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Postpartum Depression and Opinions on Screening

by

Jana M. Gorman, B.A.

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work

St. Catherine University and University of St. Thomas St. Paul, Minnesota
in Partial Fulfillment of the Requirements for the Degree of

Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University-University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

Nearly 50 percent of women will experience “baby blues” after giving birth, and 10 to 15 percent of pregnant and parenting women will develop postpartum depression (Wisner, Chambers, & Sit, 2006). PPD is a mental health diagnosis, with symptoms similar to major depression, and if left untreated, can last months to years after giving birth (Naveed & Naz, 2015).

This research study was conducted to analyze social workers and other mental health practitioner’s views on screening for postpartum depression (PPD). This survey was posted on the Postpartum Support International social media page, as well as distributed to social workers within the University of Minnesota Health System. The research questions for this study were “What are social workers and other mental health professionals’ opinions on screening for postpartum depression?” and, “Do social workers and mental health professionals’ think that making recommendations after a positive screen of PPD affect women’s likelihood to seek treatment?”

There was a total of 13 participants, all social workers. All respondents thought that screening for PPD should be done multiple times before giving birth and after. The majority of respondents also thought that it was the duty of multiple medical and mental health professionals to screen for PPD. Most respondents also thought that screening and making a recommendation for treatment did increase womens chances of seeking treatment after a positive screen for PPD.

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Postpartum Depression is a disorder which has been getting more attention in recent years due to the negative effects it has on both pregnant and parenting women and their babies. Postpartum depression (PPD) is a type of depression which manifests in some women during pregnancy, or shortly after giving birth (Naveed & Naz, 2015). An average of one in seven women will develop postpartum depression following the birth of a child (Wisner, Chambers, & Sit, 2006). Not only are pregnant and parenting women at high risk for developing PPD, women experiencing postpartum depression are half as likely to seek treatment for their symptoms than women experiencing a mood disorder who are not pregnant (Farr, Denk, Dahms, & Dietz, 2014). There are various reasons why such a low percentage of women do not access services for postpartum depression. These include a lack of awareness about the disorder, no knowledge of available services, fear of being labeled as a bad mother due to their symptoms, and clinician's inability to assess women or not taking women's symptoms seriously (Sealy, Simpson, & Evans, 2009).

If women do not seek help for this disorder, postpartum depression symptoms can last for months or even years in some cases, and can develop into major depression (Naveed & Naz, 2015). If a woman has developed postpartum depression her symptoms may include sad or depressed mood, loss of interest in daily life activities, as well as other symptoms which are typical of major depression. These symptoms could include weight loss and gain, trouble sleeping, agitation, suicidal ideation, feelings of guilt, and many others (Naveed & Naz, 2015). The few weeks after a woman gives birth are a crucial time for her mental health and the risk of episodes of depression (Kayton, Russo, & Gavin, 2014).

Postpartum depression is a very important topic which lacks attention in the practice community. Because of its prevalence among pregnant and parenting women it is important to

look at the risk factors of developing PPD, how to effectively treat this disorder, the importance of screening for this disorder, and current opinions on screening. A need has been identified to increase screening practices in order to better women's outcomes who are experiencing PPD, however, there are still shortcomings in these practices and policies (Kye Price, Corder-Mabe, & Austin, 2012). Several providers can screen for this disorder, and there has been a lot of research done on physician's opinions on screening for the disorder (Kye Price et al., 2012). Pregnant and parenting mom's opinions have also been researched. Although physicians and pregnant and parenting mom's opinions have been explored, there is a lack of research done on mental health practitioner's opinions on screening for PPD. This study looks specifically at mental health practitioner's opinions on current screening practices for PPD, and more specifically whether or not they think making recommendations after a positive screen for PPD increases women's likelihood to seek follow up care for this disorder.

Literature Review

This literature review will examine what puts women at risk for developing PPD, the importance of screening, and various screening instruments. It will also look at opinions of providers and pregnant and parenting mothers regarding screening for PPD. This review will also examine the most effective treatments for PPD. Lastly, it will look at the current policy for PPD screening in Minnesota and will recognize the gaps in current research.

Risk Factors

Our society needs to take a look at populations which are most affected by this disorder, along with risk factors, in order to treat PPD. Although PPD can affect any woman during pregnancy or after giving birth, research suggests there are certain populations which are at an increased risk. Factors such as lack of social support, previous mental health diagnosis, and

traumatic life experiences or events can put some pregnant and parenting women at a more increased risk of developing PPD (Naveed & Naz, 2015). Women in low income areas are also more likely to develop postpartum depression (Trabold, Waldrop, Nochajski, & Cerulli, 2011). Women living in these areas who have lost a pregnancy, had a stillbirth, or an abortion are also at an increased risk of developing PPD versus women who have not had a previous pregnancy loss or do not live in a low income area (Giannandrea, Cerulli, Anson, & Chaudron, 2013). Researchers found in one study that the presence of mental health diagnoses within a woman's family can also put her at increased risk for developing PPD (Freeman et. al, 2005).

Researchers conducted a study in New Jersey identifying factors which decreased women's chances of developing PPD. These factors include carrying a child to full term, prenatal education, women with higher education, those who had private insurance versus state insurance, and those with fewer stressful life events (Farr et al., 2014).

In a study looking at social supports, emotional distress, and parental stress of mothers with low birthweight infants, researchers compared rates of depression between different groups of mothers. In the group of mothers with low birthweight infants the rates of PPD were nearly 35%, compared with 20 percent in the group of mothers who had healthy babies (Singer, Davieller, Bruening, Hawkins, & Yamashita, 1996). Although there are several factors that can put pregnant and parenting mothers at an increased risk of developing PPD, this disorder can affect anyone, which is why screening pregnant and parenting women is so important.

Importance of screening

PPD was a silent disorder for many years, and fortunately, has been getting more publicity recently which has led to more mandatory screening practices. In 2015, the American Congress of Obstetricians and Gynecologists recommended that practitioners screen every

woman postpartum at least once for symptoms of depression or anxiety. The American Congress of Obstetricians and Gynecologists also concluded that just screening for these disorders is not enough to decrease rates of these disorders among pregnant and parenting mothers, and proper treatment recommendations and follow up are also crucial (2015).

Because so many women suffer from PPD after giving birth and there is so much stigma surrounding it it is important to screen all women for the disorder at various times before and after giving birth. By screening every woman multiple times practitioners are less likely to miss cases that have developed if professionals only screened women based on their judgements of women who they thought had PPD (Hatters Friedman et al., 2013). More collaboration is required between services that are conducting PPD screening in order to develop a better process for screening (Kye Price et al., 2012). Screening for PPD can be completed in many settings, some include the NICU or during pediatrician visits. In a study conducted on the implementation of psychiatric services for mothers in the NICU, researchers found that when a baby is born prematurely the best outcome for a mother while her infant is in the NICU is for the provider to recognize the mother may be suffering from PPD, and get an initial referral to a mental health practitioner (Hatters Friedman et al., 2013). Often times this occurs without any follow up from the referring physician. Unfortunately, in other cases, mother's symptoms may be ignored in the NICU because they are not considered the patient (Segre, Orengo-Aguaya, & Chuffo Siewert, 2016). Along with the important of screening for PPD, the type of instrument used is also significant in determining if a pregnant or parenting mother may have PPD.

Screening instruments

There are several tools which can be used to screen for PPD by practitioners. These include the Edinburgh Postnatal Depression Scale (EPDS), Patient Health Questionnaire-2 (PHQ-

2), Patient Health Questionnaire-9 (PHQ-9), and the Postpartum Depression Screening Scale (PDSS). All of these tools have different variations of questions, and each have positive and negative aspects. They are all used in different screening settings by several types of professionals.

EPDS

One of the tools that is most frequently used and well known is the Edinburgh Postnatal Depression Scale (Smith et al., 2016). The Edinburgh Postnatal Depression Scale (EPDS) tool was developed in 1987, and is used in multiple situations such as research and clinical practice (Smith et al., 2016). Mothers respond to ten questions that target typical symptoms of depression. Researchers that administer surveys to women who have undergone PPD screening with the EPDS survey state that the tool is easy to follow and appropriate to use (Smith, Gopalan, Glance, & Azzam, 2016). Other benefits to the EPDS is that it is brief, can be administered quickly, is available in 23 different languages, and has demonstrated effectiveness in different ethnic and social groups (Hanusa, Hudson-Scholle, Haskett, Spadaro, & Wisner 2008). This screening tool is also effective because of its aim to focus on symptoms which are unique to PPD rather than symptoms which are present in depression, such as decrease in sleep or change in appetite (Hanusa et al., 2008). One weakness of the EPDS is that it only asks women about their symptoms over the last seven days which may not be representative of her symptoms throughout time after giving birth (Smith et al., 2016).

PHQ-9

The Patient Health Questionnaire (PHQ-9) is another tool which has been found effective in the screening of women for PPD. The PHQ-9 contains nine questions measuring depressive symptoms a woman has been experiencing over the past two weeks. "Each item is rated on how

frequently each symptom has occurred over the past two weeks and has four possible responses: not at all, several days, more than half the days, and nearly every day” (Hanusa et al., 2008, p. 587). Although this tool is currently used to screen for PPD, it was originally intended to screen for major depressive disorder (Hanusa et al., 2008).

PHQ-2

Chae, Chae, Tyndall, Ramirez and Winter (2012) discuss (as cited in Smith et al., 2016) another screening tool commonly used for PPD which is the PHQ-2. This tool is composed of the first two questions from the PHQ-9 depression screening tool, which is rooted in the DSM-IV depression criteria. A strength of this tool over the EPDS tool is that it asks about the woman's symptoms in the past four weeks, and the EPDS asks about symptoms within the past two weeks. One limitation to this tool is that the questions are close ended and respondents can only answer yes or no to the questions.

PDSS

The Postpartum Depression Screening Scale (PDSS) is another tool which was created to screen women for PPD following the birth of a child. Initially, a woman is asked seven screening questions. These questions determine whether or not they are at a higher risk of developing postpartum depression. If they are flagged as a higher risk from the initial seven questions, they are prompted to answer another 28 questions within the screen (Hanusa et al., 2008). The participants are then given a score to see if they qualify for either minor or major depression. A strength of this tool is its ability to allow practitioners to recognize different areas a woman may be suffering, for example, sleeping or eating. Identifying these target areas helps practitioners to create an effective treatment plan for each woman (Hanusa et al., 2008).

Although there are several tools available for professionals to use when screening for PPD, it is ultimately up to the mother to decide if she will complete a screening. Being given paperwork after recently having a baby can seem daunting to some women. As professionals, it is important to consider what pregnant and parenting mothers' opinions on PPD screening are. This will help us implement tools which will make mothers more receptive, and feel more comfortable being screened for PPD.

Women's opinions on screening

Generally, women are receptive to being screened for PPD. In a study conducted in Australia measuring depressive symptoms in mothers using the EPDS, researchers found that the higher the participant's score on the EPDS, the more uncomfortable they were with being assessed, and the lower their score on the EPDS, the more comfortable they were with being screened. Overall in this study, women were receptive to being screened, and found the assessment tool adequate (Buist et al., 2007). In another study measuring the effectiveness of screening during OBGYN visits, researchers also found receptiveness to being screened. The implementation of the screening tool during visits was received positively by patients, and overall increased their satisfaction with their care (Mancini, Carlson, & Albers, 2007).

In another study researchers interviewed mothers on their opinions of being screened in the pediatric setting. Participants indicated several barriers to feeling comfortable disclosing their feelings of depression or anxiety after giving birth. One of the main reasons the mothers were not forthcoming with their symptoms of PPD was because they feared they would be stigmatized or reported to Child Protective Services because of their symptoms (Byatt, Biebel, Friedman, Debordes-Jackson, & Ziedonis, 2013). Another barrier participants indicated in why they did not share their symptoms was that they did not think it was appropriate for the pediatricians to be

doing the PPD screening (Byatt et al., 2013). The participants stated that they thought the pediatrician should be more concerned with the well-being of their child, others stated they didn't have a good enough relationship with the pediatrician, and other respondents didn't think the pediatrician had the time to screen them for PPD (Byatt et al., 2013). The results of the study also showed that participants did not think that pediatricians had the necessary training to conduct screenings for PPD, and many of the participants felt that when they were screened the results weren't reviewed with them or the pediatrician didn't understand the adjustment they were going through (Byatt et al., 2013). Physicians opinions on screening for PPD is also an area that has been researched.

Physicians opinions on screening

There has been much discussion around who should actually be screening for PPD among pregnant and parents mothers. Many times physicians are screening for it and providing follow up recommendations and referrals. In a study examining screening and treating PPD among physicians, researchers found several conclusions regarding how often providers are screening and their comfort level when screening and treating PPD. Connelly, Baker, Hazen and Mueggenborg (2007) found that nearly 90% of providers in the study identified that they were screening women for PPD based on their behavior and symptoms, and that screening every pregnant and parenting mom was not part of their practice. In this study, researchers also found that only 12% of primary health care providers were regularly screening mothers for PPD in their practice, and slightly less than 50% of participants felt confident in identifying PPD in women (Connelly et al., 2007).

In another study conducted by Leiferman, Dauber, Heisler and Paulson (2008), several specialty physicians were interviewed regarding their confidence in screening for PPD. Overall,

pediatricians were identified as the group that felt the least confident diagnosing and treating PPD among their patients, identifying signs of PPD, and had the least knowledge of the DSM IV criteria for the disorder. Researchers also concluded that common barriers to provider screening were time constraints, lack of knowledge about PPD, patient unavailability, and physician accountability for follow up care after screening (Leiferman et al., 2008). Connelly et al. (2007) concluded that, “engaging providers to implement procedures remains challenging. Research has demonstrated pediatric health care providers are able to incorporate screening with referrals for maternal depression in their practice, however it remains outside of usual care on a universal level (p.170)”. In another study looking at pediatricians opinions on screening researchers also found that participants were uncomfortable with screening. Tam et al. (2002), found that the reason for this was that pediatricians were worried about asking their patients about PPD symptoms because it might make their patient defensive and feel as though they were being labeled.

Physicians’ opinions are important to consider when looking at screening for PPD among pregnant and parenting mothers’. Physicians feel it is their duty to identify and talk with women they think are experiencing PPD (Connelly et al., 2007). If providers know the importance of screening this may help to further identify effective treatments for the disorder.

Treatments

There has been some research done on the effectiveness of various interventions in the treatment of women at risk of developing PPD and women who have been diagnosed with PPD. In a study conducted by Honey, Bennet & Morgan (2002) it was found that a brief psychoeducational group decreased scores on the Edinburgh Postnatal Depression Survey among women who participated in the group. Along with the effectiveness of information presented in

groups, the support of peers has also been found helpful in the treatment of women with PPD. Dennis (2003) conducted a research study measuring peer phone support in the treatment of women with a high probability of developing PPD. It was concluded that peer support reduced the number of women living with major postpartum depression as well as minor postpartum depression (Dennis, 2003). Having a sense of companionship and talking with women going through a similar situation was also beneficial (Dennis, 2003).

In one study comparing the effectiveness of a group intervention with a medication intervention, researchers found the medication intervention to be more effective in the treatment of PPD (Bledsoe & Grote, 2006). Home visits have also demonstrated to be an effective treatment for women living with PPD. In a study measuring maternal-infant interaction and postpartum depression severity after an in home nurse visit, it was suggested that bonding improved between the mother and baby and postpartum depression levels decreased among participants (Andrews-Horowitz et al., 2013). This study suggested that individual attentiveness from a clinician, such as a nurse, should be the first step in the treatment of postpartum depression and bonding difficulties between a mother and her baby (Andrews-Horowitz et al., 2013). Lastly, Cognitive Behavioral Therapy (CBT) has also shown to be effective in treating women with postpartum depression and anxiety (Misri, Reebye, Corral, & Milis, 2004). In a study conducted by Misri et al., (2004), CBT paired with medication lowered symptoms of depression and anxiety among participants.

Policy in Minnesota

The current policy in Minnesota regarding postpartum depression is Statute 145.906. The statute states that the Commissioner of Health is to work with medical service providers to develop unbiased and effective pamphlets and information regarding postpartum depression.

Healthcare institutions which provide labor and delivery services must have this educational information available to women along with Women Infants and Children (WIC) sites, and licensed professionals providing prenatal and postnatal care (Postpartum Depression Education and Information, 2016).

There have been several studies done on risk factors, the importance of screening, effective treatment, and screening instruments. Current literature has also looked at providers and mother's opinions on screening for PPD. There is a gap in research when it comes to what mental health practitioner's opinions are on screening which this study aims to answer. This is an important opinion to consider when looking at the importance of screening for PPD because many mental health practitioners are also screening for the disorder. This study has two research questions which will help to inform future research on this topic. The first research question is, "What are social workers and other mental health professionals' opinions on screening for postpartum depression?" The second research question of this study is, "Do social workers and mental health professionals' think that making recommendations after a positive screen of PPD affect women's likelihood to seek treatment?"

Conceptual Framework

Postpartum depression also increases the risk of future episodes of depression, and may result in impairment in various areas of parental functioning (Kayton et al., 2014). Not only does the mother suffer if postpartum depression occurs, the infant also suffers. Postpartum depression not only effects the child when they are an infant but can also impact them as a toddler and even into childhood (Canadian Paediatric Society, 2004). The fact that PPD can have such an impact on the child into their school age years is why attachment theory is an important framework to consider when looking at this problem.

Attachment theory is at the center of this issue when screening, treating, and looking at the impact PPD has on women and their families. It is vital because the attachment between a mother and child could be interrupted if PPD is present. Postpartum depression in women can result in a poor attachment relationship between the mother and child. This can lead to milestones being missed in various developmental stages of an infant's life and affects them long term (Kayton et al., 2014). PPD among mothers can also result in behavioral issues as well as a lower performance on intellectual testing (Freeman et. al, 2005). Because of the scope of PPD and the impact it has on mothers with a positive screen or PPD diagnosis, as well as their infant's development and attachment styles, it is important to research this topic further to implement more effective screening practices among professionals.

Methods

This study has two research questions. The first question is, "What are social workers and other mental health professionals opinions on screening for Postpartum Depression?" The second question is, "Do social workers and other mental health professionals think that making recommendations after a positive screen for PPD affect women's likelihood to seek treatment?"

Design

The research questions were answered through a quantitative exploratory survey distributed in two ways. Initially, the survey was posted on the Postpartum Support International social media page for providers to participate in. A link to the survey was also emailed to social workers employed within the University of Minnesota Health system with the option of completing the survey.

The original research design yielded a small number of responses to the survey. The research design was then updated to approve the distribution of the survey through snowball sampling by this researcher and survey participants.

Sample

The sample for this population was social workers and other mental health practitioners who took the online survey posted in the Postpartum Support International social media page. The other part of the sample was social workers employed by the University of Minnesota Health System. One inclusion criteria was that the practitioner had to have administered a screen for PPD within the last year. Another criteria for participation in the survey was that the individual must have been a mental health practitioner. Exclusion criteria was that the practitioner could not be a medical professional (nurses, doctors, and medical assistants).

Procedure

The anonymous survey was administered online using qualtrics. The Postpartum Support International liaison was given a recruitment notice with a link to the survey by the researcher via email to post on the social media site for participants if they choose. The researcher also sent a recruitment email to the social workers within the University of Minnesota Health system describing the survey and including a link to the survey. The data obtained through the anonymous survey was stored in qualtrics for the researcher to review. If no more than 10 surveys had been completed within the first two weeks of being posted on Postpartum support international the researcher would ask the liaison to repost the survey. If no more than ten surveys had been completed by University of Minnesota Social workers the researcher would resend the link in an email asking them to complete the survey.

Measurement

The measurement of respondent's opinions on screening and its effectiveness in leading to treatment was operationalized through an eighteen question survey of both quantitative and qualitative questions. See appendix A for questionnaire.

Data collection

The survey was administered through qualtrics. Once a participant completed the survey it was filtered directly into a chart for the researcher to code the answers.

Data Analysis

Descriptive statistics were obtained from the sample first. Statistics such as profession and licensure were provided from the sample population. Descriptive statistics also interpreted the rates of screening by providers and types of screening tools used. Recommendations for treatment were interpreted through descriptive statistics. Types of recommendations providers made for treatment was analyzed. How often practitioners followed up with mothers after a positive screen and recommendations, and how often practitioners thought mothers followed recommendations for treatment was also analyzed. Mother's receptiveness to screening was measured, as well as if practitioners thought mom's followed up with certain recommendations more than others.

Chi Square

To answer the research question, "Do social workers and mental health practitioners think the results of a positive PPD screening will affect women's likelihood to seek treatment?" this researcher used the nominal level variable, practitioners treatment recommendations, and the interval level variable, women's likelihood to seek treatment. These variables were compared to perform a chi-square test. A chi-square test was also performed to analyze the relationship between the nominal level variable, practitioner's profession, and the nominal level variable,

type of screening tool they use. The variables used in this comparison were profession, and screening tool. The question when comparing these two variables was, “Do different licensures or professions utilize different tools when screening for PPD?” The nominal level variable, number of women who are screened for PPD, and the ordinal level variable, likelihood that mothers will be followed up with by the practitioner was also analyzed. These variables were analyzed through a chi-square test. These two variables were analyzed to see the relation between how often mothers were being screened, and if all mothers were provided with follow up with after they are screened.

Findings

The purpose of this research study was to identify mental health practitioner’s views on screening for postpartum depression. Respondents were asked questions related to their professional licensure, how frequently professionals screen pregnant and parenting moms, screening tools used, how often they thought women should be screened, and who should be screening. They were also asked questions related to what recommendations they make for a positive PPD screen, whether or not they felt making a recommendation increased women’s chances of seeking treatment, how often they follow up with women after a positive screen, and what recommendations they had to better identify women suffering from PPD.

Inferential Statistics

The intention to look at inferential statistics and find relationships between chi-square variables was not possible to do because of the small sample size. The results are descriptive statistics based on the participant’s responses to each question of the survey and no variables were compared.

Descriptive Statistics

There was a total of thirteen participants in the survey, and all participants in the population were either LGSW or LICSW's, with no individuals with other mental health practitioner licensures responding to the survey.

Percentage of women screened

When asked the percentage of pregnant or parenting women participants screened the answers were varied. Seven respondents said they screened 76-100% of pregnant and parenting mom's. Three respondents said they screened 51-75% of moms, one respondent said they screen 26-50% of mom's, and two respondents said they screened 0-25% of pregnant and parenting mom's.

Screening tools

The type of screening tools respondents used was also looked at. Respondents were able to choose multiple responses for different screening tools they have used. The majority of participants reported using the Edinburgh Postnatal Depression Scale (EPDS) for screening. About half reported using the Patient Health Questionnaire 9 (PHQ-9), nearly ten percent reported using the Patient Health Questionnaire 2 (PHQ-2), just under half reported using the Postpartum Depression Screening Scale (PDSS), and only one respondent reported using the Generalized Anxiety Disorder 7 item (GAD-7) scale.

Screening settings

When respondents were asked what settings women should be screened for PPD in there were various answers. Two respondents thought that women should only be screened by their OBGYN at follow up visits. One respondent thought moms should be only screened when they are pregnant. Nearly 90% of respondents thought it was necessary to screen moms during pediatrician visits. Overall, the majority of respondents thought pregnant and parenting moms

should be screened multiple times. These included during pregnancy, before hospital discharge after giving birth, during pediatrician visits, and by their OBGYN during follow up visits.

How often screening should occur

Respondents were also asked the number of times they thought pregnant and parenting moms should be screened. Eight respondents thought women should be screened three or more times, three thought women should be screened four or more times, and two respondents thought women should be screened twice.

Who should be screening

When respondents were asked who they thought should be screening for PPD all respondents thought that at least social workers and doctors should be screening for PPD. Eleven respondents also thought that nurses, medical assistants, or both, should also be screening.

Referrals for treatment

Respondents were given a multiple choice question asking what types of services they refer women to who have a positive PPD screen. The choices on the list included a referral to see a mental health practitioner, follow up with their primary care physician, see a psychiatrist, or seek group therapy. All respondents said that they recommend pregnant and parenting mom's with a positive PPD screen to see a mental health practitioner. About 95% also recommended the women follow up with their primary care physician. About half recommend that women with a positive screen see a psychiatrist, and another half of the sample also recommend they seek group therapy. Respondents were also asked specifically about other recommendations they make for clients that weren't among the choices in the survey. One respondent stated that "providing reading materials, PPD and crisis intervention call lines, [and] also non-[pharmaceutical] interventions" were recommendations they make to women. Another

respondent said “I do not feel a psychiatrist is the first step, I think other MH [providers] or group process can work [well for] many patient[s] and [stabilize] their PPD”. One respondent also said “I think it's important for their PCP to continue to check in and also a mental health professional to do an initial assessment to identify further resources”. Another said “I think it is important to provide moms with more than one option when discussing follow up recommendations”. One social worker stated, “[Recommendations] depend on who the patient is already [connected] to for support. If [she has] no MH provider then start with [a] referral to her primary”. One respondent also said it “Depends on [patient] preference, [it] could be managed by her primary MD but best practice would be to [see a] therapist and provider to [order] meds as indicated”.

Chances for follow up

Respondents were also asked if they felt making a recommendation after a positive screen increased women's chances of following up. About 85% of respondents thought that making a recommendation for a pregnant or parenting mom with a positive PPD screen made them more likely to seek treatment. When asked to explain why, one respondent said “Helping her create a plan for follow up gives her [a] means to manage her feelings”. One respondent thought it was helpful because it was “One less item they need to think about”. Another respondent also thought making recommendations was helpful for women, “I think it helps to provide options/resources. Some women do not even know they are available. It also helps to normalize their feelings”. Another respondent felt that making a recommendation helped women feel more comfortable with the positive screen because it “Normalizes the experience, [and] encourages acceptance of symptoms that are heavily stigmatized”. One respondent thought it depended on the woman, “It has to be the patient that is willing to accept the recommendation

and be open to pursuing therapeutic resources”, another said “Ultimately the patient [needs] to seek out the [treatment] on her own, but at least she will have the [resources] to do so should she choose”.

When asked the amount of women they thought followed up with their recommendations all participants thought less than 50% or less would follow up. Three respondents thought that 0-25% of women followed up with recommendations, and ten respondents thought that 26-50% follow up with their treatment recommendations. When respondents were asked why, nearly all thought that the primary reason women didn't follow up with recommendations was because they were too busy. The majority of respondents also thought that pregnant and parenting mom's with a positive screen were too ashamed about having a positive screen for PPD and didn't seek treatment because of it. About 30% of respondents thought that women didn't seek treatment after a positive screen for PPD because they didn't think anything was wrong. One respondent also attributed being “Busy at home taking care of other children and their newborn, family dynamics, [employment], housing, insurance, transportation, money, education level” as reasons for not seeking treatment, and one said “Stigma of mental health problems” was why women didn't seek treatment.

Recommendations to better identify PPD

When participants were asked what recommendations they had to better identify women with PPD there was a wide range of responses. One participant said for screening to “Begin during pregnancy”. Another thought “More education about what [PPD] is and available resources, [and] normalizing it”. Another participant said “work on [lessening] stigma of mental illness and provide more education”. Two respondents thought screening more often would be helpful, one stated “Routine/scheduled screening (during pregnancy, at delivery, 6 weeks

postpartum, well child visits up to 1 [year])”, another stated “standard screening in hospital at discharge, 1st follow up visit and baby 3 month check”. Another thought it would be helpful to “Refer to social work or clinicians for formal assessments”.

Discussion

This qualitative research study was developed to gain insight into social workers and mental health practitioners’ views and opinions on screening pregnant and parenting mothers for postpartum depression (PPD). Various professionals in a variety of settings complete screening for PPD. This study focused on mental health practitioners, primarily social workers.

Screening practices

Firstly, this study gathered general information regarding the percentage of women screened, the various settings women were screened in, and who should complete the screening. Next, this study looked at types of screening tools used by respondents. The screening tools listed in the survey and by respondents were all tools known to be used to screen for PPD. The EPDS was the most widely used tool among respondents, which was also seen in the research (Smith et al., 2016). Additionally, the types of settings women should be screened in was evaluated.

Treatment recommendations

Secondly, for referrals and recommendations following a positive screen of PPD, participants stated they recommend women see a mental health practitioner, which was not identified a primary treatment recommendation in the literature. Many respondents did recommend women to a psychiatrist which was noted in the research as a best practice recommendation (Bledsoe & Grote, 2006). Respondents did also identify group therapy as a helpful treatment recommendation, which is consistent with most literature (Honey et al., 2002).

Additionally, respondents stated that having more than one option for women when making recommendations is necessary and offers women choices when they may not agree with a certain recommendation. Also, respondents were aware of and equally supportive of knowing that the type of recommendation made will vary depending on the woman and her individual needs.

Likelihood of follow up

Thirdly, making a recommendation following a positive PPD screen increased a women's likelihood of follow up. 85% of respondents felt that making a recommendation increased the likelihood of a woman seeking treatment. There were various answers to explain why making recommendations helps with follow up, including, “[Recommendations] normalize the experience, [and] encourages acceptance of symptoms that are heavily stigmatized”.

In regards to follow up to recommendations, participants thought that 50% or less of women would actually follow up. The majority of respondents stated the reason why there was little follow up is because the women were too busy. Many other respondents also thought women were too ashamed of the positive screen to follow up with recommendations.

Identifying women with PPD

Finally, in ways to better identify women with PPD, there were a variety of answers. Some respondents thought screening pregnant and parenting mom's more often would be helpful, another thought that providing more education and resources would help, and another thought that working to lessen stigma of mental illness would also help to better identify women with PPD. We can see that there is starting to be a greater emphasis in Minnesota on education and resources regarding postpartum depression which is also helpful in identifying women suffering from PPD (Postpartum Depression Education and Information, 2016).

General conclusions of study

Overall, the respondents had a positive outlook on the importance of screening for PPD. Many respondents recognized that screening for PPD among pregnant and parenting moms multiple times was important in the detection of symptoms. The data also indicated that social workers also felt that it was important for multiple types of medical and mental health practitioners to screen for PPD. The majority of respondents also felt that making a recommendation after a positive screen for PPD increased the women's chances of seeking treatment. Many respondents also recommended various ways to better identify women who are experiencing PPD.

Due to the small sample size of the survey, it is clear that this is a hard population to reach. It can also be hypothesized through this study and the small sample size that mental health practitioners may not be the professionals who are primarily screening for PPD. It can also be hypothesized that mental health practitioners may more commonly receive referrals for treatment of women with a positive screen for PPD instead of doing the actual screening for PPD.

Implications

From this research, there are implications for future research and practice. More research is warranted to assist pregnant and parenting mothers who are experiencing PPD to get the support and help they need. Further research should focus on identifying who should be screening and how often, what the most helpful tools are for screening, and what the most effective treatment recommendations are to assist this at risk population.

Implications from this research for practice include being able to recognize PPD, understand PPD, and screen for PPD. In community mental health agencies, social workers and other mental health practitioners may encounter women who have been referred from their primary care provider to seek treatment for a positive screen for PPD. This means the social

worker or mental health practitioner would need to understand PPD, the symptoms or signs of PPD, resources to offer, supports available, and approaches to work with women suffering from PPD.

Additionally, if a mental health practitioner or social worker is working in a medical or healthcare setting, it is also important to know and recognize the signs and symptoms of PPD, how to screen a woman, which professionals may screen for PPD, and any resources available in the health care system the mother is already connected to. The social worker or MHP would also need to understand the stigma of a possible PPD diagnosis and why the woman may not want to talk about her symptoms or signs of PPD. Having a grasp of the impact of PPD on a woman, her family, and her child, is all necessary when practicing social work in any setting. This is especially true in a health care setting, including the emergency room or on a hospital unit.

This research contributes to existing literature on professionals views on screening for PPD. It also provides a starting point for more research on mental health practitioners views on screening since this is an area that has not been widely research before. It will assist with helping to provide a more consistent approach for which providers should be screening for PPD and how often. This will benefit pregnant and parenting mom's suffering from PPD so they are screened enough times and their symptoms do not go unnoticed.

Strengths and limitations

There were a few limitations presented in this research study. The first limitation was the small sample size. Because there were only thirteen respondents, this study is not representative of PPD opinions of all mental health practitioners within the field. Another limitation was that initially this survey was only posted on the Postpartum Support International (PSI) website and emailed to social workers within the University of Minnesota Health System and snowballing the

sample was not part of the original research design. If the researcher included snowballing in the initial protocol and respondents were allowed to snowball the survey sooner, there may have been more participants giving the researcher a larger sample size.

The other limitation was that only LGSW/LICW's answered the survey. This research study was aimed towards various types and licensures of mental health practitioners. Therefore, the sample only represents a small number of social workers and their views on screening and not other types of mental health practitioners. Since only social workers participated in the survey this limitation can also be viewed as a strength because it can be representative of social workers in the field who are screening for PPD.

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Appendix A

Survey Questions

1. What is your profession and any licenses you have? **A. LGSW/LICSW, B. PsyD, C. LMFT, D. LP, E. Other _____**
2. What are other screening tools you have utilized in the diagnosis of PPD? Check all that apply. **A. PHQ-2, B. PHQ-9, C. PDSS (Postpartum Depression Screening Scale), D. Edinburgh Postnatal Depression Scale (EPDS), E. Other _____**
3. About what percentage of new mom's do you screen for Postpartum Depression (PPD)? **A. 0-25%. B. 26-50%, C. 51-75%, D. 76-100%**
4. When do you think women should be screened for PPD? (Check all that apply) **A. During pregnancy, B. Before hospital discharge after giving birth, C. During pediatrician visits, D. By their OBGYN during follow up visits.**
5. Do you screen for other postpartum disorders other than PPD? **Yes/No, explain _____**
6. Do you think it is necessary to screen all women during well baby checkup visits to pediatricians? **Yes/No**
7. How many times do you think women should be screened for PPD? **A. 1, B. 2, C. 3, D. 4 or more**
8. Who do you think should be screening for PPD? Check all that apply. **A. Social workers, B. Nurses, 3. Medical assistants, 4. Doctors, 5. Other _____**
9. How receptive do you feel that women are to being screened for PPD?

Not interested

Somewhat interested

Very Interested

1

2

3

4

5

10. What recommendations do you make for women to seek follow up care following a positive screen for PPD? Check all that apply **A. See a mental health practitioner B. See a psychiatrist C. Seek group therapy D. Follow up with their primary physician, E. No recommendation, F. Other _____**
11. Explain your response to Question 10. **Fill in the blank**
12. Do you feel that making a follow up recommendation for a woman suffering from PPD makes her more likely to seek care? **Yes/No, Explain**
13. Which recommendations do you feel women are more likely to follow up with? **Explain.**
14. After screening or making a recommendation how often do you follow up with clients at any point to make sure they have sought treatment? **1. Never, 2. Almost Never, 3. Sometimes, 4. Almost Always, 5. Always**
15. If a patient has a positive screen for PPD, who follows up with them afterwards to see if they have followed up with recommendations? **Fill in the blank**
16. What percentage of women do you feel follow up with recommendations once they are diagnosed with PPD? **A. 0-25%, B. 26-50%, C. 51-75%, D. 76-100%**
17. What do you think gets in the way of women following up with treatment recommendations? **A. Too busy, B. Don't think anything is wrong, C. Ashamed they have this disorder, D. Other _____**
18. What recommendations do you have to better identify women with PPD? **Fill in the blank**

Appendix B

Individual Consent Form

Postpartum Depression Screening Consent Form

You are invited to participate in this project because of your profession and postpartum depression screening experience. This project is being conducted by Jana Gorman, MSW student at St. Catherine University. The purpose of this survey is to identify social workers' and other mental health professionals' opinions on postpartum depression screening. The survey includes items about screening and postpartum depression. It will take approximately 10 minutes to complete.

Your responses to this survey will be anonymous and results will be presented in a way that no one will be identifiable. Confidentiality will be maintained to the degree permitted by the technology used. Specifically, no guarantees can be made regarding the interception of data sent via the Internet by any third parties.

Your decision whether or not to participate will not affect your relationships with the researchers, your instructors, or St. Catherine University. If you decided to stop at any time you may do so. You may also skip any item that you do not want to answer. If you have any questions about this project, please contact Jana Gorman, crig7561@stthomas.edu, 651-402-0345. By responding to items on this survey you are giving us your consent to allow us to use your responses for research and educational purposes.