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Social Relationships and Mental Well-Being:

On the Relative Importance of Parenthood, Romantic Partnerships, and Friendships

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Introduction

Over the past few decades, Australia has seen fertility rates decline to all-time lows (Australian Bureau of Statistics, 2024), declining partnership and marriage rates (Qu, 2020), and a shrinking of friendship networks (Laß et al., 2025). Jointly, these trends point to an overall reduction in strong social ties among Australians. Given the well-established importance of healthy social relationships for good mental well-being (Kawachi & Berkman, 2001; Thoits, 2011; Andersen et al., 2021), this raises concerns about the potential negative impacts on population mental health.

There has been substantial prior research examining the effects of friendships (Narr et al., 2019; Jang et al., 2023; Thompson et al., 2024), romantic partnerships (Braithwaite & Holt-Lunstad, 2017; Evans et al., 2023), and parenthood (Kalucza et al., 2015; Ruppner et al., 2019; Metzger & Gracia, 2025) on mental health outcomes individually. However, less is known about the relative importance of these different types of social relationships in explaining variation in mental well-being. Furthermore, there are remaining questions around the mechanisms through which social relationship effects on mental health operate.

Prior literature suggests several potential mechanisms linking social relationships to better mental health, including reduced loneliness, greater perceived social support (both emotional and instrumental), and more frequent social interaction. However, the importance of these mediating factors likely differs across relationship types.

For example, friendships may primarily benefit mental health by alleviating loneliness and providing instrumental support (Pezirkianides et al., 2023; Schmidt et al., 2023; Thompson et al., 2024). In contrast, romantic partnerships could reduce loneliness but may be less beneficial for instrumental support provision (Kalmijn, 2012; Braithwaite & Holt-Lunstad, 2017). Parenthood effects are likely more ambiguous - children could either increase or decrease loneliness and social support depending on circumstances (Rözer et al., 2017; Tang et al., 2020; Metzger & Gracia, 2025). For example, the devotion of a greater share of time to caring for children could reduce friendship and social support

networks, especially among younger parents (Rözer et al., 2017). Furthermore, the transition to parenthood can adversely affect women's perceived social support if their increase in housework is not matched by that of their male partners (Metzger & Gracia, 2025). Better mental health is in turn associated with a reduction in loneliness (Kung et al., 2021), greater social support (Levula et al., 2016), and more social connection (Cruwys et al., 2019).

Against this background, our study uses longitudinal data from a nationally representative household panel study to investigate four research questions: 1) How do social relationships affect mental health? 2) What is the relative importance of the three social relationship types for mental health? 3) What are the mechanisms underlying the effects of social relationships on mental health? 4) How do these relationships differ by gender?

This study makes at least two key contributions to the literature. First, we provide new evidence on which type of social relationship (friendships, romantic partnerships, or parenthood) is most important for the mental health of women and men relative to the other relationship types. Second, we investigate the mediating pathways that may explain how social relationships impact mental well-being. Our study is the first to comprehensively model these multiple mediating pathways simultaneously while also directly comparing the relative importance of friendships, partnerships, and parenthood for mental well-being in a unified framework. We also investigate potential gender differences in these relationships that have been underexplored in previous work. In particular, we expect the association between having children and mental well-being to differ by gender, given women's greater involvement in caregiving and housework.

Data and Methods

We use 23 waves of data from the Household, Income and Labour Dynamics in Australia (HILDA) Survey (spanning the period 2001 to 2023), a nationally representative annual household panel study (Watson & Wooden 2021). Overall, our analytical sample comprised 304,003 observations from 33,017 respondents.

Mental well-being is measured using the Mental Health Inventory (MHI-5) scale derived from the SF-36 questionnaire. Key social relationship variables include friendships, romantic partnership and parenthood status. The perceived number of friends represents agreement with the statement "I seem to have a lot of friends" on a scale from 1 (strongly disagree) to 7 (strongly agree). Romantic partnerships are measured via an indicator for whether the person lives together with a partner (married or de facto). Parenthood is represented via an indicator for whether the person has any children living with them.

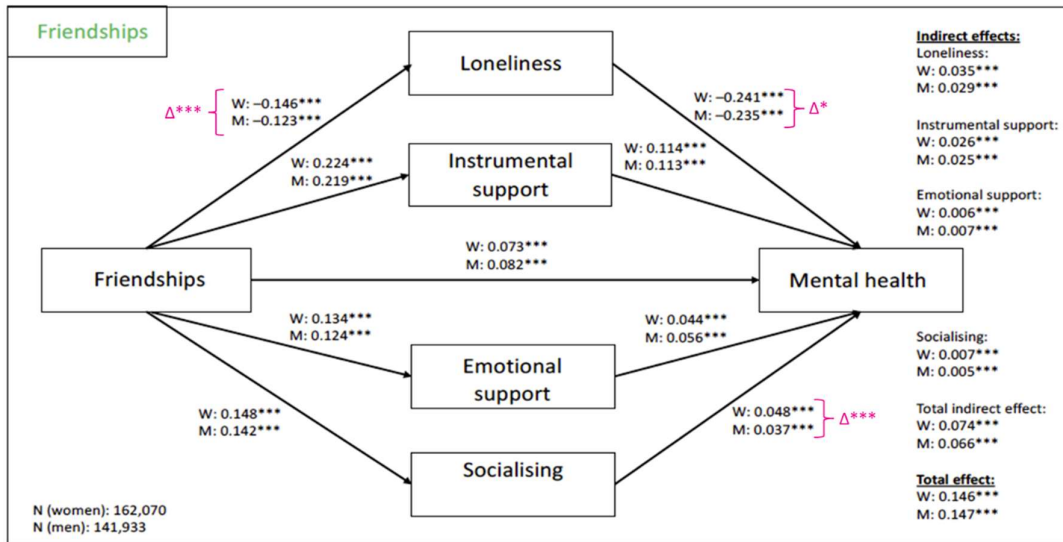
We also investigate the role of four mediators: loneliness, instrumental support, emotional support, and socializing frequency. Loneliness represents agreement with the statement “I often feel very lonely” on a scale from 1 (strongly disagree) to 7 (strongly agree). Instrumental support reflects agreement with the statement “When I need someone to help me out, I can usually find someone” on a scale from 1 (strongly disagree) to 7 (strongly agree), while emotional support reflects disagreement with the statement “I don’t have anyone that I can confide in”, measured on the same scale. Finally, the frequency of socialising is measured via the question “In general, about how often do you get together socially with friends or relatives not living with you?”, with the response scale ranging from 1 (less than once every 3 months) to 7 (every day).

We estimate fixed effects structural equation models (FE-SEM) separately by gender. This approach allows modelling of: (1) the direct effects of social relationships on mental health; (2) the indirect effects operating through loneliness, social support, and socialising as mediators; and (3) the total effects combining direct and indirect pathways. Using fixed effects accounts for unobserved time-constant individual characteristics. We allow for correlated error terms between the mediators and also control for time-varying sociodemographic factors that might be correlated with both social relationships and mental health, such as age, education, employment status, full-time student, residence region, household income, physical functioning, Indigenous status, migrant status, and survey year.

Results

Figure 1 shows the key results of the FE-SEMs relating to the association between the perceived number of friends and mental health. Results are presented as standardised coefficients, which allows direct comparison of effect sizes. For both men and women, a greater perceived number of friends is associated with substantially better mental health. These beneficial friendship effects operate primarily through reducing loneliness and increasing perceived instrumental support provision. The total effect of friendships on mental health is larger than for romantic partnerships (Figure 2) or parenthood (Figure 3). There are also some significant gender differences in the strength of the relationships, with the two paths linking friendships with loneliness and loneliness with mental health being more important among women. Similarly, the effect of socialising on mental health is stronger among women.

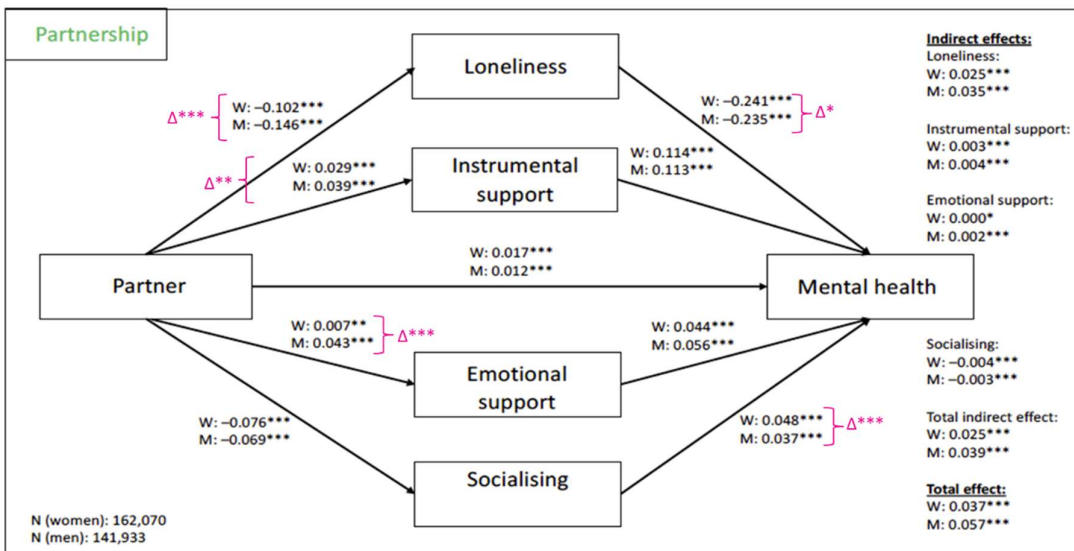
Figure 1: Results from FE SEM Models: Friendships and Mental Health



Notes: Standardised coefficients, * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$, pink brackets signify significant gender differences in effects.

As shown in Figure 2, romantic partnerships are protective for mental health for both genders, but the effect is weaker than for friendships. The main pathway is through reduced loneliness rather than social support provision. Furthermore, the beneficial effects of having a partner are in part offset by reduced socialising. Contrary to what was found for friendships, several pathways between being partnered and the mediators are significantly stronger for men than for women.

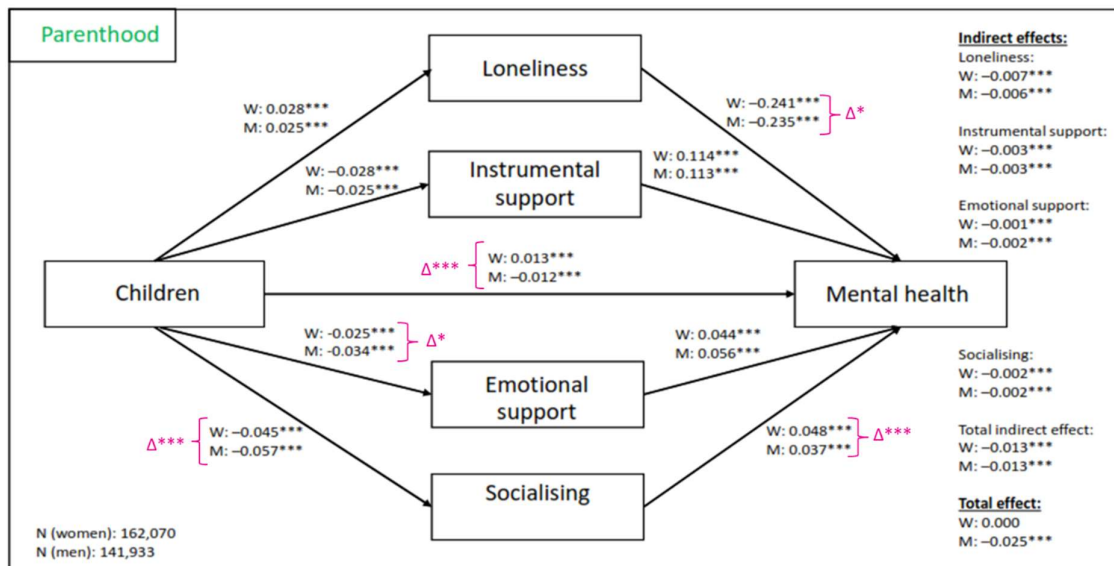
Figure 2: Results from FE SEM Models: Partnerships and Mental Health



Notes: Standardised coefficients, * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$, pink brackets signify significant gender differences in effects.

Finally, Figure 3 illustrates that parenthood has a modest, positive direct effect on mental health for women. However, the direct effect is entirely offset by the negative indirect effects operating through all four mediators. By contrast, for men, parenthood is negatively associated with mental well-being, both due a negative direct effect and negative indirect effects via the four mediators.

Figure 3: Results from FE SEM Models: Parenthood and Mental Health



Notes: Standardised coefficients, * p < 0.10, ** p < 0.05, *** p < 0.01, pink brackets signify significant gender differences in effects.

Conclusions

Our findings highlight the primacy of friendships as the most important type of social relationship for protecting mental well-being, for both men and women. The declining trend in strong friendship ties in Australia is therefore likely a major contributor to declining population mental health.

Romantic partnerships also benefit mental health for both genders, but to a lesser degree than friendships. Interestingly, the effects of parenthood diverge by gender – no total effect for women but a negative effect for men. Our next steps will be to uncover the reasons behind this gender difference, and whether the gender gap in parenthood outcomes differs by age of the youngest child in the household or by the number of children.

The results suggest a need to develop policy approaches and community initiatives aimed at fostering broader friendship networks and providing more support structures for parents, particularly fathers.

A limitation of this study is the inability to make causal claims, as we cannot fully account for reverse causality or selection into social relationship types.

Overall, this study provides novel evidence on the relative importance of different social ties for mental health and the mediating mechanisms involved, highlighting the key role of friendships as well as divergent impacts of parenthood by gender. The findings have important implications for public health policy and community-building efforts.

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