

How to Effectively Integrate Behavioral Health into the Women's Health Service Line

October 14, 2024



Learning Outcomes

- Understand the challenges of delivering effective behavioral health services through the women's health service line at the exact time patients need them.
- Assess the benefits of deploying virtual care to enable efficient, timely access to this care.
- Examine what's possible with a collaborative, integrated approach to behavioral health services as part of women's health.

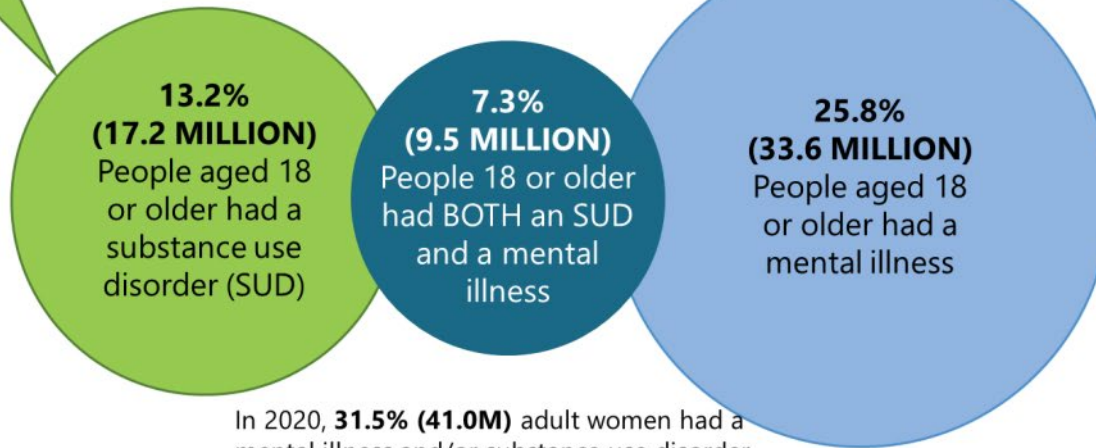
Scope of the Problem: Women's Health

Mental Illness and Substance Use Disorders in America in the Past Year: Among Women Aged 18+

PAST YEAR, 2020 NSDUH, Women 18+

Among women with a substance use disorder:
4 IN 9 (43.4% or 7.4M) struggled with illicit drugs
7 IN 10 (71.1% or 12.2M) struggled with alcohol use
1 IN 7 (14.4% or 2.5M) struggled with illicit drugs and alcohol

Among women with a mental illness:
1 IN 4 (27.0% or 9.1M) had a serious mental illness

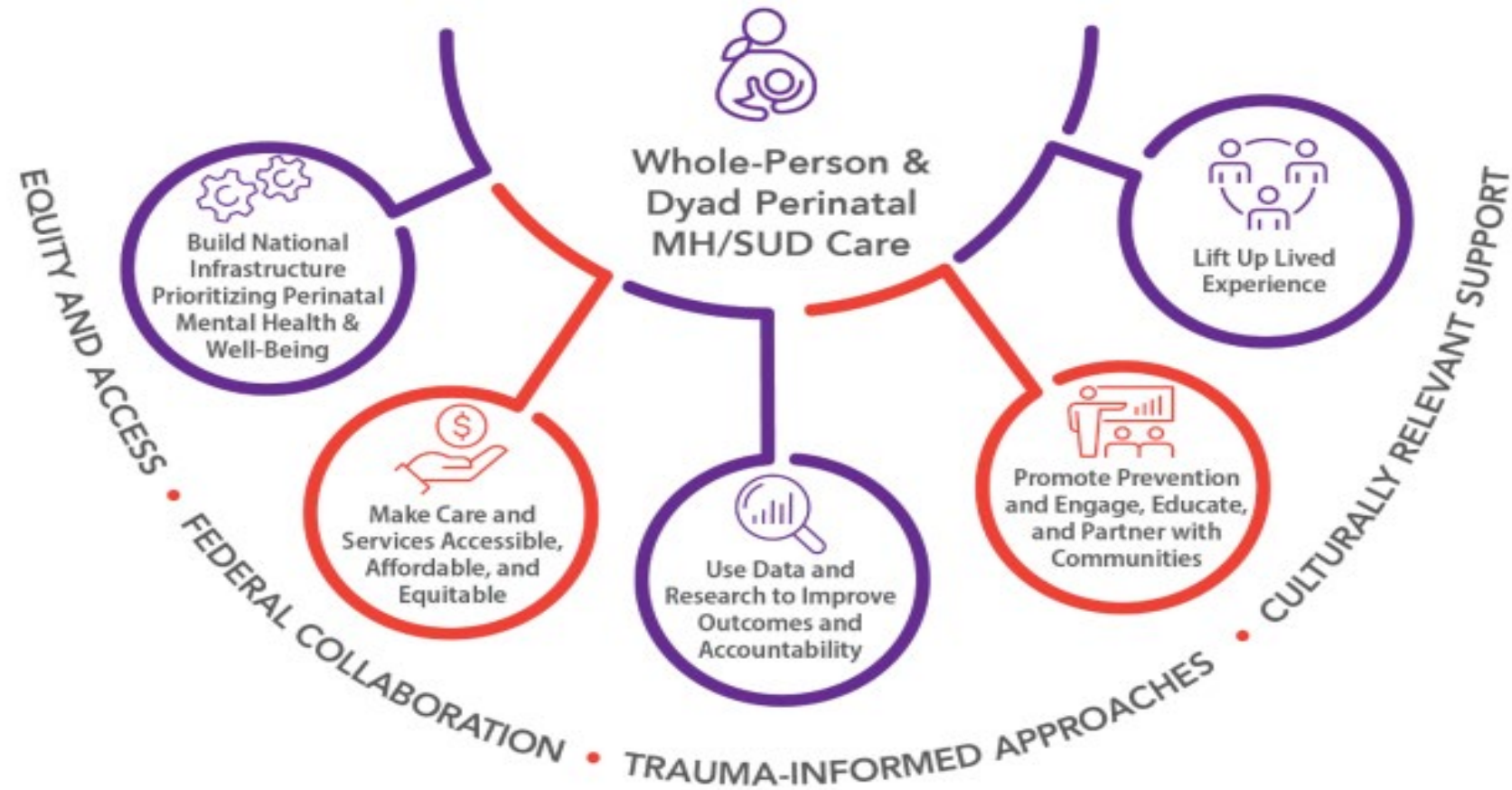


Although pregnancy has typically been considered a time of emotional well being, recent studies suggest that up to **20% of women suffer from mood or anxiety disorders during pregnancy.**

Source: MGM Center for Women's Mental Health: Reproductive Psychiatry Resources & Information Center



Elements of Whole-Person Care



Source: <https://www.samhsa.gov/sites/default/files/mmh-strategy.pdf>

Focus Areas in Women's Health

Patient Population	Description
Premenstrual Syndrome (PMS) & Premenstrual Dysphoric Disorder (PMDD)	<ul style="list-style-type: none"> • PMS involves physical and emotional symptoms in the days before menstruation starts • PMDD is a much more severe, chronic form of PMS that can affect day to day function • Both conditions are related to hormone imbalances that can affect brain neurotransmitters and are generally treatable conditions
Infertility-Related Mental Health	<ul style="list-style-type: none"> • Stress and MH/SUD conditions may be pre-existing or fertility-attempt related • These conditions can be identified and treated early to optimize fertility and conception while minimizing fetal risk
Psychiatric Disorders in Pregnancy	<ul style="list-style-type: none"> • Approximately 15% of women experience psychiatric disorders during pregnancy • Family history of MH/SUD, as well as SDoH factors, can be predictive and warrant pre-emptive or early intervention • PMADS (Perinatal Mood & Anxiety Disorders) clinics and similar integrated, collaborative efforts can reduce unnecessary burden on the mother and developing fetus
Post-partum Psychiatric Disorders	<ul style="list-style-type: none"> • The incidence of postpartum depression (10-15%), anxiety (10%), and psychosis (0.1 to 0.2 %) warrant early and ongoing screening among all postpartum women • Childbirth-related trauma (24-35%) and PTSD (4-9%) can emerge and pose significant stress and risk for mother, baby, and family • Nearly 2 of 3 maternal deaths occur post-partum, with suicide and overdose being leading causes
Menopause-Related Mental Health	<ul style="list-style-type: none"> • While a normal part of aging after age 40, the physical and emotional symptoms associated with menopause can contribute to significant impairment in daily function for many women • Perimenopausal women are 40% more likely to experience depression than premenopausal women • As many as 1 in 4 perimenopausal women experience irritability, low energy, sadness, and difficulty concentrating
Perinatal SUD & MAT treatment	<ul style="list-style-type: none"> • Approximately 15% of infants are affected by prenatal alcohol or illicit drug exposure, warranting early screening and intervention • Medication Assisted Treatment (MAT) is clinically effective and safe for pregnant women with SUD/ODU, promotes better outcomes for the mother and baby by reducing overdose, suicide, and fetal withdrawal, while promoting employment and secure housing.

Discussion

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