



**Low Income Mothers coming to Primary Care: Depression and Reports of Problems with their Children**

**Source:** Weissman, M. M., Feder, A., Pilowsky, D.J., Olfson, M., Fuentes, M., Blanco, C., Latigua, R., Gameroff, M.J., Shea, S. (2004) Depressed mothers coming to primary care: Maternal reports of problems with their children. *Journal of Affective Disorders*, 78, pp. 93-100.

Research indicates that children who have a parent who is depressed are at greater risk of depression themselves, as well as more frequent behavioral and school problems. Early detection and treatment of depression among mothers may be a particularly important prevention strategy, since it provides the opportunity to not only improve the health of mothers, but also to address their children's needs at an early age. In this article, the researchers investigate the links between maternal depression among women with a scheduled appointment with a primary care physician, and their reports of problems with their children.

**Methods**

**Sample and Procedures**

Research participants were recruited from adult patients attending an urban primary care clinic (Associates in Internal Medicine group practice, Columbia University) serving a low-income largely immigrant population. The sample for this study is a sub-sample of mothers, aged 25-55 years. About one in five were in paid employment. These 343 eligible participants were drawn from a larger sample of 1007 patients who consented to a research study involving a broader sample of clinic attendees. The criteria for inclusion in the larger study were being aged 18-70, having a scheduled visit with a primary care physician, having had at least on previous clinic visit, not being actively suicidal or homicidal, and being able to speak and understand English or Spanish. Research assistants approached patients in the waiting room to screen them according to the sampling criteria, and to collect data for those eligible patients who gave their consent. Self-report data were collected in Spanish (68%) or English by written or verbal questions. More than half of the participants chose verbal administration.

**Measures**

Table 1 Summary of the measures used

<b>Data collected</b>	<b>Items or Instruments</b>
Patient History	Age, Gender, race/ethnicity, marital status, income, education
Screening for psychotic symptoms	Self-report checklist (Mini-International Neuropsychiatric Interview)
Mental health screening (depressive disorder, panic disorder, generalized anxiety disorder, alcohol abuse/dependence)	Selected relevant items from DSM-IV PRIME-MD Patient Health Questionnaire (PHQ)
Screening for drug use/dependence	Item patterned on PHQ format above
Functioning	2 items on self-perceived physical and emotional health; 2 items from Sheehan Disability Scale; 1 item on days lost from work (paid or at home); 1 item on relationship with spouse/partner
Problems with children	Three items (2 items - child with mental health problem; child needs treatment but not getting it; 3 <sup>rd</sup> item from Social Adjustment Scale self-report - 'how mother getting along with child')

## Results

Twenty-five percent of this sample of mothers seeking primary care was identified as having depression. Based on the results of the mental health screening, the sample was divided into three groups for the purposes of analysis. The groups were categorized according to a diagnosis of depression (n=85), psychiatric disorders other than depression (n=67), or no psychiatric disorders (n=191). The three groups did not differ significantly in age, marital status, education, or number of children. Since Hispanic mothers and lower income mothers were more likely to be in the depressed group than in the other two groups, these variables were statistically controlled in subsequent analysis.

Depressed mothers were more likely to report impairment in the areas of family and social life. Less than half of the depressed mothers reported that they had received treatment in the past month. In comparison, mothers identified as depressed were three times more likely to report that their children had serious emotional problems, four times more likely to report that their children were not receiving needed treatment, and over ten times more likely to report problems getting along with their children.

## Discussion & Conclusions

This study confirms the findings of previous research that depression among mothers is a serious health concern, not only for the individuals affected but also for their children. Unless interventions to address emotional and behavioral problems among children include provision for appropriate treatment of parent health, their effectiveness is likely to be limited. Although, as the authors note, this study did not include direct assessment of children, increased efforts to screen for and treat maternal depression in primary care is likely to yield significant benefits for families. The authors conclude that, based on these data, prevention or successful treatment of mothers with major depressive disorder could reduce the risk of negative child outcomes by as much as 55%.