



Social and familial determinants of health: Mediating effects of caregiver mental and physical health on children's mental health



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ABSTRACT

Child welfare research suggests that a family's social support and stress levels impact both caregiver health and child well-being. Furthermore, studies indicate that caregiver mental and physical health affects the quality of caregiving practices, and may mediate the damaging effects of low social support and high family stress upon child mental health. Using a national sample of child welfare-involved children and their caregivers, this study examines whether caregiver mental and physical health mediates the impact of low social support and high family stress upon child mental health. Subjects were 3255 children and adolescents involved with Child Protective Services (CPS), from the second cohort of the National Survey on Child and Adolescent Well-Being (NSCAW II). Bivariate correlations and multiple regression analyses were used to examine the pathways between each predictor variable (i.e., low social support and high family stress), caregiver mental and physical health, and child internalizing and externalizing problems. A series of multiple regression analyses found that caregiver mental and physical health mediated the relationship between high family stress and increased child internalizing problems. In addition, caregiver mental health partially mediated the relationship between low social support and child internalizing and externalizing problems. Findings are discussed within the context of child welfare policy, practice, and future research.

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1. Introduction

Typically, child well-being is thought to depend on the healthy socialization and nurturing provided by primary caregivers, extended family, and the community of residence. For example, evidence from child welfare research suggests that social and familial characteristics substantially impact the extent to which the child development process proceeds along a healthy or potentially traumatic trajectory (Corso, Edwards, Fang, & Mercy, 2008; Gapen et al., 2011; Horwitz et al., 2012; Martin, Gardner, & Brooks-Gunn, 2012). In an effort to inform organizational policy, clinical practice, and future research in child welfare this study investigates certain caregiver factors that may influence children's mental health and psychosocial development using a national sample of child welfare-involved children and their caregivers.

In recent decades, child welfare research has steadily converged with ecological theories of child maltreatment (e.g., Belsky, 1980; Bronfenbrenner, 1979; Garbarino, 1977) to suggest that substantial threats to child and family well-being may be introduced through

socio-economic influences that contribute to deterioration in child and family health (Conger, Conger, & Martin, 2010; Huston & Bentley, 2010; Okech, Howard, Mauldin, Mimura, & Kim, 2012; Sidebotham & Heron, 2006; Thoits, 2010). Specifically, research suggests that in the presence of adverse and challenging life circumstances (e.g., poverty, unsafe communities), social support decreases, while family stress is elevated. In the presence of these circumstances, caregiver mental and physical health problems are more likely to emerge, affecting quality of caregiving skills, caregiver–child interactions and, subsequently, a child's socioemotional development (Gutman, McLoyd, & Tokoyawa, 2005). Moreover, recent findings suggest that a child's early exposure to adverse events may impact his or her mental and physical well-being across the lifespan as well (Corso et al., 2008).

Conversely, some evidence suggests an opposite relationship; that caregiver mental and physical health impact social and environmental circumstance via individual traits and disposition (e.g., McLeod & Pavalko, 2008). However, the majority of studies examining potential social and ecological predictors of health suggest that this “social selection” perspective only minimally explains the complex relationships between social and familial characteristics, caregiver mental and physical health, and child mental health (Conger et al., 2010; Marmot et al., 1998).

Challenging the social selection perspective, the “social causation” perspective, rooted in an ecological framework (e.g., Garbarino, 1977), suggests a directional relationship in which social processes affect

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caregiver mental and physical health, and subsequently child mental health (Martin et al., 2012). The majority of child and family research provides evidence that the social causation perspective, after which the current study is modeled, provides convincing support to an ecological framework. That is, ecological variables (e.g., socioeconomic) tend to occur earlier in time than individual-level variables such as psychological stress, mental and physical health (Lee, Anderson, Horowitz, & August, 2009; Li, Godinet, & Arnsberger, 2011; Martin et al., 2012; Thoits, 2010).

In support of a theory of social causation and ecological determinants, a review of the empirical literature, provided in the next section, suggests that caregiver mental and physical health factors may substantially mediate the damaging effects of low social support and high family stress on child mental health problems. That is, low social support and high family stress have been found to be inversely related to child welfare-involved children's mental health; and decreased caregiver mental and physical health problems have been found to partially mediate this inverse relationship. Thus, social and familial factors affect caregiver health, and caregiver health in turn affects child mental health. For example, Martin et al.'s (2012) study of families in Chicago provide evidence that primary caregiver depression partially mediated the relationship between social support and child maltreatment – specifically among a sample living in high violence neighborhoods.

Few studies, however, have directly assessed the extent to which caregiver mental or physical health mediates the impact of low social support and high family stress upon a child's mental health, particularly among children involved in the child welfare system. Using data from the second National Survey of Child and Adolescent Well-Being (NSCAW II), the current study examines these relationships.

1.1. The impact of social support and family stress on children's mental health

Child welfare studies suggest that low levels of social support and the presence of high levels of family stress impair family functioning and caregiving ability, and subsequently impact a child's mental health (Gutman et al., 2005; Lee et al., 2009; Li et al., 2011; Lin, Thompson, & Kaslow, 2009; Taylor & Roberts, 1995). In particular, studies have consistently found low social support and high family stress to substantially influence the levels of nurturing provided in the home (Cummings, Keller, & Davies, 2004; Elgar, Mills, McGrath, Waschbusch, & Rowridge, 2007; Klebanov, Brooks-Gunn, & Duncan, 1994; Leinonen, Solantaus, & Punamäki, 2003; Ross, 2000; Thoits, 2010). As a result, a less than optimal supportive environment is likely to emerge, subsequently affecting a child's mental health and well-being (Bradley & Corwyn, 2002; Conger et al., 2002, 2010; Fuller-Thomson, Mehta, & Sulman, 2013; Manly, Oshri, Lynch, Herzog, & Wortel, 2013).

Several external factors (e.g., poverty, neighborhood violence, and perceived racial discrimination) have been found to impact social support and family stress, and are consistently linked to poor child mental health outcome (Brooks-Gunn & Duncan, 1997; Gewirtz, DeGarmo, Plowman, August, & Realmuto, 2009; Thoits, 2010; Williams & Mohammed, 2009; Xue, Leventhal, Brooks-Gunn, & Earls, 2005). These findings are particularly troubling in light of evidence suggesting that in the presence of increased social support caregiver stress may be substantially reduced, increasing the likelihood of healthy caregiving practices (Lin et al., 2009; Zhang & Anderson, 2010). In other words, potential determinants of child mental health examined in this study (i.e., social support and family stress) may be particularly sensitive to poverty.

Therefore, when poverty-level data are taken into account, child welfare-involved children and their caregivers may be a population at increased risk for experiencing low social support and high family stress – particularly when compared to non-child welfare-involved populations. Current estimates indicate that among children and caregivers involved with the child welfare system, approximately 60% are living

at or below the poverty line (Ringeisen, Casanueva, Smith, & Dolan, 2011). When compared to an estimated 16% of all U.S. families who live below the poverty line, these figures indicate that substantially more child welfare-involved children live in poverty compared to the overall population (U.S. Census Bureau, 2012). In light of the evidence briefly outlined above, discovery of factors that mediate low social support and high family stress – such as caregiver mental and physical health – may possess great significance toward the development of innovative social programs for this especially vulnerable population living in the U.S.

1.2. The impact of caregiver health upon children's mental health

1.2.1. Caregiver mental health

According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2012), approximately 20% of adults in the U.S. have a diagnosable mental, behavioral, or emotional disorder resulting in mild to moderate impairment. Moreover, women are between 1.5 to 2 times more likely to possess a mental health problem than men.

Narrowing the focus to adult caregivers of children involved with child welfare services (e.g., in-home parents, kin caregivers, and foster caregivers), studies have found 24% of parents, 13% of kin caregivers, and 11% of foster caregivers to possess a mental illness (Burgess & Borowsky, 2010), with similar prevalence rates for major depression (DHHS, 2005; Ringeisen et al., 2011). In addition, female caregivers of child welfare-involved children are twice as likely as male caregivers to experience a major depressive disorder within the previous 12 months (Ringeisen et al., 2011). Moreover, parent caregivers, who represent approximately 87% of all child welfare-involved caregivers, have been found to possess significantly worse mental health compared to kin and foster caregivers, and slightly worse mental health compared to normative population scores (DHHS, 2005).

Furthermore, research suggests that caregiver mental health may be a substantial factor in child welfare-involved children's lives. For example, studies investigating various samples of caregivers and children have found a moderate and stable association between caregiver mental health and childhood mood disorders (Elgar et al., 2007; Goodman, 2007). In particular, psychosocial aspects of the family environment, specifically caregiver–child interactions, may have a primary effect upon childhood depression. In this regard, children of mothers with ongoing depression symptoms tend to possess higher rates of internalizing and externalizing problems by middle childhood compared to their counterparts with non-depressed mothers (Goodman et al., 2011).

Evidence also demonstrates the importance of opposite-sex caregiving for a child's adjustment. However, these positive effects may be substantially disrupted when the opposite-sex caregiver struggles with mental health problems (Leinonen et al., 2003). Similarly, studies of two-caregiver families have reported that mental health problems introduced by one of the caregivers affect both caregivers' efforts to effectively parent a child. Related to this, the functional health of the marriage has been found to mediate the impact of both maternal and paternal depression on child mental health (Cummings et al., 2004).

Despite the importance of two-caregiver studies in general, the above findings may rarely be relevant to understanding the dynamics found within child welfare-involved families, in particular. That is, research has found approximately 90% of caregivers of child-welfare involved children are women, but only one-third of caregivers are involved in a formally recognized intimate relationship, such as marriage (Ringeisen et al., 2011). Therefore, while research in general suggests a link between caregivers' and children's mental health, among the child welfare-involved population of caregivers in the U.S., women (a) tend to be overrepresented as caregivers, (b) are likely single caregivers (e.g., 38% of families in the U.S. below the poverty line are headed by single mothers), and (c) are at twice the risk for having a mental health problem compared to male caregivers, as highlighted above. Details

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