Examining the association between language, expository discourse

and offending behaviour: an investigation of direction, strength

and independence

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# JSNA for children and young people

*Literature review of the evidence base for priority topics*

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# **Priority topics**

Risk factors relating to perinatal mental health and the impact on the individual/child.

Children of affected mothers and fathers are at higher risk of poor mental health, physical health, social and educational outcomes. Perinatal mental health problems can impact on a mother’s and partner’s ability to bond with their baby and to be sensitive and attuned to their emotions and needs. This in turn will affect the infant or child’s ability to develop a secure attachment. Untreated perinatal mental health problems can have a devastating impact on mothers, fathers, partners and families. The effects can be of particular concern in the absence of other carers able to provide the quality emotional contact every infant needs.

About half of all cases of perinatal depression and anxiety go undetected and many of those which are detected fail to receive evidence-based forms of treatment. This is partly due to a lack of recognition and awareness of mental ill health and its signs and symptoms, particularly amongst some black and ethnic minority groups. Across all cultures, some women are reluctant to disclose how they are feeling due to the stigma associated with mental health problems and fears that they may be judged to be an unfit mother, resulting in their baby being removed from their care; this can delay mothers seeking and accepting timely treatment.[[1]](#footnote-1)

Some women are at a higher risk of experiencing perinatal mental health problems. Risk factors include;

* history of abuse in childhood,
* previous mental health problems,
* teenage mothers,
* maternal obesity,
* history of stillbirth and miscarriage,
* relationship difficulties,
* social isolation.

**Risk factors**

Becoming a parent is a large life transition that bring new challenges. Childbirth during adolescence is demanding, as it takes place during an intense mental and physical developmental stage, challenging or forcing the transition from childhood to adulthood. Single-mother families often face structural disadvantages due to having lower income and less time together with their children. Maternal vulnerability may influence not only the mental health and wellbeing of the mother herself, but also the development and wellbeing of her child.[[2]](#footnote-2) Early motherhood has been shown to be associated with adverse developmental outcomes for both mothers and children.[[3]](#footnote-3) Teenage mothers are at increased risk for depression.[[4]](#footnote-4) The fact that adolescent mothers are still in a developmental stage may lead to difficulties when raising a child, influencing both maternal and child wellbeing. However, it has been argued that it is not the young age itself, but rather associated factors such as dysfunctional relations and socio-economic factors that predispose to adolescent pregnancy. These factors in turn add to the combination of risk factors for young mothers and their children.[[5]](#footnote-5) Children of teenage mothers have been shown to have delays in cognitive and language abilities.[[6]](#footnote-6)

The risk for psychopathology in single mothers and their children is increased, but the mechanisms for this are not known. In a Swedish study, children of single parent households (90% women) were found to be at increased risk for childhood psychopathology, suicide attempts and drug addiction.[[7]](#footnote-7) Single mothers may face not only the non-shared care of a child but also economic problems resulting from discriminatory wage levels and the absence of a second income from a partner.[[8]](#footnote-8) Moreover, negative parenting behaviours have been shown to be more common in single-mother households.[[9]](#footnote-9) The increased risk for mental health problems in children of single-mother households has also been attributed to increased experience of stressful life events.[[10]](#footnote-10) While these factors add to the total burden of risk, single motherhood stays significantly associated with youth psychopathology after controlling for poverty and maternal psychopathology.[[11]](#footnote-11)

**Perinatal depression**

Despite the many known adverse eﬀects of perinatal depression on the child, most perinatal depression treatment studies have focused exclusively on maternal depression as the outcome of interest, with very few examining the eﬀect of maternal depression treatment on the mother-infant relationship and child outcomes. This is a signiﬁcant gap in knowledge. Although eﬀective treatments for perinatal depression exist, it is currently unclear if treatment of maternal depression is sufﬁcient to ameliorate the negative eﬀects of maternal depression on dyadic interaction and child outcomes. Even when treatment reduces depressive symptoms, the mother-infant relationship may not be improved. Additional interventions focused on the mother-infant relationship and dyadic interaction may be required to address the potential eﬀect of maternal depression on the child. This has led many researchers and clinicians to advocate for the further development and testing of PPD interventions to also target the parenting and the mother-infant relationship. An estimated 40–70% of women in the UK have no access to specialist perinatal mental health services.[[12]](#footnote-12)

**Postpartum depression (PPD)**

Women who are depressed during pregnancy are less likely to attend to their personal health and wellbeing, and are more likely to underutilize prenatal care. They are likely to have increased substance use, poorer nutrition, excessive weight gain, and poorer maternal functioning, all which negatively affect birth outcomes. Obstetric complication associated with depression in pregnancy include having a C-section delivery, a preterm birth, and low birth weight babies. In the postpartum period, depression affects a mother's practical caregiving practices such that depressed mothers are less likely to breastfeed, less likely to follow infant safety recommendations (such as placing the infant in the back-to-sleep position or use home safety devices), take their child to fewer well-child healthcare visits, read and sing to their infants less, and use less healthy sleep practices with their infant.[[13]](#footnote-13)

**Impact on the child**

Perinatal depression has detrimental eﬀects on child development. In particular, there is a robust body of research demonstrating that maternal prenatal and postpartum depression are associated with increased risk for wide-ranging adverse child development eﬀects that can impact mental health. Such eﬀects include attachment insecurity; impaired cognitive, social, and emotional development; and long-term behavioural problems. New-borns exposed to maternal depression show more dysregulated behaviour such as disturbed/ disorganised sleep and diﬃcult temperament, which can reciprocally further increase maternal depression. Older children are at increased risk for attention deﬁcit hyperactivity disorder, behaviour problems, and conduct disorder. More conclusively, perinatal depression has been associated with an increased risk for emotional problems, including depression and anxiety, starting in early childhood and persisting into young adulthood. The negative eﬀects are seen not only among the children of clinically depressed mothers, but also among children of mothers who have subclinical levels of depressive symptoms.[[14]](#footnote-14)

In a recent paper from the Norwegian Mother and Child cohort study investigating the effect of prenatal exposure to selective serotonin reuptake inhibitors (SSRIs), the findings suggest that there was no substantial increased risk for externalizing, emotional, or social problems in preschool-aged children following prenatal SSRI exposure. However, an association between prenatal psychotropic drug exposure and increased rates of depression diagnoses in older offspring has previously been documented. Further study into this area is required.[[15]](#footnote-15)

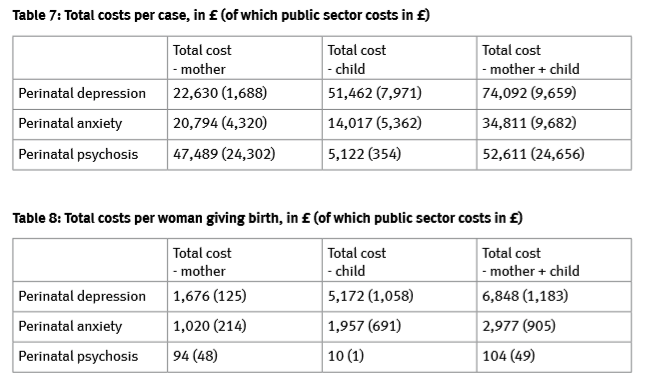
A report by the Post Graduate Program in Epidemiology looked into the effect of maternal postpartum depression on offspring's growth and concluded in the results that the child's first year of growth was the most affected by exposure to maternal depression. Children of depressed mothers had a higher chance of being underweight and stunted in the first year of life. Maternal depression was also associated with child's linear growth impairment after the first year.[[16]](#footnote-16)

**The Costs of Perinatal Mental Health Problems**

In a report by the LSE PSSRU and Centre for Mental Health, the costs of perinatal mental health problems were key pointed as follows:[[17]](#footnote-17)

* Taken together, perinatal depression, anxiety and psychosis carry a total long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK. This is equivalent to a cost of just under £10,000 for every single birth in the country.
* Nearly three quarters (72%) of this cost relates to adverse impacts on the child rather than the mother.
* Over a fifth of total costs (£1.7 billion) are borne by the public sector, with the bulk of these falling on the NHS and social services (£1.2 billion).
* The average cost to society of one case of perinatal depression is around £74,000, of which £23,000 relates to the mother and £51,000 relates to impacts on the child.
* Perinatal anxiety (when it exists alone and is not co-morbid with depression) costs about £35,000 per case, of which £21,000 relates to the mother and £14,000 to the child.
* Perinatal psychosis costs around £53,000 per case, but this is almost certainly a substantial under-estimate because of lack of evidence about the impact on the child; costs relating to the mother are about £47,000 per case, roughly double the equivalent costs for depression and anxiety.

The same report outlined the projective costs per case.[[18]](#footnote-18)



Perinatal mental health problems are a major public health issue. It is well established that maternal mental health difficulties in pregnancy have been associated with preterm labour, poor infant outcomes, and greater cognitive, behavioural, and interpersonal problems in young children.[[19]](#footnote-19)

Many reports on the subject conclude that the study of perinatal mental health and the impact it has is relevant to public health and should stimulate systematic screening of prenatal and postnatal depressive symptoms, so that adequate care can be provided for women and their children.

# **References**

Archives of Psychiatric Nursing. (2019). Perinatal Depression and infant mental health.

Bauer, A. Parsonage, M. Knapp, M. Lemmi, V. and Adelaja, B. (2014). The costs of perinatal mental health problems. London: Centre for Mental Health and London School of Economics.

Crosier, T. Butterworth, P. and Rodgers, B. (2007). Mental health problems among single and partnered mothers. The role of financial hardship and social support. Soc Psychiatry Psychiatr Epidemiol; 42(1): 6–13.

Dahmen, B. Firk, C. Konrad, K. and Herpertz-Dahlmann, B. (2013). Adolescent parenting – developmental risks for the mother-child d. Jugend psychiatr Psychother. 41(6): 407–17.

Daryanani, I. Hamilton, J. L. Abramson, L. Y. and Alloy, L. B. (2016). Single mother parenting and adolescent psychopathology. J Abnorm Child Psychol. 44(7): 1411–23.

Department of Health & Social Care, Public Health England. (2018) Early years high impact area 2: Maternal Mental Health. Health visitors leading the Healthy Child Program.

Dodge, K. A. Pettit, G. S. and Bates, J. E. (1994) Socialization mediators of the relation between socioeconomic status and child conduct problems.

Farías-Antúnez, S. Xavier, M O. Santos, I S. (2017) Effect of maternal postpartum depression on offspring's growth.

Goodman, S H. Rouse, M H. Connell, A M. Broth, M R. Hall, C M. Heyward D. (2011) Maternal depression and child psychopathology: a meta-analytic review. Clin Child Fam Psychol Rev.14: 1–27.

Rees, S. Channon, S. and Waters, C. S. (2015). The impact of maternal prenatal and postnatal anxiety on children’s emotional problems: a systematic review.

Reid, V. and Meadows-Oliver, M. (2007.) Postpartum depression in adolescent mothers: an integrative Review of the literature. Pediatr Health Care. 21: 289–98.

Schmidt, R. M. Wiemann, C. M. Rickert, V. and Smith, E. O. (2006). Moderate to severe depressive symptoms among adolescent mothers followed four years postpartum. Adolesc Health. 38(6):712–8.

Keown, L. J. Woodward, L. J. and Field, J. (2001) Language development of preschool children born to teenage mothers. Infant Child Dev. 10:129–45.

Miller, C. L. Miceli, P. J. Whitman, T. L. and Borkowski, J. G. (1996) Cognitive readiness to parent and intellectual-emotional development in children of adolescent mothers. Dev Psychol;32(3):533–41.

Waters, C. S. Hay, D. Simmonds, J. and van Goozen, S. (2014). Prenatal depression and children’s developmental outcomes: potential mechanisms and treatment options. Eur Child Adolesc Psychiatry.

Weitoft, G. R. Hjern, A. Haglund, B. and Rosén, M. (2003). Mortality, severe morbidity, and injury in children living with single parents in Sweden: a population-based study. Lancet. 361(9354):289–95.

1. Department of Health & Social Care, Public Health England. (2018) Early years high impact area 2: Maternal Mental Health. Health visitors leading the Healthy Child Program. Pp.4,5 [↑](#footnote-ref-1)
2. Goodman SH, Rouse MH, Connell AM, Broth MR, Hall CM, Heyward D. Maternal depression and child psychopathology: a meta-analytic review. Clin Child Fam Psychol Rev. 2011;14:1–27. [↑](#footnote-ref-2)
3. Reid V, Meadows-Oliver M. Postpartum depression in adolescent mothers: an integrative Review of the literature. J Pediatr Health Care. 2007;21:289–98. [↑](#footnote-ref-3)
4. Schmidt RM, Wiemann CM, Rickert V, Smith EO. Moderate to severe depressive symptoms among adolescent mothers followed four years postpartum. J Adolesc Health. 2006;38(6):712–8. [↑](#footnote-ref-4)
5. Dahmen B, Firk C, Konrad K, Herpertz-Dahlmann B. [adolescent parenting – developmental risks for the mother-child dyad] article in German. Z Kinder Jugendpsychiatr Psychother. 2013;41(6):407–17.

   [5] Keown LJ, Woodward LJ, Field J. Language development of preschool children born to teenage mothers. Infant Child Dev. 2001;10:129–45. [↑](#footnote-ref-5)
6. Miller CL, Miceli PJ, Whitman TL, Borkowski JG. Cognitive readiness to parent and intellectual-emotional development in children of adolescent mothers. Dev Psychol. 1996;32(3):533–41. [↑](#footnote-ref-6)
7. Weitoft GR, Hjern A, Haglund B, Rosén M. Mortality, severe morbidity, and injury in children living with single parents in Sweden: a population-based study. Lancet. 2003;361(9354):289–95. [↑](#footnote-ref-7)
8. Crosier T, Butterworth P, Rodgers B. Mental health problems among single and partnered mothers. The role of financial hardship and social support. Soc Psychiatry Psychiatr Epidemiol. 2007;42(1):6–13. [↑](#footnote-ref-8)
9. Ibid [↑](#footnote-ref-9)
10. Daryanani I, Hamilton JL, Abramson LY, Alloy LB. Single mother parenting and adolescent psychopathology. J Abnorm Child Psychol. 2016;44(7):1411–23. [↑](#footnote-ref-10)
11. ] Dodge KA, Pettit GS, Bates JE. Socialization mediators of the relation between socioeconomic status and child conduct problems. Child Dev 1994;65(2 Spec No):649–665. [↑](#footnote-ref-11)
12. Bauer A, Parsonage M, Knapp M, Lemmi V, Adelaja B. The costs of perinatal mental health problems. London: Centre for Mental Health and London School of Economics; 2014. [↑](#footnote-ref-12)
13. Perinatal Depression and infant mental health, 2019, Archives of Psychiatric Nursing, Janice H. Goodman, page 1-2) [↑](#footnote-ref-13)
14. Ibid [↑](#footnote-ref-14)
15. The impact of maternal prenatal and postnatal anxiety on children’s emotional problems: a systematic review, [Sarah Rees](https://www.ncbi.nlm.nih.gov/pubmed/?term=Rees%20S%5BAuthor%5D&cauthor=true&cauthor_uid=29948234), [Susan Channon](https://www.ncbi.nlm.nih.gov/pubmed/?term=Channon%20S%5BAuthor%5D&cauthor=true&cauthor_uid=29948234), and [Cerith S. Waters](https://www.ncbi.nlm.nih.gov/pubmed/?term=Waters%20CS%5BAuthor%5D&cauthor=true&cauthor_uid=29948234) Jun 2015. [↑](#footnote-ref-15)
16. [Farías-Antúnez S](https://www.ncbi.nlm.nih.gov/pubmed/?term=Far%C3%ADas-Ant%C3%BAnez%20S%5BAuthor%5D&cauthor=true&cauthor_uid=29248820), [Xavier MO](https://www.ncbi.nlm.nih.gov/pubmed/?term=Xavier%20MO%5BAuthor%5D&cauthor=true&cauthor_uid=29248820), [Santos IS](https://www.ncbi.nlm.nih.gov/pubmed/?term=Santos%20IS%5BAuthor%5D&cauthor=true&cauthor_uid=29248820), Post-Graduate Program in Epidemiology, Federal University of Pelotas, Brazil, Effect of maternal postpartum depression on offspring's growth. 2017. [↑](#footnote-ref-16)
17. Annette Bauer, Michael Parsonage, Martin Knapp, Valentina Lemmi & Bayo Adelaja. The Costs of Perinatal Health Problems. 2014. Pp.4 [↑](#footnote-ref-17)
18. Annette Bauer, Michael Parsonage, Martin Knapp, Valentina Lemmi & Bayo Adelaja. The Costs of Perinatal Health Problems. 2014. Pp.20 [↑](#footnote-ref-18)
19. Waters CS, Hay D, Simmonds J, van Goozen S. Prenatal depression and children’s developmental outcomes: potential mechanisms and treatment options. Eur Child Adolesc Psychiatry. 2014;23(10):957–971. doi: 10.1007/s00787-014-0582-3. [↑](#footnote-ref-19)