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Linkage to Specialty Mental Health in the Perinatal Period for Publicly Insured People in San Francisco

The Problem

Perinatal period is a high-risk time for psychiatric episodes.

- An estimated 1-2 women in 1000 require psychiatric hospitalization post-partum.
- ~20% of pregnant people are estimated to have a mental health (MH) condition that would benefit from MH support services such as counseling/therapy.
- Between 2013 and 2015, 14.4% of pregnant people reported prenatal depressive symptoms in San Francisco.
- Medi-Cal patients are 2.5x more likely than people with private insurance to report prenatal depressive symptoms.
- Hispanic and Black/AA people are more likely to report prenatal depressive symptoms than White or Asian people.

There are many barriers to accessing Mental Health Care in general, but particularly difficult in this time sensitive period. There are multiple breakdown and inefficiencies in referral process.

- 49% of women with major depression in perinatal period received MH care, compared with 57% non-pregnant women.
- Systematic review from UK found barriers at individual, organizational, sociocultural, and systemic levels.
- Pre-natal Primary Care in DPH listed improved access to MH as one of its top priorities. Mission Bay OB clinic has also approached BHS about needing an improved referral pathway.

Our Goal

- Identify current perinatal MH services available in the public health system.
- Create document with list of MH services available and instructions for referral.
- Map referral pathways and identify barriers to successful referral and linkage.

What We Did

- Partnered with Perinatal Linkages group to learn more about current landscape from Primary Care perspective
- Partnered with OB psychiatry team at ZSFG (Melanie Thomas and Kate Dube) who were already creating a document of services and are working on launching an E-referral in Epic.
- Worked with CYF, Ritchie Rubio, to survey CYF clinics on what perinatal-specific services are available.
- Worked with Beacon to troubleshoot around referrals for this population with mild to moderate symptoms.
- Created a Maternal Mental Health Case Conference in partnership with Primary Care perinatal services.
- Created a flow chart outlining complex pathways.

What We Found

- Many siloed services across multiple systems; they are fragmented and hard for patients and providers to navigate.
- There is a need to help Primary Care and OB providers triage people based on needs, but there is little time for this within PC/OB services: General Health and Wellness, Mild/Moderate, SMI, ICM level.
- For SMI population, major barriers to linkage with BHS mental health clinics are:
  - No clear, uniform, provider referral pathway
  - Long wait times for intake
  - Patients may minimize symptoms during referral (perhaps due to fear of CPS or cultural factors)
  - Difficulty navigating system
  - Small Ns per PC clinic
  - Lack of co-location

Recommendations

- There is a currently an e-referral being created in Epic, but until our system moves to Epic, it is less useful. I have made many connections with the people running this referral and we have created a way for them to reach out to me with BHS appropriate referrals; however, this is not a sustainable model, but perhaps a holding place until we go to Epic.
- Continue monthly Maternal Mental Health Case Conference and start to collect data on the patients presented to be able to have a more clear understanding of who these patients are and their specific needs not being met.
- ** Dream: Bridge program (like UCSF program for insured patients). Allows pregnant/post partum people to be seen by a psychiatrist and therapist immediately for short term stabilization awaiting linkage to a long-term clinic. For our population would also need a dedicated HW/CM to facilitate access to social services such as food and housing. Difficult otherwise to create pathways of preferential care for these patients in the current landscape of gold cards, silver cards, etc.

Figure 1:

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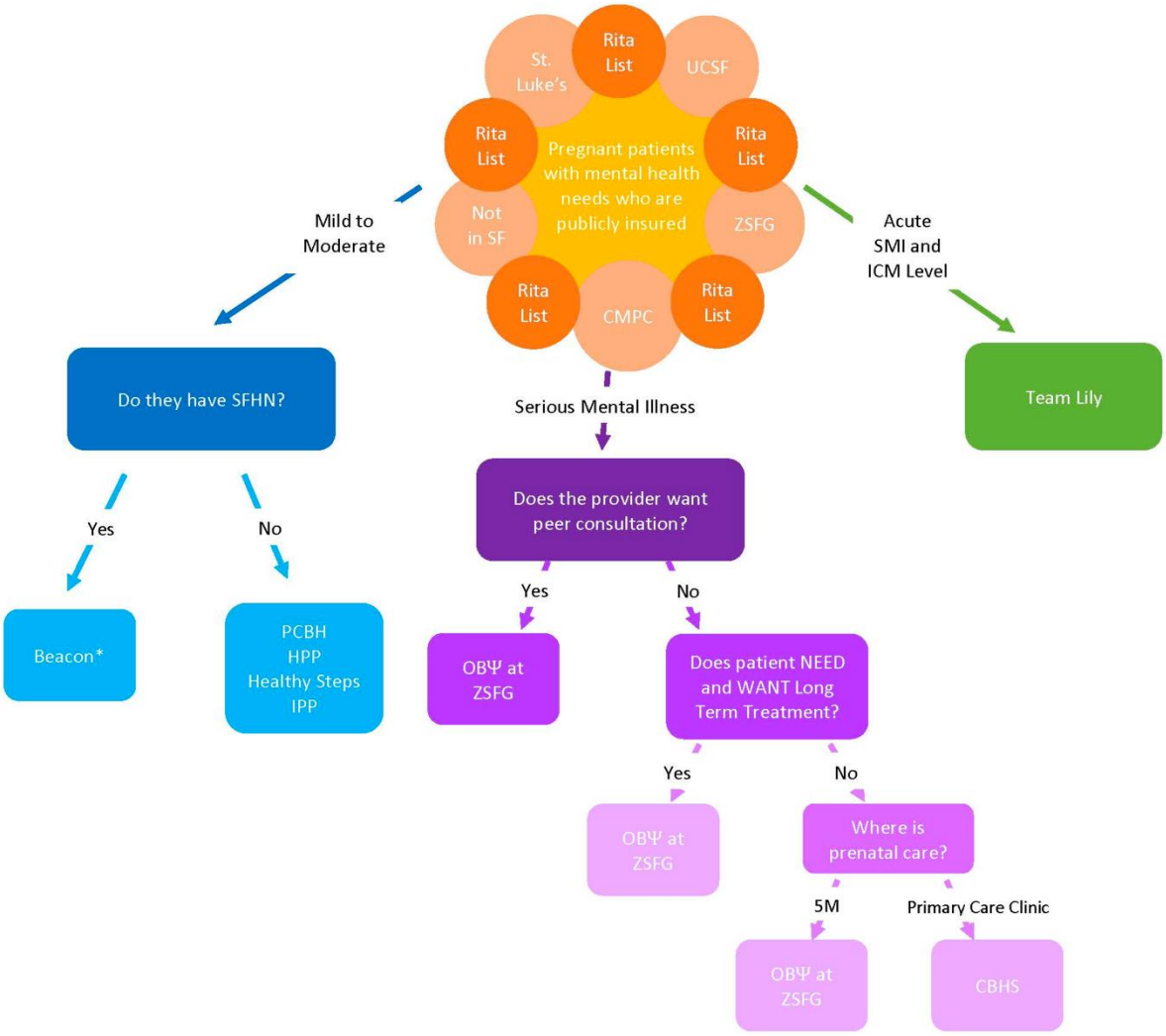

References

Community Health Needs Assessment 2019