

Review Article

# Parent-adolescent communication and adolescent mental health outcomes: A systematic review

Dewa Ayu Sri Saraswati<sup>1\*</sup>, Zakiyah Mujahidah<sup>2</sup>, Oom Komalasari<sup>1</sup>

<sup>1</sup>Universitas Ichsan Satya, Tangerang Selatan, Indonesia

<sup>2</sup>Universitas Salakanagara, Tangerang, Indonesia

**\*Corresponding Author:**

**Dewa Ayu Sri Saraswati**

Universitas Ichsan Satya, Tangerang Selatan, Indonesia  
Email:  
saraswatidewaayusri@gmail.com

**Keyword:**

Adolescent; Communication; Family Relations; Mental Health; Parent-Child Relations

© The Author(s) 2026

**DOI:**

<https://doi.org/10.52235/lp.v7i2.767>

**Article Info:**

Received : April 02, 2026

Revised : May 01, 2026

Accepted : May 20, 2026

**Lentera Perawat**

e-ISSN : 2830-1846

p-ISSN : 2722-2837



This is an Open Access article distributed under the terms of the [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

## Abstract

**Background:** Parent-adolescent communication is an essential family process that may influence adolescent mental health outcomes, particularly during a developmental period marked by emotional, social, and behavioral transitions. Poor communication within the family may increase adolescents' vulnerability to depression, anxiety, emotional difficulties, behavioral problems, suicidal ideation, and low psychological well-being.

**Objective:** This systematic review aimed to synthesize current evidence on the relationship between parent-adolescent communication and adolescent mental health outcomes.

**Methods:** This review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses 2020 guideline. Literature searches were conducted in Scopus, ProQuest, PubMed, and SAGE Journals, with the final search completed in March 2026. Eligible studies were primary empirical articles published between 2015 and 2026 in English or Indonesian, involving adolescents aged 10–19 years or samples predominantly composed of adolescents. Study selection, quality appraisal, and data extraction were conducted independently by two reviewers, with disagreements resolved through discussion or consultation with a third reviewer. The Joanna Briggs Institute Critical Appraisal Checklists were used to assess methodological quality. A narrative synthesis was performed because of heterogeneity in study designs, populations, communication measures, and mental health outcomes.

**Results:** Of 10,803 records initially identified, 10 studies were included in the final synthesis. The evidence showed that positive, open, consistent, and culturally sensitive parent-adolescent communication was associated with better adolescent mental health outcomes. Poor communication was linked to higher depressive symptoms, anxiety, emotional distress, behavioral problems, family conflict, and reduced treatment engagement. Communication also supported emotional disclosure, help-seeking behavior, parental care management during suicidal crises, and engagement in family-centered mental health interventions. Cultural context, digital exposure, parental mental health literacy, and structural barriers influenced the quality of communication.

**Conclusion:** Parent-adolescent communication is a key protective factor for adolescent mental health. Family-centered prevention and clinical interventions should strengthen parental listening, emotional validation, mental health literacy, crisis response, and culturally responsive communication.

## Background

Adolescence represents a critical developmental period because young people experience rapid psychological, emotional, social, and behavioral transitions during this stage (Fazel & Sonesson, 2023). Mental health problems during adolescence can disrupt identity formation, academic functioning, peer relationships, and long-term well-being when families and services fail to recognize them early (Ryan et al., 2021). Public mental health research emphasizes early prevention, family support, and accessible psychosocial intervention as key strategies for improving adolescent mental health outcomes (Fazel & Sonesson, 2023). Therefore, adolescent mental

health requires a family-based perspective because adolescents develop emotional security, coping skills, and help-seeking behavior within relational environments (Maglica et al., 2021).

Parent-adolescent communication plays a central role in adolescent mental health because communication creates emotional safety, problem disclosure, and psychological support within the family environment (Wecht et al., 2024). Positive communication between parents and adolescents supports psychological adjustment because adolescents can express distress, negotiate conflicts, and seek help more openly (Xie et al., 2024). Limited or ineffective communication may increase emotional

isolation because adolescents may avoid sharing anxiety, sadness, or psychosocial problems with their parents (Schnyder et al., 2020). Empirical studies among left-behind children show that parent-child communication relates to mental health outcomes across different family structures and social contexts (Wang et al., 2019; Zhang et al., 2019).

Family functioning influences adolescent mental health because family relationships shape emotional regulation, coping strategies, and perceived social support during development (Demetriou, 2025). Supportive parenting practices protect adolescents from later mental health problems because warmth, consistency, and emotional engagement strengthen resilience (Kingsbury et al., 2020). Harsh or conflictual parenting contributes to adverse mental health outcomes because adolescents may experience fear, withdrawal, and difficulty disclosing psychological needs (Chockalingam et al., 2023). Family characteristics also determine adolescent mental health because communication patterns, parental involvement, and household climate influence psychological adaptation (Maglica et al., 2021).

The digital and sociocultural environment has changed parent-adolescent communication because adolescents increasingly experience stressors through online interaction, peer pressure, cultural stress, and technology use (Hung, 2022). Digitalization creates new challenges for parents because adolescents may disclose less emotional distress at home while expressing psychological struggles through digital spaces (Hung, 2022). Parent-child conflict and mobile phone dependence may worsen adolescent mental health because these conditions can weaken resilience and intensify emotional dysregulation among adolescents (Yuan et al., 2025). Gadget use and cyberbullying exposure also affect adolescent physical and mental health because digital behavior can shape sleep, mood, social interaction, and psychological vulnerability (Daeli et al., 2026; Putri, 2024).

Cultural and contextual factors must be considered in reviewing parent-adolescent communication because family communication norms differ across communities, migration backgrounds, and socioeconomic conditions (Alpysbekova et al., 2025). Parent-adolescent

dynamics among culturally diverse families may influence adolescent mental health because cultural stress can affect family cohesion, conflict, and emotional understanding (Alpysbekova et al., 2025). Communication barriers among deaf and hard-of-hearing adolescents may also affect mental health because limited family communication can reduce quality of life and emotional connection (Aanondsen et al., 2023). Evidence from low- and middle-income countries further suggests that parenting and family interventions remain important for improving child and adolescent mental health in resource-constrained settings (Bosqui et al., 2024).

Although previous studies have examined parenting, family functioning, digital risks, and adolescent mental health, the specific evidence on parent-adolescent communication and adolescent mental health outcomes remains fragmented across populations, designs, and contexts (Wecht et al., 2024; Xie et al., 2024). A systematic review is needed because existing findings require synthesis to clarify how communication quality, communication frequency, parental openness, and family conflict relate to adolescent mental health outcomes (Wang et al., 2019; Schnyder et al., 2020). This synthesis can support family-centered prevention because parents often function as early identifiers, emotional supporters, and care managers during adolescent psychological distress or crisis (Weissinger et al., 2025; Kietzman et al., 2025). This systematic review aims to synthesize current evidence on the relationship between parent-adolescent communication and adolescent mental health outcomes across empirical studies.

## Methods

### *Study Design*

This study used a systematic review design to identify, appraise, and synthesize evidence on the relationship between parent-adolescent communication and adolescent mental health outcomes. The review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guideline to ensure a transparent, reproducible, and structured process for literature searching, study selection, quality appraisal, data

extraction, and synthesis. The review focused on studies that examined parent-adolescent communication as a direct variable or as a component of family functioning related to adolescent mental health outcomes.

### *Research Question*

The research question was formulated using the PICO/PICo framework. The review was guided by the following question: Among adolescents aged 10–19 years, how is communication between parents and adolescents associated with mental health outcomes, including depression, anxiety, stress, emotional problems, behavioral problems, suicidal ideation, and psychological well-being? This question was used to guide the search strategy, eligibility criteria, data extraction, and narrative synthesis.

### *Eligibility Criteria*

The inclusion criteria covered primary research articles published between 2015 and 2026, available in English or Indonesian, and accessible in full text. Eligible studies included quantitative, qualitative, longitudinal, cross-sectional, mixed-methods, or other primary empirical designs relevant to parent-adolescent communication and adolescent mental health. The target population was adolescents aged 10–19 years, or samples predominantly consisting of adolescents. Studies with broader age ranges were included only when adolescent-specific data were clearly presented or could be interpreted in relation to the review focus. Eligible studies had to assess parent-adolescent communication directly or examine it as a subcomponent of family functioning associated with adolescent mental health outcomes. The outcomes of interest included depression, anxiety, stress, emotional difficulties, behavioral problems, psychological well-being, suicidal ideation, and other mental health indicators among adolescents.

The exclusion criteria included review articles, editorials, commentaries, study protocols, and conference abstracts. Studies focusing only on health professional communication, therapeutic communication, or school-parent communication were excluded when they did not assess communication between parents and

adolescents. Studies that examined parental mental health without assessing adolescent mental health outcomes were also excluded. Articles with insufficient data to determine the relationship between parent-adolescent communication and adolescent mental health were not included in the review.

### *Search Strategy*

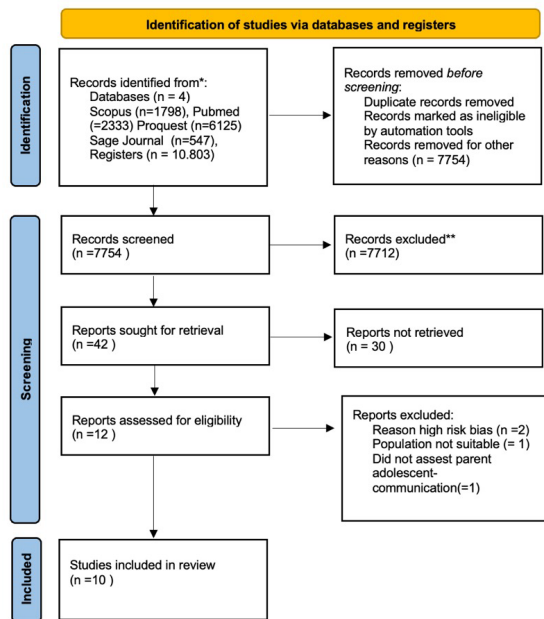
A systematic literature search was conducted in Scopus, ProQuest, PubMed, and SAGE Journals. The final search was conducted in March 2026. The search strategy was developed using three main concepts: parent-adolescent communication, adolescents, and mental health. In databases that supported controlled vocabulary, such as PubMed, the search combined Medical Subject Headings terms with free-text keywords. In other databases, the search used free-text keywords, truncation, and Boolean operators. An example of the PubMed search string was:

```
("adolescent"[MeSH] OR "adolescent" OR "teen" OR "youth") AND (("Parent-Child Relations"[MeSH] OR "Communication"[MeSH]) OR ("parent-adolescent communication" OR "parent-child communication" OR "family communication" OR "parent communication" OR "caregiver communication")). Reference lists of eligible articles were also manually screened to identify additional relevant studies.
```

### *Study Selection Process*

The initial search identified 10,803 records. After duplicate and irrelevant records were removed, 7,754 records remained for screening. A total of 7,712 records were excluded after title and abstract screening, leaving 42 reports for full-text retrieval. However, 30 reports could not be retrieved in full text. Of the 12 reports assessed for eligibility, several were excluded because of risk of bias or population mismatch. Finally, 10 studies were included in the systematic review. The complete study selection process is presented in Figure 1.

**Figure 1.** Prima 2020 Flow Diagram



### Quality Appraisal

Methodological quality appraisal was conducted to assess the risk of bias and the strength of evidence in the included studies. Because the included studies used diverse

designs, the Joanna Briggs Institute Critical Appraisal Checklists were applied according to the methodological design of each study, including cross-sectional, cohort, qualitative, mixed-methods, and case study designs. Two reviewers independently assessed the quality of each study. Any differences in assessment were resolved through discussion, and unresolved discrepancies were referred to a third reviewer. The quality appraisal results are summarized in Table 1.

Most included studies demonstrated good methodological quality, particularly in terms of methodological transparency, internal validity, and data reliability. Several studies with weaker designs, such as cross-sectional or single-case designs, were retained because they provided relevant evidence for the review question. The quality appraisal was used to support interpretation of the synthesis rather than as the sole basis for study exclusion. Therefore, the appraisal results provided additional context for comparing stronger and weaker studies during narrative synthesis.

**Table 1.** Risk of Bias Assessment

Author, Year	Study Design	Score	Quality Category
Demetriou, 2025	Mixed-methods study	8/10	Good
Xie et al., 2024	Longitudinal study	9/10	Very good
Weissingner et al., 2025	Qualitative study	7/10	Good
Kietzman et al., 2025	Case study	8/10	Good
Louie-Poon et al., 2025	Narrative inquiry	8/10	Good
Maglica et al., 2021	Cross-sectional study	9/10	Very good
Wecht et al., 2024	Mixed-methods study	8/10	Good
Kingsbury et al., 2020	Longitudinal cohort study	9/10	Very good
Fazel & Soneson, 2023	Systematic and narrative review	8/10	Good
Hung, 2022	Narrative review	8/10	Good

### Data Extraction

Data were extracted using a structured data extraction form developed by the reviewers. The form was piloted on several initial studies to ensure clarity, consistency, and completeness. Extracted data included author, year of publication, country, study aim, study design, sample characteristics, research setting, instruments, definition and measurement of parent-adolescent communication, adolescent mental health outcomes, data analysis methods,

and key findings. Two reviewers independently extracted the data to ensure accuracy and consistency. Any discrepancies were resolved through discussion, and a third reviewer was consulted when needed. The extracted study characteristics and findings are presented in Table 2.

### Data Synthesis

A narrative synthesis was conducted because the included studies were heterogeneous in

terms of study design, population characteristics, measurement instruments, communication variables, and mental health outcomes. The synthesis grouped studies according to communication type, population context, and adolescent mental health indicators. The synthesis highlighted patterns of association between parent-adolescent communication and adolescent mental health outcomes, including consistent findings, contradictory findings, contextual variations, and implications for family-based mental health promotion. A meta-analysis was not conducted because the methodological and outcome heterogeneity across studies limited statistical pooling. The synthesis results are presented narratively and supported by summary tables to strengthen transparency and comparability across studies.

## Results

The findings indicate that effective communication between parents and adolescents plays an important role in shaping adolescent mental health outcomes, including reducing the risk of depression, anxiety, and problematic behavior. Demetriou (2025), for example, found that adolescents in clinical settings with mental health problems reported poorer family communication and lower family satisfaction than adolescents from the general community, highlighting the need for positive family dynamics to support adolescent mental health. Similarly, Maglica et al. (2021) showed that family communication and family satisfaction significantly explained variations in adolescent mental health after controlling for sociodemographic factors and family stress. These findings suggest that adolescents with older parents or parents with lower educational levels may experience higher levels of stress and depression, whereas positive family communication may serve as a key protective factor.

In the context of transnational families, Xie et al. (2024) emphasized that children left behind by migrant parents who maintained regular communication through multiple channels demonstrated better mental health outcomes than peers with limited parental

communication. This evidence supports the reinforcement hypothesis, which suggests that the use of multiple communication media may strengthen parent-adolescent bonds. Weissinger et al. (2025) also highlighted the role of parents as care managers during and after adolescent suicide crises, where parental involvement and effective communication facilitated adolescents' access to mental health services and improved adherence to care. These findings reinforce the importance of family-based interventions that support parents in managing adolescent mental health needs.

In clinical practice, Kietzman et al. (2025) showed that intensive outpatient programs emphasizing structured family interventions, such as family-based psychiatric medication management, parent education, and multifamily skills groups, improved adolescent emotional regulation, reduced family conflict, and enhanced treatment engagement. This finding demonstrates the significant value of family involvement in clinical interventions for adolescent mental health. Louie-Poon et al. (2025) further revealed cultural and systemic challenges that influence parent-adolescent communication. East Asian parents in Canada experienced structural barriers and racism-related experiences that could hinder communication about adolescent mental health, indicating the importance of culturally sensitive intervention strategies.

Wecht et al. (2024) also identified emotional and structural barriers to parent-adolescent communication, including parental guilt, adolescents' fear of burdening parents, and limited mental health literacy. Family psychoeducation and disclosure of family mental health history were identified as potential strategies to improve communication and increase adolescents' use of mental health services. Hung (2022) emphasized that digitalization and pandemic-related isolation strengthened the mediating role of parents in adolescent mental health. Effective parental involvement may reduce risks related to social isolation and unequal digital access, making appropriate parenting a key factor in supporting the psychological well-being of children and adolescents.

Overall, the evidence confirms that positive, consistent, and culturally sensitive parent-adolescent communication functions as a major protective factor for adolescent mental health. These findings also indicate that family communication should be considered a central component of preventive and clinical

interventions for adolescents experiencing psychological distress. Therefore, strengthening parent-adolescent communication may provide an important pathway for improving adolescent mental health outcomes across diverse family, cultural, and clinical contexts.

**Table 2.** Characteristics and Key Findings of Included Studies on Parent-Adolescent Communication and Mental Health Outcomes

Author(s), Year, Country	Aim	Design and Sample	Instruments/Measures	Key Findings
<b>Xie et al., 2024, China</b>	To identify latent patterns of parent-child communication and examine their association with communication quality and mental health outcomes.	Cross-sectional study with latent class analysis; 2,183 school-aged children in Anhui, China.	Parent-Adolescent Communication Scale, CD-RISC, SDQ, NSSI, and suicidal ideation items.	Frequent face-to-face and technology-mediated communication was associated with better communication quality and more favorable mental health outcomes.
<b>Demetriou, 2025, Cyprus</b>	To compare family functioning between community and clinical adolescents and examine its relationship with adolescent mental health.	Sequential mixed-methods study; 692 adolescents aged 12-17 years and 20 qualitative participants.	Youth Self Report, FACES IV, and semi-structured interviews.	Clinical adolescents reported poorer mental health and lower family communication than community adolescents.
<b>Wecht et al., 2024, United States</b>	To explore barriers and facilitators of parent-adolescent communication about mental health.	Mixed-methods study; 20 parent-adolescent dyads from an adolescent medicine clinic.	PHQ-9, GAD-7, Barriers to Adolescents Seeking Help Scale, PACS, and interviews.	Adolescents perceived greater help-seeking barriers than parents, while parents tended to rate communication more positively than adolescents.
<b>Maglica et al., 2021, Croatia</b>	To examine the contribution of family structural and functional characteristics to adolescent mental health.	Cross-sectional study; 1,239 adolescents aged 15-19 years.	Family Life Satisfaction Scale, Family Communication Scale, Positive Mental Health Scale, and DASS-21.	Better family communication and family satisfaction were associated with higher positive mental health and lower depression, anxiety, and stress.
<b>Kietzman et al., 2025, United States</b>	To describe a family-centered intensive outpatient care model targeting adolescent mental health and parent-teen relational communication.	Case study/case report; one 15-year-old adolescent, with acceptability data from 26 families.	PHQ-9 modified for teens, BASC-3, LPI, PROMIS, Conflict Behavior Questionnaire, and CHRT-SR-9.	Family-centered intervention was associated with improved depressive and anxiety symptoms, reduced family conflict, and better help-seeking attitudes.
<b>Kingsbury et al., 2020, Canada</b>	To evaluate longitudinal associations between childhood parenting practices and adolescent mental health outcomes.	Longitudinal study; 9,882 adolescents from the National Longitudinal Survey of Children and Youth.	Parent-reported parenting measures and adolescent-reported depression, anxiety, aggression, and suicidal ideation.	Harsh parenting predicted higher aggression and suicidal ideation, whereas positive parenting showed protective effects against several mental health symptoms.
<b>Fazel &amp; Sonesson, 2023, United Kingdom</b>	To synthesize evidence on child and adolescent mental health from a public health perspective.	Review article synthesizing evidence on family-, school-, and community-based interventions.	Literature synthesis; no primary psychometric instrument.	Family-based and parenting interventions showed potential benefits, although long-term effectiveness and

<b>Weissinger et al., 2025, United States</b>	To explore parents' experiences in supporting adolescents during suicidal crises.	Qualitative study; 18 parents/caregivers of adolescents aged 12–18 years.	Semi-structured interviews and thematic analysis using a family systems framework.	equity gaps remain key challenges. Parents experienced role transition into care managers, with poor communication identified as a barrier to adolescent engagement in care.
<b>Hung, 2022, United Kingdom</b>	To examine the relationship between digitalization, parenting, and child and adolescent mental health during the COVID-19 context.	Narrative review.	Literature-based synthesis.	Supportive parenting may buffer the negative mental health effects of excessive digital exposure, while poor parental supervision may worsen anxiety and depression risks.
<b>Louie-Poon et al., 2025, Canada</b>	To examine anti-racist and culturally responsive approaches to mental health resources for East Asian parents.	Narrative inquiry; 8 East Asian parents in Canada interviewed twice.	Semi-structured interviews and dialogic/performance analysis.	Language, cultural representation, and structural barriers influenced parental engagement with child and adolescent mental health resources.

## Discussion

The present systematic review found that parent-adolescent communication plays a central role in adolescent mental health outcomes. Positive, open, consistent, and emotionally safe communication was associated with better psychological adjustment among adolescents. Poor family communication was linked to higher emotional distress, depressive symptoms, anxiety, behavioral problems, and reduced family satisfaction. The findings also indicate that communication works as a protective mechanism by strengthening emotional disclosure, help-seeking behavior, treatment engagement, and family connectedness. Evidence from clinical, community, transnational, and culturally diverse settings showed that parent-adolescent communication remains important across different social contexts. Overall, the review highlights that adolescent mental health cannot be separated from the quality of family interaction and parental involvement.

Parent-adolescent communication should be understood as a relational process that shapes adolescents' emotional security and psychological adjustment within the family system (Demetriou, 2025). Adolescents with poorer family communication tend to experience weaker family satisfaction because

limited interaction reduces emotional closeness and problem disclosure (Demetriou, 2025). Family communication and family satisfaction explain variations in adolescent mental health because adolescents use family interaction as a source of emotional regulation and social support (Maglica et al., 2021). Positive communication protects adolescents from psychological distress because parental warmth and responsiveness create a safe space for discussing stress, sadness, and anxiety (Kingsbury et al., 2020). Harsh or ineffective communication increases mental health vulnerability because adolescents may withdraw from parents and internalize emotional problems (Chockalingam et al., 2023). These findings confirm that family communication is not merely a background factor but a core determinant of adolescent mental health outcomes (Maglica et al., 2021).

This review also shows that communication quality may be more important than communication frequency because adolescents need emotionally meaningful interaction rather than routine conversation alone (Wecht et al., 2024). Parent-adolescent communication supports mental health when parents listen actively, validate emotions, and respond without judgment (Wecht et al., 2024). Adolescents may avoid disclosing mental health concerns when

they fear burdening parents or receiving negative responses (Schnyder et al., 2020). Parents may also struggle to initiate mental health conversations because guilt, stigma, and low mental health literacy can reduce their confidence in discussing psychological distress (Wecht et al., 2024). Family psychoeducation may improve communication because structured information can help parents recognize symptoms, reduce stigma, and support help-seeking behavior (Wecht et al., 2024). Therefore, communication-based intervention should strengthen both parental listening skills and adolescent willingness to express emotional needs (Ryan et al., 2021).

The findings further suggest that parent-adolescent communication becomes especially important during mental health crises because parents often function as early identifiers and care managers (Weissinger et al., 2025). Parents can facilitate access to mental health services when they recognize warning signs, respond calmly, and support treatment adherence after crisis episodes (Weissinger et al., 2025). Adolescents recovering from suicidal crises may require sustained parental monitoring because communication can support safety planning and continuity of care (Weissinger et al., 2025). Family-centered mental health treatment can improve adolescent engagement because parents participate directly in care planning, skill development, and emotional support (Kietzman et al., 2025). Intensive outpatient programs that include family-based medication management, parent education, and multifamily skill groups may reduce family conflict and improve emotional regulation among adolescents (Kietzman et al., 2025). These findings indicate that parent-adolescent communication should be embedded into clinical care models for adolescent mental health services (Ryan et al., 2021).

The review also identifies cultural and contextual factors that influence communication between parents and adolescents in diverse populations (Louie-Poon et al., 2025). East Asian parents in Canada may experience structural barriers, racism-related stressors, and cultural expectations that shape how families discuss adolescent mental health

(Louie-Poon et al., 2025). Cultural stress can influence parent-adolescent dynamics because migration, identity negotiation, and intergenerational differences may create misunderstanding within families (Alpysbekova et al., 2025). Adolescents from culturally diverse families may experience psychological distress when family communication does not accommodate cultural identity, emotional expression, and help-seeking norms (Alpysbekova et al., 2025). Communication barriers can also affect adolescents with sensory limitations because deaf and hard-of-hearing adolescents may experience lower quality of life when family communication is restricted (Aanondsen et al., 2023). Therefore, culturally sensitive and disability-inclusive communication strategies are necessary for strengthening family-based adolescent mental health support (Bosqui et al., 2024).

Digital transformation provides another important context because technology has changed how parents and adolescents communicate, monitor, and negotiate psychological problems (Hung, 2022). Digitalization may increase adolescent exposure to online stressors because social media, cyberbullying, and excessive screen use can influence emotional well-being (Hung, 2022). Parent-child conflict and mobile phone dependence may weaken adolescent resilience because digital behavior can intensify emotional dysregulation and family tension (Yuan et al., 2025). Gadget use may affect adolescent physical and mental health because excessive use can disrupt sleep, mood, social interaction, and self-control (Daeli et al., 2026). Cyberbullying education can improve adolescent awareness because school-based health promotion may reduce online risk and strengthen protective behavior (Putri, 2024). Parents need communication skills for digital parenting because adolescents require guidance that balances autonomy, safety, and emotional support in online environments (Hung, 2022).

The synthesis indicates that parent-adolescent communication should become a major target in preventive and promotive mental health interventions for adolescents (Fazel & Sonesson, 2023). Family-based interventions in low- and

middle-income countries may be useful because parenting support can improve child and adolescent mental health in resource-constrained settings (Bosqui et al., 2024). Community and primary care services can strengthen adolescent mental health support when nurses, families, and community systems collaborate to identify psychosocial problems early (Putra & Umar, 2024). Psychoeducation and peer support may complement family communication because adolescents benefit from both parental support and supportive social networks (Effendi, 2026). Mental health service satisfaction and continuity of care may improve when families receive clear information, respectful communication, and structured support from health professionals (Elfitriany et al., 2025). Future studies should examine communication mechanisms more rigorously because current evidence remains heterogeneous in design, measurement tools, cultural contexts, and mental health outcomes (Fazel & Sonesson, 2023).

The findings also show several implications for research, practice, and policy in adolescent mental health. Researchers should develop more longitudinal and intervention-based studies because cross-sectional evidence cannot fully explain causal pathways between communication and mental health outcomes (Kingsbury et al., 2020). Researchers should also standardize measurement of parent-adolescent communication because current studies use different constructs, instruments, and outcome indicators (Xie et al., 2024). Clinicians should assess family communication during adolescent mental health screening because communication difficulties may signal hidden emotional distress and unmet care needs (Schnyder et al., 2020). Nurses and mental health professionals should involve parents in assessment, psychoeducation, crisis planning, and follow-up care because family participation supports treatment engagement (Kietzman et al., 2025). Policymakers should promote family-centered adolescent mental health programs because public mental health strategies require prevention, early detection, and accessible psychosocial support (Fazel & Sonesson, 2023).

## Conclusion and Recommendation

This systematic review concludes that positive, consistent, open, and culturally sensitive parent-adolescent communication is an important protective factor for adolescent mental health. Poor communication may increase adolescents' vulnerability to depression, anxiety, emotional difficulties, behavioral problems, suicidal risk, and low psychological well-being. Family communication should be positioned as a core component of adolescent mental health promotion, prevention, and clinical intervention. Parents need structured support to improve listening skills, emotional validation, mental health literacy, crisis response, and digital parenting practices. Health professionals should integrate family communication assessment into adolescent mental health services and provide psychoeducation that strengthens parental involvement. Future research should use stronger longitudinal and intervention designs to clarify causal mechanisms and identify the most effective communication-based strategies for improving adolescent mental health outcomes.

## Acknowledgment

The author would like to express deepest gratitude to all authors who willingly took the time to participate in this research. Your contributions were invaluable to the success of this study.

## Funding Source

None.

## Declaration of conflict of interest

The authors declare no competing interests.

## Declaration on the Use of AI

No AI tools were used in the preparation of this manuscript.

## References

- Aanondsen, C. M., Jozefiak, T., Lydersen, S., Heiling, K., & Rimehaug, T. (2023). Deaf and hard-of-hearing children and adolescents' mental health, Quality of Life and communication. *BMC Psychiatry*, 23(1), 297. <https://doi.org/10.1186/s12888-023-04787-9>
- Alpysbekova, A., Lee, S. W., Scaramutti, C., Bochkina, E., Kyoung Lee, T., Cobb, C. L., Montero-Zamora, P., Vo, D. H., Sahbaz, S., Ertanir, B., Watkins, L., Gualdrón,

- E. O., Benish-Weisman, M., Ohana, H., Elizarov, E., & Schwartz, S. J. (2025). Navigating Cultural Stress and Mental Health: A Longitudinal Study of Parent-Adolescent Dynamics Among Former Soviet Union Families. *Journal of Adolescence*, 97(6), 1610-1621. <https://doi.org/10.1002/jad.12522>
- Anh, M. (2025). Vietnamese nurses' lived experiences of hospital isolation during covid-19: A qualitative study. *Indonesian Journal of Health Services*, 2(2), 78-84. <https://doi.org/10.63202/ijhs.v2i2.106>
- Bosqui, T., Mayya, A., Farah, S., Shaito, Z., Jordans, M. J. D., Pedersen, G., Betancourt, T. S., Carr, A., Donnelly, M., & Brown, F. L. (2024). Parenting and family interventions in lower and middle-income countries for child and adolescent mental health: A systematic review. *Comprehensive Psychiatry*, 132, 152483. <https://doi.org/10.1016/j.comppsy.2024.152483>
- Chockalingam, M., Skinner, K., Melvin, G., & Yap, M. B. H. (2023). Modifiable Parent Factors Associated with Child and Adolescent School Refusal: A Systematic Review. *Child Psychiatry & Human Development*, 54(5), 1459-1475. <https://doi.org/10.1007/s10578-022-01358-z>
- Daeli, N. E., Frisca, S., & Manurung, A. (2026). Association between gadget use and physical and mental health among adolescents: A cross-sectional study. *Lentera Perawat*, 7(2), 401-408. <https://doi.org/10.52235/lp.v7i2.752>
- Demetriou, C. (2025). Family Functioning and Adolescents' Mental Health Problems: A Mixed-methods Analysis of Community and Clinical Samples. *International Journal of Developmental Science*, 19(1-2), 5-15. <https://doi.org/10.1177/2192001X251326198>
- Effendi, E. (2026). Improving Adolescent Mental Health Through Psychoeducation and Peer Support. *Bakti Nusantara Pengabdian Masyarakat Indonesia*, 3(1), 21-30. <https://doi.org/10.63202/bnmpi.v3i1.138>
- Elfitriany, T., Priyatno, A. D., & Zaman, C. (2025). Analysis of factors affecting the quality of health service satisfaction in schizophrenic patients at outpatient mental health in Ernaldi Bahar hospital: A cross-sectional study. *Lentera Perawat*, 6(4), 649-658. <https://doi.org/10.52235/lp.v6i4.552>
- Fazel, M., & Sonesson, E. (2023). Current evidence and opportunities in child and adolescent public mental health: a research review. In *Journal of Child Psychology and Psychiatry and Allied Disciplines* (Vol. 64, Number 12, pp. 1699-1719). John Wiley and Sons Inc. <https://doi.org/10.1111/jcpp.13889>
- Hung, J. (2022). Digitalisation, Parenting, and Children's Mental Health: What Are the Challenges and Policy Implications? In *International Journal of Environmental Research and Public Health* (Vol. 19, Number 11). MDPI. <https://doi.org/10.3390/ijerph19116452>
- Joesepe, B., Mary, H., & Mae, G. (2025). Navigating the shadows and understanding psychosocial pathways to mental health support among young adults : A Qualitative Study. *Journal of Community Nursing and Primary Care*, 2(2), 49-55. <https://doi.org/10.63202/jcnpc.v2i2.97>
- Katsuki, F., Watanabe, N., Kondo, M., Sawada, H., & Yamada, A. (2024). Remote family education and support program for parents of patients with adolescent and early adulthood eating disorders based on interpersonal psychotherapy: study protocol for a pilot randomized controlled trial. *Journal of Eating Disorders*, 12(1), 61. <https://doi.org/10.1186/s40337-024-01013-z>
- Kietzman, H. W., Styles, W. L., Franklin-Zitzkat, L., Del Vecchio Valerian, M., & Yuen, E. Y. (2025). Family-Centered Care in Adolescent Intensive Outpatient Mental Health Treatment in the United States: A Case Study. *Healthcare*, 13(9), 1079. <https://doi.org/10.3390/healthcare13091079>
- Kingsbury, M., Sucha, E., Manion, I., Gilman, S. E., & Colman, I. (2020). Adolescent Mental Health Following Exposure to Positive and Harsh Parenting in Childhood. *Canadian Journal of Psychiatry*, 65(6), 392-400. <https://doi.org/10.1177/0706743719889551>
- Lenarki, Y. P. P., Harokan, A., & Zaman, C. (2025). Analysis of community perceptions of families of patients with mental disorders at Lesung Batu Community Health Center: A cross-sectional study. *Lentera Perawat*, 6(3), 461-468. <https://doi.org/10.52235/lp.v6i3.492>
- Louie-Poon, S., Richter, S., Kunyk, D., & Scott, S. D. (2025). A Narrative Inquiry of East Asian Parents and Mental Health in Canada: Critical Openings for Anti-Racism Strategies in Knowledge Translation. *Canadian Journal of Nursing Research*, 57(1), 8-23. <https://doi.org/10.1177/08445621251322552>
- Maglica, T., Ercegovic, I. R., & Ljubetić, M. (2021). Family Characteristics as Determinants of Mental Health in Adolescents. *European Journal of Mental Health*, 16(2), 7-30. <https://doi.org/10.5708/EJMH.16.2021.2.1>
- Putra, R. W., & Umar, Z. U. B. (2024). Nurses' experience in providing continuity of care for people with mental disorders after hospitalization in primary health care: A qualitative study. *Journal of Community Nursing and Primary Care*, 1(1), 1-8. <https://doi.org/10.63202/jcnpc.v1i1.27>
- Putri, A. (2024). Promosi Kesehatan untuk Pengetahuan Kesehatan di Kalangan Pelajar tentang Cyber Bullying di Sekolah. *Bakti Nusantara Pengabdian Masyarakat Indonesia*, 1(2), 51-58. <https://doi.org/10.63202/bnmpi.v1i2.66>

- Ryan, R., Berry, K., Law, H., & Hartley, S. (2021). Therapeutic relationships in child and adolescent mental health services: A Delphi study with young people, carers and clinicians. *International Journal of Mental Health Nursing*, 30(4), 1010–1021. <https://doi.org/10.1111/inm.12857>
- Schnyder, N., Lawrence, D., Panczak, R., Sawyer, M. G., Whiteford, H. A., Burgess, P. M., & Harris, M. G. (2020). Perceived need and barriers to adolescent mental health care: agreement between adolescents and their parents. *Epidemiology and Psychiatric Sciences*, 29, e60. <https://doi.org/10.1017/S2045796019000568>
- Wang, F., Lin, L., Xu, M., Li, L., Lu, J., & Zhou, X. (2019). Mental Health among Left-Behind Children in Rural China in Relation to Parent-Child Communication. *International Journal of Environmental Research and Public Health*, 16(10), 1855. <https://doi.org/10.3390/ijerph16101855>
- Wecht, S., Hendrixson, M., & Radović, A. (2024). A Mixed Method Investigation of Parent-Adolescent Communication About Mental Health. *Journal of Adolescent Health*, 75(6), 904–911. <https://doi.org/10.1016/j.jadohealth.2024.07.012>
- Weissinger, G. M., Bluteau-James, V. A., & Mensinger, J. L. (2025). Parents' Role as Care Managers During and After Adolescent Suicide Crises. *Journal of the American Psychiatric Nurses Association*, 31(6), 631–642. <https://doi.org/10.1177/10783903241302258>
- Wolff, J., Esposito-Smythers, C., Frazier, E., Stout, R., Gomez, J., Massing-Schaffer, M., Nestor, B., Cheek, S., Graves, H., Yen, S., Hunt, J., & Spirito, A. (2020). A randomized trial of an integrated cognitive behavioral treatment protocol for adolescents receiving home-based services for co-occurring disorders. *Journal of Substance Abuse Treatment*, 116. <https://doi.org/10.1016/j.jsat.2020.108055>
- Xie, Q.-W., Chen, R., Wang, K., Lu, J., Wang, F., & Zhou, X. (2024). Associations of latent patterns of parent-child communication with communication quality and mental health outcomes among Chinese left-behind children. *BMC Public Health*, 24(1), 332. <https://doi.org/10.1186/s12889-024-17793-7>
- Yuan, X., Mao, Y., Xu, X., Peng, R., Tang, M., Dai, G., Tang, X., Fu, H., Zhong, X., Zhang, G., & Wang, B. (2025). The relationship between resilience and mental health: mobile phone dependence and its differences across levels of parent-child conflict among left-behind adolescents: a cross-sectional network analysis. *BMC Public Health*, 25(1). <https://doi.org/10.1186/s12889-025-22105-8>
- Yuliana, Y. (2025). Relationship between social support and loneliness among older adults: A cross-sectional study. *Indonesian Journal of Health Services*, 2(4), 166–174. <https://doi.org/10.63202/ijhs.v2i4.127>
- Zhang, X., Li, M., Guo, L., & Zhu, Y. (2019). Mental health and its influencing factors among left-behind children in South China: A cross-sectional study. *BMC Public Health*, 19(1). <https://doi.org/10.1186/s12889-019-8066-5>