









# Caring for the Caregivers

# The Critical Link Between Parent and Teen Mental Health

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We are grateful to the many friends and colleagues who have helped guide, advise, and support us in writing this report. This includes but is certainly not limited to: Archana Basu, Christine Crawford, Lisa Damour, Kathleen Ethier, Andrew Fuligni, Ken Ginsburg, Ruth Grant, Katherine Ingram, Carrie James, Katherine Keyes, Jan Linowitz, Jake Murray, Mitch Prinstein, Matt Richtel, Emily Weinstein, Clara Yom, all our friends at the Einhorn Collaborative, and, of course, the Making Caring Common team.

#### Recommended reference:

Making Caring Common. (2023). Caring for the Caregivers: The Critical Link Between Parent and Teen Mental Health https://mcc.gse.harvard.edu/reports/caring-for-the-caregivers

#### June 2023

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# **Executive summary**

Teens' mental health challenges have drawn a huge amount of attention over the last year, with researchers and pundits pointing to many possible causes or contributing factors, including social media, sleep deprivation, achievement pressure, and political hostility and polarization. 1 But left largely untold is the story of those who are commonly central in teens' lives—their parents and caregivers.<sup>2</sup> Parents' and teens' emotional health is deeply interwoven, and our data indicate that parents are suffering anxiety and depression at about the same rates as teens. It would be just as right to sound the alarm about parents' mental health as about teens' mental health. In December 2022, we conducted two nationally representative surveys in the U.S., one survey with teens and young adults and another with parents or caregivers. While 18% of teens reported suffering anxiety, about 20% of mothers and 15% of fathers reported anxiety. While 15% of teens reported depression, about 16% of mothers and 10% of fathers did, too. According to estimates based on our parent data, over 1/3 of teens had at least one parent who reported anxiety or depression. Almost 40% of teens also reported being at least "somewhat worried" about the mental health of at least one of their parents.

It would be just as right to sound the alarm about parents' mental health as about teens' mental health.

Depressed and anxious parents are often terrific parents despite—and sometimes because of—these challenges. At the same time, depression and anxiety in parents are linked to emotional, social, physical, and academic problems in children.<sup>3</sup> This harm can be

<sup>&</sup>lt;sup>1</sup> See Fuligni, Bai, Krull, & Gonzales, 2019; Haidt & Twenge, n.d; Luthar, Suh, Ebbert, & Kumar, 2020; Nayak, Fraser, Panagopoulos, Aldrich, & Kim, 2021.

<sup>&</sup>lt;sup>2</sup> For the purposes of this report, we define "parent" as any primary or secondary caregiver identified by teens (and, in our parent survey, as a primary caregiver who could provide consent for their teen child's survey participation). Throughout the report, we sometimes use "parent" and "caregiver" interchangeably. We also refer to "primary" and "secondary" caregivers. For teens who selected two parents (82%), we define "primary" caregiver as the parent whom teens also identified as most influential in their lives and thus, "secondary" caregiver is the second selected parent.

<sup>&</sup>lt;sup>3</sup> See Bartlett, J. D. (2017).

compounded when both a teen and one or both of their parents are depressed or anxious depressed or anxious parents and teens can inflame and wound each other in many ways. And our data indicate that depressed teens are about five times more likely than nondepressed teens to have a depressed parent, and that anxious teens are about three times more likely than non-anxious teens to have an anxious parent.

A great deal of research also underscores the importance for healthy child development of parents knowing their children and tuning into their emotional states.4 Our data suggest that while a significant majority of parents are attuned to their teens' emotional states and perspectives, many parents are not; this disconnect is strongly linked to depression and anxiety in both parents and teens. Our surveys also included 321 parent-teen dyads, i.e., a teen and one of their actual parents. We asked parents in these dyads a series of questions about their teens' emotions and perspectives and then asked their teens to answer these same questions about themselves. Misalignment in parents' and teens' responses was strongly associated with depression and anxiety in both teens and parents, and the greater the misalignment, the greater the chances that both parents and teens reported these emotional challenges.

Our data suggest that while a significant majority of parents are attuned to their teens' emotional states and perspectives, many parents are not; this disconnect is strongly linked to depression and anxiety in both parents and teens.

The good news is that much is known about how to mitigate these emotional troubles in parents, how to guide parents in knowing and providing vital emotional support to their teens, how to reduce the harmful impact of parental depression and anxiety on teens, and how to head off damaging parent-teen dynamics. But we need government agencies and community efforts at a much broader scale that support parents' emotional health, connect parents to effective treatment, and equip them to promote their own and their children's mental health. We offer the following five prevention strategies:

<sup>&</sup>lt;sup>4</sup> See Hoffman, 2000; Kohut, 1977; Winnicott, 1964.

#### 1. Listening to teens

Over and over, we've heard from teens who simply want their parents to listen. Forty percent (40%) of teens reported on our survey that they wanted their parents to "reach out more to ask how [they're] really doing and to really listen." One reason listening is important is because it can motivate more teens to turn to their parents for emotional support. Our data indicate that high percentages of teens are not turning to their parents for this support, and that the more depressed or anxious teens are, the less likely they are to reach out to their parents. Depressed and anxious teens are much more likely to reach out to their friends (56%) than their parents (32%) for emotional support. We need to provide parents with guidance on specific empathic listening skills that can help them become important sounding boards and advisors to their teens.

> Over and over, we've heard from teens who simply want their parents to listen.

#### 2. Guiding parents in supporting teens' mental health

Parents need basic facts about, for example, what anxiety and depression are, their causes, when worries and bad moods are normal and when they signal significant anxiety and depression, and when a teen needs professional treatment. To provide calming, effective support, parents need guidance in managing their own anxiety when their teens are anxious or depressed. Parents can also be equipped with a range of culturally-informed resources that will help them prevent teens from spiraling into serious depression and anxiety, including brief cognitive-behavioral strategies, stress management strategies such as mindfulness exercises, and brief, engaging activities that build coping skills.

## 3. Caring for the caregivers: Promoting parents' mental health

Community institutions and governments at every level can engage in public education efforts that alert parents and caregivers to signs of depression and anxiety and offer resources for alleviating these challenges. Local professionals and citizens—all of us—also have a key role. For example, primary care physicians and pediatricians can check in with

<sup>&</sup>lt;sup>5</sup> Teens with anxiety or depression were more likely to say they want their parents to reach out more (49% compared to 39% with no or fewer symptoms).

parents about their emotional health and health centers, schools, faith-based organizations, workplaces, public libraries, and many other community institutions can not only provide caregivers with information about anxiety and depression but also help cultivate supportive connections among parents. It's also vital to expand the growing number of two-generation programs with a strong evidence base that provide support and treatment to parents and teens who are emotionally struggling and that can help undo damaging parent-teen dynamics.6

## 4. Guiding parents in talking about their own mental health struggles with teens

Depressed parents are more likely to be critical, angry, and withdrawn, and teens with depressed parents are prone to blaming themselves for their parents' difficult moods. 7 It's crucial to provide caregivers with culturally attuned strategies for talking appropriately about their own emotional struggles with teens, so that their children don't interpret these harsh moods as a sign of their failings or as the withdrawal of affirmation or love. It can make a big difference if a parent simply tells a teen, "I'm struggling with some things right now. If I seem shut down or irritable, it's not your fault."

#### 5. Helping teens cultivate meaning, purpose, and hope

Another powerful way that caregivers can help stem teens' anxiety and depression is by engaging them in activities that focus them on others and/or attach them to principles and goals larger than themselves—both rich sources of meaning and purpose. Thirty-six percent (36%) of our teen survey respondents reported little or no "purpose or meaning in life" and this absence strongly correlated with depression and anxiety. That Americans these days are perhaps more immersed in psychological talk and in wellness culture than any country in the history of humankind has had many benefits, but it also has caused many of us to become too occupied with our own feelings and to wade into ourselves to find meaning and purpose, rather than into our relationships and communities. Parents' efforts to steer their children toward activities that support others will be far more meaningful if parents and other key adults in children's lives model constructive efforts to take on problems and challenges in their communities. While many adults are taking on these challenges, large numbers of teens view adults as not doing enough. We asked teens in our survey whether "A lot of the adults in my life talk about social problems but do little or nothing about them." Thirty-seven percent (37%) of respondents reported that this statement was "pretty true" or "very true"

<sup>&</sup>lt;sup>6</sup> See Beardslee, Gladstone, Wright, & Cooper, 2003; Compas et al., 2011; National Research Council and Institute of Medicine, 2009.

<sup>&</sup>lt;sup>7</sup> See National Research Council and Institute of Medicine, 2009.

and 41% reported that it was a "little true." Those teens reporting that it was "pretty" or "very" true were far more likely to report anxiety, depression, and lack of purpose.

## Introduction

Teens' mental health challenges in the United States have drawn a huge amount of attention since the pandemic, and for good reason. According to the Center for Disease Control and Prevention (CDC)<sup>8</sup>, the rate of U.S. high school students reporting chronic feelings of sadness and hopelessness leapt from one in five students in 2008 to one in three in 2019. By 2021, the CDC reported that 42% of high school students, and almost 60% of girls, felt chronic sadness and hopelessness; that an alarming 25% of teen girls had made a suicide plan; and that 25% of LGBQ+9 students had attempted suicide in the prior year.

Researchers and pundits have pointed to many possible causes, including social media; lack of sleep; declines in free time, play, and time spent on unsupervised activities; achievement pressure; escalating violence, hostility, and polarization in our country; and existential threats like climate change—the onslaught of a frightening, fractured world.<sup>10</sup>

Yet largely untold is the story of those who are commonly the most important in teens' lives their parents and caregivers. 11 Parents influence teens in countless ways, and parents' and teens' mental health is deeply interwoven. 12 How teens respond to a variety of emotional challenges is often powerfully shaped by whether parents are attuned to their teens' emotional states, hopes, and fears; whether parents are equipped to respond constructively to these challenges; and their own emotional health.

<sup>8</sup> See CDC, n.d. (also available here).

<sup>9</sup> LGBQ+ refers to people who identify as lesbian, gay, bisexual, questioning, or another non-heterosexual identity. The CDC report we cite did not include data related to gender identity.

<sup>10</sup> See Haidt & Twenge, n.d.; Hunt, Marx, Lipson & Young, 2018 about social media. See Fuligni, Bai, Krull, & Gonzales, 2019 about lack of sleep. See Gray, Lancy, & Bjorklund, 2023; Kreski et al., 2022 about declines in free time, play, and unsupervised activities. See Luthar, Suh, Ebbert, & Kumar, 2020; Pascoe, Hetrick, & Parker, 2020 about achievement pressure. See Volpe, 2022; Nayak, Fraser, Panagopoulos, Aldrich, & Kim, 2021 about polarization in the country and existential threats.

<sup>&</sup>lt;sup>11</sup> To be sure, parenting has not been ignored in the public conversation about teens' mental health challenges. Micromanaging "helicopter" parents, for instance, are sometimes blamed for these challenges (e.g., see here in Forbes), but helicopter parenting (also see Vigdal & Brønnick, 2022 for a research summary) does not describe parenting in a huge number of communities across race, culture, and class. On their website dedicated to children's mental health, the CDC also describes strong links between parents' and teens' mental health (see here).

<sup>12</sup> It's also important to note that peers, too, clearly often have a large impact on teens' emotional lives, but teens commonly remain strongly connected to parents, and how teens are parented throughout childhood powerfully shapes their emotional experiences in adolescence.

And the hard reality is that many parents aren't prepared to deal with teens' emotional troubles and that startling numbers of parents of teens are suffering depression and anxiety themselves. Our data suggest, in fact, that we would be just as right to sound the alarm about the state of parents' mental health as about teens' mental health.

In December of 2022, we conducted two rigorous nationally representative surveys, one survey with 396 teens (14 to 17-year-olds) and 709 young adults (18 to 25-year-olds), and another with 748 parents or caregivers 13 living in the U.S. By surveying parents and teens in the same family, we obtained data from 321 parent-teen dyads, i.e., a teen and one of their parents. Based on well-established measures of anxiety and depression, 14 parents reported suffering depression and anxiety at about the same rates as teens (see Figures 1 and 2). While 18% of teens reported suffering anxiety, for example, about 20% of mothers and 15% of fathers reported anxiety. While 15% of teens reported depression, about 16% of mothers and 10% of fathers did, too. We estimate, based on our data on parent anxiety and depression rates, that over one-third of teens have at least one parent suffering anxiety or depression. 15 Almost 40% of teens also reported being at least "somewhat worried" about the mental health of at least one of their parents. (See "Differences in our data and the CDC data" for an explanation of the discrepancy between our data and the CDC data.)

<sup>13</sup> In the survey given to teens, we asked: "Who is/are your primary parent(s) or caregiver(s)? Select up to TWO that are most influential or that you consider to be your primary caregivers." Eighty-two percent (82%) of teens selected two caregivers and 18% selected one. Teens who selected two parents were also asked which of those parents they consider having the most influence on their life, so we could then ask questions about each of the two caregivers and the one they identified as the most influential. For the purposes of this report, we consider primary caregivers or parents to be those who teens indicated as most influential in their lives or who teens selected exclusively. Based on teen reports, 69% of primary caregivers for our youth sample are female (i.e., mother, stepmother, grandmother, aunt) and 31% are male (i.e., father, stepfather, grandfather, uncle). 0.5% of teens chose "other," so we do not know those primary caregivers' gender. For the purposes of this report, we also refer to any female caregivers as "mothers" and we refer to any male caregivers as "fathers." 14 See Methodology section for a detailed description of our measures on anxiety and depression (as well as full details of the overall study in addition to the survey cited in this report).

<sup>&</sup>lt;sup>15</sup> In our data, 23% of female parents and 16% of male parents are either anxious or depressed, and thus 77% of female parents and 84% of male parents are neither anxious nor depressed according to our definition. If we assume teens with one female and one male parent have equal probabilities of having either parent being anxious or depressed, we can simply multiply probabilities to estimate the chance of having at least one parent that is anxious or depressed. For example, we estimate that 4% of teens in these households would have both a male and female parent that is either anxious or depressed (23% X 16%). Similarly, 31% of teens would have just one anxious or depressed parent (23% X 84% + 77% X 16%) and 65% of teens would have no anxious or depressed parents (77% X 84%).

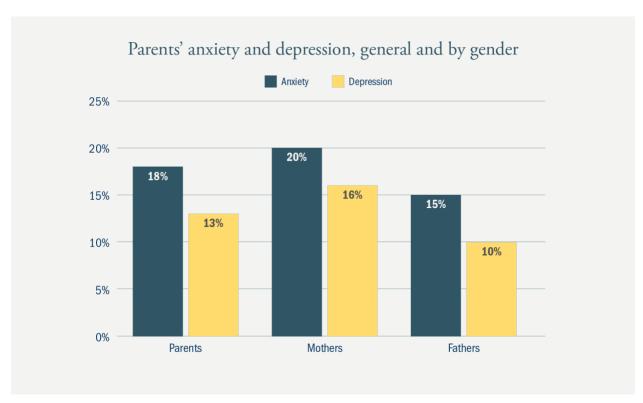


Figure 1. Percentages of parents (in general and by gender) reporting anxiety and depression (based on the GAD-2 and PHQ-2 measures, respectively; see Methodology for details).

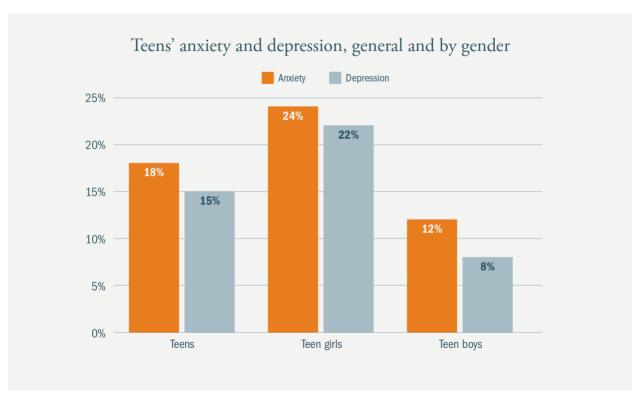


Figure 2. Percentages of teens (in general and by gender) reporting anxiety and depression (also based on the GAD-2 and PHO-2 measures, respectively; see Methodology for details).

# Differences in our data and the CDC data

The rates of teen anxiety and depression we report here are significantly lower than the rates reported by the CDC. We expect that one reason for this discrepancy is the time period of assessment. While we surveyed teens in December of 2022, the CDC reported on data from the Youth Risk Behavior Survey (YRBS) given to students in the Spring of 2021. For a large majority of that time period, teens were still immersed in the pandemic, and substantial research indicates that the pandemic accelerated the rate of increase of various mental health challenges (e.g., Bell et al., 2023; Panchal, Saunders, Rudowitz, & Cox, 2023). Another reason is the method of assessment. The CDC asked whether teens felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities at some point in the past 12 months. Respondents could answer "yes" or "no." In contrast, we asked teens how often they experienced depressive symptoms (using two items, "little interest or pleasure in

doing things" and "feeling down, depressed, or hopeless") over the last two weeks. Our respondents were given a four-point scale: "not at all," "several days," "more than half the days," and "nearly every day." We considered respondents depressed if they indicated experiencing symptoms for more than half of the days on at least one of the items (see Methodology for more details, including about our measure of anxiety). Finally, while our sample of teens was smaller than that of the YRBS, we also obtained much larger samples from nonprobability panels (also see Methodology) and we observed roughly the same prevalence of depression and anxiety as in our current sample, increasing our confidence in the rates of depression and anxiety that we report here. Finally, it's important to underscore that while the rates of depression and anxiety we report are lower than the rates reported by the CDC, our reported rates are still troublingly high.

Depressed or anxious parents are often wonderful parents despite—and sometimes because of—their emotional challenges. Many struggle mightily and successfully to be emotionally available and responsive and to constructively manage their children's lives.

But serious, enduring depression or anxiety in parents is linked to academic, emotional, and physical troubles in children. 16 This harm can also be compounded when both a teen and one or both of their parents are depressed or anxious, and our data indicate that teens who are depressed or anxious are far more likely to have parents who also endure these troubles. While parents and teens can be helpful to each other in these situations, they can also derail and wound each other in all sorts of ways.

The good news is that there is much that we can do to prevent and mitigate anxiety and depression in parents, to reduce the harmful impact that parental depression and anxiety can have on teens, and to head off these damaging dynamics. But far too often, mental health programs and interventions treat teens not in the context of their families but in isolation. We need government agencies and community efforts at a much broader scale that support parents' emotional health, connect parents to effective treatment, and equip parents to promote their children's mental health as well as two-generational models that simultaneously support parents and teens. 17

Further, our data suggest that, while a significant majority of parents are attuned to their teens' emotional states and perspectives, many parents are not, and this disconnect is strongly linked to depression and anxiety in both parents and teens. We asked parents in our teen-parent dyads a series of questions about their teens' emotions and perspectives and then asked their teens to answer these same questions about themselves. Misalignment in parents' and teens' responses was strongly associated with depression and anxiety in both teens and parents, and the greater the misalignment the greater the chances of both parents and teens reporting these emotional troubles.

This report explores the role that parents' mental health plays in teens' mental health, describes how public and private efforts can support parents' mental health, and shares research-based strategies for supporting parents in preventing and curbing both teens' and their own anxiety and depression. There is no single cause of teens' mental health troubles there are many interacting causes that vary by race, culture, economic class, and dozens of other factors—and there is no single solution. But we argue that one crucial way to prevent a wide range of teen mental health troubles is to strengthen parents' mental health—to care for the caregivers—and to better prepare them to support their teens.

This report is the first in a series of three reports exploring possible causes of teen and young adult mental health troubles and prevention strategies. 18 Our second report will

<sup>&</sup>lt;sup>16</sup> See here for a concise summary, including links to other sources, by Jessica D. Bartlett (2017) in Child Trends: https://www.childtrends.org/publications/5-things-to-know-about-parental-depression.

<sup>&</sup>lt;sup>17</sup> See National Research Council and Institute of Medicine, 2009.

<sup>&</sup>lt;sup>18</sup> It's important to note that our study design cannot show whether associations we identify are causal or just correlational. For example, later we will provide evidence that teenagers who are depressed are less likely to

explore why young adults are suffering depression and anxiety at rates far higher than teens and how we can prevent and alleviate these troubles. Our third report will explore the role that social media plays in teens' and young adults' emotional health and how adults can guide them in using social media far more constructively. These reports are based both on our national surveys and on extensive focus groups and individual interviews with parents and teens over many years (see Methodology).

Teens and parents certainly need more mental health services, especially in under-resourced communities, but it makes no moral sense to simply try to treat problems when we know a good deal about how to prevent them.

This report proceeds as follows. We first take up how parents' emotional struggles can affect teens, how gaps in parents' understanding of their teens is linked to both teens' and parents' anxiety and depression, and how several other parenting characteristics and practices are linked to whether and to what degree teens suffer anxiety and depression. We then offer concrete strategies for promoting parents' mental health and for guiding parents in preventing and alleviating teens' emotional struggles. Teens and parents certainly need more mental health services, especially in under-resourced communities, but it makes no moral sense to simply try to treat problems when we know a good deal about how to prevent them. We need to change the soil out of which these troubles grow.

feel comfortable opening up to their parents than teenagers who are not depressed. Although we feel quite confident in this association, our data alone cannot explain why there is an association. It's possible that discomfort talking to parents gets in the way of creating a strong relationship, and as a result those children are more likely to be depressed. It's also possible that being depressed makes it harder for teens to talk to their parents. Finally, it's also possible that this association is the result of something else, such as some feature of a shared environment. Or, perhaps most likely, it could be a result of all these factors and more. Throughout our report we may identify mechanisms that we think could be at play. These may be justified by theory or by empirical findings in other studies. We also try to rule out some alternate explanations by controlling for variables. We control for family income, for example, in looking at the association above (between teen depression and comfort reaching out to parents), so we're confident that the association is not just due to income. However, the reader should keep in mind that there could be other explanations for the patterns.

We offer five core prevention strategies:

- 1. Listening to teens;
- 2. Guiding parents in supporting teens' mental health;
- 3. Caring for the caregivers: Promoting parents' mental health;
- 4. Guiding parents in talking about their own mental health troubles with teens; and
- 5. Helping teens cultivate meaning and purpose.

#### The connection between parents' and teens' mental health

Emotional suffering in this country knows no demographic boundaries; high rates of anxiety and depression afflict both parents and teens across gender, race, economic class, and political and sexual orientation. Yet there are some differences.<sup>19</sup> In our survey, mothers were significantly more likely than fathers to report anxiety and depression, politically liberal and moderate parents were more likely than conservative parents, and parents without a formal education after high school were more likely than more educated parents (see Appendix A). High rates of depression and anxiety also beset teens across demographic groups, with some differences. Teen girls were significantly more likely than teen boys to report anxiety and depression, gay and bisexual teens were more likely than heterosexual teens, and teens with no political ideology were more likely than those with some political affiliation. Hispanic/Latinx and Asian teens were also more likely than Black and white teens to report depression, and Hispanic/Latinx teens were more likely than others to report anxiety (see Appendix A).

Worrying about a parent's emotional health can itself be frightening and destabilizing whether or not a parent is, in fact, anxious or depressed. About 10% of teens in our sample reported being "worried" or "very worried" and 22% reported being "somewhat worried" about their primary caregiver's mental health. Thirty-nine percent (39%) of teens were at least "somewhat worried" about the mental health of one of their parents.

<sup>&</sup>lt;sup>19</sup> We examined demographic differences in mental health rates by comparing each demographic group, for instance, female parents compared to male parents and female teens compared to male teens. In other analyses where we examined sample differences based on mental health levels (teens/parents with symptoms versus without), or associations between variables (e.g., whether mental health rates in teens are significantly associated with mental health rates in parents), we also controlled for key demographic characteristics. This means that over and above key demographic factors like teens' race or gender, or family income, we still find significant results (which makes our findings quite robust).

Depression and anxiety in parents are linked to academic, social, health, and emotional troubles in children, including childhood depression and anxiety.<sup>20</sup> According to our teenparent dyad data, depressed teens are about five times more likely than non-depressed teens to have a depressed parent, and anxious teens are about three times more likely than non-anxious teens to have an anxious parent.<sup>21</sup> Parents and teens may simultaneously suffer depression and anxiety for many, often interacting reasons, including that these troubles have a biological component and that parents and teens in the same family are often exposed to the same losses or traumas, e.g., the death of a family member, community violence, or father/husband abandonment. Parental depression and anxiety are also sometimes combined with substance abuse, domestic violence, divorce, and other troubles that negatively impact children.

According to our teen-parent dyad data, depressed teens are about five times more likely than non-depressed teens to have a depressed parent, and anxious teens are about three times more likely than non-anxious teens to have an anxious parent.<sup>21</sup>

Perhaps most commonly, teens are harmed because depression and anxiety can make warm, nurturing, and consistent parenting much harder. Research suggests that depressed parents, with few emotional reserves, despite their best intentions often find themselves being critical, irritable, angry, intrusive, and unpredictable to their children.<sup>22</sup> A few of the teens we spoke to who were living with depressed parents talked about little things getting blown out of proportion and of needing to "walk on eggshells." Some parents are keenly aware of this damage but unable to change their behavior. "Every time I'm depressed, I make a pact with myself to be constructive when I help my son with his homework," says a

<sup>&</sup>lt;sup>20</sup> Again, see here for a concise summary, including links to other sources, by Jessica D. Bartlett (2017) in Child Trends: https://www.childtrends.org/publications/5-things-to-know-about-parental-depression.

<sup>&</sup>lt;sup>21</sup> More specifically, while 6.5% of non-depressed teens had a surveyed parent who reported depression, 30% of depressed teens had a depressed parent. While 12% of non-anxious teens had an anxious parent, 36% of anxious teens had an anxious parent.

<sup>&</sup>lt;sup>22</sup> See National Research Council and Institute of Medicine, 2009.

lovely, generous friend of one of the authors who suffers serious bouts of depression. "But I always end up homing in on his weaknesses. He ends up sobbing: 'You think I'm stupid.'"<sup>23</sup>

Whether, how, and to what extent teens are affected by parents' depression and anxiety depends on numerous factors, including the severity, nature, and duration of these troubles—depression and anxiety can be harrowing and pitiless but temporary, for example, or they can far more subtly and chronically intrude on our lives. Other factors include how parents cope with these challenges, teens' coping capacities, the qualities of teens' relationships with other family members and friends, whether teens recognize that a parent is depressed or anxious, and how teens understand their parents' moods and behavior. William Beardslee, the former chief of psychiatry at Children's Hospital in Boston and a pioneering parental depression researcher, argues that what is most important in determining the impact of parental depression "is not how many adversities children face, but how a child interprets those adversities." When children don't know their parents are depressed, Beardslee argues, they're prone to blame themselves for their parents' negativity and anger. One of us spoke with Matt, a young adult from Philadelphia who grew up with a depressed mother and recalled assuming as a child that there was something wrong with him. "I used to think that my mother just hated being my mother, that she wanted to be doing something else," he said. "I've always been able to know how people are feeling, and I could feel her anger even when she wasn't yelling. Now I'm looking back over all those years and seeing them differently. I'm seeing that all that anger was coming from something inside her head. The punishments fit her mood. It was about her. It didn't have anything to do with me."

But many teens appear to not recognize that their parents are depressed or anxious, making them vulnerable to this kind of self-blame. We asked teens in our parent-teen dyads whether they were worried about their primary or secondary parent's mental health and compared their answers to what their parents reported about their own depression or anxiety. Forty-two percent (42%) of teens with a parent who reported depression or anxiety (recall that we defined depression and anxiety as being depressed or anxious more than half the time over the last two weeks) did not appear to be fully aware that their parents were suffering from these challenges. These teens indicated that they were either "not worried" or only a "little worried" about the mental health of either of their primary caregivers.

As we've noted, what is often particularly rocky and debilitating for both a parent and a teen is when both are anxious and/or depressed. In these circumstances, parents and teens can deepen each other's miseries in many conscious and unconscious ways. Because depressed parents and teens are both more likely to be irritable and short-fused, for

<sup>&</sup>lt;sup>23</sup> When quoting individuals, we changed certain details about these individuals to protect their identities and to preserve data confidentiality.

example, trivial conflicts can explode. These relationships can be rife with perilous misunderstandings. A depressed teen, mired in self-doubt, is even more likely to take a depressed parent's anger and criticism personally, as a response to their flaws and failures, which may in turn deepen a teen's depression. Depression can cruelly cause us to scan for confirmation of our insignificance, and depressed parents may withdraw, which a depressed teen may experience as this confirmation or as a withdrawal of love.

Anxious parents can struggle to be the kinds of anchoring, calming presences that anxious teens need; they can sometimes hover around teens in ways that can make teens' concerns balloon. Anxious parents and teens can also reinforce each other's irrational fears rather than providing the kind of reality check that can unwind these fears. Teens can clearly powerfully influence parents' emotional states in many other ways. Anxious or depressed teens can, for example, cause parents to worry deeply or to feel like failures, which can intensify parents' anxiety or depression and make them less open and responsive with their teens in a downward spiral.

Children of all ages also can be harmed by how parents deal with their anguish. Sheila, a Boston parent, admits that before entering a family support program, when she started to feel helpless and overwhelmed, she would hit and scream at her children because "they were the only things in my life I could control."24

Our data also indicate that the more worried teens and young adults are about their parents' emotional health, the more uncomfortable they are reaching out to their parents about their own emotional struggles. Among teens who were "not at all" or "only a little" worried about their primary caregiver, 85% were comfortable talking to them about their own emotional challenges. Yet only about half of teens who were "worried" or "very worried" about their primary caregiver were comfortable reaching out to them.

There is, though, another, far more positive possibility—anxious and depressed parents and teens can support each other in vital ways. Parents with mental health challenges can have a great deal of wisdom about these challenges and be deeply empathic with teens with similar experiences, and vice versa. Parents and teens can help each other cope more effectively, reduce the stigma they both may feel about mental health challenges and, as child psychiatrist Ken Ginsburg points out, model for each other help-seeking actions, such as seeking professional treatment. We spoke with a 26-year-old woman who told us that, "It made a world of difference when I was a teen that when I was anxious my father, who is also an anxious person, knew what I was experiencing and never made me feel any shame about it." A high school counselor pointed out to us that parents can often learn from teens who, compared to their parents, are more psychologically aware and comfortable talking about

<sup>&</sup>lt;sup>24</sup> See Lee, F. (1993).

emotional issues and feel less stigma about mental health troubles. A crucial challenge in preventing emotional distress in both teens and parents, as we take up later, is to support parents and teens in supporting each other.

#### The importance of parent-teen attunement

Within our parent-teen dyads, we also sought to assess the degree to which parents know and are attuned to their teens and whether knowing your teen is related to teen anxiety and depression. A good deal of child development research suggests that a child's sense of self grows stronger and matures by being known and appreciated. As many psychologists have observed,<sup>25</sup> this self-development begins in infancy when a parent is attuned to their child, distilling and reflecting back what an infant is feeling: beaming when a baby squeals with delight, doing a quick dance with their hands or head in response to a baby's inner rhythms, or sharing a knowing grimace when a baby bumps her head. As children grow, the self further defines and affirms itself when parents identify and affirm in children those qualities that children prize in themselves. Knowing a child also enables parents to guide them toward activities that are likely to be meaningful to them, to help them solve personal problems, and to respond with real, deep empathy to troubling emotional states. To maintain a close, sturdy relationship with a teen, parents and caregivers also need with at least some consistency to intuit, track, and reflect back teens' moods, needs, and desires.

We explored in our survey how well parents know their teens and are plugged into their emotional states by asking parents a series of questions about their teens' emotions and views and then asking their teens to answer these same questions about themselves. We asked parents how often their children experienced a range of emotions, including loneliness, depression, anger, gratitude, and joy, as well about their teens' views on various questions, including whether their teens supported banning cell phones in schools, whether their teens viewed their parents as checking in on them too much or too little, and whether they imagined their teens would think they would be prouder if they received good grades or if they were caring people. We then asked the children of these parents to report their own feelings and views based on the same items.

Happily, most parents quite accurately identified their children's feelings and views. Significant majorities of parents appear to know their teens. The bad news is that the less aligned parents and teens were on these questions, the worse off they both were in terms of mental health. Consistent differences between parents' answers and teens' answers strongly predicted anxiety and depression in both teens and parents, and the wider the gaps, the more likely both teens and parents were to report anxiety and depression. For

<sup>&</sup>lt;sup>25</sup> See Hoffman, 2000; Kohut, 1977; Winnicott, 1964.

example, 61% of parents and teens agreed about the degree to which the teen experienced "little interest or pleasure in doing things." But the parents and teens who disagreed on this question were more likely to both report anxiety and depression, and the larger the disagreement the more likely both parent and teen were to report these troubles.

There are many possible explanations for why this misalignment is linked to these emotional harms in both parents and teens. Depression and anxiety are often self-absorbing, for example, and can impair parents' ability to listen to and know their teen. Or it may be that a particular psychological characteristic in a parent, such as narcissism, makes it more likely that they are depressed and anxious, less able to take their child's perspective and more likely that their child is anxious or depressed. It can also be very hard for even the most attentive parent to know a depressed teen who has retreated into their own world and/or a teen who is disconnected from their own feelings.

Our data suggest other parenting qualities and practices that may be linked to whether and to what extent teens experience anxiety and depression. For example, teens who report that their primary or secondary caregivers want them to "be someone they're not" are more likely to be anxious and depressed, and teens who report that their primary caregiver "is on devices at times when they'd like their help or to be together" are more likely to report anxiety.<sup>26</sup> Teens who report that either of their parents ask for their "input on things or decisions," make them "feel comfortable about making mistakes," or that their families do "fun activities" together are all less likely to report both anxiety and depression.

... teens who report that their primary or secondary caregivers want them to "be someone they're not" are more likely to be anxious and depressed, and teens who report that their primary caregiver "is on devices at times when they'd like their help or to be together" are more likely to report anxiety.<sup>26</sup>

<sup>&</sup>lt;sup>26</sup> Note, the association between teens' perceptions that their primary caregivers' use of devices and their own anxiety was marginally significant according to conventional thresholds (where the p-value, or estimate of the likelihood that the results are more than due to just chance, is .05 or less). The association was very close to a p-value of .05, and thus, we still find it likely that the relationship between the two is not simply due to chance.

Teens who report that their parents are hopeful about the future are less likely to be anxious or depressed. So are teens who report that when "bad things happen in their community or the country" their parents "encourage me and/or show me how to take action"27 or "take time to really listen to how I feel...and help me work through it."

# Supporting parents and assisting them in preventing anxiety and depression in teens

How can we support parents and caregivers in managing their own depression and anxiety, and how can we equip them to prevent and more constructively respond to their teens' mental health challenges? We offer the following five strategies.

#### 1. Listening to teens

Over and over, we've heard from teens that they simply want their parents to listen to them.<sup>28</sup> Many teens want their parents to be proactive about listening: 40% of teens reported on our survey that they wanted their parents to "reach out more to ask how [they're] really doing and to really listen."29 As one teen said about his parents: "Don't only look at me through the keyhole. Open the door."

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One reason good listening is vital is to motivate more teens to turn to their parents for support. Our data indicate that high percentages of teens are not turning to their parents, and that the more depressed or anxious teens are, the less likely they are to reach out. We asked teens which of their caregivers they would feel comfortable "opening up to" if they were anxious or depressed or dealing with other emotional challenges. Eighty-one percent (81%) of teens who reported little or no anxiety or depression in the last two weeks reported

<sup>&</sup>lt;sup>27</sup> Note, we also found this association to be marginally significant.

<sup>&</sup>lt;sup>28</sup> In our focus groups and interviews with teens and young adults, we also heard that they want other key adults in their lives, including school adults and adults outside of school/home, to truly listen to them.

<sup>&</sup>lt;sup>29</sup> Teens with anxiety or depression were more likely to say that they want their parents to reach out more (49% compared to 39% with no or fewer symptoms).

that they would be comfortable reaching out to a caregiver, yet only 65% of teens with anxiety or depression reported this comfort. We also asked teens about whom they would go to for support if they were experiencing mental health challenges and we included parents, friends, and mental health practitioners among their options. Teens with anxiety or depression expressed a much greater preference for turning to their friends (54%) than their parents (32%) or mental health professionals (27%).

Many teens who were uncomfortable reaching out to their parents reported being reluctant for reasons that suggest parents' failure to listen either in the past or present (see Figure 3). Forty-three percent (43%) of teens who expressed discomfort reported that their parents "won't really understand what I'm going through or know how to be helpful" and 32% reported that their parents will "try to fix the problems instead of just listening and empathizing."

Parents can practice several specific listening skills that can help them become important sounding boards and advisors to their teens, including inviting exploration of teens' understanding of the problem, its sources, and possible solutions; checking for understanding during difficult emotional conversations; and asking teens how they as parents can be most helpful.

All of this speaks to the importance of parents approaching teens with openness and curiosity and carefully listening rather than judging or jumping to solutions. Parents can practice several specific listening skills that can help them become important sounding boards and advisors to their teens, including inviting exploration of teens' understanding of the problem, its sources, and possible solutions; checking for understanding during difficult emotional conversations; and asking teens how they as parents can be most helpful. Parents may also need to work to manage their own biases and fears, to disentangle their teens' needs and hopes from their own, and to be mindful about when and where to have these conversations (for example, despite the common wisdom advising parents to have these conversations while driving with their child, teens can feel trapped in cars).

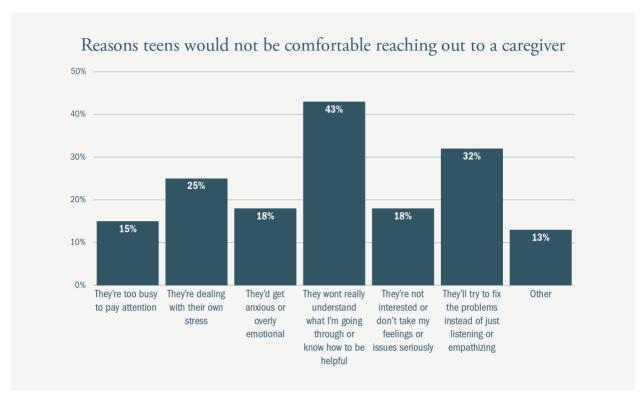


Figure 3. The percentage of teens responding to the question: "Why would you not feel comfortable opening up to at least one of your parents?" They were instructed to "select all that apply" and were given the seven options above.

## 2. Helping teens cope with anxiety and depression

All caregivers can benefit from information about teens' anxiety and depression and about strategies for preventing and alleviating these troubles, especially given that many teens don't think their parents will understand their emotional struggles or know how to be helpful. Parents need basic facts about, for example, different forms of anxiety and depression, their causes, when worries and bad moods are normal and when they signal significant anxiety and depression, and when a teen needs professional treatment. Parents need information about early signs of anxiety and depression and how to address them, as well as guidance in dealing with their own anxiety when their teens are anxious or depressed. That guidance should include self-calming strategies, whether taking a walk, doing a guided meditation or deep breathing, as well as reassurance that engaging and exploring teens' worries and selfconcerns, rather than denying them or seeking to fix them, is far more likely to increase teens' capacity to cope. Because many parents feel shame and stigma about anxiety and depression, it's also vital to underscore that anxiety and depression are not indications of weakness or a lack of will but are commonly disorders with a biological component and that remarkably strong, able, and courageous people, such as Abraham Lincoln, tennis player Naomi Osaka, and basketball player Kevin Love have suffered terribly from one or both challenges.

Parents also can be equipped with a range of culturally-informed resources to use with their teens that can help prevent depression and anxiety and keep them from spiraling. These resources might include brief cognitive-behavioral strategies; stress management strategies; tips for supporting healthy sleeping, eating, and technology habits; and suggestions for activities that build coping skills. Some of these strategies are available as brief digital interventions.30 Crucially, these activities and resources need to be simple and gratifying they can't be another burden for already strapped caregivers and teens. For these strategies to reach a diverse array of caregivers, organizations working with parents need to gather information about what messengers, modes of messaging-e.g., brief videos, social media content, text messages, or flyers from community organizations—and messages are most likely to influence them.

### 3. Caring for the caregivers: Promoting parents' mental health

Supporting caregivers is such a high priority because it is vital to two large populations at high risk of anxiety and depression—teens and parents themselves. Governments at every level and community institutions can engage in public education efforts that alert parents and caregivers to signs of depression and anxiety, offer them resources such as the cognitive-behavioral practices above, and provide information about accessing other forms of support and treatment and about talking to their children about their emotional struggles. A 2009 national committee on parental depression assembled by the National Research Council and the Institute of Medicine urged the Surgeon General to issue a national advisory on parental depression and provided a roadmap for how various federal and state agencies might integrate their efforts to support families with a depressed parent.31 These efforts and other initiatives should prioritize populations known to be at higher risk of depression and anxiety, including low-income parents, parents who are recent immigrants, parents of infants, unemployed parents, and parents suffering debilitating, chronic medical problems or trauma. It's also vital to expand the growing number of two-generational programs with a strong evidence base, including Family Talk and Family Group Cognitive Behavioral (FGCB) preventive intervention,<sup>32</sup> that provide support and treatment to both parents and teens who are struggling and that can help undo the damaging dynamics that can undermine these relationships. It's similarly important to expand opportunities for family therapy and family systems approaches that focus on families as a whole, given that not only parents but sibling relationships and other family dynamics can powerfully affect and be affected by a teen's mental health.

<sup>&</sup>lt;sup>30</sup> See Perfas, S. (2023), including a link to resources from Harvard's Lab for Youth Mental Health: https://weiszlab.fas.harvard.edu/first-model-and-therapy-programs (also listed in Appendix B).

<sup>31</sup> National Research Council and Institute of Medicine, 2009.

<sup>&</sup>lt;sup>32</sup> See Beardslee, Gladstone, Wright, & Cooper, 2003; Compas et al., 2011.

There is, too, much that we can do as local professionals and citizens. Primary care physicians and pediatricians should check in with parents about their emotional health and health centers, schools, faith-based organizations, workplaces, public libraries, and many other community institutions can provide parents with key information and opportunities for support. Neighbors and colleagues can be more mindful about checking in with parents they're concerned about. Given how powerfully early childhood experiences shape the vulnerabilities and potential of children and adults of all ages, it's also crucial to expand family support, home visiting, and parent education programs that are focused on the parents and caregivers of young children as well as to markedly expand the relatively small number of programs that directly support the parents of teens, such as the Center on Parent and Teen Communication in Philadelphia.

Finally, far too many parents are isolated and lonely, 33 and efforts to connect parents to each other can stave off depression and anxiety. We might take cues from the United Kingdom and Japan, which have both created purposeful national strategies to combat loneliness. Primary care physicians, for example, might provide "social prescriptions," connecting parents to, say, social clubs, group volunteer activities, or support groups. Political leaders might task housing and urban planning departments with developing more concrete strategies for promoting connections among parents. Governments can support the growing trend to reimagine public libraries as vibrant community hubs that connect people within and across generations by providing, for example, classes, civic events, collaborative workspaces, and performances. Workplaces can be far more attuned to building connections and community and to providing time off for parents to build these connections.

# 4. Guiding parents in talking with teens about their own mental health struggles

Many parents need culturally-attuned strategies for talking appropriately with teens about their own emotional struggles so that their children don't interpret their parents' difficult moods as a sign of their faults or as the withdrawal of appreciation or love. Beardslee, the parental depression researcher, argues that what is most helpful is having a parent directly say that they're struggling with an emotional problem that has nothing to do with their child. Matt, the young man from Philadelphia, might have developed a far more generous selfportrait had his mother been able to talk frankly with him about her depression and how it expressed itself.

<sup>33</sup> See Making Caring Common, 2021a.

Parents also need guidance in how—and how much—to talk about their emotional struggles with teens of different ages. Our data indicate that 15% of teens think their primary caregivers talk about their negative or distressing feelings too much and 31% think that their parents talk about them too little,34 and both too much and too little talk are linked to teen anxiety and depression. While it's usually important for a teen to know when their parent is depressed or anxious, too much disclosure can be frightening, and teens can feel the need to "fix" their parents. There are many factors that should determine when and how a parent shares this information with their teen, including the degree to which a parent's anxiety or depression is interfering with their parenting, a teen's level of emotional maturity, and whether a teen has other trusted, supportive adults in their life.

#### 5. Helping teens cultivate meaning and purpose

How parents and caregivers help choreograph teens' lives can go a long way in promoting teens' mental health and in stemming depression and anxiety. Perhaps most importantly, parents can engage teens in activities that focus them on others and/or attach them to principles and goals larger than themselves—both rich sources of meaning and purpose. Thirty-six percent (36%) of our teen survey respondents reported little or no "purpose or meaning in life," and this absence is strongly correlated with depression and anxiety. That Americans these days are immersed in psychological talk and a wellness culture has had many benefits, but it has also caused many of us to become too occupied with our own feelings and to wade into ourselves to find meaning and purpose, rather than into our relationships and communities.

Caregivers can guide teens toward many types of activities that provide purpose, whether sports or the school band. For many of us, including teens, it is helping others that gives us a reprieve from our self-concerns and provides meaning and purpose. As Thomas Insel, the former head of the National Institute of Mental Health, puts it, "in many ways helping others is more therapeutic than getting help from others."35 Parents can expect teens, for example, to assist a neighbor or routinely visit an isolated grandparent, and, if available, they can guide teens toward well-structured volunteer opportunities where teens can have meaningful impact.

Parents' efforts to steer their children toward activities that support others will be far more meaningful if parents and other important adults in children's lives model active,

<sup>34</sup> We asked teens this question of their primary caregivers only and we asked them to respond by rating on a scale of 1-10, where 1 is far too little, 5 is the right amount, and 10 is far too much. 31% selected one of the "too little" options, with 21% indicating 3 or 4 on the 1-10 scale, and 10% indicating 1 or 2. In contrast, 15%selected one of the "too much" options, with the bulk of those (12%) indicating 6 or 7 on the 1-10 scale. 35 See Reinventing Mental Healthcare online webinar with Insel, Chaudhary, Patel, Larrauri, & Crawford, 2022, here.

constructive engagement in their communities, which also may help relieve adults' emotional struggles. Taking on the challenges now facing our country—whether climate change, gun violence, or political polarization—may be especially important given how much these challenges are negatively impacting both teens' and adults' mental health and the helplessness that these problems can breed.36 While many adults are taking on these challenges, large numbers of teens view adults as not doing enough. We asked teens in our survey whether "A lot of the adults in my life talk about social problems but do little or nothing about them." Thirty-seven percent (37%) of respondents reported that this statement was "pretty true" or "very true" and 41% reported it was a "little true." Those teens reporting "pretty" or "very" true were far more likely to report anxiety, depression, and lack of purpose. Perhaps most beneficial is when teens and parents join forces in combating social problems, modeling for each other and drawing from each other's perspectives. Cogenerate is an exciting new program that brings young people and older adults together "to solve problems that neither generation can solve alone."

# Conclusion

While we have focused on the crucial role of caregivers here, promoting caregivers' and teens' mental health will require work on other fronts as well. For example, many schools can be far more intentional about equipping educators with simple tips for emotionally supporting teens and about cultivating a sense of belonging in both students and educators. Research suggests that students' sense of school belonging (or what the CDC refers to as school connectedness) can be a key safeguard against depression and anxiety.<sup>37</sup> We also need more thoughtful government regulation and parental monitoring of social media.

Perhaps most importantly, we'll need to keep searching for answers to tough questions: Why are so many parents and teens these days emotionally struggling? What does their state reflect about our society? What kinds of societal leadership and change do we need to enable far more Americans to feel content with their lives? It is, after all, upon the answers to these questions that so much of our future depends.

<sup>&</sup>lt;sup>36</sup> See Nayak et al., 2021; Volpe, 2022.

<sup>&</sup>lt;sup>37</sup> See CDC, n.d.; Raniti, Rakesh, Patton, & Sawyer, 2022; Sulimani-Aidan & Melkman, 2022.

# Methodology

At the start of 2022, we combed the literature on the mental health of teens and young adults, including reviewing recent national reports, 38 academic articles, 39 and popular press materials.<sup>40</sup> We simultaneously conducted informal interviews with practitioners and experts in the field, asking what they think are the main drivers of poor mental health among young people and what protective factors deserve attention. We then obtained approval from the Institutional Review Board (IRB) at the Harvard Graduate School of Education to conduct both quantitative (i.e., surveys) and qualitative (i.e., interviews and focus groups) research to better understand young people's perceptions and experiences surrounding their mental health.

In the spring of 2022, we conducted focus groups and interviews with a total of 35 participants in the U.S. (five focus groups with teens, two focus groups with educators, five interviews with young adults and five interviews with educators and parents/caregivers). In the summer of 2022, we started to develop our main survey intended for teens (ages 14 to 17) and young adults (ages 18 to 25); questions focused on their perceived stressors, sense of self, hope, social media uses and perceptions, help-seeking, relationships and general sources of support, views of their parents and schools, and general attitudes, values, and behaviors. We also created a brief survey for parents, much of which directly matched questions given to teens and young adults. Both parent and teen/young adult surveys also included a number of open-ended questions to be given to a random subset of participants.

# A specific note about how we measured mental health

Two of our primary indicators of mental health were anxiety and depression, which we assessed using the GAD-2 and PHO-2 measures, respectively. These are well known screening tools, asking "Over the last two weeks, how often have you been bothered by the following problems?" on a scale from 0 to 3: "not at all," "several days," "more than half the days," and "nearly every day." The two items assessing anxiety are "feeling nervous, anxious, or on edge" and "not being able to stop or control worrying" and the two items assessing depression are "little interest or pleasure in doing things" and "feeling down, depressed, or hopeless." A score of 3 or more—for example, saying "several days" to one item but "more than half the days" on the other—is considered the optimal cut point to screen for generalized anxiety disorder (GAD) or major depressive disorder (MDD). Indeed, both measures have been found to have substantially high specificity and sensitivity for

<sup>38</sup> See APA, 2022; the U.S. Surgeon General's Advisory, 2021; the U.S. Department of Education, 2021.

<sup>&</sup>lt;sup>39</sup> See Hadler et al., 2021; Ruch et al., 2021.

<sup>&</sup>lt;sup>40</sup> See Richtel, 2022; Thompson, 2022.

actual diagnosis.41 Both measures are validated and widely used by researchers as well as recommended to clinicians (e.g., primary care doctors, psychologists) for evaluating anxiety and depression symptoms. 42 For the purposes of this report, we refer to parents and teens as having anxiety or depression if they met the 3+ cutoff for each, and when we make comparisons to non-anxious or non-depressed teens/parents (or those with little to no anxiety or depression) we mean those teens/parents had less frequent or no symptoms of anxiety or depression.

#### Sampling frames

Once our surveys were finalized, we worked with NORC at the University of Chicago<sup>43</sup> to program and test the surveys for dissemination. We worked with NORC because they have state-of-the-art adult as well as teen probability-based panels that ensure survey respondents can be used to represent the population of U.S. parents or teens, when using appropriate weights. You can see our previous report, "Do Americans really care for each other? What unites us-and what divides us"44 for a detailed description of the adult AmeriSpeak® Panel (p.32). The AmeriSpeak® Teen Panel is drawn from this wider panel; specifically, parents from AmeriSpeak parents are invited to nominate and consent for their children who are 13 to 17 years of age to join the AmeriSpeak Teen Panel. The teens must live in the AmeriSpeak adult parent's home at least three months of the year. Upon receiving parent consent, NORC reaches out to the eligible nominated teens to get their consent to join the Teen Panel via physical mail pieces, phone calls, and emails. Because they reside in the same household as their parents, (who are already a part of the AmeriSpeak panel), the AmeriSpeak Teen Panel has the same probability-based design as the adult household panel and is similarly representative of the U.S. population.

To maximize the number of youth survey respondents from both panels, all eligible AmeriSpeak and AmeriSpeak Teen Panelists ages 14-25 were selected for invitation to the study. To increase the total number of 14 to 17-year-old teens, AmeriSpeak also reached out to all active panelists who were identified as parents of a teen aged 14 to 17 living in the household, but the teen had not joined the AmeriSpeak Teen Panel. Due to the sensitive nature of the survey, the parent panelists for all teens were first contacted to provide consent for their teen to participate in the study. The parent panelists were provided with

<sup>&</sup>lt;sup>41</sup> See Kroenke, Spitzer, Williams, Monahan, & Lowe, 2007; Kroenke, Spitzer, & Williams, 2003.

<sup>&</sup>lt;sup>42</sup> See Gilbody, Richards, Brealey, & Hewitt, 2007; Sapra, Bhandari, Sharma, Chanpura, & Lopp, 2020.

<sup>&</sup>lt;sup>43</sup> NORC at the University of Chicago (see www.norc.org) conducts research and analysis that decision-makers trust. As a nonpartisan research organization and a pioneer in measuring and understanding the world, NORC has studied almost every aspect of the human experience and every major news event for more than eight decades. Today, NORC partners with government, corporate, and nonprofit clients around the world to provide the objectivity and expertise necessary to inform the critical decisions facing society.

<sup>&</sup>lt;sup>44</sup> Also see Making Caring Common, 2021b in the references of this report.

general information about the study and given the opportunity to provide consent for AmeriSpeak to contact their teen(s). Once the parent provided consent for their teen(s) to participate in the study, AmeriSpeak reached out to a teen, randomly selected among all eligible within the household, with an invitation to the study.

To further maximize our sample sizes, both AmeriSpeak and AmeriSpeak Teen Panels were also supplemented with respondents from nonprobability panels. 45 Patterns of results for teens were similar when we used the nonprobability samples with the weights supplied by NORC (see weighting information below), and thus, we opted to only use the AmeriSpeak probability teen panel for the current report (given its purely randomized nature). Finally, NORC drew on their AmeriSpeak panels to achieve or arrive at dyads, i.e., teens and parents who both complete surveys whose data can then be matched and compared. Parents of teens ages 14 to 17 were invited via the AmeriSpeak Panel to take a brief survey after they consented for their teen to participate in the teen study. Dyads were achieved once the parent and teen individually completed their surveys. Thus, there are full (nondyad) samples of teens and parents (see below for final sample sizes), whereby one or both teens or parents did not end up completing their surveys (or their data were removed during the data cleaning phase). In contrast, the *dyad sample* represents a "dyad match" whereby both the teen and parent completed their surveys (also see below). Sampling periods, data processing, and final sample sizes

A sub-sample of AmeriSpeak web-mode young adult panelists ages 18 to 25 were invited to the youth survey on December 9, 2022 in a soft launch. The initial data from the soft launch was reviewed to confirm that there were no processing or programming errors.<sup>46</sup> A subsample of parent panelists of teens were then invited to consent for their teen to participate in the study on December 15, 2022. The initial data for the "parent consent" soft launch was reviewed and due to the complex screener programming, the remaining sample was invited in slow roll outs on December 19 and December 21. Once a parent gave consent,

<sup>&</sup>lt;sup>45</sup> Specifically, the AmeriSpeak Teen Panel sample was supplemented with respondents from Lucid and Prodege, two well-known nonprobability online opt-in panels. Lucid and Prodege pre-screened parent panelists on their panels to identify a 14 to 17-year-old teen respondent in the household. Again, due to the sensitive nature of the survey the Lucid and Prodege parent panelists were provided with general information about the study and given the opportunity to provide consent for their teen to participate. Once parent consent was provided, the teen was then connected to the survey hosted by AmeriSpeak. The young adult based AmeriSpeak Panel was supplemented with respondents from Lucid only. For the non-probability sample as a whole (teens and young adults), NORC defined quota buckets for demographic strata to reflect known population distributions and worked with the sample provider to slowly release samples over the field period to adequately fill each.

<sup>&</sup>lt;sup>46</sup> Once reviewed, the remainder of sampled AmeriSpeak young adult panelists were invited to the survey on December 21, 2022.

their teen was immediately invited to the study and the parent was also invited to participate in the parent survey.47

After thorough data cleaning (e.g., removing speeders and respondents with high refusal rates; redacting all personally identifying information from open-ended data),<sup>48</sup> NORC delivered data to us from 1,853 respondents through the probability AmeriSpeak panel, including a total of 396 teens, 709 young adults, and 748 parents. Based on the methods described above, we obtained 321 dyads of matched parents and teens.<sup>49</sup>

#### Data weighting

Since the sampling frame for this study is the AmeriSpeak Panel, which itself is a sample, the starting point of the weighting process for the study was the AmeriSpeak panel weight (see the previous report cited above for more details, page 34). Then, the study specific base weights were developed to adjust for unequal selection probabilities from the AmeriSpeak panel, differential nonresponse across subpopulations, and frame coverage limitations. All these weighting adjustments were applied to the final panel weights, which were created by first adjusting the base weights for survey nonresponse through a weighting class method, where the weighting classes are defined by age, race/ethnicity, gender, and education. After that, a raking ratio adjustment was applied to the nonresponse adjusted base weights to align the sample with known population benchmarks made up of the following topline socio-demographic characteristics: age, gender, region, education, and race/ethnicity.

Two Dyad Study Specific Final Weights were also created, one adjusted to the parent's population benchmarks to be used for analyzing parent responses and another adjusted to

<sup>&</sup>lt;sup>47</sup> To encourage study participation, NORC sent out multiple reminders to all sub-samples, and parents were offered the cash equivalent of \$1 for completing their brief survey. Adult AmeriSpeak panelists ages 18 to 25 were offered the cash equivalent of \$5 and AmeriSpeak teens age 14 to 17 were offered the cash equivalent of \$8 for completing this survey. Samples from Lucid were fielded from December 15, 2022 to January 5, 2023. Samples from Prodege were fielded from December 16, 2022 to January 4, 2023. The incentives provided to nonprobability samples are unknown to us.

<sup>&</sup>lt;sup>48</sup> In total, 133 cases were removed from the final set of completed surveys (AmeriSpeak and nonprobability) based on three cleaning rules: removing speeders (n=106), respondents with high refusal rates (n=56) and straight-liners, or those who consistently respond in the same way (n=17). There were also 13 paired cases removed from the dyad final set of completed surveys due to teen completed surveys being removed for speeding, high refusal rate, and/or straight-lining. Finally, all open-ended questions in the parent survey and teen/young adult survey were reviewed for personally identifiable information ("PII"). Any PII was redacted from the final files delivered to MCC.

<sup>&</sup>lt;sup>49</sup> NORC also collected 2,724 youth surveys through the nonprobability samples (1,032 teens; 1,692 young adults). Thus, in total, NORC collected and delivered data to us from 4,577 respondents or final surveys (1,428 teens; 2,401 young adults; 748 parents).

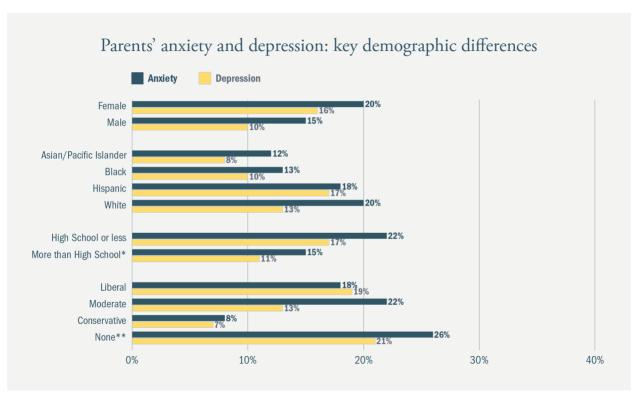
the teen's population benchmarks to be used for analyzing teen responses. For the Parent Dyad Final Weight, the paired teen's weights were identified. After that, a raking ratio adjustment was applied to the nonresponse adjusted base weights to align the sample with known parents of teens age 14 to 17 population benchmarks made up of the same topline socio-demographic characteristics listed above. For the teen Dyad Final Weight, the paired parent's weights were identified. After that, a raking ratio adjustment was applied to the nonresponse adjusted base weights to align the sample with known teen age 14 to 17 population benchmarks made up of the following topline socio-demographic characteristics: age x gender, age x region, age x parent's education, and age x race/ethnicity. All the aforementioned sociodemographic characteristics were weighted to benchmarks from the Current Population Survey.

The final weights that were delivered to MCC (for the teen/young adult data) were developed through three stages. First, probability and nonprobability sample weights were developed separately. Second, small area estimation was leveraged to model core estimates of the survey to nonprobability samples. Finally, the two samples were combined to create combined weights. Together, the final two stages make up NORC's TrueNorth® Calibration or what they refer to as TrueNorth weights.<sup>50</sup> At the final stage of the weighting process, any extreme weights were trimmed based on a criterion of minimizing the mean squared error associated with key survey estimates. Weights after trimming were re-raked to the same population totals to produce the final study weights.

For the purposes of the current report, we relied solely on the AmeriSpeak sub-samples (teens, young adults, parents, and dyads) and thus, we used the probability or AmeriSpeak sample weights (only) when running any analyses (e.g., prevalence percentages, associations between variables). Teen dyad weights were used when conducting analyses specific to teen data and parent dyad weights were used when conducting analyses specific to parent data.

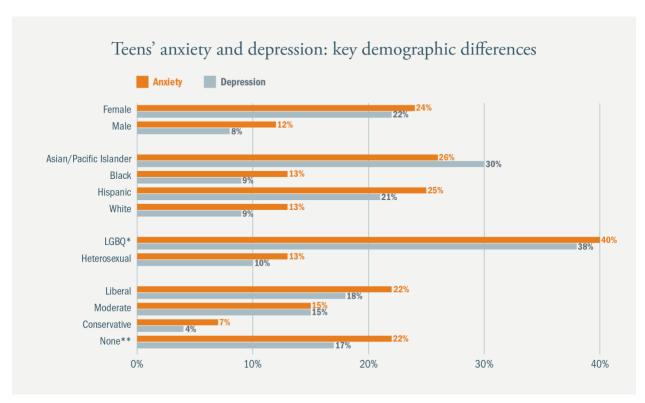
<sup>&</sup>lt;sup>50</sup> More on TrueNorth Calibration can also be found here: https://amerispeak.norc.org/us/en/amerispeak/ourcapabilities/truenorth.html.

# Appendix A: Parents' and teens' mental health challenges, by key demographic characteristics



<sup>\*</sup>Note, "more than high school" included three categories in our survey: vocational/tech school/some college/associate degree; bachelor's degree; post-graduate study/professional degree.

<sup>\*\*</sup>The "none" response option for political affiliation was: "None of the above: I don't think about politics."



<sup>\*</sup>Note, LGBQ included the following response options in our survey: lesbian, gay, bisexual, questioning, I identify another way, and prefer not to say.

<sup>\*\*</sup>As with parents, the "none" response option for political affiliation was: "None of the above: I don't think about politics."

# Appendix B: Recommended resources

Below is a selection of recommended resources related to parent/caregiver and teen mental health.

#### American Academy of Child and Adolescent Psychiatry

AACAP provides various resources for families, including information about topical issues affecting the mental health of children, teens, and parents, as well as helpful tools for people with depression in particular, such as CBT Diary and Mood Tools that can help users practice their cognitive-behavioral therapy skills.

#### Anxiety & Depression Association of America (ADAA)

ADAA offers extensive information about anxiety and depression as well as other issues like PTSD and suicide. There are resources for finding a therapist and/or joining FREE peer-topeer support communities.

#### **Brief digital interventions**

Harvard's Lab for Youth Mental Health lists a handful of brief interventions created for youth that can be used by all. While created for digital use, the PDF versions are also available and enable users to practice simple techniques, like turning unhelpful thoughts into helpful ones (e.g., Project THINK).

#### Jed Foundation's calming strategies

Parents can share these calming strategies (intended for staying calm when stressed about school) with their teen children to see which ones might work best for them. Parents can also use or adapt the strategies for themselves; for example, getting organized or being intentional about spending time outside.

#### Making Caring Common's mental health resources

Making Caring Common's growing library of mental health resources for families and for educators includes cognitive-behavioral strategies; stress management strategies; suggestions for activities that build resilience and coping skills; and resources for building and maintaining strong, caring relationships.

#### Mindfulness resources & programs

Parents can explore several evidence-based strategies for practicing mindfulness, or learning how to be aware and attentive, non-judgmentally, to one's thoughts and feelings. Health-based journalist and documentary producer and star of Living Mindfully, Shannon Harvey, overviews the research, some of these resources, including the Ten Percent and Unwinding Anxiety apps, and specific programs such as MBSR (Mindfulness-Based Stress Reduction), which could be particularly useful for treating depression (see here).

#### National Institute of Mental Health

A U.S. government agency that studies mental health and provides information on an array of topics, including about mental health disorders, treatments, and therapies, and where to find clinical trials. You can call 1-866-615-6464 or live chat.

#### **Wondermind**

Co-founded by Selena Gomez, this online resource provides expert advice, candid conversations, and exclusive, tailored content about mental fitness and mental health conditions. It also has a "filter by feels" feature, allowing you to find content specific to how you feel.

## References

- American Psychological Association. (2022). Children's mental health is in crisis. https://www.apa.org/monitor/2022/01/special-childrens-mental-health
- Bartlett, J. D. (2017, August 23). 5 things to know about parental depression. Child Trends. <a href="https://www.childtrends.org/publications/5-things-to-know-about-">https://www.childtrends.org/publications/5-things-to-know-about-</a> parental-depression
- Beardslee, W. R., Gladstone, T. R. G., Wright, E. J., & Cooper, A. B. (2003). A Family-Based Approach to the Prevention of Depressive Symptoms in Children at Risk: Evidence of Parental and Child Change. Pediatrics, 112(2), e119e131.
- Bell, I. H., Nicholas, J., Broomhall, A., Bailey, E., Bendall, S., Boland, A., Robinson, J., Adams, S., McGorry, P., & Thompson, A. (2023). The impact of COVID-19 on youth mental health: A mixed methods survey. Psychiatry research, 321, 115082.
- Centers for Disease Control and Prevention (n.d.). Youth Risk Behavior Survey: Data summary and trends report, 2011-2021. https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS Data-Summary-Trends Report2023 508.pdf
- Centers for Disease Control and Prevention (2023, March 8). Mental health of children and their parents - a strong connection. https://www.cdc.gov/childrensmentalhealth/features/mental-health-children-andparents.html
- Compas, B. E., Forehand, R., Thigpen, J. C., Keller, G., Hardcastle, E. J., Cole, D. A., Potts, J., Watson, K. H., Rakow, A., Colletti, C., Reeslund, K., Fear, J., Garai, E., McKee, L., Merchant, M. J., & Roberts, L. (2011). Family group cognitive-behavioral preventive intervention for families of depressed parents: 18- and 24-month outcomes. Journal of consulting and clinical psychology, 79(4), 488-499.
- Fuligni, A. J., Bai, S., Krull, J. L., & Gonzales, N. A. (2019). Individual Differences in Optimum Sleep for Daily Mood During Adolescence. Journal of clinical child and adolescent psychology, 48(3), 469-479.
- Gilbody, S., Richards, D., Brealey, S., & Hewitt, C. (2007). Screening for depression

- in medical settings with the Patient Health Questionnaire (PHQ): A diagnostic metaanalysis. Journal of General Internal Medicine, 22(11), 1596-1602.
- Gray, P., Lancy, D. F., & Bjorklund, D. F. (2023). Decline in independent activity as a cause of decline in children's mental well-being: Summary of the evidence. The Journal of Pediatrics.
- Hadler, N.L., Bu, P., Winkler, A. et al. (2021). College Student Perspectives of Telemental Health: a Review of the Recent Literature. Curr Psychiatry Rep 23, 6.
- Haidt, J., & Twenge, J. (ongoing). Social media and mental health: A collaborative review. Unpublished manuscript, New York University. Accessed at tinyurl.com/SocialMediaMentalHealthReview
- Hoffman, M. L. (2000). Empathy and Moral Development: Implications for Caring and Justice. Cambridge, UK: Cambridge University Press.
- Hunt, M. G., Marx, R., Lipson, C., & Young, J. (2018). No more FOMO: Limiting social media decreases loneliness and depression. Journal of Social and Clinical Psychology, 37, 751-768.
- Insel, T., Chaudhary, N., Patel, V., Larrauri, C., & Crawford, C. (2022). Reinventing mental health care. [Webinar]. Harvard TH Chan School of Public Health. https://www.hsph.harvard.edu/event/reinventing-mental-health-care/
- Kohut, H. (1977). The Restoration of the Self. New York: International Universities Press.
- Kreski, N. T., Chen, Q., Olfson, M., Cerdá, M., Hasin, D. S., Martins, S. S., Mauro, P. M., & Keyes, K. M. (2022). Time use and associations with internalizing symptoms from 1991 to 2019 among US adolescents. SSM - population health, 19, 101181.
- Kroenke, K., Spitzer, R.L., & Williams, J.B. (2003). The Patient Health Questionnaire-2: Validity of a Two-Item Depression Screener. Medical Care, 41, 1284-92.
- Kroenke, K., Spitzer, R.L., Williams, J.B., Monahan, P.O, & Löwe, B. (2007). Anxiety disorders in primary care: prevalence, impairment, comorbidity, and detection. Ann Intern Med., 146, 317-25.
- Lamont, M. (2023). Seeing Others: How recognition works and how it can heal a

- divided world. Atria/One Signal Publishers.
- Lee, F. (1993, March 14). Where Parents Are Learning to Be Parents. The New York Times.
- Luthar, S. S., Suh, B., Ebbert, A.E., & Kumar, N.L. (2020). Vulnerabilities among students in high-achieving schools: Potential ill-effects of pressures to be 'standouts'. Adversity and Resilience Science, 1, 135–147.
- Making Caring Common. (2021a). Loneliness in America: How the Pandemic Has Deepened an Epidemic of Loneliness and What We Can Do About It. Authored by Weissbourd, R., Batanova, M., Lovison, V., & Torres, E. https://mcc.gse.harvard.edu/reports/loneliness-in-america
- Making Caring Common. (2021b). Do Americans really care for each other? What Unites Us-And Divides Us. Authored by Weissbourd, R., Batanova, M., americans-care-about-each-other
- National Research Council and Institute of Medicine. (2009). Depression in parents, parenting, and children: Opportunities to improve identification, treatment, and prevention. https://nap.nationalacademies.org/catalog/12565/depression-in-parents-parentingand-children-opportunities-to-improve-identification
- Nayak, S. S., Fraser, T., Panagopoulos, C., Aldrich, D. P., & Kim, D. (2021). Is divisive politics making Americans sick? Associations of perceived partisan polarization with physical and mental health outcomes among adults in the United States. Social science & Medicine (1982), 284, 113976.
- Office of the Surgeon General (OSG). (2021). Protecting Youth Mental Health: The U.S. Surgeon General's Advisory. US Department of Health and Human Services. https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-healthadvisory.pdf
- Panchal, N., Saunders, H., Rudowtiz, R., & Cox, C. (2023, March 20). The implications of Covid-19 for mental health and substance use. KFF. https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19for-mental-health-and-substanceuse/#:~:text=Symptoms%20of%20anxiety%20and%20depression,compared%20to% 20their%20male%20peers

- Pascoe, M. C., Hetrick, S. E., & Parker, A. G. (2020). The impact of stress on students in secondary school and higher education. International Journal of Adolescence and Youth, 25, 104-112.
- Perfas, S. L. (2023, March 6). Young people are hurting and their parents are feeling it. Harvard Gazette. https://news.harvard.edu/gazette/story/2023/03/worried-about-childs-mentalhealth-youre-notalone/?utm source=SilverpopMailing&utm medium=email&utm campaign=Daily% 20Gazette%2020230307%20(1)
- Raniti, M., Rakesh, D., Patton, G. C., & Sawyer, S. M. (2022). The role of school connectedness in the prevention of youth depression and anxiety: a systematic review with youth consultation. BMC public health, 22(1), 2152.
- Richtel, M. (2022, April 23). It's Life or Death: The mental health crisis among U.S. Teens. The New York Times. https://www.nytimes.com/2022/04/23/health/mental-health-crisis-teens.html
- Ruch, D. A., Heck, K. M., Sheftall, A. H., Fontanella, C. A., Stevens, J., Zhu, M., Horowitz, L. M., Campo, J. V., & Bridge, J. A. (2021). Characteristics and Precipitating Circumstances of Suicide Among Children Aged 5 to 11 Years in the United States, 2013-2017. *JAMA network open*, 4(7), e2115683.
- Sapra, A., Bhandari, P., Sharma, S., Chanpura, T., & Lopp, L. (2020). Using Generalized Anxiety Disorder-2 (GAD-2) and GAD-7 in a Primary Care Setting. Cureus, 12(5), e8224.
- Sulimani-Aidan, Y., & Melkman, E. (2022). School belonging and hope among at-risk youth: The contribution of academic support provided by youths' social support networks. Child & Family Social Work, 27(4), 700 – 710.
- Thompson, D. (2022, April 11). Why American Teens are So Sad. The Atlantic. https://www.theatlantic.com/newsletters/archive/2022/04/american-teenssadness-depression-anxiety/629524/
- U.S. Department of Education. (2021). Supporting child and student social, emotional, behavioral, and mental health needs. https://www2.ed.gov/documents/students/supporting-child-student-socialemotional-behavioral-mental-health.pdf

- Volpe, J. D. (2022). Fight: How Gen Z is channeling their fear and passion to save America. St. Martin's Press.
- Vigdal, J. S., & Brønnick, K. K. (2022). A Systematic Review of "Helicopter Parenting" and Its Relationship with Anxiety and Depression. Frontiers in psychology, 13, 872981.
- Winnicott D. W. (1964). The concept of the false self. In Home Is Where We Start From: Essays by a Psychoanalyst, ed. Winnicott C., Shepherd R., Davis M. New York: Norton, 1986, pp. 65-70.