



**Commonwealth of Massachusetts
General Court**

**Special Legislative Commission
on Postpartum Depression**

Commissioners:

**Rep. Ellen Story, co-chair
Sen. Thomas McGee, co-chair
Dr. Lee Cohen
Kara Cotich
Karen Crowley
Karin Downs
Rep. Kimberly N. Ferguson
Sen. Jennifer Flanagan
Liz Friedman
Mary Elizabeth Gamache
Dr. Janice Goodman
Dr. Gordon Harper
Dr. Julie Johnston
Peggy Kaufman
Cmsr. Sherri Killins
Dr. Monica Le
Dr. Claire Levesque
Mary McKendry
Neal Michaels
Sen. Richard Moore
Dr. Tiffany A. Moore Simas
Rep. James O'Day
Dr. Donna O'Shea
Rep. Denise Provost
Sen. Richard Ross
Rep. Tom Sannicandro
Dr. Alison Schonwald
Nancy Schwartz
Dr. Jayne Singer
Dr. Joshua Sparrow
Eileen Terlaga
Lisa Waxman
Dr. Michael Yogman**

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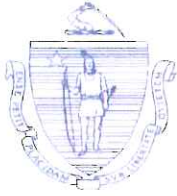
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Report Submitted June 29, 2012

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Director of the Commission**

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THE GENERAL COURT OF MASSACHUSETTS
STATE HOUSE, BOSTON 02133 1053

June 29, 2012

His Excellency, Deval L. Patrick
Governor of the Commonwealth
State House, Room 360
Boston, MA 02133

The Honorable Senator Therese Murray
President of the Senate
State House, Room 372
Boston, MA 02133

The Honorable Representative Robert A. DeLeo
Speaker of the House
State House, Room 356
Boston, MA 02133

Dear Governor Patrick, Madame President, and Mister Speaker:

On behalf of the Special Legislative Commission on Postpartum Depression, and in accordance with Chapter 313 of the Acts of 2010, we present you with the Commission's annual report.

By way of forming this Commission, you have renewed your commitment to the health and well-being of children and families in the Commonwealth. The Commission is proud to be able to share our progress so far, and grateful for all you do to promote the health and well-being of all of the Commonwealth's residents.

The contributions of the Patrick Administration to the work of this Commission have gone far beyond its statutory obligations. Prior to the formation of this commission, during its work thus far, and continuing into the future, the Department of Public Health has been a source of expertise, support and guidance to the network of advocates who seek to improve the lives of mothers throughout this Commonwealth. The work of this commission is complemented by the dedicated service of numerous employees of the Department of Public Health, the DPH task force on postpartum depression, and the Statewide Quality Assurance Commission. Thank you.

The Commission has had a foreshortened but exciting first year of existence. Convening for three quarterly meetings this fiscal year, the Commission has heard from experts who have implemented postpartum depression screening and referral paradigms; convened some of the nation's top postpartum depression experts to tackle the challenges Massachusetts faces in implementing quality perinatal mental health care; and laid the groundwork for good future works. Herein, you will find an overview of our activities in the year past, and our aspirations for next year.

Very truly yours,

Handwritten signature of Thomas M. McGee in blue ink.

Thomas M. McGee

Handwritten signature of Ellen Story in blue ink.

Ellen Story

Enabling Statute of the Commission

The Acts of 2010

Chapter 313. AN ACT RELATIVE TO POSTPARTUM DEPRESSION

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same as follows:

The department of public health may consult with health care providers, including, but not limited to, obstetricians, gynecologists, pediatricians and primary care providers, non-profits and health insurance carriers regarding postpartum depression to develop a culture of awareness, de-stigmatization and screening for perinatal depression so that residents of the commonwealth may be assured of the most effective and affordable provision of public health services possible. The department shall develop standards for measuring effective screening for postpartum depression using recognized clinical standards and best practices and shall make recommendations for health plan and health care provider data reporting. The department shall issue regulations that require providers and carriers to annually submit data on screening for postpartum depression. Following the receipt of the data, the commissioner of public health shall issue an annual summary of the activities related to screening for postpartum depression, including best practices and effective screening tools. The department shall annually file the summary with the commissioner of public health and the clerks of the house of representatives and the senate not later than June 30; provided, however, that the first report is due not later than June 30, 2011.

There is hereby established a special commission to consist of 5 members of the senate, 1 of whom shall be a member of the minority party appointed by the minority leader, 1 of whom shall serve as co-chair, 5 members of the house of representatives, 1 of whom shall be a member of the minority party appointed by the minority leader, 1 of whom shall serve as co-chair, the commissioner of the department of public health, the commissioner of the department of mental health, the commissioner of insurance, the commissioner of the department of children and families, the commissioner of early education and care, and the director of Medicaid, or their designees, all of whom shall serve as ex officio members, and 18 persons to be appointed by the governor, 1 of whom shall be a representative of the Massachusetts chapter of the National Association of Social Workers, 1 of whom shall be appointed jointly by the Massachusetts Midwives Association and the Massachusetts Affiliate of the American College of Nurse Midwives who shall be a midwife licensed to practice in the commonwealth, 1 of whom shall be a representative from the Nurses United for Responsible Services who shall be an advance practice psychiatric nurse, 1 of whom shall be a representative from the Massachusetts Coalition of Nurse Practitioners who shall be a nurse practitioner, 1 of whom shall be a representative of the Massachusetts Psychological Association who shall be a psychologist, 1 of whom shall be a representative from the children's behavioral health advisory council established in section 16Q of chapter 6A of the General Laws, 1 of whom shall be a representative from the Massachusetts Behavioral Health Partnership or a managed care organization or managed care

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entity contracting with MassHealth, 5 of whom shall be representatives of the Massachusetts Medical Society appointed in consultation with their relevant specialty chapters, including a pediatrician, an obstetrician, a family physician, a psychiatrist and a child and adolescent psychiatrist, 1 of whom shall be a woman who has experienced postpartum depression, 1 of whom shall be a representative from a regionally-based nonprofit group currently serving women suffering from postpartum depression, 1 of whom shall be a representative from the Massachusetts Association of Health Plans and 3 of whom shall be representatives from commercial health insurance carriers or managed care organizations doing business in the commonwealth, is hereby established for the purpose of making an investigation and study relative to postpartum depression, including, but not limited to: (i) an assessment of current research on the subject and whether there exist evidence-based, best or promising practices on the prevention, detection or treatment of postpartum depression; (ii) a review of current policies and practices with respect to screenings for postpartum depression, including the frequency and location of screenings and training personnel administering the screenings, the availability of reimbursement and issues relative to medical necessity and third-party coverage; (iii) provision of assistance to the department of public health, other state agencies and organizations in the development of professional and public educational materials and programs on postpartum depression, in the development of referral lists for postpartum depression treatment, building on existing resources and in the designation of authorized validated screening tools; (iv) provision of assistance to the department of public health, other state agencies and organizations relative to applications for federal funding to support efforts consistent with the mission and purpose of the commission; and (v) any other matters that the commission considers relevant to the fulfillment of its mission and purpose.

Said commission shall provide guidance and advice to the governor, the general court and the secretary of health and human services relative to current research on postpartum depression including, but not limited to, best and promising practices in the prevention, detection and treatment of postpartum depression and recommend policies, including legislation, to promote greater public awareness, screening and treatment of postpartum depression. The special commission may conduct public hearings, forums or meetings to gather information and to raise awareness of postpartum depression, including the sponsorship of or participation in statewide or regional conferences.

Said commission shall file an annual report at the end of each state fiscal year with the governor and the clerks of the house of representatives and the senate, who shall forward the same to the joint committee on public health and the joint committee on financial services, along with recommendations, if any, together with drafts of legislation necessary to carry those recommendations into effect. The special commission may file such interim reports and recommendations as it considers appropriate.

Approved, August 19, 2010.

Summary of Meetings

To date, the Special Commission on Postpartum Depression has convened three times since December 2011.

Meeting 1 – December 14, 2011

The first meeting included an overview of postpartum depression, and its position on a continuum of mental health disorders that can affect postpartum women. After a discussion of the challenges and opportunities for improving postpartum depression screening, referral and treatment in Massachusetts, the Commission decided to establish subcommittees to develop recommendations on specific topic areas: (1) screening; (2) referral; (3) public education; (4) provider education; and (5) outcomes. These subcommittees are comprised of both Commissioners and other experts nominated by subcommittee Chairs.

Meeting 2 – March 14, 2012

This meeting focused on best practices employed by different healthcare systems. Providers from the Franklin County Perinatal Support Coalition, Boston Medical Center and Cambridge Health Alliance described their approaches to postpartum depression screening and referrals, highlighting the differences among a variety of settings. A leader of a successful postpartum depression policy in Illinois shared best practices from other states. Critical lessons that were learned from these models included the importance of talking with all postpartum women about mental health, integrating postpartum depression screening into routine procedure and the need for community involvement and culturally competent systems.

Subcommittee chairs reported to the full group about their progress. Each group identified critical elements to a successful postpartum depression care model, including inclusive language for public awareness, professional education that is integrated into existing training, the use of new technology to engage patients, scientifically rigorous evaluation, and building upon best practices currently in place.

Commissioners also discussed opportunities for public and provider education at upcoming conferences and Mother's Day activities. Representative Story presented a resolution for an awareness month focused on maternal mental health, coinciding with Mother's Day. Dr. Claudia Gold published a post on her blog *Child in Mind* on mother/infant relationship building and the important role of community in successful care models, which was distributed widely through social media and among professional contacts.

Meeting 3 – June 18, 2012

The June 2012 Commission meeting focused on the development of next steps toward assessing regional gaps in postpartum depression screening and care. Toward this end, Commissioners deliberated different problem statements to drive the Commission's work moving forward. The Commission decided that subcommittee work would be more effective with additional coordination among committees. Different organizational structures were discussed, including cross-cutting groups. Commissioners also identified opportunities to support existing or proposed pilot projects including a home visiting program, a hospital-based professional training project and other promising approaches. As a next step, the Commission planned to utilize the networks of its members to develop a map of existing programs in different regions of Massachusetts.

Goals for Next Year

The Commission expects to promulgate final recommendations in the next two years. These recommendations will incorporate successful elements from a variety of approaches. Because of the diversity of Massachusetts, Commissioners have agreed that any model will need to be adapted to the unique strengths and challenges of different communities.

The Commission has found that a primary issue undermining postpartum depression screening and care is the lack of coordination among existing service providers. The Community-Based Perinatal Support Model, developed by the non-profit organization *MotherWoman*, and implemented successfully in Franklin County, is one model of service coordination among a continuum of persons that interact with women during the postpartum period. The Commission will look to elements of this model and others in existence to determine effective integration strategies that could succeed in different settings.

As an initial step, the Commission plans to develop a map of existing postpartum depression services to identify gaps as well as areas of strength. This information will allow the Commission's recommendations to build upon services currently being provided.

The following recommendations have been under consideration by the Commission:

- A.** Support existing pilot projects with promising approaches to postpartum depression screening, referrals and care.
- B.** Develop resource and referral guides for different regions/communities that will be easily accessible to providers online.
- C.** Integrate PPD screening and referrals into existing professional training regionally.
- D.** Conduct statewide public education campaign that is de-stigmatizing, culturally appropriate and uses inclusive language.

The Commission's work on these issues is ongoing. During this exploratory phase, the Commission has identified specific areas of focus and built a structure for developing recommendations. Subcommittees will continue to investigate best practices, promising models and innovative approaches. Building upon the expertise of its members, the Commission will also remain engaged in public awareness initiatives, community events and other activities related to its work. In addition, the Commission will continue to meet regularly to discuss subcommittee progress, evolving recommendations and integration of its work into the Massachusetts healthcare landscape.