

background

Report # 103

Maternal Depression: Closing The Gaps In Care

April 2009

Mothers And Depression

Undiagnosed, Untreated

Reforms focus on screening, treating mothers

Gaps in primary health care and mental health systems across the United States have created barriers that have allowed depression among mothers to become a growing concern in maternal and child health by denying many women, particularly low income mothers, from receiving the regular screening and appropriate treatment necessary to effectively address their illness.

The good news is that some regional efforts, including one in western Pennsylvania, are showing some promise in removing these barriers and reducing the negative consequences that women and their children must endure when a mother's depression is left untreated.

Women, low-income women and women with the lowest levels of education are among the populations most vulnerable to depression. Studies suggest that about 6% of all mothers show symptoms of depression. Postpartum depression is the most common, with more than 14% of new mothers experience depressive episodes that impair their parenting abilities. One study suggests that 20% of parents in households that receive welfare benefits have symptoms of depression compared to 4% of parents in non-welfare households.

Depression, particularly postpartum depression, can affect many aspects of a mother's life, including her ability to support her family, form a healthy relationship with her baby and manage other necessary parenting duties. Children whose mothers are depressed are at greater risk of impaired mental and motor development, behavior problems and other poor outcomes.

Barriers To Seeking Help

Treatment of depression has markedly advanced over the past two decades. But such advances can only have an impact if women have access to appropriate treatment and to regular screening to diagnose the illness.

Studies report that several barriers that prevent women from being diagnosed and treated for depression arise from the gap between primary health care systems and mental health systems, and that low-income women are likely to find those barriers more imposing.

In most places, no universal, evidence-based protocol exists to make sure women are adequately screened for depression before and after their pregnancies. Primary care physicians, not behavioral health specialists, are often the initial point of contact for women with depression. In most cases, however, there are no protocols that prescribe a best-practices approach to re-

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A mother with depression faces serious personal, social and financial consequences when her illness is left untreated. Depression also erodes her ability to care for her child and puts the child at risk as well.

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ferred and treatment or that promote collaboration between a woman's physician and mental health specialists.

As a result, screening, diagnosis, treatment and follow-up are uneven and often insufficient. Pediatricians who observe maternal depression, for example, are challenged by the facts that the mother is not their patient and that a system for referral, treatment and follow-up often does not exist.

Primary care doctors who do refer a woman for depression may or may not be kept up to date on her treatment, progress, or the medications mental health specialists prescribe.

Studies also show that such clinical barriers are often magnified by the fact that primary health care and behavioral health tend to be financed and managed separately. Other barriers to women seeking treatment include the stigma associated with depression.

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Focus On System Reform

Several models of addressing depression have emerged from research in recent years. Clinical models often address depression and access to care by taking a long-term approach to patient outcomes, establishing such things as guidelines and care managers, and promoting more knowledgeable physicians and a more seamless interface among health care providers. Economic reforms seek to support clinical models by removing the financial and organizational barriers to providing consistent access to quality mental health care.

Allegheny County Experiment

To lessen the impact of maternal depression in western Pennsylvania, the Allegheny County Maternal and Child Depression Initiative is making wholesale changes to the way local services are delivered to mothers before and after their pregnancies. To accomplish this goal, the University of Pittsburgh Office of Child Development (OCD) and the RAND-University of Pittsburgh Health Institute organized a collaboration of key partners, including state and local health care policymakers, Medicaid managed care organizations, health care providers, service agencies, community organizations and consumers.

“What is the structure to effectively screen, identify women with depression and engage them in treatment? When should you screen? Are those screenings occurring? If you have a positive result, do they get a follow-up exam? Does treatment follow? That’s what the program is concerned about,” said Ray Firth, director of OCD’s Division of Policy Initiatives.

Those involved report that insurers, general health care and mental health organizations and other key participants in health care delivery not only recognized the system’s shortcomings,

but were eager for change. The initiative gained the support of local foundations. And the initiative had little trouble building a partnership to design and implement a model for change that includes the region’s leading health insurance companies, Pennsylvania Department of Public Welfare, Medicaid managed care organizations, and local general health and mental health providers, service agencies, community organizations and consumers.

Working with Medicaid managed care organizations, a model was put into practice that provides for a more cohesive, seamless system for diagnosing and treating women for depression that includes training around maternal depression, universal

screening, and protocols for screening, treatment, and follow-up shared by insurance companies and health care providers. The initiative also provides for evaluation to determine the outcomes of the adopted changes.

Focusing the initiative on Medicaid managed care organizations could also extend the benefits of the new system of addressing maternal depression beyond Allegheny County. “If I had six obstetricians, that would be nice,” Firth said. “But change would be limited to their practice. When you are working with Medicaid organizations, they have a huge network. If we are successful, they can take the lessons learned and implement them statewide.”



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