

# Depression in Mothers: More Than the Blues

*A Toolkit for Family Service Providers*





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U.S. Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration

## AUTHORS AND ACKNOWLEDGMENTS

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## INTRODUCTION

A young mother described the first few weeks at home with her new daughter this way:

*“At first I thought what I was feeling was just exhaustion, but with it came an overriding sense of panic that I had never felt before. Rowan kept crying and I began to dread the moment when Chris would bring her back to me. I started to experience a sick sensation in my stomach; it was as if a vise were tightening around my chest. Instead of the nervous anxiety that often accompanies panic, a feeling of devastation overcame me. I hardly moved. Sitting on my bed, I let out a deep, slow, guttural wail. I wasn’t simply emotional or weepy, like I had been told I might be. This was something quite different. In the past, if I got depressed or if I felt sad or down, I knew I could counteract it with exercise, a good night’s sleep, or a nice dinner with a friend. If PMS made me introspective or melancholy, or if the pressures of life made me gloomy, I knew these feelings wouldn’t last forever. But this was a sadness of shockingly different magnitude. It felt as if it would never go away.”\**

\*Shields, Brooke. (2005). *Down Came the Rain: My Journey Through Postpartum Depression* (2005). New York: Hyperion Books, p. 65.

Many mothers struggle daily with depression. Depression makes them feel down, sad, or blue. What’s worse is that many mothers don’t even know that they are depressed.

People who work with mothers with young children are in a position to address a very serious problem that often goes unnoticed. Mothers and their children and families can live better lives if the women realize that they have depression and then get help.

This toolkit is designed for community-based providers, including those in home visitation programs; workers in the WIC (Women, Infants, and Children) program; and staff in Early Head Start, Head Start, and other child care programs.

The toolkit delivers background information about depression and offers ideas that providers can use daily when helping mothers, and their families, who may be suffering from depression. The toolkit also includes useful resources and handouts for mothers with depression.

## BACKGROUND

### What Is Depression?

Everybody feels sad or blue from time to time. But depression is more than just feeling “down in the dumps” for a few days. It can be a serious illness, often referred to as a “mood disorder” that can have a significant impact on the mother’s functioning and her capacity to parent. With depression, feelings of sadness, anxiousness, and emptiness don’t go away quickly. These feelings affect day-to-day life and routines and can have consequences for mothers and their young children and families. For mothers, depression gets in the way of being the kind of parent that every



mother wants to be. When a parent is depressed, routines are tough to follow and children don’t always get the ideal care. The good news is that most people with depression get better with treatment.

### What Are Some Signs of Depression?

Symptoms of depression differ from person to person. Here are some signs that may indicate depression:

- ➔ Appears to be sad
- ➔ Lacks energy
- ➔ Cries easily
- ➔ Feels like nothing good ever happens
- ➔ Feels like a failure
- ➔ Complains about not sleeping or sleeping too much
- ➔ Complains about not being hungry or overeating

Most people get depressed after bad things happen to them, such as losing a job or a loved one.

### How Common Is Depression?

Almost one in five women get depressed at some time in their lifetime. This percentage goes up in stressful situations, like being a mother with young children. Among young women in home visiting, WIC, and Early Head Start and Head Start programs, nearly half may be depressed. Depression can affect pregnant women and people of all races and ethnicities.



## Families With Special Concerns

Certain family situations may increase the chances of depression in mothers.

- ➔ **Mothers who have a child with a chronic illness or developmental problem.** Caring for these children isn't easy. Mothers can dedicate a lot of time and energy to their care. With so much focus on the child, many of these mothers may not take good care of themselves.
- ➔ **Mothers who care for an elderly or sick parent or relative.** Mothers juggle a lot of responsibilities, such as caring for their children, working, or going to school. Caring for an elderly or sick parent or relative may add extra stress to a mother.
- ➔ **Mothers who are in violent or abusive relationships with their partners.** Mothers who suffer from domestic violence are much more likely to become depressed than those in better relationships. These mothers may also struggle to provide the best parenting to their children.
- ➔ **Mothers who are isolated or receive little support from family and friends.** All mothers need a strong support system to provide the best care for their children. Support can come from families, friends, neighbors, community organizations (e.g., faith centers), and mental health professionals.

Mothers who find themselves in these situations may benefit from the services provided by you and your organization.

### Why Should I Help a Mother Realize That She Is Depressed?

Depression can be treated. With treatment, a mother can reduce or rid herself of the symptoms related to depression. Primary care doctors can treat depression or can refer mothers to a specialist who treats depression. Treatment comes in many forms:

- ➔ Talk therapy
- ➔ Medications
- ➔ Social Support

Helping a mother get over depression can improve her quality of life and that of her children.

### How Does a Mother's Depression Affect Her Children?

Babies need and want to become close to their mothers. Some mothers with depression have trouble getting close to their babies. This affects the babies' development. Mothers with depression can get more connected to their babies if they get treatment and take part in programs that help with parenting.

Mothers need to be responsive to the needs of their young children. Mothers with depression may have trouble responding because they feel sad or have very little energy. By getting

treatment, mothers can respond more consistently and appropriately to their babies and toddlers.

Older children continue to need support from their mothers each day. Mothers who get treatment for depression are much more likely to offer such support.

### **Why Is What I Do So Important?**

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- ➔ A mother who is depressed may not talk much to other people. You may be the only person to whom she can share her feelings.
- ➔ A mother may hide her depression. If you ask, you may be the only one to find out that she is depressed.
- ➔ A mother isn't likely to get help unless she is encouraged by a

trusted person. You may be that trusted person.

- ➔ You are in a great position to help a mother make a change. You can remind her that she needs to take care of herself in order to help others, particularly her children.

### **What Should I Encourage All Mothers To Do for Their Children?**

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- ➔ Be positive
- ➔ Respond to their needs
- ➔ Help them to eat, sleep, and play regularly each day
- ➔ Provide them with healthy, home cooked meals
- ➔ Keep them safe
- ➔ Welcome support from family members and friends



## TIPS AND TOOLS FOR WORKING WITH MOTHERS WHO MAY BE DEPRESSED

Here are three action steps you can take when working with a mother who may be depressed:

1. Ask her how she is feeling
2. Encourage her to do things to improve her mood
3. Screen and refer women with more serious depression

### 1. Ask a Mother How She Is Feeling

If you don't know whether a mother is depressed, then talk about it. Talking is good way to help her feel less ashamed and alone. You can start by asking a few simple questions:

- ➔ How are you feeling?
- ➔ Have you been feeling down? If so, for how long?
- ➔ Can you tell me more about how you are feeling now?
- ➔ You seem down or irritable this week. Is everything OK?
- ➔ Have you ever been depressed?
- ➔ Has your mood been affecting your parenting?

Listen closely to what she says, paying attention to the following feelings in her replies:

- ➔ **Despair.** Depression causes feelings of hopelessness and helplessness.
- ➔ **Loneliness.** When she talks about her life, she may feel that she can't possibly get help.

- ➔ **Guilt.** She may blame herself for being depressed and worry that she isn't taking good enough care of her children.
- ➔ A mother may have no idea that her sadness could be linked to depression. More importantly, she may not know that such feelings are treatable.

### Common reactions to asking about depression

Once you ask, she may tell you that her own mother is often sad and that most of her friends are sad. Tell her that feeling sad is natural and that it's OK to feel that way every now and then. But tell her that bad feelings can turn into problems if they don't go away or last a long time. If she appears to be sad or stressed, then reassure her that you understand her feelings.

A mother who is feeling down may have been told to "just snap out of it" or "quit feeling sorry for yourself" or may have heard "you'll get over it in time." She may feel relieved when someone like you finally asks her about being depressed.

She may cry. Simply saying, "I'm so sorry this is so hard for you" or something similar will let her know that you are listening to her and are concerned about her well-being. Usually, she will be able to stop crying fairly quickly as a result of your attention, care, and concern.

## Some concerns that a mother may have about admitting depression

Admitting depression isn't easy.

- ➔ Being a new mother can be stressful. Admitting depression may raise the mother's concerns that she will be seen as a bad mother or that her children will be taken from her. Reassure her that this isn't the case.
- ➔ A mother may worry about being perceived as "crazy." Reassure her that depression doesn't mean crazy. Explain to her that depression is common and treatable.
- ➔ If a mother has had bad experiences with mental health services, she may feel frustrated or discouraged about treatment. Reassure her that proper treatment can be helpful for herself, her children, and her family.

## 2. Encourage Her To Take Steps To Improve Her Mood

A mother may admit to feeling down, stressed, or overwhelmed. Even with just a few symptoms, she may benefit by getting more support.

Here are some things that you, as a service provider, can do daily to help improve a mother's mood:

- ➔ Provide her with a safe and accepting place to talk about her feelings
- ➔ Be a good listener
- ➔ Offer support for her feelings
- ➔ Encourage her to maintain her routine, stay involved in social service programs
- ➔ Remind her to keep positive people in her life
- ➔ Encourage her to reconnect with important people

- ➔ Identify other people—such as friends, counselors, clergy, spouse, and parents—whom she can talk with and will help her to take care of herself
- ➔ Help her to consider doing pleasant things for herself on a daily basis, like taking a long bubble bath, reading a good book, or enjoying some time to herself

Appendix B contains some handouts that you can give to mothers. These handouts describe strategies that mothers can use to help improve their mood.

## 3. Screen and Refer Mothers With More Serious Depression

A mother who talks about many symptoms of depression may not be able to function well at her job, as a parent or at other aspects of life. This mother can benefit from treatment, and you can help guide her to professional help.

Using a screening tool can help you identify which mothers really need a referral for mental health services. Several screening tools are available for free and on the Internet (see "Free Screening Tools" in Appendix C). If your agency is willing to be active in screening, then it may consider using the Patient Health Questionnaire-2 (PHQ-2). PHQ-2 is a practical and easy tool to use. The tool asks two simple questions:

- ➔ In the past month, have you often been bothered by little interest or pleasure in doing things?
- ➔ In the past month, have you often been feeling down, depressed, or hopeless?

The answer to each question is "yes" or "no." A mother may be depressed if she answers yes to either question. (See textbox on page 7 about how to combine the PHQ-2 with a longer version of this screening tool—the PHQ-9—to help with referrals).

If this is the case, then you should encourage her to talk with her doctor about possible supports or treatment. Her doctor can help her figure out if she needs to be referred for mental health services. With the mother's consent/authorization, you may also consider

contacting the baby's doctor to let him/her know about the mother's feelings. (Appendix A also provides information about some popular programs that provide supportive services to mothers and their families and young children.)

### Enhancing the Screening Process With the Patient Health Questionnaire-9

If your agency has resources for identifying which mothers might need a referral for mental health services and has procedures in place to make these referrals, then it may consider adding a second part to the screening process.

Any mother who answers yes to one of the two questions in the PHQ-2 could then get asked several more questions on the Patient Health Questionnaire-9 (PHQ-9). The PHQ-9 asks questions about how often respondents experience the nine important symptoms of depression (see sidebar). The PHQ-9 has been used with people from a range of cultures and has been translated into many languages.

A mother is most likely depressed if she has been feeling at least five of the nine symptoms for at least 2 weeks; one of the symptoms must be either depressed mood or loss of pleasure or interest in things that were meaningful to her. Answers are scored on a scale of 0–3, ranging from “not at all” (0) to “nearly every day” (3). The sum of the scores gives you a total score, which tells you how serious her depression is.

#### 0–9: Not Depressed

Mothers who score 9 points or lower on the PHQ-9 are probably not depressed. But here are some supports to consider:

- ➔ Offer support to all mothers, no matter what score results from the PHQ-9
- ➔ Remind mothers to stay strong by taking care of themselves, despite being busy taking care of others, such as their children, significant others, and parents
- ➔ Encourage mothers to spend time with friends and family members that make them feel good

*continued on page 8*

### Nine Key Symptoms of Depression

*Here is the list of symptoms/criteria for major depression. These symptoms interfere with the ability to perform everyday tasks.*

*A mother is most likely depressed if she has been feeling at least five of the nine symptoms for at least 2 weeks:*

- ▶ *Depressed mood or sadness\**
- ▶ *Diminished pleasure/interest in things you used to enjoy\**
- ▶ *Sleeping too much or too little*
- ▶ *Increased or decreased motor activity*
- ▶ *Fatigue or loss of energy*
- ▶ *Feelings of worthlessness or guilt*
- ▶ *Less ability to think or concentrate*
- ▶ *Weight loss (not associated with dieting)*
- ▶ *Recurrent thoughts of death or suicide*

*\*Either sadness or loss of pleasure must be one of the five symptoms present.*

## Enhancing the Screening Process With the Patient Health Questionnaire-9

*continued from page 7*

- ➔ Encourage mothers to set routines with their children, cook healthy meals for their families, and model for their families taking care of themselves

### **10–14: Has Some Depressive Symptoms and Needs More Support**

Mothers who score 10–14 points on the PHQ-9 are at risk for depression. Here are some ideas for supports:

- ➔ Share with these mothers printed copies of the handouts in Appendix B. Encourage the mothers to practice some of the strategies described in these handouts, for example:
  - ▶ Adding more pleasant activities to their daily routine
  - ▶ Connecting with people in their support system
  - ▶ Trying out different relaxation activities to help them manage their stress
- ➔ Consider running resiliency groups (see “Other Useful Materials” in Appendix C). A resiliency group can be run by anyone who is good at working with people. The group will teach skills to help mothers remain resilient in their lives. This curriculum is tailored for pregnant women and new mothers.

### **More Than 14: Is Likely Depressed and Should Be Referred for Mental Health Services**

Mothers who score 15 points or higher on the PHQ-9 very likely meet the diagnostic criteria for clinical depression:

- ➔ All mothers who are suspected of clinical depression should be referred for appropriate treatment. Start by referring a mother to her primary care doctor or her child’s doctor. Your agency should have a customized list of appropriate referrals.
- ➔ Depression responds well to Cognitive Behavioral Therapy (CBT), Interpersonal Psychotherapy (IPT), and Problem-Solving Therapy (PST) and to medications. Licensed mental health professionals, particularly psychologists, conduct CBT and IPT. Social workers often conduct PST. Primary care doctors, and to a lesser extent psychiatrists, can prescribe medications as a way of treatment.

If your agency has been using the PHQ-2 or -9 to screen mothers for depression, then it should have procedures in place to refer mothers for mental health treatment. You should also have support from your colleagues and supervisor to manage what can sometimes be difficult conversations with mothers who are sharing their stress and sadness with you.

## Facilitating follow-up on a mental health referral

If your agency decides to use a formal tool to screen for depression in mothers, the referral system must be strong. A strong referral system includes deep relationships with providers—you know who to call and who to talk to when referring a mother for services. Providers with the following characteristics make for a strong referral system:

- ➔ Accepts the kinds of insurance that your mothers have—or have a sliding fee scale so mothers can make payments that they can afford
- ➔ Speaks the languages of the mothers whom you are referring
- ➔ Offers evening and weekend hours to provide services to mothers who work all day during the week

Your agency should also keep an up-to-date list of reliable mental health and health care providers in your area that can see your clients.

Mothers who are depressed may need help following through on a referral. You should explain the process to them so they know what to expect. Consider saying something like this:

*“When you arrive, they will ask you to fill out some paperwork, and they will want to see a copy of your Medicaid (or insurance) card. Then you may have to wait a while until someone can see you. The therapist will ask you about how you are feeling, and if there have been any unusual stressors in*

*your life recently. She may ask about how you are sleeping and eating, or if you have been feeling irritable. She may also ask you about whether you have been having trouble following through on tasks you need to complete at home or at work. These questions can help the therapist make a plan to help you feel better.”*

## Challenges of making a referral

Not every mother that you refer to treatment will be ready to go to treatment. Many mothers don't go to treatment the first time they are referred. On subsequent visits, ask the mother if she followed up on the referral and continue to encourage her to seek out treatment. She may be ready to think about treatment at a later time.

A mother may not like the first treatment she tries, perhaps because she doesn't like the mental health care provider. Encourage her to try again, perhaps with a different provider or different treatment type (e.g., talk therapy versus medication). Most mothers will find relief from depression if they keep trying treatment. Additionally, your continuing interest and questions remain important while a mother is seeking treatment.

Some mothers don't think that treatment will do them any good. They wonder how treatment could help when the real problem is their boss or their spouse. Assure them that people with depression can better cope with their real-life problems if they overcome their depression.

Some mothers may have had negative experiences in the mental health system and, again, think that no form of treatment will help them. They need support to recognize that a new treatment or mental health provider may help them even if past treatments didn't.

Some mothers will put off treatment until the depression "gets bad enough."

- ➔ Reassure these mothers that they don't have to feel worse in order to get help.
- ➔ Ask them, "What have you been doing to feel better so far?" Most will already be trying something, like praying or just trying to make herself feel better. Ask her, "If you keep doing what you have been doing, what is the likelihood that you will feel better in a few weeks?" Given that the mother has probably been trying the same things for a while, she will probably admit that the chances aren't good this will help.

- ➔ Remind her that most mothers get better with treatment. Ask her, "What are the chances you will feel better if you get one of these treatments?" She will probably agree that her chances are better with treatment.

If a mother is prescribed medication for depression, emphasize that the medicines should be taken exactly as prescribed. Several weeks may go by until mothers notice any effects from medicines. Dosage is important.

- ➔ Don't take any more or any less medicine than is prescribed. If the original dosage doesn't help, encourage mothers to visit their health care provider—perhaps increasing the dosage or changing medicines will help.
- ➔ Encourage mothers to continue taking their medicine, even after they start to feel better. Depression symptoms may return if mothers stop taking their medicines early. Mothers shouldn't discontinue their medicines without discussing it first with their doctor.

### What Should I Do in an Emergency?

A mother may tell you something that needs to be acted on immediately. Your agency should have a plan in place for who reports these problems and how to act on them. You should always follow the protocols established by your agency, for example:

- ➔ A mother who is suicidal or thinks about hurting others should be taken to a hospital emergency department for evaluation.
- ➔ A mother who is being threatened by others in the home should be referred to a domestic violence program.
- ➔ A mother who is homeless should be referred to a local homeless shelter for services.



## FINAL THOUGHTS

Mothers with young children need support to care for themselves and their children—especially when they have a lot of stress in their lives. The services you are providing to families are an important part of their support system. Many of the mothers you

serve can benefit from the ideas in this toolkit. You might also find some of the suggestions helpful for yourself when you are having a stressful period in your life! Remember, in order to take care of others, YOU need to take care of yourself, too.



## BIBLIOGRAPHY

The content of this toolkit summarizes what has been learned from many scientific studies, including the following key references:

- Ammerman, R. T., Peugh, J. L., Putnam, F. W., & Van Ginkel, J. B. (2012). Predictors of treatment response in depressed mothers receiving in-home Cognitive Behavioral Therapy and concurrent home visiting. *Behavior Modification, 36*, 462–481.
- Ammerman, R. T., Putnam, F. W., Altaye, M., Stevens, J., Teeters, A. R., & Van Ginkel, J. B. (2013). A clinical trial of in-home CBT for depressed mothers in home visitation. *Behavior Therapy, 44*, 359–372.
- Ammerman, R. T., Putnam, F. W., Altaye, M., Teeters, A. R., Stevens, J., & Van Ginkel, J. B. (2013). Treatment of depressed mothers in home visiting: Impact on psychological distress and social functioning. *Child Abuse & Neglect, 36*, 544–554.
- Beardslee, W. R. (2003). *When a parent is depressed: How to protect your children from the effects of depression in the family*. New York, NY: Little, Brown, and Company.
- Beardslee, W. R., Ayoub, C., Avery, M. W., Watts, C. I., & O'Carroll, K. L. (2010). Family Connections: An approach for strengthening early care systems in facing depression and adversity. *American Journal of Orthopsychiatry, 80*(4), 482–495.
- Beardslee, W. R., Brent, D. A., Weersing, V. R., Clarke, G. N., Porta, G., Hollon, S. D., ... Garber, J. (2013). Prevention of depression in at-risk adolescents: Longer-term effects. *JAMA Psychiatry*, Sept. 4. doi:10.1001/jamapsychiatry.2013.295
- Beardslee, W. R., Gladstone, T. R. G., Wright, E. J., & Cooper, A. B. (2003). A family-based approach to the prevention of depressive symptoms in children at risk: Evidence of parental and child change. *Pediatrics, 112*(2), e119–e131.
- Duggan, A. K., Berlin, L. J., Cassidy, J., Burrell, L., & Tandon, S. D. (2009). Maternal depression and attachment insecurity moderate home visiting impacts for at-risk mothers and infants. *Journal of Consulting and Clinical Psychology, 77*, 788–799.
- Grace, S., Evindar, A., & Stewart, D. (2003). The effect of postpartum depression on child cognitive development and childhood behavior: A review and critical analysis of the literature. *Archives of Women's Mental Health, 6*, 263–274.
- Howell, E., Golden, O., & Beardslee, W. (2013). *Emerging opportunities for addressing maternal depression under Medicaid*. Washington, DC: Urban Institute. Retrieved from <http://www.urban.org/UploadedPDF/412758-Emerging-Opportunities-for-Addressing-Maternal-Depression-under-Medicaid.pdf>
- Le, H. N., Perry, D. F., & Stuart, E. A. (2011). Evaluating a preventive intervention for perinatal depression in high-risk Latinas. *Journal of Consulting and Clinical Psychology, 79*(2), 135–141.
- Mendelson, T., Leis, J. A., Perry, D. F., Stuart, E. A., & Darius, T. S. (2013). Impact of a preventive intervention for perinatal depression on mood regulation, social support, and coping. *Archives of Women's Mental Health, 16*(3), 211–218. doi:10.1007/s00737-013-0332-4

- Miranda, J., Green, B. L., Krupnick, J. L., Chung, J., Siddique, J., Belin, T., & Revicki, D. (2006). One-year outcomes of a randomized clinical trial treating depression in low-income minority women. *Journal of Consulting and Clinical Psychology, 74*(1), 99–111.
- Miranda, J., Ong, M. K., Jones, L., Chung, B., Dixon, E. L., Tang, L., ... Wells, K. B. (2013). Community-partnered evaluation of depression services for clients of community-based agencies in under-resourced communities in Los Angeles. *Journal of General Internal Medicine, May 14*. doi:10.1007/s11606-013-2480-7
- Muñoz, R. F., Le, H. N., Ippen, C. G., Diaz, M. A., Urizar, G. G., Soto, J., ... Lieberman, A. F. (2007). Prevention of postpartum depression in low-income women: Development of the Mamás y Bebés/Mothers and Babies Course. *Cognitive and Behavioral Practice, 14*, 70–83.
- Muñoz, R. F., & Mendelson, T. (2005). Toward evidence-based interventions for diverse populations: The San Francisco General Hospital prevention and treatment manuals. *Journal of Consulting and Clinical Psychology, 73*(5), 790–799.
- National Research Council and the Institute of Medicine. (2009). *Depression in parents, parenting and children: Opportunities to improve identification, treatment, and prevention*. Washington, DC: National Academies Press.
- National Research Council and the Institute of Medicine. (2009). *Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities*. Washington, DC: National Academies Press.
- Tandon, S. D., Mendelson, T., Leis, J., Perry, D., & Kemp, K. (2013). Six-month outcomes from a randomized controlled trial to prevent perinatal depression in low-income home visiting clients. *Maternal and Child Health Journal, June 22*. doi:10.1007/s10995-013-1313-y.
- Tandon, S. D., Perry, D., Mendelson, T., Leis, J., & Kemp, K. (2011). Preventing perinatal depression in low-income home visiting clients: A randomized controlled trial. *Journal of Consulting and Clinical Psychology, 79*(5), 707–712.
- U.S. Department of Health and Human Services. (2006). *Depression in the lives of Early Head Start families*. Washington, DC: Author. Retrieved from [http://www.acf.hhs.gov/sites/default/files/opre/research\\_brief\\_depression.pdf](http://www.acf.hhs.gov/sites/default/files/opre/research_brief_depression.pdf)
- Wells, K. B., Jones, L., Chung, B., Dixon, E. L., Tang, L., Gilmore, J., ... Miranda, J. (2013). Community-partnered cluster-randomized comparative effectiveness trial of community engagement and planning or resources for services to address depression disparities. *Journal of General Internal Medicine, May 7*. doi:10.1007/s11606-013-2484-3.
- Wells, K. B., Schoenbaum, M., Duan, N., Miranda, J., Tang, L., & Sherbourne, C. (2007). Cost-effectiveness of quality improvement programs for patients with subthreshold depression or depressive disorder. *Psychiatric Services, 58*(10), 1269–1278.



# APPENDIX A: Some Popular Programs for Mothers With Young Children

## EARLY HEAD START AND HEAD START

Early Head Start and Head Start are comprehensive early childhood programs that enroll mostly low-income families who have children under the age of five. Early Head Start serves pregnant women and mothers with children under the age of 3; while Head Start serves families with preschool-aged children. Both programs can be provided in child development centers and through home visiting. Depression in women and mothers may interfere with their relationships with the home visitor.

Many Early Head Start and Head Start programs will ask mothers about depression during their enrollment, but they might not ask them again after a few months. Both programs could add ongoing depression screening to help staff figure out which mothers may need some extra support and referrals.

Staff of the Early Head Start and Head Start programs has several ways to identify women who may be depressed, particularly mothers:

➔ Mothers' poor attendance rates at group socializations and home visits

- ➔ Less frequent attendance for children in center-based services
- ➔ Less engagement in program governance (e.g., parent-committee work or policy council)
- ➔ Less willingness to develop meaningful goals on the family partnership plan
- ➔ Slower progress toward the goals on the family partnership plan
- ➔ Reluctance to participate in needed mental health/disability services for their child
- ➔ Less likelihood to attend and/or follow through on referrals to community services, such as counseling, substance abuse services, oral and health services, nutritional services, smoking cessation, and domestic violence services.

To learn about Early Head Start and Head Start and programs for pregnant women and mothers with young children in your area, please visit the Early Childhood Learning & Knowledge Center: <http://eclkc.ohs.acf.hhs.gov/hslc>.



## HOME VISITING

In the past 20 years, many programs have been developed in which community workers visit mothers in their homes. These programs often focus on helping mothers be the best parents that they can be and giving children the best start for later success. Examples of these types of programs include Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers.

Home visitors provide information and support to mothers over several years on such topics as children’s language development, healthy nutrition, building strong and healthy relationships, and staying up to date on immunizations. Home visitors also help mothers to reach their goals—including finding employment, finishing their education, and developing strong social support systems. Because home

visitors see mothers and their children often, over a long period of time, and in their homes, they are in an excellent position to identify and help mothers with depression.

Many home visiting programs routinely screen for depression. Because mothers and home visitors have a trusting relationship, home visitors are in a special position to encourage and help mothers find effective treatment. Some programs offer treatment in the home delivered by trained mental health professionals. Combining effective mental health treatment and home visiting can benefit mothers and children.

To find out what home visiting programs are available to families in your area, go to <https://www.childwelfare.gov/preventing/programs/types/home-visitprog.cfm>.



## Providing Depression Treatment Within Home Visiting

Sheila was a 24-year-old, single mother raising her 11-month-old daughter. Sheila was participating in a home visiting program. After the several home visits, the home visitor administered a depression screen and discovered that Sheila was suffering from depression. Sheila reported a number of stressors that stretched her social and psychological resources. She was enrolled in a job training program, but wasn't attending regularly because the baby was often sick. Sheila was socially isolated, and under significant financial strain. She presented with feelings of sadness and hopelessness. She cried frequently, expressed a loss of interest in being with others, was often irritable, and had difficulty sleeping. She reported having feelings of being better off dead. Sheila reported that her symptoms first emerged during pregnancy and hadn't improved since that time. Sheila had a history of being involved in violent relationships, and she had been abused by her father during childhood.

Sheila received a specialized cognitive behavioral treatment for mothers in home visiting that was provided by a mental health clinician in her home. Early in this 15-week treatment, Sheila increased her activities out of the home, taking her baby to the zoo and for regular outings. She learned to identify and better manage the negative thoughts that fueled her depression and paralyzed her efforts to make meaningful changes in her life. She learned to make better use of her limited social supports, and enrolled in a community college. As treatment progressed, her mood improved, she had more energy, and she was able to sleep better. She developed more hope for the future, and she was more engaged in visits with the home visitor. Notably, she reported more enjoyment in her role as a mother, and spent more time playing with her daughter. Tears and irritability were replaced with laughter and patience, and her daughter thrived as a result. After treatment ended, she continued to receive home visiting. Although depressive symptoms returned from time to time, Sheila was able to identify them and apply the skills she learned in treatment to quickly return to a healthy emotional state.

For more information about how CBT can be integrated into home visiting, go to: <http://www.movingbeyonddepression.org>.

## WOMEN, INFANTS, AND CHILDREN (WIC)

The WIC program targets women who need help with nutrition during their pregnancy and after their babies are born. It provides vouchers for a monthly package of nutritious foods, nutrition education, and breastfeeding support. The WIC program also helps women and children get referrals to other services. Nationally the WIC program serves a large number of low-income families—in fact half of all infants born in the United States each year benefit from WIC.

Women visit their local WIC offices every few months to get their vouchers; some also come in for nutrition classes or breastfeeding support. This means workers in the WIC program have a lot of opportunities to check in with

their clients about how they are feeling. Some WIC programs have added the PHQ-2 to their enrollment forms so that they can identify which mothers may need some follow-up referrals for depression. Workers in the WIC program should understand that untreated depression can interfere with their program's goals for promoting breastfeeding, healthy eating, and good nutritional habits. Screening and referring women who are depressed can help these women benefit from all of the services that the WIC program offers.

To help pregnant women and new mothers you work get connected with the WIC program, check out <http://www.fns.usda.gov/wic/how-toapply/whogetswicandhowtoapply.htm>.

### Accessing Mental Health Services From WIC

Wendy was 27 years old and had five children. Wendy was screened for depression when she was receiving services from the WIC program for her youngest child. She was very depressed when screened. She reported that her husband was verbally abusive to her and that her oldest son was beginning to address her in a similar way. Wendy's only support was her sister who was currently abusing crack cocaine and often left Wendy with her young niece. Although Wendy knew that she felt terrible, she wasn't aware that she had depression. Once she realized that she was depressed, she was willing to get treatment.

Wendy attended a Cognitive Behavioral Therapy group. By the third session, she admitted that she felt trapped in a terrible marriage. She felt she had made a promise before God to remain with her husband. The group members were very understanding of her feelings, but shared with her their belief that God wouldn't want her to stay where she was being abused. She quickly began to brighten as she imagined a life without the continual verbal abuse. She came to group pleased that she was again enjoying her children. She began to have pleasant times with her children which brightened her mood even more. She discovered that she would be supported by her family if she did leave her husband. Her grandmother was able to help her get an apartment, and her mother helped to pick up her older children once Wendy got a job in childcare where she could bring her younger children. Wendy was very proud of her independence and overcame her depression.

For more information about where to refer women and mothers for CBT in your area, go to <http://findtreatment.samhsa.gov/>.



## APPENDIX B: Handouts for Mothers With Depression

Print out and share the following handouts with mothers who may be dealing with depression.





## ENGAGING IN PLEASANT ACTIVITIES CAN INCREASE MOOD AND IMPROVE RESILIENCE

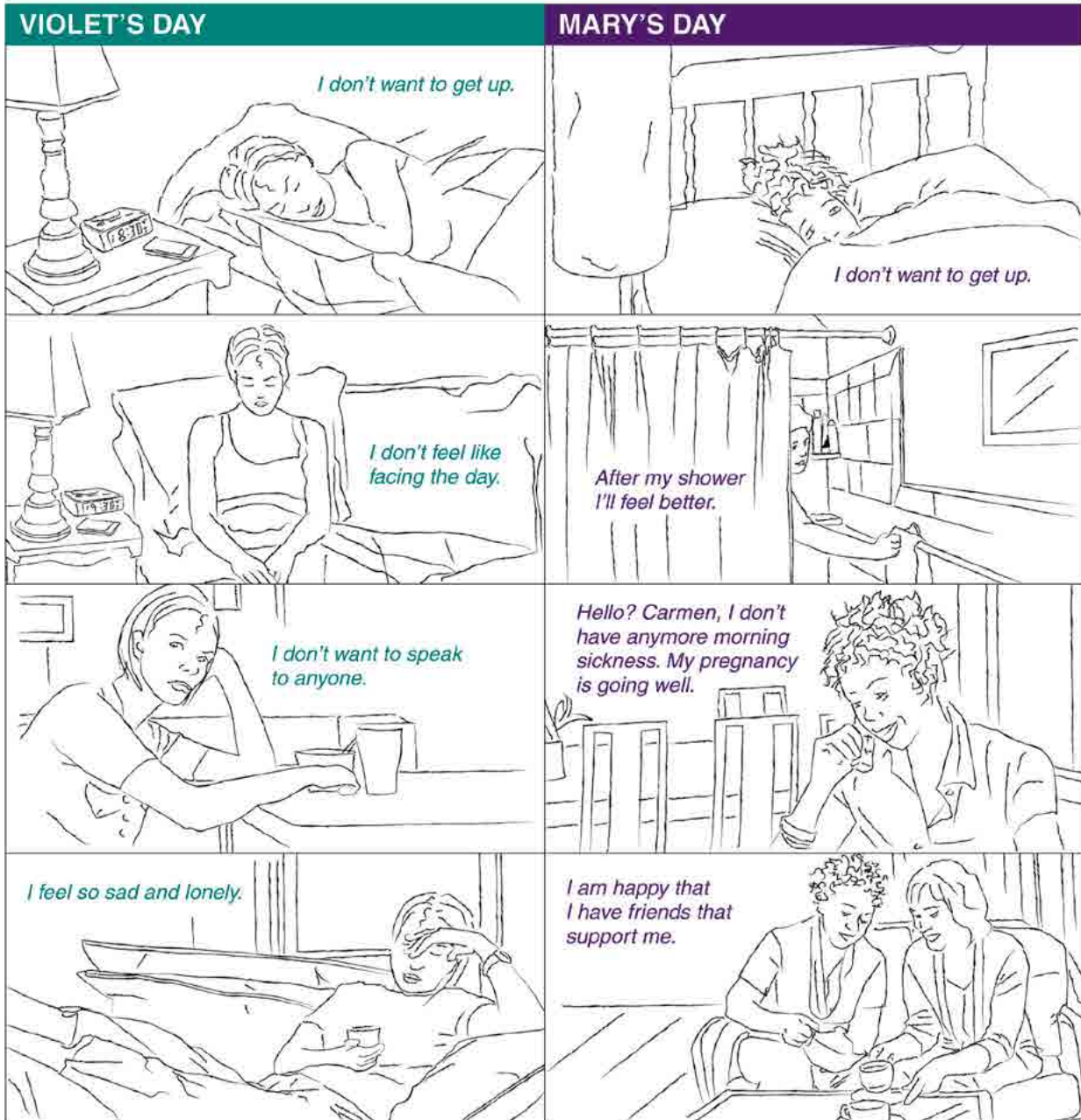
- ➔ Being pregnant or being a mother with young children can disrupt your normal activities and thinking.
- ➔ Activities are linked to mood. When you feel down, it may be hard to find the energy to do healthy activities. But when you do activities, you are more likely to:
  - ▶ Feel happier and healthier
  - ▶ Have positive thoughts about yourself and your pregnancy
  - ▶ Have healthy contact with other people
  - ▶ Keep feeling good
- ➔ In general, more positive activities lead to more helpful thoughts and feelings. Keep in mind that you have some choice in the kinds of thoughts and activities in which you engage.
- ➔ When you do one activity, you often start a chain: one pleasant activity can lead to another positive activity, less negative thoughts, more positive feelings, and more contacts with other people.





## MAKING GOOD CHOICES

Choosing one pleasant activity can lead to better thoughts, feelings, and mood. One morning, Violet and Mary both felt down. But they made different choices after waking up, and as a result, had very different days. See if you can make a choice that improves your day!



Used with permission from Le, H. N., & Muñoz, R. (2013). *The mothers and babies course: A reality management approach. Participant manual (8 week)*. Washington, DC: George Washington University, p. 2.6.



## CHOOSING PLEASANT ACTIVITIES

You should try to do several pleasant activities every day. Think about activities that you can do by yourself, with your baby or young child, for free, or quickly.

Choose some pleasant activities to do **by yourself**:

- You can control when you do them, and you aren't dependent on anyone else.
- Doing an activity alone gives you time to think and enjoy your own thoughts.

Choose some pleasant activities to do **with your baby** or young child:

- Pleasant contacts with your child can often make you feel better.
- Your baby may increase your motivation to try new activities.
- Doing fun stuff with your baby can help you enjoy each other more, and can build and improve your relationship with your child.



Choose some pleasant activities that **aren't expensive or are free**:

- You can do more of them.
- You won't feel stressed because you are spending money.
- You can do them whether you have extra money or not.

Choose some pleasant activities that **don't take too much time**:

- You can do more of them.
- They are useful when you are busy and can't find a lot of free time.
- Brief activities give you a glimpse of the beauty of the world.
- Quick activities are something you can do while your child is napping or waiting for a bus.





## DIFFERENT KINDS OF PLEASANT ACTIVITIES

**Self-care activities** are things that you do to take care of yourself and your life. It is very important that you take care of yourself so you can take care of your child. For example:

- ➔ Get enough sleep
- ➔ Plan your meals
- ➔ Drink enough water
- ➔ Exercise every day, even if it's for only a few minutes.

**Fun activities** are simple, healthy things that bring you pleasure. Becoming a new parent can be overwhelming, but having fun is still important to your health. For example:

- ➔ Watch a movie with a friend
- ➔ Go for a walk
- ➔ Listen to music
- ➔ Watch a bird in a tree.

**Learning activities** give you a sense of accomplishment or of having learned to do something well. For example:

- ➔ Start an exercise program
- ➔ Finish your GED
- ➔ Take a class online or at a community college.

**Meaningful activities** fit with your values. They boost your healthy self-image and bring purpose to your life. For example:

- ➔ Be a good parent or friend
- ➔ Hold a steady job
- ➔ Let somebody else go first in line
- ➔ Participate in church, social, political, or community activities
- ➔ Bond with your baby or young child.





## OTHER IDEAS TO IMPROVE YOUR MOOD AND MANAGE YOUR STRESS

### Contact with others improves mood

Being with other people is an important way to stay happy and healthy. Having people in your life that support and encourage you can help you manage stressful times.

- Everyone needs someone to turn to
- Everyone needs someone to have fun with
- Be sure that people in your life can help you and that you can help other people in your life
- Be sure that people in your life support you and make you feel good and that you support other people and make them feel good

### Relaxation activities

Stress affects everyone to some extent. Stress can be overwhelming when a lot of stressful things happen at the same time. Relaxation activities can help you feel better and manage very stressful times. Try each of these at least once to determine which ones work best for you:



- Some people find that taking three or four deep breaths—inhalating through your nose and exhaling through your mouth—can help to ease the pace of stressful situations. Some people call this “dragon breathing” or compare it to blowing out the candles on a birthday cake.
- Some people prefer to close their eyes and imagine themselves in a special place. Recalling the sounds and smells that are associated with this place—for example, the waves breaking on the beach or the smell of the ocean breeze—can help to refocus your mind on more positive times.
- Some people like to focus on tensing and then relaxing different parts of their bodies as a way to relax. Starting with your feet, squeeze your toes together really tight and then relax them. Next, do the same thing with your calves, and then move all the way up your body.

Several websites discuss these different activities:

- **Relaxation Exercises** ([http://www.ecmhc.org/relaxation\\_exercises.html](http://www.ecmhc.org/relaxation_exercises.html)): These exercises are designed to help reduce stress of families and staff involved with the Early Head Start and Head Start programs. This series of exercises is available in English and Spanish.
- **Free Guided Meditations** (<http://marc.ucla.edu/body.cfm?id=22>): The Mindfulness Center at the University of California–Los Angeles offers an extensive series of relaxation activities that are available free, either by listening online or downloading from iTunes.



# APPENDIX C: Other Depression Resources

For more information on depression, here are some other resources that you can download and have available for mothers you work with:

## FACT SHEETS AND BROCHURES

The Federal Maternal and Child Health Bureau developed *Depression During and After Pregnancy: A Resource for Women, Their Families, and Friends*. This colorful booklet describes the essentials about depression during and after pregnancy. The booklet is available online in English and Spanish:

- ➔ **English:** <http://mchb.hrsa.gov/pregnancyandbeyond/depression/perinataldepression.pdf>
- ➔ **Spanish:** <http://mchb.hrsa.gov/pregnancyandbeyond/depression/ladepresion.pdf>

The Federal Office of Women's Health developed two fact sheets that provide answers to frequently asked questions about depression:

- ➔ **Depression During and After Pregnancy:** <http://www.womenshealth.gov/publications/our-publications/fact-sheet/depression-pregnancy.pdf>
- ➔ **Depression:** <http://www.womenshealth.gov/publications/our-publications/fact-sheet/depression.pdf>

## FREE SCREENING TOOLS

The MacArthur Foundation developed the Depression Management Toolkit, a resource designed to help community agencies implement the PHQ-2 and -9 screening tools:

- ➔ <http://prevention.mt.gov/suicideprevention/13macarthurtoolkit.pdf>

Other tools are available in English and Spanish to screen pregnant and postpartum women for depression:

- ➔ Edinburgh Postnatal Depression Scale:
  - ▶ **English:** <http://www2.aap.org/sections/scan/practicingsafety/ToolkitResources/Module2/EPDS.pdf>
  - ▶ **Spanish:** <http://www.cdph.ca.gov/programs/mcah/Documents/MO-CHVP-EPDS-Spanish.pdf>

- ➔ The Center for Epidemiological Studies Depression Tool:

- ▶ **English:** <http://medschool2.ucsf.edu/latino/pdf/CESD/CESDEN.pdf>
- ▶ **Spanish:** <http://medschool2.ucsf.edu/latino/pdf/CESD/CESDSP.pdf>

## OTHER USEFUL MATERIALS

Family Connections Project at Children's Hospital Boston developed Family Connections Materials: A Comprehensive Approach in Dealing with Parental Depression and Related Adversities. This set of materials is designed to help staff at Early Head Start and Head Start programs work with families with depression:

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/Mental%20Health/resources%20&%20support%20for%20families/parental%20depression/familyconnection.htm>

The University of California–San Francisco developed The Mothers and Babies Course. This 12-week, group-based intervention has been shown to reduce depression in pregnant women and mothers with young babies. Manuals for mothers and instructors are available online and in English and Spanish:

<http://medschool2.ucsf.edu/latino/Englishmanuals.aspx>

There are shorter versions (6-week and 8-week) of The Mothers and Babies Course for use in prenatal care, home visiting, and WIC settings. These manuals are available in English and Spanish and will be posted on the following website:

<http://www.gwu.edu/~mbp/manuals.html>

Resiliency groups are being run as a part of the work of Community Partners in Care (CPIC). CPIC is a collaborative research project of community and academic partners working together to learn the best way to reduce the burden that depression places on vulnerable populations. CPIC works in the communities of South Los Angeles (SPA 6) and Hollywood-Metro LA (SPA 4). The manuals will be available soon, but you can follow their work here:

<http://www.communitypartnersincare.org>



# APPENDIX D: Acknowledgments

This toolkit was developed through the collaboration of four researchers who have devoted their careers to improving the lives of mothers struggling with depression. The document reflects their collective experiences and knowledge gained through several decades of work with diverse, low-income communities across the U.S. With support from the Substance Abuse and Mental Health Services Administration [HHSS280200800003C], these individuals drew upon the evidence-base for effective practices in mental health promotion, prevention and treatment to create this toolkit.

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