Integrating Maternal Mental Health Care in the Pediatric Medical Home: Treatment Engagement and Child Outcomes

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Background/Objectives: Maternal depression is associated with poor child health outcomes, and women face many barriers to accessing mental health care. This study assesses the effect of an integrated collaborative care model on maternal and child health outcomes and utilization.

Methods: A maternal mental health clinic (MMHC) was integrated into an urban academic pediatric primary care practice serving low-income families. Mothers were screened during routine well-baby visits for post-partum depression; positive screens were referred to the MMHC. Data were collected over a period of 12 months on maternal engagement and child outcomes (compared to siblings of index children seen in the clinic prior to enrollment in MMHC).

Results: Thirty-nine MMHC mothers enrolled in the study from December 2013 to July 2015. Fifty-eight percent had a prior psychiatric diagnosis, and 58% had a history of trauma. More than half communicated with the case manager via text messaging and 60% had at least one home visit. Mothers attended an average of 9 psychiatrist sessions (M=8.7, SD = 8.4); 60% had at least 3 sessions in 6 months. Both regular text messaging and home visiting by the case manager were associated with a higher number of psychiatrist sessions attended (B = 6.1, p = .03 and B = 5.7, p = .04, respectively). When MMHC children were compared to their siblings prior to enrollment, a higher percentage of MMHC intervention children had vaccinations up to date at one year of age (78% vs. 43%, p = .02) and completed the routinely recommended well-child visits (65% vs. 35%, p = .03).

Conclusions/Discussion: Engaging high-risk women with maternal mental health support and treatment in the pediatric primary care setting shows promising outcomes for both maternal and child health. Case management and home visitation appear to boost maternal engagement and improve child outcomes.