



*CULTIVATING
RESOURCES FOR
DEPRESSION
CARE IN YOUR
COMMUNITY*

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Colorado Maternal Wellness Summit
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Cultivating Resources

- Depression Plus
- The challenge of finding resources
- Identifying barriers to care: social, cultural, psychological, financial, systemic
- Reframing the concepts: mental health resource, common partnerships
- Panel and Discussion



TREATMENT BARRIERS



PRACTICAL BARRIERS

- Cost of treatment
- Limited time
- Loss of pay from work
- Poor access or transportation
- Childcare
- Provider and consumer ignorance

Kim JJ, Am J ObstetGynecol 2010;202:312.e1-5

Barriers to Care

- Belief that only severe disorders require treatment
- Managing an ill child
- Poverty/ abuse and other external stresses
- Fear of reprisals, blame
- Fear of loss of child
- Treatment perceived as Irrelevant

Goodman, Janice H., and Lynda Tyer-Viola. "Detection, treatment, and referral of perinatal depression and anxiety by obstetrical providers." *Journal of Women's Health* 19.3 (2010): 477-490.

Barriers to Treatment

- Teen pregnancy
- Fear of medication
- Denial, ignorance
- Being overly self-reliant
- Poor treatment referral network

Pec Indman, EdD, LMFT
Postpartum Support International
Perinatal Mood Disorders Training
Fresno, October 2013

HOW DO I PUT THIS?

**YOU WILL NEVER
"SLEEP IN" AGAIN.**

PSYCHOLOGICAL BARRIERS

- Illness itself
- Social stigma
- Fear
- Lack of information
- Opposition to treatment (lack or poor support)



Dennis, CL and Chung-Lee, L.
Birth 2006;33(4):323-331

RACISM & HEALTH DISPARITIES

- Racism increases the “risk of risks”
- Limits economic opportunity
- Limits access to social resources
- Increases exposure to dangerous work and living environments
- Poverty

Dominguez, T. Race, Racism, and Racial Disparities
In Adverse Birth Outcomes.
Clin OB and GYN, June 2008:51(2).

Making a Difference Through Community Action: A Planning Guide

- **Strategic Planning Guide** based on SAMHSA's Strategic Prevention Framework
 - <http://prevention.samhsa.gov/about/spf.aspx>
1. **Assessment:** What does the problem look like and what is driving it?
 2. **Capacity:** What do you have to work with and who can help?
 3. **Planning:** What are you going to do about it?
 4. **Implementation:** Do it!
 5. **Evaluation:** Did it work?

Building Collaborative Partnerships

- Establishing partnerships
- Broaden definition of provider
- Working together for common goal
- Innovative resources for parenting families



Partnerships at Six Levels of Engagement

1. Networking or communication links	Minimal involvement (mainly to share information)
2. Publicity	Partners may serve as channels, or go-betweens, to help spread information
3. Endorsement	Partners publicly endorse each other's programs to broaden appeal or lend credibility
4. Coordination	Partners remain self-directed but conduct mutually beneficial activities and work together with a common purpose
5. Co-sponsorship	Partners share their resources
6. Collaboration	Partners work together from beginning to end to create a vision and to carry out a program (coalition building)

Reframing Resources & Interventions

Any psychosocial or psychological intervention, compared to usual postpartum care, was associated with a 30% reduction in the likelihood of continued depressive symptoms at the final assessment within the first year postpartum intervention.

Dr. Cindy-Lee Dennis, University of Toronto,
<http://www.beststart.org/events/detail/perinatal/cldennis.pdf>

Finding Community Partners

- Early Childhood Programs
- Psychiatric and Psychologists
- Healthcare Providers
- Childbirth Educators
- Support Groups
- Birth and Postpartum Doulas
- Lactation Consultants
- Faith-Based Support
- Emergency Services: Crisis Lines
- Hospitals

Building a Community Network

- Be patient: it takes time to build relationships
- Send announcements to look for interested providers
- Host a gathering of those interested in creating a network
- Name your workgroup
- Keep central record of all contacts
- Bring business cards and provider sign-up sheets to meetings. Ask for email and land addresses.
- Assign tasks to avoid burn out

Assessing Community Resources

- Create a Community Resource List
- Include variety of care and service providers
- Make it easy for providers to contact you
- List your contact info in published and internet material
- Offer trainings and meetings



Building a Provider Resource List

- Emergency Services
- Support and Educational Groups
- Counselors
- Psychiatric Prescribers
- Massage Therapists
- Healthcare Providers
- Childcare Providers
- Community Referrals (e.g., 211 or United Way)
- Multi-lingual Resources
- National Resources

Questionnaire for Community Partners

- Create a questionnaire for providers
 - Ask about: experience, accessibility, approach, insurance, sliding fee, Medicaid
 - Identify their interest in being involved with network or group
 - Ask if they treat couples and fathers
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- *Are you interested in a presentation?*
 - *Interested in future trainings?*
 - *Can you provide free workshops for families or volunteers?*
 - *Would you like to volunteer?*

Ideal Team Model

- Starts prenatally
- Includes follow up and continuity of care
- Includes professional and social support
- Providers and supporters respect confidentiality of the family
- Family feels that team is working together and is not in conflict
- Culturally sensitive interventions
- Accessible/flexible to meet unique needs

Elements of Effective Screening

- Offer info about depression and anxiety to all pregnant patients and their families
- Ask how she is doing emotionally
- Take personal and family history of mood disorders, mood reactions to hormonal changes, thyroid dysfunction, and anemia
- Meet at least once with partner, friend, or family member present
- Meet at least once without partner present
- *Knows what to do with a positive screen*

Culturally Sensitive Interventions and Interactions

- Interpret screening cautiously
- Use educational programs that incorporates client's descriptions and language
- Recognize impact of discrimination and racism
- Provide culturally informed care

Corazon, Beckstrand, Callister, Corbett APRN, MSN, FNP, MCN,
Postpartum Depression and Culture: The American Journal of
Maternal/Child Nursing, September/October 2010

Recommendations: Culturally Sensitive Interventions and Interactions

- Link women with social support and peer support resources
- Advocate for changes in social policies to improve birth and postpartum support
- Involve culturally diverse women in generating and evaluating culturally appropriate interventions

Corazon, Beckstrand, Callister, Corbett APRN, MSN, FNP, MCN, Postpartum
Depression and Culture: The American Journal of Maternal/Child
Nursing, September/October 2010

Tips for Communities to Address Barriers to Treatment

- Provide childcare and transportation
- Offer phone therapy
- Start with engagement strategies that explain and build relationships necessary for therapy to work
- Provide reminders about meetings
- Offer services in non-stigmatizing settings (e.g., home, health clinics and other primary healthcare settings)
- Offer workshops to help young parents deal with stress and the challenges of raising small children
- Be respectful of cultural and linguistic differences

Mental Health: Culture, Race, and Ethnicity—a Supplement to Mental Health: A Report of the Surgeon General. 2001. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

Kleinman, A. 2004. Culture and Depression. *N Engl J Med* 351(10): 951-953

Research Recommendations for Teens

- Stepped Care Approach
- Multidisciplinary & integrated treatment approach targeting multiple life aspects
- School-based treatment and vouchers for transportation to clinics
- Help them talk to their family
- Booster sessions after the conclusion of treatment

Miller L, Gur M, Shanok A, et al. J Child Psychol Psychiatry 2008; 49:733
,John A. Yozwiak, PhD,J Pediatr Adolesc Gynecol (2009)

“Stepped care” model for detecting and treating perinatal depression

- Screen all patients
- Do diagnostic assessment on site for women whose scores are above a cut-off
- Identify subset of women to treat on site (based on severity, complexity)
- Treat on site ; track treatment response
- If response is inadequate, refer for mental health care

Advantages of “stepped care” model

- Reduces stigma
- Reduces logistical barriers - transportation, time, expense
- Promotes continuity of care
- Cost effective
- General depression stepped care models improve quality of care, patient & provider satisfaction, & depression outcomes

Neumeyer-Groman A et al: Med Care 42:1211-21, 2004

TRIPPD Study 2012

- 28 US sites, 2,343 women enrolled
- Primary care practice-based
- Screening, diagnosis, management of depression in postpartum women
- 35% diagnosed depression both control and intervention groups
- Intervention groups lower symptoms at 6%--12 mo

Yawn, BP. Et al. Annals of Family Medicine
July/Aug 2012;10:320-329)

Referrals

- Medical assessment to rule out other causes
- Support groups and warmlines
- Individual, family, or group therapy
- Psychiatric medication evaluation
- Endocrinology
- Supportive treatments (e.g., naturopathic, chiropractic, massage, physical tx, acupuncture, traditional healing)
- Spiritual support

Facilitating Referrals

- Helping a client make the first call to the other professional can significantly ease the stress
- Calling and asking the professional to call the client is very helpful in making the client feel comfortable
- Be sure to give multiple referral options, including referrals for physicians (medication) and therapists

Mother-Infant Support & Intervention

- Integrating mental assessment and guidance is key to success



Peer Support



Models of Support Networks

- Telephone support
- On-line support
- Groups/classes/seminars
- Community, hospital, agency
- Flexible to match resources and population



Models of Support Network Services

- Can be community, hospital, agency
- Flexible to match resources and population
- Possible Services:
 - Telephone support
 - Website and email
 - Online support & blogs
 - Referrals and resources
 - Information packets
 - Mom-to-mom support groups
 - Community outreach and classes
 - Educational presentations



Research on Efficacy of Phone Support

- Telephone-based peer support effectively decreased depressive symptomatology among new mothers.
- High maternal satisfaction and acceptance of the intervention.

Dennis, C. L. 2003. The Effect of Peer Support on Postpartum Depression: A Pilot Randomize Controlled Trial. *Canadian Journal of Psychiatry* 48(2): 115-124

How Does an Individual Create Institutional Change?

- Change your own practice
- Ask questions - get informed
- Ask for education and training
- Ask patients for input
- Make suggestions for practice changes
 - screening, charting, follow-up, cultural competency
- Stay involved with families

Your Resources

- What's been helpful to you in your area?
- What do you wish you had to offer families?
- What do you wish you had for your professional development?

Resources for Community Mobilization

- **SAMHSA and Mental Health America's** "[Maternal Depression, Making a Difference Through Community Action: A Planning Guide](#)". A step-by-step guide to engaging community partners and planning initiatives to improve maternal mental health.
- **Jane Honikman, Community Support for New Families, A Guide to Organizing a Postpartum Parent Support Network in Your Community** www.janehonikman.com
- **The Commonwealth Fund's** "[Implementation Guide for Parental Depression Screening: Prepare Your Community](#)" [Community Toolbox](#) This online resource provides tools and practical, step-by-step guidance in community-building skills.
- **Postpartum Support International, Developing a Sustainable Perinatal Social Support Network in Your Community** <http://postpartum.net/Resources/PSI-Guidebook-for-Support-Networks.aspx>

Referral Pathways

- Wisconsin Perinatal Association pathway
http://www.perinatalweb.org/index.php?option=com_content&task=view&id=59&Itemid=396#2
- MedEdPPD treatment pathways
- http://www.mededppd.org/care_pathways.asp
- Central Oregon MMH Resources
<http://www.deschutes.org/Health-Services/Public-Health/Early-Childhood-Wellness/Maternal-Mental-Health-Community-Training.aspx>

Online Support & Treatment

- Find your **PSI Coordinator** and ask for support and resources
- **PSI Chat with an Expert** <http://postpartum.net/Get-Help/PSI-Chat-with-an-Expert.aspx>
- **ReGroup Therapy** <http://regrouptherapy.com/>
- **Postpartum Progress Forum** www.postpartumprogress.org
- **PPD Support Page** -- Online PMD Support Forum, moderated by PSI Coordinator Jess Banas. <http://postpartumdepression.yuku.com/>
- **PPD Support Page Chat**-- Online Live PMD Chat three times a week <http://www.ppdsupportpage.com/chat.html>
- **Twitter Chat** on Mondays <http://mypostpartumvoice.com/ppdchat-guidelines/>
- **Meet-Up** (search for preg/postpartum resources near them) <http://www.meetup.com/>
- **Psychology Today** therapist search <http://therapists.psychologytoday.com/rms/>

Resources for Fathers

- www.postpartumdads.org
- www.postpartummen.com
- www.postpartum.net Chat with an Expert
Forums <http://postpartum.net/Resources/PSI-Chat-with-an-Expert.aspx>
- www.bcnd.org
- www.brandnewdad.com
- www.postpartumdadsproject.org
- www.fathersforum.com

Postpartum Support International



English & Spanish Support

Connect with local support volunteers and resources

“Chat with an Expert” Phone Forums For Moms and Dads

Educational DVDs – English and Spanish

www.postpartum.net

1-800-944-4PPD

1-800-944-9773