

# Maternal Mental Health Environmental Scan



**HEALTHY MOTHERS,  
HEALTHY BABIES**

*Coalition of Georgia*

# AGENDA

1. Welcome and Acknowledgements
2. Background
3. Data Collection and Methodology
4. Results
5. Conclusion



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# WELCOME AND ACKNOWLEDGEMENTS



# Welcome

- Name
- Title/Organization
- One word to describe how you are feeling today



# Acknowledgements

**A special thank you to the Policy and Research team, as well as to all the birth givers and providers whose contributions made this project possible!**

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**HMHBGA Staff and Board: Ky Lindberg, Madison Scott, Shannon Stevenson, Destiny Stokes, Whitney Williams, Fowzio Jama**

**Interns: Jacqueline Jordan, Sydney Comstock, Katherine Springer, Annie Davis, Victoria Fletcher, Imani Holmes, Kenia Ruiz, Reyna Patterson, Aminee Alexander, Dannelle Charles, Kajal Patel**

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# **BACKGROUND**



## Perinatal Mental Health

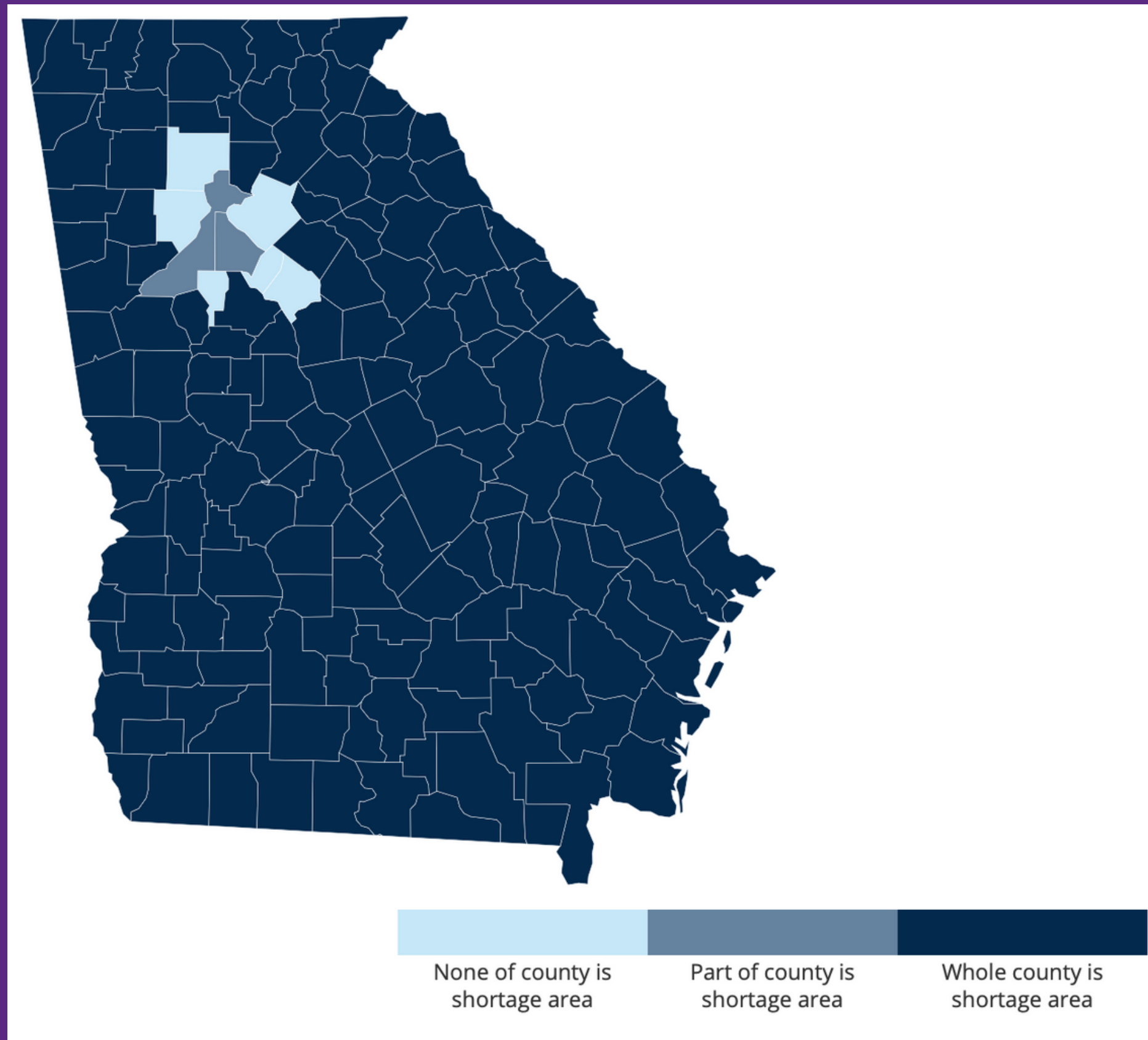
“Perinatal mental health conditions refer to mood, anxiety, and anxiety-related disorders that occur during pregnancy or within one year of delivery and are inclusive of mental health conditions with onset that predates pregnancy. These conditions include and are not limited to depression, anxiety and anxiety-related disorders like posttraumatic stress disorder and obsessive-compulsive disorder, bipolar disorder, and postpartum psychosis.”

(AIM,2023)





# Georgia Mental Health Provider Shortage



- Only six counties were reported as having sufficient mental health providers: Cherokee, Clayton, Cobb, Gwinnett, Newton, and Rockdale counties.
- As of September 2023, 79 PMH-C providers in the state as of September 2023 ([PSI, 2023](#)).

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# DATA COLLECTION AND METHODOLOGY



# Data Collection and Methodology

## Provider Search

- From January to October of 2023, the research team conducted an internet search of maternal mental health providers in the Albany, Atlanta, and Columbus perinatal regions.
- Available provider information was transferred to an Excel file and input into R for data visualization.

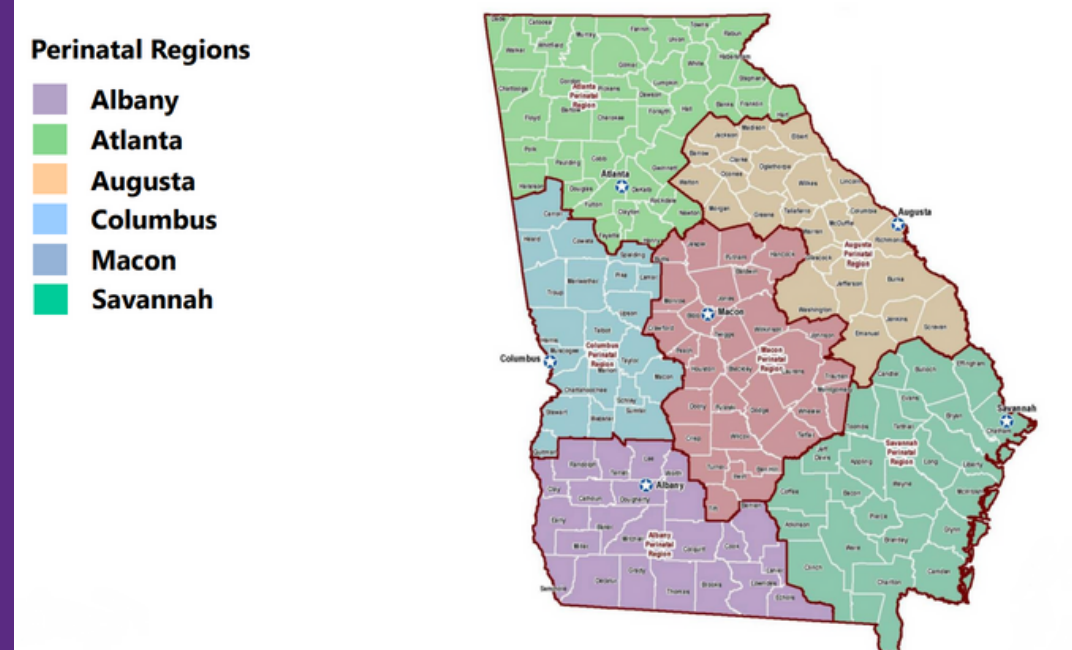
## Provider Survey (N=107)

- Providers were emailed and asked to complete a brief survey via Microsoft Teams including sections on ratings on access to maternal mental health care and forms of insurance accepted.
- Provider survey responses were analyzed using Microsoft Excel.

## Provider Interview (N=18)

- A subset of survey respondents participated in a virtual interview via Microsoft Teams.
- Topics discussed included access barriers, screening tools, and medications.
- Providers were offered a \$100 gift card incentive for their time.

### Georgia by Perinatal Regions



(DPH, 2015)

# Data Collection and Methodology

## Birth Giver Focus Group

- Recruitment strategies included social media advertising, contacting individuals who have engaged in HMHBGA programming, and sharing recruitment materials with community partners.
- Ten individuals were randomly selected to participate in each focus group (Albany, N=2; Atlanta, N=3; Columbus, N=3).
- Participants were offered a \$100 gift card incentive for their time.



## Demographics (N=37)

- **Race**
  - **89% Black**, 5% Hispanic Latino, 3% White, 3% More than one race
- **Age**
  - 22% 18-25, **65% 26-35**, 14% 36-45
- **Residing Perinatal Region**
  - 24% Atlanta, **49% Albany**, 27% Columbus
- **Marital Status**
  - 27% Married or domestic partnership, **65% Single**, 3% Divorced, 3% Separated, 3% Prefer not to say
- **Currently Pregnant**
  - 22% Yes, **78% No**

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# RESULTS



# PROVIDER INTERVIEW THEMES



# Provider Themes

**Providers shared how the desire to assist other birth givers as a therapist stems from personal experiences with perinatal mental health.**

- “It's quite honestly a really personal experience for me... It was a very earth-shattering moment for me. I actually experienced postpartum depression, hands-on, tried to get help, was trying to get the help more so from my OB-GYN. I was told, "You should be lucky. You have a healthy baby. You're able to carry full-term. You just need to eat, exercise, and you'll be fine.”

# Provider Themes

**Providers expressed that birth givers encounter difficulties in accessing maternal mental health care due to various barriers.**

- “Unfortunately, I think that it is way more challenging than it humanly needs to be to access mental health care.”
- “I think it's very difficult. Very difficult. It's hard for anyone in my community to access mental health care.”

**Providers expressed how stigma can be an obstacle for birth givers to seek mental health care.**

- “I think that's the most difficult thing that people have reported to me in terms of finding care because there's such a stigma and shame in your house that people are afraid to ask for the help they need.”
- “When mothers are going to their providers and talking about postpartum depression, they feel like it's almost a double standard because they are Black, and so they're perceived differently. When they're trying to get access for resources and help, the providers are not as helpful as they should be.”



# Provider Themes

**Providers shared how financial and insurance barriers can make it difficult to access maternal mental health care.**

“Even if you have insurance, if these high deductible payments become burdensome over time because we know therapy is a process, unfortunately, you see that drop off of services and not really being fulfilled, if you will, in achieving that goal during the healing journey because it's stunted by financial insecurities or other challenges that may hinder that person from getting the treatment that they really truly need to the fullest extent.”

**Providers expressed their concerns about the challenges associated with the Medicaid system, which can lead to their reluctance in accepting it.**

“I would say Medicaid has not the best reputation in the mental health field, and so people are very cautious about it. It's something that I've thought about. I definitely think that there's a need and it might be something that I consider.”

# Provider Themes

**Providers shared that commonly used screening tools included the Edinburgh Postnatal Depression Scale (EPDS), General Anxiety Disorder-7 (GAG-7), and Patient Health Questionnaire (PHQ-9). However, the frequency of administering screening tools varied across providers.**

- “Bimonthly or every three months” depending on the needs of the client.
- The frequency of administering assessments has “varied based on clients. I typically try to do it at the start of our sessions together and then intermittently throughout treatment just to see if there's a change as far as their symptoms.”

# Provider Themes

**Providers expressed medication concerns shared with them including its impact on the fetus during pregnancy and effect on breastmilk. As clients have expressed concerns, there is a need for education concerning safe options.**

- “Absolutely, fear for the health of their unborn child, all kinds of fears.”
- “We may have clients who are currently breastfeeding. There's tons of myths around taking medications and breastfeeding. I think sometimes there needs to be some education around that. If that person doesn't have a lactation specialist or consultant, I tend to refer for that as well so that they're able to provide that education and then support with that.”

# **BIRTH GIVER FOCUS GROUP THEMES**



# Birth Giver Themes

**Birth givers described many access barriers including stigma, limited knowledge of available resources, and financial and insurance barriers.**

- “Especially mental health-wise, it's really, really hard to put everything out there without feeling like you're being judged and looked at differently.”
- “I would say maybe a little bit of stigma. Being a woman of color, you're a strong Black woman. You don't really have any mental worries or heaviness or nothing that you can't deal with. Or your tolerance is high.”
- “I may have Medicaid, but they only have a certain amount of clients that they take under Medicaid. Then, maybe the appointment's being pushed back or just different things I can see that being a barrier.”

# Birth Giver Themes

**Many birth givers described receiving perinatal mental health screenings, particularly during the postpartum period.**

- “They would ask questions like, “In the past week, have you felt like crying out of nowhere?” Things like that. It asks a number of questions about your day-to-day. Have you felt sad this many times this week? How's your temperament been? Questions like that.”
- “I had screens at my postpartum appointment with my midwife, and I had it at every well-check visit with my son.”

**However, many birthgivers described that maternal mental health was not discussed during prenatal appointments.**

- “I did receive prenatal care and it was not discussed at all ... it's definitely very overlooked when it comes to the whole pregnancy experience and something that I would love to see improve.”

# Birth Giver Themes

**Birth givers proposed enhancing provider interactions by engaging in non-judgmental and comprehensive discussions about maternal mental health while also facilitating connections to relevant resources.**

- “Instead of just one-sentence conversations, I feel like they should be more in-depth when you're talking about how are people feeling.”
- “A little bit more guidance and education because we don't know, if we don't have really those resources, we don't really know where to look or it's really hard in this area, to be honest, to be able to even find it without actually someone in the field giving you that information.”

# Birth Giver Themes

**Birth givers' preferences for maternal mental health support varied.**

## **Individual or Group Therapy**

- “I'd say individual because it gives you more time with the therapist. You may wanna share some things you don't want to share with anyone else.”
- “I like the group setting because you can feel like sometimes you need that support to feel like you're not alone. Also, with that, you can hear other people's stories and how they got through what they got through because everybody's story might not be the same, but it can be similar, and it can help you.”

## **In-person or virtual support**

- “I think virtual definitely make them more accessible for so many people because not everyone can go physically to someone's office.”
- “If it is virtual, I can do it from any location and at my own convenience.”



# Birth Giver Themes

**Many birth givers expressed reluctance to take medications during the perinatal period due to fears of the impact on their child.**

- “I wouldn't be super open to that, just because there's still so much research being done on side effects and things like that.”
- “The number one concern would be how it would affect the unborn child, if it would have any negative side effects.”

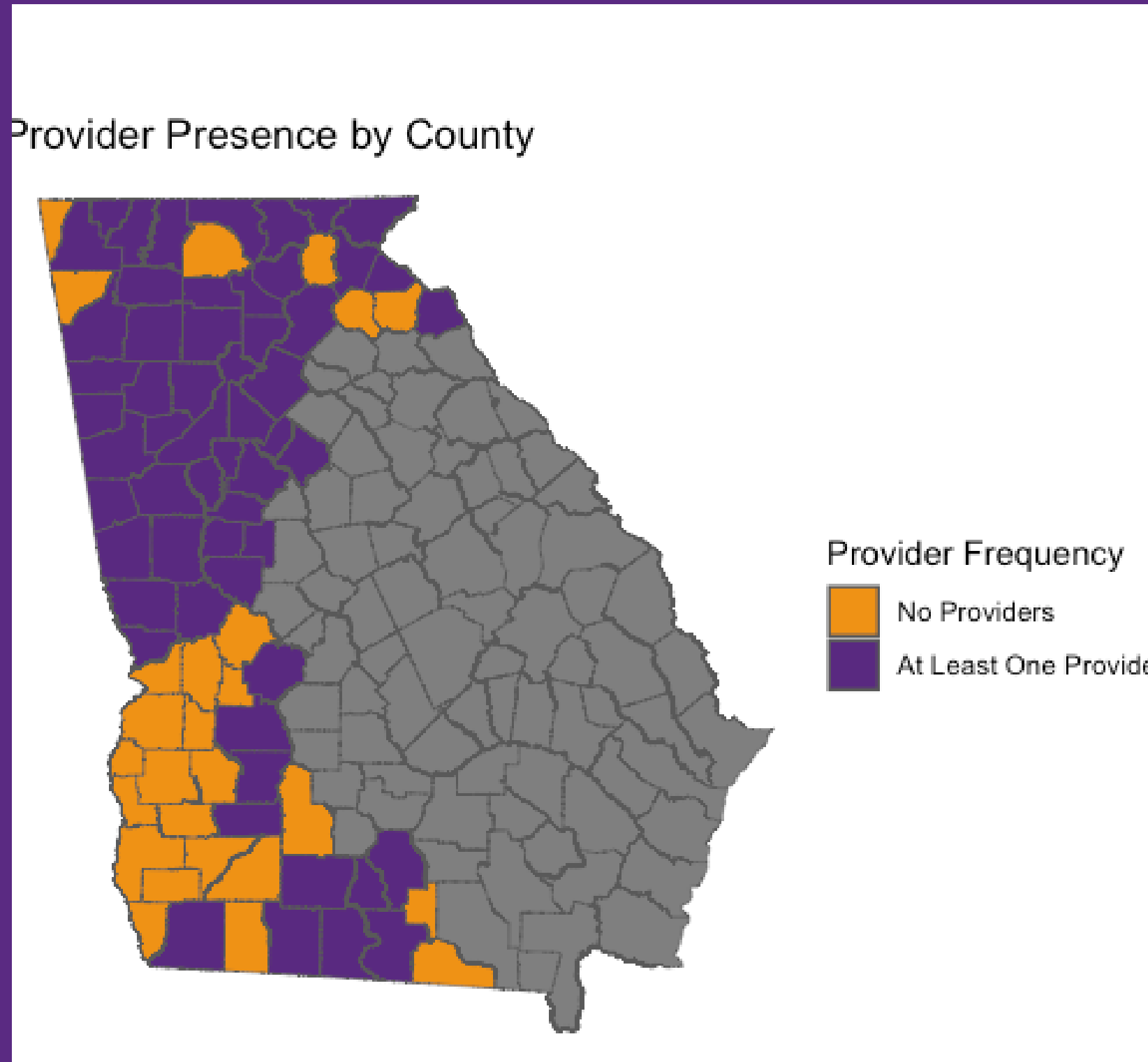
**Birth givers described concerns and receiving conflicting information about taking medication during pregnancy for preexisting mental health disorders.**

“When I told her that I was diagnosed with schizophrenia, she basically told me in her office that if I didn't take my medication, she would have no choice but to call CPS once I delivered my child. I felt that was a very bad approach because my psychiatrist, who had known me for years, gave me the option, asked me if I wanted to continue medication while I was pregnant.”

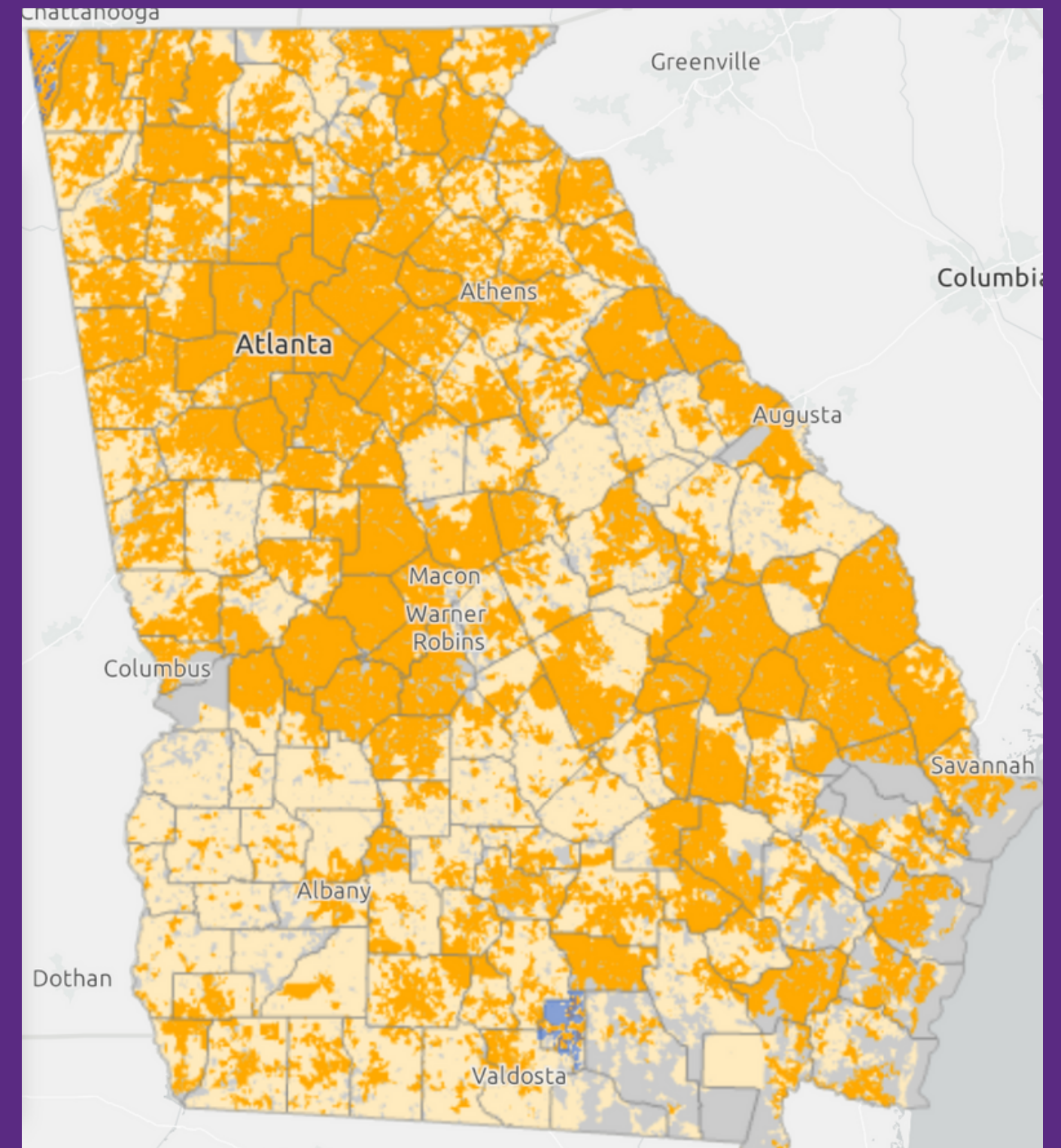
# QUANTITATIVE DATA COLLECTION



# Provider Presence By County



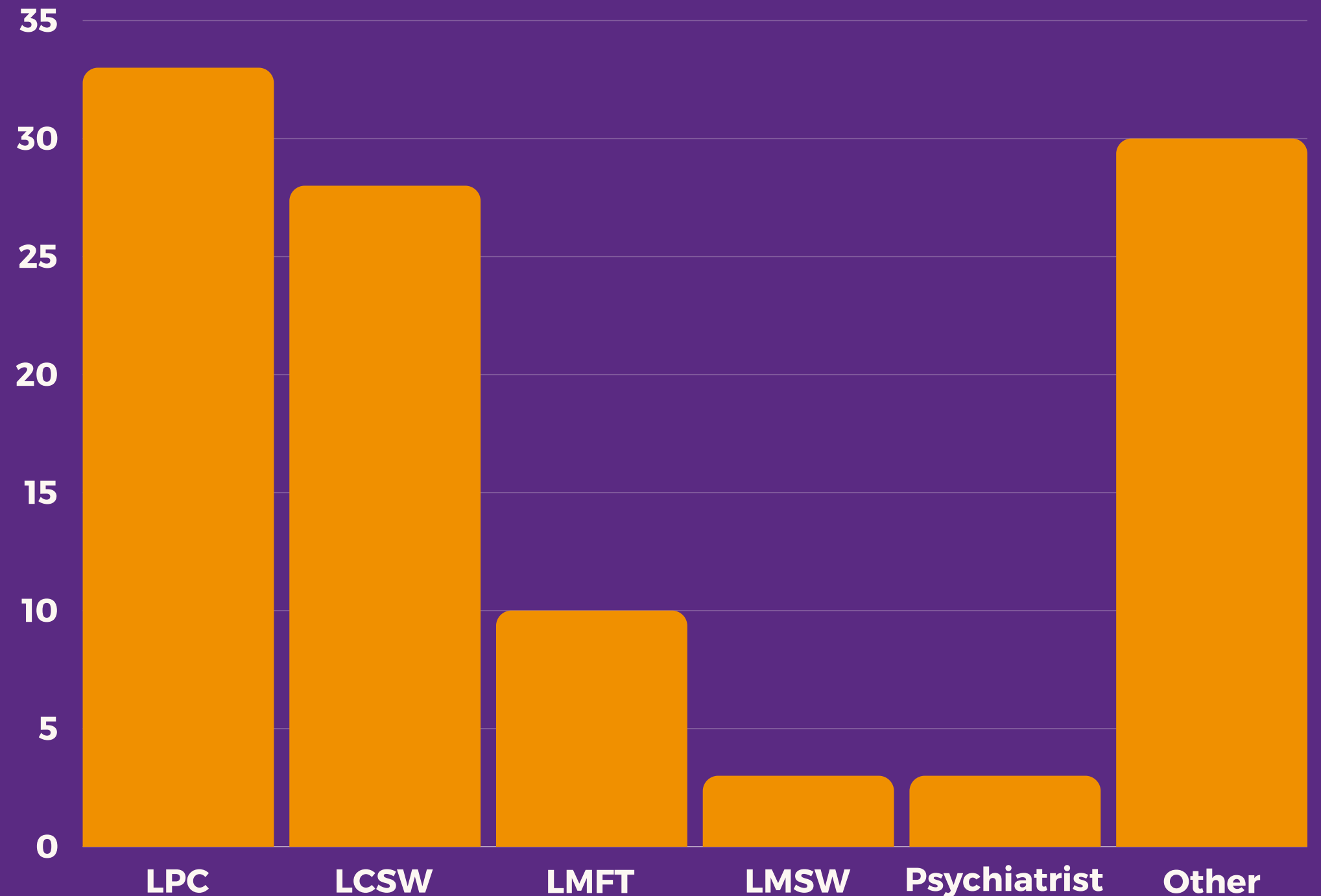
# Georgia Broadband Availability Map



(Georgia Department of Community Affairs, 2023)

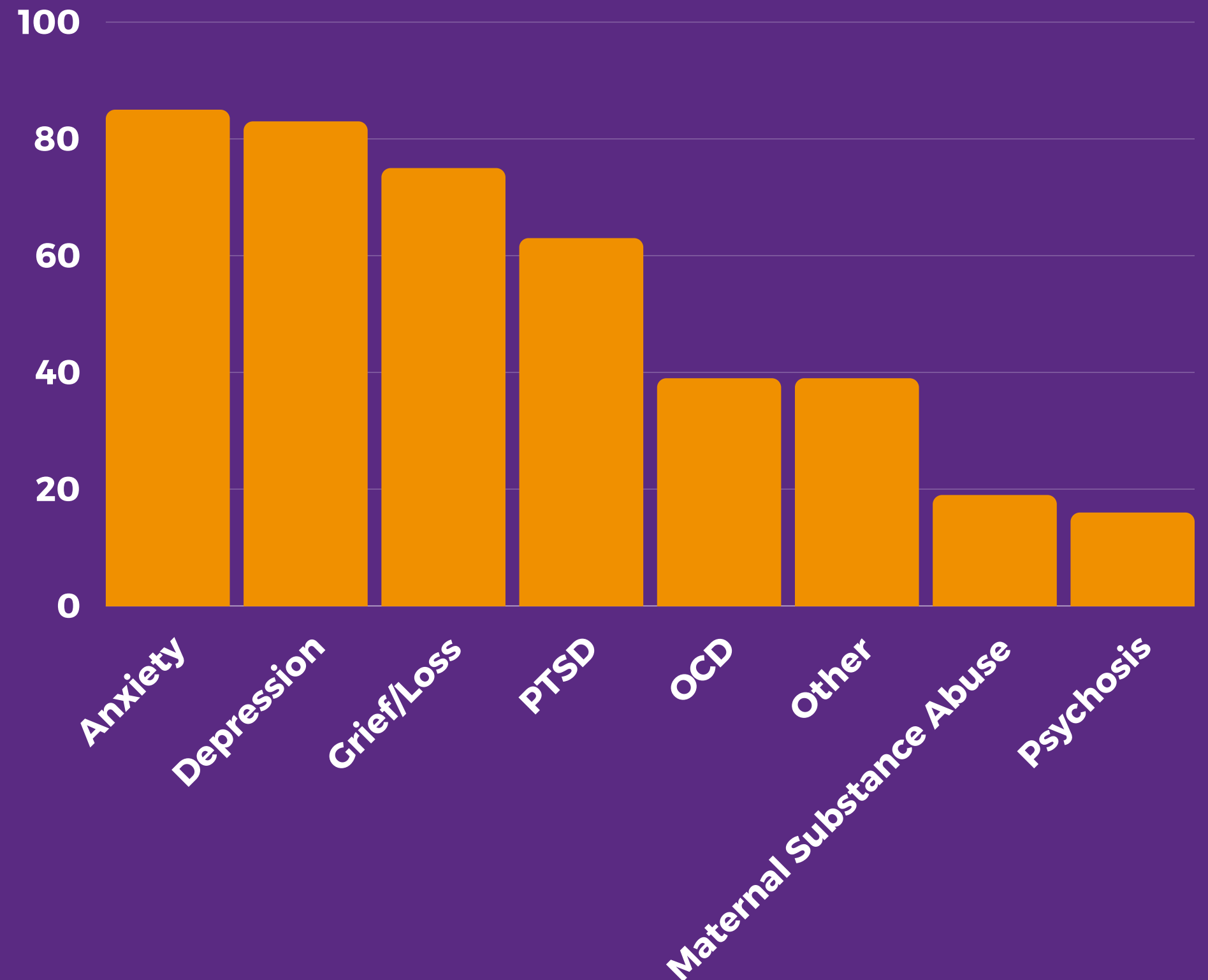
# RESPONDENTS BY PROFESSION, N=107

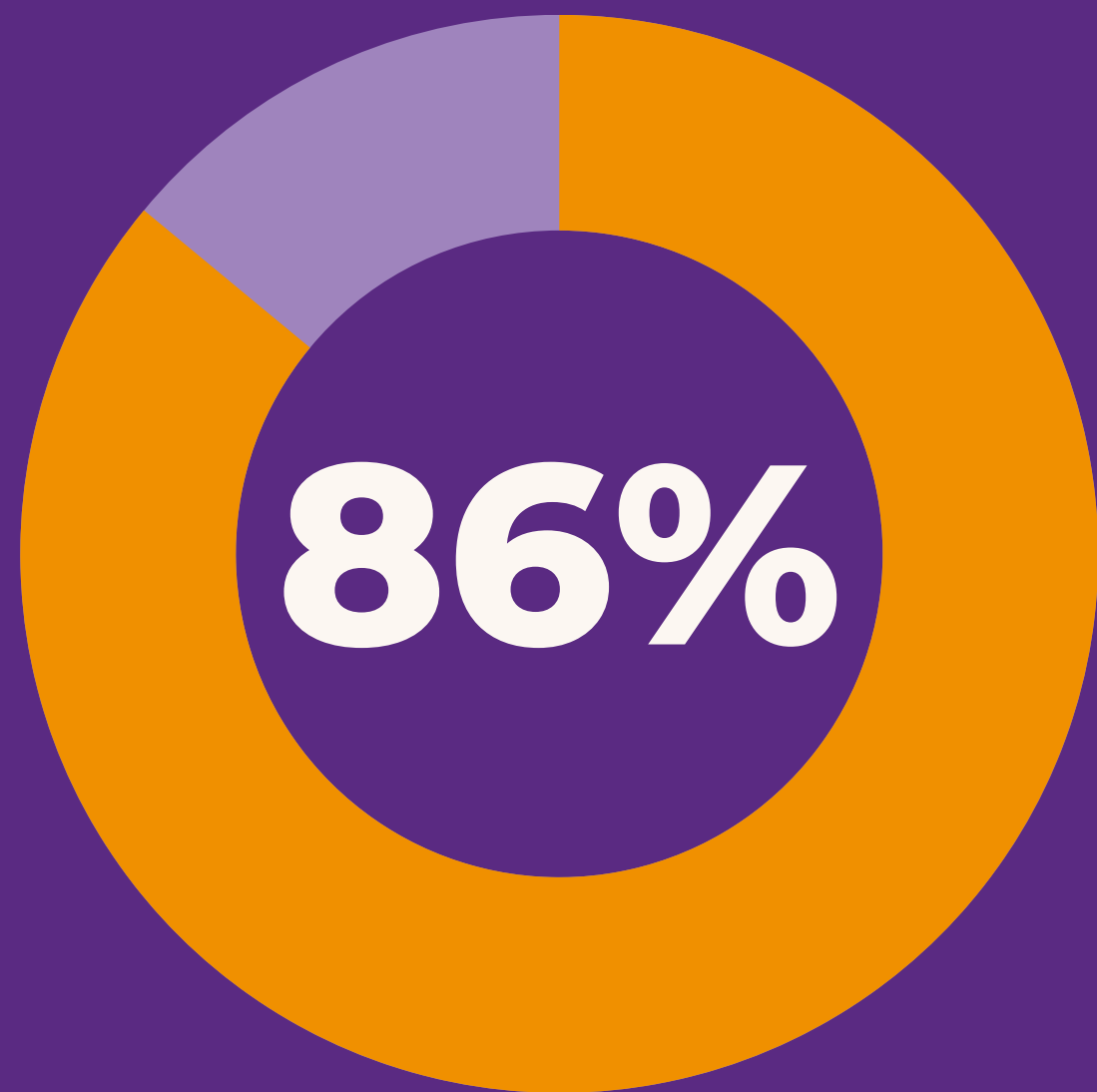
- The most common profession seen was Licensed Professional Counselor (LPC), with 33 providers.
- 23% (N=23) obtained a PMH-C



# RESPONDENTS BY CONDITIONS TREATED

- The most commonly treated conditions were perinatal anxiety, depression, and grief/loss
- Maternal substance abuse and postpartum psychosis were the least commonly treated

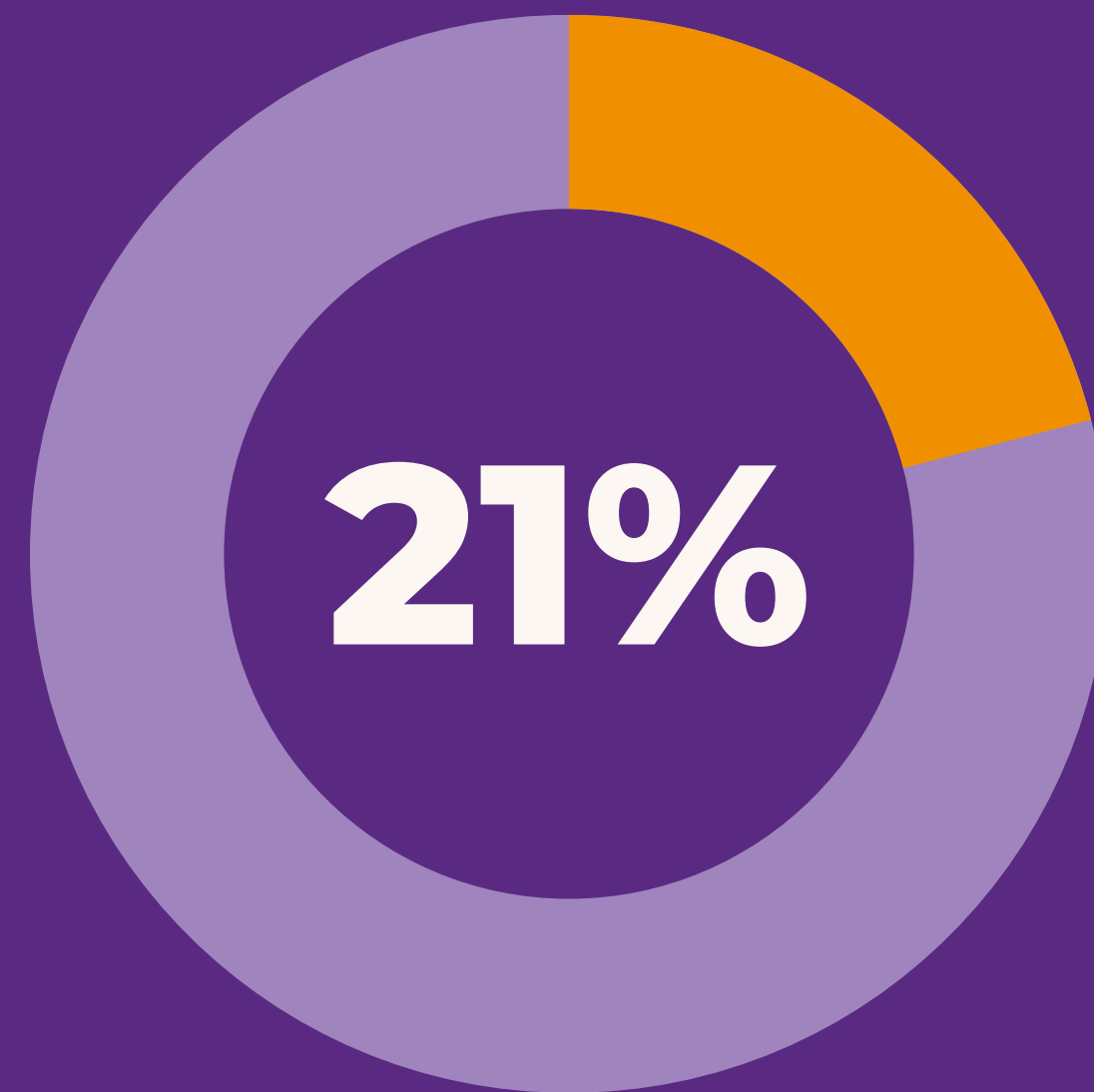




**Providers Currently  
Accepting New Patients**



**Providers Accepting  
Any Form of Insurance**



**Providers Accepting  
Medicaid**

# PROVIDER RATINGS

**4.58/5**

**How comfortable are you providing support to pregnant and postpartum people?**

**2.73/5**

**How easy do you believe it is for pregnant and postpartum people in your community to access maternal mental health care resources?**

**4.49/5**

**How would you rate the need for additional maternal mental health resources?**



# Reasons for Provider Ratings

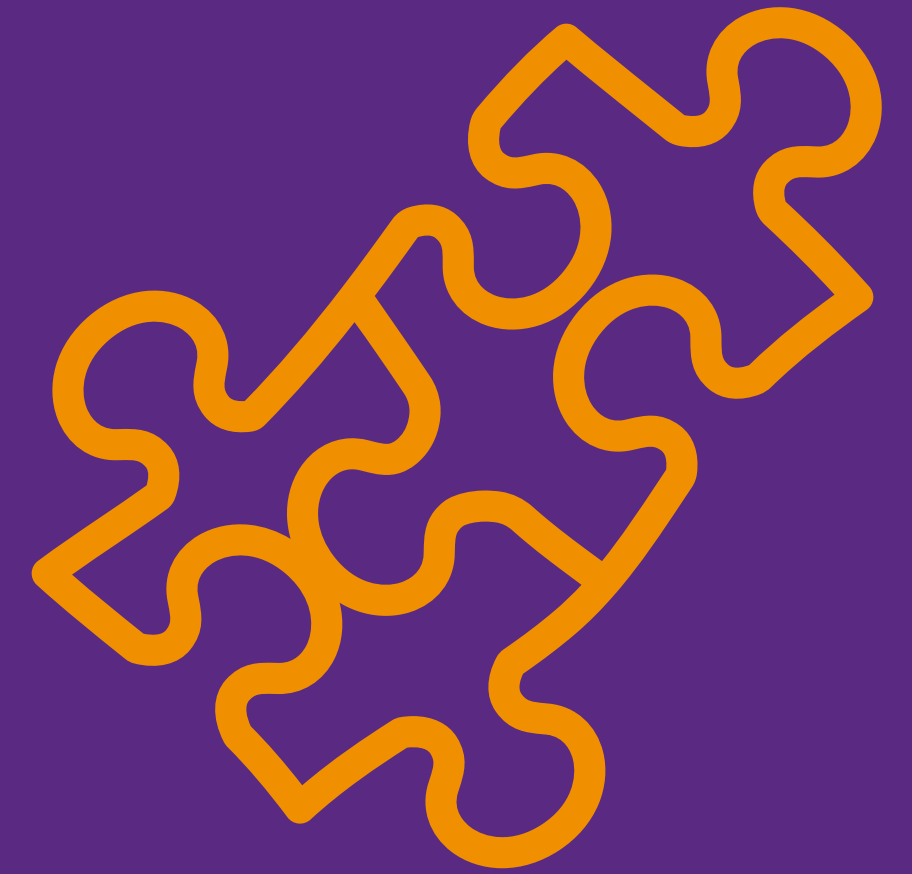
- Provider reach depends on the socioeconomic status of clinic location
- Lack of provider training
- Lack of provider collaboration
- Existing resources are underutilized
- Lack of awareness about maternal mental health conditions
- Minimal postpartum recovery resources
- Lack of culturally diverse providers
- Insurance and costs
- Stigma
- Lack of availability and scheduling





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# **CONCLUSION**



# Exploring Future Research and Limitations

- Limiting provider search to online
- Assessing future perinatal mental health need
- Reducing barriers for providers to obtain a PMH-C
- Assess availability of additional maternal mental health resources including peer support groups





Thank  
you!

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