

Abstract

The purpose of this study was to examine the mediating roles of children's Adverse Childhood Experiences (ACEs) and ability to flourish in the transmission of mental health between parents and children. Findings showed that children of parents with poor mental health were more likely to have ACEs. Subsequently, children were less likely to develop their resilience and self-control, leading to more anxiety and depression. Results from this study have important implications for effective prevention and interventions for children's mental health.

Introduction

The intergenerational transmission of mental health has been of increasing concern to researchers in the past decade (Leijdesdorff et al., 2017). Based on family systems theory (Bateson et al., 1956), family members are interdependent, with the wellbeing of one member affecting the wellbeing and functioning of other family members through direct and indirect pathways. Therefore, the first aim of this study was to examine the direct association between parental mental health status and children's mental health problems.

Several studies have suggested that ACEs are detrimental to children's mental health. Specifically, children who experience more ACEs are likely to show poor mental outcomes. In contrast to research on the effects of ACEs, some studies have identified the protective roles of children's ability to flourish (i.e., curiosity of learning, resilience, self-regulation) against children's mental health issues. Thus, the second aim of this study was to investigate the indirect effects of children's ACEs and ability to flourish in the transmission of mental health between parents and children. Based on the tenets of family systems theory and previous research, we hypothesized that poor parental mental health would predict greater children's mental health problems (H1). Next, we hypothesized that children's ACEs and ability to flourish would significantly mediate this relationship (H2).

Method

Sample

- Data were drawn from the 2016-2019 National Survey of Children's Health (NSCH), which is a cross-sectional survey by the Maternal and Child Health Bureau. The total sample included 94,369 children aged 6-17.

Measures

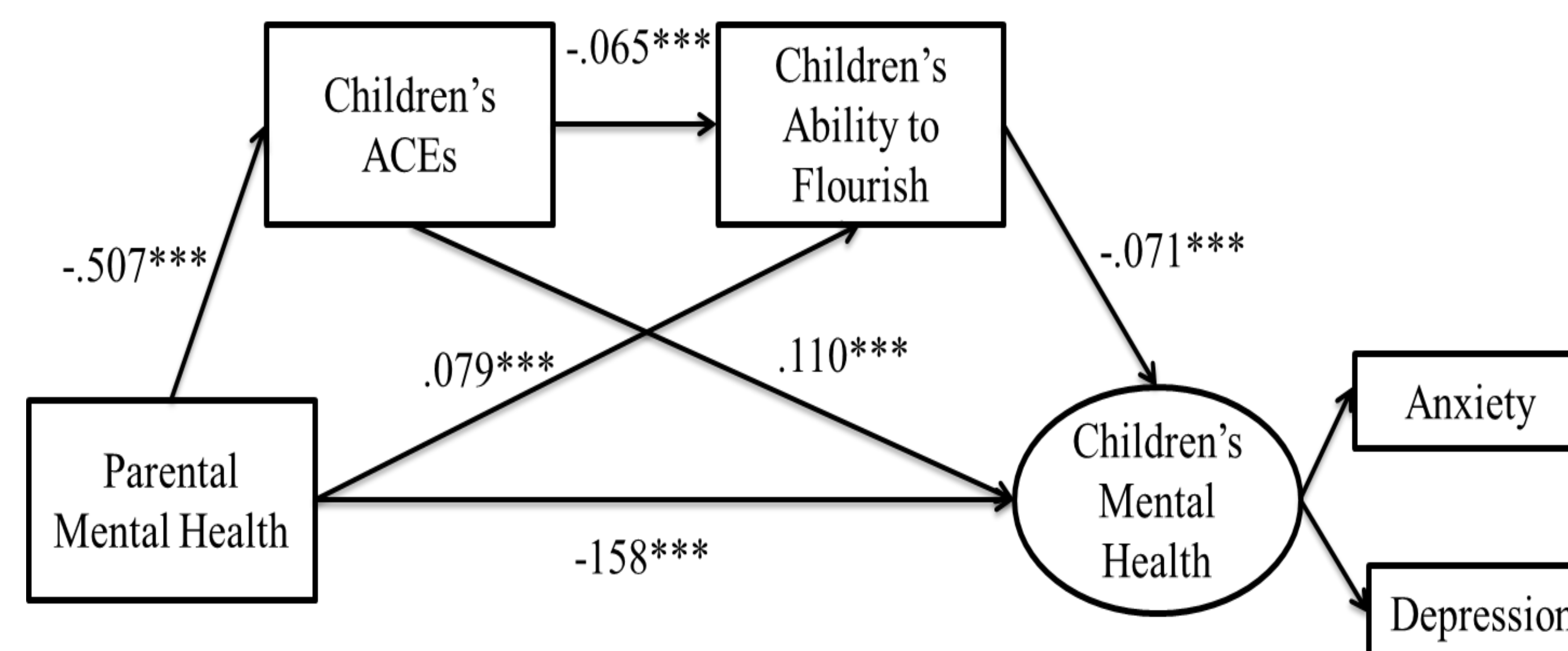
- Parental Mental Health Status:** 2 items were used to measure each parent's mental health status ranging from 1 = Excellent/Very good to 3 = Fair/Poor.
- Children's ACEs:** 9 items were used to assess previous exposures to 1) financial hardship, 2) separation or divorce of parent/guardian, 3) death of parent/guardian, 4) incarceration of parent/guardian, 5) domestic violence, 6) victim/witness of neighborhood violence, 7) mental health issues, 8) alcohol/drug abuse, and 9) discrimination due to race/ethnicity.
- Children's Ability to Flourish:** 3 items were used to measure children's curiosity about learning, resilience, and self-regulation.
- Children's Mental Health Problems:** Latent construct measured by two indicators: children's anxiety and depression.

Analyses

- Structural Equation Modeling (SEM) was used in AMOS 21.0 to examine the mediating roles of children's ACEs and ability to flourish in the transmission of mental health between parents and children.

Results

Figure 1. Mediating Effects of Children's ACEs and Ability to Flourish in the Intergenerational Transmission of Mental Health



Note. *** $p < .001$. Standardized coefficients were provided. CFI = .994, RMSEA = .025

Results (cont.)

Table 1. Descriptive Statistics

	1	2	3	4	5	6	7	8	9
1. Parental Mental Health Status	-								
2. Children's ACEs	-.323**	-							
3. Children's Ability to Flourish	.112**	-.123**	-						
4. Children's Anxiety	-.167**	.185**	-.085**	-					
5. Children's Depression	-.163**	.213**	-.076**	.499**	-				
6. Gender (Female)	.001	.003	.053**	.035**	.039**	-			
7. Race/Ethnicity (non-Hispanic White)	.004	-.079**	.012**	.059**	.015**	-.011**	-		
8. Family Structure (Two parents)	-.006	-.443**	.035**	-.064**	-.085**	-.005	.146**	-	
9. Parental Education	.114**	-.263**	.095**	-.017**	-.051**	.002	.115**	.242**	-
Mean	5.519	1.259	2.510	.229	.103	48%	70%	77%	60%
SD	.865	1.437	.847	.637	.443	.499	.459	.420	.490

Note. ** $p < .01$, *** $p < .001$.

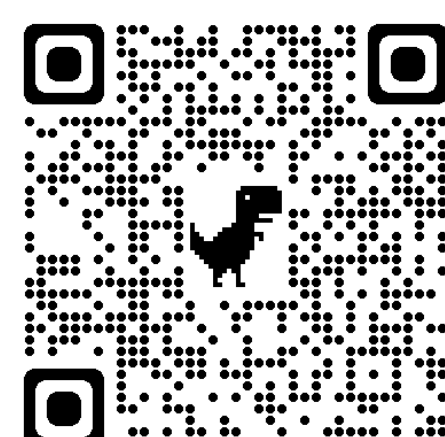
- Parental mental health status was negatively and significantly associated with children's ACEs ($\beta = -.507, p < .01$)
- Children's ACEs was negatively and significantly associated with children's ability to flourish ($\beta = -.065, p < .01$). Children's ability to flourish, in turn, was negatively and significantly associated with children mental health problems. In addition, the associations between parental mental health status and children's ability to flourish, and between children's ACEs and their mental health issues, remained significant. Such findings suggested partial mediation.

Discussion

- Results indicated that parental mental health is associated with children's mental health problems partially through children's ACEs and ability to flourish. Our results suggest that children of parents with poor mental health are more likely to have ACEs. Subsequently, children are less likely to develop resilience and self-control, leading to more anxiety and depression.
- This study has important implications for effective prevention programs and clinical interventions for children's mental health issues.

References

- Leijdesdorff, S., van Doesum, K., Popma, A., Klaassen, R., & van Amelsvoort, T. (2017). Prevalence of psychopathology in children of parents with mental illness and/or addiction: an up to date narrative review. *Current opinion in psychiatry*, 30, 312-317.
- Bateson, G., Jackson, D., Haley, J., & Weakland, J. (1956). Toward a theory of schizophrenia. *Behavioral Science*, 1, 251 - 264.



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