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Issues of Parental Mental Health

The implications that depression & anxiety
can have on their adolescent child

Presented by Amy Muriithi



Good afternoon, my name is Amy Muriithi, and my student number is 1062015. Thank you for listening today as I share a presentation that will critically discuss parental mental health issues, including major depressive disorder and generalised anxiety disorder, and consider the implications these may have on a child's lifelong development.

What will be covered?

- The impact on 11-16 Year olds
- Defining depression and anxiety as mental illness and Adverse Childhood Experience
- Why mental health matters
- Theorist - Bronfenbrenner
- Interventions - School/Home
- Outcomes vary



This presentation will focus on the 11–16 age bracket, a crucial developmental period in which young people experience significant emotional and identity changes associated with puberty. It will explore why mental health matters, the importance of maintaining good mental wellbeing, and how depression and anxiety are defined as mental illnesses and recognised as Adverse Childhood Experiences (ACEs). The presentation will provide an overview of depression and anxiety, including their symptoms and the impact on young people who are living with a parent with a mental health diagnosis. Interventions will be considered, and Theorists will also be discussed.

Additionally, my critique will highlight that outcomes for children and young people can vary, and that parental mental health issues do not automatically mean that all children are harmed or damaged.

I hope you enjoy the presentation.

Major Depressive Disorder

- 5 or more symptoms over a 2 week span
- Change from ordinary behaviour
- Impacting personal, social and work life
- No other manic health diagnosis e.g. bipolar

(American Psychiatric Association, 2022).



Major Depressive Disorder

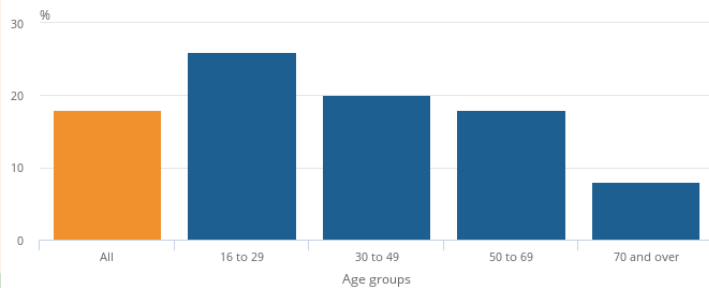
Depression is the major mental health issue across the world, next is anxiety, schizophrenia and finally bipolar disorder (Mental Health Foundation, 2026). According to the American Psychiatric Association (2022), as outlined in the *Diagnostic and Statistical Manual of Mental Disorders*, Major Depressive Disorder is diagnosed when five or more depressive symptoms are present within a two-week period; one of these symptoms must be a depressed mood, or a loss of pleasure. These symptoms must represent a change from an individual's usual behaviour and cause significant issues in personal, social, or occupational performance. Additionally, eliminating manic health conditions such as bipolar is important to differentiate the Major Depressive Disorder.

Major Depressive Disorder

- Depressed mood
- Anhedonia
- Sleep
- Low energy
- Concentration problems
- 1 in 5 adults (16+)

Figure 3: Younger adults were more likely to report some form of depression than older adults

Proportion of adults reporting moderate to severe depressive symptoms by age, Great Britain, 2 to 27 April 2025.



Source: Opinions and Lifestyle Survey from the Office for National Statistics

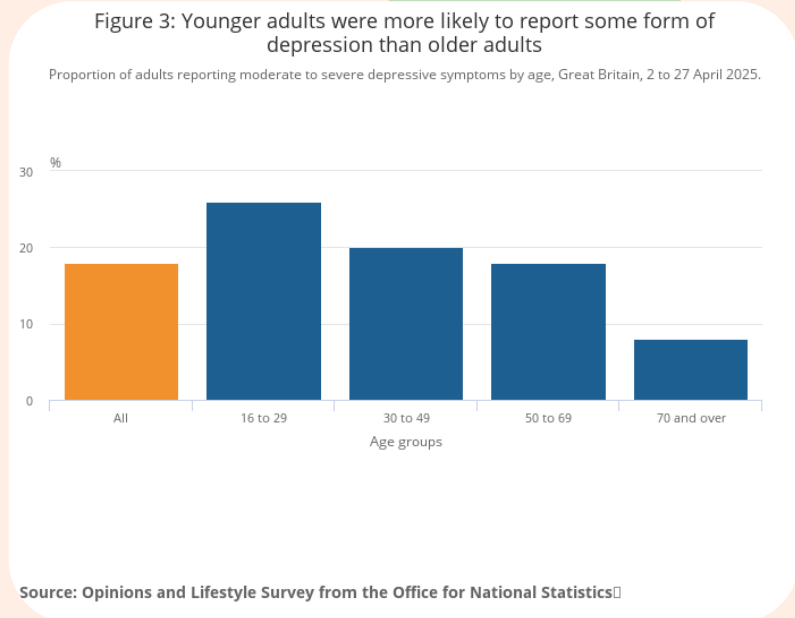
These are some of the symptoms to look out for:

- Persistent depressed mood or anhedonia
- Significant weight/appetite changes
- Sleep disturbances (insomnia or hypersomnia)
- Fatigue or loss of energy
- Feelings of worthlessness or excessive guilt
- Poor concentration or indecisiveness
- Recurrent thoughts of death or suicidal ideation

(American Psychiatric Association, 2022).

Major Depressive Disorder

- Young adults 16–29 years have higher prevalence (26%)
- Women tend to report higher levels than men



Prevalence of Depressive Symptoms in UK Adults

Recent UK national statistics identify depression and related symptoms in adults — including those experienced by people meeting criteria for *Major Depressive Disorder*. While the UK does not routinely report prevalence of each individual symptom separately in official national surveys, the overall data provides a credible and valid picture of the burden of depressive symptoms which *does* include those core features (Our Future Health, 2026).

Surveys suggests that about 18% of adults (aged 16+) in Great Britain reported moderate to severe depressive symptoms in April 2025; this was based on the Patient Health Questionnaire (PHQ-8), and measures symptoms including depressed mood, anhedonia, sleep, energy, and concentration problems.

- This compares to *nearly 1 in 5 adults* currently experiencing a level of depressive symptoms consistent with clinical concern.
- The groups more affected by depressive symptoms are young adults aged 16–29 years; they have higher prevalence (26%), compared with older groups (8% in those aged 70+). Furthermore, women reported higher levels of depressive

symptoms than men

(Office for National Statistics, 2025).

Generalised Anxiety Disorder

- Anxiety is fear often connected to thoughts of threat
- Excessive worry - 6 months and unable to control it
- Impacting personal, social and work life
- not linked to substance misuse or medication
- Not linked to other medical diagnosis

(American Psychiatric Association, 2022).



Generalised Anxiety Disorder

Anxiety is defined as fear that is often connected with one's thoughts of a threat or deep sense that something will go wrong in the future, however it may begin from something taking place in the present moment (Mental Health Foundation, 2026). To be diagnosed with generalized anxiety disorder, all these symptoms must be identified:

Generalised Anxiety Disorder

3 or more of these symptoms daily (1 in children):

- Restlessness or edgy
- Fatigued easily
- Unable to concentrate
- Irritability
- Tension in muscles
- Disturbed sleep

(American Psychiatric Association, 2022).



A person must be experiencing excessive worry most days and lasting 6 months at the very least with and challenging to control it. Furthermore, the anxiety and worry symptoms must bring significant issues in one's social, occupational, academic, or other essential areas of daily living for example work or school. It is important for diagnosis that professionals know and understand before diagnosis that the symptoms are not linked to the effects of a substance misuse like illegal drugs, or even prescribed medication from the doctor including other medical condition like major depressive disorder. Moreover, the anxiety and worry must be associated with at least three of these six symptoms (one in children), and must last most days for at least six months:

- Restlessness or on high alert
- Easily tired
- Lack of focus or brain fog
- Irritability
- Muscular tension
- Sleep interruptions

(American Psychiatric Association, 2022).

Generalised Anxiety Disorder

- 5.9 %–7.5 % of UK adults have GAD diagnosis.
- Much larger proportions experience anxiety symptoms frequently, though not all meet criteria for GAD.
- Women and younger adults (18–34), carers, and certain minority groups showed higher levels of reported anxiety.

(Mental Health Awareness Week, 2023)



Prevalence of Generalised Anxiety Disorder Symptoms in UK Adults

Research suggests that about 5.9 %–7.5 % of UK adults have clinical levels of GAD. However, much larger amounts experience anxiety symptoms regularly, though not all meet criteria for generalized anxiety disorder. Furthermore, women, and younger adults (especially 18–34), carers, and certain minority groups identified with higher levels of reported anxiety (Mental Health Awareness Week, 2023).

Prevalence of Parental Mental Health Problems (UK)

- 50%–66% of people with severe, long-term mental illness are parents who live with children under the age of 18
- 4 million + parents in the UK have mental health problems
- 68% - mothers
- 57% - fathers
- 42% of children in Wales live with a parent who has a mental illness

(Welsh Government, 2024;
Oxfordshire Safeguarding Children Partnership, 2026)



Prevalence of Parental Mental Health Problems (UK)

Research suggests that 50%–66% of people with severe, long-term mental illness are in fact parents who live with children under the age of 18; over 4 million parents in the UK have a mental health problem, 68% of those are mothers, and 57% are fathers. Furthermore, according to the Welsh Government (2024), in the Children Receiving Care and Support Census, parental mental health was identified and recorded amongst 42% of children in Wales. This figure has risen quickly from 29% in 2017 to 40% by 2023. However, it is important to acknowledge that that these statistics refer only to children who receive care and support services, it is not addressing all children in Wales (Oxfordshire Safeguarding Children Partnership, 2026).

WHY Parental Mental Health Matters for an Adolescent Child

Good Parental Mental Health can mean a young person experiences:

Stability at home



Emotional support at home



A sense of **security** at home



Why Parental Mental Health Matters to an Adolescent Child

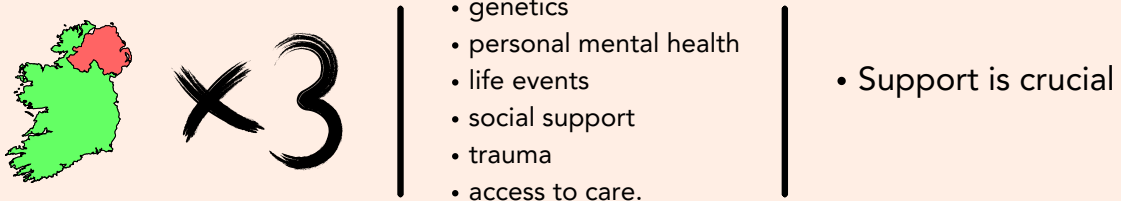
Parental mental health matters for a young person because it directly affects the stability, emotional support, and sense of security they receive at home. If a parent cannot provide these necessary elements in the family home due to poor mental health, then the young person may be impacted and there could be negative consequences.

Research suggests, adolescent children may carry an emotional burden, including extreme worry for their struggling parent and resulting in their inability to share their own burdens, consequently they internalise the negative emotions they feel. This can be associated with their own decisions to seriously consider self-harm or even attempt suicide during adolescent years (NSPCC, 2022; Zhu *et al.* (2023).

How is the young person impacted?

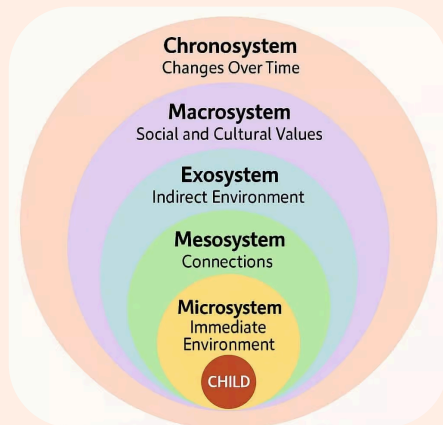
Without **stability**, **emotional support** and **security**, young people can experience:

- The weight of emotional burden - excessive worry for their parent
- Self harm and suicide - this is an increased risk not the sole cause



A large systematic review in Northern Ireland identified that young people living with parental mental health issues had nearly three times the odds of suicidal thoughts, or attempts compared with peers without such exposure, suggesting parental mental health challenges contribute to the young person's outcomes during crucial developmental stages of their life. On the other hand, it is important to recognise that although it shows increased risk, it is not a sole cause, other factors must be considered too including genetics, personal mental health of the adolescent, life events, social support, trauma, and access to care. However, it does indicate the necessary need for family-centered prevention, early identification and trauma-informed interventions (O'Reilly and Maguire, 2018; Bratu, et al. 2025).

Bronfenbrenner Ecological Systems Theory



(Source: Brodie, 2026)

Microsystem Immediate Environment

CHILD

- Family relationships (e.g. parents and parental mental health)
- School and teaching staff
- Peer relationships
- The home and local community environment

Urie Bronfenbrenner (1917–2005) – Ecological Systems Theory

Theorist Urie Bronfenbrenner's Ecological Systems Theory explains child development as the result of ongoing interactions between individuals and multiple layers of their environment. He proposed that development is shaped not only by individual characteristics, but also by the wider social, cultural, and historical contexts in which a person grows up.

Bronfenbrenner identified five interconnected systems that influence development.

One of his five systems included the Microsystem which refers to the young person's immediate environment, which has the most direct impact on development. This includes:

- Family relationships (e.g. parents and parental mental health)
- School and teaching staff
- Peer relationships
- The home and local community environment

During adolescence, changes within the microsystem such as shifts in parent–child relationships resulting from poor parental mental health are particularly significant (Brodie, 2026; Zierten, et al. 2025).

How is the young person impacted?

Without **stability**, **emotional support** and **security**, young people can experience:

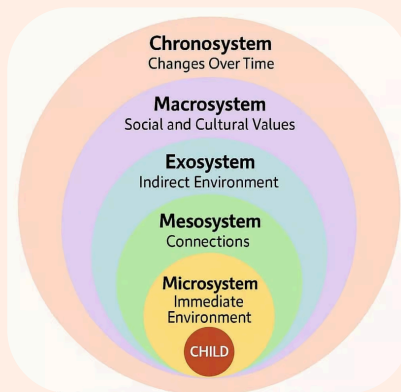
- Growing up prematurely
- Fostering parent-like roles
- Excessive responsibility and stress
- Research suggests the link to emotional difficulties



When a parent experiences mental illness, young people may be required to mature more quickly by adopting parent-like roles, rather than being able to enjoy their childhood, impacting their relationship with that parent. This process of role reversal can lead young people to prioritise their parent's needs above their own, resulting in excessive caregiving responsibilities. Such responsibilities are developmentally inappropriate and highly stressful (Dariotis et al., 2023; Van Loon et al., 2017).

Bronfenbrenner (1917–2005)

Ecological Systems Theory



(Source: Brodie, 2026)

- This looks at how different settings interact.
- Poverty can weaken links between home and school (e.g., limited parent–teacher communication).
- Housing instability can disrupt continuity between schools, healthcare providers, and social services.
- Social exclusion can strain relationships across settings (e.g., marginalised families feeling unwelcome in schools).

On the other hand, the other socio-economic factors Bronfenbrenner discusses should also be considered, because parental mental health often coexists with poverty, housing insecurity, and social exclusion, therefore it can be difficult to isolate parental mental health as the primary cause of relationship problems between the adolescent and the parent. Socio-economic inequalities such as poverty may intensify both parental distress and child outcomes for example studies identify that poverty is linked to psychological aggression from parents, predicting anxious depressive behaviours in adolescents. Therefore, individualising the problem can take responsibility away from the need to change systems and policy (Brodie, 2026; Zierten, et al. 2025).

Parental Mental Health Matters for an Adolescent Child

Without **stability**, **emotional support** and **security**, young people can experience:

- Role reversal is damaging to a young person
- Increased risk of stress
- Emotional difficulties later in life
- Feelings of isolation
- Struggles developing friendships
- Masking true feelings

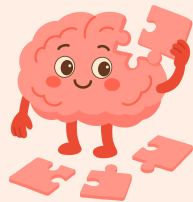


Nevertheless, a longitudinal study involving 118 adolescents living with a parent with mental illness found that taking on adult-like caregiving roles was associated with increased stress, as well as emotional and behavioural difficulties. While these challenges were evident at the time of the study, role reversal was also found to predict emotional problems one year later. This evidence suggests that adopting adult-like roles during adolescence can be highly stressful and may increase the risk of long-term emotional difficulties for young people ([Gautam](#), N., [Mafizur Rahman](#), et al. 2024; Marca, 2023).

Furthermore, they can develop social and behavioral issues resulting in isolation themselves, struggles to form friendships, and the experience of emotional difficulties including masking their true feelings with a “brave face” (Nevard, et al. 2024).

Adolescents is a crucial age

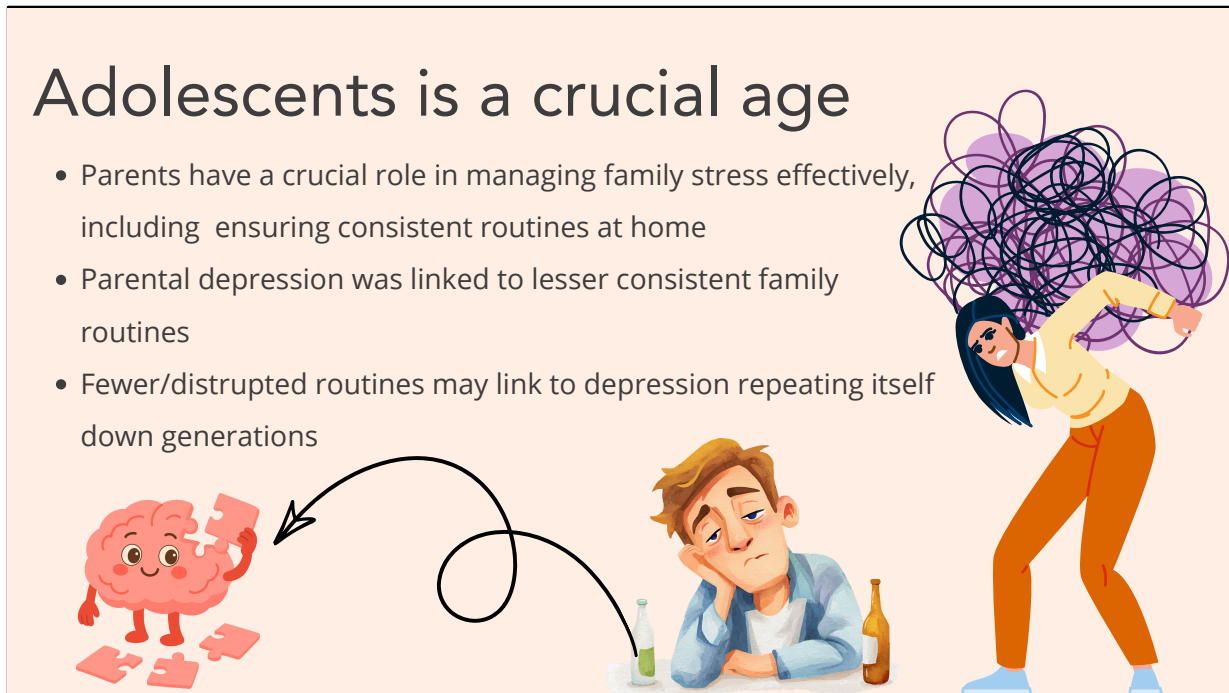
- Major brain development is taking place
- Young people are discovering who they are
- Identity and self-esteem is developing
- Young people are seeking belonging



The increased stress, however, can mean that the parental mental health struggles impact the young person in a season of life where major brain development is taking place, including the formation of identity which will influence their sense of belonging and self-esteem (Van Loon et al. 2017).

Adolescents is a crucial age

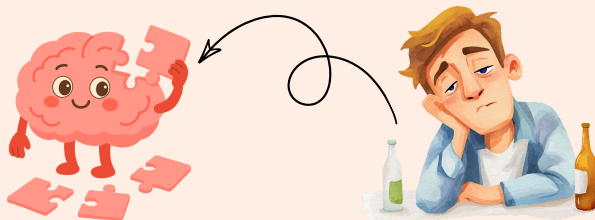
- Parents have a crucial role in managing family stress effectively, including ensuring consistent routines at home
- Parental depression was linked to lesser consistent family routines
- Fewer/distrupted routines may link to depression repeating itself down generations



Furthermore, poor parental mental health can lead to the parents' inability to be consistent and available to manage family stress effectively; this disturbs the home routine, creating a less secure base during a crucial period of development. According to Manczak (2017), past research has concentrated largely on parenting behaviour, this study however surveyed if family routines contribute to passing on depression from parents to their teenager. In a study of 261 parent-adolescent pairs, parents' depression was linked to lesser consistent family routines. Fewer routines related to more depressive symptoms, and poorer emotional regulation in teenagers. Family routines somewhat explained the link between parent and adolescent depression, suggesting that disturbed routines may be an important element in how depression repeats itself down the generations. (Kahhalé, et al. 2023; Blum, et al. 2022; Jeong and Jang, 2025; Manczak, et al. 2017).

Adolescents is a crucial age

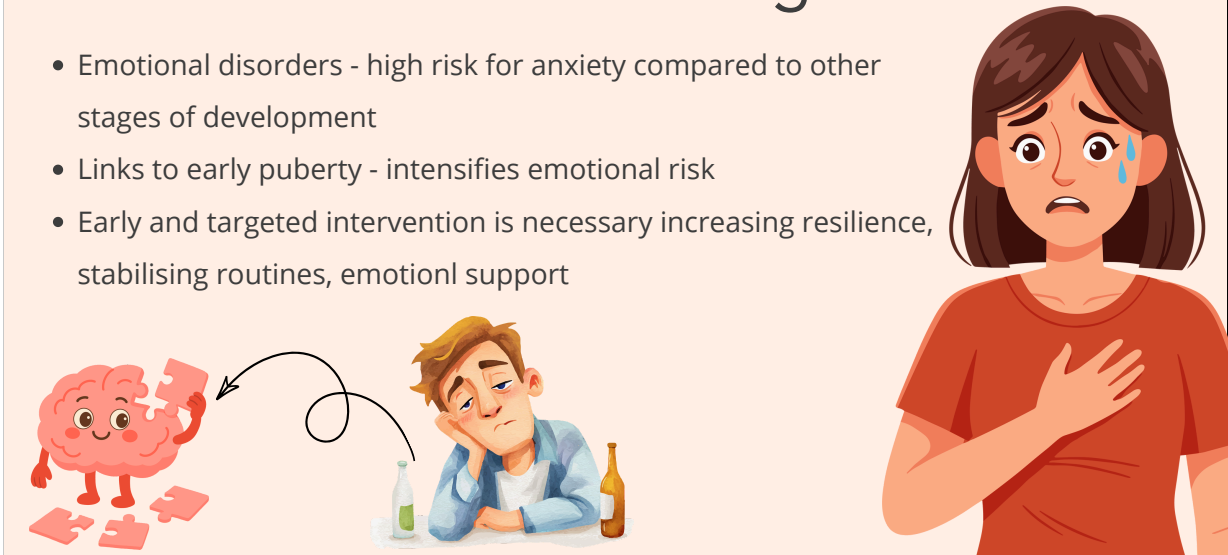
- Young people do not necessarily repeat the cycles of mental health issues displayed by their parents
- Building resilience is an element of prevention
- Having an outlet such as hobbies, interests, goals and friendships as a source of support



However, it is important to recognise and understand that adverse childhood experiences like parental mental health issues does not predict a child or young person's future for certain. Research identified through a longitudinal study of 910 mother-child pairs, that if a child has moderate to high levels of resilience, maternal ACEs did not predict anxiety or depression in children as a definitive outcome. Furthermore, children who can find support in either internal or external sources such as creativity, goal setting and positive friendships could also use these experiences as a barrier to avoiding the consequences of parental mental health issues (Turgeon et al. 2024).

Adolescents is a crucial age

- Emotional disorders - high risk for anxiety compared to other stages of development
- Links to early puberty - intensifies emotional risk
- Early and targeted intervention is necessary increasing resilience, stabilising routines, emotional support



On the other, another study revealed that adverse childhood experiences particularly around puberty because it is a sensitive window, often results in stronger links with emotional disorders; girls were uniquely identified as high risk for anxiety compared to other developmental stages of life (Marsha, 2016). Additionally, research also suggests that childhood adversity is linked to earlier puberty timing, resulting in higher internalising and externalising symptoms in young people. This is because early puberty can intensify emotional risk following their experiences of life stress in the family home (Shaul et al. 2024).

These findings underscore the importance of early and targeted intervention for young people in adverse situations. While these experiences do not decide outcomes for certain, the right support at the correct time can increase resilience, stabilise family routines in the home, and offer emotional support during sensitive developmental periods, particularly puberty. This is fundamental to lessen risk and encourage positive long-term wellbeing (Shaul et al. 2024).

Research - Interventions



- Qualitative Systematic Review
- Children and young people - 4-18 years
- 1941 children and 1328 parents participants
- Participants with and without mental health issues
- Cognitive behavioral therapy and psychoeducational used
- 1-12 sessions across 15 studies
- Effective interventions - reducing internalising symptoms



Evidence from a qualitative systematic review of interventions for children aged 4–18, with or without a parent with a mental health condition, included 15 studies with 1,941 child participants and 1,328 parent participants. Interventions were primarily cognitive-behavioural or psychoeducational, delivered individually or in groups, and ranged from 1 to 12 sessions. The review concluded that these interventions were effective, particularly in reducing internalizing symptoms at one-year follow-up (Puchol-Martínez et al., 2023).

Types of Mental Health Support

Trusted Adults & Supportive Relationships

Helpful support includes:

- One trusted adult
- School environments that feel safe and predictable
- Emotionally available
- School mentoring and coaching interventions
- Better Futures - school intervention



Interventions – School and Home Interventions

What can be implemented to support 11–16-Year-Olds who are impacted by parental mental health issues?

School Environment

Research suggests that trusted adults in school environments that foster supportive relationships with the adolescents, for example teachers, counsellors or mentors, are strongly linked with better adolescent wellbeing and engagement with support services. These positive relationships become protective factors from developing or coping with poor mental health due to their home situation. Furthermore, it helps young people feel safe to seek help if they need it.

- School mentoring and coaching interventions have shown positive effects on anxiety, withdrawal and overall mental health outcomes for older adolescents (14–17).
- Better Futures supports young people with mental health challenges and

identified improvements in self-determination, hope, preparation for college and empowerment.

- Trusted adults who are emotionally available, consistent, and integrated into a young person's daily environment (like teachers) help support the developing resilience and mental health of that young person who is impacted by parental mental health issues.
- Whole School Approach

However, supporting the adolescent alone is not enough — parents also need appropriate mental health support, and a family-based intervention should also be considered (Barrett, 2018; Clarke, 2021; Geenen, et al. 2015; Phillips, et al. 2015).

Types of Mental Health Support

Home Environment - Family-Based support

Helpful support includes:

- Family Talk Intervention
- Encourage warmth, open communication, understanding of parental mental illness, resilience, and interpersonal relationships within the family.
- Family approach is more effective - positive outcomes for child wellbeing, family communication, and social behaviour.

Home Environment – Family Based Support

‘Family Talk’ is a family intervention designed where one or both parents have a mental health diagnosis (e.g., anxiety, depression) and the families are already recognised by the services that offer mental health support. This intervention focuses on improving communication in the home, understanding of parental mental illness, building resilience, and relationship connections within the family. Furthermore, preventing outcomes associated with a young person impacted by parental mental health including the prevention of crime, violence and antisocial behaviours. The intervention should improve the young person’s wellbeing and behaviour.

Research suggests that after this intervention which takes place over 7 sessions, 6- 9 hour each, there was in fact evidence that identified:

- Positive outcomes for child wellbeing, family communication, and social behaviour
- Indication that there were some meaningful developments in family functioning

- Improvements in parental mental health symptoms for some families
- Studies showed reduced stigma, and better-quality of self-confidence

(Foundations, 2023; Health Service Executive Mental Health Division, 2024; [Furlong](#), et al. 2024).

Conclusion



- ACE's (Parental Mental Health) increases risk to poorer outcomes
- Appropriate interventions reduces risk of poorer outcomes
- Stability, emotional support and security is important and benefits long term well-being
- Bronfenbrenner's Ecological Systems Theory - other factors need to be considered to determine the outcome, not merely parental mental health issues.



Conclusion

In conclusion, adverse childhood experiences like parental mental health issues increase the risk of physical and mental health difficulties in adolescence and adulthood. However, Bronfenbrenner's Ecological Systems Theory identifies other factors suggesting parental mental health is not the only factor that would determine the outcomes of an adolescent child. On the other hand, when a child is affected by parental mental health issues and appropriate interventions are put in place to support both the child and their family, the risk of long-term physical and mental health problems can be reduced meaning outcomes can vary between individuals. Furthermore, the presence of safe, trusted adults, stable routines, and early intervention helps to build resilience and benefits the long-term wellbeing of both young people and their parents impacting their futures for the better.

While young people are shaped by their experiences, they are also shaped by relationships, culture, and support. Therefore, a young person's future does not have to be defined by their parent's major depressive disorder or their generalized anxiety disorder.

Thank you for listening. Would you like to ask any questions?

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