Addressing Maternal Mental Health from a Public Health Perspective:
Practical Tips and Community Resources

October 30, 2019

Avril Albaugh, Project Director
MacKenzie Phillips, Program Coordinator
No relevant financial disclosures or conflicts of interest.
LEARNING GOALS AND OBJECTIVES

1. Learn about the tools developed by the Cleveland Regional Perinatal Network (CRPN) to increase identification and referral for maternal depression.

2. Become familiar with the CRPN’s network of community mental health services in Cuyahoga County.

3. Learn about the CRPN data tracking system.
• CRPN has been addressing Maternal-Child Health issues since 1975 across Region 5
• Effective 2005, the CRPN has been working within Cuyahoga County to address under-identification and treatment of depressed pregnant and postpartum women
• CRPN project incorporated into ODH/CFHS RFP (2011 – 2017) as a model of evidence-based practice and duplicated in other Ohio counties
• Supported entirely through grant funds
• University Hospitals Cleveland Medical Center – fiscal agent and provides in kind support, office space
IDENTIFYING THE PROBLEM IN CUYAHOGA COUNTY - 2002

- **Reluctance** to screen
- **Inconsistent** screening
- **Knowledge** of resources
- **Lack** of perinatal mental health services
- **Poor** referral mechanism
- **Wait time** for appointment between 2-3 months
- **Follow up** non existent
- **Lack** of integration between systems
- **Stigma** unique to perinatal population
This is more than a Cuyahoga County issue. This is a major public health challenge.

Untreated Depression Prenatally

- Missed Prenatal Appointments
  - Inability to diagnose complicated health conditions (gestational diabetes, hypertension, SUD)
  - Maternal Mortality
  - Poor Maternal Child Attachment
  - Missed Opportunity for Depression Treatment

- Premature Delivery
  - Low Birth Weight Baby
  - Infant Mortality
  - Family at Increased Risk of Homelessness
  - Poor Medical, Educational, and Mental Health Outcomes for the Child

- NICU Stay
  - Financial Stress on Family
  - Job Loss, Homelessness
  - Increased risk of chronic health conditions in adulthood

- Increased risk of obesity in adulthood
  - Substance Use Disorders
  - Intellectual and Developmental Disabilities
  - Early Childhood Mental Health

- Increased risk of chronic health conditions in adulthood
  - Financial burden on healthcare system
This is more than a Cuyahoga County issue. This is a major public health challenge.
ADDRESSING THE PROBLEM

• **Provide** training and technical assistance
• **Convene** a dedicated coalition for collaboration and coordination (Cuyahoga County Perinatal Depression Task Force)
• **Develop** materials to raise awareness
• **Create** network of perinatal mental health agencies and review annually
• **Maintain** data tracking system
• **Provide** care coordination to referring providers
• **Serve** as conduit between community agencies and healthcare institutions
Addressing the Problem

1. Provide training and technical assistance
   - Free on-site training to healthcare and community providers to identify and refer for maternal depression since 2005

2018 Trainings & Education
N=382

- Cleveland Clinic
- Senders Pediatric Practice
- Moms and Babies First
- WIC
- Recovery Resources
- CCBH
- CCF Behavioral Health Team
- BB / EI
- VNA
- CWRU- The 4th Trimester
- Nurse Family Partnerships
- CCDFS / ECMH
- Providence House
- Educational Forum
Training the major hospital systems to implement universal screening and referral protocol resulted in massive uptick in identification of women experiencing possible perinatal depression.

Development of agency specific carepaths
Depression Screening
EPDS to be completed by the frontline provider
Prenatal (24-26 weeks)
Postpartum (after 4 weeks)
Anytime there is a concern
Copy of EPDS kept in client record

Screening Results

Score of 11 or less
Provide Maternal Depression tear off sheet.
Re-screen at later point if necessary.

Score of 12 or more
• Discuss need for further assessment and referral
• Document interventions in patient’s record

Intervention
Discuss responses with client and need to assess her safety
Coordinate on site psychiatric evaluation
Contact FrontLine Services at (216) 623-6888 for crises phone evaluation
Document safety plan in client record

Community Mental Health Referral
Complete Maternal Behavioral Health Referral Form and fax/email to appropriate Mental Health Agency.
Client must sign consent to release and share.
Notify mental health provider via telephone about referral.
Copy of referral form kept in record.
Guide for Moms and Maternal Depression Resource card provided.

Client Self-Referral
Offer referral options
Guide for Moms Maternal Depression Resource Card

On-Site Referrals
Social Work Mental Health

Homicidal Risk is checked yes or EPDS Question 10 has response:
1. Hardly Ever
2. Sometimes
3. Yes, quite often

Client Refuses Screen
Document refusal in record
Attempt to re-screen next visit

Client Refusal
If client refuses social work or mental health referral, document in record.
Review differences between baby blues and perinatal depression.
Address issue at next visit

Score of 11 or less
Provide Maternal Depression tear off sheet.
Re-screen at later point if necessary.

Score of 12 or more
• Discuss need for further assessment and referral
• Document interventions in patient’s record

Intervention
Discuss responses with client and need to assess her safety
Coordinate on site psychiatric evaluation
Contact FrontLine Services at (216) 623-6888 for crises phone evaluation
Document safety plan in client record

Community Mental Health Referral
Complete Maternal Behavioral Health Referral Form and fax/email to appropriate Mental Health Agency.
Client must sign consent to release and share.
Notify mental health provider via telephone about referral.
Copy of referral form kept in record.
Guide for Moms and Maternal Depression Resource card provided.

Client Self-Referral
Offer referral options
Guide for Moms Maternal Depression Resource Card

On-Site Referrals
Social Work Mental Health

Homicidal Risk is checked yes or EPDS Question 10 has response:
1. Hardly Ever
2. Sometimes
3. Yes, quite often

Client Refuses Screen
Document refusal in record
Attempt to re-screen next visit

Client Refusal
If client refuses social work or mental health referral, document in record.
Review differences between baby blues and perinatal depression.
Address issue at next visit

Score of 11 or less
Provide Maternal Depression tear off sheet.
Re-screen at later point if necessary.

Score of 12 or more
• Discuss need for further assessment and referral
• Document interventions in patient’s record

Intervention
Discuss responses with client and need to assess her safety
Coordinate on site psychiatric evaluation
Contact FrontLine Services at (216) 623-6888 for crises phone evaluation
Document safety plan in client record

Community Mental Health Referral
Complete Maternal Behavioral Health Referral Form and fax/email to appropriate Mental Health Agency.
Client must sign consent to release and share.
Notify mental health provider via telephone about referral.
Copy of referral form kept in record.
Guide for Moms and Maternal Depression Resource card provided.

Client Self-Referral
Offer referral options
Guide for Moms Maternal Depression Resource Card

On-Site Referrals
Social Work Mental Health

Homicidal Risk is checked yes or EPDS Question 10 has response:
1. Hardly Ever
2. Sometimes
3. Yes, quite often

Client Refuses Screen
Document refusal in record
Attempt to re-screen next visit

Client Refusal
If client refuses social work or mental health referral, document in record.
Review differences between baby blues and perinatal depression.
Address issue at next visit

Score of 11 or less
Provide Maternal Depression tear off sheet.
Re-screen at later point if necessary.

Score of 12 or more
• Discuss need for further assessment and referral
• Document interventions in patient’s record

Intervention
Discuss responses with client and need to assess her safety
Coordinate on site psychiatric evaluation
Contact FrontLine Services at (216) 623-6888 for crises phone evaluation
Document safety plan in client record

Community Mental Health Referral
Complete Maternal Behavioral Health Referral Form and fax/email to appropriate Mental Health Agency.
Client must sign consent to release and share.
Notify mental health provider via telephone about referral.
Copy of referral form kept in record.
Guide for Moms and Maternal Depression Resource card provided.

Client Self-Referral
Offer referral options
Guide for Moms Maternal Depression Resource Card

On-Site Referrals
Social Work Mental Health

Homicidal Risk is checked yes or EPDS Question 10 has response:
1. Hardly Ever
2. Sometimes
3. Yes, quite often
2018 Referral Sources
N=1,268

Trained Agencies with Protocol
- Social Service Agency
- Healthcare Institutions
- Home Visiting Programs
- Medicaid HMOs
Streamlined approach to making referrals can be contributed to the development of the Maternal Behavioral Health Referral Form.
Referring Provider identifies ‘at risk’ woman and has conversation with her about making a referral for services.

Referring Provider fills out referral form, obtains signature from mother, and faxes to one of the perinatal mental health agencies.

Mental health agency receives faxed Maternal Behavioral Health Referral Form which flags client as a maternal depression referral.

Perinatal Mental Health Agencies: purports expertise in perinatal depression and community resources, willing to follow guidelines for outreach and feedback.

Mental health agency begins attempting contact with client (attempts include contact via phone and by mail)

Agency connects with mother: schedules intake appointment

Agency connects with mother: schedules intake appointment

If unable to reach client, client declines, or doesn’t attend appointment, case is closed and feedback is provided to referral source.

Mental health agency begins attempting contact with client (attempts include contact via phone and by mail)

Mental health agency begins attempting contact with client (attempts include contact via phone and by mail)

Guidelines for Outreach-
• Phone contact within 72 hours
• Mental health assessment within 1-2 weeks (priority to suicide risk)
• Psychiatry appointment within 3 weeks

Mother attends intake appointment- feedback regarding the outcome is provided to referring provider

Additional consent required regarding clients treatment progress

Screening and Referral Flowchart
Addressing the Problem

2. Convene a dedicated coalition for collaboration and coordination (Cuyahoga County Perinatal Depression Task Force)

- Developed in 2005
- Meets quarterly
- Comprised of stakeholders from all major healthcare institutions, home visiting programs, HMOs, community mental health agencies, social service agencies, and local ADAMHS board.
- Purpose: address gaps and barriers with identification and current referral and intake system
- Goal of overcoming barriers as a collaborative group
Addressing the Problem

3. Develop materials to raise awareness

- Maternal Depression Poster
- Maternal Depression Resource Card
- Guide For Moms
- Child-Adolescent Resource Card
- Child-Adolescent Tablet
Addressing the Problem

4. Create network of perinatal mental health agencies and review annually
2019 Annual survey administered to referring providers via Survey Monkey. Results reviewed at site visits.

I can connect a client to a perinatal mental health professional by using the CRPN Maternal Behavioral Health Referral Form. (N=86)

I am confident in the CRPN mental health agencies ability to meet the needs of my clients.

The Maternal Behavioral Health Referral Form is easy to understand and simple to use.

Please identify your discipline.

- Doctor
- Nurse
- Social Worker
- Counselor
- Home Visitor / Community Health Worker
- Other (Please Specify)
Addressing the Problem

5. Maintain data tracking system

Total Referrals 2010-2018
N= 7,557

560% change 2010 - 2018
2012-2018 Total Intakes
N=3,002

2012: 361
2013: 387
2014: 421
2015: 451
2016: 484
2017: 444
2018: 454
Addressing the Problem

6. Provide care coordination to referring providers

2017- Projected 2019 Care Coordination
N= 5,740

2017: 1372
2018: 1824
2019 Projected: 2544
85%
Addressing the Problem

7. Serve as conduit between community agencies and healthcare institutions

- Statewide Pregnancy Associated Mortality Review committee
  - On the individual level, maternal mental health was an associated risk factor for approximately 1/3 of maternal deaths between 2008-2012 in the state of Ohio.

- Cuyahoga County Fetal Infant Mortality Review committee
  - Maternal history of mental health problems was an associated risk factor for approximately 1/3 of prematurity related infant deaths in 2017.

- Ohio Equity Institute for Equity in Birth Outcomes
  - Focus on training Community Health Workers and Home Visitors leading the downstream focus to screen and refer for maternal depression.

- Participation on other committees including Cuyahoga County Suicide Prevention Coalition, Youth Risk Behavior Survey Advisory Committee, MomsFirst Advisory Council, First Year Cleveland Community Action Council, the Healthy Fathering Collaborative, and the ADAMHS Board Early Childhood Mental Health Providers Committee.
Infant Mortality by Zip Code
Cuyahoga County
2015 - 2017
N=402

Count
0 - 1
2 - 3
4 - 5
6 - 7
8 - 10
11 - 13
14 - 15
16 - 17
18 - 21
22 - 27

Maternal Depression Referrals by Residence Zip Code

Cuyahoga County
March - August 2019
N=684

Referral Count
- 0 - 1
- 2 - 3
- 4 - 6
- 7 - 9
- 10 - 14
- 15 - 18
- 19 - 24
- 25 - 30
- 31 - 44
- 45 - 65
Relationship Between Frequency of Infant Mortality vs Frequency of Depression Referrals by Zip Code

Cuyahoga County

**Frequency**
- 0 - 1
- 2 - 3
- 4 - 5
- 6 - 7
- 8 - 10
- 11 - 13
- 14 - 15
- 16 - 17
- 18 - 21
- 22 - 27

**Referrals**
- 0 - 3
- 4 - 11
- 12 - 21
- 22 - 44
- 45 - 65

2018 NETWORK SUCCESS

CRPN - Cleveland Regional Perinatal Network

- Training & Education was given to 382 providers on identifying, screening, and referring for maternal depression.
- Mothers were identified at risk in 35 different zip codes.
- 454 referrals out of 1,268 resulted in mental health care.
  - Initiated: 355 (80%)
  - Withdrawn: 94 (20%)
- 68% of referrals originated from MetroHealth, University Hospitals, or Cleveland Clinic.
- Home visiting programs accounted for 12% of referrals.

The CRPN provided care coordination on 1,824 referrals in 2018— an increase of 33% compared to 2017.

2018 TOTAL REFERRALS N= 1,268

- Q1: 274
- Q2: 313
- Q3: 332
- Q4: 349

17,208 screenings were completed in Cuyahoga County to identify mother's at risk for depression.
Current & Future Initiatives

- Focus efforts on addressing racial disparities in our system, particularly around treatment initiation rates, by gathering baseline data on race and ethnicity.
- Utilize GIS mapping software to explore relationships between high risk maternal depression zip codes and infant mortality.
- Develop higher level training (2.0) to focus on the interaction between the referring provider and client to improve intake rates.
- Collaborative initiative with Ohio Department of Mental Health & Addiction Services to provide statewide maternal depression trainings SFY20-21 and develop regional infrastructure to establish a network of perinatal mental health providers.
- CRPN Expansion
  - Collaborate with perinatal mental health partner who provides Medication-Assisted Treatment (MAT) for opiate addicted perinatal population.
  - Develop and pilot CRPN model to streamline referrals and provide care coordination for women in need of MAT program.
Questions?
Contact Information

Avril S Albaugh, MSSA
Project Director, Cleveland Regional Perinatal Network
University Hospitals Cleveland Medical Center
Adjunct Assistant Professor of Psychiatry
Case Western Reserve University School of Medicine
216 844-3391
Avril.Albaugh@uhhospitals.org

MacKenzie Phillips, MPH
Program Coordinator, Cleveland Regional Perinatal Network
University Hospitals Cleveland Medical Center
216 844-3392
MacKenzie.Phillips@uhhospitals.org

Cleveland Regional Perinatal Network
WO Walker Building
10524 Euclid Avenue, Suite 3000
Cleveland, Ohio, 44106
Website: www.crpn.net
Sources

https://www.health.harvard.edu/womens-health/depression-during-pregnancy-and-after


https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4327901/

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4151913/

https://www.addictioncenter.com/addiction/postpartum-depression-addiction/


Ohio Pregnancy Associated Mortality Review

Cuyahoga County Board of Health