

The Influence of Parental Relationships on Anxiety and Depression Among Adolescents

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Abstract: In the context of the rapidly developing society, adolescents are facing mounting pressures, which often lead to anxiety and depression. This paper focuses on analyzing how parental relationships impact adolescent anxiety and depression. Studies with diverse research subjects, sampling methods, measurement tools, and data-analysis techniques are reviewed. The results indicate that family dynamics are closely related to adolescent mental health, and family socio-demographic characteristics affect it indirectly. A positive parenting style can reduce adolescent depressive symptoms, while negative ones and parental depression may increase them. Poor parental relationships are associated with higher risks of anxiety and depression. In conclusion, parental relationships play a crucial role in adolescent mental health. Efforts should be made at family, school, and social levels, and research designs need continuous improvement. For future research, in addition to promoting longitudinal or experimental research, expanding sample selection, optimizing measurement methods, and comprehensively considering more potential factors, researchers could also look into the role of cultural nuances in the relationship between parental relationships and adolescent mental health. Different cultures may have distinct parenting norms and family values that influence this connection, and understanding these aspects could lead to more targeted interventions and support for adolescents.

1 INTRODUCTION

Recently, the rapidly developed society has given adolescents multiple pressures from academics, social, family, etc. This pressure causes adolescents to get anxious and depressed, which negatively impacts their daily life and academic performance, even leading to suicide in severe cases. Therefore, exploring what factors affect mental health among adolescents will help to alleviate this trend. For a long time, family has been regarded as an essential determinant in shaping and influencing adolescents' mental health. A harmonious family environment can contribute to cultivating positive mental states, while an unhealthy family environment, such as parental discord or inappropriate upbringing, can harm their mental health. Recently, an increasing number of research has focused on studying how parental relationships influence adolescents' depression and anxiety. For example, a study in Salamanca, Spain, shows that family relationships affect adolescents, with sound ones reducing anxiety and strained ones increasing it. Similarly, a study in Harbin, China, which focused on depression, discovered the link between dysfunctional parent-child relationships and

adolescent depression, both providing insights into the influence on adolescent mental health. These studies approach this subject matter from diverse standpoints, regions, and methodologies, all of which emphasize the significance of healthy parent-child relationships for adolescent mental health. At the same time, it also demonstrates the necessity for further in-depth exploration.

This article conducts a literature review to analyze the impact of parent-child relationships on adolescent anxiety and depression, provides scientific evidence for enhancing adolescent mental health, and offers proof to assist families and society in better understanding and addressing adolescent mental health concerns.

2 AN OVERVIEW OF ADOLESCENT ANXIETY AND DEPRESSION

2.1 Concept Introduction

Adolescents are individuals within the 13 to 19 age

range. They get significant changes during this period. These changes can be physical, cognitive, emotional, and social. Physiologically, adolescence is a period of rapid growth, unstable hormone levels, and gradual emergence of secondary sexual characteristics. They will also develop more complex abstract thinking patterns and skills that include advanced logical reasoning and problem-solving. Emotionally, their emotions are intense and changeable during this stage.

Teenagers are at risk of mental health troubles, mainly anxiety and depression. This has been a rising trend in recent years. Anxiety often shows as non-stop worrying, being scared, and feeling nervous. The common kinds are generalized anxiety, social anxiety, and panic disorder. Depression has signs like a long-lasting low mood, being tired or sluggish, losing interest in things once liked, having sleep issues (too much or too little), changes in eating, feeling bad about oneself and guilty, losing self-confidence, difficulty concentrating, and in bad cases, self-harm or suicide.

2.2 Classification, Feature Introduction

Anxiety disorders are divided into different types. The hallmark features of generalized anxiety disorders are divided into different types. Generalized anxiety disorder (GAD) has excessive worry as its hallmark. People with GAD usually cannot relax easily and may show physical signs of anxiety, such as muscle tightness, restlessness, or tiredness. Social anxiety disorder (SAD) means having too much fear in social and performance situations, which brings distress and makes people avoid it. Panic disorder is about repeated panic attacks that come without warning. It's a sudden and strong feeling of fear, with physiological symptoms like a fast heartbeat, dizziness, and a great fear of dying.

There are degrees of depression, too. Mild depression is a slightly low mood and a slightly low interest; Major depression is an extremely serious condition that generates profound feelings of hopelessness and helplessness. People with major depression have sleeping problems, appetite problems, and problems concentrating and with their socializing. The more severe depression is, the more negative impacts it will have on an individual's daily life.

3 EFFECTS OF PARENTS FOLLOWING PAIRS ON ADOLESCENT ANXIETY

In this study, the research subjects were high school and college students aged 12 - 23 in Shaanxi Province, China. The sample selection process adopted multi-stage sampling, which covered educational institutions of different types, including townships, counties, and cities, as well as different levels such as junior high schools, high schools, and universities. A total of 5435 questionnaires were distributed, and 5188 valid questionnaires were collected, with an effective collection rate of 95.5%. Although the sample has a certain degree of diversity in terms of the educational institutions covered within Shaanxi Province, it is still limited to this region. This regional limitation may impact the representativeness of the results for adolescents in other regions. However, it can still serve as a basis for studying the relationship between parental relationships and adolescent mental health within the region (Yang et al., 2021).

A questionnaire survey method was employed. The questionnaire consisted of multiple parts. Sociodemographic variables were collected, which included information such as residential area, gender, education level, family structure, parent's education level, parents' occupation, and family monthly income. These variables are closely related to the family environment and can indirectly reflect the family background of the parental relationship. The Systematic Family Dynamics Self-Assessment Scale (SSFD), which is based on the Heidelberg family dynamics theory, was used. The dimensions of family atmosphere, personalization, and system logic can, to a certain extent, reflect the factors related to parental relationships, such as the interaction pattern between parents and children. The scores obtained from this scale can reflect the family dynamics and are of great significance for exploring the impact of parental relationships on adolescent psychology. Additionally, the Symptom Checklist (SCL - 90 - R) was utilized to measure the mental health of adolescents. The anxiety dimension it contains can be used as a direct indicator for studying adolescent anxiety problems. This scale has been proven to be reliable in adolescent groups and can provide more reliable data support for the research.

The data characteristics were described by calculating the mean and standard deviation. To evaluate the differences in mental health and family dynamics total scores on sociodemographic variables,

the linear mixed model was used. This model adjusted the clustering effect within the school and considered the data hierarchy. The multivariate generalized linear mixed model was further employed to analyze the related factors. Moreover, the mixed gamma regression model was used to explore the factors closely related to mental health, incorporating personal characteristics and the total score of family dynamics. It also considered the nonlinear effects of age and SSFD and centralized SSFD. Structural equation modeling (SEM) was utilized to explore the relationship between basic characteristics, family dynamics, and mental health. Confirmatory factor analysis was used to hypothesize relevant latent constructs. The model fit was evaluated using maximum likelihood estimation and multiple indicators. The bootstrap method was used to evaluate the mediating effect of family dynamics. Additionally, the mental health scores were logarithmically transformed. These methods jointly helped to deeply analyze the relationship between variables and provided an effective analytical approach for studying the impact of parental relationships on adolescent anxiety.

The SCL - 90 - R scale (Cronbach's α coefficient 0.963, split - half reliability coefficient 0.914) and the SSFD scale (Cronbach's α coefficient 0.832, split - half reliability coefficient 0.701) have high reliability. In terms of general characteristics, there are significant differences in the total scores of SCL - 90 - R and SSFD in urban and rural areas, as well as in parents' education level, occupation, family monthly income, and educational background. For example, adolescents living in rural areas, with low parents' education level, working in blue - collar jobs, and with low family monthly income have higher scores, and high school students have the highest SCL - 90 - R scores. These factors are related to the family environment and may affect adolescent mental health by affecting the parent - child relationship. In terms of the prevalence of mental health, 20.5% of adolescents have at least one SCL - 90 - R subscale score ≥ 2.5 . The relevant data of the anxiety dimension can reflect the anxiety status of adolescents, and it is found that poor mental health is related to age increase, high school stage, father's blue - collar occupation, and high SSFD total score. The SSFD total score is related to family dynamics, indicating that the family environment and the parent - child relationship factors that may be included therein are related to adolescent mental health. The results of the structural equation model show that the basic characteristics of adolescents and their families have an indirect impact on mental health through

family dynamics and also suggest that the parent-child relationship may affect adolescent anxiety through the mediation of family dynamics.

The research conclusions show that family dynamics are closely related to adolescent mental health, and family socio-demographic characteristics affect adolescent mental health by affecting family dynamics. Compared with other studies, although it did not directly target the impact of parental relationships on adolescent anxiety, the dimensions of family atmosphere and personalization covered by family dynamics are related to parental relationships, which provides a perspective for understanding the impact on adolescent anxiety from the perspective of the overall family environment. It complements the research that directly studies the impact of parental relationships on adolescent anxiety and jointly emphasizes the importance of family factors in adolescent mental health. However, this study needs to further analyze the unique mechanism of action of specific aspects of parental relationships on adolescent anxiety.

This study is a cross-sectional study, and it is impossible to determine the causal relationship and the causal direction between parental relationships and adolescent anxiety. The samples only come from Shaanxi Province, which has regional limitations. Cultural and socioeconomic differences in different regions may prevent the research results from being generalized to the whole country. The study relies on adolescent self-reports, which may be affected by subjective factors and lead to inaccurate data. Other factors that affect adolescent mental health, such as school environment, individual psychological traits, and sociocultural factors, are not fully considered. These factors may interact with parental relationships to affect adolescent anxiety, and ignoring them makes the study incomplete. Although family dynamics measurement has a certain validity, it may not cover all aspects that affect parent-child relationships and adolescent anxiety. Future research needs to improve the design, such as using longitudinal or experimental research to clarify causality, expanding the sample range, comprehensively considering more factors, and improving measurement methods to further explore the mechanism of the impact of parent-child relationships on adolescent anxiety (Yang et al., 2021).

In the study of factors related to adolescent mental health, one of the important aspects is the characteristics of research subjects. The focus in this area is on adolescents, which includes children, teenagers, and young people. The samples are gathered from a variety of sources of adolescents

from different regions and backgrounds. However, there are some problems. For example, in certain studies, the method of sample selection was not clearly described. There were cases where studies involved adolescents but did not elaborate on the sampling process. This makes it difficult to assess the representativeness of the sample. Moreover, some studies have limitations in their samples. Some research samples are concentrated in specific regions. For instance, in some studies, the data only came from the United Kingdom or Australia, etc., or specific groups like only focusing on college students or adolescents of a certain age group. This may limit the generalization of the research results to a broader range of adolescent groups and fails to comprehensively reflect the situation of adolescents in diverse cultures, socioeconomic statuses, and family environments around the world (Hu et al., 2023).

Another crucial part is the measurement methods. Regarding this, they involve multiple aspects. Firstly, for the measurement of social media use (SMU), it relates to the utilization of various social media platforms including Instagram, Snapchat, Facebook, WeChat, WhatsApp, etc. This includes activities such as active posting of content, passive browsing, as well as private one-to-one communication and public one-to-many communication. Nevertheless, some studies did not clearly define the specific behaviors or dimensions being measured. In terms of mental health indicators, it covers well-being, such as feelings of happiness, positive emotions, and satisfaction with life, and adverse conditions at both clinical levels, like depression and anxiety disorders, and non-clinical levels, such as depression and anxiety symptoms, pain, and negative emotions. However, the specific scales or tools used in different studies to measure these indicators vary. Some studies did not clearly introduce the measurement tools, which affects the reproducibility of the research and the comparability of the results. Additionally, some studies did not distinguish different types of SMU in the measurement process, such as browsing time, posting frequency, and degree of interaction. This may lead to a less accurate understanding of the relationship between SMU and mental health.

The data analysis methods also play a significant role. The data analysis methods are diverse. Some studies use meta-analysis methods to conduct comprehensive statistical analysis of data from multiple related studies to draw more general conclusions. For example, some meta-analysis studies evaluate the strength of the association between SMU and adolescent mental health

indicators, like depressive symptoms and happiness, by calculating effect sizes, such as correlation coefficients r . However, in these meta-analyses, although the statistical methods are relatively rigorous, there may be deficiencies in the treatment and interpretation of heterogeneity between studies, resulting in uncertainty in the results. Other studies use systematic review or narrative review methods to summarize existing studies. However, the lack of a unified analytical framework or standard during the data integration process may compromise the scientific rigor and objectivity of the conclusions to some extent. Also, some studies did not fully consider potential confounding factors in data analysis, such as individual differences like personality and gender, family environment excluding parental relationships like family structure and family economic status, and social and cultural background. These confounding factors may interfere with the true relationship between SMU and mental health, thereby affecting the accuracy of research conclusions.

The data analysis results are as follows. The meta-analysis results show that there is a very small to moderate correlation between social networking site use (SNS use) and adolescent adverse conditions, such as depressive symptoms, etc. (correlation coefficient r ranges from 0.05 to 0.17), but some studies have not found a significant correlation. For happiness, SNS use is weakly correlated with higher or lower levels of happiness ($r = +0.05$ or $r = -0.06$), and the study found that adverse conditions and happiness are not simply opposite relationships, and both may be affected independently. At the same time, there is a large variation in effect size between studies. For example, in the meta-analysis by Ivie et al., the correlation coefficient r of the association between SMU and depressive symptoms ranged from -0.10 to +0.33. The results of the systematic review and narrative review showed that most studies believed that SMU had a small effect on adolescent mental health and the results were inconsistent. However, some studies were not detailed enough and confused general SMU time with problematic SMU, such as treating the two as equivalent or not clearly distinguishing them. Problematic SMU is a complex phenomenon that does not only depend on the time of use. These results mainly focus on the direct association between SMU and adolescent mental health and do not involve the impact of parental relationships on adolescent anxiety but provide background information for understanding the multifactorial impact on adolescent mental health.

The research conclusions mainly center around the relationship between SMU and adolescent mental

health. Most studies believe that the relationship between the two is weak and inconsistent, but some studies have different interpretations. Compared with studies that directly focus on the impact of parental relationships on adolescent anxiety, this study takes the external media environment (SMU) as an approach, while the latter focuses on internal family relationships. Both are concerned with adolescent mental health, but the research focuses on different aspects. This study helps to reveal the potential impact of the social environment in which adolescents live on their mental state, while the study of parental relationships delves into the mechanism of the interaction pattern within the family on adolescent anxiety. However, this study did not involve the key factor of parental relationship and could not directly provide evidence for the relationship between parental relationship and adolescent anxiety. There are obvious differences in the pertinence of the research topic.

Finally, the study has several defects. Firstly, the evidence base is mainly cross-sectional research, which makes it hard to determine the causal relationship and whether SMU causes mental health problems or mental health conditions affect SMU behavior. Secondly, most studies rely too much on self-report measurement methods, whether it is the use of SMU or mental health indicators. This method may be influenced by subjective cognitive bias, inaccurate memory, social expectation effect, and other factors, thus affecting the authenticity and reliability of the data. In terms of samples, some studies have small and homogeneous sample sizes. For example, some studies only focus on specific regions or specific groups, like college students, lack of diversity, and limit the generalizability of research results. In addition, insufficient attention has been paid to the content of SM interactions. Most studies have only focused on superficial indicators such as usage time while ignoring the impact of the specific content, like positive or negative information, that adolescents are exposed to on social media and its quality on mental health, which may be a more important predictor than usage time. Overall, the study did not include parental relationship variables and was unable to explain adolescent mental health issues from the perspective of family relationships. The research lacks a comprehensive understanding of factors that influence adolescents' mental health. In the future, to conduct a more in-depth study of adolescents' mental health, researchers need to consider parental relationships as a factor in the study design and improve the deficiencies.

In related research exploring the impact of parental relationships on adolescent anxiety, Hu Yueyang and others conducted cross-sectional and longitudinal studies on adolescents in Jilin Province, China, using questionnaire measurements and various analysis methods to find that parental relationships have a key impact on adolescents' psychological functions. Although sex super-friendship does not directly involve anxiety, a good relationship between parents is good for mental health, while a bad relationship may lead to the risk of anxiety. A cross-sectional study by Raquel M. Guevara et al. on adolescents in Salamanca, Spain, showed that family relationships (including parental relationships) have a significant impact on many aspects of adolescents' lives. Good parental relationships may reduce the risk of anxiety, while bad relationships increase susceptibility. Although Wang Limin et al.'s multi-stage sample survey of middle school students in Harbin, China, focused on depressive disorders because depression and anxiety are often co-morbid, their findings that bad parental relationships are related to adolescent depression also provide important insights into the impact of parental relationships on adolescent anxiety. Overall, although these studies have different angles, regions, and methods, they all highlight the importance of a good parental relationship to adolescent mental health. Bad relationships are a key risk factor for adolescent anxiety and other psychological problems, laying the foundation for subsequent research and intervention. Base (Guevara et al., 2021, Wang et al., 2019, Liang et al., 2021).

4 THE IMPACT OF PARENTAL RELATIONSHIP ON ADOLESCENT DEPRESSION

Beginning with the characteristics of the research subjects, the data comes from the Swedish Westmanland Youth Life Survey Cohort Study (SALVe-Cohort), including two cohorts born in 1997 and 1999. This study selected data from 2015 (16-18 years old) and 2018 (19-21 years old) and included 1,603 adolescents, of which 58.1% were female. The sample is representative in terms of family structure and economic status, such as 92% of parents are employed, 30% are separated families, 19% are single-parent families, and 9% are foreign-born adolescents. The family income is within the local median range (Keijser et al., 2020).

In the research, the Depression Self-Rating Scale for Adolescents (DSRS) is used, based on the DSM-IV moderate-to-severe depressive disorder A criteria, covering nine symptom categories such as irritable mood, asking about the situation in the past 2 weeks, and summarizing to create a continuous depressive symptom total index, with a score of 0-9 points. Cronbach's α coefficient shows that the scale has good internal consistency. Also, the Parents as Social Context Questionnaire (PASCQ) is used. The 24-item self-rating scale assesses six parenting styles (warmth, rejection, etc.), each with four questions, 0-3 points, and is combined into positive (warmth, structure, autonomy support) and negative (rejection, chaos, coercion) parenting indexes, with reliable internal consistency. For the parental depression diagnosis acquisition, the diagnosis of parental depression in the family is measured through the guardian questionnaire, and the summary is classified into the presence or absence of parental lifetime depression diagnosis.

When considering data analysis methods, the following procedures were implemented. First, in terms of data processing and preliminary analysis, Cronbach's α was employed to evaluate the internal consistency of depressive symptoms and parenting styles. The Mann-Whitney U test was utilized to examine potential gender differences in both dependent and independent variables. Effect sizes were calculated to quantify the magnitude of differences. Spearman's rank correlation was used to assess the relationships among parenting styles, with variance inflation factors (VIFs) and tolerance levels being inspected to control for multicollinearity. Cut-offs for VIFs were set as <1 for no correlation, 1 - 5 for moderate correlation, and >5 for high correlation, while a tolerance cut-off of .4 was set, with .84 considered high tolerance (low multicollinearity) and .19 considered low tolerance (serious multicollinearity). Second, regarding the main analysis methods, hierarchical cluster analysis was conducted to analyze the components of parenting styles. Multiple linear regression analyses were carried out to investigate the main and interaction effects of parenting styles, parental depression, gender, and age on depressive symptoms. This was performed both in a cross-sectional design (at wave 2) and longitudinally (from wave 2 to wave 3, with a three-year interval between the two waves). In the longitudinal analysis, adjustments were made for depressive symptoms at wave 2. Stepwise backward elimination was used to determine the final regression model. All statistical analyses were performed using the Statistical Package for the Social Sciences (IBM

SPSS Statistics for Windows, Version 26.0; IBM Corp., Armonk, NY), and a two-sided P value of .05 was considered statistically significant.

Regarding data analysis results, parenting styles were strongly correlated, cluster analysis supported the merging of positive and negative indexes, and the internal consistency of the index was good. Besides, the level of depressive symptoms in female adolescents was higher than that in males, and there was no gender difference in parenting style. Third, positive parenting style is negatively correlated with depressive symptoms, negative parenting style and parental depression are positively correlated with depressive symptoms, parental depression, and adolescent gender interact significantly, and the correlation is stronger in females. Finally, after controlling for initial symptoms, positive parenting style has a long-term protective effect, negative parenting style, and other styles have no significant longitudinal association with later depressive symptoms, and parental depression and gender interaction are not significant.

In summary, the present study demonstrates that a positive parenting style is associated with a reduction in adolescent depressive symptoms, whereas a negative parenting style and parental depression are linked to an increase in such symptoms. In the cross-sectional analysis, it was found that parental depression exerts a stronger influence on depressive symptoms among female adolescents. Longitudinally, a positive parenting style during mid-adolescence was shown to have a protective effect on depressive symptoms three years later. Notably, no interaction was detected between parenting style and parental depression diagnosis. When compared with other related studies, a consistent emphasis on the significance of family environmental factors was observed. This study is grounded in a specific theoretical framework, employing a cluster analysis of parenting styles. The sample was drawn from Sweden, providing representativeness in terms of regional culture and covering the mid-to-late-adolescence period, thereby laying a foundation for investigating long-term effects.

However, the research still has some limitations. First, self-report questionnaires have information bias in assessing depressive symptoms, and the comorbidity of mental illness and lack of treatment information affect the accuracy of the results. Second, there was no comparison with younger groups, no consideration of confounding factors (such as parental divorce), and adolescents' assessment of parenting styles cannot analyze the impact of parental

differences, while other studies may have more detailed classifications or different assessment tools.

Starting with the characteristics of research subjects, adolescents with depressive disorders and their parents who visited the Jiading District Mental Health Center and Jiading District Central Hospital in Shanghai from January 1, 2015, to April 30, 2017, were selected. They met the strict inclusion and exclusion criteria, and finally, 93 patients (42 males and 51 females) were included. There were no significant differences between male and female patients in age, education, course of disease, severity of disease, and parental involvement (Consoli et al., 2013).

Researchers use several measurement methods, first is general information collection, which means that a general status questionnaire was used to collect various information such as the name and gender of the patient and parents. Second, disease severity assessment, Patient Health Questionnaire-9 (PHQ-9), and Generalized Anxiety Disorder 7-item Scale (GAD-7) were used to assess the condition. Third, the Family Function Rating Scale (FADCV) was used, with 60 items and seven dimensions (problem-solving, etc.), 1-4 points, partial reverse scoring, and the average score of the subscale as the final score. A high score indicates poor family function. It is suitable for family members over 12 years old and has good reliability and validity. Finally, the parent-child relationship scale was used, with 3 dimensions (trust, intimacy, and time together), a 5-point Likert score, and a total score below 60 indicating a poor parent-child relationship and above 60 indicating a good parent-child relationship. The average of the parent-child relationship scale scores of both parents was used to assess the relationship, and for single parents, only one parent's scale score was tested.

In this study, data analysis was implemented through multiple methods. Firstly, in terms of data processing and descriptive statistics, data entry was managed in Excel and further analyzed using SPSS 17.0. For continuous variables, their normal distribution was examined using the Shapiro-Wilk test. If the data followed a normal distribution, the mean and standard deviation were calculated to describe them; otherwise, non-parametric descriptive statistics were used. Categorical variables were described by frequency ratios. For comparing means between groups, the independent-sample t-test was utilized if the data met the assumptions of normality and homogeneity of variance; otherwise, the Mann-Whitney U test was employed. Subsequently, in the correlation analysis, the relationships among various factors of family function and the parent-child

relationship were explored using Pearson's correlation coefficient for normally distributed variables or Spearman's rank correlation coefficient for non-normally distributed variables. Finally, in the multiple regression analysis, with the total score of the parent-child relationship set as the dependent variable and multiple factors such as the parent's education level and family income as the independent variables, the factors influencing the parent-child relationship were analyzed through stepwise backward regression. This involved entering all independent variables into the model initially and then sequentially removing the variables that did not contribute significantly to the model until only the significant predictors remained.

The data analysis yielded the following results. In the analysis of differences in family function and the parent-child relationship, adolescents with depression exhibited more negative perceptions than their parents in multiple dimensions of family function. Specifically, the intimacy dimension and total score of the parent-child relationship were significantly lower ($p < 0.05$). In the correlation analysis between the parent-child relationship and family function, the parent-child relationship was negatively correlated with various dimensions of family function, except for the time spent together. Notably, dimensions such as problem-solving, communication, roles, affective responsiveness, and behavior control showed significant negative correlations. Regarding the factors affecting the parent-child relationship, family function roles, emotional involvement, emotional response, family structure, and family income emerged as the main factors (Chen et al., 2017).

From these results, several research conclusions could be drawn. It was concluded that there are differences in perception between adolescents with depression and their parents in family function and parent-child relationship. Bad family factors lead to a poor parent-child relationship. The parent-child relationship is negatively correlated with family function except for the time spent together. These perceived differences can predict family problems and provide a starting point for family treatment. When compared with other studies, it is consistent with the research that emphasizes the impact of family factors on adolescent depression. This study provides new evidence from the perspective of family function and parent-child relationship, such as the discovery that factors like family member roles affect parent-child relationships.

Nevertheless, this study also has some research flaws and shortcomings. Regarding the limitations of the research sample, only patients and their parents

who visited specific hospitals in Jiading, Shanghai were included, without sample estimation, and thus the representativeness of the sample was limited. Concerning the limitations of the research design, there was no in-depth exploration of how differences in family function and parent-child relationship perception specifically affect the development of adolescent depression, and there was a lack of evaluation of the effectiveness of family treatment interventions.

In the field of adolescent mental health, two studies delved into the impact of parental relationship-related factors on adolescents' psychological conditions. Chen et al. focused on the relationship between parental depression and adolescent bullying on campus. Through a survey of 2,419 students in grades 7 - 12 and their parents in Taiwan's metropolitan areas, they found that parental depression was not directly significantly related to the two types of campus bullying (Yang et al., 2021). There is an indirect effect through adolescent depression, and the effect is consistent across gender and age groups, highlighting the importance of family factors in the prevention of school bullying.

Consoli et al. focused on studying the impact of family relationships on the suicidal behavior of depressed adolescents (Hu et al., 2023). They used a sample of 31,429 17-year-old adolescents in France. The analysis showed that negative relationships with parents, and parents living together but having a disharmonious relationship were associated with adolescent suicide risk and/or depression is significantly associated. This association still exists after adjusting for various confounding factors such as educational level, repeat school years, socio-economic status, and substance use. The odds ratio increases with the severity of suicide risk. However, this study also has many limitations, such as not considering other psychopathological factors and being cross-sectional research (Sallinen et al., 2007).

These two studies provide an important basis for an in-depth understanding of the role of family relationships in adolescent mental health and provide reference directions for subsequent research and the development of intervention measures. Other studies also examine the association among different groups (Tao et al., 2024).

5 SUGGESTIONS

In terms of the relationship between parental relationship and adolescent mental health, the study by Yang et al. in Shaanxi indicated that family

dynamics were closely tied to adolescent mental health, with family socio-demographic characteristics indirectly influencing it through family dynamics. This shows the significance of the family environment and its connection to parental relationships. Another study underlined the importance of research methods in ensuring the reliability of results. Despite different topics, it is evident that parental relationship, as an internal family factor, is highly important for adolescent mental health. Other related research also supports that a good parental relationship can reduce the risk of adolescent anxiety and depression, while a poor one may contribute to these problems (Yang et al., 2021).

Studies such as the one in Sweden and Shanghai have further explored the relationship. The Swedish study used a professional scale to show that positive parenting can have a positive impact on adolescent depression symptoms, while negative parenting and parental depression can have a negative impact, also highlighting gender and long-term differences. The Shanghai study found differences in perceptions of family function and parent-child relationship between adolescent depressed patients and their parents, and how adverse family factors can affect these relationships and family function.

Based on previous studies, this article finds that parental relationship has a major impact on adolescent mental health. A positive parental relationship helps lower the risk of adolescent anxiety and depression, and a negative one may be a key factor leading to adolescent psychological problems. Studies in different cultural backgrounds all support this, suggesting that improving the parental relationship is an important way to prevent and address adolescent anxiety and depression.

Overall, these studies confirm the core role of parental relationships in adolescent anxiety and depression from many aspects, but most of them are cross-sectional studies, which have limitations such as difficulty in determining causality, sample limitations, measurement interference by subjective factors, and insufficient consideration of some potential confounding factors.

At the family level, parents should create a harmonious atmosphere, pay attention to emotional communication and scientific parenting, and pay attention to their mental health. At the school level, the construction of mental health education courses and activities should be strengthened to cultivate students' skills in coping with family relationship pressure and emotional management, such as conducting parent-child relationship-themed lectures

and group counseling. At the social level, it is necessary to publicize the importance of family relationships to adolescent mental health through various channels, and the government and social organizations should cooperate to carry out parent training programs to improve parents' parenting ability and psychological quality.

In terms of research design, researchers promote longitudinal or experimental research to determine causal relationships, such as long-term tracking of specific groups. Sample selection should be more extensive and diverse, and multinational multi-center cooperative research should be carried out. Measurement methods should be optimized and innovative, combining multi-dimensional means to reduce subjective interference. In addition, more potential factors are considered comprehensively and their interaction mechanism with parental relationship is explored to build a better theoretical model to provide a basis for the prevention and intervention of adolescent psychological problems.

6 CONCLUSION

This study aims to contribute to the understanding of the relationship between parental relationships and adolescent anxiety and depression. The synthesis of the findings from a number of research reveals that parental relationship is perhaps the most important factor that has a significant influence on the mental health of an adolescent. No matter if it is an indirect way to discuss the impact of parental relationships on adolescent anxiety based on family dynamics or a direct way to examine the relationship between parental parenting style, depression, and adolescent depression, it is clear that good parental relationship can decrease the probability of anxiety and depression among adolescents while the reverse is true.

In line with the findings of this study, the following recommendations are proposed: At the family level, parents should foster a harmonious family environment and adopt positive parenting strategies. This includes providing consistent warmth, support, guidance, and encouragement while avoiding rejection, confusion, excessive force, or neglect in education. Additionally, parents should pay attention to their mental health and recognize the potential impact of their psychological state, including depression and other issues, on their children. At the social level, efforts should be made to enhance public awareness and education regarding the importance of family relationships. Relevant training and resources should be made available to

parents to help them navigate and improve parent-child interactions more effectively. At the school level, mental health education programs and activities should be implemented to guide young people in understanding the influence of family dynamics on their psychological well-being. These initiatives can also help students develop better-coping mechanisms to manage family-related stress.

This study holds great significance. Firstly, it offers a theoretical basis for comprehensively understanding adolescent mental health issues within the framework of family relationships. This understanding is conducive to prompting families, schools, and society to place due attention on adolescent mental health and jointly take measures to enhance it. Secondly, it lays a solid foundation for further exploration of the correlation between parent-child relationships and adolescent mental health. Future research can adopt longitudinal or experimental research designs. By doing so, the causal relationships can be precisely clarified. Expanding the sample scope is also essential, which will enhance the universality and representativeness of research outcomes. Moreover, a more comprehensive consideration of various influencing factors is required to optimize the research model. In conclusion, these efforts will drive the continuous and in-depth progression of research in this area, ultimately providing more robust support for safeguarding the mental health of adolescents.

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