The Relationship between Parents' Physical and Mental Health Symptoms and Parenting and Material Limitations: Results from Interviews with Parents who Receive Supplemental Security Income

Christina A. Sogar
University of Nebraska at Kearney
Department of Social Work
2504 9th Avenue, FDHL #2016, Kearney, NE 68849
United States of America

Abstract

This study provides an initial look at the well-being of parents who receive income from the Supplementary Security Income (SSI) program. One hundred and twenty-seven participants were interviewed about their experiences receiving SSI income, their physical and mental health, social relationships and caregiving practices. While existing research focuses on a specific dimension of disability, such as mobility limitations, this research allows for a comparison between disability types and sheds light on how symptoms relate to specific parenting constructs. While both physical and mental health disabilities were associated with greater difficulty completing parenting tasks, only mental health disabilities were found to increase parenting stress and decrease respondents' sense of parenting competence. Parents with mental health problems also reported a greater level of material hardship, including food insecurity. These findings suggest a different level of need among SSI-receiving parents with mental health problems than among those without a mental health disability.

Keywords: Parenting, Disability, Mental Health, Poverty, Supplemental Security Income

1. Introduction

When physical or mental health disability makes employment impossible, the Supplementary Security Income (SSI) program offers monthly income to those with limited work histories. In February of 2016, 4.9 million working-age (age 18-64) blind or disabled adults with disabilities received SSI (Social Security Administration, 2016). While exact knowledge regarding how many of these SSI recipients are parents is not available, analysis of the 2007 and 2010 American Community Survey data place the estimate at 17 percent, with three-fourths of these parents (about 580,00 families) either single or married to other SSI recipients (Mauldon et al, 2012). The purpose of this paper is to explore the well-being of SSI-receiving parents and to examine how disability symptoms intersect with parenting practices in the context of limited income. Understanding the dynamics of these parent-child relationships can highlight the challenges parents encounter when faced with disability and low income and the resources and supports that best meet their needs.

To qualify for SSI, applicants must have a disability that prevents them from engaging in Substantial Gainful Activity, generally defined as earning $1,000 or more per month, or is expected to result in death within 12 months (Social Security Administration, 2016).The most common types of disabling conditions among SSI recipients include mood disorders, intellectual disability and diseases affecting the joints and connective tissue, such as arthritis. The SSI program does entitle recipients to monthly aid without time limits or work requirements. However, the level of support typically leaves recipients at or slightly below the poverty threshold (Graves, 2016; Nicholas, 2013). As of 2016, the federal SSI payment for an individual is $733 per month or $8,796 per year. This level of income is well below the individual federal poverty threshold of $11,770. The majority of working-age (18-64 years) SSI recipients, more than 60%, have no formally recorded income other than SSI (Mauldon et al, 2012). The level of SSI support makes it difficult for many if not most SSI recipients to meet their basic needs (Mauldon et al, 2012; Nicholas, 2013).This situation may become even more complex when the adult SSI recipient is caring for dependent children, entailing greater expenses as well as responsibilities.

This research was supported by Policy Research Inc. and The Center for Retirement Research at Boston College

2. Literature Review

Through interviews with a small sample of SSI-receiving parents, this research explores parents' views of how health, economic and social variables intersect to influence parenting. Literature indicates varying routes through which parental disability might affect parenting.

Disability, whether mental or physical, may disturb parents' ability to physically care for their children as well as alter emotive and cognitive parenting tasks (Evans, Shipton, & Keenan, 2005; Mazur, 2008; Kahng et al, 2008; Oyserman et al, 2005). Parents who suffer from physical disabilities such as mobility problems may be unable to complete basic caregiving tasks such as diaper changing or meal preparation. Maternal depression has also been linked to an increased risk that children's physical needs will not be met (Lovejoy, Graczyk, O'Hare, & Neuman, 2000).

An essential task of parenting is the development of a strong bond between the parent and child. Low parental warmth is associated with child maltreatment as well as poor child emotional health (Brown, Cohen, Johnson & Salzinger, 1998; Davidov & Grusec, 2006). While disability may limit the expression of physical affection and nurturance, it may also disrupt communication between parents and children and threaten the development of a strong emotive bond.

Cognitive aspects of parenting include discipline, parenting self-efficacy and stress management (Azar, Lauretti & Loding, 1998; Benjet, Azar & Kuersten-Hogan, 2003). Parents experiencing depression or delusion or severe incapacitation might be irritable or unable to negotiate limits and may respond to their children's needs or wants with aggression. For example, empirical evidence suggests that parental mental health status is inversely associated with use of corporal punishment (Chung, McCollum, Elo, Lee & Culhane, 2004; Strayhorn & Weidman, 1988).

Parenting sense of competence refers to parents' own views of their caregiving abilities. Parents with a high sense of competence feel they are capable of meeting the demands of parenthood and successfully completing the required tasks. Basically, parents who believe they are good parents are more likely to actually be good parents. Low parenting competence has been linked to problematic parenting, including harsh discipline practices as well as an increased risk for child abuse and neglect (Sanders & Wooley, 2005; Slack et al, 2011; Stith et al, 2009). Both physical and mental health disabilities are associated with a lower sense of parenting competence. Mothers experiencing depression have been shown to have more negative perceptions of their parenting ability than non-depressed mothers, resulting in less sensitivity towards children's needs and greater impatience, rigidity and withdrawal (Teti, O'Connell & Reiner, 1996). From interviews with physically disabled parents, Mazur concluded that physical limitations were associated with a weaker sense of parenting competence (Mazur, 2008).

Finally, disability might result in excessive stress if the demands of parenting exceed the resources available to meet those demands (Deater-Deckard, 1998). Disability might increase stress by decreasing resources. Material deprivation may cause children's needs to go unfulfilled, increasing stress and triggering parents to feel as if they are failing their children.

The review of the literature highlights the caregiving and material challenges that plague many parents with disabilities: low parenting sense of competence, high stress, material hardship, and caregiving limitations. However, many, if not most, SSI-receiving parents are good parents, meeting the physical and emotional needs of their children and helping them thrive even in impoverished environments. A major gap in the literature is in understanding how and why some low-income parents with disabilities fare better than others. Is it a difference in access to material resources, psychological characteristics or something else? This research contributes to the field by delving into the myriad of factors that shape parenting and family well-being to increase our understanding of how parental disability affects family functioning.

3. Materials and Methods

Study respondents are parents between the ages of 18 and 64 who have children under the age of 19 years and live in either San Francisco or Alameda County in California. All parents are disabled and have qualified for SSI, and their children currently receive or previously received cash aid through the TANF program. Respondents were predominately African-American single mothers residing with one or two minor children. Nearly 9 out of 10 respondents (86 percent) either graduated from high school or completed the 11^{th} grade. Only 1 respondent had earned a college degree. The average time of SSI receipt was just under 10 years.

Respondents' were randomly selected from their county's caseload of SSI parents with children receiving TANF. All respondents were mailed between 1 and 3 copies of a recruitment letter and consent form and asked to call if they were interested in participating in the study. Once they agreed to participate, they were asked a series of questions assessing demographic information, health status and incapacitation, caregiving practices and availability of material resources. Physical health limitations were measured by the number of limitations in Activities of Daily Living (ADL's) reported by the respondent. Symptoms of depression and anxiety were measured using 8 items from the Kessler Psychological Distress scale (Andrews & Slade, 2001).The presence of Post-Traumatic Stress Disorder was assessed through two separate methods. First, respondents were asked if they had ever been diagnosed as having PTSD by a doctor, nurse or other health professional. Secondly, respondents completed the 4-item PTSD scale (Prins, Ouimette, Kimerling, et al, 2004).

Caregiving limitations were assessed through the Parent Disability Index (Katz, Pasch & Wong, 2003). Based on the age of the child, parents rate their difficulty completing between 15 and 21 parenting tasks. The Parenting Dimensions Inventory was utilized to assess 5 separate parenting constructs: nurturance, inconsistency, follow-through, family organization and type of disciplinary control (material/social consequences, physical punishment, scolding, reasoning) (Power, 2002). Parenting stress was measured by the Parenting Stress Index Short Form (Abidin, 1983), a 36-item questionnaire designed to identify potentially dysfunctional parent-child relationships and parenting competence was measured by the 9-item Parent Sense of Competence Scale (Johnston & Mash, 1989). The combination of these measures allow for an analysis of parents' experiences in diverse caregiving arenas.

Finally, respondents were asked about the availability of material support. Respondents' utilization of both community-based (such as food banks) and personal sources were measured. Questions also inquired about the frequency with which respondents' experienced material hardships, such as hunger or inadequate housing.

4. Results

4.1. Physical, mental health and caregiving limitations

4.1.1. Parents' health and mental health

Seventy-eight percent of parents reported a physical disability; for 21 percent, that was their only health problem. Sixty-eight percent of parents reported mental health problems. Almost all had some other type of disabling health problems as well: only 9 percent had no other types of health problems. Thirty-nine percent of parents reported a learning disability; 7 percent experienced no accompanying physical or mental health problems. The majority of parents (63 percent) reported co-occurring health, mental health or learning disabilities. Thirty-nine percent reported health problems in 2 of the 3 categories and 24 percent reported problems in all three categories (physical, mental health and learning disabilities). Over half of the parents reported limitations in at least 8 of the 11 Activities of Daily Living (ADLs), with the greatest limitations in walking, running and household chores such as vacuuming or changing bed sheets.

Along with physical limitations, depression, stress, insomnia and worry appear to be widespread among respondents. Eight questions from the Kessler Psychological Distress scale were asked to assess mental health and well-being. Scores range from 8 through 40, with higher scores indicating greater psychological distress. The aggregate scores on the 8 items indicated a moderate (19 percent) or severe (35 percent) mental disorder for 1 out of 2 respondents. There was a positive association between self-reported mental health problems and respondents' scores on the Kessler scale (.36, $p<.001$).

Fifty-two respondents (41 percent) scored positively for Post-Traumatic Stress Disorder (PTSD) on the 4-question PTSD scale and 41 respondents (32 percent) reported a past diagnosis of PTSD; 27 (21 percent) both scored positively and reported a past diagnosis of PTSD. The correlation coefficient between the two sets of data is a statistically significant 0.35 ($p<.001$). Sixty-six respondents either scored positively on the PTSD scale or reported a past PTSD diagnosis. This equates to over half the sample (52 percent) that have experienced past trauma or victimization great enough to result in PTSD. PTSD scores correlated significantly (.449, $p<.001$) with respondents' scores on the Kessler Psychological Distress Index, indicating that ongoing mental problems go hand-in-hand with PTSD.

4.1.2. Caregiving.

Respondents completed the index for caregiving limitations ("PDI"), which consists of two different scales measuring caregiving limitations. The first asked about caregiving tasks for children age 5 and younger and the second was for children between the ages of 6 and 18. Parents answered one or the other based on the age of their youngest child. Overall, parents reported some level of difficulty completing 51% of parenting tasks.

The index for caregiving limitations ("PDI") was calculated as the mean difficulty level across a range of common parenting tasks. Responses for each domain were scored to range from 1 to 3, with 1 representing no difficulty and 3 representing great difficulty in completing caregiving tasks. The mean score (averaged across 21 caregiving domains) for the cohort with younger children (39 parents) was 1.59. Parents in the cohort with older children reported slightly more difficulty, with an average score of 1.79, averaged across 15 domains. Regardless of the age of their children, parents reported the greatest difficulty doing household chores or shopping, playing with their children outdoors and taking their children to social or recreational events.

Respondents completed the Parenting Dimensions Inventory, which measures five subscales: Nurturance, Inconsistency, Follow-Through on Discipline, Organization and Type of Control. For all scales, a higher score indicates a greater degree of the construct being measured. Answer choices for the first 4 subscales ranged from 0 through 6; for the final scale, answer choices ranged from 0 through 5. While parents reported a high level of nurturance and organization in their homes, they were much less likely to report consistent patterns of control and family rules. These results are displayed in Table 1.

The Parent Sense of Competence (PSOC) scale measures the confidence parents feel in their own parenting styles and skills. The mean score overall for 126 respondents was 26.4, with an average item score of 3.3 indicating that in general respondents were neutral about the quality of their parenting (see Table 1).

The Parent Stress Index was the final measure of parenting completed by the respondents (see Table 1). This scale yields a Total Stress score from three subscales: Parental Distress (PD), Parent-Child Dysfunctional Interaction (P-CD) and Difficult Child (DC). Answer choices for each item range from 1 ("strongly disagree") to 5 ("strongly agree") with a higher score on each subscale as well as the total index indicating greater stress. Each of the subscales consists of 12 items and thus has a maximum score of 60. One question in the Difficult Child subscale was not used in this study ("think carefully and count the number of things which your child does that bother you") due to respondents' difficulty in understanding and answering the question. That equates to a maximum score of 55 for the DC subscale in this study. The PSI Total Stress score is the sum of the scores on the three subscales. The Parental Distress subscale reflects the level of distress parents feel in their role as parent. The Parent-Child Dysfunction subscale indicates parents may have a negative perception of their interactions with their children and their children are not meeting their expectations. The Difficult Child subscale assesses parents' views of their children's temperament, defiance and noncompliance. High scores for each subscale at the total index are considered to be those at or above the 90^{th} percentile of scores found in the general population (Adibin, 1995). The majority of respondents in this study scored high on the Parent-Child Dysfunction subscale (73 percent) as well as the total index (65 percent). These scores indicate that many parents may benefit from professional assistance to help them combat the stress in their relationships with their children.

Overall, it appears that the parents in this study face severe health and mental health problems and physical limitations. Many parents did report problems completing basic caregiving tasks for their children and experienced a high level of parenting stress. On the positive side, however, most parents reported a high level of nurturance, family organization and follow-through with discipline.

4.2. Parenting processes and health and family characteristics.

This next section considers how demographic and health characteristics relate to caregiving limitations ("PDI"), parenting stress and sense of competence as well as other parenting constructs such as nurturance and follow-through. Bivariate analyses were used to discern the correlation coefficients of these parenting variables. Table 2 reports the covariates for caregiving limitations ("PDI"). There were statistically significant associations between the level of caregiving limitations reported by parents and psychological distress, and ADL limitations for both age cohorts. In both cases, the associations were positive, with greater caregiving limitations reported among parents experiencing more psychological distress or ADL limitations. Age was a factor, as older parents were more likely to report caregiving limitations. The covariates for the combined age cohorts were very similar to the values found for the separate age groups; those are the values presented in Table 2.

The covariates for the Parent Dimension Inventory subscales are shown in Table 3. Again, bivariate analyses were run to calculate all correlation coefficients. Greater length of SSI receipt as well as the presence of a parental learning disability was associated with a lower-level of self-reported nurturance. This is the only parenting construct that was found to be significantly associated with parental learning disabilities. Inconsistency was positively associated with parental psychological distress as well as PTSD. Greater psychological distress was also correlated with less household organization. Finally, older parents were more likely to discipline their children by reasoning with them while PTSD was associated with greater use of physical punishment.

Table 4 presents the covariates for parenting stress and parenting sense of competence.

Greater psychological distress was associated with more parenting stress and less felt parenting competence. PTSD increased parenting stress while decreasing competence. The age of the child was also negatively correlated with parenting competence, as parents of younger children reported a greater sense of competence.

Linear regression was employed to test if these relationships between disability symptoms and the parenting constructs held when other potentially explanatory variables were introduced. The multivariate models are displayed in Tables 5 and 6. These models were predictive of 4 of the 8 parenting constructs measured (caregiving limitations, parenting stress and sense of competence, and nurturance). Controlling for other variables, caregiving limitations were found to vary as a result of psychological distress and ADL limitations. Parenting sense of competence was negatively associated with psychological distress and age of the youngest child, implying that parents with greater levels of psychological distress felt less competent as did parents of older children. Parenting stress was found to be related to psychological distress. These results suggest that while physical limitations present a challenge to parents' ability to complete basic caregiving tasks, parents' mental health problems are more likely to be related to feelings of stress toward the parenting role and less competence.

Nurturance was not found to be associated with parents' mental health but rather the number of years the parent had received SSI and whether or not they had a learning disability. Both of these associations were negative, suggesting that parents who received SSI for a greater length of time and those with a learning disability reported less nurturing behaviors toward their children.

These models demonstrate the complexity of the relationship between parental disability and parenting. While both physical and mental health symptoms were positively associated with the difficulty parents had completing basic caregiving tasks, parents with mental health problems reported more stress and less competence than parents without mental health problems.

4.3. Economic well-being and availability of supports.

The analyses presented so far suggest that the types of symptoms parents experience are related to the challenges they face caring for their children. A final analysis examined whether or not this was also true for rates of material hardship. While all parents relied on the SSI program as their primary source of income, the frequency with which they experienced hunger and other hardships varied. Respondents were considered to have experienced each type of hardship if they reported that it occurred in one or more months of the previous year.

Material hardship appeared to be more common among respondents reporting mental health problems that limit work than among respondents without mental health problems (see Table 7). Although they were slightly more likely to report problems paying utilities, independent-sample t-tests reveal respondents with mental health problems were significantly more likely to report problems paying rent or providing adequate food for their families. Parents with mental health problems were also more likely to have received food from a food bank in the previous year than parents without mental health problems – 50 vs. 30 percent. While more likely to turn to a community support such as a food bank, parents with work-limiting mental health problems were less likely to report material contributions from family or friends. While 43 percent of respondents without work-limiting mental health problems reported receiving contributions such as groceries or clothes in the previous month, the corresponding percentage among respondents with mental health problems was 28 percent. This suggests that even if parents with physical disabilities have more trouble physically travelling to access public supports, they more often receive basic necessities from friends and family members.

Discussion

While this study revealed a high degree of economic and health problems among SSI-receiving parents, strengths were also identified. Parents reported a great deal of parenting stress; however, they also expressed warmth, organization and follow-through with discipline.

Disability is very complex and many of the parents reported co-occurring physical, mental health and/or learning disabilities. Results indicate considerable mental health needs among parents in this study. The scores of over one-half of respondents on the Kessler Psychological Distress Index indicate the presence of a moderate or severe mental disorder. These scores correlated highly with PTSD.

Economic hardship was most commonly reported by respondents with mental health problems. This finding may be related to a greater degree of social isolation among parents with mental health problems. Parents with mental health problems were considerably less likely to report receiving material support from friends and family than parents without mental health problems. They turned to community supports such as food banks more frequently than parents without mental health problems, but this did not appear to provide adequate protection against hunger for many families.

The level of psychological distress as indicated by the Kessler Scale correlated significantly with caregiving limitations, inconsistency, lack of organization, greater parenting stress and lower parenting competence. While physical disability correlated positively with limitations in physical caregiving tasks, it was not related to the other parenting constructs assessed in this study.

In the multivariate analyses, the stress parents experienced in their parenting roles and their sense of competence as a parent were related to the amount of psychological distress they experienced. Parents with mental illness felt less confident in the parenting role and found in more stressful. This, combined with less material support from friends and family, suggests these parents may be struggling not just to provide for their children's basic needs but to establish a strong bond with their children.

In sum, this research suggests a different level of need among SSI-parents with mental health problems than among those without a mental health disability. Mental health services that integrate a focus on the parenting role may help better address the struggles these families face. Peer support programs for parents with mental illness could reduce social isolation and allow parents to share their successes and brainstorm solutions to problems. This shared support would likely help parents to feel more competent in caring for their children. With these connections, parents could develop relationships to call on during times of emotional or financial crisis, reducing parenting stress and creating a greater focus on the joys of being a parent.

References

Abidin, R. (1983). *Parent Stress Index.* Pediatric Psychology Press: Charlottesville, VA.

Andrews, G. & Slade, T. (2001). Interpreting scores on the Kessler Psychological Distress scale. *Australian and New Zealand Journal of Public Health.* 25(6), 494-497.

Azar, S.T., Lauretti, A.F. & Loding, B.V. (1998). The evaluation of parental fitness in termination of parental rights cases: A functional-contextual perspective. *Clinical Child and Family Psychology Review*, 1(2), 77-100.

Benjet, C., Azar, S.T. & Kuerstern-Hogan, R. (2003). Evaluating the parental fitness of psychiatrically diagnosed individuals: Advocating a functional-contextual analysis of parenting. *Journal of Family Psychology*, 17(2), 238-251.

Brown, J., Cohen, P., Johnson, J.G. & Salzinger., S. (1998). A longitudinal analysis of risk factors for child maltreatment: Findings of a 17-year prospective study of officially recorded and self-reported child abuse and neglect. *Child Abuse & Neglect,* 22(11), 1065-1078.

Chung, E.K., McCollum, K.F., Elo, I.T., Lee, H.J. & Culhane, J.F. (2004). Maternal depressive symptoms and infant health practices among low-income women. *Pediatrics,* 113(6), 523-529.

Davidov, M. & Grusec, J.E. (2006). Untangling the links of parental responsiveness to distress and warmth to child outcomes. *Child Development,* 77(1), 44-58.

Deater-Deckard, K. (1998). Parenting stress and child adjustment: some old questions and new hypotheses. *Clinical Psychology: Science and Practice,* 5(3), 314-332.

Evans, S., Shipton, E. & Keenan, T. (2005). Psychosocial functioning of mothers with chronic pain: a comparison to pain-free controls. *European Journal of Pain,* 9(6) 683-690.

Graves, S. (2016). Cost of rent and food highlights inadequacy of SSI/SSP grants for seniors and people with disabilities in California. *California Budget & Policy Center.*

Johnston, C. & Mash, E.J. (1989). A measure of parenting satisfaction and efficacy. *Journal of Clinical Child Psychology,* 18, 167-175.

Kahng, S. K., Oyserman, D., Bybee, D., & Mowbray, C. (2008). Mothers with serious mental illness: When symptoms decline does parenting improve? *Journal of Family Psychology, 22*(1), 162-166.

Katz, P.P., Pasch, L.A. & Wong, B. (2003). Development of an instrument to measure disability in parenting activity among women with rheumatoid arthritis. *Arthritis & Rheumatism,* 48(4), 935-943.

Lovejoy, M.C., Graczyk, P.A., O'Hare, E. & Neuman, G. (2000). Maternal depression and parenting behavior: A meta-analytic review. *Clinical Psychology Review,* 20(5), 561-592.

Mauldon, J., Speiglman, R., Sogar, C. & Stagner, M. (2012). TANF child-only cases: Who are they? What policies affect them? What is being done? Retrieved from: http://www.chapinhall.org/research/report/tanf-child-only-cases-who-are-they-what-policies-affect-them-what-being-done

Mazur, E. (2008). Negative and positive disability-related events and adjustment of parents with acquired physical disabilities and their adolescent children. *Journal of Child and Family Studies,* 17, 517-537.

Nicholas, J. (2013). Prevalence, characteristics and poverty status of Supplemental Security Income multirecipients. *Social Security Bulletin,*73(1), 11-21.

Oyserman, D., Bybee, D., Mowbray, C., & Hart-Johnson, T. (2005). When mothers have serious mental health problems: Parenting as a proximal mediator. *Journal of Adolescence, 28*(4), 443-463.

Power, T.G. (2002). *Parenting Dimensions Inventory: A Research Manual.* Unpublished manuscript, Washington State University.

Prins A, Ouimette P, Kimerling R, et al. (2004). The primary care PTSD screen (PC-PTSD): development and operating characteristics. *Primary Care Psych*; (9), 9–14.

Sanders, M.R. & Wooley, M.L. (2005). The relationship between maternal self-efficacy and parental practices: Implications for parent training. *Child: Care, Health & Development,* 31(1), 65-73.

Slack, K.S., Berger, L.M., DuMont, K., Yang, M., Kim, B., Ehrhard-Dietzel, S. & Holl, J.L. (2011). Risk and protective factors for child neglect during early childhood: A cross-study comparison. *Children and Youth Services Review,* 33(8), 1354-1363.

Social Security Administration (2016). *Monthly Statistical Snapshot, February 2016.* Retrieved from: https://www.ssa.gov/policy/docs/quickfacts/stat_snapshot/

Stith, S.M., Liu, T., Davier, L.C., Boykin, E.L., Alder, M.C., Harris, J.M., Sorn, A., McPherson, M. & Dees, J.E.M.E.G. (2009). *Aggression and Violent Behavior,* 14(1), 13-29.

Strayhorn, J.M. & Weidman, C.S. (1988). A parent practices scale and its relation to parent and child mental health. *Journal of the American Academy of Child and Adolescent Psychiatry,* 27(5), 613-618.

Teti, D.M., O'Connell, M.A. & Reiner, C.D. (1996). Parenting sensitivity, parental depression and child health: The meditational role of parenting self-efficacy. *Early Development and Parenting,* 5(4), 237-250.

Table 1. Parenting Dimensions Inventory, Parenting Stress and Parent Sense of Competence Scales

Parenting Construct	**Mean Score**	**N**
Nurturance	5.21	118
Inconsistency	2.92	118
Follow-through	4.34	118
Organization	4.48	123
Control	3.66	109
Parent Sense of Competence	26.40	126
Parent Stress Index Subscales:		
Parental Distress	34.70	126
Parent-Child Dysfunction	29.63	126
Difficult Child	31.48	126
Parent Stress Index (sum of the 3 subscales)	98.63	126

Table 2. Covariates for Caregiving Limitations ("PDI")

	Youngest Child Age 6-17	**Youngest Child Age 0-5**	**Correlation coefficients for all respondents**
Mean value of index	1.59	1.79	1.73
Age of parent	44.1 years	30.6 years	.197*
Psychological Distress	20.36	20.80	.476***
ADLs	1.87	2.16	.679***
Number of years on SSI	9.7 years	8.3 years	-.137
Parent learning disability	34%	48%	-.129
Number of children	1.8	1.7	.028
Age of Youngest Child	13.2 years	3.1 years	.297***
PTSD	51%	54%	.137

*p<.05, **p<.01, ***p<.001

Table 3. Covariates for Parenting Dimensions Inventory

	Parenting Construct				
	Nurturance	**Inconsistency**	**Follow-through**	**Organization**	**Control**
Mean score	5.21	2.92	4.34	4.48	3.66
Age of parent	-.117	-.055	.045	.019	.242**
Psychological Distress	.041	.220**	-.047	-.226**	-.137
Parent ADLs	.039	-.097	.019	-.052	.140
Number of years on SSI	-.329***	.081	-.104	.037	.028
Parent learning disability	-.269***	.126	-.037	.106	-.070
Number of children	-.037	.078	-.028	-.058	-.052
Age of youngest child	-.013	-.039	-.017	-.074	.140
Parent PTSD	.095	.236**	.063	-.098	-.195**

*p<.10, **p<.05, ***p<.01

Table 4. Covariates for the Parenting Stress and Parent Sense of Competence Scales

	PSI Subscales and Total Stress Score				
	Parental Distress	**Parent-Child Dysfunction**	**Difficult Child**	**Parenting Stress Index (sum of the 3 subscales)**	**Parenting sense of competence**
Mean score	34.69	27.82	31.06	83.31	26.4
Age of parent	.027	-.012	.066	.018	-.031
Psychological Distress	.634***	.347***	.305***	.622***	-.435***
Parent ADLs	.173*	.057	-.163	.151	.098
Number of years on SSI	-.060	.041	-.081	-.032	-.063
Parent learning disability	-.044	.143	.018	.014	-.024
Number of children	.219**	.042	-.002	.174*	.135
Age of youngest child	-.109	.197**	.052	.054	-.227*
Parent PTSD	.255***	.170*	.085	.279***	-.247**

*p<.10, **p<.05, ***p<.01

Table 5. Multivariate models of Parenting Limitations, Competence and Stress

	OLS Linear Regression Models					
	Model 1		**Model 2**		**Model 3**	
Covariates	**Caregiving Limitations**		**Parenting Competence**		**Parenting Stress**	
	Coeff.	Sig.	Coeff.	Sig.	Coeff.	Sig.
Age of parent	.006		.083		-.005	
Psychological Distress	.011	*	-.231	**	.023	**
Parent ADLs	.524	***	1.868		.006	
Number of years on SSI	.000		.018		-.004	
Parent learning disability	-.053		.062		.113	
Number of children	-.015		-.710		.018	
Age of youngest child	-.012		-.346	**	.006	
Parent PTSD	-.051		-2.050		.046	
F-Statistic	9.20		4.73		2.67	
N	122		125		125	

* p<0.05 ** p<0.01 *** p<0.001

Table 6. Multivariate Models of Parenting Dimensions Subscales

	OLS Linear Regression Models									
	Model 4		**Model 5**		**Model 6**		**Model 7**		**Model 8**	
	Nurturance		**Inconsistency**		**Follow-through**		**Organization**		**Control**	
	Coeff.	Sig.	Coeff.	Sig.	Coeff.	Sig.	Coeff.	Sig.	Coeff.	Sig.
Age of parent	.012		-.011		.015		.014		.034	
Psychological Distress	-.016		.029		.001		-.032		-.006	
Parent ADLs	.032		.217		.500		-.147		-.172	
Number of years on SSI	-.043	**	.017		-.042		-.008		-.016	
Parent learning disability	-.520	*	.280		.060		.531		.208	
Number of children	-.130		-.081		-.015		-.116		.012	
Age of youngest child	-.041		-.016		-.002		-.033		.022	
PTSD	.203		.388		-.360		-.361		-.716	*
F-Statistic	2.75		1.33		0.76		1.46		1.68	
N	117		117		117		123		107	

* p<0.05 ** p<0.01

Table 7. Relationship of mental health problems to material hardship

	All (N=127)	With mental health problem (N=87)	Without mental health problem (N=40)
Average rent paid	$568	$605	$476
Unable to pay rent	22%	26%	13%*
Unable to pay utilities	48%	49%	45%
Food insecurity	37%	44%	25%*
Housing subsidy	54%	53%	55%
Received food from food bank in previous 12 months	44%	52%	30%*
Material support from family/friends	32%	28%	43%*

*p<.05