



PROJECT
THRIVE



Linking Policies for Child Health,
Early Learning, and Family Support

Building on Family Strengths
Conference

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Results of a Policy Roundtable on Reducing Maternal Depression and its Impact on Young Children

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Overview of Presentation



- About Project THRIVE & NCCP
- Overview of Maternal Depression
- State Strategies
- Policy Recommendations



National Center for Children in Poverty

Our Mission: To promote the security, health, and well-being of America's low-income children and families.

Our Foci: Improved family economic security;
Healthy, nurturing families and young children succeeding in school

Our Aim: Research-informed policy and practice that will help young children thrive



National Center for Children in Poverty

Who We Are

- NCCP uses research to promote the economic security, health, and well-being of America's low-income children and families.
- Our ultimate goal: Improved outcomes for the next generation.
- NCCP is a non-partisan, public interest research organization at Columbia University's Mailman School of Public Health



About Project THRIVE

- Established at the National Center for Children in Poverty (NCCP), Project THRIVE is a public policy analysis and education initiative to promote healthy child development.
 - This work is supported through a cooperative agreement with the Maternal and Child Health Bureau, HRSA-DHHS.
 - THRIVE provides policy education and analysis for the state Early Childhood Comprehensive Systems Initiatives (ECCS)



About ECCS

- The purpose of the State Early Childhood Comprehensive Initiative is to support States to plan, develop and implement collaborations and partnerships to support families and communities in their development of children who are healthy and ready to learn at school entry.
 - 5 core components:
 - Access to Health Care and Medical Homes
 - Social-Emotional Development and Mental Health
 - Early Care and Education Services
 - Parenting Education
 - Family Support Services
 - 47 states have ECCS Initiatives



Overview of Presentation

- Defining depression
- Risk factors
- Epidemiology
- Impacts of maternal depression on children





What is Depression?

- A combination of symptoms that interfere with the ability to work, study, sleep, eat, and enjoy once pleasurable activities.
- Symptoms can lead to long-term health problems and an increased need for health services, as well as employment problems
- Women may be depressed, generally or in relationship to childbearing.



What is Perinatal Depression?

- “Perinatal Depression” is related to childbearing
- Includes prenatal depression, postpartum blues, postpartum depression, and postpartum psychosis
 - Postpartum blues are experienced within 10 days of giving birth by 50-80% of all mothers
 - Postpartum psychosis is the most rare form of maternal depression (estimated incidence 1.1 to 4.0 cases per 1,000 deliveries), and seems to be correlated with a personal or family history of bipolar or schizoaffective disorder
- After childbirth, depression is the 2nd major reason for women being hospitalized in the U.S.



Factors in depression

- Depression for many is a hereditary disorder.
- Social risks and conditions contribute.
 - Depression in low-income women is a response to multiple adversities; four or more risk factors correlates with the greatest level of risk.
 - Among low-income/women of color, maternal depression is often co-morbid with trauma, post-traumatic stress disorder (PTSD), anxiety, or substance abuse
- Biologic and hormonal factors play a role in perinatal depression.



Associated Risk Factors

■ Personal Factors

- Prior or family history of depression
- Loss of one's own mother before the age of 11
- Childhood trauma or abuse
- Domestic or intimate partner violence
- Sexual violence or coercion
- Single motherhood
- Substance abuse
- The presence of three or more children under 15 years of age living in the house



Associated Risk Factors

■ Social risk factors

- Poverty/lack of material resources (e.g. food insecurity, poor housing conditions, lack of financial supports)
- Absence of social supports (a community network and/or a close relationship)
- High levels of life change
- High levels of chronic stress
- Absence of a job outside the home



Epidemiology of Depression Among Women

- In U.S. twice as many women (12.3%) as men (6.7%) are affected each year
 - 12.4M women and 6.4M men
- For low-income women, the estimated prevalence doubles to 25%
- Most prevalent among women of child-bearing and child-rearing age (16 to 53)



Epidemiology of Depression Among Mothers

- Estimated rates of depression among pregnant and postpartum women range from 8 to 20%.
- For low-income women with young children, prevalence rates are commonly estimated at approximately 40%.
 - Early Head Start mothers: rates as high as 48% at enrollment
 - Teen moms at community pediatric health centers: 40%
 - Women participating in state welfare-to-work programs: 35-58%



Caregiver Depression

- Overall male depression is estimated at 6%; but
 - Community samples have found prevalence rates ranging up to 25% for fathers.
- Grandparents raising grandchildren frequently suffer from depression:
 - A Head Start study found that of grandparents raising grandchildren 10% were moderately depressed and 17% were severely depressed.
- Caregivers in low-income and non-subsidized care centers more likely to suffer from depression than the average US female population.



How depression affects parenting

- Reduces self-esteem and self-efficacy
- Less nurturance and interaction with children
- Less likely to engage in positive parenting practices and preventive child health practices
- May lead to non-effective coping strategies
- Other factors that frequently co-occur with depression can affect children
 - e.g. poverty, IPV, history of trauma



Impact on Child's Social-Emotional Development

- A child's earliest experiences & relationships have life-long consequences. (Neurons to Neighborhoods)
- Increased risk of social and emotional problems in young children of depressed mothers.
- Parental depression linked to lack of school readiness and early school success.
 - Poorer cognitive development
 - More limited language skills
 - Fewer social interaction skills
 - Difficulty in appropriately engaging adults



Impact on Child's School Readiness

Young children of depressed parents show problems linked to lack of school readiness and early school success.

- Poorer cognitive and language skills
- Fewer social interaction skills



Long-term Impact of Depression on Young Children

- Effects may endure across a child's life span
 - Significant risk for increased psychopathology and poor school outcomes have been documented throughout childhood & among adult children of depressed parents (Garber)
- Depends upon the severity and timing of the depression
- Strengthening protective factors can mitigate the impact on young children, even if it does not reduce the depression (EHS)



Key Take Home Messages: Maternal Depression & Parenting

- Maternal depression often co-exists with prior or concurrent trauma
- Maternal depression is a caregivers' disease, thus a two-generation condition
- Depression interferes with parenting



Key Take Home Messages: Maternal Depression & Parenting

- Impact on child may be serious, of long duration
- Structural barriers such as lack of insurance and racism leave many families outside treatment
- Depression is treatable



Results of the Roundtable: Promising Practices And Strategies





About the Policy Roundtable

- Policy roundtables are one of the strategies used by Project THRIVE and NCCP to encourage thinking and synthesis among researchers, practitioners, and policy makers.
- This presentation is based on the results of THRIVE's research and a policy roundtable, *Reducing Maternal Depression and its Impact on Young Children: Building a Policy Framework*, that took place in June, 2006



Reducing Maternal Depression and its Impact on Young Children

Participants, Policy Roundtable, June 22, 2006, New York City

- MaryLee Allen, Children's Defense Fund
- William R. Beardslee, Children's Hospital Boston & Harvard Medical School
- Blythe Berger, Rhode Island Department of Health
- Joan M. Blough, Early Childhood Investment Corporation
- Patrick Chaulk, Annie E. Casey Foundation
- Marian Earls, Guilford Child Health, Inc.
- Glenace Edwall, Minnesota Department of Human Services
- Beverly English, Illinois Department of Human Services
- Norma I. Gavin, RTI International
- Mareasa R. Isaacs, National Alliance of Multi-ethnic Behavioral Health Associations (NAMBHA)
- Kay Johnson, Project THRIVE, National Center for Children in Poverty
- Jane Knitzer, National Center for Children in Poverty
- Christopher Kus, New York State Department of Health
- Dedra Markovich, The Ounce of Prevention Fund
- Joanne Martin, Indiana University School of Nursing
- Laura J. Miller, Women's Mental Health Program, University of Illinois at Chicago
- Geoffrey Nagle, Institute of Infant and Early Childhood Mental Health, Tulane University School of Medicine
- Deborah F. Perry, Women and Children's Health Policy Center at Johns Hopkins School of Public Health
- Theodora Pinnock, Tennessee Dept of Health
- Frank W. Putnam, Cincinnati Children's Hospital Medical Center & Every Child Succeeds
- Dayanna Rocha, Office of Head Start
- Terrie Rose, BABY'S SPACE: A Place to Grow
- Elisa Rosman, Consultant
- Deborah Saunders, Illinois Healthcare & Family Services
- Phyllis Stubbs-Wynn, Maternal and Child Health Bureau, Health Resources and Services Administration
- Suzanne C. Theberge, Project THRIVE, National Center for Children in Poverty
- Joan Yengo, Mary's Center for Maternal and Child Care, Inc.
- Mary Zoller, Virginia Department of Health



State Strategies: Screening, Prevention, and Intervention





MCHB-HRSA

- MCHB-HRSA perinatal depression project
 - Perinatal Depression Earmark
 - 2004 & 2005: 10 states, national public awareness campaign
 - 2006: 6 states: IA, IL, KY, LA, MA, PA



State Policy & Program Examples: Strategies focused on women

- Several states are training providers or conducting pilot projects to promote use of Edinburgh Postnatal Depression Scale (screening tool).
- Minnesota
 - Legislation to provide postpartum depression information to new mothers and fathers departing from hospitals following childbirth.
- Pennsylvania
 - Local health departments' "Perinatal Partnership" formed to focus on issue



State Policy & Program Examples: Strategies focused on women

- Texas
 - Legislation requires providers of prenatal/perinatal care to provide resource list on services for perinatal depression
- Virginia
 - Used Title V MCH Block Grant to develop web-based curriculum for providers to encourage screening & referrals
 - Partnership with Center for Excellence in Women's Health
- Tennessee
 - Using home visiting projects to increase screening for women



State Policy & Program Examples: Strategies focused on children

- Medicaid pilot projects to promote healthy mental development and social-emotional screening in primary pediatric settings
 - ABCD II in CA, IA, IL, MN, UT www.nashp.org or www.cmwf.org
- Medicaid pilot projects to increase developmental screening & services in primary pediatric settings
 - ABCD I in NC, WA, UT, VT www.nashp.org or www.cmwf.org
- SAMSHA grants used to focus on early childhood mental health in CO, VT



State ECCS Partners in Action

- Social-emotional development and mental health is a core component of ECCS
- Sample strategies from state plans:
 - Early childhood mental health consultation in early care and learning settings
 - Cross-system provider training
 - Maternal depression screening in primary care settings
 - Parent education & family support - on general parenting skills and specifically about depression



State Policy & Program Example: Putting it together in Illinois

- Building from MCHB-HRSA perinatal depression grant, statewide training more than 3,000 providers
- Using Title V MCH Block Grant to partner with AAP to promote maternal screening in pediatric settings
- Medicaid is:
 - promoting and financing early childhood social-emotional screening
 - recommending use of objective screening tools
 - modifying managed care contracts to focus on quality and performance
 - aiming to improve interconception care
- Public-private initiative aims to have S-E mental health consultant part of every pediatric primary care practice group
 - State legislative language and money secured by coalition (led by Ounce of Prevention Fund, including ECCS)



Key Messages on Developing Family Interventions

- Developmentally appropriate
- Family-focused (two/multi-generational)
 - Identify and address adult risks
 - Promote healthy parenting in ways that fit family and community needs (e.g. immigrant, race, ethnicity, etc.)
- Embed in health and early childhood settings parents trust
- Use public health, community-based prevention approach



Recommendations from Policy Roundtable Participants





Sustain, replicate, and bring to scale what works

- Promote state-level replication of pilots
- Develop model legislation or policy package
- Incorporate effective strategies to reduce depression in programs serving at-risk parents & families



Look for opportunities that fit into other initiatives

- Apply a lifespan approach & use a family focus
 - *CDC Preconception Health and Health Care Initiative*
- Address disparities in access
 - *NIH Understanding and Reducing Disparities*
- Remove policy barriers to financing both preventive and treatment interventions for families (parents and children together)
 - *Commonwealth Fund ABCD Initiative*



Use Primary Health Care Settings

- **Make depression a priority for providers**
 - Screening in women's and pediatric primary care settings
 - Strengthen linkages between parental screening and mental health treatment services
- **Require use of appropriate tools to screen young children in EPSDT and Part C programs**
 - Recommend valid, objective tools
 - Use professional guidance (AAP, Bright Futures)
- **Build on pediatric medical home initiatives**



Use Early Childhood Programs

- **Promote replication of interventions**
 - Early Head Start, home visiting models, ABCD projects
- **Assist early care and learning providers to identify and respond**
 - Cross-system training
 - Early childhood mental health consultation
- **Educate policy makers about the links between school readiness and caregiver depression**



Develop Cross-systems Efforts

- Use State early childhood comprehensive systems (ECCS) initiatives for better integrated service and finance
- Develop a state plan that identifies what each system will do separately and together
- Streamline screening efforts to avoid unnecessary duplication of effort
 - Link systems
- Create positions for staff dedicated to coordinating interagency efforts
 - similar to women's health or HIV/AIDS coordinator positions



Aim to reduce disparities

- Address disparities from early childhood and on
- Apply the lessons learned from research and support relevant research
- Use universal and community-wide approaches



Increase Cultural Competencies

- Understanding meaning of depression in different cultures and communities
- Language
- Who are the respected members of the community?
Who do people listen to?
- Include voices at all levels: women and families, providers, community leaders, researchers, policy makers



Encourage State Advances

- Develop model legislation or policy package
- Develop model for comprehensive public-private action plan



Build on Federal Programs

- Encourage states to recommend appropriate screening tools in **Medicaid and Part C**
- Strengthen **Early Head Start**
- Address depression to promote the well-being of children and families in the **child welfare** system
- Address maternal depression as a barrier in moving from welfare to work in **TANF**
- Use **SAMHSA** “system of care” grants to focus on younger children and their families
- Use MCHB-HRSA State **ECCS** initiatives



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