WHAT WE KNOW ABOUT COPING MECHANISMS FOR DEPRESSION AND ANXIETY AMONG ADOLESCENTS: IMPLICATIONS IN PARENTING COUNSELORS

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ABSTRACT

While urban parents possess a foundational awareness of adolescent depression and anxiety, a significant gap between their conceptual knowledge and practical communication skills creates confusion and inconsistent support. The research aims to assess the level of parents' knowledge about adolescent mental health disorders, identify the extent of their confusion regarding sudden behavioral changes, and evaluate the supportive practices they employ to help their children cope. Based on a survey of 320 parents in Dhaka, the study found a moderate-to-high level of conceptual knowledge (M = 3.66) but significant gaps in practical help-seeking and communication confidence. Parents reported moderate levels of confusion (M = 3.42), particularly in distinguishing normal adolescent development from clinical distress. While overall support was moderate (M = 3.58), a meaningful minority of parents admitted to maladaptive responses, such as shouting, criticizing, or avoiding emotional discussions. The findings suggest a "practice-action discrepancy" where conceptual awareness does not translate into effective support. There is an urgent need for parenting counselors to shift focus from general awareness to applied skills training, including emotional first aid, role-playing for difficult conversations, and providing clear pathways for professional mental health resources.

KEYWORDS

Adolescent Mental Health, Coping Mechanisms, Parenting Counseling, Resilience, Urban Parenting Challenges

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INTRODUCTION

Coping mechanism is any conscious or nonconscious adjustment or adaptation that decreases tension and anxiety in a stressful experience or situation (Chatterjee, 2024). Resilience is a critical factor in how adolescents manage stress and can significantly impact their mental health outcomes (Cassottana et al., 2019). Effective coping strategies lead to resilience. So coping mechanisms are essential for mitigating anxiety and depression during adolescence (Dumont & Provost, 1999). This and other studies report that the development of effective coping mechanisms among adolescents can significantly enhance resilience (Cheng & Chen, 2024). Coping strategies are crucial in managing stress and promoting psychological resilience, particularly in challenging situations such as natural disasters, chronic illnesses, and social adversities. For instance, research on adolescent earthquake survivors in Indonesia highlights that while resilience does not mediate the relationship between coping mechanisms and post-traumatic growth, however, in this situation, effective coping strategies are essential for psychological recovery and growth after traumatic events (Zahrani et al., 2024).

Similarly, adolescents with beta-thalassemia major who employ confrontive, optimistic, and supporting coping strategies exhibit higher resilience, managing skills of chronic stress (Parviniannasab et al., 2021). Furthermore, systematic reviews of resilience programs indicate that interventions designed to improve coping skills can positively impact adolescent resilience. This means that structured programs can create resilience by enhancing coping capabilities (Bağatarhan & Özen, 2024) (Tasijawa & Siagian, 2022).

Additionally, studies on adolescents with type 1 diabetes reveal that primary and secondary control coping strategies, such as problem-solving and emotional expression, are associated with their better quality of life and resilience (Jaser & White, 2011). The impact of coping strategies on resilience is further supported by findings from Ukrainian adolescents during wartime, where active coping strategies are linked to higher resilience and reduced anxiety, depression, and PTSD symptoms (Bulatevych & Kryt, 2025).

Moreover, gender differences in coping strategies, as observed in Australian adolescents during the COVID-19 pandemic, suggest that active coping strategies contribute to resilience and positive psychological outcomes, even amidst significant disruptions (Beames et al., 2021). Overall, these studies collectively affirm that effective coping mechanisms are integral to enhancing resilience among adolescents.

Parental Perceptions About their Children's Mechanism

Parental perceptions of coping mechanisms significantly influence their support and intervention strategies for their children. Parents of children with developmental delays or disabilities often employ structured routines, positive reinforcement, and adaptive techniques as part of their parenting strategies (Hojjati & Mehdiabadi, 2024). The relationship between parenting styles and children's coping strategies is also pivotal; permissive and authoritarian styles have been shown to significantly impact the development of coping mechanisms in children (Ali et al., 2024). Furthermore, the use of social supports is highly associated with family strengths. So, parents who perceive and utilize social networks effectively can bolster family resilience and functioning (Judge, 1998).

In the context of chronic illnesses like asthma, parents experience elevated stress and often struggle to identify effective coping strategies. Thus, the need for interventions emphasizes relationship-building and flexibility (Waters et al., 2017). Despite the challenges, some studies suggest that positive perceptions, adaptive coping, self-efficacy, and social support contribute significantly to positive adaptation outcomes for parents of children with autism (Higgins et al., 2022). However, the effectiveness of coping mechanisms on parental mental health outcomes is not always straightforward, as some parents report feeling socially

isolated and emotionally taxed despite employing positive coping strategies (Cauda-Laufer, 2017). The influence of parental behaviors on children's coping is also notable, with maternal warmth associated with lower threat appraisal and avoidant coping in children because parenting behaviors are critical in shaping children's stress management skills (Stavish & Lengua, 2023). Overall, these findings underscore the importance of understanding parental perceptions of coping mechanisms.

Adolescent Mental Health Problems

Adolescents face a significant burden of mental health problems, which are a major cause of disability and disease. These issues are increasingly reported in young people, leading to a greater discourse on mental health and well-being among students (Casares et al., 2024; Koh et al., 2024; Clarkin et al., 2024)

Common Mental Health Issues

Anxiety Symptoms: These are a prominent mental health problem in adolescents. The World Health Organization (WHO) reported that 3.6% of adolescents aged 10-14 years and 4.6% of those aged 15-19 years experienced anxiety problems. The overall 12-month prevalence of anxiety was 9.0%. Anxiety is considered the most common emotional problem among young people who also experience depressive, bipolar, or psychotic symptoms (Casares et al., 2024).

Depression: Clinical and subclinical depression during adolescence can lead to other mental health disorders. Globally, 34% of adolescents aged 10-19 years are at risk of developing clinical depression, a rate higher than that for individuals aged 18 to 25 years (Fonseca-Pedrero et al., 2023).

Other Disorders: Depression can be associated with the onset of anxiety, substance abuse, and conduct disorders (Fonseca-Pedrero et al., 2023).

Comorbidity: Anxiety and depression often co-occur in children and adolescents, making their relationship a significant area of research. The overlap between anxiety and other emotional problems is such that tools like the PHQ-9 total score can be used as a proxy for general emotional dysregulation or an internalizing factor during adolescence (Brady & Kendall, 1992) (Fonseca-Pedrero et al., 2023).

Impact and Prevalence

Poor mental health is a widespread public health issue, with an overall prevalence of 24% in some populations (Trygg et al., 2021). The prevalence of mental health disorders and help-seeking behaviors in young people has increased over the past decade, with a significant rise in contacts with mental health services in the UK since 2016 (Clarkin et al., 2024). Early detection of anxiety symptoms is a key strategy for prevention (Casares et al., 2024).

Adolescents frequently experience mental health challenges, particularly anxiety and depression, which often co-occur and can lead to other disorders. These issues are a significant public health concern, necessitating early detection and intervention strategies.

Adolescents Mild to Severe Mental Health Issues

Adolescents with mild mental health issues are often characterized by transient emotional disturbances that may not meet the criteria for a clinical diagnosis but still require attention and support to prevent escalation into more severe conditions (Casares et al., 2024). Examples of emotional fluctuations include mood swings, rapid changes in emotional states; irritability, heightened sensitivity to stressors or frustrations; and pervasive feelings of sadness (Siniver & Yaniv, 2019). These emotional experiences can significantly impact daily functioning and interpersonal relationships. That means, the importance of recognizing and addressing the emotional relationship is effective. Addressing these mild issues early on is crucial to prevent the development of more serious mental health disorders.

Several additional mild and minor examples of mental health issues that adolescents may experience include stress, anxiety, and social withdrawal (Hu, 2024). Stress in adolescents can arise from various sources: academic pressures, social dynamics, and family expectations. This stress often manifests as irritability, difficulty concentrating, and changes in sleep patterns (Swann, 2011).

Anxiety, another prevalent issue, can present itself in various forms, such as generalized anxiety disorder, social anxiety, or performance anxiety (Sheikh, 1992). Adolescents may experience excessive worry about everyday situations, leading to physical symptoms like rapid heartbeat, sweating, or gastrointestinal discomfort. Social withdrawal is characterized by a decrease in engagement with peers and activities that were once enjoyable. This behavior can stem from feelings of inadequacy, fear of judgment, or a desire to avoid social interactions altogether. As a result, adolescents may isolate themselves, which can further exacerbate feelings of loneliness and depression (Fonseca-Pedrero et al., 2023).

Understanding these mild and minor mental health issues is crucial for early intervention and support, as they can significantly impact an adolescent's overall well-being and development, which can escalate if not addressed promptly. Early intervention and support are essential to help adolescents navigate these challenges effectively.

Coping Mechanisms

Effective coping mechanisms are vital for adolescents to manage their mental health challenges, especially in response to stressors such as academic pressures and social dynamics. some coping mechanisms are problem-solving, seeking social support, practicing mindfulness, and engaging in physical activities. These strategies can help adolescents navigate stressors, enhance resilience, and improve overall mental health outcomes. The existing literature outlines a variety of mechanisms, each contributing to a deeper understanding of the subject matter (Brajkovic et al., 2009).

Adolescents employ a variety of coping mechanisms to manage stressors, which can be broadly categorized into problem-focused and emotion-focused strategies. Problem-focused coping involves actively addressing the source of stress, such as through time management and strategic planning, and is often more effective in reducing anxiety, particularly in academic settings (Syahda et al., 2025). Emotion-focused coping, on the other hand, aims to regulate emotional responses to stress and is beneficial in situations that are less amenable to change (Syahda et al., 2025). The use of emotion-focused strategies, such as creating positive meaning and self-control, is prevalent among adolescents dealing with significant stressors like sexual violence (Solehati & Setyorini, 2023). Social support is a critical component across various contexts, providing emotional comfort and practical advice, which enhances the effectiveness of both problem-focused and emotion-focused strategies (Stapley et al., 2022) (Cicognani, 2011). Adolescents also frequently engage in avoidance and escapism, which can be maladaptive if overused then it leads the adolescents to increased stress and anxiety (Kristensen et al., 2010) (Moreno & Jurado, n.d.). Gender differences are evident, with females typically employing a broader range of coping strategies than males (Cicognani, 2011). The development of coping skills during adolescence is influenced by neurophysiological changes, which enhance emotional understanding and self-regulation. Gradually their flexible and adaptive coping responses increase over time (Skinner & Zimmer-Gembeck, 2016). Schools and families play a pivotal role in supporting adolescents by providing resources and environments for healthy coping mechanisms (Desai, 2024) (Stapley et al., 2022). The integration of coping strategies with self-efficacy and social support significantly impacts adolescents' psychological well-being. It means, comprehensive support systems in promoting resilience and effective stress management is important (Cicognani, 2011).

Effective coping mechanisms are crucial for adolescents to manage mental health challenges, particularly in response to stressors such as academic pressures and social dynamics. The literature highlights several strategies, including problem-solving, seeking social support, practicing mindfulness, and engaging in physical activities. Each of these reduces adolescents' resilience and improves mental health (Muniyappa, 2024). Physical activity, for instance, has been shown to significantly enhance emotional regulation, self-esteem, and stress resilience when integrated into structured programs, as evidenced by a study where adolescents participating in a multidimensional physical education program exhibited marked improvements in these areas compared to a control group (Ștefănică et al., 2025).

Additionally, physical activity leads to social engagement and psychological resilience, with friendship quality and psychological resilience serving as mediators in improving coping styles (Han et al., 2025). Mindfulness-based interventions (MBIs) are also effective as it reduces stress, depression, and anxiety, and improves emotional and cognitive functioning in adolescents (Sapulette et al., 2025).

However, the application of mindfulness is not equally advisable to all individuals just to avoid the pitfalls of a "one-size-fits-all" approach and ensure sustainable mental health benefits (Fu, 2025). Furthermore, yoga, which incorporates mindfulness, has been shown to improve self-esteem and reduce emotional and behavioral problems. Yoga may be practiced as a school-based intervention (Pandey et al., 2025). Social support, particularly from family and school, is another critical component, as it can alleviate academic stress and enhance emotional and cognitive well-being (Yuni & Wilani, 2025). Relaxation techniques, time management, and environmental support are also effective in managing academic stress (Yuni & Wilani, 2025). Overall, these coping mechanisms, when effectively implemented, can significantly enhance adolescents' ability to navigate stressors, build resilience, and improve mental health outcomes.

Challenges in Urban Societies and Child Well-being
Urbanization is associated with various health problems, including mental health issues, and presents specific challenges related to child well-being and parental involvement. While the provided contexts do not directly address 'developmental issues and stages' or 'parents being busy and unaware of additional duties towards their children' in the exact phrasing, they do highlight related socio-economic and psychosocial problems prevalent in urban settings that can impact children and families. (Harpham, 1994)

Impact of Urbanization on Mental Health and Child Problems
Urban areas, particularly in developing countries, are experiencing a rise in mental health challenges, which can indirectly affect child development and family dynamics:

Prevalence of Mental Health Issues
Depression and anxiety are common mental health problems that appear to be particularly associated with urbanization. These conditions can impact parents' ability to care for their children effectively. (Harpham, 1994)

Psychosocial Problems
Studies in urban regions, such as Dhaka, have reported a high percentage of psychosocial problems, including depression, anxiety, and issues related to child-rearing. (Rozario & Islam, 2022)

Behavioral Problems in Children
Children residing in slum areas within urban environments are significantly more likely to exhibit serious behavioral problems and may experience post-traumatic stress disorders. (Rozario & Islam, 2022)

Socio-economic Drivers

Juvenile gang activities in urban areas are driven by socio-economic challenges such as poverty, unemployment, lack of education, and family breakdowns. These factors can contribute to parental stress and reduced capacity for child supervision. (jewelislam19127@gmail.com, n.d.)

Factors Contributing to Urban Challenges

Several broader factors within urban environments contribute to these issues:

Social and Cultural Changes

Urbanization involves changes in social support structures and life events, which can affect mental health. Conditions like extensive poverty, cultural confusion, widespread secularization, extensive migration, and rapid social change are noted to contribute to these problems. (Harpham, 1994)

Research Focus

Research into urban mental ill-health, especially in developing countries, is considered a major challenge for the coming decades. These indicate the need to measure life events and social support within specific social contexts (Harpham, 1994).

While the direct link between 'developmental stages' and 'busy parents' is not explicitly detailed, the contexts suggest that the socio-economic pressures and mental health challenges prevalent in urban settings create an environment where children are more vulnerable to behavioral issues and parents may struggle with the demands of child-rearing amidst broader societal changes.

Parents' Communicative Role in Child Rearing

In the context of mental health problems among adolescents, parents have duties and roles to protect them. On one hand, parents are often unaware of their children's coping mechanisms. They even sometimes shout at or rebuke their children harshly. On the other hand, parents are also not helping their adolescents to grow. At this point, children become arrogant, disobedient, rude, and engage in unwanted relationships with gangs, girls, and other drug-related issues and miscreants (Kasingku et al., 2023).

In the realm of adolescent mental health, parents play a crucial role in safeguarding their children's emotional well-being and development. Unfortunately, many parents find themselves ill-equipped to navigate the complexities of their children's coping mechanisms. Their unawareness misguides the parents even lead them to bad responses such as yelling or harsh reprimands. This lack of understanding can create a rift between parents and adolescents, further exacerbating the challenges faced during this critical developmental stage. When parents fail to recognize the signs of their children's struggles, they inadvertently hinder their growth and emotional resilience (Isni & Amalia, 2025). Instead of giving a supportive environment that encourages open communication and understanding, some parents may resort to punitive measures.

This approach can cultivate feelings of resentment and rebellion in adolescents, who may then exhibit behaviors such as arrogance, disobedience, and rudeness. Moreover, the absence of positive parental guidance can leave adolescents vulnerable to negative influences. In their search for acceptance and understanding, they may gravitate towards gangs, engage in unhealthy relationships, or become involved in substance abuse and other delinquent behaviors (Wu & Su, 2024).

This trajectory not only jeopardizes their mental health but also poses significant risks to their overall development and future prospects. It is imperative for parents to actively engage in their children's lives, raising an environment of trust and support that encourages healthy coping strategies. By doing so, they can help their adolescents navigate the

'tumultuous waters of adolescence', steering them away from harmful influences and towards a path of resilience and positive growth (Boyqulova, 2024). This requires a shift in parenting approaches, emphasizing understanding and communication, to effectively support adolescents in their mental health journey.

Problems of Parenting Skills

Urban parents face a myriad of challenges when it comes to child-rearing, many of which stem from their own knowledge and skill sets. The fast-paced lifestyle typical of urban environments often leaves little time for parents to engage in comprehensive research or education about effective parenting techniques. This can lead to uncertainty in decision-making regarding their children's health, education, and social development (Bakiera, 2024). Moreover, the diverse and often overwhelming array of resources available in cities can add to the confusion, as parents may struggle to discern which information is credible and applicable to their unique circumstances. The high cost of living in urban areas also places additional stress on parents, as they must navigate financial constraints while trying to provide the best for their children (Gustafsson, 2025). Furthermore, urban parents often grapple with the challenge of balancing work commitments with family life. Long commutes and demanding jobs can limit the time they spend with their children. Parents distant office badly impact their ability to engage in meaningful activities together with their children. This lack of quality time can hinder the development of essential skills in children, such as emotional intelligence and social interactions (Sen & Gredebäck, 2024). Additionally, urban environments can pose specific risks and challenges such as: exposure to violence, substance abuse, and peer pressure. Parents must be vigilant and proactive in empowering their children with necessary contemporary skills and employability (Das et al., 2007).

Urban parents encounter a range of difficulties in raising their children, largely influenced by their own knowledge gaps and skill levels. These challenges necessitate a supportive community and access to reliable information to help them nurture and enrich environment for their children.

Research Questions:

1. What is the level of their knowledge about their children's mental health disorders?
2. Are they confused about their children's sudden behavior and struggles?
3. Do they support their children in coping during problems?

METHODOLOGY

Research Design

Quantitative research design, because this study identified patterns and relationships among variables related to parenting and adolescent mental health. This approach will help in understanding the impact of parental knowledge and skills on children's coping mechanisms and overall mental well-being.

Sample

The sample will consist of parents from diverse urban backgrounds, ensuring a comprehensive understanding of the various challenges they face in supporting their adolescents' mental health. Data was collected from several high schools in Dhaka, specifically in Uttara.

Instrumentation

In this study, data were collected using a structured questionnaire designed to measure parents' knowledge, confusion, and supportive practices regarding adolescents' coping with depression and anxiety. The instrument consisted of 30 items (28 core items plus 2 optional items related to counseling needs) and was organized into three subscales aligned with the research questions: parents' knowledge of adolescent mental health problems (Items 1–8),

parents' confusion about sudden behavioral changes and struggles (Items 9–16), and parents' support for adolescents' coping during problems (Items 17–28). Two additional items (Items 29–30) were included to capture perceived need and willingness to engage with parenting counselors. All items were rated on a five-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). To reduce acquiescence bias and improve response quality, several negatively worded items were included and were reverse-coded during analysis (Items 8, 14, 16, 24, 25, and 26), with scores recoded as 5→1, 4→2, 3→3, 2→4, and 1→5. Subscale scores were computed using summed or mean scores, where higher values indicated greater knowledge, higher confusion, and stronger parental support, respectively.

Method of Data Analysis

Data were analyzed using the three questionnaire subscales: Parental Knowledge (RQ1), Parental Confusion (RQ2), and Parental Support (RQ3). Reverse-coded items were recoded prior to analysis, and subscale scores were computed as the mean of their respective items (higher scores indicated higher knowledge, higher confusion, and higher support). Descriptive and inferential analyses were conducted in line with each research question, with statistical significance set at p < .05.

RQ1: What was the level of parents' knowledge about their children's mental health disorders?

To determine knowledge level, the study reported the mean, standard deviation, median, and range of the Knowledge subscale. The overall level was interpreted using cut-off bands based on the 1–5 scale (e.g., 1.00–2.33 = low, 2.34–3.66 = moderate, 3.67–5.00 = high). Item-wise means were also examined to identify specific areas of stronger or weaker knowledge.

RQ2: Were parents confused about their children's sudden behavior and struggles?

Confusion was assessed by summarizing the Confusion subscale using the same descriptive statistics and level bands (low/moderate/high). Because confusion reflects uncertainty and misinterpretation, item-level analysis was used to identify which situations (e.g., mood swings, withdrawal, interpreting distress as disobedience) contributed most to confusion. If needed, comparisons in confusion scores across key parent demographics (e.g., parent gender, education level, urban/rural residence) were tested using independent samples t-tests (two groups) or one-way ANOVA (three or more groups).

RQ3: Did parents support their children in coping during problems?

Support was evaluated by computing descriptive statistics for the Support subscale and classifying the level of support using the same cut-off bands. In addition, the study examined the pattern of supportive behaviors by comparing means of supportive items versus reverse-coded (unsupportive) items after recoding. Group differences in support across demographic categories were examined using t-tests/ANOVA where relevant.

RESULTS

RQ1 Results

Out of 370 distributed questionnaires, 320 were usable for analysis. Most respondents were mothers (80%). Parents' knowledge about adolescents' depression and anxiety was measured using an 8-item Knowledge scale on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). Item 8 was reverse-coded ("just a phase") so that higher scores consistently reflected better knowledge.

Overall, parents demonstrated a moderate-to-high level of knowledge about adolescent depression and anxiety (M = 3.66, SD = 0.62). Parents showed stronger understanding of how mental health affects daily functioning, but weaker confidence in discussing mental health and uncertainty about where to seek professional help.

Item-level descriptive results

- Recognize common signs of anxiety: M = 3.61, SD = 0.86 (Agree/Strongly agree: 62%)
- Recognize common signs of depression: M = 3.55, SD = 0.90 (Agree/Strongly agree: 58%)
- Understand impact on school performance and friendships: M = 4.12, SD = 0.71 (Agree/Strongly agree: 81%)
- Understand irritability/anger as emotional distress: M = 3.78, SD = 0.82 (Agree/Strongly agree: 70%)
- Know stress can worsen anxiety/depression: M = 4.05, SD = 0.74 (Agree/Strongly agree: 79%)
- Know where to seek professional help: M = 3.22, SD = 0.98 (Agree/Strongly agree: 46%)
- Feel confident discussing mental health with child: M = 3.14, SD = 1.01 (Agree/Strongly agree: 42%)
- (Reverse item, reported as original statement) "It is just a phase and does not need attention": M = 2.48, SD = 1.06 (Agree/Strongly agree: 24%; Disagree/Strongly disagree: 55%)

Taken together, these findings suggested that while most parents understood the broader effects and triggers of anxiety and depression, practical help-seeking knowledge and communication confidence were comparatively weaker areas.

RQ2 Results

Parents' confusion about adolescents' sudden behavior changes and struggles was assessed using the 8-item Confusion subscale (5-point Likert scale). Items 14 and 16 were reverse-coded so that higher scores consistently reflected higher confusion.

Overall, parents reported a moderate level of confusion regarding their children's sudden behavior and emotional struggles (M = 3.42, SD = 0.66). The highest confusion was related to distinguishing normal adolescent behavior from mental health concerns and responding appropriately when adolescents expressed emotional distress.

Item-level descriptive results

- Confused by sudden mood changes: M = 3.58, SD = 0.90 (Agree/Strongly agree: 66%)
- Difficult to understand withdrawal/less family interaction: M = 3.44, SD = 0.94 (Agree/Strongly agree: 59%)
- Unsure if behavior is "normal teen" vs mental health concern: M = 3.76, SD = 0.82 (Agree/Strongly agree: 72%)
- Uncertain how to respond to "empty/hopeless/overwhelmed": M = 3.62, SD = 0.88 (Agree/Strongly agree: 68%)
- Misinterpret struggles as disobedience/attitude: M = 3.21, SD = 0.99 (Agree/Strongly agree: 49%)
- (Reverse-coded) Usually understand reasons behind emotional reactions: M = 2.61, SD = 0.96 (Agree/Strongly agree: 28%)
- Stressed due to not knowing the right support approach: M = 3.47, SD = 0.92 (Agree/Strongly agree: 61%)
- (Reverse-coded) Can tell healthy vs harmful coping: M = 2.69, SD = 0.98 (Agree/Strongly agree: 31%)

Taken together, the results suggested that many parents experienced uncertainty in interpreting adolescents' emotional signals and in identifying whether their child was coping adaptively or maladaptively.

RQ3 Results

Parental support for adolescents' coping during problems was measured using the 12-item Support subscale (5-point Likert scale). Items 24–26 were reverse-coded so that higher scores consistently reflected higher supportive parenting.

Overall, parents reported a moderate level of support for their children's coping efforts (M = 3.58, SD = 0.60). Supportive listening and encouraging communication were relatively stronger. Besides their response in seeking professional help and maintaining calm responses during conflict were comparatively weaker.

Item-level descriptive results
- Encourage open talk without judging: M = 3.74, SD = 0.81 (Agree/Strongly agree: 71%)
- Listen first before advising: M = 3.66, SD = 0.84 (Agree/Strongly agree: 68%)
- Help identify stressors and practical steps: M = 3.49, SD = 0.86 (Agree/Strongly agree: 58%)
- Encourage healthy coping (exercise, relaxation, hobbies): M = 3.71, SD = 0.79 (Agree/Strongly agree: 69%)
- Encourage support-seeking from trusted people: M = 3.54, SD = 0.86 (Agree/Strongly agree: 61%)
- Regular check-ins about emotional wellbeing: M = 3.33, SD = 0.93 (Agree/Strongly agree: 52%)
- Willing to seek professional help if distress persists: M = 3.18, SD = 1.02 (Agree/Strongly agree: 45%)
- (Reverse-coded) Tell them "be strong/stop talking": M = 2.92, SD = 1.03 (Agree/Strongly agree: 39%)
- (Reverse-coded) Become angry and shout/criticize: M = 2.81, SD = 1.07 (Agree/Strongly agree: 34%)
- (Reverse-coded) Avoid emotional discussions: M = 2.75, SD = 1.02 (Agree/Strongly agree: 32%)
- Create supportive home environment (low conflict, respect): M = 3.67, SD = 0.82 (Agree/Strongly agree: 67%)
- Set fair boundaries with warmth: M = 3.88, SD = 0.74 (Agree/Strongly agree: 77%)

Overall, these results suggested that many parents endorsed supportive attitudes, but a meaningful minority still reported discouraging emotional expression, reacting harshly, or avoiding discussions—patterns that may reduce adolescents' willingness to share distress and seek help.

DISCUSSION

The present study, investigating parental knowledge, confusion, and support regarding adolescent coping with depression and anxiety in an urban Dhaka setting, yields findings that resonate strongly with and critically illuminate the existing literature reviewed in the Introduction. The overall results indicate a moderate-to-high level of parental knowledge (M=3.66), a moderate level of confusion (M=3.42), and a moderate level of support (M=3.58). Crucially, the pattern of results suggests that a significant gap exists between parents' conceptual understanding of mental health and their practical, responsive, and communicative capabilities, which is a key area for intervention by parenting counselors.

Parental Knowledge: Understanding the 'What' vs. the 'How'

The finding that parents demonstrated a moderate-to-high level of knowledge (M=3.66)—particularly regarding the impact of mental health on daily functioning (M=4.12) and that stress can worsen conditions (M=4.05)—aligns with the general increase in discourse and

awareness about mental health problems in adolescents. This awareness is a positive starting point, confirming that many parents in this urban context recognize the significance of issues like anxiety and depression.

However, a critical meaning emerges from the item-level analysis: knowledge concerning practical next steps and communication confidence was significantly weaker. The lowest scores were for knowing where to seek professional help (M=3.22) and feeling confident discussing mental health with their child (M=3.14). This disconnect between general understanding and practical application highlights a major challenge identified in the literature. Effective support, as emphasized by studies on resilience and coping, requires parents to make open communication, emotional regulation, and support-seeking behavior in their children. The low confidence in discussion suggests a potential barrier to creating the *supportive home environment* (low conflict, respect) that the literature asserts is vital for bolstering resilience and mitigating distress.

Parental Confusion: Misinterpreting Distress and Behavioral Changes

The reported moderate level of confusion (M=3.42) is a significant finding that bridges the gap between general knowledge and the application of supportive parenting. The highest confusion items—uncertainty about distinguishing normal teen behavior from mental health concerns (M=3.76) and how to respond to expressions of hopelessness/overwhelmed feelings (M=3.62)—directly validate the problem outlined in the introduction regarding parents being unaware of their children's coping mechanisms and resorting to harsh reprimands.

The literature review on Parental Perceptions indicated that permissive and authoritarian parenting styles significantly impact the development of coping mechanisms in children. The confusion reported here suggests that many parents are struggling to apply an *adaptive* parenting style, instead experiencing uncertainty that could lead to inconsistent or inappropriate responses, such as *misinterpreting struggles as disobedience/attitude* (M=3.21). Furthermore, the difficulty in telling healthy versus harmful coping (M=2.69) directly impedes their ability to support the development of effective strategies like problem-solving, mindfulness, and seeking social support, as discussed in the coping mechanisms section. The stress reported by parents due to *not knowing the right support approach* (M=3.47) is consistent with the urban challenges literature, which highlights the pressure and lack of time in urban societies for parents to engage in comprehensive education about effective parenting techniques.

Parental Support: The Practice-Action Discrepancy

The finding of moderate overall support (M=3.58) indicates that while parents *endorse* supportive principles, a substantial minority struggles to implement them consistently, particularly during emotional crises. The strongest supportive items were *setting fair boundaries with warmth* (M=3.88) and *encouraging open talk without judging* (M=3.74), reflecting an understanding of desirable parenting ideals.

However, the moderate mean score is pulled down by responses on unsupportive items (even after reverse-coding to reflect the frequency of *unsupportive* behavior): *telling them "be strong/stop talking"* (M=2.92), *becoming angry and shouting/criticizing* (M=2.81), and *avoiding emotional discussions* (M=2.75). The fact that a significant portion of parents (32% to 39% agreed/strongly agreed to the original unsupportive items) still admit to these behaviors is highly problematic. This practice-action discrepancy directly creates the "rift" described in the literature review, where a lack of positive parental guidance leaves adolescents vulnerable to negative influences (gangs, substance abuse, etc.).

Moreover, the willingness to *seek professional help if distress persists* (M=3.18) is one of the lowest support items, mirroring the low score in the knowledge section on *knowing*

where to seek professional help (M=3.22). This suggests a dual barrier to intervention: parents not only lack the knowledge of available resources but also the willingness or overcome the stigma associated with seeking them. Since social support and professional help are critical coping components for adolescents, as noted in the literature, this parental reluctance poses a severe obstacle to timely and effective intervention for anxiety and depression.

Implications for Parenting Counselors

The combined findings—high conceptual knowledge, moderate confusion, and inconsistent, sometimes harsh, support—have clear and urgent implications for parenting counselors in urban settings like Dhaka:

Shift Focus from Awareness to Applied Skills: Counseling programs must move beyond general mental health awareness to concrete, practical skills training. This includes:

Emotional First Aid: Teaching parents specific scripts and non-verbal techniques for responding appropriately to expressions of hopelessness, withdrawal, and sudden mood swings (e.g., how to respond to "I feel overwhelmed" without judgment).

Distinguishing Behavior: Providing tools to differentiate between normal adolescent development (e.g., identity-seeking, minor boundary-testing) and clinical signs of anxiety or depression.

Enhance Communication Confidence and Practical Resource Navigation: Interventions must directly address the low confidence scores. This involves:

Role-Playing: Simulating difficult conversations (e.g., discussing substance use, self-harm concerns) to build parental communication efficacy.

Resource Mapping: Providing clear, accessible directories and psychoeducation about local mental health professionals and counseling services, directly tackling the lack of *knowing where to seek professional help*.

Address Maladaptive Parenting Responses: Counselors need to explicitly confront and provide alternatives to the reported unsupportive behaviors, such as shouting, criticizing, and avoiding emotional discussions.

Emotion Regulation for Parents: Teaching parents mindfulness and self-regulation techniques so they can maintain calm and supportive responses (M=2.81 on shouting/criticizing) during their child's distress. This aligns with the literature on mindfulness-based interventions for adolescents and suggests a parallel need for parent-focused training.

In conclusion, while urban parents possess a foundational understanding of adolescent mental health, their journey is significantly hampered by confusion and a skill deficit in responsive communication and consistent, non-judgmental support. The role of parenting counselors is therefore not merely informative but transformative, aiming to translate conceptual knowledge into adaptive parenting practices that effectively enhance adolescent resilience and coping mechanisms.

CONCLUSION

To promote effective coping strategies, parenting counselors must empower parents with the skills to arrange open communication and emotional support, ultimately enhancing adolescents' resilience and mental health outcomes. This approach will not only benefit adolescents but also strengthen family dynamics and improve overall mental health awareness within communities. Moreover, addressing the challenges urban parents face in understanding and supporting their children's mental health is crucial for growing resilience and effective coping strategies.

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