Perinatal Mental Healthcare: A Public Health Crisis
Depression during pregnancy or within a year after delivery (perinatal depression) is the most common pregnancy complication in the United States, affecting 12% of women and other perinatal individuals. Rates of perinatal depression are even greater among populations served by Medicaid programs, with rates as high as 28%. Despite the elevated need, women who are Medicaid-insured experience multiple barriers to care. These barriers are exacerbated by their social and economic disadvantage and the lack of available providers to meet their mental healthcare needs.

Perinatal Mental Healthcare: A Public Health Response
In response, Perinatal Psychiatry Access Programs (i.e., Access Programs) and Referral Programs have been established to provide real-time support for healthcare providers as well as women and other individuals with perinatal depression.

- **Access Programs** build the capacity of front line medical providers to address perinatal depression primarily by making perinatal psychiatric consultation available to healthcare providers. Perinatal psychiatric consultations provide case-specific guidance directly to providers who contact the access program and may include one-time patient mental health assessments. Access Programs can also include:
  - **Training**: Provider training and education offered may include evidence-based guidelines for perinatal psychiatric screening, triage and referral, risks and benefits of medications, and other treatment options.
  - **Resource and Referral**: Linkages available to providers and patients with resources including mental healthcare, support groups, and other resources to support the perinatal mental health of pregnant and postpartum individuals.

- **Referral Programs** aim to provide access for both patients and providers to educational and treatment resources such as mental healthcare providers and support groups to support the perinatal mental health of pregnant and postpartum individuals.

Evidence is needed to inform the development and improvement of both Access Programs and Referral Lines.

**PCORI ELM Research Question:**
What are the relative benefits of the Access and Referral Programs on access to and quality of services received for Medicaid-insured women and other individuals with perinatal depression?

**Our Study:** Currently, it is not known whether Access or Referral Programs are more likely to improve access to and quality of services received by Medicaid-insured women with perinatal depression. Our study addresses this evidence gap by conducting a naturalistic, quasi-experimental comparative effectiveness study of the established statewide Access Programs (Massachusetts and Washington) and Referral Programs (New Jersey).

**PCORI ELM Study Aims**

| Aim 1 | Characterize the Access and Referral Programs, implementation timelines, and state policy context in Massachusetts, Washington, and New Jersey. |
| Aim 2 | Evaluate intervention reach and implementation by examining the programmatic data available from initiation to 2018. |
| Aim 3 | Examine the comparative effectiveness of Access and Referral Programs on access to and quality of mental health treatment among Medicaid-insured perinatal women and other individuals. |

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[PCORI Evaluating Lifelines4Moms [ELM] Study]