



Population-based Approaches for Addressing Perinatal Mental Health and Substance Use Disorders

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Perinatal mental health affects everybody



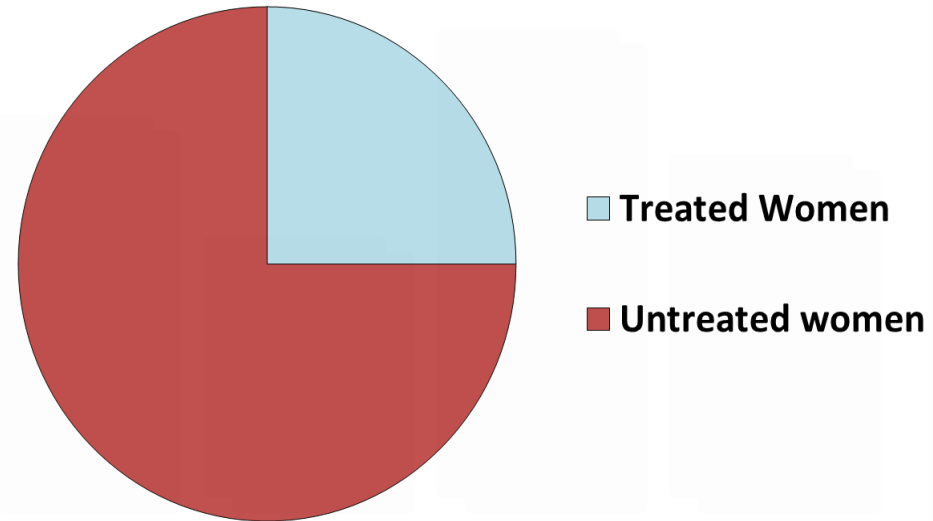
Major gaps to perinatal mental health care exist in our health care systems



Perinatal mental health and substance use disorders are common, undertreated and a leading cause of maternal death

1 in 5

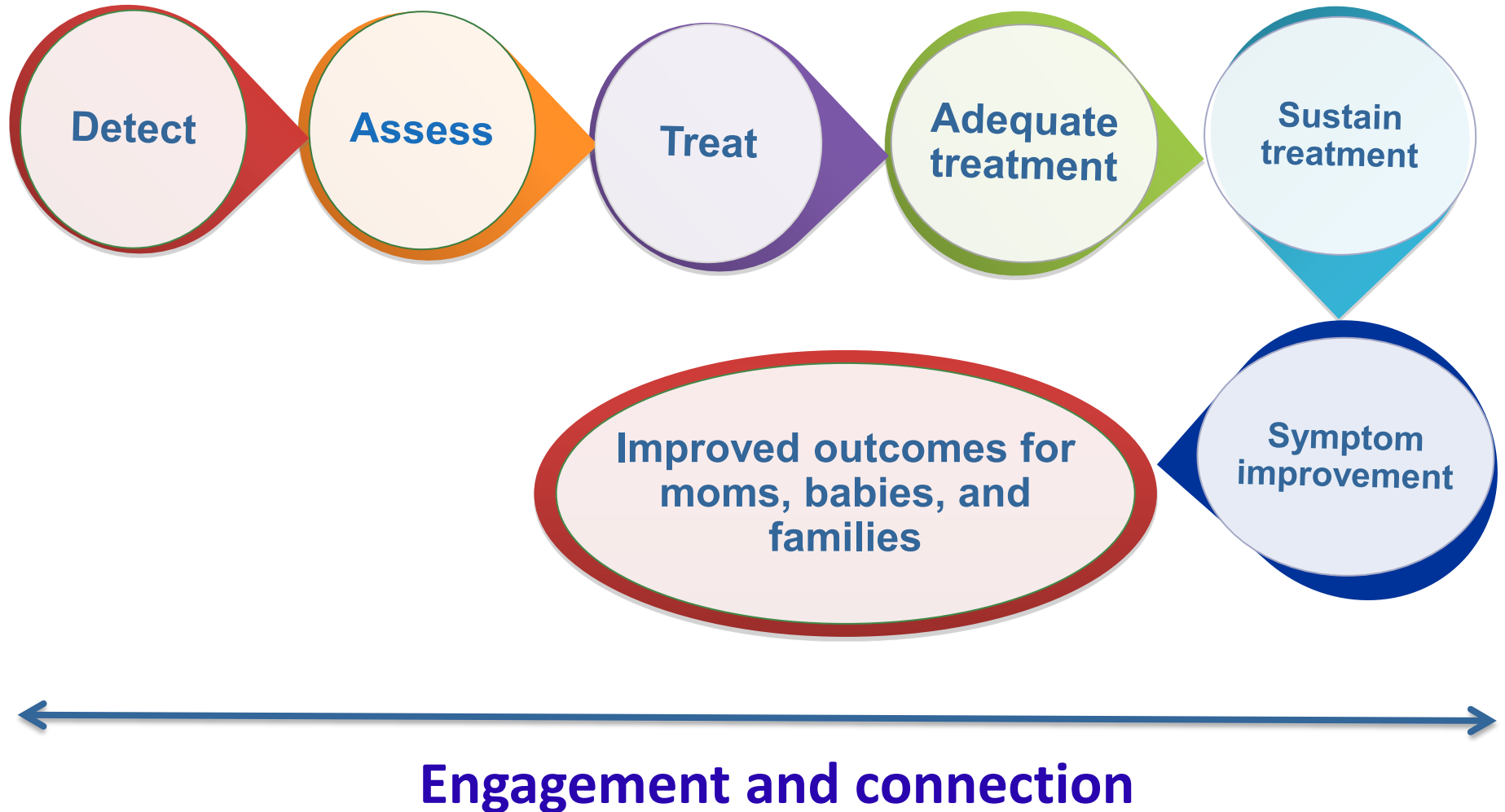
women around the world will suffer from a maternal mental health complication



Health care systems need to address perinatal mental health and substance use disorders



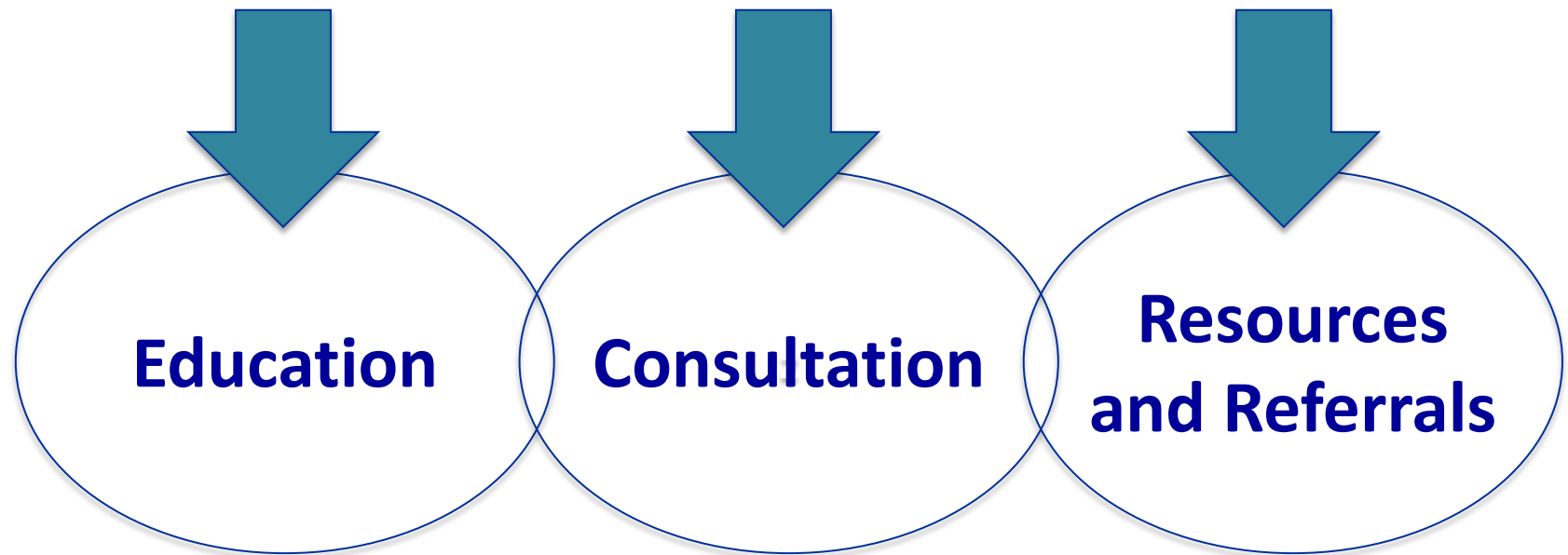
Screening must be followed by interventions to provide or link with individuals with care



Massachusetts Child Psychiatry Access Program

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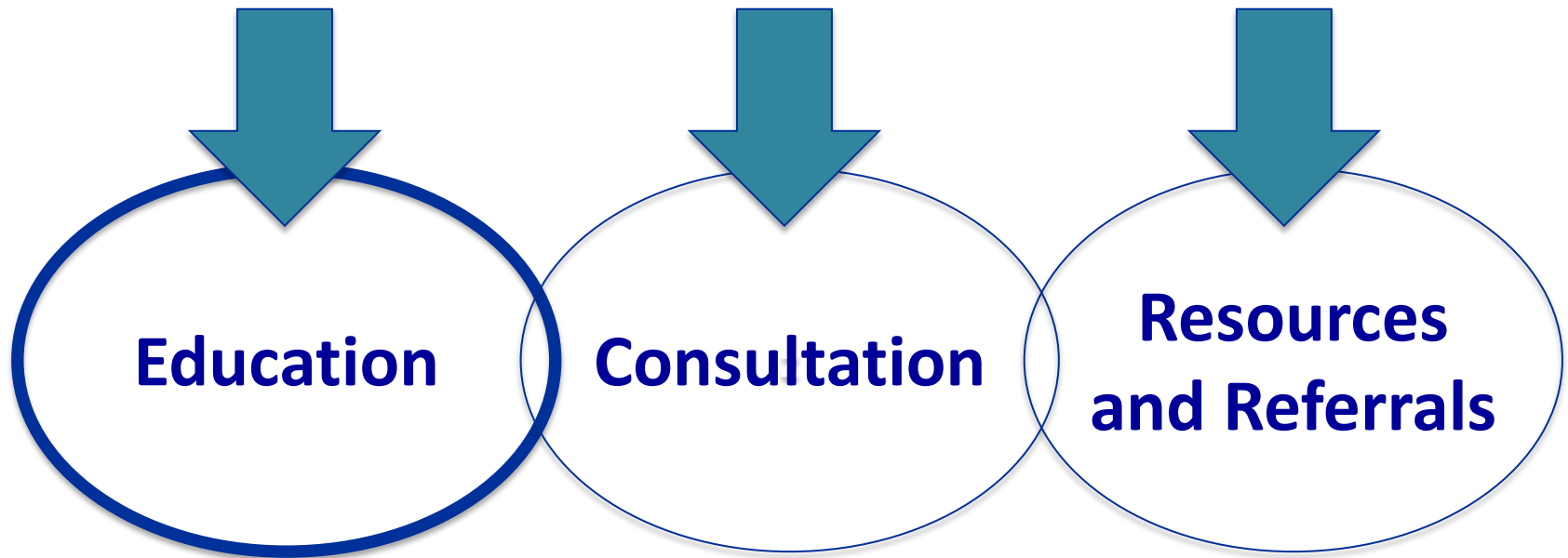
For Moms



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Training and toolkits help educate and engage providers in providing perinatal mental health care



Massachusetts Child Psychiatry Access Program
MCPAP
For Moms

Contact number for providers:
855-Mom-MCPAP (855-666-6272)

Promoting Maternal Mental Health During and After Pregnancy

About MCPAP for Moms
How We Help Providers
Toolkits and Resources
Our Team
For Mothers and Families



Click Below For Video



MCPAP for Moms promotes maternal and child health by building the capacity of providers serving pregnant and postpartum women and their children up to one year after delivery to effectively prevent, identify, and manage mental health and substance use concerns.



One in Seven
One out of every seven women experience depression during pregnancy or in the first year postpartum. Depression during this time is twice as common as gestational diabetes.


In the News »

FOR PROVIDERS ONLY
Enroll in MCPAP for Moms

Provider Resources

-  **Trainings and toolkits** for providers and their staff on evidence-based guidelines for: depression screening, triage and referral, risks and benefits of medications, and discussion of screening results and treatment options.
-  **Real-time psychiatric consultation and care coordination** for providers serving pregnant and postpartum women including obstetricians, pediatricians, adult primary care physicians, and psychiatrists.
-  **Linkages with community-based resources** including mental health care, support groups and other resources to support the wellness and mental health of pregnant and postpartum women.

Improving access to and engagement of pregnant and postpartum women in mental health and substance use treatment leads to improved outcomes for mothers and their babies.



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Antidepressant Treatment Algorithm
(use in conjunction with Depression Screening Algorithm for Obstetric Providers)

Is patient currently taking an antidepressant?

Yes

If medication has helped and patient is on a low dose: increase dose of current medication (see table below)

If patient is on therapeutic dose for 4-8 weeks that has not helped: consider changing medication. If questions contact MCPAP for Moms for consultation

No

Does patient have a history of taking an antidepressant that has helped?

Yes

Prescribe antidepressant that helped patient in the past (see table below)

No

Use sertraline, fluoxetine or citalopram (see table below)

To minimize side effects, half the recommended dose is used initially for 2 days, then increase in small increments as tolerated.

First line treatment (SSRIs)			
*sertraline (Zoloft) 50-200 mg <i>Increase in 50 mg increments</i>	fluoxetine (Prozac) 20-60 mg <i>Increase in 10 mg increments</i>	citalopram (Celexa) 20-40 mg <i>Increase in 10 mg increments</i>	escitalopram (Lexapro) 10-20mg <i>Increase in 10 mg increments</i>

Second line treatment			
SSRIs *paroxetine (Paxil) 20-60mg <i>Increase in 10 mg increments</i>	SNRIs venlafaxine (Effexor) 75-300mg <i>Increase in 75 mg increments</i>	Other bupropion (Wellbutrin) 300-450mg <i>Increase in 75 mg increments</i>	<p>If a first or second line medicine is currently helping, continue it</p> <p>Strongly consider using first or second line medicine that has worked in past</p>
*fluvoxamine (Luvox) 50-200mg <i>Increase in 50 mg increments</i>	duloxetine (Cymbalta) 30-60mg <i>Increase in 20 mg increments</i>	mirtazapine (Remeron) 15-45mg <i>Increase in 15 mg increments</i>	

*Considered a safer alternative in lactation because they have the lowest degree of transplacental passage and fewest reported adverse effects compared to other antidepressants. **In general, if an antidepressant has helped it is best to continue it during lactation.**

Reevaluate depression treatment in 2-4 weeks via EPDS & clinical assessment

If no/minimal clinical improvements after 4-8 weeks

- If patient has no or minimal side effects, increase dose.
- If patient has side effects, switch to a different med.

If you have any questions or need consultation, contact MCPAP for Moms at 855-Mom-MCPAP (855-666-6272)

If clinical improvement and no/minimal side effects

Reevaluate every month and at postpartum visit. Refer back to patient's provider and/or clinical support staff for psychiatric care once OB care is complete. Contact MCPAP for Moms if it is difficult to coordinate ongoing psychiatric care. Continue to engage woman in psychotherapy, support groups and other non-medication treatments.

CALL MCPAP FOR MOMS WITH CLINICAL QUESTIONS THAT ARISE DURING SCREENING OR TREATMENT AT 855-666-6272

MCPAP for Moms: Promoting maternal mental health during and after pregnancy
Revision 04.28.14

www.mcpapformoms.org
Tel: 855-Mom-MCPAP (855-666-6272)

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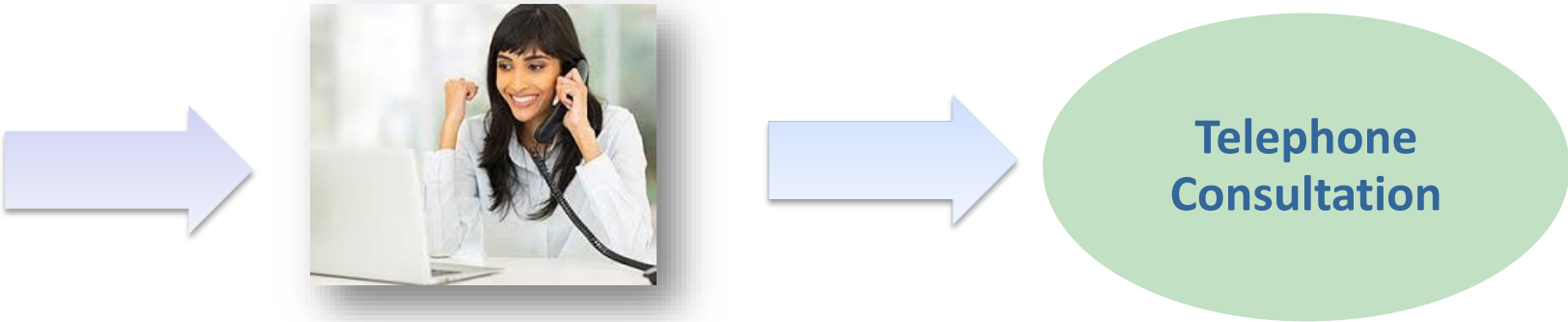


Education

Consultation

**Resources
and Referrals**

Telephone consultation is the primary currency of this relationship and the “engine” of Access Programs

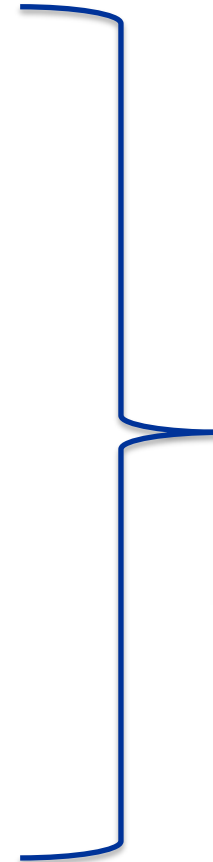




**Discuss potential
management
strategies**

**Recommend a Face-
to-Face Evaluation**

**Refer to the
community**



MCPAP for Moms ≠ telepsychiatry

We serve all providers caring for perinatal individuals



**Obstetric
providers/
Midwives**

60%

**Family
Medicine/
Primary Care
providers**

9%

**SUD
providers**

<1%

**Psychiatric
providers**

14%

**Pediatric
providers**

5%

Obstetric providers are our highest utilizers

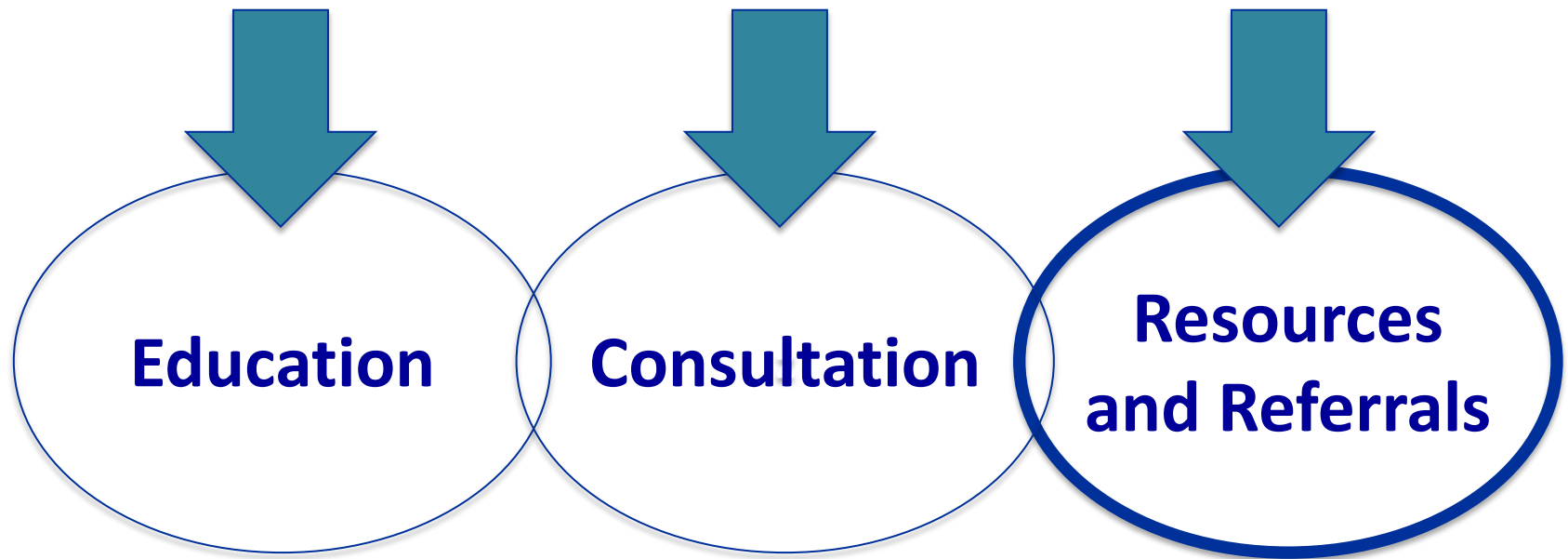


Obstetric providers/ Midwives	Family Medicine/ Primary Care providers	SUD providers	Psychiatric providers	Pediatric providers
60%	9%	<1%	14%	5%

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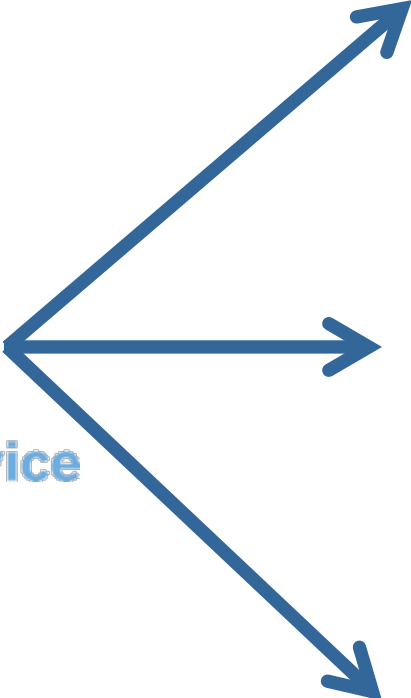


Resources and referrals link individuals with therapy, support groups, and community resources



**WILLIAM JAMES
COLLEGE**

INTERFACE Referral Service



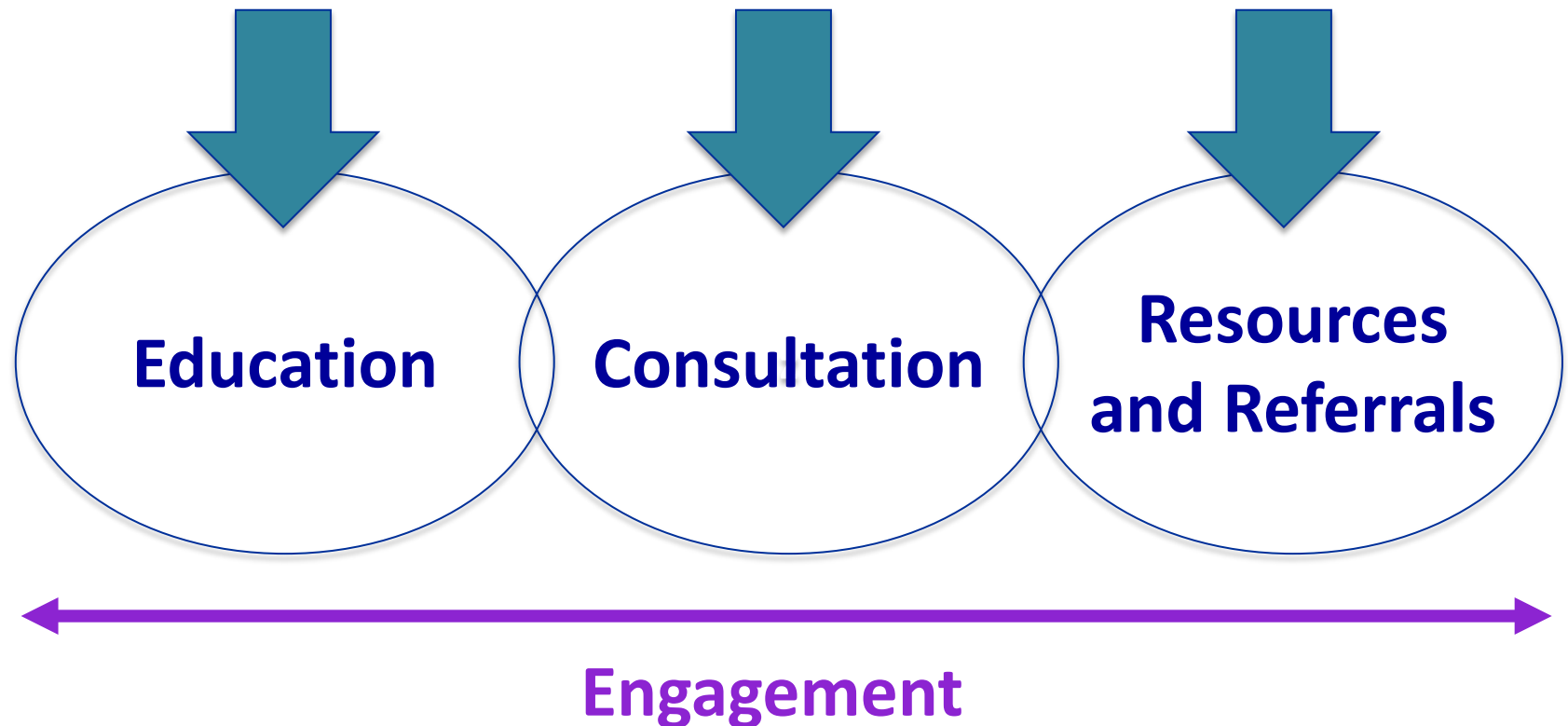
**Community
Resources**

**Support the wellness and mental
health of perinatal women**

Massachusetts Child Psychiatry Access Program

MOPAP

For Moms



MCPAP for Moms is a scalable model that leverages limited resources



1.0 FTE Perinatal Psychiatrists

2.5 FTE Resource and Referral Specialists

Since our launch in July 2014, MCPAP for Moms has served many clinicians and parents

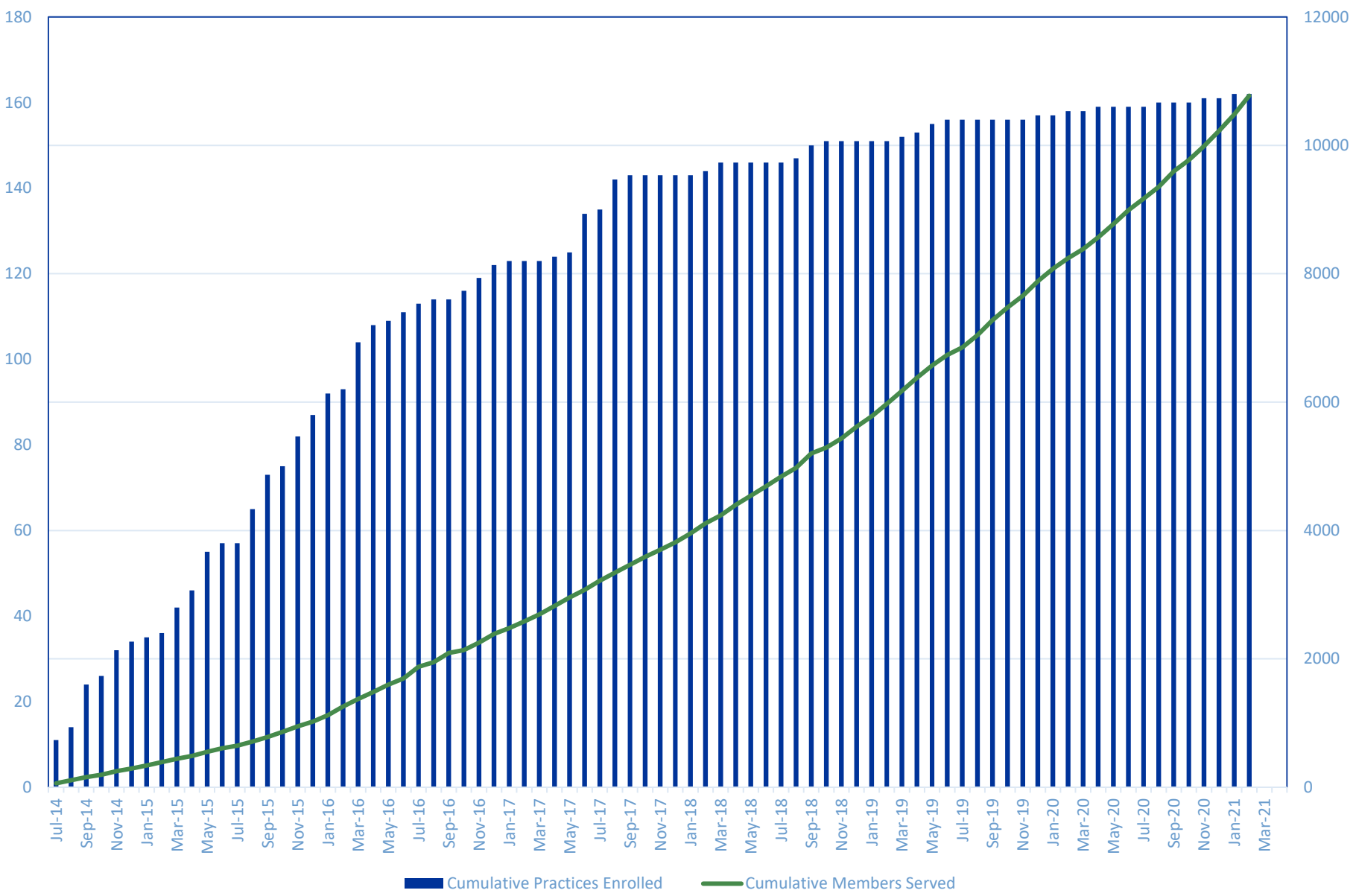
OB practices enrolled	162 (78%)
Enrolled practices utilizing	110 (64%)
Perinatal individuals served	12,046
Provider-provider telephone encounters	5,552
Face-to-face evaluations	626
Resource and referral encounters	10,772

Since our launch in July 2014, MCPAP for Moms has served many clinicians and parents

OB practices enrolled	162 (78%)
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Perinatal individuals served	12,046
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Face-to-face evaluations	626
Resource and referral encounters	10,772

We serve 300-400 individuals per month

MCPAP for Moms covers 80% of the deliveries in MA and served over 10,000 women





**2013-2014
Depression**



**2016
Depression
Anxiety**



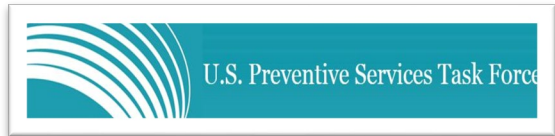
**2017
Bipolar
Disorder**



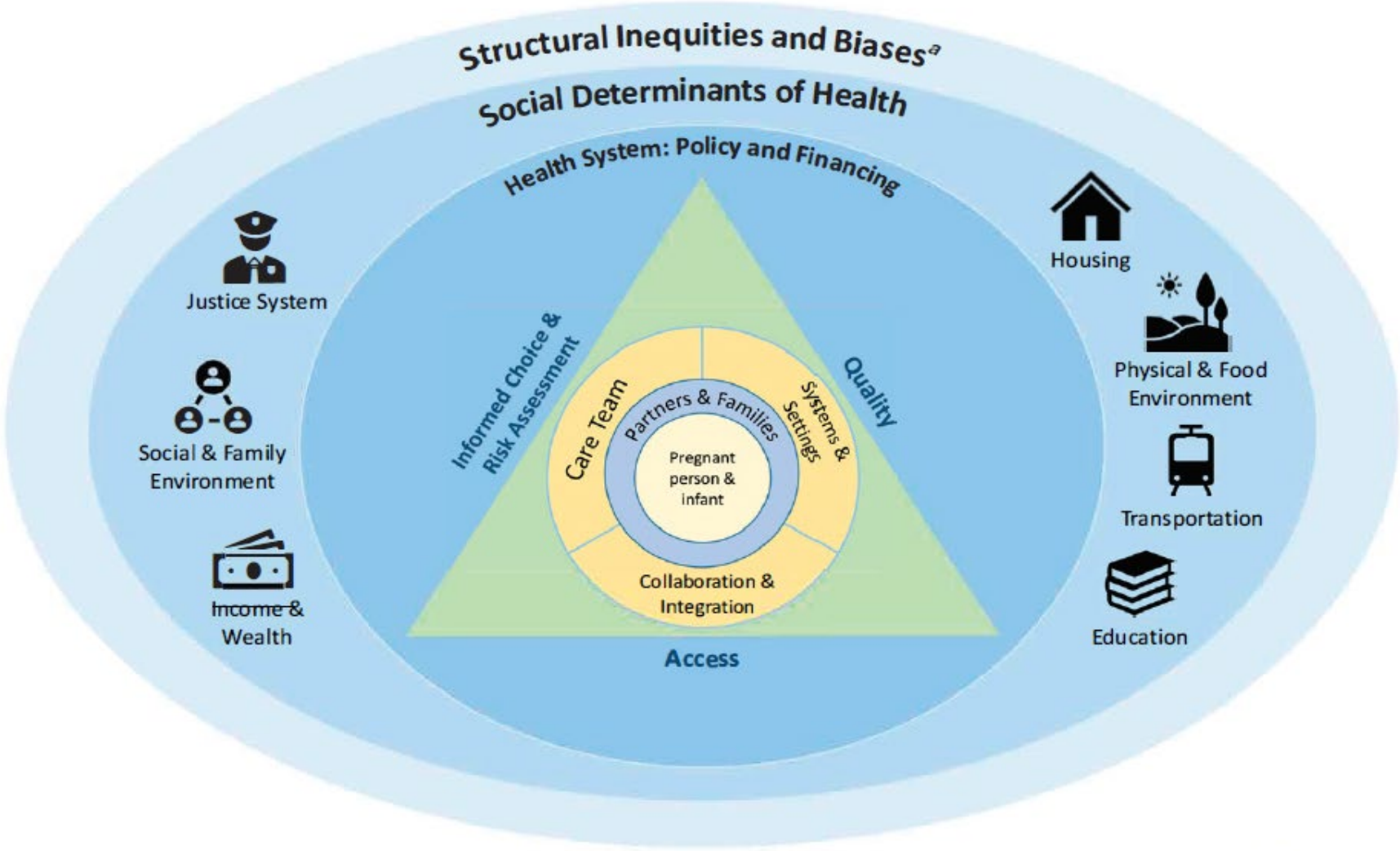
**2018
Substance
Use
Disorder**



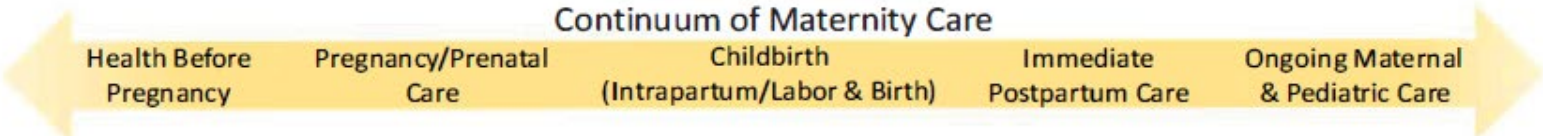
**2020
Health
Equity**



Our goal is equitable access to mental health care



Continuum of Maternity Care



Equity and justice need to be at the forefront of our vision, values and services



Create a liberated space to address individual/team contributions to racism and to foster anti-racist action



Apply an anti-racist lens to all processes including data collection and evaluation to address inequities



Produce and disseminate materials that promote belonging and highlight racial disparities

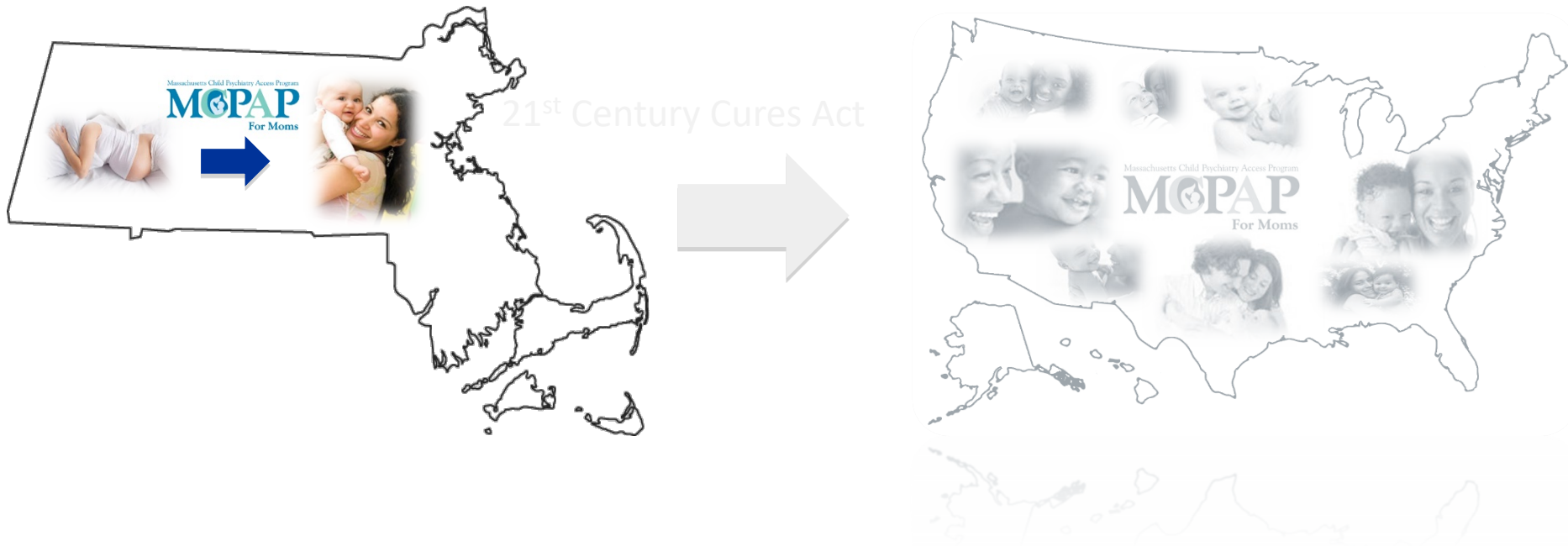


All providers and patients have equitable access to MCPAP for Moms and we apply an anti-racist lens to all trainings & services



Intentionally collaborate and engage with communities and systems to address barriers and promote equity and justice

With MCPAP for Moms, all women across MA have access to evidence-based mental health and substance use disorder treatment



MCPAP for Moms can serve as a model for other states in the US

Untreated perinatal mood and anxiety disorders come at a high cost

\$32,000/yr



\$345.6 Million/yr



MCPAP for Moms costs are low

\$32,000/yr



\$13.89/yr
\$1.16/month



\$345.6 Million/yr



\$1 Million/yr



50% is recuperated through legislated surcharge to commercial insurers

\$32,000/yr



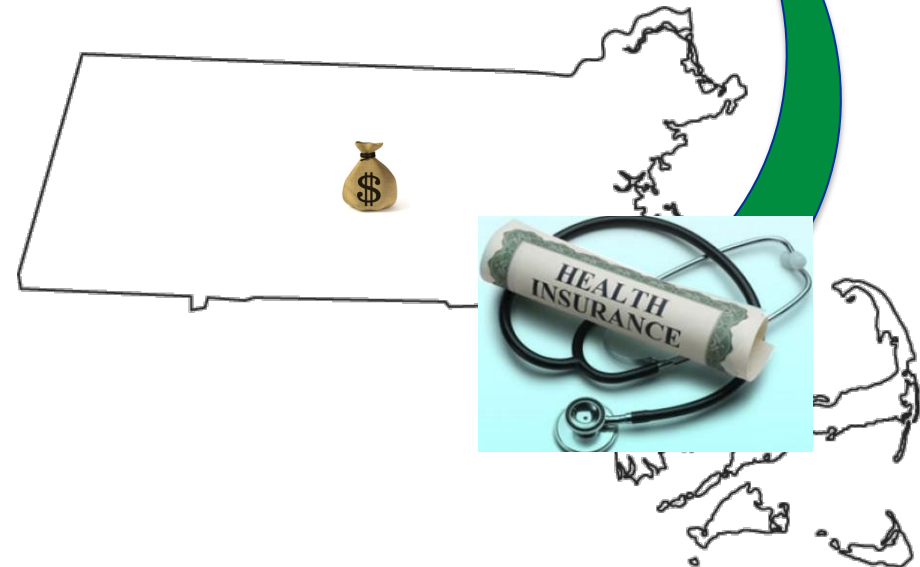
\$13.89/yr
\$1.16/month



\$345.6 Million/yr

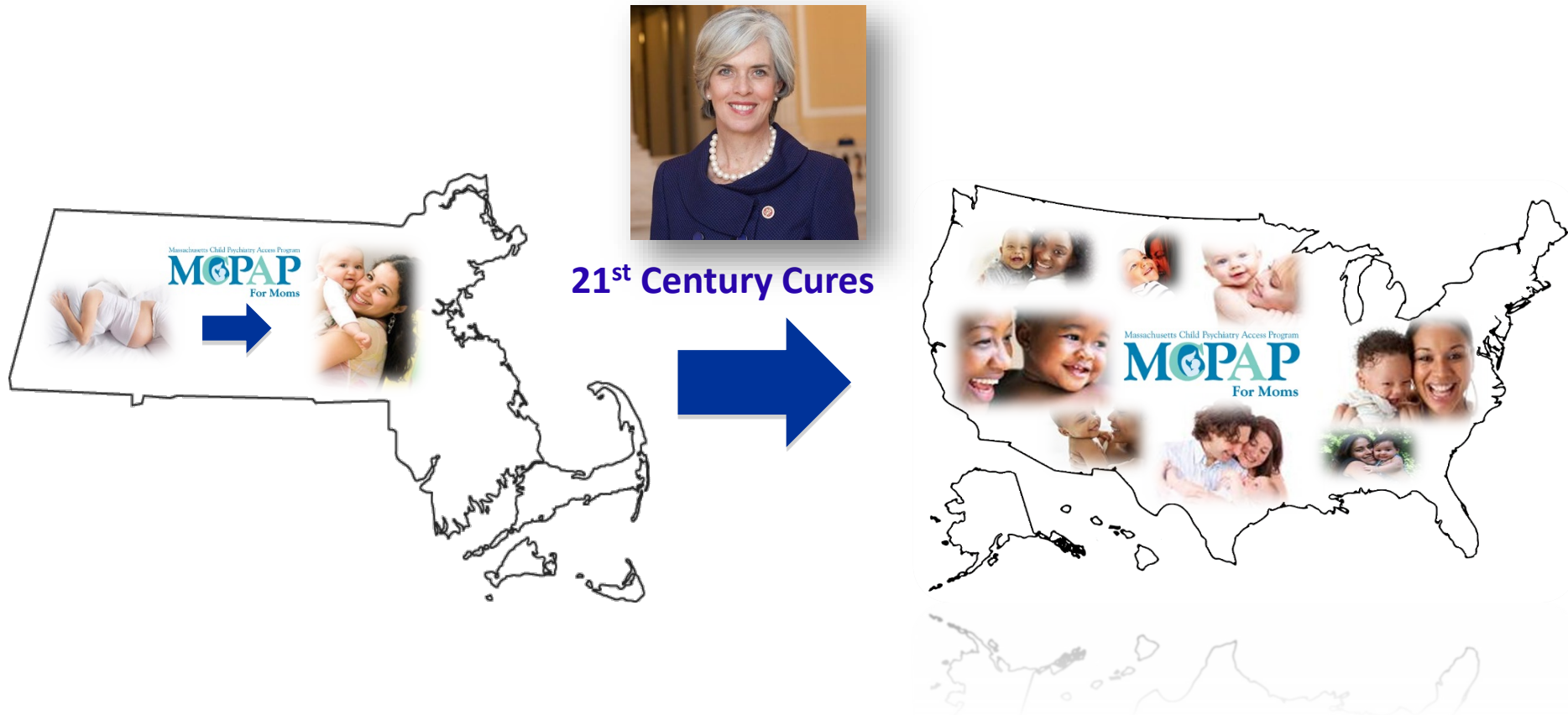


\$1 Million/yr



50%
2015

With MCPAP for Moms, all women across MA have access to evidence-based mental health and substance use disorder treatment

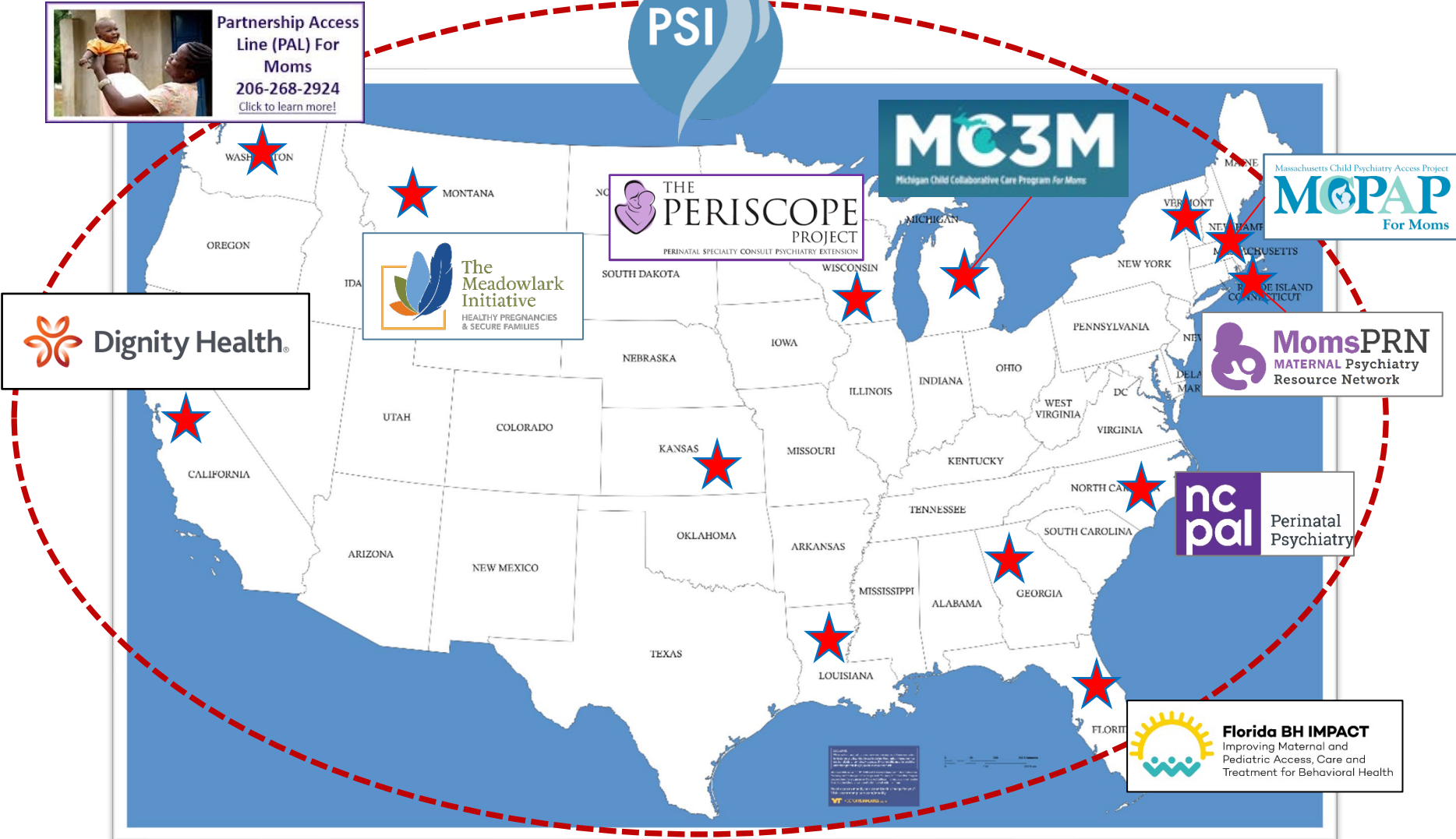


MCPAP for Moms is serving as a model for other states in the US

17 Access Programs now cover > 1.4 M US births



Partnership Access Line (PAL) For Moms
206-268-2924
[Click to learn more!](#)



<https://www.umassmed.edu/lifeline4moms/Access-Programs/network-members-us/>

Perinatal Psychiatry Access Programs need to be tailored for the region they serve

Program Component	Massachusetts	Washington	Wisconsin
Training and toolkits	✓	✓	✓
Consultation	✓	✓	✓
Resource and referral	✓		
Context (e.g., legislation, funding, complementary programs)			

Perinatal Psychiatry Access Programs are being implemented and funded in various ways

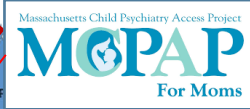


Partnership Access Line (PAL) For Moms
206-268-2924
[Click to learn more!](#)

PSI



MC3M
Michigan Child Collaborative Care Program for Moms



Massachusetts Child Psychiatry Access Project
MOPAP
For Moms



THE PERISCOPE PROJECT
PERINATAL SPECIALTY CONSULT PSYCHIATRY EXTENSION



The Meadowlark Initiative
HEALTHY PREGNANCIES & SECURE FAMILIES



MomsPRN
MATERNAL Psychiatry Resource Network



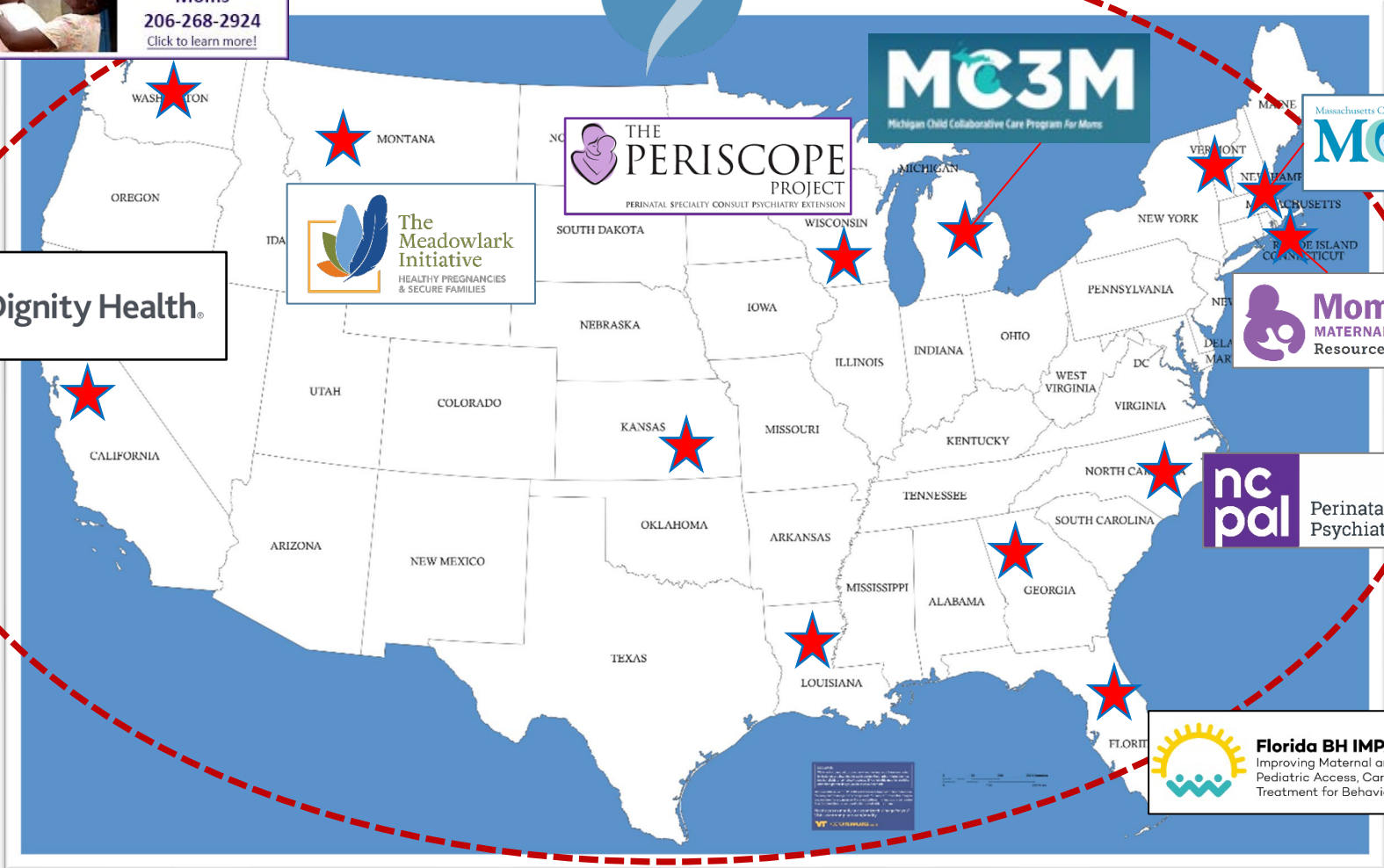
Dignity Health



nc pal
Perinatal Psychiatry



Florida BH IMPACT
Improving Maternal and Pediatric Access, Care and Treatment for Behavioral Health



Our National Network aims to improve perinatal and child health through Access Programs

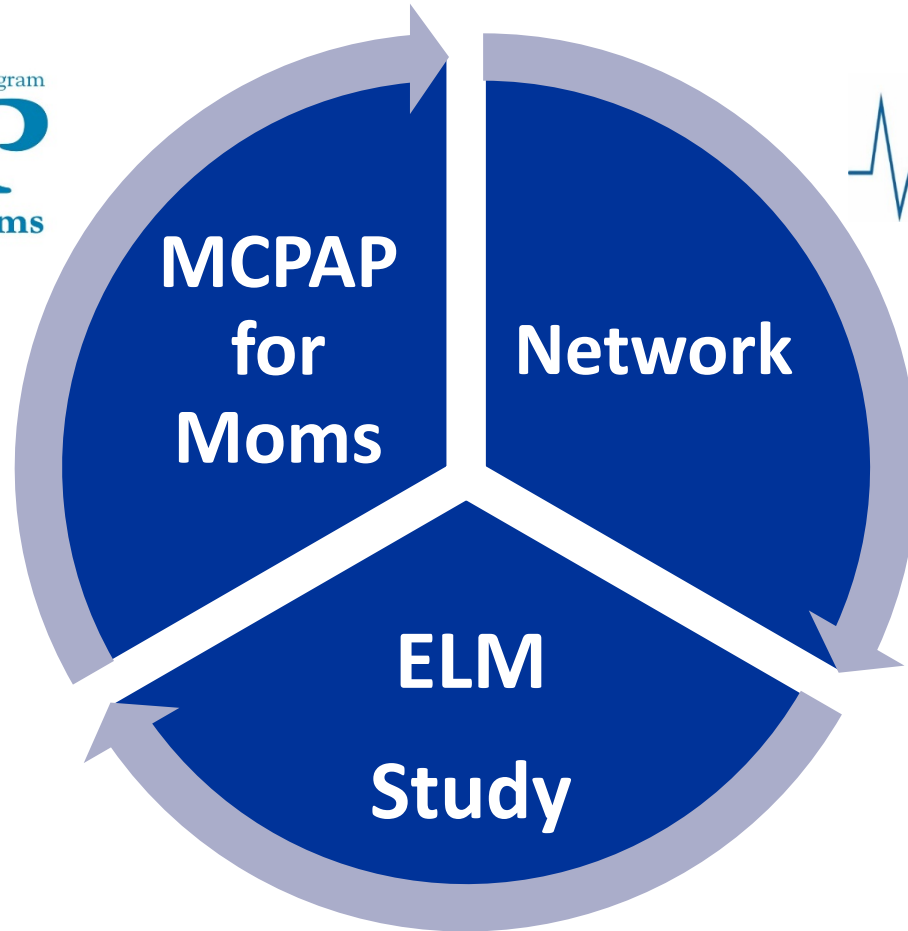
Peer-learning and
resource sharing

Program Evaluation



<https://www.umassmed.edu/lifeline4moms/Access-Programs/>

We are leveraging the collective synergy between our Network of Access Programs aMCPAP for Moms to conduct the ELM study



 *Evaluating Lifelines4Moms*

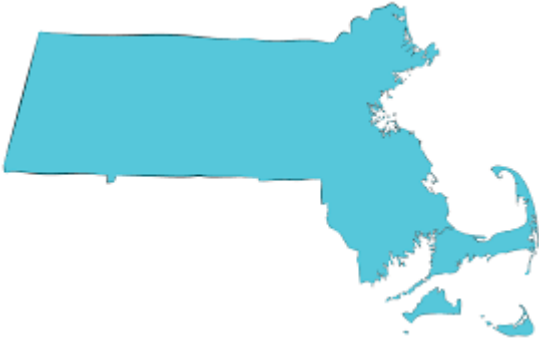
We will evaluate the comparative effectiveness of different program models on perinatal treatment engagement and quality



 *Evaluating Lifelines4Moms*



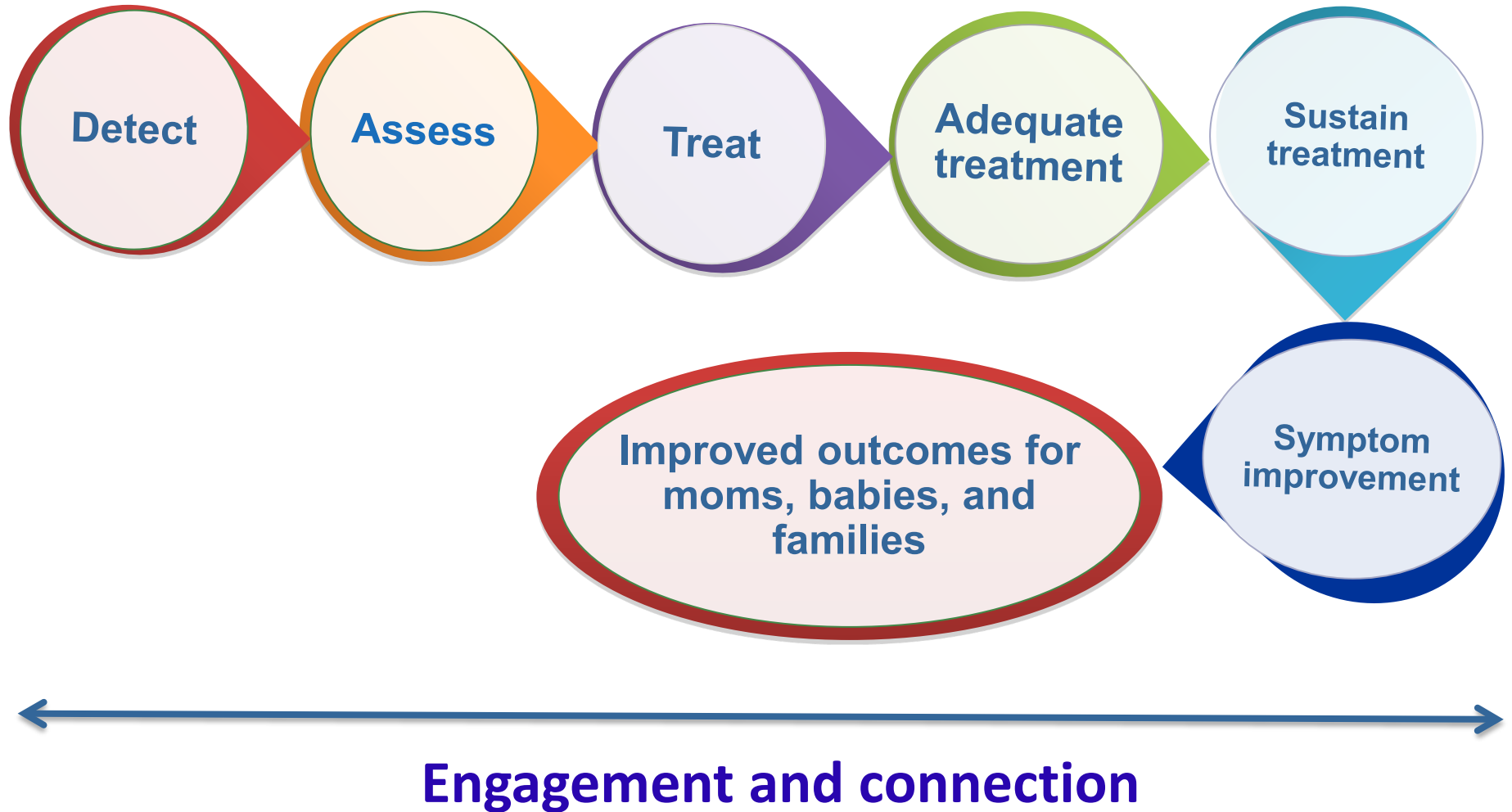
First, we will characterize program components, timelines and state policy context in 3 states



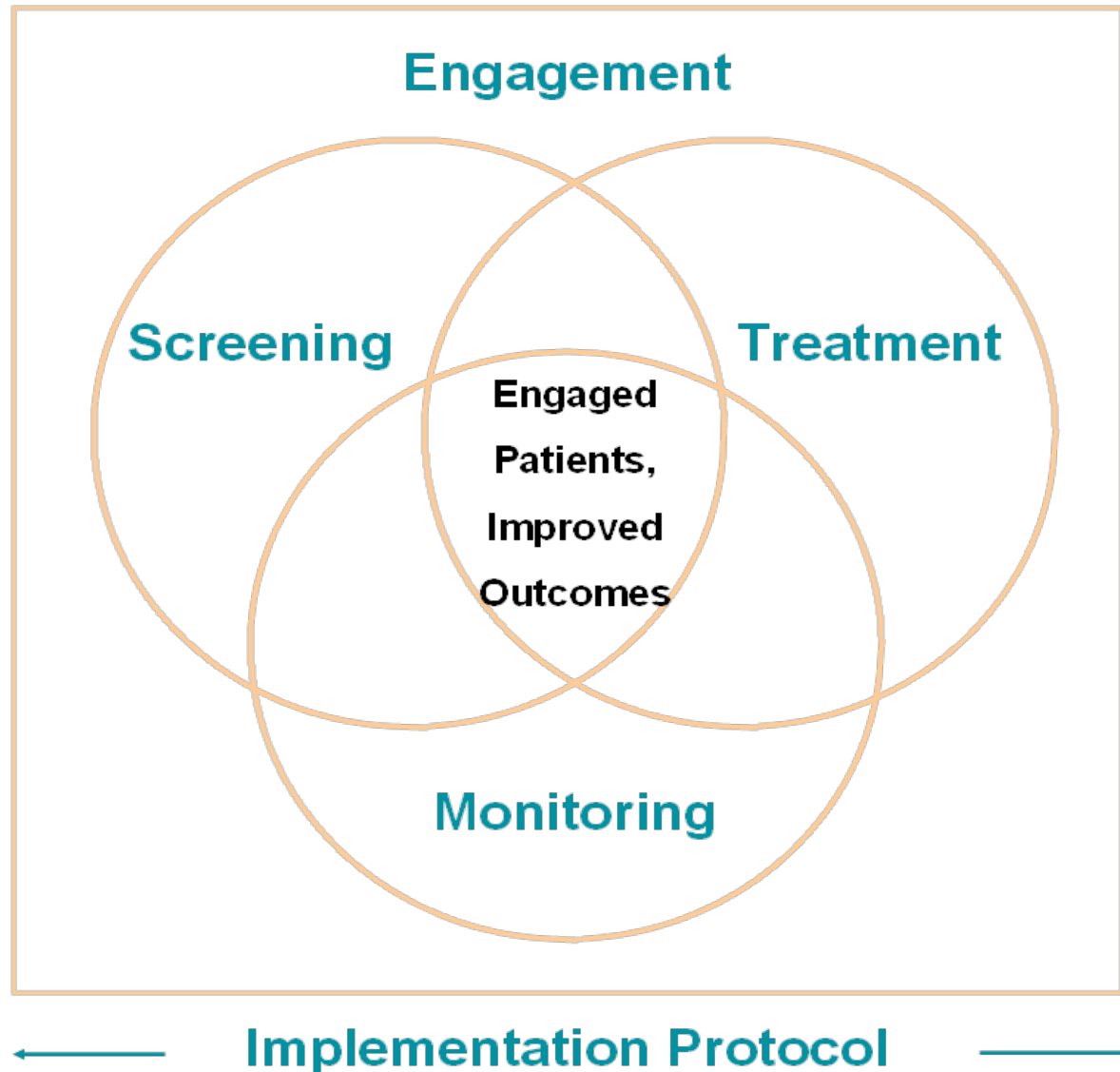
We will evaluate the mechanism by which Access Programs work

Program Component	Massachusetts	Washington	New Jersey
Training and toolkits	✓	✓	
Consultation	✓	✓	
Resource and referral	✓		✓
Engine	Telephone consultation		Resource and referral
Focus	Providers		Patients

Practice-level interventions are needed to fully integrate mental health care into obstetric care

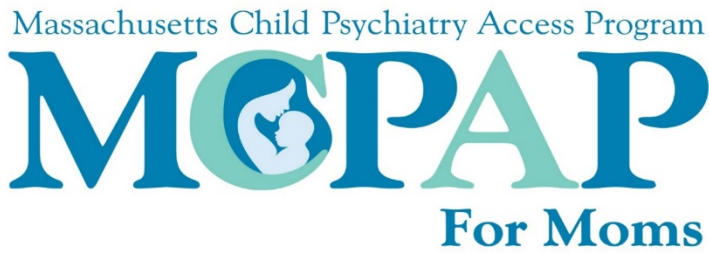


Proactive practice level interventions can leverage existing resources to help integrate care



We hypothesized that PRISM and MCPAP for Moms would differentially improve perinatal depression

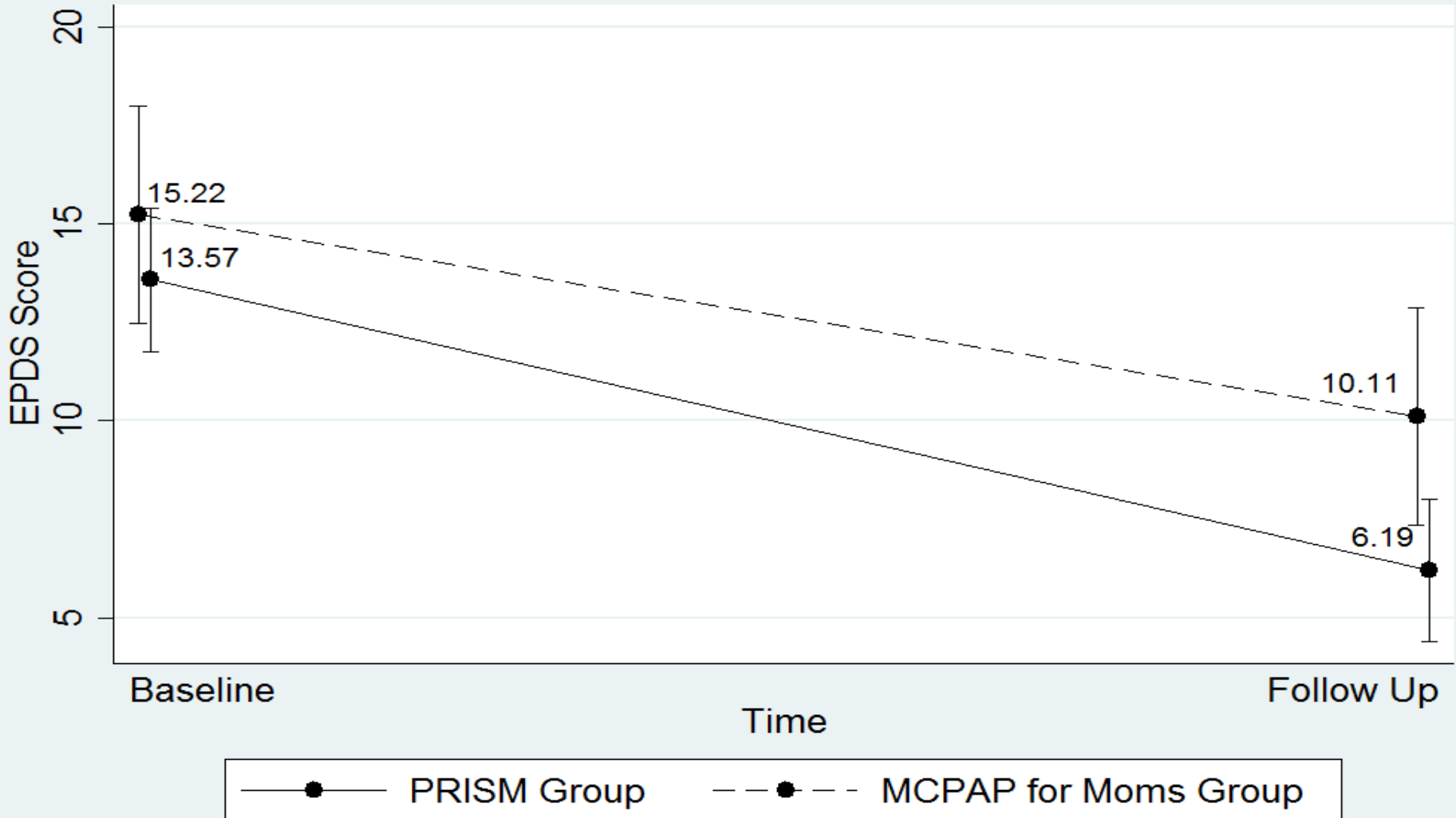
Massachusetts Child Psychiatry Access Program
MCPAP
For Moms

The logo for the Massachusetts Child Psychiatry Access Program (MCPAP) For Moms. It features the text "Massachusetts Child Psychiatry Access Program" in a small blue font at the top. Below it, the letters "MCPAP" are written in a large, bold, blue serif font. The letter "O" is replaced by a circular icon containing a white silhouette of a mother holding a baby. Below "MCPAP", the words "For Moms" are written in a smaller blue font.

Vs.



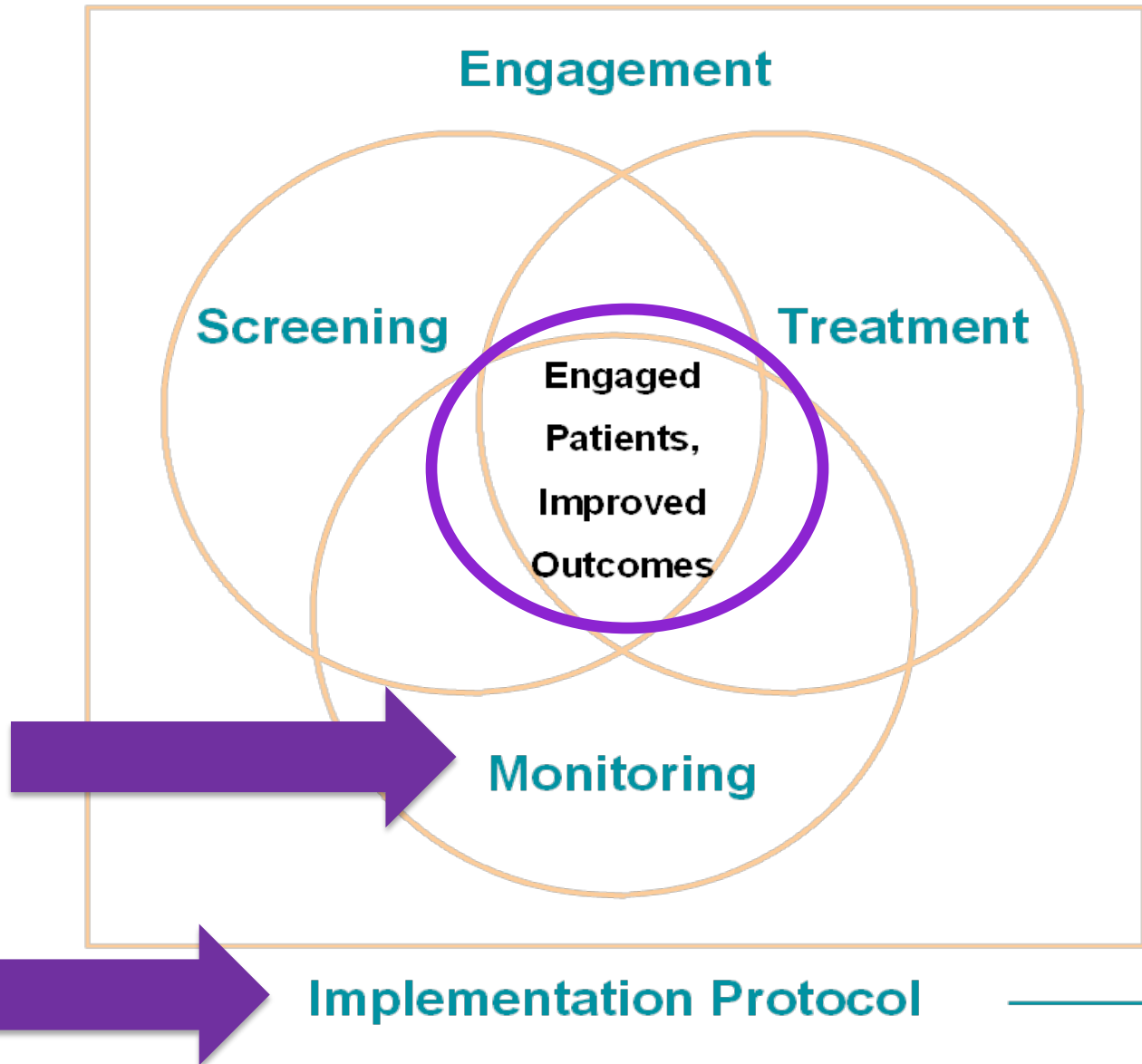
In our pilot study, depression scores improved over time in both PRISM and MCPAP for Moms

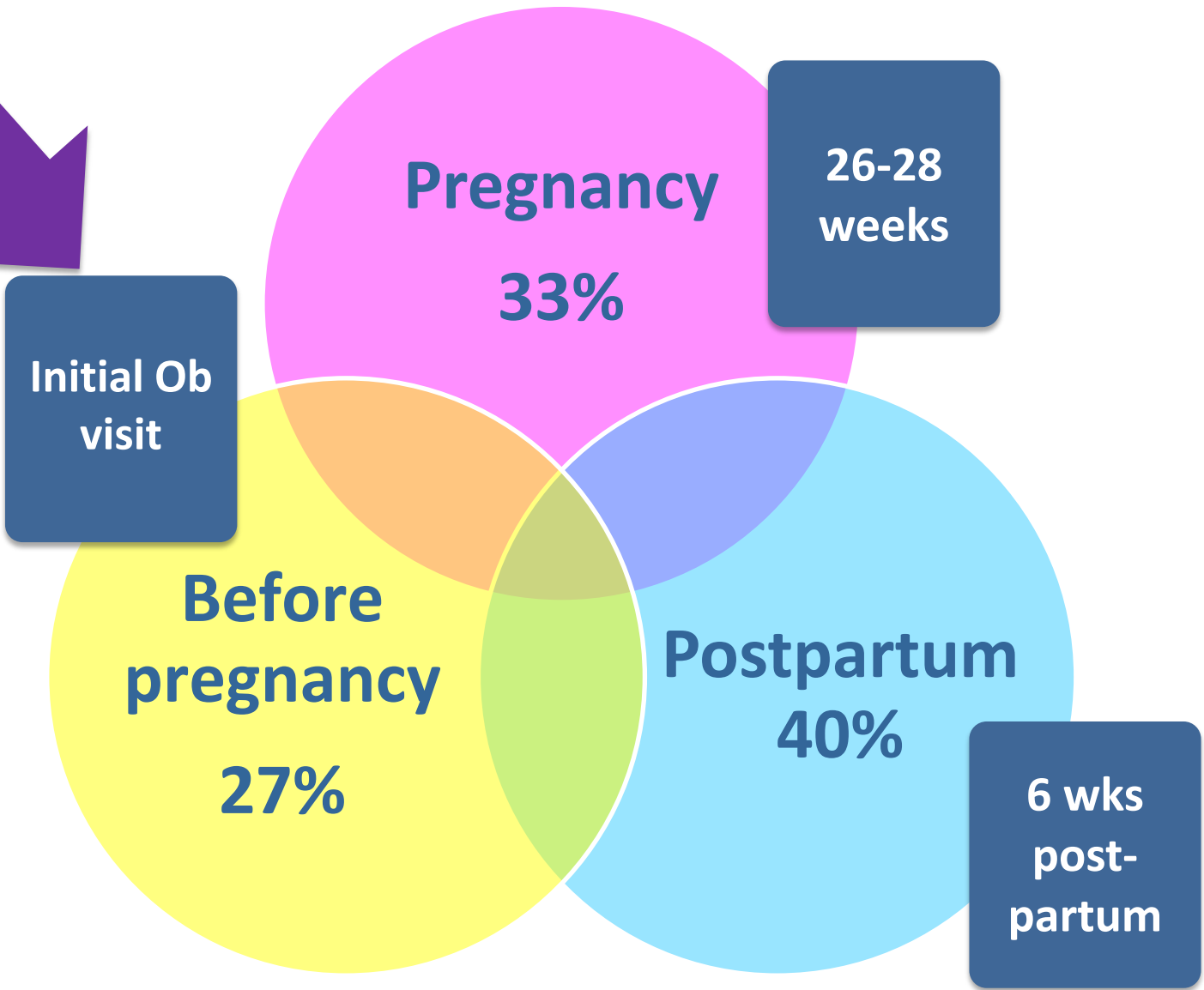


Over-time Change

PRISM: 7.38 (95% CI: 4.82 - 9.94; $p < 0.001$); MCPAP for Moms: 5.11 (95% CI: 1.20 - 9.01); $p = 0.010$.

We refined PRISM to help practices more proactively integrate depression into obstetric care



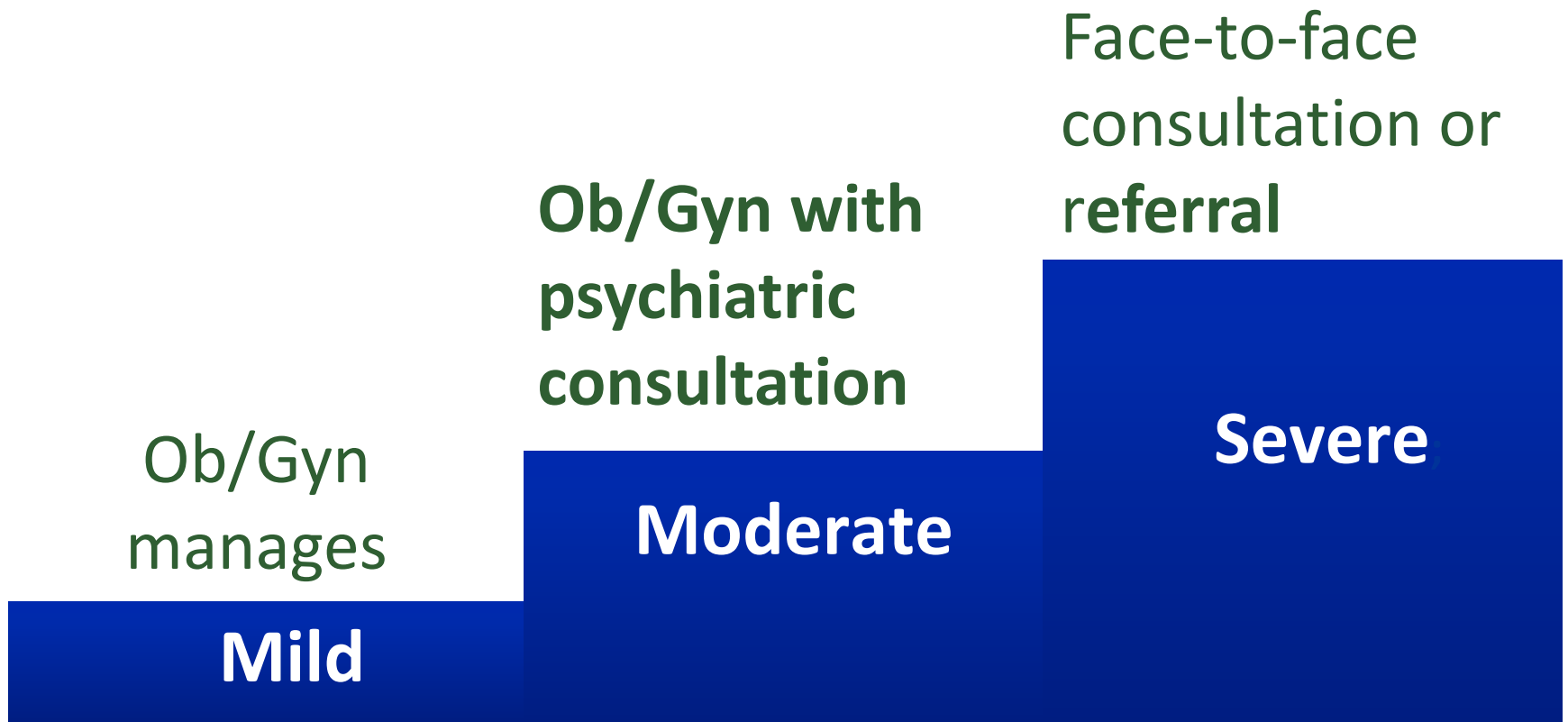


Initial Ob visit

26-28 weeks

6 wks post-partum

Treatment is 'stepped up' with increasing illness severity



Navigator helps patients navigate care pathway

Navigator helps ensure women get in treatment and stay in treatment

Navigator

Ob Provider

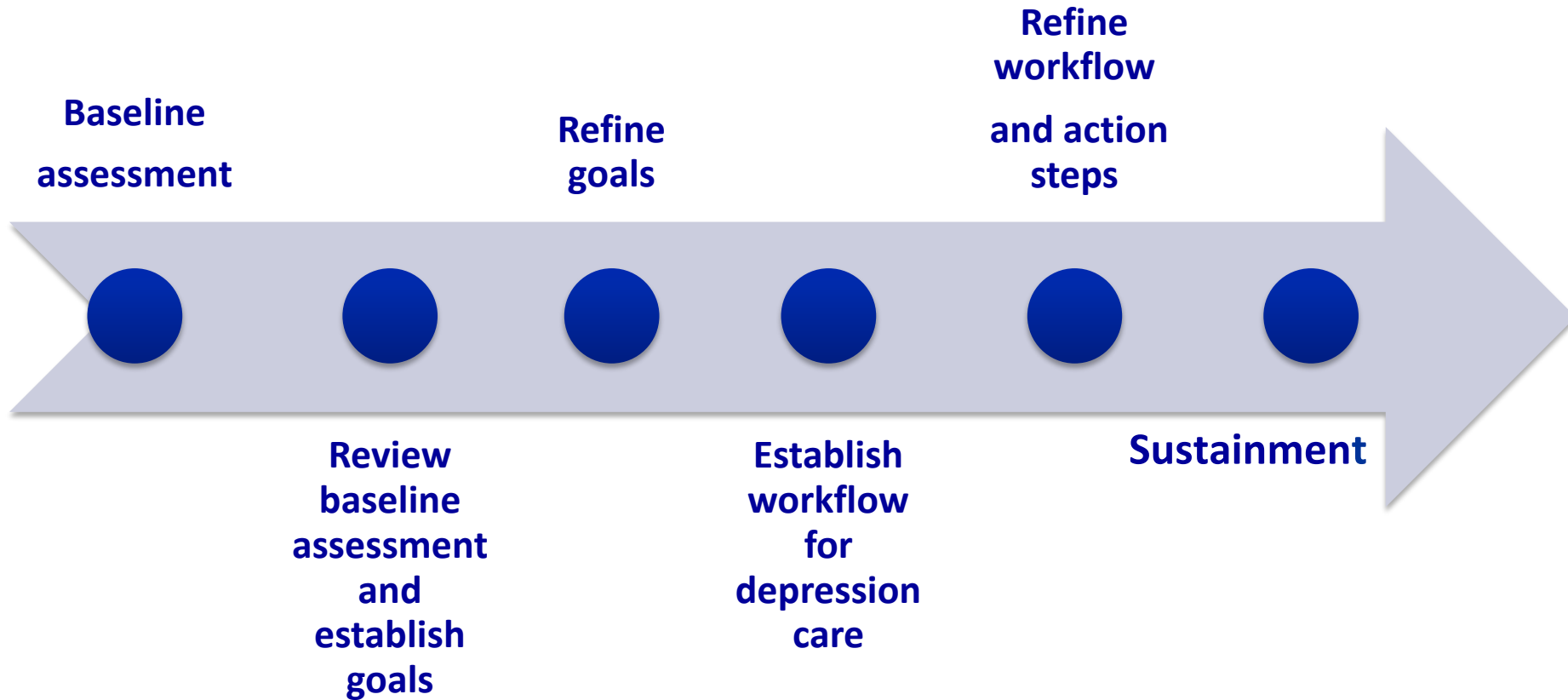
Therapy
and
Support
groups

Medication



EPDS \geq 10

Implementation protocol tailors every intervention component for each practice setting



We are comparing the effectiveness of PRISM vs. MCPAP for Moms to improve depression and treatment rates

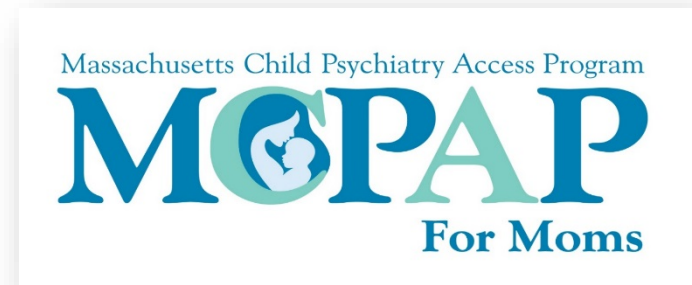
Cluster RCT in progress

Recruited target N (312)

Following women until 1 year postpartum

Examining fidelity to PRISM

Estimating costs of MCPAP for Moms and PRISM and indicators of potential savings



Vs.



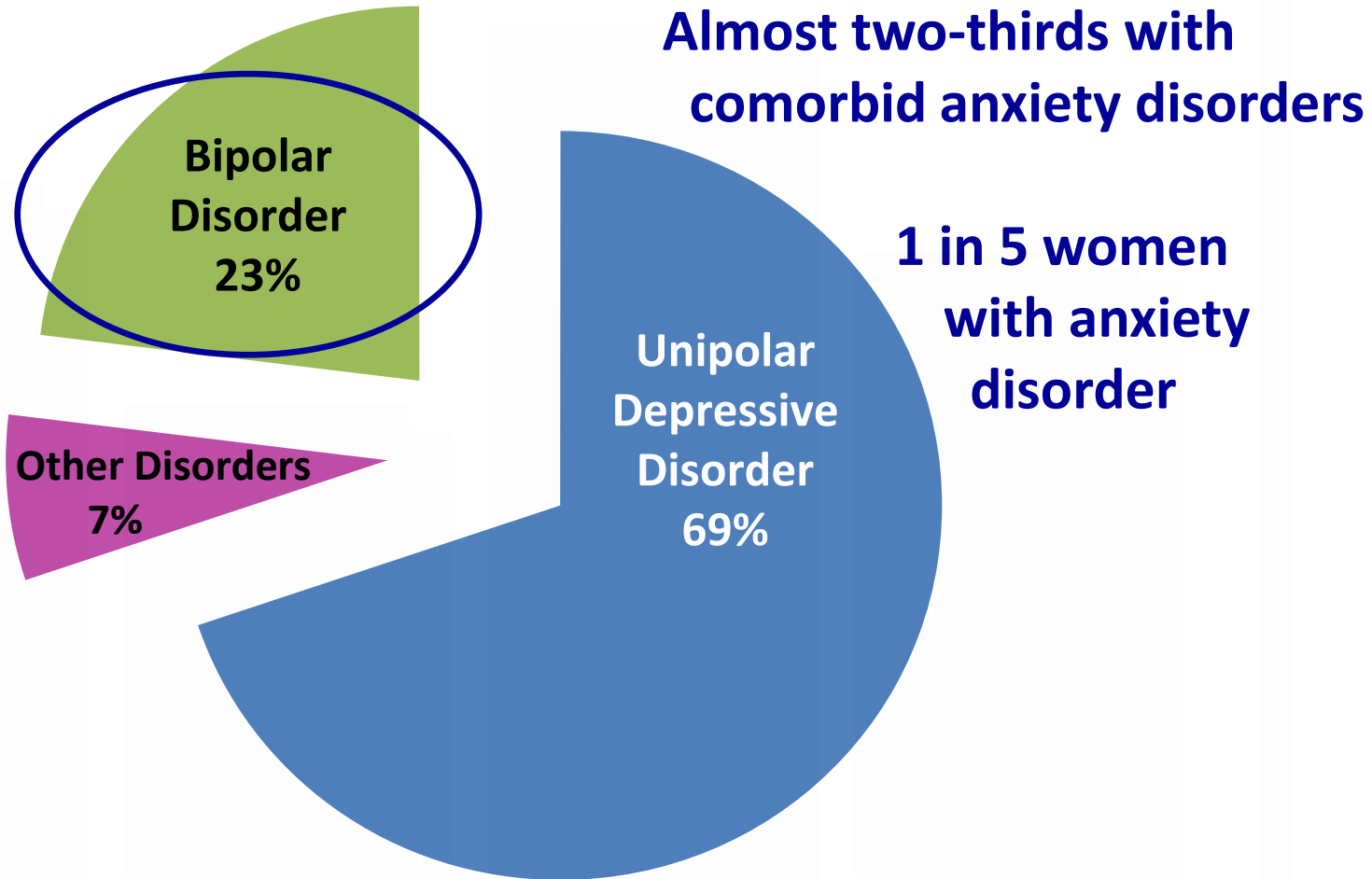
Funded By:



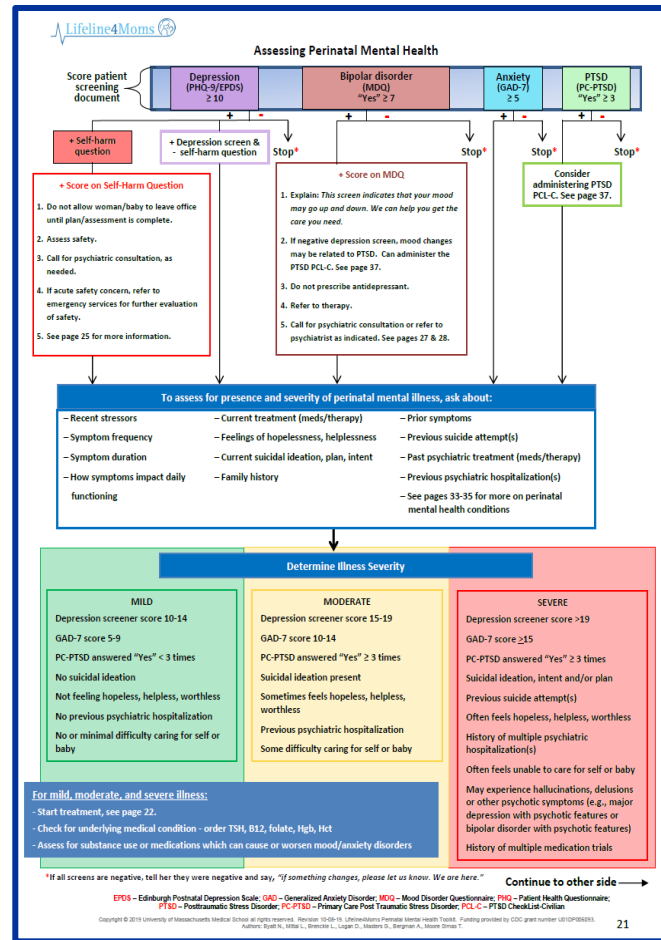
Depression practices pre- and post-implementation

	Pre- (n = 10)	Post- (PRISM arm) (n = 5)	Post- (MCPAP for Moms arm) (n = 5)
Depression screening in 1st half of pregnancy	32.2%	96.1%	56.1%
Depression screening in 2nd half of pregnancy	16.9%	82.8%	13.8%
Depression screening postpartum	78.7%	93.4%	93.1%
Bipolar disorder screening	0%	77.5%	0%
Monitoring patients using depression registry	0%	75%	0%
Number of patients entered in registry [mean (range)]	0	114 (93-177)	0

We need to build on PRISM and move beyond perinatal depression

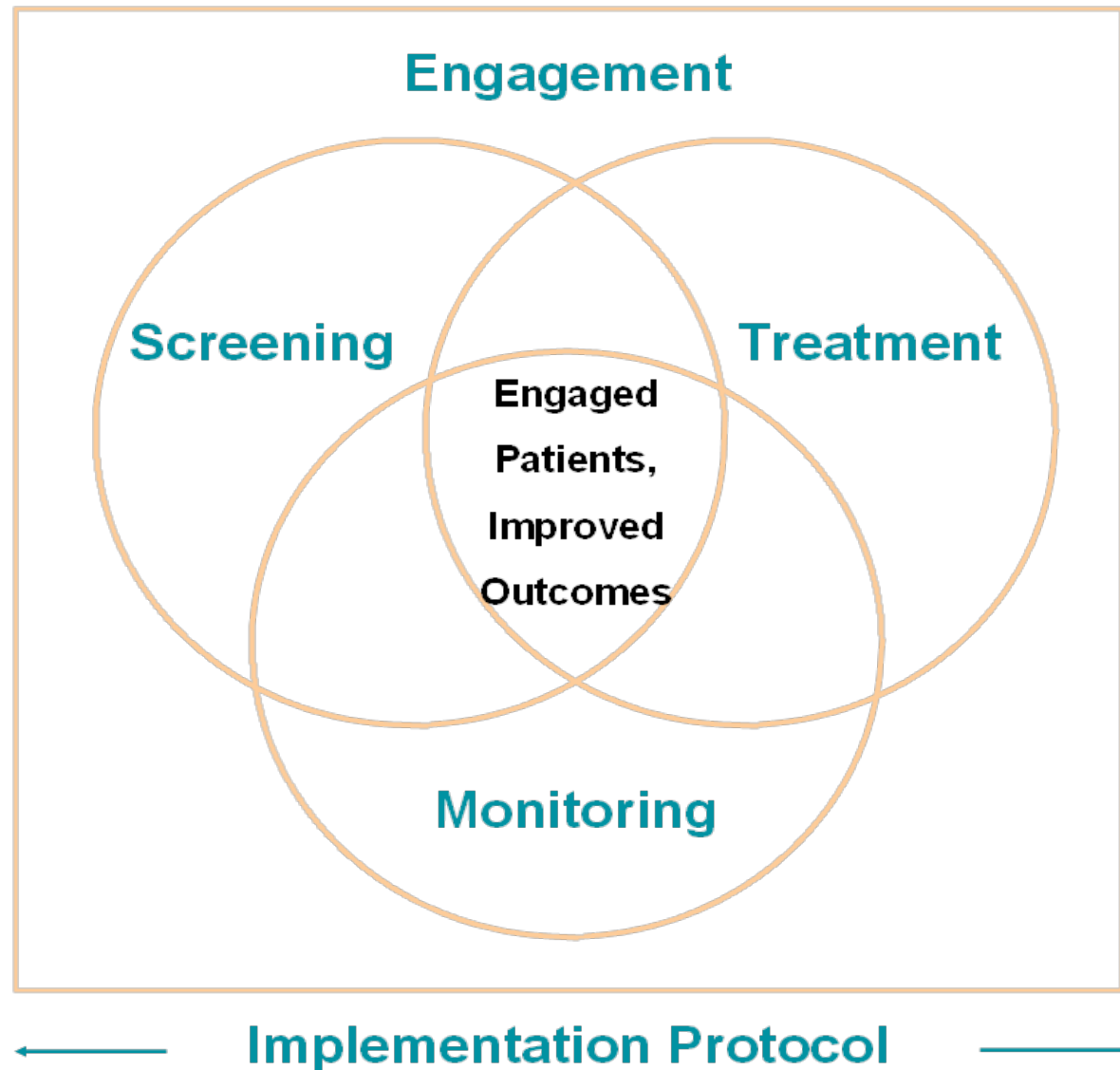


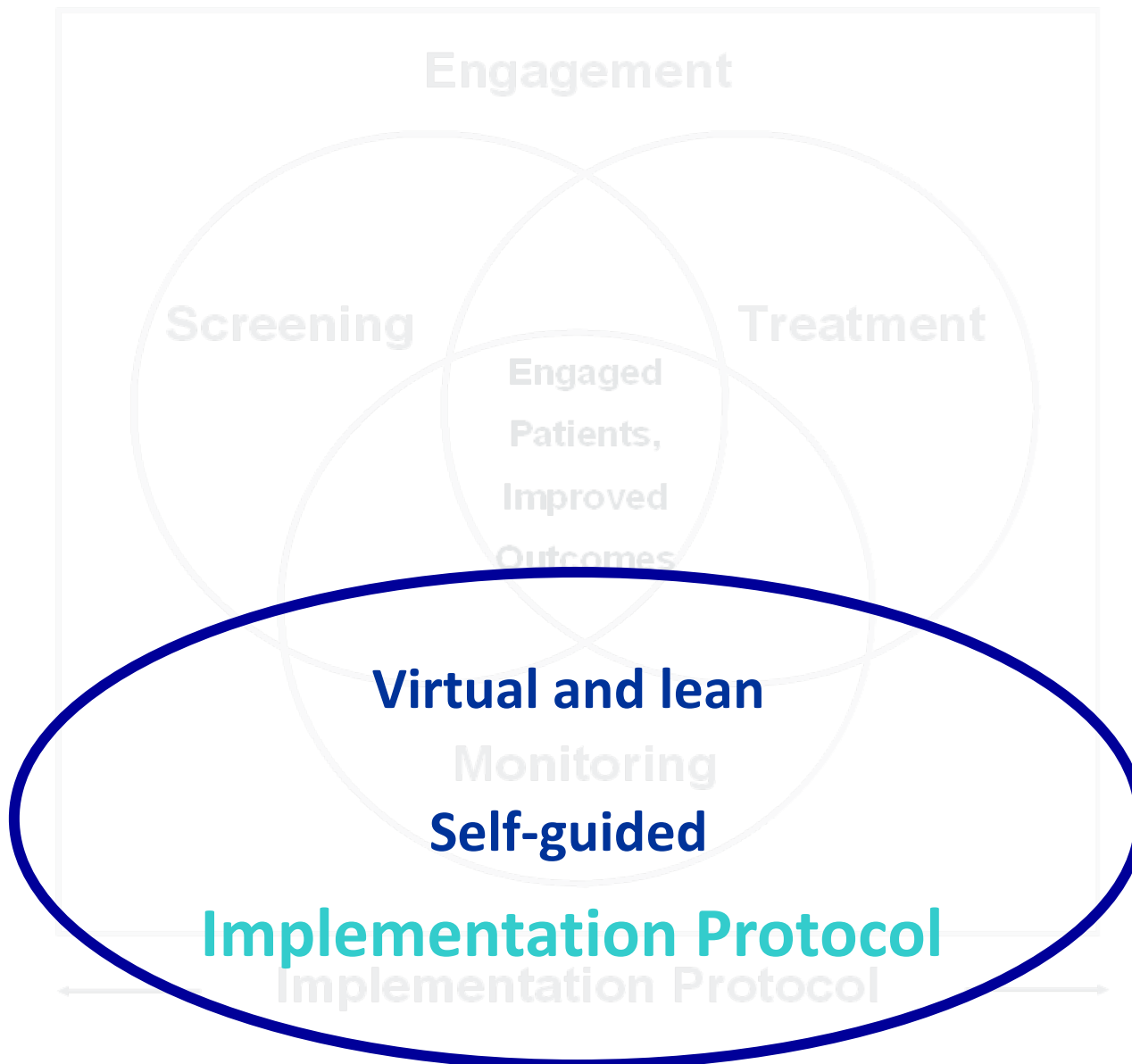
With CDC-funding, we developed a toolkit to help address perinatal mental health more broadly



<https://escholarship.umassmed.edu/pib/vol16/iss7/1/>

With CDC-funding and in collaboration with ACOG, we are revising PRISM to be broad and scalable





Virtual and lean

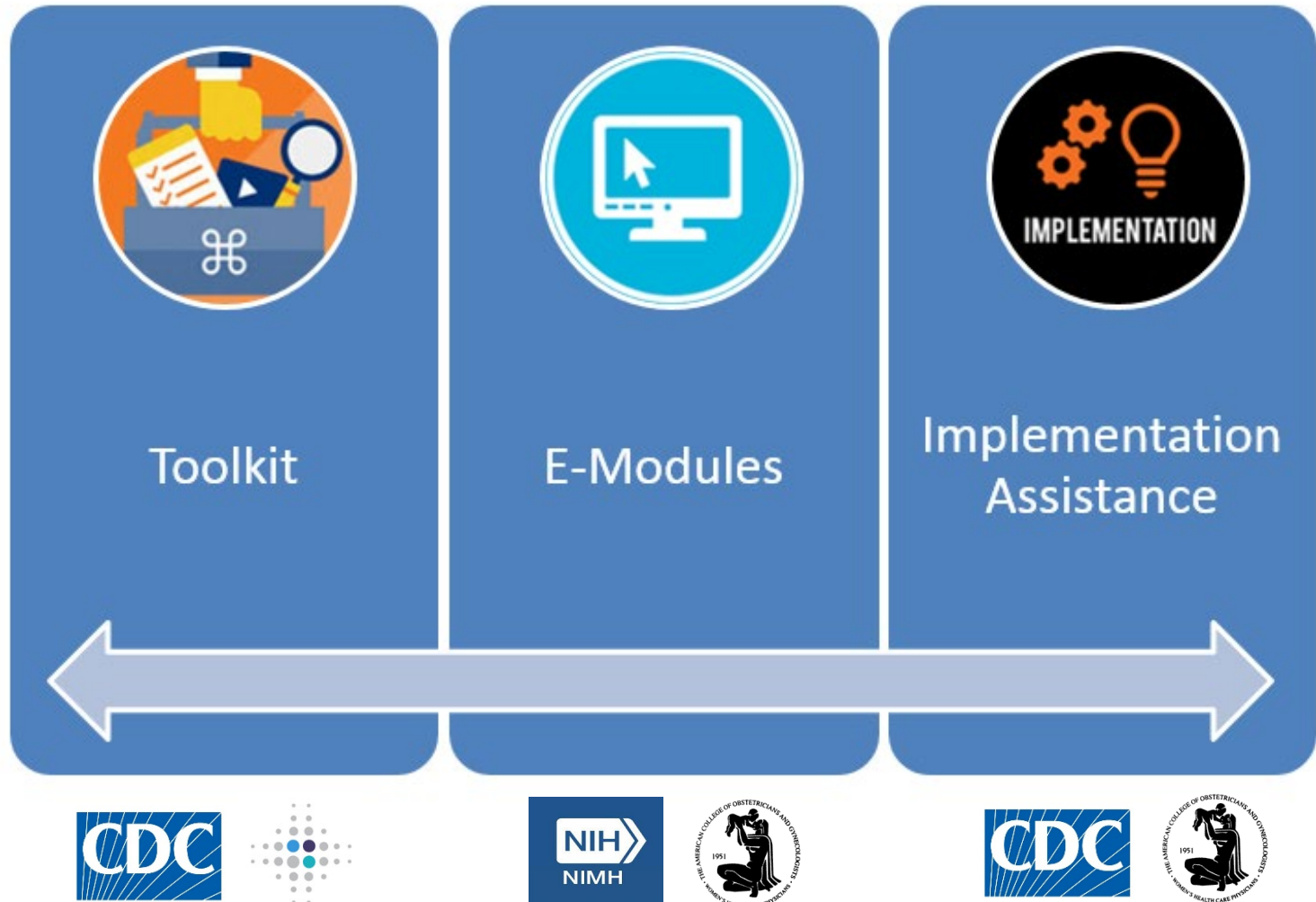
Monitoring

Self-guided

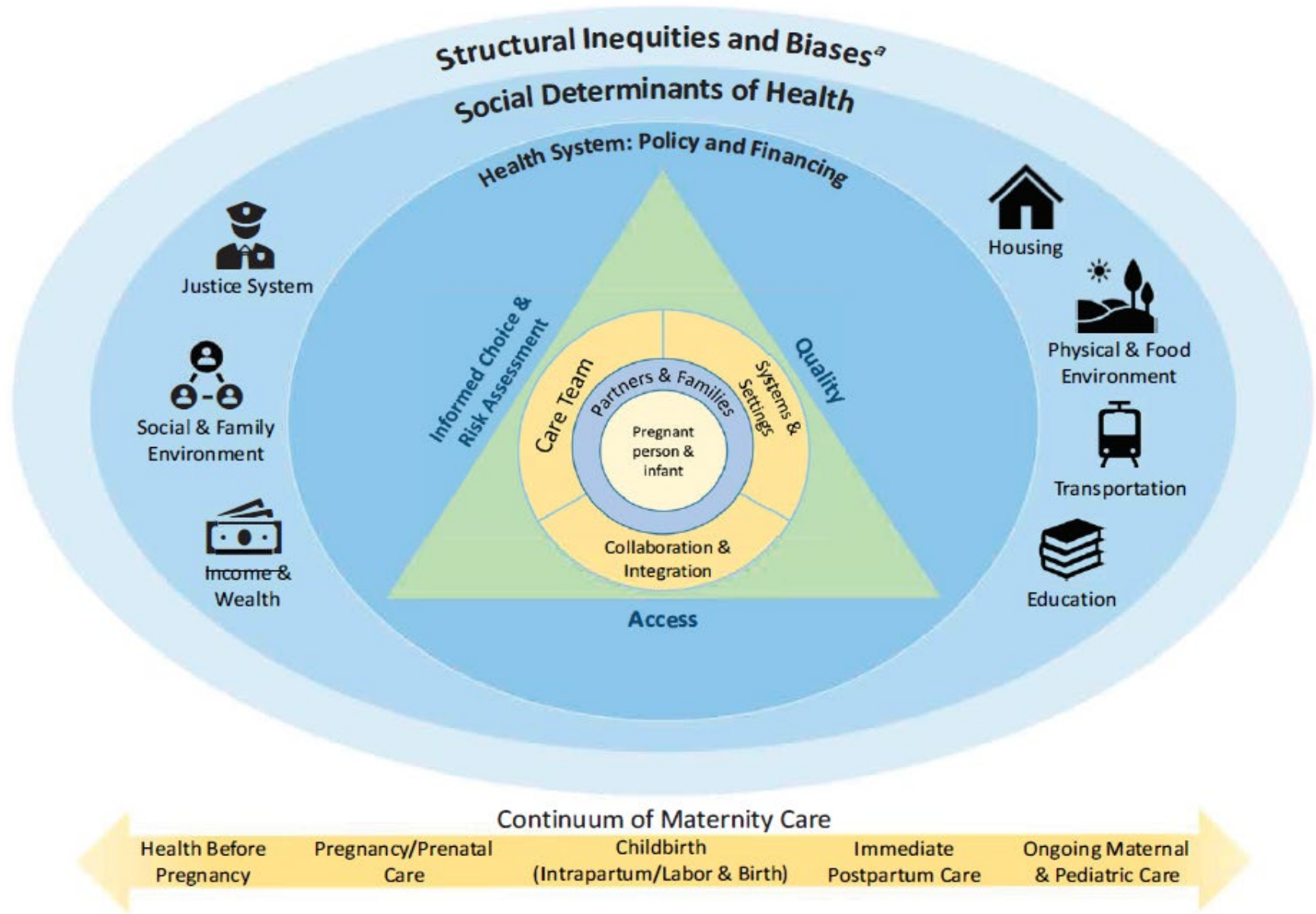
Implementation Protocol

Implementation Protocol

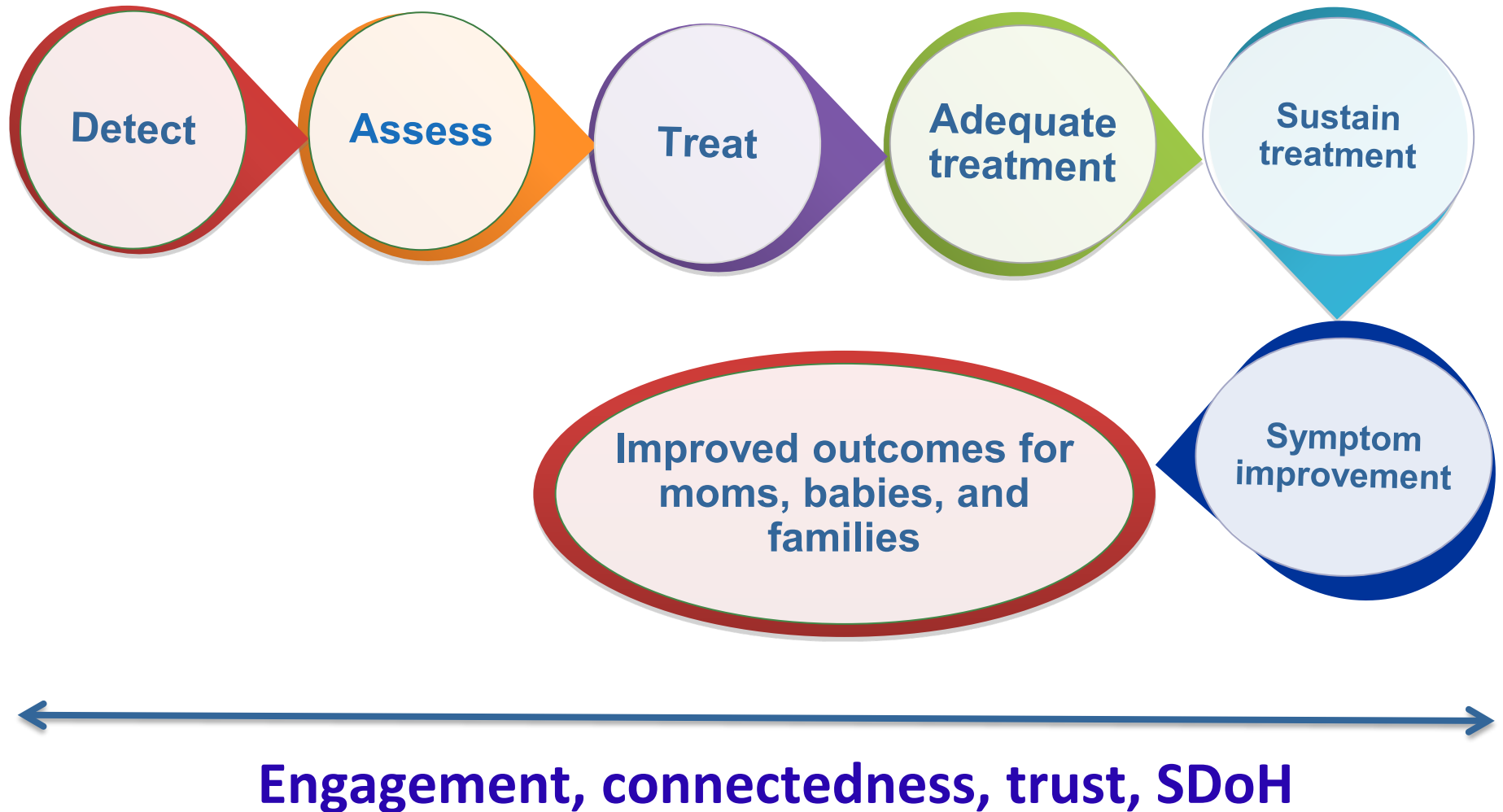
We are testing the differential effectiveness of scalable approaches to improving the quality of care for perinatal mood and anxiety disorders



We need to broaden our approach and address social determinants of health



The medical model of treatment needs to be done in conjunction with other supports



Kai revisited



Opportunities abound to further close perinatal mental health care gaps



**Scalability
and
sustainability**



**EMR
integration
and
technology**

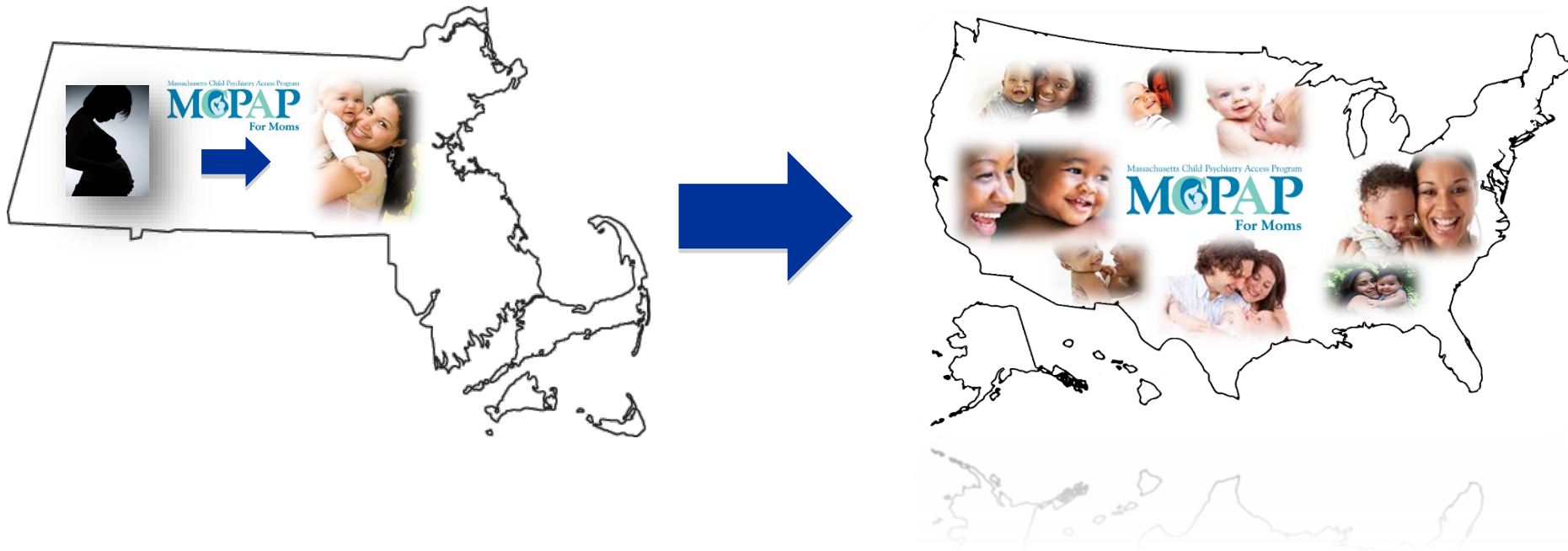


**Community
capacity
building**



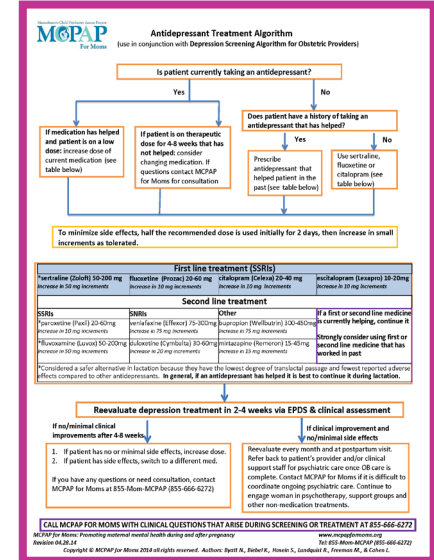
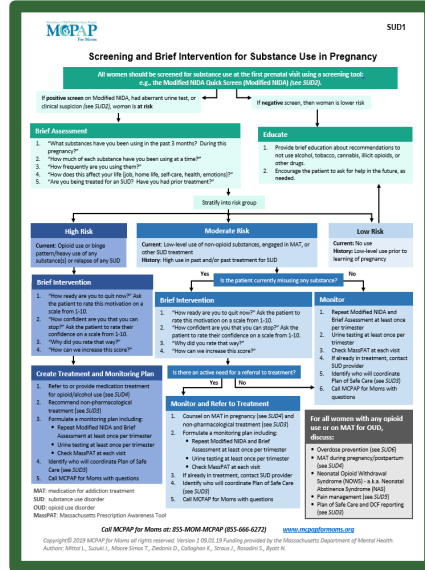
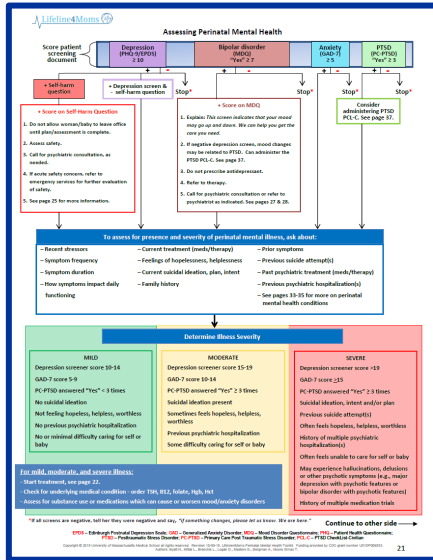
**Health
equity**

With Access Programs, all perinatal individuals across MA and other states have access to evidence-based mental health treatment



We need to build on this model to help providers and patients navigate the entire care pathway

Trainings and toolkits to help frontline providers address perinatal mental health are available



<http://ncrptraining.org/>

<https://escholarship.umassmed.edu/pib/vol16/iss7/1/>

www.mcpapformoms.org

Thank you!

Jean Ko, PhD
Cheryl Robbins, PhD
CDC Maternal Mortality Team
Participating Women and
Obstetric Practices
ACOG
CDC Foundation 999
CDC 1U01 DP006093
NIMH 1R41 MH113381-01
NIMH 2R42 MH113381-02
ACOG 6 NU380T000287-02-01
PCORI IHS-2019C2-17367
Perigee Fund

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Grace Masters, MPH
Aaron Bergman, PhD
Josephine Boateng
Carolyn Friedhoff

QUESTIONS?



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Thank you!

Please contact us with questions

www.mcpapformoms.org

www.lifeline4moms.org



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Thank you!