



Office of Mental Health



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

Mary Carlisle, LCSW

Healthy Moms, Healthy Babies

Perinatal Mental Health Clinic

Hutchings Psychiatric Center

3/26/21

Learning Objectives

- 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.



Brief Overview of the Healthy Moms, Health Babies Clinic

- 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”
- Therapy- Individual & Groups
 - Mary Carlisle, LCSW & Sarah Osgood, LCSW
- Psychiatry/medication management
 - Theresa Flynn, MD & Upstate Psychiatry Residents
- Other services offered to clients under the HPC umbrella: nutrition services, vocational services, and mobile integration team



Program Development: What the Data Shows

- 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
- 491 women receiving obstetrical care, only 25% who screened for PMAD's received treatment (Goodman and Viola, 2010)
- 50% of women drop treatment in 4 weeks or less (National Research Network- Olmsted Medical Center, 2018)
- Untreated PMADS can equal adverse outcomes for moms & babies
- 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

- Cost/affordability
- Lack of available service
- Lack of transportation
- Lack of childcare
- Lack of time/Limited maternity leave
- Stigma
- Fear of CPS/children taken away



Program Development: Community Need

Met with community providers, both at the county and non-for-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

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 Clinic aligns to the goals of the NYS OMH Transformation Plan.

“OMH aims to improve community-based mental health services statewide. The Transformation Plan is the road map 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 stays”

“Clinics – Expanding state and voluntary-operated clinic programs providing services that would be otherwise unavailable or inaccessible”

<https://omh.ny.gov/omhweb/transformation/>



Program Development

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| Need /Barrier | HPC's Ability to Meet this Need |
| Transportation/ childcare /lack of time | Flexible scheduling, flexible no show policy, OMH sustained engagement program , Mobile Integration team |
| Financial | HPC does not turn anyone away based on ability to pay |
| Specialized services/trained clinicians | <p>Skilled therapists and psychiatrists with a subspecialty in maternal mental health</p> <p>Resources can be pulled from Adult clinic to help moms who may have chronic or underlying mental health diagnosis</p> |



Healthy Moms, Healthy Babies Clinic

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 be responsive to unique needs (ie: trained clinician can differentiate between an intrusive thought and a suicidal or homicidal thought and then proper treatment can take place)
- Address barriers to treatment
- Work collaboratively with other agencies and providers
- Education- not only for mothers but providers
- Reduce stigma
- The end goal is always to connect mothers/babies/families to resources and to have moms “feel better” rather it be with us or another program.



Challenges

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, and training



Program outcomes for 2020

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



Questions? Comments?

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