

# Parent/Guardian Mental Health

Kimberly Canfield, MD  
Heather Martinez, MSN, RN

June 23, 2025  
June 25, 2025



# Disclosures

## **Kimberly Canfield, MD**

Blue Cross and Blue Shield Plans in Illinois, Montana, New Mexico, Oklahoma and Texas

## **Heather Martinez, MSN, RN**

Blue Cross and Blue Shield Plans in Illinois, Montana, New Mexico, Oklahoma and Texas

---

This material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material, is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider

This information is not to be distributed or shared with unauthorized individuals without express approval.

# Learning Objectives

- 1** Provide an overview of the current state of parent and guardian mental health
- 2** Provide a summary of mental health conditions experienced by parents and guardians, as well as the broader impact on families
- 3** Offer strategies and tools to provide realistic patient-centered care



# Definitions

## Parents and guardians

An individual providing caretaking for a child under the age of 18, inclusive of biological, step, adoptive, kinship and other types of caregivers

## Children

An individual who is under the age of 18 years old. Terms to describe this population – such as children, youth and young people – may be used interchangeably.

Source: [Office of the U.S. Surgeon General](#)



# Definitions

## Stress

A state of worry or mental tension caused by a difficult situation. Stressors can be internal or external 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 or behavior. They may be episodic or chronic in nature.

## Mental health challenges

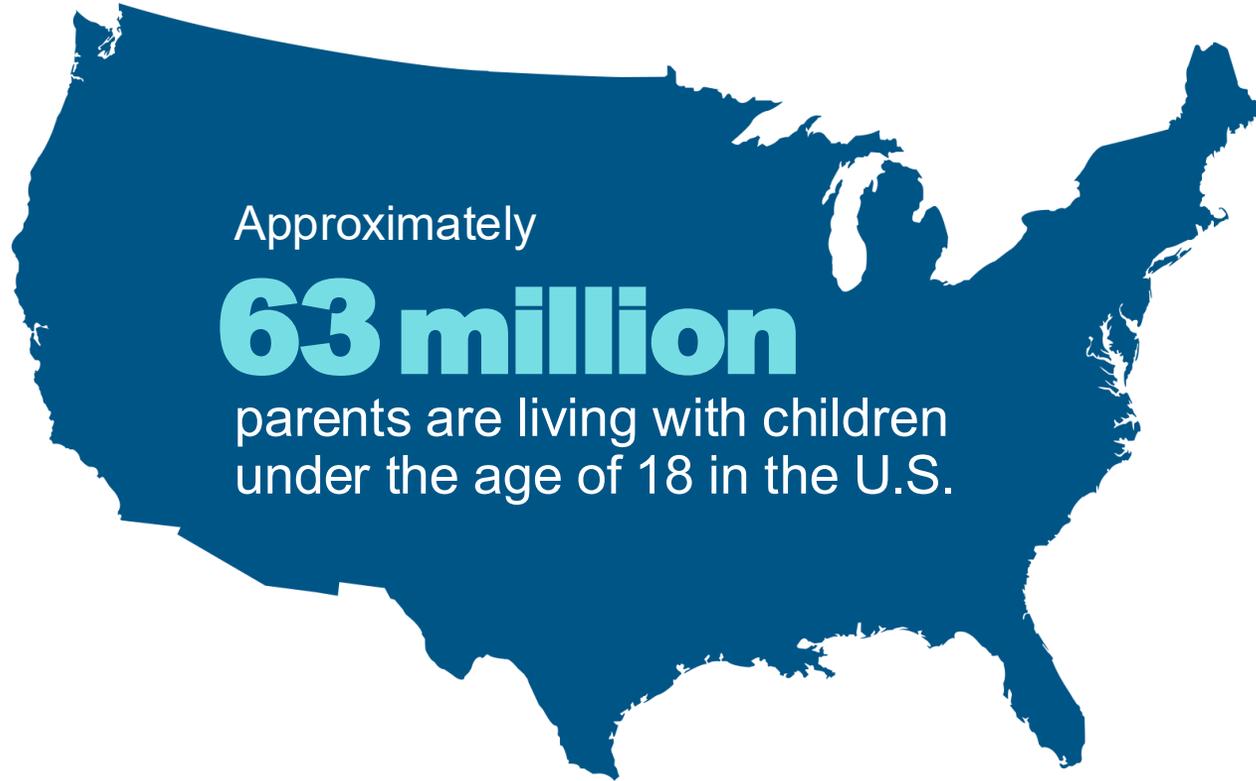
Experiences or difficulties individuals may face, which can affect their mental health without necessarily meeting the criteria for a diagnosable mental health condition

Source: [Office of the U.S. Surgeon General](#)

A blue-tinted background image showing a medical setting. A stethoscope is visible in the lower right, and a tablet or smartphone is in the lower left. The overall scene is slightly out of focus, emphasizing the text.

# **1** Parental Stress

# Parental Stress



There are also millions of **non-parent caregivers** who are the primary caregiver for a child/children.

Between 2016 and 2019, those reporting coping “**very well**” with the demands of raising children decreased from

**67.2%** to **62.2%**



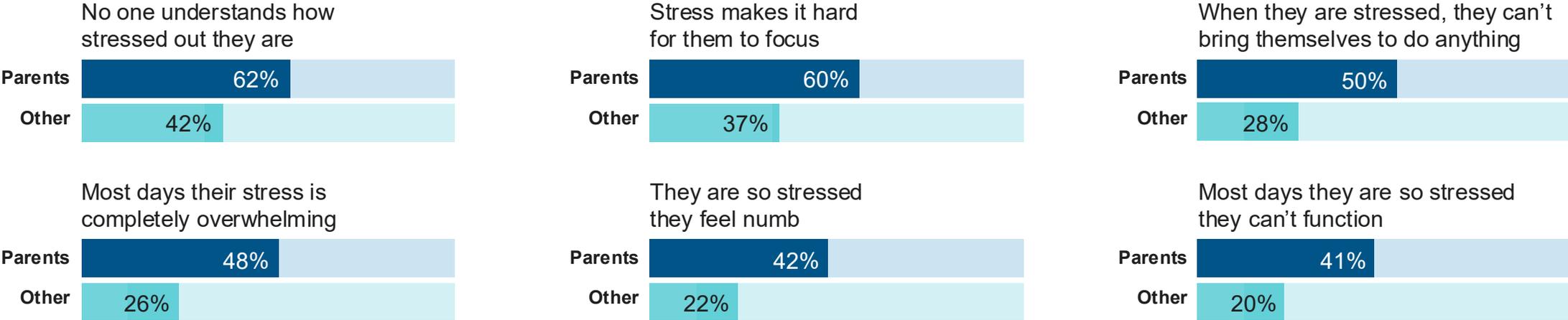
In 2023, **33%** of parents reported high levels of stress in the past month compared to 20% of other adults.

# Parental Stress

**When stress is severe or prolonged, it can have a harmful effect:**

- 41% of parents say that most days they are so stressed they cannot function
- 48% say that most days their stress is completely overwhelming compared to other adults (20% and 26%, respectively)

## Parents were significantly more likely than other adults to say:



Source: [American Psychological Association](#)

# Parental Stress: Past and Present

## Financial strain, economic instability and poverty

- Parents may experience stress due to childcare costs, health care costs, education costs and concerns about finances due to income and employment.
- Childcare prices have grown by approximately 26% in the U.S.
- 66% of parents reporting feeling consumed by worries regarding money compared to 39% of other adults in 2023.

Source: [Office of the U.S. Surgeon General](#)



# Parental Stress: Past and Present

## Time demands

- Parents now dedicate an average of 33.5 hours per week to working or to work-related activities. This is a [28% increase for mothers and a 4% increase for fathers](#), from 1985 to 2022.
- Parents who also care for aging parents or other family members face additional strain.

## Parental isolation and loneliness

- Social isolation and lack of social support can lead to increased stress.

## Cultural pressures and children's future

- Expectations and pressures to meet perceived parenting standards can add to stress.
- 9.7% who spent five or more hours a week arranging health care.

Source: [Office of the U.S. Surgeon General](#)



# Parental Stress: Past and Present

## Children's health

- In the U.S., nearly one in five children (ages 0-17 years) have a special health care need that requires services beyond what is generally required. These could be chronic physical, developmental, behavioral or emotional conditions.
- One in three children with special health care needs needed health care provided at home or care coordinated on a weekly basis. Of these, 28.4% had family members who spent five or more hours a week providing home care.

Source: [Health Resources and Services Administration's Maternal and Child Health Bureau](#)

# Parental Stress: Past and Present

## Children's safety

Parents worry about their children's safety. Causes of worry include:

- Bullying
- Fear of kidnapping
- Fear of child being beaten up
- Fear of child struggling with drugs or alcohol



School safety fears are high among parents. School shootings, or the possibility of one, are a significant source of stress for nearly three-quarters of parents (74%).

Source: [American Psychological Association](#)

# Parental Stress: Past and Present

## Evolving Family structures

- Single parent
- Blended
- Multigenerational households

Each family structure comes with its own challenges and opportunities that can impact mental health and well-being.

## Family disruption

- Divorce
- Separation
- Parental incarceration
- Involvement with child welfare services
- Separation due to immigration policies

## Caregivers when parents are not able to

- In recent years, 2.4 million children are being raised by grandparents, other relatives or family friends, without their biological parents in the household.

Source: [Office of the U.S. Surgeon General](#)

# Parental Stress: What's New

## Technology and social media

- Nearly 70% of parents say parenting is now more difficult than it was 20 years ago due to technology and social media.
- Parents worry that using social media could lead to their child having problems with:
  - Anxiety or depression
  - Lower self-esteem
  - Harassment or bullying

Source: [Office of the U.S. Surgeon General](#)



A blue-tinted background image featuring a medical stethoscope and a tablet computer. The stethoscope is positioned in the lower right, and the tablet is in the lower left. The overall scene is softly blurred, creating a professional and clinical atmosphere.

## 2 Parental Mental Health

# Relationship Between Parental Stress and Mental Health



## Maternal mental health

- Maternal mental health refers to a mother's overall emotional, social and mental well-being, both during and after pregnancy.
- Perinatal period
  - Postpartum depressive symptoms affect approximately 1 in 8 mothers and can occur anytime in the first year after giving birth.
  - The leading cause of pregnancy-related deaths is mental health conditions (22.7%).
- Women generally have a higher prevalence of mental health conditions than men.

Source: [HRSA's Maternal and Child Health Bureau](#)

# Relationship Between Parental Stress and Mental Health



## Paternal mental health

- Increasingly important topic due to being neglected and understudied
  - The most extensive research has focused on perinatal depression, which may occur in approximately 8% to 14% of men between the first trimester of a partner's pregnancy and the end of the first year postpartum.
  - 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.
- A variety of factors can play a role in a dad developing prenatal or postpartum depression.

Source: [National Institutes of Health](#)

# Impact of Parental Mental Health

- Children of parents experiencing mental health conditions are at a higher risk for experiencing developmental, behavioral or mental health issues.
- Mental health conditions can lead to increased health care costs and reduced economic productivity.
- Prevention strategies may have a positive impact on the overall family system, reducing risk factors and promoting improved mental health of both the parents and children.

Source: [Mental Health America](#)



The background of the slide is a solid blue color with a faint, semi-transparent image of a medical professional's hands. One hand is holding a tablet computer, and the other is holding a stethoscope. The overall aesthetic is clean and professional, typical of a healthcare presentation.

## **3** Prevention and Family-Centered Care Considerations

# Family-Centered Care Considerations

## **Prioritize preventive care.**

- Education about stress management and mental health
- Use of wellness and pediatric visits to check in with parents about their well-being, stress, sleep and mental health

## **Mental health is physical health.**

- Discuss with patients the connection between physical health and mental health.
- People affected by mental illness often face cardiovascular and metabolic disease.
- Some physical health conditions, like diabetes, high blood pressure, muscle tension and digestive and sleep problems, can also be linked to mental health concerns like anxiety or depression.
- Work with mental health care providers to co-treat symptoms that may be masked as physical health issues.

Source: [National Alliance on Mental Illness](#)

# Family-Centered Care Considerations

Taking steps to prevent stress can lead to:

1

Decreased contact with chronic or severe stress

2

Parents being empowered to meet the needs of themselves and their children

3

Reduced chance of mental health conditions

Many parents and caregivers have a tough time with the demands of parenting. Normalizing feelings around parenting can be beneficial.

Source: [Office of the U.S. Surgeon General](#)

# Tips for Discussions with Parents



**Talk about it:** Share feelings about burnout



**Parenting skills:** Consider adding new skills



**Change your viewpoint on parenting:** Look for areas to grow or things in your life you are grateful for



**Take breaks**



**Small changes:** Share the load with others in the home, family or community



**Find meaning:** Reconnect with the meaningful aspects of parenting

Source: [American Psychological Association](#)

# Provider Collaboration

Support continuity of care between primary care and mental health professionals.

## Consider behavioral health consultations and telehealth services:

- A behavioral health specialist can discuss with the parent or caregiver their symptoms.
- The behavioral health specialist can work with the PCP to provide referrals to the appropriate type of treatment and discuss medications that may be beneficial.
- Educate on and encourage the importance of coordination of care between primary care and mental health professionals to work together to support the needs of the patient.



# Principles to Consider

- Reassure the patient you want to help.
- Ask about history, current struggles and family dynamics.
- Periodically and routinely screen all patients for mental health disorders.
- Normalize the conversation. Assure the patient this is a difficult conversation and others also struggle with it.
- Recognize differences.
- Discuss safety and identify a plan if needed.

# Screening Tools and Documentation



Screen parents and caregivers for mental health conditions: Universal screenings can be done in many settings, from pediatric appointments to emergency rooms.

## Screenings

- Edinburgh Postnatal Depression Scale (EPDS)
- CAGE Alcohol Questionnaire
- CAGE-AID Questionnaire
- Generalized Anxiety Disorder 2-item (GAD-2)
- Generalized Anxiety Disorder 7-item (GAD-7)
- Patient Health Questionnaire-2 (PHQ-2)
- Patient Health Questionnaire-9 (PHQ-9)
- Patient Health Questionnaire, 15 items (PHQ-15)

# Screening Tools and Documentation

## **Any provider can screen for parental stress.**

- When evaluating patients with a mental health or substance use diagnosis, consider including it as part of the primary diagnosis in documentation.

## **Pediatricians can screen both parents and caregivers.**

- Have a conversation with parents and take time to assess where they are with their mental health.
- Use ancillary staff to ask questions and observe dynamics.
- 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. This can include caregiver emotional and mental health screening from birth to age 21.
- If services are needed, provide parents with referrals and resources.

Source: [Office of the U.S. Surgeon General](#)

# What Can Providers Do

## Discuss medications

- Educate patients on taking medications on a consistent basis, specifically antidepressants and medications prescribed for mental health conditions.
- Educate patients on administering medications to children and family they are caring for on a consistent basis, such as a child who is diagnosed with a mental or physical health condition and prescribed medications.
  - Parents may be worn out and tired. Educating them on the need for consistent medication compliance with the people they are caring for will help them long term. Staying on medications will have better outcomes for the child and thus the parent.
  - Example: A child who is prescribed ADHD medications. Discuss with parents the need to continue these medications during summer months and winter breaks.



# What Can Providers Do



Source: [American Medical Association](#)

## Support around social media

- Ask about media usage at home during routine care appointments. Usage can mask mental health symptoms or conditions and other physical health concerns.
- Educate about how to set healthy, age-appropriate limits for social media usage based on current clinical guidelines.
- Provide resources that help support healthy social media use within the family system.

# What Can Providers Do

## Social determinants of health

Social determinants of health are the nonmedical factors that influence health outcomes.

- They are conditions in which people are born, grow, work, live, worship and age.
- Mental health conditions disproportionately affect certain groups of parents' broader social determinants of health.

Source: [American Medical Association](#)

## What can be done?

- Provide SDOH screenings for patients to assess social needs that may impact their physical and mental health care.
- Offer referrals to system-based or community organizations that provide need-based resources.
- Consider care coordination or case management, where available, to provide wraparound care for your patient.

# Strategies for Follow-Up Care

- Patient-centered care
- Connecting patients with care coordination and case management to assist with providing resources
- Use of telehealth services
- Preventive health care
- Care coordination with outpatient providers to reduce readmission rates and higher levels of care
- Supports to facilitate medication access and adherence
- Consider utilizing access to electronic medical records and admission discharge transfer data, where applicable, to ensure patient has follow-up scheduled
- Encourage patients to keep contact information updated
- Consider programmatic improvements, such as parallel appointments

# Self-Care Considerations for Families





## Provider Resources

[American Medical Association](#)

American Psychiatric Association [Telepsychiatry Toolkit](#)

[National Alliance on Mental Illness](#)

The [National Maternal Mental Health Hotline:](#)

Call or text 833-TLC-MAMA (833-852-6262)

[988 Suicide and Crisis Lifeline](#)

### State-specific resources

 Illinois [Endeavor Health Moms Line:](#) Call 866-364-6667

 Montana [Montana Department of Public Health and Human Services](#)

 New Mexico [NAMI New Mexico](#)

 Oklahoma [Mental Health Association of Oklahoma](#)

 Texas [PeriPAN](#) and [CPAN](#)

# Sources

## American Psychological Association

- [Parental burnout and stress](#)
- [Stress in America](#)
- [Infographic: Parents and other adults](#)

## Centers for Disease Control and Prevention

- [About mental health](#)
- [What is health equity](#)
- [Social determinants of health](#)

## Health Resources and Services Administration, Maternal and Child Health Bureau

- [Children with special health care needs](#)
- [Maternal mental health](#)
- [National maternal mental health hotline](#)

## National Alliance on Mental Illness

- [Mental health is physical health](#)
- [Maternal and new parent mental health](#)

## U.S. Surgeon General's Advisory



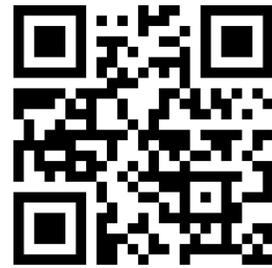
# Videos to Share with Patients

Below are links to short videos we created for our members about behavioral health care and support. Scan the QR codes with your phone camera to access the links.

You may share these with your patients in your waiting rooms or share the links in your patient portals or discharge paperwork. Spanish captions are available.



Information for  
Members About  
Prenatal and  
Postpartum  
Depression



Information for  
Providers About  
Prenatal and  
Postpartum  
Depression



Information for  
Members About  
Quitting Opioids



Information for  
Providers About  
Helping Members  
Quit Opioids



# Videos to Share with Patients

Below are links to short videos we created for our members about behavioral health care and support. Scan the QR codes with your phone camera to access the links.

You may share these with your patients in your waiting rooms or share the links in your patient portals or discharge paperwork. Spanish captions are available.



Continue Your Care  
after a Hospital or  
Emergency Room  
Visit for Mental  
Health or  
Substance Use



Don't Let Your  
Mental Health  
Care End When  
You Leave the  
Hospital



Talk to Your Doctor  
About Your Mental  
Health Medications



Reach Out for  
Help with  
Substance  
Use Concerns

# Thank you.

Questions?

