

Massachusetts Special Legislative Commission on Postpartum Depression (PPD)
Wednesday, September 10, 2014, 5:30-7:30 PM
House Members' Lounge, State House, Boston

Minutes

Commissioners present: Representative Ellen Story (Chair); Justine Coggiero (on behalf of Rep. Kimberly Ferguson); Dr. Lee Cohen; Karen Crowley; Gail DeRiggi (on behalf of Commissioner Thomas Weber); Elizabeth Fluet; Liz Friedman; Mary Elizabeth Gamache; Dr. Gordon Harper; Erin Heard (on behalf of Sen. Richard Ross); Dr. Julie Johnston; Peggy Kaufman; Kerry LaBounty; Dr. Monica Le; Sen. Joan Lovely; Dr. Tiffany Moore Simas; Lisa Waxman; Dr. Michael Yogman.

Commissioners absent: Sen. Thomas McGee (Chair); Kristen Alexander; Karin Downs; Rep. Kimberly Ferguson; Sen. Jennifer Flanagan; Dr. Janice Goodman; Dr. Claire Levesque; Sen. Richard Moore; Rep. James O'Day; Rep. Denise Provost; Sen. Richard Ross; Rep. Tom Sannicandro; Dr. Alison Schonwald; Nancy Schwartz; Dr. Jayne Singer; Dr. Joshua Sparrow; Eileen Terlaga; Commissioner Thomas Weber.

Subcommittee members present: Beth Buxton; Dr. Claudia Gold; Margaret Hannah.

Special guests present: Kathleen Biebel, MCPAP for Moms; Denise Corrigan, Holyoke Health Center; Yaminette Diaz-Linhart, Southern Jamaica Plain Health Center/Boston Medical Center; Sarah Heaton, Lynn Community Health Center; Divya Kumar, Southern Jamaica Plain Health Center; Dr. Rebecca Lundquist, MCPAP for Moms/UMass Medical Center; Leanne McDermott, Lynn Community Health Center; Dr. Leena Mittal, MCPAP for Moms/Brigham and Women's Hospital; Jennifer Nunnemacher, Family Health Center of Worcester; Dr. Erin O'Donnell, Lynn Community Health Center; Marcy Ravech, MCPAP; Dr. John Straus, Mass. Behavioral Health Partnership; Deb Wachenheim, Health Care for All.

Commission staff members present: Jessie Colbert, PPD Commission Director and aide to Rep. Story; Amanda Jusino, aide to Rep. Story.

Members of the public and other state employees were also present.

1. Welcome; approval of minutes

Rep. Ellen Story welcomed Commission members and guests. All of those in attendance introduced themselves. The Commission approved the minutes from the April 9, 2014 meeting.

2. A conversation with Deb Wachenheim on her sister's story and more, moderated by Peggy Kaufman

This portion of the meeting began with Deb Wachenheim sharing the story of how she lost her sister, Cindy Wachenheim, to perinatal mental illness. Cindy became pregnant just before her 44th birthday, after fertility treatment and two miscarriages. An attorney for the State Supreme Court, she was offered a full year of maternity leave. She fared well for the first several months, but became increasingly consumed by worries about her son's health after observing what she thought were strange arm movements. She did extensive online research and became convinced that he had cerebral palsy or brain damage, blaming herself for small accidents she believed had caused him irrevocable harm.

Deb was extremely concerned about her sister, and contacted Cindy's pediatrician, who felt similarly and told Deb she had been planning to refer Cindy to therapy. Reluctantly, Cindy began receiving help

(talk therapy and anti-depressants). She seemed somewhat better, but when her son was 10 months old, Cindy jumped to her death from her 8th floor apartment with her son strapped to her in a baby carrier; he survived, and is thriving.

Deb also talked about her activism in New York state, the recent PPD legislation passed there (providing information to hospitals, providers), and about working with the *New York Times* on a story about Cindy.

Peggy Kaufman asked Deb if there were messages from her sister's story that providers, legislators, and others should consider. Deb responded that there were several things she hoped we would take away: the importance of countering isolation for new moms, such as through home visitors; emphasizing screening and other assistance for moms who have been through fertility treatment, miscarriages, etc. – oftentimes such moms have very high expectations, which can clash with the challenges of new parenthood; while considering HIPAA, is there a way for mental health providers to communicate with family members, especially in dangerous situations like Cindy's?; the importance of screening in the pediatric setting; making sure moms dealing with perinatal mental health issues not only have help, but are seeing a provider who is the *right fit*; and how we can provide guidance to families about how to talk with children about maternal mental illness and suicide in an age-appropriate way.

Commission members and other attendees thanked Deb for sharing her story and offered thoughts and questions. Dr. John Straus talked about the importance of reaching out to those around new moms who can provide help and support. Lisa Waxman agreed, but cautioned that sometimes husbands/partners may be in denial. Divya Kumar talked about how “it takes a village” – it was actually her acupuncturist who helped identify her PPD. Dr. Michael Yogman and Dr. Claudia Gold discussed the challenges of treating a mom who believes the problems are with the baby, not her; dyadic therapy could help.

Among other comments from the group, Dr. Gordon Harper discussed the value of bringing mental health providers into the pediatric setting, and asked Dr. Lee Cohen whether his Center for Women's Mental Health at Mass. General Hospital offered any assistance particular to moms undergoing fertility treatment; Dr. Cohen said that although the Center has received NIH grant funding to study this issue (the only such grant), it has been difficult to get study participants because women are so focused on the treatments themselves.

3. Reports and discussion of other initiatives

Emerging Leaders Program: Jessie Colbert reported on behalf of Dr. Claire Levesque that the Commission was chosen to receive assistance from the UMass Boston Center for Collaborative Leadership's Emerging Leaders Program. Jessie explained that a team of fellows from the program would help us with a project increasing public awareness of PPD. The details will be determined by the team in consultation with the Commission.

Community Health Center pilot program: Staff members from pilot sites offered updates on their work. Denise Corrigan from Holyoke Health Center reported that her Center started screening at all pediatric visits up to four months, with follow-up from a Community Health Worker. When moms need help, they offer integrated mental health care as well as MotherWoman support groups.

Dr. Erin O'Donnell, Dr. Sarah Heaton, and Leanne McDermott from Lynn Community Health Center reported that they are now screening prenatally, at 6-8 weeks, and at 4-months; a case manager also re-screens by phone. They have completed 600 screens in the past 6 months, and are able to offer integrated mental health care on site. They have also done 25 home visits, and are doing follow-up with

referred moms to see if their symptoms are improving. There has been extensive Center-wide training and collaboration across departments.

Divya Kumar from Southern Jamaica Plain Health Center reported that they have done 140 screens, and 90 moms have accepted services. Now that they are confident of funding for the fiscal year, they have also implemented third-trimester screening. Their Center has integrated mental health care on site, and mothers can receive immediate help in urgent situations. 40% of moms they serve are not clinic patients (their children are).

[Note: Family Health Center of Worcester was not able to provide a report during the meeting but submitted a detailed written report. They have added an additional OB Advocate – caseworkers who help women throughout their pregnancies and through the second year of their babies' lives. They are working on increasing their Interconception Care (well-child visits for ages 0-2) screening rates, and setting up office protocols for OB advocate support for moms with positive screens.]

MCPAP for Moms: Several leaders from MCPAP for Moms provided an update on their work helping OB/GYNs and other maternal direct care providers screen, treat and/or refer new moms. Since the project's launch in July, their team has provided 49 phone consults to providers, served 65 moms, and trained 348 providers. They have also launched <https://www.mcpapformoms.org/>, which includes a downloadable provider toolkit. Their care coordinators have access to a database of over 600 mental health providers with some PPD expertise, and they are working on educating a wider net of providers through coalition work in six communities.

DPH regulations: Beth Buxton reported that the Department of Public Health has nearly completed revisions on their screening data collection regulations. Rep. Story added that the changes include making the list of reporting providers more comprehensive.

Medicaid screening coverage: Dr. Monica Le and Marlene Kane from Medicaid reported on progress by the agency's working group on postpartum depression. The group is in the process of finalizing a policy memo, after having done a literature review and looking at programs in other states. Marlene also mentioned other Medicaid programs that address PPD, such as text4baby.

Other reports and announcements: Anna Roy from Sen. Joan Lovely's office announced the upcoming PPD Awareness Day on Feb. 11, and directed members to sign-in sheets for helping organize the event and for reserving a table for their organizations. The Commission's next meeting in December will focus primarily on this event.

Susan Petcher from Postpartum Progress announced next summer's (first ever) Warrior Mom Conference, to be held in Boston. This conference is for survivors of perinatal mental health challenges, and will include advocacy training, among other offerings. Dr. Gordon Harper announced an upcoming briefing by the state's Child Fatality Review Team. Annette Cycon from MotherWoman announced their upcoming Group Facilitator Training workshop on October 23-25 at Springfield College. Jamie Belsito from the North Shore PPD Task Force encouraged those in attendance to participate in PPD-related social media, including through Twitter.

4. Adjournment

The meeting was adjourned.