

Just the Facts!

Women with Perinatal Mood Disorders

July 19, 2010

By: Inland Empire Perinatal Mental Health Collaborative

- 2/3 of all mentally ill adults are parents. (Nicholson, et al., 2002).
- Second only to heart disease, depression is a major medical problem in the U.S. (Michaud, CM, et al., 2001)
- Most studies report that between 10 to 15% of women with children experience postpartum depression. For teenage mothers the rate is about 26% and for women living in poverty the number can be as high as 35%.
- Currently the ***only support group being offered*** in Riverside County is one developed in the last few months by the Inland Empire Perinatal Mental Health Collaborative at a WIC clinic in Rubidoux. The only group offered in San Bernardino County is at San Antonio Hospital.
- Most Medicaid pediatricians and obstetricians ***do not routinely screen for maternal depression*** (Scheeringa, et al., 2005).
- Research from 2008 has shown that a high cortisol level, the hormone associated with stress, is transmitted from a depressed mother to her infant via breast milk (Tackett, 2009).
- Lack of sleep may trigger increased risk for depression and anxiety and research on women with postpartum psychosis indicate that they often were awake for 3 or 4 days before they had their final break with reality and had to be hospitalized (Tackett – seminar on Maternal Depression, July 2009 in City of Orange).
- Infants and children of parents with mental illness show more difficulties in regulating their affect and emotions (Hammen, 2003).
- According to several studies in the early 1990s, children of depressed mothers are more significantly delayed in cognition and language development than peers raised by mothers who are not depressed. (Hammen, 2003).
- A mother's depression adversely affects the parent-child bonding process (Murray and Cooper, 1997) and infants show more distress during attachment play with their depressed mother (Field, 1995).
- Depression in infants can be documented as young as 4 months of age (Zero to Three, 2005).
- According to Zero to Three, women who are depressed often limit their interactions with their babies to providing the basic necessities of life or in response to an infants crying or fussing and are less likely to notice the infants

invitation for a positive social interaction, such as smiling and seeking eye contact (Zero to Three, 2005).

- The most common reason for a pediatric appointment in the first three months postpartum is for colic and colic is often associated with poor mother-infant attachment which increases the likelihood of the mother experiencing postpartum depression (Tackett, 2009).
- Infants raised by a caregiver who is depressed are more socially and emotionally withdraw from the caregiver, make less eye contact, are more fussy, are difficult to put to sleep, are challenging to sooth, have more developmental delays, and are more likely to be reported as have colic-like symptoms (Zero to Three, 2005).
- Toddlers with depressed mothers, researchers report to be more aggressive and have impulse control problems (Zero to Three 2005).
- When there is a poor temperamental fit between a mother and an infant, problems of bonding and attachment may result (Munoz, R. et al. 2007).
- In a study of two year olds in an early care setting, researchers found that nearly two-fifths were insecurely attached to their mothers (Chernoff, et. al 2007).
- In a study of parents of children in Head Start programs, 80% of those needing mental health services did not receive them (Razzino, et al., 2004).
- Early health issues, including prematurity or hospitalization, of an infant put the mother at greater risk for postpartum depression (Tackett, 2009).

Women With Perinatal Mental Health Disorders



Lisa Dryan, Chair of the
Inland Empire Perinatal Mental
Health Collaborative

Inland Empire Perinatal Mental Health Collaborative

- Vision: To promote maternal and family mental health by raising awareness, decreasing stigma and providing effective resources for women experiencing perinatal mood disorders.
- Mission: To increase prevention efforts, screening, and treatment of women with perinatal mood disorders to reduce child abuse and to promote long term quality of life of the mother and her family.

Why We Came Together?

- Garrison Burchett



Who Joined?

- The Wylie Center
- California State University – San Bernardino
- San Bernardino County Behavioral Health
- Riverside County Department of Mental Health
- Riverside and San Bernardino County Public Health
- Riverside County WIC
- Many area hospitals
- First 5 San Bernardino
- Inland Regional Center
- Women who have experienced these disorders
- And many, many more....

Perinatal depression

- According to Postpartum Support International, between 15 – 20% of pregnant/postpartum women have had a major depressive episode
- One study by Samantha Meltzer-Brody, M.D., MPH from the Univ. of North Carolina's Center for Women's Mood Disorders, up to 35% of women living in poverty experience a perinatal mood disorder.

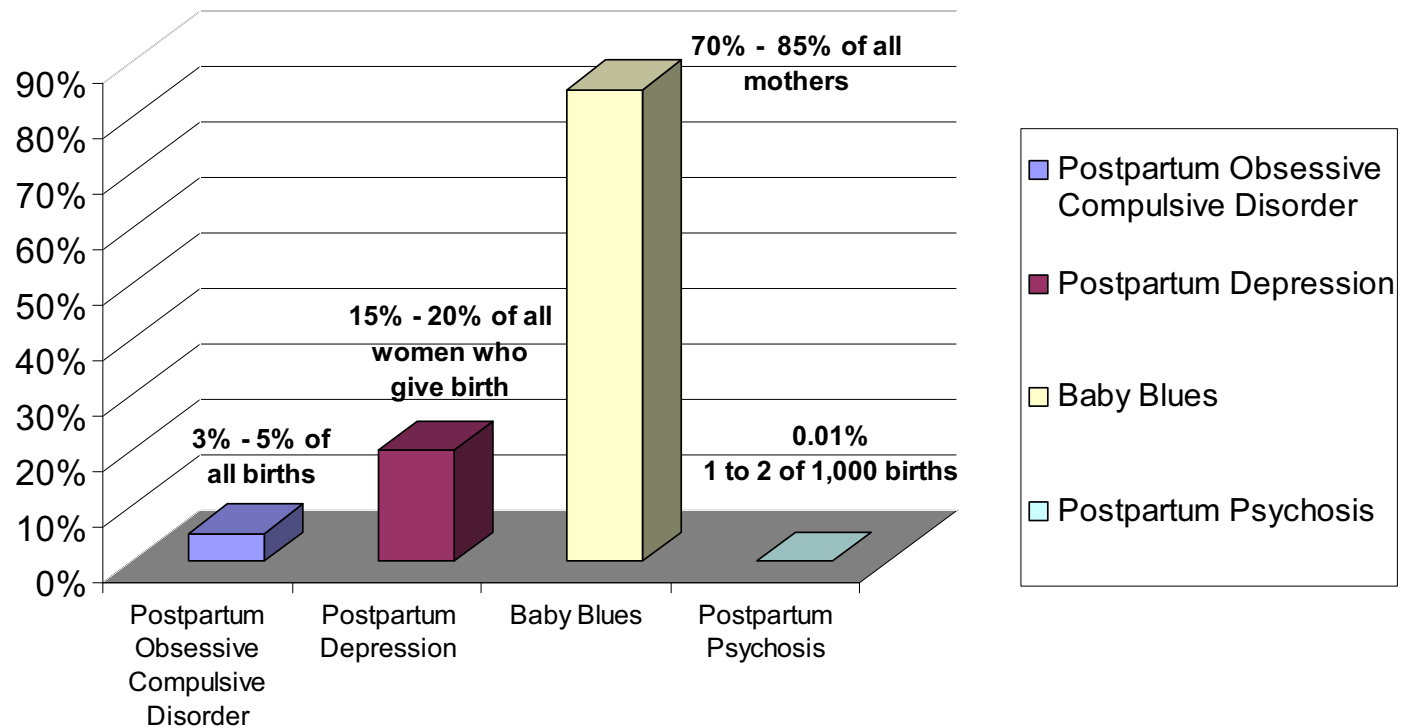


Symptoms of Perinatal Depression

Symptoms include prolonged periods of:

- **Low mood and Irritability;**
 - **Poor quality and lack of sleep**
 - Inability to feel pleasure;
 - Fatigue;
 - Appetite disturbance
 - **Guilt**
 - **Decreased concentration**
 - Indecisiveness;
 - **Feelings of worthlessness and/or despair;**
 - **Thoughts about harming herself;**
 - **Thoughts of harming her infant or other children.**
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- Episodes last **two weeks or more** and may last for a period of weeks or for **longer than a year**. Women experiencing these symptoms **need immediate mental health evaluation and treatment.**

Common Types of Perinatal Disorders



Symptoms of Postpartum Psychosis

- Euphoria;
- Over-activity;
- Decreased sleep;
- Loquaciousness;
- Flight of ideas;
- Increased sociability;
- Disinhibition;
- Irritability;
- Violence and delusions which are usually grandiose or religious in content;
- Highly disorganized speech; and
- Extreme excitement.

Some switch from mania to depression (or vice versa) within the same episode.

Symptoms of Postpartum Obsessive Compulsive Disorder (OCD)

- Horrifying, intrusive thoughts of stabbing or suffocating a newborn child
- Unwanted images of throwing or dropping a baby
- Disturbing thoughts of sexually abusing a child
- Fear of accidentally harming a child through carelessness
- Intrusive thoughts of accidentally harming the fetus by exposure to medications, environmental toxins, chemicals, or certain foods
- Fear of being responsible for giving a child a serious disease such as herpes or AIDS
- Fear of making a wrong decision (i.e., getting inoculations, feeding certain foods, taking antidepressants) leading to a serious or fatal outcome

Postpartum Obsessive Compulsive Disorder (OCD) Compulsions

- Hiding or throwing out knives, scissors, and other sharp objects
- Avoiding changing soiled diapers for fear of sexually abusing a child
- Avoiding feeding a child for fear of accidental poisoning
- Repeatedly asking family members for reassurance that no harm or abuse has been committed
- Avoidance of certain foods, medications, or normal, everyday activities for fear of harming the fetus
- Monitoring self for perceived inappropriate sexual arousal
- Avoiding news articles and TV shows related to child abuse or infanticide
- Repeatedly and excessively checking in on a baby as he/she sleeps
- Mentally reviewing daily tasks and events in an attempt to get reassurance that no one has not harmed a child or been responsible for harm to a child

The problem with screening

- Meta-analysis: screening does not lead to:
 - Increased entry into treatment
 - Improved clinical outcomes
- Study example:
 - 92.5% of perinatal women completed the EPDS
 - 30.6% of women with “positive” screens agreed to mental health assessment
 - Less than half of those attended assessment
 - 10% of women with “positive” screens ended up receiving treatment, with few completing treatment

Detection of perinatal depression by screening

- In a study directly comparing screening scores with clinical diagnoses, health care providers only recognized 26% of pregnant women who screened positive for depression
- Rates of positive screens in published studies range from 13% - 25%, in keeping with epidemiologic data about population rates of perinatal depression

Evins GG et al: Am J Obstet Gynecol 182:1080-2, 2000; Birndorf CA et al: Int J Psychiatry Med 31:355-65, 2001; Carter FA et al: Aust N Z J Psychiatry 39:255-61, 2005; Marcus SM et al: J Womens Health 12:373-80, 2003; Smith MV et al: Psychiatr Serv 55:407-14, 2004

What Happens to Children When Mother's Mental Illness is Left Untreated?

- See handout entitled:
Facts About the Population to be Served



What have we discovered as the obstacles to early detection and treatment?

- Mental health system lacks capacity to treat most women with perinatal depression
- Most primary/prenatal care providers lack time, knowledge and/or skills to diagnose and treat perinatal depression
- No reimbursement for MDs for screening
- Need a spectrum of services offered to women and families, not a one-size fits all approach

What We Have Accomplished?

- Established IEPMHC.
- March 2, 2010: 130 mental health therapists, nurses, and substance abuse counselors attended conference funded by First 5 San Bernardino
- Identification of evidence-based screening tools to be utilized.
- 100 pediatricians attended Grand Rounds training at Loma Linda University Medical Center
- Supported passage of ARC 105
- Website funded by California State University, San Bernardino. Hosted by University of Kansas, Community Toolbox. www.embracingfamilies.org



Perinatal Mood Disorders

Improving its Assessment

MARCH 2, 2010

9AM - 5:00PM

REGISTRATION BEGINS AT 8:30AM

Behavioral Health Resource Center - Auditorium
850 E. Foothill Blvd, Rialto, CA 92376

Presented by: Diana Lynn Barnes and Dr. Merril Sparago

Hosted by: San Bernardino County Dept of Behavioral Health

Sponsored by: Inland Empire Perinatal Mental Health Collaborative

After attending this workshop, attendees will be able to:

- identify at least three cultural myths that influence a new mother's sense of competence in her maternal role.
- recognize at least 7 symptoms that indicate the presence of a perinatal mood disorder
- name at least 5 risk factors that leave women vulnerable to depression.
- distinguish between postpartum depression with obsessive compulsive features and postpartum psychosis.
- describe 3 different models used to explain postpartum depression.
- list and discuss the fundamental principles of at least 3 therapeutic approaches used to treat perinatal mood disorders.
- explain the impact of disruptions in the attachment relationship on infant development.
- discuss the systemic implications of perinatal illness.



Reserve your spot NOW!!

Contact Ivonne Areas

Phone: 951-683-5193

Fax: 951-683-6019

\$25 registration fee includes lunch
Checks and credit cards accepted

**RSVP
by 2-19**

CONTINUING EDUCATION INFORMATION:

APA: The San Bernardino County Department of Behavioral Health is approved by the American Psychological Association to sponsor continuing education for psychologists. The San Bernardino County Department of Behavioral Health maintains responsibility for this program and its content. This course is approved for **7 continuing education credits**

BBS: San Bernardino County Department of Behavioral Health, Provider #3766. This course meets the qualifications for **7 hours of continuing education credit** for MFTs and/or LCSWs as required by the California Board of Behavioral Sciences.

BRN: Provider, San Bernardino County, Department of Behavioral Health, approved by the California Board of Registered Nursing, Provider # CEP-15400, for **7** contact hours.

Note: Participation for the entire period is required to qualify for continuing education credit, no partial credit will be awarded.

For alternative communication methods please call (800) 722-9866.



California ACR 105



Junior League and ACR 105

- Thanks to the Junior Leagues of California State Public Affairs Committee, **May is now Perinatal Depression Awareness Month in California**
- The vote tally was 72 Ayes, 0 Noes. A concurrent resolution **does not require the Governor's signature so ACR 105 quickly became law**
- Vote was in April so the Inland Empire Perinatal Mental Health Collaborative won't begin work on this campaign until late Winter, 2011.

Questions?

- *There can be no keener revelation of a society's soul than the way in which it treats its children.*

Nelson Mandela

