Why Is Parental Depression an Important Issue for Pediatricians?

Depression often goes unrecognized and untreated

- Major depression affects one in 10 mothers and one in 20 fathers throughout the child rearing years.
- Depressed mood occurs in 20 to 30 percent of mothers in the first year postpartum and is a persistent or recurrent problem for one-third to one-half of mothers.

Depression effects parents' ability to effectively parent

- Mothers who are depressed are more likely to feel overwhelmed and incompetent as a parent and less likely to have a structured daily routine.
- Parents who are depressed are more likely to use negative discipline approaches, and inconsistently respond to their children's needs. Their parenting style may be either withdrawn or hostile and sometimes vary day to day.
- Parents who are depressed engage children in fewer positive activities such as reading to the child or playing with the child.

Depressed mothers are less likely to implement pediatricians' preventive health recommendations

- Mothers who are depressed are less likely to use car seats and smoke detectors and to implement preventive safety advice, and they are more likely to smoke.

Children of depressed mothers have more pediatric visits

- Children of depressed mothers have a high rate of injury; more office and visits to the emergency room both in the first month of life and later; more infant sleep problems; more somatic complaints; and more school-related and behavioral problems.

There are long-term consequences for children who live with a depressed parent

- Maternal depression affects children's early cognitive development.
- Children are four times more likely to develop a mood or affective disorder when there is persistent depression in one or both parents.
- Daughters of depressed mothers are more likely to have depression as adults.
- The lack of appropriate role models can affect children as teenagers, resulting in behavioral problems, somatic complaints, and acting-out behaviors.

Pediatricians are well positioned to assist parents

- Mothers report in focus groups that they are willing to discuss family stress and mental health issues with their pediatrician in the context of a trusting, confidential relationship.
- Pediatricians often have more contact with mothers than other health professionals.
- Motivation to be a good parent can be a catalyst to seeking help for depression.
- Pediatricians are able to assess the behavioral or developmental impact of parental depression on the child and refer the child to services that can help.

Why Routinely Screen for Parental Depression at Well-Child Visits?

Well-child visits provide an opportunity to inform parents that parental mental health issues and child health are linked

- Routine screening destigmatizes depression and parents may be better able to raise a mental health issue in future visits.

Informal methods of determining parental depression are ineffective

- Observation detects less than half mothers who screen positive for depression.
- Routine inquiry about mood alone is not as effective as a structured approach such as the use of a screening questionnaire.

Screening is well accepted by parents

- Parents are accustomed to participating in screening in the child health provider's office.
- Published surveys of parents show that parents find it acceptable for clinicians to inquire about their health and mental health issues.
- Pediatricians in New Hampshire and Vermont who routinely screen for depression found that parents thank the pediatrician/staff for creating an environment where depression can be discussed.

Parental depression affects children of all ages

- Parental depression is triggered by many life stressors, so postpartum screening only may be too limited.

Information about parental mental health helps the provider better understand a child's issues during the visit

- Children's behavior problems, somatic complaints, poor asthma medication compliance, and delayed development all have been shown in the literature to be linked to parental mental health.
- Families in discussion often share information about stressors for both parent and child such as death of a relative, job loss, and marital issues

The burden on the child health provider is not excessive

- Experience in New Hampshire and Vermont involving screening at 9,000 well-child visits in six practices has shown:
    - Brief screening measures can be incorporated into the well-visit "patient flow."
    - Only 5 percent of patients need discussion of screening results.
    - Time for discussion is usually brief: 4 percent of visits involved discussion of depression for less than 3 minutes and only 1 percent of providers needed more than 10 minutes.