

Parental Symptoms of Depression

Headline

Parents who have not graduated from high school are somewhat more likely to exhibit symptoms of depression than are parents with higher levels of education (8 percent versus 5 percent or less, respectively, in 2002). ([See Figure 1](#))

Importance

Children of depressed mothers are more likely than other children to have behavior problems, academic difficulties, and health problems.¹ Among families receiving welfare, children of depressed mothers have, on average, lower scores than other children on math achievement tests.² Depression among mothers has also been linked to delays in cognitive and motor development among children ages 28 to 50 months.³ Long-term, severe maternal depression has especially adverse consequences for child development and behavior.^{4,5} Among five-year old children of depressed mothers, for example, those whose mothers experienced frequent and/or severe depression were more likely than others to have behavioral problems and lower vocabulary scores.⁶

Depressed mothers are also more likely than other mothers to have poorer parenting skills and to be more negative in their interactions with their children.⁷ Mothers who are depressed have been shown to be less likely to use appropriate practices to prevent injury and harm among their children (such as car seat use, covering electrical plugs, and having syrup of ipecac in the home).⁸ Some research has found that the effects of maternal depression on child outcomes can be moderated by higher levels of maternal sensitivity,⁹ suggesting that policies aimed not only at reducing parental depression but also at increasing parental sensitivity may be effective in improving child outcomes.

There is little research on the effects of father depression on child well-being. Research on the children of depressed mothers has found that having a father who is also depressed predicts to worse outcomes for children and adolescents in addition to the effect of maternal depression.¹⁰

Trends

In 2002, about four percent of all parents living with their children exhibited multiple symptoms related to depression. ([See Table 1](#)) Since 1998, (the first year for which estimates are available) there has been no significant change in this proportion.

Differences by Education

Parents with higher levels of education are less likely than others to show symptoms of depression. In 2002, one percent of parents with a bachelor's degree or higher exhibited such symptoms, compared with eight percent of those lacking a high school diploma. ([See Figure 1](#))

Differences by Receipt of Welfare

Parents living in households that received welfare are far more likely than others to report symptoms of depression. Fifteen percent of parents living in households receiving welfare were depressed in the year 2002, compared with four percent of parents in families that did not receive welfare. ([See Figure 2](#))

State and Local Estimates

None Available

International Estimates

None Available

National Goals

Through its *Healthy People 2010* initiative, the federal government has outlined a goal to increase the percentage of adults with depression who receive treatment.

More information available at:

<http://www.health.gov/healthypeople/document/html/objectives/18-09.htm>

Definition

Parents are considered to exhibit symptoms of depression if they responded “all of the time” or “most of the time” to at least two of the following questions: How often during the past 30 days did you feel...

- 1) So sad that nothing could cheer you up;
- 2) Nervous;
- 3) Hopeless;
- 4) Worthless;
- 5) Restless;
- 6) That everything was an effort

Note: The National Center for Health Statistics, in partnership with Harvard Medical School, is currently conducting a validity study to determine appropriate cut points for these measures. As findings from this study become available, they will be publicly released at www.hcp.med.harvard.edu/ncs. At that time, this indicator will be updated to reflect this new research.

Also, please note that this definition does not constitute a definition of clinical depression, and these self-report data should not be taken to indicate levels of clinical depression in the population. Nevertheless, the relative incidence across subgroups is meaningful and in accord with the research discussed above.

Data Source

Original analysis by Child Trends of National Health Interview Survey data, 1998-2002

Raw Data Source

National Health Interview Survey
<http://www.cdc.gov/nchs/nhis.htm>

Approximate Date of Next Update

Winter 2005

¹ Ahluwalia, S.K., McGroder, S.M., Zaslow, M., and Hair, E.C. (2001). Symptoms of depression among welfare recipients: A concern for two generations. *Child Trends Research Brief, December 2001*. Child Trends: Washington, D.C. This publication is available for purchase through the Child Trends website <https://secure.childtrends.org/onlinecart/>.

² Hair, E.C., McGroder, S.M., Zaslow, M., Ahluwalia, Surjeet, and Moore, K.A. (2002) How do maternal risk factors affect children in low-income families? Further evidence of two-generational implications. Co-published simultaneously in *Journal of Prevention and Intervention in the Community*, Vol. 23, No.12, 2002, pp. 65-94 and *The Transition from Welfare to Work: Processes, Challenges, and Outcomes* (ed: Sharon Telleen, and Judith V. Sayad) The Haworth Press, Inc., 2002, pp. 65-94.

³ Petterson, S.M. and Albers, A.B. (2001) Effects of poverty and maternal depression on early child development. *Child Development*, November/December 2001, Vol. 72, Number 6, pp 1794-1813. Society for Research in Child Development, Inc. Access to issue available for purchase online at: <http://www.srcd.org/subinfo.html>.

⁴ Ibid.

⁵ Brennan, P.A., Andersen, M.J. Najman, J.M., Williams, G.M., Hammen, C., and Bor, W. (2000). Chronicity, severity, and timing of maternal depressive symptoms: relationships with child outcomes at age 5. *Developmental Psychology*, 36(6): 759-766. American Psychological Association.

⁶ Ibid.

⁷ Hops, H. (1995). Age- and gender-specific effects of parental depression: A commentary. *Developmental Psychology*, 31(3): 428-431. American Psychological Association.

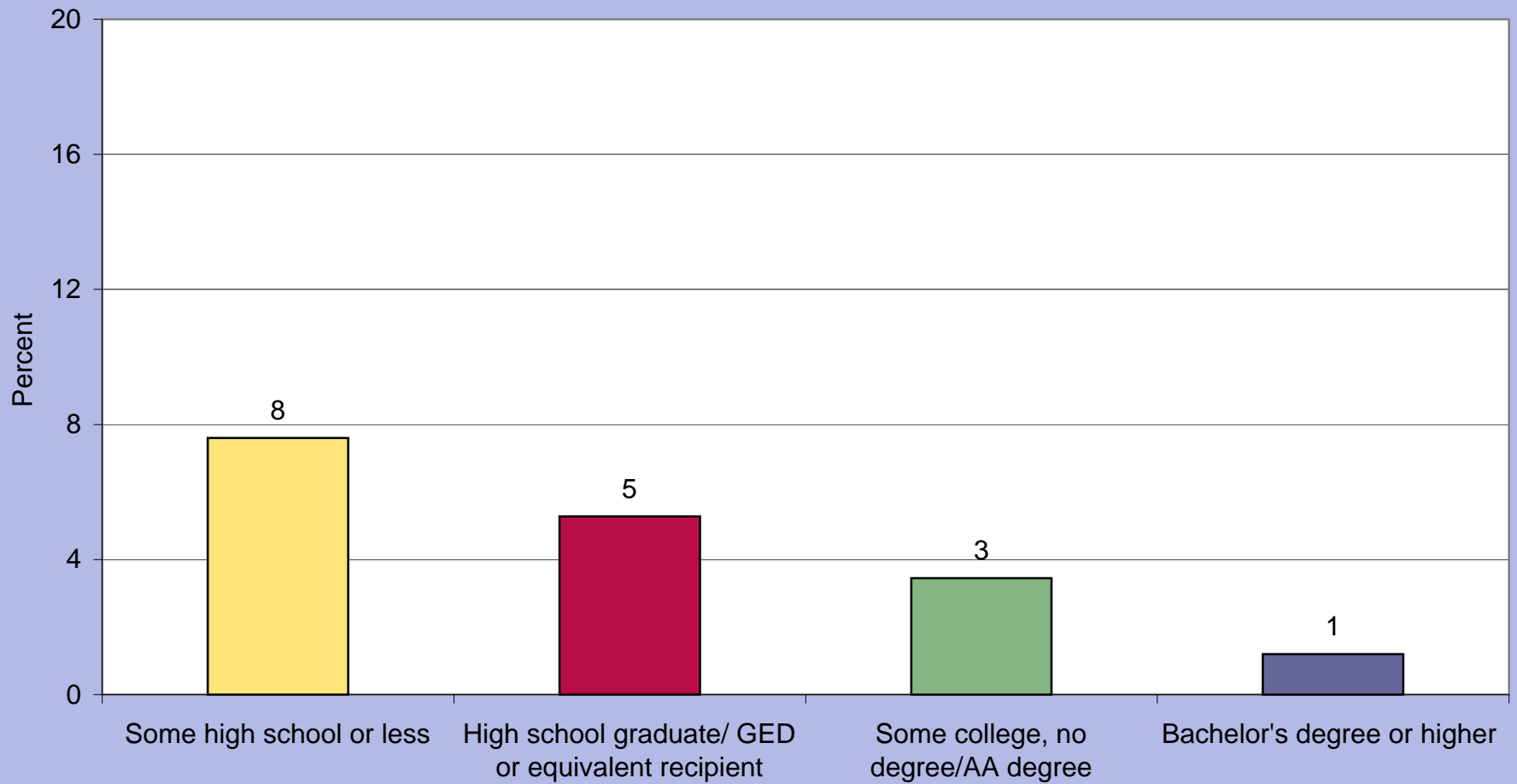
⁸ McLennan, J.D. and Kotelchuck, M. (2000). Parental prevention practices for young children in the context of maternal depression. *Pediatrics*. Vol. 105, No. 5. pp 1090-1095. American Academy of Pediatrics. Access to article available for purchase online at: <http://www.pediatrics.org/>

⁹ NICHD Early Child Care Research Network, (1999). Chronicity of maternal depressive symptoms, maternal sensitivity, and child functioning at 36 months. *Developmental Psychology*, 35(5): 1297-1310. American Psychological Association.

¹⁰ For a review of that literature see Goodman, S.H., and Ian Gotlib. (1999). Risk for psychopathology in the children of depressed mothers: A developmental model for understanding mechanisms of transmission. *Psychological Review*. Volume 106(3) 458-490.

Figure 1

Percentage of Parents Reporting Two or More Depressive Symptoms¹, by Education Level, 2002

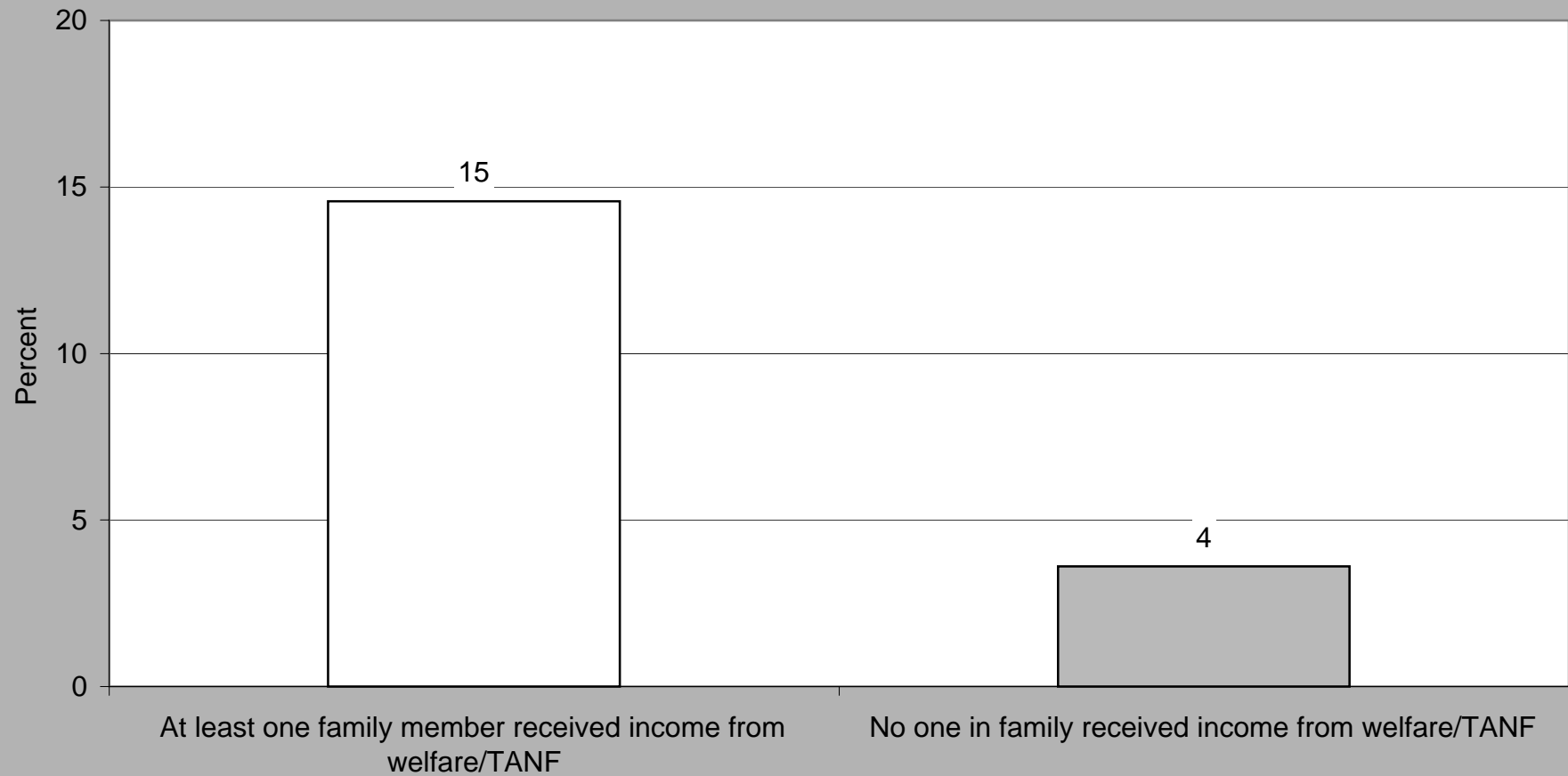


¹Depressive symptoms include the following: felt sad, hopeless, worthless, restless, or that everything was an effort all of the time or most of the time during the past 30 days

Source: Original analysis by Child Trends of National Health Interview Survey data

Figure 2

Percentage of Parents Reporting Two or More Depressive Symptoms ¹, by Welfare Receipt, 2002



¹Depressive symptoms include the following: felt sad, hopeless, worthless, restless, or that everything was an effort all of the time or most of the time during the past 30 days

Source: Original analysis by Child Trends of National Health Interview Survey data

Table 1

Parents Who Reported Two or More Depressive Symptoms¹ During the Past 30 Days, 1998-2002

	1998	1999	2000	2001	2002
Total	4.7	3.9	4.1	4.5	4.0
Gender					
Male	3.4	2.4	3.2	2.9	2.9
Female	5.6	5.0	4.8	5.7	4.8
Age group					
18-24	7.6	5.0	7.6	6.7	6.4
25-34	5.0	4.2	3.9	5.2	3.8
35-44	4.0	3.5	3.3	3.8	3.8
45+	4.2	3.7	4.8	4.0	4.5
Race/Hispanic origin					
White, non-Hispanic	4.1	3.4	4.2	4.1	3.7
Black, non-Hispanic	6.8	6.2	4.1	5.4	5.5
Hispanic ²	5.8	4.5	3.9	5.5	4.8
Non-Hispanic other	4.3	2.1	4.2	4.5	3.0
Poverty Status					
At or above poverty	3.7	3.2	3.4	3.7	3.2
Below poverty	12.9	9.8	11.6	12.0	9.7
Education					
Some high school or less	9.9	7.0	8.1	9.2	7.6
High school graduate/ GED or equivalent recipient	4.8	5.1	4.4	4.8	5.3
Some college, no degree/AA degree	4.4	3.2	4.0	4.5	3.5
Bachelor's degree or higher	1.7	1.4	1.6	1.4	1.2
Welfare/TANF					
At least one family member received income from welfare/TANF	13.9	12.0	13.8	15.6	14.5
No one in family received income from welfare/TANF	4.1	3.4	3.7	4.1	3.5
Food Stamps					
At least one family member authorized to receive food stamps	14.2	11.7	13.0	15.0	11.8
No one in family authorized to receive food stamps	3.7	3.1	3.4	3.6	3.3

¹Depressive symptoms include the following: felt sad, hopeless, worthless, restless, or that everything was an effort most of the time during the past 30 days

²Persons of Hispanic origin may be of any race

Source: Original analysis by Child Trends of National Health Interview Survey data