The 3 Ps of Perinatal Depression: Perinatal Health, Provider Education and Public Awareness

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Goals and Objectives

- **1. To increase the number of health and community-based providers who can recognize, screen and refer pregnant and postpartum women suffering from depression to treatment.**

- Increase ability of providers to recognize the signs and symptoms of perinatal depression through development of a Web-based curriculum.

- Market the curriculum and provide continuing education credits for completing it.

Goals and Objectives

2. To reduce the negative stigma of mental illness and barriers to care facing women with perinatal depression

- Identify ethnic/cultural beliefs and practices affecting women's choices in seeking mental health care

- Integrate recurrent themes and/or priority findings from the focus groups into the curriculum

Goals and Objectives

3. Enhance the efficiency and effectiveness of the system of care to provide comprehensive, culturally competent, and family-based care for those with perinatal depression

- Develop an action plan to reduce barriers to care and improve the system of care

Approach to Achieving Goals

- Conduct baseline survey of perinatal providers to assess their knowledge, attitudes and practices on screening, identifying and referring depressed women to treatment

- Conduct focus groups of five different multi-cultural populations in Virginia to identify barriers to care

Approach to Achieving Goals

Create an expert panel of state level provider representatives and consumers to assist VDH:

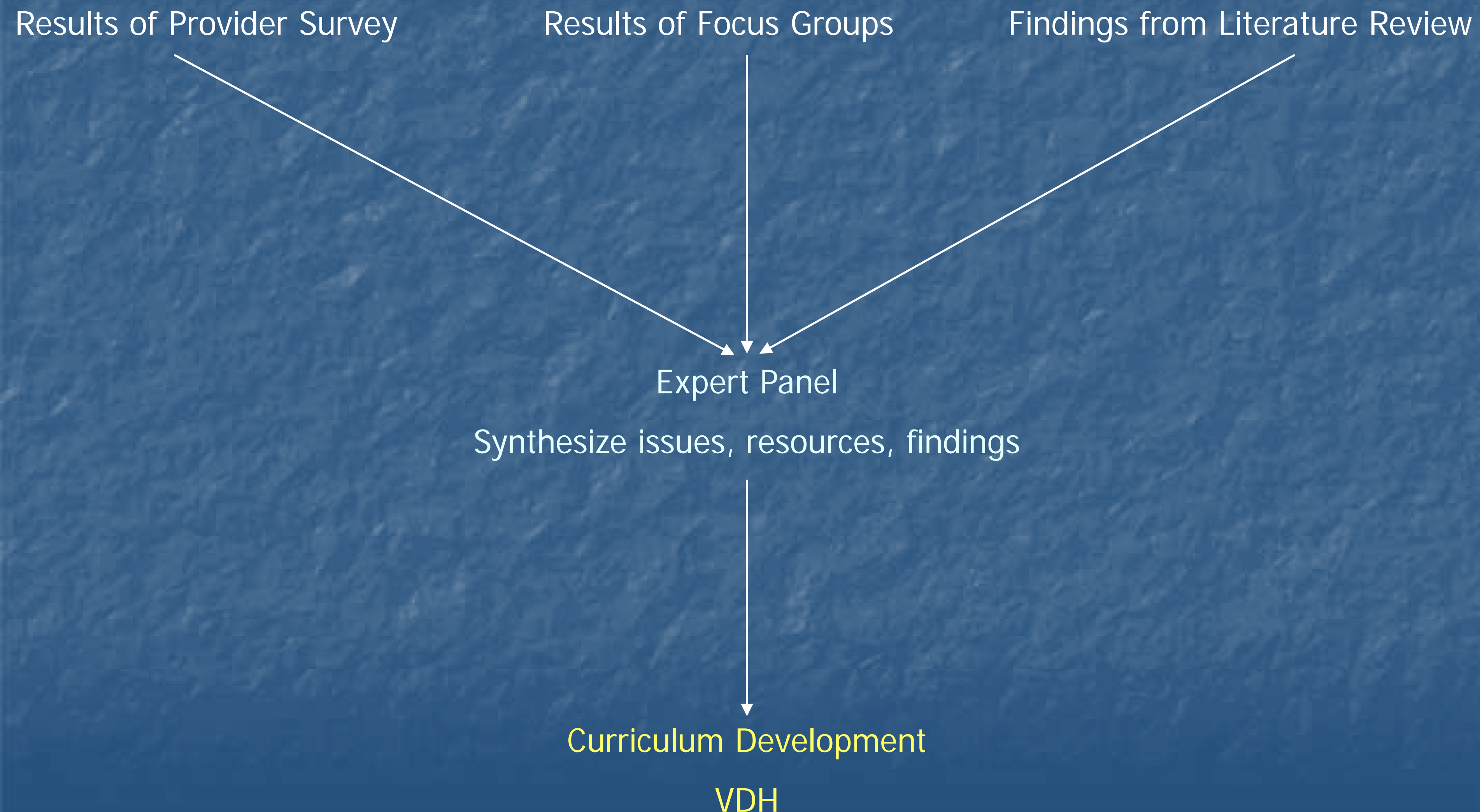
- Identify the major issues relative to perinatal depression in Virginia
- Inventory resources to alleviate perinatal depression
- Advise VDH on ways to strengthen the curriculum

Acknowledgements
Expert Panel

- Family Physicians
- OB/GYNs
- Pediatricians
- Pharmacists
- Nurses including Nurse Midwives
- Hospitals
- Mental Health Foundation
- Primary Care
- Managed Care
- Home Health
- Child abuse prevention
- Hispanic Chamber of Commerce
- Women who have experienced perinatal depression
- Health Planning Agencies
- Early Intervention
- State agencies-

  mental health, social services, health
- Academia

Approach to Implementing Goals

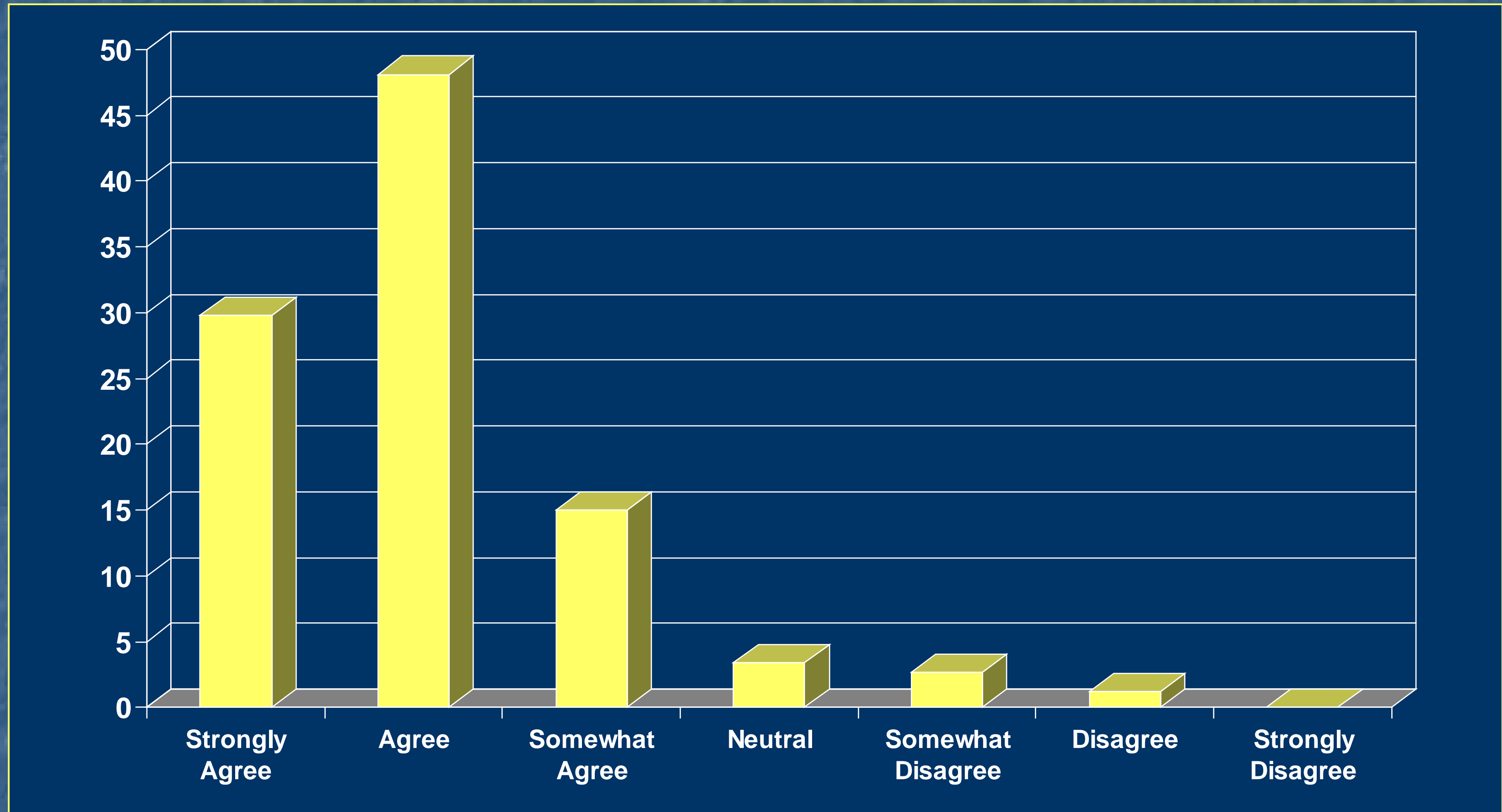


Perinatal Health Care Provider Survey

- 645 health care providers

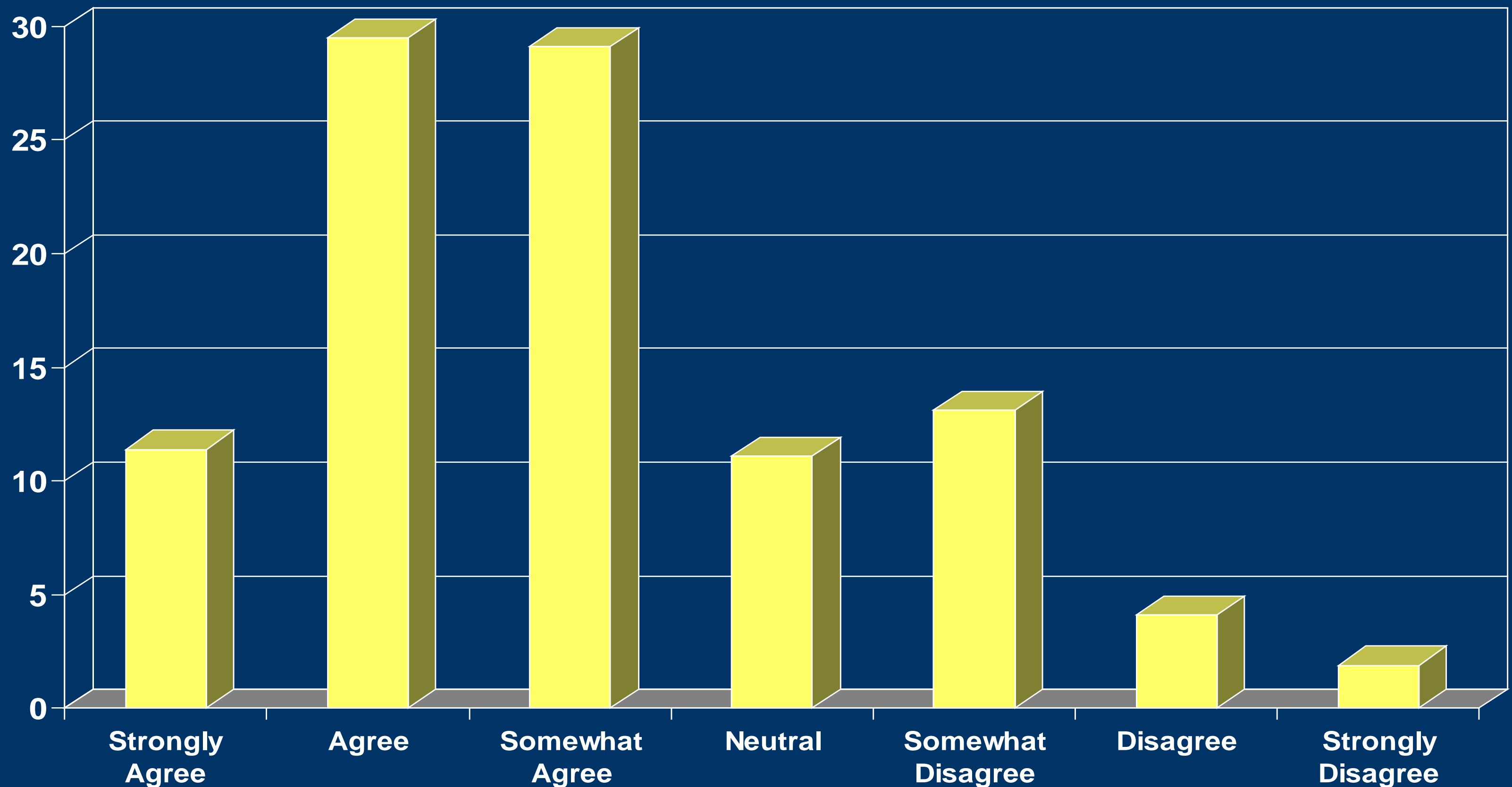
- 44% physicians
- 21.4% social workers
- 9.8% physician assistants
- 9.5% registered nurses
- 9.4% nurse practitioners
- 3.9% midwives

Q. *Perinatal depression frequently goes undiagnosed*



Strongly Agree/Agree = 77.9%

Q. I am very confident in diagnosing perinatal depression.



Strongly Agree/Agree = 40.9%

Practice Differences by Type of Health Care Provider

Q. How do you typically treat perinatal depression?

MD/DO	1) Refer to Mental Health specialist 2) Prescribe Medication 3) Counseling in office by you
NP	1) Counseling in office by you 2) Involve partner/family 3) Refer to Mental Health specialist
RN	1) Counseling in office by you 2) Involve partner/family 3) Provide written information

MD/DO = physician, NP = nurse practitioner, RN = registered nurse

Practice Differences by Type of Health Care Provider

Q. How do you typically treat perinatal depression?

NMW
1) Prescribe medication
2) Involve partner/family
3) Counseling in office by you

SW
1) Counseling in office by you
2) Involve partner/family
3) Refer to PCP

NMW = nurse midwife, SW = clinical social worker

Perinatal Health Care Provider Survey

- Barriers to treating: limited time, inadequate knowledge and/or skills, inadequate mental health care available, reimbursement/insurance limitations

- What providers want: assessment tools, information on diagnosis/treatment modalities, information on resources available, signs and symptoms

Focus Groups

- Conducted with 51 participants - African American, Somali, Cambodian, Caucasian, and Hispanic/Latina groups
- Questionnaire avoided words “depression” and “mental health care” – lack of conceptual/linguistic equivalent and stigma
- Used “feelings, experiences, seeking help”
- Used 10 depersonalized questions that were asked by women known to community

Key Findings from Focus Groups

- Lack of support
- Experience of loss, trauma, anxiety, or depression
- Poor health of the mother and/or baby
- Cultural values/stigma of mental health care
- Lack of insurance
- Lack of information
- Lack of language access
- Stereotyping, racism and mistrust
- Poor quality health care

Findings:

The women:

- Want community-based support from others who know the system and groups where they can share feelings with one another
- Need to be aware of services available in community
- Had no recommendations for help or support involving mainstream mental health services

Findings (continued):

Restructure the postpartum period:

- Schedule follow-up visits within two week postpartum
- Prevent social seclusion
- Promote rest for prescribed length of time
- Offer assistance with tasks of motherhood
- Provide social recognition of new status

Findings (continued):

- Educate providers of services for perinatal women in the cultural, historical and socio-economic factors influencing their lives
- Assess all women for physical, mental, spiritual and social well-being several times in the first year after delivery
- Interpret findings from screening tools for depression within the lens of patient's cultural and socio-economic context
- Allocate funds to support perinatal women "where they are"

Comparison of Provider Survey and Focus Group Findings

Barriers to Care

Providers said:

- Lack of insurance or limited insurance
- Difficulty communicating
  -stigma, language
- Inadequate knowledge/skills
- Inadequate mental health care available
- Lack of knowledge about services

Consumers said:

- Lack of insurance
- Difficulty communicating
  -stigma, language, stereotyping, racism, mistrust
- Poor quality health care
- Lack of support
- Do not want mainstream mental health services but support groups
- Lack of knowledge about services

Web Site Development

Focused on four areas:

- Developing curriculum learning objectives, content and an evaluation
- Continuing education credit for health care professionals
- Web site format
- Marketing

Marketing

- Worked with Regional Perinatal Councils and Expert Panel members to market curriculum to target audience
- Sent out press releases on grant award and launch of Web site
- Provided articles in state association newsletters and Web sites
- Exhibited at nurses, physician, social workers, and dietitians state meetings
- Distributed sticky pads and pens with Web site address and prepared a table top display to take to conferences

Future Plans

- Conduct on-site training with providers in four regions of the state
- Continue to update resource library
- Monitor Web site usage and make modifications based on evaluations
- Distribute CDs of the curriculum to those without Web access
- Seek additional funding to maintain the Web site

Who has completed the curriculum (launched 3/15/06 - 10/31/06)?

- 1,699 people started the course
- 612 completed it

- Of those completing it, most have been in practice 20 years or more

Type of Professional and Gender

- 51% registered nurses and nurse practitioners
- 32% other professionals
- 16% social workers
- 98% are women

Practice Location

33% were from Virginia
67% all 50 states and 3 countries

- 40% urban
- 33% rural
- 22% suburban
- Remainder some combination

- 41% worked in hospital-based practices
- 24% worked in health departments

Results of User Evaluation

- 93% said the Web site was a good or perfect match for their continuing education needs.
- 48% said that they visited the Web site because they could complete it at times convenient to them, while 16% said they took it to earn CEUs.

The vast majority of users said;

The level of difficulty was appropriate;

The content was relevant to their work;

They were very likely to recommend it to their colleagues; and

They plan to screen for perinatal depression and will change their practice based on the course.

Lessons Learned Based on the Virginia Experience

- Web-based training can be an effective method for increasing the capacity of the health care system to identify and treat PD.

- It should be used in concert with other approaches for maximum impact, e.g., presentations at ground rounds, phone support and technical assistance and with involvement of a wide variety of providers.

Capacity building for referral and treatment is an important component of changing practice patterns and better serving women and their families.

Public education campaigns need to work toward reducing the stigma of depression and make it acceptable for women to "speak up when you are down."

A multidisciplinary community-based approach to the identification and treatment of perinatal depression will better serve the women and their families.

Support groups for women and their families may decrease the morbidity associated with perinatal depression.

Reimbursement for professionals to screen and treat perinatal depression may decrease morbidity and/or mortality.

You are invited to visit www.perinataldepression.org

For more information contact
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