THE NATIONAL CENTER ON Health

Talking about Depression with Families: A Resource for Early Head Start and Head Start Staff

Why worry about depression in EHS/HS?

Depression is common—and very common in the Early Head Start (EHS)/ Head Start (HS) population. A recent study found that 52% of mothers in the EHS program reported enough depressive symptoms to be considered depressed.[1] Untreated parental depression can lead to poor outcomes for their children. Children with depressed mothers are more likely to have behavior problems, academic concerns and poor health.[2] Parental depression can interfere with the parent-child relationship, creating uncertainty, anxiety and toxic stress for the child. Parental depression may also impair the parent's ability to prevent injury, making them less likely to use car seats, apply electric outlet covers, install smoke alarms or successfully manage chronic health conditions.[3]

In spite of its prevalence, parental depression can be a difficult topic to discuss with families, and staff may have fears about bringing up the topic. Staff members may worry that "they will say the wrong thing" or that "talking about parental depression may make it worse." In reality, EHS/HS staff work with families experiencing parental depression every day. Research shows that talking about depression is the first step toward getting families the help they need.

Most EHS/HS staff members are not therapists, nor are they expected to serve as therapists. However, all staff members should be comfortable working to engage every parent—especially parents suffering from depression.

When staff members are equipped with information, they are more empowered to engage parents who may be suffering from depression. Even when staff members are knowledgeable about the signs and symptoms of depression and its adverse effects on parenting, it can be difficult to know exactly what to say to a parent. The purpose of this tip sheet is to encourage staff to talk to families about depression by offering concrete ways to get the conversation going.

Setting the stage with supportive program policies and practices

Conversations between staff and families about depression are more likely to be successful when programs adopt policies and practices that support these conversations.

Conversations about depression are easier when families:

- understand that EHS/HS staff are expected to ask parents how they are feeling and to assess how well families are coping. When families understand that the EHS/HS program addresses not just their child's well-being, but also the family's well-being, they will be more prepared for questions about their own feelings and behaviors.
- are familiar with the topic of depression and its impact on parenting. The topic of depression can be introduced during an initial home visit, during the orientation to the EHS/HS program, at a group socialization opportunity, at a policy council meeting, and/or at a family education night. When families have already been introduced to the topic of depression, they are less likely to be surprised if a home visitor or family advocate asks them about it. When a parent understands how depression can have an adverse impact on their child, they are more likely to seek help.

Talking about depression is easier when staff:

- have readily available access to a trusted supervisor and/or colleagues to talk about their own feelings related to talking about depression.

- have the resources they need or access to others who can refer families for further assessment and/or treatment if appropriate.
- receive on-going training and/or support on topics such as depression, family engagement, adversity, trauma, toxic stress, stigma, resilience, nurturing relationships and culture.
- routinely discuss depression with families and/or regularly practice by role playing in staff meetings.
- use a screening tool. Many EHS/HS programs use a depression screening tool with families. (*Additional information on various types of screening tools is available at* http://www.ecmhc.org/documents/maternal-depression-screenings.pdf). A depression screening tool provides staff with a structured way to ask parents about their mood. A depression screening tool can identify if a parent may need further evaluation and/or treatment for depression.

How to talk about it?

- **Convey empathy.** Families are more responsive when staff members are able to show genuine care. Staff members who have difficulty feeling compassion toward a

parent who may be experiencing depression should seek support from a knowledgeable supervisor or colleague.

- **Avoid judgment and/or labeling.** If a parent is experiencing depression it is important that they receive help for their feelings and symptoms. Expressing judgments about their feelings or trying to diagnose their feelings can turn families away from getting help.
- **Remain calm, comfortable and matter of fact.** Try asking a mother about her feelings in the same way you might ask her about a recent illness (For example, if a parent was sick you might ask: "How are you feeling? Do you have a fever or a cough?")

Where to start? What to say?

The following tips may be useful for staff to open a conversation with a parent who may appear to be experiencing depression:

- "I was wondering how you are feeling..." or simply, "How are you feeling?"
- "Can you tell me more about _____ …(a remark made by the parent that might indicate depression For example, "…when you said you felt empty or numb inside")
- "How can I help you?"
- "Can you tell me more about how you are feeling now?"
- "I've noticed that you have been _____ (name the behavior that you have observed. For example, keeping the shades drawn all day, sleeping for much of the day, staying home more often, missing group socializations, etc.) lately. "How have you been feeling?" "Is this a change for you?"
- "I've noticed you seem down or irritable this week."
- "Do you think you might be depressed?"
- "It is common to be surprised by new thoughts after having a baby, have you had any new or different thoughts since having your son?"

> ***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**

What next? How can you be prepared for the response?

Starting a conversation with a parent about depression is an important first step; however, being prepared for their response is critical. A parent may have a number of different reactions to your inquiry including, but not limited to anger, frustration, relief, sadness, appreciation for your concern, worry, and/or anxiety. The following scenarios offer a few samples of a parent's possible reaction to your asking about depression. The scenario also offers potential responses from an EHS/HS staff person. Each staff member's style and relationship with a family is unique. The following scenarios may provide possible ways to phrase these discussions. However, staff members will appear most sincere when they use words, phrases and language that feel familiar, comfortable and genuine. Remember, it is not necessarily *what* is said, but *how* it is said that makes an impact.

What if a parent says she feels fine and doesn't want help?

Jenny, an EHS home visitor, had been visiting Sara since she was first pregnant. They had a very close relationship. Recently Jenny noticed that Sara frequently was in pajamas or lounge clothes when she arrived in the afternoon. She also seemed to be surprised when Jenny arrived, as if she had forgotten the weekly scheduled appointment. Sara often looked like she had just woken up. Although she seemed to be taking good care of her new baby, Jonah, she rarely took him out of the house. Sara used to take great pride in her clothing and appearance and often talked about how much she loved to always be going places and doing things. Sara's mood seemed somber or distant and she had been much more quiet than usual. On the last few home visits Sara shared how tiring it is being a new mom, how she feels she has little energy to do anything and how she isn't able to hang out with her friends like she used to. Although these are typical experiences for new moms, Jenny was concerned about Sara.

On a recent home visit Jenny reviewed some of the signs and symptoms of depression (see Family Connections handout http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/docs/parentingthroughtoughtimes.pdf) with Sara. She then asked Sara, ***"Do you think you might be experiencing depression?"*** In response to Jenny's questions Sara simply said, ***"No, I don't think I'm depressed. I'm ok."***

Jenny asked Sara, ***"Even though you don't think you are experiencing depression, do you think it might be helpful to talk to a therapist or counselor about being a new mom? There are so many normal challenges in adjusting to caring for a new baby."*** Again, Sara simply said, ***"No, I don't want to talk to anybody about it."***

Jenny gently asked Sara, ***"Have you ever tried therapy?"*** Sara responded, ***"No. I'm just not interested in talking with someone I don't know about my life. I don't think that would help me."***

Jenny responded, ***"I hear you. Sometimes it feels like talking about things would not be helpful. Would it be okay if I asked you about your feelings on our next visit together? Maybe we could see if you seem to be feeling better or worse each week. Maybe we can also brainstorm some activities that might help you get some energy and spend time with some friends."*** Sara responded, ***"Sure."***

When a parent is ready for help

ABC-123 Early Head Start program offers depression screening to all parents enrolled in the program. Tamara, a home visitor, reviews the screening results with the program's mental health consultant. Together they brainstorm the best way to approach a parent when the screening results indicate possible depression. Tamara reviewed the responses to a depression screening with Sondra, a mom of 4 children. The following is an excerpt of their conversation during a recent home visit.

Tamara: *"Sondra, do you remember last week when you answered some questions about your mood on a questionnaire?"*
Sondra: ***"Sure."***

Tamara: *"Well, the answers you gave indicate that you may be experiencing depression. How have you been feeling lately? Do you think you have been feeling unusually sad, down or irritable?"*
Sondra: ***"Well, it is interesting because when I filled that out, I realized I haven't really been feeling like myself lately. My youngest daughter has so many medical appointments and with my husband's difficulty finding work, I just assumed it was stress or my hormones, but maybe it is more than that. I really haven't been giving my baby the same attention I gave the other kids when they were little. I never thought I might be depressed, but I suppose that might explain how I can't seem to keep it together. You know in my family you just put one step in front of the other and never complain."***

Tamara: *"You are going through a lot right now and you have some very real stress in your life. Often stress can contribute to depression. There is a great therapist who works with many of the families in the program. It can really help to talk to someone who specializes in depression and in working with families with a lot of stressors. Would you like me to help you to get an appointment with her?"*
Sondra: ***"I'd be open to it, but money is tight, I don't know if our insurance would cover it and I don't always have the car."***

A mother may not be ready or interested in receiving therapy or acknowledging feelings of depression. It is important to respect her opinion. Keeping the door open for ongoing conversation about a parent's thoughts and feelings is important. This may have been Sara's first conversation about depression; however, it may not be her last. For most people it takes time to decide to seek help. An EHS/HS staff person can be a compassionate, patient and reliable presence. When a parent is ready to take a step toward assessment or treatment, the parent will know that the EHS/HS program can assist them in finding the right services. In the meantime, EHS/HS can assist a parent with concrete ways to promote both parent and child wellness. Such activities might include supporting the parent-child relationship; establishing or maintaining family routines and rituals; encouraging social interactions with family, friends and other parents; and developing and/or maintaining healthy habits like exercise, time outdoors, good nutrition and regular doctor/dental visits.

Some parents are ready for and open to help. Even if a parent is ready and willing to accept mental health services, they may have logistic or access barriers to obtaining the service. EHS/HS can play an important role in successfully facilitating a smooth referral by matching a parent with a service that meets their needs and interests and by addressing logistic or access barriers to services. See "Facilitating a Successful Referral" https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/mental-health/ec-mental-health-consultation/FacilitatingaRe.htm;QW15bmh1bnRlcg== for additional information and tips on making successful referrals for a parent.

> *No one should make a hard decision alone.*
>
> —Jeree Pawl

What if a parent is in crisis and needs immediate help?

Working with a family in crisis is challenging. Whether a parent needs immediate help should not be determined alone. In some rare, but serious instances, a parent may be in crisis. A parent suffering from very severe depression may be unable to work and/or care for her children. A severely depressed parent may feel completely hopeless and incompetent, and may even consider suicide. Staff members who believe a parent may harm herself or her children need access to a supervisor, mental health consultant or administrator to discuss their concerns and together make decisions about appropriate next steps. Program policies and procedures should offer guidance for when staff members believe a parent may be at risk for harming herself or others. The program mental health consultant can be an important resource in assisting programs to design policies and procedures for such concerns. A few general tips are included below:

- Ensure staff members always have a way of reaching a supervisor or administrator if they need immediate guidance or support.
- Ensure staff members are comfortable asking questions such as "Are you thinking of hurting yourself? Are you thinking of hurting _____ (your child's name).

Ensure that staff members know the appropriate response if the answer to either of these questions is "Yes." (In some communities the appropriate response would be to call a mobile crisis center for mental health evaluations and in other communities calling 911 would be the appropriate response.) Many resources are available:

Various materials developed by the Family Connections Project (https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/mental-health/adult-mental-health/FamilyConnection.html;QW15bmh1bnRlcg==) at Children's Hospital Boston, are available that describe a comprehensive approach to strengthen the capacity of EHS/HS staff to engage families with depression. These materials are available free of charge. These materials include, but are not limited to:

- Short papers for staff
- Short papers for families
- Training modules

The Family Connections training approach provides workshops designed to strengthen the knowledge base of HS staff regarding the signs and symptoms of depression, healthy social emotional development and the importance of self-care and reflection. The developers of the Family Connections materials believe the combination of these topic areas provides a powerful foundation for understanding the effects of depression; the importance of nurturing resilience in ourselves and others; and the development of strategies for staff members to engage families coping with the risk factors and experience of depression.

In Summary

Talking to parents about depression in general and, more specifically, about their own moods can greatly benefit families as well as their children. When parents feel good about themselves, have the energy and interest to engage in healthy productive activities and satisfying relationships, and know how to adapt and cope with the changes that may come their way, they are better equipped to be attentive, nurturing parents. Talking about depression is often the first step toward helping parents get the services they need—for both themselves and their children. EHS/HS staff members are well positioned to begin these important conversations with the families who will most benefit from extra support and services.

Some of the information included here has been adapted from Canuso and Beeber *Alumbrando el Camino/Bright Moments Handbook for Early Head Start Staff Working with Depressed Parents*.[4]

References

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