



Appendix 14



Example of a Topic-Specific Issue Brief on the PHDS Findings Focused Parental Depression

Screening for Parental Depression in Pediatric Practices:

MISSED OPPORTUNITIES & Why This is a Pediatric Issue



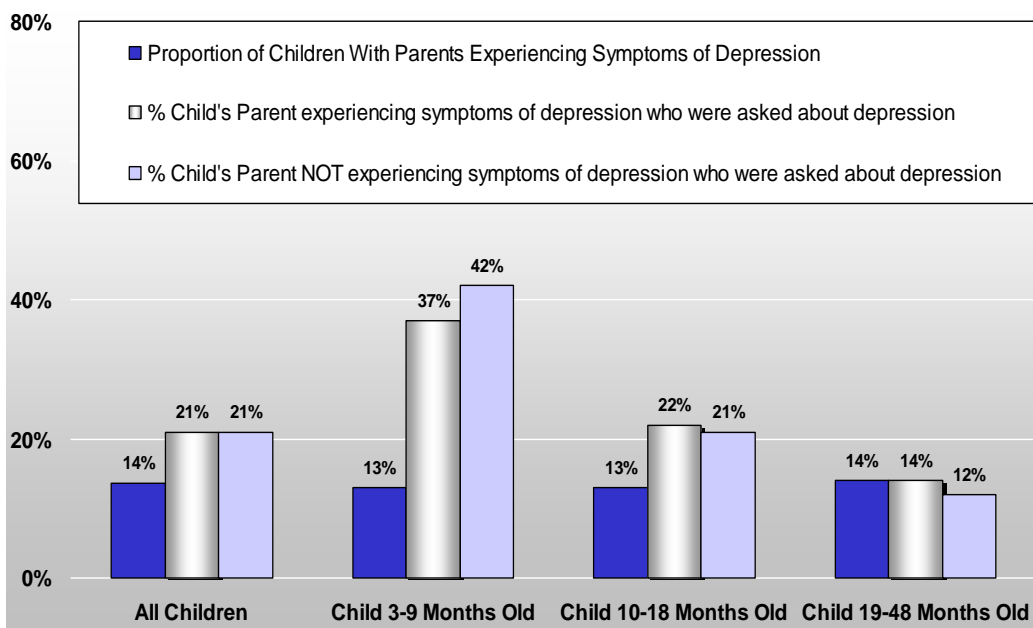
Findings and Recommendations from the CAHMI¹: The Pediatrics Department in Health System X recently collaborated with the Child and Adolescent Health Measurement Initiative to implement the Promoting Healthy Development Survey. This memo highlights some of the findings related to parental depression and highlights why it is an important issue for pediatric health care providers to consider.

Authors: Child and Adolescent Health Measurement Initiative (CAHMI): Colleen Peck Reuland, Christina Bethell, Danielle Hermann, Molly Skarphol and Nicole Hinckley-Hines, MD. More information about the CAHMI can be found at www.cahmi.org.

In Health System X

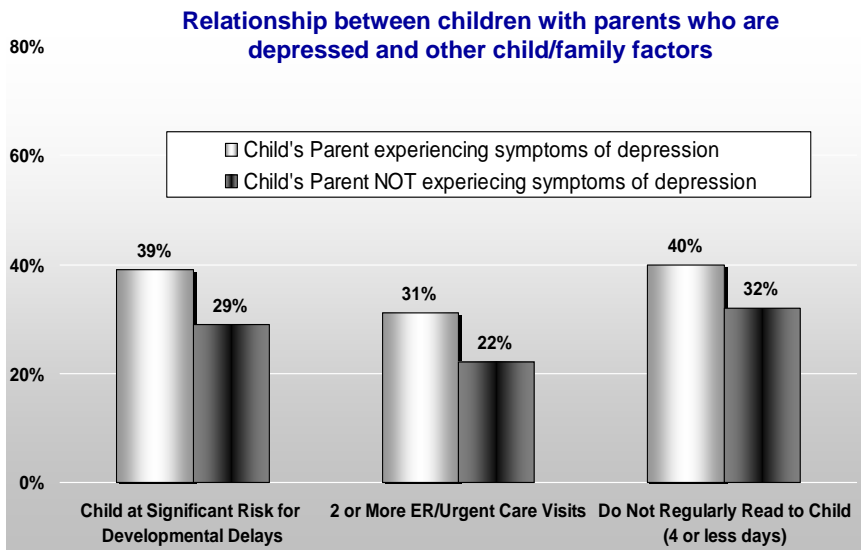
- **1 out of 10 children** (0-3 years old) have parents experiencing symptoms of depression
 - Infants (3-9 months) were **NOT** more likely to have parents experiencing symptoms of depression as compared to older children (10 months- 3 years old).
- **1 out of 5 children** have parents who were asked about depression by their child's health care providers
 - Children whose parents are experiencing symptoms of depression were **NOT** more likely to have been asked about depression.
 - Infants were more likely to have their parents screened for depression as compared to toddlers.

Relationship between children with parents who are depressed and whether or not they were asked about depression



MISSED OPPORTUNITY: In the first three years of life there are ten well-child visits. This represents at least 10 opportunities to screen parents for depression.

In Health System X: Why is Parental Depression a Pediatric Issue?



Children whose parents are experiencing symptoms of depression are significantly more likely to:

Cost More-

- More likely to visit the emergency room or urgent care clinic more often

Are at Risk-

- More likely to be at risk for developmental, behavioral delays
- More likely to be read to less by their parents

FACTS ABOUT PARENTAL DEPRESSION:

- ☑ Maternal depression, or depressive symptoms, was found to be related to lower birthweight, increased emotional liability among infants and toddlers, behavior problems, increased rate of injuries or accidents, failure to thrive among preschoolers and symptoms of mental illness and behavioral problems in school age children (Zuckerman 1987).
- ☑ Maternal depression often slips through the cracks of the medical community as women bounce back and forth for support between psychiatric, obstetric, pediatric and general family disciplines (Kleinman, 1994).
- ☑ While medical professionals have been taught to expect a certain degree of emotional upheaval during the postpartum period, there is a tendency to normalize such response and not take the woman's concerns seriously (Kleinman 1994).
- ☑ Postpartum depression, for many women does not last just a few months after birth but can continue throughout their child's first years.

What can pediatric health care providers do?

Simple and validated screening tools can identify parents who may be experiencing depression, and if identified, prescription medication and psychological intervention can effectively treat depression.

- Computers or the "black boxes" could be utilized to administer screening tools to parents in the waiting room.
- Medical assistants can ask the 1-3 screening questions as part of their pre-screening during well-child visits.

EXAMPLE: KEMPER DEPRESSION SCREENER:

- ☑ How many days in the last week have you felt depressed?
- ☑ In the past year, have you had two weeks or more during which you felt sad, blue, depressed, or lost pleasure in things that you usually cared about or enjoyed?
- ☑ Have you had two or more years in your life when you felt depressed or sad most days, even if you felt okay sometimes?

Antidepressant Medication Management Screening

- A high-priority HEDIS measure is related to antidepressant medication management.
- KPNW has created systems for adults to focus on this important aspect of care.
- Pediatric health care providers need a link to these systems.
- Opportunity to Address An Aspect of Care Measured in HEDIS: Remember: Pediatric health care providers see parents of young children ten times in the first year. This is ten times to assure that people with depressive symptoms are linked into systems that assure that their symptoms and medications are managed.

¹Data Source: The data presented is based on the 2004-2005 implementation of the Promoting Healthy Development Survey (PHDS). Parents of children who were between 3-45 months old, had at least one well-child visit, had been continuously enrolled in X for 12 months or since the time of birth completed the survey and who were able to complete the mailed survey in English completed the survey. For more information about the PHDS and X project, please contact Colleen Peck Reuland at