NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
CENTRAL HARLEM HEALTHY START
Depression and Screening Program
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By

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Good afternoon colleagues. We at Northern Manhattan Perinatal Partnership, Inc, (NMPP) feel privileged to have the opportunity to share with you this afternoon how our Central Harlem Healthy Start program implemented the HRSA depression screening and referral requirements over the past four years and tell you about our plans for the future.

I will provide data on the environment in which we implemented our depression program; describe how we implemented the new program; tell you about the role of the Harlem Strategic Action Committee which was organized by the New York City Department of Health and Mental Hygiene (NYCDOHMH) which I will describe later, and lastly, I will describe the systems efforts we will undertake over the next three years and our current and future research activities.

In 2001, Central Harlem was characterized by a mental illness hospitalization rate of 2.7% which was 100 percent higher than the city as a whole at 1.3% and over three times the national rate of .8%. The hospitalization rate for depressive disorder was 150 percent higher in Central Harlem than the city. Five percent or about 5,500 area residents reported experiencing serious emotional distress in 2001.

Mood disorders among women before and after childbirth in Central Harlem are much greater than the national average. In a study of African American women obtaining prenatal care at a local city clinic, 23% exhibited prenatal depressive symptoms, which is twice the rate of depression in the general U.S. female population. It is estimated that 10 to 20 percent of new U.S. mothers experience postpartum depression.

This high rate of suffering from mental distress is symptomatic of a community with 35% of its 151,113 residents living in poverty, 34% of those over 25 years of age without a high school diploma, 47% of its men unemployed, and 72% of its babies born out of wedlock. In addition, Central Harlem is characterized by high rates of asthma and other chronic conditions, domestic violence, and poor housing. It's no wonder that our residents experience multiple challenges in sustaining meaningful personal relationships that are crucial to the emotional support all of us need during difficult times.

Fortunately, none of these challenges has interfered with the improvements in birth outcomes that have occurred in Central Harlem over the past 15 years that are due to the synergism of the work we do and the efforts of our many partners. Moreover, we must also give credit to the incredible resilience of the residents of this community. At the outset of Central Harlem Healthy Start in 1991, the infant mortality rate in this community was 27.7 infant deaths/1,000 live births. It is now 5.1, an 82% decline. We have not been as effective in combating low birth weight births. The rate of low birth weight births was 19% in 1993 and 11.1% in 2003, incrementally declining each year until we reached a 42% drop. This occurred at a time when the low birth weight rate across the country was increasing.

In a statewide survey of obstetricians and gynecological physicians and licensed midwives conducted by the Association of Perinatal Networks of New York, only 44.5 percent said that they screened for PPD, 43.2% had a formal tool for assessing risk factors and 7.5% had a formal protocol for care strategies –most referred out for treatment. Survey results established educational needs for obstetric providers in diagnosing, referring and treating women with perinatal depression.

Given the scarcity of providers, when we initiated our depression screening and referral program, we invited all of the clinics in our community with mental health staff to a breakfast to introduce to them our new mission and to learn from them their referral requirements. Six clinics were represented. We did not invite private practitioners because of the low Medicaid reimbursement rates for mental health services in New York State. Each clinic representative explained to our case managers how best to access its services. As generous as each was with sharing this information, all warned us of their wait lists…four to six weeks for an appointment.

Our case management team consists of the supervisor and four FTE case managers who are responsible for screening clients for depression. We use the Edinburgh Depression Screening Tool and we have developed a flow sheet for case managers indicating that clients are screened at intake and again within six weeks after delivery and at six month intervals following the first screening.

When a CHHS program participant has a positive depression screening score or appears to the case manager to have the symptoms of depression, the participant is encouraged to follow through with a more in depth evaluation. When she accepts the need to do so, she will be referred to a provider. Case managers follow up with clients during telephone and face to face contacts to encourage keeping appointments and to verify that appointments are kept. If necessary, the case manager will accompany the client to the appointment. Through our MIS, we track whether the referral service was received.

The results from the Edinburgh Depression Screening Tool reveal that some 25 to 30% of our clients need a clinical diagnostic workup; however, less than 10% actually keep appointments with mental health providers. The stigma of needing mental health assistance in our community all too frequently overrides the client's need for services.

The depression problems our clients experience are exacerbated by waits of up to six weeks for a mental health appointment once a client has been convinced to obtain a clinical assessment. In the interim, we offer clients the opportunity to participate in one of two support groups. The *Baby Momma's Club* meets weekly after work hours. It is sponsored by the Harlem Strategic Action Committee's Mental Health Work Group. Our other support group, *Sister Chat*, meets monthly during the workday. They are also encouraged to participate in our stress management workshops and weekly aerobics classes.

Because of the excess infant and maternal morbidity and mortality rates in Central Harlem in 2002, the NYCDOHMH organized the Harlem Strategic Action Committee during the summer of 2003 to encourage the development of community based strategies to improve maternal and child health in our community. This effort brought health and social support agencies and representatives from Hunter College and the Columbia University School of Public Health and executive staff from Harlem Hospital Center that we had not been successful in attracting to our consortium. The committee has four goals: 1) to improve the general health of women of reproductive age; 2) to reduce maternal and infant death and disparities by improving the quality of maternal and infant mortality surveillance; 3) to improve pregnancy-related and infant health care; and 4) to improve the quality of the physical and social environment for pregnant and parenting families. The goals of the Harlem Strategic Action Committee have been addressed through the following work groups: Women's Health, Male Involvement, Mental Health, Surveillance, Services, Systems and Environmental Improvement.

I will focus here on the work of the Mental Health Work Group. On behalf of the Mental Health Work Group, NMPP's Social Health Marketing Group organized focused groups of consumers to determine the issues that prevent women who are depressed from seeking assistance. The results provided the narrative for an urban depression awareness marketing campaign for the Group. The Work Group used the results to create a poster campaign on perinatal depression to help de-stigmatize the issue. Twenty-five thousand posters in English and Spanish were produced for placement in East and Central Harlem this past August. In addition, billboards made from the posters were placed at the entrances of subway stations across the area for the month of August.

To address the shortage of providers trained to treat perinatal depression, the Mental Health Work Group included among its initiatives the challenge of giving a variety of providers the tools to recognize, screen, diagnose and treat perinatal depression. Starting in 2004, NMPP, as a senior member of the Work Group organized four grand round sessions on recognizing, screening, diagnosing and treating perinatal mood disorders at major teaching hospitals in northern Manhattan. Psychiatrists from New York-Presbyterian Hospital (the University hospital of Columbia and Cornell) and Yale University Medical Center were recruited as faculty. In 2005, the grand rounds were extended to the staff of three local community health clinics. Some 100 providers received the training.

In addition to the hospital and clinic teaching sessions, the training faculty provided a two hour workshop on diagnosing and treating perinatal depression to the staff of the Prenatal Care and Assistance Programs in New York City, these are our Medicaid funded prenatal clinics. Sixty seven staff represented 47 Prenatal Care and Assistance Programs across the City received the training.

During 2006, the Mental Health Work Group plans to continue working to train a variety of providers to treat various perinatal mood disorders, build on its anti-stigma marketing campaign, develop a mental health provider network in Harlem and use support groups to identify and relieve stressors among our pregnant and parenting women.

NMPP's work on destigmatizing the issue of perinatal depression will also continue. We provided copy ready depression awareness marketing materials from our focus group work to Title V staff of the New York State Department of Health. The Title V program received a grant from HRSA to develop a statewide perinatal depression awareness campaign that will be implemented by the 16 Perinatal Networks across the state. These include NMPP. We are awaiting the results of the State's work which will include copy ready material for radio ads to continue our destigmatization media activities.

In addition to this work, we have been involved in educating the community on perinatal depression. Our 2005 annual women's health conference, "Connecting Women to Health, Power and Love," featured several speakers on different aspects of perinatal depression. It drew some 450 participants. In 2006, we will provide presentations to the participants of several programs serving men in Central Harlem on the signs, symptoms, and treatment for perinatal depression from a lay perspective. We will target young fathers' programs and GED/job training programs so that the young men can support their companions in seeking help when they need it. This activity is in direct response to a recommendation from our Consortium Steering Committee. The committee consists of four consumers and four professionals who co-chair our various consortium committees.

In terms of our Local Health Systems Action Plan as it relates to perinatal depression, over the next three years, we will *lead a public health social movement starting in NYC and extending across the state to address stigma and access issues, slot capacity shortages, and screening and treatment considerations.*

In regard to access issues, our public relations campaign will build on the posters which now blanket Harlem and will include the State Title V radio ads that will help transform the mindsets and behaviors of pregnant and parenting women to seek clinical treatment when they have symptoms of depression. With regard to the scarcity of providers, we will address two concerns: the need for additional providers and the reimbursement rate which is $60 per hour for Medicaid clients.

Our objectives are to:

1. use radio ads to motivate 150 pregnant and parenting women to seek mental health care in Central Harlem in 2006, 2007, 2008, and 2009;

2. organize at least 25 additional grand rounds trainings for doctors, midwives, nurses, and social workers that will begin to standardize the expectations of practice to screen, diagnose, and treat perinatal mood disorders;
3. develop a local network of trained individual and group therapists that are willing to treat various perinatal mood disorders;
4. organize a state wide movement to address funding, slot capacity and practice policies by mobilizing our contacts across the city and state who will encourage our mayor and our governor to support new funding and systems change policies to strengthen the system of care;
5. recruit two NYC schools of social work, one medical school and one psychology department to develop specialty programs to produce students trained to appropriately manage perinatal mood disorders.

To achieve these perinatal system change objectives, the CHHS staff will be responsible for implementing the plan. Leadership from the Consortium Steering Committee and our Consumer Involvement Organization will also be deployed to develop the work plans and carry out the tasks for mobilizing support for the objectives. We will also motivate and involve members of the Mental Health Work Group, the Association of Perinatal Networks of New York, the Federation of County Networks (a New York City perinatal network collaborative body), 1199 Hospital Workers Union, the NYCDOH/MH, the Greater New York Hospital Association and Columbia University's Mailman School of Public Health. We have made some preliminary contacts with Governor Pataki's health policy expert to brief him on our plans and we will involve senior staff from the NYS Office of Mental Health, NYSDOH, the NYC Health & Hospitals Corporation, several teaching hospitals, the offices of mental health on the city and state levels, a few schools of social work and five Healthy Start Initiative programs operating across New York State.

Based on the work outlined above, over the next three years, we will position ourselves as a center of excellence for screening, diagnosing and treating various perinatal mood disorders. We expect to increase the number of treatment slots, increase the Medicaid reimbursement rates for this level of care, develop a wide awareness of this problem among our target audience and produce a new cadre of professionals from the teaching facilities that can treat this problem over the next three years.

Many of you may be thinking that this is an enormous amount of work to accomplish over the next three years; however, our partnership collaborative that we have nurtured over the years will facilitate this work.

We are currently collaborating with the Psychiatry Department of New York-Presbyterian Hospital to study the impact of perinatal depression on the developing fetus and to study the affects of anti-depression drugs on the fetus. Clients from several NMPP programs including those from CHHS will be offered the opportunity to participate in the study. This work is a direct result of NMPP's membership in a Perinatal Research Group formed by NMPP's clinical team and Dr. Margaret Spinelli at the New York State Psychiatric Institute. Over 35 clinicians from the major NYC teaching facilities decided

to organize this Perinatal Research Group to collaborate on researching various issues associated with perinatal mood disorders rather than compete with each other. The group includes hospitals like NYU Medical Center, Cornell Medical Center, Mount Sinai Medical Center and the New York-Presbyterian Hospital. The group plans to explore a variety of research opportunities in this area.

We recently submitted a proposal to the Aetna Foundation to extend our anti-stigma social marketing campaign city wide. If funded, we will organize a city-wide Maternal Mental Health Collaborative. We expect that by December 31, 2008, the Collaborative will have increased by 15% the number of targeted NYC women who call the City Department of Health and Mental Hygiene's 311 hotline for assistance to treat their depression by scheduling a visit with a therapist for screening, diagnostic or treatment work. And, by December 31, 2008, the Maternal Mental Health Collaborative will have built within each borough of NYC a functioning maternal mental health provider network delivery system that will have a sizable number of trained clinicians with core competencies in treating various perinatal mood disorders.

In closing, we are delighted to share with you that tonight NMPP is receiving an award from the National Alliance for the Mentally Ill of New York City Metro, Inc., for Achievement in Family Services and Education. The award indicates that "NMPP provides crucial services to women and children in Harlem and Washington Heights and has been a pioneer in examining the root causes of stress and depression in pregnant and parenting African American women."

We are grateful for the opportunity to share our work in perinatal depression with you. We welcome any recommendations or questions you may have.

Thank you!