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Social-emotional wellbeing from childhood to early adolescence

The benefits of supporting parents

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Overview

This research brief presents key findings from the exploratory analyses of data from *Growing Up in Australia*: The Longitudinal Study of Australian Children (LSAC). We investigated the role of parenting, parents' mental health and parents' health behaviours on the social-emotional wellbeing of their children between the ages of four and 13 years old.

It is important to note that, although fathers' health and parenting practices do matter, the focus of this brief is largely on maternal health and parenting due to a relative lack of detail regarding resident fathers among LSAC study children. This research was conducted by the Australian Institute of Family Studies (AIFS) for Emerging Minds: National Workforce Centre for Child Mental Health.

Key messages

- Children's social-emotional wellbeing is supported by regular warm and consistent parenting and less hostile parenting.
- Hostile parenting has the greatest negative impact on children's social-emotional wellbeing, especially in relation to conduct problems.
- Children's social-emotional wellbeing can be improved at any stage during childhood.
- Mothers' mental health matters for children. Looking after mums' psychological wellbeing can significantly improve children's social-emotional outcomes.
- Even during difficult family circumstances, children's social-emotional wellbeing is promoted when parents receive support to achieve and maintain good mental health and to implement warm and consistent parenting practices.

Background

Child mental health is a significant public health issue in Australia. In 2013–14, nearly 14% of children and adolescents aged 4–17 had a mental health condition (Lawrence et al., 2015).

Poor mental health in childhood can affect development and wellbeing. For example, children with common emotional or behavioural problems – *not necessarily at clinical levels* – have shown lower academic achievement during primary school compared to those without such difficulties, particularly among boys (Mundy et al., 2017).

Children's social-emotional adjustment is influenced by a variety of elements, including the characteristics of the child, their parents and the home environment. Research has shown that factors such as 'harsh' parenting and parents' mental health problems are associated with the persistence of childhood mental health conditions into adolescence (O'Conner et al., forthcoming).

Implications: by supporting parents we support children

The findings confirm that children achieve better social-emotional outcomes when parents are mentally healthy and practice positive parenting. The capacity of parents to support their child's development and social-emotional wellbeing can be compromised when families experience difficulties such as financial stress, unemployment or poor physical health. These life circumstances also make it harder for parents to stay mentally healthy. Practitioners can help to promote children's social-emotional wellbeing by giving parents the support they need to achieve and maintain good mental health, and to implement warm and consistent parenting practices, especially when circumstances are difficult.

Children's social-emotional wellbeing encouraged by warm and consistent parenting

Positive maternal parenting behaviours, including warmth, consistency and low frequency of hostile parenting, had a significant positive impact on children's social-emotional outcomes, as measured by the Strength and Difficulties Questionnaire (SDQ; Box 1).

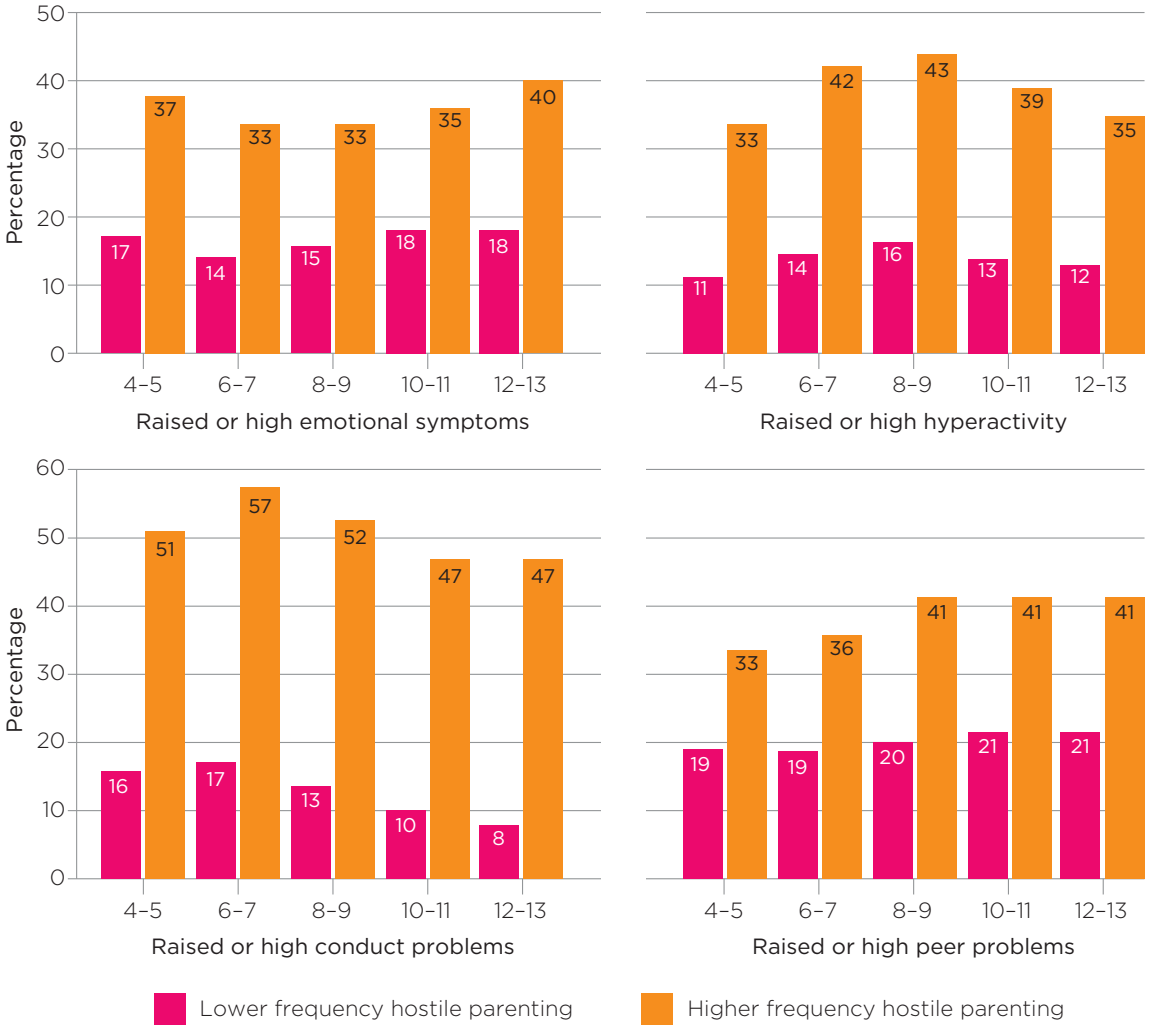
Specifically, children who experienced a) regular warm parenting (e.g. hugging or holding by a parent for no particular reason, warm and close experiences with a parent), b) low levels of inconsistent parenting (e.g. a lack of appropriate discipline), or c) low levels of hostile parenting (e.g. being angry when disciplining a child, telling a child they are bad or not as good as others) were less likely to be at risk of social-emotional problems.

Box 1: Children's social-emotional wellbeing

Children's social-emotional wellbeing was assessed using primary carers' responses to the SDQ at each LSAC interview. The SDQ identifies problematic emotions and behaviours across a range, from 'normative' to 'highly elevated' (Stone et al., 2010). It includes five sub-scales: four 'problem' sub-scales – *emotional symptoms, conduct problems, hyperactivity and peer problems* (which form the total difficulties score) – and a '*prosocial behaviour*' scale. For each sub-scale, cut-points indicate where there is elevated risk of clinically significant symptoms (Australian Mental Health Outcomes and Classification Network, 2005). A '*total difficulties*' score can also be calculated to indicate the likelihood of experiencing social-emotional problems overall; total difficulties scores below 14 (and below 13 at age 4–5) are close to average.

As children were growing up, most experienced warm and consistent parenting and infrequent hostile parenting behaviours; however, those who experienced more hostile maternal parenting were at greater risk of elevated social-emotional problems at all ages, especially for conduct problems (Figure 1).

Figure 1: Percentage of children with elevated social-emotional symptoms, by frequency of hostile parenting (age 4–5 to 12–13)



Note: Differences between lower and higher frequency hostile parenting are statistically significant for all outcomes, at every age.

Source: LSAC B cohort, age 4–5 to 12–13, unweighted. *n* between 3,219 (age 12-13) and 4,150 (age 6-7).

Mothers' mental health matters for child wellbeing at every age

Box 2: Parental mental health and substance use

Parental mental health was assessed using the Kessler 6 Psychological Distress Scale (Kessler et al., 2003). Standard cut-points classify respondents into low, moderate and high levels of distress.

Problematic alcohol use was defined as engaging in heavy daily alcohol consumption (5+ drinks for men; 3+ for women) or frequent binge drinking (7+ drinks in a sitting for men; 5+ for women, and at least twice per month).

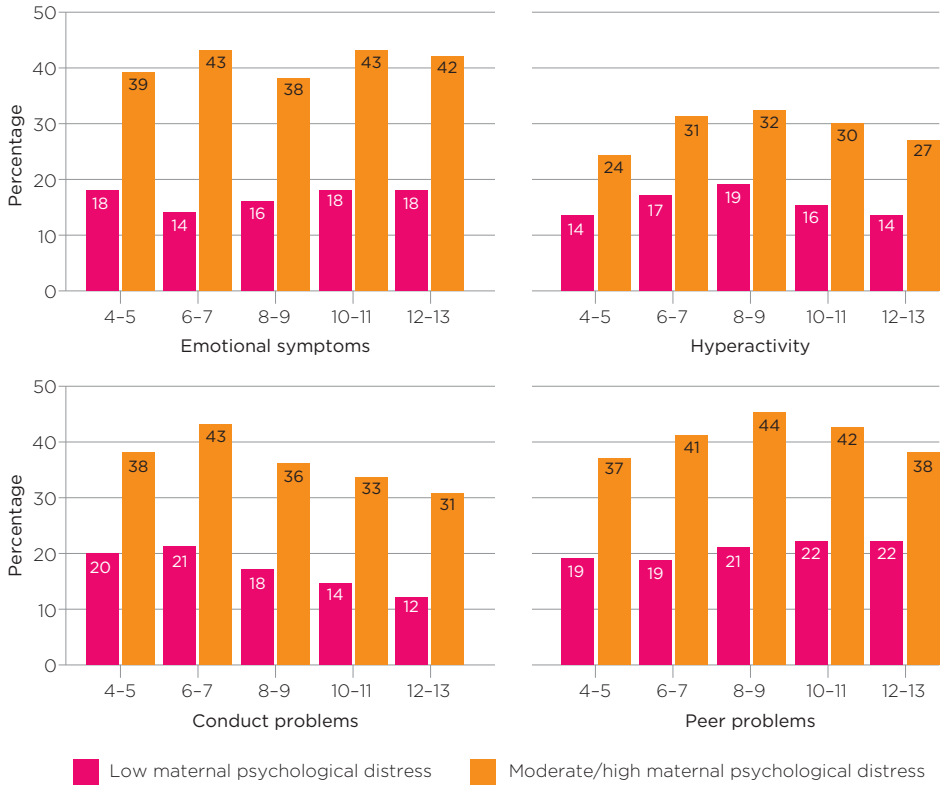
Most parents reported positive mental health and positive health behaviours (Box 2). However, children whose mothers experienced moderate or high levels of psychological distress were more likely to be at elevated risk of social-emotional difficulties at every age, compared to children whose mothers experienced low levels of psychological distress (Figure 2).

For example, as shown in Figure 2, among children aged 12–13 whose mothers experienced low psychological distress:

- 18% had elevated emotional symptoms, compared with 42% of those whose mothers experienced moderate or high distress
- 14% had elevated hyperactivity, compared with 27% whose mothers had moderate or high distress
- 12% had elevated conduct problems, compared with 31% whose mothers had moderate or high distress
- 22% had elevated peer problems, compared with 38% whose mothers had moderate or high psychological distress.

In addition, after taking into account other factors that could influence social-emotional wellbeing, such as socio-economic status, parents' physical health, children's physical health, and family structure, total difficulties scores (Box 1) were lower among children whose mothers had low levels of psychological distress.

Figure 2: Children with elevated social-emotional symptoms, by maternal psychological distress (age 4–5 to 12–13)



Note: Differences between low maternal psychological distress and moderate or high maternal psychological distress are statistically significant for all outcomes, at every age.

Source: LSAC B cohort, age 4–5 to 12–13, unweighted. *n* between 3,210 (age 12-13) and 4,141 (age 6-7).

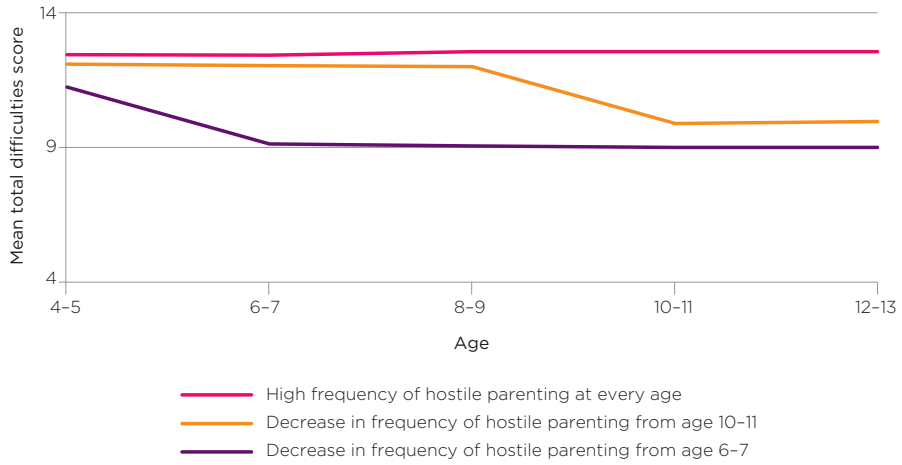
Social-emotional wellbeing can be changed at any stage

Increasing the regularity of warm and consistent parenting, as well as reducing the occurrence of hostile parenting, can improve children's social-emotional wellbeing at any age during childhood and early adolescence. For example, a decrease in the frequency of hostile parenting practices following age 4–5 resulted in a sustained reduction in (i.e. better) total difficulties score from age 6–7 onwards (Figure 3). Similarly, a decrease in frequency of hostile parenting practices after age 8–9 resulted in a sustained reduction in total difficulties score at ages 10–11 and 12–13 (Figure 3).

This indicates that modifying parenting practices at any stage can lead to better social-emotional outcomes over the long term. Overall, findings indicated that children's social-emotional wellbeing was best when they:

- experienced warm parenting behaviours 'nearly always' or 'always' (and at least 'often' for children aged 12–13)
- experienced inconsistent parenting behaviours 'less than half the time'
- experienced hostile parenting behaviours 'less than half the time'.

Figure 3: Predicted total difficulties scores by frequency of hostile parenting



Source: LSAC B cohort, age 4–5 to 12–13. Predicted values using mixed effects models. Control variables set to their actual values.

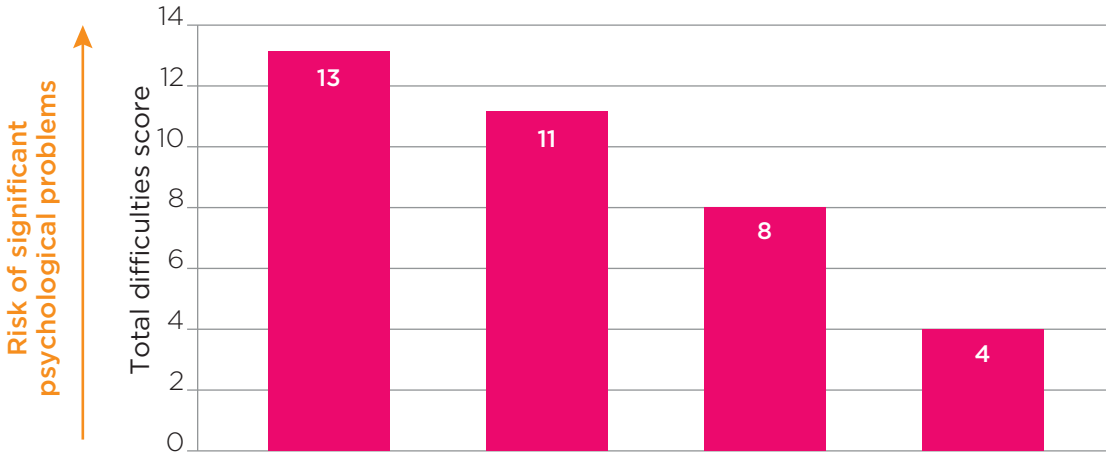
Specifically, a change to more warm and consistent parenting and less hostile parenting at any age during childhood or early adolescence reduced the risk of children experiencing social-emotional problems.

Positive parenting practices can ease effect of suboptimal home environments

Figure 4 illustrates the difference in children's total difficulties scores by parenting behaviours and parents' mental health and health behaviours. Some children experienced suboptimal home environments, including parental psychological distress and substance use. Even in this context, children who experienced warm and consistent parenting and low hostility had better social-emotional outcomes. They had a lower score for total difficulties than those who experienced less warm and more inconsistent and hostile parenting (scores of 8 and 13, respectively).

Therefore, despite poor parental mental health and substance use, children's social-emotional outcomes are better when parenting practices are positive, warm and consistent.

Figure 4: Total difficulties score at age 12–13, scenarios



Parenting behaviours	**Warmth**	Low	Low	High	High
	Consistency	Low	Low	High	High
	Hostility	High	High	Low	Low
Parental risk factors	**Psychological distress**	High	Low	High	Low
	Smoking	Yes	No	Yes	No
	Use of alcohol	Yes	No	Yes	No

Note: Predicted values from mixed effects models controlling for children's and parents' socio-demographic characteristics, family structure, and parents' and children's physical health. Based on mother's parenting and health.

Source: LSAC B cohort, age 0–1 to 12–13

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Acknowledgements

The research presented in this paper was commissioned by Emerging Minds through the National Workforce Centre for Child Mental Health. The National Workforce Centre for Child Mental Health is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program. The Parenting Research Centre fulfilled the role of Contract and Project Manager for this work in collaboration with the Australian Institute of Family Studies (AIFS). *Growing Up in Australia*: The Longitudinal Study of Australian Children is conducted in partnership between the Department of Social Services (DSS), AIFS and the Australian Bureau of Statistics (ABS). The views reported in this report are those of the authors and should not be attributed to DSS, AIFS, ABS, PRC or Emerging Minds.