

Franklin County Maternal Depression Initiative

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Franklin County Maternal Depression Task Force Initiative

- *Caring for 2* is a Federal Healthy Start Project and depression screening as one of its core service functions.
- High scores are referred to the *Caring for 2* Social Worker who conducts additional assessments and follow-up for service



Caring for 2 Depression Screening Process

- Edinburgh Postnatal Depression Scale (EPDS) is administered to all CF2 participants in the 3rd trimester and postpartum

Additional assessments tools used:

- ◆ Antepartum Questionnaire (APQ)*
- ◆ Modified Fatigue Symptom Checklist

*Norman A. Posner, MD, Rosalind R. Unterman, M.S.W., Karen N. Williams, Ph.D, and George H. Williams, Ph.D: Journal of Reproductive Medicine

*Elizabeth J. Corwin, Ph.D., MSN. Ohio State University



Caring For 2 Findings, 2007

Edinburgh Postpartum Screening

		Count	Column %
RISK	Low Risk	124	63.6%
	Moderate Risk - Follow-up EPDS	26	13.3%
	High Risk - Possible Referral	45	23.1%
	Total	195	100.0%

← Score < 9

← Score 10 - 12

← Score > 13

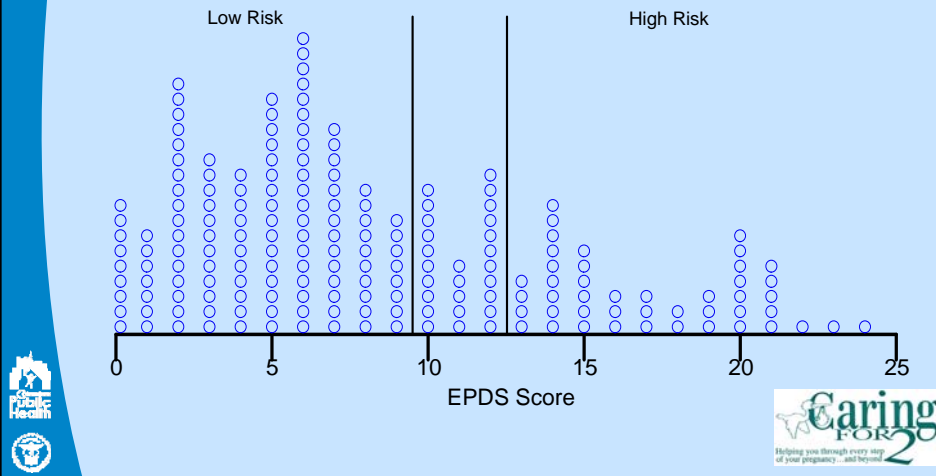
← Moms screened to date

2007 results analysis indicated that 36% of mothers were at moderate to high risk for PPD



Caring For 2 Findings, 2007

Edinburgh Postpartum Screening Score Distribution



Franklin County Maternal Depression Task Force Initiative

- Organized June, 2007 and formed into the Franklin County Maternal Depression Task Force
- Charged to explore the mental health needs of pregnant and parenting women in our community and develop services to enhance the system of care.

Maternal Depression Task Force Members

(Community-based Health and Human Services Agencies)

- Catholic Social Services
- Columbus Neighborhood Health Centers
- Columbus Public Health
- Council on Healthy Mothers & Babies
- Dublin Counseling Center
- Mount Carmel Health System
- Nationwide Children's Hospital
- Northwest Counseling Services
- Ohio Department of Health
- OhioHealth
- Ohio State University
- OSU Medical Center
- POEM, Inc.



Maternal Depression Initiative

3-Pronged Approach:

- **Needs assessment** – identify how mental health system works and determine how women at-risk for depression are identified
- **Resource assessment** – assess availability of mental health services and identify gaps in services
- **Strategic action identification** – identify strategies to effectively educate on the severity of maternal depression and develop mental health system improvement plan



Mental Health System Challenges/ Barriers

- Few mental health referral sources for PPD
- Long delays in getting necessary services
- Lack of resource awareness
- Overburdened resources and long wait times
- Fear of stigma
- Continuity of care; lack of compliance with treatment plan
- Lack of cultural competency and bilingual services
- Low appointment show rates
- Limited screenings
- Lack of transportation



Maternal Depression Task Force Committees

Developed 3 subcommittees

- ▶ Resource List
- ▶ Outreach, Education, and Awareness
- ▶ Wait Time Assessment

Ultimate goal was increased access to
mental health services for mothers.



Resource List Subcommittee

- Conducted survey of mental health providers - to assess specific PPD trainings, payment plan, waiting list, etc.
- Developed 2 service directories
 - ◆ Consumer version
 - ◆ Healthcare provider version
- Directories were distributed to healthcare providers- i.e. nurses, social workers, community health workers



Outreach, Education & Awareness

- Developed a PowerPoint education tool for healthcare professionals
- Organized 2 trainings in April and June, 2009
- Objectives:
 - ◆ discuss symptoms and occurrence of Perinatal Mood Disorders (PMD)
 - ◆ identify screening tools used to identify Maternal Depression
 - ◆ list treatment options for PMD
 - ◆ identify resources for PMD
- Approximately 124 people attended



Wait Time Evaluation

- Baseline wait time assessment conducted by Social Work students in 2008
- Follow-up assessment conducted in Spring, 2009
- Additional assessments planned for 2010 after the distribution of the resource directories



Conclusions

- PPD rates for program moms are not out of line with other estimates – in fact, they might be a bit higher
- Many moms have combinations of risk factors that cause or exacerbate depression
 - ◇ stress, lack of support, few economic resources, strained relationships
- Untreated depression complicates our efforts to help moms achieve good birth outcomes



Conclusion

- Our local data were compelling that underscored the need for available community resources for screening and treating depression for high risk mothers
- Data highlight a critical community need for a mental/behavioral health partnership that responded quickly and effectively to maternal depression
- The Columbus Public Health provided crucial leadership role in group facilitation, coordination of intervention, and outcome evaluation
- Strategic community partnership can be effective to produce results



Next Steps

- Establish/maintain contracted community partnership
- Upkeep and expansion of directory
- Expand training with on site workshops-Grand Rounds to service providers
- Increase number of providers performing screening
- Monitor wait times on an ongoing basis
- Interconception care learning collaborative focused on maternal mental health



Contact Information

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