



## Mutual influences on maternal depression and child adjustment problems

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### Abstract

Often undetected and poorly managed, maternal depression and child adjustment problems are common health problems and impose significant burden to society. Studies show evidence of mutual influences on maternal and child functioning, whereby depression in mothers increases risk of emotional and behavioral problems in children and vice versa. Biological mechanisms (genetics, in utero environment) mediate influences from mother to child, while psychosocial (attachment, child discipline, modeling, family functioning) and social capital (social resources, social support) mechanisms mediate transactional influences on maternal depression and child adjustment problems. Mutual family influences in the etiology and maintenance of psychological problems advance our understanding of pathways of risk and resilience and their implications for clinical interventions. This article explores the dynamic interplay of maternal and child distress and provides evidence for a biopsychosocial model of mediating factors with the aim of stimulating further research and contributing to more inclusive therapies for families.

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Depressive disorders in mothers and emotional and behavioral disturbances in children are common and tend to coexist. Mutual influences on these conditions and the factors that mediate them have implications for their prevention, assessment, and treatment. Previous empirical reviews have documented the influences of maternal mood on child adjustment outcomes (e.g., Cummings & Davies, 1994; Downey & Coyne, 1990; Goodman & Gotlib, 1999; Lovejoy, Graczyk, O'Hare, & Neuman,

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2000), but none to date has included a balanced account of simultaneous influences of child behavior on maternal functioning. The purpose of this article was to concisely review the research on mutual influences on maternal depression and child adjustment problems with particular foci on mechanisms that mediate these influences and their potential clinical implications.

## 1. Scope of the problem

### 1.1. Epidemiology

The problems are all too familiar to many families. Depressive disorders in mothers and behavioral and emotional problems in children are among the most common and debilitating mental health conditions. Many children are repeatedly exposed to maternal depressive episodes and consistently exposed to subclinical maternal distress. As well, about one in five parents lives with a child suffering from some form of emotional or behavioral disorder. This double dose of maternal and child maladjustment hits families and communities hard.

Depression afflicts 10–20% of women at any point in time (Kringlen, Torgersen, & Cramer, 2001) and about a third of all women at some point during their lifetime (Kendler & Prescott, 1999) and is particularly common among low-income, single mothers (Brown & Harris, 1978). Depression is a highly recurrent condition with over 80% of cases experiencing more than one depressive episode (Belsher & Costello, 1988). Individuals with three or more previous depressive episodes have a relapse rate as high as 40% within 12–15 weeks after recovery (Keller et al., 1992) and rarely ever return to complete asymptomatic functioning (Duggan, Sham, Minne, Lee, & Murray, 1998). Depression is also often accompanied by other disorders. About two thirds of depressed or dysthymic women also meet diagnostic criteria for an anxiety disorder (Kessler et al., 1994). Unfortunately, for reasons of stigma, unawareness, or access to care, maternal depression often goes undetected or poorly managed. Less than half of all women who show signs of depression receive specialist treatment, and the majority of cases that have contact with health providers are either misdiagnosed or improperly monitored (McGrath, Keita, Stickland, & Russo, 1990).

Emotional and behavioral disorders are among the most common chronic health conditions in children. Community surveys show point prevalence rates from 18–22% for one or more child disorders (Breton et al., 1999; Offord, Boyle, & Szatmari et al., 1987). Rutter, Tizard, Yule, Graham, and Whitmore's (1976) Isle of Wright studies found that 7–14% of children exhibited at least one disorder and that risk to children increased with presence of parental depression or "neurotic disorder." The Ontario Child Health Survey (OCHS), a Canadian survey of children 4 to 16 years of age, showed a 6-month prevalence rate of 18.1% for at least one of four conditions—conduct disorder, hyperactivity, emotional disorder, or somatization (Offord, Boyle, Szatmari et al., 1987). Many children also suffer from untreated or poorly managed conditions. Fewer than one in five children who show signs of a psychiatric disorder have any contact with a mental health care provider during the previous 6 months (Offord, Boyle, Szatmari et al., 1987).

### 1.2. Burden

The social and economic burden of these conditions is severe. According to the World Health Organization, by 2020, depression is projected to carry the highest disease burden of all health

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