



## Prior depressive symptoms and persistent child problem behaviours predict future depression in parents of children with developmental disabilities: The growing up in Ireland cohort study



Stephen Gallagher<sup>a,b,\*</sup>, Monika Pilch<sup>a</sup>, Ailish Hannigan<sup>b,c</sup>

<sup>a</sup> Centre for Social Issues Research, Study of Anxiety, Stress and Health Laboratory, Dept. of Psychology, University of Limerick, Limerick, Ireland

<sup>b</sup> Health Research Institute, University of Limerick, Limerick, Ireland

<sup>c</sup> Graduate Entry Medical School, University of Limerick, Limerick, Ireland

### ARTICLE INFO

Number of reviews completed is 2

#### Keywords:

Autism  
Depression  
Developmental disabilities  
Problem behaviours

### ABSTRACT

Predictors of depression over time were examined in parental carers of children with developmental disabilities (DD) and parents of typically developing children (controls) who participated in the Growing up in Ireland Study. Parents completed measures of depression, the Centre for Epidemiological Depression Scale (CES-D) and child problem behaviours, the Strength and Difficulties Questionnaire when the children were aged 9 (Wave 1) and 13 (Wave 2). Using CES-D cut-off scores to indicate probable depression, caregivers were more likely to be depressed at both waves compared to controls with a Wave 1 rate of depression of 14.6% vs. 7.9% ( $p < 0.001$ , Cramer's  $V = 0.059$ ) and Wave 2 (14.8% vs. 10%,  $p = 0.003$ , Cramer's  $V = 0.038$ ). While overall rates of depression were stable for caregivers, a shifting pattern emerged; 59.6% of those who were depressed at Wave 1, were not at Wave 2; similarly, 10.9% who were not depressed at Wave 1, were at Wave 2. Parents of children with DD were also more likely to report greater problem behaviours in their children compared to controls at both waves. Depression in caregivers at Wave 1 and persistent child problem behaviours were significant predictors of depression at Wave 2. In conclusion, while overall rates of depression remain stable in caregivers, there are shifting patterns evident with prior depression and persistent behaviour problems predictive of ongoing depression.

### What this paper adds

Parents of children with developmental disabilities (DD) are at greater risk of depression than parents of typically developing children. While depression rates have been found to be stable over time in these caring parents, whether this persists for all parents is not known. Further, child problem behaviours are a key driver of depression in parents and studies have found shifting patterns of these types of behaviours over time. In a population-based cohort study, the Growing Up in Ireland Study, the present study tested, 1) Whether rates of probable depression, as based on CES-D cut-offs, and behaviour problems were stable across a 4 year period in parents caring for children with DD and typically developing children; 2) if prior depression and child problem behaviours were predictive of future depression. The results found that while overall rates remained somewhat stable, a shifting pattern emerged with a larger proportion of parents of children with DD no longer classified as having probable depression at follow-up, with both prior

\* Corresponding author at: Centre for Social Issues Research, Study of Anxiety, Stress and Health Laboratory, Dept. of Psychology, University of Limerick, Limerick, Ireland.

E-mail addresses: [Stephen.Gallagher@ul.ie](mailto:Stephen.Gallagher@ul.ie) (S. Gallagher), [Ailish.Hannigan@ul.ie](mailto:Ailish.Hannigan@ul.ie) (A. Hannigan).

<https://doi.org/10.1016/j.ridd.2018.07.001>

Received 6 September 2017; Received in revised form 15 June 2018; Accepted 4 July 2018

Available online 20 July 2018

0891-4222/ © 2018 Elsevier Ltd. All rights reserved.

depression and persistent problem behaviours the key predictors of depression classification at this time-point. Further, when we accounted for both Wave 1 depression and child problem behaviours, the group differences were no longer evident, implying that it is not the diagnosis of DD in the child *per se* that drives depression, but the consequences of the diagnosis together with a history of parental depression along with children displaying high behaviour problems.

## 1. Introduction

Exceptional challenges linked to caring for a child with complex needs impact on parental mental and physical health. Caring for a child with a developmental disability (DD) (e.g., autism, Down syndrome, attention deficit hyperactivity disorder -ADHD) has been associated with elevated stress and decreased health and well-being (Benson, 2014; Hastings & Johnson, 2001; Miodrag, Burke, Tanner-Smith, & Hodapp, 2015; Woodman, Mawdsley, & Hauser-Cram, 2014). This vulnerable group of parents not only report greater incidence of stress, this has been implicated in back problems, migraine headaches, stomach/intestinal ulcers, asthma, arthritis/rheumatism, and high blood pressure in these parental carers (Gallagher & Hannigan, 2014; Gallagher & Whiteley, 2012; Gallagher & Whiteley, 2013; Woodman et al., 2014); this caregiving is also linked with a range of other health related risks factors, such as a poorer immune and poor hormonal health (Gallagher, Phillips, Drayson, & Carroll, 2009; Lovell, Moss, & Wetherell, 2012) and cognitive impairment (Lovell, Elliot, Liu, & Wetherell, 2014).

Caring for children with DD has been implicated in the development of issues such as anxiety, depression, and poorer general emotional health in parental carers (Baker, Blacher, & Olsson, 2005; Cramm & Nieboer, 2011; Hamlyn-Wright, Draghi-Lorenz, & Ellis, 2007; Singer, 2006). While there is often a reporting bias for symptoms of depression in small scale studies vs population-based studies (33% vs 14.9%) (Gallagher & Hannigan, 2014; Gallagher, Phillips, Oliver, & Carroll, 2008), levels of depression are still significantly higher relative to parents of typically developing children (8.9%) and for the general population (e.g., 8.5–9.5%) (Ayuso-Mateos et al., 2001). However, when one examines the stability of depression levels over time in these parental caregivers the evidence is somewhat mixed. Some studies find stability over time (Baker, Seltzer, & Greenberg, 2011). For example, 23% of parents caring for 15-year old adolescents with DD were classified as depressed at time 1, and 3-years later a rate of 25% was reported (Woodman & Hauser-Cram, 2013). While in other studies depression has been found to increase over time (Smith & Grzywacz, 2014). In contrast, in a larger population based study, decreases in depression over time have been observed (Brehaut et al., 2011). Further, despite these observations whether or not these were the same caring parents with depression at each time-point was not disclosed in any of these studies, i.e. were those parents depressed at T1, still depressed at T2 or was there evidence of symptoms resolving for some parents and new symptoms developing for others? This is important as it has implications for interventions, and disentangling these effects and the determinants provides useful information for clinicians to tailor treatments for those most at risk. This will be addressed in the present study.

In Ireland, approximately 58,000 people live with an intellectual disability, and two out of three receive care in the home setting (Lafferty, O'Sullivan, O'Mahoney, Taggart, & van Bavel, 2016). Data from the Growing Up in Ireland longitudinal study, combined with the Census of 2011, indicated 13% prevalence of developmental difficulties among Irish children. Out of this group, Dyslexia/Dyslexia-type difficulties were the most prevalent (4.4%), followed by slow progress (3%), Speech and Language Difficulty (2.2%), ADHD and ADD-type difficulties (1.6%), Dyspraxia or DCD-type difficulties (1.1%), and Autism and Asperger's Syndrome (0.9%) (HARK, 2015). Moreover, the 'National Carers' Strategy', published by the Department of Health, acknowledged the need to support caregivers in their caring responsibilities and indicated that the management of carers' physical, mental and emotional health should be the state's priority (Department of Health (DoH) (2012)). The achievement of this important goal can be facilitated by research findings informing about the key drivers of depression in primary caregivers living in Ireland.

The behavioural characteristics of care recipients is a potential mechanism through which parental mental health is deteriorated in these families (Hastings & Brown, 2002). Problem behaviour such as hyperactivity and conduct problems displayed by a child with DD has been linked to depression in parents (Bourke-Taylor, Pallant, Law, & Howie, 2012; Gallagher & Hannigan, 2014). In several small scale longitudinal studies, child problem behaviours were predictive of stress levels and mental health over time in parents caring for children with DD (Herring et al., 2006; Woodman et al., 2014). Similarly, in a larger longitudinal study, children's problem behaviours accounted for the association between child's cognitive delay and maternal depressive symptoms (Cheng, Palta, Poehlmann-Tynan, & Witt, 2015). More importantly, we have recently shown in a cross-sectional analysis of a population-based study that although the excess risk of depression was present after controlling for chronic health conditions and a range of socio-demographics, it was explained by child problem behaviour (Gallagher & Hannigan, 2014). However, not only do levels of depression vary over time in these parental caregivers, similar variation are evident with child problem behaviours. Some research has found that problem behaviours to be stable or increasing over time in children with DD (Smith, Hong, Greenberg, & Mailick, 2016; Totsika & Hastings, 2009; Totsika, Toogood, Hastings, & Lewis, 2008), while decreasing in typically developing children (Spieker, Larson, Lewis, Keller, & Gilchrist, 1999). In fact, other studies find that problem behaviours were persistent 61.5% (Cooper, Smiley, & Allan, 2009) and 77.8% (Richards, Moss, Nelson, & Oliver, 2016) of the time. Thus, this changing variation in child problem behaviour across time could be one likely reason for the inconsistent findings on stability of depression over time in these caring parents. Thus, this is of interest to the present study.

The aims of the present study, which used Wave 1 and Wave 2 data of the Growing Up in Ireland Cohort study of 9-year olds, was to examine the stability of both depression and child problem behaviours over a 4-year period in parental caregivers. In particular, we investigated whether 1) the greater prevalence of depression and problem behaviours reported by parental caregivers still persisted; 2) whether those who were classified as depressed at Wave 1, were still depressed at Wave 2; and 3) whether challenging behaviour status over time was associated with caregivers' depression status.

Download English Version:

<https://daneshyari.com/en/article/6848118>

Download Persian Version:

<https://daneshyari.com/article/6848118>

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