Perinatal Depression Treatment Initiation Rates for African American Women: A Model for Improvement

PEER TRAINING PROGRAM at Case Western Reserve University

CRPN Cleveland Regional Perinatal Network

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INTRODUCTION

Perinatal depression is defined as both major and minor episodes of depression that occur during the pregnancy and the first year after delivery (1). Depression has been shown to occur independently of race or ethnicity, although differences in cultural views regarding acceptability of mental health treatment continue to persist, including perceived need of care and expectations of motherhood (2). Available research suggests lower treatment initiation rates among black women compared to white women in spite of similar rates of underlying illness (2). Studies have shown only 4% of African American women diagnosed with perinatal depression are likely to seek treatment compared to 9% of Caucasian women (2). Additionally, views on mental health treatment continue to differ, as only 51% of African Americans surveyed found anti-depressant treatment acceptable compared to 74% of Caucasians (3).

In recognition of the importance of universal screening and referrals for perinatal depression, the Cleveland Regional Perinatal Network (CRPN) initiated the perinatal depression project in 2005. In 2015, the CRPN expanded the model to the Centering Pregnancy (CP) program at University Hospitals MacDonald Women's Hospital and added an onsite mental health counselor to group prenatal sessions as a model to improve treatment initiation rates among the largely African American population.

Purpose of this Study

The purpose of this study was to 1) examine the associations between demographic characteristics and depression screen outcomes of the CP population at University Hospital (UH) MacDonald Women's Hospital and to 2) explore the association between the CRPN model and treatment initiation rates among African American women enrolled in CP identified with perinatal depression.

Hypothesis

It was hypothesized that 1) women with a past history of mental health, negative feelings regarding their pregnancy, and low socioeconomic status would be more likely to score 'At Risk' on the depression screen. It was further hypothesized that 2) the addition of an onsite mental health counselor embedded in CP would result in improved perinatal depression treatment initiation rates among participants compared to the African American population rates in the literature.

METHODS

Previously collected administrative data from the 2015 cohort of UH Macdonald Women's Hospital CP program were obtained by the principal investigator from program staff. Eligible participants attended their first prenatal session between 1/1/2015 and 12/31/2015 and were never classified as 'dropped' by the CP program manager. In total, 225 participants were eligible for this study.

Self-reported participant demographic characteristics included age, race, median income, level of education, employment status, marital status, number of children, history of mental illness, and pregnancy feelings (unplanned & accepted, desire to terminate, or planned). In addition to demographic characteristics, scores on the screening tools and questions were obtained from the EMR. Screening tools included the Edinburgh Postnatal Depression Scale (EPDS), the ambulatory risk screen, and the clinical assessment of visible signs of abuse.

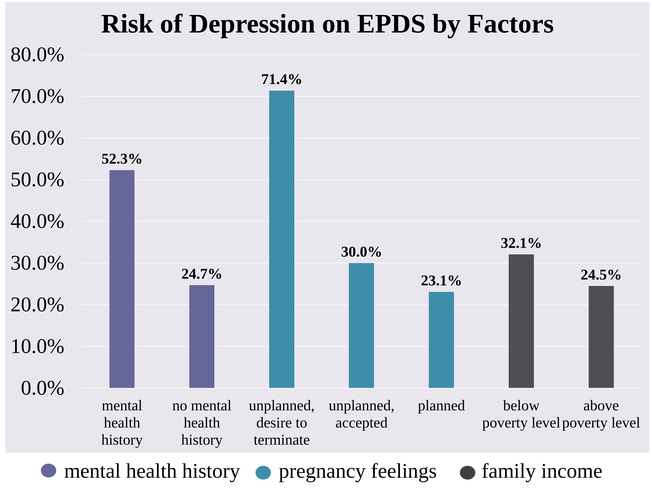
SAMPLE DESCRIPTION

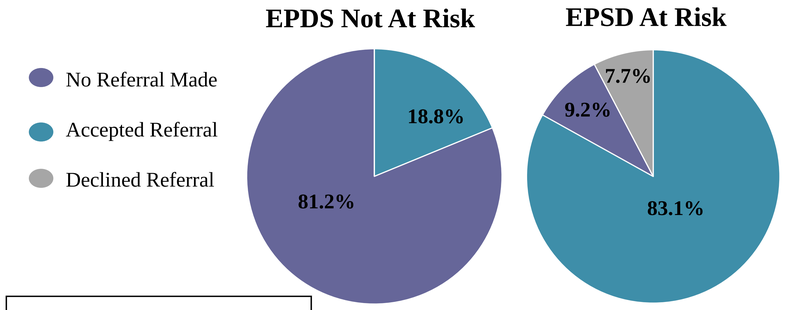
Sample Description	Result
Mean Age at Delivery	23.3
African American*	98.2%
Below 100% federal poverty level	23.6%
Less than High School Graduate*	31.2%
Marital Status-Single	97.3%
History of Mental Health	21.3%

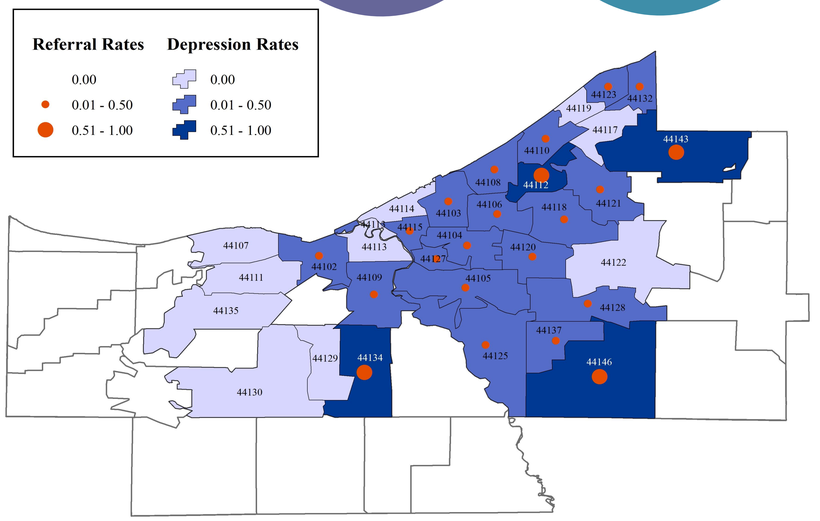
* Valid percentage indicated

The map shown demonstrates a relationship between depression rates and referral acceptance rates for participants of the CP program. The areas of highest rates are heavily African American and poverty stricken, suggesting a further need to continue expanding mental health treatment services in these disadvantaged areas.

RESULTS







CONCLUSIONS

Women with a past history of mental health issues, whose pregnancy was unplanned, and whose incomes fall below the poverty level were more likely to score at risk for depression on the EPDS. Among African American participants, 83.1% of mothers who scored 'At Risk' on the EPDS accepted a referral for treatment. An additional 18.8% who scored 'Not At Risk' also requested a referral. This is a substantial increase from the 4% treatment initiation rate reported in the broader research literature, suggesting the addition of an onsite mental health counselor can lead to improved treatment initiation rates when addressing perinatal mental health.

Limitations

The data presented here are limited in several ways. 1) There was no control group to compare treatment initiation rates with, as all enrolled participants were given access to an onsite mental health counselor. 2) Some data were missing for various factors outside of the control of the research project (patient decline or nurse failing to input the information into the EMR). 3) The acceptance of a mental health referral does not guarantee treatment was obtained beyond initiation. 4) A small number of women screening 'At Risk' were not offered a referral for various reasons outside of the control of the research project (time constraints, failure to input proof of referral into EMR).

NEXT STEPS

1) Further research utilizing a control group would be beneficial to test the effectiveness of the model in a more comprehensive manner. 2) Continuing this study over a longer period of time would ensure larger sample size and allow for more accurate analysis techniques to be utilized. 3) Continuing to monitor the participants over time would allow further understanding of whether or not the acceptance of a mental health referral results in mental health treatment. Interventions and models could be tailored accordingly with that information.

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2. Kozhilmannil, K., Trinacty, C., Busch, A., Huskamp, H., & Adams, A. (2011). Racial and ethnic disparities in postpartum depression care among low-income women. Psychiatric Services, 62(6), 619-625.
3. Cooper, L., Gonzales, J., Gallo, J., Rost, K., Meredith, L., Rubenstein, L., Wang, N., & Ford, D. (2003). The acceptability of treatment for depression among African-American, Hispanic, and White primary care patients. Medical Care, 41(4), 479-489.