

## Healthy Start Depression Screening: Where Are We Today? June 24, 2003

Health Resources and Services Administration  
Maternal and Child Health Bureau

Moderator: Janice Berger

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## The "Why" and the "How" of Screening for Perinatal Depression

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## Prevalence of Depression in Pregnant and Postpartum Women

	Pregnancy	Postpartum
• O'Hara et al., 1984	9.0%	12.0%
• Watson & Elliott, 1984	9.4%	12.0%
• O'Hara et al., 1990	7.7%	10.4%
• Evans et al., 2001	13.6%	9.2%
• O'Hara & Johnson, 2002		11.8%

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## Maternal and Child Effects of Prenatal Depression

- Pre-eclampsia
- Longer labor
- Preterm delivery
- Lower birth weight
- More unscheduled child acute care visits
- Child behavior disorder

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## Child Effects of Postpartum Depression

- Parental Interaction with Children
  - More Hostile, Irritable, and Less Positively Engaged
- Problems in Cognitive and Social Development
  - Boys are at risk for slowed cognitive development
  - Boys and girls may show less social competence
- Increased Risk for Psychological problems
  - Depression
  - Acting out, particularly by boys

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## Barriers to Identification in the Community

- Lack of self-recognition
- Lack of education among primary care health professionals
- Lack of education among mental health care professionals
- Inconsistent with cultural and media images

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## Barriers to Treatment in the Community

- All the barriers to identification
- Minimumization of problem by health and mental health care professionals
- Little consensus on appropriate treatments
- Access
- Affordability

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## Des Moines Healthy Start

- Project Director: Clarice Lowe, MSW
- Project Area: 20 square miles in central Des Moines (5 zip code zones)
- Race/Ethnicity
  - White 79%
  - Black 12%
  - Hispanic 3%
  - Other 6%

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## Necessary Tasks

- **Identify screening tool**
- Establish depression threshold
- Determine screening frequency
- Refine referral mechanisms

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## Assessment of Depression: The Edinburgh Postnatal Depression Scale

- Developed in the United Kingdom by John Cox and colleagues
- Brief – only 10 items
- Acceptable to women and applicable to pregnancy and postpartum period
- Sensitive to depression
- Good for first stage screening
- Used around the world in translation

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## Stems of all 10 EPDS Items

- I have been able to laugh and see the funny side of things.
- I have looked forward with enjoyment to things.
- I have blamed myself unnecessarily when things went wrong. (3)
- I have been anxious or worried for no good reason. (2)
- Things have been getting on top of me. (1)

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## Stems of all 10 EPDS Items (cont)

- I have felt scared or panicky for no very good reason.
- I have been so unhappy that I have had difficulty sleeping.
- I have felt sad or miserable. (4)
- I have been so unhappy that I have been crying.
- The thought of harming myself has occurred to me.

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## Necessary Tasks

- Identify screening tool
- **Establish depression threshold**
- Determine screening frequency
- Refine referral mechanisms

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## Depression Threshold

EPDS > 11

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## Necessary Tasks

- Identify screening tool
- Establish depression threshold
- **Determine screening frequency**
- Refine referral mechanisms

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## Screening Frequency

- Pregnancy admission
- 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> trimesters
- Childbirth
- 3, 6, 9, 12, 18, and 24 months postpartum

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## Referral Mechanisms

- Staff MA level bilingual clinician (could not find)
- Consultant bilingual psychologist
- Community mental health center
- Public hospital
- Private practice clinicians who accept Medicaid
- Problem - Undocumented clients

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## More Necessary Tasks

- **Educate case managers**
- **Educate supervisors**
- Educate professional community
- Educate consortium
- Educate consumers

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## Education Programs

- 15 Agencies provide case managers to serve Healthy Start clients
- Educational and professional backgrounds are diverse
- Experience is quite diverse
- Few have mental health training or experience

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## Examples of Education Programs

- Overview of depression during pregnancy and the postpartum period
- Case management for women with depression
- Detection of depression in women and talking to women about depression
- Medical management of depression and anxiety
- Case management with severely depressed and suicidal women

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## Education of Professional Community

- Professional workshops on Interpersonal Psychotherapy for perinatal depression
  - 2 one day introductory workshops in Des Moines
  - 1 two day introductory workshop in Iowa City
  - 1 four day workshop with follow-up supervision in Iowa City
- Survey of mental health professionals to determine interest in further education programs

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## And Even More Necessary Tasks

- Implement and sustain screening program
- Insure that women who reach threshold on tool or who otherwise are at risk receive further assessment or treatment referral
- Continue to build capacity in the community
- Undertake public information campaign about perinatal depression

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## What We Have Been Able to Do: CY 2002

- Activity
  - Nine 2-hour training sessions for case managers
  - Four professional workshops
  - Presentation to consumers
- Screening
  - 92/125 pregnant consumers [22/92 (24%) + on EPDS]
  - 102/145 postpartum consumers [21/102 (21%) + on EPDS]
- Referral
  - 19/43 women (44%) were referred for further assessment or treatment (goal is 90% by 5-31-05)

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## Our Goals

- Happy Healthy Moms
- Happy Healthy Children

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New mom and depressed?  
Get help for you  
and your baby.



**FOR FREE HELP, CALL VNS AT 288-1516**

Funded by HRSA of the US Dept. of Health & Human Services, Grant #5 N78 MC 00023-02



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## The Healthy Start Depression Initiative: Making a Difference in the Lives of Women and their Children

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### New Haven Healthy Start Team

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- Amos Smith, Director
- Christina Mascari, Care Coordinator Manager
- Natasha Ray, Consortium Coordinator
- Mary Sliwinski, Program Monitor
- Caren Lang, Senior Program Assistant



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### New Haven Healthy Start Depression Component

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Kimberly A. Yonkers, M.D.  
Megan V. Smith, MPH.  
Mary Cavaleri, MSW.  
Heather Howell, MSW.



Department of Psychiatry  
Yale School of Medicine



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## Why Should We Worry About Perinatal Depression?

- Depression adversely affects mother's functional status and quality of life
- Depression can worsen perinatal outcomes by increasing the risk of poor perinatal outcomes
- Depression has a potentially deleterious impact on child development

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## Association Between Depression & Pregnancy-Related Health Behaviors

- Depression is associated with cigarette smoking, drug abuse, and concurrent medication use
- Depressive symptoms may lead to poor weight gain, delayed prenatal care, and self-neglect

Kitamura et al, 1996, Zuckerman et al, 1989, Walker et al, 1999, Pritchard et al, 1994, Horrigan et al, 2000

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## Factors to Consider in Approaching Depression Screening & Illness Detection

- Selection of screening measure: specific depression measure or questionnaire that detects psychosocial distress?
  - Know your community needs.
- Centralized assessments after screening vs local assessments: Know community resources
  - What is local expertise?
  - What comfort level & training to screeners have?

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## Screening Measures

- Measures of Distress & Dysphoria
  - Center for Epidemiological Studies Depression Scale
  - Edinburgh Postnatal Depression Scale
  - Zung Depression Inventory
- Depression-specific measures
  - PRIME-MD depression module
  - SCID depression module
  - DIS/CIDI depression module
  - Inventory of Depressive Symptomatology

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## Psychosocial and Psychiatric Assessment After Screening

- Are behavioral health care professionals accessible on site?
- Are behavioral health care professionals accessible by telephone?
- Are behavioral health care professionals available to assist in training?
- What is the expertise of screeners?
- How quickly can community resources be mobilized to conduct evaluations?

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## NHHS Depression Initiative: An Approach to Tackling Perinatal Depression

- Phase I: Needs & Resource Assessment
  - Establish prevalence of depression/ clinician identification rate
  - Determine rate of behavioral health care utilization (do referred women attend?)
  - Survey behavioral health care resources
  - Examine existing linkages between perinatal health and behavioral health providers (where are women referred?)

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## NHHS Depression Initiative: An Approach to Tackling Perinatal Depression

- Phase II: Establishing Screening Procedures and Care Coordinator Training
  - A risk assessment tool was developed that included screening questions for depressive & anxiety disorders (PRIME-MD Brief Health Questionnaire)
  - An algorithm was devised to trigger referrals
  - A hotline was established with clinicians who could conduct assessments and assist in referrals
  - Care coordinators were trained on screening, hotline & referral procedures

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**BRIEF PATIENT HEALTH QUESTIONNAIRE (Brief PHQ)**

This questionnaire is an important part of providing you with the best health care possible. Your answers will help us understand problems that you may have. Please answer every question to the best of your ability unless you are requested to skip a question.

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex  Female  Male Today's Date \_\_\_\_\_

**1. Over the last 2 weeks, how often have you been bothered by any of the following problems?**

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your appetite or weight has changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading, the newspaper, or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thoughts that you would be better off dead, or of hurting yourself in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. Questions about anxiety:** NO  YES

a. In the last 12 months, have you had an anxiety attack?  
Anxiety feeling like a panic?  NO  YES

**3. In the last 12 months, have you had any of the following?**

a. Any time you were hospitalized  NO  YES

b. Do some of these attacks occur suddenly, out of the blue—that is, in situations where you don't expect to see nervous or upset feelings?  NO  YES

c. Do these attacks bother you a lot or are you worried about having another attack?  NO  YES

d. During your last bad anxiety attack, did you have symptoms like dizziness or lightheadedness, your heart racing or pounding, dizziness or lightheadedness, or trouble or upset stomach?  NO  YES

**4. In your usual life, are you able to do the things you need to do? How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?**

Not difficult at all  Somewhat difficult  Very difficult  Extremely difficult

Continued on the other side

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## NHHS Depression Initiative: An Approach to Tackling Perinatal Depression

- Phase III: Ongoing Screening & Referral (1)
  - Perinatal women are administered the Brief Health Questionnaire
  - Care coordinators call the hotline if women screen positive for minor or major depression, suicidal ideation or functional impairment
  - A full patient assessment is completed by MOMs hotline clinician, sent to the coordinator & placed in the medical chart

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## NHHS Depression Initiative: An Approach to Tackling Perinatal Depression

- Phase III: Ongoing Screening & Referral (2)
  - Hotline workers and care coordinators collaborate in generating 2-3 referral resources which are given to patient
  - Care coordinators follow-up with patients to assist with referrals
  - Hotline workers follow-up at 1, 3 and 6 months to collect symptom and treatment information

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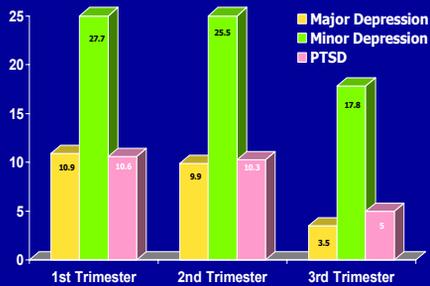
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## NHHS Depression Component: Preliminary Results of Phase 1 Needs Assessment



Depression Data n=593, PTSD Data n=401. Syndromal measure based upon PRIME-MD. Yonkers et al, unpublished data, 2003

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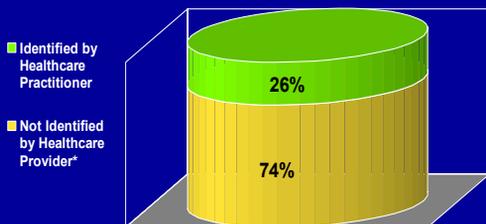
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## Results: Perinatal Depression is Under-Recognized



\*This includes any mention in the medical chart of symptoms prior to or during pregnancy or report by patient that a clinician addressed depression at a perinatal visit

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## MOMs Hotline: Most Common Diagnoses (N=192\*)

Major or minor depression  
47.9%

Post Traumatic Stress Disorder  
23.4%

Generalized Anxiety Disorder  
20.8%

Dysthymic Disorder  
10.4% Referrals given to 140 women

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## MOMs Hotline: Treatment Attendance

Percentage Attending Mental Healthcare Appointment

	1 Month	3 Month	6 Month
Number of Subjects	124	86	42
Attended referral	30%	38%	30%

\*attended referral = attendance at at least 1 mental healthcare visit

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## Looking Forward: What can we do?

### System Changes

- Ensure that all pregnant & postpartum women are screened at least once for depression
- Expand health care coverage; ensuring that provider reimbursement is adequate will increase the likelihood that providers will be available
- Extend the pool of providers that can offer culturally sensitive care for pregnant & postpartum women with depression

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## Looking Forward: What can we do?

### Attitudes of Clinicians, Patients & the Public

- Decrease the stigma of illness
- Educate clinicians & patients about signs, symptoms, impact of illness
- Address the assumption that because someone has difficult life circumstances that they should be depressed

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## Looking Forward: What can we do?

### Treatment

- Investigate innovative ways to make treatment more meaningful, accessible and acceptable to perinatal women

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Maternal and Child Health Bureau

## Question and Answer Session

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