

Maternal and Child Mental Health (organized jointly with Maternal and Child Health Section)

Lisa Melchior, PhD, The Measurement Group LLC, Culver City, CA

APHA's 2018 Annual Meeting & Expo (Nov. 10 - Nov. 14)

Abstract

Post analysis individual and organizational readiness assessment for parental mental health intervention implementation in the Florida MIECHV program

Jordan Stofan, Priyashi Manani, BDS, Kimberly Hailey, MPH, BS, Pamela Birriel, PhD, MPH, CHES and **Jennifer Marshall, PhD, MPH, CPH**
University of South Florida, Tampa, FL

APHA's 2018 Annual Meeting & Expo (Nov. 10 - Nov. 14)

Background: The Florida Maternal, Infant, and Early Childhood Home Visiting (MIECHV) initiative provides perinatal home visiting services in high-risk communities in Florida. Maternal depression and severe mental health disorders are associated with poor birth outcomes and interfere with child development. This study measured individual and organizational readiness of MIECHV staff to address the mental health of their clients using the evidence-based Parental Mental Health (PMH) curriculum, Moving Beyond Depression. **Methods:** The Diffusion of Innovations theory was utilized to explain how new practices were integrated into statewide home visiting programs and networks. The PMH Readiness survey, a 56-item questionnaire, collected baseline data for all 21 sites and follow-up data from four implementation sites in spring and fall 2017. The PMH sites and individually-linked results were used to provide pre- and post-difference scores. Data analysis was conducted using statistical software SAS 9.4. **Results:** Twenty-six (81%) MIECHV staff completed the follow-up survey from the four implementation sites. In assessing individual readiness, a major area of growth was in: 'current PMH services being effective' (30.5% increase); and PMH implementation being 'something I could try before fully committing' (8.3% increase). Participants reported higher agreement to organizational readiness by the assessment of: 'organization has adequate funding for PMH services' (31.8% increase); and 'staff know where to find information on PMH' (7.6% increase). Of the areas with large negative difference, scores were in response to inter-agency linkage. There was a 24.3% decrease in staff agreeing they 'share information regarding PMH services' with other community agencies. **Conclusions:** While most individual survey participants exhibited individual readiness to incorporate PMH into current practices, the same level of organizational readiness was not captured. There is an overall need to expand inter-agency linkage of services to further improve program implementation. Results show that PMH sites recognize that PMH implementation is complicated but feasible. The program was able to identify more parents who would benefit from the intervention and improved the referral process for at-risk clients receiving those needed services. Survey results show implementing a strong evidence-based mental health program through home visiting facilitates access to mental health services.

Assessment of individual and community needs for health education
Conduct evaluation related to programs, research, and other areas of practice
Other professions or practice related to public health
Public health or related research

Abstract

Measurement of Postpartum Maternal Functioning: Working Towards a Clinical Threshold

Jennifer Barkin, MS, PhD¹, Joan Rosen Bloch, PhD, CRNP, FAAN², Massimiliano Buoli, MD³, Marta Serati, MD³, Megan Chapman⁴, Amber Erickson⁴, Chris Sikes⁵ and Beverlyn Ming⁴

(1)Mrs., Macon, GA, (2)Drexel University, Philadelphia, PA, (3)Università degli Studi di Milano, Milan, Italy, (4)Georgia Department of Public Health, Macon, GA, (5)Houston County Health Department, Macon, GA

Background: Maternal mental health is largely characterized based on the evaluation of depression, and to a lesser extent, anxiety. While both are essential indicators, patients often present for treatment with a desire for improved daily functioning rather than the attainment of a specific depression or anxiety score. The Barkin Index of Maternal Functioning (BIMF) is a 20-item self-report measure, which was developed to address this deficit in the portfolio of tools available for postpartum mental health assessment. An impressive uptick in interest in functional evaluation has occurred, and the BIMF is being used in industry-sponsored clinical trials, academia, community-based, and clinical settings to tap women's functional status in the 12 months after childbirth. Currently, the measure is scored on a continuous scale from 0 to 120 which is adequate for research settings, but does not wholly support clinical decision making. This review and synthesis of existing evidence is intended as an initial step towards answering the following question: What total score (on the BIMF) should trigger patient intervention/follow up? Methods: All published research in which the BIMF was included as a data collection measure from 2010 to present will be included in this in-progress review. Of particular interest for the purposes of synthesis will be: 1) the type of population surveyed (eg, adolescent mothers, adult mothers in Indonesia), 2) depression status of the study subjects, 3) descriptive statistics of BIMF scores (mean, median, mode, range, minimum and maximum values), and 4) correlates of the BIMF. Expected results: The mean BIMF score will be lower in instances where the study population has previously screened-positive for depression. The descriptive statistics for the BIMF may also differ by age group, culture, and geo-geographic locations. Conclusions: This collection and synthesis of existing results related to maternal functioning scores represents a first step towards identifying a specific number on the scale from 0 to 120 which indicates "patient is in need of follow-up." The establishment of a clinical threshold will increase the clinical value of the tool and allow physicians to identify those most in need of support.

Epidemiology Provision of health care to the public Public health or related research Social and behavioral sciences

Abstract

Maternal Mental Health Matters: A Phone Follow Up Care Approach for Perinatal Women in Northern New Jersey

Irina Polanco Ventura, MA, Diana Cabezas, Ph.D., Yvelisse Gonzalez, MSW, LSW, Alexandra Peña, MS and Catherine Vieira, BSN, CCE
Partnership for Maternal and Child Health of Northern New Jersey, Newark, NJ

APHA's 2018 Annual Meeting & Expo (Nov. 10 - Nov. 14)

Background: In 2006, the state of New Jersey became the first state to implement legislation mandating Postpartum Depression (PPD) education and screening prior to discharge from a birthing facility. As a response to PPD screening, the Partnership for Maternal and Child Health of Northern New Jersey's Perinatal Mood Disorders Initiative established the Emotional Health Phone Support (EHPS) Program in 2013, a phone based initiative which provides follow up services to high risk pregnant women and new mothers. Aim of the EHPS program is to facilitate connection to support and perinatal mental health services in their community. Methodology: Four perinatal mental health professionals were hired to conduct follow up phone calls to women referred to the program. A program protocol was implemented and a confidential electronic referral system was established. This program is integrated with and supplements services offered by the birthing facility and New Jersey's PPD Helpline. Results: From January to December 2017, the EHPS program has received 4,642 hospital and community based referrals of which the PPD staff has been able to connect to approximately 64% of those referred. Conclusion: The Partnership for Maternal and Child Health of Northern New Jersey's Perinatal Mood Disorders Initiative program provides post-discharge follow-up and increased access to mental health services for mothers who are at high risk of PPD or have screened positive for PPD symptoms. Perinatal women receive phone calls during the prenatal and immediate postpartum period, and are provided with community-based resources and/or connected with appropriate perinatal mental health services.

Diversity and culture Implementation of health education strategies, interventions and programs Other professions or practice related to public health Planning of health education strategies, interventions, and programs Program planning

Abstract

Effect of MLP Services on Reducing Maternal Stress: A Delaware Initiative to Build Health Equity

Vikrum Vishnubhakta, MBA, MPH¹, Marissa Band, JD², Daniel Atkins, JD³ and Mawuna Gardesey⁴

(1)Forward Consultants, LLC, New York, NY, (2)Community Legal Aid Society, Inc, Wilmington, DE,

(3)Community Legal Aid Society, Inc., Wilmington, DE, (4)Delaware Division of Public Health, Dover, DE

APHA's 2018 Annual Meeting & Expo (Nov. 10 - Nov. 14)

Problem: Although health care providers are effective in mitigating many of the precursors linked to poor birth outcomes, the issue of maternal stress is often not addressed due to providers' time constraints, inadequate resources, and limited self-awareness among patients. This is troubling given that the connection between stress and poor birth outcomes is well documented. **Approach:** This project seeks to alleviate this health inequity by offering medical-legal partnership ("MLP") services to low-income high-risk pregnant women enrolled in the State of Delaware's Healthy Women Healthy Babies ("HWHB") program. Community Legal Aid Society, Inc. provided legal services to HWHB enrollees identified as having unmet legal needs. The project investigated the effect of the remediation of unmet legal needs on self-reported mental health and wellbeing via the Mental Health Inventory ("MHI") and its five subscales. **Outcome:** Between April 2015 and December 2017, 195 MHIs were completed by 127 HWHB enrollees. Among enrollees who completed two MHIs, significant ($p < 0.05$) improvements were reported between the first and second MHI in all five subscales and MHI overall. The average improvement in MHI score was 11.2% and for each subscale was as follows: Cognitive Functioning: 8.1%; Depression/Behavioral: 10.8%; Anxiety: 8.4%; Positive Affect: 13.3%; and Feelings of Belonging: 10.7%. **Implications:** The results suggest that HWHB enrollees who had their unmet legal needs remediated featured an improvement in self-reported mental health and wellbeing. Furthermore, birth data for these enrollees will be assessed to determine the impact of the remediation of unmet legal needs on adverse birth outcomes.

Conduct evaluation related to programs, research, and other areas of practice Implementation of health education strategies, interventions and programs Other professions or practice related to public health

