The Periscope Project:

Addressing perinatal mental illness through a statewide physician access program

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1/5 Experience Mental Health Condition

75% go untreated

Maternal Mental Health is Important!

Leading and preventable cause of maternal mortality

Maternal mental health impacts the entire family

‘Perinatal Mental Health (PMH) Condition’

All mental health conditions during pregnancy and up to one year after delivery

Factors Associated with Increased Risk

Lack of Social Support

Marital Discord

Living Alone

Younger Age

Multiple Children
Particularly if less than 1 year between pregnancies

Unwanted Pregnancy

History of MH
Self or Family

Discontinuation of Antidepressant Medication
68% relapse | 26% relapsed if remained on medication during pregnancy

Perinatal Depression

Distinguishing Blues from Depression

Baby Blues

- 70-85% of women
- **Normal**
- Mild symptoms
- Self limited
- Little to no intervention needed

Depression

- Criteria for major depressive episode met:
  - Duration of symptoms >2weeks
  - Tends to have later onset (2-4 weeks)
- Severe symptoms
  - Anhedonia (lost of interest), sense of failure, suicidality, psychosis
- **Impacts functioning**

Criteria for Major Depressive Episode

Greater than 2 weeks and impacting functioning

AT LEAST 1	5 OR MORE
Depressed Mood	Depressed mood most of the day
Loss of Interest or Pleasure	Markedly diminished interest or pleasure in all or almost all activities
	Significant weight loss/gain
	Insomnia
	Psychomotor agitation or retardation
	Fatigue or loss of energy nearly every day
	Feelings of worthlessness or excessive guilt
	Diminished ability to think or concentrate
	Recurrent thoughts of death

Depression in Pregnancy

Same diagnostic criteria as episode of major depressive disorder

- > 2 weeks duration of symptoms that impact functioning
- Onset during pregnancy or up to one year postpartum

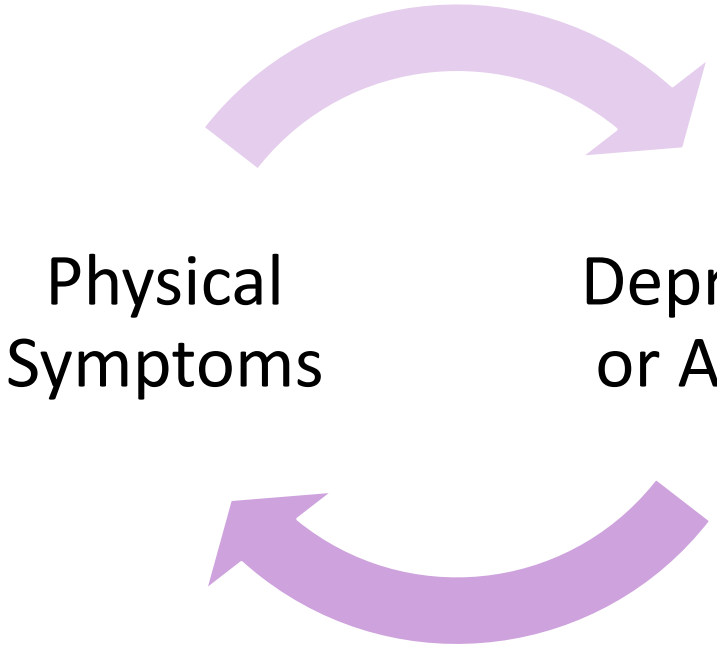
Depression may be overlooked in pregnancy

Symptoms related to somatic experiences of pregnancy

- Poor sleep, appetite changes, decreased energy, decreased libido

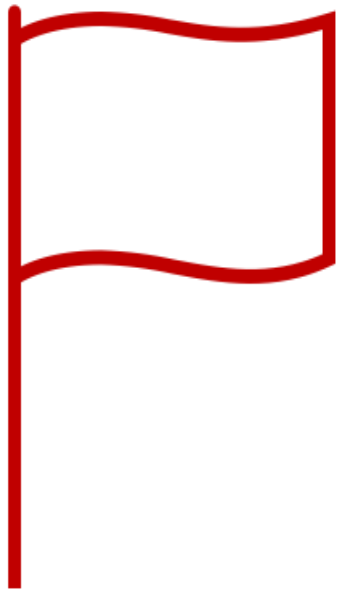
Symptoms to guide diagnosis: lack of interest in pregnancy, guilty ruminations, profound anhedonia, suicidal ideation

Complaints of Physical Pregnancy Symptoms Correlate to Mental Health



- Nausea or Stomach Pain
- Sexual Intercourse
- Headaches
- Shortness of Breath
- GI Symptoms
- Heart Pounding
- Dizziness

Red Flags



- Inability to fall asleep when baby is sleeping
- Below pre-pregnancy weight by 6 weeks postpartum
- Lost interest in self care (not showering daily, etc.)
- Evidence that infant is not being well cared for
- Social isolation
- Thoughts of harming self or others

Assessing Suicidal Ideation

Lower Risk	Higher Risk
No prior attempts No or vague plan No intent No substance use Protective factors "What prevents you from acting on these thoughts?"	History of suicide attempt High lethality of prior attempts Current plan Current intent Substance use Lack of protective factors
↓	↓
Suggests outpatient evaluation and follow-up	**Suggests urgent/emergent evaluation!**

Perinatal Anxiety

Perinatal Anxiety

Spectrum of anxiety symptoms

- During pregnancy and/or the postpartum period

As common as perinatal depression!

- Estimated 8.5-13% of women

Anxiety may occur in conjunction with perinatal depressive symptoms

- Usually a more severe illness, and more difficult to treat or independently of mood disturbances

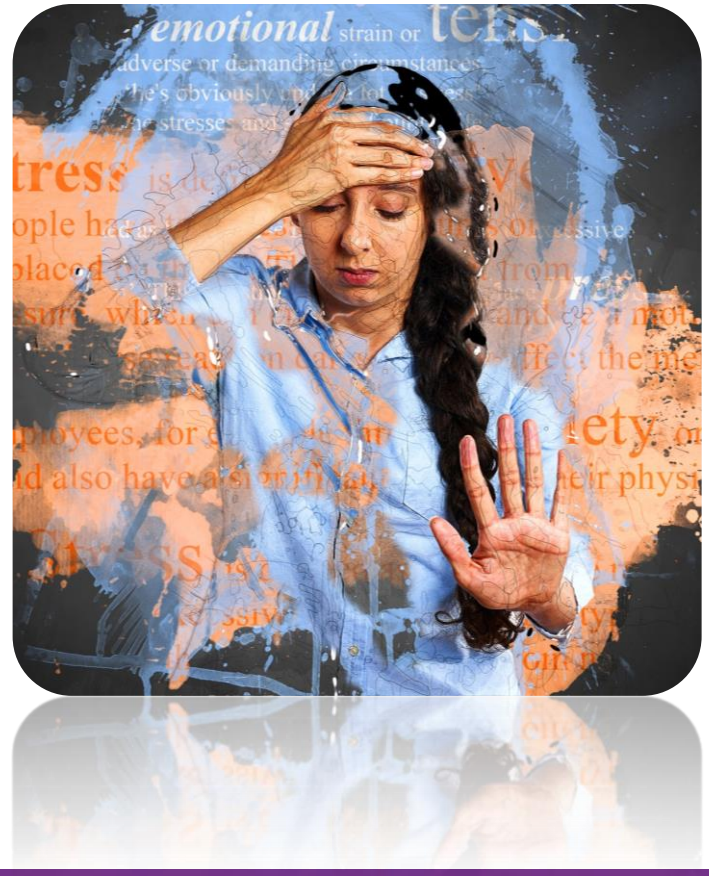
Perinatal Anxiety

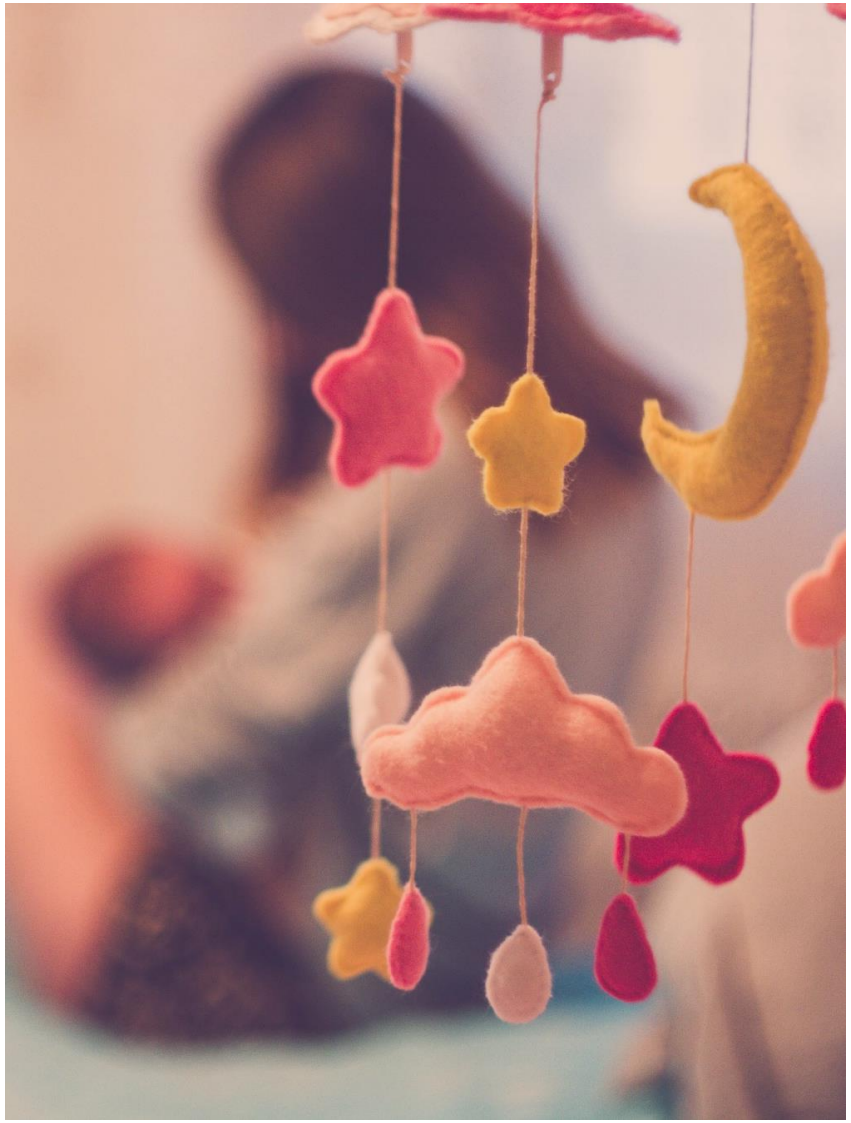
Onset:

- During Pregnancy: most commonly present in the first trimester
- Postpartum: symptoms may present in the first 2 weeks to 6 months following delivery

Symptoms:

- Persistent and excessive worries
- Inability to relax
- Physiological arousal
- ***Intrusive thoughts!***





Intrusive Thoughts

COMMON, often regarding harming infant

NO intention of harming infant

Will go to great strides to avoid infant

Incredibly distressing; have insight into thoughts

Need to differentiate from psychotic symptoms

Hesitant to share, fearful of child protection involvement

Obsessive-Compulsive Disorder

Repeated, intrusive obsessive thoughts that are often accompanied by compulsive, sometimes ritualistic behaviors performed to relieve anxiety associated with the intrusive thoughts.

Insight into thoughts as irrational

- Fearful of or disturbed by thoughts

Onset: Throughout perinatal period

Prevalence: 4% of pregnant or postpartum patients

Post-traumatic Stress Disorder

Preexisting PTSD may also be exacerbated by a traumatic experience during pregnancy, delivery or postpartum

Onset: Any time from conception to 6 months postpartum

Prevalence: Affects an estimated 2-15% of women.

Signs/Symptoms:

- Re-experiencing (flashbacks, nightmares)
- Hyperarousal (hypervigilance)
- Avoidant behaviors
- Negative Mood/Cognitions.

Postpartum Psychosis

A true psychiatric emergency!

Prevalence: Affects 1-2/1000.

Onset: Abrupt onset within 3-14 days postpartum, prodromal signs in 1st three days PP

Symptoms: disorganized thoughts, speech and/or behavior, lack of insight, delusions of persecution (often revolve around the infant), self neglect, hallucinations, ideas of reference

Bi-directional, strong link with bipolar disorder.

New-onset psychosis work-up needed; 4% may be due to autoimmune encephalitis

WESSELOO R ET AL. AJP. 2016: 173(2): 117-27
BERGINK V ET AL. AJP. 2015; 172(9): 901-8.

Assessing Thoughts of Harming Baby

Thoughts of Harming Baby that Occur Secondary to Obsessions/Anxiety

Good insight

Thoughts are intrusive & scary

No psychotic symptoms

Thoughts cause anxiety

Suggests not at risk of harming baby

Thoughts of Harming Baby that Occur Secondary to Postpartum Psychosis

Poor insight

Psychotic symptoms

Delusional beliefs with distortion of reality present

Suggests at risk of harming baby

THE PERISCOPE PROJECT

PERINATAL SPECIALTY CONSULT PSYCHIATRY EXTENSION

Perinatal psychiatric access program available to providers and professionals caring for pregnant & postpartum women struggling with behavioral health disorders offered at no cost.

Real time consultation between eligible provider and perinatal psychiatrist

Community resource information

Educational materials (live didactic, web-based presentations, toolkit)

Background

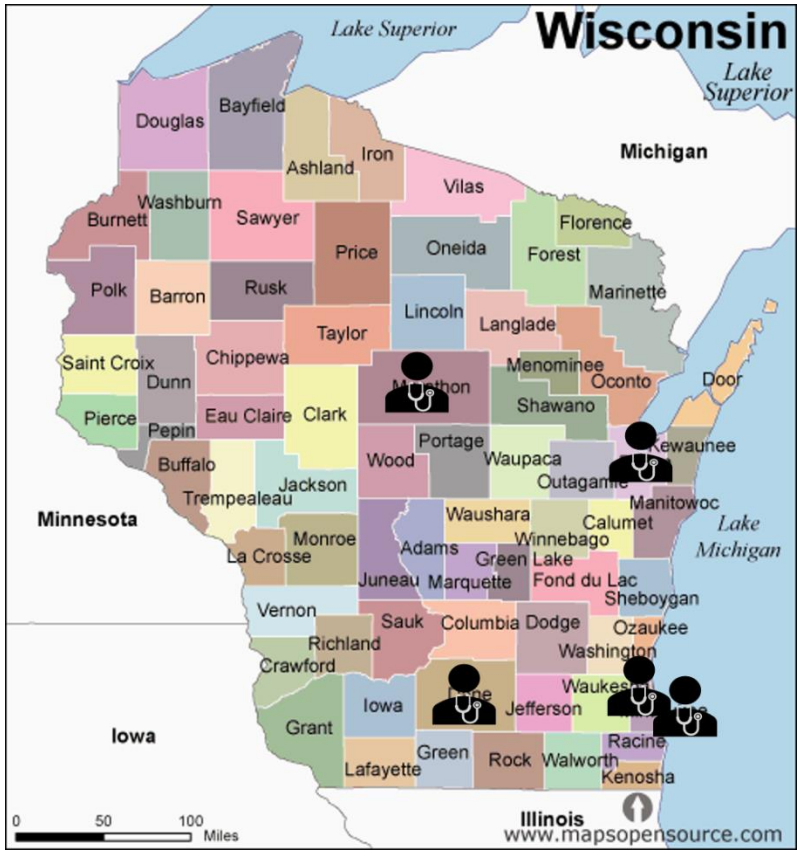
- **Community Need:**
  - Network of home visiting programs request for assistance: How to screen for and talk with pregnant and postpartum women about mental health symptoms?
- **The Landscape:**
  - Statewide initiative to screen all moms for mental health symptoms
  - Home visiting professionals perceive conversations surrounding mental illness as difficulty and report lack of comfort and confidence starting such conversations
  - "I've done the screening – ***now what do I do?"***
    - Concern re: next steps once screening is done, specifically discussing results and assessing risk

Identified System Issues

Less than 15% of women receive treatment

1. Most primary care providers do not have the tools to address mental health disorders during pregnancy or the postpartum period

2. Lack of subspecialty perinatal psychiatrists in Wisconsin
   - Approximately 5 perinatal psychiatrists



Byatt N, Levin LL, Ziedonis D, Moore Simas TA, Allison J. Enhancing participation in depression care in outpatient perinatal care settings: a systematic review. Obstet Gynecol. 2015;126(5):1048-1058. doi:10.1097/AOG.0000000000001067.

Critical Shortage of Psychiatric Care in Wisconsin

65,556 mi^2 of widely varying urban and rural geography

Of Wisconsin's 72 counties, 55 are designated as shortages areas for psychiatrists

Wisconsin has approximately 66,500 annual births

Some areas have richer resources for PMH. Lack of coordination as to how to access these sub-specialty services

Tackling System Issues

Build on existing community work

Leverage existing relationships

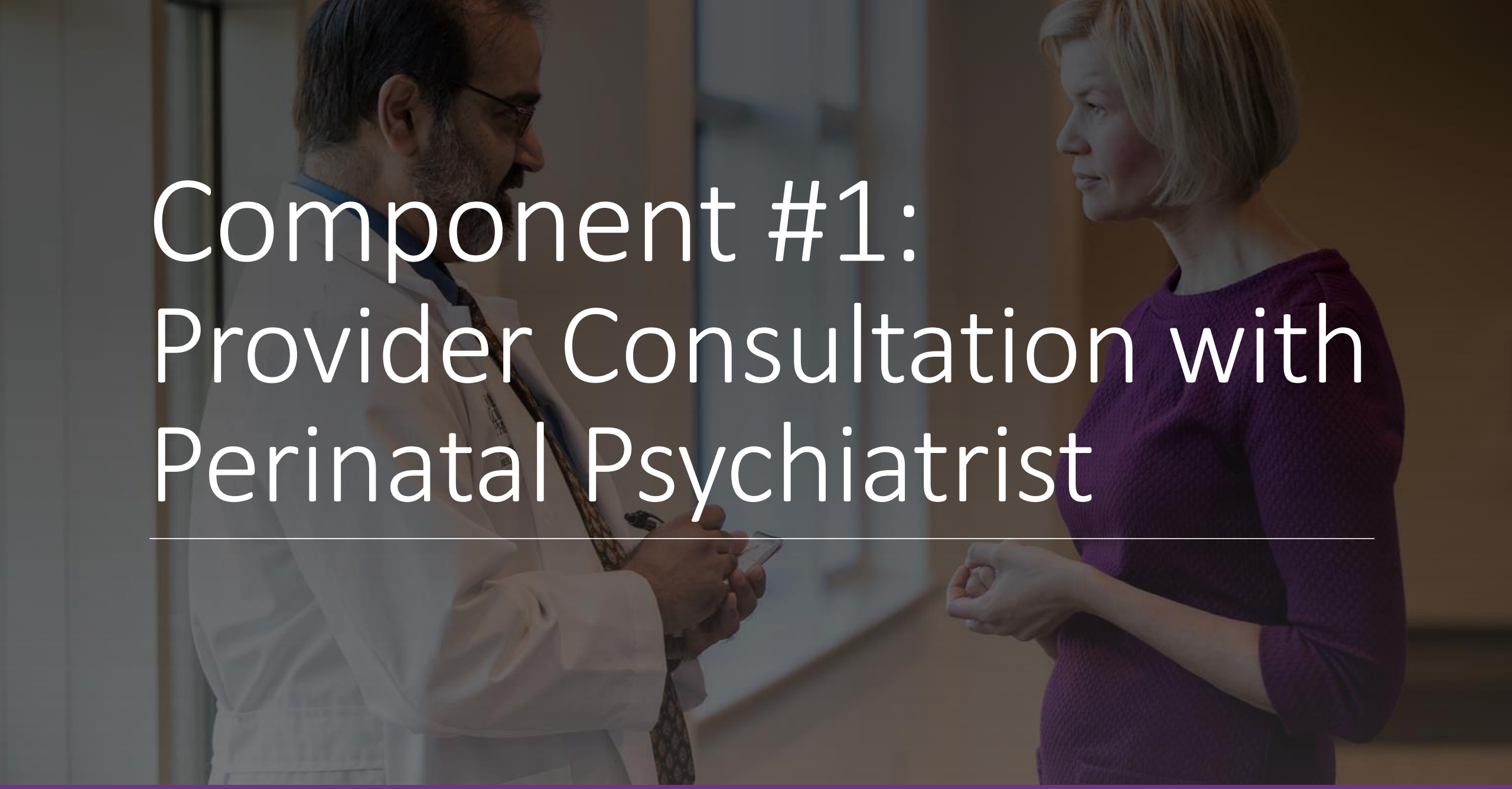
Academic institution

Solution: More Access Through Capacity Building

Periscope trains front line providers

Front line providers contact Periscope

Front line providers increase capacity to diagnosis and treat perinatal mental health disorders and apply knowledge to entire patient panel



Component #1: Provider Consultation with Perinatal Psychiatrist

Provider to Provider Teleconsultation

877-296-9049 | theperiscopeproject@mcw.edu

Monday – Friday from 8am to 4pm CST, excluding holidays

Provider is connected with a perinatal psychiatrist within 30 minutes

- E-mails returned within one business day

When to Call

- Psycho-pharmacology or substance use treatment
  - Preconception, during pregnancy, or while breastfeeding
- Diagnostic clarification, screening tools and follow up recommendations
- How to discuss mental health with pregnant & postpartum patients
- General questions on behavioral health during perinatal period

How it Works

Triage

- Provider contacts Periscope and speaks to triage
  - Less than 5 minutes

Provider to Perinatal Psychiatrist Consultation

- Perinatal psychiatrist returns providers call
  - Average return call time: **6 minutes**, mode: **2 minutes**
- Two providers have case base discussion
  - Average 8-10 minute conversation

Provider Discusses with Patient

- Provider discusses treatment options with their patient
- Typically patients remain in the care of the inquiring provider

Component #2
Link to Existing Mental Health Resources

Community Resource Information

Access through Triage Coordinator

Types of resources

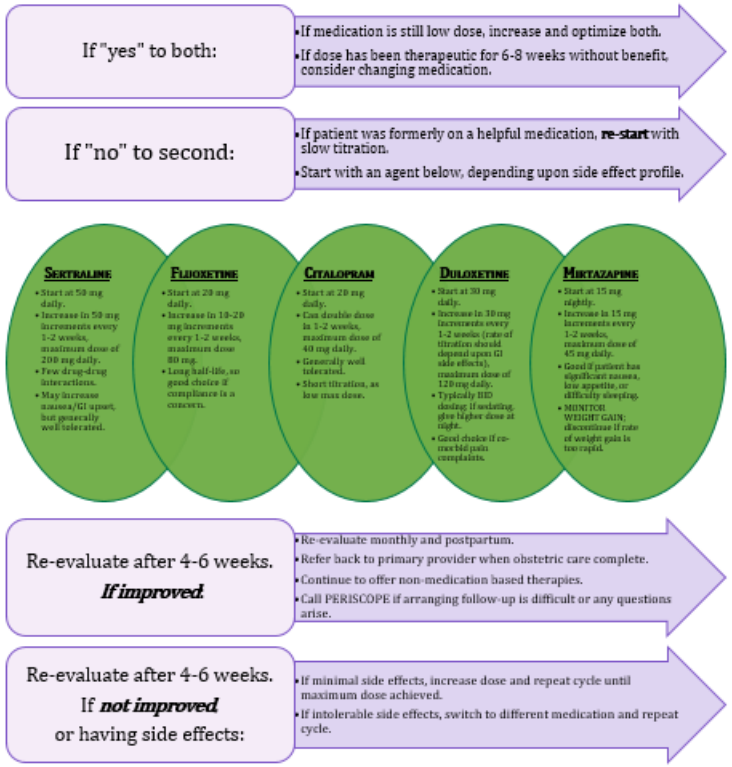
- Psychotherapy providers
- AODA treatment centers
- Peer to peer and community support groups
- Perinatal Psychiatrists

Will provide:

- Resource name and description, location, and best way to establish with resource

Component #3 Perinatal Mental Health Education

Provider Education and Tools



Online |the-periscope-project.org

Provider Toolkit

- Free downloadable PDFs
- Evaluation guides, screening tools, treatment algorithms

Modules

- Ex. Antidepressant Use in Pregnancy, Perinatal Psychiatric Disorders, Psychotropic Medication Use in Breast-feeding, Screening and Follow Up, Conversation Starters

Webinar Series

- All webinars posted online for later viewing

In-Person

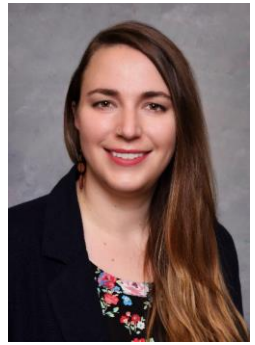
Didactic & Grand Round presentations upon request

Meet the Periscope Psychiatry Team

Christina L. Wichman, DO
Primary Perinatal Psychiatrist

Lizzie Hovis, MD
Secondary Perinatal Psychiatrist

Rebecca Bauer, MD
Assistant Professor



Amanda Liewen, MD
Assistant Professor

Julie R. Owen, MD
Assistant Professor

Mara Pheister, MD
Associate Professor

Provider Enrollment

Eligibility Requirements:

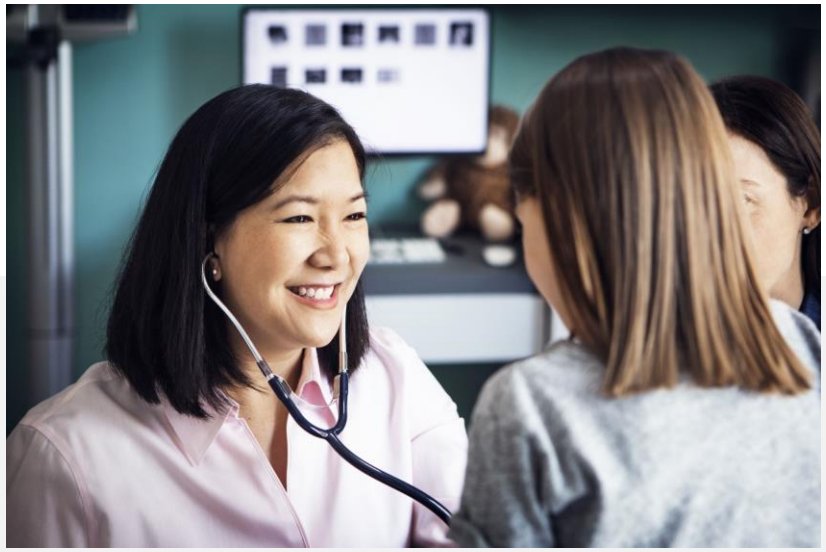
- Health care provider or professional
- Caring for pregnant or postpartum patients

Online Enrollment Process:

- Individual provider level enrollment
- Agree to terms of participation & basic information
- Less than 2 minutes to complete

the-periscope-project.org/enroll

Utilizers are Satisfied



100%
agree or strongly agree

Based on a post-utilization survey with a **62% response rate**, 100% of respondents:

- Were **satisfied** with the service they received
- Indicate their most recent encounter helped them to **more effectively manage** their patient's care
- Indicate they will **incorporate the information they learned in the future care** of patients

Using Periscope Can Change the Course for a Mom

Without The Periscope Project

May screens positive for depression at 14 weeks.

OB unsure how to proceed. Tells May to call insurance for therapy. May goes on a waitlist.

May feels worse at 24 weeks. OB uncomfortable prescribing antidepressants in pregnancy and refers May to a psychiatrist.

Psychiatrist has a 4 month wait list.

At 1 month postpartum May attempts suicide. May is admitted to a psychiatric hospital and separated from the baby.

Separation puts May and baby at higher risk for complications in behavior, development, and health.

With the support of The Periscope Project

OB is familiar with Periscope and has completed educational training on screening, assessing and treating depression.

OB calls Periscope while May is in the office for her appointment. Within 15 minutes, the OB is connect with a perinatal psychiatrist. Periscope recommends an antidepressant and provides resource options.

May starts medication, joins a peer support group, and connects with a therapist.

At 30 weeks, May feels better with full remission of symptoms.

May adjusts well to the new baby.

Ways to Use Consultation Component

- Consult on how to discuss mental health with a client
- Request supportive resource options
- Share Periscope with client's health care provider

Share Periscope with Providers

Send Provider EPDS with Periscope Brochure

- Create awareness of the service available to them

Talk to Health Care Providers about Periscope

- As a resource to support their practice

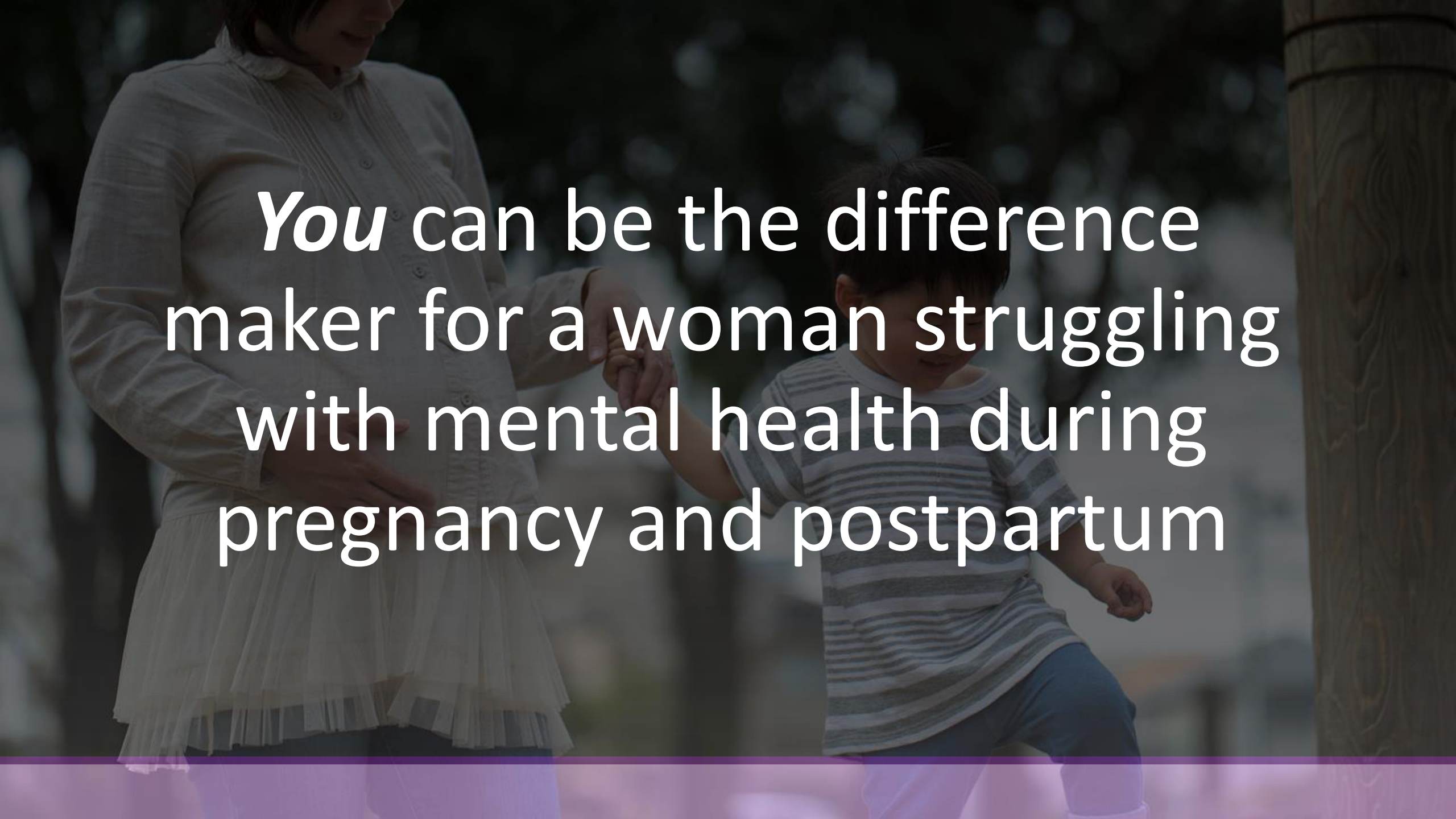
Recommended Educational Modules

https://the-periscope-project.org/education-modules/

Perinatal Psychiatric Disorders
Screening and Follow Up
Psychotropic Medication Use in Breastfeeding

https://the-periscope-project.org/webinars/

Addressing Sleep Difficulties in a Perinatal Patient
Maternal Mental Health Inequities
End of Year: Case Review
Personality Disorders and Perinatal Patients


You can be the difference maker for a woman struggling with mental health during pregnancy and postpartum

Next Steps

Enroll	Enroll in The Periscope Project
Call	Call us when you have questions about the mental health of a perinatal women
Share	Tell colleagues how Periscope can build their capacity to care for women
Educate	Reach out for a didactic by Dr. Christina Wichman

Questions?

LIZZIE HOVIS, MD| STAFF PSYCHIATRIST

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