

Prevalence, trajectories, and risk factors for depression among caregivers of young children involved in child maltreatment investigations

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Presentation Overview

- Overview of the impact of maternal depression in young child development
- Description of the NSCAW study
 - Sample, measures, design
- Summarize findings related to maternal depression and young children reported for maltreatment
 - Prevalence of symptoms, change over time, correlates

Why Focus on Maternal Depression?

- 9.5 percent of the population, or about 18.8 million American adults, suffer from a depressive illness
- Most people with a depressive illness do not seek treatment
- Women lifetime risk: 10-25%, point prevalence: 5-9%
- 12-18% of mothers of young children are estimated to suffer from symptoms consistent with depression

Symptoms of Depression

- Twice as likely in women
- Persistent sad, anxious
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness,
- Loss of interest
- Decreased energy, fatigue
- Difficulty concentrating,
- Insomnia, or oversleeping
- Appetite and/or weight loss or overeating and weight gain
- Thoughts of death or suicide
- Restlessness, irritability



Depression among Mothers of Young Children Reported for Maltreatment



- Overwhelmed by the daily care of their young child
- Less vocal, respond more slowly to young children's cues
- Have a blunt affect, are less positive and more distant
- Relatively inactive, display more hostility and irritability, and become frustrated more easily
- Show lower self-regulation and poorer judgment

Impact of Maternal Depression on Early Child Development

- Compared to the children of non-depressed mothers, young children of depressed mothers tend to cry more and tend to be more drowsy, fussy less sociable and more insecurely attached
- As children of mothers with depression reach school age, they also tend to have poorer mental, motor, and language skills development and more behavioral difficulties

Service and Policy Context

- The “Keeping Children Safe Act” of 2003 (amended CAPTA) *requires* states to develop “provisions and procedures” to refer child maltreatment victims and their families to early intervention services
- Family-centered needs assessment and truly comprehensive services require that the child welfare system consider (and address) caregiver needs (including mental health) to prevent further maltreatment and reduce out-of-home placements

Depression among Mothers of Young Children Reported for Maltreatment

- No published estimates of the 12-month prevalence of maternal depression among young children reported for maltreatment
- No reports of individual changes in depression trajectories
- No analysis of predictors of depression, particularly as associated with parenting young children within the context of maltreatment

This Study: Research Questions

- What percentage of the caregivers of young children involved with CWS suffer from depression?
- How persistent is depression across time in the population?
- What family and environmental characteristics predict a caregiver's having depression at the time of contact with CWS (baseline) and afterward?
- What family and environmental characteristics predict individual changes in depression over time?

What is NSCAW?

A national, longitudinal study of children and families who have had contact with child welfare system for maltreatment reports

- Data collection from children, current caregivers, caseworkers, teachers, and agency administrative records
- Designed to address crucial program, policy, and practice issues of concern to the federal, state, and local governments, and child welfare agencies

Study Overview

- Mandated by Congress in 1996
- Study began in 1999
- 6,200 children aged birth to 14 at the time of sampling
- Five waves of data collection completed in 2007
- First national study of child welfare to collect data from children and families

NSCAW Data Sources

- Children
 - Assessments (young children)
 - Interviews (older children)
- Current Caregivers, Caseworkers, Local Agency Directors
 - Interviews
- Teachers
 - Survey completed via mail or on web



Current Study Sample, Instruments, Analysis

- **Sample:** Female caregivers of 1,244 young children (< 5 years) who were living at home at baseline and all follow-up periods and who completed at least one assessment for depression
- **Measures:** Screening scale of the World Health Organization Composite International Diagnostic Interview Short Form (CIDI-SF) and the Conflicts Tactics Scale (IPV)
- **Groups:** No depression, depression at only one point, depression at 2 points, depression at 3 or more points in time.

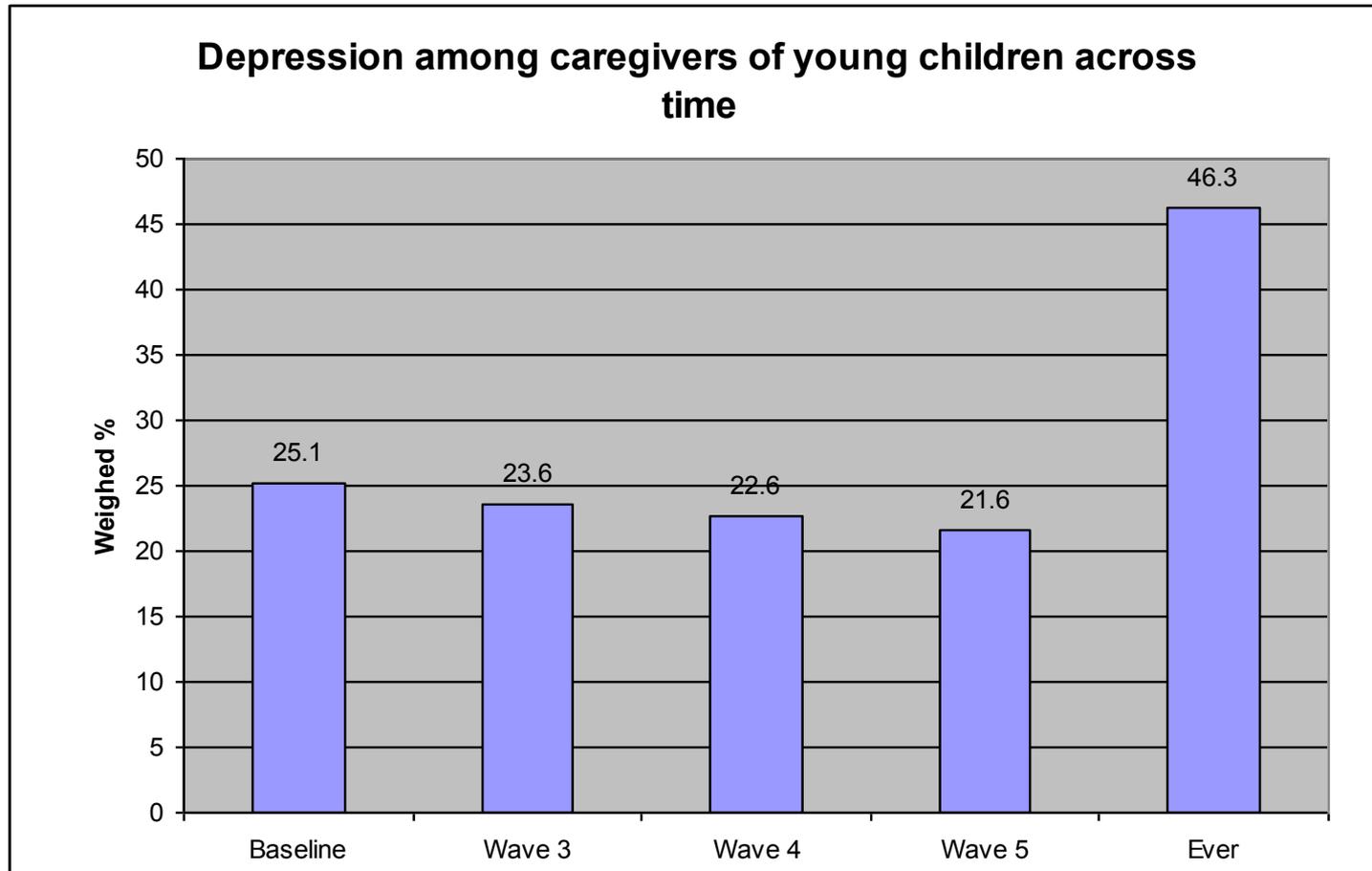
Analysis

- Prevalence estimates at each wave
- Chi-square tests to examine the association of depression with other factors
- Multiple logistic regression to predict four outcomes (e.g., three or more waves of depression)
- Growth curve analysis (unconditional population average trajectory model, models with one covariate, models with covariates) to examine the change in the odds of depression over time

Study Sample Characteristics

- Most of the caregivers were biological mothers (95.5%)
- 77.2% of caregivers were 15 to 29 years old, and 22.8% were 30 years or older
- One half were White, 23.2% African American, 15.5% Hispanic, and 10.5% of another race/ethnicity
- More than half of the caregivers (55.9%) were living at or below the federal poverty level
- 38% had been victims of interpersonal violence at the start of the study.

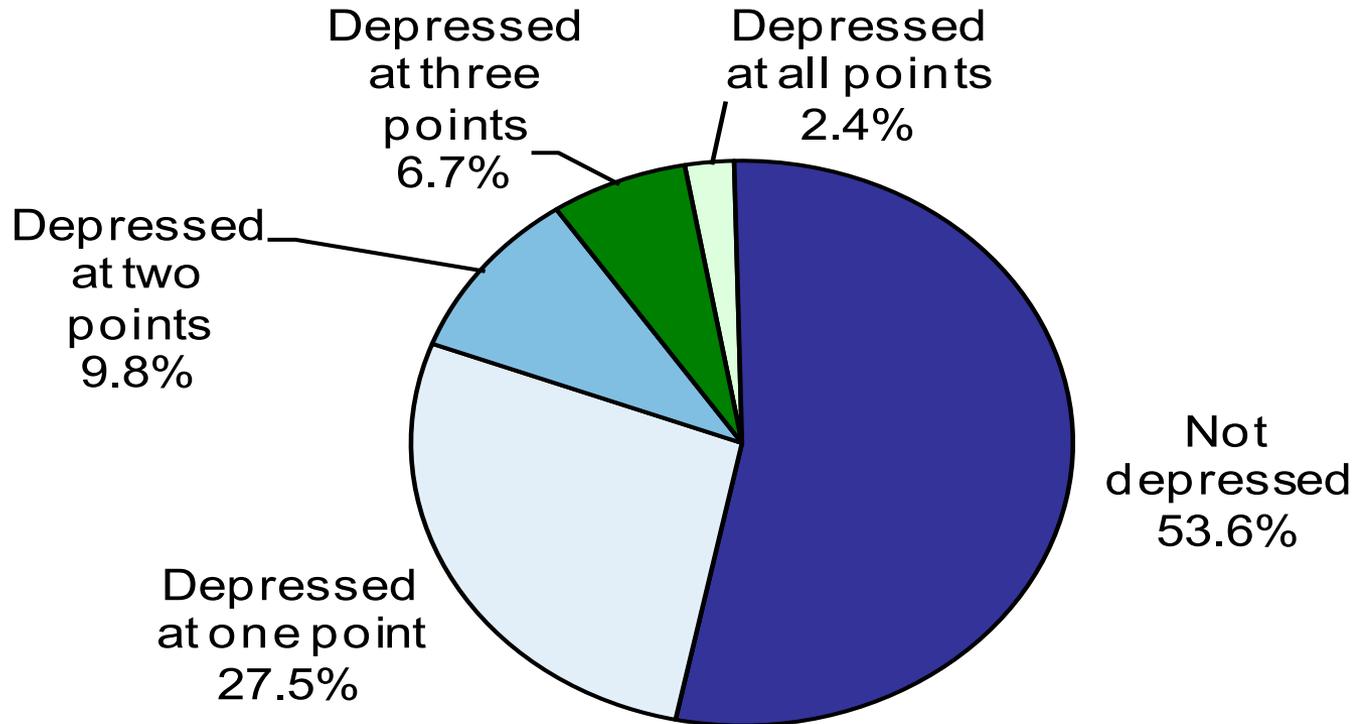
Rates of Maternal Depression by Wave



Symptoms among caregivers reporting feeling sad, blue or depressed

- 91.4% had felt more tired or low on energy
- 88.8% had lost interest in most hobbies, work, or activities that usually gave them pleasure
- 80.7% had experienced much more trouble concentrating than usual
- 74.3% had experienced more trouble falling asleep
- 71.6% had experienced feelings of low self-worth
- 54.3% had noted unexplained weight loss or weight gain
- 33.8% had thought repeatedly about death

Number of Depressive Episodes Across Time



Maternal Depression over Time



- 27.5% of caregivers had a score indicative of major depression at only one point
- Of those who had a score indicating major depression at baseline, 45.6% had a score at the 18-month follow-up, 39.4% at the 36-month follow-up, and 40.4% at the 5 to 6–year follow-up.
- Of those who were not depressed at baseline, 17.2% had a score at the 18-month follow-up, 16.1% at the 36-month follow-up, and 15.4% at the 5 to 6–year follow-up.

Maternal Depression over Time

- Analysis of individual caregivers' trajectories for a score in the clinical range for major depression showed no significant changes in the odds of depression over time.
- There were no significant changes between any two adjacent waves, the odds maternal depression did not decrease as time passed after the CWS investigation.

Multivariate Models: Correlates of Depression



- Intimate partner violence
- Fair or poor health
- Caregivers of children investigated for physical neglect (failure to provide)
- Non married caregivers
- Caregivers with a childhood history of abuse and neglect

Predictors of Multiple Episodes of Depression

- Caregivers who reported intimate partner violence (IPV) had 2X the odds of having 3 or more waves of depression than those who didn't report IPV
- Caregivers in fair or poor health had more than 4X the odds of those in excellent, very good or good health for having two waves with depression

Discussion

- Depression is relatively prevalent (21.6% to 25.1% at any time in NSCAW) in this population
 - 6.7% of U.S. adults had a major depressive episode in the previous year (Kessler et al., 2005)
 - 16% of low-income women receiving welfare had depression (Rosen et al., 2006)
- 46.3% of these caregivers met criteria for major depression at some point in the study, almost 3 times that of national estimates of the adult lifetime prevalence of depression (16.6%) (Kessler et al., 2005)

Discussion

- Two risk factors were the most consistent correlates of a score in the clinical range for major depression: having been a victim of intimate partner violence and reporting fair or poor health
- These have strong implications for early intervention services for maltreated young children and their families
 - Importance of comprehensive assessments and multi-disciplinary approaches to intervention
 - Maltreatment risk, caregiver mental health *and* health, and family risk of exposure to violence

From NSCAW I to NSCAW II



NSCAW II

- New cohort: 5,900 children birth to 17 years.
- Baseline completed in August 2009.
- 18-month follow-up began in October 2009.
- Data release: **SOON!**

