

Parental mental health

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In addition to being a study of children, *Growing Up in Australia*: The Longitudinal Study of Australian Children (LSAC) also collects extensive information about parents' lives, including information about their mental health. The World Health Organization (2008) has estimated that unipolar depression is the third leading cause of burden of disease worldwide and that among women of childbearing age (15–44 years), poor mental health is the leading cause. In Australia, mental health is a national health priority. Estimates from the 2007 National Survey of Mental Health and Wellbeing (Australian Bureau of Statistics [ABS], 2007) suggest that mental health problems in the population affected 3.2 million people in the 12 months prior to the survey. The highest prevalence from this survey was at 16–24 years (26%), followed by the prime child rearing years of 25–34 years (25%) and 35–44 years (23%).

Mental health problems of mothers in particular have been widely documented to be associated with adverse outcomes in children, including conduct problems and hyperactivity, depression, anxiety and medical problems (Beardslee, Versage, & Gladstone, 1998; Gunlicks & Weissman, 2008; Kramer et al., 1998). Less is known about the influence of fathers' mental health on children's outcomes (see Kane & Garber, 2004, for a review). A consistent explanation for the link between parental mental health and children's poor development is that mental health problems affect a person's ability to parent effectively and be responsive to their child's needs, and may be associated with more irritable and angry parenting and lower parental warmth (Kane & Garber, 2004; Lovejoy, Grazcyk, O'Hare, & Neuman, 2000; Wilson & Durbin, 2010).

This chapter uses data from LSAC to document the extent of mental health problems (as indicated by moderate to high levels of psychological distress) of mothers and fathers of children in Australia. It presents information about the prevalence of psychological distress in Australian parents in the four weeks prior to the LSAC interview. The chronicity of these problems—the extent to which moderate/high levels of psychological distress persist—is also explored. As LSAC is one of the few nationally representative longitudinal studies that collects information about fathers' mental health, the extent to which both mothers and fathers in couple families experience psychological distress is also described. The mental health problems of lone mothers and parents living in jobless households are also documented. Finally, the extent to which parents with moderate/high levels of psychological distress show poorer parenting behaviours is explored.

2.1 Measuring psychological distress

Parental psychological distress is used as an indicator of risk for mental health problems. Psychological distress is measured in LSAC using the Kessler 6 (K6) scale, which comprises six items and has been widely used and validated in many epidemiological studies (e.g., Furukawa, Kessler, Slade, & Andrews, 2003). Parents who score highly on this measure are at risk of a serious mental illness (other than substance use disorder). People with a wide range of mental disorders also typically experience high levels of distress as well as specific symptoms. The rationale behind the scale is to focus on non-specific distress rather than specific symptomatology. The K6 questions ask the respondent to reflect on the previous four weeks and report on how often they felt:

- nervous;
- hopeless;
- restless or fidgety;

- so depressed that nothing could cheer them up;
- that everything was an effort; and/or
- worthless.

Scores from the K6 are rescaled to a range between 0 and 24, and these are categorised into three groups (Hilton et al., 2008):

- 0–7: low psychological distress (mental disorder unlikely);
- 8–12: moderate psychological distress (mental disorder possible); and
- 13–24: high psychological distress (mental disorder very likely).

This chapter focuses primarily on mothers and fathers with moderate/high levels of psychological distress (i.e., the two highest scoring groups). It is important to recognise that the K6 screens for the *risk* of serious mental illness and is not a diagnostic measure; all conclusions from the chapter should keep this limitation in mind.

Estimates of the incidence of psychological distress in this chapter are likely to be lower than estimates of mental health problems from the 2007 National Survey of Mental Health and Wellbeing (ABS, 2007) because in LSAC parents are reporting on a much shorter time period (four weeks, compared to 12 months). Moreover, the measures of mental health problems used in the two studies were also different.¹

2.2 Parents' psychological distress

For mothers in LSAC, rates of moderate/high psychological distress were highest at Wave 1, when their children were younger, a finding that is consistent with other research (e.g., Skipstein, Janson, Stoolmiller, & Mathiesen, 2010). Table 2.1 shows that for the B cohort, 13% of mothers of children in their first year of life (Wave 1) had moderate/high levels of psychological distress, compared to 11% in Waves 2 and 3. For the K cohort, 17% of mothers had moderate/high levels of psychological distress when their children were 4–5 years old (Wave 1), as did 12% in Wave 2 and 14% in Wave 3.

Fathers were less likely to show moderate/high levels of psychological distress, compared to mothers. Table 2.1 shows that for the B cohort, 10% of fathers of 0–1 year olds (Wave 1) had moderate/high levels of psychological distress, as did 9% in Wave 2 and 10% in Wave 3. For the K cohort, 11% of fathers of 4–5 year olds (Wave 1) had moderate/high levels of psychological distress, as did 10% in Wave 2 and 12% in Wave 3.

Table 2.1	Level of psychological distress, mothers and fathers, B and K cohorts, Waves 1–3									
	B cohort					K cohort				
	High	Mod- erate	Low	Total	No. of obser-	High	Mod- erate	Low	Total	No. of obser-
		%	6		vations	%			vations	
Mothers										
Wave 1	2.8	10.1	87.1	100.0	4,307	4.0	13.3	82.7	100.0	4,164
Wave 2	2.6	7.9	89.5	100.0	4,469	2.8	9.3	87.9	100.0	4,287
Wave 3	2.8	8.2	89.0	100.0	3,800	3.4	10.4	86.2	100.0	3,736
Fathers										
Wave 1	1.9	7.9	90.2	100.0	3,494	2.3	9.1	88.7	100.0	3,287
Wave 2	1.6	7.0	91.4	100.0	3,137	2.3	7.8	90.0	100.0	2,980
Wave 3	2.1	7.8	90.1	100.0	2,754	1.8	9.7	88.5	100.0	2,715

Note: Percentages may not total exactly 100% due to rounding.

It is not surprising that fathers reported less psychological distress than mothers. The most commonly occurring mental health disorders in the population are affective disorders such as

¹ The 2007 Survey of Mental Health and Wellbeing was designed to focus on mental health issues and, as such, used a more detailed measure—the Composite International Diagnostic Interview (Robins et al., 1988)—to determine whether an individual had a specific mental health diagnosis.

depression and anxiety, and the incidence of these disorders in the population is higher for females than males (ABS, 2007). The indication of differences in levels of psychological distress between the two cohorts for mothers and fathers may be due to the different ages of the children in the two cohorts, or to the fact that families in the B cohort tend to be slightly more socio-economically advantaged than those in the K cohort (see Australian Institute of Family Studies [AIFS], 2010) and, as we shall see later, psychological distress tends to be over-represented in the more disadvantaged groups in the community.

2.3 Chronicity of parental psychological distress

In general, chronic, ongoing mental health problems are likely to be far more detrimental to children's development than problems that are able to be treated effectively by counselling, medication and other mental health services and are therefore only transitory in nature (ABS, 2007). LSAC is able to provide some insight into the extent to which parental psychological distress persists over the years.² Table 2.2 shows that for mothers who participated in all three waves of LSAC, 21% in the B cohort and 26% in the K cohort had moderate/high psychological distress in at least one wave. Eight per cent of B cohort mothers experienced moderate/high levels of psychological distress in at least two waves, and 11% of K cohort mothers did so. Eighteen per cent of fathers in the B cohort experienced moderate/high levels of psychological distress in at least one wave, and 20% of K cohort fathers did so.

Table 2.2 Persistence of psychological distress across waves, mothers and fathers, B and K cohorts, Waves 1–3										
Modorato/bigh	Всо	hort	K cohort							
psychological	Mothers	Fathers	Mothers	Fathers						
distress	%	, 0	%							
Never	79.0	82.4	74.3	79.7						
One wave	13.0	11.5	15.2	12.4						
Two waves	6.2	4.3	7.0	5.7						
Three waves	1.7	1.8	3.5	2.2						
Total	100.0	100.0	100.0	100.0						
No. of observations	3,258	2,054	3,161	1,996						

Notes: Figures in the table are percentages with population survey weights that account for sample attrition and are weighted to the general population of mothers or fathers of 0–1 year olds in 2004 (B cohort) and 4–5 year olds in 2004 (K cohort). Only information from mothers or fathers present at all three waves are included in this table. Percentages may not total exactly 100% due to rounding.

While there were substantial numbers of parents in the LSAC population who had experienced moderate/high levels of psychological distress in at least one wave, far fewer had had persistent psychological distress across the three biennial waves.

2.4 Prevalence of mothers' psychological distress in couple families and lone-mother families

In this section, we explore the levels of psychological distress of mothers in couple families and lone-mother families. Although there are some lone fathers who are their children's primary parents in LSAC, this sub-group is too small to provide reliable estimates (fewer than 5% at all waves for both cohorts).

For children living in families where there are two parental figures present, the experience of having one parent with moderate/high levels of psychological distress may be ameliorated by the presence of the other parent who does not have these issues. In some families, both parents may have moderate/high levels of psychological distress; however, the data from LSAC suggest that this

² It is important to acknowledge that LSAC data are collected every two years and so do not show parents' levels of psychological distress in between waves.

circumstance rarely occurs (see Figure 2.1). Only 1–3% of children in either cohort were living in a household at any one of the three waves where both parents had moderate/high levels of psychological distress.

While the co-occurrence of psychological distress in both parents only affects a small percentage of the population of Australian children, at all waves and for both cohorts, around one in five children had at least one parent in the household with moderate/high levels of psychological distress. For the B cohort, 15–19% of children lived with at least one parent with psychological distress, whereas for the K cohort, it was even greater, with 17–22% living with at least one parent with moderate/ high levels of psychological distress.

Lone mothers had much higher levels of psychological distress than mothers from couple families (Figure 2.2). For the B cohort, 23–25% of lone mothers had moderate/high levels of psychological distress at any one of the three waves, compared to 9–12% of mothers in couple families. For the



Figure 2.1 Parents with moderate/high psychological distress, two-parent families, B and K cohorts, Waves 1–3







K cohort, the rates of psychological distress for lone mothers were even higher: 26–30% at any one of the three waves had a moderate/high level of psychological distress, while for couple mothers it was 10–15%. While the percentage of lone mothers with psychological distress may seem very high, these estimates are similar to findings from the 2007 Survey of Mental Health and Wellbeing, where the proportion of lone parents (with children) who reported having mental health problems in the previous 12 months was estimated to be just over 34% (ABS, 2007).³

2.5 Jobless households and parental psychological distress

In June 2010, there were 580,000 children under the age of 15 living in a jobless family in Australia, the fourth highest rate within the Organisation for Economic Co-operation and Development (OECD) (Australian Social Inclusion Board, 2011). During the recent global financial crisis, the percentage of children living in jobless families increased from 13% in 2008 to 15% in 2009; however, this had fallen to 14% in June 2010 (Australian Social Inclusion Board, 2011). There is a substantial literature on the link between losing a job and having mental health problems (see Gray, Edwards, Hayes, & Baxter, 2009, for a review), and this is particularly the case when other adult members of the household are not employed (Clark, 2003; Mendolia, 2009).

Consistent with this research, the evidence from LSAC suggests that the prevalence of moderate/ high levels of psychological distress in parents who live in jobless households is at least twice that of the rest of the parent population. Jobless families are defined here as two-parent families in which neither parent is employed, or lone-parent families in which the parent is not employed. Figure 2.3 shows that the percentage of mothers in jobless families with moderate/high levels of psychological distress is between 22% and 25% for all waves in the B cohort, compared to 9–11% in households where at least one adult in the household has a job. Similar findings are evident for the K cohort mothers, with 29–39% of mothers in jobless families having moderate/high levels of psychological distress for all waves, compared to 11–15% of mothers not living in a jobless household. Figure 2.4 (on page 12) shows a similar pattern for fathers in the B cohort: 19–26% of fathers had moderate/high levels of psychological distress when in a jobless household at all waves, compared to 8–9% not living in a jobless household. In the K cohort, 22–25% of fathers had moderate/high levels of psychological distress when living in a jobless household, compared to 10–11% of fathers not living in a jobless household.





Figure 2.3 Mothers with moderate/high psychological distress, by whether family is jobless, B and K cohorts, Waves 1–3

³ The survey found that 252,000 lone parents (34%)—compared to 1 million parents in couple families (19%)—reported having mental health problems.

Because joblessness is more common in lone-parent families (Gray & Baxter, 2011), we also investigated the relationship between joblessness and psychological distress within the subpopulation of lone-mother families.⁴ Figure 2.5 shows that lone mothers in the K cohort who were jobless had higher levels of psychological distress than those who were employed; however, this was not the case for jobless lone mothers in the B cohort.



Note: Jobless families are defined here as two-parent families in which neither parent is employed, or lone-parent families in which the parent is not employed. Confidence intervals are shown by the " \mathbf{I} " bars at the top of each column. Where confidence intervals for the groups being compared do not overlap, this indicates that the values are significantly different.





Note: Jobless lone-mother families are those in which the mother is not employed. Confidence intervals are shown by the "**I**" bars at the top of each column. Where confidence intervals for the groups being compared do not overlap, this indicates that the values are significantly different.

Figure 2.5 Lone mothers with moderate/high psychological distress, by whether family is jobless, B and K cohorts, Waves 1–3

⁴ There are too few lone father families in LSAC to investigate these families separately.

Whether the association between joblessness and parental psychological distress reflects the extent to which unemployment is "scarring" (Arulampalam, 2001; Arulampalam, Gregg, & Gregory, 2001) or that parents with psychological distress find it difficult to maintain employment is important, but beyond the scope of this chapter to disentangle. Further, longitudinal analyses would need to be conducted to address this question. However, despite the limitations of the current analyses, the evidence presented suggests that children living in jobless households are at greater risk of their parents having mental health problems. Policies that are successful in addressing household joblessness are likely to have "flow-on" effects, such as improvements in children's development. It is important to note that there is some research that suggests that poor job quality (e.g., low pay, long hours, unskilled work, long commuting times) is associated with poorer mental health, so the *type* of job held may also be important (Cooklin, Canterford, Strazdins, & Nicholson, 2010).

2.6 Relationship between parenting behaviours and parental psychological distress

Mental health problems have been found to be associated with less responsive, less warm, more irritable and more angry parenting, which is in turn associated with poorer child outcomes (Bromfield, Lamont, Parker, & Horsfall, 2010). Numerous quantitative summaries of studies (metaanalyses) investigating the association between parenting and mental health have shown that having mental health problems can be related to poorer parenting behaviours (Kane & Garber, 2004; Lovejoy, et al., 2000; Wilson & Durbin, 2010). In particular, studies of mothers suggest that depressed mothers are more likely to criticise, have more conflict, and are angrier and more irritable with their children.

In keeping with findings from previous research, in this section we define and explain the parenting measures that have been used to measure hostile/irritable parenting and parental warmth, and then examine the extent to which having moderate/high levels of psychological distress is associated with higher levels of hostile/irritable parenting and lower levels of parental warmth.

Hostile/irritable parenting and parental warmth

Hostile/irritable parenting was measured using two different scales for the two cohorts. For the B cohort, hostile/irritable parenting was evaluated by asking parents about the extent to which they engaged in irritable and angry behaviours such as: "I have raised my voice with or shouted at this child" and "I have been angry with this child". Parents responded to these by indicating on a ten-point scale that they had used these behaviours "not at all" to "all the time". For the K cohort, hostile/irritable parenting was evaluated by asking parents about the extent to which they engaged in behaviours such as: "Of all the times you talk to this child about his/her behaviour, how often is this disapproval?" and "How often do you feel you are having problems managing this child in general?" Parents responded to these questions by indicating on a five-point scale that they used these behaviours "never/almost never" to "all the time". Scores on these items were summed, and those in the upper quintile (the highest fifth of scores) were classified as having higher hostility. Parents generally did not report much hostile/irritable parenting, hence this classification indicates relatively higher, but not very high, levels of hostility.

Parental warmth was measured by asking parents how often they displayed warm affectionate behaviour towards their child; for example: "How often do you enjoy doing things with this child?" and "How often do you express affection by hugging, kissing and holding this child?" Parents were asked to rate on a five-point scale the extent to which warmth was displayed, ranging from "never/ almost never" to "always/almost always". Scores were then summed, and those falling into the lowest quintile (fifth) were classified as indicating lower warmth. It should be noted that parents generally gave positive answers to these questions (usually in the "often" or "always/almost always" range), and hence a position in the lowest quintile does not indicate that the parents had very low warmth; rather that their scores were lower than the remainder of the sample.

Psychological distress and parenting behaviours

In general, we found that parents with moderate/high levels of psychological distress were more likely to demonstrate higher levels of hostile/irritable parenting and lower levels of parental warmth.

This is most evident when considering higher levels of hostile/irritable parenting. Figure 2.6 shows that at least one in three mothers with moderate/high levels of psychological distress reported higher hostile/irritable parenting (33–41% over the three waves and for both cohorts), compared to 17–19% of mothers with low levels of psychological distress. The "gap" was very large, at between 15 and 23 percentage points. Similar results were found for fathers (Figure 2.7). About one in three fathers (31–41%) with moderate/high levels of psychological distress reported higher hostile/irritable parenting, compared to fewer than one in five (18–19%) of those with low levels of psychological distress. The gap was also very large between the two groups, at between 12 and 23 percentage points.



Note: Confidence intervals are shown by the "I" bars at the top of each column. Where confidence intervals for the groups being compared do not overlap, this indicates that the values are significantly different.





Note: Confidence intervals are shown by the "I" bars at the top of each column. Where confidence intervals for the groups being compared do not overlap, this indicates that the values are significantly different.



The differences in levels of psychological distress in the percentage of parents who reported lower parental warmth were not as pronounced, but were still evident. One in four mothers (24–31%) with moderate/high levels of psychological distress had lower parenting warmth, while this was the case for one in five mothers (19–20%) with low levels of psychological distress (Figure 2.8). For fathers, almost the same pattern was evident (Figure 2.9).

These differences were more pronounced for mothers than fathers. For example, Figure 2.8 shows that over the three waves, for both cohorts, the percentage of mothers who reported lower parental warmth was between 5 and 12 percentage points higher when they had moderate/high levels of psychological distress than when they had low levels. For fathers who reported lower parental warmth (Figure 2.9), this difference between the levels of distress was between 4 and 9 percentage points.











Figure 2.9 Fathers with lower parental warmth, by fathers' levels of psychological distress, B and K cohorts, Waves 1–3

2.7 Summary

A significant minority of parents of young children in Australia is at risk of mental health problems. Between 11% and 13% of mothers of preschool children (B cohort) had moderate/high levels of psychological distress at each of the three waves of data collection, while the incidence was a little lower for the fathers (9–10%). For parents of children in primary school (K cohort), 12–17% of mothers and 10–12% of fathers had moderate/high levels of psychological distress.

Although only up to 4% of children had parents who experienced moderate/high levels of psychological distress at all three waves, there was a substantial number of parents experiencing moderate/high levels of psychological distress in at least one wave (18–26%).

The co-occurrence of psychological distress in both parents of children living in a couple family was rare (1–3%), but having at least one parent with moderate/high levels of psychological distress at each wave was common (one in five).

It was even more common for children living in lone-mother households to be exposed to moderate/high parental psychological distress—at least one in four lone mothers experienced distress, which was about double the rate for coupled mothers.

Mothers and fathers living in jobless households had about twice the rate of moderate/high levels of psychological distress than parents who were not living in jobless households.

Parental psychological distress is associated with poorer parenting. Hostile/irritable parenting in particular was reported at much higher rates by mothers (33–41%) and fathers (31–41%) who reported moderate/high levels of psychological distress, compared to those with low levels of psychological distress (mothers: 17–19%, fathers: 18–19%). Both mothers and fathers with moderate/high levels of psychological distress were also more likely to show lower parental warmth, compared to those without mental health problems.

This chapter has used LSAC data to document the prevalence, chronicity and concordance of parental psychological distress as an indicator of the risk of mothers and fathers of Australian children having mental health problems. Future work will be able to make further use of LSAC data—particularly with the longitudinal nature of the study, and the information collected about children's households, experiences and development—to further elucidate the prevalence of mental health problems in parents of older children, and to investigate the effect of parental mental health problems on children's development.

2.8 Further reading

Cooklin, A. R., Canterford, L., Strazdins, L., & Nicholson, J. M. (2010). Employment conditions and maternal postpartum mental health: Results from the Longitudinal Study of Australian Children. *Archives of Women's Mental Health*, *14*(3), 217–225.

Emerson, E., & Llewellyn, G. (2008). The mental health of Australian mothers and fathers of young children at risk of disability. *Australian and New Zealand Journal of Public Health*, *32*(1), 53–59.

Martin, J., Hiscock, H., Hardy, P., Davey, B., & Wake, M. (2007). Adverse associations of infant and child sleep problems and parent health: An Australian population study. *Pediatrics*, *119*(5), 947–955.

Qu, L., Soriano, G., & Weston, R. (2006). Starting early, starting late: The health and wellbeing of mother and child. *Family Matters*, 74, 4–11.

Wake, M., Sanson, A., Berthelsen, D., Hardy, P., Misson, S., Smith, K., & Ungerer, J. (2008). *How well are Australian infants and children aged 4 to 5 doing?* (Social Policy Research Paper No. 36). Canberra: Department of Families, Housing, Community Services and Indigenous Affairs.

Yamauchi, C. (2010). Parental investment in children: Differential pathways of parental education and mental health. *The Economic Record*, *86*(273), 210–226.

2.9 References

Arulampalam, W. (2001). Is unemployment really scarring? Effects of unemployment experiences on wages. *The Economic Journal*, *111*(November), F585–F606.

Arulampalam, W., Gregg, P., & Gregory, M. (2001). Unemployment scarring. *The Economic Journal*, 111(November), (F577–F584).

Australian Bureau of Statistics. (2007). National Survey of Mental Health and Wellbeing: Summary of results. Canberra: ABS.

Australian Institute of Family Studies. (2010). *Longitudinal Study of Australian Children data user guide*. Melbourne: AIFS.

Australian Social Inclusion Board. (2011). Addressing barriers for jobless families. Canberra: Department of Prime Minister and Cabinet.

Beardslee, W. R., Versage, E. M., & Gladstone, T. R. G. (1998). Children of affectively ill parents: A review of the past 10 years. *Journal of the American Academy of Child and Adolescent Psychiatry*, *37*, 1134–1141.

Bromfield, L., Lamont, A., Parker, R., & Horsfall, B. (2010). *Issues for the safety and wellbeing of children in families with multiple and complex problems* (Issues Paper No. 33). Melbourne: National Child Protection Clearinghouse.

Clark, A. (2003). Unemployment as a social norm: Psychological evidence from panel data. *Journal of Labor Economics*, *21*, 323–351.

Cooklin, A. R., Canterford, L., Strazdins, L., & Nicholson, J. M. (2010). Employment conditions and maternal postpartum mental health: Results from the Longitudinal Study of Australian Children. *Archives of Women's Mental Health*, *14*(3), 217–225.

Furukawa, T. A., Kessler, R. C., Slade, T., & Andrews, G. (2003). The performance of the K6 and K10 screening scales for psychological distress in the Australian National Survey of Mental Health and Well-Being. *Psychological Medicine*, *33*, 357–362.

Gray, M., & Baxter, J. (2011). Parents and the labour market. In Australian Institute of Family Studies. (Ed.), *The Longitudinal Study of Australian Children annual statistical report 2010.* Melbourne: AIFS.

Gray, M., Edwards, B., Hayes, A., & Baxter, J. (2009). The impacts of recessions on families. *Family Matters*, *83*, 7–14. Gunlicks, M. L., & Weissman, M. M. (2008). Change in child psychopathology with improvement in parental depression: A systematic review. *Journal of the American Academy of Child and Adolescent Psychiatry*, *47*, 379–389.

Hilton, M. F., Whiteford, H. A., Sheridan, J. S., Cleary, C. M., Chant, D. C., Wang, P. S., et al. (2008). The prevalence of psychological distress in employees and associated occupational risk factors. *Journal of Occupational and Environmental Medicine*, *50*, 746–757.

Kane, P., & Garber, J. (2004). The relations among depression in fathers, children's psychopathology, and father-child conflict: A meta-analysis. *Clinical Psychology Review*, *24*, 339–360.

Kramer, R. A., Warner, V., Olfson, M., Ebanks, C. M., Chaput, F., & Weissman, M. M. (1998). General medical problems among the offspring of depressed parents: A 10-year follow-up. *Journal of the American Academy of Child and Adolescent Psychiatry*, *37*, 602–611.

Lovejoy, M. C., Grazcyk, P. A., O'Hare, E., & Neuman, G. (2000). Maternal depression and parenting behaviour. *Clinical Psychology Review*, 20, 561–592.

Mendolia, S. (2009). The impact of job loss on family mental health. Unpublished manuscript, School of Economics, University of New South Wales, Sydney.

Robins, L. N., Wing, J., Wittchen, H. U., Helzer, J. E., Babor, T. F., Burke, J., et al. (1988). The Composite International Diagnostic Interview: An epidemiologic instrument suitable for use in conjunction with different diagnostic systems and in different cultures. *Archives of General Psychiatry*, *45*, 1069–1077.

Skipstein, A., Janson, H., Stoolmiller, M., & Mathiesen, K. S. (2010). Trajectories of maternal symptoms of anxiety and depression: A 13-year longitudinal study of a population-based sample. *BMC Public Health*, *10*, 589. doi:10.1186/1471-2458-10-589

Wilson, S., & Durbin, C. E. (2010). Effects of paternal depression on fathers' parenting behaviors: A meta-analytic review. *Clinical Psychology Review*, *30*, 167–180.

World Health Organization. (2008). The global burden of disease: 2004 update. Geneva: WHO.