Chapter 13: Healthy Start Services
Perinatal Depression Screening

Introduction

"Depression is very common in women, especially in women of reproductive age. It is estimated that 14%-23% of pregnant women experience depression during pregnancy, and 5%-25% experience depression postpartum" according to the American Congress of Obstetricians and Gynecologists (ACOG, 2017).

Healthy Start prenatal participants, interconception woman participants and mothers of infant/child participants are screened for perinatal depression using the Edinburgh Postnatal Depression Scale (EPDS). By systematically screening women for perinatal depression, Healthy Start will be in a better position to connect women to services when needed.

This chapter discusses the standards and guidelines for a Healthy Start worker providing perinatal depression screenings. Only qualified Healthy Start workers using EPDS face-to-face with the participant will provide perinatal depression screening.

Definition of Services

The Edinburgh Postnatal Depression Scale is a depression screen consisting of ten questions that are used to help identify women who may be experiencing symptoms of depression. It is important to note that the EPDS is only a screening tool and cannot be used to diagnose depression.

Provider Qualifications

The Edinburgh Postnatal Depression Scale shall be provided by individuals who have documentation of successfully completing training on the screening tool. Training must include:

- How to complete and score the screening tool;
- How to explain the screening tool score to the participant;
- Interventions based on the screening tool score; and
- Referral sources in the community.

Healthy Start services must be provided in accordance with the constraints of the professional's practice act, established protocols and the individual's education, training, and experience. **Paraprofessionals must provide services under the supervision of a professional supervisor.**

Standards and Criteria

Standard 13.1 Prenatal participants, Interconception Woman participants and mothers of infant/child participants are screened for perinatal depression.

Criteria:

13.1.a While receiving Healthy Start services, participants and mothers of infant/child participants are screened face-to-face using the EPDS by 28 weeks gestation, one month postpartum and at two months postpartum. In addition, the EPDS may be administered at any face-to-face visit if the participant's comments or behaviors raises concerns. (Note: There should be at least one month between perinatal depression screenings.)

13.1.b Interconception Woman participants (program component 22/32) and mothers of infant/child participants who did not receive Healthy Start during their pregnancy will be screened at the initial assessment and, if applicable, at one month postpartum and two months postpartum.

13.1.c Upon completion, the screening administrator scores the screen, reviews the screen with the participant face-to-face and discusses any recommendations based on screening results.

13.1.d Level of intervention is based upon the EPDS risk score and on professional judgement. Note: The Healthy Start worker may offer a higher intervention such as a referral to a mental health provider based on professional judgement alone.

13.1.e Healthy Start services are provided in a manner that adheres to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care https://www.thinkculturalhealth.hhs.gov/clas

Standard 13.2 The EPDS will be provided by qualified and trained providers.

Criteria:

13.2.a Qualifications are met as outlined in this chapter and the Florida Administrative Code Rule 64F-3.

13.2.b Perinatal depression screening shall be provided by individuals who have documentation of receiving specialized training in the administration of the EPDS and on appropriate referral sources for women with scores indicative of a need for intervention.

Standard 13.3 All coalitions must have a local written plan in place to address potential safety issues that may arise, such as a suicidal participant or participants that need professional support beyond the scope of the Healthy Start worker. The local plan must include the licensed mental health specialist the Healthy Start worker can contact for consultation.

Criterion:

13.3.a The written plan should be reviewed every six months and updated as needed. It is best practice to have a mental health specialist be part of the review process.

13.3.b Coalitions will work diligently to ensure that Healthy Start clients have access to psychosocial counseling through the hiring of qualified Healthy Start psychosocial counselors, contracting with external mental health specialists, coordinating with the participant's health insurance carrier, or by creating agreements with community partners to provide psychosocial counseling to Healthy Start clients for low or no cost.

13.3.c Perinatal depression screening should not occur if there is no resource(s) identified for positive screens.

Standard 13.4 The Healthy Start worker will follow-up with referrals for interventions based on the EPDS score in a timely manner.

Criteria:

13.4.a When the intervention is stress management education, Mothers and Babies will be initiated with the participant within 30 calendar days of identified need.

13.4.b When the intervention is psychosocial counseling or professional mental health services, written follow-up documenting status of referral must occur at a minimum of every 10 calendar days, unless the need for more immediate follow-up is evident, until it is verified that the participant is receiving services, is not eligible for services or she declines services.

13.4.c If a participant is not eligible or declines a referral for psychosocial counseling or professional mental health services, Mothers and Babies will be initiated with the participant.

Standard 13.5 Healthy Start workers will accurately code service information in the approved data management system within three business days of service completion.

Criteria:

13.5.a Coding complies with the requirements of the Department of Health publication DHP 50-20 and as specified in Chapter 23, Healthy Start Coding, of these Healthy Start Standards and Guidelines.

13.5.b In order to code "Healthy Start Initial Depression Screening" (code 0501), the initial screening MUST be provided face-to-face using the Edinburgh Postnatal Depression Scale by a person who meets the qualifications listed in this chapter.

13.5.c All subsequent screenings using the Edinburgh Postnatal Depression Scale are coded to "Healthy Start Follow-Up Depression Screening" (code 0502). All subsequent screenings MUST be provided face-to-face by a person who meets the qualifications listed in this chapter.

13.5.d Referral services for psychosocial counseling conducted by a licensed professional who provides counseling to improve emotional well-being, alleviate stress and or enhance coping skills for participants with emotional issues are coded to "Psychosocial Counseling" (code R002). **Note:** This code is for referral services provided by an outside agency **not** utilizing Healthy Start funding.

13.5.e Referral services to local mental health facilities and programs that provide comprehensive mental health counseling and resources for participants with mental health issues are coded to "Long Term Mental Health Services" (code R016).

Standard 13.6 Healthy Start workers will document screening results and any interventions provided in the approved data management system in a format determined by the local coalition and service provider within three business days of service completion.

Criteria:

13.6.a Services and attempts to provide services are documented in the approved data management system in the electronic record of the individual receiving the services.

13.6.b In the event that services are provided to the mother on behalf of a Healthy Start participant, the services are only referenced in the Healthy Start participant's electronic record. The actual detailed documentation occurs in the record of the individual receiving the service.

13.6.c Documentation occurs in other components of the record, such as the family support plan, as appropriate

Standard 13.7 EPDS administrators will develop and implement an internal continuous quality improvement (CQI) process.

Criterion:

The continuous quality improvement (CQI) process, developed in collaboration with the local Healthy Start coalition, includes an assessment of strengths, an assessment of areas needing improvement and a plan for assuring maintenance of program quality and improvement or as designated by the evidence based model.

Guidelines

In 2006, the American Congress of Obstetricians and Gynecologists published a toolkit, *Perinatal Depression Screening: Tools for Obstetricians-Gynecologists*, in which they offered the following guidance on the EPDS including administering and scoring the screening tool.

The EPDS consists of ten short statements with four possible responses. The participant circles the response that is closest to how she has been feeling in the past seven days. Most participants complete the scale without difficulty in less than five minutes. The EPDS was originally used in the postpartum period only, but since then, numerous studies have validated its use throughout the perinatal period, including the first trimester.

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Administration

1. Ask the participant to circle the response that comes closest to how she has been feeling in the **past 7 days.**
2. All the items must be completed.
3. Care should be taken to avoid the possibility of the participant discussing her answers with others. The answers should come directly from the participant.
4. The participant should complete the EPDS herself, unless she has limited English proficiency or has difficulty with reading. (If the participant has a comprehension problem, the EPDS administrator must make a decision as to how to best administer the EPDS. Ideally, a trained medical interpreter, not a family member, serves as the translator.)

Scoring

Each question is scored with a 0, 1, 2 or 3. The higher a score is, the more likely the woman is experiencing some level of perinatal depression.

Question 10 on the EPDS tool addresses suicidal ideation. If a participant scores higher than zero (0) specifically on question 10, immediate action is needed. An immediate emergency referral to a mental health professional may be the most appropriate next step if a participant has suicidal ideation.

The EPDS serves to guide best practices. However, the most essential best practices are recognizing the need to evaluate each participant individually and always utilizing sound clinical judgment. The EPDS is only a screening tool and should never override clinical judgment. (ACOG, 2006).

From numerous studies, validation on cut-off scores have ranged from 9 to 13. For the purpose of Healthy Start, the following intervention pathway will be utilized; however, the Healthy Start worker may refer to a mental health provider based on professional judgement alone.

Score	Intervention
7 or below	Provide the following: • Positive reinforcement. • Education about perinatal depression including the signs and symptoms of depression. • Information on where to find assistance if she experiences feelings of perinatal depression (i.e. their health care provider, local mental health clinics, etc.) • Handouts related to depression found in the *Partners for a Healthy Baby Curriculum – Before Baby Comes* and other approved curriculums, as needed.

	• *Mothers and Babies* course if the participant is experiencing elevated life- or pregnancy-related stress. Continue to monitor and re-screen as indicated in Standard 13.1 of this chapter.
8 to 12	Provide the following: • Positive reinforcement. • *Mothers and Babies* course for stress management education. • Education about perinatal depression including the signs and symptoms of depression. • Information on where to find assistance if she experiences feelings of perinatal depression (i.e. their health care provider, local mental health clinics, etc.) • Handouts related to depression found in the *Partners for a Healthy Baby Curriculum – Before Baby Comes* and other approved curriculums, as needed. Continue to monitor and re-screen as indicated in Standard 13.1 of this chapter.
13 to or above	Provide the following: • Referral for counseling/mental health assessment. If the participant receives insurance coverage under Medicaid and is eligible for mental health counseling under their Medicaid plan, refer to the Medicaid Managed Care Organization and follow-up to ensure the participant is able to access mental health services. If the participant is not covered by Medicaid or is unable to access services through Medicaid, refer internally to a Healthy Start psychosocial counselor, if available, or to a licensed mental health counselor in the community. (Note: If the referral is beyond the scope of the Healthy Start psychosocial counselor, the participant will be referred to a mental health specialist in the community.) • *Mothers and Babies* course for stress management education if the participant refuses the referral for counseling/mental health assessment. • Education about perinatal depression including the signs and symptoms of depression.

	• Information on where to find assistance if she experiences feelings of perinatal depression (i.e. their health care provider, local mental health clinics, etc.) • Handouts related to depression found in the *Partners for a Healthy Baby Curriculum – Before Baby Comes* and other approved curriculums, as needed. Continue to monitor and re-screen as indicated in Standard 13.1 of this chapter.
Positive Score (1, 2, or 3) on Question 10	• Regardless of overall score, if positive score (1, 2, or 3) on question 10, further assessment is necessary. • Refer to the local plan for a client with suicidal ideations or other safety issues. • Immediately refer and link to an internal Healthy Start psychosocial counselor, if available, or to a mental health specialist in the community for an assessment. (Note: If the referral is beyond the scope of the Healthy Start psychosocial counselor, the participant will be referred to a mental health specialist in the community.) • The Healthy Start worker will assist the participant in connecting to mental health services and accessing care. • Emergency services may need to be called depending on the urgency of the situation.

Note: For Interconception Woman participants (program components 22/32) who have had a loss (miscarriage, stillbirth, infant death), placed their child for adoption, or had their child permanently removed, *Mothers and Babies* course **will not** be offered. If she scores 8 or above on the EPDS, or the Healthy Start worker judges that services are needed, a higher intervention such as a referral to a mental health specialist or grief counselor should be provided.

Documentation

Screening results and the intervention based on these results will be documented in the participant's electronic record in the approved data management system within three business days of service. Screening documentation in the participant's electronic record must include, as appropriate:

- Authorization for release of information, signed by the participant, or on behalf of the participant, for any information that is to be shared among payers, providers, or others
- Edinburgh Postnatal Depression Scale
- Progress notes documenting any education and referrals provided

- Family Support Plan for Single Agency Care Coordination (DH 3151), as appropriate

Coding

Healthy Start perinatal depression screening services should be coded in accordance with approved protocols and procedures for coding. Service code 0501 "Healthy Start Initial Depression Screening" and code 0502 "Healthy Start Follow-Up Depression Screening" should be entered into the approved data management system, by participant name, within three business days of service completion. The Healthy Start worker should code one unit for every 15 minutes of services provided to the appropriate program component.

No group coding is allowed. This is necessary to provide for tracking, analysis, and program evaluation of client specific data. If a provider meets with two or more Healthy Start participants at the same time (group or classes), codes should be entered individually for each participant present.

Refer to Chapter 23, Healthy Start Coding, in the Healthy Start Standards and Guidelines for more specific information on coding, including coding for referrals and follow-ups.

Continuous Quality Improvement (CQI)

The CQI process should be designed to measure and help improve the extent to which perinatal depression screening and interventions are provided to Healthy Start participants and their families.

The Healthy Start Coalition should verify that the screening administrator continues to meet provider qualifications and has continued their training in the EPDS. Details of continuing education units, workshops, and training relevant to education related to perinatal depression screening should be documented in the provider's file and maintained.

Examples of targeted outcomes to be measured through the CQI process include:

1. Reduction or elimination of the original Healthy Start risk factors or their underlying situations.
2. Percentage of participants who received a perinatal depression screen.
3. Percentage of participants who received the recommended number of perinatal depression screenings during their participation in Healthy Start.
4. Percentage of participants who received the appropriate intervention based on their EPDS score.
5. Increase in the number of referrals to licensed mental health providers.
6. Increase in correct documentation in the approved data management system to show screening, education and referrals were offered and/or provided to participants.
7. Increase in correct coding of "Healthy Start Initial Depression Screening" (code 0501) and "Healthy Start Follow-Up Depression Screening" (code 0502) in the approved data

management system to show perinatal depression screening was provided to Healthy Start participants by qualified providers using the EPDS.

8. Adequate training opportunities for Healthy Start workers and psychosocial counselors related to the EPDS and mental health services in the community.

See Chapter 30, Continuous Quality Improvement, for more information.

Resources and References

FSU Partners for a Healthy Baby Curriculum	www.cpeip.fsu.edu/PHB/
MGH Center for Women's Mental Health	www.womensmentalhealth.org/
Mothers and Babies	http://mothersandbabies.org
Moving Beyond Depression	www.movingbeyonddepression.org/
National Registry of Evidence-Based Programs and Practices (NREPP)	www.nrepp.samhsa.gov
Substance Abuse and Mental Health Services Administration (SAMSHA)	www.samhsa.gov

American Congress of Obstetricians and Gynecologists. (2017). *Depression and postpartum depression: Resource overview*. Retrieved from http://www.acog.org/Womens-Health/Depression-and-Postpartum-Depression

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Frequently Asked Questions

Q. ***Based on the intervention pathway, if a client scores 13 or higher, they should be referred to a Healthy Start psychosocial counselor or to a mental health specialist in the community, as appropriate. If the participant declines the referral, can we provide Mothers and Babies?***

A. Yes. *Mothers and Babies* course should be provided if the participant declines a referral for a higher intervention of services. Make sure you document that the participant declined the referral for higher intervention. Remember that *Mothers and Babies* course may help lower stress levels and lower depressive symptoms, but it is not a substitute for a mental health assessment nor is it a "treatment" for depression. You will need to staff this case with your supervisor. Based on the participants needs and your local policies, your supervisor will help you decide how to monitor your client, when to offer the mental health referral again and what to do if your client worsens.

Q. ***If a participant is receiving counseling services or is being treated for depression, can they receive Mothers and Babies?***

A. Yes, Mothers and Babies can be provided by a trained Healthy Start worker for stress reduction.

Q. ***If a woman is offered and declines counseling services, what does the Healthy Start worker need to do?***

A. If she refuses the referral:

- Staff the case with your supervisor.
- Follow the local plan per Standard 13.3 of this chapter, when applicable.
- Document that a referral was offered and declined.
- Let the participant know that a referral can be made at a later date if she changes her mind.
- Provide Mothers and Babies course.
- Continue to offer support and referrals at future visits.

Notes