



WHY AN INITIATIVE ON PERINATAL DEPRESSION?

BACKGROUND

The need for a public health action agenda for perinatal depression emerged as a top priority from Oregon's Maternal and Child Health (MCH) leadership retreat in November 2007. Since then, state and local public health MCH leaders have developed a perinatal depression action plan, and launched several of the recommended activities.

GOALS OF OREGON'S PUBLIC HEALTH PERINATAL DEPRESSION INITIATIVE:

- Develop and implement a coordinated public health action plan to improve perinatal mental health in Oregon.
- Join with partners in health, mental health, and early childhood to enhance systems and services for: prevention, identification, treatment, and support of perinatal depression/anxiety in Oregon.

FACTS ABOUT PERINATAL DEPRESSION

- Perinatal depression refers to a range of mood and anxiety disorders affecting women during pregnancy and the first year postpartum.
- Depression during and after pregnancy is a major public health problem. Nearly one fourth (23 percent) of new mothers in Oregon report symptoms of depression either during or after pregnancy.
- Effective screening and treatment exist, yet most perinatal depression/anxiety is never diagnosed or treated.
- Depression affects a woman's ability to care for herself during pregnancy, relate to others, and bond with/parent her child.
- Children of depressed mothers are at risk for serious health, development, behavioral and cognitive problems that can persist for many years.

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ACTIVITIES AND ACCOMPLISHMENTS TO DATE

PARTNERSHIP AND INFRASTRUCTURE DEVELOPMENT

- Oregon's Public Health Action Plan for Perinatal Depression developed.
- Partnership initiated to coordinate state agency perinatal depression work.
- Partnerships developed with higher education, health, mental health, and early childhood entities.
- Technical assistance consultation meetings for community and DHS partners held on March 4, 2009.

PROVIDER EDUCATION

- Training provided for Oregon public health nurses on identification and treatment of perinatal mood and anxiety disorders.
- Symposium on Maternal Mental Health During and After Pregnancy held in Salem on March 5, 2009. Materials available at www.oregon.gov/DHS/ph/ch/symposium/

SCREENING AND REFERRAL/RESEARCH

- Oregon SafeNet system modified to house and disseminate community level information/referrals for perinatal depression services.
- Tool kit drafted to help communities assess their needs and resources, strengthen their referral systems, and initiate screening for perinatal depression.

LEGISLATIVE ADVOCACY AND POLICY DEVELOPMENT

- A bill and a resolution addressing maternal mental health disorders (HB 2666 and HJR 15) have been introduced in the 2009 legislative session.

For more information, or to get involved with public health's work on perinatal depression please contact:

NURIT FISCHLER

Oregon Public Health Division: Office of Family Health
800 NE Oregon St, Ste 825
Portland OR 97232
Nurit.r.fischler@state.or.us
Phone: 971-673-0344

or

LARI PETERSON

Josephine County Public Health Dept
715 NW Dimmick St.
Grants Pass, OR 97526
lpeter@co.josephine.or.us
Phone: 541-474-5325



OREGON'S PUBLIC HEALTH INITIATIVE FOR PERINATAL DEPRESSION:

Maternal mental health during and after pregnancy

A maternal and child health collaboration of Oregon's state and local public health agencies



LEAD ORGANIZATIONS:

Oregon Public Health Division, Office of Family Health,
Maternal and Child Health Section

Conference of Local Health Officials, MCH Committee

Association of Oregon Public Health Nurse Supervisors



Public Health
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OVERVIEW OF OREGON'S PUBLIC HEALTH PERINATAL DEPRESSION ACTION PLAN

RECOMMENDATIONS

YEAR 1 STRATEGIES

YEAR 2 STRATEGIES

YEAR 3 AND BEYOND

Partnership development

Build a comprehensive network of partners to strengthen mental health in the pregnant and post-partum family. Partnership initiatives might include funding, education, policy development, services, etc.

Develop a DHS work group on perinatal depression.

Seek out public, non-profit and private partners to cosponsor various perinatal depression initiatives.

Develop state and local level perinatal depression or maternal/infant mental health coalitions.

Provider education

Sponsor education/training for public health, medical, mental health and early childhood providers on perinatal depression (culturally specific issues/approaches).

Develop and cosponsor an Oregon Perinatal Depression Symposium targeted at a broad range of providers.

Support public health staff and partners to take advantage of educational opportunities related to perinatal depression.

Screening and referral

Ensure earlier identification and treatment of perinatal depression by improving systems and increasing public health, health care and early childhood providers' ability to identify, treat and/or refer for perinatal depression.

Integrate perinatal depression information into SafeNet and local hotlines.

Identify resources; develop state and local referral networks for perinatal depression.

Develop and deliver training for public health staff on screening and referral for perinatal depression.

Support the work of ABCD and other initiatives to expand screening in ob/peds settings.

Integrate perinatal depression screening and referral into a broad range of public health and early childhood programs.

Research

Conduct needs assessment, research and program evaluation related to perinatal depression in Oregon. Disseminate findings.

Conduct state and community level assessments related to perinatal depression.

Conduct surveillance research to better describe perinatal depression issues in Oregon, identify disparities, etc.

Evaluate new and ongoing perinatal depression initiatives.

Funding and resource development

Seek additional funding for perinatal depression initiatives.

Fund state-level Public Health position to coordinate perinatal depression work.

Expand public and private funding partnerships.

Pursue government and private foundation grant opportunities.

Explore options for expanding use of Medicaid or other federal funds for perinatal depression work.

Mother/infant interventions/programs

Expand the availability of evidence-based initiatives and programs that improve the mother-child relationship and maternal/infant mental health.

Review mother/infant interventions/programs for integration into Oregon's public health MCH system.

Develop partner and funding support for the recommended programs.

Implement expanded mother/infant programs.

Community support services

Improve community-level prevention and support for women and families with depression.

Perform outreach and education to expectant and new mothers.

Develop classes and/or support groups for pregnant women, new mothers and families.

Increase the availability of peer support groups and networks for women with perinatal depression.

Public education

Perinatal depression treatment

Advocacy and policy development

Strategies to be developed based on results of year 1 and year 2 work.