



Depression and chronic health conditions in parents of children with and without developmental disabilities: The growing up in Ireland cohort study



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ABSTRACT

Epidemiological evidence suggests that poor physical health and depression are highly comorbid. To date, however, no study has considered whether depression in parents caring for children with developmental disabilities is partly driven by poor physical health. Using data from the Growing Up in Ireland national cohort study (2006 to date), 627 parents of children with developmental disabilities were compared with 7941 parents of typically developing children on scores from the Centre for Epidemiological Depression Scale, chronic health conditions, socio-demographic and child behavioural characteristics. Having a child with disabilities was associated with a higher risk of depression (odds ratio (OR) = 1.83, 95% confidence interval (CI): 1.43, 2.35) compared to parents of typically developing children. Adjusting for the presence of chronic health conditions accounted for some of this excess risk (OR = 1.77, 95% CI: 1.38, 2.27). The association between having a child with disabilities and increased risk of depression was explained, however, by adjusting for the child problem behaviours (OR = 1.07, 95% CI: 0.81, 1.43). This study has confirmed, in a population-based sample, the high risk of depression in parents caring for children with developmental disabilities after adjusting for the presence of a chronic health condition. Importantly, given that poor mental health in these parents is associated with a battery of negative health and social family outcomes, it is imperative that health professionals pay attention to the mental health needs of these parents.

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1. Introduction

Raising a child with a developmental disability (e.g., autism, dyspraxia, attention deficit hyperactivity disorder) is often stressful and parents can sometimes struggle to deal with the exceptional challenges associated within this caring context. A recent meta-analysis revealed that there was a 10% increased prevalence of clinical depression in parents caring for children with developmental disabilities compared to parents of typically developing children (Singer, 2006). This has deleterious consequences for parenting role, family functioning and offspring wellbeing (Dyson, Edgar, & Crnic, 1989; Fisman & Wolf, 1991; Khan, Brandt, & Whitaker, 2004; Pilowsky, Wickramaratne, Nomura, & Weissman, 2006; White & Hastings, 2004). Moreover, given the negative impact of caring on caregivers experts in the field have called upon authorities to classify caregiver health as a major public health concern (Barrow & Harrison, 2005; Talley & Crews, 2007).

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Together with higher rates of depression and stress, parents caring for children with developmental disabilities also have poorer physical health with greater incidence of back problems, migraine headaches, stomach/intestinal ulcers, asthma, arthritis/rheumatism, high blood pressure being found (Brehaut et al., 2004; Gallagher & Whiteley, 2012, 2013; Lovell, Moss, & Wetherell, 2012). A key source of the negative health outcomes seen in these parents is the challenging behaviour (e.g., self-injury, conduct problems) that the child displays (Eisenhower, Baker, & Blacher, 2005; Gallagher, Phillips, Drayson, & Carroll, 2009; Gallagher & Whiteley, 2013; Herring et al., 2006). Epidemiological evidence also indicates that depression frequently occurs with chronic medical conditions and that poor physical health is a risk factor for depression (Moussavi et al., 2007). A recent study found that poor physical health was positively associated with depression in these caring parents (Resch, Elliott, & Benz, 2012), suggesting that co-morbidity is likely in this population; a finding supported by others in a Venezuelan sample of parents (Alvarez, 2012). Although speculative, the increased risk of depression seen in these parents may be partly explained by their physical status and not purely driven by child or other contextual characteristics. Thus, the rates of depression found in these previous small scale studies could be confounded by parent's physical health status. To our knowledge we are not aware of any empirical research that has controlled for physical health problems on the outcome of depression in these parenting families and whether or not there is an increased prevalence of co-morbidity in these parents relative to parents of typically developing children is yet to be investigated.

The objective of the present study was threefold. First, in a population-based study, we tested whether there was a greater prevalence of depression and poor physical health in parents of children with developmental disabilities relative to parents of typically developing children. Second, we explored whether the increased risk of depression in these parents was still evident after controlling for their physical health status. Finally, we also investigated whether more established risk factors (e.g., the behaviours of the child) explained more of the variance in this risk above and beyond that contributed by physical health status.

2. Methods

2.1. Participants, design and procedure

The sample consists of primary caregivers of 8568 nine-year-old school children participating in the Growing Up in Ireland Study, a nationally representative cohort study of children living in the Republic of Ireland (Murray et al., 2011). The cross-sectional sample of children was selected through a two-stage sampling method within the primary school system. In the first stage of sampling, 1105 primary schools from the national total of 3177 were selected using a probability proportionate to size (PPS) sampling method. In the second stage, a random sample of eligible children was selected within each school. At the school level, a response rate of 82.3% was achieved, while at the level of the household (i.e. eligible child selected within the school) a total of 57% of children and their families participated in the study. Parents would have been asked to provide consent in all cases. The children in this sample represent approximately 1 in 7 of all nine-year old children resident in Ireland at the start of the study in 2006. The sample was weighted by adjusting the distribution of the sample to known population figures on the number and characteristics of children and their families from the 2006 Census of Population in Ireland. Characteristics accounted for in the weights included family structure, social class, economic and disadvantaged status. Interviews were carried out with the child, primary and secondary caregivers and the teacher of the study child. All stages of the Growing Up in Ireland project were subject to rigorous ethical review by the Irish Health Research Board's standing Research Ethics Committee.

2.2. Measures

2.2.1. Developmental disability status

Parents were asked if they thought their child had a specific developmental/learning difficulty, communication, or co-ordination disorder and 906 (10.6%) of the parents said yes. Of these, 627 (69.3%) self-reported that this disorder had been diagnosed by a professional (see Table 1 for disability subtypes). In total, there were 829 disorders diagnosed by a professional in these children. The remaining 279 (30.7%) children were awaiting a consultation or diagnosis. We also included those classified as 'slow progress' in this category. Only those children with a confirmed diagnosis are classified as having a disorder in the analysis.

2.2.2. Child behavioural problems

The 25-item Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997) was used to screen for child behaviours. The 5-item prosocial subscale was excluded from our analyses in line with previous studies (Gallagher et al., 2009; Gallagher & Whiteley, 2013). Examples of items include "Is restless and cannot stay still for long" and "Is easily distracted, concentration wanders". Two items are reversed scored "Thinks things out before acting". Parents are asked to rate whether a behaviour is 0, not true, 1, somewhat true, or 2, certainly true, of their child with higher scores indicating more problem behaviour. The overall scale has been shown to be reliable (Cronbach's $\alpha = .76$) and the scale has been used as a predictor of both mental and physical health in families of children with developmental disabilities (Gallagher et al., 2009; Gallagher & Whiteley, 2013).

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