejection within school or community settings.

Access to cultural, recreational, and community resources was identified in 16 interviews. Participants emphasized the importance of sports facilities, artistic activities, libraries, cultural centers, safe recreational spaces, group activities, youth-oriented programs, and accessible counseling services. Such resources were described as particularly important in providing adolescents with structured opportunities to use their free time, develop talents, experience achievement outside academic settings, establish healthy social relationships, and reduce excessive dependence on digital entertainment. Participants stated that adolescent health could not be promoted solely by expecting families to manage all developmental demands independently. Families require supportive schools, accessible mental health and counseling services, safe community environments, and opportunities that allow adolescents to participate constructively in social, cultural, artistic, and physical activities.

Taken together, the qualitative findings revealed that the holistic health of adolescents in Lamerd City was understood as a multidimensional phenomenon emerging from the continuous interaction of family, personal, lifestyle, educational, social, and environmental factors. Although all four components were considered important, family functioning occupied a central position within participants' accounts. The family influenced not only emotional security and immediate psychological well-being but also the development of self-esteem, identity, resilience, decision-making capacity, lifestyle habits, digital behavior, educational engagement, and peer relationships. Participants' accounts suggested that supportive family relationships may strengthen adolescents' ability to benefit from positive educational and social environments and may also buffer some of the adverse consequences of environmental stress. Conversely, weak communication, excessive conflict, inappropriate control, emotional neglect, inconsistent parenting, and lack of developmental support within the family were perceived as factors capable of intensifying individual and environmental vulnerabilities.

The overall structure of the findings therefore indicated that holistic adolescent health should not be reduced to the absence of physical disease or psychological disorder. Rather, it involves a dynamic condition in which adolescents experience physical well-being, emotional stability, psychological competence, positive identity development, supportive family relationships, constructive peer interactions, effective educational participation, and access to appropriate social and community resources. Within this framework, the role of the family appeared to be foundational because the family constitutes the adolescent's earliest and most continuous developmental environment and shapes the competencies through which the adolescent interacts with other contexts. The findings consequently suggest that interventions designed to promote adolescent health should simultaneously strengthen adolescents' individual competencies, improve family functioning, support healthy lifestyle patterns, and enhance coordination among families, schools, and community institutions.

4. Discussion

The present study aimed to identify the components influencing the holistic health of adolescents, with particular emphasis on the role of the family in Lamerd City. The qualitative findings showed that adolescent holistic health is shaped by four interconnected domains: family functioning and family-based support, individual and psychological capacities, healthy lifestyle and physical well-being, and educational, social, and environmental support. Among these domains, family functioning emerged as the most prominent component and was emphasized by all participants. The findings suggest that adolescent health should not be understood as a single-dimensional state or limited to the absence of psychological or physical

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problems. Rather, it develops through the continuous interaction of family relationships, emotional capacities, behavioral patterns, educational experiences, peer relationships, and community conditions. This multidimensional understanding is consistent with contemporary approaches that conceptualize adolescent well-being in terms of flourishing, positive functioning, emotional competence, meaningful relationships, and adaptive engagement with the surrounding environment (Adefolarin & Odubia, 2026; Chaves, 2021; Monika et al., 2023).

The strongest finding of the present study concerned the central role of family functioning and family-based support. Emotional security, parental affection, effective parent–adolescent communication, consistent parenting, family cohesion, and appropriate monitoring were identified as fundamental conditions for adolescent holistic health. Participants repeatedly described the family as the primary context in which adolescents develop trust, emotional stability, confidence, and behavioral orientation. This finding is consistent with previous studies emphasizing the significance of parent–adolescent attachment and family connectedness for psychological well-being. Research has shown that secure attachment and supportive parent–adolescent relationships can contribute to better psychological outcomes and greater emotional stability (Zaki et al., 2022). Similarly, connectedness to family has been associated with lower levels of internalizing symptoms and stronger adjustment during adolescence (Eugene, 2021). These findings support the interpretation that family relationships are not merely one among several protective factors, but rather provide a developmental foundation through which adolescents acquire the emotional and social resources needed to manage challenges in other areas of life.

The prominence of emotional security and affection in the present findings is also important. Participants described unconditional acceptance, psychological safety, parental responsiveness, and a sense of belonging as essential for healthy development. Such a pattern can be explained by the developmental sensitivity of adolescence, a period in which individuals increasingly seek autonomy while still requiring dependable emotional support. When adolescents perceive the family environment as emotionally safe, they may be more willing to disclose difficulties, seek guidance, and discuss stressful experiences. This interpretation is compatible with findings showing that family cohesion and supportive parental practices are associated with better adolescent well-being even in socially challenging environments (Ahmad & Smetana, 2021). The current findings therefore suggest that emotional warmth is not simply an affective quality of family life but may function as a protective mechanism that facilitates coping, help-seeking, and adaptive decision-making.

Effective parent–adolescent communication was another major subcomponent identified in the study. Participants emphasized active listening, respectful dialogue, nonjudgmental interaction, and adolescents' ability to express concerns without fear of humiliation or immediate punishment. This finding is consistent with research indicating that parent–adolescent relationships are central to positive mental health and may influence multiple outcomes simultaneously, including emotional regulation, behavioral adjustment, and willingness to seek support (Burke et al., 2021; Wilson & Prinz, 2025). The finding can also be interpreted in light of the growing complexity of adolescent life. Young people face academic demands, peer pressure, social comparison, online interactions, and uncertainty regarding identity and future roles. In such a context, communication quality may determine whether the family operates as a source of guidance or becomes an additional source of stress.

Another important finding concerned parenting style and the balance between supervision and autonomy. Participants rejected both excessive control and complete permissiveness, instead emphasizing clear expectations, nonviolent discipline, behavioral consistency, and age-appropriate independence. This finding is aligned with research showing that parental influence continues into later developmental stages and that the quality of parenting remains relevant as young people move toward greater independence (Jensen et al., 2024). The results also correspond with evidence showing that family factors affect adolescent behaviors such as screen use and related mental health outcomes (Liu et al., 2024). From a developmental perspective, overly restrictive parenting may reduce opportunities for adolescents to acquire decision-making and self-regulation skills, whereas insufficient guidance may expose them to avoidable risks. The participants' emphasis on monitoring combined with trust therefore reflects a balanced developmental model in which autonomy is gradually expanded within a supportive family structure.

The second major component identified in this study was individual and psychological capacity, including emotional regulation, resilience, self-awareness, identity development, self-esteem, self-efficacy, coping, and problem-solving. These findings are consistent with positive mental health

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frameworks that regard flourishing as involving not merely low distress but also competence, meaning, adaptive functioning, and effective emotional management (Adefolarin & Odubia, 2026; Chaves, 2021). The importance of psychological flexibility identified in previous research is particularly relevant, because adolescents who can adjust their emotional and behavioral responses to changing circumstances may be better able to cope with conflict, frustration, failure, and uncertainty (Farley & Renshaw, 2025). The current findings suggest that psychological capacities operate as internal resources that help adolescents translate external support into adaptive functioning.

The emphasis on identity development and meaning is also noteworthy. Participants viewed adolescence as a period of self-definition in which young people gradually clarify their abilities, values, personal goals, and future direction. This finding is supported by research showing that family functioning can influence adolescents' sense of meaning in life through wider relational processes such as school belonging (Deng et al., 2026). The result suggests that identity development does not occur in isolation but is shaped through interaction with family, school, peers, and community. When adolescents receive guidance without excessive control, they may be better able to explore interests and develop a coherent sense of self. Conversely, rigid expectations or persistent comparison with others may undermine self-confidence and increase dependence on external approval.

The present study also identified self-esteem and self-efficacy as central components of holistic health. Participants associated healthy self-esteem with respect, genuine recognition, responsibility, and opportunities for independent success rather than indiscriminate praise. This finding can be interpreted in relation to broader evidence showing that adolescent well-being is influenced by connectedness and social validation across family, school, and neighborhood contexts (Eugene, 2021; Knowles et al., 2025). Adolescents who experience competence and acceptance in multiple settings may be more likely to develop confidence in their ability to solve problems. In contrast, social rejection or repeated negative comparison may weaken psychological functioning.

The third major component concerned healthy lifestyle and physical well-being. Participants highlighted physical activity, adequate sleep, healthy nutrition, balanced digital media use, and prevention of high-risk behavior. These findings reinforce the idea that adolescent mental and physical health are closely intertwined. Disrupted routines, reduced physical activity, social isolation, and irregular sleep were among the major problems observed during the COVID-19 period, and these changes were associated with poorer psychological outcomes among children and adolescents (Bairwa et al., 2021; Basnet, 2022; Matos & Wainwright, 2021). The present findings therefore indicate that healthy lifestyle patterns should be considered an integral component of psychological and social well-being rather than treated as a separate physical-health issue.

Digital behavior was especially prominent within the lifestyle component. Participants expressed concern about excessive screen time, online social comparison, inappropriate content, sleep disruption, and the weakening of direct interaction. At the same time, they did not advocate complete restriction of digital technology. This balanced perspective is consistent with recent research showing that adolescents differ considerably in their patterns of social media use and that digital engagement cannot be understood through a simple harmful-versus-beneficial distinction (Stevens et al., 2026). It is also aligned with systematic evidence indicating that family communication, parental practices, and household rules can shape the relationship between screen use and adolescent mental health (Liu et al., 2024). Accordingly, the present findings support the use of negotiated digital boundaries, parental modeling, and media literacy rather than solely restrictive approaches.

The fourth major component involved educational, social, and environmental support. Participants emphasized the importance of supportive schools, healthy peer relationships, safe community settings, and access to cultural and recreational resources. This finding corresponds closely with ecological models of adolescent well-being, which emphasize that developmental outcomes emerge from the interaction of multiple social contexts (Turkmani et al., 2023). School connectedness has been associated with reduced internalizing symptoms and better adjustment, especially when combined with support from family and neighborhood environments (Eugene, 2021). The finding that schools should provide psychological safety, respectful relationships, counseling access, and balanced academic expectations also aligns with intervention research showing that school-based programs can improve anxiety, depression, well-being, and academic functioning (Venturo-Conerly et al., 2021).

Peer relationships emerged as another important determinant. Participants described healthy friendships as sources of belonging, emotional support, and social learning

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while identifying bullying, rejection, and negative peer pressure as risks. This finding is consistent with longitudinal evidence showing that peer victimization during adolescence can have effects on later well-being (Armitage et al., 2021). It also corresponds with evidence identifying loneliness as a central psychosocial factor in adolescent mental health networks (Ni et al., 2025). These studies support the present interpretation that social connectedness is not a peripheral aspect of adolescent health but a core developmental need.

The community environment was also considered important. Participants highlighted access to sports, cultural activities, safe recreational spaces, and youth-oriented programs. This finding is supported by research showing that neighborhood conditions can shape mental health trajectories through social cohesion, stress exposure, and access to resources (Knowles et al., 2025). Evidence regarding the positive association between environmental greenness and adolescent well-being further reinforces the importance of the physical and social environment (Scaioli et al., 2023). Neighborhood cohesion and assistance have also been associated with better adolescent well-being, suggesting that community-level resources may strengthen or compensate for other developmental supports (Ahmad & Smetana, 2021).

The results also reinforce the importance of considering socioeconomic and structural factors. Participants described adolescent health as partly dependent on access to opportunities, family resources, and supportive services. This aligns with evidence that household income trajectories are related to adolescent mental well-being through mechanisms involving family and social conditions (Xie et al., 2026). Economic limitations may affect access to healthy food, recreation, education, mental health services, and safe leisure environments while simultaneously increasing stress within families. These structural conditions should therefore be recognized when designing interventions and should not be reduced to individual parental responsibility.

The findings also support a broader, non-pathologizing understanding of adolescent health. Several participants conceptualized well-being in terms of everyday functioning, relationships, resilience, and developmental competence rather than psychiatric symptoms alone. This is consistent with arguments cautioning against interpreting all adolescent distress through a narrow clinical framework (O'Brien et al., 2023). Adolescents may experience meaningful distress without meeting diagnostic thresholds, while others may maintain positive functioning despite adversity. The present study therefore supports a dual emphasis on reducing problems and strengthening positive functioning. This perspective is also compatible with calls for more comprehensive adolescent mental health data systems that incorporate contextual and relational factors (Verhulst et al., 2023).

The importance of help-seeking should also be considered in interpreting the findings. Participants frequently emphasized family communication and access to school or counseling support. Previous research indicates that adolescents differ in their willingness to seek help for psychological difficulties and that barriers may include stigma, limited awareness, and concerns about disclosure (Mustikawati & Ernawaty, 2021). Supportive family relationships may reduce such barriers by making help-seeking more acceptable and by enabling adults to recognize early signs of distress. Likewise, cultural and spiritual resources may support well-being by providing meaning, social support, and value-based orientation (Herdiansyah et al., 2024). These considerations are particularly relevant in local settings where family, cultural, and community values may strongly influence adolescents' willingness to discuss personal difficulties.

The findings should also be interpreted in relation to evidence from adolescents facing severe stressors or health-related challenges. Studies involving young people with chronic or serious illness have shown that psychological well-being depends not only on medical status but also on emotional, relational, and psychosocial resources (Tremolada et al., 2020; Wellen et al., 2022). Similarly, social support has been identified as an important predictor of psychological well-being in individuals dealing with chronic health burdens (Parimal & Gupta, 2022). These findings reinforce the broader conclusion of the present study that adolescent health emerges from an interconnected network of personal strengths and social supports.

5. Conclusion

Finally, the study's findings are consistent with evidence showing that major social disruptions can affect adolescents differently depending on the quality of their relational and environmental resources. The COVID-19 period demonstrated how isolation, interrupted schooling, reduced peer contact, and family stress can affect psychological functioning (Nwabueze et al., 2025; Silan, 2023; Yang, 2022). Time-trend research has also shown that adolescent well-being varies across gender, age, and socioeconomic

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groups, emphasizing that mental health is not evenly distributed across populations (Cosma et al., 2021). Taken together, these studies support the current conclusion that adolescent holistic health is produced through a dynamic interaction among individual, family, school, peer, neighborhood, and socioeconomic factors, with the family acting as a central organizing and protective context.

6. Limitations & Suggestions

One limitation of the present study is that the findings were derived from a purposively selected group of 20 knowledgeable participants in Lamerd City; therefore, the results reflect context-specific professional and experiential perspectives and should not be interpreted as statistically representative of all adolescents or families in the region. The qualitative design also means that the findings depend on participants' interpretations and the researchers' analytical process. Although diversity in professional backgrounds was sought, adolescents themselves and their parents were not the primary participants, which may have limited direct access to their lived experiences. In addition, some components may have been influenced by local cultural and social characteristics that differ from those of other cities or regions. The findings should therefore be interpreted within the social and cultural context in which the study was conducted.

Future research should examine the identified components using larger and more diverse samples and should include adolescents, parents, teachers, counselors, and community stakeholders in order to compare perspectives across groups. Quantitative studies could develop and validate a multidimensional instrument based on the components identified in this study and test the relative contribution of family, psychological, lifestyle, educational, and environmental factors to adolescent health. Longitudinal studies would also be valuable for clarifying causal relationships and identifying how the influence of family functioning changes across different stages of adolescence. Comparative studies across cities, socioeconomic groups, and cultural settings could determine which components are universal and which are context-specific. Mixed-methods research could further integrate statistical modeling with in-depth qualitative exploration to provide a more comprehensive understanding of how these domains interact over time.

From a practical perspective, the findings suggest that adolescent health promotion programs should adopt a multidimensional and family-centered approach rather than focusing exclusively on individual symptoms or school performance. Family education programs should strengthen emotional communication, respectful monitoring, conflict management, and age-appropriate autonomy. Schools should provide psychologically safe environments, accessible counseling services, anti-bullying initiatives, and stronger cooperation with families. Community organizations should expand access to sports, cultural, artistic, and recreational opportunities that enable adolescents to develop competencies and social relationships outside academic settings. Programs should also address digital literacy, healthy screen use, sleep, nutrition, physical activity, and prevention of high-risk behavior. Coordinated action among families, schools, health professionals, and community institutions is therefore necessary to promote the physical, psychological, emotional, and social well-being of adolescents in a comprehensive and sustainable manner.

Acknowledgments

We would like to express our appreciation and gratitude to all those who cooperated in carrying out this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical 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.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

Authors' Contributions

All authors equally contributed to this article.

JAYPS
E-ISSN: 2981-2526

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E-ISSN: 2981-2526