

# Depression in Parents, Parenting, and Children:

## Opportunities to Improve Identification, Treatment, and Prevention



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Maternal Child Health Federal/State  
Partnership  
Making Change Happen  
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# Committee on Depression, Parenting Practices, and the Healthy Development of Children

## Study Charge

“To review the relevant research literature on the identification, prevention, and treatment of parental depression, its interaction with parenting practices, and its effects on children and families.”





## Committee Membership

Mary Jane England, (*Chair*), Regis College (*mental health, service quality*)

Sergio Aguilar-Gaxiola, University of California at Davis (*community health*)

Kathryn Barnard, University of Washington (*nursing*)

William Rigby Beardslee, Children's Hospital-Boston (*psychiatry*)

Howard Cabral, Boston University School of Public Health (*evaluation research*)

Bruce Compas, Vanderbilt University (*mental health and parenting interventions*)

Patrick R. Finley, University of California at San Francisco (*pharmacology*)

Sherryl H. Goodman, Emory University (*psychology*)



## Committee Membership, continued

Constance Hammen, University of California (*psychology*)

Elizabeth Howell, Mt. Sinai School of Medicine (*obstetrics*)

Mareasa R. Isaacs, National Alliance of Multi-Ethnic Behavioral Health  
Associations (*family services*)

Hendree Jones, The Johns Hopkins University School of Medicine  
(*substance use*)

Jane Knitzer, Columbia University (*public policy*)

Patricia O'Campo, University of Toronto (*community health, partner  
violence*)

Ardis L. Olson, Dartmouth Medical School (*primary care, pediatrics*)

Robert Phillips, American Academy of Family Physicians (*primary care,  
family medicine*)

Frank Putnam, Cincinnati Children's Hospital Medical Center  
(*psychiatry, trauma*)



# Prevalence of Depression

- Depression is a prevalent and impairing problem
  - Affects 20% of *adults* in their lifetime
- Disparities in prevalence rates in *adults*
  - Age, ethnicity, sex, and marital status
- Many adults are parents
  - Similar rates, disparities
  - 7.5 million parents are affected by depression each year



# Etiology of Depression

- Depression rarely occurs alone
  - $\frac{3}{4}$  of individuals also had additional mental health or substance use diagnosis
- Depression does not occur in a vacuum
  - Biological mechanisms
  - Genetic factors
  - Environmental risks
  - Personal vulnerabilities
  - Resilience factors
  - Co-occurrence of other disorders



## Barriers to Depression Care

- Many (40-70%) depressed individuals do not receive any kind treatment
- Individual, provider, and system-level barriers exist that decrease the access to and quality of care for depressed adults



# Impact of Depression

- Depression leads to sustained individual, family, and societal costs
- Specifically for parents, depression can
  - Interfere with parenting quality
  - Put children at risk for poor health and development at all ages
- At least 15.6 million children live with an adult who had *major* depression in the past year



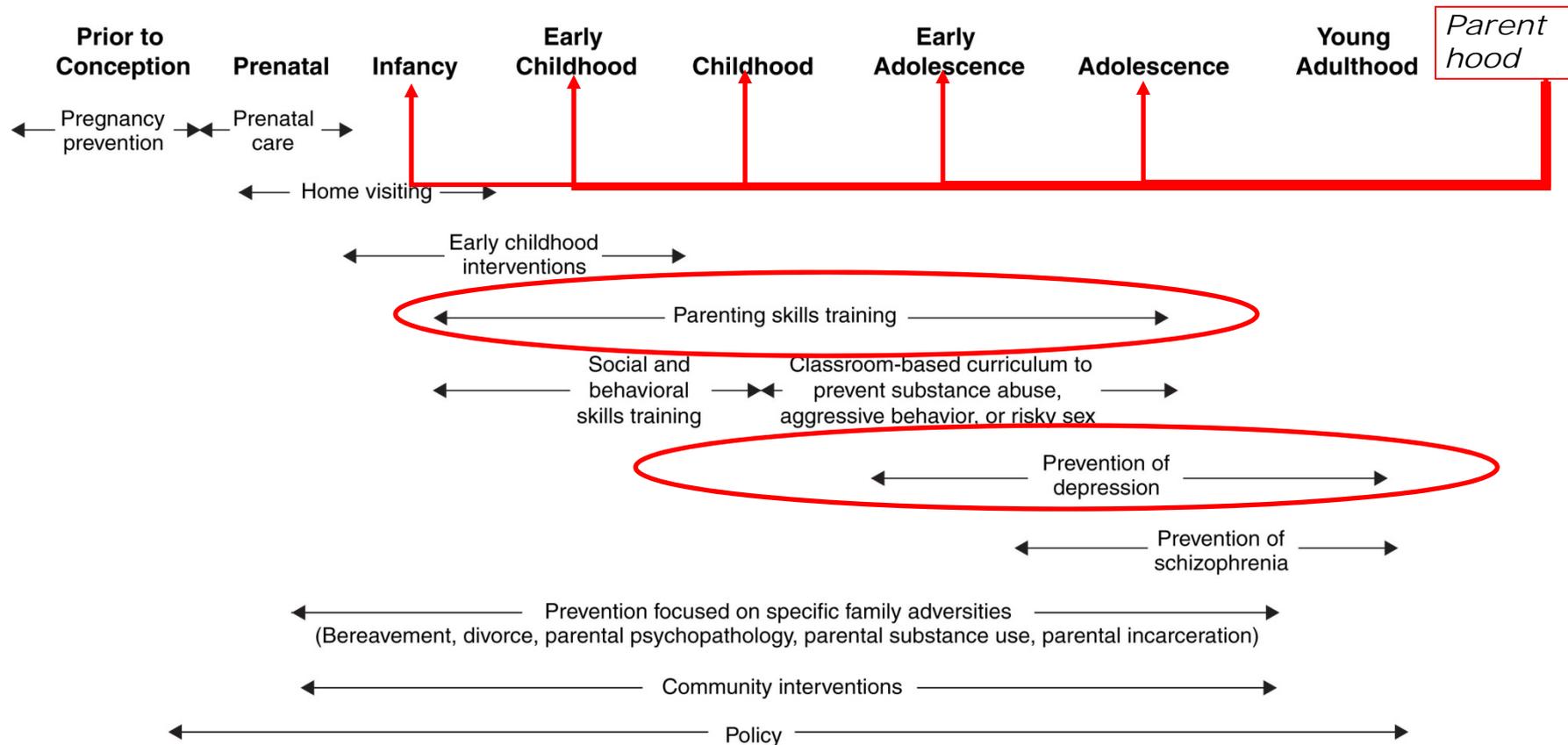
## Conclusions

1. Depression is a common condition and is attributed to multiple risk factors and mechanisms
2. Multiple barriers exist that decrease the quality of depression care for adults
3. Depression may interfere with parenting quality and put children at risk for adverse outcomes



# Preventive Intervention Opportunities -- Life Course

## Interventions by Developmental Phase





## Identification: Current Evidence

- Effective screening tools are available to identify *adults* with depression
- Screening programs are more likely to improve depressive symptoms in adults when accompanied with further evaluation and treatment
- Specifically for parents, current screening programs in adults generally DO NOT:
  - Consider whether the adult is a parent (does not assess parental function or co-morbid conditions)
  - Consider the impact of the parent's mental health status on the health and development of their children
  - Integrate with further evaluation and treatment or other existing screening efforts
- Settings that serve parents at higher risk for depression do not routinely screen for depression



## Identification: Gaps

- Not everyone benefits from the treatments associated with the strongest evidence base. Individual, provider, and system-level barriers decrease access to these treatments.
- Few opportunities exist to identify the vulnerable population of children (i.e., those at risk of adverse health and psychological functioning) living in households with one or more parents experiencing depression or to offer prevention and treatment services that can improve the care of the depressed parent in a framework that also offers services for children.



## Treatment: Current Evidence

- A variety of safe and effective tools exist for treating *adults* with elevated symptoms or major depression
- A variety of strategies to deliver these treatments exist in a wide range of settings
- Specifically for parents, evidence on the safety and efficacy of treatment tools and strategies generally DO NOT:
  - Target parents
  - Measure its impact on parental functioning or its effects on child outcomes (except during pregnancy and for mothers postpartum)



## Treatment: Current Evidence Cont.

- Individuals should have informed choices in treatment “tools” that are available to them
- Treatment tools and strategies to deliver these treatments should be flexible, efficient, inexpensive, and above all acceptable to the participants in a wide variety of community and clinical settings



## Prevention: Current Evidence

- Emerging prevention interventions for families with depressed parents or adaptations of other existing evidence-based parenting and child development interventions demonstrate promise for improving outcomes in these families
  - Prevent or improve depression in the parent
  - Target vulnerabilities of children of depressed parents
  - Improve parent-child relationships
  - Use two-generation approach
- Broader prevention interventions that support families and the healthy development of children also hold promise for depressed parents



## Prevention: Current Evidence Cont.

- A variety of prevention programs are effective in low-income families and from varied culturally and linguistic backgrounds



## Conclusions

4. Existing screening and treatment interventions are safe and effective for depressed adults but are rarely integrated or considers their parental status or its impact on their child.
5. Emerging preventive interventions demonstrate promise for improving outcomes for families with depressed parents.
6. Institutional and sociocultural barriers both cause and sustain existing disparities in care for depressed adults.



## Conclusions: Vulnerable Populations

- Efforts should be made to ensure that effective strategies are employed to increase the participation and engagement of these vulnerable populations in critical research studies and clinical trials.
- New research methods and innovative models that partner with vulnerable communities should be supported. Particular focus should be directed at prevention and early intervention efforts that are community-based and culturally appropriate so that the high burden of disability currently associated with depression in populations experiencing health disparities can be reduced.



## Systems of Care: Vulnerable Populations

- Systems of care that use more proactive approaches for prevention or early intervention of depression in parents in the context of a two-generation model that is family-focused, culturally informed, and accessible to vulnerable, diverse populations is needed.
- Existing health care and social services systems are far from achieving this goal in implementing this system of care for depressed parents and their families.
- A wide range of settings offers opportunities to engage and deliver care to diverse families with a depressed parent. These adult health, child health, and family support settings often lack linkages with other settings to offer integrated mental health, social support, and parenting interventions for these vulnerable populations.



# Critical Features of Care for Parents with Depression & Their Children

- Integrative
- Comprehensive
- Multigenerational
- Developmentally Appropriate
- Available Across Settings
- Accessible
- Culturally Sensitive

Several States have initiated system-wide efforts to increase screening and treatment. Most of these programs have not been evaluated



# Critical Features of Care for Parents with Depression

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Some states are combining training of health care providers with expansion of access to screening and services in nontraditional settings (schools)  
p. 363



# Critical Features of Care for Parents with Depression

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Including parents and children, but may also need to screen/treat grandparents who are significantly involved in raising their grandchildren



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Care for adolescents very different than for children—overall goal is to help them to continue to develop normally despite parental depression



# Critical Features of Care for Parents with Depression

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Need to meet families where they present—WIC, schools, health care, Head Start, TANF, Community and Rural Health Centers



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Web based therapy  
Programs in schools  
for parents  
Parents as Teachers  
Families To Families



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For low income and minority groups, often best delivered in community-based settings they trust



# Implementation and Dissemination

- Emerging initiatives highlight opportunities and challenges in improving the engagement and delivery of care to diverse families with a depressed parent
  - Community, state, federal, and international level-initiatives
  - A wide range of settings offer opportunities to engage and deliver care to diverse families with a depressed parent
- Multiple challenges exist in implementing and disseminating innovative strategies
  - Systemic
  - Provider Capability
  - Financial



# Implementation and Dissemination

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# Implementation and Dissemination

➤ Multiple challenges exist in implementing and disseminating innovative strategies

- Systemic
- Provider Capability
- Financial

→ Treating more than one generation in a health care system that tends to split on age (outside Family Medicine)  
Comorbid health conditions  
Vulnerable populations



# Implementation and Dissemination

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Mental health and primary care shortages  
Discomfort in treating both mental and physical conditions, multiple ages and whole families



# Implementation and Dissemination

➤ Multiple challenges exist in implementing and disseminating innovative strategies

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Lack of insurance esp. for highest risk parents  
Longstanding mental health carve-outs  
Early intervention for kids  
Treatment of families (vs individuals)

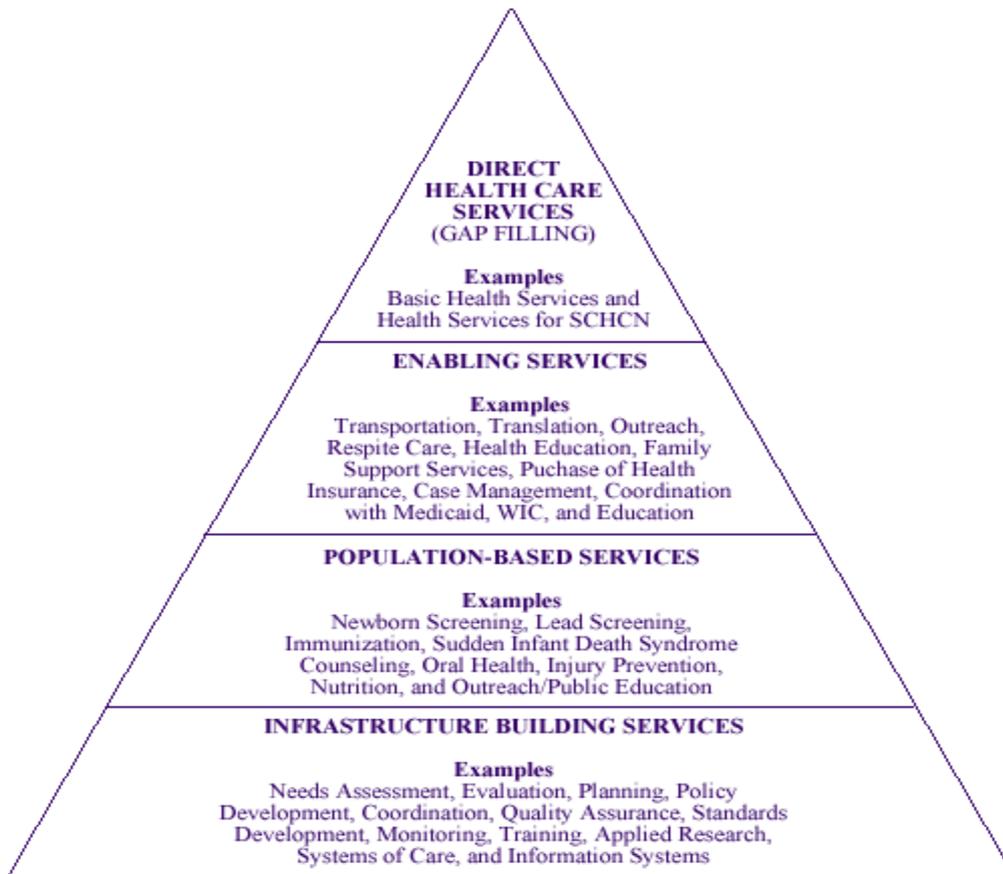


## Recommendations and Next Steps

- Improve Awareness and Understanding
- Support Innovative Strategies
- Improve Collaboration and Capacity Building
- Improve Provider Education and Training
- Improve Service Coverage and Reimbursement Strategies
- Promote and Support Research



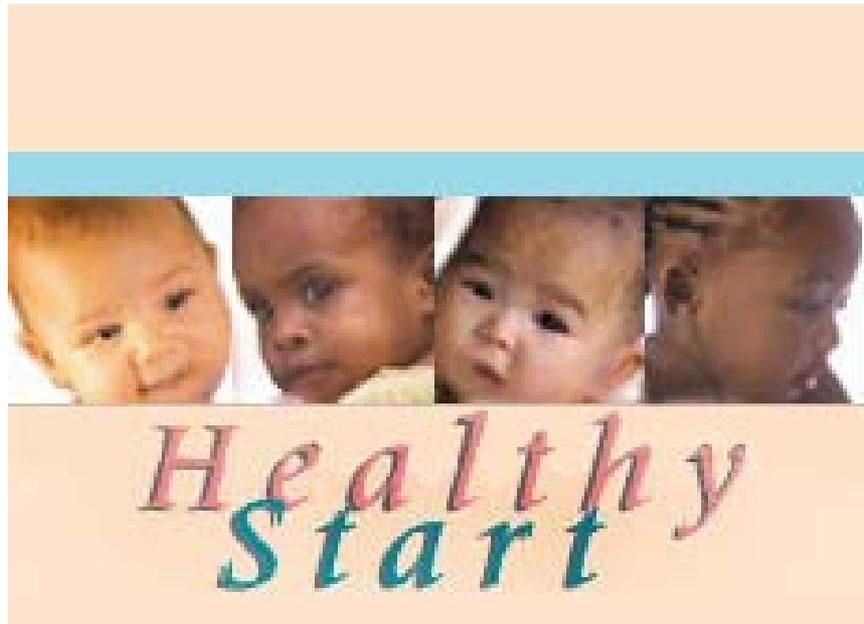
**CORE PUBLIC HEALTH SERVICES  
DELIVERED BY MCH AGENCIES**



## Suggestions for MCHB

Add Parental Depression Screening and Treatment to Formula Block Grants

Possibly under Community Integrated Services Systems



## Suggestions for MCHB

Add Parental Depression  
Screening and Treatment to  
Healthy Start



## Suggestions for MCHB

Add information on Parental Depression and its potential impact on children to the

Family to Family Health Information Centers

Depression and abuse are higher among special needs children





## Suggestions for MCHB

- Create Learning Communities within Family to Family, Healthy Start, Formula Block Grant Programs so that effective ideas and models are disseminated
- Consider ways to work with Head Start, WIC, Medicaid so that screening leads to intervention leads to ongoing assessment in appropriate programs



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To read more about project and view the full report and a 4-page report brief:

[http://www.bocvf.org/parental\\_depression.html](http://www.bocvf.org/parental_depression.html)

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