Pathways to
Professional Development

Building Foundations in Infant
and Early Childhood Mental Health

Perinatal Mood and Anxiety Disorders

Recognizing Signs and Symptoms

Pathways to Professional Development: Building Foundations in Infant and Early Childhood Mental Health

Pathways to Professional Development was developed to build workforce competence and to prepare professionals working in the perinatal and birth to 5 periods

- A webinar series focused on the foundations of Infant and Early Childhood Mental Health.
  - Provided live virtually
  - Recorded for viewing as LMS modules

- Diagnostic Classification of Mental Health And Developmental Disorders of Infancy and Early Childhood (DC:0-5) offered virtually and in-person.

  - View all offerings here→ https://www.mcsilverta.org/special-initiatives/pathways-to-professional-development/foundational-webinars/

The aim is to develop a well prepared and competent workforce trained to **identify** and address mental health concerns early, to **promote** awareness of mental health, to **prevent** long-term problems and to **intervene** to help children stay on developmental track.

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE | Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

Who we are

These trainings are funded by the New York State Office of Mental Health (OMH) and provided by the New York Center for Child Development (NYCCD) in collaboration with CTAC.

- **New York Center for Child Development** (NYCCD) has been a major provider of early childhood mental health services in New York with a long history of providing system-level expertise to inform policy and support the field of Early Childhood Mental Health through training and direct practice.

- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and Managed Care Technical Assistance Centers (CTAC & MCTAC), and the Center for Workforce Excellence (CWE). These TA centers offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers across NYS.

NYCCD and McSilver also run the **NYC Early Childhood Training and Technical Assistance Center (TTAC)** which offers ongoing training and technical assistance for those working during the perinatal period to age 5

https://ttacny.org/

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE | Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

About Me

- LCSW, PMH-C (NY & VT)
- MMH lived experience
- 2014 PMAD Legislation
- Former Founding Director of The Motherhood Center (current Education and Gov Relations Consultant)
- QI Consulting - ACS, DOHMH, NYS OMH
- Adjunct Professor, Silberman School of Social Work, Hunter College
- Advanced Psychotherapy Trainer, PSI
- Outpatient Therapy / Support Groups

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

What are Perinatal Mood and Anxiety Disorders?

- PMADs, or perinatal mood and anxiety disorders, are a group of illnesses that affect at least **1 in 5** women/birthing people during pregnancy and the postpartum period.

- PMADs cause **emotional and physical problems** that make it hard for women to function adequately (i.e., care for themselves, babies, and family).

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

PMADs Include

- Perinatal Depression
- Perinatal Anxiety
- Perinatal Obsessive Compulsive Disorder
- Perinatal Post Traumatic Stress Disorder
- Perinatal Psychosis

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

Affirming and Inclusive Perinatal Terms

- **Heteronormative terms** are frequently used to label and describe parental roles and practices. Today I will alternate between binary and non-binary terms to ensure the full range of the client experience. These terms include but are not limited to:

    - **Mother / Father**
    - **Birthing Person/Birthing Parent**
    - **Non-birthing Person / Non-birthing Parent**
    - **Pregnant Person / Postpartum Person**
    - **Partner**
    - **Primary Caregiver / Caregiver**
    - **Maternal / Paternal / Parental / Perinatal**
    - **Breastfeeding / Chestfeeding / Bodyfeeding**

- What is most important is to meet our clients where they are and to use language that best captures their identity.

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

PMAD Statistics

- **1 in 5** new and expecting mothers/birthing people suffer from a PMAD
- **1 in 10** fathers/partners experience perinatal depression and anxiety
- **80%** of all cases go undiagnosed and untreated
- **50%** of cased develop during pregnancy
- PMADs are the **#1 complication associated with childbirth**

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

Leading Cause of Maternal Mortality

PMADs are the leading cause of maternal death in the U.S.

- **2021 CDC findings – mental health/substance use makes up 23% of all maternal deaths**
  - **31%** of deaths with underlying mental health conditions were identified as suicides
  - **87%** of pregnancy-related deaths are preventable

- **2021 NYC MMRC Report – mental health/substance use makes up 36.2% of all maternal deaths**
  - **74%** of pregnancy-related deaths are preventable

This data comes from 46 Maternal Mortality Review Committees (MMRCs), which are multidisciplinary committees that convene at the state or local level to comprehensively review deaths during or within a year of pregnancy (pregnancy-associated deaths).

MMRCs provide the most robust data about pregnancy-associated deaths as they include data from the entire perinatal period (during pregnancy and the full year following pregnancy) and also include information about deaths due to suicide, overdose, and homicide.

The Transition to Parenthood

Expectations

There is a **“romanticized”** version of motherhood & parenthood that is reinforced everywhere we look:

- Social Media
- Magazines
- Movies
- Commercials
- Baby products
- Other parents sharing only their good experience

It makes a lot of sense that people enter parenthood with a certain set of expectations

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE | Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

The Transition to Parenthood

Reality

Becoming a parent is messy, chaotic, disorganized, and feels very overwhelming. This is what **“normal”** parenting looks like:

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE | Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

The Both/And of Becoming a Parent

Becoming a parent is one of the most **amazing, beautiful and wonderful** things that someone will ever do….

AND

***It can feel like t*he hardest.**

A **"dialectical experience"** is having two or more feelings at the same time – and **both can be true**

"**Ambivalence"** is at the heart of motherhood / parenthood

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE | Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

Common “Myths” of Motherhood/Parenthood

- I will be **glowing and excited** throughout my entire pregnancy
- I will experience my **exact birth plan**
- I will automatically feel **unconditional love and bonding** towards my baby after birth
- Breastfeeding/chestfeeding is easy and natural, **all good mothers / birthing people breastfeed / chestfeed**
- Aiming to be a “good enough” mother/parent is not good enough it is better to **strive to be perfect.**
- The love a new parent has for their baby overrides their **longing for their previous identity / sense of self**
- A good mother/parent knows how to **instinctively** care for their baby
- Parents in a partnered relationship quickly figure out how to create **equal roles and responsibilities** around caring for baby and other responsibilities
- **Perinatal depression and anxiety are rare** – and won’t happen to me.

The Parental Safety Net In Other Countries

- In ***China*** a birthing parent has a **month of confinement** or sitting the month where they **build up their strength and bond with their baby** after childbirth by staying at home.
- In ***Guatemala*** a birthing parent **rests for 40 days** while people in the community do **household chores and bring hot health soups** to eat.
- In ***South Korea*****,** a birthing parent goes to a **postpartum care center for 2 weeks** after they leave the hospital where they are **pampered with massages**, and a full staff catering to their needs including **meals, laundry, and housekeeping**. Infants can room with mom or **stay in the nursery** so mom can rest.
- *In the* ***Middle East*** including Jordan, Lebanon, Egypt, and Palestine there is a **40-day period of rest** after childbirth, with **someone taking care of the mother, baby, and household**.

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health
NEW YORK STATE Office of Mental Health
NEW YORK CENTER FOR CHILD DEVELOPMENT
ctac
POWERED BY NYU McSILVER

The Parental Safety Net in the U.S.

- The United States is **ranked last in family-friendly policies.**
- Overall, the U.S. spends the **most money in the world on healthcare per person**, however, in regard to **maternal outcomes**, we typically **rank last** when compared to other wealthy nations.
- Only **14%** of American workers have **access to paid leave**. An additional surprise to many is that the Family and Medical Leave Act is not universal — **40 percent of Americans *do not qualify*.**
- Perhaps more significantly, due to economic hardship and employer constraints, **1 in 4 women return to work just 10 days after giving birth.**
- Parental leave has become very political, but facts are facts**: It is instrumental in creating positive maternal and infant outcomes.**

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

The Parental Safety Net in the U.S.

Top 10 Countries with the Longest Minimum Maternity Leave

Country	Minimum Leave (in weeks)
Bulgaria	58.6
Greece	43
United Kingdom	39
Slovakia	34
Croatia	30
Chile	30
Czech Republic	28
Ireland	26
Hungary	24
New Zealand	22
United States	0

Salary Requirements During Leave

Country	Salary during leave
Austria	100%
Chile	100%
Costa Rica	100%
Croatia	100%
Germany	100%
Israel	100%
Lithuania	100%
Netherlands	100%
Poland	100%
Slovenia	100%
Spain	100%
Norway	94%
France	90%
United States	0

Maternity Care in the Postpartum Period

- Birthing people typically return home **2 – 3 days post caesarean section** which is a major surgery. Those who deliver vaginally can return home – 1 to 2 days post birth.
- Most postpartum people only receive **one 6 week visit** with their OBGYN for follow up obstetric or gynecological care, and **60% of all new birthing people miss this appointment.**
- There is little to no emphasis on supporting **a new parents mental health during** this overwhelming transition.
- Most of the focus **is on the baby** – not the new mother/birthing person.

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health
NEW YORK STATE Office of Mental Health
NEW YORK CENTER FOR CHILD DEVELOPMENT
ctac
POWERED BY NYU McSILVER

Black Mothers/Birthing People and PMADs

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE | Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

Black Mothers/Birthing People

40% of all Black Mothers Experience a PMAD

- Compared to white women, Black women are **twice as likely** to experience PMADs but half as likely to receive treatment.
- Among women who reported postpartum MH concerns, Black women are **far less likely to receive follow-up treatment** than white women.
- Black women are one of **the most undertreated groups** for depression in the U.S.
- Single Black mothers are **6 x's more likely** than the general population to experience depressive symptoms
- Black women experience maternal mortality rates **3 – 4 times the rate** of white women.

Factors that Increase MMH Conditions for Black Birthing People

- **Systemic Racism**
- **Adverse Childhood Experiences**
- **Socioeconomic Status**
- **Lack of Representation in the Medical Care System**
- **Exposure to Violence and Trauma**
- **Higher Risk of Pregnancy and Childbirth Complications**
- **Gaps in Medical Insurance**
- **Lack of Access to High Quality Medical and Mental Health Care**

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health
NEW YORK STATE Office of Mental Health
NEW YORK CENTER FOR CHILD DEVELOPMENT
ctac
POWERED BY NYU McSILVER

Factors Impacting Black Birthing People

Weathering
Black women experience physical “weathering,” meaning their bodies age faster than white women due to exposure to chronic stress linked to socioeconomic disadvantage and discrimination over the life course. Weathering can make pregnancy riskier for Black women at an earlier age and can also lead to Black women experiencing more chronic health conditions, such as diabetes and obesity.

The Superwoman Schema
The Superwoman Schema is a conceptual framework that states that certain socio, cultural, and historical perspectives in the United States have impacted how Black women experience and handle stress, with Black women taking on the following coping characteristics: obligations to manifest strength, suppress emotions, and help others, even to the detriment of personal health; resistance to being vulnerable or dependent; and a determination to succeed despite limited resources.

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

Barriers to Care for Black Birthing People

Shame and Stigma
The pressure of social stigma can encourage Black women to keep their problems private to avoid appearing weak or lacking faith. Having to be a “strong Black Woman” prevents many from seeking help.

Fear of Child Protective Services
Black mothers may be fearful that if they tell anyone what they are thinking or feeling, their baby will be taken. In the 20 most populous counties in the country, **the mean rate of CPS investigations was 34%, but ranged from 40% to 70% for Black children.**

Systemic and Interpersonal Racism
The cumulative effect of systemic and interpersonal racism takes a toll on the physical and emotional health of black women. Stress, anxiety, and fear all increase the likelihood of developing MMH conditions.

Distrust of the Health Care System
Historically, many Black people have been mistreated and harmed by medical providers, creating deep mistrust of the healthcare system.

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE | Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

PMAD Risk Factors

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

PMAD Risk Factors

- **History of mental illness** (personal or familial)
- **Complications** in pregnancy, birth, or breastfeeding
- **Previous PMAD** (50 - 75% chance of repeat)
- **Unplanned or unwanted** pregnancy
- Mothers of **multiples**
- Mothers who have gone through **infertility treatments**
- **NICU** experience
- **Perinatal loss** (miscarriage, abortion, stillbirth, SIDS or other loss of baby)
- **Social isolation or poor support**
- **Individuals of color**
- **IPV**
- Individuals that live in **low-income neighborhoods**
- **Stopping psychiatric medication**

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

Types of PMADs

What you Might Hear from Birthing People

- I don't feel like myself
- I can't sleep even when the baby is sleeping
- I don't have an appetite, I forget to eat all day
- I'm afraid to be alone with my baby
- I feel like I am drowning
- I don't feel connected or bonded with my baby
- Having a baby was a mistake, I wish I never did it
- I want to run away and not come back
- I can't turn off my brain, it keeps racing all the time
- I feel like a failure
- I feel like my baby and my family would be better off without me

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

The Baby Blues (are not a PMAD)

80% of all new mothers/birthing people experience the Baby Blues

They can Last anywhere from a **few days to 2 weeks postpartum**

Mild Symptoms include:

- Moodiness
- Crying
- Sadness
- Worry
- Lack of Concentration
- Forgetfulness
- Feelings of Dependency

Causes:

- Rapid Hormonal changes
- Drop in estrogen / progesterone
- Physical and emotional stress of birth
- Physical discomforts
- Emotional letdown after pregnancy and birth
- Awareness and fear about increased responsibility
- Fatigue and sleep deprivation
- Disappointment including birth, partner support, nursing and baby

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

Perinatal Depression

- Low mood, sadness, and tearfulness
- Feeling overwhelmed and unable to cope
- Hopelessness /helplessness
- Loss of interest, joy, or pleasure in things you used to enjoy
- Agitation/irritability
- Lack of energy or feeling slowed down physically
- Difficulty concentrating or making decisions
- Appetite or sleep disturbance
- Feelings of guilt, shame, failure
- **Suicidal ideation**

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health
NEW YORK STATE Office of Mental Health
NEW YORK CENTER FOR CHILD DEVELOPMENT
ctac
POWERED BY NYU McSILVER

Perinatal Anxiety

- **Constant worry** – catastrophizing / all or nothing thinking / worst case scenario
- Feeling like something bad is going to happen **– a sense of dread**
- Feeling like you **can't turn your brain off** – the hamster wheel
- Disturbances of **sleep and appetite**
- **Physical symptoms**, like dizziness, heart palpitations, nausea, or panic attacks
- Fear of being **left alone** with the infant
- Hypervigilance in **protecting** the infant

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health
NEW YORK STATE Office of Mental Health
NEW YORK CENTER FOR CHILD DEVELOPMENT
ctac
POWERED BY NYU McSILVER

Perinatal Obsessive Compulsive Disorder

- Doing certain things over and over **to reduce fears** and obsessions - excessive washing of clothes, toys, or bottles (compulsions/rituals)
    - *Ex - Repeatedly **checking baby** during the night to make sure they are breathing*
- Repeatedly **asking others for reassurance** that the baby hasn't been hurt or abused
- **Not feeding the baby** for fear of poisoning them
- Not consuming certain foods or medications out of **fear of harming the baby**.

Recurrent and persistent thoughts; urges or images that are intrusive and unwanted (obsession); and the thought, urge, or image is neutralized by a repetitive behavior (compulsion). The obsessions and/or compulsions must be time-consuming, cause distress to the individual, and impair functioning

These obsessions can present as intense images of injury, death or thoughts of physical or sexual harm.

Ego-dystonic – thoughts that are distressing and inconsistent with a person's self concept, values and beliefs, desire to change

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health
NEW YORK STATE Office of Mental Health
NEW YORK CENTER FOR CHILD DEVELOPMENT
ctac POWERED BY NYU McSILVER

Perinatal Post Traumatic Stress Disorder

- Intrusive **re-experiencing of a past traumatic event** (which may have been childbirth itself or previous physical/sexual trauma)
- **Recurrent** flashbacks, nightmares or distressing recollections of the event
- **Avoidance of stimuli** associated with the event, including thoughts, feelings, people, places, and details
- Feeling **hypervigilant or on guard** or feeling easily irritated or on edge
- Feeling **restless or having difficulty sleeping**
- Anxiety and **panic attacks**

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health
NEW YORK STATE Office of Mental Health
NEW YORK CENTER FOR CHILD DEVELOPMENT
ctac
POWERED BY NYU McSILVER

Perinatal Psychosis

- Delusions or strange beliefs that **feel real but are not** (about the infant death, denial of birth, or need to kill the baby)
- **Hallucinations** (seeing or hearing things that others do not – hearing the voice of God, or the devil, or getting secret messages from the TV)
- **Ego-syntonic** – thoughts/behaviors in line with a person's beliefs – someone who steals may not feel guilty or have conflict with the act)
- Mania - **Decreased need for or inability to sleep**
- **Feeling confused and disorganized** - saying things that don't make sense
- Feeling **disconnected from reality**
- **Paranoia and suspiciousness**
- Symptoms that come and go **or waxing and waning** (may seem normal one minute then hearing voices the next)
- **Psychosis is a 911 EMERGENCY and requires hospitalization!**

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE | Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

Risk Factors for Perinatal Psychosis

- Personal or family history of psychosis or bipolar disorder = **40% – 50% increased risk**
- **Schizophrenia** (diagnosed or not)
- Previous **postpartum psychotic or bipolar episode**
- Hormone shifts, **sleep deprivation**, and increased environmental stress
- Postpartum psychosis is **NOT postpartum depression**
- **STOPPING MEDICATION**

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

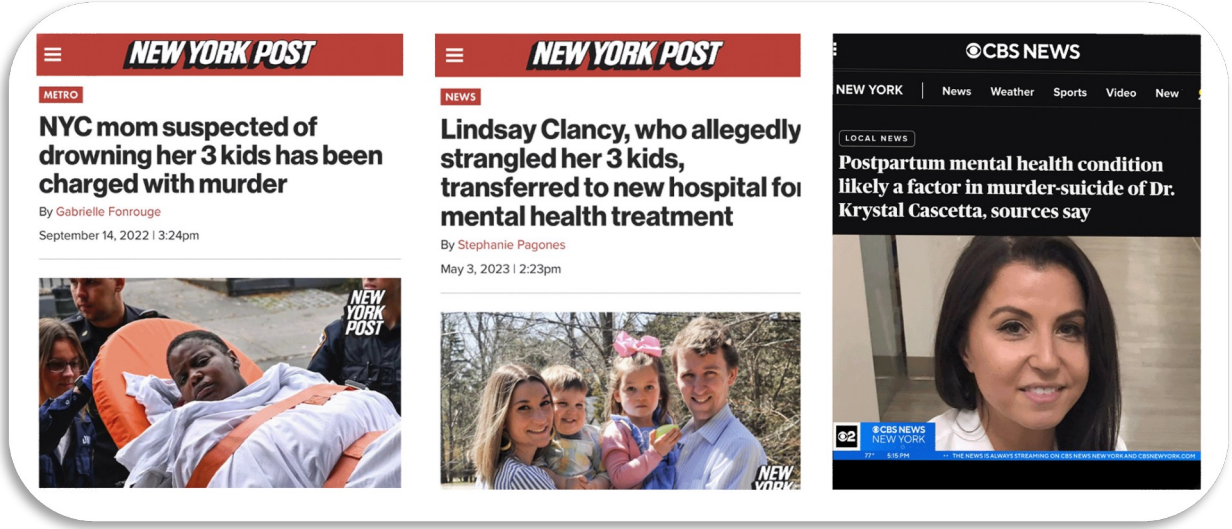
NEW YORK STATE | Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

Untreated Perinatal Psychosis

- **1 to 2** per 1,000 births
- 4% of women experiencing postpartum psychosis **will commit infanticide**
- 5% of women experiencing psychosis **will commit suicide**



Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE | Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

Societal Costs of Untreated PMADs

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

Estimated Cost of Untreated PMADs

When left untreated, PMADs can become a multigenerational issue, negatively affecting the mother and child's long-term physical, emotional, and developmental health.

- Pregnancy and birth complication
- Maternal health expenditures
- Obstetric-specific health expenditures
- Productivity losses in the workforce
- Child outcomes

$14.2 Billion Annually

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

Untreated PMADs During Pregnancy

- High preeclampsia rates
- Higher C-section rates
- Higher preterm birth rates
- Lower birth weight
- Higher NICU admission rates

Untreated PMADs in the Initial Postpartum

- Higher SIDS rates
- Infant failure to thrive
- Frequent ER visits
- Limited bonding and attachment between mother and baby
    - *This offers a host of neurological and behavioral development issues*
- Inability to care for self and/or the child

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE | Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

Untreated PMADs Later in the Postpartum

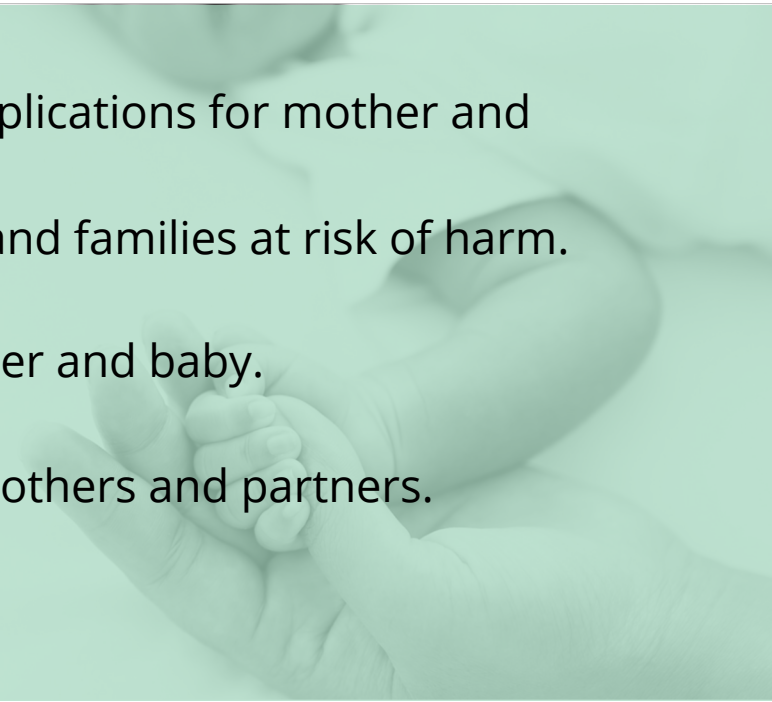
- Feelings of inadequacy as a mother
- Chronic substance abuse and relapse
- Weight problems leading to diabetes and heart issues
- Impaired social relationships/relationship with partner
- Worse physical health status
- Self-injurious behavior
- Suicide and infanticide

Untreated PMADs and the Impact on Children

- Excessive crying or colic
- Temperament difficulties
- Poor affect regulation
- Behavioral & developmental disorders
- Attention difficulties
- Lower cognition
- Difficulties with peer relationships
- Higher rates of externalizing behaviors
  - ADHD, ODD, CD
- Reduced educational attainment
- Higher rates of substance dependance
- Worse long-term health implications
- Increased rates of mental illness

The Benefits of PMAD Treatment

- Reduce long-term physical/mental health implications for mother and baby.
- Stabilize acute symptoms that put mothers and families at risk of harm.
- Increase effective coping skills.
- Address attachment/bonding between mother and baby.
- Stabilize the family system.
- Strengthen communication skills between mothers and partners.
- **SAVES LIVES**



Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE | Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

Screening and Treatment

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

Why Screen for PMADS?

- **Screening can increase the identification of those who are experiencing MMH conditions.**
- **Screening is the first step to identifying a problem so mothers/birthing people can receive treatment and care to reduce symptoms and adverse maternal and infant outcomes.**
- **Additionally, screening provides an opportunity for healthcare providers to:**
    - Indicate that these disorders are common and treatable
    - Inform mothers of the signs and symptoms
    - Identify those at-risk
    - Share that these disorders are often preventable with the right support
    - Note that early detection is important for the health of the mother and baby

States that Passed Screening Legislation by Decade

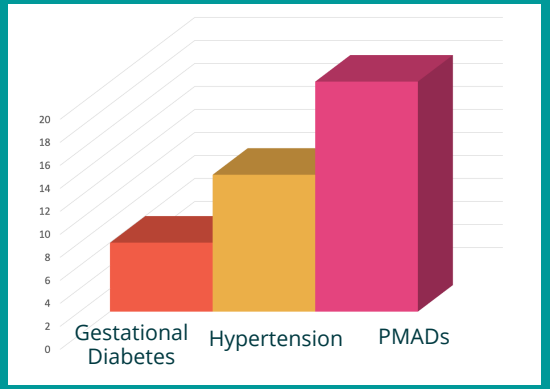
State	2000s	2010s	2020s
New Jersey	2000		
West Virginia	2009		
California		2018	
Florida		2018	
Oklahoma		2019	
Illinois		2019	
Louisiana			2022
Arkansas			2023
Nevada			2023
Washington			2023

How Frequently Are We Screening?

The first data set from this **HEDIS *(Healthcare Effectiveness Data and Information Set)*** measure was reported in 2022. This data was sourced from 50% case management systems, 40% electronic health records, and 10% health information exchanges.

Notably, the HEDIS screening measures included components for both screening and follow-up.

- **The Medicaid Screening and follow-up rates were 16% during pregnancy and 17% in the postpartum period.**
- **For private insurers, screening rates were lower, at 9% during pregnancy and 11% in the postpartum.**



Mandatory testing is required to detect the prevalence of many conditions that are far less likely to occur.

PMAD screening is not mandatory.

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE | Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

Most Commonly Used PMAD Screening Tools

- **Edinburgh Pregnancy/Postnatal Depression Scale** (**EPDS**) is a 10-question survey specific to the perinatal period, to detect depression which also includes two questions about anxiety.
- **Patient Health Questionnaire (PHQ 2 or 9)** offers both a short (2-question) and long (9-question) screener used to detect depression.
- **Generalized Anxiety Disorder** (**GAD 7**) offers a 7-question screener to detect generalized anxiety and worry associated with other anxiety-related disorders.

Less Commonly Used PMAD Screening Tools

- **Perinatal Anxiety Screening Scale (PASS)** a 31-question perinatal anxiety screener.
- **Mood Disorder Questionnaire** (**MDQ**) a 15-question bipolar disorder screener.
- **Obsessive Compulsive Inventory (OCI 12 or 4)** 12- or 4-question screeners that rank intrusive thoughts and OCD symptoms on a four-point scale of symptom distress.
- **Columbia-Suicide Severity Rating Scale (C-SSRS)** a 6-question screener to assess for suicidal ideation.
- **Posttraumatic Stress Disorder Checklist (PCL-5)** a 20-question screener to assess for PTSD

Obstacles to Screening

Screening is not a failsafe, standalone mechanism. Research suggests that screening as a single approach may not be adequate due to cultural mental health stigma and a variance of risk factors in racial/ethnic groups.

The EPDS was developed in 1987 – and many questions are outdated and hard to understand – especially when English is not the primary language.

People don't answer honestly out of fear/lack of psychoeducation.

A positive screening result is not a diagnosis, rather, it tells clinicians that they need to look for further signs and symptoms to confirm whether or not a patient truly has depression or another mental health disorder. When depression or general anxiety is suspected, this assessment can be done by the primary care or front-line treating provider. When symptoms are complex or when multiple diagnoses are present or suspected, further assessment is ideally performed in a timely manner by a mental health professional.

Best Screening Practices

- **Start talking to women/birthing people before conception** about their mental health history— provide them with the risk factors for developing PMADs
- **Integrate PMAD education from the beginning of pregnancy,** throughout, and up to one year postpartum
- Provide PMAD psycho-education **when partners/family members are present.**
- Integrate routine screening practices **throughout pregnancy and up to one year postpartum.**
- **Deliver screens privately with the client and** ask them to answer the questions as honestly as possible so that you can connect them to care that will help them feel better if they need it.

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE | Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

From Prevention to Treatment: A Continuum of Care

- **Public Awareness**
- **Psychoeducation**
- **Prevention Programs**
- **Screening**
- **Referral (Warm Hand-Off)**
- **Peer Support Programs**
- **Birth/Postpartum Support (Doula's)**
- **Psychiatric Access Programs**

- **Specialized Perinatal Outpatient Treatment**
  - *Perinatal Therapy*
  - *Medication Management*
- **Perinatal Intensive Outpatient Programs**
- **Perinatal Partial Hospital Programs**
- **Inpatient Hospitalization**
- **Mother Baby Units (*not in the U.S*)**

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE | Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

PMAD Resources

The Suicide and Crisis Lifeline – 988

National Maternal Mental Health Hotline: 833-TLC-MAMA

Postpartum Support International:
www.postpartum.net/
Helpline: 800-944-4773

The Postpartum Resource Center of NY:
www.postpartumny.org/
Helpline: 855-631-0001

New York Project Teach: (855) 227-7272
www.projectteachny.org/maternal-mental-health/

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE | Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER

Q & A

Thank You!

Paige Bellenbaum, LCSW, PMH-C

Perinatal Mental Health Specialist

Paige Bellenbaum Consulting

paige@paigebellenbaum.com

www.paigebellenbaum.com

Pathways to Professional Development
Building Foundations in Infant and Early Childhood Mental Health

NEW YORK STATE | Office of Mental Health

NEW YORK CENTER FOR CHILD DEVELOPMENT

ctac
POWERED BY NYU McSILVER