



Minnesota Child Care Choices:

Low-Income Parents' Experiences of Depressive Symptoms

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Introduction to the Minnesota Child Care Choices Research Brief Series

The purpose of this Research Brief Series is to summarize key findings and implications from the Minnesota Child Care Choices study, a three-year longitudinal survey of a sample of parents with low incomes who have at least one child age six or younger, have applied to receive financial assistance through Minnesota's welfare or child care subsidy programs, and lived in one of seven participating counties at the time of the baseline survey. Telephone surveys are conducted by Wilder Research every 5-6 months, starting in August 2009, and include questions about families' characteristics, parents' child care preferences, the processes

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OVERVIEW

At least 15 million children in the U.S. are cared for by parents suffering from depression according to the National Health Interview Survey (1998-2008).¹ Symptoms of depression include feelings of loneliness, sadness, hopelessness, and worthlessness; having little interest or pleasure in activities; fatigue; insomnia; and thoughts of suicide.²

Parents' experience of depressive symptoms has been negatively associated with feelings of self-efficacy, satisfaction with their role as a parent and positive parenting behaviors.³ For example, in a study of 134 low-income mothers of infants, those with depressive symptoms were less likely to access infant health services (e.g., well-child visits and immunizations), possess knowledge of nurturing parenting practices, or use developmentally appropriate feeding practices with their infants than those without postnatal depression.⁴ Likewise, studies of at-risk families with preschool-age children have found mothers with depressive symptoms to be less involved in child literacy and enrichment activities and ineffective at supporting children's behavior.⁵

Parental experience of depressive symptoms has also been associated with delays in the cognitive and psychosocial development of children. In a study analyzing data from the National Maternal and Infant Health Survey, maternal depression was found to be negatively associated with both the cognitive and motor development of children 28 to 50 months old.⁶ Maternal

¹ National Research Council and Institute of Medicine. (2009). *Depression in parents, parenting, and children: Opportunities to improve identification, treatment, and prevention*. Washington, DC: National Academies Press. Retrieved from http://www.bocvf.org/parental_depression_brief.pdf

² American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.

³ Zayas, L. H., Jankowshi, K. R. B., and McKee, M. D. (2005). Parenting competency across pregnancy and postpartum among urban minority women. *Journal of Adult Development*, 12(1), 53-62.

⁴ Zajicek-Farber, M. L. (2009). Postnatal depression and infant health practices among high-risk women. *Journal of Child and Family Studies*, 18, 236-245. doi: 10.1007/s10826-008-9224-z

⁵ Zajicek-Farber, M. L. (2010). The contributions of parenting and postnatal depression of emergent language of children in low-income families. *Journal of Child and Family Studies*, 19, 257-269.

⁶ Petterson, S.M., & Albers, A.B. (2001) Effects of poverty and maternal depression on early child development. *Child Development*, 72(6), 1794-1813.

Child **TRENDS**

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parents use to make child care decisions, parents' familiarity with and use of Parent Aware, Minnesota's pilot Quality Rating and Improvement System (QRIS), parents' perceptions of the quality of their child care, child care-related work disruptions, parental employment, and use of public assistance programs.

For each family, one child is designated as the focal child and detailed information is collected about the child care arrangements used for this child. In addition to the survey data, this study uses administrative data from the Minnesota child care subsidy program to track participants' use of subsidies and the type of subsidized care arrangements they use over time.

The Minnesota Child Care Choices Research Briefs are designed to answer questions of interest to state child care administrators, county agency staff and other early childhood stakeholders. The questions they have include: How do parents make decisions about child care arrangements? What factors affect whether a family uses child care subsidies? How will Minnesota's QRIS affect families with low incomes, particularly those eligible to receive a child care subsidy? What family, community, and child care characteristics affect child care stability and reliability, and parents' employment outcomes?

This brief is based on data from the baseline survey of the Minnesota Child Care Choices study. Readers who want additional details about the study design and the sample of parents who participated in the baseline survey are referred to the Study and Sample Description Brief. The entire series of baseline briefs is available online at: www.mdmresearchpartnership.com.

experience of depressive symptoms has also been negatively associated with children's vocabulary scores and positively associated with preschool children's behavior problems, including aggression.⁷

Purpose of this Brief

This research brief reports the prevalence of self-reported depressive symptoms among a sample of welfare applicants in Minnesota and examines associations between parents' report of depressive symptoms and ratings of parental stress. This information is provided to raise awareness regarding the prevalence of depression among low-income families in Minnesota and to provide information that could be used for targeting mental health services.

The Prevalence of Depression among Parents with Young Children

According to the Centers for Disease Control and Prevention, about one in ten adults in the United States report experiencing depression.⁸ Women are significantly more likely to report depression when compared to men (4.0% vs. 2.7%).⁹ Approximately 10 to 20% of mothers report experiencing depressive symptoms in the first year of their child's life.¹⁰ In addition, large-scale studies have been used to examine the prevalence of depression among parents of children of various ages.¹¹ According to the National Comorbidity Survey Replication in 2002, approximately 17% percent of parents with at least one child reported experiencing major or severe depression at one point in their life,¹² and about 7% of parents with at least one child experienced major or severe depression in the past year, regardless of their child's age.¹³

Research suggests that depression may be even more prevalent among low-income parents. In an analysis of the National Health Interview Survey data, among families receiving welfare, 17% of parents reported symptoms of depression compared to only 4% of parents living in households not receiving welfare.¹⁴ In studies of low-income mothers with children in Early Head Start and Head Start, between 40-52% of mothers experienced symptoms of depression.¹⁵

⁷ Ahluwalia, S.K., McGroder, S.M., Zaslow, M., & Hair, E.C. (2001). *Symptoms of depression among welfare recipients: A concern for two generations*. Child Trends Research Brief, December 2001. Child Trends: Washington, D.C. Retrieved from http://www.childtrends.org/Files/Research_Brief_Depression.pdf; Brennan, P.A., Andersen, M.J., Najman, J.M., Williams, G.M., Hammen, C., and Bor, W. (2000). Chronicity, severity, and timing of maternal depressive symptoms: relationships with child outcomes at age 5. *Developmental Psychology*, 36(6), 759-766.; Malik, N. M., Boris, N. W., Heller, S. S., Harden, B. J., Squires, J., Chazan-Cohen, R...Kaczynski, K. J. (2007). Risk for maternal depression and child aggression in Early Head Start Families: A test of ecological models. *Infant Mental Health Journal*, 28(2), 171-191.

⁸ Centers for Disease Control and Prevention. (2011). *Features: An estimated 1 in 10 U.S. adults report depression*. Atlanta, GA: Author. Retrieved from <http://www.cdc.gov/features/dsdepression/>

⁹ *Ibid.*

¹⁰ National Institute for Health Care Management. (2010). *Identifying and treating maternal depression: Strategies & considerations for health plans*. Issue brief. Washington, DC: Author.

¹¹ National Research Council and Institute of Medicine. (2009). *Depression in parents, parenting, and children: Opportunities to improve identification, treatment, and prevention*. Washington, DC: National Academies Press.

¹² *Ibid.*

¹³ *Ibid.*

¹⁴ Child Trends (2010). *Parental Depression*. Retrieved from www.childtrendsdatabank.org/?q=node/191.

¹⁵ Administration for Children and Families, U.S. Department of Health and Human Services. (2006). *Research to Practice. Depression in the Lives of Early Head Start Families*. Washington, DC: Author.; Lanzi, R. G., Pascoe, J. M., Keltner, B., Ramey, S. L. (1999). Correlates of Maternal Depressive Symptoms in a National Head Start Program Sample. *Archive of Pediatric Adolescent Medicine*, 153(8): 801-807.

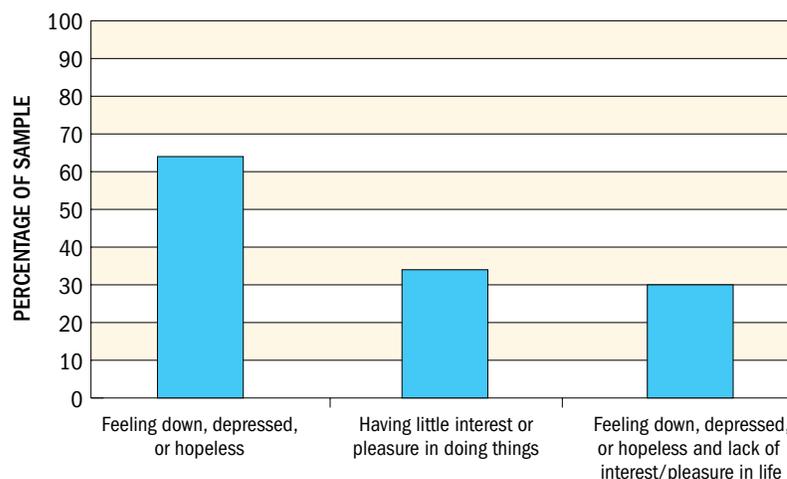
Assessment of Depressive Symptoms

In the Minnesota Child Care Choices study,¹⁶ 323 parents were asked nine questions about depressive symptoms derived from the Patient Health Questionnaire (PHQ-9).¹⁷ These questions ask parents if they experienced either of the following during the last twelve months: feeling down, depressed, or hopeless; and having little interest or pleasure in doing things they would normally enjoy. If parents replied yes to either of those questions, they were asked whether those feelings lasted longer than two weeks and/or were they so severe that either the parent himself or someone else felt worried. Though these questions are insufficient to imply a clinical diagnosis of depression, they do provide insight into respondents' experience of depressive symptoms.

Symptoms of Depression Experienced by Low-Income Parents in Minnesota

Over half of parents from our sample (64%) reported feeling down, depressed, or hopeless in the past 12 months. Over one-third (34%) reported feeling that they had little interest or pleasure in doing things, and 30% reported experiencing both feelings of depression and a lack of interest/pleasure in life (Figure 1).

FIGURE 1. EXPERIENCE OF DEPRESSIVE SYMPTOMS IN THE PAST 12 MONTHS



N=323

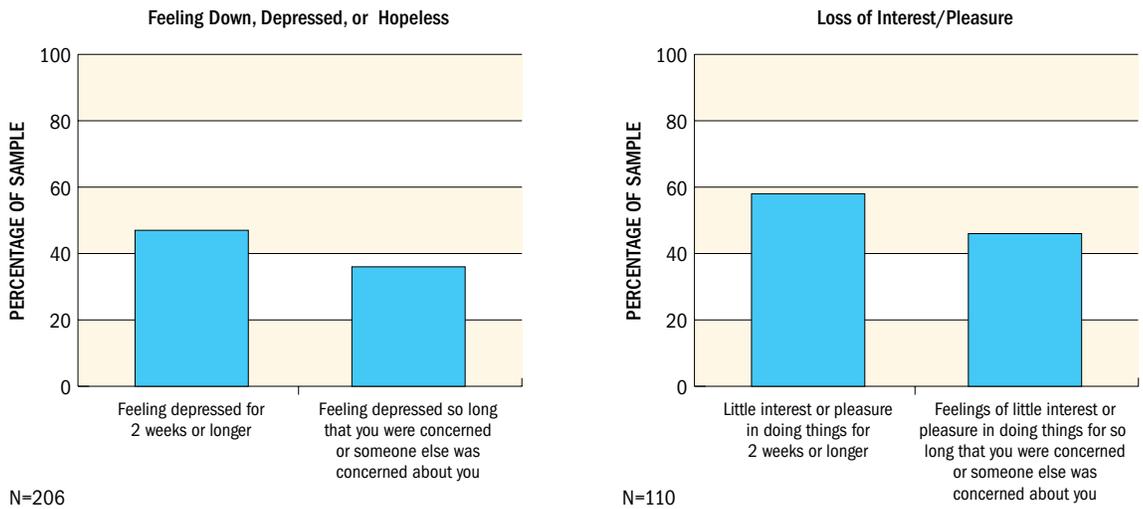
Intensity and Duration of Symptoms

Of the respondents that reporting feeling down, depressed, or hopeless (N=206), 47% of the respondents reported feeling that way for two weeks or longer, and 36% reported feeling depressed for so long that they or someone else was concerned about them (Figure 2). Among those who reported having little interest or pleasure in doing things they normally enjoy (N=110), 58% reported losing interest for two weeks or longer, and 46% reported losing interest for so long that they or someone else was concerned about them (Figure 2). Thus, a significant portion of the Minnesota Child Care Choices sample experienced depressive symptoms that were persistent or concerning to themselves or others.

¹⁶ For more information on the Minnesota Child Care Choices study, see: Tout, K., Forry, N., Blasberg, A., Isner, T., Carlin, C., & Davis, E. (2011). *Minnesota Child Care Choices: Study and Sample Description*. Minneapolis, MN: Child Trends & University of Minnesota.

¹⁷ Survey available at: <http://www.nyc.gov/html/doh/downloads/pdf/csi/depressionkit-clin-questionnaire.pdf>

FIGURE 2. PREVALENCE OF PERSISTENT OR CONCERNING DEPRESSIVE SYMPTOMS



Demographic Characteristics of Low-Income Parents Experiencing Depressive Symptoms

To understand the demographic characteristics of low-income parents reporting depressive symptoms and those not reporting depressive symptoms in the Minnesota Child Care Choices sample, differences were examined amongst three groups of parents: 1) parents who reported experiencing no depressive symptoms in the last 12 months (N=102), 2) parents who reported experiencing at least one depressive symptom in the last 12 months, but no persistent/concerning symptoms (N=114); and 3) parents who reported experiencing at least one persistent/concerning depressive symptoms¹⁸ in the last 12 months (N=106). Parents in each of these groups were compared on a number of individual- and family-level demographic characteristics, including parental age, gender, and level of education, age of the focal child, number of children in the family, employment status, and family income level. Statistically significant differences ($p \leq .05$) based on these comparisons are reported. Additionally, the association between experience of depressive symptoms and health ratings was examined.

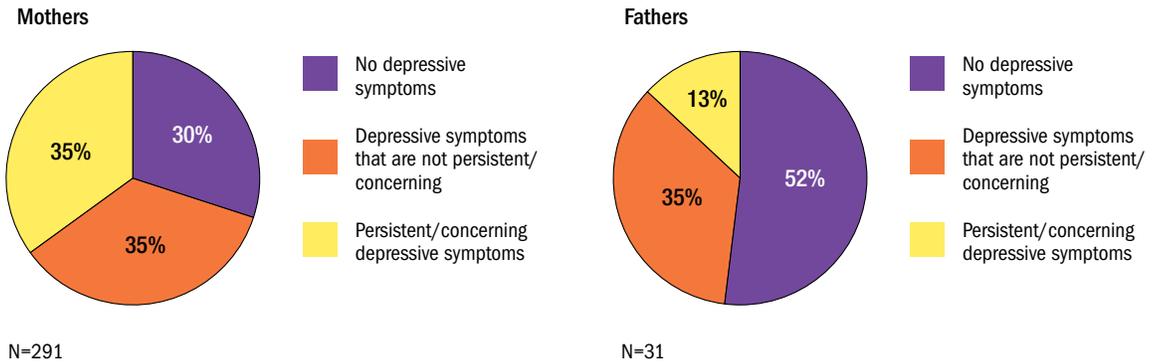
Only two of the demographic characteristics were associated with parents' experience of depressive symptoms: gender of the parent and parental rating of health status.

Gender

The sample was 90% female (n=291) and 10% male (n=31). Whereas mothers were evenly distributed among each of the three groups examined, just over half of fathers reported experiencing no depressive symptoms and only 13% of fathers in the sample reported having persistent/concerning depressive symptoms (Figure 3).

¹⁸ Persistent/concerning depressive symptoms are defined as symptoms that last at least two weeks and/or are concerning to oneself or others.

FIGURE 3. PARENTAL REPORT OF DEPRESSIVE SYMPTOMS AMONG MOTHERS AND FATHERS

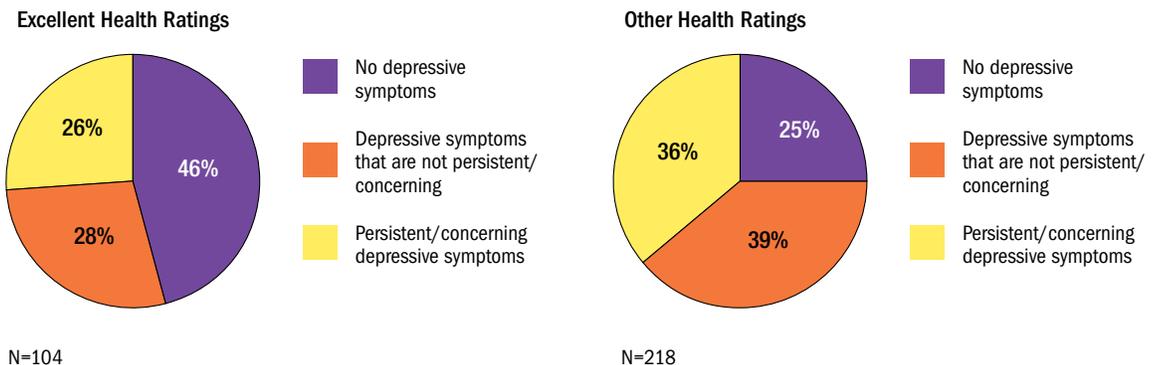


Health

Parents were asked to provide a rating of their overall health. Thirty-two percent of parents reported being in excellent health, 24% very good health, and 31% reported good health. The remaining 13% reported being in fair or poor health.

Parents who rated their health as being “excellent” (n=104) were compared with parents who reported their health status as very good, good, fair, and poor (n=218). Among parents who considered themselves to be in excellent health, 46% reported not experiencing any depressive symptoms. Of those who did report depressive symptoms, there was a fairly even split in self-reports of excellent health between those with persistent/concerning symptoms and those who did not have persistent/concerning symptoms (Figure 4). In contrast, three-quarters (75%) of parents who did not report themselves to be in excellent health reported experiencing depressive symptoms, and 36% reported persistent/concerning symptoms. In summary, parents who have some concerns about their health are also more likely to experience depressive symptoms.

FIGURE 4. HEALTH RATINGS AS RELATED TO EXPERIENCING DEPRESSIVE SYMPTOMS



Association between Depressive Symptoms and Parenting Stress

Research has documented an association between maternal parenting stress and negative child outcomes (e.g., behavior problems).¹⁹ Because depressive symptoms have been correlated with parenting stress in the literature,²⁰ we examined this association within the Minnesota Child Care Choices study sample.

In the interview, parents were asked two questions to assess the degree of parenting stress they experienced: 1) “how often do you feel your children make too many demands on you?” and 2) “how often do you feel like raising your children is way too difficult or too much responsibility?” Each of these questions was rated on a five-point scale ranging from never (0) to often (5). Responses on this variable were condensed to compare parents who never or rarely agreed with each of the parenting stress statements to those who more frequently agreed with these statements (e.g., sometimes, usually, or often). Over one-third (37%) of parents in the sample felt that their children made too many demands on them (either sometimes, usually or often). However, only 14% of parents reported feeling that parenting was too difficult or too much responsibility (sometimes, usually or often).

Significant differences in parental perceptions of children’s demands were found when comparing parents who experienced no depressive symptoms, depressive symptoms that were pervasive/concerning, and depressive symptoms that were not persistent/concerning. Among parents who experienced persistent/concerning depressive symptoms (n=106), 42% felt that their children sometimes, usually, or always made too many demands on them, and almost half (49%) felt that raising children was sometimes, usually, or always too difficult or too much responsibility.

IMPLICATIONS, NEW QUESTIONS AND NEXT STEPS

The majority of low-income parents participating in the Minnesota Child Care Choices study (64%) reported experiencing depressive symptoms. Among parents with depressive symptoms, about half reported having symptoms that persisted for at least two weeks or were concerning to themselves or others. Parents who reported depressive symptoms were more likely to report feeling that their children made too many demands on them, or that raising children is too difficult/too much responsibility at least some of the time than parents who did not report depressive symptoms.

The findings from this study are consistent with other research nationally and in Minnesota that report a higher prevalence of maternal depression among low-income mothers.²¹ Nationally, studies have found about 40 to 60% of low-income mothers who have young children experience depressive symptoms.²² In Minnesota, 1 in 10 mothers reported depressive symptoms after their child’s birth, and low-income mothers were three times as likely to report depressive symptoms as high-income mothers.²³ Additionally, a longitudinal study of families receiving cash or food assistance in Minnesota documented that 28% of cash or food assistance recipients were diagnosed with depression either during or after the study.²⁴

¹⁹ Jackson, A. P. (2000). Maternal self-efficacy and children’s influence on stress and parenting among single black mothers in poverty. *Journal of Family Issues*, 21(1), 3-16.

²⁰ Lovejoy, M. C., Graczyk, P. A., O’Hare, E., & Neuman, G. (2000). Maternal depression and parenting behavior: A meta-analytic review. *Clinical Psychology Review*, 20(5), 561-592.

²¹ *Ibid.*, p. 2.

²² Knitzer, J., Theberge, S., & Johnson, K. (2008). *Reducing maternal depression and its impact on young children: Toward a responsive early childhood policy framework*. New York, NY: National Center for Children in Poverty.

²³ Children’s Defense Fund-Minnesota. (2011). Zero to Three Research to Policy Project: Maternal depression and early childhood, full report. St. Paul, MN: Children’s Defense Fund-Minnesota Zero to Three Research Policy, Minnesota Community Foundation’s Project for Babies.

²⁴ Minnesota Department of Human Services, Program Assessment and Integrity Division. (2008, October). *Minnesota Family Investment Program Longitudinal Study: Five years from baseline and beyond. Eleventh report in a series*. St. Paul, MN: Author.

Research demonstrates that depression can have a negative effect on the well-being of both mothers and their children. Early screening and detection is important for connecting mothers experiencing depressive symptoms to mental health services.²⁵ Likewise, ensuring that mental health services are accessible and responsive to the needs of low-income mothers is necessary to ensure that parents receive available services.²⁶ Additional research on low-income parents' experiences of depressive symptoms, and specifically more nuanced examinations of the associations between depressive symptoms, parenting stress, and child care choices over time may help in targeting effective mental health services to low-income families.

²⁵ Children's Defense Fund-Minnesota. (2011). Zero to Three Research to Policy Project: Maternal depression and early childhood, summary. St. Paul, MN: Children's Defense Fund-Minnesota Zero to Three Research Policy, Minnesota Community Foundation's Project for Babies; Knitzer, J., Theberge, S., & Johnson, K. (2008). *Reducing maternal depression and its impact on young children: Toward a responsive early childhood policy framework*. New York, NY: National Center for Children in Poverty.

²⁶ Knitzer, J., Theberge, S., & Johnson, K. (2008). *Reducing maternal depression and its impact on young children: Toward a responsive early childhood policy framework*. New York, NY: National Center for Children in Poverty.