

Maternal mental health and children's development: **a bi-directional relationship?**

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Introduction

- Mental health is a considerable public health concern, with pre-pandemic levels of adult mental distress around 1 in 5
- Now maybe as high as around 1 in 4
- Caregiver mental health and wellbeing has a clear relationship with child development
- Other factors can contribute to this association, e.g. socioeconomic status, genetics, social support.

What we need to know

Direction

Does caregivers mental health impact the child only? What about vice-versa?

Pathways

Are associations age or time-specific? How does the association unfold over-time?

Confounding

What does the association look like if we try and isolate it via covariate adjustment

Data acquisition and process

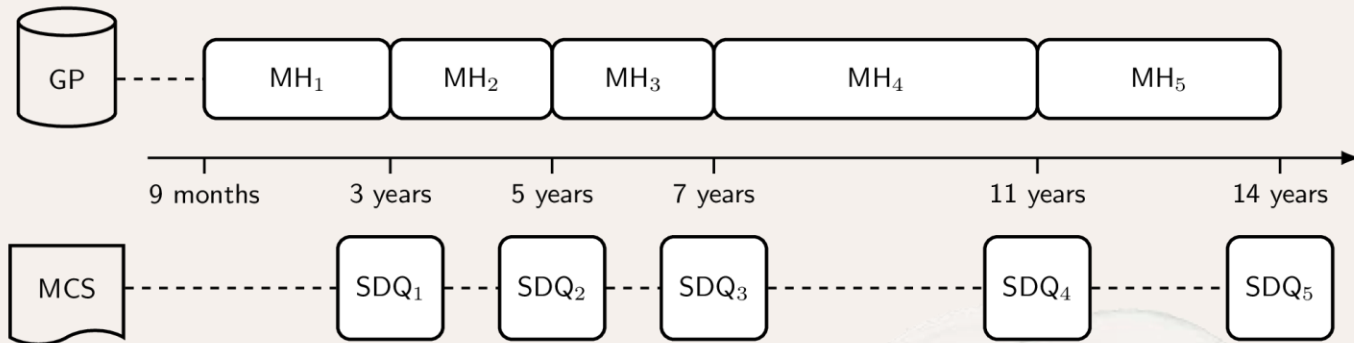
Maternal mental health

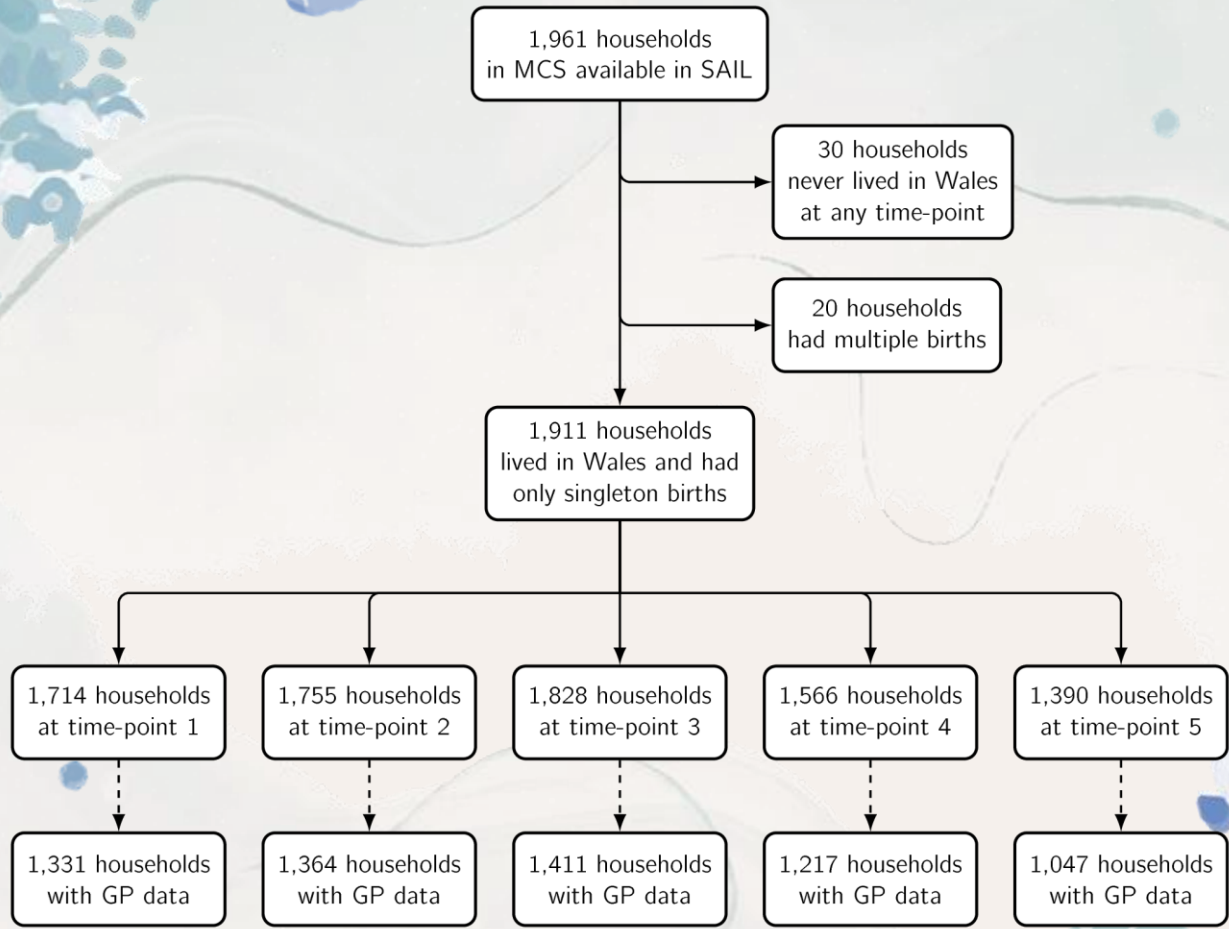
GP data from SAIL



Child SDQ scores

Taken from the Millennium Cohort Study





Cohort details

52%

of the cohort
children were boys

>90%

had a 'normal'
birthweight

>60%

of mothers tried
breastfeeding

37%

of mother's had
GCSE's A* - C or
equivalent

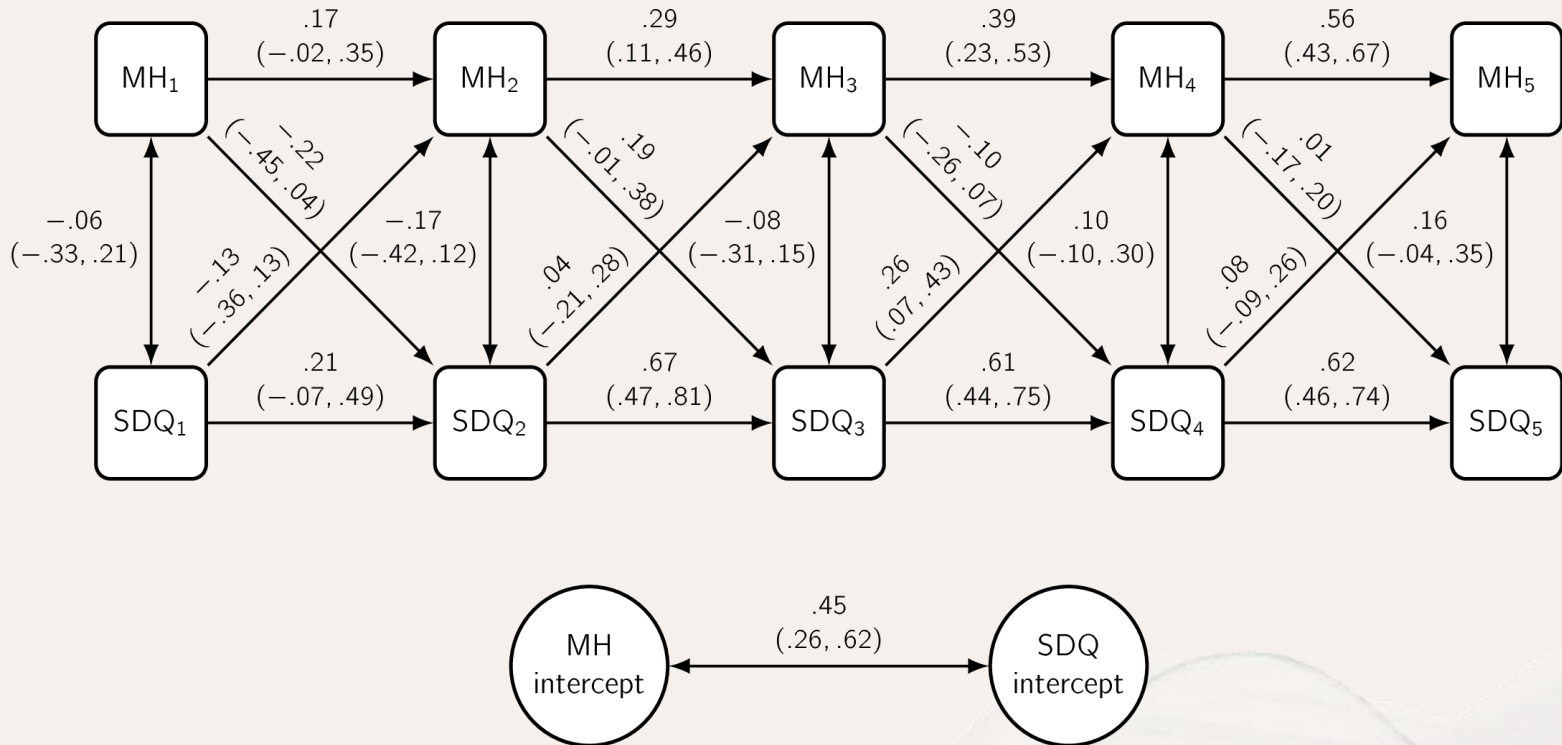
32%

had a family net
income of £10400
- 20800

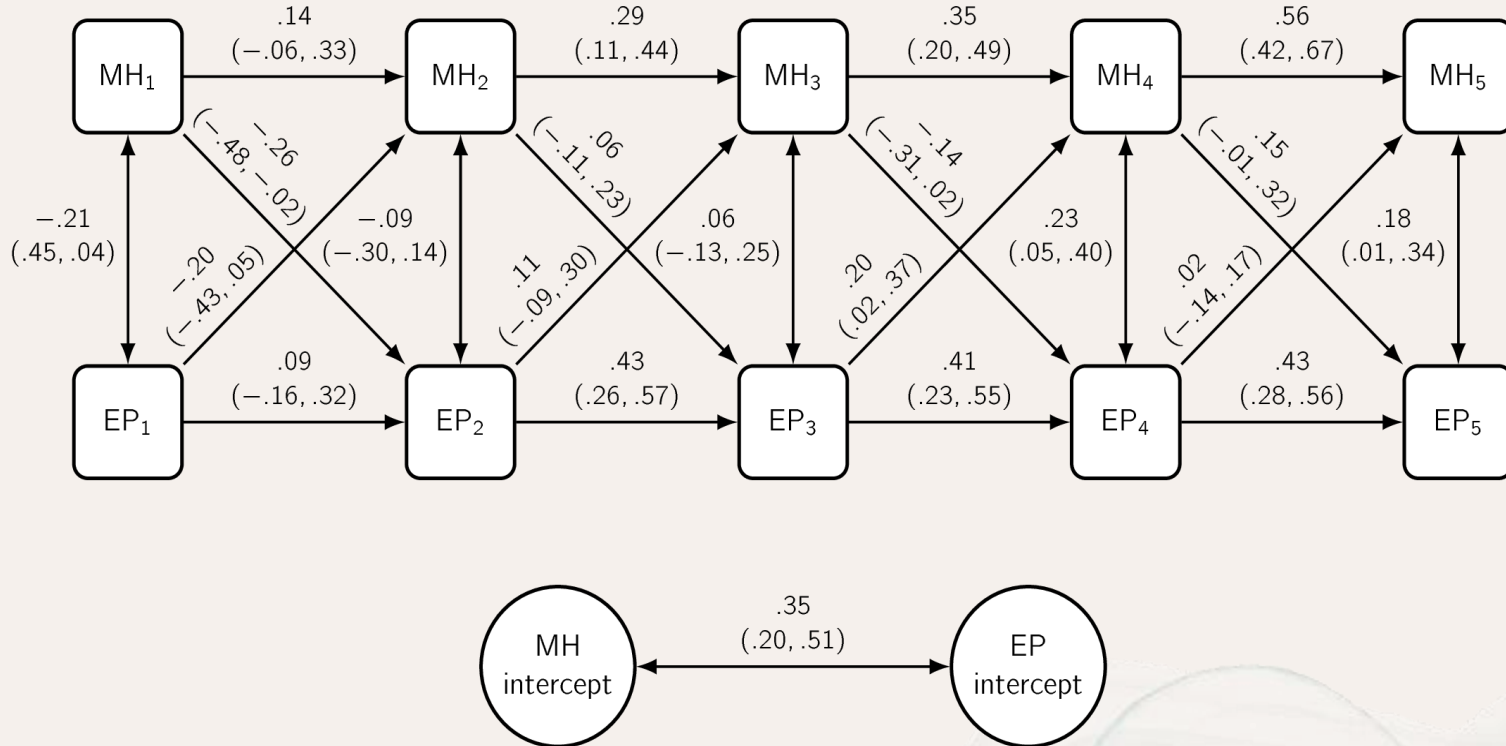
<10%

did not reach 36 weeks
gestational age

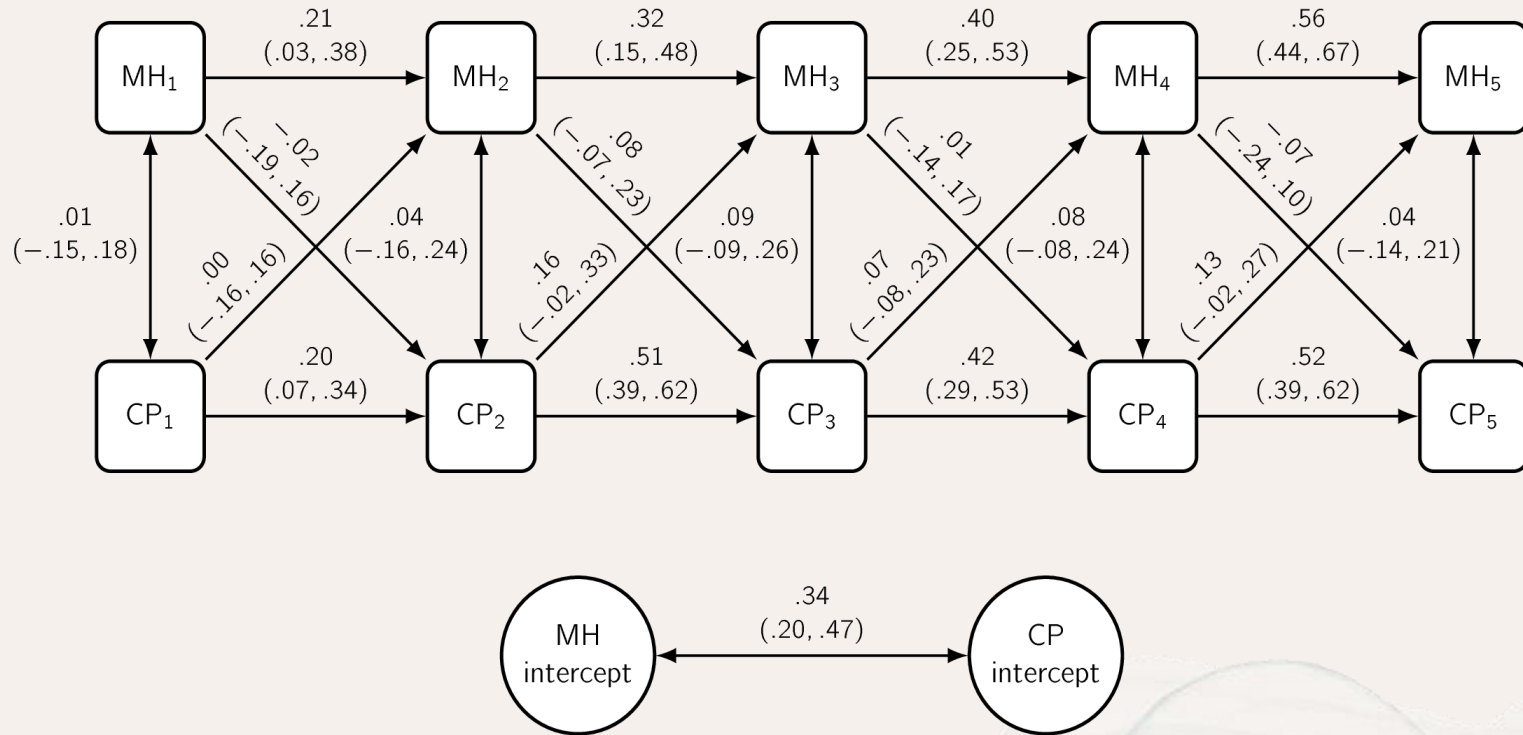
1: Total SDQ model



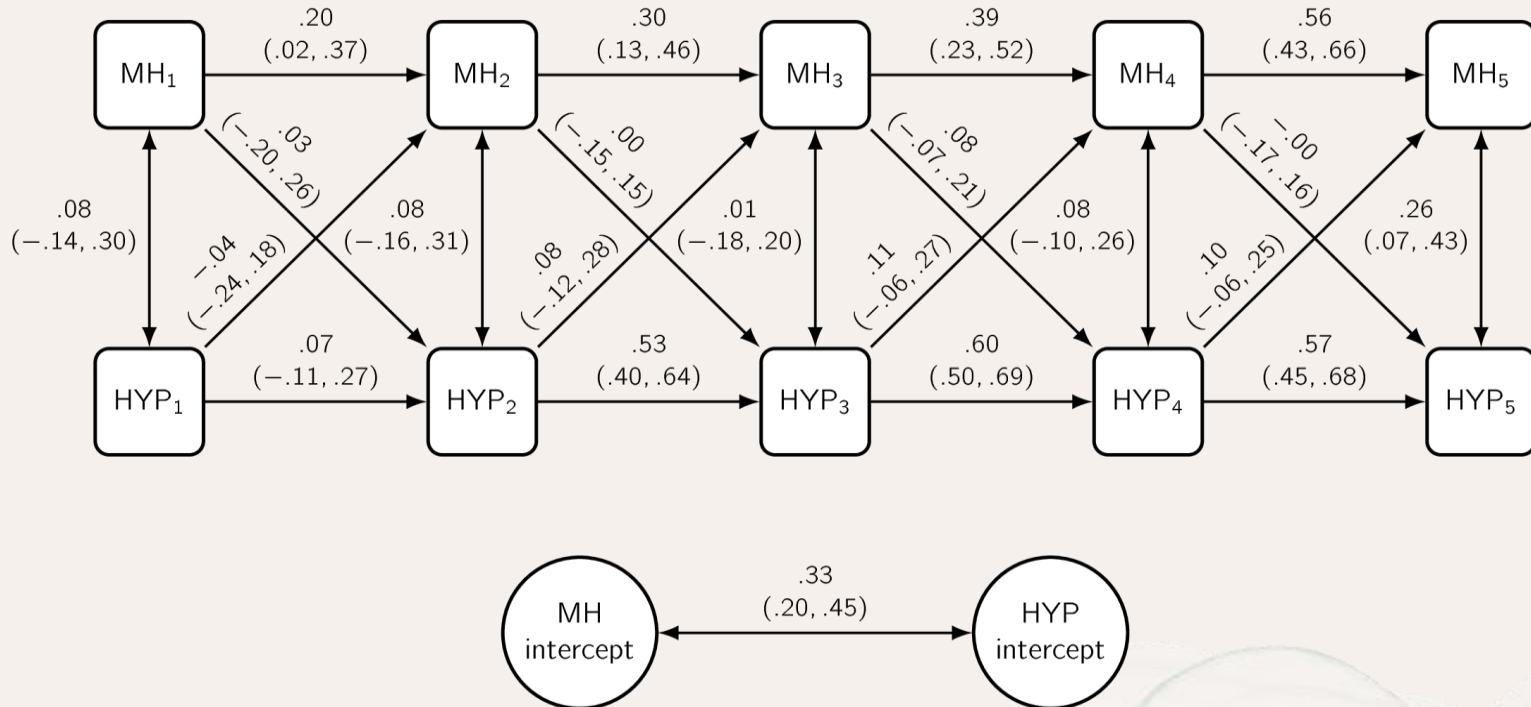
2: Emotional problems model



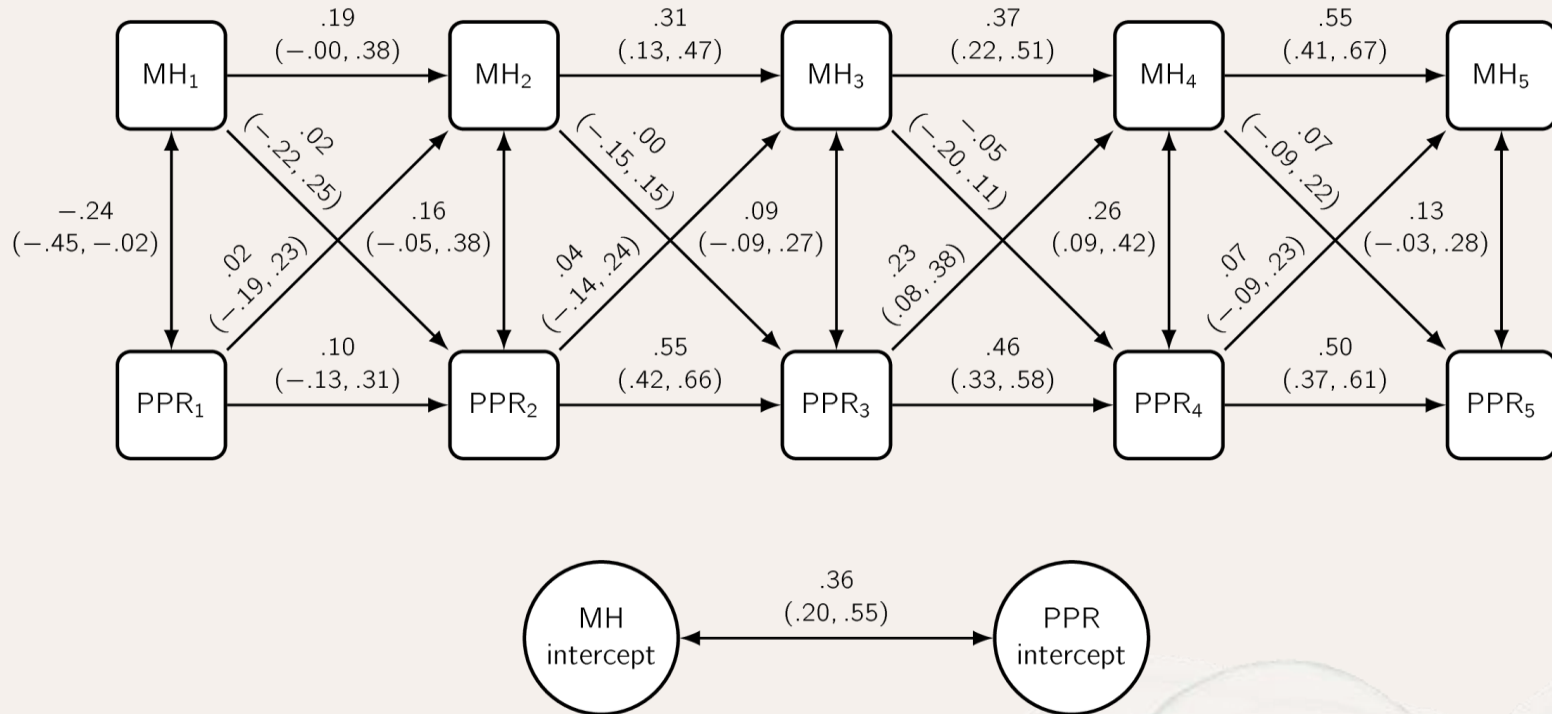
3: Conduct problems model



4: Hyperactivity model



5: Peer-problems model



Key recommendations

Directions

Both the mother's mental health and child development exert impacts



Key areas

Impact found in child emotional and conduct problems – not hyperactivity and peer problems



Earlier the better?

Early mental health treatment reduced development problems in children

Identifying need

Child problems seem to have more associations at age 7 – perhaps an intervention point

Research team



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Diolch!



Do you have any questions?

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