Expanding Early Intervention Services to Address Postpartum Depression

Family & Community Health

Date Posted:

Jul 13, 2016

Approximately 10% to 12% of women are depressed during pregnancy and after giving birth. Evidence shows that young children of mothers with depression are more likely to exhibit a range of problems such as developmental delays, feeding problems, sleep difficulties and behavioral issues like anxiety or acting out. These problems are long lasting and are linked with harmful outcomes into adulthood. For example, children of mothers with depression also have increased risk of depression, substance use, suicidal thoughts and behaviors, health problems and peer difficulties.

Medical associations and groups, such as the American Academy of Pediatrics (AAP), have been recommending postpartum depression screening for years. The United States Preventive Services Task Force (USPSTF) recently recommended depression screening for pregnant and postpartum women, increasing recognition of the intergenerational effects of mental health issues in caregivers. The Centers for Medicare and Medicaid Services also recently issued an informational bulletin explaining that state Medicaid programs to cover maternal depression screenings during well-child visits under the child's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. Here at PolicyLab, we were thrilled to see this since we believe pediatricians are crucial in the identification and monitoring of caregiver mental health problems and can assist health systems in connecting caregivers to these services.

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Two new bills in the Pennsylvania House and Senate could offer a new way to address major gaps in screening and treatment for families suffering from postpartum depression and move Pennsylvania one step closer to universal screening. This proposed legislation adds postpartum depression as a condition that qualifies infants for early intervention services and allows for assessment and tracking, thereby expanding early intervention services to caregivers at high risk of or diagnosed with depression. Examples of other current risk categories that determine eligibility for tracking through Early Intervention services include children cared for in neonatal intensive care units of hospitals, children who are homeless, children who are seriously abused or neglected, and children with confirmed dangerous levels of lead poisoning.

Caregivers with postpartum depression can face many personal, practical and system-level barriers to getting needed services. Receiving early childhood supports and monitoring over time can address these barriers as families can gain knowledge about postpartum depression, get referred to appropriate services, and are given additional supportive resources. As a child psychologist, one of the most exciting aspects of these bills is the potential for what can occur after screening since the bills would allow families to be referred to and be eligible for early childhood services. For example, home-based services could address barriers for mothers with

postpartum depression by linking them to appropriate treatment for depression symptoms and offer parenting groups and supports. Other services could include case management services to assist with housing, food security, employment and health care. Children could also be monitored for early signs of developmental and behavioral problems and receive appropriate services, such as physical therapy, speech services, occupational therapy, medical intervention and behavioral health interventions.

Access to appropriate services is critical to improved functioning for caregivers facing depression. These bills allow for the development of systems to address the continuum of care for these caregivers and the potential to facilitate healthier and more successful families.