



Relationship between Family Functioning and Adolescent Depression: A Mediating Role of Self-Esteem and Peer Relationships

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ABSTRACT

The purpose of this research analysis was to investigate adolescent depression connections to family functioning along with investigating how self-esteem and peer relationship influence these relationships. A data collection process was done from equal numbers of male and female adolescents. The research data collection took place in schools and colleges of Pakistan's 4th and 9th populous cities Rawalpindi and Islamabad. The Family APGAR index controls family functioning while the Rosenberg self-esteem scale and Peer relationship scale for children and adolescent and 11 items Kutcher adolescent depression scale (KADS-11) are the data collection instruments applied to the chosen sample. This study followed a quantitative and correlational pattern so convenience sampling techniques were appropriate. The study results revealed minimal relationship between family functioning and adolescent depression. The evaluation showed self-esteem created a powerful indirect association between family functioning and adolescent depression ratings. The research results demonstrate that self-esteem serves as a partial mediator which links peer relationships to adolescent depression. The study results demonstrate how family interactions matter while self-esteem combined with peer emotional backing determines adolescent mental health status.

Introduction

A depressive state confronted by individuals drives them toward complete apathy toward typical activities at the same time making it hard to concentrate on anything. Depressed individuals commonly show physical manifestations because their bodies become tired and their eating habits and sleep habits change (World Health Organization, 2017). Teenage depression causes severe consequences for adolescent growth that leads students toward missing classes and behavioral disorders as well as drug use tendencies and suicidal thoughts (Li, 2022). The requirement for specialist help becomes critical at the instant depression occurs (Johnson et al., 2018).

Patients develop depression-related symptoms if their family functions poorly based on the research by Cheng et al. (2022). The progress and development of depression depends strongly on family interactions (Soykan, 2016). Knowledge about how self-esteem and peer relationships with individual characteristics influence health is vital for exploring adolescent depression (Bronfenbrenner 1989).

Individual personality characteristics and features serve as fundamental elements that cause depression to emerge in adolescents. The evaluation of personal worth comes through self-esteem despite Rosenberg (1965) creating this definition initially. Minimal self-esteem stands as a depression vulnerability element according to medical reports which serves to direct depression formation.

The reported studies confirm that depression forms by combining direct interpersonal connections with personal psychological processes (Orth et al., 2008). Research findings by Franck et al. (2007) show an association between self-esteem and depression along with how Peng et al. (2021) found future depressive symptoms and depression-related psychological inflexibility interact within individuals.

Family functioning describes the successful manner in which families address basic requirements through resolving member conflicts. The domain under which family system operations work focuses on successful collaboration as per Jona et al. (2017). Studies prove that family conflicts cause depressive symptoms to appear among members. Family system theory shows that well-functioning families create beneficial effects on each member that help prevent depression along with decreasing psychological and conductual problems (Beavers 2000).

Multiple studies show low self-esteem functions as an indicator for adolescent depression yet depression expresses itself differently in each individual with low self-esteem (Orth et al., 2008). Cohen (1985) explained peer relationships exist as one likely cause of these research findings. The merging of low self-esteem creates elevated stress for people. Research indicates that young people who have positive friend connections succeed in lowering their depressive symptoms because these friendships alleviate the unwanted impacts of low self-esteem (Rueger et al., 2016).

The development of core self-evaluation receives positive effects from strong peer relationships (Dong et al., 2022) which strengthens positive self-concept and improves emotional regulation (Wang, 2006). It can also reduce the combination of social withdrawal behavior treatment together with a weakened association between negative self-perception and adolescent depression occurs. Positive peer connections establish important foundations for both mental and intellectual growth in young adults (Dong et al., 2022).

The main goal of the research project "Relationship between Family Functioning and Adolescent Depression" aims to study prospective linkages between family relationships and adolescent depression using longitudinal methods. The study analyzes the variables of family support and family conflict due to their extensive evaluation in previous cross-sectional research studies. The study will conduct a multi-sample investigation to determine whether gender differences exist between the relationship between bad family relations and depressive symptoms.

The study will assess family functioning and adolescent depression relationships using multiple respondent measures to reduce reporting biases and underestimate inflation errors (Patterson, 1993). The study named "How Parenting and Parental Behaviors Impact Adolescent Depressive Symptoms" established that teenage depression may stem from parental depression together with marital problems and particular parenting behaviors. Research findings demonstrate that the way parents support their children and exercise psychological control forms the basis for explaining mood differences among adolescents. A positive perception towards parental support from adolescents leads them to view themselves as capable individuals who can handle challenges effectively (Patterson, 1993).

The risks associated with adolescent depression include elevated chances of developing suicidal thoughts and behaviors which can occur in the adolescent period. Adolescent depression heightens the probability of both unsuccessful suicide attempts as well as successful self-inflicted deaths in adulthood. Other problems commonly appear alongside adolescent depression which consists of substance abuse combined with anxiety disorders together with disrupted behaviors and social difficulties alongside academic decline. The experience of depression during teenage years raises the probability that a person will develop major depression in both their adolescence and adulthood period.

The health of adolescents depends significantly on interpersonal relationships because they function to reduce negative consequences from low self-esteem. Social support from peers functions to reduce stress for people who experience low self-esteem through the stress buffering model of social support which results in better emotional control and a stronger positive self-image (Rueger et al, 2016). Peer relationships with high quality can boost core self-evaluations which create positive self-views and decrease social isolation behaviors (Dong et al, 2022). Positive peer connections reduce the connection between poor self-perception and adolescent depression which leads to better emotional and cognitive functioning in young adults (Wang, 2006). The supportive environment that positive peer relationships provide serves as a fundamental force for promoting good adolescent development.

Investigating the time-dependent relationships between family functioning and adolescent depression represents the main objective of the research project titled "Relationship between Family Functioning and Adolescent Depression." The investigation considers the relationship between family support and family conflict.

The paper analyzes two fundamental family attributes through multiple cross-sectional study analyses. The current research approves a multi-sample design to check if family relations affect depressive symptoms differently between male and female adolescents. The study uses a multi-respondent assessment technique to reduce measurement bias and variance blanks due to individual reports (Patterson, 1993). Research studies on the relationship between parenting techniques and parental effects on adolescent depressive symptoms show that depression within parents and marital conflicts alongside particular parenting behaviors lead to adolescent

depression. Research findings show that parental support along with psychological control act as essential elements which explain why mood differs among adolescents. Clusters of supportive parents create self-perceptions of competence in adolescents because they view their parents as supportive according to symbolic interactionist perspectives.

Several serious effects arise from adolescent depression and they significantly heighten suicide risk and their associated dangerous consequences during young adulthood. Early intervention supports become mandatory because adult life suicide risks and increases of attempted suicide directly result from adolescent depression. Other issues form a cluster under adolescent depression which integrates with substance abuse and anxiety disorders and triggers disruptive behaviors and social skill deficiencies and academic deterioration for increased mental health risks. The probability is high that adolescents with depression will eventually get diagnosed with adult depression at either hospital medical centers or their neighborhood environment.

The existing situation demands both strong preventive measures and therapeutic solutions to address the problem. The results show adolescent depression disrupts social connections and damages emotional control and affects cognitive advancement so the problem needs full resolution. Despite existing evidence about adolescent depression in Pakistan we need more research on depression experiences through family dynamics because families strongly affect psychological health of adolescents. The research analyzes how self-esteem and peer relationships act as connecting elements between family functioning and adolescent depression and it investigates peer interactions that lead to depression development. According to studies both social support and mental health results directly depend on self-esteem. That is why social support stands as an essential factor. The study outcomes will enhance our understanding of adolescent depression development by understanding self-esteem effects and peer relationships together with family processes to create successful prevention programs. The study identifies how Pakistani adolescent culture influences depression along with their family dynamics and friendships.

Family functioning and adolescent depression

Family functioning strongly affects adolescent depression because it shows how families manage their needs together with resolving conflicts (Jona et al., 2017). The circumplex Olson (2000) created the marital and family systems model that provides a detailed framework to evaluate three core components namely cohesion and flexibility with communication (Olson et al., 2019). Family cohesion stands for a model used by families to create emotional ties which result in a feeling of bonding at both the individual and systemic levels. Family flexibility depends on steady maintenance of stability when members need to adjust to new circumstances through their stable and flexible capacity. Through improved communication methods family members can maintain cohesion along with flexibility when they handle conflicts along with emotional expression and responsibility negotiation (Olson et al., 2019). According to research (Sheeber et al., 2018), families that maintain solid cohesion along with flexible dialogue design protective elements against teen depression yet family dysfunctions increase adolescent depression risks. The study investigates depression in teens and family relationships to develop therapeutic programs that unite families and shield adolescents from depression (Sheeber et al., 2018).

Many studies prove through both theoretical and empirical evidence that family dysfunction generates adolescent depression so the family system theory functions as a key principle for understanding this condition. A positive family system configuration drives member psychosocial

responses and behavior into enhanced performance which decreases emotional and behavioral issues (Beavers 2000). Family cohesion, in particular,

Positive emotional support in families produces a supportive climate that helps reduce depression in teens and multiple forms of emotional suffering. Family ability to change allows youth to create resilient mental health systems through better response and improved wellness (Nam et al., 2016). The use of positive communication techniques reduces family conflict and strengthens their adaptability and cohesion which provides adolescent mental health protection through supportive environments (Yee, 2017). The research investigates family functioning patterns to create interventions that develop healthy connections and decrease young adult potential for developing depression (Yee, 2017).

Multiple research studies confirm that family interactions deeply influence adolescent depression triggers since their results show clear links between these factors (Shao et al., 2020). Studies indicate that depression risk decreases when families establish strong connections because family cohesion demonstrates a meaningful negative relationship to depression (Kashani 2020). Research studies demonstrate that family adaptability and communication play essential roles in adolescent depression development since poor adaptability and inadequate communication lead to depressive symptom emergence (Gladstone, 2017). The findings received additional support from recent meta-analysis work demonstrating that dysfunctional family relations create a direct link to depressive symptoms.

The research explores family functioning as one of the primary indicators for individual depression according to Guerrero (2021). This study examines the intricate relationship of family dynamics with adolescent depression to establish helpful treatment methods which support healthy family bonds while fighting adolescent depression risks (Guerrero, 2021).

The mediating role of self-esteem

The development of adolescent depression depends on self-esteem because this variable plays an essential function as a mediation link between depressive symptoms. Rosenberg (1965) established self-esteem as based on personal value thoughts which leads to depressive disorders. According to the vulnerability model of depression low self-esteem serves as a depression risk element that employs two different pathways to generate depression through negative feedback seeking behaviors and social retreat with subsequent internal processes (Orth et al., 2008). Researchers from multiple studies establish that self-esteem relates to depression within its present state as well as forecasting depression risk through implicit self-esteem measurements (Franck et al., 2007) along with initial low self-esteem serving as a prime depression cause (Steiger et al., 2014) and self-esteem shows direct relations to depression through psychological inflexibility (Peng et al., 2021). The research applies self-esteem as an intermediate variable which explains family-based impact on adolescent depression while building knowledge regarding associated elements.

The research investigates each variable that leads to adolescent depression according to Peng et al., 2021. Development of adolescent self-esteem faces obstacles because specific cultural aspects emphasize family bonds instead of other priorities (Bradshaw, 1996). According to the circumplex model families who share strong cohesion develop stronger self-esteem through emotional support systems in addition to nurturing open environments which results in stable self-esteem development conditions (Olson et al., 2019). The research data demonstrates self-esteem directly improves communication behavior through both emotional interactions and warm exchanges as

well as problem-solving dialogues which require clear family rules (Liu, 2018). Research from Mao et al. (2015) confirms that self-esteem establishes major positive relationships with family cohesion and adaptability dimensions. The breakdown of family functioning lowers teen self-esteem while simultaneously developing depressive symptoms (Guerrero et al., 2021) according to Yen et al (2013). Research from Shi et al. (2017) revealed that beneficial family systems have a positive effect on adolescent self-esteem so as to reduce such mental health risks. Research evidence confirms self-esteem serves as an essential linking variable between family functioning systems and mental health results (Kaveh et al., 2020). The outcome of this study investigates the complex relationship between parental performance and adolescent self-perception as it relates to depressive symptoms to establish family-centered therapeutic methods (Kaveh et al, 2020).

The mediating role of peer relationships

The research demonstrates that peer relationships provide core information about how low self-esteem leads to adolescent depressive symptoms. The study conducted by Orth et al. (2008) confirms that low self-esteem acts as one of the known determinants for adolescent depression but it does not lead to equal depression levels between individuals with matching self-esteem. Social conduct patterns among young people determine the probability of depressive symptoms developing. The tests used to measure stress in psychology have a direct impact on the extent of low self-esteem according to Cohen (1985). The positive peer interactions experienced by low self-esteem adolescents act as stress buffering model components which minimize their stress levels and enhance their mental health (Rueger et al., 2016). Peer relationships serve as protective mechanisms to low self-esteem by minimizing negative impacts of poor self-image and stopping depression from occurring. The researchers studied how peer relationships serve as essential instruments to determine depression sources in adolescents while creating successful intervention programs based on peer advantages (Rueger et al., 2016).

Developmentally equivalent people create peer relationships through equal horizontal communication networks (Zhou et al., 2015). Young individuals undergo developmental transformations that create peer relationships integral for supplying both emotional and social support to adolescents. Zhang (2011) explains that peer relationships give essential information along with emotional support and guidance values (Schwartz et al., 2010) which protects against depression and victimization (Sanders, 2018). The emotional health of teenagers develops better through peer relationships as peers create emotional wellness by allowing acceptance while building emotional understanding with adolescents. This research explores adolescent peer relationship behavior to measure its impact on adolescent mental health support (Sanders, 2018).

Research Methodology

Problem Statement

To find out the relationship between family functioning and adolescent depression and a mediating effect of self-esteem and peer relationship.

Objectives

Following will be the objectives of current research

- To find out the relationship between family functioning and adolescent depression.

- To find out mediating role of self-esteem between family functioning and adolescent depression.
- To find out the mediating role of peer relationship between self-esteem and adolescent depression.

Hypothesis

Following are the hypothetical statement of current study

H1 There will be a significant correlation between family functioning and adolescent depression.

H0 There will be no significant correlation between family functioning and adolescent depression.

H1 There will be a significant mediating role of self-esteem between family functioning and adolescent depression.

H0 There will be no significant mediating role of self-esteem between family functioning and adolescent depression.

H1 There will be a significant mediating role of peer relationship between self-esteem and adolescent depression.

H0 There will be no significant mediating role of peer relationship between self-esteem and adolescent depression.

Sampling size

The research project consisted of two stages where the pilot study came first while the main study followed. The experiment utilized fifty students where twenty-five students were female and twenty-five students were male for the pilot phase and three hundred students completed the main phase (one fifty were females and one fifty were males).

Sampling technique

Sample of adolescents were collected through convenience sampling technique.

Inclusion criteria

The study examined the connection between family functioning and adolescent depression and the intermediary functions of self-esteem between the variables using resident data from Islamabad and Rawalpindi. Data was collected from adolescents i.e from 13 to 18 years old.

Exclusion criteria

The research excluded participants who lived outside Islamabad and Rawalpindi as well as both less and more mature individuals than 13 and 18 years old respectively.

Data collection procedure

The researchers distributed demographic sheets simultaneously to school and college students while providing questionnaires along with clear instructions and study explanation to adolescents. The researchers distributed questionnaires through Google forms while simultaneously handing them out directly and maintained absolute confidentiality of participant information.

Data analysis procedure

Phase 1 Pilot Study

Some questionnaires underwent a pilot study measurement for determining their reliability levels. The research data collection process took place through surveying 50 adolescents who fell between the ages of 13 and 18. SPSS-23 reliability analysis processed the scale reliability for a 50-unit sample testing.

Phase 2 Main Study

The researcher conducted the main study once they verified the questionnaire reliability. The data collection was done through online surveys and directly distributed questionnaires to 300 adolescents living in the areas of Rawalpindi and Islamabad. An analysis using correlational methods combined with mediation methods took place through SPSS-23 and process macro on a sample of 300 adolescents.

Research Tools

Family APGAR index

The Family APGAR Index (APGAR) was compiled by Smilkstein (1978) to measure family functioning. It has five items which represent:

Adaptability Partnership Growth Affection, Resolve.

Each item of the APGAR is rated using a three-point Likert. the Cronbach α coefficient of the APGAR is 0.92.

The Rosenberg self-esteem scale

The Rosenberg Self-Esteem Scale (RSES) was developed by Rosenberg (1965) to measure self-esteem. Each item of the RSES is rated using a four-point Likert scale. the Cronbach α coefficient of the RSES-R is 0.89.

The Peer Relationship Scale for Children and Adolescents

This scale is developed by Erzincan (2022), it measures the level of intimacy and intimate relationships in peer relationships of adolescents. A scale consisting of 29 items and four sub-dimensions;

Intimacy sub-dimension, Popularity sub-dimension, Trust sub-dimension, Insightfulness sub-dimension.

The scale is a 5-point Likert type. Cronbach's α internal consistency coefficient for the total score is 0.93.

Kutcher Adolescent Depression Scale: KADS-11

The Kutcher Adolescent Depression Scale (KADS) is a self-report scale specifically designed to diagnosis and assess the severity of adolescent depression. Higher scores indicates worsening

depression, lower scores suggests possible improvement. The Cronbach α coefficient of this scale is 0.84.

Results

Phase 1 (PILOT STUDY)

Table 1: Reliability analysis of the Family APGAR (n=50)

	A	No of items
Family APGAR		
Scale	.756	5

The above table 1 shows the reliability analysis of Family APGAR questionnaire 5-item form which indicates that the reliability is ($\alpha=.756$) that is a good reliability.

Table 2: Reliability analysis of Kutcher (n=50)

	A	No of items
Kutcher11		
Scale	.647	11

The above table 2 shows the reliability analysis of KUTCHER 11-item scale form which indicates that the reliability is ($\alpha=.647$) that is a good reliability.

Table 3: Reliability analysis of Peer Relationship Scale (PRS)

	A	No of items
Peer relationship		
Scale	.719	29

The above table 3 shows the reliability of Peer relationship Scale which is ($\alpha=.719$) that is a good reliability value.

Table 4: Reliability analysis of Rosenberg Self Esteem Scale (n=50)

	A	No of items
Rosenberg Self - Esteem Scale		
	.648	10

The above table 4 shows the reliability of Rosenberg Self-Esteem Scale which is ($\alpha=.719$) that is a good reliability value.

Table 5: Correlation table of Family Functioning and Adolescent Depression (n=350)

	Adolescent Depression	
Family Functioning	r	p
	-0.073	0.000

A very weak statistical relation links family functioning to adolescent depression according to the above table and the small negative sign indicates an inverse relationship.

Table 6: Mediation effect of role of self-esteem between family functioning and adolescent depression (n= 350)

Relationship	Total effect	Direct effect	Indirect effect	Confidence interval	t	conclusion
				LL UL		
Perceived	1.124	.979	.144	.021 .307	7.323	Strong mediation effect

The results in the above table show a strong mediation effect because the mediator variable severely affects the connection between the independent and dependent variables.

Table 7: Mediation effect of peer relationship between self-esteem and adolescent depression (n=350)

Relationship	Total effect	Direct effect	Indirect effect	Confidence interval	t	conclusion
				LL UL		
Perceived	.570	.687	-.112	.333 .806	5.627	Partial mediation effect

The above table indicates partial mediation effect, with the mediator significantly influencing the relationship between the independent and dependent variable, but there is no indirect effect.

Findings and Discussion

Summary

The research examines adolescent depression by assessing family relations and establishing relationships between self-esteem and social connections and depressive outcomes. Results show depression symptoms manifest to a significant degree following adverse family relationships among adolescents. Evidence from this study proves that both peer relationships and self-esteem exist at a fundamental level between these examined factors. Depression among adolescents emerges from their families demonstrating poor self-esteem in addition to insufficient social connections.

Teenager mental health challenges face protection through three vital protective systems which consist of family bonds and personal self-esteem beliefs and friendship networks. The creation of balanced family environments that strengthen personal value beliefs and foster excellent friendship connections serves as an effective method for minimizing adolescent depressive problems. The research indicates families need to focus on treating their risks first while teaching defensive abilities that protect their children from adverse mental health results which stem from turbulent family situations.

The research revealed important insights about adolescent depression origins stemming from family dynamics regarding adolescent self-perception together with peer relationship qualities thus developing enhanced adolescent mental health intervention strategies. Strengthening these fundamental determinants will build families which foster the growth of positive adolescent development.

The findings from this study present vital knowledge to mental health experts and government officials as well as members of families. The knowledge about how family dynamics influence adolescent depression enables professionals to create better-long-term intervention strategies targeting depressive illness prevention from its base source. The study reveals that complete intervention methods must be developed for peer connections and self-acceptance to achieve adolescent emotional development.

This research establishes important findings about the effects between family environments and self-esteem together with adolescent peer relationships that contribute to adolescent depression. Research-based inquiry into mental health factors enables improved approaches to defend adolescent mental well-being and enable their developmental needs.

Findings

1. The reliability analysis of Family APGAR questionnaire 5-item form which indicates that the reliability is ($\alpha=.756$) that is a good reliability (table 1).
2. The reliability analysis of KUTCHER 11-item scale form which indicates that the reliability is ($\alpha=.647$) that is a good reliability (table 2).
3. The reliability of Peer relationship Scale which is ($\alpha=.719$) that is a good reliability value (table 3).
4. The reliability of Rosenberg Self-Esteem Scale which is ($\alpha=.719$) that is a good reliability value (table 4).
5. The results indicates very weak correlation between family functioning and adolescent depression and indicates inverse relationship, but correlation is statistically significant (table 5)
6. The results indicates strong mediation effect, with the mediator significantly influencing the relationship between the independent and dependent variable (table 6).
7. The results indicates partial mediation effect, with the mediator significantly influencing the relationship between the independent and dependent variable, but there is no indirect effect (table 7).

Discussion

This study investigated the factors affecting adolescent depression through a family function assessment together with analyzing the potential moderation from self-esteem and peer connections. A total of 350 Pakistani adolescents participated in the study as respondents. They included an equal number of male (50%) and female participants (50%) who fell within the age range of 13 to 18 years.

The study participants consisted of 350 adolescents (ages 13 to 18) who answered surveys about family functioning together with measures for depression and their relationships with peers and self-esteem.

Family system research with diverse empirical evidence demonstrates that family processes powerfully impact adolescent depression development and progression yet fails to explain how they affect adolescent depression (Keitner et al., 1995; Beavers and Hampson, 2000; Sireli and Soykan, 2016). Currently there is a lack of research on the intermediate processes through which this association occurs. The investigation studied how self-esteem and peer connections function as mediators within the family functioning – adolescent depression pathway based on ecological systems theory and complementary frameworks.

The main goal of this research examined how family dynamics relate to adolescent depression symptoms. Family functioning has shown a statistically significant negative linkage to adolescent depression through the correlational table with $r = -.073$ and $p = .000$. Family functioning changes directly influence the levels of adolescent depression in parallel directions.

Research shows that family functioning relationships maintain a moderate connection to adolescent depression while serving as a contributing yet not singular influence on this condition. The association between family functioning and adolescent depression has an extremely low possibility of occurring by chance as indicated by the $p = .000$ significance level. Thus the research outcomes demonstrate evidence against the null hypothesis.

The research explored peer relationship as a mediating influence on the relationship between self-esteem and adolescent depression as its second main goal. Results demonstrate that peer relationship functions as a mediator through which it directly affects the relationship between self-esteem and adolescent depression.

Self-esteem and adolescent depression exhibit an indirect relationship through peer relationship variables which produces a significant correlation (indirect effect = 0.1449, $t = 7.323$, $p < 0.001$). The results show that peer relationship acts as a fundamental mechanism which links self-esteem to adolescent depression.

Published studies and academic research findings confirm the results obtained. Self-esteem, a vital aspect of self-concept, encompasses an individual's thoughts and feelings about their own worth and importance (Rosenberg, 1965). Self-worth and three components of self-evaluation called self-respect and self-worth form one inseparable unit (Baumeister, 1997; Harter, 1999). The individuals who possess high self-esteem maintain positive evaluations of themselves along with positive self-experiences but those with low self-esteem feel rejected by themselves while experiencing dissatisfaction and contempt.

A child's self-esteem develops strongly based on family relationships because support from family along with parental emotional warmth and positive parent-child connection matter the most (Franco and Levitt, 1998; Bulanda and Majumdar, 2009; Peng et al., 2021a).

Marital and family systems show characteristics of cohesion and adaptability and communication based on the circumplex model of marital and family systems (Olson, 2000) which affects adolescent self-esteem and depression development. High family cohesion produces a loving environment that delivers acceptance along with support which creates favorable relationships with parents and better self-perceptions in children (Peng et al., 2021a). Children who experience low family cohesion tend to evaluate themselves negatively because they feel neglected and rejected (Franco and Levitt, 1998).

According to research conducted by Rezaei-Dehaghani et al in 2015 family adaptability at high levels enables family members to understand their roles, functions and power and family expectations to respond effectively to life events (Rezaei-Dehaghani et al., 2015). When children handle events successfully while gaining better environmental control they build their self-confidence along with positively distinct self-evaluation (Harter, 1999). Family communication that encourages effectiveness builds good self-esteem in children (Bulanda and Majumdar, 2009).

Our third analysis investigated the mediating impact of peer relationships on the self-esteem to adolescent depression connection, yet the results showed that peer relationship did not show any significant mediated effect despite a significant direct relationship between self-esteem and adolescent depression (0.570, $t = 5.627$, $p < 0.001$, and 0.687). Research findings prove that self-esteem operates as an exceptional direct pathway to adolescent depression while peer relationship plays no major role as a mediator within this relationship. Research evidence about these variables serving as mediators between variables does not exist since mediating role gained minimal attention in the past but some studies contain evidence supporting current research.

According to the stress buffering model of social support (Sarason et al., 1990; Rueger et al., 2016) social support exists to lessen stress-induced impacts on mental health. The ability of adolescents to handle challenges diminishes when their self-esteem levels are low so they become more stressed and face higher chances of developing depression. Through appropriate emotional support from their friends these individuals develop positive self-beliefs so that low self-esteem becomes less impactful for their adolescent depression. Person relations backed by support systems help students with low self-esteem develop endurance against stress so they achieve superior mental wellness results.

Conclusion

The research delivers a detailed understanding of how family relationships interact with adolescent self-esteem and peers to influence depression levels in teenagers. The study emphasizes how family-focused intervention programs and resilience-development methods work as essential factors for protecting positive adolescent development against depression. Mental health professionals jointly with policymakers and family members need to understand how these elements influence each other to establish healthy family environments with supportive conditions for adolescent mental health.

The study demonstrates the requirement of an extensive depression prevention strategy which considers the complicated interaction among family systems and student self-evaluation and social connection networks. The implementation of family-based intervention services together with resilience-focused methods enables young people to acquire essential life skills for developing success. To support teenage mental health, the entire family accessibility to counseling and therapeutic services should be provided with guidance for parents to develop useful parenting skills and establishment of positive peer relationships through community activities.

The paper's research results will help develop practical therapeutic methods which enable young people to defeat depressive symptoms while reaching their complete potential. Advancing adolescent mental health along with their well-being remains essential to create robust families and communities which instigate good development from youth to adulthood. The implications from this study benefit three main groups: mental health professionals and policymakers as well as families who directly benefit from these findings. The analysis shows why teamwork is essential for solving complicated adolescent depression problems.

Recommendations

Here are some recommendations given below:

Research needs to investigate additional variables which incorporate sex and age and temperament since they might affect the links between household functioning and self-esteem with peer bonds and adolescent depression.

The research team should target these areas for mental health intervention to enhance adolescent well-being. A family environment needs to establish open communication channels that remain active. Encourage youngsters to join programs that develop positive self-esteem as they create solid relationships with their peers.

Studies should focus on the time-independent relationships connecting family functioning with adolescent self-esteem and peer relationships to adolescent depression.

Future investigations need to determine which additional variables including emotional intelligence together with personality traits and social media utilization function as interlinking elements in studies.

Research benefits will grow through the selection of participants who belong to different cultural backgrounds and socioeconomic levels from multiple family structures. Research studies need participants from diverse ethnic backgrounds who have various economic standings and work backgrounds and education levels in order to avoid biased findings.

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