



Influence of caregiver network support and caregiver psychopathology on child mental health need and service use in the LONGSCAN study

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ABSTRACT

Using structural equation modeling, this study examined the relationship of caregiver network support on caregiver and child mental health need, as well as child mental health service use among 1075 8-year-old children participating in the LONGSCAN study. The final model showed acceptable fit ($X^2 = 301.476$, $df = 136$, $p < 0.001$; RMSEA = 0.052; CFI = 0.95). Caregiver and child mental health needs were positively related. As predicted, caregiver network support exerted a protective effect, with greater levels of caregiver network support predictive of lower caregiver and child need. Contrary to prediction, however, caregiver network support was not directly related to child service use. Higher child need was directly related to child service use, especially among children whose caregivers had mental health problems. The findings appear to indicate that lower levels of caregiver network support may exert its impact on child service use indirectly by increasing caregiver and child need, rather than by directly increasing the likelihood of receiving services, especially for African American children.

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1. Introduction

Maltreated children (child abuse or neglect) and those at risk for maltreatment are at increased risk for experiencing mental health problems, yet many from this group do not receive treatment (Humphreys, 1995; Staudt, 2003; Stiffman, Chen, Elze, Dore, & Cheng, 1997). While all maltreated youth are not involved in the child welfare system, the most extensive research on formal mental health service use has been done with children in the child welfare system (Burns et al., 2004; Farmer et al., 2001; Horwitz, Hulburt, & Zhang, 2010; Lyons & Rogers, 2004). For example, data from the National Survey of Child and Adolescent Well-Being indicate that only 23% of children with behavioral problems in the clinical range received mental health services (inpatient or outpatient) within 12 months after an initial investigation of maltreatment (Burns et al., 2004). This is particularly concerning given

some evidence that as many as one in three families who access community mental health clinics have a history of physical abuse (Walrath, Nickerson, Crowel, & Leaf, 1998).

Extant studies of maltreated youth who are involved in the child welfare system suggest that mental health service use for this population is likely associated with a confluence of factors including increased age, race (African Americans less likely), type of abuse (physical), residing in a group home setting, and higher threshold of mental health service need (Burns et al., 2004; Horwitz et al., 2010). Despite these findings, there has been remarkably little research on the underlying family-level factors or mechanisms leading to mental health service use for maltreated youth. This information might help to explain barriers associated with service access and point to discernible ways to improve mental health service use, especially among African American youth who by several accounts have the lowest rates of mental health service use.

Family-level factors such as caregiver mental health and social network support have been found to play a critical role in service access among all youth (Brannan, Heflinger, & Foster, 2003; Flisher et al., 1997;

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Harrison, McKay, & Bannon, 2004). However, with a few exceptions (Ezzell, Swenson, & Faldowski, 1999; Kolko, Seleyo, & Brown, 1999; Martinez & Lau, 2011), limited studies have included the role of caregiver factors in predicting child mental health service use among maltreated or child welfare involved children. Indeed, the family environment of maltreated children is likely to be characterized by disorganization and stressful family interactions (Ellis, Zucker, & Fitzgerald, 1997; Farmer et al., 2001; Flisher et al., 1997; Thompson et al., 2007). There is evidence that families of maltreated children may access support networks to offset the challenges presented with caretaking of a child with mental health needs, particularly when caregivers struggle with their own psychopathology (Lindsey et al., 2008). The extent of support networks and the influence of these networks on caregiver and child mental health need and child service use remain understudied among maltreated children. Once understood, however, these perspectives may provide important insights to improve service use, and potentially outcomes related to service use. Indeed, research has found that children in the CW system use a substantial proportion of expenditures for mental health services (Berkowitz, 1992) and, yet, may be experiencing little benefit from these services (McCray, Barth, & Guo, 2010). The purpose of this study is to examine the relationship between social network support, caregiver mental health problems, child need for mental health services, and child mental health service use among a national sample of maltreated youth or those at-risk for maltreatment.

1.1. Caregiver mental health in relation to child mental health and child service use

There is clear evidence that caregiver mental health problems predict child mental health need (Horwitz, Gary, Briggs-Gowan, & Carter, 2003). This is also true of children whose parents have diagnosable mental health disorders, such as depression or serious mental illness (Beardslee, Versage, & Gladstone, 1998; Ford, Collishaw, Meltzer, & Goodman, 2007; Ohannessian et al., 2004). For example, parent depression is associated with increased risk for child mental health problems, in general (Beardslee et al., 1998; Hammen & Brennan, 2003; Kim et al., 2003), and with a fourfold increase in the risk of affective disorder, specifically (Lavoie & Hodgins, 1994). Parental depression also predicts other child mental health needs including delinquent behavior, substance use, and school and interpersonal problems (Davies & Windle, 1997; Lewinsohn, Olin, & Klein, 2005). Although other parent mental health issues (e.g. anxiety or substance abuse disorders) are less frequently studied, extant evidence indicates that these disorders also predict child mental health need (Ellis et al., 1997; Hammen, Brennan, & Shih, 2004; Lindsey et al., 2008).

The relationship between parent mental health problems and children's mental health service use is, however, far less clear. Some research has found that parent mental health problems increase the likelihood of children receiving mental health services (Farmer, Stangl, Burns, Costello, & Angold, 1999). This may be especially true of parents who, themselves, have received mental health services (Wu et al., 2001). Other research has found, however, that caregiver mental health problems increase the risk that children's mental health needs will go unmet (Flisher et al., 1997). In particular, parental depression may inhibit help-seeking for children with needs (Barlow, Wildman, & Stancin, 2005; Burns et al., 2010). Parent mental health needs are likely to increase child mental health needs more than they increase the likelihood of service receipt. Yet, some elevation in receipt of children's mental health services may occur if maternal mental health problems trigger services for her and these, in turn, result in referrals for her child. Thus, the available evidence offers no strong prediction about whether children of parents with mental health problems will have more unmet mental health service needs. This is likely to be true whether a child has been involved with child welfare services or not.

1.2. Caregiver network support regarding child mental health and service use

Although a variously defined construct in the literature, social network support generally indicates an individual's perception of the amount of practical and emotional support received; the size and density of networks; and the level of connection to supportive resources (Bussing et al., 2003; Martinez & Lau, 2011; Pescosolido, 1992). Indeed, social network support (herein defined as practical/emotional support and connection to supportive resources) experienced by the caregiver may be an important factor in a child's mental health need. The evidence for this link is, however, limited and mixed. Caregiver network support protects youth from negative mental health outcomes (Bussing et al., 2003; Ghuman, Weist, & Shafer, 1999), with caregiver network support associated with a range of positive child outcomes, including but not limited to mental health (Hoagwood, 2005). Among children involved in the child welfare services, Coohy (2007) reports that more limited social network support is related to inadequate supervision by mothers. More broadly, positive neighborhood attributes appear to be protective, especially for at-risk children (Runyan et al., 1998). Of course, social networks may not always exert a positive influence on child outcomes. O'Brien-Caughy et al. (Caughy, O'Campo, & Muntaner, 2003) found, for example, that in impoverished neighborhoods the size of parents' social networks predicts more child behavioral problems. Lindsey et al. (2008) also found among a sample of African Americans that caregiver network support related to higher parent reports of child mental health needs, although the increased network support may actually help caregivers better identify their child's mental health needs rather than actually increase those needs.

The findings regarding the effects of caregiver network support on child mental health service use are also mixed. Caregiver network support may facilitate service use (Harrison et al., 2004), although the relationship is not consistently shown (Brannan et al., 2003), and other research suggests that caregiver network support may actually reduce the likelihood of children receiving mental health services, particularly among African American children and families (Bussing et al., 2003). Bussing et al. (2003) note at least one possible reason for their counter-intuitive finding; namely, that caregiver network support may reduce the burden that a child's behavioral problems pose for a parent, thus reducing their felt need to seek services for the child. Thompson argues that caregiver network support reduces service use in cases of mild to moderate child problems, but facilitates service use in the case of severe problems (Thompson et al., 2007). Finally, the nature of social involvement and support may be an important determinant of its impact on service use. For example, knowing someone else who sought services increases the likelihood of seeking services (Vogel, Wade, Wester, Larson, & Hackler, 2007). In contrast, in some marginalized communities, network members may promote a set of norms around service use that fosters suspiciousness and fear of exploitation (Snowden, 2005). Greater social involvement may also make treatment seeking more embarrassing for parents (dosReis, Mychailyszyn, Myers, & Riley, 2007), although there is some evidence that the impact of stigma on service use may be overstated (Nadeem et al., 2007).

1.3. Child mental health service use models

In recent years, several emergent models in the mental health services research literature help explain the influence of family environment and social network support on child mental health service use (Cauce et al., 2002; Costello, Pescosolido, Angold, & Burns, 1998; Finkelhor, Wolak, & Berliner, 2001; Logan & King, 2001; Stiffman, Pescosolido, & Cabassa, 2004). A consistent theme among the child-focused models of mental health service use is the role that parents and caregivers play in problem identification and service use. The most notable of the child mental service use models

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