



Intergenerational coresidence and parental depression: A discrete-time survival analysis of the ‘boomerang kids’ phenomenon

Seoyeong Choi^a, Eunjeong Choi^a, Suk-Yong Jang^{b,c,*}

^a Department of Public Health, Graduate School, Yonsei University, 50 Yonsei-ro, Seodaemun-gu, Seoul 03722, Republic of Korea

^b Department of Biohealth Industry, Policy Analysis Division, Graduate School of Transdisciplinary Health Science, Yonsei University, 50 Yonsei-ro, Seodaemun-gu, Seoul 03722, Republic of Korea

^c Department of Health Policy and Management, Graduate School of Public Health, Yonsei University, 50 Yonsei-ro, Seodaemun-gu, Seoul 03722, Republic of Korea

ARTICLE INFO

Keywords:

Public health policy
Mental health
Discrete-time survival analysis
Parental depression

ABSTRACT

Objective: The return of adult children to the parental home—a phenomenon often referred to as “boomerang kids”—has become more prevalent amid economic instability. While widely observed, limited evidence exists on its impact on parental mental health, particularly in the East Asian context.

Methods: We used longitudinal data from the Korean Welfare Panel Study (KoWePS), identifying 2479 adult children and their 4659 co-residing parents. The primary exposure was the return of adult children, defined by changes in co-residence. Discrete-time survival analysis with a complementary log-log link modeled time-varying exposures and covariates. Subgroup analyses were stratified by the employment status of returning adult children.

Results: Parents whose adult children returned had a significantly higher depression incidence (40.2 vs. 13.6 per 1000 person-years, HR 2.00), especially when the returning child was unemployed (HR 1.35). Co-residence was not significantly associated with depression among adult children (HR 0.54). The highest risk for adult children was among those unemployed and living apart (HR 1.23).

Conclusions: Co-residence following adult children's return was linked to increased depression risk in parents especially when the returning child was unemployed. These findings highlight the need for intergenerational policies that reduce emotional and financial burdens on older adults.

1. Introduction

Over recent decades, developed countries have undergone substantial changes in family structures and residential patterns, notably marked by an increasing proportion of young adults living with their parents (OECD, 2024). In the United States, the trend commonly referred to as “boomerang kids”—adult children who return to the parental home after a period of independent living because of structural challenges such as unemployment, escalating housing costs, and economic downturns—has attracted growing social and academic interest (Mitchell, 1998). In the United States, the ‘boomerang kids’ phenomenon has attracted growing attention amid economic instability and housing constraints (Widra and Ludovice, 2021).

Although global in nature, this phenomenon is labeled and perceived differently across cultural contexts. In several European countries, these

individuals are described as “boomerang kids” (Stone et al., 2011), whereas in Japan, the term “parasite singles” refers to young adults who remain dependent on their parents without achieving full autonomy (Masahiro, 2001). In South Korea, they are known as the “kangaroo tribe” (Korean Ministry of Employment and Labor, 2024). Despite varying labels, these terms reflect a shared sociocultural context of delayed or reversed independence among emerging adults.

The return of adult children to the parental home represents more than a logistical shift; it often requires a reconfiguration of family roles and dynamics, impacting both younger and older generations. Prior research indicates that parents typically report higher life satisfaction once their adult children have moved out and achieved independence (White and Edwards, 1990), whereas their return has been linked to declines in parental well-being (Ward and Spitze, 2004). Although returning home may function as a financial safeguard for young adults,

* Corresponding author at: Department of Biohealth Industry, Policy Analysis Division, Graduate School of Transdisciplinary Health Science, Yonsei University, 50 Yonsei-ro, Seodaemun-gu, Seoul 03722, Republic of Korea.

E-mail address: sukyong@yuhs.ac (S.-Y. Jang).

<https://doi.org/10.1016/j.pmedr.2026.103458>

Received 16 January 2026; Received in revised form 25 March 2026; Accepted 26 March 2026

Available online 27 March 2026

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it frequently introduces unanticipated financial and emotional burdens for parents. Many parents express ambivalence about their adult children's return, as they are re-engaged in dual roles of caregiving and economic support (Russell, 2009; Silverstein et al., 2006). Related concerns have also been raised in the literature on prolonged dependency, such as hikikomori and failure-to-launch phenomena, where parents of highly dependent adult children often report considerable burden and psychological distress (Berger et al., 2024). This perspective helps situate boomerang transitions within a broader framework of prolonged intergenerational dependency and parental burden.

Nonetheless, the bulk of existing literature has primarily focused on the drivers of delayed independence or return migration, including economic hardship or mental health concerns among young adults (Sandberg-Thoma et al., 2015; Stone et al., 2011; Copp et al., 2017), while longitudinal analyses examining the mental health effects on parents remain limited. Although some studies have flagged potential negative outcomes of such co-residence on parental well-being (Tosi and Grundy, 2018), much of the available evidence is cross-sectional and fails to capture key variations, such as the employment status of returning adult children or the distribution of intergenerational responsibilities. Furthermore, cultural variation—particularly within East Asian societies—adds complexity to the interpretation and transferability of findings derived from Western-centric samples.

South Korea offers a compelling case. With the highest university enrollment rate among Organisation for Economic Co-operation and Development (OECD) countries (73.1% in 2022, compared to the OECD average of 47.5%) (OECD, 2023a), many Korean youths temporarily leave their parental homes to pursue academic aspirations. However, after graduation, rigid labor market conditions and rising youth unemployment have led increasing numbers of young adults to return home. In South Korea, this pattern may be relatively common, but it is often understood less as a freely chosen arrangement than as a response to constrained opportunities for independent adulthood (Kim, 2020). According to Statistics Korea (2024), the number of young individuals classified as “not in employment, education, or training (NEET)” rose from 450,000 in 2021 to 500,000 in 2025—a 12% increase—highlighting delayed transitions into adulthood and growing dependence on their parents. Further compounding this issue, South Korea reports the highest overall suicide rate among OECD countries, with particularly elevated rates among older adults (OECD, 2023b; Statistics Korea, 2023). These demographic and social patterns underscore the need to examine the mental health consequences of boomerang transitions, especially among middle-aged and older parents.

Motivated by these concerns, this study explores how the return of adult children to the parental home affects depressive symptoms in both parents and their adult children, using longitudinal data from the Korean Welfare Panel Study (KoWePS). Specifically, we examined whether adult children's return home was associated with depressive symptoms in parents and adult children, and whether this association differed by the child's employment status.

2. Method

2.1. Study design and population

This study used longitudinal data from the Korean Welfare Panel Study (KoWePS), a nationally representative annual survey of households in South Korea, collected from 2010 to 2024. The survey is jointly administered by the Korea Institute for Health and Social Affairs and the Social Welfare Research Institute at Seoul National University. Data collection is carried out through face-to-face interviews conducted by trained interviewers using structured questionnaires in participants' residences. For this analysis, data spanning from 2010 to 2024 were utilized. The dataset and supporting documentation are publicly accessible via the official KoWePS website (<https://www.koweeps.re.kr:442/main.do>).

A total of 2479 adult children aged 19 to 34 years were identified within the KoWePS data from 2010 to 2024. Using household identifiers, adult children who experienced a return to the parental home were linked to parents residing in the same household, yielding an initial sample of 4682 parents. The sample was restricted to parents who were not co-residing with their adult children at baseline. Parents with missing data on depressive symptoms or who reported depressive symptoms at baseline were excluded. After these exclusions, the final analytic sample consisted of 4659 parents.

2.2. Measures

The outcome variable in this study was the new onset of depressive symptoms. During the follow-up period (2010–2024), participants were classified as incident cases of depression when their 11-item Center for Epidemiologic Studies Depression Scale (CES-D-11) scores exceeded the established clinical threshold, indicating the emergence of depressive symptoms. Symptomatology was assessed using the Korean version of the CES-D-11, a validated short form derived from the original 20-item CES-D (Cho and Kim, 1998). Prior studies have shown that the CES-D-11 maintains psychometric properties comparable to those of the full-length CES-D-20 (Gellis, 2010). Following the CES-D-20 scoring framework, total CES-D-11 scores were rescaled by multiplying by a factor of 2011. A rescaled score exceeding 16 was considered indicative of clinically significant depressive symptoms (Roberts et al., 1990; Park and Kim, 2011).

The time-varying explanatory variable captured whether an adult child returned to their parents' home during the observation period. Adult children were coded as having experienced a boomerang event if they were not co-residing with their parents at time $t-1$ but began co-residing at time t . The variable was coded as 1 during the onset of co-residence and reverted to 0 if co-residence ceased in subsequent waves.

To control for potential confounding variables in the relationship between boomerang kids and the onset of depression among parents, we selected relevant covariates (Conwell et al., 2010). These included demographic variables (age, sex, education level, marital status, and residential area), socioeconomic variables (household income and employment status), and health-related variables (presence of disability, chronic illness, smoking status, and alcohol consumption). Covariates were categorized based on the study objectives. For age, adult children were grouped into 19–24, 25–30, and over 30 years, while parents were categorized as under 50, 50–60, and over 60 years. The age categories for adult children were selected to reflect the Korean context, characterized by transitions to adulthood shaped by educational participation and delayed independent household formation (Park, 2013). Household income was classified according to low-income status, and chronic illness was categorized based on illness duration. Smoking status and risky alcohol consumption were included as health-related control variables to account for baseline differences in health behaviors associated with depressive symptoms (Hwang et al., 2023). Smoking status was determined using self-reported responses and classified as a current smoker or a non-smoker. Risky alcohol consumption was coded as “yes” or “no.” Employment status was defined by whether the respondent currently held any income-generating job, regardless of work hours or contract type.

2.3. Statistical analysis

To capture time-varying co-residence patterns, we applied a discrete-time survival analysis (DTSA) framework to estimate the likelihood of depressive symptom onset over time. DTSA is a form of event history analysis that estimates the probability of an event occurring at discrete intervals. Unlike cross-sectional or standard regression models, this method is especially suitable for identifying temporal patterns of association (Singer and Willett, 1993). It is therefore an appropriate analytic tool for repeated measures data where co-residence and mental health

status may shift annually.

Depressive symptoms and relevant covariates were assessed annually and modeled as time-varying variables, allowing for multiple state transitions over time. DTSA was conducted using a generalized linear model with a complementary log-log link function to estimate hazard ratios (HRs) and 95% confidence intervals (CIs) for the first onset of depressive symptoms in both parents and adult children.

The initial analytic model examined depression incidence following reunification with adult children, comparing parents and their adult children. To explore whether the psychological effect of reunification differed by the adult child's economic situation, specifically their employment status, we conducted subgroup analyses by employment group. These stratified models allowed for comparisons of the magnitude and statistical significance of associations across groups. We also estimated crude rates of initial depressive symptom onset stratified by boomerang status and calendar year, reported per 1000 person-years with 95% CIs. All statistical analyses were performed using SAS (version 9.4 M6; SAS Institute Inc., Cary, NC, USA).

The institutional review board of Severance Hospital, South Korea exempted the present study protocol from requiring ethics approval [IRB No. 4-2025-0787].

3. Results

A total of 4659 parents were analyzed, contributing 59,965 person-year observations over an average follow-up of 12.9 years. Additionally, 2479 adult children were observed across 11,427 person-years, allowing for intergenerational comparison of depression outcomes.

Table 1 presents the baseline characteristics of adult children and their parents. Among the 11,427 adult-child observations, 1929 individuals (16.90%) experienced a return to co-residence with their parents. Compared to those who did not return, adult children who re-entered the parental household were generally younger, more likely to be female, less likely to reside in low-income households, and reported lower rates of problematic alcohol use.

At the parent level, there were 59,965 observations, of which 4659 involved parents who experienced a child returning to live with them. Compared to parents who did not experience a boomerang event, those who did were generally younger, more likely to be free of chronic illnesses, less likely to report problematic alcohol use, and slightly more likely to be unemployed.

Table 2 presents a comparison of depression incidence rates between adult children and their parents based on return status. Among adult

Table 1
Baseline Characteristics of Parents and Adult Children by Boomerang Coresidence Status in South Korea, 2010–2024.

Category	Coresidence(Boomerang) Status (Adult Children)						Standardized difference	Coresidence(Boomerang) Status (Parents)						Standardized difference
	Total		Yes		No			Total		Yes		No		
	N	%	N	%	N	%		N	%	N	%	N	%	
Total	2697	100	282	10.46	2415	89.54		7851	100	4342	55.31	3509	44.69	
Age														
19–24 (parents aged <50 years)	1484	55.02	168	59.57	1316	54.49	0.22	2507	31.93	1768	40.72	739	21.06	
25–30 (parents aged 50–60 years)	830	30.77	89	31.56	741	30.68		4336	55.23	2315	53.32	2021	57.59	
over 30 (parents aged 50–60 years)	383	14.20	25	8.87	358	14.82		1008	12.84	259	5.96	749	21.35	
Sex							−0.13							0.01
Men	1318	48.87	121	42.91	1197	49.57		3708	47.23	2045	47.10	1663	47.39	
Women	1379	51.13	161	57.09	1218	50.43		4143	52.77	2297	52.90	1846	52.61	
Household Income (Low-income Status)							−0.26							0.03
No	2015	89.54	237	84.04	1778	73.62		5890	75.02	3368	77.57	2522	71.87	
Yes	682	10.46	45	15.96	637	26.38		1961	24.98	974	22.43	987	28.13	
Disability							0.10							−0.02
Yes	21	0.78	5	1.77	2399	99.34		582	7.41	318	7.32	264	7.52	
No	2676	99.22	277	98.23	16	0.66		7269	92.59	4024	92.68	3245	92.48	
Duration of Chronic Disease							0.50							−0.02
None	1887	69.97	247	87.59	1640	67.91		2260	28.79	1561	35.95	699	19.92	
Less than 6 months	283	10.49	13	4.61	270	11.18		592	7.54	368	8.48	224	6.38	
More than 6 months	527	19.54	22	7.80	505	20.91		4999	63.67	2413	55.57	2586	73.70	
Marital Status							−0.21							0.07
Yes	175	6.49	7	2.48	168	6.96		6989	89.02	3834	88.30	3155	89.91	
No	2522	93.51	275	97.52	2247	93.04		862	10.98	508	11.70	354	10.09	
Region							−0.16							0.06
urban	2398	88.91	237	84.04	2161	89.48		6908	87.99	3829	88.19	3079	87.75	
rural	299	11.09	45	15.96	254	10.52		943	12.01	513	11.81	430	12.25	
Current Smoking							−0.05							0.07
Yes	581	21.54	56	19.86	525	21.74		1813	23.09	952	21.93	861	24.54	
No	2116	78.46	226	80.14	1890	78.26		6038	76.91	3390	78.07	2648	75.46	
Problem drinking							−0.34							0.03
Yes	1100	40.79	75	26.60	1025	42.44		2851	36.31	1395	32.13	1456	41.49	
No	1597	59.21	207	73.40	1390	57.56		5000	63.69	2947	67.87	2053	58.51	
Education							0.09							−0.14
High School or Less	477	17.69	59	20.92	418	17.31		5642	71.86	3147	72.48	2495	71.10	
College or Higher	2220	82.31	223	79.08	1997	82.69		2209	28.14	1195	27.52	1014	28.90	
Employment							−0.37							0.03
Yes	1731	64.18	135	47.87	819	33.91		5040	64.20	2647	60.96	2393	68.20	
No	966	35.82	147	52.13	1596	66.09		2811	35.80	1695	39.04	1116	31.80	

Abbreviations: CI, confidence interval; Age is presented as mean (standard deviation).

Table 2

Association between boomerang coresidence and depressive symptoms among parents and adult children in South Korea, 2010–2024.

	Number of observations	Number of incident depression cases	Incidence rate(1000PY)	95% CI	Hazard Ratio	95% CI
Parents						
Boomerang No	3509	1065	10.67	10.12, 11.33	1	
Boomerang Yes	2415	218	90.30	78.27, 102.31	2.43	2.18, 2.72
Adult children						
Boomerang No	2415	528	67.40	61.68, 73.10	1	
Boomerang Yes	282	18	63.80	34.30, 93.29	0.65	0.44, 1.12

Abbreviations: CI, confidence interval; PY, person-years

Adjusted for Age, Sex, Household income, Disability status, Chronic conditions, Marital Status, region, smoking status, education, problem drinking

children, the incidence rate of depression was lower for those who returned to the parental home (63.80 per 1000 person-years) than for those who did not (67.40 per 1000 person-years). In contrast, parents who experienced a boomerang event had a markedly higher incidence rate of depression (90.30 per 1000 person-years) compared to those who did not (10.67 per 1000 person-years), highlighting a significant intergenerational divergence in mental health outcomes associated with household reunification.

Additionally, the HRs for adult children who returned to live with their parents was 0.54 (95% CI, 0.27, 1.09), which was not statistically significant, but suggests that returning home did not increase the risk of depression. In contrast, parents who experienced a boomerang event exhibited a significantly higher risk of depression, with an HR of 2.00 (95% CI, 1.48, 2.71), compared to that of those who did not.

Table 3 presents an extended analysis categorizing all parents into four groups based on a combination of their adult children's employment status and whether they returned to live with their parents. For parents, the reference group was those whose adult children were employed and did not return home—a scenario considered most favorable from the parent's perspective. Compared to this group, parents whose adult children were unemployed and returned home showed the highest risk of depression (HR = 1.35, 95% CI: 1.15, 1.58).

In contrast, among adult children, those who were unemployed and did not co-reside with their parents had the highest risk of depression (HR = 1.23, 95% CI: 0.96, 1.57). While none of the HRs for boomerang kids reached statistical significance, the results indicate that returning to live with parents—regardless of employment status—was not associated with an increased risk of depression.

4. Discussion

The results showed a significantly higher risk of depression among parents who experienced co-residence with their adult children. These parents may face financial pressure and emotional burden as co-residence reactivates parental responsibilities after their adult

Table 3

Association of adult children's employment and boomerang status with parents' and adult children's depressive symptoms in South Korea, 2010–2024.

Group	Hazard Ratio	95% CI	
Parents			
G1: Non-boomerang + Employed	1		
G2: Non-boomerang + Unemployed	1.06	0.93,	1.21
G3: Boomerang + Employed	1.15	0.87,	1.52
G4: Boomerang + Unemployed	1.35	1.07,	1.71
Adult Children			
G1': Non-boomerang + Employed	1		
G2': Non-boomerang + Unemployed	1.23	1.01,	1.51
G3': Boomerang + Employed	0.73	0.51,	1.04
G4': Boomerang + Unemployed	0.92	0.66,	1.29

Abbreviations: CI, confidence interval; G, Group.

Each subject counted only once per group; repeated measurements over time are not double-counted.

Adjusted for Age, Sex, Household income, Disability status, Chronic conditions, Marital Status, region, smoking status, education, problem drinking

children's delayed independence. This pattern is consistent with prior work suggesting that parents may experience psychological strain when adult children's return disrupts expected life-course transitions and prolongs caregiving and support roles (Russell, 2009; Silverstein et al., 2006; Caputo, 2019). In contrast, among adult children, co-residence itself was not significantly associated with increased depression risk. Returning to the parental home during unemployment may provide emotional and housing stability, buffering some of the psychological effects of economic hardship (Wu and Grundy, 2023). This may explain why co-residing adult children did not show higher depression risk despite unemployment. By contrast, the highest depression risk was observed among unemployed adult children living apart from their parents.

Prior studies from Western settings have shown that adult children's return home may reduce parental well-being (Tosi and Grundy, 2018; Ward and Spitze, 2004). Our findings suggest that similar associations are also evident in South Korea, extending this literature beyond Western contexts despite differences in normative expectations around intergenerational co-residence (Yasuda et al., 2011).

Whereas most previous studies relied on cross-sectional data, limiting causal inference, this research employed discrete-time survival analysis, a longitudinal method that models the probability of an event occurring over time (Singer and Willett, 1993). This approach enabled us to examine time-varying changes in co-residence and their influence on mental health outcomes. By also incorporating socioeconomic factors such as employment status, the study uncovered more nuanced mechanisms beyond a binary view of co-residence.

This study contributes to the growing literature on intergenerational co-residence by emphasizing the mental health consequences of post-independence returns for both parents and adult children. While previous studies have often emphasized the financial or structural components of these living arrangements—such as economic strain or reduced parental well-being (Tosi and Grundy, 2018)—this study redirects attention to the emotional burden imposed by economic instability and the intergenerational role conflicts that emerge when adult children are unable to sustain independence (Caputo, 2019; Russell, 2009).

This research also enriches our understanding of family transitions across the life course. Although earlier literature primarily focused on young adults' transition to independence, this study highlights the emotional and financial vulnerability of middle-aged and older parents. The findings build upon research such as Caputo (2019), which reported increased depressive symptoms among parents undergoing new co-residence, but extend this work by concurrently examining both generations. This comparative lens reveals that multigenerational households may produce intersecting psychosocial stressors that differ by age cohort.

In applied terms, these findings underscore the need to reassess current family and social welfare policies. Adult children's return to the parental home is frequently regarded as a private familial matter. However, empirical evidence suggests that such transitions can significantly affect the psychosocial well-being of older adults, particularly under conditions of economic precarity or labor market instability (Caputo, 2019). Community-level interventions—such as family systems therapy, geriatric mental health support, and caregiver assistance

programs—may serve as protective strategies to mitigate these multi-dimensional burdens.

Taken together, these findings highlight the importance of moving beyond youth-centered policy frameworks. As intergenerational co-residence becomes increasingly common and prolonged, both generations—young adults and their parents—face distinct yet interdependent challenges. Policies must be restructured to address not only youth employment and housing, but also the emotional and financial strain on parents, particularly those transitioning into older adulthood. A balanced, intergenerational approach to family and mental health policy is crucial to accommodate today's evolving family dynamics.

This study has several limitations that should be acknowledged.

First, although we adjusted for available characteristics of both parents and adult children, the dataset had limited information on key socioeconomic and other potential confounders. This study did not directly measure the reasons for adult children's return to the parental home, such as job loss, divorce, or health problems. Although subgroup analyses by employment status and adjustment for marital status and health conditions partially addressed this limitation, the dataset also lacked detailed measures of parental retirement transitions or expected empty-nest changes, which may have influenced parental responses to reunification. Second, unobserved confounding cannot be fully ruled out. Although we adjusted for available health-related characteristics of both parents and children, the dataset lacked more detailed measures of parental physical health. Thus, residual confounding may remain, particularly with respect to parental health.

Third, socio-economic position may not have been fully captured. The dataset provided only limited indicators of income and education and did not include more detailed measures such as housing tenure, housing value, neighborhood deprivation, or other markers of material resources. Employment status was also measured broadly as any current income-generating work and could not be differentiated by working hours, occupational status, or employment stability. Therefore, the findings should be interpreted with caution.

Fourth, although discrete-time survival analysis captured changes in co-residence over time, some covariates were treated as time-invariant, limiting the modeling of dynamic processes. Finally, the generalizability of the findings may be limited for underrepresented family types, including single-parent, multicultural, and disability-affected households, although the use of a large nationally representative panel supports broader relevance within Korea.

5. Conclusion

This study shows that adult children's return to the parental home is associated with increased depression among parents, but not among adult children, in a longitudinal two-generation framework. The association was strongest when the returning child was unemployed. These findings suggest that boomerang transitions may impose emotional and economic burdens on parents and call for policies and mental health interventions that address family vulnerability across generations.

CRediT authorship contribution statement

Seoyeong Choi: Writing – review & editing, Writing – original draft, Validation, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Eunjeong Choi:** Writing – review & editing, Validation, Methodology, Investigation, Data curation. **Suk-Yong Jang:** Writing – review & editing, Validation, Supervision, Methodology, Formal analysis, Conceptualization.

Funding statement

No funding was received for this study.

Declaration of competing interest

The authors declare no conflicts of interest.

Acknowledgments

We express our appreciation to the Korea Institute for Health and Social Affairs (KIHASA) for providing national survey data. No financial or other relationships have influenced the publication of this manuscript. The authors received no specific funding for this work. This study was conducted solely using existing institutional resources and facilities.

Data availability

The data used in this study were obtained from the Korean Welfare Panel Study (KoWePS) and is available on the official website (<https://www.koweps.re.kr>).

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