



TTAC

Perinatal and Early Childhood
Mental Health Network

Training and Technical Assistance Center

Perinatal Mental Health and Psychiatric Supports: Part II

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Who We Are

The New York City Perinatal + Early Childhood Mental Health Training and Technical Assistance Center (TTAC), is funded by the NYC Department of Health and Mental Hygiene (DOHMH).

TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute for Poverty Policy and Research

- **New York Center for Child Development** has been a major provider of early childhood mental health services in New York with expertise in informing policy and supporting the field of Early Childhood Mental Health through training and direct practice
- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and Managed Care Technical Assistance Centers (CTAC & MCTAC), Peer TAC, and the Center for Workforce Excellence (CWE). These TA centers offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers across NYS.

TTAC is tasked with building capacity and competencies of mental health professionals and early childhood professionals in family serving systems to identify and address the social-emotional needs of young children and their families.



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Have questions or need assistance? Please contact us at **ttac.info@nyu.edu** and we'll be happy to assist you

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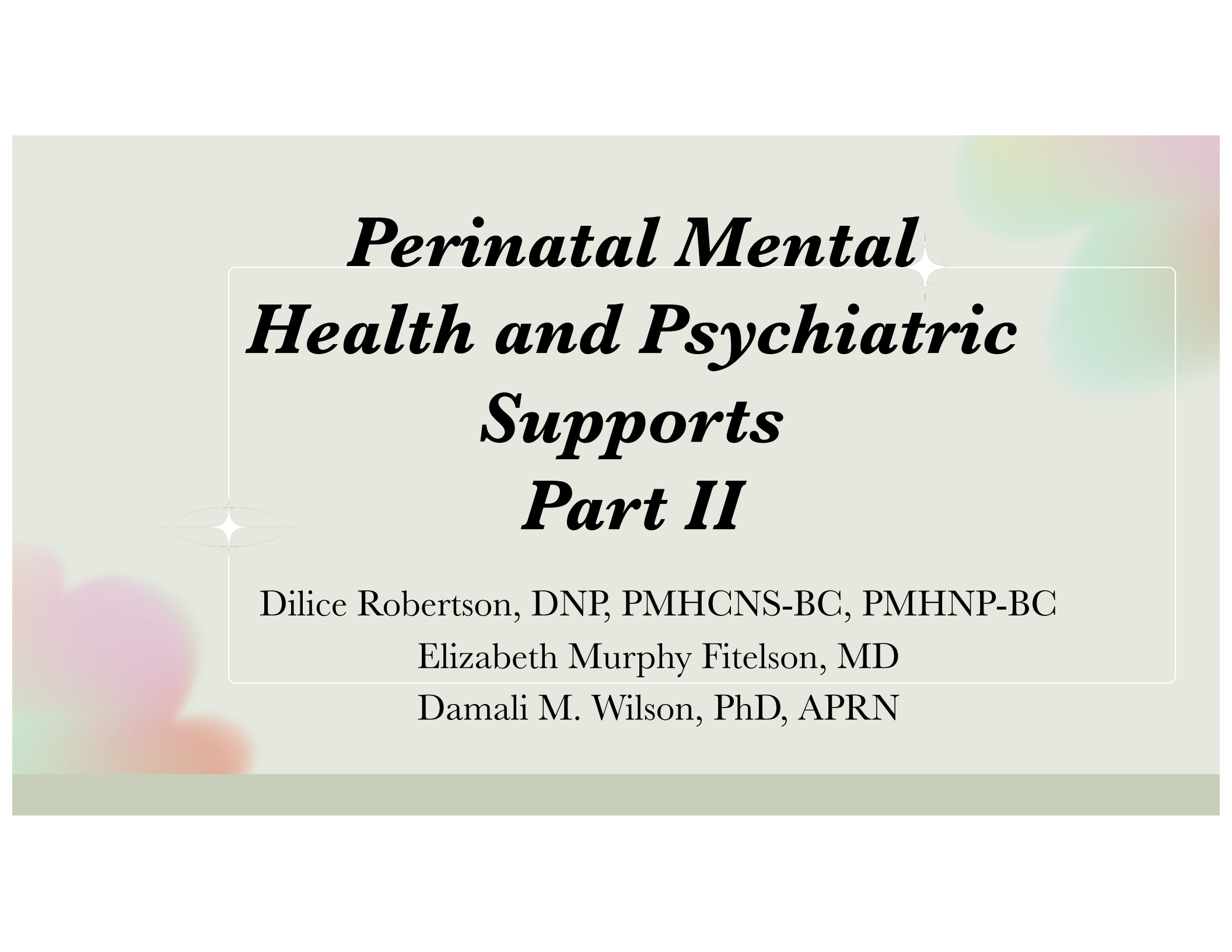
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Perinatal Mental Health and Psychiatric Supports Part II

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Significance



- Perinatal period marked by vulnerability for new and recurrent mental health disorders
- Most common complication of pregnancy and childbirth
- Treatable, yet often undiagnosed and untreated
- In NYC, mental health conditions cited as a leading cause of pregnancy-associated death

TERMS &DEFINITIONS

- **PMADs:** Perinatal mood and anxiety disorders
- **Women/mothers and birthing people:** Individuals with the capacity for pregnancy and childbirth
- **Pregnancy-associated:** Event occurring in pregnancy, childbirth, or postpartum
- **Pregnancy-related:** Event from pregnancy complications, started by or aggravated by condition
- **EPDS:** Edinburgh Postnatal Depression Scale
- **GAD-7:** Generalized Anxiety Disorder Assessment



**TIME FOR
RECAP**

Mental Health Screening and Communication Strategies

Ask



Listen



Observe



Intervene



Defining Perinatal Mental Health

Need to assess the following:

- Prenatal depression and anxiety
- Postpartum depression (PPD)
- Postpartum anxiety
- Postpartum psychosis
- Postpartum PTSD

Studies show up to 1 in 5 individuals experience mental health issues during the perinatal period.

Addressing mental health issues early can improve parent-infant bonding and overall family well-being.

Case of “Aliya”



Initial Consultation (28 weeks pregnant):

- Safe, nonjudgemental environment. Build trust
- Standardized screening tools (EPDS, GAD-7)
- Ask questions: "Are you experiencing any worries, fears, or concerns about your pregnancy?" "Do you feel supported by family and friends?"
- Provide reassurance
- Symptoms: anxious, overwhelmed, restless, overthinking
- EPDS indicates mild depression
- Coping strategies- mindfulness exercises, yoga or light exercise, referral for psychotherapy

Aliya delivered a healthy baby boy, Noah, but struggled with feelings of exhaustion and overwhelming responsibility in the days following birth

Follow-Up Visit (3 weeks postpartum):

- Symptoms: detachment, increased anxiety, difficulty sleeping, crying spells
- Higher EPDS score, suggests moderate PPD
- Recommend therapy (CBT, DBT), possibly medication (SSRIs)
- Encourage new parent support group, and other resources

Key Take Aways

PMH is Critical

Mental health challenges are common, but treatable with the right care. Consider a holistic approach

Communication

Create an open, supportive environment where patients feel comfortable sharing

Screening

Use validated tools (EPDS, GAD-7) to assess mood and anxiety throughout pregnancy and postpartum

Ongoing Support

Continuous check-ins during the first year postpartum ensure that mental health needs are being met (monitoring, communication, resources)



Perinatal Mood and Anxiety Disorders

Considerations for emotional well-being:

- Hormone levels in pregnancy (hCG, progesterone, estrogen)
- Experiencing symptoms
- Parent and infant outcomes and well-being (attachment, FOHaD, pregnancy-related deaths)
- Pregnancy is NOT protective against psychiatric illness
- Continuum: Baby Blues- PPD- Postpartum Psychosis
- Milder cases overlap with normal feelings in the postpartum period – i.e. fatigue, altered sleep, appetite, energy
- Hopelessness, worthlessness, suicidal ideation are **not** normal in the postpartum period
- EPDS- 10-item self-rating scale measuring mood, anxiety and SI

Risks of Untreated Perinatal Mental Illness

Maternal

Poor health care and treatment adherence	Antepartum depression anxiety → Increased risk of PPD and anxiety
Preeclampsia	Maternal Suicide (5% in untreated PPP)
Increase risk of smoking and substance use	Delayed attachment
Poor nutrition	Abuse of child
Loss of interpersonal and financial resources	Infanticide 4% in untreated PPP
	Neonaticide

Child

Low birth weight	reactivity
Preterm delivery	Increased cortisol and catecholamine levels
Lower APGAR scores	Increased rates of NICU admissions
Smaller head circumference	Dysregulation of HPA axis
Cognitive delays	Behavioral problems
Difficulty engaging in social and object interactions	Disruption in development
Show less positive and more negative affect	Increased risk of psychiatric problems later
Lower activity levels	
Greater physiologic	

Treatment Approach

Prevention Strategies:

- Psychoeducation
- Peer/family support network
- Perinatal services
- Financial and work support

Psychotherapy:

- Interpersonal Therapy (IPT)
- Dyadic Therapy
- Trauma Therapy
- Family Therapy

Medication Treatment

- Review consideration factors (e.g., severity, acuity/chronicity, comorbidity, social support)
- Safety?
- Don't panic
- Selection and monitoring



ProjectTEACH

Families Thrive With Good Mental Health

Maternal Mental Health Support Services

- Telephone Consultations
- Linkage & Referral Support
- CME Education Programs

1.855.227.7272

Monday - Friday • 9 am - 5 pm

Services are at no-cost to clinicians in New York State.



Supporting Maternal and
Pediatric Clinicians to Deliver
Quality Mental Health in NYS.

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Office of
Mental Health

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***Recommendations
for addressing
stigma and “fault”
surrounding
perinatal mental
health care and
support?***



Recommendations, suggestions, or considerations for parents with a baby in the NICU?

Are there specific screening tools and specific therapy modalities at different stages of the perinatal period?

How to best tailor therapy for clients struggling with perinatal mental health issues; for example, what CBT or DBT techniques are most effective?

Psychoeducation
material on biological
changes and how
they affect emotional
and behavioral
health?

How can family resilience be nurtured while addressing
mental health needs?

**How can physicians and midwives
best collaborate to support the
emotional and physical well-being of
perinatal people (holistic medicine) ?**



**How can they also help prevent poor
mental and physical health outcomes
for baby?**