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# Surgeon General's Foreword

Parents often say parenting is one of the best jobs but also one of the hardest. I see this reflected in the faces of new parents who radiate love for their babies through their sleep deprivation. I hear it in the voices of more veteran parents who delight in their children's emerging personalities even as they grapple with how to keep them safe and healthy in a precarious and sometimes dangerous world. I recognize it in the wistfulness of parents whose teenagers are getting closer to leaving home for college, careers, or to start their own families.

As a parent, I have felt this way too—blessed to have the privilege of caring for my two children but also constantly wondering if I'm getting it right. I delight in their unscripted moments of pure joy, their laughter, which fills our house, and the surprising questions they ask which make me question my assumptions. I also feel the weight of the daily big and small decisions we have to make as parents that don't come with an instruction manual. Being a dad is the toughest and most rewarding job I've ever had.

The work of parenting is essential not only for the health of children but also for the health of society. Additionally, we know that the well-being of parents and caregivers is directly linked to the well-being of their children. The stresses parents and caregivers have today are being passed to children in direct and indirect ways, impacting families and communities across America. Yet in modern society, parenting is often portrayed as a less important, less valued pursuit. Nothing could be further from the truth.

In addition to the traditional challenges of parenting—protecting children from harm, worrying about finances, managing teenagers who are searching for independence—there are new stressors that previous generations didn't have to consider. These include the complexity of managing social media, parents' concerns about the youth mental health crisis, and an epidemic of loneliness that disproportionately affects young people and parents, just to name a few.

As technological and economic forces have reshaped the world at a dizzying pace, it has also become harder for parents to prepare children for a future that is difficult to understand or predict. Parents across all backgrounds want to provide their kids with a foundation for happiness and success. Yet too many fear they won't be able to provide what's necessary or their kids won't be able to access what they need in order to lead a fulfilling life. These needs are many and they vary from safe neighborhoods to admission to the right schools to stable housing. The more parents feel they are falling short of meeting their children's needs, the more they scramble to make up lost ground.

One response to a world in which success and fulfillment feel increasingly out of reach has been an intensifying culture of comparison—often propagated by influencers and online trends—with unrealistic expectations around the milestones, parenting strategies, achievements and status symbols that kids and parents must pursue. Chasing these unreasonable expectations has left many families feeling exhausted, burned out, and perpetually behind.

## Raising children is sacred work. It should matter to all of us.

Given all these factors, it's no wonder that so many parents are struggling. In my conversations with parents and caregivers across America, I have found guilt and shame have become pervasive, often leading them to hide their struggles, which perpetuates a vicious cycle where stress leads to guilt which leads to more stress.

While some parents can access resources, including the support of a committed co-parent, extended family, and friends who share in the responsibility of raising children, many parents are managing all these challenges largely on their own. And even for those with these supports, many parents still report feeling alone.

Something has to change. Supporting parents and caregivers will require a series of thoughtful policy changes and expanded community programs that will help ensure parents and caregivers can get time off to be with a sick child, secure affordable child care, access reliable mental health care, and benefit from places and initiatives that support social connection and community.

It will also require us to rethink cultural norms around parenting. Part of that will involve shifting how we value parenting. The work of raising a child is work, no less valuable than the work performed in a paid job and of extraordinary value when it comes to the impact on the future of society. Additionally, while parents and caregivers bear the primary responsibility for raising children, society as a whole must see itself as sharing in this responsibility—and shaping policy, programs, and individual behavior accordingly.

Finally, our cultural norms must also support us talking more openly about the challenges parents face and building more community for parents whose disproportionately high levels of loneliness compound the day-to-day challenges they face.

Raising children is sacred work. It should matter to all of us. And the health and well-being of those who are caring for our children should matter to us as well. I am hopeful this Surgeon General's Advisory will help catalyze and support the changes we need to ensure all parents and caregivers can thrive.



A handwritten signature in black ink that reads "Vivek Murthy".

**Vivek H. Murthy, M.D., M.B.A.**

19th and 21st Surgeon General of the United States  
Vice Admiral, United States Public Health Service

# About This Advisory

A Surgeon General's Advisory is a public statement that calls the American people's attention to an urgent public health issue and provides recommendations for how it should be addressed. Advisories are reserved for significant public health challenges that require the nation's immediate awareness and action.

This Advisory calls attention to the importance of parental stress, mental health and well-being, stressors unique to parenting, and the bidirectional relationship between parental mental health and child outcomes.

This document is not an exhaustive review of the literature. Rather, it was developed through a substantial review of the available evidence, primarily found via electronic searches of research articles published in English and resources suggested by a wide range of subject matter experts, with priority given to, but not limited to, meta-analyses and systematic literature reviews. It also offers actionable recommendations for the institutions that can reduce stress and support the mental health and well-being of parents and caregivers including communities and schools, employers, and policymakers, as well as for what parents and caregivers, family and friends, health and social service professionals, and researchers can do.

For additional background and to read other Surgeon General's Advisories, visit [SurgeonGeneral.gov](https://www.surgeongeneral.gov).

# Dedication

This Surgeon General’s Advisory is dedicated to the millions of parents and caregivers across America whose steadfast dedication and compassion continues to nurture the bodies, minds, and spirits of our nation’s children.

The Office of the Surgeon General would like to recognize our parents and caregivers whose selfless sacrifices and unconditional love made us the people we are. The opportunity to work on this Advisory and to serve our nation would not have been possible without you.

Angela & Joseph	Debbie & Steven	Kara & Paul
Anne, Lillian & Paul	Elsa, Pedro & Sonia	Karimeh
Aretha, Rose Marie & Winston	Emeka & Susan	Lloyd & Ruth
Ashok & Rajni	Frank & Robin	Luise & Michael
Atul & Mohana	Hallegerre Murthy & Myetraie	Matthew & Wendy
Bong Nam & Sung Taek	Harriet & Steve	Michael & Susan
Britt & Dan	Hattie & Virginia	Pamela Kyle
Butch, Kathy & Katie	Izaak, Lisa & Martin	Rafael & Valdery
Chaia & Peter	Jerome & Paitoon	Rama & Srinivasa
Cindy, Ross & Stacey	Jill & William	Robert & Shelley
Dan & Naomi	Johann & Miya	Sylvia

# Key Terms

## Parents and Caregivers

The definition of a parent or caregiver varies across different research studies cited in this document. In making conclusions and recommendations, this document regards a parent or a caregiver as an individual providing caretaking for a child under the age of 18 (inclusive of biological, step, adoptive, kinship, and other types of caregivers).

## Children

This document refers to a child as an individual who is under the age of 18 years old. Terms utilized to describe this population such as children, youth, and young people may be used interchangeably in this document and across different research studies cited.

## Stress

A state of worry or mental tension caused by a difficult situation.<sup>1</sup> Stressors can be internal (e.g., unrealistic expectations, self-doubt) or external (e.g., work pressure, financial hardship, family problems or disruptions) and may exacerbate existing mental health conditions or challenges, leading to increased symptoms or difficulties in coping.

## Mental Health Conditions

*(also referred to as Mental Illnesses or Mental Health Disorders)*

Diagnosable disorders that significantly impact an individual's thinking, mood, and/or behavior. They are typically characterized by specific symptoms and criteria and may be episodic or chronic in nature.<sup>2</sup> Examples include, but are not limited to depressive disorders, anxiety disorders, trauma and stress-related disorders, bipolar disorders, schizophrenia spectrum disorders, and personality disorders.<sup>3</sup> Mental health challenges refer to experiences or difficulties individuals may face, which can affect their mental health without necessarily meeting the criteria for a diagnosable mental health condition.

# Background

There are approximately 63 million parents living with children under the age of 18 in the U.S.<sup>4</sup> There are also millions of non-parent caregivers who carry the primary responsibility for caring for children.<sup>5, 6</sup> Parents and caregivers play a critical role in providing the formative safe, stable, and nurturing relationships and environments that children need in order to thrive.

The experience of raising a child can produce a range of emotions for a parent or caregiver.<sup>7</sup> It can bring a sense of meaning and purpose along with experiences of joy, love, and human connection. It can also involve daunting challenges and significant, sometimes relentless, stress. When severe or prolonged, stress can increase the likelihood of mental health challenges.<sup>8, 9, 10</sup> In turn, the mental health of parents and caregivers can have profound impacts on the well-being of children, families, and society. Studies point to a complex interplay of bidirectional effects where parental mental health can influence child outcomes, and vice versa.<sup>11, 12, 13, 14</sup>

This Advisory recognizes the critical role of parents and caregivers in our society and the importance of both reducing their stress and protecting their mental health and well-being. It explores the unique stressors that parents and caregivers face; the impact of these stressors on the mental health and well-being of parents, caregivers, and children; and the policies, programs, and cultural shifts we need to make to allow parents and caregivers to flourish and thrive.



# 1

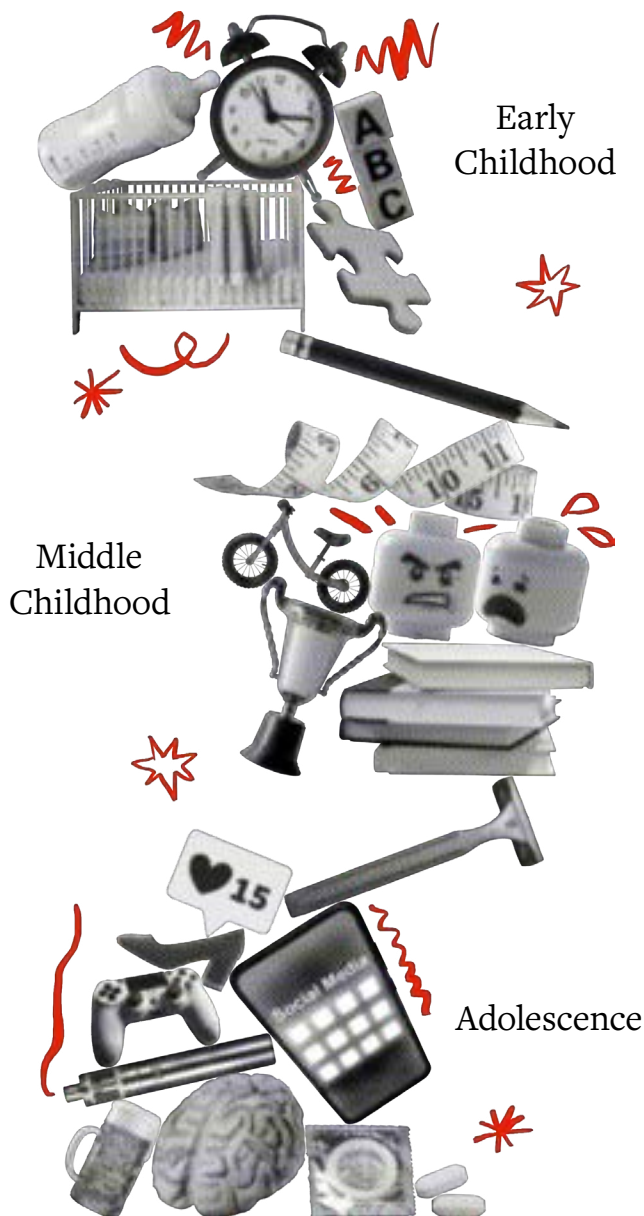
## The Current State of Parental Stress & Well-Being

Over the past decade, parents have been consistently more likely to report experiencing high levels of stress compared to other adults.<sup>15</sup> In 2023, 33% of parents reported high levels of stress in the past month compared to 20% of other adults.<sup>15</sup>

When stress is severe or prolonged, it can have a deleterious effect; 41% of parents say that most days they are so stressed they cannot function and 48% say that most days their stress is completely overwhelming compared to other adults (20% and 26%, respectively).<sup>16</sup>

This high level of stress among parents preceded the COVID-19 pandemic, and the pandemic notably contributed to additional stressors on parents and caregivers. Between 2016 and 2019, those reporting coping “very well” with the demands of raising children decreased from 67.2% to 62.2%.<sup>17</sup> Subsequently, stressors identified by parents during the pandemic included children being home from school, worries about finances, and substantial concerns about their own mental health and the health and well-being of those in their care.<sup>18</sup>

Parents and caregivers encounter various stressors across the different life stages<sup>a</sup> of children.



During early childhood, parents and caregivers often experience stress related to sleep disturbances, adjustment to new parental roles, and more work-family conflict.<sup>19,20</sup> As children enter mid-childhood, parents and caregivers may encounter challenges related to managing their child’s emotional, social, cognitive, and physical transitions alongside their own work and family responsibilities.<sup>21</sup> During adolescence, parents and caregivers may face additional stressors associated with their child’s burgeoning independence, risk-taking behaviors, and peer influences.<sup>22,23</sup>

Throughout their lifespan, parents and caregivers often face heightened stressors, including financial strain and economic instability, time demands, concerns over children’s health and safety, parental isolation and loneliness, difficulty managing technology and social media, and cultural pressures.

Additionally, the significant mental labor involved with parenting—balancing complex schedules, anticipating a child’s evolving needs, making countless decisions each day on behalf of a child, and monitoring progress—can limit working memory capacity and negatively impact attentional resources, cognitive functioning, and psychological well-being.<sup>24</sup>

Stressors related to child caregiving can also disproportionately burden some parents and caregivers, notably those with fewer resources and those who experience economic, social, political, and cultural marginalization.<sup>19,25</sup>

<sup>a</sup> Early childhood is typically from conception/birth to 8 years old, middle childhood is about 6 years old to 12 years old, and adolescence is 10 years old to 19 years old. (AAP, n.d.; NRC, 1984; WHO, 2024)

**Sources:** American Academy of Pediatrics (AAP). (n.d.). *Early Childhood*. Retrieved from <https://www.aap.org/en/patient-care/early-childhood/>

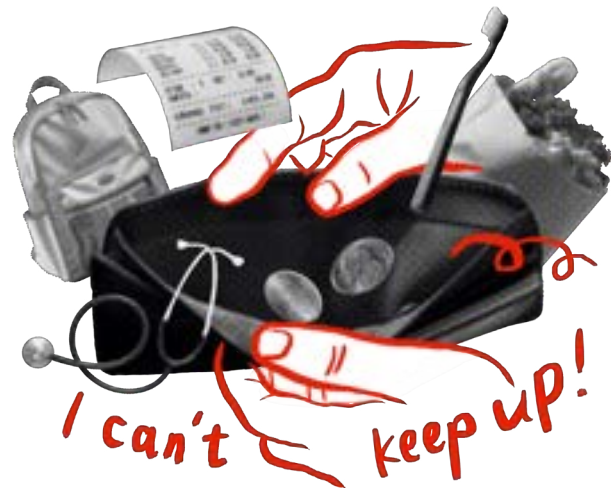
National Research Council (NRC) Panel to Review the Status of Basic Research on School-Age Children, & Collins, W. A. (Eds.). (1984). *Development During Middle Childhood: The Years From Six to Twelve*. National Academies Press (US).

World Health Organization (WHO). (2024). *Adolescent Health*. <https://www.who.int/health-topics/adolescent-health>

# A Snapshot of Parental Stressors

Throughout their lifespan, parents and caregivers often face heightened stressors, including financial strain and economic instability, time demands, concerns over children's health and safety, parental isolation and loneliness, difficulty managing technology and social media, and cultural pressures.

## Financial Strain, Economic Instability, and Poverty



Financial stress related to child care costs, health and education expenses, and employment and income insecurity is an important contributor to parental stress. For example, in the last decade, child care prices have grown by approximately 26% in the U.S.<sup>26</sup> Financial worries are a major stressor among parents compared to other adults, with 66% of parents reporting feeling consumed by worries regarding money compared to 39% of other adults in 2023.<sup>16</sup> Further, one-in-four U.S. parents said there have been times in the past year when they did not have enough money for basic needs (i.e., food for their family or to pay their rent or mortgage), and a similar share said they have struggled to pay for the health care and child care their family needed (24% and 20%, respectively).<sup>27</sup> In particular, parents living in poverty often worry about fulfilling their children's basic needs and the resulting stress can negatively affect their mental health, parenting capabilities, and their children's mental health.<sup>28</sup> For example, a review of 108 studies (n=250,553 parents) found a significant association between food insecurity and symptoms of parental depression, anxiety, and stress.<sup>29</sup>

## Time Demands



The average employment work hours for parents have increased over time, with parents now dedicating an average of 33.5 hours per week to employed work or engaging in work-related activities.<sup>30</sup> This represents a 28% increase for mothers, rising from 20.9 hours per week in 1985 to 26.7 hours per week in 2022, and a 4% increase for fathers, increasing from 39.8 hours per week in 1985 to 41.2 hours per week in 2022.<sup>30, 31, 32</sup> Balancing work commitments and occupational-related stress with family responsibilities can lead to work-family conflict, guilt, and burnout among parents.<sup>33</sup>

While parents and caregivers are working more, they are also spending more time engaging in primary child care than before. This care includes physical care, education-related activities, reading to/with children, and playing/doing hobbies with children, among other activities.<sup>b, c, 33</sup> Time spent weekly on primary child care has increased by 40% among mothers from 8.4 hours in 1985 to 11.8 hours in 2022, and by 154% among fathers from 2.6 hours in 1985 to 6.6 hours in 2022.<sup>31, 32, 35</sup> Of note, the overall time parents report providing primary child care is only a fraction of the amount of time parents report being with children.<sup>34</sup> Evidence suggests that

demands from both work and child caregiving have come at the cost of quality time with one's partner, sleep, and parental leisure time.<sup>31</sup>

Parents who are also caring for aging parents or other family members face additional strain. In many instances they are responsible for primary caretaking, providing transportation, and assisting with health needs, amongst other responsibilities for aging parents, while also dealing with the demands of caring for children. In 2021, nearly a quarter of U.S. adults (23%) had a living parent age 65 or older and also either a child under age 18 or an adult child for whom they provide financial support.<sup>36</sup> Caregivers who care for both children (<18 years) and aging family members (≥65 years) report more significant financial (23.5% vs. 12.2%) and emotional difficulties (44.1% vs. 32.2%) than caregivers who do not.<sup>37</sup>

<sup>b</sup> According to the American Time Use Survey, household children are defined as "children under age 18 residing in the household."

<sup>c</sup> This care includes physical care, education-related activities, reading to/with children, talking to/with them, playing/doing hobbies with them, looking after children, attending their events, travel related to care for them, and other child care activities. (BLS, 2024) This definition does not include time spent during an activity with a child in the presence, such as watching television with a child, which is considered a leisure activity, not child care. The overall time parents report doing primary child care is only a fraction of the amount of time a parent reports being with children. Time spent on child care also can vary depending on the child's life stage, with infants and toddlers often requiring more time and attention. **Source:** Bureau of Labor Statistics (BLS), U.S. Department of Labor. (2024, June 27). *American Time Use Survey Technical Note*. <https://www.bls.gov/news.release/atus.tn.htm>



## Children's Health



Health challenges of children may also result in stress for parents and caregivers. The mental health struggles of children can have a profound impact on parents and caregivers directly affected by their children's challenges, as well as on those who fear their children may face similar struggles.<sup>38</sup> Nearly 3-in-4 parents are extremely or somewhat worried that their child will struggle with anxiety or depression,<sup>39</sup> an understandable concern given the current youth mental health crisis. Parents and caregivers of children with intellectual and developmental disabilities often face greater stressors related to caregiving (e.g., learning specialized skills, navigating complex systems of services to support their children, and financial pressures).<sup>40</sup> They also experience elevated depression and anxiety symptoms compared to parents and caregivers of children without intellectual and developmental disabilities.<sup>41</sup> In the U.S., nearly one in five children (ages 0-17 years) have a special health care need, a term that includes those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and need health services beyond that required by children generally.<sup>42</sup> Allergies, ADD/ADHD, behavior/conduct conditions, asthma, anxiety, learning disability, and developmental

delay were the most commonly reported health conditions among children with special health care needs.<sup>42</sup> When surveyed, more than twice as many parents and caregivers of children with special health care needs reported "fair or poor mental health" compared to parents and caregivers of children without special health care needs (14% vs. 6%, respectively).<sup>43</sup>

## Children's Safety



Parents express concerns about children's safety including worries about their children being bullied, kidnapped or abducted, getting beaten up or attacked, or having problems with drugs or alcohol.<sup>39, 44</sup> Firearm-related injury has become the leading cause of death among U.S. children and adolescents ages 1-19 years old.<sup>45</sup> School safety concerns among parents are high and typically rise after a prominent mass shooting occurs.<sup>46</sup> School shootings, or the possibility of one, are a significant source of stress for nearly three-quarters of parents (74%).<sup>47</sup>

*For additional information on the devastating and far-reaching consequences of firearm violence, please see the [Surgeon General's Advisory on Firearm Violence: A Public Health Crisis in America](#).*

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## Parental Isolation and Loneliness



Social isolation and lack of social support can lead to heightened stress.<sup>48</sup> In a 2021 survey, approximately 65% of parents and guardians, and 77% of single parents in particular, experienced loneliness, compared to 55% of non-parents.<sup>49</sup> Furthermore, 42% of parents who experienced loneliness always felt left out compared to 24% of non-parents who experienced loneliness.<sup>49</sup>

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## Technology and Social Media



Nearly 70% of parents say parenting is now more difficult than it was 20 years ago, with children's use of technology and social media as the top two cited reasons.<sup>50</sup> A majority of parents of adolescents

say they are somewhat, very, or extremely worried that their child's use of social media could lead to problems with anxiety or depression (53%), lower self-esteem (54%), being harassed or bullied by others (54%), feeling pressured to act a certain way (59%), and exposure to explicit content (71%).<sup>51</sup>

*For additional information on the impacts of social media on the mental health of children and adolescents, please see the [Surgeon General's Advisory on Social Media and Youth Mental Health](#).*

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## Cultural Pressures and Children's Future



Societal expectations, norms, and pressures to meet perceived parenting standards can contribute to stress as well.<sup>52, 53, 54</sup> As technological and economic forces have reshaped the world at a rapid pace, parents may find it more difficult to prepare children for a future that is harder to anticipate. Further, a modern practice of time-intensive parenting and contemporary expectations around childhood achievement may contribute further to the stressors faced by parents.<sup>54</sup>

**BOX 1**

**Summary: Examples of Parental Stressors That Can Impact Mental Health and Well-Being**

The common demands of parenting, including sleep deprivation, time scarcity, and managing child behaviors that occur at certain stages in a child's life, can contribute to stress for parents and caregivers.

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**Financial Strain, Economic Instability, and Poverty** can make it difficult for many families to meet their children's basic needs, pay for child care costs, and provide for children's health and education expenses. Financial worries continue to be a top stressor among parents.<sup>16, 27, 28</sup>

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**Time Demands:** The increase in time spent both on work commitments and with family responsibilities can contribute to work-family conflict, burnout, and stress.<sup>30, 33, 55, 56</sup>

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**Children's Health**, including mental health challenges, intellectual and developmental disabilities, and acute or chronic illnesses, can add to parental stress levels.<sup>40, 43, 57</sup>

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**Children's Safety:** Parents report concerns about their child being bullied, abducted, or attacked.<sup>39</sup> Firearm-related injury has become the leading cause of death among U.S. children and adolescents ages 1-19<sup>45</sup> and parents report that the possibility of a school shooting causes them significant stress.<sup>47</sup>

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**Parental Isolation and Loneliness:** Parents struggle with loneliness at higher rates than non-parents, which can exacerbate parental stress.<sup>48, 49</sup>

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**Technology and Social Media:** The rapid adoption and evolution of technology and social media have been difficult and stressful for parents to manage, including by posing new risks to children's health and safety.<sup>50, 51, 58</sup>

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**Cultural Pressures and Children's Future:** Cultural expectations, societal norms, and pressure to meet perceived parenting standards can contribute to parental stress.<sup>52, 53, 54</sup>

# 2

## The Relationship Between Parental Stress & Mental Health

Chronic or excessive stress, coupled with other complex environmental and biological factors, can increase the risk of mental health conditions for individuals.

Environmental factors can include exposure to alcohol or drugs, discrimination and racism, and adverse childhood experiences (ACEs) such as abuse, neglect, and trauma including the loss of a loved one.<sup>d, 59, 60, 61, 62</sup> Biological factors can include neurochemical factors influenced by genetics, epigenetics, and hormonal fluctuations associated with pregnancy and the perinatal period.<sup>62, 63, 64, 65, 66, 67, 68</sup> Individual-level variation in one's ability to cope with stress also plays a role in the predisposition to mental health conditions.<sup>69</sup> Recent data from 2021-2022 indicate that among parents, 23.9% (or 20.3 million) had any mental illness and 5.7% (or 4.8 million) of parents had a serious mental illness.<sup>70</sup> Additionally, certain parents and caregivers experience a disproportionate level of mental health conditions (**Box 2**). Further, the mental health conditions experienced by parents can manifest differently based on the gender of the parent and the family structure, among other factors, as described below. Understanding how different populations are affected is vital for tailoring effective interventions and support.

<sup>d</sup> Trauma is defined as exposure to an event or a circumstance that is physically or emotionally harmful or life-threatening, with lasting adverse effects on the individual's mental, physical, social, emotional, and/or spiritual well-being. (SAMHSA, 2024) **Source:** Substance Abuse and Mental Health Services Administration (SAMHSA). (2024, May 29). *Trauma and violence*. <https://www.samhsa.gov/trauma-violence>



**BOX 2****Disproportionate Mental Health Conditions Among Certain Parents and Caregivers**

Mental health conditions disproportionately affect certain groups of parents,<sup>29, 71, 72, 73, 74, 75, 76, 77</sup> reflecting broader social determinants of health. Circumstances like family or community violence, poverty, and racism and discrimination, among other circumstances, can increase the risk for mental health conditions.<sup>2, 78, 79, 80, 81</sup> Particular consideration should be given to parents and caregivers who live in low-income households, experience job instability or unemployment, are racial and ethnic minorities, are sexual and gender minorities, are immigrants, are parents and caregivers of undocumented children, are exposed to violence (e.g., intimate partner violence), are incarcerated, experience food insecurity, are divorced, are in the military or deployed, have disabilities or experience chronic medical problems or trauma, and who have intersectional identities, among others. For example, one study found that a father's recent incarceration increased the mother's risk of experiencing major depressive symptoms and life dissatisfaction even after economic well-being and family functioning were controlled for.<sup>82</sup>

**Maternal Mental Health**

Women generally have a higher prevalence of mental health conditions than men.<sup>83</sup> For women, the perinatal period is particularly important. Postpartum depressive symptoms affect approximately 1-in-8 mothers, with a disproportionate impact on women of color,<sup>84, 85</sup> and can occur anytime in the first year after giving birth.<sup>86</sup> In fact, the leading cause of pregnancy-related deaths is mental health conditions (22.7%), including from suicides and overdose/poisoning related to substance use disorders.<sup>87</sup> Past history of a mental health condition, the experience of racism and discrimination, poor social support, and extreme or traumatic stress, among other factors, can contribute to vulnerability during this period.<sup>88, 89, 90</sup> Another critical period for maternal mental health is a child's early years. Nurturing relationships and secure attachments during this period are pivotal to fostering positive outcomes for both mother and child.<sup>91, 92, 93, 94, 95, 96</sup>

**Paternal Mental Health**

In comparison to mothers, mental health conditions among fathers have been understudied. The most extensive research has focused on perinatal depression, which may occur in approximately 8-14% of men between the first trimester of a partner's pregnancy and the end of the first year postpartum.<sup>97, 98, 99</sup> Further, paternal perinatal anxiety may occur in approximately 2-18% of men.<sup>100, 101</sup> Additionally, a 23-year longitudinal study found that fathers living in the home had increasing depressive symptoms during their children's first five years of life.<sup>102</sup>

## The Role of Family Structure

Recognizing and understanding family structures,<sup>103</sup> including single-parent families, blended families, kinship families,<sup>e</sup> foster parent families, cohabiting partner families, same-sex and non-binary parent families, and multi-generational households, among others, is important as each involves unique dynamics that can present both opportunities and challenges for parents' and caregivers' mental health and well-being.

For example, LGBTQ-parent families may face challenges such as discrimination and societal stigma that could exacerbate their stress and mental health challenges. Single parents may face heightened stressors due to sole caregiving responsibilities, financial strain, and lack of support, which could negatively impact parents' mental health and well-being. Conversely, multigenerational households that provide shared caregiving responsibilities and helpful social support networks could benefit parents' mental health by reducing stress and providing emotional support.

In situations of acute family disruption, such as, but not limited to, experiencing divorce, separation, cohabitation dissolution (e.g., due to intimate partner violence), parental incarceration, involvement with child welfare services, or separation due to immigration policies, the stressors and challenges experienced by parents, caregivers, and families can be exacerbated. For example, research suggests that recent divorcees have significantly higher perceived stress levels than both the general population and those who have been divorced or separated for a longer period of time.<sup>104</sup>

Lastly, many other caregivers assume primary caregiving responsibility when parents cannot, thus acting as a critical safety net for children. In recent years, there has been a notable increase in such individuals taking on caregiving responsibilities for children, with approximately 2.4 million children being raised by grandparents, other relatives, or family friends, without their biological parent(s) in the household.<sup>5, 105</sup> Despite the crucial role of these caregivers, they can experience difficulties in navigating service systems and dissatisfaction with the amount or type of services available to them.<sup>6, 105, 106</sup>



Recognizing and understanding family structures,<sup>103</sup> [...] is important as each involves unique dynamics that can present both opportunities and challenges for parents' and caregivers' mental health and well-being.

<sup>e</sup> A kinship family forms when a relative or close family friend becomes a child's primary caregiver. (NIA, 2023) **Source:** National Institutes of Health, National Institute on Aging (NIA). (2023, July 6). Grandfamilies and Kinship Families: Caring for Young Relatives. <https://www.nia.nih.gov/health/caregiving/grandfamilies-and-kinship-families-caring-young-relatives>

# 3

## The Impact of Parental Mental Health

Parental mental health conditions can have far-reaching and profound implications for children, families as a whole, and for society, including increased health care costs and reduced economic productivity.<sup>107, 108</sup>

Parental mental health can influence the emotional climate, responsiveness, and consistency of caregiving at home, all of which are crucial for a child's emotional and cognitive development. Living with a household member, such as a parent or caregiver, with a mental health condition or substance misuse are among the originally studied adverse childhood experiences (ACEs).<sup>109</sup> ACEs are linked to worse mental, physical, and behavioral health outcomes across the lifespan of a child.<sup>110, 111, 112</sup> Importantly, how a parent's or caregiver's mental health affects their behavior and functioning (e.g., does it change the amount or frequency of caregiving provided) is a critical factor in determining how it impacts a child.<sup>113, 114</sup> On the other hand, an adult's mental health challenges may not have a negative impact on a child if they do not disrupt the child's sense of safety, stability, support, and bonding with parents or caregivers.

Children of parents with mental health conditions may face heightened risks, including for symptoms of depression and anxiety and for earlier onset, recurrence, and prolonged functional impairment from mental health conditions.<sup>114, 115, 116, 117</sup> One study found that children of a primary caregiver who reported poor mental health were four times more likely to have poor general health (5.1% vs 1.3%) and two times more likely to have mental, behavioral, or developmental disorders (41.8% vs 21.0%).<sup>118</sup> Additionally, these children are prone to cognitive, academic, and interpersonal struggles.<sup>114, 119, 120</sup>

Both maternal and paternal mental health conditions are shown to impact the well-being of children. Maternal mental health conditions have been found to significantly impact a child's well-being and environment and can serve as a critical determinant of child outcomes.<sup>121, 122</sup> For example, research indicates that maternal distress—defined broadly to include perceived stress, life events, depression, and anxiety—during the prenatal period is associated with a child's future increased risk for mental health conditions.<sup>122</sup> Paternal mental health conditions are less well studied, but research indicates they can also significantly influence child health and development, with perinatal depression in fathers linked to increased internalizing (e.g., sadness, anxiety, and depression) and externalizing symptoms (e.g., aggression, irritability, and destructive behaviors) among children.<sup>123, 124</sup> Having both parents affected by mental health conditions can be particularly distressing for children, but having at least one non-affected parent can mitigate the effects.<sup>121, 125, 126</sup>

The mental health conditions of parents can pose greater risks for children when combined with additional risk factors like poverty, exposure to violence, and marital conflict, but they can be mitigated by protective factors like social support networks and positive parenting behaviors as well.<sup>114</sup> Thus, addressing parental mental health conditions, and importantly the underlying stressors and causes, is critical for the well-being of children and society.



Both maternal and paternal mental health conditions are shown to impact the well-being of children.

# 4

## We Can Take Action

The well-being of parents and caregivers is a critical and underappreciated public health priority.

Parenting is, by its nature, stressful. By taking steps to mitigate stress at every stage, we can decrease exposure to chronic or severe parental stress, empower parents to meet both the needs of their children and their own, and reduce the likelihood of mental health conditions. Doing so will not be simple. It will require effective policy, strengthened programs, and meaningful culture change. But it is essential to creating a society that better supports parents and caregivers, as well as their children and families.

### **Cultivating A Culture for Parents and Caregivers to Thrive**

There are important cultural shifts needed in order to make parenting sustainable and to enable parents and caregivers to thrive. First, it's time to value and respect time spent parenting on par with time spent working at a paying job, recognizing the critical importance to society of raising children. Many parents and caregivers feel undervalued for prioritizing parenting over employment—whether that means choosing to be a full-time parent or managing the many work tradeoffs involved in being an employed parent. We must recognize the importance of parenting and reflect it in how we prioritize resources, design policy, shape work environments, and approach our conversations with parents.

# Simply put, caregivers need care, too.

Second, while parents and caregivers may have the primary responsibility for raising children, they shouldn't have to do it entirely on their own. Raising healthy, educated, and fulfilled children is at the heart of building a strong future. It benefits all of society. And it is a collective responsibility. Societal support through policies—such as those that invest in the health, education, and safety of children—and community involvement through friendship, practical assistance, and emotional support are vital to the well-being of parents and caregivers and beneficial for children as well.

Third, we need to talk openly about the stress and struggles that come with parenting. The truth is, many parents and caregivers have a tough time with the evolving demands of parenting—from financial strain and family issues to adjusting to life with rapidly changing technology, and managing mental health challenges for themselves and their children. Many parents also struggle with a modern practice of time-intensive parenting and contemporary expectations around childhood achievement that tells them if they are not doing more and more for their children in the escalating race for success, they will fail as parents. Open dialogue about these challenges can combat feelings of shame and guilt and cultivate mutual support. It can also help build the momentum needed to ultimately shift practices and collective expectations to be more consistent with health and well-being.

Fourth, we must foster a culture of connection among parents to combat loneliness and isolation.

Parenting is made all the more difficult when we feel lonely—as more than half of parents do.<sup>49</sup> Creating opportunities for parents and caregivers to come together, share experiences and ideas, and support each other can strengthen parental well-being. Simply put, caregivers need care, too. Through our individual actions and with the support of community groups, schools, faith organizations, employers, health and social service systems, and policymakers, we can create opportunities for parents to come together and build communities of mutual care and connection.

By pursuing these shifts, we can foster a culture that values, supports, and empowers parents and caregivers. We can also address key stressors that drive parental well-being and mental health. Next, this Advisory lays out actionable recommendations and an all-of-society approach that will move us toward the policy, programmatic, and cultural shifts needed to support the well-being of parents and caregivers.

## What National, Territorial, State, Local, and Tribal Governments Can Do<sup>f</sup>

**Promote and expand funding for programs that support parents and caregivers and their families.** For example, policymakers should bolster support for child care financial assistance programs such as child care subsidies<sup>g</sup> and child income tax credits; universal preschool; early childhood education programs such as [Early Head Start](#) and [Head Start](#); programs that help nurture healthy family dynamics such as early childhood home visiting programs funded by the [Maternal, Infant, and Early Childhood Home Visiting \(MIECHV\) Program](#); and services and support for family caregivers like [Healthy Start Programs](#) and the [Lifespan Respite Care Program](#).

**Establish a national paid family and medical leave program and ensure all workers have paid sick time.** Paid family and medical leave would allow for employees to attend to long-term family or medical needs, for example to care for oneself, a new child, or an ill family member. Paid sick time would allow for employees to take time for short-term health needs or preventive care for oneself or family members.

**Invest in social infrastructure at the local level to bring parents and caregivers together.** For example, create more spaces such as community parks and green spaces where parents, caregivers, and families can interact and engage. Invest in programs, policies, and places that cultivate social connection within communities.<sup>48</sup>

**Address the economic and social barriers that contribute to the disproportionate impact of mental health conditions for certain parents and caregivers.** Priorities should encompass poverty reduction, prevention of adverse childhood experiences, access to affordable neighborhood safety, and improving access to healthy food

and affordable housing. Policymakers should also prioritize programs that support eligible households in gaining access to crucial services and supports, including Temporary Assistance for Needy Families (TANF), Children's Health Insurance Program (CHIP), Medicaid, Supplementary Nutrition Assistance Program (SNAP), Women, Infants, and Children (WIC) benefits, child care support, and home visits, among others.

**Ensure parents and caregivers have access to comprehensive and affordable high-quality mental health care.** This includes strengthening public and private insurance coverage of mental health care, continuing and expanding enrollment promotion efforts, ensuring adequate payment for mental health services, enforcing parity laws, investing in innovative payment models that integrate mental health care and primary care, supporting telehealth options for delivery of care, and expanding the mental health workforce and community-based mental health care options (e.g. Certified Community Behavioral Health Clinics). Encourage flexible payment options that help parents and caregivers overcome financial barriers to mental health care.

**Promote visitation initiatives and reentry programming to support currently and formerly incarcerated parents and caregivers, as well as their families.** To help with reintegration into communities and families, reentry programming should focus on advancing cognitive and behavioral skills, addressing substance use disorders, protecting mental and physical health, and supporting formerly incarcerated individuals with housing, employment, and strengthening family bonds.<sup>127, 128</sup>

<sup>f</sup> For actions taken by the Biden-Harris Administration to support family caregivers, see the [2023 Executive Order on Increasing Access to High-Quality Care and Supporting Caregivers](#) and the [2024 Fact Sheet: Biden-Harris Administration Highlights Substantial Progress on the President's Care Agenda During Month of Action on Care](#)

<sup>g</sup> For example, the Child Care and Development Fund provides financial assistance to low-income families to access child care. (ACF, 2016) **Source:** Administration for Children and Families (ACF). (2016, December 14). *What is the Child Care and Development Fund (CCDF)?*. <https://www.acf.hhs.gov/archive/occ/faq/what-child-care-and-development-fund-ccdf>



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## What Employers Can Do

**Expand policies and programs that support the well-being of parents and caregivers in the workplace.** These can include offering paid parental, medical, and sick leave, flexible and fair work schedules, and access to child care (in the community or on-site).<sup>129, 130</sup>

**Implement training for managers on stress management and work-life harmony.** Employers should include training, support, and resources for managers on how to recognize signs of stress and mental health challenges among parents and caregivers and how to support work-life harmony. Managers and leaders can also exemplify a family-friendly culture by actively including parents in leadership roles, which can put them in a position to support the overall well-being of other parents in the workplace and illustrate that career advancement and parenting roles can coexist.

**Provide access to comprehensive and affordable high-quality mental health care.** Research shows that mental health conditions among adults not only impact their productivity in the workplace but can also increase perceived barriers to accessing health care.<sup>131, 132</sup> Employers should offer health insurance plans that include access to comprehensive and affordable mental health services and a robust network of high-quality mental health care providers. In addition, offering confidential counseling services through Employee Wellness Programs (EWPs) and/or Employee Assistance Programs (EAPs) can help expand access to mental health services and social support.<sup>133</sup>

*For additional information on how to strengthen mental health and well-being in the workplace, please see the [Surgeon General's Framework for Workplace Mental Health and Well-Being](#).*



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## What Communities, Community Organizations, and Schools Can Do

**Foster open dialogue about parental stress, mental health, and well-being in culturally appropriate ways.** Community members and organizations can play a key role in reducing stigma and enabling conversations about mental health in culturally and linguistically relevant ways.<sup>134, 135</sup> For example, community groups can partner with trusted messengers such as faith leaders, educators, and health care professionals to lead discussions about parental stress and mental health needs among groups or individuals with whom they have influence. Open dialogue can help reduce negative stereotypes and stigma surrounding mental health challenges and can also help parents address their mental health.

**Equip parents and caregivers with resources to address parental stressors and connect to crucial support services.** This should include conversation starters for parents to use with health care professionals, friends, significant others, and children; tools for parents to advocate for programs and resources to address critical stressors in the workplace, school, and community; guidance on how to manage stressors and mental health challenges; and information on how to seek professional help.

**Create opportunities to cultivate supportive social connections among parents and caregivers.** Social connection can decrease the negative effects of stress.<sup>48, 136, 137</sup> Opportunities for fostering social connection include reimagining public spaces, including public libraries, faith-based organizations, schools, laundromats, barbershops and other places, as social infrastructure for parents and caregivers.<sup>48</sup> Programs should be tailored to accommodate the schedules and needs of parents and caregivers, ensuring they can actively participate and engage with one another,

within and across generations (i.e., among parents with children in similar or different life stages).

**Elevate the voices of parents and caregivers to shape community programs and investments.** Utilize parent advisory groups and other models to involve parents and caregivers in all phases of programming, from ideation to implementation. Proactively include parents and caregivers disproportionately impacted by mental health conditions, such as racial and ethnic minorities, sexual and gender minorities, lower income parents, and those struggling with loneliness and isolation.

**Strengthen and establish school-based support programs.** Most parents and caregivers are connected to local education institutions via their children or via their own education. Early childhood education programs, primary and secondary schools, and institutions of higher education can use existing gathering spaces to increase social connection and support opportunities among parents and caregivers. For example, local Early Head Start and Head Start programs offer group-based, evidence-informed classes for parents and caregivers of young children, such as those available from the [National Center on Parent, Family, and Community Engagement](#). Schools and child care providers can also consider partnering with community groups and health organizations to connect parents to existing resources that help address underlying economic, social, and health challenges that may drive parental stress.<sup>138, 139, 140, 141</sup> Institutions of higher education can support student-parents by training campus mental health professionals on how to address the stressors unique to this group, creating spaces and activities for the children of student-parents at schoolwide events, and offering on-campus child care.<sup>142</sup>

## What Health and Social Service Systems and Professionals Can Do

**Prioritize preventive care.** Health and social service systems and professionals can provide prevention education about stress management, mental health, and implement trauma-informed care (TIC) principles and other prevention strategies to improve care for parents and caregivers.<sup>143, 144</sup> For example, health professionals can utilize existing touch points with parents and caregivers (e.g., wellness visits, pediatric visits) to check in about their well-being, including stress, sleep, and mental health, and equip parents with information around what to expect across various stages of parenting and childhood development.

**Screen parents and caregivers for mental health conditions.** Universal screenings can be done in primary care settings, at prenatal and postpartum visits, and in urgent care settings and emergency departments. For example, primary care providers can conduct screenings (e.g., using the Patient Health Questionnaire (PHQ-9) and the Generalized Anxiety Disorder Scale-7 (GAD-7)) during annual preventive visits. Pediatricians, in particular, have a unique opportunity to screen parents and caregivers. The American Academy of Pediatrics and Bright Futures recommend screening for maternal postpartum depression during each child well-visit (from 1-month through 6-months) and can include caregiver emotional and mental health screening from birth to age 21 as well.<sup>145</sup> Providers should also ensure that screening services are systematically linked to care.

**Foster partnerships with community organizations that provide support and resources for parents and caregivers.** Health and social service professionals can refer parents and caregivers to resources to help address economic and/or social needs. For example, they can prioritize developing, expanding, or linking

to comprehensive support systems for parents and caregivers experiencing intimate partner violence ensuring families have access to essential resources and culturally responsive services.<sup>146</sup> Additionally, health professionals can use social prescribing to combat loneliness and isolation by connecting individuals to community supports like group volunteer activities, hobby groups, or local social clubs.<sup>147, 148</sup>

### **Recognize parents and caregivers who are at a higher risk for mental health conditions.**

This includes parents and caregivers who have been marginalized due to their race, ethnicity, immigration status, socioeconomic status, health status, disability status, sexual orientation and gender identity, and other factors. In addition, the health care system should provide additional support for parents and caregivers who have children with special health care needs<sup>149</sup> or complex medical needs themselves.

### **Support interdisciplinary partnerships between primary care and mental health professionals.**

Primary care clinics and systems can offer opportunities to implement collaborative care models by working in partnership with mental health providers, peer support specialists, and social workers.<sup>150</sup> These partnerships can also involve implementing family therapy and family system approaches. In addition, acute care settings (including emergency departments and urgent care centers) have opportunities to further advance behavioral health integration and linkage to care.<sup>151</sup>

## What Researchers Can Do

Conduct studies to better understand, prevent, and improve mental health conditions in parents and caregivers, including prevalence, trends, risk and protective factors, the role of parental stressors, the impact on child and family outcomes, and effective prevention and intervention strategies. This requires rigorous methodologies, samples of diverse populations, and a systemic approach.<sup>152, 153</sup> Researchers should also prioritize the involvement of parents, caregivers, and families with different lived experiences in all stages of research. Additionally, this research should include:

- **Qualitative analyses, mixed methods research, and community-based participatory research to understand the experiences of parents and caregivers and their mental health challenges.** Qualitative research methods (e.g., interviews, focus groups, observations, and content analysis) can be used to explore and understand the impact of nuanced behaviors like parenting on mental health.
- **Development and evaluation of effective prevention strategies, assessment tools, and interventions that improve mental health outcomes of parents and caregivers.** Researchers should seek opportunities to actively partner with clinicians, parents and caregivers, and communities to build a shared research agenda and to help inform prevention strategies, assessment tools, and interventions within real-world settings. Research findings are most useful when they are generalizable and can be implemented in everyday environments. Those who design, implement, and evaluate strategies to prevent or improve the mental health of parents and caregivers should also ensure that their work is widely available and replicable.

- **Development and evaluation of service delivery strategies for improving access to appropriate mental health interventions and services for parents and caregivers.** This includes research aimed at addressing financial, transportation, geographic, technological, and other barriers to seeking and accessing care as well as strategies that can be used to address system-level barriers.

**Develop and establish parent-specific standardized measures of mental health and well-being** that are regularly evaluated and can be used across basic research, clinical assessment, population surveillance, intervention evaluation, and other contexts.

**Improve mental health data collection and integration** to better understand parental behavioral health needs, trends, services, and interventions. The integration of behavioral health data across health care systems can allow for the exchange of data across the care continuum to better identify effective strategies and understand gaps in service adoption, implementation, and improvement.

**Prioritize research among diverse parent and caregiver populations and family structures,** such as racial, ethnic, sexual and gender minority parents and caregivers, those across different socioeconomic status groups, and those with disabilities or caring for children with disabilities. Researchers and research sponsors should ensure that these and other traditionally underrepresented populations are involved in basic, translational, effectiveness, and services research studies. This will help improve understanding of mental health access needs, disparities in risk, and responsiveness to interventions across diverse populations.

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## What Family and Friends Can Do

**Offer practical support.** Increasing support can help reduce the impact of stress. Opportunities include lending assistance with household chores, child care responsibilities, or running errands. Look for ways to support parents and caregivers so they can take breaks, attend needed appointments, and engage in self-care activities. Family, friends, and members of the community can be essential peer supporters and can also help parents and caregivers navigate the health care system and/or the universe of resources, including parenting classes, support groups, recreational activities, and other community events, that can support their well-being.<sup>154</sup>

**Connect with parents and caregivers in your life on a regular basis.** For example, find opportunities to include parents and caregivers in your routine by scheduling a weekly walk or making a plan for a regular call to check-in. Recognize that each parent or caregiver may experience parenthood differently and face their own set of challenges especially during times of transition (e.g., a newborn child, divorce/separation, death of a significant other or a loved one, new job, etc.). Listen with empathy and without judgment and be a steady, supportive presence.

**Learn about mental health challenges parents and caregivers may face.** Recognize mental health challenges and possible warning signs of distress in parents and caregivers, which may include anxiousness, fatigue, anger, loneliness and isolation, reduced productivity at work, and changes in sleeping and eating patterns. If you notice potential signs of distress in a parent or caregiver, offer your support and/or assist them in seeking help from a health care professional.

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## What Parents and Caregivers Can Do

**Remember, caring for yourself is a key part of how you care for your family.** Some activities that can help reduce stress include exercise, sleep, a balanced diet, mindfulness, meditation, and recreational activities that bring joy.<sup>155</sup> It can be difficult to prioritize yourself amid the demands of parenting, but even small investments of time in stress-reducing activities can make a meaningful difference. Setting healthy boundaries that allow one to take such time should not bring guilt or shame but rather be seen as vital actions that can ultimately benefit parents and caregivers as well as their children. Finally, it is impossible to get parenting right all the time, so being compassionate and forgiving with oneself is essential.

**Nurture connections with other parents and caregivers.** Parenting is best done with the support of other parents, family members, and friends. Seek out or create relationships with parents of children across age groups. Such community can provide opportunities to share your feelings, concerns, and challenges while also learning from the experiences of other parents. Fostering a supportive environment can help reduce the stresses of parenthood. Mental Health America offers opportunities to [connect with fellow parents and caregivers](#) in your local community or virtually.

**Explore opportunities to secure comprehensive insurance coverage for yourself and your family.** Health insurance has a positive impact on overall health and mental health-related outcomes. Having reliable coverage for physical and mental health needs can reduce stress and provide security when health needs arise. To learn more about enrolling in Medicaid, CHIP, or a Marketplace plan, go to [HealthCare.gov](#).

**Empower yourself with information about mental health care.** Educate yourself with credible resources about mental health.<sup>156, 157</sup> For information on accessing health care or support, including treatment options, how to pay for treatment, ways to cope, and how to assist others with finding treatment, visit [FindSupport.gov](#).

**Recognize how mental health challenges manifest and seek help when needed.**<sup>156</sup> Mental health is just as important as physical health. If you feel bad and are not getting better, you need and deserve additional care. Don't be afraid to ask for support from a peer, family member, mental health provider, or any medical professional.

- If you are pregnant, a new mom, or a loved one of an expecting or new mom facing a mental health challenge, call or text the free [Maternal Mental Health Hotline](#) at 1-833-TLC-MAMA (852-6262) for 24/7 confidential support in English or Spanish. If you're experiencing a mental health crisis, call or text the free, multilingual, and confidential [988 Suicide & Crisis Lifeline](#).

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Health Resources and Services Administration (HRSA)

National Institutes of Health (NIH)

Office of the Assistant Secretary for Health (OASH)

Office on Women's Health (OWH)

Substance Abuse and Mental Health Services Administration  
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## References

1. World Health Organization. (2023, February 21). *Stress*. World Health Organization. <https://www.who.int/news-room/questions-and-answers/item/stress>
2. Centers for Disease Control and Prevention. (2024, April 16). *About Mental Health*. U.S. Department of Health & Human Services. <https://www.cdc.gov/mentalhealth/learn/index.htm>
3. Substance Abuse and Mental Health Services Administration. (2023, April 24). *What is Mental Health?* U.S. Department of Health & Human Services. <https://www.samhsa.gov/mental-health>
4. U.S. Census Bureau. (2023, November 14). *Parents' Living Arrangements*. <https://www.census.gov/library/visualizations/interactive/parents-living-arrangements.html>
5. The Annie E. Casey Foundation. (2023, September). *Children in Kinship Care in United States*. <https://datacenter.aecf.org/data/tables/10455-children-in-kinship-care?loc=1&loct=1#detailed/1/any/false/2554,2479,2097,1985,1757/any/20160,20161>
6. The Recognize, Assist, Include, Support, and Engage (RAISE) Act, Family Caregiving Advisory Council & The Advisory Council to Support Grandparents Raising Grandchildren. (2022, September 21). *2022 National Strategy to Support Family Caregivers*. Administration for Community Living. [https://acl.gov/sites/default/files/RAISE\\_SGRG/NatlStrategyToSupportFamilyCaregivers-2.pdf](https://acl.gov/sites/default/files/RAISE_SGRG/NatlStrategyToSupportFamilyCaregivers-2.pdf)
7. Nelson, S. K., Kushlev, K., & Lyubomirsky, S. (2014). The pains and pleasures of parenting: when, why, and how is parenthood associated with more or less well-being?. *Psychological bulletin*, 140(3), 846–895. <https://doi.org/10.1037/a0035444>
8. American Psychological Association. (2022, October 31). *How stress affects your health*. <https://www.apa.org/topics/stress/health>
9. Ramanathan, R., & Desrouleaux, R. (2022). Introduction: The Science of Stress. *The Yale Journal of Biology and Medicine*, 95(1), 1–2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8961711/>
10. Lu, S., Wei, F., & Li, G. (2021). The evolution of the concept of stress and the framework of the stress system. *Cell stress*, 5(6), 76–85. <https://doi.org/10.15698/cst2021.06.250>
11. Pardini D. A. (2008). Novel insights into longstanding theories of bidirectional parent-child influences: introduction to the special section. *Journal of abnormal child psychology*, 36(5), 627–631. <https://doi.org/10.1007/s10802-008-9231-y>
12. Brooker, R. J., Neiderhiser, J. M., Leve, L. D., Shaw, D. S., Scaramella, L. V., & Reiss, D. (2015). Associations Between Infant Negative Affect and Parent Anxiety Symptoms are Bidirectional: Evidence from Mothers and Fathers. *Frontiers in psychology*, 6, 1875. <https://doi.org/10.3389/fpsyg.2015.01875>
13. Pérez-Edgar, K., LoBue, V., & Buss, K. A. (2021). From parents to children and back again: Bidirectional processes in the transmission and development of depression and anxiety. *Depression and anxiety*, 38(12), 1198–1200. <https://doi.org/10.1002/da.23227>
14. Thompson, A. J., & Henrich, C. C. (2022). Cross-lagged effects between parent depression and child internalizing problems. *Journal of family psychology : JFP : journal of the Division of Family Psychology of the American Psychological Association (Division 43)*, 36(8), 1428–1438. <https://doi.org/10.1037/fam0001012>
15. American Psychological Association. (2024, July 12). *Parental burnout and stress*. <https://www.apa.org/topics/stress/parental-burnout>
16. American Psychological Association (2023, November). *Infographic: Stress of parents compared to other adults*. <https://www.apa.org/news/press/releases/stress/2023/infographics/infographic-parents-other-adults>
17. Lebrun-Harris, L. A., Ghandour, R. M., Kogan, M. D., & Warren, M. D. (2022). Five-Year Trends in US Children's Health and Well-being, 2016–2020. *JAMA pediatrics*, 176(7), e220056. <https://doi.org/10.1001/jamapediatrics.2022.0056>
18. Czeisler, M. É., Rohan, E. A., Melillo, S., Matjasko, J. L., DePadilla, L., Patel, C. G., Weaver, M. D., Drane, A., Winnay, S. S., Capodilupo, E. R., Robbins, R., Wiley, J. F., Facer-Childs, E. R., Barger, L. K., Czeisler, C. A., Howard, M. E., & Rajaratnam, S. M. W. (2021). Mental Health Among Parents of Children Aged <18 Years and Unpaid Caregivers of Adults During the COVID-19 Pandemic – United States, December 2020 and February–March 2021. *MMWR. Morbidity and mortality weekly report*, 70(24), 879–887. <https://doi.org/10.15585/mmwr.mm7024a3>
19. Nomaguchi, K., & Milkie, M. A. (2020). Parenthood and Well-Being: A Decade in Review. *Journal of marriage and the family*, 82(1), 198–223. <https://doi.org/10.1111/jomf.12646>
20. Hagen, E. W., Mirer, A. G., Palta, M., & Peppard, P. E. (2013). The sleep-time cost of parenting: sleep duration and sleepiness among employed parents in the Wisconsin Sleep Cohort Study. *American journal of epidemiology*, 177(5), 394–401. <https://doi.org/10.1093/aje/kws246>
21. Collins, W. A., & Madsen, S. D. (2019). Parenting during middle childhood. In M. H. Bornstein (Ed.), *Handbook of parenting: Children and parenting* (3rd ed., pp. 81–110). Routledge/Taylor & Francis Group. <https://doi.org/10.4324/9780429440847-3>
22. Branje, S. (2018). Development of parent–adolescent relationships: Conflict interactions as a mechanism of change. *Child Development Perspectives*, 12(3), 171–176. <https://doi.org/10.1111/cdep.12278>
23. World Health Organization (n.d.). *Adolescent Health*. [https://www.who.int/health-topics/adolescent-health#tab=tab\\_1](https://www.who.int/health-topics/adolescent-health#tab=tab_1)
24. Reich-Stiebert, N., Froehlich, L., & Voltmer, J. B. (2023). Gendered Mental Labor: A Systematic Literature Review on the Cognitive Dimension of Unpaid Work Within the Household and Childcare. *Sex roles*, 88(11-12), 475–494. <https://doi.org/10.1007/s11199-023-01362-0>
25. Kalil, A., & Ryan, R. (2020). Parenting practices and socioeconomic gaps in childhood outcomes. *The Future of Children*, 30(1), 29–54.
26. The White House. (2023, April 18). *Executive Order on Increasing Access to High-Quality Care and Supporting Caregivers*. <https://www.whitehouse.gov/briefing-room/presidential-actions/2023/04/18/executive-order-on-increasing-access-to-high-quality-care-and-supporting-caregivers/>
27. Braga, D. (2022, December 7). *One-in-four U.S. parents say they've struggled to afford food or housing in the past year*. Pew Research Center. <https://www.pewresearch.org/short-reads/2022/12/07/one-in-four-u-s-parents-say-theyve-struggled-to-afford-food-or-housing-in-the-past-year/>
28. Quint, J., Griffin, K. M., Kaufman, J., Landers, P., & Utterback, A. (2018). *Experiences of Parents and Children Living in Poverty: A Review of the Qualitative Literature*. OPRE Report 2018-30. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
29. Cain, K. S., Meyer, S. C., Cummer, E., Patel, K. K., Casacchia, N. J., Montez, K., Palakshappa, D., & Brown, C. L. (2022). Association of Food Insecurity with Mental Health Outcomes in Parents and Children. *Academic pediatrics*, 22(7), 1105–1114. <https://doi.org/10.1016/j.acap.2022.04.010>
30. U.S. Bureau of Labor Statistics (BLS). (n.d.). *One-Screen Data Search: American Time Use Survey*. U.S. Department of Labor. <https://data.bls.gov/PDQWeb/tu>
31. Bianchi, S. M. (2011). Family change and time allocation in American families. *Annals of the American Academy of Political and Social Science*, 638(1), 21–44. <https://doi.org/10.1177/0002716211413731>
32. Allard, M. D., Bianchi, S., Stewart, J., & Wight, V. R. (2007). Comparing childcare measures in the ATUS and earlier time-diary studies. *Monthly Labor Review*, 130(5), 27–36. <http://www.jstor.org/stable/23806949>
33. Foucreault, A., Ménard, J., Houffort, N., Trépanier, S. G., & Lavigne, G. L. (2023). How Work-Family Guilt, Involvement with Children and Spouse's Support Influence Parents' Life Satisfaction in a Context of Work-Family Conflict. *Journal of child and family studies*, 32(4), 1065–1077. <https://doi.org/10.1007/s10826-022-02443-6>

## REFERENCES

34. U.S. Bureau of Labor Statistics (BLS). (2024, June 27). *American Time Use Survey Technical Note*. U.S. Department of Labor. <https://www.bls.gov/news.release/atus.tn.htm>
35. U.S. Bureau of Labor Statistics (BLS). (n.d.). *Average hours per day parents spent caring for and helping household children as their main activity*. U.S. Department of Labor. <https://www.bls.gov/charts/american-time-use/activity-by-parent.htm>
36. Horowitz, J. M. (2022, April 8). *More than half of Americans in their 40s are "sandwiched" between an aging parent and their own children*. Pew Research Center. <https://www.pewresearch.org/short-reads/2022/04/08/more-than-half-of-americans-in-their-40s-are-sandwiched-between-an-aging-parent-and-their-own-children/>
37. Lei, L., Leggett, A. N., & Maust, D. T. (2023). A national profile of sandwich generation caregivers providing care to both older adults and children. *Journal of the American Geriatrics Society*, 71(3), 799–809. <https://doi.org/10.1111/jgs.18138>
38. Al Yahyaee, A., Al Omari, O., Abu Sharour, L., Cayaban, A. R., Shebani, Z., Al Hashmi, I., AlBashtawy, M., Alkhalaf, A., & Alhalaiqa, F. (2024). The Lived Experience of Parent Caregivers of Adolescents with Mental Illness: A Phenomenological Study. *International journal of community based nursing and midwifery*, 12(1), 2–12. <https://doi.org/10.30476/IJCBNM.2023.100667.2375>
39. Minkin, R., & Menasce Horowitz, J. (2023, January 24). *Parenting in America Today*. Pew Research Center. <https://www.pewresearch.org/social-trends/2023/01/24/parenting-in-america-today/>
40. Lindo, E. J., Kliemann, K. R., Combes, B. H., & Frank, J. (2016). Managing Stress Levels of Parents of Children with Developmental Disabilities: A Meta-Analytic Review of Interventions. *Family Relations*, 65(1), 207–224. <https://doi-org.hhsnih.idm.oclc.org/10.1111/fare.12185>
41. Scherer, N., Verhey, I., & Kuper, H. (2019). Depression and anxiety in parents of children with intellectual and developmental disabilities: A systematic review and meta-analysis. *PLoS one*, 14(7): e0219888. <https://doi.org/10.1371/journal.pone.0219888>
42. Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). (2020 July). *Children with Special Healthcare Needs NSCH Data Brief*. <https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/nsch-cshcn-data-brief.pdf>
43. Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query [Data set]. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). <https://nschdata.org/browse/survey/results?q=8440&g=879>
44. Pew Research Center. (2015, December 17). *Parenting in America: Parenting approaches and concerns*. <https://www.pewresearch.org/social-trends/2015/12/17/3-parenting-approaches-and-concerns/>
45. Office of the Surgeon General (OSG). (2024). *Firearm Violence: A Public Health Crisis in America: The U.S. Surgeon General's Advisory*. US Department of Health and Human Services. <https://www.hhs.gov/sites/default/files/firearm-violence-advisory.pdf>
46. Jones, J. (2023, August 31). *School, parent safety concerns remain high*. Gallup. <https://news.gallup.com/poll/510398/school-parent-safety-concerns-remain-high.aspx>
47. American Psychological Association. (2018). *Stress in America™: Generation Z*. <https://www.apa.org/news/press/releases/stress/2018/stress-gen-z.pdf>
48. Office of the Surgeon General (OSG). (2023). *Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community*. US Department of Health and Human Services. <https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>
49. Cigna Corporation. (n.d.). *The Loneliness Epidemic Persists: A Post Pandemic Look at the State of Loneliness among U.S. Adults*. <https://newsroom.thecignagroup.com/loneliness-epidemic-persists-post-pandemic-look>
50. Auxier, B., Anderson, M., Perrin, A., & Turner, E. (2020, July 28). *Parenting Children in the Age of Screens*. Pew Research Center: Internet, Science & Tech. <https://www.pewresearch.org/internet/2020/07/28/parenting-children-in-the-age-of-screens/>
51. Gelles-Watnick, R. (2022, December 15). *Explicit Content, Time-wasting Are Key Social Media Worries For Parents Of U.S. Teens*. Pew Research Center. <https://www.pewresearch.org/fact-tank/2022/12/15/explicit-content-time-wasting-are-key-social-media-worries-for-parents-of-u-s-teens/>
52. Nomaguchi, K., & Milkie, M. A. (2017). Sociological perspectives on parenting stress: How social structure and culture shape parental strain and the well-being of parents and children. In K. Deater-Deckard & R. Panneton (Eds.), *Parental stress and early child development: Adaptive and maladaptive outcomes* (pp. 47–73). Springer International Publishing. [https://doi.org/10.1007/978-3-319-55376-4\\_3](https://doi.org/10.1007/978-3-319-55376-4_3)
53. Ghaleiha, A., Barber, C., Tamatea, A. J., & Bird, A. (2022). Fathers' help seeking behavior and attitudes during their transition to parenthood. *Infant mental health journal*, 43(5), 756–768. <https://doi.org/10.1002/imhj.22008>
54. Ishizuka, P. (2019). Social Class, Gender, and Contemporary Parenting Standards in the United States: Evidence from a National Survey Experiment. *Social Forces*, 98(1), 31–58. <https://doi.org/10.1093/sf/soy107>
55. Grzywacz, J. G., & Bass, B. L. (2003). Work, Family, and Mental Health: Testing Different Models of Work-Family Fit. *Journal of Marriage and Family*, 65(1), 248–261. <http://www.jstor.org/stable/3600063>
56. Sayer, L. C., Bianchi, S. M., & Robinson, J. P. (2004). Are Parents Investing Less in Children? Trends in Mothers' and Fathers' Time with Children. *American Journal of Sociology*, 110(1), 1–43. <https://doi.org/10.1086/386270>
57. Kwon, S., O'Neill, M. E., & Foster, C. C. (2022). The Associations of Child's Clinical Conditions and Behavioral Problems with Parenting Stress among Families of Preschool-Aged Children: 2018-2019 National Survey of Child Health. *Children (Basel, Switzerland)*, 9(2), 241. <https://doi.org/10.3390/children9020241>
58. Office of the Surgeon General (OSG). (2023). *Social Media and Youth Mental Health: The U.S. Surgeon General's Advisory*. US Department of Health and Human Services. <https://www.hhs.gov/sites/default/files/sg-youth-mental-health-social-media-advisory.pdf>
59. Tsuang, M. T., Bar, J. L., Stone, W. S., & Faraone, S. V. (2004). Gene-environment interactions in mental disorders. *World psychiatry: official journal of the World Psychiatric Association (WPA)*, 3(2), 73–83.
60. Schmidt C. W. (2007). Environmental connections: a deeper look into mental illness. *Environmental health perspectives*, 115(8), A404–A410. <https://doi.org/10.1289/ehp.115-a404>
61. Merrick, M. T., Ports, K. A., Ford, D. C., Afifi, T. O., Gershoff, E. T., & Grogan-Kaylor, A. (2017). Unpacking the impact of adverse childhood experiences on adult mental health. *Child abuse & neglect*, 69, 10–19. <https://doi.org/10.1016/j.chiabu.2017.03.016>
62. Uher, R., & Zwickler, A. (2017). Etiology in psychiatry: embracing the reality of poly-gene-environmental causation of mental illness. *World psychiatry: official journal of the World Psychiatric Association (WPA)*, 16(2), 121–129. <https://doi.org/10.1002/wps.20436>
63. National Institutes of Health, NIH Curriculum Supplement Series [Internet]. (2007). Information about Mental Illness and the Brain. *Biological Sciences Curriculum Study*. <https://www.ncbi.nlm.nih.gov/books/NBK20369/>
64. Yim, I. S., Tanner Stapleton, L. R., Guardino, C. M., Hahn-Holbrook, J., & Dunkel Schetter, C. (2015). Biological and psychosocial predictors of postpartum depression: systematic review and call for integration. *Annual review of clinical psychology*, 11, 99–137. <https://doi.org/10.1146/annurev-clinpsy-101414-020426>
65. Nestler, E. J., Peña, C. J., Kundakovic, M., Mitchell, A., & Akbarian, S. (2016). Epigenetic Basis of Mental Illness. *The Neuroscientist: a review journal bringing neurobiology, neurology and psychiatry*, 22(5), 447–463. <https://doi.org/10.1177/1073858415608147>



## REFERENCES

66. McGowan, P. O., & Szyf, M. (2010). The epigenetics of social adversity in early life: implications for mental health outcomes. *Neurobiology of disease*, 39(1), 66–72. <https://doi.org/10.1016/j.nbd.2009.12.026>
67. Kundakovic, M., & Rocks, D. (2022). Sex hormone fluctuation and increased female risk for depression and anxiety disorders: From clinical evidence to molecular mechanisms. *Frontiers in neuroendocrinology*, 66, 101010. <https://doi.org/10.1016/j.yfrne.2022.101010>
68. Johnson, J. M., Nachtigall, L. B., & Stern, T. A. (2013). The effect of testosterone levels on mood in men: a review. *Psychosomatics*, 54(6), 509–514. <https://doi.org/10.1016/j.psych.2013.06.018>
69. Feder, A., Nestler, E. J., & Charney, D. S. (2009). Psychobiology and molecular genetics of resilience. *Nature reviews. Neuroscience*, 10(6), 446–457. <https://doi.org/10.1038/nrn2649>
70. Center for Behavioral Health Statistics and Quality. (2024). Results from the 2021-2022 National Survey on Drug Use and Health: [Special Data Analyses]. Substance Abuse and Mental Health Services Administration.
71. Zietz, S., Lansford, J. E., Liu, Q., Long, Q., Oburu, P., Pastorelli, C., Sorbring, E., Skinner, A. T., Steinberg, L., Tapanya, S., Tirado, L. M. U., Yotanyamaneewong, S., Alampay, L. P., Al-Hassan, S. M., Bacchini, D., Bornstein, M. H., Chang, L., Deater-Deckard, K., Di Giunta, L., Dodge, K. A., ... Gurdal, S. (2022). A Longitudinal Examination of the Family Stress Model of Economic Hardship in Seven Countries. *Children and youth services review*, 143, 106661. <https://doi.org/10.1016/j.childyouth.2022.106661>
72. D'Angelo, D. V., Bombard, J. M., Lee, R. D., Kortsmitt, K., Kapaya, M., & Fasula, A. (2022). Prevalence of experiencing physical, emotional, and sexual violence by a current intimate partner during pregnancy: Population-based estimates from the Pregnancy Risk Assessment Monitoring System. *Journal of Family Violence*, 38(1), 117–126. <https://doi.org/10.1007/s10896-022-00356-y>
73. Brown, S. J., Conway, L. J., FitzPatrick, K. M., Hegarty, K., Mensah, F. K., Papadopoulos, S., Woolhouse, H., Giallo, R., & Gartland, D. (2020). Physical and mental health of women exposed to intimate partner violence in the 10 years after having their first child: an Australian prospective cohort study of first-time mothers. *BMJ open*, 10(12), e040891. <https://doi.org/10.1136/bmjopen-2020-040891>
74. Stolper, H., van Doesum, K., & Steketee, M. (2021). How to Support Parents of Infants and Young Children in Mental Health Care: A Narrative Review. *Frontiers in psychology*, 12, 745800. <https://doi.org/10.3389/fpsyg.2021.745800>
75. Reczek C. (2020). Sexual- and Gender-Minority Families: A 2010 to 2020 Decade in Review. *Journal of marriage and the family*, 82(1), 300–325. <https://doi.org/10.1111/jomf.12607>
76. Milavetz, Z., Pritzl, K., Muentner, L., & Poehlmann-Tynan, J. (2021). Unmet mental health needs of jailed parents with young children. *Family Relations: An Interdisciplinary Journal of Applied Family Studies*, 70(1), 130–145. <https://doi.org/10.1111/fare.12525>
77. Garland McKinney, J. L., & Meinersmann, L. M. (2023). The cost of intersectionality: Motherhood, mental health, and the state of the country. *Journal of Social Issues*, 79(2), 596–616. <https://doi.org/10.1111/josi.12539>
78. Williams, D. R., Lawrence, J. A., & Davis, B. A. (2019). Racism and Health: Evidence and Needed Research. *Annual review of public health*, 40, 105–125. <https://doi.org/10.1146/annurev-publhealth-040218-043750>
79. Centers for Disease Control and Prevention (2024, June 20). *Racism and Health*. U.S. Department of Health and Human Services. <https://www.cdc.gov/minority-health/racism-health/>
80. Ridley, M., Rao, R., Schilbach, F., & Patel, V. (2021). Poverty, depression, and anxiety: Causal evidence and mechanisms. *Science*, 370(6522). <https://economics.mit.edu/sites/default/files/2022-09/poverty-depression-anxiety-science.pdf>
81. Marbin, D., Gutwinski, S., Schreiter, S., & Heinz, A. (2022). Perspectives in poverty and mental health. *Frontiers in public health*, 10, 975482. <https://doi.org/10.3389/fpubh.2022.975482>
82. Wildeman, C., Schnittker, J., & Turney, K. (2012). Despair by Association? The Mental Health of Mothers with Children by Recently Incarcerated Fathers. *American Sociological Review*, 77(2), 216–243. <https://doi.org/10.1177/0003122411436234>
83. National Institute of Mental Health. (2023, March). *Mental Illness*. U.S. Department of Health and Human Services. <https://www.nimh.nih.gov/health/statistics/mental-illness>
84. Bauman, B. L., Ko, J. Y., Cox, S., D'Angelo Mph, D. V., Warner, L., Folger, S., Tevendale, H. D., Coy, K. C., Harrison, L., & Barfield, W. D. (2020). Vital Signs: Postpartum Depressive Symptoms and Provider Discussions About Perinatal Depression - United States, 2018. *MMWR. Morbidity and mortality weekly report*, 69(19), 575–581. <https://doi.org/10.15585/mmwr.mm6919a2>
85. Haight, S. C., Daw, J. R., Martin, C. L., Sheffield-Abdullah, K., Verbiest, S., Pence, B. W., & Maselko, J. (2024). Racial and Ethnic Inequities in Postpartum Depressive Symptoms, Diagnosis, and Care in 7 US Jurisdictions. *Health affairs (Project Hope)*, 43(4), 486–495. <https://doi.org/10.1377/hlthaff.2023.01434>
86. Substance Abuse and Mental Health Services Administration. (2024). The Task Force on Maternal Mental Health's Report to Congress. U.S. Department of Health and Human Services. <https://www.samhsa.gov/sites/default/files/mmh-report.pdf>
87. Trost, S. L., Beaugard, J. L., Smoots, A. N., Ko, J. Y., Haight, S. C., Moore Simas, T. A., Byatt, N., Madni, S. A., & Goodman, D. (2022). *Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017-2019*. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services. <https://www.cdc.gov/maternal-mortality/media/pdfs/Pregnancy-Related-Deaths-Data-MMRCs-2017-2019-H.pdf>
88. Söderquist, J., Wijma, K., & Wijma, B. (2004). Traumatic stress in late pregnancy. *Journal of Anxiety Disorders*, 18(2), 127–142. [https://doi.org/10.1016/S0887-6185\(02\)00242-6](https://doi.org/10.1016/S0887-6185(02)00242-6)
89. O'Hara, M. W., & Wisner, K. L. (2014). Perinatal mental illness: definition, description and aetiology. *Best practice & research. Clinical obstetrics & gynaecology*, 28(1), 3–12. <https://doi.org/10.1016/j.bpobgyn.2013.09.002>
90. eClinicalMedicine. (2024). Safeguarding maternal mental health in the perinatal period. *EClinicalMedicine*, 71, 102663–102663. [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(24\)00242-6/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(24)00242-6/fulltext)
91. Alhusen, J. L., Hayat, M. J., & Gross, D. (2013). A longitudinal study of maternal attachment and infant developmental outcomes. *Archives of women's mental health*, 16(6), 521–529. <https://doi.org/10.1007/s00737-013-0357-8>
92. Branjerdporn, G., Meredith, P., Strong, J., & Garcia, J. (2017). Associations Between Maternal-Foetal Attachment and Infant Developmental Outcomes: A Systematic Review. *Maternal and child health journal*, 21(3), 540–553. <https://doi.org/10.1007/s10995-016-2138-2>
93. Malekpour, M. (2007). Effects of Attachment on Early and Later Development. *The British Journal of Development Disabilities*, 53(105), 81–95. <https://doi.org/10.1179/096979507799103360>
94. Institute of Medicine and National Research Council. (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/9824>
95. Li, J., & Ramirez, T. (2023). *Early Relational Health: A Review of Research, Principles, and Perspectives*. The Burke Foundation. <https://nurtureconnection.org/resource/early-relational-health-principles/>
96. Weihrauch, L., Schäfer, R., & Franz, M. (2014). Long-term efficacy of an attachment-based parental training program for single mothers and their children: A randomized controlled trial. *Journal of Public Health*, 22(2), 139–153. <https://doi.org/10.1007/s10389-013-0605-4>

## REFERENCES

97. Paulson, J. F., & Bazemore, S. D. (2010). Prenatal and postpartum depression in fathers and its association with maternal depression: a meta-analysis. *JAMA*, 303(19), 1961–1969. <https://doi.org/10.1001/jama.2010.605>
98. Cameron, E. E., Sedov, I. D., & Tomfohr-Madsen, L. M. (2016). Prevalence of paternal depression in pregnancy and the postpartum: An updated meta-analysis. *Journal of affective disorders*, 206, 189–203. <https://doi.org/10.1016/j.jad.2016.07.044>
99. Rao, W. W., Zhu, X. M., Zong, Q. Q., Zhang, Q., Hall, B. J., Ungvari, G. S., & Xiang, Y. T. (2020). Prevalence of prenatal and postpartum depression in fathers: A comprehensive meta-analysis of observational surveys. *Journal of affective disorders*, 263, 491–499. <https://doi.org/10.1016/j.jad.2019.10.030>
100. Leach, L. S., Poyser, C., Cooklin, A. R., & Giallo, R. (2016). Prevalence and course of anxiety disorders (and symptom levels) in men across the perinatal period: A systematic review. *Journal of affective disorders*, 190, 675–686. <https://doi.org/10.1016/j.jad.2015.09.063>
101. Leiferman, J. A., Farewell, C. V., Jewell, J., Rachael Lacy, Walls, J., Harnke, B., & Paulson, J. F. (2021). Anxiety among fathers during the prenatal and postpartum period: A meta-analysis. *Journal of psychosomatic obstetrics and gynaecology*, 42(2), 152–161. <https://doi.org/10.1080/0167482X.2021.1885025>
102. Garfield, C. F., Duncan, G., Rutsohn, J., McDade, T. W., Adam, E. K., Coley, R. L., & Chase-Lansdale, P. L. (2014). A longitudinal study of paternal mental health during transition to fatherhood as young adults. *Pediatrics*, 133(5), 836–843. <https://doi.org/10.1542/peds.2013-3262>
103. American Academy of Pediatrics. (n.d.). *Types of Families*. *HealthyChildren.org*. <https://www.healthychildren.org/English/family-life/family-dynamics/types-of-families/>
104. Strizzi, J. M., Ciprić, A., Sander, S., & Hald, G. M. (2021). Divorce is stressful, but how stressful? Perceived stress among recently divorced Danes. *Journal of Divorce & Remarriage*, 62(4), 295–311. <https://doi.org/10.1080/10502556.2021.1871838>
105. Generations United. (2023). *2023 State of Grandfamilies Report: Building Resilience: Supporting Grandfamilies' Mental Health and Wellness*. <https://www.gu.org/resources/building-resilience-grandfamilies-mental-health-and-wellness/>
106. Dolbin-MacNab, M. L., & O'Connell, L. M. (2021). Grandfamilies and the Opioid Epidemic: A Systemic Perspective and Future Priorities. *Clinical child and family psychology review*, 24(2), 207–223. <https://doi.org/10.1007/s10567-021-00343-7>
107. Brown, C. C., Adams, C. E., George, K. E., & Moore, J. E. (2021). Mental Health Conditions Increase Severe Maternal Morbidity By 50 Percent And Cost \$102 Million Yearly In The United States. *Health affairs (Project Hope)*, 40(10), 1575–1584. <https://doi.org/10.1377/hlthaff.2021.00759>
108. Luca, D. L., Margiotta, C., Staatz, C., Garlow, E., Christensen, A., & Zivin, K. (2020). Financial Toll of Untreated Perinatal Mood and Anxiety Disorders Among 2017 Births in the United States. *American journal of public health*, 110(6), 888–896. <https://doi.org/10.2105/AJPH.2020.305619>
109. Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine*, 14(4), 245–258. [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8)
110. Merrick, M. T., Ford, D. C., Ports, K. A., Guinn, A. S., Chen, J., Klevens, J., Metzler, M., Jones, C. M., Simon, T. R., Daniel, V. M., Ottley, P., & Mercy, J. A. (2019). Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention - 25 States, 2015–2017. *MMWR. Morbidity and mortality weekly report*, 68(44), 999–1005. <https://doi.org/10.15585/mmwr.mm6844e1>
111. Mamun, A., Biswas, T., Scott, J., Sly, P. D., McIntyre, H. D., Thorpe, K., Boyle, F. M., Dekker, M. N., Doi, S., Mitchell, M., McNeil, K., Kothari, A., Hardiman, L., & Callaway, L. K. (2023). Adverse childhood experiences, the risk of pregnancy complications and adverse pregnancy outcomes: a systematic review and meta-analysis. *BMJ open*, 13(8), e063826. <https://doi.org/10.1136/bmjopen-2022-063826>
112. Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *The Lancet Public health*, 2(8), e356–e366. [https://doi.org/10.1016/S2468-2667\(17\)30118-4](https://doi.org/10.1016/S2468-2667(17)30118-4)
113. Goodman, S. H., & Gotlib, I. H. (1999). Risk for psychopathology in the children of depressed mothers: a developmental model for understanding mechanisms of transmission. *Psychological review*, 106(3), 458–490. <https://doi.org/10.1037/0033-295x.106.3.458>
114. National Research Council (US) and Institute of Medicine (US) Committee on Depression, Parenting Practices, and the Healthy Development of Children; England MJ, Sim LJ, editors. (2009). *Depression in Parents, Parenting, and Children: Opportunities to Improve Identification, Treatment, and Prevention*. National Academies Press (US). <https://www.ncbi.nlm.nih.gov/books/NBK215128/>
115. Beardslee, W. R., Keller, M. B., Seifer, R., Lavori, P. W., Staley, J., Podorefsky, D., & Shera, D. (1996). Prediction of adolescent affective disorder: effects of prior parental affective disorders and child psychopathology. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35(3), 279–288. <https://doi.org/10.1097/00004583-199603000-00008>
116. Stracke, M., Heinzl, M., Müller, A. D., Gilbert, K., Thorup, A. A. E., Paul, J. L., & Christiansen, H. (2023). Mental Health Is a Family Affair-Systematic Review and Meta-Analysis on the Associations between Mental Health Problems in Parents and Children during the COVID-19 Pandemic. *International journal of environmental research and public health*, 20(5), 4485. <https://doi.org/10.3390/ijerph20054485>
117. Uher, R., Pavlova, B., Radua, J., Provenzani, U., Najafi, S., Fortea, L., Ortuño, M., Nazarova, A., Perroud, N., Palaniyappan, L., Domschke, K., Cortese, S., Arnold, P. D., Austin, J. C., Vanyukov, M. M., Weissman, M. M., Young, A. H., Hillegers, M. H. J., Danese, A., Nordentoft, M., ... Fusar-Poli, P. (2023). Transdiagnostic risk of mental disorders in offspring of affected parents: a meta-analysis of family high-risk and registry studies. *World psychiatry : official journal of the World Psychiatric Association (WPA)*, 22(3), 433–448. <https://doi.org/10.1002/wps.21147>
118. Wolicki, S. B., Bitsko, R. H., Cree, R. A., Danielson, M. L., Ko, J. Y., Warner, L., & Robinson, L. R. (2021). Mental Health of Parents and Primary Caregivers by Sex and Associated Child Health Indicators. *Adversity and resilience science*, 2(2), 125–139. <https://doi.org/10.1007/s42844-021-00037-7>
119. Hay, D. F., Pawlby, S., Sharp, D., Asten, P., Mills, A., & Kumar, R. (2001). Intellectual problems shown by 11-year-old children whose mothers had postnatal depression. *Journal of child psychology and psychiatry, and allied disciplines*, 42(7), 871–889. <https://doi.org/10.1111/1469-7610.00784>
120. Smith, M. (2004). Parental mental health: Disruptions to parenting and outcomes for children. *Child & Family Social Work*, 9(1), 3–11. <https://doi.org/10.1111/j.1365-2206.2004.00312.x>
121. Meadows, S. O., McLanahan, S. S., & Brooks-Gunn, J. (2007). Parental depression and anxiety and early childhood behavior problems across family types. *Journal of Marriage and Family*, 69(5), 1162–1177. <https://doi.org/10.1111/j.1741-3737.2007.00439.x>
122. Monk, C., Lugo-Candelas, C., & Trumpff, C. (2019). Prenatal Developmental Origins of Future Psychopathology: Mechanisms and Pathways. *Annual review of clinical psychology*, 15, 317–344. <https://doi.org/10.1146/annurev-clinpsy-050718-095539>
123. Fisher, S. D. (2016). Paternal Mental Health: Why Is It Relevant?. *American journal of lifestyle medicine*, 11(3), 200–211. <https://doi.org/10.1177/1559827616629895>

## REFERENCES

124. Low, J., Bishop, A., & Pilkington, P. D. (2022). The longitudinal effects of paternal perinatal depression on internalizing symptoms and externalizing behavior of their children: A systematic review and meta-analysis. *Mental Health & Prevention*, 26, 200230. <https://www.sciencedirect.com/science/article/abs/pii/S2212657022000022?via%3Dihub>
125. Kahn, R. S., Brandt, D., & Whitaker, R. C. (2004). Combined effect of mothers' and fathers' mental health symptoms on children's behavioral and emotional well-being. *Archives of pediatrics & adolescent medicine*, 158(8), 721–729. <https://doi.org/10.1001/archpedi.158.8.721>
126. Kamis, C. (2021). The Long-Term Impact of Parental Mental Health on Children's Distress Trajectories in Adulthood. *Society and Mental Health*, 11(1), 54–68. <https://doi.org/10.1177/2156869320912520>
127. Office of Justice Programs. (n.d.). *Roadmap to Reentry: Reducing Recidivism Through Reentry Reforms at the Federal Bureau of Prisons*. Washington, DC: U.S. Department of Justice, Federal Bureau of Prisons. <https://www.justice.gov/reentry/file/844421/dl>
128. Department of Justice Archives. (2023, November 29). *Prison Reform: Reducing Recidivism by Strengthening the Federal Bureau of Prisons*. U.S. Department of Justice: Federal Bureau of Prisons. <https://www.justice.gov/archives/prison-reform>
129. Ray, T. K., & Pana-Cryan, R. (2021). Work Flexibility and Work-Related Well-Being. *International journal of environmental research and public health*, 18(6), 3254. <https://doi.org/10.3390/ijerph18063254>
130. Office of the Surgeon General (OSG). (2022). *The U.S. Surgeon General's Framework for Workplace Mental Health & Well-Being*. US Department of Health and Human Services. <https://www.hhs.gov/sites/default/files/workplace-mental-health-well-being.pdf>
131. Coombs, N. C., Meriwether, W. E., Carangi, J., & Newcomer, S. R. (2021). Barriers to healthcare access among U.S. adults with mental health challenges: A population-based study. *SSM - population health*, 15, 100847. <https://doi.org/10.1016/j.ssmph.2021.100847>
132. de Oliveira, C., Saka, M., Bone, L., & Jacobs, R. (2023). The Role of Mental Health on Workplace Productivity: A Critical Review of the Literature. *Applied health economics and health policy*, 21(2), 167–193. <https://doi.org/10.1007/s40258-022-00761-w>
133. Goetzl, R. Z., Roemer, E. C., Hologue, C., Fallin, M. D., McCleary, K., Eaton, W., Agnew, J., Azocar, F., Ballard, D., Bartlett, J., Braga, M., Conway, H., Crighton, K. A., Frank, R., Jinnett, K., Keller-Greene, D., Rauch, S. M., Safeer, R., Saporito, D., Schill, A., & Mattingly, C. R. (2018). Mental Health in the Workplace: A Call to Action Proceedings From the Mental Health in the Workplace-Public Health Summit. *Journal of occupational and environmental medicine*, 60(4), 322–330. <https://doi.org/10.1097/JOM.0000000000001271>
134. American Psychiatric Association. (2024, March). *Stigma, Prejudice and Discrimination Against People with Mental Illness*. <https://www.psychiatry.org/patients-families/stigma-and-discrimination>
135. Office of Minority Health. (n.d.). *Think Cultural Health*. U.S. Department of Health and Human Services. <https://thinkculturalhealth.hhs.gov/>
136. Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological bulletin*, 98(2), 310–357.
137. Southwick, S. M., Sippel, L., Krystal, J., Charney, D., Mayes, L., & Pietrzak, R. (2016). Why are some individuals more resilient than others: the role of social support. *World psychiatry : official journal of the World Psychiatric Association (WPA)*, 15(1), 77–79. <https://doi.org/10.1002/wps.20282>
138. Gennetian LA, Marti M, Kennedy JL, Kim JH, Duch H. (2019). Supporting parent engagement in a school readiness program: Experimental evidence applying insights from behavioral economics. *Journal of Applied Developmental Psychology*, 62:1-10. <https://doi.org/10.1016/j.appdev.2018.12.006>
139. Ascend, The Aspen Institute. (2020). *Principles for Engaging and Centering Parent Voice*. <https://ascend.aspeninstitute.org/resources/principles-for-engaging-and-centering-parent-voice/>
140. U.S. Department of Health and Human Services. (2024). *Strategies and Recommendations for Supporting Mental Health*. <https://eclkc.ohs.acf.hhs.gov/policy/im/acf-ohs-im-24-01>
141. National Education Association. (n.d.). *What are Community Schools?* <https://www.nea.org/student-success/great-public-schools/community-schools/what-are-they>
142. Ascend at The Aspen Institute and The JED Foundation. (2021, May). *Improving Mental Health of Student Parents: A Framework for Higher Education*. [https://ascend.aspeninstitute.org/wp-content/uploads/2021/05/MentalHealthFramework\\_Final.pdf](https://ascend.aspeninstitute.org/wp-content/uploads/2021/05/MentalHealthFramework_Final.pdf)
143. Substance Abuse and Mental Health Services Administration (SAMHSA). (2024). *Practical Guide for Implementing a Trauma-Informed Approach*. <https://www.samhsa.gov/resource/ebp/practical-guide-implementing-trauma-informed-approach>
144. Ascend at the Aspen Institute. (2024, March). *Portfolio of Trauma-Informed Tools for 2Gen Approaches*. [https://ascend.aspeninstitute.org/wp-content/uploads/2024/03/Ascend\\_Trauma-Informed-Care-Toolkit\\_05.2024.pdf](https://ascend.aspeninstitute.org/wp-content/uploads/2024/03/Ascend_Trauma-Informed-Care-Toolkit_05.2024.pdf)
145. American Academy of Pediatrics. (2024, May 20). *Recommendations for Preventive Pediatric Health Care*. [https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)
146. The White House. (2023). *U.S. National Plan to End Gender-Based Violence: Strategies for Action*. <https://www.whitehouse.gov/wp-content/uploads/2023/05/National-Plan-to-End-GBV.pdf>
147. Gov.UK Office for Health Improvement & Disparities. (2022, January 27). *Guidance: Social Prescribing: Applying All Our Health*. <https://www.gov.uk/government/publications/social-prescribing-applying-all-our-health/social-prescribing-applying-all-our-health>
148. National Academy for Social Prescribing. (2024, June 6). *Social Prescribing Around the World*. <https://socialprescribingacademy.org.uk/media/41b5dy5ip/social-prescribing-around-the-world.pdf>
149. Coleman, C. L., Morrison, M., Perkins, S. K., Brosco, J. P., & Schor, E. L. (2022). Quality of Life and Well-Being for Children and Youth with Special Health Care Needs and their Families: A Vision for the Future. *Pediatrics*, 149(Suppl 7), e2021056150G. <https://doi.org/10.1542/peds.2021-056150G>
150. National Council for Mental Wellbeing, Center of Excellence for Integrated Health Solutions. (n.d.) *Resources*. <https://www.thenationalcouncil.org/program/center-of-excellence/resources>
151. Laderman, M., & Mate, K. S. (2016). Behavioral Health Integration in Acute Medical Settings: An Opportunity to Improve Outcomes and Reduce Costs. *Joint Commission journal on quality and patient safety*, 42(7), 331–336. [https://doi.org/10.1016/s1553-7250\(16\)42046-5](https://doi.org/10.1016/s1553-7250(16)42046-5)
152. Weissman M. M. (2020). Big Data Begin in Psychiatry. *JAMA psychiatry*, 77(9), 967–973. <https://doi.org/10.1001/jamapsychiatry.2020.0954>
153. Mosle, A. & Sims, M. (2024). *Building Evidence Together for a Better Tomorrow*. Ascend at the Aspen Institute. <https://ascend.aspeninstitute.org/resources/building-evidence-together-for-a-better-tomorrow/>
154. Substance Abuse and Mental Health Services Administration (SAMHSA). (n.d.). *Family, Parent and Caregiver Peer Support in Behavioral Health*. U.S. Department of Health and Human Services. [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/brss\\_tacs/family-parent-caregiver-support-behavioral-health-2017.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/family-parent-caregiver-support-behavioral-health-2017.pdf)
155. UNICEF. (n.d.). *How to reduce stress*. <https://www.unicef.org/parenting/mental-health/how-reduce-stress-parents>
156. Substance Abuse and Mental Health Services Administration (SAMHSA). (n.d.). *What is Mental Health?* U.S. Department of Health and Human Services. <https://www.samhsa.gov/mental-health>
157. Administration for Children and Families. (n.d.). *Parents and Caregivers*. U.S. Department of Health and Human Services. <https://www.acf.hhs.gov/ecd/parents-and-caregivers>



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