

# Understanding the Impact of **Moving Beyond Depression** on Staff Efficacy, Workload & Retention

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## Summary

When investigating if the home visiting program, Moving Beyond Depression (MBD), has an impact on home visitor (HV) efficacy, workload and retention, current MBD staff highlighted multiple aspects of the program that positively affect their day-to-day workload, as well as the ways in which they view the longevity in their role.

Through interviews with a variety of staff who work within MBD, the positive impact on home visiting staff's feelings of efficacy includes the MBD therapist serving as a trusted resource to HVs, being an in-house expert on mental health issues, and the streamlining of previously complicated barriers to provide mental health support for home visiting clients. Additionally, MBD staff highlighted that by having an embedded mental health therapist on their team, it lessens the emotional load and "heaviness" of home visits, a common reason home visiting staff cite for burnout and leaving the field. With this much clearer division of labor for both clients and the home visiting staff, MBD staff can share workloads, collaborate on challenges and find solutions together. Thus, by having this role embedded in the home visiting program, the program culture around mental health services for clients and staff has greatly improved.

These findings demonstrate an overwhelmingly positive impact on the day-to-day and long-term work of the home visiting workforce and further support evidence for continued expansion of the MBD program.

## Background

Originally developed by researchers at [Every Child Succeeds®](#) and [Cincinnati Children's Hospital Medical Center](#), Moving Beyond Depression (MBD) is an innovative approach that embeds licensed mental health therapists within a home visiting program.

Rather than referring parents to outside clinics, which can create barriers such as transportation challenges, stigma or long wait times, therapists meet families where they already receive services: in their homes. This integrated approach allows therapists and home visitors to work together as part of the same team, ensuring families receive coordinated, accessible support.

Start Early's [Home Visiting and Doula Network](#) has documented a positive impact of MBD on maternal mental health at the four sites implementing the program.

Compared to home visiting participants who are referred to mental health services outside of their home visiting agency, participants in Start Early's MBD programs are more likely to engage in treatment for their depression because the mental health therapist is embedded within the home visiting team. Further, the treatment provided by the MBD therapist has proved to be effective as measured by decreases in Edinburgh Postnatal Depression Scale (EPDS) scores over time. These findings echo those documented in other states where MBD has been tested.

Beyond the outcomes for caregivers at MBD sites, Start Early was interested in exploring if this intervention had an impact on the home visiting workforce and their feelings of effectiveness and capacity in their work with families. Additionally, Start Early was curious if this intervention had any impact on the ways in which home visitors viewed the level of burnout and potential longevity of their roles, in a field with increasing turnover.

This project investigated how, if at all, the MBD intervention impacted home visitor efficacy, workload and retention. These findings offer more insight into the MBD intervention as being successful not only for supporting caregiver mental health, but also for supporting the home visiting workforce and providing evidence for expansion.

#### **RESEARCH QUESTIONS:**

- What elements of MBD impact home visitors' efficacy, workload and retention?
  - How do these elements impact home visitors experience working with families?
- What are the best practices for staff using MBD to ensure program sustainability and success in the long term?

## Methodology

This qualitative study was conducted through 30-minute interviews with home visiting staff and providers of MBD in multiple programs across the state of Illinois (*Advara IRB Exemption #Pro00084724*). The Start Early Research & Evaluation Team conducted 12 one-time interviews with home visitors, mental health care providers and staff at MBD sites. These interviews documented the anecdotal successes and challenges of the program to help paint a more detailed picture of how the home visiting workforce is supported.

## Results

From April – May 2025, 12 individuals across different roles and at multiple sites were interviewed about their experience and reflections of the MBD program.

Role	Count
Home Visitor, Family Support Worker or Doula	5
MBD Therapist	2
Program Supervisor/Manager	5
<b>TOTAL</b>	<b>12</b>

Sites	Location Type	Count
Advocate Illinois Masonic	Chicago, IL (Urban)	8
Spero Family Services	Mt. Vernon, IL (Rural – South)	2
Stephenson County Health Department	Freeport, IL (Rural – Northwest)	2
<b>TOTAL</b>		<b>12</b>

### IMPACT OF MBD ON HOME VISITING-RELATED ROLES & FEELINGS OF EFFICACY

Feelings of efficacy, or the effectiveness/success of an individual in their ability to produce a desired result, are important goals for any worker. For doulas in the MBD program, their goal is to provide education and resources for families preparing for, or directly after the birth of their child.

For home visitors and family support workers, their focus is on strengthening the parent-child relationships by providing child development education, as well as referrals and resources for needed supports (i.e., food, health, economic, social services).

With these role-specific goals in mind, interviewees reflected on the ways in which MBD has impacted their confidence and ability to successfully achieve their goals, resulting in the following themes:

1. Having an MBD Therapist as an integrated member of the home visiting team **serves as a resource for staff** (for both MBD and non-MBD clients) **on mental health issues**, increasing communication, collaboration and trust among staff.

Quotes:

*"I think that it's nice that I can still turn to her and do like a 15 min check in and say, can you give me some advice?" – Home Visitor*

*"[The MBD therapist] is able to kind of put some qualifiers to what [HVs] are seeing. She can say, well here's some questions you might ask them, because it sounds to me like they might have this going on, or that going on... She is able to help the parent educators and other staff work through things they are seeing."  
– Program Supervisor*

*"I think it's very helpful to have the MBD therapist feel part of the team...like she's not a clinician who is over here separate from us, she is part of the team... I think having her come to our team meetings and having that access to her in that way, I think is helpful. We would never have a mental health clinician normally at our team meetings." – Program Supervisor*

2. When asked about their role as a mental health provider, and as a team expert on mental health, MBD Therapists acknowledge and accept **being a resource** for families *and* staff as a **part of their role and responsibilities**.

Quotes:

*"Just to be that resource for people, even for clients who aren't going to engage, or the referrals aren't appropriate, or whatever... just to be that resource for the team, I think, has been really great, and I hope they see it that way too." – MBD Therapist*

*"I think that [being a resource to staff] is appropriate within the work... if there is any grey area, and maybe they need some guidance, we typically do 10-15 minute conversation about what's going on." – MBD Therapist*

*"[The MBD therapist] has been like my right hand, with a lot of crises that we have done through together. She has a lot of experience in the field, and me still being kind of new and not having a lot of experience with some crises, she's just been so knowledgeable and knows so many resources." – Home Visitor*

3. The home visiting staff members view the MBD Therapist as an integrated member of their team. This structure **streamlines the mental health services** process, which **removes logistical barriers** for staff and **decreases stigma and intimidation of mental health services** for clients.

Quotes:

*"It's a different kind of relationship that we have with our [MBD] clinician... we're able to talk with her more often than we would talk to [other] behavioral health staff... and she is able to really meet the clients, like she'll come with us to our events, which is really helpful because then we're like "Oh hey! Come meet our clinician, and look how lovely she is. Don't you want to start talking with her?" I think that really helps our participants. If my doula trusts this clinician, I can trust this clinician." – Program Supervisor*

*"With MBD, we say "Hey, we have this clinician. Let's have you talk with her, it's not starting services with her, it's just meeting her..." It's being able to just do a warm handoff and an introduction. It feels more like it's up to the client than if somebody calls you on the phone and says, "Let's set up an appointment, what are your risk factors?" We're able to say like, oh, we're just going to come and I'm going to bring [the MBD therapist] next time." -Program Supervisor*

4. By having an MBD Therapist as part of the team it creates **better partnerships** with other home visiting programs and other organizations. It also created more community visibility, as the MBD Therapist becomes a **representative/advocate for mental health services**.

Quotes:

*"I also feel like [our MBD therapist] has helped retention rate in the home visiting field. I feel like sometimes moms will go through, like a spurt of a crisis, and I'm definitely not the person they want to talk to when they're dealing with like maybe a 6-month-old, and like home issues, and their own internal demons. And so sometimes I have been ghosted, and the MBD therapist reaches out and it's like a lightbulb goes off... I really do feel that she's been a positive impact to our program." – FSW*

*"Forming relationships with some of the other home visiting programs in the community...just to kind of be that voice for the community...being the only clinical person in this setting... I feel the responsibility of that and I take pride in that for sure." – MBD Therapist*

*"I think [MBD] has been more of a support than a burden. It's helped with client communication. We support each other with strategies, [our MBD therapist] has different resources, which I tend to use with other clients that might not qualify for MBD. So, I don't really have anything negative to say about MBD." – Home Visitor*

## **IMPACT OF MBD ON HOME VISITING-RELATED ROLES & WORKLOAD AND RETENTION**

Due to the inherent vulnerability of providing services within an individual's home, prior to MBD, HV/FSW/doulas often took on the role of navigating mental health challenges with participants. This support is not a part of their scope of work, nor did they always feel trained or equipped to handle providing support for these needs. These additional job responsibilities increased the administrative and emotional workload of home visiting-related roles, often resulting in increased stress, burnout, and eventually, staff turnover.

Interviewees reflected on the ways in which MBD has impacted their view on their ability to manage the challenges of providing home visits in a vulnerable setting, as well as their views on their potential longevity in this role:

1. Having an MBD Therapist as an integrated part of the home visiting team allowed clients to receive genuine high-quality mental health services separately, which **released some of the heaviness and stress of providing home visiting services in vulnerable settings.**

2. By having **lighter emotional visits and a more focused workload**, HV/FSW/doulas felt better equipped to do this work longer, with less burnout.

Quotes:

*"I think a lot of the burnout in [the home visiting field] is sometimes feeling like, oh my gosh, they are in these really difficult situations, and I am the only one that's coming in here and trying to do anything... but I think it makes it feel less overwhelming, especially some of the more difficult cases...it's not just like I have to figure this out all on my own... Having someone else to bring in that is going to be focusing more on mental health, I think helps take some of that overwhelm off me." – Doula*

*"I feel like working with our families is so hard. Our job is so hard, being able to see the different things that we do see...in the visit I have to deal with all of the weight of what [my client] is going through... I can't imagine not having [our MBD clinician] on the team and not being able to rely on someone to be like, hey, let's talk about this client." - Home Visitor*

*"I think it is such a huge benefit...that we do have an MBD clinician on our team. I think because it takes a lot of that stress off... that we're able to just internally refer people to at least really helps me not feel like, oh no, I am the one who's needing to process all this stuff with them." – Doula*

3. The MBD Therapist is integrated into the home visiting team, which creates a **clear division of labor** for the MBD Therapist to manage the mental health-related aspects of family needs and the HV/FSW/doula to manage parent/child relationship development and other resources needed. This **shared workload** brings a sense of relief and support to staff.

Quotes:

*"It's just super challenging to be able to navigate both your role of helping families navigate parent child relationships, helping them with their goals, right? And then also trying to talk about their own mental health issues... and so to be able to separate those... and being able to work collaboratively to support the mom, it makes it so much easier. Without Moving Beyond Depression, it would just be mentally more challenging. And the way that I view my job and my role... I feel very supported. I feel like we've got backup." – FSW*

*"I can say that being a [program supervisor], MBD has made my work easier, because before the home visitors would come overwhelmed with all these stressors that a family is facing, and they felt like they had to hold it all... When we started with MBD, it just got easier to be able to say, we need [our MBD therapist] to meet this family and then share the case load with her. She can handle the mental health aspect, while the home visitor can have the rest of whatever issues mom is going through. It just made it easier for the home visitor, as well as for the supervisor just being able to add one more support for them." – Program Supervisor*

*"For those families that have accepted MBD, I have been able to see the change in what our visits look like, just like the weight or the heaviness of the visits... before we were talking about whatever it is that they're going through. Now, we can focus on that parent-child relationship. They can focus on whatever else they need to focus on in their own session with our mental health clinician." – FSW*

4. MBD Therapist as an integrated member of the team increases **open discussion of mental health** (for clients and staff) within **home visiting program culture**.

Quotes:

*"It's hard to believe, actually, that in like 2 years how much the process for us has changed. Just being able to even have more conversations around mental health, I forget that that's not how it used to be. Before it was like, you do the depression screening... but we wouldn't talk about them as much as we do now... there's so much more awareness within the team...these are topics that we are now talking about constantly." – Program Supervisor*

*"I feel like we also go through our own mental health challenges as a team, especially with the work that we do. And so to also be able to bring that up in like team meetings and how our mental health clinician give us a route to go through, or guide us, or be able to collab in a way that we can all feel supported as a team while also being able to provide that same support to our families... it's been really good to have that extra support system." – FSW*

*"Even working with other families who do go through their own mental health issues, sometimes I do feel like I can take that home... It's just so hard working in a home visiting setting, you see so much... But then the fact that I can share these experiences with the rest of the team, our mental health clinician included, I feel like it just makes it less challenging to work with our families mentally." – FSW*

5. MBD workers have previous experience with and a **passion and commitment** to learning more about and navigating challenges in **maternal/perinatal mental health**.

Quotes:

*"I think because of the niche of this population... I'm very comfortable with this population, and felt I do have the experience and education for it... I was very interested in [this role]."- MBD Therapist*

*"I've worked in an array of different roles with different populations, and this is where I found my niche. I absolutely love this work. I feel like it's fulfilling for myself." – MBD Therapist*

*"[Being a part of MBD] has given me more interest in learning about the different perinatal mood disorders, and how we can help clients." – Program Supervisor*

6. MBD Therapists **appreciate** the **flexibility in their role** while working within the **guardrails of the MBD framework**.

Quotes:

*"It's not all hard, rigid guidelines, which I think allows us to do really great work. It really is like, "what a unique client I have! And look at these special set of circumstances that she has..." so it's just been very nice and incredibly supportive." – MBD Therapist*

*"I think [the MBD program] allows us the flexibility to navigate whatever the client is navigating. We've had clients who've been in crisis... so we've been able to kind of navigate whatever it is that they're dealing with, whether it takes one week or two weeks. If they need referrals, I've been able to do that... and then once that kind of does settle, then we move back into [MBD therapy]."- MBD Therapist*

### **LIMITATIONS OR CHALLENGES FACED IN ROLE**

Though MBD staff were overwhelmingly positive about their experience with the program, they also spoke about challenges or concerns, especially if the program were to expand. The staff at current MBD sites explained that their MBD therapists are all almost at full caseloads and that additional staff within current and new programs will be needed.



Program Managers/Supervisors are especially wary of the need to hire more MBD staff not only due to funding constraints, but also the challenge of finding qualified staff within some of the more rural locations where recruitment for their current MBD therapists was difficult.

Though these challenges are not immediately impacting the efficacy, workload or retention of MBD roles, these topics are on the minds of staff members as hurdles to potentially prepare for and overcome.

## Conclusion

Pairing this study's qualitative findings with the substantial quantitative data in existing reports that document the significant impact that MBD has on increasing participants' rates of engagement in treatment and decreasing their depressive symptoms, this emphasizes the importance of the MBD approach in supporting postpartum individuals, as well as home visiting staff.

This study shows that an additional benefit of MBD is that it makes HV/FSW/doulas and supervising/managerial staff more engaged in their roles and thereby likely improves their efficacy, workload and views on retention.

By implementing MBD, staff feel better supported to do their home visiting-related work, have a more manageable workload, demonstrate improved viewpoints of mental health services with their clients and within their organization, and showcase a continued commitment and passion to serve this population. Thus, it is important to expand MBD into more home visiting programs.

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