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# Adolescence Depression: Role of Family Centred Nursing Care

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<p>The purpose of this final project was to review the role of family centered nursing care when working with an adolescent with depression. The ultimate goal of this work is to supplement the knowledge in understanding the importance and role of family centered nursing care in supporting the adolescent going through depression and his family.</p> <p>31 articles of which 15 are used in the compilation of the results were derived from CINAHL and OVID nursing databases. The focus of the reviewed articles is the complementation of family centered nursing care as an effective method of care in children and adolescents' health matters.</p> <p>The diagnoses of depression in adolescents continue to increase. It affects upon their daily life as well as the transition to adulthood. The triggers are affiliated to family factors that affect to the health and well-being citing vulnerability as the adolescents relies entirely on the family.</p> <p>The role of family centered nursing care is seen in the provision of nursing interventions that assimilate in the nursing care process. This involves assessment, diagnosis, planning, implementation and evaluation. It also provides expertise and knowledge in understanding the disease. Promotion of well-being address the family factors affecting the happiness and satisfaction of the adolescents' life. Health promotion is portrayed through strengthening of skills, advocating on actions and patient education, thus, minimizing and controlling health problems. The aspect of empowerment is portrayed through strengthening of personal resources used as tools in the process of treatment. Transition to adulthood is done by ensuring effective treatment and a healthy transition to adult care systems. The review of culture contexts is achieved by addressing issues in practices and beliefs that may affect to the process of care e.g. stigmatization of mental health diseases. Support is addressed by acquiring information, parenting guidance, emotional support, financial resources and assistance. The aspect of providing a stronger family alliance is seen through facilitating communication, cohesion and organization within the family, thus improved decision making in the process of care. It is essential to provide a feeling of hope as the adolescent and his family need assurance and proximity that all will be fine in the future.</p>	
Keywords	adolescence, depression, family centered nursing care, subjective well-being, family nursing

Tekijä Otsikko	Hannah Kahuko Murrosikäisten Masennus: Perhekeskeisen Hoitotyön
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<p>Tämän opinnäytetyön tarkoitus on ollut tarkastella perhekeskeisen hoitotyön roolia masentuneiden murrosikäisten hoidossa. Tavoitteena on lisätä tietämystä perhekeskeisellä hoitotyöllä murrosikäisten masennuksen hoidossa.</p> <p>Kirjallisuuskatsaus kattoi 31 artikkelia, joista 15 artikkelia käytettiin lopputulosten analyysiin. Kaikki artikkelit olivat CINAHL:n ja OVID:in hoitotyön tietokannoista. Artikkeleiden fokus oli perhekeskeisen hoitotyön merkitys lasten ja murrosikäisten terveydenhuollossa.</p> <p>Murrosikäisten masennusdiagnoosien määrä on kasvussa. Masennus vaikuttaa heidän päivittäiseen elämäänsä ja kasvuunsa aikuisiksi. Masennusoireet ovat sidoksissa perheisiin liittyviin tekijöihin, koska murrosikäiset ovat riippuvaisia perheistään.</p> <p>Perhekeskeisen hoitotyön rooli sisältyy hoitotyön prosesessiin. Näihin kuuluvat arviointi, diagnostiikka, suunnittelu, toteutus ja jälkiarviointi. Perhekeskeinen hoitotyö tuottaa myös sairauden hoidon osaamista ja ymmärtämistä. Hyvinvoinnin lisääminen vaikuttaa tekijöihin perhetasolla ja tuottaa näin onnellisuutta ja tyytyväisyyttä murrosikäisen elämään. Terveiden lisääminen näytetään osaamisen vahvistamisena, toimintaan ja vanhempien koulutukseen panostamisena, mistä seuraa terveysongelmien vähenemistä. Voimannuttamisen näkökulmaa tavoitellaan henkilökohtaisten voimavarojen käyttämisellä hoidon osana. Siirtymä aikuisuuteen saavutetaan varmistamalla tehokas hoito ja terveellinen siirtymä aikuisten terveyspalveluiden pariin. Kulttuurillinen kontekstin saavutetaan ottamalla huomioon käytännöt ja uskomukset jotka vaikuttavat hoitoprosessiin; esimerkiksi mielenterveysalan hoitojen stigmatisointi. Tukeen vaikutetaan hankkimalla tietoa, ohjaamalla vanhempia, emotionaalisella tuella ja tarjoamalla taloudellista tukea. Perheen yhtenäisyyden näkökulmaa haetaan mahdollistamalla kommunikaatiota, yhtenäisyyttä ja perheen sisäisiä rakenteita. Päätöksentekokykyä avustetaan mahdollistamalla tietoisten päätösten teko hoidosta. On oleellista tarjota toivon tunnetta, sillä murrosikäinen ja tämän perhe tarvitsevat vakuuttelua siitä, että loppujen lopuksi kaikki kääntyy paremmaksi.</p>	
Keywords	murrosikäinen, masennus, perhekeskeinen hoitotyö, subjektiivinen hyvinvointi

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## 1 Introduction

Depression as a significant health and social problem does not only exist in adults but is also diagnosed in adolescents and children. It has a vast spectrum implication to public health and society as a whole. World Health Organization predicts that depression will be surpassing as the second in line cause of morbidity, after non-communicable diseases in all population by the year 2020. (Davis & Huws-Thomas 2007: 49-56; WHO 2011).

The preference of every parent is to have their children grow to be healthy and happy but challenges along the way are inevitable. Within the family chores, issues in regard to frustrations, unmet needs, disappointments, experiences of sorrow and so on, stall the healthy growth and development of children. Challenges in growth and development, society, and self are imposing demands into the adolescents' life. It may be overwhelming for the adolescent and lead to depressive symptoms which in persistence interfere with the adolescents' growth and development, functional ability and transition to adulthood. (AACAP 2013.)

Reasons raising concern are the questionably increased prescriptions of antidepressants to adolescents, significant numbers of reported suicide incidents, increase in emotional problems and increased number of adolescents with depression traversing to adulthood and living with lifelong scourge of the disease. (Bennett 2012: 184-194). Experiences are ranging up to 20 % in one given year in the adolescent population (WHO 2011). Incidents are alarmingly increasing contributing to the disease burden in the society. (Crowe, Ward, Dunnachie & Roberts 2006: 10-18; Davis & Huws-Thomas 2007: 49-56; WHO2011; Bennett 2012: 10-18).

The affiliation of the triggers of adolescent depression to the family factors is emphasized diversely in literature. The focus lies on aspects of communication, cohesion and organization which influence the well-being of all within the family. Thus, the most evident course in addressing the issue calls for the utilization of family centered nursing care. It allows for a collaborative atmosphere effecting to minimized stress among the family members and reviewing problems from the grassroots. (Goodmann & Happelle 2006:1364-1377; Bennett 2012:10-18.)

Consequently, with the complementation of family centered nursing care positively, the purpose of this final project was to review the role of family centered nursing care when working with an adolescent with depression. The ultimate goal of this work is to supplement the knowledge in understanding the importance and role of family centered nursing care in supporting the adolescent going through depression and his family.

## 2 Theoretical framework

### 2.1 Characteristics of depression in adolescence

Adolescence is a period in the development marked with characteristic changes highlighted biologically, cognitively, psychologically and socially. The spectrum of research into adolescents' depression as a topic is indefinite and the disease itself poorly diagnosed. Genetically imposed factors, environmental factors, illnesses and grief are trigger points (AACAP 2013), while family influences associates highly to the trigger of adolescents' depression. (Bennett 2012:184-194). Within the familial circles, depression triggers may be influenced by stressfulness of negative events like death and divorce, compromised coping styles, parent adolescent relationship and especially negatively in terms of mistreatment and neglect, parental support, acceptance and parental monitoring. Essentially, the general well-being of the adolescent relies on the life around them unlike in adults. (Rask, Åstedt-Kurki, Paavilainen & Laippala 2003:129-138). Growth and development continue in adolescence, and the pressure and stress could be caused by the biological process of hormones in growth and development covering up the symptoms of depression, thus diagnosis concealed. (Pruitt 2007: 69-81; Crowe et al. 2006: 10-18; Davis & Huws-Thomas 2007: 49-56).

Depression exists in a progressive sequence, which ranges from symptoms in early adolescence. These symptoms increase in middle adolescence and following timely diagnosis and treatment, the symptoms decrease in late adolescence. (Pruitt 2007: 69-81; Chen, Haas, Gillmore & Kopak 2011:176-191.) The experience of the first episode most often triggers other episodes if there is inadequate treatment. Recurring incidences are up to 70% of adolescents in a range of 5 years meaning that the second episode will be in early adulthood. This recurrence makes it chronic to some and poses a challenge to adolescents' transition to adulthood and their lives as adults (Crowe et al. 2006: 10-18; Hamrin, Antenucci & Magorne 2012: 22-30.)

Symptom characteristics of depression vary with age and gender differences. (Crowe et al. 2006: 10–18; Kalsson, Pelkonen, Ruutu, et al. 2006: 220–31; Chen, Haas, Gillmore & Kopak 2011:176–191). In adolescence, symptoms include beyond normal sadness, irritability, decreased interest in pleasure and withdrawal from family and friends, appetite and weight problems, sleep problems, tiredness and fatigue leading to lack of motivation, feelings of worthlessness and guilt, concentration problems and poor school performances, anger and rage, substance abuse, thoughts of destructive behavior and suicide ideation. (Crowe et al. 2006: 10-18; Hamrin Antenucci & Margorne 2012: 22-30; AACAP 2013).

The impact of depression leads to the impairment of an adolescent's social skills and self-esteem which exposes the adolescent to negative situations of victimization and bullying in the school environment. Issues of interpersonal conflict, difficulties in social relationships, poor school performances and failing to achieve goals are inevitable. (Rask et al. 2003: 129-138; Hamrin, Antenucci & Magorne 2012: 22-30.)

Good news is that depression is treatable. The role of primary healthcare is critical in assessing and diagnosing depression in children and adolescents. Raising concern relies heavily on parents and also the school professionals as adolescents spend most of their time in the school environment. (Rask et al. 2003: 129-138; Hamrin Antenucci & Magorne 2012: 22-30.) Assessing depression in adolescents is challenging, as is the adolescent himself. Though the depressed adolescent is likely to seek help than his healthy peers, it is difficult for an adolescent to differentiate between normal sadness and depression by himself. The most probable action is the adoption of maladaptive interpersonal strategies such as excessive demands and resistance and especially towards the parents, siblings and other family members. This affects the bond and relationships within the family, asserting the need of effective family-centered approaches to care. (Goodmann & Happelle 2006:1364-1377; Hamrin, Antnucci & Magorne 2012: 22-30.)

## 2.2 Adolescents subjective well-being

Subjective well-being is more than just mere health status. It is about how one evaluates life in terms of happiness and satisfaction, the prompt ideal situation as positive or negative in everyday experiences. An adolescents' subjective well-being falls more

concretely to the family dynamics as compared to adults. The issues within the family include better family functioning which yields good communication and stability and a good parent – adolescent relationship. Demographics with realms around the culture contribute to the adolescents' subjective well-being in terms of gender, family type, economics and perceptions. If the adolescents have the feeling of satisfaction, affected mainly by family dynamics, there will be positive attitudes and joy towards life, uplifted self-esteem and eventually lack of depressed moods. The opposite will associate to depressed mood and risk of depression in adolescents. The main factors influencing to the well-being of the adolescents include a comfortable home, love, open communication, familial involvement, external relations and a sense of significance in the family. These factors in the long run contribute to the onset of depressive symptoms if addressed negatively. (Rask et al. 2003: 129-138; Abdel-Khalek 2012: 39-52.)

As to the perception of many, the strongest predictor of well-being is health. In the sense of optimal mental and physical health which contributes to happiness, satisfaction and love of life for the adolescents. Demographics shows differences in the issues affecting well-being of individuals ranging from religion, happiness, satisfaction, physical and mental health which affect to a greater extent the occurrence of depression. Thus, higher levels of satisfaction and happiness, constrain the occurrences of depressive moods. (Abdel-Khalek 2012: 39-52.)

Well-being of adolescents relies on a healthy parent and family relationship in terms of love, security and provision of essential needs. The relationship is fundamental in influencing coping strategies, development of personality and self-concept, negatively or positively contributing to well-being or ill-being of the adolescent. Negative circumstances of neglect, poor attachment, rejection, dominance, over-criticisms and harsh control destroy adolescent's self-esteem and affect problem solving capacity. Parenting styles affect the attaining of personal autonomy as a major task in adolescence. As decisions and actions differ from parents, the relationship is at risk. Parents' roles in the development become more and more suppressed and disputable in comparison to the peer role. (Rask et al. 2003: 129-138; Goodman & Happelle 2006: 1364-1377; Piko & Balazs 2012: 149-155; Abdel-Khalek 2012: 39-52.)



### 2.3 Family centered nursing care

Family centered nursing care is a process that involves the partnership of healthcare staff, patients and families in the planning, delivering and evaluating healthcare. The process takes upon the concepts of dignity and respect, information sharing, involvement and collaboration while valuing the uniqueness of individuals, openness in communication, empowerment strategies and acknowledging family members as key players in the process. (AACAP2013.) The focus is on the individual and in relation to the family as a whole. Family centered care assures improvements in child behavior, increases parental competences and cohesion and adaptability within families while allowing intervention strategies by the healthcare system through collaboration. (Avery, Pallister, Allan, Stubbs & Lavin 2012: 469-76; Bennett 2012: 184-194.)

Family centered nursing care plays a significant role in the enhancement and support of wellbeing and health, management of family resources and supports handling of different health problems. (Eggenberger & Nelms 2006: 1618-28). In dealing with issues of health, family centered care requires the establishment of therapeutic relationship skills as health care team indulge into the family matters as an operational process. The application of skills are based on the problem to be addressed i.e. emotional support, facilitation of communication, direct processing and guide to problem solving. (Eggenberger & Nelms 2006: 1618-28; Davis & Huws 2007: 49-56.)

The adolescent is still a child member of the family and relies on the family for many things, thus, the onset of depression affects the overall functioning of the family. Triggers should be critically assessed within the family chores. (Davis & Huws 2007: 49-56.) Treatment methods include different forms of psychotherapies and pharmacological interventions. Psychotherapies include cognitive behavior therapy, dialectical behavior therapy, family therapy, group therapy, interpersonal therapy, play therapy and psychodynamic psychotherapy. All these therapies essentially allow the utilization of family centered nursing care process (Davis & Huws 2007: 49-56; Chen et al. 2011: 176-191; AACAP 2013.)

The effectiveness of family therapies links to several aspects that effect upon promoting the relationship between family members. It helps in the realization of a healthy or unhealthy parent-child relationship that effect to the well-being or ill-being of the adolescent. The role that family relationship plays in the adolescent developing depression

and management are fundamental during the process of care. Family centered approach provides the essence of familiar acquaintances appealing positively to the adolescent through family therapies. With the responsibilities of each member individually, there is room for critically analyzing the adolescent that helps in pinpointing the causes of depression, and thus reflecting on appropriate interventions in the family centered nursing care approach. Parent's positive involvement diffuses the progression of depression in adolescence. (Pruitt 2007: 69-81.)

Family centered nursing care provides care to the family as a whole. This is done by addressing family relationship and network, individualized care, needs of the adolescent as a child, group focused care in essence to coping within the community and specified groups, integrated care in respect to therapeutic methods used, and educational care in supporting the age related ideologies in growth and development. (Rask et al. 2003: 129-138.)

### **3 Purpose goal and study question**

The purpose of this final project was to review the role of family centered nursing care in supporting an adolescent with depression. The ultimate goal of this work is to supplement the knowledge in understanding the importance and role of family centered nursing care in supporting the adolescent going through depression and the family. The study question to be answered is:

1. What is the role of family centered nursing care when working with adolescents with depression?

By answering this question, there will be more knowledge derived on the topic focusing on the role of family centered nursing care. As the goal stipulates, supplementing and promoting knowledge and understanding of the importance of the role of family centered nursing care, nourishes perspectives in health care issues while supporting the adolescent going through depression, as well as the family.

## 4 Data collection and analysis

This final project adopts literature review as a method. Literature review is a method used to generate a picture and establish a general knowledge of perceptions to support conducted research and or other reports. It is a broad, comprehensive, in-depth and a systematically organized critique of research reports and literature. (LoBiondo-Wood and Haber 2010:59.) The aim of a literature review is to present information theoretically and scientifically in order to synthesise known and unknown knowledge of the topic. (Burns and Grove 2011:189).

### 4.1 Data collection

The literature relevant to this review derives from articles accessed through databases specifically OVID Nursing database and EBSCO through CINAHL Nursing database. A search of relevant articles was undertaken using various keywords like “depression,” “family centered nursing care,” “adolescent”, “subjective well-being,” and “family nursing.” The choice of the keywords depended on the topic heading and the production of most relevant titles regarding this review. The search of articles narrows to publications between 2003 and 2013, the language in writing is English and all article links to the full text eliminating those not in full text. Articles are further narrowed to the studies focusing on adolescents between the ages of 13-18 years. Relevance to nursing was also a major consideration. This breakdown is shown in appendix 1.

Searching through CINAHL database resulted in more articles used than in OVID. The reason to this imbalance was that the articles found in both databases get repeated. Five articles have been retrieved from OVID Nursing database. Same keywords were used in both databases as can be seen in appendix 1.

The overall number of articles in this final project is 31 of which 15 have been used in results analysis. The search was carried out based on the search words that were derived from the heading and purpose of this final project. The basic search resulted in a significant number of articles, the application of limitations led to 995 articles. After reading the heading and the abstract, the search yielded into 31 articles after which a focus into family centered nursing was drawn. The abstract was concretely focused into the topic of this final project.

The main articles were retrieved from CINAHL nursing database. This database was easier to manoeuvre following the frequency it has been used in other parts of studies. Articles from OVID nursing database were repeated in CINAHL.

## 4.2 Data analysis

Data analysis is the process that involves rounding up data into common groups to come up with recurring and same views of research. (LoBiondo-Wood & Haber 2010:310). Data analysis in this work applies an inductive approach whereby the articles have been summarized and analysed to bring out the conclusions focusing to the role of family centered nursing care. The process involved reading and organising the articles in a table format (Appendix 2 and 3). The categories adopted in analysing the data included the author, year, country and journal, title of the research, purpose of the research, sampling procedure, data collection and methods, main findings and content of education with a focus to the role of family centered nursing care.

The consistence of the recurring role of family centered nursing care and the focus to the adolescents was the main focus in an attempt to answer the study question of this final project. The articles in appendix three are focused more into the role of family centered nursing care and adolescents and thus used in compiling the findings. Other articles incorporated other related issues and thus used in building up the literature in this final project

## 5 Findings

This final project answers the question 'What is the role of family centered nursing care when working with adolescents with depression?' Analysis incorporated 15 articles and results reported focused on answering the study question.

### 5.1 Nursing care process

Family centered nursing care provides a grounded process of care which focuses on a complete recovery and regaining full control. As much of the care process involves a therapeutic relationship, step by step actions necessitates collaboration of involving the family, the adolescent and nursing staff. The nursing care process involves the general assessments into the grassroots of the adolescent and the family problems. Primary

healthcare is seen to implement the transition from the assessment, diagnosis, planning, implementation and evaluation phases. This is achieved by making of informed judgements in regard to the disease. Planning of care involves nursing interventions prioritization and involvement of the whole family. The efficiency into the implementation demands an organized strategy of step by step involvement. It involves laying the foundation in building of trust, establishing the context with communication and respect, realizing limitations and expectations. After realizing the fundamental issues within the family, the process then enters to the problem-oriented stage whereby the focus lay on the family issues and ways of improving communication in regard to questions and problem solving. Eventually, it is the role of the nursing professions to instil hope to the adolescent and the family by sharing appreciation, health information and ensuring continued planning of care. (Hung, Shiau & Huang 2009: 120-7; Lee et al. 2009: 395–416; Joronen & Åstedt-Kurki 2005: 125–33; Kuo et al 2011: 1228–1237.)

#### 5.1.1 Expertise and knowledge

There is the need to understand the distinct description of the disease. Family centred nursing care serves as a source of expertise and basis for information sharing. The nurses and the practitioners provide knowledge and understanding of the diseases through nursing intervention. The families will need information, assurance, proximity, support and comfort. (Jamieson, Zaidman-Zait & Poon 2011:110-130.) Depression in adolescence differs with sex, masculinity and coping styles. Family centered nursing care allows a basis to examining the appropriate methods of care about the coping styles of the adolescent e.g. problem focused coping, distractive coping or ruminative coping. These require the expertise and knowledge by the practitioner and nurses. (Ellen, DiGiuseppe & Froh 2006: 409-15.)

#### 5.1.2 Health promotion

The role of family centered nursing in health promotion is significant in the health of individuals. The implementation is by the healthcare professionals. Family centered nursing care works on health promotion by strengthening of skills, advocating on actions and offering a supportive environment for the family through collaborative partnerships of care. Promoting health within the families sees the achievement in scaling down health problems as family members take upon themselves to control the causes.

Family centered nursing care aspect of health promotion reflects in the process of intervention into issues affecting the adolescents, the families and the community, i.e. intervention into societal and environmental realms. The focus is to reduce physical disorders, social isolation and address the issues of safety. This promotes mental health of adolescents that minimise depressive symptoms from the grassroots. (Ford & Rechel 2012:390-402.)

Family centred nursing addresses the aspect of diversity as it compares the different methods of care thus promoting health through patient and family education and intervention. It adopts the positive issues, promotes sharing and learning, encourages the use of skills earned in intervention while promoting communication thus eliminating discrepancies in health care. (Kennedy, Schepp & Rungruangkonkit 2008:220-7.)

## 5.2 Empowerment

The adolescent experiencing depression needs to be viewed individually and worth of dignity, it ensures empowerment process that strengthens personal resources to enhance mental health and diminish risk factors to prevent mental illnesses. (Hopia et al. 2004:575-583).

Effects of depression portray within the adolescent physically and psychologically. The trigger could be due to an underlying issue e.g. obesity. Family centered nursing care role in empowerment is pivotal. The adolescents' support in learning to live healthy lifestyles encourages believing in self. The adolescent feels empowered to take the role to recovery by assuming the strategy of addressing the underlying problems on their own. It involves the aspect of working on realizing the strength's perspective of the adolescent. An assessment of the strength's perspective recognizes the personal qualities, experiences, talents, pride and dignity, culture and religiosity which are useful tools in managing health issues. (Avery et al. 2012: 469-76.) With the realization of the above, the bearing in rejuvenating self-esteem takes the lead. Thus, the adolescent depicts satisfaction in life and assumes preventive mechanism to depressed moods. In essence, psychosocial development is nourished, as well as empowerment achieved. (Civitci 2010: 141-52.)

The consecutive roles of primary healthcare and especially in the school environment are important in the general assessment of children and adolescents, this being school

nurses and teachers and at the same time liaising with parents. Instances in the school environment can be associated with depression in adolescence. Depression impairs adolescent's social skills and self-esteem, thus, an adolescent becomes vulnerable to situations of victimization and bullying. Family centered nursing care presents in the perspective of rejuvenating the strengths and skills of the adolescent. This prevents negative situations thus empowering the adolescent to take control of their learning and building achievable goals. (Joronen, Åstedt-Kurki 2005: 125-33; Kaltiala-Heino, Fröjd, & Marttunen 2010: 45-55.)

### 5.2.1 Decision making

Family centered nursing care adopts the role of influencing clinical decision making. Mental health issues face different aspects and views in regard to culture and diversity. Within the family chores, decision making may be ambiguous. Lack of professional influence may lead to inappropriate decisions and methods of care. (Joronen & Åstedt-Kurki 2005:125-33; Kuo et al. 2011: 1228-1237; Abdel-Khalek 2012: 39-52.) Optimal addressing of preferences brings out the unmet needs, thus, help facilitation of recommendations and guidance to care. This leads to satisfaction. The basics in primary health care play a pivotal role in promoting and enhancing a healthy growth and development, by the process of disease screening, timely service access and active management of health and social issues, thus adapting family centered nursing care is a lead to improved clinical decision making thus promoting higher standards of health. It involves the positive aspect of the guidance to health issues thus reducing the unmet needs of families. (Lee, Greene, et al. 2009: 395-416; Kuo et al. 2011: 1228-1237.)

### 5.2.2 Support

Family centred nursing care renders the support that the adolescent and family needs. Depression is a sickness and the adolescent still a child member of the family. Every member feels the effects of depression that changes all the family functioning. The family needs support in acquiring information, parenting guidance, emotional support, support in financial resources and assistance, support in what's next about the adolescents education and school and additional services with special health care needs. This assists in managing and controlling relapses of depression as the adolescent transits to adulthood. (Jamieson, Zaidman-Zait, & Poon 2011: 110-130.)

The support comes with helping in the management of family resources and management of depression as a health problem. The family resources include internal and external resources. Internal resources include the family member's physical and mental health issues, self-esteem, knowledge and skills, problem solving abilities and optimism towards the future. External resources link to different dimensions of social support, e.g. emotional, cognitive and mental support. With the management of family resources, there is satisfaction, love and cohesion which ensures well-being of all the family members and thus instances of the depressive situation minimised. (Lee, Greene et al.2009: 395-416; Häggman-Laitila et al. 2010: 2500–2510; Duke & Scal 2011: 98–105.)

### 5.2.3 A bridge of hope

Family centered nursing care offers hope for the adolescent and family through sharing and appreciation. Sharing of health information and options gives hope and encourages working together through the challenge. Planning, and setting goals while reviewing them encourages the adolescent in the process of healing. The philosophical ideal of family centered nursing care in partnership renders best outcomes for the adolescent and the family. It ensures and maintains a connection around the circle of the adolescent, family and community. There is information provided, assurance and proximity, elimination of the quilt, and installation of hope into the future of the adolescent. Instilling hope into the future about the health in essence that the provision of care continues until full recovery is achieved. (Hung, Shiao & Huang 2009: 120-7; Lee, Greene, et al. 2009: 395-416; Duke & Scal 2011: 98-105.)

### 5.3 Promotion of well-being

Family centered nursing advocates and supports well-being and health of families and its members. The feeling of being respected will play a significant role among adolescents as they try to achieve independence in life. Family centered nursing care allows the basis of respect, giving the adolescent a positive view to life and to self. Respect promotes a positive relationship with parents and other family members thus well-being of the adolescent is realized. (Joronen & Åstedt-Kurki 2005:125-33; Häggman-Laitila et al. 2010: 2500–2510; Abdel-Khalek & Eid 2011: 117–127.)

The process of family centered nursing care revolves around ensuring a suitable home environment and provision of essentials that the adolescent needs. This ensures a



healthy process of development with satisfaction and absence of depressive symptoms. Critically, the well-being of adolescents relies on the family and health care. In the provision of a healthy environment to develop, grow and learn, provision of essential needs, recognition of own views with a respected identity, healthy and positive relationships in regard to friends and families, suitable home environment with safety and satisfaction as well as encouraging participation in activities that nurture their development. (Joronen & Åstedt-Kurki 2005:125-133; Häggman-Laitila et al. 2010: 2500-2510.)

The main factors contributing to the well-being of the adolescents include a comfortable home, love, open communication, familial involvement, external relationships and a sense of significance in the family. The contrary contributes to uncertainty and negativity in the adolescents' life which then leaves the adolescent at risk of depressive symptoms. (Joronen & Åstedt-Kurki 2005: 125-133.)

In some contents, religion plays a role in the well-being without laying the contexts of extremities. Some practices help in the uplifting of the adolescent's well-being. Though in the process of treatment, religiosity only applies to some. Some aspects of religion can be seen in practices whereby behaviour activities such as smoking, drugs and alcohol abuse, sexual behaviours and even sedentary lifestyles go against the teachings. To some extent, this does well to adolescents and controls the stressful situations caused by such behaviours and thus enjoy the ultimate subjective well-being. (Abdel-Khalek & Eid 2011: 117-127; Abdel-Khalek 2012:39-52.)

Subjective well-being spheres are of the affective domain in essence to positive and negative emotions, and the cognitive domain in essence to life satisfaction, which is of views towards quality of life engulfing the family, friends and environment which is the adolescent's world. High levels of satisfaction go hand in hand with positive relationships with peers and parents and positive attitude towards school. These yields success academically and sees low levels of anxiety and depression while uplifting self-esteem and hope. Thus, life satisfaction boosts well-being of adolescents and is a positive indicator to psychological and social development. (Civitci 2010: 141-52.)

### 5.3.1 Transition to adulthood

Adolescence is a challenging and critical stage. Depression affects the behaviour, mood, social skills and school performance ranking the depressed adolescent to a

category of children with special healthcare needs. Depression can advance to adulthood if not addressed and sufficient treatment and care provided. Thus, family centred nursing care role is important in the provision of health care methods, treatment of depression, and preventing a situation whereby depression proceeds into adulthood. Issues critically reviewed within the family centered care process include a review of future health needs, encouraging the adolescent to take responsibility of own care, transferring the services to adult care health providers and as well as maintaining the health insurance and assurance in adulthood. (Hung, Shiau & Huang 2009:120-7; Duke & Scal 2011:98-105.)

### 5.3.2 Stronger family alliance

Family centered nursing care works to providing a stronger alliance within the family. It facilitates the spirit of cohesion, open communication and healthy conflict resolution. (Kuo, Frick, & Minkovitz 2011: 1228-1237; Duke& Scal 2011: 98-105). With the lack of cohesion within the family, feelings of instability are inevitable, which affect the well-being of the adolescent. With the ideal satisfaction lacking, the adolescent is at risk of developing stress and eventually depressive symptoms. In cases where depression is already diagnosed, family alliance is of importance in the management and treatment, and effects to the satisfaction of care. (Rask et al. 2003: 129-138; Abdel-Khalek 2012: 39-52.) Cohesion and flexibility within the family, allows for the reduction of adolescent problems, thus improving the functioning in his life, and at the same time increasing parental competence in the upbringing of the adolescent. Eventually, there is an assurance to effective and healthy transition to adulthood. Family centered nursing care assures improvements in behaviour, parental competency, cohesion and flexibility. (Lee, Greene, et al. 2009: 395-416.)

Within the realms of the family, communication is the most effective tool that affects mental health of all the family members and more to say the adolescent. Established rules govern individual behaviour as there is facilitation of openness, dignity, encouraged love, support and sharing of feelings and ideas. Constraining family rules on the contrary affect the development of the adolescent. Conflict occurs as the adolescent is striving to attain independence and constraining family rules may be a hindrance e.g. establishing intimacy. This may lead directly or indirectly to related emotional disorders like hostility, interpersonal sensitivity, depression, anxiety and somatization. (Feinaur, Larson, & Harper 2010:63-72.)

Family centered nursing renders anticipatory guidance to health issues and parenting styles. It enhances communication strategies, which ensure a good relationship among the family members. As family structures continue changing, it is the role of family centered nursing care to address issues such as the aftermath of divorce or death, behavioural problems affecting the adolescent's well-being such as substance abuse, management of family resources, support in handling of health issues, coping styles and family's financial situations. With improved family functioning, the adolescent will adapt a life of satisfaction thus having a positive attitude and joy towards life, high self-esteem, and lack of depressive moods. (Joronen & Åstedt-Kurki 2005: 125–33; Lee, Greene, et al. 2009: 395–416; Häggman-Laitila et al. 2010: 2500–2510.)

Parental warmth and acceptance, with a healthy monitoring situation reduces depressed moods. While on the contrary conflict will see higher levels of depressed moods among the adolescents. Family centred nursing care in this sense adopts the role of addressing the issues critically while assuming the role of a negotiating tool. Engaging into the methods of how the adolescent perceive stressfulness of negative events within the family, ruminative coping styles, parent adolescent conflict, parental warmth and acceptance, and parental monitoring assimilate family centered nursing care process. (Gil-Rivas et al. 2003:93-109.)

Improved family functioning comes with the instrument provided by family centered nursing care as a chance for the family and adolescent to participate in the planning of care through co-operation and discussions. This allows the use of available family resources effecting to the management of adolescent's depression. (Ellillä et al. 2007: 583-596.) In cases of hospitalization, family centered nursing care has the vital role of addressing the relationships in the family, need of care, interactions and acts as a surface for the family to reassess the functioning in a bid to get through the period of sickness together. (Hopia, Paavilainen & Åstedt-Kurki 2004:575-583.)

### 5.3.3 Culture contexts

Domains of culture associate to the depressed moods of the adolescent in various ways. Different cultures assume differences in gender contexts, closeness and attachment to the adolescents. Some perceive the adolescent as a grown up and ready to take responsibility; this obviously differs in different contexts. Parental warmth and acceptance is influenced extensively by culture and effects are felt when the adolescents

is expected to assume responsibilities that he is not ready to take upon. In some cultures, mental health illnesses portray differently in reference to different beliefs and practices. Thus, accessing services available may not be an option. The role of primary health care is fundamental to the community. It provides an intermediary to sharing and learning, and addressing stigmatization of illnesses. Sharing and learning through family centered care helps in the understanding of the disease, symptoms and management. The critical role of family centered nursing care in culture contexts is to consider experiences of life, ethnicity, religion and beliefs that are relevant to the current situation. (Kennedy, Schepp & Rungruangkonkit 2008: 220-7.)

## **6 Discussion**

### 6.1 Validity and ethical considerations

“Validity is scope to which an instrument measures the attributes of a concept accurately” (LoBiondo-Wood & Haber 2010: 286). The literature in this review derives from articles in reliable databases, of which the recommendation is only the school based databases. Clarity of the articles is in reference to provided details of the author and nature of the research. The aspect of inexperience on this work confined to following the instruction, i.e. use of only reliable school databases, tutor guidance and clarity in article choices leading to the specific articles used in this final project.

This literature review had some limitations. The literature is extensive in nature, but the condition ‘depression’ and the group ‘adolescent’ as a topic show ambiguity in research. Most of the articles have discussed depression as an underlying factor to another condition. The existence of other chronic disorders or certain disabilities affects to a great extent the general well-being of the adolescent that most likely result to depressive symptoms.

Most of the very relevant articles as per the heading and abstract were not accessible due to varied requirements. The evidence dominated certain areas of conditions that are underlying causes of depression. Diverse information is mainly on children with disabilities and or chronic disorders rather than the particular singled condition i.e. depression. A significant number of research articles are mainly focussing on the adult population, and traverses the findings to relate to adolescents.

Ethical considerations in this review ensure non-fabrication and non-plagiarism with undistorted information. Recognition of the sources direct to trustable databases, which are the school based databases. Documentation ensures presentation of references and database used. Continuous tutoring was maintained and utilized to ensure guidelines and procedures were followed. The use of Turnip programme was utilized to ensure non-plagiarism.

## 6.2 Conclusion and recommendations for nursing practice

The relatively strong evidence focuses on the practitioners and the implementation of appropriate family centered nursing care. The process of care as the main intervention in nursing is pivotal.

Communication approaches used in the circle of nurses, family and adolescent, are important. The nurse is the outsider in this sense, and the approach determines the successful building of the collaboration that ensures the effective addressing of the problem. In consideration, aspect of the differences in families in regard to difficult families or out of control situations sees the challenges in nursing.

Focus into the condition and the family need expertise as the nurse assumes the role of an educator.

Culture competence in the implementation is of great importance as families views differ based on practices, beliefs, religion, class, events in life and many other issues. Bias is inevitable as the nurse comes in from a different prospect of the normal life of the family. The question remains on the level of culture competence that the practitioners have, in order to oversee an efficient implementation of family centered nursing care in line to the diversified world.

Expertise on high quality patient- provider encounters with a focus on effective therapeutic relations is a dire requirement. The ambiguousness in research plays a significant challenge on the modules that should be adopted in the care process.

In caring for the adolescent, the family plays a crucial role as it remains the core strength for the adolescent. The collaboration presented in family centered nursing

care is a pivotal aspect in the upbringing, promoting health and ensuring a healthy transition to adulthood.

As vulnerable as they are, adolescents do not always get the ideal attention and care in regard to health issues. The bewilderment surrounding the stage is huge, and health issues especially mental health goes unnoticed or rather mistaken for the biological process of growth and development. The requirements for survival in adolescence revolve around respect, suitable home environment and provision of essential needs, love, comfort, significance, safety, communication, familial involvement, external relations and room for development. These affect much to their well-being, which ensures lack of stressful encounters that could jeopardise their mental health, making them fall at risk of diseases like depression. Achieving the requirements goes through the realms of family dynamics thus family playing a significant role in the health of the adolescent.

In supporting the adolescent with depression, strength's perspective of care is a crucial undertaking. Depression conceals the strengths thus leaving the adolescent with low self-esteem. The perspective of reactivating the strengths focuses on abilities and talents, qualities, experiences, pride, dignity, culture and religion that brings the adolescents spirits thus maintaining normal daily functioning.

Family centred nursing care represents itself as a mechanism that addresses health issues in compromising ways. This benefits society as it addresses discrepancies in health. Findings in this review are representing the family centered nursing care as a successful method in regard to adolescents going through depression and in focus to the relationship aspect of care. Research shows predominant link of depression in adolescence to the surroundings and in these case issues surrounding the family, adolescent and the society. Family centered nursing care addresses every member individually. There is a specification in sharing responsibilities. Thus, utmost flexibility is achieved that renders a suitable home for all and eliminating depressive symptoms. Understanding the benefits of family centered nursing care engulfs specifically on the well-being, family dynamics and the anticipatory guidance to health issues.

Family centered nursing care engulfs all the aspects within the family dynamics. It is important to go to the chores so as to get a hint of the causative issues. Using the strength's perspective in adolescent and the family is an important aspect in caring for an adolescent with depression. Subjective well-being lies much on the interpretation of

individuals. If religion affects happiness, satisfaction towards life and love of life, then, it should be used as a tool through family centered nursing care while caring for the adolescents going through depression. (Abdel-Khalek 2011: 117-127; Abdel-Khalek 2012: 39-52.)

#### Recommendations for nursing practice

- Adolescent's depression holds on to the influences within the family factors, it is thus logical to commit the whole family into the process of care. It makes addressing of causative factors easier. The most important aspects found to be influenced by family centered nursing care include improving communication skill, promotion of family based problem solving strategies, promoting the relationship between the adolescent and the family members and building family resilience and hope.
- Notably, the concepts of family centered nursing care that include dignity and respect, information sharing, participation and collaboration effects to a bigger extent the implementation into the critical aspects of depression in adolescents. It is thus important that the nursing staff has the tools that help in the implementation. These include expertise and knowledge, culture competency, specific therapeutic skills and competency in assessment of barriers to care.
- Providing education and skill performance to the nursing team should be an ongoing practice. Challenges are experienced as the nurses are also individuals who assume more independent lives. So, being independent they may downplay on the importance of involving family members into the process of care.
- The strengths perspective of care is a pivotal venture in the realization of the capabilities that the adolescent has. Addressing personal qualities, experiences, talents, pride and dignity, culture and religion assists in boosting self-esteem from the grassroots of the adolescents' life. A reflection on to the family dynamics, nursing care process and patient intervention brings about the collaboration required in the implementation which involves the assessment of need, provision of person centered support, monitoring, reviewing, care involvement of responsible individuals and management strategies to the process of care.

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## Database Search

Database	Keywords	Hits	Limitations	Articles retrieved	Relevant articles
CINAHL	Adolescent 'AND' Depression	2 013	Full-text. 2003-13. English, Adolescent 13-18	440	8
Ovid Nursing	Adolescent 'AND' Depression	1 428	Full-text, 2003-13. English. Adolescent 13-18.	140	5
CINAHL	Subjective well-being of Adolescents	8	Full-text, 2003-13, English, Adolescents 13-18	5	4
CINAHL	Family nursing	2 731	Full-text, 2003-13, English, Adolescents 13-18	23	4
CINAHL	Role of family centered nursing in adolescent depression management	16 782	full-text, 2003-13, English, Adolescents 13-18	260	4
CINAHL	Family centered care and management of depression in adolescents	20 043	full-text, 2003-13, English, Adolescents 13-18	267	6

## Article Analysis

Author(s), year, journal, country	Title	Purpose	Sample	Data collection and research design	Findings	FCC focus
Abdel-Khalek, A. (2012) Journal of Mental Health, Religion and Culture. Kuwait	Subjective well-being and religiosity: a cross-sectional study with adolescents, young and middle-age adults	To explore the relationship between religiosity and subjective well-being.	1420 Kuwait Muslims	Scales used. Questionnaires (Oxford Happiness Inventory-OHI) The satisfaction with life scale-SWLS. Love of Life Scale (LLS.) Self-Rating Scales	Religiosity is an important element in the lives of the majority of the present kuwait sample during the three age stages and those who consider themselves religious were enjoying subjective well-being.	Well-being Culture Religion Happiness satisfaction mental and physical health Depression

Author(s), year, journal, country	Title	Purpose	Sample	Data collection and research design	Findings	FCC focus
Avery, A. et al 2012. Journal of Human nutrition and Dietetics UK	An initial evaluation of a family based approach to weight management in adolescents attending a community weight management group	To evaluate a family based programme aimed at empowering adolescents to adopt healthier lifestyles	6 members 11-15 years and group facilitators	Questionnaires	Family based approach successfully supports young members to manage their weight	FCC Empowerment Support
Bennett, L (2012). Journal of child and Adolescents psychiatric nursing. Canada	Adolescents depression: Meeting therapeutic challenges through an integrative narrative approach	Exploring clinical features. Distinguishing characteristics of depression in youth. Therapeutic challenges.	14 year old boy,	Exploration. Published literature. authors clinical experience	Embracing a holistic approach of care.	-Support -Therapeutic alliance Healthy development Well-being Transition

Author(s), year, journal, country	Title	Purpose	Sample	Data collection and research design	Findings	FCC focus
Chen et al (2011) Research in nursing and health	Trajectories of depressive symptoms from adolescence to young adulthood: Chinese Americans versus non-Hispanic whites	Examine age, sex, race/ethnicity differences in trajectories of depressive symptoms from adolescence to early adulthood	20,745 adolescents grades 7-12	Longitudinal study. in-home interviews in-school questionnaires parents questionnaires school administrator questionnaires	Middle stage adolescents report high level of depressive symptoms and faster decline in the symptoms. Though females have higher levels of depressive symptoms, they decline faster than males.	-Need for psychological Well-being. -culture contexts

Author(s), year, journal, country	Title	Purpose	Sample	Data collection and research design	Findings	FCC focus
Crowe et al (2006) International Journal of mental health nursing. New Zealand	Characteristics of Adolescents depression	Characteristics of adolescents depression in symptoms, severity	121 adolescents attending an outpatient specialist adolescent's mental health service.	Descriptive study using -self reports	Irritability most common and other interpersonal and thought processing symptoms. Need to identify differences in adolescence and adults for effective management	Symptoms and Management.
Davis &Huws (2007). Nursing Standards UK	Care and management of adolescents with mental health problems and disorders	Learning zone				Adolescents health Therapeutic skills Communication



Author(s), year, journal, country	Title	Purpose	Sample	Data collection and research design	Findings	FCC focus
Eggenberger & Nelms (2006) Journal of clinical nursing USA	Being family: The family experience when an adult member is hospitalized with a critical illness	To understand and interpret the family experience with an adult member hospitalized with a critical illness	11 families	Phenomenological study. Semi – structured ‘family as a group’ interviews.	Being family bonds families strengthening them during critical illness experiences.	<ul style="list-style-type: none"> <li>-Caring</li> <li>-support</li> <li>-family provider relationships</li> <li>-significance</li> <li>-sharing</li> <li>-information</li> <li>-assurance</li> <li>-proximity</li> <li>-comfort</li> </ul>

Author(s), year, journal, country	Title	Purpose	Sample	Data collection and research design	Findings	FCC focus
Ellen, DiGiuseppe & Froh (2006) Journal of Adolescence San Diego. USA	The role of sex, gender and coping in adolescence depression.	Investigate the roles of coping and masculinity in higher rates of depressive symptoms in adolescent's girls as compared to boys.	246 adolescents of ages 14-18yrs.	Model through path analysis Questionnaires. -Reynolds adolescents depression scale -BEM sex role inventory -measure of coping with general stressors	-Adolescent girls more depressed than boys -Girls use more emotion focused and ruminative coping -Ruminative coping related to high levels of depressive symptoms -problem focused and distractive coping were positively correlated with masculinity and negatively associated with depression	Coping strategies through FCC I.E. Problem focus -distractive coping - Ruminative coping

Author(s), year, journal, country	Title	Purpose	Sample	Data collection and research design	Findings	FCC focus
Goodman & Happelle (2006) International journal of psychiatric nursing research. Australia	The efficacy of family intervention in adolescent mental health	Review of the effectiveness of family intervention in the adolescent's mental health.		Literature review	Family intervention in psychiatric disorders provides better outcomes and increases client satisfaction.	Family therapy Approaches. Therapeutic relations
Hamrin, Antenucci & Magorno (2012) The Nurse Practitioner	Evaluation and Management of Pediatric and adolescents depression					Nursing process.

Author(s), year, journal, country	Title	Purpose	Sample	Data collection and research design	Findings	FCC focus
Jamieson, Zaidman-Zait & Poon (2011) Deafness and educational international. Canada	Family support needs as perceived by parents of preadolescents and adolescents who are deaf or hard of hearing.	To provide new knowledge about the specific needs of parents of adolescents and preadolescents who have a wide range of hearing losses	Children aged 10-18 years	Survey Questionnaires focus groups	Parents needs for various types of information of also child's development. Need for a family centered approach to service provision, concerns about education and future opportunities for the children and parenting of deaf children.	-Information -guidance -support

Author(s), year, journal, country	Title	Purpose	Sample	Data collection and research design	Findings	FCC focus
Kallsson et al (2006) European child adolescent psychiatry. Finland	Current comorbidity among consecutive adolescent psychiatric outpatients with DSM-IV mood disorders.	To compare selected characteristics (age, sex, age of onset of depression, somatic comorbidity, and treatment status) of adolescents with currently comorbid and non-comorbid depression	218 adolescents of 13-19 years psychiatric outpatients with depressive disorders	Clinical study Beck depression inventory. -General health questionnaire -control group -Diagnostic interview	Current comorbidity most frequent with anxiety disorders in outpatients and depressed controls. -younger age and males associate with concurrent disruptive disorders. -substance abuse independent of age and sex. -personality disorders associated with older age	Diagnostics symptom characteristic management

Author(s), year, journal, country	Title	Purpose	Sample	Data collection and research design	Findings	FCC focus
Piko & Balaz (2012) European Child Adolescent Psychiatry Hungary	Control or involvement? Relationship between authoritative parenting style and adolescent depressive symptomatology	To investigate the role of authoritative style of parenting and other family variables (negative family interactions and positive identification with parents) in adolescents symptomatology	Grades 7-12 students, 2,072- 49.2% males and 38.1%females	Questionnaires- measuring depressive symptoms	Negative association between authoritative parenting style and adolescents mood problems especially among girls. In boys, mothers responsiveness was a significant predictor, in girls, fathers parenting played a decisive role not only his responsiveness but also demandingness. Preventive programs cannot be taken into account without involving the role of parents.	-parenting styles - communication, and relations.

Author(s), year, journal, country	Title	Purpose	Sample	Data collection and research design	Findings	FCC focus
Pruitt (2007) The American Journal of Family Therapy. USA.	Family Treatment Approaches for Depression in Adolescent males.					-Therapy /Therapeutic alliance

## Articles used in the findings

Author(s), year, journal, country	Title	Purpose	Sample	Data collection and research design	Findings	FCC focus
Abdel-Khalek, A & Eid, G (2011), Journal of Mental Health, Religion & Culture. Kuwait.	Religiosity and its association with subjective well-being and depression among Kuwait and Palestinian Muslim children and adolescents.	To investigate the association of religiosity and the self-ratings of happiness, satisfaction with life, mental health, physical health and depression among Kuwait and Palestinian Muslim children and adolescents.	Kuwait- 1901 Palestinians – 1009 and mean age of 41.1 (11-17yrs)	- Self –rating scales. - The multidimensional child and adolescents Depression scale (MCADS)	Concluded that clinicians treating depression will probably make use of its negative association with religiosity mainly among Muslim clients	Well-being Religion Happiness satisfaction mental health Physical health Depression



Author(s), year, journal, country	Title	Purpose	Sample	Data collection and research design	Findings	FCC focus
Briere et al (2013) Canadian journal of Psychiatry	Reciprocal prospective associations between depressive symptoms and perceived relationship with parents in early adolescence	To examine reciprocal prospective association in early adolescents between symptoms and important aspects of parent-child relationship: communication and conflict	3862 students	self-reports evaluation	Reciprocal prospective associations were found between depressive symptoms and communication with parents	<ul style="list-style-type: none"> <li>-Family contexts</li> <li>-Communication</li> <li>-Conflict</li> <li>-support</li> <li>-development</li> <li>-Depressive Symptoms.</li> </ul>

Author(s), year, journal, country	Title	Purpose	Sample	Data collection and research design	Findings	FCC focus
Civitci, A. (2010) Emotional and behavioural difficulties. Turkey	Moderator role of self-esteem on the relationship between life satisfaction and depression in early adolescents.	Examine the moderator effects of global self-esteem on the relationship between life satisfaction domains (family, friends, school)	255 students of ages 11-15	-self-esteem scale -multidimensional students life satisfaction scale -children depression inventory	Self-esteem moderates the relationship between depression and family satisfaction and not between depression and friend or school satisfaction	Boosting self-esteem family contexts well-being life satisfaction Empowerment

Author(s), year, journal, country	Title	Purpose	Sample	Data collection and research design	Findings	FCC focus
Duke & Scal (2011) Matern child health journal USA	Adult care transitioning of adolescents with special health care needs	To examine the relationship between having a usual source of care, family centered nursing care and transition counselling for adolescents with special health care needs.	18,198 parents and guardians of youth aged 12-17 years	National survey Computer telephone interviews.	Study findings support the development of health care delivery models focusing on family centered care to the same degree as other health care access issues.	<ul style="list-style-type: none"> <li>-Adult transitions</li> <li>-family provider relationships</li> <li>-support</li> <li>-caring</li> <li>-assurance</li> <li>-proximity</li> <li>-significance</li> <li>-value</li> </ul>

Author(s), year, journal, country	Title	Purpose	Sample	Data collection and research design	Findings	FCC focus
Ellillä et al (2007) Nursing Ethics Finland	Ideology of nursing care in child psychiatric inpatient treatment.	Describe and explore the ideological approaches guiding psychiatric nursing in child and adolescents psychiatric inpatient wards in Finland.	69 Psychiatric wards—61 responded	National questionnaire survey	<ul style="list-style-type: none"> <li>-family centered care</li> <li>-individual care</li> <li>-milieu centered care</li> <li>-integrated care</li> <li>-educational care</li> <li>psychodynamic care</li> </ul>	<ul style="list-style-type: none"> <li>-Resource enhancing</li> <li>-Participation of parents in</li> <li>-Planning of care</li> </ul>

Author(s), year, journal, country	Title	Purpose	Sample	Data collection and research design	Findings	FCC focus
Feinauer, Larson & Harper (2010) American Journal of Family therapy USA	Implicit Family process rules and adolescents psychological symptoms	Examine the influence of adolescence perceptions of implicit family process rules in their families on the adolescents psychological symptoms	144 clinical (in therapy for mental disorder) 99 non clinical- never received any kind of mental health therapy. mean age 15.5	Questionnaire-Family implicit rules profile (FIRP) Brief symptom inventory (BSI)	Perceived implicit family process rules are important in research and in treatment	FCC Family contexts / dynamics -family rules and Monitoring. Well-being

Author(s), year, journal, country	Title	Purpose	Sample	Data collection and research design	Findings	FCC focus
Ford & Rechel (2012) Public health nursing OHIO State	Parental perceptions of the neighbourhood context and adolescents depression	To examine the associations between parental perceptions of the neighbourhood contexts and adolescents depression and potential gender differences	32,499 parents of adolescents aged 12-17 years	Descriptive correlational study	Parental perceptions of neighbourhood physical disorder positively associated with adolescents depression in terms of social isolation, lack of safety	Public health intervention in reduction of physical disorders, social isolation, lack of safety to promote adolescents mental health

Author(s), year, journal, country	Title	Purpose	Sample	Data collection and research design	Findings	FCC focus
Gil-Rivas et al (2003) Adolescence journal. SanDiego	Understanding depressed mood in the content of a family oriented culture	Examine contributions of individual and family variables to depressive symptoms among youths in a family-centered culture	262 Mexican adolescents mean age of 15.9 years	Questionnaires	-Gender, coping styles correlated with higher frequencies of depressive moods. -Parental warmth, acceptance, monitoring correlated to lower levels of depressed moods -Parental adolescent conflict – high depressive moods	Addressing -gender issues -culture and family contexts -wellbeing -communication and family relations -coping

Author(s), year, journal, country	Title	Purpose	Sample	Data collection and research design	Findings	FCC focus
Hopia, Paavilainen & Åstedt-Kurki (2004) Journal of advanced nursing Finland.	Promoting health for families of children with chronic conditions.	Describe how nurses in a paediatric unit promote health of families of children with chronic conditions during the children's hospitalization	40 nurses in 2 paediatric units 2 hospitals	Grounded theory – group interviews and observations	Family care based on three distinctive strategies. Nurses used a systematic ,selective or situation-specific strategy while promoting family health during a child's hospitalization	<ul style="list-style-type: none"> <li>- Health promotion</li> <li>-family relations and interaction</li> <li>-family functioning</li> <li>-Therapeutic relations</li> <li>-caring</li> </ul>



Author(s), year, journal, country	Title	Purpose	Sample	Data collection and research design	Findings	FCC focus
Hung, Shiau & Huang (2009) Journal of nursing research	Child-Oriented family nursing intervention process in a single-encounter setting	To develop nursing intervention skills emerging from the process of single-encounter child oriented family nursing	Patients with schizophrenia or bipolar 1 disorder	Research project-interviews	Family intervention in three stages: construction, problem oriented, and hope bridge.	<ul style="list-style-type: none"> <li>-family contexts in structures, stress events, coping</li> <li>-therapeutic relations</li> <li>-Nursing process</li> <li>- problem solving</li> <li>-communication</li> <li>-support</li> <li>-information</li> <li>-planning</li> <li>-hope</li> </ul>

Author(s), year, journal, country	Title	Purpose	Sample	Data collection and research design	Findings	FCC focus
Häggman-Laitila, Tanninen & Pietilä (2010) Journal of clinical nursing. Finland	Effectiveness of resource enhancing family oriented intervention	To assess the effectiveness of a resource enhancing family oriented intervention	129 family members from 30 families	Descriptive service evaluation with use of family care plans and client reports	Resource enhancing family nursing can be used to support parenthood, raising and caring for children, strengthening of social support networks, enhancing parents resources in own work.	<ul style="list-style-type: none"> <li>-Enhancing family resources</li> <li>-support well-being</li> <li>-coping</li> <li>-parenthood</li> <li>-social relations</li> <li>-child's health and growth</li> </ul>

Author(s), year, journal, country	Title	Purpose	Sample	Data collection and research design	Findings	FCC focus
<p>Joronen &amp; Åstedt-kurki (2005) International journal of nursing practice Finland.</p>	<p>A familial contribution to adolescent's subjective well-being.</p>	<p>To obtain a more complete understanding of which familial factors contribute to adolescents' satisfaction and ill-being.</p>	<p>19 non clinical adolescents 7<sup>th</sup> and 9<sup>th</sup> grades</p>	<p>Semi structured interviews</p>	<p>Described familial contributions to their satisfaction in terms of comfortable home, emotionally warm atmosphere, open communication, familial involvement, possibilities for external relations, and a sense of personal significance in the family while familial hostility, death of a family member and excessive dependency.</p>	<p>-subjective well-being -family contexts</p>

Author(s), year, journal, country	Title	Purpose	Sample	Data collection and research design	Findings	FCC focus
Kaltiala-Heino et al (2010) European child adolescent psychiatry Finland	Involvement in bullying and depression in a 2 year follow up in middle adolescence	Analyse whether involvement in bullying at school predicts depression and whether depression predicts involvement in bullying in middle adolescence.	2,070- 15yrs old in 2 Finnish cities in 9 <sup>th</sup> grade	Cohort study. Adolescent's mental health. Survey. Questionnaires Beck depression inventory.	The results summarized that both being a victim and being a bully predicted later depression among boys. Among girls depression at T1 predicted victimization at T2. T1 being left alone at T2.  Depression impairs social skills and self-esteem leading to victimization by peers.	-Empowerment. -Busting self-esteem. -Own strengths, skills approach. -social interaction and communication. -familial structures. -patient education /parent education

Author(s), year, journal, country	Title	Purpose	Sample	Data collection and research design	Findings	FCC focus
Kennedy, Schepp & Rungruangkonkit (2008) Journal of child and adolescent psychiatric nursing. Seattle Washington	Experiences of Asian American Parents in a Group Intervention for Youth with schizophrenia	Examine the experiences of four Asian American parents participating in community based family centered , self-management intervention program for youth with schizophrenia	4 Asian American Families.	Qualitative design. Semi structured interviews Group intervention	Four themes were identified (a) same but different; (b) sharing and learning; (c) using skills learned; (d) working with interpreters	Patient education, family education, health promotion, family intervention.

Author(s), year, journal, country	Title	Purpose	Sample	Data collection and research design	Findings	FCC focus
Kuo, Frick & Minkovitz (2011) Matern Child Health. USA.	Association of Family-Centered Care with Improved Anticipatory Guidance and Delivery and Reduced Unmet Needs in Child Health Care.	Assess associations between FCC, receipt of anticipatory guidance, and unmet need for health care and whether these associations vary for children with special health care needs	Family members of children 0-17 yrs.	Data analysis of 2004 Medical Expenditure Panel Survey (MEPS)	FCC is associated positively with anticipatory guidance for all children but no relations for children CSHCN in stratified analysis. Association with unmet needs is consistent	Anticipatory guidance on health issues. FCC reduces family unmet needs by addressing problems from the grassroots.

Author(s), year, journal, country	Title	Purpose	Sample	Data collection and research design	Findings	FCC focus
Lee, Greene et al. (2009) Family process USA	Utilizing Family Strengths and Resilience : Integrative Family and Systems Treatment with Children and Adolescents with Severe Emotional and Behavioural Problems	To explore the effectiveness of I-FAST (Integrated Family and Systems Treatment) in treating families with children at risk of out of home placement and receiving home-based treatment.	77 families of children at risk of out of home placement	Feasibility study – pre and post-test design	Effective I-FAST would lead to improved functioning, reduced problem severity in the child, reduced out of home placement of the child, improve family functioning, increase parental competency in addressing child's problems, increase family participation in the treatment process.	<ul style="list-style-type: none"> <li>-Utilizing strengths perspective.</li> <li>-improve functioning</li> <li>-reduce severity in health</li> <li>-increase parental competency</li> <li>-family participation.</li> <li>-family cohesion.</li> </ul>

Author(s), year, journal, country	Title	Purpose	Sample	Data collection and research design	Findings	FCC focus
Rask et al (2003) Scandinavian Journal of Caring Sciences. Finland.	Adolescent Sub- jective well- being and family dynamics	Examine rela- tionships be- tween adoles- cent's subjective well-being and family dynamics as perceived by adolescents and their parents.	239 pupils (51%females) 7 <sup>th</sup> and 9 <sup>th</sup> grades.	Cross-sectional study- Berne questionnaire	Certain aspects of family dynam- ics perceived by adolescents were related to global satisfaction and ill-being.	-Well-being -ill-being -family dynamics -family cohesion.