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Report # 102

Maternal Depression: The Risks

April 2009

Mothers And Depression

Mothers suffering from depression are a growing health concern in the United States. Left undiagnosed or untreated, depression – particularly postpartum depression – can have profound consequences for both mother and child.

Depression can erode a mother's ability to support her family, enjoy a healthy relationship with her child and manage other necessary parenting duties. Having a mother who is depressed places a child at higher risk of impaired mental and motor development, behavior problems and other poor outcomes. Such risks are even greater for mothers and their children who are poor.

Women Vulnerable

Rates estimating the prevalence of depression tend to vary with the measure used and the population studied. Recent estimates suggest that 4% to 7% of adults suffer from depression during any given year.

Studies identify several groups who tend to be more vulnerable to depression. These more susceptible populations include women, low-income women and women with the lowest levels of education.

About 6% of all mothers show symptoms of depression, studies suggest. Postpartum depression is the most common type. More than 14% of new mothers experience depressive episodes that impair their parenting abilities.

The rate of depression is higher among low-income families and low-income women, in particular. One study suggests that 20% of parents in households that receive welfare benefits have

Depression's Heavy Toll

Well-being of both mother and child is at risk

symptoms of depression compared to only 4% of parents who have incomes high enough to exclude them from qualifying for welfare benefits. In general, poorer families are less likely to seek care for depression. And even when they do they are less likely to receive the appropriate treatment.

Studies also suggest that the less education a woman has, the more likely she is to exhibit symptoms of depression. In 2004, for example, only 2% of parents with a bachelor's degree or higher showed symptoms of depression compared to 8% of parents who did not earn a high school diploma.

In addition, trauma and post-traumatic stress disorder tend to be more prevalent among women with the lowest levels of education and income.

Parenting Impaired

For women suffering from depression, the personal, social and financial consequences can be enormous. Depres-

Related Reports

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sion can also erode a woman's ability to care for her child. Many studies that have investigated depression offer a glimpse of the high price a mother may pay when her illness is left untreated.

Maternal depression, for example, increases the risk of experiencing high stress, marital discord and family conflict. It also makes it much more difficult for a woman to build a reliable, adequate network of social support and to find and hold onto a job to help support her family.

Depression can impair parenting several ways.

The interaction between mother and child – an critical part of parenting – is one area that is particularly susceptible to damage. Brain research underscores the importance of these interactions. For example, children's development is enhanced in many ways by a stimulating environment and by responsive and nurturing relationships, usually with a parent

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Depression can disrupt interactions between mother and child and contribute to the child developing a range of problems, including poor behavior and low self-esteem.

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or other primary caregiver. But a neglectful, dysfunctional environment makes healthy development less likely.

Mothers suffering from depression have been found to interact with their children less and in a less nurturing manner. Some have been found to have a more negative and withdrawn style of interacting with their children. They may, for example, talk to the child less often and be more distant and disengaged.

Mothers who are depressed have also been shown to be less likely to take basic precautions to protect children from harm, such as using car seats or covering electrical plugs.

Children At Risk, Too

The disruption to early mother-child interactions caused by depression also contributes to children experiencing both short-term and long-term problems.

Problems include a greater likelihood of impaired cognitive and motor development, difficult temperament, poor self-regulation, low self-esteem and behavior problems. For example:

- A study of preschool-aged children reports that those with depressed mothers had higher levels of behavior problems and reduced brain activity as measured by electroencephalography.
- Among 5-year-old children, those whose mothers experienced frequent and/or severe episodes of depression were found to be more

likely to have behavior problems and they had lower scores on tests measuring vocabulary.

- In a study of third graders, maternal depression was found to be directly related to more acting out behavior among the children. One reason for this, researchers reported, was that depression affected the mother's parenting,

particularly her ability to effectively discipline her child.

The good news is that depression can be identified through regular screening and treated effectively.

Unfortunately, barriers to appropriate health care leave many women with maternal depression undiagnosed and untreated across the United States.



references

This article was largely based on the following publications:

Wisner, K.L., Chambers, C., & Sit, D.K.Y. (2006). Postpartum depression: A major public health problem. *JAMA*, 296(21); 2616-2618.

Miranda, J., Chung, J.Y., Green, B.L., Krupnick, J., Siddique, J., Revicki, D.A., & Belin, T. (2003). Treating depression in predominantly low-income young minority women: A randomized controlled trial. *JAMA*, 290(1); 57-64.

Pincus, H.A., Hough, L., Houtsinger, J.K., Rollman, B.L., & Frank, R.G. (2003). Emerging models of depression care: Multi-level ('6P') strategies. *International Journal of Methods In Psychiatric Research*. 12(1); 54-61.

Moore, K.A., Hair, E.C., Vandivere, M.P.P., McPhee, C.B., McNamara, M., & Ling, T. (2006). Depression among moms: Prevalence, predictors, and acting out among third grade children. *Child Trends Research Brief* (March 2006), publication 2006-19.

Dawson, G., Ashman, S.B., Panagiotides, H., Hessl, D., Self, J., Yamada, E., & Embry, L. (2003). Preschool outcomes of children of depressed mothers: Role of maternal behavior, contextual risk, and children's brain activity. *Child Development*, 74(4); 1158-1175.

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