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>
<thead>
<tr>
<th>PHQ-9/EPDS Score</th>
<th>GAD7 Score</th>
<th>Depression Severity</th>
<th>Family Home Visiting (FHV) Guidance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>0-4</td>
<td>None-Minimal</td>
<td>Refer to MDH FHV Algorithms for re-screen intervals.</td>
</tr>
<tr>
<td>5-9</td>
<td>5-9</td>
<td>Mild</td>
<td>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</td>
</tr>
<tr>
<td>10-14</td>
<td>10</td>
<td>Moderate</td>
<td>See MDH FHV Algorithm for detail. Recommend referral for evaluation.</td>
</tr>
<tr>
<td>20-17</td>
<td>15-21</td>
<td>Severe</td>
<td>See MDH FHV Maternal Depression Crisis Algorithm. Refer to Crisis intervention in your program area. Immediate action for intervention.</td>
</tr>
</tbody>
</table>

**Considerations for Home Visiting:**

For training and resources on Maternal Depression [MN Dept of Health Maternal Depression](#)

- 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 colleagues is an important step for self-care.
- If the mother is in crisis, your safety is an important priority. <Link to baseline personal safety topic> De-brief with a supervisor or co-worker after handling a crisis.
- If mom is currently seeing a mental health provider or taking anti-depressants: ASK: How do you feel that treatment is working? She might talk to the provider about treatment options or want the home visitors' support to talk to them.
- Consider screening for anxiety (GAD7). Mothers may have both anxiety and depression.
- Depression or Anxiety Fact sheets are available for you to use and translated in several languages [MDH Depression or Anxiety Fact Sheets](#)
- 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.
  - A danger to self or others or Intimate Partner Violence present in home. If so, 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.
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 your 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 explore supports. This can be a frustrating situation for home visitors, include strategizing and supports from supervisor or team members.

Protocols and Referrals:

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.

Know your referral and crisis intervention resources before screening.

- 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, or 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 that the mother’s feelings are real and not their 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.
- Ask if there is someone who can babysit to give her a break or support in other ways.
- 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:

• Beyond Mental Health or Infant Mental Health providers, community resources for support may include Respite care, Crisis Nursery, Child Protection, Child Care, Faith Community, and Mobile Crisis Unit, a hospital or ER with psychiatric treatment options. Gather information about how your local police might handle a mental health crisis.
• Consider parent support groups through ECFE, Church, Non-Profits or other community organizations. They may include informal, culturally specific or teen organizations, whichever reflect your target population’s demographics
• County Mental Health Centers
• Primary Care Provider or Obstetrician
• Health Insurance Provider
• Suicide prevention hotline Suicide Prevention Life Line 1-800-273-8255
• Mother Baby Program 612-873-4673 (warm line, will call back)
• Crisis Hot Line 866-379-6363
• Pregnancy and Postpartum Support warm help line-call or text: 612-787-7776
• Minnesota CarePartner MN Care Partner offers in-home support for persons of color who are involved with child protection: In Hennepin, Ramsey, Chisago, Isanti, Pine and Anoka Counties.
• Contact the family’s health care insurance for additional resources regarding bi-lingual Mental Health Providers

Education and Information

• Coping with Depression during pregnancy and following the birth: A cognitive behavior-therapy based self-management guide for women: Here to Help Coping with Depression
• The Pregnancy and Postpartum Anxiety Workbook (available to purchase at book sellers)
• PHQ and GAD-7 screening tools are available to download: PHQ Screeners
• Crisis and Maternal Depression Algorithms<link>
• Substance Abuse and Mental Health Services (SAMSA) has information on may topics related to depression: SAMHSA Gov
• National Alliance on Mental Illness (NAMI) NAMI Helps. Offers education and support for families and professionals: including on-line and free options
• Video Training for Community Health Workers on Pregnancy and Postpartum Depression and Anxiety: UTube CHW Pregnancy and Postpartum Depression

Periodicity

• 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. In general:
  o three prenatal screens
  o at 4 to 6 weeks post-partum
  o at 4, 6, and 8 months post-partum.
• Screenings should occur as needed and based on professional judgement
Program Reimbursement:

Providers that meet the instrument-specific criteria for administering the screening tool as outlined by the publisher may perform maternal depression screenings. Depending on the tool, program reimbursement 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.