DC PERINATAL MENTAL HEALTH IMPACT EVALUATION: 2015-2018

Report: Participant Perspective Survey

Mary's Center Maternal Mental Health Program

Report written by Masters Public Health student December 2018 and reviewed by Mary's Center staff Spring 2019

Executive Summary: D.C Perinatal Mental Health Impact Evaluation: 2015-2018

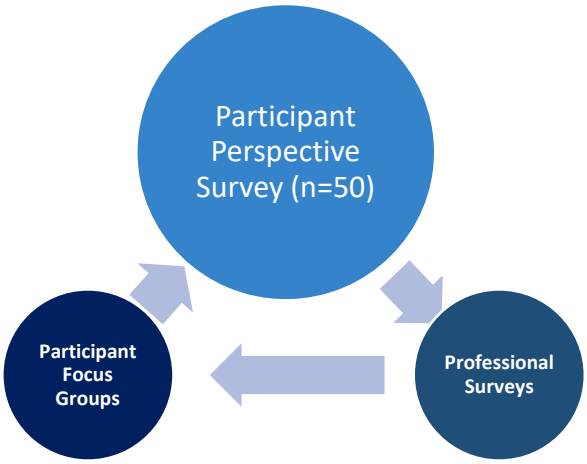
In 2015, a Perinatal Mental Health Needs Assessment was conducted by partners from Mary's Center and the D.C. Collaborative for Mental Health in Pediatric Primary Care, to determine gaps in programming, training, organizational capacity, and advocacy pertaining to perinatal mental health (PMH) in Washington, District of Columbia (D.C.).

Over the past three years, the Mary's Center Maternal Mental Health (MMH) Program and partnering stakeholders have planned and implemented a wide range of activities to meet those needs identified in the 2015 Needs Assessment, including (but not limited to) community-wide perinatal mental health training for medical, mental health and allied professionals, a billing expansion project to expand perinatal mental health screening coverage in medical clinics, and the creation of an interdisciplinary "Perinatal Mental Health Champions" training and working group.

During the course of the 2018-2019, an impact evaluation is being conducted by Mary's Center, through the support of the Howard & Geraldine Polinger Family Foundation, to evaluate how the various perinatal mental health-related activities from 2015-2018 have changed the landscape of screening, referral and treatment for perinatal mood and anxiety disorders (PMAD) in D.C., highlighting both successes and remaining gaps in meeting the mental health needs of perinatal women in the District.

Evaluation Design

A cross-sectional impact design is being used for this evaluation. Data collection consists of three separate evaluation activities to be completed by June 2019. **This report presents key findings from the participant[1] survey data collection.**



[1] Going forward in this report, the term "participant" will generally be used in reference to "patients" or "clients".

Participant Survey Report

Overall Participant Perspective Goals

1. *Assess whether participants have been impacted by the MMH related activities in DC since 2015; have these initiatives changed the systems, protocols, services, stigma, and access to care related to MMH*
2. *Gain participant perspective about screening tools used to assess perinatal emotional health*
3. *Gain insight into where Mary's Center/DC can go next; provide guidance for MMH care and advocacy*
4. *Determine existing gaps in care*

Survey Research Questions

Provider Actions

1. Are women being asked by providers about their mental health in the perinatal period? If so, when and how are they being asked?
2. How do women feel talking to their providers about their perinatal mental health?
    - Do women perceive their care providers are comfortable talking with them about their perinatal mental health?
3. Are women with PMAD symptoms being referred for services?

Participant Attitudes/Actions/Beliefs

4. What barriers prevent women from seeking support/treatment for PMADs?
5. How do women feel about the screening tools (mainly the Edinburgh Postnatal Depression Screen (EPDS)) providers use to assess their mental health in the perinatal period?
6. What programs, services, or ways of talking about emotional health would be most helpful to women who may seek emotional health support?

Methods

Sample

In the 2015 Perinatal Mental Health Needs Assessment, a critical perspective that was missing and that was incorporated into the current impact evaluation was the participant perspective. To start, to gather input from this perspective, participant surveys were distributed to a sampling of postpartum participants at Mary's Center. This survey was administered over a 7-week period to moms who came to the Mary's Center Georgia Ave Clinic for their baby's 2 and 6 month Well Child Checkup (WCC) visits, with along with the EPDS which is routinely administered at these specific appointments The survey was used to collect cross sectional data on participant attitudes, barriers, and perceptions of clinical practices regarding perinatal mental health (n=50).

Sample Implications

It is important to note some implications of the 2018 participant survey sample size and reach. The survey was disseminated at one Mary's Center location over the span of a 7-week period. The data collected provides valuable insight into the participant perspective of perinatal mental health activities since 2015, however because the data collected in this study is from participants closely associated with Mary's Center the present results provide only a snapshot of the perinatal mental health landscape at one location of one DC health center.

While this study is not representative of the entire perinatal health landscape of DC, it is the first attempt we are aware of to capture the participant perspective on this topic and serves as a valuable foundation and platform to expand upon as the demand for further research in this area continues to grow. In addition, this research provides valuable feedback to Mary's Center that can inform and guide perinatal mental health programs, activities, and initiatives in the coming years.

It is also important to consider that, due to limited time and resources, the current survey was only able to capture the participant perspective on these initiatives from English and Spanish-speaking populations. While these perspectives are extremely valuable, the exclusion of Amharic-speaking women in this study due to limited access to Amharic translation services indicates that the data collected in this present survey may not adequately capture all the perspectives of the perinatal population served by Mary's Center and more broadly in DC. While reading this report, it is important to consider these implications, as they limit both the applicability and extrapolation of the present data to other populations or communities.

Participant Survey Instruments

The participant survey was designed in collaboration with Morgan Gross (Mary's Center, Manager-Maternal Mental Health program) and two graduate level Maternal Mental Health program interns and based on the research questions formulated for the research project. Feedback was elicited and incorporated into the participant survey from a variety of internal Mary's Center sources including operations, programs, and medical team staff. Community partners outside of Mary's Center that contributed to survey question content and design include representatives from the following entities:

- The Child Health Advocacy Institute, Children's National Health System
- Early Childhood and Family Mental Health (ECFMH) Subcommittee members
- Georgetown University Hospital Women's Mental Health Program
- Early Childhood Innovation Network (ECIN) members

After incorporating all feedback, the document was assessed for readability. Discussions with the Briya Public Charter School (incorporated within the Mary's Center Georgia Avenue location) regarding the reading level of Mary's Center participants indicated that most of their adult participants read at a 5^{th}-6^{th} grade level. Readability was measured using Word readability statistics. These statistics for the final survey document with a brief description of their meaning are listed below.

- Flesch Reading Ease (higher score= easier to read, ideal is 60-70): **60.1**
- Flesch-Kincaid Grade Level (grade level the document reads at): **7.8**

Due to (1) the desired time frame for completing the participant piece of this project, (2) the amount of time spent designing and integrating feedback from community partners on question design, and (3) the challenges with finding more simple vocabulary to elicit the specific feedback desired to inform this project, we chose to move forward with survey dissemination despite having the document read at a higher grade level than was ideal for the population of interest.

The survey was finalized and printed to be disseminated as a paper document to be administered to mothers attending their child's 2 and 6 month Well Child Checkups (WCC). The survey was administered in the waiting room along with the EPDS, both of which were to be completed while participants waited in the waiting room to be called back for their child's appointment. With the help of the Operation's Director, the survey was translated into Spanish for the Spanish-speaking participant population. The first page of the document contained a "Project Explanation and Consent" section, followed by a section where individuals could indicate if they were interested in participating in a focus group on maternal mental health (details on the focus group component of the participant perspective are contained in a separate report and will not be outlined here).

The survey format was 24 questions and elicited feedback (in order) on:

- Demographic information (9 questions, multiple choice)
- Women's emotional health during their most recent pregnancy/postpartum (3 questions, multiple choice)
- Providers behaviors surrounding emotional health (if/when they are asking women about emotional health, general referring behaviors) (4 questions, multiple choice)
- Women's behaviors surrounding emotional health appointments (3 questions, multiple choice)
- Women's feelings about discussing emotional health with health professionals (3 questions, multiple choice)
- The EPDS screening tool (1 question, multiple choice w/ optional free response for "no" answers)
- What improvements can be made to increase comfort in discussing emotional health needs (1 question, free response)

The last two questions were added to the survey without eliciting feedback from community partners due to time constraints regarding the strict timeline set forth for survey dissemination. These last two questions were added due to concern about low attendance to the participant focus groups (as mentioned previously, another component of eliciting participant feedback) that were meant to elicit more in-depth participant feedback on screening tools and services surrounding perinatal mental health.

Dissemination

Prior to survey dissemination, data was obtained on how many 2-month and 6-month WCC appointments occurred weekly at the Mary's Center Georgia Avenue location, to get a rough estimate of the number of potential survey respondents. A Mary's Center Data Analyst provided a report on the number of these visit types per week for the month of August 2018. This information provides a rough estimate for the number of surveys that could be collected per week for the research project and helped inform project timeline and length of dissemination. These estimated numbers are outlined in the table below.

	Number of 2-mo & 6-mo WCC Visits August 2018
Week 1	11
week 2	16
week 3	17
week 4	13
week 5	15
Total visits	72
Average visits per week	15

Working in collaboration with the Director of Operations and the Clinical Nurse Supervisor at the Mary's Center Georgia Avenue location, a workflow was established for survey dissemination that was communicated to (1) the front desk staff and (2) the medical assistants (MA's). A guide to survey dissemination was provided to the Director of Operations to give to front desk staff. This document provided (1) a general overview of the research project, (2) a detailed outline of the role of front desk staff and Medical Assistant (MA) staff in survey distribution and collection, (3) sample scripts for answering questions that participants may have about the project, and (4) the contact information for the Maternal Mental Health program Manager, Morgan Gross. The survey dissemination workflow is outlined below:

- Front desk staff will be provided with copies of the survey in English & Spanish
- Front desk staff will administer the survey to mothers, along with the routine dissemination of the EPDS at 2 and 6-month WCC visits
- MA staff will collect the survey from participants and check to ensure that consent is signed
- MA staff will place the completed survey either in (1) folders located on islands in the clinical area or (2) a folder located at the front desk

The MMH intern collected surveys on Tuesday and Friday of each week of dissemination and manually entered the data into an Excel spreadsheet. During the survey dissemination time frame, a general check-in with staff was scheduled to remind them to ensure that those who filled out the survey were reminded to sign the consent, as early data collection indicated that there was oversight on the part of participants in completing this part of the form.

Data Protection

All questions eliciting identifying information (such as zip code) were optional. All identifying information was separated from the data prior to data analysis to ensure confidentiality. The front page of the survey identified it was confidential and contained no survey questions or identifiable information. Surveys were collected by MAs and the front desk staff and place in a secure location for pick up by the intern and/or the maternal mental health program manager.

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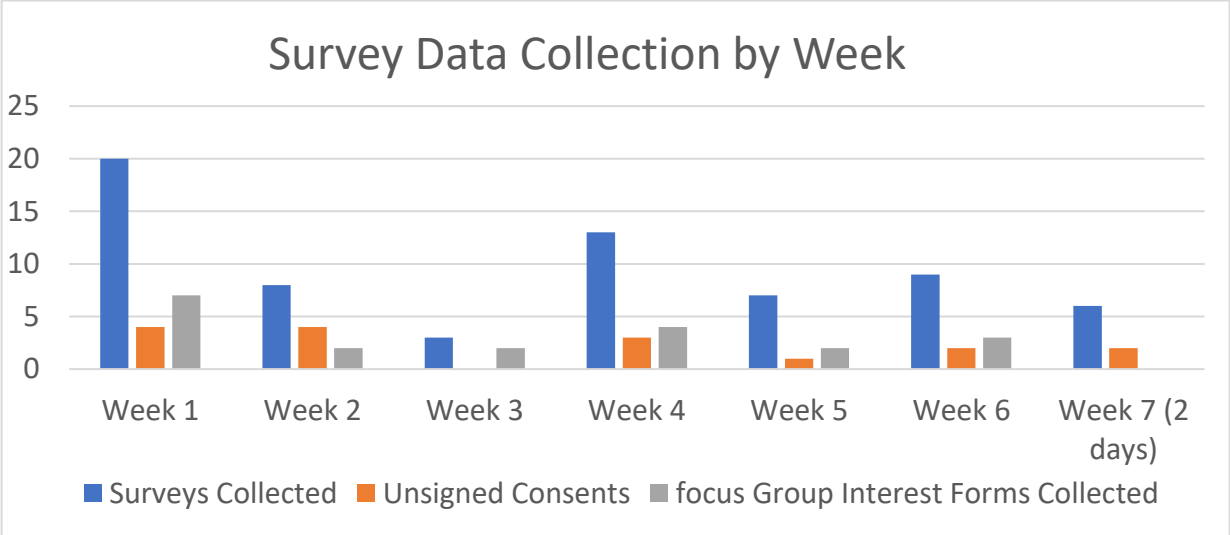
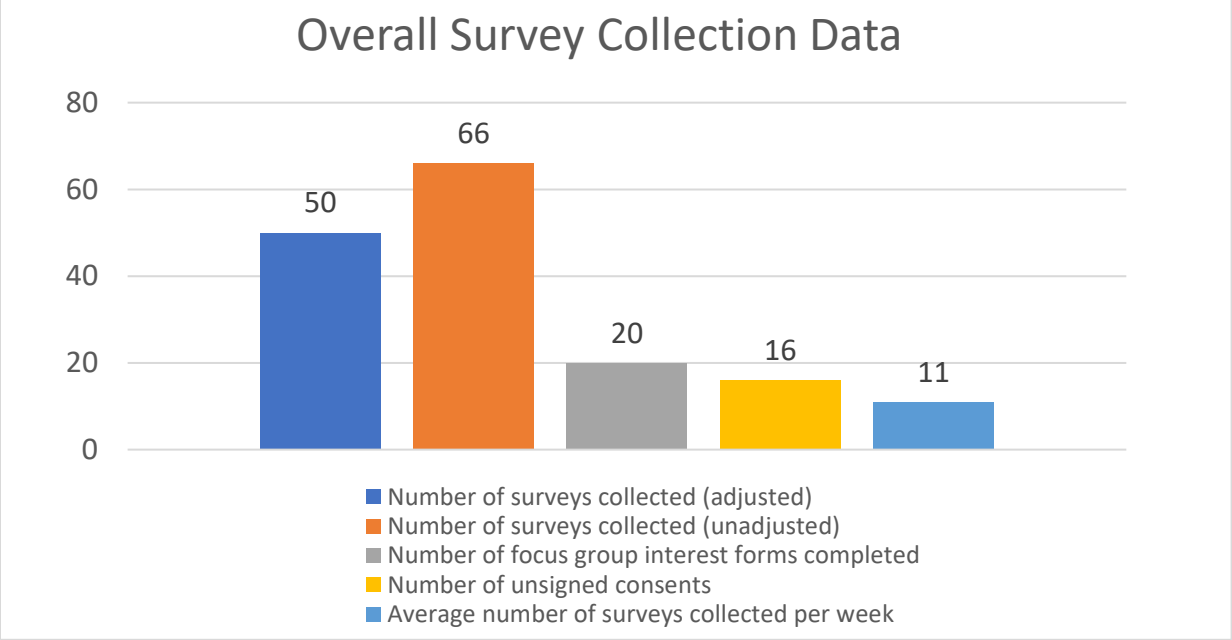
Results

A. Survey Collection

Survey dissemination took place over 6 weeks and 2 days. The number of surveys collected per week declined over the 6-week period and on average about 11 surveys were collected per week, although survey collection in the first week was over double that of the subsequent weeks which skews the overall average. 66 surveys were collected overall, and 16 (24%) of these surveys were excluded from data analysis due to an unsigned consent form (note: it is believed that the lack of signed consent was oversight on the part of the participant, given they completed the survey, but they were excluded on the basis of necessity of signed consent for participation) resulting in 50 surveys that could be used for further data analysis. A total of 20 surveys had focus group interest forms completed, indicating that 40% of those who signed the consent and filled out the survey were interested/willing to engage in further conversations about maternal mental health.





B. Participant Demographics

A total of 50 respondents took the survey. Percentages are out of the number of respondents who answered each question unless otherwise specified. Roughly half (54%) of surveyed participants fell into the 25-34 age range (n=27), and the remaining half was equally distributed among the 18-24 (n=11) and 35-44 (n=11) age range which comprised 44% of the survey population. Most surveyed participants were 0-3 months postpartum (68%, n=34), followed by 4-6 months postpartum (30%, n=15). Most participants in the sample identified as Hispanic/Latino (62%, n=31) followed by Black/African American (20%, n=10), and White (12%, n=6). Asian

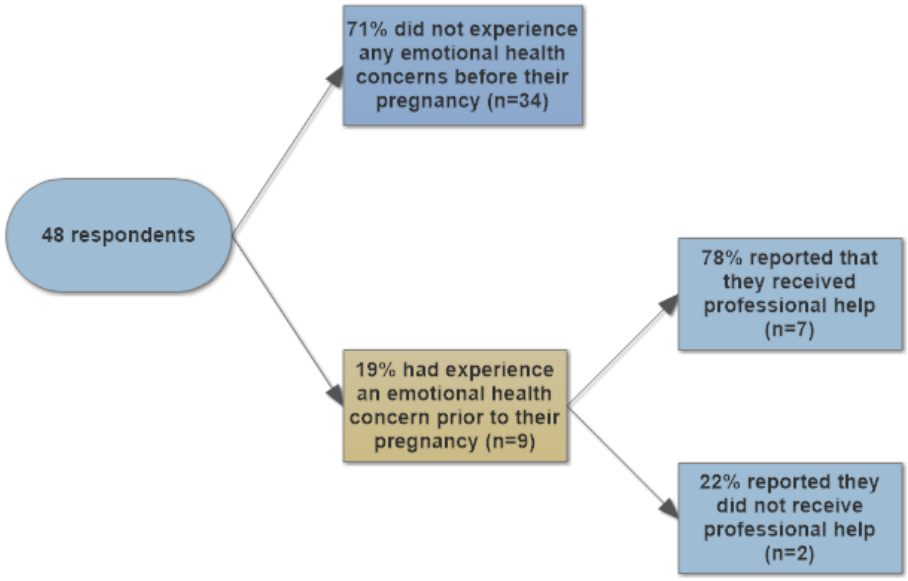
and American Indian/Alaska Native comprised only 6% of the sampled population (n=3). Of those surveyed, 77% (n=33) were from Washington DC, and 21% (n=10) were from Maryland. Of surveyed individuals, 42% (n=18) came from Ward 4, 14% (n=6) were from Ward 1, 14% were from Ward 5 (n=6), and 14% were from Prince George's County, MD (n=6). When the data is broken down further by zip code, most of the survey participants were from zip code 20011 (40%, n=17) followed by 20010 (12%, n=5).

Of those surveyed, 49% (n=23) were women who had only had one pregnancy and 51% (n=25) were women who had experienced more than one pregnancy. Most women reported receiving their most recent pregnancy's prenatal, postpartum, and pediatric care at Mary's Center (74%, n=35; 75%, n=33; and 98%, n=45, respectively). Of the women who reported receiving their prenatal and postpartum care elsewhere, George Washington Hospital (n=5; n=3) and Georgetown Hospital (n=2; n=2) were the top reported sites. Of those who reported receiving their child's pediatric care elsewhere, the only site other than Mary's Center that was reported was Georgetown Pediatrics (n=1). Out of the 50 total respondents, most women surveyed received all three of these services at Mary's Center (64%, n=32), and 22% reported receiving just one of these services at Mary's Center (n=11). Only 6% of women reported receiving 2 of these 3 services at Mary's Center (n=3).

C. Emotional Health Needs of Perinatal Women at Mary's Center

Emotional Health Prior to Pregnancy

Women were first asked to identify if they had any emotional health needs prior to their pregnancy. There was a total of 48 respondents to this question. Most women who participated in the survey reported they had never had any emotional health concerns prior to their pregnancy (71%, n=34). 19% (n=9) of respondents did report experiencing emotional health concerns prior to their pregnancy. Of these respondents, 78% (n=7) reported they received professional help and 22% (n=2) reported having not received professional help for their emotional health concerns.

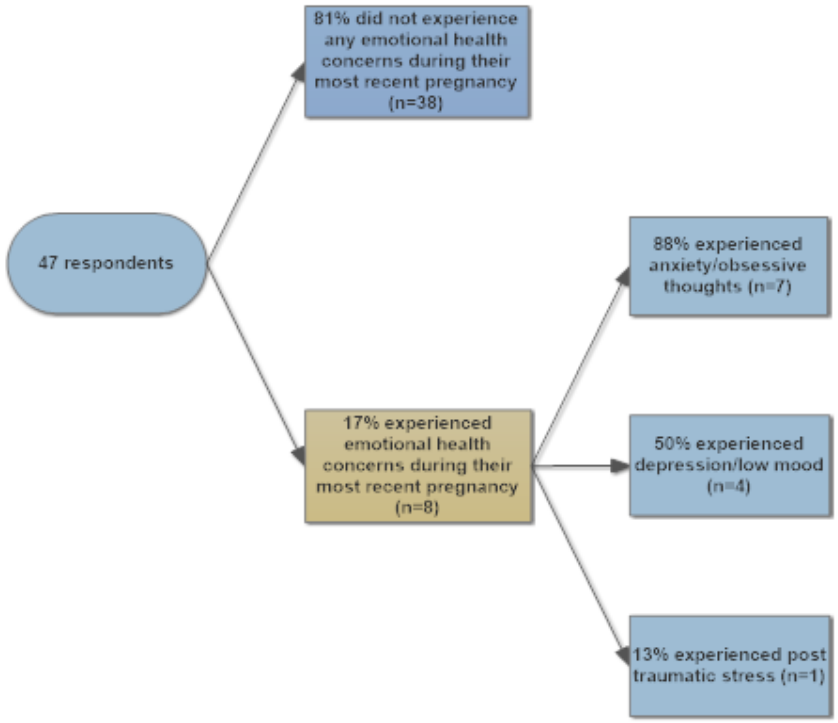


Emotional Health During or After Most Recent Pregnancy

Women were then asked to identify specific emotional health concerns they may have had during their most recent pregnancy (n=47). Most women reported they had not experienced any emotional health symptoms during their most recent pregnancy (81%, n=38). 17% (n=8) of those surveyed reported having experienced emotional health symptoms during their most recent pregnancy. Individuals could select more than one emotional health concern when answering this question and the most reported emotional health concerns were (1) anxiety or obsessive thought, (2) depression/low mood, and (3) post-traumatic stress. Of those who reported having experienced emotional health symptoms during their most recent pregnancy (n=8), 88% (n=7)

reported experiencing anxiety or obsessive thoughts, 50% (n=4) reported experiencing depression/low mood, and 13% (n=1) reported experiencing post-traumatic stress.

Note: In contrast to other questions asked throughout this survey, which explicitly asked about pregnancy AND postpartum, this question just used the phrase 'most recent pregnancy' which may have yielded variance in response. Some participants may have responded about emotional health only while pregnant, whereas others may have responded about emotional health postpartum following their most recent pregnancy.



Emotional Health Prior to and During/After Most Recent Pregnancy

A total of 9 women reported that they experienced emotional health issues before pregnancy. 56% (n=5) of these women reported experiencing emotional health issues during/after their most recent pregnancy, and 44% (n=4) responded "none of the above" to the question asking them to specify what emotional health concerns they may have had during pregnancy. There was a total of 3 women who reported no emotional health issues before pregnancy but indicated that they did experience emotional health issues during/after their most recent pregnancy. All 3 of these women reported experiencing anxiety or obsessive thoughts, 1 woman reported experiencing depression or mood, and 1 woman reported post-traumatic stress.

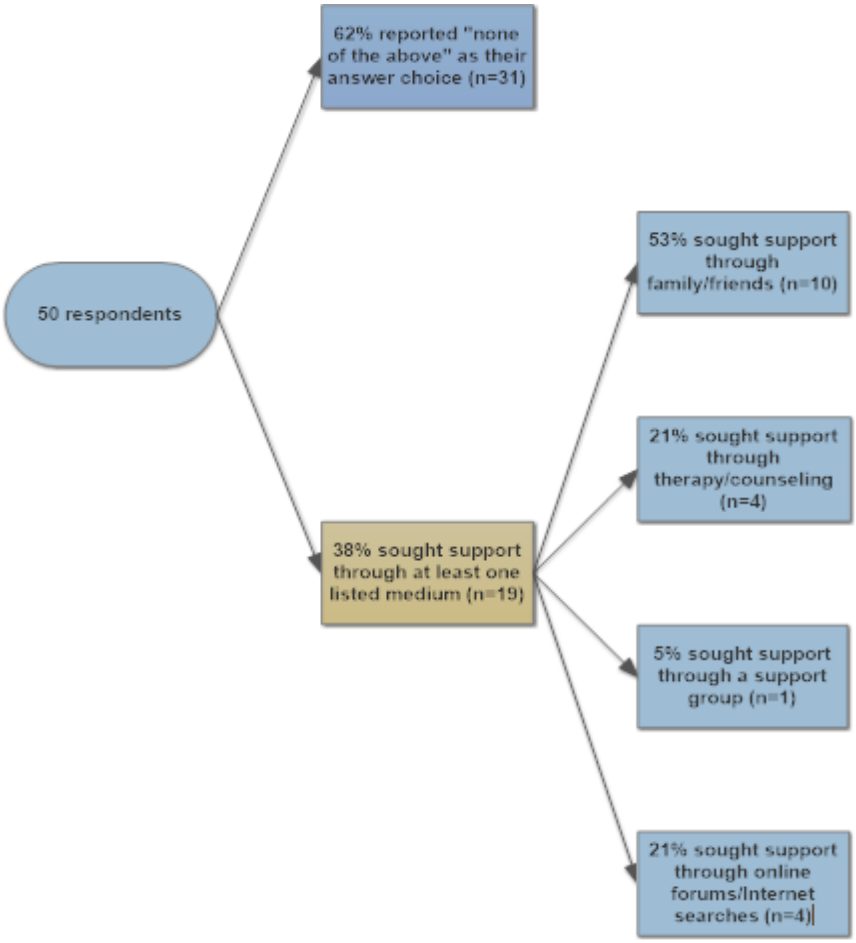
Seeking Out Support Services for Emotional Health

Women were asked the mediums through which they sought emotional health support for themselves (n=50). Individuals could select more than one answer for this question. 62% (n=31) reported "none of the above" as their answer choice. Of those who sought support (38% of total respondents, n=19), the majority reported seeking support through their friends and families (53%, n=10), followed by therapy/counseling (21%, n=4), and online forums and internet searches to find support (21%, n=4). Only 5% (n=1) of respondents who sought support utilized a support group. A larger proportion of women reported seeking out support (38%, n=19) than who reported experiencing emotional health challenges during/after pregnancy (17%, n=8).

The 8 women who reported experiencing emotional health challenges during/after pregnancy sought out a variety of support services. 25% (n=2) reported utilizing therapy/counseling, 38% (n=3) utilized friends and family, 25% (n=2) utilized the internet/online forums, and 13% (n=1) utilized a support group. 25% (n=2) reported "none of the above" as their response to this question.

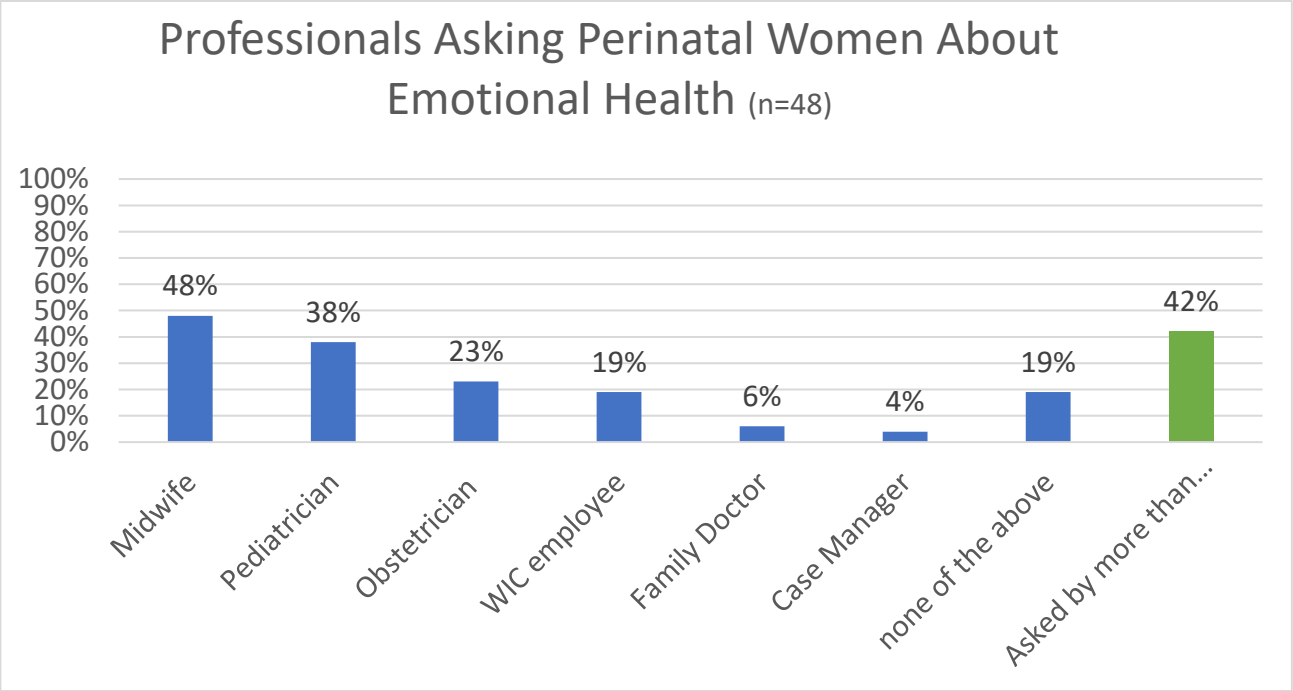
There were 4 individuals who reported that they did not experience any emotional health challenges during/after pregnancy (selected "none of the above" as their answering to this question) but indicated that they

sought support for themselves through a variety of different mediums. Of these 4 individuals, 75% (n=3) reported seeking support through friends/family, 50% (n=2) indicated they got support through therapy/counseling, and 25% (n=1) reported seeking support through both internet searches and online forums.



D. Who is Asking Perinatal Women About Their Emotional Health?

Women were asked to identify which professionals asked them about their emotional health during or after their pregnancy (n=48). Women could select more than one response for their answer. 48% of women (n=23) reported a midwife had asked them, 38% (n=18) reported a pediatrician asked them, 23% (n=11) reported their obstetrician asked them, and 19% reported a WIC employee had asked them (n=9). 19% of respondents (n=9) responded with “none of the above” indicating that none of the listed professionals had asked them about their emotional health. Women reported that both their family doctor and case manager asked them about their emotional health the least (6% and 4%, respectively). Out of the 48 women who responded to this question, 42% reported being asked by more than one of these professionals (n=20). Of these women who reported that they were asked by more than one professional about their emotional health during or after their pregnancy, 75% (n=15) reported being asked by both their care provider (obstetrician/midwife) and their child’s pediatrician. A graphic display of who is asking perinatal women about their emotional health is presented below.

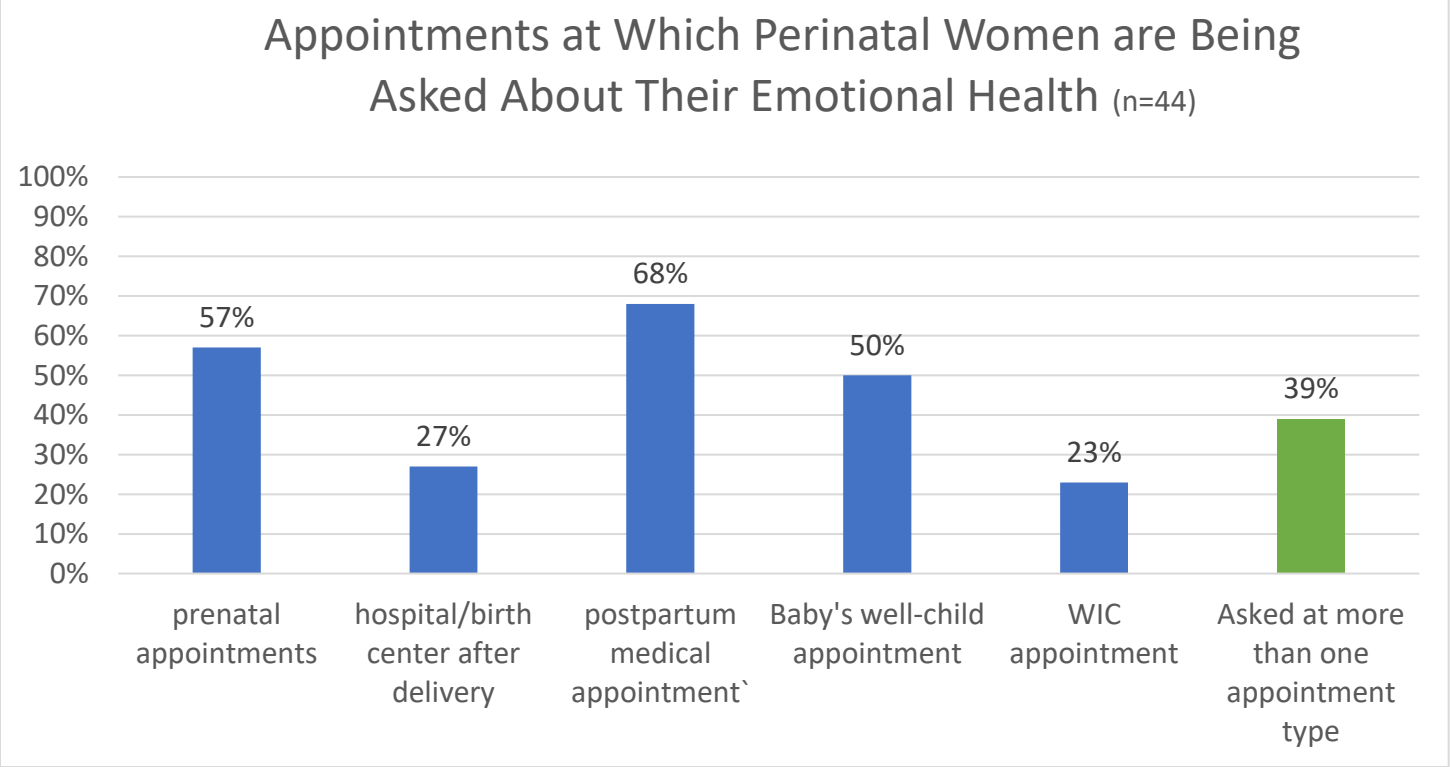


E. When are Perinatal Women Being Asked About Their Emotional Health?

Women who were asked about their emotional health were then asked to identify at which appointment(s) they were asked (n=44). Women could select more than one response for their answer. 68% (n=30) of women reported they were asked at their postpartum medical appointment, 57%(n=25) indicated they were asked at their prenatal appointments, and 50% (n=22) reported being asked at their baby's well-child appointment. 27% (n=12) of women said they were asked at the hospital/birth center after delivery, and 23% (n=10) said they were asked at a WIC appointment.

Of the 44 women who answered this question, 64% (n=28) reported that they were asked at more than one appointment type. Of these women, 39% (n=11) indicated they were asked at two separate appointment types, 29% (n=8) indicated they were asked at 3 separate appointment types, and 32% (n=9) reported being asked at 4 or more different appointment types.

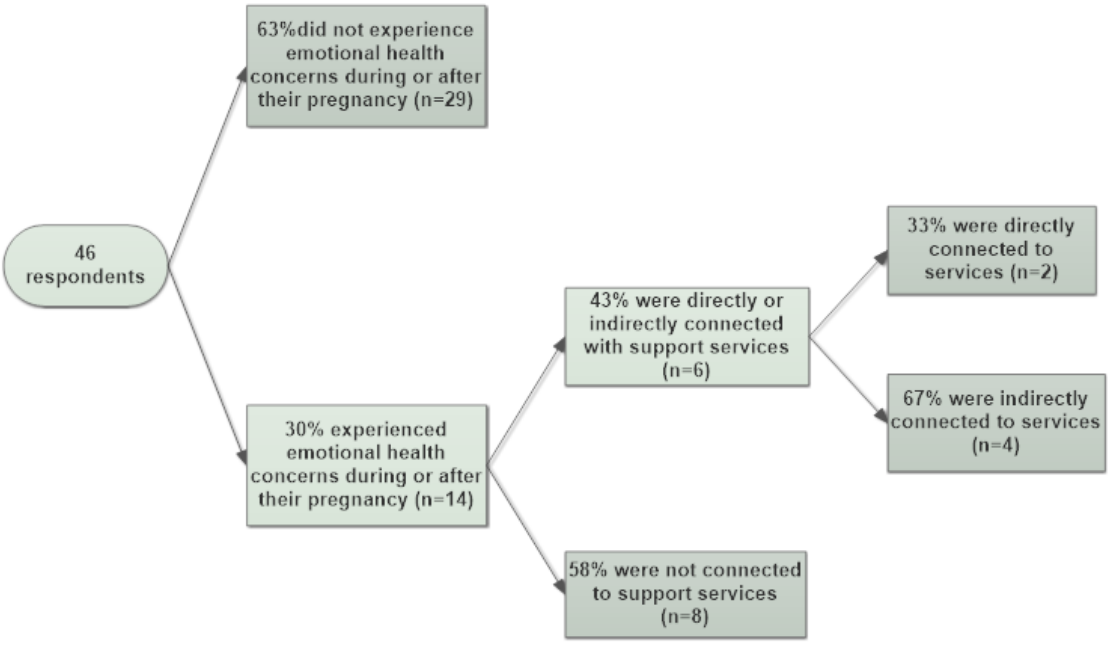
Certain trends among those who were asked at more than one appointment can be appreciated. 46% (n=13) of those who fall into this category reported being asked about their emotional health at three different appointment types; their prenatal, baby's well-child, and postpartum appointments. In addition, 68% (n=19) of women reported being asked about their emotional health at both the baby's well-child appointment and their postpartum medical appointment. A graphic display of this information is presented below.



***Ordered by point in time in perinatal period**

F. Are Women Experiencing Emotional Health Issues During or After their Pregnancy Being Referred to Services?

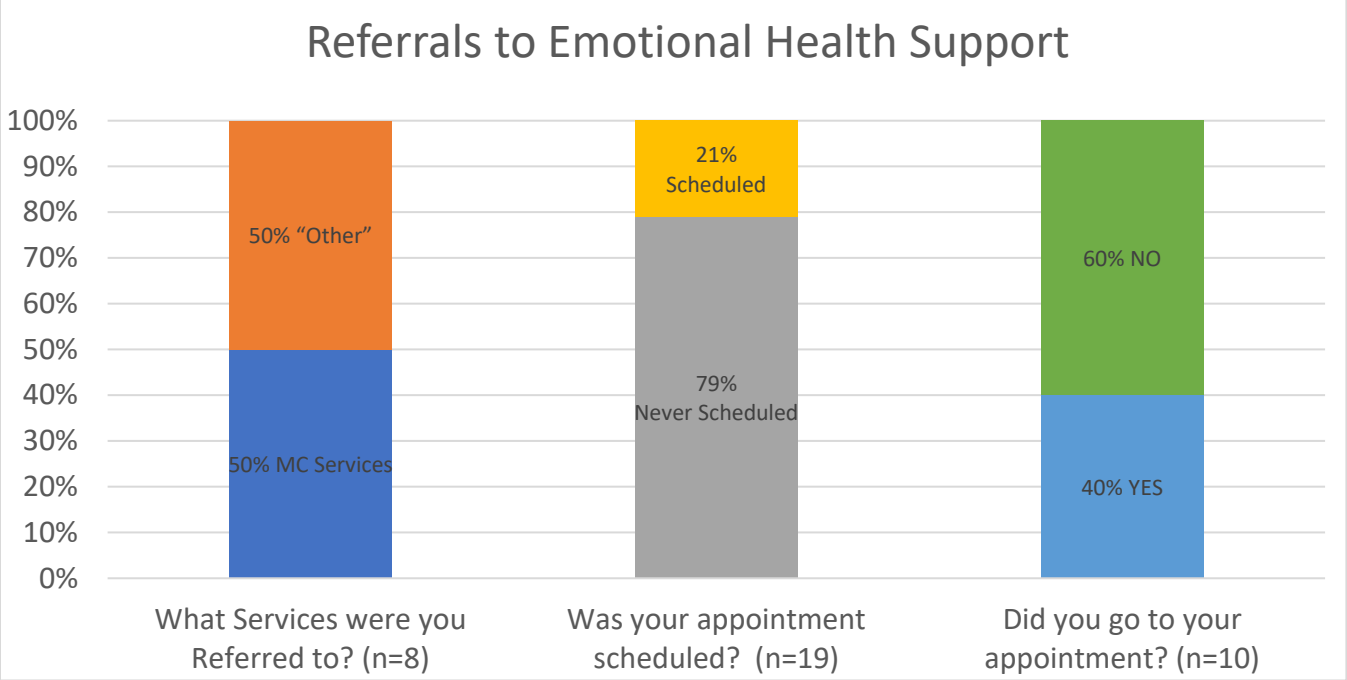
Women were then asked if they were referred to services if they experienced emotional health problems during or after pregnancy (n=46). 63% of women (n=29) indicated that they did not experience any emotional health concerns and therefore were not referred to services. The remaining 30% of women (n=14) who answered this question reported that they were either directly, indirectly, or not connected to support services. “Directly connected” to services meant that the individual was either directly connected to a service or was reached out to for support services, while “indirectly connected” to services meant that an individual was given information about who to contact for support services. Of the 14 individuals who were either directly, indirectly, or not connected to services, 57% (n=8) reported they were not connected to services and 43% (n=6) reported being connected to services (either directly or indirectly). Of the 6 women who reported being referred to services, 33% (n=2) reported being directly connected to a service and 67% (n=4) reported they were indirectly connected. This question did not have an answer option for women who may have been offered support services but declined, an important addition to consider for future studies looking at referrals to support services from the participant perspective.



Women were then asked about what specific services they were referred to. Of the 38 women who responded to this question, 79% (n=30) of respondents chose the answer choice “does not apply to me-I did not experience any emotional health problems.” The remaining 21% (n=8) of respondents indicated that they were referred to some sort of service. Of those referred to services, 50% (n=4) reported they were either referred to the Mary’s Center Moms/ Maternal Mental Health Program, Therapy, a Social Worker, or Psychiatry (identified as “MC Services” in the graph below) and the other 50% (n=4) of respondents reported “other” but did not specify any other services. No respondents indicated being connected to a support group for moms and no respondents said they were directly connected to a mental health provider at Mary’s Center on the day of their appointment. This question had a very high no response rate (34%, n=13).

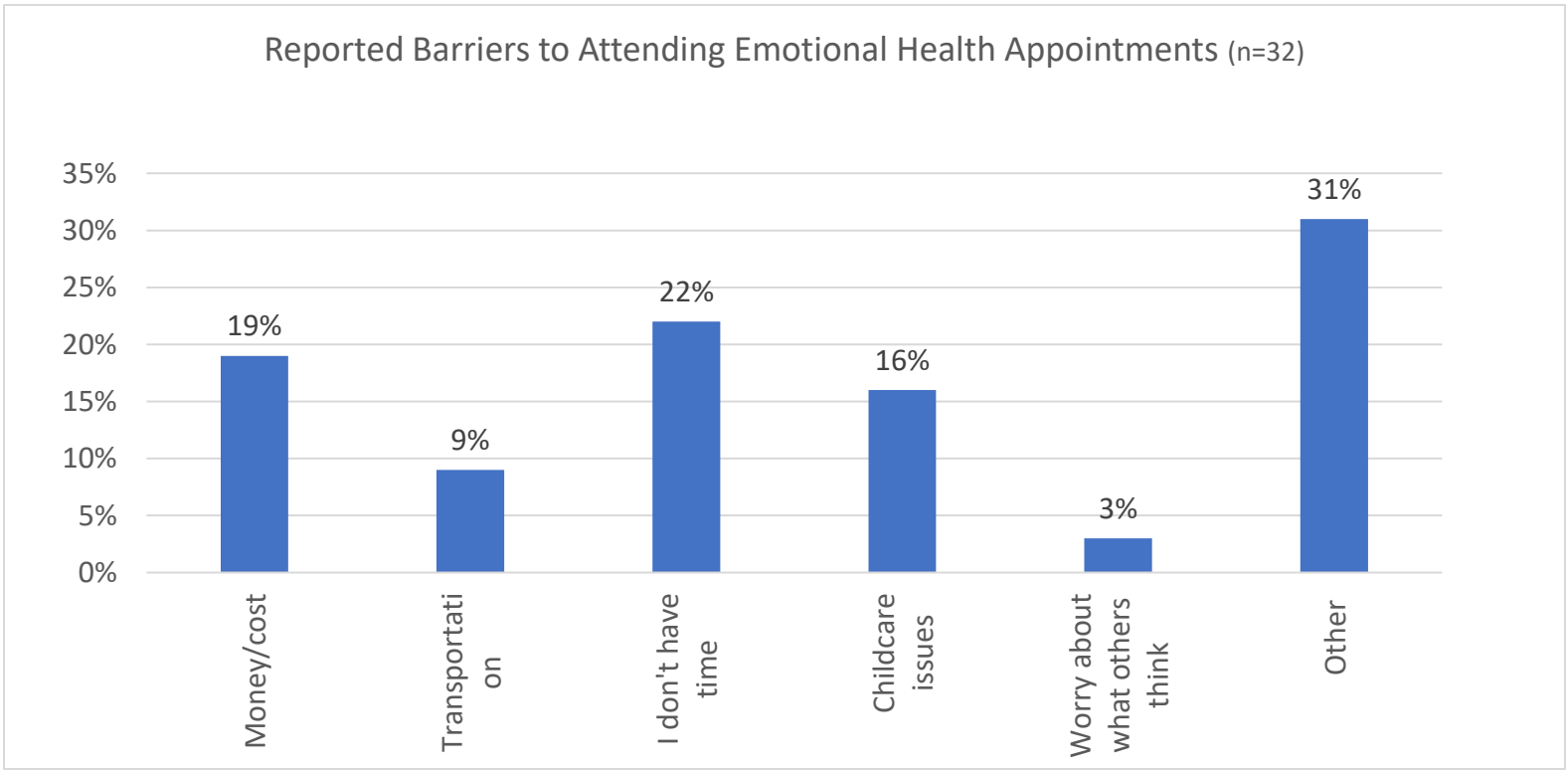
In a separate question woman were then asked if they or someone else scheduled an appointment for the services they were referred to. 57% (n=25) of respondents answered “does not apply to me” as their answer choice. 43% (n=19) reported that they or someone else did/did not schedule their appointment. This question had a lower no response rate than the previous question (14%, n=6) and the differences in no response rates may be the cause of the discrepancies in the number of individuals reporting that they were referred in this question versus the previous question. Out of the 19 respondents (43%) that indicated they were referred by answering either “yes” or “no” to this question, 79% (n=15) reported that their appointment to the service they were referred to was never scheduled (by them or by someone else). The remaining 21% (n=4) of respondents who indicated they were referred reported that they or someone else schedule their appointment to the service they were referred to.

The next question asked women who responded “yes” to having their referral appointment scheduled whether they went to this appointment or not. This question had a high no response rate (35%, n=13) which may explain the discrepancies in the number of individuals reporting they were referred in this question compared to the previous two questions. Of those who answered the question 73% (n=27) selected the answer choice “this does not apply to me.” 27% (n=10) reported either “yes” or “no”. Of these 10 individuals who responded “yes” or “no”, 40% (n=4) responded yes, they attended this appointment while 60% (n=6) responded that they did not attend this appointment.



G. What Do Women Identify as Barriers to Attending Emotional Health Appointments?

Women were asked about the barriers that keep them from attending appointments for their emotional health (n=32). Women could select more than one response for their answer. Of those who did answer (n=32), the most reported barrier was time (n=7, 22%), followed by money/cost (n=6, 19%), and childcare issues (n=5, 16%). The lowest reported barriers were transportation (n=3, 9%) and concern for what others might think (n=1, 3%). 31% of those who responded specified "other" (n=10) and among these responses only one respondent provided additional details, reporting that fear of her child being taken away from her was a barrier to her going to an appointment for her emotional health. The graph below provides a summary of this information.



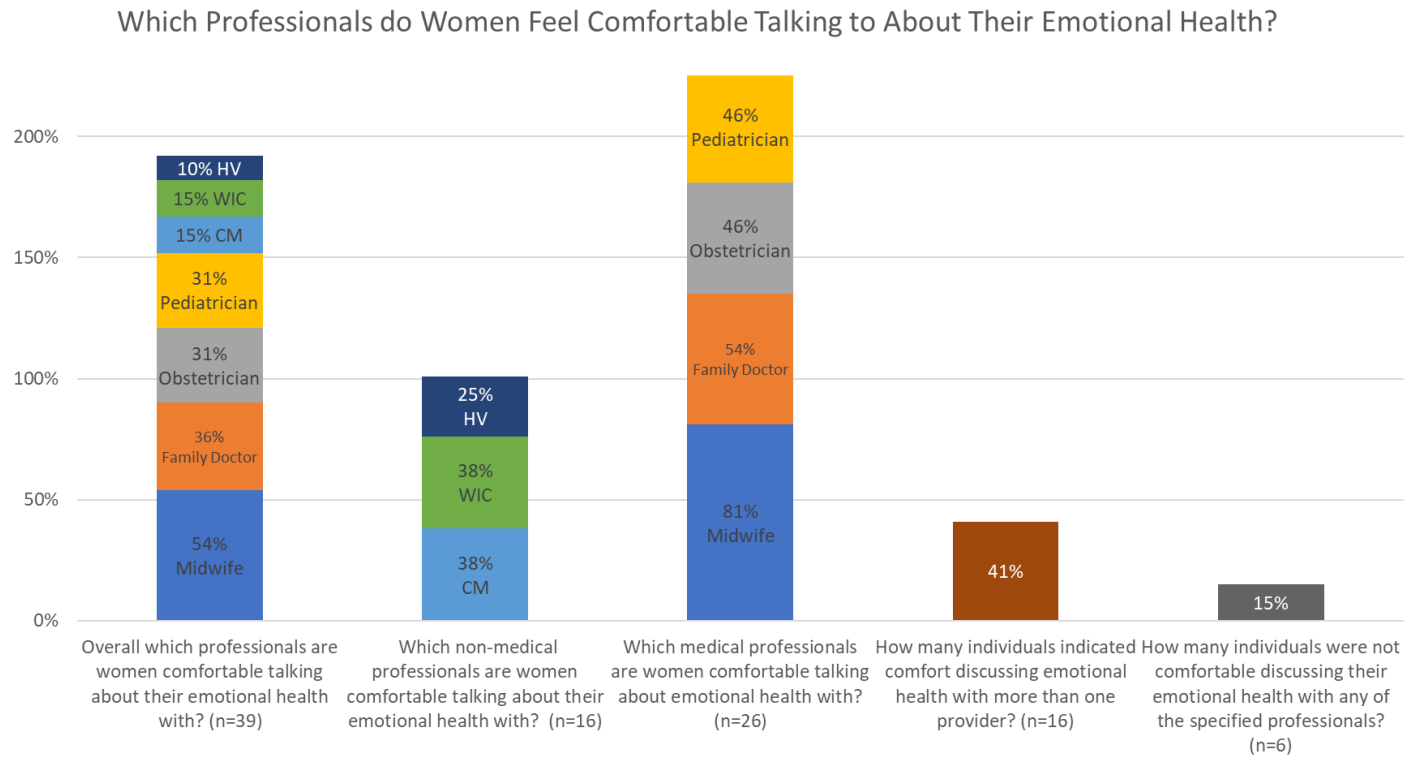
H. What Professionals Do Women Feel Comfortable Talking to About Their Emotional Health?

Women were asked the question “Are you comfortable talking about your emotional health with any of these professionals?” (n=39). Women could specify more than one answer for this question. 67% (n=26) of women reported they would be comfortable talking about their emotional health with a medical professional (obstetrician, midwife, family doctor, or pediatrician). Of these 26 women, 81% (n=21) reported feeling comfortable talking with a midwife, 54% (n=14) were comfortable talking with a family doctor, 46% (n=12) were comfortable discussing with an obstetrician, and 46% (n=12) were comfortable discussing emotional health with a pediatrician.

41% (n=16) of women reported that they were comfortable talking with non-medical professionals (home visitor, case manager, or a WIC employee) about their emotional health. Of these 16 women, 38% (n=6) felt comfortable discussing their emotional health with a case manager, 38% (n=6) were comfortable discussing with a WIC employee, and 25% (n=4) were comfortable discussing emotional health with a home visitor.

15% (n=6) of all respondents (n=39) reported they were not comfortable talking about their emotional health with any of the specified professionals. Of those who specified “other” as an answer (10%, n=4), 2 responses reported that they would feel comfortable talking with anyone about their health, and 1 response stated that “it really depends on the capacity of the provider[2], not so much their title” when it comes to their comfort level discussing emotional health. 41% (n=16) of the total women who answered this question indicated feeling comfortable talking about their emotional health with more than one of the specified professionals.

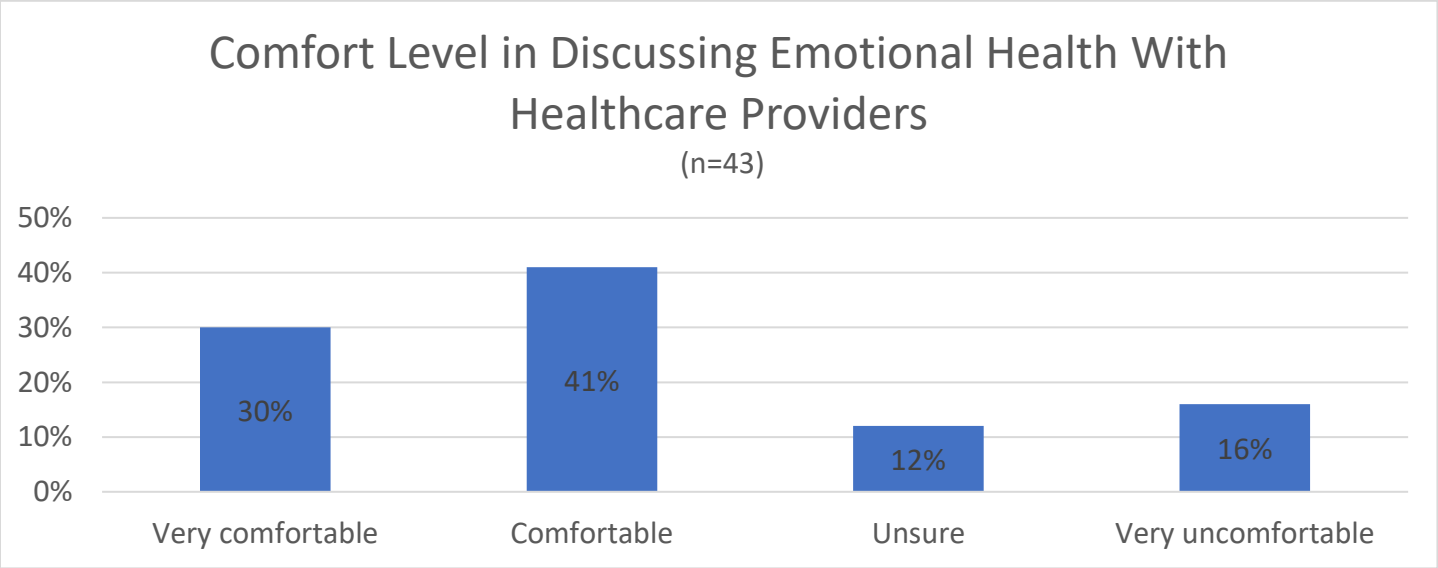
Below is a graphic depicting the frequency of answers for this question. The first bar indicates the frequency of responses for each profession type overall. This is then broken down in bars two and three by responses dedicated to non-medical professionals and medical professionals. The last two bars indicate overall percentages for (1) those who identified comfort with more than one professional and (2) the number of individuals who specified they were not comfortable with any of the listed providers. “HV” stands for Home Visitor, “WIC stands for WIC employee, and “CM” stands for Case Manager.



[2] Note: The participant did not specify further what they mean by “the capacity of the provider”

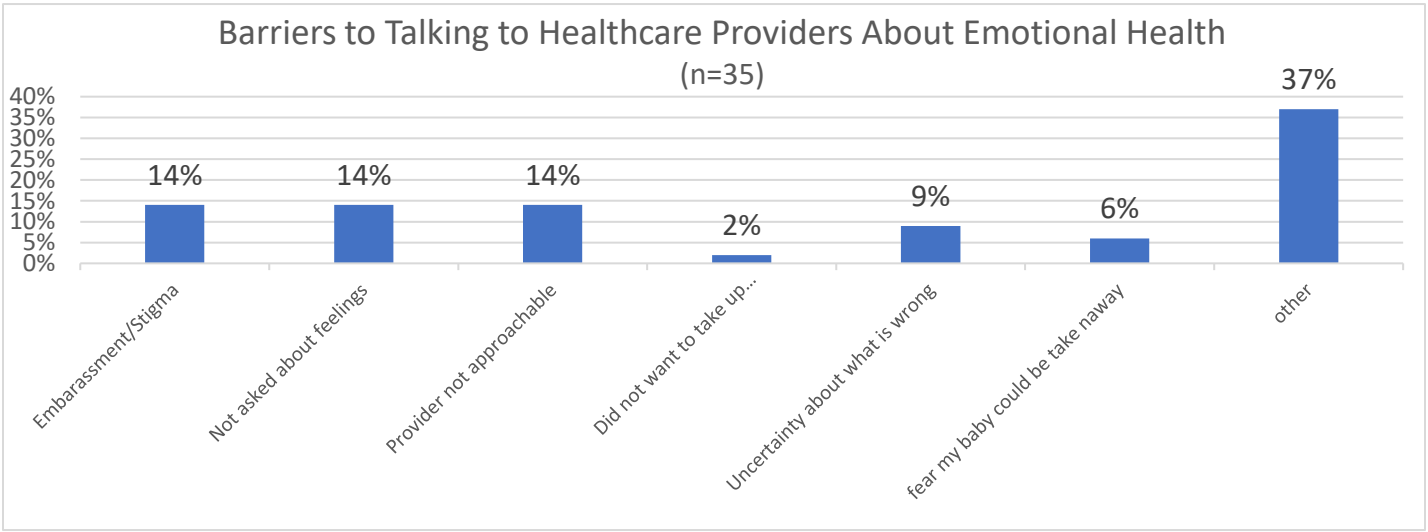
I. How comfortable are women with discussing their emotional health with a healthcare provider?

Women were asked to indicate their comfort level with discussing emotional health with healthcare providers (n=43). Choice options for this question were (1) very uncomfortable, (2) uncomfortable, (3) not sure, (4) comfortable, or (5) very uncomfortable. Most women reported feeling comfortable or very comfortable talking about their emotional health with a provider (72%, n=31). 41% (n=18) of women reported being comfortable, and 30% (n=13) reported being very comfortable. 12% of respondents were unsure about their comfort level (n=5). 16% of respondents reported feeling very uncomfortable (of note, no individuals indicated feeling uncomfortable).



J. What do women identify as barriers to discussing emotional health with providers?

Women were asked to identify barriers to discussing emotional health with providers (n=35). 14% (n=5) reported that they were not asked about their feelings by a provider, and 14% (n=5) reported that the professional/s were not approachable. Only 2% of respondents (n=1) identified that not wanting to take up the professional's time was a major barrier to talking to providers about emotional health. 14% of respondents (n=5) indicated embarrassment and stigma as barriers to discussing emotional health with providers. 9% (n=3) reported that uncertainty about what is wrong would make them feel uncomfortable talking to a healthcare provider about their feelings and 6% (n=2) of respondents reported fear that their baby could be taken away as a barrier. The graph below shows a summary of these results.

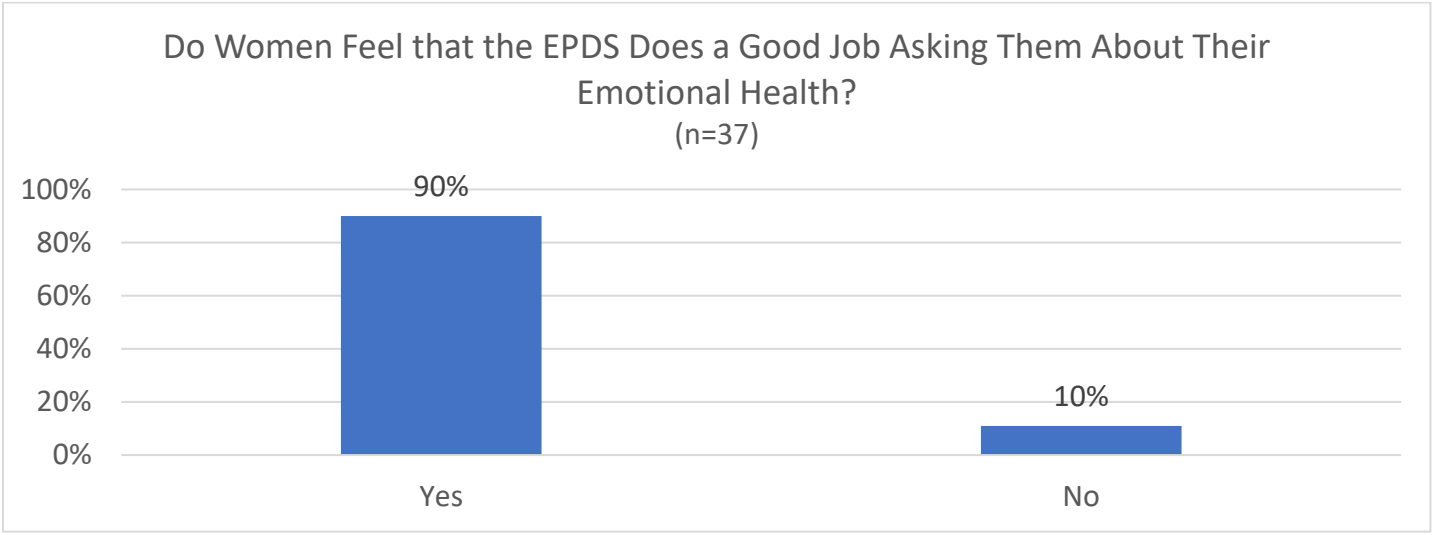


Most responses for this question were for the "other" response option (37%, n=13). Of those who answered "other", 53% (n=7) provided further specifications, listed in the table below.

Respondent (n=7)	Response
Respondent 1	“There are many different approaches to talking about mental health, not all approaches are appropriate for all people, so it depends on capacity and approach"
Respondent 2	“Comfortable”
Respondent 3	“I like to be asked how I am”
Respondent 4	“I don’t’ have any problems”
Respondent 5	“I am OK”
Respondent 6	“I would not feel uncomfortable”
Respondent 7	“None of the above”

K. Do women feel that the EPDS (provided with this survey) does a good job of asking questions about your emotional health?

Nearly 90% of respondents (n=35) answered yes to this question while only 10% (n=4) answered no. These results are summarized in the graph below. For those who answered “no”, they were provided with a space to explain their response and 75% (n=3) provide an explanation for their answer in this space. All 3 indicated that that honesty in answering the questions on the EPDS was a major component for why they believed the screener did a poor job of asking women about their emotional health. The table below contains the answers women provided for this free response portion of the question.



Respondent (n=3)	Response
Respondent 1	“I think it is easy to lie and be in denial of symptoms on a hand-written Mary’s Center screening”
Respondent 2	“It feels like the questions articulate the extreme feelings that are more difficult to acknowledge, and might be a deterrent to answering honestly”
Respondent 3	“Answering honestly might mean my baby will get taken away.”

L. What programs, services, or ways of talking about emotional health do women report would be most helpful to them and make them most comfortable talking about emotion health if they needed support?

This question was a free response type at the end of the survey, and the response rate was 28% (n=14). Below is a table classifying the responses by themes, the number of participants that mentioned that theme in their response, and example response quotes.

Free response theme (n=14)	Responses	Quotes
I am not in need of emotional health support	3	“I am OK” “Any program if I was going through a situation like that but thank God everything is fine with my person” "I do not feel that it is necessary to put a professional to talk about my health because thank God I am very well"
Utilize outside resources (internet, reading materials, family)	3	“I use the internet. It helps me” “…reading resources” “…talking with my family who is always there, and I can trust”
Psychologist/therapist appointments/talking with providers	5	"psychological appointment if it were the case “ "psychologist, maybe counseling “ “Therapist/counselor, facilitated support groups...” “counseling, group counseling, talking with a provider that knows me best” “Meeting with the midwife…”
Support Groups for new moms	3	"support groups for new moms, support groups for those who have lost pregnancies/children" "support groups with other moms “
Follow up calls	1	"a person that called me 3 days after coming home from the hospital to see how I am doing, and make a therapy appointment right on the phone if I needed it"

DISCUSSION

Comparison of 2015 Provider Survey Data with 2018 Participant Survey Data

While the 2015 Perinatal Mental Health Needs Assessment only includes the provider perspective on the state of perinatal mental healthcare in DC, comparisons can be made between current participant perspectives and past provider perspectives regarding a variety of overlapping themes among both.

Provider Comfort in Addressing PMH and Participant Comfort in Discussing Emotional Health with Professionals

Providers were asked in 2015 if they agree that perinatal women view primary care (Ob-Gyn, PCP, internist, etc.) as the first stop to getting help for mental health issues. 51.1% of Pediatric Providers, 64% of Healthcare Providers, and 74% of Mental Health Providers agreed with this statement ("Healthcare providers" in this survey included MDs, nurses, midwives, social workers, and home visitors). Providers also agreed that Pediatricians have a "significant responsibility" for identifying PMH issues (89% Pediatricians and 86% Healthcare Providers). In addition, providers were also asked about their comfort in identifying and addressing the perinatal mental health needs of their participants. 27% of Pediatric Providers and 50% of Healthcare Providers reported they were comfortable in this respect.

The participant survey data from the 2018 assessment indicates that 67% of women feel comfortable talking with primary care (Pediatricians, Ob-Gyn, Family Doctor, or Midwife) about their emotional health (see Section H in the 2018 Participant Survey Report). Of those who were comfortable talking with a medical professional, 81% reported comfort talking with a Midwife, 54% reported comfort talking with a family doctor, 46% were comfortable talking to their Ob-Gyn, and 46% were comfortable talking to their pediatrician.

Women's comfort in discussing emotional health with a variety of primary care professionals provides insight into the importance of these professionals as a gateway for women to get help for mental health issues since lack of comfort can act as a huge barrier to receiving mental health referrals/services. These 2018 findings support findings from 2015 in which most of Healthcare Providers (64%) agreed that perinatal women view primary care as one of the first places they can get help for mental health issues and indicates that women's use of primary care to address mental health needs may be facilitated by their reported comfort in talking about emotional health with these professionals. In addition, the large percentage of women who indicate feeling comfortable talking with their pediatrician about their emotional health needs further stresses the significant responsibility of Pediatric Providers (noted in the 2015 Needs Assessment) in identifying PMH issues.

There are two important observation that stand out when comparing the data from 2015 and 2018. The first is that in 2015 surveyed Pediatricians reported low comfort in addressing perinatal mental health, but in 2018 they are one of the main providers that women feel comfortable talking with about their emotional health. The second is that only 50% of surveyed healthcare providers reported feeling comfortable addressing the mental health needs of perinatal women in 2015, and currently in 2018 Healthcare Providers (especially Family Doctors and Midwives) are the professionals that women feel most comfortable talking with about their emotional health. In addition, in the 2018 participant survey it is important to note that over 71% of respondents indicated they were comfortable/very comfortable discussing emotional health with healthcare providers (see Section I in the 2018 Participant Survey Report). These key observations in both the provider and participant perspectives could indicate a variety of things. These results could reflect an improvement in provider comfort in addressing perinatal mental health needs through the perspective of the participants who access these services. Participants (1) report high levels of comfort in discussing emotional health with healthcare providers and (2) report feeling comfortable in discussing emotional health with key providers that, in 2015 reported low levels of comfort. These key differences could be a result of community wide PMH trainings for medical providers that have been occurring over the last 3 years which have helped improve provider comfort and facilitated participant comfort in discussing and addressing PMH issues. While it is important to consider that these observations could potentially be the result of increased provider comfort in discussing PMH issues with participants due to training initiatives, it is also important to consider that they could also be due to participants feeling comfortable discussing emotional health with providers regardless of how comfortable their providers

feel discussing their emotional health. More research is needed to fully understand the meaning and implications of these results.

Provider Beliefs About Referrals to Meet Perinatal Women's Emotional Health Needs & Women's Reported Provider Referral Behaviors

In 2015, 49% of Pediatric Providers and 82% of Healthcare Providers strongly agreed that they are prepared to meet the mental health needs of perinatal women by assisting them in obtaining care and/or advocating for them in the process. 2018 participant data indicate that almost 80% of women who were referred to services reported that they had never been scheduled for their appointment (See Section F in the 2018 Participant Survey Report). This current participant data indicates that while provider's may be providing women with referrals to mental health services, there is a large amount of drop off in terms of women who get an appointment scheduled for these services. This indicates that referring providers may need to play a more active role in assisting women in obtaining care through referral services by facilitating appointment scheduling either before the participant leaves or through follow up calls to make sure participants connect with referral services and initiate scheduling.

In the 2015 Needs Assessment, Providers were also asked about their beliefs on whether perinatal women followed through on going to a referred mental health specialist. In 2015, very few providers believed that perinatal women who were referred to a mental health specialist followed through with their appointment (9% of Pediatric Providers, 23% of Healthcare Professionals). Data from 2018 indicate that most women did not go to their scheduled appointment (60%) which indicates that provider beliefs and participant behaviors align with one another. The sample size for the participant survey question regarding attendance to scheduled referral appointment was very small (n=10), posing a major limitation to understanding participant behaviors in this regard. Further research regarding perinatal participant referral behaviors needs to be done to better understand (1) barriers to appointment scheduling for perinatal women referred to services and (2) barriers to attending scheduled referral appointments among perinatal women with emotional health needs.

Provider and Participant Perspectives on Barriers to Accessing Perinatal Mental Healthcare

In the 2018 Participant Survey, participants reported barriers to both attending emotional health appointments and discussing emotional health with healthcare providers (See Sections G & J in the 2018 Participant Survey Report). The greatest barriers to attending appointments were (1) not having time (22%), (2) money/cost (19%), and (3) childcare issues (16%). Women reported several barriers to discussing emotional health with healthcare providers which included (1) embarrassment/stigma (14%), (2) not being asked about their feelings (14%), and (3) the provider was not approachable (14%). Provider's in the 2015 Needs Assessment were asked what they believed the barriers were to access PMH services. The most commonly cited barrier providers felt participants dealt with were (1) time/other life demands (70%), (2) stigma/cultural barriers (68%), and (3) financial issues (62%). Provider's also mentioned other barriers such as logistical barriers (lack of transportation and childcare) as other obstacles.

Lack of time, money/cost, and logistical issues (such as childcare) all continue to be barriers to PMH care for perinatal women and were recognized by both providers in the 2015 Needs Assessment and perinatal women in the 2018 Participant Survey, indicating that barriers to access have not changed drastically over the last 3 years. Stigma/embarrassment continues to be recognized as a major barrier from the perspective of providers and women receiving services as well. The 2018 Participant Survey broke up barriers to access further, eliciting feedback on barriers specific to discussing emotional health with providers. Women reported that provider behaviors (namely, provider's not asking them about their feelings, and providers not being approachable) were important barriers to engaging in emotional health discussions with healthcare providers. While providers in the 2015 Needs Assessment did not directly indicate these factors as obstacles to participants accessing PMH services, they did indicate that some of the greatest obstacles they face in identifying and treating PMADs are "insufficient time" and "lack of own experience and training." While lack of experience and training was identified as an area for improvement in 2015, insufficient time may continue to be an obstacle that manifest itself through the participant lens as a failure on the part of the provider to ask

women about their emotional health or to appear approachable to women who wish to engage in these discussions.

Screening & Screening Tools: Professional & Participant Perspectives

Edinburgh Postnatal Depression Scale: Provider use and participant beliefs

In the 2015 Needs Assessment, 47% of healthcare providers who indicated they use a screening tool to screen perinatal women reported that they used the EPDS, which is considered the "gold standard[3]" for perinatal mental health. Pediatric providers also reported using the EPDS to screen. The 2018 Participant Survey elicited feedback from women on whether they thought the screening tool did a good job of assessing their emotional health (see Section K in the 2018 Participant Survey Report). 90% of respondents indicated yes, and only 11% responded no. Of those who responded no, they indicated issues with the questions regarding answering them honestly. One respondent said, "it is easy to lie and be in denial of symptoms on a hand written screening," another indicated that "the questions articulated the extreme feelings that are way more difficult to acknowledge, and might be a deterrent to answering honestly," and the last respondent reported that "answering honestly might mean [her] baby will be taken away." The important takeaway from this is that, while the majority of women reported that the EPDS does a good job of assessing their emotional health, providers must also take into consideration the limitations of hand written screening tools and make sure to also engage women in discussions regarding their emotional health to ensure that women continue to have opportunities to be connected to mental health services beyond their answers to these screening tools.

General Screening Behaviors of Providers and the Participant Perspective

Data from the 2018 Participant Survey indicate that most women reported being asked about their emotional health at their postpartum medical appointment (68%), prenatal appointments (57%), or their baby's well-child appointment (50%). 39% of women reported being asked at more than one of the specified appointment types (see Section E of 2018 Participant Survey Report). Regarding who is asking women about their emotional health 48% of women reported they were asked by a Midwife, 38% reported being asked by a Pediatrician, and 23% reported being asked by their Obstetrician. 42% of women reported being asked about their emotional health by more than one of the specified professionals (see Section D of 2018 Participant Survey Report).

In the 2015 Needs Assessment, 66% of surveyed Healthcare Providers and 36% of surveyed Pediatricians indicated that they screened for PMADs using screening tools. While the use of screening tools and "screening" for PMADs are not synonymous, some inferences can be made about the landscape surrounding who and when women are being asked about their emotional health. 68% of women reported being asked about their emotional health at their postpartum medical appointments with a Healthcare Provider which is consistent with the 66% of Healthcare Providers reporting that they screen for PMADs. This indicates little change in the behaviors of Healthcare Providers over the past 3 years in the number that are screening participants for PMADs. In 2015, 36% of surveyed Pediatricians indicated they screened for PMADs. The 2018 Participant Survey found that 50% of women reported being asked about their emotional health at their baby's well-child appointment, indicating that Pediatricians may be screening (either using screening tools or asking women about their emotional health directly) more than they were 3 years ago. This change in how much Pediatricians are screening (through the lens of the participant) may be a result of increased education and training for Pediatricians regarding screening for PMADs, as well as changes in reimbursement for screening. However, when women were asked to identify who specifically asked them about their emotional health, 38% reported being asked by a Pediatrician, which appears consistent with the percentage of Pediatrician's who reported that they screened for PMADs. The differences in these numbers from the 2018 report (50% of women being asked at well-child appointments vs 38% being asked by their pediatrician) may be due to the fact that women at Mary's Center are indirectly asked about their emotional health through screening tools provided to them by the front desk prior to their well-child appointments and that Pediatricians are not directly

[3] https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Screening-for-Perinatal-Depression?IsMobileSet=false

asking them at their baby's appointments unless they are prompted to do so by a "positive" screen. Another reason this discrepancy might exist is that other medical professionals involved in the well child appointment (nurses, medical assistants) may be asking women about their emotional health, while Pediatricians are not directly asking unless prompted by screening tools or concerned medical staff. More specific questions need to be asked to participants to determine if there are truly changes in how often Pediatricians are screening for PMADs since 2015.

One interesting takeaway from this 2018 survey is the number of women who reported being asked by more than one professional (42% of respondents) and at more than one appointment type (64% of respondents). Of those who reported being ask by more than one professional, 40% were asked by both their obstetrician and pediatrician and 30% reported being ask by both their midwife and their pediatrician. Of those who were asked at more than one appointment type, 39% were asked at two separate appointment types, 29% were asked at 3 separate appointment types, and 32% were asked at four or more different appointment types. In addition, of these women who specified being asked at more than one appointment type, 46% of women indicated they were asked at their prenatal, baby's well-child, and their postpartum visit. The previous 2015 Needs Assessment was unable to capture this valuable information regarding the frequency with which women are being asked about their emotional health. Understanding how often women are engaging with professionals in discussions about their emotional health provides a more comprehensive picture of the PMH landscape and the effort that is being made to create opportunities to identify women in need of mental health services and support at multiple points in time during the perinatal period.

Improvements: Professional & Participant Perspectives

Women in the 2018 Participant Survey provided suggestions about what they felt were important programs and services that would be most helpful to them. The majority of responses were suggestions for therapy/counseling services (n=5) followed by support groups for new moms (n=3), access to outside resources/materials about emotional health and family support (n=3), and the suggestion of "a person" completing outreach phone calls within a week after coming home from the hospital as a way to check on women and connect them to mental health services if they are interested (n=1). Of the participants surveyed who utilized different types of support, 53% sought support through family, 21% went to therapy/counseling, 21% used online forums and the internet, and 5% sought support through a support group. Comparing the type of support women suggested in this open-ended question with the support services women reported they engaged in (See Section C in the 2018 Participant Survey Report) indicate a potential need to increase access to and awareness about existing support group services, since only 5% of respondents indicated they used this type of support resource and it was one of the top 3 suggestions from women for programs that might be helpful to new moms.

In the 2015 Needs Assessment providers cited the need for training in PMADs, more information about available PMH resources, and the need for increased collaboration among providers as areas for improvement. The needs noted by providers in 2015 continued to be echoed by perinatal participants in 2018, who indicate the need for more materials and resources regarding perinatal emotional health and increased collaboration among providers to increase opportunities to connect women to therapy/counseling or support groups to meet their emotional health needs.

Conclusion

This participant survey provides a snapshot of the state of perinatal mental healthcare in DC through the lens of perinatal women who visit Mary's Center. The assessment highlights the participant perspective which up until this survey has not been elicited regarding how women are being asked about their emotional health (at what appointments and by whom), barriers and facilitators to discussing mental health with professionals, whether women are being referred to services and their activity within the referral continuum, and the barriers that prevent women from seeking support/treatment for PMADs. This study also elicits women's feedback on the EPDS, and their recommendations for increasing comfort and access to emotional health support services.

Collecting participant data on the 2018 PMH landscape allows for a general comparison between the provider perspective from the 2015 Needs Assessment and the participant perspective in 2018 to determine areas that

need continuing improvement and intervention. Continuing improvements in PMH activities in both primary care and pediatrics is needed as women express comfort in discussing emotional health needs with these provider types. There continue to be barriers for women in (1) scheduling and (2) attending their emotional health appointments and research regarding the specific barriers to both activities is warranted based off the current research.

Women seem to face major barriers when it comes to scheduling referral appointments, which could be a specific area in need of an intervention to ensure that women are at least connected to a referral appointment through the scheduling of an initial visit. Participant reports appear to mirror what providers believed to be their major barriers to access to PMH services, indicating that the barrier landscape has changed very little for women over the last 3 years, and that many of the barriers are more participant related than provider related. That said, a significant number of women reported that they were not asked about their emotional health or that the provider was not approachable, providing evidence that providers may need additional and continuous training in initiating discussions about emotional health with perinatal women.

Participants report overall satisfaction with the EPDS as a screening tool to assess their emotional health, but the participant perspective also provided insight into importance of provider-participant engagement in emotional health discussions regardless of screening tool responses as participants reported they may not always answer these screening tools honestly. This need is echoed by the number of women who reported providers not asking them about their emotional health as a major barrier to engaging in discussions that could connect them to mental health services.

More research is needed to understand how providers are asking (through a screening tool, through other means, or both), protocols for how they ask (when and by whom are screening tools administered, how they are administered (written versus verbally), and where (in the waiting area or in a private space) to get an idea of how the environment and protocol may influence women's responses and comfort in answering screening tool questions. In addition, understanding provider behaviors surrounding screens and screening tools such as whether they engage with perinatal women in emotional health discussions regardless of screening tool results and whether they feel these tools help them facilitate emotional health discussions with participants are important pieces of information that could help inform change on PMAD screening protocol for Pediatricians and other healthcare providers.

Based on the participant perspective, it is possible that Pediatricians may be screening more for PMADs in 2018 than 2015, however this is more speculation based on what participants have reported regarding what appointments they were asked about their emotional health and who asked them. One major takeaway from eliciting the 2018 participant perspective is that a large majority of women reported being asked about their emotional health by more than one provider at more than one appointment type. This indicates that women are given multiple opportunities to engage in emotional health discussions with multiple different professionals at multiple different appointments, increasing their chances of being connected to mental health services and decreasing their risk of going undetected if they have unmet emotional health needs.

Taken together, the results of this survey inform ongoing PMH initiatives with the participant perspective to help those working toward change in this field better understand participant's perceptions, behaviors, and attitudes surrounding PMH. The current results can help strengthen and bolster changes that will work towards ensuring that perinatal women are aware and have access to the services they need to maintain their emotional health.

Questions/Contact: mmh@maryscenter.org

REFERENCES

APPENDIX A. PARTICIPANT PERSPECTIVE SURVEY

CLIENT PERSPECTIVE SURVEY

Project Explanation and Consent

If you had a baby in the past year, this survey is for you! Through these questions, we want to better understand how health care professionals can support women's emotional health during pregnancy and after having a baby. It's okay if you've never had feelings like these. We still want to learn more about your experiences and thoughts on this topic.

It is very common for women to experience changes in their emotional health during and after pregnancy. Nearly 1 in every 5 women will experience sadness, mood swings, lack of joy, guilt, anxiety, excessive worry and sometimes suicidal thoughts. These feelings are treatable and with help, these feelings will go away.

Participation in this study is voluntary. You do not have to answer any questions you do not want to. All information will be kept confidential, and no identifying information will be shared.

If you want to participate in the study, please sign the consent statement below, fill out the survey, and give both documents back to the Medical Assistant. Thank you for helping us help moms!

CONSENT
I have read about the research study survey, and I agree to participate.

Signature*:* _____ Date: _____

To get more information on mothers' experiences with mental health in pregnancy and post partum we will be holding a group interview. If you would be willing to participate in the interview, please provide additional information below:

Name: _____

Phone Number/E-mail: _____

Day of the week (M-F) during which you are *most* available during the daytime:

_____

Thank you for completing this survey!
If you are experiencing difficulty with your emotional health and would like extra support, please tell your doctor or contact our Maternal Mental Health program directly:
Morgan Gross
Email: mgross@maryscenter.org
Phone: (202) 545-2061 (Direct)

Tell us about who you are

1. **What is your age?**
    a. Under 18
    b. 18-24
    c. 25-34
    d. 35-44
    e. 45-54
    f. 55 or older

2. **Which of these best describes your ethnicity?** (Select all that apply)
    a. Asian
    b. Native Hawaiian
    c. Other Pacific Islander
    d. Black/African American
    e. American Indian/Alaska Native
    f. Hispanic/Latino
    g. White

3. **How many total children have you given birth to?**
    a. 1
    b. 2
    c. 3
    d. 4
    e. 5+

4. **How old is your *youngest* child?**
    a. 0-3 months
    b. 4-6 months
    c. 7-11 months
    d. 12 months or older

5. **How old is your *oldest* child?**
    a. Only have one child (see above)
    b. Under 1
    c. 1
    d. 2
    e. 3
    f. 4
    g. 5
    h. 6+

6. **What is your zip code: _____**

7. **Where did you receive prenatal care with your most recent pregnancy (i.e., Mary's Center, etc.)? Please specify below.**

   _____

8. **Where do you receive postpartum care/primary medical care following your most recent pregnancy (i.e., Mary's Center, etc.)? Please specify below.**

   _____

9. **Where does your youngest child receive their primary pediatric medical care (i.e., Mary's Center, etc.)? Please specify below.**

   _____

Tell us about your emotional health during your most recent pregnancy/postpartum

1. **Before your pregnancy, did you have any emotional health concerns?**
   a. Yes, and I was receiving professional help
   b. Yes, and I was *not* receiving professional help
   c. No

2. **During or after your most recent pregnancy, did you have any emotional health concerns, including any of the following? (Please circle all that apply)**
   a. Depression/low mood (feeling sad, rapidly changing mood or crying a lot, lack of pleasure in things that normally bring joy, low energy/feeling tired all the time, feeling not good enough or guilty, thoughts of death or killing yourself)

   b. Anxiety or obsessive thoughts (worrying a lot, obsessive thoughts, frequent "scary thoughts" about harm coming to you or the baby, repeating behaviors that are difficult to control)

   c. Post-traumatic stress (flashbacks or nightmares, sudden re-experiencing of a traumatic experience, difficulty relaxing)

   d. Psychosis (hearing voices that others cannot hear, seeing things that others cannot see, fearing that people are out to get you or are talking badly about you, feeling out of touch with reality, experiencing physical symptoms that others may not experience such as being very hot or cold)

   e. None of the above

   f. Other (please specify): _____

3. **Did you seek support for yourself through any of the following? (Please circle all that apply)**
   a. Internet search for where to get help
   b. Online forum/support
   c. Friends and family
   d. Therapy/counseling
   e. Support group

f. None of the above
g. Other (please specify): _____

4. **During and/or after your pregnancy, did any of these professionals ask you about your emotional health and if you needed any support? (Please circle all that apply)**
   a. An obstetrician
   b. A midwife
   c. A family doctor
   d. A pediatrician
   e. A home visitor
   f. A case manager
   g. A WIC employee
   h. None of the above
   i. Other (please specify): _____

5. **If you were asked you about your emotional health, at which visit(s) were you asked? (Please circle all that apply)**
   a. Prenatal appointment
   b. Hospital/birth center after delivery
   c. Baby's well-child appointment
   d. Your Postpartum medical appointment
   e. WIC appointment
   f. Other (please specify):_____

6. **If you experienced emotional health problems during or after pregnancy, were you referred to a support service (such as counseling/therapy or a support group for moms?)**
   a. Does not apply to me-I did not experience any emotional health problems
   b. Yes-I was directly connected to a service or someone reached out to me about support services
   c. I was given information about who to contact for support services
   d. No, I was not connected to services
   e. Unsure

7. **Which service(s) were you referred to? (Please circle all that apply)**
   a. Does not apply to me-I did not experience any emotional health problems
   b. A general referral to Mary's Center Moms/Maternal Mental Health Program
   c. Therapy
   d. Social Worker/Case Manager
   e. Psychiatry
   f. A support group for moms
   g. Directly connected to a mental health provider at Mary's Center on the day of appointment
   h. Other (please specify): _____

8. **Did you or someone else schedule an appointment for the service you were referred to?**
   a. Yes
   b. No
   c. Does not apply to me

9. **If yes above, did you go to this appointment?**
   a. Yes

b. No
c. Does not apply to me (if no above)

10. **What would keep you from going to an appointment for your emotional health?** (please circle all that apply)
    a. Money/cost
    b. Transportation
    c. I don't have time
    d. Childcare issues
    e. I'm worried what people might think
    f. Other (please specify) :_____

Tell us how you feel discussing your emotional health with professionals

1. **Are you comfortable talking about your emotional health with any of these professionals? (Please circle all that apply)**

    a. An obstetrician
    b. A midwife
    c. A family doctor
    d. A pediatrician
    e. A home visitor
    f. A case manager
    g. A WIC employee
    h. I would not feel comfortable talking about my feelings with any of these professionals
    i. Other (please specify): _____

2. **How comfortable do you feel talking to a healthcare provider about your emotional health?**

    a. Very uncomfortable
    b. Uncomfortable
    c. Not sure
    d. Comfortable
    e. Very comfortable

3. **Why would you feel <u>uncomfortable</u> talking to a healthcare provider about your feelings? (Please circle all that apply)**

    a. Embarrassment
    b. There is stigma attached to mental illness
    c. Uncertainty about what is wrong
    d. My belief that it is normal to feel bad after giving birth
    e. I don't think they could help me
    f. Fear my baby could be taken away
    g. I do not want to take up the professionals' time
    h. I was not asked about my feelings
    i. The professional(s) were not approachable
    j. Other (please specify): _____

4. **Thinking about the screening tool the front desk gave you in addition to this survey, do you think this screening tool does a good job of asking questions about your emotional health?**
    a. Yes
    b. No

If you answered "no," please explain why in the space provided below?

_____

_____

_____

5. **What programs, services, or ways of talking about your emotional health would be most helpful to you and make you feel most comfortable talking about your emotions if you were seeking or considering seeking emotional health support? Please provide a response in the space below:**

_____

_____

_____

_____

You are done!

Thank you for completing this survey!

If you are experiencing difficulty with your emotional health and would like extra support, please tell your doctor or contact our Maternal Mental Health program directly:

Morgan Gross
Email: mgross@maryscenter.org
Phone: (202) 545-2061 (Direct)