



An Evaluation of Psychological Well-being, Decision-Making Processes and Self-Esteem in Adolescents in Institutional Care

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Abstract

Objective: This study investigates the relationships between depression, anxiety, stress, self-esteem, and decision-making among adolescents in institutional care in Turkey, addressing an important research gap in this area.

Methods: The sample consisted of 83 adolescents aged 12-18 years, excluding those with mental disabilities who were in institutional care. Participants completed self-assessment questionnaires, including the Turkish versions of the Depression Anxiety Stress Scale (DASS 21), the Rosenberg Self-Esteem Scale (RSE), and the Adolescent Decision-Making Questionnaire (ADMQ).

Results: The sample consisted primarily of females (55.4%) with a mean age of 15.22 years, and no significant gender differences were observed across the measures. A critical finding emerged regarding the duration of stay: adolescents who had been in institutional care for less than two years demonstrated significantly lower scores on the Adolescent Decision-Making Questionnaire (ADMQ). Self-esteem (RSE) was found to be strongly and negatively associated with all three distress measures (Depression, Anxiety, and Stress), and it emerged as the only significant predictor in this model, accounting for over half (52.5%) of the variance in overall psychological distress. Alarming, the prevalence rates for the DASS-21 subscales indicated that over half of the participants (50.6%) reported clinically significant levels of depression, followed by anxiety (31.3%) and stress (16.8%).

Conclusion: These findings highlight the urgent need for targeted mental health interventions to support adolescents in institutional care, focusing on enhancing self-esteem, improving decision-making, and integrating mental health resources into care frameworks to foster better overall well-being.

Keywords: Depression, Anxiety, Stress, Self-Esteem, And Decision-Making

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Kurum Bakımı Altındaki Ergenlerde Psikolojik İyi Olma Durumu, Karar Verme Süreçleri ve Öz Saygının Deđerlendirilmesi

Öz

Amaç: Bu çalışma, Türkiye'de kurum bakımındaki ergenlerde depresyon, anksiyete, stres, benlik saygısı ve karar verme arasındaki ilişkileri arařtırmakta ve bu alandaki önemli bir arařtırma boşluđunu ele almaktadır.

Yöntemler: Örneklem, kurum bakımında kalan ve zihinsel engelli olanlar hariç tutulan 12-18 yař arası 83 ergenden olmaktadır. Katılımcılar, Depresyon Anksiyete Stres Ölçeđi (DASS 21), Rosenberg Benlik Saygısı Ölçeđi (RSE) ve Ergen Karar Verme Anketi'nin (ADMQ) Türkçe versiyonlarını içeren öz deđerlendirme anketlerini doldurmuřtur.

Bulgular: Örneklem, yař ortalaması 15,22 olan ve çođunluđu kadınlardan (%55,4) oluřan ergenlerden olmuř, ölçülen deđerşkenler arasında anlamlı bir cinsiyet farkı gözlenmemiřtir. Kalıř süresi ile ilgili kritik bir bulgu ortaya çıkmıřtır: Kurum bakımında iki yıldan az kalan ergenler, Ergen Karar Verme Anketi'nde (ADMQ) anlamlı derecede düşük puanlar göstermiřtir. Öz saygı, her üç sıkıntı ölçümüyle (Depresyon, Anksiyete ve Stres) güçlü ve negatif bir şekilde iliřkili bulunmuř ve genel psikolojik sıkıntıdaki varyansın yarısından fazlasını (%52,5) açıklayan, bu modeldeki tek anlamlı yordayıcı olarak ortaya çıkmıřtır. Endiře verici bir şekilde, DASS-21 alt ölçeklerinin yaygınlık oranları, katılımcıların yarısından fazlasının (%50,6) klinik olarak anlamlı depresyon düzeyleri bildirdiđini, bunu anksiyete (%31,3) ve stresin (%16,8) takip ettiđini göstermiřtir.

Sonuç: Bu bulgular, kurum bakımındaki ergenleri desteklemek için özsaygıyı artırmaya, karar verme süreçlerini iyileřtirmeye ve ruh sađlığı kaynaklarını bakım çerçevesine entegre ederek genel refahı daha iyi hale getirmeye odaklanan hedefli ruh sađlığı müdahalelerine duyulan acil ihtiyaçı vurgulamaktadır.

Anahtar kelimeler: Depresyon, Anksiyete, Stres, Benlik Saygısı ve Karar Verme.

INTRODUCTION

The transition through adolescence represents a critical period of dynamic growth, encompassing not only physical maturation but also profound social, emotional, psychological, and cognitive development¹. However, this sensitive stage also brings an increased vulnerability to mental health challenges, which can cast long shadows on immediate and future well-being². For adolescents residing in institutional care, these inherent developmental challenges are often significantly amplified. These young people, typically placed in residential centers due to circumstances like parental loss or severe financial hardship, navigate adolescence without the consistent buffer of parental care and support³.

This absence of a stable family environment during such a formative time is recognized as a potent stressor and a risk factor for compromised well-being². Indeed, adolescents

in institutional care frequently report lower levels of psychological well-being compared to their peers living with parents⁴. The lack of consistent guidance and nurturance can foster feelings of insecurity, low self-worth, and diminished self-confidence, directly impacting self-esteem³. Self-esteem, in turn, is intricately linked to overall psychological health; lower levels are demonstrably associated with heightened anxiety and depressive disorders⁴. This interplay highlights a complex web connecting psychological well-being, decision-making capacity, and self-esteem, where self-esteem acts as a crucial mediator⁵.

The mental health outcomes for this group are notably severe. Data indicates that more than 80% of children and teenagers in institutional or foster care experience substantial mental health challenges, a rate that is significantly higher than the roughly 20% prevalence observed in the general adolescent population⁶.

These young individuals are disproportionately likely to carry histories marked by behavioral difficulties such as violence, abuse, and school problems, alongside emotional struggles including depression, anxiety, and stress^{7,8}. Research consistently shows they face emotional and behavioral challenges at rates three to seven times higher than peers of similar age and socio-economic backgrounds⁹. These accumulated adversities inevitably impact their psychological well-being, further affecting self-esteem and the ability to make sound decisions.

Despite the clear urgency indicated by these statistics, a significant gap persists in our understanding of the specific mental health dynamics within this group. Reliable data remains scarce, hindering the development of effective, targeted prevention and treatment initiatives¹⁰. This knowledge deficit is particularly apparent in Turkey, where there is limited research exploring the nuanced relationships between depression, anxiety, stress, self-esteem, and decision-making specifically among adolescents in institutional care.

Therefore, investigating the factors that influence mental health and psychological well-being in this unique population is critically important. This study aims to address the existing gap by examining the relationships between depression, anxiety, stress, self-esteem, and decision-making among adolescents living in institutional care within Turkey. Furthermore, it seeks to understand how these psychological variables interact with each other and with key socio-demographic factors. The findings are anticipated to provide vital insights necessary for developing remedial programs tailored to mitigate mental health problems and support the positive development of these vulnerable young people.

METHODS

Participants and Procedure

A total of 83 male and female adolescents aged 12-18 years were included in this cross-sectional descriptive study of children living in four institutional care and admitted to hospital. In Turkey, even if there are no complaints, children in institutional care are periodically brought to psychiatry outpatient clinics. The study, which was conducted included adolescents in institutional care who applied to the Department of Child and Adolescent Psychiatry. This study was approved by the Ethics Committee on 15 May 2025 with decision number 2025/212.

The inclusion criteria for this study were adolescents aged 12-18 years with complete reading and writing skills who presented to the hospital. Adolescents with intellectual disability constituted the exclusion criteria. According to the inclusion and exclusion criteria, all eligible adolescents who provided their signed consent on the study consent form took part in the research.

Measure Instruments

Data were gathered through a series of self-administered questionnaires, which included demographic information (such as age, gender, education level, parental status, and duration of stay in the orphanage), the Turkish adaptation of the Depression, Anxiety, and Stress Scale (DASS-21), the Turkish version of the Rosenberg Self-Esteem Scale (RSE), and the Turkish version of the Adolescent Decision-Making Questionnaire (ADMQ).

Depression Anxiety Stress Scale 21 (DASS 21)

The DASS-21 is a shortened version of the DASS-24, originally developed by Lovibond and Lovibond¹¹ to assess the adverse effects

associated with depression, anxiety, and stress. Each of the three distinct sets of DASS-21 scales comprises seven items, and the ultimate scores for each variable are derived by aggregating the scores of the corresponding items¹².

The psychometric properties of the Turkish version of the 'Depression Anxiety Stress-21 (DASS-21) scale normal and clinical samples were conducted by Sarıçam¹³. In the normal sample, the test-retest correlation coefficients were reported as $r = 0.68$ for the depression subscale, $r = 0.66$ for the anxiety subscale, and $r = 0.61$ for the stress subscale. The Depression Anxiety Stress Scale has a Cronbach's alpha reliability of 0.87. It consists of 21 items, with a mean score of $M = 50.0$ and a standard deviation of $SD = 21.04$. The alpha reliability for its subscales is as follows: Stress subscale at 0.58, Anxiety subscale at 0.51, and Depression subscale at 0.63. This scale is a 4-point Likert-type scale and consists of seven questions each measuring 'depression, stress and anxiety dimensions'. An individual's score of 5 points and above from the depression sub-dimension, 4 points and above from anxiety, and 8 points and above from stress indicates that he/she has the related problem.

Rosenberg Self Esteem Scale

To evaluate the participants' self-esteem levels in this study, they completed the validated Turkish version of the Rosenberg Self-Esteem Scale. The scale developed by Marris Rosenberg in 1963 has 12 subcategories and 63 items. Çuhadaroğlu conducted a validity and reliability study with the Turkish adaptation of RSE in 1986. In the study, the validity coefficient was determined as .71 and the reliability coefficient was determined as .75¹⁴. For the purpose of the study, only the first 10-item self-esteem category of the RBSS, which measures self-esteem, was used. It is a subscale with 4-point Likert-type scoring. In the RSE, higher scores reflect lower self-esteem, while lower scores indicate higher self-esteem. The scale scores

range from zero to six. A high total score suggests a low level of self-esteem. Specifically, a score of 0-1 on the RSE signifies high self-esteem, a score of 2-4 indicates a medium level of self-esteem, and a score of 5-6 corresponds to a low level of self-esteem.

Adolescent Decision Making Questionnaire

It was designed by Mann, Harmoni, and Power (1989) to assess self-esteem and coping mechanisms in the context of decision-making processes. The instrument consists of two main components and five different subscales. These include Decisional Self Esteem and Decisional Coping Patterns. The Self-Esteem in Decision Making segment of the instrument is designed to assess an individual's levels of self-esteem during decision-making scenarios. This segment includes six items within the scale. The maximum achievable score for the self-esteem in decision making component is 18 and the minimum score is 0. A high score is indicative of high self-esteem in the area of decision-making, while a low score means decreased self-confidence in the decision-making process¹⁵.

The next component of the scale is related to the coping mechanisms used in the decision-making process. These coping mechanisms include the subscales of vigilance, panic, cop-out and complacency. Each of these subscales is assessed through a set of six items. The maximum score that can be obtained from each subscale is 18 and the minimum score is 0. The larger the score, the extent to which the relevant decision-making style is used. Çolakkadioğlu and Güçray (2007) conducted research on Adaptation, Validity and Reliability of the Decision Making Scale for Adolescents in the Turkish Context¹⁶.

Statistical Analysis

Data analysis was performed using the SPSS 22.0 package program. Continuous variables were presented with different summary statistics according to their conformity to the

normal distribution; age was expressed as mean \pm standard deviation and number of siblings as median (minimum-maximum). Categorical variables were expressed as numbers and percentages (%).

Participants' length of stay in the institution was divided into three subcategories, and the Kruskal-Wallis test was used to assess whether the scale scores differed according to these categories. Where differences were significant, post-hoc tests with Bonferroni correction were used for pairwise comparisons between groups. The Mann-Whitney U test was used to analyse whether the scale scores differed according to sex.

The relationship between participants' age, number of siblings, length of stay in the institution and scale scores was evaluated by Spearman correlation analysis. The effects of self-esteem, decision-making, age, number of siblings, and length of stay in the institution on the total DASS score were examined by multiple linear regression analysis. In all analyses, $p < 0.05$ was accepted as the level of statistical significance.

RESULTS

The study included 83 participants, of whom 55.4% ($n=46$) were female. The mean age of the participants was 15.22 ± 1.63 years. 41% ($n=34$) had living but divorced parents. The median number of siblings was 4 (min=1, max=9). 51.8% ($n=43$) of the participants had been in the institution for less than two years. Regarding educational status, 75.9% ($n=63$) were attending formal education, and 66.3% ($n=55$) were high school students. While 43.4% ($n=36$) of the participants reported that they had previously received psychiatric treatment, 28.9% ($n=24$) reported that they were still

receiving treatment. Sociodemographic data are shown in Table 1.

Table 1: Sociodemographic data of the participants

| | | Number (percentage) |
|---|---|--|
| Age (Mean \pm SD) | | 15,22 \pm 1,63 |
| Sex | Female Male | 46 (55.4%) 37 (44.6%) |
| Number of siblings | (Median and min-max) | 4 (min=1, max=9) |
| Parent status | Both are alive and divorced Both are alive and not divorced Mother is dead Father is dead Both parents are dead | 34 (41%) 14 (16.9%) 14 (16.9%) 15 (18.1%) 6 (7.2%) |
| Length of stay in the institution | <2 years 2-4 years >4 years | 43 (51.8%) 21 (25.3%) 19 (22.9%) |
| Education status | Formal education Distance education Dropped out | 63 (75.9%) 11 (13.3%) 9 (10.8%) |
| Class | Middle School High School | 28 (%33.7) 55 (66.3%) |
| History of previous psychiatric treatment | Yes No | 36 (43.4%) 47 (56.6%) |
| History of active psychiatric treatment | Yes No | 24 (28.9%) 59 (71.1%) |

Participants were divided into 3 categories according to their length of stay in the institution (less than 2 years, 2-4 years, and more than 4 years). When the scale scores were evaluated according to length of stay in the institution, no significant difference was found in terms of DASS total and subscale scores. While the participants were similar in terms of the Rosenberg score, the decision-making score of those who had been in the institution for less than 2 years was significantly lower than that of those who had been in the institution for 2-4 years ($p=0.041$). Test data relating to the comparisons are shown in Table 2.

Table II: Comparison of the scale scores of the participants according to their length of stay in the institution

| | Length of stay in the institution (Median (IQR)) | | | p value |
|-----------------|--|------------------|----------------|--------------|
| | <2 years (n=43) | 2-4 years (n=21) | >4years (n=19) | |
| DASS total | 24(16-38) | 24(11.5-34) | 25(16-35) | 0.916 |
| DASS depression | 10(4-14) | 10(4-13) | 9(4-12) | 0.854 |
| DASS anxiety | 6(2-12) | 6(3-7) | 5(3-11) | 0.965 |
| DASS stress | 10(6-12) | 8(4-13.5) | 9(6-14) | 0.869 |
| Rosenberg | 24(20-29) | 25(20-29) | 24(21-33) | 0.623 |
| Decision making | 43(37-48) | 50(41-53.5) | 44(36-50) | 0.041 |

Kruskal Wallis test, Post-hoc Bonferroni correction test was applied.

IQR: Interquartile range

The relationship between participants' age, length of stay in the institution, number of siblings, and scale scores was analysed using the Spearman correlation test. A significant negative correlation was found between Rosenberg scale score and DASS total and subscales ($p < 0.001$). A significant positive correlation was found between decision-making and DASS stress subscale scores

($p = 0.002$). No significant relationship was found between age, number of siblings and length of stay in the institution, and scale scores. The results are presented in Table 4.

The Mann-Whitney U test was used to analyse whether the scale scores differed according to sex. The Mann-Whitney U tests revealed no statistically significant differences between males and females on any of the variables (all p -values > 0.05). Test data are shown in Table 3.

Table III: Comparison of scale scores according to sex

| | Female (n=46) (Median (IQR)) | Male (n=37) (Median (IQR)) | p |
|-----------------|---------------------------------|-------------------------------|-------|
| DASS total | 28 (15 - 38.25) | 22 (16 - 33.50) | 0.294 |
| DASS depression | 11 (4 - 14) | 8 (4 - 12) | 0.202 |
| DASS anxiety | 6 (3 - 11.25) | 6 (2 - 8.50) | 0.454 |
| DASS stress | 10 (5.75 - 14) | 8 (6 - 11.50) | 0.300 |
| Rosenberg | 22 (19.75 - 28.25) | 25 (21 - 29) | 0.126 |
| Decision making | 43.50 (36 - 50) | 45 (38 - 49.50) | 0.920 |

Mann-Whitney U test

Table IV: The relationship between participants' clinical data and scale scores

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|--------------------------------------|-----|--------------|--------|--------|--------------|--------------|--------------|--------------|-------|-------|
| 1. Age | Rho | 1.000 | | | | | | | | |
| | p | | | | | | | | | |
| 2. Number of siblings | Rho | 0.073 | 1.000 | | | | | | | |
| | p | 0.510 | | | | | | | | |
| 3. Length of stay in the institution | Rho | .339** | 0.136 | 1.000 | | | | | | |
| | p | 0.002 | 0.220 | | | | | | | |
| 4. DASS-depression | Rho | -0.004 | -0.082 | -0.056 | 1.000 | | | | | |
| | p | 0.969 | 0.460 | 0.617 | | | | | | |
| 5. DASS-anxiety | Rho | 0.015 | -0.177 | -0.039 | .704** | 1.000 | | | | |
| | p | 0.896 | 0.110 | 0.728 | 0.000 | | | | | |
| 6. DASS- stress | Rho | -0.033 | -0.108 | -0.051 | .753** | .657** | 1.000 | | | |
| | p | 0.766 | 0.330 | 0.649 | 0.000 | 0.000 | | | | |
| 7. Rosenberg | Rho | 0.115 | 0.117 | 0.095 | -.722** | -.623** | -.611** | 1.000 | | |
| | p | 0.302 | 0.293 | 0.391 | 0.000 | 0.000 | 0.000 | | | |
| 8. Decision-making | Rho | -0.063 | -0.099 | 0.126 | 0.132 | -0.031 | .332** | -0.212 | 1.000 | |
| | p | 0.569 | 0.374 | 0.255 | 0.234 | 0.781 | 0.002 | 0.054 | | |
| 9. DASS total | Rho | -0.011 | -0.128 | -0.053 | .912** | .863** | .897** | -.712** | 0.156 | 1.000 |
| | p | 0.923 | 0.247 | 0.635 | 0.000 | 0.000 | 0.000 | 0.000 | 0.160 | |

Spearman's correlation test

The effects of self-esteem, decision-making, age, number of siblings, and length of stay in the institution on the total DASS score were examined by multiple linear regression analysis. The model explains 52.5% of the variance in DASS total ($R^2 = 0.525$), with an adjusted R^2 of 0.494. The model is statistically significant ($F = 16.99$, $p < 0.001$). Multiple linear regression revealed that self-esteem was the only statistically significant predictor in this model ($p < 0.001$) with a coefficient of -1.5643. This means that for every one unit increase in Rosenberg score, the DASS total decreases by approximately 1.56 units, holding all other variables constant. Regression results are presented in Table 5.

Table V: Regression data for variables predicting DASS total score

| Variable | β | Standard Error | t | p | 95% Confidence interval for β | |
|-----------------------------------|---------|----------------|--------|--------|-------------------------------------|-------------|
| | | | | | Lower bound | Upper bound |
| Constant | 57.2249 | 13.845 | 4.133 | 0 | 29.657 | 84.793 |
| Rosenberg | -1.5643 | 0.176 | -8.886 | <0.001 | -1.915 | -1.214 |
| Decision-making | -0.0127 | 0.137 | -0.093 | 0.926 | -0.286 | 0.26 |
| Length of stay in the institution | 0.2091 | 0.427 | 0.489 | 0.626 | -0.642 | 1.06 |
| Number of siblings | -0.4399 | 0.734 | -0.599 | 0.551 | -1.902 | 1.023 |
| Age | 0.5665 | 0.732 | 0.774 | 0.441 | -0.891 | 2.024 |

a. Dependent variable: DASS total score

$R^2 = 0.525$, adjusted $R^2 = 0.494$

DISCUSSION

In the present study, the relationship between anxiety, depression, stress, self-esteem and decision making in adolescents living in institutional care was examined and the predictive power of well-being on decision making and self-esteem was investigated. In addition, the relationship between the length of stay in institutional care and psychological well-being was examined.

The existing literature supports that adolescents in institutional care have poor social interactions^{17,18}. Research has shown that higher levels of social and general anxiety are

common among adolescents in institutional care, who often seek attention and approval while fearing negative judgments¹⁹.

There is no study conducted among adolescents in institutional care in Turkey using a methodology similar to ours and with which we can directly compare our results. A study conducted in Pakistan revealed that decision-making has a significant correlation with stress, anxiety, and depression, indicating that adolescents' decision-making processes are important predictors of these issues, as decision-making is negatively related to self-awareness, perceived choice, vigilance, and self-esteem, while it was also concluded that anxiety, depression, and stress are positively related to decision-making²⁰. In the present study, only stress was found to have a positive association with decision-making. The sample used in the Shafiq et al. study and the other study may differ in terms of demographic, cultural or clinical characteristics. Stress may directly affect decision making by increasing cognitive load. Anxiety and depression may affect an individual's decision-making mechanism, but this effect may not be as pronounced as stress.

In another study conducted in Malaysia, self-esteem was associated with depression, anxiety and stress¹⁰. Similar to our study, Mohammadzadeh et al. found a significant negative relationship between self-esteem and emotional problems (depression, anxiety and stress)¹⁰. In the present study, it has been shown that adolescents with high self-esteem are less depressed, stressed and anxious. In the present study, the results indicate that the Rosenberg score is the only statistically significant predictor in this model, suggesting that as self-esteem increases, levels of psychological distress, as measured by the DASS total, decrease when controlling for all other variables. This underscores the potential importance of self-esteem in influencing mental health outcomes. These findings were

consistent with most previous studies confirming the relationship between emotional factors and self-esteem.

The available evidence supports that girls in institutional care have higher levels of depression and low self-esteem than boys in residential care^{21,22}. Wanjiru and Gathogo found that the self-esteem of orphans is influenced by gender, which in turn impacts students' academic performance²³. Similarly, Behrendt and Mor discovered that orphan boys reported significantly higher levels of self-esteem compared to orphan girls²⁴. In the present study, there is no significant difference between genders in terms of depression, anxiety, stress, decision making and self-esteem. The differences in findings between studies regarding depression and self-esteem among institutionalized children may arise from various factors, including differing age ranges, variations in measurement scales, geographical and cultural contexts, sample size and characteristics, and the timing of assessments affecting participants' emotional states.

A study identified a high prevalence of depression among orphans and determined that factors such as limited social support, extended duration of stay, community discrimination, the presence of visitors, and younger age at entry were statistically significant predictors of depression development²⁵. In the current study, no significant difference was found in terms of depression, anxiety and stress according to the length of stay in the orphanage. While the participants were similar in terms of self-esteem, decision making was found to be significantly lower in those who had been in the institution for less than 2 years compared to those who had been in the institution for 2-4 years.

The estimated lifetime prevalence of depression, anxiety, and stress among adolescents and young adults globally varies

from 5% to 80% across different population²⁶. However, emotional problems are believed to be more common in adolescents in institutional care compared to their peers not in such environments⁷. This study aligns with previous research on the prevalence of these issues in institutionalized adolescents. For instance, Ramli et al. (2010) found that over 50% of participants experienced mild to severe depression, while Wan Salwina et al. (2014) reported a Major Depressive Disorder prevalence of about 10% among 235 Malaysian adolescents in selected orphanages^{27,28}. Similar studies, like those by Lehmann et al. (2013) and Workye (2015), indicate depression rates in orphanages and foster homes between 15% and 87%^{7,29}. In support of these findings, an Egyptian study identified a 45% prevalence of anxiety, and Thabet et al. (2007) reported 39.3% of participants in the Gaza Strip exhibiting anxiety symptoms^{30,31}. Additionally, a 2009 study among Iranian adolescents found that 78% experienced at least mild stress³². Similarly, a 2010 Malaysian study indicated that 85.2% of participants had depression, 80.1% anxiety, and 84.7% stress¹⁰. In the current study, 50.6% reported depression, 31.3% reported anxiety, and 16.8% reported stress, which highlights the prevalence of mental health issues among adolescents worldwide. The depression rate found in this study is consistent with earlier findings, emphasizing the gravity of mental health issues in institutional care settings. Although specific data on anxiety and stress is limited, the global research, especially from the Middle East, suggests a universal concern regarding these mental health challenges in young people.

To gain a more comprehensive understanding of the life experiences of children in institutional care, future research should prioritize longitudinal designs. Examining factors such as depression, anxiety, stress, decision-making skills, and self-esteem will be

valuable in inferring their effects on the psychological well-being of adolescents in these settings.

The aim of this study was to identify psychological well-being and associated factors among adolescents in institutional care. Given the limited research on the mental health of adolescents in institutional care in Turkey, the researchers hope that their findings can assist professionals in enhancing the mental health and well-being of this group. Additional studies using various methods and conducted in different institutional settings are necessary to obtain a comprehensive and accurate understanding of the mental health status within institutional care.

Limitations

Our study has several limitations that should be recognized. Firstly, as a cross-sectional design was employed, we are unable to determine causal relationships between depression, anxiety, stress, self-esteem, and decision-making. Additionally, our sample consisted solely of adolescents from a limited number of institutional care facilities, which may restrict the extent to which our findings can be generalized to a larger population. Moreover, it is important to acknowledge that the assessment tools used were self-report measures, which could introduce subjective bias.

Conclusion and Implications

Adolescents in institutional care constitute a psychologically vulnerable group due to past traumas, lack of family support, and environmental stressors. This study found that self-esteem is negatively associated with depression, anxiety, and stress in these adolescents. This suggests that individuals with low self-esteem are more susceptible to psychological distress, whereas those with high self-esteem may demonstrate greater psychological resilience.

Another significant finding of the study is that decision-making processes are positively associated only with stress. This indicates that adolescents experiencing higher levels of stress are more actively engaged in decision-making or that stress may accelerate these processes. However, a crucial point to consider is whether these decisions are healthy and functional. Given the impact of stress on cognitive functions, individuals under high stress may make quick but potentially faulty decisions.

These findings highlight the need for interventions aimed at both enhancing self-esteem and improving stress management skills in adolescents in institutional care. Psychosocial support programs that strengthen self-esteem may serve as a protective factor against depression, anxiety, and stress. Additionally, considering the impact of stress on decision-making, teaching these individuals stress management strategies could help them make healthier decisions. In conclusion, educational and psychosocial support programs designed with these factors in mind will play a critical role in fostering psychological resilience in adolescents in institutional care.

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