Parental Depression Screening Implementation

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Objectives

- Understand the expectations of primary care clinicians for parental depression screening
- Discuss appropriate timing, tools, referral, referral tracking and follow-up
- Develop a plan for establishing community linkages for parents with depression
Clinician Expectations

☐ What do Bright Futures 3rd Edition and the AAP say?
☐ What is the prevailing sentiment among pediatric clinicians?
☐ Who else is worrying about parental depression?
Clinical Report—Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice

abstract

Every year, more than 400,000 infants are born to mothers who are depressed, which makes perinatal depression the most underdiagnosed obstetric complication in America. Postpartum depression leads to increased costs of medical care, inappropriate medical care, child abuse and neglect, discontinuation of breastfeeding, and family dysfunction and adversely affects early brain development. Pediatric practices, as medical homes, can establish a system to implement postpartum depression screening and to identify and use community resources for the treatment and referral of the depressed mother and support for the mother-child (dyad) relationship. This system would have a positive effect on the health and well-being of the infant and family. State chapters of the American Academy of Pediatrics, working with state Early Periodic Screening, Diagnosis, and Treatment (EPSDT) and maternal and child health programs, can increase awareness of the need for perinatal depression screening in the obstetric and pediatric periodicity of care schedules and ensure payment. Pediatricians must advocate for workforce development for professionals who care for very young children and for promotion of evidence-based interventions focused on healthy attachment and parent-child relationships. Pediatrics 2010;126:1032-1039

BACKGROUND

Maternal and paternal depression affect the whole family. This report will specifically focus on the impact of maternal depression on the young infant and the role of the primary care clinician in recognizing perinatal depression. Perinatal depression is a major/minor depressive disorder with an episode occurring during pregnancy or within the first year after birth of a child. A family history of depression, alcohol abuse, and a personal history of depression increase the risk of perinatal depression.

The incidence of perinatal depression varies with the population surveyed, but estimated rates for depression among pregnant and postpartum women have ranged from 5% to 25%. Studies of low-income mothers and pregnant and parenting teenagers have reported rates of depressive symptoms at 40% to 60%. In general, as many as 12% of all pregnant or postpartum women experience depression in a given year, and for low income women, the prevalence is doubled. The rate of major and minor depression varies during pregnancy from 8.5% to 11.9%, and in the first year after birth of a child, the rate ranges from...
Background

- One of the greatest risk factors for child behavioral and mental health problems
- Short and long-term effects of parental depression
- Lifetime prevalence is 16.6%
- Postpartum depression occurs in 10-20%
Risk Factors for Perinatal Depression

- Personal history of depression
- Family history
- History of substance abuse
- Teenage parent
- Stressful pregnancy, delivery
- Low-income

- Spouse without depression is a protective factor
Barriers to Screening

☐ Time
☐ Lack of reimbursement
☐ Ownership of problem
☐ Lack of community mental health resources
☐ Lack of training on screening methods and implementation strategies
Case for Pediatric Clinician Screening

- Early access to parent-infant dyad
- Established continuity of care
- Understand the divergent outcomes
- OB colleagues not necessarily convinced
- Benefits outweigh the risks
- The right thing to do
Implementation

☐ When? How frequent?
☐ What tool? Back-up tool? Diagnostic tool?
☐ Who delivers the questionnaire?
☐ Who scores?
☐ Who responds to the result?
Pre-implementation steps

- Staff education
- Community linkages awareness
- Work flow established
- Make office screen-friendly
- Educate parents
  - Prenatal visits
  - Birth hospitalization
  - First Week Well Visit
Pre-implementation steps

- Billing
  - 99420
  - Set charge amount
  - What if insurance doesn’t cover?
  - Can’t selectively charge patients
Edinburgh Postnatal Depression Scale\(^1\) (EPDS)

Name: ___________________________  Address: ___________________________

Your Date of Birth: ___________________________  Phone: ___________________________

Baby’s Date of Birth: ___________________________  ___________________________

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes, most of the time  This would mean: “I have felt happy most of the time” during the past week.
- No, not very often  Please complete the other questions in the same way.
- No, not at all

In the past 7 days:

1. I have been able to laugh and the funny side of things
   - As much as I always could
   - Not quite so much now
   - Definitely not so much now
   - Not at all

2. I have looked forward with enjoyment to things
   - As much as I ever did
   - Rather less than I used to
   - Definitely less than I used to
   - Hardly at all

3. I have blamed myself unnecessarily when things went wrong
   - Yes, most of the time
   - Yes, some of the time
   - Not very often
   - No, never

4. I have been anxious or worried for no good reason
   - No, not at all
   - Hardly ever
   - Yes, sometimes
   - Yes, very often

5. I have felt scared or panicky for no very good reason
   - Yes, quite a lot
   - Yes, sometimes
   - No, not much
   - No, not at all

6. Things have been getting on top of me
   - Yes, most of the time
   - Yes, sometimes I haven’t been coping as well as usual
   - No, most of the time I have coped quite well
   - No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping
   - Yes, most of the time
   - Yes, sometimes
   - No, not very often
   - No, not at all

8. I have felt sad or miserable
   - Yes, most of the time
   - Yes, quite often
   - Not very often
   - No, not at all

9. I have been so unhappy that I have been crying
   - Yes, most of the time
   - Yes, quite often
   - Only occasionally
   - No, never

10. The thought of harming myself has occurred to me
    - Yes, quite often
    - Sometimes
    - Hardly ever
    - Never

Maternal Depression: PHQ-9

<table>
<thead>
<tr>
<th>Over the last 2 weeks, how often have you been bothered by any of the following problems?</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. 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</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Scoring for use by study personnel only**

0 + 0 + 0 + 0 = Total Score: _____

If you checked off any problems, 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
Maternal Depression: PHQ-2

**Patient Health Questionnaire-2**

Over the past 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things.

0 = Not at all  
1 = Several days  
2 = More than half the days  
3 = Nearly every day  

Feeling down, depressed, or hopeless.

0 = Not at all  
1 = Several days  
2 = More than half the days  
3 = Nearly every day

Total point score: __________

Information from Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. Med Care. 2003;41:1284–1292.
Positive Screens

- Discussion with parent
- Reassurance (blues)
- Demystification
- Education
- *Diagnostic evaluation and treatment
- Resource referral
- Mental health, OB, PCP referral
- Emergent disposition
- Follow-up
Spectrum Health Example

- Screening at birth hospitalization
- Prenatal and postnatal MOMS program
- Perinatal Mood Disorders Team
- Perinatal Mood Disorders Support Group
- Pine Rest Mental Health day program for affected mother-infant dyads
- General Pediatrics, PHQ-2 screening
  - Co-located LMSWs
Resourse Available to Anyone

- Postpartum Support International
  - www.postpartum.net
- Early Intervention
- Early Head Start
- Mother’s Morning Out programs
- www.MedEdPPD.org
Establishing Community Linkages

- Networking
- Establish contacts
  - Community organizations
  - Hospital (nursing, social work) administration
  - Obstetricians
  - Mental health institutions, providers
  - Insurance companies
  - Support groups