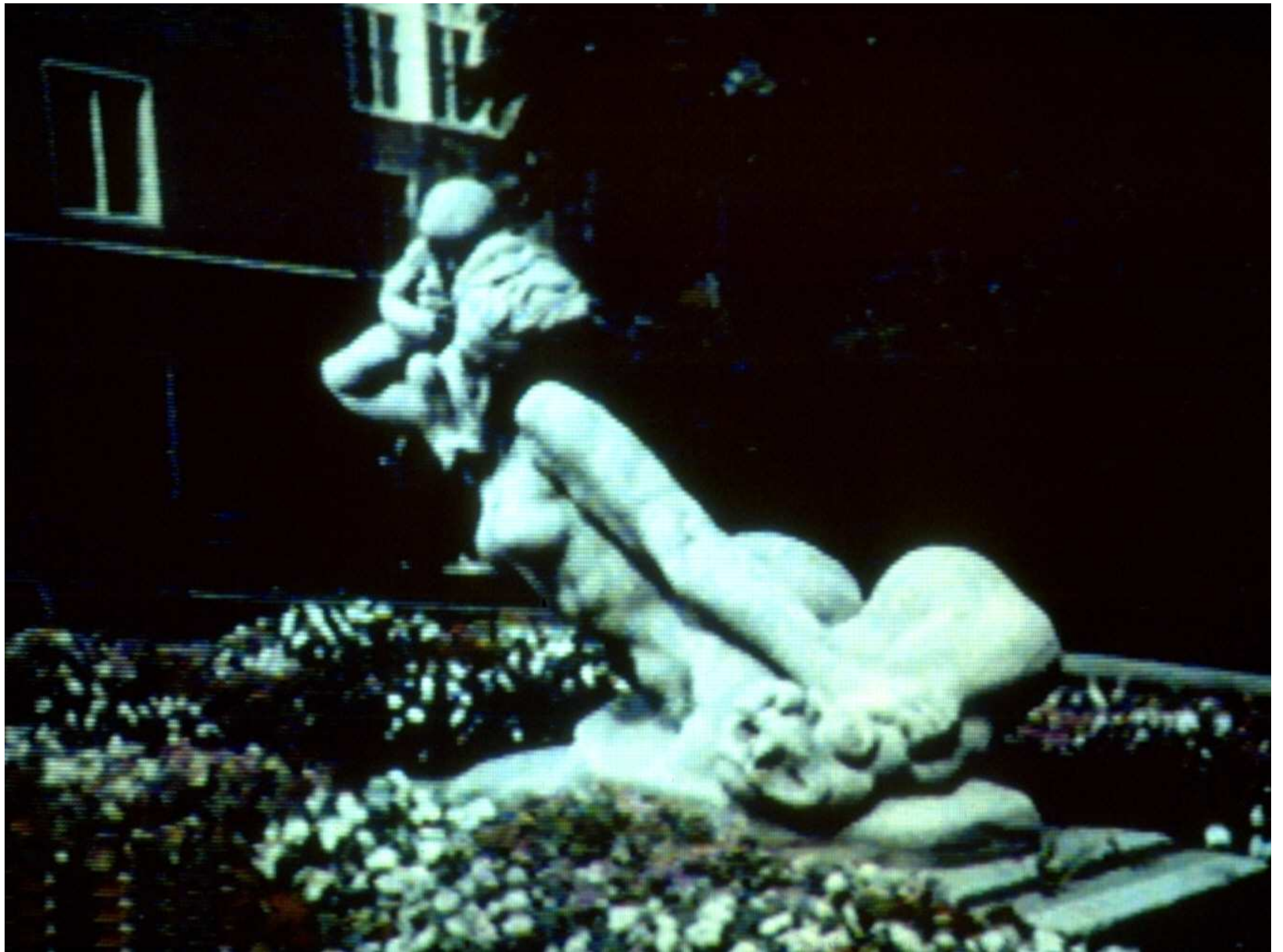

The UIC Perinatal Mental Health Project

Laura J. Miller, M.D.
Women's Mental Health Program
University of Illinois at Chicago



Illinois' strategy to improve detection and treatment of PPD

- n Central goal:
 - n Increase ***perinatal care provider*** capacity to detect, diagnose and treat PPD
- n Key methods:
 - n Provider **training**
 - n Provider **consultation**
 - n **Stepped-care models** for perinatal clinics
 - n **MotherCare (guided self-care)** as part of perinatal care

UIC Perinatal Mental Health Project: provider training

- n Basic training for primary & perinatal care providers
- n Advanced skills training
 - n Screening and assessment
 - n Perinatal psychopharmacology
 - n Assessment and intervention for mother-infant relationship problems
- n Training for mental health care providers to develop regional experts & referral sources
- n Training for Early Intervention providers to integrate maternal & infant mental health care

UIC Perinatal Mental Health Project: teaching modalities

- n Talks (lecture format)
- n Interactive workshops (role play, practice)
- n Case presentation workshops
- n Video teleconference
- n Audio conference with on line slides
- n Documentary & group discussion
<http://descentintodesperation.com/>

UIC Perinatal Mental Health Project: scope of training (11/04 – 2/08)

- n 4,525 health care providers trained
- n Provider types
 - n Physicians: Ob/Gyn, Family Medicine, Pediatrics, Psychiatry
 - n Nurses: RN, APN, midwives, home visitors
 - n Therapists: psychologists, social workers
 - n “Health extenders”: birth doulas, lactation consultants, home visitors, case managers
- n Evaluation data confirm need for training & show substantial knowledge accrual

UIC Perinatal Mental Health Project: Consultation Service

- n Resource for providers to consult with experts in PPD and anxiety disorders
- n Accessed by toll-free phone or online
- n Consultants are multidisciplinary UIC faculty & staff with women's mental health expertise
 - n Advanced practice nurse (1)
 - n Psychiatrists (3)
 - n Social worker (1)
 - n MPH (2)

UIC Perinatal Mental Health Consultation Service: scope (11/04 – 2/08)

| Health care provider type | #/ % of total consult requesters |
|---|---|
| Nurse, nurse practitioner, and/or midwife | 215 (29.7%) |
| Psychiatrist | 213 (29.5%) |
| Social worker | 68 (9.4%) |
| Obstetrician/gynecologist | 24 (3.3%) |
| Family medicine physician | 16 (2.2%) |
| Pediatrician | 15 (2.1%) |
| Other | 103 (14.2%) |
| Unknown | 52 (9.6%) |
| Total | 723 (100.0%) |

UIC Perinatal Mental Health Consultation Service: query types

| Type of question | #/ % of total queries |
|--------------------------------|-----------------------|
| Screening and assessment | 164 (22%) |
| Overall treatment planning | 120 (16.1%) |
| Pharmacologic treatment | 225 (30.2%) |
| Non-pharmacologic treatment | 19 (2.5%) |
| Crisis management | 4 (0.5%) |
| Mother-infant relationships | 2 (0.3%) |
| Referral resources | 61 (8.2%) |
| Other | 151 (20.7%) |
| Total | 745 (100%) |

UIC Perinatal Mental Health Consultation Service: evaluation data

- n Pilot data: N=49 respondents
- n 100% reported the information they received was helpful
- n 94.5% said the information influenced their approach to a patient and/or their practice in general
- n 100% said having the service available increases their comfort level in treating women with perinatal depression or anxiety disorders in their practices

Models for treating PPD

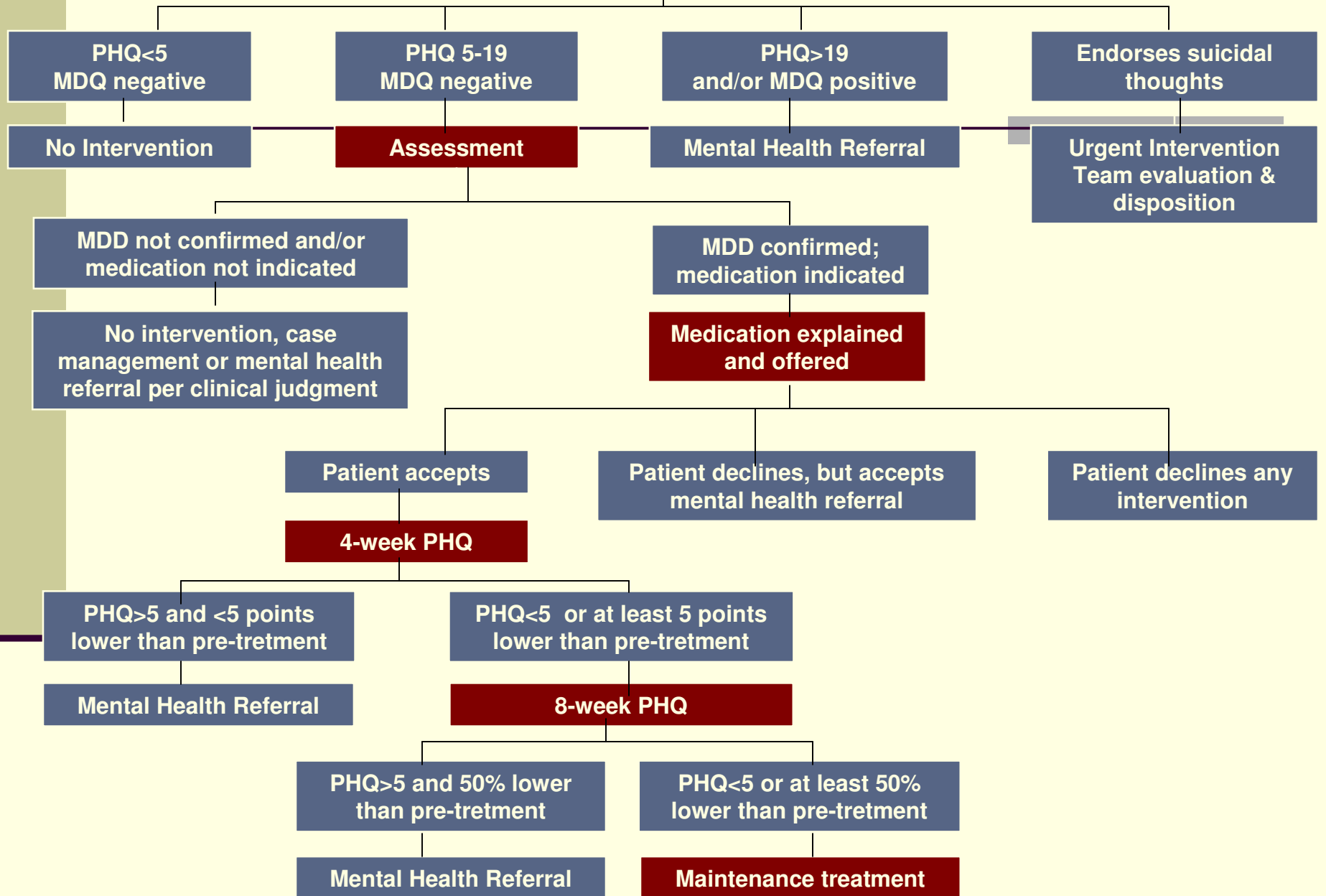
n “Screen & refer”

- n Screen during perinatal care visit
- n Refer to mental health services for assessment & treatment

n “Stepped care” disease management

- n Screen & assess during perinatal care visit
- n Identify women to treat on site (mild to moderate depression, not bipolar or suicidal)
- n Treat with medication; track response
- n If response is inadequate, refer for mental health care

Screening



Stepped-care pilot:

Perinatal Depression Management Model

Alivio Medical Center

- n FQHC; over 16,000 patients per year, over 1200 births per year
- n most patients monolingual Spanish, below 200% poverty level

Prior to model

- n 0.4% of reproductive age women diagnosed with psychiatric disorder

After introducing model (March 2005)

- n Screening average: 58%
- n 17% screened positive
- n 76% assessed on site
- n 10% diagnosed with major depression on site

n Quality Monitoring data guided follow-up training

Perinatal depression self-care: The MotherCare Kit

- n Many women refuse formal psychotherapy or lack access; kit designed to fill this gap
- n Kit translates evidence-based CBT & IPT strategies into user-friendly format
- n 10 topic areas
- n At each prenatal or postpartum visit, patient chooses a topic area and takes that kit home
- n In guided self-care (GSC), health care providers or “extenders” meet regularly with patient to review MotherCare progress

MotherCare Kit contents

- n Introductory education
- n Self-assessment of strengths & areas patient wants to improve
- n Specific goal-setting
- n Suggestions about reaching the goals
- n Anticipated obstacles & how to overcome them
- n Tracking progress
- n “Props”

UIC Perinatal Mental Health Project: how to reach us

- n Toll-free UIC Perinatal Mental Health Consultation Line
 - n **1-800-573-6121**
- n UIC Perinatal Mental Health Project web site
 - n www.psych.uic.edu/research/perinatalmentalhealth/