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Parental Influence in Early-Onset Childhood Depression: A Case-Based Perspective

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ABSTRACT: Childhood depression often stems from early-life stressors such as peer bullying and negative parenting. Early- onset depression can have long-term impacts on a child's emotional and cognitive development. Nevertheless, parental awareness of their crucial role in supporting children's mental health remains limited. This case report describes the clinical manifestation of depression in a 10-year-old boy, triggered by prolonged bullying and insufficient family support, and explores how parental psychoeducation can facilitate recovery. This research employs a descriptive qualitative case study method, in which data were collected through in-depth clinical interviews with the patient and his parents, as well as direct observation. The initial screening used the Strengths and Difficulties Questionnaire (SDQ) to identify emotional and behavioral concerns. Additionally, semi structured interviews were conducted to explore psychosocial history, school experiences, and parenting style over a four week outpatient period. The child presented with persistent sadness, social withdrawal, hallucinations, and academic pressure, particularly from his grandmother, with clear behavioral changes following continuous bullying at school. Through targeted psychoeducation, the mother adopted a more responsive and non-judgmental parenting approach, leading to gradual emotional improvement in the child, as seen by reduced social isolation and improved emotional expression. This case highlights the critical role of family support and parental psychoeducation as non-pharmacological interventions in early- onset childhood depression, emphasizing the importance of early detection of depressive symptoms and involving families in emotional support strategies to strengthen children's mental resilience.

Keywords: The Role of Family, Depression, Early Years.

INTRODUCTION

Depression is a mood disorder characterized by sadness, anhedonia , or a persistent loss of interest, accompanied by changes in sleep patterns, appetite, feelings of despair, helplessness, and suicidal ideation (Dyah Wahyuningsih & Nandiroh, 2015). This may be caused by uncomfortable

childhood experiences or severe experiences (Harmelen, 2016; Igo & Rahman, 2023). One in six people are aged 10–19 years. Adolescence is a unique and formative time. Physical, emotional and social changes, including exposure to poverty, abuse, or violence, can make adolescents vulnerable to mental health problems. Protecting adolescents from adversity, promoting socio-emotional learning and psychological well-being, and ensuring access to mental health care are critical for their health and well-being during adolescence and adulthood. Globally, it is estimated that one in seven (14%) of 10–19-year-olds experience mental health conditions, yet these remain largely unrecognized and untreated (W.H.O., 2024). Depression in childhood is commonly linked to a family history of mood disorders and psychosocial stress, which together heighten the risk of developing depressive symptoms (Rhys Bevan Jonesa, 2018).

The supportive role of the family and the more positive qualities of parents mediate the relationship between an individual's tendency to have positive expectations and optimism and depression. However, parents can also be a protective factor that has the potential to reduce depression. Parental support in various population groups is important in helping individuals cope with stress, reducing feelings of isolation, and providing emotional resources that foster mental well-being. In current research, there is a wide variety of social support, but parental support from both parents greatly affects children and adolescents from depressive disorders (Najwalillah, 2023).

Families shape individual development through their values, behaviors, and interactions. They provide shelter, support, and a sense of belonging. For individuals with mental health challenges, the family unit becomes a crucial support system. Various aspects such as parental conflict, affection, emotional detachment, parenting style, and family cohesion significantly influence the mental well-being of children and adolescents (Ong et al., 2021).

Recent literature emphasizes that effective coping mechanisms and family support are key components in preventing and managing childhood depression. According to Adisa et al., (2024), one approach involves enhancing self-awareness through interventions like rational emotive behavior therapy (REBT). This counseling technique helps individuals identify and replace irrational thoughts with rational ones, promoting positive emotions, thoughts, and behaviors. Strengthening self-awareness allows children to recognize their feelings, clarify their desires, and redefine their relationship with themselves, which ultimately contributes to better emotional regulation and resilience against depression.

However, not all parents are aware of their essential role in supporting children who experience distress, such as bullying at school. While studies on social support and depression are increasing, limited research has specifically examined how bullying and negative parenting interact to influence childhood depression, and how family-based psychoeducation may promote recovery. Therefore, this study aims to present a case report of childhood depression resulting from bullying and negative parenting, and to explore the role of family support and coping mechanisms in the child's recovery process.

METHOD

This study employed a qualitative descriptive case report design, which allows for an in-depth exploration of individual experiences and contextual factors influencing the onset and management of depression in children. The subject of this study was a 10-year-old boy who had been diagnosed with early-onset depression. The case was identified through a referral from a primary school counselor, who observed notable behavioral changes, emotional withdrawal, and decreased social interaction among peers.

Data were collected through clinical interviews, direct observations, and psychiatric evaluations following the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria. A semi-structured interview guide was used to explore the child's psychosocial history, school experiences, family environment, and parenting style. The interviews involved both the child and his parents to ensure comprehensive understanding and cross-verification of the data obtained.

The data collection process was carried out over a four-week period during outpatient psychiatric consultations. The psychiatrist, psychologist, and research team collaboratively observed the child's affect, mood, and communication patterns during each session. Parental perspectives were also incorporated to strengthen data triangulation and enhance the credibility of the findings.

The main focus of data exploration included early-life stressors, such as experiences of bullying, emotional neglect, and negative parenting patterns that might contribute to depressive symptoms. Observational data were documented through field notes, which were then analyzed to identify recurring themes and behavioral patterns.

Prior to data collection, informed consent was obtained from both parents after explaining the purpose, process, and potential benefits of the study. The researchers ensured that all procedures complied with ethical standards for research involving minors, including maintaining confidentiality, anonymity, and psychological safety throughout the process. Emotional support was provided when sensitive topics arose during interviews, and referrals for continued counseling were ensured after the study concluded.

This methodological approach allowed for a rich, contextualized understanding of how family dynamics, parenting style, and social stressors intersect in shaping depressive symptoms in children, providing insights that may guide future family-centered interventions.

RESULT AND DISCUSSION

Case presentation

A 10-year-old boy exhibited notable emotional and behavioral changes. According to his mother, the child had become increasingly withdrawn, frequently cried alone, and avoided interactions with peers. These changes were observed following repeated incidents of bullying at school and high

academic pressure from his grandmother, who expected him to excel academically. The child reportedly felt uncomfortable at school due to these experiences.

An initial assessment was conducted using the Strengths and Difficulties Questionnaire (SDQ) to screen for emotional and behavioral concerns. The total difficulties score was 13, which falls within the normal range. However, subscale analysis revealed:

Emotional symptoms (E): 5 → Abnormal

Conduct problems (C): 0 → Normal

Hyperactivity/inattention (H): 3 → Normal

Peer problems (P): 5 → Abnormal

Prosocial behavior: 7 → Normal

Total Score : E + C + H + P = 13 (Normal)

Although the overall difficulties score indicates a normal range, two subdomains—emotional symptoms and peer problems—were in the abnormal range, suggesting the presence of internalizing difficulties. These findings align with the child's reported social withdrawal, emotional distress, and experiences of bullying and academic pressure. The results underscore the importance of early detection and intervention to support the child's psychosocial wellbeing, particularly in addressing emotional regulation, enhancing social support, and improving the school environment.

Early Life Stress and Children's Depression includes peer bullying conflicts, negative parenting styles, emotional, physical, and sexual abuse, lack of affection or involvement, family disputes, financial problems, family loss, criminality, unemployment, and parental psychological issues. All of which can increase the likelihood of developing symptoms of depression at an early age. Pressure in the period before the age of 11 has long-term negative effects, so early intervention is important for mental health prevention (Goodyer et al., 2016).

The family plays a central role in child development, encompassing responsibilities such as nurturing, educating, protecting, and preparing children for social interaction. Parental support is particularly essential in fostering positive expectations in children. The quality of parenting serves as a mediating factor that can protect against depression by providing emotional resources and encouraging mental well-being. A well-functioning, emotionally supportive family unit promotes psychological balance for all its members (Ong et al., 2021).

This case study demonstrates that early-life stress, such as peer bullying and negative parenting styles, can trigger the onset of depression in children. This finding aligns with Goodyer et al. (2016) and van Harmelen (2016), who reported that psychosocial stress experienced before the age of 11 has long-term negative effects on mental health. A history of adverse childhood experiences potentially increases the risk of psychological issues within an individual. Adverse childhood experiencesmay cause individuals to feel emotionally unsafe (Schiraldi, 2021).

A person's upcoming adolescence will be marked by major changes such as the need to keep up with the situation, the need to take advantage of physical and psychological changes, the need to

search for identity, and the need to establish new interactions, including the expression of emotional sexuality. In which the role of parents is needed as a support system. And the more positive quality of parents is one of the mediating relationships between individuals in having protective factors that have the potential to reduce depression and provide emotional resources that foster mental well-being (Waite & Ryan, 2020).

Additionally, this case highlights the significant role of family support in the recovery process of childhood depression. Emotional support from parents through responsive and loving parenting has been shown to enhance a child's sense of safety and comfort—key protective factors against psychological disorders (Schulman & Maul, 2019; U.N.I.C.E.F., 2022). Families with democratic communication patterns are more likely to protect children from excessive anxiety and stress (Sonartra, 2021).

The need for psychoeducation for parents creates a sense of security and comfort for children. In an effort to prevent psychological disorders from worsening or spreading (Cahyani & Putrianti, 2021; Hansen, 2023). Parental support for a child has positive expectations as a protective factor that has the potential to reduce depression (Maharatih, 2024; Nainggolan & Hamidah, 2019). The communication patterns used in the family circle affect children's mental health. Authoritarian-democratic communication patterns are very influential because they can make children more open and free to express the feelings they experience, so that children's mental health is protected from excessive stress and anxiety (Djayadin et al., 2020).

Psychoeducational interventions for parents have proven effective in enhancing the clinical progression, medication adherence, and psychosocial functioning of adults with depression. Additionally, these interventions support the implementation of clinical practices by guiding practitioners in how to communicate with adolescents and their families or caregivers about depression, future resources, interventions, and guidelines, while also raising public awareness of adolescent depression (Leman & Arjadi, 2023).

Psychoeducation for parents can be delivered through structured clinical sessions, community-based workshops, or school-based seminars, focusing on early recognition of depressive symptoms, positive parenting techniques, and emotional communication strategies. These programs are ideally facilitated by mental health professionals, such as psychologists or trained counselors, and are often conducted in small group settings or one-on-one consultations. Such structured interventions enhance parents capacity to provide emotional support and reduce stigma surrounding mental health issues.

Good family education instills values that serve as a foundation for children in developing mental resilience. When children grow up in a family environment that emphasizes empathy, communication, and emotional understanding, they acquire essential coping skills to face stress and external pressures. A resilient mindset allows children to adapt better to challenges, reduce emotional vulnerability, and foster positive self-concept. In addition, healthy family communication patterns encourage children to express their feelings and thoughts more effectively, which in turn helps prevent emotional depression and the development of depressive symptoms. As emphasized by Nurfalaq Syarif et al. (2024), parents play a central role in shaping children's emotional regulation by teaching them how to manage negative emotions, empathize with others, and maintain balanced reactions when facing difficulties.

Educating parents about childhood depression and effective coping strategies has proven to be a crucial element in promoting better mental health outcomes for children (Ayu Rianti et al., 2020; Bevan Jones et al., 2018). Through psychoeducation, parents can learn to identify early warning signs such as changes in behavior, loss of interest, or social withdrawal. Early recognition enables families to respond quickly and seek professional help before the symptoms progress. Family-based interventions also enhance the quality of emotional interactions at home by fostering warmth, openness, and non-authoritarian parenting. This allows children to feel safe and supported, which is essential for recovery from depressive states. Sari and Saleh (2022) highlight that responsive and affectionate parenting contributes significantly to the child's psychological well-being by reinforcing feelings of security and belonging.

Nainggolan and Hamidah (2019) emphasize that psychoeducation programs for parents serve not only as an educational process but also as empowerment tools that build parents' confidence in nurturing their children's mental and emotional health. By improving parental knowledge, especially in the first 1000 days of a child's life, parents become more sensitive to developmental cues and emotional needs. This early awareness contributes to long-term mental resilience, reducing the risk of depression and behavioral problems in later stages. Such psychoeducation interventions provide parents with the ability to create a nurturing environment that prioritizes emotional connection and open dialogue.

Meanwhile, Maharatih (2024) explains that childhood maltreatment and neglect are major factors leading to the onset of depression in later life. Experiences of maltreatment, whether physical, verbal, or emotional, can alter the child's cognitive appraisal of self-worth and safety. These negative internalizations, if not counterbalanced by family support, may develop into maladaptive beliefs and depressive thinking patterns. Therefore, a preventive family education approach should focus on eliminating harsh discipline and emotional neglect while promoting empathy-based parenting. The creation of a secure attachment between parents and children becomes a protective mechanism that mitigates the impact of trauma and builds psychological resilience.

Moreover, family education serves as an essential platform for teaching emotional intelligence, which directly affects how children manage interpersonal relationships. When parents consistently model constructive communication, children learn to resolve conflicts peacefully and maintain healthy friendships. This is particularly significant in cases where children experience bullying at school. Supportive family communication helps children articulate their distress, seek help, and regain confidence after traumatic experiences. Without this support, emotional isolation may worsen, leading to persistent sadness, hopelessness, and self-blame.

Integrating family psychoeducation into community and school health programs is also an effective preventive strategy. By engaging parents, teachers, and healthcare providers, these programs can establish early detection mechanisms for mental health problems among children. Collaborative approaches between schools and families strengthen protective factors and ensure that emotional issues are addressed comprehensively. A consistent communication channel between educators and parents helps identify behavioral deviations that may indicate emotional distress, thereby facilitating timely intervention.

Nevertheless, this study has certain limitations. The analysis was based on a single case, which limits the ability to generalize findings to broader populations. Additionally, no quantitative tools

were applied to measure the severity or progression of depressive symptoms. Future studies are recommended to involve a larger number of participants and adopt mixed-method research designs that combine qualitative insights with quantitative evaluation. This approach would provide a more holistic understanding of how family-based interventions and parental psychoeducation contribute to children's recovery from depression and help establish evidence-based frameworks for mental health promotion at the community level.

CONCLUSION

This case illustrates the significant role of supportive parenting in reducing depressive symptoms among children who have experienced difficult or stressful events early in life, such as bullying at school and insufficient emotional support within the family environment. When parents are emotionally present, responsive, and able to listen without judgment, they create a sense of safety that helps the child express feelings and gradually rebuild self-esteem. Such a parenting approach enables the child to process emotional pain in a healthier way, preventing the deepening of depressive symptoms and encouraging more adaptive coping behaviors.

Furthermore, this case reinforces that early recognition of behavioral changes in children is vital in preventing the escalation of mental health problems. When parents and educators can identify signs of sadness, withdrawal, or loss of interest at an early stage, appropriate intervention can be provided more effectively. The findings also affirm that parental psychoeducation programs focusing on emotional awareness, communication skills, and stress management are essential to enhance parents' capacity to support their children's psychological growth.

Ultimately, the outcomes of this study point to the importance of collaboration among parents, educators, and mental health professionals in building a nurturing and responsive environment for children. By implementing early interventions and strengthening family-based education, children who are exposed to adversity can develop stronger emotional resilience and a greater ability to adapt to challenges in their social and academic lives.

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