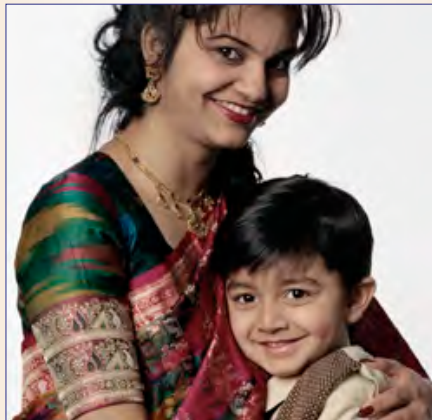


Parenting, Depression, and Hope: Reaching Out to Families Facing Adversity



Depression is an illness that is extremely painful to live with. It is painful for the person suffering from depression and painful for his or her family members and loved ones. People with depression withdraw from social interactions, from children and families, and from the kind of help that could spare them from their suffering. At the heart of any effort to raise awareness of depression and of any program trying to reach out to those who are depressed is acknowledging and relieving the suffering caused by depression.

Yet there is every reason to be hopeful. In the last 30 years, a great deal has been learned about the causes of depression, its effects, and what can be done about it. The encouraging news is that depression is the most treatable of major mental illnesses and that depressed parents who receive treatment and other supports are more effective as parents. The challenge is that depression goes largely unrecognized, is misunderstood, and often goes untreated.

It is important that Head Start staff and parents recognize depression and understand ways to get treatment when needed. A more comprehensive approach, however, extends beyond recognition and treatment and focuses on fostering effective parenting and helping parents build strengths and resilience in their families. There are many ways that programs can accomplish this, but an important first step is educating oneself about depression.

How common is depression?

- One in five Americans will be affected by depression during his or her lifetime.
- Recent research has estimated that significant depressive symptoms are present in half of the mothers in Early Head Start and in a high percentage of mothers in Head Start.

What is depression?

It is many things at once:

- a recurrent feeling of being unable to shake the blues, of being “down” and unable to get up
- very often the result of chronic life adversities, such as poverty, exposure to violence, social isolation, or a perilous immigration journey to this country (factors that often are present in Head Start families)
- a medical condition characterized by one major symptom—

feeling “down” and “blue” or unable to get things done—and several associated symptoms involving practical issues like difficulties with eating, sleeping and energy, and more psychological issues such as recurrent thoughts of helplessness or hopelessness, or perhaps that life is not worth living (a further discussion of symptoms can be found at the end of the article)

- a true health emergency if someone suffering from depression becomes suicidal

What does depression look like?

- Depression paralyzes the positive interaction between parents and their children. It can shut down any possibility of having a family conversation. It threatens the positive bond between parents and children that is at the core of healthy development. →



- Depression causes parents to withdraw and fail at other life tasks. Studies of mothers in poverty find that those who are depressed are not able to take advantage of available resources and are more likely to lose food stamps or housing; they are less likely to be able to maintain jobs; and they are more likely to be overwhelmed by their children.

How does depression affect the work of Head Start?

Depression and the fostering of resilience in the face of depression occur at four levels and involve four stories: the individual's story, the family's story, the caregiver/Head Start's story, and the community's story.

Depression affects people profoundly. It causes parents to doubt themselves and fear that they have harmed their children. It leaves them unable to take pleasure in their usual activities. It affects all their interactions with their families; in turn, families are bewildered by the changes that depression brings to a parent. In this sense, depression is a family calamity. The care-giving system, which includes treatment for depression or engagement with Head Start staff, can help depressed parents. In the community there may be risk factors (i.e., exposure to violence), but there also are resources (i.e., neighborhood organizations, religious organizations, and schools) that represent the opportunity for supportive experiences.

It is important to remember that depression can affect parents who are under stress—bereavement, exposure to violence, loss of jobs, and poverty—but also can be present in parents who suffer in silence. Depression can cause certain parents to be difficult to connect with, can cause them to stay away from Head Start, and can cause difficulties for their children.

Reaching out to these parents provides an enormous opportunity because depression can be overcome. One of the most natural settings in which to reach out is at Head Start programs. The core of overcoming depression is to help parents reengage as effective parents. This means encouraging positive interactions between parents and children, and increasing parents' understanding of the difficulties they face and the resources available. Head Start staff are well qualified to do this type of parent outreach, yet staff also must be committed to learn about this illness and deepen their own professional skill.

What does this work require from Head Start programs?

- **Knowledge:** Basic information about the signs and symptoms of depression, factors of resilience, and the spectrum of responses to depression.
- **Skill:** Strategies for engaging families, especially those that are hard to reach, and an understanding of how to build a system for resource and referral within Head Start.
- **Understanding:** Opportunities for staff to understand how

their roles contribute to effective parent outreach and to work together as a team in making meaningful contact with those in need. This requires time for information sharing, reflection, planning, and consistent supervision.

- **Commitment:** Creating an environment that supports mental health in all children and adults, including staff members, with a special emphasis on self-care, effective staff communication, and the promotion of social and emotional growth.
- **Treatment:** What is most important is recognizing depression and helping to get treatment to those who have the illness. The medical community offers excellent treatment choices, including therapy, medication, and education about the positive effects of exercise and a healthy diet. Others may look to the support found in their spiritual communities, in literature, or in their own network of friends and neighbors. Finding the right treatment helps relieve symptoms and alleviate suffering, and enables the person with depression to return to normal functioning. At the same time, many people are reluctant to seek treatment—because of stigma, lack of access, or misunderstanding—so it is often necessary to help them get treatment. Ultimately, it is the individual's choice to accept treatment or not.

Above all, it is important to consider prevention and health promotion in families at high risk. Just as there has been dramatic progress in treatments for depression, so has there been dramatic progress in prevention of illness and health promotion. These are basic principles of Head Start and also of Family Connections.

Trying to decide whether a parent seems depressed to you?

Some signs to look for:

- **Moods:** observable sadness, irritability, anger, and/or tearfulness. Perhaps things that normally would be minor annoyances feel extremely upsetting, such as a child spilling food or having a hard time getting ready to go home at the end of the day.
- **Feelings:** exhausted, forgetful, disorganized, sad, rageful, irritable, hopeless, "empty" or "numb." Stress may make the parent feel anxious, "jumpy," like he/she is "losing it," at times feeling "flooded" with emotion or "overwhelmed."

Behaviors:

- **Forgetting** appointments or commitments. Depression affects the ability to concentrate and remember, and can cause feelings of hopelessness that affect motivation and the ability to follow through.
- **Sleeping more or less than usual**, having a hard time getting out of bed, difficulties falling asleep, waking up early in the morning and not being able to get back to sleep.
- **Eating more or less than usual** with weight gain or loss of more than 10 pounds.
- **Risk-taking behaviors**, including drug or alcohol use, sometimes in an attempt to numb out sorrow or pain.





- **Isolation:** withdrawing from friends and family, wanting to be alone. May feel isolated from others or assume others have negative feelings towards them. May have a harder time using the supports that are available, such as Head Start.
- **Yelling or crying** easily, then feeling guilty or profoundly embarrassed about “taking things out” on others or “falling apart.”
- **Not being able to get things done**, like shopping, cleaning, getting meals on the table or the kids ready for their day. Not having energy to shower, wear nice clothes, do hair, or put on makeup.
- **Not enjoying things that used to be enjoyable**, such as a hobby, time with the kids, family get-togethers, or sexual intimacy with one’s partner.

Different sensations/Perceptual disturbances: Some people might feel “heaviness” or pain in their body or heart. People with severe depression might hear voices or see shadows that are not there.

Thoughts: pessimism, forgetting positive qualities, low self-esteem. Some people report that their thoughts come more slowly or that they “get stuck.” Other symptoms include vicious self-criticism, feelings of worthlessness, or thoughts such as “No one likes me”; “People are talking about me, criticizing me, or laughing at me”; “They think I am a bad person/mother/father”; “It’s always been this way and always will be this bad.” **Some people with severe depression might have thoughts about ending their lives. If you or someone you know is having these thoughts, call 911 or go to an emergency room immediately.**

Mental health emergencies: In another document in this series and in our sections on training, we deal more fully with how parents exhibit depression and how to deal with mental health emergencies.

For more support on this topic please see the following Family Connections materials:

Short Papers:

Understanding Depression Across Cultures

The Challenges and Benefits of Making Parent Connections

Fostering Resilience in Families Coping With Depression: Practical Ways Head Start Staff Can Help Families Build on Their Power to Cope

Better Parent Communication: What Do I Say When a Parent Tells Me Something Difficult?

Trainings:

Module One: (all workshops)

Module Two: *What Is Depression? 2*

Additional Resources:

Beardslee, William. *When a Parent is Depressed: How to Protect Your Children from the Effects of Depression in the Family*. Boston: Little, Brown, and Company, 2003. Originally published in hardcover under the title *When a Parent is Depressed: Protecting the Children and Strengthening the Family*. Boston: Little, Brown, and Company, 2002.

Children’s Hospital Boston. “Depression for Children and Families.” <http://www.childrenshospital.org/patientsfamilies/Site1393/mainpageS1393P201sublevel154Flevel162.html>.

Depression and Bipolar Support Alliance. “Improving the Lives of People Living with Mood Disorders.” <http://www.dbsalliance.org/site/PageServer?pagename=home>.

Families for Depression Awareness. “Bringing Depression into the Light.” <http://www.familyaware.org/>.

Knitzer, Jane, Suzanne Theberge, and Kay Johnson. “Reducing Maternal Depression and Its Impact on Young Children: Toward a Responsive Early Childhood Policy Framework.” http://www.nccp.org/publications/pub_791.html (accessed January 1, 2008).



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