

Psychosocial Challenges and Coping Strategies of Caregivers of Adolescents with Mental Health Disorders

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Abstract. This study explored the psychosocial challenges and coping strategies of mothers caring for adolescents with mental health disorders in Purwokerto. Using an exploratory qualitative design, semi-structured interviews were conducted with eleven participants, and thematic analysis identified five caregiving challenges—strained family relationships, stigma, time constraints, emotional distress, and low public awareness—and five coping strategies, including social support, emotional regulation, religious practices, and recreational activities. Despite facing significant burdens, caregivers demonstrated resilience through adaptive strategies. Theoretically, the findings extend Caregiver Burden Theory and Stress and Coping Theory by showing how burden and coping are interrelated in the daily realities of caregiving within a Southeast Asian cultural context, particularly in Purwokerto. Practically, the study underscores the need for caregiver-focused interventions, stigma reduction campaigns, workplace flexibility policies, and culturally sensitive support systems to strengthen resilience and improve adolescent mental health outcomes.

Keywords: *adolescent care; coping strategies; family; mental health*

Introduction

Caregivers, particularly family members who provide informal and unpaid care, are consistently identified as a vulnerable group in mental health research. Their responsibilities extend beyond supervision to include emotional support, daily monitoring, and health-related tasks, which become more complex when caring for adolescents with Mental Health Disorders. This complexity exposes parents to heightened risks of psychological distress and role strain, with dysfunctional coping linked to anxiety and depression, while functional coping, such as acceptance and positive reframing, can mitigate distress (Basrowi et al., 2024). Stigma further intensifies caregiver stress, as families often face negative labeling that discourages timely help-seeking, consistent with Goffman's Stigma Theory. Structural challenges, including limited specialist resources and frequent clinical appointments, reinforce feelings of inadequacy and

guilt, aligning with Caregiver Burden Theory and Conservation of Resources Theory. Collectively, these insights underscore the urgent need for caregiver-inclusive interventions, culturally sensitive support systems, and public mental health education campaigns (Elizalde-Resano et al., 2025). These findings align with Goffman's Stigma Theory, which explains how negative social labels extend beyond individuals with mental illness to their families, thereby compounding caregiver burden. Moreover, structural challenges such as limited specialist resources and frequent clinical appointments reinforce feelings of inadequacy and guilt, consistent with Caregiver Burden Theory and Conservation of Resources Theory, which emphasize the cumulative impact of time scarcity and emotional strain on caregiver well-being.

In addition to highlighting the psychological and social burdens experienced by caregivers, existing literature emphasizes the importance of coping strategies in sustaining caregiver well-being. Muñoz-Cruz J, et.al., finding the underscores how emotion-focused approaches such as regulation, acceptance, and positive reframing can alleviate psychological strain (Muñoz-Cruz et al., 2026b). The stress-buffering model further illustrates the protective role of social support, which provides both emotional reassurance and practical assistance. Religious practices are often framed as spiritual coping mechanisms that offer meaning and comfort in the face of caregiving challenges, while recreational activities function as behavioral activation strategies that help caregivers maintain emotional balance (Muñoz-Cruz et al., 2026b; Suresh et al., 2019) . Incorporating these perspectives into the discussion of caregiver burden ensures a more comprehensive framework, one that acknowledges not only the challenges but also the adaptive strategies families employ to navigate caregiving demands. Collectively, these insights underscore the urgent need for caregiver-inclusive interventions, culturally sensitive support systems, and public mental health education campaigns (Aranda et al., 2023; Elizalde-Resano et al., 2025).

Caregiver well-being can be more clearly interpreted through Caregiver Burden Theory and Stress and Coping Theory (Herdiana et al., 2018) . Caregiver Burden Theory highlights how stigma, limited healthcare resources, and insufficient social support accumulate to intensify psychological distress and role strain (Aranda et al., 2023) . This is evident in Purwokerto, where

mothers often withdraw from community engagement due to internalized stigma, leaving them isolated and dependent on fragmented health systems. Stress and Coping Theory complements this perspective by explaining how caregivers respond to these pressures through adaptive strategies such as emotion regulation, religious practices, and social support. The data show that while systemic barriers reinforce vulnerability, coping strategies provide resilience and mitigate the impact of burden. Integrating these two frameworks demonstrates that caregiver distress and coping are inseparable dimensions: the burden creates vulnerability, while coping strategies act as protective mechanisms (Toledano-Toledano & Domínguez-Guedea, 2019). This dual lens strengthens the rationale for multi-level interventions that reduce stigma, expand psychosocial support, and empower families within community-based mental health care.

In Purwokerto, the transition toward community-based services has intensified reliance on families, particularly mothers, to manage medication adherence, behavioral regulation, and everyday care following hospital discharge (Gümüş & Kaçan, 2023; Wahab & Ramli, 2022a). Adolescence itself, marked by emotional volatility and social transitions, magnifies caregiving demands and disrupts family dynamics (Muñoz-Cruz et al., 2026b). Without structured guidance, many caregivers experience emotional fatigue, role overload, and difficulties balancing caregiving with employment and household responsibilities (Mackova et al., 2022). The absence of psychosocial support systems further compounds these challenges, leaving parents to navigate complex demands largely on their own. Local evidence highlights significant caregiver burden, yet most studies remain quantitative and focus on adult populations, creating a gap in qualitative understanding of parental experiences with adolescents.

This reliance on families as the cornerstone of Mental Health Disorders care highlights both the strengths and vulnerabilities of community-based approaches. While such models promote deinstitutionalization and encourage family involvement, they inadvertently shift the burden of care onto households that may lack adequate preparation or resources. In contexts like Purwokerto, where specialized Mental Health Disorders services remain scarce, families often function as extensions of the healthcare system without receiving the necessary training or psychosocial support (Sugiarti et al., 2022). Despite growing evidence on caregiver burden in

mental health, most existing studies have focused on adult populations and employed quantitative approaches, leaving a gap in understanding the lived experiences of parents caring for adolescents. This gap is particularly salient in Purwokerto, where the expansion of community-based services has intensified reliance on families amid a shortage of child and adolescent psychiatrists (Gümüş & Kaçan, 2023). Unlike urban centers with more established support systems, Purwokerto represents a context where families function as extensions of the healthcare system with minimal training or psychosocial assistance.

By adopting a qualitative design, this study contributes new insights into how parental caregivers interpret and cope with daily challenges, offering a culturally grounded perspective that has been largely absent from prior research. In doing so, it advances caregiver-inclusive interventions by situating resilience and coping strategies within the realities of local healthcare infrastructure and community norms. This imbalance not only jeopardizes caregiver well-being but also risks compromising the quality of care provided to adolescents, underscoring the need for structured caregiver education programs and accessible community support networks (Cham et al., 2022a; Zhao et al., 2025).

This research contributes to a growing body of evidence that emphasizes the importance of contextualizing caregiver experiences within local cultural and social frameworks. Caregiver-inclusive interventions must not only provide psychosocial support but also acknowledge the influence of cultural norms, religious beliefs, and community expectations on caregiving practices. For instance, stigma rooted in cultural perceptions of mental illness can discourage families from seeking timely care, while collectivist values may shape the ways in which extended family networks provide or fail to provide support. By situating caregiver narratives within these broader cultural dynamics, the study offers a foundation for designing interventions that are both effective and culturally sensitive. Ultimately, such approaches can foster resilience among families, reduce the psychological burden of caregiving, and improve treatment adherence and recovery outcomes for adolescents with Mental Health Disorders.

Method

This study employed an exploratory descriptive qualitative design using individual in-depth interviews to investigate the challenges experienced by parental caregivers of adolescents with Mental Health Disorders in Purwokerto and the coping strategies they adopted, with methodological transparency ensured through adherence to the Consolidated Criteria for Reporting Qualitative Research (COREQ) (Ahmed et al., 2025). Participants were recruited purposively based on inclusion criteria, namely parents aged 30–70 years caring for adolescents aged 12–18 years diagnosed with Mental Health Disorders disorders and receiving treatment at public hospitals. To maintain homogeneity, caregivers of adolescents with schizophrenia spectrum disorders or active psychotic symptoms were excluded.

Eleven participants were referred to by psychiatrists, with data saturation reached after nine interviews and two additional participants included to enhance depth. Data saturation was defined as the point at which no new codes or themes emerged from subsequent interviews. Indicators included repetition of responses, absence of novel categories during coding, and consistency of themes across participants. Saturation was monitored continuously during line by line coding in NVivo and formally assessed after the ninth interview when data began to converge. To confirm saturation, two additional interviews were conducted to ensure depth and verify that no new insights appeared. The assessment process involved team discussions and consensus validation, thereby enhancing credibility and transparency of the analytic procedure.

An interview guide developed from literature review and expert consultation was piloted and refined before use, and interviews were conducted face-to-face or online by the first author, a postgraduate researcher trained in qualitative methods, lasting 40–60 minutes, with informed consent obtained and confidentiality assured. Interviews were audio-recorded, transcribed verbatim, anonymized, and supplemented with field notes, while peer debriefing enhanced data quality. Data analysis followed Braun and Clarke's thematic framework, beginning with line-by-line coding in NVivo, generating 214 codes clustered into 38 categories, refined into 10 candidate themes, and finalized into five themes on caregiving challenges and five on coping strategies

through iterative team discussions and consensus validation. The final analysis produced two major groups of themes, comprising five caregiving challenges and five coping strategies, ensuring a clear and balanced structure between burden and resilience

Methodological rigor was ensured through credibility, dependability, confirmability, and transparency, supported by triangulation, inter-rater reliability (Cohen's $\kappa = 0.86$), audit trails, and adherence to COREQ. Coding reliability was controlled by independent coding checks conducted by two additional researchers, who compared subsets of transcripts with the primary coding framework. Discrepancies were discussed in team meetings, and consensus was reached through reference to raw data and agreed definitions of codes. This process ensured consistency, minimized subjective bias, and confirmed that the final themes accurately reflected participants' narratives. Reflexivity was maintained by acknowledging the researcher's psychology background, critically reflecting on potential biases, and grounding interpretations in participants' narratives, thereby enhancing trustworthiness and transparency of the findings (Ahmed, 2024; Zhao et al., 2025).

This rigorous analytic process ensured that the emergent themes were not only grounded in participants lived experiences but also systematically validated through multiple layers of methodological safeguards (Herwanis et al., 2025). The use of NVivo facilitated structured data management and enhanced transparency in coding decisions, while consensus validation among the research team minimized subjective bias. Employing COREQ guidelines further strengthened reporting quality, ensuring that the study adhered to international standards for qualitative research. Reflexivity, combined with inter-rater reliability, provided a balanced approach that acknowledged the researcher's positionality while safeguarding against interpretive distortion (Aranda et al., 2023). Collectively, these measures enhanced the credibility of the findings and positioned the study to contribute robust evidence to the growing literature on caregiver burden and coping in adolescent Mental Health Disorders contexts.

Results

The study involved eleven participants, all of whom successfully completed the interview process without withdrawal. To maintain confidentiality, identification codes were used and age was reported in categorical ranges. All participants were mothers caring for adolescents diagnosed with depression, suicidal ideation, obsessive-compulsive disorder, or anxiety in Purwokerto. Nine participants were employed, while two were unemployed, and all were married. Although fathers and caregivers from other ethnic groups were eligible, only mothers participated during the recruitment period, reflecting the dominant caregiving role of women in this context. One mother explained:

“Initially I was really stressed, because I had no one to share with. The younger siblings were still young, and I had to take care of them too. Luckily, my husband helped a lot” (P06, mother of child with depression, 41–45 years).

This demographic profile underscores the gendered nature of caregiving in Purwokerto, where mothers assume primary responsibility for adolescent mental health care despite employment obligations. The predominance of maternal caregivers reflects broader cultural expectations in Southeast Asia, where women are often positioned as the central figures in family health management. Employment status further complicates caregiving demands, as working mothers must balance occupational responsibilities with intensive caregiving tasks, while unemployed mothers face financial insecurity that exacerbates psychological strain. The exclusive participation of mothers also highlights the limited involvement of fathers in Mental Health Disorders caregiving, suggesting that interventions must account for entrenched gender roles and the disproportionate burden placed on women. As one participant noted:

“It was not easy to manage both roles. I needed to keep working, but at the same time I had to be available to bring my child to counselling and medical appointments” (P06, mother of child with depression, 41–45 years).

These findings resonate with global evidence that caregiving responsibilities are unequally distributed, with women consistently reporting higher levels of stress, role conflict, and emotional exhaustion compared to male caregivers (Mackova et al., 2022). Thematic analysis revealed five major challenges in caregiving: strained family relationships, stigma, time constraints, emotional complexity, and low public awareness of mental health. Strained family relationships were evident in disrupted household harmony, jealousy among siblings, conflicts with extended family members, and differing perceptions of Mental Health Disorders care (Gümüş & Kaçan, 2023; Maldonado et al., 2022). One mother described:

“Her younger sister feels frustrated because she’s always the one doing housework, while her elder sister gets to relax” (P05, mother of child with suicidal ideation, 51–55 years). Another explained conflict with extended family: *“We always argue with her grandmother because she doesn’t support us seeking psychiatric treatment, so it becomes noisy at home”* (P06, mother of child with depression, 41–45 years).

Caregivers described how their child’s Mental Health Disorders symptoms affected the emotional atmosphere of the family, leading to shared distress and interpersonal tension. Disagreements with grandparents regarding treatment further intensified stress, while siblings expressed frustration over unequal attention, highlighting the relational strain within households (Toledano-Toledano & Domínguez-Guedea, 2019). These relational tensions illustrate how adolescent Mental Health Disorders reverberate across the family system, creating secondary stressors that extend beyond the individual patient. The disruption of household harmony and sibling jealousy reflects the redistribution of parental attention, which can destabilize family cohesion and foster resentment. Conflicts with extended family members highlight the role of cultural beliefs and generational differences in shaping attitudes toward Mental Health Disorders care, often resulting in disagreements over treatment approaches (Gümüş & Kaçan, 2023; Muñoz-Cruz et al., 2026b; Njardvik et al., 2025). Such dynamics are consistent with Family Systems Theory, which posits that changes in one member’s functioning inevitably affect the entire family unit. The findings also resonate with global evidence that caregiver burden is not only an

individual experience but a collective phenomenon that reshapes family relationships, intensifies emotional strain, and complicates caregiving practices.

Stigma emerged as a pervasive challenge, manifesting through labeling adolescents as “crazy,” negative community judgments, and religiously framed interpretations of mental illness as weak faith (Maldonado et al., 2022). Stigma emerged as a pervasive challenge, manifesting through labeling adolescents as “crazy,” negative community judgments, and religiously framed interpretations of mental illness as weak faith. One caregiver shared:

“Sometimes even family and society don’t understand. When we say our child takes medication, they say our child is crazy” (P02, mother of child with OCD, 41–45 years). Another added, *“People are afraid of being labelled crazy or as having weak faith. Many people here are quick to judge”* (P03, mother of child with depression, 36–40 years).

Such stigma was experienced both within families and the wider community, often discouraging open discussion and help-seeking. Caregivers reported that societal perceptions worsened their child’s emotional state and reinforced feelings of isolation. Religious stigma, in particular, framed Mental Health Disorders as moral or spiritual weakness, which added layers of guilt and shame to the caregiving experience (Aranda et al., 2023). Time constraints and emotional complexity further compounded the caregiving burden. Parents struggled to balance employment responsibilities with frequent medical appointments and caregiving demands, often reporting difficulties in time management and daily routine organization. Emotional complexity was reflected in persistent distress, guilt over perceived inadequate care, anger during interactions with children, and compassion for their suffering (Wahab & Ramli, 2022b; Zhang et al., 2026). These emotions were often experienced simultaneously, underscoring the psychological toll of caregiving. Caregivers described feelings of sadness, frustration, and guilt for not recognizing symptoms earlier, while also expressing empathy and deep concern for their child’s pain (Tan et al., 2025).

These findings highlight how stigma operates at multiple levels—individual, familial, and societal—creating a reinforcing cycle of silence and marginalization. Within families, stigma undermines cohesion and discourages open dialogue about Mental Health Disorders, while in the community, negative labeling perpetuates exclusion and delays access to care. Religious interpretations of mental illness as moral weakness intensify caregiver guilt, reflecting the intersection of cultural and spiritual beliefs with mental health stigma (Gómez et al., 2024). Such dynamics are consistent with Modified Labeling Theory, which suggests that societal stereotypes are internalized by families and shape their responses to mental illness. The compounded effect of social and religious stigma not only exacerbates caregiver distress but also hinders adolescents' recovery trajectories, underscoring the need for culturally sensitive anti-stigma interventions that engage both families and communities (Cham et al., 2026; Zhao et al., 2025).

In response to these challenges, caregivers employed five categories of coping strategies: seeking support and assistance, managing emotions, distraction, religious coping, and recreation. Seeking support included active coping, instrumental resources, often relying on family or colleagues. One mother explained:

"I shared my problems with my colleagues, and they gave me advice and encouragement. It helped me feel less alone" (P04, mother of child with anxiety, 46–50 years). Another added, *"My husband helped a lot. Without his support, I don't think I could manage everything"* (P06, mother of child with depression, 41–45 years).

And emotional support from family members and colleagues. Managing emotions involved self-blame, positive reframing, acceptance, and venting. A participant reflected,

"I tried to accept that this is my child's condition. If I keep blaming myself, it will only make me more stressed" (P01, mother of child with depression, 41–45 years). Others described venting as a release: *"Sometimes I just cry alone, and after that I feel lighter"* (P03, mother of child with depression, 36–40 years).

Distraction strategies, such as household chores, provided temporary relief from stress, while religious practices offered comfort, hope, and meaning. One caregiver shared:

"When I feel overwhelmed, I clean the house. It keeps me busy and helps me forget the stress for a while" (P05, mother of child with suicidal ideation, 51–55 years).

And, the religious coping was a central source of strength. A mother explained:

"I pray and recite verses. It gives me peace and reminds me that everything has meaning" (P02, mother of child with OCD, 41–45 years).

Recreational activities, such as exercise with peers, allowed caregivers to engage in self-care and reduce stress. Collectively, these findings highlight the multifaceted burden experienced by parental caregivers in Purwokerto and demonstrate how adaptive strategies sustain resilience despite limited systemic support.

Discussion

The demographic profile of participants underscores the gendered nature of caregiving in Purwokerto, where mothers assume primary responsibility for adolescent mental health care despite employment obligations. This predominance of maternal caregivers reflects broader cultural expectations in Southeast Asia, where women are positioned as central figures in family health management. Employment status further complicates caregiving demands, as working mothers must balance occupational responsibilities with intensive caregiving tasks, while unemployed mothers face financial insecurity that exacerbates psychological strain. These findings resonate with global evidence that caregiving responsibilities are unequally distributed, with women consistently reporting higher levels of stress, role conflict, and emotional exhaustion compared to male caregivers (Mackova et al., 2022).

Relational tensions observed in the study illustrate how adolescent Mental Health Disorders reverberate across the family system, creating secondary stressors that extend beyond the individual patient. The disruption of household harmony and sibling jealousy reflects the redistribution of parental attention, which can destabilize family cohesion and foster resentment. Conflicts with extended family members highlight the role of cultural beliefs and generational differences in shaping attitudes toward Mental Health Disorders care, often resulting in

disagreements over treatment approaches (Gümüő & Kaçan, 2023). Such dynamics are consistent with Family Systems Theory, which posits that changes in one member's functioning inevitably affect the entire family unit.

Stigma emerged as a pervasive challenge, operating at multiple levels, individual, familial, and societal—creating a reinforcing cycle of silence and marginalization. Religious interpretations of mental illness as moral weakness intensified caregiver guilt, reflecting the intersection of cultural and spiritual beliefs with mental health stigma (Gómez et al., 2024)). These findings align with Modified Labeling Theory, which suggests that societal stereotypes are internalized by families and shape their responses to mental illness. The compounded effect of social and religious stigma not only exacerbates caregiver distress but also hinders adolescents' recovery trajectories, underscoring the need for culturally sensitive anti-stigma interventions that engage both families and communities (Cham et al., 2022a, 2026)

Integrated challenges were evident across several domains (Prima, 2026). Strained family relationships intersected with nearly all other themes, as emotional distress, sibling jealousy, and disagreements about Mental Health Disorders treatment disrupted household stability (Wahab & Ramli, 2022a). Stigma further compounded these relational difficulties, with caregivers reporting that their children were labeled as “crazy”, judged by others, or perceived as lacking religious faith. Time constraints acted as structural stressors, as parents struggled to balance employment, caregiving, and household roles, reinforcing feelings of guilt and inadequacy (Basrowi et al., 2024; Muñoz-Cruz et al., 2026b). Emotional distress permeated caregivers' narratives, encompassing guilt, sadness, worry, and anger, while low public awareness of mental health issues perpetuated misunderstanding and reinforced barriers to help-seeking (Mackova et al., 2022).

Taken together, these findings illustrate how caregiving stress is not the result of isolated factors but emerges from the intersection of relational, societal, emotional, and structural domains. The interplay of strained family relationships and stigma demonstrates how external judgments amplify internal household tensions, consistent with Stigma Theory and Family Systems Theory. Time constraints and role overload reflect the structural dimension of caregiving, aligning with Role Conflict Theory and Conservation of Resources Theory, which

emphasize the cumulative impact of resource depletion and competing demands (Sari et al., 2025). Emotional distress, expressed through guilt, sadness, and anger, underscores the psychological toll of caregiving and highlights the need for interventions that address both emotional regulation and social support. Finally, low public awareness perpetuates misunderstanding and delays help-seeking, reinforcing systemic barriers to care (Baran & Sawrikar, 2024). These integrated challenges point to the necessity of multi-level interventions that combine family-centered support, stigma reduction campaigns, workplace flexibility policies, and public education to strengthen caregiver resilience and improve adolescent mental health outcomes.

In response, caregivers employed diverse coping strategies that reflected both active problem-solving and emotional regulation. Seeking support and assistance was a key approach, including professional help, instrumental resources, and social support from family and colleagues (Tan et al., 2025). Managing emotions involved acceptance, positive reframing, and venting, although self-blame also appeared as a maladaptive response. Distraction strategies such as household chores provided temporary relief, while religious coping offered comfort, hope, and meaning (Lakhani et al., 2025; Muñoz-Cruz et al., 2026a). Recreational activities, including exercise and social engagement, enabled caregivers to restore emotional energy and maintain personal well-being. These strategies were not used in isolation but flexibly combined depending on circumstances, underscoring caregivers' adaptability and resilience.

The findings carry important implications for mental health policy and practice. The multifaceted challenges highlight the need for caregiver-inclusive services that address emotional distress, stigma, and structural barriers. Interventions should be tailored, flexible, and culturally sensitive, incorporating both problem-focused and emotion-focused coping skills to enhance resilience. Public mental health education campaigns are essential to reduce stigma and increase awareness, targeting family networks, schools, and workplaces to foster supportive environments for adolescents and their caregivers (Zurynski et al., 2025). Beyond practical implications, this study also offers theoretical contributions. By situating caregiver experiences within the frameworks of Caregiver Burden Theory and Stress and Coping Theory, the findings demonstrate how these models intersect in daily life: burden intensifies vulnerability, while

coping strategies sustain resilience. The verbatim accounts of mothers illustrate that theoretical constructs are not abstract but embodied in lived realities, thereby extending the applicability of these frameworks to adolescent mental health caregiving in Southeast Asia.

This study offers several strengths, including rich qualitative insights into the lived experiences of parental caregivers, methodological rigor through adherence to COREQ, and theoretical robustness by linking findings to established psychological frameworks. However, limitations include the homogeneity of the sample, composed exclusively of mothers, which restricts transferability to fathers or caregivers from other cultural backgrounds. Reliance on self-reported data also introduces potential recall or social desirability bias. Future research should adopt longitudinal designs, include more diverse caregiver populations, and triangulate findings with clinical assessments to provide a more comprehensive understanding of caregiver challenges and needs (Tan et al., 2025). Importantly, the study fulfills its qualitative objective by providing rich, contextualized insights into how parental caregivers interpret and negotiate their roles. Rather than quantifying burden alone, the exploratory design captures the complexity of relational tensions, stigma, and coping strategies, revealing patterns that would remain invisible in purely quantitative approaches. Importantly, the study achieves its qualitative objective by capturing the lived experiences of mothers in Purwokerto, providing nuanced insights into caregiving challenges and coping strategies that would remain invisible in quantitative approaches. This alignment with the study's aim underscores the value of qualitative inquiry in revealing culturally grounded perspectives essential for caregiver-focused interventions

Conclusion

This study highlights that mothers in Purwokerto, as primary caregivers of adolescents with mental health disorders, face multifaceted burdens including strained family relationships, stigma, time constraints, emotional distress, and low public awareness. Despite these challenges, they demonstrate resilience through adaptive coping strategies such as social support, emotional regulation, religious practices, and recreational activities. Theoretically, the findings extend Caregiver Burden Theory and Stress and Coping Theory by showing how burden and coping coexist in daily caregiving realities within a Southeast Asian cultural context. Practically, the

study underscores the urgent need for caregiver-inclusive interventions, stigma reduction campaigns, workplace flexibility, and culturally sensitive support systems to strengthen resilience and improve adolescent mental health outcomes.

Suggestion

Future efforts should prioritize the development of caregiver inclusive mental health services that directly address the emotional, relational, and structural burdens identified in this study. Programs must be culturally sensitive, recognizing the dominant role of mothers in caregiving while also encouraging greater involvement of fathers and extended family members to redistribute responsibilities. Public education campaigns are essential to reduce stigma, challenge religiously framed misconceptions, and promote awareness of adolescent Mental Health Disorders within schools, workplaces, and community networks. At the policy level, workplace flexibility and accessible psychosocial support should be integrated to ease time constraints and role overload among caregivers. Finally, future research should expand to diverse caregiver populations and employ longitudinal designs to capture evolving challenges and coping strategies, thereby informing sustainable interventions that strengthen family resilience and improve adolescent mental health outcomes.

References

- Ahmed, S. K. (2024). The pillars of trustworthiness in qualitative research. *Journal of Medicine, Surgery, and Public Health*, 2, 100051. <https://doi.org/10.1016/j.glmedi.2024.100051>
- Ahmed, S. K., Mohammed, R. A., Nashwan, A. J., Ibrahim, R. H., Abdalla, A. Q., M. Ameen, B. M., & Khedhir, R. M. (2025). Using thematic analysis in qualitative research. *Journal of Medicine, Surgery, and Public Health*, 6, 100198. <https://doi.org/10.1016/j.glmedi.2025.100198>

- Aranda, A. M., Helms, W. S., Patterson, K. D. W., Roulet, T. J., & Hudson, B. A. (2023). Standing on the Shoulders of Goffman: Advancing a Relational Research Agenda on Stigma. *Business and Society*, 62(7), 1339–1377. <https://doi.org/10.1177/00076503221148441>
- Baran, M. B., & Sawrikar, V. (2024). Service-level barriers and facilitators to father engagement in child and family services: A systematic review and thematic synthesis of qualitative studies. *Children and Youth Services Review*, 156. <https://doi.org/10.1016/j.childyouth.2023.107295>
- Basrowi, R. W., Wiguna, T., Samah, K., Djuwita F Moeloek, N., Soetrisno, M., Purwanto, S. A., Ekowati, M., Elisabeth, A., Rahadian, A., Ruru, B., & Pelangi, B. (2024). Exploring Mental Health Issues and Priorities in Indonesia Through Qualitative Expert Consensus. *Clinical Practice & Epidemiology in Mental Health*, 20(1). <https://doi.org/10.2174/0117450179331951241022175443>
- Cham, C. Q., Ibrahim, N., Siau, C. S., Kalaman, C. R., Ho, M. C., Yahya, A. N., Visvalingam, U., Roslan, S., Abd Rahman, F. N., & Lee, K. W. (2022b). Caregiver Burden among Caregivers of Patients with Mental Illness: A Systematic Review and Meta-Analysis. In *Healthcare (Switzerland)* (Vol. 10, Number 12). MDPI. <https://doi.org/10.3390/healthcare10122423>
- Elizalde-Resano, C., Ochoa-Linacero, B., & Reparaz, C. (2025). Mental health stigma in adolescents: a scoping review. *Psychology, Society and Education*, 17(2), 76–85. <https://doi.org/10.21071/psye.v17i2.17748>
- Gómez, A., Guo, S., & Lau, C. (2024). Associations Between Family Resilience, Child Flourishing, and School Engagement Among Children in Kinship Care. *Families in Society*, 105(1), 6–18. <https://doi.org/10.1177/10443894231200660>

- Gümüş, F., & Kaçan, H. (2023). The effect of internalized stigmatization on care burden in adolescent psychiatric patients and their parents. *Frontiers in Psychiatry*, 14. <https://doi.org/10.3389/fpsy.2023.1192087>
- Herdiana, I., Handoyo, S., & Suryanto. (2018). Family Resilience: A Conceptual Review. *Advances in Social Science, Education and Humanities Research*, 133, 42–49.
- Herwanis, D., Alianur, M., Maulida, & Nasir, K. (2025). Quantitative Research: Data Collection and Data Analysis for Beginner Researcher in Discussion. *Educompassion: Jurnal Integrasi Pendidikan Islam Dan Global*, 2(1), 1–18. <https://doi.org/10.63142/educompassion.v1i3.88>
- Lakhani, A., Ali, T. S., Ashraf, D., & Roy, D. K. (2025). Exploring Informal Social Support Experiences and Coping Strategies in Families Raising a Child with an Intellectual Disability. In *Family Journal* (Vol. 33, Number 1, pp. 150–171). SAGE Publications Inc. <https://doi.org/10.1177/10664807241283045>
- Mackova, J., Veselska, Z. D., Geckova, A. M., Jansen, D. E. M. C., van Dijk, J. P., & Reijneveld, S. A. (2022). The role of parents in the care for adolescents suffering from emotional and behavioral problems. *Frontiers in Psychology*, 13. <https://doi.org/10.3389/fpsyg.2022.1049247>
- Maldonado, D. A. C., Pereira, T. S., Martins, L. F., & Ronzani, T. M. (2022). Measurement of courtesy stigma: Systematic literature review. *Psicologia - Teoria e Prática*, 24(3). <https://doi.org/10.5935/1980-6906/eptppa14201.en>
- Muñoz-Cruz, J. C., López-Martínez, C., Orgeta, V., & Del-Pino-Casado, R. (2026a). Coping, Subjective Burden and Mental Health in Family Carers of Dependent Children and Adolescents: A Systematic Review With Meta-Analysis. In *Journal of Psychiatric and Mental Health Nursing*. John Wiley and Sons Inc. <https://doi.org/10.1111/jpm.70129>

- Njardvik, U., Wergeland, G. J., Riise, E. N., Hannesdottir, D. K., & Öst, L. G. (2025). Psychiatric comorbidity in children and adolescents with ADHD: A systematic review and meta-analysis. In *Clinical Psychology Review* (Vol. 118). Elsevier Inc. <https://doi.org/10.1016/j.cpr.2025.102571>
- Prima, E. (2026). CAREGIVING CHALLENGES AND FAMILY RESILIENCE AMONG PARENTS OF CHILDREN WITH AUTISM SPECTRUM DISORDER IN PURWOKERTO. *Jurnal Psikodidaktika*, 11(1), 775–787.
- Sari, P., Apsari, N., & Taftazani, B. (2025). STRES PENGASUHAN DAN RISIKO PERLAKUAN SALAH PADA ANAK DALAM KELUARGA RENTAN: TINJAUAN LITERATUR BERBASIS FAMILY STRESS THEORY. *SHARE : Social Work Journal*, 15(2), 42–56.
- Sugiarti, E., Apriliyana, I., & Rahmawati, A. N. (2022). STRES DAN STRATEGI KOPING PADA KELUARGA YANG MENJADI CAREGIVER PASIEN SKIZOFRENIA. *JKJ): Persatuan Perawat Nasional Indonesia*, 10(3), 501–509.
- Suresh, V., Kumar, P., & Sradha, R. (2019). Burden and coping among caregivers of children with psychological disorders. *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS) e-ISSN*, 18, 13–23. <https://doi.org/10.9790/0853-1802111323>
- Tan, A. B. G., Canda, A., Mutuc, R., Ongkengco, P. N. D., Reniva, D. C., Vergara, J., & Francisco, and S. P. (2025). Self-Stigma of Seeking Help as a Predictor of Mental Well-Being Among Filipino College Students. *Journal of Interdisciplinary Perspectives*, 3(2). <https://doi.org/10.69569/jip.2024.0680>
- Toledano-Toledano, F., & Domínguez-Guedea, M. T. (2019). Psychosocial factors related with caregiver burden among families of children with chronic conditions. *BioPsychoSocial Medicine*, 13(1). <https://doi.org/10.1186/s13030-019-0147-2>

- Wahab, R., & Ramli, F. F. A. (2022a). Psychological Distress Among Parents of Children With Special Needs. *International Journal of Education, Psychology and Counseling*, 7(46), 498–511. <https://doi.org/10.35631/ijepc.746037>
- Zhang, L., Jiang, Y., Xu, M., & Zaremohzzabieh, Z. (2026). Parenting style and interpersonal distress among adolescent Chinese boarding students: a serial mediation model via self-efficacy and social support. *International Journal of Adolescence and Youth*, 31(1). <https://doi.org/10.1080/02673843.2025.2609495>
- Zhao, Y., Miao, Q., Xin, S., Li, P., & Huang, Y. (2025). A qualitative study of parental caregiving experience in adolescents with depression from the perspective of positive psychology in China. *Frontiers in Public Health*, 13. <https://doi.org/10.3389/fpubh.2025.1454085>
- Zurynski, Y., Hutchinson, K., Kang, Y., Vizheh, M., & de Groot, A. (2025). Family Experiences of Integrated Care for Children With Medical Complexity: A Scoping Review. In *Child: Care, Health and Development* (Vol. 51, Number 3). John Wiley and Sons Inc. <https://doi.org/10.1111/cch.70091>