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Attachment Dimensions and Problem Behaviors in Middle Childhood Children: A Comparative Study in terms of Maternal Mental Health

Orta Çocukluk Çağındaki Çocuklarda Bağlanma Boyutları ve Problem Davranışlar: Anne Ruh Sağlığı Açısından Karşılaştırmalı Bir Çalışma

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ÖZ

Bu çalışma, ruh sağlığı hizmeti alan ve almayan annelerin orta çocukluk çağındaki çocukları arasındaki bağlanma boyutları ve problem davranışlar açısından farklılıklarını ve orta çocukluk çağındaki çocukların problem davranışlarının bazı sosyo-demografik değişkenlerle ilişkisini incelemeyi amaçlamaktadır. Nicel araştırma yöntemi kullanılan bu çalışmanın çalışma ve karşılaştırma grubu olmak üzere iki örneklem grubu bulunmaktadır. Bu çalışmada çalışma grubunda 62 anne ve 9-14 yaş grubundaki çocukları, karşılaştırma grubunda 65 anne ve 9-14 yaş grubundaki çocukları olmak üzere toplam 127 anne ve 127 çocuk yer almıştır. Veri toplama araçları Kişisel Bilgi Formu, Yakın İlişkilerde Yaşantılar Envanteri II – Orta Çocukluk Ölçeği ve Güçler ve Güçlükler Anketi'nden (AB 4-16) oluşmaktadır. Sonuçlar, çalışma grubu çocuklarının, karşılaştırma grubu çocuklarına göre daha fazla güvensiz bağlanma ve problem davranışlara sahip olma eğiliminde olduğunu göstermiştir. Annenin ruh sağlığı hizmetlerine olan ihtiyacının yanı sıra, annenin eğitim düzeyi, çocuğun plansız bir hamilelik sonrası doğumu ve bir veya iki ebeveynden bir süre ayrı kalması da çocuklarda problem davranışları etkileyen önemli faktörler olarak görülmüştür. Bu çalışma, çocuklarda problem davranışların gelişiminde önlenebilir faktörleri ortaya koymuştur. Bu sonuçlar ruh sağlığı profesyonellerinin uygulamalarına ve koruyucu-önleyici hizmetlerin geliştirilmesinde çocuk refahı sistemlerinin rolüne katkıda bulunmaktadır.

Anahtar kelimeler: *Bağlanma, çocuk refahı, orta çocukluk çağı, çocuklarda davranış problemleri, anne-çocuk sağlığı hizmetleri.*

ABSTRACT

This study aimed to examine the differences between middle-childhood children of mothers receiving and not receiving mental health services in terms of attachment dimensions and problem behaviors, and the relationship of problem behaviors in middle-childhood children with some socio-demographic variables. Using quantitative research method, this study had two sample groups: the study and comparison groups. Additionally, it involved a total of 127 mothers and 127 children in the 9-14 age group, including 62 mothers and their children in the study group and 65 mothers and their children in the comparison group. The data collecting process consisted of the Personal Information Form, the Experiences in Close Relationships Scale II – Middle-Childhood, and the Strengths and Difficulties Questionnaire (AB 4-16). The results showed that the study group children tended to have insecure attachment and problematic behaviors more than the comparison group children. In addition to mother's need for mental health services, mother's educational level, child's birth after an unplanned pregnancy, and separation from one or both parents for a period were also considered as important factors affecting problem behaviors in children. This study revealed the preventable factors in the development of problem behaviors in children. These results contribute to the practices of mental health professionals and the role of child welfare systems in developing protective-preventive services.

***Keywords**: Attachment, child welfare, middle childhood children, child behavior disorders, maternal-child health services.*

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INTRODUCTION

The mental health problems of parents are known to be a crucial risk factor for children's mental health (Oyserman et al., 2000). As globally estimated, 15-23% of children live with a parent with mental illness, and 50% of them are at risk of these illnesses (Leijdesdorff et al., 2017). The risk of psychopathology in children may increase by reasons of hereditary-genetic susceptibility and environmental factors. Studies have shown that people with psychiatric disorders experience different levels of parenting difficulties, depending on the characteristics of the disorder and the presence/absence of environmental support (Yamane et al., 2020; Erdim et al., 2015)

The vast majority of developmental scientists and clinicians agree that child-rearing, parenting, and more general family functions are naturally transferred from generation to generation. This process is especially important in understanding parenting behavior because daily interactions between parent and child are critical in forming the attachment in an early life period. Thus, the main agents of intergenerational transmission of attachment are rooted in "relationships based everyday life experiences between children and their caregivers" (Bowlby, 1988; Sette et al., 2015).

Mental health problems in one parent, especially in mothers, can generally affect family functions and children's development in various ways. Mental illness in mothers is a risk factor adversely affecting healthy mother-child interaction since early life experiences are now known to have an important role in mother-child relationship dynamics, leading to insecure attachment and psychopathology, e.g., in self-organization (Leijdesdorff et al., 2017).

The children who develop emotional and behavioral problems show more insecure attachment styles with their mothers (Brown & Wright, 2003; Brenning et al., 2012; Brook et al., 2012). While the sensitivity of caregiver is seen as the primary determinant of the secure attachment, from an ecological perspective, many variables such as the psychological characteristics of the mother, marital relationship, the mother's interaction with others, and the instrumental and emotional support are associated with the quality of mother-child attachment (Belsky & Fearon, 2008). Thus, instead of focusing only on the parenting variables (attachment representations and sensitive responsiveness), the role of the ecological space in which children develop and the individual differences of children should be taken into consideration, too (VanIjzendoorn & Bakermans-Kranenburg, 1997).

Attachment Theory provides a valuable framework for the intergenerational transmission of mental health and the social context of intergenerational factors which may affect children's problem behaviors. Recently, the intergenerational transmission of attachment and socio-emotional functions has been studied extensively. But there is still a need to explain precisely how intergenerational transmission works, even after many studies conducted over 40 years (VanIjzendoorn & Bakermans-Kranenburg, 2018; Verhage et al., 2018).

There are three main gaps are particularly noticeable in the current literature on the connection between intergenerational transmission of attachment and mental health. The first one is the necessity to address variables, such as attachment representations and parental sensitivity, which can differ culturally, under cultural contexts since whether they are functional can only be understood within their own cultural dynamics. According to Sümer et al. (2016), Turkish culture still maintains its collectivistic and relational base; however, well-educated mothers who value both independence and interdependence in caregiving and parenting particularly ensure their children's autonomy as well as their emotional commitment. Thus, Turkish mothers represent an important sample group in the context of the study.

Another gap in the literature is that, as Verhage et al. (2018) stated, there is still a need to investigate some social and environmental factors regarding intergenerational transmission. In parallel, it is important to examine factors such as the child's social and environmental conditions, as well as the developmental characteristics. The studies show that parents still outweigh as attachment figures in middle childhood, unlike other developmental stages. However, children's areas of autonomy expand in parallel with their mental and emotional development in this period (Sümer & Anafarta-Şendağ, 2009; Parrigon et al., 2015). But, the fact that middle childhood is relatively neglected by researchers points to a serious gap in this field, although it is a critical transition period.

Based on previous research, we hypothesized that children of the mothers who received mental health services would have developed more insecure attachment and problem behaviors. Given previous research, we also considered the potential role of social and environmental factors (e.g., mother's educational level, social support level, family type, etc.) besides maternal mental health that may have been related to children's problem behaviors. So, we hypothesized that, children's attachment styles and some socio-demographic factors might be related to children's problem behaviors.

In this study, we aimed to reveal whether there is a difference between the children of mothers who are receiving mental health services and the children of mothers who do not need such services, in terms of children's attachment and problem behaviors. We also aimed to reveal some other socio-demographic factors that may affect children's display of problem behaviors.

We posed two major research questions:

(1) Is there any difference between the children whose mothers receive mental health services and the children of mothers who do not need such services, in terms of children's attachment and problem behaviors?

(2) Are the children's attachment styles and some socio-demographic factors related to children's problem behaviors?

METHODS

Participants and Procedure

This study has two sample groups: the study and comparison groups. It was aimed to include all women who applied to the psychiatry clinic (study group) and other clinics (comparison group) of a university hospital during the study (2017's first 6 months) and who met the inclusion criteria. The parent receiving mental health services was the main factor in determining them. Applying for these services and having not received these services in any period were the determinants between the groups. The mothers receiving such services refer to the outpatients who generally went to the clinic with diagnoses, e.g., mood, anxiety, and adjustment disorders or with sub-threshold symptoms and haven't lost their general functionality. The other inclusion criteria for both groups are being a woman; having a child in the 9-14 age group (middle-childhood); being at least a high school graduate; having voluntarily accepted to participate in the study.

Power analysis was performed for the appropriate sample number. Accordingly, non-parametric tests found participants' numbers for each group could decrease to 52 (104 in total), with a=0.05 margin of error and 85% power. The study includes a total of 127 mothers and 127 children: 62 mothers and their children as the study group and 65 mothers and their children as the comparison group. Data were collected from the children and their parents at the same time and the questionnaires were administered in paper and pen. The study was initiated after the 13.01.2017 dated and 2017-17 numbered approval of the Ethics Committee of Eskisehir Osmangazi University Faculty of Medicine.

Measures

It consists of three parts: in the first part "Personal Information Form" to determine the socio-demographic data of mothers and their children, in the second part "the Experiences in Close Relationships Scale II – Middle-Childhood" to measure children's attachment dimensions, and in the third part "the Strengths and Difficulties Questionnaire" (AB 4-16) to determine children's competencies and problem behaviors were included.

Personal Information Form

The participants' socio-demographic data were included in the Form prepared by the researchers. It has questions on the personal data, psycho-social issues, and physical health status of mothers and children, as well as the socio-economic status of family.

The Experiences in Close Relationships Scale II – Middle-Childhood

The Scale was developed in 2000 by Fraley et al., the validity and reliability studies were conducted by Selçuk et al. in Turkey (2005). This version was adapted for middle-childhood and early-adolescence, and has a total of 36 items with 7-point Likert-type. The Turkish adaptation was made by Kırımer et al. in 2014. The original scale's Cronbach's alpha is 0.83 for anxious attachment and

0.85 for avoidant attachment. The Turkish adaptation's Cronbach's alpha is 0.90 for anxious attachment and 0.78 for avoidant attachment (Kırımer et al., 2014:51). In this study, Cronbach's alpha of "the Scale" is 0.85 for anxious attachment and 0.92 for avoidant attachment.

The Strengths and Difficulties Questionnaire (AB 4-16)

It was developed by the British psychiatrist Robert Goodman in 1997 to evaluate children's competencies and problem behaviors and Turkish adaptation was conducted in 2008 by Güvenir et al. It consists of 25 questions, under five subheadings as conduct problems, inattention/hyperactivity, emotional symptoms, peer problems, and social behaviors; each containing five questions based on appropriate diagnostic criteria and factor analysis results. The original scale's Cronbach's alpha is 0.82, and the Turkish adaptation's Cronbach's alpha is 0.84 (Güvenir et al., 2008:68). In this study, Cronbach's alpha of "the Questionnaire" is 0.72.

Statistical Analysis

IBM SPSS Statistics 20 was used for the evaluations and $p<0.05$ was accepted as the statistical significance threshold. Mean ± Standard Deviation was given for the continuous data, and percentage values were given for the discrete data in descriptive statistics. Mann-Whitney U test was used to compare the mean scale scores of attachment dimensions between the study and comparison groups. To compare the socio-demographic data and mean scale scores of problem behaviors of children between the study and comparison groups (in crosstabs) Chi-Square and Fisher's Exact tests were applied.

Multivariate Logistic Regression analysis was used to determine the risk factors on children's problem behaviors. First, some independent variables that may affect children's problem behaviors and their attachment scores were analyzed with univariate analysis. Then, meaningful variables were included in the logistic regression model, and the final model was obtained by backward elimination method.

RESULTS

Comparison of Socio-Demographic Features between the Study and Comparison Groups

As shown in Table 1, no statistically significant difference between the groups found regarding age and gender distributions of children, number of siblings and birth order, children's caregiver when young, birth after a planned pregnancy, mothers' age distribution, educational levels, employment and marital status, social support levels, family types and monthly incomes ($p>0.05$). But statistically significant differences were found between the groups' rates on separation from parents when young, mother's chronic health problems, and psychiatric disorder history in mother's family ($p<0.05$, $p<0.05$, $p<0.001$). These rates were meaningfully higher for the study group children, than the comparison group. (Table 1)

Table 1: Comparison of Socio-Demographic Data between the Study and Comparison Groups, and Descriptive Statistics

Socio-Demographic Details	Study Group		Comparison Group		Total		Test Statistics	
	n	%	*n*	%	*n*	%		*p**
Mother's age								
≤ 39	35	56.5	34	52.3	69	54.3	χ^2 =0.220	0.639
≥ 40	27	43.5	31	47.7	58	45.7		
Mother's educational level								
Secondary Education	32	51.6	39	60	71	55.9	χ^2 =0.905	0.341
Higher Education	30	48.4	26	40	56	44.1		
Mother's employment status								
Employed	33	53.2	37	56.9	70	55.1	χ^2 =0.175	0.675
Unemployed	29	46.8	28	43.1	57	44.9		
Mother's marital status								
Married	58	93,5	61	93,8	119	93,7	χ^2 =0,005	1,000
Not married	4	6,5	4	6,2	8	6,3		
Mother's chronic health problems								
Yes	13	21	2	3,1	15	11,8	χ^2 =9,751	0.002**
No	49	79	63	96,9	112	88,2		
Mother's social support level								
Low	7	11,3	5	7,7	12	9,4	χ^2 =0,862	0,650
Moderate	27	43,5	26	40	53	41,7		
High	28	45,2	34	52,3	62	48,8		
The presence of psychiatric illness in the mother's family								
Yes	23	37,1	3	4,6	26	20,5	χ^2 =20,563	0,000***
No	39	62,9	62	95,4	101	79,5		
Family type								
Nuclear family	53	85,5	57	87,7	110	86,6	χ^2 =0,133	0,715
Extended family	9	14,5	8	12,3	17	13,4		
Family's monthly income								
Low	11	17,7	5	7,7	16	12,6	χ^2 =2,910	0.088
Moderate and high	51	82,3	60	92,3	111	87,4		
Child's age								
≤11	31	50	25	38.5	56	44.1	χ^2 =1.714	0.190
≥ 12	31	50	40	61.5	71	55.9		
Gender								
Girl	34	54.8	28	43.1	62	48.8	χ^2 =1.757	0.185
Boy	28	45.2	37	56.9	65	51.2		
Number of siblings of the child								
1	15	24,2	16	24,6	31	24,4	χ^2 =1,815	0.404
2	39	62.9	35	53,8	74	58,3		
3 and above	8	12,9	14	21,5	22	17,3		
Birth order of the child								
First child	41	66,1	46	70,8	87	68,5	χ^2 =0,317	0,574
The second and above	21	33,9	19	29,2	40	31,5		
The person who took care of the child when s/he was young								
Mother	37	59,7	39	60	76	59,8	χ^2 =0,001	0,970
Other	25	40,3	26	40	51	40,2		
Planned Pregnancy								
Yes	48	77,4	58	89,2	106	83,5	χ^2 =3,208	0,073
No	14	22,6	7	10,8	21	16,5		
Child's separation from parents when s/he was young								
Yes	20	32,3	10	15,4	30	23,6	χ^2 =5,008	0.025*
No	42	67,7	55	84,6	97	76,4		

* Chi-square/Fisher's exact test *p < 0.05 **p < 0.01 ***p < 0.001

Comparison of Children's Attachment and Problem Behaviors between the Study and Comparison Groups

As shown in Table 2, anxious (p<0.001) and avoidant (p<0.001) attachments of the study group children were statistically significantly higher than the attachments of the comparison group children. The study group children tend to insecure attachment more than the comparison group. (Table 2)

Table 2: Comparison of the Mean Scale Scores of Attachment Dimensions between the Study and Comparison Groups and Descriptive Statistics

Experiences in Close Relationships Scale-R	Study Group		Comparison Group		Test Statistics	p*
	M	*SD*	*M*	*SD*		
Anxious Attachment Dimension (Child)	2.75	1.11	2.09	0.59	U = 1283.000	<0.000***
Avoidant Attachment Dimension (Child)	2.69	1.23	1.92	0.99	U = 1092.000	<0.000***

* Mann-Whitney U test *p<0.05 **p<0.01 ***p<0.001

Since the number of children with borderline and abnormal problem behavior was insufficient, comparisons were made by considering children with borderline and abnormal problem behavior together. As shown in Table 3, no difference was found among the normal and borderline/abnormal rates for social behaviors and peer problems sub-dimensions of the children in both groups (p>0.05). But a statistically important difference was found among the normal and borderline/abnormal rates for emotional symptoms, conduct problems, inattention/hyperactivity sub-dimensions, and overall difficulty scores (p<0.01, p<0.001). The study group children's borderline/abnormal rates were meaningfully higher than the comparison group children's. Accordingly, the children of mothers receiving mental health services were determined to have more emotional symptoms, conduct, peer, social, and hyperactivity/inattention problems, than the other group. (Table 3)

Table 3: Comparison of the Mean Scale Scores of Children's Problem Behaviors between the Study and Comparison Groups, and Descriptive Statistics

SDQ	Study Group		Comparison Group		Test Statistics	
	n	*(%)*	*n*	*(%)*		*p**
Social Behaviors						
Normal	56	90.3	62	95.4	χ^2 =1.235	0.266
Borderline/ Abnormal	6	9.7	3	4.6		
Emotional Symptoms						
Normal	42	67.7	59	90.8	χ^2 =10.335	0.001**
Borderline/ Abnormal	20	32.3	6	9.2		
Conduct Problems						
Normal	43	69.4	62	95.4	χ^2 =15.012	0.000***
Borderline/ Abnormal	19	30.6	3	4.6		
Hyperactivity/Inattention						
Normal	36	58.1	55	84.6	χ^2 =11.013	0.001**
Borderline/ Abnormal	26	41.9	10	15.4		
Peer Problems						
Normal	43	69.4	56	86.2	χ^2 =5.211	0.022
Borderline/ Abnormal	19	30.6	9	13.8		
Total Difficulties Score						
Normal	41	66.1	59	90.8	χ^2=11.509	0.001***
Borderline/ Abnormal	21	33.9	6	9.2		
Abnormal	10	16.1	0	0		

* Chi-square/Fisher's Exact Test *p<0.05 **p<0.01 ***p<0.001

The Predictors of Children's Problem Behaviors and Logistic Regression Model

In this section, no distinction was made between the study and comparison groups, and the mothers' status as receiving mental health service was considered a variable. First, some independent variables that may affect children's problem behaviors and attachment scores were analyzed with univariate analysis. Then, the meaningful variables were included in the logistic regression model, and the final model was obtained by backward elimination method.

Accordingly, as shown in Table 4, the children with high school graduate mothers were found to be at risk of problem behaviors 3,790 times more than the children of mothers having higher education. The children born after an unplanned pregnancy were at risk of problem behaviors 4,837 times more than those born after a planned pregnancy. Those separated from their parents were at risk of problem behaviors 3,530 times more than the other children. The children in the study group where the mothers received mental health services were at risk of problem behaviors 4,613 times more than the comparison group children. According to the final model, mother's educational level, birth after a planned pregnancy, separation from one parent, and mother's need for mental health services were found to be crucial risk factors on child's display of problem behaviors. (Table 4)

Table 4: Investigation of Factors Affecting Children's Problem Behaviors Using Multivariate Logistic Regression Analysis

Factors	*β*	*SE*	*OR*	*% 95 CI*	*p*
Mother's Low Level of Education	1,332	0,572	3,790	1,235 -11,626	0,020*
Child's Birth After an Unplanned Pregnancy	1,576	0,579	4,837	1,554 – 15,051	0,006**
Child's Separation from Mother and/or Father	1,261	0,545	3,530	1,212 – 10,279	0,021*
Mother's Need for Mental Health Services	1,529	0,553	4,613	1,562 – 13,626	0,006**

β: Regression Coefficient, SE: Standard error, OR: Odds Ratio, CI: Confidence interval *p<0,05**p<0,01***p<0,001

DISCUSSION

In this study, children of mothers needing mental health services are seen to exhibit more insecure attachment patterns and problem behaviors compared to the general population. The findings revealed results consistent with the other findings in the literature regarding the relationship between attachment and mental health and the fact that individuals with mental problems exhibit more insecure attachment patterns (Brown & Wright, 2003; Zachrisson, 2009; Sümer & Anafarta-Şendağ, 2009; Brenning et al., 2012; Brook et al., 2012). The studies suggest that children with mothers having mental health problems develop more insecure attachment patterns than the others (Hill, 2004; Walsh et al., 2009).

Generally, the previous studies stating that children with parents having psychiatric disorders have high risks of developing psychiatric diseases in the long term remark the relation between children's problem behaviors and mothers' mental health problems. The children of parents with psychiatric disorders are 2,5 times more likely to develop psychiatric disorders than other children (Leijdesdorff et al., 2017). Many studies on the consequences and related variables of insecure attachment

patterns suggest that the children with insecure attachment patterns are at much higher risk of emotional and behavioral problems than those with secure attachment patterns (Bowlby, 1973; Howe et al., 1999; Nakash-Eisikovits et al., 2000; Walsh et al., 2009; Sümer & Anafarta-Şendağ, 2009). Many findings indicate that the children with emotional and behavioral problems show more insecure attachment features in their relationships with their mothers (Brown & Wright, 2003; Brenning et al., 2012; Brook et al., 2012).

However, along with mother's mental health problems, the findings on some risk factors in the social context that may affect children's problem behaviors were obtained, too. It is a considerably meaningful finding that children born after an unplanned pregnancy have a higher probability of developing problem behaviors than the other children. Birth after an unplanned pregnancy, combined with social and psychological reasons of being unwanted, can be considered as a serious risk factor for children's best interests and problem behaviors in general. Many reasons, e.g., socio-economic conditions of mother and family, and mother not being physically and emotionally ready for motherhood, may hinder establishing a healthy bond with the baby and showing effective parenting behaviors.

Affecting attachment transmission similarly to other risk factors, lower educational levels of parents (i.e., less than high school education) are also related to other social and economic disadvantages affecting family stress levels (Conger et al., 2002; Verhage et al., 2018). It is frequently emphasized that one of the most important indicators of sensitivity in parents, especially in mothers, is the educational level (Biringen et al., 2000; Verhage et al., 2018). Numan Bayraktaroğlu (2010) states that in Turkish society, individuals with higher education value autonomy more and they are more independence-oriented, while individuals with lower levels of education esteem family values more than individual values and are dependent-oriented. Thus, educational level, especially mother's, has an important role in cultural change and parenting practices. Therefore, mother's low educational level emerges as a critical risk factor in Turkish culture for attachment orientations and associated with child behavioral outcomes. High school and above education are associated with more positive maternal internal representations about children, and a protective factor for them (Sümer et al., 2016). Among the participants of this study, there were no mothers with lower education than high school, but children of mothers with high school education were found to be significantly at higher risk of problem behaviors than children of mothers with higher education.

Most of the mothers in this study continue their marriage with their participant children's biological fathers. However, some families had experienced short and long-term separations due to business and economic reasons, especially until the child was three years old. These separations can constitute an important risk factor for problem behaviors in children due to the difficulties of single parenthood and the interruptions in the attachment relationship. Single-parenting is described as more challenging than co-parenting due to economic issues and time constraints weakening parents' capacity to adapt to cues and signals from children (Cyr et al., 2010). Also, the studies show that

spouse support, especially emotional support, reduces parents' stress during the first postpartum year and affects attachment with their children (Das Eiden et al., 1995; Sampson et al., 2015). Thus, single parents' high stress levels can jeopardize their sensitive caregiving (Verhage et al., 2018). Also, separation from one or both parents for a period interrupts the attachment relationship, causing related risk factors.

Limitations and Suggestions for Future Research

Although intriguing, findings from the present study are limited in several respects. The study aimed to reach a larger sample group; however, there were difficulties in reaching the participants. The relatively small sample size of the present study and the overall response rate limit the generalizability of findings. The present study used a cross-sectional research design and cannot address issues of causality among study variables. It relied upon exclusively on the self-report data of mothers and their children, and the information obtained from the participants was not corroborated by other sources. Besides, the study's other limitation is that the comparison group mothers weren't evaluated psychiatrically, although the study group mothers were previously evaluated psychiatrically by mental health professionals; therefore, the comparison group mothers were assumed to be psychiatrically healthy. Future research should be conducted to corroborate diagnostic and other types of information about participants from multiple sources and also address issues of causality among study variables.

These variables are wide-ranging from macro-level determinants such as cultural and social structure to micro-level determinants such as the child's birth after an unplanned pregnancy. Therefore, the results of this study are crucial in terms of drawing attention to intergenerational and ecological factors that may be associated especially with problem behaviors in children. However, it is thought that the results of this study, which was carried out as a first step and does not contain causality, will shed light on future studies.

CONCLUSIONS and IMPLICATIONS

According to the results in this study, children of mothers needing mental health services are seen to exhibit more insecure attachment patterns and problem behaviors compared to children of mothers not needing mental health services. When the children in the study and comparison groups are evaluated together, some factors such as; child's birth after an unplanned pregnancy, mother receiving mental health support, mother's low level of education, and child's separation from mother or father for a certain period of their childhood respectively have been found as risk factors on child's display of problem behaviors.

Empowering families and mothers within the family means consolidating and strengthening the foundations of bridges to the next generations. Based on the results of this study, the following suggestions have been developed from an ecological perspective, especially to raise healthy generations and preventive mental health practices:

Among issues, e.g., improving social functioning and activating social support systems in case of mental health problems in one parent, especially mother, it is important to restructure the interventions especially for the child's best interests and healthy development. Therefore, it is recommended to plan professional interventions to develop parenting skills, strengthen parent-child relationships, and establish supportive and trust-based relationships with other important attachment figures in the family and social environment. It is particularly important to ensure cooperation and coordination between mental health and child protection systems so that they can work together effectively. Especially, adult mental health services shouldn't only focus on traditional patient-oriented interventions for adults, and children and adolescent mental health services shouldn't only focus on child psychopathology with a patient-oriented approach; but both should adopt a more holistic approach for the needs of all family members. Mental health and child welfare workers have a significant role to play in adopting this holistic approach and making it settled in practice.

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ETHICAL INFORMATION ON RESEARCH

All procedures performed in the study involving human participants were following the ethical standards of the Eskişehir Osmangazi University Faculty of Medicine Ethics Committee numbered 2017-17 with the decision dated 13.01.2017.

DECLARATION OF INTEREST STATEMENT

The authers declare that they have no conflict of interests.

CONTRIBUTION OF RESEARCHERS

The authors contributed equally to the study.

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