

# Parent-Child Discrepancies in Reporting of Child Depression in Ethnic Groups

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## ABSTRACT

Although parent-child discrepant reporting of child depressive symptoms has been an issue, it is not well understood whether there are ethnic differences and what factors influence such differences. Using data from a large community-based study, our sample included 516 sixth-grade students and their parents. Results indicate that African and Asian students had greater discrepancies than European students on depressive symptoms and suicide ideation. Parenting was a significant predictor of discrepant reporting, but not parent history of depression. Future research should investigate underlying mechanisms of family factors in ethnic groups and barriers to utilization of mental health services.

**Keywords:** child depression, ethnic comparison, informant discrepancy, mental health inequity, mental health service utilization, parenting

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## INTRODUCTION

The use of multiple informants has been recommended in child and adolescent mental health assessment to assure a comprehensive and more accurate view of presenting problems and contributing factors. Multiple informants, however, often bring conflicting perspectives on mental health issues of children and adolescents. Studies have shown parent and child informants have considerable disagreement on the presence and severity of child depressive symptoms, with correlations in the low to moderate range (.20-.30).<sup>1,2</sup> Such discrepancies pose a significant challenge for clinicians in determining the need for intervention and making treatment plans.<sup>3</sup> In light of parents being the agents who enable their children's access mental health services, it is important to understand factors contributing to parent-child informant discrepancies in reports of child depression. Some studies have argued that discrepancies in results from multiple informants have potential clinical value.<sup>3</sup> Although parents report fewer symptoms, they are likely to bring unique perspectives about their child's emotional health. Underreporting of depressive symptoms becomes problematic if it means parents are unlikely to notice and promote

help-seeking when their child is suffering from emotional health problems.

## ETHNIC DIFFERENCES OF DISCREPANCY IN REPORTING OF CHILD DEPRESSIVE SYMPTOMS

Few studies have examined predictors of discrepancies between parent and child reports of child depressive symptoms. Previous studies on ethnic differences in informant discrepancies have revealed greater parent-child discrepancies among ethnic minority groups than among European Americans.<sup>4</sup> Lau and colleagues found the greatest discrepancies in Asian dyads compared with European Americans, African Americans, and Hispanic Americans. In terms of patterns of discrepancies, they also found that European American parents to report more internalizing problems than their children, whereas African American, Hispanic American, and Asian/Pacific-Islander children have reported more internalizing problems than their parents.<sup>4</sup>

Parenting, as well as parents' appraisal and interpretation of child behaviors, is influenced by cultural beliefs and social factors.<sup>5</sup> Parenting in some immigrant cultures is characterized by expectations of obedience and conformity from children,<sup>6</sup> whereas parenting from European American parents combines

understanding and empathy, with valuing independence and autonomy.<sup>5</sup> However, few empirical studies have examined parenting practices and/or the parent-child relationship as predictors of discrepancies in reporting child depressive symptoms. Fung and Lau<sup>7</sup> found that, when immigrant Chinese parents were more engaged in American culture, there were fewer parent-child discrepancies in reporting of child internalizing problems. Parent-child relationship closeness predicted less discrepancy in reporting of children's internalizing problems among Chinese immigrant families.

There is controversy in the literature as to whether parents with a history of depression are reliable reporters of children's depressive symptoms. Ehrlich et al.<sup>8</sup> found that more parents' depressive symptoms were associated with higher parent-child reporting discrepancies, whereas Lewis et al.<sup>9</sup> found that parents with a history of depression provided clinically meaningful ratings of children's depressive symptoms.

Given that 43% of all US children  $\leq$  19 years old are ethnic minorities,<sup>10</sup> nurse practitioners and other primary health care providers should understand that parents from different ethnic groups have different ways of understanding, recognizing, and responding to their child's emotional problems. Depending upon a parent's ethnic heritage, the ways of understanding, recognizing, and responding may be different from the provider's. They should also be familiar with the factors that contribute to discrepant reporting. In this study we use a large, diverse sample of school children to investigate discrepancies in parent-child reporting of child depressive symptoms across 4 ethnic groups.

## METHODS

The objectives of this study were to determine whether race/ethnicity influences discrepancies between parent and child assessments of the child's depressive symptoms and to identify whether history of parental depression and/or parenting practices also influences discrepancies. Using a community sample of 516 11–12-year-olds from a large urban school district, we followed a 4-step process to meet research objectives. First, we examined ethnic

group differences in discrepancies between reports of parents/guardians and their children regarding child symptoms of depression. Second, we examined whether parental history of depression was associated with racial/ethnic group differences in the discrepancies. Third, we examined the role of parenting practice as a unique contributor to ethnic group differences in discrepancies. Last, we tested the ethnic group-specific effects of parenting on discrepancies by examining an interaction between parenting and ethnic group. Based on past studies,<sup>4</sup> we first hypothesized that we would find significant differences across ethnic groups in the discrepancies noted between parent and child reports. Our second and third hypotheses, also based on previous studies,<sup>7,8</sup> were that both parental history of depression and parenting practices would affect discrepancies in parent-child reports across ethnic groups. Our last hypothesis was that there would be a significant interaction between parenting and ethnic group in predicting discrepancy.

## Design and Sample

In our study we used an existing data set from the Developmental Pathways Project (DPP), a community-based longitudinal study that examined depression and conduct problems in early adolescence. The University of Washington Human Subjects Division approved the study. Student participants were recruited from 4 public middle schools. The DPP study carried out universal mental health screening for depression and conduct problems in sixth-grade students from 2000 to 2004. Of 2,920 eligible sixth graders, 2,187 (74.9%) were screened. Children who were screened did not differ significantly by gender or ethnicity from children who were not screened.

After screening, eligible students were invited to the DPP longitudinal study. Criteria for eligibility included: (1) the student had 1 adult caregiver who could speak English; and (2) the student's family resided in the school district. A random sampling of 807 students was identified for the longitudinal study, of whom 521 students (64.6%) and their parents/guardians agreed to participate. Demographic characteristics of study participants are shown in [Table 1](#).

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