

## **AMCHP 2007 ANNUAL CONFERENCE**

### **HEALTHY COMMUNITIES**

March 3rd to 7th, 2007

#### **Maternal Depression and its Impact on Young Children: Strategies for Prevention and Methods for Establishing an Evidence-Base Influence Policy**

SUZANNE THEBERGE: Hi everyone. For those who came in late, I'm Suzanne Theberge. I'm the project coordinator at Project Thrive. And now I'm going to speak--I'm going to close out the session with the results of a policy roundtable on reducing maternal depression and its impact on young children.

As I said, I work at Project Thrive. We're the public policy analysis and education initiative to promote healthy child development. We work with the state early childhood comprehensive systems grants that all the states have and we're supported through a cooperative agreement with MCHB. And we are located at the National Center for Children in Poverty, which is based at the Mailman School of Health at Columbia University.

Policy roundtables are one of the strategies used by Project Thrive and NCCP to encourage thinking and synthesis among researchers, practitioners and policy makers. We held a roundtable to talk about maternal depression and its impact on young children last June and both Mary and Deborah were participants in the

roundtable. I'm not going to read the whole list but also you'll see that a staff person from Mary Center was there as well.

And as you can imagine we bring all these people together and talk about this for a day, we have a lot of results and a lot of great things came out of that. I'm just going to talk about a brief overview. And Project Thrive is going to be publishing an issue brief out of the results of the roundtable. That should be out hopefully in April. So that'll be available on our website.

There's a variety of responses in policy to maternal depression. MCHB, HRSA had a perinatal depression project which trained providers to promote the use of the Edinburg Post Natal Depression Scale. And several states have brought in policy responses to maternal depression. Minnesota has passed legislation to provide postpartum depression information to new mothers and fathers.

Pennsylvania has formed perinatal partnerships in local health departments.

Texas is also doing education and resource provision to parents. And we heard about Virginia and their online training program.

There's also policy responses that focus on children. Medicaid, pilot projects to promote healthy mental development and social emotional screening in primary pediatric settings. It's taking place through ABCD2 in several states. ABCD1 is doing pilot projects to increase developmental screening and services in primary

pediatric settings. And SAMSA grants are being used to focus on early childhood mental health in Colorado and Vermont.

Since I work with the ECCS grants, I also want to mention some of the work that ECCS is doing. Social emotional development and mental health is one of the five core components of ECCS. And several of the states are addressing maternal depression in their grants. And their responses including early childhood consultation in early care and learning session, cross training of providers, screening for maternal depression in primary care settings, that's both adult primary care and pediatric primary care. And then parent education and family support, which are two of the other ECCS components. And those can focus both on general parenting skills and specifically focus on depression.

Illinois is a great example of a state that's putting together a lot of different responses in the policy situation. They're using federal funding to train over 3,000 providers in screening. They're using Title V Block Grant to partner with the American Academy of Pediatrics to promote maternal screening in pediatric settings.

They're working with Medicaid on financing for screening, recommending good and objective screening tools, focusing on quality and performance in managed care and aiming to improve interconception care, which is a good place to intervene with women in between pregnancies and children. And they also have

a public/private initiative that aims to have social and emotional mental health consultant part of every primary pediatric care practice group. And the language for that was secured by a coalition which was led by the Ounce of Prevention Fund and included ECCS.

So as you can see, Illinois is an example of a state that's using federal funding, professional organizations, state government and foundations are all partnering together to address maternal depression. And as Deborah was just saying, this is an issue that needs to be addressed on a lot of different fronts and this is a great policy example here.

So our--we do have some recommendations from the policy roundtable participants. Again, our issue brief is going to be in a lot more detail. But just a highlight is, promote--so also as someone said earlier, we have all these pilot projects that work, some of them better than others, so what we need to do now is replicate and bring them to scale and take what we know works and try and stop doing research and start intervening.

Also suggest developing model legislation and policy for states. Incorporate strategies to reduce depression into programs that are already serving families and parents that are at risk. If there's a group that we know is already at risk, it's a good place to incorporate screening. And it also allows us to reach an audience

that's already being reached and maybe get around some of the issues about disparities and access, which is a major, major issue.

We know that the groups that are most affected by depression are also groups that have a lot of disparities in access. And so addressing disparities in access to health care, family support, education, all kinds of services is really key. It's also important to use a life span approach and a family focus. As we know, depression--maternal depression impacts young children. So it's important to address that.

It is important to treat maternal depression but just treating the depression is not going to undo the impacts on the children. So we have to keep in mind that treating the children is important as well. And also it's important to remove the policy barriers to financing preventative and treatment interventions for families that focus on treating the families together.

So we suggest using primary health care settings. Make depression a priority for providers. That's both women's health care providers and pediatric providers. Screen people and then strengthen the linkages between parental screening and mental health treatment services. Artis Olsen has done a bunch of research that shows providers can find women who are depressed with a simple two-question screen. It can be asked on paper. It can also be asked by the provider. It just takes a few minutes and it has good results about finding women who are

depressed. We also suggest requiring the use of appropriate tools to screen young children in EPSDT and Part C programs and using valid and objective tools and professional guidance.

And finally we suggest building on pediatric medical home initiatives. And also early childhood programs are another good place to intervene, Early Head Start, home visiting, and the ABCD2 projects are good places to work with to find parents and children who need intervention.

Again, assisting early care and learning providers to identify and respond women who are suffering from depression and children who are suffering from the effects of maternal depression. We encourage training and we also encourage early childhood mental health consultation. It's important to educate policy makers about the links between school readiness and caregiver depression so people know what's going on. Focusing on cross systems efforts, using the state early childhood comprehensive systems initiatives to better integrate services and finances.

Developing a state plan that identifies what each system will do separately and together. It's not that helpful to duplicate and replicate and, you know, have redundant programs. So it's important to try and streamline screening efforts and interventions to avoid unnecessary duplication.

And finally, create positions for staff within state government that are dedicated to coordinating these interagency efforts. And finally, since maternal depression is also a federal priority, building on these federal priorities is a good place to work. Encouraging states to recommend appropriate screening, strengthening Early Head Start which is a really key intervention for young children.

Address depression to promote the well being of children and families in the child welfare system. Again, families that are in the child welfare system are families that are going to be disproportionately likely to suffer from depression.

Addressing maternal depression as a barrier in moving from welfare to work in TANF. Studies have shown really high rates of depression in women who are on TANF. And then as we know, depression affects the ability to work. So intervening here is a good place and a good place to start.

And finally, using SAMSA system of care grants to focus on younger children and their families. And one more--sorry--again, working with ECCS initiatives. If you have more questions about our policy suggestions, please contact us at Project Thrive. Again, we'll be coming out with an issue brief. If you're not on our mailing list--our email list and you'd like to be, please come up and give me your email address and I'll make sure you get on that. And I think now we'd like to open up for questions if we have any time left in the session. Thank you.