The Intergenerational Transmission of Mental Health: The Role of Children's Adverse Childhood Experiences and Ability to Flourish

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Hye-Jung Yun, Ph.D
M. L. Parker, Ph.D. LMFT
Cynthia B. Wilson, Ph.D. CFLE
Michaley G. de Leon, CFLE
The Florida Center for Prevention Research
Florida State University

Specific Aims

The intergenerational transmission of mental health has been of increasing concern to researchers in the past decade (Leijdesdorff et al., 2017). Previous research has established the intergenerational transmission of mental health, the phenomenon in which children of parents with poor mental health are more likely to show mental health problems (Landstedt & Almquist, 2019). 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 is to examine the direct association between parental mental health status and children's mental health problems.

Several studies have suggested that Adverse Childhood Experiences (ACEs) are detrimental to children's mental health. Specifically, children who experience more ACEs are more likely to show poor physical and mental outcomes as compared to their counterparts with fewer reported ACEs (Balistreri & Alvira-Hammond, 2016). In contrast to research on the effects of ACEs, some studies have identified the protective role of children's ability to flourish (i.e., curiosity of learning, resilience, self-regulation) against children's mental health issues (Miller-Lewis, et al., 2013). Because these capacities may promote children's recovery from the impact of one or more ACEs, the ability to flourish may serve as a protective factor against children's mental health problems. Previous studies have provided important implications for the association among children's ACEs and ability to flourish in the transmission of mental health issues. However, little is known about how children's ACEs and ability to flourish mediate the association between parental mental health status and children's mental health problems. Thus, the second aim of this study is to investigate the indirect effects of children's ACEs and ability to flourish in the transmission of mental health between parents and children.

Ongoing research is needed to examine the mediating roles of children's ACEs and ability to flourish in the association between parental mental health status and children's mental health problems. 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 when controlling for gender, race/ethnicity, family structure, and parental education (H1). We further hypothesized that children's ACEs and ability to flourish would significantly mediation this relationship (H2).

Methods

Sample and Procedures

This study sample was derived from the 2016-2019 National Survey of Children's Health (NSCH), which is a cross-sectional survey sponsored by the Maternal and Child Health Bureau. Using the guidelines from the NSCH Guide to Multi-Year Analysis (2021), the data were

merged from 2016 to 2019 to create a nationally representative large sample for the current study. The total sample size was 94,369 children aged 6-17.

Measures

Parental Mental Health Status. Parental mental health status measured by two items, asking each parent about their mental health status. All items were rated on a three-point Likert scale ranging from 1 = Excellent/Very good to 3 = Fair/Poor. These items were reverse-coded and summed together from the two parent responses, resulting in higher scores to indicate better overall prenatal mental health conditions.

Children's ACEs. ACEs were measured by nine items 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. All items were recoded as 0 = *No* and 1 = *Yes* and summed together to create the ACE scores. A higher score reflected a higher level of children's ACEs.

Children's Ability to Flourish. Three questions were used to measure children's curiosity about learning, resilience, and self-regulation. The questions asked "How often does this child: 1) show interest and curiosity in learning new thing, 2) work to finish tasks he or she starts, and 3) stay calm and in control when faced with a challenge. All items recoded 0 = *No* and 1 = *Yes* to match the same coding scheme each year. A higher score reflected a higher level of children's ability to flourish.

Children's Mental Health Problems. The measures of children's mental health problems included two indicators for the latent construct: anxiety and depression. Each item was coded as 0 = *Does not currently have condition*, 1 = *Current condition, rated mild*, and 2 = *Current condition, rated moderate/severe.* A higher score reflected a higher level of children's mental health problem.

Results

The structural equation modeling was tested using AMOS. Table 1 shows descriptive statistics and correlations among model variables. Figure 1 shows the results from the structural equation modeling. Control variables were included but paths were not shown in Figure 1 for cleaner presentation. The model fit (CFI = .994, RMSEA = .025) was excellent, indicating a good model fit with the data. Regarding the results, parental mental health status was negatively and significantly associated with children's ACEs (β = -.507, $p < .01$). Children's ACEs was negatively and significantly associated with children's ability to flourish (β = -.565, $p < .01$). 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.

Implication

The results from the path model supported our hypotheses. Specifically, findings demonstrated 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. Results from this study have important implications for effective prevention programs and clinical interventions for children's mental health issues.

References

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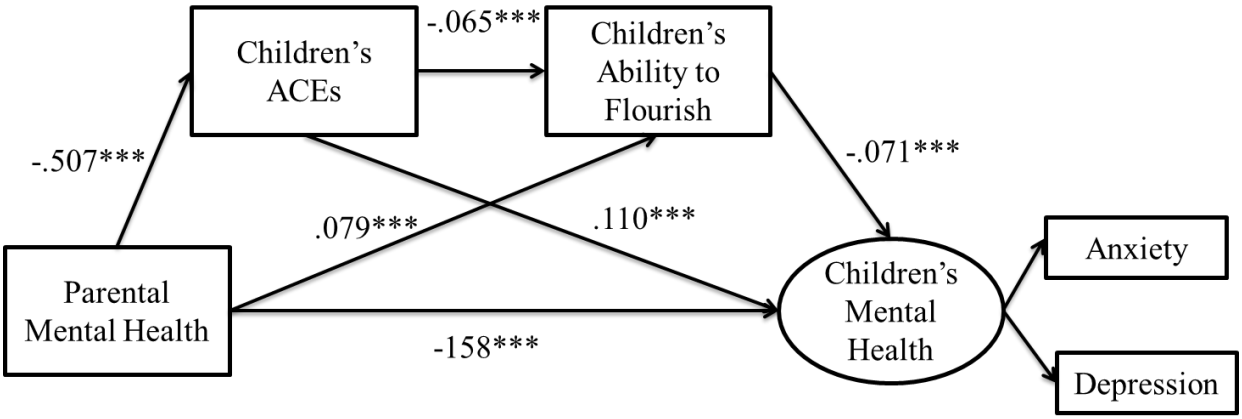
Figure 1.

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



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

Table 1

Descriptive Statistics and Correlations Among Variables

	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. * $p < .05$, ** $p < .01$. Two-tailed tested.