



Memorandum

To: New York MOMD Core Team

From: MOMD Team at CLASP

Date: October 18, 2019

Re: Continuum of Services Models

Summary

The New York MOMD team is seeking information on continuum of services models used in behavioral health in other states, countries or communities. The purpose of this memo is to highlight some of those examples to inform New York's conversation about the workforce involved in the continuum of services for a mother during the prevention, screening, referral, and treatment process for maternal mental health concerns.

This memo is separated into two sections. The first section highlights models that may be beneficial because of the content included in them, the focus on mental health, and the focus on the issue both from a model and an information/process standpoint. The second section highlights models that may be helpful from a model layout or process standpoint.

For questions or more information please email Stephanie Schmit at sschmit@clasp.org.

Models for Content:

[A REPORT FROM THE CALIFORNIA TASK FORCE ON THE STATUS OF MATERNAL MENTAL HEALTH](#)

This resource is a report from the California task force on the status of maternal mental health which summarizes California's gaps in maternal mental healthcare, identifies strategies for improvement, and provides a framework for coordinating stakeholder responsibilities in California. The California task force was established to study, review, and identify current barriers to screening and diagnosis and explore, review, and identify treatment options for both those who are privately insured and those who receive care through the public health system. This report and the work of the task force seem very aligned with the goals of the MOMD workforce group in New York. It provides valuable insights on process as well as the work they have done and where they hope to go from here.

Two specific pieces that are particularly relevant for the workforce group to consider:

1. Starting on page 17, table 2 lays out maternal mental health (MMH) Core Competencies for Health Care Providers (by provider type).

Table 2: MMH Core Competencies for Health Care Providers

The task force developed the following chart which depicts the knowledge and skills needed to diagnose, refer and treat MMH conditions by provider type including reproductive psychiatrists.

Ob/Gyn, Nurse-Midwife, Primary Care Physician, and PCP Extender/Prescriber Core Competencies:

- Understand signs and symptoms of the range of MMH disorders and which factors place a woman at high-risk for an MMH disorder
- Develop knowledge about the valid screening tools for depression, anxiety, and bipolar disorder, where to locate, how to select and use, and when to screen for bipolar disorders
- Recognize the recommended frequency of screening during pregnancy and postpartum
- Understand how to interpret screening results
- Demonstrate ability to assess for safety including suicidality and postpartum psychosis which includes an increased risk of suicide and infanticide
- Develop knowledge of the menu of prevention/treatment options (drug and non-drug treatments including non-clinical alternative practices)
- Recognize which medications are safe to start or continue in pregnancy or while breastfeeding; when multiple medications are being utilized or when multiple medications may be needed, seek a specialized reproductive mental health consultation
- Develop knowledge of how to counsel women with existing psychiatric illness who are planning pregnancies and taking medication
- Learn about and refer to the local network of MMH services
- Understand that trouble breastfeeding can be a risk factor for anxiety and depression; and some agents used to help increase breast milk supply may trigger anxiety

Nursing (Registered Nurses, Public Health Nurses and Advanced Practice Nurses) Core Competencies:

- Understand signs and symptoms of the range of MMH disorders
- Be able to apply the nursing process of assessment, diagnosis, planning, implementation, and evaluation for a patient population that may be experiencing a wide range of MMH disorders
- Recognize factors that place a woman at high risk for an MMH disorder and be able to intervene within the specific nursing role
- Be familiar with validated screening tools for depression and anxiety and follow agency protocols in the selection and use of such tools
- Develop and implement care plans using screening results and following agency protocols on screening and interventions
- Be familiar with the menu of prevention/treatment options (drug and non-drug treatments including non-clinical alternative practices) and referral pathways
- Recognize when patient should be seen by an MD
- Recognize and refer to the local network of MMH services available in community
- Recognize that breastfeeding challenges can be a risk factor for anxiety and depression; be familiar with resources to support a mother's decision to continue or discontinue breastfeeding, especially when medications are involved (i.e., psychotropics, antibiotics, and/or agents used to increase or decrease milk supply)

Non-MD, Behavioral Health Providers Core Competencies:

- Understand signs and symptoms of the range of MMH disorders and which factors place a woman at high-risk for an MMH disorder
- Develop knowledge about the valid screening tools for depression, anxiety, and bipolar disorder, where to locate, how to select and use, and when to screen for bipolar disorders
- Understand how to interpret screening results
- Develop knowledge of the menu of prevention/treatment options (drug and nondrug treatments including non-clinical alternative practices)
- Practice MMH evidence-based psychotherapy (cognitive behavioral therapy, interpersonal therapy, etc.)
- Recognize when to refer to psychiatry and which psychiatrist is appropriate
- Demonstrate ability to appropriately counsel women with psychiatric illness who are planning pregnancies and taking medication
- Recognize and refer to the local network of MMH services available in community
- Understand that trouble breastfeeding is a risk factor for anxiety and depression; certain medications used to treat mental health disorders are safe for use while breastfeeding; other agents used to help increase breast milk supply may trigger anxiety; and certain medications are safe to continue while breastfeeding while specialized psychiatric consultation is sought

General Psychiatrists Core Competencies:

- Understand signs and symptoms of the range of MMH disorders, including postpartum psychosis and which factors place a woman at high-risk for an MMH disorder
- Develop knowledge about the valid screening tools for depression, anxiety, and bipolar disorder, where to locate, how to select and use, and when to screen for bipolar disorders
- Demonstrate competence in assessing for safety, particularly suicide and infanticide, and instituting appropriate acute treatment in pregnant and newly postpartum women
- Understand how a differential diagnosis (distinguishing of a particular disease or condition from others that present similar symptoms) differs for pregnant and postpartum women versus the general population
- Develop knowledge of the menu of prevention/treatment options (drug and nondrug treatments including non-clinical alternative practices)
- Recognize the importance of social support and appropriate psychotherapy and how to develop a plan for assisting patients in accessing these resources
- Demonstrate competency in counseling women on the risks of untreated relapse versus the risks of potential medication use in pregnancy and lactation
- Understand which medications are safe to continue in pregnancy or while breastfeeding versus which medications need to be changed immediately
- Demonstrate ability to appropriately counsel women with psychiatric illness who are planning pregnancies and will need treatment, whether pharmacological or not
- Demonstrate ability to appropriately counsel women of childbearing age on methods of birth control, their effects on psychotropic medication or symptoms, and where to go for family planning
- Develop knowledge of when to seek specialized consultation from a reproductive psychiatrist
- Recognize and refer to the local network of MMH services available in community
- Understand that trouble breastfeeding can be a risk factor for anxiety and depression; and some agents used to help increase breast milk supply may trigger anxiety

Reproductive Psychiatrist Core Competencies:

All competencies required of general psychiatrists plus:

- Demonstrate ability to manage complex medication regimens in pregnancy
- Provide pre-pregnancy and postpartum consultation to MDs, for women with severe mental illness and those on complex medication regimens
- Serve as a resource through expert consultation with a team of providers, including prenatal care, pediatric, social service, and other behavioral health providers

Community Health Workers, Lactation Consultants, Doulas, Home Visitors, Childbirth Educators, Peer Support Leaders, etc. Core Competencies:

- Understand signs and symptoms of the range of MMH disorders and which factors place a woman at high-risk
- Develop knowledge about the valid screening tools for depression and anxiety. Understand where to locate these screening tools and how to select and use them
- Understand recommended frequency of screening during pregnancy and postpartum and suggested 'cutoff' scores to identify who may have potential anxiety or depression
- Be familiar with and follow agency protocols for different types healthcare workers involved in addressing MMH, which include prevention and treatment resources and referral pathways
- Understand that trouble breastfeeding can be a risk factor for anxiety and depression; and some agents used to help increase breast milk supply may trigger anxiety

2. Page 21 of the report begins an outline of a continuum of care from identification through treatment. We think that it is all very useful, but figure 8, outlines a screening continuum that may be of particular interest.

Figure 8. Women Should Be Screened and Supported at Various Times During Their Reproductive Years

Pre-conception

- Women should be informed of the prevalence, signs, and symptoms of all MMH disorders.
- Mental health assessments should be conducted, including screening for depression, anxiety, and bipolar disorder. This should also include discussing risk factors (e.g., mental health history, family history of mental illness) and general promotion of health (e.g., exercise, promotion of sleep, adequate Folic Acid, Omega-3s, and Vitamin D). A thorough assessment should also include discussion about premenstrual syndrome (PMS) and untreated thyroid disorders which indicate higher risk.
- Women should be counseled on pregnancy prevention if they are not actively trying to conceive.
- Women who have psychiatric histories and/or who are currently on psychiatric medications should receive preconception counseling on how to maintain mental health and stability during pregnancy, including medication management where appropriate.

Pregnancy

- If not conducted on a preconception basis, a mental health assessment should be conducted during pregnancy.
- Women should be informed/reminded of prevalence, signs, symptoms, and risk factors of all MMH disorders and how to obtain help should symptoms be present or arise later.
- Screening should occur for depression and anxiety, and screening for bipolar disorder if screening didn't happen at a recent pre-conception visit.

Inpatient: High Risk Pregnancy, the Immediate Postpartum, NICU

- Women should be screened for maternal depression and anxiety, and screening for bipolar disorder if screening didn't happen at a recent pre-conception visit or during pregnancy.
- Women should be informed of prevalence, signs, symptoms, and risk factors of all MMH disorders and how to obtain help should symptoms be present or arise later.
- Women with bipolar disorder should be monitored for potential psychosis including sudden onset immediately after birth.

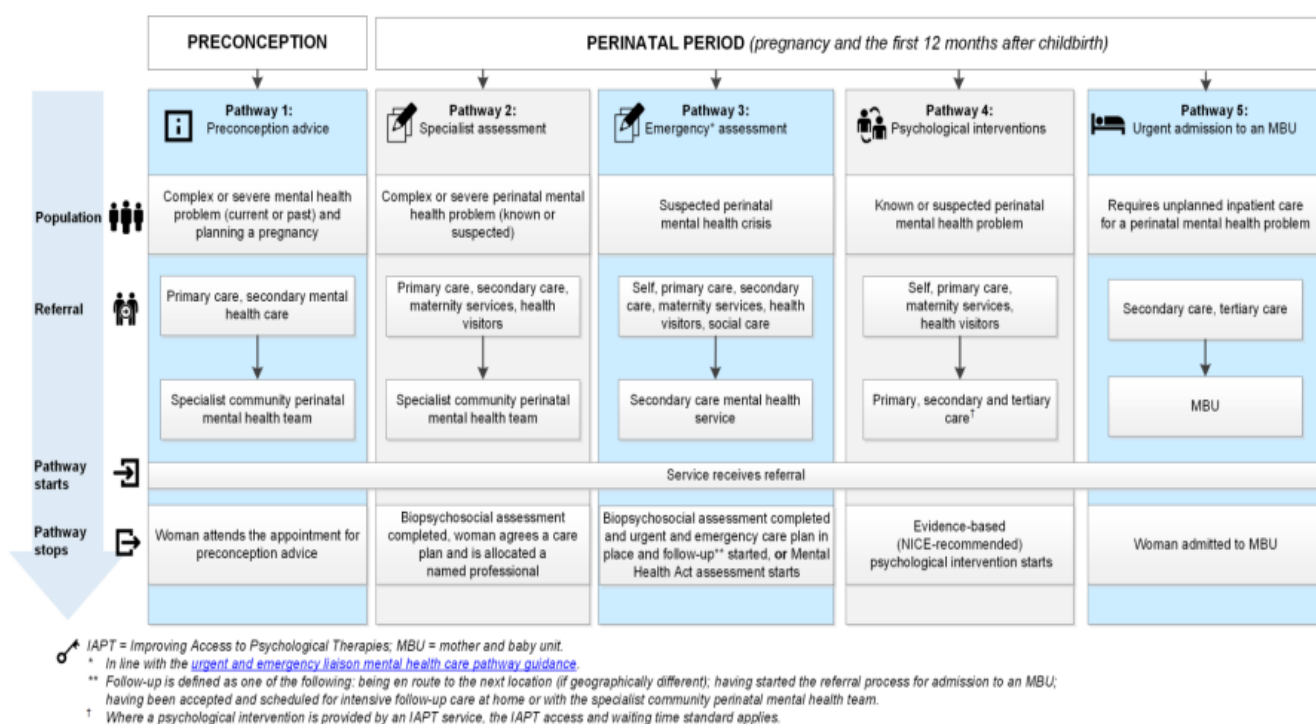
Postpartum

- Women should be screened for maternal depression, anxiety, and bipolar disorder if screening didn't happen at a recent preconception visit, during pregnancy or while inpatient.
- Women should be informed of prevalence, signs, symptoms, risk factors, and how to obtain help should symptoms be present or arise later.
- Women with bipolar disorder should be monitored for potential psychosis including sudden onset immediately after birth.

PERINATAL MENTAL HEALTH CARE PATHWAYS FULL IMPLEMENTATION GUIDANCE (UK)

This guidance document outlines pathways to services for women with mental health concerns during pregnancy and 12 months postpartum. It also considers paths for women with a past or current mental health concern who are planning a pregnancy (prevention). This is an incredibly rich resource that highlights both examples of good models/visuals, but also components for consideration. The diagram below highlights the 5 pathways that the document covers including population, who may refer the woman to services and who they would potentially be referred to based on the circumstances of their mental health concern. Please note that the health system highlighted below is different from the health system in the United States (for example, there is no pathway through primary care among many other significant differences), but many of the components and pathways are still relevant to the goals and activities of the workforce group. Additionally, in the prevention pathway, we'd recommend reaching women beyond the population suggested in the graphic.

The perinatal mental health care pathways summary diagram



In the graphic above, MBU stands for Mother and Baby Units and NICE stands for the National Institute for Health and Care Excellence

PERINATAL MENTAL HEALTH INTEGRATION GUIDE (LOS ANGELES)

While not actually a continuum example, this report from Maternal Mental Health Now outlines “lessons learned” from a 2016 effort to integrate maternal mental health care into three medical clinics in Los Angeles. Starting on page six, it outlines how they built provider capacity. Given the goals of the workforce group, this resource provides insights and information that is very relevant to the NY MOMD continuum conversation.

Examples of models for layout, components, or process:

PERINATAL MENTAL HEALTH PATHWAYS (UNITED KINGDOM)

This resource provides an example of a process of how to potentially work through the process of establishing a continuum of services. This was created during a meeting of key stakeholders in London who are part of a broader group of folks working to map current provision and identify gaps in services. While this was professionally drawn, a similar process might be useful to get something on paper. This source also highlights relevant components of a continuum that you may wish to consider for content purposes. Please note a larger and clearer version of this graphic can be accessed through the link above.



CONTINUUM OF CARE FOR MATERNAL, NEWBORN, AND CHILD HEALTH

The full description of this resource and the study associated with it can only be accessed with an account so we don't have as much information on this resource as we would hope, however, we think there might be relevant components in this model that are relevant for the conversations and work of the MOMD team especially when considering how to graphically represent your continuum in New York. Graphic representation can and has been done in many ways and we think the graphic representation component is a very useful tool for the audience to really understand how the pieces fit together.

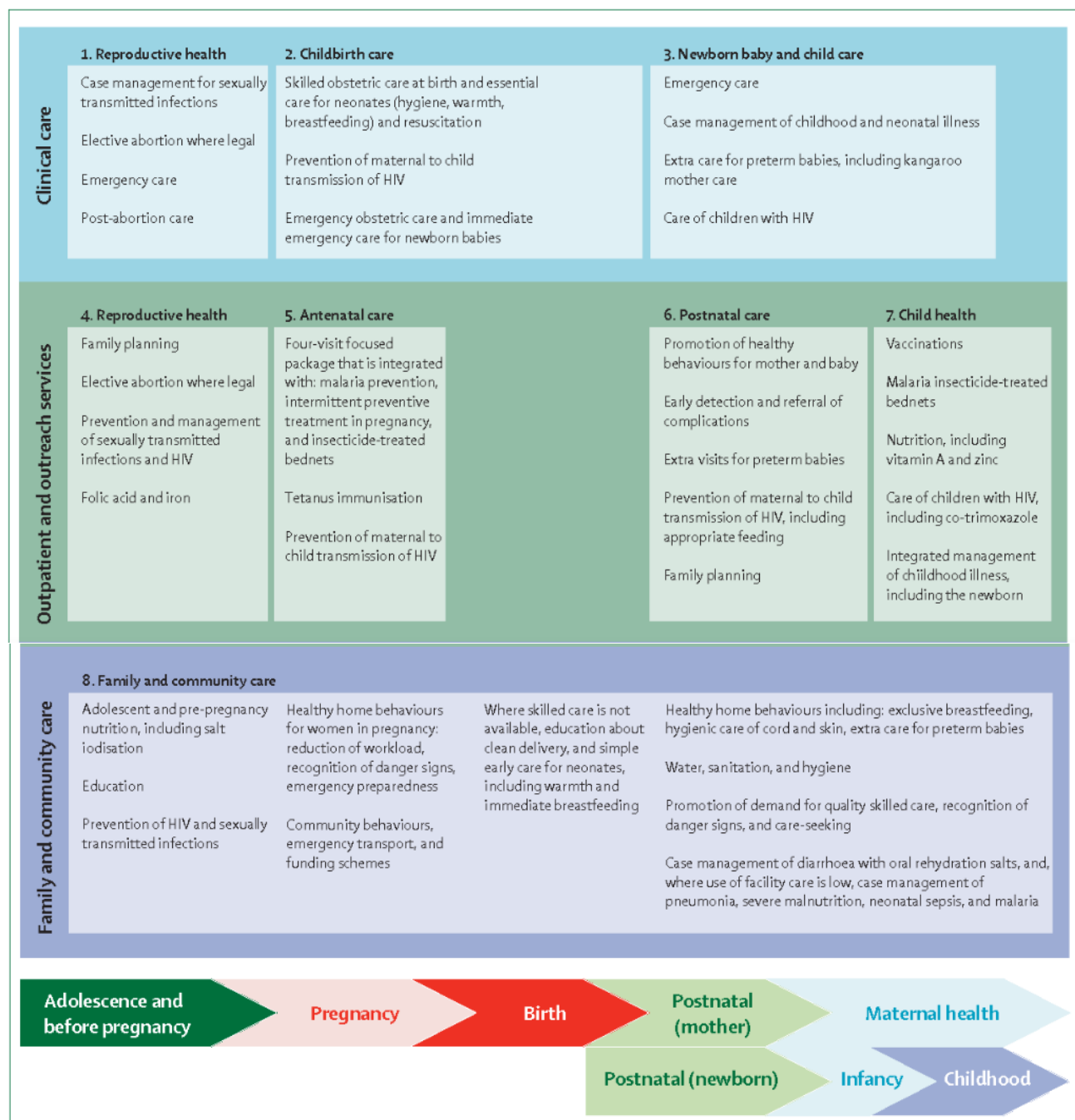


Figure 2: Integrated packages for health of mothers, newborn babies, and children, with evidence-based interventions along the continuum of care, organised by lifecycles and place of service-delivery
 Adapted from references 5,32, and 33, with permission.

NORTHERN REGIONAL ALLIANCE (NEW ZEALAND)

This model shows another way that the information can be graphically represented. This piece is specifically focused on acute perinatal and infant mental health in Auckland, New Zealand, but pieces of it may be relevant or useful for building your model.

