

Study shows mental health, support key in parental neglect

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Substance use disorder has long been considered a key factor in cases of parental neglect. But new research from the University of Kansas shows that such substance abuse does not happen in a vacuum. When examining whether parents investigated by Child Protective Services engaged in neglectful behaviors over the past year, a picture emerges that suggests case workers should look at substance misuse within the

context of other factors, like mental health and social supports, to better prevent child neglect and help families.

KU researchers analyzed data of parents investigated for neglectful [behavior](#) toward children aged 2-17 and gaged the level of their substance use as well as if they met the criteria for [clinical depression](#). Researchers also studied whether parents had positive social supports such as friends or family, help with children or financial assistance. The results showed that the relationship between parental substance use behaviors and neglect behaviors varied depending on whether the parent was also experiencing clinical depression in the past year and the types of social supports present in their life. For example, substance use disorder among parents with no co-occurring clinical depression contributes to higher annual neglect frequencies compared to substance use disorder among parents with co-occurring clinical depression.

"Substance use may matter differently across different contexts. When a parent is already experiencing clinical levels of depression, does substance misuse exacerbate already present neglect behaviors? Nobody really knows; the evidence is mixed," said Nancy Kepple, associate professor of social welfare at KU and lead author of the study. "This study is a part of building a case that it's not one single story when it comes to thinking about how parental substance use is associated with neglectful behaviors."

The study, co-written with recent KU doctoral graduate Amittia Parker, was published in the journal *Children and Youth Services Review*.

The study analyzed data from 3,545 parents of children from Wave 4 of the National Survey of Child and Adolescent Well-Being. Parents in the survey reported their levels of substance use as well as symptoms of depression and data on different types of social supports. Previously, little research had been done on the interaction of substance use, clinical

depression and social support for parental neglect, as substance use has been viewed as the primary factor in such behaviors. Neglect is a difficult topic to study, Kepple said, as it is the omission of a behavior—providing care and basic needs for a child—as opposed to enacting physical or emotional harm.

Findings showing that the presence of clinical depression and varying types of social support alters the established relationship between substance use disorder and [child neglect](#), suggesting that treatment should look beyond simply promoting abstinence among parents misusing alcohol and other drugs, the researchers said.

For parents without clinical depression, the types of social support alone did not explain neglectful behaviors. But, for their counterparts, it did. Parents experiencing clinical depression were associated with lower neglect frequency when they had people present in their life who they perceived could help raise their children, but those who reported having more friends to spend time with socially had higher rates of neglect.

"For parents who have clinical depression, their substance use does not seem to have as large of an effect if they have social supports that can provide tangible resources to help care for the child," Kepple said.

"Interestingly, having more people to spend time with and who can pull parents out of their home may create opportunities for neglect. People in our lives can pull us away from our responsibilities as much as they can help us navigate through challenges."

The relationship between substance use and social supports is more complicated for parents with no co-occurring clinical depression. Social companionship could be protective or risky, depending on the type of substance use behaviors that a parent reported. For example, the study found neglect rates were comparable among parents reporting no people in their lives who provided opportunities for recreational activities,

regardless of substance use behaviors. In contrast, researchers observed higher neglect risk for parents reporting either harmful/risky substance use or substance use disorders for parents reporting one to two people providing social companionship. Yet, findings showed parents reporting three or more sources of social companionship only increased neglect risks for the subsample of parents reporting past year substance use disorder.

Kepple said future research will further examine the types of social interactions parents have with individuals within their social networks and how that influenced neglectful or harmful behaviors. She also plans to work with parents in recovery from prior [substance use disorder](#) to understand how their experiences in recovery services and communities have affected their parenting.

Study results show the importance of not simply relying on a single factor to make determinations in services or treatment for parents who have neglected or are at risk of neglecting their children. To better serve families, evaluating the big picture, including factors like clinical [depression](#), social supports and substance use is necessary, researchers argue. It may require more time, resources and clinical thinking; the data supports modern interventions that are providing comprehensive services that support recovery and well-being of [parents](#) to address [neglect](#) behaviors.

"Neglect is highly contextual," Kepple said. "There are lots of reasons it might be occurring, and that's what we need to understand and further explore. We can't just say 'there's [substance misuse](#), that's a problem,' or 'they have social support, that's good'. When you break these things down, context matters. These findings suggest an individualized plan is likely the best plan, given the complex interactions that are occurring among different risk and protective factors. If systems mandate a parent remain abstinent from alcohol or substance use without addressing

underlying mental health or social supports needs, we are not addressing the whole picture."

More information: Nancy J. Kepple et al, Examining unique substance-related risk profiles for neglectful behaviors among parents with and without clinical depression, *Children and Youth Services Review* (2021). [DOI: 10.1016/j.chidyouth.2021.105987](https://doi.org/10.1016/j.chidyouth.2021.105987)

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