

---

**POSTER ABSTRACT****The first 1000 days, connecting the dots. Integration of mental health care in maternal healthcare and pediatrics/young families.**

23rd International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023

Miek Wyseure<sup>1</sup>, Joke Comeillie<sup>1</sup>: AZ Delta, Roeselare, Belgium

---

An increasing body of evidence points towards the crucial impact of the first thousand days of the human life, starting as from conception. The transition from young adult to mother of father might encompass excitement and joy, but also turmoil and arousal. Especially in those endorsing a socio-economic and/or mental vulnerability, the pre- and perinatal period might induce or increase psychiatric problems, which often remains under the radar due to lack of knowledge, embarrassment for 'not being happy' to become parent, or overlap with symptoms accompanying pregnancy. Postnatal mental problems such as depression and anxiety undoubtedly affect the parent-child interaction, attachment and mental development of the newborn. Since the profound impact of this crucial period, a population-based screening for socio-economic and mental health issues in expectant parents is of utmost importance.

The disconnect between somatic and mental health makes it more difficult to detect and treat these problems, as non-mental health staff have less knowledge of mental health symptoms, ways to address them and offer adequate help or refer ptn to appropriate care.

Building on an existing care pathway (UZ Gent) and in order to meet the aforementioned needs during the perinatal period, we created a taskforce including mental health care workers, obstetrics and gynaecology (OBGYN) workers, social workers, midwives, community services, Kind&Gezin and generalists. The team encompassed 1 full time equivalent (FTE) psychologist, 0.1 FTE psychiatrist (trainee) and 0.5 social worker embedded in het OBGYN service.

Teammembers are trained in mental health issues so they become able to recognise and handle mental health issues, making them much more comfortable with comorbid psychiatric problems and optimizing workflows.

Expecting mothers are invited to complete screening questionnaires (EPDS-GAD2-7) during routine prenatal follow-up (psychosocial at 12, EPDS at 18 w with follow-up) with a gynaecologist or midwife, who are supported and trained by mental health care workers. When such screening/assessment indicates mental health issues, mothers at risk are offered a low-cost psychological treatment trajectory, which occurred in close consultation with primary care workers and the OBGYN team, preferably in their offices. Upon indication, psychiatric support can be foreseen.

To make the program equitable the psychologists works as a firstline psychologist keeping the assessment and treatment within the financial reach of everyone.

In future, we aim to overcome IT-issues that have hindered thus far the implementation of this care path, which we hope can be smoothly integrated into existing or newly developing digital care systems, encompassing medical records of both mother and child during the first 1000 days.

Due to COVID the expansion of the care pathway to external partners was hindered. It is top of our agenda to involve ambulatory midwives, pediatricians, family/child services ... so we can screen/assess and support mothers/children from conception to the age of 2.

Besides mothers, expecting fathers also should be involved in this screening program, as well as non-Dutch speaking expecting parents, who were not involved in this pilot project.