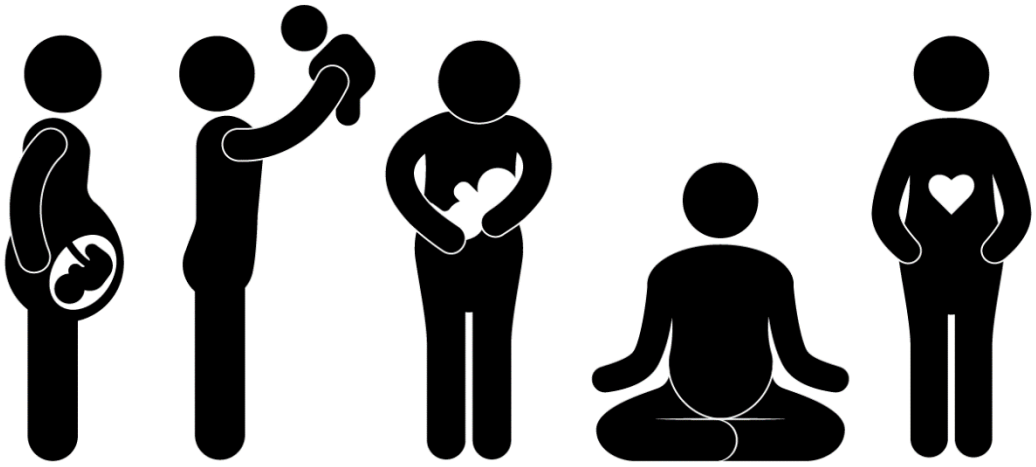
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Training and Technical Assistance Needs:

Findings from a National Survey of Professionals Who Serve Individuals Experiencing Mental Health Symptoms During the Perinatal Period

Mental Health Technology Transfer Center Network (MHTTC)
Perinatal Mental Health Coordination Group

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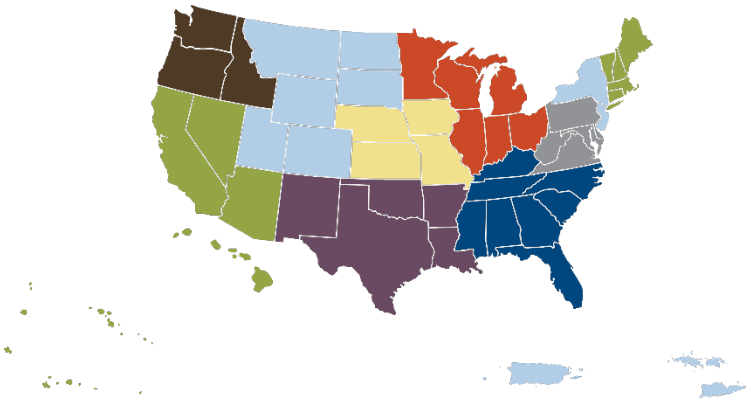


The Mental Health Technology Transfer Center Network (MHTTC) is a collaborative network that provides training and technical assistance, develops and disseminates resources, and helps with workforce development for the mental health field. Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

Recognizing the need to provide person-centered, recovery-oriented services for people who experience mental distress during the perinatal period, the MHTTC Perinatal Mental Health (PMH) Coordination Group came together to provide training, develop products, increase access to research-based resources, and provide technical assistance to health and mental health professionals serving persons who experience mental health symptoms during the perinatal period. By providing innovative and accessible resources regarding perinatal mental health and research-based practices, the MHTTC PMH Coordination Group seeks to help the perinatal health and mental health workforce to better serve their communities, staff, and clients/patients.

Identifying Training and Technical Assistance Needs of Perinatal Health and Mental Health Professionals

In December 2020, the MHTTC PMH Coordination Group developed and distributed an electronic needs assessment to gauge training and technical assistance needs related to PMH. The needs assessment was distributed via email and social media to health, mental health, and addiction treatment providers; community health centers; and perinatal health contact lists.

Results will help the PMH Coordination Group and the MHTTC Network better collaborate with health and mental health professionals and stakeholders throughout the country. Also, results will inform the development of products, training materials, and technical assistance requests.

Language and Terminology

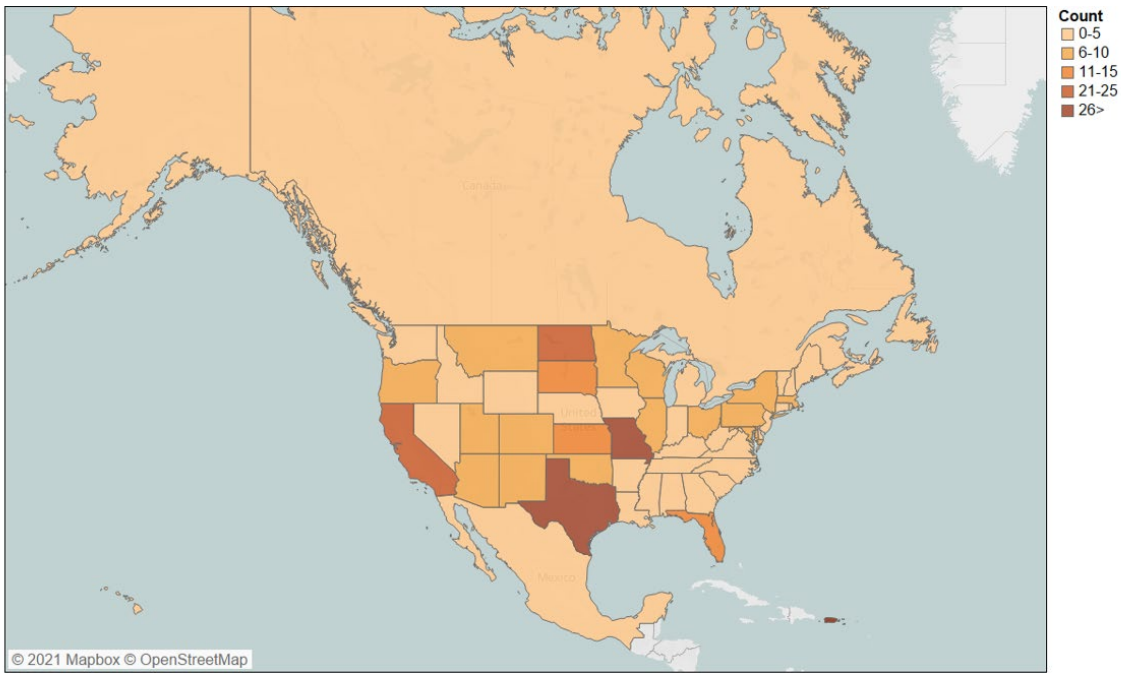
The PMH Coordination Group recognizes that the language used to describe mental health conditions has the potential to contribute to stigma surrounding these experiences, and in fact our group was previously known as the Perinatal Mood and Anxiety Disorder Coordination Group. Based on feedback and communication with the broader MHTTC community, stakeholders, and members of the Coordination Group, the group changed its name to the

Perinatal Mental Health (PMH) Coordination Group. In addition, the coordination group uses the term “perinatal mental health disorders” instead of “perinatal mood and anxiety disorders” (PMAD) to refer to perinatal mental health issues that are clinically significant and require the attention of a health or mental health professional. The PMH Coordination Group believes that these changes better reflect sensitivity toward and inclusivity for those persons with perinatal mental health lived experiences. The name and terminology changes also align with *SAMHSA’s Working Definition of Recovery: 10 Guiding Principles of Recovery* (SAMHSA, 2006).

Survey Respondents

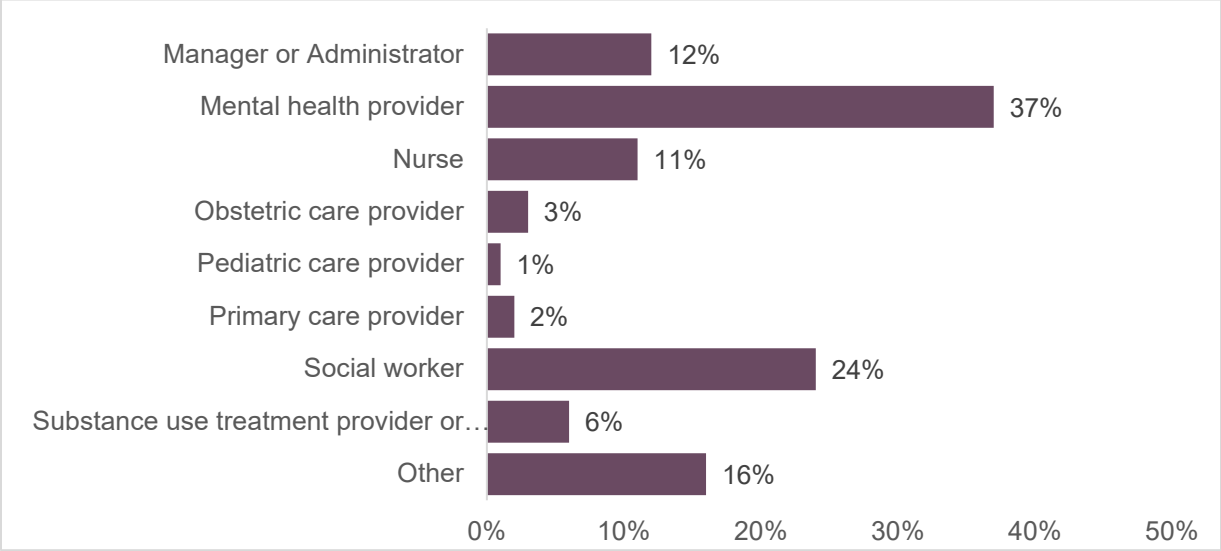
A total of 579 professionals who serve persons during the perinatal period responded to the survey. Individuals from 46 US states, 3 US territories, and 2 non-U.S. countries were represented; however, as shown in Figure 1, participation in some locations was significantly higher than others. To facilitate interpretation due to missing data, we have listed the number of respondents who responded to each item within the titles of each figure.

Figure 1. Proportion of Respondents by Location (N=433)



Respondents were asked to indicate their professional role(s). Professional responsibilities were diverse, and included administrative, community-level, and clinical provider roles. The largest proportion of respondents identified as mental health providers (37%; Figure 2).

Figure 2. Respondents' Professional Role (Select All That Apply) (N=579)

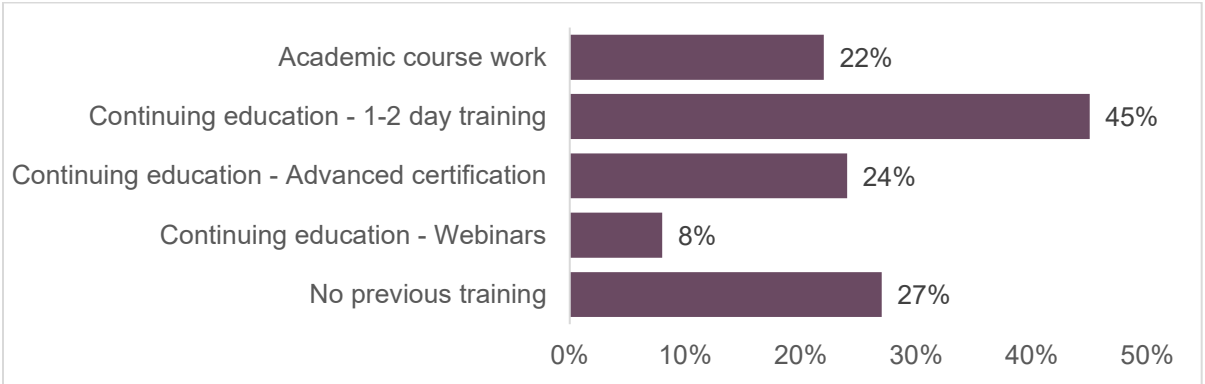


Other includes: nutritionist or dietitian with the Women, Infants, and Children (WIC) Program; community support specialist; and developmental specialist.

Previous Training and Experience

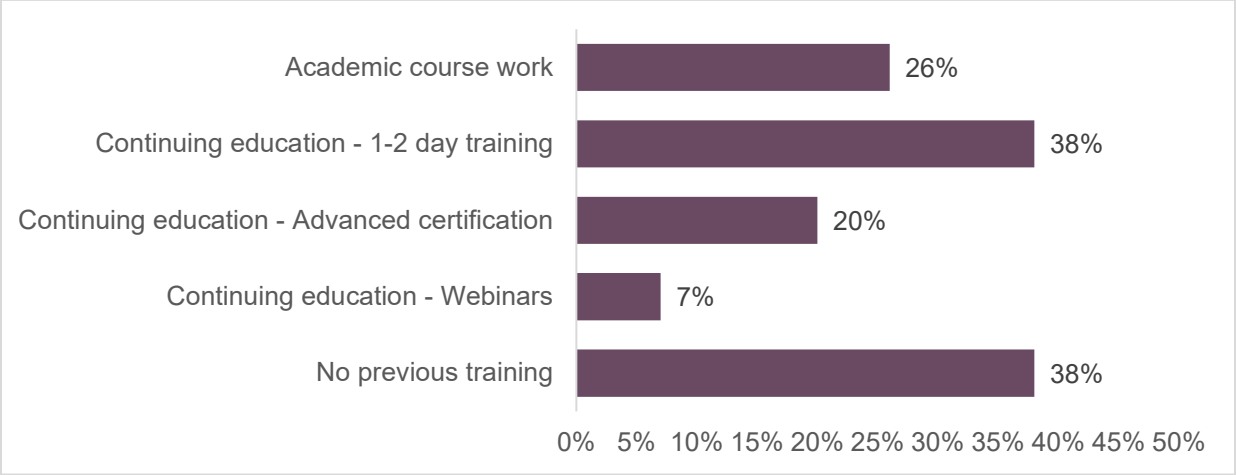
Overall, over two-thirds of respondents reported having received at least some prior training in this area. Respondents then indicated which types of training experiences they had previously received with regard to identifying and treating perinatal mental health disorders. Almost half of respondents reported having taken continuing education webinar trainings (45%; Figure 3).

Figure 3. Previous Training on Identification of PMH Disorders (Select All That Apply) (N=516)



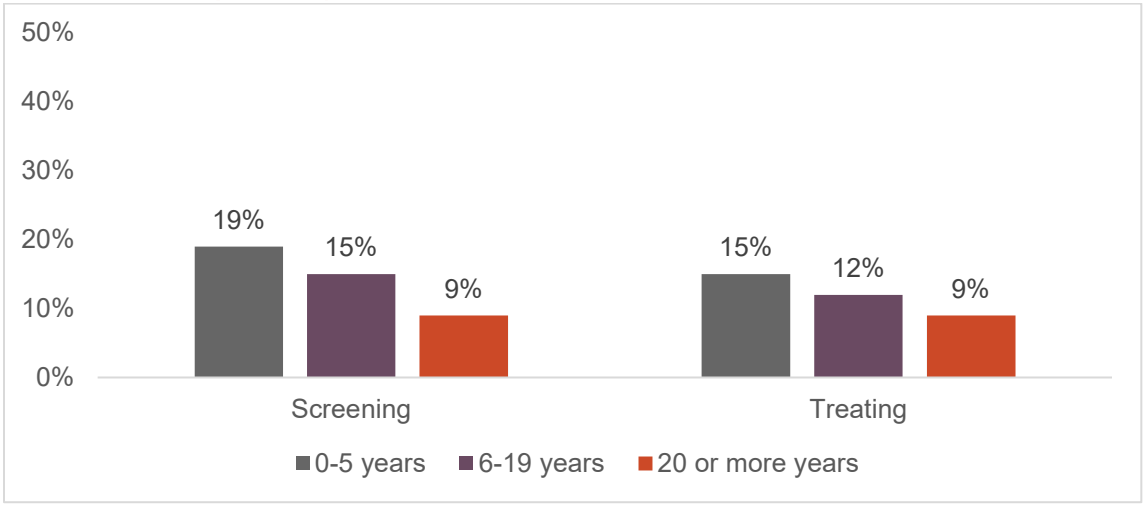
With regard to treating perinatal mental health disorders, slightly more than one-third of respondents (38%) reported no previous training. A similar percentage of respondents indicated that they had taken continuing education webinar trainings on this topic (38%; Figure 4).

Figure 4. Previous Training on Treatment of PMH Disorders (Select All That Apply) (N=499)



Few respondents reported previous clinical practice experience with perinatal mental health disorders, and most of those who reported experience had relatively few years of experience. This was the case for both identifying and treating (Figure 5) perinatal mental health disorders.

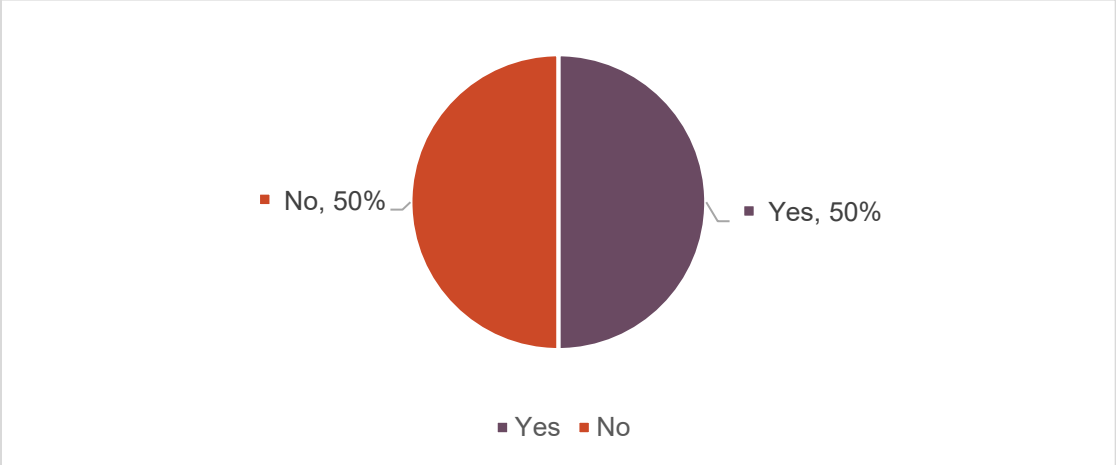
Figure 5. Practice Experience with Identification (N=516) and Treatment of PMH Disorders (N=499)



Screening Practices

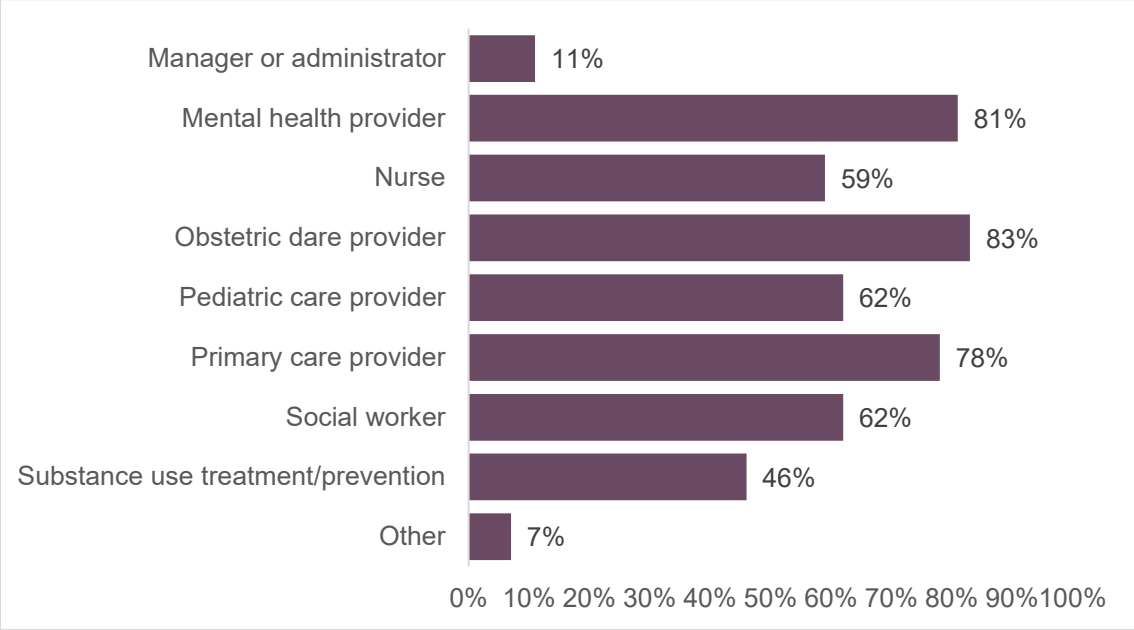
Screening for prenatal or postpartum mental health disorders using validated assessment tools is recommended as part of comprehensive perinatal care.[4] Half of respondents (50%) indicated screening for perinatal mental health disorders in their current practice setting (Figure 6).

Figure 6. Proportion Who Screen for PMH Disorders (N=419)



Respondents were asked to identify which person(s) should be responsible for screening for perinatal mental health disorders. The top 3 most frequently endorsed individuals were obstetric care providers, primary care providers, and mental health providers (Figure 7).

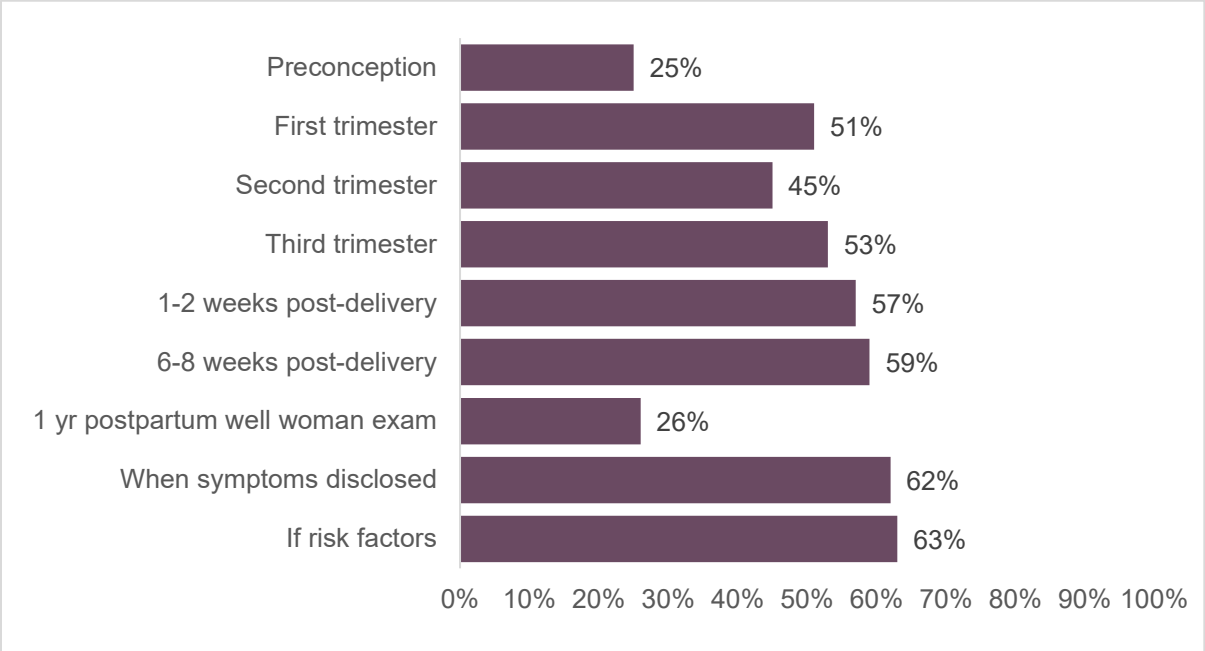
Figure 7. Who Should Be Responsible for Screening for PMH Disorders (Select All That Apply) (N=548)



Other includes: community support specialists, nutritionists/dietitians (WIC), and all health and mental health providers who have contact with the person.

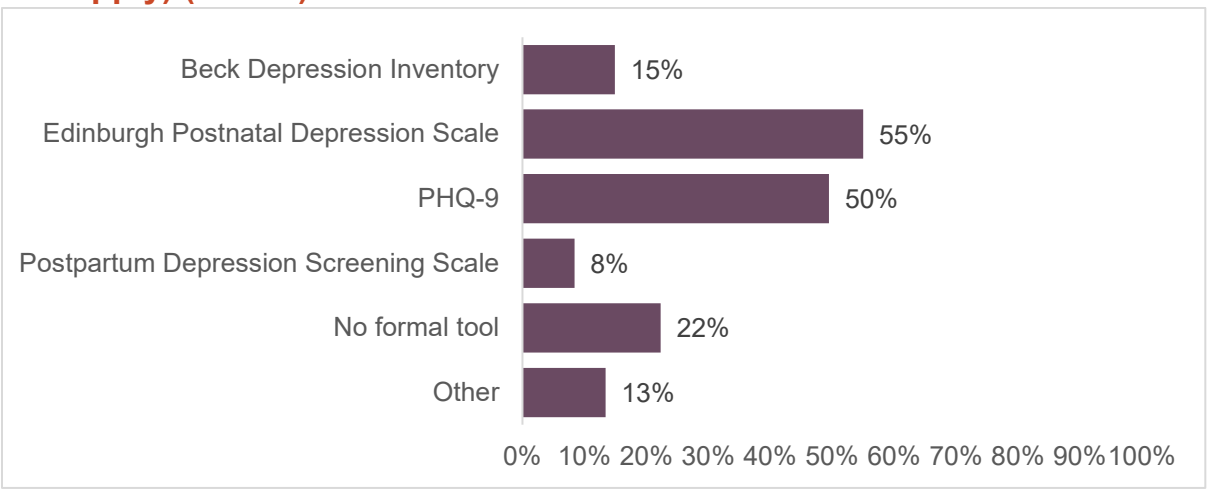
Overall, over half who screen do so when the individual presents with risk factors (63%) and/or when the individual endorses mental health symptoms (62%) (Figure 8).

Figure 8. Of Those Who Screen, When Does PMH Screening Occur (Select All That Apply) (N=202)



About half who screen (55%) use the Edinburgh Postnatal Depression Scale and/or the PHQ-9 (50%). Approximately 22% do not administer a formal assessment tool (Figure 9).

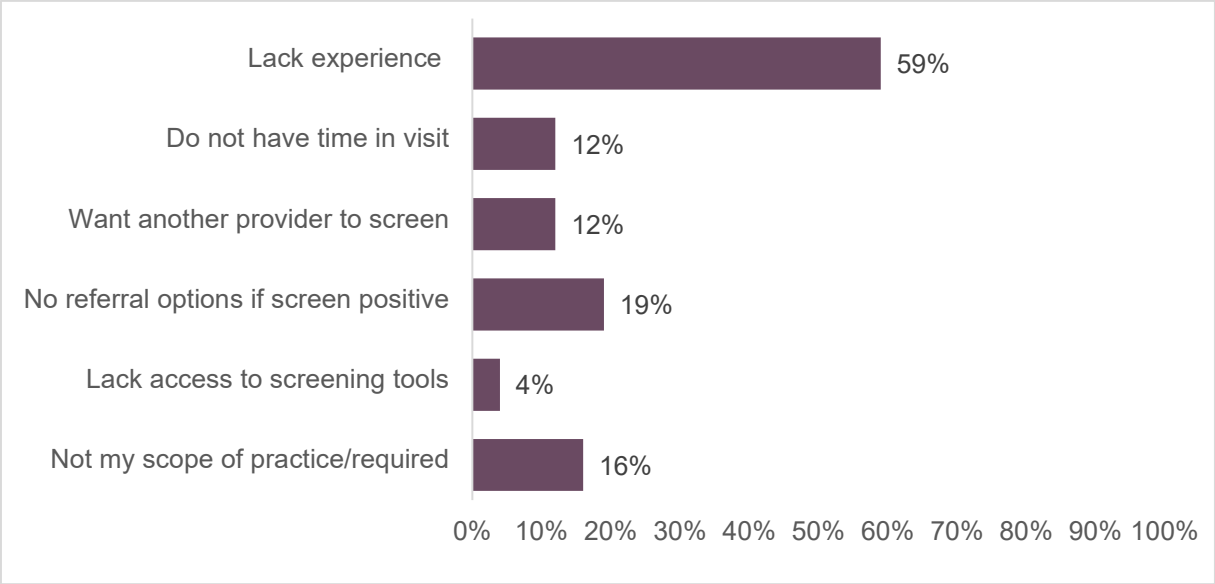
Figure 9. Of Those Who Screen, What Screening Tools Are Used (Select All That Apply) (N=330)



Other includes: Generalized Anxiety Disorder-7 (GAD-7), Center for Epidemiological Studies Depression Scale-Revised (CESD-R), Vanderbilt Depression Self-Assessment, Burns Anxiety Inventory, Columbia Suicide Severity Rating Scale, AC-OK Screen for Co-Occurring Disorders, Performance Assessment of Self-Care Skills (PASS), Perinatal Grief Scale, and Center-Specific Screening Protocol.

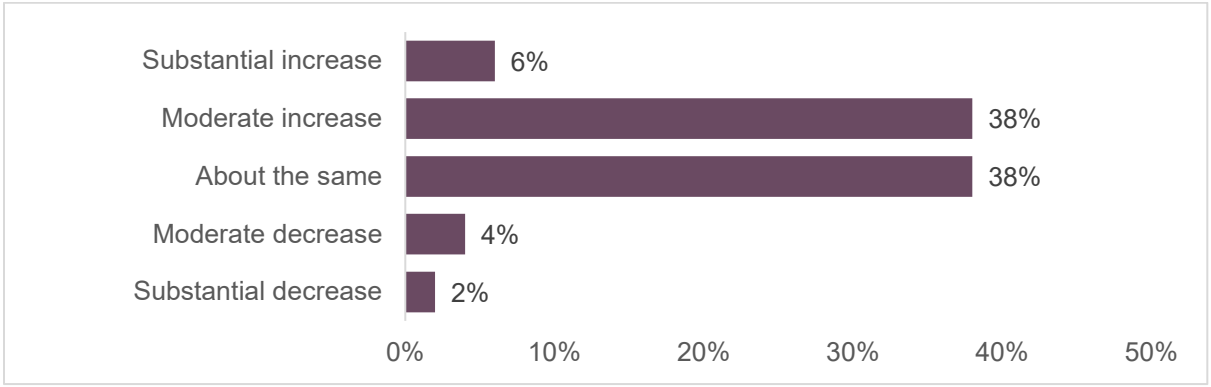
Respondents who indicated that they do not screen for perinatal mental health disorders were asked to specify their reasons for not screening. More than half (59%) stated that they do not screen because they lack experience with this clinical activity (Figure 10).

Figure 10. Why Professionals Do Not Screen for PMH Disorders (N=205)



Respondents were asked to indicate whether the number of individuals identified as having a perinatal mental health disorder has changed since the beginning of the coronavirus disease 2019 (COVID-19) pandemic in March 2020, and if so, in which direction and by what margin. Overall, most practitioners reported that they have seen either about the same number (39%) or a moderate increase (38%) in the number of individuals with perinatal mental health disorders since the onset of the pandemic (Figure 11).

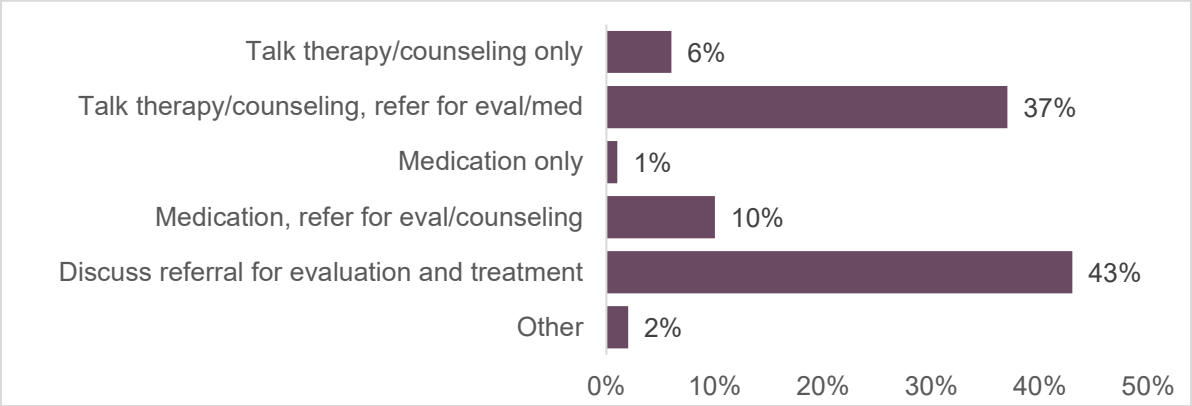
Figure 11. Trends in Number of Persons Identified as Having a PMH Disorder During the COVID-19 Pandemic (N=224)



When an individual screens positive, a majority of respondents (43%) reported that they discuss a referral to a behavioral health professional for further evaluation and treatment. Only about a

third (37%) indicated that they initially offer treatment with talk therapy or counseling and also refer the individual for further evaluation of possible pharmacological treatment (Figure 12).

Figure 12. Referral and Treatment Practices After an Individual Screens Positive for Perinatal Mental Health Disorders (N=357)

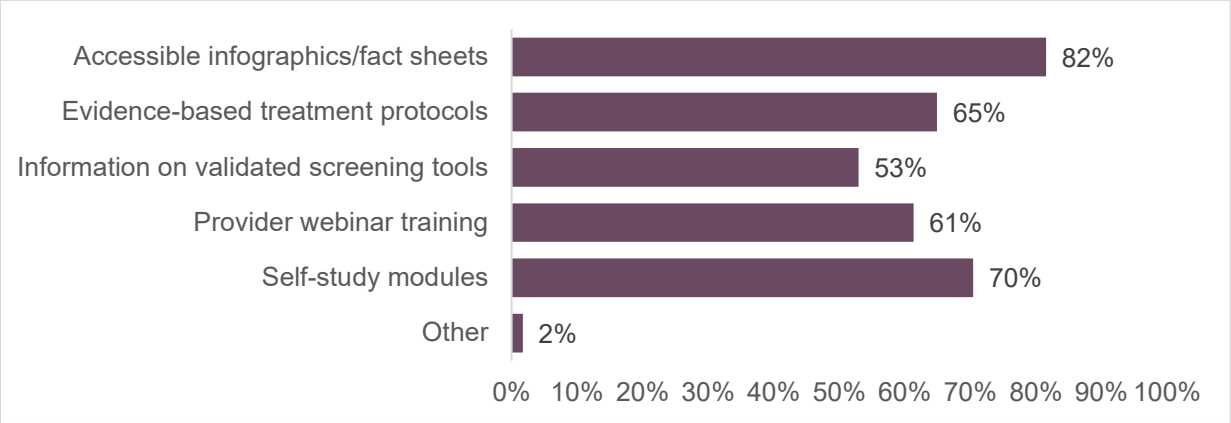


Other includes: interprofessional referral such as to an attending doctor or social services, not in my scope of practice/not required in my practice

Training and Technical Assistance Needs

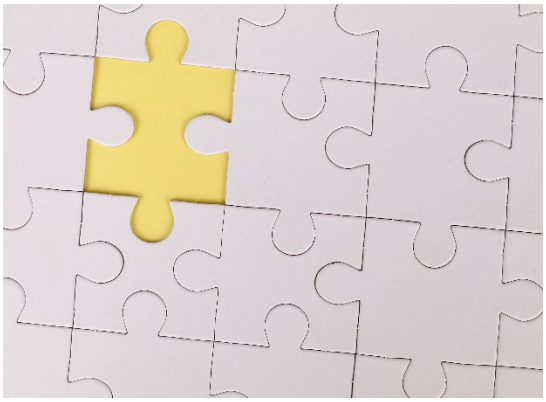
Survey respondents were provided with a series of training and/or technical assistance strategies and were asked to identify what types of information and resources would best enhance their knowledge of perinatal mental health disorders; they were asked to select all that apply. While all available response choices were frequently endorsed by respondents, the top training need was provider-webinar training (82%) (Figure 13).

Figure 13. Training and Technical Assistance Needs of Perinatal Professionals (Select All That Apply) (N=476)



Other includes: information about appropriate referral and consultation practices, in-person or remote workshops, case studies, culturally relevant trainings and screening tools, and COVID-19-specific resources and practice recommendations.

Summary and Recommendations



The findings of this survey will guide the development and delivery of training and technical assistance resources to ensure responsiveness to professionals who are providing services to people affected by perinatal mental health issues. Overall, respondents reported high levels of involvement and interest in continuing to learn about mental health concerns during the perinatal period. While myriad knowledge and training needs were identified, the greatest areas of growth by topic are (1) awareness and identification of perinatal mental health concerns, (2) screening practices and tools, (3) appropriate referral protocols, (4) evidence-based treatment of perinatal mental health disorders, (5) access to trainings and informational resources, and (6) cross-cultural considerations.

The MHTTC PMH Coordination Group has begun addressing topics identified by survey respondents. The following products and technical assistance supports were provided: a Perinatal Mental Health Learning Series (i.e., a didactic webinar series in which topics identified in this survey are discussed by national experts), a Perinatal Mental Health InfoDoc (i.e., a downloadable resource document providing an overview of perinatal mental health concerns, treatment considerations, and description of evidence-based assessment and treatment methods), and a Perinatal Mental Health Resources webpage with definitions and resources for perinatal health and mental health professionals.

Although we had a relatively large number of respondents, we recognize a major limitation is generalizability. The internet survey resulted in a convenience sample of professionals who indicated interest in participating in the survey.

Despite this limitation, the findings provided by this needs assessment present a picture of the current knowledge base as well as the training and technical assistance needs of health and mental health professionals who work with individuals affected by mental health symptoms during the perinatal period. These results have helped the MHTTC PMH Coordination Group to begin addressing areas of need identified by respondents. It is our hope that the MHTTC Network and other stakeholders will use these findings to design and disseminate additional products, training, and technical assistance resources to meet the needs of the perinatal health and mental health professionals across the country.

Acknowledgments

We would like to thank all those who responded to and disseminated this Needs Assessment. Your contribution will help the MHTTC better serve the needs of professionals across the United States who are serving persons affected by mental health symptoms during the perinatal period. We also wish to thank members of the MHTTC Network Coordinating Office who contributed to this report: Ricardo Canelo, Christine Duong, and Felicia Benson.

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