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**PARENTING STYLES AND MENTAL HEALTH AMONG GENERATION Z  
ADOLESCENTS: A SYSTEMATIC LITERATURE REVIEW****Shylaja K. K.****ABSTRACT****Background**

Adolescence is a critical developmental period characterized by substantial biological, cognitive, emotional, and social changes. Mental-health difficulties emerging during this stage may affect psychological functioning into adulthood. Within the family environment, parenting is an important contextual factor associated with adolescent psychological development. Contemporary adolescents increasingly belong to Generation Z, a cohort growing up amid rapid technological development, social media, digital communication, academic pressures, changing family structures, and significant social disruptions. These changes highlight the continuing importance of understanding the relationship between parenting and adolescent mental health.

**Objective**

This systematic literature review synthesized empirical evidence published between 2020 and 2025 concerning the relationship between parenting styles and mental health among adolescents predominantly representing Generation Z.

**Methods**

The review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 framework. Literature searches were conducted across PubMed/MEDLINE, Scopus, Web of Science, PsycINFO, ScienceDirect, ProQuest, and Google Scholar for studies published between January 2020 and December 2025. Eligible studies were empirical investigations involving adolescents that examined parenting styles or parenting-related dimensions in association with mental-health or psychological outcomes. Following duplicate removal, title and abstract screening, and full-text assessment, eligible evidence was synthesized narratively because of substantial heterogeneity in study populations, parenting measures, outcomes, and study designs.

**Results**

The search identified 1,284 records from the seven databases and 36 additional records through reference-list and citation searching, resulting in 1,320 records. After removal of 312 duplicates, 1,008 records were screened. Following title and abstract screening, 162 reports were assessed for full-text eligibility. Seven reports could not be retrieved, and 125 were excluded after full-text assessment. Thirty studies were included in the final qualitative synthesis. Overall, supportive parenting characterized by warmth, responsiveness, emotional availability, constructive communication, and autonomy support was generally associated with more favourable psychological outcomes. In contrast, authoritarian, psychologically controlling, rejecting, harsh, overprotective, and emotionally distancing practices were more frequently associated with depression, anxiety, stress, lower self-esteem, and

broad psychological difficulties. Self-esteem, emotion regulation, psychological flexibility, perceived social support, and parent-adolescent relationship quality emerged as potential mechanisms or modifying factors.

### Conclusion

The available evidence indicates that parenting is an important psychosocial correlate of adolescent mental health. Parenting that combines warmth and emotional availability with appropriate behavioural boundaries and support for developing autonomy appears to be associated with better psychological adjustment. However, methodological heterogeneity and the predominance of cross-sectional research limit causal interpretation. Future research should prioritize longitudinal and culturally sensitive designs and should give greater attention to fathers, digital parenting, diverse family structures, and bidirectional parent-adolescent relationships.

**KEYWORDS:** Parenting styles; Generation Z; adolescents; mental health; depression; anxiety; stress; psychological well-being; self-esteem; systematic literature review.

## 1. INTRODUCTION

Adolescence is a critical stage of human development involving rapid biological maturation and substantial changes in cognitive, emotional, interpersonal, and social functioning.

During this period, young people increasingly develop autonomy, establish their identities, strengthen peer relationships, and renegotiate relationships with parents and other adults. Although adolescence provides important opportunities for psychological growth, it is also a period during which vulnerability to mental-health difficulties may increase.

Adolescent mental health is influenced by multiple interacting factors, including individual characteristics, family relationships, peer relationships, educational environments, socioeconomic circumstances, community contexts, stressful experiences, and the wider social environment. Within this network of influences, parenting is particularly important because parents typically constitute one of the most enduring interpersonal environments in a young person's development.

Parenting style broadly refers to the emotional and behavioural climate in which parents interact with their children. Traditional conceptualizations distinguish authoritative, authoritarian, permissive, and neglectful or uninvolved parenting. These patterns reflect varying combinations of parental responsiveness and demandingness. Authoritative parenting is generally characterized by warmth and responsiveness combined with reasonable expectations and behavioural boundaries. Authoritarian parenting involves relatively high demands and control with comparatively lower responsiveness. Permissive parenting is characterized by greater responsiveness but limited behavioural control, whereas neglectful or uninvolved parenting reflects low responsiveness and low demandingness.

Contemporary research increasingly emphasizes that parenting cannot be understood solely through these four categorical styles. Specific dimensions such as parental warmth, responsiveness, autonomy support, psychological control, rejection, overprotection, coercion, and emotional availability may provide a more detailed understanding of how family interactions relate to adolescent psychological functioning.

Previous systematic evidence has reported associations between parental warmth, behavioural control, autonomy granting, and fewer internalizing symptoms, while psychological and harsh control have been associated with greater psychological difficulties. More recent research has expanded the range of outcomes examined to include depression, anxiety, stress, self-esteem, psychological well-being, behavioural difficulties, psychological flexibility, and perceived social support.

The relevance of these relationships is particularly important for Generation Z. The term Generation Z is commonly used to describe individuals born approximately from the late 1990s through the early 2010s, although generational boundaries vary across researchers and institutions. Not all studies

involving adolescents explicitly identify participants as Generation Z; therefore, generational classification must be interpreted cautiously.

Generation Z has grown up within an increasingly digital environment involving smartphones, social media, online communication, digital education, internet-based entertainment, and constant access to information. These circumstances have introduced new challenges into parent-adolescent relationships, including negotiations surrounding screen time, social-media use, online friendships, digital privacy, cyberbullying, online education, digital safety, and exposure to online information.

The COVID-19 pandemic further intensified many of these circumstances by increasing the amount of time adolescents spent at home and online. Consequently, although traditional parenting frameworks remain relevant, contemporary parenting must also be understood within a substantially changed technological and social environment.

Against this background, the present systematic literature review examined empirical evidence published between 2020 and 2025 concerning parenting styles and parenting-related practices in relation to mental health among contemporary adolescents predominantly representing Generation Z.

## 2. METHODS

### 2.1 Review Design

A systematic literature review design was adopted. The review was structured and reported according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 framework.

### 2.2 Eligibility Criteria

Examined adolescents approximately 10–19 years of age; Involved participants predominantly overlapping with the commonly defined Generation Z cohort; Examined parenting styles or parenting-related constructs; Assessed at least one mental-health or psychological outcome; Represented empirical research; were published between January 2020 and December 2025; Were published in peer-reviewed journals; were available in English; and Provided sufficient methodological information for evaluation and synthesis. Studies were excluded when they: focused exclusively on adults; included children without separately reported adolescent findings; did not examine parenting; did not assess psychological or mental-health outcomes; were editorials or commentaries; were conference abstracts without sufficient data; were dissertations or theses where peer-reviewed journal evidence was available; were systematic reviews or meta-analyses; were duplicate publications; or did not provide sufficient information for data extraction.

### 2.3 Information Sources and Search Strategy

The literature search covered seven electronic databases: PubMed/MEDLINE, Scopus, Web of Science, PsycINFO, ScienceDirect, ProQuest, and Google Scholar. Searches covered studies published between 1 January 2020 and 31 December 2025.

The search strategy combined concepts related to parenting styles or parenting practices, adolescents or Generation Z, and mental-health or psychological outcomes. Additional records were identified through reference-list and citation searching.

### 2.4 Study Selection

Retrieved records were compiled and duplicates were removed before screening. Titles and abstracts were assessed against the predefined eligibility criteria. Potentially eligible reports were retrieved for full-text assessment, after which studies were included or excluded according to the eligibility criteria.

The initial database search identified 1,284 records. An additional 36 records were identified through reference-list and citation searching, producing 1,320 records. Following removal of 312

duplicates, 1,008 records remained for screening. Of these, 846 were excluded during title and abstract screening.

Full texts were sought for 162 reports. Seven reports could not be retrieved, leaving 155 reports for full-text assessment. A total of 125 reports were excluded at this stage. The final qualitative synthesis therefore included 30 studies.

**Table 1. Study-selection process**

| Stage                                     | Records |
|-------------------------------------------|---------|
| Records identified through databases      | 1,284   |
| Additional records identified             | 36      |
| Total records identified                  | 1,320   |
| Duplicates removed                        | 312     |
| Records screened                          | 1,008   |
| Records excluded during screening         | 846     |
| Full-text reports sought                  | 162     |
| Reports not retrieved                     | 7       |
| Full-text reports assessed                | 155     |
| Full-text reports excluded                | 125     |
| Studies included in qualitative synthesis | 30      |

The reasons for full-text exclusion included wrong population, wrong parenting variable or exposure, wrong mental-health outcome, wrong publication type, publication outside the specified period, insufficient methodological information, and duplicate or overlapping samples.

## 2.5 Quality Appraisal

The methodological quality and potential risk of bias of included studies were assessed using appraisal criteria appropriate to the study design. Domains considered included research design, sampling strategy, sample size and representativeness, validity and reliability of measurement instruments, management of potential confounding factors, statistical analysis, completeness of outcome reporting, and potential sources of bias.

Because the included studies varied substantially in design and methodology, their findings were interpreted with consideration of these methodological differences.

## 2.6 Data Extraction and Synthesis

Information extracted from eligible studies included publication year, country or setting, study design, sample characteristics, parenting construct, mental-health outcome, measurement instruments, principal findings, and potential mediating or moderating factors. Because substantial heterogeneity existed in study populations, parenting measures, psychological outcomes, and study designs, statistical meta-analysis was not undertaken. Findings were instead synthesized narratively and organized around major parenting dimensions and psychological outcomes.

### 3. RESULTS

#### 3.1 Characteristics of the Evidence

Thirty studies met the eligibility criteria and were included in the qualitative synthesis. The studies varied considerably in geographical setting, sample size, study design, parenting constructs, psychological outcomes, and measurement instruments.

Most studies used cross-sectional designs, while a smaller number employed longitudinal or intervention approaches. Participants were predominantly adolescents recruited from school or community settings.

The parenting dimensions examined included authoritative and authoritarian parenting, parental warmth, responsiveness, autonomy support, psychological control, rejection, overprotection, coercion, structure, and emotional distancing.

Mental-health outcomes included depression, anxiety, stress, emotional well-being, self-esteem, internalizing problems, psychological distress, and related indicators of psychological adjustment.

Overall, the evidence did not indicate a simple one-to-one relationship between a single parenting style and a single mental-health outcome. Instead, adolescent mental health appeared to be associated with multiple interacting dimensions of parenting and psychological functioning.

#### 3.2 Supportive Parenting

Supportive parenting emerged as one of the most consistent positive patterns in the reviewed evidence. Parental warmth, responsiveness, emotional availability, acceptance, constructive communication, and appropriate support were generally associated with better psychological adjustment.

Studies examining emotional warmth suggested that adolescents who perceived greater parental warmth tended to report more favourable mental-health outcomes. Positive parenting may contribute to adolescents' sense of security, acceptance, belonging, and personal value.

The evidence also suggests that the benefits of supportive parenting may operate through psychological mechanisms such as self-esteem and psychological flexibility. Supportive family environments may therefore function as protective psychosocial contexts during adolescence.

#### 3.3 Controlling Parenting

The relationship between parental control and adolescent mental health was more complex. Appropriate behavioural control may provide adolescents with structure, boundaries, expectations, and guidance. However, psychological control differs from constructive behavioural guidance because it may interfere with emotional and psychological autonomy.

Excessive monitoring, intrusive control, guilt induction, manipulation, persistent criticism, and pressure may therefore be associated with greater psychological difficulties. The distinction between behavioural control and psychological control is consequently important. Treating all forms of parental control as equivalent may obscure meaningful differences in their effects and associations with adolescent well-being.

#### 3.4 Parental Rejection and Emotional Distancing

Parental rejection and emotional distancing were generally associated with poorer psychological outcomes.

When adolescents perceive parents as emotionally unavailable, rejecting, or persistently critical, they may experience reduced feelings of belonging and self-worth. Evidence within the reviewed literature associated parental rejection with poorer mental-health outcomes.

Emotional distancing may therefore represent an important risk-related parenting dimension, particularly when it occurs alongside criticism, low responsiveness, or limited emotional availability.

### 3.5 Autonomy Support

Autonomy support emerged as another important dimension of positive parenting. Adolescence is characterized by increasing demands for independence and identity development. Parents who acknowledge adolescents' perspectives, provide appropriate choices, encourage independent decision-making, and avoid unnecessary psychological pressure may facilitate healthier psychological development.

Evidence examining promotion of volitional functioning indicated negative associations with anxiety and depression, suggesting that supporting adolescents' developing autonomy may contribute to psychological adjustment.

Autonomy support should not, however, be interpreted as the absence of parental guidance. Rather, the evidence supports a balance between developmentally appropriate boundaries and respect for increasing independence.

### 3.6 Mental - Health Outcomes Depression

Depressive symptoms were among the most frequently examined outcomes. Supportive parenting, warmth, and autonomy-supportive practices were generally associated with more favourable psychological outcomes, whereas rejection, psychological control, excessive overprotection, and harsh parenting were more frequently associated with depressive symptoms.

However, because many studies were cross-sectional, these associations should not be interpreted as evidence that parenting directly causes depression.

#### Anxiety

Anxiety was also frequently examined. Supportive parenting and autonomy-supportive practices tended to be associated with better psychological adjustment, while overprotection, psychological control, rejection, and other negative parenting dimensions were more frequently associated with anxiety symptoms.

#### Stress and Psychological Distress

The evidence also indicated relationships between parenting practices and broader psychological distress and stress-related outcomes. Warmth, emotional responsiveness, and constructive communication may provide adolescents with resources for coping with stressful experiences.

Self-Esteem and Psychological Well-Being Supportive parenting was generally associated with greater self-esteem and psychological well-being. Conversely, rejection and persistent criticism may contribute to negative self-evaluation.

These findings suggest that parenting may influence adolescent mental health not only through symptoms such as depression and anxiety but also through broader dimensions of psychological functioning.

## 4. MEDIATING AND MODERATING FACTORS

The relationship between parenting and adolescent mental health appears to involve several psychological and interpersonal mechanisms.

### 4.1 Self-Esteem

Self-esteem may partially explain the association between parenting and mental health. Supportive parenting can communicate acceptance and personal value, potentially strengthening positive self-evaluation. Conversely, rejection and excessive criticism may contribute to negative self-perceptions.

## 4.2 Psychological Flexibility

Psychological flexibility may represent another mechanism through which parenting relates to mental health. Adolescents who are better able to experience difficult thoughts and emotions without becoming excessively controlled by them may be better equipped to cope with stressful experiences.

Evidence in the reviewed literature identified psychological inflexibility as a potential mechanism linking parenting characteristics with adolescent mental-health outcomes.

## 4.3 Emotion Regulation

Emotion regulation may also contribute to the relationship. Warm and emotionally responsive parenting can provide adolescents with opportunities to recognize, express, and manage emotions effectively.

Longitudinal evidence included in the review supports the importance of emotion-regulation processes in explaining associations between parental warmth and internalizing difficulties.

## 4.3 Perceived Social Support

Support from peers, teachers, extended family members, and other significant adults may buffer some of the negative psychological effects associated with difficult family experiences.

Adolescents with supportive relationships outside the immediate parent-child relationship may therefore experience better psychological adjustment even when parenting difficulties are present.

## 4.4 Cultural Context

Culture may modify the relationship between parenting and mental health. The psychological meaning of autonomy, obedience, parental authority, and family interdependence varies across societies.

Consequently, parenting behaviours should be interpreted within their sociocultural contexts rather than classified as universally positive or negative.

## 5. DISCUSSION

This systematic literature review synthesized evidence published between 2020 and 2025 concerning parenting styles and mental health among contemporary adolescents predominantly representing Generation Z.

The strongest overall pattern concerned supportive parenting. Warmth, emotional availability, responsiveness, autonomy support, and constructive communication were generally associated with more favourable psychological outcomes.

In contrast, rejection, excessive psychological control, overprotection, harshness, and emotional distancing were more frequently associated with depression, anxiety, internalizing symptoms, and poorer psychological well-being.

These findings are broadly consistent with earlier systematic evidence indicating that parental warmth and autonomy-supportive practices are generally favourable, whereas psychological and harsh control are associated with greater internalizing difficulties.

An important contribution of the recent literature is the increasing recognition that parenting may influence adolescent mental health through multiple psychological processes rather than through a single direct pathway. Self-esteem, emotion regulation, psychological flexibility, perceived social support, and satisfaction of psychological needs may contribute to the relationship.

### The findings can therefore be conceptualized as:

Parenting characteristics → Psychological/interpersonal processes → Adolescent mental health

This model emphasizes that adolescent mental health develops within a complex interpersonal and social environment.

### 5.1 Parenting in the Context of Generation Z

The findings should also be interpreted in relation to the distinctive environment in which Generation Z adolescents have developed.

Digital technology has become integrated into education, communication, entertainment, and social relationships. Parents consequently face issues that were less prominent in earlier generations, including social-media use, screen time, digital privacy, online friendships, cyberbullying, and online safety.

Traditional parenting principles such as warmth, communication, appropriate boundaries, and autonomy remain relevant, but they must increasingly be applied within digital environments.

Healthy digital parenting may therefore involve guidance and monitoring while simultaneously respecting adolescents' developing autonomy and privacy.

### 5.2 Bidirectional Parent-Adolescent Relationships

The relationship between parenting and adolescent mental health may also be bidirectional.

Parenting may influence adolescent mental health, but adolescent psychological functioning may simultaneously influence parenting behaviour. For example, an adolescent experiencing depression may become withdrawn or irritable, which may increase parental concern and controlling behaviour. Increased parental control may subsequently contribute to family conflict.

This possibility is important because it prevents parenting from being treated as the sole explanation for adolescent mental-health difficulties.

Future longitudinal studies should therefore examine reciprocal parent-adolescent processes rather than assuming that parenting is always the starting point of the relationship.

### 5.3 Implications for Mental-Health Practice

The findings have implications for counselling psychologists, school psychologists, family therapists, teachers, and other professionals working with adolescents.

Parent-focused interventions may benefit from emphasizing: Emotional warmth and availability; Active listening; Empathy and validation; Respectful parent-adolescent communication; Appropriate behavioural boundaries; Support for developing autonomy; Constructive discipline; Reduction of psychologically controlling behaviours; Avoidance of humiliation and persistent criticism; Appropriate monitoring rather than excessive surveillance; and Collaborative problem-solving.

Family-based counselling may be particularly useful when adolescent psychological difficulties occur alongside persistent parent-adolescent conflict.

Importantly, parenting interventions should avoid blaming parents. Parenting takes place within broader social, economic, cultural, educational, and family circumstances.

### 5.4 Implications for Schools

Schools can contribute to adolescent mental-health promotion through: Parent-education programmes; Adolescent counselling services; Social-emotional learning; Communication-skills programmes; Family referral services; Early identification of psychological difficulties; and Psychoeducation concerning healthy digital parenting.

Schools can also provide an important setting for improving communication among parents, adolescents, teachers, and mental-health professionals.

## 6. STRENGTHS AND LIMITATIONS

This review has several strengths. First, it focuses on recent evidence published between 2020 and 2025. Second, it considers both traditional parenting styles and specific parenting dimensions. Third, it examines multiple mental-health outcomes rather than focusing exclusively on depression or anxiety. Fourth, it considers potential psychological and interpersonal mechanisms. Fifth, the evidence

encompasses multiple geographical and cultural settings. Finally, the review follows the PRISMA 2020 reporting framework. Several limitations should nevertheless be considered.

First, many included studies used cross-sectional designs, limiting conclusions concerning causality and temporal direction. Second, several studies relied on adolescent self-report measures, which may introduce recall and common-method bias. Third, substantial heterogeneity existed in the theoretical models and instruments used to assess parenting, making direct comparisons difficult. Fourth, mental-health outcomes varied considerably across studies, including depression, anxiety, stress, self-esteem, emotional well-being, and internalizing symptoms.

Fifth, the included evidence originated from different cultural contexts, limiting the extent to which findings can be generalized globally. Finally, many studies did not explicitly identify participants as Generation Z. In some cases, generational membership was inferred from age and publication period. Therefore, conclusions specifically attributed to Generation Z should be interpreted cautiously.

## 7. RECOMMENDATIONS FOR FUTURE RESEARCH FUTURE RESEARCH SHOULD:

Prioritize longitudinal research designs to clarify temporal and causal relationships; Conduct randomized or controlled parenting interventions where ethically and practically appropriate; Examine bidirectional parent–adolescent relationships; Include both mothers and fathers; Include diverse family structures; Clearly distinguish behavioural control from psychological control; Investigate digital parenting and technology-related family interactions; Examine social-media-related parent–adolescent conflict; Investigate self-esteem and emotion regulation as potential mechanisms; Examine cultural differences in the meaning and effects of parenting; Use validated and culturally appropriate measurement instruments; Report participant birth years when generational comparisons are intended; and Include underrepresented countries and populations.

## 8. CONCLUSION

This systematic literature review indicates that parenting is an important psychosocial correlate of adolescent mental health. Parenting characterized by warmth, responsiveness, emotional availability, supportive communication, appropriate behavioural boundaries, and autonomy support is generally associated with more favourable psychological adjustment. In contrast, rejection, excessive psychological control, overprotection, harshness, and emotional distancing are more frequently associated with depression, anxiety, internalizing symptoms, and poorer psychological well-being. The evidence further suggests that the relationship between parenting and adolescent mental health may operate through multiple psychological and interpersonal mechanisms, including self-esteem, psychological flexibility, emotion regulation, satisfaction of psychological needs, and perceived social support.

However, parenting should not be viewed as a single direct cause of adolescent mental-health outcomes. Adolescent mental health develops within a complex system involving parents, adolescents, peers, schools, communities, and broader social conditions. The predominance of cross-sectional research, methodological heterogeneity, reliance on self-report measures, cultural differences, and inconsistent operationalization of Generation Z limit causal interpretation.

Future research should therefore prioritize longitudinal, culturally sensitive, and methodologically rigorous approaches, with greater attention to fathers, digital parenting, diverse family structures, and bidirectional parent–adolescent processes.

Overall, the evidence supports parenting approaches that combine warmth, emotional availability, appropriate structure, respectful communication, and support for developing adolescent autonomy as potentially important components of adolescent mental-health promotion.

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