

Parenting, Depression, and Hope

Reaching Out to Families Facing Adversity

For Early Care Professionals and Providers



Depression is an illness that is difficult 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 their children and families, and from the kind of help that could spare them from their suffering. Depression may look different for each individual and in each culture. People with depression often lose hope

for the future. Depression can attack a sense of continuity: past, present, and a sense of a positive future. 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 the major mental illnesses. Depressed parents can in fact be effective parents despite depression. The challenge is that depression goes largely unrecognized, is misunderstood, and often goes untreated.

It is important that early childhood professionals and parents recognize depression and understand ways to get treatment when needed. An equally important and 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 the 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 almost half of the mothers in Early Head Start and in a high percentage of mothers in Head Start. A higher than average proportion of fathers in Early Head Start also shows symptoms of depression.
- While depression is more prevalent among women than men, depression occurs across racial and ethnic groups, across social classes, and across the world.

What Is Depression?

It can be one or many things at once:

- A recurrent feeling of being “down” and “blue” all the time, or unable to shake the blues.
- A medical condition characterized by one major symptom — feeling “down” and “blue” or unable to get things done. There can also be several associated symptoms involving practical issues like difficulties with eating, sleeping, and energy, or 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).
- Something that cannot be understood outside of the cultural context in which it is expressed: for example, sometimes physical aches and pains are more prominent than psychological fatigue in some cultures, and the sense of personal failure in relation to one’s group is a culturally-reinforced norm that relates to depression.
- Very often the result of chronic life adversities, such as poverty, exposure to violence, social isolation, or a perilous immigration journey to this country. These experiences are also part of the socio-cultural context in which depression may emerge more strongly for some.
- A true health emergency if someone suffering from depression becomes

suicidal. If depression presents as a health emergency, it is important to immediately reach out to your director and mental health representative for appropriate guidance and support. In consultation with them, you may decide that a referral to emergency room or mental health agency may be the next step.

What Does Depression Look Like?

- Depression can diminish the positive interaction between parents and their children. It can shut down family conversations between parents and children. It threatens the positive bond between parents and children that is at the core of healthy development.
- Depression causes parents to withdraw and struggle with 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 benefits such as 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.
- The adversities that many parents of low income face can exacerbate their depressive symptoms.

How Does Depression Affect the Work of Early Childhood Programs?

The story of depression within a Head Start family is really four stories: the individual's story,

the family's story, the caregiving system's story, and the community's story.

As depression impairs the individual sufferer, it may leave some parents feeling that they've harmed their children. It disrupts routines and often becomes bewildering for children. It is important to remember that depression can affect parents who are under obvious 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 early childhood programs, and can cause difficulties for their children.

The early childhood care and education system, which may offer screenings, support and referral, can help depressed parents. In the community there may be risk factors (e.g., exposure to violence), but there also are resources (e.g., neighborhood organizations, religious organizations, and schools) that represent the opportunity for supportive experiences. Those same four perspectives on depression – individual, family, caregiver and community – also offer four different sources of strength and resilience from which to build hope.

For early care professionals, encouraging positive interactions between parents and children, acknowledging the difficulties parents face, and sharing the resources available are ways to support parents in overcoming depression. Reaching out to parents facing depression provides an enormous opportunity

to build family resilience, because depression **can** be overcome. One of the most natural settings in which to reach out is at early childhood programs. Specifically, Head Start staff are well qualified to do this type of parent outreach, if staff are committed to learning about this illness and deepening their own professional skill.

What Does This Work Require from Early Care Programs?

- **Knowledge.** Basic information about the signs and symptoms of depression, the spectrum of responses to depression depending upon cultural contexts, and the factors of resilience.
- **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 the community.
- **Cultural awareness and understanding.** Opportunities for staff to understand how their own cultures shape their understanding of parenting and can contribute to or hinder effective parent outreach. Staff need time and support to work together as a team in building common values and strategies for making meaningful contact with those in need. This requires time for information sharing, self-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 culturally-based rituals, 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 for families facing multiple adversities. 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 Family Connections.

Trying to Decide Whether a Parent Seems Depressed to You

It's important that the early childhood center has a plan for how to make referrals through the mental health consultant if teachers are concerned that a parent might have depression. Consider how depression might look different based on family cultures, gender, role, and situation. If you think you know someone who is depressed, here are some signs and behaviors to look for:

Signs

- **Moods:** knowledge, 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 or she is “losing it,” at times feeling “flooded” with emotion or “overwhelmed.”
- **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.
- **Physical complaints.** Pain that doesn't seem to have any physical explanation,

persistent headaches or stomachaches.

- **Thoughts:** pessimism, forgetting positive qualities, low self-esteem. Some people report that their thoughts come more slowly or that they “get stuck.”

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 noticeable weight gain or loss.
- **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 their child's early care program.
- **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.

Other Symptoms

Other symptoms to look for include harsh 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.”
- “I am letting down my family, I am a source of shame for my people.”

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 or take them to an emergency room immediately.

The guide from SAMHSA, “More than the Blues”, provides important guidance for both individuals and centers about how to heal depression. In another document in this series and in our sections on training, we address how parents exhibit depression and how to deal with mental health emergencies.

Additional Family Connections Resources

Short Papers

The Challenges and Benefits of Making Parent Connections <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/challenges-benefits.pdf>

Fostering Resilience in Families Coping with Depression: Practical Ways Professionals Can Help Families Build on Their Power to Cope <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/fostering-resilience.pdf>

Better Parent Communication: What Do I Say When a Parent Tells Me Something Difficult? <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/better-parent-communication.pdf>

Understanding Depression Across Cultures <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/understand-depression-across-culture.pdf>

Trainings

Module One: (All Workshops) <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/training-module-1.pdf>

Module Two: What Is Depression?2 <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/training-module-2.pdf>

Other Resources

Beardslee, W. R. (2003). *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*. (2002). Boston: Little, Brown, and Company.

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

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

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National Research Council. (2009). *Depression in parents, parenting, and children: Opportunities to improve identification, treatment, and prevention*. Washington, D.C.: National Academies Press.

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The Head Start Early Childhood Learning & Knowledge Center. Five Action Steps to Address Maternal Depression in Head Start Programs. Retrieved from <https://eclkc.ohs.acf.hhs.gov/mental-health/article/five-action-steps-address-maternal-depression-head-start-programs>

The National Center on Health. *Talking about Depression with Families: A Resource for Early Head Start and Head Start Staff* [PDF file]. Retrieved from <https://eclkc.ohs.acf.hhs.gov/mental-health/article/five-action-steps-address-maternal-depression-head-start-programs>



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