Hospital Quality Institute
Leadership in quality and patient safety

Perinatal Mental Health Learning Community

Group Office Hours September 16, 2021 12 – 1 p.m.

Child Abuse Reporting & Perinatal Mental Health

Faculty:

- **Anna King, LCSW, PMH-C, Clinical Training Specialist, MMH NOW!**
- **Heather Cortez, LCSW, Mercy San Juan Medical Center**
- **Tisha Dickens, LCSW, Mercy San Juan Medical Center**

CHCF

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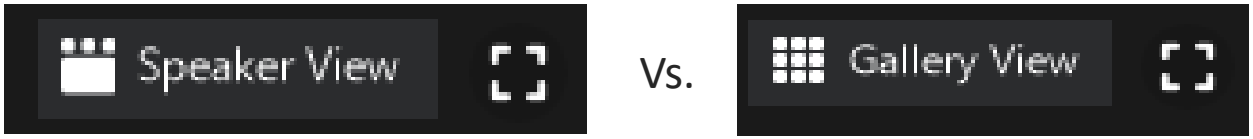
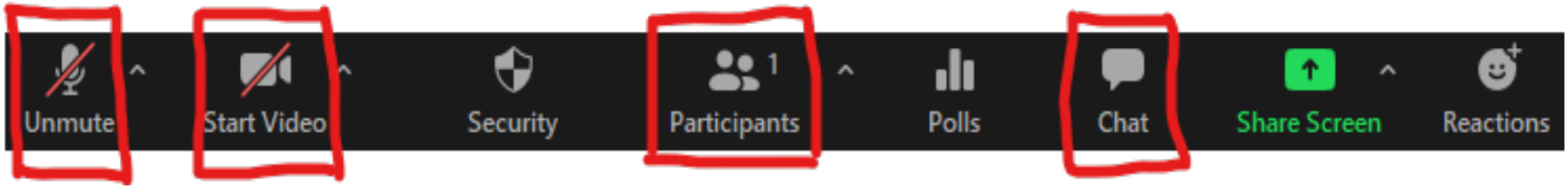
CommonSpirit

Housekeeping



- Speaker View: large view of the person currently speaking.
- Gallery View: images of all attendees in smaller individual squares.



- Everyone is automatically muted upon entry. You can unmute yourself when you wish to speak.
- We'd like to see you on video!
- Use "Chat" to make comments or ask questions.

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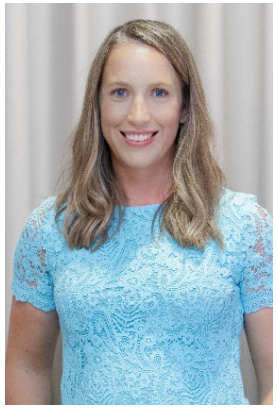
Our Team

Anna King
Clinical Training Specialist,
Maternal Mental
Health NOW

Gabrielle Kaufman
Clinical Director,
Maternal Mental
Health NOW



Kelly O'Connor-Kay
Executive Director,
Maternal Mental
Health NOW

Barbara Sheehy
System Director, Perinatal
Behavioral Health
CommonSpirit Health

Julia Slininger
Program Manager,
PMH Learning Community
Hospital Quality Institute

Boris Kalanj
Director of Programs,
Hospital Quality Institute

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Timeline – *Perinatal Mental Health Learning Community*

Education and Technical Assistance (Feb '20 - Dec '21)

- Webinars (2020: Feb, Apr, Jun, Aug, Oct, Dec; 2021: Feb, Apr, Jun, Aug, Oct, Dec)
- Group Office Hours (2020: Mar, May, Jul, Sept, Nov; 2021: Jan, Mar, May, Jul, Sept, Nov)
- 1:1 Technical Assistance (on demand)
- In-Person Regional Events (Nov '20)

TODAY

Training Tools and Resources (Apr '20 – Dec '21)

- E-learning module and quick reference guide for staff
- E-learning module for patients
- Brochure template

Case Studies Developed	Case Studies Available

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Past Topic Recordings Available

- Staff education on perinatal mental health
- Patient and family information & education
- Resource and referral development
- The Impact of Covid 19 on Hospitals and Birthing Families
- Disparities in Perinatal Mental Health Care
- Supporting Patients with Perinatal Loss
- Supporting NICU Families
- Birth Trauma and Perinatal Mental Health
- Substance Use Disorders and Perinatal Mental Health

Recordings and slides available on program website:
https://www.hqinstitute.org/pmh-learning-community

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Remaining Topics in 2021

September 16	Child Abuse Reporting and PMH Office Hour	Patricia Taylor Anna King
October 21	Breastfeeding and PMH Webinar	Nakeisha Robinson
November 18	Breastfeeding and PMH Office Hour	Nakeisha Robinson
December 16	Fathers and Partners and PMH Webinar	Kevin Gruenberg

Register on program website:
https://www.hqinstitute.org/pmh-learning-community

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Program Website

https://www.hqinstitute.org/pmh-learning-community

Save the Dates: Capstone Events!

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In Focus for Aug. and Sept.: Child Abuse Reporting

Learning Objectives:

- Learn about the impact of child welfare involvement on parent and infant mental health.
- Discuss hospital staff's role in addressing and reporting child abuse in the perinatal period.

Featured Speakers

Anna King, LCSW, PMH-C (she/her)
Clinical Training Specialist
Maternal Mental Health NOW

Heather Cortez, LCSW
Mercy San Juan Hospital

Tisha Dickens, LCSW
Mercy San Juan Hospital

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Perinatal Mental Health
&
the Child Welfare System
(Office Hours)

Patrisha Taylor, Ph.D. – Los Angeles County Department of Child and Family Services (DCFS)

Anna King, LCSW, PMH-C - Maternal Mental Health NOW

September 16th, 2021

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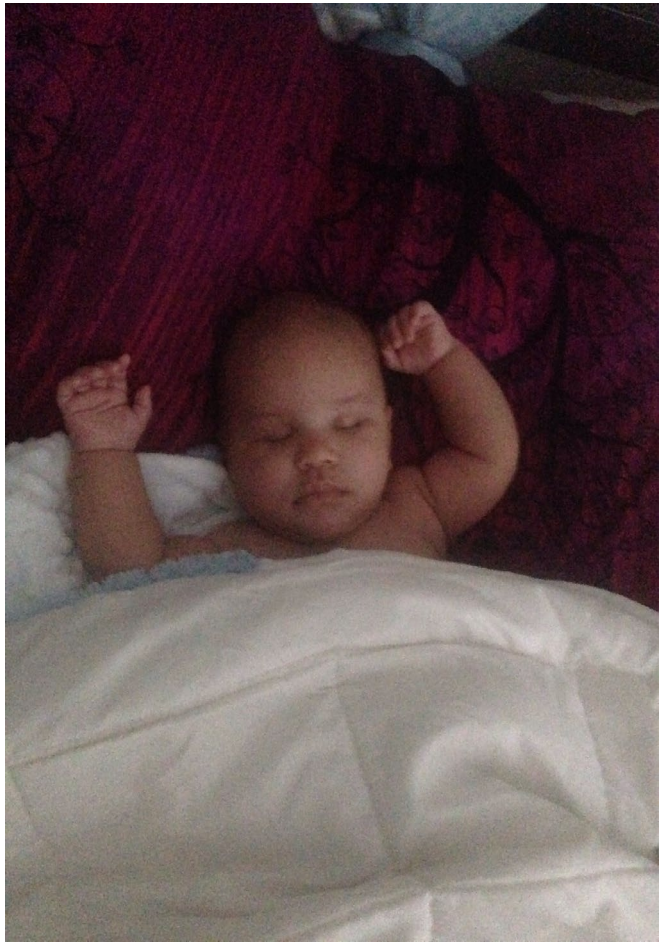
Today's Plan

- Brief recap from August webinar
- Review case vignette and discuss potential options for care



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Overview of CPS and PMH

- Overrepresentation of Black, Latinx, and Indigenous families in the child welfare system
  - Higher rates of mental health disorders
  - History of criminalization of substance use
  - Historical context of racism
- Short and long-term effects of both CPS & PMH
  - Disrupted parent-infant bonding
  - Intergenerational trauma
  - Impairments in child development

Perinatal Mental Health and CPS

- Studies show that in cases where baby is born to a birthing person with a mental illness, many are reported to CPS w/in the 1st year
- Misconceptions and stigmas of PMH
- May affect parental attunement, engagement with safety practices, and ability to align with medical recommendations
- Child welfare involvement itself can be a risk factor for PMADs and trigger feelings of shame, guilt, defeat, isolation

- Postpartum Psychosis - high risk!
  - Infanticide and filicide
  - NOT postpartum depression
- Postpartum OCD – consult!
  - Intrusive thoughts do not equal intention
- Postpartum Anxiety
  - May experience challenges coping
  - Affect parenting styles – permissive, passive, or rigidity

Role of Child Protective Services

- **Children's Protection Services Legal Mandate:**

  CALIFORNIA WELFARE AND INSTITUTIONS CODE SECTION 300-304.7 *(WIC 300)*

  a. Physical Harm
  b. Neglect
  c. Emotional Damage
  d. Sexual Abuse
  e. Severe Physical Abuse Age 0-5
  f. The child's parent or guardian caused the death of another child through abuse or neglect
  g. The child has been left without any provision for support; physical custody of the child has been voluntarily surrendered
  h. The child has been freed for adoption by one or both parents
  i. The child has been subjected to an act or acts of cruelty
  j. The child's sibling has been abused or neglected pursuant to (a), (b), (d), (e), or (i)

Welfare & Institutions Code Section 300 (a) - (j)

DCFS Policy: 0070-548.007

Assessing the Safety and Risk of Newborns for Families Already under DCFS Supervision

The decision regarding whether or not a newborn will be removed from a home or is allowed to remain in a home under DCFS supervision or without supervision, should be made in the context of, and in consideration of, the current DCFS recommendation with respect to the siblings. Previous abuse of the newborn's siblings may be sufficient to establish a risk of harm to the newborn, especially where reunification was terminated or not offered. County Counsel should be consulted when CSW is unsure of how to proceed.

Prevention: Your role

- Assessment and early intervention : increase protective factors
  - Assess for perinatal mental health
  - Assess for substance abuse
  - Establish protocols and resource coordination
    - Accurate documentation – highlight strengths!
- Build rapport and support attachment bond and parenting skills
  - Suspend judgment
- Support sleep and building support system
  - Whole family care
- Community perspective

Case Vignette

Shuree is a 23-year-old African-American, female-identified mother of a 5-year-old child and a full-term newborn. The father of the baby is currently incarcerated. Shuree was in and out of foster care as a child and has a history of childhood trauma. She also had an open CPS case with her first child due to a positive toxicology screen for marijuana at the time of birth. She reports feeling depressed and "hearing voices" during pregnancy. She is being prescribed medication from a psychiatrist at a community mental health clinic but is not receiving therapy.

Shuree lives with her mother, who is working her own recovery program and works nights. Shuree is exclusively breastfeeding and her baby shows signs of a healthy, secure attachment. She gives eye contact, caresses and smiles at her baby. Shuree nurses and holds the baby during your entire visit. Her affect is flat and she seems to have low energy. She scores a 19 on the PHQ-9 (indicating moderate to high levels of depression). She expresses feeling hopeless and alone. She says she is afraid the voices will come back and tell her to hurt herself. When the RN asks if she has a plan or a means to hurt herself, she states that she does not want to hurt herself now but discloses that one night a few weeks ago she thought about taking all of her medication to "shut out the world." Shuree also admits that she has been inconsistent in taking her medication as prescribed.

Case Vignette – Discussion

- What else might you want to know about this case?
- What perinatal mental health symptoms do you recognize?
- What risk factors are present?
- What cultural factors are potentially influencing this situation?
- What can you say about her social support network?
- What strengths are present?
- What are the important issues and how would you address them?
- Do you think this warrants a referral to CPS?
- What referrals might be helpful?
- What next steps might you take?

Introducing:

- Tisha Dickens, LCSW
- Heather Cortez, LCSW

Mercy San Juan Medical Center

Carmichael, CA

Case Examples of Mental health and CPS Ivolvement

Heather Cortez, LCSW and Tisha Dickens, LCSW
Mercy San Juan Hospital

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Case example 1

- 25yo Russian female. 2 prior children.
- Hx of anxiety, depression and postpartum depression.
- Positive for Benzodiazepines on admission without a current prescription.
- Mandated report made.
- Importance of collaboration with CPS to create a safe dc plan to get mother connected to needed resources rather than just removing child.
- Doing a thorough, judgement-free, assessment to determine patient needs and work with multidisciplinary team to create a safe discharge for mom and baby.

Case Example 2

- 33 year old Asian female with 1 prior delivery.
- Significant mental health history. Pt diagnosed with schizophrenia and is non compliant with treatment and medication. Pt also appeared with cognitive delay and was found to lack capacity.
- Mandated reporting completed with known outcome: child would be removed from mother due to lack of ability to safely care for child.
- Importance of allowing birth mother to have an active role in safety planning and creating memories to the best of her ability to reduce risk of postpartum depression and trauma.
- Creating a plan in the best interest of both patient and baby while treating everyone with kindness and humanity.
- Creating safe discharge plan within a multidisciplinary team both with hospital and community resources to reduce risks for increase of mental health symptoms after delivery.
- Building positive relationships with patients and supporting them while working with CPS and other community agencies. Working in a team approach.
- Talking through the process with the patient so they know what to expect.

Key learnings

- Importance of working collaboratively with other hospital disciplines, community resources, and CPS.
- Creating positive non-judgemental rapport with patients so they are able to be honest and share their needs.
- Using hospital and community resources to create positive safe discharge plans (mental health assessment, EPDS, Suicide Severity Scale, community partnerships.)
- Looking at whole picture and creating safe discharge plans including cultural barriers, financial barriers, cognitive abilities, support systems, and predisposed opinions and fears.

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Q&A, Discussion, Sharing

Coming Up

October 21: Webinar (Noon – 1 pm)

Breastfeeding and Perinatal Mental Health

November 18: Group Office Hours (Noon – 1 pm)

✓ Staff & Patient Education About PMH

✓ Breastfeeding and Perinatal Mental Health

Register on HQI website: https://www.hqinstitute.org/pmh-learning-community

Meeting Evaluation

Polling question: "Attending today's Group Office Hours was a good use of my time."

- Agree
- Disagree
- Unsure

Open Text feedback – type into Chat: "What could we have done better or differently?"