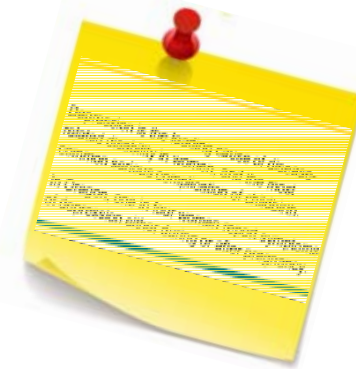


# Supporting Maternal Mental Health: Policy Initiatives and Partnerships in Oregon

Nurit Fischler, MS, MCH Policy Specialist, Oregon Public Health Division  
 Wendy Davis, PhD, Program Director, Postpartum Support International  
 Katherine J. Bradley, PhD, RN, Administrator, Office of Family Health, Oregon Public Health Division



## HB 2666 Maternal Mental Health Work Group Charge

- Study maternal mental health disorders.
- Identify successful prevention, identification and treatment strategies and initiatives.
- Develop a set of recommendations and actions to improve maternal mental health in Oregon.

## VISION FOR MATERNAL MENTAL HEALTH IN OREGON

### Individual and family level

Strong, nurturing relationships.  
 Accessible and culturally competent screening, assessment, treatment and support services.

### Provider level

Adequate and available workforce.  
 Knowledgeable and engaged providers.

### Community level

Public and provider awareness of the importance, impact and how to address maternal mental health disorders.  
 Community norms that reinforce positive maternal mental health practices.  
 Community-based social and parenting supports for pregnant and postpartum families.

### Organizational/systems level

Broad network of public and private partners advocating for maternal mental health.  
 Strong state and local resource and referral mechanisms linking health, addictions and mental health, public health, education and early childhood services.

### Statewide/policy level

Policy infrastructure support for maternal mental health as a priority within Oregon's systems and services for pregnant and postpartum women and families.  
 Linked health, addictions and mental health, social service, and early childhood policies.  
 Sustainable financing based in strong partnerships across public/private sectors and multiple disciplines.  
 Ongoing research, monitoring and evaluation.

## HB 2666 Recommendations

### 1. Provider training and support

Develop and fund a coordinated statewide initiative to train and support healthcare, public health, addictions, mental health, and early childhood providers.

### 2. Public awareness

Increase public awareness and understanding of the importance, symptoms, risk factors and stigma associated with maternal mental health disorders.

### 3. Screening and assessment

Make screening and assessment for maternal mental health disorders available to all Oregon women during pregnancy, postpartum and post-loss.

### 4. Treatment and support services

Ensure that effective and culturally competent maternal mental health services are available and accessible statewide for women, children, and families.

### 5. State and local systems integration

Integrate maternal mental health services across health, education, addictions and mental health, public health, and early childhood systems.

### 6. Medicaid coverage for maternal mental health

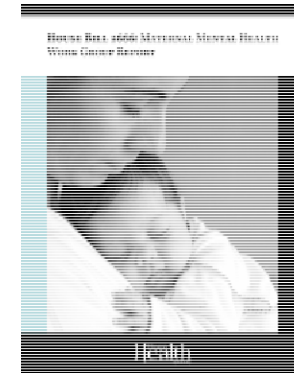
Cover a full range of screening, assessment and treatment services through Medicaid; eliminate barriers to provider billing, and other Medicaid systems barriers.

### 7. Private health plan coverage

Promote screening, assessment and treatment for maternal mental health disorders in private insurance under both mothers' and children's plans.

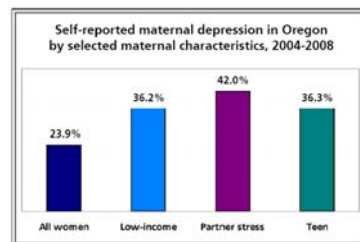
### 8. Monitoring and evaluation

Conduct ongoing monitoring and evaluation of maternal mental health status, needs and outcomes.

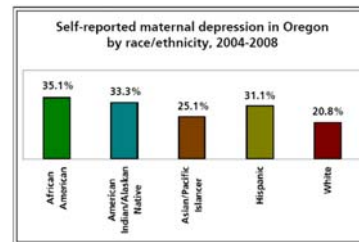


## Maternal Mental Health in Oregon

Over the past several years, Oregon has developed a strong and dynamic initiative dedicated to addressing maternal mental health. Independent projects are being linked into partnerships, and partnerships are leading to changes in policy and practice around the state. Public health has taken a leadership role in this initiative, convening and collaborating with public, private, and non-profit partners around the state to strengthen Oregon's systems, services and supports for prenatal and postpartum families.



\*Oregon PRAMS Survey 2004-2008



\*Oregon PRAMS Survey 2004-2008

## Oregon Service and System Challenges

- Many providers working with pregnant and postpartum women lack the training and skills to identify and address maternal mental health issues.
- Many women covered by Oregon Health Plan (Medicaid) during pregnancy lose eligibility soon after delivery.
- Community mental health systems are under-funded and capacity is limited.
- Multiple system barriers limit providers' ability to identify, treat, and bill for maternal mental health services.



## Oregon Maternal Mental Health Partners

☆ State and Local Public Health ☆ State Office of Addictions and Mental Health ☆ State Medicaid Office ☆ Oregon Commission on Children and Families ☆ Postpartum Support International ☆ Public and private obstetric, pediatric, and primary care providers ☆ Hospitals and health systems ☆ Community-based programs ☆ Social workers and mental health professionals ☆ Legislators ☆ Maternal and child health advocates.

## Key Milestones

- March 2009** 300 providers convened for Oregon's first Symposium on Maternal Mental Health During and After Pregnancy.
- July 2009** Maternal mental health legislation passed:
  - HB 2666 formed the Maternal Mental Health Work Group
  - HJR 15 (now HB 2355) declares May of each year to be Maternal Mental Health Month
- Jan 2010** HB 2666 Maternal Mental Health Work Group convened.
- Sept 2010** HB 2666 Work Group's findings and recommendations to improve maternal mental health in Oregon were presented to the Legislature.
- Nov 2010** 150 maternal mental health providers and advocates convened in Salem in to launch implementation of the HB 2666 report recommendations.
- June 2011** HB 2235 Maternal Mental Health Patient and Provider Education Act passed by the 2011 Oregon Legislature Session.

## Ongoing work of Oregon's Maternal Mental Health Partners

- The Oregon Maternal Mental Health Network has formed to support provider networking and collaboration.
- Provider training initiatives are underway in various regions of the state.
- Local communities are mobilizing to strengthen identification and referral networks.
- Innovative treatment models are being developed and piloted.
- State and local agencies are pursuing opportunities to address system barriers and integrate maternal mental health across agencies and programs.