Child Mind
Institute

2025 STUDY REPORT

NAVIGATING MENTAL HEALTH

An Intergenerational Perspective

Child Mind Institute

CHILD MIND INSTITUTE

The Child Mind Institute is dedicated to transforming the lives of children and families struggling with mental health and learning disorders by giving them the help they need. We've become the leading independent nonprofit in children's mental health by providing gold-standard evidence-based care, delivering educational resources to millions of families each year, training educators in underserved communities, and developing tomorrow's breakthrough treatments.

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EXECUTIVE SUMMARY

Families across the US are reporting increased challenges to their mental health and well-being, yet parents and youth don't always see or experience it the same way. The Intergenerational Stressors Study, conducted by the Child Mind Institute, sheds light on the alignment and divergence of mental health stressors and resilience factors across generations. Drawing on a nationally representative survey of 1,000 parent-child pairs (parents ages 26-77 and youth ages 11–22), this study explores how families experience and interpret today's most pressing mental health challenges—from loneliness, bullying, and academic pressures to the rise of social media and artificial intelligence. The results tell a story of both alignment and disconnect—providing insights that can help families, educators, and policy makers build more effective supports.

KEY FINDINGS

- **Shared concerns:** Parents and youth agree that loneliness, bullying, and academic pressure are among the most urgent threats to youth mental well-being.

- **Generational differences:** Youth report greater concern across a wider range of issues than parents, including peer dynamics and romantic relationships.

- **Barriers to care:** Parents emphasize concerns about cost, quality, and availability of services, while youth—particularly older adolescents—highlight stigma and the lack of resources relevant to their needs.

- **Cultural and generational patterns:** Black and Hispanic parents express heightened concern about their children's exposure to bullying, online harassment, and romantic relationships. Millennial parents are more worried about online privacy and digital threats than older parents.

- **A shared foundation:** Most families report strong alignment in recognition of mental health's importance, creating opportunities to build resilience through open dialogue.

WHY IT MATTERS

When parents and youth highlight the same mental health challenge—like loneliness—it signals urgency. And when they diverge, it reveals blind spots that can prevent young people from getting the support they need. Understanding both perspectives is critical for designing effective policies and support systems. This research provides actionable evidence to inform policy, guide practice, and inspire innovative approaches that build resilience across generations.

The stakes have never been higher. Nearly 40% of high school students report persistent feelings of sadness or hopelessness, and one in five has seriously considered suicide in the past year.[1] The 2023 U.S. National Survey of Children's Health found that 31% of teens ages 12–17 live with a diagnosed mental, emotional, developmental, or behavioral condition.[2] Despite this, since 2021 there have been decreases in reports of major depressive episodes and suicide attempts in youths ages 12-25.[3] Although this reduction provides hope for the future of youth mental health, parents remain deeply aware of these pressures: 55% report being very or extremely concerned about the mental health of today's teens,[4] while nearly half say that most days their own stress feels overwhelming, citing financial strain, time demands, technology and social media, and cultural pressures as key drivers.[5]

Parents and children often live through the same events, yet the way they experience and interpret stress can be profoundly different. Research demonstrates that intergenerational dynamics play a powerful role in shaping well-being: economic pressures influence family conflict and children's emotional health,[6] cultural and social stressors have enduring effects on mental health, and even prenatal stress can shape vulnerability across the lifespan.[7,8,9] But previous studies have looked at parents or youth in isolation, or focused narrowly on single stressors like natural disasters, leaving gaps in our understanding of how perceptions differ within families—and how those differences affect resilience, hope, and future planning.

To address these gaps, the Child Mind Institute launched the Intergenerational Stressors Study. By comparing the perspectives of parents and youth, this study clarifies how stress—and resilience— travel between generations, revealing where families are aligned and where perceptions diverge.

METHODOLOGY: SURVEY DESIGN

The Intergenerational Stressors Study surveyed 1,000 parent–child pairs across the US to better understand where youth and their parents are aligned, and where they diverge, in their attitudes, perceptions, and experiences regarding a wide range of potential stressors and their impact on mental health. Parents and their children answered parallel questions about:

1. **Mental Health Knowledge, Attitudes, and Barriers to Care**
2. **Mental Health Stressors and Threats**
3. **Experiences, Attitudes, and Implications of Emerging Technologies**
4. **Future Outlook, Hopefulness, and Economic Stress**

METHODOLOGY: STUDY PARTICIPANTS

The Child Mind Institute collaborated with C+R Research, a market research company, to survey a nationally representative sample of 1,000 matched parent-child pairs (total: 2,000 participants) in July 2025. This design allows researchers to compare perspectives within families—highlighting not just what each generation believes, but how different family dynamics play a role.

Across the US, families are navigating an unprecedented range of stressors—from economic uncertainty and loneliness to emerging technologies, social pressures, and global events. These challenges affect individual well-being, reverberate through family relationships, and shape how young people envision their futures.

The study sample reflects the diversity of the U.S. population, with balanced representation across gender, race/ethnicity, region, and household income level.

The parents were between the ages of 26 and 77 (average age = 45.7 years) and the youth were between the ages of 11 and 22 (average age = 16.5 years). There were more females (65.6%) for parent respondents, while youth had an equal distribution of male and female (49.8%). Over half of participants self-identified as White (Parents: 57.0%; Youth: 53.2%), followed by Black or African American (Parents: 11.4%; Youth: 11.3%) and Multiracial (Parents: 11.5%; Youth: 16.5%).

Preliminary analyses by C+R Research included descriptive statistics to explore trends in parent and youth responses. Results were further examined by age groups (parents: Millennial [aged 28-43], Gen X [aged 44-60], Boomer [aged 61-80]; youth: tween [aged 11-12], early adolescent [aged 13-15], late adolescent [aged 16-18], young adult [aged 19-23]), and similarities and differences were tested for significance at the 95% confidence level.

Additional analyses conducted by the Child Mind Institute examined patterns across demographic characteristics such as gender, race/ethnicity, and urbanicity. Together, these analyses highlight both shared perspectives and meaningful differences across this diverse sample, and what those patterns suggest for action.

SURVEY RESULTS

Parents and youth both feel fairly knowledgeable about mental health, but gaps and misconceptions remain—especially among older parents.

MENTAL HEALTH KNOWLEDGE, ATTITUDES, AND BARRIERS TO CARE

When asked about their knowledge of mental health, both parents and youth expressed a high degree of confidence. Nearly all parents (95%) and a strong majority of youth (84%) report knowing "some" or "a lot" about mental health. Encouragingly, this self-perception tends to align with reality: individuals who believe they know more about mental health also tend to score higher on objective measures of mental health literacy. In other words, people's sense of what they know is generally accurate.

Yet the findings also reveal gaps worth paying attention to. Despite high confidence, a meaningful share of parents still holds misconceptions. Roughly 1 in 8 parents endorse inaccurate beliefs, such as the idea that only adults can develop mental health disorders. These misconceptions are most common among older parents, suggesting that generational differences continue to shape how mental health is understood. Among youth, however, age is not linked to the persistence of false beliefs.

Instead, youth show a more linear progression: as they grow older, their knowledge becomes more accurate. Tweens entering adolescence demonstrate noticeable gains in knowledge, reflecting the role of both lived experience and education during this formative period. But interestingly, once youth reach young adulthood, their knowledge largely plateaus, indicating that while early adolescence may be a period of rapid learning, additional growth in understanding does not necessarily follow without further support or targeted education.

**FIGURE 1:
WAYS PARENTS
& YOUTH GET
MENTAL HEALTH
HELP**

Likelihood
of Different
Support Options

■ Parent
■ Youth

Resource	Tweens 11–12		Gap	Early Adolescents 13–15		Gap	Late Adolescents 16–18		Gap	Young Adults 19–22		Gap
School/university counseling services	14%	35%	21%	14%	33%	19%	11%	36%	25%	15%	29%	14%
Psychiatrist	61%	33%	28%	61%	27%	34%	50%	35%	15%	46%	40%	6%
Employee assistance programs	25%	3%	22%	27%	4%	23%	23%	6%	17%	23%	15%	8%
Therapist/counselor	71%	45%	26%	74%	48%	26%	69%	53%	16%	56%	57%	1%
Friends or family	65%	78%	13%	64%	73%	9%	58%	68%	10%	53%	68%	15%
Primary care physician	63%	39%	24%	61%	40%	21%	50%	43%	7%	51%	50%	1%
Religious/Spiritual leaders	32%	17%	15%	31%	18%	13%	32%	16%	16%	24%	21%	3%
Online therapy platforms	35%	18%	17%	40%	23%	17%	34%	26%	8%	29%	27%	2%
Community mental health centers	24%	14%	10%	30%	11%	19%	24%	15%	9%	24%	22%	2%
Online communities	22%	14%	8%	24%	17%	7%	23%	14%	9%	19%	22%	3%
Other	1%	1%	0%	0%	3%	3%	1%	1%	0%	1%	0%	1%
I wouldn't seek support	2%	3%	1%	2%	2%	0%	3%	2%	1%	6%	2%	4%

Each age group reflects responses from youth in that age range and their parents.
Gap color shows which group reported a higher percentage.

Youth and parents diverge
in what resources they rely on for
mental health information.

There is meaningful overlap in where parents and youth say they have turned or would ever turn for mental health information; both identify healthcare providers, school counselors, and friends/family as important sources. Parents rate receiving mental health information from healthcare professionals highest, then medical websites and friends/family. For youth, the order differs, with friends/family coming in first, followed by social media and healthcare professionals. This shows that for youth, their family and friends may be the first line of defense, highlighting the need for open and supportive relationships. Both generations report using online resources, but the types differ. Youth are more likely to use social media platforms, while parents turn to health-related websites and institutional sources.

Youth's use of social media presents an opportunity for new modes of outreach, but also highlights the need to educate young people on how to determine what sources provide reputable and accurate information.

As was seen in other areas in the study, as youth get older, their sources of mental health information align more with that of their parents.

Parents and youth share similar perceptions of obstacles in the mental health system. Most parents and youth say they would seek help if they were struggling with their mental health. Nearly 8 in 10 parents (79%) and about three-quarters of youth (74%) report that they would reach out for support. On the surface, this is a reassuring sign that families are increasingly open to the idea of care. But the picture becomes more complicated when we look at older youth. As adolescents step into young adulthood, their willingness to seek help drops off, hinting at a troubling gap in support during the very years when independence and stress are on the rise.

Parents and youth also see eye to eye on the biggest barriers in the mental health system: cost, stigma, and lack of awareness. Parents zero in on affordability and the quality of available services, reflecting their role navigating and often paying for care. Youth, particularly older adolescents and young adults, point to a different frustration: the absence of resources that feel accessible and relevant to their lived experiences.

Interestingly, tweens and younger teens are less likely to highlight logistical hurdles like cost or availability. What they do notice, however, is stigma. Even at 11 or 12 years old, 39% of tweens name stigma as a barrier, a number that rises to 44% among early adolescents. This suggests that while younger youth may not yet face the practical challenges of accessing care, they are already acutely aware of the social and cultural forces that can keep people silent.

Both parents and youth ranked loneliness
and social isolation as a concerning
threat to people's mental health.

MENTAL HEALTH STRESSORS AND THREATS

When families were asked to rank a list of stressors on youth mental health in relation to one another, one answer rose decisively to the top: loneliness. Nearly 8 in 10 parents and youth place loneliness and social isolation among their top three concerns, underscoring what many researchers and policy makers have called a national crisis. The worry is consistent across all youth age groups, though parents of younger adolescents (11–15) are the most alarmed, a reminder of how vulnerable the early teen years can be when it comes to belonging and connection.

Bullying, school safety, and academic pressure also loomed large, ranking among the top three concerns for more than half of both parents (54%) and youth (63%). Together, these shared concerns reveal a striking consensus: the daily environments where young

**FIGURE 2:
WHERE PARENTS
& YOUTH LOOK FOR
MENTAL HEALTH
INFORMATION**

■ Parent
■ Youth

Resource	Tweens 11–12		Gap	Early Adolescents 13–15		Gap	Late Adolescents 16–18		Gap	Young Adults 19–22		Gap
Healthcare professionals	64%	16%	48%	60%	19%	41%	55%	27%	28%	51%	42%	9%
Medical websites	55%	16%	39%	56%	19%	37%	49%	30%	19%	43%	36%	7%
Social media	21%	27%	6%	23%	36%	13%	18%	35%	17%	21%	40%	19%
Mental health organizations	30%	11%	19%	35%	12%	23%	30%	18%	12%	34%	26%	8%
Friends, family, or personal contacts	43%	41%	2%	39%	48%	9%	32%	40%	8%	39%	52%	13%
Books or academic articles	26%	11%	15%	23%	14%	9%	17%	11%	6%	17%	14%	3%
Podcasts or YouTube videos	24%	17%	7%	21%	24%	3%	17%	23%	6%	16%	24%	8%
Other	0%	2%	2%	0%	3%	3%	2%	2%	0%	1%	1%	0%
I don't typically look for mental health information	9%	41%	32%	15%	31%	16%	15%	26%	11%	17%	15%	2%

Each age group reflects responses from youth in that age range and their parents.
Gap color shows which group reported a higher percentage.

people live, learn, and socialize are where mental health feels most at risk.

Yet beyond these commonalities, the picture begins to split. Parents are far more likely to spotlight substance use as a leading threat, 74% versus just 42% of youth. Young people, meanwhile, elevate the mental health toll of digital life: 60% rank artificial intelligence (AI) and social media among their top three concerns, compared with 47% of parents. This generational divide reflects the different lenses through which each group views risk. Parents worry about the dangers that might ensnare their children from the outside, while youth feel the strain of technologies that saturate their daily lives.

Interestingly, parents' views shift as their children grow older. Parents of young adults report higher levels of concern about AI and social media, gradually converging with their children's perspective. This may reflect lived experience, watching their teenagers navigate social media more independently or enter workplaces where AI and digital tools are pervasive. In effect, parents may be "catching up" to the realities that their children have long understood.

At the very bottom of the list for both groups: politics, whether global, national, or local. The message here is clear. While the turbulence of current events certainly shapes the broader context, families are more worried about the mental health impacts of immediate, personal stressors that touch their daily lives—loneliness, pressure, safety, and digital overload—than they are about the headlines.

> Youth express greater concern across a wider range of mental health threats, while parents focus most on academic pressures and safety-related issues.

Later in the survey, parents and youth were asked to independently rate their level of concern about 14 potential threats to young people's mental health. This allows for a deeper level of examination of concerns across different demographic factors.

The responses here largely mirror the results of the ranking of stressors. Both groups express high concern regarding loneliness and social isolation, academic and career pressures, and bullying, while showing relatively low concern about the impact of global and domestic political issues.

In general, youth report these threats as more concerning than their parents, expressing heightened worry across a wider range of issues. In particular, they voice greater concern about friend dynamics and romantic relationships — showing again that they are most concerned with the stressors that immediately impact their daily lives.

Notable differences also emerge for specific groups:

YOUTH

- **Age.** As youth get older, their level of concern about the impact of romantic relationships on mental health increases sharply, with the largest jump occurring between early and late Adolescents (Tweens: 36.7%; Early Adolescents: 47.0%; Late Adolescents: 62.5%; Young Adults: 67.3%).

- **Gender.** Female youth express higher levels of concern of the mental health impact of nearly all 14 issues compared to their male counterparts.

PARENTS

- **Race/Ethnicity.** Black and Hispanic parents express greater concern than other groups about the impact on youth mental health of romantic relationships (Black/Hispanic Parents: 41.1%; Other Parents: 30.3%), bullying (Black/Hispanic Parents: 49.9%; Other Parents: 37.7%), and online harassment (Black/Hispanic Parents: 46.7%; Other Parents: 39.0%). In addition, Asian and Hispanic parents are more concerned than other groups about the influence of academic and career pressures (Asian/Hispanic Parents: 61.8%; Other Parents: 49.0%).

- **Generation.** Millennial parents are generally more concerned than older generations (Gen X and Boomers) about the impact of all 14 issues on youth mental health. The widest gaps emerge around bullying (Millennial: 46.6%; Gen X: 38.5%;

FIGURE 3: TOP PERCEIVED THREATS TO MENTAL HEALTH

Percent who reported the threat as a top three concern

■ Parent
■ Youth

Concern/Threat	Tweens 11–12		Gap	Early Adolescents 13–15		Gap	Late Adolescents 16–18		Gap	Young Adults 19–22		Gap
Substance use	73%	42%	31%	76%	43%	33%	77%	49%	28%	69%	36%	33%
AI, social media, and other modern technologies	43%	66%	23%	44%	58%	14%	46%	61%	15%	54%	59%	5%
Domestic politics	20%	6%	14%	12%	10%	2%	21%	8%	13%	20%	10%	10%
Academic, career, and financial stress	54%	64%	10%	56%	63%	7%	51%	60%	9%	55%	64%	9%
Global politics	14%	7%	7%	11%	5%	6%	11%	4%	7%	16%	6%	10%
Loneliness and/or social isolation	84%	76%	8%	84%	82%	2%	76%	79%	3%	70%	71%	1%
Community politics	11%	17%	6%	17%	13%	4%	18%	16%	2%	16%	18%	2%

Each age group reflects responses from youth in that age range and their parents.
Gap color shows which group reported a higher percentage.

Boomer: 37.8%), cyberbullying and online harassment (Millennial: 48.8%; Gen X: 38.3%; Boomer: 35.6%), and online privacy and security (Millennial: 42.4%; Gen X: 30.5%; Boomer: 31.1%). These differences suggest opportunities to provide targeted support for specific communities.

Parents and youth generally align in their perceptions of social media, but parents demonstrate greater concerns about AI.

TECHNOLOGY AND AI: A NEW FRONTIER OF CONCERN

Social media is a concern for both parents and youth, but with nuanced differences. Overall, more than 70% of respondents in both groups express concern about the negative impacts of social media on mental health, academic productivity and focus, and self-esteem.

However, parents express greater anxiety about safety and privacy, while youth are more likely to describe social media as a double-edged sword—both a source of stress and a vital tool for connection.

AI also emerges as a generational fault line. Parents are more likely to view AI as a potential ethical, career, and economic risk, whereas youth express ambivalence, seeing its potential both as a stressor and as a support for learning and problem-solving.

TRANSITION TO ADULTHOOD: LOWER LEVELS OF HOPE AMONG YOUNG ADULTS

Most young people report feeling hopeful and optimistic about the future, but levels are lower among older age groups. Young adults transitioning to adulthood (ages 18–22) show the lowest level of hope (85% rate feeling hopeful, compared with 95% of tweens). Yet even among those who feel hopeful, nearly half say that economic inequality is one factor

that dims their outlook on the future, with rates highest among Black and Hispanic young people. This pattern underscores the importance of supporting young adults with both mental health care and opportunities for economic stability, since challenges in one domain can intensify difficulties in the other.

A SHARED FOUNDATION

Parents and youth have a strong sense of aligned values. Our survey shows that, in many ways, parents and their children are on the same page. Most parents and youth feel aligned in their core values (i.e., the fundamental beliefs and guiding principles that shape how parents and youth think, feel, and act), with only 8% of parents and 12% of youth saying they don't. That's good news, because shared values can be a strong foundation for open and honest conversations about mental health and well-being.

When it comes to concerns about mental health, the alignment is also clear. Most youth (60%) believe their parents are aligned with their concerns, and another 23% think there's at least a chance. Only about 1 in 10 youth felt that their parents were not aligned with respect to their worries. This suggests that, for most families, there's already common ground to start discussions about what supports mental health and what makes it harder.

Nearly two-thirds of youth believe their parents faced the same kinds of stressors when they were young, but only about half of parents agree. This gap could suggest that youth think their parents understand more than they give themselves credit for. Alternatively, it could also indicate that parents have a higher level of awareness of the difference between the present challenges for today's youth compared to those when they were young. Recognizing and talking about this difference could help bridge understanding between generations.

A SHARED URGENCY: KEY INSIGHTS AND RECOMMENDATIONS FOR ACTION

This survey offers a nuanced view of how parents and youth perceive, experience, and respond to different intergenerational mental health stressors, sometimes through the same lens, sometimes through strikingly different ones. What the data shows is not just a list of concerns, but a story of where generations meet in shared urgency and where they diverge in ways that can inform smarter, more targeted action.

WHERE DO PARENTS AND YOUTH AGREE?

- **Loneliness and social isolation.** Both see it as one of the biggest threats to mental health. This agreement across generations is a powerful foundation for collective action, signaling the urgency of fostering connection at home, in schools, and within communities more broadly.

- **Bullying, school safety, and academic pressure.** Both parents and youth voice concerns over bullying, school safety, and academic pressure, issues that echo longstanding research linking academic and safety stressors to youth anxiety and depression.[1,10] These results underscore that the daily environments where youth spend most of their time are also where many of their greatest anxieties take root.

- **Stigma as a barrier.** The shared recognition of stigma as a barrier is equally telling. Younger adolescents already identify stigma as a significant obstacle, suggesting that attitudes about mental health form early and may solidify over time. Investing in anti-stigma education at earlier developmental stages could reduce barriers to care long before youth are in crisis.

- **Value of family, school, and healthcare providers as sources of support.** Parents and youth agree on the importance of healthcare providers, school counselors, and family as trusted sources of mental health support.

- **Openness to seeking help.** Large majorities in both groups say they would seek help if struggling.

- **Shared values.** One of the most encouraging findings is that most parents and youth report that they feel aligned on values as a family, and most youth believe their parents share their mental health concerns. It suggests a promising opportunity: families already possess a shared foundation that can be leveraged to foster dialogue and mutual understanding, even when experiences with specific stressors diverge. By fostering structured, curiosity-driven conversations—supported by schools, clinicians, and community programs—it can help bridge the gap in parents' and youths' perceptions of the most prominent challenges for different generations.

WHERE DO PARENTS AND YOUTH DIFFER?

- **Divergent concerns and perceptions of threats.** While parents and youth align on some threats (e.g., loneliness, bullying), generational differences emerge around other topics. Parents are more likely to rank substance use as a top concern while youth rank the mental health impacts of social media and AI higher. Parents also express greater concerns about online harassment, privacy, and security, reflecting the growing body of evidence documenting the impact of digital environments on adolescent well-being. Compared to their parents, youth expressed greater concern about the impact of peer dynamics and romantic relationships on mental health.

- **Relative importance of support systems.** While parents tend to primarily seek information from healthcare professionals and credible mental health-focused websites, youth first turn to friends, family, and school-related health services. This reflects longstanding developmental research showing that peer networks become central to identity and coping strategies during adolescence. It also underscores the opportunity for schools to serve as critical access points for early intervention.

- **Online sources of information.** When it comes to information sources, parents are more likely to turn to medical and academic websites, while youth are more likely to turn to social media. This highlights the importance of teaching youth digital literacy to ensure the information they receive is accurate and safe.

- **Recognition of systemic barriers.** While both groups are aware of stigma and lack of awareness, parents are more likely to identify affordability, availability and quality of services, as they have more experience navigating the system. Youth are more likely to point to the lack of relevant resources, underscoring a need to create tools and resources that are tailored to modern youth experiences.

- **Trajectory of help-seeking**. Parents remain steady in willingness to seek care regardless of age, while youth show a decline in help-seeking willingness as they move into young adulthood.

- **Future outlook.** Young adults also show lower levels of hope and optimism about their future, particularly in communities of color. This pattern mirrors broader inequities documented in national surveys, where economic precarity and racial disparities contribute to higher stress and lower optimism. The transition into young adulthood, when individuals are expected to assume greater independence while often losing access to pediatric or school-based supports, calls for intentional outreach and accessible, culturally responsive services tailored to this age group, ensuring continuity of care during a critical developmental window.

In sum, while differences persist, parents and children have a great deal of similarities. Harnessing these shared priorities offers a powerful foundation to build collaboration, address generational blind spots, and design interventions responsive to economic realities, cultural identities, and the evolving digital landscape.

RECOMMENDATIONS

FOR PARENTS

1. Leverage shared concerns as conversation starters

Use points of agreement—such as the shared recognition of loneliness as a threat—to open ongoing, judgment-free discussions about mental health. Research shows that open family dialogue is associated with greater resilience and lower conflict.[11] Once conversation is established, explore differences in perspective, sharing experiences without dismissing your child's views.

2. Bridge the digital divide

Ask your child what they see on social media and explore it together, to turn social media from a hidden stressor into an opportunity for guidance and connection. Stay informed about emerging platforms, including AI, and talk proactively about both risks and opportunities to help prevent harm before it escalates.

3. Support informal and peer-based help-seeking

Adolescents naturally turn first to peers and school-based supports. Parents can strengthen these networks by helping youth build circles of trusted friends, adults, and school staff while still modeling the value of professional help when needed.

4. Model help-seeking and openness

The normalization of help-seeking begins at home. Modeling healthy stress management involves correcting outdated or inaccurate beliefs that can create barriers to support. Parents who openly engage with trusted, evidence-based mental health resources themselves reduce stigma and reinforce that seeking support is a sign of strength, not weakness.

5. Support your child through transitions

Understand that your child's needs and experiences will change as they get older. As they reach young adulthood, they may be experiencing new challenges that they may be reluctant to talk about and may not know where to turn for help. Take an active role in supporting them and keeping the dialogue open during this time.

FOR YOUTH

1. Speak up and shape the conversation

Youth should share their perspectives and concerns—whether about relationships, school pressures, or social media—openly with trusted adults. Being outspoken not only helps reduce stigma but also ensures young people's voices actively shape the programs and supports designed for them.

2. Reach out early for support

Don't wait until challenges escalate. Seeking help from friends, family, or counselors at the first signs of distress builds resilience, strengthens recovery, and normalizes asking for support as a healthy life skill.

3. Build and rely on peer support networks

Peer relationships are central to adolescent coping and resilience. Trusted circles—whether in sports, clubs, faith groups, or creative spaces—help combat loneliness and isolation, and create protective buffers against stress. Lean on these networks—but know they can complement, not replace, professional care.

4. Be selective about online sources

Social media can amplify misinformation alongside supportive communities. Youth can strengthen their resilience by seeking information from credible organizations and critically evaluating unverified sources. Build a habit of fact-checking what you see with reputable sources or trusted adults.

5. Plan for the transition to adulthood

If you're nearing high school graduation or entering college/work, make a "mental health plan" for how you'll stay connected to support, whether through a counselor, online resource, or campus/community program. Consistent care is how you can stay healthy and protected from evolving sources of stress.

FOR MENTAL HEALTH PROFESSIONALS, EDUCATORS, AND POLICY MAKERS

1. Prioritize loneliness prevention

Given that both parents and youth ranked loneliness as a key threat, build structured opportunities for social connection (e.g., peer mentorship, clubs, group-based learning). The alignment of parents and youth on loneliness makes this a high-impact area for policy and programming.

2. Integrate mental health education early

Given that tweens and teens have lower levels of mental health literacy, begin to teach basic literacy in middle school, when knowledge rapidly improves. Embedding accurate information early can counter stigma before it solidifies.

3. Meet youth where they are

To maximize the effects of outreach and intervention, support services should aim to meet youth where they already seek help – schools and peers. To capitalize on this trend, schools should strengthen on-site counseling, peer-led programs, and referral systems.

4. Target stigma directly

Even the youngest respondents highlight stigma as an issue. Launch age-tailored anti-stigma campaigns that normalize mental health conversations starting in elementary/middle school. Emphasize that mental health struggles are not a sign of weakness, but a normal part of life and as important to engage with as physical health or academic skills.

5. Support the transition to adulthood

Fund programs that extend mental health coverage, counseling, and career support beyond high school—addressing the sharp drop in help-seeking as youth enter independence.

6. Pair substance use prevention with digital well-being

Integrate substance-use prevention with digital well-being education in schools and pediatric settings. Programs could include brief screenings and supports, alongside media literacy, online safety, and AI awareness. This dual approach addresses the concerns of both youth and parents in a connected way.

7. Tailor outreach to cultural and generational differences

Families' experiences with mental health stressors vary across racial and ethnic backgrounds, with different communities feeling the weight of particular challenges more strongly. Create culturally responsive programs and resources that meet the unique concerns of each community.

Taken together, these recommendations point toward a multi-layered strategy: equip parents to model openness and proactive digital literacy, strengthen schools as early access points, target the unique vulnerabilities of young adulthood, reduce systemic barriers to care, and empower youth to co-create solutions.

CONCLUSION

This study highlights the complex intergenerational dynamics that shape mental health beliefs, behaviors, and support preferences. While parents and youth share broad concerns, they often diverge in how they interpret challenges and seek solutions. Younger adolescents show greater willingness to reach out or help, whereas young adults face declining optimism and trust. Parents recognize the need for stronger systems of care, yet gaps persist in understanding identity and the informal pathways youth rely on for support.

Understanding these intergenerational dynamics is essential for building responsive, effective interventions. By illuminating both shared priorities and points of divergence, this study provides a foundation for advancing research, informing clinical practice, and guiding policy efforts to strengthen resilience, equity, and well-being for families nationwide.

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