

CHAMPAIGN COUNTY BOARD OF HEALTH

Study Session with Champaign County Mental Health Board & Champaign County Developmental Disabilities Board Tuesday, March 17, 2009, 6:00 p.m.

Call to Order

A study session of the Champaign County Board of Health, the Champaign County Mental Health Board, and the Champaign County Developmental Disabilities was held on March 17, 2009 in the Lyle Shields Meeting Room at the Brookens Administrative Center, 1776 East Washington, Urbana. The meeting was called to order at 6:05 p.m.

Roll Call

The Mental Health Board (MHB) members and Developmental Disabilities Board members present were: Janet Anderson, Bill Gleason, Ernest Gullerud, Deloris Henry, Mike McClellan, Mary Ann Midden, Thom Moore, and Deborah Townsend.

The Board of Health (BOH) members present were: Stan James, Nezar Kassem, Cherryl Ramirez, Bobbi Scholze, Betty Segal, and Julian Rappaport.

Panel Discussion: Perinatal Depression

Moore explained this collaborative study session was for the topic of perinatal depression. Last year the MHB and BOH jointly initiated a competitive application process. The outcome was the boards' decision to co-fund the Crisis Nursery's Perinatal Depression Program, which is now called Beyond Blue. A panel was present to share their perspectives on perinatal depression and the progress of the Beyond Blue program. The panel was moderated by Laura Swinford (Crisis Nursery Program Director). The panel consisted of Sureland Trice (Crisis Nursery Beyond Blue Family Specialist), Lynn Fisella (a mother who shared her struggles with perinatal depression), Dr. Martin Repetto (a psychiatrist at Provena Covenant Hospital), and Sheila Raila (a registered nurse with the Champaign-Urbana Public Health District). Swinford hoped Dr. James Sheppard (OB-GYN at Carle) would be joining the panel later. Each panelist made a brief presentation about perinatal depression and its mental and physical impacts on women, children, and families.

Sureland Trice explained the Crisis Nursery Beyond Blue program provides education and support to mothers who are at-risk for or are experiencing perinatal depression. Perinatal encompasses both postpartum depression and depression during the pregnancy. Crisis Nursery uses the Edinburgh Postnatal Depression Scale as the instrument in assessing the mothers. The program serves mothers in isolated, rural Champaign County who have a child that is aged one year or younger. The Beyond Blue program consists of four different components: the parent/child interaction group, home visits, support groups, and respite hours. The parent/child interaction group meets for 90 minutes once a week for six weeks. The group helps to enhance parenting skills and strengthen the bond between parents and their children by using developmental observational treatment plans. The home visits give mothers the chance to receive individualized support outside of the group setting. Families are able to work on

individual and personal goals with a Crisis Nursery Family Specialist. Depressed individuals tend to isolate themselves and the home visits help alleviate some isolation. The support groups give mothers a safe and confidential environment to voice their stress, depression, and personal issues. These groups are just for the mothers while Crisis Nursery provides onsite care for their children. The groups are facilitated by Trice, Hellen McDonald (a licensed clinical social worker), and Sue Osborne. Families are able to earn respite hours through their participation in parent/child interaction groups, home visits, and support groups. Respite hours help relieve and reduce parental stress by giving parents the opportunity to care for themselves, while Crisis Nursery provides care for their children. Trice shared the story of a mother who has benefited from involvement in the Beyond Blue program.

Lynn Fiscella spoke about her experience with depression during both of her pregnancies and the importance of the Beyond Blue program. Having access to such a program during her depression would have been tremendously helpful and she believes this program is live-saving for some women.

Dr. Martin Repetto spoke about the treatment of perinatal depression and the use of psychotropic medications during pregnancy and while breastfeeding. Perinatal depression has a significant impact on the health of mothers and babies. Depressed mothers have a tendency to enter prenatal care later and to follow-up less frequently. There is a high rate of suicide attempts during pregnancy, approximately 15%. Complications during pregnancy and delivery seem more frequent in depressed patients. Depressed mothers have difficulty in establishing appropriate bonding with newborns and this has an impact on the babies' emotional, behavioral, and cognitive development. The risks factors for perinatal depression include a past history of depression, stress, poverty, poor social support, and domestic violence. Dr. Repetto talked about the different screening tools used to assess a pregnant woman for depression. Perinatal depression requires treatment or, at least, help. There are pharmacological treatments for perinatal depression, as well as various other non-pharmacological treatments including therapy and support groups. He felt the Beyond Blue program was an excellent option for treatment and stressed the importance of depressed patients having a safety plan. Babies born to mothers taking the appropriate antidepressants do not show any long-term negative effects due to exposure to anti-depressants. There are some complications that could occur post-birth, including a slight increase in persistent pulmonary hypertension. Babies can suffer from the abrupt discontinuation of anti-depressants when they are not breastfed. The general recommendation is that depression during pregnancy has to be treated. If medications are used, then the lowest effective dose should be used.

Sheila Raila explained her role as a case manager at the Champaign-Urbana Public Health District. She discussed some of the cases that come across her desk.

Discussion, Questions, & Comments

Moore thanked the panel members for their presentations reinforcing the need for this program. He felt the panel was substantial and symbolic of how communities need to start addressing the needs of its people. He opened the floor for questions.

James commented how financial problems impact depression and how the Rantoul community lacks the outreach to try and help people because it was geared towards a military establishment. He felt it was important to reach out to rural residents who do not have the access to services that the urban residents do. He questioned who would fund these programs and outreach in this day and age when entities are facing budget cuts.

Rappaport asked the panel if they could share information about how perinatal depression impacts the physical health of the mother and the developmental and physical health of the child. He wondered if programs like Beyond Blue would be preventive in reducing the incidents of new cases of serious developmental and physical health problems. Dr. Repetto spoke about the effects of maternal depression on the babies' development. Trice stated the program has seen mothers with depression not getting out of bed or feeding themselves or their children properly. The Beyond Blue program also provides interactive activities with the parents and children to improve development.

The boards and panel continued to discuss the impacts of perinatal depression and the benefits of treatment for both mothers and children. Swinford described other services offered by Crisis Nursery that help support families. In response to James's earlier comments, Rappaport stated there might be reason to believe that programs like Beyond Blue can help to save money by preventing fewer cases that need serious clinical treatment a later date. Dr. Repetto stressed the fundamental importance of Crisis Nursery's 24-hour available respite care to provide support and safety tools to parents.

McClellan asked if there was any correlation between the involvement of fathers and the incidence of perinatal depression. Trice said the majority of families in the Beyond Blue program are two-parent households. Dr. Repetto described how involved fathers can assist depressed mothers in getting treatment and providing emotional stability. However, households with domestic violence exacerbate the symptoms of depression. There is no study correlating the involvement of fathers with the incidents of perinatal depression. The boards and panel discussed the outreach efforts of the program.

Ramirez asked if pregnant women were routinely checked for thyroid problems, which can cause depressive symptoms. She noted expectant mothers trying to make appointments are told they cannot see an obstetrician until they are ten weeks pregnant. The panel said the appointment timing and testing depends on the doctor. Dr. Repetto noted there are many biological and endocrinological factors associated with depression. The screening tool for thyroid problems, checking the THS levels, is almost routine in the psychiatric work-up for new patients with depressive symptoms.

The boards and panel conferred about the differences in the ways depression affects people and incidents of child abuse by depressed parents. Swinford expressed that Crisis Nursery is about prevention in general and Beyond Blue is an extension of the philosophy that asking for help is a sign of strength. She feels promotion of the program will help raise awareness of perinatal depression and allow mothers to reach out for help. The Crisis Nursery is letting parents who are not eligible for the Beyond Blue program know that the nursery is available to help 24 hours a day, 7 days a week.

Adjournment

The study session was adjourned at 7:38 p.m.

Respectfully submitted,

Kat Bork
Board of Health Secretary

Secy's note: The minutes reflect the order of the agenda and may not necessarily reflect the order of business conducted at the meeting.