## Maternal Perceptions of Mental Health Screening in a Pediatric Emergency Department

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**Background:** Despite documented poor pediatric outcomes associated with maternal depression, pediatric primary care physicians often fail to recognize and intervene with depressed mothers presenting with their children for care. The pediatric emergency department (PED) can play a crucial role in the identification and referral of mothers with a mental health problem who have fallen through the primary care safety net. However, little is known about the acceptability of mental health screening in this setting, or how the screening might affect the ability of doctors and nurses to take care of their patients. Objectives: To assess the comfort and satisfaction of mothers presenting with their child to a PED towards the use of maternal mental health questionnaires. And secondly to determine whether screening for mental health problems in the PED makes it more difficult for physicians and nurses to efficiently take care of their patients. Design: A validated, screening instrument for mental illness in mothers (Prime-MD) was administered to 517 mothers regarding levels of mental health symptoms. In addition, a brief patient satisfaction questionnaire was administered to assess the mothers' reactions to being screened for mental health problems. Mothers were consecutively enrolled in the non-acute area of the emergency department during the hours of 5 P.M. and midnight on every third/fourth night for two years. All eligible mothers were approached for enrollment into the study. Results: As mothers reported more mental health symptoms, the level of discomfort they experienced with mental health screening increased. However, acceptance of maternal mental health screening did not differ between the women with and without mental illness. Overall, 75% of mothers felt that information about maternal mental health would help pediatricians better care for their child. In addition, both mothers with and without mental illness found the interview to be an acceptable length (93% vs. 97%, P=.00), personally helpful (89% vs. 92%, P=.00), and would recommend the mental health interview to a friend (98% vs. 100%, P=.00). The vast majority of physicians and nurses reported that the interview did not affect their ability to efficiently care for their patients. Conclusions: Mothers were highly receptive to being screened for mental health problems in the PED regardless of whether or not they met criteria for a mental illness. Most importantly, the mothers reported that the pediatrician could provide better care for their child by knowing the present state of mothers' mental health. In addition, the mental health screening process did not disrupt physicians' and nurses' ability to do their job. Implications: A nontraditional setting for maternal mental health screening, such as the PED, may serve an important role in identifying at-risk mothers who have not been previously detected by the adult health care system. ED based interventions could be designed to prevent future medical and emotional difficulties in these mothers and their children.