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## Original Research

## Does having a difficult child lead to poor maternal mental health?



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## ABSTRACT

**Objectives:** Considerable evidence suggests maternal psychopathology influences that of their offspring. The probability of a reverse causal pathway has been only rarely considered but is a concern, given around 10% of children manifest mental impairment during their early years. This study determines the extent to which child behavior problems at ages 5 and 14 years are associated with mothers' mental health at 21 years post birth.

**Study design:** Longitudinal study.

**Methods:** Data were taken from a sample of 3650 women from Mater and University of Queensland Study of Pregnancy birth cohort. Women's mental health was measured using the Mental Disorder Screening Tool at 21 years post birth. The Child Behavior Check List was used to measure internalizing, combined social/attention/thought disorder, and aggression at the age of 5 and 14 years. Logistic regression was used to derive odds ratios and 95% confidence intervals. A number of confounders were used to test for independence.

**Results:** Following all adjustments, child internalizing behaviors and combined social/attention/thought disorder at 5 years, and all measures of child behavior problem at 14 years were associated with mothers meeting criteria for mental health impairment at 21 years post birth. Moreover mothers of children with behavior problems at 14 years were approximately 2–3 times more likely to these meet these criteria.

**Conclusions:** Mothers of children with behavior problems at 5 and 14 years of age were more likely to have mental health impairment at 21 years post birth. Child health professionals should be cognizant of the mother–child relationship having mutual mental health vulnerability.

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## Introduction

Evidence shows exposure to maternal poor mental health has the capacity to influence offspring development.<sup>1–3</sup> Much of this evidence points to the effects of peripartum maternal depression on early child development.<sup>1</sup> Exposure to maternal depression has been also associated with internalizing and externalizing behaviors in school-aged children;<sup>4,5</sup> cognitive impairment in adolescence,<sup>2</sup> and behavioral and emotional problems in late adolescence.<sup>6</sup> As well as being subjected to their mothers' depression, offspring may be also adversely affected by their mothers' lifestyle (i.e. substance misuse, legal, and low socio-economic factors),<sup>5</sup> negative family environments, and negative mother–child relationship.<sup>7</sup>

The probability of a reverse causal pathway has been only rarely considered.<sup>8,9</sup> In one longitudinal study of depressed mothers, adolescent daughters' psychopathology was found to predict an increase in their mothers' depressive symptoms over time ( $\beta = 0.16$   $P = 0.039$ ).<sup>8</sup> Another longitudinal study found past youth diagnoses predicted mothers' existing depression, regardless of gender, family income, and mothers' past depression ( $b = 0.45$ , odds ratio [OR] = 1.57, 95% confidence interval [CI] 1.21, 2.04,  $P < 0.001$ ).<sup>9</sup> The purpose of this current study is to add to this limited body of evidence which suggests some women may be adversely affected by their child's psychopathology, which for the purpose of this study, is represented by child behavior problems at 5 and 14 years.

### Prevalence of child mental health

It has been suggested that child behavior and emotional problems have become increasingly common and may lead to, or are associated with, their poor mental health, with some 10.0%–20.0% of children found to have 'clinically meaningful total difficulty' as assessed by the Child Behavior Check List (CBCL).<sup>10</sup> Similar proportions of children also appear to experience internalizing and externalizing disorders.<sup>10</sup>

### Impact on families

It is plausible that children's problematic behavior could negatively influence aspects of their mothers' lives. Hipwell et al.<sup>11</sup> have described the reciprocal nature of parenting and child behavior. They suggested that child behavior affected parenting behavior and visa-versa, with children's conduct problems being associated with decreased parental warmth and harsher parenting.<sup>11</sup> Reciprocity between children's externalizing behaviors and parenting stress has been also found.<sup>12</sup> Although family stress has been identified as an environmental risk factor associated with youth psychopathology,<sup>13</sup> it is possible that child behavior problems also contribute to stress levels within the family. Longitudinal studies have found that early childhood disruptive and non-compliant behavior,<sup>14</sup> child-related stressors,<sup>15</sup> and past youth psychopathology<sup>9</sup> were associated with poorer maternal mental health. A large British study found that parents of children with pervasive development disorder were more psychologically distressed than parents in the control group.<sup>16</sup>

## Bidirectional effects of mother and child psychopathology

A systematic review observed that treating parental depression resulted in a reduction of their children's problem symptoms.<sup>17</sup> A small body of evidence from longitudinal studies supports this reciprocal model of mental-health vulnerability between mothers' and children's mental health symptoms.<sup>18,19</sup> Specifically, as maternal depressive symptoms improved or deteriorated, so too did children's behavior problems improve or deteriorate in a reciprocal manner.<sup>18</sup> Indeed, an examination of mother–adolescent dyads and their depressive symptoms with changes over time, found positive pairing between mothers' and offspring's depressive symptoms, with mothers' symptoms predicting changes in offspring depressive symptoms and offspring's symptoms predicting changes in their mothers' symptoms.<sup>19</sup>

### Study hypothesis and aims

Based on these previous findings, we hypothesized that child mental health symptomatology as depicted by behavior problems, is associated with their mothers' poor mental health in the long term. It is anticipated that this present study will add new information about the longer-term consequences for women's mental health from having a child with poor mental health in early childhood (that is, aged 5 years) and early adolescence (i.e. aged 14 years). The aim of this study is to determine the extent to which child problem behaviors, suggestive of mental health symptomatology, at the ages of 5 and 14 years, predict women's mental health impairment at 21 years post birth.

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## Methods

### Participants

This study sample comprises participants of the Mater and University of Queensland Study of Pregnancy (MUSP), a longitudinal cohort of pregnant women who were recruited between 1981 and 1984 at their first antenatal clinic visit. Of the women who agreed to participate in this study, 6753 women subsequently birthed live babies and were followed up over time. Over the duration of this longitudinal cohort, participation rates have declined with 92.7% of the cohort surveyed at 6 months, 72.7% at 5 years, 68.3% at 14 years, and 55.6% at 21 years. Data for this study were from a sub-group of 3650 women who completed the questions regarding their mental health at 21 years post birth. Other data relevant to this study were collected at survey waves occurring at women's first clinic visit, at 3–5 days, at 6 months (1981–1984) and at 5 years (1986–1988), 14 years (1995–1997), and 21 years (2001–2004) post birth. Participants provided informed, written consent and ethical approval was obtained at each phase of the study to 21 years from Mater Hospital and the University of Queensland's ethical committees. Also ethical approval was obtained from the University of Queensland (approval number 2013000263) to undertake the present study.

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