

MARYLAND HOME VISITING EVALUATION



VOLUME 1: COMMUNICATION ABOUT MENTAL HEALTH, MATERNAL SUBSTANCE USE, AND DOMESTIC VIOLENCE

BACKGROUND

Mental health, maternal substance use, and domestic violence are sensitive issues. They are also very common in families receiving home visiting.¹⁻² Research across the country shows challenges in service delivery and training to address sensitive issues.³ Through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, the United States is investing heavily in home visiting infrastructure. The state of Maryland is using its MIECHV funds to expand slots, develop infrastructure, and evaluate its efforts. As part of this, the University of Maryland Baltimore County (UMBC) is developing a Home Visiting Training Certificate Program to improve communication around sensitive issues.⁴

The Maryland home visiting evaluation describes current practices regarding mental health, maternal substance use, and domestic violence. This brief is the first in a series about Maryland’s home visiting and work to enhance service delivery. The current issue includes: 1) screening and referrals for sensitive issues and 2) staff screening comfort and strategies to improve communication.

SCREENING FOR SENSITIVE ISSUES

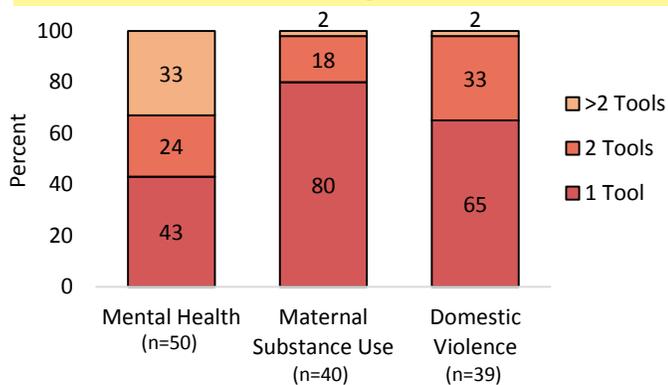
Most local home visiting sites use formal tools to screen families for sensitive issues (Table 1). Only 60% screen in all three risk areas.

Table 1. Sites with Formal Screening (n=57)

MENTAL HEALTH	88%
MATERNAL SUBSTANCE USE	70%
DOMESTIC VIOLENCE	68%
ALL RISK AREAS	60%

Home visiting sites may use multiple tools or questions to screen families for sensitive issues (Figure 1). Over half of sites have two or more methods to screen for mental health.

Figure 1. Percent of Sites Using Multiple Tools to Screen for Sensitive Issues, among Sites that Screen



Home visiting sites use many tools to screen for mental health, substance use, and domestic violence (Table 2).

Table 2: Tools Used to Screen for Sensitive Issues

Screening Tool	Percent
MENTAL HEALTH	
Edinburgh Postnatal Depression Scale	64
State, agency, or program-designed	44
Kempe Family Stress Inventory	18
Healthy Families Parenting Inventory	16
MATERNAL SUBSTANCE USE	
State, agency, or program-designed	70
Health Habits	20
Life Skills Progression, 4P’s Plus, Patient Health Questionnaire, CAGE	8
DOMESTIC VIOLENCE	
State, agency, or program-designed	44
Life Skills Progression	33
Relationship Assessment	15
Domestic Violence Evaluation	13

Response categories are not mutually exclusive, so percentages can total more than 100

¹ Ammerman RT, Putnam FW, Bosse NR, Teeters AR, Van Ginkel JB (2010) Maternal depression in home visitation: a systematic review. *Aggression and Violent Behavior* 15:191–200.

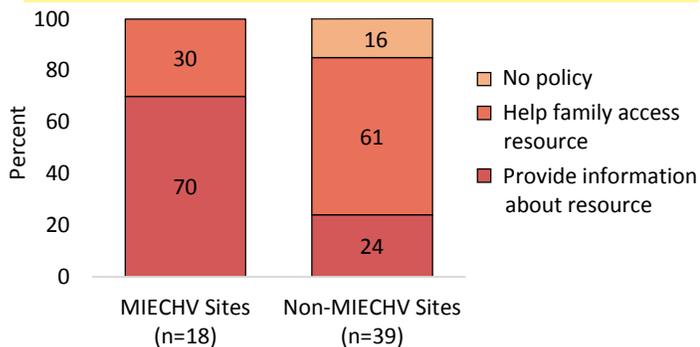
² Duggan, A.K., Berlin, L.J., Cassidy, J., Burrell, L., Tandon, S.D. (2009) Examining maternal depression and attachment insecurity as moderators of the impacts of home visiting for at-risk mothers and infants. *Journal of Consulting and Clinical Psychology*. 77(4): 788-799.

³ Tandon S.D. Parillo KM. Jenkins C, Duggan AK (2005) Formative evaluation of home visitors’ role in addressing poor mental health, domestic violence and substance abuse among low-income pregnant and parenting women. *Maternal and Child Health*. 9: 273-283.

⁴ University of Maryland Baltimore County. MIECHV Training and Certificate Program. (2015) Available at <http://homevisitingtraining.umbc.edu/>.

REFERRALS FOR SENSITIVE ISSUES

Figure 2: Role of Home Visitor in Making Referrals for Mental Health, Substance Use, and Domestic Violence



Home visiting sites have many referral options available:

- Over 90% can refer families to an outside agency.
- Less than 1/3 can refer families to an expert on the home visiting team.

The role of home visitors in making referrals differed whether the site received MIECHV funding (Figure 2).

MIECHV sites perceived that the home visitor's role was to provide information, but that it was ultimately the family's responsibility to follow through on that information. Non-MIECHV sites specified that home visitors were involved in helping families access resources.

STAFF COMFORT IN SCREENING FOR SENSITIVE ISSUES

'We could all always use **additional trainings** to help us be even **more comfortable** [screening], because you never know what might come up in those conversations. And I want [staff] to always **feel like they're prepared** to address whatever.'

Program managers perceive staff to be very comfortable screening and referring families to mental health services. However, they are perceived to be less comfortable screening families for substance use and domestic violence.

Respondents suggested the following ways to improve staff comfort in screening for sensitive issues:

- Training that included role-play, practice, feedback, and supervision
- Effective, comprehensive screening tools

'I want to make sure staff receive the **necessary training** before we implement the [substance use screening] tool.

We have to make sure the tool we use [will] **not affect the relationship** between the [home visitor] and the participant.'

SUMMARY AND IMPLICATIONS

Home visiting sites in Maryland have an array of methods to screen for mental health, substance use, and domestic violence. Sites have varying expectations of home visitor response to a concerning screening result, but almost all can refer families to an outside agency for specific services. Respondents identified comprehensive training and effective screening tools as potential strategies to improve staff comfort and ability to communicate with families about sensitive issues.

Evaluation results suggest that the UMBC training program in addition to evidence-based screening tool recommendations may help improve home visitor communication in mental health, substance use, and domestic violence.

METHODS

Program managers participating in the Maryland Home Visiting Evaluation completed a web-based survey with questions for each of the three sensitive issues. The survey was completed by 57 respondents, representing 81% of total home visiting sites across the state. The survey was administered to all program managers receiving MIECHV funding from January-March 2015. Semi-structured in-person interviews were conducted with each MIECHV program manager during February and March. Program managers at Maryland home visiting sites that are not MIECHV funded completed the survey between June-September 2015. For additional information, contact Laina Gagliardi, MSPH at lgaglia1@jhu.edu

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