



Help for moms with depression is available in more ways than most people think. One great first step is for a mother to talk to her child's pediatrician about her feelings and ask the pediatrician to help. Mothers can also find support through their primary care doctor, OB/GYN, local mental health workers and community and faith organizations.

Pediatricians understand how important a mother's mental health is to her child's health. Now, more and more pediatric providers are screening, treating and referring mothers for the mental health care they need.

This brief is the first in a series focused on helping mothers and family advocates understand:

- The signs of depression;
- How dependent a child's health can be on the well-being of their caregiver, and;
- How a child's pediatrician can play a key role Support for this report was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.

### INTRODUCTION

Experiences during early childhood (prenatal to kindergarten) inform social, emotional, and cognitive development, as well as overall health. These experiences give children the foundation to grow and thrive at school, at work and throughout their life.

Children rely on caregivers (not always a parent or family member) to advocate for their developmental needs. Oftentimes, a child's biggest advocate is his or her mother. When a mother's mental or physical health suffers, being an effective advocate becomes more challenging. Because a mother and her child's health are inextricably linked, helping a mother navigate existing supportive services (health, education and social services) supports the health of both her and her child. Therefore, diagnosing maternal depression is critical to positively affect the health of both mothers and children.

It is important to identify and take steps to help mothers suffering with depression because:

- Maternal depression directly affects children's development
- Depression is treatable and a mother and her baby don't need to suffer its consequences

### **IDENTIFY SIGNS OF DEPRESSION**

Maternal depression is a common condition that many women experience before, during or after becoming a mother. Maternal depression can show up in many ways, including:

- **General Depression:** one out of every 10 women in the United States suffers from depression.<sup>1</sup> A history of depression makes it more common for women to experience depression during pregnancy and after giving birth.
- **Prenatal Depression:** depressive episodes that begin during pregnancy and can last six months or one year after delivery. Approximately 10 to 20 percent of women experience symptoms of prenatal depression, which can include anxiety, problems sleeping, and excessive crying.<sup>2</sup>

# Over the last 2 weeks, how often have you been bothered by any of the following problems? Not at all Several than half every days the days day day

peen bothered by any of the following problems?	Not at all	Several days	than half the days	every
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless		1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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	0	1	2	3
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
For office coding	0 +	+	+	

If you checked off <u>any</u> problems, how <u>difficult</u> 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 Somewhat Very Extremely at all difficult difficult difficult

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- **Baby Blues:** roughly 80 percent of mothers experience the baby blues, 23 which is the mix of ups and downs that a new mother experiences in the first two weeks of her baby's life. If a mother experiences these symptoms for longer than two weeks, it is possible that she is suffering from postpartum depression.
- Postpartum Depression: an affective mood disorder that can affect women up to one year following the birth of their baby. Approximately 10 to 20 percent of women experience symptoms of prenatal or postpartum depression, which can include poor concentration, loss of energy, and lack of interest in the baby.<sup>2</sup>
- Postpartum Psychosis: a serious disorder that affects one to two out of every 1,000 women.<sup>2,4</sup> Women who experience postpartum psychosis most likely have a family history of bipolar disorder.

#### PHQ-9 Scores and Proposed Treatment Actions\*

PHQ-9 Score	Depression Severity	Proposed Treatment Actions	
0 - 4	None-minimal	None	
5 - 9	Mild	Watchful waiting; repeat PHQ-9 at follow-up	
10 - 14	Moderate	Treatment plan, considering counseling, follow-up and/or pharmacotherapy	
15 - 19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy	
20 - 27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management	

\* From Kroenke K, Spitzer RL, Psychiatric Annals 2002;32:509-521



#### Symptoms of depression:

According to the Centers for Disease Control and Prevention, symptoms of depression include experiencing a low mood over a long period of time, feeling extremely sad or angry, loss of energy, suicidal thoughts or suicide attempts, difficulty concentrating, recalling details and making decisions, overeating or loss of appetite, feeling irritable or restless, trouble falling asleep, or sleeping too much, feeling sad, anxious or "empty" for a long period of time, having aches or pains that do not get better, and feeling hopeless or negative.<sup>5</sup>

A mother experiencing any one or a combination of these symptoms may be suffering from maternal depression and should seek help from a health provider.

The Patient Health Questionnaire (PHQ) is the most common survey used to evaluate symptoms of depression. Mothers can use the self-questionnaire shown on page 2 to evaluate their own symptoms and share the results with a health provider to determine the best course of treatment.

#### PRIORITIZE SCREENINGS AND TREATMENT

Maternal depression has a big impact on children when they are young. These critical early years fly by. Don't delay screening and treatment.



From the moment a woman becomes pregnant, her experiences directly affect her child. During pregnancy, a mother's physical and mental health impacts both the immediate and long-term health of her child. For example, it has been found that children whose mothers are depressed while pregnant:

- Are at an increased risk for being born preterm and at a low birth weight<sup>7</sup>;
- Have higher odds of being delayed developmentally at 18 months<sup>8</sup>; and
- Are at risk for increased physical health problems in early childhood, resulting in later social and emotional implications during adolescence and adulthood.<sup>9</sup>

After birth, mothers help to provide a nurturing environment for their children, one defined by encouragement and supportive interactions. Studies show that children who grow up in a positive home setting and experience healthy relationships with their parents:

- Succeed better in school<sup>10</sup>;
- Have higher self-esteem<sup>11,12</sup>; and
- Experience lower rates of chronic disease.<sup>11</sup>

For a mother to create this environment, she needs to be physically and mentally healthy, especially during the early childhood years when children are at their most vulnerable. It is during this time, perhaps more than any other, when a mother's health is tied to the health of her child. It is also during this time when a mother's mental health can be most at risk, which is why it is so important for maternal depression to be identified and treated.

### **ASK FOR HELP:**

# Advocate for mothers to be screened and treated for depression.

Although maternal depression is common, a mother may not be able to get help due to lack of information, everyday responsibilities or lack of access to health care. This could delay treatment that would benefit both a mother and her child. Below are two ways to help mothers get screened and get supports in a timelier manner.

#### One: Encourage mothers to request a screening during her child's routine pediatric visit.

Conducting screenings during the pediatric well-child visit is an innovative way for a mom to get the care she may need, especially since most women who have depression never receive care. Given the strong ties between a mother's health and her child's well-being, pediatricians believe it is part of their responsibility to make sure the mother receives a screen for depression. For a mother affected by depression, providing a screen during one of the many scheduled pediatric visits has the potential to make all the difference in her ability to care for her child by:

- Providing her easy access to the screening she needs at her child's regularly scheduled visit and the opportunity to follow-up on her care at the child's next well-child visit,
- Recognizing that her health affects her child's health and well-being, and motivating her to seek treatment; and
- Allowing her to benefit from treatment, even if she does not have insurance.



# WHAT DOES THIS LOOK LIKE?

Kayla is at the pediatrician's office for her baby's 4-month visit. She has been feeling especially tired and is having a hard time concentrating on basic tasks around the house. She feels less engaged with her newborn compared to her first child. Kayla asks the pediatrician if this is normal because she didn't feel this way after her first pregnancy. Kayla says she felt like this once in high school but can't snap out of it now. Her mother told her to ask for 'a depression survey.'

The pediatrician reassures Kayla that many women feel symptoms like this after having a baby, even if she hasn't ever experienced this before. The pediatrician asks Kayla to tell her more, and commends Kayla for sharing her concerns, emphasizing how Kayla's well-being affects the health of her children.

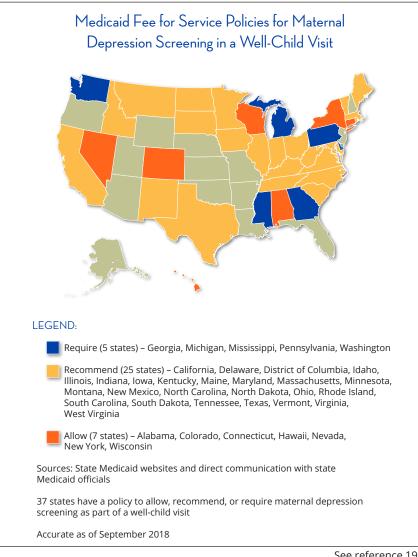
After completing a formal screening for maternal depression, the pediatrician explains that it is very likely that Kayla is suffering from depression. She reassures Kayla that depression can be effectively treated with therapy and/or medication and that getting help is important for her and her children's health. She connects Kayla with follow up services and promises to follow up at the next well-child visit.



#### Two: Advocate for state Medicaid policies that make it easier for moms to access screening and treatment through the pediatrician's office

For many children who are Medicaid beneficiaries or covered by private health insurance, the child's health insurance may pay for mothers to be screened a treated for depression right in the pediatrician's office. Federal Medicaid guidelines allow maternal depression screenings to be covered under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.16 The EPSDT benefit covers children's preventive health services. Because a mother's health is recognized as an important contributor to the child's overall health and well-being, 17 EPSDT will cover her screenings regardless of her own eligibility for Medicaid. This is especially important and beneficial because many mothers who are struggling financially do not receive proper treatment for depression.<sup>18</sup> Thirty-seven states have put this federal guideline into action. Twenty-five states recommend screening for maternal depression in a pediatric setting, seven allow it, and five require it.

For a mother's screening for maternal depression to be covered by Medicaid, a pediatrician must use a validated screening tool. If there is a positive screen, states are required to provide treatment services that would benefit the child. Treatment that includes the mother and child can be covered under Medicaid.



See reference 19

The American Academy of Pediatrics/Bright Futures recommends children visit their pediatrician six to seven times in the first year of life, three times in the second year, and twice in the third year of life. These frequent, routine visits provide a mother with multiple opportunities to be screened for depression.15





## WHAT DOES THIS LOOK LIKE?

After learning that she was likely suffering from depression, Kayla had many questions about what it meant for her children and her own health. She also expressed concerns that she can't afford to pay for treatment because she doesn't have health insurance.

The pediatrician explained to Kayla that many mothers suffer from maternal depression, and it is important that she seeks treatment. Since Kayla's baby is insured by Medicaid, she and her baby can participate in family therapy. Before her child's visit was over, the pediatrician gave Kayla some materials that further explained why it is so important for her and her baby to seek treatment for her depression. She then connected her with a community health worker who helped Kayla schedule her first family therapy session.

Effective January 1, 2017, providers can report CPT code 96169 for caregiver-focused, standardized health-risk assessments that can benefit the child.<sup>20</sup>

### NEXT STEPS FAMILY ADVOCATES CAN TAKE

- Identify mothers and caregivers who may be suffering from depression. Talk to them about those symptoms.
- Prioritize screenings and care because they are time sensitive for both mother and child.
- Ask mothers to share their understanding of how their mental health is related to the development of their child.
- Ask mothers if they are willing to access treatment.
- Ask mothers what barriers may stand in the way of their self-care, including mental health access. Empower them to seek help from their care providers or their child's pediatric provider.
- Ask mothers how you can help them get the care they need and their child needs.
- Ask if maternal depression screenings are covered by a child's Medicaid benefit in your state. As of 2018, five states require maternal depression screenings during the well-child visit, 25 states recommend screening, and an additional seven allow the screening to take place.<sup>19</sup>
- Ask local pediatricians what they are doing to identify and treat maternal depression.



### NEXT STEPS A MOTHER CAN TAKE

- Identify the signs and symptoms of maternal depression. Talk to a family member or health provider if you are experiencing any symptoms.
- Understand how your mental health impacts the healthy development
  of your child, especially during your child's first years of life. It is always
  very important to tell your child's pediatrician if you are experiencing
  any signs or symptoms of depression because it affects your child's
  development and your child's future. Prioritize talking about
  depression with your doctor by writing a list of questions before
  your child's next appointment or bringing this brief with you to your
  child's next appointment.
- Ask your child's provider to talk to you about how your mental health affects your child's development.
- Ask your child's provider to screen you for depression and help you
  access resources. In most states, if your child is covered by Medicaid
  you can and should be screened for depression and assisted in finding
  treatment, at no additional cost. Many private insurers also cover this
  benefit.



#### References:

- 1. Ko JY, Farr SL, Dietz PM, Robbins CL. Depression and treatment among U.S. pregnant and nonpregnant women of reproductive age, 2005-2009. J Womens Health (Larchmt). 2012;21(8):830-6. doi: 10.1089/jwh.2011.3466.
- National Institute for Health Care Management Research and Educational Foundation. Identifying and Treating Maternal Depression: Strategies & Considerations for Health Plans, https://www.nihcm.org/pdf/FINAL\_MaternalDepression6-7.pdf. Published June 2010. Accessed October 3, 2018.
- 3. National Institute of Mental Health. Postpartum Depression Facts. https://www.nimh.nih.gov/health/publications/postpartum-depression-facts/index.shtml#pub6. Accessed October 11, 2018.
- 4. Postpartum Support International. Postpartum Psychosis. http://www.postpartum.net/learn-more/postpartum-psychosis/. Accessed October 11, 2018.
- 5. Centers for Disease Control and Prevention. Depression During and After Pregnancy. https://www.cdc.gov/features/maternal-depression/index.html. Updated May 14, 2018. Accessed October 3, 2018.
- 6. https://www.uspreventiveservicestaskforce.org/Home/GetFileByID/218
- 7. Grote NK, Bridge JA, Gavin AR, Melville JL, Iyengar S, Katon WJ. A meta-analysis of depression during pregnancy and the risk of preterm birth, low birth weight, and intrauterine growth restriction. Arch Gen Psychiatry. 2010;67(10):1012-24. doi: 10.1001/archgenpsychiatry.2010.111.
- 8. Deave T, Heron J, Evans J, Emond A. The impact of maternal depression in pregnancy on early child development. BJOG: An International Journal of Obstetrics & Gynaecology. 2008;115(8):1043-1051. doi: 10.1111/j.1471-0528.2008.01752.x.
- 9. Raposa E, Hammen C, Brennan P, Najman J. The long-term effects of maternal depression: early childhood physical health as a pathway to offspring depression. J Adolesc Health. 2013;54(1):88-93. doi: 10.1016/j.jadohealth.2013.07.038.
- NICHD Early Child Care Research Network. Multiple pathways to early academic achievement. Harvard Educational Review. 2004;74(1):1-29. http://hepgjournals.org/doi/10.17763/haer.74.1.k845735459043543. Accessed October 16, 2018.
- 11. Shaw BA, Krause N, Chatters LM, Conell CM, Ingersoll-Dayton B. Emotional support from parents early in life, aging and health. Psychology and Aging. 2004;19(1):4-12. doi: 10.1037/0882-7974.19.1.4
- 12. Mallers MH, Charles ST, Neupert SD, Almeida DM. Perceptions of childhood relationships with mother and father: daily emotional and stressor experiences in adulthood. Dev Psychol. 2010;46(6):1651-61. doi: 10.1037/a0021020.
- 13. Rupp A, Gause E, Regier D. Research Policy Implications of Cost-of-Illness Studies for Mental Disorders. British Journal of Psychiatry Suppl. 1998;36:19-25.
- 14. Olson AL, Kemper KJ, Kelleher KJ, Hammond CS, Zuckerman BS, Dietrich AJ. Primary care pediatricians' roles and perceived responsibilities in the identification and management of maternal depression. Pediatrics. 2002;110(6):1169–1176. https://www.ncbi.nlm.nih.gov/pubmed/12456915. Accessed October 16, 2018.
- American Academy of Pediatrics. Recommendations for Preventive Pediatric Health Care. https://www.aap.org/en-us/Documents/periodicity\_schedule.pdf. Accessed October 16, 2018.
- 16. Centers for Medicare & Medicaid Services. Early and periodic screening, diagnostic, and treatment. https://www.medicaid.gov/medicaid/benefits/epsdt/index.html. Accessed October 16, 2018.
- 17. Centers for Medicare & Medicaid Services. Maternal depression screening and treatment: A critical role for Medicaid in the care of mothers and children. https://www.medicaid.gov/federal-policy-guidance/downloads/cib051116.pdf. Published May 11, 2016. Accessed October 11, 2018.
- 18. The Urban Institute. Depression in low-income mothers of young children: are they getting the treatment they need?. https://www.urban.org/sites/default/files/publication/23546/412804-Depression-in-Low-Income-Mothers-of-Young-Children-Are-They-Getting-the-Treatment-They-Need-.PDF. Published April 2013. Accessed October 18, 2018.
- National Academy for State Health Policy. Healthy Child Development State Resource Center: Maternal Depression Screening. https://healthychild.nashp.org/resource-center/maternal-depression/. Updated September 2018. Accessed October 16, 2018.
- AAP News. AAP Division of Health Care Finance. Update on use of, payment for new health risk assessment codes. http://www.aappublications.org/news/2017/05/24/Coding052317. Published May 24, 2017. Accessed October 1, 2018.

