

## What explains the relation between family poverty and childhood depressive symptoms?

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Received 9 May 2007; received in revised form 11 December 2007; accepted 17 January 2008

### Abstract

The relation between low socioeconomic status (SES) and depression has been well documented in adult populations. A number of studies suggest that family SES may be associated with depression among children and adolescents as well, although the evidence is mixed. We assessed the relation between family income and depressive symptoms among 457 children aged 11–13 years and examined pathways that may explain this relation. In-person interviews of children and their caregivers were conducted, including assessment of family income and administration of the Computer-based Diagnostic Interview Schedule for Children (C-DISC). Family income was significantly associated with depressive symptoms, with children in the lowest income group (<\$35,000) reporting a mean of 8.12 symptoms compared to 6.27 symptoms in the middle income group (\$35,000–\$74,999) and 5.13 symptoms in the highest income group ( $\geq$ \$75,000;  $p < 0.001$ ). Controlling for the number of stressful life events experienced in the past 6 months attenuated the effect of low family income on depressive symptoms by 28%. Indicators of the family environment explained 45% and neighborhood median household income and aggravated assault rate explained 12% of the relation. The family environment, including parental divorce or separation and perceived parental support, appears to explain most of the relation between low family income and childhood depressive symptoms. Further exploration of the pathways between family SES and depression may suggest potential interventions to reduce the occurrence and persistence of depressive symptoms in children.

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**Keywords:** Depressive symptoms; Socioeconomic status; Stressful events; Divorce; Neighborhood; Children

### 1. Introduction

Depression is a common health concern among children and adolescents, with prevalence estimates ranging from 0.4% to 2% in children aged 6–12 years and 2–8.3% in adolescents aged 13–18 years (Birmaher et al., 1996; Kubik et al., 2003; Ryan, 2005). About 10–15% of children report a moderate to severe level of depressive symptoms at any

given time (Nolen-Hoeksema et al., 1992), and between 14% and 25% of children and adolescents will experience at least one episode of major depression before adulthood (Kessler and Walters, 1998; Lewinsohn et al., 1998). Depression in childhood or adolescence is associated with a high likelihood of recurrence later in life (Belsher and Costello, 1988; Pine et al., 1998) and is associated with an increased likelihood of adverse outcomes including substance use problems, poor academic performance including failure to complete secondary school, employment difficulties, and teenage childbearing (Dooley et al., 1994; Kelder et al., 2001; Kubik et al., 2003; Schraedley et al., 1999;

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Vander Stoep et al., 2002). Depressed children and adolescents are also at increased risk for suicidal ideation and other comorbid psychiatric disorders (Brady and Kendall, 1992; Kubik et al., 2003).

The relation between low socioeconomic status (SES) and depression has been well documented in adult populations (Lorant et al., 2003). A number of studies suggest that family SES is also associated with depression among children and adolescents (Call and Nonnemaker, 1999; Goodman et al., 2003; Goodman, 1999; Kubik et al., 2003; McLeod and Shanahan, 1993; Roberts et al., 1997; Schraedley et al., 1999; Wade, 2001). However, one large meta-analysis found no correlation between SES and scores on the Children's Depression Inventory among 8–16 year olds (Twenge and Nolen-Hoeksema, 2002), and one study found no relation between maternal SES and high levels of depressive symptoms in 10-year-olds when other risk factors for depression were considered (Leech et al., 2006). Additionally, some studies have found the relation between SES and childhood depression to be confined to particular subgroups within the child population, like those with insecure attachment to their parents (Graham and Easterbrooks, 2000).

Three plausible pathways may explain a relation between lower family SES and childhood depression. First, children in lower SES families may be exposed to more traumatic events and stressors (e.g., witnessing violence, frequent moves) (Costello et al., 2003; McLoyd, 1998), which in turn may increase their risk of depressive symptoms (Franko et al., 2004; Nolen-Hoeksema et al., 1992; Patton et al., 2003; Schraedley et al., 1999; Silberg et al., 1999). Thus, using the framework developed Kraemer et al. (2001) to describe how two risk factors work together to influence an outcome, we hypothesize that stressful life events may at least partially mediate the relation between low family income and depression (Fig. 1a).

Second, the strain of financial stress may lead to family conflict and potentially disruption (e.g., divorce or separation of parents) (Gilman et al., 2003; Takeuchi et al., 1991; Wade, 2001), or may influence parenting behaviors, including increased use of harsh discipline methods, lack of affection and support, or inadequate supervision (Bolger et al., 1995; Bradley and Corwyn, 2002; Costello et al., 2003; McLeod and Shanahan, 1993; McLoyd, 1998) which can, in turn, affect the child's mental health status (Black and Pedro-Carroll, 1993; Kim et al., 2003; McLeod and Shanahan, 1993). Conversely, parental divorce or separation may lead to decreased family income, as single-parent families typically have lower incomes (Aseltine, 1996; McQuillan, 1992). Thus, we hypothesize that the family environment, including parental divorce or separation, household composition, and parental support, and family SES are overlapping risk factors (Kraemer et al., 2001) for depressive symptoms in children and adolescents (Fig. 1b).

Third, children in families with low SES may be more likely than those in higher SES families to reside in more disadvantaged neighborhoods with higher levels of crime,

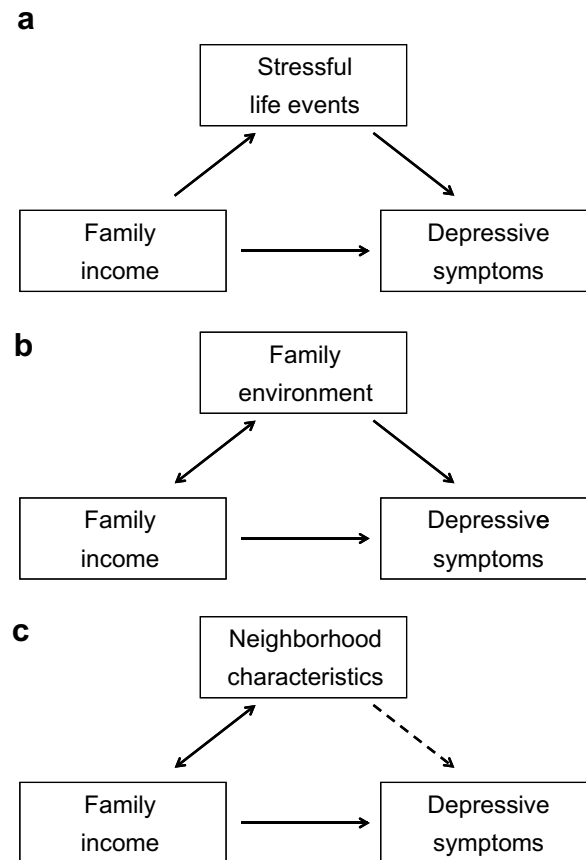


Fig. 1. Theorized relations between family income, stressful life events, family environment, neighborhood characteristics, and depressive symptoms in children and adolescents. (a) Stressful life events as a mediator of the relation between family income and depressive symptoms. (b) Family environment and family income as overlapping risk factors for depressive symptoms. (c) Neighborhood characteristics as a proxy risk factor for family income, which is related to depressive symptoms.

exposing them to suboptimal physical and social environmental conditions that may adversely influence their mental health (Goodman et al., 2003; Kalf et al., 2001; McLeod and Shanahan, 1993; McLoyd, 1998; Takeuchi et al., 1991). However, little evidence exists as to whether neighborhood characteristics like poverty and violent crime influence depressive symptoms in children and adolescents independent of their association with family SES, as many studies of the relations between neighborhood characteristics and depressive symptoms have not included adjustment for family SES (e.g. Ozer and Weinstein, 2004) and few studies have looked explicitly at depressive symptoms, focusing instead on problem behaviors or developmental and academic outcomes (Brooks-Gunn et al., 1993; Kalf et al., 2001; Leventhal and Brooks-Gunn, 2000). We hypothesize that neighborhood characteristics are proxy risk factors (Kraemer et al., 2001) for family income, associated with depressive symptoms only through their relation with family income (Fig. 1c).

We assessed the relation between family income and depressive symptoms among an urban population of

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