BIRTH EQUITY EDUCATION PROJECT

NURTURING A HEALTHY DYAD

THE IMPORTANCE OF MATERNAL AND INFANT MENTAL HEALTH

MAY 2021

PREPARED AND PRESENTED BY:
MICHIGAN COUNCIL FOR MATERNAL AND CHILD HEALTH

Dyad refers to the complex, interconnected relationship between **mother or caregiver** and infant, recognizing both must be healthy in order to thrive.

INTRODUCTION

Mental health affects how individuals understand, respond and interact with the world around them and evidence suggests that addressing it is key to a healthy mother-child relationship.

Maternal mental health can impact how mothers engage with their children, which has a lasting and profound influence on a child's development and overall health (1). During pregnancy, maternal stress can decrease the placenta's capacity and ability to protect the baby from elevated stress hormones (1). Exposure to these elevated stress hormones in utero has the potential to cause issues throughout the lifecourse, including difficulties in learning and developing healthy relationships (2). Parents or caregivers who experience untreated depression, anxiety, and/or significant stress may be less likely to engage with their children in positive and interactive ways which is vital in promoting healthy brain development, behavioral functioning and ensuring protective relationships. The mental health of those caring for the youngest members of a family (parents and caregivers) needs to be a priority to ensure heathy families now and across the generations.

In Michigan, on average about 40,000 mothers per year are affected by perinatal anxiety and/or depression. Effective individualized tools and interventions that can help ensure parents and infants have a healthy start exist but most women with a perinatal mood disorder go untreated (17, 16). Combining interventions like early and frequent screening, relationships with trained professionals through prevention-based activities like home visiting, or interventions such as cognitive behavioral therapy (CBT) can provide mothers with tools to cope, and the therapy needed, to provide nurturing environments for their children. In this brief we explore measures to help address mental health for the mother or caregiver and infant dyad while highlighting some of the solutions currently in place that help mothers, infants and families start and stay on a healthy track.

"As a black woman I had my own difficult experience with the medical field and felt not taken care of after giving birth. I found myself in a position of feeling powerless and alone. I know if someone had knocked on my door and asked, "are you ok?" that could have changed things for my family. I was drawn to this work because I understand the power of connection. Having the opportunity to offer comfort to a mother who just delivered her precious baby can be life changing. Integrated Infant Mental Health offers connection!"

— Kristina Figaro, LMSW , IMH-E® (IMHM-Clinical)

THE ISSUE

The contributors to perinatal (in pregnancy and postpartum) mood disorders are complex and intricate. They are often biological, psycho-social, and can be impacted by a person's environment, including their support system or lack thereof (2).

A parent or caregiver's mental health has significant potential to impact children, their development and their ultimate success. Intergenerational transmission of mental and behavioral health conditions has been well documented and can create a difficult cycle that interferes with healthy development and leads to ongoing social-emotional and behavioral problems throughout adolescence and into adulthood. (2)

COVID-19 has added a burden of stress that will bring about transgenerational effects affecting the mental health of a woman and her infant (13). The evolving economic impact of the pandemic, instability, and trauma–including the disproportionate impact of COVID-19 on communities of color–increase the risk of maternal depression and can lead to lasting negative effects on the entire family.

According to Michigan Pregnancy Risk Assessment Monitoring System (PRAMS) 2016 – 2019 data, postpartum depression is prevalent, and the burden is inequitably distributed across the state, especially with racial disparities in the rates of postpartum depression. In Michigan's non-Hispanic White population, 12.3% of mothers reported having postpartum depression while 20.5% of non-Hispanic Black and 26.3% of Asian/Pacific Islander mothers reported postpartum depression. Data further demonstrates that individuals experiencing depression are more likely to miss postpartum care visits (15.2% vs 8.9%) (16).

Depression can occur at any point during the perinatal period. Approximately 16.5% of Michigan's moms experience depression three months before pregnancy, while 15.0% experience depression during pregnancy, and 14.6% during the postpartum period. In total, 28.9% of women were impacted by depression at one or more of these times. As the number of time periods that someone is impacted by depression (before, during, and after pregnancy) increases, the risk of receiving no postpartum care also increases. Women who report no depression around pregnancy report receiving postpartum care about 91% of the time, while women who report depression at least once during their pregnancy attend postpartum visits about 88% of the time. This decreases even more when women report feeling depression two or more times during pregnancy (85.7%), and if a woman reports depression during all three time points the rate of receiving postpartum care decreases to about 81% (16).

The PRAMS data highlights the importance and impact of some maternal mental health concerns. This data indicates many women who are struggling with a mood condition do not have adequate follow up and miss an important opportunity for care and referral to services. While screening is critical, women must be engaged to receive referrals to appropriate resources, receipt of services, and adequate follow up to close the gaps in maternal mental health detection and outcomes.

"You are asked about depression the first month after the baby is born, but what about later. I'm 3 1/2 months in and I spend everyday with my baby and the newness and excited feeling are dying down. I think now is the time for support groups."

Surveys conducted by the Michigan Pregnancy Risk Assessment Monitoring System (PRAMS) 2016-2019

"During my postpartum check-up I took a depression scale, my Dr. told me I scored moderately high but did not offer any support or referrals or suggestions for helping me. I feel like postpartum depression is not taken seriously enough in our society."

Surveys conducted by the Michigan Pregnancy Risk Assessment Monitoring System (PRAMS) 2016-2019

OPPORTUNITIES TO IMPROVE

In response to this public health issue, there are innovations occurring in Michigan to provide additional support to women, caregivers and families.

Nurturing a healthy dyad of maternal or caregiver and infant mental health requires systemic changes that include identification of risk, providing adequate services in a timely manner, and having open dialogue with healthcare providers while reducing barriers to seeking services, such as wait times and stigma for mental health services. The programs outlined in this section were created to improve the identification of mental or behavioral health risk and bridge the gap between requesting services and receiving services.

Screening by Home Visiting Programs

Michigan has a rich array of home visiting programs where a trained professional meets with a pregnant woman or new family, primarily in their home, to coach, encourage and assist the family in meeting goals associated with positive parenting and healthy development. As they build trust and bond with the woman and family, home visitors are in a unique position to help identify issues and make necessary connections for treatment and prevention services.

All home visiting programs in Michigan conduct at least one maternal depression screening during program enrollment and they may be administered multiple times during the months of service. Michigan's largest home visiting program, the Maternal Infant Health Program (MIHP), utilizes a validated depression screener to identify risk and guide referrals to the most appropriate services. Based on the risk screening, MIHP providers refer the mother or caregiver for mental health services from a mental health professional, medical care provider, Infant Mental Health Specialist or local Community Mental Health (CMH) program, as indicated.

In similar fashion, home visiting professionals refer families to all types of community service providers and are required to follow up on referrals to determine if the services were accessed. Data presented in Michigan for several years indicates that women who screened positive with moderate to severe depressive symptoms have low participation in behavioral health treatment and services. Opportunities for improvement exist to ensure referral and follow-up protocols make the necessary connections for those who most need care and services, and also address the social determinants of health that may contribute to the inability to access needed services (20).

Universal Screening by Medical Providers

In 2015, the American College of Obstetricians and Gynecologists (ACOG) issued a recommendation to screen women for depression and anxiety at least once during the perinatal period (11). However, many women who have identified depression or anxiety on a screener have not received any behavioral health support (12). About a quarter of all Michigan mothers with postpartum depression (26.2%) either had no postpartum care or received care that did not address her depression (16). Changing the structure of how often and when screening is administered may help increase the likelihood that women receive timely behavioral health services. By enhancing screening protocols to build supportive environments that prompt interventions, perinatal providers may be more successful at delivering necessary care to the women who need it most. Universal perinatal screenings during regular OB visits and pediatric visits is imperative in the improvement of perinatal health (17). Increased availability of a brief depression screener can help clinicians assess for depression and monitor improvement. With timely and frequent on-site screening, it is more likely that mothers can be referred to maternal mental health care early on and be better supported in receiving appropriate services.

Innovative Technology

One way to improve availability of depression screening is through new and innovative technological advances such as websites, health portals and applications (apps). In Michigan, HighTouch, HighTech (HT2) provides participating OB clinics with an e-screener that patients can access via tablets or smartphones while the patient is waiting to see the clinician or prior to the visit. HT2 provides the clinician with a summary of the pregnant person's mental and behavioral health risks, delivers a brief motivational interview-based intervention, and offers connections to a behavioral health consultant for additional services. (10).

HT2 is a collaborative program designed to provide clinicians and families with technology (Mommy Check-Up App) that faciliatates both the disclosure of mental and behavioral health needs and with immediate linkage to care coordination and brief therapeutic interventions delivered by specially trained behavioral health consultants (BHC) (19). The BHCs provide psycho-education that empowers the woman to assess her own symptoms and learn skills to address those symptoms or know when and where to ask for assistance. Parenting skills are commonly discussed with participants as a key strategy to improve outcomes. Further, resources for further assessment and treatment can be offered as well as connections made between different systems serving the family.

A pilot project (funded through the Healthy Moms, Healthy Babies initiative) integrates HT2 with the state-wide perinatal psychiatry access program MC3 Perinatal described below (19).

Intervening early and often via detection of symptoms on screening tools can help minimize stress during pregnancy and help forge nurturing environments for infants (14). Screening to identify parents at risk as early and often as possible can notify providers ahead of time to provide adequate and individualized resources and referrals. Providing screenings, as well as wrap-around services that include immediate access to services in primary health care settings, via home visiting programs, and in provider offices will promote the use of mental and behavioral health services (15).

PROMISING PROGRAMS

Maternal mental health is one of the most common complications of the perinatal period with 1 in 7 women suffering from depression or anxiety, (18) and evidence indicates that the rate has increased significantly during COVID-19 because of barriers for women and families to connect to support systems (8).

Perinatal mood disorders affect the entire family and only a fraction (about 25%) of women receive medical help for any of these mood disorders (20). These staggering numbers suggest a need for enhanced perinatal systems with front line care providers who are confident and competent in detecting and treating perinatal mood disorders. We outline three programs here that are instrumental in supporting the entire perinatal mental healthcare system.

MC3 Perinatal Michigan Medicine

The MC3 program offers psychiatry support to primary care providers in Michigan who are managing patients with behavioral health issues. This includes children, adolescents, young adults through age 26, and women who are contemplating pregnancy, pregnant or postpartum (up to one year following end of pregnancy) (8). MC3 Perinatal covers the entire state of Michigan with same day perinatal psychiatrist consultation for primary care providers. Psychiatrists are available through phone consultations to offer guidance on diagnostic questions, medication recommendations, and appropriate psychotherapy. Additionally, MC3 Perinatal has master's-prepared Social Workers called Behavioral Health Consultants (BHC) that can provide same-day referrals and community resources to support the treatment plan discussed between the MC3 psychiatrist and the primary care or OB/GYN provider.

Since January 2021, MC3 Perinatal has seen a 70% increase in consultations. Currently 540 perinatal providers, including medical doctors, nurse practitioners, physician assistants, and certified nurse midwives in family medicine and OB/GYN practices are enrolled in MC3 Perinatal. They represent every county where obstetric services exist and a major outreach campaign is underway to increase the number of enrollments

"There should also be a 12 week postpartum check-in for new moms. For some post partum depression doesn't show up immediately but as you head back to work and get lost in the 'how is your baby?' shuffle. The transition of back to work and new mom balance is often tough with no outlet."

Surveys conducted by the Michigan Pregnancy Risk Assessment Monitoring System (PRAMS) 2016-2019

by 10-15% by the end of 2021. This program also provides educational resources and monthly webinars to any interested stakeholder in Michigan (e.g., home visitors, social workers). Finally, the MC3 Perinatal team developed user-friendly toolkits (e.g., psychopharmacology cards to ease medication management) for providers treating pregnant and postpartum women.

MC3 Perinatal provides front line support to perinatal providers with same day consultation five days a week with extended evening hours since the pandemic began. Supporting providers is critical in reducing barriers to treatment for mothers or caregivers who are experiencing depression, anxiety or other mood disorders. Psychiatry access programs like MC3 Perinatal are building the capacity of front-line providers to confidently diagnose and treat trauma and mood disorders and are an integral part in promoting mental wellness for families and assuring the receipt of needed services (9)

Infant Mental Health via Community Mental Health

In 1994, Infant Mental Health Home Visiting (IMH-HV) became a billable service for Michigan Medicaid, which improved access and ongoing funding for these services. When IMH-HV became an eligible service for children from pre-natal to 47 months under Medicaid, it ensured that all Community Mental Health Service Programs (CMH) would be able to address the mental health and social-emotional needs of infants, toddlers and parents (2). The Infant Mental Health Home Visiting Model is a multifaceted needs-based approach, incorporating both clinical and developmental strategies to address social and emotional well-being, caregiving capacities, maternal and infant mental health (1,2).

Infant mental health services are inherently relationally focused, and treat early relational health as a vital sign, critical to the healthy development of infants and their families. Families can be referred to IMH-HV services from other home visiting programs as well as by providers. The IMH therapist visits the family's home and observes the dyad. The therapist listens to parents/caregivers, mindful of the thoughts and emotions awakened by the presence of the baby and the impacts of how their own history impacts their current parenting style (3). By observing

and listening to the caregiver, the IMH therapist is able to provide preventative tools to address potential postpartum depression, anxiety, or any behavior health issues in general. IMH therapists pay attention to intergenerational dynamics and trauma, with the goal of positively impacting how caregivers and parents interact with the infant to encourage positive experiences, which may have been different from their childhood experiences (4).

Integrated Infant Mental Health Services

Another opportunity to provide families the mental and behavioral health services they need is via integrated infant mental health services where trained staff is embedded in pediatric and OB/GYN settings (outpatient clinics and hospitals). Starfish Family Services, located in metro Detroit with its Integrated Health Care team is an example of an integrated Infant Mental Health (IMH) location. Starfish has

one director, one manager, one supervisor and 10 IMH therapists who provide specialized home-based Infant Mental Health Therapy called One Location, One Visit: Pediatric Integrated Health Care in Wayne County (5,7).

One of the main goals of Starfish is to foster trusting relationships within the healthcare setting by providing immediate care for families. For example, if there is a mother who is seeking prenatal care or recently delivered and would benefit from IMH services, the embedded therapist can start a conversation immediately in the hospital without delays (6). When the IMH therapist provides the initial visit, they offer an invitation to participate in the IMH services, letting mom choose services. This is critical in the IMH approach because, historically, when a therapist or social worker visits a family in the hospital there is an automatic association that something is wrong. This approach can change the current narrative from punitive to providing hope to moms and families and normalizes the need for mental health supports.

Lastly, it is important to emphasize the great opportunity to assist the mother or caregiver infant dyad during pediatric care appointments. Pediatricians who integrate IMH into their practices indicate that this creates efficiencies; often families do not know where to turn or where to start when there is a potential mental or behavioral health concern. Offering IMH therapists that attend to the mother or caregiver in pediatric offices normalizes mental and behavioral health services and allows the pediatrician to provide a warm hand off immediately (5).

WHAT MAKES THESE PROGRAMS SUCCESSFUL?

Whether it is one of the models or programs shared in this piece or another family-centered approach that provides appropriate services, the focus is on support and prevention to improve birth equity and outcomes. The three aforementioned models focus on improving education to providers on mental health services and screening, as well as improving education and resources for the mothers, caregivers and families.

- ✔ The core of providing services is the **relationship with families** in order to help facilitate change for generations to come. IMH help the families become more successful and grow healthy relationships.
- ✔ These programs build frontline capacity of the mental and behavioral **healthcare delivery system** to provide support and resources. MC3 Perinatal provides psychiatry access, diagnostic and medication management support, and BHCs to OB/GYN and family practice physicians to increase their knowledge and better serve families. While integrated IMH services, universal screening, and HT2 technology provide more readily available information about the dyad to assist with care and resources.
- ✔ Improved screening coupled with immediate access to services **reduces barriers to entry into mental and behavioral healthcare** and acknowledges that navigating the new maternal infant dyad is challenging. Providing universal screenings more frequently in a provider's office or during a home visit, as well as IMH therapists embedded into the healthcare setting can facilitate regular discussion, which normalizes behaviors and can reduce stigma for the mother or caregiver infant dyad.

SUMMARY

Maternal mental health and the well-being of the mother or caregiver infant dyad is imperative to protecting and nurturing family dynamics. Paying special attention to a woman's wellbeing during the prenatal period and up to one year postpartum is critical for the healthy development of the infant and family.

Depression and related behavioral health screening should occur regularly and continue during the postpartum period for at least a year when postpartum women are most vulnerable and infant care can be overwhelming (13). Screenings should take place in a variety of maternal and infant care settings and by many trusted voices to assure adequate opportunities for identification and engagement. Incoporating innovative screening tools that allow for self-identification and immediate connection to services should be expanded as an additional checkpoint.

Sreenings will never be enough, nor are resulting referrals for mental health services. There must be connection to meaningful and compentent services and supports for the individual. Expansion and scaling of specific programming with evidence of positive impact on the mother or caregiver and infant relationship will require commitment of resources and workforce to meet the demand. Expert psychiatric consultation to support providers in the field to respond to needs quickly and efficiently should be scaled and strengthened. Combining tailored training for all professionals working with women in the perinatal period with embedding mental health professionals directly into the healthcare and support settings will increase the likelihood and success of treatment actually getting to the individual in need.

An important closing note: *Throughout this piece we have specifically referred to "mental health" and not the broader phraseology of behavorial health often utilized to include substance use disorders and the disease of addiction that is highly correlated with mental illness. Later in our series, the Birth Equity Education Project will be dedicating an entire product to substance use disorders and the impact on maternal and infant outcomes.*

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