



MATERNAL MENTAL HEALTH NOW
supporting the well-being of growing families

Addressing Perinatal Mental Health Across Los Angeles County

Gabrielle Kaufman, LPCCC, BC-DMT Training Director, MMHNow

The Ultimate Goal: MMHNow as an Agent of Change

- ❑ **RAISE** awareness and to improve prevention, recognition and treatment of Perinatal Mood and Anxiety Disorders
- ❑ **HELP** each woman experience a happy and healthy pregnancy and postpartum
- ❑ **HELP** each child bond with a loving, attentive mother
- ❑ **HELP** each family enjoy a smoother transition to parenthood
- ❑ **ALIGN** efforts to support a system of care

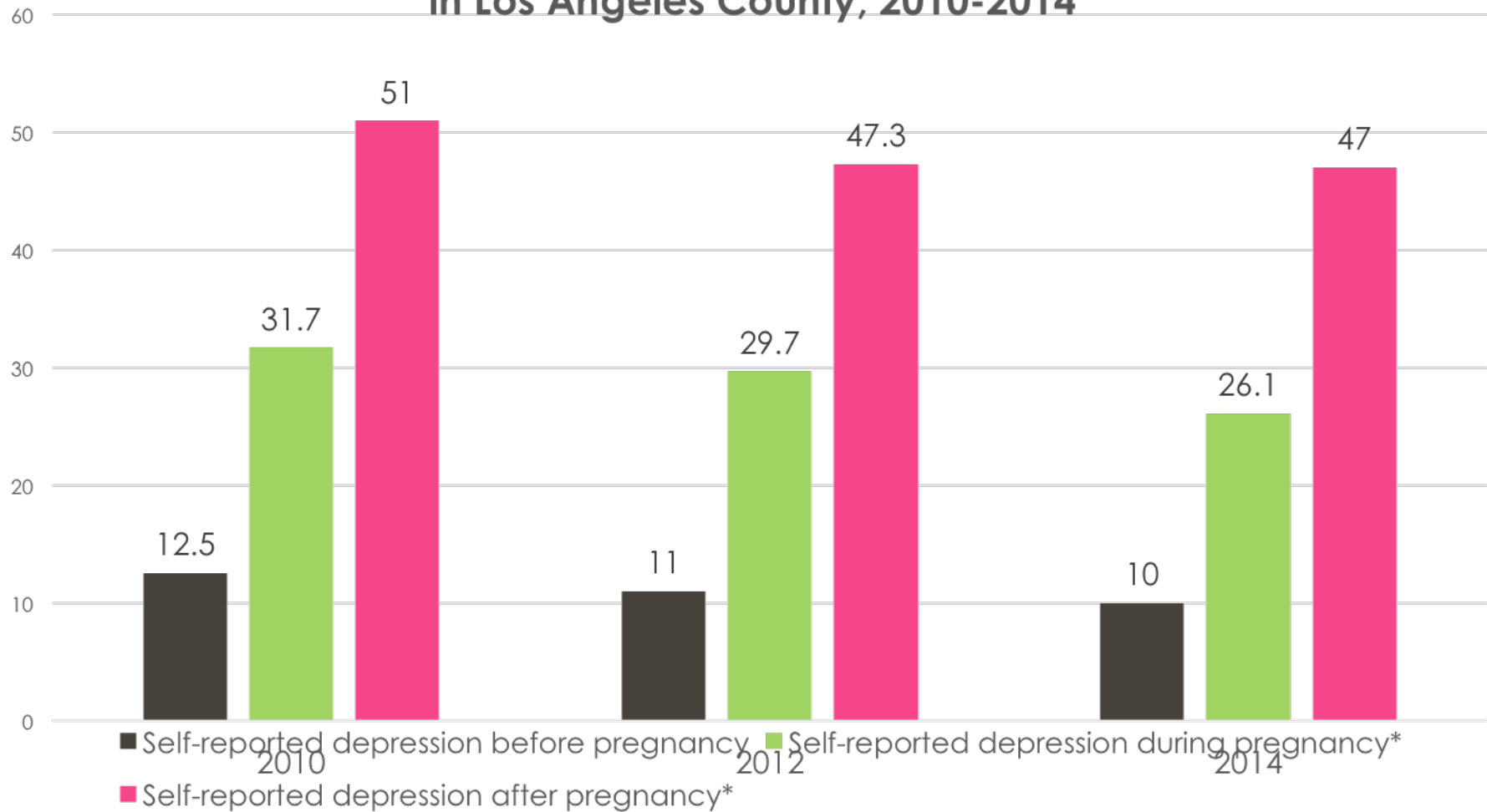
Universal Message

- “You are not alone.”
- “You are not to blame.”
- “With the right help, you will feel better.”



Adapted from Postpartum Support International, www.postpartum.net

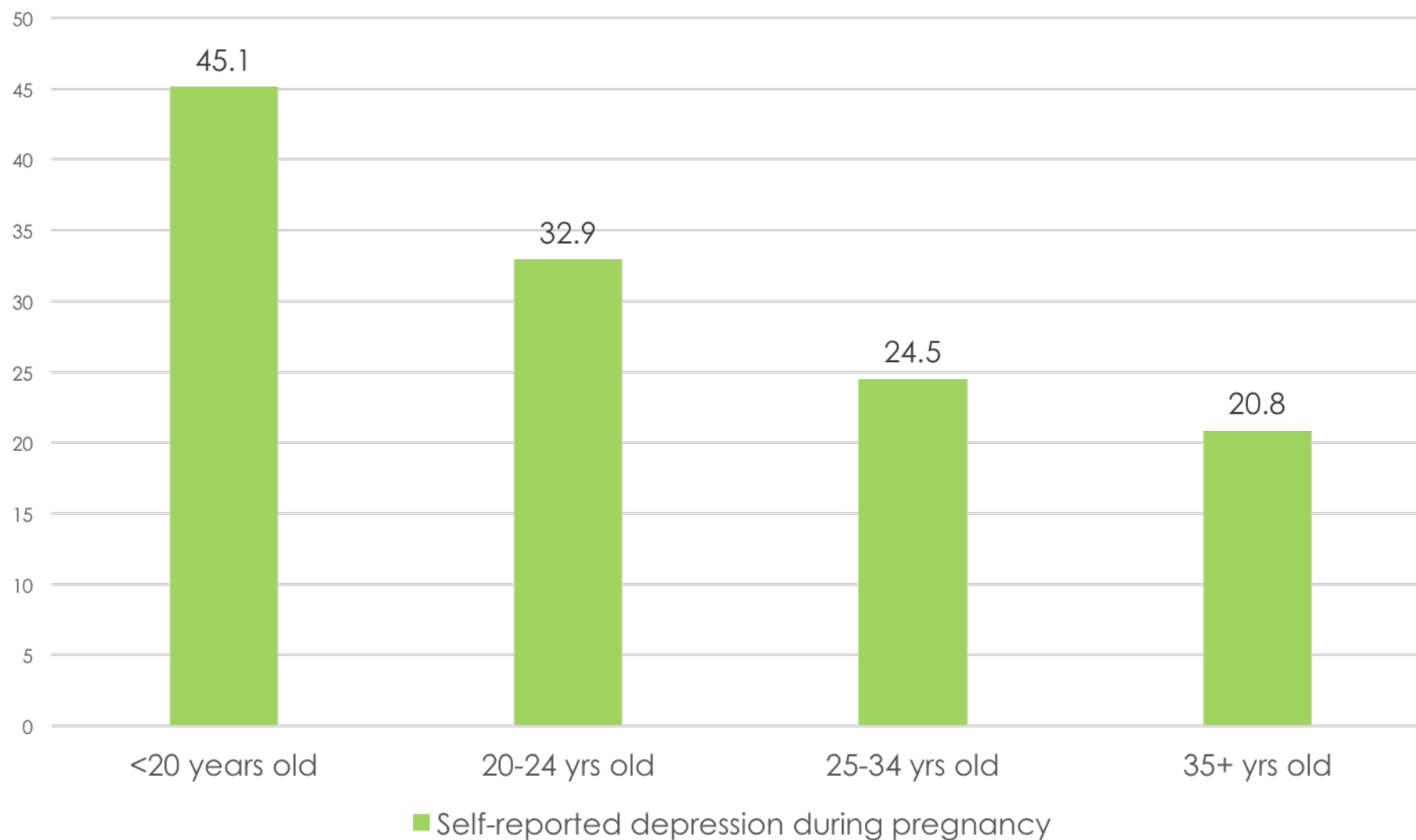
Self-Reported Depression Before, During, and After Pregnancy in Los Angeles County, 2010-2014



Los Angeles Mommy & Baby Survey, 2014, Los Angeles County Department of Public Health, Maternal Child Adolescent Health Programs

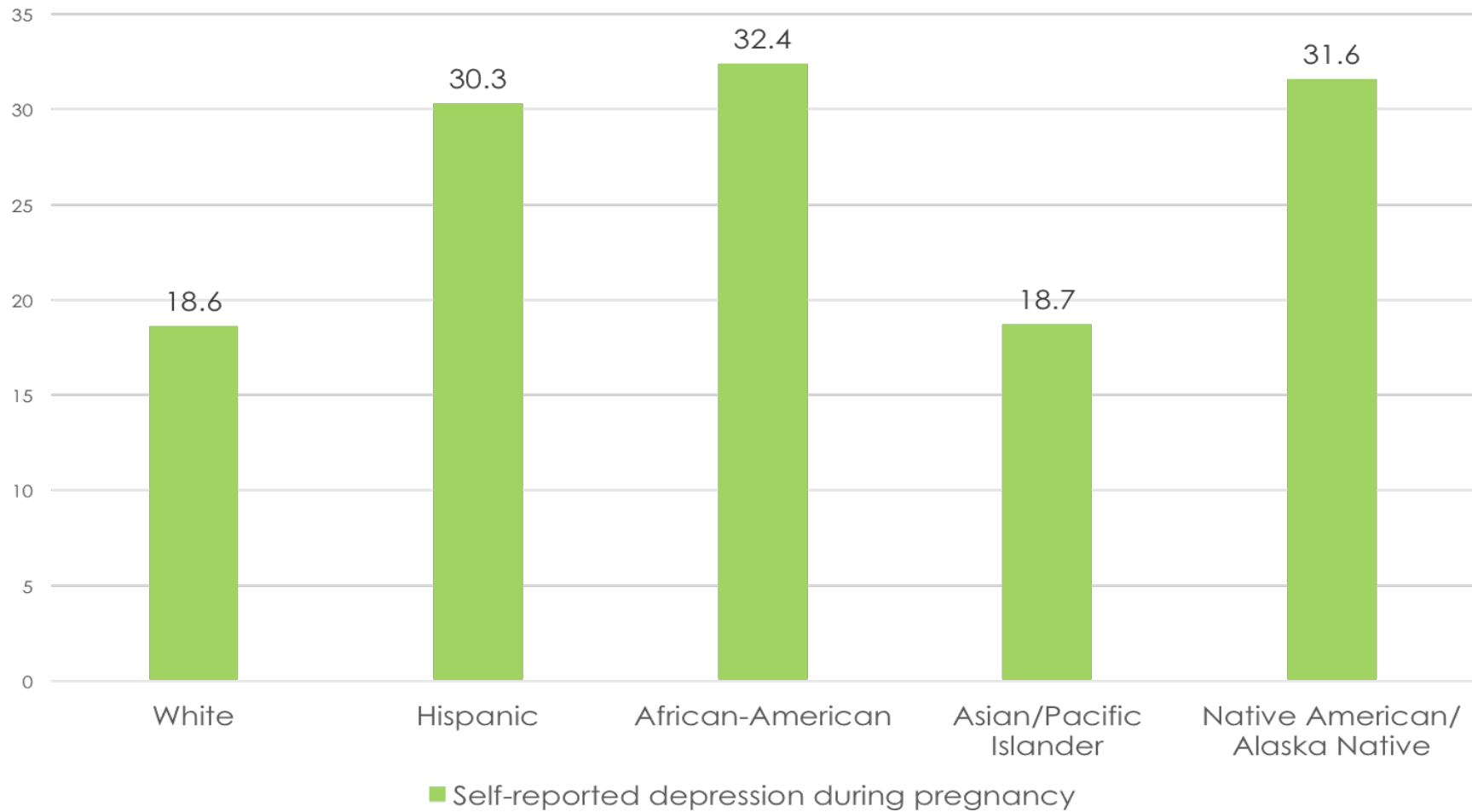
* Statistically significant change across years

Self-Reported Depression During Pregnancy by Age in Los Angeles County, 2014



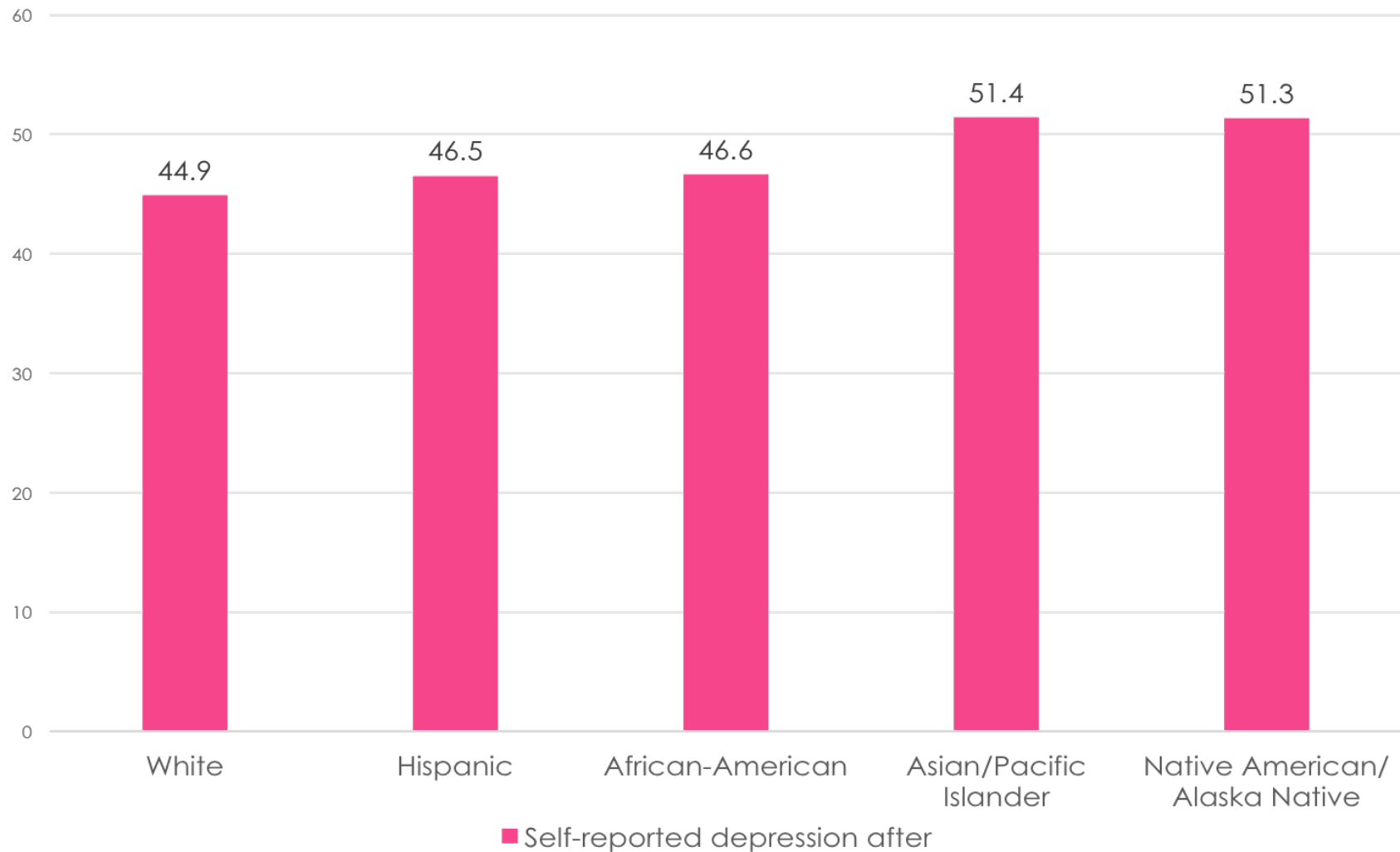
Los Angeles Mommy & Baby Survey, 2014, Los Angeles County
Department of Public Health, Maternal Child Adolescent Health
Programs

Self-Reported Depression *During* Pregnancy by Race in Los Angeles County, 2014



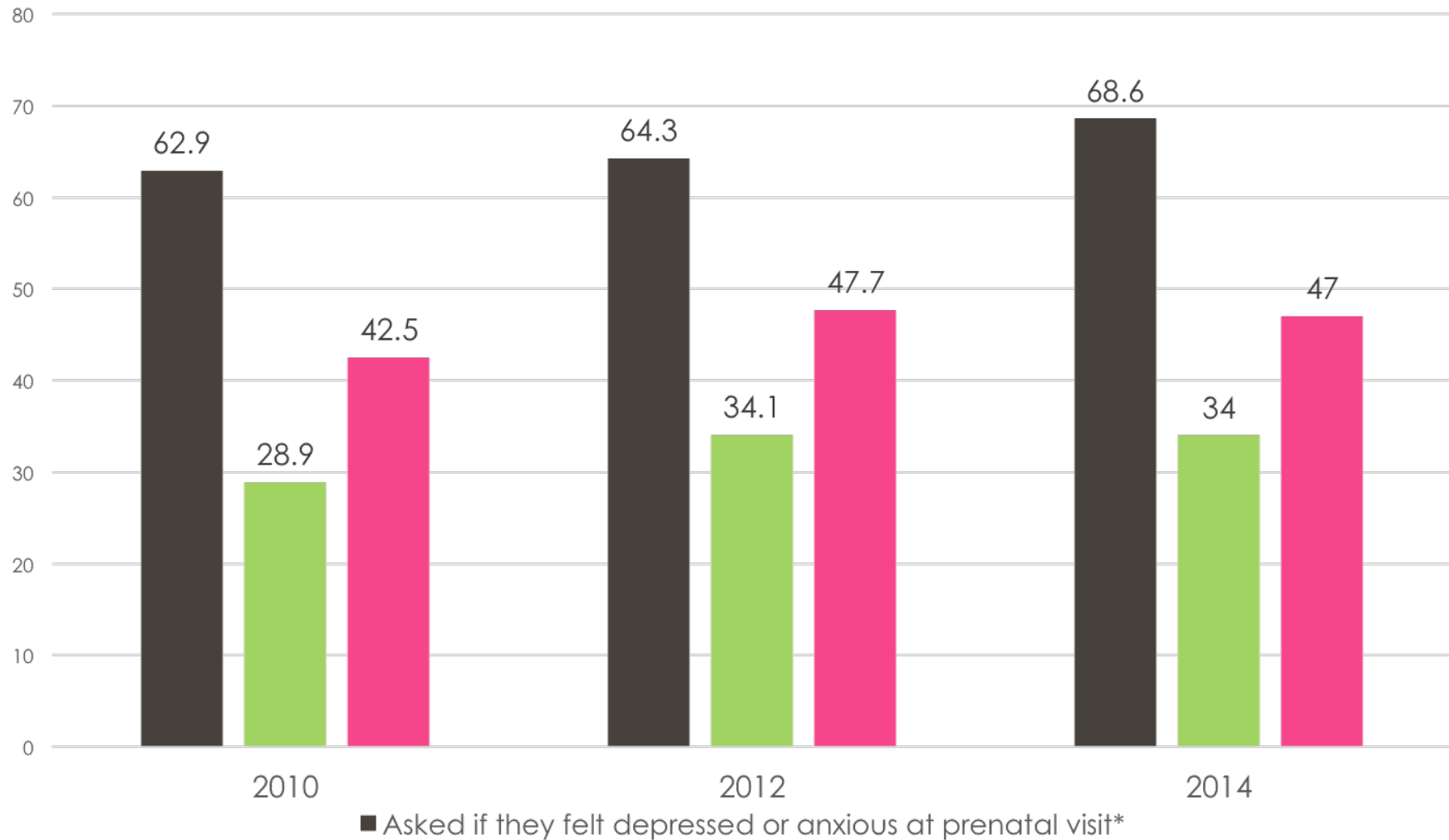
► Los Angeles Mommy & Baby Survey, 2014, Los Angeles County
Department of Public Health, Maternal Child Adolescent Health
Programs

Self-Reported Depression After Pregnancy by Race in Los Angeles County, 2014



Los Angeles Mommy & Baby Survey, 2014, Los Angeles County
Department of Public Health, Maternal Child Adolescent Health
Programs

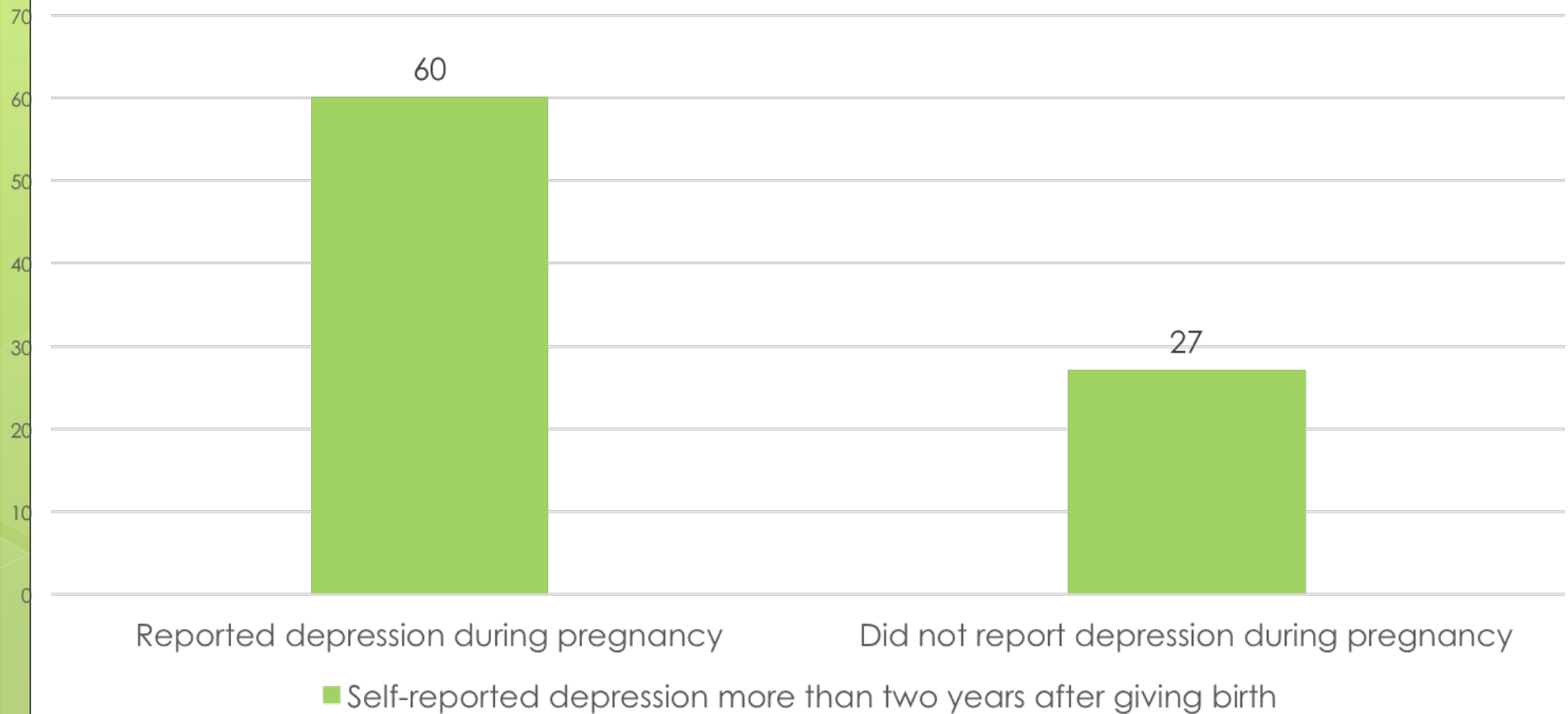
Asked about Depression/Anxiety at Medical Visit in Los Angeles County, 2010-2014



Los Angeles Mommy & Baby Survey, 2014, Los Angeles County
Department of Public Health, Maternal Child Adolescent Health
Programs

* Statistically significant change

Self-Reported Depression More Than Two Years After Giving Birth, Los Angeles County, 2014



► Los Angeles Mommy & Baby Survey, 2014, Los Angeles County
Department of Public Health, Maternal Child Adolescent Health
Programs

Overlapping issues

- Mothers with income less than \$20,000/year were nearly 3 times as likely to report severe depressed mood in the months after pregnancy compared to mothers with income greater than \$60,000/year.
- Mothers with less than a high school education were more than 2.5 times as likely to report severe depressed mood in the months after pregnancy compared to mothers with a college education.
- Mothers who had no partner at the time of their delivery were 2 times more likely to report severe depressed mood in the months after pregnancy

Vulnerable Populations – Higher Risk

- Teens
- Single moms
- Military women
- Low income women
- Socially isolated women
- Recent immigrants
- Women with high risk pregnancies/infertility problems
- NICU moms





MATERNAL MENTAL HEALTH NOW
supporting the well-being of growing families

Maternal Mental Health NOW

How and Why We Formed

Why & How We Formed

- From Empanadas to Infinity & Beyond - A Recipe
- Our founder's story: the need for informed services and access to care in own backyard



Why & How We Formed

- Bringing together across sectors:
 - Local organizations
 - Experts from different fields
 - “In and Out of the Box”
 - Targeting higher risk communities
- Structure: how we evolved
 - Mostly volunteer
 - Organizational development
- Support:
 - Funding
 - Volunteer power

Programs & Partners

- DMH - LAC
- Los Angeles Best Babies Network
- Magnolia Place Initiative
- DPH LA County Maternal, Child, and Adolescent Health
- Nurse-Family Partnership
- DCFS
- USC County Hospital
- Para Los Niños
- Dignity Healthcare
- HealthNet
- Best Start Los Angeles
- WIC
- Great Beginnings for Black Babies
- El Nido Family Services
- St. John's Well Child
- St. Joseph Center
- Jewish Family Service
- UCLA – Women's Life Center
- USC-Eisner Family Medicine
- Esperanza House
- UCLA Pediatric Group
- Harbor Community Clinic
- Welcome, Baby
- MLK Hospital
- Watts Community Health
- 211 LA
- Los Angeles County Office of Education
- PAC/LAC
- And Many More . . .

Mission & Vision: A Three-Legged Chair

#1: Public Awareness

#2: Training Institute

2A – Integrated Care

#3: Policy: Advocacy and
Legislation



Mission & Vision: Public Awareness

- Brochure and poster distribution of “Six Things Every New Mom and Mom to Be Should Know About Maternal Depression” in seven languages
- Campaigns: Done In A Day with Junior League & hospital distribution with PAC/LAC
- Annual Mother’s Day event at Magnolia Place and With Great Beginnings for Black Babies
- Share your Stories Speaker’s Salon
- PSA videos
- Movie screenings

TRAINING INSTITUTE:

Promoting
Awareness &
Building
Capacity

Objectives of Each Training: What We Want Participants to Learn

- **Understand** the impact of maternal mood and anxiety
- **Learn** to recognize and respond empathically to PMADs
- **Skills** to address PMADs in a culturally sensitive manner
- **Build** competency in prevention, referral and intervention

Philosophy Behind Each Training

- Bio-psychosocial model
- Attachment theory and practice
- Multigenerational impact
- Cross sector approach
- Cultural competence
- Interpersonal psychotherapy
- Strengths based approaches
- Protective factors
- Trauma Informed Care

What Does the Training Cover?

- Prevalence
- Impact of stigma on screening & treatment
- Range of impact
- Risk factors
- Symptoms of PMADs
- Co-morbidities
- Additional considerations
- Prevention tools
- Screening tools
- Intervention and treatment, referrals
 - Warm referrals
 - Brochures
 - Posters
 - Models of care

Training and Technical Assistance

- Basic and advanced trainings for community based providers
- Increase screening rates (universal screening)
- Increase referral rates
- Increase capacity to treat PMADs
- Monthly consultation groups
- Track progress toward systems change



Going Deeper: Technical Assistance

- Provide on-going support:
 - Consultation – monthly group & as needed
 - Mentoring/coaching/reflective supervision
 - Review intake processes (screening tools)
 - Follow up with more in-depth training
 - Medical consultation
 - Resource Directory
- Two day intensive certification training – eLearning
- Conferences – Trauma informed care, special considerations, Disparities, Diversity & Determinants of MMH



Bringing Light to Motherhood
online & 2 Day Certification

Comprehensive learning opportunities to help prepare professionals for screening, referrals and care.

www.maternalmentalhealthnow.org

MATERNAL MENTAL HEALTH CERTIFICATION

Bringing Light to Motherhood

Learn on your **OWN SCHEDULE**
from the comfort of your home

For Healthcare Providers including:

- Mental Health Professionals
- Doctors
- Nurses
- Health Educators
- Birth Professionals

What do we cover?

- Risk Factors & Prevalence
- Stigma, Myths, & Expectations
- Impact of fetus, infant, mother & family
- Intergenerational transmission of trauma & resilience
- Screening & Assessment
- Differential Diagnoses
- Prevention & Intervention
- Cultural Considerations
- Attachment theory & practice
- Pharmacological considerations

Cost: \$495

For more information and to register visit www.maternalmentalhealthnow.org

Continuing Education Provided by



12 CMEs available for physicians¹
12 CEUs available for LMFTs, LPCCs & LCSWs²
14 CEUs available for RNs³
12 CEUs available for CHES⁴

¹ For Physicians: This activity has been planned and implemented in accordance with the Institute for Medical Quality/ California Medical Association's CME Accreditation Standards through the joint providership of the Perinatal Advisory Council: Leadership, Advocacy and Consultation (Pac/Lac) and Maternal Mental Health NOW. PAC/LAC is accredited by the Institute for Medical Quality/ California Medical Association (IMQ/CMA) to provide continuing education for physicians. PAC/LAC designates this education activity for a maximum of 12 AMA PRA Category 1 Credit(s). Physicians should only claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the CMA Certification in Continuing Medical Education.

² PAC/LAC is an approved provider by the California Board of Behavioral Sciences. The course meets the qualifications for 12 hours of continuing education credit

for LCSW, LMFT and LPCC as required by the California Board of Behavioral Sciences. PAC/LAC's provider number is PCE5563.

³ PAC/LAC is an approved provider by the California Board of Registered Nursing Provider CEP 5862. This course is approved for 12 contact hours of continuing education credit.

⁴ This activity is sponsored by the Perinatal Advisory Council: Leadership, Advocacy, and Consultation (PAC/LAC), a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designed for Certified Health Education Specialists (CHES) to receive up to 12.0 total Category 1 continuing education contact hours.



**MATERNAL MENTAL
HEALTH NOW**
supporting the well-being of growing families
A Project of Community Partners

FREE WEBINAR SERIES

Join us as we continue to deepen our conversations about diversity, disparities and determinants in perinatal mental health.

October 12, 2017

FATHERHOOD & ATTACHMENT

Richard Cohen, *PhD*

November 9, 2017

INTERSECTIONALITY IN PERINATAL MENTAL HEALTH

Wendy Ashley, *PsyD, LCSW*

February 8, 2018

TRANSGENERATIONAL TRAUMA AND RESILIENCE AMONG AFRICAN AMERICAN MOTHERS

Sayida Peprah, *PsyD, DONA*

March 8, 2018

PROMOTORAS & MATERNAL MENTAL HEALTH CARE

Gabrielle Kaufman, *MA, LPCC, BC-DMT*
Karla Cardoza, *MFT intern*

April 12, 2018

LGBTQIA AND PERINATAL MENTAL HEALTH

Alissa Nelson, *MA, MSW, MPH*
Elyse Springer, *MA-CLP, LMFT*

May 10, 2018

MIGHTY PEANUTS - DIVERSITY IN PERINATAL MENTAL HEALTH IN THE NICU

Esther Chon, *PhD*
Sharon Tan, *PsyD*
Penny White, *MSW*

June 14, 2018

PERINATAL MENTAL HEALTH CARE FOR MILITARY VETERANS

Deborah J. Hayes, *PsyD, LCSW, MPH*
Kathleen M. West, *MPH, DrPH*

REGISTRATION

info@maternalmentalhealthnow.org

Virtual trainings will take place 2nd Thursdays from 12-1 pm. Login information provided with registration.

Everyone is invited!

www.maternalmentalhealthnow.org



Bringing Light to Motherhood

Healthcare Provider Toolkit

- Reinforces and supports didactic learning from training
- Provides additional resources and reading
 - Screening tools
 - Prevention tools
 - Handouts
 - Medical provider section
 - Dads
 - Spanish language



How Are We Doing?

- Pre- and post-screens
- Follow up
- How is agency integrating learning?
- What can we do to go deeper?
- What are the barriers to change?
- Monthly online consultation groups
- Next steps...



Integrated
Medical &
Maternal Mental
Health Care

Integrated Care

- Collaboration between MMHN and the Eisner Pediatric & Family Clinic, Martin Luther King Outpatient Clinic & Harbor Community Clinics
- Integration projects – underserved communities
- Perinatal patients 30-40% higher depression rate
- Create a scalable model

New Family Care Team: The Model

- Based on IMPACT Model:
 - Mental health care “embedded” in primary care
 - Stepped-care: services based on risk / need
 - Multidisciplinary team
 - Well-established for other illness, never done for PMADs
- Breaks down barriers of:
 - Stigma
 - Transportation / logistical barriers
 - Fractured care

Integrated Care Program Elements

- Screening all women from first prenatal visit through first year of child's life
- Partnership with OB/Gyn, general practice and pediatrics
- Assessment of women with positive screens
- Risk stratification based on assessment
- Interventions delivered according to need / risk
 - Education
 - Case management
 - Occupational therapy
 - Psychotherapy
 - Medication consultation

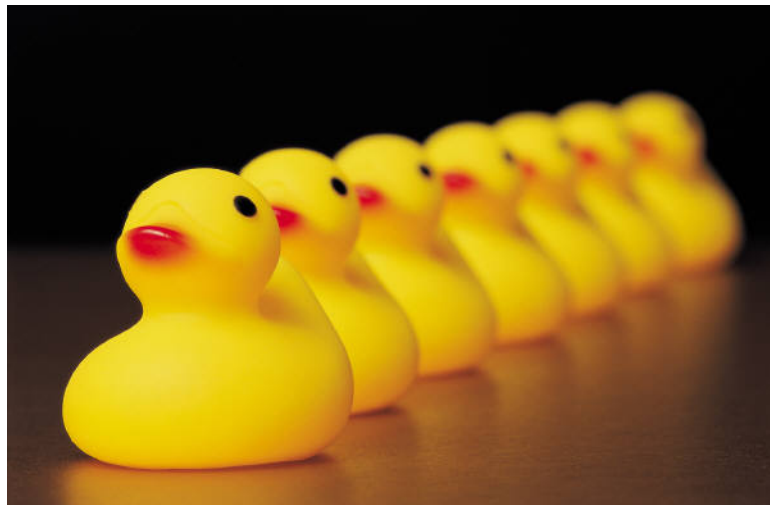
Goals

- Create effective & reproducible model of perinatal mental healthcare
- Spread model throughout the healthcare system

- Current activity for achieving these goals:
 - Currently working on data registry
 - Applying for continued funding – sustainability
 - Working closely with MMHN

Integrated Maternal Mental Health Care

What? Where? When? Why? Who?
How?



WHAT?

Integrated maternal mental healthcare

- Screens – conducted by Medical Assistants, scored by MD
- Assessment – Social Worker, RNs other care providers
- Case review – team (OB/gyn, Peds, GP, RN, psychiatric consultant, MMHN consultant, case manager, social worker, interns)
- Interventions
 - Psychopharmacology
 - Case Management (referral to home visitation programs)
 - Psychotherapy (individual & group in some settings)
 - Referrals

WHERE?

- In Clinics FQHC
 - General Medicine
 - Obstetric and Gynecological care
 - Pediatric Care
 - Hospital systems – pregnancy, delivery, postpartum, well child
- In-Home counseling (as needed)
- Clinic counseling by social worker/psych
- Referrals for additional care

WHEN?

- Prenatal visits
 - Screens at first visit and each trimester
 - Postpartum visit
 - Well child visits through first year
 - Counseling sessions as needed once treatment plan in place
 - Referrals for other needs (psychiatric care, WIC nutrition, lactation, housing etc.)

WHY?

- Why integrated care?
 - Increased compliance with appointments
 - Reduced stigma
 - Increased communication between pediatric and maternal healthcare
 - Access to additional resources
 - Decreased expense to family and system

WHO?

Patients

- Universal Screening – ALL WOMEN pregnant and postpartum

Care Partners

- Medical staff – Medical assistants, RNs, MDs, OTRs, Social Work, Case Management
- Partnered/contracted consultants –
- Reproductive Psychiatry, Reproductive psychotherapy, Data collection
- Management, Clinic Medical Director, IRB administration

HOW?

- Scheduled weekly meetings – with MMHN
- Case review & treatment planning
- Psychopharmacology suggestions from consulting reproductive psychiatry, monitored by medical director and resident
- Psychotherapeutic intervention suggestions from team and consultants, implemented by social worker (or intern)
 - Solution Focused therapy
 - CBT, IPT
 - in-home
 - Basic self care (using tools from toolkit)
- Referrals for care – case manager
- Coordination with DCFS – training CPS SW staff

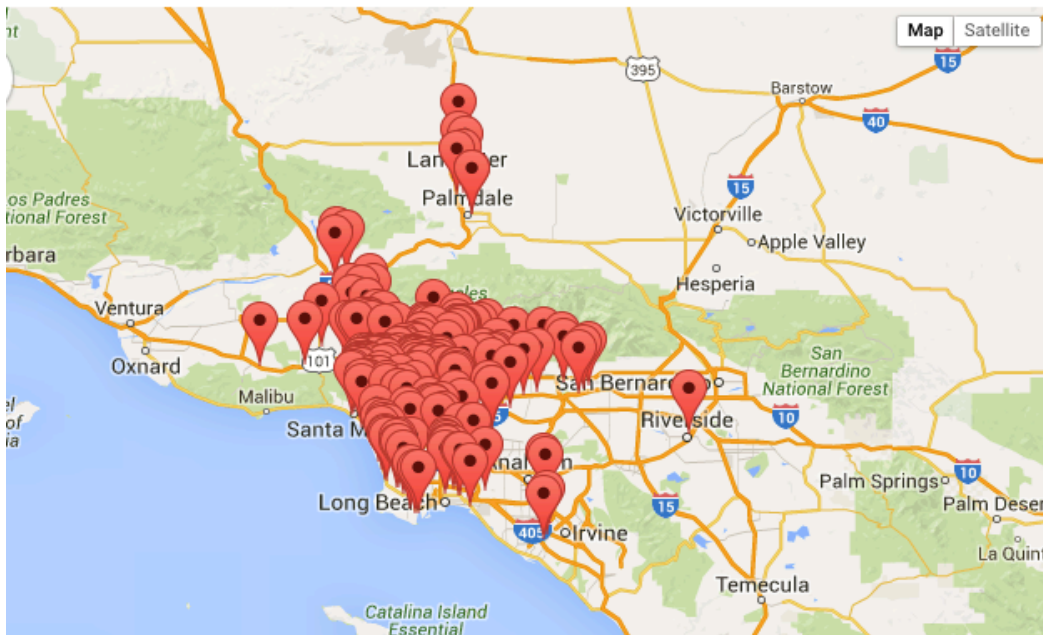
Maternal Mental Health NOW Resource Directory

www.directory.maternalmentalhealthnow.org

MATERNAL MENTAL HEALTH RESOURCE DIRECTORY Find Providers in LA County

Search by location within

Advanced Options



link: <http://directory.maternalmentalhealthnow.org> | pdf:

Individuals and organizations listed in this directory are for informational purposes only. The Los Angeles County Perinatal Mental Health Task Force does not guarantee the quality of services of any of those individuals or organizations.

Displaying 21 of 21 results

- AltaMed Health Services Adolescent Family Life Program** P
512 So. Indiana Street Los Angeles, CA 90063
323-307-0182 | [Website](#)
- Services:** Individual Psychotherapy, Home Visiting, Case Management, and Family/Dyad (parent and baby) Therapy

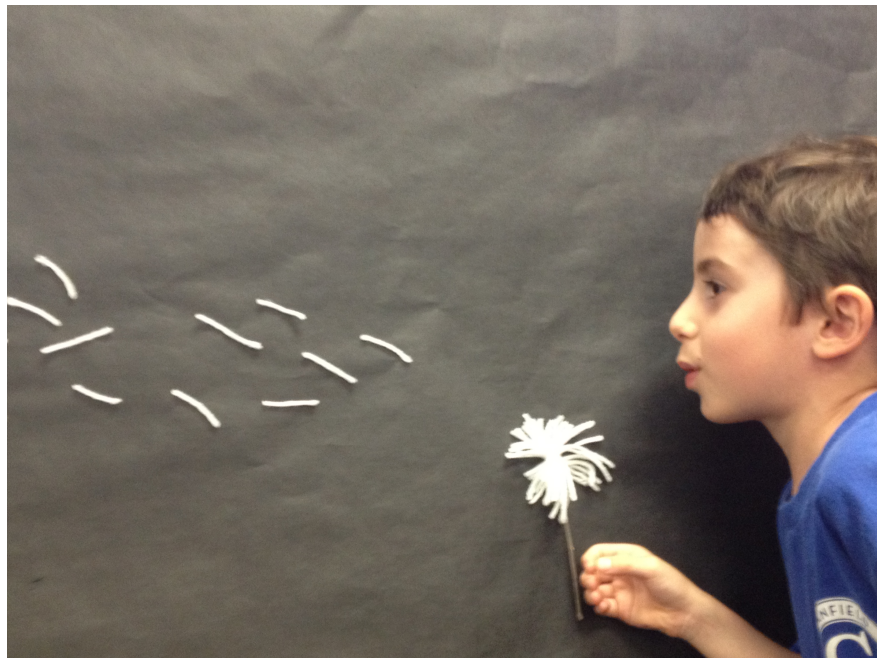
- AltaMed Health Services Adolescent Family Life Program - Long Beach** P
711 E. Wardlow Road, Suite 203 Long Beach, CA

POLICY /
ADVOCACY /
LEGISLATION:

PROMOTING
UNIVERSAL
SCREENING &
CARE ACCESS

Mission & Vision: Policy / Advocacy / Legislation

- Increase to care: demonstration pilot project
- Rule changes
- Legislation



Goals of the Policy Committee

- Inform and educate policy makers, opinion leaders, and insurers about cost-effectiveness of screening and treatment
- Draft legislation and Medical rule changes to assure financing for screening
- Advocate for policy change through coalitions with health insurance advocacy organizations
- Mobilize grassroots constituencies and stakeholder groups

Policy Briefs / White Papers

- *Access to Quality Care for Maternal Depression: Meeting the Challenge.* Policy Statement, January 2009.
- *Screening for Postpartum Depression at Well Child Visits.* Policy Statement, July 2011.
- *A Systems Change Proposal 2014*
- *Collaborative Care 2015*

POLICY BRIEF

PERINATAL MENTAL HEALTH TASK FORCE

Spring 2015

POLICY AND ADVOCACY PROGRAM



Collaborative Care: The Integration of Perinatal Mental Health into Medical Settings

BACKGROUND

Perinatal depression and anxiety are the leading complications of pregnancy and childbirth.¹ According to the most recent Los Angeles Mother & Baby (LAMB) Survey, administered by the Los Angeles County Department of Public Health, 29.7% of new mothers in Los Angeles County self-report some form of depression during pregnancy, and an astounding 47.3% (representing more than 60,000 women) self-report depression during the postpartum period. Rates of self-reported depression during pregnancy are significantly higher among ethnic minority and low-income women. And, although the rates of any self-reported postpartum depression are fairly consistent across the county, the rates of severe symptoms are much higher among our most vulnerable populations.² But many women do not seek treatment due to various barriers, including stigma, lack of informed providers, financial and insurance limitations, transportation issues, lack of childcare, and other concerns.

Perinatal, or maternal, depression encompasses a range of mood and anxiety disorders that can affect a woman during pregnancy, around the time of birth, and throughout her infant's first year of life.³ If left untreated, these disorders, commonly called perinatal mood or anxiety disorders (PMADs), can lead to chronic mental illness in the mother,^{3,4} lack of emotional availability for the baby,^{5,6} and detrimental outcomes in the development of the fetus,^{6,7} newborn,^{8,9} and child.^{10,11} In fact, perinatal depression is the number one complication of pregnancy. Approximately one million women in the United States struggle with PMADs. These conditions cause toxic stress in the developing child and are therefore considered an adverse childhood experience.

The good news is that these conditions are highly treatable and often avoidable. By establishing systems of care, we intend for these women and their families to achieve emotional health.

Resolutions / Proclamations

- Assembly Bill 159 – 2009: Healthy Mothers Act
- Resolution ACR 105 – 2010: Perinatal Depression Awareness Month
- Resolution ACR 53 – 2011: The Kelly Abraham Martinez Risk Factors and Prevention Act – Risk Factors and Prevention Resolution

Speak Up When You're Down

Speaker's Bureau Salons

- Intimate
- Support
- Risks vs. Benefits
- Written story
- Small group share
- Public speaking?
- Video recording?



Ongoing & Upcoming Work

- Survey of pediatricians & OB/gyn to determine knowledge of PMADs, what they want to know, and how we can help
- Working with CA Maternal Mental Health Collaborative to draft legislation
- Summits in January 2013 and May 2013 (Los Angeles / Sacramento) to continue discussion of state approach to PMADs
- Roundtable events 2013, 2014, 2015, 2017
- PSAs

Questions?

Contact us:

www.maternalmentalhealthnow.org

gabrielle@maternalmentalhealthnow.org

Los Angeles resources:

www.directory.maternalmentalhealthnow.org

Recommended Readings

Beardslee, W., *Out of the Darkened Room: When a Parent is Depressed: Protecting The Children and Strengthening the Family*. Little Brown, 2002.

Dossett, E., *Perinatal Depression*, *Obstetrics and Gynecology Clinics of North America*, Volume 35, Issue 3, 2008.

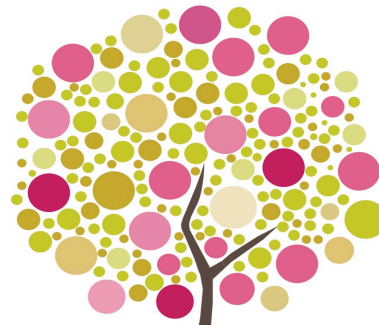
Kleinman, K., *Therapy and the Postpartum Woman, Notes of Healing Postpartum Depression for Clinicians and the Women Who Seek Their Help*. Routledge, 2009.

Project Thrive: *Maternal Depression Can Undermine the Development of Young Children*, Center on the Developing Child, Harvard University, working paper.

Stone, S., Menken, A., *Perinatal and Postpartum Mood Disorders, Perspective and Treatment Guide for the Health Care Practitioner*. Springer Publishing, 2008.

Vericker, T., Macomber, J., Golden, O., *Infants of Depressed Mothers Living in Poverty: Opportunities to Identify and Serve*, The Urban Institute, Brief 1, Aug. 2010.

Los Angeles County Perinatal Mental Health Task Force. *Bringing Light to Motherhood*. Los Angeles, 2010.



MATERNAL MENTAL HEALTH NOW

supporting the well-being of growing families

www.maternalmentalhealthnow.org