

# Will an incentive work?

Mental health care access in low-income pregnant women at risk for perinatal depressive symptoms

Rebecca M. Sacks, B.A.

Jessica Greene Ph.D.

Oregon Public Health Association Conference

14 October, 2013

# Context – Perinatal Depression

- High incidence of depression during pregnancy
  - Higher among low-income women
  - Often not treated
- Untreated perinatal depression associated with negative fetal outcomes
  - Low birth weight
  - Preterm birth
  - Poor responsiveness to animate and inanimate stimuli
  - Effects heightened by low-income

# Context - Incentives

- Incentives useful in promoting one-time health behaviors
  - TB testing
  - HIV testing
  - Chlamydia screening
- Incentives during pregnancy to promote smoking cessation were effective
- Limitations
  - More effective in one-time behaviors than repeat behaviors

# Research Questions

Will a small financial incentive increase the frequency with which low-income pregnant women access mental health services during the perinatal period?

What facilitates or hinders low-income pregnant women from accessing mental health services during the perinatal period?

# Methods – Participant Flow

- 1,320 pregnant women screened for depressive symptoms between July 2010 and August 2012
- 103 screened positive for depression
  - 12+ on Edinburgh Postpartum Depression Scale (before April 2011)
  - 2 on PHQ-2 (after April 2011)
- Randomized into intervention and control groups

Baseline interview  
(42 completed)



Return consent for  
chart review (35  
completed)

- INTERVENTION GROUP:  
Receive \$10 incentive per  
mental health visit



Follow-up interview  
(23 completed)

- ALL PARTICIPANTS:  
Receive \$20 thank you gift

# Methods – Analytical Approach

- Analysis of transcripts of baseline interviews (42)  
follow-up interviews (23)
  - Identification of themes
  - Descriptive statistics
- Examination of claims data for 35 with consent
  - Comparison of control and intervention groups

# Results – Intervention Effectiveness

- No differences in number of mental health visits between intervention and control groups
- Incentive not a motivator
  - “*It just seemed like more hassle than worth the \$10*”
- Nearly half the women in control condition reported that a small incentive would have encouraged them to attend treatment

# Results - Facilitators

- Internal sense of need

*“I was pretty motivated....I knew from my past that it was important for me to do that [seek mental health care].”*

- Additional support from social network and health plan

*“I think it was a combination of a lot of things. It was just something that I’d been wanting to do and talking with [the prenatal care coordinator at Trillium] and knowing I had that option available to me just really pushed it over the edge for me....[My] friends and partner...encouraged me and supported my decision in going.”*

- No recommendation from OB/GYNs and Midwives

*“They just recommended that I pick up a hobby or go for a walk, find something to entertain myself, help myself.”*

# Results – External Barriers

- No time

*“I have three kids and a million things going on so...I just didn’t have any time.”*

- Trouble finding providers

*“No one was accepting OHP patients.”*

- Trouble getting appointments

*“I was able to see my therapist once, but then he went on vacation and I haven’t seen him since”*

- Transportation

*“I don’t have a car so it’s really hard for me to get everywhere.”*

# Results – Internal Barriers

- Past negative experiences  
*“I get really annoyed with it. When I was a teenager I did lots of counseling, and I would see like four different people in the same day, and it just drove me nuts.”*
- Avoiding psychiatric medications  
*“Everyone I’ve been to says I need to take pills, and I wasn’t taking medication like that when I was pregnant.”*
- Unsure if severity of symptoms necessitated counseling  
*“I wasn’t sure if any of those feelings were going to last for very long...”*
- Not feeling healthy enough to go  
*“My anxiety would kick in, and I would not want to go do anything, and at first I was worried about having no medical, and it made me really depressed to think about starting [counseling] and having to quit and not actually wanting to quit.”*

# Summary

- Facilitators are primarily internal supplemented by community support
  - Community support could be improved by maternal health providers recommending mental health services
- Barriers are internal and external
- Incentive ineffective in increasing visits to mental health providers
  - Small incentive size
  - Largely internal motivators
- Study limited by small sample and large loss to follow-up

# Recommendations

- Further OB/Gyn and midwife training in identifying perinatal depressive symptoms and recommending appropriate treatment
  - Education on effectiveness of mental health treatment – specifically non-medical mental health treatment
- Expansion of care teams during pregnancy to aid with health care coordination
- Better support from health plans during pregnancy
  - Consistent screening and follow up

# Acknowledgements

Thanks to Northwest Health Foundation and Trillium Community Health Plan for their role in this project

Special thanks to Ryan Burke, Erin C. Owen, Amanda Cobb, and Heidi Larwick for their contributions to the development, implementation, and analysis of this study

# Questions?

