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Childhood cumulative contextual risk and depression diagnosis among young adults: The mediating roles of adolescent alcohol use and perceived social support



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ABSTRACT

This study examined associations between cumulative contextual risk in childhood and depression diagnosis in early adulthood, testing two adolescent mediating mechanisms, alcohol use and perceived social support from family and friends, while accounting for the stability of internalizing problems over time and examining possible gender moderation. Multiple group mediation analyses were conducted using parent- and adolescent-report as well as hospital records data from the Northern Finland Birth Cohort 1986 ($N = 6963$). Our analyses demonstrated that the association between cumulative contextual risk in childhood and depression diagnosis in adulthood is mediated by adolescent alcohol use and perceived social support both for boys and girls. The findings highlight potentially malleable mediating mechanisms associated with depression in vulnerable youth that could be targets in selective depression preventive interventions.

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1. Introduction

Research has documented an increased prevalence of depression among individuals exposed to contextual risk factors in childhood (Duncan, Brooks-Gunn, & Klebanov, 1994; Elovainio et al., 2012; Mossakowski, Codescu, Neuhaus, & Kutz, 2013), particularly when those risks are cumulative (e.g., Gerard & Buehler, 2004). Although it is well documented that the sheer number of contextual risk factors in a child's life increases the likelihood of adverse outcomes (Evans, Li, & Whipple, 2013), the degree to which the association of cumulative contextual risk in childhood with depression diagnosis in adulthood is

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mediated by potentially malleable risk and protective processes in adolescence has received less attention. One line of evidence suggests that a risk factor for depression is adolescent substance use, including alcohol (Mason et al., 2008; Trim, Meehan, King, & Chassin, 2007), representing a possible *risk pathway*. Another line of evidence suggests that a diverse and supportive social network may reduce risk for depression (Platt, Keyes, & Koenen, 2014), representing a possible *protective pathway*. The current study addresses key gaps by using longitudinal survey data from the Northern Finland Birth Cohort 1986 (NFBC1986) to examine associations between cumulative contextual risk in childhood and depression diagnosis in early adulthood, testing two adolescent mediating mechanisms, alcohol use and perceived social support from friends and family, while accounting for the stability of internalizing symptoms over time and examining possible gender moderation.

Past research has demonstrated positive associations between exposure to cumulative contextual risks in childhood and depression symptoms later in life. According to *social causation theory*, exposure to cumulative contextual risks is associated with a higher number of stressors and fewer coping mechanisms, which in turn lead to depressive symptoms (Pearlin, 1989; Pearlin, Menaghan, Lieberman, & Mullan, 1981). Guided by social causation theory, several studies have investigated the associations between contextual risk factors in childhood and depressive symptoms in adolescence and adulthood. For example, Elovainio et al. (2012) examined associations between socioeconomic status and the developmental trajectory of depressive symptoms from childhood through adulthood. The results provided evidence that lower socio-economic status as well as negative emotionality in childhood were associated with higher risk of depressive symptoms in adolescence. Also, higher initial levels of depression were recorded among girls, and were associated with a slower decrease in depressive symptoms in early adulthood. Similarly, Mossakowski et al. (2013) examined the effect of poverty on depression in early adulthood using data from the National Longitudinal Survey of Youth (NLSY). The results suggested that chronic exposure to poverty as well as female gender and prior mental health issues were predictive of depressive symptoms in adulthood. Of note, findings from different samples across different countries report a similar pattern of gender differences indicating a higher prevalence of depression in girls than boys (Van de Velde, Bracke, & Levecque, 2010). Other studies have documented associations between different markers of contextual risks (e.g., socioeconomic adversity, socioeconomic disadvantage, low socioeconomic status) in childhood and the lifetime risk of depression (Culpin, Stapinski, Miles, Araya, & Joinson, 2015; Gilman, Kawachi, Fitzmaurice, & Buka, 2002; Goosby, 2013; Jackson & Goodman, 2011; McLaughlin et al., 2011; Najman et al., 2010). Taken together, the evidence highlights the need for examining potential mediating mechanisms that can represent developmental pathways leading from cumulative contextual risks in childhood to depression diagnosis in early adulthood. Adolescence may be an important period to examine such associations given that the total incidence rate of depression doubles in adolescence compared to childhood, and almost twice as many girls than boys become depressed (Lewinsohn, Gotlib, Lewinsohn, Seeley, & Allen, 1998).

1.1. Alcohol use and supportive social network: possible mediators

There is a need for examinations of the potentially malleable risk and protective processes in adolescence that might mediate the association of childhood cumulative contextual risk with subsequent depression in young adulthood. In an extensive literature review, Zhou et al. (2015) indicated that depression and substance use disorders are the most common mental illnesses in adolescence. Indeed, alcohol use, which typically emerges and increases during the teen years (Miech, Johnston, O'Malley, Bachman, & Schulenberg, 2016), often co-occurs with depressive symptoms and depression diagnoses among young people (Costello, Erkanli, Fiederman, & Angold, 1999; Mason, Chmelka, Howard, & Thompson, 2013). Thus, adolescent alcohol use might represent a *risk pathway* leading from childhood cumulative risk to young adult depression. Although it is well documented that depression and alcohol use co-occur among youth, the nature of this association remains unclear. According to the *self-medication hypothesis* (Khantzian, 1997), individuals use substances, including alcohol, to alleviate the symptoms associated with mental illnesses, such as depression, suggesting that depression precedes and predicts alcohol involvement. There is at least some support for the self-medication hypothesis, particularly among adults (Jerez-Roig et al., 2014; Robinson, Sareen, Cox, & Bolton, 2009; Swendsen et al., 2000). However, among adolescents, research tends to show the reverse, that alcohol use typically precedes and predicts depression (Mason et al., 2008; Miettunen et al., 2014; Trim et al., 2007), although the reasons for this association are uncertain (e.g., pharmacological effects of alcohol; alcohol leading to failures in psychosocial functioning that lead, in turn, to depression) and exceptions to this pattern do exist (Mason et al., 2009; Wymbs et al., 2014). Prior research also has documented positive associations between cumulative contextual risk and adolescent alcohol use. For example, in an analysis of data from the NFBC1986, cumulative contextual risk in early childhood was a positive predictor of alcohol and other substance use in mid-adolescence (Mason et al., 2016; January et al., 2016). Taken together, findings from prior research suggest that childhood cumulative contextual risk might be related to subsequent depression through adolescent alcohol use, although this remains to be tested.

Additionally, researchers working along the lines of *the social causation theory* proposed that a supportive social network of family and friends is one of the key coping sources for adolescents struggling with alcohol use and mental health disorders (Ary, Duncan, Duncan, & Hops, 1999; Matlin, Molock, & Tebes, 2011; McFarlane, Bellissimo, & Norman, 1995). Thus, supportive social networks in adolescence might represent an additional *protective pathway* from cumulative risk in childhood to depression diagnosis in adulthood. From the perspective of *social support theory*, social support is the perception that one has available assistance from other people or is a part of the supportive social network (Pearlin, 1989). Social support can be measured quantitatively (e.g. the size and type of the one's social network) and qualitatively (e.g. one's perception of available social support) (Platt et al., 2014). However the literature is not clear as to what extent different sources of support in

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