

STATE POLICY SOLUTIONS: HELPING CHILDREN BY ADDRESSING MATERNAL DEPRESSION

MATERNAL DEPRESSION PUTS THE HEALTH AND WELL-BEING OF CHILDREN AT RISK.

With strong evidence that maternal depression negatively impacts children's health and development, this issue is a pressing concern for children's health advocates and providers. In this brief, we highlight recent national efforts to improve access to care for maternal depression, discuss some remaining barriers to screening and treatment, and recommend ways state policymakers can help families struggling with depression.

HEALTH, ECONOMIC, AND SOCIETAL COSTS OF MATERNAL DEPRESSION

Untreated maternal depression can lead to challenges for children including developmental and cognitive delays, behavioral issues, increased school absence and more frequent emergency department (ED) visits.¹ At Children's Hospital of Philadelphia (CHOP), at least one in 10 mothers screen positive for postpartum depression, and nationwide 12 percent of pregnant and postpartum moms experience depression.² These numbers are even higher for mothers of color, in poverty, and whose children have developmental delays.^{3,4} Untreated postpartum depression often leads to prolonged depressive episodes and is also costly. One study found that, for high-risk mothers, depression increased overall direct health care costs by more than \$1.8 billion each year nationwide.⁵

Children whose parents reported parental depressive symptoms had:¹



18%
increased risk
of an emergency
department visit



36%
increased risk
of a school
absence

Unfortunately, too many mothers are unable to access the care they need to diagnose and treat their depression. In addition to traditional barriers such as cost, transportation and child care, lack of coordination between family-service systems and the very presence of depression can make it more difficult for mothers to seek care. These challenges demonstrate the need for innovative ways to reach vulnerable families and better identify and serve at-risk mothers and their children.

BARRIERS TO DEPRESSION SCREENING AND TREATMENT

Despite robust evidence around the impact of maternal depression on children, the following state-level barriers remain to providing services to families.

- **Lack of reimbursement models for maternal depression screening in pediatric settings.** Centers for Medicare and Medicaid Services (CMS) allows all state Medicaid programs to reimburse for screening under the child's insurance—which increases access for moms who are uninsured, underinsured, or who don't see their own doctors—but not all states have adopted this option. Without adequate reimbursement, it is difficult for providers to implement routine and sustainable screening.
- **Lack of coordination across service systems and agencies.** Once providers identify that a mother is depressed, multiple agencies must work to ensure the family gets connected to the services they need. If those agencies don't collaborate, patients can get lost between screening and treatment.

NATIONAL POLICY EFFORTS

The following national organizations have released guidance and recommendations to encourage reimbursement for maternal depression screenings as a preventive service, including in the pediatric settings:

United States Preventive Services Task Force (USPSTF)

January 2016⁶

Centers for Medicare and Medicaid Services (CMS)

May 2016⁷

American Academy of Pediatrics (AAP)

February 2017⁸

RECOMMENDATIONS FOR STATE POLICYMAKERS

Building on federal guidance, state policymakers can play a key role in ensuring adequate support and coordination between agencies responsible for identifying and addressing maternal depression.

→ **State agencies that serve at-risk children should formally coordinate their services with adult mental and behavioral health systems to ensure caregivers receive needed care.** For instance, mothers referred to Early Intervention and home visiting services for their children often face risk factors for depression including poverty, parenting children with developmental delays, and being first-time moms. Coordination across services—such as formal screening and referral pathways, data-sharing agreements, and cross-training across agencies—could help families more easily access the range of supports available to them. In fact, PolicyLab research shows that women in a home visiting program were more likely to initiate mental health treatment when they received additional support overcoming common barriers to accessing care.⁹

→ **State Medicaid agencies should follow CMS guidance and work with Medicaid Managed Care plans to incorporate maternal depression screenings and brief treatment into pediatric well-child visits, reimbursed under the child's insurance.** PolicyLab's research and clinical experience tells us that screening in pediatric settings is possible and widely accepted by both physicians and patients.¹⁰ Reimbursement for screening would enable pediatric institutions to implement what we know is best practice.

→ **States should instruct mental and behavioral health agencies to research and adopt new best practices that effectively address maternal depression and disparities in treatment.** For instance, to address barriers to accessing treatment, PolicyLab researchers are exploring innovative methods of building maternal depression treatment into spaces where families already are, including pediatric primary care offices^{11,12} and on social media.¹³ State agencies could use these findings to adjust practices in order to increase the likelihood that maternal depression will be identified and treated.

REFERENCES

1. Guevara JP et al. Parental depressive symptoms and children's school attendance and emergency department use: a nationally representative study. *Matern Child Health J.* 2013;17(6):1130–1137.
2. Earls MF et al. Incorporating recognition and management of perinatal and postpartum depression into pediatric practice. *Pediatrics.* 2010;126(5):1032–1039.
3. Krohn J, Matone M. Supporting Mothers with Mental Illness: Postpartum Mental Health Service Linkage as a Matter of Public Health and Child Welfare Policy. *Journal of Law and Health.* 2017;30(1).
4. Alvarez SL et al. Maternal Depression and Early Intervention: A Call for an Integration of Services. *Infants Young Child.* 2015;28(1):72–87.
5. Ammerman RT et al. Annual direct health care expenditures and employee absenteeism costs in high-risk, low-income mothers with major depression. *J Affect Disord.* 2016;190:386–394.
6. Siu AL et al. Screening for Depression in Adults: US Preventive Services Task Force Recommendation Statement. *Jama.* 2016;315(4):380–387.
7. Wachino V. Maternal Depression Screening and Treatment: A Critical Role for Medicaid in the Care of Mothers and Children. Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services 2016.
8. Recommendations for Preventive Pediatric Health Care. Bright Futures/American Academy of Pediatrics; 2017.
9. Boyd RC et al. A Pilot Investigation to Enhance Behavioral Health Referral for Perinatal, Low-Income Women With Mood Disorders. *Prog Community Health Partnersh.* 2015;9(4):583–589.
10. Guevara JP et al. Screening for Parental Depression in Urban Primary Care Practices: A Mixed Methods Study. *J Health Care Poor Underserved.* 2016;27(4):1858–1871.
11. Boyd RC et al. A Toddler Parenting Intervention in Primary Care for Caregivers With Depression Symptoms. *J Prim Prev.* 2017;38(5):465–480.
12. Schilling S et al. Child-Adult Relationship Enhancement in Primary Care (PriCARE): A Randomized Trial of a Parent Training for Child Behavior Problems. *Acad Pediatr.* 2017;17(1):53–60.
13. Gruver RS et al. A Social Media Peer Group Intervention for Mothers to Prevent Obesity and Promote Healthy Growth from Infancy: Development and Pilot Trial. *JMIR Res Protoc.* 2016;5(3):e159.

The mission of PolicyLab at Children's Hospital of Philadelphia (CHOP) is to achieve optimal child health and well-being by informing program and policy changes through interdisciplinary research. PolicyLab is a Center of Emphasis within the Children's Hospital of Philadelphia Research Institute, one of the largest pediatric research institutes in the country.

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