

Maternal depression increases likelihood of depression in adolescents

An adolescent whose mother suffers from depression is 30% more likely to also get depression, new research from the University of Cape Town (UCT) has found. While this showed that the intergenerational transmission of depression from parent to child was a huge factor in adolescent mental health, it wasn't clear whether this was due to genetic or environmental factors.



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Dr Katherine Eyal, a senior lecturer within the UCT School of Economics, has been researching how socio-economic factors affect depression and how this depression can be transmitted.

“If it’s genetic, no matter what your environment is – you could be rich – and you could still develop depression. If it’s environmental, you can be otherwise healthy but in a bad situation – and usually that’s a socio-economic situation – you’ll get depressed. The thing is, if it’s environmental, we can help out; if it’s genetic we can’t really,” explains Dr Eyal.

Given these high rates of depression among mothers and adolescents, Dr Eyal decided to look at how a parent’s mental health may influence that of their adolescent children and whether alleviating socio-economic challenges could improve this.

While completing her PhD, Dr Eyal used data from the multi-year National Income Dynamics Study (NIDS) to look at, among other things, school enrolment, and found that more teenagers were going to school because of the child support grant. But more than this, she also examined the influence of the grant on the mental health of its recipients.

The NIDS survey, which when launched in 2008 included a short module of 10 questions on mental health, revealed:

- A depression rate of 25% among all respondents;
- Women of colour, specifically mothers, were shown to be the most vulnerable group with a rate of depression between 30% and 40%;
- Among adolescent respondents, 18% were depressed, of which most were female from low- and middle-income settings.

Building on her original research, Dr Eyal has found that in homes where the mother is depressed, receiving the child support grant halts and halves the risk of intergenerational transmission of depression. “This doesn’t mean that the child support grant makes you less depressed, or your mom less depressed. It means that it stops transmission. It halves it. “So, if your mom being depressed raises the probability of you being depressed by 30%, receiving the child support grant takes this risk down by half,” she adds.

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Simeme Mthembu, an honour’s student of Dr Eyal, investigated the genetic and environmental components of the transmission of depression, focusing on African mothers and their adolescent children. She found that when it comes to the intergenerational transmission of depression from African mothers to their adolescent children, the effect of environmental factors on the mental health of respondents far outweighed the effect of genetics.

“The likelihood of adolescent depression is 33% when a depressed mother is resident in the household, and in the same wave, when a mother is not resident, the likelihood decreases to approximately 9%,” Mthembu writes in her Southern Africa Labour and Development Research Unit (SALDRU) working paper.

Dr Eyal and Mthembu’s research has highlighted the importance of mental health data in South Africa. With the NIDS possibly not continuing with a sixth wave, it’s crucial that alternative nationally representative, targeted surveys with a mental health component are conducted on a more regular basis. This will help to ensure that the mental health of vulnerable population groups – such as African women and their adolescent children – receive the attention they desperately need.

NIDS, implemented by SALDRU based at UCT, is part of an intensive effort by the government to track and understand the shifting face of poverty in South Africa.

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