



## Characteristics of mothers' depressive illness as predictors for emotional and behavioural problems in children in a Sri Lankan setting



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### ABSTRACT

**Introduction:** Maternal depression has been shown to be associated with neurodevelopmental, emotional and behavioural disorders in offspring. We aimed to describe the proportion of psychological problems among children of mothers with depression in Sri Lanka and to describe the association with the characteristics of the mothers' illness.

**Methods:** A cross-sectional descriptive study was conducted on 100 children and adolescents between 4–16 years whose mother has a diagnosis of depression and currently in remission. Specifically designed instruments were used to extract socio-demographic details and data on mother's illness. Strengths and Difficulties Questionnaire (SDQ) was used to detect psychological problems in children.

**Results:** 14% of the children scored abnormally high in hyperactivity, 13% in conduct problems, 12% in emotional problems, 9% in peer problems. Hyperactivity, internalizing problems, and total difficulties were significantly higher in where mothers' had a history of a moderate depressive episode and recurrent depressive disorder. Children whose mothers had no attempts of self-harm scored significantly higher in both emotional problems and internalizing problems. Children whose mothers have comorbid illness scored significantly higher in hyperactivity, conduct problems, emotional problems, externalizing problems, internalizing problems and total difficulties.

**Conclusions:** Screening for psychological problems in children and developing a holistic management plan which include steps to ensure the well-being of the children is important in managing mothers with depression.

### 1. Introduction

Rates of depression in women peak during pregnancy and the early post-natal period (Kessler, 2003). Miller et al. had described that in their first year of life itself, about one in eleven infants will experience their mothers' major depression, with higher rates being reported in mothers having a past history of depression or mothers with other ongoing stressors such as financial difficulties or social isolation (Miller, 2002).

Early reviews found rates of psychiatric disorder in the children of parents with affective illness is 3–4 times higher than in children of non-depressed mothers (Cummings and Davies, 1999). Maternal depression has been shown to be associated with a wide range of neurodevelopmental, emotional and behavioural disorders in offspring including sleep problems, depression, anxiety disorders, conduct and oppositional disorder, language and cognitive delays and attachment

difficulties in children (Beardseele et al., 1998; Weissman et al., 1997; Chronis et al., 2007; Quevedo et al., 2012; Murray et al., 1996).

Previous literature has shown that the mothers' symptomatology counts more than the mothers' diagnosis in determining the impact on children (Hammen et al., 1987). The results on the persistence of psychological problems during remission of maternal depression is inconsistent with some studies demonstrating an improvement of symptomatology in children with remission of maternal depression (Weissman et al., 2006), while some showing effects of altered parenting behaviours and impact on child well-being persisting in remission (Kluczniok et al., 2016). The existing literature reveals greater chronicity of maternal depressive symptoms to be associated with more severe conduct problems in offspring. However, results regarding the association with the severity of maternal illness is inconsistent (Brennan et al., 2000; Shaw et al., 2009). Some studies reveal that moderately severe depression may have a higher association with later problem

ICD 10 – International Classification of Diseases 10th edition, PDS – Peradeniya Depression Scale, SDQ – Strengths and Difficulties Questionnaire.

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behaviour than severe depression (Gross et al., 2009; Hammen and Brennan, 2003).

In the busy Sri Lankan clinical practice, with the limited time and human resources, attention is often only paid to the recovery of the mother and the consequences on children is often underestimated. No studies have been conducted so far in Sri Lanka to assess the effect of maternal depression on children. This study would help in determining the extent of the problems in Sri Lanka and help in designing practices to minimize the impact on children.

## 2. Materials and methods

### 2.1. Study design and setting

This was a descriptive cross-sectional study. The study was conducted at the outpatient general adult psychiatry follow-up clinics of Colombo South Teaching Hospital and National Hospital Sri Lanka.

### 2.2. Study population

Female patients who have been diagnosed to have either a single depressive episode or recurrent depressive disorder by the Consultant Psychiatrist in accordance with the International Classification of Diseases 10th edition (ICD 10) (World Health Organization, 1992), who are currently in remission and having children aged between 4 and 16 years were included in the study. Patients diagnosed as having bipolar depression, patients who are not the primary caregiver for their children and patients whose children are having intellectual disability were excluded from the study. When the mother has more than 1 child, the first child was included in the study.

### 2.3. Sample size and sampling technique

A sample size of 100 was calculated using a confidence interval of 95%, a margin of error of 7.5% and an estimated prevalence of 18% according to the previous literature (Luoma et al., 2001). The first 100 patients who fulfill the inclusion and exclusion criteria were included in the study.

### 2.4. Study instruments and data collection

Data on socio-demographic factors was collected using a specifically designed self-administered questionnaire. Details of the patients past psychiatric history was obtained from clinic records using a specifically designed data extraction form.

The presence of depressive symptoms in the study population was assessed using the Peradeniya Depression Scale (PDS), in order to identify those who are currently in remission. The PDS is a screening tool for depression which was developed in Sri Lanka and validated among outpatients presenting to a psychiatry clinic in a government hospital (Abeyasinghe et al., 2012).

The presence of psychological problems among the children was assessed using the parent rated version of the Strengths and Difficulties Questionnaire (SDQ) (Perera et al., 2013). The SDQ has 5 subscales with 5 items each. The 5 subscales include emotional problems, hyperactivity, conduct problems, peer problems and prosocial behaviour.

A structured clinical interview based on ICD research criteria was used to assess for the presence of a psychiatric disorder in children with borderline or abnormal scores in any of the subscales of the SDQ.

### 2.5. Data collection and analysis

A pilot study was carried out on a sample of 10 patients prior to study proper, to test the feasibility of the study and to detect and practical difficulties. Data were summarized and analyzed using the computer application, Statistical Package for the Social Sciences (SPSS

**Table 1**  
Proportion of psychological problems in children.

Domain	Average (%)	Borderline (%)	Abnormal (%)	Missing (%)
Hyperactivity	76	09	14	01
Conduct problems	76	11	13	–
Emotional problems	81	06	12	01
Peer problems	87	04	09	–
Pro-social behaviour	96	02	02	–
Total difficulties	85	05	10	–

22.0). Scores for hyperactivity, conduct problems, emotional problems, peer problems, externalizing problems (sum of hyperactivity and conduct problems), internalizing problems (sum of emotional problems and peer problems) and a total difficulties score was calculated. The independent samples *t*-test was used in examining the association between SDQ scores of two groups and one way ANOVA was used in examining the association between SDQ scores of more than two groups. Associations that generated a *p*-value less than 0.05 were considered as true associations.

## 3. Results

### 3.1. Psychological problems in children

Fourteen percent ( $n = 14$ ) of the children scored abnormally high in hyperactivity, 13% ( $n = 13$ ) in conduct problems, 12% ( $n = 12$ ) in emotional problems, 9% ( $n = 9$ ) in peer problems and 10% ( $n = 10$ ) in total difficulties score. Two percent ( $n = 2$ ) had abnormally low scores on pro-social behaviour (Table 1).

4% ( $n = 4$ ) of the children had an ICD-10 diagnosis. 2% ( $n = 2$ ) of the children had Attention Deficit Hyperactivity Disorder, 1% ( $n = 1$ ) had Attention Deficit Hyperactivity Disorder with Comorbid Conduct Disorder and further 1% ( $n = 1$ ) had Depression with comorbid Obsessive Compulsive Disorder.

### 3.2. Characteristics of the mother's depressive illness

Fifty six percent ( $n = 56$ ) of mothers had a recurrent depressive disorder, with 33% having 2 depressive episodes in the past. In 39% of mothers, depression was first diagnosed when the child was between 6 and 12 years. Fifty two percent ( $n = 52$ ) of mother have had previous hospital admissions and 34% ( $n = 34$ ) had a past history of self-harm. Nineteen percent ( $n = 19$ ) had comorbid mental illness (Table 2).

### 3.3. Characteristics of mothers' illness associated with psychological problems in children

Statistically significant differences were observed in hyperactivity ( $F = 2.74$ ,  $p = 0.047$ ), internalizing problems ( $F = 3.28$ ,  $p = 0.024$ ) and total difficulties ( $F = 4.38$ ,  $p = 0.006$ ) in children, in relation to the mothers' diagnosis. Hyperactivity scores were significantly higher in children whose mothers' had a moderate depressive episode ( $M = 4.46$ ,  $SD = 3.50$ ) and recurrent depressive disorder ( $M = 3.38$ ,  $SD = 2.83$ ), when compared to children whose mothers' had a diagnosis of severe depressive episode with psychotic symptoms ( $M = 1.14$ ,  $SD = 1.06$ ). Similarly, scores for internalizing problems were significantly higher in children whose mothers' were diagnosed with a moderate depressive episode ( $M = 4.50$ ,  $SD = 3.76$ ) and recurrent depressive disorder ( $M = 3.09$ ,  $SD = 2.85$ ), when compared to mothers with a diagnosis of a severe depressive episode with psychotic symptoms ( $M = 1.29$ ,  $SD = 1.11$ ). The total difficulties score was also significantly higher in children whose mothers' were diagnosed as moderate depressive episode ( $M = 10.92$ ,  $SD = 6.60$ ) and recurrent

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