Pregnancy and the post partum period have been associated with episodes of significant clinical maternal depression, particularly for women who lack economic resources. The effects of depression on new mothers can lead to difficulties in parenting, which, in turn, place children at risk for longstanding impairment.

We believe that Early Head Start and Head Start programs offer one important vehicle through which to identify and address depression in a context of enhancing parenting and parent-child relationships. This notion is confirmed in a recent evaluation of Early Head Start (EHS), a program that serves young children (ages one to three) and their families, providing child development services and parent support through services such as parenting education and/or home visits. Seventeen Early Head Start programs were selected to participate in the national study. Sites were selected according to proportional national geographic distribution, representation of major programmatic approaches and settings, and a diversity of family characteristics typical of Early Head Start families nationally. Sites were also selected on the basis of the strength of the local research team.

The 17 EHS research programs recruited 3,001 families to participate in the evaluation. Programs were expected to recruit the same way they would have done in the absence of the research, with special instructions to include all types of families they were designed to serve (including those whose babies had disabilities). Children and families were randomly assigned to the program or control group by a national contractor. Control group families did not receive EHS services, but could access other services in the community. Sample enrollment, baseline data collection, and random assignment began in July 1996 and were completed in September 1998.

The Early Head Start Research Project found a high rate of depressive symptoms in both mothers and clinical cutoff for depression. One third of mothers of 1-year-olds and one third of mothers of 3-year-olds had elevated symptoms. For some women (12%), depression was chronic; that is, these mothers scored over the clinical cutoff both when their children were 1 and 3 years old. Rates of depressive symptoms for EHS fathers were also notable. Eighteen percent of EHS fathers reported enough symptoms to be considered depressed when children were 2 years old; 16% met those criteria when their children were 3 years old. At the time of exit from EHS (when the children were 3 years of age), 23% of the families reported that at least one caregiver had received mental health services. Twenty-one percent reported that a caregiver had received treatment for an emotional or mental health problem, and 5% reported that a caregiver had received drug or alcohol treatment. Thirty-two percent of mothers who were depressed at enrollment reported that at least one caregiver had received mental health services.

Comprehensive, continuous programs like Early Head Start have demonstrated effects on helping parents and their children. The evaluation study showed that children in EHS were protected from some of the negative effects of their parents’ depression, as illustrated by their outcomes age three and again before they entered kindergarten. First, the EHS research found that, among children who had a depressed parent, children who were in EHS had lower levels of depression and scored better on the Child Behavioral Checklist (CBCL) than children who were not in EHS. Children in EHS also demonstrated higher vocabulary levels and were rated to have higher levels of engagement and attention. In other words, program participation enhanced positive outcomes for a child experiencing parental depression. In addition, compared to the control group, those pressed mothers who were able to enroll in EHS were more positive and negative in interactions with their children. This is what we have called a change in the parenting context of the depression for families receiving EHS services. These findings, in part, led to the Early Head Start Infant Mental Health initiative, a search for ways for programs to address mental health more directly.

In addition, when children were approximately 5, two years after the end of the program, for the first time there was an impact of Early Head Start on reducing maternal depression. While statistically significant, the impact was modest (effect size = .10).1

We conducted analyses to explore what earlier impacts of the program led to this later-emerging impact on maternal depression. This study affirmed what had been shown previously in other studies: Child behaviors and abilities can exacerbate later maternal depression, and conversely, interventions that improve child outcomes appear to have an indirect buffering effect on maternal well-being as well.2,3,4,8 These findings highlight the importance of focusing on child development within supportive interventions.

The range of family factors that could act to buffer or exacerbate ma-
ternal depression included positive factors such as maternal supportive
ness during play, support for learning and development in the home envi-
ronment, and daily reading and reading at bedtime. Family risk factors
that exacerbated maternal depression included family conflict, parenting
stress, and parent report of physical punishment. The study showed that
the EHS program reduced some of these negative factors.

Similarly, the study identified child factors—behaviors and abili-
ties—that either buffered or exacerbated maternal depression. Posi-
tive behaviors or abilities included cognition and vocabulary as well as
child engagement with parents during play. Negative factors included
parent report of aggressive behavior in the children as well as child nega-
tivity toward the parent during play. When all of these child factors are
combined, only aggression and cogni-
tive functioning remain significant.
These findings support the literature showing that while child aggression is
clearly very salient in terms of parent
well-being, and echoes the linkages
between child difficult temperament and
maternal depression, children’s
cognitive abilities are also important mediators of maternal depres-
sion.2,3,4,5

What are the Implications for Program Development?

Jane Knitzer and her colleagues6
suggest three categories of emerging
efforts to address depression in the
context of parenting young children.
These are: screening and follow-up
for women in obstetric and pediatric
practices; targeted intervention to
reduce maternal depression and im-
proving parenting through home vis-
ting and EHS; and promoting aware-
ness to the general public about the
impact of maternal depression, with
an emphasis on low-income commu-
nities and health and early childhood
practitioners.

It is increasingly clear that mater-
nal depression is a barrier to ensuring
that young children experience rela-
tionships that will provide them with
the potential for healthy development
and enhance their school readiness.
Knitzer proposes that we continue to
build on family-focused, multi-gen-
erational, culturally responsive ap-
proaches that bring together resources
from multiple public systems.

Knitzer offers “on the ground”
examples of programs that address
maternal depression in early child-
hood settings. The first is the Family
Connections Project, based in Bos-
ton, which is a strength-based preven-
tion project that builds competence
and resilience in Head Start and Early
Head Start staff in order to strength-
en staff’s ability to engage around issues
of depression and adversity. As a
system-wide program it also directly
enhances parent engagement and par-
enting skills, strengthens meaningful
teacher-child interactions, and iden-
tifies and plans for needed services
through training and mental health
consultation. The second program,
Every Child Succeeds, based in Cincin-
nati, embeds cognitive behavioral
therapy into three different home
visiting models. The third example is
the Community Mom’s Program in
New York City, which provides
health education workshops, support
services, home visiting and screening,
and referrals for depression. Finally,
the Louisiana Nurse-Family Program
augments the standard nurse inter-
vention with extra training and with
mental health professional consulta-
tion in order to deal with depression
and other mental health issues.

We know that parental emotional
distress and depression can in many
cases be mitigated by consistent, high
quality services targeted at families
with young children.7 Our work is to
continue to build from the informa-
tion that we have been given through
research and to put this knowledge
into practice in early childcare and
health care settings.

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