



A comparison of the emotional and behavioral problems of children of patients with cancer or a mental disorder and their association with parental quality of life



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ABSTRACT

Objective: To compare the emotional and behavioral problems of children of patients suffering from cancer or a mental disorder and their association with parental quality of life.

Methods: A total of 223 children from 136 families and their 160 parents were investigated from multiple perspectives in a cross-sectional study. The consistency of different adjustment reports between family members was examined. Through mixed models, the differences between parental HRQoL and the children's symptomatology were studied with regard to the type of parental illness. The prediction of children's adjustment through parental HRQoL was further examined. Additionally, gender and age of the children were considered.

Results: Half of the children exhibited psychosocial problems. Gender and age differences were independent of the type of parental disease. In families with parental cancer, the reports of children's adjustment were more consistent between family members than in families where a parental mental disorder was present. We found differences in HRQoL between families with mentally ill parents and those with parental cancer patients. Specifically, the healthy partners of mentally ill parents showed worse HRQoL compared with healthy partners of cancer patients. Healthy parents' reduced HRQoL was associated with worse adjustment in their children, regardless of the type of parental illness, but this result was not found for ill parents.

Conclusion: Family members confronted with parental cancer or mental disorders are more burdened compared with those from the "normal" population, independently of the type of disease. Our results indicate that the type of a parental disease has no direct effect on children's adjustment. However, there are disease-specific effects on parental HRQoL, which are associated with children's adjustment.

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Introduction

Children of parents with severe chronic illnesses or mental disorders are at an increased risk of developing psychosocial problems [1–4] with prevalence rates up to 23% [5]. Comparisons of families with physically ill parents indicate only marginal effects of different diagnoses on child psychosocial adjustment [2]. Likely, in the case of parental somatic diseases, illness-related factors are not directly associated with children's adjustment, but they could indirectly affect the children's environment. A recent systematic review of studies on parental cancer [6] summarized associated factors of children's psychosocial adjustment and found that most studies reported only minor associations with illness-related factors but stronger associations with family or

individual characteristics. Studies on mentally ill parents indicate that differences in children's adjustment based on different psychiatric diagnoses could also be less related to the specific mental disorder itself and more related to various environmental factors [7]. In contrast to parental somatic diseases, parental mental disorders could also have a heritable effect on children's adjustment. Compared with parental somatic diseases, this could augment children's vulnerability and increase their risk for developing psychosocial problems [8–10].

Direct comparisons of different illness types are important to identify their specific impact. Knowledge about common or different mechanisms of specific illness types enables the development of suitable psychosocial intervention programs for vulnerable populations. Nevertheless, studies directly comparing families with physically ill parents and families with a parental mental disorder are rare. Anthony (1970) [11] examined families with mentally ill parents and families with parents who suffer from tuberculosis. In this study, families with parental mental disorders had a lower socioeconomic status, which is associated with worse adjustment in dependent children [12,13]. Another study [14] compared families with depressed mothers, mothers with other

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mental disorders and mothers with physical diseases. The authors concluded that the presence of a mental disorder in mothers was associated with worse adjustment in children compared to families with physically ill mothers. Additionally, several studies by the Hammen study group [15–18] also indicating that children of mentally ill parents show worse adjustment than those of physically ill parents. However, the conclusion that children of mentally ill parents are at a higher risk for maladjustment than those of physically ill parents should be interpreted with caution as the sample sizes in the previous studies were small ($N < 20$) [14–18].

Parent-related factors significantly predict children's adjustment [6,7,19], and parental well-being could be an especially important predictor of child maladjustment [20,21]. Health-related quality of life (HRQoL) is the “functional effect of a medical condition and/or its consequent therapy upon a patient. HRQoL is thus subjective and multidimensional, encompassing physical and occupational function, psychological state, social interaction and somatic sensation” [22]. HRQoL includes the physical, functional, social, and emotional well-being of an individual [23,24]. Mental disorders and severe chronic illnesses are associated with a decreased HRQoL [25,26], even in the long term [25,27]. Previous studies have found differences in HRQoL with respect to an individual's diagnosis [28–30]. Furthermore, not only the patient but also the entire family faces disruption and distress [11,31,32]. Partners of cancer patients are often more distressed than the patient [33–35] and report lower HRQoL than the average individual [36]. Partners can also be impaired by the mental illness of a spouse and show reduced quality of life compared with a reference norm [37]. In a general, population-based study, lower parental quality of life was associated with worse adjustment in children [38]. In a study on adolescent children of parents with chronic illnesses, lower HRQoL of both parents was associated with a greater number of emotional and behavioral problems in children [39]. Some studies on families with parental cancer found that lower parental HRQoL was associated with more emotional and behavioral problems in their dependent children [40,41], while other studies found no significant association of parental HRQoL with their children's emotional and behavioral problems [42–45]. Compared with healthy controls, parental pain and functional disability were associated with parent-rated child behavior problems [20]. HRQoL in families with mentally ill parents has not been directly examined, but previous studies have indirectly assessed the relationship of different parental qualities of life indicators, such as poor parental functioning, social disadvantage, marital discord, with children's adjustment [38] like poor parental functioning, social disadvantage, marital discord and family adversity [46].

At the child level, gender and age seem to moderate the association between a parental illness and children's adjustment, however, inconsistent results have been found for specific parental illness types [47–49].

Furthermore, it is important to consider who is rating the children's adjustment. Differences between mothers', fathers', and self-ratings of children's emotional and behavioral problems have been found in many contexts [50]. Previous studies on parental cancer found differences in the parental report of child adjustment based on health status and parental gender [6], as well as between parent- and self-rated adolescent adjustments [51]. Maternal depression could especially bias mothers' ratings of their children's adjustment; therefore, these ratings should be augmented by data from multiple informants [43,44].

Objectives

The main objective was to study the differences between families with parental mental disorders and families with parental cancer regarding parental HRQoL and children's adjustment. Additionally, we investigated, whether age and gender effects of children's adjustment vary as a function of type of illness, and we included multiple

perspectives of children's adjustment. Lastly, the relationship between parental HRQoL and children's adjustment was studied.

Hypotheses

Based on previous findings, the *main hypotheses* were:

H1. (a) In both samples, we expect worse adjustment of children compared with a reference norm. (b) We expect worse adjustment in children of families with parental mental disorders compared with children of parents who have cancer. (c) We expect less consistent ratings in families with parental mental disorders.

H2. (a) In both samples, we expect lower parental HRQoL compared with the reference norms. (b) With regard to patients' HRQoL, we expect lower mental HRQoL (MCS) in patients with a mental disorder and lower physical HRQoL (PCS) in cancer patients. (c) We expect no significant differences in healthy partners' HRQoL.

Furthermore we tested the following *additional hypothesis*:

H3. We expect that the HRQoL of both parents is associated with children's adjustment, with worse HRQoL in parents being related to worse adjustment in children.

Methods

Participants

Our study was part of two studies evaluating interventions for children of parents with cancer and parents with mental disorders. Data were collected between October 2009 and February 2011 in the Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University Medical Center Hamburg-Eppendorf, Germany. Patients who were parents, their partners, and their children (0–18 years old) were recruited in standard oncological or psychiatric care. They were offered specialized intervention programs and invited to participate in the studies. Study participation was not necessary to receive the respective specialized intervention. We obtained ethical approval, and each participant gave informed consent after having received oral and written information about the studies. Family members were instructed to complete the questionnaires independently and to not consult with other family members. We included data from families with at least 1 child between 0 and 18 years of age. Children older than 18 years were excluded. Families with parents who had both mental and physical illnesses were also excluded. Parents and adolescents were

Table 1

Psychiatric diagnoses of mentally ill ($N = 69$) cancer diagnoses of somatically ill parents ($N = 67$)

Classification of DSM-IV diagnoses	N	%
Alcoholism	4	5.8
Paranoid schizophrenia	13	18.8
Depressive disorders	20	29.1
Phobic disorders	11	15.9
Eating disorders	5	7.2
Personality disorders	16	23.2
Classification of primary tumor	N	%
Breast cancer	21	31.3
Gynecological cancer	4	6.0
Lung cancer	7	10.4
Colorectal cancer	4	6.0
Hematological cancer	7	10.4
Skin cancer	2	3.0
Gastro-intestinal cancer	9	13.4
Other	13	19.4

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