

Webinar #7: Making a Difference—Maternal Depression Questions and Answers

Q: What was the name of the book mentioned during the presentation?

A: The book is called *When a Parent Is Depressed: How to Protect Your Children from the Effects of Depression in the Family*, by William R. Beardslee.

Q: What are some things a home visitor can say to an expecting mom who is exhibiting signs of depression?

A: There are a number of resources that a home visitor can draw on to help talk about depression with a client:

- The National Center on Health created a tip sheet called [Talking About Depression with Families: A Resource for Early Head Start and Head Start Staff](#). Though written with Early Head Start and Head Start in mind, the tip sheet contains relevant resources for home visitors as well.
- [Depression in Mothers: More Than the Blues](#) is a resource developed by the Substance Use and Mental Health Services Administration that includes tips and tools for home visitors working with mothers who may be depressed.
- [Family Connections](#) includes many mental health consultation resources, including [Short Papers for Staff](#), which provide tips for talking with parents about depression and adversity.

Q: In discussing the possible causes of depression, I have been reading about the potential role of the microbiome on depression and anxiety. Do you have any resources for more information and any ideas for addressing this potential cause? Or is it still too early in this research area?

A: At this point, much of the data are correlational, and many come from animal studies. But this is an area of active research in the field.

Q: Are there any resources that have collected state-by-state maternal depression data?

A: The Centers for Disease Control and Prevention collects [state-specific data](#) about mothers' experiences before, during, and after pregnancy, including data related to depression.

Q: Where can I find the Tell Me a Story series?

A: *Tell Me a Story* is part of a comprehensive set of materials developed by the [Family Connections](#) Mental Health Consultation Project at Boston Children's Hospital, under the Innovation and Improvement Project grant from the Office of Head Start, Administration for Children and Families, U.S. Department of Health and Human Services. The Family Connections materials are preventive and include system-wide training guides for a mental health consultation model to support early childhood professionals in engaging children and families.

Q: Why are the rates of maternal depression higher for women of color? Are socioeconomic and marital status also factors?

A: It's not clear why women of color have higher rates of maternal depression, but racism and discrimination are likely contributors. Racism and discrimination lead to other factors that may cause higher rates of maternal depression among women of color, such as higher rates of poverty, and a higher likelihood of being a single mother. Women of color are more likely to experience an unplanned pregnancy, may have fewer social supports, and are more likely to face barriers to accessing evidence-based screening, prevention, and treatment services.

Q: What are some things a home visitor can say to an expecting mom who has completed the Edinburgh Postnatal Depression Scale (EPDS) and whose results score in the depression range?

A: [Depression in Mothers: More Than the Blues](#) includes guidance for home visitors to triage mothers who may report depressive symptoms following screening. The [Depression Screening Algorithm for Obstetric Providers](#), while developed for obstetric providers, provides examples of what to do and say when women may have depression.

Q: Can you define “less capacity to gaze”?

A: Eye contact is an important feature of responsive and nurturing parenting for infants. Mothers experiencing depression may have trouble with this kind of interaction, which may affect bonding and attachment.

Q: How can you handle a parent who is experiencing depression but refuses service?

A: Some parents who may be experiencing depression will not be ready to engage in treatment services. You can ask about the parent's reluctance to seek services (e.g., do they have negative experiences from their past, payment concerns, fear of losing custody of their child if they admit to mental health problems). Create a safe space to explore alternative support services that might help, such as talking with clergy or joining a parent support group. [Postpartum Support International](#) hosts peer groups in every state, and [online support meetings](#) for mothers experiencing depression and other mental health conditions.

Q: Some programs have been hesitant to screen for depression because there is then a responsibility to provide treatment. Is that a legitimate concern?

A: Screening carries with it a responsibility to have a plan for following up on a positive screen, but the program is not responsible for providing treatment. The program should maintain a list of community partners who can provide treatment for mothers who are ready to engage in treatment. The program should also identify a range of other supportive services that could be offered to women who may not be able to access services, be willing to start treatment right now, or whose depression is not yet serious enough to meet the criteria for a major depressive episode.

Q: Are there any resources for teens dealing with maternal depression?

A: Adolescent mothers are at particular risk for developing depression. The website of the American Academy of Child and Adolescent Psychiatry includes [resources](#) targeted to teen parents dealing with depression. The National Clearinghouse on Families and Youth also offers teen-specific [resources](#).

Q: How can you encourage a mother who is involved with Child Protective Services to seek help for depression when she is fearful of how this will be viewed in terms of her ability to parent?

A: If CPS is already involved, getting treatment for depression may actually be seen as a good thing for a mother to take on. Listening to a parent, maintaining a non-judgmental stance, and using a strengths-based approach to gently support a parent may help. There are also a number of interventions that can reduce depression beyond formal therapy. Talking with a pastor or spiritual support system, doing relaxation and meditation work, and connecting with other family or community groups may all be helpful.

Q: In this digital world, are webinars for parents successful in terms of getting more participation in educational programs about depression?

A: We are not aware of any research suggesting that webinars are successful in getting more parents with depression to participate in educational programs about depression. However, online screening and treatment apps and resources, such as the [MGH Depression Perinatal Scale App](#) and [Mom Mood Booster](#), are useful tools to offer clients who prefer online to face-to-face resources.

Q: How have you worked with Head Start programs to allow staff and supervisors enough time out of the classroom to attend a four-module training series?

A: The [Family Connections](#) modules can be broken into smaller segments, depending on a program's capacity and needs. The 12 modules were developed to be delivered in 60- to 90-minute time blocks onsite at programs. When offered this way, the full training is frequently offered across a full year. Modules can also be combined in a full-day seminar. Head Start and Early Head Start programs have shown great creativity in terms of allotting time and addressing coverage. The trainings are often offered at least twice, so that all staff have the opportunity to participate.

Q: What resources are available, or where can I refer families for support, in Nebraska?

A: The Substance Abuse and Mental Health Services Administration maintains a national [Helpline](#) that allows people in all U.S. states to locate treatment services for mental health and substance abuse disorders. For mothers who are experiencing postpartum depression, [Postpartum Support International](#) offers support in all U.S. states from peers with lived experience.

Q: We can identify when a client is struggling with depression, but how do we help them identify it?

A: There are a number of ways to help clients realize that they are experiencing depression. Often, listening is the first step. People frequently tell others about themselves when given the opportunity. One of the best ways to help increase an individual's awareness is to reflect back what they say about their mood, energy, and other feelings, such as hopelessness. Knowing the signs and symptoms of depression is a requirement for this activity. Another way to identify depression is to do universal screening for depression for all families as a standard practice in your program and to talk to families about the results on a regular basis. This encourages families to expect communication about depression symptoms and resources. Sometimes seeing the score on a depression screen also helps a person recognize that the things they are doing and feeling represent a real and "legitimate" illness that deserves attention and can get better with help.

