Educational & Developmental Intervention Services (EDIS) Personnel Development

KIT

Keeping In Touch

MAY 2013

Inside this edition UNDERSTANDING DEPRESSION

Resource Article

In the field of early childhood development, maternal depression is recognized as a significant factor affecting children's development and learning. Understanding depression is the topic for the current KIT series.

The Center on the Developing Child at Harvard University working paper, *Maternal Depression Can Undermine the Development of Young Children*, provides an overview of the nature of maternal depression, how it impacts young children and treatment considerations. A recent study suggests that for young children (under the age of twelve months) one out of eleven experience their mother's major depression. Children living in poverty are even more at risk for experiencing maternal depression as one in four mothers of infants is suffering from depressive symptoms.

Maternal depression is alarming for many reasons. The affected mother-to-be may not have the energy or wherewithal to participate in standard prenatal care. She is also at risk for experiencing higher levels of stress hormones, which is deleterious to the developing fetus and increases the risk for prematurity. Chronic depression often takes the form of problematic parenting. Studies have found that depressed mothers tend to fall into one of two parenting styles: hostile/ intrusive or disengaged/ withdrawn. Neither bodes well for raising healthy young children. The National Forum further contends, "children who experience maternal depression early in life may suffer lasting effects on their brain architecture and persistent disruptions of their stress response systems" (p. 3). Research also indicates that children exposed to their mother's depression are nearly twice as likely to have high cortisol levels as adolescents than those children not exposed to their mother's depression.

Resource Article (continued)

Fortunately research is available on the prevention and treatment of maternal depression. Most prevention studies target post-partum depression (i.e., the result of hormonal shifts following the delivery of a newborn, sometimes referred to as 'baby blues'), which is a different condition than major depression. Major depression, as described in the paper, "affects brain functioning and typically limits one's ability to carry out everyday activities" (p. 6) and is more severe and longer lasting than post partum depression. As with most conditions, early identification and treatment of depression yields better results. Yet, treatment focused solely on the mother's depressive symptoms has not lead to improved parenting while treatment targeting the mother-child relationship has.

How maternal depression is addressed impacts how children grow, develop and learn. Understanding what positively impacts a mother's depressive symptoms is not enough. Helping a mother improve her interactions and engagement with her child is more likely to improve child outcomes. As early interventionists we do not treat maternal depression, but are in a unique position to support parent child relationships and connect parents with needed resources.

Center on the Developing Child at Harvard University (2009). *Maternal Depression Can Undermine the Development of Young Children: Working Paper No. 8*. http:// www.developingchild.harvard.edu

On the WWW

The web resource this month is www.helpguide.org Helpguide works in collaboration with Harvard Health Publications with a focus on providing mental health information. The site includes information of several mental health topics as well as healthy living , child and family and aging topics.

The depression link includes information about various types of depression. For example depression in teens, men, postpartum, older adults, teens, and more.

The link depression symptoms and warning signs provides a brief, but helpful, overview of what to be aware of regarding suspected depression. The direct link is:

http://www.helpguide.org/mental/ depression_signs_types_diagnosis_treatment.htm

What do the data say?

How many adults report depression?

To answer this question we go to the Centers for Disease Control and Prevention. The report "Current Depression Among Adults — United States, 2006 and 2008" provided the answer to this month's KIT data question. The full report is available on line at:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5938a2.htm?s_cid=mm5938a2_e%0D%0A

The Behavioral Risk Factor Surveillance System (BRFSS) survey data from 2006 and 2008 were analyzed to estimate the prevalence of depression. The BRFSS is a state-based, random-digit dialed telephone survey of U.S. civilians age 18 years or older. The data reported in the 2006 survey included 29 participating states and territories and the 2008 data were from 16 states. The mean response rate was 53% and 52% respectively in 2006 and 2008. The total number of respondents for both years totaled 235,067 adults.

Presence of depression was based on responses to questions related to eight of the nine criteria form the Diagnostic and Statistical Manual for Mental Disorders, Fourth Edition (DSM-IV). Specifically the Patient Health Questionnaire 8 (PHQ-8) was used and major depression was categorized as those that experienced five of the eight criteria for more than a week in the past two week period. Other depression was categorized as having two, three, or four of the eight criteria .

Based on the analysis of this rich data set it was determined that 9.1% of respondents met the criteria for major and other depression, including 4.1% with major depression and the remaining with other depression.

Looking more closely by age, major depression was highest among adults ages 45 -64 years of age (4.9%) and lowest (2.1%) among adults over 65 years old.

Examining the data by sex revealed that women experienced more major depression (4.8%) than men (3.3%). Expanding the category to any depression (major or other) 10.2% of the women respondents reported depression compared to 8% of the men respondents.

Considering education, the results indicated a correlation between education and depression. Of the adults with less than a high school diploma 8.1% met the criteria for major depression and 17.4 % met the criteria for major or other depression. Adults with a high school diploma and adults with at least some college were at 4.9% and 3.0% respectively for meeting the criteria for major depression and 11.3% and 6.7 respectively for major or other depression.

In addition to the groups discussed above the study the following groups more likely to meet the criteria for major depression.

- Individuals who were married before
- Individuals unemployed or unable to work
- Individuals without health insurance
- Blacks, Hispanics, and non-Hispanic persons of other races or multiple races

The complete and updated data tables are available online at:
http://www.cdc.gov/features/dsdepression/revised_table_estimates_for_depression_mmwr_erratum_feb-2011.pdf

Consultation Corner

From May through September 2013, we are excited to have Erin Troup, LCC, NCC, CT as our consultation corner expert. Erin will address the topic *Understanding Depression*.

Erin Troup is a Licensed Professional Counselor specializing in early childhood mental health and development. Erin completed her bachelor's degree in Psychology and Child development from Indiana University of Pennsylvania. She continued on to Chatham University to pursue her Masters degree in counseling psychology and Infant Mental Health Certificate. Erin Has worked with children for 10 years. She has spent time in the fields of Youth Partial hospitalization, wraparound, Early Intervention and Mental health. She is also a member of The Association for Death Education and Counseling, Pennsylvania Association for Infant Mental Health and she serves on the Families and Communities United advisory board.

Since 2009, Erin has been involved with *The Helping Families Raise Healthy Children Project*; as the mental health specialist. This initiative, funded by Robert Wood Johnson Foundation and local funding partners, focuses on screening every caregiver who has a child in Allegheny County's (Pennsylvania) early intervention program for depression. Over 6, 500 families have been screened and connected with appropriate services. Erin also runs a consulting and private practice specializing in early childhood mental health called *Sprout Center for Emotional Growth and Development, LLC.* In her spare time, Erin enjoys being a proud aunt, gardening, antiquing and spending time with her husband and 3 dogs in Pittsburgh Pennsylvania.

What are signs of depression early intervention providers should be aware of?

Depression is one of the most common mental illnesses that can affect an individual at any time. It is estimated that one in 10 people have experienced depression in their life. Symptoms include: loss of pleasure in things that you used to enjoy, sleep disturbances or sleeping too much, feeling hopeless or sad, changes in appetite (eating too much or not enough), difficulty concentrating, movement and activity changes (moving slowly or fidgety) and sometimes even feeling that you may be better off dead or feelings that you may want to hurt yourself. Depression also comes in different forms. Sometimes it is brought on by difficult situations, changes in the length of day, or it can develop in the postpartum period- after the birth of a child. Depression is also the most treatable illness. Support such as talk therapy, support groups and medication management can all have a positive outcome for those suffering from depression. As an Early Intervention provider, you might be asking "What can I say when I think someone I am working with may be depressed"? You may be noticing things like missed appointments, the caregiver may seem tired, confused, frazzled or frustrated.

Many people become uncomfortable asking this question to others. Perhaps it is fear of offending someone or fear of what the answer may be. It can be an uncomfortable question to ask so the first step in asking such a delicate question is to make sure you have the time to spend with the individual in the event that they are feeling depressed and want to talk about it.

Consultation Corner (continued)

Second, do not feel like you have to "play the therapist", you are a listening ear for that person and that helps a lot. And third, have resources ready. It is better to have even a simple list of places to call in that person's area rather than to leave them hanging.

A good opening start to asking the question is to not outright say the word DEPRESSED but to acknowledge that someone has not been acting like themselves, "you look like you have a lot on your mind", "you seemed stressed and overwhelmed recently, how are things going for you?" These are all ways of asking about a person's mood and offering support without making them feel judged or weak for feeling the way they are feeling.

Most often, individuals who are ready to talk about their struggles are ready to accept support for them. So it is also important to know some supports that may be available to this person. Have a list of local support groups, therapists, respite care services etc… that are available to the caregiver. If you are not sure, let the family know you will look into it and have the resources available to the family sooner than your next visit.

KIT Newsletters are available online at www.edis.army.mil

Continuing Education for KIT Readers

The Comprehensive System of Personnel Development (CSPD) is offering a continuing education opportunity for KIT readers.

In line with the focus on *Understanding Depression*, readers are invited to receive continuing education contact hours for reading the monthly KIT publications (May through September 2013) and completing a multiple-choice exam about the content covered in these KITs.

KIT readers will receive the exam in October 2013. There is no need to register for the CEUs. Rather, if you are interested complete the exam online at www.edis.army.mil Upon successful completion of the exam, you will receive a certificate of non-discipline specific continuing education contact hours.

Thank you for your continued interest in the KIT.
Please share your KIT questions/ideas via email to
EDISCSPD@amedd.army.mil