Does maternal depression really lower child well-being? A comparison of parents' and children's (self-) assessment

Stephanie Hess and Matthias Pollmann-Schult
Otto-von-Guericke University Magdeburg, Germany
Institute of Sociology, Zschokkestr. 32, 39104 Magdeburg, Germany
E-Mail: stephanie.hess@ovgu.de; matthias.pollmann-schult@ovgu.de

A broad literature provides evidence of the detrimental effects on children: Children of depressed parents have an overall worse functioning, have more emotional and conduct problems and are more often depressed themselves (e.g., Maselko et al., 2016; Ringoot et al., 2015). Further, they and are more often exposed to family dysfunction, economic deprivation and adverse parenting (e.g., Elgar, Mills, Mcgrath, Waschbusch, & Brownridge, 2007; Ferro & Boyle, 2015). However, when it comes to those studies' limitations it becomes apparent, that there is a huge gap considering the children's own perspectives. This study aims to extent the current body of literature by adding the children's view. We propose two main questions: How strong is the effect of maternal depression on CWB and do mothers evaluate the effects of maternal depression on their children's well-being differently than the children themselves?

The data basis of this study was derived from the German Family Panel (pairfam). Pairfam has a multi-anchor structure: in each wave information of the anchor person is complemented by data of the anchor's partners and children who are living in the same household. Data from 1,773 children aged 8 to 16 years were linked to their mother's information on depressive experiences. We performed fixed-effects regressions using all available information from waves 2 (collected in 2009/2010) to 10 (collected in 2017/2018). The outcome variables are measured by two domains of the Strength and Difficulties Questionnaire (SDQ): conduct problems and emotional problems. Each domain is measured by five items, which have been reported by mothers and the children themselves. The measure of conduct problems consists of items like 'I get very angry and often lose my temper' and 'I fight a lot. I can make other people do what I want'. Emotional problems involve items such as 'I am nervous in new situations, I easily lose confidence' and 'I am often unhappy,

depressed or fearful' (Goodman, 1997). To assess maternal depression, we use the State-Trait Depression scale (STDS-T). This screening instrument enables the identification of depressive symptoms and depressive experiences in healthy, non-clinical samples. Overall, it consists of ten items that measure a variety of depressive symptoms. The respondent is asked to rate items such as 'My mood is melancholy.', 'I feel good.' and 'I am calm and composed.' (Lehr, Hillert, Schmitz, & Sosnowsky, 2008).

To analyse the effect of maternal depression on their children's well-being we estimated fixed-effects models. Using this approach, we are able to prevent biased results due to unobservable personality traits that might select children of more depressive parents into evaluating their selves more emotionally problematic or showing more conduct problems. Further, this study uses a set of comparative models to uncover differences in the assessment of emotional and conduct problems between mothers and children – in a first step, we show the effect of maternal depression on the mother-reported child well-being and compare the results in a second step with the effect of maternal depression on the children's self-reported conduct and emotional problems.

Model 1a and 2a in table 1 show the effect of maternal depression on the mother-reports of child well-being. Those models indicate that an increase in mother's depressive symptoms leads to significantly higher scores on the emotional problems $(b = 0.056; p < 0.001)$ and conduct problems $(b = 0.025; p < 0.05)$ scales when using mother-reports. In contrast, models 1b and 2b show that there is no significant effect of maternal depression on child well-being when using the children's self-assesment. Hence, an increase or decrease in maternal depressive symptoms does not yield higher emotional problems $(b = 0.029; p > 0.05)$ and conduct problems $(b = 0.014; p > 0.05)$.

Concluding, our findings indicate that there are vast differences between maternal evaluation and children's self-reports. The effect of maternal depression on child well-being varies greatly depending on the respondent – thus the effect of maternal depression on child well-

being is not as strong as earlier research indicated. Some studies already showed that the validity

of parental reports on child well-being is not always given (e.g., Waters, Stewart-Brown, &

Fitzpatrick, 2003; White-Koning et al., 2007). Depending on our findings it is advisable to

incorporate children's views to conduct more reliable research in the future.

Literature:

Elgar, F. J., Mills, R. S. L., Mcgrath, P. J., Waschbusch, D. A., & Brownridge, D. A. (2007). Maternal and paternal depressive symptoms and child maladjustment: The mediating role of parental behavior. Journal of abnormal child psychology, 35, 943-955.

Ferro, M. A., & Boyle, M. H. (2015). The impact of chronic physical illness, maternal depressive symptoms, family functioning, and self-esteem on symptoms of anxiety and depression in children. Journal of abnormal child psychology, 43, 177-187.

Goodman, R. (1997). The strengths and difficulties questionnaire: A research note. The Journal of Child Psychology and Psychiatry, 38, 581-586.

Lehr, D., Hillert, A., Schmitz, E., & Sosnowsky, N. (2008). Screening depressiver störungen mittels allgemeiner depressions-skala (ads-k) und state-trait depressions scales (stds-t). Diagnostica, 54, 61-70.

Maselko, J., Sikander, S., Bangash, O., Bhalotra, S., Franz, L., Ganga, N., Rajan, D. G., O'donnell, K., & Rahman, A. (2016). Child mental health and maternal depression history in pakistan. Social psychiatry and psychiatric epidemiology, 51, 49-62.

Ringoot, A. P., Tiemeier, H., Jaddoe, V. W., So, P., Hofman, A., Verhulst, F. C., & Jansen, P. W. (2015). Parental depression and child well-being: Young children's self-reports helped addressing biases in parent reports. Journal of clinical epidemiology, 68, 928-938.

Waters, E., Stewart-Brown, S., & Fitzpatrick, R. (2003). Agreement between adolescent self-report and parent reports of health and well-being: Results of an epidemiological study. Child Care Health and Development, 29, 501-509.

White-Koning, M., Arnaud, C., Dickinson, H. O., Thyen, U., Beckung, E., Fauconnier, J., Mcmanus, V., Michelsen, S. I., Parkes, J., Parkinson, K., Schirripa, G., & Colver, A. (2007). Determinants of child-parent agreement in quality-of-life reports: A european study of children with cerebral palsy. Pediatrics, 120, e804-814.

Tables:

Table 1. *Predictors of Changes in SDQ for Children (N = 6,814 observations).*

Variable	Emotional problems				Conduct problems			
	Model 1a mother report		Model 1b child report		Model 2a mother report		Model 2b child report	
	b	SE	b	SE	b	SE	b	SE
Depression (mother)	0.056 ***	0.015	0.029	0.016	0.025 *	0.010	0.014	0.011
Age of child[a]								
10 to 14 years	-0.019 *	0.009	-0.080 ***	0.011	-0.008	0.007	-0.050 ***	0.008
15 years and older	-0.082 ***	0.018	-0.067 **	0.021	-0.038 **	0.013	-0.079 ***	0.014
Number of children in household[b]								
2 children	-0.034	0.042	0.046	0.036	0.010	0.031	0.013	0.030
3 children or more	-0.001	0.049	0.091	0.049	0.040	0.037	0.010	0.045
Educational level (mother)[c]								
lower	-0.171	0.106	0.129	0.071	-0.056	0.050	-0.032	0.046
upper	-0.034	0.087	0.023	0.087	-0.017	0.050	0.002	0.068
Married or not[d]	0.016	0.042	0.105 *	0.042	0.034	0.034	-0.004	0.031
Employment status[e]								
not employed	0.037 *	0.016	0.034	0.021	0.001	0.012	0.026 *	0.012
full-time	-0.040 *	0.018	-0.036	0.020	-0.003	0.011	-0.013	0.013
overwork (> 44 hours weekly)	-0.054 *	0.027	-0.002	0.035	0.033	0.024	-0.004	0.021
Constant	0.330 ***	0.054	0.417 ***	0.053	0.282 ***	0.037	0.311 ***	0.045
R² (within)	0.014		0.021		0.005		0.015	

Note: Clustered fixed effects regressions. * $p<0.05$, ** $p<0.01$, *** $p < 0.001$.
[a] Ref.: younger than 10 years. [b] Ref.: 1 child. [c] Ref.: intermediate. [d] Ref.: Married. [e] Ref.: Employed part-time.