

# Issue Brief



## WOMEN'S MENTAL HEALTH: Local Health Department Strategies in Addressing Depression Among Pregnant *and* Parenting Women

### INTRODUCTION

Mental illness is a complex health concern, characterized by a wide array of disorders that affect men and women at different rates. Depression—one of the many mental disorders that affect millions of Americans each year—occurs most often among women.<sup>1</sup> Women are twice as likely to suffer from depression as men are, and women are particularly vulnerable during the perinatal period (i.e., the period around childbirth, especially the five months before and one month after birth). Depression among women is a significant public health concern because of its potential impact on the health of the woman and her family.



In order to understand better the ways that local health departments (LHDs) are addressing this public health concern, the National Association of County and City Health Officials' (NACCHO's) Maternal and Child Health and Primary Care projects queried several LHDs to assess the availability and delivery of mental health services for pregnant and parenting women. This issue brief highlights strategies in addressing depression among pregnant and parenting women and describes the efforts of three LHDs working to integrate women's mental health activities into existing services. The brief also describes challenges LHDs experience and discusses next steps LHDs can undertake to ensure the mental health of the women they serve.

### BACKGROUND

Maternal depression is associated with specific demographic, biological, genetic, and social risk factors (see Figure 1). However, depression among pregnant women and new mothers is often unrecognized or under-diagnosed. As a result, many cases of depression among women go untreated.

Estimates of the prevalence and incidence of perinatal depression vary widely, from five percent to 25 percent of pregnant women and new mothers.<sup>3</sup> These differences are due to how depression is defined, the type of assessment tool used, when the assessment is administered, and what population is screened.

Symptoms of depression include prolonged periods of depressed or irritable mood, fatigue, loss of interest in activities, changes in sleep or appetite, feelings of guilt or worthlessness, or thoughts of harming oneself or someone else. Maternal depression not only negatively impacts a mother's psychological well-being but also her child's development and family functioning.<sup>4</sup>

Maternal depression also affects children prenatally and after birth. Perinatal depression—depression that occurs during pregnancy or within a year after delivery—puts infants at greater risk of being small for gestational age and being born prematurely.<sup>5</sup> After birth, a mother's ability to bond with her child may also be compromised by depression. This compromised bond puts infants of depressed mothers at risk for delayed social and emotional development.<sup>6</sup>

Children of depressed mothers experience more social and emotional problems than children whose mothers are not depressed. Delays or impairments in cognitive, linguistic development, and social interactions may exist. Children of mothers with continued depression are more likely to develop long-term behavioral problems and are at greater risk of developing psychopathology, including affective (mainly depression), anxiety, and conduct disorders, later in life.<sup>7</sup> Depressed mothers also generally show less attentiveness and responsiveness to their children's needs and are less likely to use preventive services.<sup>6</sup>

FIGURE 1. Risk Factors for Maternal Depression<sup>2</sup>

- Previous or family history of depression
- History of alcohol dependence
- Poor marital relationships
- Life stress
- Low social status
- Lack of social support or absence of a community network
- Unplanned or unwanted pregnancy

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## LHDS ADDRESS MATERNAL MENTAL HEALTH

Mental health and public health are integrally linked because of the significant role each can play in health promotion and disease prevention. LHDS address women's mental health through various programs and activities, which include outreach, education, screening, identification, referral, and intervention. The following LHDS provide examples of this work.

### *Lawrence-Douglas County (KS) Health Department*

The Maternal and Child Health Program at the Lawrence-Douglas County Health Department (LDCHD) has had success in identifying mental health needs of pregnant and parenting women. Through assessment, referral, and case management, LDCHD collaborates with the local mental health center (co-located with LDCHD) and other community partners to ensure seamless delivery of services for women.

LDCHD assesses mental health needs on an ongoing basis in the prenatal and postpartum care programs and tailors interventions to meet those needs. To better serve this population, LDCHD assigns each family a public health nurse who works with the family throughout pregnancy and up to one year postpartum.

Once those needs are identified, LDCHD uses its partnership with the local mental health center to continue to deliver services. The local mental health center has a therapist who specializes in women's mental health and accepts direct referrals from LDCHD. If clients are willing, the public health nurses can accompany them to the center to begin the treatment process. The connection with the local mental health center enables LDCHD to better serve women, especially young women and teenage mothers, because the complicated intake process is eliminated. The collaborative relationship is further enhanced during interdisciplinary case conferences in which the clinical psychologist and nurses jointly review cases once a month.

In addition, LDCHD took the lead in developing a community-wide task force, comprising local hospital representatives, private practice physicians, and public health nurses, to ensure integrated mental health services, especially related to identification, referral, and treatment. The task force developed standard screening and referral protocols for postpartum depression, substance abuse, sexual abuse, and domestic violence that are used by providers throughout the county.

LDCHD also took the lead in developing another community collaborative effort: the "Success By 6 Coalition." The coalition brings community partners together to look at the needs of young children and their families and to address the gaps in services. Family resource teams with mental health specialists provide in-home family support and mental health services to families with young children. Most often these clients are referred through Women, Infants and Children (WIC) clinics and school nurses.

## FIGURE 2. Challenges to Providing Integrated Mental Health Services

- Insufficient capacity or funding within health department
- Lack of qualified community providers
- Stigma
- Fragmentation of services
- Limited access to services

### *Clinton County (NY) Health Department*

Through the Mobilizing for Action through Planning and Partnership (MAPP) process, the Clinton County Health Department (CCHD) has become a leader and facilitator in the integration of mental health and public health. The MAPP process allowed CCHD to bring together all of the mental health providers in the community, enabling the providers to learn more about the services each organization provides while viewing mental health from the broader prevention perspective.

Results from the MAPP process indicated that mental health issues, particularly access to and availability of services, were a top priority for Clinton County. This allowed CCHD to enhance its prenatal care program to fit mental health into the overall vision for healthy mothers, babies, and families. As a facilitator and catalyst for women's mental health services, CCHD is better able to serve pregnant and parenting women through collaborative relationships with treatment centers and community mental health resources.

Another initiative within CCHD is the "Medicaid Obstetrical and Maternal Services" (MOMS) program, a Medicaid-enhanced prenatal care program that offers health education and healthcare services for mothers and babies during pregnancy and postpartum. Women who meet certain income requirements can receive complete medical care during pregnancy and delivery and at least two months postpartum. Public health nurses provide emotional support for the women enrolled in the program. The nurses conduct home visits and provide assessment, education, and case management services. Outreach occurs through WIC clinics, advertisements in the local newspaper, private practice physicians' offices, and the local hospital.

The MOMS program uses a comprehensive assessment tool to examine risk factors in broad categories, such as chronic conditions, substance use, previous pregnancy complications, mental health status and history, and the mother's current living situation. CCHD is identifying the most pressing mental health needs of women, particularly those in targeted populations (e.g., teenage mothers and smokers), what tools are best to use, and how to use the tools most effectively to provide patient education and make referrals for treatment.

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## *Jefferson County (WA) Health Department*

Jefferson County Health Department (JCHD) integrates mental health services into its other screening, outreach, education, referral, and treatment services. By providing integrated mental health services, JCHD is able to serve families with the most complex needs, including those with mental health and substance abuse needs.

JCHD integrates mental health in as many program areas as possible. Public health nurses routinely conduct depression screening in several programs, including WIC, family planning, First Steps, Maternity Case Management Program, and Nurse-Family Partnership (NFP).

NFP has allowed JCHD to screen every family with a new baby. Additionally, all Maternal and Child Health team members (nurses and social workers) are NFP-trained and, therefore, have developed skills to provide mental health education and support. Nurse consultants instruct JCHD's nurses on conducting depression screens. The nurse consultants also provide support and consultation, which has helped JCHD successfully integrate mental health services.

Clients who screen positive for depression are referred to the community health center, private providers, or hospital providers. JCHD hopes to increase collaboration with the local mental health center to better address the mental health needs of pregnant women and women with young children.

## **CHALLENGES/BARRIERS TO PROVIDING INTEGRATED WOMEN'S MENTAL HEALTH SERVICES**

Although integration has increased access to mental health services, LHDs face a number of challenges in reaching across silos to begin integration and collaboration (see Figure 2). These challenges may make it difficult for LHDs to address maternal depression systematically. Moreover, addressing maternal depression among high-risk pregnant and postpartum women may not be a priority when compared to other significant needs of these women, including the basic needs of nutrition, housing, and access to care. LHD staff members carry heavy case loads and may have limited time to assess and address the mental health needs of the women they serve. Additionally, public health nurses may not feel comfortable talking about depression with their clients or may not be adequately trained on screening and intervention. Finally, barriers to or lack of sufficient resources for treatment can create a disincentive for LHDs to screen for depression.

## **NEXT STEPS**

Integrating behavioral health services into existing services for pregnant and parenting women is a challenge. However, LHDs can play a vital role in establishing women's mental health as a priority, especially when acting as facilitators and collaborators with community partners and local mental health centers. LHDs can take the following steps to ensure the mental health of the women they serve:

- 1. Identify effective methods of early identification, prevention, and intervention that can enhance seamless delivery of services for women and be incorporated into the LHD setting.**

LHDs can accomplish this through increasing awareness and knowledge about the importance of maternal depression, promoting routine screening with standardized screening tools, and increasing capacity for referrals and treatment.

Increasing awareness may help reduce the social stigma associated with depression. Recognizing that staff working with women of childbearing age may feel inadequately prepared to deal with mental health issues is an important consideration for LHDs that want to enhance their ability to address these issues. Increasing knowledge of providers and training staff to recognize and treat maternal depression and providing the support and motivation for assessing mental health are key.

- 2. Offer preconception care to address women's health, specifically maternal depression.**

Preconception care includes (1) interventions that identify and modify biomedical, behavioral, and social risks to a woman's health and future pregnancies; and (2) prevention and management, emphasizing health issues that require action before conception or very early in pregnancy for maximal impact. The target population for preconception care is women of reproductive age, although several components of preconception care target men also. The overarching goal of preconception care is to provide (1) screening for risks; (2) health promotion and education; and (3) interventions to address identified risks.<sup>8</sup>

While the main focus of preconception care is on medical factors such as obesity, chronic conditions, and smoking, mental health is an important consideration within the context of these risks and is a critical component of women's healthcare. Identifying and addressing mental health issues in the preconception period is beneficial because that process recognizes and addresses co-occurring risk factors. Maternal depression is associated with several other risk factors that may contribute to both the onset and maintenance of depressive symptoms. A preconception framework emphasizes the importance of screening across multiple areas of risk. While a woman is being screened for family history of heart disease, she can also be asked about social risk

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factors, such as her perceived social support or emotional well-being. For women with a history of depression, interconception counseling and care are important. Women can be encouraged to discuss this history with their providers. Women can also be educated on the management of their depression, including possible effects of antidepressant medications on the future pregnancy. Learning about the warning signs and knowing how to gain access to treatment as soon as possible are additional benefits of preconception counseling. These messages and strategies can easily be incorporated into preconception counseling in the LHD setting.

### CONCLUSION

By viewing women's health as a continuum on which intervention, screening, and health education do not solely commence at the beginning of a pregnancy or immediately cease at its end, LHDs can identify women with maternal depression early and provide a seamless delivery of interventions. Changing the way women's healthcare is delivered can improve perinatal outcomes and create a more collaborative approach in which social risk factors, such as mental health, are addressed in the overall picture of women's health.

Continued collaboration among community partners, providers, and local mental health centers will help LHDs design and carry out comprehensive interventions that address significant risk factors and improve women's mental health. LHDs can continue to promote screening, education, and outreach services while continuing to strengthen the links between screening and treatment services that can ultimately improve the well-being of women and families.

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NACCHO staff who contributed to this report include: Angela Ablorh-Odjidja, MHS; Erin Cox, MSW, MSPH; Julie Nelson Ingoglia, MPH; Jennifer Joseph, MEd, PhD; Navita Persaud, MPH; Cindy Phillips, MSW, MPH and Claire Valderama, MPH.

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For additional information about this publication contact:

Erin Cox, MSW, MSPH  
Program Associate  
National Association of County and City Health Officials  
1100 17th St NW  
Second Floor  
Washington, DC 20036  
(202) 783-5550, Ext. 277  
(202) 783-1583  
[ecox@naccho.org](mailto:ecox@naccho.org)  
[www.naccho.org](http://www.naccho.org)