

NATIONAL RESEARCH COUNCIL AND  
INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES

# IOM Science of Research on Families: A Workshop

“Conducting research with  
families with mental health issues  
from a preventive and resilience-  
based perspective”



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# Prevalence of Depression

- Depression is a prevalent and impairing problem
  - Affects 20% of *adults* in their lifetime
- Disparities in prevalence rates in *adults*
  - Age, ethnicity, sex, and marital status
- Many adults are parents
  - Similar rates, disparities
  - 7.5 million parents are affected by depression each year



## Barriers to Depression Care

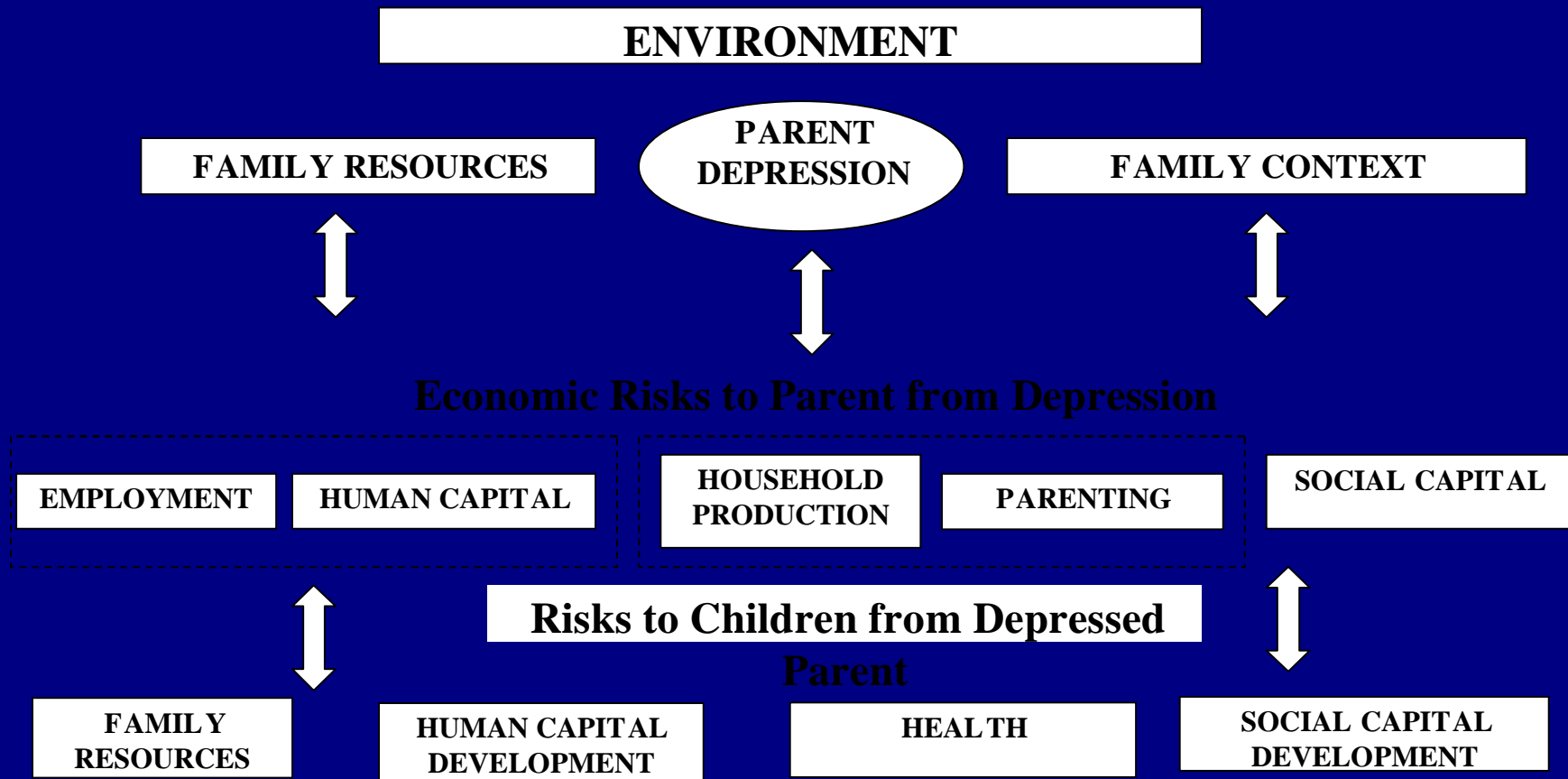
- Many (40-70%) depressed individuals do not receive any kind treatment
- Individual, provider, and system-level barriers exist that decrease the access to and quality of care for depressed adults



## Impact of Depression

- Depression leads to sustained individual, family, and societal costs
- Specifically for parents, depression can
  - Interfere with parenting quality
  - Put children at risk for poor health and development at all ages
- At least 15.6 million children live with an adult who had *major* depression in the past year

# Conceptual Model of the Economic Impact of Depressed Parents on Children



NOTES: Environment includes physical, social, and economic factors



## Conclusions

1. Depression is a common condition and is attributed to multiple risk factors and mechanisms
2. Multiple barriers exist that decrease the quality of depression care for adults
3. Depression may interfere with parenting quality and put children at risk for adverse outcomes



## Identification: Current Evidence

- Effective screening tools are available to identify *adults* with depression
- Screening programs are more likely to improve depressive symptoms in adults when accompanied with further evaluation and treatment
- Specifically for parents, current screening programs in adults generally DO NOT:
  - Consider whether the adult is a parent (does not assess parental function or co-morbid conditions)
  - Consider the impact of the parent's mental health status on the health and development of their children
  - Integrate with further evaluation and treatment or other existing screening efforts
- Settings that serve parents at higher risk for depression do not routinely screen for depression



## Treatment: Current Evidence

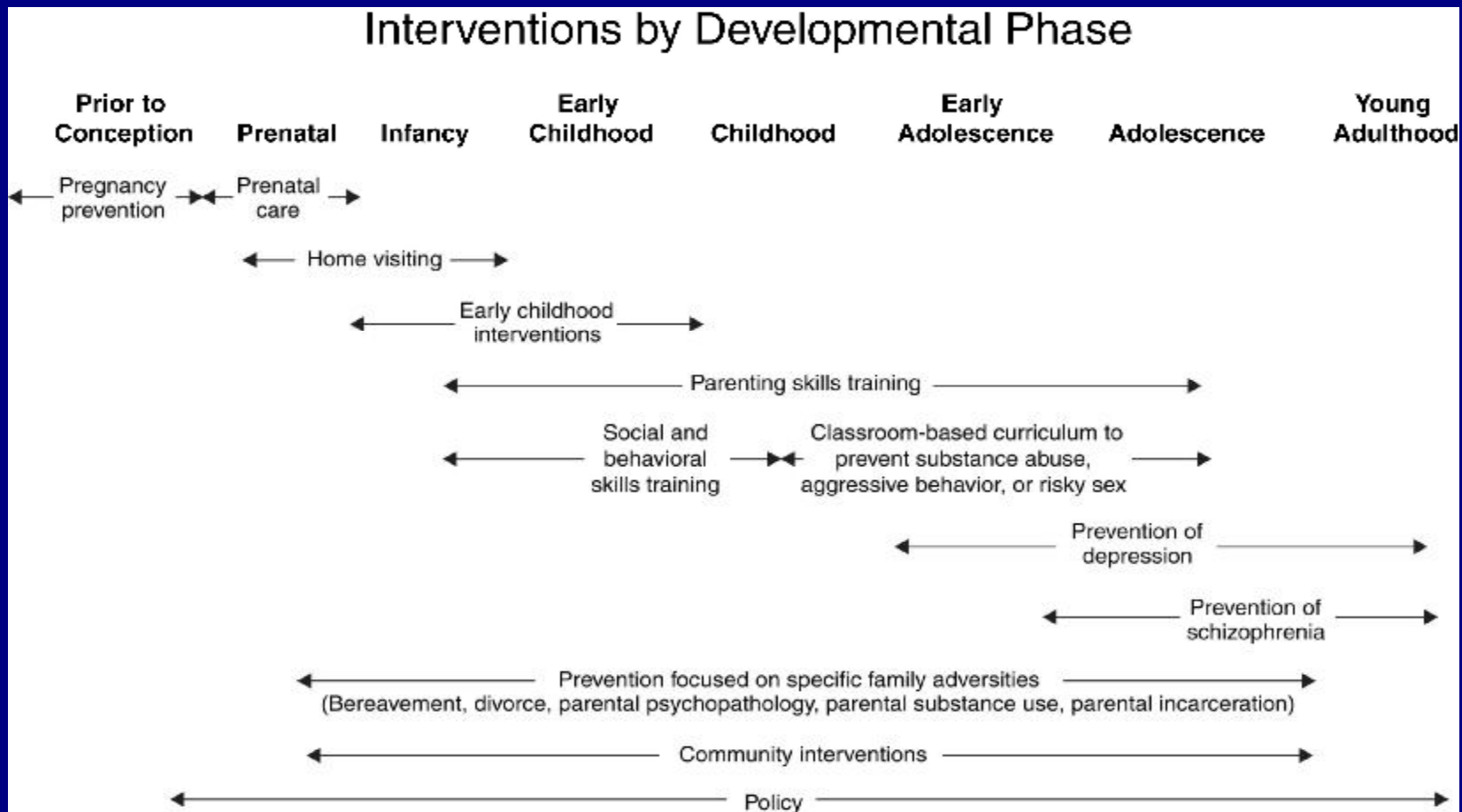
- A variety of safe and effective tools exist for treating *adults* with elevated symptoms or major depression
- A variety of strategies to deliver these treatments exist in a wide range of settings
- Specifically for parents, evidence on the safety and efficacy of treatment tools and strategies generally DO NOT:
  - Target parents
  - Measure its impact on parental functioning or its effects on child outcomes (except during pregnancy and for mothers postpartum)



## Treatment: Current Evidence (Part II)

- Individuals should have informed choices in treatment “tools” that are available to them
- Treatment tools and strategies to deliver these treatments should be flexible, efficient, inexpensive, and above all acceptable to the participants in a wide variety of community and clinical settings

# Preventive Intervention Opportunities





## Prevention: Current Evidence

- Emerging prevention interventions for families with depressed parents or adaptations of other existing evidence-based parenting and child development interventions demonstrate promise for improving outcomes in these families
  - Prevent or improve depression in the parent
  - Target vulnerabilities of children of depressed parents
  - Improve parent-child relationships
  - Use two-generation approach
- Broader prevention interventions that support families and the healthy development of children also hold promise
- A variety of prevention programs are effective in low-income families and from varied culturally and linguistic backgrounds



## Depression Prevention Examples

1. Family Talk - Beardslee, et al., 2009
2. Prevention of depression - Garber, et al., 2009
3. *Parent/Child Coping Session* - Compas et al., in press.
4. Parental bereavement - Sandler
5. Home visitation – Putnam
6. *The Incredible Years*– Webster-Stratton
7. Early Head Start – parental depression
8. Mothers’ and babies’ program - Munoz

# Large-Scale Approaches/Collaborations in Finland and other Nordic Countries

1. Randomized trial pilot – Dorchester for single parent families of color
2. Development of a program for Latino families
3. Large scale approaches – collaborations in Finland, Holland, Norway and Costa Rica
4. Family Connections – Program for parental adversity / depression in Head Start/Early Head Start
5. Blackfeet Nation – Early Head Start – Family Connections
6. Collaboration with other investigators in new preventive interventions – Project Focus; Tulsa; Chicago



## Implementation and Dissemination

- ∅ Emerging initiatives highlight opportunities and challenges in improving the engagement and delivery of care to diverse families with a depressed parent
  - Community, state, federal, and international level-initiatives
  - A wide range of settings offer opportunities to engage and deliver care to diverse families with a depressed parent
- ∅ Multiple challenges exist in implementing and disseminating innovative strategies
  - Systemic
  - Provider Capability
  - Financial

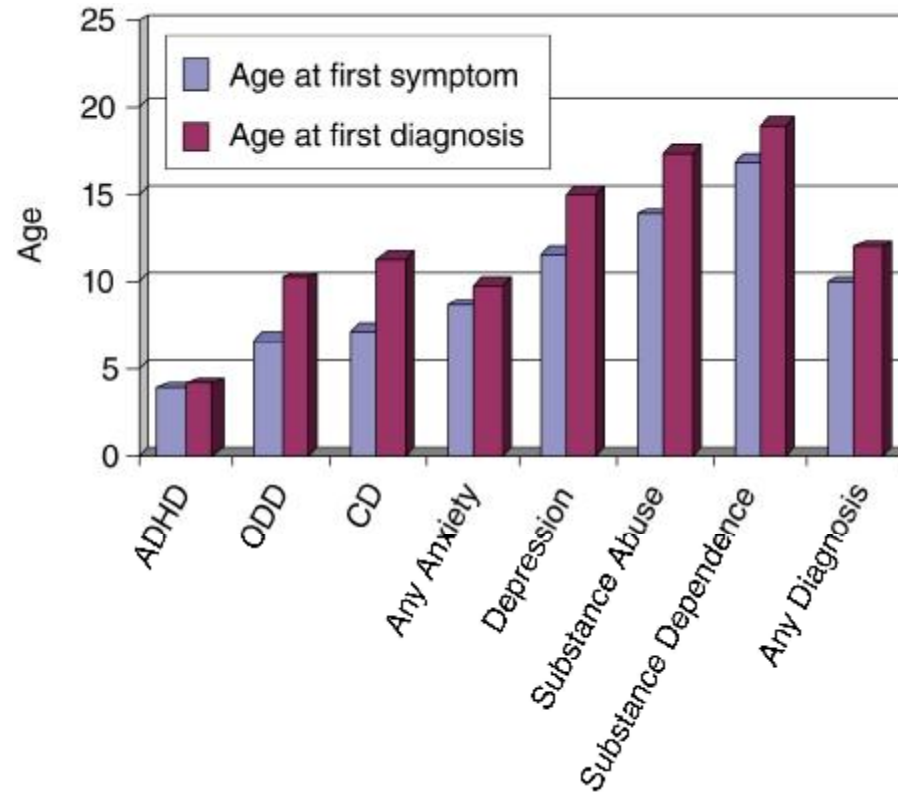
# Key Possible Strategies

1. Gather data about children when assessing adults who are parents
2. Consider embedding strategies to help parents who are struggling in existing programs
3. Consider the family the unit through which to deliver prevention services

# Key Core Concepts of Prevention

1. Prevention requires a paradigm shift
2. Mental health and physical health are inseparable
3. Successful prevention is inherently interdisciplinary
4. Mental, emotional, and behavioral disorders are developmental
5. Coordinated community level systems are needed to support young people
6. Developmental perspective is key

# Prevention Window



# Mental Health Promotion Aims to:

- Enhance individuals'
  - ability to achieve developmentally appropriate tasks (developmental competence)
  - positive sense of self-esteem, mastery, well-being, and social inclusion
- Strengthen their ability to cope with adversity

# Evidence that Some Disorders Can be Prevented

- Strong endorsement of parenting strength-based interventions for families
- Extensive evidence that interventions for family adversities (bereavement, depression, divorce) are valuable
- Special consideration needs to be given to young children in families

# Citation

- Hawkins JD, Kosterman R, Catalano RF, Hill KG, and Abbott RD. Effects of Social Development Intervention in Childhood 15 Years Later. *Arch Pediatr Adolesc Med.* 162(12), pp 1133-1141, 2008. Teacher training in classroom instruction and management, child social and emotional skill development and parent workshops were the intervention. A significant multi-varied effect across all 16 primary outcome indices were found. Specific effects included significantly better educational and economic attainment, mental health and sexual health by age 27 years (all  $P < .05$ ). So prevention is possible.

# Quotation

“One factor lurks in the background of every discussion of the risks for mental, emotional, and behavioral disorders and antisocial behavior: poverty ... Although not the focus of this report, there is evidence that changes in social policy that reduce exposure to these risks are at least as important for preventing mental, emotional and behavioral disorders in young people as other preventive interventions. We are persuaded that the future mental health of the nation depends crucially on how, collectively, the costly legacy of poverty is dealt with.”

# Recommendation Themes

- Putting Knowledge into Practice
- Continuing Course of Rigorous Research

# Conclusions

1. Family-centered care is possible and has a strong evidence base.
2. There are systematic barriers to including families as opposed to individuals in health systems.
3. Health reform offers an important opportunity .
4. Coordinated Federal and state policies across agencies for families at risk are needed.

# References

1. Podorefsky DL, McDonald-Dowdell M, & Beardslee WR. Adaptation of preventive interventions for a low-income, culturally diverse community. *J American Academy of Child and Adolescent Psychiatry*, 2001, 40:8: 879-886.

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2. Avery MR, Beardslee WR, Ayoub CC, and Watts CL. Family Connections Project at Children's Hospital Boston. *Introduction, Readiness Guide, Training Modules, Short Papers (9 for staff covering such topics as 'Engaging Difficult Parents' and 'What is Depression?' and 3 for parents covering such topics as the 'Importance of Self-reflection,' 'What is Depression?' and 'Lessons Learned')*. Produced with the support of an Innovation and Improvement Project grant from the Office of Head Start, Administration for Children and Families, US Department of Health and Human Services, and through local partnerships with ABCD. 2008. [On line]  
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4. National Research Council and Institute of Medicine. *Depression in parents, parenting and children: Opportunities to improve identification, treatment, and prevention efforts*. Washington, DC: The National Academies Press. 2009. [Online]  
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5. National Research Council and Institute of Medicine. *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. Committee on Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions. O'Connell ME, Boat T, and Warner KE, Editors. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press. 2009. [On line] [http://www.nap.edu/catalog.php?record\\_id=12480](http://www.nap.edu/catalog.php?record_id=12480).