Research Within Reach, Ep. 3: Addressing Maternal Depression

Can we embed a maternal depression prevention intervention into Head Start?

Introduction

About 7.6% of the U.S. population above the age of 12 suffers from depression. Among mothers of young children, the rate is 10.2% (Journal of Women’s Health, NIH). Among those living in poverty, this rate is 15.4% (CDC). Among Head Start mothers, it is almost half.

When it comes to mental health, minority and low-income populations often have trouble accessing adequate care. Head Start mothers, who often fall into both categories, are also more likely to experience depression. Researchers at Boston University Medical Center tested out an intervention to treat depression by training non-mental-health professionals to implement problem-solving education into their normal efforts to support families. If it works, an intervention like this could be embedded regularly within Head Start to be a highly-effective but low-cost way to reach those that need it most.

The Basics:

Researchers from the Boston University Medical Center developed a problem-solving education program intended to treat women with maternal depression. Problem-solving is a common facet of depression treatment and prevention. The new intervention is the first to be implemented by staff not traditionally trained in medicine. The researchers wanted to test if they could train non-mental-health-professionals to implement the problem-solving program as part of standard Head Start programming, as opposed to having medical professionals implement the program in a medical space.

The researchers trained 15 non-professionals in a one-day workshop that was followed up with five practice cases to make sure they were implementing the program reliably. The program they tested is six-sessions long and was tested in Head Start centers and home visits. It includes a problem-solving workbook that the providers went through with the mother each week.

The Results:

Overall, the intervention was successful at preventing depressive episodes. Mothers in the problem-solving program had only 60% as many depressive episodes as mothers not in the program. While the problem-solving program did not make a difference for mothers with high levels of depression to begin with, it was a big help for mothers with lower levels of depression. Mothers with low baseline levels of depression who had problem-solving education had only 39% as many depressive episodes as mothers with low baseline levels of depression who did not.
The Implications:

This study is believed to be the first that addresses depression by training non-medical professionals to implement an intervention in a standard community setting. More research will need to be done, but this study points to programs like Head Start as critical players in the treatment of mental health disorders. While there are mental health and medical care deserts in certain areas of the United States, community organizations like Head Start are widespread. If it is possible to train Head Start staff to effectively implement a preventative intervention around depression, mental health care services could reach a population of mothers who need it most through a trusted, existing infrastructure.

The Limitations:

- As this is the first study to embed a depression intervention into a community program using non-medical professionals, there certainly needs to be more research. This study will likely need to be replicated and expanded before we can be sure an intervention like this could succeed.
- The researchers trained personnel with similar backgrounds to Head Start staff, but did not train the actual Head Start staff members.

The Methodology:

The Sample:

- 230 Head Start mothers in Boston, Massachusetts, who were at risk for depression but weren't currently having a major depressive episode.
- Subjects were enrolled in the study from February 15, 2011 through May 20, 2015.

The Measures:

- Eligibility: the Patient Health Questionnaire-2, the Composite International Diagnostic Interview, the Mini-International Neuropsychiatric Interview, the MacArthur Initiative on Depression and Primary Care, and the MacArthur Competence Assessment Tool
- Treatment: the Patient Health Questionnaire-9 to assess depressive symptoms, the Beck Anxiety Inventory, the PTSD Symptom Scale, the Social Problem Solving Inventory, and the Collaborative Psychiatric Epidemiology Studies
- Covariates such as age, number of children, race/ethnicity, education, work, and marital status

The Analysis:

- The authors used several analysis methods to measure: use of mental health services, effect of the problem-solving education intervention, change in problem solving skills, and whether there were differential effects on mothers depending on their baseline level of depression.
- Analyses include: chi-squared analysis, linear/logistic regressions, and various stratified analyses.

Do you have any questions, comments, or new ideas? E-mail vjones@nhsa.org

Looking for research NHSA has covered previously? Please visit http://www.nhsa.org/content/research-topic

Our mission is to coalesce, inspire, and support the Head Start field as a leader in early childhood development and education.