

LA BEST BABIES NETWORK



Healthy Babies. Our Future.

Presented by First 5 LA

Building Partnerships to Eliminate Policy Barriers to Screening for Maternal Depression

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Presentation Overview

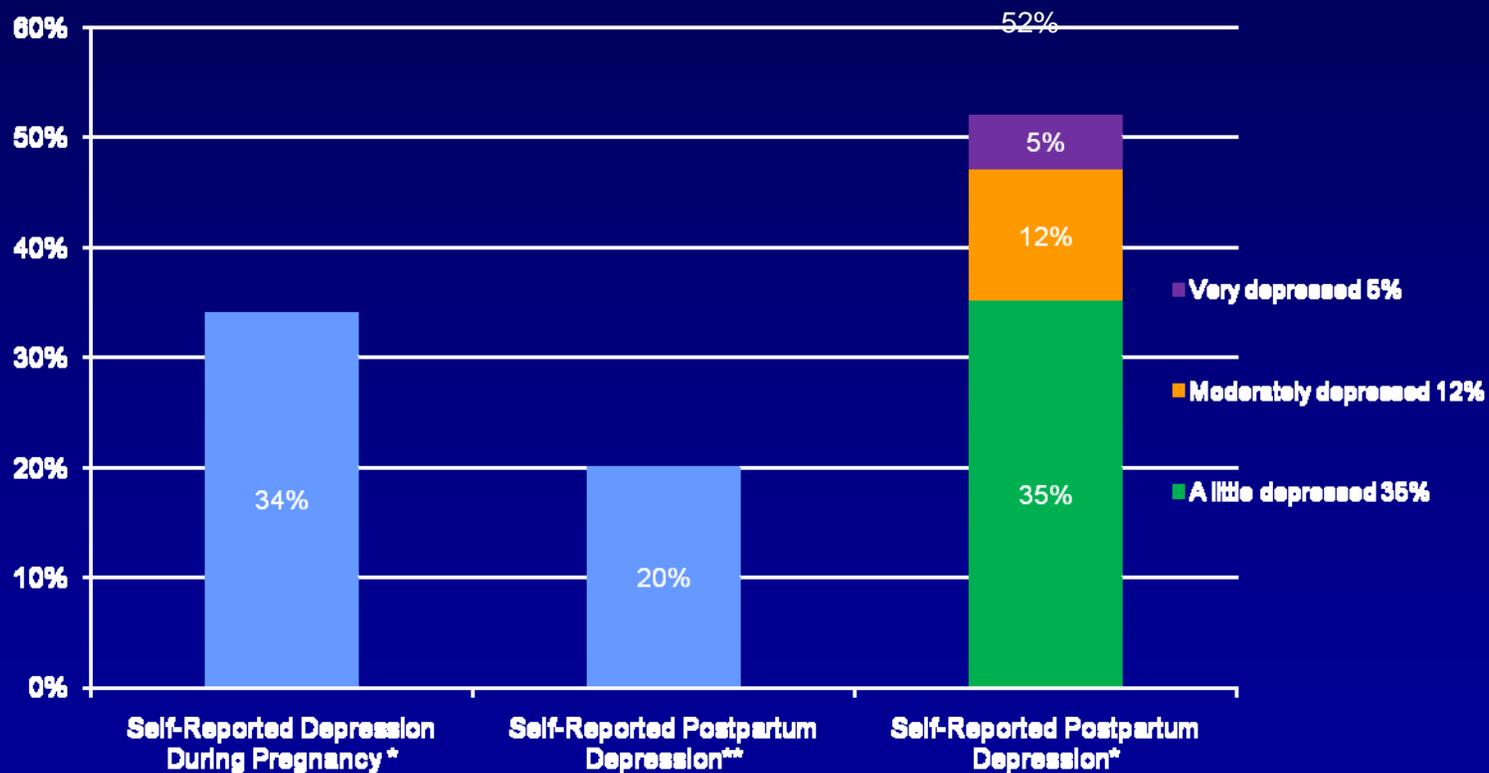
- Provide an example of how to apply community participatory process to policy planning and development
- Discuss methods used to elevate community-defined priorities to a broader policy agenda
- Highlight the importance of building coalitions to advance maternal and infant health issues

The Issue: Maternal Depression

Maternal depression is a widespread public health issue impacting the well-being of women and children, yet 50% of women with perinatal depression are never treated. (SAMHSA and Ramsay, 1993)

Numerous studies have shown that the mental health of the mother affects the health of the baby long after infancy. (Knitzer 2008, McCue-Horwitz et al., 2009)

Maternal Depression in Los Angeles County



Data Source:

* LA County Department of Public Health, LAMB Survey 2005

** LA County WIC Survey 2005

Eliminating Policy Barriers in Los Angeles County

Many maternal health care providers face multiple barriers to the screening and treatment of women with perinatal depression.

To identify and eliminate the policy barriers to appropriate screening and treatment of maternal depression, LA Best Babies Network partnered with the LA County Perinatal Mental Health Task force to develop a policy agenda and action plan.

Building Partnerships

Los Angeles County Perinatal Mental Health Task force

- Task force is the only multi-institutional effort leveraging leadership and expertise to improve perinatal mental health in the County.
- Established in February 2007.
- Formed in response to the Governor's veto message of postpartum depression legislation in 2006 in which he called for coordinated local efforts in this area.



Los Angeles County Perinatal Mental Health Task force

Mission

To support women and families by raising awareness of perinatal depression, increasing screenings, and providing trainings to providers who serve pregnant women.

Key partners include: Los Angeles County Department of Public Health, Maternal, Child & Adolescent Health Programs, DMH, WIC, Project ABC, LAC+USC, Junior Leagues of California, Postpartum Support International and LAUSD.



Los Angeles County Perinatal Mental Health Task force

The Task force has:

- Influenced screening practices in health systems and public health programs.
- Contributed to increased trainings for providers on perinatal depression.
- Jointly planned a 5-year policy initiative to address perinatal depression.



Perinatal Mental Health Project

- A Partnership between LA Best Babies Network and the LA County Perinatal Mental Health Task force.
- Project Length: 5 years July 1, 2008 – June 30, 2013.
- Funded through First 5 LA, Community Opportunities Fund, which supports organizations with capacity building and policy and advocacy projects.



Perinatal Mental Health Project

Project Goal: To improve access to perinatal mental health services by supporting universal screenings and referrals for women experiencing perinatal depression. We will do this by:

- Increasing awareness of perinatal depression among policy makers
- Identifying the appropriate policy changes needed to increase education and training of providers and improve access to perinatal mental health care for women in the county



Perinatal Mental Health Project

Planned short term outcomes:

- A perinatal mental health policy agenda identifying 5 key recommendations to increase and improve screening for perinatal depression;
- A strategic action plan and advocacy plan based on the policy agenda and centered on the 5 policy recommendations;
- A legislative champion to help us gain support in the state legislature to advance legislation to increase training on and services for perinatal depression.



Perinatal Mental Health Project

- Gain support of LA County Board of Supervisors for coordinated perinatal mental health service for women
- In partnership with legislative champion hold a select hearing on perinatal depression and mental health services for women
- Legislative or regulatory language supporting universal screening and referral for depression in prenatal and postpartum care settings and seamless integrated system of care for women with perinatal mood disorders



Perinatal Mental Health Project

The first step was to develop a community outreach strategy to incorporate key stakeholders.

The second phase was to publish background materials including a report on the landscape of maternal depression screening and treatment practices in LA County to aid in educating key health and policy leaders.



Perinatal Mental Health Project

The third phase was a policy roundtable of maternal and mental health professionals and policymakers to develop a perinatal mental health policy agenda and advocacy plan identifying key recommendations to increase and improve screening for perinatal depression.



Perinatal Mental Health Project Successes

- The Task force incorporated key members including a partner who sponsored state legislation AB 159

This bill would have established a statewide Task force on Perinatal Mood and Anxiety Disorders

- The Task force increased local support for the bill and testified in support of the legislation
- The Task force co-hosted a national conference on perinatal depression and received a proclamation from County Board of Supervisors declaring August 2009 as Perinatal Mood Disorder Awareness Month



Perinatal Mental Health Project Successes

The Policy Roundtable was held November 19, 2009 in Los Angeles, CA and brought together 29 health, mental health leaders and community stakeholders with the following goal:

- To build sustainable policies to improve maternal mental health screening practices and treatment services in Los Angeles County



Perinatal Depression Policy Roundtable

Objectives:

- To identify perinatal depression policy recommendations and solutions
- To develop a perinatal depression action plan and policy agenda for Los Angeles County based on the roundtable recommendations



Policy Roundtable

Speakers

- Dr. Penny Knapp, Medical Director, California Department of Mental Health, discussed the perinatal mental health landscape in California
- Cindy Harding, Director of Maternal, Child and Adolescent Health, Department of Public Health, provided an overview of the perinatal mental health landscape in LA
- Katie Monarch, LCSW, Program Therapist, St. Joseph Hospital in Orange County, shared an example of a specific program model: Caring for Women with Maternal Depression Program begun June 2006, funded by UniHealth



Policy Roundtable

Participants were charged with developing and prioritizing policy solutions in small roundtable discussion on the following topic areas:

- Access, Financing and Standards of Care
- Education and Training of Health Care Providers
- Mental Health Workforce
- Public Awareness/Education and Social Support



Roundtable Recommendations

Access and Financing

- Extend Medi-Cal insurance coverage for uninsured pregnant women beyond 60 days postpartum
- Expand Medi-Cal fee for service insurance coverage for dyadic mental health screenings to reimburse pediatricians who screen for maternal depression during a pediatric visit

Roundtable Recommendations

Standards of Care

- Adopting a best practices approach to screening - frequent and periodic screenings throughout the perinatal period using validated, high quality screening tools
- Treatment services should include individual psychotherapy, group therapy, social support, home visitation and medication. Treatment services should also include dyadic therapy and case management services.
- Mental health consultation model - pool of mental specialists available to non-mental health providers for referrals and follow-up evaluations.

Roundtable Recommendations

Education & Training of Health Care Providers

- Educate providers through a perinatal depression toolkit that includes educational information, validated screening tools, treatment and referral algorithms, culturally competency information and reimbursement strategies. Education should be provided for the entire healthcare team of those facilities serving women during the perinatal period.
- Support research on the physiological changes during pregnancy and the causes of perinatal depression and disseminate the findings through grand rounds and a speaker's bureau.

Roundtable Recommendations

Community Awareness and Social Support

- Support community based organizations/programs as informational and educational centers for women, families and community members. Programs should utilize a community driven approach and utilize community members as health navigators.
- Support a public awareness campaign that educates women, families and communities on perinatal depression. Identify champions and celebrities to broaden awareness and use technology to reach adolescents.

Roundtable Recommendations

Mental Health Workforce:

- Expand linkages, raise visibility and increase access to the mental health workforce that currently exists
- Support specialized training for the mental health workforce
- Resources and expertise can be increased through a train-the-trainer model and support for programs that train peer group leaders and support staff.

Current Activities

- ACR 105 – State Resolution proclaiming May Perinatal Depression Awareness Month for California
- Planning an informational hearing with the Women’s Caucus of the State Legislature and the Assembly Health Committee
- Los Angeles County Community Awareness Campaign
- Developing toolkit for providers
- Developing speakers bureau
- Developing training program to train staff of county departments
- Planning for implementation of pilot program



Questions?

www.labestbabies.org

www.laperinatalmentalhealth.org

