

Research Article

The Impact of the Great Recession on Midlife and Older parents of Individuals With a Mental Health Problem or a Developmental Disability

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Abstract

Background and Objectives: Parents of sons and daughters with disabilities have ongoing financial burdens and vulnerability due to the demands of caregiving responsibilities and their related direct and indirect costs. This study aims to investigate whether midlife and older parents of individuals with a mental health problem or a developmental disability were particularly vulnerable to the impact of the recession.

Research Design and Methods: The data were drawn from Midlife in the United States (MIDUS), a longitudinal survey of a national probability sample in the United States, Waves II (2004–2006) and III (2013–2014; 84 parents of individuals with a mental health problem, 98 parents of individuals with a developmental disability, and 2,029 parents of individuals without any conditions as a comparison group).

Results: The findings suggest that the midlife and older parents whose son or daughter had a mental health problem experienced more recession impacts than comparison parents, even after controlling prerecession financial status and sociodemographic characteristics.

Discussion and Implications: The results indicate the need for policies that provide effective financial support and reduce restrictions on health service access in order to relieve the financial burden experienced by midlife and older parents of individuals with a mental health problem.

Keywords: Disabilities—Caregiving informal—Health care policy—Life course/life span—Mental health

The Great Recession, which began at the end of 2007, had a substantial negative impact on individuals in the United States. By December 2009, approximately 15 million U.S. residents were unemployed and the unemployment rate had risen to 10.0%, about twice the prerecession rate (Hipple, 2010). U.S. families also experienced a variety of other changes such as loss of assets due to the downturn of the stock and housing markets, a reduction in spending, and an increase in debt (Hurd & Rohwedder, 2010). By the end of 2011, about a quarter of U.S. households had a negative net worth. However, the impact of the recession on

family life extended beyond financial effects; for example, among young adults, coresidence with parents increased (Grusky, Western, & Wimer, 2011). The recession also had negative effects on mental and physical health and well-being, possibly via increased stress resulting from recession experiences (Burgard & Kalousova, 2015; Glonti et al., 2015).

Although the recession's negative effects reached a majority of the U.S. population, vulnerability to these effects varied by certain characteristics. Relative to their counterparts, those who were younger, male, less educated, non-white, unmarried,

and had a less stable financial foundation experienced more negative recession impacts (Engemann & Wall, 2010; Grusky et al., 2011). The pattern of divergent susceptibility to economic hardship can be linked to the concepts of cumulative advantage/disadvantage (CAD). CAD is defined as “the systemic tendency for interindividual divergence in a given characteristic (e.g., money, health, or status)” especially with the passage of time (Dannefer, 2003, p. 327). The diverging process of CAD is influenced by the structural realities surrounding human agency (individuals), such as economic situations or the welfare system in a society (Dannefer, 1999; Disney & Whitehouse, 2003). Thus, individuals who had pre-existing disadvantaged characteristics may have been more vulnerable to the negative impacts of the recession than their counterparts with fewer disadvantages (Burgard & Kalousova, 2015).

Midlife and older parents who had a son or daughter with a mental health problem or a developmental disability may have been one of the groups most vulnerable to recession impacts. These parents’ financial situations may be influenced by indirect costs such as reductions in the quality of parental employment and parental earnings throughout the life course (Bauer, Koepke, Sterzinger, & Spiessl, 2012; Ghosh, 2013; Seltzer, Floyd, Song, Greenberg, & Hong, 2011).

Parents—especially mothers—who have a son or daughter with a disability often give up paid work to accommodate their child’s needs (Cidav, Marcus, & Mandell, 2012; Einam & Cuskelly, 2002) or opt for less privileged positions that allow them to take on a smaller workload, engage in flexible and nontraditional work arrangements, and work fewer hours; the tendency to make these types of work choices continues even when their son or daughter has reached adulthood (Cidav et al., 2012; Einam & Cuskelly, 2002; Hodgetts, McConnell, Zwaigenbaum, & Nicholas, 2014). For example, one study showed that 78% of mothers who had a son or daughter with autism spectrum disorder indicated that the child’s condition had an impact on their employment (Hodgetts et al., 2014). Busch and Barry (2007) found that relative to parents whose children had other special health care needs such as developmental problems or activity limitations, parents of children with mental health problems were more likely to stop working or reduce work hours because of the child’s condition (17% vs 10% for quitting the job, 37% vs 22% for reducing work hours). As a result of their unique employment circumstances, parents whose son or daughter have disabilities have lower income than parents of nondisabled individuals (see Cidav et al., 2012).

The financial stability of parents whose son or daughter has disabilities may also be influenced by direct costs such as high out-of-pocket expenses for medical and other services. An analysis of nationally representative data found greater financial burdens among the families of children with special health care needs (i.e., chronic developmental, emotional, behavioral, or physical conditions): The proportion of families with high out-of-pocket expenditures for their child’s

health care (more than \$500 per year) was three times higher in families of children with special health care needs than in families of children without such conditions (Newacheck & Kim, 2005). National survey data revealed that parents of children with a mental health problem were more likely to experience high out-of-pocket expenditures than parents of children with other special health care needs (42% vs 26%). Furthermore, parents of children with mental health problems were more likely to report having financial problems caused by the child’s health care costs and needing additional income to care for their child, compared with parents whose children had other types of special health care needs (30% vs 15% for financial problems, 25% vs 12% for needing additional income; Busch & Barry, 2007). Notably, these financial outcomes differed by the child’s insurance coverage: High out-of-pocket spending was more prevalent among parents of children with private health insurance than among parents of children with public health insurance (42% vs 12%). Overall, studies have found that parents whose sons or daughters have a mental health problem or a developmental disability are at increased risk of financial instability, via both indirect and direct pathways.

In addition, there is empirical evidence that the financial burden of parents of children with special health care needs increased between 2001 and 2009–2010. Ghandour, Hirai, Blumberg, Strickland, and Kogan (2014) found that out-of-pocket expenses in approximately half of the families whose children had special health care needs increased substantially during this decade. The percentage of families that paid at least \$1,000 out of pocket for the child’s health care increased 120%, and the percentage that paid at least 3% of their household income increased 35%. The authors found that the increased financial burden was greater among families that had only private insurance. However, the increased financial burden of parents might not have been limited to private insurance holders because many states made cuts in Medicaid programs (due to budget cuts) after the onset of the recession (Parish, Shattuck, & Rose, 2009).

Furthermore, financial vulnerability among parents of children with disabilities may extend even to cases in which the son or daughter with the condition is in labor market and relatively independent. Studies have found that individuals with a mental health problem or a developmental disability are more likely to be unemployed than their peers without such conditions, especially in an unstable economy, which likely increases their parents’ financial burden (Mojtabai et al., 2015; Stabile & Allin, 2012).

Whether midlife and older parents whose son or daughter had a mental health problem or a developmental disability experienced more negative recession impacts is an important public health concern because of the potential long-term effects of financial hardships on health and well-being in later life. Research has established that parents whose son or daughter has a mental health problem or a developmental disability have an elevated risk of mental health and chronic medical conditions compared with parents of children

without such conditions (Seltzer et al., 2009, 2011; Yamaki, Hsieh, & Heller, 2009). It is likely that financial difficulties due to the recession have additional detrimental impacts on the health of these parents. Studies have suggested that the recession and its attendant financial losses were risk factors for depression and health problems (Burgard & Kalousova, 2015), especially among older adults (Pruchno, Heid, & Wilson-Genderson, 2016; Wilkinson, 2016).

In addition, the financial and health-related disadvantages of parenting a son or daughter with disabilities are not only persistent, but may proliferate as parents age, because of a cumulative loss of resources and opportunities as suggested by the CAD perspective. Thus, over time, recession impacts may further amplify pre-existing disparities in both health and financial well-being between parents whose son or daughter have a mental health problem or a developmental disability and their peers who have nondisabled children. The widening of these disparities has become a significant public health issue, as approximately 10% of parents in the United States have at least one son or daughter with a mental health problem or a developmental disability (Seltzer et al., 2009).

In sum, the midlife and aging parents who have a son or daughter with a mental health problem or a developmental disability experience ongoing financial burden due to the many hidden and unexpected lifetime costs of supporting a child with a disability. Consequently, these families may have been more vulnerable to the negative impacts of the recession. In the current study, we examine the recession impacts among parents whose son or daughter has a mental health problem and those whose son or daughter has a developmental disability separately because the two disability types have different characteristics and consequently different impacts on parents' lives (e.g., a mental health problem is usually diagnosed during adolescence or early adulthood, whereas a developmental disability is typically diagnosed during the first few years of childhood; in addition, symptoms of a mental health problem are rather unpredictable and cyclic, whereas the symptoms of a developmental disability are relatively predictable and stable; Seltzer, Greenberg, Floyd, & Hong, 2004). By analyzing a nationally representative longitudinal survey collected before and after the Great Recession, this study aims to examine whether the Great Recession had a greater impact on middle- and old-age parents whose son or daughter had a mental health problem or a developmental disability than comparison parents whose children did not have such conditions, with controls of their prerecession characteristics.

Design and Methods

Data

This study used data from Midlife in the United States (MIDUS), a longitudinal survey of a national probability sample of adults in the United States. Respondents were surveyed at age 25–74 in 1995–1996 (MIDUS I, $n = 7,108$), at age 34–84 in 2004–2006 (MIDUS II, $n = 4,963$), and at age 43–94 in 2013–2014 (MIDUS III, $n = 3,294$; Radler &

Ryff, 2010). The current study analyzes longitudinal data from MIDUS II and MIDUS III to examine the effects of pre-existing individual-level and family-level characteristics on the recession experiences. The analytic sample consists of two groups of parents who were aged 40 and older at the beginning of the recession. The first group includes 84 parents who had a son or daughter with a mental health problem (e.g., bipolar disorder [$n = 25$], depression [$n = 18$], schizophrenia [$n = 8$], or anxiety [$n = 6$]) and 98 parents who had a son or daughter with a developmental disability (e.g., attention deficit disorder/attention deficit hyperactivity disorder [$n = 28$], autism spectrum disorder [$n = 19$], intellectual disabilities [$n = 13$], cerebral palsy [$n = 8$], epilepsy [$n = 7$], and Down syndrome [$n = 4$]). In all cases in the analysis, the onset of the condition occurred prior to the Great Recession. The comparison group included 2,029 parents who reported that none of their son or daughter had either a mental health problem or a developmental disability.

Measures

Parenting Status

The following screener question was asked of all parents about each of the respondent's children: "Does (child's name) have a developmental disability, such as autism, cerebral palsy, epilepsy or mental retardation, or has (he/she) ever had a long-term serious mental health problem?" Those who answered affirmatively were then asked, "What type of developmental disability or serious mental health problem does (child's name) have?" Based on the respondents' answers to these questions, parents whose son or daughter had a mental health problem or a developmental disability were identified.

Recession Impact

In MIDUS III survey, respondents were asked whether they had experienced the following recession-related events after the beginning of the recession: lost a job, started a new job he/she did not like, took a job below his/her education or experience level, took an additional job, exhausted unemployment benefits, was threatened with foreclosure or eviction, sold a home for less than it cost her/him, lost a home due to foreclosure, lost a home due to something other than foreclosure, moved in with family or friends to save money, declared bankruptcy, borrowed money against her/his house or from a bank, missed mortgage payment or rent, missed a credit card payment, missed other debt payments such as car loans or student loans, increased credit card debt, and sold possessions to make ends meet (1 = experienced, 0 = not experienced). The total recession impact score was calculated by summing the scores of the 17 items for cases that have at least one valid response to questions in the summary variable (0–17).

Financial Situation Before the Recession

A respondent's subjective financial situation before the recession was assessed by the respondent's rating of her/

his financial situation in MIDUS II on a scale from 0 to 10, where 0 represents the worst possible financial situation and 10 represents the best possible financial situation. To measure a respondent's objective financial situation, net worth at MIDUS II was calculated by subtracting total debts from total assets.

Covariates

Based on previous research (Engemann & Wall, 2010), age, gender, race, education, and marital status were controlled in the analysis. In addition, number of children and household income was controlled because they have been linked to both the recession experience and the recovery process (e.g., Glonti et al., 2015). Parents' mental and physical health in MIDUS II was assessed by two self-rating items asking, "In general, would you say your physical health [mental or emotional health] is excellent, very good, good, fair, or poor?" The responses were coded so that a higher score indicated better physical health and mental health (1 = poor to 5 = excellent) and included in the analysis. Finally, three employment status categories were included in the analysis (working, retired, and other [omitted]).

Data Analyses

Because the outcome variable (recession impact) was count data with excess zeros and overdispersion, negative binomial regression model was employed to model the data by using Stata (Long & Freese, 2014). The analysis utilized longitudinal prerecession and postrecession data from MIDUS II and MIDUS III for negative binomial regression analysis controlling for age, gender, race, education, marital status, employment status, household income, number of children, physical and mental health, subjective rating of financial situation, and net worth prior to the recession. Missing values for analytic variables were estimated by multiple imputation using Stata (approximately 10% missing on net worth and 5% missing on household income). Because the findings from the analysis utilizing imputed values were congruent with the findings from the analysis using the original data, the results from the latter are presented.

Results

Table 1 presents the prerecession descriptive statistics and the recession experiences of the sample. Parents whose son

Table 1. Descriptive Statistics of the Parents of Individuals With a Mental Health Problem or a Developmental Disability or Comparison Parents: MIDUS II and III (2004–2006, 2013–2014)

	MHP parents		DD parents		Comparison parents		Group differences	
	N = 84		N = 98		N = 2,029		No control	Age control
MIDUS II: prerecession	Mean	SD	Mean	SD	Mean	SD		
Age	56.7	10.5	52.6	11.4	55.5	11.4	**D < M, C	—
Education (years)	15.2	2.7	14.4	2.9	14.5	2.6	+	+
Number of children	3.2	1.8	3.4	2.6	2.7	1.5	***M, D > C	***
Physical health	3.5	0.8	3.6	1.0	3.7	0.9	*	*
Mental health	3.6	0.9	3.8	1.0	3.9	0.9	**M < C	**
Household income	82,836	70,380	78,606	66,915	77,358	60,419	ns	ns
Assets: net worth	603,265	830,918	554,370	837,263	587,760	814,058	ns	ns
Financial situation (0–10)	6.3	2.3	5.7	2.3	6.7	2.0	***D < C	***
Age of son or daughter ^a	31.6	11.4	24.0	13.9	28.2	12.5	***M > C > D	***
	%		%		%			
Female	65.5		60.2		56.0		ns	ns
Non-Hispanic white	95.1		92.8		88.1		*	*
Married	69.1		73.5		78.8		ns	*
Working	67.9		62.2		66.6		ns	*
Retired	20.2		15.3		22.9		ns	ns
MIDUS III: postrecession	Mean	SD	Mean	SD	Mean	SD		
Recession experience (0–17)	1.8	2.6	2.0	2.6	1.2	1.9	***M, D > C	***
	%		%		%			
Any recession experience	60.7		61.2		51.6			

Note: Comparison parents (C) = parents whose son or daughter did not have any developmental disabilities or mental health problems; DD parents (D) = parents whose son or daughter had a developmental disability; MHP parents (M) = parents whose son or daughter had a mental health problem.

^aAge of son or daughter with disabilities was presented for MHP parents and DD parents groups; average age of all offspring was presented for comparison group. *p ≤ .10, **p ≤ .05, ***p ≤ .01, ****p ≤ .001.

or daughter had a developmental disability (mean age = 53; range 37–82) were younger than both parents whose son or daughter had a mental health problem (mean age = 57; range 36–83) and parents in the comparison group (mean age = 56, range 36–83). For the most part, the three parent groups did not differ with respect to sociodemographic characteristics at MIDUS II before the recession. More than 55% of the parents in the study were mothers. On average, parents had completed about 3 years of college. Approximately 70%–80% of parents were married, and approximately two thirds of the parents were working and slightly more than 20% were retired prior to the recession. However, the three groups differed with respect to race, number of children, and health status. Regarding race, 95% of parents whose son or daughter had a mental health problem and 93% of parents whose son or daughter had a developmental disability were non-Hispanic white, whereas 88% of parents of unaffected children were non-Hispanic white. Parents whose son or daughter had a mental health problem or a developmental disability had more children and poorer health than parents in the comparison group.

The three groups did not differ with respect to household income and net worth. Parents reported a mean household income of around \$80,000 and a mean net worth of approximately \$600,000 before the recession. In contrast, self-rated financial status differed across the three groups: Parents who had a son or daughter with a developmental disability perceived their overall financial situation as worse prior to the recession than comparison parents. Parents whose son or daughter had a developmental disability or a mental health problem reported experiencing a greater number of recession-related events than parents in the comparison group.

Table 2 presents the results of the negative binomial regression analysis modeling the effect of having son or daughter with a mental health problem or a developmental disability on parents' experience of recession impacts. Parents who were younger, those with a lower prerecession net worth, and those who had a worse prerecession financial situation experienced a greater number of recession impacts than their counterparts, whereas parents who were retired and married prior to the onset of the recession experienced fewer recession impacts than the parents who were not working or unmarried prior to the recession. In addition, parents whose son or daughter had a mental health problem experienced significantly more recession impacts than the comparison parents, even after controlling prerecession sociodemographic and financial characteristics.

A supplementary analysis was conducted to confirm the findings from the main analysis by using the MIDUS Refresher, a national data set of adults in the United States whose age range (25–74) in 2012–2014 corresponds to the age range of the original MIDUS respondents at the time of its first wave in 1995–1996. Thus, a comparison of analytic results from the original MIDUS data and the MIDUS Refresher data sheds light on whether the recession impacts

Table 2. Negative Binomial Regression Predicting Number of Recession Experiences: MIDUS II and III (2004–2006, 2013–2014)

	Number of recession experiences	
	<i>b</i>	SE
Age	–0.030***	0.004
Female	–0.104	0.066
Non-Hispanic white	–0.060	0.098
Education	–0.009	0.014
Physical health	–0.033	0.041
Mental health	0.002	0.042
Household income	–0.005	0.030
Assets: net worth	–0.002***	0.001
Financial situation	–0.167***	0.017
Employed	0.047	0.105
Retired	–0.411**	0.139
Unemployed (omitted)	—	—
Married	–0.169*	0.081
Number of children	0.017	0.024
MHP parents	0.392**	0.147
DD parents	0.130	0.140
Comparison parents (omitted)	—	—
Pseudo- <i>R</i> ²	0.066	
Likelihood ratio χ^2	395.28	

Note: Comparison parents = parents whose son or daughter did not have any developmental disabilities or mental health problems; DD parents = parents whose son or daughter had a developmental disability; MHP parents = parents whose son or daughter had a mental illness.

p* ≤ .05, *p* ≤ .01, ****p* ≤ .001.

among parents of individuals with a mental health problem or a developmental disability vary across two different nationally representative samples. Overall, the parents in the refresher sample were younger and experienced greater recession impacts than those in the original sample. In addition, relative to the original sample, the refresher sample was more diverse with respect to racial/ethnic background: The proportion of parents who were non-Hispanic white was 84% among those whose child had a mental health problem, 74% among those whose son or daughter had a developmental disability, and 82% among parents of non-disabled children. Findings from the analysis that used the MIDUS Refresher (55 parents of individuals with a mental health problem, 79 parents of individuals with a developmental disability, and 1,374 comparison parents) evidenced similar patterns of recession impacts across the parent groups that were observed in the main analysis. Of the parents who were aged 40 years or older when the recession began, 76% of parents whose son or daughter had a mental health problem reported experiencing at least one recession impact, whereas 65% of parents whose son or daughter had a developmental disability and 56% of parents in the comparison group experienced at least one recession impact. Negative binomial regression analysis revealed that

parents who were younger and racial minority, those who had a worse prerecession financial situation, and parents whose son or daughter had a mental health problem experienced a greater number of recession-related events than their counterparts (data available from first author).

Discussion

This study examined whether midlife and older parents whose son or daughter had a mental health problem or a developmental disability were more vulnerable to the impacts of the Great Recession than comparison parents whose son or daughter did not have such conditions. The findings from the analysis of the MIDUS longitudinal data show that the impact of the Great Recession was prevalent among the general population. More than half of the parents in the analysis experienced at least one recession impact, and parents whose son or daughter had a mental health problem or developmental disability experienced greater levels of recession impact than comparison parents. Furthermore, descriptive statistics for individual items in the recession impact scale indicate that recession experiences differed between the two parent groups. Specifically, job loss, sales of home at below the purchase price, increase of credit card debt, and exhaustion of unemployment benefits were more common among parents whose son or daughter had a mental health problem than among other parents, whereas missing a mortgage or rent payment, being threatened with foreclosure/eviction, and moving in with family/friends to save money were more prevalent among parents whose son or daughter had a developmental disability than among other parents (results not shown).

The negative binomial regression analyses indicated that the parents whose son or daughter had a mental health problem experienced more recession impacts than comparison parents, even after controlling prerecession financial status and sociodemographic characteristics. The greater vulnerability of parents of individuals with a mental health problem may have been in part due to the fact these adult children were older (mean age 36 years in 2008) and therefore, less likely to be covered under their parents' health insurance policy than individuals with developmental disabilities who had a mean age of 28 at the beginning of the recession, resulting in higher out-of-pocket expenses for parents of individuals with mental health problem during the recession. Furthermore, even among those whose insurance covers some of the costs of health care services (e.g., parents with younger son or daughter), parents of individuals with a mental health problem may incur higher health care costs than parents of individuals with other types of disabilities, as suggested in the studies showing that, relative to parents whose son or daughter had other special needs, the parents of individuals with a mental health problem had more out-of-pocket expenditures for their son or daughter's medical services (especially among those with private insurance coverage) and reported more financial

problems due to the son or daughter's health care costs (Busch & Barry, 2007). The researchers noted that there are more barriers to mental health services than other health care services and suggested the need for mental health parity policies that could reduce parents' financial burden by eliminating restrictions on mental health care, especially in private insurance policies. Reductions in the accessibility of health care services in the public sector after the recession might also have increased financial strain in the families of individuals with a mental health problem. For example, the availability of certain types of behavioral health services actually declined due to postrecession budget cuts (Larrison et al., 2011).

In addition, individuals with a mental health problem are more likely to be in the competitive labor market than those with a developmental disability. For example, only 17% of young adults with autism spectrum disorder had competitive employment (Taylor & Seltzer, 2011), whereas about 50% of individuals with depression were employed (Emptage, Sturm, & Robinson, 2005). Thus, individuals with a mental health problem were more likely to be exposed to the risk of unemployment due to the recession and the ensuing financial deterioration. This risk might have increased their financial stress and the financial burden of their parents.

The findings are also consistent with the results of previous studies showing that families of individuals with a mental health problem or a developmental disability devote a significant amount of time and money to caring for and supporting their family members with the conditions even when the individual is an adult (Bauer et al., 2012; Cidav et al., 2012; Ghosh, 2013). Studies of parents of individuals with a mental health problem or a developmental disability have consistently reported that these parents are more likely to stop working or reduce working hours to accommodate their son or daughter's care needs, especially while their son or daughter is young (Aschbrenner, Greenberg, & Seltzer, 2009; Cidav et al., 2012; Seltzer, Greenberg, Floyd, Pettee, & Hong, 2001). These behaviors influence parents' earnings and career opportunities as well as the family's financial foundation throughout life via both immediate and long-term impacts. Consequently, parents of individuals with disabilities, especially parents who are older, are more likely to experience financial instability and report needing a job that will provide health insurance and a pension than their peers who do not have children with such conditions (Busch & Barry, 2007; Ghosh, 2013).

Notably, greater exposure to negative recession impacts might be more detrimental—in terms of both immediate and long-term effects—to midlife parents of individuals with a mental health problem or a developmental disability than to their older counterparts. Crystal and Shea (2003, p. 2) described midlife as “the critical launching pad for late-life economic outcomes,” and thus financial difficulties during midlife can be an important precursor of disadvantages in financial status in old age. Furthermore, disadvantages in

financial well-being and health among midlife parents may be amplified as parents get older because of a cumulative loss of resources and opportunities as suggested by the CAD perspective (e.g., Dannefer, 2003). Thus, midlife parents of individuals with a mental health problem or a developmental disability may be particularly vulnerable to physical and mental health problems in later life due to the persistent and amplified negative effects of the Great Recession. Importantly, this process of cumulative disadvantage may interact with social context. Crystal, Shea, and Reyes (2016) found that inequality increased during old age in all cohorts, but the increase was especially dramatic for certain groups, such as those who lived during the Great Depression. Prior empirical evidence has shown that parents of individuals with disabilities have a high risk of financial difficulties, especially in old age, due to the burden of providing long-term care and support for their son or daughter (e.g., Ghosh, 2013). A particularly challenging social context such as the Great Recession may amplify the cumulative disadvantage that midlife and older parents of individuals with a mental health problem or a developmental disability experience over time.

Overall, the findings of the current study and previous empirical evidence indicate the importance of paying special attention to parents whose son or daughter had a mental health problem and who experienced the recession during midlife. This group maybe at particular risk and require extra assistance from programs and health care policies that relieve their financial burdens. Furthermore, public efforts may have the greatest effects among these parents because effective supports would provide immediate relief for these parents' burdens (during midlife), but would also lead to long-term benefits at both the individual and societal level by slowing the growth of financial and health-related disadvantages.

Some limitations of this study should be noted. Because we used secondary data from MIDUS, we did not have detailed information about certain characteristics of individuals with a mental health problem or a developmental disability (e.g., severity of condition and type of insurance coverage) that would be related to their service and financial needs. In addition, the individuals had a heterogeneous range of conditions, which varied in degree of severity and challenge. Another factor we were unable to examine in the current study because of limited information was the impact of the level of parents' involvement in supporting and caring for their son or daughter with disabilities. The relatively small sample size could raise concerns about a Type II error in an analysis. In addition, minority racial groups are under-represented in MIDUS data, and thus further examination of racial variability was limited in the current study. Future research efforts using a data source that offers a larger sample size, a more demographically diverse set of respondents, information about the severity of disabilities, and the level of parents' involvement in care would further enhance understanding of the impacts of macro-level economic circumstances on the financial well-being of parents whose son or daughter has a disability

and thus would contribute to the establishment of effective interventions.

Despite these limitations, the present study contributes to the literature on the well-being of parents of individuals with disabilities. The analysis of two nationally representative data sets from the United States increases the generalizability of the findings. Additionally, the current sample of parents of individuals with disabilities did not volunteer for a study of caregiving effects, as is the case with most research on such parents, and thus the results are less vulnerable to self-selection bias. Furthermore, a longitudinal design enabled us to examine the recession impacts while controlling for the prerecession characteristics of parents in the analysis of the main MIDUS data.

In conclusion, the results suggest that midlife and older parents whose son or daughter had a mental health problem, regardless of their prerecession financial situation and sociodemographic resources, were more vulnerable to negative impacts of the recession and experienced more financial difficulties than parents of individuals without such conditions. The findings have significant implications for interventions and policy. Most importantly, the results indicate the need to provide effective financial support in order to relieve the financial burden experienced by parents of individuals with a mental health problem and suggest policies that reduce restrictions on mental health service access.

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