Emerging Considerations in Maternal Mental Health

California Endowment’s Center for Healthy Communities
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Innovation for Mom’s Minds & Hearts
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The Federal Affordable Care Act requires coverage for preventive treatment including postpartum depression screening at no cost to women. Yet given the need for additional research, there are no national standard screening guidelines.

**TREATMENT OPTIONS**

Treatment for MD includes psychotherapy or pharmacotherapy or a combination of both.

Formed in 2011 at the suggestion of the legislature through ACR 105 (2010), sponsored by the Junior Leagues of Ca.

The Mission of the Collaborative is to bring stakeholders together to exchange ideas and form collaborative relationships to increase and improve awareness, diagnosis and treatment of maternal mental health disorders.
The American College of Obstetricians and Gynecologists (ACOG) has been a strong advocate for recognition and treatment of maternal mental health disorders and is proud to have a member, Judy Mikacich, serve as a Liaison to the California Maternal Mental Health Collaborative (CMMHC). In a short time it's become quite clear that the CMMHC is a force to be recognized in peripartum mental health. Because of their collaborative work with many different organizations they have identified barriers and solutions and are breaking down these barriers one-by-one.

-Laurie Gregg, M.D., Chair ACOG District IX (California)
Did you know?

Women in their childbearing years account for the largest group of Americans with Depression.

Postpartum depression is the most common complication of childbirth.

There are as many new cases of mothers suffering from Maternal Depression each year as women diagnosed with breast cancer.

American Academy of Pediatrics has noted that Maternal Depression is the most under diagnosed obstetric complication in America.

Despite the Prevalence Maternal Depression goes largely undiagnosed and untreated.
Up to 80% of moms will experience the ‘baby blues’ which resolve untreated within 2 wks. 10-20% of women will experience maternal depression (MP) during pregnancy or postpartum. Anxiety often present. Psychosis is extremely rare but serious (affecting less than .2% of women).

Maternal Depression is a mood disorder with symptoms similar to the ‘blues’ that persist beyond 2 weeks. Symptoms can be mild to severe. MD is treatable.

Irritability, Significant changes in appetite, Poor concentration, Fatigue, Feeling overwhelmed, Persistent sadness, Anxiety, Insomnia or in some cases hyperinsomnia, Obsessive thoughts and fears such as thoughts of harm to the baby, Recurrent thoughts of death or suicide. Women generally also feel confusion and shame and consequently may not share their feelings.

Evidence suggests that women who experience maternal depression are more vulnerable to changing hormones levels including increase stress response. Additionally genetics, psychosocial factors and life stressors play a role. Risk factors include prior depression or family history, substance abuse problems, lack of social support or absence of community network, poor marital relationship, unwanted pregnancy, fertility challenges & financial instability. African Americans are 35% likely to suffer from MD & adolescents also face higher risk.

MD onset generally occurs within the first 6 weeks postpartum though can be diagnosed within a year. DSM V recognizes onset within 4 weeks, and added a peripartum specifier.
Screening Tools

**Edinburg (EPDS)**
Most widely used during Perinatal Period
10 Questions
Score of 10 or greater = further assessment

**PHQ-9**
Most recommended for use in primary care
9 Questions

**PHQ-2**
2 Questions

**GAD (Anxiety)**

Sleep Screens such as The Pittsburg Sleep Quality Index
Risk Factors

- History of Mood Disorders
- Substance abuse
- Maternal Depression with previous pregnancy
- Life stress
- Poor marital relationships
- Low socio-economic status
- Lack of social support or lack of community support
- Unplanned or unwanted pregnancy
- Single mother
• Rates of depressive symptoms are estimated to be as high as 35% in African American women. While estimated prevalence rates among Latina women vary, low income Latina women have uniformly high prevalence rates.

• Data from the 2004-2005 PRAMS found that in 17 states, the prevalence of women reporting postpartum depression were younger women, with lower educational attainment and those on Medicaid at time of delivery.
Prevalence in Disparate Populations

• Rates of postpartum depression are higher among low-income women
• Increased exposure to social stressors – e.g., marginal neighborhoods, violence poverty
• Women who access WIC have a higher rates
• Data on racial/ethnic disparities in prevalence are inconclusive

Kozhimannil, Psychiatric Services 2011; Institute of Medicine: Depression in Parents, Parenting, and Children; National Academies 2009)
Disparities in Care

• Overall treatment rates are low, but they are even lower in Black in Latina Women

• Compared to White women-Black and Latina women are less likely to:
  – Initiate care
  – Receive timely treatment
  – Receive follow up
Preferences for depression treatment vary by race/ethnicity

- Black and Latinas prefer psychotherapy over antidepressants.
- Asian American women are less likely to accept a psychotherapy referral as it is not culturally accepted by elders.
Implementing policies in hospitals for prevention and early detection in all populations
  - Target hospitals in underserved communities

Public Policy Monitoring
  - Monitoring the ACA and Medicaid coverage (60 days termination)

Working with stakeholder to increase awareness and access to culturally and linguistically appropriate services
Untreated Depression Can...

- Increase risk of substance abuse
- Increase risk of ER visits, psychiatric hospitalizations, suicide
- Interfere with marriage stability
- Impact a mom and partner’s ability to work (+presenteeism) or return to work from disability
- Increase for Pre-term/Low Birth Weight Babies (x4)
- Increase risk of Preeclampsia
- Increase risk of Infant Neglect & Lack of healthy infant-mother bonding
- Increased risk of Infanticide (psychosis)
- Impact the well-being of all her children
- Increase the risk of abortion or adoption
- Impact her long-term well-being and sense of worthiness
Depression Cost the U.S. $83 billion in 2000.

Women with depression have higher medical cost then men.

Long term increase in costs of medical care for children of depressed mothers.

W.H.O.: Depression is leading cause of disability in women & accounts for $30-$50 billion in lost productivity and direct medical costs in the US each year.
Screening to Tx

5-6% will be screened by OB\(^1\)
Less than \(\frac{1}{4}\) of all women receive treatment

Only 6% sustain treatment

Untreated Women

\(^1\) Cigna Study of Private Insured Patients w/ PPO coverage in California
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\textsuperscript{1} Cigna Study of Private Insured Patients w/ PPO coverage in California
44% of OBGYNs report they always or often screen, but may not use a validated tool. 2013 Cigna Medical Record Review found 5-6% screen.

Those who don’t screen indicate:
- Don’t feel qualified
- Don’t know where to refer
- Not enough time to screen/manage
- No financial incentive

Aetna study: paying for PCP depression screening outside of standard office visit rate didn’t increase screening rates.

Pediatricians raise similar concerns as OBGYNs and that mom isn’t their patient.


The USPSTF could not recommend screening because research does not show screening leads to treatment.
What’s Going on?
Family Barriers

Women & Families may not speak up, Here’s why:

• Confused as to what’s happening
• General Stigma of Mental Health
• Don’t want to appear ungrateful
• Fear of that baby will be taken away
• Don’t understand risks to baby’s health

When moms do speak up, often help isn’t available.
Vicious Cycle of Inadequate Care

- very little awareness
- screening rates too low
- shortage of treatment
The Affordable Care Act

The Federal Patient Protection and Affordable Care Act requires health plans and insurers to cover screening for postpartum depression at no cost to the patient. However most HMO plans already cover maternity office visits at $0 co-pay. Insurance plan coinsurance will be modified. However there is no requirement to pay for screening separate from the standard office visit.

The US Preventive Services Task Force

The USPSTF could not recommend mandating coverage for screening, because there is no evidence that screening improves outcomes (i.e. women may not receive treatment). However depression screening is depression screening, and standard depression screening is recommended.

The Exchanges/Marketplaces

Interest by some advocates in eventually influencing the exchanges to address insurer behaviors around maternal mental health.

The US Melanie Blocker Stokes Act

Suggests the NIMH consider additional research and that HHS provide additional grants when funding is available.
There are model treatment programs in some communities, but most will never have them.

All women deserve to be screened.

Doctors can’t do this alone + shortage.

Six Sigma quality theory suggests that removing variability (or improving consistency) in systems leads to fewer defects. There is substantial variability in our current system.
Now more than ever, focus on prevention, wellness and reduction in medical expense.

Most women deliver in hospitals (hospital as the hub)

Most women have health insurance, and even more in 2014.
The 2020 Mom Project is a grassroots movement and call to action from moms for moms addressing complex pregnancy related mood disorders in simple action steps.

— Jessica Zucker, Ph.D. Clinical Psychologist & Contributor to the Huffington Post

read more
3 Minute Youtube video:
http://www.youtube.com/watch?v=i0nk05y-h90
Hospital Recommendations v.1

• What if, hospitals modified birth class curriculum to address maternal mental health disorders: symptoms, risk factors, and more?

• What if hospitals provided info. at discharge, including any local treatment programs?

• What if hospitals worked to protect sleep during the times surrounding delivery?

• What if hospitals trained staff who interact with pregnant and new moms?
• What if insurers identified the mental health providers who have received additional training in MMH in their directories?

• What if insurers sent educational materials to patients and providers including risk factors, recommended screening tools, treatment options and who to talk to about cases?

• What if, like mammography, and more, insurers measured the rate of screening?
What if doctors hung posters in their exam rooms (with the phone number to PSI)?

What if doctors provided newly pregnant women with a palm card or brochure.

What if doctors learned what resources are available in their communities (via hospital, MMH credential in insurer directories, PSI)

What if doctors and/or staff took free PC training (Step PPD, MedEd PPD)?
How does it work?

Free Webinars for Hospital & Insurer Mgmt
Discussions in Linked In Groups
  • Hospitals
  • Health Insurers

“Sign” agreement on website
  – Noting implementation mo/year
  – Pay a one-time registration fee

Adopt updated annual recommendations or not.

After Implementation, market as 2020 Mom Adopter
We are a 2020 Mom HOSPITAL version 1.0
What's in Store?

2020 Mom Project
HOSPITALS
Recommendations

2020 Mom Project
HEALTH INSURERS
Recommendations

2020 Mom Project
DOCTORS
Recommendations

2020 Mom Project
MOMS & FAMILIES
Recommendations

2020 Mom Project
RETAILERS
Recommendations

2020 Mom Project
STATE LEGISLATORS & COUNTIES
Recommendations

We'll tackle these later.
Addressing the treatment shortage
Training for post-graduate professionals, $475
-Co-hosted with Postpartum Support International (PSI)
-2 or 3 Courses a year
-8 Classes every 2-3 weeks
-Well recognized faculty

Free 2 hour Hospital & Insurer 101 Training
Jan 15 3pm EST or Feb
April 9 3pm EST or April 30
July 9 3pm EST or July 23
September 10 3pm EST or September 24

6-8 Hour In-depth Custom Hospital Training, $995
Risk Factors

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Health Disparities

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• Citation????
Join the Movement

- Invite hospitals to free training
- Need for hospital ambassadors
- Take palm cards & recs to your OB/GYN
- Endorse at www.2020momproject.com

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