This brief is one of a series written to help inform public debate surrounding the 2002 reauthorization of the Temporary Assistance for Needy Families (TANF) block grant. The brief examines the level of depressive symptoms among samples of welfare recipients studied in five experimental evaluations of welfare-to-work programs. The brief notes evidence suggesting that a relatively high number of welfare recipients show symptoms of depression, that recipients who are depressed may have more difficulty getting and keeping a job, and that the children of mothers with symptoms of depression are likely to have more problems. Findings also show that when welfare recipients participate in a welfare-to-work program, these symptoms can be affected, sometimes negatively. (Contains 33 endnotes.) (EV)
Symptoms of Depression among Welfare Recipients: A Concern for Two Generations

Child Trends Research Brief

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Symptoms of Depression Among Welfare Recipients: A Concern for Two Generations
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Feeling hopeless, lonely, inadequate, fearful. Being unable to shake off “the blues.” Having difficulty concentrating, getting motivated to make decisions, and sleeping. These are typical symptoms of depression. Research indicates that such symptoms are more prevalent among low-income single mothers than in the general population. This finding has important implications for welfare reform. With the dramatic drop in caseloads since the passage of the 1996 welfare law, attention has turned to those still on the rolls – and the barriers that have prevented them from leaving. Is depression a barrier to employment for welfare recipients who have not made the transition into the work force? And how do a mother’s symptoms of depression affect children in households receiving welfare?

The evidence presented in this Research Brief suggests that welfare recipients who are depressed may have more difficulty getting and keeping a job and that the children of mothers with symptoms of depression are likely to have more problems. We also present recent findings showing that when welfare recipients participate in a welfare-to-work program, these symptoms can be affected, sometimes negatively.

This brief is one of a series being prepared by researchers at Child Trends to help inform the public debate surrounding the 2002 reauthorization of the Temporary Assistance for Needy Families (TANF) block grant, the centerpiece of the 1996 welfare law.

SHINING A LIGHT ON THE PROBLEM
We looked at the levels of depressive symptoms among samples of welfare recipients studied in five experimental evaluations of welfare-to-work programs established before the enactment of the 1996 welfare law: the Job Opportunities and Basic Skills Training (JOBS) Program, New Chance, the Teenage Parent Demonstration, Florida’s Family Transition Program, and the Canadian Self-Sufficiency Project. Almost all of these recipients were women with children, as is true for the majority of welfare recipients.

While the studies differ somewhat in the populations examined and the exact time frame covered, they were all studies of current or recent welfare recipients. As such, they may help to provide insights into depressive symptoms among the larger population of individuals who have recently left or are currently part of the welfare system.

In these studies, a self-administered survey was used to determine the presence of symptoms of depression. Respondents were presented with a series of statements such as “I felt depressed,” “I felt lonely,” “I thought my life had been a failure,” and were asked to indicate how often the statements matched their feelings during the past week. A clinical diagnosis of depression cannot be made on the basis of how someone responds on this kind of survey, of course; such diagnosis requires an individual evaluation by a mental health professional. Nevertheless, survey measures can be useful for identifying those who may be
at risk for clinical depression. Given this
distinction, we use the term “depressive
symptoms,” rather than “depression,” through-
out this brief.

The prevalence: In surveys of the general pop-
ulation, about 20 percent of respondents are
reported to have symptoms suggestive of clinical
depression.4 Previous non-experimental studies
have reported higher rates of depressive symp-
toms in low-income populations, especially
among mothers with young children, than in
populations with higher incomes.5,6 In the five
experimental studies that we reviewed, among
welfare recipients who were not enrolled in a
welfare-to-work program (the control group),
the percentages that could be considered at risk
of clinical depression were much higher than in
the general population. Across all the research
samples, the percentages of individuals current-
ly or recently receiving public assistance who
were considered to have many symptoms of
depression ranged from 30 percent (in the
Riverside JOBS Program) to 45 percent (in the
Newark Teenage Parent Demonstration).

The findings in a nutshell: The relatively
high rates of depressive symptoms among these
pre-1996 samples of welfare recipients suggest
that the risk of depression may well be a prob-
lem for large numbers of individuals who are
currently receiving welfare.

A POSSIBLE BARRIER
TO EMPLOYMENT

Perhaps because of its prevalence, depression is
often discussed as one possible barrier to
employment among individuals who are on pub-
lic assistance.7 People who are depressed may
find it difficult to get and keep a job. Yet until
recently, research on how depression affects the
employability of welfare recipients has been lim-
ited, and the studies that do exist report differ-
ing results, as seen below:

- In a study of welfare recipients that used a
  refined screening tool to identify major
depression, respondents were asked
  whether they were employed at the time of
  the survey. In this case, after controlling
  for other factors that may have kept these
  individuals from working (such as lack of
  child care or difficulty with transportation),
depression was found to be a barrier to
employment.8 Thus, this study suggests
that current depression can be a barrier to
current employment status.

- Three studies that used a short survey to
measure the prevalence of depressive symp-
toms, rather than diagnostic criteria for
major depression, did not, however, find an
association between having symptoms of
depression and being employed.9

- Other studies did find such an association
when using the same survey measure of
depressive symptoms, but the association
was driven by mothers who experienced
both high levels of depressive symptoms
and other problems that stymied their
efforts to work, such as low literacy or
limited work experience.10

Making sense of the findings: This set of
findings suggests that major depression may
act as a barrier to employment for welfare
recipients, but that symptoms of depression
may not. A number of factors could be respon-
sible for these results. It could be that when
using a less refined survey measure, the level or
type of depressive symptoms that act as a barri-
er is missed. Or it could be that just having
symptoms of depression, rather than clinical
depression, may not in itself act as a barrier to
employment, but that when these symptoms
are combined with other risk factors, they may.
It is also possible that depressive symptoms
may not hurt individuals’ abilities to get a job,
but that they may hurt their abilities to keep a
job. For example, research has shown that
depressed workers take more sick days.11 This
may make them prime candidates for dismissal.
On the other hand, depressive symptoms may
actually be lifted once individuals are working
because holding a job may improve their opin-
ions about their own abilities and their future
prospects. In the case of major depression, this
may not hold true. Future research on the
effects of depression and depressive symptoms
on both employment status and employment
stability may be able to clarify the results from
these studies.
A RISK FACTOR FOR CHILDREN

We now turn to how children are faring in households receiving welfare when their mothers have symptoms of depression.

The relation to child outcomes. Research has consistently documented that children of mothers who are depressed are at greater risk for poor outcomes in a variety of areas than children of mothers who are not. This holds for families across all income levels. Children of depressed mothers have been reported to show more behavior, and academic problems, and to have a greater likelihood of health problems than children whose mothers are not depressed, especially when depression is sustained over time.

Results from a sample of current and recent welfare recipients, taken from a study of parenting behavior among welfare recipients, mirror these findings as they pertain to children's behavioral and cognitive outcomes. Mothers in the sample were asked how their children were faring at two points in their lives: when they were 5-7 years old; and then, when they were between 8 and 10.

- Children of mothers with more symptoms of depression exhibited significantly more behavior problems at ages 5 to 7 than did children of mothers with fewer symptoms of depression. Specifically, the children of mothers with more depressive symptoms showed both more "externalizing" behavior problems (such as bullying and acting disobedient) and more "internalizing" behavior problems (such as acting sad or showing low self-esteem).

- When the children of mothers with more symptoms of depression were a little older (8 to 10), they again exhibited more internalizing behavior problems, as well as more "hyperactive" behaviors (such as disrupting others and acting without thinking).

- At this older age, these children also scored lower on a math achievement test than children of mothers with fewer depressive symptoms.

In combination with other barriers. Additional evidence from this and other studies suggests that children of mothers who have symptoms of depression may be at even greater risk for poor outcomes when their mothers also have other problems. For example, the combination of maternal depressive symptoms and low maternal literacy predicted poorer behavioral outcomes (but not poorer cognitive outcomes) in 5- and 7-year-olds. When these children were between 8 and 10, the combination of maternal depressive symptoms and low maternal literacy resulted in poorer cognitive outcomes (but not poorer behavioral outcomes). That is, when the children were younger, they were more likely to have behavior problems if their mothers had both symptoms of depression and low literacy; at the older age, they were more likely to show poor academic performance. Study authors suggest that, among children of mothers with both risk factors, the behavioral problems soon after school entry may have interfered with children's learning, translating into longer-term academic problems. Evidence from this study also suggests that higher maternal literacy appears to buffer the relationship between maternal depressive symptoms and unfavorable child outcomes. In other words, depressive symptoms were associated with more problems in children when mothers also had low levels of literacy, though not when mothers had higher levels of literacy. Similarly, another study found that work experience appears to buffer the effects of maternal depressive symptoms on children.

The connection to parenting. Research suggests that parenting may be a pathway through which depression undermines children's development. Thus, mothers with depressive symptoms, or with diagnoses of clinical depression, may be less responsive to their children, more irritable, more harsh and coercive in disciplining, and less effective in teaching their children. Several studies, including those focusing on mothers currently or recently receiving welfare, show that parenting behavior differs according to level of depressive symptoms or diagnosis of depression. Through their parenting, mothers with high levels of
depressive symptoms may put their children at higher risk for emotional and behavioral difficulties themselves.

**IMPACTS OF WELFARE-TO-WORK PROGRAMS**

The purpose of welfare-to-work programs, as their name signifies, is to help move individuals from welfare dependency to economic self-sufficiency. Addressing the issue of depressive symptoms or clinical depression among welfare recipients was not an explicit goal of most of the programs cited in this brief. Yet because depression may impede employment, as well as compromise the well-being of children, it seems appropriate to consider what impact these programs had on symptoms of maternal depression.

We looked at the results of seven experimental studies that evaluated programs designed to decrease welfare dependency or improve economic well-being in low-income families. The programs include the five mentioned earlier in this brief in connection with our discussion of the prevalence of depressive symptoms among welfare recipients (the Job Opportunities and Basic Skills Training (JOBS) Program, New Chance, the Teenage Parent Demonstration, Florida’s Family Transition Program, and the Canadian Self-Sufficiency Project), as well as the Minnesota Family Investment Program and New Hope.26

**On adults.** Even though it was not anticipated that enrolling in a welfare-to-work program would have an effect on symptoms of depression, the studies show that it can. Across 20 samples analyzed in the seven evaluation studies, one-third showed impacts of the programs on symptoms of depression. And within this group, the majority of programs had an unfavorable impact on these symptoms; that is, they increased these symptoms. Specifically, five unfavorable and two favorable impacts were found.

The reasons behind this pattern are unclear, as the programs showing negative impacts on depressive symptoms varied in the populations they served, their structure, and whether participation was mandatory or voluntary.28 Even without knowing what exact factors in these diverse programs were responsible for the apparent results, however, it still may be a concern that there were impacts and that the majority of these were unfavorable.

**On children.** Evidence from two programs that showed increases in depressive symptoms among participants (Grand Rapids’ Labor Force Attachment Program and New Chance) suggests that the increase in these symptoms among mothers in the programs may have been related to negative impacts on their children. Mothers in the Grand Rapids’ Labor Force Attachment Program (which is under the umbrella of the JOBS Program) reported experiencing more depressive symptoms and feeling less warmth toward their children, compared with a control group of mothers who were not in the program. In turn, children of mothers in the program exhibited more behavior problems, such as bullying or being disobedient, than children in the control group.29 Analyses suggest that the increase in maternal depressive symptoms and decrease in warm parenting that occurred when women enrolled in the program may have contributed to the increase in children’s behavior problems.30 Results from the New Chance program raise this possibility as well.

**SUMMARY**

The descriptive findings from experimental studies of welfare-to-work programs show that depressive symptoms are relatively common among populations currently or recently receiving welfare. Non-experimental findings presented here suggest that major depression—or even the presence of symptoms of depression—may act as a barrier to employment for some welfare recipients. Research also suggests that in addition to potential implications for employment, depressive symptoms are associated with unfavorable outcomes for children. Moreover, some evaluations of programs designed to decrease welfare dependency that were initiated before the passage of the 1996 welfare reform law have found that programs produced changes in symptoms of depression and that a majority of the impacts were in an unfavorable direction—a consequence that was clearly unintended.
IMPLICATIONS FOR RESEARCH AND POLICY

In the current context of welfare reform, with its strong emphasis on employment, it may be important to consider the negative impacts on symptoms of depression among some welfare recipients in pre-1996 welfare-to-work programs. How these individuals fared after enrolling in a welfare-to-work program may foreshadow how other welfare recipients may fare when they enter (or try to enter) the work force.32

Further research is needed to examine how and why some welfare-to-work programs caused an increase in depressive symptoms, as well as how other programs caused a decrease in these symptoms. In addition, research is needed to develop effective strategies to deal with the problem that maternal depression may pose for families on welfare, both as a potential barrier to employment and as a potential threat to the development of children. Some policies and programs are being implemented already to address these issues.33 However, the upcoming reauthorization of the Temporary Assistance for Needy Families (TANF) block grant may be an opportune time for policy makers and social service providers to take a fresh look at this problem. This discussion should include not only a focus on employment, but also a focus on children.

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Endnotes


The sample is from the JOBS Observational Study, which is a longitudinal study of parenting behavior among mothers receiving welfare who had a three- or four-year-old child at study entry. The JOBS Observational Study is a sub-study of the Child Outcomes Study of the National Evaluation of Welfare-to-Work Strategies (NEWS). For details on the Child Outcomes Study, see McGroder et al., 2000.

Zaslav et al., 2001.

Hair et al., in press. Although several health outcomes were examined at this timepoint, maternal depressive symptoms were not related to these measures of health in this sample.

Zaslav et al., 2001.

Hair et al., in press. Higher maternal literacy appeared to buffer the relationship between maternal depressive symptoms and the following child outcomes: increased internalizing behavior, worsened reading and math achievement test scores, and lower engagement in school.


The Minnesota Family Investment Program and New Hope were not included previously because while mean levels of depressive symptoms were examined for these studies, the published reports did not include the specific measure of the percentages at risk for clinical depression. For greater detail on the studies presented, see the published reports. Specifically, see McGroder et al., 2000 (NEWWS/CPSE); Quint et al., 1997 (New Chance); Kaller et al., 1998 (Teenage Parent Demonstration); Bloom et al., 2000 (Family Transition Program); Morris & Michalopoulos, 2000 (Self-Sufficiency Project); Gennetian, L.A., & Miller, C. (2000). Reforming welfare and rewarding work: Final report on the Minnesota Family Investment Program. Volume 2: Effects on children. State of Minnesota: Department of Human Services. (MFIP); Boll, J.M., Huston, A.C., Orang, R.C. Dunigan, G.J., Brook, T.W., & McLeod, V.C. (1999). New Hope for people with low incomes: Two-year results of a program to reduce poverty and reform welfare. New York: Manpower Demonstration Research Corporation. (New Hope).


Because of the many differences in those programs, descriptions of them are not presented here. For details on the programs, see the individual reports, as well as Zaslav, Brooks, Moore, Morris, Tout, & Redd, 2000 and Zaslav, Moore, Brooks, Morris, Tout, & Emig, 2001.


Quint et al., 1997

See also discussion in Lennon, Bliese, & English, March 2001.


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