



Parental Depression and Its Impact on Child and Family Well-Being

On March 9, 2018, CANTASD (the National Child Abuse and Neglect Technical Assistance and Strategic Dissemination Center) hosted a Digital Dialogue with Jessica Dym Bartlett, the Deputy Program Area Director for Early Childhood Development & Child Welfare at Child Trends. The conversation focused on the impact of parental depression on child and family well-being. This document summarizes the conversation with the 267 individuals from around the country who joined the call.

UNDERSTANDING PREVALENCE

Dr. Bartlett provided an overview of what current research tells us about parental depression:

- **Depression is not uncommon.** Depression affects 16.2 million adults, or 7% of all adults, in the United States. More women suffer than men, especially after pregnancy.¹ Approximately 15.6 million children—one in five—live with a parent diagnosed with depression.²
- **Depression affects both mothers and fathers.** One in seven new mothers (or just over 14%) experience postpartum depression. While less is known about depression among new fathers, existing research suggests approximately 5% to 10% of men experience depression during the postpartum period. Because depression is more common among new mothers, more attention and resources have been dedicated to addressing depression among mothers than among fathers.³
- **Parental depression often begins during pregnancy.** Current research suggests that symptoms of maternal depression are *not* more common or severe after childbirth than during pregnancy.⁴ This underlines the need to attend to the mental health needs of mothers while they are pregnant.
- **Families facing life adversities may be particularly affected by parental depression.** Reviews of the home visiting literature suggest rates of depression between 23% and 57%.⁵ Similarly, nationally

Find Related Resources:

- Access the Digital Dialogue recordings, slides, and materials:
- Visit CANTASD's [topic page on Neglect](#) to learn more.
- [Stay connected](#) to our ongoing work in this area.

1 National Institutes of Mental Health. (2017). *Major depression*. Retrieved from <https://www.nimh.nih.gov/health/statistics/major-depression.shtml>

2 National Research Council (NRC) and Institute of Medicine (IOM). (2009). *Depression in Parents, Parenting, and Children: Opportunities to Improve Identification, Treatment, and Prevention*. Committee on Depression, Parenting Practices, and the Healthy Development of Children. Board on Children, Youth, and Families. Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.

3 Paulson, J. F., & Bazemore, S. D. (2010) Prenatal and postpartum depression in fathers and its association with maternal depression: a meta-analysis. *Journal of the American Medical Association*, 303(19),1961–1969.

4 Kinsella, M. T., & Monk, C. (2009). Impact of maternal stress, depression and anxiety on fetal neurobehavioral development. *Clinical Obstetrics and Gynecology*, 52(3), 425-440.

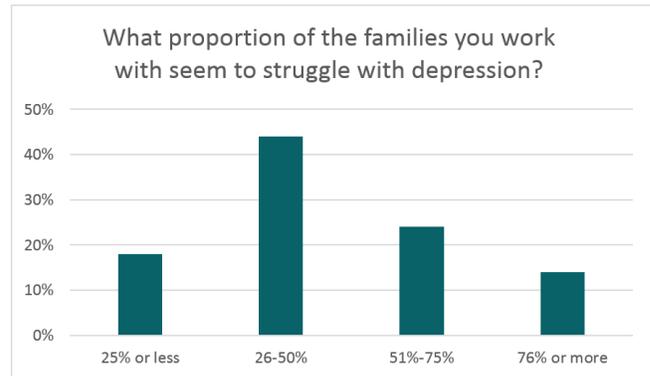
5 Ammerman, R. T., Putnam, F. W., Bosse, N. R., Teeters, A. R., Van Ginkel, J. B. (2010). Maternal depression in home visitation: A systematic review. *Aggression and Violent Behavior*, 15(3), 191-200.

representative data from the National Survey of Child and Adolescent Well-being (NSCAW) showed that 25% of caregivers involved with the child welfare system experience clinically significant symptoms of depression.⁶

POLL QUESTION 1: WHAT PROPORTION OF THE FAMILIES YOU WORK WITH SEEM TO STRUGGLE WITH DEPRESSION?

Participants were asked about how prevalent depression seemed to be for the families they worked with. Overall, those on the call reported high rates of depression among the families they served.

About 38% of those who responded indicated that over half of the families they work with seem to struggle with depression.



IMPACT ON CHILD AND FAMILY WELL-BEING

- **Depression is associated with less positive parenting behavior.** Compared to their non-depressed peers, mothers who are depressed exhibit more hostility, less warmth, withdrawn/disengaged behavior, and abusive and neglectful tendencies.⁷
- **Parental depression co-occurs with other family stressors.** Depression among mothers is associated with a two- to threefold increase in risk of perpetrating abuse and neglect. According to current research, depression has the strongest association with physical abuse, psychological aggression, and medical neglect, in particular.^{8,9} This link may be attributable, in part, to the association of parental depression with multiple risk factors for maltreatment (e.g., substance abuse, social isolation, poverty, childhood history of maltreatment, intimate partner violence [IPV], adolescent parenthood, poor maternal health).
- **Parental depression has an impact on kids.** Compared to children of non-depressed parents, children of depressed parents experience more behavior problems, difficulties coping with stress, insecure attachments, relationship problems, academic problems, and mental and physical health issues. The chances of poor outcomes for the child are increased when a parent's depression is severe or chronic; begins early in a child's life; or is accompanied by other risk factors, such as poverty, family violence, discrimination, substance abuse, or other health and mental health problems.¹⁰
- **Negative impacts can result even from prenatal depression.** Evidence demonstrates that depression during pregnancy can have adverse effects on the fetus. The prenatal environment—including a mother's psychological state—can change *in utero physiology* and have sustained effects across the lifespan. Studies show that fetal heart rate, activity (e.g., sleep patterns), and stress response can be negatively affected. Overall, growing evidence shows that a parent's mood shapes fetal neurobehavioral development.^{11,12,13}

6 National Survey of Child and Adolescent Well-Being (NSCAW). *CPS sample component. Wave 1 data analysis report*. Retrieved from <https://files.eric.ed.gov/fulltext/ED501301.pdf>

7 NRC & IOM, 2009.

8 Felitti, V. J., Anda, R. F., Nordenberg, D. et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245- 258.

9 Springer, K. W., Sheridan, J., Kuo, D., & Carnes, M. (2003). The long-term health outcomes of childhood abuse: An overview and a call to action. *Journal of General Internal Medicine*, 18(10), 864- 870. (Felitti et al., 1998)

10 NRC & IOM, 2009.

11 Allister, L., Lester, B. M., Carr, S., & Liu, J. (2001). The effects of maternal depression on fetal heart rate response to vibroacoustic stimulation. *Developmental Neuropsychology*, 20(3), 639-651.

12 DiPietro, J.A., Bornstein, M.H., Costigan, K.A., Pressman, E.K., Hahn, C.S., Painter, K., Smith, B.A., & Yi, L.J. (2002). What does fetal movement predict about behavior during the first two years of life? *Developmental Psychobiology*, 40, 358-371.

13 Kinsella & Monk, 2009.

THINKING SYSTEMATICALLY ABOUT ADDRESSING PARENTAL DEPRESSION

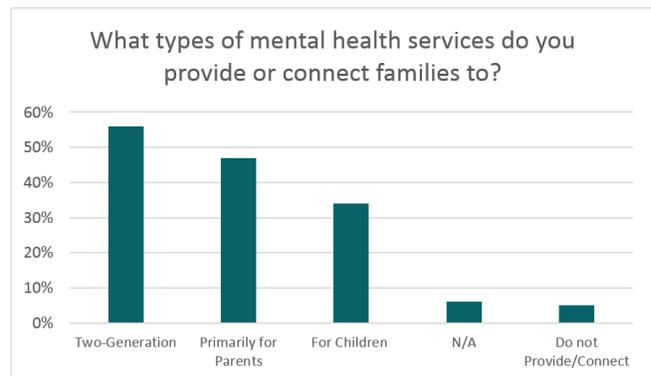
Providers and programs working directly with families under stress—whether they focus on child abuse and neglect prevention, family resources and support, home visiting, early childhood, or other areas—can take these important steps to help to develop a systemic response system for parents:

- **Increase public awareness and decrease stigma.** The deep stigma associated with mental health issues serves as a barrier to many parents getting the help they need to address chronic depression.^{14,15} Community providers can help build awareness and acceptance of mental health issues, including depression, and encourage parents to seek help.¹⁶
- **Identify parental depression early through screening.** Screening for parental depression, especially during the perinatal period, can be an effective way to address it before there are negative consequences for children. Two screening tools that can be used are the EPDS and the CESD-R. Screening has been found to identify at least 75% of people with depressive disorders.¹⁷ Once a parent's depression has been identified, it is important to refer parents to evidence-based services to address it and to follow up with parents to ensure they have been able to access and use these services.
- **Train service providers to screen, refer, and follow up.** Often the child and family serving programs that see families on a regular basis are ideal places to engage parents and help them access the support they need to address parental depression. Working with this population requires skill and can be daunting for many front-line staff. We can't just hand families a referral and say, call here. We need to help them move through the barriers we know are going to exist and make sure that families are making it through to get the help they need.
- **Incorporate programs into ongoing service provision.** A small number of programs have been developed specifically for child and family-serving programs, for example, [Moving Beyond Depression](#) (home visiting) and [Mamás y Bebés](#) (in early childhood education). Both of these interventions combine therapeutic home visiting with a focus on increasing provider and program capacity to work well with families in which a parent is depressed.
- **Integrate and collaborate with mental health partners.** Even when it is severe, parental depression can be treated effectively, often through a combination of psychotherapy, medication, and mind-body practices (e.g., yoga, meditation, mindfulness, and self-care). Creating linkages and relationships with relevant programs can help child and family serving providers do the warm hand-off needed to help families get the services they need.

POLL QUESTION 2: WHAT TYPES OF MENTAL HEALTH SERVICES DO YOU PROVIDE OR CONNECT FAMILIES TO? (SELECT ALL THAT APPLY.)

Over half of those who responded indicated that they provide two-generation mental health services.

Just over half of participants responding indicated that they provided or connected families to two-generation mental health services.



14 Barney, L. J., Griffiths, K. M., Jorm, A. F., & Christensen, H. (2006). Stigma about depression and its impact on help-seeking intentions. *Australian and New Zealand Journal of Psychiatry*, 40, 51–54.

15 Halter, M. J. (2004). The stigma of seeking care and depression. *Archives of Psychiatric Nursing*, 18, 178–184.

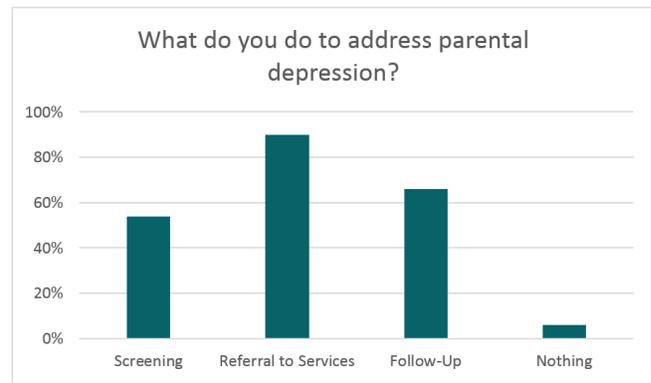
16 NRC & IOM, 2009.

17 U.S. Preventive Services Task Force. (2002). Screening for depression: recommendations and rationale. *Annals of Internal Medicine*, 136, 760–764.

POLL QUESTION 3: WHAT DO YOU DO TO ADDRESS PARENTAL DEPRESSION? (SELECT ALL THAT APPLY.)

Most of those who responded indicated that they referred to mental health services, with over half indicating that they screened for depression and 66% indicating that they followed up.

Most participants (90%) indicated they referred families to mental health services. About 2/3 indicated they did follow-up on referrals and just over half indicated they provided screenings.



Discussion

WHAT STRATEGIES CAN WE USE TO ENGAGE A PARENT WHO IS DEPRESSED?

Bartlett: One symptom of depression is that the individual is not ready to engage, whether they're lying in bed or emotionally withdrawn and can't imagine interacting with humans or leaving the house. These symptoms really impede positive engagement. This is why combining therapeutic interventions with home visiting can be effective. You can actually get to someone through in-home therapy.

We need professional development for service providers across the spectrum and across disciplines to teach them how to best engage these families. There is an inclination to blame parents who don't engage in services when their illness makes it hard to engage. We, as service providers, policy makers, and researchers, need to be thinking about how to work with parents, not asking parents to be in a different mental health space from where they are before they are ready.

DO ADOPTIVE PARENTS EXPERIENCE PARENTAL DEPRESSION?

Bartlett: That is not a well-researched area. We often talk about the child's experience and behavioral and mental health issues related to adoption, but we don't often talk about what's going on with the parent. A lot of people characterize a mother's postpartum depression as "hormonal." The fact that postpartum depression appears in fathers and other types of new parents implies that although hormones might play a part, other factors also play a role. When we are feeling stressed, stress hormones go through our bodies and affect our mood. So, depression can be situational and based on changes to the dynamics of the family.

WHAT ARE SOME OF THE CHALLENGES IN ACCESSING MENTAL HEALTH SERVICES?

Bartlett: In Massachusetts, where I live, there are many services in urban areas; but in the rural western part of the state, families have trouble accessing mental health services. And it is nearly impossible for them to access evidence-based mental health services or two-generational mental health services, all the things that research indicates work best. We need a multi-pronged approach that includes professional development for those working directly with families, increased funding for and availability of mental health services, and advocacy for clients and families who are affected by parental depression.

WHERE DO YOU SEE PROGRESS IN EFFORTS TO ADDRESS PARENTAL DEPRESSION?

Recent increases in funding for early care, education, and home visiting are creating new opportunities to bring support directly to parents experiencing depression. Home visiting is particularly promising as an intervention for families in remote areas. Pediatric practice is another area where efforts to address parental depression are increasing, including screening and referral to related services.

HOW DOES MENTAL HEALTH CONSULTATION WORK AS A TWO-GENERATION STRATEGY?

Bartlett: The key is to empower parents, providers, and everybody who works with the child to think about the effects of parental depression on children. Those are the people who are with children all day, every day. As a professional, you are thinking about parenting, how the child is doing, the child's development, and the parent's well-being. You might be working with a parent to get their own treatment while also helping the parent and a provider work with the child in a consistent way.

ARE THERE MODELS THAT RECOGNIZE SOCIOECONOMIC FACTORS?

Bartlett: New data show the stressors associated with poverty can impact a parent's mental health. Whether it is single parenting or poverty, there are real stresses that would give any of us the blues even before you add in biological components. Program like Early Head Start or home visiting focus on parental well-being and address these issues. They help parents gain financial security, education, safety, and connection with peers—all things that can be important for bringing a family out of the depths of depression. We need to be careful about describing depression as being only located within a person, with only that person responsible, affected only by that person's biology. In reality, depression is an interaction between a person and their environment.

Two-Generational Strategies

Current treatment approaches for depression rarely address the effects of adult depression on parenting or on children. Instead, they typically focus narrowly on the depressed parent independent of their parenting role.

The National Research Council and Institute of Medicine conducted a comprehensive review of the evidence on treatment of parental depression and recommended a two-generation approach that simultaneously focuses attention on parent-child relationship quality, child well-being, *and* parental mental health.

Rigorous research has shown that two-generation interventions can be especially effective for promoting resilience in children with a parent who is depressed. These interventions include multiple approaches:

- Help children to:
 - » Gain awareness that their parent has an illness.
 - » Understand that the illness is not their fault.
 - » Develop related coping skills.
- Promote healthy parent-child interactions.
- Provide the adult with treatment.

Two such programs are [Family Talk](#) and the [Family Group Cognitive Behavioral \(FGCB\)](#) preventive intervention.

Source: NRC and IOM, 2009.

Additional Resources

[Five Things to Know About Parental Depression](#), Jessica Bartlett, Child Trends

[CDC Feature: Maternal Depression](#)

[Post-Partum Support International](#)

[Depression Among Caregivers of Young Children Reported for Child Maltreatment](#), National Survey of Child and Adolescent Well-Being

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