



**Reducing Health Disparities by Addressing Integrated Behavioral Health in a Maternal and Child Health Care Setting:**  
*Screening, diagnosis, and treatment of perinatal mental health conditions*

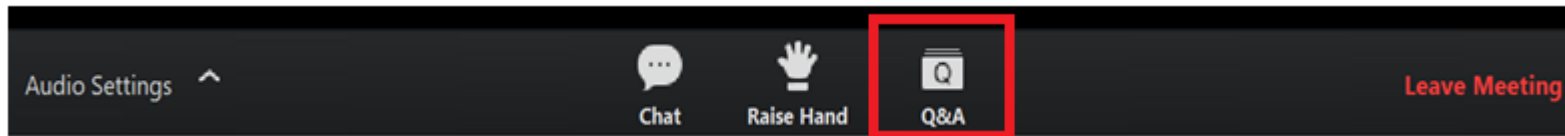
**Wednesday, December 15, 2021, 1:00-1:30 ET**

**Vision: Healthy Communities, Healthy People**

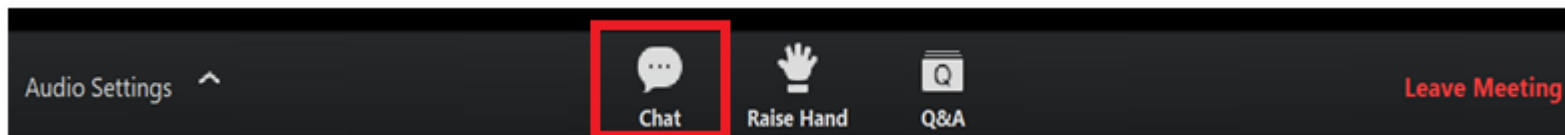


# Submitting Questions and Comments

- Submit questions by using the Q&A feature. To open your Q&A window, click the Q&A icon on the bottom center of your Zoom window.



- If you experience any technical issues during the information session, please message us through the chat feature, or email [healthcenter\\_BHTA@jbsinternational.com](mailto:healthcenter_BHTA@jbsinternational.com).



# Continuing Education (CE)

---

- We will be offering **0.5 CE credit** for attending today's webinar session.
- You **must** complete the Health Center Satisfaction Assessment after this session.
- **CE credit will be distributed to participants who complete the Satisfaction Assessment within 2 weeks of this information session.**
- We will provide details to complete the Satisfaction Assessment at the end of the webinar.



JBS International, Inc. has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6442. Programs that do not qualify for NBCC credit are clearly identified. JBS International, Inc. is solely responsible for all aspects of the programs.

# Presenter



Reducing Health Disparities by  
Addressing Integrated Behavioral Health  
in a Maternal and Child Health Care  
Setting:  
Screening, diagnosis, and treatment of  
perinatal mental health conditions

- **Rhonda Waller, PhD**  
Senior Associate, Maternal  
and Child Health Initiatives  
The Bizzell Group

# Agenda

Screening, diagnosis, and treatment of perinatal mental health conditions utilizing community health approaches that support families:

- Understanding the Data
- Implications of Prenatal Depression
- Screening, Diagnosis, and Treatment
- Racial and Ethnic Inequities
- Overcoming Barriers to Care Through Community Health Approaches That Work!



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)



# Objectives

---

- Understand the prevalence of perinatal mood disorders, anxiety, and mental illness
- Identify the implications of undiagnosed and untreated perinatal depression on the health of the parent, child, family, and community
- Understand the role behavioral health screening, diagnosis, and treatments play in improving perinatal outcomes
- Raise awareness of the racial and ethnic inequities that persist in the identification of illness and its treatment
- Explore community health approaches that can assist with barriers to care



# The Data

Understanding the prevalence of perinatal mood disorders, anxiety, and mental illness

- 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 [birthing people].
- One in five pregnant or postpartum people has a diagnosed mood or anxiety disorder.
- Many also suffer during this period from other mental health conditions that affect their well-being. So many more go undiagnosed because they aren't routinely screened, don't seek care because of the stigma associated with "needing help," or don't have the resources to access care following a referral.

# Polling Question #1

Untreated perinatal depression and mental health conditions can contribute to adverse outcomes during pregnancy and postpartum, including pregnancy-related morbidity and mortality for the pregnant person.

- a. True
- b. False



[This Photo](#) by Unknown Author is licensed under [CC BY-SA-NC](#)



# • Implications of Perinatal Depression

## Understanding the prevalence of perinatal mood disorders, anxiety, and mental illness



- Untreated perinatal depression and other mood disorders can have devastating effects on women, infants, and families.
- Perinatal anxiety in the last trimester of pregnancy can increase risk for preeclampsia, cesarean birth, and neonatal intensive care.
- Every year, more than 400,000 infants are born to mothers who are depressed, which makes perinatal depression the most underdiagnosed obstetric complication in America.
- Since postpartum depression (PPD) can have a devastating impact on the experience of being a new mother and may have significant consequences for the child, it is important to understand which women are at greatest risk for PPD.

# • Women at Greatest Risk for PPD

- Prenatal depression
- History of previous depression
- Prenatal anxiety
- Maternity blues
- Recent stressful life events
- Inadequate social supports
- Poor marital relationship
- Low self-esteem
- Childcare stress
- Difficult infant temperament
- Single marital status
- Unplanned or unwanted pregnancy
- Lower socioeconomic status

# Polling Question #2

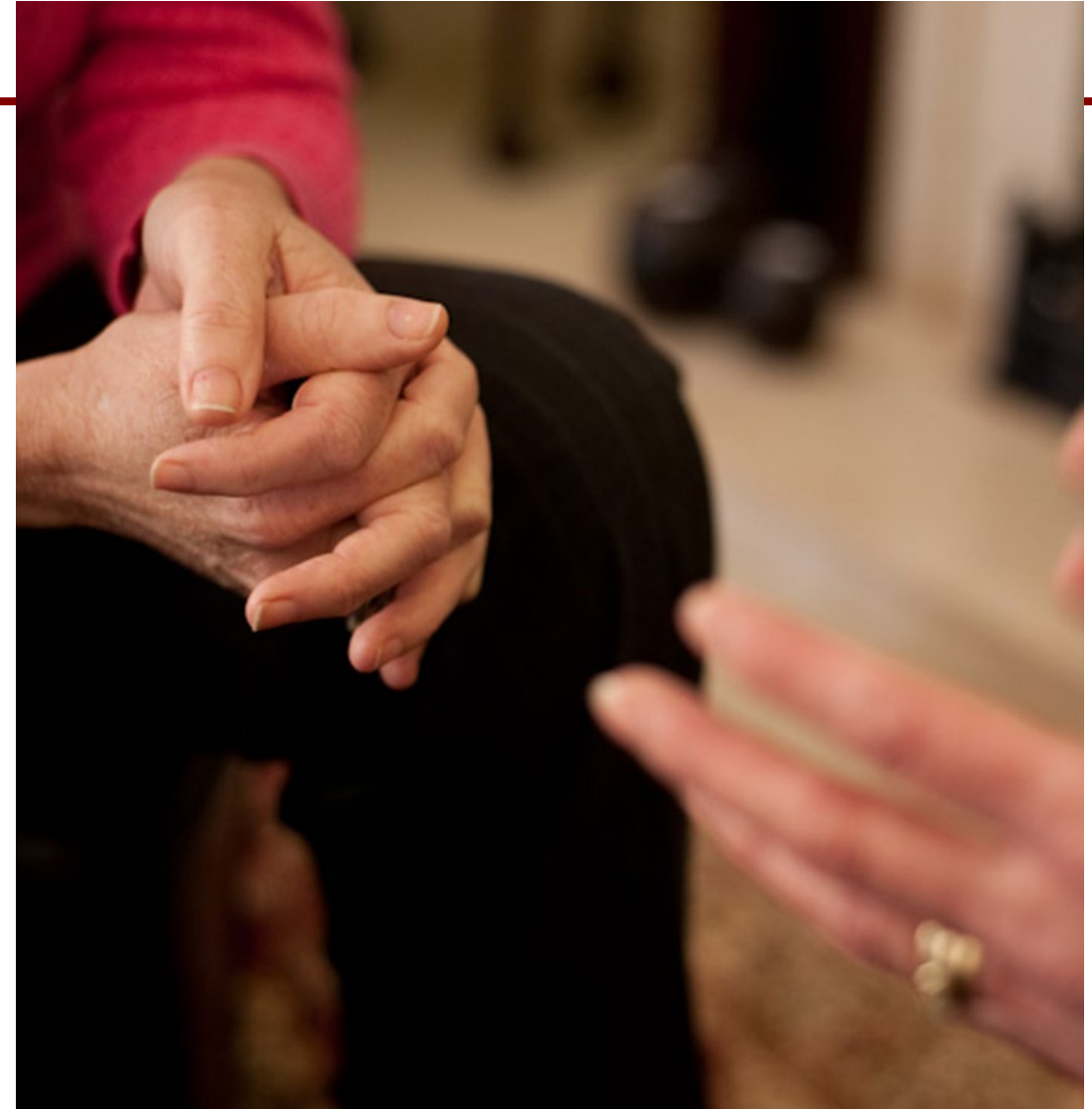
Prenatal depression can lead to fetal growth restriction and postnatal cognitive and emotional complications, including infant attachment barriers and poor cognition.

- a. True
- b. False



# Screening, Diagnosis, and Treatment

- Early detection, prevention, and effective treatment could reduce the effects of perinatal mental illness on childbearing people, infants, and their families.
- Integrated behavioral health improves health and patient experience, while reducing unnecessary costs in time, money, and delays.
- It is important to address the barriers, including pregnant and postpartum persons in remote areas, access to care after screening, stigma, shame, judgement, and blame.
- In 2019 ,the U.S. Preventive Services Task Force (USPSTF) issued its first guidelines regarding perinatal depression.
- USPSTF has also recommended the use of screening, brief intervention, referral to treatment (SBIRT) for all pregnant women enrolled in prenatal care.





# Understand the Racial and Ethnic Inequities That Persist

---

- Racial and ethnic inequities persist in the identification of illness and its treatment.
- We can not underscore enough the value of having providers who look like, have the shared experiences of, and/or can genuinely relate to those for whom they care.
- Black people with postpartum depression have lower odds of initiating treatment, following up with treatment, and refilling antidepressant medications than White people.
- “Lack of culturally responsive mental health awareness and expectations may contribute to clinicians’ underuse of effective preventive measures and treatments in this population.” (Kozhimannil KB, et al., 2011)



# • Community Health Approaches That Work

Best practices for early detection are through routine depression and anxiety screening in the obstetrics setting. This includes overcoming barriers to care and **use of liaison services** to potentially reduce risk.

- Encouraging Co-Location of Services
- Centering Pregnancy®
- Community Perinatal Health Workers
- Doulas (Birth and Postpartum)
- Peer-to-Peer Support

*“The use of lay counselors or community health workers has been a long-standing tradition in Latin American and the Caribbean. All stemming from the tradition of being “comadres” or godmothers to others in need in the community. As providers we just need to be more culturally aware and humble to learn from each other, and from others that might look/talk different.”*

*Julia Andino, LCSW-R*



# • Resources

---

- Maternal Mental Health NOW. (2018). [Perinatal Mental Health Integration Guide](#)
- Association of Maternal & Child Health Programs. (2020). [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\) for Pregnant and Postpartum Women](#) .
- Maternal Mental Health NOW. (2017). Bringing Light to Motherhood. Perinatal Mental Health Community Provider Toolkit - [https://www.maternalmentalhealthnow.org/images/PDFs/2018/MMHN\\_toolkit\\_2018\\_5b.pdf](https://www.maternalmentalhealthnow.org/images/PDFs/2018/MMHN_toolkit_2018_5b.pdf)
- Screening tools developed to detect drug, alcohol, and tobacco use among pregnant women and women of childbearing age:
  - Parents, Partners, Past, and Pregnancy (The 4Ps Plus) - <https://www.ntiupstream.com/4psabout>
  - Institute for Health and Recovery (2007). Behavioral Health Risks Screening Tool for Pregnant Women - Parents, Peers, Partner, Pregnancy, and Past (The 5Ps) - [https://d3vz56oilt3wha.cloudfront.net/resources/5p\\_forms/5Ps%20screening%20tool%20-%20English.pdf](https://d3vz56oilt3wha.cloudfront.net/resources/5p_forms/5Ps%20screening%20tool%20-%20English.pdf)

# Questions and Answers

---



# Helpful Information and Resources

## HRSA Maternal & Child Health Bureau

Offers programs and resources to improve the health and well-being of America's mothers, children, and families and to help them reach their full potential <https://mchb.hrsa.gov/>



[Home](#) > Maternal & Child Health Topics

## Maternal & Child Health Topics



## BPHC Health Center Library

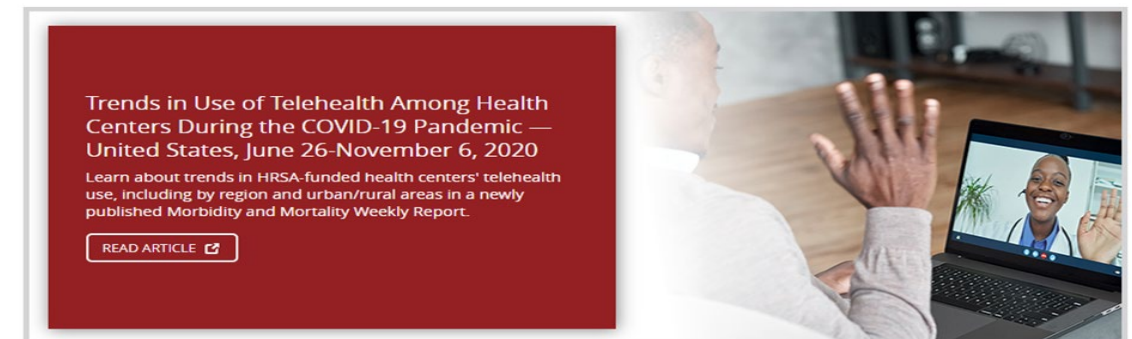
Features peer-reviewed articles that focus on health center quality improvement, access to health care, and cost efficiency

<https://bphc.hrsa.gov/datareporting/health-center-library>

### Health Center Library

Search peer-reviewed articles related to the Health Center Program, including those presented by HRSA authors and partner agencies, in three areas: Health Care Access, Quality, and Cost.

Contact: Email [hcllibrary@hrsa.gov](mailto:hcllibrary@hrsa.gov) to connect with the HRSA BPHC Health Center Library Team.



# How to Learn About TA Opportunities

---

## BPHC BH TA PORTAL ONLINE REQUEST FORM

<https://bphc-ta.jbsinternational.com>

## EMAIL

[healthcenter\\_BHTA@jbsinternational.com](mailto:healthcenter_BHTA@jbsinternational.com)

## BH TA WEEKLY UPDATE

[healthcenter\\_BHTA@jbsinternational.com](mailto:healthcenter_BHTA@jbsinternational.com)





# Coming In January 2022

## Webinars

01/04/2022

Adolescent Depression – Prevalence,  
Identification, and Effective Intervention

1/19 & 1/20/2022

Cherokee Health Integrated Care Academy

## Communities of Practice (CoP)

1/11/2022

Pediatric/Adolescent Behavioral Health

1/18/2022

Workforce Resiliency and Retention

## Interactive Office Hours

01/04/2022

Screening and Treatment for Adolescent  
Depression

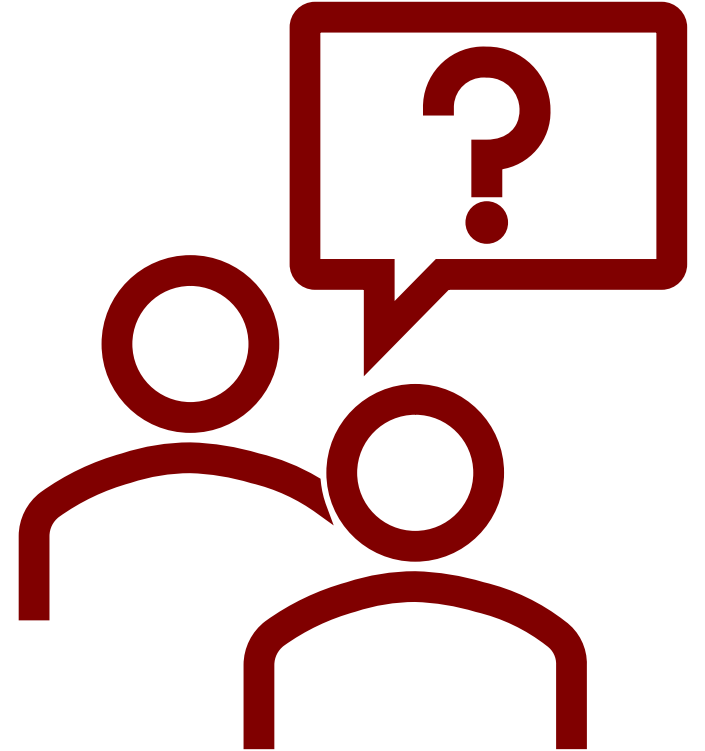
1/26/2022

Applying Lessons Learned from Cherokee's  
Integrated Care Academy



# Technical Assistance Opportunities for Health Centers

- One-on-One Coaching
- CoPs
- Site Visits
- Roundtable
- Office Hours
- Webinars



# CE Revisited

---

- We will be offering **0.5 CE credit** for attending today's webinar session.
- You **must** complete the Health Center Satisfaction Assessment after this session.
- **CE credit will be distributed to participants who complete the Satisfaction Assessment within 2 weeks of this information session.**
- We will provide details to complete the Satisfaction Assessment at the end of the webinar.



JBS International, Inc. has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6442. Programs that do not qualify for NBCC credit are clearly identified. JBS International, Inc. is solely responsible for all aspects of the programs.

# Health Center Satisfaction Assessment

---

- You **MUST** complete the Health Center Satisfaction Assessment after this session for which you plan on receiving CEs.
- The link to the Satisfaction Assessment will automatically open in your browser at the conclusion of this webinar.
- You can also click the link for the Satisfaction Assessment provided in the Zoom chat feature; click the link now to have the browser open.
- We will also email you a link to the Satisfaction Assessment.

**Please take 2–3 minutes to complete the Satisfaction Assessment directly following this session.**

**Thank you!**



# Thank You!

---



**RHONDA WALLER, PHD**



# Other Helpful Resources

- **HRSA Telehealth Center of Excellence** [https://www.umc.edu/Healthcare/Telehealth/Telehealth\\_Home.html](https://www.umc.edu/Healthcare/Telehealth/Telehealth_Home.html)
- **HRSA Center of Excellence for Behavioral Health Technical Assistance** <https://bphc.hrsa.gov/>
- **HRSA Rural Centers of Excellence on Substance Use Disorders** <https://www.hrsa.gov/rural-health/rcorp/rcoe>
- **University of Vermont** <https://uvmcora.org/>
- **University of Rochester** <https://recoverycenterofexcellence.org/>
- **HRSA Chronic and Infectious Diseases Resources** <https://www.hrsa.gov/library/chronic-and-infectious-diseases>
- **Providers Clinical Support System addressing opioid use disorders** <https://pcssnow.org/>
- **Center of Excellence for Integrated Health Solutions** <https://www.thenationalcouncil.org/integrated-health-coe/>



# References

- Accortt, E. E., & Wong, M. S. (2017). It is time for routine screening for perinatal mood and anxiety disorders in obstetrics and gynecology settings. *Obstetrical & Gynecological Survey*, 72(9), 553-568. doi: 10.1097/OGX.0000000000000477
- Committee on Obstetric Practice. (2015). The American College of Obstetricians and Gynecologists Committee opinion no. 630. Screening for perinatal depression. *Obstetrics and Gynecology*, 125(5), 1268-1271. doi: 10.1097/01.AOG.0000465192.34779.dc. PMID: 25932866.
- Earls, M. F., & Committee on Psychosocial Aspects of Child and Family Health. (2010). Incorporating recognition and management of perinatal and postpartum depression into pediatric practice. *Pediatrics*, 126(5), 1032-1039. <https://doi.org/10.1542/peds.2010-2348>
- Field, T. (2017). Prenatal anxiety effects: A review. *Infant Behavior and Development*, 49, 120–128. <https://doi.org/10.1016/j.infbeh.2017.08.008>
- Kozhimannil, K. B., Trinacty, C. M., Busch, A. B., Huskamp, H. A., & Adams, A. S. (2011). Racial and ethnic disparities in postpartum depression care among low-income women. *Psychiatric Services*, 62(6), 619-625. doi: [10.1176/appi.ps.62.6.619](https://doi.org/10.1176/appi.ps.62.6.619)
- MGH Center for Women's Mental Health. (2005, June 20). *Postpartum depression: Who is at risk?* <https://womensmentalhealth.org/posts/postpartum-depression-who-is-at-risk/>
- MGH Center for Women's Mental Health. (2017, January 24). *Improving access to mental health services: Could lay counselors be used to treat perinatal depression?* <https://womensmentalhealth.org/posts/improving-access-mental-health-services-lay-counselors-used-treat-perinatal-depression/>
- Moore, J. E., McLemore, M. R., Glenn, N., & Zivin, K. (2021). Policy opportunities to improve prevention, diagnosis, and treatment of perinatal mental health conditions. *Health Affairs*, 40(10), 1534–1542. <https://doi.org/10.1377/hlthaff.2021.00779>
- NTI Upstream. (2020). *The4PS Plus cost & savings analysis*. [https://static1.squarespace.com/static/5305a53ee4b0be631aa0cb80/t/5e73aa451d316370d4b7a07a/1584638542502/NTI+Upstream+4ps+Plus\\_Cost+Analysis.pdf](https://static1.squarespace.com/static/5305a53ee4b0be631aa0cb80/t/5e73aa451d316370d4b7a07a/1584638542502/NTI+Upstream+4ps+Plus_Cost+Analysis.pdf)
- Health Resources and Services Administration, Bureau of Primary Health Care. (2020). *Uniform Data System (UDS) clinical quality measures and related Healthy People 2020 goals*. <https://bphc.hrsa.gov/program-opportunities/sac/uds-measures-and-hp-goals>
- Agency for Healthcare Research and Quality. (n.d.) *What is integrated behavioral health?* <https://integrationacademy.ahrq.gov/about/integrated-behavioral-health>

