

Massachusetts Special Legislative Commission on Postpartum Depression (PPD)
Wednesday, December 14, 2011, 5:30-7:30 PM
Room 350, State House

Minutes

Commissioners present: Representative Ellen Story (Chair); Dr. Lee Cohen; Karen Crowley; Karin Downs; Liz Friedman; Mary Elizabeth Gamache; Dr. Gordon Harper; Dr. Julie Johnson; Peggy Kaufman; Commissioner Sherri Killins; Dr. Monica Le; Dr. Claire Levesque; Neal Michaels; Dr. Tiffany Moore Simas; Dr. Donna O'Shea; Rep. Denise Provost; Senator Richard Ross; Rep. Tom Sannicandro; Dr. Alison Schonwald; Nancy Schwartz; Dr. Jayne Singer; Eileen Terlaga; Lisa Waxman; Dr. Michael Yogman.

Commissioners absent: Sen. Thomas McGee (Chair); Kara Cotich; Sen. Jennifer Flanagan; Dr. Janice Goodman; Mary McKendry; Sen. Richard Moore; Rep. James O'Day; Rep. Elizabeth Poirier; Dr. Joshua Sparrow.

Speakers present: Dr. Jeanne Watson Driscoll, Ron Benham, Kate Weldon LeBlanc.

Staff members present: Jessie Colbert, Aide to Rep. Story; Caitlin Sullivan, Intern to Rep. Story; Yaminette Diaz Linhart, Former Intern to Rep. Story; MaryAnn Jefferson, Chief of Staff to Sen. Richard Ross.

Members of the public were also present.

1. Welcome and introductions

Rep. Story welcomed Commission members and introduced herself and the Commission. Commissioners then briefly introduced themselves, their professional backgrounds generally, and their professional and/or personal experiences with PPD.

2. Discussion of PPD led by Jeanne Watson Driscoll

Dr. Driscoll provided the group with an overview of PPD. She discussed how PPD is an umbrella term, and is really just one of several mental disorders that can occur after childbirth. She addressed difficulties in indentifying PPD, including stigma and the fear of having one's child taken away. She explained that it's difficult to measure the prevalence of PPD because it does not have a code in the Diagnostic and Statistical Manual of Mental Disorders used by mental health clinicians (the "DSM IV"), and that PPD's cited prevalence of 12-20% is likely an underestimation, with true prevalence of around 40%.

Dr. Driscoll went on to discuss risk factors for PPD (psychiatric and circumstantial), and screening and treatment options. She emphasized that PPD is 100% recoverable. She made several recommendations to the Commission, including: weighing the long-term implications of not treating PPD; considering fathers in the group's policy solutions; and the importance of early assessment. Dr. Driscoll then answered several questions from Commissioners.

3. Presentation and discussion of annual schedule of meetings, goals; establishment of subcommittees

Rep. Story discussed the logistics of the Commission meetings for the upcoming year. She said the Commission will have 3 more full-group, evening meetings before making its first set of formal

recommendations. These recommendations can include both proposals for legislation and policy changes that do not need to go through the legislative process.

Based on prior meetings with the majority of Commission members, Rep. Story recommended that the group establish the following subcommittees to work on a comprehensive proposal to address PPD: Screening; Referrals; Professional Education; and Public Education.

Commissioners discussed several recent studies on the effectiveness of different screening and treatment programs, and how many of them did not demonstrate positive outcomes (either because they were not successful, or because they measured only the *process* (i.e., screenings done and referrals made), not the *results* (better health outcomes for mom and baby). By consensus, commissioners decided to establish an Outcomes Subcommittee along with the other four subcommittees, to ensure that due attention is given to whether what the Commission recommends is really helping moms.

Commissioners then volunteered for various subcommittees; Ms. Colbert said she will also follow-up about this after the meeting.

4. Update on Mass. Department of Public Health (DPH) work on PPD screening

Ron Benham discussed DPH's work on screening, which was called for in the law that also established the Commission. Mr. Benham explained that DPH has developed recommendations on best practices for screening, and regulations that providers and insurers must follow to report on what screening they are doing/covering. The regulations are currently awaiting final approval from DPH's legal department.

Mr. Benham discussed the process by which DPH has come to its conclusions, including surveys and key informant interviews, and how they have collected extensive data on screening that can be useful to the Commission. Rep. Story thanked DPH and emphasized that they have done excellent work on PPD without any additional state allocations.

5. Open discussion

Commissioners had a wide-ranging discussion on various topics related to the group's mission to address PPD in Mass., including: how we can reach PPD sufferers in non-medical settings, such as through other state programs; how PPD screening could be integrated with other initiatives, such as the Mass. Child Psychiatry Access Project (MCPAP) and the Children's Behavioral Health Initiative (CBHI), and some roadblocks to this; and the best, most scientific ways to measure outcomes.

6. Closing remarks from survivor Kate Weldon LeBlanc

Ms. Weldon LeBlanc told the story of her experience suffering from PPD four years ago, and her successful recovery. She described how PPD left her feeling "hollow" and unable to sleep, and how, with the assistance of her pediatrician, she found help from a psychiatrist and from the Early Connections program run by Jewish Family and Children's Services.

Her moving story offered the group several important lessons for its work, including: how, although there are risk factors, PPD can strike anyone (She talked about how much she had wanted her child, and what a happy person she was generally.); the importance of professional education (A nurse told her to take Benadryl for insomnia, but her pediatrician, who was educated about PPD, got her into treatment.); and how treatable the condition is (Kate described how she tells her daughter every day that she is her "dream come true!").