

## PCORI Evaluating Lifelines4Moms [ELM] Study

### **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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