

ACROSS THE LIFE-COURSE

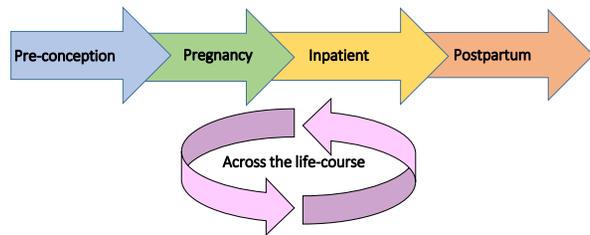
	Population	Activity	Provider	Location
Inform and educate	General population	Universal messaging about MMH and continuing education.	CHWs, nurses, PAs, physicians, hospitals, media, midwives, home visitors, social workers.	CBOs, CHCs, PSAs, physician offices, media, WIC, libraries, police stations EAPs, schools, faith based organizations, home visits, waiting rooms public bathrooms.
	General population	Combat stigma around MMH.	CHWs, nurses, PAs, physicians, hospitals, media, midwives, home visitors, social workers.	
	All women	Assist in guiding patients through the health care system and the use of technology to encourage the importance of follow up for care.	Patient advocates/navigators, midwives, CHWs, nurses, PAs, home visitors, social workers, doulas.	CBOs, CHCs, physician offices, EAPs, home visits.
	All women with a focus on those already in treatment programs	Incorporate age appropriate interventions that target key aspects of a womens environment that may have an impact on her mental health. Paying attention to ACEs and sensitive periods in her life.	Patient advocates/navigators, midwives, CHWs, nurses, PAs, home visitors, social workers, doulas.	Support groups, physician offices, hospitals, faith based organizations, schools, home visits.
Refer	All women who screen positive	If a woman screens positive for any form mental health disorder, an immediate counseling appointment should be made for early intervention.	CHWs, nurses, PAs, PCPs, ob/gyns, pediatricians, midwives, doulas, home visitors, WIC.	Physician offices, CHCs, home visits, faith based organizations, CBOs, hospitals, support groups.
Treatment	All women who screen positive	Provide treatment – medication management, medication safety, and counseling services.	BHPs, CHWs, nurses, PAs, PCPs, ob/gyns, pediatrician, midwives, doulas, pharmacist.	Outpatient, intensive outpatient, inpatient, physician offices, CHCs, home visits, support groups, faith based organizations, CBOs, home visits, drug stores/pharmacy.

Access to care, access to community support groups, access to childcare while in treatment, caring for children with disabilities, misinformed information, cost of health insurance and treatment, language/translation barrier, health care providers knowledge of screening, referral, treatment, and insurance. Behavioral health intergration with medical providers, cultural differences and stigma around MMH.

Barriers across all levels of the continuum may include, but are not limited to:

- ACE = Adverse Childhood Experience
- BHP = Behavioral Health Provider
- PA = Physician Assistant
- CHW = Community Health Workers
- PCP = Primary Care Physician
- PSA = Public Service Announcement
- CBO = Community Based Organization
- CHC = Community Health Center
- EAP = Employee Assistance Program
- MA = Medical Assistant
- LCSW = Licensed Clinical Social Worker
- HCP = Healthcare Provider
- MMH = Maternal Mental Health
- PMAD = Perinatal Mood and Anxiety Disorder
- Tx = Treatment
- NICU = Neonatal Intensive Care Unit
- WIC = Women, Infant, and Childrens (federal assistance program)

Goal: ?



PRE-CONCEPTION				
	Population	Activity	Provider	Location
Inform and educate	All women and partners if desired	Women should be informed of the prevalence, signs, and symptoms of all MMH disorders.	Ob/gyns, pediatricians, nurses, PAs, CHWs, PCPs, MAs, midwives, doulas, BHPs, LCSW, WIC, home visitors, social workers/clinical case managers, planned parenthood.	Primary care visits, ob/gyn visits, home visits, CHCs, peer support groups, baby cafes, CBOs, shelters, schools. Posted signage around certain areas may include, but are not limited to: public bathrooms, libraries, police stations, schools, employment centers, waiting rooms and faith based organizations.
	All women	Women should be counseled on pregnancy prevention if they are not actively trying to conceive.		
	All women	Women should be informed and familiar with methods of self-care and given good quality advice, information, and support that will help assist them in making informed decisions as they consider pregnancy.		
	Women in behavioral health treatment	Women who have psychiatric histories and/or who are currently on psychiatric medications should receive preconception counseling on how to maintain mental health stability during pregnancy, including medication management where appropriate. These women should be monitored to prevent any avoidable mental health risk associated with their pregnancy.	BHPs, PCPs, CHWs, home visitors, LCSW, pharmacist, doulas, midwives, nurses, PAs, planned parenthood.	Behavioral health visits, clinical support groups, home visits, faith based organizations, police stations, food pantries, shelters, drug stores/pharmacy, planned parenthood, CHCs.
	All women	Women should be provided psychoeducation and support around the effects of trauma.	Ob/gyns, pediatricians, nurses, PAs, CHWs, PCPs, MAs, midwives, doulas, BHPs, LCWS, WIC, reproductive psychiatrist, home visitors, CHCs, social workers/clinical case managers, planned parenthood.	Clinical, social, prevention, family, peer, and support groups, hospitals, home visits, schools.
Screen	All women	Mental health assessments should be conducted, including screening for depression, anxiety, suicide history and intention, adverse childhood experience and bipolar disorder. This should also include discussing risk factors (e.g., mental health history, family history of mental illness) and general promotion of health (e.g., exercise, promotion of sleep, adequate Folic Acid, Omega-3s, and Vitamin D). A thorough assessment should include discussion about premenstrual syndrome (PMS) and untreated thyroid disorders which indicate higher risk.	Ob/gyns, pediatricians, nurses, PAs, CHWs, midwives, doulas, home visitors, planned parenthood, WIC.	Primary care visits, prenatal care visits, pediatrician (screening), home visits.
Refer	All women	If a woman screens positive for any form of depression, an immediate counseling appointment should be made for early intervention.	Ob/gyns, pediatricians, PCPs, nurses, PAs, CHWs, midwives, doulas, home visitors, planned parenthood, WIC.	Primary care visits, prenatal care visits, home visits, faith based organizations, CBOs, schools, EAP, planned parenthood.
Treatment	All women who screen positive	Provide treatment - medication management, medication safety, counseling services.	BHPs, CHWs, nurses, PAs, PCPs, ob/gyns, pediatrician, midwives, doulas, pharmacist.	Outpatient, intensive outpatient, inpatient, physician offices, CHCs, home visits, support groups, faith based organizations, CBOs, home visits, drug stores/pharmacy.

Notes:
employment centers

PREGNANCY

	Population	Activity	Provider	Location
Inform and educate	All pregnant women and partners and families if desired	Women should be informed and familiar with methods of self-care and given good quality advice, information, and support that will help assist them in making informed decisions during their pregnancy.	Ob/gyns, pediatricians, nurses, PAs, CHWs, PCPs, MAs, midwives, doulas, BHPs, LCSW, WIC, reproductive psychiatrist, home visitors, public assistance officers, social workers/clinical case managers, planned parenthood.	Primary care visits, ob/gyn visits, home visits, CHCs, peer support groups, baby cafes, CBOs, shelters, schools. Posted signage around certain areas may include, but are not limited to: public bathrooms, libraries, police stations, schools, employment centers, waiting rooms and faith based organizations.
		Women should be provided with psychoeducation and support around the effects of trauma.	Ob/gyns, pediatricians, nurses, PAs, CHWs, PCPs, MAs, midwives, doulas, BHPs, LCSW, WIC, reproductive psychiatrist, home visitors, planned parenthood, social workers/clinical case	Clinical, social, prevention, family, and peer support groups, schools.
Screen	All pregnant women	If not conducted on a preconception basis, a mental health assessment should be conducted throughout pregnancy.	Ob/gyns, midwives, doulas, PCPs, BHPs, reproductive psychiatrist, nurses, PAs, home visitors.	Physician offices, CHCs, home visits, ob/gyn practice/midwife group, baby cafes.
	All pregnant women	Women should be screened for all mental health disorders including depression and anxiety, suicide history and intention, adverse childhood experience and bipolar disorder.		
Refer	Women screened	A referral should be made immediately for an emergency assessment if a mental health crisis is suspected.	Ob/gyns, PCPs, midwives, doulas, home visitors, BHPs, WIC, lactation consultants, ob/gyns, pediatricians, nurses, PAs, reproductive psychiatrist.	Physician offices, CHCs, home visits, hospitals.
Treatment	All women who screen positive	Treatment options may include, but are not limited to: Medical evaluation and treatment, therapy modalities for perinatal mood and anxiety disorders including trauma informed care, social, family and parent-child support and intervention, medication management, medication safety, and counseling.	HCPs, psychiatric providers, pharmacists, psychological services, PMAD social support network/peer supporters/support groups, doulas, parent/childbirth educators, lactation consultants, faith based organizations, BHPs, home visitors.	Physician offices, support groups, home visits, hospitals, PMAD centers, family support centers, CHCs. Settings may include but are not limited to: outpatient, intensive outpatient, inpatient, drug stores/pharmacies, baby cafes, CBOs.

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Text4Baby

Coordination between multiple systems

Inpatient: High Risk Pregnancy, the Immediate Postpartum, NICU

	Population	Activity	Provider	Location
Inform and educate	All women	Women should be informed of prevalence, signs, symptoms, and risk factors of all MMH disorders and how to obtain help should symptoms be present or arise later on during this period.	Ob/gyns, pediatrician, midwives, doulas, PCPs, BHPs, reproductive psychiatrist, nurses, PAs, WIC, home visitors, lactation consultants, LCSW, community workers, social workers/clinical case managers, planned parenthood, CHWs.	Primary care visits, ob/gyn visits, home visits, CHCs, peer support groups, baby cafes, CBOs, shelters, schools. Posted signage around certain areas may include, but are not limited to: public bathrooms, libraries, police stations, schools, employment centers, waiting rooms and faith based organizations.
	High-risk pregnant women	Women should be informed about the resources available after a high-risk pregnancy and different methods of self care.		
	All women	Women should be provided psychoeducation and support around the effects of trauma.	Ob/gyns, pediatricians, nurses, PAs, CHWs, PCPs, MAs, midwives, doulas, BHPs, LCSW, WIC, reproductive psychiatrist, home visitors, CHCs, social workers/clinical case managers, planned parenthood.	
Screen	All women	Women should be screened for all mental health disorder including depression, anxiety, suicide history and intention, adverse childhood experience and bipolar disorder if screening didn't happen at a recent pre-conception visit or during pregnancy.	Ob/gyns, midwives, doulas, PCPs, BHPs, reproductive psychiatrist, nurses, PAs, home visitors.	Physician offices, CHCs, home visits, Ob/gyn practice/midwife group, baby cafes.
	Women in Tx	Women with bipolar disorder and a psychotic illness should be monitored prior to delivery for potential psychosis including sudden onset immediately after birth.		Physician offices, CHCs, home visits, hospitals.
Referral	All women	A referral should be made immediately for an emergency assessment if a mental health crisis is suspected.	Ob/gyns, PCPs, midwives, doulas, home visitors, BHPs, WIC, lactation consultants, pediatricians, nurses, PAs, reproductive psychiatrist.	Physician offices, CHCs, home visits, hospitals.
Treatment	All women who screen positive	Treatment options may include, but are not limited to: Medical evaluation and treatment, therapy modalities for perinatal mood and anxiety disorders including trauma informed care, social, family and parent-child support and intervention, medication management, medication safety, and counseling.	HCPs, psychiatric providers, pharmacists, psychological services, PMAD social support network/peer supporters/support groups, doulas, parent/childbirth educators, lactation consultants, faith based organizations, BHPs.	Physician offices, support groups, home visits, hospitals, PMAD centers, family support centers, CHCs. Settings may include but are not limited to: outpatient, intensive outpatient, inpatient, drug stores/pharmacies, baby cafes, CBOs, early childhood agencies.
	Women with one or more substance use disorders	Women who have experienced substance abuse or show signs of substance abuse should undergo counseling services and the child and mother should be monitored regularly. The women should be given steps as to how to manage and safely use medication, as well as the risk factors of associated with any form of substance abuse.		

POSTPARTUM

	Population	Activity	Provider	Location
Inform and educate	All women	Women should be informed of prevalence, signs, symptoms, and risk factors of all MMH disorders and how to obtain help should symptoms be present or arise later on during this period. Women should be informed and familiar with methods of self-care and child care.	Ob/gyns, pediatricians, midwives, doulas, PCPs, BHPs, reproductive psychiatrist, nurses, PAs, WIC, home visitors, lactation consultants, LCSW, community workers, CHCs, social workers/clinical case managers, planned parenthood.	Primary care visits, ob/gyn visits, home visits, CHCs, peer support groups, baby cafes, CBOs, shelters, schools. Posted signage around certain areas may include, but are not limited to: public bathrooms, libraries, police stations, schools, employment centers, waiting rooms and faith based organizations.
	Women with experience and partners if desired	Women who have experienced or are experiencing some form of maternal depression should be informed of the dyad risks associated with their mental health and the infants mental health.		
	All women	Women should be provided psychoeducation and support around the effects of trauma.		
Screen	All women	Women should be screened for all mental health disorders including depression and anxiety, suicide history and intention, adverse childhood experience and bipolar disorder.	Ob/gyns, midwives, doulas, pediatricians, PCPs, BHPs, reproductive psychiatrist, nurses, PAs, WIC, home visitors, lactation consultants, LCSW, child care councils.	Physician offices, CHCs, home visits, Ob/gyn practice/midwife group, baby cafes.
	Women in Tx	Women with bipolar disorder and a psychotic illness should be monitored prior to delivery for potential psychosis including sudden onset immediately after birth.		Physician offices, CHCs, home visits, hospitals.
Refer	All women	A referral should be made immediately for an emergency assessment if a mental health crisis is suspected.	Ob/gyns, PCPs, midwives, doulas, home visitors, BHPs, WIC, lactation consultants, ob/gyns, pediatricians, nurses, PAs, reproductive psychiatrist.	Physician offices, CHCs, home visits, hospitals.
Treatment	All women who screen positive	Treatment options may include, but are not limited to: Medical evaluation and treatment, therapy modalities for perinatal mood and anxiety disorders including trauma informed care, social, family and parent-child support and intervention, medication management, medication safety, and counseling.	HCPs, psychiatric providers, pharmacists, psychological services, PMAD social support network/peer supporters/support groups, doulas, parent/childbirth educators, lactation consultants, faith based organizations, BHPs, early childhood providers, social worker/clinical case managers, child care councils.	Physician offices, support groups, home visits, hospitals, PMAD centers, family support centers, CHCs. Settings may include but are not limited to: outpatient, intensive outpatient, inpatient, drug stores/pharmacies, baby cafes, CBOs, early childhood agencies.
	Women with one or more substance use disorders	Women who have experienced substance abuse or show signs of substance abuse should undergo counseling services and the child and mother should be monitored regularly. The women should be given steps as to how to manage and safely use medication, as well as the risk factors of associated with any form of substance abuse.		

Notes:
sexual abuse survivors