

Better Care for Women with Maternity-Related Mental Health Needs

December 10, 2015



CALIFORNIA
HEALTHCARE
FOUNDATION

California
Improvement
Network Better Ideas
for Care Delivery

Today's Speakers



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Training Director, MMH-NOW

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MATERNAL MENTAL HEALTH NOW
supporting the well-being of growing families

California Improvement Network

Integrated Maternal Mental Health Care

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Camilo Zaks, MD – Medical Director USC/Eisner Family Medicine

Jo Bloomfield, JD – Policy Director, MMH-NOW

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What Are Perinatal Mood and Anxiety Disorders (PMADs)?

- Perinatal Period – conception to 2 years post birth
- Pregnancy or Postpartum Depression
- Anxiety, with or without depression
- Postpartum Bipolar Disorder
- PTSD
- Postpartum psychosis



How Common Are PMADs?

- 15% of pregnant & new mothers experience clinical symptoms of clinical depression*
- Depression in pregnancy is risk factor for PMADs
- Higher rates in certain ethnic minority groups – 47%**
 - African American women
 - Latina women
- Many of the patients you serve struggle with PMADs

* California Department of Public Health – Maternal and Infant Health Assessment 2012

** Los Angeles Mother and Baby (LAMB) survey, Los Angeles County Department of Public Health.

Vulnerable Populations – Higher Risk

- Teens
- Single moms
- Military women
- Low-income women
- Socially isolated women
- Recent immigrants
- Women with high-risk pregnancies/infertility problems
- NICU moms



Why Do PMADs Matter?

- Potentially affects:
 - Mother
 - Fetus
 - Infant and child
 - Attachment
 - Family and society
- If left untreated, can become chronic depression
- Multigenerational impact



The Ultimate Goal: MMHNow as an Agent of Change

- **RAISE** awareness and to improve prevention, recognition and treatment of Perinatal Mood and Anxiety Disorders
- **HELP** each woman experience a happy and healthy pregnancy and postpartum
- **HELP** each child bond with a loving, attentive mother/caregiver
- **HELP** each family enjoy a smoother transition to parenthood
- **ALIGN** efforts to support a system of care

Our Services

- Training and technical assistance
- Resources
- Policy and advocacy
- Public awareness materials and events

Integrated Care Initiative

- USC-Eisner Family Medicine Clinic
- Harbor Community Clinic
- LAC+USC New Family Care Clinic
- UCLA-Westwood Pediatrics
- Harbor-UCLA Pediatrics
- MLK Outpatient Pediatric Clinic



**NEW FAMILY
CARE TEAM**

**Integrated Medical
& Maternal Mental
Health Care**

New Family Care Team

- Collaboration between MMH-NOW and the USC-Eisner Family Medicine Clinic
- Pilot project at FQHC in downtown LA
- Eisner's perinatal patients have a depression rate of 30-40%, more than twice national average
- NFCT aims to reduce that rate and create a model that can spread

New Family Care Team: The Model

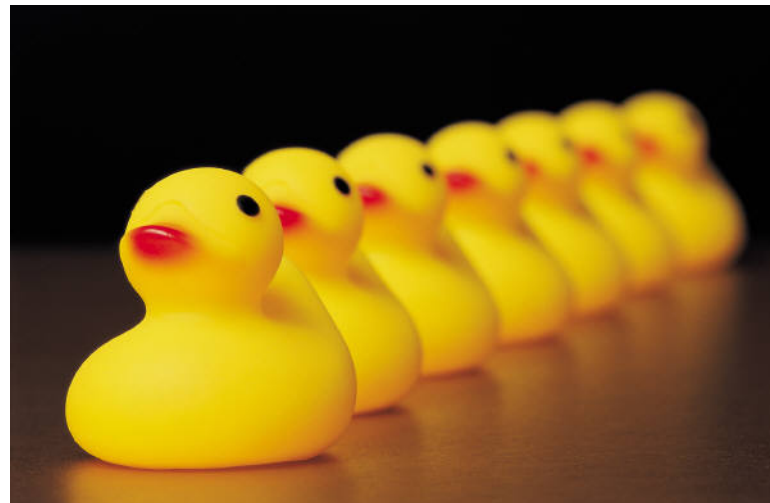
- Based on IMPACT Model:
 - Mental health care “embedded” in primary care
 - Stepped-care: services based on risk / need
 - Multidisciplinary team
 - Well-established for other illness; had never been done for PMADs
- Breaks down barriers of:
 - Stigma
 - Transportation / logistical barriers including childcare
 - Fragmented care

New Family Care Team: Project Elements

- Screening all women from first prenatal visit through first year of child's life
- Assessment of women with positive screens
- Risk stratification based on assessment
- Interventions delivered according to need / risk
 - Psychoeducation
 - Case management
 - Psychotherapy-dyadic, individual, couples in various EBTs (CBT, IPT, problem-solving, home visitation)
 - Medication consultation

NFCT

What? When? Why? Who? How?



WHAT?

Integrated maternal mental health care

- Screens (PHQ-9 and EPDS-3) – conducted by Medical Assistants, scored by MD
- Full psychiatric assessment – LCSW
- Case review – interdisciplinary team (medical director, primary care physician, psychiatric consultant, perinatal mental health consultant, case manager, social worker, interns)
- Interventions
 - Psychopharmacology
 - Case management
 - Psychotherapy
 - Referrals
 - Self-care counseling

WHEN?

- Prenatal visits
 - Screens at first visit and each trimester
 - Postpartum visit
 - Well Child visits through first year
 - Counseling sessions as needed once treatment plan in place

WHY?

- Why integrated care?
 - Increased treatment engagement
 - Reduced stigma
 - Increased communication between medical and behavioral health
 - Increased integration between maternal and child systems
 - Access to additional resources
 - Decreased expense to family and system

WHO?

Patients

- Universal screening – ALL WOMEN pregnant and postpartum (at both obstetrical and well-child visits)

Care Partners

- Medical staff – Medical assistants, RNs, MDs, OTRs, Social Work, Case Management
- Partnered/contracted consultants –
- Reproductive Psychiatry, Reproductive psychotherapy, Data collection
- Management, Clinic Medical Director, IRB administration

HOW?

- Scheduled interdisciplinary team meetings
- Case review and treatment planning
- Psychopharmacology suggestions from consulting reproductive psychiatry, monitored by medical director and resident
- Psychotherapeutic intervention suggestions from team and consultants, implemented by social worker (or intern)
- Referrals for care – case manager

Lessons Learned

- Provider gut-level assessment alone is not enough – screening is necessary
- More chronic mental health concerns in pregnant patients than originally identified (unrecognized without routine screening)
- Communication is key (top to bottom)
- Implementation lessons learned:
 - Transitioned to EMR during pilot; had to adopt new ways of tracking screenings
 - Roles of all clinic staff members essential, particularly Medical Assistants
- “The NFCT changed not only how we provided care for our perinatal patients, but for *all* of our patients clinic wide.”

WHAT CAN YOU
DO?

HOW CAN WE
HELP?

LEVELS OF MMH INTEGRATION

Level 1	Minimal Collaboration: Healthcare and mental health providers work in separate facilities and rarely communicate about individual cases.
Level 2	Basic Collaboration: Separate sites, some communication via telephone about shared patients, use each other as resources.
Level 3	Onsite First Level of Collaboration: Share facility but different systems; some face to face meetings communication more regular.
Level 4	Close Collaboration: Partially integrated system -- same site, some sharing of systems, regular face to face interactions, some coordinated treatment plans for complex patients, basic understanding of each other's roles and responsibilities.
Level 5	Close Collaboration: Fully integrated system, physical/behavioral health share systems, on same team, share same site, share overall vision, in depth understanding of each other's roles and responsibilities.

*Doherty WJ, McDaniel SH, Baird MA. Five Levels of Primary Care/Behavioral Healthcare Collaboration. Behavioral Healthcare Tomorrow. 1996;25-28.

Training and Technical Assistance

- Basic and advanced trainings for community-based providers
- Increase screening rates (universal screening)
- Increase referral rates
- Increase capacity to serve women struggling with PMADs



Going Deeper: Technical Assistance

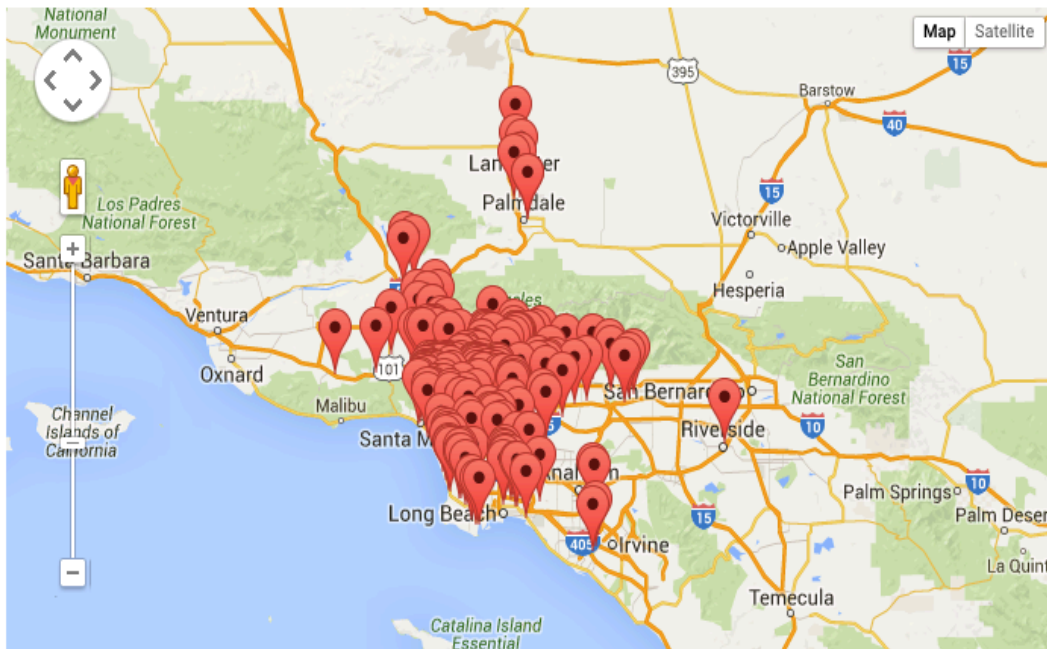
- Provide ongoing support:
 - Consultation on integration
 - Mentoring/coaching/reflective supervision
 - Review intake processes (screening tools)
 - Follow up with more in-depth training
 - Consultation on perinatal medication management
- Conferences – Trauma informed care, special considerations

LA County Maternal Mental Health Resource Directory

MATERNAL MENTAL HEALTH RESOURCE DIRECTORY Find Providers in LA County

Search by location within

Advanced Options ▾



link: <http://directory.maternal> | pdf:

Individuals and organizations listed in this directory are for informational purposes only. The Los Angeles County Perinatal Mental Health Task Force does not endorse or guarantee the quality of services of any of those individuals or organizations.

Displaying 219 providers

- AltaMed Health Services Adolescent Family Life Program** [Profile](#)
512 So. Indiana Street Los Angeles, CA 90063
323-307-0182 | [Website](#)
- Services:** Individual Psychotherapy, Home Visiting, Case Management, and Family/Dyad (parent and baby) Therapy

- AltaMed Health Services Adolescent Family Life Program - Long Beach** [Profile](#)
711 E. Wardlow Road, Suite 203 Long Beach, CA



Bringing Light to Motherhood eLearning & 2 Day Certification

Comprehensive learning opportunities to help prepare professionals for screening, referrals, and care

www.maternalmentalhealthnow.org

Bringing Light to Motherhood

Healthcare Provider Toolkit

- Reinforces and supports didactic learning from training
- Provides additional resources and reading
 - Screening tools
 - Prevention tools
 - Handouts
 - Medical provider section
 - Dads
 - Spanish language



Public Awareness

- Brochure and poster distribution of “Six Things Every New Mom and Mom to Be Should Know About Maternal Depression” in seven languages
- Annual Mother’s Day events
- Share your Stories Speaker’s Bureau and Salons
- PSA videos
- Movie screenings

Policy Briefs / White Papers

- *Access to Quality Care for Maternal Depression: Meeting the Challenge.* Policy Statement, January 2009.
- *Screening for Postpartum Depression at Well Child Visits.* Policy Statement, July 2011.
- *A Systems Change Proposal, 2014*
- *Collaborative Care, forthcoming 2016*

Questions?

Contact us:

www.maternalmentalhealthnow.org

Local resources:

www.directory.maternalmentalhealthnow.org

Recommended Readings

- Beardslee, W. (2002). *Out of the Darkened Room: When a Parent is Depressed: Protecting The Children and Strengthening the Family*. Boston: Little Brown & Co.
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- Heath, B., Wise Romero, P., & Reynolds, K. (2013). *A Standard Framework for Levels of Integrated Healthcare*. SAMSHA-HRSA Center for Integrated Health Solutions, National Council for Community Behavioral Health Care.
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- Mauer, B. (2009). *Behavioral Health/Primary Care Integration and the Person-Centered Healthcare Home*. Washington, DC: National Council for Community Behavioral Healthcare.
- Center on the Developing Child at Harvard University (2009). *Maternal Depression Can Undermine the Development of Young Children: Working Paper No. 8*.
- Stone, S. & Menken, A. (2008). *Perinatal and Postpartum Mood Disorders, Perspective and Treatment Guide for the Health Care Practitioner*. New York: Springer Publishing.
- Vericker, T., Macomber, J., & Golden, O. (2010). *Infants of Depressed Mothers Living in Poverty: Opportunities to Identify and Serve* (Brief 1, 1-8), Washington, D.C: The Urban Institute.



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