

Michigan Home Visiting Conference

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Depression in Mothers: **More Than the Blues**

A Toolkit for Family Service Providers



Overview of Toolkit

- Framing the Issue
- An Early Head Start view on Maternal Depression
- The Toolkit: A Framework for Responding
- Tips and Tools for Front-line Staff
- Q & A

Toolkit Authors: Robert Ammerman, Ph.D., William Beardslee, MD, Jeanne Miranda, Ph.D., Deborah Perry, Ph.D.

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Agenda

- **Welcome**
- **Review of Toolkit**
- **SAMSHA and HRSA**
- **Ways to Use**
- **Appendices**
- **Summary**
- **What's Next?**



Prevalence of Depression

- **Almost 1 in 5 women get depressed at some point in their lives**
- **During pregnancy and 1st year postpartum: Up to 20% of all women exhibit symptoms of depression**
- **Among low-income women of color: 30-50%**
- **In Home Visiting, WIC and Early Head Start and Head Start Programs: Prevalence can be as high as 50%**



Families with Special Concerns

- **Child with chronic illness or developmental problem**
- **Mothers caught in the “sandwich generation.”**
- **Mothers in a violent or abusive relationship with partner**
- **Mothers who are isolated or receive little support from family**
- **Deployment**



Impact of Depression

Depression can impact a parent's:

- **Educational attainment**
- **Income**
- **Employment**
- **PARENTING**
 - linked to complication in pregnancy and delivery
 - affects caregiving, nurturing, responsiveness with infants
 - associated with negative developmental outcomes for young children (cognitive, physical, social/emotional)



Common Symptoms

- Experiences sadness
- Cries easily, not always knowing why
- Loss of pleasure/interest in things
- Lacks energy to do things; feelings of fatigue
- Feels like nothing good ever happens
- Feels like a failure
- Feelings of a sense of worthlessness
- Often not sleeping or sleeping too much
- Reports not being hungry or overeating
- In some situations, recurrent thoughts of death or suicide



Depression is Treatable



Review of Tools

- **Edinburgh Postnatal Depression Scale**
- **PHQ-2 Patient Health Questionnaire**
- **PHQ-9 Patient Health Questionnaire**
- **Advantages and Disadvantages of each**



EHS Enrollment

Early Head Start serves some of the youngest children and families in our nation. In 2015:

- EHS enrolled 15,395 pregnant women.
- EHS enrolled 158,558 infants and toddlers.
- About 45% of the national EHS funded enrollment is home-based.



EHS Home Based Services

Research Findings and Implications for addressing maternal depression

On average, the time spent during home visits was broken down as follows:

- 54% of the time was spent on child-focused activity;
- 31% of the time was devoted to parent-focused activity;
- 15% of the time was spent on building rapport between the parent and home visitor

Source: April 2006, ACF, U.S. Department of Health and Human Services



Reflective Supervision

- **Services to pregnant women and families with young children.**
- **Support to home visitors and other family service providers when concerns about maternal depression arise.**



Affects on infants

Decreased cognitive stimulation and attachment may cause:

- **Difficulty in developing secure attachment and trusting relationships**
- **Impeded growth and development during first year of life**
- **Lower activity level, irritability, irregular sleep and feeding behaviors**
- **Increased incidence of depression, anxiety, and attention deficit disorder**
- **Lifelong challenges with stress regulation**



Support for All Mothers

- **Routine Screening at regular intervals (prenatal and postpartum)**
- **Encourage women to:**
 - Be positive
 - Respond to their needs
 - Help them to eat, sleep, and play regularly each day
 - Keep them safe
 - Welcome support from family members and friends



Screen and Refer if Needed

- **Patient Health Questionnaire (PHQ) 2**
 - In the past month, have you often been bothered by little interest or pleasure in doing things?
 - In the past month, have you often been feeling down, depressed, or hopeless?
- **The answer to each question is “yes” or “no.” A mother may be depressed if she answers yes to either question.**



Three Action Steps

- **Ask her how she is feeling, be a good listener**
- **Encourage her to do things to improve her mood**
- **Screen and refer women with more serious depression**



Ask How She Is Feeling

- **How's life?**
- **Have you been feeling down? If so, for how long?**
- **Can you tell me more about how you are feeling now?**
- **Have you felt this way before? Have you ever been depressed?**
- **Do you need help with anything?**



Listen closely for:

- **Despair**
- **Loneliness**
- **Guilt**

Help her recognize that she is not alone and that many other mothers also feel the same way.



Expect common reactions

- **“Everybody else is sad... my mother was sad too”**
- **“People tell me to snap out of it, or quit feeling sorry for myself”**
- **She might start crying...**



Pleasant Activities

- **Major point: What we DO affects how you think and feel about yourself, others, and the world around you**
- **When people do pleasant activities they often feel happier, are more likely to have positive thoughts about their own life, and are more likely to have positive contacts with others**
- **It may be difficult to get the energy to do pleasant activities when we feel down or tired, but if we do these activities they may help us feel better and less tired**



Encourage her to:

- **Maintain her routine, stay involved in social service programs**
- **Keep positive people in her life**
- **Reconnect with important people**
- **Identify other people—such as friends, counselors, clergy, spouse, and parents—whom she can talk with and will help her to take care of herself**
- **Help her to consider doing pleasant things for herself on a daily basis.**



Exercises and Skills

What pleasant activities do you like to do?

- **Encourage women to plan 1-2 pleasant activities every day**
- **When you do one activity, you often start a chain: one pleasant activity can lead to another positive activity, less negative thoughts, more positive feelings, and more contacts with other people**



Identify Activities

Try to do several pleasant activities every day. Think about activities that you can do:

- *By yourself*
- *With your baby or young child*
- *For free*
- *Or quickly*



Kinds of Pleasant Activities

- **Self-care activities** are things that you do to take care of yourself and your life
- **Fun activities** are simple, healthy things that bring you pleasure
- **Learning activities** give you a sense of accomplishment
- **Meaningful activities** fit with your values



Facilitating a Warm Hand-off

- **Strong referral network**
- **Knowledge about services, hours, insurance**
- **Explain what to expect, step by step**
- **Help with linkage and connection**



Challenges to Referrals

- **Mothers' readiness**
- **Past negative experience with mental health treatment**
- **Waiting until it “gets bad enough”**
- **First treatment **is** not a fit**
- **Compliance with medications**



Resources in Toolkit

- **Handouts for mothers**
 - Pleasant Activities
 - Ideas to Improve Mood and Manage Stress
- **References and resources for your program**
- **To access the toolkit:**
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Ultimate Goal:



Happy mothers can provide responsive parenting and raise happy healthy babies.

And your program is perfectly positioned to play an important role in promoting positive well-being.



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Questions?

