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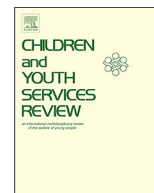

The effect of social anxiety, generalized anxiety, depression and substance abuse on child support payment compliance among non-custodial parents ☆

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ABSTRACT

Millions of children live with custodial parents (CPs) who have child support court orders for the non-custodial parent (NCP) to provide payments to the CP for care of the children. Unfortunately, less than half of CPs receives full child support. A key issue influencing the failure to pay child support is NCP unemployment. Despite a clear association between unemployment and several mental disorders, the nature and prevalence of mental disorders has not been investigated in the NCP population. The purpose of this study was to explore the association between mental health and substance use problems among non-custodial parents and their payment of child support. The study also investigated whether unemployment mediated the relationship between these variables.

Surveys that included validated screening instruments to assess for generalized anxiety, social anxiety, depression, and substance use disorders were administered to a convenience sample of 633 NCPs. Survey respondents were matched with state support payment information.

The results indicated that depression, generalized anxiety, social anxiety and substance use problems were present at a much higher rate than 12-month rates of these conditions found in the general population. This study also confirmed the strong association between child support payments and employment. Employment mediated the relationship between mental health problems and child support payments. The findings suggest that non-compliant NCPs, particularly those who are also unemployed, may experience clinically significant mental health conditions that contribute to unemployment and potentially, payment non-compliance. Future studies could explore if providing mental health assessment and employment-focused treatment for mental health-related barriers to employment may increase employment and child support compliance for NCPs, thereby improving children's economic stability and well-being.

As of 2013, 22.1 million children lived in 13.4 million custodial-parent households in the United States (Grall, 2016). These households often rely on financial support from the non-custodial parent (NCP). It is estimated that 6.3 million custodial parents (CPs) have child support court orders for the NCP to provide payments to the CP for care of the child(ren). Unfortunately, less than half (46.2%) of custodial mothers receive full child support. CPs have double the national poverty rate, with almost a third (28.8%) of CPs living below the poverty line, and 34.9% receiving some form of public assistance (Grall, 2016). Among the lowest income families, child support is a crucial percentage of their income (Sorensen, 2010) comprising 65% of family income for deeply poor custodial families in 2010, up from 38% in 1997 (United States Department of Health and Human Services, 2016). In 2015, nearly 800,000 more children would have been poor if child support had not been paid (Renwick & Fox, 2016).

Despite the need for financial support from the NCP, CPs are not likely to seek child support enforcement when NCPs fail to meet their obligations. In 2014, only one quarter of CPs contacted any child support enforcement office to address payment problems (Grall, 2016). In addition to the tangible financial benefits that child support provides to the CP's household, timely child support payments also reduces the need for public assistance. Gaining a further understanding what specific factors contribute to NCPs' non-compliance can guide efforts to increase economic stability and well-being for children in custodial-parent households.

A key issue influencing the failure to pay child support is NCP unemployment. Of child support that is collected, three quarters is done so through employer wage withholding (United States Department of Health and Human Services, 2016) clearly indicating that NCP employment is critical to the steady flow of support payments.

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Unemployment for NCPs is also associated with significant hardships beyond the inability to pay. Unemployment robs NCPs of a central source of meaning and dignity and clinical impressions suggest that many NCPs experience significant distress associated with failure to meet their obligations. Conversely, payment of child support is associated with numerous benefits to NCPs and their families (United States Department of Health and Human Services, 2016). Payment of child support by NCPs improves educational outcomes for their children including higher test scores (Knox, 1996), higher grades and fewer school problems (Graham, Beller, & Hernendez, 1994), improved graduation rates and increased college attendance (Graham et al., 1994; Knox & Bane, 1994). Payment of child support also reduces the risk of child maltreatment (Cancian, Yang, & Slack, 2013). NCPs who pay support also have increased involvement with their children (Nepomnyaschy, 2007). Payment of child support increases father–-child contact by an average of 27 days per year (Peters, Argys, Howard, & Butler, 2004).

Although there has been some attention to designing more positive employment-based interventions for non-compliant NCPs (Meyer & Wood, 2015), our experience within the system reveals an emphasis on child support enforcement methods that are consequence-based (e.g., driver's license suspension, jail time). Ironically, some of these strategies may interfere with both securing and maintaining employment (Cancian, Heinrich, & Chung, 2013).

Limited previous research identifies several reasons for NCP unemployment including low educational attainment, limited recent work experience, incarceration, and health conditions (Sorensen, 2002). Mental health problems are known to have a negative impact on the ability to secure and maintain employment (Burke-Miller et al., 2006). Some of the most common mental health disorders including social anxiety disorder (Tolman et al., 2009), generalized anxiety disorder (Henning, Turk, Mennin, Fresco, & Heimberg, 2007; Wittchen, 2002) panic disorder (Ettigi, Meyerhoff, & Chirban, 1999; Leon, Portera, & Weissman, 1995), post-traumatic stress disorder (Magruder et al., 2004; Savoca & Rosenheck, 2000; Smith, Schnurr, & Rosenheck, 2005), depression (Whooley et al., 2002) and substance use disorders (Mojtabai et al., 2015) have been associated with lower than expected levels of employment. Mental disorders may interfere with employment in a number of ways including: avoidance of job interviews, poor interview performance, reduced job productivity, poor attendance, and difficulty communicating with supervisors and coworkers (Himle et al., 2014).

Despite the clear association between unemployment and many mental health and substance use disorders, the nature and prevalence of these conditions has not been investigated in the NCP population. This gap in the literature exists despite federal best practice guidelines suggesting that NCPs, in particular, "may need substance abuse treatment and vocational services as they try to become better providers" (Substance Abuse and Mental Health Services Administration, 2000). This guideline is particularly important given that several studies have found that interventions specifically designed to address both mental health and vocational domains have shown promise for improving both mental health and employment status among unemployed persons with mental health problems (Himle et al., 2014; Kidd, Boyd, Bieling, Pike, & Kazarian-Kieth, 2008; Lagerveld & Blonk, 2012). If many unemployed NCPs are experiencing mental health-related barriers to employment and support payments, it is possible that interventions like these could be helpful in restoring employment and increasing support payments among non-compliant NCPs whose employment success has been undermined by mental disorders.

The purpose of this study is to examine the association between NCPs' mental health, substance use, and child support payment compliance. Additionally, we test if unemployment mediates the relationship between these variables.

1. Method

1.1. Data collection

A convenience sample of 633 NCPs was surveyed between May and August 2013. Potential NCP participants were solicited without regard to their level of support payment compliance. Four methods were used to collect data from a mix of seven rural and urban counties in Michigan. First, a random sample of 3500 NCPs (500 per county), were mailed surveys. Second, NCPs who did not respond were contacted by phone and were asked to complete the survey over the telephone. Third, NCPs were asked to complete the survey in-person when in the FOC office or waiting room. Anyone visiting the FOC on the days when researchers were soliciting participation who had not previously completed the survey via mail or over the phone, regardless of their payment compliance status, were asked to complete the survey. Fourth, a small number of participants completed the survey online. Of the 633 surveys completed, 67% were completed in person, 16.8% via the telephone, 14.2% from the mailing and 1% from the internet survey. No compensation was offered.

1.2. Measures

1.2.1. Mental health and substance abuse

The survey included four standardized mental health screening tools that were selected based on the high prevalence of these conditions and previous research indicating that they are associated with employment difficulties. In this study we surveyed NCPs for depression, generalized anxiety, social anxiety, and substance abuse.

1.2.1.1. Depression. The Patient Health Questionnaire-2 (PHQ-2; Kroenke, Spitzer, & Williams, 2003) consists of two questions that measure key symptoms of major depression: "little interest or pleasure in doing things" and "feeling down, depressed, or hopeless." Participants rated these statements on a scale from 0 "not at all" to 3 "nearly every day" by choosing the response that best described their feelings over the past two weeks. Scores were summed for the two items with a score of 3 or more indicating possible depression.

1.2.1.2. Generalized anxiety. The Generalized Anxiety Disorder-7 (GAD-7; Spitzer, Kroenke, Williams, & Löwe, 2006) consists of seven questions that measure key symptoms of generalized anxiety disorder over the previous two weeks, such as "how often have you been bothered by feeling nervous, anxious or on edge?" Participants rated these statements on a scale from 0 "not at all" to 3 "nearly every day." Scores were summed for the seven items with a score of 10 or more indicating moderate to severe symptoms of generalized anxiety.

1.2.1.3. Social anxiety. The Mini-Social Phobia Inventory (Mini-SPIN; Connor, Kobak, & Churchill, 2001) consists of three items that measure key symptoms of social anxiety disorder. A sample item is "I avoid activities in which I am the center of attention" and participants rated how often the problem bothered them over the last week on a 5-point scale from 0 "not at all" to 4 "extremely." Scores were summed for the three items, with a score of 6 or more indicating moderate to severe symptoms of social anxiety.

1.2.1.4. Substance abuse. An adapted version of the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST; World Health Organization, 2002) was used to screen for symptoms of substance abuse. After the scores were summed for all the ASSIST questions, the scores were categorized as "no substance abuse problem" if 0–3, low-level problem if 4–10, moderate if 11–26, and high if 27 or above. An ASSIST score in the moderate or high range, 11 or above, denoted a substance abuse problem. The ASSIST is commonly used and validated screening test for a range of substances with varying degrees of

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