

## **FLYING BENEATH THE RADAR: IN-HOME INTERVENTION RETAINS UNDERSERVED MOTHERS WITH DEPRESSIVE SYMPTOMS**

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Depressive symptoms are prevalent, severe and persistent in low-income mothers and newly-immigrated, monolingual Spanish-speaking Latina mothers. Few mothers with depressive symptoms engage in mental health treatment and this health disparity jeopardizes their mental health and the development of their infants and toddlers as well. Two clinical trials were conducted where mental health intervention was nested in an in-home child enrichment program (Early Head Start) in order to reduce the visible stigma of receiving psychiatric help. Mothers received either a theory-based (Interpersonal Theory of Nursing and Interpersonal Therapy) intervention for depressive symptoms delivered by advanced practice psychiatric nurses, or a health education/monitored control condition delivered by research nurses, or a pure control condition. The **purpose** of this analysis was to describe a) the comparative frequency with which 18 selected nursing interventions were used to engage and retain these difficult-to-reach mothers; b) the ways nurses selected and altered interventions to fit the severity of the mother's depressive symptoms, the demands of her day to day survival and her cultural norms and practices; c) how the mother's physical health and burden affected maternal engagement in and adherence to the intervention; and d) the experience of depression and the response to in-home treatment in this group of depressed mothers. **Methods:** Frequencies of the nurse interventions were calculated using the Nurses' Component Checklist (NCC), a tracking instrument completed by psychiatric nurses providing the 5-month intervention. Twenty-five mothers completed 19 intervention contacts with a nurse for a total of 475 completed NCCs. Qualitative data from the written field notes of the nurses and the PI were used to elaborate on the quantitative findings. **Findings:** The nurses countered mothers' self-protective indifference and rejections with gentle but persistent methods to reach and engage them. Controlling the intensity of the intervention or control contact increased adherence to the intervention or control protocols. Helping the mother confront and find practical solutions for her immediate life stressors reduced maternal burden and increased retention of the intervention mothers. **Discussion:** The ability of the research nurses to rapidly adjust the relational focus and intensity of both the intervention and the control conditions was central to the retention of these mothers. This required intensive initial training and elaboration of complex skills through ongoing peer group analysis of both intervention and health education nurses' practice with the target population.