



Parenthood and mental health

Initial findings from Next Steps at Age 32

Between 2019-2020, one in three children in the UK lived with at least one parent experiencing emotional distress. And, over the last five years there has been a steady increase in the proportion of children living with at least one parent reporting emotional distress, indicating a decline in parental mental health over time ^[1]. Parental mental health is therefore a critical public health issue with implications for both parents and their children.

Parenting can be both rewarding and challenging, and previous literature has shown mixed effects of parenthood on mental health and well-being. Studying the effect of parenthood can be challenging, because people with different characteristics become parents compared to those who do not. By using evidence from Next Steps, which has collected data on study participants since adolescence, we can control for differences in early life which may influence fertility decisions, to better understand whether parenthood is associated with mental health at age 32.

Previous research shows that there is an unequal mental health burden by gender ^[2], and that this difference may relate to parenthood, with evidence that mothers have lower levels of happiness on average compared to fathers ^[3]. Using Next Steps, we are able to investigate how such inequalities arise. This briefing paper examines the mental health of parents compared to people without children, and differences between males and females; the level of support available for parents, captured by partnership status and socioeconomic position ^[3]; among parents, how mental health is also influenced by factors such as family size and age of becoming a parent ^[4]; and, for those without children, whether mental health differs by fertility intentions.

The sample included 7,095 participants aged 32 from the English longitudinal cohort, Next Steps ^[5]. Our analyses are weighted, so the results are representative of the general population.

ABOUT THE DATA

Next Steps Age 32 Sweep

Next Steps is following the lives of around 16,000 people in England born in 1989-90. The Age 32 Sweep took place between April 2022 and September 2023. Over 7,000 study members took part in a 60-minute survey, either online or with an interviewer. Data from this and previous sweeps of Next Steps are available to download from the UK Data Service ^[6].

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Key findings

- Parents show slightly fewer symptoms of psychological distress and moderately better life satisfaction compared to people without children.
- Mothers experience more psychological distress than fathers, but their levels of life satisfaction are similar.
- Among parents, a greater number of children is linked to worse mental health particularly for mothers.
- Both mothers and fathers who had their first child at a younger age are at greater risk of poor mental health.
- Having no cohabiting partner is associated with higher psychological distress scores and lower life satisfaction compared to parents who are a cohabiting couple.
- Among people without children, fertility intentions are associated with mental health - males who do not want children report the lowest life satisfaction, whereas for females, it is those uncertain about their fertility intentions.

For more detailed results relating to inequalities based on ethnicity, sexual orientation, education and other socioeconomic factors, please see the [full paper](#).

Results

Just over half of the sample were parents (54%) by age 32. The average age of study members when their first child was born was 28 and the mean number of children was 1.43.

Females and those from lower socioeconomic family backgrounds were more likely to be parents by age 32. We also found that poor adolescent mental health was linked to slightly reduced likelihood of becoming a

parent by age 32 for males, after controlling for other observed differences between men and women prior to having children.

We were able to control for these factors in all subsequent analyses to account for underlying differences in the characteristics of the parent group and people without children.

Psychological distress encompasses emotional symptoms of depression and anxiety. This study uses the General Health Questionnaire (GHQ-12) [7] to assess the extent to which someone is experiencing stress, anxiety, depression, or other emotional difficulties. Scores range between 0-36, with higher scores indicating higher psychological distress.

Life satisfaction provides a global measure of quality of life and subjective wellbeing and is measured using one item in the current study: 'Overall, how satisfied are you

with your life nowadays?'. Scores range between 0-10, with higher scores indicating higher life satisfaction.

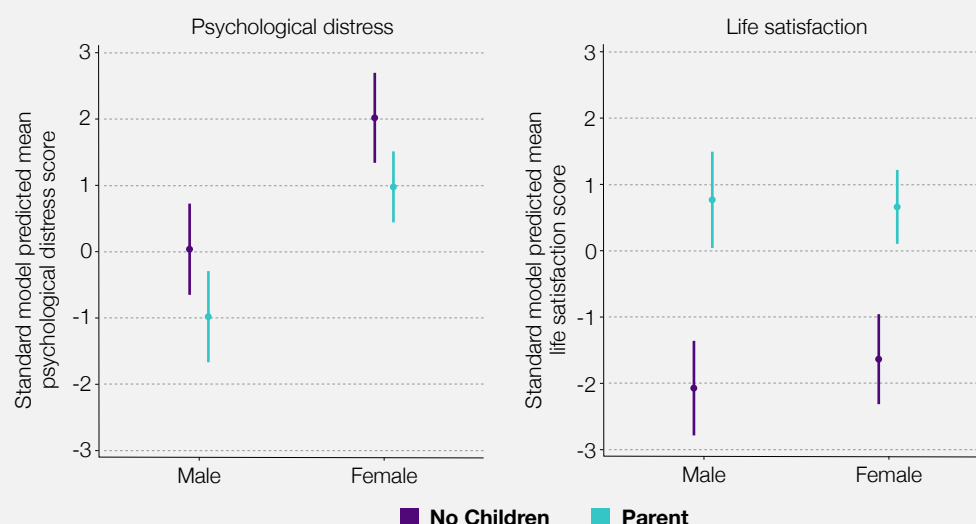
In order to compare results for psychological distress and life satisfaction, which are measured on different scales, these outcomes are converted z-scores. A z-score shows how far a person's score is from the average, measured in standard deviations. Standard deviation is a way of measuring how spread out or close together people's scores are. The bigger the number (positive or negative) the stronger the effect.

How does the mental health of parents compare to people without children?

Being a parent is associated with fewer symptoms of psychological distress (-0.10 standard deviations) and greater life satisfaction (between 0.28 and 0.23 standard deviations) for both males and females when compared to those without children. The differences between parents and people without children are bigger for life satisfaction indicating that parenthood matters more for improving life satisfaction than reducing psychological distress.

Mothers experience more psychological distress than fathers, but their levels of life satisfaction are about the same. This finding highlights a complex picture of maternal well-being. While mothers report greater psychological distress—likely stemming from the demands of caregiving—they still report life satisfaction levels comparable to fathers.

FIGURE 1: PSYCHOLOGICAL DISTRESS (LEFT), AND LIFE SATISFACTION (RIGHT): MEAN SCORES FOR PARENTS AND PEOPLE WITHOUT CHILDREN FOR MALES AND FEMALES, AFTER CONTROLLING FOR PRE-PARENTHOOD CHARACTERISTICS [OBSERVED AT AGE 15]



Note: In this figure and the subsequent figures, the dots represent the model predicted mean scores after controlling for a range of characteristics prior to having children. The coloured bars represent the 95% confidence intervals. These are calculated using the sample data to tell us, with 95% certainty, the range of values that is likely to contain the true population mean. Generally, the smaller the overlap between confidence intervals indicates a stronger likelihood that the differences between the groups shown do not just arise in the data by chance.

Does mental health vary by partnership status and employment status differently for parents and those without children?

Not having a cohabiting partner is associated with psychological distress (Figure 2) and is associated with lower life satisfaction (Figure 3) for both parents and people without children.

More specifically, we see that parents not cohabiting with a partner report between 0.48 and 0.51 standard deviations higher psychological distress scores than parents who are cohabiting, whereas for people without children the

difference is between 0.28 and 0.30 standard deviations. Similarly, parents not cohabiting with a partner report life satisfaction scores between -0.71 and -0.69 standard deviations lower than cohabiting parents. The difference for people without children is between -0.63 and -0.56. This suggests that not having the social and economic resources from a cohabiting partner is detrimental for mental health, especially for parents.

FIGURE 2: PSYCHOLOGICAL DISTRESS MEAN SCORES FOR MALES AND FEMALES WITH AND WITHOUT A COHABITING PARTNER AMONG PARENTS AND PEOPLE WITHOUT CHILDREN, AFTER CONTROLLING FOR PRE-PARENTHOOD CHARACTERISTICS [OBSERVED AT AGE 15]

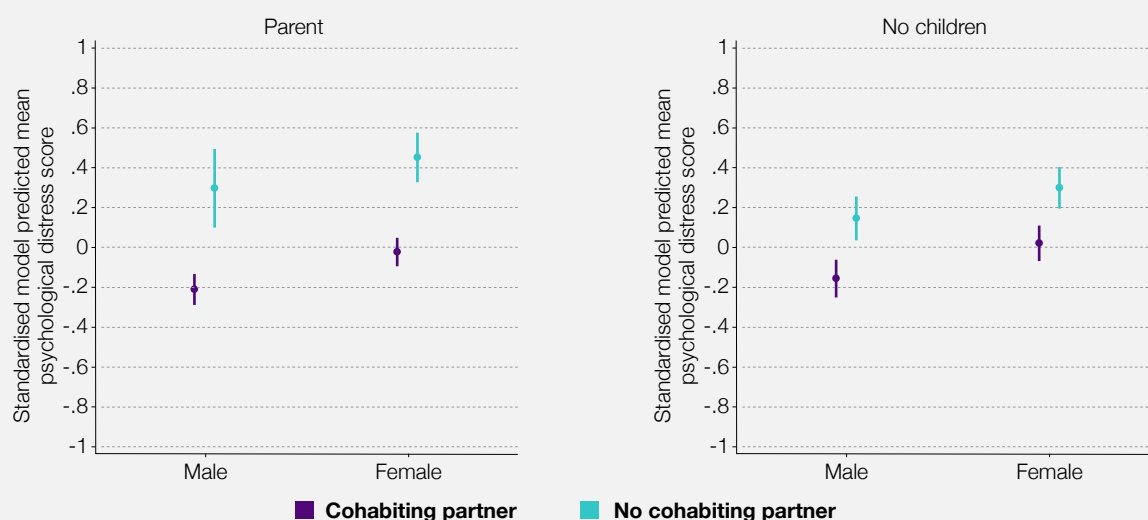
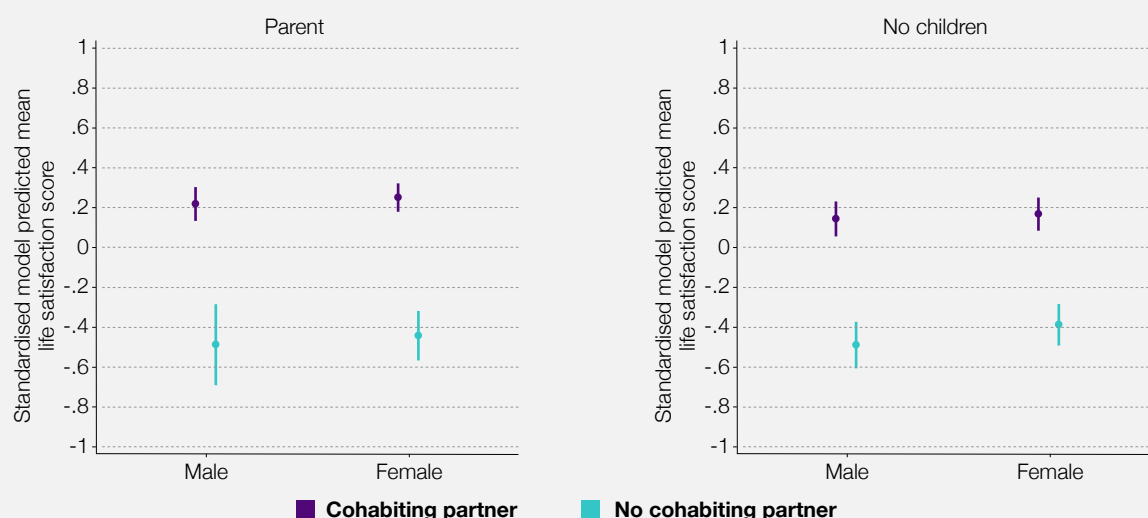


FIGURE 3: LIFE SATISFACTION MEAN SCORES FOR MALES AND FEMALES WITH AND WITHOUT A COHABITING PARTNER AMONG PARENTS AND PEOPLE WITHOUT CHILDREN, AFTER CONTROLLING FOR PRE-PARENTHOOD CHARACTERISTICS [OBSERVED AT AGE 15]



As shown in the [full paper](#), when neither partner is employed, we see 1 standard deviation higher psychological distress and 1 standard deviation lower life satisfaction scores than those where both partners work.

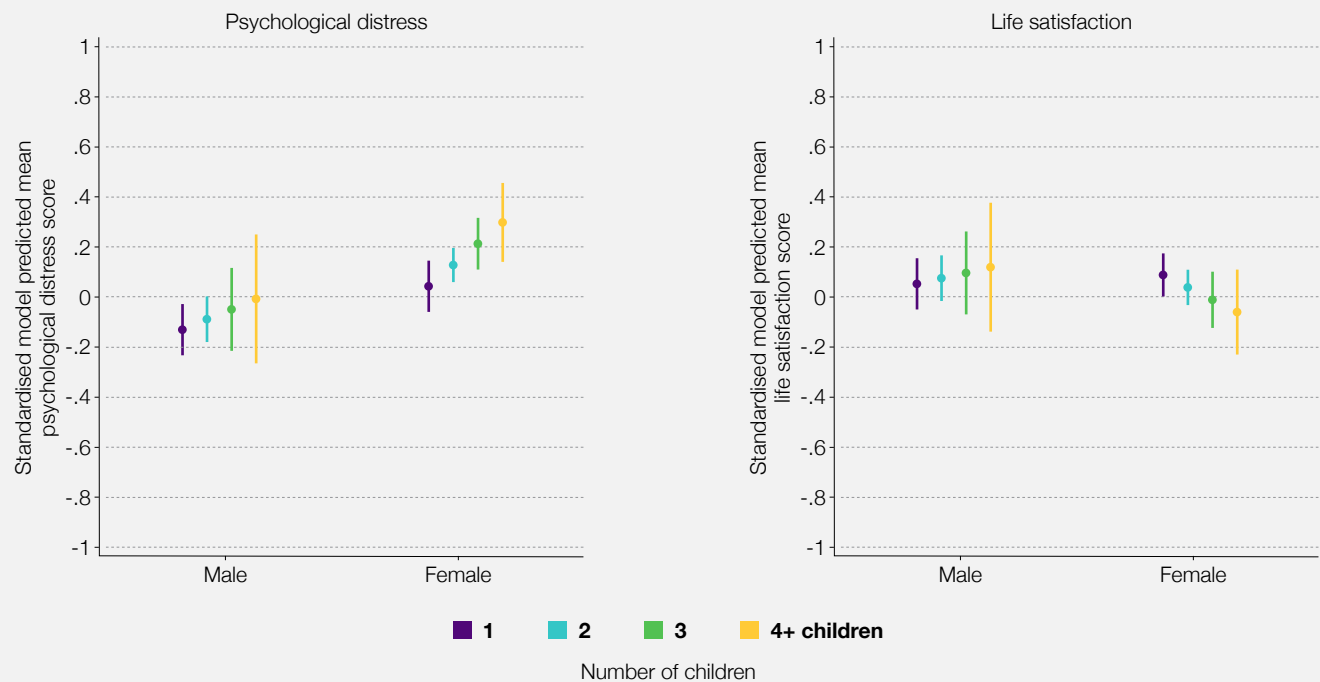
This finding is suggestive of the importance of dual earnings and economic stability on mental health for both parents and people without children.

Among parents, does mental health vary by number of children and age at first birth?

Figure 4 shows that a greater number of children is linked to worse mental health particularly for women. Females with more children report slightly higher psychological distress (0.08 standard deviations for each additional child) and slightly lower life satisfaction (-0.05 standard

deviations for each additional child). Among fathers, the pattern is much less pronounced (and indeed not in the same direction for life satisfaction), reinforcing the notion that the mental health burdens of parenthood disproportionately affect mothers.

FIGURE 4: PSYCHOLOGICAL DISTRESS (LEFT), AND LIFE SATISFACTION (RIGHT) MEAN SCORES FOR PARENTS BY NUMBER OF CHILDREN, AFTER CONTROLLING FOR PRE-PARENTHOOD CHARACTERISTICS [OBSERVED AT AGE 15]



Results relating to age at first birth reveal that for each year older a parent is when they had their first child, lower psychological distress is observed (-0.04 standard deviations for fathers and -0.03 standard deviations for mothers) and slightly higher life satisfaction is observed

(0.04 standard deviations for fathers and 0.05 standard deviations for mothers). In other words, younger parents are at greater risk of poor mental health. Further information can be found in the [full paper](#).

For those without children, does mental health differ by fertility intentions?

Among both males and females without children, those currently trying to have a child report the highest levels of life satisfaction compared to those who want children but who are not trying, those who are not sure and those who definitely don't want children (Figure 5).

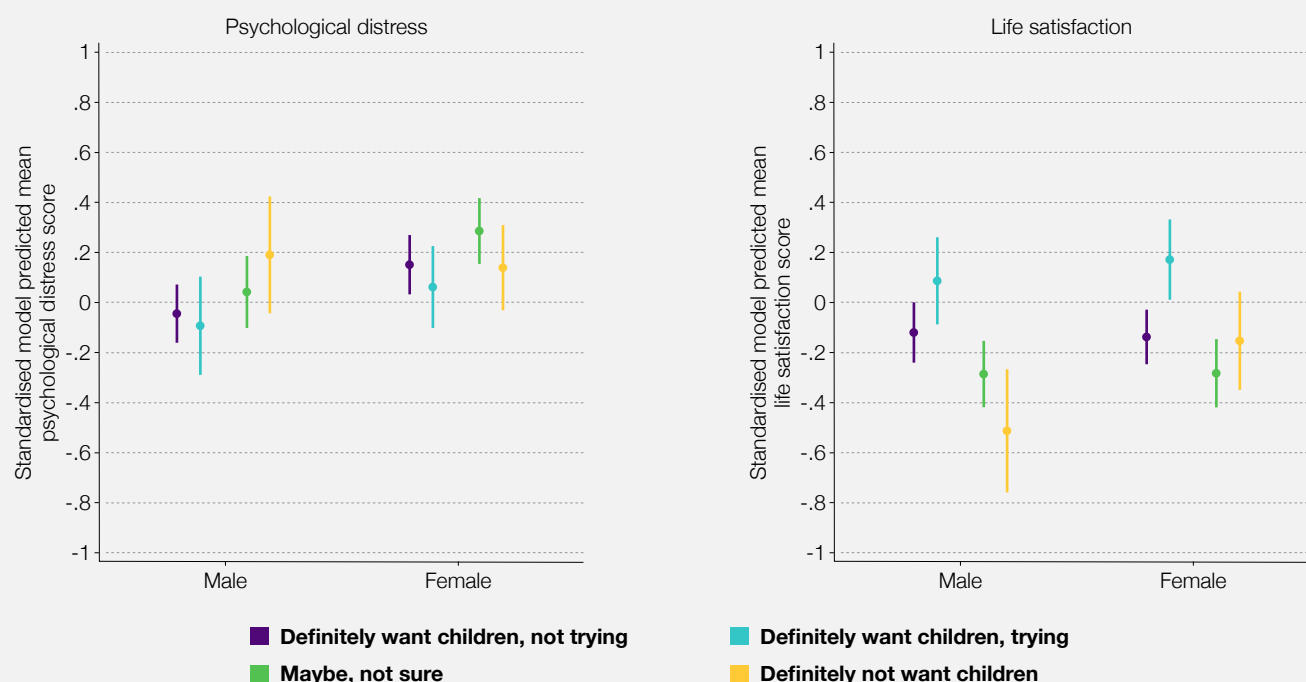
Males who did not want children report the lowest life satisfaction (-0.39 standard deviations lower than the majority reference group i.e., those who want children but are not currently trying), whereas for females, it is those uncertain about their fertility intentions who report the lowest life satisfaction (-0.15 standard deviations).

Although not shown here, these differences remained even after accounting for ethnicity, sexual orientation, cohabiting partnership, combined labour market status, education level and self-reported financial difficulties at age 32.

Among both males and females without children, those currently trying to have a child report the highest levels of life satisfaction.



FIGURE 5: PSYCHOLOGICAL DISTRESS (LEFT), AND LIFE SATISFACTION (RIGHT) MEAN SCORES FOR PEOPLE WITHOUT CHILDREN BY FERTILITY INTENTIONS, AFTER CONTROLLING FOR AGE 15 CHARACTERISTICS



Considerations for policymaking

In this study we observe that parenthood has a modest positive association between mental health at age 32. However, the findings highlight significant inequalities both among parents and people without children, with females, those without cohabiting partners, and people facing economic precarity generally showing elevated psychological distress.

Among parents, we found that single parents, families where neither partner is employed, parents who were young when their first child was born, and those with a larger number of children were more likely to be at risk of poor mental health and/or lower life satisfaction.

Our findings point to the need to support both parents and people without children by addressing gender

differences in the workplace and financial precarity. For parents in particular, existing policies around parental mental health focus on early years support and workplace provisions such as parental leave.

The parenthood inequalities highlighted in this study point to the need for tailored mental health support for people who have their children at a younger age, people without a cohabiting partner and for those with larger families.

Among those without children, improving access to family planning education and reproductive health services may help individuals make informed decisions about parenthood. This should include better mental health support associated with reproductive decisions.

Opportunities for future research

The Next Steps study collected data on the reasons for not currently trying to have children at age 32 providing the opportunity for more in-depth research involving people without children. There is also information on pregnancy, pregnancy loss, still births and terminations, things we did not account for in the current study.

For future research, there remains an opportunity to look more closely at the relationship between age of the youngest child and parental mental health, given the physical and emotional challenges of having younger children (e.g. sleep deprivation and anxiety).

The age 32 survey included questions on many wider aspects of cohort members' lives including personality, resilience, financial literacy and social participation.

Future research could explore the relationship between these factors, fertility intentions and parental mental health. For example, research could examine what factors are protective for parental mental health among disadvantaged groups.

About Next Steps

Next Steps, previously known as the Longitudinal Study of Young People in England, follows the lives of around 16,000 people in England born in 1989-90. The study has followed cohort members since secondary school, collecting information about cohort members' education and employment, economic circumstances, family life, physical and emotional health and wellbeing, social participation and attitudes. Next Steps began in 2004 when cohort members were aged 13/14, and was originally managed by the UK Department for Education. Since 2015, the study has been managed by the UCL Centre for Longitudinal Studies and funded by the Economic and Social Research Council.

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