

Immigrant children's experiences of early life stress, supportive relationships, and long-term psychological wellbeing

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Background

Stressors associated with some children's migration experiences can result in poorer mental health functioning (e.g. Abdi, 2018; Kim et al., 2018).

- Known in the psychiatry of migration as a grief process—considered as a type of stress characterized by its intensity and length (Carta et al., 2005).
- Younger children at time of immigration do better (Beiser et al., 2013).

- ❖ Sense of relatedness with peers and parents can be important buffers for many psychological stressors (King, 2015)
- ❖ Immigrant children are less likely to report positive peer relationships at school (Molcho, Kelly, & Nic Gabhainn, 2010).
- ❖ Stressors experienced by parents can lead to higher conflict or estranged parent-child relations (Qin, 2009).

The Present Study

Growing Up in Ireland

The present study utilised longitudinal data collected as part of Growing Up in Ireland (GUI), the national study of children in Ireland. GUI began in 2006 and has over 20,000 cohort members. The Child Cohort data was analysed, which began with a nationally representative sample of 8,568 nine-year-old children recruited through Irish primary schools. Immigrant children represent 5.3% of this cohort, resulting in an available sample of 458 participants. Data from both Wave 1 (at nine years old) and Wave 2 (at 13 years old) were included in the investigation.

Immigrant Definition

The following variables were used to group participants into one of the three groups below:

- Variable MML51: Was the Study Child born in Ireland?
- Variable MML53: How long ago did the Study Child come to live in Ireland?

Three groups:

1. Native: Born in Ireland
2. Moved in infancy/early childhood: Not born in Ireland, moved before age five
3. Moved in middle childhood: Not born in Ireland, moved between the age of five and nine

Research Questions

- ❖ Do children who...

[are] Native born

Move in early childhood

Move in middle childhood

differ in terms of their

- experiences of early life stress (ELS)
- psychological wellbeing
- relationships with parents/peers?

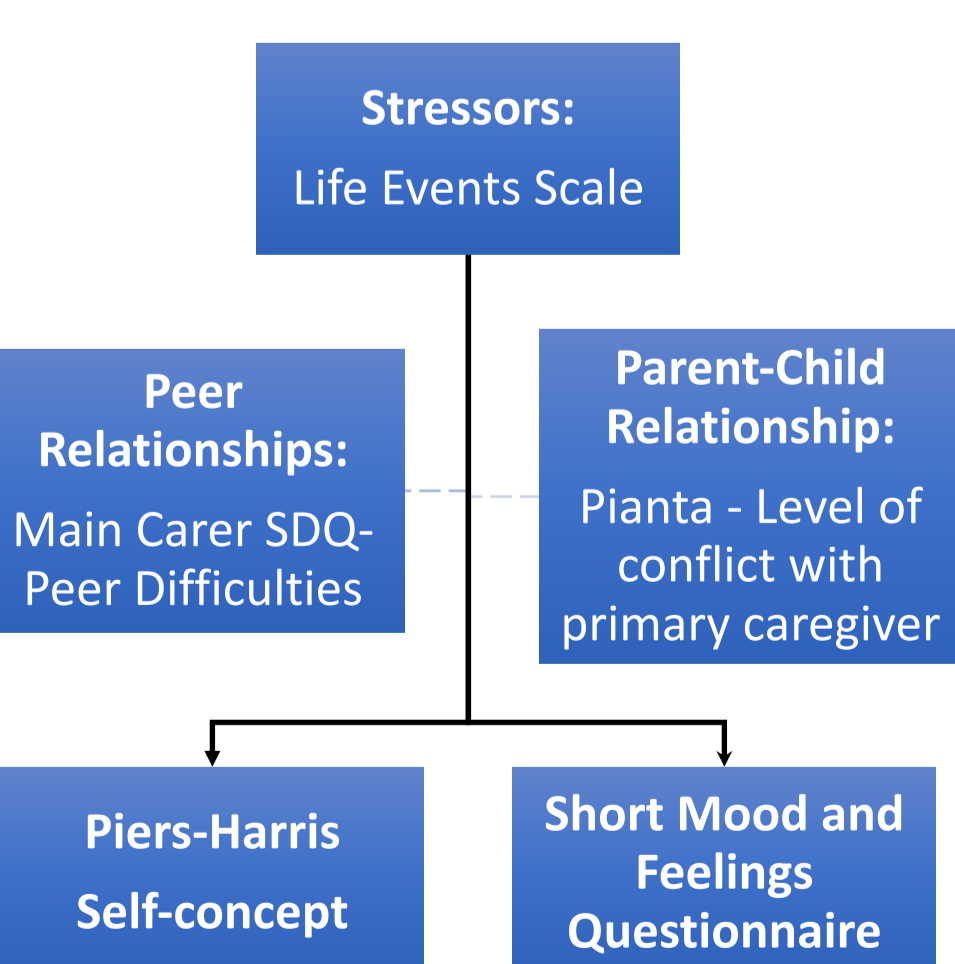
- ❖ How do relationships mediate the association between early life stress and later mental health functioning?

Methodology

The three groups were compared using results from the following measures:

Stressors were measured by the life events scale.

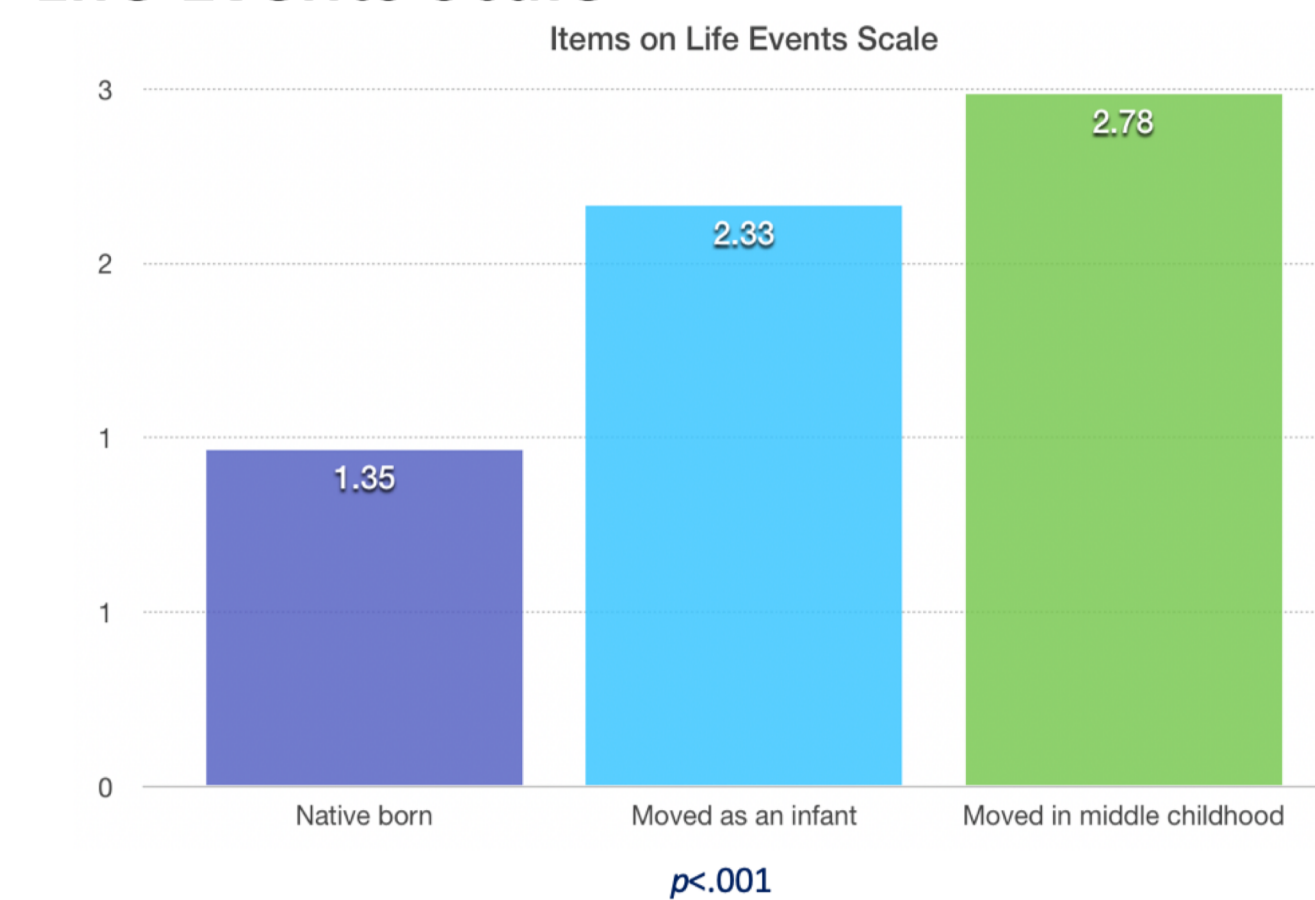
It was then investigated how this impacted self concept at age 9 and 13—as measured by the Piers-Harris Scale—and low mood and depressive symptoms at 13—as measured by the Short Moods and Feeling Questionnaire (SMFQ).



Potential mediators of this relationship were then looked into: Peer relationships—measured by the peer difficulties subscale of the Strengths and Difficulties Questionnaire (SDQ), and the Parent-Child relationship—measured by the level of conflict with primary caregiver subscale of the Pianta Scale.

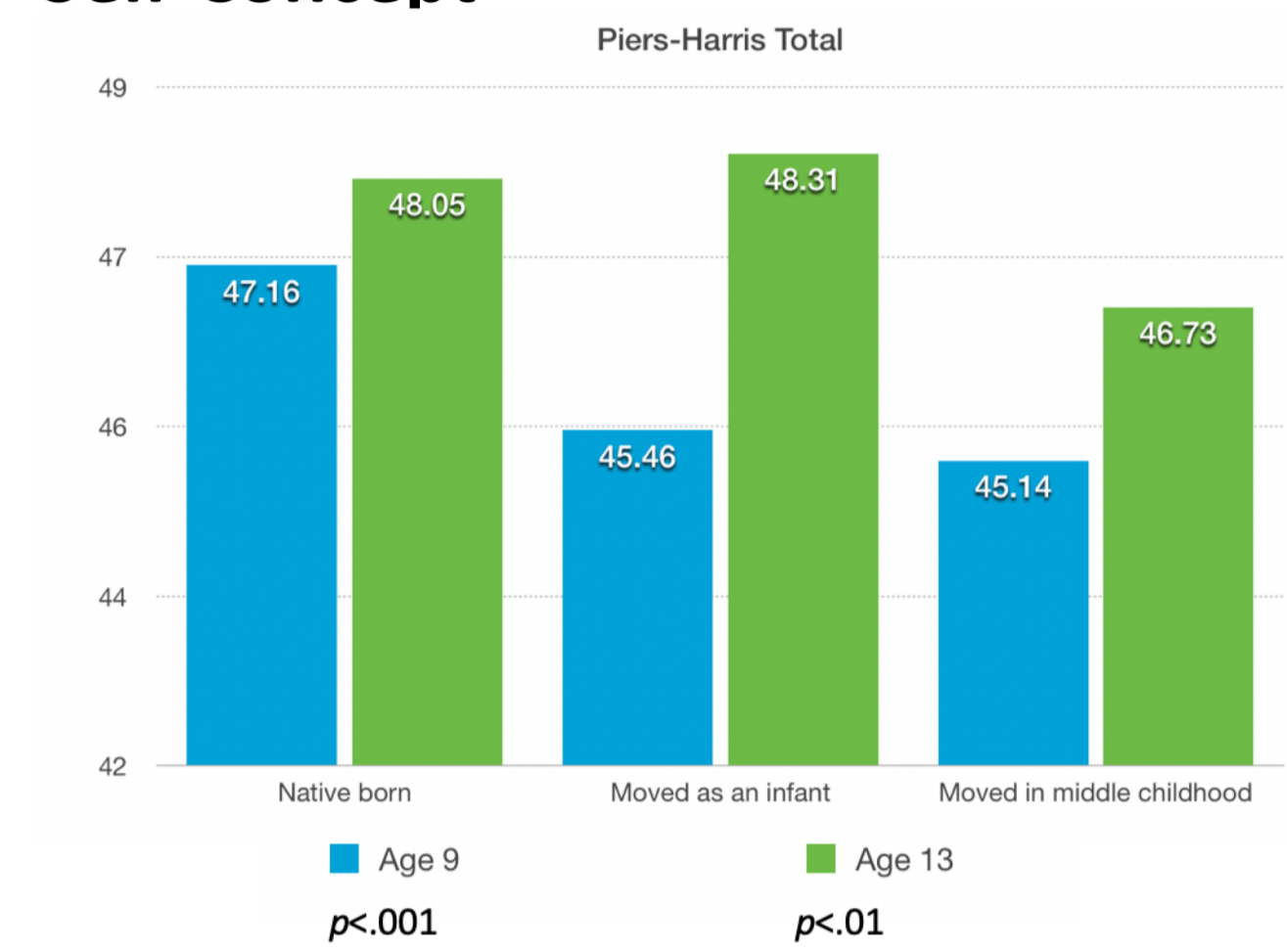
Results: Primary Analysis

Life Events Scale



A higher score indicates more stress experienced. All three groups are significantly different from each other.

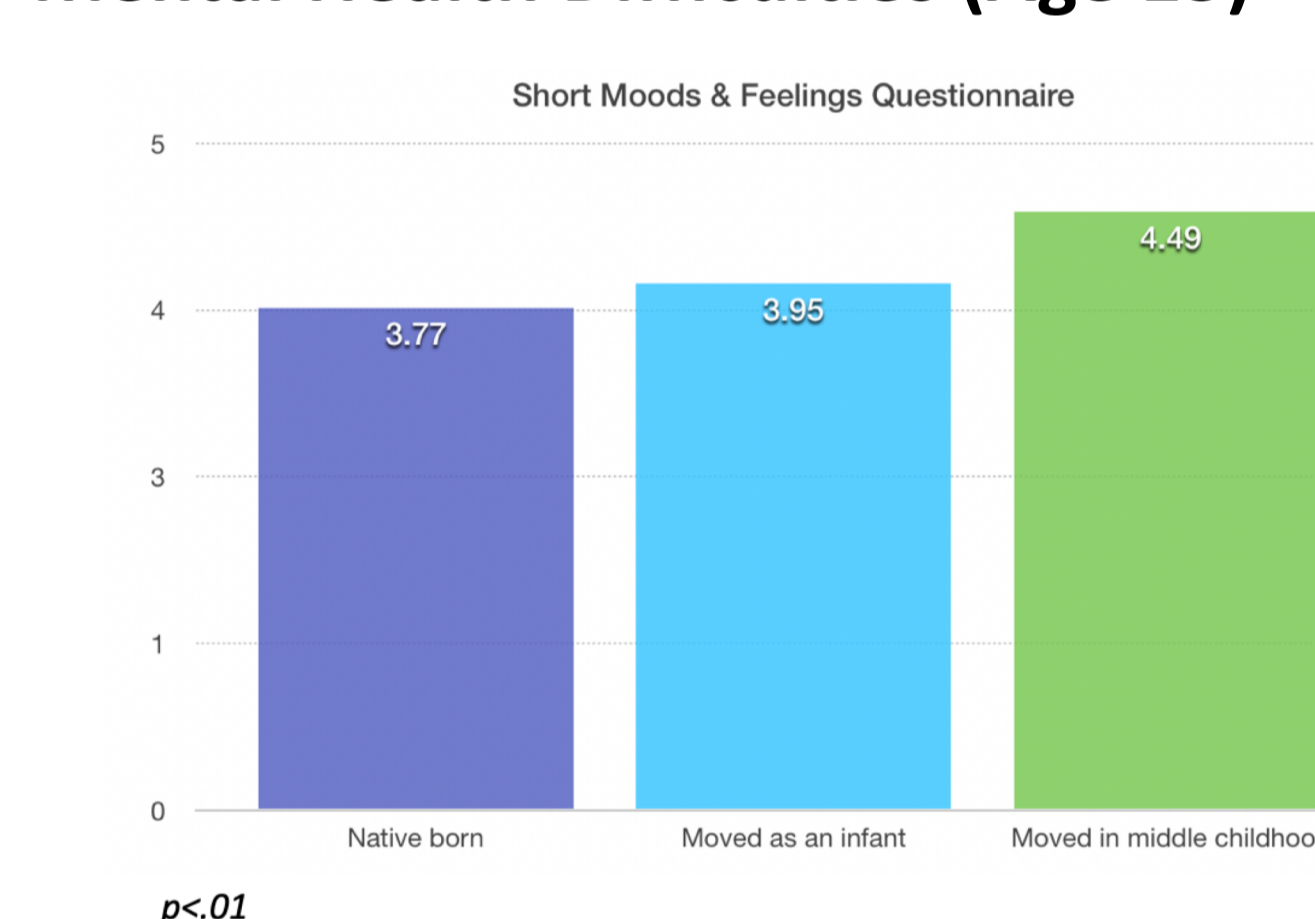
Self-Concept



Measured at age 9 and 13—a higher score indicates better self concept.

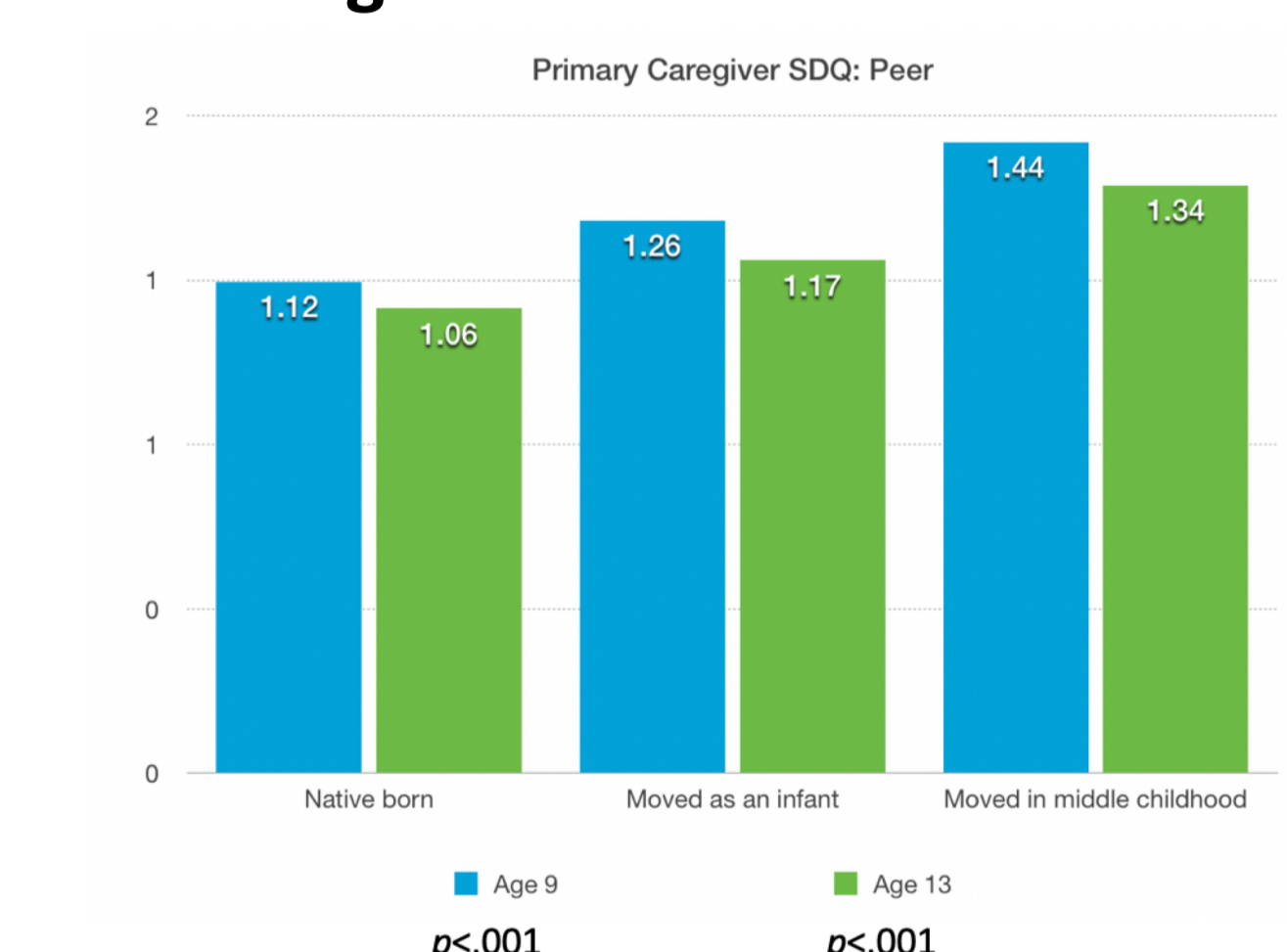
- ❖ At age 9: Native born significantly higher self concept than two moving groups—no significant difference between two moving groups.
 - ❖ At age 13: Moved as infant no longer significantly lower than native and both of these are significantly higher than moved in middle childhood.
- This implies that moved as infant has caught up to native by 13 but moved in middle childhood has not.

Mental Health Difficulties (Age 13)



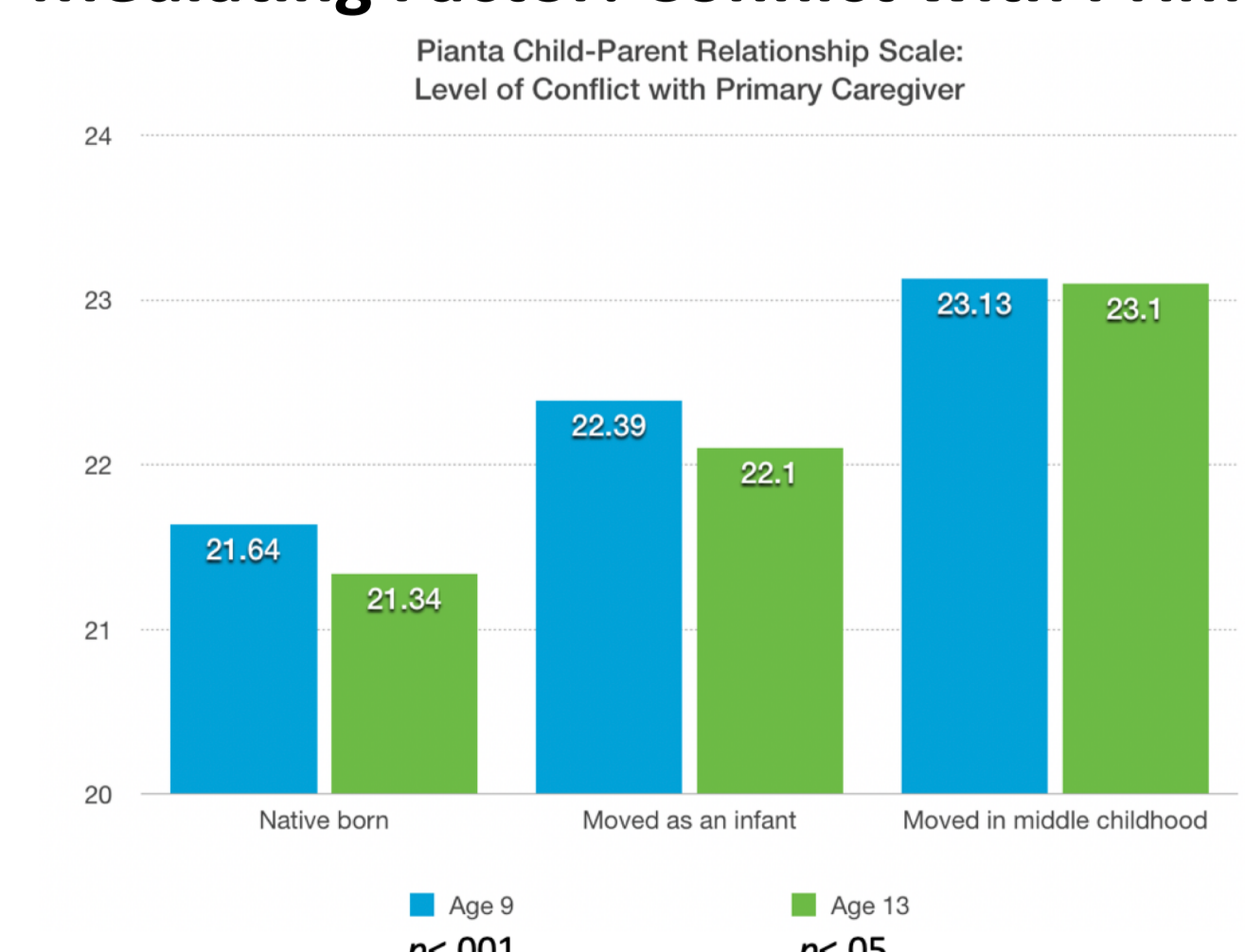
SMFQ at 13 shows similar results to Piers-Harris at 13, with moved in middle childhood experiencing significantly more depressive symptoms and low mood than the other two groups.

Mediating Factor: Peer Difficulties



Results are the same at age 9 and 13, with native born children experiencing significantly less peer difficulties than moved in middle childhood, while moved as infant is not significantly different from either group.

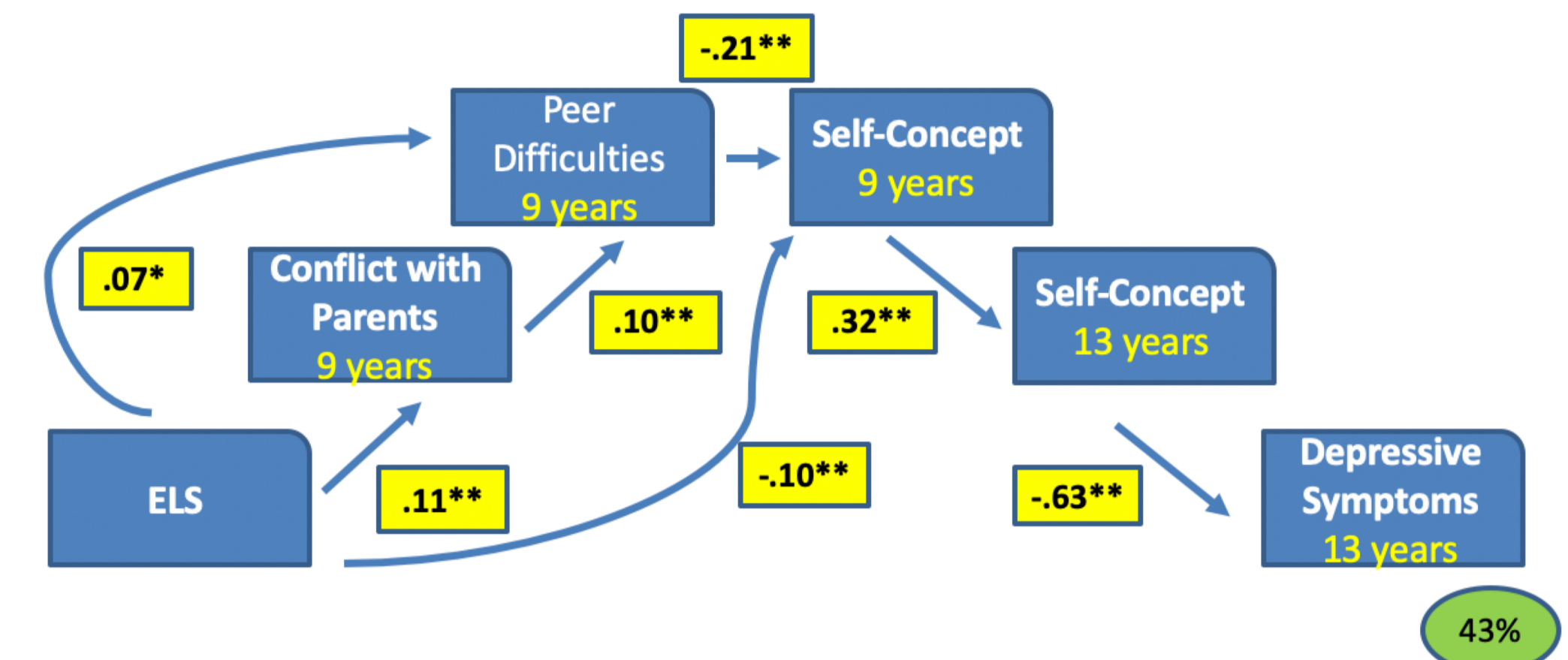
Mediating Factor: Conflict with Primary Care Giver



Results are the same at age 9 and 13, with native born children experiencing significantly less conflict with their primary care giver than children who moved in middle childhood, while moved as infant is not significantly different from either group.

Results: Mediation Analysis

An exploratory mediational analysis was conducted to investigate how these variables may relate to each other. The analysis was conducted with all immigrant children, while controlling for child gender and citizenship status.



Total effect of X on Y: $b = .102$, $SE = 0.0383$, $p < .001$
Direct effect of X on Y: $b = .056$, $SE = .0296$, $p = .0597$

The arrows represent the significant relationships in the model:

- ❖ There is no significant direct link from Early Life Stress (ELS) to depressive symptoms at 13, but a direct link exists to conflict with parents, peer difficulties and self concept, all at age 9.
- ❖ A pathway exists, in which ELS leads to more conflict with parents, which leads to more peer difficulties which leads to lower self concept, all at age 9, which leads to lower self concept at age 13, which leads to more depressive symptoms at age 13. This model accounts for 43% of the variance in depressive symptoms at age 13.

Discussion

This initial research suggests that a link exists between the stressors experienced as a result of the migration experience and later psychological wellbeing. Age at time of immigration is important, as children who moved in middle childhood are more likely to experience peer difficulties and conflict with their parents, which may contribute to lower self-concept and higher likelihood of developing low mood or depression at 13.

Special attention should be paid to children who immigrate after the age of five, as these may benefit the most from interventions. Interventions aiming to foster positive peer relationships and support the parent-child relationship may be the most impactful, as these act as protective factors against the negative psychological outcomes associated with immigration.

Limitations

- ❖ Loss of diversity from immigrant group when only considering whether or not they were born in Ireland. Other variables which were considered included citizenship status, ethnicity, and whether English was indicated as the first language. The variables chosen had the most potential to shed light on the research questions, but future research could consider using other variables and approaches to broaden the view on this issue.
- ❖ Psychological wellbeing being measured by the Piers-Harris and SMFQ total scores only, as it is difficult to determine such a complex concept by only two figures. However, while both of these measures are limited, they are self-reported by the child, and the Piers-Harris is a positive measure while the SMFQ is a negative measure.
- ❖ Relationship quality being measured by relationship deficits only (i.e. conflict with parents and peer difficulties). Further research could look into positive measures, such as popularity among peers and closeness with the primary caregiver.

Acknowledgements

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