

# Family Home Visiting Caregiver Depression Screening & Referrals Toolkit

## Summary

Caregiver depression can negatively impact child development, family functioning, and quality of life.<sup>1</sup> Women are at an increased risk for experiencing depressive symptoms during pregnancy and the postpartum period with an estimated 1 in 5 women experiencing symptoms of postpartum depression.<sup>2</sup> Fathers and other caregivers can also be at-risk for depression.<sup>3</sup> Screening the primary caregiver in a family, regardless of gender or biological relationship to children in the home, can improve family health and improve developmental outcomes for children.<sup>4</sup> Early identification and treatment of caregiver depression can improve overall family health and child development.

Families who receive family home visiting services often have higher rates of depression and the National Home Visiting Research Center has identified caregiver depression screening and referrals as a promising approach to reduce the prevalence of caregiver depression.<sup>5</sup> Home visitors can utilize their close relationships with families to improve family health by using proven tools to screen caregivers and provide support by referring to services. Developing a consistent screening and referral process can streamline identification of caregivers in need of support while improving connection to resources.

The [MIECHV Performance Measure Guidance \(https://www.health.state.mn.us/docs/communities/fhv/miechvscreenguide.pdf\)](https://www.health.state.mn.us/docs/communities/fhv/miechvscreenguide.pdf) has been created in addition to this toolkit. The guidance document provides very brief notes on who is included in the measure, when screenings should be completed, what screening tools can be used, and how to track screenings in IHVE. Home visitors can refer to the guidance document for measure specific instructions and should utilize this toolkit to improve aspects of the screening and referral processes in their organization.

## Periodicity

The Minnesota Department of Health (MDH) recommends that home visiting programs universally screen all primary caregivers for depression at the following times:

- Program entry (regardless of child age)
- 1-3 times prenatally depending on entry
- 4-6 weeks postpartum
- 4, 6, and 8 months postpartum
- As needed based on home visitor judgement

It is recommended that women who have experienced depression symptoms previously be screened even more frequently.

## Depression Screening Tools

All of the tools shared in this toolkit are very commonly used in healthcare and can be used at any point during pregnancy or postpartum. These tools have all been validated and have high sensitivity, meaning they are able to effectively identify depressive symptoms. These tools have been translated into a number of different languages; many of which are available for free online. MIECHV grantees must use either the Edinburgh Postnatal Depression Scale (EPDS) or Patient Health Questionnaire-9 (PHQ-9) when screening for depression. Although not required, screening for anxiety using the Generalized Anxiety Disorder-7 item (GAD-7) tool is recommended as a best practice for all grantees.

### Patient Health Questionnaire-9 (PHQ-9)

The PHQ-9 asks about depressive symptoms in the previous 2 weeks. The PHQ-9 can be used to screen both men and women for depression. The PHQ-9 consists of nine questions on a single form that can be administered in-person, by phone, or self-administered. The PHQ-9 can be scored immediately and will identify if the person screened is experiencing minimal, mild, moderate, moderately severe, or severe depression. Question 9 on the PHQ-9 can also be used to identify if a person is experiencing suicidal thoughts. To access the PHQ-9 screening tool and instructions on how to score the tool, please refer to the [PHQ Screeners website \(https://www.phqscreeners.com/\)](https://www.phqscreeners.com/).

The [PHQ-9 Algorithm](https://www.health.state.mn.us/docs/communities/fhv/phq9algorithm.pdf)

<https://www.health.state.mn.us/docs/communities/fhv/phq9algorithm.pdf>) for home visitors developed by MDH provides guidance to home visitors for timing of screening, response to a positive screen, and referral follow-up best practices. The algorithm is an example of guidance for home visitors but can be modified to be more representative of the protocols and policies of a home visiting agency.

The Patient Health Questionnaire-2 (PHQ-2) and Patient Health Questionnaire-4 (PHQ-4) are short screening tools that can be used as a first-step screen but must be followed up with the PHQ-9 for positive screens.

### Edinburgh Postnatal Depression Scale (EPDS)

The EPDS asks about depressive symptoms in the past week. The EPDS should be used to screen women who are pregnant or have children. The Edinburgh Postnatal Depression Scale (EPDS) consists of 10 questions on a single form that can be administered in-person, by phone, or self-administered. The EPDS can be scored immediately and a score above 10 will identify possible depression. Question 10 The EPDS can also be used to identify suicidal thoughts. The EPDS is available online on [American Academy of Pediatrics \(https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/practicing-safety/Documents/Postnatal%20Depression%20Scale.pdf\)](https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/practicing-safety/Documents/Postnatal%20Depression%20Scale.pdf)

The [EPDS Algorithm](https://www.health.state.mn.us/docs/communities/fhv/epdsalgorithm.pdf)

<https://www.health.state.mn.us/docs/communities/fhv/epdsalgorithm.pdf>) for home visitors

developed by MDH provides guidance to home visitors for timing of screening, response to a positive screen, and referral follow-up best practices. The algorithm is an example of guidance for home visitors but can be modified to be more representative of the protocols and policies of a home visiting agency.

## Generalized Anxiety Disorder 7-item (GAD-7)

For many people, depression and anxiety co-occur. As a best practice, the GAD-7 can be used in tandem with depression screening tools to also screen clients for anxiety. The GAD-7 asks about anxiety symptoms in the previous 2 weeks and how difficult these symptoms have made daily life. The Generalized Anxiety Disorder 7-item (GAD-7) can be used to screen both men and women for anxiety and consists of seven questions on a single form that can be administered in-person, by phone, or self-administered. The GAD-7 can be scored immediately and will identify if a person is experiencing mild, moderate, or severe anxiety. A score of 10 or greater indicates that further mental health evaluation is recommended. To access the GAD-7 screening tool and instructions on how to score the tool, please refer to the [PHQ Screeners website \(https://www.phqscreeners.com\)](https://www.phqscreeners.com).

## Maternal Wellbeing Plan

The Maternal Wellbeing Plan developed by the Maternal and Child Health Division at MDH helps women identify supportive people and early signs of mental health struggles. The Maternal Wellbeing Plan provides recommendations for sleep, healthy eating, exercise, and social connection that can support women experiencing depressive symptoms as well as space for mothers to develop a support plan. The Maternal Wellbeing Plan is designed to be completed independently or collaboratively with a service provider, friend, or family member. The Maternal Wellbeing Plan has been translated into Amharic, Hmong, Karen, Russian, Somali, and Spanish. To access the Maternal Wellbeing plan, please refer to the [Minnesota Department of Health Maternal and Child Health Division website \(https://www.health.state.mn.us/people/womeninfants/pmad/pmadsfs.html\)](https://www.health.state.mn.us/people/womeninfants/pmad/pmadsfs.html).

Home visitors can complete a Maternal Well-Being Plan during the prenatal or postpartum period. The Maternal Well-Being Plan can promote conversations between a mother and her home visitor about preparing for birth and identifying supports prior to experiencing any depressive symptoms. The Maternal Well-Being Plan can be updated as often as necessary. To support a warm hand-off between home visiting and other services, the home visitor could, with permission, share a woman's Maternal Well-Being Plan.

## Depression Screening

### Developing a Screening Process and Protocol

A home visiting organization must determine screening processes and protocols that provide guidance to home visitors. MDH recommends that family home visiting programs universally

screen all primary caregivers for depression and anxiety using validated tools. The timing of screening should be informed by MDH periodicity recommendations.

Examining current screening processes using a [Swim Lane Map \(https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/swimlanemap.html\)](https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/swimlanemap.html), also called a swim lane diagram, can detail the current screening process while identifying gaps in service delivery and opportunities for improvement.

To adhere to periodicity recommendations, home visitors could explore different methods for tracking and reporting when screenings need to be completed. These methods could include using a monthly worksheet or chart or utilizing notes features in electronic health records systems.

Staff discomfort with using screening tools could be related to desire for more training or support around how to introduce screening tools to families. Incorporating discussions of screening practices into **reflective supervision** can support continued learning with screening tools, maintenance of screening rates, and resolving barriers to screening completion. The Alliance for the Advancement of Infant Mental Health has compiled [Best Practice Guidelines for Reflective Supervision \(https://mi-aimh.org/wp-content/uploads/2019/01/Best-Practice-Guidelines-for-Reflective-Supervision-and-Consultation.pdf\)](https://mi-aimh.org/wp-content/uploads/2019/01/Best-Practice-Guidelines-for-Reflective-Supervision-and-Consultation.pdf).

Providing access to screening tool training in-person or online could build staff confidence in using tools in their practice. **Scripts** of how to discuss screening tools with families can be used to help home visitors become more comfortable with introducing and explaining the value in using screening tools.

A written protocol detailing the screening process should be easily accessible to all home visitors and supervisors. Developing a written protocol with staff input can improve buy-in and standardize practice between home visitors while also ensuring that all clients are being screened appropriately. The protocol should contain, at minimum, which screening tools will be used, how often caregivers will be screened, and information on how home visitors will track screenings.

## Depression Referrals

This toolkit provides information on three foundational components of building a referral network:

- Identifying resources for clients who screen positive.
- Building relationships with organizations in the community that would be receiving referrals from home visitors.
- Developing a process and protocol to ensure all clients receive referrals if they screen positive.

## Identifying Resources

To streamline the referral process and ensure that clients are getting the support they need as quickly as possible, home visiting organizations should have collected information about referral and crisis intervention resources in their community prior to screening.

A home visiting organization could identify mental health resources by completing a community inventory. An inventory of community resources can be most helpful to home visitors and caregivers when it contains up-to-date information on address, hours, services, and eligibility. If an inventory is developed, a process for regularly updating the inventory should be developed as well to ensure that clients are receiving accurate information. The inventory could be used to create an accessible list of resources for clients. Accessible could mean placing the inventory online, making a visual display in home visiting offices, or creating a brochure with the most commonly used resources. Collaborating with parents and seeking their feedback on how best to display resource information could improve accessibility and result in creating a resource list that is most responsive to the needs of home visiting families.

Asking home visitors and caregivers about resources that are commonly used can help home visiting organizations identify potential referral partners. A referral partner could be an organization that frequently partners with home visiting services or serves a lot of home visiting clients. Placing materials like a brochure or flyer from a referral partner in home visiting offices could provide clients with another way of accessing information on resources outside of screening and referrals.

## Building Relationships

Developing relationships with organizations or providers who referrals are often made to can encourage warm hand-offs between home visitors, caregivers, and service providers while also helping home visitors to stay up-to-date on any changes. Home visiting organizations might explore if there are committees or practice groups that staff could attend to develop relationships and stay in the loop with changing services, eligibility requirements, or referral processes. A component of building relationships could be strengthening a referral system that is already in place using continuous quality improvement methods or working together to develop a community referral system.

## Developing a Referral Process and Protocol

Rapid referral, defined as referral to resources appropriate for the level of support indicated by the screening result, is the goal of screening. Connecting a caregiver to resources as soon as possible can lead to improved outcomes. As a best practice, referrals should be made as soon as possible. Home visitors are most likely already very familiar with the organizations in their communities that they make referrals for, but examining the referral process using a [Swim Lane Map \(https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/swimlanemap.html\)](https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/swimlanemap.html) can help to identify barriers and opportunities for improvement to streamline the referral process.

The management of releases of information at an organizational level can impact the referral process and protocol. Before a home visitor can make a referral, they will need a release of information from the caregiver they are working with. Questions to consider when examining the referral process and developing a protocol include:

- Do home visitors have access to releases of information for their clients?
- When is an appropriate time for home visitors to complete releases of information? Prior to any screening or after a concern is identified?
- How are releases of information stored? Are they accessible to home visitors if needed during a crisis?

The referral process begins when a caregiver is screened using one of the validated depression screening tools. The referral process and protocol should include next steps for caregivers who don't screen positive for depression as well as caregivers for which a concern is identified. If a primary caregiver does not screen positive, they could still be in need of services and potentially benefit from a referral. Home visiting organizations should detail in a referral protocol how caregivers that do not screen positive receive follow-up or referrals to appropriate resources. For example, a caregiver could not screen positive using the EPDS tool but has shared with their home visitor that they feel they could benefit from meeting with a mental health therapist and the home visitor has observed depressed mood in the caregiver for a few weeks. The home visitor should connect the caregiver to mental health resources and record this referral, regardless of the screening result. Although this referral will not be counted towards performance measure data, it is best practice to provide referrals when clinical judgement indicates the caregiver could benefit from additional services.

The Guidance for Maternal Depression Screening & Treatment provides guidance on the type of referral that could be made depending on the screening score (see Figure 1). A referral protocol should detail how quickly an agency expects home visitors to make a referral to services if a concern has been identified. A best practice to implement could be that home visitors make referrals within 24 hours of identifying a concern.

## Figure 1: Referral guidance associated with screening tool score

If there is a **positive answer** on Question 9 on PHQ-9 or Question 10 on EPDS or if it is determined that a mother is suicidal or homicidal, refer to Depression Crisis Intervention Algorithm **even with a minimal to moderate score.**

Table 1

PHQ-9/EPDS Score	GAD7 Score	Depression Severity	Family Home Visiting Guidance
0-4	0-4	None-Minimal	Refer to MDH FHV Algorithms for re-screen intervals.
5-9	5-9	Mild	Use professional judgement and consider other risk factors (below). Ask if a mother would like a referral or further support or evaluation is an option
10-14	10	Moderate	See MDH FHV Algorithm for detail. Recommend referral for evaluation.
15-19	11-14	Moderately Severe	See MDH FHV Maternal Depression & Crisis Intervention Algorithms. Recommend referral for evaluation.
20-27	15-21	Severe	See MDH FHV Maternal Depression Crisis Algorithm. Refer to Crisis intervention in your program area. Immediate action for intervention.

It is a recommended best practice to score screening tools immediately to ensure that caregivers receive rapid referrals to resources based on screening results, especially if crisis intervention is needed. A referral protocol should include information on how home visitors should respond to screening results if the scoring cannot be immediately completed and shared with the caregiver.

Engaging caregivers in the referral process can help to improve caregiver comfort with the process. A referral protocol should detail strategies for home visitors to use to engage caregivers in the referral process. A successful referral connection may include the following:

- **A warm referral.** This may be the best way to encourage your client's referral visit. A Warm Referral is an introduction either in-person or by phone where your staff making the referral makes the first contact on behalf of their clients and explains to the referral organization(s) the client's specific needs and schedules a visit.
- **Multiple referrals to different agencies** offering similar services as some agencies might have waitlists.
- **Offer to be present** when the call is made if the client is making the call.
- **Generate a list of questions**, either by the client or staff, to ask the service provider before making the call.
- **Offer to role play the call** with the client to increase their comfort level when making the call.
- **Schedule a joint appointment** with you, your client and the service provider. This may help to ease the transition with the new organization.
- **Encourage the client to write down** or put the appointment into their phone when the appointment is scheduled.



- **Brainstorm with the client** on how they will get to the appointment, arrange childcare, help with health insurance if needed and discuss the copay or any other barriers to accessing services with the new agency.

A referral protocol should detail how home visitors are tracking referrals and completing follow-up. Please see the “**Depression Referral Follow-up**” section for more guidance on this topic.

## Crisis Response

Depending on the screening score, it might be appropriate to connect a caregiver to crisis intervention resources. A component of reviewing the referral process and protocol is examining the logistical aspects of providing crisis resource referrals, such as:

- If the client needs emergency services, what are the other options for transportation?
- How are releases of information managed? Do home visitors have releases to speak with their client’s primary care providers or other service providers?
- How can home visitors support child safety during a mental health crisis?
- How will the health and safety of home visitors be protected when supporting clients experiencing a mental health crisis?

MDH has developed a [Mental Health Crisis Algorithm \(https://www.health.state.mn.us/docs/communities/fhv/cialgorithm.pdf\)](https://www.health.state.mn.us/docs/communities/fhv/cialgorithm.pdf) that can serve as a guideline for home visitor response to a mental health crisis.

## Depression Referral Follow-up

Following up on a referral involves the home visitor, caregiver, and other service providers. Internally, a home visiting organization should set clear expectations for follow-up within their program and record these expectations in a referral protocol. It is best practice to incorporate family-centered decision-making into follow-up expectations. Family-centered decision-making involves working closely with the caregiver to determine what their highest priority is, what types of resources they prefer to receive, preferred communication strategies, and how they would like to be supported during the referral process.

For many caregivers, following-up on a referral could be stressful or confusing. A home visitor can support referral follow-up by helping the caregiver make a personal plan for acting on the referral. The home visitor and caregiver could agree on a plan for the home visitor to follow up with a phone call or visit in a few hours or days to provide support and encourage follow-through. If a caregiver has not acted on a referral, the home visitor could use motivational interviewing to identify barriers to acting on the referral. Barriers could include lack of transportation, limited availability of appointments, or confusion about next steps. Home visitors could complete a [Fishbone Diagram \(https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/fishbone.html\)](https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/fishbone.html) to identify barriers to referral completion or timely follow-up. A home visitor could also use



“teach back” strategies to ensure that caregivers understand what the next step is in the referral process.

Home visitors can utilize relationships with referral partners to support improved follow-up. Information sharing, with permission from the caregiver, between a home visitor and service provider can reduce barriers by allowing home visitors to check on a referral status, support coordinating transportation, and provide medical information. For example, a home visitor with permission from the caregiver and a signed release of information could connect with a mental health clinic to share information on the best ways to contact the caregiver to make scheduling a first appointment a bit easier or to send health records.

Developing and utilizing a referral tracking system can improve referral follow-up by identifying internal and external barriers to referral completion. A referral tracking system could have many different forms, but many home visiting organizations might find it convenient to use electronic record systems to support home visitors managing referrals with different statuses. A referral tracking system should at minimum include the date a referral is made, what the referral is for, the status of the referral, and a plan for following up with the caregiver and/or the service provider receiving the referral. A referral status could include:

- Not yet in process-family has not acted on referral
- In process-family has contacted service provider and is awaiting action
- Scheduled-family has an appointment scheduled with service provider
- Complete-family received at least one service or appointment from service provider
- Declined- family is not pursuing services
- Unavailable-referral providers was contacted and cannot provide services to family
- Ineligible-referral provider was contacted and family is not eligible for services

## Documenting and Reporting Data

All home visitors should follow guidance provided in the [MDH IHVE Data Collection Manual](https://www.health.state.mn.us/docs/communities/fhv/ihvedatacollmanual.pdf) (<https://www.health.state.mn.us/docs/communities/fhv/ihvedatacollmanual.pdf>) when documenting and reporting data. The instructions for the screening form can be found on page 53. The instructions for the referral form can be found on page 61.

All screenings and referrals should be documented in IHVE as soon as possible after they occur. Documenting and reporting when a referral progresses through different statuses, such as when a family schedules an appointment or receives services, provides information on whether families are receiving referral services quickly, or if there are barriers that prevent families from acting on a referral. Regardless of the amount of time between when the referral is provided and when the referral status changes, it is important to report this information to document how home visitors support connecting families to resources.

Please note that IHVE data collection forms vary between electronic record systems. For technical assistance, contact the support email address listed below for the system your organization is using.

- Nightingale Notes: [support@champsoftware.com](mailto:support@champsoftware.com)
- PH-Doc: [supportdesk.wpark@avenuinsights.com](mailto:supportdesk.wpark@avenuinsights.com)
- IHVE REDCap forms: [Health.FHVDData@state.mn.us](mailto:Health.FHVDData@state.mn.us)

## Resources:

- [The Mothers & Babies Program \(https://www.mothersandbabiesprogram.org\)](https://www.mothersandbabiesprogram.org)
- [Postpartum Support Minnesota \(https://www.ppsupportmn.org/handouts\)](https://www.ppsupportmn.org/handouts)
- [More than the Blues Toolkit \(https://store.samhsa.gov/system/files/sma14-4878.pdf\)](https://store.samhsa.gov/system/files/sma14-4878.pdf)
- [Breastfeeding and Antidepressant Medication Chart \(https://www.ppsupportmn.org/resources/Documents/PPSMantidep.pdf\)](https://www.ppsupportmn.org/resources/Documents/PPSMantidep.pdf)
- [Wilder Research Home Visiting Engagement and Retention \(https://www.wilder.org/wilder-research/research-library/home-visiting-engagement-and-retention\)](https://www.wilder.org/wilder-research/research-library/home-visiting-engagement-and-retention)

## References:

1. Ammerman, R.T., Putnam, F.W., Bosse, N.R., Teeters, A.R., & Van Ginkel, J.B. (2010). Maternal Depression in Home Visitation: A Systematic Review. *Aggression and Violent Behavior*, 15(3). 191-200.
2. [Centers for Disease Control and Prevention. \(2019\) Depression Among Women. \(https://www.cdc.gov/reproductivehealth/depression\).](https://www.cdc.gov/reproductivehealth/depression)
3. Scarff, J.R. (2019). Postpartum Depression in Men. *Innovations in Clinical Neuroscience*, 1(16), 11-14.
4. Shultz, D., Reynolds, K.A., Sontag-Padilla, L.M., Lovejoy, S.L., Firth, R., ... Perich, M. (2012). [A Toolkit for Implementing Parental Depression Screening, Referral, and Treatment Across Systems \(https://www.rand.org/content/dam/rand/pubs/tools/TL100/TL102/RAND\\_TL102.pdf\)](https://www.rand.org/content/dam/rand/pubs/tools/TL100/TL102/RAND_TL102.pdf)
5. [National Home Visiting Resource Center. \(2018\). Addressing Maternal Depression in the Context of Home Visiting: Opportunities and Challenges. \(https://www.nhvrc.org/wp-content/uploads/NHVRC-Brief-081318\\_FINAL.pdf\)](https://www.nhvrc.org/wp-content/uploads/NHVRC-Brief-081318_FINAL.pdf)

## Contact

If you have questions regarding this toolkit or continuous quality improvement efforts within the MDH Family Home Visiting Section, please email [health.fhvcqi@state.mn.us](mailto:health.fhvcqi@state.mn.us).

DEPRESSION SCREENING & REFERRALS TOOLKIT

Minnesota Department of Health  
Child & Family Health/Family Home Visiting  
85 E 7th Place, Suite 220  
PO Box 64882  
St. Paul, MN 55164-0082  
651-201-4090  
health.fhvcqi@state.mn.us  
www.health.state.mn.us

04/01/20

*To obtain this information in a different format, call: 651-201-4090.*