

## *The Sounding Board:*

# *News and Reviews in Child Welfare*

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“Reducing Maternal Depression and Its Impact on Young Children, “ by Jane Knitzer, Suzanne Theberge and Kay Johnson, Project Thrive, Issue Brief #2, National Center for Children in Poverty, Columbia University, January 2008.

This policy brief is a model of how to write well informed useful summaries for policy makers, managers and practitioners. Knitzer, Theberge and Johnson concisely summarize the research regarding the prevalence of depression among low income women, spell out the effects of depression on parenting and on children’s behavior problems and school performance, underline the range and effectiveness of treatments and describe promising approaches to screening and service delivery being utilized in cities, counties and states around the country.

These authors estimate that 25% of low income women experience depression in a given year, approximately double the rate for women as a whole. They mention studies of women in welfare to work programs which have found depression rates of 35 -58% and a large study of mothers of children in Early Head Start programs which found that over half had depressive symptoms.

The authors assert that “Maternal depression threatens two core parental functions: fostering healthy relationships and carrying out the management functions of parenting.” They comment that maternal depression during infancy is particularly impactful on child development; ditto for severe and/ or chronic depression. According to the authors, the negative effects of depression on children’s health and development can start during pregnancy and result in elevated rates of poor birth outcomes, including low birth-weight, prematurity and obstetric complications. Infants of depressed mothers have been found to have increased cortisol levels “which in turn has been linked with internalizing problems such as anxiety, social wariness and withdrawal,” according to the authors.

A common view of infant mental health experts is that maternal depression reduces a mother’s ability to respond to her baby in an emotionally sensitive and empathetic way; and, in so doing, “interferes with the early bonding and attachment process between mother and baby.” The authors note that maternal depression has been linked with reduced language ability in young children, a key factor influencing early success in school. Young children of depressed mothers perform more poorly on cognitive and behavioral tasks and are at higher risk for behavior problems and mood disorders in later childhood and adolescence, Knitzer, et al state.

The authors comment that “Depression in women often co – exists with other “parental adversities” and life stressors” such as substance abuse, domestic violence and prior trauma, especially in low income populations. Children in families with three or more major risk factors such as the ones just mentioned have been found to have three times the rates of aggressive behavior, anxiety or depression and / or hyperactivity of children in families with one risk factor, the authors state.

Surprisingly, the authors have nothing to say about the relationship between and among poverty, depression and child maltreatment, especially neglect, in families with multiple risk factors. However, a cogent hypothesis regarding why early neglect has such a powerful effect on early childhood development, including cognitive development and affect regulation, is that neglect often grows out of depression and co – occurring chemical dependency which impact a mother’s ability to engage in sensitive responsive interactions with her baby or toddler as well as consistently meet young children’s basic physical needs.

The authors present distressing research findings that rates of depression among grandparents who are primary caregivers are comparable to those of mothers. “A study by Chapin Hall Center for Children of grandparents who are the full - time caregivers of their grandchildren found that over a third (36.8%) scored above the CES –D (a depression screening tool) cutoff for depression, “they state.

The authors assert that depression is highly treatable through combinations medication, cognitive behavioral therapy or interpersonal psychotherapy. However, they comment that “Most interventions for depression address only the adult; they do not address the adult as a parent, and they do not actively include strategies to prevent or repair damage the early parent - child relationship ...” “Further, there is very little research that tests the efficacy of strategies that address maternal depression in low income women with multiple risks, “, i.e., the parents at greatest risk for child maltreatment.

The authors briefly mention research regarding the difficulties of engaging low income women in depression treatment and promising strategies for overcoming these barriers. Nancy Grote at the UW School of Social Work has done valuable research regarding effective engagement strategies with low income women; these strategies make use of principles from motivational interviewing in the chemical dependency field and ethnographic interviewing.

The authors advocate greatly increased screening for depression in pediatric practice settings, home visitation programs and Early Head Start programs. They also advocate for public relations campaigns to increase awareness of the impact of maternal depression and to reduce the stigma associated with acknowledging the need for help. My view is that prevention advocates have paid insufficient attention to the low hanging fruit of increased screening and access to depression treatment for low income parents. Given the fact that depression is such a common response to economic hardship, and the impact of depression on parenting, making effective depression treatments available to low income parents is a highly promising prevention strategy with potential impacts on child maltreatment rates, school readiness and children’s mental health problems, not to mention parents’ capacity to find jobs and maintain employment.

The authors describe numerous programs around the country designed to systematically screen for depression and link parents to available services. Some of the most interesting of these initiatives are early childhood education programs (e.g., Early Head Start) which engage in outreach to parents as an investment in children's educational outcomes. Home visitation programs are another underutilized avenue for identifying and treating parental depression, the authors believe.

The authors do not mention research which links depression not only to poverty but also to low status and powerlessness (see Marmot's The Status Syndrome ) and to increased mortality rates; Knitzer and her co – authors are focused on concisely summarizing research on the prevalence of depression, its effect on children and on promising programmatic and public policy responses. Nevertheless, thinking more deeply about causes of depression, especially its relationship to poverty, income inequality, female gender and low status is an important task for scholars. There is more to be discovered about depression which can contribute not just to the improved mental health of low income populations but to creating more humane social environments.