Lifeline4Moms

Promoting the Health of Parents & Children

ADDRESSING PERINATAL MENTAL HEALTH BY BUILDING MEDICAL PROVIDER CAPACITY THROUGH PERINATAL PSYCHIATRY ACCESS PROGRAMS

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SUMMARY

Mental health conditions are the most common obstetric complications of the perinatal period, impacting 1 in 5 individuals during pregnancy and the year following pregnancy.

Perinatal mental health (PMH) conditions have deleterious effects on the health of perinatal individuals and their children, and are a leading and preventable cause of maternal mortality. Nevertheless, PMH conditions are under-recognized, underdiagnosed, and undertreated.

To address these gaps, Massachusetts created the Massachusetts Child Psychiatry Access Program (MCPAP) for Moms to build the capacity of frontline medical providers to address PMH conditions by providing education, consultation, and resources and referrals. MCPAP for Moms has emerged as a successful and scalable model with at least 25 states or organizations implementing or developing similar Perinatal Psychiatry Access Programs.

Perinatal Mental Health During the COVID-19 Pandemic

The COVID-19 pandemic has created unprecedented stress and anxiety for perinatal individuals who worry about how the pandemic will impact them, their pregnancies, and their newborn infants; whether they can be accompanied by a support person during labor and delivery; if they will be separated from their baby following birth; and how social distancing will impact the support and help they can receive at home.

While it has always been difficult for perinatal individuals experiencing PMH conditions to access appropriate mental healthcare, the current situation—with an increase in the range and intensity of mental health issues faced by new parents and parents-to-be, coupled with increased pressure on the healthcare system—has made it even more challenging. Moreover, individuals of color and individuals experiencing poverty are disproportionately impacted by both PMH conditions and the pandemic.

TERMINOLOGY

perinatal: during pregnancy and the year following pregnancy

perinatal mental health (PMH) conditions: mental health conditions that affect individuals during pregnancy and the first year following pregnancy

perinatal individuals: women and other individuals who are pregnant or who have been pregnant within the last 12 months (recognizing that some perinatal individuals do not identify as women)

1/5

perinatal individuals will experience a PMH condition[1-3]

75%

of those who experience PMH symptoms go untreated[9]

Annual cost of not treating PMH conditions

is $32,000 per mother-infant pair (totalling $14 billion nationally)[8,15]

PERINATAL MENTAL HEALTH CONDITIONS

Mental health conditions (e.g., mood, anxiety, trauma-related, and substance use disorders) are the most common obstetric complications of the perinatal period. PMH conditions are caused by a complex combination of changes in biology, psychology, and environment. PMH conditions are a leading and preventable cause of maternal mortality,[7] which continues to rise in the United States. Maternal mortality cannot be addressed without also addressing perinatal mental health.

Despite negative consequences and the availability of evidence-based treatments, most individuals experiencing PMH conditions do not get treatment.[9] Those with a history of adverse childhood experiences (ACEs) (e.g., child abuse or neglect, childhood exposure to intimate partner violence) and exposure to chronic stressors such as poverty, racism, or discrimination are more likely to develop a mental health condition, yet are less likely to be screened or adequately treated, exacerbating health inequities.[10] Individuals who have been marginalized face significant barriers and challenges to accessing healthcare due to systemic racism, discrimination, internal and external stigma, and other socio-cultural factors. Interventions to ensure that all individuals receive equitable and effective mental healthcare across all medical settings are urgently needed.

CONSEQUENCES OF UNTREATED PMH CONDITIONS

Untreated PMH conditions can have a negative and long-term impact on parent, baby, and entire family.

PARENT

Individuals with untreated PMH conditions are more likely to:[4-6, 8]

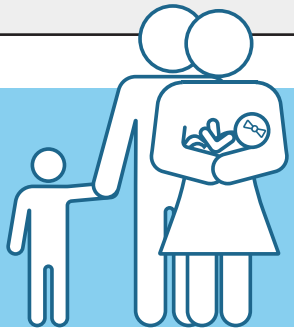
- Struggle to manage their own health
- Have poor nutrition
- Use substances such as alcohol, tobacco, drugs
- Experience physical, emotional, or sexual abuse
- Be less responsive to baby's cues
- Have fewer positive interactions with baby
- Experience breastfeeding challenges
- Question their competence as parents

CHILD

Children born to individuals with untreated PMH conditions are at higher risk for:[4-6]

- Preterm birth
- Low birth weight or small head size
- Longer stay in the NICU
- Excessive crying
- Impaired parent-child interactions
- Behavioral, cognitive, or emotional delays

Untreated mental health conditions of caregivers can be an adverse childhood experience (ACE) which, if unaddressed, can impact the child's long-term health.[10]



Parents who are depressed or anxious are more likely to:[16, 17]

- Make more trips to the emergency department or doctor's office
- Find it particularly challenging to manage their child's chronic health conditions
- Not follow guidance for safe infant sleep and car seat usage

IDENTIFYING AND TREATING PERINATAL MENTAL HEALTH CONDITIONS

The perinatal period is a unique and discrete opportunity for detecting and treating PMH conditions. Perinatal individuals interact with a healthcare provider 20-25 times during routine prenatal/postpartum care, and well-child visits for the infant until one year of life. Frontline providers can play a critical role in addressing PMH conditions by educating perinatal individuals and families about these illnesses and screening for them routinely. In the perinatal period, obstetric and pediatric providers are the primary care providers to perinatal individuals and their children, and perinatal individuals want these providers to address their mental health needs.[11]

Frontline providers for perinatal individuals are medical practitioners providing obstetric, pediatric, primary, or psychiatric care, including doctors and advanced care providers such as midwives, nurse practitioners, and physician assistants.

Recognizing the critical importance of mental health, major professional societies and governmental organizations have changed expected care standards accordingly.[1,12,13] A growing network of professional organizations have put forth clear recommendations that screening must be done in the context of systems ensuring that individuals who screen at risk for PMH conditions are assessed and referred for treatment, or are treated, until illness remission. Both obstetric and pediatric care need to include educating and screening for PMH conditions, along with systematic approaches to ensure that frontline providers have the training and capacity to address PMH conditions, including access to mental health resources and referrals.[14]

Clinical care currently lags behind recommendations due to challenges with:

EDUCATION
Many frontline providers are unprepared to address PMH conditions, citing lack of education and training.

WORKFLOW
Frontline providers often lack necessary workflows and processes, including how and when to screen perinatal individuals and where to refer them for assistance.

GUIDELINES
Only recently have clear and consistent guidelines emerged that recommend frontline providers screen for and address PMH conditions.

REIMBURSEMENT
Frontline providers are not always reimbursed for screening and addressing PMH conditions.

RESOURCE AND REFERRAL
Frontline providers often have limited access to support groups, therapists, and psychiatric providers able to address the unique mental health needs of perinatal individuals.

LACK OF ACCESS TO PSYCHIATRIC TREATMENT
There are not enough psychiatric providers to care for individuals experiencing PMH conditions.

LEVERS FOR CHANGE

Massachusetts Child Psychiatry Access Program
MCPAP For Moms

To address gaps and improve access to care, Massachusetts created the Massachusetts Child Psychiatry Access Program (MCPAP) for Moms, funded by the Massachusetts Department of Mental Health. The goal of MCPAP for Moms is to build the capacity of frontline medical providers to effectively prevent, identify, and manage mental health and substance use concerns by deploying three important levers for change:

1

EDUCATION

Trainings and toolkits for providers and staff on evidence-based guidelines for screening, triage, and referral; risks and benefits of treatment; and discussion of screening results and treatment options.

2

CONSULTATION

Real-time psychiatric consultation for frontline providers caring for individuals during the perinatal time frame.

3

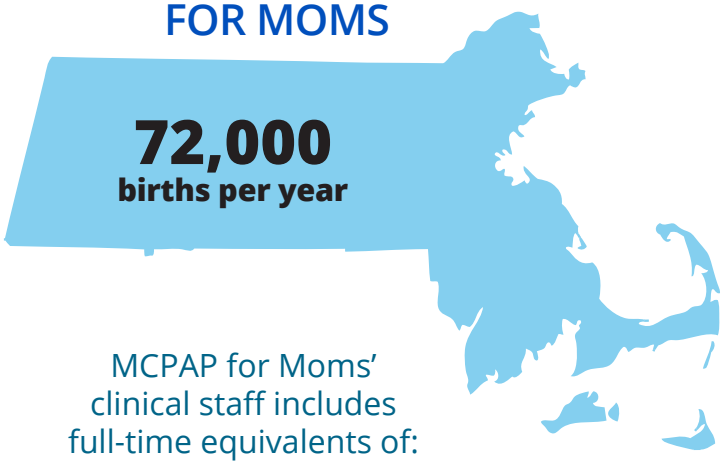
RESOURCE & REFERRAL

Linkages with community-based mental health resources including individual and group therapy, support groups, and other resources to support perinatal health and wellness.

"It is exciting to see how obstetric care has evolved to include perinatal mental healthcare. Obstetric providers are calling MCPAP for Moms regarding increasingly complex clinical challenges. This suggests they are addressing mental health and becoming more comfortable managing mental health conditions."

– Nancy Byatt, DO, MS, MBA, Perinatal Psychiatrist
Lifeline4Moms Executive Director and MCPAP for Moms Medical Director

IMPACT OF MCPAP FOR MOMS



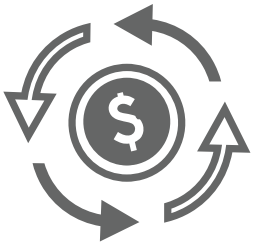
MCPAP for Moms' clinical staff includes full-time equivalents of:

1 PSYCHIATRIST

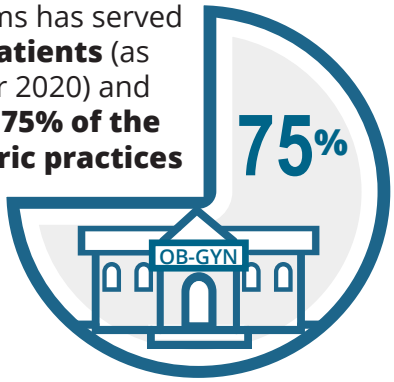
2.5 RESOURCE AND REFERRAL SPECIALISTS

Master's-level clinicians with knowledge about local and statewide mental health resources who provide relevant care

MCPAP for Moms is a **scalable model,** leveraging limited psychiatric resources



Since its launch in 2014, MCPAP for Moms has served over **9,300 patients** (as of September 2020) and enrolled over **75% of the state's obstetric practices** (covering almost 85% of state's births)



www.mcpapformoms.org

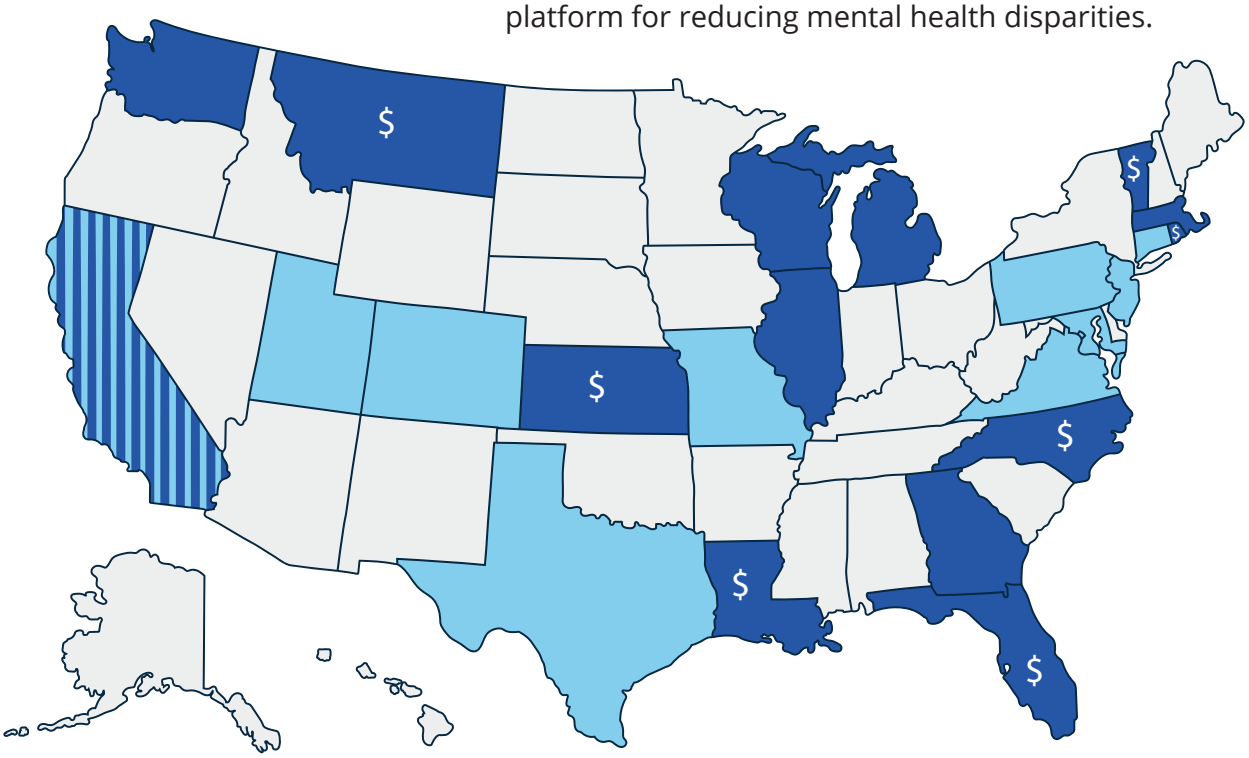
COSTS & BENEFITS

COST OF UNTREATED PMH CONDITIONS		COST OF MCPAP FOR MOMS
$32,000 **per mother-infant dyad per year.**[15] Approximately 1 in 5 individuals will experience PMH conditions; without a system in place to help them get mental healthcare, less than 25% of those impacted will get treatment. Massachusetts has 72,000 births per year, which carry an additional cost of $378 million per year due if PMH conditions are untreated.	 up to **$377M SAVED**	**$13** **per perinatal individual per year** ($1.16 per month) **$950,000** **total MCPAP for Moms annual budget** The modest per-person programmatic cost is further reduced by 50% as MCPAP for Moms recuperates funds through a legislative surcharge to commercial insurers.

NATIONWIDE IMPACT

MCPAP for Moms is a model for other states and healthcare systems and has informed federal legislation. The 21st Century Cures Act provided federal funding to states to create similar programs; in 2018, 30 states and the District of Columbia applied for funding, and seven states were selected to each receive five years of funding (totaling $3.2 million per state over the lifetime of the program).

Founded by members of MCPAP for Moms leadership, Lifeline4Moms helps organizations and agencies to develop, implement, evaluate, and sustain approaches for addressing PMH conditions. Lifeline4Moms is working with advocacy organizations to secure further funding so more states can create Access Programs similar to MCPAP for Moms and current federally funded programs can exist beyond their five-year funding. Additional state and regional programs have emerged through various funding mechanisms, including a national consultation line through Postpartum Support International. Given that communities that are marginalized are disproportionately impacted by PMH conditions, Access Programs need to implement approaches to ensure that the needs of perinatal individuals of color, those with lower incomes, and the LGBTQ+ community are being met. Access Programs can offer a scalable platform for reducing mental health disparities.



States with Perinatal Psychiatry Access Programs

$ States that receive federal funding for Perinatal Psychiatry Access Programs

States working to launch Perinatal Psychiatry Access Programs

"Perinatal Psychiatry Access Programs address a critical public health issue by implementing an innovative, creative approach to mental healthcare in frontline, traditionally non-psychiatric healthcare settings. These programs have the potential to positively change the landscape of care for parents, their children, and their families, thereby optimizing multi-generational outcomes."

– Tiffany A. Moore Simas, MD, MPH, MEd, Obstetrician/Gynecologist
Lifeline4Moms Medical Director and MCPAP for Moms Engagement Director

CREATING A NEW PATH

The path to recovery from a PMH condition can be improved if providers are knowledgeable about how to treat PMH conditions and have access to needed resources.

Massachusetts Child Psychiatry Access Program MCPAP For Moms

For example: Kai receives obstetric care at a large rural practice. When screened at 14 weeks' gestational age, Kai reports symptoms of depression. Kai's state does not have a Perinatal Psychiatry Access Program, and Kai has difficulty accessing mental healthcare.

However, a program like MCPAP for Moms can move Kai's path in a completely new direction:




WITHOUT A PERINATAL PSYCHIATRY ACCESS PROGRAM

- Kai screens positive for depression at 14 weeks.
- OB unsure how to respond and lacks referral sources. Tells Kai to call insurance for therapy. Kai goes on therapy waitlist.
- Kai feels worse at 24 weeks. OB uncomfortable prescribing antidepressants, so refers Kai to a psychiatrist.
- Psychiatrist has a 4-month waitlist.
- At 1 month postpartum, Kai attempts suicide.
- Kai is admitted to a psychiatric hospital and separated from the baby.
- Separation puts Kai and child at higher risk of complications in behavior, development, and health.


WITH A PERINATAL PSYCHIATRY ACCESS PROGRAM

- OB knows about MCPAP for Moms and has undergone training to screen, assess, and treat depression.
- OB contacts MCPAP for Moms, prescribes an antidepressant, and refers Kai to therapy.
- Kai starts medication and is connected with a therapist and support group through MCPAP for Moms.
- At 30 weeks gestation, Kai feels better, with full remission of symptoms.
- Kai adjusts well to the new baby.

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Lifeline4Moms

The Lifeline4Moms National Network of Perinatal Psychiatry Access Programs is a learning community established by the Lifeline4Moms team to bring together Perinatal Psychiatry Access Programs from across the country. The Lifeline4Moms Network is funded by the Perigee Fund.

The Network's goals are to:

- Evaluate, inform, and share best practices for Perinatal Psychiatry Access Programs
- Build community, engage partners and collaborators, evaluate programs, facilitate peer learning
- Identify policies and funding to replicate successful cost-effective models

As of June 2020, the Network includes:

- 14 states or organizations with Perinatal Psychiatry Access Programs
- 10 states or healthcare systems that are developing Perinatal Psychiatry Access Programs

www.umassmed.edu/lifeline4moms