Indicator:	**Self-rated Mental Health Status (G1)**
Domain:	Mental Health
Sub-domain:	General Mental Distress
Demographic group:	Women aged 18-44 years.
Data resource:	Behavioral Risk Factors Surveillance System (BRFSS). http://www.cdc.gov/BRFSS/
Data availability:	Core item - available in all states annually.
Numerator:	Female respondents aged 18-44 years who reported that their mental health was not good for 14 or more days in the past month.
Denominator:	Female respondents aged 18-44 years who reported the number of days in the past month when their mental health was not good including none (excluding unknowns and refusals).
Measures of frequency:	Crude annual prevalence and 95% confidence interval, weighted using the BRFSS methodology (to compensate for unequal probabilities of selection, and adjust for non-response and telephone non-coverage).
Period of case definition:	Previous 30 days.
Significance:	Research has shown that poor mental health is a major source of distress, disability, and social burden.[1] Furthermore, poor mental health can interfere with social functioning and negatively impact physical well-being as well as the practice of health-promoting behaviors.[2]
Limitations of indicator:	Reliability of data on the number of poor mental health days is currently not known. However, the measure has been shown to be moderately valid.[3]
Related Healthy People 2010 Objective(s):	Overall goal: Improve mental health and ensure access to appropriate, quality mental health services.

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Indicator:	**Preconception Anxiety and Depression (G2)**
Domain:	Mental Health
Sub-domain:	Anxiety and Depression
Demographic group:	Women aged 18-44 years having a live birth.
Data resource:	Pregnancy Risk Assessment Monitoring System (PRAMS) http://www.cdc.gov/PRAMS
Data availability:	Core item – available in all PRAMS states annually.
Numerator:	Respondents aged 18-44 years who reported that they visited a health care worker to be checked or treated for depression or anxiety in the 12 months before they got pregnant with their new baby.
Denominator:	Respondents age 18-44 years who reported that they did or did not visit a health care worker to be checked or treated for depression or anxiety in the 12 months before they got pregnant with their new baby (excluding unknowns and refusals).
Measures of frequency:	Crude annual prevalence and 95% confidence interval, weighted using the PRAMS methodology (to compensate for unequal probabilities of selection, and adjust for non-response and mail/telephone non-coverage).
Period of case definition:	During the 12 months before the pregnancy resulting in the most recent live birth.
Significance:	Psychiatric disorders during pregnancy can lead to poor pregnancy outcomes, a higher risk of postpartum psychiatric illness, increased rates of substance abuse, lower participation in prenatal care, and adverse infant and family outcomes.[1-3] The Clinical Work Group of the Select Panel on Preconception Care recommends that providers should be vigilant and screen for psychiatric disorders among women of reproductive age, as the detection and appropriate management of these conditions can reduce the occurrence of adverse pregnancy and family outcomes.[4]
Limitations of indicator:	Data are self-reported and may be prone to misinterpretations by respondents as well as non-response bias. It is not possible to distinguish between being tested for anxiety or depression and being treated for either disorder.

Related Healthy People 2010 Objective(s):	18-9. Increase the proportion of adults with mental disorders who receive treatment. 18-9b. Increase treatment for adults aged 18 years and older with recognized depression. Target: 50%. 18-9d. Increase treatment for adults aged 18 years and older with generalized anxiety disorder. Target: 50%.

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Indicator:	**Postpartum Depressive Symptoms (G3)**
Domain:	Mental Health
Sub-domain:	Postpartum Depression
Demographic group:	Women aged 18-44 years having a live birth.
Data resource:	Pregnancy Risk Assessment Monitoring System (PRAMS) http://www.cdc.gov/prams/
Data availability:	Core item - available in all PRAMS states annually.
Numerator:	Respondents aged 18-44 years who reported that they felt down, depressed, sad, or hopeless, often or always after their most recent live birth.
Denominator:	Respondents aged 18-44 years who reported that they felt down, depressed, sad, or hopeless never, rarely, sometimes, often, or always after delivery of their most recent live birth (excluding unknowns and refusals).
Measures of frequency:	Crude annual prevalence and 95% confidence interval, weighted using the PRAMS methodology (to compensate for unequal probabilities of selection, and adjust for non-response and mail/telephone non-coverage).
Period of case definition:	After the most recent live birth.
Significance:	Depressive disorders after delivery range from "baby blues", which occur within the first several weeks after delivery, to depression of postpartum onset (postpartum depression), which is more severe, requires treatment, and can manifest up to one year after delivery.[1] Postpartum depression is estimated to affect 14-15% of mothers, and has been shown to have an adverse effect on marital relationships and mother-infant bonding, and can contribute to unfavorable parenting and infant health practices.[2-8] Depressive disorders generally have high recurrence rates, and previous depression and/or postpartum depression is predictive of depression during and after subsequent pregnancies.[9] Screening for depression has been shown to be simple and safe, and various treatments are available.[10] Identifying high risk women in the preconception period may prevent the emergence of depressive disorders during pregnancy and postpartum. Recommended screening for depression during well-baby visits in the postpartum

	period is also being considered by the American Academy of Pediatrics.[11]
Limitations of indicator:	It is not possible to distinguish preexisting depressive symptoms from those that manifested after delivery. This indicator represents self-reported depressive symptoms only and cannot be used to determine actual depression status. Various similar tools assessing self-reported depressive symptoms including feelings of being down depressed, sad, or hopeless, have been recommended for depression case-finding.[9] Sensitivity measures for these tools is generally high with moderate to high specificity measures.[12-14] The response option "slowed down" was excluded from the case definition as this experience may be common among new mothers due to lack of appropriate rest.. The measure for this indicator is a new item on the PRAMS Phase 6 questionnaire, which was implemented in 2009.
Related Healthy People 2010 Objective(s):	16-5.c. Reduction in postpartum complications, including postpartum depression.

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