



Review article

The effects of paternal depression on child and adolescent outcomes: A systematic review



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ABSTRACT

Background: Paternal depression has been associated with suboptimal developmental outcomes in offspring. We sought to systematically review the research evidence from prospective studies for an association between paternal depression and child adolescent emotional and behavioral outcomes. We also reviewed potential mediators of this association and sources of methodological bias.

Methods: A systematic review was conducted using the following databases: Medline, EMBASE, PsycINFO and Google Scholar. Reference lists of the included papers were also searched.

Results: Twenty-one studies were included in the review. Findings suggested that paternal depression does negatively impact upon offspring development. This impact is observable when paternal depression is present in the antenatal and postnatal stages and during offspring adolescence. The strength of this association is strongly reliant upon a number of contextual mediators, namely; paternal negative expressiveness, hostility and involvement and marital conflict. A quality assessment rating showed the studies were relatively strong methodologically.

Limitations: Heterogeneity regarding method of assessment and the magnitude and timing of exposure hinder attempts to make strong conclusions regarding the trajectory of paternal depression and its effects on child and adolescent outcomes.

Conclusions: Paternal mental health screening during pregnancy is necessary in order to identify and prevent depression negatively impacting offspring functioning. Including both parents in this process should encourage the alleviation of the environmental mediators which dominate the negative association outlined within the review. Research examining gene-environment interaction is necessary to uncover more accurate details regarding paternal depression and subsequent offspring vulnerability.

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1. Introduction

Depression is a significant mental health issue, commonly associated with functional impairments across the lifespan. Evidence suggests that depression in childhood and adolescence is associated with a heightened risk of psychiatric hospitalization, recurrent disorder and elevated risk of attempted suicide in adulthood (Harrington et al., 1990, 1994). Depression is also highly comorbid and commonly associated with increased risk of alcoholism and anxiety disorders (Boden and Fergusson, 2011; Moffitt et al., 2007). Offspring of depressed parents are frequently exposed to an elevated risk of externalizing and internalizing problems, lower neurobiological development, social and academic difficulties and subsequent development of adult psychopathology (Goodman and Gotlib, 1999; Natsuaki et al., 2014; Weissman et al., 2006). Indeed, children of depressed parents are almost three times as likely to experience a lifetime episode of depression as offspring of non-depressed parents (Lieb et al., 2002; Weissman et al., 1997). These negative associations between perinatal maternal depression and adverse child developmental outcomes have been widely studied (Beck, 1998; Goodman et al., 2011). However, the literature has tended to focus on the impact of maternal depression on offspring outcomes. There has been a recent increase in empirical research investigating the effects fathers' depression can have on offspring outcomes, with some evidence for an effect. However, the magnitude, mediators and timing is poorly understood (Kane and Garber, 2004; Kvalevaag et al., 2013), particularly with regard to potential critical periods.

1.1. Timing of paternal depression and offspring outcomes

Paternal depressive symptoms during pregnancy have been shown to increase likelihood of excessive infant crying (van den Berg et al., 2009). From a developmental perspective, excessive infant crying has been associated with higher levels of negative reactivity and lower emotional regulation, as well as hearing difficulties as development continues (Hestbaek et al., 2014; Stifter and Spinrad, 2002). This association has also been linked with higher scores on the emotional symptoms scale when compared with children of fathers without depression at that stage (Ramchandani et al., 2008a, 2008b) and a higher risk of internalizing and externalizing problems (Kane and Garber, 2009). Research on postnatal depression and child development is more abundant and results indicate a strong association, with increased risk of emotional and behavioral problems in school-aged children

(Weitzman et al., 2011). These heightened risks have also been linked with poorer academic performance (Doctoroff et al., 2006; Metsapelto et al., 2015), prosocial behavior and peer problems (Davé et al. 2008), as well as internalizing symptoms (Ramchandani et al., 2005) which are highly comorbid (Cummings et al., 2014). Moreover, fewer paternal depressive symptoms can act as a protective factor or "buffer" for offspring when maternal depression is present in the family environment (Melrose, 2010). Similar results exist regarding the association of paternal depression and adolescent functioning with increased likelihood of anxiety and depressive symptoms and Major Depressive Disorder (Klein et al., 2005; Reeb et al., 2010, 2015). Functional impairments like these make adolescents 6 times as likely to receive a diagnosis of a disorder in adulthood when compared with their typically developing peers (Hofstra et al., 2002).

1.2. Mechanisms of risk

Although genetic risks have been identified in the transmission of depression (Merikangas et al., 2002), gene environment interactions may constitute important moderators of risk for developing children (Caspi et al., 2003). Cultural and societal changes may also be relevant as fathers spend more direct time with their children than historically (Cabrera et al., 2000) with a corresponding impact on child development (Ramchandani and Psychogiou, 2009). Being raised by a depressed father may thus constitute an 'environmental' risk for offspring development (Natsuaki et al., 2014). Epidemiological research suggests that approximately 10% of fathers are susceptible to depression in the prenatal and postpartum stage with the highest risk existing in the 3–6 month postpartum period (Paulson et al., 2010).

There is also evidence that suggests depressed mothers are more likely than non-depressed mothers to practice poor parenting behaviors and have negative interactions with their children (Hops, 1995). Depressed mothers are also less likely to promote safety behaviors that may prevent injury and harm among their children and are more likely to use corporal punishment (Chung et al., 2004; McLennan and Kotelchuck, 2000). In light of this, it has been proposed that the impact of depression on parenting behaviors (Middleton et al., 2009; Ramchandani and Psychogiou, 2009) could be a mediating mechanism for transmission of risk to offspring. Indeed, an impaired caregiver is considered to be a major childhood risk in the Adverse Childhood Experience (ACE) literature. ACE literature has found that parental mental illness and subsequent parenting behaviors contribute to an

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