

PARENTAL DEPRESSION

KEY FACTS

- Approximately 10 percent of men and 20 percent of women experience an episode of depression during their lifetime (American Psychiatric Association, 1994, 2000).
- Research indicates that a majority of individuals with depression receive no specific treatment (Katon et al., 1992; Narrow et al., 1993; Thase, 1996, as cited in U.S. Department of Health and Human Services, 1999; Wells et al., 1994).
- A child with a parent who has a mood disorder has a 40 percent chance of having an episode of major depression by age 20 (Beardslee et al., 1998).

Because depressive disorders are common, primary care health professionals need to be attuned to the possibility that parents of the children and adolescents they treat may have a depressive disorder. The potential impact of a parent's depressive disorder on their child or adolescent and the increased risk of mood disorders and psychosocial difficulties in children and adolescents of parents with depression make it especially important that primary care health professionals consider the possibility of parental depression. For example, it has been found that maternal depression is associated with lower intelligence quotient (IQ) scores in children and adolescents, increased impulsivity, and problems with peer interaction (Seifer and Dickstein, 2000). A child or adolescent of a depressed parent may feel responsible for the parent's disorder, may have developmental difficulties, and may perform poorly in school.

Depressive symptoms in adults, children, and adolescents are under-recognized and under-treated (Beardslee, 1990). In families with a depressed parent, the risk that a child's or adolescent's symptoms may go unnoticed is particularly high (Beardslee, 1990). By being aware of this risk and by actively supporting families struggling with depression, primary care health professionals play a critical role in the treatment of both the parent and his or her child or adolescent.



DESCRIPTION OF SYMPTOMS IN ADULTS

Major Depressive Episode

(Diagnostic code: 296.2x)

Adapted from DSM-IV-TR. Selected additional information from DSM-IV-TR is available in the appendix. Refer to DSM-IV/DSM-IV-TR for full psychiatric criteria and further description.

At least five of the following symptoms present for a minimum of 2 weeks:

- Depressed mood
- Markedly diminished pleasure/interest
- Significant weight loss or weight gain

- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Feelings of worthlessness or guilt
- Poor concentration or indecisiveness
- Recurrent thoughts of death

Dysthymic Disorder

(Diagnostic code: 300.4)

Adapted from DSM-IV-TR. Selected additional information from DSM-IV-TR is available in the appendix. Refer to DSM-IV/DSM-IV-TR for full psychiatric criteria and further description.

The symptoms of dysthymic disorder are less severe than those of major depression but are more persistent. At least two of the following symptoms are present for at least 1 year in children and adolescents and for at least 2 years in adults:

- Feelings of hopelessness
- Poor appetite or overeating
- Insomnia or hypersomnia
- Fatigue or energy loss
- Low self-esteem
- Poor concentration and/or indecisiveness

COMMONLY ASSOCIATED PSYCHOSOCIAL PROBLEMS AND MENTAL DISORDERS

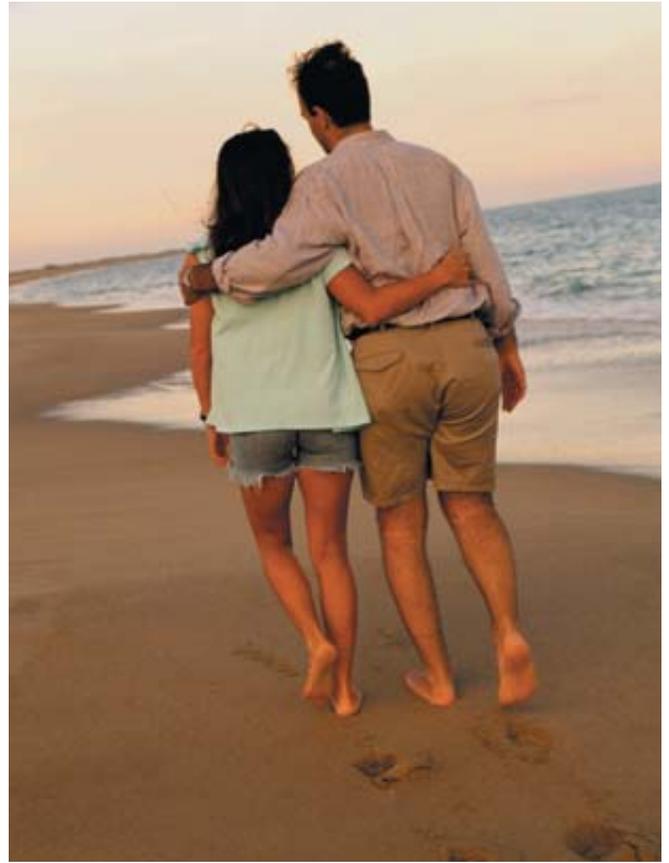
- Substance abuse
- Marital difficulties
- Domestic violence
- Anxiety disorders

INTERVENTIONS

Early recognition and support of families in which a parent is experiencing depression can help lessen its impact on all family members.

Parent and Family

1. During children's and adolescents' health supervision visits, ask parents about any new experiences or stresses in their own lives, and about feelings of sadness, sleep problems, loss of interest in activities they used to enjoy, and other specific symptoms of depression. Consider using a screening tool such as the Psychiatric Symptom Index (PSI) (Ilfeld, 1976) (Heneghan et al., 2000).
 2. For parents who frequently bring in a child or adolescent for sick-child visits, ask how the parent is coping with concerns about the child's or adolescent's health. Follow up with general questions about the parent's health and functioning, and acknowledge that caring for a sick child or adolescent (or worrying about a child's or adolescent's health) can be stressful.
 3. For parents who are experiencing depressive symptoms, offer support, and inquire further about the parent's experience.
 - Ask parents if they are concerned about being able to care for their child or otherwise function at home or at work.
 - Ask parents about what supports they have used. Discuss other resources (e.g., relatives, respite child care, financial assistance) that may be available to them.
 - Assess parents for other problems and stressors that may be negatively affecting their mood (e.g., substance abuse, marital conflicts, social isolation).
- Assess parents' risk for suicidal behavior. Parents with depressive symptoms should be asked directly about suicidal ideation (suicidal thoughts) or suicidal actions. Any parents who have suicidal ideation should be asked if they have a plan to harm themselves. An immediate mental health evaluation is necessary if the parent has a plan or describes suicidal ideation and also has significant risk factors (e.g., previous suicide attempt, family history of suicide, access to a gun, psychotic disorder, substance use).



- Ask about other crises that the parent or family has managed in the past to get a sense of the parent's strengths and coping style.
4. Ask about any previous episodes of depression and courses of treatment. If the parent is not in active treatment, offer to initiate a referral to a mental health professional. Ask permission to speak with the parent's health professional.
 5. Ask permission to speak with other family members (e.g., spouse, children) to gain insight into the parent's situation as well as to screen for any problems or disorders in other family members.
 6. Help parents plan how to talk to their child or adolescent about their symptoms.
 - Assure parents that depression is treatable. Help them convey to their child or adolescent a realistic sense of the time it takes to recover (weeks or longer for symptoms to improve) and to reassure the child or adolescent that every attempt will be made to protect household routines and consistency while the parent receives treatment.
 - Discuss with parents the importance of communicating feelings, concerns, and needs to a partner or to others with whom they are close.
 - Review with parents how to foster resiliency in their child or adolescent in the following ways:
 - Helping the child or adolescent understand that he is not to blame for his parent's symptoms
 - Helping the child or adolescent access support from other adults and peers with whom he is close
 - Supporting the child's or adolescent's academic achievements and extracurricular activities (e.g., participation in sports or clubs, music lessons, hobbies)

Child or Adolescent

1. Assess how the child or adolescent is experiencing her parent's illness (e.g., whether the illness is affecting the child's or adolescent's self-esteem, how comfortable she is having friends over, whether she feels different from or isolated from others).
2. Emphasize to the child or adolescent that she is not to blame for the parent's symptoms. Explore the child's or adolescent's understanding of depression, and answer any questions she has. While stressing that the child or adolescent is not responsible for "curing" the parent, help her come up with constructive actions (e.g., assisting a parent with a household chore, doing homework without being reminded) that may decrease the child's or adolescent's sense of helplessness.
3. Assess the child's or adolescent's functioning in key areas: mood, school, friends, and family relationships. If the child or adolescent is having significant difficulties in any of these areas despite ongoing interventions and support, consider referring her for mental health services.
4. Identify other adults (e.g., relatives, teachers, coaches, friends' parents) that a child or adolescent can talk to. Encourage the family to develop a network of support for the child or adolescent.
5. Support the child's or adolescent's academic achievements and extracurricular activities (e.g., participation in sports or clubs, music lessons, hobbies).
6. Encourage the child or adolescent to discuss feelings of disappointment and sadness with trusted adults who can validate these feelings and help her cope with them.

Community and School

1. Discuss with parents any community resources that they can access for support (e.g., extended family members, friends, faith-based communities, support groups, parents' health professionals, employee assistance programs). Maintain a list of community services for adults.
2. If there are concerns that a parent's symptoms are affecting a child's or adolescent's functioning at school, discuss with parents ways of advocating for their child's or adolescent's needs with the school. Some parents may appreciate assistance from the primary care health professional in contacting the school. Encourage parents to identify adults at their child's or adolescent's school (e.g., teachers, coaches, guidance counselors) who can provide support or guidance to their child or adolescent.

Resources for Families

National Depressive and Manic-Depressive Association

730 North Franklin Street, Suite 501

Chicago, IL 60610-3526

Phone: (800) 826-3632

Web site: <http://www.ndmda.org>

National Mental Health Association

1021 Prince Street

Alexandria, VA 22314-2971

Phone: (703) 684-7722, (800) 969-NMHA (6642)

Web site: <http://www.nmha.org>