Addressing Maternal Depression in Home Visiting Programs

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In the first 18 months of service, about one-third of mothers will report symptoms severe enough to warrant a psychiatric diagnosis of major depressive disorder. The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program specifically calls for screening of mothers for depression. As these programs seek to reach mothers at particularly high risk for numerous negative outcomes, they are encountering more and more mothers who struggle with depression. Identifying and helping depressed mothers in home visiting is a major challenge for the field. Yet, this is an exciting time. New initiatives, some of which have been rigorously developed and tested, hold considerable promise for supporting depressed mothers in home visiting. These efforts are highlighted in the May 2014 issue of the Zero to Three Journal entitled Addressing Maternal Depression in Home Visiting Programs: Current Issues and Innovative Approaches.¹ This special issue takes stock of what we know about maternal depression in home visiting, describes strategies and approaches to prevent and treat depression in the context of home visiting, and maps out future directions and opportunities for continued learning and improvement.

Maternal Depression and its Impacts

Mothers who enroll in home visiting programs have virtually all of the factors that increase the risk of developing depression. These include poverty, a history of trauma and violence, and social isolation. As described in the Diagnostic and Statistical Manual of Mental Disorders-5,² major depressive disorder is characterized by 5 or more symptoms (e.g., low energy, sadness, sense of worthlessness) over a two-week period. An episode of major depression typically lasts 3-6 months, but for some mothers symptoms will continue for a longer time period. For most mothers, particularly in the absence of effective treatment, episodes will recur across the lifetime. It is also common for depressed

mothers to have other emotional and behavioral problems. The most commonly observed comorbidities are post-traumatic stress disorder, anxiety disorders, and substance abuse.

Depression is a devastating condition that results in considerable human and economic costs. Depressed mothers feel disconnected from others, demoralized, overwhelmed, and often hopeless about the future. Not surprisingly they struggle to parent effectively. Their children are at great risk to develop problems in emotional, cognitive, and social domains. This risk to children is especially elevated when mothers are depressed during pregnancy and in the first year postpartum. This is a sensitive time for child development, with attachment formation being one of the primary tasks of infancy. Long-term studies have found that children exposed to a depressed mother during this time are more likely to exhibit social and emotional maladjustment in adolescence and young adulthood.

Maternal Depression in Home Visiting

Home visitors typically find working with depressed mothers to be challenging. Mothers have difficulty engaging in visits, maintaining focus and attention, and recalling previously learned materials. There is a growing body of evidence suggesting that depressed mothers do not fully benefit from home visiting services. Linking depressed mothers to effective treatment in the community is one of the goals of home visiting. Yet, this is rarely achieved. Barriers to care include failure to identify clinically significant depression, stigma in seeking mental health services, lack of availability of mental health clinicians trained in evidence-based treatment of perinatal depression, child care needs, and transportation challenges. Studies indicate that only 14 - 48 percent of depressed mothers in home visiting access treatment in the community, and for most mothers it is likely that treatment is inadequate or insufficient to bring about recovery.³ Antidepressant medications are often the first or only treatment option available, although pharmacological treatment has been found to be less effective in depressed women with trauma histories, a common feature of mothers in home visiting.⁴

The home visiting setting offers a unique opportunity to reach and engage depressed mothers who would otherwise not receive treatment. Mothers may not seek treatment because they do not think it is needed or will be helpful. However, because mothers join home visiting to provide the best start for their children, appealing to this altruistic motive can be a powerful way to inspire them to consider treatment as a way to benefit their child’s health and development. Scheduled screening for depression increases the likelihood that mothers will be identified early in their depressive episode. Providing treatment at that time may accelerate recovery and reduce the child’s exposure to the effects of a depressed primary caregiver. Engagement in treatment is facilitated by leveraging the strong relationship that mothers have with their home visitors. Encouraged to consider treatment by a trusted home visitor, depressed mothers may be more open to obtaining help.

Current Issues and Innovative Approaches

The May 2014 issue of the Zero to Three Journal presents a series of articles on maternal depression in home visiting. In addition to thoughtful reviews of important topics involving maternal depression and home visiting, several articles present innovative approaches to prevention and treatment. Together, they capture the exciting and important work that is currently being done in this area.

The first article synthesizes the research on the impact of maternal depression on children, documenting how depression affects growth and development. The next article considers universal screening for depression. Challenges associated with screening are discussed, and components of effective screening are presented. Four articles on promising treatment and prevention strategies follow. These include: (1) an adapted form of cognitive behavioral therapy that is highly integrated into ongoing home visiting; (2) an approach to facilitate referral and linkage of depressed mothers to mental health resources in the community; (3) an adaptation of interpersonal psychotherapy that has been enhanced with a component on parenting; and (4) a prevention program using cognitive behavioral strategies that has been adapted for mothers in home visiting. Together, these initiatives hold considerable promise and are accruing an impressive body of empirical evidence. Each takes advantage of home visiting to identify, engage, and support depressed mothers. They confirm that non-traditional settings such as home visiting are excellent sites to reach and help depressed mothers who might otherwise go undetected and untreated. The next article examines the moderating effect of maternal...
depression on home visiting outcomes. Finally, the issue ends with an examination of the costs and benefits of treating maternal depression.

Below are links to access the table of contents and one of the articles from the special issue:

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