NH AIM/ERASE Monthly Webinar
June 13, 2024

# WELCOME!

- We will begin shortly
- Reminder, we will be recording this session
- Your line will be muted upon entering. Please enter comments or questions in the chat
- Julie Bosak & Stephanie Langlois will monitor the chat box and call on you to unmute yourself
- If you have trouble connecting, please email **Stephanie.E.Langlois@hitchcock.org**

**To Receive CME/CNE Credit for Today's Session**
**Text: 833-884-3375**
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*Need help?* **clpd.support@hitchcock.org**

CE is ONLY available for live attendance.

NH AIM/ERASE Monthly Webinar
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**REMINDERS:**

- Please feel free to share the recording with colleagues and those you feel would benefit if they are unable to attend @ **www.NNEPQIN.org:** Educational Offerings | NNEPQIN
- We HIGHLY value your input. Please be sure to **complete the evaluation** that Stephanie Langlois will send to you immediately following the webinar. It takes less than 5 minutes to complete.

## Perinatal Mental Health: What to do when you feel in over your head.

NH AIM/ERASE Monthly Webinar
June 13, 2024

# Today's Agenda

**Perinatal Mental Health Bundle implementation**
**Julie Bosak, DrPH, CNM**

**Perinatal Mental Health:**
***What to do when you feel in over your head***
**Julie Frew, MD**

**Mobile Crisis Response Teams**
**Kassie Eafrati, MA**

AIM Perinatal Mental Health Condition Bundle next steps

**NOTE: Todays speakers have nothing to disclose**

# Gender Statement

**We recognize that pregnant people have a variety of gender identities. There may be gendered language in this presentation, especially when citing other sources but the content of this presentation is applicable to all pregnant people.**

A quality improvement initiative to support best practices that make birth safer, improve maternal health outcomes and save lives.

AIM

ERASE MM
Enhancing Reviews and Surveillance to Eliminate Maternal Mortality

CDC works with MMRCs to improve review processes that inform recommendations for preventing future deaths.

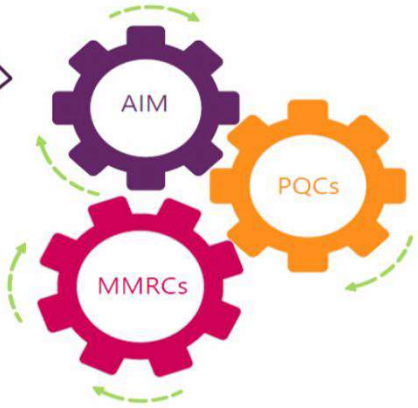
https://saferbirth.org/

https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/index.html

# Critical Collaborations: NNEPQIN, ERASE and AIM

**Alliance for Innovation on Maternal Health** moves established guidelines into practice with a standard approach to improve safety in care

**Maternal Mortality Review Committees** conduct detailed reviews for complete and comprehensive data on maternal deaths to prioritize statewide prevention efforts




**Perinatal Quality Collaboratives** mobilize state or multi-state networks to implement clinical quality improvement efforts and improve care for mothers and babies

Created from a Centers for Disease Control, Division of Reproductive Health source

AIM
ALLIANCE FOR INNOVATION ON MATERIAL HEALTH

NHPQC
New Hampshire Perinatal Quality Collaborative

NNEPQIN
NORTHERN NEW ENGLAND PERINATAL QUALITY IMPROVEMENT NETWORK

NH DIVISION OF Public Health Services
Improving health, preventing disease, reducing costs for all


# PERINATAL MENTAL HEALTH CONDITIONS

For the purposes of this bundle, perinatal mental health conditions refer to mood, anxiety, and anxiety-related disorders that occur during pregnancy or within one year of delivery and are inclusive of mental health conditions with onset that predates pregnancy. These conditions include and are not limited to depression, anxiety and anxiety-related disorders like posttraumatic stress disorder and obsessive-compulsive disorder, bipolar disorder, and postpartum psychosis.

READINESS

**Develop Workflows**
- **Identify tools**
- **Response Protocol**
- **Education on Optimal Care**

RECOGNITION & PREVENTION ⊕

RESPONSE ⊕

REPORTING & SYSTEMS LEARNING ⊕

RESPECTFUL, EQUITABLE & SUPPORTIVE CARE ⊕

## QUICK LINKS

- Patient Safety Bundle (PDF)
- Element Implementation Details (PDF)
- Implementation Resources (PDF)
- Data Collection Plan (PDF)
- Change Package (PDF)
- Implementation Webinar (Video)
- National Maternal Health Hotline
- Bundle Element Context and Reference List (xlsx)

# AIM Safety Bundle data collection updates

- **11 of our 15 (AS OF 6/7/24)** sites have reported Q1 data for ***both*** the SUD bundle and Perinatal Mental Health Conditions (PMHC) bundle
  - Q2 data check-ins will begin in July
- We are in the process of hiring a full-time AIM data collection specialist to assist sites with virtual/onsite support in safety bundle data collection and improvement work

# AIM Safety Bundle data collection updates

- Please join us on Weds 6/26 at noon or Thurs 6/27 at 3pm for a PMHC data webinar! We'll discuss
  - Last month's PMHC bundle QA with birth certificate worksheet data
  - Example workflows for improving birth certificate data accuracy
  - How this data is used
  - General bundle implementation questions
  - …and any other topics you'd like to include!
- Contact Margaret.a.coleman@hitchcock.org for the meeting link if needed

Dartmouth Health

Department of Psychiatry
DARTMOUTH HITCHCOCK MEDICAL CENTER

# Perinatal Mental Health:
## *What to do when you feel in over your head*

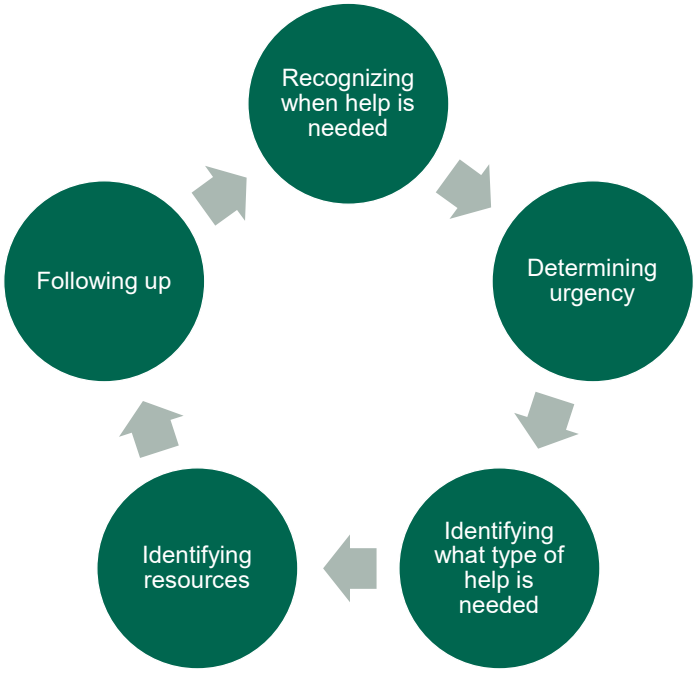
June 13, 2024

Julia Frew, MD

Dartmouth Health



## Outline



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## Recognizing When Help is Needed

Psychiatric Crisis

Unclear diagnosis

Unsuccessful past medication trials

Unfamiliar medications

"Difficult" patient

Complex psychosocial situation

Severe psychiatric illness

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## Identifying Psychiatric Emergencies

Typically an Emergency

- Suicidality or thoughts of harming others
- Postpartum Psychosis
- Severe agitation
- Some types of substance intoxication or withdrawal

Typically not an Emergency

- Crying
- Anxiety/panic
- Symptoms that have been longstanding

"It Depends"

- Mania
- Psychosis
- Self-harm behaviors (e.g. cutting)

Criteria for Inpatient Psychiatric Hospitalization:
*Acute risk for suicide*
*Acute risk to harm others as a result of mental illness*
*Inability to care for self due to mental illness*

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## Assessing for Emergencies

- Suicidality most common, important not to miss
- Screening questions tend to encompass passive SI, active SI, and non-suicidal self-harm
  - Item 9 on PHQ-9: "Thoughts that you would be *better off dead* or of *hurting yourself in some way*"
  - Item 10 on EPDS: "The thought of harming myself has occurred to me"
- If positive, needs further evaluation by provider
- Presence of plan and current intent may require emergency/crisis psychiatric evaluation

**COLUMBIA-SUICIDE SEVERITY RATING SCALE**
*Screen Version - Recent*

| SUICIDE IDEATION DEFINITIONS AND PROMPTS | Past month | |
|---|---|---|
| Ask questions that are bolded and underlined. | YES | NO |
| **Ask Questions 1 and 2** | | |
| 1) ***Have you wished you were dead or wished you could go to sleep and not wake up?*** | | |
| 2) ***Have you actually had any thoughts of killing yourself?*** | | |
| **If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.** | | |
| 3) ***Have you been thinking about how you might do this?*** E.g. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it.*" | | |
| 4) ***Have you had these thoughts and had some intention of acting on them?*** As opposed to "*I have the thoughts but I definitely will not do anything about them.*" | | |
| 5) ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*** | | |
| 6) ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **If YES, ask:** ***Was this within the past three months?*** | YES | NO |

Low Risk
Moderate Risk
High Risk

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## Postpartum Psychosis

- 1-2 per 1000 births
- Usually occurs in first 2 weeks postpartum
- Hallucinations, delusions, mania, confusion, disorganized thoughts and behavior
- Strongly associated with bipolar disorder, but may not have previously been diagnosed
- Risk of suicide or infanticide: usually requires inpatient psychiatric hospitalization

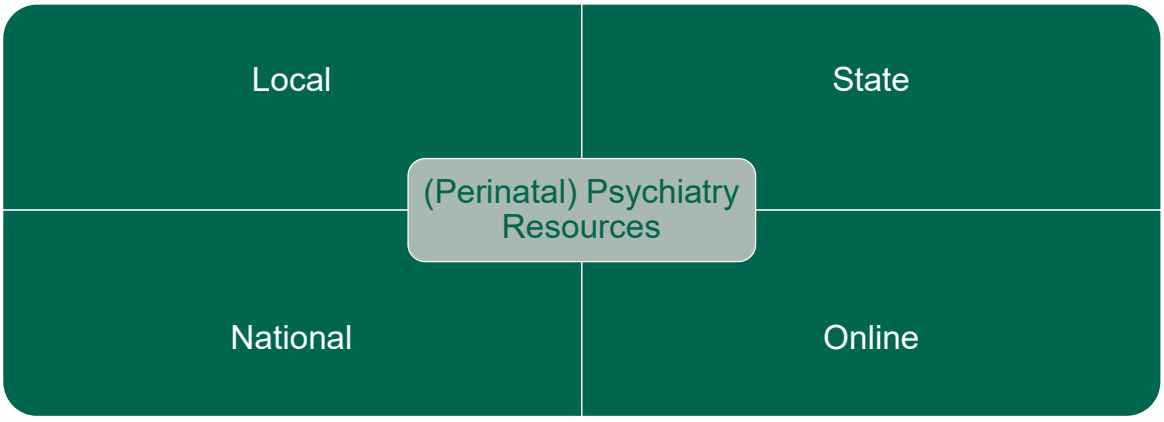
*Important to distinguish from intrusive thoughts associated with perinatal anxiety/OCD, which are distressing, but not a sign of psychosis!*

## Crisis Resources

- Emergency Department
- Mobile Crisis Services
- Crisis Hotlines
  - National Maternal Mental Health Hotline: 1-833-TLC-MAMA (https://mchb.hrsa.gov/programs-impact/national-maternal-mental-health-hotline)
  - 988 (https://988lifeline.org/)
  - National Crisis Text Line: https://www.crisistextline.org/ or 741741
  - CMHC crisis lines (https://nhcbha.org/emergency-key-services/)
- Non-crisis Helpline
  - Postpartum Support International Helpline 1-800-944-4773 (https://www.postpartum.net/get-help/psi-helpline/)



## Non-Crisis Resources



## Mental Health Landscape

- Overall workforce shortage: too few providers to meet demand
- Only around half of psychiatrists accept any form of insurance
  - ~55% accept commercial insurance or Medicare (as compared to ~88% of other physicians)
  - ~43% accept Medicaid (as compared to ~73% of other physicians) (Carlo et a. 2023)
- Reasons include:
  - Mental health carve outs
  - Poor reimbursement rates
    - *Medicare reimbursement rates 3-5 times higher for procedural care than cognitively-based care* (Sinsky et al. 2013)
  - Onerous paperwork requirements to participate in insurance panels, frequent denials of coverage
- Providers who do accept insurance often have long waiting lists or complex eligibility requirements



## What Type of Resource is Needed?

- Psychiatric medication question
- Feeling overwhelmed postpartum
- Conflict with partner
- Distress related to grief/loss
- Housing or transportation needs
- Intimate Partner Violence
- Substance use disorder
- Parenting stress

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## What Type of Resource is Needed?

| | |
|---|---|
| Psychiatric medication question | Psychiatry eConsult or consultation |
| Feeling overwhelmed postpartum | Psychotherapy or support group |
| Conflict with partner | Psychotherapy |
| Distress related to grief/loss | Psychotherapy or support group |
| Housing or transportation needs | CHW, SW, or family resource center |
| Intimate Partner Violence | Gender-based violence organization |
| Substance use disorder | NH Doorway |
| Parenting stress | Family resource center |

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## Know Your Local Resources

- Psychiatry services in your medical system
- Community Mental Health Centers
  - https://nhcbha.org/nhcbha-member-locations/
- Family Resource Centers
  - https://www.fsnh.org/
- Private Practice providers in the community
  - https://www.psychologytoday.com/us/therapists
- Mental health resources in primary care
- PSI Online Provider Directory:
  - https://www.postpartum.net/get-help/provider-directory/

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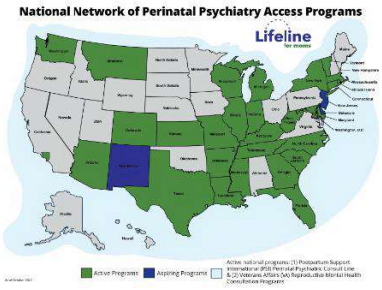
## State Resources

### National Network of Perinatal Psychiatry Access Programs




Our National Network of Perinatal Psychiatry Access Programs:

- Facilitates peer learning and resource sharing among aspiring, emerging, and established Perinatal Psychiatry Access Programs and relevant partners across the U.S.
- Nurtures relationships to promote continued support for, and innovation and expansion of, existing and future programs.
- Facilitates quality improvement, program evaluation, and equity advancement within and across programs.

**Learn more about our commitment to equity across our Network of Perinatal Psychiatry Access Programs.**

If your state doesn't have a Perinatal Psychiatry Access Program yet and you are interested in consulting with a perinatal psychiatrist, you can contact the **Postpartum Support International (PSI) Perinatal Psychiatric Consult Line** online or by calling **877-944-4773**.

https://www.umassmed.edu/lifeline4moms/Access-Programs/

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## National Resources

- PSI Perinatal Psychiatric Consult Line
  https://www.postpartum.net/professionals/perinatal-psychiatric-consult-line/

PSI POSTPARTUM SUPPORT INTERNATIONAL

### Medical Providers (For Prescribers):

The PSI perinatal psychiatric consultation line is a service provided at no cost.

The consultation line is available for medical professionals who are prescribers and have questions about the mental health care related to pregnant and postpartum patients and pre-conception planning. This consultation service is available for medical providers only.

The Perinatal Psychiatric Consult Line is staffed by experts in the field of psychiatry who are members of PSI and specialists in the treatment of perinatal mental health disorders. The service is free and available by appointment.

Fill out this form **and we will match you with an appointment. We will respond to your request within one business day.**

The presentation of perinatal mental health disorders is not always straightforward, and medication is not always immediately effective. PSI's expert perinatal psychiatrists are available to share their skills and expertise with fellow medical professionals, providing necessary guidance and reassurance on any matter, but particularly those that may be more challenging.

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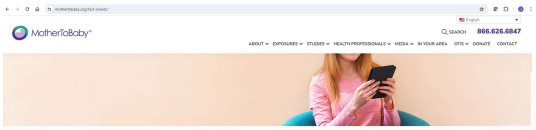
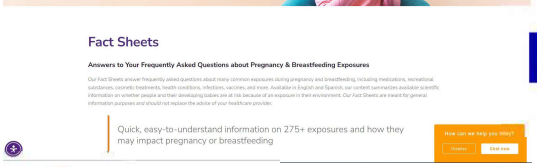
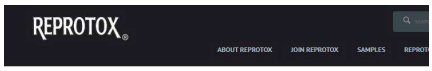
## Online Resources for Providers

MGH CENTER for Women's Mental Health
Reproductive Psychiatry Resource & Information Center




Lifeline for moms




**Welcome to Reprotox**

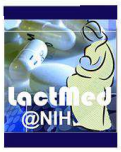
An information system developed by the Reproductive Toxicology Center for its members.

Login

REPROTOX® contains summaries on the effects of medications, chemicals, infections, and physical agents on pregnancy, reproduction, and development. The REPROTOX® system was developed as an adjunct information source for clinicians, scientists, and government agencies. Patients should consult their health care providers rather than relying on REPROTOX® summaries.

PSI POSTPARTUM SUPPORT INTERNATIONAL

Bumps Best use of medicines in pregnancy




**Drugs and Lactation Database (LactMed®)**

Bethesda (MD): National Institute of Child Health and Human Development; 2006-.
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Search this book

The LactMed® database contains information on drugs and other chemicals to which breastfeeding mothers may be exposed. It includes information on the levels of such substances in breast milk and infant blood, and the possible adverse effects in the nursing infant. Suggested therapeutic alternatives to those drugs are provided, where appropriate. All data are derived from the scientific literature and fully referenced. A peer review panel reviews the data to assure scientific validity and currency.

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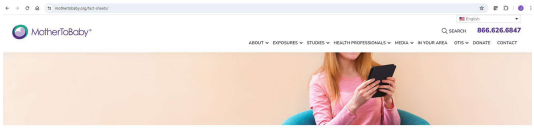
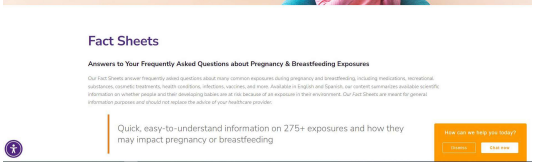
## Online Resources for Patients

MGH CENTER for Women's Mental Health
Reproductive Psychiatry Resource & Information Center

PSI POSTPARTUM SUPPORT INTERNATIONAL

STAR LEGACY FOUNDATION




Bumps Best use of medicines in pregnancy

resolve THE NATIONAL INFERTILITY ASSOCIATION

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## Resources

- Postpartum Support International: https://www.postpartum.net/
- Ammon-Pinizzotto Center for Women's Mental Health at MGH: https://womensmentalhealth.org/
- Mother to Baby (Organization of Teratology Information Specialists): https://mothertobaby.org/
- Reprotox: https://reprotox.org/
- LactMed: https://www.ncbi.nlm.nih.gov/books/NBK501922/
- BUMPS (UK Teratology Information Service): https://www.medicinesinpregnancy.org/
- Lifeline4Moms: https://www.umassmed.edu/lifeline4moms/
- Star Legacy Foundation (stillbirth and infant loss): https://starlegacyfoundation.org/
- Resolve (infertility): https://resolve.org/

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## Questions?

## Acute Care Services

# Rapid Response
# Mobile Crisis Response Teams
# and
# Emergency Services

Please note that you may see "Crisis", "Acute", and "Emerge
used interchangeably in the field*

## Why do we need acute services?

- ED visits for behavioral health are increasing 7 times faster than all other reasons
- Use of the ED to treat behavioral health and substance abuse patients is up 54% since 2007
- It is extremely costly to hold behavioral health patients in the ED pending bed availability
- Patient's often report low satisfaction when seeking urgent Mental Health supports in Emergency Departments

## What is a mental health crisis?

Any situation in which a person's behavior puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community.

A crisis is a dynamic and not static state.

Differences between behaviors and crisis.


## The Emergency Services Model

- Services provided within the Emergency Department
- Focus on inpatient mental health hospitalization
- Utilized when patients require inpatient level of care or when patients aren't safe to be seen in the community

# Emergency Services

Services to address mental health emergency, which is defined as a sudden change in mental status due to a one-time event or as a result of a pre-existing mental illness.

Can happen at anytime, to anyone regardless of age, gender, SES, etc.

- Suicidal/homicidal thoughts
- Risk of harm to self or others
- Intense feelings of desperation/anxiety
- Delusional thoughts

- Services are available 24 hours a day, 7 days a week, 365 days a year
- Mandated by DHHS in CMHC contracts
- Some CMHCs have contracts with local hospitals
- The goal is to reduce a person's acute psychiatric symptoms, reduce risk of harm to self or others, and assist in returning to pre-crisis level functioning

## The Mobile Crisis Rapid Response Model

Statewide emergency response system for behavioral health ~ similar to 911.

Call 1-833-710-6477 or 988 as both are part of the Rapid Response

If telephonic support is not sufficient to deescalate the crisis, a mobile crisis team is deployed.

Every community mental health center has a mobile team.

The result is a cohesive, state-wide response to crisis care that improves access.

# The MCRT Model

DETERMINE THE LEAST RESTRICTIVE SETTING AWAY FROM ED WHENEVER POSSIBLE

USING EVIDENCE-BASED INTERVENTIONS

RESPOND WITHIN AN HOUR

# GET TO KNOW YOUR MOBILE TEAMS!

# Dispatch Levels

- **DISPATCH LEVEL ONE**: A secure location (hospital, jail or law enforcement on scene
- **DISPATCH LEVEL TWO**: No risk, no current violence. Mobile can go alone.
- **DISPATCH LEVEL THREE**: Recent aggression or self history. Police co-response; Co-response where mobile teams can be near and arrive when the scene is safe
- **DISPATCH LEVEL FOUR**: Too dangerous. Police will lead.

# MCRT Services

- Meet patients in the community.
- Respond in conjunction or after initial Police/Fire/EMS response.
- Evaluates and assesses the patient to determine their level of safety, ability to remain safe, ability to care for self and ability to function in the community.
- Provides critical interventions and safety planning to patient and their supports.
- Provides up to 30 days of aftercare.

# Collateral Information

- Clinicians need to obtain all the information needed to determine the safest disposition
- Can be a obtained from family, friends, other treatment providers, ED staff, police, anyone who has first hand information about the situation

# The Patient Care Plan is Determined

- A safety plan with follow up care is developed and the patient is discharged from the ED or is able to remain in the community
- Voluntary Admission
- Involuntary Admission

# The MCR Team

- Masters level clinicians
- Peer Support Specialists

## Some situations are not best served by a mobile response.

- Strict substance misuse issues that do not have concurrent mental health problems (not involved in interventions)
- When the patient is requesting immediate transfer to a hospital
- Possession of weapons unless secured
- When a person is threatening immediate danger, or a person is injured
- Situation involving a level of investigation and/or a safety scene
- Threats to others' personal safety or property

## These are optimal mobile deployment situations

- Patient will speak and wants mobile assistance
- Moderate to low level suicide risk where action has not been taken
- Substance misuse cases that also feature mental health problems
- Patient is in behavioral control


## I A.S.S.I.S.T.

**I**solate the person

**A**ctively listen

**S**peak calmly, assertively, respectfully (See "Low and Slow")

**S**tatements of understanding ideally precede requests

**I**nvite the person to consider positive outcomes and behaviors

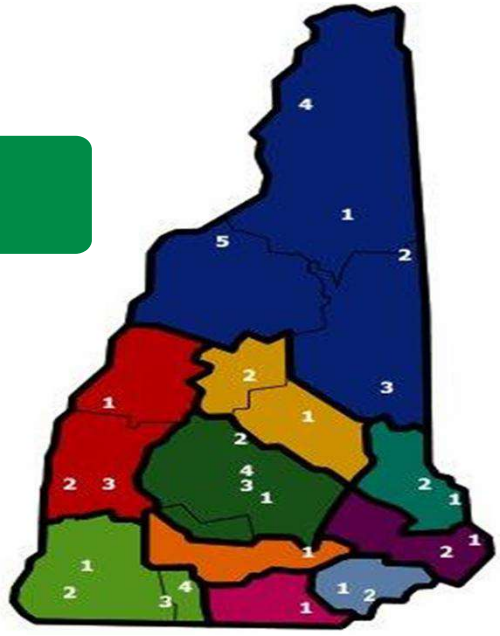
**S**pace reduces pressure

**T**ime helps young people respond to requests

# ACCESS TO CARE

- Increased demand amidst nationwide workforce challenges has resulted in increased wait times
- 2 models – wait for evaluation or wait after evaluation
- Like other healthcare providers, we have systems to triage
- Improved center to center transfer process developed in response to increased movement across NH
- Intake process results in an individualized treatment plan
  - Meeting with a Clinician
  - Preliminary Diagnosis
  - Develop Initial Treatment Plan
  - Review of Benefits
  - Review Social Determinants of Health
  - Develop Case Management Care Plan
  - Connect to Resources

# Where Are We?



## Locations And Contact Information

**Northern Human Services**
Conway • (603) 447-3347
Emergency: (603) 447-2111
www.northernhs.org
1. Berlin
2. Conway
3. Wolfeboro
4. Colebrook
5. Littleton

**West Central Behavioral Health**
Lebanon • (603) 448-0126
Emergency: (800) 564-2578
www.wcbh.org
1. Lebanon
2. Claremont
3. Newport

**Monadnock Family Services**
Keene • (603) 357-4400
Emergency: (603) 357-4400
www.mfs.org
1. Keene
2. Winchester
3. Jaffrey
4. Peterborough

**Greater Nashua Mental Health**
Nashua • (603) 889-6147
Emergency: (800) 762-8191
www.gnmhc.org
1. Nashua

**Center for Life Management**
Derry • (603) 434-1577
Emergency during hours: (603) 434-1577 or after hours: (603) 432-2253
www.centerforlifemanagement.org
1. Salem
2. Derry

**Lakes Region Mental Health Center**
Laconia • (603) 524-1100
Emergency: (603) 528-0305
www.lrmhc.org
1. Laconia
2. Plymouth

**Community Partners**
Dover • (603) 749-4015
Emergency: (603) 516-9300
www.communitypartnersnh.org
1. Dover
2. Rochester

**Riverbend Community Mental Health**
Concord • (603) 226-7505
Emergency: (800) 852-3323
www.riverbendcmhc.org
1. Concord
2. Franklin
3. Penacook
4. Boscawen

**The Mental Health Center of Greater Manchester**
Manchester • (603) 668-4111
Emergency: (800) 688-3544
www.mhcgm.org
1. Manchester

**Seacoast Mental Health Center**
Portsmouth • (603) 431-6703
Emergency: (603) 431-6703
www.smhc-nh.org
1. Portsmouth
2. Exeter

## Questions & Comments?

**To Receive CME/CNE Credit for Today's Session**

**Text: 833-884-3375**

**Enter Activity Code: 143622**

*Need help?* **clpd.support@hitchcock.org**

AIM ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

NHPQC New Hampshire Perinatal Quality Collaborative

NNEPQIN NORTHERN NEW ENGLAND PERINATAL QUALITY IMPROVEMENT NETWORK

NH DIVISION OF Public Health Services Improving health, preventing disease, reducing costs for all

# NEXT MONTH

## NH AIM/ERASE Monthly Webinar

## July Hiatus

Next webinar: August 8th 2024

## Why a comprehensive SDoH assessment improves your ability to address mental health concerns

AIM ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

NHPQC New Hampshire Perinatal Quality Collaborative

NNEPQIN NORTHERN NEW ENGLAND PERINATAL QUALITY IMPROVEMENT NETWORK

NH DIVISION OF Public Health Services Improving health, preventing disease, reducing costs for all

READINESS


Claremont
Resource Guide
Maternal
NHPQC
New Hampshire Perinatal Quality Collaborative
NHMA
KEADY
FAMILY PRACTICE
WIC NEW HAMPSHIRE
Dartmouth Health
PREGNANCY CENTER
OF THE UPPER VALLEY
New London Hospital
Center for Addiction Recovery
in Pregnancy + Parenting
Valley Regional Hospital
NEW HAMPSHIRE
DHHS
DEPARTMENT OF HEALTH & HUMAN SERVICES


PSI New Hampshire
September 18-20, 2024
2 –Day: PSI Certificate of Completion Training
Optional 3rd Day – "Advanced Psychotherapy"
POSTPARTUM SUPPORT INTERNATIONAL
PSI
SAVE the DATE!
Perinatal Mood Disorders: Components of Care
PSI has developed an internationally recognized unique evidence-based training program for health providers and social support networks. We have created an expert corps of experienced trainers and are committed to providing you with the most current research.
The 2-day PSI Certificate of Completion Course, taught by experienced and engaging faculty, is a thorough and evidence-based curriculum designed for nurses, physicians, social workers, mental health providers, childbirth professionals, social support providers, or anyone interested in learning skills and knowledge for assessment and treatment of perinatal mood disorders. Registration includes training binder, handouts, and continuing education credits. Approved for CMEs, CNEs, and CEs.
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