Access to Perinatal Mental Health Care in Sedgwick County
Community Report

This study was funded by the Kansas MCH Opportunity Program through the Kansas Department of Health and Environment Bureau of Family Health

Introduction
In May 2019, the Kansas Department of Health and Environment (KDHE) Bureau of Family Health released a request for applications for the Kansas Maternal and Child Health (MCH) Opportunity project. Only local MCH agencies, (currently serving as MCH grantees) were eligible to apply and one award per community would be considered. Due to these requirements, Sedgwick County MCH awardees, the Center for Research for Infant Birth and Survival (CRIBS), the Kansas Infant Death and SIDS (KIDS) Network, Inc and the Sedgwick County Health Department (SCHD) decided to collaborate on the project *Access to Perinatal Mental Health Care in Sedgwick County.*

Purpose
The purpose of the proposed project was to identify barriers for low-income women to access perinatal mental health services in Sedgwick County. This project provided baseline data to address the topic of equity in access to perinatal mental health services and aid in the development of action steps for the community.

Methodology
Structured interviews were collected from three separate groups of key stakeholders:
1. <u>Pregnant and Postpartum Women</u>: recruited from existing MCH programs within the community (Baby Talk, Health Babies and LYFTE). Outreach was also conducted through staff of other programs and community resources (e.g. churches, schools) to recruit those who might not be connected to services.
    a. Inclusion criteria: 18 years of age or older, pregnant (>19 weeks gestation) or recently delivered (infant <1 year), residing in Sedgwick County, English-speaking and able to provide consent.
2. <u>Primary Care Providers</u>: recruited through the University of Kansas School of Medicine-Wichita (KUSM-W) and partnerships with the Medical Society of Sedgwick County and Federally Qualified Healthcare Centers. Snowball sampling was used to identify additional participants through existing participants.
    a. Inclusion criteria: family medicine physicians, obstetricians or pediatricians, practicing in Sedgwick County, English-speaking and able to provide consent.
3. <u>Perinatal Mental Health Care Providers</u>: recruited through existing partnerships with the University of KUSM-W Department of Psychiatry, Wichita State University Psychology Department and Postpartum Support International (Kansas Chapter), as well as snowball sampling were used to identify participants.
    a. Inclusion criteria: practicing in Sedgwick County, English-speaking and able to provide consent.

Following informed consent procedures, structured interviews were conducted by study personnel via telephone, were recorded and lasted approximately 20 minutes. A standardized interview script for each population was followed. Study personnel conducted interviews until saturation of themes was reached with each priority group. Interviews were transcribed and identifying information, such as name, was removed. Transcripts were reviewed independently by researchers and community partners using a grounded theory approach.

Community Expert Workgroup
Community experts from maternal and infant health groups (who did not participate in the interviews) were invited to review 33 interview transcripts, identify themes by population group and across all groups, and develop actions steps on how to improve access to perinatal mental health services in Sedgwick County. A call for volunteers was sent and a "kick-off" meeting occurred on May 19, 2020. Those who volunteered (n=10) met on June 30, 2020 and developed actions steps including promotion of mental health services, expanding Medicaid, universal home visiting and recruitment of providers.

Results
Interviews (N=33) were conducted with pregnant or recently delivered women (n=12), primary care providers (n=15; family medicine (n=4), obstetrics/gynecology (n=5) and pediatric (n=6)) and mental health providers (n=6). Screening practices reported by provider varied greatly. In addition, women reported varied experiences regarding screening and discussion of perinatal depression, anxiety, and mood disorders with their healthcare providers from no screening or discussion to being asked to complete a screening at every visit. Reported barriers to accessing mental health care were organized using a social-ecological model and are reported by interview cohort in Table 1.

Table 1: Barriers to perinatal mental health access as identified by interview cohorts

Theme	Women	FM Providers	OB Providers	Peds Providers	MHC Providers	Examples
Individual						
Transportation	x	x	x	x	x	"My patients definitely have issues with transportation. Transportation is a huge issue for a lot of people" (FM). "I am on a schedule. I can't be transported [by bus system] at certain times" (Postpartum).
Cost/Lack of Insurance	x	x	x	x	x	"Cost is probably the biggest issue with my patients" (FM). "There is a lot of anxiety with the cost" (OB).
Childcare	x	x	x		x	"It's kind of hard to bring a 4-year old into a therapy session. She may not have anyone to watch" (MHC). "[It would be helpful if] somebody could help me take care of my baby while I went to therapy" (Postpartum).
Lack of knowledge (women)	x			x		"Having that knowledge of available resources would be change" (Peds).
Scheduling	x					"Finding [time] in my schedule with work" (Postpartum). "There is really no mental health help, like on the weekends or late in the afternoon when I have time to do these things" (Postpartum).
Lack of knowledge (providers)			x	x	x	"Just knowing it is an issue and knowing how severe it can be. And then, understanding how to screen and what to do with positive screens" (Peds).
Interpersonal						
Patient/Provider Communication		x	x			"A lot of patients don't have continuous cell phone service or have limited data plans…that's really an issue and they will tell us about that" (FM).
Lack of social support		x	x	x	x	"There's a definite reluctance from the moms themselves who just don't want to go there. Or from their family members who don't think it is a big deal" (Peds). "What I hear from my patients is that they feel alone. They feel like they are the only ones going through things" (FM).
Organizational						
Lack of communication between providers regarding patients		x	x	x	x	"I would at least like some acknowledgement that the mom has made contact and that some sort of support is being given" (Peds). "[There needs to be] better communication, increased communication between physician and mental health providers. Both ways, honestly" (MHC).
Lack of providers		x		x	x	"There's just not enough providers. Not enough mental health providers in the city. Not in Sedgwick; I would say there are definitely not enough" (MHC).
Community						
Stigma		x	x	x	x	"I feel that there's still this stigma of depression/anxiety. Not being terrible happy about being pregnant…You're still not allowed to not be happy that you're pregnant" (OB).
Lack of collaboration among providers		x			x	"There needs to be more networking events. There needs to be more just opportunity to come together and talk about what we do" (MHC).
Public Policy						
Medicaid Limitations		x	x	x	x	"Women on Medicaid lose their Medicaid. That's a big one. After six weeks." (MHC). "It would be great for them to have access to healthcare and to be the healthiest they can be before pregnancy." (Peds).

Women=Pregnant and recently delivered; FM=Family Medicine; OB=Obstetricians; Peds=Pediatricians; MHC=Mental Health Care

Community Action Steps

The Community Workgroup identified the following action steps to improve access to perinatal mental health care for low-income women in Sedgwick County:

1. Identify best practices in other states or countries for addressing perinatal mental health.
2. Increase the number of providers who can screen, diagnose and treat perinatal mental health disorders:
    a. Organize annual training summits and webinars to increase the capacity of existing Sedgwick County providers (e.g. medication management programs are available through PSI or ACOG.).
    b. Recruit additional mental health providers (psychiatrist, APRNs) with expertise in perinatal mental health to practice in Sedgwick County.
3. Increase health care provider knowledge of perinatal mental health resources:
    a. Hold a provider conference (physician, social workers, etc.) to build collaboration around perinatal mental health.
    b. Develop and distribute a master list of perinatal service that providers can use to better understand resources available, the types of services provided, and insurances accepted.
4. Improve communication between health care providers and mental health care providers:
    a. Encourage multidisciplinary care meetings or communication, with patient's permission, to ensure all care providers are knowledgeable about pharma/psycho/social treatments.
    b. Promote systems to allow easy referral and response to the referral agency, such as IRIS.
5. Enhance women's ability to identify and access perinatal health services.
    a. Ensure perinatal mental health services are optimized to be found on the internet (e.g. Google).
    b. Make websites user friendly and include information to address known barriers (e.g. child-friendly).
    c. Develop and distribute an asset map of maternal and child health programs, including ensuring all resources are included in the United Way 211 resource line.
    d. Encourage providers to make referral at the time of visit and provide step-by-step instructions of what to expect.
    e. Develop a state-of-the-art perinatal community center with integrated services.
6. Advocate for legislative action to expand Medicaid:
    a. Expand criteria to receive services.
    b. Extend services through at least 1 year postpartum.
    c. Support home visitation (not just telephone call) as part of value-added services.
7. Identify and promote services that address barriers to access to care for families:
    a. Childcare service or practices that will accommodate children attending visits.
    b. Transportation.
8. Promote policies to support families in the perinatal period:
    a. Maternity and paternity leave.
    b. Universal prenatal and postnatal home visits (every mom, every time) by nurses, social workers, behavioral health workers, community health workers, volunteers.
9. Implement programs or interventions to address perinatal issues that can impact mental health:
    a. Unplanned pregnancy.
    b. Substance use.
10. Prevent or reduce mental health issues prior to pregnancy:
    a. Increase mental health screening during adolescence to address mental health issues or concerns early.
11. Reduce stigma around mental health:
    a. Normalize mental health and acceptance of treatment.

Next Steps

Distribute the findings of the study and to identify organizations or individuals who would like to take the lead in addressing specific action steps developed during the needs assessment process.

Acknowledgements

We would like to thank Community Workgroup members for their contribution to the project.