

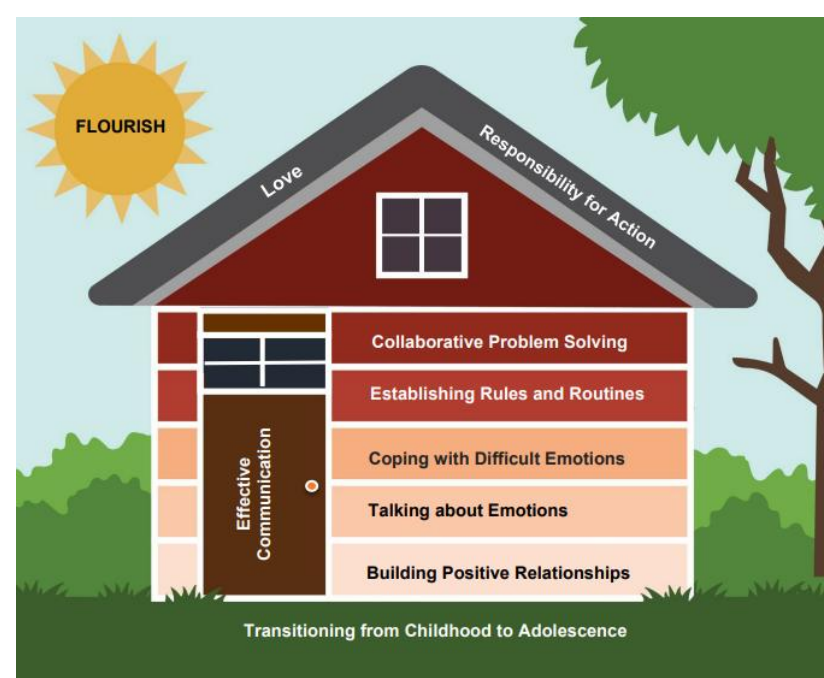
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Introduction

- ▶ Adolescence is a critical developmental period that significantly impacts mental health and family wellbeing. Adolescents in low-resource settings face even greater vulnerability, where overlapping risk factors like poverty, violence, and harsh parenting increase the likelihood of emotional and behavioral problems.
- ▶ The parent-adolescent relationship is increasingly vulnerable during adolescence. Parenting for Lifelong Health is an accessible family-based program for parents and adolescents that aims to enhance positive parenting skills, foster nurturing relationships, and reduce the risk of dysfunctional parenting practices in low- and middle-income countries.
- ▶ The aim of the current research was to provide preliminary findings on the feasibility of the family-based program in improving the mental health and wellbeing of both adolescents and caregivers in North Macedonia.

Materials and methods



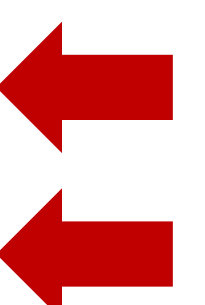
The study employed a pre-post feasibility design. The family-based program was locally adapted to enhance family relationships, reduce parental stress, improve emotion regulation, promote problem-solving skills and effective parenting behaviors in order to support parent and adolescent mental health and wellbeing. The program was composed of six group sessions, delivered once per week by trained facilitators. Data was collected at baseline and immediately after program delivery on adolescent and caregiver mental health and family functioning.

Results

A total of 34 parent and adolescent dyads participated in the study. Attendance rates were high, with 88% of families attending at least one group or a catch-up session. The participants showed low levels of mental health symptoms at baseline, leaving little room for improvement. Among caregivers, there was a significant reduction in reports of adolescent internalizing behaviors ($d=0.39$) and a significant improvement in overall family functioning ($d=0.42$). While the caregiver-reported outcomes appeared promising, changes in adolescent-reported measures were not significant.



	Pre-test		Post-test		<i>p</i>	<i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Adolescent report						
YSR Internalizing behavior	48.00	10.07	50.90	13.56	0.124	0.24
YSR Externalizing behavior	47.09	8.05	48.41	9.89	0.317	0.15
CPA Parent-child communication	31.67	9.34	31.37	9.94	0.595	0.03
Parent report						
CBCL Internalizing behavior	54.31	12.39	49.82	10.69	0.004	0.39
CBCL Externalizing behavior	52.62	11.90	50.20	10.06	0.067	0.22
FAD Family functioning	1.95	0.42	1.77	0.43	0.010	0.42
PHQ Psychological distress	4.48	3.81	3.65	3.04	0.074	0.24



Conclusion

This study provided some notable preliminary findings on the impact of family-based programs on adolescent mental health. While the parent-reported outcomes showed promise, the pre-post changes in adolescent-reported mental health worsened but were nonsignificant. Such results may reflect a period of family adjustment after participation. Adolescents may have provided socially acceptable responses at baseline, while at post-assessment they reflect greater openness regarding challenges due to heightened awareness and sensitization. Also, adolescents and caregivers may perceive adolescents' behaviors differently. This may point to gaps in effective communication among parents and adolescents, and highlights the need to target parent-adolescent interactions as potential moderators of change in parenting programs. Hence, the study informs on the complex dynamics of family systems and the feasibility of family-based programs in low- and middle-income countries, for which further research is needed.