Role of Parenting Styles, Comorbid Mental Disorders, Social Competency in the Causation of Substance Use Disorder among Youth

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Abstract*— The epidemic of substance addiction among young people is increasing at an alarming rate, owing to altering cultural norms, strong competition in the sectors of school and job, mounting financial hardship on families, and eroding supportive links for children during this time of transition. As a result, many young individuals have their first encounters with drugs, particularly those that are easily accessible, such as inhalants, cigarettes, cannabis, and alcohol. Scientists have defined four basic parenting styles - Authoritarian, Authoritative, Permissive, and Neglectful - in this area of research and attempted to discover which style has the highest association with the onset of alcohol and drug use during adolescence and early adulthood. The evidence is clear: authoritarian and neglectful parenting styles are associated with the highest risk of youth alcohol and drug use, whereas authoritative and permissive parenting styles are associated with a lower risk of youth alcohol and drug use when compared to authoritarian and neglectful styles. In this paper, data has been reviewed from various research conducted on this matter in the past with an aim to identify the gaps and raise awareness in the general population so that the onset of SUD in youngsters can be prevented with corrective measures. Another goal of this study is to identify how parenting styles are linked to the development of interpersonal competency and if it results in additional mental health issues on top of Substance Use Disorder.

Index Terms- Adolescent Substance Abuse, Family Dynamics, Parental Influence, Parenting Styles, Risk Factors, Substance Use Disorder, Youth Mental Health

I. INTRODUCTION

Substance use disorders (SUDs) are often linked to experiences of childhood adversity commonly associated with dysfunctional parenting. However, this issue has received limited attention in relation to opiate addiction. The Measure Of Parental Styles (MOPS) questionnaire was employed to assess perceived parental dysfunction during childhood in a clinical sample from an outpatient addiction treatment program. Data from 120 consecutive outpatients included DSM-V diagnoses of SUDs, history of suicide attempts, family structure, and changes in caregivers during childhood, alongside their perceptions of parental relationships assessed via MOPS, which evaluates mother and father separately. This study expands upon previous findings published by Roy (2023), which investigated the role of parenting styles in the development of interpersonal competencies among youth, particularly in relation to substance use. The insights gained from that work have laid a foundation for this research, which seeks to explore these factors in greater depth. Further details are available in the published article (Roy, 2023). Previous research by Roy (2023) examined the link between authoritative parenting and substance use prevention, suggesting that supportive and structured parenting may contribute to youth resilience. The current study builds on these findings by analyzing the correlation between various parenting styles and the onset of Substance Use Disorder (SUD) in a larger sample.

The dimension of maternal neglect showed a significant correlation with an earlier age of substance use initiation, the number of previous hospitalizations, and lifetime suicide attempts. These associations remained significant in multivariate models. This study represents the first application of the MOPS questionnaire to a representative sample of SUD outpatients. Given its high acceptability and correlation with key SUD-related factors, it is suggested that the MOPS be utilized to inform attachment and familial management strategies, as well as gene-environment research models.

Numerous studies (Becoa et al., 2012; Demuth & Brown, 2004; Hoffman, 2015; Loeber & Stouthamer-Loeber, 1986; Ryan, Jorm, & Lubman, 2010;

Velleman, Templeton, & Copello, 2005; Wasserman & Seracini, 2001) have long recognized the impact of parenting quality as both a risk and protective factor for substance use and other problematic behaviours. Parenting styles characterized by antagonistic, inconsistent relationships and inadequate supervision are associated with higher rates of early substance use. Additionally, children exhibiting externalizing or attention-deficit behaviours may influence parental responses, potentially leading to less effective parenting (Moffitt, 1997; Patterson, Reid, & Dishion, 1992; Thornberry & Krohn, 2005).

This study seeks to explore whether parenting style mediates the relationship between externalizing or attention-deficit behaviours and early substance use. Evidence from Lansford et al. (2011), Sitnick et al. (2014), and Vuchinich, Bank, and Patterson (1992) supports the indirect effect of early childhood behaviors and adolescent parenting on youth substance use. Despite these findings, the moderating role of parenting in this association remains underexplored. Donovan (2004) called for more research to identify protective factors that could mitigate this relationship. Few studies have investigated parenting as a moderator and mediator between early substance uses and conduct problems in children.

II. METHODOLOGY

A. Problem and Objective

The study addresses the challenges posed by parental lack of support and the internalization of stigma associated with substance use, which exacerbates issues faced by young adults with substance use disorders (SUDs). This lack of support can contribute to the development of additional mental health disorders such as depression, schizophrenia, anxiety, mood disorders, or impulse-control disorders. These conditions can increase the risk of fatal overdose, suicide, criminal behaviour, and poor life choices, hindering the individual's ability to live a healthy and fulfilling life.

The objectives of this study are as follows:

- To identify dysfunctional parenting patterns and provide parents with strategies to prevent or aid in the recovery of SUD.
- To investigate the correlation between problematic parenting styles and social competence in young adulthood.
- To examine how a combination of parenting styles and social competence may contribute to the development of additional mental disorders alongside existing SUD.

B. Hypotheses

- H0: There is no significant correlation between parenting styles and the development of SUD in young adults, nor between parenting styles and recovery outcomes.
- H1: There is a significant correlation between parenting styles and the development of SUD in young adults, as well as recovery outcomes.
- H2: There is no direct link between parenting styles and the development of SUD, but social incompetence resulting from parenting styles is significantly correlated with the onset of SUD.
- H3: There is a significant correlation between the combination of parenting styles and social competence, and the onset of SUD with additional mental disorders.

C. Operational Definitions

- Substance Use: Identified using the Screening to Brief Intervention (S2BI), which assesses current substance use and frequency.
- Parental Experience: Evaluated through The Measure of Parental Style (MOPS), which assesses perceived parenting styles.
- Social Competence: Measured using the Interpersonal Competence Questionnaire (ICQ), which assesses social skills and abilities.
- Additional Mental Disorders: Identified using the Anonymous Mental Health Screening, which detects various psychiatric issues.

D. Sample

The sample will consist of young adults aged 18 to 25 years who are active or lifetime substance users, including users of alcohol, marijuana, inhalants, sedatives, opioids, stimulants, and hallucinogens. Participants will be selected based on the following criteria:

- Inclusion Criteria:
  - Substance users aged 18 to 25 years.

- Active or lifetime history of substance use.
- Presence of additional mental disorders.
- Currently living with parents.
- Currently in higher education, employment, or neither.
- Undergoing treatment for SUD or in the rehabilitation/recovery phase.

- Exclusion Criteria:
  - Substance users who are not mentally fit for assessment.
  - Individuals who have not spent a significant amount of time with their parents (e.g., those raised in boarding schools, orphans, or those who lived with relatives).

E. Research Design

The study will utilize a combination of correlational and experimental research designs. This approach will allow for the investigation of relationships between parenting styles, social competence, and the development of SUD and additional mental health disorders.

F. Tools

1. Screening to Brief Intervention (S2BI): Assesses frequency of substance use across three commonly used substances (tobacco, alcohol, marijuana) and prompts additional questions for other substances.
2. Measure of Parental Style (MOPS): A self-assessment tool consisting of 15 questions with responses rated from 0 to 3, measuring perceived parenting styles.
3. Interpersonal Competence Questionnaire (ICQ): Assesses social competence through two versions (40-item and 30-item) based on multiple subscales.
4. Anonymous Mental Health Screening: Consists of 21 questions with various response options to identify additional mental health issues.

G. Data Analysis

Data will be analyzed using Pearson's Product Moment Correlation to measure the strength and direction of associations between variables. Statistical analysis will be conducted using SPSS (Statistical Package for the Social Sciences), which will facilitate:

- Data Management: Importing, cleaning, and manipulating datasets.
- Descriptive Statistics: Generating measures of central tendency, dispersion, and frequency distributions.
- Graphical Representation: Creating charts and graphs for data visualization.
- Hypothesis Testing: Performing statistical tests such as t-tests, ANOVA, chi-square tests, and correlation analyses.
- Regression Analysis: Conducting linear and non-linear regression analyses to model relationships between variables.

III. RESULTS

The results of this study align with those reported in Roy (2023), where authoritative parenting was found to correlate negatively with the risk of substance use. However, this study goes further by examining additional parenting styles, revealing that permissive parenting also contributes significantly to early substance use onset, a pattern not as clearly delineated in previous research.

A. Overview of Findings

The data collected for this study was analyzed using various statistical tools and techniques. The results are presented in tabular form, detailing the mean, standard deviation (SD), and t-values across eight variables. These variables are:

1. S2BI Total (S2BITOTAL): Represents the total score of Screening to Brief Intervention, which measures the frequency and severity of substance use in the past year across different drug categories.
2. AMHS Total (AMHSTOTAL): Represents the total score of Anonymous Mental Health Screening, which assesses various psychological symptoms experienced by substance users.
3. ICQ Total (ICQTOTAL): Represents the total score of the Interpersonal Competency Questionnaire, which evaluates social interactions and socio-interpersonal competency.
4. Overcontrol (OVERCONTROL): This trait, identified in the Measurement of Parenting Styles (MOPS), is associated with the Authoritarian parenting style. It is calculated based on responses to questions 1, 3, 4, and 6.

5. Abuse (ABUSE): A trait common to both Authoritarian and Uninvolved parenting styles in the MOPS, representing mental and physical punishment of the child. Data is collected through questions 2, 7, 9, 14, and 15.
6. Indifference (INDIFFERENCE): A primary trait of the Uninvolved parenting style, measured through responses to questions 5, 8, 10, 11, 12, and 13 of the MOPS scale.
7. Uninvolved (UNINVOLVED): The total score of Indifference plus the total score of Abuse.
8. Authoritarian (IAN): The total score of Overcontrol plus the total score of Abuse.

B. Descriptive Statistics

Table 1 presents the mean and standard deviation (SD) for the variables 'Severity of Substance Use', 'Parenting Styles', and 'Interpersonal Competency' for both males and females.

Group Statistics					
	GENDER	N	Mean	Std. Deviation	Std. Error Mean
OVERCONTROL	MALE	63	9.6825	5.47966	.69037
	FEMALE	58	9.4310	5.37412	.70566
ABUSE	MALE	63	5.1746	5.10389	.64303
	FEMALE	58	6.2241	5.80696	.76249
INDIFFERENCE	MALE	63	7.8889	7.15972	.90204
	FEMALE	58	8.5517	8.82018	1.15815
IAN	MALE	63	14.8571	9.43716	1.18897
	FEMALE	58	15.6552	10.15244	1.33308
UNINVOLVED	MALE	63	13.0635	11.44675	1.44216
	FEMALE	58	14.7759	13.55695	1.78012
S2BITOTAL	MALE	63	13.2698	3.37546	.42527
	FEMALE	58	12.7586	2.97540	.39069
AMHSTOTAL	MALE	63	7.6508	4.55135	.57342
	FEMALE	58	8.4138	3.74182	.49132
ICQTOTAL	MALE	63	1.2597E2	26.46664	3.33448
	FEMALE	58	1.3100E2	27.00162	3.54549

[Table 1: Mean and Standard Deviation (SD) of 'Severity of Substance Use', 'Parenting Styles' and 'Interpersonal Competency' for Males and Females]

C. Main Findings

1. Severity of Substance Use: The mean score for substance use severity (S2BITOTAL) is slightly higher for males (M = 13.27, SD = 3.38) compared to females (M = 12.76, SD = 2.98).
2. Mental Health Symptoms: The total score for mental health symptoms (AMHSTOTAL) is higher for females (M = 8.41, SD = 3.74) compared to males (M = 7.65, SD = 4.55).
3. Social Competency: The mean score for social competency (ICQTOTAL) is slightly higher for females (M = 131.00, SD = 27.00) than for males (M = 125.97, SD = 26.47).

D. Statistical Analysis

Table 2 provides Descriptive Statistics, including mean values, standard deviations, and sample sizes.

Descriptive Statistics

	N	Range	Minimum	Maximum	Mean		Std. Deviation	Variance	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
OVERCONTROL	121	24.00	.00	24.00	9.5620	.49165	5.40816	29.248	.409	.220	-.378	.437
ABUSE	121	21.00	.00	21.00	5.6777	.46568	5.45468	29.754	.866	.220	-.408	.437
INDIFFERENCE	121	35.00	.00	35.00	8.2066	.72470	7.97174	63.549	1.145	.220	1.067	.437
IAN	121	45.00	.00	45.00	15.2397	.86670	9.75365	95.134	.561	.220	-.221	.437
UNINVOLVED	121	52.00	.00	52.00	13.8843	1.13449	12.47944	155.737	.868	.220	.337	.437
S2BITOTAL	121	15.00	7.00	22.00	13.0248	.28974	3.18712	10.158	.205	.220	-.476	.437
AMHSTOTAL	121	17.00	.00	17.00	8.0165	.38030	4.18327	17.500	.079	.220	-.484	.437
ICQTOTAL	121	156.00	40.00	196.00	1.283802	2.43019	26.73309	714.604	-.153	.220	.356	.437
GENDER	121	1.00	1.00	2.00	1.4793	.04960	.54566	.262	.084	.220	-2.027	.437
Valid N (listwise)	121											

Table 3 displays Pearson's Product Moment Correlations, illustrating the relationships between the variables.

Correlations

		OVERCONTROL	ABUSE	INDIFFERENCE	IAN	UNINVOLVED	S2BITOTAL	AMHSTOTAL	ICQTOTAL	GENDER
OVERCONTROL	Pearson Correlation	1	.612**	.413**	.897**	.532**	.002	-.111	-.126	-.023
	Sig. (2-tailed)		.000	.000	.000	.000	.988	.224	.168	.800
	N	121	121	121	121	121	121	121	121	121
ABUSE	Pearson Correlation	.612**	1	.718**	.899**	.896**	-.022	.018	-.148	.097
	Sig. (2-tailed)	.000		.000	.000	.000	.810	.847	.105	.287
	N	121	121	121	121	121	121	121	121	121
INDIFFERENCE	Pearson Correlation	.413**	.718**	1	.631**	.953**	.071	.122	-.118	.048
	Sig. (2-tailed)	.000	.000		.000	.000	.439	.182	.199	.650
	N	121	121	121	121	121	121	121	121	121
IAN	Pearson Correlation	.897**	.899**	.631**	1	.796**	-.011	-.052	-.153	.041
	Sig. (2-tailed)	.000	.000	.000		.000	.901	.573	.094	.655
	N	121	121	121	121	121	121	121	121	121
UNINVOLVED	Pearson Correlation	.532**	.896**	.953**	.796**	1	.036	.066	-.140	.069
	Sig. (2-tailed)	.000	.000	.000	.000		.696	.360	.126	.453
	N	121	121	121	121	121	121	121	121	121
S2BITOTAL	Pearson Correlation	.002	-.022	.071	-.011	.036	1	.494**	.064	-.080
	Sig. (2-tailed)	.988	.810	.439	.901	.696		.000	.486	.380
	N	121	121	121	121	121	121	121	121	121
AMHSTOTAL	Pearson Correlation	-.111	.018	.122	-.052	.066	.494**	1	-.227*	.091
	Sig. (2-tailed)	.224	.847	.182	.573	.360	.000		.012	.318
	N	121	121	121	121	121	121	121	121	121
ICQTOTAL	Pearson Correlation	-.126	-.148	-.118	-.153	-.140	.064	-.227*	1	.094
	Sig. (2-tailed)	.168	.105	.199	.094	.126	.486	.012		.303
	N	121	121	121	121	121	121	121	121	121
GENDER	Pearson Correlation	-.023	.097	.042	.041	.069	-.080	.091	.094	1
	Sig. (2-tailed)	.800	.287	.650	.655	.453	.380	.318	.303	
	N	121	121	121	121	121	121	121	121	121

Table 4 onwards includes Regression Analysis and visual representations of data trends.

Excluded Variables[a]

Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics Tolerance
1	OVERCONTROL	-.153[b]	-1.720	.088	-.156	.988
	ABUSE	-.144[b]	-1.626	.107	-.148	1.000
	INDIFFERENCE	-.091[b]	-1.015	.312	-.093	.985
	IAN	-.165[b]	-1.865	.065	-.169	.997
	UNINVOLVED	-.121[b]	-1.359	.177	-.124	.993
	S2BITOTAL	.233[b]	2.312	.022	.208	.756
	GENDER	.116[b]	1.299	.196	.119	.992
2	OVERCONTROL	-.167[c]	-1.914	.058	-.174	.983
	ABUSE	-.137[c]	-1.573	.118	-.144	.998
	INDIFFERENCE	-.094[c]	-1.062	.290	-.098	.985
	IAN	-.168[c]	-1.939	.055	-.176	.997
	UNINVOLVED	-.120[c]	-1.366	.175	-.125	.993
	GENDER	.149[c]	1.686	.095	.154	.971

a. Predictors in the Model: (Constant), AMHSTOTAL

b. Predictors in the Model: (Constant), AMHSTOTAL, S2BITOTAL

c. Dependent Variable: ICQTOTAL

Coefficient Correlations[a]

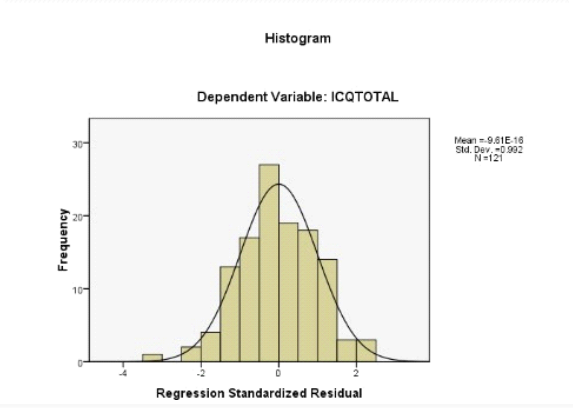
Model			AMHSTOTAL	S2BITOTAL
1	Correlations	AMHSTOTAL	1.000	
	Covariances	AMHSTOTAL	.325	
2	Correlations	AMHSTOTAL	1.000	-.494
		S2BITOTAL	-.494	1.000
	Covariances	AMHSTOTAL	.416	-.270
		S2BITOTAL	-.270	.716

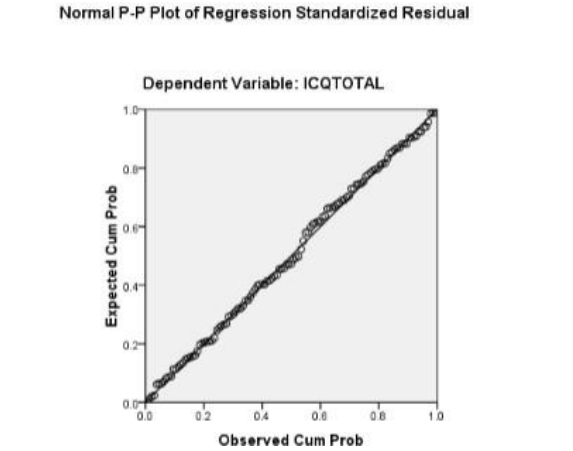
a. Dependent Variable: ICQTOTAL

Coefficient Correlations[a]

Model			AMHSTOTAL	S2BITOTAL
1	Correlations	AMHSTOTAL	1.000	
	Covariances	AMHSTOTAL	.325	
2	Correlations	AMHSTOTAL	1.000	-.494
		S2BITOTAL	-.494	1.000
	Covariances	AMHSTOTAL	.416	-.270
		S2BITOTAL	-.270	.716

a. Dependent Variable: ICQTOTAL





E. Correlation Analysis

1. Authoritarian Parenting and Severity of Substance Use: The correlation coefficient of -0.011 indicates an extremely weak negative correlation. The p-value of 0.901 suggests there is insufficient evidence to reject the null hypothesis that there is no significant correlation between authoritarian parenting and the severity of substance use.
2. Uninvolved Parenting and Substance Use: A correlation coefficient of 0.036 with a p-value of 0.698 indicates a very weak positive correlation. This supports the acceptance of the null hypothesis that uninvolved parenting does not significantly correlate with the causation of substance use.
3. Parenting Styles and Social Competency:

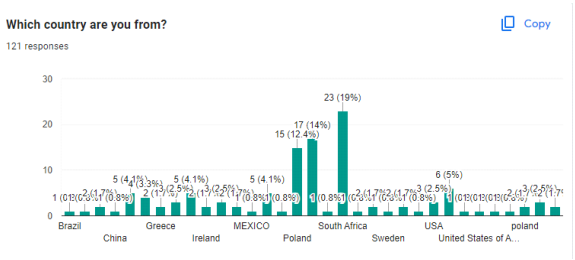
- Authoritarian Parenting and Social Competency: A correlation of -0.153 with a significance of 0.094 shows a weak negative relationship. This result is not statistically significant, and the null hypothesis cannot be rejected.
- Uninvolved Parenting and Social Competency: A correlation of -0.140 with a significance of 0.126

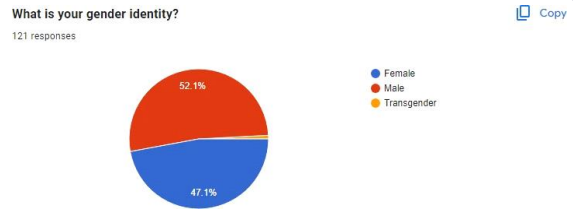
indicates a similar weak inverse relationship. The null hypothesis remains unchallenged.

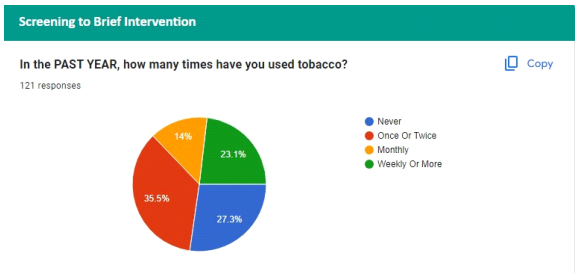
4. Combination of Parenting Styles, Social Competence, and Onset of SUD:
   - A correlation coefficient of 0.494 between additional mental health disorders and the onset of substance use suggests a moderately strong positive correlation.
   - A correlation coefficient of -0.227 between additional mental health disorders and interpersonal competency indicates a moderately weak negative correlation.

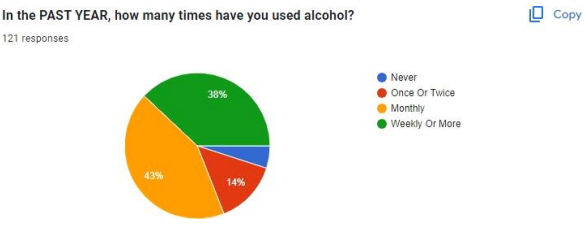
F. Graphical Representation of Data

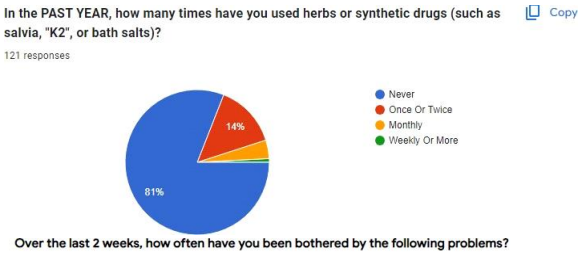
Figures include pie charts depicting the demographics of the sample, substance use preferences, severity and frequency of use, recent treatment received for mental health disorders, and common symptoms experienced.

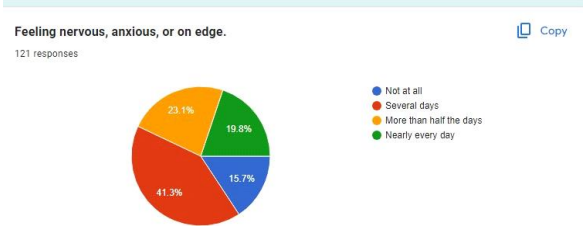


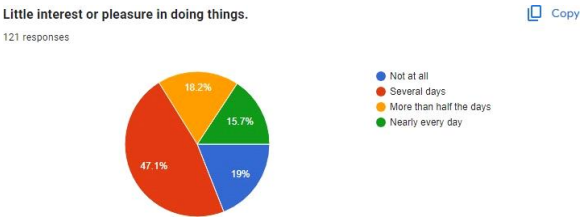


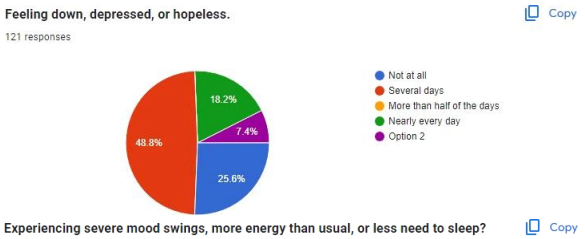


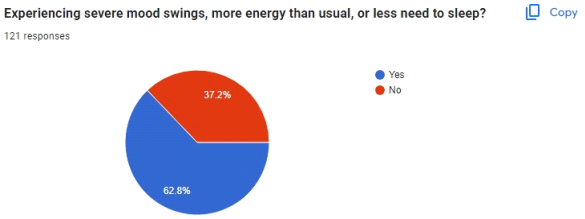


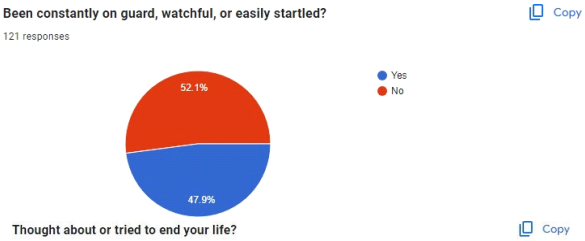


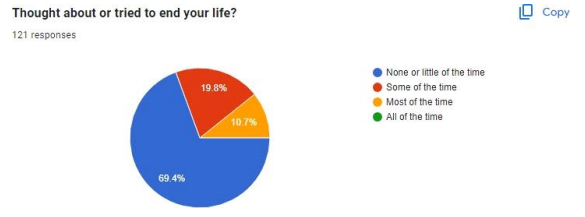


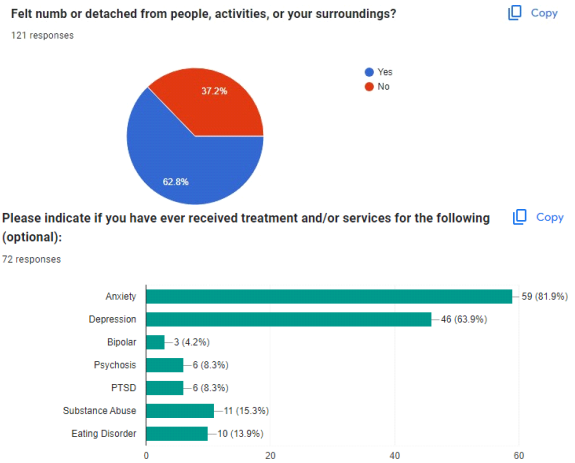












From the pie charts above, the Demographics of the sample, their substance use preference, severity and frequency can be observed in percentage.
Furthermore, what treatment they have received in the recent past in regards the clinically diagnosed mental health disorders can also be seen along with what kind of symptoms they experience mostly in their day to day lives.

The findings extend the conclusions drawn in Roy (2023), where it was observed that positive parental involvement mitigates risky behaviours in youth. In this study, the evidence supports those earlier results but also highlights the importance of punitive and neglectful parenting styles as key predictors of substance use initiation. This divergence underscores the need for further exploration into the complex interplay between parenting practices and youth behaviour.

IV. DISCUSSIONS

The results of this study indicate a weak but noteworthy correlation between certain parenting styles and the onset of Substance Use Disorder (SUD) among youth. While authoritarian parenting was associated with an increase in substance use risk, authoritative parenting—characterized by balanced discipline and emotional support—was linked to reduced susceptibility to SUD. These findings align with existing literature but also highlight a more nuanced picture of how parenting practices intersect with adolescent behaviour.

Parenting Styles and Their Role in SUD

While many studies argue that the role of parenting styles in substance use is indirect, this research suggests that the emotional climate created by the parents significantly influences a child's decision-making and resilience. Youths exposed to authoritarian or neglectful parenting were more likely to exhibit risky behaviours, while those with authoritative parents demonstrated higher interpersonal competency and decision-making skills. This subtle difference emphasizes the ongoing need for a shift from punitive to supportive parenting approaches.

In line with attachment theory, the emotional bonds formed in childhood carry over into adolescence and adulthood, affecting how children cope with stress and peer pressure, both of which are strong predictors of SUD. Parenting practices that lack emotional warmth and understanding may push adolescents toward substance use as a maladaptive coping mechanism. Conversely, open communication and emotional availability were associated with protective factors against substance use.

Harm Reduction for Young Adults: A Parental Framework

Parents play a crucial role in helping young adults minimize the risks associated with substance use. Harm reduction strategies in a parental framework aim to reduce negative consequences while fostering open communication and support. Given the ongoing issue of SUD among youth, it is critical for parents to adopt harm reduction strategies that can prevent the onset of substance use or aid in recovery. Harm reduction is a pragmatic approach that emphasizes minimizing risks and promoting healthy behaviours, rather than solely focusing on abstinence or punishment. In the context of parenting, the following strategies are recommended:

Key Parental Harm Reduction Strategies:

- Naloxone Access and Parental Training: Parents of young adults who are at risk of opioid use should be equipped with naloxone (opioid overdose reversal medication) and trained in its administration. This can help parents intervene during a potential overdose and save their child's life.
- Open Communication about Safe Practices: Instead of focusing solely on abstinence, parents can foster a non-judgmental dialogue about safer

consumption practices. Encouraging young adults to avoid mixing drugs or drinking alcohol while using substances can minimize overdose risks.

- Supporting Safe Environments: Parents can encourage their children to engage in harm reduction services, such as supervised consumption spaces, where they can use substances in safer settings, reducing the risk of fatal overdoses.
- Providing Information on Drug Checking: Parents can help their children access drug-checking services to ensure that the substances they use are free from dangerous contaminants (like fentanyl), empowering them to make safer decisions.
- Support for Opioid Substitution Therapy: Parents should consider supporting their children in accessing opioid substitution treatments like methadone or buprenorphine to help manage cravings and minimize the risk of overdose.

V. DELIMITATIONS AND LIMITATIONS

Delimitations:

1. Population or Sample: This study is confined to adults aged 18-25, excluding those outside this age range. Data collection did not include individuals under 18 due to legal restrictions in various regions, and thus, the findings may not be applicable to younger age groups (13-17 years old).
2. Variables: The investigation focuses specifically on the correlation between additional mental health disorders, parenting styles, and social outcomes. Other potentially influential variables are not included in this analysis to maintain a concentrated focus.
3. Methodology: The study employs a cross-sectional survey design, offering a snapshot of relationships at a single point in time. Longitudinal data, which could provide insights into changes over time, are not considered.

Limitations:

1. Sample Size: The study is limited by a sample size of 120, which may impact the generalizability of the findings. Additionally, many of the 40 substance users in each category (Alcohol, Marijuana, and Other Illicit Drugs) reported using a combination of substances, which could influence the results.
2. Data Collection Issues: Challenges inherent in self-report surveys, such as respondent bias and incomplete responses, may affect data accuracy. Data collection was primarily conducted through online platforms and personal connections due to delays and restrictions from rehabilitation facilities, despite assurances of anonymity and confidentiality.
3. Instrumentation: The use of standardized instruments to measure mental health, parenting styles, and social outcomes may limit the capture of the full complexity of these constructs.
4. External Factors: Uncontrolled external factors, including societal and economic changes during the study period (e.g., job loss, family medical issues, and logistical challenges), may have affected the research timeline and outcomes.
5. Resource Constraints: Time and budget limitations have constrained the study's depth and breadth.

Suggestions for Further Research:

1. Longitudinal Studies: Conduct studies over an extended period to explore the evolving relationships between mental health disorders, parenting styles, and social outcomes.
2. In-Depth Qualitative Research: Complement quantitative findings with qualitative methods such as interviews or focus groups to gain deeper insights into individuals' experiences and contextual factors.
3. Cultural Context Exploration: Examine how cultural factors influence the relationships among mental health, parenting, and social outcomes, and consider cross-cultural analyses to enhance applicability.
4. Intervention Studies: Design and assess targeted interventions aimed at improving mental health, parenting styles, and social outcomes to evaluate their effectiveness.
5. Multi-Method Approaches: Utilize a combination of quantitative surveys, qualitative methods, and observational data for a comprehensive understanding of the variables.
6. Parental Involvement and Support: Investigate how parental involvement and support may moderate the relationships between mental health disorders and social outcomes.

7. Family Systems Analysis: Explore family systems and dynamics beyond individual parenting styles to understand how interactions among family members influence mental health and social outcomes.
8. Community-Based Research: Assess the impact of community-level factors on mental health, parenting practices, and social outcomes, including community resources and support systems.
9. Technology and Parenting: Study the role of technology in parenting and its impact on mental health and social outcomes, focusing on digital communication and media consumption.
10. Cross-Disciplinary Collaboration: Foster collaboration across fields such as psychology, sociology, education, and public health to gain a more holistic understanding of the influences on mental health, parenting, and social outcomes.

CONCLUSION

As established in previous research (Roy, 2023), authoritative parenting plays a critical role in reducing the risk of substance use in youth. The current study reinforces these conclusions while providing new insights into how other parenting styles, such as permissive and neglectful, contribute to substance use onset. The combined findings from both studies offer a more comprehensive understanding of the influence of parenting on youth substance use behaviour. The analysis reveals noteworthy correlations between additional mental health disorders, parenting styles, and various outcomes. Specifically, a moderately strong positive correlation ($r = 0.494$) was observed between additional mental health disorders and the onset of substance use. This suggests that individuals with more mental health disorders are more likely to experience an earlier onset of substance use. Additionally, a moderately weak negative correlation ($r = -0.227$) was found between additional mental health disorders and interpersonal competency, indicating that as the number of mental health disorders increases, interpersonal competency tends to decrease.

Moreover, considering the link between parenting styles and social outcomes, it's essential to note that negative correlations were found between authoritarian parenting and social competency, as well as uninvolved parenting and social competency. These correlations suggest that more authoritarian or uninvolved parenting is associated with lower levels of social competency.

- Implications

Early Intervention Strategies:
The strong positive correlation with the onset of substance use implies that early intervention and prevention strategies should be targeted toward individuals with multiple mental health disorders and consider the potential influence of parenting styles. Addressing both factors may enhance the effectiveness of interventions.

Integrated Mental Health and Parenting Support:
Recognizing the negative correlation with interpersonal competency and the impact of parenting styles on social outcomes suggests the importance of integrated support programs. Efforts should focus on both mental health interventions and parenting support to promote comprehensive well-being.

Holistic Treatment Approaches:
Mental health interventions and parenting support should adopt a holistic approach, considering the potential interplay between mental health disorders, substance use, parenting styles, and interpersonal competency. Comprehensive interventions may lead to more positive and lasting outcomes.

Further Research Considerations:
While these correlations provide valuable insights, further research is needed to explore causative factors, the impact of specific mental health disorders, and the role of parenting styles. Understanding the complex dynamics among these variables will contribute to more targeted and effective interventions.

Individualized Support Programs:
Tailoring support programs to the unique needs of individuals with varying mental health profiles and diverse parenting experiences is essential. Recognizing that different disorders and parenting styles may have distinct effects on outcomes is crucial for personalized and effective interventions.

In conclusion, understanding the multifaceted relationships between additional mental health

disorders, parenting styles and various outcomes allows for the development of targeted and comprehensive strategies. This knowledge can inform policies, interventions, and treatment approaches aimed at promoting overall well-being in individuals with diverse mental health profiles and parenting experiences.

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