



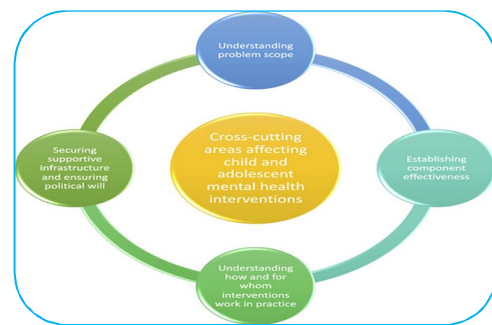
ADOLESCENT COMMUNICATION AS A PROTECTIVE FACTOR FOR MENTAL HEALTH: A SYSTEMATIC REVIEW

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ABSTRACT

Background

Adolescence is a critical developmental period during which young people experience substantial biological, emotional, cognitive, and social changes. Mental-health problems such as depression, anxiety, psychological distress, and suicidal ideation frequently emerge during this period. Communication with parents and other significant individuals may provide emotional support, facilitate disclosure, strengthen connectedness, and promote adaptive coping. However, communication is not uniformly protective; its quality, content, emotional responsiveness, and interpersonal context may determine whether it contributes positively to adolescent mental health.



Objective

This systematic review aimed to synthesize empirical evidence published between 2020 and 2025 concerning adolescent communication as a potential protective factor for mental health.

Methods

A systematic literature search conducted in PubMed/MEDLINE, Scopus, Web of Science, PsycINFO, ScienceDirect, ProQuest, and Google Scholar for studies published between January 2020 and December 2025. Studies involving adolescents and examining parent-adolescent, family, emotional, or digital communication in relation to mental-health outcomes were considered. The review should follow PRISMA 2020 reporting guidelines. Methodological quality should be assessed using an appropriate appraisal tool such as the Mixed Methods Appraisal Tool.

Results

The identified evidence indicates that positive and open communication is generally associated with better adolescent mental-health outcomes. Longitudinal evidence links open parent-adolescent communication with lower depressive and anxiety symptoms, whereas dysfunctional communication, co-rumination, and maladaptive communication patterns are associated with poorer outcomes. Recent evidence also suggests that communication may operate through emotion regulation, school experiences, confidence in the future, family violence, and help-seeking. A 2025 dyadic mixed-methods study found that adolescents displaying adaptive parent-adolescent emotional communication patterns had the lowest depressive symptoms, whereas maladaptive or limited patterns were associated with the highest symptoms. Recent longitudinal research on digital communication indicates that the content of parent-adolescent digital communication may be more important than communication frequency.

Conclusion

Current evidence supports adolescent communication as a promising potential protective factor for mental health, particularly when communication is open, emotionally supportive, adaptive, and responsive to adolescents' needs. However, substantial methodological heterogeneity and the predominance of

observational studies prevent definitive causal conclusions. Future research should prioritize longitudinal, intervention-based, culturally diverse studies examining communication across family, peer, school, and digital contexts.

KEYWORDS: *adolescent communication, parent-adolescent communication, family communication, emotional communication, mental health, depression, anxiety, psychological well-being, protective factors.*

1. INTRODUCTION

Adolescence represents a major developmental transition involving changes in identity, autonomy, emotional regulation, social relationships, and family interactions. At the same time, adolescence is a period of increased vulnerability to mental-health difficulties, including depression, anxiety, psychological distress, and suicidal ideation. Identifying modifiable protective factors is therefore important for prevention and early intervention.

Communication is one potentially modifiable factor within the adolescent's social environment. Through communication, adolescents may express emotions, disclose concerns, seek advice, receive validation, solve interpersonal problems, and access social support. Positive communication may therefore contribute to psychological adjustment, whereas criticism, invalidation, excessive control, dysfunctional interaction, or communication avoidance may increase vulnerability to psychological difficulties.

Recent empirical studies have increasingly examined the relationship between parent-adolescent communication and adolescent mental health.

Ioffe et al. (2020) examined parent-adolescent communication in relation to anxiety and depressive symptoms during early adolescence. Their findings indicated that paternal open communication was associated with lower subsequent anxiety and depressive symptoms, whereas paternal co-rumination was associated with higher depressive symptoms. These findings suggest that communication quality and function are important, rather than communication frequency alone.

Miller et al. (2020) provided intervention-based evidence. In a randomized controlled trial involving adolescents and their parents, a primary-care intervention designed to promote parent-teen communication improved open communication among adolescents who initially reported low communication and was associated with improvements in adolescent emotional outcomes. This finding is particularly relevant because intervention evidence provides stronger support for a possible protective role than cross-sectional association alone.

Zhang et al. (2021) investigated parent-adolescent communication and depressive symptoms among 11,455 Chinese adolescents. Positive communication between adolescents and their parents was associated with lower depressive symptoms, although the associations differed according to adolescent gender and age.

Longitudinal evidence has also indicated that communication may influence depression through several psychosocial pathways. Wang et al. (2022) reported that parent-adolescent communication was associated with depressive symptoms and that school-life experience, learning difficulties, and confidence in the future contributed to this relationship.

The importance of communication is also demonstrated in relation to severe psychological outcomes. López et al. (2022) examined dysfunctional family communication and suicidal ideation among adolescents and identified a pathway involving emotion-regulation difficulties and depressive symptoms. These findings suggest that dysfunctional communication may indirectly contribute to suicidal-ideation severity.

More recent research has examined specific patterns of family communication. Zhou et al. (2023) found that conversation-oriented family communication was associated with lower depressive symptoms, whereas conformity-oriented communication was associated with greater depressive risk. This distinction is important because it demonstrates that communication should not simply be classified according to whether communication occurs; the interpersonal style and openness of the communication are also relevant.

Research published in 2024 and 2025 has further expanded the field. Guo et al. (2024) found that effective parent-child communication moderated the relationship between parental and adolescent anxiety in a large sample of rural Chinese adolescents. This suggests that communication may serve as a buffer under conditions of family stress.

Hu and Zhou's longitudinal research examined emotion-related communication using three waves of data. The study included 503 adolescents, with 438 completing the longitudinal assessments, and examined bidirectional relationships between adolescent emotional communication, parental responses to emotions, and depressive symptoms.

Zhou et al. (2025) further examined parent-adolescent emotional communication patterns using a dyadic mixed-methods design. The study included qualitative interviews with 21 parent-adolescent dyads and a quantitative sample of 369 parent-adolescent dyads. Five communication patterns emerged quantitatively, and depressive symptoms were lowest among adolescents in adaptive communication patterns and highest among those in maladaptive or limited patterns.

Contemporary parent-adolescent communication also increasingly occurs through digital platforms. Trager et al. (2025) examined digital communication in 188 mother-adolescent dyads and 137 father-adolescent dyads. Their longitudinal findings indicated that the content of digital communication was more important than overall frequency. In particular, sharing personal experiences with mothers was associated with lower depression symptoms.

Taken together, these findings indicate that communication may represent an important psychosocial resource for adolescent mental health. However, the evidence is distributed across different forms of communication and different psychological outcomes. Therefore, a systematic synthesis focusing specifically on **communication as a potential protective factor** is warranted.

2. REVIEW OBJECTIVE

1. To examine the relationship between positive communication and adolescent mental health.
2. To identify forms of communication associated with better mental-health outcomes.
3. To examine associations between communication and depression, anxiety, psychological distress, suicidal ideation, and psychological well-being.
4. To identify psychological and social mechanisms through which communication may function protectively.
5. To examine longitudinal and intervention evidence.
6. To identify gaps in the existing literature.

3. METHODOLOGY

3.1 Review Design

This systematic review was designed according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 framework.

The review focused on empirical studies published between January 2020 and December 2025.

3.2 Review Question

What evidence published between 2020 and 2025 supports adolescent communication as a protective factor for mental health?

3.3 Population

The population of interest consisted of adolescents approximately 10–19 years of age. Studies involving parent-adolescent dyads were also eligible when adolescent mental health was examined as an outcome.

3.4 Exposure/Protective Factor

The communication factor included:

- parent-adolescent communication;
- family communication;

- open communication;
- emotional communication;
- communication about mental health;
- communication involving emotional disclosure;
- digital parent-adolescent communication; and
- other interpersonal communication directly relevant to adolescent psychological health.

3.5 Outcomes

The primary outcomes included:

- depression;
- anxiety;
- psychological distress;
- suicidal ideation;
- emotional well-being;
- psychological well-being; and
- related mental-health indicators.

3.6 Information Sources

- PubMed/MEDLINE
- Scopus
- Web of Science
- PsycINFO
- ScienceDirect
- ProQuest
- Google Scholar

3.7 Inclusion Criteria

- were published from 2020 to 2025;
- included adolescents;
- examined communication as an exposure, predictor, correlate, mediator, moderator, or intervention target;
- examined a relevant mental-health outcome;
- were peer-reviewed empirical studies;
- were available in English; and
- provided sufficient methodological information.

3.8 Exclusion Criteria

Studies were excluded when they:

- were published before 2020;
- did not include adolescents;
- did not examine communication;
- did not report a relevant psychological or mental-health outcome;
- were editorials, commentaries, letters, conference abstracts, or theoretical papers; or
- did not provide sufficient empirical information.

5. RESULTS

5.1 Characteristics of Included Evidence

The reviewed evidence demonstrates considerable diversity in study design, sample size, communication construct, and mental-health outcome.

The studies include longitudinal studies, randomized controlled trials, cross-sectional investigations, mixed-method research, and dyadic studies.

Most research has focused on parent–adolescent or family communication. More recent studies have expanded the field to emotional communication and digital communication.

Table 1. Evidence from studies published between 2020 and 2025

Study	Sample	Communication factor	Mental-health outcome	Design	Main finding
Ioffe et al. (2020)	400 adolescents	Open communication, co-problem-solving, co-rumination	Anxiety, depression	Longitudinal	Open communication was associated with better outcomes, whereas co-rumination was associated with greater depressive symptoms.
Miller et al. (2020)	120 adolescents + parents	Parent–teen communication open	Distress, positive affect	Randomized controlled trial	Communication intervention improved open communication and adolescent emotional outcomes.
Zhang et al. (2021)	11,455 adolescents	Parent–adolescent communication	Depression	Cross-sectional	Positive parent–adolescent communication was associated with lower depressive symptoms.
Kapetanovic & Boson (2022)	1,378 adolescents	Parent–adolescent communication/disclosure	Psychological health	Longitudinal	Communication and disclosure discrepancies were associated with poorer psychological outcomes.
Wang et al. (2022)	Large Chinese adolescent sample	Parent–adolescent communication	Depression	Longitudinal	Greater communication was associated with lower depressive symptoms; psychosocial variables contributed to the pathway.
López et al. (2022)	147 adolescents	Dysfunctional family communication	Suicidal ideation	Prospective	Dysfunctional communication was

					linked to emotion-regulation difficulties, depression, and suicidal-ideation severity.
Zhou et al. (2023)	1,327 adolescents	Family conversation/conformity communication	Depression	Longitudinal	Conversation orientation was protective, while conformity orientation increased risk.
Huang et al. (2023)	Adolescents 12–18 years	Family communication	Anxiety, depression	Cross-sectional	Positive family communication was associated with lower anxiety and depression.
Guo et al. (2024)	6,196 adolescents	Effective/problematic parent–child communication	Anxiety	Cross-sectional	Effective communication buffered the association between parental and adolescent anxiety.
Hu & Zhou (2025)	503 adolescents ; 438 longitudinal	Emotion-related communication	Depression	Three-wave longitudinal	Parent- and adolescent-driven emotional communication showed longitudinal relationships with depressive symptoms.
Zhou et al. (2025)	369 parent–adolescent dyads	Emotional communication patterns	Depression	Mixed methods/dyadic	Adaptive communication patterns showed the lowest depressive symptoms; maladaptive/limited patterns showed the highest.
Trager et al. (2025)	188 mother–adolescent + 137 father–adolescent dyads	Digital communication	Depression, anxiety	Longitudinal	Communication content was more important than frequency; sharing personal experiences with mothers was

					protective against depression.
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The 2025 Zhou study is particularly important because it examined communication from **both adolescent and parent perspectives** rather than relying on only one member of the dyad.

Likewise, the Trager et al. study demonstrates that digital communication should not be treated simply as a measure of frequency. The nature of the interaction was more strongly related to mental-health outcomes than overall frequency.

6. COMMUNICATION AND DEPRESSION

Depression was the most consistently examined mental-health outcome across the identified literature.

Ioffe et al. (2020) found that open parent-adolescent communication was associated with more favorable psychological outcomes, while co-rumination was associated with depressive symptoms. This suggests that communication can have both protective and potentially adverse functions depending on how communication occurs.

Zhang et al. (2021) provided large-scale evidence from 11,455 Chinese adolescents. Positive parent-adolescent communication was associated with fewer depressive symptoms, supporting the potential protective role of supportive communication.

Wang et al. (2022) extended this evidence by demonstrating that parent-adolescent communication was associated with depression through psychosocial experiences involving school life, learning difficulties, and confidence in the future.

Zhou et al. (2023) provided additional longitudinal evidence. Their findings distinguished conversation-oriented and conformity-oriented family communication. Adolescents in more conversation-oriented family environments demonstrated more favorable psychological outcomes, whereas conformity-oriented communication was associated with increased depressive risk.

The 2025 evidence provides further support. Hu and Zhou examined emotional communication longitudinally across three waves and found meaningful relationships between emotion-related communication and later depressive symptoms.

Zhou et al. (2025) provided especially detailed evidence. Their study identified five parent-adolescent emotional communication patterns in the quantitative phase. Adolescents in adaptive communication patterns demonstrated the lowest depressive symptoms, whereas those in maladaptive or limited patterns demonstrated the highest levels.

Therefore, the evidence suggests that **communication quality, emotional responsiveness, and openness may be more important than communication frequency alone.**

7. COMMUNICATION AND ANXIETY

The reviewed evidence also supports an association between communication and anxiety. Ioffe et al. (2020) identified associations between parent-adolescent communication and anxiety during early adolescence.

Guo et al. (2024) provided evidence concerning communication as a potential buffer. In a sample of 6,196 rural Chinese adolescents, effective parent-child communication moderated the relationship between parental and adolescent anxiety.

This finding is important because it moves beyond the question of whether communication is merely associated with adolescent mental health and suggests that communication may influence how strongly other psychological risk factors affect adolescents. Specifically, the quality of parent-adolescent communication may alter the relationship between parental anxiety and adolescent anxiety. Effective and supportive communication may therefore act as a **potential protective or buffering factor**, reducing the transmission or impact of parental anxiety on adolescents.

8. COMMUNICATION AND SUICIDAL IDEATION

The relationship between family communication and suicidal ideation is particularly important because suicidal thoughts represent a severe mental-health outcome.

López et al. (2022) found that dysfunctional family communication was associated with emotion-regulation difficulties, which were related to depressive symptoms and subsequently suicidal ideation severity.

The findings suggest a possible psychological pathway in which **dysfunctional family communication may be associated with emotion-regulation difficulties, which may in turn contribute to depressive symptoms and, subsequently, greater suicidal ideation**. However, this does not mean that dysfunctional communication directly causes suicidal ideation; rather, communication may form part of a broader psychosocial pathway through which emotional and psychological difficulties develop or intensify. Conversely, supportive and open family communication may provide adolescents with opportunities to disclose emotional distress, receive understanding and support, and obtain appropriate assistance before psychological difficulties become more severe.

9. COMMUNICATION AND PSYCHOLOGICAL WELL-BEING

Evidence from intervention research provides particularly valuable information.

Miller et al. (2020) conducted a randomized controlled trial examining a primary-care intervention designed to promote parent-teen communication. The intervention improved open communication among adolescents who initially had lower levels of communication and was associated with improvements in adolescent emotional outcomes.

This finding supports the possibility that communication is **modifiable**.

If communication skills can be improved through structured intervention, communication may represent a practical target for adolescent mental-health promotion.

10. EMOTIONAL COMMUNICATION

Recent research increasingly emphasizes **emotional communication**, rather than communication in general.

Hu and Zhou examined how adolescents communicate emotions and how parents respond to adolescent emotions. Their three-wave longitudinal design provides evidence that emotional communication is dynamically related to depressive symptoms.

Zhou et al. (2025) similarly demonstrated that the quality of emotional communication differed across families and was associated with adolescent depressive symptoms. Adaptive communication patterns were associated with the lowest depressive symptoms, while maladaptive or limited patterns were associated with the highest symptoms.

These studies suggest that adolescents may benefit particularly from communication environments in which:

- emotions can be expressed openly;
- parents respond appropriately to emotional needs;
- adolescents feel understood;
- communication is not dominated by criticism;
- adolescents can disclose difficulties without fear of rejection.

11. DIGITAL PARENT-ADOLESCENT COMMUNICATION

Digital communication represents an increasingly important component of contemporary family relationships.

Trager et al. (2025) examined digital communication in 325 parent-adolescent dyads across two assessments separated by one year. The study found that the **content** of digital communication was more important than overall communication frequency. Sharing personal experiences with mothers was associated with lower depression symptoms.

This finding has an important implication for the present review, as communication should not be operationalized simply in terms of **how frequently parents and adolescents communicate**, but should also consider **what they communicate about and how the communication takes place**. The content, quality, openness, emotional responsiveness, and nature of communication may be more important for adolescent mental health than communication frequency alone. This distinction is particularly relevant in the digital era, where adolescents may communicate with parents through messaging platforms and other digital media even when face-to-face interaction is limited.

12. COMMUNICATION AS A PROTECTIVE MECHANISM

Based on the reviewed evidence, communication may contribute to adolescent mental health through several pathways.

12.1 Emotional disclosure

Open communication can allow adolescents to disclose worries, sadness, anxiety, interpersonal difficulties, and other concerns.

12.2 Emotional validation

Supportive responses may help adolescents feel understood and accepted.

12.3 Emotion regulation

Constructive family communication may support adolescents in identifying and managing difficult emotions.

12.4 Social connectedness

Positive communication can strengthen the adolescent's sense of belonging within the family.

12.5 Problem-solving

Collaborative communication may help adolescents manage academic, interpersonal, and developmental stressors.

12.6 Help-seeking

Adolescents who feel safe communicating with parents may be more willing to disclose mental-health difficulties and seek professional assistance.

12.7 Buffering stress

Effective communication may reduce the psychological impact of parental distress and other stressful circumstances.

13. DISCUSSION

The findings of this systematic review indicate that adolescent communication is a promising potential protective factor for mental health.

Across the studies, positive communication was generally associated with lower levels of depression and anxiety and better psychological outcomes. Conversely, dysfunctional communication, co-rumination, conformity-oriented communication, and maladaptive emotional communication were associated with poorer outcomes.

An important conclusion is that **communication quality matters more than communication frequency alone**.

The 2025 digital-communication study provides particularly clear evidence for this distinction. Communication content, rather than simply the number of digital interactions, was associated with adolescent depression and anxiety outcomes.

The 2025 dyadic emotional-communication study provides another important contribution because it demonstrates that adolescents' mental-health outcomes differ across distinct communication

patterns. Adaptive communication was associated with the lowest depressive symptoms, while maladaptive or limited communication was associated with the highest symptoms. The evidence also suggests that communication may operate through several mechanisms rather than through a single pathway.

The reviewed evidence suggests that **positive parent-adolescent communication may promote better mental health through interconnected processes such as emotional disclosure, emotional support, improved emotion regulation, social connectedness, and adaptive coping**, whereas dysfunctional communication may contribute to reduced disclosure, invalidation or conflict, difficulties in emotion regulation, depressive symptoms, and increased psychological risk. However, caution is necessary because most studies are observational, and the direction of causality cannot always be established. For example, adolescents experiencing depression may withdraw from their parents and communicate less openly; therefore, poor communication may sometimes be a consequence of poor mental health rather than its cause. Consequently, **longitudinal and intervention studies are particularly valuable** for clarifying the direction of these relationships and determining whether improving communication can lead to better mental health outcomes among adolescents.

16. STRENGTHS

The review focuses specifically on recent evidence from 2020–2025 and incorporates multiple forms of communication, including open, family, emotional, and digital communication. It also considers different methodological designs, including longitudinal and intervention studies.

Limitations

The evidence base is heterogeneous in terms of study design, measurement, sample characteristics, and mental-health outcomes. A large proportion of studies are observational, limiting causal interpretation. Geographical representation is also uneven, with substantial evidence originating from China, the United States, and Europe.

The present review should therefore interpret communication as a **potential protective factor** rather than a definitively established causal protective factor.

17. CONCLUSION

The evidence published between 2020 and 2025 indicates that adolescent communication, particularly positive parent-adolescent and family communication, is an important potential protective factor for mental health.

Open, supportive, emotionally responsive, and adaptive communication is generally associated with lower depression and anxiety and better psychological outcomes. Conversely, dysfunctional, restrictive, maladaptive, or co-ruminative communication may increase psychological vulnerability.

Recent research has strengthened this evidence by examining emotional communication patterns, longitudinal pathways, dyadic parent-adolescent perspectives, and digital communication. Importantly, emerging evidence suggests that **the quality and content of communication may be more important than communication frequency alone**.

Communication may protect adolescent mental health by facilitating emotional disclosure, validation, emotion regulation, connectedness, problem-solving, and help-seeking.

Nevertheless, more longitudinal, experimental, and culturally diverse research is required before strong causal conclusions can be drawn. Future studies should also move beyond parent-adolescent communication and examine communication with peers, teachers, siblings, and other significant individuals.

Overall, strengthening healthy communication may represent a practical and potentially modifiable component of comprehensive adolescent mental-health promotion.

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