Parental depression: The case for family-centered approaches

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"SEE—THEY'RE ALL SO BUSY THEY DON'T HAVE ANY TIME TO GET DEPRESSED"

Depressive disorder

- Pervasive low mood
- Loss of interest
- Sleep disturbance
- Appetite disturbance
- Loss of concentration
- Retardation/agitation
- Excessive fatigue
- Guilt/worthlessness
- Suicidal ideation

Depression

- Depression – fourth leading cause of disease burden
- Affects 20% of adults in their lifetime
- Largest cause of non-fatal burden
- Most data from rich countries
- Barriers to care – 40-70% of individuals will never receive any kind of care
- Positively skewed curve
  - Extreme end – clinically significant depressive disorder
  - Other end – good mental health
  - In between – significant proportion of women – not clinically depressed nor good mental health – “distressed” – may be over 50% (Pakistan study – Rahman, Iqbal et al, 2004)

Mental health and the Millennium Development Goals

- MDG's – almost entirely ignore non-communicable diseases including mental disorders
- Mental health is strongly linked to a number of the goals
  - Eradicate extreme poverty and hunger (MDG 1)
    - Stressful life events, anxiety, depression – more likely to be experienced by poor people
    - Mental disorders impoverish people – increased health costs
    - Less likely to hold down consistent employment

Mental health and the Millennium Development Goals

- Reduce child mortality (MDG 4)
  - Failure to thrive, depression and growth faltering (Asian studies), mixed elsewhere (South Africa and Ethiopia)
  - Depressed mothers more likely to cease breastfeeding
  - Antenatal depression – related to stunting (Pakistan)

- Improve maternal health (MDG 5)
  - Postpartum depression – effect on child
  - Depressed women – less able to care for themselves
  - Link to maternal mortality directly - suicide

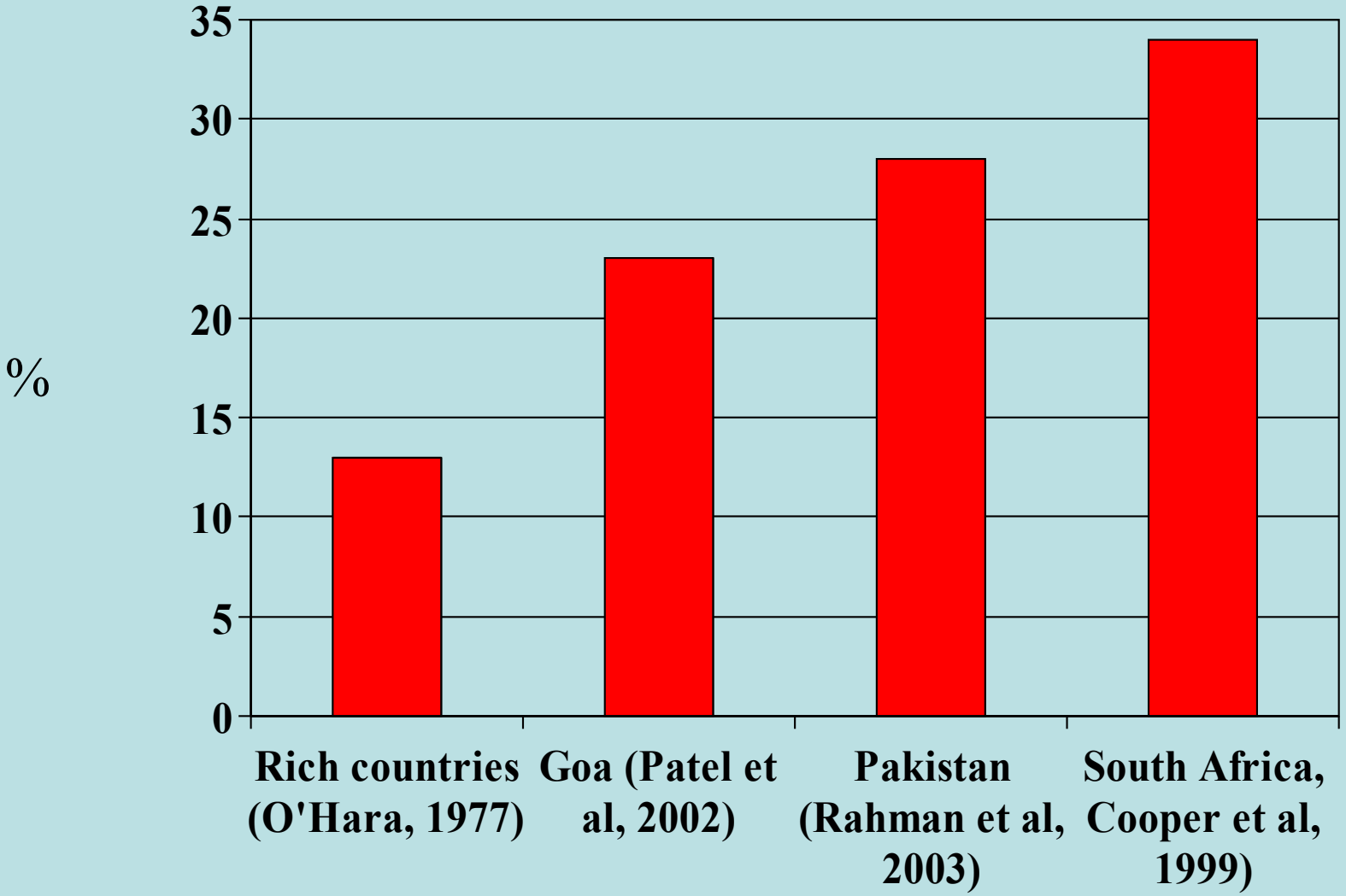
Mental health and the Millennium Development Goals

- Women's right to equality of opportunity and participation (MDG 3)
  - Women twice as likely to suffer from depression than men

AND YET

Mental disorders relatively cheap to treat

Postpartum depression



Mother child interactions

High risk samples

Depressed

Mothers - more remote and intrusive (less sensitive)

Infants - less actively engaged

(Cooper et al, 1999)

Low risk samples

Depressed

Mothers - less sensitive, especially with boys

Infants - not obviously affected

(Murray et al, 1993, 1996)

Child outcome in the context of depression

Infancy

- Insecurely attached (Tomlinson et al, 2005)
- Increased anger, less affective sharing (Stein, 1991)
- Behaviour problems (Murray, 1992)

Early childhood

- Teacher reports of disturbance (Sinclair & Murray, 1998)
- More negative peer play (Murray, 1999)

Adolescence

- Cortisol disturbances (Halligan et al, 2004)

Generational approach

- Compelling evidence of the effects of parental depression on infants and children suggests
    - Two generational approach (parent and child) at every level

What about grandparents? Three generation intervention

Family interventions: Four principles (Weissbourd, 2000)

1. Child in context
   - "There is no such thing as a baby"
   - There is no such thing as a child without a family, and the family in the larger context of community life

3. Family self sufficiency model
   - Families better able to support themselves when they receive appropriate support

Family interventions: Four principles (Weissbourd, 2000)

3. Promoting family well being
    - Fostering favourable development and not simply the avoidance of problems

4. Recognizing the importance of the early years
    - Early environment directly affects brain structure
    - Connectivity formed through relationships with other people

Treatment of depression

- Cognitive behaviour therapy for depression – Pakistan (Rahman et al, 2008)
  - Primary health care workers/Lady health workers
  - 4 antenatal visits, 12 postnatal (10 months)
  - No impact on growth
  - Halved the rate of postpartum depression, less episodes of diarrhea, increased immunization

- Multicomponent intervention for postpartum depression – Chile (Rojas et al, 2007)
  - Psychoeducation, treatment adherence groups, pharmacotherapy
  - Midwives and nurses
  - Significant clinical improvement in postpartum depression

Prevention of depression

- Prevention of depression – mixed evidence
- Trial in India, Goa – no impact (Unpublished)
- Meta-analysis that included any psychological / psychosocial intervention - no overall preventive effect for postpartum depression (Dennis & Creedy 2004)
- Comprehensive interventions that support the healthy development of infants and children hold some promise

An alternative approach

- Focus on parenting
  - Impact of depression on infants and children
  - Bi-directional nature of negative interactive patterns and the relationship to depression
  - Interventions designed to improve quality of parenting or marital relationship also lead to improvements in depression (National Research Council and Institute of Medicine, 2009)
  - Also evidence that when depression has been treated that parenting quality does not necessarily improve (National Research Council and Institute of Medicine, 2009)

South Africa
Thula Sana (Hush baby) RCT

- Model – Nurse Home visiting programme of Olds
- Followed a promising pilot intervention
- Community health workers resident in community
- Two antenatal visits; 14 postnatal visits ending at 6 months postnatally
- Primary outcome at six and 12 months postpartum:
  - quality of mother-infant interactions
- Primary outcome at 18 months postpartum:
  - infant attachment security.
- Secondary outcome at six and 12 months postpartum:
  - maternal depression

The training programme

- *World Health Organisation/ International Child Development Programme*
- *Basic Parenting and Counselling Skills training:* 14 x 3 hour sessions
- *The Newborn Interactive Assessment (NIA):* 13 hours - observed 24 demonstrations & practised at least 10 NIAs
- *Additional Workshops:* breastfeeding, postnatal depression, pregnancy and the birth process, normal childhood illnesses and child abuse.

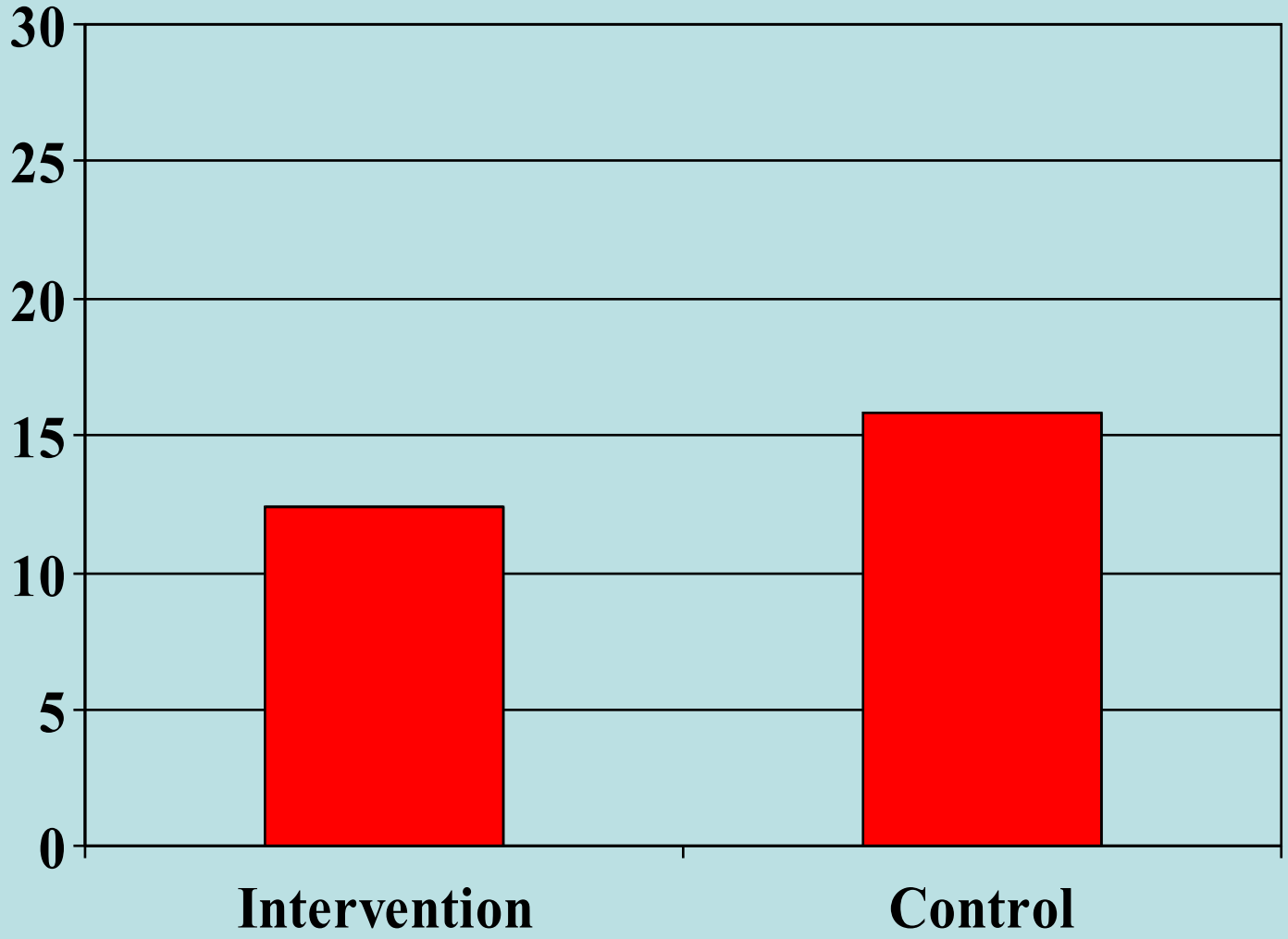
IMPORTANTLY

Focus on the mother-infant relationship NOT depression

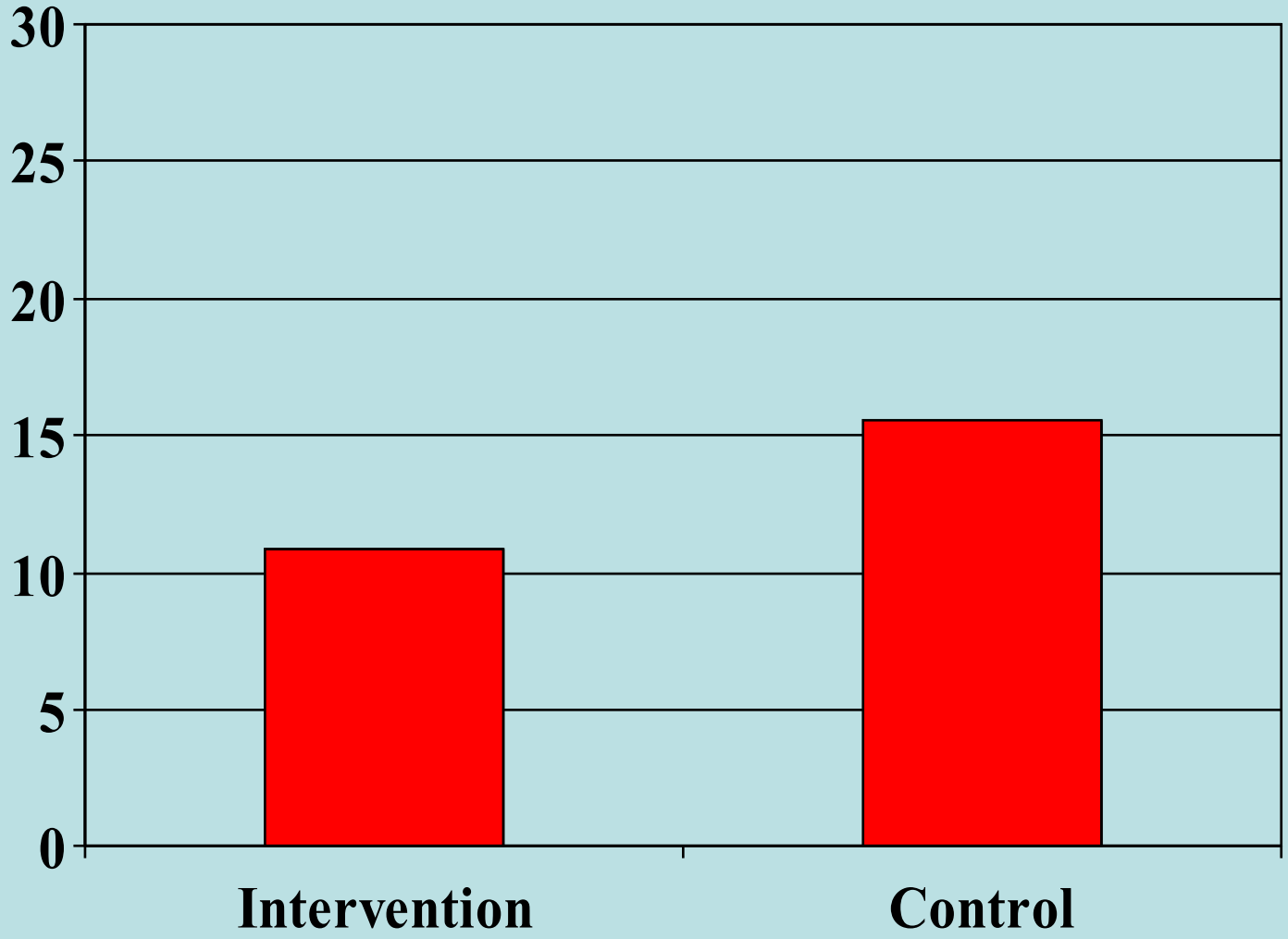
WHO International Child Development Programmes

- Expressing love
- Following the child's lead
- Having a conversation with the child
- Showing appreciation for what the child manages to do
- Focussing the child's attention on shared experiences with the caregiver
- Make sense of the child's experiences by describing and naming them

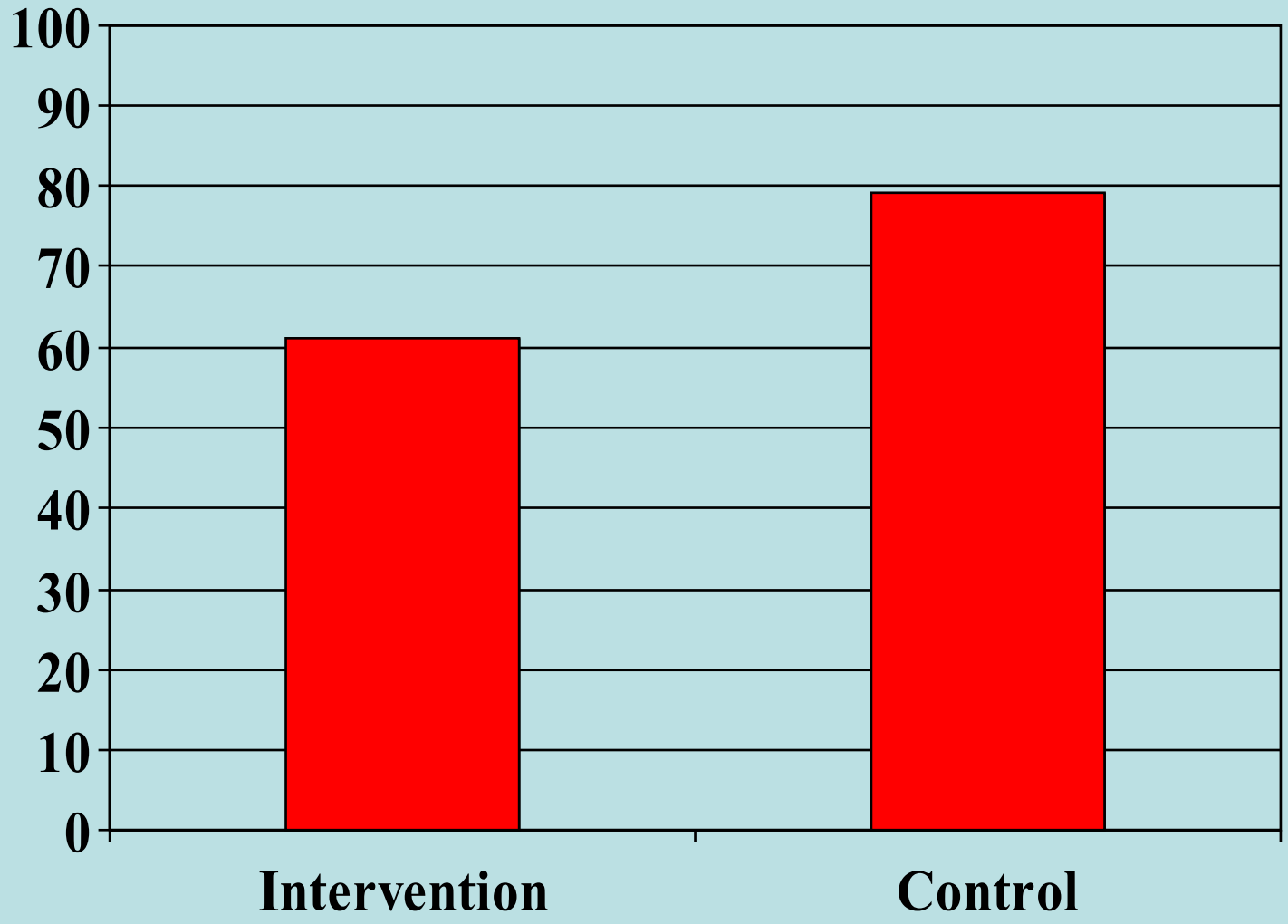
Maternal depression at six months *(British Medical Journal, 2009)*



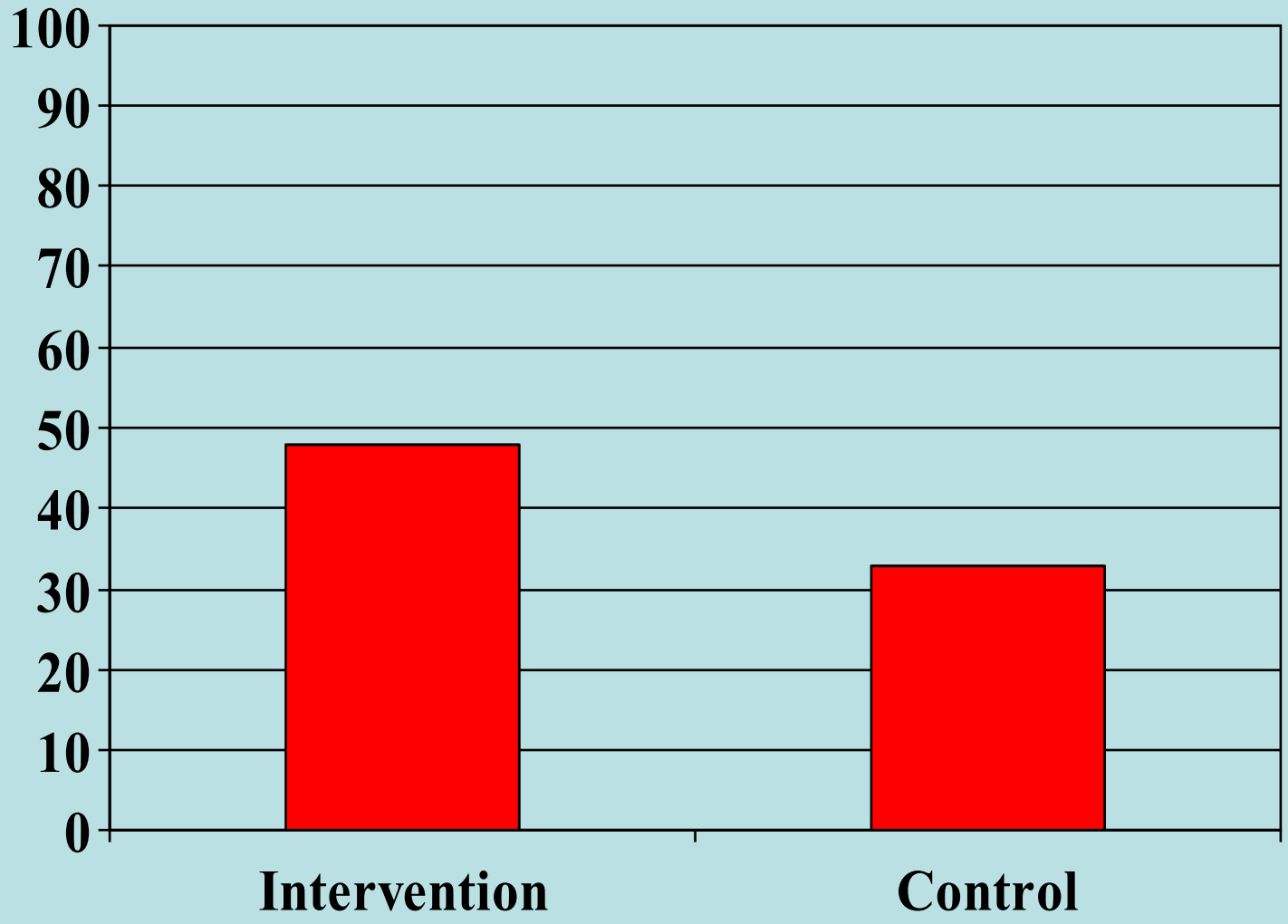
Maternal depression at 12 months



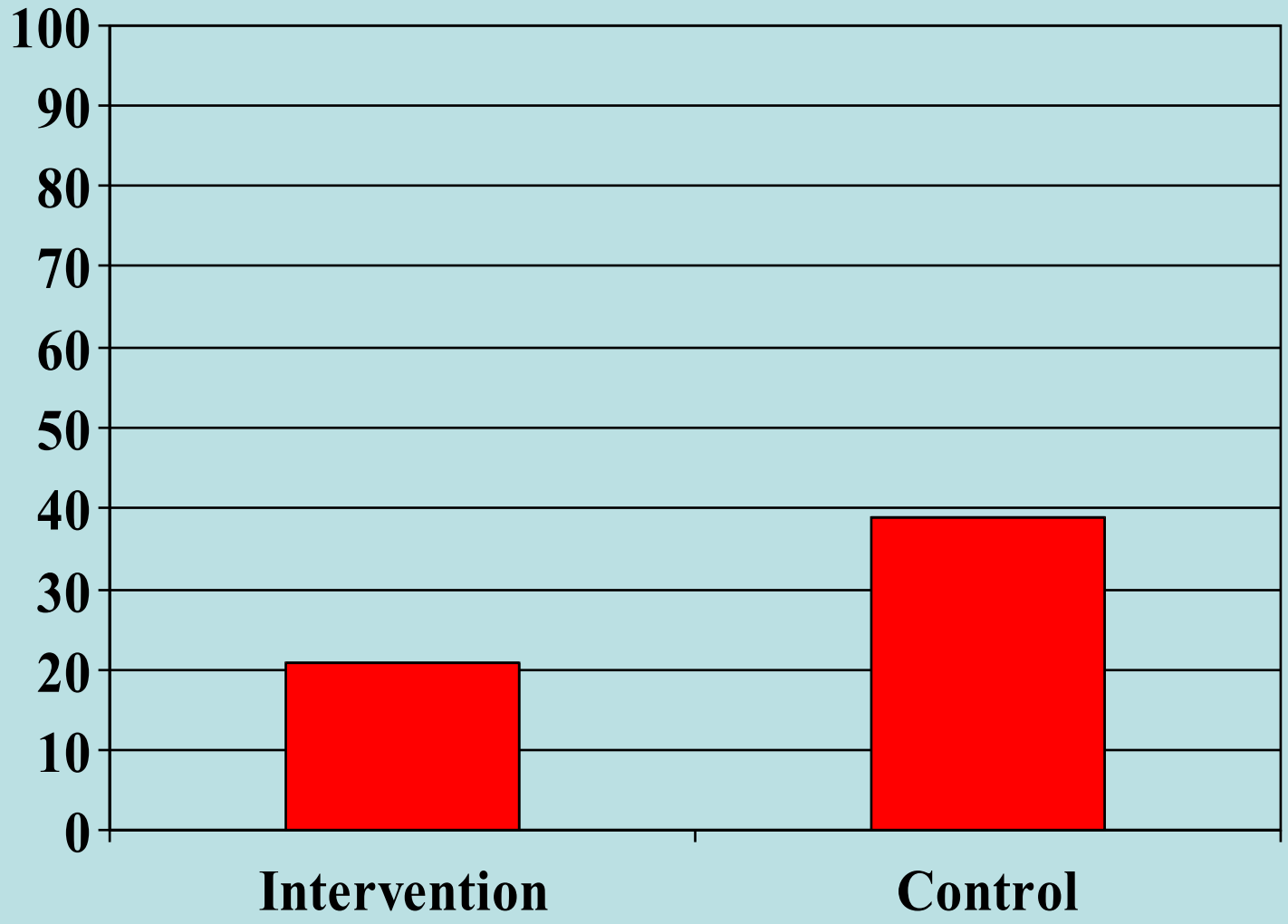
Intrusiveness at six months (p=0.004)



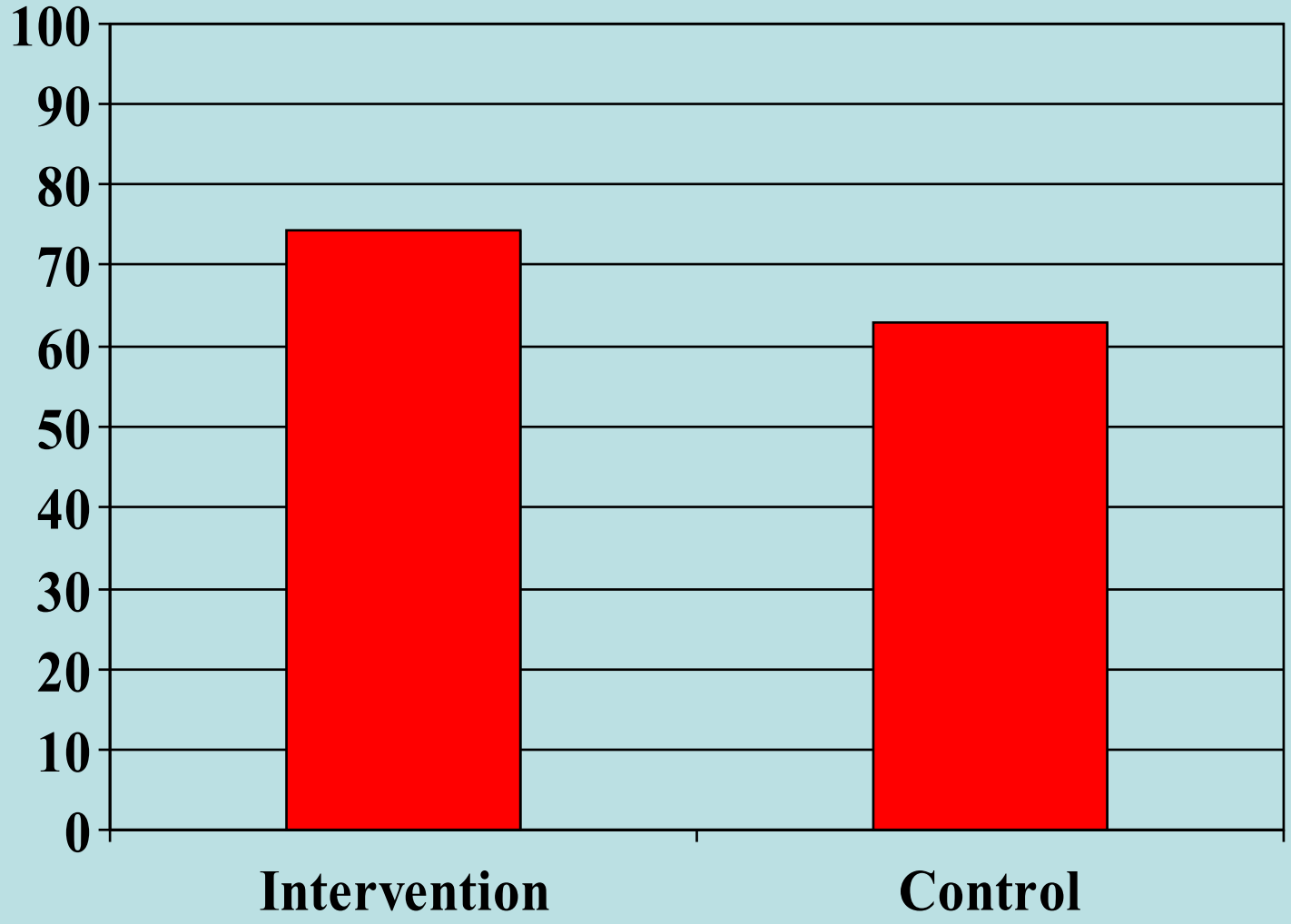
Sensitivity at six months (p=0.010)



Intrusiveness at 12 months (p=0.021)



Secure attachment at 18 months (p=0.029)



An effectiveness study of an integrated, community based package for maternal, newborn, child and HIV care in a disadvantaged community in South Africa

- Study site – Umlazi, Durban
- Develop and test an integrated MNCH/PMTCT package
- Cluster randomized unblinded controlled trial
- Manualised intervention - train community workers, linking to existing PMTCT, IMCI and newborn care guidelines
- Visits:
  - Two antenatal visits; visit in the first 24-48 hours; visit at day 3 or 4; visit at 10-14 days; final visit at 7-8 weeks
- Content:
  - Birth preparedness; care behaviours; feeding; maternal mental state; illness detection; hygiene; mother-infant relationship (Brazelton)
- Outcomes
  - Exclusive and appropriate feeding; HIV free infant survival; coverage of care (Co-trimoxazole initiation amongst HIV+ infants at six weeks); key maternal care behaviours (illness detection, cord care, infant warmth); care seeking for illness; and maternal mental state

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IMPORTANCE SCORE: *(Circle on below)*

Not important — Somewhat important — Least important

CONFIDENCE SCORE: *(Circle on below)*

Lots of barriers — Some barriers — No barriers

The Philani Mentor Mothers Project

- The Philani Mentor Mothers Project (PMMP) is a cluster randomized controlled trial concerned with the development, implementation and independent evaluation of a community based home-visit intervention, designed to reduce illness associated with HIV, TB, alcohol and malnutrition in South African peri-urban settlements.

- Target population: pregnant mothers & infants.
- Intervention period: pregnancy until 6 months post birth.
- Assessment period: pregnancy until 18 months post birth.

Philani Mentor Mother Intervention

- Based on the **Philani Child Health and Nutrition Project Outreach Program**

- A community based home-visit intervention programme, whereby unemployed mothers from intervention study neighbourhoods are employed and trained as **Mentor Mothers (MM)** to deliver a series of home-visits to all pregnant and new mothers in their neighbourhoods

Nature of the Intervention

- Home visits take place from the time each mother is pregnant until her infant is six months old
- Intervention designed to be both supportive and educational in nature.
- Intended to empower pregnant mothers to better protect the health of their families by:
  - accessing available clinic services;
  - implementing preventive behaviours in daily life routines;
  - sustaining preventive behaviours over time.

Key Strengths of the Intervention

- By integrating programs for HIV with TB, alcohol and nutrition, primarily by improving parenting, we are mainstreaming HIV prevention into a broader framework of non-stigmatizing, community level support.
- The study is branded in partnership with an existing outreach program (Philani) which is established in the community primarily as a nutrition program, not an HIV program, thus further contributing to reduced stigmatization of the program.
- Co-morbidity of illnesses related to HIV, TB, malnutrition and alcohol in South Africa is frequent. The home-based delivery strategy addresses the cluster of behaviours necessary to deal with chronic conditions simultaneously, as opposed to individually. This is a significant shift from existing prevention models, which typically address one health behaviour at a time.
- The timing of pregnancy creates unique opportunity for behavior change. Infants disrupt existing daily routines, making new routines easier to implement.

Research Outcomes

22 primary outcomes, across 4 domains:

1. Mother's self-care (AUDIT-C, maternal depression, anxiety, HIV testing and HIV protective behaviors)

2. Mother's actions for child (number of well-baby clinic visits, immunizations, bonding, child grant)

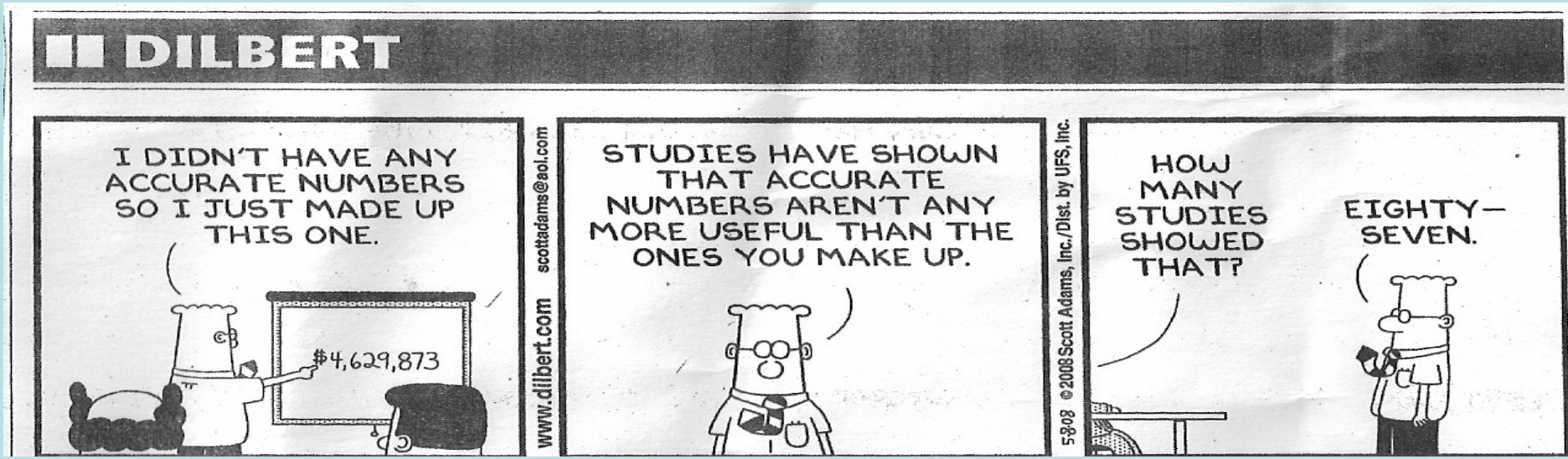
3. Child outcomes (birth weight, height z-score, weight z-score, WHO cognitive score, FAS, language, motor, social-emotional, adaptive-behavior)

4. HIV+ MAR outcomes (use of single feeding method, testing child for HIV, maternal TB screening, HIV knowledge).

Some additional thoughts

- Evidence and implementation
- What about men and fathers?
- A cautionary thought
- The way forward

Evidence and the need to implement



Standards of evidence for intervention research

(The Society for Prevention Research)
Adapted by Olds et al (2007)

- Efficacy trials (under ideal conditions) X2
- Effectiveness trials (real world conditions) X2
- Dissemination research studies (under conditions that affect successful replication)

Yes, it's quite a noise – but are we having any impact?

What about fathers and men?

- Men can be engaged – they want to be engaged

WE SIMPLY DO NOT KNOW HOW TO DO IT IN A COMPREHENSIVE AND SCALEABLE WAY

- We need to find a way to harness the intrinsic reward men can receive from interaction with their children

Family and parenting programs
A cautionary note

- Effectiveness of many of the most popular and well disseminated programs has not been demonstrated (Kumpfer & Alvarado, 1998)

- Prevention programs that aggregate high risk youth in youth only groups may produce negative effects (Dishiono & Andrews, 1995)

- Interventions that do not work with the total family may actually weaken the family (Szapocznik, 1996)

The way forward

Three pronged approach:

3. Familial
   - Two and three generational
   - Siblings and extended family
   - Protective effects of non-depressed alternative caregivers even in the context of maternal depression

The way forward

2. Structural

- Poverty
- Interpersonal violence/trauma

3. Interactional

- Parenting
- Intrusiveness/remoteness
- Benefits of improved interaction on mood – learned helplessness and demoralization

HOW COME YOU'RE RICH AND I'M POOR?
MUM AND DAD HAVE HIGHLY PAID JOBS WORKING ON THAT VERY PROBLEM..
Nicholson
Caglecartoons.com

Thank you !

Enkosi. Dankie. Thank you! Zikomo kwambiri! Asante sana, Ye dewaese pii! Danke! Merci beaucoup! Obligado! Cam on!