

# RELATIONSHIP OF FAMILY FUNCTIONING, DEPRESSION, HEALTH IMPAIRMENT AND SOCIOEMOTIONAL SKILLS IN UNIVERSITY STUDENTS IN MEXICO.

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## Abstract.

The family has become in recent years a topic of interest in the field of health, since it is largely in the family dynamics where the protective factors of health are generated in each of its members, in this research work the following objectives were proposed: 1) To analyze the relationship of family functionality with depression, health deterioration and socioemotional skills; 2) To analyze the possible divergences between the groups (low, moderate, high family functionality), depression, health deterioration and socioemotional skills; 3) To determine the predictive value of depression, health deterioration and socioemotional skills in family functionality.

The research is quantitative, the design is non-experimental, descriptive, correlational, explanatory, the sampling technique is stratified by conglomerate, the sample is 960 students of the foreign academic units of the Universidad Autónoma de Nayarit México. The data were processed with the SPSS statistical program, analyzing the Pearson correlations, cluster, linear regression Manovas and Anovas, the results show that university students with low family functionality, obtained high scores in health deterioration, mood and depression, compared to those with high family functionality, develop intrapersonal and interpersonal skills, their mental health is more stable, they are more functional in the activities of daily living. According to the statistical analysis of the linear regression, depression, mood and health deterioration are predictors of family functionality and the socioemotional variables were not significant, these results are interpreted that, if people present less depressive tendency and health deterioration, as well as a greater healthy mood, they will be predictors that are related to family functionality.

The Manova and Anova showed significant differences in the depression and health impairment variable, mood, intra- and interpersonal skills, stress management and adaptability, analysis of variance revealed statistically significant differences between the family functionality groups with depression, health impairment and socioemotional skills ( $\Lambda = .993$ ,  $F(7,833) = 16970.78$ ,  $p < .001$ ,  $n2 = .993$ ). Bonferroni's a posteriori test (.05) indicated that youth with low family functioning scored statistically higher on depression and health impairment, relative to youth with moderate and high family functioning.

Family functioning correlates negatively and significantly with: depression ( $r = -.444$ ,  $p < .01$ ) and health impairment ( $r = -.449$ ,  $p < .01$ ); at the same time it correlates positively and significantly with mood skills ( $r = .461$ ,  $p < .01$ ), interpersonal skills ( $r = .165$ ,  $p < .01$ ), intrapersonal skills ( $r = .252$ ,  $p < .01$ ), stress management ( $r = .175$ ,  $p < .01$ ) and adaptability ( $r = .242$ ,  $p < .01$ ).

**Keywords:** Family Functionality, depression, health impairment, college students.

## INTRODUCTION.

In recent years, there has been a significant increase in international and national studies related to family functionality, mental health, depressive disorders and socioemotional skills in university students, and it is now considered a public health problem that affects adolescents and young university students of productive age socially, academically and at work.

From this perspective, and taking into account that studies on family functionality, mental health and depression are scarce in the Latin American context, the present research had the following objectives: 1) To analyze the relationship between family functionality and depression, health impairment and socioemotional skills; 2) To analyze the possible differences between the groups (low, moderate, high family functionality) and depression, health impairment and socioemotional skills; 3) To determine the predictive value of depression, health impairment and socioemotional skills on family functionality.

According to the World Health Organization (WHO, 2022), almost one billion people including 14% of adolescents worldwide were affected by a mental disorder such as depression, anxiety and suicidal ideation, to a large extent this problem can be attributed to several determinants, such as individual, social, structural, which can combine to protect or alter mental health.

On the other hand, the results of the ENSANUT survey (2022) reported that up to 16.1% of the Mexican population aged 20 years and older presented moderate or severe depressive symptoms, underlying feelings of sadness, anxiety, lack of energy and sleep disorders.

It is important to comment that there are psychological, neurobiological and genetic factors that can cause vulnerability in mental health, if these factors are associated with unstable family dynamics, it is likely that the young adult college student will present academic problems in the university context or alterations in mental health.

Authors such as Valencia, (2012), Álvarez, (2013), Sigüenza, (2015) and Diaz (2018), report in their research, that a significant relationship has been found between family functionality, mental health deterioration and depression, the authors mention that family functioning is an important factor in the development of depressive disorders or alterations in mental health, given that the importance of the family lies in being one of the first contexts of the individual, in which psychosocial and evolutionary development begins.

Freyre (1997) refers that the health problems of family dynamics are biological, psychological and social; but the greatest risk is not due to physical or psychological conditions, but to the behavioral practices and attitudes of the family group. Family functioning within each family is very important to achieve adequate mental health in its members. It is important in this research to study family functioning, which is defined as the set of interactions between the members of the family group that allow them to face the different health and psychological crises originating in the home. Reyes and Oyola (2022) Family functionality is of great interest in public health and has been present in recent years in international and national health prevention policies, since it is in the family context that the basic conditions for physical and mental health care are generated. Moreover, favorable family dynamics and functionality represent a space of tranquility and a protective factor against environmental risks that can complicate health (Esteves et al., 2020).

Castilla et al (2014, cited by Tirado, et al 2024), point out that family functionality depends on the congruence of four family processes that are essential for its stability and can be affected. The first process is coherence, followed by individuation, system maintenance and, finally, system change.

According to Obregón et al. (2020), the functionality of the family is a crucial factor in the formation of college students, since it focuses on fundamental aspects for academic performance and allows students to develop their social skills. The functions of the family system, such as mutual support, autonomy and independence, rules and adaptability to changes have a positive impact on the development of the emotional intelligence of college students. This allows them to propose assertive strategies to deal with complex situations that arise in their professional careers.

College students resent trying to resolve academic life situations and conflicts they fear, alter their emotions and worry about the problems of everyday life. They are in a learning stage and can improve healthy practices and lifestyles. The university population deserves timely and priority attention, not only in health systems, but also in institutions related to education. Given that each institution, in addition to attending to academic activities, should solve mental health problems through interdisciplinary work.

The results of this research will provide a diagnosis of family functionality categorized as high, medium and low and its relationship with depression, deterioration of health and socioemotional skills, of those students of the foreign academic units of the Autonomous University of Nayarit. Academic Unit Bahía de Banderas Nayarit Mexico, in order to design and implement a brief intervention program of socioemotional skills and mental health prevention for students who

obtained high scores in these tests of health deterioration and depression, which will be a valuable and significant contribution for the institution and for mental health prevention programs.

### LITERATURE REVIEW.

In recent years, researchers have received a great deal of attention on family functionality and mental health in the university population on issues related to health impairment and emotional intelligence. It is largely known that in families there are basic functions to be covered such as biological, psychological, social and economic needs, in addition to those of child rearing and education.

The World Health Organization (2022), the Pan American Health Organization (PAHO, 2023) agree that mental health goes beyond the absence of mental disorders, being a crucial component of comprehensive care and well-being that directly impacts quality of life and individual and social development.

In 2019, approximately 970 million people, one in eight worldwide, experienced some type of mental disorder, with anxiety and depression being the most common. It worsened the mental health situation for college students as there was a 26% and 28% increase in anxiety and major depression in just one year. Although effective prevention and treatment options exist, most of those affected are unable to access adequate care. In addition, they face stigma, discrimination and violations of their human rights (WHO, 2022). The World Health Organization's (2022) response to recognize the essential role of mental health is through the Comprehensive Mental Health Action Plan 2013-2030, which is a global effort to promote mental well-being, prevent mental disorders, and ensure that affected people can fully exercise their human rights and access quality health and social care.

The Pan American Health Organization (PAHO, 2023) worked on a policy to guide and support Member States and the Pan American Sanitary Bureau, based on the cross-cutting themes of the PAHO Strategic Plan. 2020-2025: gender, equity, ethnicity and human rights, seeking to provide technical and strategic advice, according to their national or subnational contexts and priorities, so that they can successfully develop and implement strategies and initiatives to strengthen mental health. The policy is based on five strategic lines of action: strengthening leadership, governance and multisectoral partnerships; integrating mental health into all policies; improving the availability, accessibility and quality of community mental health and substance use services; promoting lifelong promotion and prevention strategies and activities; strengthening the integration of mental health and psychosocial support in the context of emergencies; and strengthening data, evidence and research.

The mental health of college students has been an increasingly relevant topic. Studies show an increase in mental health problems among this population, especially anxiety, depression and stress, so it is important to study the influence of the family and the development of socioemotional skills to strengthen mental health.

These problems affect their ability to learn and participate in education, and their general and future well-being. Anxiety and depression can diminish their concentration and academic performance, and stress can lead them to feel overwhelmed and unmotivated. Moreover, these problems can persist into adulthood if not adequately addressed (Sharon, 2023). It also highlights the importance of addressing social disparities that have become visible and considering the underlying social determinants when addressing youth mental health problems (Medina-Mora, et al., 2022).

Among the most frequent Mental Health problems in Mexico and worldwide, is depression among university students. In 2018 it was found that, 8 to 15% of people suffer depression throughout their lives, considered worldwide as a public health problem, without attention it translates into loss of healthy years of life, therefore, there is a greater need for medical care and increased economic impact at the institutional level (Ortega et al., 2022)

In addition, it is important to mention that according to WHO (2017) within the depressive symptomatology, there is a greater presence of depression in women than in men as the most important cause within female morbidity within high-income countries, as well as within low-income countries. For his part, Vázquez (2013) mentions that the prevalence in women is more frequent in the middle stage of life, because they experience more severe and non-serious significant events, independent and dependent, before the onset of depression than men.

However, the World Health Organization (WHO, 2022) indicates that there is a higher incidence of depression in ages ranging between 15 and 29 years with a higher prevalence in women than in men, since it is considered that there is a higher risk of suicide since almost one million people take their lives because of this condition each year, affecting families and communities in the world.

On the other hand, Arrieta et al. (2014) from the study conducted on the prevalence of depression and anxiety in 973 university students in Colombia and the factors associated with these disorders. They determined that 74.4% of the sample presented depressive symptoms and that, for both depression and anxiety, family problems accompanied by economic difficulties turned out to be associated factors.

Depression in young people is mainly associated with stress, although university students have a higher incidence of depression compared to non-students and the general population. (Valencia, 2010), because in the school stage from an early age there is a period of learning acquisition where stress is experienced by testing skills and competencies, overload of activities, use of time to academic demands, work, homework and other responsibilities, which leads to pleasant and unpleasant experiences with some difficulty for the individual in their academic context.

While Balanza et al. (2009), conducted a research study at the Catholic University San Antonio of Murcia, in the university student population, results indicated cases of students suffering from headaches, sleep disturbances, neurovegetative

symptoms, while others externalized cognitive and behavioral symptoms such as irritability, lack of concentration or anxiety, which are related to psychological disorders of anxiety and depression; These were consistent with academic and psycho-socio-familial factors that favored the occurrence, preservation and even aggravation of these symptoms.

Gutiérrez et al. (2010), conducted an investigation in a sample of 1,344 undergraduate students of the CES University of Medellín in Colombia, including the careers of Medicine, Dentistry, Veterinary and Animal Science, Psychology, Law, Physiotherapy, Biology, Biomedical Engineering and Prehospital Care, which was carried out in two stages (descriptive and analytical) where the prevalence of depression was calculated and the relationship between depression and stress in students was analyzed, using the self-applied Zung scale. The results obtained showed that 52.8% of the population did not present this disorder, while 29.9% indicated a mild level, 14.2% of the total population manifested moderate depression and 3.2% indicated that the subjects presented severe depressive symptoms.

The study of depression and anxiety was conducted by Agudelo et al. (2008), with a sample of 259 students, 227 women and 32 men from first to seventh semester of the Faculty of Psychology of the Universidad Pontificia Bolivariana sectional of Bucaramanga, between 16 and 26 years old; the results obtained show that the female population has a higher prevalence, with a mean of 8.77, with a standard deviation of 6.88.

Amador-Licona, et al. (2020) after investigating 119 Mexican students with an adequate grade point average in high school, found that the women in the sample managed stress and mood less well than the men.

Ortega et al. (2022) conducted an investigation with a sample of 237 students to diagnose the relationship between depression and family functionality in students of the Faculty of Agricultural Sciences of the UAEM (Mexico), the results indicated that 59.92% of the students suffer some degree of depression, predominantly in males, with a higher frequency between 19-21 years of age, while 66.66% of the women present severe depression. The majority of those detected with depression, 75.32% have a normo-functional family and despite this, the incidence of depression (N=116; 45%) is very high in this group. Also notable is the moderately functional family (18.18%) and the students identified with severely dysfunctional families, 10 of 13 have depression (6.49%).

In the case of Pérez-Pérez et al. (2021) in their study conducted with a sample of 105 foreign nursing students from the state of Veracruz, they did not find a significant association between depression, anxiety and stress with family support, but they identified that there is a high percentage of students who presented mild pathologies. Therefore, the authors concluded that the mental health of the students was altered by family factors, given that, being foreign students, they were distanced from their families and therefore had an absence of affection (which coincides with the low average level of family support that was detected), which generated symptoms of depression, anxiety and stress.

For Sigüenza (2015) it is important for the family to have an adequate state of health in order to prevent its members from entering into a maladjustment that has the effect of a change within its functioning, since health in the family may be established by its ability to fulfill certain functions, roles, adapt to changes and overcome family crises in the face of situations that arise due to internal or external factors.

Having a family with an adequate environment and dynamics will favor the individual to develop skills that allow him to manage his emotions and thus increase the perception of his efficacy in the academic environment (Tobar-Viera et al., 2023).

Family functioning is defined as the capacity of family members to carry out family roles, deal with family problems, adapt to new routines and family procedures, communicate effectively with each other and maintain cohesive relationships (Pisula 2017, cited in Avila, 2022). Within the primary functions performed by families, it is considered to create an environment of affection, in the same way, it must take care that these emotional needs meet a permanent affective quality, with a balanced and continuous combination of support, respect, tolerance, as well as understanding

Delfin et al. (2020) describe family functionality as the dynamics of family relationships formed within families throughout their history, with adaptation, companionship, affection and the capacity to solve everyday problems. Family function can potentially affect the social, emotional and physical health of individuals. It reflects the family's ability to meet the essential life goals of its members and how they interact with each other within the family unit.

Functionality in the family is a determining factor in the preservation of health or in the appearance of disease among its members. The family as a system plays an important role, not only in the process that generates the alteration of health, but also in its rehabilitation process. This depends on whether the family is dysfunctional or, on the contrary, functional, and has adequate socioemotional and communication resources for social support to meet the basic needs mentioned above (Ojeda, 2013).

For Avila (2022), family functionality is represented by the harmonious relationships and the way in which the members of a family relate to each other and to others, with a view to family equilibrium. Therefore, the family can be considered functional or dysfunctional. A functional or mature family is one that manages to live through conflicts and critical moments with emotional stability, living together harmoniously and independently, maintaining commitment among its members and therefore plays an important role in the care of people with mental disorders. A family with adequate levels of family functionality is more likely to resolve critical situations of daily life with greater emotional stability, so that conflicts can be resolved in a more balanced and harmonious way and family members can better adapt to stressful events. In this same vein Obregón et al. (2020) postulate that family functionality is a crucial factor in the formation of college students, since it should focus on developing basic skills for academic performance and allow students to develop life skills and emotional intelligence, therefore the functions of the family system, such as mutual support, autonomy, independence, rules and adaptability to changes, have a positive impact on the development of emotional intelligence of



college students. Previous studies have shown that students with low stability and impaired family functioning have a greater tendency to develop violent behaviors (Zambrano & Monge, 2017).

Research by Enríquez et al. (2021) indicates the existence of a predisposition between a dysfunctional family environment and the onset of depression, especially among the youngest members of the household. This relationship, proven between both variables, justifies advancing in the study of both, to provide a comprehensive diagnosis of family conditions and their incidence on the emotional state of university students immersed in the study context.

On the other hand, a study carried out by the same authors found a direct and significant relationship between depressive symptomatology and family functioning, which implies that high symptomatology is related to the dysfunction that the depressed person perceives in his or her family. Likewise, they found in various studies that 50% to 75% of depressed persons perceive dysfunctionality in their family, i.e., that the deterioration of family functioning seems to be an important prognostic factor in depression.

To address depression should be seen as a multifactorial cause, i.e. under the influence of family dynamics, social, demographic, cultural, environmental, stress, among other factors, so coping strategies and the development of socioemotional skills, which are defined as individual characteristics arising from the interaction of biology and the environment, should be encouraged. These skills manifest themselves in coherent patterns of thoughts, feelings and behaviors. They develop through learning experiences and influence throughout a person's life ( De Souza et al., 2022). These skills are especially relevant in the university environment, as students face diverse academic, personal, and social challenges during their educational experience, but also transcend into their professional lives (Sancho-Cantus et al., 2023). So betting on developing healthy socioemotional skills, has been related to better academic performance, greater personal satisfaction and better adaptation to university changes and challenges; it helps manage study-related stress and anxiety (Pertegal-Felices et al., 2017); it facilitates adaptation to the university environment and promotes social acceptance, improving their learning outcomes and cognitive skills.

Authors such as Kornas-Biela et al. (2023) found that university students distanced from their families had emotional problems and difficulties in adapting to the new situation; in these cases, socioemotional skills can help mediate social support and reduce mental distress. In this same sense, in situations of conflict or crisis, the adaptation of students and the need for psychological and psychotherapeutic support are fundamental to favor the development of personal resources that allow them to better cope with stress and develop new life priorities (Pantiuk et al., 2023).

BarOn (1997), has been dedicated to the study of emotional intelligence and its relationship with mental health and psychological well-being. This theory is based on Thomdike's 1920 theories of social intelligence and Weschler's 1940 theory of intelligence.

In order to develop socioemotional skills and improve mental health, the researcher BarOn (2000) built his theoretical model of emotional intelligence, taking as a reference five major areas of functioning or skills (intrapersonal, interpersonal, stress management, adaptability and mood).

The theoretical model of emotional intelligence is structured based on: a) Ability to recognize, understand and express emotions and feelings. b) Ability to understand how others feel and relate to them.

c) Ability to handle and manage emotions associated with stressors.

d) Ability to manage change, adapt and solve interpersonal problems. e) Ability to generate a positive effect and be self-motivated.

Family dynamics is a concept linked to family functioning, which is defined according to the systemic approach as the process of interaction between members who are linked by kinship ties, relationships of affection, communication, limits, hierarchies or roles, decision making, conflict resolution and the functions of each member; thus acting, both positive and negative forces that determine the good or bad functioning of this natural biological unit called Family Hinostriza, et al (2011).

Minuchin (1974) investigated that the family influence of its members, especially in psychosomatic diseases, demonstrated in clinical experimentation that the children responded individually to tensions that affect the family dynamics through physiological manifestations. He also mentions that there is a reciprocal influence between the individual and the context, so that such pathology may be present within the patient and not only in the family context or the interaction between the two.

The same author mentions in this regard: "A family is subject to internal pressure encountered in the evolution of its own members and subsystems and to external pressure originating in the requirements to accommodate in significant social institutions that influence family members. The response to these external and internal external and internal demands a constant transformation of the population of family members and their mutual relationships so that they can grow while preserving their continuity."(p. 98).

So according to Minuchin's structural theory (1974), one of the forces that can subdue the family as a cause or consequence of an illness is stress, because stress can start from the contact of a member or the whole family with extra-familial forces, in this type of situation the family tends to make accommodations; depression can also be considered an important factor for the influence on health in the family, since resources are threatened.

On the other hand, the ecological theory of the systemic model of the American psychologist Urie Bronfenbrenner, is made up of systems that bring together cultural, social and physical aspects (Bronfenbennet, 1987, quoted by Poque 2020), mentioning that the development of the subject is related with the context of family relationships. The development of the person, therefore, is reduced as a result of biological factors, but the genetic endowment that interacts with the

immediate family environment and, with other spheres of the environment, according to this theory the family is conceptualized as an ecosystem, ie. as a group that interacts with its habitat (Alzate, et al 2016)

The theory considers that system homeostasis is achieved when there is an adequate balance between stress levels and system resources. In the face of changes in the family and the extrasystem, this can lead to ecological instability, in which the stressors exceed the perception of individual and family resources to face a given situation (Bronfenbrenner, 1987), it is likely that an illness will occur or that the physical or mental health of some member will be altered.

Therefore, the ecological environment is conceived as a "set of serial structures structured at different levels", where each of these levels contains the other. Bronfenbrenner calls these levels the microsystem, the mesosystem, the exosystem and the macrosystem. The peculiarity of this perspective is that its levels are in direct relation, i.e., when one of the systems is altered, it has repercussions on the functioning of the others (Alzate et al. 2016).

**The microsystem.** It is the closest to the subject, composed of the set of relationships between the subject and the family, being the place where he/she develops and socializes with other people (parents, siblings, etc.). At this level, roles can be established that determine the actions to be performed in a context, in the case of the family it can be the son/daughter, father, mother, among others, with very marked or diffuse rules and limits, which determine the way of relating among them (Monreal and Guitart, 2013), so the microsystem determines healthy behaviors and favors an adequate mental health.

**The mesosystem.** It comprises the interrelation of two or more systems in which the subject participates in the efficiency of the social interconnections between the environments and one of the main factors to achieve this objective is the communication and information obtained from each environment (Bronfenbrenner, 1987, cited by Poque 2020).

**The exosystem and macrosystem** reinforce this position since they refer to contexts in which the person does not participate directly, but the decisions made there have an influence on their lives, since the exosystem responds to "one or more environments that do not include the developing person as an active participant, but in which events occur that affect, or are affected by, what happens in that environment" (Bronfenbrenner, 1987, p. 65).

**The macrosystem.** Defined as the correspondence, in form and content, of the lower order systems that exist or could exist, at the level of the subculture or culture as a whole, together with any belief systems or ideologies that support these correspondences (Bronfenbrenner, 1987, p. 45). Culture has great relevance and cultural values influence people's behavior. Therefore, it has been mentioned that today's society demands social and cultural requirements that exceed the adaptive capacity of individuals and families (Torricco et al, 2002).

This approach of the ecological theory is important, since what the subjects perceive with respect to the environments with which they relate will allow us to know the meaning and experiences of family functionality and the relationship with mental health and social and emotional skills, under this systemic perspective the behavior of family members, arise from the exchange with the environment, and not only with the family, but also with the community, systems, culture and values. For this reason, Musitu et al. (2004) postulate that the greater or lesser existence of resources within the family is related to the depressive mood of young people, mainly adolescents, so that in families with few family resources such as little flexibility, little emotional bonding among its members and poor family dialogue there is a greater likelihood of depressive symptoms in young people.

## METHODOLOGY

The research article is based on quantitative methodology, the type of study is non-experimental, descriptive, explanatory and correlational, the study universe is 1900 university students from the foreign units of the Universidad Autónoma de Nayarit. (Mexico). The sampling technique that was implemented is stratified by cluster, taking a sample of 960 students, the ages of the study subjects range from 18 to 45 years old  $M = 20.92$ ;  $SD = 3.955$ , with a sampling error of  $\pm 3\%$ , confidence level of 97% and  $p = q = 0.5$ , Otzen and Manterola (2017), the calculation of the sample was performed using the following formula:

$Z^2 P Q N$

$n = \frac{Z^2 P Q N}{E^2}$

$N$  = Population or available universe (1900).

$n$  = Sample size for simple random sampling (960)

$Z$  = Confidence normal value of abscissa normal curve 97% (2.6896)

$E$  = Absolute maximum statistical error 3% (0.0036)

$P Q$  = 50% which is where variance maximizes (0.5)

## Procedure:

According to the principles of bioethics, the Nuremberg Code and the Helsinki declaration, research can help determine a balance between the advancement of science and the protection of human rights and the welfare of research subjects (Kassem and Silverman, n.d.) The research is based on the aforementioned ethical principles, the human rights of the study subjects are respected, non-discrimination is encouraged, work is carried out under strict ethical and professional principles, confidentiality and informed consent data are protected.

It is important to mention that the management of each institution of higher education where the instruments were applied was informed and permission was requested, the instruments were applied at scheduled times and agreed upon with the directors of said institutions, when the students were visited in the classroom, the characteristics of the research and the

instruments were explained to them, and it was commented that they had the right to participate in the research and to abandon their participation, since it was voluntary.

#### Instruments used.

Family Functionality Scale. Depression Scale.  
General health questionnaire.  
Inventory of socioemotional competencies

**Table 1 Measuring instruments.**

Scale	Authors	Measure	Cronbach's alpha
Family Functionality.	Bellón J, Delgado A. Luna et al., (1996)	The general level of family functioning.	.85
2. Depression	Radloff, L. (1977)	Symptomatology associated with depression or depressive mood.	.77
3. General Health Questionnaire (GHQ-12)	Goldberg, D. & Williams, P. (1988).	The level of mental health	.834
4. Inventory of socioemotional competencies.	BarOn. T. and Parker.J.D.A. (2018).	Competencies in the intrapersonal, interpersonal, stress management, adaptability and mood dimensions.	.907

## RESULTS.

The results were processed, coded and analyzed with the statistical program SPSS from IBM, version 22, using inferential, descriptive and correlational statistics, as well as linear regression, Manovas and Anovas, to perform the correlation of the variables studied in the research.

**Table 2. Percentage of participation in health deterioration.**

	(%) High Impairment Health	(%) Moderate Health	(%) Impairment Low impairment Health.
Levels of health deterioration.	43.9% 418	39.6% 377	16.6% 158

**Table 2.** The results of Health impairment show that 418 students (43.9), present low health impairment, while 377 students (39.6%) have moderate health impairment, only 158 (16.6%), presented high health impairment The data indicated that the surveyed university students have adequate mental health that allows them to study, work and be proactive in daily activities.

Table 3. Pearson correlations between the variables considered.		
	1	2
1.FF	1	

2.P.S.	-.444**	1
3.DS	-.449**	.708**
4.EA	.461**	-.516**
5.INTER	.165**	-.006
6.ME	.175**	-.351**
7.INTRA ADAP	.252**	-.286**
	.242**	-.219**

**Note:** FF-Family Functionality; DEP-Depression; DS-Health Impairment; EA-Mood State; INTER-Interpersonal; ME-Stress

Management; INTRA-Intrapersonal; ADAP-Adaptability.

\*\* . Correlation is significant at the 0.01 level (bilateral).

\*. The correlation is significant at the 0.05 level (bilateral).

**Table 3.** Correlations between the study variables are presented. Significant correlations were obtained between all the variables. Family functionality correlates negatively and significantly with: depression ( $r = -.444$ ,  $p < .01$ ) and health deterioration ( $r = -.449$ ,  $p < .01$ ); at the same time it correlates positively and significantly with mood ability ( $r = .461$ ,  $p < .01$ ), with interpersonal skills ( $r = .165$ ,  $p < .01$ ), with intrapersonal skills ( $r = .252$ ,  $p < .01$ ), stress management ( $r = .175$ ,  $p < .01$ ) and adaptability ( $r = .242$ ,  $p < .01$ ). The analysis of variance revealed statistically significant differences between the family functionality groups with depression, health impairment and socioemotional skills. ANOVA showed significant differences in depression ( $F$ , (2,839) = 83.63,  $p < .001$ ,  $n_2 = .166$ ), health impairment ( $F$ , (2,839) = 87.77,  $p < .001$ ,  $n_2 = .173$ ), mood ( $F$ , (2,839) = 103.68,  $p < .001$ ,  $n_2 = .198$ ), interpersonal skills ( $F$ , (2,839) = 12.05,  $p < .001$ ,  $n_2 = .28$ ), intrapersonal skills ( $F$ , (2,839) = 25.65,  $p < .001$ ,  $n_2 = .058$ ), stress management ( $F$ , (2,839) = 10.98,  $p < .001$ ,  $n_2 = .026$ ) and adaptability ( $F$ , (2,839) = 28.48,  $p < .001$ ,  $n_2 = .064$ ).

**Table 4. Differences between the groups (high, moderate, low family functionality) in the variables depression, health impairment and socioemotional skills.**

	High Family Functionality		Moderate Family Functionality		Low Family Functionality		F
	M	(DT)	M	(DT)	M	(DT)	
Depression	1.93 <sup>c</sup>	.60	2.34 <sup>b</sup>	.65	2.67 <sup>a</sup>	.56	83.66***
State of Mind	3.09 <sup>a</sup>	.47	2.77 <sup>b</sup>	.45	2.46 <sup>c</sup>	.46	103.68***
Interpersonal	2.82 <sup>a</sup>	.45	2.70 <sup>b</sup>	.37	2.64 <sup>b</sup>	.41	12.05***
Stress	2.73 <sup>a</sup>	.43	2.62 <sup>b</sup>	.43	2.56 <sup>b</sup>	.38	10.98***
Management	2.59 <sup>a</sup>	.48	2.40 <sup>b</sup>	.51	2.26 <sup>c</sup>	.55	25.65***
Intrapersonal	2.82 <sup>a</sup>	.51	2.59 <sup>b</sup>	.47	2.50 <sup>b</sup>	.47	28.48***
Adaptability	.85 <sup>c</sup>	.48	1.18 <sup>b</sup>	.56	1.52 <sup>a</sup>	.53	
Health Impairment							87.77***

**Note:** M=Mean; SD=Standard Deviation; F=F Fisher-Snedecor F; "Bonferroni test  $a < b < c$ . \* $p < 0.01$ ; \*\*\* $p < 0.001$ .



**Table 4.** The Bonferroni a posteriori test (.05) indicated that youth with low family functioning obtained statistically higher scores in depression and health impairment, relative to youth with moderate and high family functioning. On the other hand, youth with high family functioning excelled in their means on mood, interpersonal skills, intrapersonal skills, stress management, and adaptability. It should be noted that youth with moderate and low family functioning did not show differences in interpersonal skills, stress management and adaptability

**Table 5. Predictor variables of family functionality**

Predictor variables	R <sup>2</sup> corrected	F	β	p
.272	45.593			
Depression			-.063	.001*
State of mind			-.205	.001*
Interpersonal skills			-.157	.165
Stress management			-.074	.650
Intrapersonal skills			-.051	.726
Adaptability			-.330	.374
Health Impairment			-.135	.004*
<b>Note:</b> R <sup>2</sup> squared multiple correlation; F=F of Fisher- Snedecor; β=Beta;				

**Table 5.** The results of the linear regression analysis confirmed the predictive value of depression, health impairment and socioemotional skills on family functionality, the overall model explained 27.2%.

It is found that depression ( $\beta = -.221$ ;  $p < .001$ ), mood ( $\beta = .259$ ;  $p < .001$ ) and mood health impairment ( $\beta = -.135$ ;  $p < .001$ ) are statistically significant in the prediction of family functioning; in turn, the variables interpersonal skills, stress management, intrapersonal skills and adaptability are not significant in the predictive dimension of family functioning.

## CONCLUSION.

The present research had the following objectives: 1) To analyze the relationship of family functioning with depression, health impairment and socioemotional skills; 2) To analyze the possible divergences between the groups of low, moderate, high family functioning, depression, health impairment and socioemotional skills; 3) To determine the predictive value of depression, health impairment and socioemotional skills on family functioning.

In recent years, studies conducted with the university population have revealed an increase in mental health problems such as depression, anxiety and stress (Infante et al., 2020). Therefore, the need arises to explore and intervene about the variables that are related and influence the triggering of these disorders. It should be noted that ENSANUT (2022) reported that up to 16.1% of the Mexican population aged 20 years and older presented moderate or severe depressive symptoms. Regarding the first objective: To analyze the relationship of family functionality with depression, health deterioration and socioemotional skills, the results indicated that family functionality correlates negatively and significantly with: depression and health deterioration. This is in contrast to the studies of Pérez-Pérez et al. (2020) who did not find a significant relationship between family functioning and mental health problems. However, the authors found a high prevalence of depression (85.8%), anxiety (84%) and stress (77.4%) in the sample studied and low levels of perceived family support.

On the other hand, the relationship detected between family functionality, mental health deterioration and depressive symptomatology confirms the results of previous studies where the relationship between the variables is evidenced. Given that the family is a key factor in the development of mental health problems, since it is in the family where the individual begins his or her psychosocial development and growth (Sigüenza, 2015; Díaz, 2018). Authors such as Enriquez et al. (2021), pointed out the existence of a predisposition between a dysfunctional family environment and the onset of depression, especially among the youngest members of the household.

Therefore, the relationship found translates into the fact that if a young adult university student has a family that meets his or her emotional needs, provides support, tolerance, understanding and respect (Pisula, 2017), has a family that shows flexibility, efficient communication and healthy emotional ties (Musitu et al. 2004), he or she will have a lower tendency to present deteriorated mental health. As argued by Alvarado (2019), Arrieta et al. (2014) and Barrera-Herrera et al. (2019) who found that having a functional and harmonious family dynamic acts as a protective factor against problems such as depression, anxiety and stress, respectively. Since family functioning is a factor in the prevention or appearance of health problems due to the socioemotional and communication resources it provides or lacks, as the case may be (Ojeda, 2013). In this same vein Obregón et al. (2020) postulate that family functionality is a crucial factor in the formation of college students, since it should focus on developing basic skills for academic performance and allow students to develop life skills and emotional intelligence, therefore the functions of the family system, such as mutual support, autonomy, independence, rules and adaptability to changes, have a positive impact on the development of emotional intelligence of college students. Previous studies have shown that students with low stability and impaired family functioning have a greater tendency to develop violent behaviors (Zambrano and Monge, 2017).

In view of the fact that previous research has shown that the family is also related to the academic performance of individuals (Ríos-Guzmán, 2019), as it intervenes in cognitive, emotional and social development (Beck et al., 2012). In addition to the fact that it can be considered a protective factor by being a support network for the student in the face of academic and personal problems, or as a risk factor that increases the vulnerability of the subject to develop mood disorders if there are alterations in the family dynamics (Vargas, 2014). It is necessary to promote and encourage the development and use of socioemotional skills that allow the student to adapt, face problems and be functional in the university context and in the family environment through the development of life skills and emotional intelligence (Obregón et al., 2020).

Kornas-Biela et al. (2023) found that family functionality was significantly related to all factors of socioemotional skills. These relationships were previously postulated in studies conducted by those who found that university students distanced from their families had emotional difficulties and difficulties in adapting to new situations. Therefore, it is relevant that the results showed a positive and statistically significant relationship between family functionality and all the factors of socioemotional skills.

Regarding the second objective: To analyze the possible divergences between the groups low, moderate, high family functionality, depression, health deterioration and socioemotional skills. The study found that 16.6% of the students in the sample presented a high deterioration in their mental health and 41.22% a high family functionality, 39.6% had a moderate deterioration in mental health and 41.12% a low family functionality, while 43.3% of the students had a low deterioration and 17.66% a low family functionality. The results differ from those of Ortega et al. (2022) who in a sample of Mexican students from a region different from that of this study found that 59.92% of the students presented some degree of depression.

Additionally, it is important to mention that the data from the present study indicated that most of the university students surveyed have adequate mental health that allows them to study, work and be proactive in their daily activities. In addition, the majority of the sample reported belonging to a normo-functional family. These results differ from those found by Enriquez et al. (2021) who found that 50% to 75% of the people in the sample who were detected as depressed perceived dysfunctionality in the family to which they belonged.

The data indicate that those young university students who presented a high family functionality compared with the groups of low and moderate family functionality, have a greater tendency to present a deterioration in their mental health and as a consequence develop depressive symptoms such as: difficulty concentrating, sadness most of the day, sleep and eating disturbances, as well as loss of interest in activities that were previously satisfying (Radloff, 1977), in addition to difficulty in making decisions, presence of stress and overwhelm, deterioration in the concept of personal worth and self-confidence (Goldberg and Williams,

1988). Given that a functional family will be able to cope with critical moments and difficulties of daily life using individual and shared emotional resources at the family level (Avila, 2022). The functional dynamic promotes and provides the emotional resources to cope if a member presents alterations in his/her mental health and is a support and protective network against the development of symptomatology that affects his/her wellbeing and academic performance (Sharon, 2023) In continuity, the study showed significant differences among the three groups indicating that students from families with high family functioning compared to the moderate and low group present a higher general mood that concerns maintaining a positive attitude towards life, having a sense of humor and the ability to feel satisfied with oneself. In addition, it was also found that this group compared with those of moderate and low family functioning present greater intrapersonal skills such as emotional self-awareness, assertiveness in communicating their needs, thoughts and feelings, self-regard, and independence from the family group (Fernandez, 2011). Regarding interpersonal skills, stress management and adaptability, the high family functioning group obtained higher means in these skills compared to the low and moderate functioning group, but no differences were found between the latter two.

Therefore, it is reiterated that, according to the results, students from a family that presents a good family functioning permeated with support, independence to make decisions, assertive communication and individual and collective adaptation skills will increase the probability of developing an emotional intelligence that allows them to face the demands of the educational context and their daily life (Obregón et al., 2020). In addition to preventing mental health problems such as depression, which has been associated with the stress that the university context generates in students (Valencia, 2010). Preventing to develop psychosocial, cognitive and behavioral alterations that add to the academic and family stressors that put at risk not only the performance of students, but also their physical and emotional health (Balanza et al., 2009).

Finally, with regard to the third objective: To determine the predictive value of depression, health deterioration and socioemotional skills on family functioning. The results of the linear regression analysis showed that mood to a greater extent, followed by health deterioration and depression are predictors of family functionality. These findings corroborate the importance of promoting and developing skills within the family that allow its members to know, express and manage their feelings and emotions so that these resources help individuals to establish a balance between the levels of stress that occur within the family and the resources to cope with them (Bronfenbrenner, 1987). According to Musitu et al. (2004), families that have the necessary and sufficient emotional resources, such as flexibility, emotional bonding and efficient communication, will have a lower tendency to develop depressive symptoms, especially the younger members. Since the

microsystem, the closest to the subject and therefore concerns the family, should provide the subject with the first learnings on how to relate to others, starting with the members of the family sphere (Monreal and Guitart, 2013).

The above coincides with Bronfenbrenner (1987) who mentions that, if the family dynamics present modifications and therefore the microsystem undergoes modifications, it can lead to instability, in which the stressors exceed the perception of individual and family resources to face a given situation, it is likely that an illness will occur or the physical or mental health of a member will be altered. A family is subjected to internal pressure found in the evolution of its own members and subsystems and to external pressure originated in the requirements to accommodate in significant social institutions that influence family members. Based on the above and in line with the ecological theory that postulates that cultural values influence individual attitudes and behaviors. In addition to the fact that social demands exceed the adaptive resources of individuals and families (Torrico, et al., 2002). It is necessary to put into practice public policies that favor the wellbeing of the microsystem and consequently of the macrosystem, contributing to social functioning, intervening at the individual and family level from educational and community psychology to favor the macrosystem.

### Recommendations

In view of the above from the results of the research, it is suggested to correlate the variables that may intervene in the deterioration of the mental health of university students such as family functionality, deterioration of health and depression and those that could act as protective factors such as socioemotional skills, problem solving, assertiveness and coping strategies, etc.

It is suggested to conduct similar studies in other sectors of the country with larger and more heterogeneous samples, the type of study to be comparative, explanatory, exploratory, longitudinal, as well as including other variables such as anxiety, suicidal ideation, socioemotional intelligence, school dropout and academic performance, social network of friends, physical activation, recreational and occupational activities, additionally it is suggested to conduct more comparative studies that demonstrate how social roles and gender issues have an impact on the mental health of young university adults.

For future research, it is advisable to explore whether there is a family history of depression and other mental health problems in order to explore the biological and genetic predisposition to develop them and to highlight the importance of psychosocial and health intervention to prevent and reduce the presence of these conditions in the population of young university students.

Due to the detected prediction of the research variables on family functioning and the relationship with health deterioration, depression and socioemotional skills, it would be interesting to include other family members in future studies, to compare family functioning perceived from the different perspectives of the members and with the results to be able to intervene in a more comprehensive way in order to seek greater mental health in families and therefore in Mexican society.

From this research it is recommended to analyze the different family variables involved in the development of depressive symptoms, the current study provides interesting elements on the relationship of the variable of family functionality, deterioration of health and depression, but does not evaluate the types and levels of depression in the study population, since there is no classification of the frequency and intensity with which depressive symptoms occur in longitudinal and cross-sectional studies and gender perspective.

Differences between sex, socioeconomic level and family types were not explored; further studies could explore these variables to obtain a more in-depth diagnosis of the sample of interest.

In addition, the importance of implementing programs that promote the development of tools at the individual and family level, such as socioemotional skills, coping strategies, assertive communication, family planning, school for parents, among others, from public policies, the education and health sectors. It is important to generate mental health programs that promote and improve integral health in the communities, applying preventive and remedial school and community programs in health institutions, under a culture of educating to generate health.

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