

# Relational Health: The Connection Between Adult and Childhood Mental Health

Children’s mental health is influenced by several factors, including genetic predisposition, parental or caregiver mental health, and exposure to Adverse Childhood Experiences (ACEs) such as violence in the home or community, emotional abuse or neglect, and economic hardship. Although the relationship between these factors is complex, Utah’s higher-than-average ACE scores and adult mental health needs indicate areas of potential influence to support childhood mental health in the state.

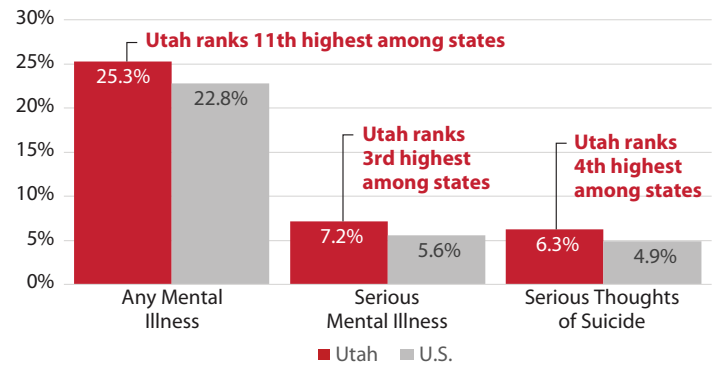
## Utah and Childhood Mental Health

National estimates show 11-23% of Utah children between the ages of 3–11 experience mental, emotional, developmental, or behavioral challenges.<sup>1</sup> The mental health of children is influenced by many factors with research demonstrating a strong link between the mental health of children and their parents and caregivers.<sup>2,3</sup> Rates of adults with a mental health condition are higher in Utah than in most other U.S. states and the national average (Figure 1).<sup>4</sup> Additionally, the rates of Utah parents reporting difficulty coping with the demands of raising children or experiencing poor mental health are among the highest in the nation (Figure 2).

Children with a parent or caregiver with poor mental health are at an increased risk of experiencing ACEs, which can lead to mental and behavioral health challenges in childhood and into adulthood if untreated or mitigated by positive childhood experiences and other protective factors (Figure 3).<sup>5,6,7,8,9,10</sup> Figure 3 illustrates the relationship described in the literature between parent or caregiver mental health, exposure to adverse childhood experiences, and a child’s mental health outcomes. The figure also demonstrates how the relationship can be circular, with the child’s mental health influencing the parent or caregiver’s mental health in return.

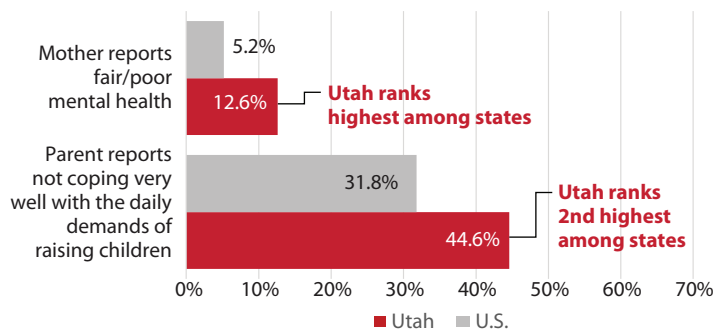
In Utah, 67.8% of adults have experienced one or more ACE, which is higher than most other states and the U.S. average (63.9%, Figure 4).<sup>11</sup> The second most common ACE experienced by Utah adults is living in a household with someone with a mental illness (28.1%).<sup>12</sup>

**Figure 1: Utah Adults Reporting Mental Illness in the Past Year, 2021**



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021

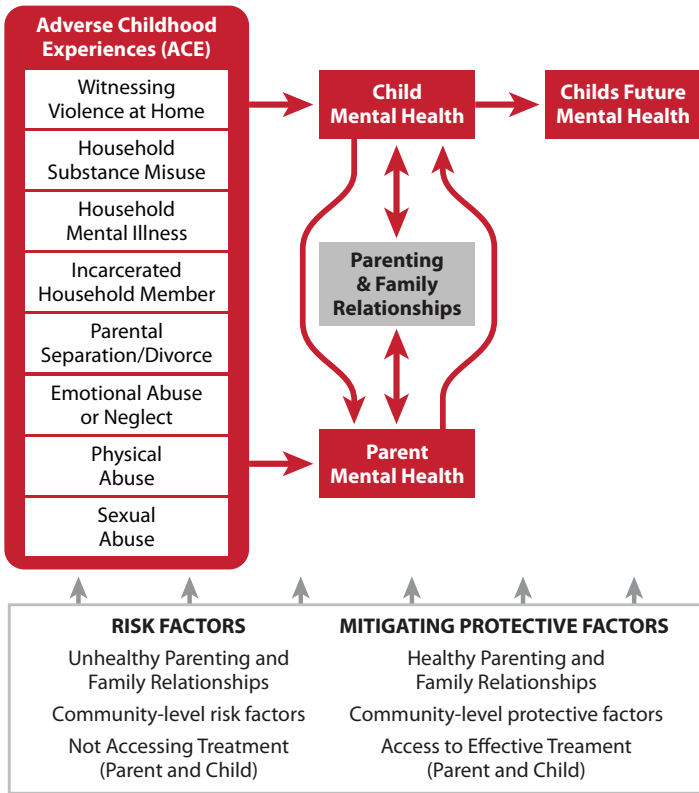
**Figure 2: Share of Children Under Age 3 with Mothers Experiencing Poor Mental Health in Utah and U.S., 2018-2020 (combined)**



Source: US Department of Health and Human Services (HHS), HRSA, MCHB. (2019-2021). 2018-2020 National Survey of Children’s Health NSCH Public-Use Data. From Prenatal-to-3 State Policy Roadmap.

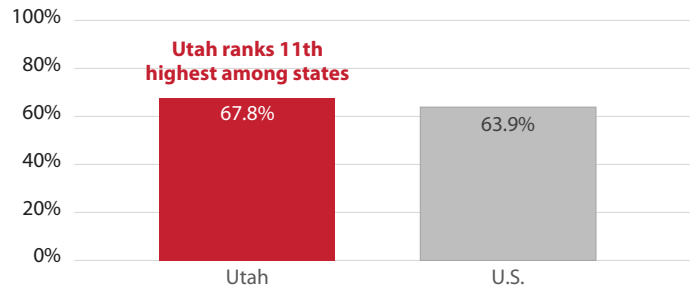
Rates of untreated mental health needs for children in Utah is the highest in the U.S. (Figure 5) and nearly 50% of Utah adults with a mental health condition are not receiving treatment.<sup>1,13</sup> Childhood intervention and access to treatment for parents and caregivers can reduce the impacts of poor parent/caregiver mental health on children and reduce the likelihood of long-term mental health challenges of children (Figure 3).

**Figure 3: Relationship Between Adverse Childhood Experiences (ACE), Parent/Caregiver Mental Health, and Mental Health of the Child**



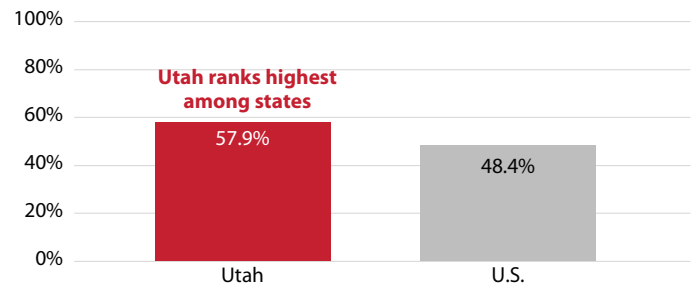
Note: The examples above are not a complete list of adverse childhood experiences. The graphic is for illustrative purposes only and is not a comprehensive depiction of all the complex factors influencing or mediating ACEs, children's mental health outcomes, and parent mental health.  
Source: Kem C. Gardner Policy Institute based on a review of the literature.

**Figure 4: Share of Utah Adults Reporting One or More Adverse Childhood Experience (ACE) 2011-2020 (combined)**



Source: Behavioral Risk Factor Surveillance System. United States, 2011–2020, from Swedo EA, Aslam MV, Dahlberg LL, et al. Prevalence of Adverse Childhood Experiences.

**Figure 5: Share of Children, Ages 3-17, with a Mental/Behavioral Condition Who Did Not Receive Treatment or Counseling in Utah and U.S., 2020-2021 (combined)**



Source: Child and Adolescent Health Measurement Initiative. 2020-2021 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).

**Endnotes**

1. Child and Adolescent Health Measurement Initiative. 2020-2021 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved 07/26/2023 from www.childhealthdata.org.
2. Wolicki SB, Bitsko RH, Cree RA, et al. Associations of mental health among parents and other primary caregivers with child health indicators: Analysis of caregivers, by sex—National Survey of Children's Health, 2016–2018, Adversity and Resilience Science: Journal of Research and Practice. Published online April 19, 2021
3. Centers for Disease Control and Prevention. Mental Health of Children and Parents. Retrieved from: https://www.cdc.gov/childrensmentalhealth/features/mental-health-children-and-parents.html
4. SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021.
5. Wolicki SB, Bitsko RH, Cree RA, et al. Associations of mental health among parents and other primary caregivers with child health indicators: Analysis of caregivers, by sex—National Survey of Children's Health, 2016–2018, Adversity and Resilience Science: Journal of Research and Practice. Published online April 19, 2021
6. Falkov, A. (2012). The Family Model Handbook. Managing the Impact of Parental Mental Health on Children. Hove: Pavilion Professional.
7. Kamis C. The Long-Term Impact of Parental Mental Health on Children's Distress Trajectories in Adulthood. Soc Ment Health. 2021 Mar 1;11(1):54-68.
8. Kumar, M., Amugune, B., Madeghe, B. et al. Mechanisms associated with maternal adverse childhood experiences on offspring's mental health in Nairobi informal settlements: a mediational model testing approach. BMC Psychiatry 18, 381 (2018).
9. ACEs include exposure to abuse, neglect, violence, a household substance use disorder or mental illness, parental separation or divorce, an incarcerated household member, and other adverse experiences among children before the age of 18.
10. Reupert, A., Maybery, D., & Nicholson, J. (2015). Towards the development of a conceptual framework. In A. Reupert, D. Maybery, J. Nicholson, M. Göpfert, & M. V. Seeman (Eds.), Parental psychiatric disorder: Distressed parents and their families (pp. 1–15). Cambridge University Press.
11. Swedo EA, Aslam MV, Dahlberg LL, et al. Prevalence of Adverse Childhood Experiences Among U.S. Adults — Behavioral Risk Factor Surveillance System, 2011–2020. MMWR Morb Mortal Wkly Rep 2023;72:707–715. DOI: http://dx.doi.org/10.15585/mmwr.mm7226a2
12. Swedo EA, Aslam MV, Dahlberg LL, et al. Prevalence of Adverse Childhood Experiences Among U.S. Adults — Behavioral Risk Factor Surveillance System, 2011–2020. MMWR Morb Mortal Wkly Rep 2023;72:707–715. DOI: http://dx.doi.org/10.15585/mmwr.mm7226a2
13. Behavioral Health Barometer Utah, Volume 6. (2020). Substance Abuse and Mental Health Services Administration

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