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Overcoming Barriers to Perinatal Depression Treatment

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Background
- Identified perinatal depression is common and has deleterious effects on mother, fetus/child and family.
- Despite effective evidence-based treatment for perinatal depression, most women do not get treatment.
- Obstetricians have not traditionally identified and/or responded to the mental health needs of perinatal women.
- Caring and committed providers are frustrated and confused and mothers do not feel seen, heard or understood by their providers.
- Implementing supports for perinatal women within the traditional medical model poses many challenges to mental health and obstetric providers.

MotherWoman supporting perinatal women
MotherWoman is a community-based grassroots organization dedicated to preventing and treating perinatal depression through an innovative organizational change approach, the Community-Based Perinatal Support Model (CBPSM). This model includes:
1. Peer-led support groups for perinatal women
2. Organizational change interventions that include structured screening and referral, health care provider trainings and networks, and resource and referral guides.

Methods
Participants
Four focus groups with MotherWoman clients, 3 months – 3 years postpartum who self-identified as having experienced perinatal depression or emotional crisis.

Data collection
- Focus groups probe targeted perceptions of the best practices to engage perinatal women in depression treatment and potential strategies for change.
- Investigators met after each group to record observations and review verbatim notes.
- Participants received gift cards for their participation.

Data analysis
- Transcripts were reviewed, segmented, and coded by investigators using an iterative, constant comparative process to identify emerging themes and document patterns.
- Inter-rater reliability of more than 90% was achieved by two investigators comparing randomly selected coded pages from focus group notes.

Discussion
- Despite barriers, numerous facilitators to treatment were identified.
- Supporting women’s mental health during the perinatal time period should ideally be done in both the medical setting and community.
- Supporting the mental health of perinatal women is a fundamental challenge with multiple opportunities for intervention and education.

Strategies to address perinatal depression include:
1. Offer training to OB/Gyn and mental health providers in the detection and screening of perinatal depression.
2. Prepare women for the postpartum period through psychoeducation and peer-support.
3. Create flexible treatment options that go beyond medication management and emphasize transitions to motherhood.

Results will
- Contribute to understanding the barriers and facilitators perinatal women experience when trying to access depression treatment.
- Provide preliminary guidelines for the development of strategies to engage perinatal women in depression treatment.
- Inform the development of interventions that aim to integrate the treatment of perinatal depression into medical settings.

Women Experience Many Barriers to Accessing Care
- Women have many fears including concerns about losing parental rights, stigma, and involuntary psychiatric hospitalization.
- Medical providers may lack skills and knowledge regarding mental health care.
- Not sensitive or interested.
- Often unable to recognize postpartum depression.
- Judgmental.
- Mothers unable to admit they cannot “do it all” due to shame and guilt.

Provide a Support Network with Various Resources
- Provide flexible and varied referral options, recognizing that not all women want medications.
- Support women in their transition to motherhood by addressing both mental health and medical concerns.

Engage Obstetricians in Addressing Perinatal Depression
- Identify mental health as a critical concern worth addressing.
- Acknowledge mental health fits within goals of healthy mother and baby.
- Recognize perinatal mental health as critical.

Create flexible treatment options in a low stigma setting
- Identify interventions that fit the needs of perinatal women including peer-support groups, home-based psychotherapy, and programs where mothers can bring children.

Integrate the prevention, detection and management of depression into perinatal care
- Develop screening processes and infrastructure to prevent and manage depression – examples include:
  - Provider trainings for all medical providers who encounter perinatal women.
  - Prepare women through education; begin in first trimester and continue through the postpartum period.
  - Create supportive environments in which women can trust trained providers.

References