2020 Moms
Closing Gaps in Maternal Mental Health Care

Maternal Mental Health the First ACE

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Healing the “first” ACEs for generations
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10 Categories of Adverse Childhood Experiences (ACEs)

- **ABUSE**
  - Physical: 33%
  - Emotional: 18%
  - Sexual: 11%

- **NEGLECT**
  - Physical: 16%
  - Emotional: 8%

- **FAMILY CHALLENGES**
  - Mental illness: 18%
  - Incarcerated Relative: 27%
  - Mother treated violently: 28%
  - Substance Abuse: 16%
  - Divorce: 8%

Image courtesy of the Robert Wood Johnson Foundation

ACE DISPARITIES

- Black and Hispanic children are exposed to more ACEs than white children
- Income disparities yield even larger doses of exposure than racial/ethnic disparities
- Parent-reported rates about their own kids differ significantly from adults recalling childhood
  - substance use (12% vs 27%)
  - domestic violence (9% vs 18%)
  - mental illness (10% vs 16%)


ACES INCREASE 9 OF 10 LEADING CAUSES OF US DEATH

<table>
<thead>
<tr>
<th>Leading Causes of Death US, 2017</th>
<th>Odds Ratio with ≥ 4 ACEs</th>
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</thead>
<tbody>
<tr>
<td>1 Heart Disease</td>
<td>2.1</td>
</tr>
<tr>
<td>2 Cancer</td>
<td>2.3</td>
</tr>
<tr>
<td>3 Accidents</td>
<td>2.6</td>
</tr>
<tr>
<td>4 Chronic Lower Respiratory Disease</td>
<td>3.1</td>
</tr>
<tr>
<td>5 Stroke</td>
<td>2.0</td>
</tr>
<tr>
<td>6 Alzheimer’s</td>
<td>4.2</td>
</tr>
<tr>
<td>7 Diabetes</td>
<td>1.4</td>
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<tr>
<td>8 Influenza and Pneumonia</td>
<td></td>
</tr>
<tr>
<td>9 Kidney Disease</td>
<td>1.7</td>
</tr>
<tr>
<td>10 Suicide</td>
<td>37.5</td>
</tr>
</tbody>
</table>

Source of causes of death: CDC, 2017
Sources for odds ratios: Hughes et al., 2017 for 1, 2, 4, 7, 10; Petruccelli et al., 2016 for 3 (injuries with fracture); 5. Center for Youth Wellness, 2014 for 6 (dementia or Alzheimer’s disease); Center for Youth Wellness, 2014 and Merrick et al., 2019 for 9
ANXIETY & DEPRESSION SYMPTOMS ACROSS THE US (CDC PULSE)

MANY NEED COUNSELING BUT HAVE NOT RECEIVED IT RECENTLY (CDC PULSE)
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STIGMA & INEQUITY PERVADE CRISIS CARE

Pandemic trauma increased substances, suicide, and overdose in young people and BIPOC and LGBTQ+ communities, but decreased in older White people.

42% of our 2020 Lifeline callers were under 25.

The poorest and the wealthiest areas in Los Angeles have the highest call rates (Skidrow to Beverly Hills).

African-Americans are most likely to have attempted suicide.

29% of callers are missing race/ethnicity data.
ACE-ASSOCIATED HEALTH CONDITIONS COST CALIFORNIA (AND YOU) A LOT

$10.5 billion in excess personal healthcare spending
$102 billion in 434,000 Disability-Adjusted-Life-Years

Asthma
Depression
Drinking
Smoking
Obesity
Arthritis
Chronic Obstructive Pulmonary Disease
Cardiovascular Disease

We envision a future where everyone can thrive with access to high-quality care that treats mental and physical health as inseparable. There will be a day where no family or friend suffers the tragic, preventable loss of suicide.
Understanding health in terms of our lifecourse is crucial

GOALS

REALIZE HEALTH AND HUMAN RIGHTS AT ALL AGES

NEEDED TO DO WHAT THEY VALUE AND ENJOY AND CONTRIBUTE TO RELATIONAL AND SUSTAINABLE DEVELOPMENT

LIFE PHASES

Pregnancy, childbirth and neonatal period

Early childhood (up to 5 years)

Later childhood (6-11 years)

Later adolescence

Early adulthood

Middle adulthood

Later adulthood

BIRTH TO CHILDBIRTH: Poverty-ACEs focus with leverage

World Health Organization, 2019, Promoting health through the life course: www.who.int/life-course

Health Share of Oregon: hard lives research

• Among 55% of members with costly, complex health conditions, frequent, sequential adversities suggest an intergenerational cascade of risk multipliers
  ➔ Stressed, emotionally unstable and/or addicted parent(s) (poverty, racism)
  ➔ Food, housing insecurity, high Adverse Childhood Experiences (abuse, neglect)
  ➔ Poor child development, social-emotional and learning skills
    ➔ School struggles, poor learning, “bad” behavior
    ➔ Dropping out, alcohol/drug use with peers, high-risk sexual behavior
  ➔ High school non graduation, few employment options
  ➔ Involvement with shadow economy, homelessness, addiction
    ➔ Arrest / incarceration
  • Poor health and wellbeing

Adapted with permission from Dr. David Labby, MD, PhD, Health Strategy Advisor, Health Share of Oregon
Investments in women and children need to prevent
1. Cascading adversities that derail healthy lives
2. Development of chronic physical and behavioral health conditions
3. Intergenerational transmission

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HEALTHCARE IS BROKEN
1. Care for health and wellbeing doesn’t follow the circle of life
   a) preconception, prenatal, neonatal (NICU), and pediatric care are *silos*
2. Fragmented care poor quality & outcomes
3. Innovations/QI in each segment lack:
   a) *upstream intervention* sufficient to prevent cascading risk
   b) *downstream measurement* sufficient to show value to funders and payers
   c) *coordination, data, and financing*
INJUSTICE FROM THE START

Black mothers & babies die at 2-4x the rate of white mothers & babies

- Lifelong exposure to racism in every health, justice and social service

- Fragmented equity initiatives
  - Preterm birth and maternal MH efforts don’t always address preconception ACEs and BH
  - They also struggle to measure downstream impact on babies who survive – is she abused, neglected, unready for school? Does she become a mother at high-risk?

Perinatal/Maternal Mental Health Disorders

- Depression
- Persisting dysthymia
- Anxiety
- OCD
- Birth trauma and PTSD
**ACES, ALCOHOL & DEATH**

- 10.4M underage drinkers in U.S.
  - leading substance of abuse in youth
  - **leading cause of teen and young adult death:** drunk driving, homicide, and suicide
- AAP and ACOG recommend screening and brief intervention
- Brief motivational interviewing works!
  - RCT: as little as 1-4 visits, 15- to 45-minutes each

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**EGG AND SPERM TRAUMA**

- Congenital heart defect increases from preconception drinking
  - 16% from mothers
  - 44% from fathers
- Dose–response relationship
- The study didn’t factor in upstream or downstream ACEs and BH

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ACEs are NOT destiny!
With lifecourse care, we can significantly improve outcomes and avert costs

PERINATAL LIFECOURSE CARE

Children whose mothers have very good or excellent health are less likely to experience ACEs

- Treat mental illness, substance abuse, and IPV in kids, teens, young adults, and parents
- Teen pregnancy prevention
- Home visits & dyad care pregnancy to infancy
- Parenting education and social supports
- High quality affordable child care
- Sufficient income support for low-income families

A leader in whole-person mental health care, stigma reduction and suicide prevention for 80 years
- Welcoming, culturally sensitive services that put children, adults, and families at the center
- Best-in-class outpatient and residential care helping those with mental illness or substance use heal with dignity
- Via Avanta is one of the nation’s first homes where mothers recover and get job training, while living with their babies and young children – a whole-family approach keeping kids out of foster care and ensuring generations thrive
- 160,000 children, adults, and families in 10 locations and 120 schools across LA and OC
KEY CONGRESSIONAL & CA LEGISLATION

• Suicide Prevention Lifeline Improvement Act (Katko, HR 2981) – $50 million per year FY 2022-2024, of which at least 80% would be for crisis center capacity and quality assurance
• Campaign to Prevent Suicide Act (Beyer, HR 4585) – national media campaign to raise awareness for 988 and suicide prevention
• Mental Health Justice Act (Porter, HR 1368) – grants for states and local governments to train and dispatch mental health professionals, rather than law enforcement, for behavioral health needs
• Pursuing Equity in Mental Health Act (Watson Coleman, HR 1475) – focuses on mental health in youth, particularly youth of color, through grants for interprofessional health care teams that provide behavioral health care, research on mental health disparities, education for health professionals, and outreach and education
• The Miles Hall Lifeline Act (Bauer-Kahan, AB 988) – funds California’s 13 crisis centers and other services in the behavioral health crisis care continuum

LANDMARK CA GOVERNOR MAY REVISE: MEDI-CAL DYADIC SERVICES BENEFIT

• A new statewide benefit would provide integrated physical and behavioral health screening and services to the whole family.
• This model of care has been proven to improve access to preventive care for children, rates of immunization completion, coordination of care, child social-emotional health and safety, developmentally appropriate parenting, and maternal mental health.
• $200M annually starting 2022-23
WE ERASE STIGMA & INJUSTICE
SAVING & TRANSFORMING
LIVES

911 transferred Lauren, a mother with a diagnosis of schizophrenia, who called feeling unsafe at home. She noted anxiety, stopping her medication due to side effects, and concern someone was tampering with her meds. By the end of the call, she felt calm and agreed to follow-up.

Next day, Lauren tried to get medication but couldn’t access care, leaving her “hopeless, sad, and broken.” She shared intense thoughts of suicide and the stigma of living with schizophrenia, especially with police.

With our support, Lauren engaged in safety planning, including a support group. Appreciative of our care, she plans to give the Lifeline number to her 20-year old son to have someone support him through her condition.

Adverse Babyhood Experiences (ABEs)

What are they?
Negative events for parents before they conceive, and for parents and babies from conception until a child’s third birthday.

Why do they matter? ABEs identify preventable and reducible non-genetic factors that increase risk for infant morbidity and mortality, chronic illness, mental health conditions, and other symptoms in a child’s life; morbidity and mortality in mothers; PTSD and depression in mothers and fathers, and more.

Typically ABEs fall into 10 categories:
1. Maternal loss or trauma: Events in a mother’s life from before she conceives until her child’s third birthday. Include adverse childhood experiences; discrimination based on race, religion, sexual orientation, gender and for other reasons; adverse events from previous pregnancies, etc.

2. Maternal Lack of/Low support: beginning two years before conception until the baby’s third birthday reduces resiliency and the ability to cope with adversity.
3. **Maternal physical stress** is a risk factor for low birth weight, premature birth, chronic illness and other effects in the baby; and for complications and other ABEs in the mother. Examples include being sick throughout the pregnancy, gestational diabetes, worrisome bleeding, etc.

4. **Maternal emotional stress**: Anxiety depression, feeling unsafe, marital problems, conflict, financial worries, etc.

5. **Complications in mothers** during pregnancy, labor or delivery or postpartum- Maternal near misses, vacuum or forceps extraction, hemorrhage, preeclampsia, etc.

6. **Complications in babies** from conception until the 3rd birthday. Poor growth in utero, cord around the neck, shoulder dystocia, premature or breech birth, needing resuscitation, oxygen, a blood transfusion, or intensive care; jaundice, and Infant “near misses”

7. **Separation of baby from mother** in particular, or of baby from either parent

8. **Baby's Birth weight**: Below 5.5 lbs or above 10 lbs.

9. **Breastfeeding Concerns**

10. **Early signs and symptoms** in mother, baby or father indicate a need for more support and repair.
Our Mission

Develop approaches, GROUNDED IN SCIENCE, that build from the formative role of positive experiences in human development to inspire fundamental changes in how we advance health and well-being for our children, families, and communities.

ACEs
- 1998 study of employed people in Southern California
- Patients answered questions about their childhood
- Correlated with mental and physical health

PCEs
- 2015 population study in Wisconsin
- Part of the BRFSS
- Asked about ACEs
- Asked about Positive Childhood experiences
- Correlated with mental health
Positive Childhood Experiences (PCEs) questions asked how often respondent:

1. Felt able to talk to their family about feelings
2. Felt their family stood by them during difficult times
3. Enjoyed participating in community traditions
4. Felt a sense of belonging in high school
5. Felt supported by friends
6. Had at least two non-parent adults who took genuine interest in them
7. Felt safe and protected by an adult in their home

- Internal consistency reliability: 0.77
- Principal components factor analysis: single factor with an Eigenvalue > 1 (2.95).
- Factor loadings ranged from 0.57 (“felt safe/home”) to 0.72 (“family stood by/difficult times”)
Positive Childhood Experiences (PCEs) Protect Adult Mental Health

- 6-7 vs. 0-2 PCES: 72% lower odds of depression or poor mental health
- 3-5 PCEs v 0-2 PCEs: 52% lower odds of depression or poor mental health
- 48% v. 12.6%, OR 0.28; 95% CI 0.21-0.39. 3.8x higher rate for 0-2 vs. 6-7 PCEs.

Positive Childhood Experiences (PCEs) Mitigate ACEs Effects

% with Depression or Poor Mental Health

- 0-2 PCE
- 3-5 PCE
- 6-7 PCE

4+ ACEs
The Four Building Blocks of HOPE

**Relationships** with other children and with other adults through interpersonal activities.

**Environment**

**Engagement**

**Emotional Growth**

- Safe, equitable, stable environments for living, playing, learning at home and in school.
- Social and civic engagement to develop a sense of belonging and connectedness.
- Emotional growth through playing and interacting with peers for self-awareness and self-regulation.

Sege and Browne. Responding to ACEs with HOPE: Health Outcomes from Positive Experiences. Academic Pediatrics 2017; 17:S79-S85

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Join us in the HOPE transformation

**LEARN**
- Visit our website
- Download our material
- Watch our videos
- Complete our online modules

**SHARE**
- Tell your colleagues
- Encourage your agency to sign up for a workshop about implementing HOPE

**ACT**
- Sign up for a Train the Trainer
- Use the Anti-racism Toolkit to increase access to the 4 Building Blocks in your community
- Revise your intake and assessment forms to be HOPE-informed
Closing Gaps in Maternal Mental Health Care

Fireside Chat Q&A

Contact us:
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