

Describing Barriers to Perinatal Mental Health Care in a Rural Community Practice and Illustrating a Multimodal Strategy to Improve Efficiency and Access to Care

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BACKGROUND

- Largest rural health system in Minnesota
- 10 hospitals, more than 30 clinics, and three pharmacies
- Covers 10 counties within the state
- Very ethnically and socioeconomically diverse patient population
- Chronic Health Professionals Shortage (HPSA) designation for mental health services
- Behavioral Health Department includes large Integrated Behavioral Health (IBH) program that serves 26 clinics
- As the system has grown, we suspect that delivery of perinatal mental health care is fractured and not standardized.
- Specific barriers to care, including clinician- and patient-held beliefs, have not been described.
- We suspect stigma, transportation and employment conflicts, and lack of access to mental health expertise are key barriers¹⁻³.
- A sizeable body of evidence in rural American communities, as well as populations outside of the US, describe the use of non-standard interventions to improve access and reduce barriers to perinatal mental health care⁴.

METHODS

- Distribution of informal qualitative survey to clinicians interacting with patients prior to, during, and after pregnancy
- Objective measures via Epic EMR reports from the obstetric clinic in the 2024 fiscal year
- Interviews with administrative and clinical leaders across inpatient and ambulatory settings to better understand:
 - Evolving system architecture
 - Current screening practices
 - Current workflows utilized to identify patients in need of mental health care
 - Current workflows utilized to connect patients in need with appropriate treatments

RESULTS

BARRIERS

- Clinicians do not know what resources are available in the system
- Resources that do exist are difficult to locate, much less access
- Behavioral Health department is under-resourced to provide traditional mental health care
- Patients experience stigma and lack of trust in the system
- Lack of culturally appropriate mental health knowledge

DESCRIPTION OF THE HEALTHCARE SYSTEM

- **Higher-than-average rate of mental health diagnoses** in the obstetric clinic population (1 in 2.4 with at least one mental health diagnosis)
- **Limited ability to access care within the same system:** only 15% of patient referred from the Obstetric clinic had a subsequent encounter in Behavioral Health
- Growing community health worker (CHW) and doula programs

CURRENT PRACTICES

- Screening for depressive symptoms is completed at recommended intervals
- **Results of screening tests are not recorded in the EMR**
- **No consistent practice for how to handle results of a positive screen**
 - The Pediatrics clinic, being an exception
- Pregnancy care delivered in **multiple clinic sites across multiple specialties**
 - **Little cross-communication or standardization** in practices between these sites
- **24% of patients did not have a PCP** at the time of first OB visit

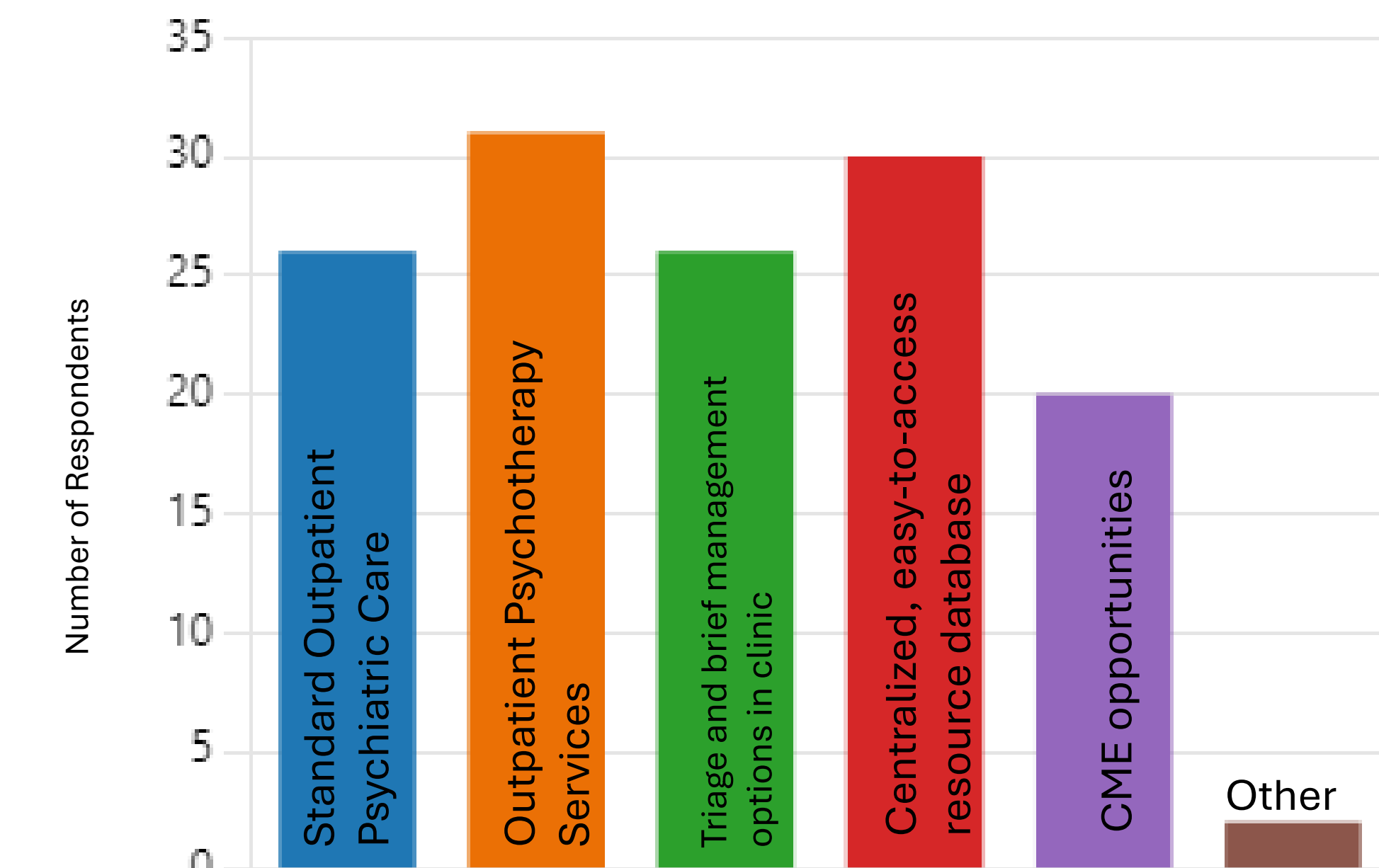


Figure 1. Respondents' requests for services on qualitative survey out of 39 responses. Responses for "Other" included desire for culturally and linguistically trained therapists

Strongly Disagree Disagree Neutral Agree Strongly agree

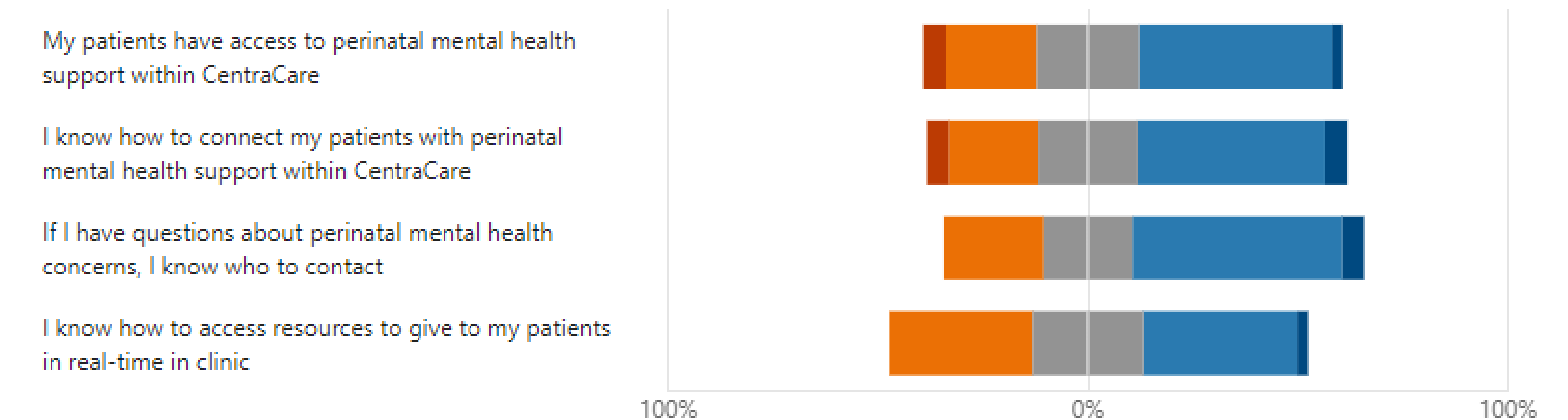


Figure 2: Qualitative staff survey. 42 respondents answered questions on a Likert scale.

DISCUSSION: The Way Forward

