

A Review of Mental Health Services Offered in Home-Visiting Programs located in Indiana and Iowa

Dhriti Patel, Lizbeth Pintor, Karishma Mehta, Sofia Soriano, BSW

University of Illinois Urbana-Champaign

Abstract

Home visiting programs provide support and essential resources to families with young children and expecting mothers. They improve child development, family well-being, and parenting skills. This study compares comprehensive home visiting programs in Indiana and Iowa. Additionally, it investigates available mental health services for the prevention and treatment of postpartum depression. This study utilized Internet searches and certain search engines to collect information by exploring websites, databases, and credible on-line resources. Additionally, organizations were contacted to access information that was not readily available on official websites.

Key findings revealed that Iowa has 245 home visiting programs, with 99% offering mental health services of which 5.3% involve social workers. In comparison, Indiana has 251 home visiting programs, with 98.8% providing mental health services, but none utilizing social workers.

Despite having a smaller population of 1.4 million, Iowa's home-visiting programs are more numerous than Indiana's. Additionally, Iowa has more social workers and comparable nurses, suggesting better support for postpartum depression in Iowa's model. This highlights the potential effectiveness of Iowa's approach in providing comprehensive support for postpartum depression.

Keywords: maternal mental health, home visiting, funding, post-partum, depression, Midwest

About the Authors:

Karishma is a junior majoring in Econometrics and Public Health. Her research interests include mental health and data analysis.

Dhriti is a sophomore studying Interdisciplinary Health Sciences and Public Health Research. Her interests include health technology and mental health.

Lizbeth is a Junior in Social Work. Her research interests include social work policy and mental health.

Sofia is a Senior majoring in Social Work. Her research interests include mental health, family dynamics, and generational trauma

A review of mental health services offered in home-visiting programs located in Indiana and Iowa

Lizabeth Pintor, Karishma Mehta, Dhriti Patel, Sofia Soriano, Dr. Karen Tabb Dina, PHD, MSW, FAASWSW, Beth Shelton, LCSW, PMH-C

Department of Social Work, School of Social Work, University of Illinois at Urbana-Champaign

INTRODUCTION

Postpartum depression is one of the most common mental health challenges affecting new mothers, with implications not only for their well-being but also for their infants and families. When left unaddressed, it can lead to further complications in early life for the infant. It can hinder parent-infant bonding, further contributing to broader health and social challenges. Despite how common and how treatable postpartum depression is, many birthing people, especially in rural and underserved areas, lack consistent access to mental health care.

Home-visiting programs (HVPs) have become critical for reaching these families. By providing services in homes through trained and certified nurses, community health workers, or social workers, HVPs offer an opportunity to examine and screen mothers for depression early on and connect families with supportive care. These programs are often funded through state and federal grants and vary across states.

This study examines the structure and delivery of maternal mental health services within HVPs in Iowa and Indiana, two Midwestern states with similar rural landscapes but potentially different approaches to addressing postpartum mental health.

Specifically, the research compares how these states include mental health services and social workers in their HVP models to identify strengths, gaps, and areas for improvement. Understanding these differences can help inform more equitable and effective strategies for supporting mothers who are at risk for postpartum depression.

AIM

The services that are provided by home visiting programs help ensure improvement to the emotional, psychological, and developmental well-being of the child and the mother. Postpartum Depression continues to be a concern, especially with new mothers, so being able to seek out services is important for their overall well-being and parenting. However, it can be difficult to find suitable services that best fit their needs. Many home visiting programs have specific aims that might not align specifically with the needs of the mothers, and some home visiting programs only provide services for specific counties throughout the state, causing limitations to accessing these services that benefit families in various ways.

This research focuses on locating home visiting programs, specifically in Indiana and Iowa, that offer postpartum mental health services to multiple counties throughout the state. By being able to provide this information, it can be easier for mothers in counties throughout Indiana and Iowa to find home visiting programs that showcase the importance of mental health support for mothers.

METHOD

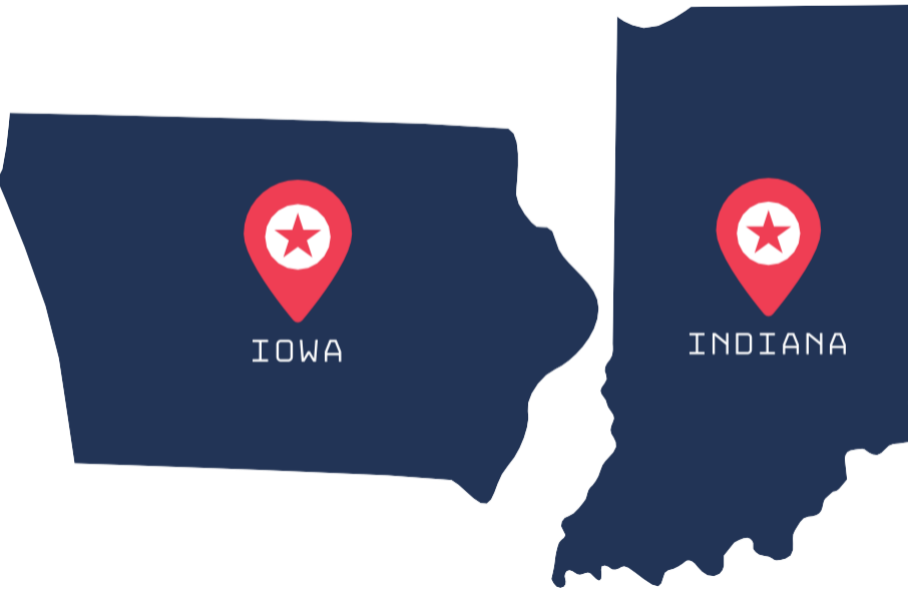
To explore and compare how postpartum mental health services are integrated into home visiting programs in Iowa and Indiana, we conducted a comprehensive landscape analysis using primary and secondary data collection methods. We aimed to assess these services' availability, structure, and staffing to understand how each state supports maternal mental health within its home visiting infrastructure.

We began by gathering quantitative data from publicly available sources, including state health department websites, national home visiting databases such as the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program portal, and state-specific program listings. These resources provided initial information about the total number of home visiting programs operating in each state and basic details regarding the inclusion of mental health services.

However, since public data often lacked detail on specific staff roles, particularly the presence of social workers, we supplemented this information by contacting individual organizations and state health departments directly. Through these communications, we verified figures, filled gaps, and ensured our findings. This aided in gathering complete and comprehensive information for many of the organizations.

We focused our analysis on three primary indicators: (1) the number of home-visiting programs currently active in each state, (2) the percentage of those programs that explicitly offer mental health services to clients, and (3) the proportion of programs that include licensed social workers as part of their staff. We also recorded each state's maternal mortality rate to provide additional context on broader health system performance and risk factors related to untreated perinatal mental health conditions.

By combining data from multiple sources and layering it with insights from implementation science, this methodology allowed for a rich, multidimensional understanding of how maternal mental health services are delivered in home visiting programs across these two states.



RESULTS

Throughout the study's data collection, the landscaping analysis found that Iowa has more home-visiting programs offering postpartum mental health services than Indiana, even though Iowa has a smaller population. The programs in Iowa were more likely to have licensed social workers on staff who worked with the home visiting program; this was more likely to occur in more rural areas of Iowa. The programs of Indiana more heavily relied on external referrals for mental health services.

Both states showed commitment to addressing postpartum depression. However, the programs in Iowa use Edinburgh Postnatal Depression Scale to screen for depression and would have counselors embedded into their programs, signifying a more extensive approach to caring for postpartum depression.

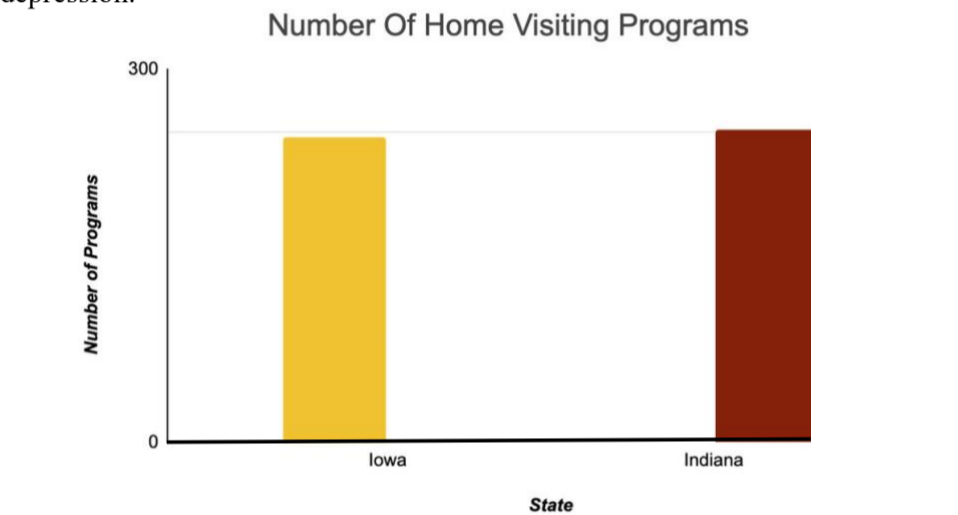


Figure 1.1: Number of Home Visiting Programs
The number of home visiting programs in both Iowa and Indiana. Iowa has 245 home visiting programs. Indiana has 251 home visiting programs.

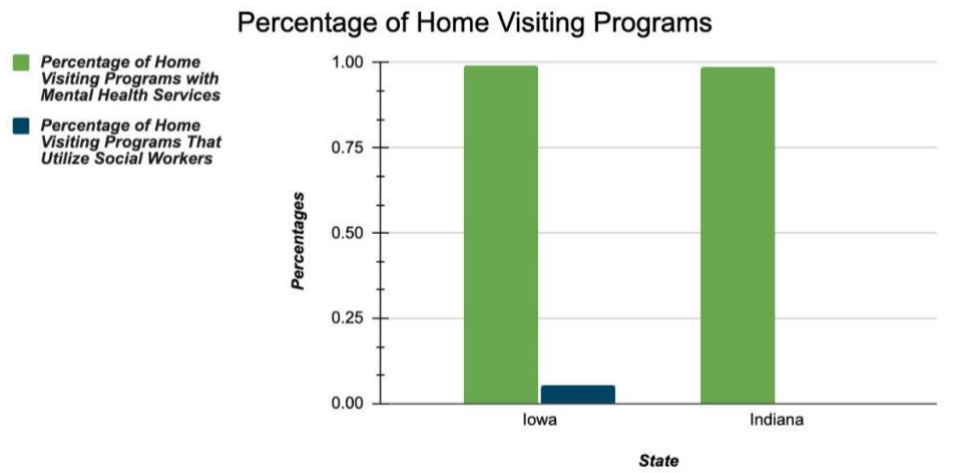


Figure 1.2: Percentage of Home Visiting Programs
The percentages of home visiting programs in both Iowa and Indiana that utilize mental health services and social workers. 99% of Home Visiting Programs have Mental Health Services and 5.3% utilize social workers in Iowa. 98.80% of Home Visiting Programs have Mental Health Services and 0% utilize social workers in Indiana.

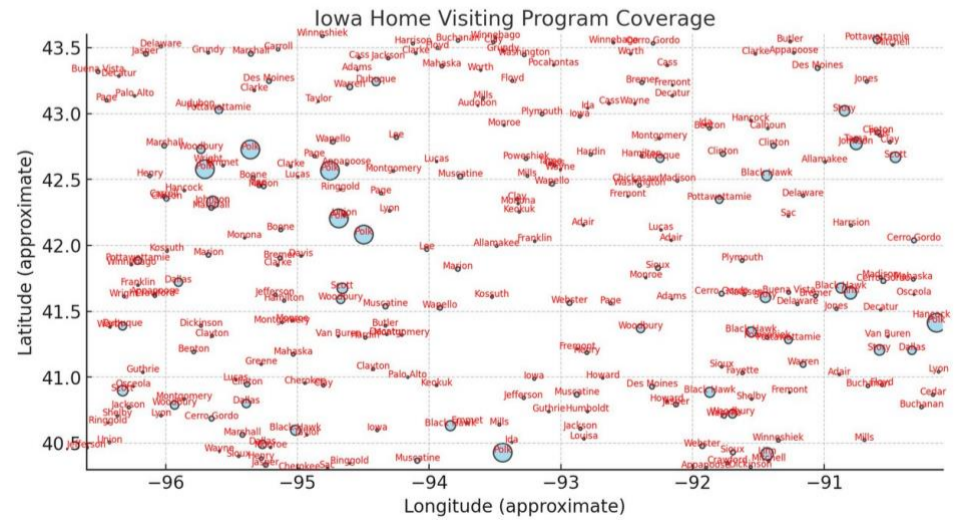


Figure 2.1: Iowa Home Visiting Program Coverage
The blue circles indicate counties with active home visiting programs, scaled by population to reflect potential services being offered. Coverage spans both rural and urban areas, highlighting Iowa's layered network of programs such as MIECHV across different counties. Larger circles suggest greater population and possibly a higher concentration or diversity of services. Counties without circles may lack documented programs, signaling potential service gaps. This map illustrates the program distribution across Iowa's population and geography.

CONCLUSION

- Home-visiting programs in Indiana and Iowa play a crucial role in addressing postpartum depression by offering early intervention and connecting families to vital mental health resources.
- Both states utilize trained staff, including nurses, social workers, and community health workers, to deliver these services effectively.
- Iowa, with a population of 1.4 million, has a greater number of home-visiting programs and more social workers compared to Indiana, reflecting differences in program structures.
- These programs collectively contribute to fostering healthier outcomes for mothers, families, and children.
- Opportunities remain for both states to expand access and address gaps, particularly in underserved and rural communities.
- Insights from this review support ongoing efforts to enhance maternal mental health care in both Indiana and Iowa.

ACKNOWLEDGEMENTS

We sincerely thank Dr. Karen Tabb Dina and Beth Shelton for their invaluable mentorship and support throughout this research. This study was supported by the National Institute of Mental Health (Grant Number: R01MH134474). Special thanks to the Iowa and Indiana Departments of Health for their cooperation and access to critical data.

Lastly, we acknowledge the hard work of all home-visiting program staff and partners. A comprehensive list of references can be accessed: <https://docs.google.com/document/d/1hh5ienVS2u-WwPJqog--uL3lBn2dxjJeczzeESolkac/edit?usp=sharing>.

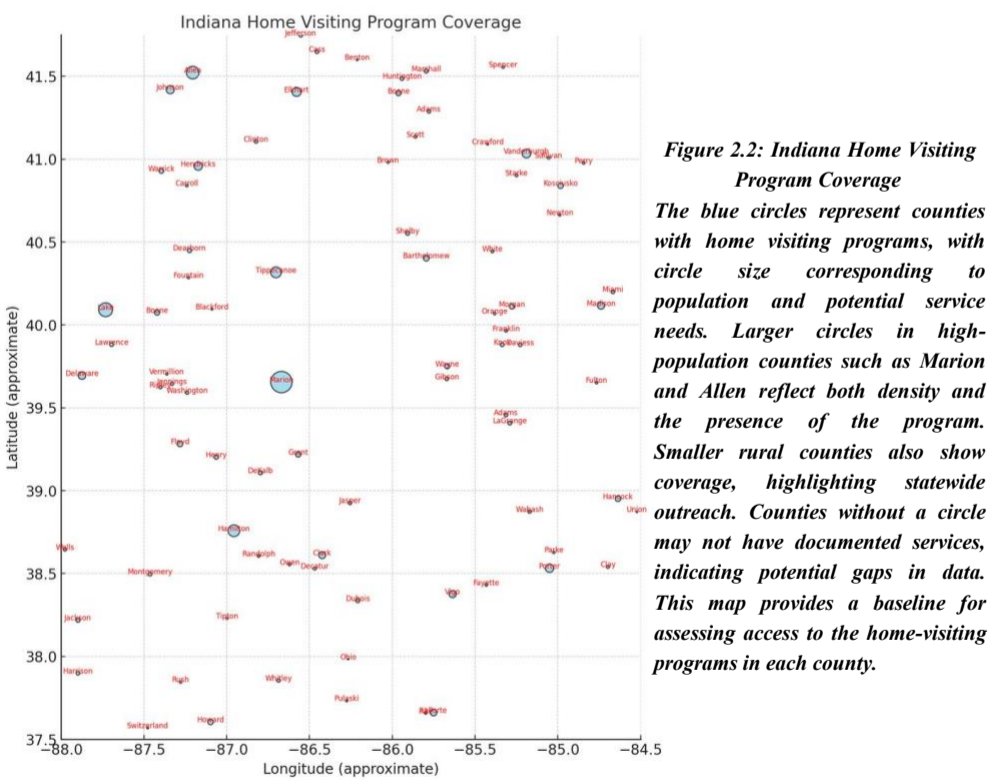


Figure 2.2: Indiana Home Visiting Program Coverage
The blue circles represent counties with home visiting programs, with circle size corresponding to population and potential service needs. Larger circles in high-population counties such as Marion and Allen reflect both density and the presence of the program. Smaller rural counties also show coverage, highlighting statewide outreach. Counties without a circle may not have documented services, indicating potential gaps in data. This map provides a baseline for assessing access to the home-visiting programs in each county.

I ILLINOIS

References

- Adobe Express. (n.d.). *Webpage presentation*.
<https://new.express.adobe.com/webpage/MoAIVLYtftCxCx>
- Alabama Health Futures Alliance. (n.d.). *Maternal health*. <https://ahfa.org/maternal-health/>
- Best Care for Better Babies & Children – Clay County Public Health. (n.d.). *Spencer Hospital*. <https://www.spencerhospital.org/our-services/specialty-services/clay-county-public-health/best-care-for-better-babies-&-children/>
- Breastfeeding and lactation services. (n.d.). *UnityPoint Health*.
<https://www.unitypoint.org/find-a-service/maternity-and-newborn-care/breastfeeding-and-lactation-services>
- Children at Home – Family Support Network. (n.d.). *Iowa Family Support Network*. <https://www.iafamilysupportnetwork.org/families/children-at-home/>
- Dickinson County Public Health & Immunizations. (n.d.). *Lakes Regional Healthcare*. <https://lakeshealth.org/services/dickinson-county-public-health-immunizations/>
- Family & Food – Fremont County. (n.d.). *Iowa State University Extension and Outreach*. <https://www.extension.iastate.edu/fremont/family-food>
- Google Drive. (2025). *Home visiting programs data spreadsheet* [Google Sheets]. <https://docs.google.com/spreadsheets/d/1-wVaX5Es4vZ0kVBGoE9WoO0TUuuNRBEY/edit?usp=sharing>
- Google Drive. (2025). *Indiana-Iowa home visiting comparison data* [Google Sheets]. <https://docs.google.com/spreadsheets/d/1Oi-NgtDJ4wmzrbGQhxq2OOoDVoTuYV5x3EW3pjfY6cA/edit?usp=sharing>
- Hamilton County Public Health Forms. (n.d.). *Hamilton County Public Health*.
<https://www.hamiltoncountypublichealth.com/forms/>
- Iowa Coalition Against Domestic Violence. (n.d.). *Homepage*.
<https://www.icadv.org/>
- Iowa Department of Health and Human Services. (n.d.). *Home visiting needs assessment* [PDF]. https://publications.iowa.gov/32102/1/home_visiting_assessment.pdf
- Iowa Department of Health and Human Services. (2024). *MIECHV Program Overview* [PDF].
<https://hhs.iowa.gov/media/7195/download?inline>
- Iowa State University Extension and Outreach - Allamakee County. (n.d.). *Mom & Baby VNA Program Brochure* [PDF].
<https://www.extension.iastate.edu/allamakee/files/documents/Mom%20Baby%20VNA%20Program%20Brochure.pdf>

[m%20 Brochure_V02.pdf](#)

Lutheran Services in Iowa. (n.d.). *Homepage*.
<https://lsiowa.org>

Mid-Iowa Community Action. (n.d.). *Homepage*.
<https://micaonline.org/>

Nurse-Family Partnership. (n.d.). *Iowa location* <https://www.nursefamilypartnership.org/locations/iowa/>

Nurse-Family Partnership. (2024). *Iowa state profile* [PDF].
https://www.nursefamilypartnership.org/wp-content/uploads/2017/07/IA_2024-State-Profile.pdf

North Iowa Community Action Organization. (n.d.). *Maternal health*. <https://nicao-online.org/maternal-health/>

O'Brien County Public Health. (n.d.). *Best Care for Better Babies & Children*.
<https://obriencountyph.com/programs-services/#:~:text=Best%20Care%20for%20Better...>

Osceola Health Services. (n.d.). *Osceola Regional Health Center*. <https://www.osceolarhc.org/facilities/osceola-health-services/>

Parents as Teachers – SCICAP. (n.d.). *South Central Iowa Community Action Program*. <https://scicap.org/parents-as-teachers/>

Parents as Teachers – Sieda. (n.d.). *Sieda Community Action*.
<https://www.sieda.org/child-development/parents-as-teachers/>

Sieda Child Development – MIECHV. (n.d.). *Sieda Community Action*. <https://www.sieda.org/child-development/miechv/>