

İnternet Oyun Oynama Bozukluğu ve Ebeveynlerin Bağımlılık Okuryazarlığı: Karma Desen Bir Çalışma

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Özet

İnternet Oyun Bozukluğu (İOB), son yıllarda yaygınlığı artan davranışsal bir bağımlılıktır. Ebeveynler, bu davranışı önleme, çocuklarındaki erken belirtileri fark etme ve zamanında yardım alma konusunda önemli bir role sahiptir. Bu çalışma, Türkiye’de yaşayan ebeveynlerin İnternet Oyun Bozukluğuna ilişkin ruh sağlığı okuryazarlığını (RSO) değerlendirmeyi ve bağımlılıkta doğru tanıyı yordayan değişkenleri incelemeyi amaçlamıştır. Çalışmada karma yöntem kullanılmış ve toplam 150 ebeveyne ulaşılmıştır ($N_{kadın} = 81$, %77,1). Ebeveynlerin İnternet Oyun Oynama Bozukluğuna ilişkin RSO düzeylerini değerlendirmek için bir örnek olay kullanılmış ve katılımcılardan açık uçlu sorulara yanıt vermeleri istenmiştir. Ayrıca ebeveynler, demografik bilgi formu ve Ruh Sağlığı Okuryazarlığı Ölçeği’ni doldurmuşlardır. Bulgular, ailelerin %45,71’inin İnternet Oyun Bozukluğunu doğru biçimde tanımladığını göstermiştir. Pek çok ebeveyn, örnek olayda tanımlanan çocuğun ruh sağlığı konusunda endişe duyduklarını ve yardım alınması gerektiğine inandıklarını belirtmiştir. En sık önerilen yardım kaynakları psikologlar ile aile ya da yakın çevredir. Ebeveynlerin internet oyun oynama bozukluğuna doğru tanı koymalarını anlamlı biçimde yordayan sadece genel ruh sağlığı okuryazarlığı düzeyleri olmuştur. Bulgular, ebeveynlerin ruh sağlığı okuryazarlığı düzeylerinin artırılmasının önemini ortaya koymakta ve ruh sağlığı okuryazarlığı odaklı eğitim programlarında uygun yardım kaynaklarından yardım arama davranışının vurgulanması gerektiğine işaret etmektedir.

Anahtar Kelimeler: İnternet Oyun Oynama Bozukluğu, Ruh Sağlığı Okuryazarlığı, Ebeveynlik, Sosyotelizm, Ergenlik

Abstract

Internet Gaming Disorder (IGD) is a behavioral addiction whose prevalence has increased in recent years. Parents are key to prevention, spotting early signs and prompting timely help. This study aimed to assess the mental health literacy (MHL) of parents living in Türkiye regarding Internet Gaming Disorder and to examine the variables that predict correct diagnosis. A mixed-methods design was employed. A total of 150 parents were reached ($N_{women} = 81$, 77.1%). To evaluate parents’ Internet Gaming Disorder related mental health literacy, a vignette was used and participants were asked to respond to the open-ended questions. In addition, parents completed demographic information forms and the Mental Health Literacy Scale. Results showed that 45.71% of families provided a correct identification of Internet Gaming Disorder. Many parents indicated that they were concerned about the mental health of the child described in the vignette and believed that help should be sought. The most frequently endorsed sources of help were psychologists and family or loved ones. Only general mental health literacy levels significantly predicted parents’ correct diagnosis. The findings highlight the importance of enhancing parents’ mental health literacy levels and underscore the need to emphasize help-seeking from appropriate sources in mental health literacy-focused educational programs.

Keywords: Internet Gaming Disorder, Mental Health Literacy, Parents, Phubbing, Adolescence

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Internet Gaming Disorder and Parental Addiction Literacy: A Mixed-Methods Study

Introduction

Internet Gaming Disorder (IGD) has emerged as a growing public health concern, particularly among children and adolescents, whose developmental vulnerabilities may increase the risk of excessive gaming. In the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR; American Psychiatric Association, 2023), IGD is included in the section *Conditions for Further Study*, while the International Classification of Diseases (ICD-11; World Health Organization, 2019) recognizes Gaming Disorder as a formal diagnosis. Both classifications highlight persistent and recurrent patterns of gaming that lead to significant functional impairment in academic, social, and family domains. In addition, gaming can be online or offline, manifested by impaired control over gaming; increasing priority given to gaming to the extent that gaming takes precedence over other life interests and daily activities; and continuation or escalation of gaming despite the occurrence of negative consequences. The definition and diagnostic criteria of IGD in both DSM-5 and ICD-11 appear to be similar to the diagnostic criteria for substance use and other addictions. The increasing prevalence of gaming worldwide, alongside its integration into daily routines, has intensified scholarly and clinical interest in understanding IGD and its correlates.

Prevalence rates of IGD vary widely across countries, reflecting methodological differences and cultural influences, with estimates ranging from 1% to 10% among adolescents (Fam, 2018; Paulus et al., 2018; Stevens et al., 2021). Studies have consistently shown that excessive gaming is associated with negative outcomes including social withdrawal, sleep disturbances, academic difficulties, and mental health problems such as depression and anxiety (Wartberg et al., 2020). While growing body of research has focused on adolescents' gaming behaviors, less attention has been paid to parents' understanding of IGD, despite their pivotal role in early identification, help-seeking, and intervention.

Parental mental health literacy (MHL) is a key factor in determining whether children receive timely and appropriate support and defined as knowledge and beliefs about mental disorders that aid their recognition, management, and prevention (Jorm, 2012). Higher levels of MHL are linked to more accurate recognition of mental health problems and greater likelihood of recommending professional help (Kelly et al., 2007). However, research suggests that parents often struggle to correctly identify emerging behavioral addictions such as IGD, sometimes misinterpret symptoms as temporary phases,

academic issues, or personality traits (King & Delfabbro, 2018). These challenges may delay intervention and exacerbate negative outcomes for young people.

Given the novelty of IGD as a diagnostic construct and its overlap with broader concerns about digital technology use, examining parents' knowledge and conceptualization of IGD is crucial. Self-understanding of how parents categorize IGD symptoms, the labels they use, and the factors that predict accurate recognition can provide valuable insights for developing psychoeducational programs and prevention strategies. This is particularly important in contexts where stigma, limited awareness, and competing cultural narratives about technology may shape parental perceptions (Rumpf et al., 2018).

Prior work indicates that parental demographics, such as age and gender, can influence sensitivity towards children's mental health needs, with mothers often reporting greater awareness than fathers (Barbieri et al., 2024). In addition, parents who are healthcare professionals may hold higher general MHL but may still lack specific knowledge about behavioral addictions like IGD (Pazarcikci & Ağrali, 2024; She et al., 2022). Previous experiences with professional help-seeking have also been associated with stronger recognition of mental health problems and a greater likelihood of recommending formal care (Kelly et al., 2007). These factors highlight the need to consider both sociodemographic and experiential variables when examining parents' ability to identify IGD.

In addition, parents' own digital behaviors may also shape how they perceive and respond to gaming-related problems. *Phubbing* - the act of ignoring one's interaction to attend to a smartphone - has been linked to attentional disengagement, poorer relationship quality, and problematic smartphone use (Roberts & David, 2016). In family contexts, frequent parental phubbing may normalize high-intensity screen engagement or alternatively heighten parents' sensitivity toward digital overuse. Examining this variable alongside MHL provides a novel perspective on parental recognition of IGD.

In the present study, parental MHL and phubbing were examined together as theoretically driven predictors beyond demographic and experiential factors. Taken together, these variables capture both parents' cognitive awareness of mental health issues and their everyday digital habits, allowing for a more comprehensive insight of how knowledge and behavior intersect in shaping recognition of IGD. This integrated perspective can provide a more holistic view of how parental awareness and behaviors may shape recognition of emerging behavioral addictions.

Beyond their role in recognizing symptoms, parents are uniquely positioned as the primary observers of their children's daily behaviors. Within the home environment, they are able to notice early warning signs of problematic gaming and can implement parental mediation strategies, such as setting limits, monitoring, or guiding digital activities. These strategies are often regarded as the first line of defense in preventing the escalation of IGD (Lin et al., 2009, Nikken & Jansz, 2014). Thus, parental knowledge about IGD is not only essential for accurate recognition but also represents a crucial foundation for prevention and early intervention efforts.

Despite the growing body of research on IGD worldwide, little is known about how parents in Türkiye conceptualize and recognize this condition. Türkiye represents a particularly relevant context due to its rapid digitalization (TÜİK, 2023); high rates of internet and smartphone use among young people (We Are Social & Meltwater, 2024), and strong family-oriented cultural values that shape parenting practices (Kağıtçıbaşı, 2007). Previous studies in Türkiye have largely focused on adolescents' gaming behaviors and their psychosocial correlates (Evren et al., 2019), but parents' MHL and their ability to correctly identify IGD symptoms remain underexplored. In particular, their MHL and their own digital engagement (e.g., phubbing) may shape how they interpret gaming-related problems, yet these factors have not been systematically studied in the Turkish context. Examining these dimensions is crucial for informing culturally appropriate prevention and intervention strategies and contributes to cross-cultural perspectives on behavioral addictions.

From this point of view, the aim of the present study was to examine the level and content of parents' knowledge about Internet Gaming Disorder (IGD). Specifically, we addressed the following research questions:

- (1) What is the level and nature of parents' knowledge regarding IGD?
- (2) What are the predictors of parents' correct classification of IGD?

In examining predictors of parents' ability to correctly classify IGD, the present study statistically adjusted for several background factors. Parental age and gender, as well as child gender, were considered because prior studies have shown that these demographics affect recognition of children's mental health problems, with mothers often displaying higher awareness (Barbieri et al., 2024). Parents working in healthcare professions and those with previous help-seeking experiences were included, given evidence that such experiences are associated with greater MHL and help-seeking readiness (Kelly et al., 2007). Finally, we examined two theoretically relevant predictors: parental MHL, which has consistently

been linked to more accurate recognition of disorders (Jorm, 2012), and parental phubbing, a digital behavior that may normalize or sensitize parents to excessive screen use in children (Karadağ et al., 2015).

Methods

Participants

Total of 150 parents aged between 29-63 ($M=44.31$, $SD=6.93$) and have a child aged between 0-24 ($M=13.02$, $SD=5.92$) participated in this study. Many parents were women ($N=81$, 77.1%). The majority of them graduated from university ($N=92$, 87.6%) and a small proportion were not working ($N=11$, 10.5%). Nine parents were health workers (8.6%) and almost three in four of them had help-seeking ($N=76$, 72.4%). More than a half of children were boys ($N=62$, 59%).

Data collection tools

Demographics. Parents were asked to provide information about their gender, age, education level, working status, previous help-seeking as well as the age and gender of their child.

Mental health literacy for IGD. An IGD vignette illustrating IGD symptoms (see Supplementary Material) was prepared to evaluate parents' MHL. Questions to understand how parents might identify and reflect the child behavior in the vignette was integrated from Friend in Need Questionnaire (Burns & Rapee, 2006). The scenario was deliberately designed to reflect the central features of Internet Gaming Disorder (IGD) in line with the diagnostic criteria set out in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2023; DSM-5-TR). It emphasized the core symptoms of IGD. To promote inclusivity, the vignette featured a character named "Deniz," a commonly used gender-neutral name in Turkish.

One multiple-choice question and three open-ended questions were used to gather parents' opinions about the child in the vignette. The multiple-choice question assessed how concerned they were about the child in the vignette. In the first open-ended question, they were asked to describe what issue, if any, they believed the child was experiencing. The second question asked about the hints that could help in understanding the child's problems. Finally, parents were asked whether the child needed help and, if so, from whom the child could receive it.

General mental health literacy level. Mental health literacy scale was developed by O'Connor & Casey (2015) and was adapted to Turkish by Kesgin et al. (2020). The scale was utilized to assess mental health literacy level. The subscales of *recognition of disorders* [e.g., to what extent do you think it is likely that the di-

agnosis of Drug Dependence includes physical and psychological tolerance of the drug (i.e., require more of the drug to get the same effect)], *knowledge of how to seek mental health information* (e.g., I am confident that I know where to seek information about mental illness), *knowledge of risk factors and causes* (e.g. to what extent do you think it is likely that in general in Türkiye, women are more likely to experience a mental illness of any kind compared to men), *knowledge of self-treatments* (e.g., to what extent do you think it would be helpful for someone to avoid all activities or situations that made them feel anxious if they were having difficulties managing their emotions), *knowledge of professional help available* (e.g., to what extent do you think it is likely that Cognitive Behaviour Therapy (CBT) is a therapy based on challenging negative thoughts and increasing helpful behaviors), *attitudes that promote recognition and appropriate help-seeking* (e.g., a mental illness is a sign of personal weakness). The scale was rated four-point Likert scale and had 35 items. Higher scores refer to greater levels of MHL. The internal reliability of the scale was .76.

Phubbing. The Phubbing Scale was developed by Karadağ et al. (2015) in Turkish culture. The scale was utilized to assess the phubbing level of parents. The subscales of *communication disturbance* (e.g., I'm dealing with my mobile phone when I'm with my friends.) and *phone obsession* (e.g., my phone is always within my reach.). The scale was rated five-point Likert scale and had 10 items. Higher scores refer to greater levels of phubbing. The internal reliability of the scale was .82.

Procedure

Ethical approval of the current study was obtained from the Blinded University Ethics Committee (No: E-64577500-050.99-79416, Full date: 08/07/2024). We conducted a convenience sampling method to recruit participants. An announcement of the study and online participation link was disseminated through online platforms such as Instagram and parents' WhatsApp groups. Eligibility criteria includes being at least 18 years old, being a parent, and having a child between the ages of 0 and 24.

Data analysis

Descriptives and logistic regression analysis were performed using IBM SPSS software 27.0. In the first step of the logistic regression analysis, parents' age, gender, and the child's gender were entered as control variables. In the second step, parental occupation as a healthcare professional and prior mental health service

use (by the parent or the child) were added. In the final step, parents' MHL and phubbing levels were included as predictors.

Open-ended questions adapted from Friends in Need Questionnaire were categorized based on presence of specific terms. One of the open-ended questions asked parents to describe the problems of the child in the vignette. Responses included related to problematic usage or addiction of internet and digital devices were coded as correct diagnosis. Parents' responses identified as a correct diagnosis were coded as 1, whereas those considered an incorrect diagnosis were coded as 0.

IGD presents in the *Conditions for Further Study* section in the DSM-5-TR. The vignette includes following IGD categories: 1) Preoccupation with Internet games 2) Withdrawal symptoms when Internet gaming is taken away 3) Tolerance 4) Loss of interest in previous hobbies and entertainment 5) Continued excessive use of Internet games despite knowledge of psychosocial problems 6) Deceiving others 7) Jeopardizing or losing a significant relationship, job, or educational/career opportunity. Parents' responses to the second open-ended question were categorized according to these categories. Parents' responses regarding whom the child in the vignette should seek help from were evaluated under the categories of psychologist, psychiatrist, pedagogue or specialist, school counselor, and family or loved ones.

Results

Open-ended Questions

Parents' Categorization of the IGD Label

Although the concept of Internet Gaming Disorder is included in the DSM-5-TR, it is not yet part of the main diagnostic criteria. Therefore, we categorized all descriptions related to problematic use or addiction to the internet and digital devices as correct diagnoses. These concepts included *internet gaming disorder* ($N=14$, 13.33%), *problematic internet use* ($N=3$, 2.85%), *digital addiction* ($N=3$, 2.85%), *screen addiction* ($N=5$, 4.76%), *technology addiction* ($N=11$, 11.42%), and *computer addiction* ($N=10$, 9.52%). Overall, 48 parents (45.71%) correctly identified the child's problem in the vignette.

Other responses were classified as incorrect. Eight participants (7.62%) stated that it was an addiction without using a specific classification, two (1.90%) reported that they did not know, and one participant (0.95%) thought there was no problem. In the "Other" category, 48 participants (45.71%) addressed problems such as social phobia, antisocial behaviors, loneliness, and low self-control.

Concerns of Parents

A total of 93 participants (88.6%) stated that they would be highly concerned for the child in the vignette. Twelve participants (11.4%) indicated that they would be somewhat concerned. No participant stated that they would not be concerned at all.

Parental Recognition of Child Symptoms as Indicators of Problems

A total of 86 people (81.90%) indicated that the youth in the case study experienced emotional/behavioral problems. Among the 36 responses indicating the presence of emotional/behavioral problems, the most frequently emphasized symptoms were loss of interest ($N=26$, 29.88%) and lying ($N=26$, 29.88%). These were followed by educational disruptions ($N=17$, 19.54%), continuous usage despite psychosocial problems ($N=13$, 14.94%), excessive use ($N=4$, 4.60%), and preoccupation ($N=1$, 1.15%). Remained 50 parents (58.13%) reported that the child had emotional/behavioral problems but did not mention symptoms indicating the problem. There were eight participants (7.62%) who indicated that there were no emotional/behavioral problems and 11 participants (10.47%) who answered that they did not know.

Recommendations for Help-seeking

Many parents emphasized that the child needs help ($N=110$, 88.18%). The most frequently identified type of help was a 'psychologist,' according to parents' responses to the vignette ($N=36$, 32.72%) and family or loved ones was the second common category ($N=28$, 25.45%). Pedagogue or specialist ($N=17$, 15.45%), school counsellor ($N=16$, 14.54%) and psychiatrist ($N=36$, 32.72%) were identified as an appropriate source of help.

Predictors of Correct Diagnosis

We conducted a logistic regression analysis to examine factors predicting parents' ability to correctly

diagnose IGD. Regarding the continuous variables added to the model, the mean score for MHL was 104.97 ($SD=10.99$), with scores ranging from 76 to 133 while parents' phubbing levels had a mean score of 25.14 ($SD=7.53$), with scores ranging from 10 to 46. The overall model was significant compared with the null model, $\chi^2(7)=14.242$, $p<.05$. The model explained 12% of the variance in correct diagnoses and correctly classified 63.8% of cases. Demographic variables, working as a healthcare professional, and prior help-seeking were not associated with diagnostic accuracy. Similarly, parents' phubbing levels did not predict correct diagnosis, whereas higher levels of MHL significantly increased the likelihood of correct diagnosis. The logistic regression analysis results are presented in Table 1.

Discussion

This study examined how parents in Türkiye conceptualize IGD through a vignette-based methodology and explored factors predicting accurate recognition. The findings showed that less than half of the parents correctly identified the problem as IGD or a related digital addiction, although the majority of them expressed strong concern about the child in the vignette and emphasized the need for professional help. Parents often highlighted symptoms such as loss of interest and lying, but many misattributed the difficulties to other psychosocial problems. Importantly, our analyses indicated that rather than demographic factors, healthcare background, or phubbing behaviors, the higher levels of MHL significantly increased the likelihood of correctly identifying IGD.

The present study revealed that only a minority of parents correctly identified the vignette as reflecting IGD

Table 1. Predictors of correct IGD diagnosis.

Potential predictors	β	Odds ratio (95% CI)
Age	-.01	.099 (.931 – 1.054)
Gender	-.52	.939 (.206 – 1.706)
Child gender	-.62	.53 (.224 - .1.270)
Working as healthworker ^b	.39	1.479 (.302 – 7.245)
Previous help-seeking ^c	.55	1.740 (.674 – 4.490)
MHL level	.05**	1.060 (1.014 – 1.108)
Parents phubbing	.04	1.048 (.987-1.113)

* $p<.05$, ** $p<.01$, *** $p<.001$

^bWorking as healthworker, ^cHaving previously sought psychological help, ^dSought professional help

or related digital addictions. While terms such as computer addiction or technology addiction were used, nearly half of the parents attributed the difficulties to other problems such as social withdrawal, antisocial behavior, or low self-control. This pattern suggests that IGD is not yet well-differentiated from broader psychosocial or behavioral difficulties in parental perceptions. This finding aligns with earlier studies showing that behavioral addictions, particularly IGD, are often under-recognized or mislabeled by the general public (King & Delfabbro, 2018; Rumpf et al., 2018). Parents may rely on more familiar categories such as technology addiction reflecting the broader societal discourse in Türkiye and beyond, where digital media use is frequently problematized without clear diagnostic distinctions (Al-Qudimat, 2025). While we treated parental descriptions using broader labels such as technology addiction or internet addiction as correct, these concepts are not identical, and future research should examine how parents differentiate between IGD and other forms of digital or behavioral addictions in order to provide a more nuanced understanding. Such misclassification may hinder timely recognition and targeted intervention for children at risk of IGD.

Despite difficulties in naming IGD, most parents expressed strong concern about the child in the vignette. This shows that parents are sensitive to potential harms of excessive gaming, even when they cannot accurately diagnose the condition (Al-Qudimat, 2025). These concerns may reflect heightened societal awareness of the risks of screen time and digital media in Türkiye (TÜİK, 2023). However, being concerned may not be reflected as effective help-seeking solely if the underlying problem is not accurately identified.

Parents most frequently pointed to loss of interest and lying as indicators of a problem, followed by educational disruptions. Importantly, all of the symptoms identified by parents - including loss of interest, lying, jeopardizing education, continuous usage despite the problems, excessive use, and preoccupation - map onto established IGD diagnostic criteria (APA, 2023). This suggests that although parents may not label the problem as IGD, some parents can recognize behavioral manifestations even if they do not connect them to IGD specifically. The emphasis on lying may reflect cultural salience in Türkiye, where honesty and compliance are valued family norms (Kağıtçıbaşı, 2007). However, the relative neglect of certain criteria, such as withdrawal, may indicate gaps in parental understanding of the full clinical presentation of IGD.

A large proportion of parents recommended that the child should receive professional help, most frequently from psychologists or psychiatrists. This finding is consistent with research showing that higher mental

health literacy is associated with professional help-seeking recommendations (Jorm, 2012; Kelly et al., 2007). Interestingly, many also emphasized informal sources of support, such as family members, reflecting Türkiye's family-oriented cultural values (Kağıtçıbaşı, 2007). While this may be beneficial, reliance solely on family support could potentially delay access to evidence-based interventions for IGD.

In addition to open-ended questions, predictors of IGD were also analyzed and logistic regression results showed that demographic factors, health worker status, prior help-seeking, and phubbing levels were not significant predictors of diagnostic accuracy. Instead, higher levels of MHL emerged as the only significant factor increasing the likelihood of correct IGD classification. This finding reinforces the critical role of MHL in enhancing parents' capacity to recognize emerging disorders (Ganasen et al., 2008; Jorm, 2012). Considering these results, the lack of association with phubbing is noteworthy. Although previous research has linked phubbing to lower parent-child relationship quality, reduced communication, and attentional disengagement (Xie & Xie, 2020), our findings suggest that parents' own problematic smartphone use does not directly impact their ability to correctly classify IGD. This may be due to the fact that accurate classification requires cognitive knowledge and awareness of IGD symptoms, which are more strongly tied to MHL than to everyday digital habits. In other words, even if parents engage in phubbing behaviors, this may affect the quality of parent-child interaction but not necessarily their diagnostic judgments. Considering that phubbing itself reflects behavioral addiction tendencies, including features such as withdrawal and social lying, it is plausible that it influences family dynamics without serving as a predictor of accurate recognition. Similarly, demographic characteristics such as parental age, gender, and child gender were not associated with correct classification of IGD. Of particular interest, neither being a healthcare professional nor having prior help-seeking experiences predicted accuracy. One explanation may be that technology-related disorders are still relatively new and not consistently emphasized in clinical training or widely recognized diagnostic frameworks, particularly within the DSM where IGD remains a *condition for further study* (APA, 2023). This lack of clear diagnostic status may create uncertainty even among health professionals. Another possibility is that the small number of healthcare professionals in the sample limited the statistical power to detect potential effects. These findings highlight the need to integrate knowledge of behavioral addictions such as IGD more explicitly into both public health education and professional training. Together, these findings suggest that *MHL* is a critical determinant

of whether parents can accurately identify IGD, underscoring the importance of knowledge and awareness in shaping parental recognition.

Limitations

Several limitations should be noted. First, the use of convenience sampling and an online survey limits generalizability, as our sample was highly educated and not representative of all parents in Türkiye. Second, reliance on a vignette, while useful for standardization, may not fully capture the complexity of IGD presentation in real-life contexts. Third, the cross-sectional design precludes causal interpretations. Finally, given that IGD is still listed as a *condition for further study* in the DSM-V-TR framework, the boundaries between IGD and broader labels such as technology addiction or internet addiction remain blurred and this approach may limit the precision with which IGD-specific recognition was assessed. Future studies should include more diverse samples in terms of education, socioeconomic status, and geographic regions within Türkiye. Additionally, comparative cross-cultural research would help clarify how cultural values influence recognition and labeling of IGD.

Directions/Suggestions for Future Research

Despite these limitations, a key strength of this study is that it highlights the lack of diagnostic awareness of IGD within parental MHL. These findings should also be interpreted within the cultural and societal context of Türkiye. Rapid digitalization and widespread internet access among young people create both opportunities and risks, highlighting the need for parental awareness of IGD (TÜİK, 2023; We Are Social & Meltwater, 2024). At the same time, strong family orientation and collectivist values reflect that parents play a central role in children's technology use, decision-making, and help-seeking (Mahroof, 2020). However, the limited integration of IGD knowledge into educational and healthcare systems may contribute to parents' misclassification of symptoms. Thus, culturally tailored prevention programs in Türkiye should not only raise awareness of IGD but also actively engage families and schools as key stakeholders.

Findings underscore the importance of targeted psychoeducational programs to improve parents' understanding of IGD. Such interventions should clarify diagnostic criteria, reduce misconceptions, and encourage early identification. Given the strong cultural role of family in Türkiye, family-based awareness programs may be particularly effective. Furthermore, integrating IGD education into school-parent collaborations could strengthen prevention strategies.

In conclusion, this study highlights that while pa-

rents in Türkiye express strong concern about excessive gaming, many struggle to accurately identify IGD. Crucially, higher levels of MHL significantly improve recognition, pointing to the value of targeted educational initiatives. By enhancing parental knowledge, early identification and timely intervention for IGD can be supported, ultimately reducing its negative impact on children and families.

Main Points:

- Half of the parents correctly identified the IGD, which is a relatively high proportion.
- Many parents offered both professional and family help for the child in the vignette.
- Parents highlighted IGD symptoms such as loss of interest and lying, but many misattributed the difficulties to other psychosocial problems.
- General MHL emerged as the sole significant predictor of correct identification of IGD.

Declarations

Ethical Approval

Ethical approval of the current study was obtained from the Blinded University Ethics Committee (No: E-64577500-050.99-79416, Full date: 08/07/2024).

Conflict of Interest

All authors of this article declare that there is no conflict of interest regarding the publication of this paper.

Informed Consent

Before participation in the study, all participants provided informed consent.

Project/Funding Information

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Data Sharing/Availability

Data is available upon reasonable request.

Authors' Contributions

GS and DAE contributed to the conceptualization and design of the study, performed the methodology. GS gathered data. GA and DAE conducted data analysis. EM and GS also contributed to the writing of the introduction and conclusion sections of the study. EM and GS contributed to the study design and data collection process. DAE reviewed and approved the final manuscript.

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