

# Paternal depression affects adolescent mental health

By Dr. Jessica Edwards

A large body of studies have shown that exposure to maternal depression is a key risk factor for adolescent depression;<sup>1</sup> comparatively fewer studies have investigated the influence of paternal depression on children and adolescents. A study published in 2017 in *Lancet Psychiatry*, however, has now assessed the association between paternal and adolescent depression symptoms, independent of maternal depression, in two large population-based cohorts.

Gemma Lewis and colleagues analysed >6,000 families included in the Growing Up in Ireland (GUI) child cohort study<sup>2</sup> and >7,000 families recruited to the UK Millennium Cohort Study (MCS).<sup>3</sup> Only two-parent families were included in the analysis, where fathers lived with the child. Because the two cohorts were representative, and made comparable measures at similar ages, the researchers could replicate their data in independent settings. Specifically, all adolescents completed the Short Mood and Feelings Questionnaire (SMFQ) to provide a self-report measure of DSM-IV depression symptom severity at age 13 or 14 years. Parents in the GUI cohort completed the short eight-item version of the Centre for Epidemiological Studies Depression Scale when children were aged 9 years, while parents in the MCS cohort completed the Kessler six-item psychological distress scale when children were aged 7 years. From these data, the researchers tested uni-variable associations between paternal and adolescent depressive symptoms, and then adjusted for maternal depressive symptoms to test for independent associations.



Lewis et al. found that after adjusting for child emotional symptoms, paternal depression symptoms were significantly associated with depression symptoms in adolescents: each three-point increase in paternal depression symptoms resulted in an increase in the SMFQ score by 0.24 points in children in the GUI cohort and 0.18 points in children in the MCS cohort. Clinically, although the findings were small, they were observed after 4 and 7 years of follow up for the GUI and MCS cohorts, respectively. Most strikingly, the effect size was similar in magnitude to the association between maternal and adolescent depression symptoms.

The findings of this study are inconsistent with the earlier theories put forward that mothers are primarily responsible for shaping children's mental health. Rather, these data support that depression symptoms should be recognised and treated in both mothers and fathers and that intervention should be family focused.

As depression in one parent is a risk factor for depression in the other parent, the researchers explain that clinicians should assess for paternal depression in families where maternal depression is diagnosed. This is especially important because men are less likely to seek treatment for depression than women.<sup>4</sup>

Going forward, the data suggest that treating paternal depression in clinical populations will lead to improvements in offspring outcomes that are comparable with those seen when treating maternal depression.<sup>5</sup>

### Referring to:

Lewis, G., Neary, M., Polek, E., Flouri, E. & Lewis, G. (2017), *The association between paternal and adolescent depressive symptoms: evidence from two population-based cohorts*. *Lancet Psychiatr.* 4: 920-926. doi: 10.1016/S2215-0366(17)30408-X.

### See also:

Underwood, L. & Waldie, K. (2017), *The effect of paternal depression on depressive symptoms in adolescent offspring*. *Lancet Psychiatry.* 4: 889-890. doi:10.1016/S2215-0366(17)30432-7.

### References

<sup>1</sup> Pearson, R.M., et al. (2013), *Maternal depression during pregnancy and the postnatal period: risks and possible mechanisms for offspring depression at age 18 years*. *JAMA Psychiatry* 70: 1312-1319. doi: 10.1001/jamapsychiatry.2013.2163.

<sup>2</sup> Murray, A. et al. (2011), *Growing up in Ireland national longitudinal study of children*. Technical report number 1. <https://www.dcy.gov.ie/documents/growingupireland/technicalreportseries/DesignInstrumentationMainReport.pdf>.

<sup>3</sup> Joshi, H. & Fitzsimons, E. *The UK Millennium Cohort Study: the making of a multi-purpose resource for social science and policy*. *Longit Life Course Stud* 2016; 7: 409-430. doi: <http://dx.doi.org/10.14301/llcs.v7i4.410>.

<sup>4</sup> Matheson, F.I., Smith, K.L., Fazli, G.S., Moineddin, R., Dunn, J.R. & Glazier, R.H. (2014), *Physical health and gender as risk factors for usage of services for mental illness*. *J Epidemiol Community Health* 68: 971-978. doi: 10.1136/jech-2014-203844.

<sup>5</sup> Weissman, M.M., et al. (2006), *Remissions in maternal depression and child psychopathology: a STAR\*D-child report*. *JAMA* 295: 1389-1398. doi: 10.1001/jama.295.12.1389.

