Mental Health and Well-Being Among Home Visitors: Stressors, Supports, and Service Implications

Introduction

A stable, qualified workforce is key to delivering effective home visiting services. Many states and local programs implement strategies to support home visitor training and professional development. Less attention has been paid to home visitors’ mental health and well-being—factors that can influence staff and participant retention and service quality for families.

Home visitors work with families who experience multiple stressors, including poverty, food and housing insecurity, intimate partner violence, substance use, and mental illness. Recurring exposure to the challenges and trauma of others can contribute to burnout, poor physical and mental health, and even secondary trauma (see box on next page). Home visiting programs can alleviate workforce issues and promote home visitors’ job satisfaction and retention by reducing job stressors and providing protective supports.

This brief summarizes the existing research to answer four questions:

- What factors contribute to home visitors’ mental health and well-being?
- How do home visitors’ mental health and well-being influence service quality?
- How can home visiting programs reduce stressors and support home visitors?
- What are the implications for research and practice?

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Defining Home Visitor Mental Health and Well-Being

Changes to home visitors’ mental health and well-being can manifest in multiple ways:

- **Job dissatisfaction**: Extent to which one does not feel self-motivated, content, and satisfied with their job
- **Occupational stress**: Stress related to one’s job that may stem from unexpected responsibilities and pressures that do not align with current knowledge, skills, or expectations (thus, limiting one’s ability to cope)
- **Psychological stress**: The extent to which one perceives the demands placed on them exceed their ability to cope
- **Burnout**: Symptoms of prolonged exposure to occupational stress resulting in mental, emotional, and/or physical exhaustion
- **Anxiety**: A feeling of worry, nervousness, or unease, typically about an upcoming event or something with uncertain outcomes
- **Depression**: A mood disorder causing persistent feelings of sadness and loss of interest
- **Secondary trauma or traumatic stress (also known as compassion fatigue)**: A natural but disruptive byproduct of working with traumatized families characterized by a set of observable reactions that mirror symptoms of posttraumatic stress disorder (e.g., feelings of isolation, anxiety, dissociation, physical ailments, sleep disturbances)

What Factors Contribute to Home Visitors’ Mental Health and Well-Being?

Home visitors often report feeling empowered by the work they do with families. Building relationships with parents, caregivers, and children motivates them and can help them stay committed to the job, even when they face challenging situations.

Despite these benefits, stress and anxiety are inherent to the role. Home visitors report worrying about families’ health, safety, and living conditions; limited resources to meet family needs; interactions with difficult families; potential threats to their own safety; and extensive data entry and paperwork requirements. As stress builds up, some home visitors experience job burnout and secondary traumatic stress (i.e., compassion fatigue). Time on the job has been linked to emotional exhaustion and job dissatisfaction.
Workplace factors also influence home visitors’ mental health and well-being. For example, work pressure, limited supervisory support, and lack of control over one’s work contribute to higher rates of burnout. Some home visitors report dissatisfaction with their pay, working conditions, and promotion opportunities, which can decrease their morale and sense of personal accomplishment. Home visitors reporting greater job satisfaction have more control and flexibility over their schedule and more support from colleagues, compared to home visitors with lower levels of job satisfaction. Supportive relationships with supervisors also help protect against burnout and secondary traumatic stress.

How Do Home Visitors’ Mental Health and Well-Being Influence Service Quality?

Stress, depression, and burnout can weaken home visitors’ relationships with families. When home visitors are burnt out, they are less engaged with program participants. Stress can reduce both staff and participant retention. As home visitors become less engaged in their work or leave their jobs, the families they work with are more likely to drop out. Specifically, research shows a negative relationship between home visitors’ emotional exhaustion and the number of days a participant stays enrolled in a program. Conversely, high home visitor morale relates to longer family enrollment.

Home visitors’ personal relationship histories also influence their sense of self-efficacy, job satisfaction, and burnout. Home visitors who avoid forming close relationships tend to have less self-efficacy, less job satisfaction, and shorter tenures than their colleagues.

How Can Home Visiting Programs Reduce Stressors and Support Home Visitors?

In this section, we share four promising strategies for programs seeking to help home visitors and reduce job-related stress:

- Ongoing training and coaching to address sensitive topics
- Reflective supervision
- Training and support to promote mental health and well-being
- Efforts to promote positive workplace cultures

According to available research—

- Home visitors stay in their positions 2-4 years, on average.
- Common reasons for leaving include burnout and low job satisfaction.
- Home visitors planning to leave their jobs in the next 2 years cited low pay, lack of promotion opportunities, excess paperwork, and inadequate supervisory support.
Promising Strategy 1. Ongoing Training and Coaching to Address Sensitive Topics

Continued training and coaching can improve home visitor confidence and self-efficacy addressing difficult topics with families, thereby reducing job stress. Home visitors report challenges discussing sensitive topics such as mental health, substance use, domestic violence, and poor parenting with families, and a desire for training and support to do so effectively. Evidence suggests that training can improve home visitors’ knowledge, attitudes, confidence, and skills addressing such topics. Ongoing reinforcement may be needed, however, to help them transfer skills to practice (see box 1).

Box 1. Maryland’s Home Visitor Training and Certificate Program

Developed in 2015, Maryland’s Home Visitor Training and Certificate Program helps participants develop key competencies and practice addressing sensitive topics. A randomized control trial conducted by Johns Hopkins University Bloomberg School of Public Health found positive immediate impacts from the program. Preliminary results also suggest a need for ongoing supervision or coaching to help participants maintain skills in the long term.

Promising Strategy 2. Reflective Supervision

Home visitors need supportive relationships with their supervisors to explore feelings arising from interactions with families. Programs commonly use reflective supervision to help home visitors cope with stress, though implementation practices vary. At a broader level, some core competency frameworks include self-awareness and self-care practices, engagement in reflective practices, and the seeking out of guidance when necessary as important parts of the job.

Reflective supervision has the potential to support home visitors’ self-care, reduce secondary stress, and reduce professional burnout. More research is needed to examine the effectiveness of reflective supervision in supporting home visitors’ professional development.

Promising Strategy 3. Training and Support to Promote Mental Health and Well-Being

Existing research highlights the need for staff training that raises awareness of secondary traumatic stress and the importance of self-care (e.g., exercising, taking time off, practicing mindfulness). Other commonly identified stress management strategies include coworker
support and self-care. Home visiting programs can offer health and mental health screenings and wellness checks, along with time and space to support self-care practices (see box 2).

**Box 2. Mindfulness-Based Stress Reduction Intervention**

In 2016, the Florida Maternal, Infant, and Early Childhood Home Visiting Program initiated a Mindfulness-Based Stress Reduction training for frontline staff across the state. Trainings included half-day retreats with experts in the field and eight self-paced modules. Participants gained skills and knowledge to help them develop positive attitudes and communications, empathy, emotional self-regulation, and other traits that support a healthy work environment. Since providing stress reduction trainings, Florida has seen a home visitor retention rate of about 99 percent.40

**Promising Strategy 4. Efforts to Promote Positive Workplace Cultures**

Research shows that positive workplace climates and staff empowerment strategies can help protect against home visitor burnout.41 Home visiting programs can strengthen workplace culture by promoting staff empowerment, encouraging staff to seek support from leadership, keeping caseloads manageable, and providing adequate wages and benefits (e.g., paid leave).

**What Are the Implications for Research and Practice?**

This brief summarizes the importance and value of supporting home visitors’ mental health and well-being. There are several key implications for practice and research:

- Decreases in home visitors’ mental health and well-being can reduce the quality of services provided to families.

- Available research highlights a need for more initial training on addressing difficult topics with families, greater attention to the quality of supervision and case management support, and better systematic efforts to improve workplace culture and supports.4243

- There is a need to promote greater awareness of job satisfaction, burnout, and retention concerns among home visitors.

- More research is needed to identify effective strategies for improving home visitors’ mental health, well-being, and retention.
Conclusion

Promoting home visitors’ mental health and well-being is essential to delivering high-quality services to participants. Home visiting programs need to raise awareness of burnout and secondary traumatic stress and implement a range of strategies to reduce stress and better support home visitors in their work with families.
References and Notes


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