



# **Parent/Primary Caregiver Depression Screening: Promising Practices in New Hampshire's Regional Early Childhood Initiatives**

# INTRODUCTION

## What Will You Find In this Guide?

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This guide describes promising practices being used in one or more regions of New Hampshire to increase the number of children receiving developmental screening. The practices described do not yet meet the rigorous threshold as “evidence-based practices.” However, we have enough initial data and documentation to believe that they are having a positive impact. We share the practices with a sense of humility because we are still learning about what does and does not work and we welcome the opportunity to learn from you too!

## How Is The Guide Structured?

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This guide responds to ten questions about the promising practice:

1. What Is It and Why Does It Matter?
2. What Is The Problem Our Regional Initiatives Are Trying to Solve?
3. What Do We Hope to Accomplish?
4. What Did We Do?
5. What Difference Did It Make and How Do We Know?
6. What Does It Cost and How Is The Work Funded?
7. What Lessons Did We Learn Along The Way?
8. What Challenges Have We Not Yet Solved?
9. Where Should You Begin?
10. Where Can You Find Out More?

## Are There Other Promising Practice Guides?

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Yes! As of this writing, we have created guides for three promising practices being used by one or more of our regional initiatives: A Regional Approach to Developmental Screening; the Family Center Model, and ACERT, a partnership with police departments that connects families who have experienced trauma with the supports they need to mitigate the impact of trauma. As we continue to learn in our communities, we hope to be able to share additional approaches to working with young children and their families. For more information and copies of the other promising practices go to our website: <http://sparknh.com/> or email us at: [info@sparknh.org](mailto:info@sparknh.org)

## Who Created This Guide?

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The Guide was created by the members of the Spark NH Regional Early Childhood Coalitions. Communities across the state of New Hampshire are working to ensure that young children have the strong foundation and support they need to thrive and succeed. Some of the most innovative work is being led by regional early childhood Coalitions. While each of our regions has its own flavor and approach, we all share a vision of communities where every child has the positive learning experiences, good health, and strong family support they need as they grow to become tomorrow's parents, workers, and citizens.

## What Is Parent/Caregiver Depression Screening and Why Does it Matter?

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### What Is It?

Depression screening helps professionals identify parents/primary caregivers who are experiencing depression and connect them with the supports they need so that they can care for and bond with their children.

### Why Does It Matter?<sup>i</sup>

- **Nurturing, responsive relationships between parents/primary caregivers and children are the key to children's social and behavioral development.**
- **Substance abuse, trauma and mental health issues can interfere with a parent's ability to care for and respond to their children.** Left untreated, depression can affect how a parent/primary caregiver cares for and bonds with, her child in the early and critical years of a child's development.
- Given that the interactions between children and their parents/primary caregiver shape the brain's development, **disruptions to these relationships can have negative effects on children's health, learning, and behavior throughout their life.**<sup>ii</sup>
- **Ensuring that young children and their parents/primary caregivers receive early assessment, diagnosis and treatment is critical** because it's easier to solve problems by intervening early than it is to intervene years later after they have grown into big problems.

## What Is The Problem Our Regional Coalitions Are Trying to Solve?

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- **Pregnant and post-partum women are not routinely screened** for depression, anxiety disorders, substance abuse and family violence.
- **Fathers and extended family members who are a child's primary caregivers are often unseen and unsupported.** In the past, mothers have often been their children's primary caregivers. But today fathers play a growing role in their children's lives. In addition, as a result of the opioid crisis and other challenges, many grandparents are raising their grandchildren. We need to pay attention to and support a child's primary caregiver regardless of who that person is.
- **Parents/primary caregivers who are experiencing depression have difficulty accessing services.** There are many barriers to accessing services. Social stigma makes it hard for some people to reach out for help. In addition, the shortage of mental health practitioners and the limited number of openings available for patients with little or no insurance often mean long wait times for parents/primary caregivers in need of care.

## What Do We Hope to Accomplish?

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- **Reach More Parents/Primary Caregivers.** Ultimately, we would like to make sure that every parent/primary caregiver experiencing depression is identified before the problem has a chance to grow.
- **Connect Caregivers Experiencing Depression with Supports and Services.** Identifying parents/primary care givers experiencing depression is not enough on its own. To truly have an impact, we must take the next step of helping them access the supports they need to restore them to full health.

## What Did We Do?

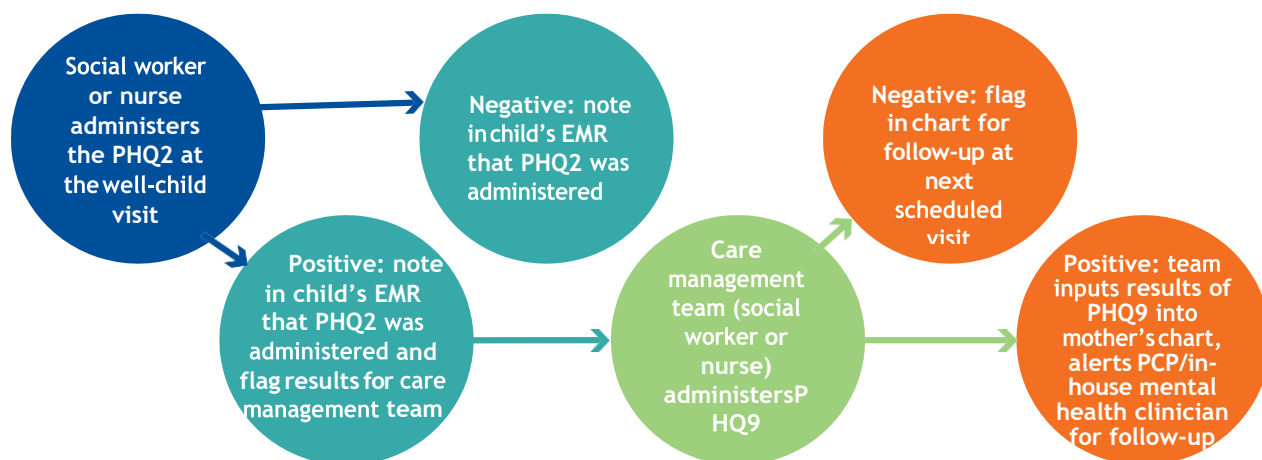
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We are currently integrating parent/primary caregiver screening in two regions (Manchester and Coos) using slightly different approaches.

*In Coos, we....*

- **Listened.** We listened to providers to understand their work flow and the challenges they might face when integrating parent/primary caregiver depression screening into their work flow.

- **Made the Case.** We told the story of the impact of parent/primary caregiver depression on children’s health outcomes and reminded providers of the American Academy of Pediatrics (AAP) recommendations for parent/primary caregiver depression screening.
- **Introduced Parent/Primary Caregiver Depression Screening into Well-Child Visits, Pediatric Care Settings and Home Visits.** We worked with health care providers and social service agencies to make primary caregiver depression screening a part of their routine practice and work flow. *(The graphic below illustrates the workflow being used in the Coos region.)*



*Designing Systems to Eliminate the Consequences of primary caregiver Depression: Success Stories from Three States* - National Institute for Children’s Health Quality  
<https://www.nichq.org/resource/designing-systems-eliminate-consequences-primary-caregiver->

- **Connected Parents/Primary Caregivers with Behavioral Health Services.** We worked with referring agencies to develop a process that enabled primary caregivers, experiencing depression, to access services more quickly.

*In Manchester, we worked closely with our Federally Qualified Health Center (FQHC) and ....*

- **Used the SBIRT (Screening, Brief Intervention Referral to Treatment) to Screen for a Broad Range of Issues.** The SBIRT is a very brief questionnaire that includes evidence-based questions from the PHQ-2 (Patient Health Questionnaire) and the GAD-2 (Generalized Anxiety Disorder) as well as questions that screen for substance misuse, hunger and domestic violence.
- **Combined Post-Partum and Newborn Visits.** Instead of asking families to come in for two separate visits (a newborn visit and a post-partum visit for the mother), we combined the two visits into one. This increased the number of parents/primary caregivers who came in

for their appointments and allowed us to reach babies' caregivers, even if the caregiver was not our patient.

- **Made Depression Screening a Routine Part of All Patient Visits.** We made SBIRT screening a routine part of every office visit for patients over the age of twelve.

*In multiple regions...*

- **Made Depression Screening a Routine Part of Home Visits.** We integrated depression screening into the work we do with families during Home Visits.

## **What Difference Did It Make and How Do We Know?**

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**Indicators of Success** – In Coos we are tracking the following:

- Number/% of parents/primary caregivers who receive evidence-based screening for primary caregiver depression using a standardized tool.
- Number/% of parents/primary caregivers identified with depressive symptoms who receive referral and treatment if indicated.
- Number of providers routinely providing depression screening.

## **Outcomes**

*As of this writing we have seen the following results in Coos:*

- **More Providers Are Routinely Offering Depression Screening.** Three health centers and three social service organizations now routinely provide parent/primary caregiver depression screening and referrals.
- **More Caregivers Are Being Screened for Depression.** In 2018, 615/34% of parents/primary caregivers received evidence-based screening for depression using a standardized tool.
- **More Caregivers Who Have Depression are Finding the Help they Need.** In 2018, 81/13% of parents/primary caregivers identified with depressive symptoms received referrals and treatment if indicated.

*In Manchester:*

- **Screening and Referral Are Fully Integrated into Patients' Healthcare.** This is allowing us to identify more parents/primary caregivers in need of support and helping us to connect them with the services they need.

## What Does It Cost and How Is The Work Funded?

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### Expenses

The PHQ 2, PHQ9, SBIRT and Edinburgh Depression screening tools are all available at no cost. The only true cost of integrating parent/primary caregiver depression screening is time. It takes time and skill to build relationships with providers in the region and work with them to find ways to integrate screening into their workflow.

### Current Funding

- Federally Qualified Health Centers (FQHCs) that provide prenatal care and are state-contracted to provide primary care, must meet 12 performance measures in order to keep their FQHC status and funding. Depression screening is one of the 12 measures. This provides an incentive for FQHCs to implement primary caregiver depression screening.

### Long-Term Strategies for Increasing Financial Sustainability

- Many states use their Medicaid funding to reimburse and thus, incentivize providers for parent/primary caregiver depression screening. Unfortunately, New Hampshire is not one of these states. In the long-term, changing New Hampshire's Medicaid regulations would provide a powerful incentive for statewide participation in parent/primary caregiver depression screening. For more information on Medicaid billing related to SBIRT see: <https://www.integration.samhsa.gov/clinical-practice/sbirt/financing#medicaid>

## What Lessons Did We Learn Along The Way?

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- **It's All About Relationships!** We were successful, because we already had strong relationships with one Federally Qualified Health Center and the local Community Mental Health Center. Since leaders from these organizations were already partners in our work, we had a foundation of trust and respect that allowed us to have candid conversations and

work through the “messiness” of figuring out how to make this work. They, in turn, had the respect of their colleagues, paving the way for us to expand the work to other providers over time.

- **Connect the Dots.** Pediatricians care about health of the children they see. Head Start teachers care about the young children in their classrooms. Home visitors see babies struggling to thrive. Part of our job is to help them understand the direct connection between parent/primary caregiver depression and what they are seeing with the children.
- **Take the Time to Understand Their World.** Health care providers are under enormous pressure to provide comprehensive care in short, billable, time increments. Mental Health centers are straining to respond to more patients than they have the staff or funding to see. If you want them to prioritize something new, you must first understand their existing priorities and challenges.
- **They are the Experts on Their Workflow.** While you can prompt the conversations, you can't prescribe how providers should fit parent/primary caregiver depression screening into their workflow. Trust them to find the way that will work best for them.

## What Challenges Have We Not Yet Solved?

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- **Expanding to Reach All New Primary Caregivers.** While we have made great strides, there are still many providers in the region who are not routinely screening for parent/primary caregiver depression and many parents/primary caregivers who are struggling alone with unidentified depression.
- **Addressing the Scarcity of Behavioral Health Resources.** While New Hampshire was once a national model for community mental health services, today we are known for the scarcity of resources we provide. This challenge is one that is beyond our control, but which directly effects the families we serve.

## Where Should You Begin?

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- ✓ **Talk to Your Coalition Partners.** Begin with your trusted partners. Who is in a position to do parent/primary caregiver depression screening? Do you have a Federally Qualified Health Center, a home visiting program, or a Head Start program in the Coalition? Begin with the folks you know.



- ✓ **Agree on the Screening Tools You Will Use.** As a Coalition, identify the screening tools that you will use. The more you are able to align what you do, the easier it will be to coordinate services for families.
- ✓ **Identify Opportunities and Challenges.** Work with your partner organization to understand how parent/primary caregiver depression screening fits in with their priorities and what they face in making it a regular part of the work they do.
- ✓ **Problem Solve.** Work with your partners to identify ways to overcome the obstacles they face.
- ✓ **Secure A Path to Behavioral Health Resources.** Work with local behavioral health providers to make sure that women who are identified through the screening can access the supports they need to find relief from their depression.
- ✓ **Implement and Check-In.** Begin screening and check in regularly to see how it's going and what supports are needed to ensure success.
- ✓ **Document Your Success.** Track the number of parent/primary caregivers who are being screened and the number who are successfully referred to treatment. Collecting this data will help you make the case for expansion. It will also help you identify areas where what you are doing needs to be adjusted in order to be sure that new parents/primary caregivers are getting the resources they need.
- ✓ **Expand to Other Providers.** Once you find success with one provider, use that to encourage other providers to join the effort. Once providers see that it is possible, they are much more likely to join in.

## Where Can You Find Out More?

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### Resources

- **PHQ 2** The Patient Health Questionnaire-2 is an initial screening tool for depression. Patients who screen positive on the PHQ2 should then complete the PHQ9. <https://www.phqscreeners.com/>
- **PHQ 9** The Patient Health Questionnaire-9 is a screening tool used to assist in identifying people who meet the criteria for depression. <https://www.phqscreeners.com/>
- **Edinburgh Depression Screen** is a tool used for screening women outpatient or home visiting settings or at the 6-8-week postpartum appointment.

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/practicing-safety/Documents/Postnatal%20Depression%20Scale.pdf>

- **SBIRT** The Screening, Brief Intervention, and Referral to Treatment is an evidence-based tool to assist in identifying people struggling with issues related to depression, substance use and partner violence. <https://www.integration.samhsa.gov/clinical-practice/sbirt>

## Regional Initiatives Active In This Area

- As of this writing, the Coos Coalition for Young Children and Families and LAUNCH Manchester are both addressing parent/primary caregiver depression screening in healthcare settings. Other regions have integrated depression screening into their Home Visits.

## Related Work and Policies

- *The National Institute for Children’s Health Quality* has written an excellent report highlighting how three states (including our program in Coos) are addressing primary caregiver depression screening. The report provides a more detailed description of our work as well as different approaches being used in two other states.  
*Designing Systems to Eliminate the Consequences of primary caregiver Depression: Success Stories from Three States* <https://www.nichq.org/resource/designing-systems-eliminate-consequences-primary-caregiver-depression>
- *Spark New Hampshire’s Framework for Action* - The Framework for Action presents ten policy recommendations to help New Hampshire achieve the best outcomes for our children. Each policy recommendation is accompanied by a policy brief that summarizes why the recommendation is important; identifies national and state policies currently in place; and defines challenges facing our state, and steps we might take to address these challenges.<sup>iii</sup>

## Story from One Community

Coos County is the least populated but geographically biggest county in New Hampshire. The region's mountains and forested lands make this a beautiful place to live and a popular place to visit. Coos also faces challenges. Approximately 1,500 children under the age of six live in Coos County. One in five of these children live in poverty.

The **Coos Coalition for Young Children and Families** formed in 2012 to promote optimal development for children birth-5 and their families in Coos and surrounding communities. The Coalition brings key decision makers from health, mental health, family support, early care and education, and Coos SAUs (School Administrative Units) to the table monthly to create coordinated and shared strategies for improving outcomes for young children in Coos. As a result of working together:

- Health care providers, home visitors, and Head Start centers are routinely screening new primary caregivers for depression.
- Parents identified through depression screening are able to quickly access services at the local community mental health centers.
- Children are thriving because their parents are once again able to fully present for them.

To quickly view data on the status of children and families in our community see:

<http://investincooskids.daveystrategies.com/navigation>

**What's Next** - Some of our goals for the next phase of our work together are to:

- Increase the percentage of primary caregivers screened.
- Increase the percentage of primary caregivers experiencing depression who access the support services they need.
- Increase community awareness of the importance of primary caregiver depression screening.

To learn more about our work: <http://www.investincooskids.com/index.html>

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<sup>i</sup> Kieschnick, PI, Milliken, L. (2015). A Framework for Action for New Hampshire's Young Children, Concord, NH: Spark NH Early Childhood Advisory Council. For more information see: <http://sparknh.org>

<sup>ii</sup> UNESCO, United Nations Educational, Scientific, and Cultural Organizations. (2012). The Review of Care, Education, and Child Development Indications in Early Childhood.

<sup>iii</sup> Ibid