Every Mother Counts: Improving Access to Maternal Mental Health Care in Central New York

Mary Carlisle, LCSW

3/26/21
Hutchings Psychiatric Center
Perinatal Mental Health Clinic
Healthy Moms, Healthy Babies Perinatal Mental Health Clinic
Hutchings Psychiatric Center
3/26/21
Familiarize oneself with the program framework and services offered through the Healthy Moms, Healthy Babies Clinic at Hutchings Psychiatric Center.

Define barriers to treatment for perinatal mood and anxiety disorders.

Identify strategies to address barriers to treatment in order to increase access to services.

Recognize challenges to program implementation and identify possible solutions to mitigate challenges.

Learning Objectives
The clinic started in 2017 by Psychiatrist Dr. Seetha Ramanathan, with a vision of a specialty clinic within HPC to focus on maternal mental health. Officially launched June 1, 2018 after a Governor’s directive to develop “cutting-edge specialty programs to treat maternal depression”.

Other services offered to clients under the HPC umbrella:

- Psychiatry/medication management: Theresa Flynn, MD & Upstate Psychiatry Residents
- Therapy-Individual & Groups: Mary Carlisle, LCSW & Sarah Osgood, LCSW

The team for Healthy Moms, Healthy Babies Clinic includes:

- Nutrition services, vocational services, and mobile integration
- Psychiatry/medication management
- Therapy-Individual & Groups

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Postpartum mood disorders affect 10-20% of women (Centers for Disease Control, 2008)

- Despite increased screening of postpartum mood disorders, there remains barriers to treatment (Goodman and Viola, 2010)
- Untreated PMADS can equal adverse outcomes for moms & babies (National Research Network- Olmsted Medical Center, 2018)
- 50% of women drop treatment in 4 weeks or less (National Research Network- Olmsted Medical Center, 2018)
- Mothers living in poverty are 3 times more likely to experience postpartum mood disorders (SAMHSA, 2008)

Syracuse poverty rate in 2019 - 31% live below the poverty line, 13% state average (www.census.gov)
Program Development: Common Reasons

- Mom’s do not get Treatment
- Fear of CPS/children taken away
- Stigma
- Lack of time/limited maternity leave
- Lack of childcare
- Lack of transportation
- Lack of available service
- Cost/affordability
Met with community providers, both at the county and non-profit level, who routinely worked with mothers, babies, and families. Discussed need for increased services in our community.

Identified needs:

- Clinicians with specialized training
- Services for grief/loss after an infant death
- Psychiatry for pregnant and postpartum moms
- Services that can accommodate/ be flexible with barriers to treatment - cost, childcare, transportation

Program Development: Community Need
Program Development

HPC/OmH staff recognized the current barriers to treatment and lack of resources in our community. HPC was in a unique position to address these barriers as a state operated clinic. The Program aligns to the goals of the NYS OmH Transformation Plan.

Clinics are Evaluate State and Volunteer-based mental health services statewide. The Transformation Plan is the roadmap to a stronger community safety net. More individuals with mental illness can receive high-quality, cost-effective services. And, by serving New Yorkers in home and community-based settings, we can avoid costly inpatient psychiatric-stay.

https://omh.ny.gov/omhweb/transformation/
<table>
<thead>
<tr>
<th>Need/Barrier</th>
<th>Financial</th>
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<tbody>
<tr>
<td>Transportation/ childcare / lack of time</td>
<td>HPC does not turn anyone away based on ability</td>
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<tr>
<td>Mobile Integration team, OMH sustained engagement program, flexible scheduling, flexible no show policy</td>
<td>Specialized services/ trained clinicians</td>
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Program Development
Goals in development of the program:

- Increase access to services for moms from all demographics
- Services should include clinicians with specialized training in perinatal mental health
- Training is vital to ensure moms are getting the best care and clinicians can differentiate between an intrusive thought and a suicidal or homicidal thought and then be responsive to unique needs (ie: trained clinician can differentiate between an intrusive thought and a suicidal or homicidal thought and then be responsive to unique needs (ie: trained clinician can differentiate
- Education - not only for mothers but providers
- Work collaboratively with other agencies and providers
- Address barriers to treatment
- Reduce stigma
- The end goal is always to connect mothers/babies/families to resources and to have moms "feel better" rather be with us or another program.
- Proper treatment can take place

Healthy Moms, Healthy Babies Clinic
With all new programs comes challenges to work through:

- Stigma
- Modifying structure/policy/procedures of adult clinic to maternal mental health population
- Modifying current environment to mom/baby friendly
- Resources
Mitigating Challenges

- Supportive administration
- Grant writing
- Instead of creating new, use existing resources; just modify
- Create resources that are sustainable
- Work collaboratively
- Learn from challenges
- Take advantage of all opportunities for education, networking
Number of women served in 2020: 53
Number of new referrals seen: 19
Number of discharges: 12

Trends/observations for 2020:

Impact of Covid: increased isolation for mothers
Telehealth increased engagement
Initial referral may have been for PMAD but underlying trauma or secondary diagnosis occurring

Program outcomes for 2020
Mary.Carlisle@omh.ny.gov
315-426-7783
Syracuse, NY
Hutchings Psychiatric Center
Mary Carlisle, LCSW

Questions? Comments?

