Family Maintaining Strategies for Preventing Relapse of Adolescent Depression in Low-Resource Settings: Evidence from Kisumu County, Kenya

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Abstract

Depression impairs the psychosocial functioning of adolescents and families. While it is treatable, available mitigations are inadequate. Guided by Walsh's Family Resilience Theory and Socioecological Theory, family-maintaining strategies for preventing relapse of adolescent depression in low-resource settings in Kisumu County were explored. Using an exploratory cross-sectional survey design, 198 parents of 10-19-year-olds who had been diagnosed with depression were selected through multi-stage sampling. Eight key informants comprising psychiatric mental health nurses, social workers, counselling psychologists, and clinical psychologists were purposively selected. Validity and reliability were ensured at thresholds of .88 and .80, respectively. Data were analysed descriptively and inferentially. Ethical considerations were addressed, with non-disclosure as a key priority. The study found that families maintained good family relationships (M=4.27), taught social skills (M=3.98), solved problems collaboratively (M=3.87), and celebrated members' achievements (M=3.87). Conversely, reservations were held concerning relocating adolescents (M=2.50). The study concludes that there is a weak and non-statistically significant relationship between family maintaining strategies and adolescent depression (r=.287, p=.223), implying that these strategies alone may not sufficiently predict adolescent depression. Thus, there is a need for the Ministry of Health, in collaboration with County Governments, to up-scale formulation and implementation.

Keywords: Adolescent, Depression, Family, Maintaining, Strategies, Relapse Prevention

Introduction

Depression is a major cause of illness and disability among adolescents (World Health Organization, 2024). It negatively affects their health, social relations, and academic performance (American Psychiatric Association, 2024). According to Zygouris (2024), it is also manifested in their indulgence in risky behaviours such as substance misuse, risky sexual behaviours, and their increased suicidality of up to thirty times higher than that of the general population. Moreover, primary carers may experience negative effects when taking care of depressed adolescents (Masunda & Maharaj, 2021; Phillips et al., 2023). Thus, it indicates that depression impacts individuals and family members as well.

In addition to depression significantly affecting the quality of life of adolescents, its treatment is very costly (König et al., 2020). This could be worse because adolescents with a history of depression are more vulnerable to having depression in adulthood (Henkens et al., 2022; Lawson, 2020; Nolan & Smyth, 2021). As further noted by Dunlop et al. (2019) and Pharris et al. (2023), the overwhelming impact of depression may be intensified by a relapse. This may increase suicidal risk and socioeconomic burden, highlighting the need to prevent relapse.

While the family plays a significant role throughout the care trajectory, according to Kuo et al. (2019), a resilience-focused family may help in preventing relapse. Gayatri and Irawaty (2022) also observed that this may be realized by creating daily practices of gratitude to foster family well-being and finding positive activities that family members can do together.

A study by Mastrotheodoros et al. (2020) found that high-quality parent-adolescent relationships are linked to a lower risk of depression. These positive relationships are essential for creating supportive family environments that help protect against depression. This is further supported by LaMontagne et al. (2023), who observed that less supportive family relationships, especially those marked by conflict, pose significant challenges to emotional regulation, leading to increased risk of depression. Additionally, Sandel (2022) pointed out that the modern obsession with goal-oriented achievement as a path to fulfilment can hinder true happiness, which is often derived from engaging in intrinsically meaningful activities. This situation is further complicated by adolescents' expectations for increased openness about contemporary realities and mental health awareness (Fabiś & Szarota, 2026).

Effectively managing depression promptly is essential; however, there is no "one-size-fits-all" treatment strategy (National Institute of Mental Health, 2024). This emphasizes the need for collaborative relapse prevention strategies. Such strategies could help address poor healthcare-seeking behaviour among adolescents. According to the Institute for African Population and Health Research Centre et al. (2022), less than 10% of adolescents experiencing depression in Kenya seek professional services.

The foregoing evidence shows that depression is treatable using psychotherapy and antidepressants. However, they are hardly accessible and usable by families. Therefore, this study explored the family maintaining strategies adopted to prevent relapse of adolescent depression in low-resource settings in Kisumu County. This could help save the workforce and social productivity of future generations, as further advanced in McGorry et al. (2022), who observed that more than 48% of adolescents with mental illnesses hardly complete high school. This predicts a possible high future dependency and unstable families.

Theoretical Framework

Family Resilience Theory, developed by Froma Walsh, highlights families' strengths and adaptive capacities when facing adversity, emphasizing the importance of utilizing existing resources (Gayatri & Irawaty, 2022; Walsh, 2021). As noted by Kasdi and Saifudin (2024), adaptation processes enable families to grow and protect themselves from challenges. This theory underscores natural healing by empowering families to solve problems (Zhu et al., 2023). Maurović et al. (2020) further noted that the interplay of individual, family, and community factors forms vital buffers, thus highlighting the complexity of resilience, which is hardly accounted for by Family Resilience Theory. To address this limitation, Urie Bronfenbrenner's Socioecological Theory was integrated, enhancing understanding of interactions among social context, adolescents, and family strategies.

Research Methodology

A convergent mixed-method approach and an exploratory cross-sectional survey design were adopted. This is recommended for health and social science problems due to the complexity of such phenomena (Dubey & Kothari, 2022).

The study was done in Kisumu County because, while it had the lowest disability adjusted life years at 2.06% among 15-49-year-olds, it also had the 5th highest deaths attributable to depression-related self-harm at 10.10% (Institute for Health Metrics and Evaluation, 2021). This contradiction suggests the possible existence of inadequacies in adolescent depression mitigation in Kenya.

Main respondents were parents of 10-to-19-year-olds diagnosed with depression during the study and within the preceding 12 months. This timeframe was chosen because these parents were more likely to accurately recall relevant experiences (Dunlop et al., 2019). Parents were considered ideal respondents since they share a strong psychosocial bond with their adolescents (Cardinalli et al., 2019).

From a target population of 6,598 adolescents diagnosed with depression between January 2024 and January 2025 in Kisumu County, Yamane's formula was utilized to sample 198 parents. Of these, 130 parents participated successfully. A multistage sampling method, incorporating purposive and proportionate sampling techniques, was employed to gain a deeper understanding of the lived experiences (Fox et al., 2023). The study purposively selected 8 key informants, who included counselling psychologists, clinical psychologists, social workers, and psychiatric mental health nurses, due to their expertise.

Closed and open-ended questionnaires were administered to main respondents to enhance the collection of in-depth data (Naz et al., 2022). At the same time, an interview guide was used to collect data from key informants (Harris & Brown, 2019).

Sociologists and Social Psychologists were involved in the development and validation of the instruments. To ensure face, content, and construct validity, expert analyses and panel reviews were done (Fox et al., 2023). A validity threshold of .88, which is higher than .70, which is recommended by Taherdoost (2016), was obtained. At the same time, research assistants comprising community health promoters were trained to ensure external validity (Thakur & Chetty, 2020).

Internal consistency reliability was tested, and a Cronbach's Alpha coefficient of .80 was obtained, which is greater than .70, indicating that the scale was adequate (Taherdoost, 2016). Thirty respondents were identified in Kisumu East Sub-County for piloting and were excluded during actual data collection. The pilot data were further analysed and used to inform review and modification of the instruments.

For a family to participate in the study, there had to be an adolescent aged 10-19, staying in the family, diagnosed with depression, and had disclosed it to the parent. The respondent also had to be a resident of Kisumu County, aged 18 years, and willing to participate in the study.

Quantitative data were computed into the Statistical Package for the Social Sciences version 27.0 and analysed descriptively using frequency counts, percentages, mean, and standard deviation. Inferentially, Pearson Correlation was used because assumptions for normality, linearity, and homoscedasticity were met. Quantitative data were presented using tables. Qualitative data were analysed thematically and presented verbatim.

The National Commission for Science and Technology license was obtained, alongside approvals from relevant authorities. Compliance with ethical considerations, comprising informed consent, anonymity, privacy, and confidentiality, was ensured.

Results and Discussion

After recovering from depression, there is a possibility of relapse. This is often costly, hence the need for families to prevent relapse.

Table 1: Family Maintaining Strategies in Preventing Relapse of Adolescent Depression

Item statement		**Rating**					**Mean**	**Std. Dev.**
		1	**2**	**3**	**4**	**5**		
Maintaining good relationships within the family	F	5	5	19	22	79	4.27	1.09
	%	3.80	3.80	14.60	16.90	60.80		
Teaching family members to relate well with others	F	7	8	22	37	56	3.98	1.16
	%	5.40	6.20	16.90	28.50	43.10		
Helping each other solve problems	F	5	9	28	40	47	3.87	1.12
	%	4.60	6.90	21.50	30.80	36.20		
Attending training to get more skills to prevent depression	F	20	15	20	27	48	3.52	1.47
	%	15.40	11.50	15.40	20.80	36.90		
Celebrating the achievements of family members together	F	5	15	25	34	51	3.85	1.18
	%	3.80	11.50	19.20	26.20	39.20		
Taking an adolescent to live elsewhere	F	53	14	27	17	19	2.50	1.49
	%	40.8	10.8	20.80	13.10	14.60		
Encouraging family members to share their thoughts on topics being discussed freely	F	11	9	31	37	42	3.69	1.23
	%	8.50	6.90	23.80	28.50	32.30		
Encouraging family members to take part in planning freely	F	7	14	25	35	47	3.81	1.21
	%	5.40	10.80	19.20	26.90	37.70		
Note: Never (1), rarely (2), sometimes (3), most of the time (4), always (5)								

Table 1 shows that 60.80% of the respondents agreed that "maintaining good relationships within the family" helped them to prevent relapse. This was supported by the highest mean rating at 4.27 and a low standard deviation of 1.09, indicating a strong agreement, which suggests that families prioritise internal harmony. This reflects a belief in psychosocial bonds as a buffer. This could be attributed to the perception that harmonious family social relationships may boost a sense of togetherness and reduce misunderstanding. This may help counter feelings of isolation, which may lead to relapse.

These findings are echoed by a respondent who stated that "…*we avoid things which make her sad or hurt her. Even her brother corrects her with love*…" (Respondent-001, 14/02/2025). These sentiments reiterate a commitment to an ongoing harmonious relationship within the family. The sentiments also reflect 'avoidance' to prevent possible triggers. A key informant also pointed out that,

"Good relationships between family members are important in preventing relapse of depression… The role played by the family is approximately 70-80% because it is they who offer social support and care, which is needed by adolescents who are having depression." (KII-004, 30/01/2025)

While underscoring ongoing good relationship maintenance in shielding family members from depression, the findings highlight its importance in maintaining optimal functioning. It also emerged that families employed psychosocial support techniques such as expression of love, spending quality time together, playing, and initiating open family discussions. Such nurturing behaviours were perceived to create safe spaces for family members.

Consistent with Dardas et al. (2018), cordial family relationships provide buffers for adolescents. This is because they prepare adolescents for life challenges (Koilybayeva et al., 2023). Moreover, positive family relationships may foster supportive connections, which enhance the relational health of families (Afifi et al., 2021). Similarly, Shi et al. (2023) observed that a relaxed, happier family environment with less parental control lowered the risk of depression. These perspectives agree with Family Resilience Theory, which emphasises that supportive family relationships are vital for helping families maintain optimal functioning averting relapse. They further emphasize the importance of the microsystem, as highlighted by Socioecological Theory; strong family bonds may help reduce vulnerability to relapse (Tudge et al., 2022).

Concerning "teaching family members how to relate well with others," Table 1 shows that 43.10% of the respondents indicated that it is always helpful in preventing relapse. This was supported by a high mean rating of 3.98 and a low standard deviation of 1.16, indicating strong agreement that a majority recognized the value of promoting social skills and empathy within families. This suggests a consensus that improving family social skills may have a positive ripple effect to safeguard families against relapse. The positive perception could also be because good social skills may help reduce conflicts and misunderstandings, which could be counterproductive in preventing relapse of depression.

These findings are echoed by a Key Informant KII-001, who mentioned that "… *peer-to-peer engagement makes adolescents freely discuss whatever they are going through with their agemates*…". These sentiments reflect the value of encouraging social interactions among peers as agents of socialization and helping families maintain optimal functioning. This greatly reduces vulnerability to relapse in depression. These findings suggest that teaching relational skills may help cushion families from life stressors.

The need to relate well suggests a strong perceived belief in the value of close attachment to society, which may be realised through establishing family rules and routines, as revealed by Masten (2021). Similarly, Koilybayeva et al. (2023) emphasized the importance of family values and traditions. These findings acknowledge that persons outside families may be valuable in their lives, an aspect that highlights the levels of social integration of a family within society. These underscore arguments put forth by Émile Durkheim (1858-1917) while highlighting the nexus between social factors and suicidality, where he observed that a low level of social integration within society results in 'egoistic' suicide. Boosted relational skills, consequently, may help boost social integration, hence lowering chances of relapse.

These findings agree with Mastrotheodoros et al. (2020), who found that parental guidance may help lower exposure to health risks. Gayatri and Irawaty (2022) and Lawson (2020) also observed that daily gratitude helps in fostering trust, cohesion, and happiness. However, it hardly captured how it could be utilized to help in relapse prevention.

In agreement with Family Resilience Theory, when family members learn how to relate well, they may develop broader social support systems. Teaching relational skills may thus help in creating protective social environments. Moreover, in line with Socioecological Theory, it may boost the relationships between the family and school. Consequently, it may build social capital, which could help lower vulnerability and help prevent relapse.

Table 1 shows that 36.20% of the respondents agreed that always "helping each other solve problems" enabled prevention of relapse. This was supported by a high mean rating of 3.87 and a low standard deviation of 1.12, suggesting that collaborative problem-solving is widely adopted in maintaining optimal family functioning. The findings could be attributed to an increased sense of social support among family members because of the feeling that there is someone in the family available to provide support. This may help in countering loneliness and withdrawal.

Collaborative problem-solving within families reflects mutual interactions at the microsystem. It may strengthen family bonds and provide support that buffers against relapse by fostering better interpersonal competence and social cohesion. Collaborative problem-solving among family members also reflects closely-knit familial bonds, which, as stated by Kasdi and Saifudin (2024), boost optimal family functioning.

Conversely, 21.50% of the respondents who sometimes perceived this construct as helpful imply that a significant population had both positive and negative experiences. This could be attributed to difficulties in accurately identifying triggers of adolescent depression, despite being available to offer social support. This inadequacy was evident when one of the respondents linked the trigger of depression to the light punishment meted out to an adolescent. However, with time, it emerged that loneliness and recollections of previous experiences at school had taken a toll on her, prompting her to take poison. Such lapses may cover up developmental stressors and challenges that adolescents undergo, which, as revealed by a Key Informant, KII-005, "… *if an adolescent is facing a problem but the family is not willing to help solve the problem, the situation may worsen…*". These sentiments reflect the willingness and capacity to offer knowledge-based support in cases of adolescent depression. These findings reiterate the importance of enhancing family capacity and boosting the knowledge base to accurately identify triggers. These echo sentiments of a key informant who said that,

"… you need to look for ways of getting their attention… reward, congratulate and appreciate the little good things they do… major on their strengths… give examples of those who were experiencing similar or worse challenges but are now better… this shows them that they are also able to come out of the situation…" (KII-002, 13/02/2025)

These sentiments underscore positive affirmations because they signify acceptance and acknowledge the family's capabilities. This may help in equipping them with skills to overcome stressors that may lead to depression. In addition to the inability to correctly identify triggers, perceived lack of supportiveness may be attributed to challenges families face while balancing supporting relapse prevention and striving to meet social obligations. Because of the multiple sacrifices made, they may perceive assisting each other in solving problems as an additional burden. For instance, one of the respondents mentioned that "… *sometimes I leave her and the father alone to do whatever they want, even if they hurt themselves… how will we survive in the family if I do not go to work*…" (Respondent-006, 30/01/2025). Similarly, one key informant noted that "…*most parents are often busy and hardly have time with their families*…" (KII-003, 14/02/2025). These reiterate the constraints in spending time with family and collaborative problem-solving because the psychosocial burden families endure may increase vulnerability to relapse.

These findings agree with Phillips et al. (2023), who noted that depression sometimes overwhelms even parents, prompting them to devise alternative ways to shield themselves from relapse. Nonetheless, in line with Family Resilience Theory, shared problem-solving may help strengthen family cohesion to help promote shared responsibility, thus diminishing isolation (Walsh, 2021). Similarly, from a Socioecological perspective, collaborative problem-solving supports positive interactions within immediate social settings (Tudge et al., 2022). These may ultimately help create a protective environment that lowers the risk of relapse.

Table 1 shows that 36.90% of the respondents indicated that "attending training to gain more skills" was supportive in preventing relapse. This was supported by a moderately high mean rating of 3.52, reflecting a moderately high level of agreement about the construct. These imply that families may be motivated to participate in training to maintain their optimal functioning. The slightly higher mean rating reflects a greater sense of relevance among families because of the fear that, in case of relapse, it might exceed their resilience capacity.

In contrast, the high standard deviation of 1.47 indicates significant variation in the responses. While most participants viewed the training as supportive, families had diverse experiences. The mixed reactions may result from factors such as the availability of such opportunities, the costs involved, and the cultural relevance of the training. Therefore, while a majority reported attending training on adolescent depression to prevent relapse, there is still significant variability in the perception of such training.

Qualitative responses further pointed to a possible disconnect between belief systems and life skills training, which may lower the viability of such efforts. These imply that family training alone may not significantly sustain optimal family functioning. Hence, there is a need to improve quality, frequency, contextual relevance, and access to services. One respondent mentioned that "… *After visiting the doctor, the child sometimes comes home when she is very tough-headed… they also tell her some things which I do not agree with …*" (Respondent-008, 31/01/2025). Similarly, a Key Informant indicated that "… *we do not rebuke their indigenous practices. Instead, we encourage them to use both… we also do not impose values or*

ideologies on clients …" (KII-006, 07/02/2025). This reflects sensitivity to sociocultural aspects, in line with Socioecological Theory, asserting the influence of exosystemic factors on healthcare-seeking behaviours.

Table 1 indicates that most respondents (39.20%) agreed that "celebrating achievements of family members together" was always helpful in preventing relapse. This was supported by a mean rating of 3.85 and a low standard deviation of 1.18, showing a positive view of this practice, suggesting that it may help boost social cohesion while families recognise its importance. This may be due to psychosocial reinforcement, because celebrating achievements reinforces self-worth and creates a sense of belonging.

Consensus on celebrating success suggests affirmation, which was highlighted by a key informant, who said that "*families should look for ways of getting the attention of adolescents… rewards, congratulating them, and appreciating the little they can do… that is, majoring on their abilities…*" (KII-002, 13/02/2025). These findings acknowledge the strengths and abilities of families. This concurs with Nolan and Smyth (2021), who affirm that collective family accomplishments may promote psychosocial well-being, hence preventing relapse. Nonetheless, while emerging evidence underscores distracting families from focusing on the depressive situation using positive sanctions, knowledge of the individual preferences calls for the need for more meaningful time spent with the family members to better understand one another, yet is hardly realizable in modern-day socioeconomic terrains due to the multiple social family demands.

Celebrating the achievements of family members reflects excitement and family support. This highlights strong social bonds, asserting observations made by LaMontagne et al. (2023). In line with Family Resilience Theory, such celebrations and family affirmations reflect shared family beliefs and a positive outlook because they help in building a sense of belonging. These factors significantly influence how adolescents interact in larger social contexts, as outlined by the Socioecological Theory. This may significantly help in preventing relapse.

Conversely, 19.20% of the respondents indicated that sometimes some families perceived such celebrations to be less significant in preventing relapse. This could be attributed to the perception that such celebrations could give an impression of a strong, well-bonded family, yet harbouring serious underlying issues that they are struggling with but prefer to keep private. They may fear that revealing these struggles could lead to shame, stigma, and ridicule. These findings agree with Brick et al. (2023), who noted that celebrating success may only help improve perceived social support and family well-being when it involves meaningful connection through intentional recognition of achievements. Furthermore, due to personality issues and individual goals, such celebrations may not be so valuable to the entire family if personal interests are unmet. This may also be evident when some individuals dislike publicity, which is often witnessed during celebrations. In some instances, such a celebration may be meant for another member of the family and not the one diagnosed with depression; hence, it may have less impact on them, an aspect also highlighted by Sandel (2022). These findings underscore the complex nature of depression. This underscores the need to invest in contextually viable family-maintaining strategies.

Table 1 shows that 40.8% of the respondents indicated that "taking an adolescent to live elsewhere" was never helpful in preventing relapse of adolescent depression. This was supported by a low mean rating of 2.50, suggesting moderate agreement on the helpfulness of the construct. This was also reflected in the

observation that 20.80% of the respondents indicated that they perceived the action as sometimes helpful. This variability indicates that this construct was greatly influenced by the social context.

The finding could be attributed to the likelihood that some families may adopt this practice as a last resort, due to financial strain, cultural reasons, or circumstances in which the trigger could stem from within the family. The finding could be because adolescents often rely on stable family relationships for psychosocial support and for shaping personality. Therefore, relocating them may disrupt their secure social bonds, leading to feelings of rejection and instability that increase vulnerability. This observation agrees with Gbadamosi et al. (2022), who attributed such vulnerability to stigma and misconceptions. Consequently, if the new environment lacks the psychosocial familiarity needed by adolescents, such changes may trigger a relapse. Moreover, as revealed by Masunda and Maharaj (2021), such actions may lead to stigma and be perceived as a parenting failure.

As evident in the study, disregarding the consequences of relocating adolescents diagnosed with depression can be linked to a weakened social fabric. Moreover, the increasingly individualistic nature of modern society often makes sending adolescents to live with another person seem like an added burden, and such actions can be perceived as avoiding responsibility for providing social support. Furthermore, depending on the underlying cause of depression, relocating an adolescent might subject them to unfamiliar individuals who may not understand their needs, forcing them to adapt to a new environment.

In line with Socioecological Theory, as pointed out by Tudge et al. (2022), disrupting an adolescent's immediate environment could destabilise essential social support networks and mesosystem connections, potentially increasing vulnerability rather than preventing relapse. Consequently, isolation may lead to feelings of rejection and an increased risk of relapse, aligning with the principles of Family Resilience Theory (Walsh, 2021). These findings, thus, advocate for collaboratively addressing challenges within the family to enhance the realization of optimal family functioning.

Conversely, the high standard deviation of 1.49 indicates high variability, suggesting that while some families perceived relocating an adolescent as counterproductive, other families were positive that it was supportive in helping prevent relapse. This perspective was restated by a Key Informant, who mentioned that "…*we sometimes encourage parents to take adolescents to live somewhere else, such as with relatives, if possible, to remove them from potential triggers that could come from within the family*…" (KII-005, 26/02/2025). These findings highlight the potential benefits of relocating an adolescent, while at the same time reflecting the theme of avoidance of stressors and identifying safe spaces for adolescents.

Culturally, among the Luo community, which is the main population residing in the study area, relocation could be encouraged when an adolescent becomes pregnant. A behaviour alluded to stigma and shame surrounding premarital pregnancies because it is viewed as setting a bad example. Such adolescents could be sent to stay with relatives, such as an aunt or a married elder sister, until they give birth. Therefore, a change in environment may help in dealing with stigma. Moreover, learning from such an experience may lower future chances of premarital pregnancies. These findings reflect the cultural grounding of sexuality and sexual purity, an aspect which is common among most traditional African communities, which showed great value for virginity as it brought pride to the family, as opposed to girls who were viewed as promiscuous, an aspect also observed by Otieno (2019). However, while such practices may disrupt primary social support systems, this contradicts both Family Resilience Theory and Socioecological Theory. These

perspectives assert that careful consideration is necessary regarding where to send an adolescent to prevent relapse of adolescent depression.

Findings presented in Table 1 indicate that 32.30% agreed that always "encouraging family members to freely share their thoughts on topics being discussed" helped in preventing relapse of adolescent depression. This was supported by a moderately high mean rating of 3.69 and a moderate standard deviation of 1.23, indicating a somewhat strong agreement that family discussions were open and that most members freely expressed their opinions. This could be because freely sharing thoughts could boost their self-esteem because of the belief that they are acknowledged, and there is confidence bestowed in them to be productive in the family. This aligns with the arguments of Talcott Parsons (1902-1979), underscoring the role of the family in socialization and shaping personality. If adolescents feel that they are allowed to share their thoughts meaningfully, they may develop a sense of acceptance and belonging, potentially boosting their self-esteem, as also noted by Zou et al. (2024). This may help in preventing relapse.

However, the moderate standard deviation of 1.27 indicates mixed reactions, which suggests the existence of family structures that may hardly allow free expression of thoughts. The findings conform to observations made by Oleshkevich (2020), where it emerged that some parents focus more on education and religion, while disregarding the psychosocial well-being of family members. This suggests that, despite having the freedom to share views during discussions, it may hardly address the psychosocial struggles adolescents face. Furthermore, the findings revealed a lack of strong attachment and effective communication, with empathy possibly only present in serious situations. This reflects a lapse in parenting marked by physical proximity but considerable psychosocial distance and detachment. This may explain why many families only discover that their adolescent was depressed after indulging in life-threatening risky behaviours or suicidal attempts. This is also attributable to preoccupation with increasingly individualistic societal demands.

These findings affirm the significance of meaningful communication in preventing relapse as a key aspect of the Family Resilience Theory. The ability to encourage family members to openly express themselves also reflects psychosocial safety and connectedness, which may be essential for relapse prevention.

From the Socioecological Theory's perspective, freedom to openly speak fosters belongingness. This may boost interpersonal skills necessary to navigate broader societal contexts. These findings underscore the need to strengthen consistent and inclusive communication practices within families to maintain optimal family functioning. These findings reflect a generational trend, where younger parents and older siblings are more open to dialogue and encourage freedom of expression, consistent with Fabiś and Szarota (2026.

Table 1 indicates that 37.70% of the respondents agreed that always "encouraging family members to take part in planning freely" was helpful. This was supported by a moderately high mean rating of 3.81 and a moderate standard deviation of 1.21, suggesting a moderately strong perception that many families practised inclusive planning and decision-making, though with mixed reactions concerning adoption of supportive and inclusive parenting styles.

Conversely, 19.20% indicated 'sometimes', suggesting that a significant number of families include members irregularly, possibly depending on the nature of plans, age, and cultural norms. This could be a reflection of isolated cases of authoritative parenting, which may be incorporated to balance guidance with

freedom. This trend could be attributed to the continued empowerment of families and awareness of children's rights as stipulated in Article 53 of the Constitution of Kenya of 2010, domiciled in the Children's Act of 2022.

These findings are reflected in traditional African societal families, where decision-making is often considered a reserve for elders. Despite provisions of various legal frameworks stipulating child participation as one of the rights of children, yet hardly realised in many families in low-resource settings. This could be due to the conservative nature of neglecting their social values. In such cases, adolescents may feel that decisions are still made for them, rather than with them, hence diminishing the value of participation.

These findings agree with Zhou et al. (2024), who pointed out that involvement in making family plans fosters responsibility and belongingness. Adolescents who participate in making family plans may feel valued and respected. This situation could be because of the beliefs that decisions made by parents are paramount and should be unquestioningly obeyed. They reflect the complexities of depression and its nexus with contextual factors. Furthermore, it emphasises the need for meaningful involvement of family members.

Similarly, Conger and Elder (2020) revealed that the solidarity culture of family life suggested that active participation of adolescents in family economies was highly valued in the face of constrained resources. However, the study did not outline how engagement in such a scenario may help in maintaining the optimal functioning of the family. Similarly, the findings are supported by Izenstark and Ebata (2022), who suggested that families who plan and engage in various activities together can foster closeness and thrive as a unit, which helps in maintaining optimal family functioning. However, the study focused on highly educated individuals who reside in high-income countries, which may not directly apply to a low-resource setting.

Encouraging family members to participate in making family plans aligns with Family Resilience Theory, as it suggests a resilient family process that promotes collaboration, ownership, responsibility, mutual respect, values, and empowerment. These attributes may strengthen psychosocial bonds and help in preventing relapse. Participatory planning reinforces a family's adaptive capacity, illustrating that decision-making is shared rather than imposed.

In line with the Socioecological Theory, inclusive planning within the family may foster engagement, empowerment, and social learning, thereby improving adolescents' self-worth as they feel heard and respected. Moreover, effective planning in the family boosts confidence and independence in social contexts.

The mixed reactions concerning the supportiveness of encouraging family members to freely participate in planning underscore the need to promote consistent, family-wide involvement in decision-making. Moreover, there is a need to explore ways to enhance the meaningful participation of adolescents in decision-making.

Relationship between Family Maintaining Strategies and Adolescent Depression

To establish a relationship between the family maintaining strategies for preventing relapse of adolescent depression, Pearson Correlation was used. Results were as presented in Table 2.

Table 2: Correlation between Family Maintaining Strategies and Adolescent Depression

Item statement	Adolescent depression	
	Coefficient	p-value
Maintaining good relationships within the family	-.205	.020
Teaching family members to relate well with others	-.165	.060
Helping each other solve problems	-.108	.222
Attending training to get more skills to prevent depression	-.154	.080
Taking an adolescent to live elsewhere	-.118	.182
Celebrating the achievements of family members together	-.057	.518
Encouraging family members to share their thoughts on topics discussed freely	-.100	.257
Encouraging family members to take part in planning freely	.149	.090
Overall correlation	.287	.223

As shown in Table 2, "maintaining good relationships within the family" showed a weak but statistically significant negative relationship with adolescent depression (r = -.205; p = .020). This suggests that better family relationships are associated with reduced chances of relapse of adolescent depression. This implies that such family environments may provide buffers to triggers, which, if not well managed, may lower optimal family functioning. This finding underscores the need for maintaining good family relationships.

Table 2 shows that "teaching family members how to relate well with others" showed a weak and negative relationship with adolescent depression (r = -.165). However, the borderline p-value of .060 indicates that there is insufficient evidence that teaching relational skills within families is associated with reduced chances of relapse. These could be attributed to difficulties in conflict resolution and communication, which are integral to relapse prevention.

As shown in Table 2, "helping each other solve problems", which is a key aspect of resilient family systems, demonstrated a weak negative and non-statistically significant correlation with adolescent depression (r = -.108, p = .222). This implies that, despite collaborative problem-solving being perceived as supportive in reducing the vulnerability of adolescents to relapse, there is insufficient evidence to support this observation.

The correlations between attending training to gain more skills and adolescent depression were weak, negative, and non-statistically significant (r = -.154, p = .080). This suggests that there is insufficient evidence to show that it may produce substantial changes in preventing relapse. These findings may be attributed to the content of the training programmes that may be insufficiently intensive and customised to influence the complex psychosocial dynamics involved in maintaining optimal family functioning.

Findings presented in Table 2 show that "celebrating family achievements together" had a very weak and non-statistically significant negative correlation with adolescent depression (r = -.057, p = .518). This indicates that, despite celebrating success perceived to be valuable socially, culturally, and symbolically, there is insufficient evidence to confirm that it may help to prevent relapse. This could be because

celebrating success often focuses on external validation, which may distract them from intrinsic motivation, yet fails to address the real problems families face.

The results presented in Table 2 indicate that "taking an adolescent to live elsewhere" was weak and negatively correlated with adolescent depression (r = -.118, p = .182). However, this correlation was not statistically significant, suggesting that there was insufficient evidence that it may be associated with improved capacity to prevent relapse. This could be because it may have unintended negative effects. That is, relocating an adolescent may be linked to heightened vulnerability to new stressors due to feelings of abandonment and rejection.

The study found that "encouraging family members to share their thoughts on topics being discussed freely" had a very weak and non-statistically significant negative correlation with adolescent depression (r = -.100, p = .257), suggesting that while open discussion within families was linked to better outcomes, there was insufficient evidence to confirm its perceived supportiveness. This suggests that talking alone may not be enough to help prevent relapse because meaningful discussions should incorporate aspects such as tone, empathy, and validation.

"Encouraging family members to freely take part in planning", as shown in Table 2, had a slight positive but non-statistically significant correlation with adolescent depression (r = .149, p = .090), indicating that while participation in planning and decision-making is associated with negative outcomes, there is insufficient evidence to confirm this relation. This could be attributed to the possible rejection and isolation of adolescents when participating in making family plans and decisions.

From the foregoing, the findings reflect the complexities involved in maintaining optimal family functioning. Hence, calling for cross-cutting and integrated measures instead of adopting only one perspective, and concerted efforts to improve knowledge about depression, and seeking social support to buffer families.

Conclusion and Recommendation

The study concludes that there is a weak and non-statistically significant relationship between family maintaining strategies and preventing relapse of adolescent depression (r = .287, p = .223) in the study area. Therefore, the study recommends that the Ministry of Health, in collaboration with County Governments, up-scale the formulation and implementation of a framework for training families in relational skills-building.

Declaration Of Generative AI And AI-Assisted Technologies in the Writing Process

The authors, while preparing this work, utilized Grammarly for refinement. After using this AI tool, authors carefully reviewed and edited the content as necessary and assumed full responsibility for the publication's content.

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MacDonald: Conceptualization, writing, reviewing, editing, methodology, data analysis, and discussions. **Wilson:** writing, review, methodology, and discussions. **Michael:** writing, review, methodology, and discussions.

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Declaration of Conflict of Interest

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

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