

Family Home Visiting Improving Caregiver Depression Screening

This document is a section of the Caregiver Depression Screening toolkit. This document focusing on how home visiting agencies can utilize continuous quality improvement (CQI) methods to improve caregiver depression screening practice.

Periodicity

The Minnesota Department of Health (MDH) recommends that home visiting programs universally screen all primary caregivers for depression at the following times:

- Program entry (regardless of child age)
- 1-3 times prenatally depending on entry
- 4-6 weeks postpartum
- 4, 6, and 8 months postpartum
- As needed based on home visitor judgement

It is recommended that women who have experienced depression symptoms previously be screened even more frequently.

Depression Screening Tools

All of the tools shared in this toolkit are very commonly used in healthcare and can be used at any point during pregnancy or postpartum. These tools have all been validated and have high sensitivity, meaning they are able to effectively identify depressive symptoms. These tools have been translated into a number of different languages; many of which are available for free online. MIECHV grantees must use either the Edinburgh Postnatal Depression Scale (EPDS) or Patient Health Questionnaire-9 (PHQ-9) when screening for depression. Although not required, screening for anxiety using the Generalized Anxiety Disorder-7 item (GAD-7) tool is recommended as a best practice for all grantees.

Patient Health Questionnaire-9 (PHQ-9)

The PHQ-9 asks about depressive symptoms in the previous two weeks. The PHQ-9 can be used to screen both men and women for depression. The PHQ-9 consists of nine questions on a single form that can be administered in-person, by phone, or self-administered. The PHQ-9 can be scored immediately and will identify if the person screened is experiencing minimal, mild, moderate, moderately severe, or severe depression. Question 9 on the PHQ-9 can also be used to identify if a person is experiencing suicidal thoughts. To access the PHQ-9 screening tool and instructions on how to score the tool, please refer to the [PHQ Screeners website \(https://www.phgscreeners.com\)](https://www.phgscreeners.com).

The [PHQ-9 Algorithm](#)

<https://www.health.state.mn.us/docs/communities/fhv/phq9algorithm.pdf>) for home visitors developed by MDH provides guidance to home visitors for timing of screening, response to a positive screen, and referral follow-up best practices. The algorithm is an example of guidance for home visitors but can be modified to be more representative of the protocols and policies of a home visiting agency.

The Patient Health Questionnaire-2 (PHQ-2) and Patient Health Questionnaire-4 (PHQ-4) are short screening tools that can be used as a first-step screen but must be followed up with the PHQ-9 for positive screens.

Edinburgh Postnatal Depression Scale (EPDS)

The EPDS asks about depressive symptoms in the past week. The EPDS should be used to screen women who are pregnant or have children. The Edinburgh Postnatal Depression Scale (EPDS) consists of 10 questions on a single form that can be administered in-person, by phone, or self-administered. The EPDS can be scored immediately and a score above 10 will identify possible depression. Question 10 The EPDS can also be used to identify suicidal thoughts. The EPDS is available online on [American Academy of Pediatrics \(https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/practicing-safety/Documents/Postnatal%20Depression%20Scale.pdf\)](https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/practicing-safety/Documents/Postnatal%20Depression%20Scale.pdf)

The [EPDS Algorithm](#)

<https://www.health.state.mn.us/docs/communities/fhv/epdsalgorithm.pdf>) for home visitors developed by MDH provides guidance to home visitors for timing of screening, response to a positive screen, and referral follow-up best practices. The algorithm is an example of guidance for home visitors but can be modified to be more representative of the protocols and policies of a home visiting agency.

Generalized Anxiety Disorder 7-item (GAD-7)

For many people, depression and anxiety co-occur. As a best practice, the GAD-7 can be used in tandem with depression screening tools to also screen clients for anxiety. The GAD-7 asks about anxiety symptoms in the previous two weeks and how difficult these symptoms have made daily life. The Generalized Anxiety Disorder 7-item (GAD-7) can be used to screen both men and women for anxiety and consists of seven questions on a single form that can be administered in-person, by phone, or self-administered. The GAD-7 can be scored immediately and will identify if a person is experiencing mild, moderate, or severe anxiety. A score of 10 or greater indicates that further mental health evaluation is recommended. To access the GAD-7 screening tool and instructions on how to score the tool, please refer to the [PHQ Screeners website \(https://www.phgscreeners.com\)](https://www.phgscreeners.com).

Maternal Wellbeing Plan

The Maternal Wellbeing Plan developed by the Maternal and Child Health Division at MDH helps women identify supportive people and early signs of mental health struggles. The Maternal Wellbeing Plan provides recommendations for sleep, healthy eating, exercise, and social connection that can support women experiencing depressive symptoms as well as space for mothers to develop a support plan. The Maternal Wellbeing Plan is designed to be completed independently or collaboratively with a service provider, friend, or family member. The Maternal Wellbeing Plan has been translated into Amharic, Hmong, Karen, Russian, Somali, and Spanish. To access the Maternal Wellbeing plan, please refer to the [Minnesota Department of Health Maternal and Child Health Division website \(https://www.health.state.mn.us/people/womeninfants/pmad/pmadsfs.html\)](https://www.health.state.mn.us/people/womeninfants/pmad/pmadsfs.html).

Home visitors can complete a Maternal Well-Being Plan during the prenatal or postpartum period. The Maternal Well-Being Plan can promote conversations between a mother and her home visitor about preparing for birth and identifying supports prior to experiencing any depressive symptoms. The Maternal Well-Being Plan can be updated as often as necessary. To support a warm hand-off between home visiting and other services, the home visitor could, with permission, share a woman's Maternal Well-Being Plan.

Depression Screening

Developing a Screening Process and Protocol

A home visiting organization must determine screening processes and protocols that provide guidance to home visitors. MDH recommends that family home visiting programs universally screen all primary caregivers for depression and anxiety using validated tools. The timing of screening should be informed by MDH periodicity recommendations.

Examining current screening processes using a [process map \(https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/swimlanemap.html\)](https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/swimlanemap.html), also called a swim lane diagram, can detail the current screening process while identifying gaps in service delivery and opportunities for improvement.

To adhere to periodicity recommendations, home visitors could explore different methods for tracking and reporting when screenings need to be completed. These methods could include using a monthly worksheet or chart or utilizing notes features in electronic health records systems.

Staff discomfort with using screening tools could be related to desire for more training or support around how to introduce screening tools to families. Incorporating discussions of screening practices into **reflective supervision** can support continued learning with screening tools, maintenance of screening rates, and resolving barriers to screening completion. The Alliance for the Advancement of Infant Mental Health has compiled [Best Practice Guidelines for Reflective Supervision \(https://mi-aimh.org/wp-content/uploads/2019/01/Best-Practice-Guidelines-for-Reflective-Supervision-and-Consultation.pdf\)](https://mi-aimh.org/wp-content/uploads/2019/01/Best-Practice-Guidelines-for-Reflective-Supervision-and-Consultation.pdf).

Providing access to screening tool training in-person or online could build staff confidence in using tools in their practice. **Scripts** of how to discuss screening tools with families can be used to help home visitors become more comfortable with introducing and explaining the value in using screening tools.

A written protocol detailing the screening process should be easily accessible to all home visitors and supervisors. Developing a written protocol with staff input can improve buy-in and standardize practice between home visitors while also ensuring that all clients are being screened appropriately. The protocol should contain, at minimum, which screening tools will be used, how often caregivers will be screened, and information on how home visitors will track screenings.

Resources:

- [The Mothers & Babies Program \(https://www.mothersandbabiesprogram.org\)](https://www.mothersandbabiesprogram.org)
- [Postpartum Support Minnesota \(https://www.ppsupportmn.org/handouts\)](https://www.ppsupportmn.org/handouts)
- [More than the Blues Toolkit \(https://store.samhsa.gov/system/files/sma14-4878.pdf\)](https://store.samhsa.gov/system/files/sma14-4878.pdf)
- [Breastfeeding and Antidepressant Medication Chart \(https://www.ppsupportmn.org/resources/Documents/PPSMantidep.pdf\)](https://www.ppsupportmn.org/resources/Documents/PPSMantidep.pdf)
- [Wilder Research Home Visiting Engagement and Retention \(https://www.wilder.org/wilder-research/research-library/home-visiting-engagement-and-retention\)](https://www.wilder.org/wilder-research/research-library/home-visiting-engagement-and-retention)

Contact

If you have questions regarding this toolkit or continuous quality improvement efforts within the MDH Family Home Visiting Section, please email health.fhvcqi@state.mn.us.

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