

Supporting evidence for prioritizing the mental health and well-being of the workforce

Recommendation #3. Prioritize the mental health and well-being of the workforce

- a. Provide resources to support home visitors who have experienced depressive symptoms, stress, and/or traumatic life events.
- b. Encourage agencies to develop employee assistance programs and ensure that staff have the information and resources needed to access mental health supports.
- c. Provide opportunities for home visitors to develop and increase mindfulness and relaxation skills. Opportunities could include dedicated time during the day for mindfulness activities or stipends to allow staff to participate in mindfulness activities outside of work.

The evidence presented here suggests a strong need to **prioritize the mental health and well-being of the workforce**. The high prevalence of depressive symptoms, stress, and adverse life experiences experienced by the workforce all point to a need for more support for the workforce. Given that the COVID pandemic is ongoing, home visitors in California have emergent mental health and well-being needs that must be addressed to cultivate a stable and supported workforce.

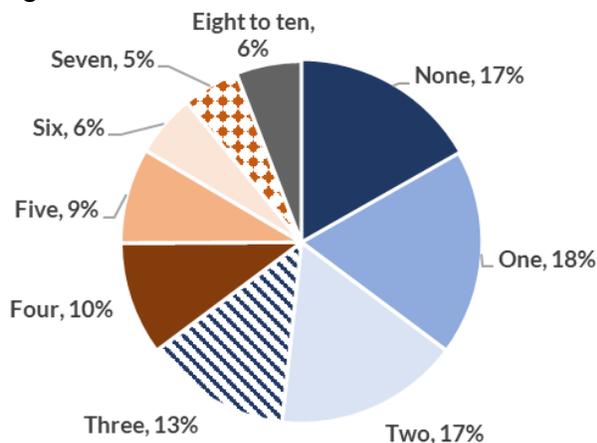
Providing resources to support home visitors and encouraging agencies to develop employee assistance programs will ensure staff have relevant information and tools to access additional mental health supports as needed. Providing opportunities for home visitors to develop and increase mindfulness and relaxation skills may help build staff protective factors, boost morale, and reduce stressors of day-to-day work.

Adverse Life Experiences (ACEs)

To support the mental health and well-being of the workforce, there needs to be an acknowledgement of past life events that may impact home visitors. This study indicates that some of California's home visitors have experienced life events that

are potentially traumatic (Figure 1). In total, 83 percent of home visitors reported that they have experienced one or more ACEs out of a possible total of 10, and 48 percent had three or more ACEs. For comparison to a similar workforce, a study using the Head Start Staff Wellness Survey data found that 23 percent of respondents had three or more ACEs, using eight categories.¹

Figure 1. Total number of ACEs home visitors have experienced (n = 375)



Source: Home visiting workforce follow-up survey, 2021

¹ Whitaker, R. C., Dearth-Wesley, T., Gooze, R. A., Becker, B. D., Gallagher, K. C., & McEwen, B. S. (2014). Adverse childhood experiences, dispositional mindfulness, and adult health. *Preventive Medicine*, 67, 147-153.

Depressive symptoms and stress

Over the course of this study, which was conducted entirely during the pandemic, home visitors in California reported high levels of depressive symptoms and increased stress (Tables 1-3). For depressive symptoms in particular, almost twice as many home visitors were experiencing depressive symptoms above the clinical cutoff compared to home visitors in past national studies.² As home visitors experience more COVID-related stress, the odds of experiencing high levels of depressive symptoms also increased.³ Other fields, including early care and education, have reported high rates of stress, anxiety, and depressive symptoms among the workforce throughout the COVID pandemic.^{4,5}

Table 1. Home visitor self-reported depressive symptoms

	HOME VISITORS, 2020 (N = 704)	HOME VISITORS, 2021 (N = 411)
Depressive symptoms score at or above 8	27%	28%

Source: Home visiting workforce landscape survey, 2020, and follow-up survey, 2021, Child Trends

Note: As measured by the 10-item version of the Center for Epidemiological Studies Depression Scale (CES-D)

Table 2. Staff who agreed or strongly agreed they experienced stress due to COVID-19 (n = 706)

	HOME VISITORS
Myself or my family members getting COVID-19	57%
Loss of social connections, social isolation	55%
Increased anxiety or depression	53%
Taking care of my children and family members or working more	46%
Tension or conflict between my household members	34%
Financial resources to pay my bills	32%
Reminders of past stressful/traumatic events	30%
Food running out or being unavailable	19%

Source: Home visiting workforce landscape survey, 2020

Note: We report the percentage of home visitors who selected "somewhat agree" or "strongly agree" to having each of the stressors in recent weeks.

² Duggan, A., Portilla, X. A., Filene, J. H., Crowne, S. S., Hill, C. J., Lee, H., & Knox, V. (2018). Implementation of evidence-based early childhood home visiting: Results from the mother and infant home visiting program evaluation. *OPRE Report 2018-76A*. Office of Planning, Research and Evaluation.

³ Crowne, S., Hegseth, D., Ekyalongo, Y., Chazan Cohen, R., Bultinck, E., Haas, M., Anderson, S., and Carter, M. (2021). *Findings from the First 5 California home visiting workforce study*. Bethesda, MD: Child Trends.

⁴ Warner, M., Ulmen, K., and Li, W. (2021). *Examining anxiety among Minnesota child care providers during COVID-19*. Bethesda, MD: Child Trends.

⁵ Daro, A. and Gallagher, K. (2020). *The Nebraska COVID-19 Early Care and Education Provider Survey II*. Omaha, NE: Buffet Early Childhood Institute, University of Nebraska. <https://buffettinstitute.nebraska.edu/-/media/beci/docs/provider-survey-2-080420-final.pdf>

Table 3. How stressful the following things have been for you in the past 6 months? (N = 403)

	HOME VISITORS
Paying all of the bills	35%
Having conflicts with family members (i.e., parents, siblings, etc.)	33%
Postponing medical care to save money	24%
Having difficulties with getting along with neighbors	5%

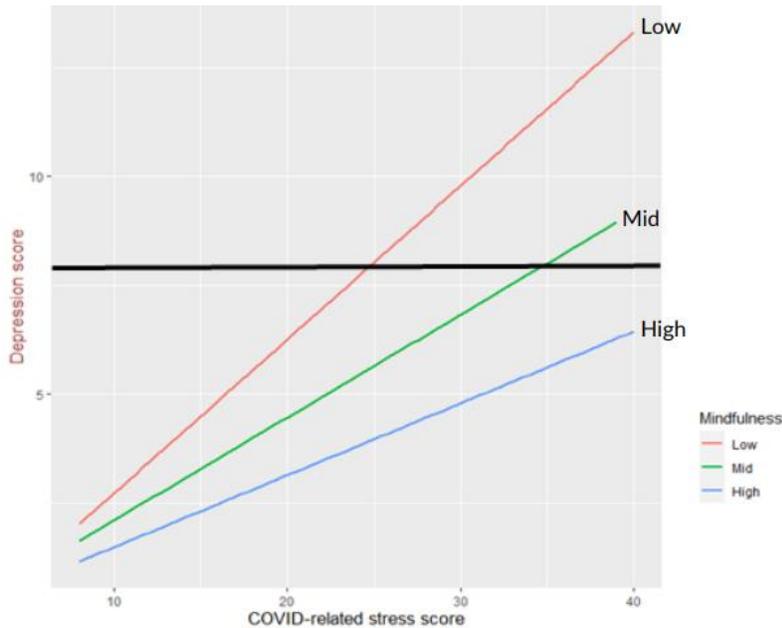
Source: Home visiting workforce follow-up survey, 2021

Note: Percentage of home visitors who selected "somewhat stressful" or "very stressful" for each of the stressors in the past 6 months.

Mindfulness

Mindfulness, the ability to be fully present and aware of what is happening in the moment, is one component of workforce well-being thought to strengthen interpersonal interactions, such as those that take place between a home visitor and family.⁶ Mindfulness qualities include attention, present-focus, awareness, and acceptance. Results from this study suggest that as mindfulness increases, the likelihood of experiencing high levels of depressive symptoms decreases.⁷ However, mindfulness can also impact the relationship between stress and depressive symptoms; for example, when mindfulness is low, COVID-related stress and depressive symptoms are more strongly associated compared to when mindfulness is high (Figure 2). These results suggest that building mindfulness skills may support home visitors' well-being.

Figure 2. Association of COVID-related stress and depressive symptoms, by level of mindfulness



Source: Home visiting workforce landscape survey, 2020

Note: Black bar denotes a clinical cutoff score of 8 or higher.

⁶ Becker, B. D., Patterson, F., Fagan, J. S., & Whitaker, R. C. (2016). Mindfulness among home visitors in head start and the quality of their working alliance with parents. *Journal of Child and Family Studies*, 25(6), 1969–1979.

⁷ Crowne, S., Hegseth, D., Ekyalongo, Y., Chazan Cohen, R., Bultinck, E., Haas, M., Anderson, S., and Carter, M. (2021). *Findings from the First 5 California home visiting workforce study*. Bethesda, MD: Child Trends.

Program supports and their perceived helpfulness

Program-level supports are an important mechanism for addressing the mental health needs of the workforce. In California, some home visitors, but not all, work at programs that have employee assistance programs (EAPs) as well as other types of assistance (Table 4). Most home visitors have received training on stress management and self-care (Table 5). For the most part, home visitors also reported wanting more of these same types of programs and/or trainings.

Table 4. Program provides mental health support to home visitors

	PROGRAM PROVIDES (N = 697)	WOULD LIKE MORE (N = 466)
Counseling	63%	52%
Mental health treatment	62%	50%
Employee Assistance Program*	66%	NA

Source: Home visiting workforce landscape survey, 2020

*n = 456

Note: HVs who reported that they receive mental health support also responded to the question about whether they would like more of the support or not.

Table 5. Training provided to home visitors for stress management and self-care

	RECEIVED TRAINING	WOULD LIKE MORE TRAINING
2020 (n = 703)	93%	66%
2021 (n = 434)	86%	73%

Source: Home visiting workforce landscape survey, 2020, and follow-up survey, 2021, Child Trends

Note: HVs responded to the question about whether they would like more training regardless of whether they received the training.

Program supports can also include opportunities for self-care, exercise, and mindfulness. In 2020, more than three-quarters of home visitors reported that their programs provide opportunities for self-care, exercise, and mindfulness, and nearly two-thirds indicated they would like more of these opportunities. In 2021, 70 percent of home visitors reported that the self-care, exercise, or mindfulness activities offered by their program were effective in supporting them. Examples of activities include breathing exercises, yoga or movement exercises, and encouragement to use sick and vacation time (Table 6).

Table 6. What types of self-care, exercise, or mindfulness activities does your program provide? (n = 364)

	HOME VISITORS
Encouraged to use sick and vacation time	77%
Breathing exercises	38%
Guided meditation	30%
Yoga or movement exercises	28%
Worksheets with techniques and resources	28%
Other	7%

Source: Home visiting workforce follow-up survey, 2021

Note: Percentages add up to more than 100 because HVs were able to select multiple options.

When asked which types of mental health supports are helpful, home visitors reported that self-care activities and resources on meditation, mindfulness, and breathing techniques were most helpful (Table 7). Slightly fewer reported that programs' encouragement of using personal time off (PTO) when needed was helpful. In open-ended survey questions and interviews, home visiting staff shared how these types of supports were helpful. Example quotes included:

- “My biggest support has been the transition from using sick time for stress or illness to the idea of PTO and WELLNESS time off. All through the peaks of our covid and fire shelter deployments I took regular extra days off and it was super helpful in keeping me balanced and avoiding the illness/stress/worries that so many were going through.” – Home visiting staff, 2021 Survey
- “They really supported. Even like during the George Floyd days, she really understood and said, "I understand if you can't work for the rest of the day, just call me, let me know." And so through all this racial trauma that we have and being that we work with the African-American population, she went ahead and gave us five wellness days. So you were given time you could take one or two days ... So if you need to say, "Hey, you know what, I got to step out. I can't do this right now," she understood because how can we help a mom or help a family if we are stressed out? And with all the racial trauma that's going on, it gets to you.” – Home visitor, 2021 Spring/Summer interview
- “We actually have one day out of the year where is considered a retreat day. We don't work, we don't see clients. It's a day where we spend time with one another, practice breathing techniques, yoga to meditate. We go to the park, draw, listen to music, and catch up with our co-workers who we don't see often. This is only done once a year.” – Home visitor, 2021 Spring/Summer interview

Table 7. Home visitors' perceived helpfulness of mental health supports

WHAT ASPECTS OF MENTAL HEALTH SUPPORTS PROVIDED BY YOUR PROGRAM ARE MOST HELPFUL TO YOU? (N = 221)	N	%
Self-Care (meditation, yoga, exercise, breathing, self-Care trainings, drawing)	75	34%
Encouragement to use PTO (e.g., sick and vacation time, mental health days), the ability to take personal time for mental health days	63	29%
Regular 1-on-1 and group supervision; team relationships	50	23%
Professional counseling and mental health services	40	18%
Flexibility	19	9%
Other	26	12%

Source: Home visiting workforce follow-up survey, 2021

Opportunities for additional supports

Building on what is already in place to support workforce mental health and well-being, home visitors also reported ways their program could better support their mental health (Table 8). Examples included: additional mental health supports, including paid mental health days or time off and access to professional counseling; more emotional support from their supervisor, including recognition and appreciation of their work; and more flexibility to help work-life balance, including flexible scheduling of visits, decreased workloads, and less micromanagement from supervisors. Some home visitors reported additional promotion of self-care activities by programs would be supportive to their mental health, as well as additional trainings, professional development, and resources to support their work with families.

Table 8. Additional supports for home visitor mental health

WHAT COULD YOUR PROGRAM DO DIFFERENTLY TO SUPPORT YOUR MENTAL HEALTH? (N = 174)	N	%
Mental health supports	44	25%
Emotional supports (e.g. recognition, appreciation)	39	22%
Work flexibility	36	21%
Promote self-care (e.g., mediation, yoga, exercise)	37	21%
Trainings, professional development, resources	27	16%
Group and peer to peer support opportunities	17	10%
Other	16	9%

Source: Home visiting workforce follow-up survey, 2021

Summary

Over the past 18 months, stakeholders have shared that home visitors and supervisors are struggling; they have experienced sustained periods of high stress while also transitioning to a new work reality (i.e., working from home, providing virtual visits). Stakeholders emphasized that they recognize the importance of addressing mental health but also have barriers and limited resources to do so. Programs have continued to try new ideas to support the mental health and well-being of the workforce—including examples from stakeholders such as making more training opportunities available, conducting activities focused on mindfulness and self-care (e.g., healing circles, yoga), providing on-site counselors, and paying copay fees for needed mental health treatment. More resources and work are needed to effectively support the workforce, including state level support, research on effectiveness, and inclusion of home visitors in planning for future efforts to ensure any decisions and/or activities reflect staff needs and interests.