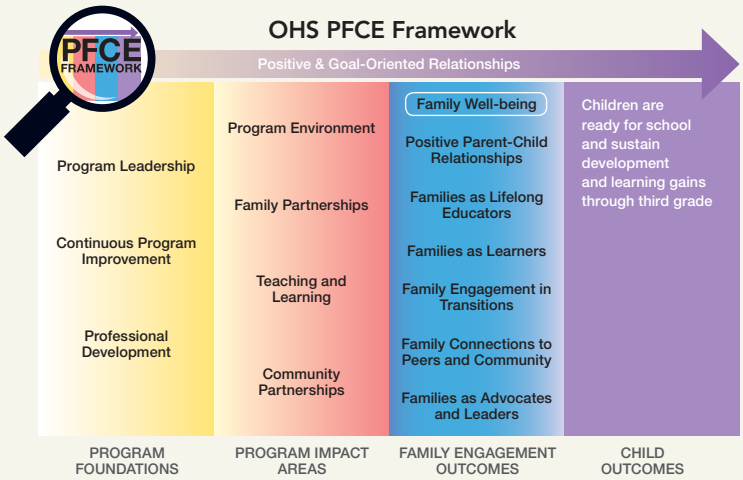
Family Well-being: A Focus on Parental Depression

The National Center on Parent, Family, and Community Engagement has created a Research to Practice Series on the Family Engagement Outcomes of the Office of Head Start (OHS) Parent, Family, and Community Engagement (PFCE) Framework. One in the series, this resource addresses parental depression, the most common mental health challenge affecting the "Family Well-being" Outcome: "*Parents and families are safe, healthy, and have increased financial security.*"

Aligned with related HS Performance Standards, this resource presents a summary of selected research, proven interventions, and program strategies intended to be useful for the Head Start (HS) and Early Head Start (EHS) community.



The OHS PFCE Framework is a research-based approach to program change that shows how HS/EHS programs can work together as a whole – across systems and service areas – to promote family engagement and children's learning and development.

Introduction

Evidence from early childhood research and practice shows a strong link between parents' health and well-being and their children's development (Shonkoff & Phillips, 2000). While raising children is a challenge for any parent, good health and well-being can make it easier for mothers and fathers to provide sensitive and responsive care, the foundation for healthy brain development. As a result, young children develop the skills they need to succeed in life and in school, such as managing their emotions and behaviors, forming healthy relationships with adults and peers, adjusting to new situations, and resolving conflict (Center on the Developing Child at Harvard University, 2010). A parent's depression, in particular, can impair parenting quality (Beardslee, Avery, Ayoub, & Watts, 2009). In turn, children may develop cognitive, emotional, and behavioral problems that prevent them from entering kindergarten ready and able to learn (National Research Council & Institute of Medicine [NRC & IOM], 2009).

Parental depression is common in HS/EHS families. Nearly half (48%) of mothers in one study whose children were EHS-eligible had enough symptoms to be considered depressed. In 12% of these women, depression was chronic (i.e., they experienced low mood for long periods, sometimes years). Depression also affects fathers. Over 10% of new fathers are depressed (National Institute of Mental Health [NIMH], 2011; Paulson & Bazemore, 2010); and approximately 18% of EHS fathers had depressive symptoms when their children were two years old. Sixteen percent were still depressed when their children were three years old (Administration for Children and Families [ACF], 2002).

The high rate of parental depression among HS/EHS families is a serious concern. HS/EHS staff can work with parents to recognize and treat depression early in their child's life.

THE NATIONAL CENTER ON Parent, Family, and Community Engagement

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The research and practices described in this resource show that providing strengths-based support, information about depression, and referrals for treatment can make a huge difference for parents suffering from depression, and for their children too.

COMMON SYMPTOMS OF DEPRESSION INCLUDE:

- sad, angry, or irritable mood
- anxiety
- changes in sleeping and eating habits
- low energy
- trouble concentrating
- frequent crying
- negativity
- low self-esteem
- social withdrawal
- less enjoyment of activities that used to be enjoyable
- feelings of being overwhelmed
- thoughts of self-harm or suicide

Symptoms of depression can vary by age, gender, culture, and other individual and environmental characteristics and may not look exactly the same from person to person. For more information see http://www.nimh.nih.gov/health/topics/depression/index.shtml.

Parental Depression: What We Know

Depression is a common condition that affects people of all backgrounds, classes, and ethnicities. Approximately 15.6 million children live with a depressed mother or father (NRC & IOM, 2009). The rate among families enrolled in HS/EHS is more than twice as high as in the general population. Yet, in many settings, such as HS/EHS programs, parental depression often is unrecognized and unaddressed.

Symptoms of depression can come on suddenly (acute) or may be ongoing and long-lasting (chronic). When severe, depression is a mental health disorder that prevents parents from functioning well in everyday aspects of life. It is sometimes accompanied by suicidal thoughts (NIMH, 2000).

A number of factors can contribute to parental mental illness in general, and to depression in particular, whether biological, familial, personal, or social. Examples include: hormonal shifts and experiences during pregnancy and after pregnancy (postpartum), family history of depression, prior depression, life stress (e.g., family violence, trauma, substance abuse), poverty, social isolation, and oppression. These risk factors may harm children directly by exposing them to unfavorable conditions, or indirectly by increasing parental depression, which can lead to poor parenting and negative child outcomes (Onunaku, 2005).

How Parental Depression Affects Young Children

Although this is not always the case, parents who are depressed are less likely to be responsive and sensitive with their children. They also may be hostile and intrusive, or disengaged and neglectful. These negative parenting behaviors increase a child's risk for behavioral, emotional, physical, and cognitive problems (NRC & IOM, 2009). Developmental problems in children are especially likely when a parent's depressive symptoms are severe and long-lasting, and when a parent's depression occurs during periods of rapid brain development in children (e.g., prenatally to age three).

Exposure to hardships, such as poverty, child maltreatment, parental substance abuse, and community violence, increases the odds of parental depression while also causing harm to children (Ayoub, 2006; NRC & IOM, 2009). Both risk and protective factors interact with depression to affect family well-being and a child's development (Bronfenbrenner & Morris, 2006). The negative effects of depression may be worse when a family lives in poverty. Parents who are depressed and living in poverty may lack the personal resources to access necessary supports, such as food stamps, transportation, and mental health services (Love et al., 2005). On the other hand, when professionals and communities offer social support, focus on child and parent strengths, and help parents understand depression, healthy parenting may be supported (Beardslee et al., 2009).

Parent-child relationships are a "two-way street," and child factors, such as temperament, physical health, and behavior, also affect parental depression in both positive and negative ways. For example, one study found that healthier child development at ages two and three had a positive influence on mothers' depression (Chazan-Cohen et al., 2009). On the other hand, higher levels of child aggression were related to more chronic maternal depression. Another study found that a mother's likelihood of developing postpartum depression increased when newborns were irritable and difficult to console (Murray, Cooper, & Hipwell, 2003).

A child's developmental disability is another factor that can increase the risk for parental depression (Singer & Floyd, 2006).

Parent factors that increase the risk of depression include physical health problems, unhealthy relationships with intimate partners, and social isolation. Community-level factors include poor neighborhood conditions, poverty, and lack of access to quality early childhood programs. On the other hand, when parents are in good health, have healthy relationships with others, and can access enough community resources, they are less likely to be depressed and more likely to recover when they are already depressed (NRC & IOM, 2009).

Treating Parental Depression and Supporting Children's Development

Fortunately, depression is one of the most treatable of all medical conditions. Decades of research have shown that medication, psychotherapy, behavioral interventions, alternative medicine, and other approaches can be effective in treating adult depression (Golden, Hawkins, & Beardslee, 2011). Research also clearly shows that poor child outcomes can be avoided with prompt and effective treatment (NRC & IOM, 2009). This depends on whether a family has access to and chooses to participate in treatment.

Early childhood programs can work with parents to reduce depression and its negative effects on children. For example, one study (Chazan-Cohen et al., 2007) found that the severity and rate of depression were lower for parents in EHS compared to parents who were not in the program. Interestingly, the full impact of the EHS program on parents' depressive symptoms did not appear until children reached kindergarten. Evaluation research shows that some types of early childhood interventions, such as HS/EHS, are especially effective for reducing parental depression.

Interventions for Identifying Parental Depression and Supporting Positive Parenting

The following approaches are not the only useful, evidence-based interventions in the field but represent some good examples of options for programs to consider when working with parents who are depressed. These strategies work best when HS/EHS programs form partnerships with mental health service systems and family support programs in the community. They include:

- screening,
- postpartum interventions,
- home visiting (Ammerman, Putnam, Bosse, Teeters, & Van Ginkel, 2010),
- staff training, empowerment, and self-care (Beardslee et al., 2009),
- early childhood mental health consultation (Weatherston, 2001), and
- mental health services (Beeber et al., 2010) from other agencies delivered at the HS center or through extended home-based therapy, or in other social service settings to which families can be referred.

Screening for Parental Depression

Screening for depression is a relatively quick and easy way to find out if a parent is experiencing depression so that staff and parents can work together to take steps to address it. When symptoms emerge during or after pregnancy, early detection and treatment can prevent serious disturbances in parent-child relationships (Muñoz, Beardslee, & Leykin, 2012; NRC & IOM, 2009). Identification and prompt treatment of depression in parents of older children can also protect children from its harmful effects.

Regular screening in HS/EHS programs is an important strategy to ensure that parents' symptoms are recognized as early as possible (NRC & IOM, 2009). Staff can encourage both mothers and fathers to attend depression screenings early in parenthood (e.g., during the prenatal and postnatal periods) in a variety of settings, including pediatricians' offices, obstetrics/gynecology practices, health clinics, and mental health centers.

A growing number of HS/EHS programs are successfully screening for parental depression (Chazan-Cohen et al., 2007). Nurses, social workers, health workers, clinicians, home visitors, and other professionals can be trained to administer standardized, validated screening tools and to follow-up with parents about the results. Screening tools must be scored and acted upon immediately so that parents in distress are

recognized and supported as soon as possible. Emergency services must be identified in advance and used right away when screening results reveal risk of suicide.

Because so many parents without adequate financial resources are affected by depression (NRC & IOM, 2009), screening in HS/EHS may be an effective way to identify depression early among large numbers of parents. HS/EHS programs can use the PFCE Framework to strengthen screening and referral across Program Foundations and Impact Areas by:

- **increasing screening participation by creating a Program Environment in which mental health issues are addressed openly and positively,**
- **providing Professional Development opportunities for staff working with parents who are depressed, and**
- **using Community Partnerships to create comprehensive referral/follow-up and emergency response systems (Knitzer et al., 2008).**

Early Childhood Mental Health Consultation

Consultation with *Infant and Early Childhood Mental Health (I/ECMH)* experts is a promising intervention for parental depression (Ammerman et al., 2010). Skilled *I/ECMH* consultants in early childhood programs can enhance staff's comfort with and capacity to handle challenging mental health situations with families (Golden et al., 2011) through a range of activities:

- observing and interpreting children's behavior,
- anticipating developmental changes,
- alerting caregivers to a child's needs,
- identifying adult and child strengths and challenges,
- listening to and discussing difficulties that arise,
- creating opportunities for positive change in the program and at home, and
- sharing information on how to identify and address mental health issues in collaboration with community mental health providers and programs (Weatherston, 2001).

Family Connections (FC) is a system-wide preventive model for mental health consultation and professional education in HS/EHS programs. *FC* increases the knowledge, skill, comfort, and confidence of HS/EHS staff in working with mental health issues through professional education, mental health consultation with children and families, classroom assessment and interventions, reflective practice, supervision, and a strong focus on staff self-care. *FC* helps staff to consider diverse perspectives and culturally sensitive responses to adult depression and to recognize depression in parents, themselves, or someone they know (Beardslee et al., 2010). A long-term commitment to building trusting relationships, engaging in self-reflection, promoting parents' self-care, and integrating the approach into the entire organization are key aspects of this approach (Beardslee et al., 2009, 2010).

For additional resources on Early Childhood Mental Health Consultation see *I/ECMH* at the Center for Early Childhood Mental Health Consultation, Georgetown University at http://www.ecmhc.org and *Family Connections* at Boston Children's Hospital at http://www.childrenshospital.org/familyconnections or ECLKC http://eclkc.ohs.acf.hhs.gov/hslc.

Home Visiting for Prevention and Treatment of Depression

Home visiting is one of the most widely used services for preventing parental depression and for promoting child and family well-being. It is especially useful for reaching parents who are geographically isolated, have limited mobility, or are too depressed to leave their homes to get treatment.

Unfortunately, parental depression also can interfere with providing effective services. Parents experiencing depression may be less able to make use of home visiting (Stevens et al., 2002). HS/EHS staff may have to make additional efforts to connect with and support these parents. For example, staff can check in often with parents who are depressed to monitor their progress and strengthen the parent-staff relationship. Also, mental health consultants can offer practical advice to staff for working with parents whose depression limits their ability to form healthy social connections (Ammerman et al., 2010).

HS/EHS staff can use home visits to form the positive, goal-oriented relationships with families that are key to achieving Family Well-being and other Family Outcomes. Staff can identify families' strengths and needs, and help them to engage in support systems and access resources in the community.

Working with Parents and Building Partnerships with Community Agencies

HS/EHS programs can build strong Community Partnerships with primary care and mental health centers that provide treatment for depressed parents, extending the reach of HS/EHS services. Different treatment approaches, several of which are described below, have been used effectively to support positive parenting for parents struggling with depression.

Interpersonal Therapy (IPT) is a well-tested, effective treatment for depressive symptoms (Weissman, Markowitz, & Klerman, 2000). *IPT* has been modified for postpartum mothers and families from diverse backgrounds. One successful modification is a five-month, home-based *IPT* partnership with EHS programs in which community psychiatric mental health nurses conduct therapy and partner with home visitors. Depressed mothers who participated

in this intervention had lower levels of depression and reported less aggression in their children than did depressed mothers who did not participate. This program is a clear example of the benefits of a collaborative HS/EHS community partnership (Beeber et al., 2004; Beeber et al., 2010).

Cognitive-behavioral therapy (CBT), widely used as a time-limited intervention, is one of the most studied forms of successful treatments for depression. *CBT* approaches with depressed parents seek to promote effective parenting by helping parents monitor their harmful thoughts and behaviors and substitute them with positive ones (Muñoz et al., 2007). Often parents are motivated to make positive changes in thoughts and behaviors by their wish to be the best parents they can be.

CBT has been used effectively with Black and Latina mothers with low incomes, who are at especially high-risk for postpartum depression (Muñoz et al., 2007). HS/EHS programs can collaborate with health care systems that use *CBT* to develop identification and referral systems.

HS/EHS programs can promote Family Well-being in families experiencing depression by helping families recognize and use their strengths.

Overcoming Barriers to Treatment

Parents may not get help for parental depression for many reasons. Programs and staff can learn strategies to work effectively with parents to help them seek and participate in treatment. Below are some common obstacles and the strategies that can help address them.

Obstacle: Depression's symptoms of fatigue and hopelessness can sap the energy and hope parents need to seek treatment.
Strategy: Staff can introduce the topic of depression, provide information about it that is hopeful and reassuring (for example, depression is very common and can be effectively treated, and fatigue and hopelessness are frequent symptoms), and help parents overcome feelings of shame.

Obstacle: The stigma of mental health issues and misunderstandings about treatment can interfere with parents' ability to get the help they need.
Strategy: Programs can:
- » share information about programs and services in the community that identify and treat parental depression
- » talk with parents to help them decide the approach that fits best with their beliefs, values, and resources

Obstacle: Depression often prevents parents from following through with plans to get help or to continue treatment.
Strategy: Staff can play an important role in supporting parents to get the services they need by:
- » helping parents make a phone call to a mental health provider or going with parents to a first appointment when parents seem unlikely to take these steps without support
- » checking in regularly with parents about their well-being in a warm, sensitive way can support follow-through with treatment
- » providing social support during challenging times
- » working with parents to understand the benefits of treatment and offer ongoing support to increase the likelihood of the treatment's success

Obstacle: Concerns about privacy can make some parents reluctant to seek help.
Strategy: Staff can communicate their deep respect for families' privacy and explain program policies on confidentiality.

Obstacle: Culturally-based beliefs about mental health and treatment may prevent parents from seeking help. For example, in some cultures, depression may be seen as a sign of weakness, and people may be expected to "tough it out."
Strategy: Staff members can:
- » draw on each other's knowledge of culture, listen to parents' perspectives, and express a genuine appreciation for differing viewpoints
- » welcome the wisdom and strengths of different approaches to coping with mental health issues
- » assist parents by offering individual and group opportunities to talk about parenting in the context of depression and related stresses

Obstacle: Staff may sense that a parent is depressed but feel unsure about how to talk with parents about it. Or, staff may worry that raising the issue will upset parents.
Strategy: There are a number of ways to help families talk about depression. One way is to have materials on depression available to families. Another is to describe a parent's behavior in a compassionate and non-judgmental way (e.g., "You look down today."). See *Family Connections* for examples of how to engage parents in supportive ways, as well as short papers on depression and resilience (http://www.childrenshospital.org/familyconnections and http://eclkc.ohs.acf.hhs.gov/hslc).

Conclusion: Bringing It All Together

Depression is the most common mental health challenge to Family Well-being. When parents with depression start treatment early, they can provide the warm, responsive, and predictable care their children need for healthy development (Beardslee, 2002). Young children who grow up in environments that do not provide this kind of care are at risk for a number of social, emotional, behavioral, cognitive, and physical health problems. These difficulties may emerge and interfere with behavior and academic performance in HS/EHS programs, kindergarten, or later in children's school careers.

Research has led to major advances in our understanding of how to help families who are struggling with mental health issues. HS/EHS can effectively work with families using a variety of approaches including early screening and treatment, consultation, home visits, and system-wide integration of training to promote healthy parenting, and positive child outcomes.

HS/EHS programs can also select a set of interventions and strategies that match families' needs, beliefs, and values. Programs can improve the effectiveness of these interventions by coordinating strategies and implementing them across the PFCE Framework Program Foundations and Impact Areas.

Related Head Start Performance Standards

1304.24 (a) (vi) Child Mental Health

1304.40 (a) (1-5), (b) (1-3), (f), (g) (1) Family Partnerships

1304.41 (a) (1-2) Community Partnerships

What Can Programs Do?

Train Providers to Understand Mental Health Issues and Use Screening Tools: Offer professional development opportunities for staff to learn the signs of depression and the skills to approach parents with their observations. Staff can be trained to screen for depression, to provide compassionate support, and to recognize barriers to treatment, such as concerns about privacy or stigmas about seeking mental health treatment.

Provide Information about Depression: Offer information about the common symptoms of depression and the types of help available. Once parents recognize they are struggling with depression, they can begin to consider what to do about it. Programs can provide resources in English and the range of home languages spoken in their community. Programs can also partner with community-based organizations or refugee resettlement agencies to understand how different cultural groups may understand depression.

Reach Out to Parents Who are Struggling with Depression: Check in with parents regularly and ask how you can support them. Parents may feel most comfortable with a staff member they trust who will listen in a sensitive and non-judgmental way. Programs can create an environment where trust is encouraged and privacy is respected.

Focus on Strengths and Support Resilience: Encourage parents to see what they are doing well, and how their children respond in positive ways to these efforts. Parents are more likely to respond positively to support when staff focus on their strengths, as well as their ability to bounce back (resilience) when times are tough.

Encourage Social Networks for Parents: Coordinate interventions such as home visits, parent training groups, parent meetings, and socialization opportunities that provide important networks for parents struggling with depression and feelings of isolation.

Support Self-Care Practices and Self-Understanding among Staff and Parents: Acknowledge and support families and staff who are experiencing challenges. This task is easier in an environment where staff and parents have a regular way to recognize each other's strengths, take care of themselves, acknowledge what is challenging, and safely share how they are feeling.

Establish a Comprehensive Referral and Follow-up System: Build partnerships with community resources to enrich the options programs can offer to parents. Programs can develop and implement a referral system to connect families with resources in the community that specialize in treating depression. Systems can be established to follow up on a family's progress toward improving parental mental health and family functioning.

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