

Why Maternal Mental Health Matters?

The landscape and current efforts to address the mental health of mothers.

Prepared for
Local County Mental Health Board

June 25, 2018
7:00 PM - 9:00 PM

Arthur F. Turner (West Sacramento) Branch
1212 Merkley Avenue
West Sacramento, California 95691



This presentation is prepared by the Yolo County MCAH programs with funding and support from Federal Title V, Title XIX, CDPH and Yolo County.



Objectives

- ▶ Overview the **terminology** and **numbers** associated with maternal mental health disorders
- ▶ Be introduced to the full **impact** of maternal mental health across the life course of mothers and children
- ▶ Be introduced to the full human and economic **costs** of maternal mental health disorders
- ▶ Increase awareness the National, State and **local** efforts actively addressing maternal mental health disorders



“ Perinatal depression, which includes major and minor depressive episodes that occur during pregnancy or in the first 12 months after delivery, **is one of the most common medical complications during pregnancy and the postpartum period**, affecting **one in seven** women. ”

3



<https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Screening-for-Perinatal-Depression> May 2015

Considerations as we move forward...

Stigma

- ▶ TERMINOLOGY
 - ▶ Maternal mental health (MMH) versus perinatal mood & anxiety disorders (PMAD)
 - ▶ “postpartum” versus “postpartum depression”
 - ▶ Postpartum depression or psychosis? (suicide & intrusive thoughts)
- ▶ SCREENING
 - ▶ Yolo County Data 2013-2015 Maternal Infant Health Assessment
 - ▶ What does it really tell us? (2016 Yolo County Provider Mapping Project)

“The period prevalence of depression among women is 21.9% during the first postpartum year”

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/1666651> (May 2013)

In California every year half a million babies are born

- **1 in 8 births** are in CA, so what we do in California really matters for the health & future of our NATION
- **~109,000 (21.9%) women** will experience depression within the first postpartum year
- **~220,000 (mother/infant – 21.9%)** individual lives will be affected by depression within the first postpartum year

What does a 21.9% period prevalence rate of depression within the first year postpartum mean for Yolo County's moms and babies?

It means that EVERY YEAR....

- ▶ ~ **500 Yolo County Mothers** will experience depression within the first year postpartum (2017 Birth Rate of 2265 live births)
- ▶ ~ **1000 Yolo County Mother & Babies** will be affected by a maternal mental health disorder *not including the hundreds and thousands siblings, partners, family members, friends, employers and community members that **a woman is a mother** is connected to....*

AND for our Moms and Babies on **Medi-Cal** (40% Medi-Cal birth rate in Yolo County), who are at documented and significantly higher risk....

- ▶ **200 Yolo County Mothers** will experience depression within the first year postpartum
- ▶ **400 Yolo County Mothers & Babies** will be affected by a maternal mental health disorder within the first year postpartum

Table 1. The Impact of Maternal Depression on Women, Children, and Families

Impact on birth outcomes	Impact on child's health and behavior	Impact on parenting	Impact across life span for depressed adult	Impact on family
3.4 times more likely to have a premature delivery	More likely to have attention deficits	Less satisfied in their parenting role	Average 6 fewer years of education	Partners of depressed mothers often experience unhappiness and dissatisfaction
4 times more likely to deliver a low birth weight baby	Trouble regulating emotions and behavior	More irritable in parenting	Less likelihood of marrying	Family members often lose the support of depressed mothers and experience an increase in stress
More likely to have obstetrical complications	More likely to have conduct problems	More likely to use harsh management techniques	Average annual loss of income of \$10,400 by age 50	Families with a depressed parent experience lifetime income loss of \$300,000
Less likely to breast-feed, or to breastfeed as long	Less use of preventive health visits and preventive devices such as car seats	More likely to have negative views of their children	35% reduction of lifetime income due to depression	
	More likely to be delayed in language and literacy or to have lower IQs	More fatigued and have less energy for parenting		

Sources: March of Dimes, 2013; National Business Group on Health, 2011; Smith & Smith, 2010.

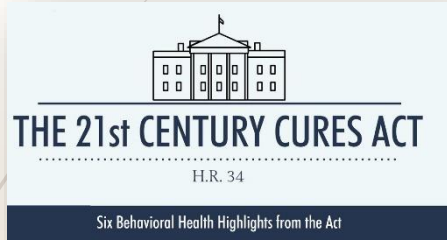
Table 2. Effects of Depression on Mothers and Children

handout

Effects of Depression with Economic Costs	
Mother	Child
<ul style="list-style-type: none"> • Less likely to be employed • Lower educational achievement leads to lower paying job • If employed, more absenteeism and more presenteeism • More likely to have disability days • Decreased lifetime earnings • Decreased payment of taxes • Increased use of public assistance • Loss of future earnings due to death • Increased health care costs related to treatment of depression treatment, expensive acute hospitalizations, greater use of emergency room, treatment of other psychiatric and health conditions, and increased prenatal and birth complications 	<ul style="list-style-type: none"> • Increased risk for preterm birth • Cognitive delays and/or impairments may lead to early intervention services and special education services • Behavioral and mental health conditions (depression, ADHD, conduct problems) that may require treatment, lead to lower academic achievement, and have long term implications for employment and lifetime income • Increased risk for injury • Increased risk for physical health problems due to inadequate preventive care, late identification of illness, non-adherence to treatment • Increased risk for child maltreatment and child protective services, including placement in foster care • Increased risk for delinquency
Effects of Depression with Human Costs	
Mother	Child
<ul style="list-style-type: none"> • Dissatisfaction with parenting role • Insecure attachment with child • Poor coping with stress • Poor relationships with child and others • Chronic sadness • Hopelessness • Low self-esteem • Suicidality • Domestic violence • Anxiety • Increased risk for substance abuse • Social isolation and decreased community engagement • Poor quality of life 	<ul style="list-style-type: none"> • Basic physical and emotional need unmet • Not learning self-regulation skills • Unhappiness • Harsh and non-nurturing environment • Unstimulating environment undermines cognitive development and learning • Cognitive delays • Poor social skills • Poor relationships with peers • Biological over-reactivity to stress • School underachievement • Poor physical health



National efforts to address Maternal Mental Health



Bright Futures™
prevention and health promotion for infants, children, adolescents, and their families™



Advocacy, Awareness & Legislation

Quality, Surveillance, Standards

State of California's efforts to address Maternal Mental Health



Inpatient screening project



MMH Think Tank



White paper



Training & Technical Assistance



CA-PAMR 2.0
(maternal suicide)



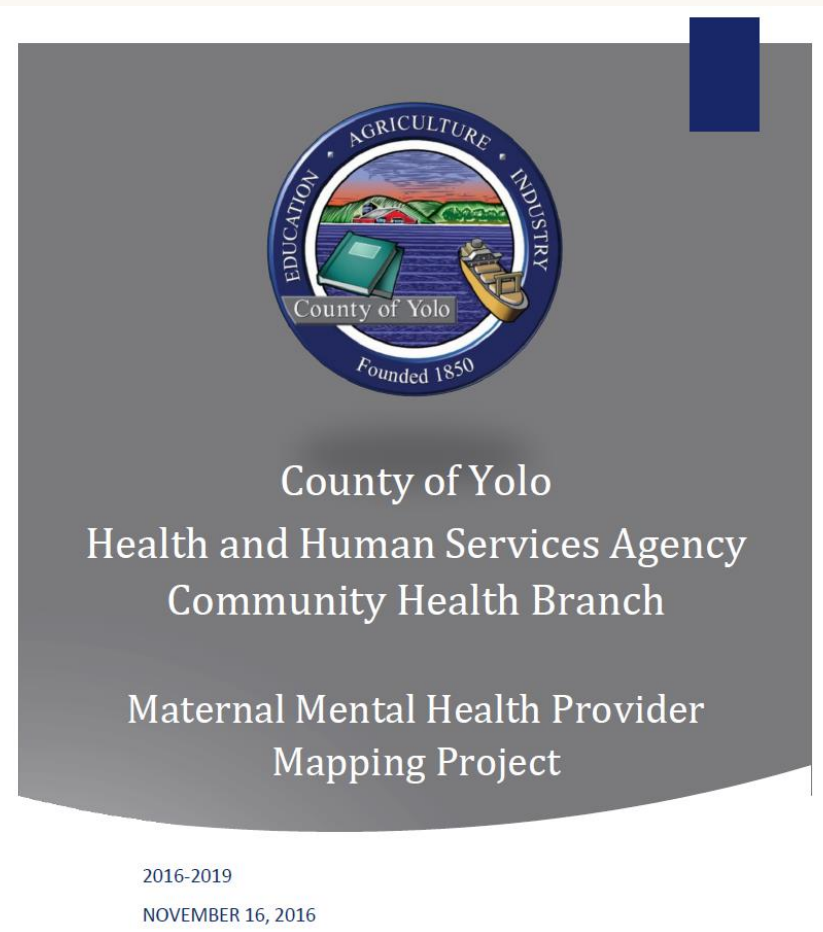
Legislative Work

So how is Yolo County doing with addressing Maternal Mental Health?

- ✓ **Family medicine, pediatric and prenatal** clinics across Yolo County were surveyed about **practices, needs and beliefs** related to MMH screening and treatment.
- ✓ **Over 67 responses** received representing **the 5 major health systems in Yolo County**
- ✓ **More than half** of the responses were from **licensed healthcare providers**.
- ✓ A **great majority: 65%** of the respondents report **screening** for MMH Disorders at **regular** intervals

Opportunities for Yolo County

- Treatment – Training to understand, recognize and treat
 - Referral – identify and educate about available resources
 - Screening – Policies to support + Training
- ✓ Full report available from the Yolo County MCAH Programs. Please email anna.Sutton@yolocounty.org for a PDF copy.



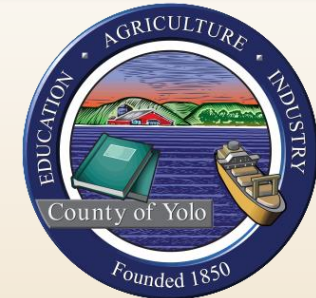
Special efforts in Yolo County...



Yolo County MCAH Director
ACOG MMH Expert Workgroup member



Integrated Behavioral health
Perinatal Program
Perinatal Day Treatment



Yolo County
MCAH+Dignity
Health
MMH Integration
Project



Integrated MMH Screening



Blue Dot Maternal
Wellness Guide



Integrated MMH
Parent Notebook



Yolo County
PSI Coordinators



Integrated
MMH
screening
AND
referrals
across
home
visitation

Yolo County's efforts to address Maternal Mental Health



Monthly meetings
First Friday
12noon – 2pm
137 N. Cottonwood St.
Woodland, CA 95695
Chair: Anna Sutton

- Case Studies
- Program Updates
- Presentations/Trainings
- Legislative updates
- Resource mapping
- Resource sharing
- Needs assessment
- Support

Always leave having learned...

2018 Yolo County Maternal Mental Health Collaborative

Thank you! Questions?

14

Anna Sutton, RN, PHN, MSN
Director, Public Health Nursing
MCAH & Infectious Disease Programs
Yolo County Health and Human Services Agency
anna.sutton@yolocounty.org | (530) 681-0409 mobile/text



This presentation and others related to maternal mental health, maternal health as well as the MCAH population are available as a service free to your programs from the Yolo County MCAH Programs