DEPARTMENT OF CLINICAL CHILD PSYCHOLOGY, UNIVERSITY OF KANSAS

Investigating the Longitudinal Relation Between Sleep Disturbance and Depressive Symptoms in Late childhood: The Moderating Effects of Social Support.

Kathleen L. Wright, Jeevan S. Bains, & Paula J. Fite

BACKGROUND

Sleep disturbances among children and adolescents has been estimated to be as high as 50%. [1]

Higher depression scores in late childhood is common and may result from lack of sleep, as has been found in adolescents. [2]

Bowlby's (1973) attachment theory underscores the importance of a supportive environment and how that contributes to children's emotional wellbeing. [3] Social support from teachers and school staff can promote students' emotional confidence and coping skills and may serve as a protective factor against depressive symptoms. [4, 5]

AIMS

a) To investigate the link between sleep disturbance and depressive symptoms among children in late childhood.
b) To examine if social support from teachers serves as a main effect and/or moderates this relation.

METHODS

166 children (aged 8-11, grades 3-5) from a local elementary school completed self-report measures of demographic information, perceived social support within the school (The Social Support Scale), sleep disturbance (Patient-Reported Outcomes Information System (PROMIS), and depressive symptoms (Short Mood and Feeling Questionnaire) at two time points six months apart (Fall and Spring semester). [6,7,8]

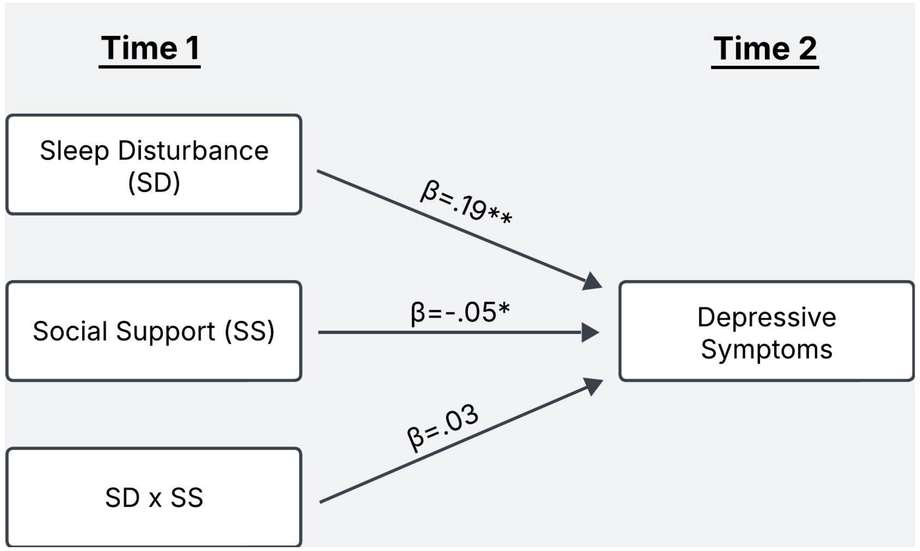

Figure 1: Time 1 variables predicting Time 2 Depressive Symptoms; *p<.05; **p<.01

RESULTS

Longitudinal path models were estimated with sleep disturbance, school-based social support, and their interaction at Time 1 serving as the predictors of Time 2 depressive symptoms. Higher sleep disturbance scores (β=.19, p<.01) and lower social support scores (β=-.05, p<.05), but not their interaction (β=.03, p=.36), at Time 1 forecasted Time 2 depressive symptoms (see figure 1). When Time 1 depressive symptoms were controlled in a subsequent analysis, there were no significant effects. This likely occurred because of the strong relation between Time 1 and Time 2 depressive symptoms (β=.71, p<.01) in the analysis.

CONCLUSIONS

- The results highlight the role of sleep disturbance in children's depressive symptoms but only when child depressive symptoms at Time 1 are not controlled.
- While teacher social support did not moderate the relation between sleep disturbance and depressive symptoms, it did serve as a main effect, reflecting its importance for subsequent sleep symptoms.
- In future research, systems of support outside of school should be evaluated to better understand both risk and protective factors. These systems may serve as moderators.

Katwright@ku.edu