
Who is the Perinatal Mental Health Workforce? Utilizing Commercial Claims Data to Understand Patients in the Perinatal Period and their Treatment Workforce, Psychotherapy Utilization, and Associated Mental Health Diagnoses

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Background

Untreated mental health needs during the perinatal period are associated with a higher risk of maternal and infant morbidity and mortality. This project sought to understand the behavioral health workforce delivering care to individuals during the perinatal period, psychotherapy utilization during the perinatal period, associated mental health diagnoses, and any variation in the workforce based on rurality.

Methods

A sample of patients who had a hospital-based birth between 2016-2020 were identified within the Merative Marketscan claims database. Both psychotherapy and evaluation and management (E/M) claims were assessed to understand: 1) The proportion of these patients with a psychotherapy claim, the behavioral workforce delivering care during these visits, and the associated mental health diagnoses; and 2) Who the perinatal workforce billing for E/M visits among these patients are, and if this workforce varies by rurality.

Results

Of the patient sample ($N=123,390$), only 8% ($n=9,668$) received a psychotherapy visit. Anxiety disorders (39.9%) and depressive disorders (24%) were the most common diagnoses. Those with a depression or anxiety diagnosis were significantly less likely to receive psychotherapy ($p<.001$) compared to those with trauma and stress related disorders. Of all E/M claims for patients with a perinatal mental health diagnosis ($n=54,240$), 23.2% were treated by a family medicine physician, 19.7% by a psychiatrist, and 13.6% by an OBGYN. Family medicine physicians were more likely to provide care in rural areas ($p<.001$), and OBGYNs and psychiatrists respectively, were more likely to provide care in urban areas ($p<.001$).

Conclusions and Policy Implications

Rates of psychotherapy for this patient population were low and only a third of those with a mental health condition received psychotherapy. Family Medicine physicians were the most common clinician type delivering care for perinatal populations across the perinatal period and particularly within rural areas. Integrating behavioral health clinicians in perinatal health care settings and scaling up patient-centered psychological interventions are promising practices for increasing access to care and utilization. Findings suggest a need for training and continuing education for all providers to include trauma-informed care and for expansion of the workforce in rural areas to ensure access to treatment for patients in the perinatal period.