



Parental Mental Health Issues and Child Mental Well-being: the Moderating Role of Emotional and Community Support for Parents

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Abstract. Existing research has shown that parental mental health issues increase the risk for children's mental well-being [1][2]. However, little research has focused on supporting caregivers' mental well-being and sequentially reducing risk for youth. Large-scale data analysis was conducted on the subsample (N=34,579) of parent-child dyads from the 2020 National Survey of Children's Health (NSCH) to examine if emotional and community support for parents moderate the relationship between parental mental health and children's psychological outcomes. Findings confirmed that parental mental health distress predicted children's mental health problems. The number of emotional support sources parents have positively associated with children's presence of mental health issues, but no moderating effect was found. Furthermore, when parents were confident about where to get community help, the parent's mental health distress had a weaker association with children's presence of anxiety, depression, and behavioral problems. When parents reported more distress, parent's confidence in finding community help had even more buffering effects on children's mental health. Such buffering effects on children's mental health call for more community resources and support for caregivers who were suffering from mental health issues.

Keywords: Parental mental health, Child mental health, Community Support, Emotional Support

1 Introduction

Mental health has been considered one of the most devastating issues in the United States, nearly one in five adults suffers from mental illness, and less than half (46.2%) of them received mental health services [3]. Many of these adults suffering from mental illness are also parents. Worldwide, one in five children lives in a family with at least one caregiver suffering from mental health issues [4]. Ample prior research showed that living with parental mental health issues tremendously increases the risk for children's mental issues [1][2]. Children of parents with poor mental health are twice as likely to exhibit problematic behaviors and deficits in social and academic functioning [5]. Children who have parents with mental health problems are also more likely to develop depression [6] and anxiety [7] issues. Based on the study conducted by Van

Loon and colleagues in 2014, children experience a more negative family environment (a lower level of cohesion but a higher level of conflict) and receive less parental support from parents with mental illness, compared to parents without such issue [8]. Longitudinally, adults with childhood experiences of living with poor parental mental health have greater distress; these childhood experiences make them more likely to develop further mental problems in adulthood [9].

It is important to recognize that not all children who were exposed to parental mental illness sequentially develop maladjustment issues. Despite the increased risk of living with parental mental issues, some youths were able to maintain positive adaption [10] and stay resilient. In the field of studying transmission from parental mental health to children's mental health, there has been a lot of research on the antecedents and consequences of protective factors in youth mental health. Research on psychological stress and ways how children cope with stress attracted a lot of attention [11] and in contrast, there has been relatively little attention on caregiver's well-being and its potential protective influence on children. An earlier review of intervention studies for youth with depression found that only 3 of 14 interventions included a family component [12]. Less research has examined the role of parent's mental illness and the social and emotional support parents received on children's mental issues [13]. Despite being understudied, family dynamic and caregiver well-being are critical to youth's resilience in relation to stress and health; and a family's ability to withstand adversity buffers stress and increases adaption for each family member including the children [14][15].

Previous studies have identified social-emotional support as one of the most influential resources parents could utilize to support youth with mental illness [16]. Social-emotional support often facilitates caregivers' access to services and resources in the community, which is critical for the family's recovery from mental health struggles. A large-scale study of 1216 families in the US found that the onset of toddlers' behavior problems was significantly lower when their depressed mother receives social and emotional support [17]. When caregivers are emotionally supported, they are more functional in managing their own emotional distress as well as children's mental health. Social-emotional help from others may also match a family's specific needs such as increased childcare support and more access to services, or this help is offered by others in a form of providing caregivers with a listening ear, parenting advice, and a sense of belonging.

Community is also an irreplaceable part of the support system of families and youth. In families with mentally ill children, researchers found community support plays a vital role in influencing family function and caregivers' mental health [18][19], and parenting distress were affected by the degree of community support available [20]. Other than providing substantive resources such as psychoeducation programs and local services to mitigate the actual needs of parents, feelings of hope are also a part of the community support. Even perceived availability of community resources and social support helped to improve parent's physical endocrine levels and significantly reduce stress in parents of children with autism and attention deficit hyperactivity disorder (ADHD); the perception of help leads to better family mental health and family functioning at home [21]. Feelings of isolation, not knowing where to find help, stigma, and emotional burden are frequently and cross-culturally reported by caregivers; feelings

of hope and confidence in knowing where to get help are critically protective factors for families when facing mental health challenges [22][23]. Based on the studies reviewed above, both social-emotional and community support for caregivers have the potential to serve as protective factors for parent-child dyads who are facing intergenerational transmission of mental health issues.

Ample research had already revealed that children of parents who have mental health issues are at a higher risk of developing both emotional and behavioral issues, but less is known about what moderates this transmission, especially regarding supportive resources for caregivers. External support resources like emotional support and community support could likely play a significant role in moderating the relationship of how parent's mental health influences children's mental health. This study aimed to examine whether emotional support and community support could buffer the negative effects of parent's mental health issues on children's mental health conditions. In the current study, parent's and children's mental health conditions were reported by parents. Children's lifetime presence of depression, anxiety, and behavioral problems were collected, which were selected based on the representativeness and prevalence of children's mental health issues in the United States. According to a recent report from the Centers for Disease Control and Prevention, ADHD (9.8%), anxiety (9.4%), depression (4.4%), and behavioral problems (8.9%) are the top four most commonly diagnosed mental health issues in youth in the United States [24]. This study hypothesizes that parent's mental health would predict children's lifetime presence of mental health disorders including depression, anxiety, and behavioral problems. Emotional and community support for the parent would each moderate the predictive effects of the parent's mental health on children's lifetime presence in mental health disorders.

2 Method

2.1 Overview

The data was derived from the 2020 National Survey of Children's Health (NSCH), which was collected from June 2020 to January 2021. NSCH is a US population-based national sample survey of households with children aged from 0-17 years, primarily sponsored by the United States Department of Health and Human Services (HHS), Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB). Over 240,000 selected addresses that expected to have a child under 18 years old received instructions in the mail to complete the 2020 NSCH via paper, phone, or internet. Participating families completed one of the three age-specific questionnaires based on the age of the sampled child, and received \$0 - \$5 incentives. The detailed methodology used in this study and the original survey data can be found publicly available online at <https://www.census.gov/programs-surveys/nsch/data/datasets.html> [25].

2.2 Participating children

The current study focused on the children's lifetime presence of mental health disorders and the relation to their parent's mental health. Therefore, the present analysis was based on those who reported parental mental health and child variables such as child depression, child anxiety, and child behavioral problems. A total of 34579 participating parent-child dyads were included in the study, 17824(51.55%) children were males and 16755(48.45%) were females. Amongst the total participating children, 301(0.87%) were American Indian or Alaska Native, 1933(5.59%) were Asian, 1809(9.25%) were Black or African American race, 215(0.62%) were Native Hawaiian and Other Pacific Islander, 2877 (8.32%) identified as two or more races, and 27444(79.37%) were white. The sample represented families with a male or female child who was on average approximately 9.15 years old ($SD = 5.24$). The majority of children were white and had two heterosexual parents whose highest education was a college degree.

2.3 Participating parents

Of all the participating parents, there were a total of 33107 (47.87%) male parents or caregivers, and 35870 (57.87%) female parents or caregivers. Among the total number of participating families, the majority of families reported having a pair of one male and one female caregiver (32558, 94.16%), some families reported two female caregivers (1609, 4.65%), a few families reported two male caregivers (247, 0.71%), other families reported single caregiver (149, 0.43%) or did not answer this question (16, 0.05%). This study included 611(1.77%) families who reported less than high school being the highest level of education, 3795(10.97%) families reported the highest level of education received is high school, 7290(21.08%) families reported having some college or associate degree, and 22883(66.18%) families reported having a college degree or higher among reported adults.

3 Measure

3.1 Overview

To measure children's mental health, this study used the children's lifetime presence of depression, anxiety, and behavioral problems. In the 2020 NSCH survey, children's depression, anxiety, and behavioral problems presences were measured by three sequential items; the first yes or no question addressed if the doctor or other health care provider ever told the caregiver this child has anxiety, depression, or behavioral or conduct problems. If the caregiver selected yes, the following yes or no questionnaire asked if the child currently has the condition. Finally, a ternary item asked about the problem severity, the response options were mild, moderate, or severe. For the main analysis of this study, the first yes or no question for lifetime disorder presence was used. The answer was recoded to 1 = yes and -1 = no.

3.2 Parent and children's mental health

The 2020 NSCH survey included one item for each participating caregiver to measure their mental health. The survey asked, "In general, how is your mental or emotional health?" The participants self-rated their mental or emotional health on a scale from 1 to 5 with 1 being excellent, 2 being very good, 3 being good, 4 being fair and 5 being poor. Considering there could be two parents from the same household participating, the average score was calculated for parents' self-reported mental health, resulting in only one composite score ranging from 1 to 5 for each participating parent-child dyad.

3.3 Parental support and resources

The 2020 NSCH measured parenting support the parent received by asking a series of questions starting with asking "during the past 12 months, was there someone that you could turn to for day-to-day emotional support with parenting or raising children?". If the parent answered yes, they would be directed to eight yes or no questions asking them to identify the sources of emotional support from support or advocacy groups, other family member or close friends, health care providers, counselors or mental health professionals, other person, peer support group, spouse or domestic partner, or place of worship or religious leader. This study calculated a composite score for parent emotional support by adding up the eight dichotomy questions answers. Each yes answer equals 1 point. Each item was given equal weight. If the participating parent answered no to the starting question, indicating that there is no one they could turn to for support, they receive a score of zero. The composite score for parental emotional support ranged from 0 to 8, with the mean of the parental emotional support score being 2.23(SD=1.54), indicating that on average parents would have around 2 to 3 sources they could turn to for emotional support.

Another item used for this study from the 2020 NSCH questionnaire was the measure of parents' knowledge about where to get help in the community. The item asked, "to what extent do you agree with these statements about your neighborhood or community? 'When we encounter difficulties, we know where to go for help in our community' ". The answers included "definitely agree", "somewhat agree", "somewhat disagree" and "definitely disagree". Modification of this item coding was applied to make it more intuitive: in reverse to the original scale, this study used a score of 4 for definitely knowing where to get help, 3 for somewhat knowing, 2 for somewhat not knowing, and 1 for definitely not knowing where to get help. After re-coding, the higher the score is, the more confident the parents were to find community support.

3.4 Covariates

The three covariates used in this study were selected to include the parent's highest educational background, and children's gender and age. For parent's educational background, the item asked "Highest level of education among Reported Adults". The answers to this question were "Less than high school", "High school (including vocational, trade, or business school)", "Some college or Associate Degree" and "College

degrees or higher”; correspondingly, each answer’s original number 1, 2, 3 and 4 were used for numerically coding in the data analysis. Children’s gender was dichotomously re-coded as 1 = male and -1 = female.

4 Results

In the current study, there were two central sets of analyses. First, a series of correlational analyses were conducted to investigate the associations between parent’s mental health and their reception of supportive resources (emotional support and community support), as well as children’s lifetime presence of depression, anxiety, and behavioral problems. Second, to elucidate the broader landscape of how parent’s reception of support influences the transmission between parent’s mental issues and children’s mental health issues, several multiple regression analyses were conducted via the structural equation modeling (SEM). The purpose of the second set of data analyses was to analyze the direct effect that emotional support and community support had on children’s mental health and to examine how emotional support and community support can moderate the relationship between parental mental health and children’s mental health.

4.1 Descriptive statistics for parents and child variables and the covariates

Characteristics of the selected population for the study are shown in Table 1. With 1 being the greatest and 5 being the poorest, the results showed that the average score for parent mental health was 2.18 ($SD=0.93$) with most parents reporting their mental health being very good (39.80%), good (26.30%), or excellent (25.80%). As stated above, a composite score was calculated for the number of emotional support sources the parents identified. The composite score was calculated by adding up the number of yeses in the item answers. The mean of the emotional support score was 2.34 ($SD=1.51$). Most parents reported having two (31.30%) or three (22.90%) sources of emotional support, or no sources of emotional support at all (16.20%).

Of the parents who reported whether they know where to get help in the community, over half of them definitely agreed that they know where to get help in the community (53.93%); about one-third of the parents appeared to be less sure about where to get help (34.52%), and the rest reported somewhat or completely not knowing where to get community help (11.55%). After re-coding children’s variables based on the protocol stated above, whereas -1 represents no and 1 represents yes for lifetime disorder prevalence, 4.60% reported yes to lifetime presence of depression, with the mean being -0.91 ($SD=.42$); 10.70% reported yes to anxiety, with the mean being -0.79 ($SD=.62$), and 7.70% reported yes to behavioral problems, with the mean being -0.85 ($SD=.53$).

Table 1. Descriptive Statistics for Parent and Child Variables and the Covariates

	N	Mean	SD	Percentage (%)
Parent variables				
Parent mental health	34579	2.18	0.93	100.00%
Parent emotional support	34197	2.34	1.51	98.90%
Community support	34347	1.61	0.78	99.33%
Child variables				
Child has depression	34500	-0.91	0.42	99.77%
Child has anxiety	34479	-0.79	0.62	99.71%
Child has behavioral problems	34491	-0.85	0.53	99.75%
Covariates				
Parent education background	34579			100.00%
Less than high school	611			1.77%
High school	3795			10.97%
Some college or Associate Degree	7290			21.08%
College degree or higher	22883			66.18%
Child age	34579	9.15	5.24	100.00%
Child gender	34579			100.00%
Male	17824			51.55%
Female	16755			48.45%
Child race	34579			100.00%
White	27444			79.37%
Black	1809			5.23%
AIAN	301			0.87%
Asian	1933			5.59%
Islander	215			0.62%
Mixed	2877			8.32%

Note. AIAN=American Indian or Alaska Native alone; Islander= Native Hawaiian and Other Pacific Islander alone; Mixed= Two or More Races; High school = including vocational, trade, or business school); For the three child variables, -1 = no, 1 = yes.

4.2 Correlation of variables

In Table 2, the correlations of the key variables of interest are presented. As expected, the parent's mental health distress was positively correlated with children's lifetime presence of depression, anxiety, and behavioral problems, $r_s > .14$, $p_s < .001$. The more the parents have mental health distress, the more likely the children had a lifetime presence of depression, anxiety, and behavioral problems. Unexpectedly, the parent's emotional support resources were positively correlated with the children's lifetime presence of depression, anxiety, and behavioral problems, $r_s > .04$, $p_s < .001$, such that the more emotional support sources the parents seek out, the more likely the children had malfunctioned mental health and behaviors. The correlation aligns with the expectation for parent's community support. The more certain the parents know where to get help in the community, the less likely the children report the presence of malfunctions in

mental health, $r_s > -.04$, $p_s < .001$. Knowing where to get community support also correlates with parent's own mental health; the more certain they know where to get help, the less likely they report being distressed, $r = -.24$, $p < .001$. Another covaries that was found to be correlated with parent's mental health was their educational attainment; the more education parents receive, the less likely they would have mental health issues, $r = -.07$, $p < .001$.

The benefit of parental education attainment is also shown in its correlation with children's mental health: the more education the parents attained, the less likely the children to report depression and behavioral problems, $r_s < -.03$, $p_s < .001$; but such associations were not found among children's anxiety problems, $r = -.01$, $p = .27$.

Table 2. Correlations of Parent Variables, Child Variables, and Covariates

	1	2	3	4	5	6	7	8
Parent variables								
1. Parent mental health	--							
2. Parent emotional support	-0.01	--						
3. Community support	-0.24***	0.15***	--					
Child variables								
4. Child Depression	0.14***	0.04***	-0.05***	--				
5. Child Anxiety	0.17***	0.07***	-0.04***	0.50***	--			
6. Child Behavioral problems	0.15***	0.04***	-0.08***	0.23***	0.31***	--		
Covariates								
7. Parent education background	-0.07***	0.12***	0.09***	-0.03***	-0.01	-0.04***	--	
8. Child age	-0.01	-0.09***	0.05***	0.21***	0.23***	0.09***	-0.05***	--
9. Child gender	0.00	0.00	0.00	-0.03***	-0.03***	0.11***	0.00	0.00

* $p < .05$. ** $p < .01$. *** $p < .001$.

4.3 Emotional support for parents as the moderator

To examine the associations between parental mental health and the children's adjustment outcomes and the potential of including parent's emotional support and parenting advice received as the moderators, the current study conducted multiple regression analyses using the lavaan package [26] in R (v. 4.2.0) to handle missing data with the full information maximum likelihood to reduce possible response bias [27].

The multiple regression model regarding parent's emotional support as the moderator, explained the 7.00% variance of children's depression, 9.30% variance of children's anxiety, and 4.90% variance of children's behavioral problems. Parental mental health was found to be significantly associated with children's mental health outcomes such as depression, anxiety, and behavioral problems above and beyond children's gender and parent educational attainment, $\beta_s > .14$, $p_s < .001$. With the parent's reception of emotional support being the moderator, parent's educational background predicted child depression and child behavioral problems, $|\beta_s| > .02$, $p_s < .001$. In addition,

emotional support for parents was also associated with all three children's mental health issues, $\beta_s > .06$, $ps < .001$. In general, more parent's educational attainment predicts a lower lifetime presence of child depression and behavioral problems but does not predict children's anxiety. The better the parent's mental health is, the less likely the children are to have depression, anxiety, and behavioral problems. In addition, the more emotional support parents have, counterintuitively, the more likely children are to report malfunctions in mental health.

The results of the current study suggested that parent's emotional support scores did not moderate the effects of parent's mental health issues on children's lifetime presence of depression, anxiety, or behavioral problems, $|\beta_s| < 0.01$, $ps > .05$, such that there is no difference of how parent's mental health distress influence the children's mental health problems, with or without emotional support for parents.

4.4 Community support as the moderator

As shown in Table 3, this model analyzed parent's confidence in finding community help to moderate the relationship between parent's mental health and children's mental health. The more parents know where to get community help, the less likely children report lifetime presence of depression and behavioral problems, $|\beta_s| > .02$, $ps < .001$. Similar to the last model, the parent's mental health distress was significantly associated with children's presence of mental health issues above and beyond children's gender and parent educational attainment, $\beta_s > .13$, $ps < .001$. With the parent's community support being the moderator, parent's educational background had a significant relationship with child anxiety and child behavioral problems, but in different directions. More parental attainment of education predicts less presence of child behavioral problems, $\beta = -0.03$, $p < .001$; in contrast, it predicts more presence of child anxiety, $\beta = 0.02$, $p < .001$. The multiple regression model with community support being the moderator explained a 6.80% variance in children's depression, 8.50% variance in children's anxiety, and 4.80% variance in children's behavioral problem.

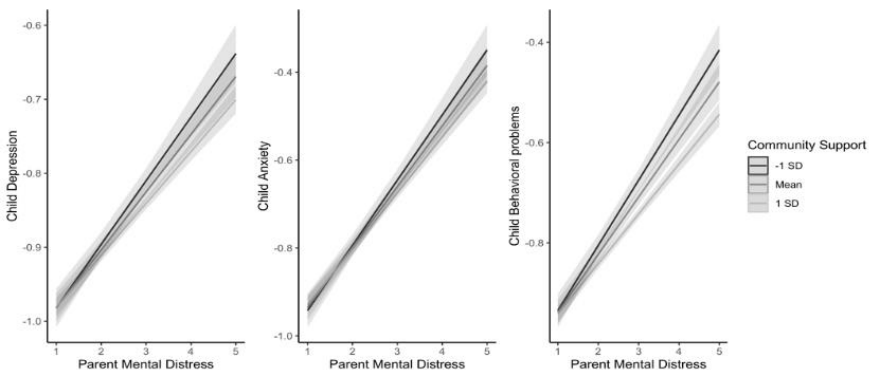


Fig. 1. Community support moderates the effects of parent's mental health distress on children's adjustment outcomes

Table 3. Multiple Linear Regression with Community support as the Moderator

	Child Depression			Child Anxiety			Child Behavioral Problems		
	b	SE	β	b	SE	β	b	SE	β
Covariates									
Parent education background	-0.01	0.00	-0.01	0.02	0.00	0.02***	-0.02	0.00	-0.03***
Child age	0.02	0.00	0.22***	0.03	0.00	0.23***	0.01	0.00	0.09***
Child gender	-0.01	0.00	-0.03***	-0.02	0.00	-0.04***	0.06	0.00	0.11***
Parent Variables									
Parent mental health	0.06	0.00	0.13***	0.11	0.00	0.17***	0.08	0.00	0.14***
Community support	-0.01	0.00	-0.02***	-0.01	0.00	-0.01	-0.03	0.00	-0.04***
Interaction	-0.01	0.00	-0.02***	-0.01	0.00	-0.02**	-0.02	0.00	-0.03***
Variance Explained (R^2)	6.80%			8.50%			4.80%		

* $p < .05$. ** $p < .01$. *** $p < .001$.

Note. Interaction = the interaction between parent mental health and parent emotional support.

Interactively, as shown in Figure 1, three significant buffering effects were presented between the predicting variables and the hypothesized moderators, $|\beta|s > .02$, $ps < .01$. As stated above, the study found that parent's mental health distress positively correlates with children's presence of mental health issues; and whether parents know where to get help moderates the slope of this relationship.

For child depression, when parents are confident in finding help (i.e., one standard deviation above the mean), $b(SE) = 0.05(0.00)$, $p < .001$. When parents don't know where to get help (i.e., one standard deviation below the mean), $b(SE) = 0.07(0.00)$, $p < .001$. For child anxiety, when parents are confident in finding help, $b(SE) = 0.10(0.00)$, $p < .001$, when parents don't know where to get help, $b(SE) = 0.12(0.00)$, $p < .001$. For child behavioral problems, when parents are confident in finding help, $b(SE) = 0.06(0.00)$, $p < .001$, when parents don't know where to get help, $b(SE) = 0.10(0.00)$, $p < .001$. In conclusion, when parents are confident about where to get community help (i.e., one standard deviation above the mean), the parent's mental health distress has a weaker association with children's presence of anxiety, depression, and behavioral problems.

5 Discussion

This study is one of the few national-level studies to systematically study the link and strength of how emotional and community support for parents may influence the intergenerational transmission between parents and children. The current study was built upon ample research regarding parent's mental health issues being influential in children's maladjustment in mental health. Parent's mental health issues lead to problematic parenting behaviors, and dysfunctional homes, and children who grow up in such families face an increased risk of long-term behavioral, social, emotional, and education difficulties [28][29][30], and emotional support for caregivers and community help are protective factors for family functions and improved family mental health for both children and caregivers [13][17] [22][23].

Aligning with previous research, the current study found that parental mental health distress predicts children's presence of mental health issues. As expected, more community support for parents predicts better mental health outcomes in children. This study also found that when parents know where to get community support, their unsatisfactory mental health impacts their children's mental health less. Unexpectedly, more emotional support for parents associates with more child mental health problems.

5.1 Covariates

With the correlational analysis, the current study found that girls are more likely to report having depression and anxiety compared to boys, while boys are more likely to report having behavioral problems compared to girls. This finding aligns with previous studies in this field [31][32]. For parenting-related variables, this study found that children's age negatively correlates with parent's reception of emotional support, but positively correlates with the occurrence of depression, anxiety, and behavioral problems; children's age also positively correlates with parent's confidence in knowing where to find community support. The increased confidence in finding community support for children's age may suggest that parents become more aware of what's available in the community as the children grow older. For emotional support, the finding may serve as the direction to promote continuous emotional support for caregivers, especially in the later years of raising the children, given that the parents may face more mental health challenges and receives less emotional support when the children grow older. In addition, previous studies have identified females as the main caregivers for most families [33][34], this finding may suggest that more support is needed especially for female caregivers.

5.2 Main effect

Overall, the finding of this study aligns with previous research and shows a strong connection between parental mental health distress and children's mental health issues. The magnitude of this effect is similar for children's depression, anxiety, and behavioral problems, this may be due to the high comorbidity of the three disorders in children: about 3 in 4 children with depression also had anxiety issues (73.8%), and about 1 in 2 had concerns with behavioral problems (47.2%) [35].

In addition, parent's mental health was found to have a slightly greater magnitude on children's lifetime presence of anxiety disorder. This could be due to that children's anxiety disorder has a strong relationship with all parental disorders (equifinality) [36]. In contrast, children's unipolar depression is most strongly related to parent's unipolar depression, and children's behavioral problems are most strongly related to parent's bipolar disorder [36]. It could be argued that children are more vulnerable to developing anxiety when facing and trying to make sense of parent's mental health issues. This helps to explain our finding that emotional support to parents has the strongest magnitude in lower risk for children's anxiety, possibly due to emotional support's nature of cohesion and a sense of community; it helps families to draw on others' experiences and resources to cope with difficulty [37]. Furthermore, the results suggest that when

parents have a higher level of education, children might be more vulnerable to developing an anxiety disorder, compared with depression and behavioral problems, especially with a moderator of community support. As shown in Tables 2 & 3, the correlation of this study has found that parent's educational attainment is significantly associated with a lower presence of children's depression and behavioral problems, but not on children's anxiety. Parental attainment of education may serve as a protective factor in children's depression and behavioral problems, but not for children's anxiety. An empirical study in Japan showed that parental education may positively associate with the onset of General Anxiety Disorder in Japanese men [48]. Furthermore, mental disorders increased the likelihood of teenagers choosing a vocational track in upper-secondary education, and this is especially true in youth with highly educated parents [39]. This finding may suggest that more studies are needed in the area of supporting anxious children of high-achieving parents.

5.3 Emotional support as the moderator

As expected, with parent's reception of emotional support being the moderator, parent's mental health distress was found to predict children's depression, anxiety, and behavioral problems. However, the emotional support parents have is found positively associated with children's presence of anxiety, depression, and behavioral problems; whereas the hypothesis speculated a negative correlation. The study found that the more emotional support the parents have, the more likely the children report mental health issues. This finding may be due to the way how this study calculated the total sources of parental emotional support.

In the study, the total number of emotional support sources was calculated and used as the variable. The eight emotional support sources listed on the questionnaire included four general support sources: family/friends, spouse, place of worship, and other sources. In addition, the questionnaire asked for answers from four specialized help sources: health condition support group, health care provider, counselor/mental health professional, and peer support group. Arguably, the latter four emotional support sources were more used when the family is already experiencing mental or medical illnesses. The positive correlation between parent's emotional support sources and children's mental health may suggest that the more medical or specialized support the parents have, the more likely the family is already facing adversities, and therefore more likely to already experience negative children's mental health outcomes. Further analysis confirmed this speculation. When the study only uses the answers for the four specialized emotional support sources in the SEM model (health condition support group, health care provider, counselor/mental health professional, and peer support group), emotional support has an even stronger positive correlation with children's presence of mental health problems, $\beta_s > .13$, $p_s < .001$.

Of all the races, white families on average report the most numbers of emotional support sources, and Asian families report the least numbers of emotional support sources. The moderating role of emotional support sources for parents in the parent-to-child mental health relationship was not found. According to the study's analysis, the emotional support parents have does not have an interactive effect in relation to

children's maladjustment. One possible explanation to account for this result is that in this study, the quantity of emotional support was calculated and used for analysis; and the items measure the sources of emotional support dichotomously. It might be the quality, not the quantity of the emotional support that parents receive to have an interactive role in parent-to-child mental health issue transmission.

5.4 Community support as the moderator

Other than emotional support to the parents, social and community support plays an even more important role in moderating the parent-to-child mental health correlation. This study found that parenting knowing where to get help in the community significantly associates with the children's depression and behavioral problems. The more community support the parent has, the less likely children are to report behavioral problems and depression. However, parents' community support resources do not correlate with the children's anxiety. This is possibly due to the interactive term accounting for a significant proportion of the effect, which overlapped when explaining community support's power in explaining child anxiety. Further analysis was done and found that without the interaction in the model, community support became significantly associated with anxiety.

With community support as the moderator, children's mental health tends to be less influenced by parent's mental health distress. As shown in Figures 1, the community support's buffering effect varies by context. For all three figures, with the presence of community support, the effects of parent's mental health on children's maladjustment tend to be less pronounced, compared to its absence; the buffering effect of community support is even stronger when parent's mental health worsens. When parents know where to get community help, the effects of parent's mental health distress on children are significantly lower. Community help to parents leads to differences in parent's mental health on children's anxiety, depression, and behavioral problems. Such differences are weaker when parent's mental health is better. This means that when the parent's mental health is reportedly better than average, the effects of community help are not significant to the child's anxiety, depression, and behavioral problems. When the parent's distress falls into the average range, community help significantly affects the child's anxiety, depression, and behavioral problems; its protective power on children becomes even stronger as the parent's mental health worsens. When parents have good mental health and report low distress, the children are already at low risk for mental health problems; therefore, community help does not influence children's mental outcomes in this situation. When parents are mentally struggling, the presence of community help for parents is a protective factor that helps children to lower the risk for negative outcomes.

Furthermore, there are significant differences in parent's confidence in finding community help regarding race. White families are more likely to report they know where to get community help, and black families are least confident in knowing where to get help. The current study identified the moderating role of parent's confidence in finding community support in children's mental health outcomes living with parental mental issues. When parents know where to get help in their community, the associations

between parent mental health issues and children's depression, anxiety, and behavioral problems are weaker, suggesting that community support could protect children and increase family function when facing parental mental issues.

6 Conclusion

The current research examined the role of emotional and community support for parents in moderating the relationship between parental mental health and children's psychological outcomes. Findings confirmed that parental mental health distress predicted children's mental health problems. The quantity of emotional support sources for parents positively associated with children's presence of mental health issues, but no moderating effect was found. Furthermore, when parents were confident about where to get community help, the parent's mental health distress had a weaker association with children's presence of anxiety, depression, and behavioral problems. When parents reported more distress, parent's confidence in finding community help had even more buffering effects on children's mental health. Such buffering effects on children's mental health call for more community resources and support for caregivers who were suffering from mental health issues. Future comparative studies are needed to address racial and ethnic differences and their roles in moderating parent-to-child mental health influences.

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