

The Role of IECMH Consultants in Addressing Maternal Depression Among Clients in Home Visiting Settings

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, such as child care, preschool, and at home. IECMH consultants build adults' capacity to strengthen and support the healthy social and emotional development of children.

Background

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,¹ and the problem is even more common among high-risk families enrolled in home visiting programs. Research shows that anywhere from 28% to 61% of mothers in home visitation report clinically elevated levels of depression during the course of service.¹

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 use² and are more likely to be victims of domestic violence.¹

Home visiting programs have a unique opportunity to support women during this period of vulnerability, helping to identify mental health challenges (including maternal depression), support families, and access needed therapy. To underscore the importance of this kind of support, programs funded through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program must report on depression screening and referrals as part of their performance measures.

What Is the IECMH Consultant's Role in Home Visiting?

Many home visitors report feeling unprepared to address the mental health needs of the mothers they serve, for a variety of reasons.³ Home visitors may feel uncomfortable talking with families about mental health issues and depression. They may worry that they will make the problem worse by talking about it—or even that talking about depression could trigger thoughts of suicide. They may be concerned about liability issues. They may be experiencing secondary traumatic stress from their work with these highly complex families. In addition, many home visiting models employ paraprofessionals who are not trained in clinical skills and mental health topics, and these home visitors simply may not know how to intervene directly with mothers who are experiencing depressive symptoms.

The information and support that mental health consultants can offer about the latest research and best practices can reduce home visitors' concerns, build their knowledge, and strengthen their skills. Mental health consultants are uniquely suited to build the capacity of home visitors to support mothers who have or who are at risk for maternal depression. The primary role of mental health consultants in home visiting mirrors the goals of the MIECHV Program—to improve maternal and child health and to help at-risk families raise children who are physically, socially, and emotionally healthy and ready to learn. They can build home visitors' capacity to feel comfortable working with families who are experiencing maternal depression, thereby supporting the attachment between mother and baby, and potentially mitigating the impact of maternal depression on an infant's health and social and emotional development.

How Can IECMH Consultants Support Home Visitors?

Here are some strategies⁴ that mental health consultants can use to support home visitors:

- **Provide professional development and follow-up** to home visitors to build their capacity to recognize signs of maternal depression, talk with families about mental health issues, and screen and refer clients for mental health services. Help home visitors acquire and practice new skills, such as [Motivational Interviewing](#) or [Mental Health First Aid](#), and then translate what they learn in training into practice. (The [Motivational Interviewing Suite](#) available on the Early Childhood Learning and Knowledge Center website is a useful resource.)
- **Help home visitors prepare for visits, and provide concrete strategies that they can use to bring up the issue of depression.** Particularly for mothers who appear to have depressive symptoms, pre-visit preparation can make it easier for home visitors to start a conversation on how the mother is feeling, address behaviors they expect to see during the home visit, and follow up on topics the mother may raise. Some programs may provide occasional opportunities for a mental health consultant to accompany a home visitor on a visit to observe and offer support.
- **Help home visitors feel comfortable introducing and administering screening tools, discussing the results of a positive screen with a family, and making a referral for treatment.** Provide training on how and when to use the tools. Develop scripts that home visitors can use to introduce and discuss the results of depression screening with a family. A script could help home visitors describe, for example, the program's universal approach to depression screening and suggest language that normalizes mental health concerns. Scripts can also be a useful tool to use with mothers who have declined referrals after a positive screen.
- **Offer ongoing and regular opportunities for reflection**, either directly to home visitors or to their supervisors, to help home visitors sort out their feelings about mental health and depression, cope with the strong feelings brought on by the complex needs of the families they serve, or address their own secondary trauma as applicable. For example, mental health consultants might supplement the supervisors' reflective supervision with reflection groups or suggest that the program consider using a screening tool, such as the [Professional Quality of Life tool](#).



- **Discuss cultural considerations related to mental health and maternal depression.** For instance, a consultant working in a tribal setting may help home visitors understand the tribe’s cultural understanding of mental health and maternal depression and the importance of honoring families’ traditional knowledge and cultural practices.
- **Help home visitors connect with community organizations** that provide mental health services and can be used as referral sources. It can also be helpful to help them 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 offer clinicians 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 and frontier areas.
- **Share resources.** [Depression in Mothers: More Than the Blues—A Toolkit for Family Service Providers](#) and [Family Connection](#) offer resources for both home visitors and families.

Mental health consultants can play an important role in building the capacity of home visitors to screen, refer, and support mothers with or at risk for clinical depression. They play an important role in preparing and supporting home visitors as they encounter mental health issues in their practice and as they build the skills needed to engage a depressed client in seeking assessment and treatment services following a positive screening.

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- 1 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>
 - 2 Carrol Chappman, S. L., & Wu, L. T. (2013, July). Postpartum Substance Use and Depressive Symptoms: A Review. *Women & Health*, 53(5), 479–503.
 - 3 Tandon, S. D., Parillo, K. M., Jenkins, C., & Duggan, A. K. (2005). Formative evaluation of home visitors’ role in addressing poor mental health, domestic violence, and substance abuse among low-income pregnant and parenting women. *Maternal and Child Health Journal*, 9(3), 273–283.
 - 4 Many of the tips were developed through lessons learned from a cohort of MIECHV state awardees and local home visiting programs who participated in the Home Visiting Collaborative Improvement and Innovation Network at Education Development Center, Inc.

