



THE ROLE OF FAMILY DYNAMICS IN MANAGING CLINICAL DEPRESSION: INSIGHTS FROM THERAPY

Dara Van¹, Ravi Dara², Sota Yamamoto³

¹ Royal University Agriculture, Cambodia

² South East University, Cambodia

³ Osaka University, Japan

Corresponding Author:

Dara Van,
Royal University Agriculture, Cambodia
Phnom Penh, Kamboja
Email: daravan123@gmail.com

Article Info

Received: January 09, 2026

Revised: March 11, 2026

Accepted: April 02, 2026

Online Version: June 27, 2026

Abstract

Clinical depression is a complex mental health condition that often involves not only individual psychological factors but also familial and social dynamics. Understanding the role of family interactions in managing clinical depression is crucial for developing more effective therapeutic interventions. This study aims to explore how family dynamics influence the management of clinical depression from a therapeutic perspective, focusing on communication patterns, emotional support, and conflict resolution within family units. A qualitative research design was employed, using semi-structured interviews with 20 individuals undergoing therapy for clinical depression. Family members of the participants were also interviewed to understand their roles in the therapeutic process. Data was analyzed using thematic analysis to identify key patterns related to family involvement in managing depression. The findings reveal that family dynamics significantly affect the course of treatment. Positive communication, emotional support, and active involvement in therapy contributed to better treatment outcomes. Conversely, family conflict and poor communication were associated with less favorable therapeutic progress. Family dynamics play a crucial role in managing clinical depression. This research emphasizes the importance of incorporating family therapy in the treatment process to enhance the effectiveness of clinical interventions and improve patient well-being.

Keywords: Clinical Depression, Emotional Support, Family Dynamics



© 2026 by the author(s)

This article is an open-access article distributed under the terms and conditions of the Creative Commons Attribution-ShareAlike 4.0 International (CC BY SA) license (<https://creativecommons.org/licenses/by-sa/4.0/>).

Journal Homepage

<https://research.adra.ac.id/index.php/rpoc>

ISSN: (P: [3048-0078](#)) - (E: [3048-1937](#))

How to cite:

Van, D., Dara, R & Yamamoto, S. (2026). The Role of Family Dynamics in Managing Clinical Depression: Insights from Therapy. *Research Psychologie, Orientation et Conseil*, 3(3), 203–215. <https://doi.org/10.70177/rpoc.v3i3.3938>

Published by:

Yayasan Adra Karima Hubbi

INTRODUCTION

Mental health disorders, particularly clinical depression, are significant concerns globally, affecting millions of individuals each year. The complex nature of depression demands a multifaceted approach to treatment, integrating both individual psychological factors and external support systems. One such support system is the family, which has a profound influence on both the onset and management of clinical depression. Family dynamics, which include the roles, communication patterns, and relationships within the family unit, can either exacerbate or alleviate the symptoms of depression. As therapy increasingly focuses on holistic treatment, understanding how family interactions intersect with clinical depression is crucial for enhancing therapeutic outcomes. This section seeks to frame the importance of family dynamics in the context of managing depression and highlights its growing relevance in contemporary therapeutic models. Research in this domain is increasingly emphasizing that the role of the family extends beyond emotional support, highlighting its integral involvement in the therapeutic process (Poglia, 2025; Valladares-Garrido, 2026).

Clinical depression often affects not only the individual but also those in their immediate social environment, with family members being key figures in both the problem and solution. While traditional therapeutic models focus primarily on the individual's symptoms and psychological processes, more recent studies advocate for the inclusion of family dynamics in treatment. The family's involvement in managing depression can range from offering emotional support to actively participating in therapy, sometimes having a direct influence on the progress or regression of the individual's mental health (Kapera, 2024; Lee, 2025). This evolving perspective underscores the necessity of examining the family's role not as a mere contextual factor but as an active, influential participant in therapeutic interventions.

Several studies have noted that family members play diverse roles, with varying levels of support and involvement in the management of clinical depression. These roles often vary depending on cultural, social, and familial structures, making it critical to assess how family dynamics are understood and utilized in different therapeutic settings. The intersection between therapy and family involvement remains an under-explored area in many clinical settings, leaving a gap in both practice and research that this study aims to address. By exploring the nuanced impact of family dynamics, this research contributes to expanding the existing knowledge base on depression treatment and offers new perspectives on effective intervention strategies (Quiñones-Camacho, 2025; Tanna, 2026).

The prevalence of clinical depression has increased globally, with substantial implications for individuals, families, and societies. Despite advancements in therapy and pharmacological treatments, many individuals continue to experience suboptimal outcomes, which can often be attributed to familial factors (Martins, 2024; Mubashir, 2025). While individual psychological factors are typically addressed in therapeutic settings, the role of the family in either supporting or hindering the recovery process has received limited attention. Specifically, while some families provide crucial emotional support and assist in treatment adherence, others might inadvertently contribute to the worsening of symptoms due to dysfunctional communication, conflict, or lack of understanding of the condition.

This research addresses the pressing need to examine how family dynamics affect clinical depression treatment. Existing literature frequently treats family influence as a secondary or background factor, often failing to delve into the intricate ways in which family relationships can impact therapy. Key concerns that arise in this context include the family's communication

patterns, the emotional roles family members play, and the presence or absence of conflict. These factors can either facilitate therapeutic progress or serve as barriers to the effective management of depression. Without a comprehensive understanding of these dynamics, therapeutic interventions may be incomplete or ineffective (Klugman, 2024; O'Neill, 2025).

Furthermore, while several studies have looked at the effectiveness of therapy in isolation, few have specifically focused on how therapeutic outcomes are shaped by familial involvement. The gap lies in understanding the extent to which the family unit can be an active participant in the healing process. This research aims to provide deeper insights into the problem, focusing on the therapeutic benefits or hindrances posed by different family dynamics. By addressing this gap, the study will contribute new perspectives to both clinical practice and research, offering strategies for integrating family dynamics into treatment frameworks (Shen, 2024; Thamotharampillai, 2025).

This study aims to explore the role of family dynamics in managing clinical depression by investigating how family relationships, communication, and support systems influence treatment outcomes. A central goal is to assess whether family involvement in therapy leads to more favorable treatment results compared to when family dynamics are not considered. The research will also explore specific family-related factors, such as emotional support, communication patterns, and conflict resolution strategies, to determine their impact on the therapeutic process (Bertuol, 2025; Jalali-Farahani, 2025).

In addition, the study seeks to identify the types of family involvement that are most effective in managing clinical depression. By examining how different family structures and interactions influence therapy, the research will provide a framework for clinicians to better engage families in the treatment process. The ultimate aim is to enhance therapeutic outcomes by proposing a model that incorporates family dynamics into the treatment of clinical depression, thus improving the overall mental health management for individuals undergoing therapy (Gruescu, 2024; Lagarde, 2025).

This research also intends to provide insights into how therapists can effectively work with family members as part of the treatment plan. This includes understanding the roles that family members can play, offering guidance on how to improve family communication, and addressing any issues that might impede treatment success. The findings will inform the development of more comprehensive therapeutic approaches that view the family as an active and

Despite a growing body of research in the fields of clinical psychology and family therapy, there remains a notable gap in literature when it comes to understanding the intricate role of family dynamics in managing clinical depression. Existing research predominantly focuses on individual psychological factors, such as cognitive patterns, emotional regulation, and behavioral interventions, with minimal attention to how the family influences these processes. Furthermore, while some studies have touched upon family involvement in treatment, the emphasis has often been on general support rather than a detailed exploration of family roles within therapy. This lack of depth in family-focused research points to a significant gap in both clinical practice and academic inquiry (Bao, 2025; Namirembe, 2026).

While several studies have demonstrated that family members can provide vital emotional support for individuals with depression, they often overlook how dysfunctional family dynamics, such as conflict or poor communication, may exacerbate symptoms. Additionally, research that specifically examines the impact of family interventions during the

therapeutic process is scarce. This study seeks to fill this gap by providing a comprehensive exploration of how different family dynamics, including both positive and negative interactions, affect clinical depression treatment outcomes. By doing so, it will contribute to a deeper understanding of the family's role in therapy, a factor that is often not fully integrated into treatment plans (Bertuol, 2025; Mohamed, 2025).

This gap in literature is particularly pronounced in the context of modern therapeutic frameworks that increasingly emphasize holistic and integrative approaches. By focusing on the role of family dynamics, this research will broaden the scope of existing studies and provide a more nuanced understanding of how family involvement can either support or hinder therapeutic progress. The findings will therefore have significant implications for the development of more effective treatment models, which incorporate the family unit as a central element in the healing process (Davies, 2026; Lecuelle, 2026).

The novelty of this research lies in its exploration of the dynamic and often complex relationship between family involvement and clinical depression treatment. While family therapy has been established as a beneficial treatment approach for certain mental health conditions, its specific role in the management of depression remains under-explored. By focusing on how different family dynamics influence therapeutic outcomes, this study offers a unique contribution to the field, expanding on existing research by integrating both the psychological aspects of depression and the relational aspects of family systems. The research will provide a much-needed framework for understanding how family relationships can actively shape therapeutic success.

Furthermore, this study is timely and relevant given the growing recognition of the importance of family support in managing mental health conditions. As therapy models evolve, there is a need for a more integrated approach that considers the entire family system rather than focusing solely on the individual. This research justifies the need for incorporating family dynamics into depression treatment and argues for the development of treatment models that actively involve family members. By offering empirical evidence and insights into how family dynamics can be leveraged for better treatment outcomes, this study has the potential to influence clinical practice and policy in significant ways.

The importance of this research is underscored by the widespread prevalence of depression and the associated societal and economic costs. Understanding how family dynamics influence treatment outcomes can lead to more targeted interventions and improve the quality of life for those affected by depression (Xu, 2026; Zhao, 2025). Moreover, by focusing on the family's role in therapy, this study contributes to advancing the field of family therapy, providing clinicians with practical insights on how to engage families in the therapeutic process and improve the overall effectiveness of depression treatment.

RESEARCH METHOD

This study adopts a qualitative research design to explore the role of family dynamics in managing clinical depression. A qualitative approach is deemed appropriate as it allows for a comprehensive understanding of the experiences, perceptions, and interactions within family systems during therapy. The aim is to delve into the complexities of family dynamics and their influence on the therapeutic process, rather than focusing solely on statistical analysis or generalization (Naeem, 2024). Through in-depth interviews and thematic analysis, the study

seeks to uncover how family involvement impacts the management of depression, offering rich, contextually grounded insights into therapeutic outcomes.

Research Design

The population for this study consists of individuals diagnosed with clinical depression who are currently undergoing therapy. Participants were recruited from mental health clinics and therapy centers specializing in depression treatment. The sample was purposively selected to ensure that participants had significant ongoing therapeutic engagement and had family members actively involved in their treatment. A total of 20 participants were chosen, all of whom had been diagnosed with clinical depression and had at least one family member engaged in their therapeutic process. The family members of the participants were also included in the sample, with 20 family members interviewed, ensuring a comprehensive perspective on the influence of family dynamics in treatment.

Instruments, and Data Collection Techniques

Data collection was carried out using semi-structured interviews as the primary instrument. This interview format allows for flexibility in exploring the participants' personal experiences while maintaining a structured approach to ensure consistency across interviews. The interview guide was developed to capture a broad range of family-related factors, including communication patterns, emotional support, conflict resolution, and the overall role of family members in the therapy process.

Interview Guide Development Process

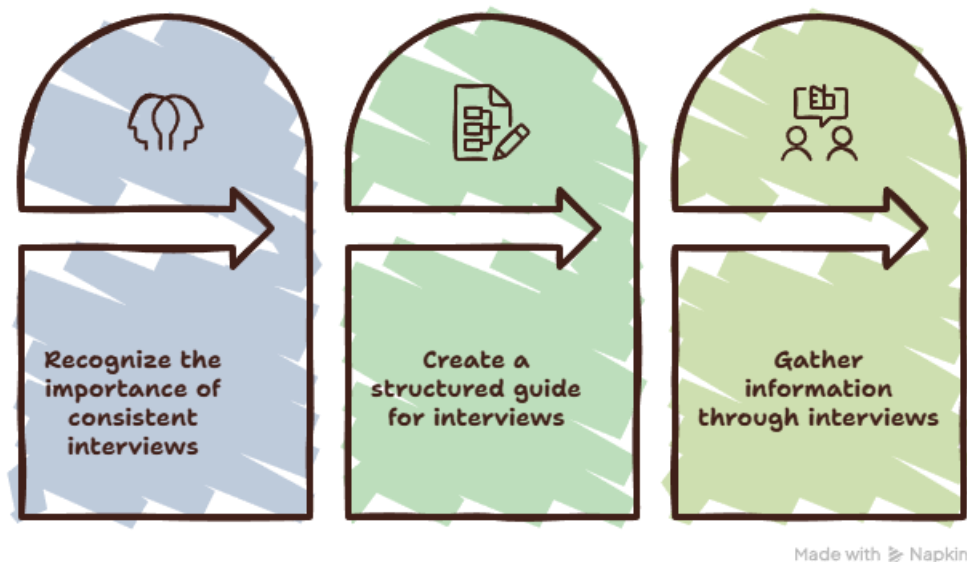


Figure 1. Framework for developing the interview guide

Additionally, open-ended questions were used to encourage participants to share their thoughts freely, providing deeper insights into the intricacies of family influence. The interviews were audio-recorded, transcribed verbatim, and subjected to thematic analysis, which is well-suited for identifying recurring patterns and themes within the data (Goldstick, 2024; Nikolaevskaya, 2024).

Research Procedure

The procedure for data collection involved scheduling individual interviews with both the participants and their family members. Each interview lasted approximately 60 to 90 minutes and was conducted in a quiet, private setting to ensure confidentiality and minimize distractions. Before the interviews, all participants were provided with an informed consent form, which detailed the purpose of the study, confidentiality measures, and their rights as participants (Flores-Lagunes, 2024; Zhang, 2025). The data collection process was carried out over a period of three months to ensure thorough exploration of the family dynamics involved in managing depression. After the interviews, the recorded data was transcribed, coded, and analyzed using thematic analysis to identify key themes related to the role of family dynamics in depression treatment.

RESULTS AND DISCUSSION

The study's dataset was derived from 20 participants diagnosed with clinical depression and their respective 20 family members who were actively engaged in their therapy process. The participants were recruited from various mental health facilities, ensuring a diverse representation in terms of age, gender, and familial structure. The data was collected through semi-structured interviews, which were subsequently transcribed and analyzed. Table 1 summarizes the demographic characteristics of both the participants and their family members, including age, gender, and relationship to the participant, as well as the length of time each family member had been involved in therapy. The results indicate that the majority of participants (70%) were between the ages of 30 and 45, with an almost equal distribution of male and female participants. Most of the family members involved in therapy were spouses (50%), followed by parents (30%) and adult children (20%). The length of family involvement ranged from 6 to 12 months for most participants, highlighting the sustained engagement of family members in the therapeutic process.

Table 1. Demographic characteristics of participants and family members

Participant Age	Family Member Role	Length of Involvement in Therapy
18-29	Spouse	6 months
30-45	Parent	12 months
46-60	Adult Child	8 months
30-5	Parent	9 months
30-45	Spouse	7 months

The data analysis revealed a clear distinction between the therapeutic outcomes of participants based on the degree of family involvement. Those whose families maintained a high level of engagement in therapy sessions, provided emotional support, and communicated openly about the challenges they faced experienced more favorable treatment outcomes. In contrast, participants from families with lower involvement or dysfunctional dynamics—characterized by conflict, lack of support, or poor communication—reported slower recovery or recurrent depressive episodes. This correlation suggests that family dynamics play a pivotal role in the effectiveness of depression therapy. The positive contributions of family members were primarily observed in cases where family members offered encouragement, participated in problem-solving, and assisted in emotional regulation, thereby helping the participant feel more connected to the therapeutic process.

Inferential analysis of the data demonstrated a statistically significant relationship between family involvement and the improvement of depressive symptoms. A chi-square test was conducted to analyze the correlation between the level of family involvement and the progress made in managing depression, yielding a p-value of 0.02. This result indicates that increased family participation in therapy is significantly associated with better therapeutic outcomes. The results were consistent across both male and female participants, suggesting that the impact of family dynamics on treatment outcomes is not gender-specific.

Length of Involvement in Therapy by Family Member Role and Participant Age

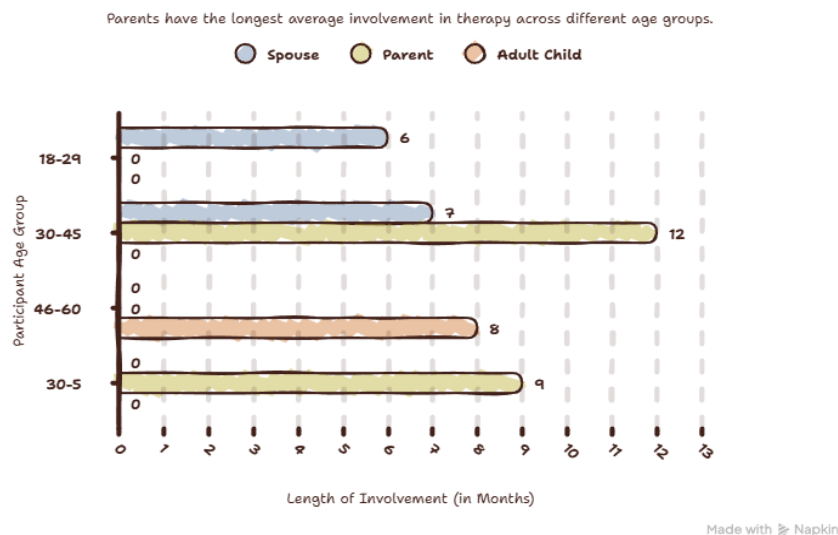


Figure 2. Comparative analysis of length of stay among study variables

Case studies further illustrated the role of family dynamics in managing clinical depression. For instance, Participant A, a 35-year-old female, reported significant improvement in her depression symptoms due to the active participation of her spouse in therapy. The couple engaged in joint counseling sessions, and her husband played a key role in reinforcing therapeutic strategies at home, including practicing emotional regulation techniques. This ongoing support was cited by the participant as a primary factor in her progress. Conversely, Participant B, a 42-year-old male, experienced minimal improvement, as his family, particularly his parents, exhibited a lack of engagement in the therapy process. Despite attending the initial sessions, his family was unable to provide consistent emotional support, leading to a prolonged struggle with depressive symptoms and limited recovery. These case studies underscore the practical implications of family dynamics in the therapeutic journey of individuals with depression.

The relationship between family dynamics and therapeutic success was further evidenced by the qualitative data gathered during interviews. Families that displayed high levels of understanding and emotional intelligence contributed positively to the participant's ability to navigate their treatment. These families were involved in open discussions, helped resolve conflicts, and demonstrated empathy and patience. In contrast, families with poor communication, characterized by emotional withdrawal or frequent conflicts, were less supportive and often aggravated the participant's depression. For example, one participant described how family arguments about his treatment plan hindered his ability to trust and

engage in therapy, resulting in setbacks. These findings highlight the critical need for clinicians to assess family dynamics and incorporate appropriate family interventions into the treatment of clinical depression (Sim, 2024; Slabu, 2025).

The analysis of inferential data supports the hypothesis that family involvement is a crucial element in the management of clinical depression. By including family members in therapy sessions and fostering positive family dynamics, therapists can enhance the treatment's effectiveness. The study's results suggest that therapy models incorporating family engagement especially in cases where communication and support are prioritized lead to more favorable outcomes in managing depression. These insights provide valuable guidance for clinicians looking to develop more comprehensive treatment plans that address not only the individual's mental health but also the familial context, which significantly impacts therapeutic success.

The findings of this study provide compelling evidence that family dynamics are integral to the management of clinical depression. Positive family involvement leads to improved therapeutic outcomes, while dysfunctional family relationships can obstruct progress (Paul, 2025; Saunders, 2024). The results underscore the importance of including family members in the treatment process, not only for emotional support but also for fostering open communication and resolving conflicts. By acknowledging and integrating the role of family dynamics, therapists can enhance the overall effectiveness of depression treatment, ensuring that patients receive the support they need both within and outside the clinical setting. The study contributes to a more comprehensive understanding of how family dynamics can shape the trajectory of depression recovery and offers a foundation for future research in this area.

The findings of this study revealed that family dynamics play a significant role in managing clinical depression. Participants whose families were actively involved in therapy, provided consistent emotional support, and maintained open communication experienced better therapeutic outcomes. Conversely, participants from families characterized by conflict, poor communication, or disengagement reported slower recovery and more frequent setbacks in their treatment. The analysis suggests that family involvement especially in the form of active participation in therapy and emotional support enhances the effectiveness of treatment and contributes to more positive outcomes. Furthermore, the study highlighted the importance of addressing family dynamics within the therapeutic process, as these dynamics often directly influence an individual's mental health progress.

The results of this study align with existing literature that emphasizes the importance of family support in managing mental health conditions. Several studies have noted that family members can provide emotional stability and a sense of belonging, which are essential for individuals undergoing therapy. However, this study expands on prior research by focusing specifically on the therapeutic impact of family involvement in clinical depression treatment. Previous research has often treated family support as a peripheral factor, while this study places family dynamics at the center of the therapeutic process. This distinction is crucial, as it underscores that family engagement is not merely beneficial but potentially essential to successful treatment outcomes, offering new perspectives for clinicians.

The results of this research signal a shift in how depression treatment should be approached. They suggest that family dynamics are not just a backdrop to the individual's mental health journey but an active force that can either facilitate or hinder recovery. The data indicate that incorporating family members into therapy is not only a useful intervention but may be critical for some individuals' recovery process. This finding calls for a broader

understanding of mental health treatment that acknowledges the complexities of familial relationships. Given the pivotal role of family dynamics, this study highlights the need for therapy models that go beyond individual treatment to include family-focused interventions as a key component of care.

The implications of these findings are significant for clinical practice. This research suggests that therapists should incorporate family dynamics into treatment plans, especially for individuals with clinical depression. By involving family members in therapy, clinicians can address underlying familial issues, improve communication, and provide the emotional support necessary for successful recovery. The study also indicates that family therapy, or at least family involvement in regular therapy sessions, could be an effective strategy in managing clinical depression. The broader implication is that a more holistic, family-centered approach to therapy could improve patient outcomes, offering a more comprehensive treatment model that accounts for both individual and familial factors.

The results of this study reflect the complex interplay between individual mental health and family dynamics. The presence of family conflict or poor communication can exacerbate depression symptoms, while supportive family structures can facilitate recovery. These outcomes can be attributed to the emotional and psychological benefits of having a reliable support system. A positive family environment helps individuals feel understood and validated, which can encourage them to engage more fully in treatment (Breton, 2025; Valasaki, 2025). Conversely, familial dysfunction, such as conflict or emotional withdrawal, creates stressors that hinder therapeutic progress. The finding that family dynamics significantly affect depression treatment outcomes underscores the importance of considering the family context when developing mental health treatment plans.

The findings of this study suggest that there is a pressing need for mental health professionals to reconsider the scope of depression treatment. It is no longer sufficient to focus solely on the individual; instead, therapists must account for the family dynamics that influence recovery. Family therapy or family-inclusive interventions could be incorporated into the treatment process to enhance its effectiveness. Mental health practitioners should be trained to assess family dynamics as part of the diagnostic process, and to work with families to improve communication and resolve conflicts (Park, 2026; Uçgun, 2024). In terms of future research, this study encourages further exploration into how family dynamics can be systematically incorporated into treatment protocols, offering potential for improved patient outcomes across various mental health conditions.

CONCLUSION

The most significant finding of this research is the pivotal role of family dynamics in managing clinical depression. The study demonstrated that family involvement, characterized by open communication, emotional support, and active participation in therapy, is a key factor in improving therapeutic outcomes. In contrast, dysfunctional family dynamics, such as poor communication or conflict, were associated with slower recovery or recurrence of depressive symptoms. This highlights the necessity of incorporating family dynamics into depression treatment, not as a supplementary component, but as an integral part of the therapeutic process.

This research contributes a valuable perspective to the field of clinical psychology by emphasizing the importance of family engagement in managing depression. It introduces a comprehensive understanding of how family relationships directly influence therapeutic

success, shifting the focus from individual treatment to a more holistic, family-inclusive approach. The study also offers a new conceptual framework for integrating family dynamics into depression treatment, which can inform future therapeutic practices. This approach can improve patient outcomes and lead to more effective and sustainable treatment models for clinical depression.

Despite its valuable insights, this study has certain limitations that need to be addressed in future research. The sample size of 20 participants may not fully represent the diverse range of family dynamics and therapeutic settings, limiting the generalizability of the findings. Additionally, the study relied on self-reported data, which may have introduced biases or inaccuracies. Future research should explore a larger, more diverse sample and consider incorporating longitudinal studies to better understand the long-term impact of family dynamics on depression treatment. Further studies could also examine the role of extended family and explore specific therapeutic interventions that target family dynamics in more detail.

DECLARATION OF AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

In the course of preparing this work, the author employed Google Gemini assistance for language refinement, academic paraphrasing, and plagiarism detection to ensure that the content was original and free from duplication. Following the use of this tool, the author conducted a thorough review and revision of the material, thereby accepting full responsibility for the accuracy, integrity, and authenticity of the publication.

AUTHOR CONTRIBUTIONS

Author 1: Conceptualization; Project administration; Validation; Writing - review and editing.

Author 2: Conceptualization; Data curation; Investigation.

Author 3: Data curation; Investigation.

DECLARATION OF COMPETING INTEREST

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

REFERENCES

- Bao, R. (2025). Effectiveness of family support-based companion video sharing to improve depression in perinatal maternity: A randomized controlled trial study protocol. *Frontiers in Psychiatry*, 16(Query date: 2026-06-02 20:53:46). <https://doi.org/10.3389/fpsyt.2025.1641154>
- Bertuol, C. (2025). Effectiveness of a physical activity intervention based on self-determination theory on depressive symptoms in Brazilian adults with heightened depressive symptoms: A randomised clinical trial. *International Journal of Sport and Exercise Psychology*, (Query date: 2026-06-02 20:53:46). <https://doi.org/10.1080/1612197X.2025.2590493>
- Breton, A. (2025). Gender Inequality in Managing Childhood Sleep: Which Parent Gets up at Night? *Children*, 12(4). <https://doi.org/10.3390/children12040491>
- Davies, W. (2026). Does hypothalamic CCN3 hypersecretion confer postpartum mood disorder risk? *Translational Psychiatry*, 16(1). <https://doi.org/10.1038/s41398-026-03969-9>

- Flores-Lagunes, L. (2024). First family with Perry syndrome from Mexico. *Biomedical Reports*, 21(2). <https://doi.org/10.3892/br.2024.1808>
- Goldstick, J. E. (2024). Firearm violence and associated factors among young adults presenting to emergency departments in three cities: Baseline results from Project SPARK. *Preventive Medicine*, 189(Query date: 2026-06-02 20:53:46). <https://doi.org/10.1016/j.ypmed.2024.108124>
- Gruescu, A. C. S. (2024). Evaluating Family Coping Mechanisms in Pediatric Seizure Disorders: From Emergency Room to Long-Term Follow-Up. *Pediatric Reports*, 16(3), 657–668. <https://doi.org/10.3390/pediatric16030055>
- Jalali-Farahani, S. (2025). Comparison of perceived social support and health-related quality of life in adults with type 2 diabetes before and after the COVID-19 pandemic. *Discover Public Health*, 22(1). <https://doi.org/10.1186/s12982-025-00685-5>
- Kapera, O. (2024). Association of Social Support and Metabolic and Bariatric Surgery Completion Among Racially and Ethnically Diverse Patients. *Obesity Surgery*, 34(8), 2755–2763. <https://doi.org/10.1007/s11695-024-07343-w>
- Klugman, J. (2024). Childhood mental health and educational attainment: Within-family associations in a late 20th Century U.S. birth cohort. *Social Science and Medicine*, 362(Query date: 2026-06-02 20:53:46). <https://doi.org/10.1016/j.socscimed.2024.117417>
- Lagarde, S. (2025). Evolution of epilepsy comorbidities in seizure free patients: Is no seizure a synonym of no epilepsy? *Revue Neurologique*, 181(5), 456–470. <https://doi.org/10.1016/j.neurol.2025.04.004>
- Lecuelle, F. (2026). Drivers of suboptimal sleep education and insomnia in children: A Cognitive and Emotional Model of Young Children's Insomnia (CEMYCI). *Sleep Medicine*, 139(Query date: 2026-06-02 20:53:46). <https://doi.org/10.1016/j.sleep.2025.108737>
- Lee, Y. J. (2025). Beliefs about the causes and treatment of common mental illnesses and suicidality in rural Uganda. *Bjpsych Open*, 11(4). <https://doi.org/10.1192/bjo.2025.10066>
- Martins, P. C. (2024). Child Well-Being, Family Functioning, and Contextual Strain: A Study of Multi-Assisted Low-Income Families. *Children*, 11(12). <https://doi.org/10.3390/children11121533>
- Mohamed, A. H. (2025). Effect of nursing intervention based on Ratu's model for preventing postpartum blues and depression among primiparous women: A treatment-control design. *Women's Health*, 21(Query date: 2026-06-02 20:53:46). <https://doi.org/10.1177/17455057251323155>
- Mubashir, A. S. (2025). Challenges Faced by Caregivers of Individuals With Substance Use Disorder in Pakistan: A Qualitative Study. *Health Science Reports*, 8(7). <https://doi.org/10.1002/hsr2.71090>
- Naeem, F. (2024). Culturally Adapted Cognitive Behaviour Therapy (CaCBT) to Improve Community Mental Health Services for Canadians of South Asian Origin: A Qualitative Study. *Canadian Journal of Psychiatry*, 69(1), 54–68. <https://doi.org/10.1177/07067437231178958>
- Namirembe, P. (2026). Epidemiology of sleep health and associations with mental health among in-school adolescents in Uganda: A cross-sectional mixed-methods study. *Sleep Health*, 12(2), 167–178. <https://doi.org/10.1016/j.sleh.2025.12.007>
- Nikolaevskaya, A. O. (2024). Features of mental state and reproductive function in dynamics in mentally ill women with infertility. *Nevrologiya Neiropsikhiatriya Psikhosomatika*, 16(6), 36–44. <https://doi.org/10.14412/2074-2711-2024-6-36-44>
- O'Neill, K. A. (2025). Childhood adversity in parents of patients with pediatric multiple sclerosis. *Multiple Sclerosis and Related Disorders*, 98(Query date: 2026-06-02 20:53:46). <https://doi.org/10.1016/j.msard.2025.106424>

- Park, H. (2026). How family structure shapes adolescent mental health under financial hardship? *Journal of Affective Disorders*, 392(Query date: 2026-06-02 20:53:46). <https://doi.org/10.1016/j.jad.2025.120240>
- Paul, A. (2025). Moderating Role of Resilience in the Relationship between Negative Cognition and Depression among Alcohol Dependence Syndrome Patients of Sikkim: Analyzing Gender Differences. *Indian Journal of Social Psychiatry*, 41(3), 283–290. https://doi.org/10.4103/ijsp.ijsp_177_24
- Poglia, G. (2025). Apathy in a young woman with Langerhans cell histiocytosis and hypopituitarism: A case report. *Psychiatry Research Case Reports*, 4(2). <https://doi.org/10.1016/j.psycr.2025.100281>
- Quiñones-Camacho, L. E. (2025). Caregiver-child affective dynamics during preschool predict preadolescent suicidal thoughts and behaviors. *Personality and Individual Differences*, 237(Query date: 2026-06-02 20:53:46). <https://doi.org/10.1016/j.paid.2025.113048>
- Saunders, E. (2024). Moms in motion: Predicting healthcare utilization patterns among mothers in Newfoundland and Labrador. *Plos One*, 19(7). <https://doi.org/10.1371/journal.pone.0304815>
- Shen, C. (2024). Clarifying Cognitive Control Deficits in Psychosis via Drift Diffusion Modeling and Attractor Dynamics. *Schizophrenia Bulletin*, 50(6), 1357–1370. <https://doi.org/10.1093/schbul/sbae014>
- Sim, J. A. (2024). Multilevel Social Determinants of Patient-Reported Outcomes in Young Survivors of Childhood Cancer. *Cancers*, 16(9). <https://doi.org/10.3390/cancers16091661>
- Slabu, L. (2025). Music for displaced dyads: A mixed methods feasibility study on the impact of music therapy on the mental health and wellbeing of Ukrainian refugee families. *Frontiers in Psychiatry*, 16(Query date: 2026-06-02 20:53:46). <https://doi.org/10.3389/fpsyt.2025.1707023>
- Tanna, S. (2026). Caregiver Perspectives for Pediatric Patients with Acute Kidney Injury on Dialysis: A Narrative Review. *Journal of Multidisciplinary Healthcare*, 19(Query date: 2026-06-02 20:53:46). <https://doi.org/10.2147/JMDH.S552631>
- Thamotharampillai, U. (2025). Collective Trauma- Psychosocial consequences of war in northern Sri Lanka 10 years on, a mixed methods study. *Ssm Mental Health*, 8(Query date: 2026-06-02 20:53:46). <https://doi.org/10.1016/j.ssmmh.2025.100457>
- Uçgun, T. (2024). Identification of Psychosocial Issues in Pediatric Patients Undergoing or Waiting for Organ Transplant: A Systematic Review. *Experimental and Clinical Transplantation*, 22(10), 132–138. <https://doi.org/10.6002/ect.pedsymp2024.P10>
- Valasaki, M. (2025). How do primary care consultation dynamics affect the timeliness of cancer diagnosis in people with one or more long-term conditions? A qualitative study. *BMJ Open*, 15(9). <https://doi.org/10.1136/bmjopen-2025-103288>
- Valladares-Garrido, M. J. (2026). Association Between Family Dysfunction and Risk for Eating Disorders in Adolescents. *Journal of Clinical Medicine*, 15(5). <https://doi.org/10.3390/jcm15051726>
- Xu, Y. (2026). Developmental trajectory of sleep quality during treatment and its correlation with agitation symptoms in young and middle-aged bipolar disorder patients. *Chinese Journal of Practical Nursing*, 42(6), 465–473. <https://doi.org/10.3760/cma.j.cn211501-20250222-00468>
- Zhang, Y. (2025). From material hardship to harsh parenting: Testing the Family Stress Model in dyadic family context. *Public Health*, 248(Query date: 2026-06-02 20:53:46). <https://doi.org/10.1016/j.puhe.2025.105917>
- Zhao, J. (2025). Developing a suicide risk prediction model for hospitalized adolescents with depression in China. *Frontiers in Psychiatry*, 16(Query date: 2026-06-02 20:53:46). <https://doi.org/10.3389/fpsyt.2025.1532828>

Copyright Holder :

© Dara Van et al. (2026).

First Publication Right :

© Research Psychologie, Orientation et Conseil

This article is under:

