Maternal Mental Health:
Team Care for Post-Partum Depression, Intimate Partner Violence, and Substance Use

MODERATOR: Audrey Jiricko, MD, OB/GYN, Intermountain Healthcare

PRESENTERS:
Audrey Jiricko, MD, OB/GYN, Intermountain Healthcare
Deborah Bentley, Ph.D., Psychologist, Intermountain Healthcare
Jean Millar, MBA, RN, Operations Director of Women and Newborns Clinical Program, Intermountain Healthcare
Objectives

- Define intimate partner violence, postpartum depression and substance use disorders
- Understand the impact in the state of Utah
- Understand how to effectively screen for IPV, depression and substance use disorders
- Provide patients experiencing IPV, depression and substance use disorders with resources and support a coordinated community response
Perinatal depression affects as many as one in seven women.

ACOG recommends all pregnant women be screened at least once during the perinatal period.
1 in 10 pregnant women reports alcohol use*

*Defined as at least one drink of any alcoholic beverage in the past 30 days.
Source: CDC Behavioral Risk Factor Surveillance System (BRFSS), United States, 2011-2013
Ob/Gyns have an **ethical responsibility** to treat their patients with substance use disorder with **dignity and respect** and to try to establish a **therapeutic alliance** with these patients.

American College of Ob/Gyns Committee Opinion June 2015
Patient Story

Struggle is nature's way of strengthening
Health Effects

Intimate partner violence  ACOG Committee Opinion#518

- Placental abruption
- Preterm delivery
- Low birth weight
- Violence may escalate in pregnancy
- Homicide by intimate partner a leading cause of maternal mortality

- Depression
- Anxiety
- Substance use disorders
- Suicide
- Chronic headaches
- Sleep disturbances
- Palpitations
- Chronic pelvic pain
- IBS
- Sexual dysfunction
- Abdominal symptoms
- Recurrent vaginal symptoms
Ob/Gyn Office - a unique position

- Nature of the relationship
- Annual exams
- Family planning
- Pregnancy
- Follow up visit for ongoing care
- Screen at various times – annual exams, new patient, first prenatal visit, at least once a trimester and at postpartum visit.
- If risk factors - asking for STI testing, mental health problems, substance use disorder
How to Screen for IPV

Must screen alone

Avoid terms “abuse” “rape” “battered” “violence”

**Framing Statement** “We’ve started talking to all patients about safe and healthy relationships because it can have such a large impact on your health” (and confidential, free resources are available to help)
How to Screen for IPV

Confidentiality

“Before we get started, know that our conversation is confidential but there are some things which require healthcare providers to report (in the state if UT such as

• You are being treated for an injury caused by your partner
• Children are witnessing or experiencing violence
• You have been threatened with a lethal weapon”
How to Screen for IPV

Sample Questions

“Has your current partner ever threatened you or made you feel afraid?”
(Ever called you names, put you down and controlled you?)
“Ever controlled who you talked to or where you went?”
“Ever hit, slapped, kicked, pushed or shoved you?”
“Ever forced you to do something sexually you did not want to do?”
Positive messaging

“It’s not your fault”

“You and your children don’t deserve this”

“This is a safe place for free, confidential resources”

“Leaving an unhealthy relationship is a process, not an event”

“Leaving an abusive partner can be very dangerous time so speaking with an advocate and developing a safety plan is highly recommended”
Why doesn’t she leave?

- Fear
- Protect/avoid separation from children
- Financial
- Low self esteem
- At times love of/connection to partner
Local

- Utah Domestic Violence Coalition Hotline
  1-800-897-LINK (5465)
  http://udvc.org/
- Rape Recovery Center 801-467-7273
- 2:1:1 Resources Lists

National

- National Coalition Against Domestic Violence
  1-800-799-SAFE (7233)
  www.ncadv.org
- Futures Without Violence
  www.futureswithoutviolence.org
- Love Is Respect http://www.loveisrespect.org/
- National Human Trafficking Resource Center
  www.traffickingresourcecenter.org
  1 (888) 373-7888

Reporting

- Child Abuse/Neglect 1.855.323.3237
- Vulnerable Adult Abuse 1.800.371.7897
Barriers

• Time
• Need to screen alone
• Misaligned incentives
Mental Health Integration (MHI) Role in Team Based Care

Deborah L. Bentley Ph.D.
MHI Retreat 2017
Who Makes Up the Team?

- Patient
- Engaged Physician
- Nurse Care Manager
- PSR staff
- MHI Provider
- Clinic Manager
Referral Needs

- Perinatal and Postpartum Depression
- Struggles with breast feeding, sleep deprivation, marital/relationship stress, financial stress
- Miscarriage—the disfranchised grief
- Fetal Demise, Still born birth and complications for mother and child at birth
- Trauma—birth, assault, intimate partner violence
- Substance Use Disorder
- Eating Disorder
# Screening in Primary Care

**SCREEN with the Intermountain-modified NIDA**

**Who do I screen?**
- Patients $\geq 12$ years at preventive care visits

**What are the questions?**

<table>
<thead>
<tr>
<th>In the past year, how often have you used the following?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol:</td>
</tr>
<tr>
<td>• For men, $\geq 5$ standard drinks* a day</td>
</tr>
<tr>
<td>• For women, $\geq 4$ standard drinks a day</td>
</tr>
<tr>
<td>Tobacco products (including e-cigarettes)</td>
</tr>
<tr>
<td>Prescription medications for non-medical reasons</td>
</tr>
<tr>
<td>Prescription medications in amounts greater than prescribed, for reasons other than prescribed, or that weren’t prescribed to you</td>
</tr>
<tr>
<td>Illegal drugs (illicit, street drugs)</td>
</tr>
</tbody>
</table>
Further Screening

SCREEN further with the ASSIST-based Assessment

Who do I screen?

- Patients who screen positive on the NIDA (any positive response)
- Patients with risk factors, drug-seeking behavior, or other presentation
- Patients who present intoxicated or impaired, obvious risk, or request treatment

What are the questions?

See the ASSIST-based Assessment (click to open or go to intermountain.net)

What do the scores mean?

<table>
<thead>
<tr>
<th>Low risk</th>
<th>Moderate risk</th>
<th>High risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–10 on alcohol</td>
<td>11–26 on alcohol</td>
<td>27+ on any substance</td>
</tr>
<tr>
<td>0–3 on other substances</td>
<td>4–26 on other substances</td>
<td></td>
</tr>
</tbody>
</table>
Intermountain’s ASSIST- Based Assessment

• In your life, which of the following have you ever used?
  • Cannabis
  • Cocaine
  • Prescription stimulants
  • Methamphetamines
  • Inhalants
  • Sedatives
  • Hallucinogens
  • Street opioids
  • Prescription opioids
  • Other-specify
Intermountain’s ASSIST- Based Assessment - Continued

In the past 3 months...

- How often have you used?
- How often have you had a strong urge or desire to use?
- How often has your use led to health, social, legal or financial problems?
- How often have you failed to do what was normally expected because of your use?...
- Has a friend or relative or anyone else ever expressed concern about your use of ?...
- Have you ever tried and failed to control, cut down or stop using?...
- Have you ever used any drug by injection?
## Risk Based Treatment

<table>
<thead>
<tr>
<th>TREAT patient based on risk</th>
<th>Low risk</th>
<th>Moderate risk</th>
<th>High risk</th>
</tr>
</thead>
</table>
|                             | Share patient scores and educate patient on any risky behaviors           | • Perform brief intervention.  
• Prescribe medications if applicable.  
• Treat comorbidities.  
• Schedule a follow-up appointment in 2–4 weeks.  
• If alcohol or tobacco, consider referral to treatment and/or mutual-help groups.  
• If drugs, refer to treatment and/or mutual-help groups. | • Refer to treatment and/or mutual-help groups.  
• Provide a copy of the Patient Summary out of iCentra.                                                                                           |
How MHI providers help patients

• Provide education

• Mobilize social support

• Provide therapy

• Medication consult
Ways Educate & Engage the team

Monthly Brown bag education trainings

- Depression & Bipolar Disorder CPM
- Suicide Prevention CPM
- Anxiety Disorders
- Psychological Variables in Grief
- Psychological Variables associated with Divorce
- Psychological Variables associated with Adoption
- Eating Disorder CPM
- Substance Use Disorder CPM
- Opioid Use and Pregnancy CPM
Care Process Model for Evidence Based Treatment
What Changes have Occurred over past 5 years (2012-2017)

- MHI has continued to be developed and integrated into the clinic process
- More referrals being sent to the MHI provider from pediatricians and OB/GYN providers
- More awareness being generated from the UMMHC about perinatal mood disorders in the community
What Struggles Remain

• MHI providers are not on all insurance panels of patients—particularly Medicaid and United Healthcare

• Not enough trained providers to meet the need

• No system wide screening process for maternal mental health
Women and Newborns/Behavioral Health Clinical Program Collaboration

Addressing the Challenge

Jean Millar, MBA, RN
Organizing Around Conditions

• Intimate Partner Violence Development Team

• Mood and Anxiety Disorders Development Team with Perinatal Workgroup

• Opioid Community Collaborative
Shared 2018 Board Goal

• Educational Program for OB and Mental Health Providers regarding Perinatal Mood and Anxiety Disorders (PMAD)

• Identify and develop an expansion plan for expanding MHI to IMG OB/CNM clinics with >500 births/year (5 practices)

• Implement a staffing strategy to ensure full model of MHI is being provided at the 3 OB clinics who currently have MHI integration
Additional Efforts

- Increase providers with PMAD expertise on Select Health panels
- “End the Stigma” campaign
- Collaboration with the Utah Maternal Mental Health Collaborative and the “Emily Effect”
- Leverage “Intermountain Moms” platform to increase awareness
Discussion Question 1

What are barriers for patients to gain access to mental health treatment?

e.g., the stigma, lack of coordination with pediatrician and OB/GYN providers, lack of patient's awareness to problem, lack of mental health providers
What does typical treatment usually involve?

e.g., education and correction of faulty self-expectations, support system mobilized in the family and community, cognitive behavior therapy, medication and online resources