

Risk Factors for Depression Among Early Childhood Teachers

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This study examined possible risk factors associated with teachers' depression in a variety of early childhood settings. Teachers with lower pay, no health insurance, multiple jobs, greater job stress, and more adult-centered beliefs reported more symptoms of depression. To reduce these symptoms, efforts should be made to support teachers' mental health at multiple levels, including individual, environmental, and policy.



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Background

Early childhood educators are critically important contributors to children’s learning and development¹. Research indicates that children benefit most when teachers are well supported and healthy². However, early childhood educators face many challenges that negatively affect their mental health and well-being, including long hours, low pay, stressful situations, and lack of workplace supports³.

Depression affects more than 16 million adults in the United States⁴. Estimates of clinically depressive symptoms among early childhood educators range from 5% to more than 25% nationally⁵. After reviewing the symptoms of depression, it is easy to understand why depression can make it difficult to care for and educate young children.

Research suggests that teachers who report more depressive symptoms are less sensitive and more withdrawn in their interactions with children. Children in their classrooms also make fewer developmental gains.

The purpose of this study was to examine characteristics associated with teachers’ depression in early childhood care and education settings. These settings include licensed home-based programs, licensed center-based programs, public PreKindergarten (PreK) programs, and elementary schools serving children in grades K-3.

SYMPTOMS OF DEPRESSION

Emotions

sadness, anxiety, guilt, anger, irritability, mood swings, feelings of helplessness

Thoughts

self-criticism, impaired memory and concentration, confusion, indecisiveness, suicidal ideation

Physical

chronic fatigue, lack of energy, sleeping too much or too little, weight loss or gain, loss of motivation, substance abuse

Behavior

social withdrawal, neglect of responsibilities, crying, moving more slowly, change in appearance

The Study

Researchers used data collected in 2015-16 from a large survey of early childhood educators in Nebraska. Four early childhood settings were sampled: licensed family child care homes (home-based), licensed child care centers (center-based), state-funded PreK programs, and elementary schools serving children in Kindergarten through Grade 3 (K-3). Across settings, a total of 1,640 teachers responded to the survey: 36% in K-3, 25% home-based, 23% center-based, and 17% PreK.

The survey included various measures, including economic circumstances (health insurance status, pay, public assistance use, and working multiple jobs), work-related stress, beliefs about children’s development (the extent to which teachers held more adult-centered vs. child-centered beliefs), and symptoms of depression.

Research Questions

1. What characteristics (including economic status, work-related stress, and beliefs) relate to early childhood educators’ depressive symptoms?
2. To what extent do associations among economic status, work-related stress, beliefs, and depressive symptoms vary by setting (home-based, center-based, PreK, and K-3)?

Findings

Most teachers (86%) across early childhood settings reported some depressive symptoms during the prior week. Approximately one in 10 teachers reported clinically significant depressive symptoms. Estimates by setting are provided in Table 1.

Additional key findings include:

- Aspects of teachers' economic status, work-related stress, and beliefs all related to symptoms of depression across all early childhood settings.
- In terms of economic status, teachers who lacked health insurance, had lower wages, and held multiple jobs were more depressed.
- In terms of stress, teachers who had more workplace demands and fewer workplace resources were more depressed.
- Teachers who held more adult-centered beliefs (tending to view child learning as more passive and requiring adult control) were more depressed.
- Finally, the association between adult-centered beliefs and depression was stronger for teachers in home-based than center-based settings.

Implications

These results suggest that teachers' and caregivers' mental health may be supported through affordable and accessible health care coverage, adequate compensation, and supportive workplaces that minimize stress. Home-based child care providers may benefit from adopting more child-centered beliefs, which support high-quality practices for children's development.

It is necessary to support early childhood teachers' mental health and well-being through economic, workplace, and educational means. Although individually focused efforts such as stress-management training and self-care are

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TABLE 1 | DEPRESSIVE SYMPTOMS ESTIMATE BY SETTING

Early Childhood Setting	Some Symptoms	Clinically Significant Symptoms
Home-Based	78.1%	8.0%
Center-Based	89.9%	10.7%
PreK	87.0%	9.6%
K-3	89.5%	7.9%

CHARACTERISTICS RELATED TO INCREASED REPORTS OF DEPRESSION

Economic status

- Lack of health insurance
- Lower wages
- Holding multiple jobs

Work-related stress

- Increased workplace demands
- Fewer workplace resources

Beliefs about child development

- Adult-centered beliefs (tending to view child learning as more passive and requiring adult control)

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important and necessary, attention to systemic supports is essential. Sustainably improving teachers' working conditions and increasing pay and benefits require creative solutions and commitment of various stakeholders. Although this undertaking may be great, what we stand to gain is even greater—a healthy, well-supported workforce capable of maximizing learning opportunities and ultimately improving the lives of young children.

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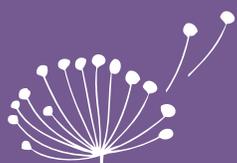
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