Kansas Maternal and Child Health
Perinatal Mental Health Integration Plan Overview

Introduction

This Perinatal Mental Health Integration Plan and associated toolkit has been created through the work of many state and local partners with a shared interest in providing coordinated and comprehensive services to women before, during and after pregnancy. It has been endorsed by the Kansas Maternal and Child Health Council (KMCHC). Information contained in the toolkit is based on sound research and recommendations from the US Preventive Services Task Force* (USPSTF) and the Substance Abuse and Mental Health Services Administration (SAMHSA). Screening and crisis intervention algorithms have been adapted from those developed by the Minnesota Department of Health. The plan and toolkit have been developed for use by Kansas Maternal and Child Health (MCH) service providers.

Please note, for the purpose of this work the term "perinatal" is being defined in the broadest sense, referring to the entire pregnancy through one year postpartum.

Plan Steps

1. All MCH staff are strongly encouraged to participate in a Mental Health First Aid course. Go to https://www.mentalhealthfirstaid.org/take-a-course/find-a-course/ for training dates and locations near you.
2. Prepare for implementation across MCH services by utilizing the accompanying "Information on Implementing Screening for Perinatal Mood and Anxiety Disorders" document.
3. Develop agency policies and procedures focused on perinatal mental health, specifically addressing screening, referral, and follow-up procedures within the agency and broader community to support and sustain a comprehensive approach. A template for creating local policy on *Screening for Perinatal Mood and Anxiety Disorders* (PMAD) is provided in this toolkit for use if not already developed. Policy must assure an *adequate system of care* is in place to best meet client needs and should include the following standardized components:
    a. **Educational resources and information on available mental health services are provided universally to every pregnant and postpartum woman served.** Identify key opportunities (i.e. enrollment, a particular appointment or visit) that are a routine part of care, to engage a client in discussion about perinatal mental health and to provide educational materials. Options for educational resources on this topic are available in the associated toolkit under "Patient Education Resources", as well as those identified locally. Additionally, a template for creating a local mental health resource directory is provided in the associated toolkit. This template is available for use if a similar resource has not already been developed locally. Information should include: resource name and location, contact information (including 24-hour hotline or after-hours numbers if available), hours of service, level/type of services provided, and payment source options (i.e. insurance types accepted, sliding-fee scale, etc.).
    b. **Every pregnant and postpartum woman served is screened for Perinatal Mood and Anxiety Disorders (PMAD).** Identify the standardized screening tool to be used, timing of use, and which staff will administer it. Research based recommendations are included in the accompanying "Information on Implementing Screening for Perinatal Mood and Anxiety Disorders" document.
    c. **Every positive screen is referred, and follow-up is provided.** Algorithms for ideal work flow related to screening, scoring, referral and follow-up are provided in the associated toolkit and should be adapted to match local policy.

*The USPSTF makes recommendations about the effectiveness of specific preventive care services, based on the evidence of both the benefits and harms of the service and an assessment of the balance. "The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up." (Siu, 2016) All evidence demonstrates that "depression is common in postpartum and pregnant women and affects not only the woman, but her child as well". "Almost one in five women get depressed at some time in their lifetime. This percentage goes up in stressful situations, like being a mother with young children. Among young women in home visiting, WIC, and Early Head Start and Head Start programs, nearly half may be depressed." (Depression in Mothers: More than the Blues, 2014, p.2) "The USPSTF found adequate evidence that programs combining depression screening with adequate support systems in place improve clinical outcomes in adults, including pregnant and postpartum women. (Siu, 2016). It is hoped that this plan and associated toolkit will assist your program and its partnering providers and community agencies to establish that "adequate system of care", each serving a unique role to assure the most comprehensive and coordinated services and support system available to the perinatal population in your community.

Albert L. Siu, MD, MSPH and the US Preventive Services Task Force (USPSTF) Author Affiliations. *Screening for Depression in Adults US Preventive Services Task Force Recommendation Statement. JAMA*. 2016; 315 (4):380-387. Doi:10.1001/jama.2015.18392.

Substance Abuse and Mental Health Services Administration. Depression in Mothers: *More Than the Blues – A Toolkit for Family Service Providers*. HHS Publication No. (SMA) 14-4878. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.