Enhancing Engagement and Treatment for Maternal Depression through the Home Visiting Team

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Community Based Participatory Research (CBPR)

• “Community-Based”: most of the research happens inside the community within the context of how services are actually delivered.

• Participatory: The subjects of the research are involved in the process of designing & informing the research as well as data collection and dissemination.

• Research: Informs larger knowledge, not just the delivery of one specific program or service.

(Israel et al., 2003)
Community Agency

• Children’s Health Involving Parents (CHIP) of Greater Richmond, a program of Family Lifeline
• Home visiting agency, serving “at risk” families with children age 0-6.
• Funded program for City of Richmond Healthy Start
• Maternal and child health promotion, parenting skills development (Parents as Teachers), case management, health education and prevention.
• Nurse, outreach worker (community health worker) and mental health professional team model.
“Women, Loss & Depression”

- Initial CBPR Pilot, funded through VCU Institute for Women’s Health (2006-2008)
- Women in communities at highest risk for fetal and infant mortality are likely at risk for psychosocial distress and/or depression
- Direct involvement of consumers and staff members to define and describe the experiences of loss and depression in their lives and communities.
Goals and Objectives:

1. Garner community definitions and experiences of maternal depression
2. Identify perspectives of mothers and agency staff regarding the meaning of and preferences for mental health services
3. Use to inform an intervention strategy, combining community voice with evidence base mental health practice models
Methodology

• Interpretive qualitative methodology using a CBPR lens
• Focus groups (consumers)
• Semi-structured Interviews (consumers) and written questionnaires (staff) [same content]
• Active use of advisory panel at multiple stages of data gathering & analysis
Focus Groups (3 groups; N=14)

• Open-ended questions focused on consumer narratives & lived experiences with loss, depression, and help-seeking.

• Probes used to identify congruent definitions and experiences of depression among low-income mothers and reach consensus around cultural norms related to loss and depression

(Denzin & Lincoln, 2000; Kieffer, 2005)
Semi-Structured Interviews (N=20)

• Content defined by advisory board after review of thematic data from focus groups

• Consumer and staff viewpoints on
  – Language used for depression screening
  – Consumer-home visitor dialogues introducing the topic of depression screening and mental health
  – Preferences regarding specific models of service delivery
  – Further exploration of the concepts of “trust” and “taking care of oneself” and comfort with the word “depression”
Results: Focus Group Themes

- Depression as a Personal and Community Reality
- Mental Health Services as Extension of Personal Support Network
- Reproductive Losses as Undiscussed and Undisclosed Facts of Life
- CHIP as a Potential Resource for Depression and Mental Health
- Medication as a Common, Challenging, and Self-Directed Treatment
Results: Semi-Structured Questions

Consumers:
• Comfort talking about depression (using the word)
• Fears related to seeking treatment/being open about depression
• Importance of connection with peers
• Attending to different levels of severity of depression
• Barriers to services

Staff:
• Discomfort talking directly about depression with clients (using the word)
• Understanding of barriers that limit service use
• Concerns around feasibility of services
• Importance of maintaining relationship
Implications

• Relationships were of primary importance
• Depression was “state”, not a “trait”
• The context of consumers’ lives was woven into their experiences of loss and depression
• Selection of evidence-based practices which resonated with the experiences of consumers and agency values
“Mental Health Services Enhancement for CHIP of Greater Richmond”

- Funding from Jenkins Foundation (2008-2009)
- Capacity building and case-level efficacy of Interpersonal Psychotherapy (IPT) and Motivational Interviewing (MI) within the home visiting team
- Internal program evaluation of five cases (families) for each of two mental health professionals
- Additional staff consultation and building better integration of mental health professionals into the home visiting team
Evaluation Results

• Mental health professionals attended initial enrollment visit for pilot to begin enhanced engagement.
• IPT was particularly useful with cases where grief was present, or there was a relationship conflict/stressor.
• There was difficulty engaging in visits beyond 6 wks
• Consumers had better recall of content from sessions in the enhanced engagement cases than in baseline controls
• Opened the possibility for next steps of pilot research, translating an Enhanced Engagement Model into standard practice.
Where we are...

- Staff training on core components of assessment and intervention that include parenting stress
- Augmenting existing parenting curriculum (Parents as Teachers) to include team-driven conversations that include awareness of stress, mental health, and the emotional components of attachment.
- Considering additional ways to maximize the team approach in delivery of comprehensive home visiting
- Working through with organizational stress and role challenges/definition
Pilot Research

• Funding through NIH K12 award (1KL2RR031989-01) and Robins Foundation
• Focusing on mental health promotion early in pregnancy/parenting and its influence on health, child development, safety, and future success
• Quasi-experimental design with measurement of depression, anxiety, social support, stress, caregiver emotional well-being and maternal and child health outcomes
• “Enhanced Engagement” model of brief interventions infused with the home visiting team
Next Steps and Future Directions

• Ability of pilot research to inform other home-visiting models
• Replication of brief intervention across multiple sites and programs (translational research)
• Long-term evaluation of impact of mental health promotion on maternal and child well being and future success
• De-stigmatization of mental health and intervention/treatment
• Provide advocacy and awareness for levels of community support for mental health
• Responding to the larger question...
Who Owns Mental Health?

- Is it licensed mental health professionals?
- Is it the home visiting team?
- Is it our community coalitions?
- Is it the person experiencing mental health challenges?
- Our answers may be influenced by how we define and label...a disease process, a person, or a situational state?
References

