

# COVID-19 Impact on Perinatal Mental Health in San Francisco

Aline Armstrong, Director

Hannah Hecht, MPH Intern

Jodi Stookey, Senior Epidemiologist

Maternal, Child & Adolescent Health Division,

San Francisco Department of Public Health



San Francisco  
Health Network

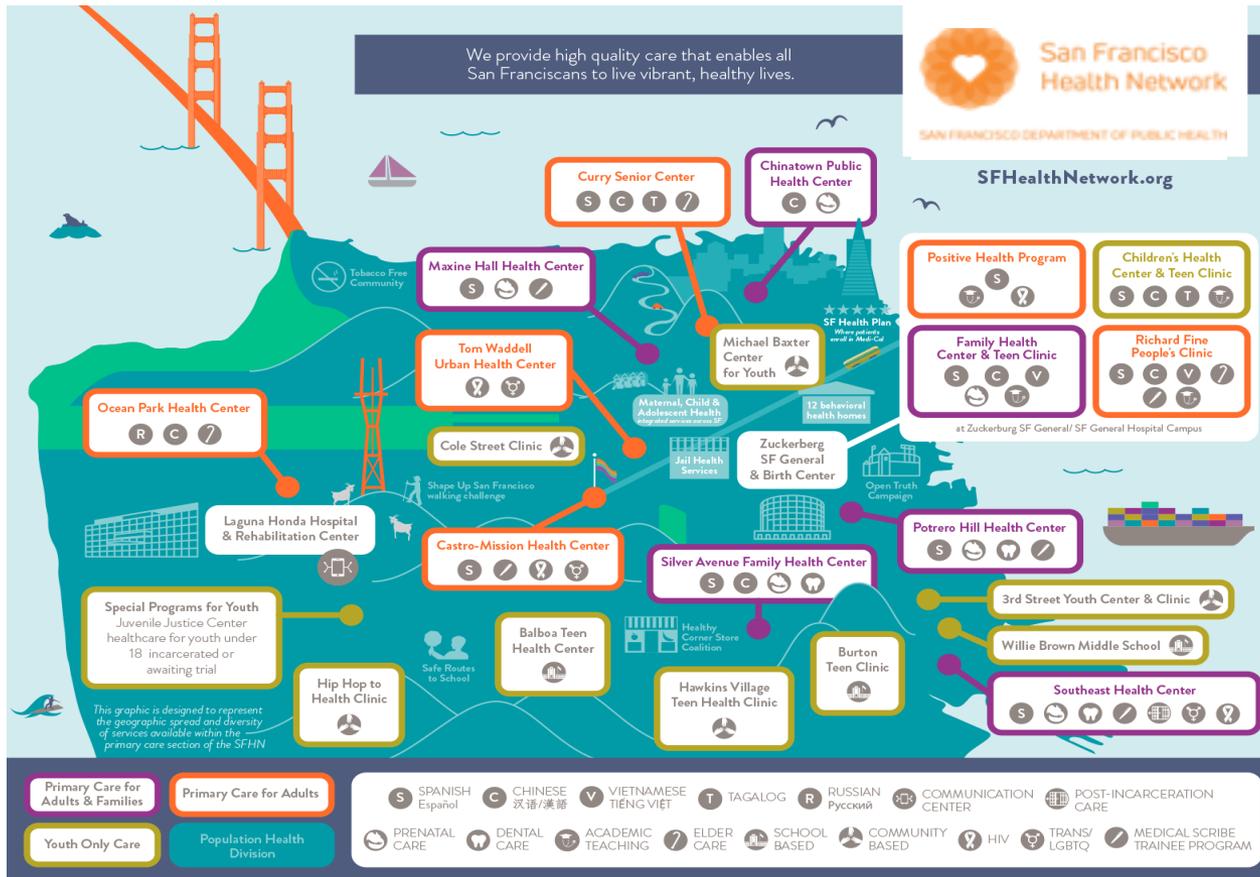
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

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# Overview of Presentation

- Review of SFHN programs which screen, refer, and/or treat for perinatal depression
- Overview of data reflecting perinatal mental health during the pandemic
- Brief description of DPH and partner initiatives to address perinatal mental health systems gaps

# SFDPH and the San Francisco Health Network



- Ambulatory Care:
  - Primary Care
  - **Maternal, Child, and Adolescent Health**
  - Jail Health Services
  - Whole Person Integrated Care
  - HIV Health Services and Health Care for the Homeless program
- Behavioral Health
- Laguna Honda Hospital
- Zuckerberg San Francisco General Hospital

# 19 SFDPH MCAH programs

<b>California Children's Services</b>	Care coordination and case management for seriously ill and disabled low-income children	<b>Nutrition Education &amp; Obesity Prevention</b>	Nutrition education for low income families; nutrition promotion	<b>Administration Team</b>	Epi, medical, IT oral health, QI, planning, finance, facilities, HR, procurement, clerical services for MCAH section
<b>Family &amp; Children's Services Nursing</b>	Care coordination and case management for children in the child welfare system; education for Protective Service Workers	<b>Pre &amp; Interconception Health</b>	Comprehensive family planning services for men, women, and youths. Formerly funded by Title X	<b>Expecting Justice (AKA Pre-term Birth Initiative)</b>	Provider and patient training, income supplements, doula support, to reduce incidence of pre-term birth and adverse birth outcomes in the Black and Pacific Islander populations
<b>Medical Therapy Program</b>	Physical and occupational therapy for disabled children and youths	<b>Teen &amp; Adolescent Pregnancy &amp; Parenting Program</b>	Comprehensive services for low income pregnant and parenting youths	<b>Perinatal Equity Initiative</b>	Provider QI and doula services provision to reduce adverse birth outcomes in the Black population
<b>Child Health &amp; Disability Prevention</b>	Preventive health services and comprehensive screenings to identify disease and disability in low income children and youth; provider education and certification	<b>Black Infant Health Program</b>	Case management and group sessions for pregnant and parenting Black women aimed at redressing health inequities	<b>SIDS/FIMR</b>	Grief counseling and infant mortality case tracking
<b>Child Care Health Program</b>	Vision, hearing, dental, wellness screenings and case management for children at schools and care centers county-wide	<b>Field Public Health Nursing</b>	Nurse home visiting services for low income mothers, infants, and children	<b>CalWORKs Nursing</b>	PHN services for CalWORKs clients at HSA
<b>AB 75</b>	Compensatory funding for emergency, pediatric, indigent care to hospitals and physicians	<b>Nurse Family Partnership</b>	Nurse home visiting services for low-income first-time mothers, infants, and children	<b>Comprehensive Perinatal Services</b>	Quality assurance for providers; protocol development; training, education, and technical assistance for providers; education for pregnant women
<b>Women, Infants, Children Nutrition Program</b>	Supplemental nutrition, nutrition education, breastfeeding education and promotion, infant formula for low income families				

**Programs that screen and refer for perinatal mental health issues**

# COVID-19 impacted MCAH services

- Staff activations to the COVID-19 response: all MCAH PHNs deployed at some point in the activation
- Staff vacancies (illness, long-term leave, move out of SF, retirement, reassignment)
- Increased PHN caseloads
- Increased waitlists for MCAH services
- New challenges in building trust and rapport with clients, given social distancing requirements, masking, and general fear of COVID-19

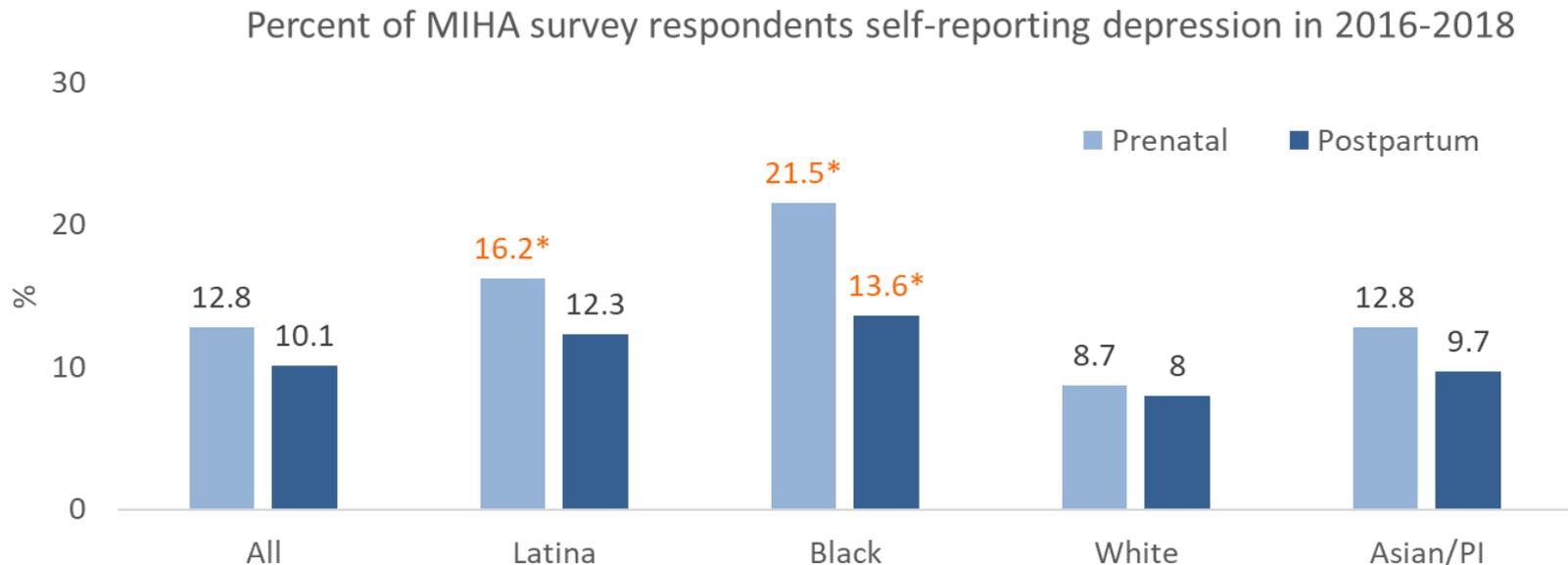
# COVID-19 directly and indirectly impacted clients and access to care and services

**Patient case study – tragic example of COVID-19 impact on clients and on our clinical programs**



# Before the pandemic in the SF Bay Area

- About 10% of the estimated 10,500 people who gave birth annually reported prenatal or postpartum depression
- Black/African American birthing people were significantly more likely to report prenatal depression than white birthing people



\*Significantly different ( $p < 0.05$ ) compared to corresponding value for white respondents. Maternal and Infant Health Assessment (MIHA) Survey Data Snapshots, 2016-2018. CDPH 2022.

# Before the pandemic in the SF Bay Area

- Perinatal depression was associated with lower family income
- Income was also associated with many Social Determinants of Health

## MIHA Survey of birthing people in 2016-2018

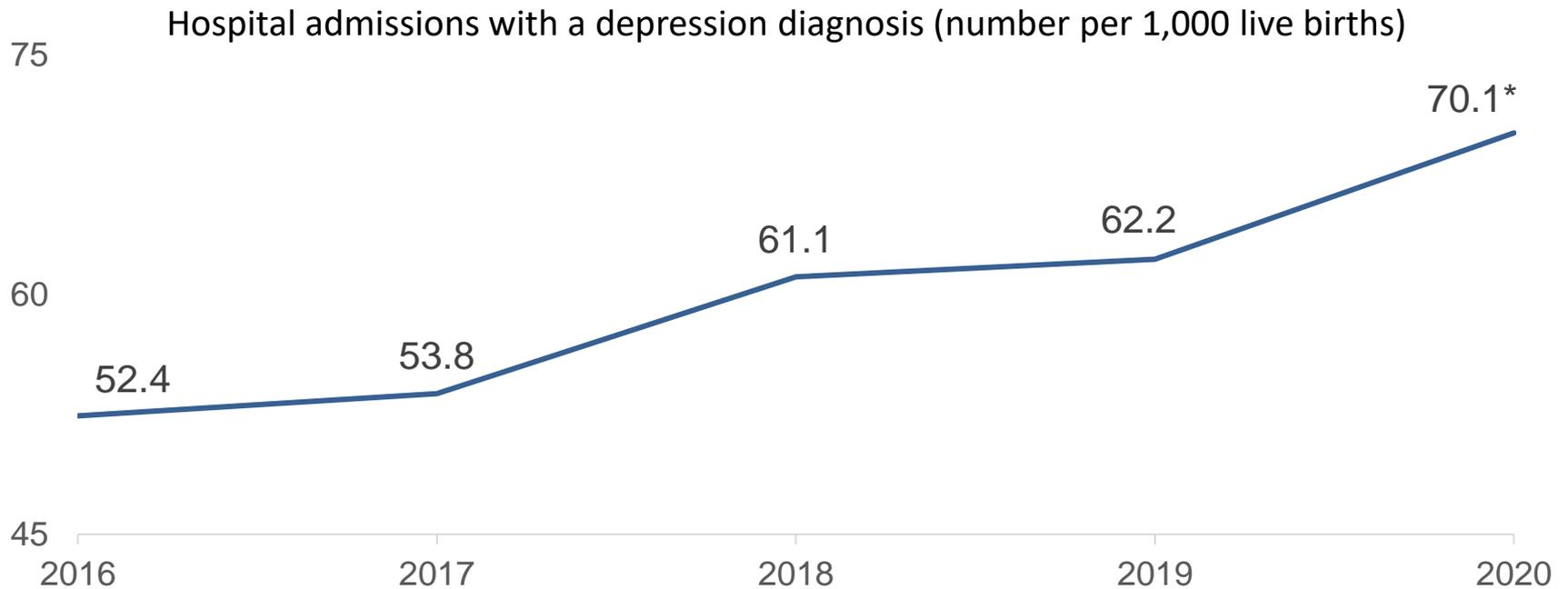
	% of respondents living at 0-100% FPL	% of respondents living at 101-200% FPL	% of respondents living at >200% FPL
<b>Prenatal depressive symptoms</b>	<b>21.3<sup>a</sup></b>	14.2	9.0
<b>Postpartum depressive symptoms</b>	<b>13.2<sup>a</sup></b>	13.4	8.3
Homeless or no regular place to sleep	8.9 <sup>ab</sup>	4.2	0.8
Food insecurity during pregnancy	30.8 <sup>ab</sup>	19.1	1.9
Food stamps during pregnancy	45.8 <sup>ab</sup>	16.0	0.7
Woman or partner lost job	21.9 <sup>a</sup>	17.9	4.2
Became separated or divorced	14.7 <sup>ab</sup>	3.5	1.5
IPV during pregnancy	7.9 <sup>a</sup>	5.9	2.5
Had no practical or emotional support	7.7 <sup>ab</sup>	6.6	1.7

<sup>a</sup> Significantly different (p<0.05) compared to corresponding value for >200%FPL respondents.

<sup>b</sup> Significantly different (p<0.05) compared to corresponding value for 101-200%FPL respondents.  
Maternal and Infant Health Assessment (MIHA) Survey Data Snapshots, 2016-2018. CDPH 2022.

# During the pandemic

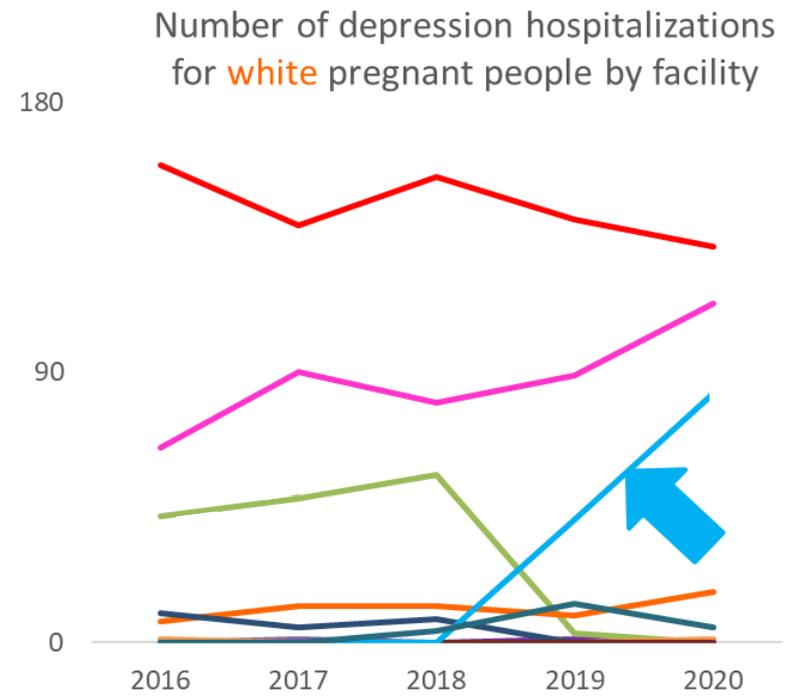
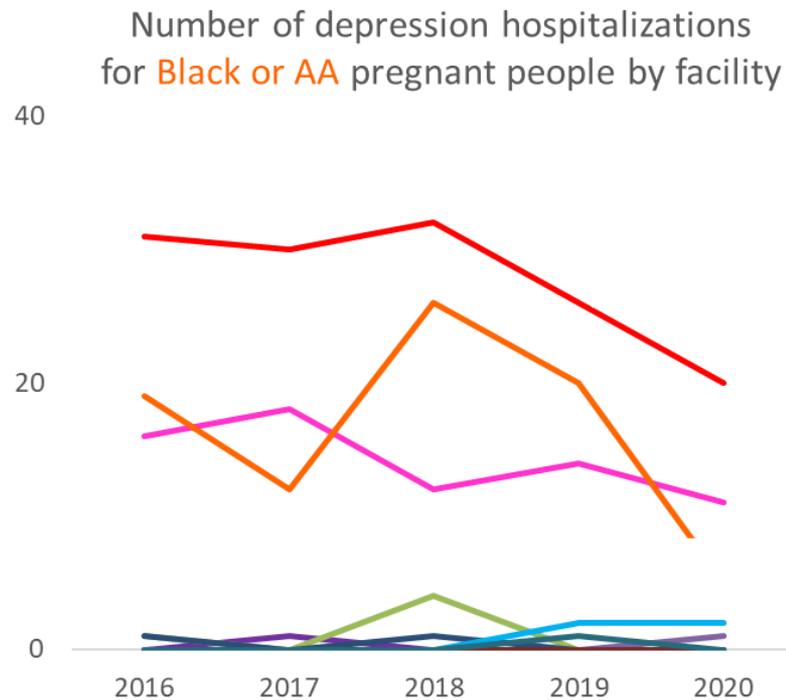
SF hospitals reported significantly more **hospitalizations** of pregnant people with depression



**\*Significantly different ( $p < 0.05$ ) from 2018-2019.** Numerator calculated using California Department of Health Care Access and Information (HCAI) Patient Discharge Data for pregnant people treated by SF hospitals with depression defined as Clinical Classification Software Refined MBD002. Denominator: All births delivered at SF hospitals in the corresponding time period.

# During the pandemic

Changes in **depression hospitalization** varied by facility and race

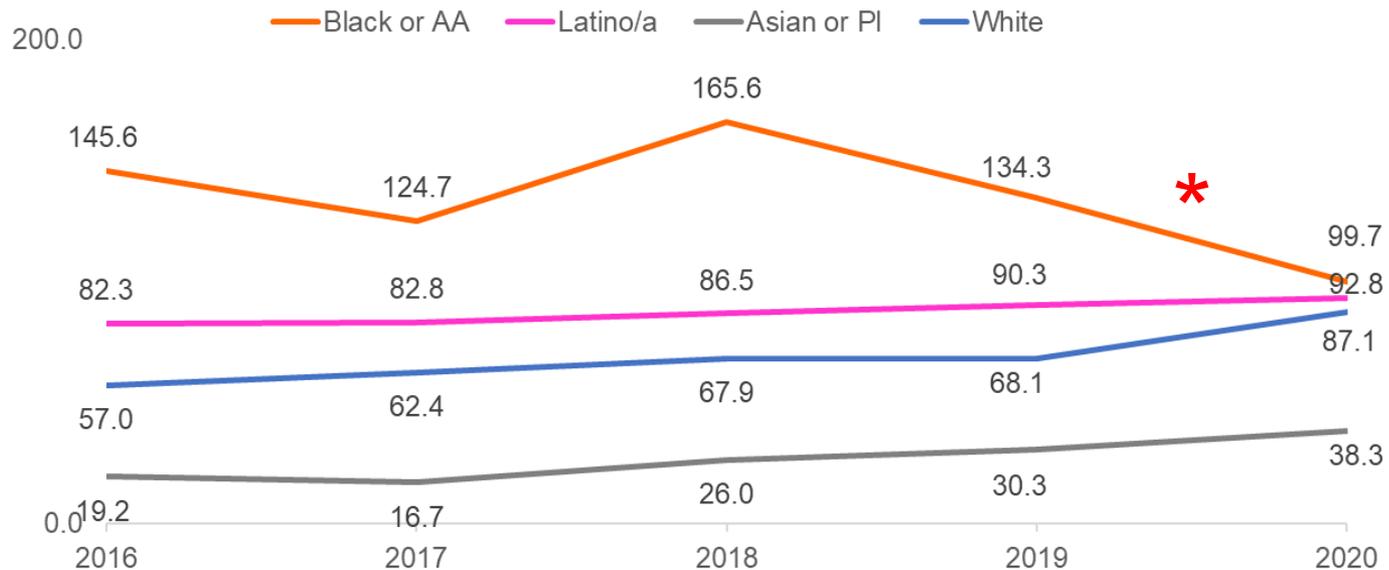


California Department of Health Care Access and Information (HCAI) Patient Discharge Data.  
Depression definition: Clinical Classification Software Refined MBD002.

# During the pandemic

- Citywide trends reflect *increases* in white **depression hospitalization** rates
- *Decreased depression hospitalization* rates for Black/AA pregnant people differed significantly from 2019-2020 trends for all other race-ethnic groups

Hospital admissions with a depression diagnosis (number per 1,000 live births)



**\*Significantly different ( $p < 0.05$ ) change from 2019 to 2020 compared to corresponding change in all other groups.** Numerator calculated for pregnant people treated by SF hospitals from California Department of Health Care Access and Information (HCAI) Patient Discharge Data, with depression defined as Clinical Classification Software Refined MBD002. Denominator: All births delivered at SF hospitals in the corresponding time period.

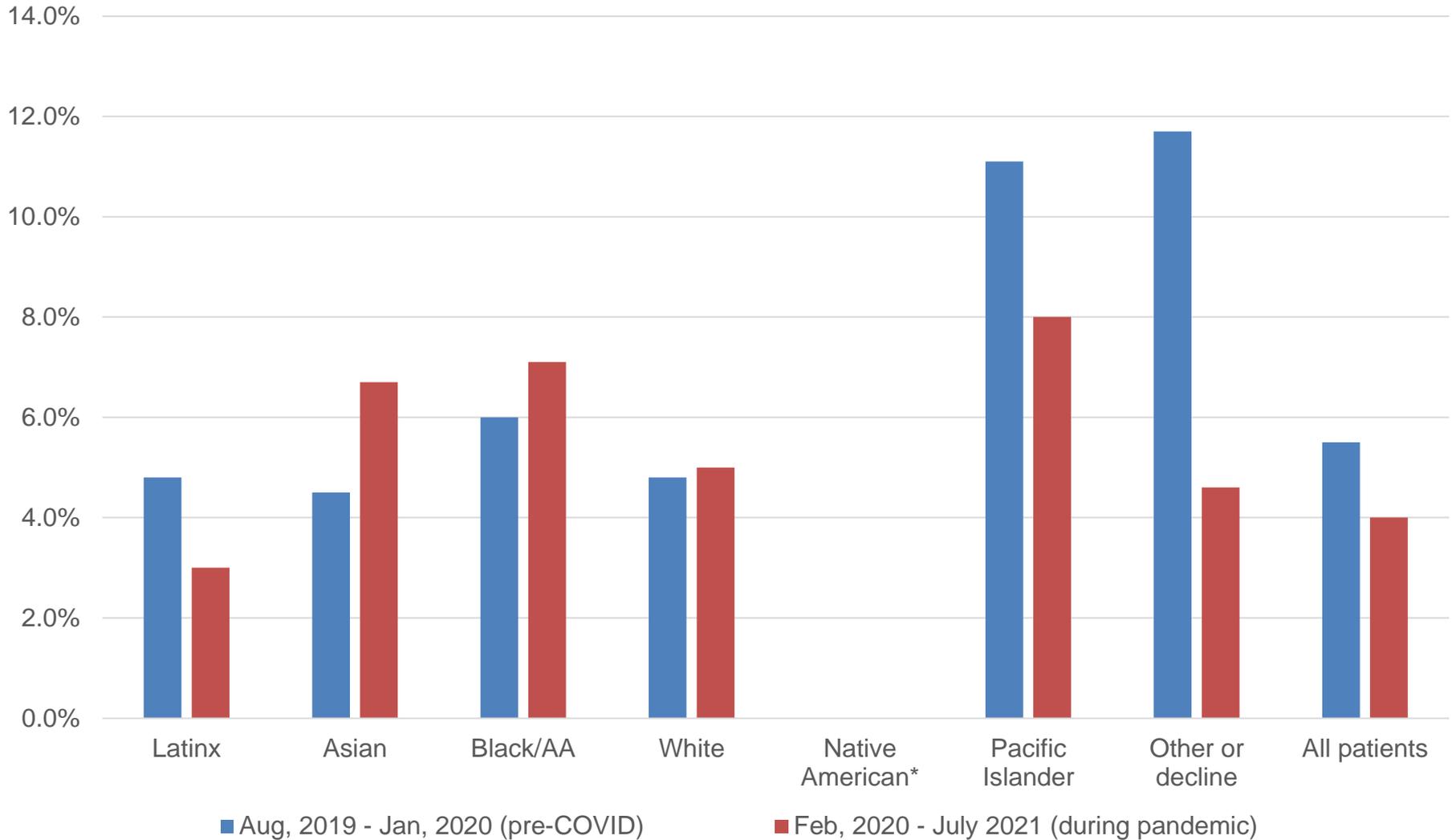
# COVID-19 widened local mental health disparities

For Black/African American women ages 20-44 years, between 2019 and 2020:

- Decrease in number of **depression** hospitalizations: **-59**
- Increase in number of **self-harm** ED visits: **+50**

The existing disparity in ED visits for self-harm for Black/African American women increased by 22% in one year

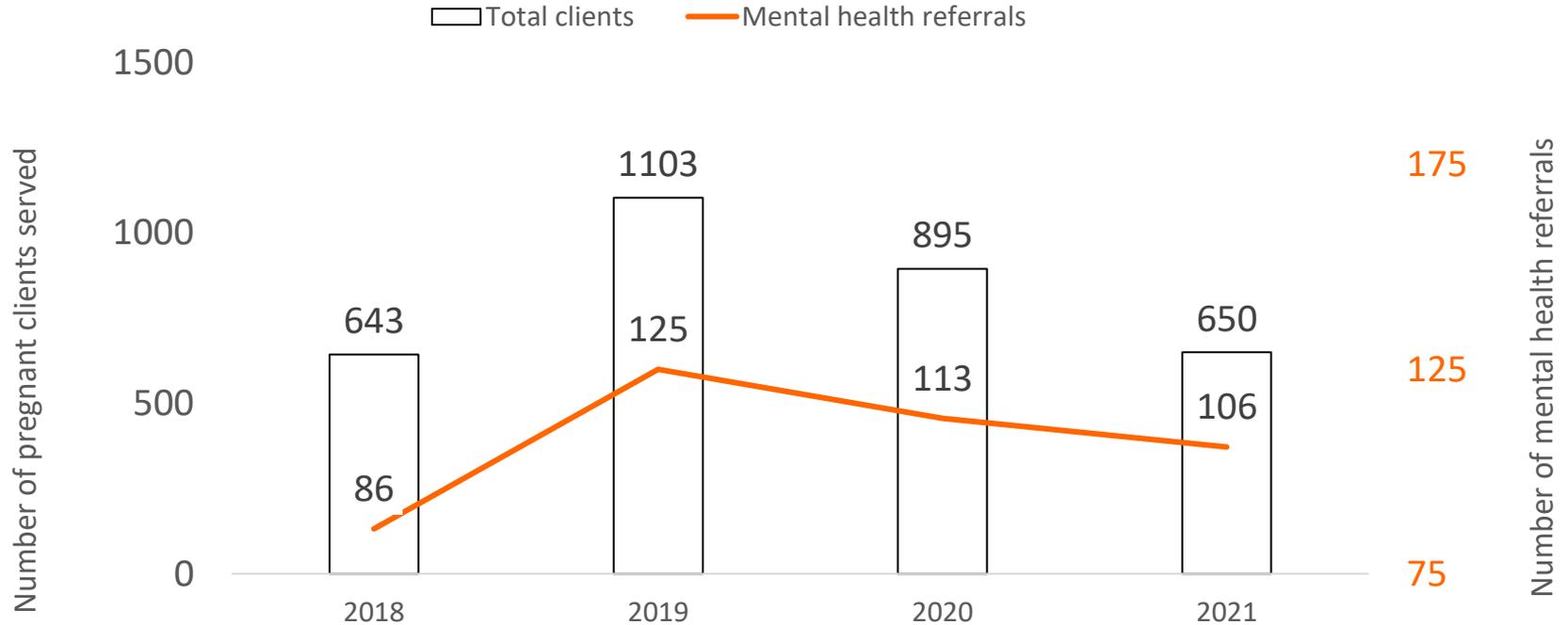
# Percent of Postpartum SFHN Patients Diagnosed with PP Depression



\*There were no reported cases of postpartum depression among the Native American-identified people who delivered during the timeframe.

# During the pandemic

- Nurse Family Partnership and Field Public Health Nurses referred fewer pregnant women for mental health support



MCAH Nurse Family Partnership (NFP) and Field Public Health Nurse (PHN) program data.

# Initiatives to address perinatal mental health systems gaps

## MCAH Efforts

### Build staff capacity at MCAH

- Hired 1 Mental Health Specialist (LCSW) to screen all Black Infant Health clients for mental health needs as well as 2 support staff
- Filling the positions vacated by 3 Black/AA PHNs
- Hiring 2 racially-concordant licensed social workers who can provide mental health therapy with funding from the Mental Health Services Act

### Support partners to build capacity

- Fund CBOs to hire Black/AA mental health therapists through the RFP Improving Black Maternal Mental Health

## DPH and Community Partner Efforts

- **Solid Start:** Piloting Homeless Prenatal Program Community Health Worker Model at ZSFG Obstetrics, Midwifery, and Gynecology (OMG) Clinic
- **EMBRACE** (UCSF & SEHC): Group mental health care for Black birthing people. Partnership with RAMS.
- **Mission Mental Health & MNHC:** Collaboration between MNHC, ZSFG Midwifery and Mission Mental Health to improve access to mental health care
- **Team Lily:** Multidisciplinary care team supporting pregnant people experiencing homelessness and other barriers to accessing care
- **Pregnancy Pop-Up Village:** Monthly "one-stop-shop" for pregnancy/family-related services and offerings in the Bayview

# Summary

**The pandemic impacted the mental health of pregnant and parenting people. This was compounded by decreased access to perinatal mental health screening, referral, and treatment resources across San Francisco.**

- The pandemic increased perinatal mental health needs and widened disparities
- Highest need for Black or African American birthing people
- Priority systems-level gaps to address:
  - Shortage of Black or African American PHN and MH providers
  - Long waitlist for MCAH programs
  - MCAH collaboration with partners