A HYBRID INTEGRATED MATERNAL MENTAL HEALTH CARE MODEL:
IMPLEMENTATION STRATEGIES AND CHALLENGES FOR AN OUTPATIENT, HOSPITAL-BASED MATERNAL MENTAL HEALTH PROGRAM

Megan O’Hara, LCSW
Malina Spirito, Psy.D., M.Ed.
Christiana Care Health System
Center for Women’s Emotional Wellness

Behavioral Objectives:

☐ Describe a unique, hybrid model of maternal mental health care that includes screening, assessment, treatment, provider education and consultation, and community awareness.

☐ Explore ways to engage various stakeholders in program development and sustainability efforts for a maternal mental health program.

☐ Identify means of implementing effective depression screening and referral protocols for both outpatient and inpatient women’s and children’s settings.

☐ Appreciate the value of interdisciplinary collaboration in maternal/child healthcare delivery systems to improve outcomes.

Delaware Perinatal Population
CWEW Clinicians

Center for Women’s Emotional Wellness at Christiana Care

Entrance into Treatment

What can we do to influence patients to come into care earlier?
Referral Sources

- Community-Based Referrals: Screening by OB Offices
- Community-Based Referrals: Mental Health Providers
- Community-Based Referrals: Screening by Pediatric and Family Practice Offices
- Community-Based Referrals: Screening by Early Childhood Intervention Programs
- Community-Based Referrals: Screening by OB Offices
- Community-Based Referrals: Mental Health Providers
- Community-Based Referrals: Screening by Pediatric and Family Practice Offices
- Community-Based Referrals: Screening by Early Childhood Intervention Programs

Referral Sources

- CCHS Women’s Health OB Practices
- Maternal & Child Health Programs
- Community OB Practices
- Mental Health Providers
- Hospital Social Worker
- Friend or Family Member
- Other: Triage, PCP, Website, Inpatient Consult

Center for Women’s Emotional Wellness

Program Stats for 2015
- 240 new patient consultations
- 2750 total outpatient visits
- 51% increase in outpatient volume from 2014

CWEW successfully implemented MOMS HEAL support groups in 2015. Free of charge, for pregnant and postpartum women.
Entrance to Treatment

New referrals to CWEW (N=1023)

- Kept scheduled appointment
- Cancelled scheduled appointment
- No-showed and did not reschedule

Engaged in psychotherapy: 38%
Engaged in med/eval/management: 20%
Engaged in both psychotherapy and med management: 42%

Insurance Status

<table>
<thead>
<tr>
<th>Insurance Status</th>
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<tbody>
<tr>
<td>Medicaid</td>
<td>427</td>
<td>43.5</td>
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<tr>
<td>Private</td>
<td>554</td>
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Reproductive Status

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<tbody>
<tr>
<td>Preconception</td>
<td>34</td>
<td>3.3</td>
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<tr>
<td>Pregnant</td>
<td>439</td>
<td>42.7</td>
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<tr>
<td>Postpartum</td>
<td>496</td>
<td>48.3</td>
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<tr>
<td>Pregnancy Loss</td>
<td>37</td>
<td>5.5</td>
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Primary Diagnoses

Provider Screening Protocol

Push for Integrated Care

- Changes in healthcare climate increase need for integrated, comprehensive, & accessible care
- Affordable Care Act
- Move toward Population Health models
- Greater emphasis on life-course models of care
Stakeholder Engagement

- Challenges with perinatal population
  - UNC Poster
  - Numerous barriers to care

CCHS Stakeholder Engagement

- Identifying challenges and opportunities
  - Disconnect between OB/GYN and Psychiatry
    - Inappropriate referrals and missed opportunities
    - Long wait times
    - Arduous intake process
    - High rates of attrition
  - Lack of screening and identification of women in need
    - Providers express lack of training and confidence in discussing mental health concerns
    - Providers unwilling to screen due to lacking referral sources

Meeting the Needs

- Attaining business, community, and government support
  - Partnering with Maternal Child Health Programs
    - Healthy Mother Healthy Baby (State initiative)
    - Home visiting nurse programs/Nurse-Family Partnership
    - Maternal Child Social Work
    - NICU services
    - Department of Justice: Medical-Legal Partnership
    - Substance Use Disorders Services
    - Parents as Teachers
    - Health Ambassadors
Meeting the Needs

- Maximizing coordination of benefits
  - Short-term disability
  - Family Medical Leave
- Business Partnerships
  - Chiropractic and physical therapy services
  - Lactation support
  - New parents social support
  - Doula services
  - Nutrition

Case Vignettes

- Addressing the Life Course
  - Collaborating across disciplines
  - Capitalizing on a sensitive period in a woman's life trajectory
- 4th Trimester Support
  - Addressing adjustment challenges
  - Maximizing health/wellbeing for mother-child dyad
  - Transforming maladaptive beliefs about transition to parenthood
- Pregnancy & Interconception Care
  - Acknowledging trauma
  - Improving the next birth outcome

Patient Satisfaction Highlights

<table>
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<tr>
<th>ACCESS TO TREATMENT</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>Staff answering the phone was courteous and responsive</td>
<td>10</td>
<td>12</td>
<td>1</td>
<td>1</td>
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<tr>
<td>I did not wait long for my first appointment</td>
<td>12</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>1</td>
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<tr>
<td>It was easy to schedule an appointment</td>
<td>25</td>
<td>9</td>
<td>1</td>
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<tr>
<td>I was able to get an appointment on a day and time that was good for me</td>
<td>25</td>
<td>10</td>
<td></td>
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Lessons Learned

- Constant monitoring of case loads and need for new patient access to care
- Ongoing education for hospital staff and community providers
- Continual improvement of data management
- Remaining engaged in system-wide committees and initiatives

Research & Policy Implications

- Participate in establishing policy regarding universal screening for depression and suicide risk assessment
- Exploring potential differences between women who enter care versus those who enter and do not return
- Collaboration with Center for Women’s Mental Health at Massachusetts General Hospital (MGH)
  - Monitoring course and effectiveness of treatment following referral to care