

# Family Strengthening Home Visitation Programs

Updated 3.17.14

## Guidelines for Perinatal Depression Screening and Follow-up

### Purpose

The guidelines for Perinatal Depression Screening and Follow-up are intended to provide clear and consistent guidelines that allow home visitation staff to effectively support clients who are experiencing depression.

- I. In accordance with the Family Strengthening Network’s strength-based and relationship-based philosophies, depression and mental health issues will be addressed with empathy and in a nonjudgmental manner.
- II. At one visit each month, the home visitor will ask the following questions as part of the PHQ-2 depression screening. (The questions will be asked in a culturally sensitive, casual and conversational way without using a formal questionnaire.)
  - a. Over the last two weeks have you felt down, depressed, or hopeless?  
¿En las últimas dos semanas, se ha sentido decaída, deprimida, o sin esperanza?
  - b. Over the last two weeks have you felt little interest or pleasure in doing things?  
¿En las últimas dos semanas, ha sentido poco interés o placer en hacer las cosas?
- III. If the client responds “yes” to at least one question from the PHQ-2, the home visitor will complete the PHQ-9 depression screening.
- IV. The steps below are recommended for clients exhibiting **any** symptoms of depression:
  - a. Provide empathetic support and feedback.
  - b. Normalize and validate client’s feelings and experience.
  - c. Provide information about maternal depression.
  - d. Observe maternal and infant interactions.
  - e. Explore support system with client and family.
  - f. Explore ways to cope, manage, or overcome depression with client and possibly her family.
  - g. Document key points, referrals and follow up in progress notes.
  - h. Put original copy of PHQ-9 in client file.
- V. The additional steps below will be followed based on the client’s PHQ-9 score:

PHQ-9 Score	Symptom Severity	Additional Procedures to Support Client
0-4	No symptoms	<ol style="list-style-type: none"><li>1. Continue routine visits</li><li>2. Rescreen monthly during the first year postpartum</li></ol>
5-9	Minimal symptoms	<ol style="list-style-type: none"><li>1. Discuss client’s mental health status with the direct Supervisor.</li><li>2. Utilize tools such as a goal sheet and educational materials to explore ways she can take care of herself such as:<ol style="list-style-type: none"><li>a. Exercise</li></ol></li></ol>

PHQ-9 Score	Symptom Severity	Additional Procedures to Support Client
		<ul style="list-style-type: none"> <li>b. Sleep</li> <li>c. Nutrition</li> <li>d. Talking to someone that she trusts</li> <li>e. Spending time with friends and family</li> </ul> <ol style="list-style-type: none"> <li>3. Offer referrals for support groups, and/or mental health hotline, if the client is interested.</li> <li>4. Offer referrals for mental health counseling if there seem to be more than minimal symptoms of depression or if the client expresses other emotional issues.</li> <li>5. Follow up with client to ensure that client is getting the support that she needs at the next visit (i.e., through her support system, referrals, etc.).</li> <li>6. Use motivational interviewing skills to assist with problem solving.</li> <li>7. Continue to conduct PHQ-9 once each month during the first year postpartum.</li> </ol>
10-14	<p>Minor depression Major depression: <i>mild*</i></p> <p><i>*Note: If symptoms are present for ≥ two years, then it is a probable chronic depression which warrants antidepressant or psychotherapy (ask “In the past 2 years have you felt depressed or sad most days, even if you felt okay sometimes?”).</i></p>	<ol style="list-style-type: none"> <li>1. Discuss client’s mental health status with the direct Supervisor.</li> <li>2. If appropriate (client has minor depression), utilize tools such as a goal sheet and educational materials to explore ways to support mom’s mental health such as setting self-care goals around: <ul style="list-style-type: none"> <li>a. Exercise</li> <li>b. Sleep</li> <li>c. Nutrition</li> <li>d. Talking to someone that she trusts</li> <li>e. Spending time with friends and family</li> <li>f. Activities to support healthy infant bonding, attachment and development</li> </ul> </li> <li>3. Explain and offer referrals for mental health counseling, support groups, and/or mental health hotline.</li> <li>4. Follow up with client to ensure that she is receiving the needed support and services.</li> <li>5. Use motivational interviewing skills to assist with problem solving.</li> <li>6. Continue to conduct PHQ-9 once each month.</li> <li>7. Notify supervisor if no change in 1 month</li> <li>8. Consider referral for mental health assessment if not previously completed and there is no change in PHQ-9 score in 1 month.</li> </ol>
15-19	Major depression: <i>moderately severe</i>	<p>Mental Health Treatment is indicated</p> <ol style="list-style-type: none"> <li>1. Connect mom with mental health services and support services immediately. Call during home visit to schedule appointment. Ensure that client has a way to get to the appointment (bus tokens/taxi voucher, if needed).</li> <li>2. Explore with client and family the need for a support system to help take care of mom and baby.</li> </ol>

PHQ-9 Score	Symptom Severity	Additional Procedures to Support Client
		<ol style="list-style-type: none"> <li>3. Review client's mental health status with direct Supervisor following the visit; provide summary of the visit and interventions.</li> <li>4. Follow up with client and referral source to ensure that client has been served.</li> <li>5. Follow up every 1-2 weeks to provide coaching and support as needed to assist client in following their treatment plan, goals, and barriers.</li> <li>6. Carefully observe maternal-infant interactions and offer activities to support healthy infant bonding, attachment and development as needed.</li> <li>7. Continue to conduct PHQ-9 once each month for up to one year postpartum; update supervisor with PHQ-9 results.</li> </ol>
≥20	Major depression, <i>severe</i>	<p>Mental Health Treatment is indicated</p> <p>Same as above for 1-3</p> <ol style="list-style-type: none"> <li>4. Follow-up with client about the referral for evaluation and treatment within 72 hours.</li> <li>5. Use motivational interviewing skills as needed to assist with problem solving to complete the referral.</li> <li>6. Follow up every 1-2 weeks regarding treatment plan, goals, and barriers.</li> <li>7. Carefully observe maternal-infant interactions and offer activities to support healthy infant bonding, attachment and development as needed.</li> <li>8. Continue to conduct PHQ-9 once each month for up to one year postpartum; update supervisor with PHQ-9 results.</li> </ol>

**Note: If client is a danger to self or others, please take immediate action and refer to the Guidelines for identifying Suicide Risk.**