

DEVELOPMENT OF AN INTEGRATED PERINATAL MENTAL HEALTH CLINIC:

Lessons Learned

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INTRODUCTION

The need for integrated medical and behavioral health care in OB/GYN is paramount. Studies estimate that one-third of all medical visits for women age 18-45 are with an OB/GYN and a significant proportion of this patient population has psychological needs. Of the estimated 120 patients an OB/GYN will see weekly, approximately 17% will have clinical depression and upwards of 50% will have significant emotional disturbance.¹

The perinatal period specifically has been shown to be a high risk time psychiatrically, with higher rates of depression in women with onset or peak during childbearing years.

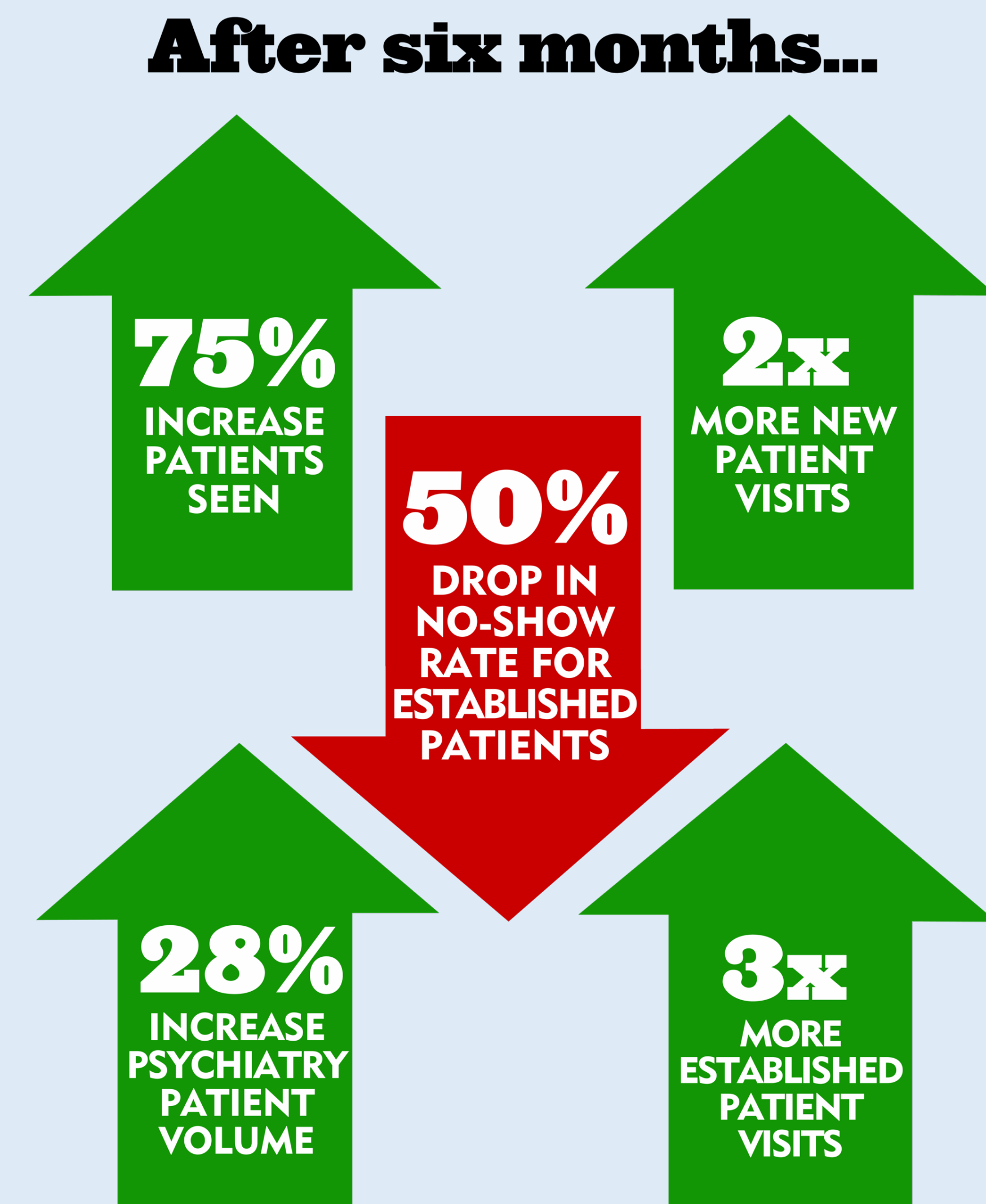
Perinatal mood symptoms are known risk factors for adverse pregnancy, childbirth, and infant outcomes. Psychological symptoms can impact use of prenatal care, contribute to negative health habits related to sleep and nutrition, and increase the likelihood of substance use. However, when behavioral health services were embedded within a clinic, patients were four times more likely to engage in treatment.²

OBJECTIVES

A multidisciplinary team comprised of psychiatry and psychology was developed within the Department of OB/GYN at Froedtert & the Medical College of Wisconsin. In addition, a literature review was completed to identify common barriers to mental health care.

INTERVENTION

The Perinatal Mental Health team sees patients attempting conception, during pregnancy, and up to 6-months postpartum. Perinatal Psychiatry conducts pre-pregnancy consultations and psychotropic medication management during pregnancy and lactation. Perinatal Psychology specializes in assessment and treatment of psychological disorders with sub-specialization in health psychology. Effectiveness of this model and existing literature was reviewed to evaluate benefits and barriers.



RESULTS

Comparing six months of data prior to and following the addition of a Perinatal Psychologist, the number of patients seen increased by 75%. New patient visits doubled and established visits tripled. There was a 28% increase in patient volume and overall the no-show rate for established patients decreased by more than half.

Integrated care reduces some barriers to care, but not all. Physician factors include knowledge and confidence in assessing and treating psychiatric disorders, knowledge of mental health specialists, and of psychological frameworks, including benefits on physical symptoms. Physicians may at times diagnose and treat symptoms despite the diagnostic criteria not being met.³ Though, if able, they prefer to defer assessment and treatment of mental health concerns to specialists.

Patient barriers include socioeconomic factors, stigma, and concerns disclosure of symptoms will impact parental rights. Patients also lack understanding of mental health conditions, treatment options, and expectations for interventions. Additionally, women report the importance and quality of patient-provider relationship, which in turn can have a positive impact on other barriers to care.

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CONCLUSIONS

Strategies for successful integrated care include educating staff (psychiatric diagnostic criteria, prevalence and consequences of disorders), implementing screening measures, patient education, and active collaboration between health providers.

Integrated Care Strategy

