



The Role of Perceived Discrimination during Childhood and Adolescence in Understanding Racial and Socioeconomic Influences on Depression in Young Adulthood

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Objective To describe levels of perceived lifetime discrimination among young adults and determine its role in understanding this racial/ethnic disparity.

Study design Data were from the Princeton School District study, a 10-year cohort study in which investigators followed 545 non-Hispanic black (46%) and white initial 5-12 graders. Perceived lifetime racial discrimination was assessed with the General Ethnic Discrimination Scale and depressive symptoms with the Center for Epidemiological Studies Depression Scale. Stepped linear and logistic regression analyses assessed the relationships of race/ethnicity, parental education, and quintiles of discrimination to depressive symptoms. Stratification by race/ethnicity explored differences in the role of discrimination in explaining the relationship between parental education and depressive symptoms.

Results Black students from professionally educated families had the greatest discrimination scores, 1.8 times greater than among their white peers (mean_{black} = 42.1 vs mean_{white} = 22.8; $P < .0001$). Greater parental education was associated with lower depressive symptoms in all regression models. Race/ethnicity became predictive of depressive symptoms only after adjusting for discrimination, which was strongly associated with depressive symptoms. Stratified analysis suggested discrimination accounted for the relationship of parental education to depressive symptoms among whites. Among black subjects, accounting for discrimination unmasked a buffering effect of parental education.

Conclusions Greater levels of parent education are protective against depression for white youth. However, for black youth, greater parent education confers both risk and protective effects. The high discrimination among black youth from families with college or professionally educated parents overwhelms the protective effect of greater levels of parent education. (*J Pediatr* 2015;166:370-7).

Depression is an important morbidity, affecting approximately 35 million US adults over their lifetimes and 13.1-14.2 million adults annually.¹ Young adulthood is a particularly vulnerable time, with 18- to 29-year-old adults being the most likely adult age group to experience depression during a 12-month period.¹ For many, depression develops during adolescence, and evidence suggests that those diagnosed in their early years go on to experience more severe symptoms as adults.²⁻⁴ Thus, research which identifies risk factors for depression during adolescence may not only reduce the prevalence of depression among youth but also may reduce the later life disease burden associated with this disorder.⁵

Like many psychological illnesses, the causes of depression are multifactorial, encompassing genetic, biological, behavioral, and social domains.⁶ One prominent social risk factor for depression is low social status, which can be defined both by socioeconomic status (SES) and by race/ethnicity.⁷⁻¹² Although correlated with each other, how race and SES interrelate to affect depressive symptoms remains unclear. For example, a correlation between low SES and depression has been demonstrated in a variety of populations but, interestingly not consistently among non-Hispanic black people.¹³ Data also suggest that racial and ethnic minorities experience major depressive disorder at lower rates than white people,¹⁴⁻¹⁶ despite the fact that these groups face greater levels of socioeconomic adversity.¹⁷ In a previous study, it was noted greater levels of depressive symptoms among non-Hispanic black and low SES teens.¹⁸ However, when race/ethnicity and SES were considered simultaneously, the effect of black race on depressive symptoms was attenuated completely. Furthermore, in stratified analysis, the authors noted a SES gradient in depression only among non-Hispanic white adolescents, suggesting that greater SES was not protective for non-Hispanic black teens.

Some of these inconsistencies in how markers of social disadvantage relate to depression may be explained by perceived discrimination.¹⁹⁻²¹ Perceived

CESD	Center for Epidemiological Studies Depression Scale
HDS	High depressive symptoms
PSD	Princeton School District
SES	Socioeconomic status

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discrimination, which has a significant negative effect on mental and physical health,²¹⁻²⁴ is more common among individuals with disadvantaged social status,²¹ including racial and ethnic minorities.^{20,21,25-27} In turn, perceived racial discrimination correlates with low psychological well-being among racial and ethnic minority youth.^{19,28-30} Whether perceived discrimination accounts for some or all of the influence of low SES on depression in adolescence is unknown, as is whether the influence of discrimination is the same across racial/ethnic groups. Although Brody et al¹⁹ showed that high SES non-Hispanic black 5th graders had lower levels of perceived racial discrimination but reported greater increases in discrimination across early adolescence than their lower SES non-Hispanic black peers, to our knowledge, no study has explored if and how perceived discrimination in childhood and adolescence affects the relationships between SES, race, and depression during the transition into adulthood.

The present study addresses this gap in the literature. We extend the work of the previous study¹⁸ and use longitudinal data from the Princeton School District (PSD) Study, a study that followed a socioeconomically diverse, biracial community-based cohort over 9 years into young adulthood. Using data from these young adults, we explored the role of perceived discrimination in the relationships among SES, race/ethnicity, and depression. Our objectives were to: (1) describe perceptions of lifetime discrimination in a diverse cohort of young adults; (2) explore how these perceptions of lifetime discrimination differ by race/ethnicity and SES; and (3) determine whether perceived lifetime discrimination helps explain racial/ethnic differences in the SES gradient in depression.

Methods

Data were drawn from Phase 2 of the PSD Study, a longitudinal cohort study of adolescents from a single Midwestern suburban public school district. A detailed description of Phase 1 of the PSD study (2001-2005) is available elsewhere.^{31,32} Phase 2, which included 2 additional waves of data collection in Years 8 and 10, began in May 2008 and enrolled 822 of the 1207 eligible non-Hispanic black and non-Hispanic white Phase 1 participants (68.1%). Because perceived discrimination was assessed in Year 10, subjects for the current study were drawn from the Year 10 cohort ($n = 565$). Furthermore, because race/ethnicity is a key variable, we restricted eligibility to the 545 Year 10 participants who self-identified as non-Hispanic black and non-Hispanic white (hereafter referred to as “black” and “white,” respectively). Self-identified race/ethnicity was collected in Phase 2, whereas in Phase 1, race/ethnicity had been determined by parental report. Approval for all data collection and procedures for the PSD study and these analyses was received from the institutional review boards at the participating institutions. Continued analyses are approved by the Partners Human Subjects Research Committee.

SES measures were obtained at baseline through a parental survey. All other measures were obtained from a survey completed by the adolescent/young adult PSD Study participant at a study visit.

SES comprises multiple dimensions, including education, income, and occupation.³³ The PSD Study included assessment of both parent education and household income in Year 1. In this study, although we include household income in our analyses, we focus on parent education as our sentinel measure of SES because parent education is usually stable across adolescence, and household income can fluctuate from year to year. This is particularly relevant because Phase 2 of the PSD Study began during the second year of the great recession in the US. In the baseline parent survey, the parent reported his/her current education level as well as his/her spouse/current partner’s education level. For analyses, responses were collapsed into 4 categories reflecting the greatest level of parental education: $E_1 = \leq$ high school or General Educational Development; $E_2 =$ some college or vocational training; $E_3 =$ college graduate; and $E_4 =$ professional degree. The parent also reported current household pre-tax income from all sources by selecting a response from nine ordered options ($< \$5000$ to $\geq \$100\,000$). Ranges of these response options varied, so the midpoints of each range were used in analyses and $\$150\,000$ was used for the $\geq \$100\,000$ category. Household income was imputed in cases of missing data using multiple imputation based upon parent education and race.³¹

Perceived racial discrimination was measured at Year 10 using the Perceived Lifetime Discrimination subscale of the General Ethnic Discrimination Scale.³⁴ The General Ethnic Discrimination Scale, which was developed to be consistent with a stress-coping paradigm, assesses the frequency and appraised severity of 18 discriminatory experiences (eg, “How often have you been treated unfairly by strangers...”). These 18 items were adapted from the *Schedule of Racist Events*, a scale designed for use in black samples.³⁵ In contrast, the General Ethnic Discrimination Scale was designed for use with any ethnic group in university and community settings and has been shown to have high reliability (≥ 0.91) and to adequately differentiate across racial/ethnic groups.³⁴ The General Ethnic Discrimination Scale has 3 unidimensional subscales: recent (past year) discrimination, lifetime discrimination, and appraised discrimination.³⁴ In this study, we used the perceived lifetime discrimination subscale, which asked participants to indicate how often the experiences occurred in their “entire life.” Because these participants were young adults, perceived lifetime racial discrimination represents a measure of discrimination during childhood and adolescence. Hereafter, we refer to perceived lifetime racial discrimination as “discrimination.” Of note, when the PSD Study began in 2001, little was known about perceived discrimination in children and adolescents and there were no validated measures for use in 7-12th graders.²³ Sex and race/ethnicity were identified by self report. Age was calculated as the date of survey completion minus the participant’s date of birth.

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