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Reversing the Paradigm of Residential Care as a 'Last Resort'. Educational Perspectives of Professionals Working with Adolescents with Mental Health Disorders

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Reversing the Paradigm of Residential Care as a 'Last Resort'. Educational Perspectives of Professionals Working with Adolescents with Mental Health Disorders

Anna Dal Ben

Abstract: Mental health in adolescence represents one of the most pressing challenges in the current socio-health landscape, with a significant impact on both individual quality of life and collective dynamics. This study examines the role of therapeutic residential communities as educational and supportive environments for adolescents with complex mental disorders, through a qualitative investigation that integrates the analysis of 93 clinical and social case files and 15 semi-structured interviews with multidisciplinary professionals working in a Protected Therapeutic Residential Community in northern Italy. The findings show that these communities provide intensive care while serving as holistic educational settings. Here, minors build reparative relationships, develop practical skills, and begin to rebuild their identity. However, significant challenges emerge, including delayed access to residential care - often limited to emergency situations - and fragmented collaboration with families and local services, which undermines the sustainability of interventions. The study emphasizes the need for a cultural and operational paradigm shift, moving beyond the perception of residential care as a 'last resort' to reframe it as a preventive and proactive approach.

Keywords: mental health disorders, adolescence, residential care, professional perspectives, child protection

Introduction

Adolescent mental health is a global concern where social, cultural, economic, and educational dynamics intertwine, with profound implications for both individual and collective well-being. According to the World Health Organization (2023), 14% of adolescents aged 10 to 19 experience mental health disorders, making these conditions one of the leading causes of disability and reduced quality of life in this age group. Depression, anxiety disorders, and self-harming behaviors are the most common issues, with suicide ranking as the fourth leading cause of death among young people worldwide. In addition to these concerning statistics, UNICEF (2022) highlights that at least one in seven adolescents experiences significant psychological stress, a situation further exacerbated by the COVID-19 pandemic. Nearly 50% of adolescents globally reported a deterioration in mental health following the pandemic, with its impact being more pronounced in countries lacking robust psychological support systems. Addressing this health and social emergency requires moving beyond fragmented and isolated approaches and developing an integrated system of interventions. The complexity and multifactorial nature of adolescent psychopathology necessitate a holistic response that combines clinical expertise, educational resources, and social support (Patel et al., 2023).

Historically, prevailing care models have focused primarily on symptom management, often relying on pharmacological treatments and home-based care (Kessler et al., 2005). While these approaches have drawn attention to the need for intervention during adolescence - a period often misunderstood as a time of transient developmental challenges - they have shown limitations in promoting lasting change. Specifically, they fail to adequately address the intricate social, familial, and personal dynamics that significantly influence adolescent well-being (Mencacci & Cardamone, 2019). Although home-based care is an important option in many cases, it often lacks the structured and protective environment necessary for meaningful rehabilitation, particularly in severe cases of psychological distress (Espelage et al., 2018).

Recent years have seen a significant transformation in therapeutic approaches, with growing recognition of residential models offering more comprehensive and in-depth interventions. Therapeutic residential communities, in particular, represent a critical advancement, as they provide not only intensive care but also an educational and relational environment capable of fostering meaningful change in adolescents' lives (Harder, Knorth, & Kalverboer, 2011; Scholte & van der Ploeg, 2006; Becker, Buckingham, & Brandt, 2015).

The residential setting has proven particularly effective in cases where mental disorders coexist with relational difficulties, family conflicts, or a high risk of social exclusion (Bateman et al., 2022). Programs in these settings integrate therapeutic, educational, and recreational activities, equipping adolescents with social skills, emotional regulation, and the ability to envision and pursue life goals. The relational dimension, nurtured through interactions with educators, therapists, and peers, becomes a cornerstone of the recovery process. It reduces isolation, promotes a sense of belonging, and strengthens the capacity to independently face future challenges (Kamenov et al., 2017).

This study specifically investigates the educational aspects that professionals consider essential within these settings to ensure effective change processes for adolescents, as well as the challenges that may influence the quality of interventions. To this end, a qualitative investigation was conducted, analyzing 93 clinical and social case files of adolescents with psychopathology and 15 semi-structured interviews with healthcare, social, and educational professionals working in a Protected Therapeutic Residential Community in Northeastern Italy - the first of its kind established in the area in 2012.The findings reveal that therapeutic residential care offers a significant opportunity to provide structured and targeted support to adolescents. Key benefits include long-term improvements in psychological well-being, the development of personal autonomy, and the ability to build and maintain meaningful relationships. However, the study also highlights persistent challenges, particularly the perception of residential care as a 'last resort', often chosen only when viable home-based alternatives are unavailable.

Social Determinants of Adolescent Mental Health

To understand the factors influencing adolescent mental health, it is helpful to examine them through the lens of the social determinants of health (WHO, 2010). These include fundamental elements such as the quality of social relationships, access to education, economic conditions, and political and cultural factors. These determinants not only shape the risk of illness but also influence opportunities for access to care and prevention.

First, the quality of family relationships is a crucial predictor of the development, worsening, or reduction of psychopathological conditions. Recent studies (Lund et al., 2022; Van Eldik et al., 2020) reveal that adolescents from families with high levels of conflict are twice as likely to develop depressive symptoms compared to peers raised in more harmonious environments. Moreover, domestic violence and psychological or physical abuse significantly increase the risk of mental disorders, with effects often persisting into adulthood (Anda et al., 2006; Spinazzola et al., 2014). The presence of

family members with mental disorders or addictions is another significant risk factor. Longitudinal studies, such as the one conducted by Hosman, van Doesum, and van Santvoort (2009), show that children of parents with mental disorders are twice as likely to develop depression, anxiety, and conduct disorders compared to their peers. This risk can be attributed to multiple factors. On one hand, genetic transmission biologically predisposes adolescents to similar vulnerabilities. On the other hand, exposure to a dysfunctional family environment can create chronic stress, emotional instability, and a lack of support. A systematic review by Kuppens et al. (2018) found that children of parents with addictions are more likely to develop substance use disorders themselves, as well as difficulties in regulating emotions and building secure social relationships. This vicious cycle is often perpetuated by the absence of positive role models and the family's inability to provide a stable foundation for the adolescent's psychological well-being.

Similarly, peer relationships represent another critical factor in shaping adolescent mental health. During this stage of life, interactions with peers become particularly significant, functioning as either protective or risk factors depending on the quality of the relationships and the dynamics involved. Adolescents who experience bullying or peer exclusion are significantly more likely to develop depressive symptoms, anxiety, and even self-harming behaviors (Espelage et al., 2018). Conversely, belonging to positive peer groups can mitigate the impact of familial or environmental risk factors. An analysis by Prinstein and Giletta (2016) emphasizes that supportive relationships with peers promote resilience and adaptation, even in high-stress situations.

Beyond familial and relational conflicts, intergenerational expectations can also be a significant source of distress, particularly in migratory contexts (Kouros & Garber, 2014). Adolescents from migrant families often face the challenge of balancing traditional cultural values with the norms of the host country. This tension can lead to identity conflicts that result in anxiety and alienation. Singh et al. (2022), in a longitudinal study on migrant families in Europe, highlighted that these pressures significantly increase the risk of depressive disorders, undermining young people's sense of belonging.

Economic inequalities are another major barrier to psychological well-being. According to data from the World Bank (2023), more than 40% of adolescents in low-income countries live in extreme poverty. This condition limits access to healthcare and education while exposing young people to heightened risks of chronic stress, food insecurity, and domestic violence. Adolescents from disadvantaged backgrounds are 60% more likely to develop mental disorders compared to their peers in more privileged circumstances (Lund et al., 2021). By contrast, in high-income countries, adolescent mental well-being is threatened by factors such as academic pressure, social in-

equalities, and intensive use of social media. Academic performance is often perceived as a prerequisite for future success, creating a highly competitive environment. According to OECD report (2023), nearly 50% of students aged 15 to 18 in Europe and North America report high levels of school-related stress. This stress is driven by excessive workloads, constant expectations of excellence, and competition for entry into elite academic pathways. The resulting effects include insomnia, depressive symptoms, and, in extreme cases, self-harming behaviors. However, even in low- and middle-income countries, schooling can become a significant source of distress (Patel et al., 2023). While education is fundamental for social mobility and personal development, it can also be a significant pressure point in the absence of adequate support systems.

Cultural pressures further compound these challenges, often manifesting through gender norms and social expectations. Girls are frequently subjected to unrealistic beauty standards, amplified by extensive social media use. Adolescent girls who spend more than three hours a day on social media are 45% more likely to develop depressive symptoms compared to those who use it more moderately (Twenge et al., 2022). Conversely, boys are often expected to conform to traditional notions of masculinity, which discourage emotional expression and promote competitive and aggressive behavior. According to WHO report (2023), males are significantly less likely than females to seek psychological support, which contributes to delays in the diagnosis and treatment of mental disorders. Another cultural factor impacting mental well-being is social discrimination. Adolescents belonging to ethnic, religious, or sexual minorities face unique challenges related to stigma and exclusion. Amnesty International (2023) reports that more than 40% of LGBTQ+ adolescents suffer from chronic anxiety and depression, with a suicide attempt rate three times higher than that of heterosexual peers. Similar disparities are observed among adolescents from ethnic minorities, who are often exposed to microaggressions, institutionalized discrimination, and distorted media representations. These experiences severely undermine self-esteem and the sense of belonging, significantly increasing the risk of psychopathology (Wallace et al., 2022).

Residential Care as a 'Comprehensive Therapeutic Environment'

As emphasized by the Italian Ministry of Labor and Social Policies in its "*Guidelines for Residential Services for Minors*" (2017), fostering care aimed at the well-being of children and adolescents requires an intricate and integrated system involving multiple institutional actors to define, plan, and monitor resources and interventions. Regarding adolescent mental health in Italy, the primary socio-health service is Child Neuropsychiatry, which is responsi-

ble for diagnosing, treating, and managing patients in developmental stages with an interdisciplinary and integrated approach. It also addresses psychiatric emergencies and stabilizes cases requiring hospitalization. Alongside health services, child protection services - including Social Services and the Juvenile Court - work to ensure the best interests of children, as defined by Article 3 of the *Convention on the Rights of the Child* and the provisions of Law 184/83 and subsequent amendments. These agencies work together in cases where the family of origin demonstrates vulnerabilities that compromise the healthy developmental growth of children and adolescents. Their efforts focus on strengthening parental skills and safeguarding minors when risks or harm are identified. Italian legislation provides for the placement of minors temporarily or permanently deprived of a suitable family environment in residential facilities, under the supervision of Child Protection Teams and the Juvenile Court, and, in some cases, with the involvement of the families of origin. These communities serve a dual purpose: participating in territorial activities within the child welfare sector and specifically addressing the needs of at-risk minors. They act as entry and exit points within the service network, bridging the gap between family separation and either a return to the family or other pathways of growth (Ghisotti, 2012). At the European level, Recommendation Rec (2005) by the Committee of Ministers of the Council of Europe on the rights of children living in residential care establishes that placement in such facilities must be part of a broader project. This project should aim at reintegrating the child into the family of origin where possible or, alternatively, ensuring the protection of their developmental rights (Zullo, Bastianoni, & Taurino, 2007; Palareti, Berti, & Emiliani, 2012). Three core principles guide interventions aimed at protecting minors who cannot live with their families: interdisciplinarity, personalization, and continuity. These interventions must address the diverse needs of each child, adapt to their specific circumstances, and be implemented over an adequate timeframe to ensure lasting outcomes (Zullo, Bastianoni, & Taurino, 2007; Whittaker et al., 2015). Specifically, therapeutic communities for addressing mental disorders in developmental age adopt a multifocal and multifactorial treatment model. This developmental-transformative approach is particularly suited for minors who require sufficient time and a structured environment to resume interrupted developmental processes and experience new, meaningful relationships (Whittaker et al., 2015). The goal is not to serve custodial functions but to promote changes in self-definition and the understanding of their condition through relationships with significant and specialized caregivers. These interactions occur in a living environment characterized by shared rules, routines, and a relational climate that mitigates negative reactions arising from prolonged exposure to psychosocial risk factors (Taurino & Bastianoni, 2012; Rutter, 1990). The family-like structure of these com-

munities, with a limited number of residents and an appropriate rotation of educators, is crucial to ensuring meaningful relationships and personalized growth paths (Gaburri, 2012). In addition to their protective function, these facilities are also places of care, based on the concept of a "comprehensive therapeutic environment" (Jones, 1953). This approach involves a structured context designed to promote the continuous exercise of protective functions, with educators, psychologists, and social workers accompanying minors through processes of change and the establishment of new, meaningful relationships. Education is thus an essential pillar and is understood not merely as a process of acquiring practical skills but as a journey of emotional and relational development. This approach goes beyond providing a medical response to psychopathological symptoms, transforming the community into a space for educational growth. Every aspect of daily life is oriented toward fostering autonomy and self-awareness (Jones, 2018; Rutter, 2019). Two primary components define this model: relationships and the structuring of a routine as an educational element. Young people admitted to therapeutic communities often carry a history of abandonment, family conflict, or social isolation, which can hinder their ability to trust and build healthy connections. In a comprehensive therapeutic environment, caregivers act not only as authority figures but also as role models and mentors, fostering trust-based relationships (Hill, 2019). Within an atmosphere of acceptance and safety, young people learn to express their emotions in healthier ways and resolve conflicts constructively (Levy et al., 2020). The second key aspect is the predictability and stability of routine, which provides adolescents with a sense of security essential to their development. Caregivers organize daily activities to include group initiatives, individual reflection time, and recreational activities, balancing autonomy with support. This structure not only helps regulate behavior and mood but also represents a learning opportunity. Adolescents acquire skills to manage their time effectively and appreciate the value of consistency and commitment (Minuchin, 2021). For adolescents with mental disorders, who often struggle to maintain attention or manage their time, routine offers an opportunity to experience success and develop tools that will be valuable in external contexts, such as school or work.

The Study

Methodology and Participants

This qualitative study aimed to explore the opinions of professionals working in therapeutic residential care with adolescents affected by psychopathology. The goal was to understand the factors influencing the success of transformative educational pathways as well as the existing challenges. To

achieve this, two different tools were employed: a documentary analysis of the social and health case files (Bowen, 2009) of residents in a therapeutic community in Northeast Italy from 2013 to 2023, aimed at comprehensively understanding their characteristics; and semi-structured interviews (Adams, 2015) to investigate the lived experiences of professionals involved in the care of these adolescents. For the document analysis, a matrix comprising 54 indicators was developed to gather information on: general data about the resident; general information regarding residential admission; diagnosis type; pharmacological therapy; onset type; family of origin; schooling; and the individualized therapeutic rehabilitation plan. The interview guide consisted of 17 questions organized into four main thematic areas: socio-demographic information; relationships (with adolescents, families, and other service professionals); socio-educational intervention (operational methods; strengths vs. challenges); and emotions and lived experiences. A total of 93 records, corresponding to the total number of residents during the decade under review, were analyzed. Additionally, 15 professionals with diverse expertise (healthcare, social, and educational) were interviewed[1]. Specifically, participants included 8 women and 7 men, with an average age of 41.2 years, comprising 7 educators, 1 social worker, 2 psychotherapists, 2 psychiatrists, and 3 nurses. The interviews were audio-recorded and transcribed. A reflexive thematic analysis was conducted, an approach that emphasizes the role of the researcher as an active interpretative tool, taking into account the context and subjectivity of the analyst (Clarke & Braun, 2018). The software Weft QDA was used to facilitate the data analysis.

Limitations

While this study provides valuable insights into the perspectives of different professional figures regarding a relatively underexplored and highly specific topic within social studies in Italy, it is not without significant limitations. The primary constraints are related to the limited number of participants interviewed and their affiliation with the same residential facility. Moreover, the specific geographical and regulatory context influences the characteristics of the services analyzed, particularly regarding governance models and the availability of resources, which may substantially affect the perceptions of the operators. Future research could include a wider variety of settings to provide a more comprehensive evaluation of the educational functions of these residential communities and the broader impact of interventions for adolescents with psychopathology.

[1] Data collection was carried out by Dr. Maria Barba, specialist social worker. To ensure the complete privacy of the interviewees, only their professional roles have been included in the interview quotes.

The Residents of the Therapeutic Community

To contextualize the opinions of professionals working with this specific target group, it was deemed appropriate to analyze the characteristics of the adolescent residents hosted in the Therapeutic Community from 2013 to 2023. This analysis was conducted through a review of clinical and social case files, encompassing a total of 93 cases. The variables identified as significant were grouped into three main macro-areas: socio-demographic information, health conditions, and relationships with the external environment.

Socio-Demographic information

The community is mixed-gender, admitting adolescents aged 14 to 17. Over the past ten years, the average number of residents was 8.5 per year. Gender analysis reveals a predominance of females (65.6%), with an average age at admission of 16.2 years. Regarding the duration of stay, the minimum recorded was 4 days, the maximum 42 months, and the overall average was 9.5 months. A total of 78.4% of residents were born in Italy, while 21.6% had a migrant background (primarily from Eastern European and African countries), among which 9 out of 20 were adopted. Before entering the community, 68.8% of adolescents lived with their family of origin, 17.2% were admitted following protective discharge from a health service (e.g., child neuropsychiatry or hospital departments), and 12.9% came from another community experience.

In all cases, the referring service was child neuropsychiatry, often collaborating with other entities such as municipal social services, child protection services, family counseling centers, and the Juvenile Court. Regarding judicial involvement, 39.8% of residents had a decree related to community placement or the limitation or revocation of parental responsibilities. Overall, 36.6% had previous community experiences, 60.2% were first-time residents, and for 3.2%, the information was unavailable.

Concerning family characteristics, the average age of parents at the time of the child's admission was 47 years for mothers and 50.8 years for fathers. A total of 69.9% of residents had one or more siblings. Consistent with the literature, family contexts were often characterized by multiple challenges, including mental disorders in at least one parent (19.3%), substance abuse by at least one parent (7.5%), highly conflictual separation or divorce (21.5%), immigrant origin of at least one parent (21%), intrafamilial maltreatment (8 cases), and severe disabilities within the family (8 cases). It is important to note that these figures may underrepresent actual conditions, as not all issues may have been documented in the records.

Health Conditions

A total of 30.1% of adolescents had certifications for conditions such as disability with accompanying allowance, attendance allowance, or civil invalidity. Diagnoses frequently involved comorbidities, categorized into diagnostic macro-areas: personality disorders (60.2%), psychosis (21.5%), depressive symptoms (11.8%), mood and conduct disorders (8.6%), and eating disorders (7.5%). The community's inclusion criteria excluded certain conditions, such as antisocial personality disorders, substance dependency, severe organic psychiatric syndromes, and moderate to severe intellectual disabilities. During their stay, 96.7% of residents received pharmacological treatment, primarily including antipsychotics, neuroleptics, lithium, antidepressants, and benzodiazepines.

Relationships with the External Environment

The staff, based on the adolescent's psychophysical condition and family situation, defined the timing and methods for home visits. In general, as the resident's health became more stable or as they approached the end of their stay, home visits tended to increase in frequency. A total of 53.8% of residents had residential arrangements that allowed for visits to their family of origin (varying from a few hours weekly to several days biweekly). In 36.6% of cases, data on this aspect were unavailable.

The educational progress of residents was also analyzed. A total of 76.3% were enrolled in school during their stay: 16.1% attended high school, 35.5% a vocational institute, 11.8% a technical school, 5.4% middle school, and 7.5% did not specify the type. However, it is important to note that school enrollment does not necessarily equate to attendance; this detail could not be determined from the records.

Main Results

From Rules to Relationships: Building Transformative Trust with Adolescents

Supporting adolescents in therapeutic communities requires balancing educational, relational, and clinical approaches. This fosters both symptom management and personal growth. The role of the professional is central, functioning not only as an authoritative guide but also as a relational presence capable of structuring daily life in a reassuring and organized manner, within an environment that closely resembles a family structure. This role involves maintaining a clear and secure "course," essential for minors who often live in emotional and relational chaos. Such an approach addresses the diverse needs of the adolescents, promoting management that balances rules with relationships.

I could be seen as a father figure, a relational figure. I believe I am also identified as a figure of authority, organization, and the one who enforces rules. Ultimately, I help convey the perception that this ship has a captain and that this ship follows a course. (Psychotherapist)

Working with the staff is great because we are different, but we complement each other. Where one of us can't reach, the other steps in. It's beautiful because it becomes like a family. That's how we manage things: it's like being at home, but with many kids. (Educator)

A foundational element of the intervention process is the construction of trust, regarded by the professionals as the cornerstone of every approach. Trust, however, is not a starting point but rather a long and delicate process that requires tailoring interventions to the specific needs of each adolescent. Professionals are therefore tasked with creating a safe relational environment where the minor feels welcomed and acknowledged - not merely as someone with difficulties but as a unique individual with their own story. Consistency has been identified as a key factor in building this relationship. Adolescents often come from family environments characterized by unpredictability and are highly sensitive to inconsistencies in the behavior of the adults they interact with. As such, consistency becomes a fundamental educational principle, fostering a sense of predictability and security. In parallel, listening plays a central role. To listen means dedicating time to understanding the adolescent's experiences, acknowledging their struggles, and appreciating their individuality.

Trust is built by demonstrating consistency and respect toward the adolescents - being honest with them, showing that decisions are not made one way one day and another way the next. When they see consistency and a willingness to listen, they begin to trust... this is what we call a therapeutic alliance, and it's indispensable for working in this field. (Educator)

Over time, I've always tried to build a relationship by avoiding superficial interest in their story. Within the limits of what they're willing to share, I make an effort to deepen my understanding of their history, their experiences, and their struggles. It's definitely something they notice and appreciate - beyond what's written in their case files. It's about creating a bond. (Educator)

Trust is also built through a process that requires patience and the ability to respect the adolescent's pace. Traumatic experiences and accumulated mistrust often lead adolescents to erect relational barriers, which must be addressed gradually. Another important aspect is the balance between authority and flexibility. Adolescents need clear rules and a structured environment, but also adults capable of maintaining a non-authoritarian approach

that emphasizes the value of the relationship and mutual respect. Finally, professionals highlight how trust represents not only the starting point for an educational and therapeutic alliance but also a goal in itself: offering the adolescent a positive and reparative relational experience becomes the foundation for addressing their distress and constructing a new self-identity and perception of others. This is particularly evident in therapeutic work, where the absence of judgment and a commitment to transparency are paramount.

> *It takes a lot, a lot of patience. It's a synergy between both parties. It's rare for most of them to trust a professional right away, because past personal traumas make it difficult for that to happen. But when it does, and they realize they can trust you, they start to open up more and let you know they're aware you're there if they need you. It takes a lot of time. It's not immediate; you go step by step, throwing a stone, then maybe stepping back, then moving forward again - it's often trial and error. (Educator)*

> *A trust-based relationship is essential. It should be authoritative but not authoritarian, making them understand why certain choices are made, even if they don't entirely agree. You have to be a dialogue partner, maintaining firmness while knowing that they will understand certain things in time. (Psychiatrist)*

> *The adolescent must feel free to say anything about themselves without judgment or the intent to change or control their behavior. It's one thing to work on possible changes; it's another to say, 'you have to do it this way.' (Psychotherapist)*

Community work is oriented toward personalized goals, including self-awareness, the development of practical and relational autonomy, and socialization. Awareness of one's condition is seen as the first step in any path of change, a crucial moment for recognizing personal distress and beginning to envision a different future. Alongside this awareness, there is a strong focus on developing practical, everyday skills, which are essential for preparing adolescents for life outside the community. Additionally, efforts are made to create protected environments where adolescents can experience positive social relationships and learn new ways of interacting.

> *First and foremost, there's awareness of the illness, because if adolescents - or people in general - are not aware of feeling unwell, there's no reason to work, because they think there's nothing to address or nothing to change. (Psychotherapist)*

> *Certainly, also personal or domestic autonomy, such as being able to take care of the house, tidy up their room, take care of themselves, cook, manage on their own, do laundry or operate a dishwasher. These are things*

they'll need to learn to do because sooner or later, if they leave here and return home, they'll have to handle them. (Educator)

Many kids struggle with school; interacting with others makes them anxious. But going to school is extremely important, so one goal is definitely helping them feel comfortable in environments that can challenge them. (Social Worker)

In the narratives of professionals, several challenges related to the care paths of these adolescents emerge, both in health and social terms. One of the most significant complexities is managing acute crises, which are often indicated by behaviors and nonverbal signals that staff must learn to recognize and interpret. Body language becomes a fundamental element in preventing situations of self-harm or emotional escalation.

Through their body language and gaze, they're searching for something, but they don't even know how to tell you... to harm themselves... you need to be able to understand it immediately to prevent it. [...] By now, I understand them through gestures; their bodies speak to me. The language of their eyes and body posture tells me when critical moments are starting to arise. [...] You must stop them because otherwise, they enter a tunnel they can't escape from. (Nurse)

Another significant difficulty involves the impact of the work on the professionals themselves, who often encounter situations that may evoke personal experiences or test their emotional resilience. In such moments, the complexity lies in maintaining a professional stance while acknowledging the human component of the relationship. This issue is further intensified by the emotional bond that inevitably develops with the adolescents. While this connection is a valuable resource for building trust, it can also hinder the ability to maintain the clarity required to navigate critical situations.

Sometimes being with them, their crises, or their distress can remind you, bring back memories of your own past, your personal experiences, and make you recall certain things. [...] The challenge lies in ensuring that these memories do not interfere with who you are as a professional, by maintaining a distinction between their experience and your own. (Educator)

Perhaps the emotional bond that forms, for us professionals... it is certainly a great strength, but it also makes it difficult at times to manage certain situations because you lose clarity, and the emotional aspect can take over. In addition to managing the adolescent, you also have to manage yourself in that moment. (Social Worker)

Finally, a recurring theme emerges regarding the specific challenges of working with adolescents, an age group intrinsically characterized by dy-

namics of opposition and instability. Professionals must contend with unpredictable behaviors tied to both the developmental phase of identity formation and the underlying pathology. These young individuals often oscillate between feeling entirely incapable of self-determination and perceiving themselves as omnipotent.

> *It's important to remember that they are adolescents, so you must also consider the hormonal upheaval, the tendency to rebel against rules at all costs… which adds to the difficulties. Many times, they exhibit behaviors that can be very frustrating, arrogant, or disrespectful, and these are things that really make you reflect on who you are and how you handle them personally. (Psychotherapist)*

From Resistance to Change: Guiding Families in Accepting Illness and Improving Relationships with Their Children

Family involvement is an essential foundation of the rehabilitation process. While families often represent the context where a minor's difficulties originate, they can also serve as key agents of change. However, engaging the family system presents significant challenges, beginning with raising awareness of the child's struggles and fostering a more open, functional dialogue between parents and their children. This process requires interventions that range from psychoeducation to emotional support, relational mediation, and the active participation of the family in therapeutic plans. Professionals highlight how family dynamics are often marked by resistance to acknowledging the minor's vulnerabilities. This resistance stems from the painful necessity of confronting the idealized image of the child. The ability to face this symbolic "loss" and accept the presence of mental illness or psychological distress is a critical step toward facilitating change. However, acceptance is only the starting point: parents must also be guided through a process that enables them to understand the dynamics that contributed to the child's difficulties without feeling judged or blamed. In this context, psychoeducation becomes an indispensable tool. It provides families with practical resources to interpret their child's behavior and manage crises. Through psychoeducational approaches, professionals aim to empower families with both knowledge and strategies, fostering collaborative solutions that enhance the therapeutic journey.

> *Often, we work on the acceptance that a child can be vulnerable, and we guide families through the mourning of the idealized child who is not what they had expected. Families must confront this loss, and we need to act as a bridge to help them understand the changes in their child and what is happening. (Educator)*

What we do with families is a psychoeducational effort. We try to understand how aware they are of their child's issues, identify their specific challenges, and work together to find solutions. (Psychotherapist)

The intervention with families extends to relational mediation, particularly in cases where the relationship between the adolescent and their parents is marked by conflict or misunderstanding. Professionals play the role of a "bridge" between the two parties, facilitating dialogue and working to re-establish a climate of trust and collaboration. In some instances, mediation focuses on overcoming cognitive biases or communication difficulties that impair the relationship. This challenge is particularly evident when parents struggle to distinguish between their child's behaviors stemming from the underlying pathology and those rooted in personality traits. Consequently, it is essential to offer parents emotional support or guide them toward external resources where they can process their own experiences outside the framework of the therapeutic community. The interplay of physical and psychological distance from their child, combined with feelings of guilt over their perceived inability to manage the situation at home, often gives rise to a profound sense of inadequacy and emotional distress.

It's important to help them manage the illness, meaning guiding them to differentiate between behaviors stemming from the pathology and those related to the child's personality or expressive tendencies. Many times, parents have asked me, 'Why was my child fine yesterday and today isn't?' as if the two states couldn't coexist - as if someone is either well or unwell. But that's not how it works. (Psychotherapist)

Listening to parents is equally important - they are struggling with having their child physically distant and in a community setting. They might feel guilty because their child is in a community, blaming themselves for not being able to manage things at home. It's crucial to also be there for them, to act as a point of reference within the community. (Social Worker)

Finally, establishing an educational alliance with families is essential to ensuring the long-term sustainability of change. Without a collaborative approach with the family system, interventions risk being undermined when the adolescent returns to their original environment. Facilitating this collaboration, however, can be particularly challenging, especially in cases where the primary obstacle stems from the rigidity of family systems or their resistance to addressing and modifying entrenched dysfunctional behaviors and dynamics. In some instances, families may minimize the adolescent's distress or perceive the therapeutic community as a definitive, self-contained solution, thereby disengaging from active participation in the therapeutic process.

A synergistic effort is absolutely necessary both with the adolescent and the family but in my experience, this happens very rarely. The solution isn't simply relocating the child; it requires addressing the entire family system. (Psychotherapist)

It is crucial that the process of change occurs on both sides; if the adolescent changes but the family doesn't, they will revert when they return home. This work is necessary if we want the outcomes of community-based interventions to be sustained over time. (Psychotherapist)

Then there is the parents' ability to recognize and deal with their child's issues. Some parents fail to realize that their child has an illness, seeing it instead as a temporary problem, believing that the community will 'cure' them and that there will never be any further problems or relapses for the rest of their lives. (Nurse)

From Fragmentation to Synergy: Strengthening Collaboration with Local Services

The collaboration between therapeutic communities and local services is a pivotal element in ensuring the continuity and effectiveness of care and rehabilitation pathways for adolescents. Such synergy provides tangible support during residential treatment and facilitates the reintegration of young people into their families and social environments, with tailored therapeutic plans that address long-term needs. One critical dimension involves the sharing of responsibilities and information. Referring services, which are often the first point of contact for the minor and their family, hold critical information essential for designing therapeutic plans adapted to their specific needs. woe, this information is not always fully shared, sometimes to enable placements for even the most complex cases. Furthermore, professionals emphasize the importance of constructing projects based on consistent and regular dialogue to avoid fragmented interventions or inadequate management during sensitive phases, such as reintegration into the family environment. The quality of collaboration often depends on the trust built over time between individual professionals, which determines how effectively interventions are coordinated.

"Sometimes it's difficult to collaborate with certain services, perhaps because, even from the initial case presentation, they don't portray the case as it truly is. We then find ourselves managing a resident whose challenges were not accurately conveyed. [...] My perception is that they think, 'Okay, we've found a placement for the adolescent, now it's up to them to handle it.' Of course, they do their best within the limits of their time and resources, but we would need more frequent moments of

dialogue and sharing. […] There's also a lack of future planning, which should be defined earlier." (Social Worker)

"It's a patchwork relationship, meaning that sometimes there are well-structured services with whom we can build a relationship of mutual trust and effective collaboration over time. With other, less organized services, often short-staffed, it can be much more challenging to work together." (Psychotherapist)

The Therapeutic Residential Community: Last Resort or Phoenix of Rebirth?

In the Italian welfare system, residential communities are often perceived as the last resort among interventions aimed at supporting and protecting the well-being of minors and their families. This perception reflects a widespread tendency to consider them only in cases of extreme difficulty or when all other options, such as family support or foster care, appear no longer viable, prioritizing in-home and family-based interventions. The professionals interviewed agree that residential communities are often involved too late, typically in emergencies or advanced crises. This perpetuates the view of therapeutic residential care as a drastic and definitive measure, limiting its potential as a preventive and rehabilitative space and reducing it to an emergency management tool.

A residential community for minors should, and in my view must, be conceived as a preventive care opportunity, aimed at addressing issues before the onset of full-blown pathology. (Psychotherapist)

I believe several steps could be streamlined to enable placements to happen much earlier. Communities are often seen as a last resort, but this only amplifies the adolescent's distress, as they often enter the community in already highly compromised conditions. (Nurse)

I understand the initial priority given to other interventions, but I don't think this can always be the rule. There are family situations that are clearly dysfunctional and known to be so; interventions need to be rethought in these cases. It's undoubtedly a major step that impacts the lives of the adolescent and their family, but it can be an immense resource if utilized at the right moment (Social Worker)

However, when the family and its environment do not facilitate this, the community becomes a valuable resource because it provides a protected setting that allows the adolescent to distance themselves from the environment that caused many of their issues, creating an opportunity to work on them." (Psychotherapist)

"Perhaps it is sometimes like that, but I've seen adolescents leave here transformed and improved. To me, the community can be seen as a phoenix: even if it represents a last chance, it offers the possibility to rise again from that final opportunity. (Educator)

Another significant issue is the lack of integration between residential communities and the broader social context. Despite their educational potential, these structures are sometimes perceived as isolated entities with limited connections to the job market and local resources. Some professionals describe them as "parking lots" for desperate cases, highlighting a perception that reduces their role to temporary containment rather than long-term transformation. This disconnection undermines the ability of communities to prepare adolescents for reintegration into society, perpetuating a sense of isolation that hampers meaningful change.

It's perceived as a parking lot, but it's not. To help someone truly move forward, there needs to be a pathway that is well-structured, guided initially, but progressively oriented toward autonomy. (Nurse)

It pains me because the community is, let's say, just a temporary chapter in life—it can't be the last resort for such young individuals. There are also unrealistic expectations placed on the community. A community is what it is: it has to be part of society. Sometimes, the 'last resort' mentality is, 'keep them there because if they're out, they'll cause harm.' (Psychiatrist)

I think if you asked people around, they wouldn't even know what a therapeutic community is, or that there are different types of communities. There's a complete lack of awareness, which generates fear of the idea of the community and creates a distorted image. It's not seen as a resource, when it absolutely is - it can bring great benefits if approached with the right perspective. (Social Worker)

Discussion

The findings of this study underscore the central role of therapeutic residential communities as transformative environments for adolescents with mental health disorders. These facilities emphasize the importance of an integrated approach that merges educational, clinical, and relational dimensions. Working with adolescents is one of the most challenging yet essential aspects of intervention. Many of these young people carry experiences of trauma, relational difficulties, and struggles with trust. Professionals emphasize that building a trust-based relationship is not just the foundation for change but a transformative process in itself. Trust develops through consistency, active listening, and respect. These elements help adolescents experience positive

adult relationships, countering the negative patterns they may have faced in their families. However, fostering this bond is far from straightforward. It demands sensitivity to non-verbal cues and a balanced, flexible approach to managing dynamics. Practitioners report challenges linked to the initial resistance of adolescents, which often manifests as oppositional behaviors and emotional barriers shaped by feelings of abandonment and relational isolation. Another critical aspect is the promotion of autonomy, which extends beyond the development of practical skills to encompass self-awareness and the ability to confront personal challenges. The structured routines of the community act as a pedagogical tool, offering adolescents a sense of stability and predictability. These elements are essential for supporting emotional regulation and encouraging a sense of control over their lives.

Alongside work with minors, family involvement represents a key component for the success of residential interventions. However, significant challenges often arise in actively engaging families, who may resist accepting their child's vulnerabilities or addressing their own dysfunctional dynamics. Professionals emphasize that coming to terms with the 'symbolic loss' of the idealized child is a crucial step in building a more open and constructive dialogue between parents and their children. Psychoeducation emerges as an essential tool for supporting families in understanding the adolescent's behavior and managing crises. This strategy mitigates blaming or overly directive attitudes and counters the tendency to delegate full responsibility for the child's care to the residential community. A coordinated intervention involving both minors and their families is crucial to sustaining progress achieved within the community over time. This collaborative effort ensures a gradual and stable transition, fostering the adolescent's reintegration into their family and broader social environment.

In relation to care continuity, several difficulties emerge in collaboration with local services. Operators note that referring agencies, such as child neuropsychiatry units and child protection services, often tend to delegate full responsibility for managing crises to the residential community. This is frequently done without providing sufficient support or organizing regular meetings to monitor the adolescent's progress and plan for their successful reintegration into society. Moreover, as pointed out by the professionals interviewed, this lack of transparency and communication hampers the community's ability to effectively address the complex needs of adolescents, heightening the risk of failure during critical phases of the care process.

Finally, one of the most significant issues is the widespread perception - prevalent even within the welfare system - of therapeutic residential communities as a 'last resort', a setting accessed only in emergencies or when all other intervention options have proven ineffective. This view reflects an institutional and social culture that tends to prioritize home-based or less

intensive interventions, even in cases where the severity of the distress would warrant a more structured and intensive approach. Delayed access to therapeutic residential care for young people with such complex challenges often increases the intricacy of the cases while simultaneously reducing the likelihood of successful outcomes. This transforms residential facilities into crisis management spaces rather than preventive and rehabilitative environments. The professionals interviewed emphasize that residential communities should be seen as opportunities for renewal, not residual interventions. The ability of these communities to provide a protected, educational, and relational environment, where adolescents can reconstruct their identity and develop social skills, represents a valuable resource. This potential would be better realized if placements occurred earlier in the course of the pathology. Despite these challenges, the findings of the study demonstrate that even when considered a last resort, residential communities can serve as a turning point for many adolescents. The metaphor of the community as a "phoenix," used by one practitioner, highlights the ability of these settings to offer a chance for rebirth, transforming a crisis into an opportunity for profound change.

Conclusions

Therapeutic residential communities represent a strategic cornerstone in the framework of interventions for adolescents with mental health disorders, embodying an integrated and interprofessional model of care. This study, through the perspectives of professionals, confirms that these communities provide a unique environment where adolescents can develop self-awareness, practical and relational skills, and reconstruct their identity within a protected and supportive setting. However, to fully realize the transformative potential of these structures, a paradigm shift is essential - one that moves beyond their perception as a residual or "last resort" intervention and promotes them as a proactive and preventive resource within a broader system of care. The structured routines, meaningful relationships with skilled professionals, and an atmosphere of acceptance form essential pedagogical tools. These enable adolescents to experience new relational models, internalize rules and values, and envision a future marked by greater autonomy and self-awareness. As Rutter (2019) and Whittaker et al. (2015) emphasize, educational work within therapeutic communities is not ancillary but fundamental to equipping adolescents with practical tools to navigate daily challenges, laying a strong foundation for their social reintegration. Yet, the prevailing tendency to utilize these structures only in emergency situations, when the adolescent's condition has already significantly deteriorated, undermines the effectiveness of interventions and reinforces a stigmatizing

narrative. A paradigm shift is needed to reposition residential communities as preventive spaces capable of identifying distress at an early stage and providing tailored pathways that address the specific needs of adolescents (Patel et al., 2023).

In conclusion, enhancing the value of residential communities also requires structural investment in human and economic resources. The shortage of qualified personnel, insufficient funding, and fragmented organization are critical issues that must be addressed through targeted and sustainable welfare policies. Continuous training for professionals, an increase in dedicated staff, and adequate financial support for educational and therapeutic activities are essential. As highlighted by the National Institute for Mental Health (2023), a welfare system that invests in high-quality residential programs not only reduces psychopathological relapses but also facilitates effective and lasting social reintegration, benefiting both minors and society as a whole. A crucial consideration from this perspective concerns the substantial costs of residential interventions compared to less structured alternatives or delayed interventions. However, such investments yield long-term advantages that outweigh initial expenditures, ensuring better outcomes for adolescents and fostering broader societal well-being. The cost-benefit analysis of residential interventions demonstrates that reducing psychopathological relapses and enhancing adolescents' autonomy result in long-term reductions in pressure on healthcare, social, and judicial services. Unaddressed or poorly managed setbacks lead to significant costs, including hospitalizations, emergency interventions, and repeated rehabilitation, all of which could be avoided through earlier and more effective interventions. According to Bateman et al. (2022), high-quality residential programs can reduce the overall costs associated with the long-term management of adolescent psychopathologies by up to 40%, making these facilities not only therapeutically effective but also economically beneficial. An additional source of savings is related to the potential social and professional reintegration of adolescents who transition into young adulthood and successfully complete the residential program. Equipping adolescents with the tools to achieve personal and professional autonomy significantly reduces their dependence on subsidies and social assistance throughout adulthood. The establishment of a stable, structured approach results, in the long term, in increased opportunities for productive societal contribution, breaking the cycle of social exclusion often linked to inadequately treated mental health disorders.

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