

The State of Mental Health and Substance Abuse for Pregnant Women in Oklahoma



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Introduction:

As public policy makers, each of us knows that the future of our state lies in the hands of our children. As such, it is vital that our children are born healthy and given every opportunity to succeed in life. This process begins even before birth with the health and well-being of the mother – not only physically, but mentally, as well.

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) is well aware of the mental health issues that face some pregnant women, and has always offered mental health counseling to pregnant women in need of such services. Any pregnant woman with a mental illness or post-partum depression, who meets the agency's guidelines, can access counseling services at any one of our more than 15 state-operated or contract facilities that specialize in mental health services.

It has only been more recently that we have been able to offer pregnant women with substance abuse problems the care they need. And even though we are making progress in this area, there is still much more work to be done.

Mental Health Services for Pregnant Women

For many mothers, the experience of pregnancy and childbirth may bring on sadness, fear, anxiety and difficulty making decisions. Perinatal depression can be mild, moderate or severe. It can occur during pregnancy or within a year after the end of pregnancy. Without treatment, symptoms may last a few weeks, months or even years. In rare cases, the symptoms are severe and indicate potential danger to the mother and baby.



But in all cases, help is available.

In 2006, ODMHSAS provided **mental health services** to **299 pregnant women** and **44 pregnant adolescent females**. This is up from **245 women** and **29 adolescents** in 2004.

By far, the majority of these pregnant women were treated for depression. More than **40.5%** suffered from depression as their primary presenting problem, and **21%** received treatment for emotional problems related to the stresses of daily living. The remainder included women seeking help for issues related to interpersonal relationships, suicidal or self-abusive behavior, and thought disorders or disturbances such as schizophrenia, bipolar disorder or delusional thinking.

For adolescent females, **fully half of the 44 juveniles** presented with problems related to the stresses of everyday living, such as problems at school or work. Five suffered from depression, and the remainder sought treatment for problems related to family members, or suicidal/self-abusive behavior.

The vast majority of pregnant females with mental health problems are seen on an outpatient basis.

Pregnant Women Addicted to Alcohol or Drugs



Alcohol and drugs can wreak havoc on families, and can be devastating to pregnant women who are addicted to these substances, putting both the health and safety of their unborn and dependent children at risk.

It is ODMHSAS's goal to provide opportunities for mothers to have access to treatment services to increase the chance for healthier lives for these children.

ODMHSAS places top priority on pregnant women who are injecting drugs, or abusing substances.

Facilities that have no beds available for pregnant women can refer the woman to a treatment facility that has the capacity to provide services. To help them in this area, ODMHSAS has developed a statewide waiting list that records, on a daily basis, bed availability. This list consists of all residential and halfway houses (adults and adolescents), and is sent out to all providers on a daily basis.

Presently, there are approximately **90 women on the statewide list** waiting to get into gender-specific treatment facilities – **12 are pregnant women**.

Although we are making progress in providing better perinatal services to pregnant women addicted to drugs or alcohol, a large gap in access to services still remains.

Nearly **15%** of pregnant women with substance abuse treatment needs in Oklahoma aren't receiving help because of a lack of access to services. Not enough resources are going toward this group of women, among the most vulnerable in our society.

- If cases where no bed is available, facilities will make interim services available, if the woman is in their area. If not in their area, the provider will give the woman:
 - A referral to the local substance abuse provider in her area (name of agency address and hours of operation).
 - A referral to the local county health department.
 - Referral for prenatal care
 - Counseling and education about HIV and Tuberculosis (TB) about the risks of needle sharing, the risk of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as provide HIV and TB treatment services if necessary.
 - Counseling on the effects of alcohol and drug use on the fetus.

Who is at Risk?

Any woman of childbearing age is at risk of having a child with a Fetal Alcohol Spectrum Disorder (FASD) – an umbrella term to describe the range of effects that can occur in an individual who was prenatally exposed to alcohol – if she drinks alcohol during pregnancy.

Alcohol can harm a fetus at any time, even before a woman knows she is pregnant. Many women drink early in pregnancy, but stop drinking when they learn they are pregnant. Others cannot stop drinking without help.

Women who have given birth to children with an FASD and continue to drink are at very high risk of having additional children with an FASD.

It is difficult to know exactly how many babies are born every year with fetal alcohol syndrome and fetal alcohol effects, but by applying national data to Oklahoma, we can estimate that at least 250 babies are born every year with Fetal Alcohol Syndrome (FAS) and another 1,000 are born with Fetal Alcohol Effects (FAE).

Lifetime institutional and medical costs for one person with FAS are more than \$2 million, meaning that Oklahoma ultimately will spend millions upon millions of dollars for health care and other costs associated with caring for those born with FAS or FAE – **both of which are 100 percent preventable.**

This is why it's so important we help pregnant women overcome an addiction problem, and promote substance abuse awareness, hopefully, even before the woman becomes pregnant.

National Statistics on Pregnant Women and Alcohol

CSAP – the Center for Substance Abuse Prevention – a division of the U.S. Department of Health and Human Services, notes that among childbearing women ages 15 to 44:

- 1 in 2 reports using alcohol in the past month
- Approximately 1 in 4 reports binge drinking (4 or more drinks for a woman)
- About 1 in 20 reports heavy alcohol use (defined as binge drinking on at least 5 days in the past month)

In terms of drinking among **pregnant** women in the U.S.:

- 1 in 30 pregnant women reports high-risk drinking (7 or more drinks per week, or 5 or more drinks on any one occasion)
- 1 in 9 pregnant women binge drinks in the first 3 months of her pregnancy
- 1 in 30 drinks at levels that increase the risk of FASD
- More than 1 in 5 pregnant women report alcohol use in the first trimester, 1 in 14 in the second trimester and 1 in 20 in the third trimester
- Those who are unmarried and over 30 tend to have the highest rates of alcohol use in pregnancy.

- Among women of childbearing age entering substance abuse treatment, 4% were pregnant. Nearly 20% of pregnant women entering treatment say that alcohol is their primary substance of abuse.
- Fetal mortality rates are 77% higher for women who use alcohol during pregnancy.

Binge drinking, in particular, is a pattern of alcohol abuse that is associated with adverse health effects for both women and their children. Binge drinkers are at increased risk for unintended pregnancy and are more likely to drink while pregnant.



Oklahoma Statistics (Substance Abuse and Mental Health)

The maternal and child health service division of the Oklahoma State Department of Health reported in their 2005 PRAMS report the:

- Percentage of those who consumed alcohol during 3 months prior to pregnancy was:
46.1% YES
53.9% NO
- Binge drank (five or more drinks in one sitting) at least once during the 3 months prior to pregnancy:
17% YES
83% NO

The State Health Department, in its “**Children First**” primary prevention program – which employs a nurse home-visitation model – notes that among newly enrolled clients in FY 06, **41%** said they had smoked since they had been pregnant and **19.2%** said they had smoked during the past 48 hours.

Fewer than **2%** reported having used alcohol or other drugs during the past 14 days and **5.4%** reported a history of mental illness.

The Health Department believes these numbers are under-reported.

Nationally, postpartum blues affects 50-80% of women and typically occur within a month after childbirth. Postpartum depression affects 10-15% of women and can be diagnosed up to 1 year postpartum. However, among Oklahoma’s “Children First” clients at 1 month postpartum, only **13.8%** reported experiencing postpartum blues, and only **4.9%** reported experiencing postpartum depression.

Under-reported: Most of the data collected about “Children First” clients is by self-report. Due to the sensitive nature of some of the topics, items that are self-reported are not always considered reliable, according to the Health Department. To get a different perspective, each nurse, at each visit, assesses each client’s risk for substance abuse and mental health issues. These risk ratings use the nurse’s professional knowledge.

As a result, during FY06, among all 5,008 clients served, the proportion of clients assessed by the nurse as experiencing or at risk for these events are as follows:



- **31.4%** were at risk for or currently using **cigarettes**
- **24.2%** were at risk for or currently having **mental health issues**
- **11.8%** were at risk for or currently experiencing **domestic violence**
- **9%** were at risk for or currently using **alcohol**
- **6.7%** were at risk for or currently using **illegal drugs**

Tobacco use during pregnancy remains one of the single most important preventable causes of poor outcomes for both mother and baby. Yet nearly one in five pregnant Oklahomans smoke during their pregnancies. Moreover, postpartum recidivism is high: Almost 59% of women who quit during pregnancy resumed smoking after delivery.

In terms of other addictive substances, **alcohol** is the top drug of choice for **25.8%** of women entering ODMHSAS substance abuse treatment facilities, followed by **marijuana** at **22.65%** and **methamphetamine** at **22.41%**. Obviously, methamphetamine use among pregnant women is a concern, as it is one of the top three primary drugs of choice for females over 18 years of age.

Substance Abuse Treatment Numbers for Women in Oklahoma

In **FY 06**, approximately **6,067 women** between the childbearing ages of 15-44 received substance abuse treatment services through ODMHSAS.

The number of **pregnant women** who received services through ODMHSAS-contracted facilities for substance abuse (**including outpatient services**).

- For **FY 06** – **600**
- Year to date for **FY 07** – **521**

Issues Facing Pregnant Substance Abusers

Certainly, FAS or drug-related birth defects are 100 percent preventable, but when a woman suffers from an addiction, it is often not possible to simply just stop drinking or using drugs.

An important issue to consider is that many of these women have other children at home. In most cases, mothers who are in need of residential substance abuse treatment often have no other choice but to give up custody of their children to the state in order to receive treatment for their addiction, creating an expense for the state and trauma for the children. Because of this predicament, many women do not seek treatment.



ODMHSAS has strived to address this issue over the past few years and is now able to offer an alternative through programs that admit mothers and their children. In these programs, the families remain unified, mothers receive parenting education and life skills training – along with their substance abuse treatment – and the children receive treatment services, as well.

Drug Court's Impact



The growth of drug courts in Oklahoma also has had a positive impact on helping mothers addicted to substances break free of their addiction. From **FY02 to FY05**, at least **13 babies** were born drug- and alcohol-free, at a cost savings to taxpayers of **\$3.2 million**.

Gender-Specific Programs

As mentioned, it has only been in the past few years that we received resources that could be directed toward helping pregnant women who are addicted to drugs or alcohol receive the gender-specific services they need.

The opening of the Tulsa Women and Children's Center in January of 2003 contributed greatly to this need, providing us with a 52-bed substance abuse treatment facility for women and their dependent children. Here, babies can be born drug- and alcohol-free, and fetal alcohol syndrome, fetal alcohol effects, attention deficit hyperactivity disorder and other developmental issues associated with prenatal drug, alcohol and tobacco use can be significantly reduced or eliminated entirely.

This center has provided a haven for women and children in the face of substance abuse and addiction, and all the ravages that come with that.

Currently, ODMHSAS contracts with 9 facilities that take pregnant and post-partum women and their children, and specialize in “gender-specific” services. The age for services is adult, ages 18 and up, and children, who accompany their mother, ages birth to 12 years old.

Altogether, **213 residential** beds for women and dependent children are available, along with **75 halfway house** beds for women and dependent children.

However, when we look at the waiting list I mentioned earlier, we know this is not enough.

Pregnant Women Receive Top Priority

Presently, there are approximately 90 women on the statewide list waiting to get into facilities – 12 are pregnant women. These 12 women will be the first to receive residential treatment, as they are ODMHSAS’ top priority.

Summary

As many women know, having a baby can be difficult in itself without having to battle mental health problems or addiction. The key to having healthy babies rests on good physical and mental health for the mother, and whether or not alcohol and drugs – including tobacco – are involved. It is my goal that every woman who is pregnant and abusing drugs or alcohol, or in need of mental health services, have the opportunity to recover. Greater access to services is key and that is what I will work toward as commissioner of the Oklahoma Department of Mental Health and Substance Abuse Services. But to make this happen for Oklahoma’s mothers and babies, it will take all of us demanding that these needs be addressed. I hope that you will help me in reaching this goal.

