



ADDRESSING THE MENTAL HEALTH NEEDS OF PARENTING TEENS

EXPLORING BARRIERS AND IMPROVING ACCESS TO CARE: LESSONS LEARNED FROM PHILADELPHIA

Teenage pregnancy can have a profound impact on a teen's life, yet pregnant and parenting teens are often overlooked and stigmatized. Teen mothers disproportionately have childhoods that include *adverse events* and experiences such as family instability, chronic stress and social inequities. Strikingly, more than *4 in 10* low-income adolescent and young adult mothers have past exposure to the child welfare system. The convergence of psychosocial factors—including poverty, inadequate social supports and exposure to traumatic events—can increase a teen mother's vulnerability to postpartum depression and interfere with accessing care.

Pregnant and parenting teens represent a highly vulnerable population, and in many ways, our health care and social support systems are not designed for them.

To improve access to mental health care for parenting teens, we need to leverage existing physical and behavioral health care systems to improve how the mental health needs of this underserved population are addressed. This brief details early findings from a project that seeks to address this issue, and make recommendations for policy, practice and programmatic change. While this project is focused on Philadelphia, the issues highlighted are widely applicable.



SETTING THE STAGE: WHAT DO WE KNOW ABOUT TEEN PREGNANCY AND PARENTING?

Teen Pregnancy

In the United States, teen pregnancy has been on the decline over the last 20 years, reaching an all-time **low** in 2018. However, in Philadelphia, **teen** birth rates are almost twice that of **statewide** estimates with clear racial, ethnic and socioeconomic disparities in births. Hispanic and Black teens have a higher **birth rate** than the city average, and low-income teens make up the majority of teen pregnancies. This aligns with national data showing that **teen pregnancies** are more common among adolescents of color and those with lower education and socioeconomic status. Additionally, teen parents grow up **disproportionately** in disadvantaged families and distressed neighborhoods where they are exposed to material hardships, trauma and childhood adversities.

Confidentiality, privacy, and cost can be major **barriers** to reproductive health care for adolescents, while unplanned pregnancies reduce access to further education, career opportunities and contribute to poorer economic circumstances long term.

Additionally, the systems and services that parenting teens interact with are often not created to support their unique needs, and, as such, they face many barriers in accessing care and social supports. This is especially true for maternal mental health care.



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Adolescent Maternal Mental Health

Over half of all adolescent mothers experience some degree of perinatal mood and anxiety disorder (PMAD), with studies showing rates of **postpartum depression** (PPD) in this population ranging from 16% to 44%—**three to four times** the rate of adult mothers. At six months postpartum, **42% of teens** had some level of clinical depression, compared to 27% of adult low-income mothers and 20% of adult high-income mothers.

The prevalence and severity of maternal mental health disorders among adolescent mothers is alarming, considering **evidence** suggests that distress increases the risk of maternal substance use and repeat pregnancy, as well as poorer outcomes for the child.

Impacts of Poor Mental Health

There are far-reaching ramifications for untreated maternal mental health disorders, with treatment being crucial to the prevention of poor outcomes for parents, children and families. Varying levels of depressive symptoms can **impair** maternal functioning, leaving mothers without the **emotional wellness** that is needed to care for, talk to, play with, comfort and provide the appropriate **developmental** support to infants. Generally, maternal depression is associated with poor child health outcomes, including negative **socioemotional development**, cognitive delays and **behavioral** issues. Pregnant teens who **demonstrate** mental health problems are more prone to later substance use, adverse life events and persistent mental health issues.

Despite the recognized consequences of untreated mental health disorders, mental health care utilization for many different populations, including adolescents, remains low. Among adolescents, **surveys** have found that only 37% of 12 to 17 year olds with a major depressive episode receive treatment. In Philadelphia, PolicyLab researchers **found** that in the six months after screening positive for PPD in a pediatric setting, only about 1 in 10 Medicaid-enrolled mothers referred for mental health care actually received treatment. While data specific to teens on this point is not available, we can assume that this number is worse for this population, and further points to a need for innovative and effective programs that support the mental health needs of adolescent mothers.

WHY DO TEEN PARENTS NOT ACCESS MENTAL HEALTH CARE? PERSPECTIVES FROM PHILADELPHIA

Connecting teen parents with mental health treatment can be challenging, though reasons for this are complex. To better understand what prevents teen parents from connecting with care, PolicyLab interviewed key stakeholders in Philadelphia who have expertise in adolescent pregnancy and parenting, maternal and child health, and behavioral health. These interviews uncovered the following barriers:

1. Adverse Experiences with the Behavioral Health Care System

Many adolescent parents report having previously received subpar mental health services, lacking in quality, trustworthiness and helpfulness. Community behavioral health centers also often have high rates of turnover for their clinicians, resulting in consistency issues for clients. The widespread lack of trauma-informed services and fear of retraumatization can be a deterrent for parenting teens, who overall are more likely to have a history of trauma and childhood adversities. These poor experiences are cumulative and create an atmosphere that discourages engagement.

2. Stigma and Negative Perceptions of Care

Parenting teens are often wary of seeking mental health care because of how they will be perceived by family, friends and other systems they may be involved with. Another concern is the preconceived notions of what mental health care is and what the services may entail. Interviewees emphasized the importance of family and community support when seeking care and how detrimental it can be when that support is not available.

3. Competing Priorities and Logistical Barriers

When basic needs, such as housing, food, and stable relationships, are not being met, it may be challenging for parenting teens to dedicate the time to seek professional mental health care. While this is not unique to teen parents, and is seen across all populations with behavioral health concerns, it is only magnified for teens who are navigating their new roles as parents, often with fewer resources and supports.

Only further compounding existing challenges, teen parents also experience many logistical barriers to accessing mental health services. Child care is not provided at most agencies, and clinic hours can be limiting for students or individuals who do not have the flexibility to attend appointments during business hours. Additionally, cost, lack of insurance and transportation can all contribute to an inability to access care. When you

consider the inherent symptomology of depression and its resulting impact on energy and motivation, these barriers have the potential to become insurmountable.

4. Difficulty in Identifying Need

Screening is a vital and crucial first step in identifying and connecting parenting teens to mental health care. The limited existing research on this topic supports the use of the Edinburgh Postnatal Depression Screening; still, the cutoff scores for a positive screen for adolescent mothers may need to be *lowered* from the current standard to sufficiently identify teens at high risk of being diagnosed with PPD. Additionally, in speaking with providers and health professionals, some expressed skepticism that the existing screening tools accurately capture the challenges a new teen mom may be experiencing and questioned their effectiveness in identifying adolescent mothers with maternal mental health disorders.

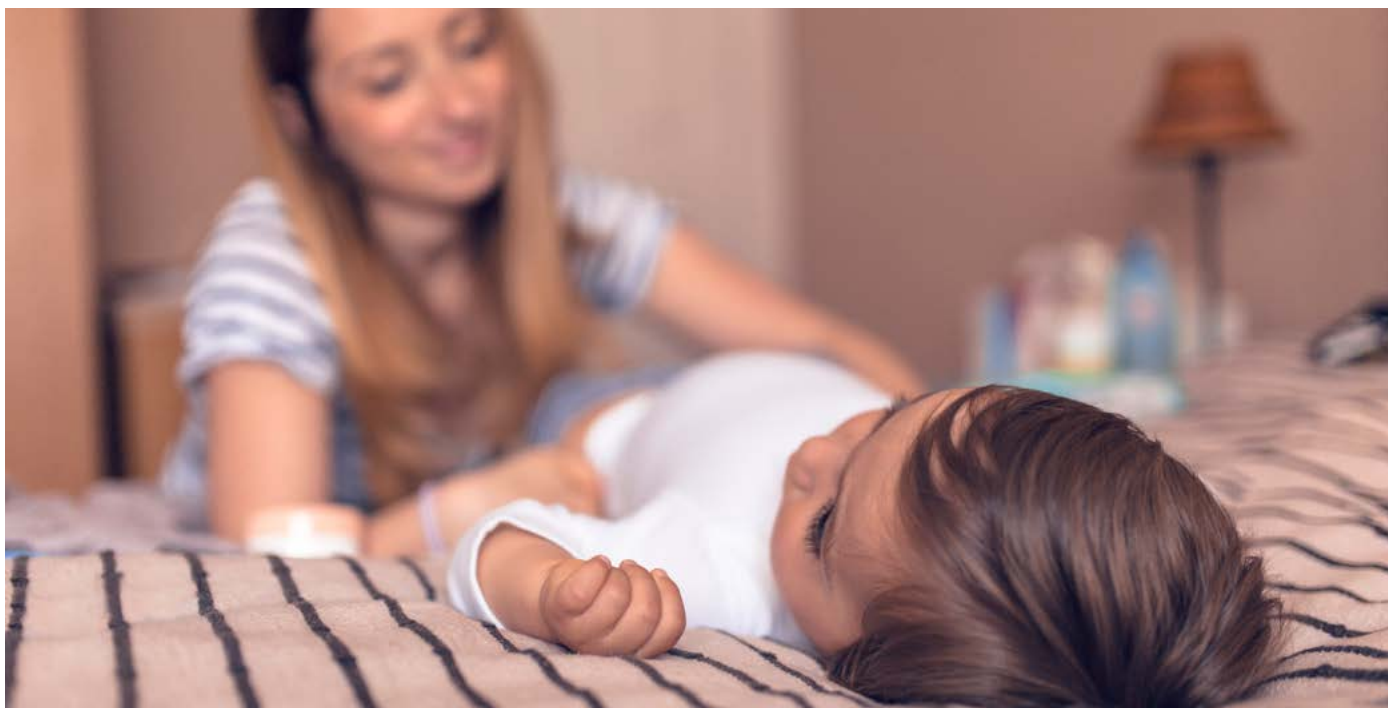
Considering the dearth of clear evidence on the appropriateness of available screening measures among both perinatal and adolescent depression screening tools, some have *called* for the development and evaluation of an adolescent-specific screening tool for PMAD. Those interviewed also drew connections between an individual's history with the behavioral health care system and the savvy with which they answer screening questions to avoid detection.

5. Limited Coordination and Availability of Adolescent Maternal Mental Health Services

Despite *evidence* that specialized perinatal mental health services are important for meeting the needs of parenting teens, to the best of our knowledge, there are no child and adolescent behavioral health centers offering specialized PMAD treatment in Philadelphia. The most frequent means of referral is a handout listing relevant providers and contact information for Philadelphia's Medicaid Payer, Community Behavioral Health. This is likely due to providers having limited knowledge of where to refer clients. Additionally, even when a provider is identified, time constraints and limited ability to coordinate care often hinder the relationship building, trust development, and supports needed to advance a client's readiness and ability to seek help.

6. Need for Greater Provider Education

Service providers of all types (e.g., paraprofessional staff, teachers and support program administrators) who work with young parents may not understand that a young person's mental health status may be interfering with or preventing them from achieving other goals. Without greater provider education, teen parents may inadvertently be punished for not meeting program expectations instead of being supported in addressing their mental health needs.



TAKING ACTION: WHAT CAN STAKEHOLDERS DO?

Researchers

There is limited evidence on the efficacy of adult PMAD screenings for adolescents. We urgently need to address this knowledge gap, and research should further evaluate treatment options that specifically serve this population. This should include seeking to better understand the most appropriate models of care coordination to increase treatment adherence after a positive maternal depression screen, and the effectiveness of adult maternal mental health and adolescent depression treatment methods for teen parents.

Health Care Providers

Providers in a variety of settings regularly interface with individuals experiencing maternal mental health concerns, which offers opportunities to improve access to mental health care for adolescent parents. These include facilitating enhanced training for child and adolescent providers in perinatal mental health, and removing logistical barriers to teen mothers' participation in care, such as allowing mothers to bring infants to sessions. OB/GYN and family medicine practices play a key role in supporting the mental health needs of pregnant and parenting teens. These providers should consider innovative models of care, including **group prenatal care**, which has

been shown to reduce depressive symptoms among perinatal adolescents. Additionally, considering the large screening to treatment gap, health care providers must prioritize screening and streamlined warm hand-off protocols, development of strong relationships between referral sources and treatment centers, and other mechanisms that facilitate connection to mental health care. Models of integrated care, including those based in school and medical settings, should also be expanded to provide perinatal mood and anxiety **treatment** to adolescent parents in locations where they already spend time.

Pediatric providers in particular have a unique opportunity to provide care to parent-child pairs. For instance, utilizing social workers, care coordinators, or community health workers to meet with every new teen parent family at their first visit would help to build a relationship and provide resources. There is also evidence to support the expansion and investment in **teen-tot** programs and **family-centered care** to provide wrap-around services to parenting adolescents.

Providers at supportive and social services agencies also play a key role in identifying and connecting young parents to treatment. There is an opportunity to utilize peer support and education **models** to disseminate information about mental health, parenting and infant development. Additionally, we should increase the amount of developmentally and age-appropriate mental health education components in existing parenting teen programming.

Payers and Policymakers

Policymakers and payers must do more to address challenges in reimbursement, quality, access, availability of services and social safety net underinvestment. Policymakers and payer organizations should develop and test payment models that encompass non-traditional mental health care, such as clinical case management, and that consider how to address needs specific to parenting teens, such as on-site child care. This payment innovation should also include support for a workforce that can manage care navigation for this population. Additionally, there needs to be greater public-facing transparency about the availability and quality of services to support teen mothers in identifying providers delivering specialized maternal mental health care. This could include mechanisms such as provider “report cards” that include quality metrics.

Implications Beyond Philadelphia

As evident from our stakeholder interviews, there is a pressing need for innovative services, policies, and programs that close the gaps in identification, referral, and treatment for teen mothers, and ultimately improve access and connection to quality mental health care. In this project, which is funded by the [Stoneleigh Foundation](#), we will continue to work with stakeholders, young parents, and families to operationalize recommendations that reduce barriers and improve access to

mental health care. While the findings from this work originate in Philadelphia, the issues highlighted are likely present across the United States, and the recommendations are broadly applicable to supporting the health and well-being of young parents and families.

SUGGESTED CITATION

Hackett K. *Addressing the Mental Health Needs of Parenting Teens*. PolicyLab at Children’s Hospital of Philadelphia; 2020. Retrieved from <http://bitly.com/MentalHealth-ParentingTeens>.

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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 Children’s Hospital of Philadelphia’s Research Institute, one of the largest pediatric research institutes in the country.

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