

Referrals to Integrated Perinatal Mental Health Services: Impact of race, poverty, and pregnancy complications

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What is PROMISE?



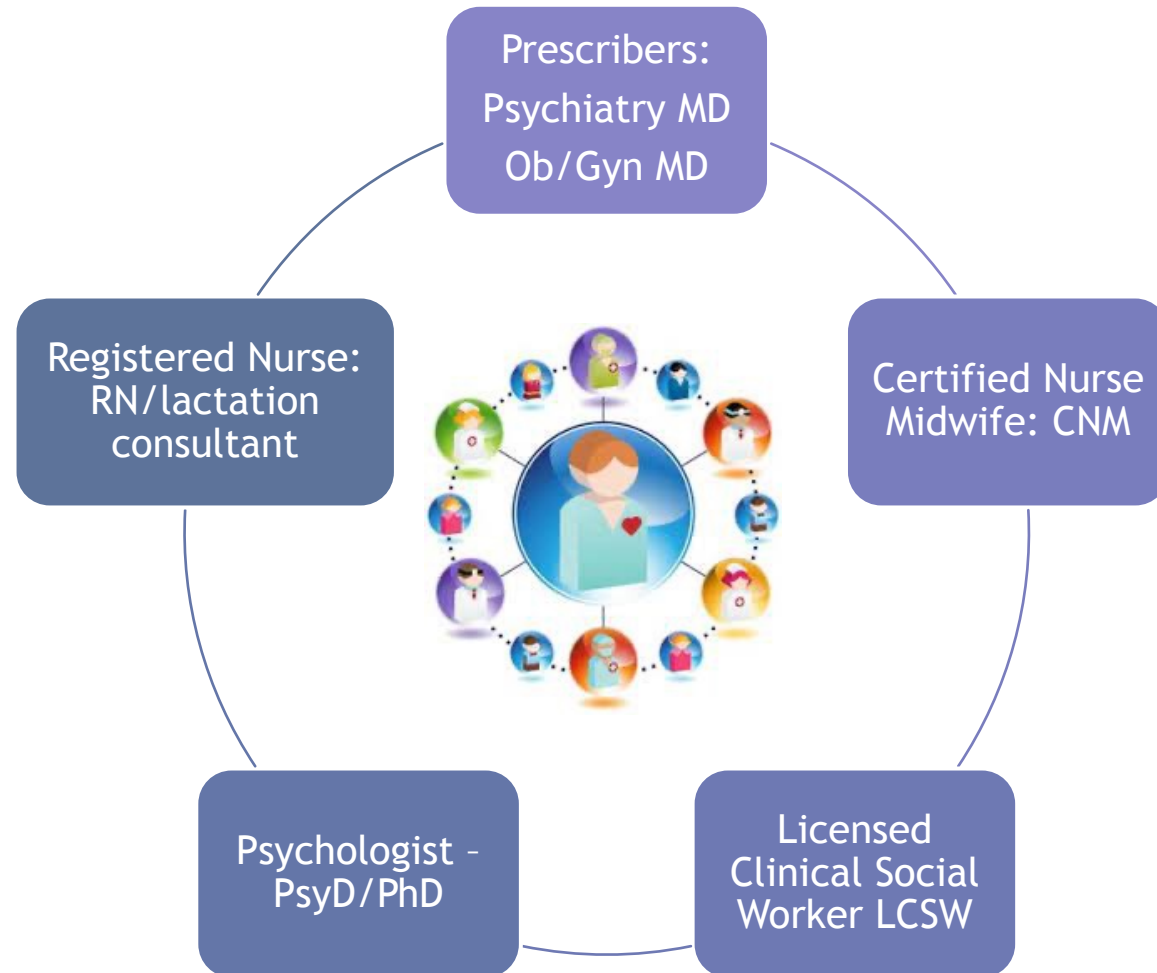
- Perinatal Resource Offering Mood Integrated Services & Evaluations (PROMISE)
- Provides integrated behavioral health services to patients who are seen UHealth's 5 prenatal clinics
- Offers behavioral health interventions to expectant and new mothers up to 6 months post-partum
- Screen patients for depression, anxiety, thoughts of suicide and bipolar disorder, and trauma
- **Treatment Options**
 - In-clinic consultation and assessment
 - Therapy
 - Medication evaluation and management

Why integrated care?

- ▶ 67% of people with a behavioral health disorder do not get behavioral health treatment
- ▶ 30-50% of patient referrals from medical provider to an outpatient behavioral health clinic do not make the first appointment
- ▶ Two thirds of medical providers report
 - not being able to access outpatient behavioral health for their patients
 - shortages of mental health care providers
 - health plan barriers
 - lack of coverage or inadequate coverage were all cited by primary care providers as critical barriers to mental healthcare access



Providers in Clinic



Background

- Up to 20% of women in the U.S experience perinatal depression, anxiety, and other mood disorders
- 25.7% of women who had a history of mood and anxiety disorders, had an increased risk of developing gestational diabetes
- **COVID 19**
 - Increased rates anxiety/depression in the perinatal period
 - 37% reported clinically relevant depression symptoms
 - 57% reported clinical symptoms of anxiety

Pregnancy Complications



Older age
or adolescent



Diabetes



Multiple
pregnancy



High blood
pressure



Thrombophilias



BMI

Question ?

- Which patients were referred to PROMISE Clinic and did providers refer equitably across demographic factors?
- What were the rates and type of pregnancy complications for patients referred for treatment?

Hypothesis

- Increased pregnancy complications among perinatal women referred for integrated behavioral health treatment
- Differences across demographic groups in medical provider referrals to PROMISE Clinic

Objectives

- Examine pregnancy complications of patients referred to PROMISE within 4/20/20 - 9/20/20
- Determine the differences in health equity, provider behavior, and PROMISE behavior with perinatal women

Methods

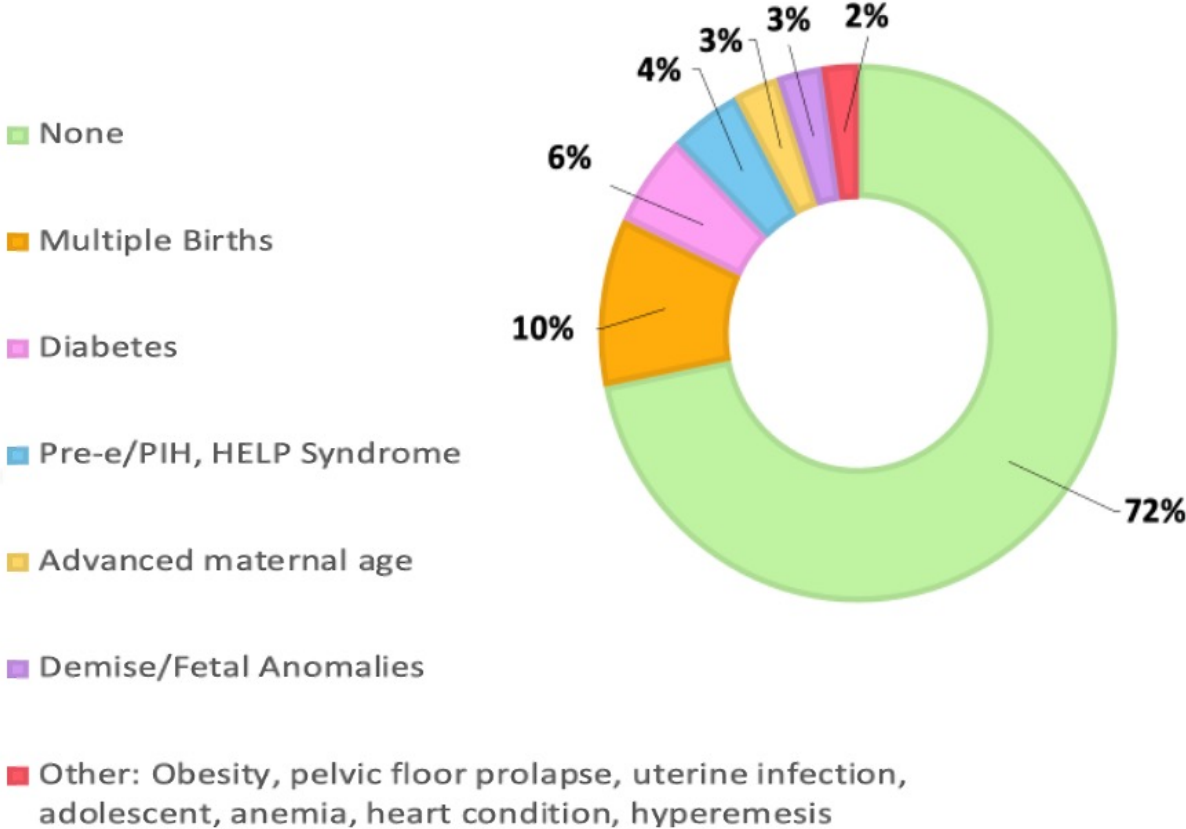
- ▶ Clinics Studied: 5 prenatal clinics affiliated with the University of Colorado Hospital
- ▶ PROMISE Clinic: integrated behavioral health program
- ▶ Study Design: Electronic medical record review of patients referred to PROMISE Clinic during 4/20/20 - 9/20/20
- ▶ Analysis: Frequency counts and Chi-Squares

Results: Demographics

	Prenatal Clinics (N=1,312)	Referred to PROMISE (N=167)
Race (Black)	215 (16.39%)	34 (20.36%)
Race (White)	688 (52.44%)	79 (47.31%)
Race (Native American)	7(0.53%)	3 (1.8%)
Race (Asian/Pacific Islander)	118 (9.0%)	4 (2.40%)**
Race (Other/multiple race)	370 (28.2%)	46 (27.54%)
Ethnicity (Hispanic)	381 (29.04%)	49 (29.34%)
Public Insurance	579 (44.13%)	96 (57.4%)**

** = $p < 0.01$

Results: Pregnancy Complications



Discussion



- 12.7% of prenatal patients referred for Integrated Behavioral Healthcare (IBH) treatment
- Differences in PROMISE referral rates for Asian patients and differences for patients with public insurance is consistent with the literature
 - ↑ referral rate for publicly insured patients
 - ↓ referral rate for Asian women
- Studies of Asian patients indicate stigma around mental health is widespread and preference for seeking help from friends and family
- 50% of perinatal women living in poverty have PMAD symptoms
- 6-10% of pregnancies have PIH
- 11.9-18.6% diagnosed with GDM

Implications



- ▶ Analyze additional demographics of referred patients to better understand prenatal provider referral patterns
- ▶ Study how PMAD affects pregnancy complications during/after birth
- ▶ Make changes in clinical practice so referrals are better aligned with patient needs
- ▶ Statistical significance for pregnancy complications couldn't be determined; additional analyses needed

Acknowledgement

My Mentor: Bethany
Ashby PsyD

Dr. Ron-Li Liaw,
Chair of PMHI

Dr. Neill Epperson,
Chair of Department
of Psychiatry

Dr. Dominic
Martinez, Dir. Office
of Inclusion and
Outreach, CCTSI

PURPLE Team
Emily Perks,
Yunliang Luo,
Shanna Trott





Questions?