



Diversity of Outcomes Among Adolescent Children of Mothers With Mental Illness

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Research indicates that adolescents of parents with mental illness are themselves at severe risk for mental illnesses. The purpose of this research is to study outcomes for adolescent children of mothers with diagnosed mental illness, and to identify predictors of adolescent mental illness by examining the child's mother's mental health history. This research article discusses the results of 166 adolescents and their mothers with serious mental illness.

Methods

Participants were adolescent children (11 to 17 year old) of mothers with diagnosed mental illness receiving mental health services. Data were collected as part of a larger longitudinal study of parenting and mental illness. The sample of participants (n=166) was purposively drawn from mental health agencies in two southeast Michigan counties. Within the five-year study, mothers were interviewed three times and youths were interviewed twice. Trained female college graduates/students interviewed the youth participants at home, using structured questionnaires designed to assess four youth functioning domains (mental health, academic, social, and behavior) relevant to determining "the extent to which risk factors may predict differential outcomes" (Mowbray et al., 2004, p. 208). All interviews were audiotaped.

Results

Of this sample, 60% were African American, 32% non-Hispanic White, 6% Latino, and 2% other race/ethnicities. Of these youth, 53% were living below the poverty line and 76.3% were living in single-parent homes. The identified predictors of adolescent outcomes are mother's clinical and contextual characteristics. These two identified predictors of outcomes best explain the adolescent mental health status. Mothers reported an average number of 0.32 times of hospitalization per year mentally ill, an average of 1.58 years of separation from children, and an average monthly income of \$1,312.

Researchers used cluster analysis to identify homogeneous subgroups of cases in the data. Based on the data analysis, 65 youth were categorized into five clusters: (1) socially and academically competent; (2) anxious and depressed; (3) average, adult-oriented youths; (4) delinquent/peer oriented and (5) isolated non-conformists. Youth in cluster one (31.1%) had low anxiety and depression scores; thus experiencing few mental health variables and low behavioral problems. Cluster two youth (15.1%) scored significantly higher in anxiety and depression and reported higher deviant behaviors, low self-esteem, and the highest mental health variables. In cluster three, youth (22.3%) scored in the midrange

between the four clusters and were significantly lower in mental health variables, but higher on depression. Cluster four youth (27.1%) scored low on mental health variables and significantly high on peer deviancy. And lastly, in cluster five, these youths (4.8%) scored average among all domains, aside from the social and peer deviancy values.

Once the clusters were identified the researchers used logistic regression analysis to predict cluster membership in an attempt to identify changeable influences, while controlling for the effects of variables such as child demographics that could not be changed. A four-step analysis was used to examine four potential predictors (child demographics, maternal psychiatric history, social context variables, positive meaning of motherhood) of cluster membership. In the first step, examination of child demographics found that boys were nearly 4 times more likely to be in the Delinquent/Peer oriented cluster than in the competent cluster. Older children were more likely to be in the Anxious/Depressed cluster. Examining maternal psychiatric history, maternal substance abuse was the only overall predictor of cluster membership, with youth whose mothers had more problematic histories of substance abuse more likely to be in the Delinquent/Peer-oriented cluster compared to the Socially and Academically competent cluster. All variables entered in step three (stressful life events, maternal social support, and having a father in the youths' lives) were significant predictors of cluster membership. In the last step, although the variable, "Positive meaning of motherhood" was not statistically significant, the comparison for the Delinquent/Peer Oriented vs. the Socially and Academically competent clusters was. Youth whose mothers had a positive response to the question about the meaning of motherhood were less likely to be in the Delinquent cluster.

Conclusions and Implications

These results indicate that adolescent children of mothers with diagnosed mental illness are likely to have mental illness problems, are in need of several mental health treatment services, and are more likely to encounter barriers in accessing mental health services than adolescent children of parents without mental illness. More family focused mental health treatment services should be planned and designed to assist families experiencing mental health problems. The outcomes further indicate that adolescent functioning varied across the clusters; therefore, treatment services for these youth must examine each child on the basis of their functioning level and needs. Intervention and prevention services for adolescent children may be successful for some individuals and not for others; therefore, several interventions, such as social competence trainings or mentorship programs may be necessary for this at-risk population. There is a need of replication of this study to support the generalizability of the results. Lastly, adolescent children of mothers with diagnosed mental illness may require support and supervision to ensure early mental health prevention and positive lifestyles.



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