

#### Supporting Maternal Mental Health in Oregon: Policy Initiatives and Partnerships

Presented by

Nurit Fischler, MS MCH Policy Specialist, Oregon Public Health Division *Jillian Romm, RN, LCSW Director of Mental Health Center for Women's Health, OHSU* 

OPHA Annual Meeting October 18, 2010



Depression is the leading cause of diseaserelated disability in women, and the most common serious complication of childbirth.

In Oregon, one in four women report symptoms of depression either during or after pregnancy.



#### **Improving Maternal Mental Health Oregon**

- Parallel efforts grew into partnerships
- Partnerships are leading to changes in policy and practice



# Maternal Mental Health initiatives around the State include:

- Baby Blues Connection in Portland
- Bay Area Hospital in Coos County
- Eugene Perinatal Consortium/Well Mama
- Gorge area postpartum depression task force
- Infant Mental Health Association
- OHSU provider training
- ABCD screening and START
  programs
- Public health MCH programs and PRAMS Survey



# Partnerships to support maternal mental health in Oregon

- State/local public health maternal and child health
- Postpartum Support International of Oregon
- Public, private, and non-profit symposium partners
- Women's Health And Wellness Alliance, Rep Tomei, and legislative advocates



#### **National Context**

- Mother's Act
- HRSA funding of state perinatal depression and maternal/infant mental health initiatives
- Key Policy and Research documents:
  - National Center for Children in Poverty
  - Institute of Medicine
  - National Institute for Health Care Management



#### **Results of the Partnerships**

- July 2008 Public Health Action Plan for Perinatal Depression
- March 2009 Maternal Mental Health Symposium
- Various provider trainings around the state
- 2009 Legislation
  - HJR 15 Maternal Mental Health Month (now HB 3525)
  - HB 2666 Maternal Mental Health Work Group



#### HB 2666 Work Group

Work Group was appointed by DHS Director Bruce Goldberg to:

- Study maternal mental health disorders;
- Identify successful prevention, identification and treatment strategies and initiatives; and
- Develop a set of recommendations and actions to improve maternal mental health in Oregon.



#### HB 2666 Report Contains:

- Background information on maternal mental health in Oregon and the nation.
- An overview of key opportunities and challenges for Oregon.
- Links and contact information for research and policy reports, maternal mental health initiatives, and other resources.
- Recommendations to improve maternal mental health systems and supports in Oregon.

# Framework: A public health systems vision

- Statewide Policy Level
- Organizational/systems level
- Community level
- Provider level
- Individual and Family level



#### **HB 2666 Recommendations**

Each of the eight recommendations includes:

- Description of scientific rationale and best practices.
- Activities designed to engage diverse public and private partners in implementing the recommendation.



#### **HB 2666 Recommendations**

Recommendations cover the following topics:

- 1. Provider training and support
- 2. Public awareness
- 3. Screening and assessment
- 4. Treatment and support services
- 5. State and local systems integration
- 6. Medicaid coverage for maternal mental
- 7. Private health plan coverage
- 8. Monitoring and evaluation



#### **Next Steps**

# Efforts to improve maternal mental health in Oregon should begin with a focus on:

- 1. Provider training and support
- 2. Public awareness
- 3. Screening and assessment



#### **Next Steps**

#### Legislative support for these priorities is critical

Proposed 2011 Legislative Support

- Support development and implementation of a maternal mental health provider training program (Rec. 1a)
- Pass legislation requiring that education on maternal mental health disorders be provided to all pregnant, postpartum and post-loss women. (Rec. 2b)

Rep. Tomei and the Women's Health and Wellness Alliance are drafting legislation



### **Next Steps**

State and local governments, private, and non profit partners all have critical roles to play and are continuing to collaborate



#### **Ongoing Partner Roles and opportunities**

Health, mental health, addictions, early childhood and social service providers; health systems and community advocates

- Raise awareness and decrease stigma
- Advocate for improved services and systems
- Be the voice of families and front-line service providers in policy discussions
- Engage medical, community, and social service providers in identifying and implementing change
- Deliver family-centered, culturally competent clinical and support services
- Provide training and consultation



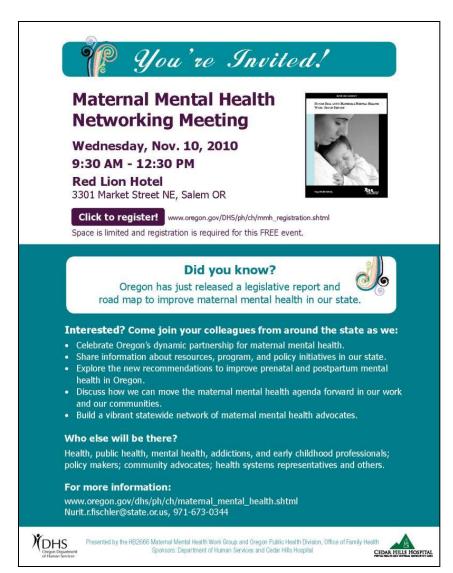
#### **Ongoing Partner Roles and opportunities**

#### Public Health and other government agencies

- Identify the scope and impact of the problem
- Compile policy and best practice research
- Integrate MMH into public health, primary care, mental health, addictions, early childhood, and social services at the state and local levels
- Convene and support the growing partnership
- Seek funding opportunities
- Identify and pursue opportunities to address MMH across state agencies and programs



## Everyone is invited to Salem on November 10 to map out the next steps together!



## **Questions?**

Nurit Fischler MCH Policy Specialist, Office of Family Health Nurit.r.fischler@state.or.us 971 673-0344

Jillian Romm Director, Mental Health Division Center for Women's Health, OHSU rommj@ohsu.edu (503) 494-4042

