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New family-focused model of depression care needed to minimize risks

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Health and social service professionals who care for adults with depression should not only tackle their clients' physical and mental health, but also detect and prevent possible spillover effects on their children, says a new report from the National Research Council and Institute of Medicine. To achieve this new family-focused model of depression care, federal and state agencies, nonprofits, and the private sector will have to experiment with nontraditional ways of organizing, paying for, and delivering services, said the committee that wrote the report.

Depression affects roughly 7.5 million parents -- about one in five -- in the United States annually, and about 15.6 million children under 18 live with an adult who has had major depression in the past year, the report notes. Effective tools and strategies exist to treat and prevent depression, but only one-third of adult sufferers get treatment. Although many factors affect children's development, parental depression can increase the chances for health, emotional, and behavioral problems in children. The report does not suggest that every parent with depression will inadvertently or deliberately cause harm to their children, but rather that parental depression increases the risks for spillover consequences during critical periods of child and adolescent development.

"To break the vicious circle of depression, we need to refocus our view of this illness through a broader lens that sees the whole family, not just the individual with depression," said committee chair and psychiatrist Mary Jane England, president, Regis College, Weston, Mass. "Our report

describes a new vision for depression care that would provide comprehensive services not just to adults, but to their children as well. It will take significant policy changes to make this vision a reality, but the benefits warrant the effort."

Endeavors to increase the family focus on depression should aim to remove barriers that inhibit more coordinated care across organizations and among service providers. Children and adults are treated by separate health care providers who too often do not look at the whole family, and many health and social services are disconnected. Few programs and health care providers routinely ask patients with depression if they have children and if their depression has affected their family members. Health plans are not geared to pay for services delivered in nontraditional settings.

Fathers and mothers may benefit from counseling to improve their parenting and coping skills, and children may need treatment for emotional, behavioral, or physical problems. Services need to be available in a range of locations that include not just obstetrics-gynecology and pediatric clinics, but also Head Start facilities, schools, prisons, other community locations, and even people's homes, the report says. This means that clinicians must gain experience in delivering services in a variety of settings. States should revise policies that prohibit services outside of clinical settings. Federal agencies should establish a national program to improve the abilities of primary care providers, mental health professionals, and those who treat substance abuse to identify, treat, and prevent depression and lessen its effects on children of all ages.

Public and private health insurance plans should support access to screening, treatment, and supportive services. The Centers for Medicare and Medicaid Services (CMS) could extend Medicaid services provided to new mothers to two years after birth, which includes a critical period

of early childhood development, the report says. CMS could reimburse primary care providers for mental health services and cover preventive services for children at risk of developing health problems, rather than covering only treatment. Private health plans could pay for parental depression screening and treatment, and support the implementation of effective models of depression care in a range of settings.

Lack of insurance coverage is not the only reason that two-thirds of people with depression do not get treatment. Public and private groups also need to tackle the insufficient numbers of care providers and facilities, difficulties that low-income individuals in particular confront in traveling to service providers, and the stigma associated with mental illness.

Given the variation in health and social services across states, broad experimentation with service strategies will be needed. Governors of each state should convene a task force of state and local agencies to coordinate efforts and to design and implement an array of programs involving multiple organizations and settings. State officials should document their activities and results so that they can learn from one another.

Source: National Academy of Sciences (news : web)