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Addressing Perinatal Depression in Early Head Start and Head Start

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Activity: Talking about Depression



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How do you talk about it? Activity

- Select a reporter for your group
- As a group at your table choose which scenario to focus on first
- Review scenario at you table and answer the related questions
- Be prepared to share your thoughts and highlights from your discussion with the large group

How common

- Is **depression** in EHS population of mothers?
 - 18%
 - 30%
 - 48%

- Is **major depression** in the US population 18 yrs or older?
 - 1.5%
 - 6.7%
 - 22.0%



Depression: A Major Barrier

- More than half (52%) of EHS mothers reported enough depressive symptoms to be considered depressed.
- 18% of EHS fathers reported enough symptoms to be considered depressed
- More than 20% of Americans will experience a depressive episode in their lifetime



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Important News about EHS and Depression

- Initially, no program impacts on depression or use of mental health services by the time children reached age 3
- Spring prior to the children entering kindergarten, a positive program impact emerged for reducing maternal depression



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Media images may create unrealistic expectations...



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The “Gerber Myth”



A “Perfect Storm”

- Unrealistic expectations
- Hormonal changes
- Sleep Deprivation
- Single biggest identity transition for women
- Possible difficulties in pregnancy or birth
- Possible predisposition for depression or anxiety (prior depression is biggest predictor for PPD)

What Does Depression Look Like?



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What Does Depression Look Like?

- Persistent sad, anxious, or “empty mood”
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in activities and hobbies
- Appetite or weight changes
- Decreased energy, fatigue, being “slowed down”
- Difficulty concentrating, remembering or making decisions
- Sleep difficulties (can’t sleep or sleep too much)
- Thoughts of death or suicide
- Restless, irritable



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Impact on Parenting

- Reduced capacity to relate, read, and respond to cues
- Negative or absent supportive exchanges
- Negative face-to-face exchanges
- Less positive affect, play, and infant-directed speech



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Impact on Parenting

- Punitive child-rearing practices
- Reduced gazing at the infant during feeding
- Less use of preventative and safety measures

- (Tronick, 2007; Heneghan, Johnson Silver, Bauman et al., 2000; Olson, Kemper, Kelleher et al., 2002; BC Reproductive Care Program, 2003)



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Risk Factors



- Previous history of mental health problems
- Low social support
- Marital dissatisfaction
- Stressful life events
- Obstetrics complications
- Single
- Low income
- Unplanned pregnancy



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When you are Concerned about a Parent?- Strategies to Care for Yourself



What Can You Do When You Are Concerned About a Parent?

- Ask about family, friends, social support
- Reassure her/him: this is not his fault; she is not alone; he will get better.
- Encourage her to talk about her feelings and listen without judgment.



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What Can You Do When You Are Concerned About a Parent?

- Encourage him to take time for himself. Breaks are a necessity; fatigue is a major contributing factor to worsening symptoms.
- Help her not judge herself.
- Encourage him to talk with his care provider



“I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

– Maya Angelou



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Insert Video



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A Case for Prevention

- Recurrence rates of major depression is high:
 - 50% after 1st episode
 - 70% after 2nd episode
 - 90% after 3rd episode



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Depression Guideline Panel (1993). *Depression in primary care: Detection, diagnosis and treatment: Quick reference guide for clinicians*. Agency for Health Care Policy and Research.

Barriers to Receiving Help



Program Strategies for Supporting Families Mental Health: Table Discussion Activity

- Promotion:
- Prevention:
- Intervention:



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Group Discussion: Facilitated Referral Process

- What is your role in encouraging families to seek mental health services?
- How do you encourage families to seek help after potentially traumatic experiences?
- How can you help a referral for mental health services to be successful?



Head Start Performance Standards: Mental Health

1304.24 (a) (1) Work Collaboratively with Parents

1304.24 (a) (2) Must Secure the Services of Mental Health Professionals to enable the timely and effective identification and intervention in family and staff concerns about a child's mental health

1304.24 (a) (3) must include a regular schedule of on-site mental health consultation



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Screening

- More widespread screening efforts have been recommended and implemented in clinical, community, and primary care settings.
- Screening is important to be able to identify those at risk for depression to:
 - Identify those in need of mental health services
 - Provide appropriate interventions aimed at preventing and/or treating mental health problems in mother and their children
 - Detect depression in under-served populations.



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Boyd et al., 2005; Segre & O'Hara, 2005;
US Preventive Services Task Force, 2002

Screening

- Common Screening Tools
 - CES-D- (Center for Epidemiological Studies)
 - Beck Depression Inventory
 - Edinburgh
 - PHQ-2/ PHQ -9 (Patient Health Questionnaire)

- Available on the ECMHC.org site



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Summary

- Depression are common
- Addressing stigma is critical
- The way we are with families can help
- Program strategies to promote, prevent and address family mental illness can help families and their children, impacting two generations



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This Isn't What I Expected, Kleiman & Raskin

Action Plan – Make a Difference

- What will you do differently?
- When you succeed incorporating this new information, how will it impact your work?
- What kind of help do you need, and from whom, to implement your new information?



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