

YOLO COUNTY MATERNAL MENTAL HEALTH PROVIDER MAPPING PROJECT 2016

EXECUTIVE SUMMARY

INTRODUCTION

Perinatal mood and anxiety disorder (PMAD) is reported to be the number one health complication of pregnancy. The number of women who suffer with mental health disturbances during pregnancy, after pregnancy, or both, has been reported to be as high as one in seven. In summer 2015, the California Health Collaborative, a nonprofit public benefit corporation, partnered with Yolo County Health and Human Services Agency (HHSA), Maternal, Child and Adolescent Health (MCAH) Programs to conduct Phase One of a PMADs mapping project; the goals of which are to eventually develop system-level change and the integration of mental health with physical health. This document is a summative evaluation of Phase One of the mapping project: PMADs Clinical Office Survey.

SURVEY FINDINGS

Yolo County MCAH staff distributed the survey tool electronically to all eleven healthcare systems in the County with known **OB/GYN, Pediatrics and Family Practice** departments. 67 completed surveys were received with the majority representing private medical groups, fee-for services private medical groups accepting Medi-Cal patients and federally qualified health centers. The majority of respondents worked in health systems in which both private insurance and Medi-Cal were accepted.

Pediatrics were strongly represented (41.8%) followed by OB-GYN (35.8%) and Family Practice (19.4%). Over half of the respondents (53.7%) identified their position at the agency as Practitioner with the majority (28.4%) a licensed MD.

Select survey findings include:

- The majority (**65%**) of respondents screen for PMADs
- **50%** of respondents who do not screen (N=24) stated that it was not in their scope of practice
- Over **60%** of respondents do not prescribe anti-depression medication to pregnant or breastfeeding women; mostly (64%) because it is not in their scope of practice
- The majority of respondents (**65.6%**) have not received additional training to understand, recognize and/or treat PMADs
- The current practice from nearly two-thirds (**61.7%**) of respondents who has a pregnant or postpartum woman who presents with a mental health crisis is to refer her to the nearest emergency room followed by referral to a mental health professional (**51.7%**); **25%** would call law enforcement or child protective services.

CONCLUSION

Because the largest healthcare systems participated in the survey, the mapping project was deemed a successful first step to determining the current healthcare provider practices relevant to PMADs screening, referral and treatment in Yolo County. Although over half of the respondents reported to be Practitioners, there were also responses from Medical Assistants, Administrators, and Health Educators; all of whom have a unique perspective and opportunity to recognize and refer women who may be suffering from PMADs to appropriate help either through direct contact or by setting clinic policy that supports the screening, referral and treatment of all pregnant and postpartum moms. In the coming months and year, Yolo County MCAH will utilize these findings to drive MCAH Program activities to better support providers, particularly around implementation of the Maternal Mental Health Safety Bundle from the National Council on Patient Safety. Collaborative activities will focus on increasing educational capacity in the clinic setting as well as expanding opportunities for provider and clinical staff training in addressing Maternal Mental Health.

The main findings of the clinical survey indicate:

- **There is room for improvement in expanding screening protocols.** Most of those who responded that they do not screen replied that it was not in their scope of practice although nearly all were licensed clinicians. Since the American Academy of Pediatrics suggests pediatricians screen for maternal depression as it does affect the baby, screening should ideally occur throughout the woman / infant healthcare continuum until at least two years postpartum.
- **There is significant need – and desire - for additional training.** Over 20% responded that they needed more training and nearly 10% responded that they did not screen because there is no referral source for at-risk or screen positive moms indicating yet another need for training.
- **Over 40% of respondents report that they do not provide PMADs education for at-risk and/or postpartum women.** Because this is the number one complication of childbirth with far-reaching effects on the family unit, and because there are no restrictions or liabilities to providing educational materials, all healthcare providers who have an opportunity to see a pregnant or postpartum woman or her infant should, at a minimum, have PMAD educational materials in the waiting or exam room.