

# The Role of IECMH Consultants in Addressing Maternal Depression Among Families in Head Start and Early Head Start Programs

## What Is Infant and Early Childhood Mental Health Consultation?

Infant and Early Childhood Mental Health Consultation (IECMHC) is a prevention-based service that pairs a mental health consultant with families and adults who work with infants and young children in the different settings where they learn and grow, both at home and in early childhood care and education programs. IECMH consultants build adults' capacity to strengthen and support the healthy social and emotional development of children.

## Background

Head Start (HS) and Early Head Start (EHS) programs are required to secure the services of a mental health consultant to “partner with staff and families in a timely and effective manner,” per the Head Start Program Performance Standard (HSPPS) [§1302.45](#). IECMH consultants help HS and EHS programs promote wellness, identify and support children with mental health and social and emotional concerns, assist teachers and family child care providers in creating physical and cultural environments that promote positive mental health and social and emotional functioning, and help parents and staff access mental health interventions, if needed.

Maternal depression is a prevalent problem during pregnancy and in the first year after giving birth, when women of child-bearing age are at the highest risk for their first depressive episode. Between 10 and 12 percent of women in the general population experience depression during pregnancy and postpartum.<sup>1</sup> The 1996 Early Head Start Research and Evaluation Project reported that “at enrollment, when one quarter of the mothers were pregnant and all children were under 1 year old, more than half of mothers reported enough depressive symptoms to be considered depressed and one third of mothers of 1-year-olds and one third of mothers of 3-year olds were depressed.”<sup>2</sup>

Decades of research document that maternal depression has a negative impact on infants. It can affect such activities as feeding practices (especially breastfeeding), sleep routines, well child visits, vaccinations, and safety. Infants with depressed mothers have more difficulty with attachment and with emotional regulation. Mothers who have depression may struggle with substance use<sup>3</sup> and are more likely to be victims of domestic violence.<sup>1</sup>

IECMH consultants can build the capacity of HS and EHS programs and staff to support pregnant women and mothers of newborns who are at risk for or are experiencing maternal depression.



## What Is the IECMH Consultant's Role in Head Start and Early Head Start?

IECMH consultants can help HS and EHS programs do the following:

- **Understand the impact of maternal depression on an infant's healthy development.** Depression can get in the way of a mother's ability to develop the warm, nurturing relationship that a young child needs in order to thrive.<sup>1</sup> Mothers who experience depression may have more difficulty being in tune with their baby and following their baby's cues, which in turn can result in insecure attachment. This less responsive parenting can have physical and emotional effects on a child, potentially resulting in the child becoming withdrawn and less interested in engaging with other adults or displaying social or behavioral problems. Children with challenging behaviors may exacerbate parental depression—and challenging behaviors may reflect a child's response to parental depression.
- **Build the capacity of teachers, family child care providers, and health services, disabilities services, and family services staff to feel comfortable working with families who are experiencing maternal depression.** By strengthening staff capacity to support the mother-child dyad, the consultant can potentially mitigate the impact of depression on infant and early childhood social and emotional development. Help mothers who already exhibit signs of clinical depression take steps toward accepting treatment. For example, mental health consultants can use resources such as [Depression in Mothers: More Than the Blues—A Toolkit for Family Service Providers](#) (published by the Substance Abuse and Mental Health Services Administration, and available in English and Spanish) to help staff be more attuned to identifying and addressing depressive symptoms among the mothers they support.
- **Provide professional development** that builds staff capacity to recognize signs of maternal depression, talk with families about mental health issues, and screen and refer clients for mental health services. Support skill development, such as motivational interviewing skills. Help staff practice new skills and translate what they learn into practice. Help the program implement a professional development cycle that includes training, coaching, practice, observation, feedback, and reflective supervision.
- **Put policies and procedures in place to identify mothers who may be at risk for maternal depression.** While not required by the HSPPS, EHS programs should routinely screen women to help identify mothers who are at risk for or experiencing maternal depression. Help programs develop standardized and reliable processes for screening and response and for referral, treatment, and follow-up. Early identification and intervention may help mitigate more debilitating depression later on. Help programs adopt a valid and reliable screening tool, such as the [Patient Health Questionnaire-9](#), the [Edinburgh Postnatal Depression Scale](#), the [Postpartum Depression Screening Scale™](#), or the [Center for Epidemiologic Studies Depression Scale](#). Train the appropriate HS and EHS staff on how and when to use the selected tool, how to share the results with families, and how to introduce the topic of seeing a mental health professional when a mother has a positive screening result.



- **Connect with community organizations** that provide mental health services and can be used as referral sources. It can also be helpful to connect with doulas, OB-GYN offices, and traditional healers in tribal communities. Pass on important information about the referral agencies, such as whether they provide services in languages other than English and have providers who are familiar with the ethnicities and cultures of the families enrolled in the program. Provide up-to-date contact information and, when possible, make introductions. Include tele-mental health resources when appropriate, especially in rural areas. Make sure that a local mental health provider is represented on the program’s Health Services Advisory Committee.
- **Develop parent education programs to strengthen parenting skills and help families learn about mental health issues, including depression and maternal depression.** Research has found that mothers involved in EHS who were depressed improved their parenting skills, and their children’s behavior and cognitive performance improved as well.<sup>4</sup> Program topics might include signs of depression and how to cope with stress. Share resources, such as [Maternal Depression Affects Everyone and There Is Help Available](#), an infographic that highlights the signs of maternal depression and what families can do, and [Maternal Depression Posters for Mothers](#), which convey the messages that mothers who experience signs of depression are not alone and that help is available.
- **Strengthen supervisors’ skills in reflective supervision** so that they feel comfortable talking with their staff about feelings they may experience, including secondary traumatic stress when they work with mothers who are depressed.
- **Identify and provide tools and strategies** that staff can use. Develop materials such as scripts that family services, health services, or other appropriate staff can use when talking with families about depression and depression screening. For example, one script could give staff words to explain that the program supports the well-being of children and families by screening both children and their caregivers. Another script could be used with mothers who decline referrals. [Talking About Depression with Families: A Resource for Early Head Start and Head Start Staff](#) provides useful tips for starting a conversation with families who may be experiencing depression, and includes a scenario about a parent who says she feels fine and doesn’t want help. Help programs develop urgent-care protocols to use when there are safety concerns about the well-being of the mother and baby.
- **Implement effective prevention practices**, such as those outlined in [Depression in Mothers: More Than the Blues—A Toolkit for Family Service Providers](#), [The Mothers and Babies Course](#), [Moving Beyond Depression™](#), and [Family Connections](#). These practices include asking mothers how they are feeling and encouraging them to intentionally add pleasant activities to their day to improve their mood and increase their contact with others.



- **Discuss cultural and linguistic considerations related to mental health and maternal depression.** Help staff at all levels understand implicit bias, cultural context, and the values and practices of enrolled families around mental health and maternal depression. If working in a tribal setting, help staff honor the traditional knowledge, beliefs, and healing practices of American Indian and Alaska Native families.
- **Support staff who may be depressed or who may be experiencing secondary traumatic stress.** Work with staff to reduce job stress, which in turn can impact staff turnover. Staff who feel supported are likely to have increased job satisfaction and to feel like they are making a difference.
- **Discuss how to ensure other family members understand maternal depression** and how they can play a part in supporting a depressed mom.
- **Explore [resources](#) for IECMH consultants working in an HS or EHS program**, such as [The Mental Health Consultation Tool](#) and [Facilitating Change: Conversations that Help](#).

---

<sup>1</sup> Ammerman, R. T., Putnam, F. W., Bosse, N. R., Teeters, A. R., & Van Ginkel, J. B. (2010, May–June). Maternal depression in home visitation: A systematic review. *Aggression and Violent Behavior*, 5(3), 191–200. Retrieved from <http://www.sciencedirect.com/science/article/pii/S1359178909001372>

<sup>2</sup> HHS Office of Planning, Research and Evaluation. (2006). *Depression in the Lives of Early Head Start Families* (p. 2). Retrieved from [https://www.acf.hhs.gov/sites/default/files/opre/research\\_brief\\_depression.pdf](https://www.acf.hhs.gov/sites/default/files/opre/research_brief_depression.pdf)

<sup>3</sup> Carrol Chapman, S. L., & Wu, L. T. (2013, July). Postpartum Substance Use and Depressive Symptoms: A Review. *Women & Health*, 53(5), 479–503.

<sup>4</sup> Chazan-Cohen, R., Ayoub, C., Pan, B. A., Roggman, L., Raikes, H., Mckelvey, L., Hart, A. (2007). It Takes Time: Impacts of Early Head Start that Lead to Reductions in Maternal Depression Two Years Later. *Infant Mental Health Journal*, 28(2): 151–170.

