



What Predicts Who Will Attend Perinatal Depression Mental Health Appointments in Cleveland

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Abstract

Background: Depression is a common complication of childbirth that adversely affects both mother and baby. While recent efforts to increase detection of perinatal depression with routine screening have been successful, engagement in mental health care remains low. A growing body of literature suggests that the location of the mental health provider acts as an important variable in attendance rates.

Method: Referrals were made to community mental health centers via a Maternal Behavioral Health Referral form. Data was collected from these forms in a retrospective fashion.

Results: In this study of 647 women referred to perinatal mental health services, half (50%; 323) attended their intake appointment, while half (50%; 324) did not. Women who were referred to a home-based agency were more likely to attend than those referred to agencies with office-based care (p<0.01). Those with lower income were also more likely to attend (p<0.05). Both women with perinatal loss and those who were self-referred to mental health had a trend toward attending.

Discussion: Even among women who accepted referrals to mental health services after screening at risk for perinatal depression, only half attended intake appointments. For this group experiencing multiple barriers, in-home mental health services were most likely to be accepted and followed through with, which has important implications for service delivery.

Objectives

- Identify characteristics of pregnant and postpartum women which were associated with attending a mental health intake visit after a referral was made.

Methods

Inclusion criteria:

- All pregnant & postpartum women (from 2012 -2013) who were referred to a Perinatal Mental Health Provider in Cuyahoga County (Cleveland Ohio) for treatment of perinatal depression.

Maternal Behavioral Health Referral Form data included:

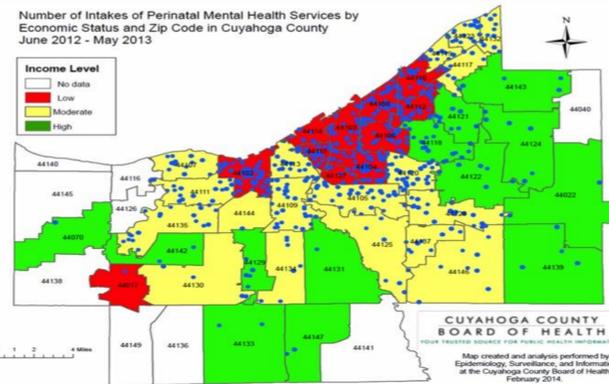
- age
- socio-economic status
- marital status
- pregnant or postpartum
- infant's age
- reason for referral
- Edinburgh Postnatal Depression Scale (EPDS) score
- suicidal risk/homicidal risk
- medications taken
- perinatal mental health agency site.

Results

Table 1: Who Attended Intake Visits

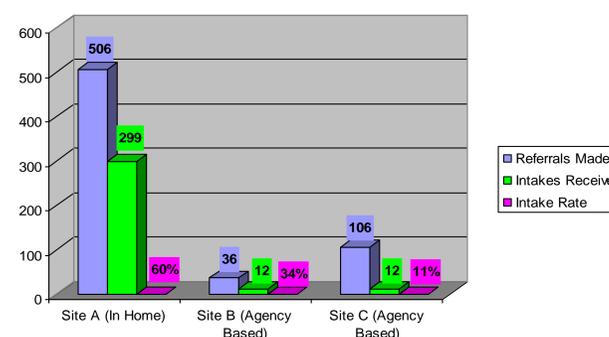
Variable	Attended Intake N=323	Did not Attend N=324	P=
Mean Age (Years)	25.1+/-5.7 (14-50)	24.9+/-5.9 (14-45)	NS
Referral Site	N (%)	N (%)	
Site A (in-home services)	299 (93%)	207 (63%) N(%)	x-sq= 83.617; df=2; p <0.0001
Site B	12 (4%)	23 (7%)	
Site C	12 (4%)	94 (29%)	
Socio-Economic Status			
<25k per year (poverty)	140 (45%)	135 (45%)	X-sq 6.902; df=6; p=0.032
25-50k per year (low income)	144 (46%)	121 (40%)	
50k-100k per year (normal)	27 (7%)	46 (15%)	
Marital Status			
Single	264 (82%)	234 (72%)	NS
Married	26 (8%)	32 (10%)	
Unknown	33 (10%)	68 (21%)	
Pregnant	133 (41%)	141 (44%)	NS
Postpartum	190 (59%)	177 (55%)	
On Psychotropic Meds	47 (15%)	52 (16%)	NS
Referral Reason			
Depression	163 (50%)	177 (55%)	NS
EPDS Score	99 (31%)	109 (34%)	NS
Mental Health History	66 (20%)	62 (19%)	NS
Stress/Overwhelmed	46 (14%)	48 (15%)	NS
Social Issues	41 (13%)	38 (12%)	NS
Self-referral	37 (11%)	23 (7%)	X-sq 3.648; df=1 P=0.056
Anxiety	29 (9%)	37 (11%)	NS
Perinatal Loss	26 (8%)	15 (5%)	X-sq 3.187; df=1; P=0.074
More than one given reason For referral	166 (51%)	165 (51%)	NS

Results

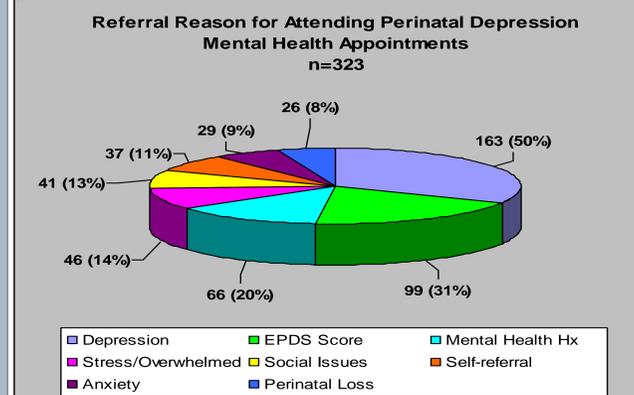


Results

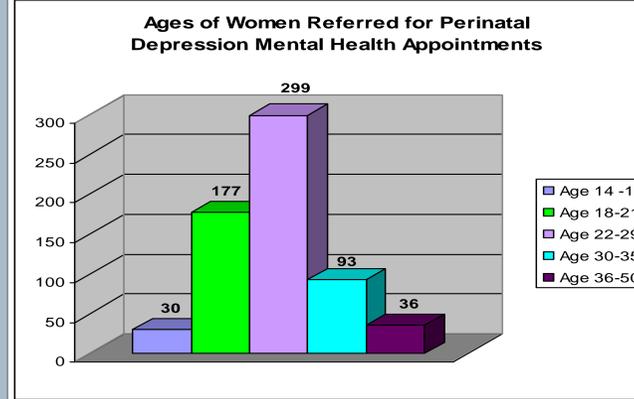
Comparing Referrals and Intakes for Site A, Site B and Site C



Results



Results



Results Summary

647 women referred to perinatal mental health services

- 50% (323) attended a mental health intake appointment
- 50% (324) did not attend

Factors which predicted attendance:

- Referral to the site offering in-home intake visits (site A) (p<0.0001)
- Lower socioeconomic status (p=0.032)
- Perinatal loss as referral reason (p=0.074)
- Requested the referral themselves (p=0.056)

Factors which did not predict attendance:

- maternal age
- marital status
- pregnant or postpartum status
- psychotropic medication use
- other various reasons for referral
- more than one reason for referral

Too much missing data:

- infant age
- suicidal or homicidal risk
- EPDS score

Discussion

Women were more likely to complete a mental health intake visit if they were referred to an agency providing in-home assessment.

- The existing literature confirms that the location of mental health services can act as either a barrier or a facilitator to care (Smith: 2009; Miller: 2009; Yawn: 2011, Segre 2012).
- Our study adds to the growing literature supporting the use of home-based services as a treatment engagement tool for depressed perinatal women.
- Home-based services reduce logistical and psychological barriers.
- While the agency providing home-based services (Site A) showed the best engagement rate, this agency had only a 60% attendance rate at intake. It can be concluded that even when mental health services are offered in a woman's home, barriers remain.
- As only Medicaid recipients were eligible for mental health in-home visits, the finding that women with lower socio-economic status were more likely to attend was likely linked to the increased engagement with in-home care.
- There was a trend for those women with a perinatal loss to be more likely to attend. After a loss, it is common for women to feel isolated from their partners or family members and to struggle with excessive guilt. Given this context, mothers often seek out opportunities to talk about the baby and to express their grief.
- Women who themselves requested that their clinician refer them for treatment also showed a trend toward a higher attendance rate at intake visit.
- This reflects a level of motivation and acceptance of mental health services that preceded the referral.
- This also could be a reflection of a positive relationship with the referring provider.

References

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Smith, M.V., Shao, L., Howell, H., Wang, H., Poschman, K., Yonkers, K.A. (2009). Success of mental health referral among pregnant and postpartum women with psychiatric distress. *General Hospital Psychiatry*, 31, 155-162.

Yawn, B.A., Olson, A.L., Bertram, S., Pace, W., Wollan, P., Dietrich, A.J. (2012) "Postpartum Depression: Screening, Diagnosis, and Management Programs 2000 through 2010," *Depression Research and Treatment*, Article ID 363964, 9 pages, 2012.

Appreciation

Many thanks to participating community mental health centers who provided the engagement data. We appreciate their willingness to participate in this study, and we look forward to our continued work with them.