

Integrating Clinical Psychologists into Obstetrics and Gynecology: A Practical Presentation of a Model of Care

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Objectives

1. Describe the infrastructure, systems, and workflow of an integrated behavioral health (IBH) service located within an obstetrics and gynecology (OB/GYN) clinic that is staffed by psychologists with reproductive expertise who offer inhouse assessment, consultation, and brief psychotherapy.
2. Provide illustrative case examples of the service's referral, assessment, and treatment process.
3. Discuss "lessons learned" and best practices for organizations seeking to integrate psychologists with reproductive expertise into existing OB/GYN services.

Methods

The authors will provide the rationale for integrating behavioral health assessment and treatment into OB/GYN care. We will describe the contextual factors that allowed for the creation of an IBH service staffed by psychologists with reproductive expertise within an OB/GYN clinic. Through description and case examples we will illustrate the operations of our specialized service and discuss lessons learned

Results

Behavioral health concerns such as perinatal depression and anxiety as well as pain-related conditions are regularly encountered by obstetricians and gynecologists in routine practice (Poleshuck & Woods, 2014). However, OB/GYN providers do not receive adequate training to address these concerns (Gabarino et al., 2019), and access to behavioral healthcare is poor (Britt et al., 2023). Integrating psychologists with reproductive expertise into OB/GYN clinics is one potential solution to this problem by equipping providers with the support necessary to address behavioral health concerns. Collaborative care models in OB/GYN settings have been undertaken to address this care gap (Miller et al., 2020; Muzik et al., 2023) by integrating a psychiatry consultant and behavioral healthcare manager into the OB/GYN clinic to provide pharmaceutical support, psychotherapy, assessment, and monitoring. The behavioral healthcare manager can be any behavioral health professional, not necessarily a psychologist. However, a recent review found that integration of behavioral health into OB/GYN settings is overall lacking in volume and scope, particularly services that address conditions other than perinatal depression (Crawford, Weitzen, and Schulkin, 2021). As pregnant patients in particular are often reluctant to initiate or resume antidepressant or anxiolytic use during pregnancy (Goodman, 2009; Eakley & Lyndon, 2022), there is a particular need for highly skilled behavioral health specialists, such as clinical psychologists, who can provide short-term, evidence-based psychotherapy in OB/GYN spaces. Despite calls for psychology integration into women's health settings (Poleshuck & Woods, 2014), the integration of psychologists specifically into OB/GYN IBH services has been less examined than the aforementioned collaborative care models.

We have successfully sustained and grown an IBH service staffed by psychologists with reproductive expertise within an OB/GYN clinic. Our service was started in 2019 with one full time psychologist with reproductive expertise, and has now expanded to include a second full time psychologist with reproductive expertise, a postdoctoral fellow, and a predoctoral psychology resident. We utilize a consultant model in which patients are referred to our team via direct message or warm hand-off from an OB/GYN medical provider. Patients are then evaluated using a level of care assessment and connected with the appropriate services.

We receive referrals for mental health concerns related to obstetric and gynecological issues across the reproductive life span, including perinatal mood and anxiety disorders, pregnancy loss, and pelvic pain. Patients are offered a short course of skills focused psychotherapy, usually at a cadence of a 30-60 minute appointment every two weeks for 3-6 months. Patients who are interested in longer term care or require a higher level of care are assisted in connecting to appropriate community providers, including specialized local services focusing on perinatal mental healthcare. We will present several case examples to illustrate our process and outcomes.

Conclusions

It is feasible and beneficial to integrate reproductive psychologists into an OB/GYN treatment context. Potential benefits include increased access and reduced barriers to mental healthcare, continuity of care for patients, and improved patient outcomes. Our treatment model also provides the opportunity for psychology trainees to gain experience working on an integrated team in a specialty medical setting. In turn, clinic investment in teaching and training ensures sustainability of integrated reproductive behavioral health care in an OB/GYN setting by enabling trainee providers to contribute clinical effort to the service.

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Disclosures

None