



**To Understand the Impact of the Behavioural Health
Consultant Model on Postpartum Depression Scores in a
Family Physician Office**

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Overview

- Rates for PPD cited in literature is ~ 10-15% (Cox et al, 1987)
- Research has identified importance of psychosocial and psychological risk factors
- Postpartum women require proactive and preventative approach to address risk factor

Circle Medical@ Copperfield Clinic background

- Primary focus is Holistic Family Medicine with obstetrical care
- Comprehensive care
- Breastfeeding services also provided
- 5 family physicians working at the clinic
- 100-150 deliveries each year
- Based on research 10-20 mothers will develop postpartum depression

Behavioural Health Consultant Model

- The Behavioral Health Integration Model utilizes Behavioral Health Consultants in physician's offices. The consultants:
 - Provide 15 – 30 minute consultations with patients (1 – 4 visits per patient)
 - Address a wide range of mental health concerns
 - Goals are early identification, quick resolution, long-term prevention and health promotion.

Research Idea

- BHC services available at clinic
- Make-up of clinic population
- Research related to postpartum depression
- Posed questions related to whether this new service could impact outcomes
- Either decrease incidence or increase awareness of common conditions

Research Study Overview

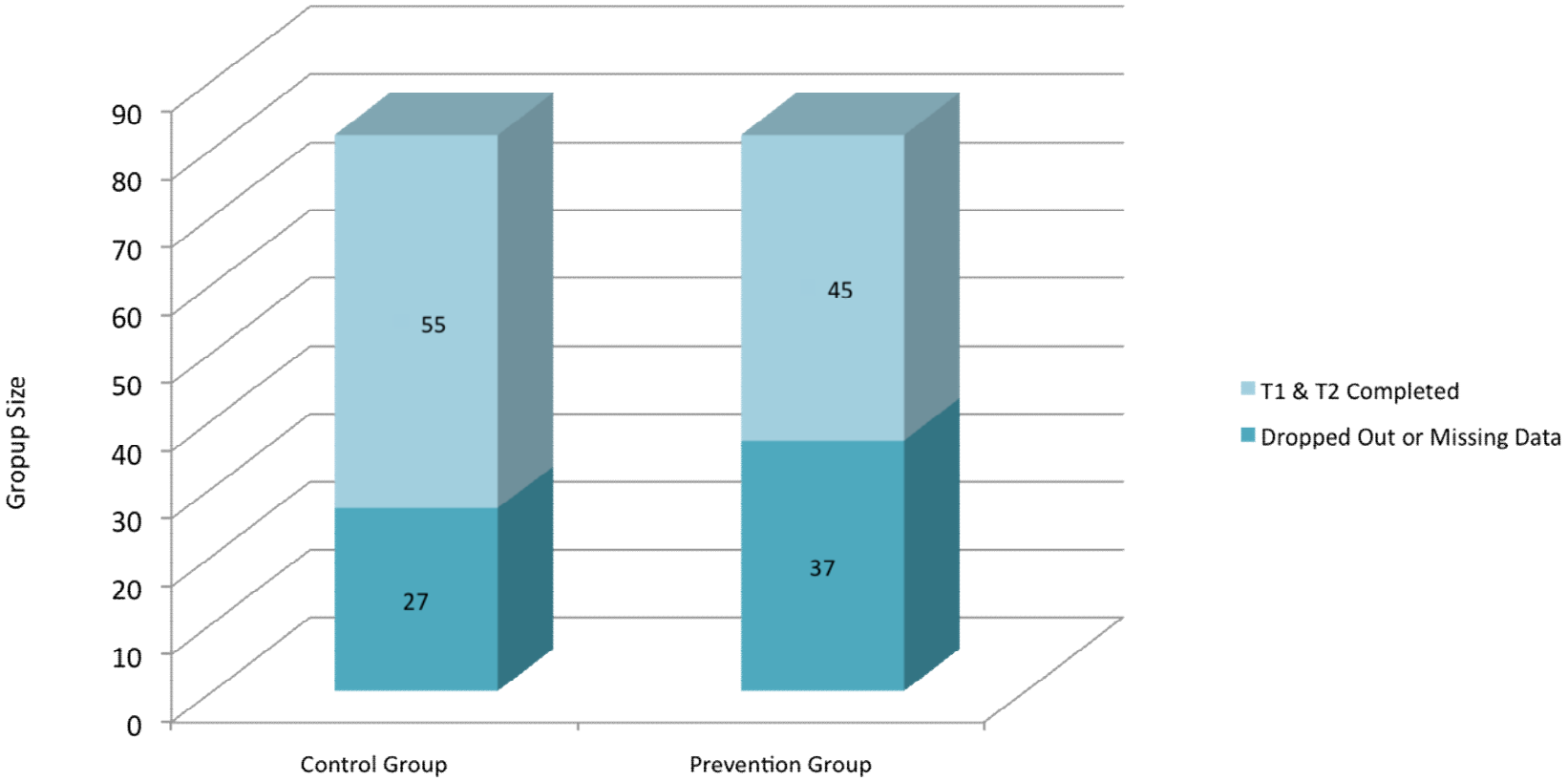
Research Question:

- Does care supplemented by the BHC during the 6 week postpartum period provide better PPD outcomes than for those women who receive routine primary care?
- Specific outcomes being evaluated included:
 - Depression score (Edinburgh Postnatal Depression Scale)
 - Relationship Happiness
 - General confidence as a mother

Research Study Overview

- Random assignment of postpartum patients
- 2 groups - control and prevention
- 50 participants in each group
- Same packages to all study participants
- Control group seen by physician only
- Prevention group seen by both physician and BHC who reviewed study package
- Validated tool used Edinburgh Postnatal Depression Scale (EPDS)

Participation



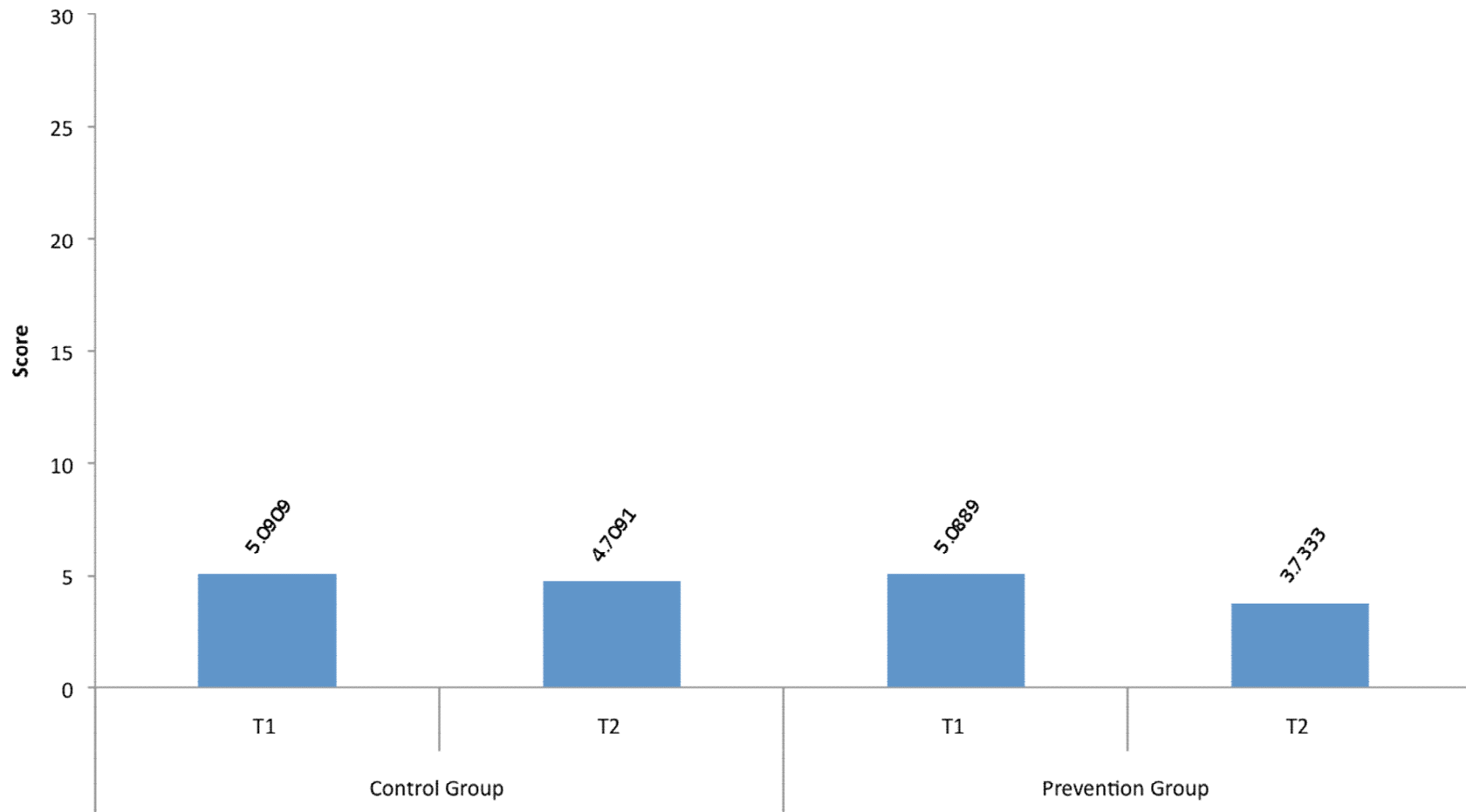
Results

- The Edinburgh Postnatal Depression Scale (EPDS) identifies patients at risk for postpartum depression
- EPDS total scores higher than 10 indicate possible depression
- EPDS mean total scores for the prevention group from time 1 to time 2 decreased slightly more than the control group

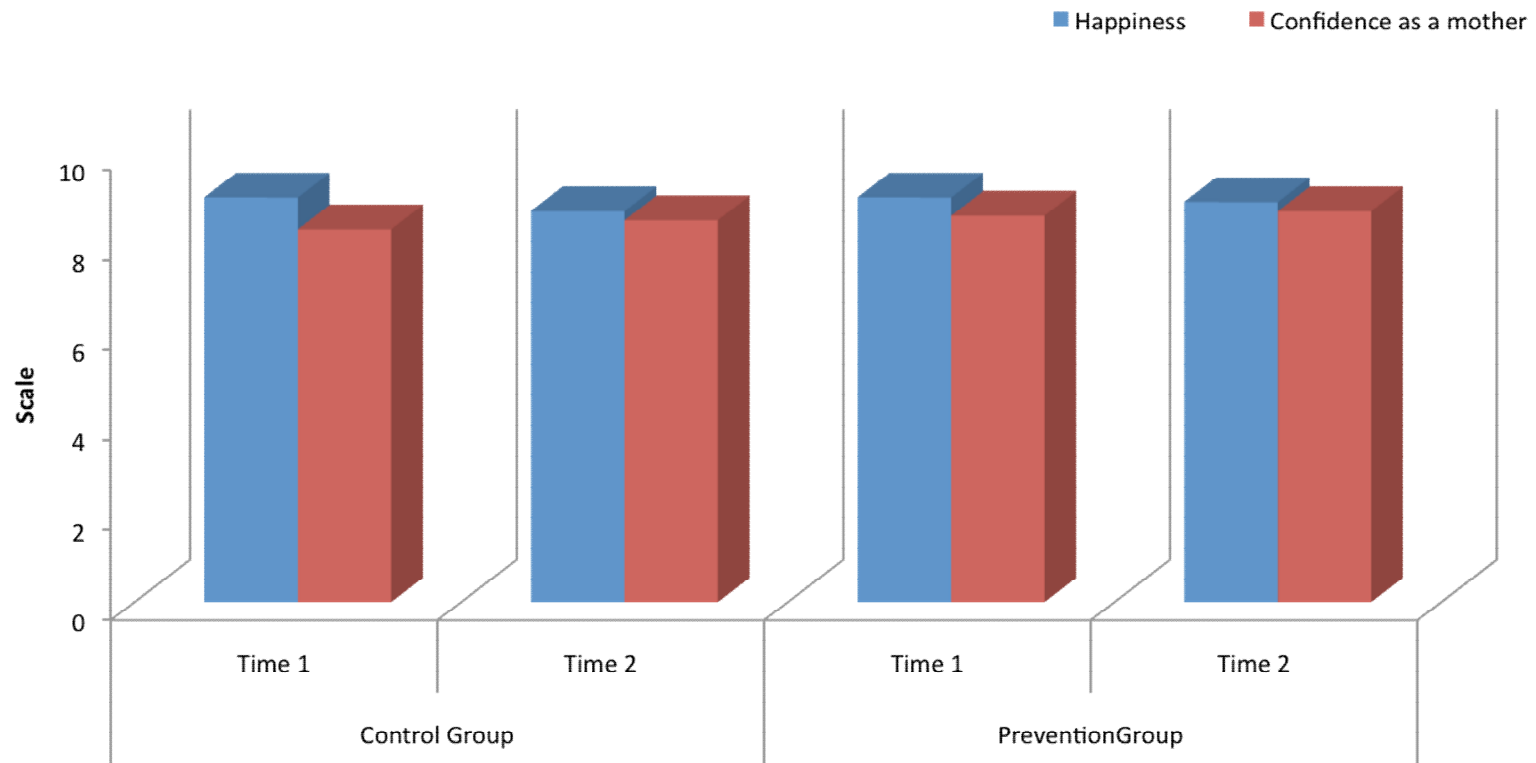
EPDS Total Scores

| | Control Group | | Prevention Group | |
|----------------|---------------|---------|------------------|---------|
| | T1 | T2 | T1 | T2 |
| Mean | 5.0909 | 4.7091 | 5.0889 | 3.7333 |
| N | 55 | 55 | 45 | 45 |
| Std. deviation | 4.55531 | 3.43550 | 2.89845 | 2.33939 |

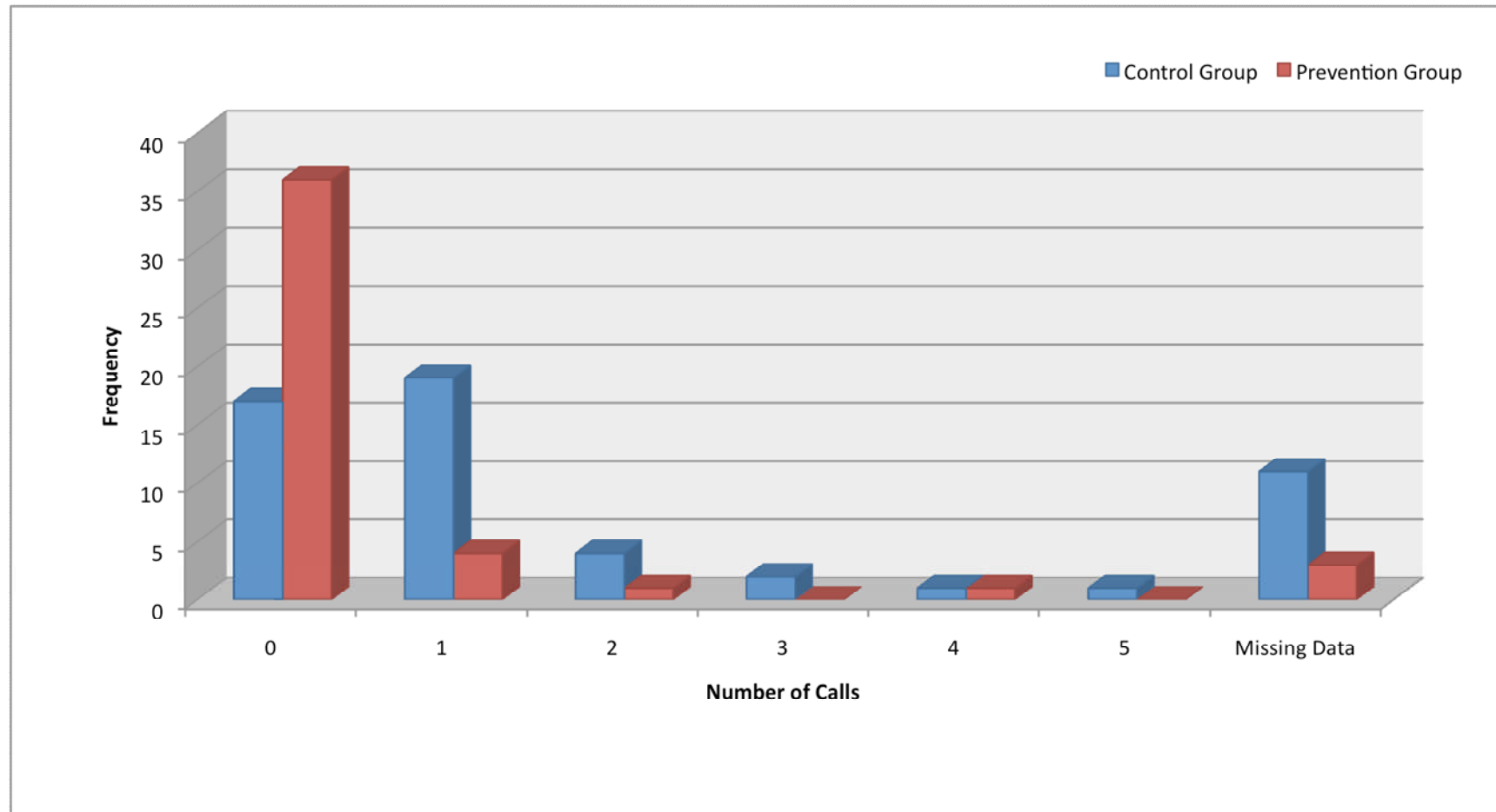
EPDS Total Scores



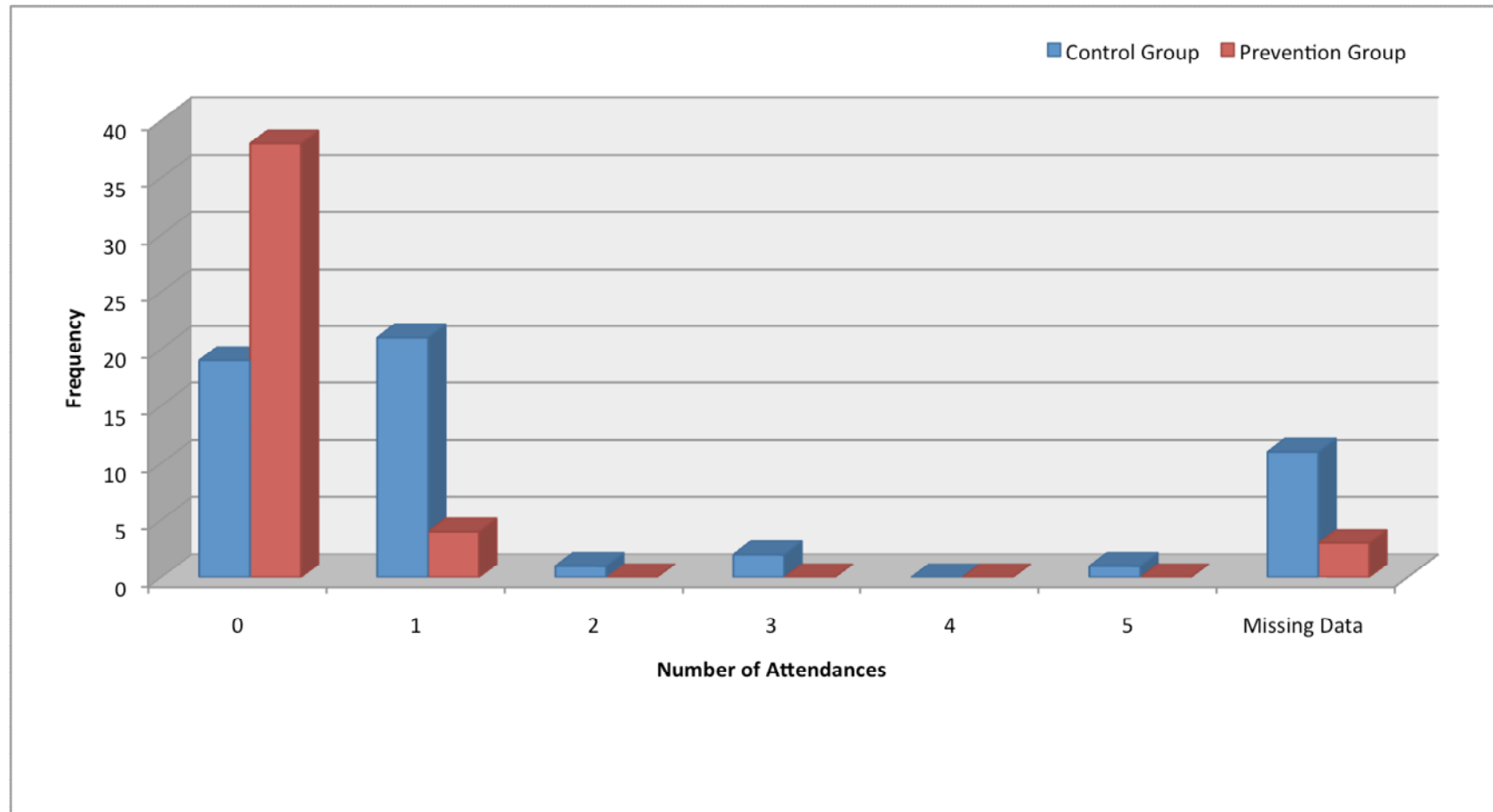
Clinical Measures



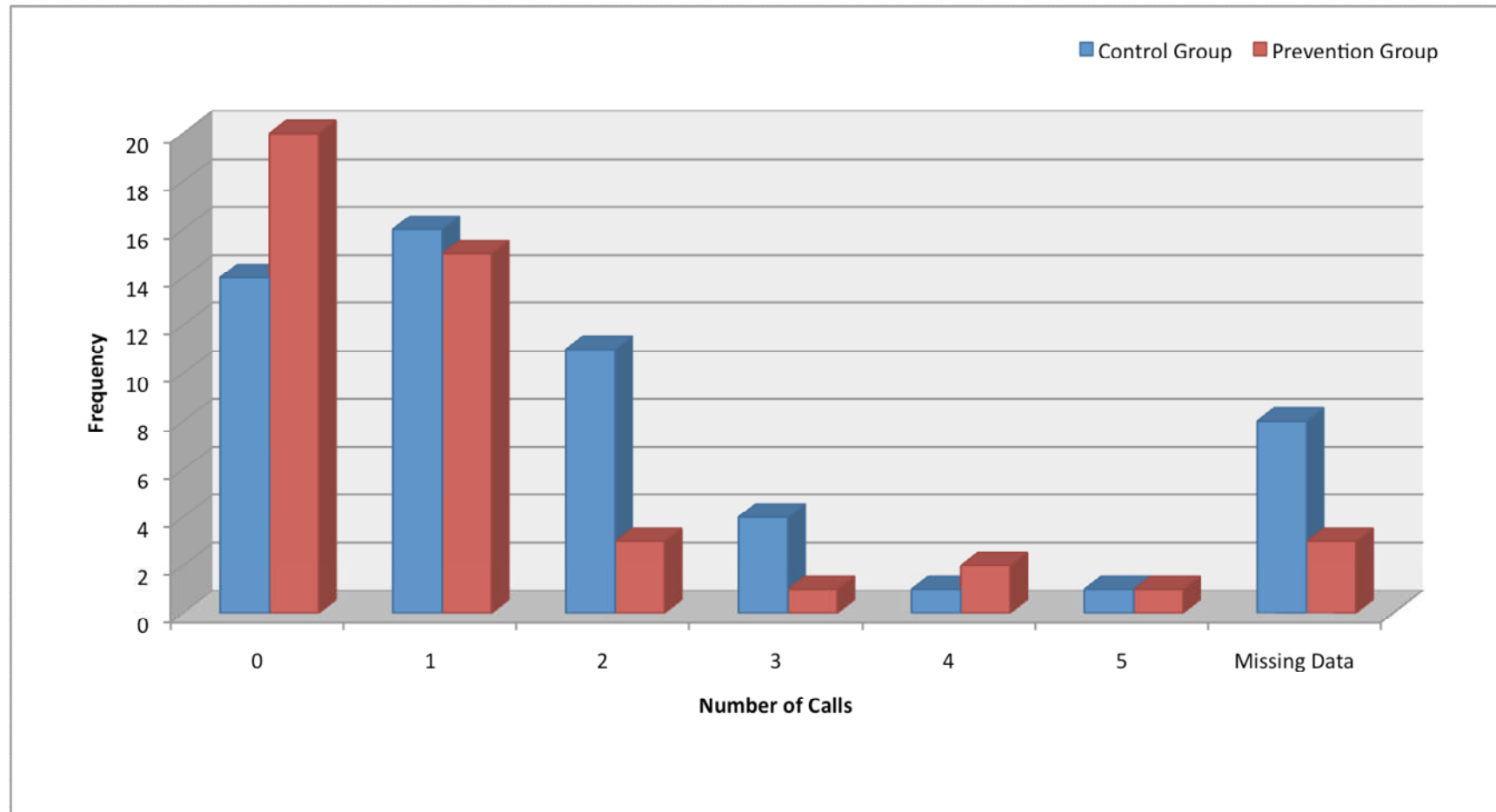
Postpartum Support Line



Postpartum Support Group



HealthLink



Data Analysis

- The results show the decrease in mean EPDS total scores from T1 to T2 for the prevention group was statistically significant (p=0.006, 95% CI [0.41, 2.3])
- Mean number of calls to postpartum support line in the 6 weeks postpartum period for control group = 0.8 vs 0.2 in prevention group (p=0.00)
- Happiness in Relationship on a scale of 1-10 differences
- Confidence as mother on a scale of 1-10 differences
- Data not statistically significant but shows trend

Successes & Learning's

- Able to implement idea into an ethically approved study
- Recruitment of patients, developed good process
- Increased awareness of community resources
- Increased awareness of BHC services

Learning's:

- Sample size
- Research question development and study design
- Language use, prevention vs intervention
- Limited BHC time at clinic impacted uptake and dropout rates

Where Do We Go From Here?

- Are we going to recreate this study? – need to review the study design
- Continue using study packages & circulate to other PCN clinics
- Continue advocating for the BHC role within primary care

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