

## 1. Survey Response Rates

Facility Type	Respondents	Total	reqe.	Response rate
Delivery hospital	9	15		60%
FQHC	16	22		73%
Community Mental Health Center/CBO	9	14		64%
Non-delivery hospital	1	15		7%
	<b>35</b>	<b>66</b>		<b>53%</b>

Note: Some respondents identified as more than one type of facility

## 2. Mental health screening

Perinatal mental health screening?	All	%	Hospital	%	FQHC	%	CMHC	%	CBO	%
Y	30	86%	9	90%	15	88%	3	60%	4	80%
N	5	14%	1	10%	2	12%	2	40%	1	20%
	35		10		17		5		5	

Timing of screening	All	%	Hospital	%	FQHC	%	CMHC	%	CBO	%
Initial mental health visit	20	67%	4	44%	11	73%	3	100%	4	100%
Initial prenatal visit	21	70%	5	56%	15	100%	1	33%	1	25%
Later in pregnancy	21	70%	5	56%	14	93%	1	33%	1	25%
Postpartum visits	23	77%	7	78%	15	100%	1	33%	0	0%

Screening Tool	All	%	Hospital	%	FQHC	%	CMHC	Column4	CBO	%
Edinburgh	18	60%	4	44%	12	80%	0	0%	1	25%
PHQ-9	22	73%	4	44%	14	93%	1	33%	3	75%
MDQ	5	17%	1	11%	5	33%	0	0%	0	0%
GAD-7	15	50%	3	33%	10	67%	0	0%	1	25%
PC-PTSD-5	3	10%	1	11%	2	13%	0	0%	0	0%
Other	5	17%	3	33%	0	0%	2	67%	1	25%

Other included 'clinical assessment'(1), IMCANS (2), 'mental health evaluation' (1), PCL-5 and Personality Assessment Inventory (PAI).

Method of screening	All	%	Hospital	%	FQHC	%	CMHC	%	CBO	%
Patient completes form	18	60%	6	67%	11	73%	0	0%	2	50%
Provider and patient have a discussion	20	67%	5	56%	11	73%	2	67%	3	75%

## 3. Mental health services

Staff with specilization in perinatal psychopharmacotherapy	All	%	Hospital	%	FQHC	%	CMHC	%	CBO	%
Yes	10	29%	5	50%	6	35%	4	80%	0	0%
No	25	71%	5	50%	11	65%	1	20%	5	100%

Counseling for postpartum depression or anxiety	All	%	Hospital	%	FQHC	%	CMHC	%	CBO	%
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Yes	30	86%	7	70%	16	94%	5	100%	4	80%
No	5	14%	3	30%	1	6%	0	0%	1	20%

Is counseling short term or long term?	All	%	Hospital	%	FQHC	%	CMHC	%	CBO	%
Short-term	14	47%	3	43%	11	69%	4	80%	1	25%
Long-term	14	47%	3	43%	5	31%	0	0%	3	75%

Type of counseling	All	%	Hospital	%	FQHC	%	CMHC	%	CBO	%
Outpatient counseling	18	60%	5	71%	9	56%	4	80%	4	100%
Behavioral health	11	37%	2	29%	7	44%	1	20%	0	0%

#### 4. Access to mental health services

Referral needed to access services?	All	%	Hospital	%	FQHC	%	CMHC	%	CBO	%
Yes	13	41%	4	50%	7	47%	1	20%	0	0%
No	19	59%	4	50%	8	53%	4	80%	5	100%

Enrollment	All	%	Hospital	%	FQHC	%	CMHC	%	CBO	%
Direct outreach	17	53%	3	33%	10	67%	3	60%	3	60%
Patient contacts	9	28%	3	33%	2	13%	2	40%	2	40%
Other	6	19%	3	33%	3	20%	0	0%	0	0%

Other included establishing primary medical care at agency or 'does not apply/services not provided'

Staffing for emergency cases	All	%	Hospital	%	FQHC	%	CMHC	%	CBO	%
Yes	11	33%	8	89%	6	38%	3	60%	1	20%
No	22	67%	1	11%	10	63%	2	40%	4	80%

Average time to get an appointment	All	%	Hospital	%	FQHC	%	CMHC	%	CBO	%
1-2 days	6	20%	2	25%	5	33%	0	0	0	0%
3-5 days	4	13%	0	0%	3	20%	1	25%	1	20%
1 week	5	17%	2	25%	1	7%	1	25%	0	0%
Up to 2 weeks	4	13%	3	38%	1	7%	1	25%	0	0%
More than 2 weeks	11	37%	1	13%	4	27%	1	25%	4	80%

Access to care strategies	All	%	Hospital	%	FQHC	%	CMHC	%	CBO	%
Teleservices	29	83%	7	78%	15	94%	5	100%	5	100%
Homevisits	8	23%	1	11%	3	19%	2	40%	1	20%
Transportation svcs	14	40%	4	44%	6	38%	3	60%	1	20%
Other	4	11%	2	22%	1	6%	0	0%	0	0%

MH services in other languages	All	%	Hospital	%	FQHC	%	CMHC	%	CBO	%
Yes	25	81%	7	78%	11	69%	5	100%	3	60%
No	6	19%	2	22%	4	25%	0	0%	2	40%

Perinatal bereavement services	All	%	Hospital	%	FQHC	%	CMHC	%	CBO	%	2
Yes	16	55%	6	75%	7	47%	2	50%	2	50%	
No	13	45%	2	25%	8	53%	2	50%	2	50%	

[Returning?](#)

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# Maternal Mental Health Survey

Thank you for taking the time to complete this survey. It should not take you more than 15 minutes.

Currently, there are limited resources for individuals and providers to find centers that meet the unique needs of patients with maternal mental health concerns. The Maternal, Infant, Child, and Adolescent Health (MICAH) Bureau of the Chicago Department of Public Health, with the help and support of mental health partners, has taken the lead on conducting a survey to better understand where and what resources are available to support maternal mental health in Chicago. The results of this survey will be used to provide individuals, and people working with them, information about where maternal mental health services are available in the city.

Please complete this survey by **next Wednesday, September 27th**.

## Identifying Information

**Name**

\* must provide value

**Designation/ role**

\* must provide value

**Type of Agency/ Organization**

- Federally Qualified Health Center (FQHC)
- Hospital System
- Community Mental Health Center (CMHC)
- Community Based Organization
- Other

**Is your organization part of the Chicago Department of Public Health's Trauma Informed Centers of Care (TICC) Network?**

- Yes
- No

**Organization name**

\* must provide value

**Site address (five-digit zip code)**

\* must provide value

## Services Provided

**Do you screen pregnant and perinatal people for potential mental health concerns?**  Yes  No

**Do you have someone on staff who specializes in psychopharmacotherapy for pregnant or perinatal people?**  Yes  No

**Do you provide counseling services for postpartum depression and anxiety?**  Yes  No

**How many full or part time behavioral health staff do you employ that specialize in maternal mental health? (Full time employees work at least 40 hours per week. Part time employees would be fractions of the full-time amount.)**

	Full Time Employees (FTE)	Part Time Employees (FTE)
Psychiatrist (MD)	<input type="text"/>	<input type="text"/>
Physician (MD or DO, not including Psychiatrist)	<input type="text"/>	<input type="text"/>
Licensed Clinical Psychologist (PhD or PsyD)	<input type="text"/>	<input type="text"/>
Licensed Counselor or Social Worker (LPC, LCPC, LSW, or LCSW)	<input type="text"/>	<input type="text"/>
Nurse (RN or LPN)	<input type="text"/>	<input type="text"/>
Advanced Practice Registered Nurse or Physician Assistant (CRNA, CNM, CNS, CNL, MP, NP, or PA)	<input type="text"/>	<input type="text"/>
Case Managers	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

**If you indicated "other" in the previous question, please specify what other maternal mental health staff you employ.**

**How many members of your staff have a Perinatal Mental Health Certification (PMH-C)?**

**Is a referral required from a primary care physician or obstetrician to access maternal mental health services?**

- Yes
- No

**How does your organization enroll patients who are referred to your organization for maternal mental health services?**

- Provide direct outreach to referred patient
- Instruct patient to contact organization to enroll
- Other

**Do you have enough healthcare professionals on staff during all working hours to cater to the needs of walk-in patients and emergency cases with maternal mental health concerns?**

- Yes
- No

**What is the average amount of time it takes for a patient with maternal mental health concerns to have an appointment with a mental healthcare provider?**

- 1-2 days
- 3-5 days
- 1 week
- Up to two weeks
- More than 2 weeks

**What wrap-around services do you offer for pregnant and perinatal people (e.g. material support and supplies, support services for partners, help navigating social services like WIC or TANF, home-visiting, etc.)?**

**How do you ensure that maternal mental health services are accessible to people who have difficulty traveling to your facility? Select all that apply**

- Teleservices
- Home-visits
- Transportation services
- Other

**Are maternal mental health services provided in languages other than English?**

- Yes
- No

**How do you provide culturally appropriate maternal mental health services to people of all backgrounds (race, ethnicity)?**

**How do you provide gender affirming maternal mental health care for the LGBTQ+ community?**

**Do you provide perinatal bereavement services/resources to people who have suffered a miscarriage/lost a child?**

- Yes
- No

**Are there any other services specific to maternal mental health that you provide?**

**Submit**

**Save & Return Later**

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