



PERINATAL MENTAL HEALTH

- Perinatal Mental Health Initiative
- Perinatal Mental Health and Substance Use Care for WA State



Perinatal Mental Health Initiative

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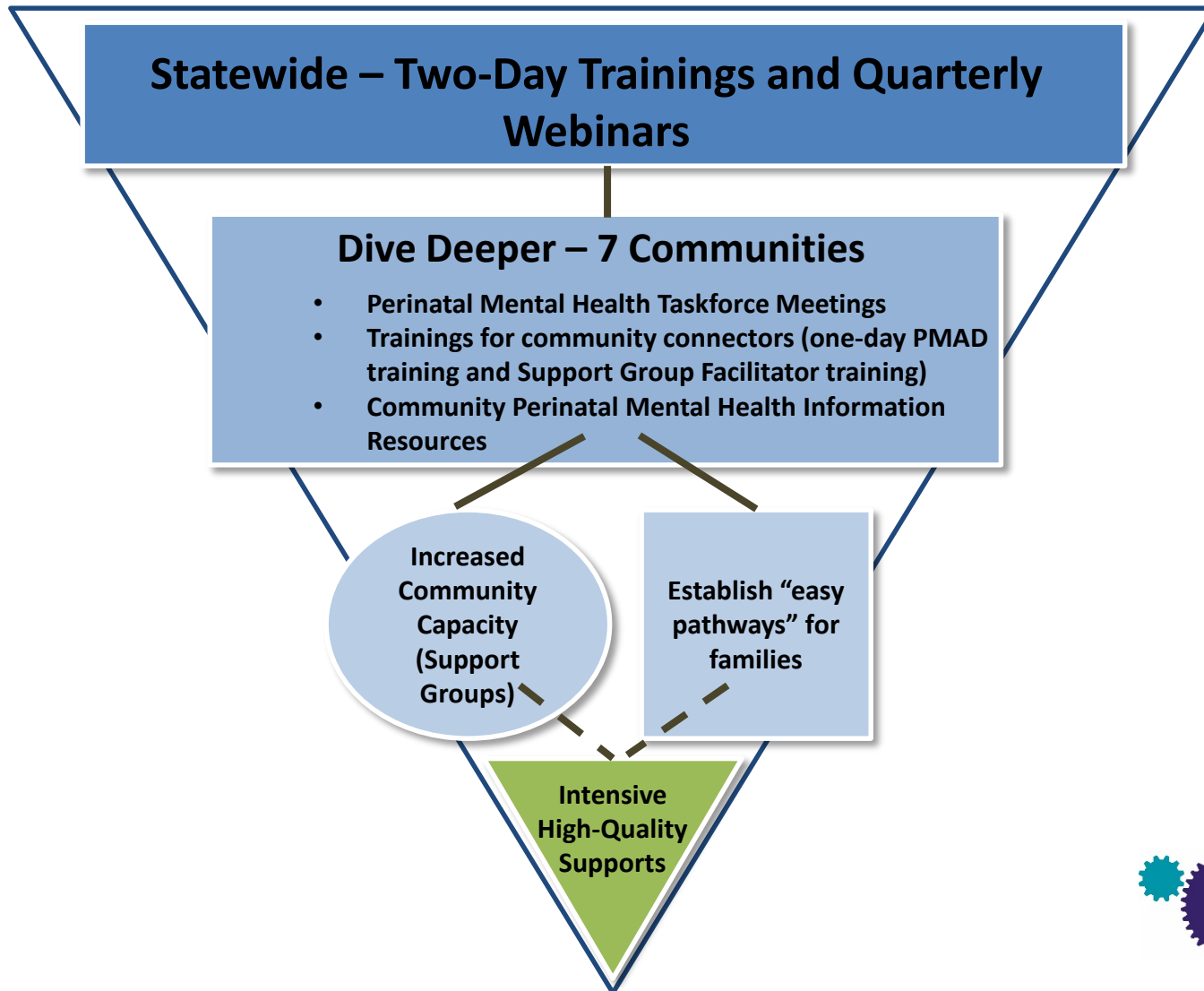
OVERVIEW OF CHALLENGE

- 1 in 5 new moms and 1 in 10 new dads will experience and perinatal mood and disorder.
- Up to 38-50% for low income, immigrant or women of color.
- Lack of resources that are accessible to new parents (mental health treatment, medication management, support groups).
- Providers across the maternal and child health field are not trained in identification, screening or treatment.

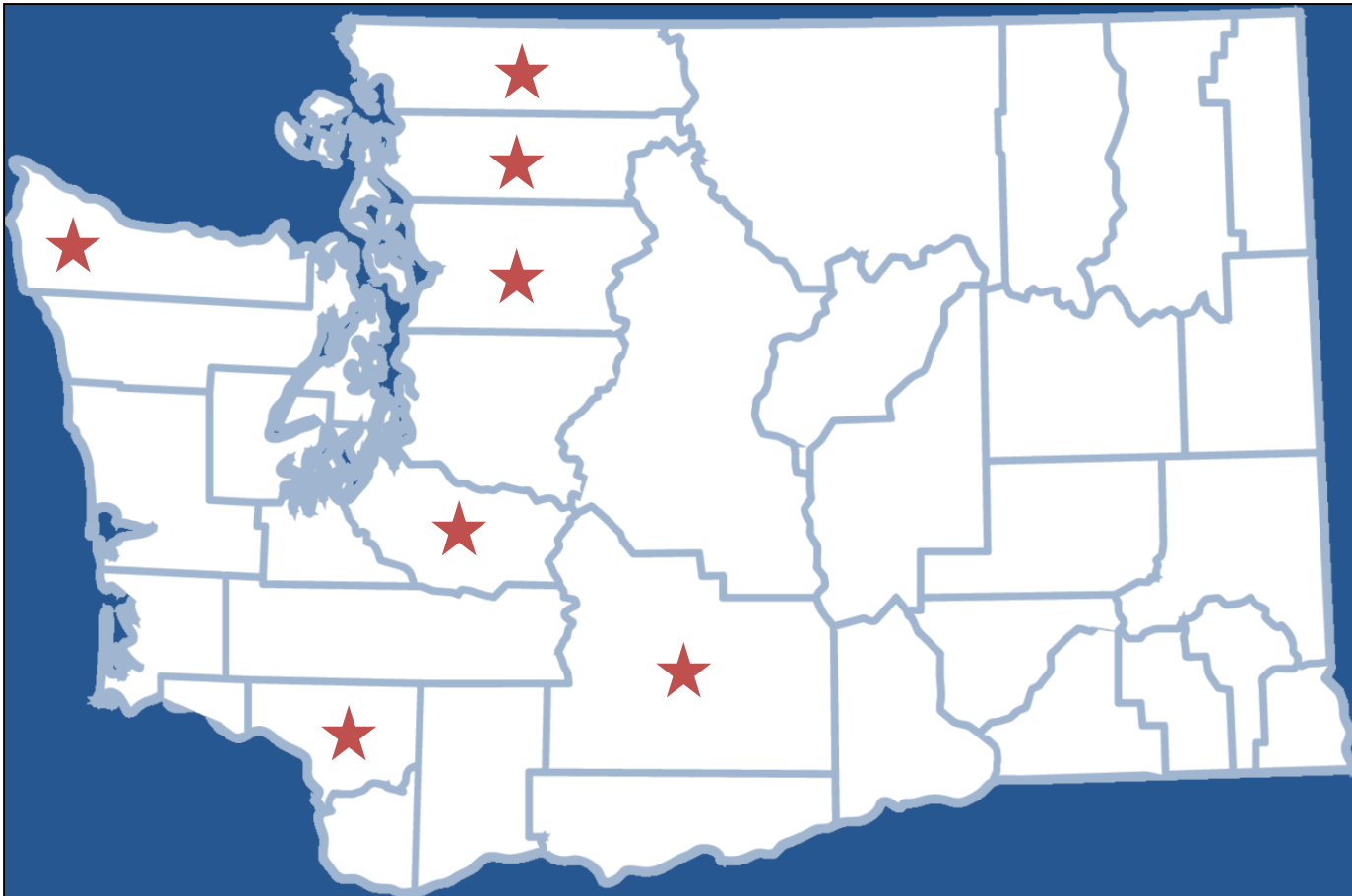
OVERVIEW OF CHALLENGE

- Community-Based Child Abuse Prevention (CBCAP)
 - Funding: CAPTA funding
 - Goal: Support community-based efforts to develop, operate, expand and enhance initiatives, programs and activities to prevent child abuse and neglect with an emphasis on strengthening families

OVERVIEW OF CHALLENGE



PROGRESS TO DATE



PROGRESS TO DATE

Each Community:

- ✓ At least four taskforce meetings
 - Including a one-day Perinatal Mental Health Training
- ✓ Train support group facilitators
 - Develop and facilitate at least one support group
- Create a Perinatal Mental Health Resource and Referral Guide

MOVING FORWARD

Preliminary Data Collection:

- Trained more than 700 providers in prevention, identification, screening and treatment options (overview).
- Trained 60 support group facilitators from 10 counties.
 - Leaders were from the following communities/programs: Indigenous (5), Latinx (16), Korean (2), Marshallese (2), Black Maternal and Child Health (6), teen parents (4), parents in recovery(3)
- Engaged broad range of maternal and child health providers – home visiting, MH, pediatrics, SUD, hospitals, OB, RNs, IECMH and more.

TAKING ACTION

Next Steps:

- Reflect on first 12 months
- Peer learning webinar – November
- Continue collecting data
- Understanding options for funding sustainability

VISION



HOW YOU CAN GET INVOLVED

- Contact Mia or Courtney for more information
- Opportunities to attend two-day trainings
- Join community taskforce



Improving Perinatal Behavioral Health in Washington State

Amritha Bhat, MD, MPH

Veronika Zantop, MD

PERINATAL BEHAVIORAL HEALTH IN WA

- Kendra is eligible for home visits from a public health nurse as she is a first time mom with Medicaid coverage. She is screened for depression at intake into the program and monitored by her nurse who also provides behavioral activation. Her symptoms worsen postpartum and she receives an in home telepsychiatric assessment and treatment.
- Sadya lives in rural WA. She develops intrusive thoughts of harming her 6 week old infant. Her Ob receives telephone consultation from a psychiatrist and is able to treat her Obsessive Compulsive Disorder to remission. Sadya also joins a remote peer support group and connects weekly with new moms across the state.
- Isabella's baby is 1 month old. She works two jobs and has no social support. She misses her 6 week postpartum check, but her baby's pediatrician screens her for depression, and connects her to a perinatal collaborative care program. At her baby's well child visits she receives brief behavioral interventions from a care manager in consultation with a perinatal psychiatrist.
- Edward has experienced irritability and insomnia since their daughter was born – at their partner's 6 week postpartum check, they get evaluated and connected with appropriate resources.

PROGRESS TO DATE (UW)

What has been done so far to address the challenge?

- PAL for moms
- Perinatal Collaborative Care
- MAP
- Workshops and trainings which complement those of PS-WA
- MAP ECHO

PROGRESS TO DATE (SWEDISH)

Center for Perinatal Bonding and Support



OUTPATIENT THERAPY



REPRODUCTIVE PSYCHIATRY



DAY PROGRAM

RESULTS

| Screen | Admission | Graduation | Measure |
|-------------------------------|-----------|------------|---|
| EPDS (Perinatal Depression) | 18.95 | 10 | 10+ concern for depression |
| GAD-7 (Generalized Anxiety) | 15 | 7.92 | 10+ concern for anxiety |
| BIMF (Mother-Baby Attachment) | 63.59 | 88.21 | Higher number (out of 120) = higher bonding |

FUTURE DIRECTIONS

Access

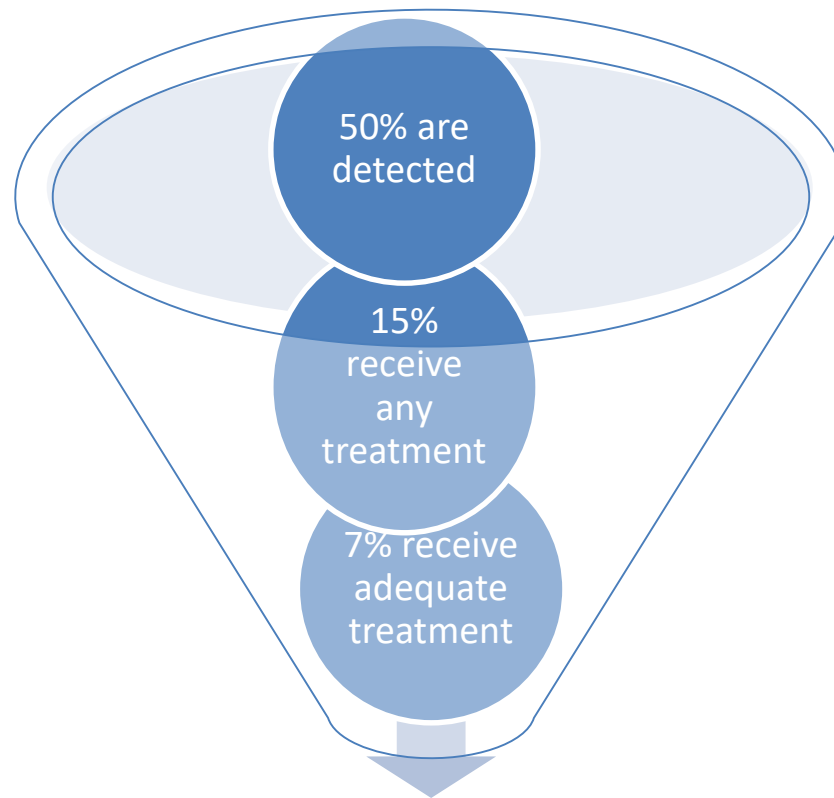
- Grants and foundation support
 - Parking
 - Childcare
 - Lodging
- Contracting with Medicaid Managed Care Companies?

Clinical

- Increased family involvement
- Evaluation and longer-term follow-up
- Peer support from past Day Program graduates
- More robust community referrals and connections

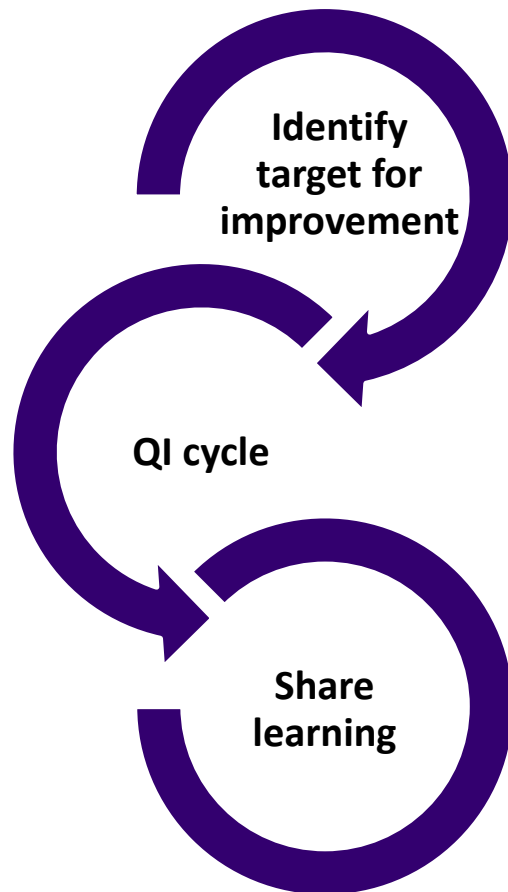
OVERVIEW OF CHALLENGE

Perinatal mood and anxiety disorders (PMADs) affect up to **1 in 7** pregnant and postpartum women



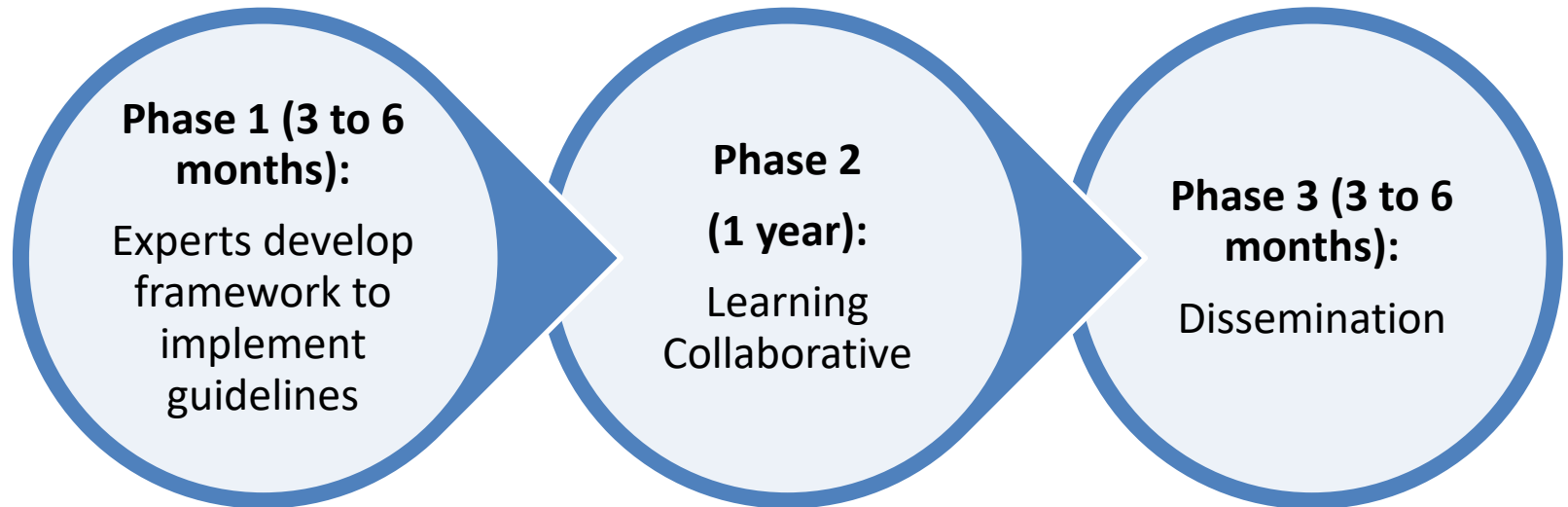
4% are treated to remission

MOVING FORWARD – STATEWIDE LEARNING COLLABORATIVE



- Start with evidence-based guidelines
- Teams with separate focus areas
- Ongoing shared learning
- Dissemination

TAKING ACTION



Phase 1 (3 to 6 months):

Experts develop framework to implement guidelines

Phase 2
(1 year):
Learning Collaborative

Phase 3 (3 to 6 months):
Dissemination

Subject matter experts
Application experts
Advisory board

Participants
Example projects:
- Improving screening rates
- Integrating perinatal substance use treatments

Support dissemination

OUR TEAM & THANKS TO OUR FUNDERS!



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Graduate Student
Assistant

Thank you to our funders!

Perigee Fund

Washington State Health Care Authority

UW ALACRITY Center

Anonymous donors



HOW YOU CAN GET INVOLVED

- ✓ Participate in quality improvement projects
- ✓ Add organization's name to the list of supporters
- ✓ Help get the word out about the perinatal psychiatry consult line
- ✓ Host and/or attend one of our perinatal mental health workshop or trainings
- ✓ Join our community advisory board
- ✓ Volunteer website design/communication skills



PERINATAL MENTAL HEALTH PANEL

- Sue Birch, MBA, BSN, RN, Director of WA Health Care Authority
- Becca Graves, Executive Director, Perigee Fund
- Arpan Waghray, Chief Medical Officer, Well Being Trust