

# Perinatal Depression Policy Roundtable Summary Report and Recommendations

January, 2010



*Building sustainable policies to improve maternal  
mental health screening practices and  
treatment services in Los Angeles County*

LA Best Babies Network and the LA County Perinatal Mental Health Task Force acknowledge the following for their generous support of our work.



On November 19, 2009 the LA Best Babies Network and the LA County Perinatal Mental Health Task Force hosted the first Los Angeles County Perinatal Depression Policy Roundtable. The goal of the policy roundtable and related activities is to build sustainable policies to improve maternal mental health screening practices and treatment services in Los Angeles County, with the objectives of:

- Identifying perinatal depression policy recommendations and solutions; and
- Developing a perinatal depression action plan and policy agenda for Los Angeles County based on the roundtable recommendations.

The policy roundtable brought together thirty-five perinatal health and mental health leaders and community stakeholders to identify specific policy recommendations to improve maternal mental health in Los Angeles County.

Dr. Lynn Yonekura, executive director of LA Best Babies Network, opened the roundtable by welcoming participants and providing a brief overview of the perinatal mental health project, a partnership between the Network and the Perinatal Mental Health Task force funded by the First 5 LA Community Opportunities Fund Policy and Advocacy Grant. The project is aimed at identifying appropriate policy changes to increase education and training of providers, improve screening for depression and improve access to perinatal mental health care for women in the county.

The roundtable participants then viewed a video presentation of the compelling testimony from Kimberly Wong, Esq., Chair of the Los Angeles County Perinatal Mental Health Task Force, before the California State Assembly in March 2009. In her testimony, in favor of AB 159 “The Healthy Mothers Act of 2009” authored by Assembly member Pedro Nava, Kimberly shared her personal experience as a survivor of severe postpartum depression. She highlighted the need for more effective screening and increased access to treatment, as well as increased education for providers serving women of reproductive age.

The opening speaker, Cindy Harding, MPH, director of Maternal Child and Adolescent Health Programs for LA County, Department of Public Health, provided an overview of the landscape of perinatal mental health in Los Angeles County. Ms. Harding shared data from surveys in Los Angeles County which explored self reported perinatal depressive symptoms. Her presentation emphasized the prevalence and impact of maternal depression in Los Angeles County. She indicated that studies show 50% of women suffering from perinatal depression are never diagnosed while 34% of mothers reported feeling depressed during their pregnancy according to the 2005 LAMB (LA Mommy and Baby Project) survey. Ms. Harding also highlighted current screening and treatment programs in Los Angeles County.

Keynote speaker, Dr. Penny Knapp, medical director of the California Department of Mental Health, then provided a picture of the California perinatal mental health landscape. She also provided an overview of the effects of perinatal depression and

the impacts on young children. Dr. Knapp's presentation included a discussion of maternal depression, available screening tools, the effects of maternal depression on the child, treatment options and implications for prevention. Dr. Knapp acknowledged the considerable barriers and challenges encountered by women of reproductive age when seeking mental health services, highlighting that females under 40 are less likely to receive mental health services. On average, women with Medi-Cal access far fewer mental health services than men. In addition women are also less likely to receive medication as part of their treatment. Dr. Knapp stressed the need to support the early parent-child dyad and the promotion of a woman's health agenda that addresses broader issues of preconception care for women of childbearing age.

After receiving a complete picture of the state and local landscape, roundtable participants then heard about a specific program integrating depression screening and treatment. Katie Monarch, LCSW, program therapist from St. Joseph Hospital in Orange County, shared information about an innovative program at the hospital called Caring for Women with Maternal Depression. Ms. Monarch highlighted the many successes of the program, originally funded by UniHealth that began in June 2006. To date the program has completed over 7,500 depression screenings and has trained almost 900 physicians, nurses, social workers, case managers and community members. Ms. Monarch highlighted other program successes, including training provided to 25 community partners/agencies, and the referral of 244 "at risk" women by St. Joseph affiliated physicians. Overall 600 mothers have received treatment through the program. Despite the success of the program Ms. Monarch also acknowledged some of the barriers and challenges they have faced in the implementation including securing third party payment for services, increasing the public awareness of maternal depression, and limited community resources for treatment and referrals.

The challenges and barriers highlighted by Ms. Monarch and the other speakers point to the need for a coordinated effort in identifying perinatal mental health policy solutions. The information presented by the speakers provided community stakeholders with a clear understanding of the prevalence and the impact of perinatal depression on women and their newborns, and the importance of screening all women and providing them with effective and timely mental health services. The presentations provided the framework necessary for an in depth discussion on those potential solutions.

The participants were then charged with developing and prioritizing policy solutions. Each participant was asked to select from the following topic areas and participate in a facilitated discussion:

- Access, Financing and Standards of Care
- Education and Training of Health Care Providers
- Mental Health Workforce
- Public Awareness/Education and Social Support

Each group was given a menu of policy solutions to help begin the discussion. The following is a summary of each roundtable discussion and the policy solutions recommended.

### **Access, Financing and Standards of Care**

This discussion was intended to focus on issues of access including insurance coverage, financing as it relates to reimbursement and standards of care critical to the treatment of perinatal depression. A major barrier to treatment is lack of insurance coverage for women and the loss of coverage for those women receiving pregnancy only Medi-Cal who lose their eligibility 60 days postpartum. Limited reimbursements for providers who screen women in the perinatal period, and low reimbursement rates for mental health providers are barriers at the provider level. This group also considered issues related to standards of care for medical providers which should include perinatal depression screening in each trimester and during the postpartum period.

The group recognized the need to approach perinatal mental health from a prevention model and stressed the importance of screening and treatment services within a comprehensive framework of prevention. The group discussed the need to define preconception women's health services and integrate them into the ongoing health reform discussions and primary prevention. They stressed the need for a coordinated system of care recognizing that the system involves many components and that barriers must be addressed at multiple levels. The group discussed the need to address financial barriers including insurance coverage and reimbursement and proposed the group's involvement in the current planning process of the 1115 waiver, to increase Medi-cal coverage for women in the postpartum period from 60 days to 12 months. The group also discussed current opportunities with AB 1445 by Assembly member Wesley Chesbro which seeks to allow select health clinics to be reimbursed by Medi-Cal for two healthcare services on the same day. The legislation would allow clinics to be eligible for reimbursement if a woman is seen by both a primary care provider and a mental health provider on the same day. Currently, in order to be reimbursed for both services, they must occur on separate days. This group stressed the need to examine the overall design of the delivery system which they agreed should include different models such as case management model and mental health consultation model. The group also explored standards of care solutions to existing barriers such as gaps in knowledge and ways to organize and deliver a continuum of services in a coordinated and integrated fashion. To achieve an appropriate and effective continuum of services participants acknowledged that the consumer must be involved in the policy and advocacy process.

#### Recommendations:

The Access and Financing related recommendations:

- Extend Medi-Cal insurance coverage for uninsured pregnant women beyond 60 days postpartum by expanding Medi-Cal coverage and advocating for the 1115 waiver to cover mental health treatment services for mothers during the entire first year after birth.
- Expand Medi-Cal fee for service insurance coverage for dyadic mental health screenings to reimburse pediatricians who screen for maternal depression during a pediatric visit.

The Standards of Care recommendations:

- Advocate for a delivery system that includes the following:
  - Training Ob-Gyns, primary care practitioners and pediatricians as “first responders” to carry out initial screenings and referrals for treatment;
  - Treatment services that include a wide range of treatment approaches, either alone or in combination includes individual psychotherapy, group therapy, social support, home visitation and medication. Treatment services should also include addressing the psychosocial needs of the family, dyadic therapy and case management services;
  - A mental health consultation model in which a pool of mental health specialists are available to non-mental health providers for referrals and follow-up evaluations;
  - A case management model in which a case manager within a clinic setting is responsible for coordination of the continuum of services from screening through treatment;
  - Third party reimbursement for case management services across public and private insurance plans.
- Adopting a best practices approach to screening which includes frequent and periodic screenings through the perinatal period using validated, high quality screening tools as well as best practices for referrals, evaluation and continuing education for providers.

Participants:

Jeanette Valentine, PhD – Facilitator  
Palanda Brownlow, JD  
Calvin Hobel, PhD  
Lynn Yonekura, MD  
Joy Burkhard, MBA  
Louise McCarthy, MPP  
Penny Knapp, MD

Partner Organizations:

Pathways LA, First 5 LA, Cedars-Sinai Medical Center, Junior Leagues of CA, Cigna, Community Clinics Association of LA, CA Department of Mental Health.

## Education and Training of Health Care Providers

This group was designed to focus on issues related to the training and education of medical providers who serve women during the perinatal period. Providers who work with the perinatal population typically have limited knowledge of perinatal mood disorder topics such as the presentation and impact of these disorders, the importance of uniform screening and diagnosis, and the need for available resources for the women and her family. Training and educating providers to properly and routinely screen, refer and treat women with perinatal depression will result in women receiving timely and appropriate treatment services.

This group's discussion highlighted the need to train and educate all health care providers who come in contact with women during the perinatal period as part of a larger systems change effort to improve depression awareness, screening, and treatment services. The group also discussed the critical issue of educating healthcare providers about the availability of resources so that they have referral options after a positive depression screen. The group discussed developing a toolkit to educate providers on all topics. The toolkit should include educational information, valid screening tools, algorithms for treatment and referral and reimbursement strategies, as well as culturally competent and sensitive language for providers to use with perinatal patients. The toolkit could be packaged and marketed to providers. The group also recognized the need for ongoing support and follow-up for perinatal healthcare providers who implement the toolkit and begin providing these mental health services.

### Recommendations:

- Educate providers through a perinatal depression toolkit that includes educational information, validated screening tools, treatment and referral algorithms, culturally competent language on maternal depression, and reimbursement strategies. Education should be provided for the entire health care team of those facilities serving women during the perinatal period.
- Support research on the physiological changes during pregnancy and the causes of perinatal depression and disseminate the findings through grand rounds and a speaker's bureau.

### Participants:

Emily Dossett, MD – Facilitator  
Monica Ochoa, MPH  
Chander Arora, PhD  
Leticia Lara, LCSW  
Shirley Smith, MPA  
Cindy Fahey, MSN  
Robin Johnson, MD  
Jan French, CNM, MS

**Partner Organizations:**

USC, Cedars-Sinai, Zero to Three, South Bay Perinatal Access Project, and PAC/LAC, LA Best Babies Network

**Public Awareness / Education and Social Support**

This group focused on public awareness, education and social support. Public Awareness is considered an important first step in educating and empowering women, their families and community members about perinatal depression. Public awareness helps to decrease the stigma associated with perinatal mood disorders particularly that which exists in certain cultural groups. This stigma is a major barrier for women seeking and using mental health treatment services. Increased social support services are crucial in reaching out to and educating women, particularly those from minority groups or the uninsured.

The discussion in this group was centered on supporting a community based approach to services and education that offers social support services in a non-stigmatized setting that provides a natural comfort zone for women. They also highlighted the need for culturally sensitive screening and culturally competent services. This group stressed the need to support and develop programs that are designed by the community for the community. An example discussed by the group was that of the Harlem Children's Zone project, a community-based organization providing a holistic system of education, social-services, and community-building programs aimed at helping the children and families living in central Harlem. The group agreed that projects such as the Harlem Children's Zone which utilizes a comprehensive and integrative approach work best.

**Recommendations:**

- Support community based organizations, including schools/parent centers, as informational and educational gathering sites for women, families and community members. Programs should utilize a community driven approach in a safe and trusted place-based setting. This concept is reinforced by providing trained community members as health navigators who by their very connections to the community can support acceptance of interventions.
- Support the development of a public awareness campaign that educates women, families and communities about perinatal depression. Messaging should take place in safe and trusted organizations with established relationships in the community. It should include identifying champions and celebrities who can broaden awareness as well as the use of technology to reach adolescents and young adults.

**Participants:**

Deborah Hayes, MPH, LCSW - Facilitator  
Denise Gee, MPH, RD  
Diane Gaspard, MS  
Cindy Harding, MPH  
Naveen Sangwan, MPH

**Partner Organizations:**

LA Unified School District, PHFE-WIC, LA Biomed/South LA Health Projects, LA County Department of Public Health, and PAC/LAC.

**Mental Health Workforce**

This group was designed to address issues related to the scarcity of mental health services and the need for an increase in the mental health workforce. The specialized mental health workforce, i.e., mental health providers that are trained and have expertise in the treatment of the women with perinatal mood disorders, is extremely limited. Unfortunately for women with Medi-Cal and women, who require services in a language other than English, the mental health services and mental health providers are even more limited, resulting in lengthy wait times for appointments. This group was coordinated on the premise that the current mental health workforce does not have the capacity to treat perinatal mood disorders.

The participants in this group challenged the concept of Los Angeles County having a limited capacity for treatment of women with perinatal mood disorders. They stressed that Los Angeles County indeed has a mental health workforce that is knowledgeable about perinatal mood disorders. Participants agreed that the workforce exists and is greater than we perceive but that we need to expand linkages, by building better relationships with other professionals, making connections and increasing access and visibility. One example is utilizing existing expertise to train the current pool of mental health professionals. In addition we need to train the wide array of other professionals and paraprofessionals who serve at risk women so that they too can screen for depression, intervene appropriately and refer when necessary. The group highlighted one example of these types of linkages at Magnolia Place, a community initiative bringing together 40 nonprofit community organizations, which aims to create sustainable change for families, and build neighborhood resiliency. Support of these types of linkages and the creation of other similar community initiatives are needed to connect the perinatal health provider and stakeholders with the perinatal mental health workforce.

**Recommendations:**

- Expand linkages, raise visibility and increase access to the mental health workforce that currently exists and that is knowledgeable about perinatal mood disorders. Build and expand the “informed” mental health workforce by

identifying places, services and organizations that serve the perinatal population.

- Support specialized training to the mental health workforce in particular those serving perinatal populations and communities in need. Resources and expertise can be increased through a train the trainer model and support for programs that train peer group leaders and support staff.

Participants:

Caron Post, PhD – Facilitator  
Leslie Gallegos, LCSW  
Sam Chan, PhD  
Katie Monarch, LCSW  
Diana Lynn Barnes, Psy.D  
Vivian Burt, PhD  
Nomsa Khalfani, LMFT

Participating Organizations:

LA County Department of Mental Health, St. Joseph Hospital, The Center for Postpartum Health, UCLA-Women's Life Center, and St. John's Well Child & Family Center

The recommendations resulting from the Perinatal Depression Policy Roundtable discussions will be used to develop specific action plans that will ultimately lead to the development of policies and policy changes aimed at improving maternal mental health screening practices and treatment services in Los Angeles County. These recommendations are an initial step in raising awareness and meeting the unmet needs of pregnant and postpartum women in Los Angeles County. The LA Best Babies Network and the LA County Perinatal Mental Health Task Force will coordinate the policy and advocacy efforts and continue to partner with roundtable participants and key stakeholders to advance these policy solutions.

## Acknowledgements

### Planning Committee

M. Lynn Yonekura, MD  
Executive Director  
LA Best Babies Network

Tonya Gorham, MSW  
Director of Policy  
LA Best Babies Network

Monica Ochoa, MPH  
Policy Research Associate  
LA Best Babies Network

Kimberly Wong, Esq.  
Chair  
LA County Perinatal Mental Health Task Force

Cynthia Harding, MPH  
Director  
Maternal Child and Adolescent Health  
Los Angeles County Department of Public Health  
Co-Chair  
LA County Perinatal Mental Health Task Force

All members of the Los Angeles County Perinatal Mental Health Task Force

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Roundtable Facilitators:

Emily Dossett, MD  
Deborah Hayes, LCSW, MPH  
Caron Post, PhD  
Jeanette Valentine, PhD

Speakers:

Cindy Harding, MPH  
Penny Knapp, MD  
Katie Monarch, LCSW

LA Best Babies Network Executive Team and Staff

Participants

Chander Arora, PhD	Cedars-Sinai Medical Center
Joy Burkard, MBA	Junior League of California
Diana Lynn Barnes, Psy.D	Center for Postpartum Health
Palanda Brownlow, JD	First 5 LA
Vivian Burt, MD, PhD	UCLA, Resnick Neuropsychiatric Hospital
Sam Chan, PhD	LA County Department of Mental Health
Emily Dossett, MD	USC, Maternal Wellness Clinic
Cindy Fahey, MSN	PAC/LAC
Jan French, CNM, MS	LA Best Babies Network
Leslie Gallegos, LCSW	Roybal Family Mental Health Center
Diane Gaspard RD, MA	LA Biomed/South LA Health Projects
Denise Gee, MPH	PHFE WIC
Tonya Gorham, MSW	LA Best Babies Network
Cynthia Harding, MPH	LA County Department of Public Health
Deborah Hayes, LCSW	LA Unified School District, School Mental Health
Calvin Hobel, MD	Cedars-Sinai Medical Center
Robin Johnson, MD	LA Best Babies Network
Nomsa Khalfani, LMFT	St. John's Well Child and Family Center
Penny Knapp, MD	CA Department of Mental Health
Leticia Lara, LCSW	Zero to Three
Louise McCarthy, MPP	Community Clinic Association of LA County
Katie Monarch, LCSW	St. Joseph Hospital
Deborah Muñoz, MA, MBA	LA Best Babies Network
Monica Ochoa, MPH	LA Best Babies Network
Caron Post, PhD	LA County Perinatal Mental Health Task Force
Carolina Reyes, MD	LA Best Babies Network
Shirley Smith, MPA	South Bay Perinatal Access Projects
Naveen Sangwan, MPH	PAC/LAC
Jeanette Valentine, PhD	Health Services Research Center, UCLA
Kimberly Wong, Esq.	LA County Perinatal Mental Health Task Force
M. Lynn Yonekura, MD	LA Best Babies Network