



A longitudinal examination of how mothers' and fathers' mental health and thoughts of death are related to their child's self-reported levels of parental connectedness[☆]



Susan M. De Luca^{a,*}, Yan Yueqi^b, Yolanda Padilla^c

^a School of Social Work, Population Research Center, University of Texas at Austin, United States

^b Children and Family Futures, United States

^c School of Social Work, University of Texas at Austin, United States

ARTICLE INFO

Keywords:

Parental mental health
Connectedness
Family functioning

ABSTRACT

Background: Mental health outcomes are often passed-down in families, which underscores the importance of understanding mechanisms related to positive health outcomes. We focus on parent-child connectedness, which has been shown to not only decrease children's distress but strengthens their social coping resources.

Methods: Utilizing four waves of the Fragile Families and Child Wellbeing Study, a national study of nearly 5000 mostly unmarried parents, we observed the influence of parents' depressive symptoms and thoughts of death (TOD) on their 9-year-old child's self-reported levels of connectedness to their parents.

Results: Mothers and fathers reported similar rates of depression over time, with peak symptomatology when their child turned 3 years old and declining levels as their children grew older. Compared to children whose mothers reported no symptoms, children whose mothers reported chronic depression and TOD were > 7 times as likely (OR = 8.13, $p < 0.001$) to report feeling distant from their mother, even if depression and TOD were only periodic (OR = 5.94, $p < 0.001$) or if their mother only reported depression (OR = 4.00, $p = 0.002$). Fathers reporting chronic depression earlier in their child's life had the highest odds of low child-reported connectedness (OR = 4.42, $p < 0.001$), but onset later in their child's lives (ages 5 and 9) also resulted in low reported connectedness from their children (OR = 2.73, $p = 0.048$).

Conclusions: Given the ramifications of parental mental health for parent-child connectedness, upstream prevention approaches, such as screening in pediatricians' offices may be a key objective for mental health promotion. As trusted adults play critical roles in children's lives, universal prevention highlighting family bonds for new parents may be a salient intervention focus.

1. Introduction

Roughly 16 million adults, approximately 7% of the U.S. population, reported a recent major depressive episode (SAMHSA, 2013). Females report depressive symptoms more often than males (Isacco, Hofschler, & Molloy, 2016), but this differential may reflect socialization pressures to disguise or ignore mental health conditions (Addis, 2008). Chronic mental illness is often associated with suicide. > 9 million adults report suicidal ideations each year (SAMHSA, 2013) with the highest incidence among those between the ages of 18 to 25 (7%) and 26 to 49 (4%) (SAMHSA, 2013), periods largely associated with childbearing. Males and females (3.8% and 4% respectively) as well as racial and ethnic groups, including Latinos (4%), non-Hispanic whites

(4%) and non-Hispanic Blacks (3%), report ideations quite similarly. Ideation is associated with major depressive episode (MDE). Yet among adult samples reporting major depressive disorder (MDE), some 15.7 million individuals, over 28% young adults reporting MDE had ideations compared to roughly 2% of those without a MDE diagnosis (SAMHSA, 2013). Although there has been increased attention to mental health promotion and suicide prevention services, the Centers for Disease Control and Prevention reported an increase in suicide over the past 15 years for all ages between 10 and 74 (Curtin, Warner, & Hedegaard, 2016). Given that 90% of individuals who die by suicide also have a mood disorder, understanding the ramifications of both chronic mental illness and pre-occupation with death is crucial (IOM, 2002).

[☆] This work was supported by the Funding: This work was supported by a grant from the Hogg Foundation for Mental Health [JRG-189], Austin, Texas.

* Corresponding author.

E-mail address: sdeluca@austin.utexas.edu (S.M. De Luca).

Children are also increasingly affected by mood disorders. Approximately 2.2 million adolescents aged 12 to 17 in the U.S. reported at least one MDE in the past year (SAMHSA, 2013). Studies focusing on primary school children (i.e. younger than age 12) are limited, but a study utilizing the 2007 National Survey of Children's Health found that up to 11% of children ages 2–17 reported a mental health condition (Bennett, Brewer, & Rankin, 2012). The long-term consequences of living with a mental health diagnosis for children include injuries, substance abuse and academic problems (Bennett et al., 2012). From a public health perspective, understanding the preceptors to serious adult mental health problems is key to implementing upstream prevention (Wyman, 2014).

Evidence of links between parents' and their child's mental health outcomes has been demonstrated in the literature. However, an understanding of these outcomes longitudinally and the impact that mothers and fathers have on their children independently is limited (Beardslee, Versage, & Gladstone, 1998; De Luca, Wyman, & Warren, 2012). While we know less about the impact of fathers' depression on their children, the literature on mothers is more extensive. Mothers reporting depression are more likely to have a child with depression compared to mothers without a diagnosis (Tompson et al., 2010). Maternal depression can negatively affect a child's interpersonal relationships (Proulx, Helms, & Buehler, 2007) and cognitive, behavioral and physical health outcomes (Turney, 2012a). Noting the actual progression of parental mental health and child outcomes is imperative for prevention. As mental health diagnoses steadily increase throughout adolescence, capturing risk in latency could provide context to a child's later onset of conditions.

Feeling close to others, knowing that they care and that they are there during times of distress, is a protective factor for a variety of mental health conditions, including depression (Scott, Wallander, & Cameron, 2015; Whitlock, Wyman, & Moore, 2014; De Luca & Wyman, 2012) and help ward off depressive symptoms. Increased contact facilitates the monitoring of changes in behavior and helps provide the conditions to engage in difficult conversations (Davis, Caldwell, Clark, & Davis, 2009). Cross-sectional studies with diverse samples show that that increased family ties are positively associated with better psychological health (i.e. lower depressive symptoms) by providing opportunities for increased closeness and wider sources of social support (Taylor, Chae, Lincoln, & Chatters, 2015; Campos, Ullman, Aguilera, & Dunkel, 2014). A study of high school students showed that closeness to others helps the development of problem solving skills as they learn from and observe how trusted adults work through problems (Sahin & Adana, 2016). The researchers found that the reciprocal exchange of ideas, experiences, and emotions increased feelings of hopefulness and decreased feelings of loneliness, which in turn decreased depressive symptoms. Students with strong family ties reported that they felt closer to their parents than did students who disclosed difficulties with their family members. Isolation, the antithesis of closeness, has often been seen as a strong determinant of suicidal risk (Durkheim, 1912), and many suicide prevention programs specifically address increasing connections to others (Whitlock et al., 2014; Wyman et al., 2010). The positive effects of parental closeness is evident very early in life. Parental engagement with pre-term infants is strongly associated with emotional closeness. When the father was present in the infant's life and actively involved in their care, there were improvements in the infant's well-being, in the development of mutual regulation, and in the functioning of the parent-infant affective relationship (Stefana & Lavelli, 2017). Furthermore, when they reported emotional closeness to their pre-term infant, parents' confidence in their ability to care for their child increased, indicating that the parent-child bond is critical to emotional functioning for all family members.

Still unclear is how parental mental health, especially chronic and sporadic presentations, are linked to a child's sense of connectedness to their mother and father. Youth who are at higher risk for poor mental health outcomes, due to a family's maladaptive coping and mental

health, are less likely to have strong connections to adults (O'Donnell, O'Donnell, Wardlaw, & Stueve, 2004). Conversely, access to trusted adults affords adolescents opportunities to learn a variety of social coping norms and is associated with lower levels of distress (Wyman et al., 2010). Therefore, close, lifelong relationships, especially between parents and children, are crucial developmentally (Mayberry, Espelage, & Koenig, 2009). Less is known about how this process presents for younger children, in the context of households dealing with sporadic or chronic distress.

A recent study examining the Fragile Families data (Turney, 2012b) observed correlates of maternal depression when children were roughly 1, 3, 5, and 9 years old. Surprisingly access to social supports was not related to mothers' and children's behavioral health outcomes. Perceived supports, including from romantic partners and level of co-parenting, did not serve as protective factors either for maternal depression or for her child's problematic behaviors. Our study extends the current understanding of parental and child mental health by focusing on the parent-child relationship, specifically children's appraisals of their levels of connectedness with their parents. As parents' depressive and thoughts of death (TOD) patterns may not affect their relationships with their children similarly, this study seeks to understand how the depressive and TOD patterns for both mothers and fathers are related to the longitudinal patterns of their child's self-reported appraisals of closeness to each parent separately. We observe parental depression and thoughts of suicide when the child was 1, 3, 5, and 9 years of age and analyze self-reports of parent-child connectedness of children at the age of 9.

Our study was based on three hypotheses. First, we hypothesized that the presentation of parental depressive symptoms and TOD will occur more immediately after birth and start to decline after their child's fifth birthday, as the first five years of parenthood are often the most stressful and strongly associated with parental mental health (Woolhouse, Gartland, Mensah, & Brown, 2015). Second, as more mothers report mood disorders and thoughts of death than fathers (Ertel, Rich-Edwards, & Koenen, 2011), we hypothesized that a higher proportion of mothers compared to fathers would report mental health conditions. Third, we hypothesized that children of parents with chronic or sporadic depressive symptoms and thoughts of death (TOD) would report lower levels of parent-child connectedness at age 9 than children with parents without depressive symptoms and TOD. In addition, we expected, based on previous research, that compared to fathers, mother's depressive symptoms and thoughts of death would have a stronger impact on their child's reported connectedness.

2. Methods

2.1. Sample

A sample of 4706 at-risk families was drawn from the Fragile Families and Child Wellbeing Study, a cohort study that tracks the conditions of at-risk families, including the effects of parental relationships on child wellbeing (Reichman, Teitler, Garfinkel, & McLanahan, 2001). The Fragile Families Study sampling strategies included: 1) 20 U.S. cities with a population of over 200,000 were randomly selected; 2) within each of the selected cities, 75 hospitals were selected; 3) eligible mothers were randomly selected and asked to participate in the study and data was collected from the child's father as well. The study oversampled unwed mothers, (approximately 3600 unwed mothers and 1000 married mothers). Data were collected when the child was born and when the child turned 1, 3, 5 and 9 years of age (Reichman et al., 2001). More details on the research design and data collection procedures are available in Reichman et al. (2001).

The data used in this study were collected by interviewing the mother and father when the child was 1, 3, 5, and 9 years old. To detect the longitudinal patterns of maternal and paternal depressive symptoms and associated thoughts of death, the current study used data from

Download English Version:

<https://daneshyari.com/en/article/4936361>

Download Persian Version:

<https://daneshyari.com/article/4936361>

[Daneshyari.com](https://daneshyari.com)