

## Guidance for Maternal Depression Screening & Treatment

If there is a **positive answer** on Question 9 on PHQ-9 or Question 10 on EPDS or if it is determined that a mother is suicidal or homicidal, refer to Depression Crisis Intervention Algorithm **even with a minimal to moderate score**.

Table 1

PHQ-9/EPDS Score	GAD7 Score	Depression Severity	Family Home Visiting Guidance
0-4	0-4	None-Minimal	Refer to MDH FHV Algorithms for re-screen intervals.
5-9	5-9	Mild	Use professional judgement and consider other risk factors (below). Ask if a mother would like a referral or further support or evaluation is an option
10-14	10	Moderate	See MDH FHV Algorithm for detail. Recommend referral for evaluation.
15-19	11-14	Moderately Severe	See MDH FHV Maternal Depression & Crisis Intervention Algorithms. Recommend referral for evaluation.
20-27	15-21	Severe	See MDH FHV Maternal Depression Crisis Algorithm. Refer to Crisis intervention in your program area. Immediate action for intervention.

### Considerations for Home Visiting

For training and resources on Maternal Depression, see the [MN Department of Health Prenatal or Postpartum Depression or Anxiety](#) webpage.

- Before screening for depression, review your program protocols and local resources.
- A positive screen does not mean a mother is depressed, it indicates a need for further action or evaluation.
- Home visiting depressed or mentally ill moms can be stressful, frustrating and may trigger the home visitors' own history. Reflecting and consulting with supervisor and colleagues is an important step for self-care.
- If the mother is in crisis, your safety as a home visitor is an important priority. Debrief with a supervisor or co-worker after handling a crisis.
- If mom is currently seeing a mental health provider or taking medications, ask how she feels that treatment is working and discussing effectiveness with her provider.

- Consider screening for anxiety (GAD7). Mothers may have both anxiety and depression. Depression or Anxiety Fact sheets are available and translated in several languages.
- Assess for maternal, child and family strengths and activities already doing: sleeping, eating, getting outside, moving, social connections and/or asking for help. Create a Maternal Wellbeing Plan with mom.
- Assess for other factors when making a Wellbeing Plan or referral:
  - The family's strengths, protective factors and culture may be positive building blocks for a plan.
  - Danger to self or others or Intimate Partner Violence present in home. Refer to Depression Crisis Intervention Algorithm or Intimate Partner Violence Algorithm.
  - Child's developmental or social emotional screening indicates monitor or referral zones.
  - Mother's isolation. Immigration status in flux.
  - Trauma history.
  - Chemical abuse or history of chemical abuse. Are they in danger of relapse?
  - History of maternal or family mental illness or depression.
  - Current family crisis or change: financial, transportation, housing, job, break up of primary relationship, etc.

**Co-occurrence of these factors may alter planning or the presence of these factors may necessitate the need for depression screening. Use screening scores, parent's support, community and professional resources and professional judgement to determine next steps.**

- When a mother does not want a referral, continue to monitor. Include depression education, a wellness plan, rescreening and exploring supports. This can be a frustrating situation for home visitors, include strategizing and supports from supervisor or team members.

## Protocols and Referrals

Know your referral and crisis intervention resources before screening. A referral does not necessarily have to be a formal referral to a Mental Health or Primary Care Provider. A plan may include a combination of resources to address depression and support wellbeing.

- Develop clear information about local options for mental health treatment.
  - What insurance will they take, might a baby/toddler come to the appointment, what if the mother needs help filling out papers, needs transportation, do they treat the mother and child dyad, and other relevant questions about your target population.
- Review your program's protocol for depression screening and mental health crisis.
  - Documentation requirements, referral resources, two-way release of information guidelines and periodicity.
  - Can you transport clients to an Emergency Room? Are there alternatives such as a cab?
- Before visiting, check to see if a release has expired or if there are new providers, include primary care or obstetrician.

- Consider increasing home visits, texts or phone calls.
- Partner with mom to build a Wellbeing plan [MDH Maternal Wellbeing Plan](#). ASK: Who supports you? Whom do you trust? What would it look like if you asked them for support for \_\_\_\_\_? What works to help you feel better? What do you think is a good idea to prevent feeling down?
- Assure that mom understands how to seek emergency assistance if depression worsens or if thoughts of self-harm or harm of others occur; speak frankly that these thoughts are symptoms of the disorder. Include a plan for the child(ren)
- Treatments and medications may take time to be effective. Check-in to see how mom is feeling about the referral and wellness plan.
- Listen and reflect:
  - Validate the mother's feelings as real and not anyone's fault.
  - Listen for talk that indicates a desire to change and set reasonable goals.
  - Focus on the family, child and mother's strengths, positive changes and successes.
  - Is there someone who can give mom a break by providing childcare or other support?
- Support parenting strategies around specific behavior, routines and/or transition time that are stressful.
- Include activities that the mother and child will do and enjoy together.
- Consult with colleagues or supervisors.
- Monitor mother and child and rescreen. Consider screening using the ASQ-SE2 on the child to monitor effects of depression.

## Additional Resources

- Mental Health or Infant Mental Health providers and community mental health centers.
- Primary care providers including obstetricians and pediatricians.
- Other additional community resources for support may include respite care, crisis nursery, child protection, child care, faith community, mobile crisis unit, local law enforcement, and hospital or ER with psychiatric treatment options.
- Consider parent support groups through ECFE, faith communities, non-profits or other community organizations. Also consider informal, culturally specific or teen organizations that may reflect your target population's demographics.
- Family's health insurance provider may have specific benefits or programs to address mental health needs and information about availability of local services such as bi-lingual providers.
- [Suicide Prevention Life Line](#) 1-800-273-8255
- Mother Baby Program 612-873-4673 warm line
- Pregnancy and Postpartum Support warm line-call or text: 612-787-7776
- [Minnesota CarePartner](#) offers in-home support for persons of color who are involved with child protection in Hennepin, Ramsey, Chisago, Isanti, Pine and Anoka counties.

## Education and Information

- [Coping with Depression During Pregnancy and Following the Birth](#) is a cognitive behavior therapy based self-management guide for women.
- The Pregnancy and Postpartum Anxiety Workbook is available for purchase at a variety of book sellers.
- PHQ and GAD-7 screening tools are available to download at [PHQ Screeners](#)
- Crisis and Maternal Depression Algorithms are available for:
  - [Maternal Depression Crisis Intervention Algorithm](#)
  - [PHQ 9 Algorithm](#)
  - [EPDS Screening Algorithm](#)
- [Substance Abuse and Mental Health Services \(SAMSA\)](#) has information on many topics related to depression.
- [National Alliance on Mental Illness \(NAMI\)](#) offers education and support for families and professionals including [NAMI Helpline](#), an email or phone helpline.
- Video Training for Community Health Workers on Pregnancy and Postpartum Depression and Anxiety available at [UTube CHW Pregnancy and Postpartum Depression](#)

## Periodicity

Screenings should occur as needed and based on professional judgement

- Anxiety: No current recommendations but it is reasonable to screen early in the postpartum period
- Depression: Each Family Home Visiting model has its own periodicity recommendations. General recommendations would be to screen 1-3 times prenatally, at 4-6 weeks post-partum, and at 4, 6 and 8 months post-partum.

## Program Reimbursement

Providers that meet the instrument-specific criteria for administering the screening tool as outlined by the publisher may perform maternal depression screenings and be eligible for reimbursement. Depending on the tool, providers may include physicians, nurse practitioners, physician assistants, nurses, medical assistants or other appropriately trained staff. Regulations for reimbursement may differ for the Indian Health Service (HIS). [MN Department of Human Services Provider Manual / Child and Teen Checkups](#) offers guidance.

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