EFFECTS OF FAMILY HEALTH ON ADOLESCENT STUDENTS IN CHIAPAS, MEXICO

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ABSTRACT

The present study aimed to determine whether family health levels predict the risk of adolescent problems and symptoms of depression in high school students in Chiapas, Mexico. This was a quantitative, cross-sectional, descriptive, explanatory, and comparative research study, in which 150 students (aged 14 to 19 years) selected through simple random probability sampling participated. The instruments used were the Family Health Status Self-Perception Questionnaire v2 (α = .961), the POSIT (α = .965), and the Beck Depression Inventory (α = .966), which allowed measuring the dimensions of family health, risk of adolescent problems, and symptoms of depression, respectively. The study found that levels of family health significantly explain the risk of adolescent problems and depressive symptoms, suggesting that family health has an important influence on students' psychosocial well-being. This finding highlights the importance of strengthening family health factors as a preventive measure in the educational context.

Keywords: Family health. Problems in adolescence. Symptoms of depression. Students. Chiapas. Mental health.

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INTRODUCTION

The family represents a fundamental institution in the life of every human being and has been the object of analysis by multiple disciplines over time. Research coincides in highlighting its essential role as the main space for the most important psychosocial formation in the formation of personality (Rosales Piña & Espinosa Salcido, 2008). Among its functions is the care and satisfaction of the basic needs of its members, procreation, the development of the potentialities of each member, the establishment of affective bonds, as well as providing socially accepted models (Ruiz Cárdenas et al., 2017). It is a component of the structure of society; as such, it is conditioned by the economic system and the historical, social, and cultural period in which it develops. It functions systemically as an open subsystem, in interconnection with society and the other sub-systems that compose it.

In addition, the family represents an environment of practice and improvement in the personality that shapes the person, it is the environment, the socializing agent that prepares, trains and perfects the way of acting of the members. Therefore, the affective and communicative resources, experiences, cases, and examples described and explained are decisive in their formation (De La Villa & Ovejero, 2014).

According to the criteria of the World Health Organization (WHO, 2021), one of the main goals of each country should be to increase the level of health of the population, and refers to the family is one of the fundamental groups in the field of health.

This underscores the relevance of conducting research focused on family health and its impact on adolescents, to design strategies that improve the quality of life of both the family nucleus and each of its members.

FAMILY HEALTH

The family can be conceived as a system made up of a group of people who maintain a particular dynamic interaction, where the experiences or changes that affect one of its members have an impact on the others and the group as a whole, and vice versa (Ortiz Gómez, 1999). Family health is defined as the ability of the family to generate a favorable environment that allows it to adapt to various circumstances (De la Torre Mamani, 2016). This environment facilitates the active participation of all its members in the identification of problems and the joint search for solutions, providing mutual support.

According to Ruiz and Carranza Esteban (2018), when the family dynamics are functional and adolescents have, above all, the support and help in the family, favorable conditions will occur to consolidate relationships between family members, as well as the strengthening and consolidation of the ability to cope and solve problems.

DIMENSIONS OF FAMILY HEALTH

According to Lima-Rodríguez et al. (2012), five main dimensions of family health stand out, which are: family climate, family integrity, family functioning, coping, and family resistance.

The family social climate is conceived as the way of perceiving the socio-environmental properties of the family environment, which is formed through a series of phases of relationships that occur between people and associations between various factors that appear among the members of the family based on how they relate, develop and maintain their dynamics (Ramos Tarrillo and Risco Corrales, 2019). Thus, it can be said that the family social climate is an entity in itself that is created through the way its members perceive their interrelationships, development, and stability. In addition, the family social climate plays a determining role in the mental health of its members (Moos, 1973). Aspects such as effective communication, constructive conflict resolution, and mutual support are essential.

Likewise, family integrity refers to the level of union between the members of a family. This is manifested in active participation and commitment to resolve conflicts, in loyalty to the rules, fulfilling responsibilities, and defending the family, as well as sharing emotions, concerns, and commitments (García et al., 2006). Such integrity is based on values such as solidarity, trust, respect and honesty; it also includes practical aspects such as decision-making, problem solving, the exercise of rights and duties, and structural components such as the sense of belonging, family identity, and commitment to the family nucleus (Lima-Rodríguez et al., 2012).

The purpose of family functioning is to respond to the needs of its members throughout the different stages of their development, facilitate compliance with household routines, strengthen internal processes, and maintain a safe and protective environment (Camacho Palomino et al., 2009). The functioning of the family nucleus is built on a network of reciprocal interactions between its members, which makes it possible to assess the degree to which the essential functions of the system are carried out. Its effectiveness is influenced by various aspects, such as the family structure, the way it is organized, the distribution and fulfillment of roles, the consistency of its norms, how it communicates with each other, and the clear definition of authority figures (Lima-Rodríguez et al., 2012).

On the other hand, Martínez-Montilla et al. (2017) mention that coping is a constantly changing process, which is understood as the set of resources that a person puts into practice to face or improve difficult situations, as well as to reduce the stress they generate. The coping strategies adopted by the family have the potential to strengthen and conserve

their internal resources, acting as a shield against adverse circumstances and facilitating the proper functioning of their dynamics. These strategies are expressed through effective communication, the construction of solid bonds, and the promotion of healthy self-esteem among its members (Macías et al., 2013).

Family resilience is linked to the ability to activate resources and strategies that allow them to face and overcome difficult situations. This strength is based on a set of human, cultural, and material elements that act as support in the face of stressors. It is nourished by the skills, knowledge, values, and experiences of its members, as well as by material means and available external support, including social networks, community services, and other sources of help that strengthen their ability to adapt (Jiménez-Aguilar & Romero-Corral, 2021).

FAMILY HEALTH AND RISKS OF PROBLEMS IN ADOLESCENCE

Adolescence is a very important stage in which behaviors that can put the well-being of young people at risk usually appear and are strengthened. These behaviors are a clear sign that they are exposed to situations or influences that can be harmful (Tarín & Navarro, 2006). A risk factor refers to any characteristic, condition, or situation to which a person is exposed that may increase the chance that they will experience disease or harm (WHO, 2013). These factors are usually linked to certain behaviors, whether active or passive, that represent a threat to general well-being and can lead to negative effects on health or interfere with personal development. Examples include the consumption of psychoactive substances (Vallejo Alviter et al., 2021), risky sexual behavior (Mirabal-Martínez et al., 2024), school dropout (Buiza Chuquitaype & Gutiérrez Beltrán, 2024), eating behavior (Gaete & López, 2020), criminal behavior (Oropeza-Calderon & Pérez-Pérez, 2024), among others.

Studies conducted by Francisca Corona and Eldreth Peralta (2011), together with the findings of Carrasco Cifuentes et al. (2020), indicate that several factors influence children and adolescents to engage in risky behaviors. This is derived from conflicts in family relationships, such as poor communication, lack of affective expressions, violence or abuse, poor school performance, pressure exerted by parents or the environment, and a limited perception of risk or possible negative consequences. In addition, adolescents tend to value positively those experiences that generate immediate pleasure, which can alter their mood and motivate their repetition. A lack of self-control skills is also identified as a determining factor (Páramo, 2011).

For their part, Vallejo Alviter et al. (2021) managed to identify a connection between parenting styles and impulsivity, highlighting that the family can play a dual role in the lives of adolescents. Although it can act as a protective element against the risks that may arise, it can also become a risk factor when negative dynamics occur, such as frequent conflicts, poor emotional support, lack of communication, permissiveness in the face of risks, such as the consumption of psychoactive substances or violent behavior.

FAMILY HEALTH AND DEPRESSIVE SYMPTOMS

Through family health, members are prepared to face changes that are produced both from the outside and the inside and that can lead to functional and structural modifications. These family changes or crises are not only derived from negative, traumatic, or unpleasant events, but also any situation of change that means contradiction and requires modifications (Lima-Rodríguez et al., 2012). Inadequate family relationships and, lack of family cohesion can cause psychological distress, especially depression, obsessive thoughts, anguish, paranoia, and anxiety. According to studies carried out by Pérez-Bringas (2022), the findings indicate that if the family has a deficient structure and norms, young people may tend to feel inferior to others. Likewise, how the family interacts and promotes development in the child can cause fear of losing control, autonomy, developing paranoia and obsessive and compulsive ideas, as well as developing symptoms of depression (Serna-Arbeláez et al., 2020). A positive family environment is associated with greater resilience and emotional well-being, while a negative climate can be a risk factor for the development of emotional disorders. A dysfunctional family can increase stress and emotional load, negatively affecting the psychological well-being of its members (Rodríguez-Fernández et al., 2016).

Various studies (Guale Alcivar et al., 2024; Oteíza-Collant et al., 2023; Enríquez Ludeña et al., 2021) have shown that adolescence is a particularly vulnerable stage to the development of depressive symptoms. This is due to the multiple physical, emotional, and sociocultural changes that occur during this period, which require adolescents to develop coping skills that allow them to build their identity, achieve autonomy, and achieve personal and social goals. In this context, different events can be stressful and favor the appearance of depression, being influenced by school, economic, emotional, social, and, especially, family factors. In this last aspect, tensions within the family environment can even be related to suicidal thoughts (Serna-Arbeláez et al., 2020).

FAMILY HEALTH IN CHIAPAS, MEXICO

When reviewing the different studies carried out on the State of Chiapas, it was realized that they explore aspects such as risky sexual behaviors (Ballinas-Urbina et al., 2015), the right to education (Camacho-López et al., 2016), health services and social security (Trujillo Olivera et al., 2014; Jiménez Acevedo & Núñez Medina, 2016), basic services and access to food (Vesarez-Zúñiga, 2022), marked inequality and the high level of violence that the State of Chiapas is going through (National Institute of Statistics and Geography, 2022; Morales Domínguez, 2025). This leads to a scarce literature on other problems, especially about the fundamental role of family health, which highlights the need to strengthen this field of study. Family health is especially important due to its significance and impact, as well as the close link it maintains with risk situations in adolescence, including criminal and/or aggressive behavior, the use and abuse of psychoactive substances, vocational interest, relationships with friends (Mariño Hernández, 1997), as well as mental health and within it the appearance of depressive symptoms (Cuesta Mosquera et al., 2022). This connection shows the urgency of generating knowledge that allows the design of preventive strategies and actions aimed at promoting comprehensive well-being in young people.

Therefore, the main objective of this study is to identify whether the levels of the dimensions of family health are predictors of the level of risk of problems in adolescence and the level of symptoms of depression in students of a technical school in southern Mexico.

METHOD

This research was quantitative, cross-sectional, descriptive, explanatory and comparative. The population was made up of 264 adolescent students from a National College of Technical Professional Education in the state of Chiapas, located in southern Mexico. To calculate the sample size, the following formula was used for finite populations, which allows estimating the sample size considering a known or estimated population standard deviation: $n = \frac{Z^2 \cdot \sigma^2 \cdot N}{e^2 \cdot (N-1) + Z^2 \cdot \sigma^2}$

This formula was selected for its usefulness in quantitative studies with finite populations and ensures an adequate level of accuracy in the estimates, adjusting the sample size according to the variability expected in the data (Soper, 2025). For the selection of participants, a probabilistic sampling was used in which a total of 150 students between 14 and 19 years old were randomly selected (M = 16.96, SD = 1.428) so that they all had the same opportunity to participate. The distribution of participants according to sex

was 49.3% (*n* = 74) males, 45.3% (*n* = 68) females, and 5.3% (*n* = 8) preferred not to report it. It should be noted that, for the analysis of data and results, extreme values or *outliers* that deviated significantly from the general trend of a dataset were identified.

INSTRUMENTS

To measure family health, the Self-Perception of Family Health Status v2 questionnaire, validated in the Mexican population by Jiménez-Aguilar and Romero-Corral (2021), was used. This questionnaire has 20 items that are answered with a Likert-type scale ranging from *never* (0) to *always* (4), with a general Cronbach's alpha reliability of .961 and is made up of five dimensions of the family environment: climate (α = .632), integrity (α = .913), functioning (α = .873), coping (α = .835) and resistance (α = .863).

To measure the risk of problems in adolescence, the questionnaire called the Problem Oriented Screening Instrument for Adolescents (POSIT) was used, which was developed by the National Institute on Drug Abuse (Mariño Hernández, 1997) in order to detect specific problems of young people in a timely manner.

The POSIT is an instrument that originally consists of 139 items that assess 10 areas of adolescent life functioning that may be affected by drug use: substance use and abuse, physical health, mental health, family relationships, relationships with friends, educational level, vocational interest, social skills, entertainment and recreation, aggressive behavior/delinquency. However, for

The Mexican validation of the questionnaire consisted of 81 items (α = .965), including 7 areas of functioning in the lives of adolescents: substance use and abuse (α = .945), mental health (α = .913), family relationships (α = .746), relationships with friends (α = .700), educational level (α = .852), vocational interest (α = .788), aggressive behavior/delinquency (α = .881).

To measure the symptoms of depression, one of the most practical and economical tools was used for the timely detection of probable problems, and this has methodological and logistical utility. The Beck Depression Inventory, IA (BDI-IA), standardized by Jurado et al. (1998) in the Mexican population (α = .966), is a self-report of 21 items that are answered with a four-point scale ranging from never (0) to always (3). In addition, it has two dimensions that analyze the main symptoms of depression: cognitive-affective symptoms (α = .939) and somatic symptoms (α = .929).

PROCEDURES

For the collection of the data, the permission and approval of the management of the National College of Technical Professional Education of the state of Chiapas and by the parents of the students who participated, through the signing of an informed consent. Before the application of the questionnaires, the informed consent was read and explained to the students, so that each one had the freedom to decide their participation in the study. The questionnaire was applied physically at times stipulated by the institution's management and the research team during April 2025.

Version 30.0 of the Statistical Package for the Social Sciences (SPSS) was used for data analysis.

RESULTS

The objective of this study was to determine whether the levels of the dimensions of family health are predictors of the level of risk of problems in adolescence and the level of symptoms of depression in students of a National College of Technical Professional Education in the state of Chiapas, Mexico. Table 1 shows the levels of each variable and their respective dimensions.

Table 1 - Mean and standard deviation of each variable of the study and their respective dimensions

Variable and Dimension	*M*	*OF*
Family Health	3.45	.916
Family integrity	3.40	1.004
Family coping	3.33	1.007
Family climate	3.37	.974
Family resistance	3.65	1.003
Family functioning	3.56	1.052
Risk of problems in adolescence	1.61	.244
Substance abuse	1.71	.327
Mental health	1.53	.328
Family Relationships	1.56	.271
Relationship with friends	1.65	.281
Educational level	1.52	.275
Job interest	1.65	.326
Criminal conduct	1.67	.287
Symptoms of depression	1.16	.823
Cognitive-affective	1.18	.862
Somatic	1.14	.812

MODEL TESTING

When performing multiple linear regression analysis, it was found that the dimensions of family health are significant predictors of depressive symptom levels ($F(5) = 18.798$, $p = .000$), explaining 39.5% of the variance ($R = .628$, $R2 = .395$, *corrected* $R2 = .374$). Table 2 shows the statistical coefficients of the model.

Table 2 - Effects of Family Health Dimensions on Depression Levels

	Non-standardized coefficients		Standardized coefficients			Colinearity statistic	
	b	Error type.	*β*	*t*	*p*	Tolerance	FIV
(constant)	2.790	.215		12.986	.000		
Family integrity	-.497	.120	-.607	-4.161	.000	.197	5.069
Family coping	-.054	.112	-.067	-.485	.629	.223	4.488
Family climate	.006	.093	.007	.066	.947	.345	2.896
Family resistance	.138	.091	.168	1.518	.131	.341	2.928
Family functioning	-.078	.101	-.099	-.773	.441	.253	3.946

Note. Dependent variable: depression

As can be seen, the only significant predictor of depression symptoms was the family integrity that the adolescent perceives in his or her home (β = -.607).

Likewise, it was found that the dimensions of family health are predictors of the level of risk of problems in adolescence ($F(5) = 12.822$, $p = .000$), explaining 30.8% of the variance ($R = .555$, $R2 = .308$, *corrected R2* = .284) in the study population. Table 3 shows the statistical coefficients of the model.

Table 3 - Effects of Family Health Dimensions on Levels of Risk of Problems in Adolescence

	Non-standardized coefficients		Standardized coefficients			Colinearity statistic	
	b	Error type.	*β*	*t*	*p*	Tolerance	FIV
(constant)	1.137	.068		16.645	.000		
Family integrity	.058	.038	.238	1.528	.129	.197	5.069
Family coping	.081	.036	.332	2.263	.025	.223	4.488
Family climate	-.006	.030	-.022	-.190	.850	.345	2.896
Family resistance	.030	.029	.122	1.027	.306	.341	2.928
Family functioning	-.022	.032	-.093	-.674	.502	.253	3.946

Note. Dependent variable: risk of problems in adolescence

In general, the dimensions of family health significantly predict the risk of problems in adolescents. However, as can be seen in Table 3, the only significant predictor is family coping (β = .332).

For these analyses, the five assumptions required for multiple linear regression were considered: (a) linearity, (b) normality of standardized residuals ($Z_{(\text{depressive symptoms})} = .046$, $p = .200$; $Z_{(\text{risk of problems in adolescence})} = .063$, $p = .200$), (c) independence of error terms (Durbin-Watson $_{(\text{depressive symptoms})} = 1.592$; Durbin-Watson $_{(\text{risk of problems in adolescence})} = 1.894$), (d) homoscedasticity, and (e) noncollinearity (see Tables 2 and 3) (Hair et al., 1999).

In addition, statistically significant differences were found in some of the dimensions of the study variables according to the sex of the participants. Table 4 shows these differences.

Table 4 - Differences in ranges of variables and dimensions between the sexes of the participants

	Sex			Kruskal-Wallis	
	Man	Woman	I'd rather not say it		
Dimension	*Rank*	*Rank*	*Rank*	*H*	*p*
Family Health	70.08	80.10	86.50	2.428	.297
Family integrity	69.44	81.40	81.38	2.847	.241
Family coping	67.64	81.21	99.75	6.125	.047
Family climate	72.36	77.86	84.50	.960	.619
Family resistance	72.66	77.30	86.44	.948	.623
Family functioning	72.83	78.71	72.88	.688	.709
Risk of problems in adolescence	70.01	76.36	119.06	9.253	.010
Substance abuse	73.60	74.53	101.31	3.178	.204
Mental health	73.00	73.35	116.94	7.733	.021
Family Relationships	70.49	74.26	132.38	15.003	.001
Relationship with friends	73.07	73.94	111.19	5.923	.052
Educational level	70.09	76.19	119.69	9.502	.009
Job interest	70.09	78.07	103.69	4.984	.083
Criminal conduct	72.20	74.94	110.81	5.782	.056
Symptoms of depression	82.45	68.74	68.75	3.744	.154
Cognitive-affective	80.41	70.83	69.81	1.876	.391
Somatic	83.13	68.38	65.44	4.571	.102

Male = 74, Female = 68, I prefer not to say = 8

On the other hand, the differences in the average ranges of the variables and dimensions of the study between the groups determined by the marital status of the parents were analyzed. Significant differences were found in most dimensions. The results are shown in Table 5.

Table 5 - Differences in the ranges of variables and dimensions between the marital status of the parents

	Marital status of the parents					Kruskal-Wallis	
	Married	Divorced	Separate	Common-law marriage	Widower		
Dimension	*Rank*	*Rank*	*Rank*	*Rank*	*Rank*	*H*	*p*
Family Health	91.02	48.47	78.57	70.13	53.82	17.339	.002
Family integrity	91.78	47.16	78.67	66.98	58.79	17.863	.001
Family coping	86.53	53.34	78.30	72.10	58.21	10.538	.032
Family climate	93.92	52.79	74.12	74.69	45.21	20.853	.000
Family resistance	86.10	60.71	81.43	67.25	48.25	12.419	.014
Family functioning	88.50	44.95	79.27	74.75	55.46	17.143	.002
Risk of problems in adolescence	89.74	50.0	77.59	68.73	61.46	13.641	.009
Substance abuse	94.59	50.42	73.90	65.81	63.57	18.516	.001
Mental health	86.35	54.29	75.24	75.92	60.46	9.104	.059

Family Relationships	64.76	74.13	86.89	79.65	54.64	9.611	.048
Relationship with friends	85.64	47.42	80.75	67.06	70.32	12.814	.012
Educational level	81.63	54.97	77.46	79.65	59.82	7.414	.116
Job interest	88.33	60.26	76.90	65.75	59.71	9.918	.042
Criminal conduct	95.57	49.66	73.38	67.96	59.32	19.355	.001
Symptoms of depression	62.00	95.71	67.39	86.21	85.71	12.505	.014
Cognitive-affective	59.47	94.71	70.13	86.65	85.04	12.992	.011
Somatic	62.88	96.76	66.45	85.85	85.36	12.717	.013

Married = 43, Divorced = 19, Separated = 46, Common-law union = 26, Widowed = 14

As can be seen in a general way, the traditional family structure where parents are married and living with their children shows a greater tendency to present better family health indicators, such as integrity, coping, climate, resistance, and functioning. Likewise, it is observed that adolescents with this type of family have lower indicators of depression symptoms.

However, it can be observed that the greatest indicators of risk of problems in adolescence occur in adolescents with married parents compared to those with other marital statuses.

DISCUSSION

The results obtained in this research support the existence of a significant relationship between family health and depressive symptoms in adolescents. These findings are in line with previous studies that have identified the dysfunctional family environment as a relevant risk factor for both the development of affective symptomatology and the adoption of risky behaviors (Rodríguez-Fernández et al., 2016; Pérez-Bringas, 2022). The World Health Organization (2021) highlights the family as an essential pillar in the field of health, stressing that a functional family dynamic provides the individual with significant protection against the challenges of the environment. This family support not only strengthens the ability to solve problems and handle difficult situations, but is also crucial in the consolidation of emotional bonds.

According to Ruiz and Carranza Esteban (2018), a functional family dynamic, characterized by constant support and accompaniment towards adolescents, favors the creation of an emotionally stable environment. This type of context not only strengthens the bonds between the members of the family nucleus but also enhances the ability of young people to face difficulties and solve problems effectively, thus contributing to their emotional well-being and mental health.

Promoting good family health is essential for the integral development and emotional well-being of each of its members. This family configuration seems to mitigate the probability that adolescents will develop depressive symptoms, which coincides with what Ortiz Gómez (1999) has suggested, who highlights the relevance of the family environment in the socio-emotional development of adolescents.

Another aspect highlighted by the results is the impact that family integrity can have about depressive symptoms, which is influenced by the interactions between family members, their communication styles, shared values, and the way they resolve conflicts (Castro, 2022). Family integrity is conceived as a multidimensional construct that encompasses various fundamental aspects in the dynamics of intra-family relationships (Lima-Rodríguez et al., 2012).

For Jiménez-Aguilar and Romero-Corral (2021), this integrity is manifested in cohesion among the members of the family nucleus, the internalization and practice of shared values, the collective capacity to resolve conflicts and make decisions together, as well as in the strengthening of the sense of belonging to the family group. These elements are essential for the development of a healthy and functional family environment, which contributes to the individual and collective well-being of its members.

Regarding the relationship between family health and the risks of problems in adolescence, the results are consistent with the literature that suggests a close relationship between these dimensions. Scientific evidence highlights that family health plays a crucial role in the comprehensive development of children and adolescents. Research such as that of Corona and Peralta (2011), as well as that of Carrasco Cifuentes et al. (2020), underlines that dysfunctional family environments, marked by poor communication, poor affective expression, violence, or neglect, significantly increase the likelihood that adolescents adopt risky behaviors.

Family contexts characterised by authoritarian practices, poor communication, or emotionally negative environments can favour dysfunctional and risky behaviours such as avoidance, aggressiveness, or substance use, which can even become a mechanism of emotional regulation (Doumerc Pompa et al., 2023). Added to this are other factors such as poor school performance, pressure from the environment, and the limited perception of the risks associated with their actions. In this sense, promoting family health not only strengthens affective bonds but also acts as a key protective factor against emotional, behavioral, and mental health problems in adolescence (Rodríguez et al., 2018).

Another relevant element derived from the results is the importance that family coping can have about the risks of problems in adolescence. Coping is understood as the

set of resources that a person puts into practice to face or improve difficult situations, as well as to reduce the stress they generate (Martínez-Montilla et al., 2017). One of the important areas within family health is family coping, which can be defined as the set of responses and adaptations that a family implements to cope with stressful or challenging situations. This process involves the mobilization of internal and external resources, as well as the ability to make decisions and choose strategies that allow the difficulties that affect the family system or one of its members to be effectively managed (Reyes-Rojas et al., 2021). The notable influence of the family coping dimension in predicting risk levels of problems in adolescents can be attributed to the ability of families to identify and understand the causes of the stressful situations they face. This capacity allows families to identify and apply effective strategies to face the challenges they face (Jiménez-Aguilar & Romero-Corral, 2021).

When family members can identify and understand the difficulties they face and collaborate in the search for solutions, they strengthen their ability to adapt and build an environment based on mutual support (Ruiz & Carranza Esteban, 2018).

When faced with situations that pose a risk to adolescents, families who adopt a proactive attitude usually focus on understanding the origin of the problem and taking measures to reduce its effects. This type of conscious and participatory response to daily challenges reinforces family resilience and helps prevent the appearance of conflictive behaviors or emotional conditions in young people (Rodríguez et al., 2018).

That is why, when the family maintains effective communication, solid emotional bonds, and promotes healthy self-esteem, an environment is created that favors the emotional well-being of its members. This type of dynamic strengthens family health and significantly reduces the risk that adolescents will face emotional difficulties, problematic behaviors, or mental disorders (Macías et al., 2013).

Another aspect highlighted by the results is the positive impact that strengthening the family structure can have on the prevention of the risks of problems in adolescence and depressive symptoms. Parental marital conditions, family functioning, the quality of parent-child relationships, and communication patterns exert a significant influence on adolescent psychological well-being. This evidence coincides with what was reported by Liu et al. (2024), who emphasize that the existence of a stable marriage between parents entails multiple benefits for the integral development of children, which is why the bond between parents and children is important, since it constitutes a significant predictor of adolescent psychological well-being.

Consistent family support not only buffers the impact of external stressors but also promotes greater academic, emotional, and behavioral adjustment. A home in which the parents maintain a stable and respectful relationship provides an emotionally safe environment (Morales Rodríguez, 2023). In addition, family stability makes it easier for adolescents to focus their attention on academic aspects by reducing distractions and stress derived from marital conflicts. The active and coordinated presence of both parents also increases the level of parental support and supervision, which is associated with better school performance and greater orientation towards long-term educational goals (Manjarrés-Zambrano et al., 2024).

Therefore, it is essential to consider the internal dynamics of the family nucleus when addressing issues related to the emotional symptoms and problems that an adolescent may suffer, since the family can be both a refuge and a risk factor depending on its structure and functioning (Rosales Piña & Espinosa Salcido, 2008).

Taken together, these findings underscore the need to address the risk of problems in adolescence and mental health from a multidimensional approach that integrates not only individuals, but also their family and community network. The implementation of intervention programs that promote healthy family relationships, together with the strengthening of emotional support in school and social environments, could significantly contribute to reducing the prevalence of these problems in the youth population.

LIMITATIONS AND RECOMMENDATIONS

Some of the main limitations in the development of this research are the small sample size and the contextual factor of the population, since the instruments were applied in a specific region, which limits the generalization of the results to other similar populations even within Chiapas. In addition, the presence of symptoms of depression and the risk of problems in adolescence may depend on other factors or variables that were not considered in this study.

For future research, it is recommended to expand the study population to broader geographic regions where samples representing the behavior of adolescents in the state of Chiapas can be reached. Likewise, other variables that may have a direct influence on the dependent variables studied, such as emotional intelligence, quality of friends, urban or rural context, and resilience, to name a few, should be taken into account.

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