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# Child Abuse & Neglect

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## Caregiver depression and trajectories of behavioral health among child welfare involved youth

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### ABSTRACT

Child welfare involvement has been linked to child behavioral health issues, including increased likelihood of internalizing mental health problems such as depression and anxiety, and externalizing behavioral problems such as oppositional behaviors and substance use problems. One predictor of child behavioral health is caregiver mental health. Although, there remains a specific gap associated with identification of factors among caregivers that are associated with longitudinal child behavioral health trajectories. Using LONGSCAN, we explore the effects of caregiver depression on the behavioral health of children over time. Multilevel mixed-effects linear regression models showed that children with a caregiver who reported depression showed significantly higher internalizing behavioral problems over time, and significantly larger decreases in externalizing behavioral problems over time, compared to children with a caregiver who reported no depression. These findings emphasize that early interventions geared towards jointly assessing and treating parent and child mental health issues in the child welfare system may be successful at improving future behavioral health outcomes.

### 1. Introduction

Trajectories of child behavioral health have been associated with early childhood experiences, including characteristics associated with parenting styles. More specifically, caregiver mental health, such as depression, have been associated with increased mental health service needs among children (Kotch, Lewis, Hussey, & English, 2008; Weissman et al., 2004), higher instances of neglectful and abusive parenting styles (Mustillo, Dorsey, Conover, & Burns, 2011), increased risk for academic-related problems including underachievement (Leschied, Chiodo, Whitehead, & Hurley, 2005), and poor cognitive development (Brennan, Hammen, Andersen, & Bor, 2000). Such consequences decrease the quality of life for children and threaten the well-being of communities by leading to an increase in costs related to healthcare and social service delivery (Mercy, Krug, Dahlberg, & Zwi, 2003). Despite the consequences of caregiver mental health on subsequent child behavioral health, there remains a specific gap associated with identification of factors among child welfare involved caregivers that are associated with longitudinal changes in specific domains of child behavioral health (Kotch et al., 2008). In this study, we explore the effects that caregiver depression has on internalizing and externalizing behavioral health problems of children in the child welfare system over time.

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### 1.1. Child behavioral health outcomes

On average, in any given year in the United States over 3 million children are investigated by child protective services. In FFY 2015, 3,358,000 investigations resulted in identification of 683,000 victims of child maltreatment (USDHHS, 2017). This represents a significant care burden, as child welfare involvement has been linked to child behavioral health issues (Gilbert, Widom, Browne et al., 2009; McLaughlin, Green, Gruber et al., 2010; Tanaka, Wekerle, Schmuck et al., 2011). For example, existing research has linked child welfare involvement with an increased likelihood of internalizing behavioral problems including depression and anxiety (Eithier, Lemelin, & Lacharite, 2004; Manly, Kim, Rogosch et al., 2001), as well as externalizing problems such as oppositional behaviors (i.e.: juvenile delinquency), and substance use (Lewinsohn et al., 2005), especially when placements are unstable (Villodas, Litrowink, Newton, & Inger, 2015).

### 1.2. Caregiver mental health impacts on child behavioral health

One predictor of child behavioral health needs is caregiver mental health (Manning & Gregoire, 2006). Caregivers involved in the child welfare system may be particularly vulnerable to affective, cognitive, and substance use problems (Lindsey, Gilreath, Thompson, & Graham, 2012), with the largest frequency of substances misused being alcohol (Mowbray et al., 2017). It has been projected that up to 60% of child welfare-involved caregivers may have problems related to substance use, and 30–35% experience mental health-related problems (Barth, Wildfire, & Green, 2006; Staudt & Cherry, 2015). Once involved with the child welfare system, children with parents engaged in substance use tend to experience a higher likelihood of problems themselves, including a higher likelihood for future social and health-related problems (Taussig, Clyman, & Landsverk, 2001).

However, depression is the most frequent presenting mental health concern among caregivers in the child welfare system (Kohl et al., 2011; Marcenko et al., 2011; USDHHS, 2016). While rates of lifetime depression in the general adult population in the United States are at about 16% (Strine, Mokdad, Baliuz, Gonzalez et al., 2008), caregiver depression may be present in 23% of all cases involved with the child welfare system (USDHHS, 2003).

Poor caregiver mental health is associated with increased likelihood of child behavioral health needs and behavioral health service utilization (Lindsey et al., 2012), yet there remains limited knowledge regarding the relationship among specific types of caregiver mental health issues and child behavioral health trajectories over time. Cross sectional analyses and lifetime prevalence estimates highlight the relationship between poor caregiver mental health and problematic child behavioral health (Hammen & Brennan, 2003; Hammen, Brennan, & Shih, 2004; Murray, Artech, Fearon, & Halligan, 2011), yet further understanding of how specific factors associated with caregiver mental health, especially depression, is related to child behavioral health outcomes over time is much needed.

### 1.3. Caregiver depression

Caregiver depression is considered a cumulative risk factor that is associated with an increased risk for child maltreatment and recurrent abuse and neglect over the first 16 years of life (Kotch et al., 2008). Research consistently shows that parental depression is linked with adverse child health outcomes, including internalizing and externalizing problems, and risk of maltreatment. (Conron, Beardslee, Koenen, Buka, & Gortmaker, 2009; Kotch et al., 2008; Mustillo et al., 2011; Weissman et al., 2004). Similarly, a recent meta-analysis of existing research has shown caregiver depression is considered a risk factor for impaired socioemotional development of children, including positive and negative affect/behavior (Goodman et al., 2011). Parental depression may also translate into neglectful and abusive parenting styles and increased parental substance use, including problem alcohol use (Marcenko et al., 2011; Mustillo et al., 2011; Zielinski & Bradshaw, 2006).

Additionally, parenting styles associated with depression have also been associated with lower rates of responsiveness and sensitivity to child distress (Spieker, Oxford, Fleming, & Lohr, 2018). In turn, these parenting styles tend to increase the likelihood of negative outcomes among children, including school disengagement, academic underachievement, conduct-related problems (Carter, Garrity-Rokous, Chazan-Cohen, & Little, 2001; Leschied et al., 2005), poor cognitive development (Brennan et al., 2000), and future mental health problems (Oyserman, Bybee, & Mowbray, 2002).

At present, parental depression is often screened and treated in isolation, and thus opportunities to provide tailored interventions to both the parent and child can be missed (Knitzer, Suzanne, & Johnson, 2008; Zielinski & Bradshaw, 2006). Early interventions, when delivered to youth, can make a strong impact in curtailment of some of the future behavioral health problems known to be associated with caregiver depression (Beardslee, Wright, Gladstone, & Forbes, 2007). Despite these findings, there is limited research examining the extent of caregiver depression on trajectories of child behavioral health problems. Establishing these trajectories is an essential step in refining behavioral health interventions delivered to child welfare involved youth who have a caregiver that experiences depression. Through these trajectories, age-specific periods associated with increased behavioral health problems can be identified to further tailor future intervention strategies to improve the behavioral health of child welfare involved youth.

### 1.4. Current study

Given these identified gaps in existing research examining the relationship between specific caregiver mental health factors and youth well-being outcomes among families involved in the child welfare system, the purpose of this study is to examine how caregiver depression may impact future youth behavioral health. To examine this, we utilize longitudinal data from the Longitudinal Studies of

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