
Mental Health Issues and Parenting Practice: Mediation of Family Connectedness

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Abstract

Parenting is recognized as one of the most important factors in the adjustment of children and adolescents. Contemporary interpretations of the factors involved to the parenting practice emphasize the importance of family connectedness as protective mechanism related to more parental involvement and positive parenting, and less corporal punishment, inconsistent parenting and poor monitoring. The aim of this study is to examine the relationship between parents' mental health issues and positive and negative parenting practice. Additionally, the study seeks to explore indirect relations between parents' mental health issues, and positive and negative parenting practice with family connectedness as a mediating factor. The sample consisted of 216 parents (82.1% female). Data on parents' mental health issues were assessed using *Depression Anxiety and Stress Scale 21* (DASS-21) parenting practice were collected using the *Alabama Parenting Questionnaire* (APQ), and data on family connectedness were assessed using the *Family Resilience Assessment Scale* (FRAS). The results indicate that direct link was found between parents' stress and inconsistent parenting ($Z = 2.238$; $p < .05$) and parents' anxiety and poor monitoring ($Z = 2.472$; $p < .05$), while the indirect effects were found between parents' stress and parental involvement ($Z = -2.825$; $p < .01$), parents' stress and corporal punishment ($Z = 2.405$; $p < .05$). The findings are discussed considering the significance of family connectedness on parenting practice.

Keywords: parenting practice, mental health issues, family connectedness, parents, Serbia.

Introduction

Parents play a crucial role in a child's life and development, with both the biological and psychosocial aspects of parenting having a strong influence on the child's upbringing. Particularly concerning is the increasingly frequent presence of parental psychopathology, including anxiety and depressive disorders. Modern parents face numerous challenges—emotional connection with their children is becoming increasingly difficult due to widespread internet addiction, the risks emerging from the virtual world (Bjelajac & Jovanović, 2013; Bjelajac & Filipović, 2020), and the growing and widespread abuse of psychoactive substances (Bjelajac, Matijašević, & Počuča, 2012). In this context, positive parenting practices must play a crucial role as a protective factor that supports the healthy development of the child and helps prevent risky behaviors.

Previous research indicates that positive parenting and parental involvement, as defined by Frick (1991), are jointly referred to under the term "positive parenting practices," while inconsistent parenting, physical punishment, and poor monitoring/supervision are considered negative parenting practices (Barry et al., 2008). According to the Social Interaction Learning Theory (SIL), the key components of positive parenting practices include positive parental involvement, parental monitoring, effective discipline, problem-solving, and encouragement of skill development (Forgatch et al., 2004). These five positive parenting practices are interrelated, with the skills required to develop one also being essential for the development of the others (Donovick & Rodriguez, 2008). In line with Self-Determination Theory (Deci & Ryan, 2000),

the quality of a child's acceptance of rules and norms imposed by parents largely depends on the parenting style and the degree of support and restrictions established by the parents (Vansteenkiste et al., 2014). Positive parental involvement refers to spending quality time together in enjoyable family activities while providing positive attention (Donovick & Rodriguez, 2008; Forgatch & DeGarmo, 1999). More broadly, parental involvement includes not only participation in shared activities but also intimate communication, confiding in parents, and seeking their help—all of which are largely considered integral aspects of the concept of emotional attachment to parents (Loeber & Stouthamer-Loeber, 1986). The interpretation of negative parenting practices, particularly inconsistent discipline, is grounded in coercion theory and expectancy theory (Dwairy, 2010; Gardner, 1989). Three types of inconsistency are identified: temporal inconsistency, situational inconsistency, and inconsistency between parents (father–mother). Temporal inconsistency refers to a parent's inconsistent behavior in the same situation at different times, while situational inconsistency involves varying parental reactions across different situations. Inconsistency between parents refers to differing responses by the mother and father in the same situation (Dwairy, 2010). Physical punishment can be described as the most severe form of negative parenting practice. Authors distinguish it from physical abuse of children within the family, which also involves the intent to harm the child but results in more serious injuries, thus involving a higher degree of harm (Gershoff, 2002). For example, spanking or slapping is considered physical punishment, whereas hitting, kicking, or inflicting burns is classified as physical abuse of children (Gershoff, 2002).

Parental mental health significantly influences the quality of parenting practices. Parents experiencing mental health difficulties—such as depression, anxiety, or high levels of stress—often find it more challenging to engage in consistent, and supportive parenting behaviors, which is the base for positive parenting. Parental mental health issues has been strongly linked to reduced parental responsiveness, lower warmth, and less engagement in positive parenting practice and reversely, less parental mental health problems was related to higher parental involvement (Chen et al., 2019). Parental depression is associated with less positive parenting (warmth) and more hostile, negative parenting, and with more disengaged (withdrawn) parenting, especially in mothers (England & Sim, 2009). The poorer parenting qualities may not improve to levels comparable to those of never-depressed parents, despite remission or recovery from episodes of depression. These patterns of parenting have been found in depressed mothers of infants and young children as well as in depressed mothers of school-age children and adolescents. Less is known about parenting in depressed fathers relative to mothers, but most of the findings from the smaller number of studies are consistent with the findings about mothers (England & Sim, 2009). Similarly, parental anxiety can lead to overprotective or controlling behaviors, reducing opportunities for children to develop autonomy (Wood et al., 2003; Clarke et al., 2013). Anxiety may also interfere with the parent's ability to remain emotionally attuned to their child, limiting their effectiveness in providing a secure, connected environment. Chronic parental stress is associated with lower levels of parental involvement and increased irritability, which undermines positive parenting efforts. Stress may reduce a parent's capacity for empathy and problem-solving, essential components of supportive parenting (Deater-Deckard, 1998; Pan et al., 2025). Study found that maternal parenting stress significantly negatively impacts childhood development. Maternal depression acts as a mediator between maternal parenting stress and early childhood development. Furthermore, family resilience was found to significantly moderate both the initial and latter parts of this mediating relationship (Pan et al., 2025). Parental mental health

problems are strongly associated with an increased likelihood of engaging in negative parenting practices, such as inconsistent discipline, corporal punishment, poor supervision etc. Sociopathy and other mental illnesses of parents, especially mothers, are a serious risk factor for domestic violence against children (Merdović, 2025). Anxiety can also contribute to negative parenting by increasing parental overcontrol or excessive worry about the child's safety and behavior. This can result in overprotective or intrusive parenting styles that limit a child's autonomy and may lead to anxiety symptoms in the child as well (Wood et al., 2003). Furthermore, chronic stress in parents has been associated with harsher disciplinary tactics, lower tolerance for child misbehavior, and reduced patience (Deater-Deckard, 1998).

Negative parenting behaviors, in turn, can exacerbate parents' mental health problems by increasing parent-child conflict and reducing perceived parenting efficacy. This creates a reciprocal cycle where poor mental health and negative parenting reinforce one another (Neece, Green, & Baker, 2012). Importantly, the negative effects of parental mental health problems on child mental health issues by parenting practice may be buffered by protective factors (Loechner et al., 2020). Interventions aimed at improving parental mental health have shown positive outcomes in improving parenting quality as well (Leijten et al., 2018). Those who have good communication with their parents also tend to have good communication with their peers. In terms of adjustment, it has been shown that adolescents who maintain good connectedness and communication with both their parents and peers are better adjusted (Laible et al., 2000; Gallarin&Alonso-Arbiol, 2012, Merdović, Počuča & Dragojlović, 2024).

The aim of this study is to examine the relationship between parents' mental health issues and positive and negative parenting practice. Additionally, the study seeks to explore indirect relations between parents' mental health issues (parental stress, parental anxiety, and parental stress), and positive and negative parenting practice with family connectedness as a mediating factor.

Methodology

Participants

The study involved 216 parents (82,1% female) of students (56% female, mean age 14,5) recruited from schools located in the Municipality of Stara Pazova (elementary school "Boško Pavlokovski Pinki", Gimnasium, Economic and Technical school).

Measures

Depression Anxiety Stress Scale (DASS-21; Lovibond & Lovibond, 1995; Serbian version: Jovanovic et al., 2014) is a 21-item measure typically used to assess symptoms of depression, anxiety, and stress, in both clinical and nonclinical settings. Participants are instructed to rate the presence of symptoms they experienced during the past two weeks, using a 4-point response scale ranging from 0 - did not apply to me at all/never to 3 - applied to me very much or most of the time/always. Higher scores indicated greater depression, anxiety and stress. The DASS-21 is a fully validated and commonly used instrument designed for the assessment of stress (e.g. "I found it hard to wind down"), depressive symptoms (e.g. "I felt that life was meaningless"), and anxiety (e.g. "I experienced trembling (e.g. in the hands)") with good psychometric properties including strong reliability and validity (Jovanovic et al., 2014). Descriptives and internal consistency coefficients for all subscales are presented in Table 1.

Alabama Parenting Questionnaire (Frick, 1991; Shelton et al., 1996) designed to measure five dimensions of parenting that are relevant to the etiology and treatment of externalising problems in children and adolescents. The Parental Involvement subscale is consisted of 10 items designed to capture positive, supportive, and engaging behaviors by parents (e.g. „You have a friendly talk with your child“). Positive parenting scale consists of six items focuses on praise, rewards, and reinforcement of good behavior (“You praise your child when he/she behaves well.”) Poor monitoring/supervision subscale by ten items assesses how well parents keep track of their child’s whereabouts, activities, and peer associations (e.g. “Your child is out without your permission”). Inconsistent discipline subscale captures the degree to which parents apply discipline in an unpredictable or non-uniform manner with six items (e.g. The punishment you give your child depends on your mood). Corporal punishment scale subscale measures the use of physical punishment (e.g., spanking) as a disciplinary strategy by three items (e.g. “You slap your child when he/she has done something wrong.”). Data on reliability are in line with other available studies (e.g. Essau et al., 2006; Kovačević Lepojević, 2018). Descriptives and internal consistency coefficients for all subscales are presented in Table 1.

The Family Resilience Scale (FRS) is a tool used to assess a family's capacity to adapt and bounce back from adversity. Several versions exist, including the original 54-item Family Resilience Assessment Scale (FRAS) developed by Sixbey (2005). We used Communication & Connectedness subscale from the shorter versions of 16-item FRS16 (Chow et al., 2024). The Communication and Connectedness subscale comprises six items (e.g. “In our family, we can talk openly about our feelings”) that assess core resilience processes such as clear communication, emotional openness, mutual support, and problem-solving collaboration. Descriptives and internal consistency coefficients for all subscales are presented in Table 1.

Data analysis

The statistical programs used in the data analysis process included SPSS Statistics Version 30.0 (descriptive, Pearson’s correlation analysis) and JASP version 0.18 (mediation analysis). The mediation model was estimated via bootstrapping and confidence intervals were calculated employing the bias-corrected percentile method.

Procedure

Data were collected within research *The Assessment of the Parental Practices and Family Resilience: Parental Perception*. The collecting data is carried out within the project *Strength of the Family* realized by Center for Social Work Stara Pazova (Funded by the Municipality of Stara Pazova, Contract No.551-14-457), and interpretation of scientific results within *Assumptions for the Development of Positive Education in Serbia*, was funded by the Ministry of Science, Technological Development and Innovation of the Republic of Serbia (Contract No. 451-03-136/2025-03/ 200018).

Parents were previously instructed orally and in written form. Anonymity was guaranteed. The time needed for completing the questionnaire was 45 minutes. This study was reviewed and approved by the Committee for Assessment of Ethicality in Scientific Research of the Institute for Educational Research in Belgrade, Serbia (No. 925, November 7, 2024).

Results

Correlation Analysis

Strong positive correlations were observed among parental psychological distress variables:

Parental Stress correlated highly with both Parental Depression and Parental Anxiety, suggesting that these emotional difficulties often co-occur. Positive parenting and parental involvement showed meaningful associations. Parental Involvement (PI) correlated positively with Positive Parenting (PP), indicating parents more involved with their children tend to use more positive parenting practices. Poor Parental Monitoring (PM) had some notable associations. It correlated negatively with Positive Parenting, indicating that lower monitoring tends to co-occur with less positive and involved parenting. Interestingly, PM correlated positively with Corporal Punishment, showing that parents who monitor less may use more physical discipline. Inconsistent Parenting (IP) was positively correlated with both Poor Monitoring and Corporal Punishment, highlighting how inconsistent discipline strategies cluster with poor supervision and harsher punishment. Family Communication and Connectedness (FCC) correlated negatively with Corporal Punishment and Poor Monitoring, and positively with Positive Parenting, indicating that better communication within the family relates to more positive parenting and less harsh or neglectful parenting behaviors.

Table 1. Pearson's Correlation Coefficients, Means, Standard Deviations, and Cronbach Alpha

	PD	PA	PS	PI	PP	PM	IP	CP	FCC
PD									
PA	.660**								
PS	.604**	.685**							
PI	-.128	-.097	-.197*						
PP	-.047	-.222*	.040	.543**					
PM	.153*	.264**	.180*	-.182*	-.257**				
IP	.248*	.194*	.312**	-.182*	.018	.301**			
CP	.124	.185*	.282**	-.209*	-.016	.098	.233**		
FCC	-.209**	-.222*	-.340**	.441**	.245**	-.186*	-.286**	-.304**	
Mean	1.55	1.68	5.13	39.9	26.1	21.3	13.3	5.08	28.9
SD	2.67	2.63	4.12	5.0	3.45	4.82	3.81	1.73	2.82
α	0.85	0.77	0.82	0.78	0.72	0.64	0.70	0.64	0.83

Note. PD – Parental Depression; PA – Parental Anxiety; PS – Parental Stress; PI -Parental Involvement; PP – Positive Parenting; PM – Poor Parental Monitoring/Supervision; IP – Inconsistent Parenting; CP – Corporal Punishment; FCC – Family Communication and Connectedness.

Notes: * p < .05; ** p < .01.

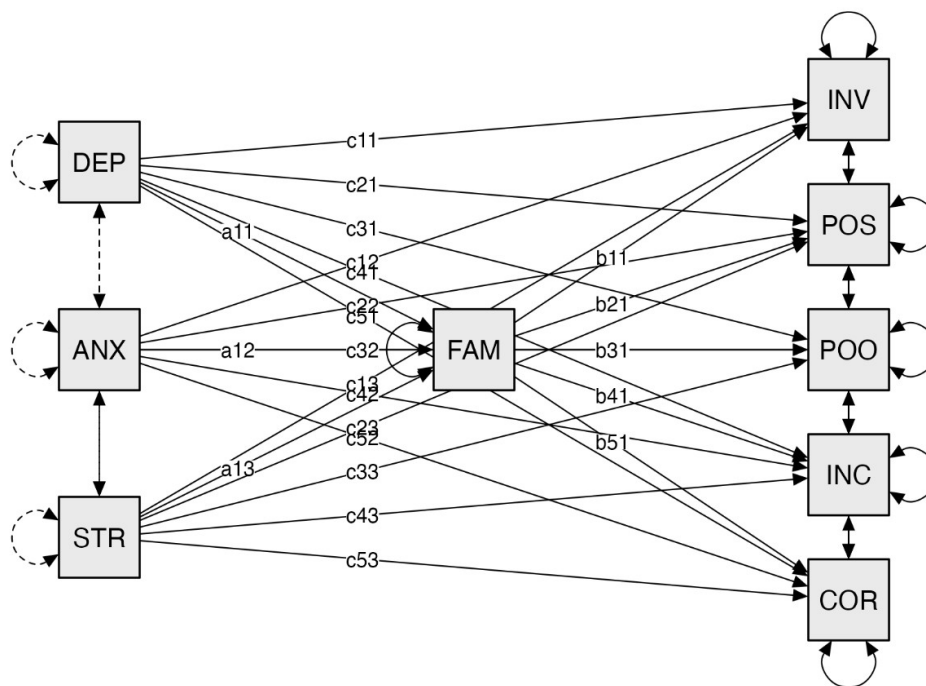
Mediation analysis

Anxiety and Depression were not directly significantly related to corporal punishment. Stress showed a marginally significant positive effect on corporal punishment ($Z = 1.866$; $p < .05$), suggesting that higher parental stress may be linked to more use of physical discipline, though this result narrowly misses

conventional significance. Stress had a significant positive effect ($Z = 2.238$, $p < .01$) to Inconsistent Parenting, indicating that more parental stress is associated with greater inconsistency in parenting behavior. Neither anxiety nor depression showed significant effects on inconsistency. None of the emotional distress variables (anxiety, depression, or stress) had significant direct effects on parental involvement and positive parenting. Anxiety had a significant positive effect on poor monitoring ($Z = 2.472$; $p < .01$), indicating that more anxious parents report lower levels of supervision. Depression and stress were not significantly associated with monitoring.

There was a significant positive indirect effect of parental stress through family connectedness on corporal punishment ($Z = 2.405$; $p = .016$, 95% CI [0.007, 0.069]). This suggests that higher parental stress is associated with changes in family connectedness, which in turn relates to corporal punishment. Anxiety and Depression showed non-significant indirect effects ($p > .05$). The indirect effect of stress on inconsistent parenting through family connectedness approached significance, indicating a trend where increased stress might relate to more inconsistent parenting mediated by connectedness. Anxiety and depression had non-significant indirect effects. A significant negative indirect effect was found for stress ($Z = -2.805$, $p = .005$, 95% CI [-0.284, -0.051]), implying that higher stress decreases parental involvement through the mediation of family connectedness. All indirect effects of anxiety, depression, and stress on positive parenting through family connectedness were non-significant (all $p > .10$). This indicates family

Figure 1. *The Mediation of Family Communication and Connectedness in Relation of Parental Depression, Parental Anxiety and Parental Stress and Parental Involvement, Positive Parenting, Poor Monitoring/Supervision, Inconsistent Parenting and Corporal Punishment*



Note. DEP – Parental Depression; ANX – Parental Anxiety; STR – Parental Stress; INV -Parental Involvement; POS – Positive Parenting; POO – Poor Parental Monitoring/Supervision; INC – Inconsistent Parenting; COR – Corporal Punishment; FAM – Family Communication and Connectedness

connectedness does not significantly mediate the influence of parental emotional distress on positive parenting. None of the indirect effects through family connectedness were significant for poor monitoring (all $p > .35$), suggesting this pathway is not a mediator for the impact of parental distress on monitoring behavior.

Discussion

The primary objective of this research was to investigate and gain a deeper understanding of how mental health challenges experienced by parents are associated with their use of both positive and negative parenting practices. In addition to this, the study also was aimed to explore whether there are any indirect relationships that exist between parental mental health issues and the ways in which parents interact with their children—specifically through positive or negative parenting approaches. This part of the research focus on examining the potential mediating role of family connectedness, considering whether the sense of closeness within the family might explain the connection between parents' mental health conditions and their parenting behaviors. Among the mental health variables, stress stands out as a consistent predictor of inconsistent parenting, and marginally of corporal punishment. Anxiety significantly predicts poor monitoring, suggesting anxious parents may be less effective at tracking or supervising their children's activities. Depression did not show significant direct effects on any of the parenting variables in this model. Family connectedness significantly mediates the relationship between parental stress and two parenting outcomes - positively with corporal punishment and negatively with parental involvement. Trends suggest potential mediation for inconsistent parenting (stress), and marginal effects for depression on involvement. For other parenting behaviors (positive parenting, poor monitoring), family connectedness did not significantly mediate the effects of parental mental health issues.

Parental stress is the most consistent predictor of inconsistent parenting and, to a lesser extent, corporal punishment that is consistent with the broader literature on stress's disruptive impact on emotional regulation and behavioral consistency (Deater-Deckard, 1998). In Serbia, similar dynamics have been observed among parents of children with developmental disabilities: those in central Serbia show significantly higher levels of depression, anxiety, and stress, which likely exacerbate negative parenting practices or weaker indirect effects via connectedness than stress (Kostić et al., 2022). Parental anxiety, identified as a predictor of poor monitoring, aligns with prior research indicating that anxiety can compromise attentional availability and engagement in children's daily lives, even when involved (Wood et al., 2003; Clarke et al., 2013). Interestingly, depression did not exert significant direct effects on parenting practices in this model. This contrasts with international findings (England & Sim, 2009), but may reflect contextual or sample-specific buffering factors within Serbian families—such as social support networks or varying stigma around emotional sharing (Sokolović et al., 2022). The study also surfaces a critical mediating role of family connectedness: stress was linked indirectly to lower parental involvement and higher corporal punishment via weakened family connectedness. This underscores family connectedness as a protective factor and reflects findings regarding familial resilience improving outcomes under duress (Laible et al., 2000; Gallarin & Alonso-Arbiol, 2012). Family connectedness did not mediate the effects of stress on poor monitoring or positive parenting, nor did it significantly mediate the impact of anxiety or depression on most parenting behaviors—suggesting its buffering role may be domain-specific, more relevant to emotional and behavioral regulation than monitoring or involvement.

One of the main limitations of the present study is the gender imbalance in the sample, which consisted predominantly of female participants (82.1%). This disproportion restricts the ability to generalize findings to fathers, despite the evidence suggesting that affective connections with mothers and fathers have distinct impacts on adolescents' psychosocial adjustment (Kovačević Lepojević, 2018). Including both maternal and paternal perspectives would have provided a more balanced understanding of parenting dynamics. Another important limitation is the reliance on self-report measures from parents only. This approach may be subject to social desirability bias and does not capture the child's perception of parenting behaviors, which previous research has shown to be critical in understanding developmental outcomes (Dimler et al., 2016). Utilizing a multi-informant design that includes children's reports would likely yield a more comprehensive assessment of parenting practices and their effects.

Present data imply the importance of recognizing and addressing mental health difficulties in parents is therefore essential not only for the well-being of the parent but also for promoting healthier, more effective parenting practices. Interventions that target both parental mental health and parenting behavior (such as cognitive-behavioral family interventions) have shown promising outcomes in reducing negative parenting and improving child development (Reyno & McGrath, 2006).

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Problemi mentalnog zdravlja i roditeljstvo: medijacija porodične povezanosti

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Sažetak

Roditeljstvo se prepoznaje kao jedan od najvažnijih faktora u prilagođavanju dece i adolescenata. Savremena tumačenja faktora koji utiču na roditeljsku praksu naglašavaju značaj povezanosti unutar porodice kao zaštitnog mehanizma koji je povezan sa većim roditeljskim angažovanjem i pozitivnim roditeljstvom, a manjom upotrebom fizičkog kažnjavanja, nedoslednim roditeljstvom i slabim nadzorom. Cilj ove studije je da ispita odnos između problema mentalnog zdravlja kod roditelja i pozitivne i negativne roditeljske prakse. Pored toga, studija ima za cilj da istraži indirektnu vezu između problema mentalnog zdravlja roditelja i pozitivne i negativne roditeljske prakse, sa povezanošću u porodici kao posrednim (medijatorskim) faktorom. Uzorak je činilo 216 roditelja (82,1% ženskog pola). Podaci o problemima mentalnog zdravlja roditelja prikupljeni su korišćenjem Skale za procenu depresivnosti, anksioznosti i stresa – 21 (DASS-21), roditeljska praksa procenjena je pomoću Alabama upitnika o roditeljstvu (APQ), a podaci o povezanosti u porodici prikupljeni su korišćenjem Skale za procenu porodične rezilijentnosti (FRAS). Rezultati ukazuju na postojanje direktne veze između roditeljskog stresa i nedosledne roditeljske prakse ($Z = 2.238$; $p < .05$), kao i između roditeljske anksioznosti i slabog nadzora ($Z = 2.472$; $p < .05$), dok su indirektni efekti utvrđeni između roditeljskog stresa i uključenosti roditelja ($Z = -2.825$; $p < .01$), kao i između roditeljskog stresa i fizičkog kažnjavanja ($Z = 2.405$; $p < .05$). Nalazi se razmatraju u svetlu značaja porodične povezanosti za roditeljsku praksu.

Ključne reči: roditeljske prakse, problemi mentalnog zdravlja, porodična povezanost, roditelji, Srbija.