A Report from the California Task Force on the Status of Maternal Mental Health Care

CALIFORNIA TASK FORCE ON THE STATUS OF MATERNAL MENTAL HEALTH CARE

April 2017

EXECUTIVE SUMMARY

Why Maternal Mental Health Matters

Maternal mental health (MMH) disorders, such as depression, anxiety, and the more rare but serious postpartum psychosis, affect one in five women, or 20 percent, during pregnancy or the first year following childbirth. Among those living in poverty, up to 50 percent may be affected.[1,10] Maternal depression is the most common complication of pregnancy in the United States (surpassing gestational diabetes and preeclampsia combined).[4-8]

For their own health and the health of their infants, all women should be screened and receive treatment for MMH disorders; yet personal, structural, and systemic barriers persist. Untreated MMH disorders have serious medical, societal, and economic consequences.[1] Adverse birth outcomes, impaired bonding between infants and mothers, childhood behavioral problems, stresses on marriages and families, and significant financial expenses are associated with untreated MMH disorders.[12] Despite these negative outcomes, screening to identify these disorders is not routine; and even when MMH disorders are detected, treatment occurs in less than 15 percent of identified cases.[16] However, MMH disorders are treatable and early detection is critical. Evidence based treatment options are detailed in the full report, which notes appropriate therapies by severity including talk therapy, drugs, and alternative therapies.

More than half a million babies are born in California annually; this means at least 100,000 women are suffering from a maternal mental health disorder each year.[78] The cost of untreated maternal depression is estimated to be $22,500 per mother in lost income and productivity and negative health outcomes for children.[14] The cost to California can be estimated at $2.25 billion dollars per year.

Since 1 in 8 births in the U.S. occur in California, there is a distinct opportunity for California to improve the lives of many mothers and children and make a significant contribution to this national problem.[78]

The National Context

The movement to address maternal mental health has gained momentum from recent changes to national clinical recommendations:

- In May 2015, the American College of Obstetricians and Gynecologists (ACOG) published Committee Opinion Number 630, recommending that clinicians screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool.[4]
- In January 2016, the U.S. Preventive Services Task Force (USPSTF) released a revised recommendation for depression screening of all adults, including pregnant and postpartum women. The USPSTF adds that "screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up."[95]
- In February 2016, the National Council on Patient Safety in Women's Health Care, a coalition of nearly 20 nationally-recognized clinical organizations, issued the Maternal Mental Health Bundle, providing high-level direction to health care providers in office and hospital settings on how to implement maternal mental health screening and treatment.[96]

These changes by leading authorities are noteworthy, further illustrating that the time to address maternal mental health is now.

California's Advocates and Legislature Take Action

In response to mounting concerns about maternal mental health, and at the urging of advocates, the California Legislative Women's Caucus introduced Assembly Concurrent Resolution (ACR) 148, requesting the formation of a task force to study, review, and identify:

(1) current barriers to screening and diagnosis,

(2) current treatment options for both those who are privately insured and those who receive care through the public health system,

(3) evidence-based and emerging treatment options that are scalable in public and private health settings, and

(4) the needs of both providers and patients in order to improve diagnosis and treatment.[17]

With financial support from The California Endowment and the California Health Care Foundation, the California Task Force on the Status of Maternal Mental Health Care was formed and experts appointed. The Task Force convened during an 18-month period, hosting expert presentations to explore current research, barriers to care, evidence-based practices, and treatment programs. As a result of these efforts, the Task Force produced the 2017 Report, which includes:

1. **Provider Core Competencies**
2. **A Continuum of Care Reference**
3. **Screening: Score "Cut Offs" and Timing Recommendations**
4. **A "Menu" of Prevention and Treatment Options**
5. **An explicit Call-to-Action for Individual Stakeholder Groups**

The Task Force Sets Goals

Since the health of California rests on the health of California's communities, and communities thrive when mothers thrive, the Task Force set the following aggressive goals:

By the year 2021:

80% of women are screened for MMH disorders at least once during pregnancy and the postpartum period

By the year 2025:

100% of women are screened for MMH disorders at least once during pregnancy and the postpartum period

Task Force Recommendations

To achieve these goals, the Task Force has identified five barriers, and developed recommendations to address each barrier:

BARRIER 1: PROVIDERS LACK GUIDELINES, REFERRAL PATHWAYS, CAPACITY AND SUPPORT TO SCREEN AND TREAT

a. Ob/Gyns Should Immediately Adopt Screening and Treatment Protocol

Ob/Gyns (including nurse midwives and family practice providers who deliver babies) have a unique opportunity to identify a woman's risk for maternal mental health disorders prior to and during pregnancy and in the postpartum period. The Task Force recommends all Ob/Gyns adopt the American College of Obstetrics and Gynecology's Council on Patient Safety in Women's Health Care protocol in its "Maternal Mental Health Bundle." The Task Force recognizes, however, that Ob/Gyns need adequate support to treat these disorders including referral pathways for complex cases when needed.

b. Though Ob/Gyns must serve as the home base for MMH, all healthcare providers must be in a position to educate, screen and refer

Though Ob/Gyns must serve as the home base for detecting and treating MMH disorders, all healthcare providers must be in a position to inform women of these disorders, screen and detect, and identify referral pathways, which may include referral back to the treating Ob/Gyn. Such providers include but aren't limited to pediatricians, nurses, lactation consultants,licensed clinical social workers, and community service providers such as Women Infant and Children (WIC) program counselors, home visitors, and community health workers. Associations and boards serving these providers are urged to support these efforts on an urgent basis.

c. National Certification Boards should be Developed for MMH psychiatrists and therapists

To help identify providers who meet the core competencies created by the Task Force and to further promote the field of MMH, the Task Force recommends the development of two national certification boards to test for MMH provider proficiency, one for reproductive psychiatrists and one for talk therapists and other non-prescribing clinicians.

See full paper for citation listing

Task Force Recommendations continued

d. Health Insurers Should Immediately Create Case Management Programs

To assist Ob/Gyns or Primary Care Providers (PCPs) with ongoing patient care oversight and management, health insurers are urged to develop maternal mental health case management programs, similar to programs offered for other disorders or diseases. The programs should monitor patient access to qualified providers and evidence based treatment; provide patients with coaching around nutrition, exercise, and sleep; assist with mental health therapist appointment scheduling, and provide regular reports to the referring Ob/Gyn and/or PCP.

e. California Shall Adopt a Statewide Provider-to-Provider Expert Psychiatric Access Program by 2021

To address the shortage of psychiatrists, and more specifically a shortage of psychiatrists with an interest and expertise in treating MMH disorders (often referred to as reproductive psychiatrists), the Task Force recommends piloting models of provider-to-provider consult services, providing direct access to treatment protocol support and a psychiatrist with specialized knowledge of maternal mental health disorders, as needed. At least one program should be modeled after Massachusetts's "MCPAP For Moms" psychiatric access program which costs the state less than $9 per mother per year. The results of these pilots including the costs, as well as the potential for scalability, shall be reported to the legislature by the year 2020; the legislature is urged to adopt a statewide solution with implementation beginning in 2021.

BARRIER 2: MEDICAL AND MENTAL HEALTH INSURANCE AND HEALTH CARE DELIVERY SYSTEMS ARE NOT INTEGRATED

a. Medical and Mental Health Systems and Providers Must Become Integrated

In order to lay the groundwork for provider behavioral health integration, medical insurers should first bring mental health in-house, include mental health benefits in all medical care benefit contracts, and expand medical provider contracts to reimburse for MMH services.

BARRIER 3: OB/GYN SCREENING RATES ARE NOT MEASURED AND REPORTED

Because health care systems are most likely to address gaps in care when results are measured for such care, the Task Force urges national accrediting and measurement bodies, such as the National Quality Forum (NQF) and the National Committee for Quality Assurance (NCQA) to develop and adopt a measure for monitoring Ob/Gyn screening rates on an urgent basis. These screening rates should be publicly reported to spur intervention and improvement.

The knowledge and skills needed by various healthcare providers, including Ob/Gyns, Psychiatrists, and Pediatricians for example, vary and are differentiated in a set of recommended core competencies developed by the Task Force and detailed in the full report.

BARRIER 4: WOMEN NEED MORE MMH EDUCATION AND GENERAL SUPPORT AS MOTHERS

a. California Should Adopt a Statewide Awareness Campaign Starting in 2020

With appropriate funding and legislative support as needed, the California Department of Public Health should develop and implement a statewide linguistically and culturally appropriate public awareness campaign including educational materials to normalize, legitimize, and destigmatize these disorders. Widespread adoption should be fostered through community coalitions, local and county departments of public health, and statewide stakeholder organizations.

Task Force Recommendations continued

b. Community Coalitions Should Drive Local Change

Existing or newly formed community coalitions in each of California's communities should address prevention strategies including general support for mothers and families, assess local maternal mental health treatment shortages and provider training needs, disseminate educational materials and implement awareness campaigns developed by the State Department of Public Health.

c. Employers and the State Legislature Should Consider Family-Friendly Policies

Family-friendly policies which aim to reduce maternal stress, such as child care services, paid maternity and paternity leave, and health care coverage, should be considered by employers and the state legislature.

d. Churches, community centers, and others serving pregnant and postpartum women should understand the range of MMH disorders and local treatment resources

The Task Force understands women in need may interact with trusted sources at church, a community center, mommy and baby groups, or even their hairstylists, for example, and these groups and individuals should therefore understand the range of disorders and local community resources.

BARRIER 5: STAKEHOLDER GROUPS LACK A FRAMEWORK OR ROAD-MAP FOR COORDINATED CHANGE

Finally, recognizing addressing maternal mental health is the shared responsibility of multiple stakeholders the Task Force developed detailed recommendations for each stakeholder group which can be found in Appendix A of the full report. Stakeholder groups include hospitals, insurers, government agencies, trade associations, and others. All stakeholders should immediately intensify efforts to promote education, support, screening, and treatment for maternal mental health disorders.

The full report includes additional details and discussion of the Task Force recommendations, and can be found at **www.2020mom.org/ca-task-force-recommendations**.

Vision for the Future

Recognizing that maternal mental health disorders are the most common complications of pregnancy and that these disorders have serious immediate and long-term health consequences for mothers and their babies, the Task Force report highlights the importance of implementing the five categories of recommendations outlined above.

To provide appropriate oversight and guidance to various stakeholders, the Task Force has appointed a Implementation Steering Committee, which will be privately funded, to facilitate statewide implementation of these recommendations including addressing which solutions may require state-level policy change in conjunction with leadership within the legislature.

Catalyzing true statewide systems change will require ongoing and widespread efforts, support, and collaboration. Together we can and should close California's gaps in maternal mental health care by the year 2025.